

Assignment Report Motor Carrier Safety

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

Upload? Yes No - Reason for Not Uploading:

1. Investigator(s): Ray Gardner, Francine Gagne 2. Assignment No.: 114076
3. Current Date: 8/18/2014 4. Date of Activity: 8/14/2014
5. Carrier Name: Meixi Travel LLC
6. Permit: _____ 7. New Entrant Date of Authority: _____
8. MOTCAR No.: 7971 9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate
10. Industry Code: 232
11. USDOT No.: 2508387 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

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➤ Number of vehicle inspections: Level 1 2 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 nine 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:

- 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: _____

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- 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					2						
Defective Vehicles					0						
OOS Vehicles					0						
Level					1						

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:

This is a new carrier application

25. Findings:

The carrier will be operating two vehicles which were both inspected using the CVSA criteria. Both vehicles passed the inspections and were issued CVSA decals.

26. Recommended Action:

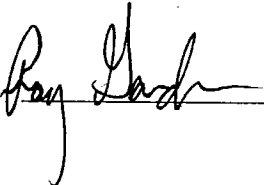
- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation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

Send to licensing for further action

Investigator's Signature: 

Date: 8/18/2014

OFFICE USE ONLY

Initial Review By: John Feath Date: 8/19/14

Initial Reviewer's Recommendation: Close & file - send to licensing
for further action

Final Review By: D PRATT Date: 8-21-14

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS.

*OK TO ISSUE AUTHORITY
CLOSE & FILE

Internal Processing

Date Closed: 8/21/14 By: L. Martin

Company Name: Meixi Travel LLC

Assignment #: 1140760 Staff Assigned: Gardner & Gagne