



UTILITIES AND TRANSPORTATION
COMMISSION

TE-170296
5-16-17

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.: 117063
 3. Current Date: 5/4/2017 4. Date of Activity: 5/4/2017
 5. Carrier Name: Nicholas Papadimas dba Orion NW
 6. Company ID: 14923 7. Industry Code: 232 8. USDOT #: 2402790
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

11. Compliance Review

12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		393/396		397	

13. Vehicle Inspection Data

	MB 16+	MB 1-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1	1						
Defective Vehicles	1	1						
OOS Vehicles	0	0						
Level	7	7						

14. Vehicle Inspection Violations

	MB 16+	MB 1-15	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Lights	1	1				
Other	2	3				

15. Driver Inspection Violations

16. Relevant Carrier History:

Carrier is applying for reinstatement of permit that was voluntarily canceled in December 2016 due to lack of business. New entrant training provided.

17. Findings:

Posted / CASES / pc

Assignment Report

Motor Carrier Safety

New entrant safety regulation training was conducted with owner Nicholas Papadimas. Mr. Papadimas was knowledgeable with most covered regulations. Each safety regulation on the Verification of Training form was thoroughly covered and Mr. Papadimas was given a usb drive containing pdf formatted forms for his carrier use.

During initial introduction to the carrier operation, Mr. Papadimas informed Investigator Sharp that a majority of their business involves picking up passengers from the airport and cruise terminals. Investigator Sharp told Mr. Papadimas that he should seek interstate operating authority based on this information.

The carrier owns one 15 passenger and one 26 passenger mini bus that it intends to use in operations. Each bus was found to be in violation of improper markings due to USDOT not being presented prior to the carrier's permit number. Both vehicles were also missing proof of a period inspection and each had a clearance light inoperable. The 15 passenger bus had a standee line and hand rail but did not have a standee line sign.

Mr. Papadimas scheduled both vehicles to have their periodic inspection performed while the vehicle inspections continued. He stated that he will have the mechanic repair inoperative lights at the same time as period inspection. Mr. Papadimas was informed that he will need to send Investigator Sharp proof of the periodic inspections and repairs prior to being issued operating authority.

18. Recommended Safety Action: Yes No

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

20. Additional Comments:

Recommendation is to await verification that vehicles have been periodically inspected prior to moving forward with permit.

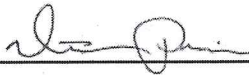
Investigator's Signature: _____



Date: 05/04/2017

OFFICE USE ONLY

Initial Review By: _____



Date: 5/10/2017

Initial Reviewer's Recommendation:

Agree with recommendation to issue permit after proof of periodic inspection is received. Also, recommend requiring the company to submit proof of repaired light and that markings have been placed on vehicle.

Final Review By: _____

David Pratt

Date: 5/15/17

Final Reviewer's Recommendation:

Agree with recommendations. Ok to issue permit and close and file.

Assignment Report
Motor Carrier Safety

Internal Processing

Date Closed: 5/15/2017 By: *Kelli Wren*
Company Name: Nicholas Papadimas dba Orion NW
Assignment #: 117063 Staff Assigned: Sharp/Steiner



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

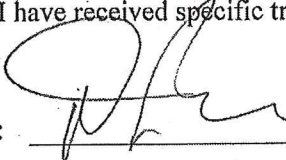
Verification of Training

Company: Nicholas Papadimas dba Orion NW Representative: Nicholas Papadimas
 Date: 05/04/2017 Investigator: Jason Sharp

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

Entry Level Driver Training	380.501 380.503	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Requirements	387	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Qualification File	391.51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Name (Print): NICHOLAS PAPADIMITRA Signature:  Date: 5-4-17

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: WAU009000024
Inspection Date: 05/04/2017
Start: 10:01 AM PT End: 10:31:00 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

NICHOLAS PAPADIMAS
3719 S 253RD PL
KENT, WA 98032

USDOT#: 02402790
MC/MX#:
State#:

Phone#: (206)378-5888
Fax#:

Location: 650 S ORCAS ST SEATTLE
Highway:
County: KING, WA

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

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

Shipper:
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, BU, FORD, 2010, WA, C65350J, 50, 1FDXE4FS4ADA11153, 14,500

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 390.21A, 396.17C, 393.9

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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02402790 WA WAU009000024

X [Signature]

X [Signature]

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: WAU009000025
Inspection Date: 05/04/2017
Start: 10:35 AM PT End: 11:06:31 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

NICHOLAS PAPADIMAS
3719 S 253RD PL
KENT, WA 98032

USDOT#: 02402790

MC/MX#:

State#:

Location: 650 S ORCAS ST SEATTLE

Highway:

County: KING, WA

Phone#: (206)378-5888

Fax#:

MilePost:

Origin: SEATTLE, WA

Destination: SEATTLE, WA

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Shipper:

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, BU, FORD, 2007, WA, C72129D, 29, 1FDXE45S77DA78937, 16,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2; Right, Left, Chamber. Values: N/A, N/A, DISC, DISC

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows include 393.9, 396.17C, 393.90, 390.21A

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:

Page 1 of 1



02402790 WA WAU009000025

X

X

