



UTILITIES AND TRANSPORTATION COMMISSION

Licensing  
TE-090508

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s) Richard Smith 2. Assignment No.: 109070 <sup>109072</sup>

3. Current Date: 4-16-09 4. Date of Activity: 4-15-09

5. Carrier Name: Ryan's Express Motor Coach INC ✓

6. Permit: None 7. Industry Code: 232

8. MOTCAR No.: \_\_\_\_\_

9. DOT No.: 778468 10. MC No.: 349310

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 8
  - ◆ 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	8										
Defective Vehicles	2										
OOS Vehicles	1										
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	1										
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits	1										
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: One of the eight motor coaches was put out of service due to a defective left #2 axle air leaks on the braking system. This will be repaired on 4-16-09 and a letter sent within 15 days to UTC and FMCSA of it being corrected. The only other violation found was no fire extinguisher in one of the coaches. This was corrected before I left the terminal. The company received a pass.

23. Recommended Action: I recommend authority be issued to this carrier.

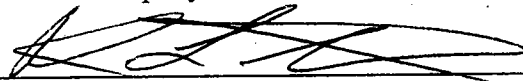
- No further action.
  - Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
  - Require the company to submit a compliance plan and copy of new medical card(s) in response to the 15-day letter requirement.
  - 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): \_\_\_\_\_

25. Additional Comments: The Company exhibited a desire to maintain and operate safe vehicles.

Investigator's signature: 

Initial review by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's recommendation: \_\_\_\_\_

Final review by: DPRATT Date: 4/17/09

Reviewer's recommendation: Please re-inspect oos vehicle & remaining vehicle when presented.  
Licensure: OK to issue authority.



Date closed:

4/17/09

By:

CAC

cc:

Rick Smith

Licensing

Company name Ryan's Express Motor Coaches Inc

Assignment #

109072  
~~109070~~

Staff Assigned

Richard Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

**1278142**

PERSONNEL NO. **J580** DIST / DET **H/R** LEVEL: 1      2      3      4      5 **X**

GENERAL			HAZARDOUS MATERIALS	
DATE <b>4.15.11</b>	TIME (MILITARY) BEGUN <b>11:20</b>	TIME (MILITARY) FINISHED <b>11:30</b>	HAZARD CLASS / DIVISION NO. _____	
LOCATION: SR/MP <b>3400 34TH AVE NE</b>		SCALEHOUSE NO. <b>31</b>	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)  
**RYAN'S EXPRESS MOTOR COACH INC**

ADDRESS  
**EVERETT NAVAL STATION PARKING LOT A**

CITY **EVERETT** STATE **WA** ZIP CODE **98201** INTERSTATE  YES  NO DOT NO. **778468** ICC NO. **348310**

**DRIVER**

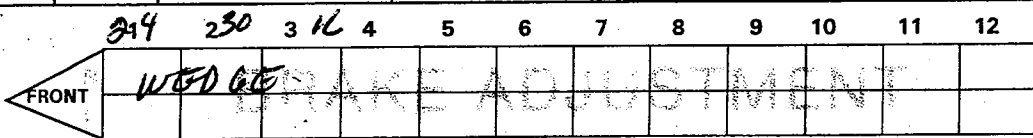
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH **1/1** MED. CERT. Y N  WAWER Y N  SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS **SAME** G.V.W. **57 Pass** PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	MC	01 VANHOLL	5711	2002338 / 4E9TC12301 2049553	UT
2					
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
	<b>No Violations</b>							

CVSA DECALS UNIT 1 **16538903** UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

OFFICER SIGNATURE \_\_\_\_\_

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







UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278146

PERSONNEL NO. 3553 DIST / DET Hg

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 4.15.09 TIME (MILITARY) BEGUN 12:07 FINISHED 12:15 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP 3400 34th AVENUE SCALEHOUSE NO. CNTY CODE 31 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) RYAN'S EXPRESS MOTOR COACH INC

ADDRESS EVERETT NAVAL STATION PARKING LOT A

CITY EVERETT STATE WA ZIP CODE 98201 INTERSTATE YES NO DOT NO. 778468 ICC NO. 348310

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. 57 PAS PBT RATE

Table with 6 columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, MC, 01-VANHOOL, 5709, 2002326, UT. Row 2: 2, YE2TC12B812044560, UT.

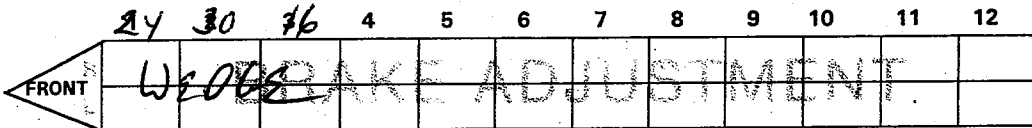


Table with 8 columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 105389107 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE ADICKSON

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





**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

**1278140**

PERSONNEL NO. **5553** DIST / DET **HQ**

LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 **X**

**GENERAL** **HAZARDOUS MATERIALS**

DATE <b>4.15.09</b>	TIME (MILITARY) BEGUN <b>10:49</b>	TIME (MILITARY) FINISHED <b>11:05</b>	HAZARD CLASS / DIVISION NO.
LOCATION: SR/MP <b>3400 34<sup>th</sup> AVE NE</b>	SCALEHOUSE NO.	CNTY CODE <b>31</b>	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N CARGO TANKS? Y N

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
**RYAN'S EXPRESS MOTOR COACH INC**

ADDRESS  
**EVERETT NAVAL STATION PARKING LOT A**

CITY <b>EVERETT</b>	STATE <b>WA</b>	ZIP CODE <b>98201</b>	INTERSTATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DOT NO. <b>778468</b>	ICC NO. <b>348310</b>
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**DRIVER**

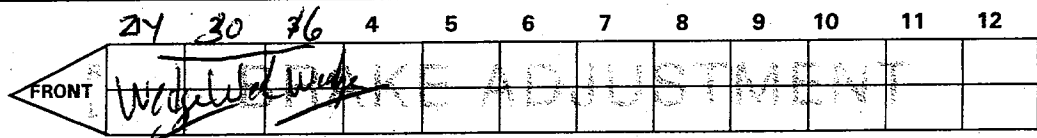
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
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DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.
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**VEHICLE**

REGISTERED OWNER NAME/ADDRESS <b>SAME AS ABOVE</b>	G.V.W. <b>57 PAS.</b>	PBT RATE
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UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	MC	01-VAN HOOB	5708	2002337	UT
2				YE2TC12B812041557	UT
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
	<b>NO VIOLATIONS FOUND</b>							

CVSA DECALS UNIT 1 <b>10538901</b>	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
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Vehicle may not be operated until O/S defects noted above are repaired.  
 Driver may not drive until in compliance.

DRIVER SIGNATURE: *[Signature]*  
 OFFICER SIGNATURE: *[Signature]*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278139

PERSONNEL NO. 3580 DIST / DET HA

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 4/18/09 TIME (MILITARY) BEGUN 09:59 FINISHED 10:48 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP Terminal 3406-34 Ave NE SCALEHOUSE NO. CNTY CODE 31 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) RYAN'S EXPRESS MOTOR COACH

ADDRESS Everett Naval Station Parking lot A

CITY Everett STATE WA ZIP CODE 98201 INTERSTATE YES NO DOT NO. 778468 ICC NO. 348310

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. 57 lbs PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, MC, 01-VanHook, 5701, 2002218, UT. Row 2: 2, YB2TC12BX12041530, UT.

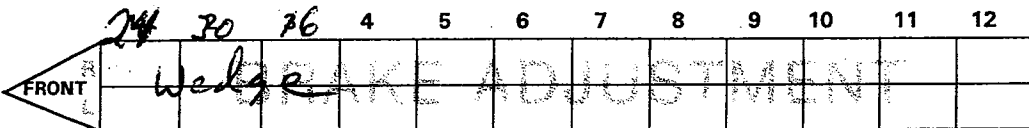


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 396.3(A), Defective Air diaphragm, Audible Air leak, Left Axle Two, 1.

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

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