

# Assignment Report

## Motor Carrier Safety

WASHINGTON



Upload?  Yes  No

UTILITIES AND TRANSPORTATION  
COMMISSION

1. Investigator(s): Alan Dickson, Francine Gagne 2. Assignment No.: 115004  
 3. Current Date: 2/4/2015 4. Date of Activity: 2/2/2015  
 5. Carrier Name: Tiger Express Shipping Corporation  
 6. Permit: \_\_\_\_\_ 7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: 116698 9. Carrier is:  Intrastate Only  
 10. Industry Code: 232  Intra and Interstate  
 11. USDOT No.: 2472722 12. MC No.: 855124

13.  **Destination Check**

<ul style="list-style-type: none"> <li>▪ Has a copy of the Destination Check Safety plan been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Any special emphasis placed on the destination check? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Describe Special Emphasis: _____</li> </ul>	
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14.  **Compliance Review**

<ul style="list-style-type: none"> <li>▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional</li> <li>▪ Number of Vehicles Operated: _____</li> <li>▪ Number of Drivers Operated: _____</li> <li>▪ Total Miles Prior Year: _____</li> <li>▪ Recordable Accidents Prior Year: _____</li> <li>▪ Accident Ratio: _____</li> </ul>	Is the carrier a New Entrant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a CR conducted between 6-18 months after the permit was issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15.  **CSA Investigation**

<ul style="list-style-type: none"> <li>▪ Investigation Type: <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation</li> <li>▪ Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____</li> </ul> <p><b>Basic Threshold Percentile:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Unsafe Driving _____ %</td> <td><input type="checkbox"/> Driver Fitness _____ %</td> </tr> <tr> <td><input type="checkbox"/> Fatigued Driving (HOS) _____ %</td> <td><input type="checkbox"/> Drug/Alcohol _____ %</td> </tr> <tr> <td><input type="checkbox"/> Crash Indicator _____ %</td> <td><input type="checkbox"/> Vehicle Maintenance _____ %</td> </tr> </table>	<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %	<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %	<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %	
<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %						
<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %						
<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %						

16.  **Part B Violations:**

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

# Assignment Report

## Motor Carrier Safety

We conducted inspection of the minibus and three lighting defects were noted. A CVSA sticker was issued and the inspection has been uploaded via Aspen to the MCMIS database.

### 22. 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.

### 23. 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% 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):

### 23. Additional Comments:

I would recommend this new applicant be considered for issuance of a charter/excursion certificate. Forward to licensing services.

Investigator's Signature: \_\_\_\_\_

*Alan Dickson*

Date: 2/4/2015

Assignment Report  
Motor Carrier Safety

OFFICE USE ONLY

Initial Review By:

*John Foster*

Date:

*2/6/15*

Initial Reviewer's Recommendation:

*Forward TO LICENSING -*

*TA provided in parts 382, 391, 395, 393 & 396 -  
Vehicle was inspected & issued CUSA decal.*

Final Review By:

*DPART*

Date:

*2/6/15*

Final Reviewer's Recommendation:

*AGREE WITH RECOMMENDATIONS*

*CLOSE & FILE*

*OK to issue authority.*

Internal Processing

Date Closed:

*2/6/15*

By:

*Lu Martin*

Company Name:

*Tiger Express Shipping Corporation*

Assignment #:

*115004*

Staff Assigned:

*Dickson + Gagne*