



Completed Activity Report Motor Carrier Safety

Upload? Yes No

- 1. Investigator(s): Alan Dickson
- 2. Assignment No.: 110281
- 3. Current Date: 12-3-10
- 4. Date of Activity: 12-2-10
- 5. Carrier Name: Upstream Solutions LLC
- 6. Permit: Pending
- 7. If new entrant, date of temporary authority _____
- 8. MOTCAR No.: 1D 6210
- 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate
- 10. Industry Code: 232
- 11. DOT No.: 2053857
- 12. MC No.: 728993

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): _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

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: WAU006000102
Inspection Date: 12/02/2010
Start: 2:45:00 PM PT End: 3:10:00 PM PT
Inspection Level: II - Walk-Around
HM Inspection Type: None

UPSTREAM SOLUTIONS LLC
P O BOX 1661
WOODLAND, WA 98674
USDOT#: 02053857 Phone#: (360)225-6852
MC/MX#: 728993 Fax#:
State#:

Driver: SMITH, CECIL F
License#: SMITHCF309NK State: WA
Date of Birth: 08/12/1970
CoDriver:
License#:
Date of Birth:
State:

Location: AIRPORT RD, EVERETT
Highway: HWY 99
County: SNOHOMISH, WA

MilePost:
Origin: EVERETT
Destination: EVERETT

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, TMC, 1985, WA, ACP0236, 1, 1TUA AH9A5FR004609, 36,500

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Table with columns: Section, Type, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 391.45(b), F, D, Y, N, N, Expired medical examiner certificate. Row 2: 393.9(a), F, 1, N, N, N, Inoperable required lamps; left front clearnace and back up lights

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Driver may not drive until in compliance.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: ALAN DICKSON

Badge #: J553

Copy Received By: CECIL SMITH



X Alan Dickson

X

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. 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	1										
OOS Vehicles	0										
Location	Everett										
Level	2										

21. X 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	2										
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

22. X Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License
1			

23. Relevant carrier history, if any: Charter bus application is pending.

24. Findings: I provided educational and technical assistance to partner/driver Cecil Smith, Jr. on 12-2-10. A copy of the safety manual was handed to Mr. Smith and the safety regulations were reviewed. I inspected the bus and noted three inoperable lamps. The driver stated he would repair the defects and obtain a current medical examination for compliance before their operations would begin.

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 would recommend this applicant be considered for issuance of the charter bus certificate. Forward to licensing services for processing.

Investigator's signature: Alan Dickson

Initial review by: Dora Date: 12/6/10

Reviewer's recommendation: Agree with recommendation.

* Licensing: OK to issue CH permit. Thanks Alan
Dora

Final review by: _____ Date: _____

Reviewer's recommendation: _____

Date closed: 12/6/10 By: CAC
cc: Alan Dickson

Company name Licensing
Upstream Solutions LLC Assignment # 110281

Staff Assigned Alan Dickson

DRIVER/VEHICLE EXAMINATION REPORT

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Commercial Vehicle Enforcement Section
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UPSTREAM SOLUTIONS LLC
P O BOX 1661
WOODLAND, WA 98674
USDOT#: 02053857 Phone#: (360)225-6852
MC/MX#: 728993 Fax#: _____
State#: _____

Driver: SMITH, CECIL F
License#: SMITHCF309NK State: WA
Date of Birth: 08/12/1970
CoDriver: _____
License#: _____ State: _____
Date of Birth: _____

Location: AIRPORT RD, EVERETT
Highway: HWY 99
County: SNOHOMISH, WA

MilePost: _____
Origin: EVERETT
Destination: EVERETT

Shipper: _____
Bill of Lading: _____
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	TMC	1985	WA	ACP0236	1	1TUAAH9A5FR004609	36,500			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
391.45(b)	F	D	Y		N	N	Expired medical examiner certificate
393.9(a)	F	1	N		N	N	Inoperable required lamps; left front clearnace and back up lights

HazMat: No HM Transported.

Placard: No **Cargo Tank:** _____

Special Checks: No Data for Special Checks.

Driver may not drive until in compliance.

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Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
ALAN DICKSON

Badge #:
J553

Copy Received By:
CECIL SMITH

Page 1 of 1



02053857 WA WAU006000102

X Alan Dickson

X _____



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Upstream Solutions LLC
PO Box 1661
Woodland WA 98674

November 18, 2010

Notice of Deficient Application – TE-101860

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services