

# Assignment Report

## Motor Carrier Safety

WASHINGTON



Upload?  Yes  No

UTILITIES AND TRANSPORTATION  
COMMISSION

1. Investigator(s): John Foster                      2. Assignment No.: 114083  
 3. Current Date: 9/19/2014                      4. Date of Activity: 9/16/2014  
 5. Carrier Name: Eastern Pioneer Group LLC  
 6. Permit: Applicant                      7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: 1720                      9. Carrier is:  Intrastate Only  
 10. Industry Code: 232                       Intra and Interstate  
 11. USDOT No.: 2483642                      12. MC No.: \_\_\_\_\_

13.  **Destination Check**

- Has a copy of the Destination Check Safety plan been attached?  Yes  No
- Any special emphasis placed on the destination check?  Yes  No
- Describe Special Emphasis: \_\_\_\_\_

14.  **Compliance Review**

- SI Rating:  Satisfactory     Unsatisfactory     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?  Yes  No

Was a CR conducted between 6-18 months after the permit was issued?  Yes  No

15.  **CSA Investigation**

- Investigation Type:  Full Investigation     Focused Investigation
- Carrier Type:  Passenger Carrier     Property Carrier     Other: \_\_\_\_\_

**Basic Threshold Percentile:**

<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 1-8	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	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											
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:**

**21. Findings:**

Forward to licensing for further action. Carrier's vehicle inspected & CVSA decal issued. Brief technical assistance provided to the driver who is the owner's brother on driver qualification & hours of service. The visit was short as the driver does not speak very good English. The owner (who does speak English according to the driver) is currently visiting in China. I advised the driver to have her call me for further technical assistance when she returns.

**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: 9/19/2014

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Motor Carrier Safety

**OFFICE USE ONLY**

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Reviewer's Recommendation: \_\_\_\_\_

Final Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Reviewer's Recommendation: \_\_\_\_\_

**Internal Processing**

Date Closed: 9/19/14 By: Li Mart

Company Name: Eastern Pioneer Group

Assignment #: 114083 Staff Assigned: Foster