

# Assignment Report

## Motor Carrier Safety

WASHINGTON



Upload?  Yes  No

UTILITIES AND TRANSPORTATION  
COMMISSION

1. Investigator(s): John Foster, Aaron Salinas      2. Assignment No.: 114088  
 3. Current Date: 10/9/2014      4. Date of Activity: 10/9/2014  
 5. Carrier Name: Sani Mahama Maurou  
 6. Permit: Application      7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: M42917      9. Carrier is:  Intrastate Only  
 10. Industry Code: 232 230 + 232       Intra and Interstate  
 11. USDOT No.: 2408309      12. MC No.: \_\_\_\_\_

13.  **Destination Check**

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

<ul style="list-style-type: none"> <li>▪ SI Rating: <input type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory    <input type="checkbox"/> Conditional</li> <li>▪ Number of Vehicles Operated: _____</li> <li>▪ Number of Drivers Operated: _____</li> <li>▪ Total Miles Prior Year: _____</li> <li>▪ Recordable Accidents Prior Year: _____</li> <li>▪ Accident Ratio: _____</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Is the carrier a New Entrant?</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Was a CR conducted between 6-18 months after the permit was issued?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> No</td> </tr> </table>	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 checked="" type="checkbox"/> No
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 checked="" type="checkbox"/> No					

15.  **CSA Investigation**

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: _____
<b>Basic Threshold Percentile:</b>			
<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
382/40		383	
390		391	
395		396	
		387	
		392	
		397	

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**17.  Vehicle Inspection Data:**

	Van 9-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	2							
Defective Vehicles	0							
OOS Vehicles	0							
Level	1							

**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											
Comments:											

**19.  Driver Inspection Violations:**

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

**20. Relevant Carrier History:**

**21. Findings:**

Forward to licensing for further processing. Two vehicles were inspected and issued CVSA decals. Technical assistance was provided on hours of service, driver qualification, vehicle maintenance (including annual inspections), insurance requirements and vehicle inspection reports.

**22. 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.

Assignment Report  
Motor Carrier Safety

- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: Select Date )
- Revisit to recheck a specific issue (Date: Select 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:**

\_\_\_\_\_

Investigator's Signature:

*John Foster*

Date: 10/9/2014

**OFFICE USE ONLY**

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Reviewer's Recommendation: \_\_\_\_\_

Final Review By: D PRATT Date: 10/9/14

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATION

- vehicle inspections conducted by Aaron Salinas (for certification)  
\* OK to issue authority.

Internal Processing	
Date Closed: <u>10/9/14</u>	By: <u>Jim Martin</u>
Company Name: <u>Sani Mahama Maurou</u>	
Assignment #: <u>114088</u>	Staff Assigned: <u>Foster &amp; Salinas</u>