



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason for Not Uploading: Aspen Inspection Reports

1. Investigator(s): Alan Dickson 2. Assignment No.: 114045  
 3. Current Date: 5/16/2014 4. Date of Activity: 5/15/2014  
 5. Carrier Name: Barnfather Properties LLC  
 6. Permit: ~~78~~ 7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: 7834 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Intra and Interstate  
 10. Industry Code: 232  
 11. USDOT No.: 2495420 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	
Basic is for:	<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:**

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**

<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								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											
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:

I provided technical assistance with the safety regulations to the owner Ms. Linda Barnfather at the carrier's terminal property address 83 Medsker Rd., Sequim, WA on May 15, 2014. The safety manual "your guide" was reviewed with Ms. Barnfather and a copy of the manual 2014 printing was handed. I conducted a level 5 vehicle inspection at the carrier's terminal location above. The 10 passenger van checked free of defects and a CVSA safety sticker was issued.

### 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:

Forward to licensing service for charter certificate processing.

Investigator's Signature: \_\_\_\_\_

*Alan Dickson*

Date: 5/16/2014

Assignment Report  
Motor Carrier Safety

**OFFICE USE ONLY**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Review By: D PRATT Date: 5/19/14

Final Reviewer's Recommendation: Agree with recommendations close = file.

\* OK to issue authority.

\_\_\_\_\_

\_\_\_\_\_

Internal Processing	
Date Closed: <u>5/19/14</u>	By: <u>L. Martin</u>
Company Name: <u>Barnfather Properties LLC</u>	
Assignment #: <u>114645</u>	Staff Assigned: <u>Dickson</u>