



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No

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

1. Investigator(s): John Foster 2. Assignment No.: 115055
 3. Current Date: 5/8/2015 4. Date of Activity: 5/4/2015
 5. Carrier Name: Blessed Limousine
 6. Company ID: None 7. Industry Code: 232 8. USDOT #: _____
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

<ul style="list-style-type: none"> ▪ Has a copy of the Destination Check Safety plan been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Any special emphasis placed on the destination check? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Describe Special Emphasis: _____

11. Compliance Review

<ul style="list-style-type: none"> ▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional ▪ Number of Vehicles Operated: _____ ▪ Total Miles Prior Year: _____ ▪ Accident Ratio: _____ ▪ Number of Drivers Operated: _____ ▪ Recordable Accidents Prior Year: _____ <p>CSA Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation</p> <p>Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____</p>
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12. Part B Violations

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

13. Vehicle Inspection Data

	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections								
Defective Vehicles								
OOS Vehicles								
Level								

14. Vehicle Inspection Violations

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	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						

15. Driver Inspection Violations

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

16. Relevant Carrier History:

This carrier has not responded to repeated efforts to contact them and advise of the UTC charter bus permit requirements.

17. Findings:

On May 4, 2015 I contacted Mr. Clussie Bagby at his business / residence address at 14203 65th Ave SE Tukwila, WA. I explained to Mr. Bagby the requirement for his company (Blessed Limousine Inc.) to apply for a UTC Charter Bus Certificate in addition to his limousine authority from DOL. I explained the reason for this was due to the size of his two 22 passenger vehicles that do not qualify as limousines. I explained the application process and provided him an application form as well as the UTC safety guide. Mr. Bagby stated that he understood the UTC permit requirement and that he would submit a charter application as soon as possible.

18. Recommended Safety Action: Yes No

- 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.
- 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.

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.

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- 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):

20. Additional Comments:

This carrier should continue to be monitored to insure that a charter application is submitted.

Investigator's Signature: _____

John Foxe

Date: 5/8/2015

OFFICE USE ONLY

Initial Review By: _____

John Foxe

Date: _____

5/8/15

Initial Reviewer's Recommendation: _____

Return File To Betty - Closed File

Final Review By: _____

Date: _____

Final Reviewer's Recommendation: _____

Internal Processing

Date Closed: _____

5/8/15

By: _____

Lin Martin

Company Name: _____

Blessed Limousine

Assignment #: _____

115055

Staff Assigned: _____

Foster