



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report

## Motor Carrier Safety

Upload?  Yes  No - Reason For Not Uploading: New Authority Inspection

1. Investigator(s): Rick Smith 2. Assignment No.: 112062

3. Current Date: 4-19-2012 4. Date of Activity: 4-17-2012

5. Carrier Name: BML Investments, LLC dba Wenatchee Valley Shuttle

6. Permit: Pending 7. New Entrant date of authority: \_\_\_\_\_

8. MOTCAR No.: 1D6849 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Intra and Interstate

10. Industry Code: 230

11. USDOT No.: 2270573 12. MC No.: None

13.  **Destination Check**

- Copy of the Destination Check Safety Plan is attached.
- Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Any special emphasis placed on the destination check  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- What might we do differently to increase our success at the next destination check:  
\_\_\_\_\_

14.  **Safety Complaint**

- Attach a copy of the Individual Safety Complaint Plan.
- What activity did staff complete for this safety complaint:
  - Compliance review
  - Technical assistance
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - Unannounced terminal visit
  - Other (please explain): \_\_\_\_\_

15.  **New Entrant - Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No
- Is this carrier based in another state, requesting intrastate authority:  Yes  No
- Is this carrier based in Washington, requesting intrastate authority:  Yes  No
- Did staff complete the following:
  - ◆ Inspect all vehicles between three and nine months?  Yes  No
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and nine months?  Yes  No  SI  SA

16.  **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17.  **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18.  **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19.  **Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: _____
▪ Number of drivers operated: _____
▪ Total miles for prior year: _____
▪ Recordable accidents for prior year: _____
▪ Accident Ratio: _____

20.  **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21.  **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections								1			
Defective Vehicles								1			
OOS Vehicles								1			
Level								5			

22.  **Vehicle Inspection Violations:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other								1			

Comment: No drive line protection per 49 CFR 393.89 (This issue has since been repaired by a DOT recognized and qualified mechanic and the vehicle put back into service on 4-17-2012)

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

No carrier history. This is a new authority auto-trans applicant in need of vehicle inspection and safety training.

**25. Findings:**

Although the vehicle overall was in excellent mechanical shape, it did not have a driveline protection and I could not pass it for authority until this issue was resolved. My initial inspection and safety training was provided to Monica Lott, company CEO and safety manager on 4-13-2012.

4-17-2012 Ms. Lott emailed me as requested a copy of the mechanics repair verification specific to installing an appropriate drive line protection metal strapping. I confirmed the work was completed and complies with 49 CFR 393.89.

Management for this carrier appeared with interest and enthusiastic about learning safety procedures, And although our safety training included review of the UTC manual "Your Guide To Achieving A Satisfactory safety record" I was promised continual study of this manual and applicable CFR's will be completed by all company management for operations.


**26. Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

**27. Is this carrier considered a high risk carrier as a result of this activity?**

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

28. Additional Comments: I recommend this carrier receive authority to operate. Close and file this Review.

Investigator's Signature: Richard Smith 

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Recommendation: \_\_\_\_\_

Final Review By: Dratt Date: 4/19/12

Reviewer's Recommendation:

Agree with recommendations.

OK to issue authority

\* Copy to Tina in Licensing.

OFFICE USE ONLY

Date Closed: 4/19/12 By: CAC

Company Name: BMA Investments LLC dba Wenatchee Valley Shuttle

Assignment #: 112062

Staff Assigned: Rick Smith

cc: Licensing



# MCMIS

Motor Carrier Management  
Information System

Choose Subsystem



Exit MCMIS

## View Company Record



Identification	Operation Classification	Cargo Classification	Hazardous Materials	Equipment	Drivers	Show All Data
USDOT Number:	2270573	Application Tracking Number:				
Company Type:	CARRIER					
Identification						
Status:	ACTIVE	MC/MX Number:				
Legal Name:	BML INVESTMENTS LLC					
DBA Name (Doing Business As):	WENATCHEE VALLEY SHUTTLE					
Physical Address						
Street:	1724 10TH PL NE					
City:	EAST WENATCHEE					
State / Country:	WASHINGTON	ZIP/Postal Code:		98802		
Colonia (Mexico Only):		County:	DOUGLAS			
Phone#:	5096302745	Cell Phone#:	5096990197	Fax#:		
Mailing Address						
Street (PO Box):	1724 10TH PL NE					
City:	EAST WENATCHEE					
State / Country:	WASHINGTON	ZIP/Postal Code:		98802		
Colonia (Mexico Only):		Mailing County:	DOUGLAS			
Other						
Dun & Bradstreet No.:						
EIN:	602712441	SSN:				
State Director Code:	53	Service Center:		WESTERN		
Internet E-Mail Address:	BYRON@WENATCHEEVALLEYSHUTTLE.COM					
MCS-150 Date (MM/DD/YYYY):	03/06/2012					
MX Type:		RFC Number:				
New Entrant Status:	NEVER IN NEW ENTRANT PROGRAM					
New Entrant Entry Date:		New Entrant Exit Date:				
Name of Authorized Person:	BYRON LOTT	Title of Authorized Person:		CFO		
Do not put in NE Program (Y/N):	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO					
1. Officer Name:	MONIQUE LOTT					
1. Officer Title:	CEO					

2. Officer Name:	BYRON LOTT
2. Officer Title:	CFO

Carrier/Shipper			
Carrier Operation:	<input checked="" type="radio"/> A. INTERSTATE HAZMAT	<input type="radio"/> B. INTRASTATE HAZMAT	<input type="radio"/> C. INTRASTATE NON-HAZMAT
Mileage (MCS 150):		1   Mileage Year(YYYY):	2011
Mileage (MCS 151):			

Operation Classification		
<input checked="" type="checkbox"/> AUTHORIZED FOR HIRE	<input type="checkbox"/> PRIVATE PASSENGER, NON-BUSINESS	<input type="checkbox"/> STATE GOVERNMENT
<input type="checkbox"/> EXEMPT FOR HIRE	<input type="checkbox"/> MIGRANT	<input type="checkbox"/> LOCAL GOVERNMENT
<input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> U. S. MAIL	<input type="checkbox"/> INDIAN TRIBE
<input type="checkbox"/> PRIVATE PASSENGER, BUSINESS	<input type="checkbox"/> FEDERAL GOVERNMENT	<input type="checkbox"/> OTHER

Cargo Classification		
<input type="checkbox"/> GENERAL FREIGHT	<input type="checkbox"/> LIQUIDS/GASES	<input type="checkbox"/> CHEMICALS
<input type="checkbox"/> HOUSEHOLD GOODS	<input type="checkbox"/> INTERMODAL CONTAINERS	<input type="checkbox"/> COMMODITIES DRY BULK
<input type="checkbox"/> METAL; SHEETS, COILS, ROLLS	<input checked="" type="checkbox"/> PASSENGERS	<input type="checkbox"/> REFRIGERATED FOOD
<input type="checkbox"/> MOTOR VEHICLES	<input type="checkbox"/> OIL FIELD EQUIPMENT	<input type="checkbox"/> BEVERAGES
<input type="checkbox"/> DRIVE AWAY/TOWAWAY	<input type="checkbox"/> LIVESTOCK	<input type="checkbox"/> PAPER PRODUCTS
<input type="checkbox"/> LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> GRAIN, FEED, HAY	<input type="checkbox"/> UTILITY
<input type="checkbox"/> BUILDING MATERIALS	<input type="checkbox"/> COAL, COKE	<input type="checkbox"/> FARM SUPPLIES
<input type="checkbox"/> MOBILE HOMES	<input type="checkbox"/> MEAT	<input type="checkbox"/> CONSTRUCTION
<input type="checkbox"/> MACHINERY, LARGE OBJECTS	<input type="checkbox"/> GARBAGE, REFUSE, TRASH	<input type="checkbox"/> WATER WELL
<input type="checkbox"/> FRESH PRODUCE	<input type="checkbox"/> U.S. MAIL	<input type="checkbox"/> OTHER

Hazardous Materials Carried or Shipped					
Carried/Shipped	Hazardous Material Code	Bulk/Non-Bulk	Carried/Shipped	Hazardous Material Code	Bulk/No
	DIV 1.1			DIV 4.3	
	DIV 1.2			DIV 5.1	
	DIV 1.3			DIV 5.2	
	DIV 1.4			DIV 6.2	
	DIV 1.5			DIV 6.1A	
	DIV 1.6			DIV 6.1B	
	DIV 2.1			DIV 6.1 POISON	
	DIV 2.1 LPG			DIV 6.1 SOLID	
	DIV 2.1 METHANE			CLASS 7	
	DIV 2.2			HRCQ	
	DIV 2.2A AMMONIA			CLASS 8	
	DIV 2.3A			CLASS 8A	
	DIV 2.3B			CLASS 8B	
	DIV 2.3C			CLASS 9	

	DIV 2.3D			ELEVATED TEMP MAT	
	CLASS 3			INFECTIOUS WASTE	
	CLASS 3A			MARINE POLLUTANTS	
	CLASS 3B			HAZARDOUS SUB(RQ)	
	COM LIQ			HAZARDOUS WASTE	
	DIV 4.1			ORM	
	DIV 4.2				

Number of Vehicles operated in the U.S. (at least one must be entered in the non-passenger group or the passenger group)

Number of Vehicles that can be Operated in the U.S.					
	STRAIGHT TRUCKS	TRUCK TRACTORS	TRAILERS	HAZMAT CARGO TANK TRAILERS	HAZMAT CARGO TRUCKS
OWNED					
TERM LEASED					
TRIP LEASED					

Number of Vehicles operated in the U.S. (at least one must be entered in the passenger group or the non-passenger group)

Number of Vehicles Carrying Number of Passengers (including the driver) Below									
	MOTOR COACH	SCHOOL BUS 1-8	SCHOOL BUS 9-15	SCHOOL BUS 16+	MINI-BUS 16+	VAN 1-8	VAN 9-15	LIMOUSINE 1-8	LIMOUSINE 9-15
OWNED							1		
TERM LEASED									
TRIP LEASED									

Total Power Units: 1 Total Trucks: 0 Total Buses:

Total Cars:

Drivers Subject to FMCSR (at least one must be entered)	
Interstate Within 100-Mile Radius:	
Interstate Beyond 100-Mile Radius:	
Intrastate Within 100-Mile Radius:	
Intrastate Beyond 100-Mile Radius:	4
Avg. Drivers Leased per Month:	0
Total Drivers (computed field):	4
Total CDL Drivers:	1

Options for this Company 

April 19, 2012

| [Cargo Tank Search](#) | [Company Information](#) | [Crash](#) | [Inspection](#) | [MCS150/150B/150C Add](#) | [Monitoring](#) | [Reports](#) | [Review](#) | [Safety Audit](#)



**Smith, Richard (UTC)**

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**From:** Caruso, Carolyn (UTC)  
**Sent:** Monday, April 16, 2012 8:19 AM  
**To:** Smith, Richard (UTC)  
**Cc:** Pratt, David (UTC)  
**Subject:** RE: BML INVESTMENTS LLC - TC-120337

Assignment no. 112062.

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**From:** Smith, Richard (UTC)  
**Sent:** Friday, April 13, 2012 10:03 AM  
**To:** Caruso, Carolyn (UTC)  
**Cc:** Leipski, Tina (UTC)  
**Subject:** RE: BML INVESTMENTS LLC - TC-120337

Carolyn,

Would you please issue an assignment number to me for the new authority inspection request below.

Thanks,

Rick

Richard L. Smith  
Division Lead  
Transportation Safety

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**From:** Leipski, Tina (UTC)  
**Sent:** Thursday, April 12, 2012 3:41 PM  
**To:** Smith, Richard (UTC); Pratt, David (UTC)  
**Cc:** Caruso, Carolyn (UTC)  
**Subject:** BML INVESTMENTS LLC - TC-120337

The application above is for an auto transportation certificate. It will be pulled off the docket tomorrow and it looks like they have a completed application. I also received their insurance today so it looks like we can do an inspection.

Here's their info:  
BML Investments, LLC  
d/b/a Wenatchee Valley Shuttle  
1724 10<sup>th</sup> Place NE  
East Wenatchee, WA 98802  
509-699-0197

Thanks!

Tina Leipski  
Utilities & Transportation Commission  
Licensing Services  
360-664-1170  
fax 360-586-1181

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
Olympia, WA 98504-7250  
(360) 664-1236

Report Number: WAU001000514  
Inspection Date: 04/13/2012  
Start: 6:07:00 PM PT End: 7:00:00 PM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

BML INVESTMENT LLC DBA WENATCHEE VALLEY SHUTTLE  
172410 10TH PLACE NE  
WENATCHEE, WA 98802  
USDOT#: 02270573 Phone#: (509)699-0197  
MC/MX#: 000000 Fax#:   
State#: PENDING  
Location: CLE ELUM  
Highway:   
County: KITTITAS, WA

Driver:   
License#: State:   
Date of Birth:   
CoDriver:   
License#: State:   
Date of Birth:   
Shipper:   
Bill of Lading:   
Cargo:   
MilePost:   
Origin: WENATCHEE, WA   
Destination: WENATCHEE, WA

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	CHEV	2010	TX	15J7949	1	1GA2GZDG2A1118507	7,300			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:  
SMITH, RICHARD

Badge #:  
J580

Copy Received By:

Page 1 of 1

X

x 1312628



02270573 WA WAU001000514

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312628

PERSONNEL NO. 5-580 DIST / DET HQ

LEVEL: 1 2 3 4 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE 4/13/12	TIME (MILITARY) BEGUN 08:09	TIME (MILITARY) FINISHED 19:00	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP		SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
Wenatchee Valley Shuttle

ADDRESS  
1724 10th Pl NE

CITY STATE ZIP CODE INTERSTATE DOT NO. ICC NO.  
Wenatchee WA 98802 YES NO 2770523

**DRIVER**

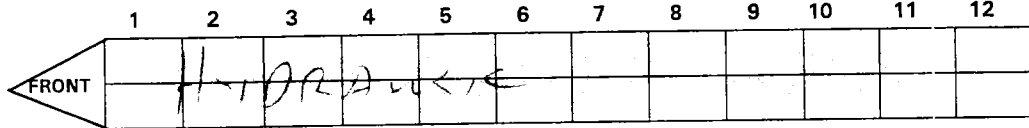
DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.  
WAIVER Y N

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS G.V.W. PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Bu	2010 Chevy	#1	Ten-p 1557949	TX
2		SW		1557949	
3				1GAGZ0G20G2A1118507	
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
	No Drive Line Protection (Metal Strip) (Repair)							
	<del>Authority to operate on Hold until above items resolved - (Issued 4/12/12)</del>							
	(See Aspen WA 001000514)							
CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4	NOIC NO.							

DRIVER SIGNATURE  
OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired.  
Driver may not drive until in compliance.