



UTILITIES AND TRANSPORTATION COMMISSION

Leeving

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Inspections for Authority

1. Investigator(s): Ray Gardner I577

2. Assignment No.: 112037

3. Current Date: 3/14/12

4. Date of Activity: 3/8/12

5. Carrier Name: John Chi International Corp

6. Permit: _____ 7. New Entrant date of authority: _____

8. MOTCAR No.: 1D 6780

9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2273250

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

[Signature]

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								3			
Defective Vehicles								0			
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											
Tires, wheels, rims											
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:

This is a new entrant into the UTC system. John Chi has applied for authority to operate as a charter carrier

25. Findings:

LEVEL 5 CVSA safety inspections were performed on the three vans that John Chi International Corp will be using for their charter business. John Chi International Corp has also applied for and obtained a DOT number which was verified by running a current MCMIC company record.

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 would recommend that this assignment be closed and filed. I would also recommend that this carrier be granted authority to operate as a charter company in the State of Washington.

Investigator's Signature: Ray Ganda

Initial Review By: [Signature] Date: 3-16-12

Reviewer's Recommendation: I agree with recommendation.
Recommend Authority be issued - Close & file

Final Review By: D. Pratt Date: 3/16/12

Reviewer's Recommendation:
AGREE WITH RECOMMENDATION -
Close & file
OK to issue authority.

OFFICE USE ONLY

Date Closed: 3/19/12 By: CAC

Company Name: John Chi International Corp

Assignment #: 112037

Staff Assigned: Roy Gardner
CO. Licensing



MCMIS

Motor Carrier Management
Information System

Choose Subsystem



Exit MCMIS

View Company Record



Identification	Operation Classification	Cargo Classification	Hazardous Materials	Equipment	Drivers	Show All Data
USDOT Number:	2273250	Application Tracking Number:				
Company Type:	CARRIER					

Identification			
Status:	ACTIVE	MC/MX Number:	
Legal Name:	JOHN CHI INTERNATIONAL CORP		
DBA Name (Doing Business As):			

Physical Address					
Street:	7934 NE 182ND PLACE				
City:	KENMORE				
State / Country:	WASHINGTON	ZIP/Postal Code:	98028		
Colonia (Mexico Only):		County:	KING		
Phone#:	4258068338	Cell Phone#:	2067799998	Fax#:	4254868078

Mailing Address					
Street (PO Box):	7934 NE 182ND PLACE				
City:	KENMORE				
State / Country:	WASHINGTON	ZIP/Postal Code:	98028		
Colonia (Mexico Only):		Mailing County:	KING		

Other					
Dun & Bradstreet No.:					
EIN:		SSN:	536319317		
State Director Code:	53	Service Center:	WESTERN		
Internet E-Mail Address:	JOHN_CHI_57@YAHOO.COM				
MCS-150 Date (MM/DD/YYYY):	02/13/2012				
MX Type:		RFC Number:			
New Entrant Status:	CURRENTLY IN NEW ENTRANT PROGRAM				
New Entrant Entry Date:	02/15/2012	New Entrant Exit Date:			
Name of Authorized Person:	JOHN CHI	Title of Authorized Person:	OWNER		
Do not put in NE Program (Y/N):	YES <input type="radio"/> NO <input checked="" type="radio"/>				
1. Officer Name:	JOHN CHI				
1. Officer Title:	OWNER				

2. Officer Name:			
2. Officer Title:			
Carrier/Shipper			
Carrier Operation:	<input checked="" type="radio"/> A. INTERSTATE HAZMAT	<input type="radio"/> B. INTRASTATE HAZMAT	<input type="radio"/> C. INTRASTATE NON-HAZMAT
Mileage (MCS 150):		Mileage Year(YYYY):	
Mileage (MCS 151):			

Options for this Company



March 15, 2012

| [Cargo Tank Search](#) | [Company Information](#) | [Crash](#) | [Inspection](#) | [Monitoring](#) | [Reports](#) | [Review](#) | [Safety Audit](#)



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Federal Motor Carrier Safety Administration

1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312533

PERSONNEL NO. <u>3577</u>	DIST / CET <u>H/R</u>	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u>X</u>
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GENERAL			HAZARDOUS MATERIALS		
DATE <u>3.18.12</u>	TIME (MILITARY) BEGUN <u>9:30</u>	TIME (MILITARY) FINISHED <u>10:00</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER

CARRIER NAME (Include DBA when applicable)
JOHN CHI INTERNATIONAL CORP

ADDRESS
7934 N/E 182ND PLACE

CITY <u>KEMORE</u>	STATE <u>WA</u>	ZIP CODE <u>98008</u>	INTERSTATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DOT NO. <u>2273250</u>	ICC NO. _____
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DRIVER

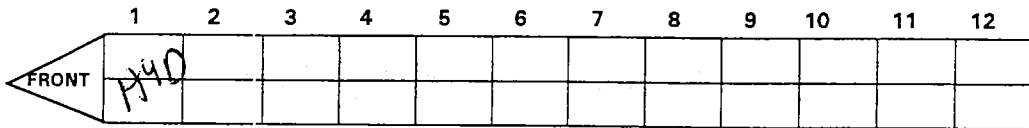
DRIVER NAME _____	LICENSE NO. _____	STATE _____	EXP. YEAR _____
DATE OF BIRTH _____	MED. CERT. Y N WAIVER Y N	SHIPPER NAME _____	SHIPPING NO. _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS
SAME

G.V.W. 10,000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>VAN</u>	<u>2006 / Ford</u>	<u>1</u>	<u>B93818 P</u>	<u>WA</u>
2	<u>TRUCK</u>			<u>1FB5531L56DB44436</u>	
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
	<u>NO VIOLATIONS FOUND</u>							

CVSA DECALS UNIT 1 <u>164 38354</u>	UNIT 2 _____	UNIT 3 _____	UNIT 4 _____	NOIC NO. _____
_____ DRIVER SIGNATURE <u>Mike G</u>				
_____ OFFICER SIGNATURE <u>Ray [unclear]</u>				

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

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Utilities And Transportation Commission
1300 S. Evergreen Park Dr. SW
PO Box 47250
Olympia WA 98504-7250
Ray Gardner 360-664-1232

Report Number: WAU002000061
Inspection Date: 03/08/2012
Start: 9:30:59 AM PT End: 10:00:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

JOHN CHI INTERNATIONAL CORP
7934 NE 182ND PLACE
KENMORE, WA 98028

USDOT#: 02273250 Phone#: (425)806-8338
MC/MX#: Fax#:
State#:

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

Location: 7934 NE 182ND PLACE
Highway:
County: KING, WA

MilePost: Shipper:
Origin: Bill of Lading:
Destination: Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2006	WA	B93818	1	1FBSS31L56DB44436	10,000		16438354	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:
RAY GARDNER

Badge #:
J577

Copy Received By:

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02273250 WA WAU002000061

X _____

x 1312533

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Utilities And Transportation Commission
1300 S. Evergreen Park Dr. SW
PO Box 47250
Olympia WA 98504-7250
Ray Gardner 360-664-1232

Report Number: WAU002000062
Inspection Date: 03/08/2012
Start: 10:15:00 AM PT End: 10:45:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

JOHN CHI INTERNATIONAL CORP
7934 NE 182ND PLACE
KENMORE, WA 98028

USDOT#: 02273250 Phone#: (425)806-8338
MC/MX#: Fax#:
State#:

Location: 7934 NE 182ND PLACE
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

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

Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2008	WA	B72888T	2	1FBSS31LO847263	10,000		16438355	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:
RAY GARDNER

Badge #:
J577

Copy Received By:

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X _____

x 1312534



02273250 WA WAU002000062

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312535

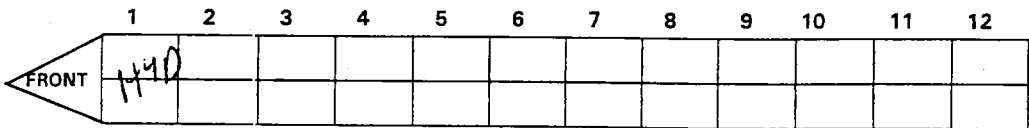
PERSONNEL NO. <u>3577</u>	DIST / DET <u>H/Q</u>	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <u>X</u>
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GENERAL			HAZARDOUS MATERIALS		
DATE <u>3, 8, 12</u>	TIME (MILITARY) BEGUN <u>11:15</u>	TIME (MILITARY) FINISHED <u>11:45</u>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO. _____	CNTY CODE _____	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER					
CARRIER NAME (Include DBA when applicable) <u>John CHI INTERNATIONAL CORP</u>					
ADDRESS <u>7934 NE 182nd PLACE</u>					
CITY <u>KENMORE</u>	STATE <u>WA</u>	ZIP CODE <u>98028</u>	INTERSTATE <input checked="" type="radio"/> YES <input type="radio"/> NO	DOT NO. <u>2073250</u>	ICC NO. _____

DRIVER					
DRIVER NAME <u>[Redacted]</u>			LICENSE NO. <u>[Redacted]</u>	STATE <u>[Redacted]</u>	EXP. YEAR <u>[Redacted]</u>
DATE OF BIRTH <u>1 / 1</u>	MED. CERT. Y N WAIVER Y N	SHIPPER NAME <u>[Redacted]</u>		SHIPPING NO. <u>[Redacted]</u>	

VEHICLE					
REGISTERED OWNER NAME/ADDRESS <u>SAME</u>				G.V.W. <u>10,000</u>	PBT RATE _____
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>VAN</u>	<u>2007 / FORD</u>	<u>3</u>	<u>B698886</u>	<u>WA</u>
2	<u>H P</u>			<u>1FBNE31L67DB06455</u>	
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
	NO VIOLATIONS FOUND							

CVSA DECALS UNIT 1 <u>1643856</u>	UNIT 2 _____	UNIT 3 _____	UNIT 4 _____	NOIC NO. _____
DRIVER SIGNATURE <u>[Signature]</u>				
OFFICER SIGNATURE <u>[Signature]</u>				

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

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Utilities And Transportation Commission
1300 S. Evergreen Park Dr. SW
PO Box 47250
Olympia WA 98504-7250
Ray Gardner 360-664-1232

Report Number: WAU002000063
Inspection Date: 03/08/2012
Start: 11:15:00 AM PT End: 11:45:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

JOHN CHI INTERNATIONAL CORP
7934 NE 182ND PLACE
KENMORE, WA 98028

USDOT#: 02273250 Phone#: ()425-8068
MC/MX#: Fax#:
State#:

Location: 7934 NE 182ND PLACE
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2007	WA	B69888G	3	1FBNE31L67DB06655	10,000		01643856	

BRAKE ADJUSTMENTS

Axle # 1 2
Right N/A N/A
Left N/A N/A
Chamber HYDR HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.


Report Prepared By:
RAY GARDNER

Badge #:
J577

Copy Received By:

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X _____

X  1312535



02273250 WA WAU002000063