



U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St, S.W.

Washington, D.C. 20590

DECEMBER 05, 2001

IN REPLY REFER TO:
YOUR USDOT NO.: 292224
REVIEW NO.: 00245419/CR

COSTA TRANSPORTS INC
18 UPPER WARREN WAY
WARREN NJ 07059

Dear Motor Carrier:

The proposed motor carrier safety rating for your company is:

CONDITIONAL

This proposed **CONDITIONAL** rating is the result of an onsite compliance review and evaluation of your safety fitness completed on **NOVEMBER 29, 2001**. A **CONDITIONAL** rating indicates that your company does not have adequate safety management controls in place to ensure compliance with the safety fitness standard that could result in occurrences of violations listed in **49 C.F.R. 385.5(a-k)**.

This proposed **CONDITIONAL** rating becomes a final rating and goes into effect on **FEBRUARY 04, 2002**.

Immediate action must be taken to correct any deficiencies or violations discovered during the compliance review. Your operation was found to be deficient with respect to the applicable safety regulations in the following areas:

ACCIDENT RATE

Please refer to the copy of the compliance review left at your office for more specific guidance regarding areas in need of corrective action.

You may obtain further information from the local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
840 BEAR TAVERN ROAD, SUITE 310
WEST TRENTON, NEW JERSEY 08628

Telephone No. 609 / 637-4222

You may request the Federal Motor Carrier Safety Administration to perform

-OVER-

	COMPLIANCE COSTA TRANSPORTS INC	DATE: 11/29/2001
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PART B

1 FEDERAL	PRIMARY: 391.45(b)(1) SECONDARY: 391.11(a)	NUMBER FOUND	NUMBER CHECKED	DRIVERS/VEHICLES	
		1	5	IN VIOL	CHKD
				1	5

DESCRIPTION:

Using a driver not medically examined and certified during the preceding 24 months.

EXAMPLE:

Ex. Driver Willie Issaic medical certificate expired on 2/14/01. No current medical in file.

2 FEDERAL	PRIMARY: 395.3(a)(1)	NUMBER FOUND	NUMBER CHECKED	DRIVERS/VEHICLES	
		3	150	IN VIOL	CHKD
				1	5

DESCRIPTION:

Requiring or permitting driver to drive more than 10 hours.

EXAMPLE:

Trip date: 10/16-17/01 driver Antonio Lima drove 15.5 hours without taking the required 8 hours off duty following his 10th hour of driving. (6.75 hours off duty).

SAFETY FITNESS RATING INFORMATION:		OOS Vehicles (CR) :	0
Total Miles Operated:	500,000	# of Vehicles Inspected (CR) :	0
Recordable Crashes	2	OOS Vehicles (MCMIS) :	1
Recordable Crashes / Million Miles:	4.000	# of Vehicles Inspected (MCMIS) :	5


Your proposed safety rating is

CONDITIONAL

RATING FACTORS	# OF POINTS	
	ACUTE	CRITICAL
Factor 1: S	0	0
Factor 2: S	0	0
Factor 3: S	0	0
Factor 4: S	0	0
Factor 5: N	0	0
Factor 6: U	-	-

The Federal Motor Carrier Safety Administration headquarters office in Washington, D.C. will notify you of your rating in a forthcoming official notice. If your rating is "satisfactory" or is an improvement upon a previous "unsatisfactory" rating, it is a "final rating" and becomes effective on the date of the official notice. If your rating is the same as your previous rating (except satisfactory ratings), or is a downgrade upon a previous rating, it is a "proposed rating" and will become a final rating 61-days after the date indicated on the official notice.

RECEIVED BY:	TITLE: <i>ofc. mgr</i>
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Owners or operators of commercial motor vehicles (except for those that are designed or used to transport hazardous material for which placarding is required and/or are designed or used to transport passengers), who have been declared "unfit" may not operate in interstate commerce beginning on the 61st day after the date of such fitness determination and may not reestablish interstate operations until they become fit for such transportation. An owner or operator is unfit when the Federal Motor Carrier Safety Administration (FMCSA) issues a final "unsatisfactory" safety rating (49 USC 31144(c) and 49 CFR 385.13(a)). All Federal departments, agencies, or instrumentalities are prohibited from using any owner or operator who is unfit by virtue of having a final unsatisfactory safety rating (49 USC 31144(e) and 49 CFR 385.13(b)). Owners and operators are "fit" when the FMCSA issues a final "conditional" or "satisfactory" safety rating.

Corrective action must be taken for the violations (deficiencies) listed on Part B of this review.

APPEAL RIGHTS: [A] 49 CFR 385.17: A request for a change to a safety rating for corrective action may be made at any time. This request must be made in writing to the FMCSA Service Center for the geographic area where the carrier maintains its principal place of business (See 49 CFR 390.27). The request must be based upon evidence that the carrier has taken corrective actions and that its operations currently meet the safety fitness standards and factors specified in 49 CFR 385.5 and 385.7. The FMCSA will make a final determination based upon the documentation submitted and any other additional relevant information. A written decision will be issued by the FMCSA. Any motor carrier whose request for change is denied may, within 90-days after the denial, request administrative review under 49 CFR 385.15.

[B] 49 CFR 385.15: A request may be made to the FMCSA to conduct an administrative review if you believe that an error was committed in assigning the proposed safety rating or when your request under 49 CFR 385.17 was denied. This request must be made within 90 days of the date of the proposed safety rating issued under 49 CFR 385.11(c) or a final rating issued under 49 CFR 385.11(b), or within 90-days of the date of an Order denying your request for a rating change under 49 CFR 385.17.

RECEIVED BY: 	TITLE: 
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Requirements and/or Recommendations		

- 1 Establish a system to control drivers' hours of service. Do not dispatch drivers who don't have adequate hours available to complete assigned trips legally. Do not allow drivers to exceed the 10, 15 and 60/70 hour limits.
- 2 Ensure all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file for each driver documenting the qualification process.

RECEIVED BY: <i>John Costa</i>	TITLE: <i>oper mgr</i>
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MCS-151/CR CAPRI Version 4.3 PART B - RECOMMENDATIONS Printed: 11/29/2001 10:43 AM

UNITED STATES DEPARTMENT OF TRANSPORTATION

	US DOT #: 0292224	LEGAL: COSTA TRANSPORTS INC OPERATING (DBA): PHYSICAL ADDRESS: 84 Lockwood Street COUNTY: 013 Newark, NJ, 07105
	REVIEW TYPE: CR STATUS: Update PLACE: Principal Office CENSUS TYPE: Carrier BUSINESS: Corporation	MAILING ADDRESS: 18 Upper Warren Way COUNTY: 035 Warren, NJ, 07059
ICC #: 192270		PHONE: (973)817-9000 TOLL FREE:
FEDERAL TAX ID #: 22-2699212 (EIN)		FAX #: (973)817-8043 E-MAIL:
OPERATION TYPE	INTERSTATE	INTRASTATE
CARRIER OPERATION:	Non-HM	N/A
SHIPPER OPERATION:	N/A	N/A
OIC: 34		TERRITORY: T

CARRIER CLASSIFICATION: (A)
Authorized

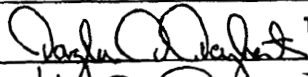

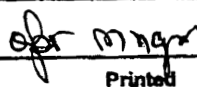
CARGO CLASSIFICATION: (Y)
Paper Products

EQUIPMENT:	TRUCK	TRUCK TRACTOR	TRAILER	HM TANK TRUCK	HM TANK TRAILER	MOTOR COACH	SCHOOL BUS	LIMO	PASS. VAN
OWNED									
TERM LEASED	2	13	60						
TRIP LEASED									
DRIVERS:	INTER	INTRA	Avg. Trip Leased Drivers/Mo.:				Does carrier transport placardable quantities of HM?		
<100 Miles:			Total Drivers: 11				No		
>= 100 Miles:	11		CDL Drivers: 11						

Questions about this report or the Federal Motor Carrier Safety or Hazardous Materials regulations may be addressed to the Federal Motor Carrier Safety Administration at:

275 Paterson Avenue
Little Falls, NJ 07424
Phone: (973)357-4134 Fax: (973)357-4099

This report will be used to assess your safety compliance.

PERSON(S) INTERVIEWED:	Americo Costa	Isabel Costa
TITLE(S):	President	Sec./Treasurer
REPORTED BY:		TITLE: SLE
RECEIVED BY:		TITLE: 
MCS-151/CR CAPRI Version 4.3		PART A
		Printed 11/29/2001 10:32 AM

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
 MV-104AN (5/99)

Page of Pages
 Precinct **43**
 Accident No **3312**

DMV USE

1 Accident Date: 10/17/01, Day of Week: WED, Time: 1200, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated: , Left Scene: , Police Photos: Yes No

2 VEHICLE 1: Driver Name: BLANCHARD, DARRYL THOMAS, Address: 317 MAIN STREET, AROOSTOCK NB. VEHICLE 2: Driver Name: MANUEL L FAUSTINO, Address: 430 JOHN ST., EAST NEWARK NJ 07029.

3 Date of Birth: 08/31/68M, Sex: Unlicensed: No. of Occup.: 1, Public Property Damaged: State of Lic.: NB. VEHICLE 2: Date of Birth: 07/12/42M, Sex: Unlicensed: No. of Occup.: 1, Public Property Damaged: State of Lic.: NJ.

4 Name: Global Forwarding Co Ltd, Address: 161 WRIGHT AVE, DARTMOUTH NS. VEHICLE 2: Name: MANUEL L FAUSTINO, Address: 430 JOHN ST., EAST NEWARK NJ 07029.

5 Plate Number: PR16782, State of Reg.: CANADA, Vehicle Year & Make: 2000 FORD TRUCK. VEHICLE 2: Plate Number: AP977P, State of Reg.: NJ, Vehicle Year & Make: 1998 TRUCK.

6 VEHICLE DAMAGE CODES: Box 1 - Point of Impact: 2, Box 2 - Most Damage: 15. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 15, Box 2 - Most Damage: 15.

7 Vehicle Towed: By AUTORAMA, To AUTORAMA. VEHICLE 2 Towed: By AUTORAMA, To AUTORAMA.

8 VEHICLE DAMAGE CODING: 1-13 See diagram on right. 14 UNDERCARRIAGE, 15 TRAILER, 16 OVERTURNED, 17 DEMOLISHED, 18 NO DAMAGE, 19 OTHER.

9 ACCIDENT DIAGRAM: W/B CROSS AT EXPM. Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold: Yes No.

10 Location Code: 951, Route No. or Street Name: on W/B Cross at Expm, Intersection With: NEWBOLD Ave.

11 Ticket/Arrest: Opr 1 Opr 2, Pedestrian Bicyclist Other.

12 Violation Section(s): V-1 states V-2 stopped short causing him to strike him in trailer. V-2 states at trailer stopped due to volume of traffic causing him to stop. V-1 then struck him in rear.

* Jur Driver
 #0000 AB
 ## 2.

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names - If Deceased, Give Date of Death
A	1	1	4	1	M	-	13	4	-	-	-	-	-	BLANCHARD, DARRYL THOMAS
B	2	1	7	1	M	-	13	6	-	-	-	-	-	MANUEL L FAUSTINO
C														
D														
E														
F														
G														

SIGN HERE: Officer's Rank and Name: P.O. M. THOMAS 34/31, Tax ID No.: 913402, Department: 03030, Precinct: Hwy 1, Post/Sector: 105, Reviewing Officer: SU, Date/Time Reviewed: 10/19/01