

Assignment Report

Motor Carrier Safety

WASHINGTON



Upload? Yes No

UTILITIES AND TRANSPORTATION
COMMISSION

1. Investigator(s): Alan Dickson, Mat Perkinson 2. Assignment No.: 115006

3. Current Date: 2/12/2015 4. Date of Activity: 2/11/2015

5. Carrier Name: May Travel LLC

6. Permit: _____ 7. New Entrant Date of Authority: _____

8. MOTCAR No.: 16764 9. Carrier is: Intrastate Only

10. Industry Code: 232 Intra and Interstate

11. USDOT No.: 2470719 12. MC No.: 899653

13. **Destination Check**

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

14. **Compliance Review**

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

<ul style="list-style-type: none"> ▪ Investigation Type: <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation ▪ Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____ <p>Basic Threshold Percentile:</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	

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17. Vehicle Inspection Data:

	MB 16+	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	0							
OOS Vehicles	0							
Level	1							

18. 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											
Comments:											

19. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

20. Relevant Carrier History:

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21. Findings:

Transportation Specialist Mat Perkinson and I provided technical assistance to president May Zhang and lead driver Mr. Yuqi Zhao. The safety regulations were reviewed regarding: substance abuse and alcohol testing programs; maintaining complete driver qualifications, especially medical examination certificates, (the prospective driver did hold a CDL with a valid medical certificate by a national registry physician), hours of service regulations, in particular the 100 air mile driver vs. the over 100 mile radius driver (the company has plans to operate in the Seattle metro area and to Vancouver, B.C. Canada and Portland, Oregon). This applicant is in the new entrant program and has been contacted by a new entrant auditor to schedule the safety audit under their interstate authority MC 899653. The vehicle maintenance, inspection and repair regulations were reviewed including the need for the company to keep current his periodic

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(annual) vehicle inspections. Ms. Zhang has undergone two additional technical assistance visits by commission staff in the application process of prior charter bus filings. We conducted inspection of the 28 passenger bus and no 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: Select Date)
- Revisit to recheck a specific issue (Date: Select 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 Jackson

Date: 2/12/2015

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Initial Review By: John Voth Date: 2/17/15

Initial Reviewer's Recommendation: Agree with Investigator's recommendation
To forward to licensing carrier received TA on CFR
parts 382, 383, 391, 395 & 396. Owner has operated 2
companies prior to this one & received TA at those
times also

Final Review By: DP PATT Date: 2/17/15

Final Reviewer's Recommendation: Agree with recommendations.

OK to issue authority.

close & file.

Internal Processing	
Date Closed: <u>2/18/15</u>	By: <u>Li Martha</u>
Company Name: <u>May Travel LLC</u>	
Assignment #: <u>115006</u>	Staff Assigned: <u>Dickson + Perkinson</u>