



UTILITIES AND TRANSPORTATION COMMISSION

TE-110446

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 111091

3. Current Date: 4-18-11 4. Date of Activity: 4-6-11

5. Carrier Name: BAYVIEW LIMOUSINE SERVICE INC

6. Permit: NEW CH *CH-64248* 7. If new entrant, date of temporary authority \_\_\_\_\_

8. MOTCAR No.: 1D 6365 9. Carrier is:  Intrastate Only  
 Interstate Only  
Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 01526763 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. **X 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?  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											
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 OPERATES A LIMOUSINE SERVICE OUT OF THE GREATER SEATTLE AREA. THE PURCHASE OF A LARGER SEATING CAPACITY MINIBUS NECESSITATED THIS CARRIER APPLYING FOR CHARTER BUS AUTHORITY. VEHICLE PASSED THE CVSA INSPECTION WITH NO DEFECTS NOTED. CARRIER OFFICIALS REQUESTED ADDITIONAL ETA ON SAFETY REGULATIONS AT A LATER DATE.**

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24. Findings: **CARRIER'S VEHICLE PASSED CVSA INSPECTION AND IS READY FOR ISSUANCE OF PERMANENT CHARTER BUS AUTHORITY.**

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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: \_\_\_\_\_

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Investigator's signature:

*[Handwritten Signature]*

4-18-11

Initial review by:

*[Handwritten Signature]*

Date:

4-18-2011

Reviewer's recommendation:

Agree with recommendation.

To issue authority - close file

Final review by:

*[Handwritten Signature]*

Date:

4/18/11

Reviewer's recommendation:

Agree with recommendations.

OK to issue CH print. Close & file.

Thanks Tom!

Date closed:

4/18/11

By:

CAC

*[Handwritten Signature]*

cc:

Tom Mc Vaughn

Licensing

Company name

Bayview Limousine Service Inc.

Assignment #

111 091

Staff Assigned

Tom Mc Vaughn

#111091

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol  
Commercial Vehicle Enforcement Section  
P.O, Box 42614  
Olympia, WA 98504-2614  
Phone: 360-596-3819 Fax: 360-596-3828

Report Number: WAU004000112  
Inspection Date: 04/06/2011  
Start: 10:10:00 AM PT End: 10:32:00 AM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

BAYVIEW LIMOUSINE SERVICE INC  
15701 NELSON PLACE S  
SEATTLE, WA 98188

USDOT#: 01526763 Phone#: (206)223-6200  
MC/MX#: Fax#: State#:

Location: TUKWILA, WA  
Highway:  
County: KING, WA

MilePost:  
Origin: RENTON, WA  
Destination: RENTON, WA

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	2008	WA	B61696S	155	1FDAF56YX8EE63240	19,000		15111177	

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:  
TOM MCVAUGH

Badge #:  
J531

Copy Received By:

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01526763 WA WAU004000112

X \_\_\_\_\_

X \_\_\_\_\_