



UTILITIES AND TRANSPORTATION COMMISSION

TE-130677 7282

Assignment Report Motor Carrier Safety

Upload? [] Yes [X] No - Reason For Not Uploading: Intrastate

1. Investigator(s): Rick Smith 2. Assignment No.: 112122

3. Current Date: 5/22/2013 4. Date of Activity: 5/21/2013

5. Carrier Name: Lady In a Limo LLC

6. Permit: Pending 7. New Entrant date of authority:

8. MOTCAR No.: 9. Carrier is: [X] Intrastate Only [] Interstate Only [] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2392780 12. MC No.: 000000

13. [] Destination Check

Form for Destination Check with checkboxes for safety plan, inspection counts, and special emphasis.

14. [] Safety Complaint

Form for Safety Complaint with checkboxes for complaint plan, activity, and inspection levels.

15. [X] New Entrant - Charter, Auto Transportation

Form for New Entrant with checkboxes for carrier referral and authority requests.

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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 SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____%
 - Fatigued Driving (HOS) _____%
 - Crash _____%
 - Driver Fitness _____%
 - Drug/Alcohol _____%
 - Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
 - Safety Investigation
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced terminal visit
 - Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

- SI Rating: Satisfactory Unsatisfactory Conditional
- SA Rating: Pass Fail
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: n/a

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21. **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		1									
Defective Vehicles		0									
OOS Vehicles		0									
Level		5									

22. **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											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. **Relevant Carrier History:** This carrier is requesting intrastate charter-excursion authority and has not had a prior review.

25. **Findings:** The one 14 passenger bus for this carrier was fully inspected CVSA level-5 with no violations discovered. A safety presentation was made to the company owners William Prigmore and Dalila Prigmore. A UTC safety manual was provided for study and future reference.

26. **Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. **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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

28. **Additional Comments:** Carrier is well managed with excellently maintained vehicles to provide the passenger services as being requested. I recommend authority be issued.

Investigator's Signature: Richard Smith 

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: D Pratt Date: 5/22/13

Reviewer's Recommendation: Agree with recommendation.
Close & file.

OK to issue authority

OFFICE USE ONLY

Date Closed: 5/22/13 By: Mike Watson

Company Name: Lady in a Limo

Assignment #: 113122

Staff Assigned: Smith