



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason For Not Uploading: Technical assistance/vehicle inspection only

1. Investigator(s): Grimm 2. Assignment No.: 113143

3. Current Date: 071513 4. Date of Activity: 071213

5. Carrier Name: YELLOW ARROW LINES LLC

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

8. MOTCAR No.: 7324 9. Carrier is: [ ] Intrastate Only [ ] Interstate Only [ ] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2365511 12. MC No.:

13. [ ] Destination Check

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

14. [ ] Safety Complaint

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

15. [ ] New Entrant - Charter, Auto Transportation

Form for New Entrant with multiple Yes/No questions regarding carrier status and inspection completion.

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: \_\_\_\_\_

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								1			
OOS Vehicles								0			
Level								1			

22. **1 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								1			
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other								1			
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This is a new entrant CH/EX applicant.

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**25. Findings:**

One commercial motor vehicle (passenger) inspection. No out of service condition noted. See UTC Driver/vehicle examination report WAU005000335 071113.

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**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.

This is a federal new entrant and a safety audit is scheduled by a certified inspector in early August 2013.

**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: On July 12, 2013, I interviewed Franco Camarillo, registered agent, of Yellow Arrow Lines LLC, a UTC new entrant CH/EX applicant. Mr. Camarillo administers safety records for the firm and oversees various business functions for the principal managing partner, Reyna Martinez. Company officials and the driver have a working knowledge of the Federal Motor Carrier Safety Regulations (FMCSRs) as adopted by the UTC in WAC 480-30.

Ms. Martinez speaks very little English but is fluent in her native language Spanish. Mr. Camarillo is bi-lingual and asks as an interpreter. The driver is bi-lingual and was found to be able to communicate sufficiently to understand and respond to official inquiries and directions in English as required by 49 CFR Part 391.11 (b)(2).

The firm was given an overview of the FMCSRs as they apply to current operations. Additional information left with the carrier was the "How to Achieve" UTC brochure and sample forms not required to be used but containing required language and information including driver qualification, hours of service and inspection, repair and maintenance.

The company plans to review the safety material and maintain substantial compliance with the regulations.

Investigator's Signature: [Signature]

Initial Review By: [Signature] Date: 7-19-2013

Reviewer's Recommendation: I concur with recommendation  
for Authority - close file

Final Review By: [Signature] Date: 7/19/13

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATION  
Close & FILE  
OK to issue authority.

**OFFICE USE ONLY**

Date Closed: 7/19/13 By: Mik Dolsen

Company Name: Yellow Arrow Lines

Assignment #: 113123

Staff Assigned: Green