



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 110149

3. Current Date: 6-18-2010 4. Date of Activity: 6-18-2010

5. Carrier Name: T.C Transportation Services LLC

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

8. MOTCAR No.: ID 5956 9. Carrier is: Intrastate Only

Interstate Only

Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 199570

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

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		1									
Defective Vehicles		0									
OOS Vehicles		0									
Location		T									
Level		7									

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 applying for authority

24. Findings: Carrier is very familiar with compliance regulations since primary business is A1 Tri-City Taxi Service. However this name is not involved with this authority application. I met With owner Ronald G. Davis and provided instruction in intrastate safety compliance regulations using the manual "Your Guide to Achieving a Satisfactory Safety Rating". It was apparent Mr. Davis has the intent to operate his company safely and compliant with regulations. I thoroughly inspected the company 15 passenger mini bus. A 2009 Ford, VIN-1FDEE35L59DA92686, license B67631N. The vehicle is safe for passenger transportation. I could not provide a CVSA decal on the vehicle since it still required appropriate makings. Mr. Davis explained that after he receives his charter number he will then have the marking put on the vehicle and before it goes in-service for-hire.

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 to this carrier.

Investigator's signature: Richard Smith

[Handwritten signature]

Initial review by: DPatt

Date: 6/21/10

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS

OR to issue permit.

[Handwritten signature]

Final review by: _____

Date: _____

Reviewer's recommendation: _____

Date closed: 6-21-10

By: CAC

cc: Rick Smith

Licensing

Company name T.C Transportation Services LLC

Assignment # 110149

Staff Assigned Rick Smith

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278648

Mat Car 18 5956
PERSONNEL NO. 5-580 DIST / DET HQ

Level 17
LEVEL: 1 2 3 4 5 44

GENERAL			HAZARDOUS MATERIALS		
DATE <u>6.18.2020</u>	TIME (MILITARY) BEGUN <u>13:20</u>	TIME (MILITARY) FINISHED <u>14:17</u>	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP <u>1925 W A ST</u>		SCALEHOUSE NO. / CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER

CARRIER NAME (Include DBA when applicable)
A1-TRICITY TAXI . T.C TRANSPORTATION SERVICES LLC

ADDRESS
POB 2123

CITY PASCO STATE WA ZIP CODE 99302 INTERSTATE YES NO
DOT NO. 199570 DEC NO. 12000

DRIVER

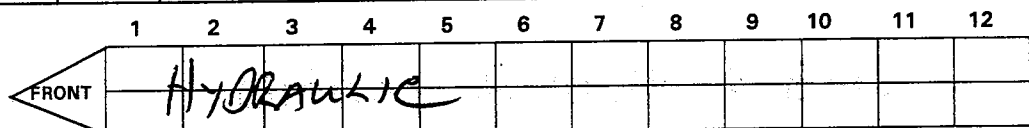
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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. 12000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU</u>	<u>2009 FORD</u>	<u>157</u>	<u>R67631N</u>	<u>WA</u>
2				<u>1FDEE35L59DA92686</u>	<u>WA</u>
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit # O/S	Complied
	<u>NO MARKINGS</u>							
	<u>NAME - DOT - CH Number</u>							
	<u>Do NOT Send To WSP</u>							
	<u>File Only</u>							

CVSA DECALS UNIT 1 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.