



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 114049
 3. Current Date: 6/27/2014 4. Date of Activity: 6/27/2014
 5. Carrier Name: Kush Tourism LLC
 6. Permit: _____ 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: 7921 9. Carrier is: Intrastate Only
 10. Industry Code: 232 Intra and Interstate
 11. USDOT No.: 2515701 12. MC No.: _____

13. **Destination Check**

<ul style="list-style-type: none"> ▪ Has a copy of the Destination Check Safety plan been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Any special emphasis placed on the destination check? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Describe Special Emphasis: _____

14. **Compliance Review**

<ul style="list-style-type: none"> ▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional ▪ Number of Vehicles Operated: _____ ▪ Number of Drivers Operated: _____ ▪ Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____ ▪ Accident Ratio: _____ 	Is the carrier a New Entrant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a CR conducted between 6-18 months after the permit was issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
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15. **CSA Investigation**

<ul style="list-style-type: none"> ▪ Investigation Type: <input type="checkbox"/> Full Investigation <input type="checkbox"/> Focused Investigation ▪ Carrier Type: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____ 						
Basic Threshold Percentile: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Unsafe Driving _____ %</td> <td><input type="checkbox"/> Driver Fitness _____ %</td> </tr> <tr> <td><input type="checkbox"/> Fatigued Driving (HOS) _____ %</td> <td><input type="checkbox"/> Drug/Alcohol _____ %</td> </tr> <tr> <td><input type="checkbox"/> Crash Indicator _____ %</td> <td><input type="checkbox"/> Vehicle Maintenance _____ %</td> </tr> </table>	<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %	<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %	<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %
<input type="checkbox"/> Unsafe Driving _____ %	<input type="checkbox"/> Driver Fitness _____ %					
<input type="checkbox"/> Fatigued Driving (HOS) _____ %	<input type="checkbox"/> Drug/Alcohol _____ %					
<input type="checkbox"/> Crash Indicator _____ %	<input type="checkbox"/> Vehicle Maintenance _____ %					

16. **Part B Violations:**

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

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17. Vehicle Inspection Data:

	Van 1-8	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Inspections	1							
Defective Vehicles	0							
OOS Vehicles	0							
Level	5							

18. 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							1				
Comments:	390.21(a) No USDOT number displayed on vehicle										

19. Driver Inspection Violations:

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

20. Relevant Carrier History:

21. Findings:

I provided educational and technical assistance to this excursion/charter party transportation new entrant. The safety manual "your guide" was handed and the regulations were reviewed with co-owner Mr. Charles Noble III. I conducted a level 5 terminal vehicle inspections for the 8-passenger van. The van checked free of safety defects and a CVSA safety sticker was issued. Mr. Noble stated he would marked his vehicle with the USDOT number prior to operating.

22. Recommended Action:

No further action.

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- 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.

23. 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):

23. Additional Comments:

Forward to licensing services for certificate processing.

Investigator's Signature: _____

Alan Dickson

Date: 6/27/2014

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OFFICE USE ONLY

Initial Review By: John Lutz Date: 6/30/14

Initial Reviewer's Recommendation: Technical assistance provided -
1 vehicle inspected & CUSA decal issued.
Forward to licensing.

Final Review By: Doratt Date: 6/30/14

Final Reviewer's Recommendation: Agree with recommendation
close & file

OK to issue authority.

Internal Processing

Date Closed: 7/1/14 By: L. Martin

Company Name: Kush Transportation

Assignment #: 114049 Staff Assigned: Dickson