



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? ☐ Yes ☐ No

1. Investigator(s): Ray Gardner 2. Assignment No.: 114059
 3. Current Date: 6/23/2014 4. Date of Activity: 6/19/2014
 5. Carrier Name: Elegant Limo INC
 6. Permit: N/A 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: _____ 9. Carrier is: ☒ Intrastate Only
 10. Industry Code: 232 ☐ Intra and Interstate
 11. USDOT No.: 2479762 12. MC No.: _____

13. ☐ Destination Check

- Has a copy of the Destination Check Safety plan been attached? ☐ Yes ☐ No
- Any special emphasis placed on the destination check? ☐ Yes ☐ No
- Describe Special Emphasis: _____

14. ☐ Compliance Review

- SI Rating: ☐ Satisfactory ☐ Unsatisfactory ☐ Conditional
- Number of Vehicles Operated: _____
- Number of Drivers Operated: _____
- Total Miles Prior Year: _____
- Recordable Accidents Prior Year: _____
- Accident Ratio: _____

Is the carrier a New Entrant? ☐ Yes ☐ No
 Was a CR conducted between 6-18 months after the permit was issued? ☐ Yes ☐ No

15. ☐ CSA Investigation

Investigation Type:	<input type="checkbox"/> Full Investigation	<input type="checkbox"/> Focused Investigation
Carrier Type:	<input type="checkbox"/> Passenger Carrier	<input type="checkbox"/> Property Carrier <input type="checkbox"/> Other: _____
Basic Threshold Percentile:		
<input type="checkbox"/> Unsafe Driving	_____ %	<input type="checkbox"/> Driver Fitness _____ %
<input type="checkbox"/> Fatigued Driving (HOS)	_____ %	<input type="checkbox"/> Drug/Alcohol _____ %
<input type="checkbox"/> Crash Indicator	_____ %	<input type="checkbox"/> Vehicle Maintenance _____ %

16. ☐ Part B Violations:

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

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17. ☒ Vehicle Inspection Data:

	MB 16+	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Inspections	1							
Defective Vehicles	0							
OOS Vehicles	0							
Level	5							

18. ☐ 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											
Comments:											

19. ☐ Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

20. Relevant Carrier History:

This is a new carrier that is requesting authority from the UTC to operate as an Intra-State Charter Carrier of passengers in a 22 passenger stretch Cadillac Escalade

21. Findings:

A level Five CVSA safety inspection was performed on the carriers 22 passenger Cadillac and the vehicle was found to have no defects. A check was performed to ascertain if the carrier had the required amount of insurance coverage which for this size of vehicle is 5 million. The carrier provided a MCS 90 form that showed that they did have in effect a policy that was for the required 5 million dollars.

22. Recommended Action:

☒ No further action.

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- ☐ 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.

23. 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% 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):

23. Additional Comments:

I would recommend that this carrier be forwarded to Licensing for further action.

Investigator's Signature: _____

Ray Gardner

Date: 6/23/2014

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OFFICE USE ONLY

Initial Review By:

John Toth

Date:

6/23/14

Initial Reviewer's Recommendation:

Forward To Licensing

For processing

Final Review By:

DP RATT

Date:

6/23/14

Final Reviewer's Recommendation:

AGREE WITH RECOMMENDATIONS

CLOSE & FILE

* OK TO ISSUE AUTHORITY.

Internal Processing

Date Closed:

By:

Company Name:

Assignment #:

Staff Assigned:

1285564

PERSONNEL NO. J577		DIST / DET HQ		LEVEL: 1 ____ 2 ____ 3 ____ 4 ____ 5 <u>X</u>				
GENERAL				HAZARDOUS MATERIALS				
DATE 6, 19, 14		TIME (MILITARY) BEGUN 10:50		TIME (MILITARY) FINISHED : :		HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP TERMINAL		SCALEHOUSE NO.		CNTY CODE 17		REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N		
CARRIER								
CARRIER NAME (Include DBA when applicable) ELEGANT LIMO INC								
ADDRESS 16915 31st AVE S								
CITY SEATAC		STATE WA	ZIP CODE 98188		INTERSTATE YES NO	DOT NO. 2479762	ICC NO.	
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 SAME					G.V.W. 22 PASS	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE		
1	BU	07 / CAD	ELEGANT 8	1GYFK66817R190749		WA		
2				ELEGANT 8				
3								
4								

[illegible][illegible]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Report Number: WAU002000188
Inspection Date: 06/19/2014
Start: 10:50:00 AM PT **End:** 11:30:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

ELEGANT LIMOUSINE INC

16915 31ST AVE S
 SEATTLE, WA 98118

USDOT#: 02479762

Phone#:

MC/MX#:

Fax#:

State#:

Location: 16915 31ST AVE S

Highway:

County: KING, WA

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

MilePost:

Origin: SEATTLE, WA

Bill of Lading:

Destination: SEATTLE, WA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	CHEV	2007	WA	ELEGANT8	ELEGANT 8	1GYFK66817R190749	22		20089326	

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:
 RAY GARDNER

Badge #:
 J577

Copy Received By:

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X 

X 1285564



02479762 WA WAU002000188