



UTILITIES AND TRANSPORTATION COMMISSION

Licensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 110029

3. Current Date: 1-29-2010 4. Date of Activity: 1-27-2010

5. Carrier Name: Curtis Express Shuttle Inc

6. Permit: CH-63820 ~~N/A~~ 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 1D 5827 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 354406 12. MC No.: _____

13. **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:

14. **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): _____

15. **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 3
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

16. **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

17. **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): _____
 - _____
 - _____

18. **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: _____

19. Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

20. 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						3					
Defective Vehicles						0					
OOS Vehicles						0					
Location						Term					
Level						L-5					

21. 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											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: New Entrant vehicle inspections for temporary authority.

24. Findings: Three school busses (71 passengers) for Curtis Express Shuttle Inc were fully inspected and found to be free of any defects or violations. A CVSA decal was issued to each vehicle. I met with safety manager Dimicco Walters and provided extensive ETA, issuing the UTC manual "Your Guide to Achieving a Satisfactory Safety Rating". Each page of the manual was reviewed with Mr. Walters.

25. Recommended Action:

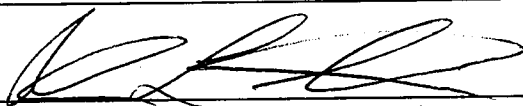
- No further action.
 - Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
 - Require the company to submit a compliance plan in response to the 15-day letter requirement.
 - Recheck - Compliance review (Date: _____)
 - 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.

26. Is this carrier considered a high risk carrier as a result of this activity?

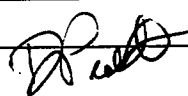
- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

27. Additional Comments: I recommend temporary authority be granted to this carrier.
Close and file.

Investigator's signature: Richard Smith 

Initial review by: Pratt Date: 1/29/10

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS

* Licensing - OK to issue authority. 

Final review by: _____

Date: _____

Reviewer's recommendation: _____

Date closed: _____ 2/11/10 _____ By: CAC

cc: Rick Smith

Company name ^{Licensing} Curtis Express Shuttle Inc. Assignment # 11 0029

Staff Assigned Rick Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278640

PERSONNEL NO. **J-580** DIST / DET **HQ** LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 **X**

GENERAL				HAZARDOUS MATERIALS			
DATE 01.27.2016	TIME (MILITARY) BEGUN 10:15	TIME (MILITARY) FINISHED 10:59	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP 2001 W. GARFIELD ST		SCALEHOUSE NO. 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)
CURTIS TRANSPORTATION

ADDRESS
2001 W GARFIELD

CITY **Seattle** STATE **WA** ZIP CODE **98109** INTERSTATE YES NO DOT NO. **354406** ICC NO. _____

DRIVER

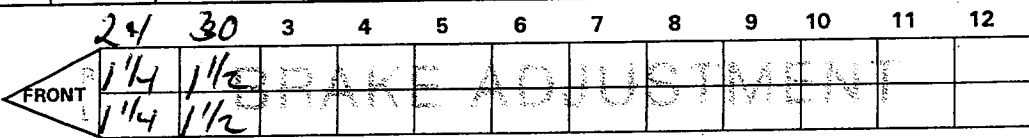
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

DATE OF BIRTH **1 / 1** MED. CERT. Y N WAIVER Y N SHIPPER NAME _____ SHIPPING NO. _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS **SAMC AS ABOVE** G.V.W. **71 PAS 18,220** PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Bu	2002-INTL	626	5472 65478 C	WA
2				4DRGRABN62B946541	WA
3					
4					



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

CVSA DECALS UNIT 1 **12159826** 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

1278641

PERSONNEL NO. 5580 DIST / DET HQ

LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL			HAZARDOUS MATERIALS	
DATE 1.27.10	TIME (MILITARY) BEGUN 11:00	TIME (MILITARY) FINISHED 11:25	HAZARD CLASS / DIVISION NO.	
LOCATION: SR/MP 2001 W. GARFIELD ST	SCALEHOUSE NO.	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)
CURTIS TRANSPORTATION

ADDRESS
2001 W. GARFIELD ST

CITY Seattle STATE WA ZIP CODE 98109 INTERSTATE YES NO DOT NO. 354406 ICC NO.

DRIVER

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

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

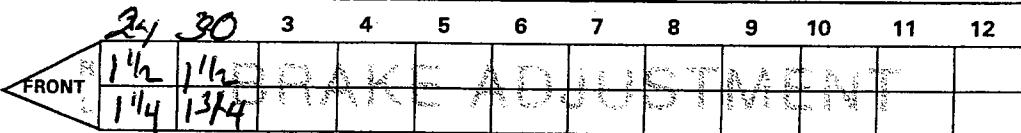
WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS
SAME AS ABOVE

G.V.W. 18200 71 PAS. PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	2002-INTL	416	65479C	WA
2				4DR BRABN82B946542	WA
3					
4					



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

CVSA DECALS UNIT 1 12159827 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.

Washington State ~~Patrol~~ *UTC*
UNIFORM DRIVER/VEHICLE INSPECTION REPORT

Special Project 110029

1278643

PERSONNEL NO. 5-580 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.				
<u>127.10</u>	BEGUN <u>11:49</u>	FINISHED <u>1305</u>					
LOCATION: SR/MP	SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N			
<u>Terminal</u>		<u>17</u>					
PLACARD REQUIRED? Y N							
CARGO TANKS? Y N							

CARRIER

CARRIER NAME (Include DBA when applicable)
Curtis Transportation

ADDRESS
2001 W. GARFIELD ST

CITY Seattle STATE WA ZIP CODE 98109 INTERSTATE YES NO DOT NO. 354406 ICC NO.

DRIVER

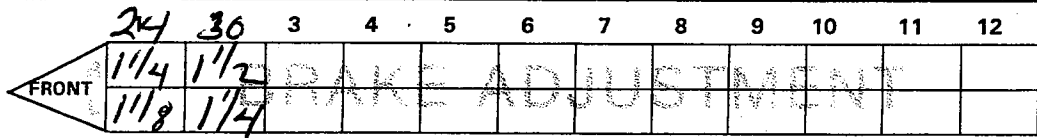
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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. 7175 PBT RATE 18200

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE	
1	<u>Bu</u>	<u>2002</u>	<u>INTL</u>	<u>658</u>	<u>65420C</u>	<u>WA</u>
2					<u>4DRBRABNXX28946543</u>	<u>WA</u>
3						
4						



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

CVSA DECALS UNIT 1 12159829 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.