

Licensing



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 109147

3. Current Date: 7-27-2009 4. Date of Activity: 7-24-2009

5. Carrier Name: Victorian Enterprises Inc

6. Permit: New Applicant 7. Industry Code: 232

8. MOTCAR No.: m30963

9. DOT No.: None 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 1
 - ◆ Conduct a CR/SA between three and nine months? (N/A) 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			Trm								
Level			L5								

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 Applicant

22. Findings: The company's 20 passenger vehicle had been purchased from a Las Vegas Nevada hotel and since has undergone extensive remodel and updating. This included new brakes, braking system, tires, engine and components' rebuild or replaced. The emergency exit windows have been improved and operate appropriately. I found no defects in the vehicle. ETA was also provided to this company while discussing with page by page "Your Guide to a Satisfactory Safety Record" manual.

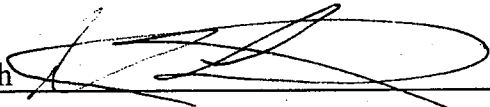
23. Recommended Action:

- 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 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 is well organized to ensure a safe operation. I recommend authority be issued.

Investigator's signature: Richard L. Smith 

Initial review by: _____

Date: _____

Reviewer's recommendation: _____

Final review by: K. Hunk

Date: 7-27-09

Reviewer's recommendation: Concur to issue permanent authority. Close and file. Thanks!

Date closed:

7/24/09

By: CAC

cc:

Rich Smith
licensing

Company name

Victorian Enterprise Inc

Assignment #

109147

Staff Assigned

Richard Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278434

PERSONNEL NO. 5580 DIST / DET HQ

LEVEL: 1 2 3 4 5 1

GENERAL HAZARDOUS MATERIALS

DATE 7/24/09 TIME (MILITARY) BEGUN 11:00 FINISHED 12:05 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP 4150 21st Ave SW SCALEHOUSE NO. 17 CNTY CODE 17 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) Victorian Enterprises Inc

ADDRESS 4150 21 Ave SW

CITY Seattle STATE WA ZIP CODE 98000 INTERSTATE YES NO Applying 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 AIRLINE LIMOUSINE CORP. G.V.W. 20PAS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bu, 2000 FORD, 1, 1F0XE4550YHB88321, NV

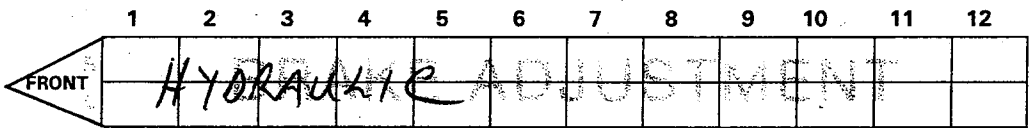


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Contains handwritten text 'No Violations'.

CVSA DECALS UNIT 1 11029756 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 OFFICER SIGNATURE