

### DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol  
Commercial Vehicle Enforcement Section  
P.O. Box 42614  
Olympia, WA 98504-2614  
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000317  
Inspection Date: 03/20/2018  
Start: 02:17 PM PT End: 3:01:52 PM PT  
Inspection Level: I - Full  
HM Inspection Type: None

HAROLD LEMAY ENTERPRISES INC  
4111 192ND ST E  
TACOMA, WA 98446

USDOT#: 00545444 Phone#: (253)539-0060  
MC/MX#: 159255 Fax#:  
State#:

Location: 192ND ST E, TACOMA  
Highway:  
County: PIERCE, WA

MilePost:  
Origin: TACOMA, WA  
Destination: TACOMA, WA

Driver: MARSH, IAN FRANCIS MICAL  
License#: [REDACTED] State: WA  
Date of Birth: [REDACTED]  
CoDriver:  
License#: State:  
Date of Birth:

Shipper:  
Bill of Lading:  
Cargo: EMPTY

#### VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	2006	WA	B83001A	1044	1HTWCAAN36J265115	33,000			00053

#### BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/4	2
Left	2	2
Chamber	C-20	L-30

#### VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.3A1T	396.3(a)(1)	1	Y		U	N	Tires (general): Tire rubbing frame at time of inspection
393.209D	393.209(d)	1	N		N	N	Steering system components worn, welded, or missing: Wear on pitman arm, bent
393.45	393.45	1	N		N	N	Brake tubing and hose adequacy: audible air leak right front axel
393.47E	393.47(e)	1	N		N	N	Clamp or Roto type brake out-of-adjustment: front left axel brake out of adjustment

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Violations marked as out of service (OOS) must be repaired before vehicle (s) can be operated. If OOS for brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that repairs were made.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
YEOMANS, S

Badge #:  
WAU586

Copy Received By:  
IAN FRANCIS MICAL MARSH

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X *[Signature]*

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