

UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

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

1. Investigator(s): Jason Sharp      2. Assignment No.: 117060  
 3. Current Date: 5/3/2017      4. Date of Activity: 5/3/2017  
 5. Carrier Name: Symbolic Coach Lines, Inc.  
 6. Company ID: 18815      7. Industry Code: 232      8. USDOT #: 2985939  
 9. Carrier is:      Intrastate  Yes  No  Intra and Interstate

### 10. 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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### 11. Compliance Review

<ul style="list-style-type: none"> <li>▪ SI Rating:      <input type="checkbox"/> Satisfactory      <input type="checkbox"/> Unsatisfactory      <input type="checkbox"/> Conditional      <input type="checkbox"/> Not Rated</li> <li>▪ Number of Current Vehicles: _____      ▪ Number of Current Drivers: _____</li> <li>▪ Total Miles Prior Year: _____      ▪ Recordable Accidents Prior Year: _____</li> <li>▪ Accident Ratio: _____</li> </ul>
<p>CSA Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No      <input type="checkbox"/> Full Investigation      <input type="checkbox"/> Focused Investigation</p> <p>Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____</p>

### 12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		393/396		397	

### 13. Vehicle Inspection Data

	MC	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	1							
OOS Vehicles	0							
Level	7							

# Assignment Report

## Motor Carrier Safety

### 14. Vehicle Inspection Violations

	MC	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Mirrors	1					
Other	1					
Violation Type						

### 15. Driver Inspection Violations

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

### 16. Relevant Carrier History:

New entrant carrier started up by Leon Li, who most recently worked for Jade Holiday Travel. The carrier plans to provide shuttle service for local cruises, tours and sightseeing excursions.

### 17. Findings:

New entrant safety regulations training was conducted with owner Leon Li as a condition of his application for a Charter and Excursion Carrier Services Certificate with the Utilities and Transportation Commission. The carrier currently has interstate operating authority for passengers under MC-16583.

Mr. Li employs one driver and has one motor coach with the intention of adding another bus within the next two months. Each safety regulation on the Verification of Training form was thoroughly covered and Mr. Li asked many questions when he needed further clarification. Mr. Li informed the investigator that he uses Foley Compliance Service to assist in his employee screening and relevant driver qualification file documents.

The carrier owns a 2005 Setra motor coach that seats 57 passengers including the driver. During the vehicle inspection it was discovered that one of the emergency exit windows on the right side of the bus had a broken handle which did not allow the window to operate. The carrier had removed the handle and "Emergency Exit" decals that designated that window as an exit. Investigator Sharp determined that even though one of the exit windows was removed from service, that the motor coach was still in compliance with bus exit space requirements.

Two violations were recorded from the vehicle inspection for a missing right side mirror and the carrier DOT number not marked in accordance with the regulations. Mr. Li stated that he had ordered a replacement mirror and would be replacing his "DOT" markings to reflect "USDOT" on both sides of the motor coach. Mr. Li was informed that he will need to provide proof to Investigator Sharp that both defects noted violations were corrected prior to his permit being granted.

### 18. Recommended Safety Action:    Yes    No

- Require the company to submit a compliance plan in response to the 15 day letter requirement.
- Require the company to submit a compliance plan in response to the 385 letter requirement (45 days).
- Recheck – Safety Investigation                      (Date:        Select Date    )

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Revisit to recheck a specific issue (Date: Select Date) email notification sufficient upon repair

Send the company a compliance letter. Require a response:  Yes  No

Issue administrative penalties.

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.

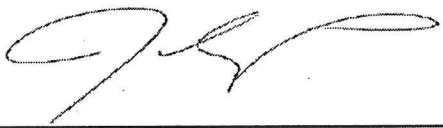
Carrier had a defect ratio 75% or higher at the last vehicle inspection.

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:

Recommendation is to await verification that mirror has been installed and USDOT number properly displayed on vehicle prior to moving forward with permit.

Investigator's Signature:  Date: 5/3/2017

OFFICE USE ONLY

Initial Review By:  Date: 5/10/2017

Initial Reviewer's Recommendation:

Agree with recommendation to issue permit after verification is provided to commission staff.

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Final Review By: David Pratt Date: 5/10/17

Final Reviewer's Recommendation:

Agree with recommendation. Once staff has received verification that vehicle repairs and markings have been completed, ok to issue permit. Close and file

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Internal Processing

Date Closed: 5/10/2017 By: *Kelli Wann*

Company Name: Symbolic Coach Lines, Inc.

Assignment #: 117060 Staff Assigned: Sharp/Steiner



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

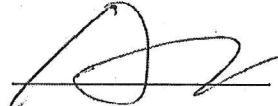
Verification of Training

Company: Symbolic Coach Lines, Inc Representative: Leon Li
Date 05/03/2017 Investigator: Jason Sharp

Table with 4 columns: Subject, CFR Part, Completed, n/a. Rows include Safety Regulations Training Provided, General Applicability, Drug and Alcohol Testing, Pre-Employment Drug Testing, Post-Accident Testing, Random Testing, Selection & Notification, Reasonable Suspicion Testing, Subpart B Prohibitions, Drug & Alcohol Policy, Consequences for Engaging in Drug & Alcohol Use, Commercial Driver's License Vehicles that require a CDL/Endorsements, General Qualifications of Drivers, Medical Certificate Required, and Entry Level Driver Training.

Insurance Requirements	387	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Qualification File	391.51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print): Leon Li Signature:  Date: 5/3/2017

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
PO Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU009000023
Inspection Date: 05/03/2017
Start: 11:20 AM PT End: 12:38:34 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

SYMBOLIC COACH LINES INC
4732 SOUTHCENTER BLVD APT A103
TUKWILA, WA 98188-2345

USDOT#: 02985939 Phone#: (425)551-9965

MC/MX#: 016583 Fax#:

State#:

Location: 903 N 128TH ST SEATTLE

Highway:

County: KING, WA

Driver: License#: State:

Date of Birth:

CoDriver: License#: State:

Date of Birth:

MilePost:

Shipper:

Origin: SEATTLE, WA

Bill of Lading:

Destination: SEATTLE, WA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, MC, SETR, 2005, WA, C76606H, WKKA34CD153000234, 46,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3. Rows: Right (N/A, N/A, N/A), Left (N/A, N/A, N/A), Chamber (WEDG, WEDG, WEDG)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 390.21A (Not marked in accordance with regulations...), 393.80 (No or defective rear-vision mirror...)

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: SHARP, JASON

Badge #: WAU587

Copy Received By:

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X [Signature]

X [Signature]

