



Assignment Report Motor Carrier Safety

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

1. Investigator(s): Jason Sharp 2. Assignment No.: 117094
 3. Current Date: 7/11/2017 4. Date of Activity: 7/10/2017
 5. Carrier Name: Assure Ride Non Emergency Transportation Company, LLC
 6. Company ID: 18931 7. Industry Code: 232 8. USDOT #: 2974749
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. 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:

11. Compliance Review

- SI Rating: Satisfactory Unsatisfactory Conditional Not Rated
 - Number of Current Vehicles: _____ ▪ Number of Current Drivers: _____
 - Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____
 - Accident Ratio: _____
- CSA Investigation:** Yes No Full Investigation Focused Investigation
- Carrier Type: Passenger Carrier Property Carrier Other: _____

12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390	1	391		392	
395		396		397	

13. Vehicle Inspection Data

	Van 9-15						
Inspections	1						
Defective Vehicles	1						
OOS Vehicles	0						
Level	7						

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14. Vehicle Inspection Violations

	VAN 9-15					
Comments:						
Other Markings	1					

15. Driver Inspection Violations

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

16. Relevant Carrier History:

New Entrant

17. Findings:

During New Entrant visit each section of "Your Guide to Achieving a Satisfactory Safety Record" was covered. The carrier has a good understanding of the requirements and was actively engaged throughout the visit. The carrier had two newer vehicles that were reported to be inspected. Following new entrant, SI Sharp discovered that the seven passenger van was not regulated.

At the time of inspection, the 12 passenger sprinter van did not have USDOT number marked on the vehicle and had yet to have annual inspection completed.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15 day letter requirement.
- Require the company to submit a compliance plan in response to the 385 letter requirement (45 days).
- 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.
- Issue a complaint.
- Stop company operations.


19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

- 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):

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20. Additional Comments:

SI Sharp informed Assure Ride owner that the Town and Country van is not regulated and Licensing is issuing a refund for the application fee of the van.

Investigator's Signature:  Date: 7/11/2017

OFFICE USE ONLY

Initial Review By:  Date: 7/17/2017

Initial Reviewer's Recommendation:

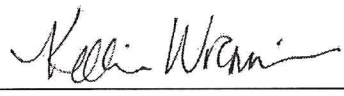
Agree with recommendation. Please upload report to Motor Carrier SharePoint site and close assignment.

Final Review By: Kathy Hunter Date: 7/17/17

Final Reviewer's Recommendation:

Concur with staff recommendation.

Internal Processing

Date Closed: 7/20/2017 By: 

Company Name: Assure Ride Non Emergency Transportation Company LLC

Assignment #: 117094 Staff Assigned: Sharp



STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION
1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Verification of Training


Company: Assure Ride Non-Emergency Transportation Company, LLC Representative: Jordan Babineaux
Date: 07/10/2017 Investigator: Jason Sharp

Safety Regulations Training Provided		
Subject	CFR Part	Section Covered
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/>
Drug and Alcohol Testing	382	<input checked="" type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input checked="" type="checkbox"/>
Post-Accident Testing	382.303	<input checked="" type="checkbox"/>
Random Testing	382.305	<input checked="" type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(I)	<input checked="" type="checkbox"/>
Reasonable Suspicion Testing ^{FMCSA} ONLINE CERT.	382.307	<input checked="" type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input checked="" type="checkbox"/>
Drug & Alcohol Policy	382.601	<input checked="" type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input checked="" type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input checked="" type="checkbox"/>
General Qualifications of Drivers	391.11	<input checked="" type="checkbox"/>
Medical Certificate Required	391.45	<input checked="" type="checkbox"/>
Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>

Insurance Requirements	387	<input checked="" type="checkbox"/>
Driver Qualification File PG. 76 *NEW	391.51	<input checked="" type="checkbox"/>
Multiple Employer Driver PG. 109	391.63	<input checked="" type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>
Accident Register PG. 155	390.15	<input checked="" type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>
Equipment Leasing 6 MONTH LEASE RECORD	390.303	<input checked="" type="checkbox"/>
Hours of Service SHORT-HAUL PROVISIONS	395	<input checked="" type="checkbox"/>
Maximum Driving Times TIME RECORD	395.5	<input checked="" type="checkbox"/>
100 Air Mile Radius Driver 12yr REPORT	395.1(e)	<input checked="" type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>
Inspection, Repair & Maintenance Records PG. 180	396.3	<input checked="" type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>
Periodic Inspection ANNUAL PG. 199	396.17	<input checked="" type="checkbox"/>
Liquor <u>Permit</u> Required	WAC 480-30-244	<input checked="" type="checkbox"/>
1-2 yrs Safety Investigations and roadside inspections	General	<input checked="" type="checkbox"/>
Penalties and Safety Violations	General	<input checked="" type="checkbox"/>
MC Authority - FMCSA (800) 832-5660	FMCSA	<input checked="" type="checkbox"/>

E-LOG BOOK
ER FUNCTION
PER 90 DAYS

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print): JORDAN BABINEAUX Signature:  Date: 7/10/17

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
PO Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU009000041
Inspection Date: 07/10/2017
Start: 11:54 AM PT End: 12:06:41 PM PT
Inspection Level: VII - Jurisdictional Mandated
HM Inspection Type: None

ASSURE RIDE NON-EMERGENCY MEDICAL TRANSPORTATION
COMPANY LLC
720 N 10TH ST A 227
RENTON, WA 98057-5525
USDOT#: 02974749 Phone#: (425)495-3187
MC/MX#: State#:
State#:

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:

Location: 1015 N 29TH ST RENTON
Highway:
County: KING, WA

MilePost: Shipper:
Origin: RENTON, 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, MERZ, 2016, WA, BFB2677, 20, WDZPE7DD4GP231538, 10,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle # 1 and 2, Right and Left, and Chamber (HYDR, HYDR)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21B, 390.21(b), 1, N, N, N, N, Carrier name and/or USDOT Number not displayed as required: USDOT number not marked on vehicle

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 insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: SHARP, JASON

Badge #: WAU587

Copy Received By:

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X _____

X _____