



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): Sandi Yeomans 2. Assignment No.: 117067
 3. Current Date: 5/23/2017 4. Date of Activity: 5/22/2017
 5. Carrier Name: United Charter Buses, LLC
 6. Company ID: 18851 7. Industry Code: 232 8. USDOT #: 2978176
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. 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: _____

11. Compliance Review

- SI Rating: Satisfactory Unsatisfactory Conditional Not Rated
 - Number of Current Vehicles: _____ ▪ Number of Current Drivers: _____
 - Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____
 - Accident Ratio: _____
- CSA Investigation: Yes No Full Investigation Focused Investigation
 Carrier Type: Passenger Carrier Property Carrier 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

	MC						
Inspections	1						
Defective Vehicles	0						
OOS Vehicles	0						
Level	7						

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14. Vehicle Inspection Violations

Comments:					

15. Driver Inspection Violations

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

16. Relevant Carrier History:

This carrier is a new entrant. The company is owned by Vasiliy Perekopskiy. The plan is to offer charters and excursions in the local area until Mr. Perekopskiy can acquire his MC number. The place of business is at 3331 171st St SW, Lynnwood WA which is also the home residence.

17. Findings:

I inspected vehicle YE2CC13B012045247 a 57 passenger Van Hool. No violations were found. The vehicle passes a level 7 inspections.

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: _____)
- Revisit to recheck a specific issue (Date: _____)
- 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:

Technical assistance was give to Vasiliy Perekopskiy (owner) covering 380, 382, 383, 385, 387, 390, 391, 392, 393, 395, and 396. I left him with one copy of "Your Guide to Achieving a Satisfactory Safety Record" Forward to Licensing Services for permitting.

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Investigator's Signature: Andrew Yeomans Date: 5/23/2017

OFFICE USE ONLY

Initial Review By: [Signature] Date: 5/24/2017

Initial Reviewer's Recommendation:

Agree with recommendation to issue authority and add company to future work plan.

Final Review By: David Pratt Date: 5/24/17

Final Reviewer's Recommendation:

Agree with recommendations. Forward to Licensing with ok to issue permit. Ok to close and file.

Internal Processing	
Date Closed: <u>5/25/2017</u>	By: <u>[Signature]</u>
Company Name: <u>United Charter Buses, LLC</u>	
Assignment #: <u>117067</u>	Staff Assigned: <u>Yeomans</u>



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

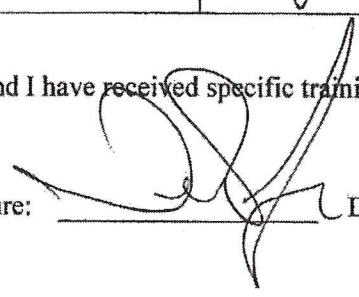
Verification of Training

Company: United Charter Buses, LLC Representative: Vasilij Perekopskiy
Date: 05/22/2017 Investigator: Sandi Yeomans

Table with 4 columns: Subject, CFR Part, Completed, n/a. Rows include: 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, 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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): PEPEKOPSKIY VASILY Signature:  Date: 05-22-2017

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
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000208
Inspection Date: 05/22/2017
Start: 11:33 AM PT End: 12:24:00 PM PT
Inspection Level: VII - Jurisdictional Mandated
HM Inspection Type: None

UNITED CHARTER BUSES LLC
3331 171ST ST SW
LYNNWOOD, WA 98037-9146
USDOT#: 02978176 Phone#: (206)779-8684
MC/MX#: 012627 Fax#:
State#:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: 3331 171ST ST SW, LYNNWOOD MilePost: Shipper:
Highway: Origin: LYNNWOOD, WA Bill of Lading:
County: SNOHOMISH, WA Destination: LYNNWOOD, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, VNHL, 2001, WA, 64004RP, N/A, YE2CC13B012045247, 50,700

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2, 3. Rows: Right (N/M, N/M, N/M), Left (N/M, N/M, N/M), Chamber (C-24, C-30, C-30)

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By: YEOMANS, S. [Signature]

Badge #: WAU586

Copy Received By: [Signature]

