



UTILITIES AND TRANSPORTATION  
COMMISSION  
*Celebrating 100 Years*

# Motor Carrier Safety Staff Recommendation

Investigator(s): Alan Dickson

Permit: CH applica

Assignment No.: 107133

MOTCAR No.:

1D 4589

Company name: Angel Limo USA, Inc.

Type of assignment:

- Compliance review
- Technical assistance
- Vehicle inspection
- Other: \_\_\_\_\_

- Education
- Training
- Destination check

Date(s) of activity: 6-7-07

Relevant company history, if any:

Findings: Three vehicles passed CVSA inspection for CH/ES application

Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR or vehicle inspection report.
- Require the company to submit a compliance plan in response to the 15-day letter requirement or in response to a compliance letter.
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

Recheck:  Yes (Date: )  No

Additional Comments: Carrier will equip vehicles with emergency equipment prior to operations. Add to charter company workplan ✓

Investigator's signature: \_\_\_\_\_

Initial Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Final recommendation by: *R. Hunter* Date: *6-11-07*

*Concur with staff recommendation  
Close and file. Thanks!*

Date closed: *6/11/07* By: *AKC*

cc: *Alan Hickson*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225077

PERSONNEL NO. J553 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE <u>6.7.07</u>	TIME (MILITARY) BEGUN <u>11:30</u>	TIME (MILITARY) FINISHED <u>11:50</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>TERMINAL</u>		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)  
Angel Limo USA INC

ADDRESS  
1027 Harbor Ave SW # 303 Applca.

CITY Seattle STATE WA ZIP CODE 98116 INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

**DRIVER**

DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

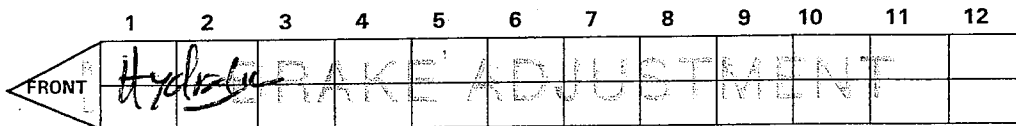
DATE OF BIRTH \_\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_

WAIVER Y N

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 20 PASSENGER PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>VN</u>	<u>07 Hum.H2</u>		<u>5ERG123UX7H</u>	<u>WA</u>
2				<u>105293</u>	
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.95A</u>	<u>No Fire Extinguisher</u>		<u>X</u>					
<u>393.95 F</u>	<u>No Emergency Warning Devices - Triangles/Flares</u>		<u>X</u>					

CVSA DECALS UNIT 1 5922427 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE Jean Lubric

OFFICER SIGNATURE A. Johnson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225076

PERSONNEL NO: J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE: 6.7.07 TIME (MILITARY) BEGUN 1100: FINISHED 1120: LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 17 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Inclue DBA when applicable): Angel Lima USA INC ADDRESS: 1027 Harbor Ave #303 CITY: Seattle STATE: WA ZIP CODE: 98116 INTERSTATE: YES NO DOT NO. I/C NO. App/12a.

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: Carrier G.V.W. 12 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 06 Chry. 2A80995 WA

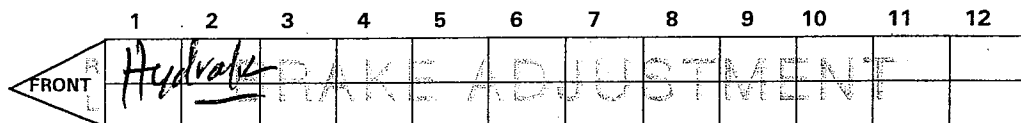


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.95 A No Fire Extinguisher X. Row 2: 393.95 F No Emergency Warning Devices - Flares/Triangles

CVSA DECALS UNIT 1: 5922126 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE: [Signature] OFFICER SIGNATURE: ADICKSON

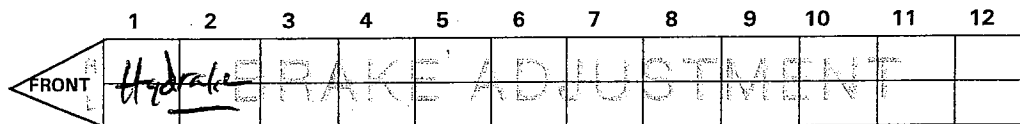
Vehicle may not be operated until O / S defects noted above are repaired. Driver may not drive until in compliance.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225075

PERSONNEL NO. J553 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>6.7.07</u>	TIME (MILITARY) BEGUN <u>10:40</u>	TIME (MILITARY) FINISHED <u>11:00</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. / CNTY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		PLACARD REQUIRED? Y N	CARGO TANKS? Y N
CARRIER							
CARRIER NAME (Include DBA when applicable) <u>Angel Limo USA, Inc</u>							
ADDRESS <u>1027 Harbor Ave SW #303</u>							
CITY <u>Seattle</u>	STATE <u>WA</u>	ZIP CODE <u>98116</u>	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO. <u>App/12a.</u>		
DRIVER							
DRIVER NAME				LICENSE NO.		STATE	EXP. YEAR
DATE OF BIRTH		MED. CERT. Y N WAIVER Y N	SHIPPER NAME			SHIPPING NO.	
VEHICLE							
REGISTERED OWNER NAME/ADDRESS <u>Carrier</u>					G.V.W. <u>25 PASSENGERS</u>	PBT RATE	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE	
1	<u>VN</u>	<u>07 CAD</u>		<u>2AB0994</u>		<u>WA</u>	
2							
3							
4							



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.95A	No Fire Extinguisher		X					
393.95F	No Emergency Warning Devices for Stopped Vehicles Triangles / Flares / Fuses		X					
CVSA DECALS UNIT 1 <u>5922125</u>	UNIT 2	UNIT 3	UNIT 4	NOIC NO.				

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

DRIVER SIGNATURE  
Tom Schmit  
 OFFICER SIGNATURE  
A. Dickson

## 2007 MCSAP DATA SHEET

Assignment #:	107133
Date of CR/Inspection:	6-7-07
Carrier Name:	Angel Limo USA, Inc.
DBA:	
Permit #:	CH application
DOT #:	
MC #:	
MotCar #:	1 D 4589

### COMPLIANCE REVIEW DATA:

Safety Rating:	
Number of Vehicles Operated:	
Number of Drivers Operated:	
Total Miles for Prior Year:	
Recordable Accidents for Prior Year:	
Accident Ratio:	

### PART B VIOLATIONS:

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

## 2007 MCSAP DATA SHEET (cont):

### VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:			2					1			
# of Defective Vehicles:			2					1			
Defective Vehicle Ratio:	<b>LEAVE BLANK - RATIO COMPUTER GENERATED</b>										
# of OOS Vehicles:			0					0			
OOS Vehicle Ratio:	<b>LEAVE BLANK - RATIO COMPUTER GENERATED</b>										
Location of Inspection:	<b>Seattle</b>										
Level of Inspection:			5					5			

### VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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/ Wipers											
Mirrors											
Emergency Equipment/ Exits			2					1			
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

**Alan Dickson**

**Inspector(s):** \_\_\_\_\_