



UTILITIES AND TRANSPORTATION COMMISSION

TE-131947

Assignment Report Motor Carrier Safety

Upload? [] Yes [X] No - Reason For Not Uploading: _____

1. Investigator(s): Grimm 2. Assignment No.: 113178

SEE DOCKET TE131947

3. Current Date: 102313 4. Date of Activity: 102013

5. Carrier Name: MIRACLE SEATTLE TOWNCARS AND LIMOUSINE DISPATCH

6. Permit: NEW 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.: 2444775

12. MC No.: _____

13. [] Destination Check

Form for Destination Check containing checkboxes for safety plan attachment, inspection counts, and special emphasis.

14. [] Safety Complaint

Form for Safety Complaint containing checkboxes for complaint plan attachment, activity types, and inspection counts.

15. [] New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation containing checkboxes for carrier referral, location, and inspection requirements.

◆ 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		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: CVSA Decal Issued 19110202											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

25. Findings:

CMV 15 passenger passed inspection. CVSA inspection decal 19110202 affixed.

26. Recommended Action:

- No further action. (Consider issuing CH/EX certificate.)
- 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: Initial inspection for CH/EX application. See docket TE131947.

Investigator's Signature: _____

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: D Pratt Date: 10/24/13

Reviewer's Recommendation:

* OK to issue authority
close & file.

OFFICE USE ONLY

Date Closed: _____ By: _____

Company Name: _____

Assignment #: _____

Staff Assigned: _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

WASHINGTON UTILITIES & TRANSPORTATION COMMISS

Report Number: WAU005000340

P.O. Box 47250

Inspection Date: 10/20/2013

Olympia WA 98504-7250

Start: 3:08:00 PM PT End: 3:20:00 PM PT

Inspection Level: V - Terminal

HM Inspection Type: None



MIRACLE SEATTLE TOWNCARS AND LIMOUSINE DISPATCH

9421 244TH ST SW G208

EDMONDS, WA 98020

USDOT#: 02444775

Phone#:

MC/MX#:

Fax#:

State#:

Location: SHORELINE

Highway:

County: KING, WA

MilePost:

Origin:

Destination:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Bill of Lading:

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2002	WA	B98248Y		1FDXE45S82HA45186	14,050		19110202	

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: BRUCE GRIMM

Badge #: J540

Copy Received By:

X 13/3276

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