



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes Intrastate

- 1. Investigator(s): John Foster
- 2. Assignment No.: 111218
- 3. Current Date: October 3, 2011
- 4. Date of Activity: October 3 & September 12, 2011
- 5. Carrier Name: Jonathon Sheridan dba JFS Transport
- 6. Permit: THG64232
- 7. If new entrant, date of temporary authority March 30, 2011
- 8. MOTCAR No.: 6171
- 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate
- 10. Industry Code: 207
- 11. DOT No.: 2081148
- 12. MC No.: _____

13. **Destination Check**
 Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____ Level 7 _____
- Describe any special emphasis placed on the destination check and the results:

- What might we do differently to increase our success at the next destination check:

14. **Safety Complaint**
 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 _____ Level 7 _____
 - Unannounced terminal visit
 - Other (please explain): _____

15. **New Entrant – Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____ Level 7 _____
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

16. **New Entrant– HHG**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? N/A: Carrier rents vehicles as needed
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____ Level 7 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **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 _____ Level 7 _____
 - Unannounced terminal visit
 - Other (please explain): _____

18. **Compliance Review Data:**

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 1
- Number of drivers operated: 1
- Total miles for prior year: 20,000
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

19. Part B Violations:

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

20. Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections											
Defective Vehicles											
OOS Vehicles											
Location											
Level											

21. 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											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: This compliance review was conducted on September 12, 2011.
However the carrier did not have available some documents required to complete the review. I
received these documents on October 3, 2011

24. Findings: Rating is satisfactory. Close and file. Forward to licensing for permanent authority only if
all other conditions of temporary permit have been met.

25. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, 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 – Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
Describe: _____
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

26. 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% 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 conditional or unsatisfactory compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

27. Additional Comments: _____

Investigator's signature: *John Foster* Date: October 3, 2011

Initial review by: *[Signature]* Date: 10-4-11

Reviewer's recommendation: I agree with recommendation - up-l-d - close file.

Final review by: D PRATT

Date: 10/4/11

Reviewer's recommendation: AGREE WITH RECOMMENDATION.

OK to issue perm authority

Close & file.

Date closed: _____ By: _____

cc: _____

Company name _____

Assignment # _____

Staff Assigned _____

