



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? [] Yes [X] No

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 109105

3. Current Date: 6-1-09 4. Date of Activity: 5-21,26-09

5. Carrier Name: AIRLINE SHUTTLE, INC.

6. Permit: NEW CHARTER BUS APPLICANT 7. Industry Code: 232

8. MOTCAR No.: 1D 5554

9. DOT No.: N/A 10. MC No.: N/A

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 6
 - ◆ 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:**
 X 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 6
 - 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	

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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			2				3	1			
Defective Vehicles			0				0	1			
OOS Vehicles								0			
Location											
Level			5				5	5			

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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								1			
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

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20. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: **CARRIER IS APPLYING FOR CHARTER BUS AUTHORITY, AND CURRENTLY PROVIDES TRANSPORTATION FOR AIRLINE CREWS FROM SEATAC TO LOCAL MOTELS (NON-REGULATED BY UTC).**

22. Findings: **I PROVIDED ETA ON CFR PART 393, PARTS & ACCESSORIES AND CFR PART 395, HOURS OF SERVICE. ADDITIONAL ETA IS REQUESTED BY THIS CARRIER AFTER CHARTER BUS AUTHORITY IS OBTAINED. ONE VEHICLE WAS FOUND TO BE DEFECTIVE AND WAS REPAIRED ON SITE. ALL SIX (6) VEHICLES RECEIVED VALID CVSA DECALS.**

23. Recommended Action:

X. 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.
- 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? **NO**

- 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: **I RECOMMEND ADDITIONAL ETA ON THIS CARRIER AFTER PERMANENT AUTHORITY IS ISSUED.**

Investigator's signature: Cher A. Dygl 6-1-09

Initial review by: [Signature] Date: 6-1-09

Reviewer's recommendation: Agree with recommendations
Close: file

Final review by: DPRATT Date: 6/1/09

Reviewer's recommendation: Agree with recommendations.

Tom - plan on another visit to this company for further TA.
Thanks [Signature]

Date closed: _____ By: _____

cc: Tom Mc Vaughn

Company name Airline Shuttle Inc. Assignment # 109105

Staff Assigned Tom Mc Vaughn

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1176446

PERSONNEL NO. 3518 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 5-26-09 TIME (MILITARY) BEGUN 1030 FINISHED 1041 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP Burien SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 206-242-2000

CARRIER NAME (Include DBA when applicable) Airline Shuttle, Inc

ADDRESS 14644 - 9th Ave SW

CITY Burien STATE WA ZIP CODE 98166 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 Van 8 Pax

REGISTERED OWNER NAME/ADDRESS G.V.W. PBT RATE

Table with 6 columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Van, 48 Chevy, 25, 487 TQY, WA

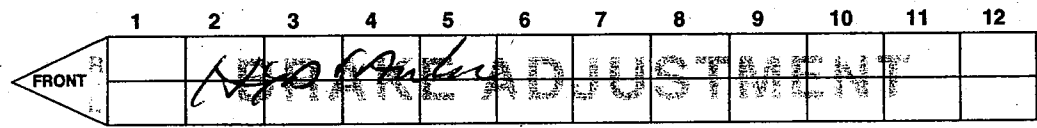


Table with 7 columns: C/P, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 10536452 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

1278028

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL

HAZARDOUS MATERIALS

DATE 5.26.09 TIME (MILITARY) BEGUN 0930 FINISHED 0938 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP BURIEN SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 206-242-2000

CARRIER NAME (Include DBA when applicable) Airline Shuttle Inc ADDRESS 14644 9th Ave SW

CITY BURIEN STATE WA ZIP CODE 98166 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 SPASS Van

REGISTERED OWNER NAME/ADDRESS G.V.W. 8000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Van, 03/GMC, 5, A 81865R, WA

1 2 3 4 5 6 7 8 9 10 11 12

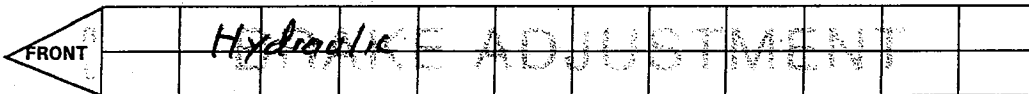


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 10538890 UNIT 2 UNITS UNIT 4 NOIC NO.

DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]

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



UTILITIES AND TRANSPORTATION
COMMISSION

Individual Carrier Safety Plan

Motor Carrier Safety Section

1. This carrier is targeted with an individual carrier safety plan because:

- Carrier is a new entrant.
- Carrier accident ratio is higher than aggregate ratio. Ratio is
- 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 (less than four if four are not completed).
- Other (please explain).

2. Investigator(s): **TOM MCVAUGH**

3. Assignment No.: **109105**

4. Date plan is completed:

Date of planned activity: 5-21-09

5. Carrier name: **AIRLINE SHUTTLE, INC.**

6. Permit: **NEW
CHARTER BUS APPLICANT**

7. This individual carrier safety plan includes:

- | | |
|--|--|
| <input type="checkbox"/> Compliance review | <input checked="" type="checkbox"/> Technical assistance |
| <input checked="" type="checkbox"/> Vehicle inspections, Level | <input type="checkbox"/> Unannounced visit: Type |
| <input type="checkbox"/> Safety Audit | <input type="checkbox"/> Other (please explain) |

8. Describe the activity that will take place as well as when and how staff will complete the activity. **VEHICLE INSPECTIONS (LEVEL #5) AND ETA ON COMMISSION SAFETY REGULATIONS INCLUDING INSURANCE REQUIREMENTS**

9. Additional Comments:

10. Approved: *[Signature]*

Date: 5-20-09