

Lilensing

Completed Activity Report Motor Carrier Safety

. Investigator(s): GRIMM	2. Assignment No.: _	108011
. Current Date: 01-28-08	4. Date of Activity: ⊆	01-17401-28-08
Current Date: 01-28-08 Carrier Name: ABIZER A RATE 9	AMARS DOSANUH	Idby A+A moving +8
Permit: HG62702	7. MOTCAR No.:	·
DOT No.:	9. MC No.:	
Attach a copy of the Destination Check Saf Number of buses inspected: # of 9-15 pass Number of vehicle inspections: Level 1 — Describe any special emphasis placed on th	senger # of 16- — Level 2	+ passenger Level 5 results:
Date of debriefing meeting:		
What might we do differently to increase or	ur success at the next destina	ation check:
what might we do differently to increase of	ur success at the next destina	ation check:
what might we do differently to increase of	ur success at the next destina	ation check:
Did staff complete all of the elements of the If not, explain why:		•
Did staff complete all of the elements of the		• · · · · · · · · · · · · · · · · · · ·
Did staff complete all of the elements of the		• · · · · · · · · · · · · · · · · · · ·
Did staff complete all of the elements of the		• · · · · · · · · · · · · · · · · · · ·

11	Safety Complaint Only:
	Attach a copy of the Individual Safety Complaint Plan.
	What activity did staff complete for this safety complaint:
	Compliance review
	Technical assistance
	Number of vehicle inspections: Level 1 Level 2 Level 5
	Unannounced CR
	Other (please explain):
	U Other (picase explain).
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_	Did at 60 west the west-survey seems seems for the Indicitual Sector Diano. West No.
_	Did staff meet the performance measures for the Individual Safety Plan?
•	If not, explain why:
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10	Non-Entered only Charter Auto Transportations
12.	New Entrant only – Charter, Auto Transportation:
•	Attach a copy of the New Entrant Carrier Safety Plan.
1	Is this carrier referred by FMCSA, operating intra and interstate: Yes No
	◆ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	◆ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA
	Is this carrier based in another state, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and nine months:
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	Is this carrier based in Washington, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 5
	◆ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA
	▼ Did staff conduct a CN/SA between times and time months. ☐ Fes ☐ No ☐ CR ☐ SA

11	ON-February and MIC
	New Entrant only – <i>HHG</i> :
•	Attach a copy of the New Entrant Carrier Safety Plan.
-	Is this carrier referred by FMCSA, operating intra and interstate: Yes No
	◆ Did staff inspect all vehicles between three and eighteen months: ☐_Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	♦ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA
-	Is this carrier based in another state, requesting intrastate authority: Yes No
	◆ Did staff inspect all vehicles between three and eighteen months:
_	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
-	Is this carrier based in Washington, requesting intrastate authority: Yes No
	◆ Did staff inspect all vehicles between three and eighteen months:
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
1	◆ Did staff conduct a CR/SA between three and eighteen months: ✓ Yes ☐ No ☐ CR ☐ SA
	◆ Did staff conduct technical assistance within three months:
	20, 10010
14	Tadinidad Cacaa Diag Out.
1	Individual Safety Plan Only:
-	Attach a copy of the Individual Carrier Safety Plan.
•	What activity did staff complete for this safety complaint:
	Compliance review
	Technical assistance
	Number of vehicle inspections: Level 1 Level 2 Level 5
İ	Unannounced CR
	Other (please explain):
	Utilici (picase expiani).
-	Did staff meet the performance measures for the Individual Safety Plan?
-	If not, explain why:
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■ Typ	Unannounced (Complaint (other) Other (please ex	riew cance cle inspections CR er than safety) xplain):	: Level 1 Lev			
	cribe how the perfo		es from the safety pla	n were or wer	e not met:	
SafeNumNumTotaReco	Compliance Review ty Rating:	satisfactory rated: ated: 5000	☐ Unsatisfactory ☐		Conditional	
17. 🔲 P	eart B Violations:					
Part	Violations	Part	Violations	Part	Violations	
382/40		383		387		
390		391		392		
395		396		397		
<i>373</i>	1	390	1	371		

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	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
nspections	1120	110	10.	5510	517 15	5.5 10	VIII I 10	V/11()-15	TIKK	111	IIVA
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9. Veh	icle Ins	pection	Violati	ons:							
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	MC	1-15	16+	SB 1-8	SB 9-1	5 SB 16+	VAN 1-8	VAN 9-	TRK	TT	TRA
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22. Recommended Action:	
No further action.	
Notify the company in writing of the findi	ngs by providing a copy of the CR, vehicle inspection
report, safety audit or other similar docu	
Require the company to submit a complian	ce plan in response to the 15-day letter requirement.
Send the company a compliance letter. Rec	
Issue administrative penalties in the amount	
☐ Issue a complaint.	
Stop company operations.	
23. Recheck: Yes (Date:)	√o
24. Is this carrier considered a high risk carrier as a	•
Carrier accident ratio is higher than aggr	
Carrier received a conditional rating at the	ne last compliance review.
Carrier received an unsatisfactory rating	at the last compliance review.
Carrier had an out-of-service ratio 25% of	or higher at the last vehicle inspection.
Carrier had a defect ratio 75% or higher	at the last vehicle inspection.
Carrier received more than one condition	al or unsatisfactory compliance review rating in more
than one of the last four compliance reviews	
Other (please explain):	
25. Additional Comments:	
	22
Investigator's signature:	
	7 - 00
Initial review by:	Date:
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Reviewer's recommendation: Pome with re	commendation 155We perm authority
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Final review by: KHWH	Date: $3-1-08$
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Reviewer's recommendation: What ,	New Minuna
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Date closed: 2/1/08	By: CAC
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Completed Activity Report Motor Carrier Safety

U	pload? Yes No	
1.	Investigator(s): GRIMM 2. Assignment No.: 108011	
3.	Current Date: 02-02-08 4. Date of Activity: 02-02-0	<u> </u>
5.	Carrier Name: ABIZER A RAJ & AMAR S DOSANJH	
6.	Permit: HG62762 7. MOTCAR No.:	
8.	DOT No.: 9. MC No.: 73	
	ADDONOUM CAP ROM PREVIOUS CO	macian
10	Attach a copy of the Destination Check Safety Plan. Number of buses inspected: # of 9-15 passenger # of 16+ passenger	only
-	Number of vehicle inspections: Level 1 Level 2 Level 5 Describe any special emphasis placed on the destination check and the results:	-
•	Date of debriefing meeting: What might we do differently to increase our success at the next destination check:	
	what hight we do differently to increase our success at the flext destination check:	
_		
	Did staff complete all of the elements of the Destination Check Safety Plan? Yes If not, explain why:	□ No
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11	Attach a copy of the Individual Safety Complaint Plan. What activity did staff complete for this safety complaint: Compliance review Technical assistance Number of vehicle inspections: Level 1 Level 2 Level 5 Unannounced CR Other (please explain):
=	Did staff meet the performance measures for the Individual Safety Plan? Yes No If not, explain why:
	New Entrant only - Charter, Auto Transportation:
	Attach a copy of the New Entrant Carrier Safety Plan.
	Is this carrier referred by FMCSA, operating intra and interstate: Yes No
	♦ Did staff inspect all vehicles between three and nine months: Yes No
	 Number of vehicle inspections: Level 1 Level 2 Level 5 Did staff conduct a CR/SA between three and nine months: Yes No CR SA
	Is this carrier based in another state, requesting intrastate authority: Yes No
*	♦ Did staff inspect all vehicles between three and nine months: Yes No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	Is this carrier based in Washington, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No
	 Number of vehicle inspections: Level 1 Level 2 Level 5 Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA

12	. New Entrant only – <i>HHG</i> :
13	
1	Attach a copy of the New Entrant Carrier Safety Plan.
-	Is this carrier referred by FMCSA, operating intra and interstate: Yes No
	◆ Did staff inspect all vehicles between three and eighteen months: ☐ Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	◆ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA
•	Is this carrier based in another state, requesting intrastate authority: Yes No
ĺ	♦ Did staff inspect all vehicles between three and eighteen months: Yes No
ŀ	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	Is this carrier based in Washington, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and eighteen months: Yes No
	♦ Number of vehicle inspections: Level 1 Level 5
	♦ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA
	◆ Did staff conduct technical assistance within three months: Yes No
	▼ Did staff conduct technical assistance within three months.
1.4	T. 4: :11.CC.+. DI O. 1.
14.	Individual Safety Plan Only:
•	Attach a copy of the Individual Carrier Safety Plan.
•	What activity did staff complete for this safety complaint:
	Compliance review
	Technical assistance
	Number of vehicle inspections: Level 1 Level 2 Level 5
	Unannounced CR
	Other (please explain):
	<u> </u>
•	Did staff meet the performance measures for the Individual Safety Plan?
	If not, explain why:
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	Unannounced CR Complaint (other that Other (please explain	ce e inspections: Level 1 Level 2 Level 5	
- - -			
SNTR	Compliance Review Data afety Rating: Satisfumber of vehicles operated: Jumber of drivers operated: otal miles for prior year: ecordable accidents for prior coident Ratio:	sfactory Unsatisfactory Conditional ed: d:	
17.	Part B Violations:	016/0501	
Part 382/4 390	Violations	Part Violations Part Violations 383 391	
395		396 397	



Inspection	16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
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22. Recommended Action:	
No further action.	
	g of the findings by providing a copy of the CR, vehicle inspection
report, safety audit or other	
	nit a compliance plan in response to the 15-day letter requirement.
Send the company a compliant	nce letter. Require a response: Yes No
Issue administrative penalties	s in the amount of \$
Issue a complaint.	······································
Stop company operations.	
23. Recheck: Yes (Date:) \int No
24. Is this carrier considered a high risk	carrier as a result of this activity?
Carrier accident ratio is hig	her than aggregate ratio.
Carrier received a condition	nal rating at the last compliance review.
Carrier received an unsatisf	factory rating at the last compliance review.
	ce ratio 25% or higher at the last vehicle inspection.
	5% or higher at the last vehicle inspection.
	one conditional or unsatisfactory compliance review rating in more ance reviews (or less than four if four are not completed).
•	
25. Additional Comments:	
	. 0
Investigator's signature:	MM
Initial review by:	Date:
initial leview by.	Date.
Reviewer's recommendation:	
Final review by:	Date:
Reviewer's recommendation:	
	_
Date closed:	By:
cc:	

Special Project Washington State Patrol UNIFORM DRIVER/VEHICLE INSPECTION REPORT 1225455 LEVEL; 1 X 2 HAZARDOUS MATERIALS **GENERAL** FINISHED / O 3.5 SCALEHOUSE NO. CNTY CODE HAZARDOUS WASTE? PLACARD REQUIRED? Y N NW 118 mW DOT NO. INTERSTATE DRIVER RA) ** AA2580M RAJ ABIZEL VEHICLE STATE CO. UNIT NO. YEAR/MAKE 89 FORD 2 3 4 12 FRONT Complied VIOLATIONS CFR LEFT REAL CLEARANCE *393.9* CAMP INCOCHATIKE ズ 393.9

UNIT 2

Vehicle may not be operated until O / S defects noted above are repaired. Driver may not drive until in compliance.

CVSA DECALS UNIT 1

3000-150-160 R (2/99)