



TE-101674

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith

2. Assignment No.: 110275

3. Current Date: 10/27/2010

4. Date of Activity: 10/22/2010

5. Carrier Name: Caring hands Transportation LLC

6. Permit: Pending

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

8. MOTCAR No.: 1D 6174

9. Carrier is:  Intrastate Only

Interstate Only

Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 2084072

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   1   Level 2        Level 5
  - ◆ Conduct a CR/SA between three and nine months? Not Applicable for NE vehicle inspection.

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		Sea.									
Level		1									

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:

This is an applicant for Intrastate authority with no previous inspections.

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24. Findings:

The driver had all required credentials. The company provided proof of appropriate CSL limit insurance of \$1,500,000. The vehicle used by this company passed a Level 1 CVSA vehicle inspection and received a CVSA decal number 14089852.

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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 this carrier be issued authority.

Investigator's signature: Richard Smith

Final review by:  Date: 10/29/2010

Reviewer's recommendation: Forward to Tine Leipski. Please issue authority to this carrier.  
Close and file.

Date closed: 10/29/10 By: CAC

cc: Rick Smith  
Licensing

Company name: Caring hands Transportation LLC Assignment # 110275

Staff Assigned: Rick Smith

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.0.7

Washington State Patrol  
Commercial Vehicle Enforcement Section  
P.O. Box 42614  
Olympia, WA 98504-2614  
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000310  
Inspection Date: 10/22/2010  
Start: 9:02:32 AM PT End: 11:07:00 AM PT  
Inspection Level: I - Full  
HM Inspection Type: None

CARING HANDS TRANSPORTATION LLC  
1532 MAPLE LANE / PO BOX 323  
KENT, WA 98035  
USDOT#: 02084072 Phone#: (253)854-5329  
MC/MX#: 000000 Fax#:   
State#: PENDING  
Location: SEATAC AIRPORT  
Highway:   
County: KING, WA

Driver: MANDERVILLE, MICHAEL D  
License#: MANDEMD403LJ State: WA  
Date of Birth: 06/11/1960  
CoDriver:   
License#:   
Date of Birth:   
Shipper:   
Bill of Lading:   
Cargo:   
MilePost:   
Origin: KENT, WA  
Destination: KENT, WA

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2002	WA	511YXT	1	1FDXE45S42HB64904	6,119		14089852	

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

**VIOLATIONS:** No Violations Were Discovered.

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

**Special Checks:** No Data for Special Checks.

WOVIS - 1293649

Report Prepared By:  
SMITH, RICHARD

Badge #:  
J580

Copy Received By:  
MICHAEL MANDERVILLE

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