



UTILITIES AND TRANSPORTATION COMMISSION

Licensing
TE 100456

Completed Activity Report

Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 110095

3. Current Date: 4-2-2010 4. Date of Activity: 4-1-2010

5. Carrier Name: A Blackstone Limousine Inc

6. Permit: Pending 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 1D 5910 9. Carrier is: Intrastate Only

Interstate Only

10. Industry Code: 232 Both Intra and Interstate

11. DOT No.: 1987034 12. MC No.: 703214

13. **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:

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: (N/A, authority pending.)
 - ◆ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

16. **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

17. **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): _____
 - _____
 - _____

18. **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: _____

19. Part B Violations:

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

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20. 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								T			
Level								5			

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21. 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											

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22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License
Valid			LEHMATL332RU

23. Relevant carrier history, if any: This carrier is currently enrolled in the FMCSA interstate program and due for a Federal Safety Audit. The company has no prior history with UTC
and is applying for Intrastate Charter-Excursion authority.

24. Findings: The company vehicle is new and appropriately maintained with a maintenance plan.
After a thorough inspection I issued CVSA decal # 12560176 as detailed on Aspen report

WAU001000251. The driver's CDL credentials was checked via CDLIS and found to be valid. The Carriers insurance company is Empire Fire & Marine, policy # BAP4274089 for \$500,000,00 CSL.

25. 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 in response to the 15-day letter requirement.
- Recheck – Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)

Describe: _____

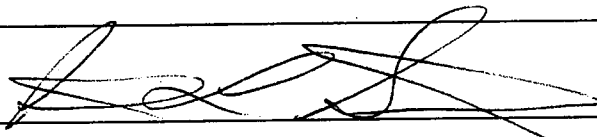
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

26. 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): _____

27. Additional Comments: I recommend authority be issued to this company.

Investigator's signature: Richard Smith



Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: M-V-T Date: 4/2/10

Reviewer's recommendation: I concur with Rick's recommendation;

Date closed: 4/2/10 By: CAC
cc: Rick Smith

Licensing

Company name A Blackstone Limousine Inc Assignment # 110095

Staff Assigned Rick Smith

DRIVER/VEHICLE EXAMINATION REPORT

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000251
Inspection Date: 04/01/2010
Start Time: 02:30 PM End Time: 03:19 PM
Inspection Level: V - Terminal
HM Inspection Type: None

A BLACKSTONE LIMOUSINE INC
15202 149TH AVE SE
RENTON, WA 98058-8172

USDOT#: 01987034 Phone#: (206)343-5466
MC/MX#: 703214 Fax#: (425)277-8414
State#: PENDING

Location: 15202 149TH AVE SE RENTON
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Company #	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	CHEV	2009	WA	TEMP-436692B	1	1GBJ5V19X8F400158	26,000		12560176	

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:

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WAU001000251

X

X

QC

DRIVER SUMMARY

Driver | Vehicle | Carrier
Home

No Past Inspections

Please check the CDL status.

Driver Name:
LEHMANN, TYLER LOREN
Address:
15202 149TH AVE SE
RENTON, WA 98058

CDL#: **LEHMATL332RU**
State: **WA**
SSN: **504-02-3108**
DOB: **12/31/1967**

CDL Status: **LICENSED**
Expires: **12/31/2010**
Classes: **CLASS B**
Restrictions: **CORRECTIVE LENSES, EXCEPT CLASS A BUS**
Endorsements: **PASSENGER TRANSPORTATION, TANK VEHICLES**

AKA INFORMATION

AKA State 1: **SD**

AKA License 1: **504023108**