



Upload? Yes No

1. Investigator(s): Foster & Gagne 2. Assignment No.: 114074
 3. Current Date: 8/14/2014 4. Date of Activity: 8/13/2014
 5. Carrier Name: Ride The Cannabis LLC
 6. Permit: Applicant 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: 7942 9. Carrier is: Intrastate Only
 Intra and Interstate
 10. Industry Code: 232
 11. USDOT No.: 2539391 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: _____ 	<p>Is the carrier a New Entrant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a CR conducted between 6-18 months after the permit was issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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%; 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 _____ %					
<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	

Assignment Report

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17. **Vehicle Inspection Data:**

	Choose an item.	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	0							
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											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comments:											

19. **Driver Inspection Violations:**

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

20. **Relevant Carrier History:**

This is a new entrant charter applicant. Carrier has one 11 passenger mini bus that it intends to use to conduct tours to various industries associated with the legal marijuana industry in the Seattle area. Ms. Patricia Bennett (Owner) stated that there would be no dispensing or use of marijuana products on the vehicle.

21. **Findings:**

The carrier's vehicle was inspected and a CVSA decal was issued on 8/13/14. Technical assistance was provided on UTC rules and regulations including the requirement for the carrier to be in compliance with all rules and regulations imposed by other agencies or state law. Forward to licensing for further action

22. **Recommended Action:**

No further action.

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- 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:

Investigator's Signature:

John Foster

Date: 8/14/2014

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OFFICE USE ONLY

Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: DP RATT Date: 8-15-14

Final Reviewer's Recommendation: AGREE WITH JOHN'S RECOMMENDATIONS.

CLOSE & FILE

*OK to issue authority.

Internal Processing	
Date Closed:	<u>8/15/14</u> By: <u>L. Martin</u>
Company Name:	<u>Ride the Cannabis LLC</u>
Assignment #:	<u>114074</u> Staff Assigned: <u>Foster + Gagne</u>