



# 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.: 117047  
 3. Current Date: 4/19/2017      4. Date of Activity: 4/18/2017  
 5. Carrier Name: Thorson Ventures, LLC dba W2 Excursions  
 6. Company ID: 18747      7. Industry Code: 232      8. USDOT #: 2990609  
 9. Carrier is:      Intrastate  Yes  No  Intra and Interstate

- 10. Destination Check
- 11. Compliance Review
- 12. Part B Violations
- 13. Vehicle Inspection Data

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

14. Vehicle Inspection Violations

	MB 1-15	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:		Marker Light In-op				
Lights	1					
Violation Type						
Violation Type						

15. Driver Inspection Violations

16. Relevant Carrier History:

W2 Excursions purchased the vehicle in December from W Excursions. The carrier has not operated as of yet, but would like to start as soon as receiving the charter permit.

17. Findings:

After a check of Query Central, the carrier still does not have operating authority through FMCSA. A new entrant technical assistance was provided to the carrier and Parts 387, 390, 391, 392, 395, and 396 were discussed.

18. Recommended Safety Action:  Yes  No

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

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20. Additional Comments:

Recommend not issuing a charter permit until the carrier receives operating authority from FMCSA.

Investigator's Signature: Wpe Kelly Date: 4/19/2017

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Initial Review By: [Signature] Date: 4/24/2017

Initial Reviewer's Recommendation:

Agree with recommendation to hold application until carrier receives operating authority. As of April 24, SAFER displays carrier's operating status as "NOT AUTHORIZED."

Final Review By: David Pratt Date: 4/25/17

Final Reviewer's Recommendation:

Carrier's USDOT is not yet activated until the FMCSA receives proof of insurance from the carrier's insurance broker. Carrier has been advised to notify his agent to do so. Carrier will notify Licensing when done. Once carrier's status has moved to "AUTHORIZED", on SAFER system, ok to issue permit.

<b>Internal Processing</b>	
Date Closed: <u>4/25/2017</u>	By: <u>[Signature]</u>
Company Name: <u>Thorson Ventures LLC dba W2 (pronounced squared) Excursions</u>	
Assignment #: <u>117047</u>	Staff Assigned: <u>Gilbert</u>



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: W2 Excursion

Representative: Peter Thorson

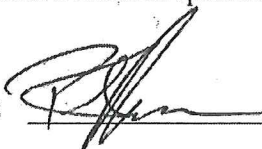
Date: 04/18/2017

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 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	RT	<input type="checkbox"/>
Driver Qualification File	391.51	RT	<input type="checkbox"/>
Multiple Employer Driver	391.63	RT	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	RT	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	RT	<input type="checkbox"/>
Accident Register	390.15	RT	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	RT	<input type="checkbox"/>
Equipment Leasing	390.303	RT	<input type="checkbox"/>
Hours of Service	395	RT	<input type="checkbox"/>
Maximum Driving Times	395.5	RT	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	RT	<input type="checkbox"/>
Driver's Duty Status Record	395.8	RT	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	RT	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	RT	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	RT	<input type="checkbox"/>
Pre-Trip Inspection	396.13	RT	<input type="checkbox"/>
Periodic Inspection	396.17	RT	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	RT	<input type="checkbox"/>
Safety Compliance Review (CR)	General	RT	<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): Peter Thorson Signature:  Date: 4/18/17

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
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU007000268
Inspection Date: 04/18/2017
Start: 04:04 PM PT End: 4:28:28 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

THORSON VENTURES LLC
2444 PROVENANCE LOOP
WALLA WALLA, WA 99362-3503

USDOT#: 02990609 Phone#: (509)200-9639
MC/MX#: Fax#:
State#:

Location: WEST ROSE ST
Highway:
County: WALLA WALLA, WA

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

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

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, FORD, 2003, WA, C00171J, 1, 1FDWE45F33HB54235, 14,000

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: 393.11, 393.11, 1, N, N, N, No or defective lighting devices or reflective material as required; High center marker light in-op on the rear

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: GILBERT, WAYNE
Badge #: WAU584

Copy Received By: X

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Barcode: 02990609 WA WAU007000268

