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UTIC UTILITIES AND TRANSPORTATION

COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? ☐ Yes ☒ No
1. Investigator(s): 2. Assignment No.:
3. Current Date:April 21, 2009 4. Date of Activity: April 15, 2009
5. Carrier Name: Redneck Limos LLC To be issued – new applicant 7. Industry Code: 232
8. MOTCAR No.:
9. DOT No.: NA 10. MC No.: NA
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:
■ Is this carrier based in Washington, requesting intrastate authority: Yes No
Did staff complete the following:
♦ Inspect all vehicles between three and nine months?
Number of vehicle inspections: Level 1 Level 2 Level 5
♦ Conduct a CR/SA between three and nine months?
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?
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?
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:

17. 🔛 Pa	irt B Violations.		X72-1-4-oms	Part	Violations
Part	Violations	Part	Violations	387	
382/40		383			
390		391		392	
		396		397	
395	L				

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections	<u> </u>		3								
Defective Vehicles			0								ļ
OOS Vehicles			0								
Location			Benton						-		
Level	1		5					<u> </u>	<u> </u>		<u> </u>

19. Vehic	мс	MB 1-15	Violation MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes				1				-			
Steering								1	-		
Lights									 	 	
Tires, wheels, rims											
Horn							<u> </u>	 	 	 	
Windshield and Wipers											
Mirrors	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								ļ	 	
Emergency Equip, Exits							`				
Coupling Devices											
Frame	1							 	ļ	-	
Suspension									<u> </u>	+	 -
Exhaust	1							· .		 	ļ
Other	+	1			. ,			·]

20. Driver Inspection Viol	ations:		·
		Hours of Service	Drivers License
Medical Card	Medical Waiver	Tiodis of Bervice	

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Findings: No out of	of service condition	on. Vehicles qualified t	For CVSA decals	
8-v = <u></u>		<u> </u>		
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. Recommended Ac	•			
No further a			adding a serie of the CD as	
	ety audit or other s		viding a copy of the CR, v	enicie inspectio
			response to the 15-day lett	ar raquiramant
		(Date:		er requirement.
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Describe		suc (Date.	-)	
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		re letter Require a resp	onse	
Send the con	npany a complianc	ce letter. Require a resp	onse: Yes No	
Send the con	npany a compliand strative penalties i	ce letter. Require a resp in the amount of \$	onse: Yes No	
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Investigator's signature
Initial review by: Date: 4-24-09
Reviewer's recommendation: Agree With recommendations
Close file
Final review by: Date: 4/24/09
Reviewer's recommendation: Agree with recommendation:
Hensung-old to issue authority Close & file
That's Bruce.
Date closed: 1/27/09 By: NAC Bruch cc: Bruce Drimm
Ticlinging
Company name Redneck Lemns LLC Assignment # 109057
Staff Assigned Brow Summ

Memo

To: David Pratt, Assistant Transportation Director, UTC-Olympia

From: Bruce Grimm, Transportation Specialist 4

Date: April 21, 2009

Re: Redneck Limos LLC Industry 232 Docket TE090409

On April 15, 2009, I interviewed Frank Pullum, member, of Redneck Limos LLC at the new applicant charter party carrier's principal place of business in Benton City. The purpose was to perform new applicant vehicle inspections and give an overview of the WAC 480-30 safety regulations.

The carrier was informed about requirements for:

- Financial responsibility-insurance
- · Accident reporting, general knowledge of regulations
- Driver qualification
- · Hours of service and driver fatigue issues
- Inspection, repair and maintenance
- Commercial driver's license applicability
- Implementation of a USDOT type controlled substance and alcohol testing program

A "How to Achieve a Satisfactory Safety Rating" book and safety brochures from FMCSA were given to the carrier.

Three vehicles that qualified as commercial motor vehicles under WAC 480-30 definition were offered for service and available for inspection. No out of service condition was found. Commercial Vehicle Safety Alliance (CVSA) decals were affixed to each power unit at the conclusion of the inspection.

See UTC Uniform Driver/Vehicle Inspection Reports 1224214, 1224215, and 1224216.

Bruge Grimm, Transportation Specialist 4

Special Project 7E0000 Washington State Patrol UNIFORM DRIVER/VEHICLE INSPECTION REPORT 1224216 LEVEL: 1 ____ 2 ___ 3 _ **GENERAL** HAZARDOUS MATERIALS N HAZARDOUS WASTE? PLACARD REQUIRED? Y N CARGO TANKS? Y CARRIER YES (NO DRIVER DRIVER NAME EXP. YEAR DATE OF BIRTH MED. CERT. Y WAIVER VEHICLE REGISTERED OWNER NAME/ADDRESS CO. UNIT NO. UNIT YEAR/MAKE 2 3 4 10 12 11 FRONT CFR **VIOLATIONS** Unit#s O/S 3 D 2

CVSA DECALS 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.

3000-150-160 R (2/99)

Special Project 7E090409 Washington State Patrol UNIFORM DRIVER/VEHICLE INSPECTION REPORT 1224214 J 540 LEVEL: 1 2 ____ 3 _ HAZARDOUS MATERIALS GENERAL OCATION: SRIMP BOTTON CIT 03 PLACARD REQUIRED? Y N CARRIER REDNECK LIMOS LL 1204 CHRIS AUE POBOX416 DATE OF BIRTH MED. CERT. Y N WAIVER VEHICLE BOJON CITI CO. UNIT NO. YEAR/MAKE BUI OO FORD 33156G 2 3 11 12 7 8 FRONT VIOLATIONS 3

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Special Project 7600009 Washington State Patrol UNIFORM DRIVER/VEHICLE INSPECTION REPORT 1224215 DIST / DET LEVEL: 1 HAZARDOUS MATERIALS GENERAL CARRIER RRIER NAME (Inclue DBA when applicable)
REDNECK LIMO SERVICE LLC DRIVER DRIVER NAME DATE OF BIRTH MED. CERT. WAIVER VEHICLE REGISTERED DWINER NAME/ADDRESS
REGISTERED DWINER NAME/ADDRESS CO. UNIT NO. YEAR/MAKE 2 3 10 11 12 9 FRONT D 1 2 3 4 Unit #s Complied

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