



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): Sandi Yeomans      2. Assignment No.: 117070  
 3. Current Date: 5/23/2017      4. Date of Activity: 5/23/2017  
 5. Carrier Name: Ride the Waves Tours, LLC  
 6. Company ID: 18873      7. Industry Code: 232      8. USDOT #: 2989039  
 9. Carrier is:      Intrastate  Yes  No  Intra and Interstate

### 10. Destination Check

<ul style="list-style-type: none"> <li>▪ Has a copy of the Destination Check Safety plan been attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Any special emphasis placed on the destination check? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ Describe Special Emphasis: _____</li> </ul>
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### 11. Compliance Review

<ul style="list-style-type: none"> <li>▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional <input type="checkbox"/> Not Rated</li> <li>▪ Number of Current Vehicles: _____      ▪ Number of Current Drivers: _____</li> <li>▪ Total Miles Prior Year: _____      ▪ Recordable Accidents Prior Year: _____</li> <li>▪ Accident Ratio: _____</li> </ul>
CSA Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No <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: _____

### 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	0						
OOS Vehicles	0						
Level	7						

# Assignment Report

## Motor Carrier Safety

### 14. Vehicle Inspection Violations

Comments:					

### 15. Driver Inspection Violations

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

### 16. Relevant Carrier History:

This carrier is a new entrant. The company is owned by June Bongirno. The plan is to offer historic tours in the local area. The place of business is at 732 Pt. Brown Ave NE, Ocean Shores, WA

### 17. Findings:

I inspected vehicle 1FDWE3FL1ADB01410 a Ford 15 passenger bus. No violations were found. The vehicle passed a level 7 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:

Technical assistance was give to June Bongirno (owner) covering 380, 382, 383, 385, 387, 390, 391, 392, 393, 395, and 396. I left him with one copy of "Your Guide to Achieving a Satisfactory Safety Record" Forward to Licensing Services for permitting.

Assignment Report  
Motor Carrier Safety

Investigator's Signature: Andrew Yeomans Date: 5/23/2017

**OFFICE USE ONLY**

Initial Review By: [Signature] Date: 5/24/2017

**Initial Reviewer's Recommendation:**

Agree with recommendation to issue authority.

Final Review By: David Pratt Date: 5/24/17

**Final Reviewer's Recommendation:**

Agree with recommendations. Forward to Licensing with ok to issue permit. Ok to close and file.

Internal Processing	
Date Closed: <u>5/25/2017</u>	By: <u>[Signature]</u>
Company Name: <u>Ride the Wave Tours, LLC</u>	
Assignment #: <u>117070</u>	Staff Assigned: <u>Yeomans</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: Ride The Waves Tours
Date: 05/23/2017

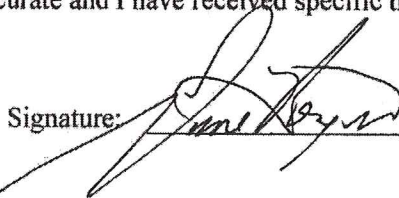
Representative: June Bongirno
Investigator: Sandi Yeomans

Table with 4 columns: Subject, CFR Part, Completed, n/a. Rows include Safety Regulations Training Provided, General Applicability, Drug and Alcohol Testing, Pre-Employment Drug Testing, Post-Accident Testing, Random Testing, Selection & Notification, Reasonable Suspicion Testing, Subpart B Prohibitions, Drug & Alcohol Policy, Consequences for Engaging in Drug & Alcohol Use, Commercial Driver's License Vehicles that require a CDL/Endorsements, General Qualifications of Drivers, Medical Certificate Required, and Entry Level Driver Training.

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 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): JUNE BONGIRNO

Signature: 

Date: 5/23/17

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 safetynet@wsp.wa.gov

Report Number: WAU008000207
Inspection Date: 05/23/2017
Start: 11:36 AM PT End: 12:05:17 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

RIDE THE WAVE TOURS INC
PO BOX 2246
OCEAN SHORES, WA 98569

USDOT#: 02989039 Phone#: (206)313-8866
MC/MX#: Fax#:
State#:

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

Location: 412 PT BROWN AVE SE, OCEAN SHO MilePost: Shipper:
Highway: Origin: OCEAN SHORES, WA Bill of Lading:
County: GRAYS HARBOR, WA Destination: OCEAN SHORES, 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, BU, FORD, 2010, WA, B94725P, N/A, 1FDWE3FL1ADB01410, 11,500

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: 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: YEOMANS, S.

Badge #: WAU586

Copy Received By:

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Signature of S. Yeomans

Signature of Copy Received By



02989039 WA WAU008000207