



UTILITIES AND TRANSPORTATION
COMMISSION

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): Sandi Yeomans
Wayne Gilbert 2. Assignment No.: 117084
3. Current Date: 6/15/2017 4. Date of Activity: 6/12/2017
5. Carrier Name: Chariot Transit Inc.
6. Company ID: 18774 7. Industry Code: 232 8. USDOT #: 2809686
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 <input type="checkbox"/> Not Rated ▪ Number of Current Vehicles: _____ ▪ Total Miles Prior Year: _____ ▪ Accident Ratio: _____ 	<ul style="list-style-type: none"> ▪ Number of Current Drivers: _____ ▪ Recordable Accidents Prior Year: _____
CSA Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____	

12. Part B Violations

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

13. Vehicle Inspection Data

	MB 1-15						
Inspections	13						
Defective Vehicles	13						
OOS Vehicles	0						
Level	7						

Assignment Report

Motor Carrier Safety

14. Vehicle Inspection Violations

	MB 1-15					
Comments:						
Emergency Equipment, Exits	6					
Other	13					

15. Driver Inspection Violations

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

16. Relevant Carrier History:

This carrier is a new entrant. The company has a parent company in San Francisco, CA. Amy Schlappi is the manager for the Seattle Based company. Currently they are located at 215 1st Ave N, Seattle, WA. All vehicles are new straight from the factory. The company is expecting to acquire more vehicles by the end of the month and will contact once received to have them inspected.

17. Findings:

Thirteen vehicles were inspected. Three type of violations were noted. 390.21(a) for no USDOT number on each side of the vehicle, 393.95(a) for missing fire extinguishers, and 393.95(f) for missing safety triangles.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15 day letter requirement.
- Require the company to submit a compliance plan in response to the 385 letter requirement (45 days).
- Recheck – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties.
- 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.
- 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):

Assignment Report
Motor Carrier Safety

20. Additional Comments:

Technical assistance was given to Amy Schlappi (manager) covering 380, 382, 383, 385, 387, 390, 391, 392, 393, 395, and 396. I left him with one copy of "Your Guide to Achieving a Satisfactory Safety Record" Forward to Licensing Services for permitting.

Investigator's Signature: *Andria Yeomans* Date: 6/15/2017

OFFICE USE ONLY

Initial Review By: *David Pratt* Date: 6/16/2017

Initial Reviewer's Recommendation:

Agree with recommendation to forward to licensing for permitting.

Final Review By: David Pratt Date: 6/19/17

Final Reviewer's Recommendation:

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

Internal Processing

Date Closed: 6/20/2017 By: *Kelli Wren*
Company Name: Chariot Transit Inc.
Assignment #: 117084 Staff Assigned: Yeomans and Gilbert



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: Chariot Transit Inc.
Date 06/13/2017

Representative: Amy Schlappi
Investigator: Sandi Yeomans

Safety Regulations Training Provided		
Subject	CFR Part	Section Covered
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/>
Drug and Alcohol Testing	382	<input checked="" type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input checked="" type="checkbox"/>
Post-Accident Testing	382.303	<input checked="" type="checkbox"/>
Random Testing	382.305	<input checked="" type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input checked="" type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input checked="" type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input checked="" type="checkbox"/>
Drug & Alcohol Policy	382.601	<input checked="" type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input checked="" type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input checked="" type="checkbox"/>
General Qualifications of Drivers	391.11	<input checked="" type="checkbox"/>
Medical Certificate Required	391.45	<input checked="" type="checkbox"/>
Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>

Insurance Requirements	387	<input checked="" type="checkbox"/>
Driver Qualification File	391.51	<input checked="" type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>
Safety Investigations and roadside inspections	General	<input checked="" type="checkbox"/>
Penalties and Safety Violations	General	<input checked="" type="checkbox"/>
MC Authority – FMCSA (800) 832-5660	FMCSA	<input checked="" 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): Amy Schiappi Signature: Amy Schiappi Date: 6/13/17

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
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000223
Inspection Date: 06/13/2017
Start: 01:18 PM PT End: 1:27:00 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105

USDOT#: 02809686 Phone#: (844)692-4274

MC/MX#: State#: Fax#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

MilePost: Shipper:
Origin: SEATTLE, WA Bill of Lading:
Destination: SEATTLE, WA Cargo: EMPTY

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

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 2017 WA BEX6458 272 1FBVU4XM0HKA67664 10,360

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Copy Receiver



02809686 WA WAU008000223

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000222
Inspection Date: 06/13/2017
Start: 01:09 PM PT End: 1:18:45 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105

USDOT#: 02809686 Phone#: (844)692-4274
MC/IX#: Fax#:
State#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Bill of Lading:
Cargo: EMPTY

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

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, 2017, WA, BEX6460, 279, 1FBVU4XM9HKA67663, 10,360

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2, Right/Left, and HYDR chambers.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Copy Receiver



02809686 WA WAU008000222

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Washington State Patrol
Commercial Vehicle Enforcement Section
 P.O. Box 42614
 Olympia, WA 98504-2614
 (360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000221
Inspection Date: 06/13/2017
Start: 01:00 PM PT **End:** 1:08:58 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
 450 MISSION ST #501
 SAN FRANCISCO, CA 94105

USDOT#: 02809686 **Phone#:** (844)692-4274
MC/MX#: **Fax#:**
State#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

MilePost: **Shipper:**
Origin: SEATTLE, WA **Bill of Lading:**
Destination: SEATTLE, WA **Cargo:** EMPTY

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

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2017	WA	BDY5945	248	1FBVU4XM0HKA62853	10,360			

BRAKE ADJUSTMENTS

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

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: No fire extinguisher
393.95F	393.95(f)	1	N		N	N	No / insufficient warning devices: No safety triangles

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:
 YEOMANS, S.

Badge #:
 WAU586

Copy Received By:

Page 1 of 1

x *S Yeomans*

x *[Signature]*



02809686 WA WAU008000221

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000220
Inspection Date: 06/13/2017
Start: 12:50 PM PT End: 12:58:52 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686
MC/MX#:
State#:

Phone#: (844)692-4274
Fax#:

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

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA
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, VN, FORD, 2017, WA, BDY5934, 269, 1FBAX2CM2HKA62868, 9,150

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 390.21A, 393.95A, 393.95F

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of [unclear]



02809686 WA WAU008000220

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000219
Inspection Date: 06/13/2017
Start: 12:36 PM PT End: 12:50:34 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105

USDOT#: 02809686 Phone#: (844)692-4274
MC/MX#: Fax#:
State#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

MilePost: Shipper:
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, 2017, WA, BEX6457, 488, 1FBVU4XM5HKA88297, 10,360

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle # 1 and 2, Right and Left, and Chamber (HYDR, HYDR)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Handwritten signature of S. Yeomans

Handwritten signature of inspector



02809686 WA WAU008000219

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000218
Inspection Date: 06/13/2017
Start: 12:12 PM PT End: 12:24:39 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686
MC/MX#:
State#:

Phone#: (844)692-4274
Fax#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6456, 247, 1FBVU4XM9HKA62852, 10,360

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Inspector



02809686 WA WAU008000218

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000217
Inspection Date: 06/13/2017
Start: 11:54 AM PT End: 12:12:05 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105

USDOT#: 02809686 Phone#: (844)692-4274
MC/MX#: Fax#:
State#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

MilePost: Shipper:
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, 2017, WA, BEX6303, 253, 1FBVU4XM2HKA62854, 10,360

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows for 390.21A, 393.95A, 393.95F

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Inspector



02809686 WA WAU008000217

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000216
Inspection Date: 06/13/2017
Start: 11:43 AM PT End: 11:54:34 AM PT
Inspection Level: VII - Jurisdictional Mandated
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686
MC/MX#:
State#:

Phone#: (844)692-4274
Fax#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6408, 302, 1FBAX2CM6HKA87515, 9,150

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Copy Receiver



02809686 WA WAU008000216

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000215
Inspection Date: 06/13/2017
Start: 11:34 AM PT End: 11:42:45 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105

USDOT#: 02809686 Phone#: (844)692-4274
MC/MX#: Fax#:
State#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Bill of Lading:
Cargo: EMPTY

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

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, 2017, WA, BEX6463, 258, 1FBVU4XMXHKA62844, 10,380

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Handwritten signature of S. Yeomans

Handwritten signature of Amy Schlapp



02809686 WA WAU008000215

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000214
Inspection Date: 06/13/2017
Start: 11:23 AM PT End: 11:34:22 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686 Phone#: (844)692-4274
MC/MX#: Fax#:
State#:
Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6466, 274, 1FBAX2CM6HKA67667, 9,150

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Handwritten signature of Yeomans, S.

Handwritten signature of copy recipient.



02809686 WA WAU008000214

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000213
Inspection Date: 06/13/2017
Start: 11:12 AM PT End: 11:23:00 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686
MC/MX#:
State#:

Phone#: (844)692-4274
Fax#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6407, 295, 1FBAX2CM4HKA87514, 9,150

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S. [Signature]

Badge #: WAU586

Copy Received By: [Signature]



02809686 WA WAU008000213

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000212
Inspection Date: 06/13/2017
Start: 10:59 AM PT End: 11:10:12 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686 Phone#: (844)692-4274
MC/MX#: Fax#:
State#:
Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6459, 320, 1FBVU4XM2HKA90671, 10,360

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S

Badge #: WAU586

Copy Received By:

Page 1 of 1

Signature of S. Yeomans

Signature of Inspector



02809686 WA WAU008000212

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
(360) 596-3815 safetynet@wsp.wa.gov

Report Number: WAU008000211
Inspection Date: 06/13/2017
Start: 10:27 AM PT End: 10:45:00 AM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

CHARIOT TRANSIT INC
450 MISSION ST #501
SAN FRANCISCO, CA 94105
USDOT#: 02809686
MC/MX#:
State#:

Phone#: (844)692-4274
Fax#:

Location: 215 1ST AVE N, SEATTLE,
Highway:
County: KING, WA

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

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
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, VN, FORD, 2017, WA, BEX6462, 487, 1FBVU4XM3HKA88296, 10,360

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 390.21A, 390.21(a), 1, N, N, N, Not marked in accordance with regulations

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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

Page 1 of 1

Handwritten signature of S. Yeomans

Handwritten signature of Henry J. Schoppa



02809686 WA WAU008000211