



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No *INITIAL VEHICLE INSPECTION ONLY*

1. Investigator(s): Grimm 2. Assignment No.: 110196

3. Current Date: 081710 4. Date of Activity: 081210

5. Carrier Name: JJ Limousine Service Inc

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

8. MOTCAR No.: 44608 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 2060747 Intrastate 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 inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____ Level 7 _____
- 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 _____ Level 7 _____
 - 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 _____ Level 7 _____
 - ◆ 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 _____ Level 7 _____
 - ◆ 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 _____ Level 7 _____
 - 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			1								
OOS Vehicles			0								
Location			Term								
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			1								
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip. Exits			1								
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: This carrier, primarily a DOL limousine company, had charter party authority in the past few years. The authority was cancelled as the firm changed business operations. Management should have a basic knowledge of the WAC 480-30 safety regulations but will need educational and technical assistance in the future.

24. Findings: This was an initial CVSA type vehicle inspection prior to issuance of the charter party certificate.

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: Will be considered an intrastate charter party new entrant in the future.

Investigator's signature: Bruce

Initial review by: [Signature] Date: 8-19-2010

Reviewer's recommendation: Agree with recommendations to issue Authority - Close: file -
Thanks Bruce!

Final review by: D Pratt Date: 8/20/10

Reviewer's recommendation: Agree with recommendation.
* OK to issue authority Close & file
Thanks Bruce.

Date closed: 8/23/10 By: CAC
cc: Bruce Grimm Paul

Company name: Licensing
ff Limousine Service Inc. Assignment # 110196

Staff Assigned: Bruce Grimm

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1293148

PERSONNEL NO. J540 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY) BEGUN	TIME (MILITARY) FINISHED	HAZARD CLASS / DIVISION NO.				
08.12.10	1130	1203					
LOCATION: SR/MP		SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
1831 130th AVENUE BELLEVUE			17	PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER

CARRIER NAME (Include DBA when applicable)
 JJ LIMOUSINE SERVICE INC

ADDRESS
 13654 NE 16th ST

CITY BELLEVUE STATE WA ZIP CODE 98005 INTERSTATE YES NO DOT NO. 2060747 ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP YEAR

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

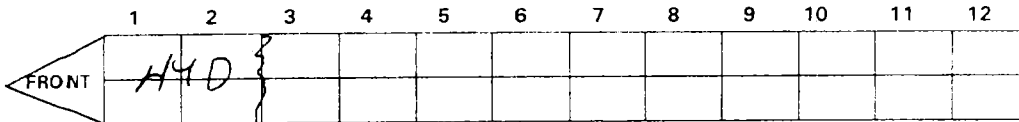
WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS
 JJ LIMOUSINE SVCS, INC. BELLEVUE WA

G.V.W. 22000 PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	06 FORD		JJLIMO2	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.95	EMERGENCY REFLECTOR KIT MISSING		X					
393.205	WHEEL FASTENERS MISSING, RIGHT REAR 1 of 10		X					
CVSA DECALS	UNIT 1	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

VINIFIED PASSENGER VEHICLE