

Assignment Report

Motor Carrier Safety

WASHINGTON



Upload? Yes No

UTILITIES AND TRANSPORTATION
COMMISSION

1. Investigator(s): Alan Dickson, Mat Perkinson 2. Assignment No.: 115007
 3. Current Date: 2/11/2015 4. Date of Activity: 2/10/2015
 5. Carrier Name: Prisoners for Christ Outreach Ministries
 6. Permit: _____ 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: 16824 9. Carrier is: Intrastate Only
 10. Industry Code: 231 Intra and Interstate
 11. USDOT No.: 2572971 12. MC No.: _____

13. **Destination Check**

<ul style="list-style-type: none"> ▪ Has a copy of the Destination Check Safety plan been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Any special emphasis placed on the destination check? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Describe Special Emphasis:

14. **Compliance Review**

<ul style="list-style-type: none"> ▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional ▪ Number of Vehicles Operated: _____ ▪ Number of Drivers Operated: _____ ▪ Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____ ▪ Accident Ratio: _____ 	Is the carrier a New Entrant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a CR conducted between 6-18 months after the permit was issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15. **CSA Investigation**

<ul style="list-style-type: none"> ▪ Investigation Type: <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation ▪ Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____ <p>Basic Threshold Percentile:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Unsafe Driving _____ %</td> <td><input type="checkbox"/> Driver Fitness _____ %</td> </tr> <tr> <td><input type="checkbox"/> Fatigued Driving (HOS) _____ %</td> <td><input type="checkbox"/> Drug/Alcohol _____ %</td> </tr> <tr> <td><input type="checkbox"/> Crash Indicator _____ %</td> <td><input type="checkbox"/> Vehicle Maintenance _____ %</td> </tr> </table>	<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %	<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %	<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %
<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %					
<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %					
<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %					

16. **Part B Violations:**

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

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17. Vehicle Inspection Data:

	Van 9-15	Van 1- 8	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	2	1						
Defective Vehicles	2	0						
OOS Vehicles	0	0						
Level	1	1						

18. 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								2			
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other								2			
Comments:	393.89 No bus driveshaft protection installed on vehicle										

19. Driver Inspection Violations:

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

20. Relevant Carrier History:

21. Findings:

Transportation Specialist Mat Perkinson and I provided technical assistance to Ms. Jean Ishmael, transportation coordinator the private non-profit transportation provider Prisoners for Christ. Also present during this inspection was lead driver Mr. Lorence Stephen. The safety regulations were reviewed regarding: maintaining driver qualification files, especially medical examination certificates, (Mr. Stephen did hold a valid CDL class A driver's license with a medical certificate by national registry physician), hours of service regulations, and vehicle inspection, repair, and maintenance relating to safe operating conditions at all times and push out window inspections each 90 days.

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We conducted inspections for both of the 9-15 passenger vans and the seven passenger van. Equipment defects were noted for the larger vans concerning missing driveshaft protections and under rated fire extinguishers. Ms. Ishmael stated she would have the non-profit's mechanic repair the defects as soon as possible. CVSA stickers were issued and the inspections have been uploaded via Aspen to the MCMIS database.

22. 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: 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 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):

23. Additional Comments:

I would recommend this new applicant be considered for issuance of a private non-profit certificate. Forward to licensing services of certificate processing.

Investigator's Signature: _____

Alan Dickson

Date: 2/11/2015

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Initial Review By: John Toth Date: 2/17/15

Initial Reviewer's Recommendation: Okay to send to licensing -
Technical Assistance provided to ANIMATE - NON PROFIT
for 391, 395, 396

Final Review By: D PRATT Date: 2/17/15

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS
CLOSE & FILE

* OK TO ISSUE AUTHORITY.

Internal Processing

Date Closed: 2/18/15 By: Lo Monte

Company Name: Prisoners for christ Outreach Ministries

Assignment #: 115007 Staff Assigned: Dickson & Peckerson