



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes X No - Reason For Not Uploading: Aspen uploads

1. Investigator(s): Alan Dickson 2. Assignment No.: 113034

3. Current Date: 5-23-13 4. Date of Activity: 4-23-13

5. Carrier Name: Leavenworth Shuttle & Taxi LLC

6. Permit: TE-130534 7. New Entrant date of authority:

8. MOTCAR No.: 9. Carrier is: X Intrastate Only [ ] Interstate Only [ ] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2393914 12. MC No.:

13. [ ] Destination Check

Form for Destination Check containing checkboxes for safety plan attachment, inspection counts, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint containing checkboxes for complaint plan, activity types, and inspection counts.

15. [ ] New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation containing checkboxes for carrier type, location, and inspection requirements.

Handwritten signature

16.  **New Entrant- HHG**

- Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No
- Is this carrier based in another state, requesting intrastate authority:  Yes  No
- Is this carrier based in Washington, requesting intrastate authority:  Yes  No
- Did staff complete the following:
  - ◆ Inspect all vehicles between three and eighteen months?  Yes  No  
 Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and eighteen months?  Yes  No  SI  SA
  - ◆ Conduct technical assistance within three months?  Yes  No

17.  **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:**  Passenger Carrier  HHG Carrier  Solid Waste Carrier
- Basic Threshold Percentile is;**
  - Unsafe Driving \_\_\_\_\_%
  - Fatigued Driving (HOS) \_\_\_\_\_%
  - Crash \_\_\_\_\_%
  - Driver Fitness \_\_\_\_\_%
  - Drug/Alcohol \_\_\_\_\_%
  - Vehicle Maintenance \_\_\_\_\_%

18.  **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
  - Safety Investigation
  - Technical assistance
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - Unannounced terminal visit
  - Other (please explain): \_\_\_\_\_

19.  **Safety Investigation:**

**Safety Audit:**

- SI Rating:  Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: \_\_\_\_\_
- Number of drivers operated: \_\_\_\_\_
- Total miles for prior year: \_\_\_\_\_
- Recordable accidents for prior year: \_\_\_\_\_
- Accident Ratio: \_\_\_\_\_

20.  Part B Violations:

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

21. X Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections	1							2			
Defective Vehicles	1	<del>Reported</del>						2	<del>Reported</del>		
OOS Vehicles	0							0			
Level	2							5			

22. X 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	1										
Tires, wheels, rims											
Horn								1	<del>Reported</del>		
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other								2			
Comment: 2 driveshaft protection devices											

23.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

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**25. Findings:**

I conducted vehicle inspections for this excursion/charter party applicant. A total of four minor defects were noted consisting of inoperable horn, light and two vans without driveshaft protection devices installed. Owner/president David Witt stated he would make the repairs and send in the vehicle inspection reports to the WSP for compliance. The inspection reports have been uploaded to the database on the Aspen reports.

**26. Recommended Action:**

- No further action.
- 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.

**27. 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% or 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): \_\_\_\_\_

28. Additional Comments: Owner, David Witt certified the needed repairs were made in a signed statement sent via telefax. He stated in a phone conversation that he himself had repaired the defects at his terminal/shop and that he had sent in the original vehicle inspection forms to the WSP address for compliance.

Forward to licensing services for certificate processing.

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Investigator's Signature: Alan Dickson

Initial Review By: 

Date: 5/24/13

Reviewer's Recommendation: Original report submitted was rejected until Carrier repaired vehicle defects. Defects are now repaired & I Concur with recommendation for Authority

Final Review By: DPART Date: 5/24/13

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATIONS  
CLOSE & FILE  
\*OK to Issue Authority

OFFICE USE ONLY	
Date Closed:	By:
Company Name:	
Assignment #:	
Staff Assigned:	