

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
PENALTY ASSESSMENT TC-121565

**PLEASE NOTE:** You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

1. **Payment of penalty.** I admit that the violation occurred and enclose \$ \_\_\_\_\_ in payment of the penalty.
2. **Request for a hearing.** I believe that the alleged violation did not occur, based on the following information, and request a hearing, which is a process that allows an affected person to present argument to an administrative law judge for a decision by an administrative law judge:

3. **Application for mitigation.** I admit the violation, but I believe that the penalty should be reduced for the reason(s) set out below,

*Please See Attached Paperwork*

- a) I ask for a hearing for a decision by an administrative law judge based on the information presented above.
- OR  b) I waive a hearing and ask for an administrative decision on the information I present directly above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 10/8/12 [month/day/year], at East Wenatchee, WA [city, state]

BML Investments LLC DBA Wenatchee Valley Morganic  
Name of Respondent (company) – please print Shuttle Signature of Applicant

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”

2012 OCT 12 AM 8:08

RECEIVED  
PROGRAMS MANAGEMENT

STATE OF WASHINGTON  
UTIL. AND TRANSPORTATION  
COMMISSION

10/8/12  
BML Investments LLC  
DBA Wenatchee Valley Shuttle  
1724 10<sup>th</sup> Place NE  
East Wenatchee, WA 98802

Mitigation for Penalty Assessment: TC-121565

To whom it may concern:

Wenatchee Valley Shuttle has received a penalty assessment which we would like to explain and contend with evidence. There are 3 parts to the suspension:

- 1) Wenatchee Valley Shuttle (supposedly) failed to file proof of required liability insurance.
- 2) During this (supposed) suspension period, Wenatchee valley shuttle operated on 13 occasions.
- 3) Wenatchee Valley Shuttle was unaware that all of its drivers needed Medical exam certificates (7 violations, 7 drivers)

I would like to briefly explain each of these with evidence and information.

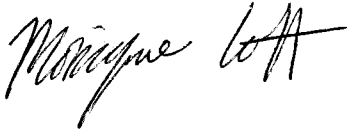
First, Wenatchee Valley Shuttle (supposedly failed to file proof of required liability insurance. We think this just got lost in some of our paperwork at the UTC office. I am attaching appendix "A" which are corresponding e-mails between Feleesha Graham, our representative at Transpo Auto Insurance, and Tina Leipski, at UTC. In the e-mails Tina says they need to be added as certificate holder. Feleesha returns it to her with them added as holder. These e-mails clearly state April 12<sup>th</sup>, 2012. Wenatchee Valley Shuttle didn't begin operating until the last week of April 2012. Therefore, we should have never appeared as a "failure to file proof of insurance" since this was received 2 weeks before we opened.

Second, since the above point is true, then we should have had no suspension period, and therefore would not have operated under any suspension. We also, were only going through our mail once a week, since opening the business my husband and I were doing much of the driving ourselves to save costs. Therefore we paid bills and opened the mail once a week. We didn't even know until Rick Smith called us, that we were operating under a suspension. At which point, I did submit the proper documents to show that we did have insurance, then the commission lifted the suspension.

Third, we were totally unaware that all drivers need a medical card. When Rick Smith from UTC was here for our compliance review, September 5<sup>th</sup>, 2012. He pointed this out to us. We immediately called ALL of our drivers and each of them had it in our hands before their next shuttle run. No one drove another trip from then on without having received their card and clearance. Also, under the Administrative Procedure Act, it states that the commission will waive any fines, civil penalties, or administrative sanctions for first time paperwork violations by a small business." We were at fault in this part, but did correct it as soon as possible. I will even attach some of the medical card certificates (Appendix B) with their dates that show, we did take action immediately.

Thank you for your time and consideration. We appreciate the UTC and the reviewing process that have helped us to improve our business and safety of our employees and passengers. Please examine this information and we feel you will find we are not guilty of each point, and justified in our immediate response to make crucial changes. Please do not hesitate to call if you need any other information or for any clarity on the information we have shared.

Kind Regards,

A handwritten signature in black ink that reads "Monique Lott". The signature is written in a cursive, flowing style.

Monique Lott/CEO

Wenatchee Valley Shuttle

509-630-2745



Appendix A

**BML Investments LLC, BA725093- Certificates of Insurance**

**Feleesha Graham** <feleesha@transpoinsurance.com> - *Our Insurance representative* Thu, Apr 12, 2012 at 2:47 PM  
To: "tleipski@utc.wa.gov" <tleipski@utc.wa.gov>  
Cc: "roan747@gmail.com" <roan747@gmail.com>

Good Afternoon Tina,

As per our clients request please find the attached certificate.

Please let me know if there is anything else I can assist with.

Have a wonderful afternoon!

Best Regards,

Feleesha Graham

Transpo Insurance LLC CA Lic #0G17814

6260 McLeod Dr Ste 100

Las Vegas NV 89120

702-474-4467 / 702.364-9727 fax

www.transpoinsurance.com

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 **Form041220121446.PDF**  
34K

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**Byron Lott** <roan747@gmail.com>  
To: "Leipski, Tina (UTC)" <TLeipski@utc.wa.gov>

Thu, Apr 12, 2012 at 2:48 PM

[Quoted text hidden]

 **Form041220121446.PDF**  
34K

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**Leipski, Tina (UTC)** <TLeipski@utc.wa.gov>  
To: Feleesha Graham <feleesha@transpoinsurance.com>  
Cc: "roan747@gmail.com" <roan747@gmail.com>

Thu, Apr 12, 2012 at 3:01 PM

Hi Feleesha,

In order for us to be able to accept this Certificate of Liability, we would need to be listed as the Certificate Holder. We can be listed as:

Utilities & Transportation Commission  
1300 Evergreen Park Dr.  
Olympia, WA 98503

Thank you!

Tina Leipski  
Utilities & Transportation Commission  
Licensing Services  
360-664-1170  
fax 360-586-1181

# BML Investments LLC; Utilities & Transportation Commission Certificate

Inbox x

**Feleesha Graham** feleesha@transpoinsurance.com

Apr  
12

to tleipski, me

Good Afternoon Tina,

Please find the attached certificate listing Utilities & Transportation Commission as certificate holder.

Please let me know if there are any additional changes.

Best Regards,

**Feleesha Graham**  
Transpo Insurance LLC CA Lic #0G17814  
6260 McLeod Dr Ste 100  
Las Vegas NV 89120

702-474-4467 / 702.364-9727 fax  
www.transpoinsurance.com

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 **Form041220121518.PDF**  
14K [View](#) [Download](#) *Attached*



# CERTIFICATE OF LIABILITY INSURANCE

We opened 4/21/12

DATE (MM/DD/YYYY)  
4/12/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Transpo Insurance LLC</b> 6260 McLeod Dr  Las Vegas NV 89120	CONTACT NAME: <b>Feleesha Graham</b>	
	PHONE (A/C No. Ext): (702) 364-4727 FAX (A/C No.): (702) 364-9727 E-MAIL ADDRESS: feleesha@transpoinsurance.com	
INSURED <b>BML Investments LLC,</b> DBA: Wenatchee Valley Shuttle 1724 10th PL NE East Wenatchee WA 98802	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>American Southern</b>	10235
	INSURER B: <b>AMERICAN SAFETY INSURANCE</b>	33103
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL124202746 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	TBD			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MedPay \$5,000	X	BA725093	4/16/2012	4/16/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM Combined Single Limit \$ 60,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is included as certificate holder only subject to policy terms & conditions.  
  
\*Except 10 days notice of cancellation for non-payment of premium.

<b>CERTIFICATE HOLDER</b>  TLeipski@utc.wa.gov  Utilities & Transportation Commission 1300 Evergreen Park Dr. Olympia, WA 98503	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Lee Martinez/FG

# Appendix B

Glena Key WA  MD  DO  DC  PA  
 Advanced Practice Nurse

6000/909 (509) 833-6334  
LICENSURE NO. & STATE AREA CODE & TELEPHONE NUMBER

[Signature] 9/5/12  
SIGNATURE OF MEDICAL EXAMINER DATE

[Signature] WA  
SIGNATURE OF DRIVER ISSUING STATE

Lott BJ189P9  
DRIVER LICENSE NUMBER

1724 10<sup>th</sup> PI NE East Wenatchee WA 98802  
ADDRESS OF DRIVER

9-4-14  
MEDICAL CERTIFICATE EXPIRATION DATE

Form 10928 2/04

## MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Byron Lott  
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with the knowledge of the driving duties, I find this individual is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64.

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.



I certify that I have examined Edward M. Price in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with the knowledge of the driving duties, I find this individual is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

MEDICAL EXAMINER'S CERTIFICATE

Dr. Hal Harden

MD  DO  DC  PA  
 Advanced Practice Nurse

NAME OF MEDICAL EXAMINER

MD00016913 WA

509-888-6334

LICENSE CERT. NO. & STATE

AREA CODE & TELEPHONE NUMBER

Hal Harden MD

Date Issued: 9/6/12

SIGNATURE OF MEDICAL EXAMINER

Edward M. Price

SIGNATURE OF DRIVER

PRICEEM484JT

DRIVER LICENSE NUMBER

ISSUING STATE

5381 Majestkahanc, Cashmere WA 98815

ADDRESS OF DRIVER

09/06/2014

MEDICAL CERTIFICATE EXPIRATION DATE

Dr. Hal Harden

MD  DO  DC  PA  
 Advanced Practice Nurse

MD00016913 WA

509-888-6334

LICENSE/CERT. NO. & STATE

AREA CODE & TELEPHONE NUMBER

H. Harden

SIGNATURE OF MEDICAL EXAMINER

Date Issued: 9/6/12

SIGNATURE OF DRIVER

LOTT \* MP156M2

WA

DRIVER LICENSE NUMBER

ISSUING STATE

1724 10th PL NE, E. Wenatchee, WA

ADDRESS OF DRIVER

09/06/2014

MEDICAL CERTIFICATE EXPIRATION DATE

### MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Monique Lott  
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with the knowledge of the driving duties, I find this individual is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64.

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Dr. Glenn R. Hoey, MD  MD  DO  DC  PA  
 Advanced Practice Nurse  
 PRINTED NAME OF MEDICAL EXAMINER  
 LICENSE CERT. NO. & STATE WA 00000409 AREA CODE & TELEPHONE NUMBER  
 SIGNATURE OF MEDICAL EXAMINER [Signature]  
 SIGNATURE OF DRIVER [Signature] Date Issued: 9/5/12  
 DRIVER LICENSE NUMBER BUTLEEC289JC ISSUING STATE WA  
 ADDRESS OF DRIVER 110 Manhattan Sq., E. Wenatchee, WA  
 MEDICAL CERTIFICATE EXPIRATION DATE 9-5-13

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Eric Butler  
 in accordance with the Federal Motor Carrier Safety Regulations (49 CFR  
 391.41 - 391.49) and with the knowledge of the driving duties, I find this  
 individual is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64.

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.