



Reviewing

Completed Activity Report Motor Carrier Safety

Upload? No

1. Investigator(s): John Foster 2. Assignment No.: 109265

3. Current Date: December 15, 2009 4. Date of Activity: December 10, 2009

5. Carrier Name: Legal DAVID H. LEE Dave's Party Bus LLC ↔ d/B/A (RB)

6. Permit: Applicant 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 5789 9. Carrier is: Intrastate Only

Interstate Only

10. Industry Code: 232 Both Intra and Interstate

11. DOT No.: 1974332 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 _____
 - ◆ 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. X 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		Seattle									
Level		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: _____


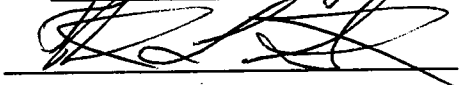
24. Findings: Close & File. Inspected & passed 1 15 passenger mini bus for charter application

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: _____

Investigator's signature:  December 15, 2009
Initial review by:  Date: 12-15-09

Reviewer's recommendation: Legal name is David H. Lee.

Per DOT# - Close: file

Final review by: DP Pratt Date: 12/15/09

Reviewer's recommendation: Agree with recommendation.
Close & file

* OK to issue charter authority

Thanks John.
DP Pratt

Date closed: 12/15/09 By: CAC

cc: John Foster
Licensing

Company name Mane's Party Bus LLC Assignment # 109265

Staff Assigned John Foster

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278415

PERSONNEL NO. 3518 DIST / DET _____ LEVEL: 1 _____ 2 ~~_____~~ 3 _____ 4 _____ 5

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.				
<u>12/10/09</u>	BEGUN <u>10:30</u>	FINISHED <u>10:45</u>	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N				
LOCATION: SR/MP		SCALEHOUSE NO.	CNTY CODE	PLACARD REQUIRED? Y N		CARGO TANKS? Y N	
<u>Harbor Ave</u>			<u>17</u>				

CARRIER 206-601-1800

CARRIER NAME (Include DBA when applicable)
Daves Party Bus LLC

ADDRESS
15205 Dayton Ave

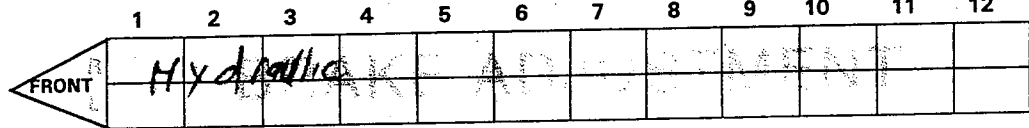
CITY	STATE	ZIP CODE	INTERSTATE	DOT NO.	ICC NO.
<u>Shoreline</u>	<u>WA</u>	<u>98133</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>1974332</u>	

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

VEHICLE MB

REGISTERED OWNER NAME/ADDRESS	G.V.W.	PBT RATE
	<u>15000</u>	

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bu</u>	<u>91/Ford</u>	<u>1</u>	<u>739 YMP</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
<u>11292482</u>					

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: John Foster

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278415

PERSONNEL NO. 3518 DIST / DET

LEVEL: 1 2 3 4 5 ✓

GENERAL

HAZARDOUS MATERIALS

DATE 12.10.09 TIME (MILITARY) BEGUN 10:30 FINISHED 10:45 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP Harbor Ave SCALEHOUSE NO. CNTY CODE 17 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 206-601-1800

CARRIER NAME (Inclue DBA when applicable) Daves Party Bus LLC

ADDRESS 15205 Dayton Ave

CITY Shoreline STATE WA ZIP CODE 98133 INTERSTATE YES NO DOT NO. 1974332 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 M.B

REGISTERED OWNER NAME/ADDRESS G.V.W. 15 Pass PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bus, 91/Ford, 1, 739 YMP, WA

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

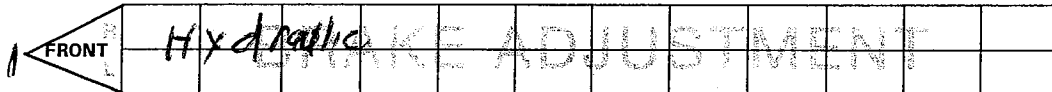


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Multiple empty rows for recording violations.

CVSA DECALS UNIT 1 1/2 92482 UNIT 2 UNIT 3 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.