Assignment Report Motor Carrier Safety

UTILITIES AND TRANSPORTATION
COMMISSION

1. Investigator(s): Foster & Perkinson
2. Assignment No.

Foster & Perkinson **Book **P/ 14 Bad Magick Application 7. N 16616	2. Assignment No.: 114091 4. Date of Activity: See Entrant Date of Authority: 9. Carrier is: Intrastate Only	
Bad Magick Application 7. N	ew Entrant Date of Authority:	
Application 7. N	· · · · · · · · · · · · · · · · · · ·	
1(ele76	· · · · · · · · · · · · · · · · · · ·	
	9. Carrier is: Intrastate Only	
232		
	☐ Intra and Interstate	
2545353	12. MC No.:	
Check		
sis placed on the destination mphasis: Review	L Yes □ No a check? □ Yes □ No atisfactory □ Conditional Is the carrier a New Entrant? ☒ Yes □ Was a CR conducted between 6-18	No No
ving (HOS)	% ☐ Drug/Alcohol	
	sis placed on the destination mphasis: Review Satisfactory	Destination Check Safety plan been

16. ☐ Part B Violations:

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

17.	\times	Vehicle	Inspection	Data:
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	MB 1-15	Carrier Type						
Inspections	1						7	
Defective Vehicles	0							
OOS Vehicles	0							
Level	1							

18. ☐ Vehicle Inspection Violations:

	МС	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:	,				· · · · · · · · · · · · · · · · · · ·						

19. 🔲 Driver Inspec	tion Vi	iolations:
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Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

2	U.	Re	levant	Car	ri	er	Н	İSt	to:	ry	:

21. Findings:

I vehicle inspected & CVSA decal issued. Technical Assistance given on driver qualifications, hours of service and vehicle maintenance files. Forward to Licensing Services for further action.

22. Recommended Action:

<u> </u>	3 T	C .1	. •
\times	NΩ	further	action
\sim	110	ILLITE	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.

Revised 9/26/14 2

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1 -	Require the company to submit a compliance plan	n in response to	tha		or requirement
	·		uie \	13-day lette	r requirement.
	Recheck – Safety Investigation (Date:	Select Date	-)		
	Revisit to recheck a specific issue (Date:	Select 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.				
23. Is	this carrier considered a high risk carrier as	a result of th	is a	etivity?	
	Carrier accident ratio is higher than aggregate ratio	0.			
	Carrier had an out-of-service ratio 25% higher at	the last vehicle	insp	ection.	
	Carrier had a defect ratio 75% or higher at the last	t vehicle inspec	tion		
	Carrier received more than one conditional or uns				rating in more than one
	of the last four safety investigations (or less than to Other (please explain):	tour if four are i	not c	completed).	
	Carrie (presso emplem).				
23. Add	ditional Comments:				
			,		
Investiga	ator's Signature: Lake Lostr	·		Date:10	/27/2014

OFFICI	E USE ONLY	
Initial Review By:	Date:	
Initial Reviewer's Recommendation:		
	, .	
·		
Final Review By: DPRATT	Date: 10[27[14	
Final Reviewer's Recommendation: AGREE CIDSE & FILE		
CD3C FICE		
E OK TO ISSUE AUTHORITY.		
Intern	nal Processing	
Date Closed: 10 27 14 By:	Lu Martin	
Company Name: Bad Magich		· · · · · · · · · · · · · · · · · · ·
Assignment #: 11409\ Sta	aff Assigned: Foster & Perhinson	