



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report

Motor Carrier Safety

Upload? Yes No - Reason for Not Uploading: New Entrant

1. Investigator(s): Ray Gardner J577 2. Assignment No.: 114050
 3. Current Date: 6/2/2014 4. Date of Activity: 5/28/2014
 5. Carrier Name: Maxemus Joyrides
 6. Permit: N/A 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: 7875 9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate
 10. Industry Code: 232
 11. USDOT No.: 2502765 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 4 _____
- 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 Vehicles Inspections: Level 1 _____ Level 2 _____ Level 3 _____
 - 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 SI/SA between three and nine months? Yes No SI SA

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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 nine 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:
<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

<input type="checkbox"/> 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:	_____ %		

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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		1									
Defective Vehicles		0									
OOS Vehicles		0									
Level		1									

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											
Comments:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

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24. Relevant Carrier History:

This is a new entrant requesting authority from the UTC to operate as a Charter company Intra-State

25. Findings:

The carrier was provided with technical assistance on all area that pertain to their operation. A Level one CVSA safety inspection was performed on the one 14 passenger mini bus that the company owns and will be using in their operations. The mini bus was found to not have any violations found and was issued a-CVSA Safety Inspection Decal # 20089302

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.

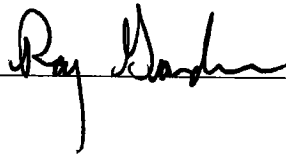
27. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% 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 further action.

Investigator's Signature: _____



Date: 6/2/2014

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OFFICE USE ONLY

Initial Review By: John Foster Date: 6/3/14

Initial Reviewer's Recommendation: Forward To Licensing

Final Review By: D Pratt Date: 6/3/14

Final Reviewer's Recommendation: Agree with recommendations -

* OK to issue authority.

Internal Processing

Date Closed: 6/3/14 By: Li Martin

Company Name: Maximas Joyrides LLC

Assignment #: 114050 Staff Assigned: Gardner