



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

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

1. Investigator(s): Gilbert 2. Assignment No.: 116160

3. Current Date: 11/16/2016 4. Date of Activity: 11/15/2016

5. Carrier Name: NW Adventure Tours Inc.

6. Company ID: 17927 7. Industry Code: 232 8. USDOT #: 2916787

9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

11. Compliance Review

12. Part B Violations

13. Vehicle Inspection Data

	MC	Van 9-15	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1	1						
Defective Vehicles	1	1						
OOS Vehicles	0	0						
Level	7	7						

14. Vehicle Inspection Violations

	MC	VAN 9-15	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Emergency Equipment, Exits	1	1				
Lights	1					
Violation Type						

15. Driver Inspection Violations

16. Relevant Carrier History:

Carrier began operations in the Woodinville area over the last few months and recently purchased a 2001 Prevost Motor Coach and a 2010 Mercedes Sprinter Van for conducting tours throughout the greater Puget Sound area.

17. Findings:

Conducted two level-7 vehicle inspections using CVSA criteria. Minor violations were noted with each vehicle. See attached ASPEN Reports. Also conducted Technical Assistance with the owner, Mr. Dwayne Lucia where the vehicles are stored at Eagle Self Storage, 6432 233rd Pl SE, Woodinville, WA. TA covered the guide "How to Achieve a Satisfactory Rating" and parts 382, 383, 390, 391, 393, 395, and 396.

Assignment Report
Motor Carrier Safety

18. Recommended Safety Action: Yes No

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

20. Additional Comments:

Recommend closing this assignment and issuing charter permit.

Investigator's Signature: Wayne A. Gilbert Date: 11/16/2016

OFFICE USE ONLY

Initial Review By: Mathew Perkinson Date: 11/17/2016

Initial Reviewer's Recommendation: _____

Agree with recommendation, please forward to licensing to issue a permit. It is the carrier's responsibility to correct any defects identified in the Aspen report prior to dispatching the vehicle.

Final Review By: David Pratt Date: 11/17/16

Final Reviewer's Recommendation: Recommendations accepted. Close and file.

* Ok to issue permit.

Internal Processing

Date Closed: 11/17/2016 By: Kali Wrspir

Company Name: Northwest Adventure Tours Inc.

Assignment #: 116160 Staff Assigned: Gilbert

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815

Report Number: WAU007000223
Inspection Date: 11/15/2016
Start: 02:20 PM PT End: 2:50:44 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

NW ADVENTURE TOURS INC.
12459 NE 171ST PL
WOODINVILLE, WA 98072-7934

USDOT#: 02916787 Phone#: (425)445-1514
MC/MX#: Fax#:
State#:

Location: 233RD PLACE EAST
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

MilePost: Shipper:
Origin: WOODINVILLE, WA Bill of Lading:
Destination: WOODINVILLE, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, MC, PREO, 2001, WA, BBN7846, 1, 2PCX3349811027498, 48,000

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1, 2, 3. Values include N/A, WEDG.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows for 393.9T and 393.62E.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Local Enforcement

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT

Badge #: WAU584

Copy Received By:

Page 1 of 1



02916787 WA WAU007000223

Handwritten signature of Wayne Gilbert

Handwritten signature of Dwaine Juana

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815

Report Number: WAU007000222
Inspection Date: 11/15/2016
Start: 01:58 PM PT End: 2:17:31 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

NW ADVENTURE TOURS INC.
12459 NE 171ST PL
WOODINVILLE, WA 98072-7934
USDOT#: 02916787 Phone#: (425)445-1514
MC/MX#: Fax#:
State#:
Location: 233RD PLACE EAST
Highway:
County: KING, WA

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, MERZ, 2010, WA, C05020G, SPRINTER, WDZPE8CC3A5483461, 8,550

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2; Right, Left, Chamber; N/A, HYDR, HYDR

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows for 393.95A and 393.95F

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Local Enforcement

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT

Badge #: WAU584

Copy Received By:

Page 1 of 1

X [Signature]

X [Signature]



02916787 WA WAU007000222



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Verification of Training

Company: NW Adventure Tours Inc.

Representative: Dwayne Lucia

Date: November , 2016

Investigator: Wayne Gilbert

Safety Regulations Training Provided			
Subject	CFR Part	Completed	n/a
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Testing	382	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Post-Accident Testing	382.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Random Testing	382.305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Policy	382.601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 - 382.507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Qualifications of Drivers	391.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Certificate Required	391.45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Entry Level Driver Training	380.501 380.503	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Driver Qualification File	391.51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident Register	390.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Leasing	390.303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours of Service	395	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maximum Driving Times	395.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodic Inspection	396.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print): Dwayne Lucia Signature: Dwayne Lucia Date: 11/15/16

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.