



UTILITIES AND TRANSPORTATION COMMISSION

TE-131492

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Aspen upload

1. Investigator(s): Alan Dickson 2. Assignment No.: 113164

3. Current Date: 9-18-13 4. Date of Activity: 9-16-13

5. Carrier Name: Execuvan Rental LLC

6. Permit: TE-131492 7. New Entrant date of authority: _____

8. MOTCAR No.: 7430 9. Carrier is: Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2415584 12. MC No.: _____

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

▪ Did staff complete the following:

◆ Inspect all vehicles between three and nine months? Yes No

Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

◆ Conduct a SI/SA between three and nine months? Yes No SI SA

16. **New Entrant- HHG**

- 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
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____%
 - Fatigued Driving (HOS) _____%
 - Crash _____%
 - Driver Fitness _____%
 - Drug/Alcohol _____%
 - Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

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

19. **Safety Investigation:**

Safety Audit:

- SI Rating: Satisfactory Unsatisfactory Conditional
- SA Rating: Pass Fail
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

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:

25. Findings:

I conducted a level 5 vehicle inspection for this excursion/charter party applicant. The minibus checked Free of defects and a CVSA sticker was issued.

The inspection report has been uploaded to the database on the Aspen report.

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: Forward to licensing services for certificate processing.

Investigator's Signature: Alan Dickson

Initial Review By: [Signature] Date: 9/20/2013

Reviewer's Recommendation: I concur with recommendation to issue Authority

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: DPrett Date: 9/20/13

Reviewer's Recommendation:

AGREE WITH RECOMMENDATION

CLOSE & FILE

* OK to issue authority.

OFFICE USE ONLY

Date Closed: 9/23/13 By: Mike Dutton

Company Name: Executive Rentals

Assignment #: 113164

Staff Assigned: Dickson