

Assignment Report

Motor Carrier Safety

WASHINGTON



Upload? Yes No

UTILITIES AND TRANSPORTATION
COMMISSION

- | | |
|--|--|
| 1. Investigator(s): <u>Mathew Perkinson</u> | 2. Assignment No.: <u>115021</u> |
| 3. Current Date: <u>3/31/2015</u> | 4. Date of Activity: <u>3/27/2015</u> |
| 5. Carrier Name: <u>Bayview Chauffeured Transportation LLC</u> | |
| 6. Permit: <u>Pending</u> | 7. New Entrant Date of Authority: <u>NA</u> |
| 8. MOTCAR No.: <u>150382</u> | 9. Carrier is: <input type="checkbox"/> Intrastate Only |
| 10. Industry Code: <u>232 Charter and
Excursion Bus</u> | <input checked="" type="checkbox"/> Intra and Interstate |
| 11. USDOT No.: <u>1526763</u> | 12. MC No.: <u>NA</u> |

13. **Destination Check**

- Has a copy of the Destination Check Safety plan been attached? Yes No
- Any special emphasis placed on the destination check? Yes No
- Describe Special Emphasis: _____

14. **Compliance Review**

- SI Rating: Satisfactory Unsatisfactory Conditional
 - Number of Vehicles Operated: _____
 - Number of Drivers Operated: _____
 - Total Miles Prior Year: _____
 - Recordable Accidents Prior Year: _____
 - Accident Ratio: _____
- Is the carrier a New Entrant? Yes No

Was a CR conducted between 6-18 months after the permit was issued? Yes No

15. **CSA Investigation**

- Investigation Type: Full Investigation Focused Investigation
 - Carrier Type: Passenger Carrier Property Carrier Other: _____
- Basic Threshold Percentile:**
- | | |
|---|--|
| <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:** _____

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Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396	1	397	

17. Vehicle Inspection Data:

	MB 16+	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	2							
Defective Vehicles	1							
OOS Vehicles	0							
Level	5							

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			1								
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:

Bayview currently operates a fleet of limousines and plans to expand its operations by adding three mini-bus passenger vans to conduct tours, transfers, airport transfers, and city tours.

21. Findings:

During the technical assistance visit each section of "Your Guide to Achieving a Satisfactory Safety Record" was covered. We discussed the requirements of CFR Part 382, 383, 385, 387, 390, 391, 392, 393,

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395, and 396. The carrier has in place a solid foundation and understanding of the requirements. I provided the carrier my contact information, the commission's website, and the FMCSA website for further assistance.

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.

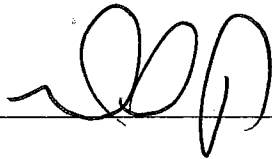
23. Is this carrier considered a high risk carrier as a result of this activity?

- 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:

Forward to Licensing for processing.

Investigator's Signature: _____



Date: 3/18/2015

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OFFICE USE ONLY

Initial Review By: John Gosh Date: _____

Initial Reviewer's Recommendation: Forward TO Licensing - Close & File
Technical assistance given on CFR 382, 383, 387, 390
391, 395 & 396 - Vehicles inspected and issued CVSA
decals

Final Review By: J Pratt Date: 3/31/15

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS
CLOSE & FILE

OK to issue authority.

Internal Processing

Date Closed: 4/1/15 By: J. S. Martin

Company Name: Bayview Chauffeured Transportation

Assignment #: 115021 Staff Assigned: Perkins