



UTILITIES AND TRANSPORTATION COMMISSION

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith 2. Assignment No.: 109127

3. Current Date: 6-26-09 4. Date of Activity: 6-26-09

5. Carrier Name: VIP PURPLE SHUTTLE, INC.

6. Permit: Pending 7. Industry Code: 232

8. MOTCAR No.: ID 5568

9. DOT No.: 1895759 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								L-5			
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 for charter/excursion authority

22. Findings: I inspected the vehicle for VIP Purple Shuttle, Inc. a 12 passenger 2000 Ford Van E-350, VIN# 1FDNS24L4YHB24846 and found it to be free of any defects. The vehicle was issued a CVSA decal # 10538911. Technical assistance/advice was provided to the company owner Jack Saloma.

23. Recommended Action:

- No further action. Recommended that authority be granted.
- 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: \_\_\_\_\_ )

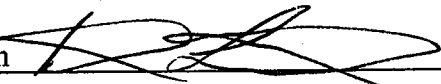
Describe: \_\_\_\_\_

- 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?

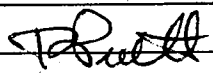
- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory compliance review rating 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: I recommend authority be granted to this company. Close and file.

Investigator's signature: Richard L. Smith 

Initial review by: DP Date: 6/26/09

Reviewer's recommendation: Agree with recommendation

Licensing - OK to issue permit. 

Final review by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date closed: 6/26/09 By: CAC  
cc: Rich Smith

Licensing

Company name VIP Purple Shuttle, Inc. Assignment # 109127

Staff Assigned Richard Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278433

PERSONNEL NO. J-580 DIST / DET HQ

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 6/26/09 TIME (MILITARY) BEGUN 11:10 FINISHED 11:45 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP Terminal SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) VIP Purple Shuttle LLC ADDRESS POB 4 22 HEIKKINEN RD CITY Montesano STATE WA ZIP CODE 98563 INTERSTATE YES NO DOT NO. 1895259 ICC NO.

DRIVER DRIVER NAME SALOMA JACK A. LICENSE NO. SALOMJA507P3 STATE WA EXP. YEAR 2010 DATE OF BIRTH 10/23/1950 MED. CERT. Y N SHIPPER NAME WAIVER Y N SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS Same as above G.V.W. 12 PAS 8600 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 2000 FORD, 7, 688 YYP, WA. Row 2: 2, 1FONS24L4YHB24846.

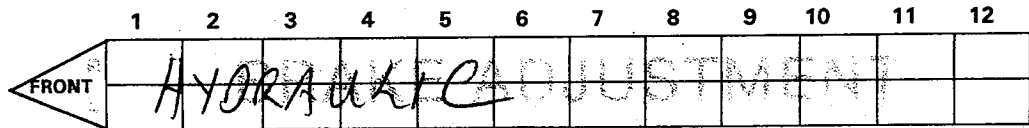


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. The VIOLATIONS column contains the handwritten text 'No Violations'.

CVSA DECALS UNIT 1 10538911 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE Jack A. Saloma OFFICER SIGNATURE

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