



UTILITIES AND TRANSPORTATION COMMISSION

Licensing
TE-090388

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 109073

3. Current Date: 4/20/09 4. Date of Activity: 4-18-2009

VIP Party Bus LLC

5. Carrier Name: _____ ✓

6. Permit: None Pending 7. Industry Code: 232

8. MOTCAR No.: ID 5458

9. DOT No.: None 10. MC No.: _____

11. **Destination Check**

Attached is 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 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- What might we do differently to increase our success at the next destination check:

12. **Safety Complaint**

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 terminal visit
- Other (please explain): _____

13. **New Entrant – Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

14. **New Entrant– HHG**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

15. **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 terminal visit
 - Other (please explain): _____

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		1									
Defective Vehicles		0									
OOS Vehicles		0									
Location		L5									
Level		5									

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. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: New Application Charter - Excursion

22. Findings: Company owner Michael Kelly showed obvious intent to operate his business appropriately while following all compliance regulations and maintaining his vehicle in a manner to ensure safety for passenger carrier service. I provided technical assistance, issued the manual "Your Guide to Achieving a Satisfactory Safety Record". I also inspected their 14 passenger mini bus. The company passed.

23. Recommended Action: Issue authority to VIP Party Bus LLC.

- 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 and copy of new medical card(s) in response to the 15-day letter requirement.
- Recheck – Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
Describe: _____
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

24. 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% 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): _____

Investigator's signature: Richard Smith

Initial review by: DPenit

Date: 4/20/09

Reviewer's recommendation: Agree with recommendation.

close & file.

Thanks RER

DPenit

Final review by: _____

Date: _____

Reviewer's recommendation: _____

Date closed: 4/20/09 By: CAC
cc: Rich Smith

Licensing

Company name VIP Party Bus LLC Assignment # 109073

Staff Assigned Richard Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278147

PERSONNEL NO. 5580 DIST / DET HQ LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>4.18.09</u>	TIME (MILITARY) BEGUN <u>10:19</u>	TIME (MILITARY) FINISHED <u>11:12</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Terminal 2623 Eud.R.</u>		SCALEHOUSE NO. <u>04</u>	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N	

CARRIER

CARRIER NAME (Include DBA when applicable)
VIP PARTY BUS LLC

ADDRESS
430 ROCK ISLAND RD STE 101

CITY E. Wenatchee STATE WA ZIP CODE 98802 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

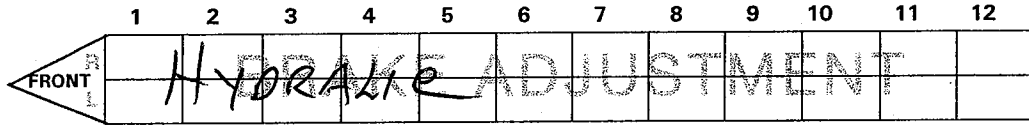
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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

VEHICLE

REGISTERED OWNER NAME/ADDRESS SAME AS ABOVE G.V.W. 4200 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Bu	92- FORD	1	408XYM	WA
2				1FDKE30G6NHA02218	WA
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
	No Violations							

CVSA DECALS UNIT 1 10538931 UNIT 2 02-1983602 UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE Michael Kelly
 OFFICER SIGNATURE _____

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