



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Alan Dickson      2. Assignment No.: 114058  
 3. Current Date: 6/19/2014      4. Date of Activity: 6/12/2014  
 5. Carrier Name: Rainier Shuttle Services LLC  
 6. Permit: \_\_\_\_\_      7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: \_\_\_\_\_      9. Carrier is:  Intrastate Only  
 10. Industry Code: 232       Intra and Interstate  
 11. USDOT No.: 2490019      12. MC No.: \_\_\_\_\_

13.  **Destination Check**

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

<ul style="list-style-type: none"> <li>▪ SI Rating: <input type="checkbox"/> Satisfactory      <input type="checkbox"/> Unsatisfactory      <input type="checkbox"/> Conditional</li> <li>▪ Number of Vehicles Operated: _____</li> <li>▪ Number of Drivers Operated: _____</li> <li>▪ Total Miles Prior Year: _____</li> <li>▪ Recordable Accidents Prior Year: _____</li> <li>▪ Accident Ratio: _____</li> </ul>	Is the carrier a New Entrant? <input 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 type="checkbox"/> No
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15.  **CSA Investigation**

<ul style="list-style-type: none"> <li>▪ Investigation Type: <input type="checkbox"/> Full Investigation      <input type="checkbox"/> Focused Investigation</li> <li>▪ Carrier Type: <input type="checkbox"/> Passenger Carrier      <input type="checkbox"/> Property Carrier      <input type="checkbox"/> Other: _____</li> </ul> <p><b>Basic Threshold Percentile:</b></p> <table style="width: 100%; border: none;"> <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 _____ %					
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<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	

# Assignment Report

## Motor Carrier Safety

**17.  Vehicle Inspection Data:**

	Van 9-15	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Inspections	1							
Defective Vehicles	1							
OOS Vehicles	0							
Level	5							

**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								1			
Comments:	No driveshaft protection										

**19.  Driver Inspection Violations:**

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

**20. Relevant Carrier History:**

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**21. Findings:**

I provided educational and technical assistance to this charter/excursion transportation new entrant. The safety manual "your guide" was handed and the regulations were reviewed with owner Mr. Mohammad Haija. I conducted a level 1 vehicle inspection for the 15-passenger van. The van did not have installed emergency equipment; a fire extinguisher and warning devices for stopped vehicles, and did not have a driveshaft protection guard. Mr. Haija installed the emergency equipment on 6/16/2014 and had his local auto shop equip the van with a driveshaft protection device. He submitted the attached faxed copy for compliance of these defects.

**22. Recommended Action:**

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# Assignment Report

## Motor Carrier Safety

- 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.

### 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:

Forward to licensing services for permit processing.

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

*Alan Dickson*

Date: 6/19/2014

Assignment Report  
Motor Carrier Safety

OFFICE USE ONLY

Initial Review By: John Toth Date: 6/20/2014

Initial Reviewer's Recommendation: Vehicle defects have been corrected  
Forward to licensing

Final Review By: J PRATT Date: 6/23/14

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

OK TO ISSUE AUTHORITY.

Internal Processing

Date Closed: \_\_\_\_\_ By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Assignment #: \_\_\_\_\_ Staff Assigned: \_\_\_\_\_

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360 596-3819 Fax 360 596-3828

Report Number: WAU006000428
Inspection Date: 06/12/2014
Start: 2:10:00 PM PT End: 2:43:08 PM PT
Inspection Level: I - Full
HM Inspection Type: None

RAINIER SHUTTLE SERVICE
4765 OKANOGAN DR
PORT ORCHARD, WA 98366

Driver: HAIJA, MOHAMMAD H
License#: HAIJAMH528OP State: WA
Date of Birth: 09/17/1948

USDOT#: 02490019 Phone#: (360)990-1513
MC/MX#: State#:
Fax#: MilePost: Shipper:

CoDriver: License#: State:
Date of Birth:

Location: TERMINAL
Highway:
County: KING, WA

Origin: CLE ELUM, WA
Destination: RENTON, WA
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, FORD, 2013, WA, APP8659, 1FBSS3BLXDDA90692, 9,100

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Row 1: 1, 2, N/A, N/A, N/A, N/A, HYDR, HYDR

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 393.95A, 393.95F, 393.89

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: ALAN DICKSON

Badge #: J553

Copy Received By: MOHAMMAD HAIJA



Handwritten signature: Alan Dickson

Handwritten signature: X [Signature]

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License#: HAIJAMH528OP State: WA
Date of Birth: 09/17/1948
CoDriver:
License#: State:
Date of Birth:

Location: TERMINAL
Highway:
County: KING, WA

MilePost: Shipper:
Origin: CLE ELUM, WA Bill of Lading:
Destination: RENTON, WA Cargo: EMPTY

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Signature Of Motor Carrier X: M Hajja Title: Owner/Operator Date: 6/19/14

Manicio Auto Shop
Bremerton/Corst, Wa 98312
1100 Division Rd

Report Prepared By: ALAN DICKSON

Badge #: J553

Copy Received By: MOHAMMAD HAJJA

Page 1 of 1



02490019 WA WAU006000428

X Alan Dickson

X M Hajja