

**BLESSED LIMOUSINE INC** DOT #2822783  
15 S Grady Way - Renton, WA 98057  
TEL. 206-579-5911

Date: 3 April, 2020

Scott Hernandez, Regional Field Administrator

BLUF: (Bottom Line Up Front)

1. We put together a safety management plan we thought covered everything.
2. Our SMP was rejected on March 20 (copy attached)
3. Here is what we have done at this time:
  - a. We feel we have addressed each point in the refusal letter.
  - b. Here is the list of violations discussed, with specific responses:

ACUTE violation 383.37 (a ) Allowing or permitting not-qualified driver to operate CMV.

We are basically going to continue to do everything we were planning on, AND, we have contracted with Foley Services to monitor continued performance. As of today, we have sent them our two driver files and are waiting for a “Thumbs up” from them. We won’t dispatch a driver until they give us the go-ahead. They think two weeks.

CRITICAL violation 391.51(b )(2 ) Inquiries into drivers driving history. The March 20 letter says we have a good solution. We are going to continue to work to improve our system.

CRITICAL violation 395.8(a )(1 ) RODS not in the right format.

We are going to continue to do everything we were planning on. In addition, we are contacting Keep Truckin; they are going to help us with our HOS process. We know we are not required to have an ELD, but we are going to get their help to make sure we have a good record-keeping process, so we will always know we are doing this right and if we accidentally make a mistake they will let us know right away.

ACUTE violation 396.9(c )(2 ) Operating an OOS CMV. The March 20 letter says we have a good solution. We are going to continue to work on this to improve our system.

CRITICAL violation 396.17(a ) Operating a CMV without a current valid annual DOT inspection.

We are going to continue to do everything we were planning on. Right now, there is some work being done on one of the two motor coaches. We will not dispatch either one without a new DOT annual inspection.

We were going to keep two additional CMVs and plan to put them back in service when possible. To make things simpler, and to streamline operations, we are going to get rid of these as soon as we are able. These buses will not be dispatched. They are being sold.

01 BLUF response to 20 march refusal

Vehicle OOS rate 60% - This is the hardest one. We can't move a bus today, as we are out of service, so it's hard to show evidence we are doing something properly. All we can do is tell you how we plan to do this better, to be sure we have safe CMVs on the road when we are allowed to dispatch them.

One thing we are doing is, we are going to have Gary Miller go through each of our two motor coaches with Myself and Deryl, showing us what we need to pay particular attention to during a pre-trip inspection. And, each driver completes a DVIR each day; myself or Deryl will check the DVIRs to be sure if there is anything that needs to be fixed immediately, it is fixed immediately. If there is anything on the DVIR that can be deferred a few days, it will be taken care of during the next 5, 000-mile or 10,000-mile check.

Finally, we are going to use the Keep Truckin application which includes a pre-trip inspection feature. With their help, we are confident we will stay out of trouble in future.

We are re-submitting the SMP along with evidence of upgraded procedures in response to each comment and/or suggestion contained in your March 20 refusal (copy attached).

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**CLUSSIE BAGBY (PRESIDENT)**

BLESSED LIMOUSINE, INC. DOT # 2822783



U.S. Department  
of Transportation

**Federal Motor Carrier  
Safety Administration**

Western Service Center  
12600 W. Colfax Ave., Suite B-300  
Lakewood, CO 80215

Phone: (303) 407-2350  
Fax: (303) 407-2339

March 20, 2020

Clussie Bagby, President  
Blessed Limousine, Inc.  
15 S Grady Way, Suite 634  
Renton, WA 98057

USDOT: 2822783

Email: [info@blessedlimo.net](mailto:info@blessedlimo.net)

RE: Request for Change in Safety Rating under 49 C.F.R. § 385.17

Dear Mr. Bagby:

On October 31, 2019, a compliance review was conducted on Blessed Limousine Inc. (hereinafter “you” or “your”). The review resulted in a proposed safety fitness rating of “Unsatisfactory”. On November 29, 2019, the Federal Motor Carrier Safety Administration (FMCSA) received a request to upgrade your safety rating based on corrective action that you took to come into compliance with the Federal Motor Carrier Safety Regulations (FMCSRs) and/or Hazardous Materials Regulations (HMRs). Your request was denied on December 27, 2019. On January 8, 2020, the FMCSA received your second request to upgrade your safety rating. Your request was denied on February 7, 2020. On February 20, 2020, the FMCSA received your third request to upgrade your safety rating.

After reviewing your upgrade requests, the FMCSA determines that you took the required action to correct the following acute and/or critical violations that resulted in the “Unsatisfactory” safety rating:

- 49 C.F.R. § 391.51(b)(2) – Failing to maintain inquiries into driver's driving record in driver's qualification file (**critical**),
- 49 C.F.R. § 396.9(c)(2) – Requiring or permitting the operation of a motor vehicle declared “out-of-service” before repairs were made (**acute**),

FMCSA determines that you failed to take the required action to correct the following critical violations that resulted in the “Unsatisfactory” safety rating:

- 49 C.F.R. § 383.37(a) – Allowing, requiring, permitting, or authorizing a driver to operate a CMV during any period in which the driver does not have a current CLP or CDL with the proper class or endorsements. An employer may not use a driver to operate a CMV who violates any restriction on the driver's CLP or CDL (**acute**),
- 49 C.F.R. § 395.8(a)(1) – Failing to require a driver to prepare a record of duty status using appropriate method (**critical**), and
- 49 C.F.R. § 396.17(a) – Using a commercial motor vehicle not periodically inspected (**critical**).

Additionally, you failed to take the required action to correct your unsatisfactory vehicle out-of-service rate which was discovered to be 60% during the compliance review.

Your request for an upgrade and/or evidence of corrective action received on February 20, 2020 (“upgrade request”) was reviewed by FMCSA in conjunction with your two previous upgrade requests and it is not sufficient to justify an upgrade to your safety rating, and it failed to demonstrate that adequate corrective actions have been taken to address the violations cited during the compliance review. As required by 49 C.F.R. § 385.17(c) a motor carrier must base its request upon evidence that it has taken corrective actions and that its operations currently meet the safety standard and factors specified in 49 C.F.R. §§ 385.5 and 385.7 and must include a written description of corrective actions taken and other documentation that may be relied upon as a basis for the requested change to the proposed rating.

**Your “Unsatisfactory” safety rating became effective January 4, 2020 and remains in effect. Therefore, you were ordered to cease all transportation in interstate and intrastate commerce and your operating authority registration was revoked effective on that date.**

The upgrade requests you have submitted to address the violations of 49 C.F.R. § 383.37(a) were inadequate. Your previous upgrade request received on January 8, 2020 included a draft policy that states that you will obtain a driver abstract every 90 days, that your driver list now includes expiration dates of CDL and medical cards, and that drivers will not be allowed to operate when their required credentials expire. Additionally, in your third upgrade request received on February 20, 2020, you explained that at the time of the compliance review you did not understand that your drivers were operating interstate and that you were not aware that your license had been suspended because you moved without notifying the state licensing agency of your new address. Your third upgrade request also included driving records for Clussie Bagby and Deryl Roberts. However, the new driving record for Clussie Bagby that was not available during the compliance review was undated and from an unidentified source. Additionally, the policy you provided fails to describe how obtaining abstracts every 90 days will prevent future violations of 49 C.F.R. § 383.37(a). For example, during the compliance review you were cited for permitting Gary Miller to operate a passenger-carrying vehicle on September 22, 2019 in violation of a restriction on his CDL. This violation occurred despite the fact that you had an MVR in Mr. Miller’s driver qualification file indicating that he did not have a passenger endorsement. You also failed to describe how you will monitor due dates to obtain MVRs and conduct annual reviews in accordance with your safety management plan.

The upgrade requests you have submitted to address the violations of 49 C.F.R. § 395.8(a)(1) were inadequate. Your previous upgrade request received on January 8, 2020, included timesheets and “7 Day Sheets.” Your third upgrade request explains that you will have drivers complete a 7 Day Sheet or provide RODS after being elsewhere for seven days or, alternatively, you might use a weekly form. Your third upgrade request also states that each day a driver is dispatched, you will check to be sure you have either a daily log or the information required for the 100 air-mile radius exemption. However, your upgrade request again failed to indicate what specific information you will verify to ensure that drivers qualify for and properly use the 100 air-mile short-haul exception. Additionally, you failed to describe how you will ensure that you obtain signed statements giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty, or “7 Day Sheets,” every time an intermittent driver is used. Finally, your upgrade request again failed to address how you will review supporting documents to ensure you require drivers to prepare a record of duty status using an appropriate method. For example, during the compliance review you stated that Mattie Raiford did not have RODS because she did not work, but the investigator discovered supporting documents that showed trips where she should have recorded hours.

The upgrade requests you have submitted to address the violations of 49 C.F.R. § 396.17(a) were inadequate. In your upgrade request received on January 8, 2020, you explained that you will conduct annual inspections every 8-10 months, annual inspection stickers will be placed on the vehicles, and drivers will report on their DVIRs when the due date is within 30 days. Your third upgrade request provided two new annual inspections and stated that annual inspection stickers have been placed in the vehicles' windows. However, the annual inspection you submitted for vehicle # 9785, dated January 25, 2020, has several defective components noted including exterior lights, defective tires with inadequate tread depth noted as an OOS condition, exhaust leaks, fluid leaks and an OOS cracked and leaking muffler. Accordingly, under 49 CFR Appendix G to Subchapter B of Chapter III, this vehicle did not pass the inspection. Further, your upgrade requests have not included copies of current annual inspections for the vehicles cited during the compliance review, vehicles with VIN numbers ending in 6594 and 7229, or evidence that these vehicles have been sold. Additionally, you failed to describe the roles of your management staff or officials and the process they will follow to ensure you do not use a commercial motor vehicle that has not been periodically inspected.

The upgrade request you submitted to address your unsatisfactory vehicle out-of-service rate was inadequate. In your upgrade request received on January 8, 2020, you stated that you will provide training on how to conduct daily inspections, have revised your scheduled maintenance intervals, and Clussie Bagby will check DVIRs daily. Your scheduled inspections are to be conducted every 60-90 days and you submitted a chart that includes a column for service due dates. Your third upgrade request included an explanation that you plan to take each vehicle to the mechanic every 90 days but that you are still working on the details of what will be done. You included sheets from maintenance folders for vehicles #181 and #9785 indicating you will have an inspection program that includes A and B inspections. An "A" inspection will be conducted every 90 days and a "B" inspection, which includes an annual DOT inspection, will be conducted every 6 months. However, your upgrade request did not identify due dates for the new A and B inspections you plan to conduct as stated in your third upgrade request. You included copies of A and B inspections for vehicle #9785 but not for vehicles #181 or #777. The A inspection for #9785 includes extensive defects and no evidence that they have been corrected. You also failed to describe why your previous maintenance procedures were ineffective, how your new procedures are different from the previous procedures, and how they will prevent defects and improve your out-of-service rate. You also failed to provide evidence that you have provided training on daily vehicle inspections as reflected in the safety management plan you previously provided.

After reviewing your upgrade request, the Federal Motor Carrier Safety Administration (FMCSA) is DENYING your request. You have failed to provide sufficient evidence that the violations cited in the compliance review have been corrected and that your current operation meets the safety fitness standard and factors specified in 49 C.F.R. §§ 385.5 and 385.7.

To change a safety rating under the provisions of 49 C.F.R. § 385.17, the Field Administrator must be assured that corrective action has been taken and that the motor carrier's current operations meet the safety fitness standard and factors specified in 49 C.F.R. §§ 385.5 and 385.7. You may submit another request for a change to the proposed or final safety rating under 49 C.F.R. § 385.17. If you believe FMCSA made an error in this denial of request for rating change, you may also request administrative review of this denial under the procedures of 49 C.F.R. § 385.15 (see 49 C.F.R. § 385.17(j)) within 90 days of this denial. If you choose to request administrative review of this denial under the procedures of 49 C.F.R. § 385.15, your request for review must be submitted in writing to the Chief Safety Officer, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, W60-312, Washington, D.C. 20590.

In order to avoid the potential confusion that may accompany a fourth supplement to your safety management plan, should you elect to submit another upgrade request under 49 CFR 385.17, please submit one new comprehensive safety management plan that encompasses all of your corrective action even if previously submitted. Further, if you elect to submit another request for a safety rating upgrade under 49 C.F.R. § 385.17, you must address the deficiencies discussed above, include evidence of corrective action that demonstrates that you have remedied your safety management deficiencies and are in compliance with the safety factors and standards in 49 C.F.R. §§ 385.5 and 385.7, and should include:

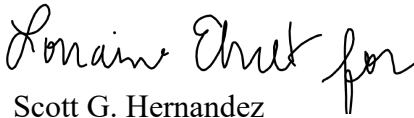
1. A detailed description of the procedures you have implemented to ensure that your drivers' commercial driver license (CDL) and corresponding endorsements are valid, active and appropriate for the type of vehicle operated, particularly after a driver obtains a new medical certificate. Identify the person(s) and title(s) responsible, with specific roles and duties described, for ensuring your drivers are and remain licensed, including proper endorsements for the type of commercial motor vehicles (CMV) to be driven and monitoring expiration dates. Provide evidence that you are now in compliance with 49 CFR 383.73 such as a driver list with evidence that all drivers have a valid CDL with proper endorsements, including a current driver driving history abstract from the issuing State of domicile.
2. A detailed description of the safety management system you have implemented to verify that drivers complete and timely submit RODS and/or local time records. Describe how you will utilize supporting documents to ensure that drivers are preparing RODS using an appropriate method. If your drivers will be using the 100 air-mile short-haul exception, please explain how you will verify that they qualify for and properly use this exception. If you will be using intermittent drivers, describe how you will ensure that you obtain, from all intermittent drivers, signed statements giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty. Your description should also include procedures for verifying the accuracy of RODS and/or local time records; the frequency of RODS and/or local time record checks; and a description and frequency of RODS and/or local time records audit summaries. Identify the person(s) and title(s) responsible for implementing and enforcing these procedures.
3. Evidence that you are checking RODS/local time records for accuracy and completeness, such as a RODS audit summary of all drivers for the month of December 2019.
4. A detailed description of the process you will follow to ensure you do not use a commercial motor vehicle that has not been periodically inspected. Provide a list of vehicles you intend to use and current annual inspections meeting the requirements of 49 CFR Appendix G to Subchapter B of Chapter III for each vehicle. If you do not intend to use vehicles cited during the compliance review, please explain why and, if applicable, provide evidence of sale.
5. Provide an explanation of how your current safety management plan concerning your vehicle out-of-service rate is different from your previous procedures, and how it will prevent defects and improve your out-of-service rate. Also, explain how you will identify due dates for the various inspections you intend to conduct and what will be done during each inspection. Provide evidence that you have provided training on daily vehicle inspections as reflected in the safety management plan you provided.

6. Provide evidence of repairs performed for all vehicle out-of-service defects and deficiencies noted on federal and state vehicle inspections since the October 31, 2019 compliance review.

In order to avoid the potential confusion that may accompany a fourth supplement to your safety management plan, should you elect to submit another upgrade request under 49 CFR 385.17, please submit one new comprehensive safety management plan that encompasses all of your corrective action even if previously submitted.

Should you have any questions, please feel free to contact an Enforcement Program Specialist or the Enforcement Program Manager by telephone at (303) 407-2350.

Sincerely,



Scott G. Hernandez  
Regional Field Administrator

cc: Jeffrey A. James, Division Administrator

Clussie Bagby, President  
Blessed Limousine, Inc.  
3932 62<sup>nd</sup> Ave Ct. E  
Fife, WA 98424

10 what went wrong

**BLESSED LIMOUSINE INC** DOT #2822783  
15 S Grady Way - Renton, WA 98057  
TEL. 206-579-5911

Date: 3 April, 2020

Scott Hernandez, Regional Field Administrator

TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I, Clussie Bagby, and my employees at Blessed Limousine Inc., are committed to do our part to ensure the safety of all who use our public streets and have been operating since 2009. As of the date of this letter, we have had no DOT-recordable crashes in the most-recent 24-month period.

When we had a CR, in October last year, I knew there might be some paperwork things that I hadn't gotten exactly right, but I was honestly surprised to realize how many areas there were where the DOT observed not only did I not get it exactly right, but the number and severity of violations were bad enough for the agency to order my buses off the road.

The Critical and Acute violations noted were:

ACUTE violation 383.37 (a )	ACUTE violation 396.9(c )(2 )
CRITICAL violation 391.51(b )(2 )	CRITICAL violation 395.8(a )(1 )
CRITICAL violation 396.17(a )	Vehicle OOS rate 60%

So we are upgrading our safety management controls in the areas of

Driver Qualifications - Hours of Service, and - Maintenance.

At this time we are not operating motor coaches, but we are working hard to create a good, thorough system of safety management so that as soon as the FMCSA allows us to start up, we will be doing everything safely and in compliance with all the applicable FMCSRs.

I, Clussie Bagby, am the president of Blessed Limousine Inc.

For now, it's just me; I could say "The Management Team" but it would sound like I am taking on airs. I am the Operations Manager and Safety manager as well as the Chief Financial Officer.

I am going to do this right. As soon as I get my buses back on the road, I plan to get one other person to help part time in the office. (If not Deryl, someone else). For now, it's just me, saying "I am going to do this very carefully and correctly". And, when I get someone to help out, I will be sure they have the right training and we will work together to keep track of everything from driver qualification to maintenance and everything in between.

Blessed Limousine Inc is committed to do our part to ensure the safety of all those who use our public streets. We pledge to monitor and continuously upgrade our safety management controls to remain compliant with the standards set by the FMCSA.



## 10 what went wrong

The person responsible for compliance is me, Clussie Bagby. My wife, Genise, is going to help out where she can. And, my part-time driver Deryl Roberts, might help out a little with keeping track of driver's logs. But I'm the one responsible to make sure it is done right.

30 March 2020 - Note – the above statement is unchanged from our previous submission – I continue to assert my intent to do things correctly and responsibly in future. I mean to follow the rules and earn an honest living. I plan to start out with two motor coaches, myself and one part-time driver.

In response to the refusal letter dated March 20 2020, we are revising and adding to the SMP.

I plan to show the agency I am going to do this correctly in future.

Specifically,

391.51(b) (2) - missing inquiries in drivers file –

We will use the SMP as a guide and carefully follow the applicable regulations in future.

396.9(c) (2) - allowing an OOS vehicle to be dispatched. We will take ANY and all roadside violations and make sure they are corrected, and document those corrections, before re-dispatching any vehicle with violations from a roadside inspection.

383.37(a) allowing a suspended driver to operate a CMV. (Ensure sure drivers are legally and physically qualified). We will improve our system of safety management controls to prevent future violations of this important rule.

395.8(a) (1) (Rods in correct form). We are studying our options and will add a new procedure to be sure we get this right, as well.

396.17(a) We are looking at how this is done; we are going to propose a new solution that the FMCSA will approve, so we have a chance to get going again. (Annual inspections).

Overall **OOS rate** – We will add a new feature to our system; we think we know what went wrong and are going to put forward a new and better system.

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**CLUSSIE BAGBY (PRESIDENT)**

BLESSED LIMOUSINE, INC. DOT # 2822783

**BLESSED LIMOUSINE INC-** DOT #2822783  
15 S GRADY WAY - RENTON, WA 98057  
TEL. 206-579-5911

Date: 3 April 2020

Scott Hernandez, Regional Field Administrator

TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I am Clussie Bagby; I am the owner of Blessed Limo. I have been in business for a number of years, including during the last couple years which I acquired charter buses. I have garnered a lot of experience through reading the FMCSA manual and through audits.

In the past year, I have been through 3 major audits, and have received training. I am in the learning process even as of right now. By no means does this disqualify the fact that I should already have had this information.

I am totally aware that I have been trying to run three different positions. As soon as I have an SMP that is acceptable, I will bring on two other individuals to help and I will pass on all the training I have received. We will be signing up for added seminars and webinars to ensure we have the necessary level of understanding of the FMCSRs.

Not at all am I not accepting responsibility for not having this information previously. But now I am prepared to run this business in total compliance with the FMCSRs.

When we had a compliance review in October last year, we were, frankly, surprised to realize there was several areas where we really needed to do things very much differently.

When we got the notification, we might be put out of service, we tried to understand the SMP process and submitted a set of documents we thought were sufficient, (November 29, 2019). and were surprised and disappointed to receive a refusal letter. (December 27, 2019).

We went back to the drawing board with a second attempt which was more in depth than the first and submitted what we felt was an improved SMP on January 8, 2020. This effort may have been rushed because we were notified the first attempt was rejected and we wanted to get the 2<sup>nd</sup> one done in time to keep from getting shut down.

We were notified, by email and telephone conversation, that the second attempt was also insufficient. What we are doing now is, we are improving our SMP to account for each of the various shortcomings pointed out in your letter of 7 February 2020.

We were notified 20 March, 2020 that our third attempt was also rejected. We are studying the final refusal and we are carefully crafting a response to address each of the suggestions contained in that document. It is hard to provide proof of compliance when we are not operating commercial motor vehicles, but we are working to provide evidence we have the framework in place to start up as soon as we are allowed to do so, and to do it properly and in compliance with all the rules.

## Doc 20 – What went wrong

There are five critical or acute violations we have been asked to address, as follows:

ACUTE violation 383.37 (a )	ACUTE violation 396.9(c )(2 )
CRITICAL violation 391.51(b )(2 )	CRITICAL violation 395.8(a )(1 )
CRITICAL violation 396.17(a )	And, Vehicle OOS rate 60%

**In this, first part of the SMP, we will try to answer the important question “What went wrong” Regarding each of these violations.**

We will address the **driver qualification** problems first:

The underlying problem here, and I will admit it, is I did not understand the FMCSRs sufficiently. I should have had more education in the FMCSRs. I always meant to get someone to help with the driver files and everything, but it’s hard to find people to do this. In addition to the fact I did not understand what was required, I under-estimated the amount of time it would take to do this right.

I am Clussie Bagby; I am the owner, safety manager, the whole management staff.

My wife helps out when she can, and her assistance is very important, but she has a full-time job with her business.

I am responsible for what went wrong; I am struggling to overhaul our safety controls and expect to be operating completely in compliance with the regulations as soon as possible.

As I look back on what has happened, I should have found some training course or studied the rules sufficiently to get it right. Unfortunately, I relied on a little advice here and there and thought I was doing enough. As your investigator pointed out, it was not enough.

I understand we fell short in the area of driver qualification – because I did not understand how to put together a driver qualification file and monitor the driver qualification process.

**Regarding ACUTE violation 383.37 (a)** - in the compliance review document the example listed is Gary Miller so we will discuss him first.

1 – 383.37(a ) Gary Miller driving motor coach with no passenger endorsement.

On 22 September 2019, Gary Miller drove a motor coach when he did not have a valid passenger endorsement.

What went wrong?

There was not a good process in place at the time he was hired, which was in March 2019.

When I hired Gary Miller, I was not aware of the necessary steps that were supposed to be involved in the hiring process. I did the things I knew about, but one of the things I overlooked because I didn’t know enough about what was required, is I didn’t realize we had to have the passenger endorsements for the motor coach operators. At the time, I had been working closely with the airport authority, and I thought they provided enough guidance, but when we

## Doc 20 – What went wrong

transitioned from cars to motor coaches, I never realized there was so much added safety management requirements.

I had a file with an application and an MVR showing he had a valid class B but I was not fully trained and did not understand that I needed to look for a passenger endorsement.

### 2 – 383.37(a ) Mattie Raiford driving a CMV when there was a problem with her return-to-duty.

When I hired Mattie Raiford in May 2019

A lot of the comments above, about Gary Miller, will also apply to what happened with Mattie Raeford; I did not have a complete driver qualification process in place when she was hired.

The problem that surfaced was a different one; she had been fired from a previous employer about a year before. The record states she “refused” to take a drug test. The reason I decided to give her a chance is, she explained to me she never intended to refuse or break the rules; she said it was a miss-understanding. But it goes down in the record-book, so to speak, as a “refusal.” So, we gave her a chance; we think she was a good driver and deserved a second chance, and she seemed to understand the Return to Duty process. She had done everything asked of her but there was one final step missing. She had not done the final, Return to Duty drug test.

When she took the initial pre-employment drug test for me, I thought that was just as good, but now I understand that is not the same thing.

I am the owner of this small company; I am the safety manager, and I am responsible for what went wrong regarding Mattie Raiford’s RTD (or lack of a RTD test).

After careful review and study in this area I found out the difference in a back to work drug test (called a return-to-duty test) and a pre-employment drug test. Very simply, Maddie Raeford should have not started working without a “Return-to-duty” drug test.

### 3 – 383.37(a ) Clussie Bagby driving a CMV when suspended.

I’m Clussie Bagby and this was my commercial driver’s license and there was a problem, but I did not know about it until the investigator surfaced the issue during the compliance review. I know, it looks bad because I’m the boss and technically, I was driving with a suspension. There’s no excuse whatsoever for me not having knowledge of my license being suspended. By no means am I evading the fact that it should not have happened.

I received a speeding ticket in Las Vegas in 2014. They gave me a fine for more than \$1300. I made payments of about three quarters of the fine – but then I lost track of the payment schedule and did not receive any notification that there was a remaining total.

At that time, they petitioned for my license to be suspended, but I did not receive notification of the petition, and did not know that my license was in the process of being suspended. The

petition started in 2014 but it only went into effect in the fall of 2019. Once it went into effect, they sent the notification to an address that I no longer lived at – I had moved from Fife, WA to Kent, WA and had legally changed my address at the post office, but failed to change the address on my license, and it was not forwarded to my new address.

As soon as I found out during the review that my license was suspended, I immediately worked to figure out how to reinstate it, paid the fine, and the license was reinstated 10 days later.

One of the things that went wrong before was, I had gotten a lot of advice and guidance from some people at the port of Seattle airport, and thought I had the right credentials – but one of the things I had missed was, several years ago when they started requiring the DOT physical to be linked to the MVR.

I miss-understood about the whole INTERstate vs INTRAsate – I thought when I stayed in Washington State that was INTRAsate. . . since then I have learned that we are in INTERstate commerce when we pick up and drop off at the airport.

In trying to do the right thing, I tried to figure out what the definition was and the difference between the two but I did not understand what it was, and came to the conclusion that since our operations were not driving very far that we were INTRAsate – I know now that this is incorrect, and that the determination for that is about the cargo (people from out-of-state) and NOT about how far we are physically driving.

**CRITICAL violation 391.51(b)(2 – failing to maintain inquiries into driver’s driving history**  
in DQ file.

The example is my file. I actually had the MVR – dated Dec 5 2018. (attached). (101 bagby).

As you can see, this Washington State MVR indicated I was NOT suspended at the time. And, this was less than one year old at the time of the Compliance review. But, I did not have a good filing system, and I did not find it to show it to the investigator. And, as you have pointed out, I did not understand the question when I got the letter in the mail asking me to choose, either 1) Exempt INTERstate, 2) Non-Exempt INTERstate, 3) Exempt INTRAsate or 4) Non-Exempt INTRAsate.

As I now understand, I should always have an MVR on file for each CDL driver showing when they turned in the DOT physical to the DMV. And, we have to have the DOT Card on file as well.

Also listed were Mattie Raiford, Melissa Thomas and Gary Miller.

These DQ files were incomplete because I didn’t understand what needed to be done or how to do it, and if I had some of the required documents, they weren’t properly organized.

Now, as I look at my MVR from 2018, I realize I had selected INTRAsate; this was something I did not understand at the time. I do a lot of work right there at the Seattle Airport, so I don’t really leave the state, but now I understand that is INTERstate commerce.

We will address the Hours of Service problems second:

**Critical violation 395.8(a )(1 ) Failing to require drivers to prepare records of duty status**  
in the proper method.

I did not have proper hours of service documents. We had been keeping track of start time and end time, but I understand now this does not meet the requirements for 100-air-mile drivers.

The root cause of this violation, like all the driver qualification issues, was that I did not have an adequate understanding of what is required.

There is one reason I thought I had a good system; we did have an audit from the state of Washington and they specifically said the way we were doing RODs was OK – we had start and end time for each day. Your investigator pointed out we are required to have start, stop and total hours recorded for each day.

I had knowledge of what the hours of service regulations are, and what needed to be done; there were timecards that did not have a total time completed for those particular cards. Having incomplete hours of service documentation was not so much a lack of understanding, but a lack of internal auditing – a system I now know because of the DOT audit should be in place to be able to catch these problems, see what's going wrong, and do some training for the drivers moving forward to stop having those types of violations in the future.

By no means, am I not taking responsibility for not having complete Hours of Service documentation from the start. With the knowledge of what's required and a system for monitoring completeness, I can move forward in compliance with the regulations.

Regarding the Maintenance violations:

First, **critical violation 396.17(a ) Using a CMV without a current**, valid, annual DOT inspection:

Our vehicle with license plate ending 6944 did not have a valid annual DOT inspection and was operated September 24, 2019. This is our motor coach #181. Vehicle 181 last had a DOT Annual Inspection in summer of 2018. The vehicle was being maintained regularly, and there is no excuse whatsoever that it did not have an up to date DOT inspection. This unit was actually out of service as it had gear box issues. Everything in the rear, axles, gears and rear end had to be replaced.

Vehicles sit for a long time. By no means do I want to make any excuses. All vehicles will not only be maintained but will have current DOT inspections.

In your March 20 refusal letter, you stated I “failed to describe why your previous maintenance procedures were ineffective” . . .

Let me say this; we had a bus on the road with an expired DOT inspection; we were spending a lot of money getting repairs made and missed this step.

Doc 20 – What went wrong

I knew the defects had to be repaired; I had not been fully trained as a motor carrier safety manager. I have since learned, a bus must be maintained properly AND I must always have a current annual DOT inspection.

The point is, the repairs were done, but we didn't have documentation to show it was done.

**ACUTE violation 396.9(c )(2 ) operation of a CMV when it was declared out of service.**

License ending 483S – this is our motor coach 777.

This bus was placed out of service at a roadside inspection and we had it towed to our yard. We did the mechanical repairs at our location, then I had one of my drivers take it to the tire shop to have tires replaced. We had made the other repairs but didn't realize it was forbidden to drive it that last bit to get the tires done.

The root cause of both these mistakes is the same – I did not have adequate knowledge of what needed to be done, how to do it, or how important it was to NOT let the driver go even a short distance before all OOS violations were remedied.

Finally, we will address the **elevated out of service percentage:**

We have had too many out of service violations in the most-recent 24-month period.

393.62(a) No or Defective bus emergency exits	3 times
393.205(c) Wheel fasteners lose	1 time
393.51 No or defective brake warning device	1 time
393.75(a)(1) Tire-ply or belt material exposed	1 time
393.75C Tire-other tread depth less than 1/32 of inch	1 time

393.83(d) Improper exhaust-bus (diesel)	1 time
393.9(a) Inoperative Brake Lamps	1 time

The most-common violation was the emergency exits.

In the area of out of service I had no experience in any of this. This is not an excuse to say I was not wrong for not knowing it but I had no idea how to open or close the emergency exits.

By no means am I making excuses, but I am letting it be known that there was a bit of ignorance going on; it has not only been addressed but I'm much wiser now.

OVERALL STATEMENT:

In addition to the specific remarks above, regarding each of the violations; the root cause of most of the things that went wrong was that I did not have enough knowledge of the regulations.

Also, I did not have a good understanding of how much time is needed to take care of all these things and to be sure we follow the regulations and operate passenger coaches safely according to the FMCSRs.

The overall cause of all that has occurred is a lack of knowledge and understanding of what needed to be done. We did have several visits from the State of Washington DOT, and it seemed as if we had made some improvements, and before we could really see the turnaround in SMS scores and everything, the FMCSA was here. I think if I had had a few months in between audits, I could have made more improvements

Note: The above letter has not been changed from our previous submission, with the exception I did go through and catch one or two typographic errors that slipped through before.

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**CLUSSIE BAGBY (PRESIDENT)**

BLESSED LIMOUSINE, INC. DOT # 2822783



**BLESSED LIMOUSINE INC-** DOT #2822783  
15 S GRADY WAY - RENTON, WA 98057  
TEL. 206-579-5911 email: info@blessedlimo.net

Date: 3 April 2020

Scott Hernandez, Regional Field Administrator

TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I, Clussie Bagby, am the owner, president, operations manager and safety manager for Blessed Limousine Inc.

I am planning to do everything according to the FMCSRs.

At this time, we are out of service; I am putting together a very thorough system of safety management controls meant to prevent any of the problems I have had before, which have led to the situation I am in now.

When I can restart my business, initially I will have two drivers: myself and Deryl Roberts. And the first two buses I will put on the road are ready to go now, with a current annual inspection.

On October 31, 2019, a Compliance Review was completed and there were five critical or acute violations we have been asked to address, as follows:

ACUTE violation 383.37 (a )	ACUTE violation 396.9(c )(2 )
CRITICAL violation 391.51(b )(2 )	CRITICAL violation 395.8(a )(1 )
CRITICAL violation 396.17(a )	And Vehicle OOS rate of 60%

We are going to address the problems and the solutions by separating these into three areas:

I – Driver Qualifications

- ACUTE violation 383.37 (a ) and
- CRITICAL violation 391.51(b )(2 )

II – Hours of Service

- CRITICAL violation 395.8(a )(1 )

III – Maintenance

- ACUTE violation 396.9(c )(2 ),
  - CRITICAL violation 396.17(a ), and
- Out of Service %age.

## **1 – Driver Qualifications:**

**49 CFR §383.37(a)** – Knowingly allowing, requiring, permitting, or authorizing an employee who does not have a current Commercial Learner’s Permit or Commercial Driver’s License with the proper class or endorsements, or who operates a commercial motor vehicle in violation of any restriction on the Commercial Learner’s Permit or Commercial Driver’s License to operate a commercial motor vehicle (Acute).

One of the things we are going to do in order to prevent this from happening in future is, we are going to start fresh with a new driver qualification packet.

Right now, we are out of service, so it’s hard to keep a group of drivers that are willing and able to jump into CMVs and take off. But I do have one, his name is Deryl Roberts

So we will have a good DQ packet for me and one for Deryl and when we hire more drivers we will do everything for them the same as we are doing for these two.

[sample driver qualification packet is attached]

[list of drivers is attached – only two drivers]

First, we will make sure we have good applications – DOT Compliance Help, Inc. has provided a good driver qualification packet – we are going to use these forms – Then, we are going to be very careful – we will check and double-check to be sure they are filled out right.

Next, we will be sure we get the MVRs from each state they lived in. And, verification of previous employment from any previous employers where they drove a DOT-regulated vehicle.

And we will review the MVRs carefully to be sure we do not overlook anything. Like if the DOT card is not filed with the state department of motor vehicles, for example. Or, if the driver does not have the proper endorsement(s), including passenger endorsements for motor coach operators.

Second, we will think through what went wrong before, and double-check to be sure we are not making any of these mistakes in future –

- (1) good MVR with DOT physical expiration date included.
- (2) we will be very careful and study the applications and the MVRs; if a person has lived in more than one state in the most-recent 3-year period we will run MVRs in each of those states.

One of the things I am concerned about is, a driver could have his license or CDL suspended after we did the annual review and we would not know about it right away. We are planning on doing the annual review two times per year and running the MVRs each 90 days, and study them very carefully to be sure we don’t overlook something like DOT physicals or required endorsements.

Note – the above process will be modified based on our new working agreement with Foley Services.

- See memo, attached

Before a driver’s DOT Physical expires, we will make sure they go for a new DOT physical, and when they come back with a good physical, we will make sure they go to the DMV. After they get back from the DMV we will wait 10 days and pull a new MVR to be sure it is registered.

From now on, each time we put a CDL driver on, we will be sure we have the DOT Card AND an MVR that shows when the DOT Card expires.

Who will be responsible for this area of compliance?

- This is a small business, and I want to grow to the point I will have 8 or 10 CMVs on the road, or even more. Right now, I only have 2 buses I want to get back in service as soon as I am able.

Update 30 March 2020 - My wife, Genise Bagby, is going to help with the DQ packets. She is a very smart and educated professional, and while she is not currently trained or experienced in this area, she will attend a seminar or webinar as soon as possible to give her a baseline understanding of the FMCSA's requirements for Driver Qualification and DQ packets.

I will still be the person responsible for this and all areas of compliance.

As evidence, we are including two complete DQ files (1) Bagby, and (2) Roberts.

As evidence of implementation of new systems, we will submit a copy of our new DQ policy.

Update – 1 April 2020 – We have contracted with Foley Services to host the driver qualification files and perform quality control checks. They will be providing an advisory service on a monthly basis – so if ANYthing changes regarding a drivers MVR, we will be notified right away.

They will also let us know 30 days in advance if something is going to expire. We will not let any required credential expire.

Right now, we are sending them the DQ packets for Bagby and Roberts; the key is establishing the business relationship. As soon as we receive applicants we will forward it over to Foley to be checked for background and all endorsements MVR and when Foley returns it we are at the office will double check it so we have a two level process which cannot fail

In the agency's refusal letter dated 20 March 2020, there is a comment that the MVR for Clussie Bagby was not dated and from an unidentified source. We have reviewed these documents and they appear to have dates on them. We are also going to include a new MVR for both Bagby and Roberts, from the new Foley service.

One of the reasons we had trouble before is, I didn't really know how to do all these things correctly. One of the things I am going to do differently is, I am going to a 4-day seminar on DOT regulations – this seminar should help me to understand all the things that must be done to successfully manage all seven BASIC areas.

As evidence, I am including my certificate from the DOT Compliance Seminar I attended in Las Vegas during the period 25-28 February 2020.

## 49 CFR Part 391

### Driver Qualification File and Documents –

49 CFR §391.51(b)(2) – Failing to maintain inquiries into driver's driving record in driver's qualification file (Critical).

In future, we will always check the MVRs for any driver we hire, to include making sure they are fully qualified, including DOT Card, expiration date of DOT Card listed in MVR, correct endorsements, no suspended licenses, etc.

I understand sometimes if you run an annual review in, say, February you could kind of get in trouble because a driver might get suspended in June. Instead of thinking that MIGHT happen for 12 months, our new process will include performing an annual review two times per year.

But first, we are going to be sure we can start on day 01 with two drivers who are legally and physically qualified, and we will have a complete Driver Qualification file for each of them.

As a small business owner, clearly, I am responsible for everything that happens. Initially, I am going to be doing this work. As soon as I get a few more buses on the road, I will try to find someone who can drive part-time and help me in the office part time. Both myself and the new assistant will attend the 4-day seminar, in order to help him/her get started with an understanding of what is needed.

### **Regarding driver qualification system problems and remedies:**

Initially, we are putting together complete DQ packets for myself (Clussie Bagby) and driver Deryl Roberts.

I have an outside company helping to be sure they are done right.

A big part of the reason this was never done completely right is, I was trying to do it myself and I didn't really understand the process as well as I should.

The real solution is this:

- (1) With some expert help, I am going to put together two complete DQ files and going forward these will be used as examples when we add another driver.
- (2) I will have at least one other person helping me get all the steps right in the driver qualification process
- (3) Myself AND the person who will be helping me with this will both get some training – we are scheduled to attend a 4-day seminar on DOT safety regulations later this month.

At least two times per year, we will do a three-part annual review.

In response to various comments included in the March 20 refusal, we have added two new elements to our Driver Qualification process.

First, Genise Bagby will be helping with the DQ files. She is very educated but just for FMCSA sake she will be getting more training from a seminar or webinar on DQ file training at our earliest convenience.

Second, we have contracted with Foley Services to (a) ensure we have a complete DQ packet for each driver, and (b) perform the equivalent of an employee notification system.

Most importantly, we understand we must ensure drivers are legally and physically qualified at all times.

## **2 – Driver’s HOS and RODs:**

### **49 CFR §395.8(a)(1) – Failing to require a driver to prepare a record of duty status using the appropriate method (Critical).**

Moving forward, we will look at our schedule of charter services, select the drivers for each charter, and if the driver hasn’t been driving continuously, have them complete a 7-day sheet.

For each day a driver is dispatched, I will check to be sure I have either a daily drivers log (when required) or the information needed under the 100-air-mile radius exemption.

Some drivers will be people who are working at other jobs, including some CMV operators. If a person drives our CMV after being elsewhere for 7 days or more, we will have them complete a 7-day sheet – OR provide copies of their RODs from the other job - so we can check to be sure they do not exceed the HOS limits. Or, we might use a weekly form we have; but the necessary information will be captured and verified.

As with each area of safety management compliance, I, Clussie Bagby, am responsible. My intention is to get a good system established so I can grow the business and continue to do it according to the regulations.

It is a bit of a challenge to find words to explain how we will have a detailed and elaborate system to check RODs for falsification at first, because there will only be one or two drivers; I know where people are all the time and when they turn in their paperwork at the end of the day there is no reason for them to falsify anything, and if they did I would know it immediately.

When we succeed at growing this business to the point I am not able to personally monitor each and every movement continuously, we will start using separate fuel accounts for each driver so we can check fuel purchase time against RODs.

In the agency’s March 20 refusal, you said “your upgrade request again failed to indicate what specific information you will verify to ensure that drivers qualify for and properly use the 100 air-mile short-haul exception.”

In answer to that, we will say this: We know most of our drivers, most of the time, will stay within a 100-air-mile radius of our principle place of business, they clock in and out within 12 hours [most of our runs are 4 hours or less in duration] and they come back to the same place each day. In the event a driver fails to meet all three of these conditions, the driver will be required to complete a daily driver’s log.

Regardless if we have a daily driver’s log or an abbreviated record of duty status, we understand we need to have six months of RODs for each driver and 100 mile rule clearly states start time stop time total hours 12 hour maximum

Also, we are going to have a new Charter Order Sheet; when a customer is dropped off, a member of the group or the group leader will be asked to sign the bottom of the charter order. The charter order document will have the drivers start time and end time and we can check that against the driver's RODs to be sure they match.

And, I was able to learn some things during an HOS online webinar on February 13 (certificate attached)

As with each area, I am responsible to be sure this happens.

I, Clussie Bagby, owner and President of Blessed Limousine, Inc. will ensure all CMV operators comply with the HOS limitations found in part 395 of the FMCSR, and submit RODs which meet the requirements found in 395.8.

Attached is a copy of our December charter calendar, and RODs for the two drivers who are going to be operating our motor coaches when we can resume operations.

In addition to the control measures discussed above, and in response to comments in the March 20 refusal letter, we have contracted with a timecard service -

We have contracted with ADP and will use their time and attendance software solution as our primary RODs. Each driver will have a charter order document with him, including scheduled pick up and drop off time – this document will be signed by the group leader. We will always compare the time-sheet document from ADP with the run sheets from the trip, to make sure they match.

We have also taken another step; we have set up an account with Keep Truckin – even though we understand we are not required to have a traditional daily drivers log and we are not required to have an ELD, we feel it is valuable to have Keep Truckin provide guidance and monitor our HOS, and they will do some training as well.

Once we get up and running we might use the ADP time and attendance app as a supporting document, in addition to the charter order document that will be signed by the customer's representative.

### **3 – Maintenance and maintenance record keeping:**

49 CFR §396.9(c)(2) – Requiring or permitting the operation of a motor vehicle declared “out-of-service” before repairs were made (Acute).

The specific violation the DOT investigator wrote us up for was an anomaly and we just won't let anything like it happen again. We know if a motor coach is placed out of service no one is going to drive it or authorize someone to drive it. We had that motor coach towed in to our place and the repairs were made, and we were thinking the tires were sort of a separate thing, and let someone drive it to the tire shop – but now we realize we should have had the tire contractor come to our place of business to replace the tires that needed to be replaced.

In the future, if a tire is in violation, whether the driver points it out or if it shows up on a roadside inspection, we will take the motor coach to the tire contractor and have the situation corrected as soon as possible, - OR the tire contractor might come to our location – but in no case will we re-dispatch the bus before the repairs are made.

In the event the tire – or any component – is ever found to be a serious safety violation (as noted by our driver) or an Out of Service violation (as noted by a roadside inspector) we will be VERY careful to avoid any miss-understandings; OUT OF SERVICE Means OUT OF SERVICE.

We will include this in our driver training, and we will provide training to new drivers regarding this, our periodic inspections and making sure we never operate a CMV that has an expired annual inspection.

WE are starting small, with two buses on the road. Both buses start with a new annual inspection. We plan to bring each one to our mechanic each 90 days for a scheduled inspection. WE are still working on the details of what will be done at each 90-day interval, but we have a starting checklist.

I have now not only made a system to check emergency exits but I also have changed all the clips on every bus to ensure emergency exits are working properly, Some clips did need to be changed they just needed to be oiled but whatever it was it's been addressed.

Most of all I have the experience of walking thru the bus and checking every emergency exit from the windows to the ceiling.

One of the things I am doing now is, I have a copy of the CVSA Out of Service guide. As soon as I get that, I am going to start studying it to be sure I understand which violations are more serious and therefore have been determined to be OOS violations.

We are looking forward to starting fresh with two motor coaches, each of which have had an annual inspection very recently, and as soon as business volume calls for it, we have a 3<sup>rd</sup> motor coach we will put into service.

One of the things I am going to do differently is, I am going to study the CVSA Out of Service guide very carefully. I understand now, there are roadside inspections and violations and then there are OOS violations that should be treated much more seriously

As evidence all OOS conditions have been addressed, we are including new annual inspections for each of these buses.

In future, we will always keep a copy of every roadside inspections with proof of all repairs.

There have been no additional roadside inspections since the compliance review.

One of the reasons we have contracted with Keep Truckin is, we feel using this application will help our drivers to have a good way to prepare a Daily Vehicle Inspection Report, and they will provide some training on how to perform a proper pre-trip inspection.

### **Annual Inspections -**

#### **49 CFR §396.17(a) – Using a commercial motor vehicle not periodically inspected (Critical).**

We are starting fresh, as soon as the FMCSA allows it, with two CMVs.

We had some confusion regarding a 5000-mile inspection that was done in January. That document was completed to show the work they were doing for us. We have got a new annual inspection for that motor coach as well – dated April 3 – done by Montgomery

Our drivers will receive training on pre-trip inspections, and one of the things they will be instructed to check is, when did the bus last have an annual inspection.

If it is due within 30 days they will make a note of it on their DVIR.

We are going to have a sticker inside the windshield to remind the driver when the bus needs to come in for a 90 day inspection. If it is within one week, they will note that on the DVIR.

I, Clussie Bagby, am responsible for this area of compliance.

Attachments include the list of CMVs (only two buses right now) and the annual inspections for each bus, as well as our DRAFT maintenance policy.

In your refusal letter dated 20 March, 2020 you stated “the annual inspection you submitted for vehicle #9785, dated January 25, 2020, has several defective components noted including exterior lights, defective tires with inadequate tread depth noted as an OOS condition, exhaust leaks, fluid leaks and an OOS cracked and leaking muffler.”

We are unaware of any annual inspection that was done in January, and we have never seen an annual inspection done on one of our motor coaches indicating these types of deficiencies.

We are having great difficulty getting a new annual inspection done now, as the shop is closed due to COVID19 precautions. But, we did get a new annual inspection on this CMV just to make sure there is no longer any confusion regarding the current status of this bus.

As soon as that shop gets up and running, we will have a new annual inspection done on the other motor coach. IF there is anything that needs to be fixed, we will get it fixed. We have no intention of dispatching a bus that has any deficiencies.

In your letter dated March 20, you mentioned there was a question about a couple buses that were inspected during the compliance review. We are going to get rid of those; the only reason they are still here now is, no one is doing business because of the COVID9 - everyone is sheltering at home.

In your letter dated march 20, you mentioned as follows: “you failed to describe the roles of your management staff or officials and the process they will follow to ensure you do not use a commercial motor vehicle that has not been periodically inspected. “ . . . actually, we felt we covered that pretty well. We have put a big sticker on the window of each bus reminding the driver when each bus is due for an annual inspection. It is difficult to find the words to describe an elaborate system of relationships between people in different management roles, when there is just one person here, and two buses that we cannot move right now. The best we can do is create a plan and explain it to you.

As soon as they open for business, we are going to have each driver go to Gary Miller’s place, and he is going to go through the pre-trip inspection as a refresher. Right now, that is just two drivers, Bagby and Roberts, but we are both looking forward to going over this with Gary. And, when we bring any new driver on, we will make this part of the new-driver training. As a matter of company policy, each driver will note the date the bus is due for an annual inspection. This is to be part of the pre-trip inspection process.

Also, to be sure our drivers have all the resources to do this correctly and thoroughly, we have contracted with Keep Truckin, so the drivers will (a) get training on how to perform a proper pre-trip inspection and (b) they will also be trained to use the application to document this important work.



As a motor carrier, we will have to be very careful to look at DVIRs that are turned in, to be sure we are always checking to see what the driver is reporting. If it is a safety violation it will be repaired before the bus goes out. If it is a minor violation that will not prevent the vehicle being dispatched, we will be sure the repair is completed when the bus comes in for the next 5000-mile or 10,000 mile inspection.

### **Out-of-Service Rate - Vehicle Out-of-Service Rate (OOS Rate) 34% or higher**

We had a few violations – especially the emergency exit thing – that were out-of-service in nature and I thought I understood how to deal with this, but in retrospect I just didn't understand how serious it is when you have an OOS violation.

First, every driver will receive some training on pre-trip inspections, and we will emphasize the importance of safety-related problems and out of service violations.

We are going to have each driver go through the bus with Gary Miller, our fleet maintenance guy. Gary's shop is closed now, due to the whole COVID9 business shutdown stay-at-home order. But, as soon as he gets open for business, we will have him go through the pre-trip process with Deryl Roberts and me. It will be a good chance for us to interface with Gary, as he is a key part of our team to be sure our vehicles are in tip-top condition going forward.

Second, we will monitor driver's DVIRs to be sure if there is something indicated on the DVIR that is the sort of thing that would make a CMV unsafe to operate, we have a very robust approach to making needed repairs before the CMV can be dispatched.

Third, we have a copy of the CVSA Out of Service guide in the office now. This is a valuable reference book. Any time there is a roadside inspection with an out of service violation I will make sure I have the driver show me exactly what the inspector pointed out, and I will study the violation description in the OOS guide to be sure I understand the nature of the OOS violation.

Either myself or one of my drivers will check carefully to be sure the other vehicles don't have the same violation.

I am starting with only two buses, but I am planning ahead. I plan to have numerous buses on the road and if we ever have an OOS violation there will be more buses to check to be sure we don't have more than one with the same violation.

Included as evidence is a list of equipment, (only two buses), our maintenance schedule, the new maintenance policy, and our new DVIR.

This is a small business, and I want to grow to the point I will have 8 or 10 CMVs on the road, or even more. Right now, I only have 2 buses I want to get back in service as soon as I am able.

I will still be the person responsible for every area of compliance, including maintenance. Gary Miller seems to be a valuable asset and I think he will be my main right-hand person in the maintenance area that I can count on to help make sure things are done right, but I am still responsible.

[There was a driver named Gary Miller; this is a different person.]

**OVERALL IMPROVEMENTS TO SAFETY MANAGEMENT CONTROLS:**

As I read back through these documents, each time I am forced to come face to face with the root cause of each violation that led to the UNSATisfactory safety rating, it's all about my lack of knowledge and understanding of the FMCSRs.

I should have found a way to understand them better.

I have been to a 4-day DOT Compliance seminar February 25 – 28 – this covered a broad range of safety-related topics, with a focus on DOT/FMCSA Compliance.

I think the seminar has helped - I feel that I have a better overall understanding of what is required.

Also, I have attended 4 brief familiarization webinars on February 17 and 18, on HOS, DQ, accident countermeasures and roadside inspections.

I feel like I understand my responsibility better now.

The overall cause of all that has occurred is a lack of knowledge and understanding of what needed to be done. We did have several visits from the State of Washington DOT, and it seemed as if we had made some improvements, and before we could really see the turnaround in SMS scores and everything, the FMCSA was here. I think if I had had a few months in between audits, I could have made more improvements.

Now, while we are in a stand-down posture, I have an opportunity to change and organize all that has been given to me. I AM LOOKING forward to starting fresh with two buses and two drivers, myself as one of them, and a good, new system to manage Commercial Vehicle Safety.

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**CLUSSIE BAGBY (PRESIDENT)**

BLESSED LIMOUSINE, INC. DOT # 2822783

**REQUEST FOR SAFETY RATING UPGRADE  
DOT# 2822783**

BLESSED LIMOUSINE INC - USDOT # 2822783 would like to request an upgrade to its safety rating.

BLESSED LIMOUSINE INC - USDOT # 2822783 will operate in compliance with the Federal Motor Carrier Safety Regulations and Hazardous Material Regulations. I certify that our operations currently meet the safety standards and factors specified in 49 CFR §§ 385.5 and 385.7.



\_\_\_\_\_  
Corporate Official/Owner Signature/Date

CLUSSIE BAGBY, PRESIDENT

Print Corporate Official/Owner Name and Title

Contact Information

Work Phone #: (206) 579-5911

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TO: FMCSA SERVICE CENTER  
California Division Office  
1325 J Street Suite 1540  
Sacramento, CA 95814

TO: Western Service Center  
12600 W Colfax Avenue  
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Lakewood CO 80215

Summary Statement:

Blessed Limosine, INC appreciates the opportunity presented by our most recent audit to recognize that our compliance and safety program was lacking in key areas, and for the education and guidance given to us by the FMCSA and the State of Washington to assist us in providing for our staff, and our management team, the direction we needed to address these areas of non-compliance.

We also appreciate the opportunity to be allowed to address each, per guidance, to the FMCSA to demonstrate how each area was addressed and resolved. The document you provided to us has been our guideline as we prepared this response, and we have sought to present information using this guideline so that you have all of the information you have requested and need to make an expedient decision regarding our request. To help you understand how we have formatted our response;

**Following each area of violation is an explanatory statement that:**

1. recognizes and seeks to explain the violation
2. Lists how the issue was resolved [and provides ref for corresponding supporting document]
3. Lists our procedures and policies put in place so the issue does not occur again
4. Lists the person responsible for each area of compliance

**The Driver List and Vehicle List** follow this summary statement

**FMCSA Portal registration:** Blessed Limosine is registered on the and has reviewed all inspections listed on the site. Print out of this is included with the driver and vehicle list that follows this summary report

**Inspection reports since date of Compliance Review:** There have been no roadside inspections since the date of the Compliance review

**Supporting documents** for each area violation are included in order, by violation #, at the end of this document

For questions of clarifications regarding this report, please feel free to contact us at your convenience  
At the contact information listed on the cover page

Vehicle  
+  
Driver

List

follows

# Commercial Motor Vehicle List for Carrier: Blessed Limousine Inc

CMV's include trucks, trailers and/or combination of vehicles that exceed a 10,000 lb GVWR

License #	Unit#	Make	Vin #	Tire	Annual Insp. Date	Other
BRA 6944	777	VAN HOOL	YE2CC16B752046591	3158022.5	3-5-19	
CL3375K	9875	VAN HOOL	YE2CC16B2502046577	3158022.5	12-4-19	
BPM 6944	181	VAN HOOL	YE2CC16B252046594	3158022.5	10-8-20	
			PARTS BUSES			
BQV3316		VAN HOOL	YE2CC23B922045318	3158022.5	N/A	1
BQV3315		VAN HOOL	YE2CC23B712045218	3158022.5	N/A	
<p>↑ These 2 buses are used for parts only. They have never been driven</p>						

Vehicle list

Driver List for Carrier Blessed Limousine, Inc DOT # 2822783

Name: Last, First	State / CDL # / Class	D Hired	D Left	Med Card Exp	MVR Reviewed	Tk #
McGraney, Curtis	WA-WDL-BP357123B-B	10-2-19	Current	7-31-2020	11-22-19	
Roberts, Deryl	WA-Roberts 1357KR-B	4-17-19	Current	8-12-2021	8-12-21	
Raiford, Mattie	WA-WDL-625 970338-B	8-26-19	11-25-19	3-26-2020	11-1-19	
Miller, Gary	WA-Miller 6L320B7-B	3-20-19	Current	10-15-19	10-4-19	
Gobb, Jack	WA-Gobb *JC380km-B	5-20-19	11-25-19	6-3-19	4-2-19	
Cervantes, Lorena	WA-Cervantes 2790W-B	6-7-19	11-25-19	9-29-19	6-6-19	
				DRIVER LIST		

Company Address 155 Grady Way Suite 634 Renton WA 98057

Proof  
of  
Registration  
and  
Review  
on  
FMCSA  
portal



*That we have PORTAL Acct and are reviewing / UTILIZING THE INFO PROVIDED here*

**BLESSED LIMOUSINE INC**

U.S. DOT#: 2822783  
 Address: 15 S GRADY WAY  
 RENTON, WA 98057  
 Number of Vehicles: 5  
 Number of Drivers: 6  
 Number of Inspections: 7

**Safety Rating & OOS Rates**

(As of 11/24/2019 updated daily from SAFER )

Not Rated

**Out of Service Rates**

Type	OOS %	National Avg %
Vehicle	57.1	20.7
Driver	0.0	5.5
Hazmat		4.5

**Licensing and Insurance**









(As of 11/24/2019 updated hourly from L&I)


Type	Active For-Hire Authority	
	Yes/No	MC#/MX#
Property	No	
Passenger	Yes	MC-41978
Household Goods	No	
Broker	No	

**BASIC Status** (Motor Carrier View) ?

Behavior Analysis & Safety Improvement Categories (BASICS)

Based on a 24-month record ending October 25, 201

							
Unsafe Driving	Crash Indicator	Hours-of-Service Compliance	Vehicle Maintenance	Controlled Substances and Alcohol	Hazardous Materials Compliance	Driver Fitness	Insurance and Other

 Denotes this carrier exceeds the FMCSA Intervention **Threshold** relative to its safety event grouping based upon roadside data and/or has been cited with one or more Acute/Critical Violations within the past 12 months during an investigation. Therefore, this carrier may be prioritized for an intervention action and roadside inspection.

**BASIC: Vehicle Maintenance**

ON-ROAD + INVESTIGATION



**On-Road Performance**

Measure: 12.12 ?  
 Percentile: 89%

Safety Event Group: 5-10 relevant vehicle inspections  
 Scale 0 to 100; 0 indicates the best safety performance.  
 89% of motor carriers in the same safety event group have better on-road performance than this motor carrier.

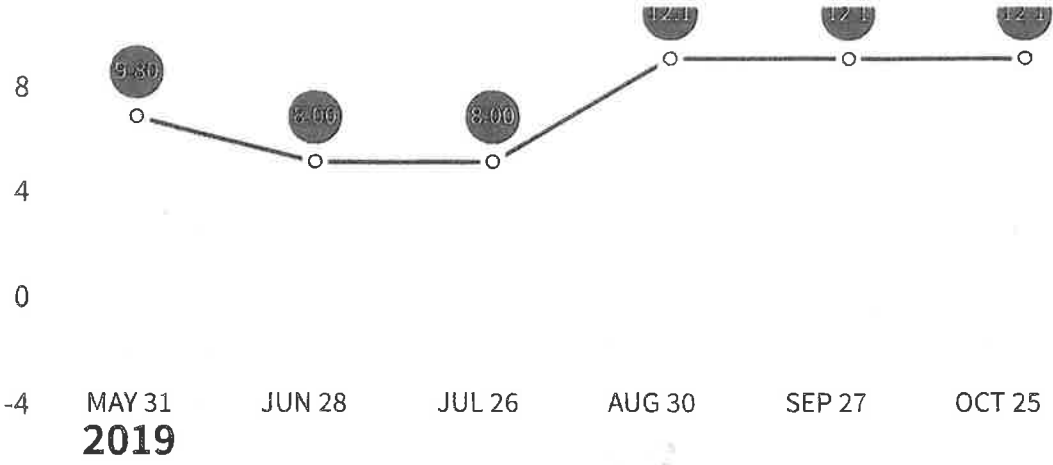
**Investigation Results**

0 Acute/Critical Violations Discovered

**CARRIER MEASURE OVER TIME**

This graph displays a carrier's measure based on 24 months of on-road performance. Zero indicates the best performance. To see how the measure is calculated [click here](#). To see how the measure relates to percentile [click here](#). [Expand](#) for more information.

MEASURE



VIOLATION SUMMARY

Vehicle Maint. Violations: 23

INSPECTION HISTORY

Vehicle Inspections: 7

Please select to view your Inspection History. You can also sort your data by Date, Report Number, Vehicle Type, etc.

- Vehicle Inspections 7 (or)
- With Vehicle Maint. Violations (7)
- Without Vehicle Maint. Violations (0)

Report			Driver			Vehicle			Measure =		
Inspection Date	Number	State	Name	License Number	License State	Plate Number	Plate State	Type	Severity Weight (SW)	Time Weight (TiW)	Total Weight (TotW)
8/3/2019	WAW522002398	WA	MILLER, GARY	WDL1Z454543B	WA	C93606M	WA	Motor Coach	30***	3	90
Violation: 396.17(c) Operating a CMV without proof of a periodic inspection									4		
Violation: 393.9(a) Inoperative Brake Lamps (OOS)									6 + 2 (OOS)		
Violation: 396.5(b) Oil and/or grease leak									3		
Violation: 393.9 Inoperable Required Lamp									2		
Violation: 393.11 No or defective lighting devices or reflective material as required									3		
Violation: 393.75(a)(1) Tire-ply or belt material exposed (OOS)									8 + 2 (OOS)		
Violation: 393.75C-OOS Tire-other tread depth less than 1/32 of inch measured in 2 adjacent major tread grooves 3 separate locations 8 inches apart (OOS)									8 + 2 (OOS)		
Sum of Violation Weight => Inspection Severity Weight (SW) (psi)									30***		
6/8/2019	WAW524002674	WA	MIRANDA, MARIANO	WDL2T6S8C43B	WA	BPM6944	WA	Motor Coach	2	3	6
Violation: 393.95(f) No / insufficient warning devices									2		
12/6/2018	WAU588000114	WA	,			C13375K	WA	Motor Coach	3	2	6
Violation: 393.11 No or defective lighting devices or reflective material as required									3		
12/6/2018	WAU588000115	WA	,			C93606M	WA	Motor Coach	15	2	30
Violation: 393.51 No or defective brake warning device (OOS)									4 + 2 (OOS)		
Violation: 393.205(c) Wheel fasteners loose and/or missing (OOS)									2 + 2 (OOS)		
Violation: 393.95(f) No / insufficient warning devices									2		
Violation: 393.62(a) No or Defective bus emergency exits (OOS)									1 + 2 (OOS)		
Sum of Violation Weight => Inspection Severity Weight (SW)									15		
12/6/2018	WAU588000116	WA	,				WA	Motor Coach	17	2	34
Violation: 393.25(f) Stop lamp violations									6		
Violation: 393.19 Inoperative/Defective Hazard Warning Lamp									6		
Violation: 393.62(e) No or inadequate bus emergency exit marking									1		
Violation: 393.95(a) No/discharged/unsecured fire extinguisher									2		
Violation: 393.95(f) No / insufficient warning devices									2		
Sum of Violation Weight => Inspection Severity Weight (SW)									17		
12/6/2018	WAU588000117	WA	,			C98877G	WA	Bus	9	2	18
Violation: 393.11 No or defective lighting devices or reflective material as required									3		
Violation: 393.62(a) No or Defective bus emergency exits (OOS)									1 + 2 (OOS)		
Sum of measure weights									81	16	104

Report			Driver			Vehicle			Sum of the Total Weight (TotW) Sum of the Time Weight (TiW)		
Inspection Date	Number	State	Name	License Number	License State	Plate Number	Plate State	Type	Severity Weight (SW)	Time Weight (TiW)	Total Weight (TotW)
Violation: 393.83(d) Improper exhaust-bus (diesel) (OOS)									1 + 2 (OOS)		
Sum of Violation Weight => Inspection Severity Weight (SW)									9		
12/6/2018	WAU588000118	WA				B13426Y	WA	Bus	5	2	10
Violation: 393.95(a) No/discharged/unsecured fire extinguisher									2		
Violation: 393.62(a) No or Defective bus emergency exits (OOS)									1 + 2 (OOS)		
Sum of Violation Weight => Inspection Severity Weight (SW)									5		
<b>Sum of measure weights</b>									<b>81</b>	<b>16</b>	<b>194</b>

PERFORMANCE MEASURE LAST MONTH As of 9/27/2019	$\frac{TotW}{TiW} = \frac{194}{16} = 12.12$	PERFORMANCE MEASURE THIS MONTH As of 10/25/2019	$\frac{TotW}{TiW} = \frac{194}{16} = 12.12$
--	---	---	---

\*\*\* The sum of all violation severity weights (violation weight + out-of-service) for this inspection has been capped at 30.

**INVESTIGATION RESULTS** Vehicle Maint. Acute/Critical Violations: 0

**Summary of Activities**

The summary includes information on the 5 most recent investigations and 24 months of inspections and crash history.

Most Recent Investigation:  
 Total Inspections: 7  
 Total Inspections without Violations used in SMS: 0  
 Total Inspections with Violations used in SMS: 7  
 Total Crashes\* : 0

Crashes listed represent a motor carrier's involvement in reportable crashes, regardless of the carrier's or driver's role in the crash. Continue for details.

**Carrier Registration**

Subject to Passenger Threshold

**Inspection Selection System**

(As of 11/24/2019 updated daily from ISS)  
 ISS Inspection Score: 66  
 ISS Recommendation: Optional  
 Basis of Recommendation: Safety

**Enforcement Cases**


(Six years as of 11/24/2019 updated monthly from FMCSA)  
 No penalties found


**USE OF SMS DATA/INFORMATION**

**FAST Act of 2015:**

Readers should not draw conclusions about a carrier's overall safety condition simply based on the data displayed in this system. Unless a motor carrier has received an UNSATISFACTORY safety rating under part 385 of title 49, Code of Federal Regulations, or has otherwise been ordered to discontinue operations by the Federal Motor Carrier Safety Administration, it is authorized to operate on the Nation's roadways.

**Safety Measurement System:**

The data in the Safety Measurement System (SMS) is performance data used by the Agency and Enforcement Community. A  symbol, based on that data, indicates that FMCSA may prioritize a motor carrier for further monitoring.

The  symbol is not intended to imply any federal safety rating of the carrier pursuant to 49 USC 31144. Readers should not draw conclusions about a carrier's overall safety condition simply based on the data displayed in this system. Unless a motor carrier in the SMS has received an UNSATISFACTORY safety rating pursuant to 49 CFR Part 385, or as otherwise been ordered to discontinue operations by the FMCSA, it is authorized to operate on the nation's roadways.

Motor carrier safety ratings are available at <http://safer.fmcsa.dot.gov> and motor carrier licensing and insurance status are available at <http://li-public.fmcsa.dot.gov/>.

**More Info**

**1-Road Performance**

## Performance Measure

Carrier violations or crashes are weighted by time and severity to produce a measure for that carrier in each BASIC. The measure only considers individual performance, with a measure of 0 indicating best performance.

## Performance Percentile

The SMS calculates a percentile (based on the measure) for each carrier with sufficient information to be compared against carriers with similar safety events (inspections, inspections with violations, crashes). Percentiles are calculated on a 0–100 scale, with 100 indicating worst performance and 0 indicating best performance.

## Intervention Threshold

Intervention Thresholds for carriers are organized by BASIC and are set based on a given BASIC's relationship to crash risk

	BASIC	Passenger	HM	General
Vehicle Maintenance		65%	75%	80%

## Investigation Results

### Rate/Critical Violations

Rate/Critical Violations indicate that a carrier is not complying with federal safety regulations and the carrier must take corrective action.

annual  
inspections  
follow

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE IDENTIFICATION NUMBER	FLEET UNIT NUMBER
43578364	9785
DATE	December 7, 2018

MOTOR CARRIER OPERATOR <b>Bessal Linsin</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>G. Miller</b>
ADDRESS <b>15 So Grady Way # 634</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19 <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>Renton WA 98057</b>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>WA C13375K - YE2CC16B252046577</b>
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) <b>GM Charter Bus Repair, Inc</b>

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>10. TIRES</b>
✓			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.				<b>11. WHEELS AND RIMS</b>
✓			d. Brake Hose								a. Lock or Side Ring
✓			e. Brake Tubing								b. Wheels and Rims
✓			f. Low Pressure Warning Device								c. Fasteners
✓			g. Tractor Protection Valve								d. Welds
✓			h. Air Compressor								<b>12. WINDSHIELD GLAZING</b>
✓			i. Electric Brakes								Requirements and exception as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓			j. Hydraulic Brakes								<b>13. WINDSHIELD WIPERS</b>
NA			k. Vacuum Systems								Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			<b>2. COUPLING DEVICES</b>				<b>7. STEERING MECHANISM</b>				<b>14. OTHER</b>
			a. Fifth Wheels				a. Steering Wheel Free Play				List any other condition(s) which may prevent safe operation of this vehicle.
			b. Pintle Hooks				b. Steering Column				
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				
			d. Drawbar/Towbar Tongue				d. Steering Gear Box				
			e. Safety Devices				e. Pitman Arm				
			f. Saddle-Mounts				f. Power Steering				
			<b>3. EXHAUST SYSTEM</b>				<b>8. SUSPENSION</b>				
			a. Exhaust system leaking forward of 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.				
			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				
			<b>4. FUEL SYSTEM</b>				<b>9. FRAME</b>				
✓			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)				
			<b>5. LIGHTING DEVICES</b>								
✓			All lighting devices and reflectors required by Part 393 shall be operable.								

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 ACCORDANCE WITH 49 CFR PART 396.**

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
42578405	181
DATE <span style="font-size: 1.2em;">October 8, 2019</span>	

MOTOR CARRIER OPERATOR <span style="font-size: 1.2em;">Blessed Limosine</span>	INSPECTOR'S NAME (PRINT OR TYPE) <span style="font-size: 1.2em;">Roman Ruiz</span>
ADDRESS <span style="font-size: 1.2em;">3932 62nd Ct. E.</span>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <span style="font-size: 1.2em;">Fife, Wa, 98424</span>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <span style="font-size: 1.2em;">wa-BPM6944 • YE2CC16B25204659</span>
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) <span style="font-size: 1.2em;">GLM Charters</span>

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<b>1. BRAKE SYSTEM</b>											
<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"/>			<b>11. WHEELS AND RIMS</b>
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<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"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			<b>12. WINDSHIELD GLAZING</b>
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<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"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<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"/>			<b>2. COUPLING DEVICES</b>	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			<b>14. OTHER</b>
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			<span style="font-size: 1.2em;">Emergency Windows</span>
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>	<input checked="" type="checkbox"/>			<span style="font-size: 1.2em;">Driver/Passenger Seat belt</span>
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<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"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>3. EXHAUST SYSTEM</b>	<input checked="" type="checkbox"/>			<b>9. FRAME</b>	<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"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<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"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>4. FUEL SYSTEM</b>	<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"/>			<b>5. LIGHTING DEVICES</b>	<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.**

# ANNUAL VEHICLE INSPECTION REPORT

*out of service waiting for repair has not been driven*

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
42578330	777
DATE March 5, 2018	

MOTOR CARRIER OPERATOR <b>Blessed Limosine</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>G. Miller</b>
ADDRESS <b>3932 62nd Ave Ct E.</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>Fife WA 98424</b>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>YE2CC16B752046591</b>
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) <b>GLM Charter Bus Repair, Inc</b>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>10. TIRES</b>
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the <del>spare tire</del> 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 <i>Baggage Bay</i>	✓			b. All other tires.
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.				<b>11. WHEELS AND RIMS</b>
✓			d. Brake Hose								a. Lock or Side Ring
✓			e. Brake Tubing								b. Wheels and Rims
✓			f. Low Pressure Warning Device	✓							c. Fasteners
✓			g. Tractor Protection Valve								d. Welds
✓			h. Air Compressor								<b>12. WINDSHIELD GLAZING</b>
✓			i. Electric Brakes								Requirements and exception as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
NA			j. Hydraulic Brakes								<b>13. WINDSHIELD WIPERS</b>
NA			k. Vacuum Systems								Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			<b>2. COUPLING DEVICES</b>				<b>7. STEERING MECHANISM</b>				<b>14. OTHER</b>
			a. Fifth Wheels				a. Steering Wheel Free Play	✓			List any other condition(s) which may prevent safe operation of this vehicle.
			b. Pintle Hooks				b. Steering Column				<i>Emergency Exits</i>
			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column				<i>Passenger Seats</i>
			d. Drawbar/Towbar Tongue				d. Steering Gear Box	✓			
			e. Safety Devices	✓			e. Pitman Arm				
			f. Saddle-Mounts	✓			f. Power Steering				
			<b>3. EXHAUST SYSTEM</b>				<b>8. SUSPENSION</b>				
✓			a. Exhaust system leaking forward of 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.				
✓			b. Bus exhaust system leaking or discharging in violation of standard.				b. Spring Assembly <i>Air Bags</i>				
✓			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				
			<b>4. FUEL SYSTEM</b>				<b>9. FRAME</b>				
✓			a. Visible leak.				a. Frame Members				
✓			b. Fuel tank filler cap missing.				b. Tire and Wheel Clearance				
✓			c. Fuel tank securely attached.	✓							
			<b>5. LIGHTING DEVICES</b>								
✓			a. Visible leak.								
✓			b. Fuel tank filler cap missing.								
✓			c. Fuel tank securely attached.								
✓			d. Reflector(s) missing or reflectors required by Part 393 shall be operable.								



Safety  
Management  
Plan

PP 2-20

**1. Primary: 383.37(a)**

Allowing, requiring, permitting, or authorizing a driver to operate a CMV during any period in which the driver does not have a current CLP or CDL or does not have a CLP or CDL with the proper class or endorsements. An employer may not use a driver to operate a CMV who violates any restriction on the driver's CLP or CDL.



**Acute**

**Violations Discovered**

Fed	State	Total
3		3

**Violations Checked**

Fed	State	Total
4		4

**BASIC Impacted**  
Driver Fitness

**Rating Factor 2:**  
Driver - Part 383

**Example/Notes:**

Driver name, Gary Miller

Trip date, September 22, 2019

Vehicle description, Motor Coach 183

Violation description, the motor carrier's driver operated a CDL required CMV without a passenger endorsement while transporting passengers.

**Drivers/Vehicles**

In Violation	Checked
3	4

**Explanatory statement:** Gary Miller was hired **3/18/2019**. During our new entry (State) audit on 5-24-19, the investigator noticed and informed us that Gary needed to self-certify as non-expected interstate but took no other issue with his endorsements. At the state auditors direction we sent Gary to the department of licensing to self-certify. We thought at that time that the issue was resolved as the auditor had reviewed Gary's endorsements and the only thing he had found non-compliant was his self-certification. Then, months later, during our Compliance Investigation of Oct 31, the auditor ran a check on Gary's record's and it was discovered that he had no Passenger endorsement. As the previous auditor had not taken any issue with his CDL or endorsements we were surprised. When Gary went to the department of licensing to find out why his endorsements had been impacted by his self-certification, he was informed that when he changed his license to non-expected interstate the Department of Licensing rep removed his endorsements. When Gary asked for them to be reinstated, the agent declined, saying that it was at Gary's direction that they were removed. We spoke with the CDL office in Olympia and they verified over the phone that Gary had all of his endorsements, but when we went to the department of licensing with this information, they still were unable to provide us documentation of this.

**Corrective Action to resolve this issue:** Gary was removed from driving duties immediately following the Oct 31 audit as he awaits an appointment with the state to re-test for his passenger endorsement. While Gary asserts that he did have his endorsements, we understand that it is our responsibility to make sure that we had proof of his endorsements and to verify these by having taken a picture of the back of his license and by obtaining a motor vehicle report showing his self-certification status following his trip to the department of licensing.

**Moving forward,** to make sure that this does not happen again, we have put in place a driver onboarding checklist (Item # 1a) that we will utilize during hiring to make sure that we do not miss key actions required for the driver qualification files and verification of records and endorsements

**The person responsible** for oversight of Driver Qualification files and driver onboarding is Clussie Bagby, company owner.

**2. Primary: 396.9(c)(2)**

Requiring or permitting the operation of a motor vehicle declared "out-of-service" before repairs were made.



**Acute**

**Violations Discovered**

Fed	State	Total
	1	1

**Violations Checked**

Fed	State	Total
	1	1

**BASIC Impacted**  
Vehicle Maintenance

**Rating Factor 4:**  
Vehicle = Part 396

**Example/Notes:**

Driver Name, Clussie Bagby

Vehicle license number, C474835 (WA)

Trip Date, August 16, 2019

Violation description, the motor carrier allowed a CMV to be operated on a public roadway prior to the out-of-service violations being repaired.

**Drivers/Vehicles**

In Violation	Checked
1	1

Explanatory statement: It was brought to my attention during the audit that I had failed to retain the receipt / work order showing that the repairs were made prior to placing this vehicle (License Plare # \_\_\_\_\_, Company Unit # \_\_\_\_\_ )back in service.

I also had not written the service order down in my vehicle maintenance file, which I also recognized during the audit that I was required to do.

Corrective action to resolve this: ∴ I have obtained a dated copy of the receipt showing that the repair was made following the out of service order on Aug 3, 2019 and have entered it into my Inspection repair Maintenance record (see attached items #2a receipt/work order showing date of repair, copy of IRM from vehicle file)

Moving forward: To make sure that this does not happen again, I have studied the FMCSA requirements for vehicle maintenance record keeping and have created a compliant vehicle file for each bus with maintenance standards , periodic maintenance intervals, and scheduled annual inspection services. I understand that I must also keep work orders and receipts for any services done for my vehicles by outside vendors. See items 2a,b,c vehicle maintenance standard, Inspection repair maintenance records, vehicle inspections due status )

The person responsible for this is Clussie Bagby, Owner

**3. Primary: 391.51(b)(2)**

Failing to maintain inquiries into driver's driving record in driver's qualification file.



**Critical**

At least 10% of the number checked had violations

**Violations Discovered**

Fed State Total

4            4

**Violations Checked**

Fed State Total

4            1

**BASIC Impacted**  
Driver Fitness

**Rating Factor 2:**  
Driver = Part 391

**Example/Notes:**

Driver name, Clussie Bagby

Trip date, September 07, 2019

Violation description, the motor carrier did not retain and maintain the driver's original motor vehicle report (MVR).

**Drivers/Vehicles**

**In Violation            Checked**

4                            4

**Explanatory Statement:** I was made aware during the audit that I must keep a copy of the first (original) driver abstract from each new hire and that this must always be retained in their driver qualification file. I had not read this part of the regulation correctly and did not label some of my abstracts nor file them correctly as the original ones collected.

**Corrective action to resolve this:** I obtained copies of these abstracts from my insurance company and have placed them in each driver qualification file, labeled "original" abstract with a note to remind myself not to remove this from their file. (see attached items #3 a,b,c..Original abstracts)

**Moving forward:** To make sure that this does not happen again, Blessed Limosine is now utilizing a "driver onboarding checklist": to prompt and remind me of items needed in the DQ file as part of the hiring process so that I can have a system of cross checking that I have collected and properly filed required documents . (see attached item # 1a driver onboarding checklist).

The person responsible for this area of compliance is Clussie Bagby, Owner

**4. Primary: 395.8(a)(1)**

Failing to require a driver to prepare a record of duty status using the appropriate method



**Critical**

At least 10% of the number checked had violations

**Violations Discovered**

Fed State Total

47    2    49

**Violations Checked**

Fed State Total

91    29    120

**BASIC Impacted**  
Hours-of-Service  
Compliance

**Rating Factor 3:**  
**Operational = Part 395**

**Example/Notes:**

Driver's name, Clussie Bagby

Trip date, September 07, 2019

Violation description, the motor carrier did not require the driver to complete a RODS as required since the motor carrier did not maintain and retain accurate and true time records to meet the short-haul operations exemption provide by 49 CFR 395.1(e)(1).

**Drivers/Vehicles**

**In Violation            Checked**

4                            4

Explanatory Statement: During the audit it was brought to my attention that how I had been having my drivers write down their hours failed to include a "total hours on duty" column.

Corrective Action to resolve this: with the guidance of the auditor, we have now created a compliant form for record of duty status reporting within the short haul exemption. (see attached item 4a )

Moving forward: To make sure that this does not happen again, ) we have also given a training to our drivers to the short haul exemption parameters (see attached item # 4b safety training attendance sheet ) and required them to sign an "agreement to report hours of service " from (see attached item 4 c) and are including this as part of our driver training. In addition, I (Clussie Bagby) now review drivers Record of Duty Status on a weekly basis to verify that drivers are filling forms out correctly

Person responsible for this area of compliance: Clussie Bagby Owner

**5. Primary: 396.17(a)**

Using a commercial motor vehicle not periodically inspected.



**Critical**

At least 10% of the number checked had violations

**Violations Discovered**

Fed	State	Total
2		2

**Violations Checked**

**BASIC Impacted**  
Vehicle Maintenance

**Rating Factor 4:**  
Vehicle = Part 396

Fed	State	Total
5		5

**Example/Notes:**

Vehicle license number, BPM6944 (WA)  
Trip date, September 24, 2019

**Drivers/Vehicles**

In Violation	Checked
2	5

**Explanatory Statement:** During the audit , the auditor found that this vehicle (listed above) had not had an annual inspection at its 365 interval. Jul 5 2018- On Oct 8 2019. When I explained that the bus has been out of service during this time I was informed that I needed to provide proof that the unit had been out of service and not on the road during these three months. Upon review of our trip orders we recognized that we were inconsistent in unit numbers or how we identified the units being utilized for trips so could not give the auditor reliable proof that the unit had been out of serve during this time **Corrective Action** I am providing the documentation that shows that this bus has had its 2019 annual inspection (attached item # 5 a) I understand that this is the best I can do to show correction due to the aforementioned inconsistencies in our dispatching.

Moving forward: To make sure that this does not happen again, We are now aware of vehicle maintenance record keeping requirements and recognize the importance of being able to verify thru documentation what is occurring with our vehicles, especially if they are taken out of service during times that their annual inspections are due. We have assigned specific identifying numbers #9875, 181, and 777) to each unit (See Vehicle list following summary statement at beginning of this file) and placed

#5

times that their annual inspections are due. We have assigned specific identifying numbers #9875, 181, and 777) to each unit (See Vehicle list following summary statement at beginning of this file) and placed them on each bus. We are also implementing a procedure to give all units their annual inspections during the same month each year.

Person responsible for this area of compliance: Clussie Bagby Owner

**6. Primary: 391.23(m)(2)(i)(A)**

Did not verify and document, using a CDLIS motor vehicle record from the current licensing State, the type of operation the driver self-certified that he or she will perform in accordance with § 383.71(b)(1) of this chapter.

**Violations Discovered**

Fed	State	Total
4		4

**Violations Checked**

Fed	State	Total
4		4

**Example/Notes:**

Driver name, Clussie Bagby

Trip date, September 07, 2019

Violation description, the motor carrier did not verify that the motor carrier's drivers self-certified as "non excepted interstate."

**Drivers/Vehicles**

In Violation	Checked

**Explanatory Statement:** During the audit I was made aware that I had not accurately verified my drivers for their self certification status. I had not understood the difference between excepted and non excepted interstate, nor that I needed to document verification status.

**Corrective Action to resolve this issue:** I have verified and documented all driver self certifications (see attached items 6 a,b,c...)

**Moving forward:** To make sure that this does not happen again: An outside compliance consultant was brought in to help educate me, create forms to utilize and provide assistance in the "how to" of verifying driver self certifications via the Department of Licensing website. This consultant is also helping me to organize my driver files and I will continue to work with this consultant to make sure that I am fully understanding all areas of compliance

Person in charge of this area of compliance: Clussie Bagby, Owner

**7. Primary: 382.105**  
**Secondary: 40.47(a)**

Using a DOT custody and control form to perform non-DOT test

**Example/Notes:**

Employee name, Mattie Raiford

Test date, August 26, 2019

Trip date, August 26, 2019

Violation description, the motor carrier required the driver to submit to a post-accident controlled substances and alcohol testing when the driver was not involved in an accident

Explanatory Statement: During the audit, I was made aware by the auditor, of the DOT definition of an accident and when would be the appropriate time ( and only time) to send a driver for a post-accident DOT drug/alcohol test. I had been trying to do due diligence, as well as to make sure that this driver had not been under the influence at the time of the incident.

Corrective Action: Out of this audit, I recognized that I needed to educate myself in more depth and from a regulatory perspective

Moving forward so that this does not happen again: I hired an outside consultant, reviewed in depth with the consultant, drug alcohol testing and requirements. I also obtained and have posted a copy of the FMCSA definition of an accident , spoke with my drivers about this, and now know that the four instances in which I would send a CDL driver for post-accident testing are as follows: 1. if the accident resulted in a fatality; 2. Or if there are bodily injuries requiring the victim to be transported immediately to a medical facility away from the scene; or 3. if there was disabling damage requiring the CMV to be towed. 4. If the driver of the CMV was given a citation

Person responsible for this area of compliance: Clussie Bagby

**Violations Discovered**

Fed	State	Total
2		2

**Violations Checked**

Fed	State	Total
22		22

**Drivers/Vehicles**

In Violation	Checked
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**8. Primary: 382.105**  
**Secondary: 40.305(a)**

Using a driver who has not undergone a return-to-duty test with a negative controlled substances test result and/or an alcohol test result of less than 0.02 BAC prior to performing safety sensitive functions.

**Example/Notes:**

Driver's name, Mattie Raiford

Trip date, September 19, 2019

Date of original refusal, July 27, 2018

Type of test, Random DOT test

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total
1		1

**Drivers/Vehicles**

In Violation	Checked
1	1

Explanatory statement: When I hired this driver, she was up front about the fact that she had gone through an ordered Substance Abuse Program from her previous employer, and that she had completed it. She provided me paperwork which showed her successful completion of the program, and she verbally assured me that she had done her return to duty test (for her previous employer) at the time of completion. I share this paperwork with the auditor and was informed that I had needed to verify with documents her return to duty testing, even though I had given her a pre-employment drug test. When I requested that she provide me the documentation for her return to duty test, she could not provide this

Corrective Action: I once again realized that I was not diligent enough nor even aware of some of the requirements, or where to look/how to look up regulations and had missed this important part of the process. This driver was immediately taken out of service and has since been terminated as she could not provide documentation of her return to duty test.

Moving forward so that this does not happen again: I have thoroughly reviewed part 382.105 and 40.305.(a) I have obtained a copy of the FMCSA regulations and have been given a thorough orientation to the pertinent sections, subsections, titles and codes of federal regulation by the outside consultant I brought in to help me learn from and make needed correction based on the areas of violation generated in this report, and will continue apply learning from this audit and the consulting received. With the guidance of the consultant, we reviewed section by section, Blessed Limosine Inc's drug and alcohol policy and the specific sections of the policy related to return to duty, SAP programs, MRO role and employer obligations. (see item 8a documents mattie provided me at time of hire)

Person responsible for this area of compliance : Clussie Bagby

**9. Primary: 382.305(i)(2)**

Failing to ensure that each driver subject to random alcohol and controlled substances testing has an equal chance of being selected each time selections are made.

**Violations Discovered**

Fed	State	Total
7		7

**Violations Checked**

Fed	State	Total
7		7

**Example/Notes:**

Driver name, Clussie Bagby  
 Selection date, 2018 4th quarter  
 Trip date, December 27, 2018

**Drivers/Vehicles**

In Violation	Checked

Explanatory Statement: During the audit, I also learned about my responsibility regarding drug alcohol testing pools and that I had failed to make an important distinction between having my drivers placed in the larger consortium or maintaining a separate pool. I had thought, and again, had not done my due diligence in how to verify and ask the right questions of my drug alcohol program administrator, which configuration would be best to ensure my meeting the requirement and also being able to make sure that my drivers were tested at the appropriate percentage required.

Corrective action to resolve this: With the help of the auditor, I recognized that I needed help in understanding and implementing these requirements and determined to find/hire someone to help



train me, the owner, so that I can meet all of these requirements. I found an outside Compliance Consultant to help to this end

Moving forward so that this does not happen again: I spoke with Alliance 20/20 and, determined that after the 1<sup>st</sup> of the year Blessed Limosine will join the larger consortium pool .The consultant also trained me on the requirement that 10% of the pool must be pulled qrtly for alcohol testing and 25% of the pool for drug testing qrtly, and that even though I am now in a consortium, it is my responsibility to make sure that they are meeting these requirements. I have already let Alliance 20/20 know that I will need them to send me the quarterly consortium reports to verify that they are meeting these numbers.. I also have created a file where I can keep these quarterly consortium reports. (see items #9a,b,c consortium reports)

Person in charge of this area of compliance: Clussie Bagby

**10. Primary: 382.305(k)(2)**

Failing to ensure that random testing dates are reasonably spread throughout the calendar year.

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total

1		1
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**Example/Notes:**

Driver name, Clussie Bagby

Trip date, December 28, 2018

Description of how random tests are distributed, the motor carrier DOT random controlled substances and alcohol testing was all completed in Q4 of the 2018 calendar year.

**Drivers/Vehicles**

In Violation	Checked

**Explanatory statement:** The auditor, upon review of the 2018 report, noticed that Alliance 20/20 had not spaced the random pulls of our drivers out across each quarter but had "lumped them" into two quarters. Had I known about verifying my consortium reports, this would not have happened  
**Corrective action taken:** We reviewed the reports from Jan 2019 to present and have met the requirement since then, (please see attached item #10 a,b,c,...quarterly consortium reports,+ annual report to date).

Moving forward so that this does not happen again: I spoke with Alliance 20/20 and, determined that after the 1<sup>st</sup> of the year Blessed Limosine will join the larger consortium pool .The consultant also trained me on the requirement that 10% of the pool must be pulled qrtly for alcohol testing and 25% of the pool for drug testing qrtly, and that even though I am now in a consortium, it is my responsibility to make sure that they are meeting these requirements. I have already let Alliance 20/20 know that I will need them to send me the quarterly consortium reports to verify that they are meeting these numbers.. I also have created a file where I can keep these quarterly consortium reports.

Person in charge of this area of compliance: Clussie Bagby

**11. Primary: 382.601(b)**

Failing to provide to employees a written policy on misuse of alcohol and controlled substances that meets the requirements of 382.601(b) 1-11.

**Example/Notes:**

Driver name, Clussie Bagby  
Trip date, October 04, 2019

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total
1		1

**Drivers/Vehicles**

In Violation	Checked

**Explanatory Statement:** I used the generic form for Drug alcohol policy for my employees, and did not make sure {nor do due diligence to make sure that I knew} that I needed to provide the segment called "drug alcohol effects" and have my employees sign to verify their receipt of all areas of the drug alcohol program

**Corrective Action to resolve this:** I reviewed, with my Compliance Consultant, all aspects of Blessed Limosine's Drug alcohol program, made corrections, added the drug alcohol segment as well as the parts for opioid testing, and had all drivers sign their receipt of this. (see attached items 11a Drug alcohol policy, 11b,c driver receipt pages)

**Moving forward to make sure that this does not happen again** Delivery of the Drug alcohol program and collection of driver receipt of these materials has been added to our form: Driver Onboarding Checklist"(attached item #3e)

**12. Primary: 387.31(d)**

Failing to maintain at principal place of business required proof of financial responsibility for passenger vehicles.

**Example/Notes:**

Company Number, 181  
Trip date, September 08, 2019  
Violation description, motor carrier did not maintain a copy of their MCS-90 on file at their PQOB.

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total
1		1

**Drivers/Vehicles**

In Violation	Checked

**Explanatory Statement:** During the audit I was made aware that I am required to keep a copy of my insurance at my principle place of Business, and to have it accessible. While it did take me some time to find it for the auditor, I did provide him a copy of this. I am not sure why the auditor came to the conclusion that I did not have a copy of this

**Corrective action to resolve this:** (Please see the attached item # 12a MCS-90) A copy of this is stored in my file cabinet at 15 S Grady Way #634 Renton, WA 980957

**Moving forward to make sure that this does not happen again:** I will make sure during audit times to have the requested materials out and ready for the auditor to review. In addition, I have labeled the file in my file cabinet "MCS-90 Insurance" so that I can easily locate it

**Person responsible for this area of compliance:** Clussie Bagby

**13. Primary: 390.21(b)(1)**

Failing to mark a commercial motor vehicle with the legal name or a single trade name.

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total
1		1

**Example/Notes:**

- Driver name, Mattie Raiford
- Trip date, September 24, 2019
- Vehicle description, Motor coach 181

**Drivers/Vehicles**

In Violation	Checked

**Explanatory Statement:** When I had this unit painted, they removed the trade name that I had placed on the bus during the painting process, I failed to mention to the import of reattaching numbers to the bus and failed to notice that this had not occurred once the bus was returned to service

**Corrective action taken:** I have reattached our trade name to bus # 181

**Moving forward so that this does not happen again:** All vehicles that I use now have their trade name on them. If/when I purchase a new unit, I will make sure to add the trade name at the same time that I attach the DOT # and MC #

**Person in charge of this area of compliance:** Clussie Bagby

**14. Primary: 391.21(a)**

Using a driver who has not completed and furnished an employment application.

**Violations Discovered**

Fed	State	Total
4		4

**Violations Checked**

Fed	State	Total
4		4

**Example/Notes:**

Driver name, Clussie Bagby

Trip date, September 07, 2019

Violation description, the motor carrier's drivers have not completed employment applications that meet the requirements of 49 CFR 391.21(b)(1)-(12).

**Drivers/Vehicles**

In Violation	Checked

**Explanatory Statement:** I had provided new applications to all of my drivers based on the New Entrant audit I received, so was surprised to learn that these new ones were still not compliant. Upon review with my compliance consultant, it was discovered that the applications were missing one area of driver waiver.

**Corrective Action taken:** I had drivers fil out new compliant applications, reviewed part 391.21 (a) Please see attached items #14 a,b,c...new driver applications)

**Moving forward so that this will not happen again:** I now know what I am looking for when I review applications, and am aware that it is not enough to receive the application, I must review each area to make sure that there are no areas of unexplained employment gaps, addresses going back at least three years, and commercial driving history for 10 years, I also was trained by compliance consultant to be diligent in cross referencing areas of the application to make sure that there is consistency in dates given, equipment driver, etc. Blessed Limosine will be utiloizing our new application moving forward.

**Person in charge of this area of compliance:** Clussie Bagby

**15. Primary: 391.25(c)(2)**

Failing to maintain record of annual review in driver's qualification file.

**Violations Discovered**

Fed	State	Total
2		2

**Violations Checked**

Fed	State	Total
2		2

**Example/Notes:**

**Drivers/Vehicles**

BLESSED LIMOUSINE INC (U.S.DOT# 2822783) - Page 8

Driver name, Clussie Bagby  
Trp date, September 07, 2019

In Violation	Checked
2	2

**Explanatory statement:** I was amiss in making sure that I documented that I had reviewed the driver abstracts I was pulling, and that I needed to retain proof of this review in the file

**Corrective action taken:** I asked the compliance consultant to help me know how to do this accurately and she trained me in reviewing an abstract correctly to include checking for the following: Making sure that it is an abstract that reflects both personal and commercial driving (ie for "employment purposes", that the drivers self certification reads :Non Excepted Interstate, where to look for endorsements, how to read resolution of citations/tickets. We then reviewed the Violation and review of driving record form for the accurate way to document that I have reviewed both the drivers written statement (the Violation record) and the actual Driving record and certified with my signature that I have done so. We also discussed that this record must be retained for 3 years in the Driver Qualification file. I have made a record of reivew for each driving record (please see attached item # 15a . b.c... Violation and record review forms and abstracts)

**Moving forward so that this does not happen again:** I will pull all driver abstracts for review and require drivers to submit a violation and review record at the same time annually to make sure that I do not miss the requirement to pull annually. This will help make sure I review all records as required.

Person in charge of this area of compliance: Clussie Bagby

**16. Primary: 391.51(b)(9)**

Failing to place a note related to the verification of the medical examiner's listing on the National Registry of Certified Medical Examiners required by 391.23(m) in driver qualification file(s).

**Example/Notes:**

Driver name, Clussie Bagby  
Trip date, September 07, 2019

Explanatory Statement: During the audit I was made aware that it was not enough to have the medical card on file, but that I needed to verify that the Medical examiner was on the national registry and to document that I had done so. Again, this shows how much I was only meeting requirements part way and that is not sufficient

Corrective action taken to resolve this issue: I learned how to get on the National Registry of Medical examiners and to verify by registry number, I was also provided a form and to record my findings at the time of verification (see attached item # 16a medical examiner verification forms a.b.c.,,,)

Moving forward so that this does not happen again: collecting verifying and documenting medical cards and medical examiner verification are all part of the driver onboarding checklist that Blessed Limosine is now utilizing as part of driver hiring and driver qualification file assembly.

Person in charge of this area of compliance: Clussie Bagby, owner

**17. Primary: 391.53(a)**

Failing to maintain records relating to the investigation into the safety performance history of a new or prospective driver pursuant to paragraphs (d) and (e) of 391.23

**Example/Notes:**

Driver name, Melissa Thomas  
Trip date, August 17, 2019  
Violation description, the motor carrier did not document a good faith effort into the investigation of the motor carrier's driver's safety history performance and controlled substances and alcohol history performance.

Explanatory statement: I did not make three good faith efforts following my first submission to Melissa's previous employer first student, not had I done enough research to understand that I needed to try at three times, and to document these efforts at least three times.

Corrective action taken: I recognized after this audit that I really needed help from someone who could walk me through the finer details of these requirements, so found a Compliance Consultant to help train me. She helped me develop a form for documentation of three good faith efforts (see attached item

**Violations Discovered**

Fed	State	Total
2		2

**Violations Checked**

Fed	State	Total
4		4

**Drivers/Vehicles**

In Violation	Checked

**Violations Discovered**

Fed	State	Total
3		3

**Violations Checked**

Fed	State	Total
3		3

**Drivers/Vehicles**

In Violation	Checked
3	3

# 17a good faith effort form)

Moving forward so that this does not happen again: Previous employer verification and good faith efforts are part of the driver onboarding checklist(item 1a) that Blessed Limosine will be utilizing in hiring drivers from this point forward

Person in charge of this area of compliance; Clussie Bagby, owner

**18. Primary: 391.27**

Failing to require each driver it employs to prepare and furnish a list, at least once every 12 months, of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

BLESSED LIMOUSINE INC (U.S.DOT# 2822783) - Page 9

which he/she has forfeited bond or collateral during the preceding 12 months.

Fed	State	Total
2		2

**Example/Notes:**

Driver name, Melissa Thomas

Trip date, August 17, 2019

**Drivers/Vehicles**

In Violation	Checked

Explanatory Statement: I did not know what this form was during the audit and was made aware that I had missed this important part of annual review of my drivers.

Corrective action taken: I asked the compliance consultant to help me by identifying and accurately utilizing this form, and she trained me in the requirement that drivers provide this list annually , and that I document my review of their written list . I also learned that anytime a driver has an infraction either in a commercial vehicle or their own vehicle that they must submit a copy of this within thirty days of receiving an infractions, and that I must pull an abstract at time of violation and record review to verify driver statements and to see what is on their record. I also learned that I must retain a copy of this (VRR) for three years in their Driver Qualification file. (please see attached item # 15a . b.c... Violation and record review forms and abstracts)

Moving forward so that this does not happen again: I will require drivers to file an annual Violation and Record review at the same time annually to make sure that I do not miss this requirement to pull annually. This will help make sure I review all records as required. In addition, I will now utilize the driver list that I created for this Safety Management Plan moving forward to track expiration dates for medical cards, violation reviews and review of annual motor vehicle driver reports

Person in charge of this area of compliance: Clussie Bagby

**19. Primary: 391.51(b)(7)(ii)**

Failing to maintain the CDLIS motor vehicle record that contains medical certification status information in driver's qualification file.

**Violations Discovered**

Fed	State	Total
2		2

**Violations Checked**

Fed	State	Total
4		4

**Example/Notes:**

Driver name, Clussie Bagby  
Trip date September 07, 2019

**Drivers/Vehicles**

In Violation	Checked
--------------	---------

**Explanatory Statement:** Upon review of my driver files, it was discovered that 2 of 4 abstracts checked did not have the required medical certification listed on the abstract. This was found to be because these drivers had not self certified as non excepted interstate and were wrongly certified as INTRASTATE

**Corrective action to address this:** All of my drivers have now self certified as NON EXCEPTED INTERSTATE and I am aware of how to verify this on the Washington State department of Licensing website as well as where to look on their driving abstract for this information (see attached item # 19a driver self certifications a,b,c,...) My compliance consultant also helped me learn what the three certifications are and why non excepted interstate applies to my company

**Moving forward so that this does not happen again:** Checking driver self certification status is an item listed on the Driver Onboarding checklist that Blessed Limosine Inc will utilize at the time of hiring. I will also be checking for driver self certifications on their annual abstracts when I pull them once a year and will verify that they are carrying the proper self certification status of Non Excepted INTERSTATE

**Person in charge of this area of compliance:** Clussie Bagby, Owner



**20. Primary: 396.3(b)**

Failing to keep minimum records of inspection and vehicle maintenance.

**Example/Notes:**

Vehicle license number, BFB4698 (WA)  
Trip date, September 23, 2019

**Violations Discovered**

Fed	State	Total
1		1

**Violations Checked**

Fed	State	Total
5		5

**Drivers/Vehicles**

In Violation	Checked
1	5

**Explanatory Statement:** During the audit when I presented the work orders to the auditor to show work that had been done on my vehicles I learned that it is not enough to keep the work orders, that I must file and record each vehicle maintenance [and form] as I get them. I had the orders but they were not in the book

**Corrective Action to resolve this:** I filed all work orders in the vehicle file as required and made sure that the work reflected on them was recorded

**Moving forward so that this does not happen again:** I now know how to accurately record period maintenance, repair, and inspections and will do so at the time of services completed (see # 20, 21, 22abc)

**Person in charge of this area of compliance:** Clussie Bagby, owner

**21. Primary: 396.3(b)(2)**

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

**Example/Notes:**

Vehicle license number, BPM6944 (WA)  
Trip date, September 24, 2019

**Violations Discovered**

Fed	State	Total
4		4

**Violations Checked**

Fed	State	Total
4		4

**Drivers/Vehicles**

In Violation	Checked
4	4

**Explanatory Statement:** During the audit when I presented the work orders to the auditor to show work that had been done on my vehicles I also learned that I must write down my inspection intervals, and vehicle maintenance standards and have one of these done for each vehicle.

**Corrective Action:** I have created an Inspections Due form and vehicle maintenance standard for all vehicles. And added this to each vehicle file. (see item #20a Vehicle Inspections Due and #20b Vehicle Maintenance Standard

**Moving forward so that this does not happen again:** I now know how to accurately record period maintenance, repair, and inspections and will do so at the time of services completed

**Person in charge of this area of compliance:** Clussie Bagby, owner

**22. Primary: 396.3(b)(3)**

Failing to keep a record of inspection, repairs and maintenance indicating their date and nature

**Violations Discovered**

Fed	State	Total
4		4

**Violations Checked**

Fed	State	Total
4		4

**Example/Notes:**

vehicle license number, BPM6944 (WA)

Trip date, September 24, 2019

Violation description, the motor carrier does not maintain a record of all inspections, maintenance, and repairs as required.

**Drivers/Vehicles**

In Violation	Checked
4	4

**Explanatory Statement:** When I showed the auditor my invoices and work tickets for this vehicle I learned that it was not enough to have the work orders, that I needed to record the work done on a maintenance form at the time that the work is completed

**Corrective Action:** I have created an Inspection, Repair, and Maintenance form and have recorded all maintenance done on ea vehicle for the past year and retained invoice records and work orders to match entered work, (see item #22a Inspection Repair Maintenance form for vehicle License #BPM6944)

**Moving forward so that this does not happen again:** I now have Inspection Repair and Maintenance forms for all of my vehicles and have been instructed on how to enter work done

**Person in charge of this area of compliance:** Clussie Bagby

**23. Primary: 396.9(d)(3)**

Failing to maintain completed inspection form for 12 months from the date of inspection at the carrier's principal place of business or where vehicle is housed.

**Violations Discovered**

Fed	State	Total
7		7

**Violations Checked**

Fed	State	Total
7		7

**Example/Notes:**

**Drivers/Vehicles**

BLESSED LIMOUSINE INC (U.S.DOT# 2822783) - Page 11

Date of inspection, August 03, 2019  
Issuing agency, Washington State Patrol  
Driver's name, Gary Miller  
Vehicle license number, C93606M (WA)

In Violation	Checked
5	7

**Explanatory Statement:** When the auditor requested these, I learned that I must keep a copy of the annual vehicle inspection reports on file in the vehicle files at my primary place of business

**Corrective Action:** I placed copies of all annual inspection forms in ea driver file, and have created an Inspection, Repair, and Maintenance form and have added the annual inspection to the forms to demonstrate my knowledge of how to enter info accurately. I am currently in the process of recording and cross-referencing all work orders and invoices so I can document all maintenance done on ea vehicle for the past year and am retaining invoice records and work orders to match entered work (see item #22a Inspection Repair Maintenance form for vehicle License #BPM6944)

**Moving forward so that this does not happen again:** I now have Inspection Repair and Maintenance forms for all of my vehicles and have been instructed on how to enter work done

**Person in charge of this area of compliance:** Clussie Bagby

**24. Primary: 396.11(a)**

Failing to require driver to prepare driver vehicle inspection report.

**Example/Notes:**

Vehicle license number, 8FB4698 (WA)  
Trip date, September 23, 2019

**Violations Discovered**

Fed	State	Total
5		5

**Violations Checked**

Fed	State	Total
51	2	53

**Drivers/Vehicles**

In Violation	Checked
1	5

Explanatory statement: when the auditor checked my dvirs five of them were missing or incomplete for the above named vehicle, so I was given violations for this.

Corrective Action Put in place to resolve this: I am now scheduling at the beginning of each work day a check of the previous day DVirs for all drivers to make sure that these are not missing or incomplete. (please review item #24a, b, c... dvir reports)

Moving forward so that this does not happen again: I have met with my drivers and informed them that I will be writing drivers up who fail to comply this reg 396.11(a) and that they can be removed from duty if they fail to comply.

Person in charge of this area of compliance: Clussie Bagby

Supporting  
Documents  
Follow

01/14/25 0017

**BLESSED LIMO**

15 S GRADY WAY SUITE 634 RENTON, WA 98057

		<b>Driver Onboarding Checklist</b>
<b>Date completed</b>	<b>By Whom?</b>	<b>Driver Name:</b>
↓		
		<b>Pre hire Start DQ file</b>
		Road test
		Background checks
		PSP/and waiver
		NEW ClearingHouse waiver collected
		NEW ClearingHouse verification
		Previous Employer Inquiries sent
		Previous Employer responses received
		3 good faith efforts documented if no responses rec-d
		Exemption from Previous employers form in file if applicable
		Criminal Background Check waiver signed
		Criminal background check results reviewed and in file
		Driver sent for Pre-employment drug screen
		Signed waiver to release abstract
		Driver Abstract (for employment/within 30 days of hire date)
		Copies of med card, driver license
		Application reviewed and verified complete
		CoC / results in dq file
		<b>On Boarding</b>
		Employment offer sent
		Record driver date of hire
		Request driver to be added to insurance
		Receipt of verification of driver added to insurance
		Send request for driver addition to drug pool
		Receipt of verification of driver addition to Random pool
		I-9 W2 forms (get copy of passport or ss card)
		<b>Complete the following</b>
		Violation/Record Review
		Abstract Pull (following date of hire within 30days)
		Verify ME fill out verification/forms
		Add driver to Active Drivers List;
		Record expiration dates for compliance notifications
		Add Self Certification Status
		<b>Driver handbook</b>
		Drug alcohol program delivered
		Receipt of FMCSA Handbook
		Entry Level Driver Training Cert (if applicable)
		Schedule Driver for 1st safety sensitive function
		Collect/file HOS 1st time/intermittent; must match trip order

V10 #1a

P2

**BLESSED LIMO**

15 S GRADY WAY SUITE 634 RENTON, WA 98057

<b>Driver Onboarding Checklist</b>		
<b>Date completed</b>	<b>By whom?</b>	<b>Driver Name</b>
↓		<b>Orientation</b>
		Hours of Service
		Signed receipt of Company HOS Policy
		Work Tickets explained
		Out of Service Policies and Procedures
		ELD system training
		Safety and Company expectations
		Signing into TSS system
		Safety Committee explained
		<b>Intro to buses</b>
		Black Books step by step

V10 #1a

add

receipt

+

enter repairs

on

1 RM form





**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 181 VIN: YE2CC16B252046594

Tire size: 3158022.5 Plate: BPM6944

**Inspections**

**12K**

**12-14,000 MILES**

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

**50K**

**50,000-60,000 MILES**

In conjunction with 12k insp check the differential oil

**100 K**

In conjunction with 12K insp. change the differential oil

**DOT**

Annually perform a DOT insp. Per 49 CFR Part 396

**DAILY**

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

V10 #2



15 S Grady Way suite 634 Renton, WA 99057

## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CCU6B25D2046544</b>
Year: <b>2005</b>	Tire Size: <b>3158022-5</b>
Company No/Other ID: <b>181</b>	Owner, if leased: <b>N/A</b>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
10-8-19	DOT Annual		10-7-20			CB

V10 # 2



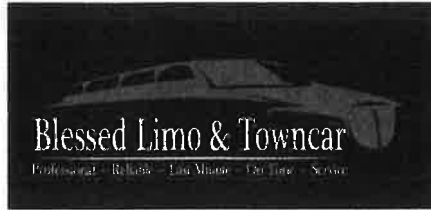
Blessed Limosine, INC 15 S Grady Way Renton WA 98057

## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <u>VAN HOOB</u>	Serial Number: <u>YE2CC16B252044594</u>
Year: <u>2005</u>	Tire Size: <u>3158022.5</u>
Company number/other ID: <u>181</u>	Owner, if leased: <u>N/A</u>

DATE	OPERATION PERFORMED. INSPECTION AND/OR REPAIR	BY WHOM?
<u>10-8-19</u>	<u>annual inspection</u>	<u>GLMChent</u>

V10 #2



**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 9875 VIN: YE2CC16B25D2046577

Tire size: 3158022.5 Plate: C13375K

**Inspections**

**12K**

**12-14,000 MILES**

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

**50K**

**50,000-60,000 MILES**

In conjunction with 12k insp check the differential oil

**100 K**

In conjunction with 12K insp. change the differential oil

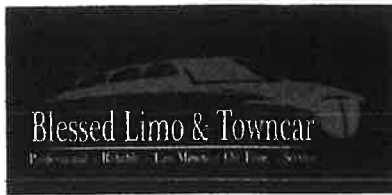
**DOT**

Annually perform a DOT insp. Per 49 CFR Part 396

**DAILY**

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

V10 #2



15 S Grady Way suite 634 Renton, WA 99057

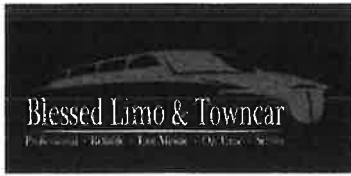
## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CC16B25D2046577</b>
Year: <b>2005</b>	Tire Size: <b>315 80J2.5</b>
Company No/Other ID: <b>9875</b>	Owner, if leased: <b>N/A</b>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
12-4-18	DOT Annual		12-3-19			

V10 #2



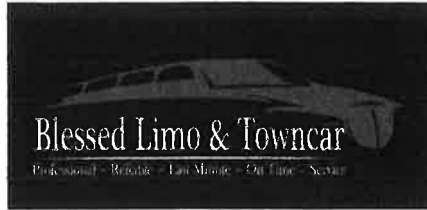
Blessed Limosine, INC 15 S Grady Way Renton WA 98057

## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: VAN HOOB	Serial Number: YE2CC16B25D2046577
Year: 2005	Tire Size: 3158022.5
Company number/other ID: 9875	Owner, if leased: N/A

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR	BY WHOM?
12-4-18	DOT Annual Inspection	6/24/Chant

V10 #2



**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 777 VIN: YE2CC16B752046591  
Tire size: 3158D22.5 Plate: BMA6944

**Inspections**

**12K**

**12-14,000 MILES**

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

**50K**

**50,000-60,000 MILES**

In conjunction with 12k insp check the differential oil

**100 K**

In conjunction with 12K insp. change the differential oil

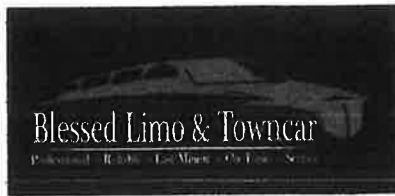
**DOT**

Annually perform a DOT insp. Per 49 CFR Part 396

**DAILY**

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

V10 #2



15 S Grady Way suite 634 Renton, WA 99057

## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

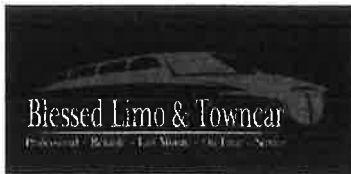
Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CC16B752046591</b>
Year: <b>2005</b>	Tire Size: <b>3158022.5</b>
Company No./Other ID: <b>777</b>	Owner, if leased: <b>N/A</b>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
<b>MAR 5 19</b>	<b>DOT Annual</b>		<b>DUE NOW</b>			<b>BLM, [unclear]</b>

Still waiting  
for service  
~~has~~

V10 #2





Blessed Limosine, INC 15 S Grady Way Renton WA 98057

## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CC16B752046591</b>
Year: <b>2005</b>	Tire Size: <b>315 8022.5</b>
Company number/other ID: <b>477</b>	Owner, if leased: <b>N/A</b>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR	BY WHOM?
<b>3-5-19</b>	<b>DOT Annual Inspection</b>	<b>GLM</b> <i>(Signature)</i>

VIO # 2

Driving Record - BAGBYC\*403N7

Abstract of 3 Year Driving Record - Non-commercial  
This information is current as of 10/24/2016 11:16:43 AM

*initial abstract*

Driver information	
PIC	BAGBY-C*-403N7
Name	Bagby, Clussie JR
Gender	Male
DOB	8/27/1960
Restrictions CDL Permit Intrastate Only	

Driver license status	
Status	Clear
Issued	10/3/2016
Expires	8/27/2021
Original issue date	7/12/2001

*DO NOT TISS*

ID status	
Issued	5/20/1999
Expired	8/27/2001
Original issue date	8/21/1991

Endorsements/Permits
CDL classified permit - expires 3/31/2017

Failure to Appear (unresolved tickets)

Violation date	Violation #	Description	Court name	Court type	Court phone
2/6/2016	6Z0275404	Registration violation - no tabs	Seattle	Municipal	206-684-5600
6/7/2015	5Z0670131	Driving without liability insurance	King Co Dist Court	District	206-205-9200
9/30/2014	12877763	Registration violation - no tabs	Seattle	Municipal	206-684-5600

Tickets

Violation date	Violation #	Description	Court finding	Court name	Court type	BAC	THC	Licensing state	Exempt veh	Veh type
2/6/2016	6Z0275404	Registration violation - no tabs	Conviction 3/14/2016	Seattle	Municipal					
6/7/2015	5Z0670131	No proof of liability insurance	Conviction 1/13/2016	King Co Dist Court	District					
11/2/2014	2062503584	Driving while license suspended or revoked in the 3rd degree	Conviction 3/18/2015	Oregon Dot	Unknown			OR		
9/30/2014	12877763	Registration violation - no tabs	Conviction 4/2/2015	Seattle	Municipal					

Collisions

Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case #	Vehicle class	Veh type	At fault
5/30/2015	Moving	3642534W	2	0	0				

*VIO # 3*

Blessed Limousine  
 15 South Grady #634  
 Renton Washington  
 98057

## Tours Driver's Weekly Timesheet

Driver Name: Darryl Robert

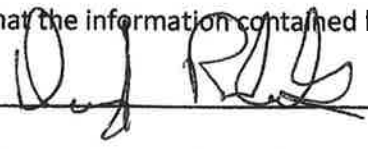
Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday					9
Tuesday					8
Wednesday					8
Thursday	Oct 24 2019	1 pm	9 pm	8 hr	<del>0</del>
Friday	Oct 25	2 pm	7 pm	5 hrs	<del>0</del>
Saturday					9
Sunday					9
<b>Total Hours for the week</b>	—————→			13	

**Total Hours Worked with Blessed this week =** 13

**Total Hours Worked Apart from Blessed (any other jobs) this week =** 43

(Required)  
 Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature  Date Oct 25, 2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

V10 # 4a

Blessed  
 15 South Grady Way #634  
 Renton Wash  
 98057

**Tours Driver's Weekly Timesheet**

Driver Name: Daryl Roberts

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday					9
Tuesday					8
Wednesday					8
Thursday	NOV 14 2019	1pm	7pm	6 hrs	<del>8</del>
Friday	Nov. 15 hrs	2pm	10pm	8 hrs	<del>8</del>
Saturday					10
Sunday					9
Total Hours for the week	→			14	

**Total Hours Worked with Blessed this week =**

14 hrs

**Total Hours Worked Apart from Blessed (any other jobs) this week =**

44

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

*[Handwritten Signature]*

Date

NOV. 15, 2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

V10 #4a

Blessed  
 15 South Grady # 634  
 Renton Washington  
 98057

**Tours Driver's Weekly Timesheet**

Driver Name: Darryl Roberts

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday					9
Tuesday					8
Wednesday					8
Thursday	<del>Oct</del> Oct 31	5 pm	11 pm	6	<del>0</del>
Friday	Nov 1st	8 am	1 pm	5 hrs	<del>0</del>
Saturday					10
Sunday					9
Total Hours for the week	→			11	

**Total Hours Worked with Blessed this week =** 11

**Total Hours Worked Apart from Blessed (any other jobs) this week =** 44

(Required)  
 Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief  
 Driver Signature Darryl Roberts Date Nov 1st 2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

VIO #4a

Blessed Whosme inc  
 15 south Grady way  
 Rensselaer Wisconsin  
 98057

**Tours Driver's Weekly Timesheet**

Driver Name: Curtis McCraney

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday	11-9	3AM	2PM	11hrs	
Sunday					
Total Hours for the week	—————→			11	

**Total Hours Worked with Blessed this week =** 11hrs

**Total Hours Worked Apart from Blessed (any other jobs) this week =** 0

**(Required)**  
 Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature Curtis McCraney Date 11-9-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

V10 #4a

Blessed insurance  
 15 South Grady Way  
 Renton Washington  
 98057

**Tours Driver's Weekly Timesheet**

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	10-28	2:45pm	9:30pm	7.25 hrs	
Tuesday					
Wednesday					
Thursday					
Friday	11-1	3:45pm	10:45pm	7:00 hrs	
Saturday					
Sunday	11-3	7AM	9AM	2 hrs	
Total Hours for the week	—————>			16.25	

**Total Hours Worked with Blessed this week =** 16.25 hrs

**Total Hours Worked Apart from Blessed (any other jobs) this week =** 0

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature *Curtis McLaughlin* Date 11-3-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

V10 #4a

Blessed Women Inc  
 15 South Grandway #634  
 Renton Washington  
 98057

**Tours Driver's Weekly Timesheet**

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	10-				
Tuesday					
Wednesday					
Thursday					
Friday	10-25	1:45pm	7:45pm	6hrs	
Saturday					
Sunday					
Total Hours for the week	→			6hrs	

**Total Hours Worked with Blessed this week =**

6hrs

**Total Hours Worked Apart from Blessed (any other jobs) this week =**

0

**(Required)**

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

*Ante McHenry*

Date

10-25-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
  - You work more than 12 on duty hours a day
  - You driver longer than 100 air miles (from Skyway)
  - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

V10 #4a





15 S Grady Way Suite 634, Renton, WA 98057

## Safety Training Attendance Sheet

### Agenda

### Short Haul Exemption parameters

Records of Duty Status (Log Books) required: Every carrier must require every driver to make a record of duty status (log), in duplicate for each 24-hour period, unless operating under the short-haul provisions described below.

### Per 395

(e) *Short-haul operations*—(1) *100 air-mile radius driver*. A driver is exempt from the requirements of §§395.8 and 395.11 if:

(i) The driver operates within a 100 air-mile radius of the normal work reporting location;

(C) A passenger-carrying commercial motor vehicle driver has at least 8 consecutive hours off duty separating each 12 hours on duty;

(C) A passenger-carrying commercial motor vehicle driver does not exceed 10 hours maximum driving time following 8 consecutive hours off duty; and

(v) The motor carrier that employs the driver maintains and retains for a period of 6 months accurate and true time records showing:

(A) The time the driver reports for duty each day;

(B) The total number of hours the driver is on duty each day;

(C) The time the driver is released from duty each day; and

(D) The total time for the preceding 7 days in accordance with §395.8(j)(2) for drivers used for the first time or intermittently.

### Per Washington State

Hours of Service Rules for Passenger-Carrying Operations: Drivers of passenger carrying vehicles must comply with the following: • May drive a maximum of 10 hours after 8 consecutive hours off duty. • May not drive after having been on duty 15 hours following 8 consecutive hours off duty. • May not drive after 60/70 hours on duty in 7/8 consecutive days • CMV drivers using the

V10 # 46

sleeper berth provision must take at least 8 consecutive hours in the sleeper berth. This may be split into 2 periods, each at least 2 hours long. • Motor Carrier must retain all supporting documents.

Short – Haul Provision

100 air-mile exemption: (For Passenger-carrying operations only) A driver does not have to make a record of duty status (log) if all of the following apply: • The driver operates within a 100 air-mile radius of the normal work reporting location. • The driver returns to the work reporting location and is released from work within 12 consecutive hours. • At least 8 consecutive hours off duty separate each 12 consecutive hours on duty. • The driver does not exceed 10 hours maximum driving time following 8 consecutive hours off duty. • The motor carrier maintains and retains for 6 months accurate and true time records showing the following: > The time the driver reports for duty each day. > The total number of hours the driver is on duty each day. > The time the driver is released from duty each day. • Motor Carrier must retain all supporting document

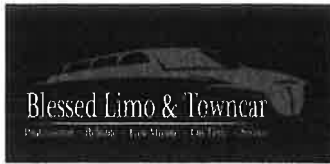
Attendance Sheet

*Melissa*  
*Curtis & McCreary*  
*Daryl (By Phone)*

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## Agreement to Report Hours of Service

As an employee of

Blessed Limosine INC

I,

Melissa Thomas

(print name here)

understand the importance of accurately reporting my hours of service worked for all employers. I agree to follow company standards for record keeping as follows:

1. To report all hours of service worked for **all employers combined** daily on the electronic log system, or alternately, on a manual reporting system (ie; a *monthly summary sheet*), *daily record of duty status that includes time in, time out, and total hours worked*
2. To have an hours of service reporting form that accurately reflects the past seven days of all combined hours including the previous day's *hour released from duty* when I am driving outside of 100 air miles or over twelve hours in the event that I am stopped for a roadside inspection
3. To accurately fill out a *driver's log* any time that I am working more than 12 hours or that I am driving outside of a 100 air mile radius from the shop
4. To keep this log sheet with me at all times when I am driving outside of 100 air miles or over twelve hours in the event of a roadside inspection and to have it filled out at all times to the last change in duty status
5. To report to Operations Manager or dispatch when I am nearing the legal limit of hours worked
6. To understand FMCSA regulations for legal working limits for drivers per (n 395.5(a)(2), n 395.5(a)(1), n 395.5(b), n Section 395.1(j), n 395.1(b)) and to comply at all times to these legal limits, except in circumstances of emergency or unforeseen extreme conditions warranting exceptions to the Hours of Service rule as defined by the FMCSA

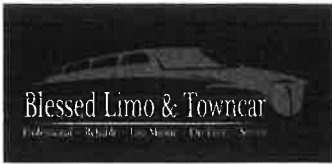
Signed:

Melissa Thomas

11/22/19

(Date)

U10 #4c



## Agreement to Report Hours of Service

As an employee of

Blessed Limosine INC

I,

Curtis McCraney

(print name here)

understand the importance of accurately reporting my hours of service worked for all employers. I agree to follow company standards for record keeping as follows:

1. To report all hours of service worked for **all employers combined** daily on the electronic log system, or alternately, on a manual reporting system (ie; a *monthly summary sheet*), *daily record of duty status that includes time in, time out, and total hours worked*
2. To have an hours of service reporting form that accurately reflects the past seven days of all combined hours including the previous *day's hour released from duty* when I am driving outside of 100 air miles or over twelve hours in the event that I am stopped for a roadside inspection
3. To accurately fill out a *driver's log* any time that I am working more than 12 hours or that I am driving outside of a 100 air mile radius from the shop
4. To keep this log sheet with me at all times when I am driving outside of 100 air miles or over twelve hours in the event of a roadside inspection and to have it filled out at all times to the last change in duty status
5. To report to Operations Manager or dispatch when I am nearing the legal limit of hours worked
6. To understand FMCSA regulations for legal working limits for drivers per (n 395.5(a)(2), n 395.5(a)(1), n 395.5(b), n Section 395.1(j), n 395.1(b)) and to comply at all times to these legal limits, except in circumstances of emergency or unforeseen extreme conditions warranting exceptions to the Hours of Service rule as defined by the FMCSA

Signed:

Curtis McCraney

11-26-19

(Date)

V10 #4c

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
42578405	181
DATE <span style="font-size: 1.2em;">October 8, 2019</span>	

MOTOR CARRIER OPERATOR <span style="font-size: 1.2em;">Blessed Limosine</span>	INSPECTOR'S NAME (PRINT OR TYPE) <span style="font-size: 1.2em;">Roman Ruiz</span>
ADDRESS <span style="font-size: 1.2em;">3932 62nd Ct. E.</span>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <span style="font-size: 1.2em;">Fife, wa, 98424</span>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <span style="font-size: 1.2em;">wa-BPM6944 • YE2CC16B25204659</span>
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) <span style="font-size: 1.2em;">GLM Charters</span>

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM				
<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>10. TIRES</b>			
<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"/>			<b>11. WHEELS AND RIMS</b>
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<b>12. WINDSHIELD GLAZING</b>
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>				<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"/>			i. Electric Brakes	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>				<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"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<b>14. OTHER</b>
<input checked="" type="checkbox"/>			<b>2. COUPLING DEVICES</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<span style="font-size: 1.2em;">Emergency Window!</span>
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<span style="font-size: 1.2em;">Driver/Passenger Seat belt</span>
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>3. EXHAUST SYSTEM</b>	<input checked="" type="checkbox"/>				<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"/>				<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"/>			<b>4. FUEL SYSTEM</b>	<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"/>			<b>5. LIGHTING DEVICES</b>	<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"/>			
<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<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"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>9. FRAME</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<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.**

VIO #5a

**Driver Information**

DLN: THOMAMR297C0  
Last: THOMAS  
First: MELISSA  
Middle: ROCHELLE  
Suffix:  
DOB: 02/20/1971  
Gender: FEMALE

**Address Information**

Address on file

**License and ID Details**

**Personal Driver License:**

Status: Licensed  
Issue: 04/03/2017  
Expire: 02/20/2022  
Original issue: 06/10/2006

**CDL Class B:**

Status: Licensed  
Type: Duplicate  
Issue: 07/18/2018  
Expire: 02/20/2022  
Original issue: 04/15/2017  
Self-certification: Excepted Interstate  
Self-certification date: 02/16/2017  
Medical certification:  
Medical certification date:

**CDL Class B Permit:**

Type: Original  
Issue: 02/16/2017  
Expire: 08/14/2017  
Original issue: 16-Feb-2017  
Endorsements: P, S  
Restrictions: P, M  
Self-certification: Excepted Interstate  
Self-certification date: 02/16/2017  
Medical certification:  
Medical certification date:

*This driver has been removed from safety sensitive functions until she updates her med. cond + changes self certification to NON-EXCEPTED interstate*

**Restrictions**

Description	Lic type	Code
No Class A Passenger Vehicle	CDLB	M

**Endorsements**

Description	Code
Passenger	P
School Bus	S

**Reinstatements**

**Requirement**

No requirements

**Document History**

Type	Issue	Expire	DLN	Issue type	Current Document
CDL Class B	07/18/2018	02/20/2022	THOMAMR297C0	Duplicate	Yes
CDL Class B	04/15/2017	02/20/2022	THOMAMR297C0	Original	No
Personal Driver License	04/03/2017	02/20/2022	THOMAMR297C0	Replacement	No
CDL Class B Permit	02/16/2017	08/14/2017	THOMAMR297C0	Original	No
Personal Driver License	02/16/2017	02/20/2022	THOMAMR297C0	Replacement	No
Personal Driver License	12/10/2016	02/20/2022	THOMAMR297C0	Duplicate	No
Personal Driver License	09/13/2016	02/20/2022	THOMAMR297C0	Duplicate	No
Personal Driver License	03/03/2016	02/20/2022	THOMAMR297C0	Renewal	No
Personal Driver License	05/10/2013	02/20/2016	THOMAMR297C0	Duplicate	No
Personal Driver License	03/28/2012	02/20/2016	THOMAMR297C0	Replacement	No
Personal Driver License	03/28/2012	02/20/2016	THOMAMR297C0	Replacement	No
Personal Driver License	02/06/2012	02/20/2016	THOMAMR297C0	Duplicate	No
Personal Driver License	02/12/2011	02/20/2016	THOMAMR297C0	Renewal	No

**DLN History**

DLN	Start	End
-----	-------	-----

We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3900 or TTY 360-664-0116. If you have questions regarding your driving record, please call Customer Service at 360-902-3900.

V10 # 6a

THOMAMR297C0

10/25/2003

**Tickets**

<b>Description:</b> S93 - Speeding	<b>Finding date:</b> 06/21/2015	<b>Statute:</b> 46.61.400.2	<b>CMV:</b> No
<b>Violation date:</b> 06/01/2015	<b>Finding:</b> Guilty	<b>Electronic ticket:</b> No	<b>Hazmat:</b> No
<b>Violation #:</b> 5Z0670736	<b>Court name:</b> Seattle Municipal Court		<b>Fatality:</b> No
			<b>No test:</b>
			<b>Exempt veh:</b> No
			<b>Mental health:</b> No
			<b>16 Passenger:</b> No
			<b>Pass under 16:</b> No
			<b>Amended ACD:</b> No

**Withdrawal History**

<b>Description:</b> D53 - Failed to pay fine and costs	<b>Action taken:</b> Suspension 3rd Degree	<b>Start date:</b> 12/01/2016
<b>Violation #:</b> 5Z0670736	<b>Statute:</b>	<b>End date:</b> 12/9/2016
<b>Violation date:</b> 10/13/2016		<b>Withdrawing state:</b> WA
		<b>Drug:</b>
		<b>No test:</b>
<b>Description:</b> D53 - Failed to pay fine and costs	<b>Action taken:</b> Suspension 3rd Degree	<b>Start date:</b> 08/23/2015
<b>Violation #:</b> 5Z0670736	<b>Statute:</b>	<b>End date:</b> 1/28/2016
<b>Violation date:</b> 07/07/2015		<b>Withdrawing state:</b> WA
		<b>Drug:</b>
		<b>No test:</b>

**Collisions**

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
06/10/2015	Moving	E434147		2	0	0		No	No	No	No	No	
06/07/2018	Moving	E806274		2	0	0		No	No	No	No	No	

VIO #6a

**Driver Information**

DLN: WDL79780F4SB  
 Last: ROBERTS  
 First: DERYL  
 Middle: LYNN  
 Suffix:  
 DOB: 05/19/1965  
 Gender: M

**Address Information**

Address on file

**License and ID Details**

**Enhanced Driver License:**

Status: Licensed  
 Issue: 02/13/2017  
 Expire: 05/19/2022  
 Original issue: 05/30/1981

**Enhanced CDL Class B:**

Status: Licensed  
 Type: Replacement  
 Issue: 11/23/2019  
 Expire: 05/19/2022  
 Original issue: 03/02/2017  
 Self-certification: Non-Excepted Interstate  
 Self-certification date: 11/23/2019  
 Medical certification: Certified  
 Medical certification date: 08/12/2019  
 Downgraded: 08/13/2021

**CDL Class B Permit:**

Type: Original  
 Issue: 02/13/2017  
 Expire: 08/11/2017  
 Original issue: 13-Feb-2017  
 Endorsements: P, S, N  
 Restrictions: M, K, X, P  
 Self-certification: Non-Excepted Interstate  
 Self-certification date: 11/23/2019  
 Medical certification: Certified  
 Medical certification date: 08/12/2019

**Ignition Interlock Restricted License:**

Issue: 06/28/2011  
 Expire: 09/08/2011  
 Original issue:

**Restrictions**

Description	Lic type	Code
No Class A Passenger Vehicle	CDLB	M
Corrective Lenses	CDLB	B

**Endorsements**

Description	Code
Passenger	P
Tank Vehicle	N

**Reinstatements**

**Requirement**

No requirements

**DLN History**

DLN	Start	End
WDL79780F4SB	11/23/2019	
ROBERDL357KR	08/28/2001	11/23/2019

Vib #66



**Driver Information**

**DLN:** WDLBP3S7123B  
**Last:** MC CRANEY  
**First:** CURTIS  
**Middle:** ERIC  
**Suffix:**  
**DOB:** 08/25/1960  
**Gender:** M

**Address Information**

**Address on file**

**License and ID Details**

**Personal Driver License:**

**Status:** Licensed  
**Issue:** 05/12/2011  
**Expire:** 08/25/2012  
**Original issue:** 10/26/2007

**CDL Class B:**

**Status:** Licensed  
**Type:** Duplicate  
**Issue:** 04/13/2019  
**Expire:** 08/25/2023  
**Original issue:** 06/02/2011  
**Self-certification:** Non-Excepted Interstate  
**Self-certification date:** 04/25/2017  
**Medical certification:** Certified  
**Medical certification date:** 07/31/2018  
**Downgraded:** 08/01/2020

**State Identification Card:**

**Issue:** 04/17/2007  
**Expire:** 08/25/2011  
**Original issue:** 04/17/2007

**Restrictions**

Description	Lic type	Code
No Class A Passenger Vehicle	CDLB	M

**Endorsements**

Description	Code
Passenger	P
School Bus	S

**Reinstatements**

**Requirement**

No requirements

**DLN History**

DLN	Start	End
WDLBP3S7123B	04/13/2019	
MCCRACE406N5	12/13/2001	04/13/2019

**Tickets**

<b>Description:</b> 9B - Reg Plate Vio	<b>Finding date:</b> 10/06/2019	<b>Statute:</b> 46.16A.030	<b>CMV:</b> No
<b>Violation date:</b> 09/15/2019	<b>Finding:</b> Committed	<b>Electronic ticket:</b> Yes	<b>Hazmat:</b> No
<b>Violation #:</b> 12978809	<b>Court name:</b> Seattle Municipal Court		<b>Fatality:</b> No
			<b>No test:</b> No
			<b>Drug:</b> No
			<b>Exempt veh:</b> No
			<b>Mental health:</b> No
			<b>16 Passenger:</b> No
			<b>Pass under 16:</b> No
			<b>Amended ACD:</b> No

VIO # 6c

**Tickets**

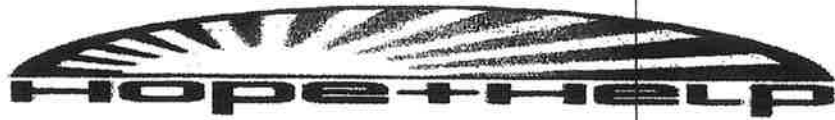
**Description:** D36 - Failed to maintain liability insurance  
**Violation date:** 09/15/2019  
**Violation #:** 12978809

**Finding date:** 10/06/2019  
**Finding:** Committed  
**Court name:** Seattle Municipal Court

**Statute:** 46.30.020  
**Electronic ticket:** Yes

**CMV:** No  
**Hazmat:** No  
**Fatality:** No  
**No test:** No  
**Drug:** No  
**Exempt veh:** No  
**Mental health:** No  
**16 Passenger:** No  
**Pass under 16:** No  
**Amended ACD:** No

Vio # 6e



George Brummell Counseling  
230 Auburn Way So. Suite 1B  
Auburn, WA 98002

Office: 253-333-2328  
Fax: 253-333-5068

**FOLLOW-UP EVALUATION – NOTICE OF COMPLIANCE**

Date of Follow-up Evaluation: 12-26-18 DOT Operating Administration: \_\_\_\_\_

Employee's Name: Mattie Raiford Social Security #: 539-60-4248

Employer: Unemployed

DER: N/A Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Violation: \_\_\_\_\_

Violation Date: 7-27-18 Date of Initial Evaluation: 12-26-18

Treatment Recommendations: ADIS class

Treatment Program: North Star Treatment Group

Address: 15 N. Brady Way - Renton, WA

Phone #: \_\_\_\_\_

Dates of program participation: 11-10-18

Evidence of participation: Certificate

Clinical determination of successful compliance: Client complied with my recommendation

I certify that I am a qualified Substance Abuse Professional with knowledge and clinical experience in the diagnosis and treatment of substance abuse related disorders. This information has been disclosed from records protected under federal law. Federal regulations (42 Part 2) prohibit making further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.

SAP Name: Dr. George F. Brummell

Phone Number: (253) 333-2328

SAP Signature: Dr. George F. Brummell

Date: 12-26-18

VIO # 8a



**North Star Treatment Group, LLC**

15 S. Grady Way, Suite 505  
Renton, WA 98057

M: (206) 241-1187  
F: (206) 241-1688

www.NorthStarTreatmentGroup.com

**Alcohol and Drug Information School**

**Washington State Certified & Court Approved**

Re: ADIS Certificate for Mattie Mae Raiford

DOB: 9/29/1956

Case Number:

In compliance with the laws that govern the administration of alcohol and drug information school contained in RCW 46.61.5056 and WAC 388-805-250, we certify that:

**Mattie Mae Raiford**

Successfully Completed an eight-hour Alcohol and Drug Information School on 11/10/2018

Mattie Mae Raiford

19707 International Blvd apt. 558

SeaTac, WA 98188

Signature and Authentication for North Star Treatment Group, LLC, Agency №: 17-1395-00

NSTG Client ID: RAI560929TH

11/10/2018

Instructor: Talal S. Hattar, CDP, №: CP60706680

**CERTIFIED**

Any court related document issued after 5/19/2013 by North Star Treatment Group LLC will provide DBHR agency number, counselor license number and certification stamp - Any report dating without these elements is inauthentic.

PROHIBITION ON REDISCLOSURE

"THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE.

V10 # 8a



George Brummell Counseling  
230 Auburn Way So. Suite 1B  
Auburn, WA 98002

Office: 253-333-2328  
Fax: 253-333-5068

INITIAL EVALUATION - TREATMENT RECOMMENDATIONS

Date of Initial Evaluation: 12-26-18

DOT Operating Administration: \_\_\_\_\_

Employee's Name: Mattie Raiford

Social Security #: 539-60-4248

Employer: Unemployed

DER: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Violation: Did not submit to a random urine screen

Violation Date: 7-27-18

Treatment Recommendations: ADIS class

Date of Referral: Client completed the class 11/10/18

Treatment Program: North Star Treatment Group

Address: 15 N. Grady Way Renton, WA

Phone #: \_\_\_\_\_

I certify that I am a qualified Substance Abuse Professional with knowledge and clinical experience in the diagnosis and treatment of substance abuse related disorders. I certify that I am not employed nor do I have financial interest in the above named treatment program.

This information has been disclosed from records protected under federal law. Federal regulations (42 Part2) prohibit making further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.

SAP Name: Dr. George F. Brummell

Phone Number: (253) 333-2328

SAP Signature: Dr. George F. Brummell

Date: 12/26/18

V10#8a



**George Brummell Counseling**  
**230 Auburn Way South, Suite 1B**  
**Auburn, WA 98002**

**Office: 253-333-2328**  
**Fax: 253-333-5068**

**Prohibition on disclosure without written authorization**

This report is required by the US Department of Transportation rules and regulations, 49 CFR Part 40.311. It must be kept in the employee's DOT file for at least five (5) years. If this employee seeks employment with another employer who is subject to DOT rule and regulations, that employer will request a copy of this report. You are required to submit this report under 49 CFR Part 40.25, but only if the request is accompanied by the employee's written authorization to do so.

**SAP DOT INITIAL EVALUATION AND RECOMMENDATION**  
**CONFIDENTIAL**

Date: December 26, 2018

DER: N/A Client is unemployed

19707 # 559 International BLVD

City: SeaTac State: WA Zip: 98188

Employee/Applicant: Mattie Raiford

Social Security # 539-60-4248

Violation: SAP assessment required for Pre-Employment drug screen, due to not providing a required drug screen for her last employer. Client reports the reason she missed the urine screen was she had a doctor's appointment the same day.

Inclusive date(s) of the assessment: 12/26/2018

A biopsychosocial assessment

Client was referred to The North Star Treatment Group

V10 #8a

SAP'S Recommendation: Complete the Alcohol and Drug Information School.  
The client took her class prior to having her assessment. However, the class is my  
recommendation.

I certify that I have not referred the client to any treatment provider/program that I am  
employed by, receive remuneration from, or in which I have financial interest.

Sincerely,

A handwritten signature in cursive script that reads "Dr. George F. Brummell SAP". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Dr. George F. Brummell LHD, MA, CDP, MAC, SAP, LMHC

V10 #8a



# North Star Treatment Group, LLC

15 S. Grady Way, Suite 505  
Renton, WA 98057

P: (206) 241-1187  
F: (206) 241-1688

www.northstartreatmentgroup.com

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, Mattie Mae Raiford,

hereby authorize the North Star Treatment Group, LLC to communicate with the Washington Department of Licensing. I authorize the North Star Treatment Group to disclose the DOL Substance Assessment/Treatment Report (Blueform) for the purpose of reinstating driving privileges and/or licenses. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45CFR parts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. By signing this form, I authorize future disclosures made in reliance on this consent and understand that it may include disclosures after the completion of my assessment. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. Unauthorized re-disclosure by recipient is prohibited, but may be a potential risk. In any event this consent expires automatically on the date specified below. Please initial next to the following:

Initial: MR ← Initial Here      Expiration Date Is Noted Here → 4 / 26 / 2019  
Please select date of your choice.

Mattie M. Raiford ← Sign Here - Date Here → 12/26/2018  
Signature of client/patient authorizing this release      Date

[Signature]      12/26/2018  
Authorizing Signature of Agency Representative      Date

### Helpful Information for Us to Know NA if not applicable

Date of Evaluation	
Date of ADIS	11/10/2018
Date of VIP	
Date of Birth	09/29/1956
Contact Phone Number	(206) 388-8450
Driver License	RAIFOMM44009

V10 #8a





Carolyn Downs Family Medical Center  
Phone: (206) 299-1900 Fax: (206) 299-1905

09/27/2018

Mattie Raiford  
19707 International Blvd Apt 558  
Seattle, WA 98188-

To Whom it Concerns:

I am writing on behalf of my patient, Ms. Mattie Raiford, whom I have been seeing at Carolyn Downs Family Medical Center since January 2012. For the record Ms. Raiford was seen by a provider in our clinic system on July 27th, 2018 to attend to some medical concerns. If you require more information please contact our clinic with the appropriate release of information.

Sincerely,

Provider:

Anderson, Kristin J 09/27/2018 1:06 PM

Document generated by: Kristin J. Anderson MD 09/27/2018

Carolyn Downs Family Medical Center  
2101 E. Yesler Way  
Seattle, WA 98122  
(206) 299-1900

V10 #8a

**Alliance 2020 Inc**

**Pool Roster Verification Request**

To verify individuals subject to Random Drug and Alcohol Testing

**Blessed Limousine - DOT**

Attn: Clussie Bagby  
 3932 62nd Ave CT E

Fife, Washington 98424

Pool Group: DOTBLE291  
 Company Code: DOTBLE291  
 Regulatory Mode: FMCSA  
 Method: Simple Random  
 Report Date: 11/25/2019

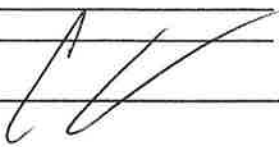
**THIS IS NOT A NOTICE OF RANDOM SELECTION  
 PLEASE REVIEW THE FOLLOWING LIST AND MAKE NECESSARY CHANGES**

<b>Step 1</b>	<p>Please verify that this list includes all employees who are subject to random selection for the period 1/1/20 to 3/31/20.  <b>A=Active</b> - Employee currently working for you (include if sick or on vacation). ONLY "A" employees are subject to random selection.  <b>X=Inactive</b> - Employee is no longer in your employ, is no longer subject to random selection, or is on extended leave (extended worker's compensation or layoff).  <b>New or missing employees subject to random selection should be added to this list in the space provided.</b></p>
---------------	--

<b>Step 2</b>	Sign and fax to 4252279246 or sign and email to <a href="mailto:credentials@alliance2020.com">credentials@alliance2020.com</a> BEFORE 3/29/20.
---------------	--

Last Name	First Name	Employer ID or SSN	Pool Status	Changed Status
Bagby	Clussie	BAGBCL	A	_____
MCCraney	Curtis	MCCRACU	A	_____
Miller	Gary	MILLERG	A	_____
Roberts	Deryl	ROBERD	A	_____
Thomas	Melissa	THOMME	A	_____

**Pool Members 5**


Signature Authorizing that listing is correct: 

Date: 11-25-19

VIO #9a

**U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM**

Calendar Year Covered by this Report: 2019

OMB No. 2105-0529

Form DOT F 1385 (Rev. 5/2008)

**I. Employer:**

Company Name: Blessed Limousine - DOT

Doing Business As (DBA) Name (if applicable): \_\_\_\_\_

Address: 3932 62nd Ave CT E Fife, Washington 98424

E-mail: \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date Certified: \_\_\_\_\_

Prepared by (if different): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

C/TPA Name and Telephone (if applicable): Alliance 2020 Inc

( 425 ) 271-8065

**Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:**

- FMCSA – Motor Carrier:** DOT #: \_\_\_\_\_ Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO
- FAA – Aviation:** Certificate # (if applicable): \_\_\_\_\_ Plan / Registration # (if applicable): \_\_\_\_\_
- PHMSA – Pipeline:** (Check) Gas Gathering \_\_\_ Gas Transmission \_\_\_ Gas Distribution \_\_\_ Transport Hazardous Liquids \_\_\_ Transport Carbon Dioxide \_\_\_
- FRA – Railroad:** Total Number of observed/documentated Part 219 “Rule G” Observations for covered employees: \_\_\_\_\_
- USCG – Maritime:** Vessel ID # (USCG- or State-Issued): \_\_\_\_\_ (If more than one vessel, list separately.)
- FTA – Transit**

**II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:**

7

**(B) Enter Total Number of Employee Categories:**

1

**(C)**

Employee Category	Total Number of Employees in this Category
Driver	7

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

**III. Drug Testing Data**

Type of Test	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
								Adulterated	Substituted	“Shy Bladder” ~ With No Medical Explanation	Other Refusals To Submit To Testing		
Pre-Employment	16	16	0	0	0	0	0	0	0	0	0	0	0
Random	2	2	0	0	0	0	0	0	0	0	0	0	0
Post-Accident	1	1	0	0	0	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>19</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. Alcohol Testing Data:**

Type of Test	1	2	3	4	5	6	7	8	9
	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		
							“Shy Lung” ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment	0	0	0	0	0	0	0	0	0
Random	1	1	0	0	0	0	0	0	0
Post-Accident	1	1	0	0	0	0	0	0	0
Reasonable Susp./Cause	0	0	0	0	0	0	0	0	0
Return-to-Duty	0	0	0	0	0	0	0	0	0
Follow-Up	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

VIO # 96

# ALLIANCE 2020

Vision through Insight

11/25/2019 10:57 AM

## Test Summary Report

Generated: 01/01/2019 - 11/25/2019

ID	Name	Reason	Event type	DOT	Coll Status	Date Coll	Coll Site	Specimen ID	Lab	Report Date	Result	Event Status
Blessed Limousine - DOT												
BALDWR	Baldwin, Randy	PRE	D	Yes	OK	03/04/2019	Alliance 2020	0504130	QUEST	03/11/2019	NEG	MCREL
BONDJA	Bond, James	PRE	D	Yes	OK	11/01/2019	Alliance 2020	0504283	QUEST	11/13/2019	NEG	MCREL
COBBJ	Cobb, Jack	PRE	D	Yes	OK	04/09/2019	Alliance 2020	0504105	QUEST	04/12/2019	NEG	MCREL
COBBJ	Cobb, Jack	RAN	D	Yes	OK	06/06/2019	Alliance 2020	0504296	QUEST	06/17/2019	NEG	MCREL
COPELD	COPELAND, DELFRACO	PRE	D	Yes	OK	03/11/2019	Alliance 2020	0504095	QUEST	03/15/2019	NEG	MCREL
FELLS	Fells, Not Reported	PRE	D	Yes	OK	08/07/2019	Alliance 2020	0504310	QUEST	08/14/2019	NEG	MCREL
HAWKIK	Hawkins, Kateevah	PRE	D	Yes	REFU	10/02/2019	Alliance 2020					CNPER
JOHNSDA	Johnson, Darius	PRE	D	Yes	OK	04/03/2019	Alliance 2020	0504108	QUEST	04/09/2019	NEG	MCREL
MCCRACU	McCrahey, Curtis	PRE	D	Yes	OK	10/18/2019	eScreen - Alliance 2020	47202758	ALERE	10/19/2019	NEG	MCREL
MILLERG	Miller, Gary	PRE	D	Yes	OK	03/08/2019	Alliance 2020	0504093	QUEST	03/15/2019	NEG	MCREL
OSHEGO	Osman, Oshogo	PRE	D	Yes	OK	03/13/2019	Alliance 2020	0504097	QUEST	03/18/2019	NEG	MCREL
POYDRPA	Poydras, Paolo	PRE	D	Yes	OK	09/03/2019	eScreen	191727192	ALERE	09/05/2019	NEG	MCREL
RATOM	Rattor, Mattie	ACC	D	Yes	OK	08/26/2019	eScreen	47462427	ALERE	08/27/2019	NEG	MCREL
RATOM	Rattor, Mattie	ACC	A	Yes	OK	05/02/2019	eScreen	125	ALERE	08/26/2019	NEG	PCREL
ROBERD	Roberts, Deryl	PRE	D	Yes	OK	03/20/2019	Alliance 2020	0504120	QUEST	05/16/2019	NEG	MCREL
ROWLAA	Rowland, Altravis	PRE	D	Yes	OK	06/17/2019	Alliance 2020	0504099	QUEST	04/02/2019	NEG	MCREL
THOMME	Thomas, Melissa	RAN	D	Yes	OK	03/22/2019	eScreen	0504298	QUEST	06/24/2019	NEG	MCREL
THOMME	Thomas, Melissa	RAN	D	Yes	OK	03/22/2019	eScreen	181887484	ALERE	03/23/2019	NEG	MCREL
TADESA	Todere, Aberra	RAN	A	Yes	OK	03/22/2019	eScreen	181896482	ALERE	03/22/2019	NEG	PCREL
TUCLCB	Tulich, Bobby	PRE	D	Yes	OK	03/08/2019	Alliance 2020	0504092	QUEST	03/15/2019	NEG	MCREL
WILSOCL	Wilson, Clifton	PRE	D	Yes	OK	06/06/2019	Alliance 2020	0504297	QUEST	06/24/2019	NEG	MCREL
WILSOCL	Wilson, Clifton	PRE	D	Yes	OK	10/29/2019	Alliance 2020	0504316	QUEST	11/05/2019	NEG	MCREL

**Blessed Limousine - DOT Summary:**  
 DOT Post Accident Alcohol Test 1  
 DOT Post Accident Drug Test 1  
 DOT Pre-Employment Drug Test 17  
 DOT Random Alcohol Test 1  
 DOT Random Drug Test 2  
**Total 22**

V10 #9c

# ALCOHOL AND DRUG ABUSE POLICY STATEMENT OF PURPOSE AND POLICY

Drivers are an extremely valuable resource for **BLESSED LIMOSINE INC** business. Their health and safety is a serious Company concern. Drug or alcohol use may pose a serious threat to driver health and safety. It is, therefore, the policy of the Company to prevent substance use or abuse from having an adverse effect on our drivers. The company maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug-free environment and to work with drivers free from the effects of alcohol and drugs. Drivers who abuse alcohol or use drugs are a danger to themselves, their coworkers and the Company's assets.

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require **BLESSED LIMOSINE INC** to implement a controlled substance testing program.

**BLESSED LIMOSINE INC** will comply with these regulations and is committed to maintaining a drug-free workplace. All drivers are advised that remaining drug free and medically qualified to drive are conditions of continued employment with **BLESSED LIMOSINE INC**

Specifically, it is the policy of **BLESSED LIMOSINE INC** that the use, sale, purchase, transfer, possession or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on company premises, engaged in company business, while operating company equipment, or while under the authority of the Company is strictly prohibited. FMCSA states that mandatory testing must apply to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the CDL licensing requirement.

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all driver applicants for alcohol and drug use, and those drivers suspected of violating this policy who are involved in a US Department of Transportation (DOT) reportable accident or who are periodically or randomly selected pursuant to these procedures. These procedures are designed not only to detect violations of this policy, but also to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants involved. Disciplinary action will, however, be taken as necessary.

Neither this policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. The Company retains the sole right to change, amend or modify any term or provision of this policy without notice. This policy is effective Mar 31, 2015 and will supersede all prior policies and statements relating to alcohol or drugs.

VIO # 11a  
P1 - DAP

# ADMINISTRATION GUIDE TO PERSONNEL ALCOHOL AND DRUG TESTING PROCEDURES

## I. PURPOSE

The purpose of this administrative guide is to set forth the procedures for the implementation of controlled substances and alcohol use and testing of driver applicants and current drivers pursuant to the Alcohol and Drug Abuse Policy. These procedures are intended as a guide only, and are in no way intended to alter any existing relationship between **BLESSED LIMOSINE INC** and any driver. **BLESSED LIMOSINE INC** alcohol and drug program administrator designated to monitor, facilitate, and answer questions pertaining to these procedures is

### **Clussie Bagby**

When interpreting or implementing these procedures, or the procedures required by the Federal Motor Carrier Safety Administration (FMCSA) controlled substance testing regulations the following definitions apply:

**“Alcohol”** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

**“Alcohol concentration (or content)”** means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this part.

**“Collection site”** means a place where individuals present themselves for the purpose of providing breath, body fluid, or tissue samples to be analyzed for specified controlled substances. This site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and transportation or shipment of the samples to a laboratory.

**“Commercial motor vehicle”** means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds.
2. Has a gross vehicle weight rating of 26,001 or more pounds.
3. Is designed to transport 16 or more passengers, including the driver.
4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR, Part 172, 1308).

**“Driver”** means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. For the purpose of pre-employment/pre-duty testing only, the term —driver includes a person applying to an employer to drive a commercial motor vehicle.

**“Drug”** means any substance (other than alcohol) that is a controlled substance as defined in the section and 49 CFR, Part 40.

**“FMCSA”** means the Federal Motor Carrier Safety Administration, US Department of Transportation.

**“Owner-operator”** means a driver who has been contracted for services with the Company.

For the purposes of these procedures and the Company’s Alcohol and Drug Abuse Policy, owner-operators will be required to participate in the Company’s Alcohol and Drug Abuse Policy like all Company employee drivers.

V10 # 11a  
P2 DAP

**“Medical review officer”** (MRO) means a licensed MD or DO with knowledge of drug abuse disorders that is employed or used by a motor carrier to conduct drug testing in accordance with this part.

**“Performing a safety-sensitive function”** means a driver is considered to be performing a safety-sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

**“Reasonable cause”** means that the motor carrier believes the actions or appearance or conduct of a commercial motor vehicle driver who is on duty as defined below, are indicative of the use of a controlled substance.

**“Safety-sensitive function”** means any of those on-duty functions set forth in CFR 49, Section 395.2.

**“On duty time”** means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. —On duty time shall include:

1. All time at a carrier or shipper plant, terminal, or facility, or other property, or on any public property waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier.
2. All time inspecting, servicing, or conditioning any commercial motor vehicle at any time.
3. All driving time.
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth.
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

### III. SUBSTANCES PROHIBITED/PRESCRIPTION MEDICATIONS

A. Alcohol use means the consumption of any beverage, mixture, or preparation, including any medication containing alcohol which, when consumed, causes an alcohol concentration in excess of those prescribed by Part 382, Subpart B, (FMCSR) and Section IV of this policy.

B. Controlled substances: In accordance with FHWA rules, urinalysis will be conducted to detect the presence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP)

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the recommendations established by Title 49 CFR, Part 40.

C. Prescription medications: Drivers taking legally prescribed medications issued by a licensed health care professional familiar with the driver’s work-related responsibilities must report such use to their immediate supervisor or dispatcher, and may be required to present written evidence from the health care professional which describes the effects such medications may have on the driver’s ability to perform his/her tasks.

In the sole discretion of the alcohol and drug program administrator, a driver may be temporarily removed, with pay, from a safety-sensitive position if deemed appropriate.

V10 # 11a  
P3 DAP

## IV. PROHIBITIONS

### A. Alcohol Prohibitions

The new alcohol rule prohibits any alcohol misuse that could affect performance of a safety-sensitive function, including:

1. Use while performing safety-sensitive functions.
2. Use during the 4 hours before performing safety-sensitive functions.
3. Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.
4. Possession of alcohol, unless the alcohol is manifested and transported as part of a shipment. This includes the possession of medicines containing alcohol (prescription or over-the-counter), unless the packaging seal is unbroken.
5. Use during 8 hours following an accident, or until he/she undergoes a post-accident test.
6. Refusal to take a required test.

NOTE: A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. The other consequences imposed by the regulations and discussed below do not apply. However, documentation of this test constitutes written warning that company policy has been violated, and the next occurrence could result in termination of a driver.

### B. Drug Prohibitions

The regulations prohibit any drug use that could affect performance of safety-sensitive functions, including:

1. Use of any drug, except by doctor's prescription, and then only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the CMV.
2. Testing positive for drugs.
3. Refusing to take a required test.

All drivers will inform the alcohol and drug program administrator of any therapeutic drug use prior to performing a safety-sensitive function.

## V. DRIVER APPLICANT AND CURRENT DRIVER TESTING

- A. Applicant Testing: All driver applicants will be required to submit to and pass a pre-employment breath alcohol test and a urine drug test as a condition of employment. Driver applicants will not receive a firm offer of employment until a confirmed negative pre-employment alcohol and drug test. Driver applicants who have received firm employment offers are to be cautioned against giving notice at their current place of employment, or incurring any costs associated with accepting employment with the Company until after a negative pre-employment test has been received. Under no circumstances may a driver perform a safety-sensitive function until a confirmed negative result is received. Driver applicant drug testing shall follow the collection, chain-of-custody and reporting procedures as set forth in 49 CFR, Part 40. The term —driver as used in these procedures includes owner-operators.
- B. Every owner-operator engaged to provide services to the Company must agree to, and successfully participate in the Company's alcohol and drug testing program. All owner-operator agreements will be entered into by the Company contingent upon the operators' successful

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completion of urinalysis and breath analysis under all phases of the Company's program, and are contingent upon the owner-operator's continued status as a medically qualified driver.

- C. Employee Drivers: Under all circumstances, when a driver is directed to provide either a breath test or urine sample (Appendix C) in accordance with these procedures, he/she must immediately comply as instructed. Refusal will constitute a positive result, and the driver will be immediately removed from the safety-sensitive function, and will be subject to further discipline or termination as appropriate.

### 1. Suspicion-based Testing

- a. Reasonable Suspicion: If a driver is having work performance problems or displaying behavior that may be alcohol or drug-related, or is otherwise demonstrating conduct that may be in violation of the Policy where immediate management action is necessary, a supervisor or dispatcher, with the concurrence of the alcohol and drug program administrator, will require that driver to submit to a breath test or urinalysis.

The following conditions are signs of possible alcohol or drug use (not all-inclusive):

- Abnormally dilated or constricted pupils
- Glazed stare - redness of eyes
- Flushed face
- Change of speech (i.e. faster or slower)
- Constant sniffing
- Increased absences
- Redness under nose
- Sudden weight loss
- Needle marks
- Change in personality (i.e. paranoia)
- Increased appetite for sweets
- Forgetfulness - performance faltering - poor concentration
- Borrowing money from coworkers or seeking an advance of pay or other unusual displays of need for money
- Constant fatigue or hyperactivity
- Smell of alcohol
- Slurred speech
- Difficulty walking
- Excessive, unexplained absences
- Dulled mental processes

- b. Supervisors or dispatchers must take action if they have reason to believe one or more of the above-listed conditions is indicated, and that the substance abuse is affecting a driver's job performance or behavior in any manner. A supervisor or dispatcher observing such conditions will take the following actions immediately:
- Confront the employee involved, and keep under direct observation until the situation is resolved.
  - Secure the alcohol and drug program administrator's concurrence to observations; job performance and company policy violations must be specific.
- After discussing the circumstances with the supervisor or dispatcher, the alcohol and drug program administrator will arrange to observe or talk with the driver.

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If he/she believes, after observing or talking to the driver, that the conduct or performance problem could be due to substance abuse, the driver will be immediately informed that continued refusal will result in disqualification from performing any safety-sensitive function.

- Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from driving duties. All confiscated evidence will be receipted for with signatures of both the receiving supervisor, as well as the provider.
  - If upon confrontation by the supervisor or dispatcher, the driver admits to use but requests assistance, the alcohol and drug program administrator will arrange for assessment by an appropriate substance abuse professional (SAP). Reassignment to the driver position is conditional to completing the SAP's guidelines and return-to-work testing.
- c. The supervisor or dispatcher shall, within 24 hours or before the results of the controlled substance test are released, document the particular facts related to the behavior or performance problems, and present such documentation to the alcohol and drug program administrator.
- d. The drug and alcohol program administrator will remove or cause the removal of the driver from the Company-owned vehicle and ensure that the driver is transported to an appropriate collection site and thereafter to the driver's residence or, where appropriate, to a place of lodging. Under no circumstances will that driver be allowed to continue to drive a Company vehicle or his/her own vehicle until a confirmed negative test result is received.
- e. If, during the course of employment, the driver acknowledges a substance abuse problem and requests assistance, the problem may be treated as if it were an illness, subject to the provisions set forth below:
- The decision to seek diagnosis and accept treatment for the substance abuse problem is the responsibility of the driver.
  - The diagnosis and prescribed treatment of the driver's condition will be determined by health care professionals designated by the alcohol and drug program administrator in conjunction with the driver's physician.
  - The driver might be placed on medical leave for a predetermined period recommended by those medical professionals if the SAP determines that such action is appropriate.
2. Post-Accident Testing: Currently, federal regulations place the burden of compliance with post-accident alcohol and drug testing regulations on the driver. Therefore, all drivers are required to provide a breath test and a urine specimen to be tested for the use of controlled substances —as soon as practicable after an accident. The driver shall remain readily available for such testing or may be deemed by the alcohol and drug program administrator to have refused to submit to testing. No alcohol may be consumed for 8 hours after the accident or until a test is conducted. If the driver is seriously injured and cannot provide a specimen at the time of the accident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her system.

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An accident is defined by FMCSA regulations as an accident that results in

- a. the death of a human being or
- b. bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- c. which has had one of the vehicles towed from the scene of the accident.
- d. Except for a fatality accident, verification of the driver's responsibility in the above accident must be established by a citation to the driver.

Adherence by drivers to post-accident specimen collection requirements is a condition of continued employment. The failure of an driver to comply with DOT post-accident and specimen collection rules will be considered a breach of his/her agreement with the Company and will be subject to termination.

3. Random Testing: The Company will conduct random testing for all covered drivers as follows:
  - a. A company-wide selection process that removes discretion in selection from any supervisory personnel will be adopted by the Company. This process will select covered drivers through the use of a computerized program.
  - b. The random testing shall provide for 10% alcohol testing and 50% drug testing of all covered drivers.
  - c. The random testing will be reasonably spaced over any 12-month period.
  - d. Once notified, a driver must proceed immediately to the assigned collection site.
4. The alcohol and drug program administrator will be responsible for designating the appropriate substance abuse professional who, in conjunction with the driver's physician, will diagnose the problem and recommend treatment.
  - a. The driver's successful completion of the approved treatment program is a condition of continued employment as a driver.
  - b. Following successful completion of any approved treatment program, the driver will be required to submit to at least six random drug tests during the first year, and follow-up testing may be conducted for up to 60 months. Failure to adhere to this condition is grounds for immediate termination.
  - c. All supervisors or dispatchers will receive training to assist them in identifying alcohol and drug use behavioral characteristics.
5. Return-to-Duty Testing: Before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by this policy and Part 382, Subpart B (FMCSR), the driver shall undergo a return to duty alcohol test with a result of less than a 0.02 BAC or receive a confirmed negative result from a controlled substance urinalysis test.

## **VI. COLLECTION OF BREATH AND URINE SPECIMENS AND LABORATORY ANALYSIS**

- A. Breath alcohol testing will be conducted either on site or at a prearranged location by a qualified Breath Alcohol Technician according to 49 CFR, Part 40 procedures. Refusal to Complete and sign the testing form or refusal to provide breath will be considered a positive test, and the driver will be removed from a safety-sensitive function until resolved.
- B. Specimen Collection: Specimen collection will be conducted in accordance with applicable state and federal law. The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver, and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in

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accordance with these procedures.

- C. Laboratory Analysis: As required by FMCSA regulations, only a laboratory certified by Department of Health and Human Services (DHHS) to perform urinalysis for the detection of the presence of controlled substances will be retained by **ALLIANCE 20/20**. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance and scientific analytical methodologies.

## VII. CONSEQUENCES: APPEAL OF TEST RESULTS

- A. Alcohol and drug abuse may not only threaten the safety and productivity of all employees at **BLESSED LIMOSINE INC** but causes serious individual health consequences to those who use them. Appendix A outlines several personal consequences that may result after abuse of controlled substances. Any confirmed actions prohibited by Part IV above, while performing a safety-sensitive function or refusing to take a breath test, will be grounds for disqualification as a driver.
- B. A driver testing positive for alcohol or drug use is subject to disqualification. Refusal to submit to testing will also be considered a positive. Refusal may be defined as not providing a breath sample or urine as directed, neglecting to sign appropriate control forms, using alcohol within 8 hours of an accident, or engaging in conduct that clearly obstructs the testing process. Any driver testing positive for the presence of a controlled substance will be contacted by the Company's MRO. The driver will be allowed to explain and present medical documentation to explain any permissible use of a drug. All such discussions between the driver and the MRO will be confidential. **BLESSED LIMOSINE INC** will not be a party to, or have access to, matters discussed between the driver and the MRO. If medically supportable reasons exist to explain the positive result, the MRO will report the test result to the Company as a negative. Within 72 hours after the driver has been notified of a positive test result for drugs, he/she may request a retest of the split sample. This signed request will be provided to the MRO in writing, who will then initiate the new laboratory analysis. If a different result is detected by the subsequent laboratory, the test will be voided by the MRO, and **BLESSED LIMOSINE INC** alcohol and drug program administrator will be notified. A retest may be initiated as appropriate.

## VII. CONFIDENTIALITY

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicable employee.

Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substance test.

Collection of breath and urine samples must always be documented and sealed with a tamper-proof sealing system in the presence of the driver, to ensure that all tests can be correctly traced to the driver.

Drug test analysis from the DHHS approved laboratory will be forwarded directly to the Medical Review Officer assigned by the alcohol and drug program administrator.

Alcohol test results will be forwarded by the MRO to the alcohol and drug program administrator for confidential record keeping.

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# APPENDIX A

## ALCOHOL AND DRUG EFFECTS

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse.

### ALCOHOL

Although used routinely as a beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

#### Health Effects

An average of three or more servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounces) over time, may result in the following health hazards:

- Dependency
- Fatal liver diseases
- Kidney failure
- Pancreatitis
- Ulcers
- Decreased sexual function
- Increased cancers of the mouth, pharynx, esophagus, rectum, breast, and malignant melanoma
- Spontaneous abortion and neonatal mortality
- Birth defects

#### Social Issues

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2 - 3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol-related.
- In 2012, 10,322 people were killed and approximately 345,000 were injured in highway accidents, which were alcohol related. This was 33% of all highway fatalities.
- 30,000 people will die each year from alcohol-caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

#### Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

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## ALCOHOL'S TRIP THROUGH THE BODY

**Mouth and Esophagus:** Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

**Stomach and Intestines:** Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

**Bloodstream:** 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

**Pancreas:** Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease die during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, thus resulting in diabetes.

**Liver:** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

**Heart:** Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

**Urinary Bladder and Kidneys:** Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

**Sex Gland:** Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

**Brain:** The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive dyscoordination: confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

## DRUGS

### *Marijuana*

#### **Health Effects**

- Emphysema-like conditions.
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- Marijuana is commonly contaminated with the fungus *Aspergillus* that can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.

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- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incidence of stillborn babies, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborn babies.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
  - › delayed decision making
  - › diminished concentration
  - › impaired short-term memory
  - › impaired signal detection
  - › impaired tracking
  - › erratic cognitive function
  - › distortion of time estimation

#### **Workplace Issues**

- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects.
- Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

### ***Cocaine***

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger, and the body burns more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

#### **Health Effects**

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's disease could also occur.
  - Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
  - Strong dependence can occur with one hit of cocaine. Usually mental dependency occurs within days for crack or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than with any other chemical dependency.

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- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

#### **Workplace Issues**

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increase probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

### ***Opiates***

Narcotic drugs that alleviate pain and depress body functions and reactions.

#### **Health Effects**

- IV needle users have a high risk of contracting hepatitis or AIDS when sharing needle.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for overdose.
- Because of tolerance, there is an ever-increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the users.

### ***Amphetamines***

Central nervous system stimulant that speeds up the mind and body.

#### **Health Effects**

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

#### **Workplace Issues**

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

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## ***Phencyclidine (PCP)***

Often used as a large animal tranquilizer. Abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and a blank stare. Sudden noises or physical shocks may cause a —freak out in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

### **Health Effects**

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treated with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

### **Workplace Issues**

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse.
- Acute toxicity causing combativeness, catatonia, convulsions, and coma.
- Distortions of size, shape, and distorted perception are common.
- Toxic psychosis with visual and auditory delusions, paranoia and agitation.
- Drug induced schizophrenia.
- Induced depression that may create suicidal tendencies and mental dysfunction.

## **DOT Drug Testing: Part 40 - Employee Notice**

This is a reminder that the U.S. Department of Transportation (DOT) drug testing program now requires testing for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). The change was effective January 1, 2018. What does this mean for the employees? Beginning January 1, 2018, in addition to the existing DOT drug testing panel (that includes marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates), you will also be tested for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, Exalgo®.

If you test positive for any of the semi-synthetic opioid drugs, then as with any other drug test result that is confirmed by the laboratory, the Medical Review Officer (MRO) will conduct an interview with you to determine if there is a legitimate medical explanation for the result. If you have a valid prescription, you should provide it to the MRO, who will determine if the prescription is valid. If a legitimate medical explanation is established, the MRO will report the result to your employer as a 'negative'. If not, the MRO will report the result to your employer as 'positive'. As it has been the requirement in the past, when your employer receives a 'positive' drug test result, your employer is to immediately remove you from performing safety-sensitive functions and provide you with a list of qualified Substance Abuse Professionals (SAP) available in your area.

In order to return to performing safety-sensitive functions for any DOT-regulated employer, you must complete the return-to duty process that will include an evaluation by a SAP, who will require education and/or treatment. The SAP will determine if you successfully completed the prescribed education and/or treatment. Before an employer could return you to safety-sensitive

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work, the employer must get a negative result on a directly observed return-to-duty drug test. After you return to safety-sensitive work, you must be subject to directly observed follow-up testing for 12-60 months depending on the SAP's recommendations.

**Do I need to tell anyone about my prescribed medications?** Your employer may have a policy that requires you to report your prescribed medications to them. So check with your employer. If your job function has DOT-regulated medical standards (truck/bus driver, airline pilot, mariner), the DOT agency regulation may require you to report your prescribed medications to those who approved your medical qualifications.

**What should I tell my prescribing physician?** If you are taking any prescription medications, consider this to be a reminder to have a conversation with your prescribing physician to discuss your safety-sensitive work. Be proactive in ensuring that your prescribing physician knows what type of transportation-related safety-sensitive work you currently perform. For example, don't just provide a job title but describe your exact job function(s) or ask your employer for a detailed description of your job function that you can give to your prescribing physician. This is important information for your prescribing physician to consider when deciding whether and what Submit Feedback > 3/1/2018 DOT Drug Testing: Part 40 - Employee Notice | US Department of Transportation

[https://www.transportation.gov/odapc/Part\\_40\\_DOT\\_Employee\\_Notice\\_2017](https://www.transportation.gov/odapc/Part_40_DOT_Employee_Notice_2017) 2/3 medication to prescribe for you. It is important for you to know whether your medications could impact your ability to safely perform your transportation-related work. Will the MRO report my prescribed medication use/medical information to a third party? Historically, the DOT's regulation required the MRO to report your medication use/medical information to a third party (e.g. your employer, health care provider responsible for your medical qualifications, etc.), if the MRO determines in his/her reasonable medical judgement that you may be medically unqualified according to DOT Agency regulations, or if your continued performance is likely to pose a significant safety risk. The MRO may report this information even if the MRO verifies your drug test result as 'negative'. As of January 1, 2018, prior to the MRO reporting your information to a third party you will have up to five days to have your prescribing physician contact the MRO. You are responsible for facilitating the contact between the MRO and your prescribing physician. Your prescribing physician should be willing to state to the MRO that you can safely perform your safety-sensitive functions while taking the medication(s), or consider changing your medication to one that does not make you medically unqualified or does not pose a significant safety risk.

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## Alcohol and Controlled Substance Employee's Certified Receipt

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (✓) items:

- MRT 1. The designated person to answer questions about the materials.
- MRT 2. The categories of drivers subject to Part 382.
- MRT 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- MRT 4. Specific information concerning prohibited driver conduct.
- MRT 5. Circumstances under which a driver will be tested.
- MRT 6. Test procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
- MRT 7. The requirement that tests are administered in accordance with Part 382.
- MRT 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- MRT 9. The consequences of Part 382 Subpart B violations (see page \_\_\_\_ ) including removal from safety-sensitive functions and 382.605 procedures.
- MRT 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04. (see pp \_\_\_\_ )
- MRT 11. Information on the effect of alcohol and controlled substances use on: an individual's health, signs and symptoms of a problem, work, personal life and available methods of intervening when a problem is suspected
- MRT 12. Optional information:

Driver: Melissa Thomas  
(Print name)

Melissa Date: 4/22/19  
(Driver/Employee's Signature)

CLUSSIE BABBY Title: President  
(Authorized Employer Representative Print name)

[Signature] Date: 11-22-19  
(Authorized Employer Signature)

VID # 116

## Alcohol and Controlled Substance Employee's Certified Receipt

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (v) items:

1. The designated person to answer questions about the materials.
2. The categories of drivers subject to Part 382.
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
7. The requirement that tests are administered in accordance with Part 382.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences of Part 382 Subpart B violations (see page \_\_\_\_ ) including removal from safety-sensitive functions and 382.605 procedures.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04. (see pp \_\_\_\_ )
11. Information on the effect of alcohol and controlled substances use on: an individual's health, signs and symptoms of a problem, work, personal life and available methods of intervening when a problem is suspected
12. Optional information:

Driver: Deryl Roberts  
(Print name)

[Signature] Date: Nov 29 2019  
(Driver/Employee's Signature)

CLUSSIE BAGBY Title: President  
(Authorized Employer Representative Print name)

[Signature] Date: 11-22-19  
(Authorized Employer Signature)

UIC #116

## Alcohol and Controlled Substance Employee's Certified Receipt

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (v) items:

1. The designated person to answer questions about the materials.
2. The categories of drivers subject to Part 382.
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
7. The requirement that tests are administered in accordance with Part 382.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences of Part 382 Subpart B violations (see page \_\_\_\_ ) including removal from safety-sensitive functions and 382.605 procedures.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04. (see pp \_\_\_\_ )
11. Information on the effect of alcohol and controlled substances use on: an individual's health, signs and symptoms of a problem, work, personal life and available methods of intervening when a problem is suspected
12. Optional information:

Driver: Curtis McCraney  
(Print name)

Curtis McCraney Date: 10-7-19  
(Driver/Employee's Signature)

CLUSSIE BAZBY Title: President  
(Authorized Employer Representative - Print name)

[Signature] Date: 11-22-19  
(Authorized Employer Signature)

VIO # 116

**APPENDIX B**

**DRIVER NOTIFICATION LETTER**

I certify that I have received a copy of, and have read, the

**Blessed Limosine INC**  
policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with **Blessed Limosine Inc**

I will seek assistance through the current alcohol and drug testing program administrator.

Driver Employee: Deryl Roberts  
(print name)

Signature: Deryl Roberts

Date Signed Nov 20, 2019

Retain a copy of this in confidential Investigative History File

V10 #116

# APPENDIX B

## DRIVER NOTIFICATION LETTER

I certify that I have received a copy of, and have read, the

**Blessed Limosine INC**  
policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with **Blessed Limosine Inc**

I will seek assistance through the current alcohol and drug testing program administrator.

Driver Employee: \_\_\_\_\_  
(print name)

Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_

Retain a copy of this in confidential Investigative History File

V10 # 116

**APPENDIX B**

**DRIVER NOTIFICATION LETTER**

I certify that I have received a copy of, and have read, the

**Blessed Limosine INC**

policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with **Blessed Limosine Inc**

I will seek assistance through the current alcohol and drug testing program administrator.

Driver Employee: Curtis McCraney  
(print name)

Signature: Curtis McCraney

Date Signed 10-2-19

Retain a copy of this in confidential Investigative History File

V/O # 116

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**APPENDIX B**

**DRIVER NOTIFICATION LETTER**

I certify that I have received a copy of, and have read, the

**Blessed Limosine INC**

policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with **Blessed Limosine Inc**

I will seek assistance through the current alcohol and drug testing program administrator.

Driver Employee: melissa Thomas  
(print name)

Signature: meliseth

Date Signed 11/22/19

Retain a copy of this in confidential Investigative History File

VIO # 116

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

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 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 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-RRA, Washington, D.C. 20590.



**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

**FORM MCS-90**

Issued to BLESSED TRANSPORTATION INC. of 3932 62ND AVE CT E, FIFE, WA 98424  
*(Motor Carrier name)* *(Motor Carrier state or province)*

Dated at SCHAUMBURG on this 24 day of MARCH, 2019

Amending Policy Number: CA53067P2019 Effective Date: 03/24/2019

Name of Insurance Company: AMERICAN SERVICE INSURANCE COMPANY, INC.

Countersigned by: *[Signature]*  
*(authorized company representative)*

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ \$5,000,000 CSL for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 800-897-2551.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

A COPY OF  
THIS IS NOW  
CURRENTLY  
FILED ON-SITE  
AT PRINCIPLE PLACE  
OF BUSINESS  
BLESSED LIMOSINE, INC  
15 S Grady WAY Ste 634  
Renton, WA 98057

(continued on next page)

VFO #12a

## DEFINITIONS AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

VIO #12a

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

V10 #12a

## DEFINITIONS AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

**Environmental Restoration** means restitution for the loss or destruction of natural resources arising out of the accident discharge, dispersal, release or escape into or upon the land atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost and the cost of necessary measures taken to minimize or damage to human health, the natural environment, fish, and wildlife.

**Public Liability** means liability for bodily injury, property damage and environmental restoration.

or violation thereof, shall relieve the company from liability from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as between the insured and the company. The insured agrees to indemnify the company for any payment made by the company for any accident, claim, or suit involving a breach of the policy, and for any payment that the company would have been obligated to make under the provisions of the policy for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts payable in this endorsement apply separately to each accident. Payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

VCO # 12a

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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Type of carriage	Commodity transported	Janu
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below.	
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

V10 #12a

**APPLICATION FOR EMPLOYMENT**

NAME Curtis Eric McCraney  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 5806 NE 3rd St Renton, WA 98059 HOW LONG? 7yrs  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 8-25-60 SOCIAL SECURITY NO. 535-64-7944 HIRE DATE 10-2-19

TELEPHONE NUMBER 206-512-5704 E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

same as above # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ + \_\_\_\_\_ # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Wash	WDLBP357123B	CDL B	8-25-2023

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
<del>STRAIGHT TRUCK</del> BUS	Charter BUS	8-88 to Present	1,000 <sup>00</sup>
TRACTOR AND SEMITRAILER			
TRACTOR - TWO TRAILERS			
TRACTOR - TWO TRAILERS OTHER			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				NO YES
				NO YES
				NO YES

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

V10 # 14a  
 Curtis P1

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
<del>10-3</del> 10-13-16	Improper u-Turn	WA	small fine

(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

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES  NO \_\_\_

If yes, explain Child Support

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME Associated Recreation Council

ADDRESS 8021 Greenwood Ave PHONE 206 684-7078

POSITION HELD Gym Monitor FROM 1-2007 TO present SALARY 26.00/hr

REASONS FOR LEAVING Present

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

SECOND LAST EMPLOYER: NAME City Sightseeing

ADDRESS 2001 W Garfield St PHONE 253-736-2036

POSITION HELD Tour Driver FROM 5-19 TO 8-19 SALARY 24.50/hr

REASONS FOR LEAVING Seasonal

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No \_\_\_

VIO # 14a  
curtis p 2



THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

10-2-19  
DATE

Curtis McCroney  
APPLICANT'S SIGNATURE

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in is charge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

10-2-19  
DATE

Curtis McCroney  
APPLICANT'S SIGNATURE

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

VIO # 14a  
Curtis p3

**APPLICATION FOR EMPLOYMENT**

NAME gary leonard Miller  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 24519 35th Ave S Kent WA HOW LONG? 15  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 1-27-68 SOCIAL SECURITY NO. 261 81 4846 HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER 425 402 2695 E-MAIL ADDRESS gary.miller@blessedlimo.com

**PREVIOUS THREE YEARS RESIDENCY**

24519 35th Ave S Kent WA 98032 # YEARS 12 yrs  
 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
WA	WJDL2454543 B	CDL B	2021

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	28ft Box Truck	2/9/50 present	200,000
TRACTOR AND SEMITRAILER	Flat Bed	4/1/2010 2/6/2012	100,000
TRACTOR - TWO TRAILERS			
TRACTOR - TWO TRAILERS OTHER			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				NO YES
				NO YES
				NO YES

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

VO #146  
 Miller p1

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(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

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO

If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME genesis logistics

ADDRESS Auburn wa PHONE \_\_\_\_\_

POSITION HELD delivery driver FROM 2/2/13 TO 5/6/14 SALARY 24.00

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No \_\_\_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

SECOND LAST EMPLOYER: NAME William Service

ADDRESS 48211 79th st PHONE \_\_\_\_\_

POSITION HELD delivery driver FROM 11/2/12 TO 3/4/14 SALARY 20.00

REASONS FOR LEAVING better pay

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_\_\_ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No

Yes \_\_\_\_\_ No

VIO # 146  
MILWAU P 2

THIRD LAST EMPLOYER: NAME Charles Proctor

ADDRESS 6001 Spokane St PHONE \_\_\_\_\_

POSITION HELD Delivery driver FROM 2/9/08 TO 2/2/10 SALARY 19.00

REASONS FOR LEAVING commute to far

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

11/21/19  
DATE

Henry Miller  
APPLICANT'S SIGNATURE

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in is charge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

11/21/19  
DATE

Henry Miller  
APPLICANT'S SIGNATURE

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

V10 #146  
Miller P3

**APPLICATION FOR EMPLOYMENT**

NAME Melissa R N/A Thomas  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 4328 S Pine St Tacoma, WA 98498 HOW LONG? 3yrs  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 02/20/71 SOCIAL SECURITY NO. 537 68 0540 HIRE DATE March 2017

TELEPHONE NUMBER 206 518 4283 E-MAIL ADDRESS melissarochellethomas@gmail.com

**PREVIOUS THREE YEARS RESIDENCY**

N/A # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)  
N/A # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)  
N/A # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
WA	THOM 4MR297CP <del>292600</del>	CDL	02/20/22

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
<del>STRAIGHT TRUCK</del> COACH	57 PAX 22-PAX shuttle	3/17 - current	40,000
TRACTOR AND SEMITRAILER	N/A		
TRACTOR - TWO TRAILERS	N/A		
TRACTOR - TWO TRAILERS (OTHER)	SCHOOL BUS N/A	2014-2018	50,000

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
N/A	N/A	N/A	N/A	NO YES N/A
N/A	N/A	N/A	N/A	NO YES N/A
N/A	N/A	N/A	N/A	NO YES N/A

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

VIO #14c  
 Thomas PI

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	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 \_\_\_ NO X

If yes, explain N/A

B. Has any license, permit or privilege ever been suspended or revoked? YES X NO \_\_\_

If yes, explain In 2010 failed to pay a ticket

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME Blessed Limo

ADDRESS 15 S. Grady Wy Renton, WA 98424 PHONE 206 579-5911

POSITION HELD Driver FROM 3/17 TO CURRENT SALARY \$ 20.00

REASONS FOR LEAVING Still employed

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. NO

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes X No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

SECOND LAST EMPLOYER: NAME RC-Metro

ADDRESS 201 S. Jackson Seattle, WA 98104 PHONE 206 684-1556

POSITION HELD Driver FROM 12/2018 TO CURRENT SALARY \$ 24.08

REASONS FOR LEAVING still employed

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. NO

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes X No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes X No \_\_\_

VIO # 14e

Thomas P?

THIRD LAST EMPLOYER: NAME First Student  
ADDRESS 8105 2nd Ave S. Seattle, WA 98108 PHONE 206 763 2222  
POSITION HELD Driver FROM 12/2014 TO 9/2018 SALARY 18.00  
REASONS FOR LEAVING Found another job  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. none

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

11/22/19  
DATE

Melissa R  
APPLICANT'S SIGNATURE

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in is charge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

11/22/19  
DATE

Melissa R  
APPLICANT'S SIGNATURE

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

VIO # 14c  
Thomas P3

**APPLICATION FOR EMPLOYMENT**

NAME Deey L Roberts  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 5012 S. Fletcher Seattle WA 98118 HOW LONG? 10 years  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 05-19-1965 SOCIAL SECURITY NO. 531-82-8946 HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER 206-261-4647 E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

+ \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
WA	ROBERT1357KR	CDL B	5/19/2022

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
<del>STRAIGHT TRUCK</del> BUS	Metro Bus-Charter	Sept 2017	20,000 miles 1,000
TRACTOR AND SEMITRAILER			
TRACTOR - TWO TRAILERS			
TRACTOR - TWO TRAILERS OTHER			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
	N/A			NO YES
				NO YES
				NO YES

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

VIO # 14A

Roberts PI



DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
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

If yes, explain N/A

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO

If yes, explain N/A

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME King County Metro

ADDRESS 201 S. JACKSON PHONE (206) 477-0193

POSITION HELD DRIVER FROM May 2017 TO current SALARY \$27.58 hr

REASONS FOR LEAVING current

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. N/A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No \_\_\_

SECOND LAST EMPLOYER: NAME Blessed Limo

ADDRESS 15 S. GRADY WAY PHONE 206-579-5911

POSITION HELD DRIVER FROM JAN 2016 TO current SALARY \$20 hr

REASONS FOR LEAVING current

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. n/a

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No

Yes \_\_\_ No

VIO #14 d  
Roberts p2

THIRD LAST EMPLOYER: NAME The Boeing Co.  
ADDRESS Chicago PHONE 1888-476-2016  
POSITION HELD Painter FROM Aug 96 TO June 2016 SALARY \$34  
REASONS FOR LEAVING Difference in opinion

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. N/A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No X

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_ No X

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

NOV, 22 2019  
DATE

[Signature]  
APPLICANT'S SIGNATURE

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in is charge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

11/22, 2019  
DATE

[Signature]  
APPLICANT'S SIGNATURE

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

U/O # 14d  
Roberts P 3

# VIOLATION AND REVIEW RECORD

Driver Name: Daryl Roberts Employee number: 8946

## PART 1 CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
	N/A		

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN? YES  NO   
DATE: \_\_\_/\_\_\_/\_\_\_ LICENSE NUMBER: 1 \_\_\_\_\_ State: \_\_\_ EXPIRY: \_\_\_/\_\_\_/\_\_\_  
DATE OF LICENSE RESTORATION: \_\_\_/\_\_\_/\_\_\_

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months due to any violation required to be listed.

Daryl Roberts  
Driver's Signature 11/22/2019  
Date  
[Signature]  
Signature of Reviewer OWNER  
Title 11/22/19  
Date  
Blessed Limosine INC  
Motor Carrier's Name 15 S Grady Way Suite 634, Renton WA 98057  
Motor Carrier's Address

## PART 2 ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature]  
Signature of Reviewer MANAGE OWNER  
Title 11/22/19  
Date

DETAILS:

VIO #15a

# VIOLATION AND REVIEW RECORD

Driver Name: Curtis McCraney Employee number: \_\_\_\_\_

## PART 1

### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN?  YES  NO  
DATE: \_\_\_/\_\_\_/\_\_\_ LICENSE NUMBER: \_\_\_\_\_ State: \_\_\_\_\_ EXPIRY: \_\_\_/\_\_\_/\_\_\_  
DATE OF LICENSE RESTORATION: \_\_\_/\_\_\_/\_\_\_

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months due to any violation required to be listed.

Curtis McCraney 11/26/19  
Driver's Signature Date  
[Signature] Owner 11/23/19  
Signature of Reviewer Title Date  
Blessed Limosine INC 15 S Grady Way Suite 634, Renton WA 98057  
Motor Carrier's Name Motor Carrier's Address

## PART 2

### ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature] owner 11/23/19  
Signature of Reviewer Title Date

VIO# 156

# VIOLATION AND REVIEW RECORD

Driver Name: Melissa Thomas Employee number: \_\_\_\_\_

## PART 1

### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
N/A			
N/A			
N/A			

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN? _____ YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DATE: <u>  </u> / <u>  </u> / <u>  </u> LICENSE NUMBER: <u>  </u> State: <u>  </u> EXPIRY: <u>  </u> / <u>  </u> / <u>  </u>	
DATE OF LICENSE RESTORATION: <u>  </u> / <u>  </u> / <u>  </u>	

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months due to any violation required to be listed.

Melissa Thomas  
Driver's Signature

11/25/19  
Date

\_\_\_\_\_  
Signature of Reviewer

OWNER  
Title

11/25/19  
Date

Blessed Limosine INC  
Motor Carrier's Name

15 S Grady Way Suite 634, Renton WA 98057  
Motor Carrier's Address

## PART 2

*WAITING FOR DRIVER TO PULL ABSTRACT WITH NEW MED CARD + SELF-CERTIFICATION*

### ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature]  
Signature of Reviewer

MAMM  
Title

11/25/19  
Date

*She is not currently driving*

DETAILS:

VIC # 15C

# Verification of Medical Examiner Listing

As of May 21, 2014, Pursuant to Federal requirements listed in FMCSR Part 391.23 and 391.51

## BLESSED LIMOSINE, INC

15 S GRADY WAY SUITE 634 RENTON WA 98057

Has verified, prior to allowing the following driver to operate a commercial motor vehicle, that this driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners and that this doctor was certified as of the date of issuance of the medical examiner's certificate.

Driver Name Melissa Thomas

Date of Exam/Issuance 5/22/19

Doctor Name: Demetrious Halderson

National Registry Number MD 60628117

Date of Doctor Certification 10-9-18

Company Representative \_\_\_\_\_  
(print name)

Title: owner

\_\_\_\_\_  
(Signature of Company Representative)

Date: Nov 25 2019

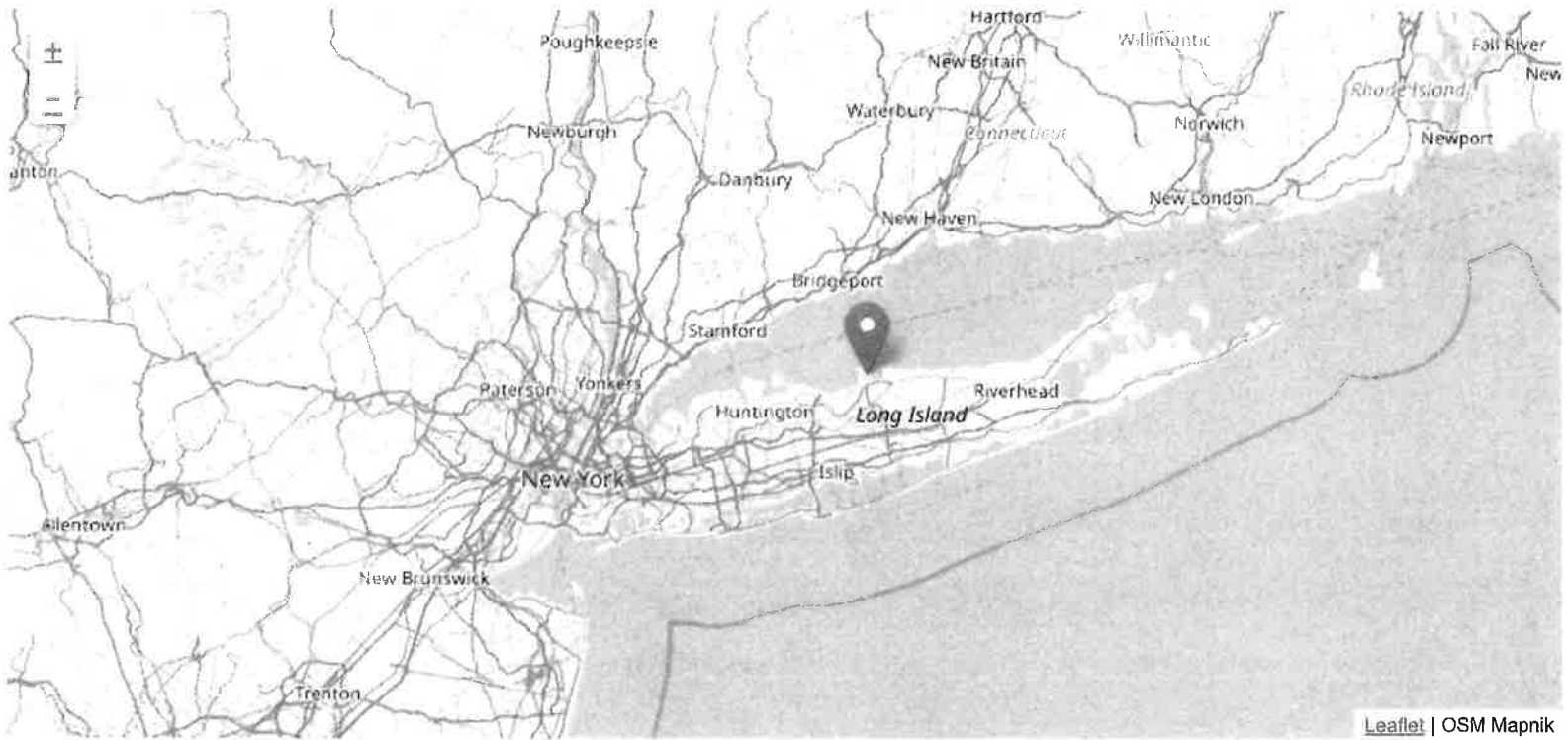
VIO # 16a



**FMCSA**

Federal Motor Carrier Safety Administration

## National Registry of Certified Medical Examiners Search



Leaflet | OSM Mapnik

### **Dr. Demitris Haldeos Doctor of Medicine**

Concentra  
3223 1st Ave S.  
Suite C  
Seattle, WA 98314  
(206) 624-3651

**National Registry Number:** 6056197673

**Certification Date:** 10/09/18

U10 # 16a

A Federal Motor Carrier Safety Regulation is required to respond to a request for future to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless the collection of information is approved by the Office of Management and Budget. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering existing data, reviewing the collection of information, collecting the data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing the burden, to Washington, D.C. 20503, and to the Office of Management and Budget, Paperwork Project Director (0304-0188), Washington, D.C. 20503.

### Medical Examiner's Certificate

I certify that I have examined **Thomas** **THOMAS** 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 or that apply) OR

this person is qualified, and, if applicable, only when (check or that apply) OR

Wearing corrective lenses  
 Wearing hearing aid  
 Accompanied by a \_\_\_\_\_ valuer/evaluation (SPF) Certificate  
 Driving within an exempt intrastate zone (49 CFR 391.62) (For 100)  
 Qualified by operation of 49 CFR 391.64 (Federal)  
 Grandfathered from State requirements (State)

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

**Medical Examiner's Co. Issue Expiration Date** 11/22/019

**Medical Examiner's Signature**

**Medical Examiner's Name (Please print or type)**  
Haldeon, Dembris

**Medical Examiner's State License, Certificate, or Registration Number**  
MD0602817

**Medical Examiner's Telephone Number**  
(206) 625-3651

**Date Certificate Expires**  
05/22/2019

MD  
 Physician Assistant  
 Advanced Practice Nurse  
 DO  
 Chiropractor  
 Other Practitioner (specify) \_\_\_\_\_  
WA

**National Registry Number**  
6056197673

**Driver's Signature**

**Driver's License Number**  
THOMASR297CO

**Issuing State/Province**  
WA

**Street Address:** 9108 76th St SW

**City:** Lakewood

**State/Province:** WA

**Zip Code:** 98148-7104

**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. Proper disposal of this document, when no longer required to be maintained by regulatory requirements.

V10 #16a



# Verification of Medical Examiner Listing

As of May 21, 2014, Pursuant to Federal requirements listed in FMCSR Part 391.23 and 391.51

## BLESSED LIMOSINE, INC

15 S GRADY WAY SUITE 634 RENTON WA 98057

Has verified, prior to allowing the following driver to operate a commercial motor vehicle, that this driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners and that this doctor was certified as of the date of issuance of the medical examiner's certificate.

Driver Name Curtis McCraney

Date of Exam/Issuance 7/31/18

Doctor Name: Julie Shovlin

National Registry Number 5221107697

Date of Doctor Certification \_\_\_\_\_

Company Representative Clussie Bagby  
(Print Name)

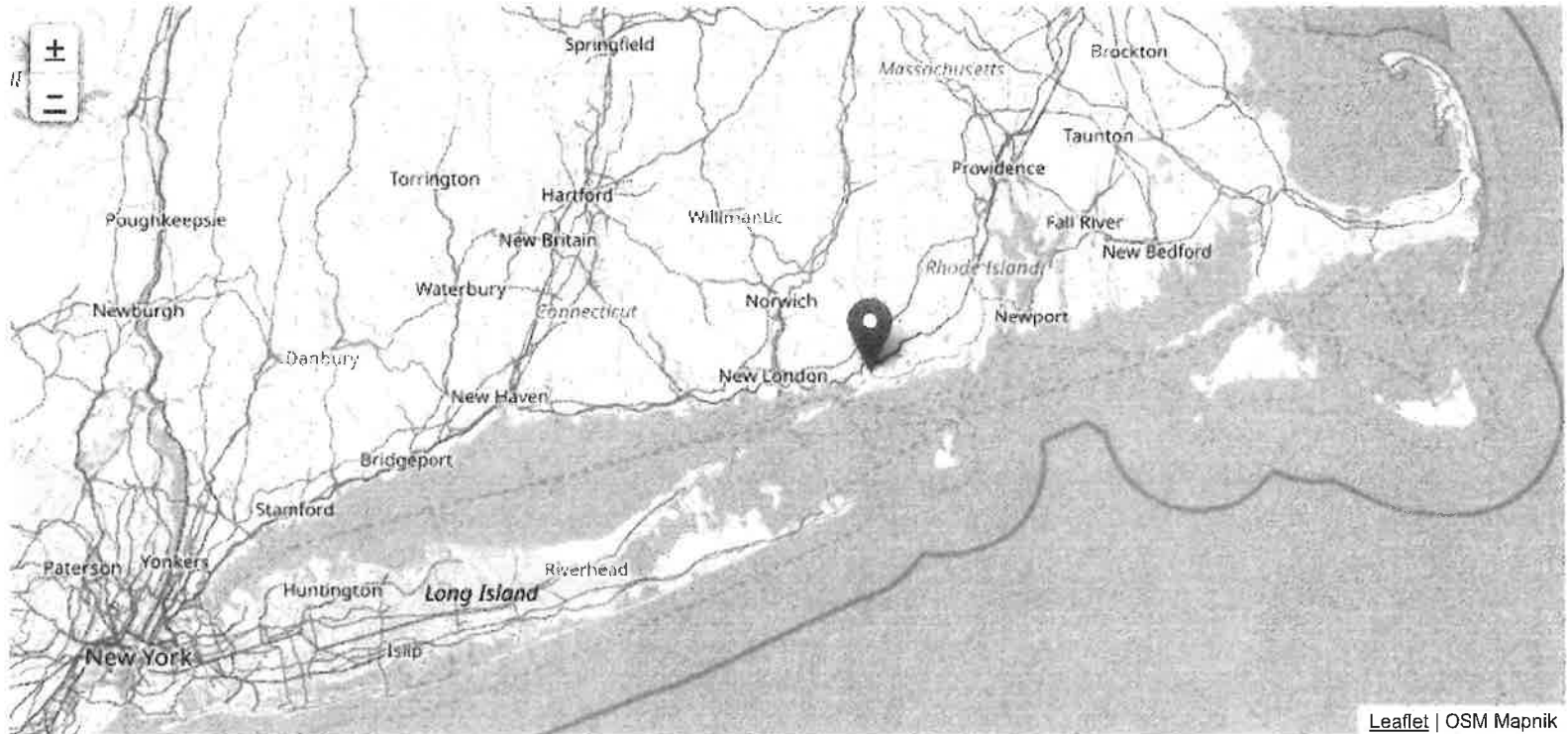
Title: owner

  
(Signature of Company Representative)

Date: 11-25-19

VIO # 166

# National Registry of Certified Medical Examiners Search



Leaflet | OSM Mapnik

**Ms. Julie L Shovlin Physician Assistant**

Immediate Clinic  
13131 NE 85th St  
Kirkland, WA 98033  
(425) 702-8002

**National Registry Number:** 5221107697

**Certification Date:** 04/15/15

VCO # 166

**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-BRA, 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:** MC CRANEY **First Name:** CURTIS 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**

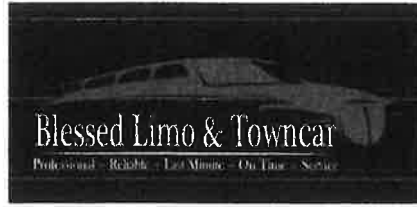
7/31/2020

<b>Medical Examiner's Signature</b> 	<b>Medical Examiner's Telephone Number</b> 425-702-8002	<b>Date Certificate Signed</b> 7/31/2018
<b>Medical Examiner's Name (please print or type)</b> Julie Shovlin	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
<b>Medical Examiner's State License, Certificate, or Registration Number</b> PA.60776900	<b>Issuing State</b> WA	<b>National Registry Number</b> 5221107697

<b>Driver's Signature</b> 	<b>Driver's License Number</b> MCCRACE406N5	<b>Issuing State/Province</b> WA
<b>Driver's Address</b> Street Address: 5806 NE 3RD ST	City: RENTON	State/Province: WA
Zip Code: 98059		<b>CLP/CDL Applicant/Holder</b> <input checked="" type="radio"/> Yes <input type="radio"/> No

VIO #166

for Melissa  
Thomas



15 S Grady Way Suite 634 Renton WA 98057

Inquiry into Previous Employers

Response form

Do one of these forms for each previous employer contacted

Previous Employer Name: First Student

Contact number: (206) 763 - 2222

date sent: 11/2/19

How sent (fax, email, mail) Email

1a. Receipt of inquiry from previous employers

date rec'd   /  /  

If no response, you must try three times;

List date of good faith efforts:

1. 11/2/19

2. 11/7/19

3. 11/24/19

VID #17a

# VIOLATION AND REVIEW RECORD

Driver Name: Daryl Roberts Employee number: 8946

## PART 1

### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
	N/A		

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DATE: <u>  </u> / <u>  </u> / <u>  </u> LICENSE NUMBER: <u>  </u> State: <u>  </u> EXPIRY: <u>  </u> / <u>  </u> / <u>  </u>	
DATE OF LICENSE RESTORATION: <u>  </u> / <u>  </u> / <u>  </u>	

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral during the past 12 months due to any violation required to be listed.

Daryl Roberts 11/22/2019  
 Driver's Signature Date

[Signature] OWNER 11/23/19  
 Signature of Reviewer Title Date

Blessed Limosine INC 15 S Grady Way Suite 634, Renton WA 98057  
 Motor Carrier's Name Motor Carrier's Address

## PART 2

### ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature] MANAGER/OWNER 11/23/19  
 Signature of Reviewer Title Date

DETAILS:

VIO # 18a

# VIOLATION AND REVIEW RECORD

Driver Name: Curtis McCraney Employee number: \_\_\_\_\_

## PART 1

### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
/	/	/	/

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DATE: ___/___/___	LICENSE NUMBER: _____ State: _____ EXPIRY: ___/___/___
DATE OF LICENSE RESTORATION: ___/___/___	

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months due to any violation required to be listed.

Curtis McCraney 11/26/19  
 Driver's Signature Date

[Signature] Owner 11/23/19  
 Signature of Reviewer Title Date

Blessed Limosine INC 15 S Grady Way Suite 634, Renton WA 98057  
 Motor Carrier's Name Motor Carrier's Address

## PART 2

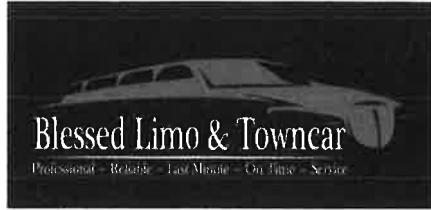
### ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature] Owner 11/23/19  
 Signature of Reviewer Title Date

DETAILS:

VIO# 186



**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 181 VIN: YE2CC16B252D46594

Tire size: 3158022.5 Plate: BPM6944

### Inspections

#### 12K

##### 12-14,000 MILES

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

#### 50K

##### 50,000-60,000 MILES

In conjunction with 12k insp check the differential oil

#### 100 K

In conjunction with 12K insp. change the differential oil

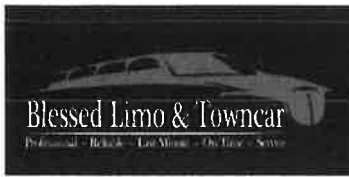
#### DOT

Annually perform a DOT insp. Per 49 CFR Part 396

#### DAILY

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

VIO # 20, 21, 22(a)



Blessed Limosine, INC 15 S Grady Way Renton WA 98057

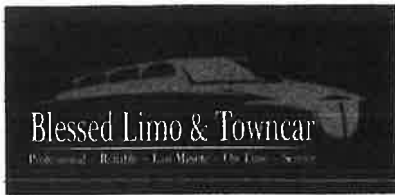
## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <u>VAN HOOB</u>	Serial Number: <u>YE2CC16B252046594</u>
Year: <u>2005</u>	Tire Size: <u>3158022-5</u>
Company number/other ID: <u>181</u>	Owner, if leased: <u>N/A</u>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR	BY WHOM?
<u>10-8-19</u>	<u>annual inspection</u>	<u>GLM/Chant</u>

V10 # 20, 21, 22(a)





15 S Grady Way suite 634 Renton, WA 99057

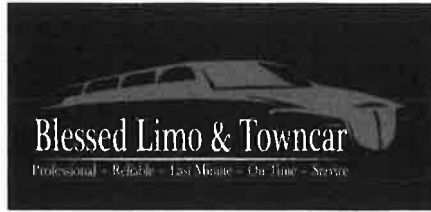
## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

Make <u>VAN HOOB</u>	Serial Number <u>YE2CCU6B25D2046544</u>
Year: <u>2005</u>	Tire Size: <u>3158022.5</u>
Company No/Other ID: <u>L81</u>	Owner, if leased: <u>N/A</u>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
<u>10-8-19</u>	<u>DOT Annual</u>		<u>10-7-20</u>			<u>CB</u>

V10 # 20, 21, 22-(a)



**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 9875 VIN: YE2CC16B2502046577

Tire size: 3158022.5 Plate: C 13375K

**Inspections**

**12K**

**12-14,000 MILES**

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

**50K**

**50,000-60,000 MILES**

In conjunction with 12k insp check the differential oil

**100 K**

In conjunction with 12K insp. change the differential oil

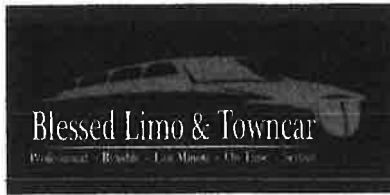
**DOT**

Annually perform a DOT insp. Per 49 CFR Part 396

**DAILY**

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

VIO # 20, 21, 22(b)



15 S Grady Way suite 634 Renton, WA 99057

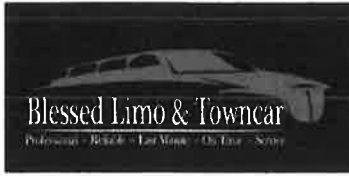
## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CC16B23D2046577</b>
Year: <b>2005</b>	Tire Size: <b>315 80J2.5</b>
Company No/Other ID: <b>9875</b>	Owner, if leased: <b>N/A</b>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
12-4-18	DOT Annual		12-3-19			

v10 # 20, 21, 22(b)



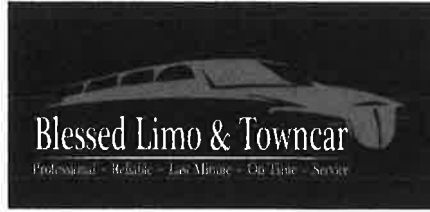
Blessed Limosine, INC 15 S Grady Way Renton WA 98057

## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: VAN HOOB	Serial Number: YE2CC16B25D2046577
Year: 2005	Tire Size: 3158022.5
Company number/other ID: 9875	Owner, if leased: N/A

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR	BY WHOM?
12-4-18	DOT Annual Inspection	Glen Chant

VIO # 20, 21, 22 (b)



**Vehicle Maintenance Standard**  
**Owned by: Blessed Limosine, INC**  
**15 S Grady Way Suite 634 Renton, WA 98057**

Unique vehicle number 777 VIN: YE2CC16B752046591

Tire size: 3158022.5 Plate: BMM6944

**Inspections**

**12K**

**12-14,000 MILES**

Around every 12,000 miles (not to exceed 14,000) check

1. the condition of brakes pads, rotors, lines) and suspension, schedule any needed brake service[s]
2. check lighting and the general condition of vehicle for any repairs needed (leaks, loose parts, tire pressure, etc.).
3. Lube and check A/C filters.
4. Change the engine oil and filter
5. Check and top off if needed: transmission, power steering, and brake fluid

**50K**

**50,000-60,000 MILES**

In conjunction with 12k insp check the differential oil

**100 K**

In conjunction with 12K insp. change the differential oil

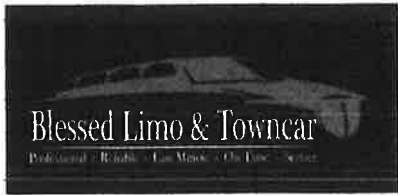
**DOT**

Annually perform a DOT insp. Per 49 CFR Part 396

**DAILY**

Drivers daily perform Pre and Post trip inspections of each coach driven per FMCSA Standard (sec 396.11)

U/I # 20, 21, 22 (c)



15 S Grady Way suite 634 Renton, WA 99057

## VEHICLE SERVICE DUE STATUS REPORT

### VEHICLE IDENTIFICATION

Make <b>VAN HOOB</b>	Serial Number <b>YE2CC16B752046591</b>
Year: <b>2005</b>	Tire Size: <b>3158D22.5</b>
Company No./Other ID: <b>777</b>	Owner, if leased: <b>N/A</b>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due	INITIALS
<b>MAR 5 19</b>	<b>DOT Annual</b>		<b>DUE NOW</b>			<b>GLM</b> <i>Chadwick</i>

Still waiting  
 for service  
~~HAS~~

VIO # 20, 21, 22(c)



Blessed Limosine, INC 15 S Grady Way Renton WA 98057

## Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <b>VAN HOOB</b>	Serial Number: <b>YE2CCU6B752046591</b>
Year: <b>2005</b>	Tire Size: <b>315 8022.5</b>
Company number/other ID: <b>477</b>	Owner, if leased: <b>N/A</b>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR	BY WHOM?
3-5-19	DOT Annual Inspection	GLM <i>Charters</i>

VIO # 20, 21, 22(c)

# Blessed Transportation

15 S Grady Way Ste 634  
Renton, Washington 98057

## Driver Vehicle Inspection Report

See 49 CRF 396.11 Requirement

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

Date: 10-25-19 Vehicle Number: 9875

- |  |  |
|--|--|
| <input type="checkbox"/> Service Brakes, Parking Brake | <input type="checkbox"/> Windshield Wipers   |
| <input type="checkbox"/> Steering                      | <input type="checkbox"/> Mirrors             |
| <input type="checkbox"/> Lights                        | <input type="checkbox"/> Coupling Devices    |
| <input type="checkbox"/> Horn                          | <input type="checkbox"/> Wheels and Rims     |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Emergency Equipment |

Remarks:

Condition of the above vehicle is SATISFACTORY

Driver's Signature: Curtis McCarney

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

Mechanic's or Carrier Official's signature certifying repairs: \_\_\_\_\_ Date: \_\_\_\_\_

Next day Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(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)**

V10  
#24 a



# Blessed Transportation

15 S Grady Way Ste 634

Renton, Washington 98057

## Driver Vehicle Inspection Report

See 49 CRF 396.11 Requirement

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

Date: 10-28-19 Vehicle Number: 9875

- |  |  |
|--|--|
| <input type="checkbox"/> Service Brakes, Parking Brake | <input type="checkbox"/> Windshield Wipers   |
| <input type="checkbox"/> Steering                      | <input type="checkbox"/> Mirrors             |
| <input type="checkbox"/> Lights                        | <input type="checkbox"/> Coupling Devices    |
| <input type="checkbox"/> Horn                          | <input type="checkbox"/> Wheels and Rims     |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Emergency Equipment |

Remarks:

Condition of the above vehicle is SATISFACTORY

Driver's Signature: *Curtis McLaughlin*

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

Mechanic's or Carrier Official's signature certifying repairs:

\_\_\_\_\_ Date: \_\_\_\_\_

Next day Driver's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**(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)**

V10  
#246

# Blessed Transportation

15 S Grady Way Ste 634

Renton, Washington 98057

## Driver Vehicle Inspection Report

See 49 CRF 396.11 Requirement

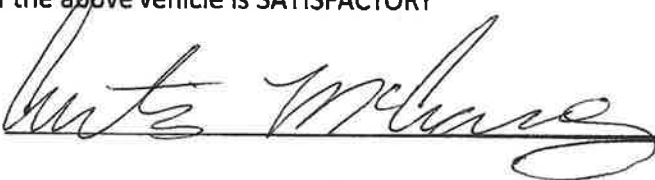
Driver Instructions: Check any defective item that was observed by or reported to you and give details under "Remarks".

Date: 11-1-19 Vehicle Number: 9875

- |  |  |
|--|--|
| <input type="checkbox"/> Service Brakes, Parking Brake | <input type="checkbox"/> Windshield Wipers   |
| <input type="checkbox"/> Steering                      | <input type="checkbox"/> Mirrors             |
| <input type="checkbox"/> Lights                        | <input type="checkbox"/> Coupling Devices    |
| <input type="checkbox"/> Horn                          | <input type="checkbox"/> Wheels and Rims     |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Emergency Equipment |

Remarks:

Condition of the above vehicle is SATISFACTORY

Driver's Signature: 

Above defects are corrected

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

Mechanic's or Carrier Official's signature certifying repairs:

\_\_\_\_\_  
Date: \_\_\_\_\_

Next day Driver's Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

**(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)**

V10  
#24c

# Blessed Transportation

15 S Grady Way Ste 634

Renton, Washington 98057

## Driver Vehicle Inspection Report

See 49 CRF 396.11 Requirement

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

Date: 11-3-19 Vehicle Number: 9875

- |  |  |
|--|--|
| <input type="checkbox"/> Service Brakes, Parking Brake | <input type="checkbox"/> Windshield Wipers   |
| <input type="checkbox"/> Steering                      | <input type="checkbox"/> Mirrors             |
| <input type="checkbox"/> Lights                        | <input type="checkbox"/> Coupling Devices    |
| <input type="checkbox"/> Horn                          | <input type="checkbox"/> Wheels and Rims     |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Emergency Equipment |

Remarks:

Condition of the above vehicle is SATISFACTORY

Driver's Signature: *Ante McLung*

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

Mechanic's or Carrier Official's signature certifying repairs:

\_\_\_\_\_  
Date: \_\_\_\_\_

Next day Driver's Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

**(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)**

V10  
#24d

# Blessed Transportation

15 S Grady Way Ste 634

Renton, Washington 98057

## Driver Vehicle Inspection Report

See 49 CRF 396.11 Requirement

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

Date: NOV. 14, 2010 Vehicle Number: 181

- |  |  |
|--|--|
| <input type="checkbox"/> Service Brakes, Parking Brake | <input type="checkbox"/> Windshield Wipers   |
| <input type="checkbox"/> Steering                      | <input type="checkbox"/> Mirrors             |
| <input type="checkbox"/> Lights                        | <input type="checkbox"/> Coupling Devices    |
| <input type="checkbox"/> Horn                          | <input type="checkbox"/> Wheels and Rims     |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Emergency Equipment |

Remarks:

Condition of the above vehicle is SATISFACTORY

Driver's Signature: 

Above defects are corrected

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

Mechanic's or Carrier Official's signature certifying repairs:

\_\_\_\_\_  
Date: \_\_\_\_\_

Next day Driver's Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

(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)

VIO # 24e