



Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Aspen inspection reports

1. Investigator(s): Alan Dickson

2. Assignment No.: 114003

3. Current Date: 2/27/14

4. Date of Activity: 2/26/2014

5. Carrier Name: Fun Way to Go LLC

6. Permit: _____ 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.: 2403819

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is:
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

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

19. **Safety Investigation:**

Safety Audit:

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> 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			6								
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			1								
Tires, wheels, rims			1								
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

CC-

This charter bus applicant is a new company that recently received their commission authority.

25. Findings:

I inspected at total of six minibuses on February 26, 2014 at the carrier's terminal address of 17111 SE Petrovitsky Rd., Renton, WA. One minor lighting defect was noted and a missing wheel lug nut was noted. The carrier's mechanic repaired both defects on-site and all vehicles were issued CVSA safety stickers. The applicant's certified mechanic stated he would send in the vehicle inspection report to the WSP for compliance within 15 days.

The applicant submitted current annual (periodic) vehicle inspections for the two buses that were not available for inspection during the time of the inspection. Copies of these annual inspections are attached showing compliance with the safety regulations.

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: _____)
- 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: I provided technical assistance to the management personnel on February 26, 2014, Mr. Jerrilund Sampson, owner. The safety manual was handed and the regulations were reviewed with Mr. Sampson and mechanic Bill Wolsted.

The driver/vehicle examination reports have been uploaded to the MCMIS database via Aspen. Forward to licensing services for certificate processing.

Investigator's Signature: Alan Dickson

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: D Pratt Date: 2/27/14

Reviewer's Recommendation:

AGREE WITH RECOMMENDATIONS

CLOSE & FILE

* OK to issue authority.

OFFICE USE ONLY	
Date Closed: <u>2/27/2014</u>	By: <u>Lindsay Martin</u>
Company Name: <u>Fun Way to Go LLC</u>	
Assignment #: <u>114003</u>	
Staff Assigned: <u>Alan Dickson</u>	