



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Aspen uploads

1. Investigator(s): Alan Dickson 2. Assignment No.: 112183

3. Current Date: 10-26-12 4. Date of Activity: 10-25-12

5. Carrier Name: Compass Holiday, Inc.

6. Permit: TE-121636 7. New Entrant date of authority: _____

8. MOTCAR No.: _____ 9. Carrier is: Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2304233

12. MC No.: _____

13. **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger _____ 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Any special emphasis placed on the destination check Yes No
- Describe Special Emphasis _____
- 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 _____ Level 2 _____ Level 5 _____

◆ Conduct a SI/SA between three and nine months? Yes No SI 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 SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____%
 - Fatigued Driving (HOS) _____%
 - Crash _____%
 - Driver Fitness _____%
 - Drug/Alcohol _____%
 - Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
 - Safety Investigation
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced terminal visit
 - Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

- SI Rating: Satisfactory Unsatisfactory Conditional
- SA Rating: Pass Fail
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21. **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								2			
Defective Vehicles								2			
OOS Vehicles								0			
Level								5			

22. **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								2			

Comment: Violation: 390.21 (a) Failure to Identify vehicle with carrier's USDOT name/number

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

25. Findings:

I conducted level 5 vehicle inspections for the applicant's two passenger vans. Both vehicles did not have the carrier's USDOT name and number displayed as required. The owner Mr. Jongjun Su stated he would identify the vans with his corporate name and USDOT number within seven days and send in the vehicle inspection report for compliance. The vans checked free of mechanical defects and CVSA safety stickers were issued.

26. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: Comprehensive CR FMCSA, 112187)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$ _____
- Issue a complaint.
- Stop company operations.

27. 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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

28. Additional Comments: Forward to licensing for charter application processing.

Investigator's Signature: Alan Dickson

Initial Review By: [Signature] Date: 10-29-12

Reviewer's Recommendation:

Initial Review By: RA Date: 10/29/12

Reviewer's Recommendation: I concur with recommendations to proceed
issuance of authority - violations discovered were not associated w/ safety

Final Review By: D. Smith Date: 10/30/12

Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS

* OK to issue authority

OFFICE USE ONLY

Date Closed: _____ By: _____

Company Name: _____

Assignment #: _____

Staff Assigned: _____