

Assignment Report

Motor Carrier Safety

WASHINGTON



Upload? Yes No

UTILITIES AND TRANSPORTATION
COMMISSION

1. Investigator(s): John Foster, Aaron Salinas 2. Assignment No.: 114088
3. Current Date: 10/9/2014 4. Date of Activity: 10/9/2014
5. Carrier Name: Sani Mahama Maurou
6. Permit: Application 7. New Entrant Date of Authority: _____
8. MOTCAR No.: M42917 9. Carrier is: Intrastate Only
10. Industry Code: 232 230+232 Intra and Interstate
11. USDOT No.: 2408309 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	

Exhibit No. ____ (MP-4)

Docket TC-152296

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17. **Vehicle Inspection Data:**

	Van 9-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	2							
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 processing. Two vehicles were inspected and issued CVSA decals. Technical assistance was provided on hours of service, driver qualification, vehicle maintenance (including annual inspections), insurance requirements and vehicle inspection reports.

22. **Recommended Action:**

- No further action.
 - 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.

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- 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.
- 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: 10/9/2014

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OFFICE USE ONLY

Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: D PRATT Date: 10/9/14

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATION

-> vehicle inspections conducted by Aaron Salinas (for certification)

* OK to issue authority.

Internal Processing	
Date Closed: <u>10/9/14</u>	By: <u>[Signature]</u>
Company Name: <u>Sani Mahama Maurou</u>	
Assignment #: <u>114088</u>	Staff Assigned: <u>Foster & Salinas</u>

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

WASHINGTON
UTC
UTILITIES AND TRANSPORTATION
COMMISSION
Washington State Patrol
P.O. Box 42614
Olympia, WA 98504-2614
Phone (360) 596-3819
Fax (360) 596-3828

Report Number: WA0003000575
Inspection Date: 10/09/2014
Start: 9:00:00 AM PT **End:** 9:03:00 AM PT
Inspection Level: I - Full
HM Inspection Type: None

SANI MAHAMA MAUROU
165 17TH AVE APT 102
SEATTLE, WA 98122

USDOT#: 02408309 **Phone#:** (206)319-7076
MC/MX#: **Fax#:**
State#: C1007

Location: SEATTLE
Highway: 17TH AVE
County: KING, WA

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

Driver: MAUROU, SANI
License#: MAUROSM352CG **State:** WA
Date of Birth: 02/07/1965
CoDriver:
License#: **State:**
Date of Birth:

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2013	WA	B66765Y		1FBSS3BL8DDA63572	10,000		20842802	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: No Data for Special Checks.

Report Prepared By:
FOSTER, JOHN

Badge #:
J518

Copy Received By:
SANI MAUROU

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02408309 WA WA0003000575

x John Foster

x Sani Maurou

DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol
P.O. Box 42614
Olympia, WA 98504-2614
Phone (360) 596-3819
Fax (360) 596-3828

Report Number: WA0003000574
Inspection Date: 10/09/2014
Start: 8:38:00 AM PT End: 9:00:00 AM PT
Inspection Level: I - Full
HM Inspection Type: None

SANI MAHAMA MAUROU
165 17TH AVE APT 102
SEATTLE, WA 98122

USDOT#: 02408309

Phone#: (206)319-7076

MC/MX#:

Fax#:

State#: C1007

Location: SEATTLE

Highway: 17TH AVE

County: KING, WA

Driver: MAUROU, SANI

License#: MAUOSM352CG

State: WA

Date of Birth: 02/07/1965

CoDriver:

License#:

State:

Date of Birth:

Shipper:

MilePost:

Origin: SEATTLE, WA

Bill of Lading:

Destination: SEATTLE, WA

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, FORD, 2013, WA, B24445Y, 1FBSS36L9DDA49180, 10,000, 20842801

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: Right (N/A, N/A), Left (N/A, N/A), Chamber (HYDR, HYDR)

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By: FOSTER, JOHN

Badge #: J518

Copy Received By: SANI MAUROU



X [Signature]

X [Signature]