



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? No – INTRASTATE CHARTER APP _____

1. Investigator(s): **TOM MCVAUGH** _____ 2. Assignment No.: **113125** _____

3. Current Date: **5-29-13** _____ 4. Date of Activity: **5-29-13** _____

5. Carrier Name: **LEGACY EXPRESS LLC**

6. Permit: **NEW CHARTER APP.** 7. New Entrant date of authority: _____

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

10. Industry Code: **232** _____

11. USDOT No.: **2389062** _____ 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 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											
Location		TER									
Level		1									

22. **Vehicle Inspection Violations: NONE NOTED**

	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											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License

24. Relevant Carrier History:

THIS CARRIER IS CURRENTLY APPLYING FOR INTRASTATE CHARTER BUS AUTHORITY AND THIS ASSIGNMENT WAS ISSUED FOR VEHICLE INSPECTION AND EDUCATIONAL, TECHNICAL ASSISTANCE (ETA). CARRIER HAS OBTAINED INTERSTATE AUTHORITY AND IS CURRENTLY ENROLLED IN THE FMCSA NEW ENTRANT PROGRAM. CARRIER PLANS TO OPERATE PRIMARILY ON WEEKENDS CONDUCTING PARTY BUS OPERATIONS AND WINE TOURS. CARRIER OPERATES A 14-PASSENGER MINI-BUS.

25. Findings: I CONDUCTED A LEVEL #1 INSPECTION ON THE CARRIER/VEHICLE. I NOTED NO VIOLATIONS AND ISSUED THE BUS A CVSA DECAL. I PROVIDED ETA ON THE FOLLOWING REGULATIONS: CFR PART 390: GENERAL DEFINITIONS INCLUDING ACCIDENTS AND ACCIDENT REGISTER, PART 392: ON ROAD OPERATION, PART 393: PARTS AND ACCESSORIES, CFR PART 395: PASSENGER HOURS OF SERVICE INCLUDING 100 AIR-MILE REQUIREMENTS AND LOG BOOK REQUIREMENTS, PART 396: INSPECTION REPAIR & MAINTENANCE RECORDS INCLUDING PM PROGRAM, ANNUAL DOT INSPECTIONS AND BUS PUSHOUT RECORD KEEPING REQUIREMENTS. I PROVIDED A COPY OF THE UTC SAFETY GUIDE, WEB SITE AND INFORMATION REGARDING CSA.

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: **I RECOMMEND ISSUANCE OF PERMANENT CHARTER BUS AUTHORITY TO LEGACY EXPRESS LLC.**

Investigator's Signature: _____

5-30-13

Initial Review By: _____

Date: _____

5/31/13

Reviewer's Recommendation: _____

I concur with recommendation for

Authority

Final Review By: _____

DPratt

Date: _____

5/31/13

Reviewer's Recommendation: _____

AGREE WITH RECOMMENDATIONS.

OK to issue authority

OFFICE USE ONLY

Date Closed: 5/21/13 By: A. K. Nelson

Company Name: Legacy Express LLC

Assignment #: 13125

Staff Assigned: McVaugh