



CHENEY CARE COMMUNITY

2219 N. 6th St.
Cheney, WA 99004

Cheney (509) 235-6196
Fax (509) 235-2044

August 30, 2017

Washington Utilities and Transportation Commission
PO Box 47250
Attention: Sean Bennett
Olympia, WA 98504-7250

Dear Sean:

Please find attached our response to the penalty assessment and findings from Sandi Yeomans compliance review in June of 2017. I have also attached a request for mitigation of the penalties.

Let me start by saying that we made a change in our transportation department and the supervisor did not follow the requirements of the law. All of the violations were corrected immediately when possible on the day that Sandi Yeomans, Investigator pointed them out to us or within a short time frame thereafter. We ceased all driving until we had a driver that met the requirements. I have implemented changes and systems so this will never happen again. I would ask for forgiveness for not meeting the requirements and mitigation of the penalties that were assessed. Thank you for your consideration.

Sincerely,

Keith A. Fauerso
Executive Director/Administrator

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PENALTY ASSESSMENT TN-170808

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

1. **Payment of penalty.** I admit that the violation occurred and enclose \$ _____ in payment of the penalty.

2. **Contest the violation.** I believe that the alleged violation did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied):

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR b) I ask for a Commission decision based solely on the information I provide above.

3. **Application for mitigation.** I admit the violation, but I believe that the penalty should be reduced for the reasons set out below (if you do not include reasons supporting your application here, your request will be denied): *THE ATTACHED COVER LETTER TO SEAN BENNETT OUT LINES MY REQUEST*

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR b) I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 8/30/2017 [month/day/year], at Cheney, WA [city, state]

CHENEY CARE FOUNDATION
Name of Respondent (company) – please print
DBA CHENEY CARE CENTER

Kevin A. Johnson
Signature of Applicant
Executive Director

Please indicate your selection on the enclosed form and send it to the Washington Utilities and Transportation Commission, Post Office Box 47250, Olympia, Washington 98504-7250, **within FIFTEEN (15) days** after you receive this notice.

If you do not act within 15 days, the Commission may take additional enforcement action, including but not necessarily limited to suspending or revoking your certificate to provide regulated service, assessing additional penalties, or referring this matter to the Office of the Attorney General for collection.

DATED at Olympia, Washington, and effective August 17, 2017.

A handwritten signature in black ink, appearing to read 'Dennis L. Moss', with a long horizontal flourish extending to the right.

DENNIS L. MOSS
Administrative Law Judge

08/29/17

Washington Utilities Transportation Commission
Compliance Review Plan of Correction for Carrier Violations

Violation #1- Using a driver not medically examined and certified.

The current transportation department was not aware of the necessity of DOT medical certification of drivers in order to transport using our transport Van.

As soon as we were made aware of the need for medical certificates, all drivers were immediately scheduled for DOT physicals and received medical certificates in order to comply with the regulation. Our transportation head Lora Arp has been made responsible to ensure compliance. An electronic calendar lists the expiration dates of driver certificates in order to assist in maintaining current status. Any driver with an expired certificate will be suspended from driving the van that necessitates this qualification until they are in compliance.

In compliance 06/05/17. Attachment pages 1-4

Violation #2- Failing to require a driver to prepare a record of duty status using appropriate method.

The current transportation department was not aware of the necessity to prepare a record of duty status. As soon as we were made aware of this requirement an "Hours-Of-Service Record" was started for each driver to record total time on duty. Transportation lead Danny Morris has been assigned to maintain these records, which are reviewed weekly. Logs are checked against our electronic time clock system and reviewed for accuracy.

In compliance 05/29/17. Attachment pages 5-22

Violation #3- Failing to keep minimum records of inspection and vehicle maintenance.

The current transportation department has always maintained transportation vehicles. On WUTC inspection we were informed of the formal parameters required for inspection and maintenance on these vehicles. An Inspection, Repair and Maintenance Record was immediately set up once informed of this requirement. Transportation lead Danny Morris is assigned to manage vehicle inspection files. An electronic calendar is in place to set due dates for routine maintenance and inspections dates.

In compliance 06/01/17. Attachment pages 23-26

Violation #4- Failing to require driver to prepare driver vehicle inspection report.

Daily driver log sheets have a space to indicate any problems with our transportation vehicles. Once we were informed of the requirement for a detailed daily inspection report this was initiated immediately. Transportation lead Danny Morris reviews these records on a daily basis and schedules repairs on any defective items.

In compliance 06/01/17. Attachment pages 27-30

Violation #5- Failing to file a Motor Carrier Identification Report, Form MCS-150 per schedule. The department supervisors managing the WUTC reporting schedule retired and some of the requirements and files were not transferred to the new transportation supervisor. After accessing the website for online biennial submission of Form MCS-150 it was determined we do not have the PIN to file online. The printed form has been filled out, signed and mailed to the proper address in order to get back in to compliance with this requirement.
In compliance 08/29/17. Attachment page 31

Violation #6- Using a driver who has not completed an employment application. Incomplete or no employment application.

All persons seeking employment at the Cheney Care Center have always filled out our standard employment application, which did not include the information required by WUTC. As soon as we were made aware of the requirement, a separate application was initiated that included the items that are required.

In compliance 06/01/17. Attachment pages 32,33

Violation #7- Failing to investigate driver's background within 30 days of employment.

Cheney Care Center does background checks on all new employees. The example given Larry Skeels was hired on 9/17/12. Both WSP and DSHS background checks were done on date of hire.

Always in compliance. Attachment pages 34,35

Violation #8- Failing to make an inquiry into the driving record of each driver to the appropriate State agencies in which the driver held a commercial motor vehicle operator's license at least once every 12 month.

Cheney Care Center obtains a driving abstract once every 12 months on drivers. The example Danny Morris was hired in Jan of 2016. A driving record was obtained at that time. In Jan of 2017 a driving record was obtained. Attached driving record for Jan 2017.

The example Larry Skeels was missing a driving record inquiry for 2014 and 2017. We were not able to locate the driving record for 2014. Mr. Skeels went out on Medical Leave in Sept of 2016. It was determined that he would not be returning to work so an inquiry was not done for 2017. In order to prevent future lapses in obtaining driving records in a timely manner expiration dates for these have been added to our calendar which is monitored on a daily basis.

In compliance on Danny Morris. Attachment page 36

Violation #9- Failing to review the driving record of each driver to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive.

The Transportation department was not aware of the requirement to fill out a "Violation and Review Record" along with obtaining a driving abstract. These forms will now be a part of the inquiry process and will be placed in the driver qualification file when the next driving record inquiry is due.

Violation #10- Failing to maintain driver qualification file on each driver employed.

Example Driver Jared Trawick. Mr. Trawick is the director at Assisted Living and drives to outings as a part of his duties. The medical transportation department did not include him under our department. Once we determined that Mr. Trawick fell under this requirement a driver file was created and he went through the process to be qualified under the WUTC regulations. This file was created in the last week of May 2017.

In compliance 05/31/17

Violation #11- Failing to obtain from driver, used for the first time or intermittently, a signed statement giving total time on duty during the preceding 7 days and time at which last relieved of duty.

The current transportation department was not aware of the requirement to provide a signed statement of total time on duty on a weekly basis. Once we determined the need to obtain this information our transportation lead Danny Morris assured that these statements were completed.

In compliance 05/29/17. Attachment pages 5-22

Violation #12- Failing to have a means of indicating the nature and due date of the various inspection and maintenance operations to be performed.

Maintenance and inspection operations have always been performed on a routine basis on our transport vehicles. Once we determined the requirement for a formal system for these operations, forms were initiated for this purpose following the prescribed maintenance and inspection intervals.

In compliance 06/01/17. Attachment pages 23-26

Violation #13- Failing to keep record of tests conducted on pushout windows, emergency doors, and emergency door marking lights on buses.

The transportation department was not aware of the requirement to keep a record of tests conducted on pushout windows, emergency doors, and emergency door marking lights on the buses. Once we were notified of this requirement a form was initiated to keep track of these tests.

In compliance 06/01/17. Attachment pages 23-26

Violation #14- Using a commercial motor vehicle not periodically inspected in accordance with minimum standards.

Cheney Care Center has always periodically inspected our vehicles. When we were informed of the WUTC requirements, a form was initiated to keep track of inspection and maintenance on our vehicles.

In compliance 06/01/17. Attachment pages 23-26

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
 (for Commercial Driver Medical Certification)

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

I certify that I have examined **Last Name:** TRAWICK **First Name:** JARED in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 09/01/2017

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number** 509-924-7010 **Date Certificate Signed** 06/01/2017

Medical Examiner's Name (please print or type) Matthew M Yamamoto MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number WA 60558344 **issuing State** WA **National Registry Number** 3877521237

Driver's Signature _____ **Driver's License Number** TRAWIJE259JN **Issuing State/Province** WA

Driver's Address 21110 S. HARRISON RD. **State/Province:** WA **City:** EDWALL **Zip Code:** 99008 **CLP/CDL Applicant/Holder** Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Public Burden Statement: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

I certify that I have examined **Last Name:** MORRIS **First Name:** DANNY in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
09/01/2017

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number** 509-924-7010 **Date Certificate Signed** 06/01/2017

Medical Examiner's Name (please print or type) Matthew M Yamamoto MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Issuing State WA **National Registry Number** 3877521237

Medical Examiner's State License, Certificate, or Registration Number 60558344

Driver's Signature _____ **Driver's License Number** MORRIDC344N2 **Issuing State/Province** WA

Driver's Address 22424 S NIGHTHAWK LN **City:** CHENEY **State/Province:** WA **Zip Code:** 99004 Yes No

Street Address: _____ **CLP/CDL Applicant/Holder** _____

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Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)


I certify that I have examined **Last Name:** FRITZ **First Name:** BERNHARD in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses Accompanied by a _____ waiver/exemption
- Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)


Medical Examiner's Certificate Expiration Date
06/02/2018

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature  **Medical Examiner's Telephone Number** 509-747-0770 **Date Certificate Signed** 06/05/2017

Medical Examiner's Name (please print or type) Kristina A Stewart MD Physician Assistant Advanced Practice Nurse DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number PA60041683 **Issuing State** WA **National Registry Number** 8715766249

Driver's Signature  **Driver's License Number** FRITZB*529RG **Issuing State/Province** WA

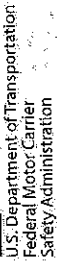
Driver's Address 12915 W MELVILLE RD **City:** CHENEY **State/Province:** WA **Zip Code:** 99004 **CLP/CDL Applicant/Holder** Yes No

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)



I certify that I have examined Last Name: SMITH First Name: MONICA in accordance with (please check only one):
[] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
[] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
[X] Wearing corrective lenses [] Accompanied by a waiver/exemption [] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
[] Wearing hearing aid [] Accompanied by a Skill Performance Evaluation (SPE) Certificate [] Qualified by operation of 49 CFR 391.64 (Federal)
[] Grandfathered from State requirements (State)
The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.
Medical Examiner's Certificate Expiration Date 11/11/2017

Medical Examiner's Signature [Signature] Date Certificate Signed 08/11/2017
Medical Examiner's Telephone Number 509-747-0770
Medical Examiner's Name (please print or type) Jonathan R Steinhart
[] MD [] Physician Assistant [] Advanced Practice Nurse
[] DO [] Chiropractor [] Other Practitioner (specify)
Issuing State WA National Registry Number 9662430056
Medical Examiner's State License, Certificate, or Registration Number MD60074653

Driver's Signature [Signature] Issuing State/Province WA
Driver's License Number SMITHML223RJ
Driver's Address 1715 S. HAYFORD RD APT 3015 City: SPOKANE State/Province: WA Zip Code: 99224
CLP/CDL Applicant/Holder [] Yes [X] No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required by regulatory requirements.

Pages 5-22 Violation #2, d 11

Hours-Of-Service Record for First Time or Intermittent Drivers

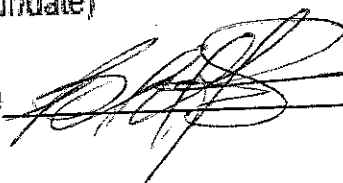
Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Bernhard FRITZ

<u>Day</u>	<u>Total time on duty</u>
1	<u>3.28</u>
2	<u>2.53</u>
3	<u>4.15</u>
4	_____
5	_____
6	_____
7	_____
Total	<u>9.96</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7/24 to 7/30
(Hour/date) (Hour/date)

Driver's Signature  Date 7/31

Hours-Of-Service Record for First Time or Intermittent Drivers

ons: When using a driver for the first time or intermittently, a signed statement must be , giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

ime (Printed) Bernhard Fritz

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.38</u>
2	<u>3.80</u>
3	_____
4	_____
5	_____
6	_____
7	_____
Total	<u>6.18</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
(Hour/date) (Hour/date)

Driver's Signature [Signature] Date 7/24

Hours-Of-Service Record for First Time or Intermittent Drivers

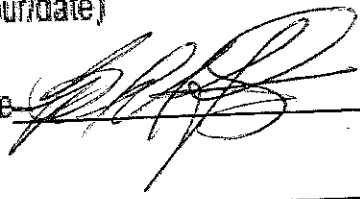
ons: When using a driver for the first time or intermittently, a signed statement must be
giving the total time on duty (driving and on-duty) during the immediately preceding seven
the time at which the driver was last relieved from duty prior to beginning work.

ime (Printed) Benhard Fritz

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.45</u>
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	<u>2.45</u>

I hereby certify that the information contained hereon is true to the best of my
knowledge and belief, and that my last period of release from duty was from

7-10 to 7-16
(Hour/date) (Hour/date)

Driver's Signature  Date 7-17

Hours-Of-Service Record for First Time or Intermittent Drivers

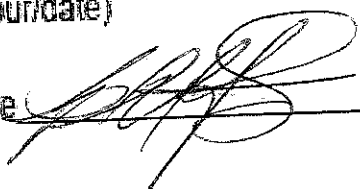
When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Bernhard Fittl

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.07</u>
2	<u>2.20</u>
3	_____
4	_____
5	_____
6	_____
7	_____
Total	<u>4.27</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

6/26 to 7/2
(Hour/date) (Hour/date)

Driver's Signature  Date 7/3

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Danny Morris

<u>Day</u>	<u>Total time on duty</u>
1	<u>1.43</u>
2	<u>7.70</u>
3	<u>8.97</u>
4	<u>8.40</u>
5	_____
6	_____
7	_____
Total	<u>26.5</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7/24 to 7/30
(Hour/date) (Hour/date)

Driver's Signature  Date 7/31

Hours-Of-Service Record for First Time or Intermittent Drivers


ons: When using a driver for the first time or intermittently, a signed statement must be
, giving the total time on duty (driving and on-duty) during the immediately preceding seven
l the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Danny Morris

<u>Day</u>	<u>Total time on duty</u>
1	<u>6.77</u>
2	<u>9.00</u>
3	<u>11.62</u>
4	<u>8.40</u>
5	<u>2.08</u>
6	<u>5.15</u>
7	<u>4.27</u>
Total	<u>52.29</u>

I hereby certify that the information contained hereon is true to the best of my
knowledge and belief, and that my last period of release from duty was from

7/17 to 7/23
(Hour/date) (Hour/date)

Driver's Signature  Date 7/24

Hours-Of-Service Record for First Time or Intermittent Drivers


ns: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

me (Printed) Danny Morris

<u>Day</u>	<u>Total time on duty</u>
1	<u>4.60</u>
2	<u>8.60</u>
3	<u>6.08</u>
4	<u>10.90</u>
5	<u>7.23</u>
6	<u>5.00</u>
7	<u>1.87</u>
Total	<u>43.28</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7/10 to 7/16
(Hour/date) (Hour/date)

Driver's Signature  Date 7/17

Hours-Of-Service Record for First Time or Intermittent Drivers

ons: When using a driver for the first time or intermittently, a signed statement must be
giving the total time on duty (driving and on-duty) during the immediately preceding seven
the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Danny Morris

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.90</u>
2	<u>4.13</u>
3	<u>9.97</u>
4	<u>8.83</u>
5	<u>7.58</u>
6	<u>1.53</u>
7	<u>4.20</u>
Total	<u>39.14</u>

I hereby certify that the information contained hereon is true to the best of my
knowledge and belief, and that my last period of release from duty was from

7-3 to 7-9
(Hour/date) (Hour/date)

Driver's Signature  Date 7-10

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days, and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>3.88</u>
2	<u>2.0</u>
3	<u>6.17</u>
4	<u>6.02</u>
5	<u>2.72</u>
6	_____
7	_____
Total	<u>25.79</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7/31 to 8/6
(Hour/date) (Hour/date)

Driver's Signature _____ Date 8/7

Hours-Of-Service Record for First Time or Intermittent Drivers

ns: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

me (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>3.83</u>
2	<u>3.28</u>
3	<u>6.27</u>
4	<u>4.71</u>
5	<u>2.27</u>
6	_____
7	_____
Total	<u>20.36</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7/24 to 7/30
(Hour/date) (Hour/date)

Driver's Signature _____ Date 7/31

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days, and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.57</u>
2	<u>4.72</u>
3	<u>3.48</u>
4	<u>2.50</u>
5	_____
6	<u>5.07</u>
7	_____
Total	<u>18.34</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-17 to 7-23
 (Hour/date) (Hour/date)

Driver's Signature Monica Smith Date 7/24/17

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>4.20</u>
2	<u>3.58</u>
3	<u>2.72</u>
4	<u>2.45</u>
5	_____
6	_____
7	_____
Total	<u>17.95</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-10 to 7-16
(Hour/date) (Hour/date)

Driver's Signature Monica Smith Date 7/17/17

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>0</u>
2	<u>0</u>
3	<u>4.12</u>
4	<u>4.85</u>
5	<u>1.88</u>
6	<u> </u>
7	<u> </u>
Total	<u>10.85</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-3 to 7-9
(Hour/date) (Hour/date)

Driver's Signature Monica Smith Date 7/10/17

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be provided, giving the total time on duty (driving and on-duty) during the immediately preceding seven days, and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) Monica Smith

<u>Day</u>	<u>Total time on duty</u>
1	<u>4.80</u>
2	<u>3.84</u>
3	<u> </u>
4	<u>6.88</u>
5	<u>3.55</u>
6	<u> </u>
7	<u> </u>
Total	<u>19.07</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

6-26 to 7-2
(Hour/date) (Hour/date)

Driver's Signature Monica Smith Date 7/3/17

Hours-Of-Service Record for First Time or Intermittent Drivers

is: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven he time at which the driver was last relieved from duty prior to beginning work.

ne (Printed) Jared Trauick

<u>Day</u>	<u>Total time on duty</u>
1	<u>10.48</u>
2	<u>7.83</u>
3	<u>6.60</u>
4	<u>6.40</u>
5	_____
6	_____
7	_____
Total	<u>31.31</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-3 to 7-9
(Hour/date) (Hour/date)

Driver's Signature [Signature] Date 7-10

Hours-Of-Service Record for First Time or Intermittent Drivers

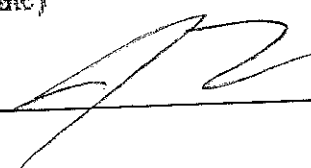
ns: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

me (Printed) Jared TRAWICK

<u>Day</u>	<u>Total time on duty</u>
1	<u>10.18</u>
2	<u>6.45</u>
3	<u>12.85</u>
4	<u>6.63</u>
5	<u>4.75</u>
6	<u> </u>
7	<u> </u>
Total	<u>40.86</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-10 to 7-16
(Hour/date) (Hour/date)

Driver's Signature  Date 7-17

Hours-Of-Service Record for First Time or Intermittent Drivers

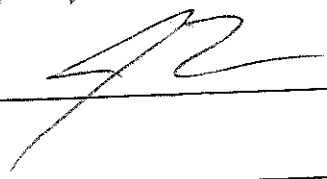
is: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven he time at which the driver was last relieved from duty prior to beginning work.

ne (Printed) Jared Trawick

<u>Day</u>	<u>Total time on duty</u>
1	<u>7.90</u>
2	<u>6.88</u>
3	<u>8.12</u>
4	_____
5	_____
6	_____
7	_____
Total	<u>22.90</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-17 to 7-23
(Hour/date) (Hour/date)

Driver's Signature  Date 7-24

Hours-Of-Service Record for First Time or Intermittent Drivers

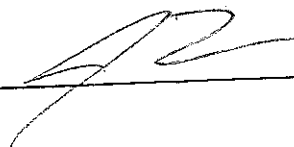
ns: When using a driver for the first time or intermittently, a signed statement must be giving the total time on duty (driving and on-duty) during the immediately preceding seven the time at which the driver was last relieved from duty prior to beginning work.

me (Printed) Jared Trawick

<u>Day</u>	<u>Total time on duty</u>
1	<u>2.20</u>
2	<u>11.93</u>
3	<u>5.83</u>
4	<u>6.97</u>
5	<u>8.22</u>
6	<u> </u>
7	<u> </u>
Total	<u>40.15</u>

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

7-24 to 7-30
(Hour/date) (Hour/date)

Driver's Signature  Date 7-31

Pages 23-26 Violation # 3,12,13, 14
2017

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION

Make: <i>Ford Econo E 450</i>	Serial Number: <i>1FDXE45571H1300189</i>
Year: <i>2001</i>	Tire Size: <i>225-75R 16</i>
Company number/other ID: <i>WUTC#C-1069</i>	Owner, if leased:

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<i>6-1-2017</i>	<i>oil change</i>
<i>6-5-2017</i>	<i>New windshield</i>
<i>6-5-2017</i>	<i>DOT Numbers Installed on BUS</i>
<i>6-5-2017</i>	<i>STandee 515a Installed</i>
<i>6-5-2017</i>	<i>Replaced all Marker Lights Top, Back, and Side all New</i>
<i>6-6-2017</i>	<i>Annual DOT Inspection cert complete and Installed</i>
<i>7-1-2017</i>	<i>SAFETY INSPECTION</i>
<i>8-1-2017</i>	<i>SAFETY INSPECTION</i>

VEHICLE HISTORY / RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
40672520	WA 2IC# AUG-7232
DATE	JUNE 5, 2018

MOTOR CARRIER OPERATOR CHENEY CARE CENTER	INSPECTOR'S NAME (PRINT OR TYPE) GREG RASH
ADDRESS 2219 N. 6TH	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE CHENEY, WA. 99004	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1FDXE45S71HBC00189
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) BIG BS TRUCK REPAIR PO #3467

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			c. Installation of speed-restricted tires unless specifically designated by motor carrier.
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			Any passenger seat that is not securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			15. OTHER
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION

Make: <i>Ford Econoline</i>	Serial Number: <i>1FDFE4FSGDDA30951</i>
Year: <i>2013</i>	Tire Size: <i>225/75/R16</i>
Company number/other ID: <i>WUTCHC-1069</i>	Owner, if leased:

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<i>9-16-2016</i>	<i>Oil change</i>
<i>7-29-2017</i>	<i>New Motor and Fuel Filter</i>
<i>6-5-2017</i>	<i>New windshield</i>
<i>6-5-2017</i>	<i>DOT Numbers on BUS</i>
<i>6-5-2017</i>	<i>POT Annual INSPECTION</i>
<i>7-1-2017</i>	<i>Safety Inspection</i>
<i>8-1-2017</i>	<i>Safety Inspection</i>

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
40672515	WA LIC# 29913
DATE	JUNES, 2017

MOTOR CARRIER OPERATOR CHENY CAR COMMUNITY	INSPECTOR'S NAME (PRINT OR TYPE) GREG RASH
ADDRESS 2219 N 6TH	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE CHENY, WA. 99004	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1FDFEH4FSLDDA30951
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) BEG BS TRUCK REPAIR RD# 3468

VEHICLE COMPONENTS INSPECTED												
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES	
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.	
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.	
✓			c. Brake Drums or Rotors				c. Container securement devices on intermodal equipment.				c. Installation of speed-restricted tires unless specifically designated by motor carrier.	
✓			d. Brake Hose	✓						11. WHEELS AND RIMS		
✓			e. Brake Tubing				a. Steering Wheel Free Play	✓			a. Lock or Side Ring	
✓			f. Low Pressure Warning Device	✓			b. Steering Column	✓			b. Wheels and Rims	
NA			g. Tractor Protection Valve				c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			c. Fasteners	
NA			h. Air Compressor				d. Steering Gear Box	✓			d. Welds	
NA			i. Electric Brakes	NA			e. Pitman Arm				12. WINDSHIELD GLAZING	
✓			j. Hydraulic Brakes	✓			f. Power Steering				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	
✓			k. Vacuum Systems	✓			g. Ball and Socket Joints				13. WINDSHIELD WIPERS	
✓			l. Antilock Brake System	✓			h. Tie Rods and Drag Links	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	
NA			m. Automatic Brake Adjusters	✓			i. Nuts				14. MOTOR COACH SEATS	
			2. COUPLING DEVICES				7. STEERING MECHANISM				Any passenger seat that is not securely fastened to the vehicle structure.	
NA			a. Fifth Wheels				j. Steering System				15. OTHER	
NA			b. Pintle Hooks	✓						List any other condition(s) which may prevent safe operation of this vehicle.		
NA			c. Drawbar/Towbar Eye	✓								
NA			d. Drawbar/Towbar Tongue	✓								
NA			e. Safety Devices	✓								
NA			f. Saddle-Mounts	✓								
			3. EXHAUST SYSTEM				8. SUSPENSION					
✓			a. Exhaust system leaking forward or directly below the driver/sleeper compartment.				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	✓				
NA			b. Bus exhaust system leaking or discharging in violation of standard.				b. Spring Assembly					
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components					
			4. FUEL SYSTEM				9. BRAKES					
✓			a. Visible leak.				a. Frame Members					
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance					
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)					
			5. LIGHTING DEVICES									
✓			All lighting devices and reflectors required by Part 393 shall be operable.	NA								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

Pages 27-30 Violation #4

See 49 CRF 396.11 requirement


Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 7-26-17 VEHICLE NUMBER: New Bus

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

Condition of the above vehicle is SATISFACTORY.

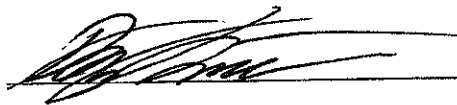
Driver's Signature: 

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

 Date 7-27-17

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement


Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 7-19-17 VEHICLE NUMBER: New Bus

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> OTHER | |

REMARKS:

/ Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

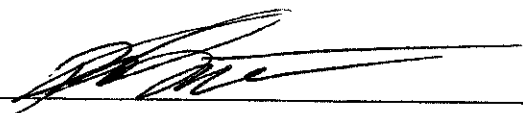
Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

 Date 7-26-17

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

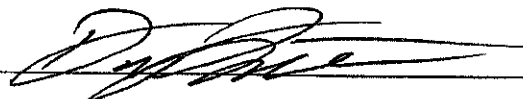
Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 7-6-12 VEHICLE NUMBER: New Bus

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input checked="" type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

 Date 7-19-12

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

See 49 CRF 396.11 requirement

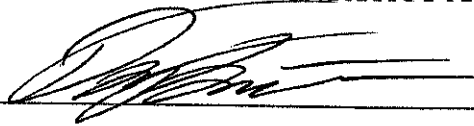
Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 6-22-17 VEHICLE NUMBER: New Bus

- | | |
|---|---|
| <input checked="" type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input checked="" type="checkbox"/> WINDSHIELD WIPERS |
| <input checked="" type="checkbox"/> STEERING | <input checked="" type="checkbox"/> MIRRORS |
| <input checked="" type="checkbox"/> LIGHTS | <input checked="" type="checkbox"/> COUPLING DEVICES |
| <input checked="" type="checkbox"/> TIRES | <input checked="" type="checkbox"/> WHEELS & RIMS |
| <input checked="" type="checkbox"/> HORN | <input checked="" type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> OTHER | |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

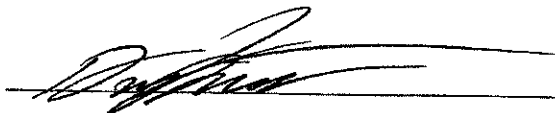
Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

 Date 7-6

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory, and will be provided confidentially to the extent allowed by the Freedom of Information Act (FOIA). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Motor Carrier Identification Report (Application for USDOT Number)

REASON FOR FILING (Mark only one)

- NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER Cheney Care Center				2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME Cheney Care Center			
3. PRINCIPAL ADDRESS 2219 N. 6th Street		4. CITY Cheney		5. STATE/PROVINCE WA		6. ZIP CODE+4 99004	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 2219 N. 6th Street		9. CITY Cheney		10. STATE/PROVINCE WA		11. ZIP CODE+4 99004	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER 509-235-6196			14. PRINCIPAL CONTACT CELL PHONE NUMBER			15. PRINCIPAL BUSINESS FAX NUMBER 509-235-2044	
16. USDOT NO. 2143608		17. MC OR MX NO.	18. DUN & BRADSTREET NO. 037997699		19. IRS/TAX ID NO. EIN 91-0973978 SSN N/A		

20. INTERNET E-MAIL ADDRESS: **kfaverso@Cheneycare.com**

21. CARRIER MILEAGE (to nearest 10,000 miles for last calendar year) YEAR **2016**
3,959

22. COMPANY OPERATION (Mark all that apply)

A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper

23. OPERATION CLASSIFICATION (Mark all that apply)

A. Authorized For-Hire D. Private Passengers (Business) G. U.S. Mail J. Local Government
 B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
 C. Private Property F. Migrant I. State Government L. Other **PVT-NONPROFIT special needs**

24. CARGO CLASSIFICATIONS (Mark all that apply)

A. <input type="checkbox"/> GENERAL FREIGHT	G. <input type="checkbox"/> BUILDING MATERIALS	M. <input checked="" type="checkbox"/> PASSENGERS	S. <input type="checkbox"/> GARBAGE, REFUSE, TRASH	Y. <input type="checkbox"/> PAPER PRODUCT
B. <input type="checkbox"/> HOUSEHOLD GOODS	H. <input type="checkbox"/> MOBILE HOMES	N. <input type="checkbox"/> OIL FIELD EQUIPMENT	T. <input type="checkbox"/> U.S. MAIL	Z. <input type="checkbox"/> UTILITY
C. <input type="checkbox"/> METAL SHEETS, COILS, ROLLS	I. <input type="checkbox"/> MACHINERY, LARGE OBJECTS	O. <input type="checkbox"/> LIVESTOCK	U. <input type="checkbox"/> CHEMICALS	AA. <input type="checkbox"/> FARM SUPPLIES
D. <input type="checkbox"/> MOTOR VEHICLES	J. <input type="checkbox"/> FRESH PRODUCE	P. <input type="checkbox"/> GRAIN, FEED, HAY	V. <input type="checkbox"/> COMMODITIES DRY BULK	BB. <input type="checkbox"/> CONSTRUCTION
E. <input type="checkbox"/> DRIVE AWAY/TOWAWAY	K. <input type="checkbox"/> LIQUIDS/GASES	Q. <input type="checkbox"/> COAL/COKE	W. <input type="checkbox"/> REFRIGERATED FOOD	CC. <input type="checkbox"/> WATER WELL
F. <input type="checkbox"/> LOGS, POLES, BEAMS, LUMBER	L. <input type="checkbox"/> INTERMODAL CONT.	R. <input type="checkbox"/> MEAT	X. <input type="checkbox"/> BEVERAGES	DD. <input type="checkbox"/> OTHER

25. HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (Mark all that apply)

	CARRIER				SHIPPER				BULK - IN CARGO TANKS				NON-BULK - IN PACKAGES			
	C	S	B	NB	C	S	B	NB	C	S	B	NB	C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. DIV 2.2D (Ammonia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. HRCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. Class 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. ELEVATED TEMP MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. Class 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. Class 3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NN. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													OO. ORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)													
							School Bus			Mini-bus		Passenger Van		Limousine						
							1-8	9-15	16+	16+	16+	1-8	9-15	1-8	9-15	16+				
OWNED																				
TERM LEASED																				
TRIP LEASED																				

27. DRIVER INFORMATION

INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius: -0-	4	4	-0-
Beyond 100-Mile Radius: -0-	-0-		

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No

If Yes, enter your USDOT Number: _____

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. president, treasurer, general partner, limited partner)

1. **David Simpson, President** 2. **Keith Faverso, Executive Director**

30. CERTIFICATION STATEMENT (to be completed by authorized official)

I, **KEITH A. FAVERSO**

Signature: **Keith A. Faverso** Date: **8/29/2017** Title: **EXECUTIVE DIRECTOR** (Please print)

certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.



CHENEY CARE CENTER

2219 N. 6TH Street, Cheney, WA 99004
 (509)235-6196 Fax: 509-210-4340

APPLICATION FOR EMPLOYMENT (Driver)

APPLICANT'S NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State and Zip Code)

DATE OF BIRTH _____ PHONE _____ SOCIAL SECURITY NO. _____

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

SECOND LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

Pages 34 & 35 Violation # 7



WATCH

WASHINGTON ACCESS TO CRIMINAL HISTORY

Web Search No Record Found Report

Washington State Patrol
Identification and Criminal History Section
P.O. Box 42633
Olympia, Washington 98504-2633
Telephone (360) 534-2000

**THE FOLLOWING WEB SEARCH NO MATCH FOUND REPORT
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 09/17/2012 at 16:06
Child/Adult Abuse Information Act RCW 43.43.830-845

Pursuant to the purpose of inquiry, **NO RECORD** was found in the Washington State Criminal History Repository based on the descriptors provided:

SKEELS, LARRY J DOB 12/23/1960

This may mean that the person you searched for has no criminal conviction record OR that your search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database, can only be determined by fingerprint comparison.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Background Check Central Unit
PO Box 45025, Olympia, Washington 98504-5025
Phone: (360) 902-0299 / Email: bccuinquiry@dshs.wa.gov

CONFIDENTIALITY NOTICE

For authorized personnel only. This information is intended for use by the requester ONLY. If received in error, please contact the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov or (360) 902-0299. This information and any attachments are protected under State and Federal law. Anyone receiving these documents in error is prohibited from disclosing, copying, or distributing the information.

Review Date: **September 19, 2012**

LARRY JOE SKEELS

Date of Birth: **12/23/1960**

Inquiry ID/OCA: **3030914**

The applicant, the Washington State Patrol, the Department of Corrections, the Department of Social and Health Services, the Department of Health, the Washington Courts, and possibly other states provided the information in this background check result. As of the date of this background check, the Department has found the applicant has:

No record of criminal convictions, pending charges or negative actions.

NOTICE TO THE PERSON WHO REQUESTED THIS BACKGROUND CHECK

The Background Check Central Unit (BCCU) is only a provider of information and does not decide the character, competence, or suitability of the applicant. BCCU does not decide if a conviction, pending criminal charge or negative action is disqualifying. BCCU only gathers and provides background information upon request, but does NOT make hiring, contracting, placement, or licensing decisions for the Department or its service providers.

The background check requester acknowledges that:

1. It is the requester's responsibility to give the applicant a copy of this letter and any attached information.
2. It is the requester's responsibility to make sure the name and date of birth listed above are correct and to contact BCCU if it is not correct. Please include the applicant's name and inquiry ID/OCA number.
3. Under Washington law, Washington Administrative Code, and program requirements, it is the requester's responsibility to perform a character, competence, and suitability review and make the decision to hire or not hire an applicant. BCCU does not determine if a criminal conviction, pending criminal charge or negative action is disqualifying.
4. It is the requester's responsibility to question his or her DSHS program contact about the process of making character, competence, and suitability decisions.
5. Federal law does not allow BCCU to give the requester a copy of an applicant's fingerprint result. Only the applicant may request a copy.

It is the applicant's responsibility to verify and correct their background information and to provide documents to clarify an unknown conviction, pending charge or other action.

If the applicant believes the conviction, pending charge, negative action or other action reported to BCCU is incorrect, s/he can contact BCCU or the agency that reported the information. BCCU will refer the applicant to the appropriate agency for further assistance:

1. Washington State Patrol: (360) 534-2000
2. Department of Corrections: (360) 725-8888
3. Department of Health: (360) 236-4700
4. Washington Courts: Contact the court that made the decision



CERTIFIED

Driving Record - MORRIDL344N2

Abstract of Driving Record - Employment
 This information is current as of 1/31/2017 10:51:58 AM

Driver information		Driver license status	
PIC	MORRI-DL-344N2	Status	Clear
Name	Morris, Danny Lee	Issued	7/11/2015
Gender	Male	Expires	8/22/2020
DOB	8/22/1966	Original issue date	11/16/2005
Restrictions		ID status	
PDL C Corrective Lenses -		Issued	9/20/2001
		Expired	8/22/2006
		Original issue date	9/20/2001

Tickets										
Violation date	Violation #	Description	Court finding	Court name	Court type	BAC	THC	Licensing state	Exempt veh	Veh type
7/5/2012	2Z0338268	Speeding	Conviction 7/9/2012	Spokane Muni Court	Municipal					

Collisions									
Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case #	Vehicle class	Veh type	At fault
10/13/2012	Moving	3602629W	2	1	0				