



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? No - Reason For Not Uploading: Initial contact for bus inspection and ETA

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 112113

3. Current Date: 8-13-12 4. Date of Activity: 8-8-12

5. Carrier Name: AGYEN, LINDA T. DBA: RELIANCE
TRANSPORT

6. Permit: NEW APPLICANT 7. New Entrant date of authority:

8. MOTCAR No.: 6953 9. Carrier is: Intrastate Only
 Interstate Only

10. Industry Code: 232 Intra and Interstate

11. USDOT No.: 2310866 12. MC No.: 791084

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 1 _____ Level 2 _____ Level 5 _____

◆ Conduct a SI/SA between three and nine months? Yes No SI 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 SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____%
 - Fatigued Driving (HOS) _____%
 - Crash _____%
 - Driver Fitness _____%
 - Drug/Alcohol _____%
 - Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
 - Safety Investigation
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced terminal visit
 - Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

- SI Rating: Satisfactory Unsatisfactory Conditional
- SA Rating: Pass 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								1			
Defective Vehicles								0			
OOS Vehicles											
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											
Comment: I ADVISED OWNER TO PROPERLY MARK VEHICLE WITH UTC PERMIT #											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

THIS CARRIER HAS APPLIED FOR INTRASTATE CHARTER BUS AUTHORITY AND IS CURRENTLY REGISTERED WITH THE FMCSA AS A NEW ENTRANT INTERSTATE OPERATOR.

25. Findings: OWNER DOES NOT POSSESS A VALID MEDICAL CERTIFICATE, BUT TO DATE, HAS NOT COMMENCED OPERATIONS. OWNER STATED SHE WOULD FAX A COPY OF HER MEDICAL CERTIFICATE WHEN SHE OBTAINS ONE. I INSPECTED HER VEHICLE AND ISSUED A CVSA DECAL. I DISCUSSED THE FOLLOWING REGULATIONS WITH THE OWNER: CFR PARTS 390, 391, 392, 393, 395 AND 396. I ALSO ADVISED HER TO PERMANENTLY DISPLAY HER UTC CHARTER BUS PERMIT NUMBER ON BOTH SIDES OF HER VEHICLE WHEN SHE RECEIVES THE AUTHORITY.

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? NO

- 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: _____

Investigator's Signature: C. [Signature] 8-13-12

Initial Review By: [Signature] Date: 8-20-12

Reviewer's Recommendation: I agree with recommendation to issue authority

Final Review By: D. [Signature] Date: 8-21-12

Reviewer's Recommendation:

AGREE WITH RECOMMENDATION

OK to issue authority

OFFICE USE ONLY

Date Closed: _____ By: _____

Company Name: _____

Assignment #: _____

Staff Assigned: _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.1C

WASHINGTON STATE PATROL
PO BOX 42614
OLYMPIA, WA 98504-2614
PHONE: 360-596-3819
FAX: 360-596-3828

Report Number: WAU004000295
Inspection Date: 08/08/2012
Start: 1:30:00 PM PT End: 1:45:00 PM PT
Inspection Level: I - Full
HM Inspection Type: None

LINDA AGYEN
1401 NE MERMAN DRIVE #905
PULLMAN, WA 99163
USDOT#: 02310866
MC/MX#: 791084
State#:

Phone#: (509)255-3131
Fax#:

Driver: AGYEN, LINDA T
License#: AGYENLT225JD State: WA
Date of Birth: 04/04/1978
CoDriver:
License#: State:
Date of Birth:

Location: PULLMAN, WA
Highway:
County: WHITMAN, WA

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

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	DODG	1994	WA	B91874U		2B5WB35Z2RK186271	6,000		17288526	

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:
TOM MCVAUGHN

Badge #:
WA0531

Copy Received By:
LINDA AGYEN

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X *[Signature]*

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