



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 114049
 3. Current Date: 6/17/2014 4. Date of Activity: 6/11/2014 and 6/17/2014
 5. Carrier Name: Northwest Smoking and Curing, Inc.
 6. Permit: _____ 7. New Entrant Date of Authority: _____
 8. MOTCAR No.: 7295 9. Carrier is: Intrastate Only
 10. Industry Code: 230 Intra and Interstate
 11. USDOT No.: 2405919 12. MC No.: _____

13. **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: _____

14. **Compliance Review**

SI Rating: Satisfactory Unsatisfactory Conditional
 Number of Vehicles Operated: _____
 Number of Drivers Operated: _____
 Total Miles Prior Year: _____
 Recordable Accidents Prior Year: _____
 Accident Ratio: _____

Is the carrier a New Entrant? Yes No

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

15. **CSA Investigation**

Investigation Type: Full Investigation Focused Investigation
 Carrier Type: Passenger Carrier Property Carrier Other: _____

Basic Threshold Percentile:

<input type="checkbox"/> Unsafe Driving	_____ %	<input type="checkbox"/> Driver Fitness	_____ %
<input type="checkbox"/> Fatigued Driving (HOS)	_____ %	<input type="checkbox"/> Drug/Alcohol	_____ %
<input type="checkbox"/> Crash Indicator	_____ %	<input type="checkbox"/> Vehicle Maintenance	_____ %

16. **Part B Violations:**

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

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17. Vehicle Inspection Data:

	Van 9-15	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Inspections	2							
Defective Vehicles	1							
OOS Vehicles	0							
Level	5							

18. 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								2			
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comments:											

19. Driver Inspection Violations:

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

20. Relevant Carrier History:

21. Findings:

I provided educational and technical assistance to this auto transportation new entrant. The safety manual "your guide" was handed and the regulations were reviewed with owner Mr. Joel Kronenberg. I conducted level 5 terminal vehicle inspections for the two passenger vehicles, a 14 passenger Ford and a 15 passenger Ford, both including the driver position. The 15 passenger Ford did not have installed emergency equipment; a fire extinguisher and warning devices for stopped vehicles. Mr. Kronenberg installed the emergency equipment on 6/17/2014 and CVSA safety stickers were issued to both vehicles.

22. Recommended Action:

No further action.

Assignment Report

Motor Carrier Safety

- 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.

23. 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% 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):

23. Additional Comments:

This applicant purchased at auction the two wheel chair equipped vehicles that were formerly owned and operated by the local counties public transit authorities. U# 1, a 2007 Ford was formerly owned by Whatcom Transit Authority, and U#730, a 2004 Ford was formerly owned by Skagit Transit Authority. Both transit authorities specified in their purchase contracts with the manufactures the vehicles would be wheel chair equipped and designed to transport 14 passengers including the driver in the case of U#1, and U#730 was purchased with the wheel chair specifications and designed to transport 14 passengers including the driver. Mr. Kronenberg has not changed the seating configurations and plans on operating both vehicles as non-CDL vehicles. See attached photos. Forward to licensing services for permit processing.

Investigator's Signature: _____

Alan Dickson

Date: 6/17/2014

Assignment Report
Motor Carrier Safety

OFFICE USE ONLY

Initial Review By: John Foster Date: 6/18/2014

Initial Reviewer's Recommendation: New entrant inspections. TA provided forward to licensing for permit processing.

Final Review By: DDrett Date: 6/18/14

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS

OK to issue authority.

Internal Processing

Date Closed: 6/18/14 By: Jim Martin

Company Name: Northwest Smoking and Curing

Assignment #: 114049 Staff Assigned: Dickson

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360 596-3819 Fax 360 596-3828

Report Number: WAU006000427
Inspection Date: 06/11/2014
Start: 1:55:00 PM PT End: 2:30:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

NORTHWEST SMOKING AND CURING INC
PO BOX 2976
BELLINGHAM, WA 98227
USDOT#: 02405919 Phone#: (360)733-3666
MC/MX#: State#: Fax#:
Location: TERMINAL
Highway:
County: WHATCOM, WA

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

MilePost:
Origin:
Destination:

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 2004 WA 730 1FDXE45F93HB94615 14,050 20089216

BRAKE ADJUSTMENTS

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

VIOLATIONS: No Violations Were Discovered.

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 assure compliance with the Federal and State Motor Carrier Safety regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: ALAN DICKSON

Badge #: J553

Copy Received By: [Signature]



Alan Dickson

DRIVER/VEHICLE EXAMINATION REPORT

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360 596-3819 Fax 360 596-3828

Report Number: WAU006000427
Inspection Date: 06/11/2014
Start Time: 01:55 PM End Time: 02:30 PM
Inspection Level: V - Terminal
HM Inspection Type: None

NORTHWEST SMOKING AND CURING INC
PO BOX 2976
BELLINGHAM, WA 98227
Phone#: (360)733-3666 Fax#: _____
USDOT#: 02405919 MC/MX#: _____
State#: _____

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

Inspection Notes

Vehicle has WA Temp Vehicle Permit # E9 270246, valid through 7/21/2014.

Special Studies No Special Study Data Recorded

Report Prepared By:
ALAN DICKSON

Badge #:
J553

Copy Received By:

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Alan Dickson

X

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360 596-3819 Fax 360 596-3828

Report Number: WAU006000426
Inspection Date: 06/11/2014
Start: 1:15:00 PM PT End: 1:45:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

NORTHWEST SMOKING AND CURING INC
PO BOX 2976
BELLINGHAM, WA 98227

USDOT#: 02405919 Phone#: (360)733-3666
MC/MX#: Fax#:
State#:

Location: TERMINAL
Highway:
County: WHATCOM, WA

MilePost:
Origin:
Destination:

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

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2007	WA	ANS9698	1	1FDXE45S46DB10192	14,050		20089215	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher
393.95F	393.95(f)	1	N		N	N	No / insufficient warning devices

hazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

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Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
ALAN DICKSON

Badge #:
J553

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02405919 WA WAU006000426

Alan Dickson

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