



UTILITIES AND TRANSPORTATION COMMISSION

SVL

Licensing

Completed Activity Report Motor Carrier Safety

Upload? [] Yes [X] No

1. Investigator(s): Richard Smith 2. Assignment No.: 110126

3. Current Date: 5-20-2010 4. Date of Activity: 5-19-2010

5. Carrier Name: Onstar Limousine Service LLC

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

8. MOTCAR No.: 9. Carrier is: [X] Intrastate Only

[] Interstate Only

10. Industry Code: 232 [] Both Intra and Interstate

11. DOT No.: 2031112 12. MC No.:

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):

Handwritten signature

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 1
 - ◆ Conduct a CR/SA between three and nine months? N/A 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	

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									

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											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: No prior history. Carrier is applying for authority

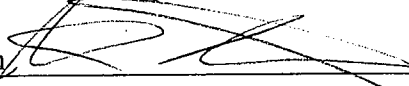
24. Findings: The 14 passenger mini bus was Level 5 inspected and found to be in good safe condition. The interior is remodeled with safely installed bench seating. Emergency Exits are well marked. The only information missing from the exterior markings is the UTC charter number and this will be installed as soon as authority is issued, per the owner.

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: Four hours of education and technical assistance was provided to the owner. The company management appears well educated and prepared to be in compliance of regulations.

The passenger vehicle appears well maintained and in safe condition. I recommend authority be issued. Please forward copy of report to Tina Leipski.

Investigator's signature: Richard Smith 

Initial review by: REVH Date: 5/26/10

Reviewer's recommendation: _____

Final review by: _____ Date: _____

Reviewer's recommendation: _____

Date closed: _____ 5/26/10 By: CAC
cc: Rick Smith

Licensing

Company name Onstar Limousine LLC Assignment # 110126

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: WAU001000257
Inspection Date: 05/19/2010
Start Time: 09:03 AM End Time: 10:10 AM
Inspection Level: V - Terminal
HM Inspection Type: None

ONSTAR LIMOUSINE LLC
18961 108TH LN SE
RENTON, WA 98055
USDOT#: 02031112 Phone#: (253)788-6990
MC/MX#: 000000 Fax#:
State#: PENDING
Location: 3317 NE 11TH PL RENTON WA
Highway: MilePost:
County: KING, WA Origin:
Destination: Bill of Lading:
Cargo:

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	FORD	2004	WA	B94576N	1	1FDWE35SX4HB38915	5,500		12560152	

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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