



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 111121

3. Current Date: 5-11-11 4. Date of Activity: 5-5-11

5. Carrier Name: PUGET EXPRESS, LLC

6. Permit: _____ 7. If new entrant, date of temporary authority CURRENTLY APPLYING FOR CHARTER/EXCURSION AUTHORITY

8. MOTCAR No.: _____ 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 2149719 12. MC No.: _____

13. **Destination Check**
 Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- 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. **X 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 2
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR 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 CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **Individual Safety Plan Only:**
 Attach a copy of the Individual Carrier Safety 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): _____

18. **Compliance Review Data:**

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

19. Part B Violations:

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

20. 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			2								
Location											
Level			5								

21. 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			2								
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits			4								
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other			2								

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: **THIS ASSIGNMENT WAS ISSUED DUE TO A COMPLAINT ALLEGING THIS CARRIER WAS CONDUCTING AUTO TRANSPORTATION (AIRPORTER SERVICE), FROM DOWNTOWN SEATTLE TO SEATAC INTERNATIONAL AIRPORT, WITHOUT THE PROPER AUTHORITY. IN ADDITION, THE ASSIGNMENT INCLUDED VEHICLE INSPECTIONS IN ORDER TO PROCESS THE CARRIER'S APPLICATION FOR CHARTER/EXCURSION AUTHORITY. COMPLAINANT PROVIDED INFORMATION THAT THE CARRIER HAD CONDUCTED AIRPORTER SERVICE. THIS INFORMATION INCLUDED SCHEDULES POSTED BY THE APPLICANT AT VARIOUS HOTELS IN DOWNTOWN SEATTLE.**

24. Findings: **MR. FIKRE, OWNER OF PUGET EXPRESS, LLC. ADMITTED THAT HE HAS CONDUCTED AIRPORTER SERVICE FROM VARIOUS PICKUP POINTS IN DOWNTOWN SEATTLE TO SEATAC. HE STATED THAT HE WAS UNAWARE THAT HE NEEDED SPECIAL AUTHORITY FROM THE COMMISSION IN ORDER TO CONDUCT THESE OPERATIONS. I ADVISED HIM TO CEASE AND DESIST ALL AUTO TRANSPORTATION AND OF THE PROCESS TO APPLY FOR AUTO TRANSPORTATION AUTHORITY. MR. FIKRE STATED THAT HE WOULD CEASE AND DESIST, BUT CONTINUE WITH HIS APPLICATION FOR CHARTER/EXCURSION AUTHORITY.**

I INSPECTED BOTH MINI-BUSES LISTED ON MR. FIKRE'S APPLICATION. HE DECIDED TO REMOVE THE 15-PASSENGER VAN FROM HIS APPLICATION, SINCE HE WOULD NO LONGER BE PROVIDING AIRPORTER SERVICE. I PLACED BOTH VEHICLES OUT OF SERVICE AND INSTRUCTED MR. FIKRE TO MAKE THE NECESSARY REPAIRS AND REQUEST A RE-INSPECTION. I ALSO ADVISED HIM THAT HIS APPLICATION WOULD NOT BE PROCESSED UNTIL THE REPAIRS WERE COMPLETED AND THE VEHICLES RE-INSPECTED.

THIS ASSIGNMENT IS SUBMITTED FOR CLOSING.

25. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, 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 - Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)

Describe: **REINSPECT THE BUSES ONCE THE REPAIRS HAVE BEEN COMPLETED.**

- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

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

- 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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

27. Additional Comments: **THE COMPLAINANT SHOULD BE ADVISED OF THE OUTCOME OF THIS INVESTIGATION.**

Investigator's signature: *[Signature]* 5-11-11

Initial review by: *Dave on Vacation* Date: _____

Reviewer's recommendation: _____

Final review by: *[Signature]* Date: 5-13-2011

Reviewer's recommendation: *I agree with recommendation to not*
issue authority until vehicles pass inspection -
Please forward to Tina Lepski - Thanks Tom!

Date closed: 5/16/11 By: CAC

cc: *Tom Mc Vaughn*

Company name *Perpet Express LLC* Assignment # *111121*

Staff Assigned *Tom Mc Vaughn*

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O, Box 42614
Olympia, WA 98504-2614
Phone: 360-596-3819 Fax: 360-596-3828

Report Number: WAU004000119
Inspection Date: 05/05/2011
Start: 1:55:00 PM PT End: 2:30:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

PUGET EXPRESS LLC
3800 SOUTH 176TH STREET
SEATAC, WA 98188

USDOT#: 02149719 Phone#: (206)949-9095
MC/MX#: Fax#:
State#: State#:

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:

Location: SEATAC, WA
Highway:
County: KING, WA

MilePost: Shipper:
Origin: SEATTLE, WA Bill of Lading:
Destination: SEATTLE, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 BU FORD 2006 WA B38730S 1FDXE45P46HA51083 12,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Section, Type, Unit, OOS, Citation #, Verif, Crash, Violations Discovered. Rows for 390.21(b) and 393.62(a).

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

VIOLATIONS MARKED AS OUT OF SERVICE (OOS) MUST BE REPAIRED BEFORE VEHICLE(S) CAN BE OPERATED. IF OOS FOR BRAKE ADJUSTMENT, ALL BRAKES MUST BE WITHIN PROPER ADJUSTMENTS BEFORE VEHICLE(S) CAN BE OPERATED.

I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE REPAIRED PRIOR TO PLACING THE DEFECTIVE VEHICLE(S) INTO SERVICE.

Signature Of Repairer X: Facility: Date:

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHIN FIFTEEN (15) DAYS TO THE ABOVE ADDRESS.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: TOM MCVAUGH

Badge #: J531

Copy Received By:

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Handwritten signature of Tom McVaugh

Handwritten number: #1312126



02149719 WA WAU004000119

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312126

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 5.5.11 TIME (MILITARY) BEGUN 1355 FINISHED 1430 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP SEATAAC SCALE/HOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 206-949-9095

CARRIER NAME (Include DBA when applicable) Puget Express, LLC

ADDRESS 3800 S. 176th St.

CITY SEATAAC STATE WA ZIP CODE 98188 INTERSTATE YES DOT NO. 2149719 ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE MB 19 Pax

REGISTERED OWNER NAME/ADDRESS G.V.W. 12,060 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: Bu 06 Ford, B387305, WA. Row 2: FOXE 45P46HA51083.

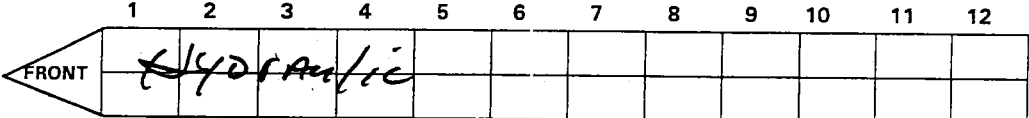


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 390.21, DISPLAY US DOT NUMBER ON BOTH SIDES OF VEHICLE., W. Row 2: 393.62c, 2 of 4 Emergency Windows inoperational, W, checkmark.

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE + [Signature] ASPEN #119 OFFICER SIGNATURE [Signature]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol
Commercial Vehicle Enforcement Section
P.O, Box 42614
Olympia, WA 98504-2614
Phone: 360-596-3819 Fax: 360-596-3828

Report Number: WAU004000120
Inspection Date: 05/05/2011
Start: 2:30:00 PM PT End: 2:53:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

PUGET EXPRESS LLC
3800 SOUTH 176TH STREET
SEATAC, WA 98188

USDOT#: 02149719 Phone#: (206)949-9095
MC/MX#: State#: Fax#:

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:

Location: SEATAC, WA
Highway:
County: KING, WA

MilePost: Shipper:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 BU FORD 1996 WA B59764S 1FDKE30G5THA41279 14,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1, 2, 3 and Right/Left/Chamber details.

VIOLATIONS

Table with columns: Section, Type, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Lists violations 390.21(b), 393.9(a), 393.62(a), 393.95(a), 393.95(f).

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

VIOLATIONS MARKED AS OUT OF SERVICE (OOS) MUST BE REPAIRED BEFORE VEHICLE(S) CAN BE OPERATED. IF OOS FOR BRAKE ADJUSTMENT, ALL BRAKES MUST BE WITHIN PROPER ADJUSTMENTS BEFORE VEHICLE(S) CAN BE OPERATED.

I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE REPAIRED PRIOR TO PLACING THE DEFECTIVE VEHICLE(S) INTO SERVICE.

Signature Of Repairer X: Facility: Date:

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHIN FIFTEEN (15) DAYS TO THE ABOVE ADDRESS.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: TOM MCVAUGH

Badge #: J531

Copy Received By:

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X [Signature]

X #1312127



02149719 WA WAU004000120

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312127

PERSONNEL NO. 3531 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>3, 5, 11</u>	TIME (MILITARY) BEGUN <u>1430</u>	TIME (MILITARY) FINISHED <u>1453</u>	HAZARD CLASS / DIVISION NO.	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N	CARGO TANKS? Y N
LOCATION: SR/MP <u>SEATTLE</u>		SCALE/HOUSE NO.	CNTY CODE <u>17</u>				

CARRIER 206-949-9095

CARRIER NAME (include DBA when applicable)
PUGET Express, LLC

ADDRESS
3800 S. 176th St.

CITY SEATTLE STATE WA ZIP CODE 98188 INTERSTATE YES NO DOT NO. 2149719 ICC NO.

DRIVER

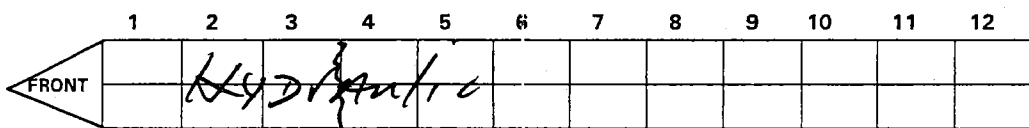
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N _____

VEHICLE MP 26 TAX

REGISTERED OWNER NAME/ADDRESS _____ G.V.W. 14,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIF NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bu</u>	<u>96 Ford</u>		<u>B597645</u>	<u>WA</u>
2				<u>1F0KE3065THA41279</u>	
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>390.21</u>	<u>DISPLAY MSDS NUMBER, ON BOTH SIDES OF VEHICLE</u>		<u>W</u>					
<u>393.9</u>	<u>Inoperative Backup Lamps</u>		<u>W</u>					
<u>393.62C</u>	<u>4 of 4 Emergency Exit Windows are Inoperative</u>		<u>W</u>				<u>X</u>	
<u>393.95F</u>	<u>No Emergency Flashes</u>		<u>W</u>					
<u>393.95A</u>	<u>No Fire Extinguisher</u>		<u>W</u>					

CVSA DECALS UNIT 1 _____ UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

X Vehicle may not be operated until O/S defects noted above are repaired.
____ Driver may not drive until in compliance.

DRIVER SIGNATURE Aspen #120
OFFICER SIGNATURE [Signature]