

Licensing



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Ray Gardner

2. Assignment No.: 109117

3. Current Date: June 8, 2009

4. Date of Activity: June 5, 2009

5. Carrier Name: Dazzled by Twilight

6. Permit: Temp

7. Industry Code: 232

8. MOTCAR No.: 1D 5447

9. DOT No.: _____

10. MC No.: _____

11. **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:

12. **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): _____

13. **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 one
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

14. **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

15. **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): _____

16. **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: _____

17. Part B Violations:

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

18. 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			1								
OOS Vehicles			0								
Location			<i>Forkes</i>								
Level			5								

19. 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			1								
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

20. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: This is a new applicant with the UTC for Charter Service

22. Findings: The company operates one twenty passenger coach. A level five CVSA inspection was performed on the coach. The coach was found to have one I-D light inoperative.

23. 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: August 2009)
- Revisit to recheck a specific issue (Date: _____)

Describe: _____

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

24. 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 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): _____

25. Additional Comments: I would recommend that Dazzled By Twilight be granted permanent authority to operate within the State of Washington as a Charter Company. I would also recommend that a Compliance Review be completed on this company as a new entrant in August 2009.

Investigator's signature: Ray Gardner

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: DPRAU Date: 6/10/09

Reviewer's recommendation: Agree with recommendation
OK to issue CH authority. Schedule CR for August '09
Thanks Ray.
DPRAU

Date closed: _____ By: _____
cc: Ray Gardner

Company name Licensing
Dazzled by Twilight Assignment # 109117

Staff Assigned Ray Gardner

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

720542

PERSONNEL NO. 3577 DIST / DET H/G LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS
DATE 6.5.09 TIME (MILITARY) BEGUN 11:15 FINISHED
LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE
HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) DAZZLED BY TURN LIGHT

ADDRESS 61 W FORKS AVE

CITY FORKS STATE WA ZIP CODE 98331 INTERSTATE YES NO DOT NO. 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

REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 20 PASS PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, P97/FORD, 1, DAZZLE 1 / VHA15124, WA

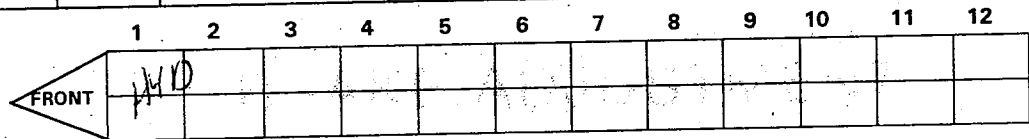


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.9, LEFT TLD LIGHT INOP

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

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

DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]