



UTILITIES AND TRANSPORTATION COMMISSION

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): TOM MCVAUGH

2. Assignment No.: 111080

3. Current Date: 4-7-11

4. Date of Activity: 4-4-11

5. Carrier Name: NUNYABIZNUSS ENTERPRISES LLC

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

8. MOTCAR No.: 1D 6378

9. Carrier is:  Intrastate Only  
 Interstate Only  
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 2130191

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?  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
  - ◆ 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											
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: **CARRIER IS CURRENTLY APPLYING FOR CHARTER BUS AUTHORITY. THE OWNER, MR. OSTER, DOES NOT POSSESS A MEDICAL CERTIFICATE, ALTHOUGH HE IS AWARE OF THE REQUIREMENT SINCE HE DROVE COMMERCIAL TRUCKS IN THE PAST. HE STATED THAT HE WOULD OBTAIN A VALID MEDICAL CERTIFICATE PRIOR TO COMMENCING OPERATIONS. I PROVIDED EDUCATIONAL & TECHNICAL ASSISTANCE ON THE FOLLOWING: CFR PARTS 390, 391, 392, 393, 395 AND 396. I ALSO INSTRUCTED MR. OSTER TO DISPLAY HIS PERMIT NAME/NUMBER AND USDOT NUMBER ON BOTH SIDES OF HIS BUS PRIOR TO OPERATIONS. IN ADDITION, I PROVIDED HIM WITH A COPY OF THE UTC SAFETY GUIDE.**

---

---

---

24. Findings: **I INSPECTED THE CARRIER'S VEHICLE AND ISSUED A VALID CVSA DECAL. THIS INFORMATION WAS RELAYED TO UTC LICENSING SECTION. NO FURTHER ACTION AT THIS TIME.**

---

---

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: \_\_\_\_\_

---

Investigator's signature: \_\_\_\_\_

*[Handwritten Signature]*

Initial review by: \_\_\_\_\_

*[Handwritten Signature]*

Date: \_\_\_\_\_

*4-11-2011*

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

*Agree with recommendations*

*To issue authority -*

*Class of S.I.*

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

*DPRAFF*

Date: \_\_\_\_\_

*4/11/11*

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

*Agree with recommendations Close & file.*

*OK to issue authority*

*Thanks Tom*

*[Handwritten Signature]*

Date closed: \_\_\_\_\_

*4/12/11*

By: \_\_\_\_\_

*CAC*

cc: \_\_\_\_\_

*Tom Mc Vaughn*

*Licensing*

Company name \_\_\_\_\_

*Nuryabizness Enterprises LLC*

Assignment # \_\_\_\_\_

*111080*

Staff Assigned \_\_\_\_\_

*Tom Mc Vaughn*

# UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312101

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 X 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

GENERAL			HAZARDOUS MATERIALS		
DATE <b>4.4.11</b>	TIME (MILITARY) BEGUN <b>11:35</b>	TIME (MILITARY) FINISHED <b>1:150</b>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <b>Tumwater</b>		SCALE/HOUSE NO. <b>34</b>	CNTY CODE <b>34</b>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER **360-742-4185**

CARRIER NAME (Include DBA when applicable)  
**NUNYABIENUSS Enterprises LLC**

ADDRESS  
**521 N. 6th Ave SW**

CITY <b>Tumwater</b>	STATE <b>WA</b>	ZIP CODE <b>98512</b>	INTERSTATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOT NO. <b>2130191</b>	ICC NO.
-------------------------	--------------------	--------------------------	---	---------------------------	---------

### DRIVER

DRIVER NAME <b>OSTER, RICHARD L.</b>	LICENSE NO. <b>OSTERRL48500</b>	STATE <b>WA</b>	EXP. YEAR <b>3-12</b>
---	------------------------------------	--------------------	--------------------------

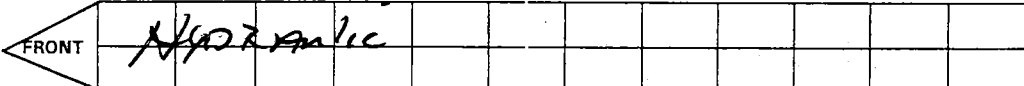
DATE OF BIRTH <b>3.20.52</b>	MED. CERT. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> WAIVER Y <input type="checkbox"/> N <input type="checkbox"/>	SHIPPER NAME	SHIPPING NO.
---------------------------------	---	--------------	--------------

### VEHICLE **MPB 15 Pax**

REGISTERED OWNER NAME/ADDRESS	G.V.W. <b>18,000</b>	PBT RATE
-------------------------------	-------------------------	----------

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<b>BU</b>	<b>88 Chev</b>		<b>B41488R</b>	<b>WA</b>
2				<b>2GBJG31M4J4126227</b>	
3					
4					

1 2 3 4 5 6 7 8 9 10 11 12



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
	<b>OBTAIN VALID MEDICAL certificate prior to operating Charter Bus</b>							
	<b>Display US DOT Number, Lic Permit Name and Number on Both Sides of Vehicles.</b>							

CVSA DECALS UNIT 1 <b>1511276</b>	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 <i>[Signature]</i>
OFFICER SIGNATURE <i>[Signature]</i>