



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason for Not Uploading: Intrastate

1. Investigator(s): Rick Smith 2. Assignment No.: 112151

3. Current Date: 8/09/2013 4. Date of Activity: 8/06/2013

5. Carrier Name: Juan Aguilar dba JC Limousine Service

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

8. MOTCAR No.: 9. Carrier is: [X] Intrastate Only [ ] Interstate Only [ ] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2415392 12. MC No.: 000000

13. [ ] Destination Check

Form for Destination Check with fields for safety plan, inspection counts, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint with fields for complaint type and inspection counts.

15. [X] New Entrant - Charter, Auto Transportation

Form for New Entrant with fields for carrier referral and location.

Handwritten signature

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 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.

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25. **Findings:** One mini-bus, a 20 passenger vehicle for this carrier was offered and fully inspected. The bus passed a CVSA level-5 inspection with no safety defects discovered.

A technical assistance safety presentation was provided to the company owner Juan Aguilar. Mr. Aguilar was attentive during the presentation and appeared willing to follow-up with self-study of regulatory requirements and safety.

Mr. Aguilar told me he had current insurance on file in the amount of \$5,000,000 CSL limit. This is the minimum amount the carrier is required to carry for a vehicle carrying more than 15 passengers.

A UTC safety manual was provided for further study and 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 seemingly well managed with an appropriately 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: Dratt Date: 8/12/13

Reviewer's Recommendation:  
Agree with recommendation,  
close & file.

~~OK~~ to issue authority.

OFFICE USE ONLY	
Date Closed:	<u>8/12/13</u>
By:	<u>AK &amp; Nolan</u>
Company Name:	<u>IC Gasoline</u>
Assignment #:	<u>103151</u>
Staff Assigned:	<u>Smith</u>