



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No

New Entrant? Yes No

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

1. Investigator(s): John Foster 2. Assignment No.: 115045
 3. Current Date: 4/9/2015 4. Date of Activity: 4/9/2015
 5. Carrier Name: JMI Limousine
 6. Permit: Applicant 7. New Entrant Date of Authority: Select Date
 8. MOTCAR No.: 16794 9. Carrier is: Intrastate Only
 10. Industry Code: 232 Intra and Interstate
 11. USDOT No.: 2360346 12. MC No.: _____

13. Destination Check

| | | |
|------------------------------------------------------------------|------------------------------|-----------------------------|
| ▪ 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

| | | |
|----------------------------------------------------|------------------------------------------|--------------------------------------|
| ▪ 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: _____ | | |

15. CSA Investigation

| | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|
| ▪ 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: _____ |
| 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

| | Carrier Type | Carrier Type | Carrier Type | Carrier Type | Carrier Type | Carrier Type | Carrier Type | Carrier Type |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Inspections | | | | | | | | |
| Defective Vehicles | | | | | | | | |
| OOS Vehicles | | | | | | | | |
| Level | | | | | | | | |

18. Vehicle Inspection Violations

| | Vehicle Type | Vehicle Type | Vehicle Type | Vehicle Type | Vehicle Type | Vehicle Type |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Comments: | | | | | | |
| Violation Type | | | | | | |
| Violation Type | | | | | | |
| Violation Type | | | | | | |
| Violation Type | | | | | | |
| Violation Type | | | | | | |
| Violation Type | | | | | | |

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:

This applicant has been in the industry for several years in Oregon and has undergone previous safety reviews with the Oregon DOT. The carrier's Compliance Manager Christine Banks and company President Johnny Meeke were also present during a compliance review that I conducted on Tyson Glawe LLC in March 2014. O.D.O.T. inspected their fleet on 4/9/2015 and issued CVSA decals. The ASPEN reports are attached. Recommend this be sent to licensing for further processing.

22. Recommended Safety Action: Yes No

- 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.

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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):

24. Additional Comments:

Investigator's Signature: John Foster

Date: 4/9/2015

OFFICE USE ONLY

Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: D BRATT Date: 4-9-15

Final Reviewer's Recommendation: Agree with recommendations
close & file.

* OK to issue authority.

| Internal Processing | |
|---------------------|-----------------------|
| Date Closed: _____ | By: _____ |
| Company Name: _____ | |
| Assignment #: _____ | Staff Assigned: _____ |