



UTILITIES AND TRANSPORTATION COMMISSION

TV-090371
Licensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 109060

3. Current Date: 4-2-09 4. Date of Activity: 3-31-09

5. Carrier Name: Benny Transpo LLC

6. Permit: None Pending 7. Industry Code: 232

8. MOTCAR No.: 1D 5450

9. DOT No.: None 10. MC No.: _____

11. **Destination Check**

Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- What might we do differently to increase our success at the next destination check:

12. **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): _____

13. **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 1
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

14. **New Entrant– HHG**

- 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 eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

15. **Individual Safety Plan Only:**
 Attach a copy of the Individual Carrier Safety 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): _____

16. **Compliance Review Data:**

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

17. Part B Violations:

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

18. 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		0									
OOS Vehicles		0									
Location		Term									
Level		5									

19. 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											

20. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: New application for charter/excursion authority

22. Findings: I inspected the vehicle for Benny Transpo LLC, a 12 passenger 2006 Ford Van E-350, VIN# 1FBNE31L06DA82495 and found it free of any defects. The vehicle was issued a CVSA decal # 9812620. Technical assistance/advice was given to the company owner Benjamin Yu.

23. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan and copy of new medical card(s) in response to the 15-day letter requirement.
- Recheck – Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)

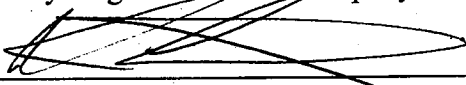
Describe: _____

- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$ _____
- Issue a complaint.
- Stop company operations.

24. 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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

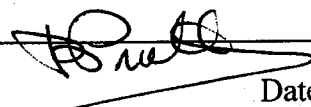
25. Additional Comments: I recommend authority be granted to this company. Close and file.

Investigator's signature: Richard L. Smith 

Initial review by: DP Date: 4/3/09

Reviewer's recommendation: Agree with recommendation.

Provide copy of this report to Licensing. OK to issue authority.

Final review by:  Date: _____

Reviewer's recommendation: _____

Date closed: 11/3/09 By: CAC
cc: Rich Smith

Company name Benny Transpo LLC Assignment # 109060

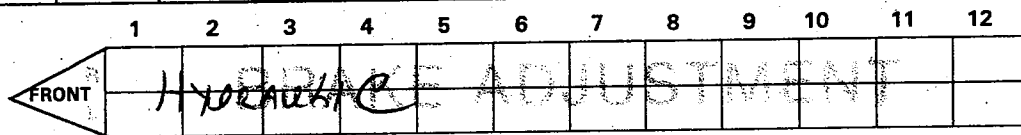
Staff Assigned Richard Smith

cc: Licensing

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278133

PERSONNEL NO. 5580	DIST / DET HQ	LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 <u>X</u>				
GENERAL				HAZARDOUS MATERIALS		
DATE 03/31/09	TIME (MILITARY) BEGUN 09:15	TIME (MILITARY) FINISHED 09:39	HAZARD CLASS / DIVISION NO. _____			
LOCATION: SR/MP Terminal	SCALEHOUSE NO.	CNTY CODE 17	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	
CARRIER						
CARRIER NAME (Include DBA when applicable) BENNY TRANSPO LLC						
ADDRESS 1100 EAGLE RIDGE DR S #A						
CITY RENTON	STATE WA	ZIP CODE 98055	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.	
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 SAME AS ABOVE			G.V.W. 12-PAS-(8600)	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	BU	2006 FORD	1	B12846K -	WA	
2				1FBNE 31L06DA82495		
3						
4						



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
	NO Violations							

CVSA DECALS UNIT 1 9812620	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE				
OFFICER SIGNATURE				