



UTILITIES AND TRANSPORTATION COMMISSION

TE-100389  
Licensing

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith 2. Assignment No.: 110056

3. Current Date: 3-12-2010 4. Date of Activity: 3-11-2010

5. Carrier Name: Associated 1010 LLC

6. Permit: Pending 7. If new entrant, date of temporary authority \_\_\_\_\_

8. MOTCAR No.: ID 5890 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 02001338 12. MC No.: N/A

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Relevant carrier history, if any: No prior CR. This vehicle inspection was for a New Entrant Charter-Excursion, pending authority.

24. Findings: 26 Passenger bus passed all CVSA safety criteria and was issued a CVSA decal. The inspection took place a distance from any electrical outlet so a handwritten inspection form was used in place of the Aspen electronic version. ETA was provided to the company.

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 authority be issued. Close and file.

Investigator's signature: Richard Smith 

Initial review by: DPrett Date: 3/15/10

Reviewer's recommendation: Agree with recommendation.

LC-OK to issue authority. Close & file.  
Thanks Rick  
DPrett

(Post: Don't laptops run on battery power for a few hours?)  
Revised 11-03-09 yes, BUT the printer does NOT!

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

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

\_\_\_\_\_

Date closed: 3/15/10 By: CAC  
cc: Rick Smith

Licensing

Company name Associated 1010 LLC Assignment # 110056

Staff Assigned Rick Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278445

PERSONNEL NO. 5-580 DIST / DET AQ

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 03.11.10 TIME (MILITARY) BEGUN 12:01 FINISHED 12:10 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP 407 S 23rd Street SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) ASSOCIATED 10 10 LLC ADDRESS 407 23rd St

CITY Bellevue STATE WA ZIP CODE 98056 INTERSTATE YES NO DOT NO. 2001338 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. 26 Passenger PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bu, 1995 Chev, 1, 998 XPK, WA. Row 2: 2, 1G-BLP-37N3S-3320463, WA.

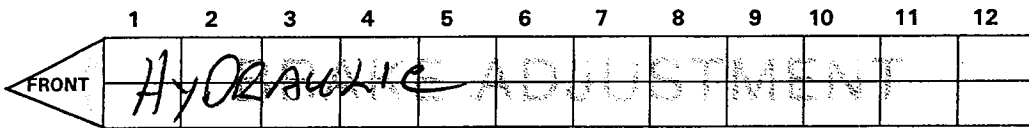


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Contains handwritten text 'No Violations'.

CVSA DECALS UNIT 1 12159802 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.