



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason For Not Uploading: New entrant vehicle inspection

1. Investigator(s): Ray Gardner 2. Assignment No.: 113015

3. Current Date: 3/11/13 4. Date of Activity: 3/5/13

5. Carrier Name: Walla Walla Valley Tours Andre C Selfa

6. Permit: 7. New Entrant date of authority:

8. MOTCAR No.: 9. Carrier is: [ ] Intrastate Only

[ ] Interstate Only

[X] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2355492 12. MC No.:

13. [ ] Destination Check

[ ] Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger 16+ passenger
Number of vehicle inspections: Level 1 Level 2 Level 3 Level 5
Any special emphasis placed on the destination check [ ] Yes [ ] No
Describe Special Emphasis
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 [X] No
Is this carrier based in another state, requesting intrastate authority: [ ] Yes [X] No
Is this carrier based in Washington, requesting intrastate authority: [X] Yes [ ] No
Did staff complete the following:
Inspect all vehicles between three and nine months? [X] Yes [ ] No
Number of vehicle inspections: Level 1 Level 2 Level 5
Conduct a SI/SA between three and nine months? [ ] Yes [ ] No [ ] SI [ ] SA

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

17.  **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:**  Passenger Carrier  HHG Carrier  Solid Waste Carrier
- Basic Threshold Percentile is;**
  - Unsafe Driving \_\_\_\_\_%
  - Fatigued Driving (HOS) \_\_\_\_\_%
  - Crash \_\_\_\_\_%
  - Driver Fitness \_\_\_\_\_%
  - Drug/Alcohol \_\_\_\_\_%
  - Vehicle Maintenance \_\_\_\_\_%

18.  **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
  - Safety Investigation
  - Technical assistance
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - Unannounced terminal visit
  - Other (please explain): \_\_\_\_\_

19.  **Safety Investigation:**

**Safety Audit:**

- SI Rating:  Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: \_\_\_\_\_
- Number of drivers operated: \_\_\_\_\_
- Total miles for prior year: \_\_\_\_\_
- Recordable accidents for prior year: \_\_\_\_\_
- Accident Ratio: \_\_\_\_\_

20.  **Part B Violations:**

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

21.  **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									
Level		5									

22.  **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											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This is a new entrant. There is no carrier history. A CVSA Level 5 vehicle inspection was completed.

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**25. Findings:**

A CVSA Level 5 vehicle inspection was performed and the vehicle was found to have no defects and a CVSA Decal # 18011503 was applied.

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**26. Recommended Action:**

- No further action.
- 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.

**27. 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 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): \_\_\_\_\_

28. Additional Comments: The carrier offered the one vehicle a 15 passenger mini bus up for inspection, a CVSA Level 5 inspection was performed with no defects found and a CVSA decal # 18011503 was applied. I would recommend that this carrier be granted authority from the UTC for their Intra- State operations.

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Investigator's Signature: Ray Bards

Initial Review By: [Signature]

Date: 3-11-2013

Reviewer's Recommendation: I concur with recommendations  
for authority - class: fta

Final Review By: D Pratt Date: 3/12/13

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATIONS

OK to issue authority

**OFFICE USE ONLY**

Date Closed: \_\_\_\_\_ By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Assignment #: \_\_\_\_\_

Staff Assigned: \_\_\_\_\_