

## Completed Activity

## Report Motor Carrier Safety

Upload? ☐ Yes ☒ No	
1. Investigator(s): Richard Smith	2. Assignment No.:112142
3. Current Date: 9-8-2012	4. Date of Activity: —9-7-2012
5. Carrier Name: A Blackstone Limousine Inc.	
6. Permit: Pending 7. If new entrant, da	ate of temporary authority
8. MOTCAR No.:	9. Carrier is:
10. Industry Code: 232	Both Intra and Interstate
11. DOT No.: 1987034	12. MC No.:
<ul> <li>Attached is a copy of the Destination Check</li> <li>Number of buses inspected: # of 9-15 passenge</li> <li>Number of vehicle inspections: Level 1</li> <li>Describe any special emphasis placed on the destination</li> <li>What might we do differently to increase our sum</li> </ul>	ter # of 16+ passenger Level 2 Level 5 stination check and the results:
14. Safety Complaint  Attach a copy of the Individual Safety Comp  What activity did staff complete for this safety of Compliance review  Technical assistance  Number of vehicle inspections: Level 1  Unannounced terminal visit  Other (please explain):	complaint:
<ul> <li>15. New Entrant – Charter, Auto Transportati</li> <li>Is this carrier referred by FMCSA, operating int</li> <li>Is this carrier based in another state, requesting</li> <li>Is this carrier based in Washington, requesting i</li> <li>Did staff complete the following:</li> <li>Inspect all vehicles between three and nine monomorphisms</li> <li>Number of vehicle inspections: Level 1</li> </ul>	ra and interstate:  intrastate authority:  Onths?  Yes No  No  No  No  Yes No

K

♦ Cond	uct a CI	VSA be	tween 1	three and	nine mon	ths?		es No		CR 🗀	SA
<ul> <li>♦ Conduct a CR/SA between three and nine months?</li> <li>Yes No CR SA</li> <li>16. New Entrant- HHG</li> <li>Is this carrier referred by FMCSA, operating intra and interstate: Yes No</li> <li>Is this carrier based in another state, requesting intrastate authority: Yes No</li> <li>Is this carrier based in Washington, requesting intrastate authority: Yes No</li> <li>Did staff complete the following:</li> <li>♦ Inspect all vehicles between three and eighteen months? Yes No</li> <li>Number of vehicle inspections: Level 1 Level 2 Level 5</li> <li>♦ Conduct a CR/SA between three and eighteen months? Yes No CR SA</li> <li>♦ Conduct technical assistance within three months? Yes No</li> </ul>											
Atta What a	ctivity of Compli Techni	py of the id staff ance recal assist of velounced	e Indivicomple view stance nicle instance	idual Carrete for this spections: al visit	s safety co	omplaint:		Level 5			
<ul><li>Number</li><li>Number</li><li>Total number</li><li>Record</li></ul>	Rating: or of veh or of drivalles for	icles or vers ope prior year	Satisfa erated: erated: ear:	ctory	=	satisfacto	ry	☐ Cond	litional		
10 🗆 D	4 D 37: _1	_4:									
	t B Viol Violation			Part	Violati	ions	Pa	rt Vi	olations		
382/40	· wativii	<u>.</u>		383	Violati	OH5	38		V14110113	•	
390			<del> </del>	391			39				
395				396			39				
		· <u> </u>		1270			1 37	<u> </u>			1
L											· ·
20. 🛛 Ve	hicle In	spection	n Data:								
		MB	MB		Ţ	<u> </u>	1		T		<u> </u>
	MC	1-15	16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections			2 -								
Defective			0								
Vehicles			-	<del> </del>		ļ			-		<del>                                     </del>
OOS Vehicles			0								
Location			T	†		<del> </del>					
	L	I	1 -	1	1	1		1	1	1	

Revised 11-03-09 2

Level											
21.  Vehicle Inspection Violations:											
		MB	MB					VAN			
Duelee	MC	1-15	16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	9-15	TRK	TT	TRA
Brakes	-				ļ				-		
Steering					-					<del> </del>	
Lights Tires, wheels,				-				<del>-</del>	<del> </del>	<del> </del>	
rims											
Horn											
Windshield											
and Wipers					ļ		ļ			1	
Mirrors		<u> </u>			-		<u> </u>	_		<u> </u>	
Emergency Equip, Exits									Ì		
Coupling									-		
Devices							,				
Frame										<u>.</u>	
Suspension								<u> </u>			
Exhaust											
Other											<u> </u>
22.   Drive	er Inspe	ection	Violatio	ns:							
Medical Card Medical Waiver Hours of Service Drivers License											
23. Relevant carrier history, if any: Carrier lost authority after failing to report annual insurance proof. As result this carrier must re-apply and have vehicle inspections completed.											
resuit uns ca	attret in	iusi ie-	appry ar	iu nave ve	mere mspe	ections co	impieteu.				
24. Findings	e Both	16+ na	assender	vehicles f	or this car	rier were	found to b	e in safe	conditio	n and	
maintained											
level 5 procedures and issued a CVSA decal. See inspections documents 1312639 and 1312640.											
25. Recomm	nended	Action	n:								
⊠ No	o furthe	r actio	n.								
	otify the	e comp	oany in v	writing of t	he finding	gs by prov	viding a co	py of the	CR, veh	icle i	nspection
				other simil							
☐ Re	quire th	ne com	pany to	submit a c	ompliance	e plan in 1	response to	the 15-d	lay letter	requi	rement.
				eview (Da							
☐ Re			_	ific issue (							
	Descr	ibe: _						<del></del>			<del></del>
_ ~			<u>.</u>	1				7	.T -		
							onse:	Yesr	NO		
			_	alties in th	e amount	01 \$					
	ue a co	-							,		
Stop company operations.											

26. Is this carrier considered a high risk carrier as a result  Carrier accident ratio is higher than aggregate  Carrier had an out-of-service ratio 25% or hig  Carrier had a defect ratio 75% or higher at the  Carrier received more than one conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or than one of the last four compliance reviews (or letter of the conditional or the conditional or than one of the last four compliance reviews (or letter of the conditional or	ratio. ther at the last vehicle inspection. e last vehicle inspection. unsatisfactory compliance review rating in more ess than four if four are not completed).
27. Additional Comments: Appropriate to issue authori	ty.
Investigator's signature: Richard Smith	
Initial review by:	Date:
Reviewer's recommendation:	
Final review by: Rick Smith	Date: 9/11/2012
Reviewer's recommendation: Due to Dave Pratt being approving authority in the interim, issuance of authority in	
Date closed: 8/11/2012 By: Rick Smith	
Company name A Blackstone Limousine Inc	Assignment # 112142
Staff Assigned Rick Smith	

Special	Project	1121	4	2

## UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312639

GENERAL  DATE  TIME (MILITARY)  LICCATION: SR/MP  LOCATION: SR/MP  CARRIER  CARRIER NAME (Inclue DBA when applicable)  A CIALISTOIR AND SE  LOCATION  STATE  ZIP CODE  VES  NO  DRIVER  DRIVER NAME  LICENSE NO.  STATE  EXP. YEAR  SHIPPING NO.
TOCATION: SRIMP  ISCALEHOUSE NO. ICNTY CODE  REPORTABLE QTY? Y N HAZARDOUS WASTE? Y  PLACARD REQUIRED? Y N CARGO TANKS? Y  CARRIER NAME (Inclue DBA when applicable)  A BIGGE STOTE And SE  STATE ZIP CODE INTERSTATE DOT NO.  DRIVER  DRIVER NAME  DRIVER NAME    CARRIER NAME   DOT NO.   STATE   EXP. YEAR
CARRIER NAME (Inclue DBA when applicable)  A GIGHTSTOTE LINGUISE INTERSTATE DOT NO.  CITY STATE ZIP CODE INTERSTATE DOT NO.  1980SY VES NO 1980SY ICC NO.  DRIVER  DRIVER NAME  DRIVER NAME  DRIVER NAME  DRIVER NAME  DRIVER NAME
CARRIER  CARRIER NAME (Inclue DBA when applicable)  A BIGH STOTE LINGUIST THE SE ME DOT NO.  CITY STATE ZIP CODE INTERSTATE DOT NO.  1980SY VES NO 1980SY ICC NO.  DRIVER  DRIVER NAME  DRIVER NAME  DRIVER NAME  DRIVER NAME  DRIVER NAME
CARRIER NAME (Inclue DBA when applicable)  A BIGALSTONE LINCUM NE INCLUSINE  ADDRESS  1520 2 1494 AVL SA  CITY STATE ZIP CODE INTERSTATE DOT NO.  YES NO 198703Y  DRIVER  DRIVER NAME  LICENSE NO.  STATE EXP. YEAR
A BIGHTSTOIR LINEWING INC.  ADDRESS  15202 1494 AVE SE  CITY STATE ZIP CODE INTERSTATE DOT NO.  1980SY VES NO 1980SY  DRIVER  DRIVER NAME  LICENSE NO.  STATE EXP. YEAR
DRIVER  DRIVER NAME  LICENSE NO.  STATE EXP. YEAR  LICENSE NO.
DRIVER  DRIVER NAME  LICENSE NO.  STATE EXP. YEAR  LEMBRING NO.
DRIVER  DRIVER NAME  LICENSE NO.  STATE EXP. YEAR  LICENSE NO.
CHIPDING NO.
DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
, , WAIVER Y N
, , WAIVER Y N VEHICLE
REGISTERED OWNER NAME/ADDRESS  G.V.W.  PBT RATE  26490
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE
1 Bu 2008 CALV 1 B9447724
2 16-BJ.5V19X8F410158 WA
3
4
1 2 3 4 5 6 7 8 9 10 11 12
FRONT HYDRALI
CFR VIOLATIONS D 1 2 3 4 Unit #S Compli
CFR VIOLATIONS D 1 2 3 4 0/8
110 V-0101 2075
14087851
CVSA DECALS UNIT 1 UNIT 2 UNIT 3 / UNIT 4 NOIC NO.
DRIVER GIGNATURE
Vehicle may not be operated until 0 / S defects noted above are repaired.  Driver may not drive until in compliance.  OFFICER STGNATURE
3000-150-160 R (2/99)

Special Project	112142

## UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312640

PERSONN	EL NO.	DIST / DET	LEVEL: 1	2	3	4	_ 5 <u>×</u>	
		GENER	RAL		HAZA	RDOUS N	//ATERIALS	3
DATE	<u> </u>	TIME (MILITARY)	TIME (MILITARY)	HAZARD (	CLASS / DIVIS	ION NO		
LOCATION	1 / 1/2	BEGUN /O :00	SCALEHOUSE NO. CNT	E REPORTAB	ILE QTY? Y	N HAZAR	DOUS WASTE?	Y N
		49- AVISE					CARGO TANK	S? Y N
		· 1 1/3° - 5/2-	CARRIE	<del></del>				
CARRIER I	NAME (Inclue	PA when applicable)						
	A	Slock Stone	- Limonline	Inex				
ADDRESS	1520	Z 1497	AUE SE		ٹ ہم	7:3214	CA 650	79
CITY Q a	instan	S	AUE SE STATE ZIP CODE WA CY8058	INTERSTATE VES NO	DOT NO.		CC NO.	
	70-		DRIVE		178	70°7		
DRIVER NA	AME		LICENS		1 50 -	S	TATE EXI	P. YEAR
	-							
DATE OF	BIRTH	MED. CERT. Y WAIVER Y				SHIPP	NG NO.	
	,		VEHICI	Æ				
REGISTER	ED OWNER NA	ME/ADDRESS abo	nc		G.V.W. 145	71.22	PBT RATE	
		YEAR/MAKE						STATE
UNIT	TYPE		CO. UNIT NO.	B 36 25	LICENSE NO.	7VIIV 140.		Carl.
1	54	2011 Fara	<u> </u>				72.7	WA
2				IF Dup	-56-12	-OEA 3	8067	<del>UH</del>
3							-	
4							l.	
	1	2 3 4	5 6 7	8 9	10	11 12		
<b>∠</b> FR	ONT -	1 10	naukt					
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·				
	CFR		VIOLATIONS		D 1	2 3	4 Unit #	S Complied
		1 .	1:1					
		NO	V30/27.00					
172	88551	UNIT 2	UNIT 3	UNIT 4		NOIC NO.		
<del></del>	Vehicle n	nay not be operated until O	DRIVER SIGNATURE					
	defects n	oted above are repaired.  by not drive until in complian		1			<del> </del>	
					<b>ノ</b>			
3000-150-	-160 R (2/99	)						