



Assignment Report Motor Carrier Safety

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

Investigator(s): Sandi Yeomans
Jason Sharp 2. Assignment No.: 117033
 3. Current Date: 4/3/2017 4. Date of Activity: 3/30/2017
 5. Carrier Name: Escapades Northwest LLC
 6. Company ID: 18137 7. Industry Code: 232 8. USDOT #: 2962357
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. 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: _____

11. Compliance Review

SI Rating: Satisfactory Unsatisfactory Conditional Not Rated
 Number of Current Vehicles: _____ Number of Current Drivers: _____
 Total Miles Prior Year: _____ Recordable Accidents Prior Year: _____
 Accident Ratio: _____
 CSA Investigation: Yes No Full Investigation Focused Investigation
 Carrier Type: Passenger Carrier Property Carrier Other: _____

12. Part B Violations

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

13. Vehicle Inspection Data

	MB 1-15						
Inspections	1						
Defective Vehicles	1						
OOS Vehicles	0						
Level	7						

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14. Vehicle Inspection Violations

	MB 1-15					
Comments:						
Emergency Equipment, Exits	1					

15. Driver Inspection Violations

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

16. Relevant Carrier History:

Escapades Northwest LLC is a new entrant operating in Auburn and King County. The company is owned and operated by Nick Smith. Mr. Smith operates a 15 passenger mini bus that he plans to use for taking clients on day hikes.

17. Findings:

Vehicle 1FBAX2G7GKB08347 had a level seven inspection. One violation of 393.95(f) was discovered for missing one of three required reflective devices. The vehicle passed CVSA inspection.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15 day letter requirement.
- Require the company to submit a compliance plan in response to the 385 letter requirement (45 days).
- 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.
- Issue a complaint.
- Stop company operations.

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

- 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): _____

20. Additional Comments:

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Mr. Smith (owner) received technical assistance covering 380, 382, 383, 385, 387, 390, 391, 392, 393, 395, and 396. I left him one copy of "Your Guide to Achieving a Satisfactory Safety Record." Forward to licensing Services for permitting.

Investigator's Signature: *Andrew Yeomans* Date: 4/3/2017

OFFICE USE ONLY

Initial Review By: *David Pratt* Date: 4/3/2017

Initial Reviewer's Recommendation:

Agree with recommendation to forward to licensing for permit.

Final Review By: *David Pratt* Date: 4/3/17

Final Reviewer's Recommendation:

Agree with recommendations. Ok to forward to Licensing to issue permit.

Internal Processing

Date Closed: 4/03/2017 By: *Kelli Wynn*
Company Name: Escapades Northwest LLC
Assignment #: 117033 Staff Assigned: Yeomans & Sharp



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: Escapades Northwest LLC Representative: Nick Smith
 Date: 03/30/2017 Investigator: Sandi Yeomans

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Post-Accident Testing	382.303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Random Testing	382.305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drug & Alcohol Policy	382.601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input type="checkbox"/>	<input checked="" 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"/>

Insurance Requirements	387	<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 type="checkbox"/>	<input checked="" 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): NICHOLAS SMITH Signature: *N. Smith* Date: 3/30/2017

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.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
PO Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU009000009
Inspection Date: 03/30/2017
Start: 01:18 PM PT End: 1:39:26 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

ESCAPADES NORTHWEST LLC
936 N 34TH STREET 4F
SEATTLE, WA 98103

USDOT#: 02962357 Phone#: (425)753-8789
MC/MX#: Fax#:
State#:

Location: 5657 S. 328TH PL AUBURN
Highway:
County: KING, WA

MilePost:
Origin: AUBURN, WA
Destination: AUBURN, 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, FORD, 2016, WA, BEC6625, 1FBAX2CG7GKB08347, 6,134

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.95F, 393.95(f), 1, N, N, N, No / insufficient warning devices: Missing one of three required reflective devices.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

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: SHARP, JASON

Badge #: WAU587

Copy Received By:

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X [Signature]

X [Signature]



02962357 WA WAU009000009