



Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason For Not Uploading: \_\_\_\_\_

1. Investigator(s): Rick Smith 2. Assignment No.: 113100

3. Current Date: 5/3/2013 4. Date of Activity: 5/6/2013

5. Carrier Name: John W Eakin dba Wineries Express, LLC

6. Permit: Pending 7. New Entrant date of authority: \_\_\_\_\_

8. MOTCAR No.: \_\_\_\_\_ 9. Carrier is:  Intrastate Only  Interstate Only  Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2393852 12. MC No.: 000000

13.  Destination Check

Copy of the Destination Check Safety Plan is attached.
Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
Any special emphasis placed on the destination check  Yes  No
Describe Special Emphasis \_\_\_\_\_
What might we do differently to increase our success at the next destination check: \_\_\_\_\_

14.  Safety Complaint

Attach a copy of the Individual Safety Complaint Plan.
What activity did staff complete for this safety complaint:
 Compliance review
 Technical assistance
 Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
 Unannounced terminal visit
 Other (please explain): \_\_\_\_\_

15.  New Entrant - Charter, Auto Transportation

Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No
Is this carrier based in another state, requesting intrastate authority:  Yes  No
Is this carrier based in Washington, requesting intrastate authority:  Yes  No

16.  **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17.  **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18.  **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19.  **Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
▪ Number of vehicles operated: _____		
▪ Number of drivers operated: _____		
▪ Total miles for prior year: _____		
▪ Recordable accidents for prior year: _____		
▪ Accident Ratio: <u>n/a</u>		

20.  **Part B Violations:**

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

21.  **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections								1			
Defective Vehicles								0			
OOS Vehicles								0			
Level								5			

22.  **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											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. **Relevant Carrier History:** This carrier is requesting intrastate charter-excursion authority and has not had a prior review.

25. **Findings:** The one 14 passenger bus for this carrier was fully inspected CVSA level-5 with no violations discovered. A safety presentation was made to the company owner Eric Miller. A UTC safety manual was provided to Mr. Miller for future reference.

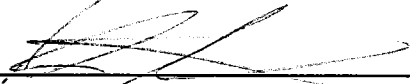
26. **Recommended Action:**

- 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: \_\_\_\_\_ )
- Revisit to recheck a specific issue (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.

27. **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% or 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): \_\_\_\_\_

28. **Additional Comments:** Carrier is well managed with excellently maintained vehicle to provide the passenger services as being requested. I recommend authority be issued.

Investigator's Signature: Richard Smith 

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Recommendation: \_\_\_\_\_

Final Review By: Richard Smith  Date: May 10, 2013

Reviewer's Recommendation: Due to Dave Pratt being on vacation I am providing in his place approval to issue intrastate charter-excursion authority 232 to this carrier.