



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, date of temporary authority _____

8. MOTCAR No.: _____

9. Carrier is: Intrastate Only Interstate Only Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 1987034

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):

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 _____

◆ 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	

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			2								
Defective Vehicles			0								
OOS Vehicles			0								
Location			T								

Level											
21. <input type="checkbox"/> 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. <input type="checkbox"/> Driver Inspection Violations:			
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.

24. Findings: Both 16+ passenger vehicles for this carrier were found to be in safe condition and maintained appropriately for passenger transportation services. Both vehicles were inspected using CVSA level 5 procedures and issued a CVSA decal. See inspections documents 1312639 and 1312640.

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: Appropriate to issue authority.

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 out of the office and me being assigned as his approving authority in the interim, issuance of authority is approved for A Blackstone Limousine.

Date closed: 8/11/2012 By: Rick Smith

Company name A Blackstone Limousine Inc

Assignment # 112142

Staff Assigned Rick Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312639

PERSONNEL NO. J-580 DIST / DET HQ

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 9/7/12 TIME (MILITARY) BEGUN 9:00 FINISHED 10:00 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP 15202 149th AVE SE SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) A BlackStone Logistics Inc ADDRESS 15202 149th AVE SE CITY Renton STATE WA ZIP CODE 98058 INTERSTATE YES NO DOT NO. 1987034 ICC NO. M-703214

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS Same as above G.V.W. 26490 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 Bu 2008 Chev 1 B97477N 2 16055V19X8F40158 WA 3 4

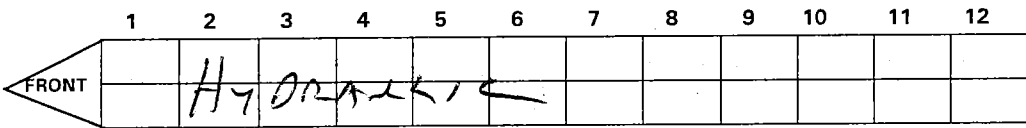


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Handwritten 'No Violations' is in the VIOLATIONS column. CVSA DECALS UNIT 1 17288552 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE Vehicle may not be operated until O / S defects noted above are repaired. Driver may not drive until in compliance.

