

BRITISH  
COLUMBIA

## NOTICE AND ORDER

2196298

☐ PVI ☒ CVI ☐ CVPE

207

☒ Police☐ Peace Officer

The undersigned peace officer has reasonable and probable grounds to believe that the vehicle described below, driven by:

Driver Last Name		Given Name	
N/A		N/A	
Driver License No.	Prov/State	Expiry Date	DOB (YYMMDD)
Owner Name		Owner Address	
MICKY TRANSPORT LTD		103-18663 52 Ave Surrey BC	
Year	Make	Model	Color
93	HINO	2019 59908	BL
PU	Reg.	Loc.	Prov/State
	0856799	54771C	BC
T1	Reg.	Loc.	Prov/State
T2	Reg.	Loc.	Prov/State

on the 24 day of November, 2008 at 17:28 hours on

SE MARINE + BOUNDARY VANCOUVER BC  
Highway (if applicable) at or near Place/City/Town

does not comply with the Motor Vehicle, Commercial Transport, Transport of Dangerous Goods or Passenger Transportation Act and Regulations. The owner/operator is hereby given notice to:

- ☒ T1 ☐ T2 ☐ Immediately remove the vehicle from the highway until such time as it complies with the Motor Vehicle Act and Regulations (Division 25).
- ☐ 2 ☐ 2 ☐ Promptly take the vehicle to a Designated Inspection Facility to determine compliance with the Motor Vehicle Act and Regulations (Division 25).
- ☐ 3 ☐ 3 ☐ Promptly repair or remedy the defect(s) or omission(s) noted below and present this Notice with the vehicle within \_\_\_\_ days to

This is an Order issued by a Peace Officer under the Motor Vehicle Act Regulations that must be complied with. (See detailed instructions on reverse)

Item	Description of Defect/Violation
Driver/Documents 1.	
X Brakes 2.	* HEAVY DAMAGED W/MT
Coupling Devices 3.	
Exhaust 4.	* POSSIBLE BRAKE FAILURE
X Body / Frame 5.	
Fuel System 6.	(8) - DG. LOAN INSECURE
X Lights 7.	LEAKING
X Load Security 8.	- ONLY 1 PLACED FUND
X Steering 9.	
X Suspension 10.	
X Tires 11.	
X Wheels / Rims 12.	
X Wipers 13.	
Other 14.	

Office Use Only  
402  
3915

PU CVIP Decal #	T1 CVIP Decal #	T2 CVIP Decal #

Peace Officer (Print)	Signature
DRAN G. HUBERT	DRAN G. HUBERT
Issuing Agency	Address / Postal Code
VCP	512 MAIN ST VAN BC

MV3073 (122007)

CVSE



Ministry of  
Transportation

# Commercial Vehicle Inspection Report

FINAL INSPECTION  
CONFIRMATION NUMBER  
**7003191**

PLACE DECAL  
HERE  
**RD02729**

DECAL EXPIRY DATE  
**31 AUG 2008**

INSPECTION RESULT: <b>Fail</b>	WORK ORDER #	INSPECTION DATE <b>29 JUL 2008</b>	INSPECTION COMPLETE DATE/TIME <b>29 JUL 2008 19:21</b>
INSPECTION TYPE: <b>Complete</b>	REASON NOTE:		
REASON FOR INSPECTION: <b>Annual</b>	TECHNICIAN NAME:		
COLLISION REPAIR FACILITY:	PHONE #:		
INSPECTOR'S NUMBER: <b>M08758-004</b>	OWNER/ LESSEE: <b>MICKY TRANSPORT LTD</b>		
INSPECTOR'S NAME: <b>KHAN, IMTIAZ</b>	ADDRESS: <b>108B-7063 VENTURE ST</b>		
CARD EXPIRY DATE: <b>31 MAY 2009</b>	CITY: <b>DELTA</b>	PROV: <b>BC</b>	POSTAL CODE: <b>V4G1H8</b>
FACILITY NUMBER: <b>S6349-001</b>	REGISTRATION NUMBER: <b>8567999</b>	VEHICLE JURISDICTION: <b>BC</b>	PLATE NUMBER: <b>5477KC</b>
FACILITY NAME: <b>PACIFIC COAST TRUCK &amp;</b>	YEAR: <b>1993</b>	MAKE: <b>HINO</b>	MODEL:
WORKING ON BEHALF OF FACILITY:	BODY STYLE: <b>VAN</b>	VIN: <b>JHBFF4HR7P2S10023</b>	
INSPECTION CLASS: <b>2 - Motor vehicle with lic. GVW of more than 5,500kgs</b>	ODOMETER: <b>577424 KM</b>	FUEL TYPE: <b>Diesel</b>	
	UNIT/FLEET #: (Optional)	<b>207</b>	BRAKE TYPE: <b>Hydraulic</b>

"F" Failed "R" Repaired Same Day "P" Passed "PC" Passed With Caution "C" Out Of Service "NA" Not Applicable

	F	R	P	PC	C	NA		F	R	P	PC	C	NA
<b>Section 1 - Power Train</b> STEADY BEARING PLAY	<input checked="" type="checkbox"/>						Pressure Fuel						
							Liquid Propane Gas						<input checked="" type="checkbox"/>
							Compressed Natural Gas						<input checked="" type="checkbox"/>
<b>Section 2 - Suspension</b>			<input checked="" type="checkbox"/>				Pressure Fuel Inspector's Name & Number						
<b>Section 3 - Hydraulic Brakes</b> 3/8 LINING LEFT # 2 AXLE				<input checked="" type="checkbox"/>			<b>Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)</b>						
<b>Section 3A - Air Brakes</b>					<input checked="" type="checkbox"/>		Axle # 1 2 3 4 5 6 7 8 9						
<b>Section 4 - Steering</b> SLIGHT PLAY IN DRAGLINK				<input checked="" type="checkbox"/>			Type:						
<b>Section 5 - Instruments, Auxillary Equipment</b>			<input checked="" type="checkbox"/>				Size:						
<b>Section 6 - Lamps</b> FEW BOX LITES OUT L/S MIRROR LITE OUT	<input checked="" type="checkbox"/>						Slack:						
<b>Section 7 - Electrical System</b>			<input checked="" type="checkbox"/>				Left:						
<b>Section 8 - Body &amp; Frame</b> LEFT SIDE MIRROR BROKEN	<input checked="" type="checkbox"/>						Right:						
<b>Section 9 - Tires &amp; Wheels</b> # 1AXLE STEERING TIRE HAS CUT NOT THROUGH CORD			<input checked="" type="checkbox"/>				Comments:						
<b>Section 10 - Couplers &amp; Hitches</b>				<input checked="" type="checkbox"/>			<b>Air Brake Camshaft Rotation Measurement (degrees)</b>						
<b>Section 10 - Special Use Vehicle Components</b>				<input checked="" type="checkbox"/>			Axle # 1 2 3 4 5 6 7 8 9						
							Left:						
							Right:						
							Comments:						
							<b>Brake Lining/Pad Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Lining (S Lining (S						
							Left: 15 15						
							Right: 15 15						
							Comments:						
							<b>Rotor/Drum Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Drum Drum						
							Left: 0 0						
							Right: 0 0						
							Comments: 1 - DRUMS NOT REMOVED; 2 - DRUMS NOT REMOVED						

General Inspection Comments:

Inspector's Name **KHAN, IMTIAZ**

Signature

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

**NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION**

The information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process your vehicle inspection. If you have any questions please call 250-952-0577 or visit our website at [www.th.gov.bc.ca/cvse](http://www.th.gov.bc.ca/cvse)



Ministry of  
Transportation

# Commercial Vehicle Inspection Report

FINAL INSPECTION  
CONFIRMATION NUMBER

7033004

PLACE DECAL  
HERE

DW70003

DECAL EXPIRY DATE

31 AUG 2009

INSPECTION RESULT: **Pass**  
INSPECTION TYPE: **Re-inspection**  
REASON FOR INSPECTION: **Not Applicable**  
COLLISION REPAIR FACILITY:

WORK ORDER #

146

INSPECTION DATE

23 AUG 2008

INSPECTION COMPLETE DATE/TIME

23 AUG 2008 17:50

REASON NOTE:

TECHNICIAN NAME:

PHONE #:

INSPECTOR'S NUMBER: **M08758-004**  
INSPECTOR'S NAME: **KHAN, IMTIAZ**  
CARD EXPIRY DATE: **31 MAY 2009**  
FACILITY NUMBER: **S6349-001**  
FACILITY NAME: **PACIFIC COAST TRUCK &**  
WORKING ON BEHALF  
OF FACILITY:  
INSPECTION CLASS: **2 - Motor vehicle with lic.  
GVW of more than 5,500kgs**

OWNER/  
LESSEE: **MICKY TRANSPORT LTD**

ADDRESS: **108B-7063 VENTURE ST**

CITY: **DELTA**

PROV: **BC**

POSTAL **V4G1H8**

CODE:

REGISTRATION **8567999**  
NUMBER:

VEHICLE **BC**  
JURISDICTION:

PLATE **5477KC**  
NUMBER:

YEAR: **1993**

MAKE: **HINO**

MODEL:

BODY **VAN**  
STYLE:

VIN: **JHBFF4HR7P2S10023**

ODOMETER: **577424 KM**

FUEL **Diesel**  
TYPE:

UNIT/FLEET #:  
(Optional)

**207** BRAKE TYPE: **Hydraulic**

"F" Failed "R" Repaired Same Day "P" Passed "PC" Passed With Caution "C" Out Of Service "NA" Not Applicable

	F	R	P	PC	C	NA		F	R	P	PC	C	NA
<b>Section 1 - Power Train</b> STEADY BEARING PLAY REPLACED			<input checked="" type="checkbox"/>				Pressure Fuel						
							Liquid Propane Gas						<input checked="" type="checkbox"/>
							Compressed Natural Gas						<input checked="" type="checkbox"/>
<b>Section 2 - Suspension</b>			<input checked="" type="checkbox"/>				Pressure Fuel Inspector's Name & Number						
							<b>Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)</b>						
<b>Section 3 - Hydraulic Brakes</b> 3/8 LINING LEFT # 2 AXLE				<input checked="" type="checkbox"/>			Axle # 1 2 3 4 5 6 7 8 9						
							Type:						
<b>Section 3A - Air Brakes</b>					<input checked="" type="checkbox"/>		Size:						
							Slack:						
<b>Section 4 - Steering</b> SLIGHT PLAY IN DRAGLINK				<input checked="" type="checkbox"/>			Left:						
							Right:						
<b>Section 5 - Instruments, Auxiliary Equipment</b>			<input checked="" type="checkbox"/>				Comments:						
							<b>Air Brake Camshaft Rotation Measurement (degrees)</b>						
<b>Section 6 - Lamps</b> FEW BOX LITES OUT L/S MIRROR LITE OUT BOX LITES REPAIRED			<input checked="" type="checkbox"/>				Axle # 1 2 3 4 5 6 7 8 9						
							Left:						
<b>Section 7 - Electrical System</b>			<input checked="" type="checkbox"/>				Right:						
							Comments:						
<b>Section 8 - Body &amp; Frame</b> LEFT SIDE MIRROR BROKEN MIRROR REPLACED			<input checked="" type="checkbox"/>				<b>Brake Lining/Pad Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
<b>Section 9 - Tires &amp; Wheels</b> # 1 AXLE STEERING TIRE HAS CUT NOT THROUGH CORD			<input checked="" type="checkbox"/>				Type: Lining (S Lining (S						
							Left: 15 15						
<b>Section 10 - Couplers &amp; Hitches</b>				<input checked="" type="checkbox"/>			Right: 15 15						
							Comments:						
<b>Section 10 - Special Use Vehicle Components</b>				<input checked="" type="checkbox"/>			<b>Rotor/Drum Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Drum Drum						
							Left: 0 0						
							Right: 0 0						
							Comments: 1 - DRUMS NOT REMOVED; 2 - DRUMS NOT REMOVED						
<b>General Inspection Comments:</b>													

Inspector's Name **KHAN, IMTIAZ**

Signature

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

**NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION**

The information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process your vehicle inspection. If you have any questions please call 250-952-0577 or visit our website at [www.th.gov.bc.ca/cvse](http://www.th.gov.bc.ca/cvse)



Commercial Vehicle Inspection Report (MV3104) Data Entry

Confirmation Number 4152139

Complete Repairs by

Leung, Shirley TRAN:EX

Inspection Result P

Inspection Type C Complete

Vehicle Jurisdiction BC

DIF # and Ext S1370005

AI's date of Inspection 20060523 23 May 2006

e.g. 2000 12 31

DECAL No. DR87936

DECAL Expiry Date 20070531 31 MAY 2007

Select Class of Vehicle to be inspected 2 2 - TRUCK AND TRUCK TRACTOR

AI # and Ext M02275003

Authorised Inspector's Last Name WOLFE

Vehicle Registration Number 8567999

OWNER BERNER HOLDINGS LTD ,LESS

PLATE NUMBER 5477KC

Vehicle Year 1993

Vehicle Identification Number JHBFF4HR7P2S10023

## Del Rosario, Susan TRAN:EX

**From:** Hughes, Caroline J TRAN:EX  
**Sent:** Monday, December 1, 2008 8:17 AM  
**To:** Del Rosario, Susan TRAN:EX  
**Subject:** FW: Commercial Claims Request - N455125-3

-----  
From: David.Rudy@icbc.com[SMTP:DAVID.RUDY@ICBC.COM]  
Sent: Monday, December 01, 2008 8:16:24 AM  
To: CC04@icbc.com; Daniel.Filiatrault@icbc.com; Todd.Lamberton@icbc.com; XT:HLTH  
BRENT.YERXA@ICBC.COM; Kevin.Kaufmann@icbc.com; Denis.Nadeau@icbc.com; Hughes, Caroline J  
TRAN:EX; lori.garrett@icbc.com  
Cc: David.Rudy@icbc.com  
Subject: Commercial Claims Request - N455125-3 Auto forwarded by a Rule

### Referred by

-----  
Claim Number: N455125-3  
Adjuster Name: Dave Rudy  
Phone Number: 533-7417  
Claim Centre: CC23 - Langley Claims  
KOL: 02  
Exposure: A  
Date of Loss: 24-Nov-2008  
Time of Accident: 12:30 p.m.

Type of Referral: ICBC Insured Vehicle (As per Section 7.2 of CPM)

### Vehicle Ownership

-----  
Registered Owner 1 / Lessor: Berner Holdings Ltd  
Registered Owner 2 / Lessee: Micky Transport Ltd  
Contact Person: Gurbinder Sandhu  
Phone Number: 604-763-7083  
Fax Number:

201-259-908

### Driver's Information

-----  
Name: Paramvir Sandhu  
Work Number:  
Home Number:  
Driver's Licence Number: S22  
Class:  
Restriction:

### Vehicle Information

-----  
Year: 1993  
Make: Hino  
Model:  
Plate Number: 5477KC  
Registration Number: 08567999  
Serial Number: JHBFF4HR7P2S10023  
Declared Value: \$20,000.00  
Unit Number:  
Fleet: Yes  
National Safety Code Number:  
Territory Code: D

Coverage

-----  
Third Party Liability: \$10,000,000.00  
Collision: \$500.00  
Comprehensive: \$300.00  
Loss of Use: \$450.00  
Rate Class: 406

Accident Information

-----  
Engine Shut Off: Yes  
If vehicle ran, how long? 1 Minutes  
If cargo, type of cargo: pallets of recycled paint & potato chips  
Current Location of Vehicle: CC89  
Unit pulling trailers? No  
Trailer Plate Number: 1. 2.  
Trailer Claim Number: 1. 2.  
Tractor Plate:  
Police: Yes  
Charges: No

Location of Loss:

Boundary Road & Marine Way , Vancouver

Description of Loss:

Vehicle travelling S/B on Boundary approaching intersection at Marine Way, Driver feels brakes failed, entered intersection on red light striking a vehicle Eastbound on Marine Way

Adjuster's Comments or Instructions:

S17

Liability

-----  
Insured Responsibility: 100%  
Downtime: Yes  
LOU: Yes  
Release CL14: Yes  
Deductible: 500

Commercial Claims Use Only

Assignment Code:

Beneficial Owner's Name:

Original \_\_\_\_

Referred \_\_\_\_

Assist \_\_\_\_

Special Instructions:

H.E. Examiner: