



UTILITIES AND TRANSPORTATION COMMISSION

Lanning

Completed Activity

Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson

2. Assignment No.: 110014

3. Current Date: 1-25-10

4. Date of Activity: 1-22-10

5. Carrier Name: MARCO Msrco D. Collins

6. Permit: _____ 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: _____

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

10. Industry Code: 232

11. DOT No.: 1978409

12. MC No.: _____

13. **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:

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

17. **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): _____
- _____
- _____

18. **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: _____

19. Part B Violations:

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

20. 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								
Location			Mar ysvil le								
Level			5								

21. 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											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: _____

24. Findings: I conducted a vehicle inspection and provided educational and technical assistance to a new charter bus applicant, owner/operator Marco D. Collins. The safety manual was handed and reviewed with the owner for his reference. The 23 passenger minibus checked free of defects and a CVSA safety sticker was issued.

25. 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: _____)
- 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.

26. 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): _____

27. Additional Comments: Forward to licensing services for charter bus certificate processing.

Investigator's signature: Alan Dickson

Initial review by: [Signature] Date: 1-26-2010

Reviewer's recommendation: Agree with recommendations
Thanks Alan!

Final review by: J Pratt Date: 1/26/10

Reviewer's recommendation: Agree with recommendations.

* Licensing - OK to issue authority
Thanks Alan J Pratt

Date closed: 1/26/10 By: CAC

cc: Alan Dickson
Licensing

Company name Marco D. Collins Assignment # 110014

Staff Assigned Alan Dickson

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278324

PERSONNEL NO. JSS3 DIST / DET _____
 LEVEL: 1 ____ 2 ____ 3 ____ 4 ____ 5 **X**

GENERAL HAZARDOUS MATERIALS

DATE	TIME (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.
1/22/10	BEGUN 1315	FINISHED 1335	
LOCATION: SR/MP	SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
Marysville		31	PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable)
Marco D Collins : dba: Collins Limo Serv.

ADDRESS
808 152nd Pl SW

CITY	STATE	ZIP CODE	INTERSTATE	DOT NO.	ICC NO.
Lynnwood	WA	98057	YES <input type="radio"/> NO <input checked="" type="radio"/>	1978409	

DRIVER

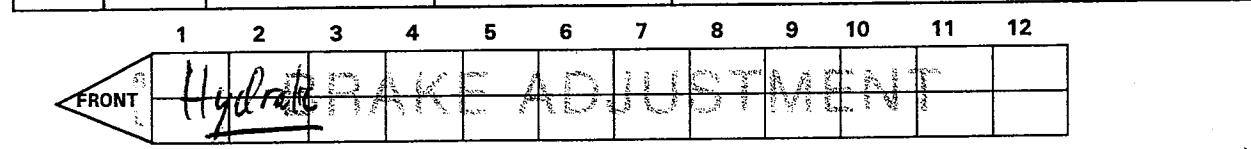
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR

DATE OF BIRTH	MED. CERT. Y N	SHIPPER NAME	SHIPPING NO.
/ /	WAIVER Y N		

VEHICLE

REGISTERED OWNER NAME/ADDRESS	G.V.W.	PBT RATE
Carrier	24,000	

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	02 FORD		B 88222 L	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOTIC NO.
12159557					

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.	DRIVER SIGNATURE OFFICER SIGNATURE A Dickson
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UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278324

PERSONNEL NO. <i>J553</i>	DIST / DET	LEVEL: 1	2	3	4	5	<input checked="" type="checkbox"/>
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GENERAL				HAZARDOUS MATERIALS			
DATE <i>1.22.10</i>	TIME (MILITARY) BEGUN <i>1315</i>	TIME (MILITARY) FINISHED <i>1335</i>	HAZARD CLASS / DIVISION NO.				
LOCATION: SR/MP <i>Marysville</i>		SCALEHOUSE NO.	CNTY CODE <i>31</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

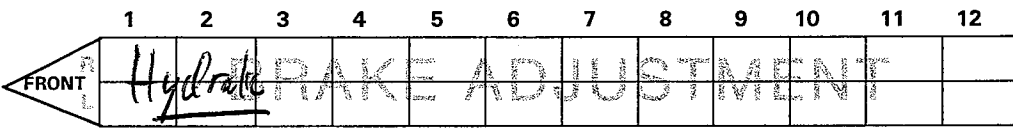
CARRIER							
CARRIER NAME (Include DBA when applicable) <i>Marco D Collins : dba: Collins Limo Serv.</i>							
ADDRESS <i>808 152nd Pl SW</i>							

CITY <i>Lynnwood</i>	STATE <i>WA</i>	ZIP CODE <i>98087</i>	INTERSTATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DOT NO. <i>1978409</i>	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 <i>Carrier</i>				G.V.W. <i>32,000</i>	PBT RATE		

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<i>BU</i>	<i>02 FORD</i>		<i>B 88222 L</i>	<i>WA</i>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS UNIT 1 <i>12159557</i>	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE <i>[Signature]</i>				
OFFICER SIGNATURE <i>A Dickson</i>				

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