



TILITIES AND TRANSPORTATION
COMMISSION
Celebrating 100 Years

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Ray Gardner J577

2. Assignment No.: 109008

3. Current Date: 1-20-09

4. Date of Activity: 1-14-09

5. Carrier Name: Mobile Madness

6. Permit: TEMP

7. MOTCAR No.: _____

8. DOT No.: _____

9. MC No.: _____

10. Destination Check Only:

- Attach a copy of the Destination Check Safety Plan.
- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- Date of debriefing meeting: _____
- What might we do differently to increase our success at the next destination check:

- Did staff complete all of the elements of the Destination Check Safety Plan? Yes No
- If not, explain why:

11. Safety Complaint Only:

- 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 _____
- Unannounced CR
- Other (please explain): _____

- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

12. New Entrant only – *Charter, Auto Transportation*:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 One
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA

13. New Entrant only – **HHG**:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and eighteen months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and eighteen months: Yes No CR SA
 - ◆ Did staff conduct technical assistance within three months: Yes No

14. 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 _____
 - Unannounced CR
 - Other (please explain): _____

- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

15. All Other Assignments:

▪ Type of Activity:

- Compliance review
- Safety audit
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced CR
- Complaint (other than safety)
- Other (please explain): _____

▪ Describe how the performance measures from the safety plan were or were not met:

16. Compliance Review Data:

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

17. Part B Violations:

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

18. 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		one									
Defective Vehicles											
OOS Vehicles											
Location											
Level											

19. 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											

20. Relevant carrier history, if any: _____

21. Findings: _____

22. 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.
- 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. Recheck: Yes (Date: _____) No

24. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier received a conditional rating at the last compliance review.
- Carrier received an unsatisfactory rating at the last compliance review.
- 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): _____

25. Additional Comments: This Carrier offered their coach for inspection. The Coach was inspected and passed the CVSA inspection criteria and was issued a CVSA inspection decal # 9812401. This carrier was also provided with technical assistance. I would recommend that this carrier be granted Intra State authority and be added to the Investigator work list.

1/21/09 Licensing has been notified.

Investigator's signature: Ray Gardner

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: D PRATT Date: 1/22/09

Reviewer's recommendation: Agree with staff recommendation
Please add to workplan for full CR.

Thanks
D Pratt

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1252313

PERSONNEL NO. JS77 DIST / DET H/Q LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL HAZARDOUS MATERIALS DATE 1/14/09 TIME (MILITARY) BEGUN 09:00 FINISHED : : HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) MOBILE MADNESS

ADDRESS 617 VIEW CT

CITY HOQUIAM STATE WA ZIP CODE 98550 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS WILKINSON WILLIAM 1516 WILLOW ST SE CACT G.V.W. 12 PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 1989/Ford, 1, 812XEX / KH878530, WA

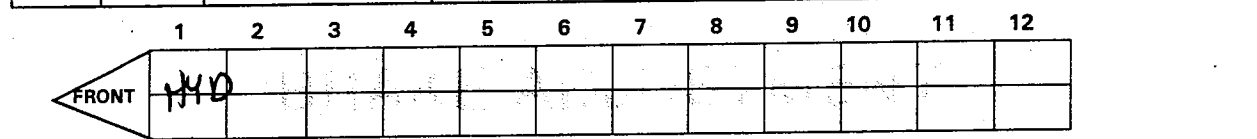


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Includes handwritten note: 'NO VIOLATIONS FOUND'.

CVSA DECALS UNIT 1 9812401 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE Daniel J. Hahn OFFICER SIGNATURE Roy Gordon