



UTILITIES AND TRANSPORTATION COMMISSION

Licensing

Completed Activity Report Motor Carrier Safety

Upload? [] Yes [X] No

1. Investigator(s): Richard Smith 2. Assignment No.: 110061

3. Current Date: 3-12-2010 4. Date of Activity: 3-12-2010

5. Carrier Name: Swiftyswift LLC

6. Permit: Pending. 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.: Pending 1980487 12. MC No.:

MC - 707697

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 1
 - ◆ Conduct a CR/SA between three and nine months? N/A Yes No CR SA

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			T								
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: Carrier is applying for charter-excursion authority. 1-8-2010
the carrier's 21 passenger mini bus license number B21553N was inspected and did not pass due
to defective air bags. Mr. Travis Swift was advised to have the necessary repairs made and if the
vehicle passes a DOT inspection send the proof to me and I would pass his bus for authority.

24. Findings: 3-12-2010 I received DOT inspection proof of the air bags having been replaced on the
passenger bus belonging to Swiftyswift LLC d/b/a Party Transport. This document is attached.

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: I recommend authority be issued to Swiftyswift LLC d/b/a Party Transport.

Investigator's signature: Richard Smith 

Initial review by: DP Pratt

Date: 3/15/12

Reviewer's recommendation: Agree with recommendation.

* OK to issue authority. close & file.

Thanks Rick

DP Pratt

Final review by: _____ Date: _____

Reviewer's recommendation: _____

Date closed: 3/15/10 By: CAC
cc: Rick Smith

Licensing

Company name Swiftyswift LLC Assignment # 110061

Staff Assigned Rick Smith

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	04
DATE	1-22-2010

MOTOR CARRIER OPERATOR <i>Travis Swift</i> (contact)	INSPECTOR'S NAME (PRINT OR TYPE) <i>Erch Seignemartin</i>
ADDRESS <i>1519 F. Central, Spokane WA 99208</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>B21553N</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER) <i>Bus</i>	INSPECTION AGENCY/LOCATION (OPTIONAL) RAY'S TRUCK SERVICE, 727 E. PACIFIC, SPOKANE, WA 99202

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Brake Tubing					<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>		1-22-10	5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve				All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes				6. SAFE LOADING	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			c. Fasteners
			2. COUPLING DEVICES					<input checked="" type="checkbox"/>			d. Welds
			a. Fifth Wheels	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
			b. Pintle Hooks				a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
			d. Drawbar/Towbar Tongue				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective
			e. Safety Devices				d. Steering Gear Box	<input checked="" type="checkbox"/>			
			f. Saddle-Mounts				e. Pitman Arm	<input checked="" type="checkbox"/>			
			3. EXHAUST SYSTEM				f. Power St	<input checked="" type="checkbox"/>			
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>		1-22-10	g. Ball and I	<input checked="" type="checkbox"/>			
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>		1-27-10	h. Tie Rods	<input checked="" type="checkbox"/>			
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>		13-9-10	i. Nuts	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			j. Steering	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			8. SUSPENSIC	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			a. Any U-bol hanger(s), positioning broken, or resulting in axle from f	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			b. Spring Ass	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			c. Torque, R	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			Componer	<input checked="" type="checkbox"/>			

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

5818

Swift & Swift LLC

100066 Pending

Information & Complaints - 1-800-562-6150

Qualified Inspector's Signature

13-9-2010

Date

REPORT IN

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK X NA

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEM ACCORDANCE WITH 49 CFR 396.