



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No

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

1. Investigator(s): John Foster 2. Assignment No.: 115044
 3. Current Date: 4/8/2015 4. Date of Activity: 4/8/2015
 5. Carrier Name: Janine Stockton-Julian DBA The Vine Travelers
 6. Company ID: 16939 7. Industry Code: 232 8. USDOT #: 2579168
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. 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: _____

11. 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: _____ ▪ Total Miles Prior Year: _____ ▪ Accident Ratio: _____ 	<ul style="list-style-type: none"> ▪ Number of Drivers Operated: _____ ▪ Recordable Accidents Prior Year: _____
CSA Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No <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: _____	

12. Part B Violations

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

13. Vehicle Inspection Data

	Van 9-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	0							
OOS Vehicles	0							
Level	7							

14. Vehicle Inspection Violations

Assignment Report

Motor Carrier Safety

	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						

15. Driver Inspection Violations

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

16. Relevant Carrier History:

17. Findings:

Carrier's vehicle was inspected and found with no defects. Technical assistance was provided on CFR 391 and 395. Carrier stated they were familiar the other regulations. Recommended for permanent authority.

18. Recommended Safety Action: Yes No

- 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.

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

- 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):

20. Additional Comments:

Assignment Report
Motor Carrier Safety

Investigator's Signature: John Zolt Date: 4/8/15

OFFICE USE ONLY

Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: DRATT Date: 4/8/15

Final Reviewer's Recommendation: Close & file

~~OK~~ OK to issue authority.

Internal Processing

Date Closed: _____ By: _____

Company Name: _____

Assignment #: _____ Staff Assigned: _____