

PSP Detailed Report

Federal Motor Carrier Safety Administration

No crash or inspection results found.

Driver Information													
Last Name	First Name	License #	State										
REIDJASON	AARRION JASON	B6622736	CA										
REID	AARRION JASON	B6622736	CA										
JASONREID	AARRION JASON	B6622736	CA										
JASON	AARRION JASON	B6622736	CA										
Crash Activity													
Crash Summary (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)													
# of Crashes:	0	# of Crashes with Fatalities:	0	# of Crashes with Injuries:	0	# of Towaways:	0						
# Not preventable:	0	# of Fatalities:	0	# of Injuries:	0	# of Hazmat Releases:	0						
Crash Details (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)													
	Date	DOT #	Carrier Name	Driver Name	Driver Lic	State	Driver DOB	Rpt St	Report Number	Location	# Fatalities	# of Injuries	
Inspection Activity (3 year history from MCMIS snapshot date)													
Inspection Summary													
Driver Summary				Vehicle Summary				Hazmat Summary					
Driver Inspections:		0		Vehicle Inspections:		0		Hazmat Inspections			0		
Driver Out-of-service Inspections:		0		Vehicle Out-of-service Inspections:		0		Hazmat Out-of-service Inspections:			0		
Driver Out-of-service Rate:		0%		Vehicle Out-of-service Rate:		0%		Hazmat Out-of-service Rate:			0%		
Inspection Details													
Carrier Info				Driver Info				Inspection Info					
	Date	DOT #	Carrier Name	Driver Name	Driver Lic	State	Driver DOB	Rpt St	Report Number	Hazmat Insp	Insp Level	# of Viol	

Report executed at: 6/16/2022 3:34:40 PM

MCMIS snapshot date: 05/27/2022

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For an explanation of FMCSA-reportable crashes see: <https://www.psp.fmcsa.dot.gov/psp/?redirectUrl=FAQ>

Violation Summary			
Violation #	Description	# of Violations	# of Out-of-service Violations

The summary counts and rates only include violations that were attributable to REIDJASON, AARRION JASON.

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