



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason for Not Uploading: Technical Assistance

1. Investigator(s): John Foster 2. Assignment No.: 114042  
 3. Current Date: 4/30/2014 4. Date of Activity: 4/29/2014  
 5. Carrier Name: John Felix dba Custom J'Z Autoride  
 6. Permit: Application 7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: 7817 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Intra and Interstate  
 10. Industry Code: 232  
 11. USDOT No.: 2492772 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 4 \_\_\_\_\_
- 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 Vehicles Inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_
  - 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

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### 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 nine 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:</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:

<b>What activity did staff complete for this safety complaint?</b>			
<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

<input type="checkbox"/> 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:	_____ %		

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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		2									
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											
Comments:											

23.  **Driver Inspection Violations:**

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

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24. Relevant Carrier History:

25. Findings:

Carrier has two 15 passenger mini buses. Both vehicles passed inspection and received CVSA decals. Technical assistance provided on driver qualifications, hours of service and vehicle maintenance. Close & forward to licensing.

26. Recommended Action:

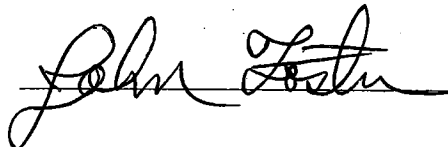
- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (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% 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:

Investigator's Signature:



Date: 4/30/2014

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OFFICE USE ONLY

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

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

Final Review By: John Foster Date: 4/30/14

Final Reviewer's Recommendation: Forward To Licensing  
OK To Issue Permit

Internal Processing

Date Closed: 4/30/2014 By: Lo Monte

Company Name: John Felix DBA Custom J'z Autowide

Assignment #: 114042 Staff Assigned: Foster