

I Heart Movers, LLC

Safety Management Plan

by Deavondia Taylor for I Heart Movers, LLC

Insurance

- **Certificate of Liability**
- **Proof of cargo insurance**
- **Insurance claim information for previous twelve months**
- **Accident register**

Driver Qualification Files

- **Copies of medical certificates**
- **Employer note verifying medical examiner's listing on National Registry**
- **Employment application**
- **DMV abstracts for each driver (initial & annual)**
- **Traffic violations (annual)**
- **Driver records (annual)**
- **Employer note verifying certification of driver records**
- **Road test**
- **Copy of returned safety performance history, or documentation of good faith efforts to obtain.**

Hours of Service

- **Timesheets, logs, ELD logs for all drivers for the previous 6 months**
- **Supporting documents for the previous 6 months i.e. trip records, dispatch logs, fuel records, bills of lading, receipts, driver payroll etc.**

Maintenance Records

- **Copies of annual DOT inspection (14 months)**
- **Maintenance records for each vehicle (repairs & inspections)**
- **Inspectors certifications**
- **Copies of driver vehicle inspection reports**

(Compliance checklist provided by Sandra Yeomans)

RCW 81.04.070 (Failure to produce documents upon request)

Before my inspection I was not too clear on the time I was required to keep documents and also which documents I actually had to keep. Upon receiving my inspection notice, being that I was not in compliance; I knew it was going to take me some time to pull all the requested documents together to deliver to Sandra. I was upfront with her about me not having the documents readily available & told her I would work on them. Being that before the inspection I was not compliant, this led to me scurrying to pull together all the requested items. I never intended for this to come across as stalling, as it was more so just doing what I could to become compliant in a small window of time. Looking back & knowing what I know now, I understand how non-compliant I actually was. I also see how simple of a request it actually was and understand the time that is should have taken me to provide the documents.

Hopefully my safety management plan highlights how I intend to stay up to par with the expectations of the UTC in regards to being a compliant moving company. I keep physical documents of proof; I also scan them and store them in my personal computer where they can be printed, edited and stored again. My intentions were never to be a “rogue” moving company, although a bit embarrassed to be so out of compliance; I am actually thankful for the experience. I am confident it has made me a better business owner & made I Heart a better moving company.

WAC 480-15-555 (Failure to complete a criminal background check for every person)

I have recently corrected my actions by successfully obtaining background checks for all of my current employees. I absolutely understand the importance of knowing the people I am sending into customers' homes. It is not only extremely important for their safety but also the safety of my business & reputation. To be completely transparent I hire through friends or family & I have known all of my employees for 6+ years. With that considered I felt like I knew them well enough to not run the background checks, I now know that is a mistake.

Moving forward I will continue compliance as I now have a WSP Watch account in order to easily obtain background checks for current & future employees before employment as well as annually. I will review them personally & make sure there are no guilty convictions for theft, burglary or any violent crimes. If there are open cases I will keep a close eye on the findings & immediately let go of any person found guilty of non-hirable offenses. I will also look into, I believe it is "nexus lexis" to run a secondary check on anyone with criminal history, it has come to my attention that WSP watch may not show complete files.

- **Fred Brown & Jersen Lopez no longer work for me.**

49 CFR-391.45(a) (Using a driver not medically examined and certified)

Both of my current drivers have now been medically examined and cleared to operate commercial motor vehicles. I admit this is something that I had completely overlooked. I think because my drivers are my brother & brother in law, I felt like I knew well enough about their health. After speaking with Sandra & hearing some of the stories from her personal experience I now understand how wrong I could have been. Also, how that wrong could affect others' lives as well as my drivers.

I have found a place (US Healthworks Medical Group) that has a couple locations & pretty consistent availability. It will be my responsibility to make sure driver's medical cards are initially obtained & renewed upon expiration. I will be using Google calendar to help notify me when my driver's medical cards are up for renewal, my next renewal is 2022.

49 CFR-391.51(a) (Failure to maintain driver qualification file for each driver)

I take full responsibility for failing to maintain my driver/employee files. I attended the class 2/20/2019 & I was present the entire time. If I am being honest, at times during the class I somewhat felt overwhelmed with information. I was doing my best at taking notes & attempting to keep up but it was a lot of information to absorb & retain within the day. Looking back, I should have made a shortened checklist like the one I have now, rather than writing random notes on multiple pieces of paper.

I now keep all of the necessary documents physically as well as on my personal laptop so that they can be readily available when asked for in the future. I also do this for non-driver employees now, minus the medical card & driving abstract. Every employee will have a driver/employee qualification file started for them upon hire. I will be responsible for maintaining the files & they will be annually reviewed end of Dec during my slow season.

This violation is in no way less important, but holds personal importance to me as it is somewhat the glue between my other violations. I now have the checklist Sandra provided me (page 2) printed out and posted by my office area for frequent reminders of upcoming dates. I have also placed any renewable dates in my personal Google calendar set as reminders so that I can remain in compliance. I am confident that using the above tactics I can remain in compliance.

- Upon pulling Demarcus Taylor's driving abstract it came to my attention that his license was currently suspended. He will no longer drive for me until his license is unsuspended. This actually directly speaks to one of the many lessons I have learned while completing my safety management plan. Demarcus was unaware of it or did not tell me and it is something I should have already known. With the above considered, I still wanted to include his driving abstract in my plan to be fully transparent about my business.

49 CFR-395.8(a)(1) (Failing to require drivers to make a record of duty status)

Demarcus & Rickey now both have a Driver Time Record sheet with them at all times. I have scanned and downloaded the UTC approved time sheet for future use also. This is another instance where I had not completely considered the damage that could be done due to my drivers being fatigued. Being a mover for 8+ years, I can absolutely understand the fatigue that comes with the work & how it directly affects driving performance. I will now be keeping

tabs on my drivers working hours using UTC approved time records sheets & fully understand the risk that runs with fatigued driving. My drivers turn in their sheets bi-weekly so that I personally can check for accuracy & monthly for filing, which will be stored physically and digitally to be readily available.

WAC 480-15-590(4) (failing to maintain copies of all leases in the carrier's permanent files for at least one year after the lease)

Initially I had assumed that renting trucks was in a way, different than leasing them. Every time I lease a truck, I am provided a copy for proof but I have failed to keep them readily available for up to a year. I have since requested email invoices/receipts from my rental providers so that now I will have copies available on call. I have created a folder where I can keep them on my personal computer, which I will update monthly to keep better track of all of my leasing activity. The folder will also allow me to provide the copies immediately after request, this will help me remain in compliance with the UTC moving forward.

396.3(b) & 396.17(a) (failing to keep minimum records of inspection and vehicle maintenance) (Using a commercial motor vehicle not periodically inspected)

I have failed to keep records of inspection and vehicle maintenance. Although I do have a primary mechanic to work on my vehicle & I do constantly get maintenance done via Jiffy Lube. I now know that I must keep records to be readily available of proof of inspection & maintenance. This is something that I will easily correct by requiring and keeping documentation of all work & upkeep I get done on my vehicle. From the class I did understand the importance of preventably correcting issues with my vehicles & I have done my best to do so. I honestly did not retain the part where I was supposed to document & have readily available the documentation in order to be compliant.

I also understand that because I did not immediately provide maintenance and inspection records, 396.17(a) is an obvious violation. I accept this & will do a better job moving forward with keeping records. I have created a file to document and save all of the future inspection & maintenance records for my vehicle to be readily available. Although my vehicle is currently not in service once it is back up and running, I intend to start my annual inspection & also plan a more in-depth maintenance schedule before placing it back in service.

I have recently come to assume that my current mechanic may not have taken the necessary classes to be qualified for inspection. I will begin the search for a new mechanic. It is something I intend to take care of quickly and can provide copies of brake inspection qualifications & annual inspection qualifications as soon as I find a qualified provider. I also intend to have the past work done by my current mechanic checked by the new qualified company before placing the vehicle in service.

- Although I have no time frame for my truck to be completed, I would like the following to be considered. Once my truck is back up and running, I immediately let Jason Sharp know & the two of us agree on a time frame to find a qualified mechanic. This will allow me to fix my truck at a pace financially fit for myself & once alerting Jason put me on a reasonable time frame to locate my replacement.

390.19(b)(2) (Failing to file the appropriate form under 390.19(a) (MCS-150, 150B, 150C) each 24 months.

I could have potentially received an email about this & not have opened it or even paid it any mind. When dealing with USDOT compliance there are a lot of spam emails that I receive, I may have just assumed the genuine one was a spam email. This was a small overlook on my behalf, I corrected the mistake June 2020 shortly after receiving the info that it was not 100% finished. I finished the rest of the update but missed this somehow, now knowing mileage is to be documented I will be looking for this from here on. I have provided a screenshot for proof. My next renewal is 9/2022, I have set a reminder in my Google calendar & provided screenshot of the event also.

DEAVONDIA TAYLOR certify that going forward my company I HEART MOVERS, LLC is to operate within federal & state regulations. I understand & have corrected my violations to the best of my current ability. I can attest, that moving forward my carrier operations will meet the safety standard and factors specific in 49 CFR 395.5 and 385.7.

DEAVONDIA TAYLOR

Print name

A handwritten signature in black ink, appearing to read 'Deavondia Taylor', written over a horizontal line.

Sign here

APPLICATION FOR EMPLOYMENT

COMPANY I HEARD MOVERS STREET ADDRESS 1414 N Northgate Way

CITY, STATE AND ZIP CODE Seattle WA 98133

APPLICANT'S NAME Demarcius K Taylor
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS 127 Mc Nish St Seattle WA 98125 HOW LONG? One year
 (Street) (City) (State and Zip Code)

DATE OF BIRTH 08/31/1991 PHONE 206 560 7145 SOCIAL SECURITY NO. 532 73 7102

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	18501 52nd Ave w unit 34 Lynnwood	Lynnwood	WA 98037	13 years
2	N/A	"	"	"
3	N/A	"	"	"
4	N/A	"	"	"

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	WA 54843C13B	Driver License	08 31 2024

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	16, 20, 26 Foot Box	2013	2020	60K +
TRACTOR/SEMI-TRAILER	N/A	"	"	"
TRACTOR/2 TRAILERS	N/A	"	"	"
OTHER:	N/A	"	"	"

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
N/A	"	"	"
N/A	"	"	"
N/A	"	"	"
N/A	"	"	"

(Form 2 Rev. 10-2001)

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

LOCATION	DATE	CHARGE	PENALTY
N/A	" "	" "	" "
N/A	" "	" "	" "
N/A	" "	" "	" "

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

ADDRESS 1424 N Northgate Way Seattle WA

POSITION HELD Lead driver FROM 2013 TO 2020 SALARY 25h

REASON FOR LEAVING Never left

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 N/A

ADDRESS "

POSITION HELD " FROM " TO " SALARY "

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES N/A NO N/A

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES N/A NO N/A

THIRD LAST EMPLOYER NAME N/A

ADDRESS "

POSITION HELD " FROM " TO " SALARY "

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES N/A NO N/A

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES N/A NO N/A

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.

7.17.2020
 (Date)

[Signature]
 (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)

APPLICATION FOR EMPLOYMENT

COMPANY I Heart Movers LLC STREET ADDRESS ~~29411 Pacific Highway S~~ ^{Seattle WA}
 CITY, STATE AND ZIP CODE Federal way, WA 98003
 APPLICANT'S NAME Rickey Lee Toms
(First) (Middle) (Maiden Name, if any) (Last)
 ADDRESS 29411 Pacific Highway S Federal way, WA 98003 HOW LONG? 3
(Street) (City) (State and Zip Code)
 DATE OF BIRTH 9-20-1985 PHONE 206-841-3827 SOCIAL SECURITY NO. 535-98-4462

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	N/A	"	"	"
2	N/A	"	"	"
3	N/A	"	"	"
4	N/A	"	"	"

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	W0L29B2B1038	Driver License	9/20/2024

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	N/A	"	"	"
TRACTOR/SEMI-TRAILER	N/A	"	"	"
TRACTOR/2 TRAILERS	N/A	"	"	"
OTHER:	16 to 22 Box Truck	2015	2020	40K plus

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
2018	NO	NO	NO
N/A	"	"	"
N/A	"	"	"
N/A	"	"	"

(Form 2 Rev. 10-2001)

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

LOCATION	DATE	CHARGE	PENALTY
NO	2017	NO	NO
N/A	" "	" "	" "
N/A	" "	" "	" "

(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 I Heart Movers LLC

ADDRESS Seattle, WA

POSITION HELD Driver FROM 2015 TO 2020 SALARY 25

REASON FOR LEAVING Still working for I Heart movers

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 N/A

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES N/A NO N/A
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES N/A NO N/A

THIRD LAST EMPLOYER NAME N/A

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING N/A

Subject to Federal Motor Carrier Safety Regulations: YES N/A NO N/A
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES N/A NO N/A

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.

7-17-2020

(Date)

[Signature]

(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)

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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 be 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.



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 Toms First Name Ricky 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
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption
- 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

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.

07/15/2022

Medical Examiner's Signature

Medical Examiner's Telephone Number

(206)575-3136

Date Certificate Signed

07/15/2020

Medical Examiner's Name (please print or type)

Lundquist, Mark

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner (specify) _____

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

MD60765772

Issuing State

WA

National Registry Number

2077318775

Driver's Signature

Driver's License Number

WDL2982B103B

Issuing State/Province

WA

Driver's Address

Street Address: 29411 Pacific Hwy S Apt C205

City: Federal Way

State/Province: WA

Zip Code: 98003-

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.

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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 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-880A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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** Taylor **First Name** Demarcus 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)
 - 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
07/17/2022

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number** (206)784-0737 **Date Certificate Signed** 07/17/2020

Medical Examiner's Name (please print or type) Lundquist, Mark **MD** Physician Assistant Advanced Practice Nurse

Issuing State WA DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number MD60765772 **National Registry Number** 2077318775

Driver's Signature _____ **Driver's License Number** WDL54843C13B **Issuing State/Province** WA

Driver's Address _____ **City** SEATTLE **State/Province** WA **Zip Code** 98125 Yes No

Street Address 2727 NE 125th St Apt 10 **CLP/CDL Applicant/Holder**

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.

Dr. Mark A Lundquist Doctor of Medicine

Concentra

200 Andover Park E.









Suite 8

Tukwila, WA 98188

(206) 575-3136

National Registry Number: 2077318775

Certification Date: 08/24/17

MON 27	TUE 28	WED 29	THU 30	FRI Jul 1
				● 9am Demarcus & Ric
4	<div data-bbox="354 802 1198 1325"><p>    </p><p>Demarcus & Rickey Medical card renewal by 7/10 Friday, July 1, 2022 · 9:00 – 10:00am</p><p> US Healthworks</p><p> 10 minutes before 1 day before</p><p> I HEART MOVERS</p></div>			8
11				15

Friday, July 17, 2020



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 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 7/17/2020 at 4:06 PM
Conviction Criminal History RCW 10.97.050(1)

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

RICKEY, TOMS DOB 09/20/1985 SEX M RAC U

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.



Web Search Transcript

Washington State Patrol

Identification and Criminal History Section

P. O. Box 42633

Olympia, Washington 98504-2633

Telephone (360) 534-2000 Option 2

This report was generated from a transaction run on 7/17/2020 at 4:14 PM
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, a possible match was found in the Washington State Criminal History Repository based on the descriptors provided:
TAYLOR,DEMARCUS DOB 05/31/1991 SEX M RAC U

WASHINGTON STATE PATROL
CRIMINAL HISTORY RECORD SECTION
P.O. BOX 42633
OLYMPIA, WASHINGTON 98504-2633

CRIMINAL HISTORY INFORMATION AS OF 07/17/2020

NOTICE

THE FOLLOWING TRANSCRIPT OF RECORD IS FURNISHED FOR OFFICIAL USE ONLY. SECONDARY DISSEMINATION OF THIS CRIMINAL HISTORY RECORD INFORMATION IS PROHIBITED UNLESS IN COMPLIANCE WITH THE WASHINGTON STATE CRIMINAL RECORDS PRIVACY ACT, CHAPTER 10.97 RCW. NON-CRIMINAL JUSTICE AGENCIES WHO HAVE STATUTORY AUTHORITY TO RECEIVE NON-CONVICTION CRIMINAL HISTORY RECORDS MAY NOT USE SEALED JUVENILE RECORD INFORMATION IN MAKING LICENSING OR EMPLOYMENT SUITABILITY DETERMINATIONS.

POSITIVE IDENTIFICATION CAN ONLY BE BASED UPON FINGERPRINT COMPARISON. BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED FOR SUBSEQUENT USE. WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT SUPPLIED THE INFORMATION TO THE WASHINGTON STATE PATROL.

A DISPOSITION STATUS OF ?WARRANT ISSUED? MAY NOT INDICATE THE PRESENCE OF AN ACTIVE WARRANT. ALL WARRANT INFORMATION SHOULD BE OBTAINED FROM THE ACCESS SYSTEM AND MUST BE CONFIRMED WITH THE ENTERING AGENCY.

THIS CONVICTION RECORD MAY INCLUDE INFORMATION FOR WHICH A PERSON IS CURRENTLY BEING PROCESSED BY THE CRIMINAL JUSTICE SYSTEM.

MASTER INFORMATION

NAME: TAYLOR, DEMARCUS FREEMAN DOB: 05/31/1991
SID NUMBER: WA25588848

PERSON INFORMATION

SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	PLACE OF BIRTH	CITIZENSHIP
M	B	603	180	BRO	BLK	WA	US
						XX	XX

OTHER NAMES USED	OTHER DATES OF BIRTH USED	SOC SEC NUMBER
TAYLOR, DEMARCUS F		
TAYLOR, DEMARCUS F C		

CONVICTION AND/OR ADVERSE FINDING SUMMARY

2 FELONY (S)	DISPOSITION DATE
ASSAULT-2	CLASS B FELONY 07/22/2011
THEFT-1	CLASS B FELONY 07/22/2011
0 GROSS MISDEMEANOR(S)	

0 MISDEMEANOR(S)

1 CLASSIFICATION(S) UNKNOWN
CRIMINAL SOLICITATION

08/22/2011

**** NO KNOWN DOC SUMMARY INFORMATION ****

CRIMINAL HISTORY INFORMATION

THE ARRESTS LISTED MAY HAVE BEEN BASED ON PROBABLE CAUSE AT THE TIME OF ARREST OR ON A WARRANT. PROBABLE CAUSE ARRESTS MAY OR MAY NOT RESULT IN THE FILING OF CHARGES. CONTACT THE ARRESTING AGENCY FOR INFORMATION ON THE FORMAL CHARGES AND/OR DISPOSITIONS.

AN ARREST IS NOT A CONVICTION OR FINDING OF GUILT.

ARREST 6 DATE OF ARREST: 03/19/2020

NAME USED: TAYLOR, DEMARCUS F C
CONTRIBUTING AGENCY: WA0310000 SNOHOMISH COUNTY SHERIFF
LOCAL ID: 202000004348 PCN: 466851299 TCN: WA3100000201865211

ARREST OFFENSES	DISPOSITION
0300100 FORGERY	CONTRIBUTOR OR RESPONSIBLE AGENCY:
RCW: 9A.60.020(3)	WA0310400 LYNNWOOD POLICE
CLASS C FELONY	DEPARTMENT
ORIGINATING AGENCY: WA0310400	STATUS: DISPOSITION NOT RECEIVED
LYNNWOOD POLICE DEPARTMENT	
DISPO RESPONSIBILITY: WA0310400	
COURT CASE NO: 1810151931	
DATE OF OFFENSE: 03/19/2020	
COMMENT: 1 COUNTS	

ARREST 5 DATE OF ARREST: 08/29/2011

NAME USED: TAYLOR, DEMARCUS FREEMAN
CONTRIBUTING AGENCY: WAKCS0000 KING COUNTY SHERIFFS OFFICE
LOCAL ID: A871441 PCN: 208022202 TCN: WA1700000201068024

ARREST OFFENSES	DISPOSITION
	CONTRIBUTOR OR RESPONSIBLE AGENCY:
	WA017015J KING COUNTY SUPERIOR
	COURT
	COURT CASE NO: 101093075
	REFER TO 10/29/2010

ARREST 4 DATE OF ARREST: 11/18/2010

NAME USED: TAYLOR, DEMARCUS FREEMAN
CONTRIBUTING AGENCY: WAKCS0000 KING COUNTY SHERIFFS OFFICE
LOCAL ID: A871441 PCN: 207944955 TCN: WA1700000200990654

ARREST OFFENSES | DISPOSITION
| CONTRIBUTOR OR RESPONSIBLE AGENCY:
| WA017015J KING COUNTY SUPERIOR
| COURT
| COURT CASE NO: 101093075
| REFER TO 10/29/2010
|

ARREST 3 DATE OF ARREST: 10/29/2010

NAME USED: TAYLOR, DEMARCUS FREEMAN
CONTRIBUTING AGENCY: WAKCS0000 KING COUNTY SHERIFFS OFFICE
LOCAL ID: A871441 PCN: 201369169 TCN: WA1700000100954977

ARREST OFFENSES | DISPOSITION
| CONTRIBUTOR OR RESPONSIBLE AGENCY:
| WA017015J KING COUNTY SUPERIOR
| COURT
| COURT CASE NO: 101093075
|
| STATUS: GUILTY
| 0102200 ASSAULT-2
| RCW: 9A.36.021 (2) (A)
| WEAPON
| CLASS B FELONY
| STATUS DATE: 07/22/2011
| COUNTS: 1
|
| SENTENCE: SUPERVISION:
| X,
| SENT. DESC.: 364D JAIL CT
| 1, 6M JAIL CT 2. CTS 1&2
| CONC. 12M COMM CUSTODY.
|
| STATUS: GUILTY
| 0250200 THEFT-1
| RCW: 9A.56.030 (2)
| CLASS B FELONY
| STATUS DATE: 07/22/2011
| COUNTS: 1
|

ARREST 2 DATE OF ARREST: 07/27/2010

NAME USED: TAYLOR, DEMARCUS FREEMAN
CONTRIBUTING AGENCY: WAKCS0000 KING COUNTY SHERIFFS OFFICE
LOCAL ID: A871441 PCN: 214403242 TCN: WA1700000301023106

ARREST OFFENSES

| DISPOSITION
| CONTRIBUTOR OR RESPONSIBLE AGENCY:
| WA017173J KING COUNTY DISTRICT
| COURT
| COURT CASE NO: 510EX2474
| REFER TO 03/19/2010
|

ARREST 1

DATE OF ARREST: 03/19/2010

NAME USED: TAYLOR, DEMARCUS FREEMAN
CONTRIBUTING AGENCY: WAKCS0000 KING COUNTY SHERIFFS OFFICE
LOCAL ID: A871441 PCN: 207857891 TCN: WA1700000200903595

ARREST OFFENSES

| DISPOSITION
| CONTRIBUTOR OR RESPONSIBLE AGENCY:
| WA017173J KING COUNTY DISTRICT
| COURT
| COURT CASE NO: 510EX2474
|
| STATUS: GUILTY
| S999900 CRIMINAL SOLICITATION
| RCW: 9A.28.030
| CLASS UNKNOWN
| STATUS DATE: 08/22/2011
| COUNTS: 1
|
| SENTENCE: JAIL: 4 D,
| JAIL SUS.: 0 D
|

NO KNOWN DEPARTMENT OF CORRECTIONS INFORMATION

NO KNOWN SEX/KIDNAPPING OFFENDER REGISTRATIONS

NO KNOWN APPLICANT DETAILS

NO KNOWN MONITORED POPULATION REGISTRATION TRACKING INFORMATION

GLOSSARY OF TERMS IS AVAILABLE IN THE CRIMINAL JUSTICE TRAINING MANUAL (CJTM)
LOCATED AT [HTTP://WWW.WSP.WA.GOV/_SECURED/IDENT/RESOURCE.HTM](http://www.wsp.wa.gov/_secured/ident/resource.htm)

RESOURCES

ADMINISTRATIVE OFFICE OF

THE COURTS (AOC)-----WWW.COURTS.WA.GOV

WSP CRIMINAL HISTORY

RECORDS SECTION-----CRIMHIS@WSP.WA.GOV OR (360) 534-2000

WSP CRIMINAL HISTORY &
FINGERPRINT TRAINING-----

[HTTP://WWW.WSP.WA.GOV/_SECURED/IDENT/RESOURCE.HTM](http://www.wsp.wa.gov/_SECURED/IDENT/RESOURCE.HTM)

DEPARTMENT OF CORRECTIONS (DOC)---WWW.DOC.WA.GOV

WSP SEX/KIDNAPPING

OFFENDER REGISTRY (SOR) UNIT--(360) 534-2000

REVISED CODE OF WASHINGTON (RCW)--[HTTP://APPS.LEG.WA.GOV/RCW/](http://APPS.LEG.WA.GOV/RCW/)

WSP WASHINGTON ACCESS TO CRIMINAL

HISTORY (WATCH) WEBSITE-----<https://fortress.wa.gov/wsp/watch>

WSP IDENTIFICATION AND

BACKGROUND CHECK SECTION-----WATCH.HELP@wsp.wa.gov OR (360) 534-2000



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 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 7/17/2020 at 4:10 PM
Conviction Criminal History RCW 10.97.050(1)

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

ANTHONY, WILLIAMS E DOB 11/06/1991 SEX M RAC U

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.

DRIVER'S ROAD TEST EXAMINATION


Driver's Name DEMAREUS TAYLOR Phone 206 566 2745
Driver's Address 2727 NE 125TH ST #10
City SEATTLE State WA Zip Code 98125

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- The pretrip inspection. (As required by Sec. 392.7)
- Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- Placing the equipment in operation.
- Use of vehicle's controls and emergency equipment.
- Operating the vehicle in traffic and while passing other vehicles.
- Turning the vehicle.
- Braking, and slowing the vehicle by means other than braking.
- Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 26' BOX TRUCK

Date JULY 6TH 20 20 Examiner's Signature 

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks NOT MY FIRST TIME RIDING WITH MARCUS HE IS VERY SAFE

CERTIFICATION OF ROAD TEST

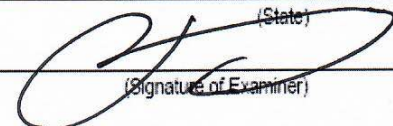
Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate.
The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on JULY 6th 2020 consisting of approximately 4 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

1 HEART MOVERS, LLC
(Carrier Name)

2727 NE 125TH ST NE #10 SEATTLE WA 98125
(Carrier Address) (City) (State) (Zipcode)

DEA VONDIA TAYLOR
(Name of Examiner)


(Signature of Examiner)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name RICKEN TOMS Phone 206 841 3827
Driver's Address 29411 PACIFIC HWY S
City FEDERAL WAY State WA Zip Code 98003

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- The pretrip inspection. (As required by Sec. 392.7)
- Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- Placing the equipment in operation.
- Use of vehicle's controls and emergency equipment.
- Operating the vehicle in traffic and while passing other vehicles.
- Turning the vehicle.
- Braking, and slowing the vehicle by means other than braking.
- Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 26' BOX TRUCK

Date JULY 6TH 2020 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks NOT MY FIRST TIME RIDING WITH RICKEN, HE IS VERY SAFE.

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate.
The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on JULY 6TH 2020 consisting of approximately 4 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

I HEART MOVERS, LLC
(Carrier Name)

2727 NE 125TH ST SEATTLE WA 98125
(Carrier Address) (City) (State) (Zipcode)

DEAVONIA TAYLOR
(Name of Examiner)


(Signature of Examiner)



Driving Record - WDL29B2B103B
Abstract of Driving Record - Employment
This information is current as of 7/22/2020 4:43 PM

CERTIFIED

Driver Information	Address Information	License and ID Details
DLN: WDL29B2B103B Last: TOMS First: RICKY Middle: LEE Suffix: DOB: 09/20/1985 Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: 02/01/2019 Expire: 09/20/2024 Original issue: 01/04/2007 State Identification Card: Issue: 11/16/2016 Expire: 09/20/2022 Original issue: 05/16/2003

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement
No requirements

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	02/01/2019	09/20/2024	WDL29B2B103B	Renewal	Yes
State Identification Card	11/16/2016	09/20/2022	TOMS*RL15500	Renewal	No
Personal Driver License	05/08/2014	09/20/2016	TOMS*RL15500	Duplicate	No
Personal Driver License	09/30/2011	09/20/2016	TOMS*RL15500	Renewal	No

DLN History		
DLN	Start	End
WDL29B2B103B	02/01/2019	
TOMS*RL15500	05/16/2003	02/01/2019

Tickets			
Description: M83 - Negligent driving Violation date: 11/10/2013 Violation #: B00249039	Finding date: 02/19/2014 Finding: Guilty Court name: Tacoma Municipal Court	Statute: 46.61.5249 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: Yes

Description: A91 - Admin Per Se BAC ≥.____ Violation date: 11/10/2013 Violation #: CNV346746	Finding date: 11/10/2013 Finding: Guilty Court name: Administrative	Statute: 46.20.308 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Amended ACD:
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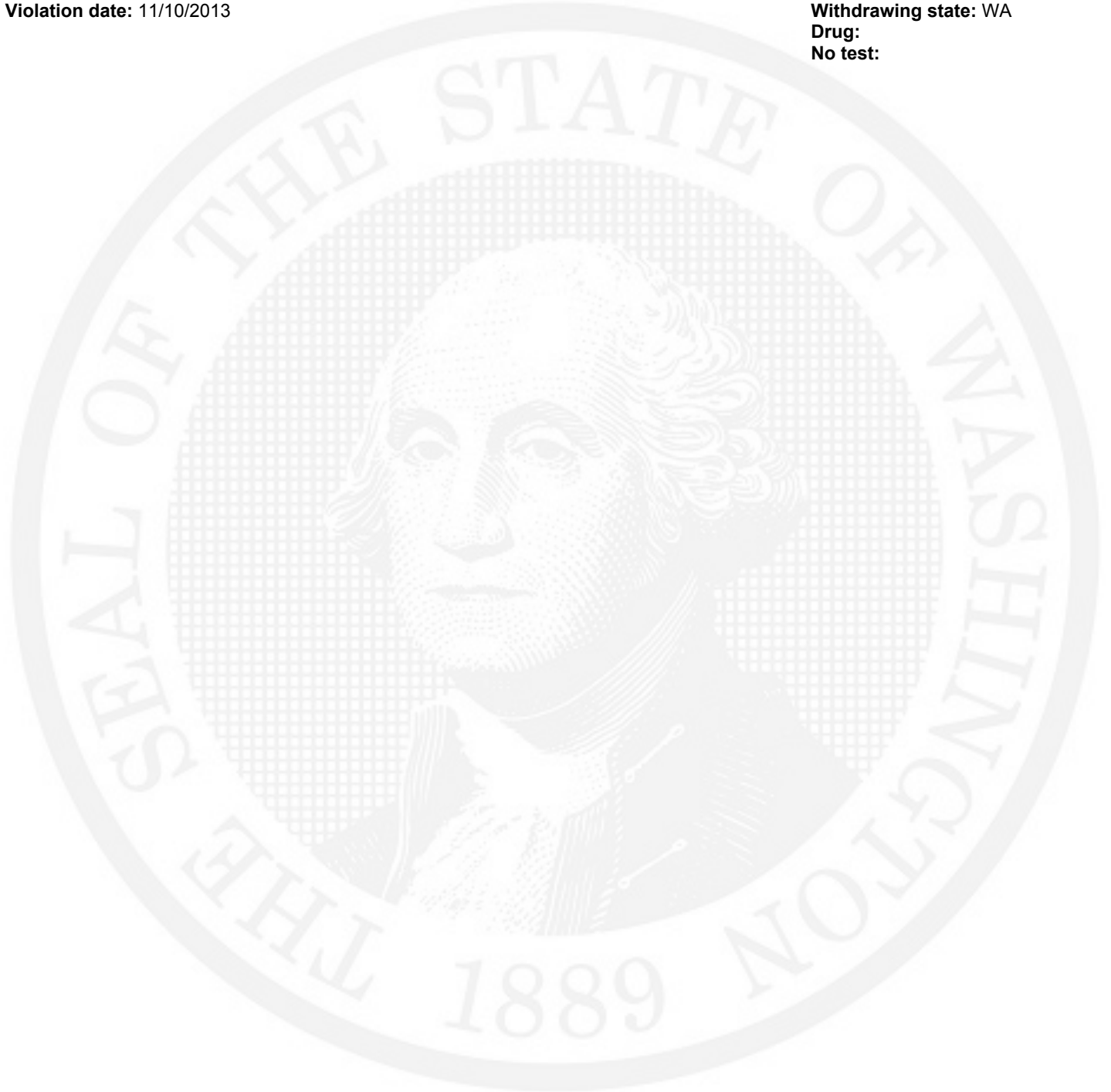
Withdrawal History		
Description: D53 - Failed to pay fine and costs Violation #: B00249039 Violation date: 11/10/2013	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 06/25/2016 End date: 1/30/2019 Withdrawing state: WA Drug: No test:

Withdrawal History

Description: A91 - Admin Per Se BAC \geq ___
Violation #: CNV346746
Violation date: 11/10/2013

Action taken: Suspension
Statute: 46.20.308

Start date: 01/10/2014
End date: 4/10/2014
Withdrawing state: WA
Drug:
No test:





Driving Record - WDL54843C13B

CERTIFIED

Abstract of Driving Record - Employment
This information is current as of 8/9/2020 9:02 PM

Driver Information	Address Information	License and ID Details
DLN: WDL54843C13B Last: TAYLOR First: DEMARCUS Middle: F C Suffix: DOB: 05/31/1991 Gender: M	Address on file	Personal Driver License: Status: Suspended/Revoked 3rd Degree Issue: 04/09/2019 Expire: 05/31/2024 Original issue: 04/09/2019 Eligibility date: State Identification Card: Issue: 11/17/2017 Expire: 05/31/2023 Original issue: 05/27/2016

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement Standard Reissue Fee FTA Requirement

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	04/09/2019	05/31/2024	WDL54843C13B	Original	Yes
State Identification Card	11/17/2017	05/31/2023	TAYLODF096KU	Original	No
State Identification Card	05/27/2016	05/31/2022	TAYLODF096KU	Original	No
Instruction Permit	09/11/2014	09/11/2015	TAYLODF096KU	Renewal	No
Instruction Permit	08/22/2013	08/22/2014	TAYLODF096KU	Renewal	No
Instruction Permit	05/30/2012	05/30/2013	TAYLODF096KU	Renewal	No
Instruction Permit	08/28/2010	08/28/2011	TAYLODF096KU	Renewal	No

DLN History		
DLN	Start	End
WDL54843C13B	04/09/2019	
TAYLODF096KU	03/31/2007	04/09/2019

Failure to Appear		
Description: D36 - Failed to maintain liability insurance Violation date: 04/03/2015 Violation #: 5Z0037676	Notice Date: 02/18/2020 Court name: Snohomish County District Court Court phone: 360 435-7700	Statute: 46.30.020 Suspendable: No Jurisdiction: WA
Description: B91 - Driving with improper class/endorsement Violation date: 03/30/2015 Violation #: 5Z0037675	Notice Date: 02/18/2020 Court name: Snohomish County District Court Court phone: 425 744-6800	Statute: 46.20.055 Suspendable: Yes Jurisdiction: WA

Tickets



Driving Record - WDL54843C13B

Abstract of Driving Record - Employment
This information is current as of 8/9/2020 9:02 PM

CERTIFIED

Tickets

Description: B51 - Expired or no license Violation date: 05/05/2016 Violation #: 6Z0519925	Finding date: 09/23/2016 Finding: Guilty Court name: King County District Court	Statute: 46.20.015 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No
Description: M49 - Improper lane – restricted lane Violation date: 05/05/2016 Violation #: 6Z0519925	Finding date: 09/23/2016 Finding: Guilty Court name: King County District Court	Statute: 46.61.165 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No

Withdrawal History

Description: D56 - Failed to answer citation Violation #: 5Z0037675 Violation date: 03/30/2015	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 04/05/2020 End date: Indefinite Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 6Z0519925 Violation date: 05/05/2016	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 11/13/2016 End date: 3/12/2019 Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 5Z0037674 Violation date: 03/30/2015	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 09/17/2015 End date: 3/28/2019 Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 5Z0037674 Violation date: 03/30/2015	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 08/03/2015 End date: 3/28/2019 Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 5Z0037675 Violation date: 03/30/2015	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 08/03/2015 End date: 3/11/2019 Withdrawing state: WA Drug: No test:

Driver Time Record

Month: 7 Year: 2020

Driver's Name (Print): Ribeiro Tomc

Employee No. 002

COMPANIES MAY PREPARE THIS REPORT INSTEAD OF THE DRIVERS DAILY LOG IF THE FOLLOWING APPLY:
 The driver operates wholly within 100 air mile radius of the work reporting location (150 air mile radius for NON CDL property carrier drivers), the driver is released from work at the work reporting location within 12 consecutive hours and the driver has at least 10 consecutive hours off duty (8 consecutive hours off duty for Passenger carriers).
 The drivers are still subject to the maximum driving and on duty times per CFR 49 Part 395.

Date	Start Time	Stop Time	Total On Duty Time
1	9:40	2pm	4.33
2			
3	10am 15pm	5:00 pm	3.75 6.75
4			
5			
6			
7	2:00pm	6:00pm	4
8			
9			
10			
11			
12			
13			
14			
15			
16			
17	9:00am	6:00pm	9
18	10am	5:00pm	7
19			
20	9:30	12:00pm	2.5
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Driver Time Record

Driver's Name (Print): DEMAREUS TAYLOR

Month: 7 Year: 2020

Employee No. 001

COMPANIES MAY PREPARE THIS REPORT INSTEAD OF THE DRIVERS DAILY LOG IF THE FOLLOWING APPLY:

The driver operates wholly within 100 air mile radius of the work reporting location (150 air mile radius for NON CDL property carrier drivers), the driver is released from work at the work reporting location within 12 consecutive hours and the driver has at least 10 consecutive hours off duty (8 consecutive hours off duty for Passenger carriers). The drivers are still subject to the maximum driving and on duty times per CFR 49 Part 395.

Date	Start Time	Stop Time	Total On Duty Time
1	9:30	1:00	3.5
2	9:30	7	8.75
3	9:30	6:30	8
4	7:15	11:00 3:30	3.75 6.25
5	9:30	6:45	7.25
6	9 am	1 pm	4
7			
8	9 am	5:30	7.75
9	9 am	12:30	3.5
10	9 am	1:30	4.5
11	8:45	5:45	7.75
12	1 pm	4 pm	3 h
13			
14			
15			
16			
17	2:45	3:45	1
18	9:30	12:15	2.75
19	3 pm	5 pm	2
20	9 am	1 pm	4
21	9 am	12 pm	3
22	10	1	3
23			
24	9:30	2:30	5
25	9 am	4 pm	6 h
26			
27	9:30	12:30	3
28	9 am	12:30	3.5
29			
30	9 am	5 pm	8 h
31	1 pm	2:30	1.5

1FDWE35L86HB13068

AS MENTIONED MY VEHICLE IS
TOTALLED WHEN/IF I GOT IT FIXED
I WILL START ANNUAL INSPECTION

ANNUAL VEHICLE INSPECTION REPORT

Unit No. 1	Vin No. 1FDWE35L86	Make FORD	Model E350	License No. C71579P
Motor Carrier 1 HEART MOVERS		Inspection Location N/A		
Motor Carrier's Address 2727 NE 125TH ST		Inspection Date N/A		Odometer Reading 180,000

(Inspector must complete both sides of this form)

COMPONENTS INSPECTED

ITEM	Pass	Defect	ITEM	Pass	Defect
1 BRAKES			7 SAFELOADING		
a. Service brakes.....	<input type="radio"/>	<input type="radio"/>	a. Protection against shifting cargo.....	<input type="radio"/>	<input type="radio"/>
b. Parking brake system			b. Part(s) of vehicle or condition of loading area such that the spare tire or any part of the load or equipment can fall into the roadway.....	<input type="radio"/>	<input type="radio"/>
i. Push rod travel.....	<input type="radio"/>	<input type="radio"/>	8 STEERING MECHANISM		
ii. Lining thickness.....	<input type="radio"/>	<input type="radio"/>	a. Steering wheel play.....	<input type="radio"/>	<input type="radio"/>
c. Brake drums or rotors.....	<input type="radio"/>	<input type="radio"/>	b. Steering column.....	<input type="radio"/>	<input type="radio"/>
d. Brake hoses.....	<input type="radio"/>	<input type="radio"/>	c. Front axle beam and all steering components other than a steering column.....	<input type="radio"/>	<input type="radio"/>
e. Brake tubing.....	<input type="radio"/>	<input type="radio"/>	d. Steering gear box.....	<input type="radio"/>	<input type="radio"/>
f. Low pressure warning device.....	<input type="radio"/>	<input type="radio"/>	e. Pitman arm.....	<input type="radio"/>	<input type="radio"/>
g. Tractor protection valve.....	<input type="radio"/>	<input type="radio"/>	f. Power steering.....	<input type="radio"/>	<input type="radio"/>
h. Air compressor.....	<input type="radio"/>	<input type="radio"/>	g. Ball and socket joints.....	<input type="radio"/>	<input type="radio"/>
i. Electric brakes.....	<input type="radio"/>	<input type="radio"/>	h. Tie rods and drag links.....	<input type="radio"/>	<input type="radio"/>
j. Hydraulic brakes.....	<input type="radio"/>	<input type="radio"/>	i. Nuts.....	<input type="radio"/>	<input type="radio"/>
k. Vacuum system.....	<input type="radio"/>	<input type="radio"/>	j. Steering column.....	<input type="radio"/>	<input type="radio"/>
2 COUPLING DEVICES			9 SUSPENSION		
a. Fifth wheel.....	<input type="radio"/>	<input type="radio"/>	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 type="radio"/>	<input type="radio"/>
b. Pintle hook.....	<input type="radio"/>	<input type="radio"/>	b. Spring assembly.....	<input type="radio"/>	<input type="radio"/>
c. Safety devices.....	<input type="radio"/>	<input type="radio"/>	c. Torque, radius, or tracking components.....	<input type="radio"/>	<input type="radio"/>
3 EXHAUST SYSTEM			10 TIRES		
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.....	<input type="radio"/>	<input type="radio"/>	a. Cuts or blemishes.....	<input type="radio"/>	<input type="radio"/>
b. No part of the exhaust system shall be so located as would likely result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.....	<input type="radio"/>	<input type="radio"/>	b. Tread depth.....	<input type="radio"/>	<input type="radio"/>
4 FRAME			11 VANS AND OPEN-TOP TRAILER BODIES		
a. Frame members.....	<input type="radio"/>	<input type="radio"/>	a. Upper rail.....	<input type="radio"/>	<input type="radio"/>
b. Tire and wheel clearance.....	<input type="radio"/>	<input type="radio"/>	b. Lower rail.....	<input type="radio"/>	<input type="radio"/>
5 FUEL SYSTEMS AND LINES			c. Floor cross members.....	<input type="radio"/>	<input type="radio"/>
a. Visible leaks.....	<input type="radio"/>	<input type="radio"/>	d. Side panels.....	<input type="radio"/>	<input type="radio"/>
b. Fuel tank filler caps.....	<input type="radio"/>	<input type="radio"/>	12 WHEELS AND RIMS		
c. Fuel tank security.....	<input type="radio"/>	<input type="radio"/>	a. Lock or side ring.....	<input type="radio"/>	<input type="radio"/>
6 LIGHTS AND REFLECTORS			b. Wheels and rims.....	<input type="radio"/>	<input type="radio"/>
a. Turn signals and lenses.....	<input type="radio"/>	<input type="radio"/>	c. Fasteners.....	<input type="radio"/>	<input type="radio"/>
b. 4-way emergency flashers.....	<input type="radio"/>	<input type="radio"/>	d. Welds.....	<input type="radio"/>	<input type="radio"/>
c. Headlights.....	<input type="radio"/>	<input type="radio"/>	13 WINDSHIELD WIPERS	<input type="radio"/>	<input type="radio"/>
d. Clearance lights.....	<input type="radio"/>	<input type="radio"/>	14 EMERGENCY EXITS ON BUSES	<input type="radio"/>	<input type="radio"/>
e. Stop and tail lights and lenses.....	<input type="radio"/>	<input type="radio"/>			
f. Reflectors.....	<input type="radio"/>	<input type="radio"/>			

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <u>FORD E350</u>	Serial Number: <u>1FDWE35L86HB13068</u>
Year: <u>2006</u>	Tire Size: <u>15" 245-75-16 225-75-16</u>
Company number/other ID: <u> </u>	Owner, if leased: <u>DEAN TAYLOR</u>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<u>6/4/2016</u>	<u>AIR FILTER, RADIATOR FLUID, OIL CHANGE</u>
<u>12/20/2016</u>	<u>OIL CHANGE & FLUID CHECK - TIRES</u>
<u>5/10/2017</u>	<u>OIL CHANGE & FLUID CHECK - TIRES</u>
<u>7/26/2017</u>	<u>OIL CHANGE & TDA</u>
<u>12/9/2017</u>	<u>OIL CHANGE & FLUID CHECK</u>
<u>5/29/2018</u>	<u>OIL CHANGE & TDA</u>
<u>2/8/2019</u>	<u>OIL CHANGE, OTH, OI, TDA, WB</u>
<u>5/21/2019</u>	<u>AIR FILTER, OI, OIL CHANGE</u>
<u>9/17/2019</u>	<u>OTH, OI, OIL CHANGE, TDA</u>
<u>1/31/2020</u>	<u>OIL CHANGE & FLUID CHECK</u>

VEHICLE SERVICE DUE STATUS REPORT

VEHICLE IDENTIFICATION

Make: FORD E350	Serial Number: 1FDWE35L86HR13068
Year: 2006	Tire Size: # 245-75-16 225-75-16
Company No/Other ID: 1	Owner, if leased: DEAVON TAYLOR

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due
6/4/2016	JIFFY LUBE	187,533	N/A	6k miles	193,000
12/20/2016	TOTAL JIFFY LUBE	193,139	N/A	6k miles	199,000
5/10/2017	" "	199,407	N/A	6k	205k
7/26/2017	" "	203,044	N/A	6k	211k
12/9/2017	" "	206,653	N/A	6k	217k
5/29/2018	" "	209,137	N/A	6k	223k
2/8/2019	" "	212,753	N/A	6k	229k
5/21/2019	" "	217,714	N/A	6k	235k
9/17/2019	" "	222,431	N/A	6k	241k



www.jiffylube.com

Jiffy Lube # 1096
TEAM CAR CARE WEST, LLC
1020 N.E. NORTHGATE WAY
SEATTLE, WA 98125
(206) 361-2628

WORK ORDER #: 23
DATE: 05/21/19 02:08 PM
INVOICE #: 27393127

Exh. SY-2
Docket TV-210308
Page 38 of 43
INVOICE

CUSTOMER INFORMATION VEHICLE INFORMATION

DEAVON TAYLOR
2727 NE 125TH ST APT 10
SEATTLE, WA, 98125
BOOKINGMVR@GMAIL.COM
(206) 913-9723
2006
FORD TRUCKS
E350 VAN
5.4L 8Cyl ([L]) Fuel Injected
LICENSE PLATE: WA-C71579P
VIN: 1FDWE35L86HB13068
MILEAGE: 217,714
OIL CHANGE INTERVAL: 3000

Table with 3 columns: DESCRIPTION, QTY, PRICE. Includes items like SIGNATURE SERVICE SYNTHETIC, OIL FILTER, AIR FILTER, etc.

SERVICE CHECKLIST

Table with 4 columns: Item description, status (e.g., NOT ON STICK, CHANGED), and action (e.g., CHANGE OIL, LUBRICATE CHASSIS).

INVOICE SERVICE NOTES

TRANSMISSION REQUIRES MERCON SP FLUID -- UNAVAILABLE @ THIS SERVICE CENTER

SERVICE COMMENTS PAYMENT INFORMATION

QUALITY INSPECTION BY T. COOP
DRIVE SHAFT SEALS LEAKING FRONT/REAR
REAR DIFFERENTIAL LEAK
LEAK, TRANSMISSION
OILY FLUID IN COOLANT RESERVOIR PTS -- SUGGEST COOLANT REPLACEMENT SERVICE
FUEL CAP MISSING PRIOR TO SERVICE
THANK YOU FOR CHOOSING JIFFY LUBE !!!
HAVE A NICE DAY!!!
TAXABLE 132.96
NONTAXABLE 0.00
GROSS SALES 132.96
NET SALES 132.96
SALES TAX 13.43
TOTAL DUE USD\$ 146.39
CREDIT CARD USD\$ 146.39
APPROVAL/REF # 411994/066230
US DEBIT *****4424

SERVICE HISTORY

Table with 4 columns: DATE, LOCATION, MILEAGE, SERVICES. Shows history of services from 02/08/2019 to 06/04/2016.

SERVICES PERFORMED BY:

CSA: ABBY M. TEAM LEAD: THEODORE C.
UPPER BAY: LOGAN J. LOWER BAY: JEFF K.
COURTESY: IAN D. INSP TECH: THEODORE C.
CASHIER: THEODORE C.

Handwritten signature and 'Please Sign Here' text.

AUTHORIZED AND RECEIVED BY

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown here on and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer

MESSAGES

THANKS FOR CHOOSING THE NORTHGATE JIFFY LUBE.
HAVE A NICE DAY
DISPOSAL FEE HELPS OFFSET COST INCURRED TO DISPOSE AND RECYCLE WASTE FLUIDS AND MAY INCLUDE PROFIT



10711 Aurora Ave N
 Seattle, WA 98133
 handyandyrentatool.com
 206-367-5050 Phone
 206-466-2919 Fax

Status: Completed
 Invoice #: 303301
 Invoice Date: Fri 5/ 8/2020
 Date Out: Wed 5/ 6/2020 8:42AM
 Operator: Trevan

Customer #: 10298

I HEART MOVERS, LLC
 2727 NE 125TH ST UNIT 10
 SEATTLE, WA 98125
 206-294-6369 Phone

Ordered By: TAYLOR, DEAVONDIA PONCE 206 913-9723 Picked up by: TAYLOR, DEMARCUS F C (10299)

Qty	Key	Items Rented	Status	Rental Period	Price
1	261	26' BOX TRUCK # 261	Returned	Wed 5/ 6/2020 8:42AM to Fri 5/ 8/2020 5:23PM	\$127.50
Reading Out: 220217 Reading In: 220453 Total units used: 236.00 1day \$50.00 1week \$250.00 4weeks \$750.00 Max Payload:10000 License:C45935M					
1	174	15' BOX TRUCK # 174	Returned	Wed 5/ 6/2020 8:42AM to Wed 5/ 6/2020 1:56PM	\$25.50
Reading Out: 224110 Reading In: 224188 Total units used: 78.00 1day \$30.00 1week \$150.00 4weeks \$450.00 Max Payload:3500 License:C68159C					
2	WHEEL-CHOCK	WHEEL CHOCK WITH CHAIN	Returned	Wed 5/ 6/2020 8:42AM to Fri 5/ 8/2020 5:23PM	\$0.00
1	CDW-DECLINE	Collision Damage Waiver - DECLINE	Returned	Wed 5/ 6/2020 8:42AM to Wed 5/ 6/2020 1:57PM	\$0.00
I Decline Collision Damage Waiver (CDW): I Assume Full Responsibility.					
1	CDW-DECLINE	Collision Damage Waiver - DECLINE	Returned	Wed 5/ 6/2020 8:42AM to Fri 5/ 8/2020 5:23PM	\$0.00
I Decline Collision Damage Waiver (CDW): I Assume Full Responsibility.					

Qty	Key	Items Sold	Rental Period	Each	Price
236	261	26' BOX TRUCK # 261	Thu 5/ 7/2020 8:42AM	\$0.671	\$158.47
Usage \$0.79 per unit with 35 units free.					
78	174	15' BOX TRUCK # 174	Thu 5/ 7/2020 8:42AM	\$0.672	\$52.38
Usage \$0.79 per unit with 12 units free.					

Payments made on this contract:

Paid \$401.69 Fri 5/ 8/2020 5:25PM Credit Card Visa 4*****7433 Auth:031497
 Total \$401.69

I agree to pay the above amount according to the card issuer agreement.

Rental Contract

All authorized operators must be 21 or older and carry a valid driver's license.
 Customer liable for all damage if truck strikes overhead object.
 All traffic violations are the responsibility of the renter. (RCW 46.63.073)
 Fuel receipt required upon return. Fuel receipt must show number of gallons filled and type of fuel.
 No receipt is \$10 labor plus fuel.

All equipment must be returned clean. Cleaning fee is based on \$100 per hour labor.

Any enclosed truck used for hauling debris, garbage, yard waste, etc. are subject to a washout fee of \$10 minimum.

I do hereby certify that I have read, understand, and agree to all rates, terms, and conditions on the front and reverse sides of this contract. I understand that I am responsible for all equipment listed on this contract and my failure to promptly return these items is considered "Theft of Rental Property" (RCW 9A.56.096) and my result in criminal prosecution. I will pay all fuel short upon return. I will pay for all damages not covered by Collision Damage Waiver or Damage Waiver.

Mileage and Fuel charges will be added at the close of the contract.

Rental w/ 15% Disc:	\$153.00
Sales:	\$210.85
Subtotal:	\$363.85
Truck Tax:	\$1.09
Sales Tax:	\$36.75
Total:	\$401.69
Paid:	\$401.69
Amount Due:	\$0.00

Signature:

TAYLOR, DEMARCUS F C (10299)

Office Hours: Monday-Saturday 8AM - 5:30PM, CLOSED SUNDAY

Printed On Fri 5/ 8/2020 5:25:21PM

Software by Point-of-Rental Software www.point-of-rental.com






Modification #8
 contract-params.SQL.rpt (1)

The screenshot displays an email inbox interface. On the left is a navigation sidebar with categories: 'Inbox' (14,953), 'Starrred', 'Snoozed', 'Sent', 'Drafts' (18), '[Gmail]', '[Imap]/Drafts', 'Notes', 'Sent Messages', and 'More'. Below these are 'Meet' (Start a meeting, Join a meeting) and 'Hangouts' (Deavon, 2 Invites). The main inbox area shows a list of emails from 'Handy Andy Rentals'. Each entry includes a checkbox, a star icon, the sender name, the subject line, a PDF icon with a truncated filename, and the date. A 'Select' button is visible above the first email.


Sender	Subject	Attachment	Date
Handy Andy Rentals	Inbox Invoice #307819 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...	PDF Contract 30781...	Aug 8
Handy Andy Rentals	Inbox Invoice #307957 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...	PDF Contract 30795...	Aug 2
Handy Andy Rentals	Inbox Invoice #306023 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...	PDF Contract 30602...	Aug 1
Handy Andy Rentals	Inbox Invoice #306510 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...	PDF Contract 30651...	Jul 31
Handy Andy Rentals	Inbox Invoice #306951 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...	PDF Contract 30695...	Jul 25
Handy Andy Rentals	Inbox Invoice #307192 - Handy Andy Rent-A-Tool, Inc. - , Austyn Handy Andy Rent-A-Tool, Inc. 10711 A...	PDF Contract 30719...	Jul 20
Handy Andy Rentals	Inbox Invoice #306651 - Handy Andy Rent-A-Tool, Inc. - , Austyn Handy Andy Rent-A-Tool, Inc. 10711 A...	PDF Contract 30665...	Jul 18
Handy Andy Rentals	Inbox Invoice #306949 - Handy Andy Rent-A-Tool, Inc. - , Zac Handy Andy Rent-A-Tool, Inc. 10711 Auro...		Jul 16


Today < > September 2022 🔍 ?

SUN 28	MON 29	TUE 30	WED 31	THU Sep 1
				● 9am Update USDOT I
4				8
11	12	13	14	15

Update USDOT Info
Thursday, September 1, 2022 · 9:00 – 10:00am

 10 minutes before
1 day before

 I HEART MOVERS

Entity Type:	CARRIER		
Operating Status:	ACTIVE	Out of Service Date:	None
Legal Name:	I HEART MOVERS LLC		
DBA Name:	I HEART MOVERS		
Physical Address:	1424 N NORTHGATE WAY SEATTLE, WA 98133		
Phone:	(206) 913-9723		
Mailing Address:	2727 NE 125TH ST #10 SEATTLE, WA 98125		
USDOT Number:	2523529	State Carrier ID Number:	
MC/MX/FF Number(s):		DUNS Number:	--
Power Units:	1	Drivers:	1
MCS-150 Form Date:	06/24/2020	MCS-150 Mileage (Year):	180,000 (2020)
Operation Classification:			

