



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [] Yes [X] No - Reason For Not Uploading: Vehicle Inspections only

1. Investigator(s): Grimm 2. Assignment No.: 113192

3. Current Date: 112613 4. Date of Activity: 112613

5. Carrier Name: Alpine Transportation LLC

6. Permit: N/A 7. New Entrant date of authority:

8. MOTCAR No.:

9. Carrier is: [X] Intrastate Only [X] Interstate Only [] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2447590

12. MC No.: 844699

13. [] Destination Check

[] Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger 16+ passenger
Number of vehicle inspections: Level 1 Level 2 Level 3 Level 5
Any special emphasis placed on the destination check [] Yes [] No
Describe Special Emphasis
What might we do differently to increase our success at the next destination check:

14. [] Safety Complaint

[] Attach a copy of the Individual Safety Complaint Plan.

- What activity did staff complete for this safety complaint:
[] Compliance review
[] Technical assistance
[] Number of vehicle inspections: Level 1 Level 2 Level 5
[] Unannounced terminal visit
[] Other (please explain):

15. [] New Entrant - Charter, Auto Transportation

- 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 nine months? [] Yes [] No
Number of vehicle inspections: Level 1 Level 2 Level 5
Conduct a SI/SA between three and nine months? [] Yes [] No [] SI [] SA

16. **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is:
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> 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. **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									
Defective Vehicles		0									
OOS Vehicles		0									
Level		1									

22. **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											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment: None – 12 passenger vehicle verified through manufacturer data.											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

Applicant for CH/EX service.

25. Findings:

Vehicle inspection using CVSA Level 1 criteria. No defects or out of service condition found. See UTC Driver/Vehicle Examination Report WAU005000343.

26. Recommended Action:

FORWARD TO LICENSING FOR REVIEW AND ISSUANCE OF CERTIFICATE

- 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.

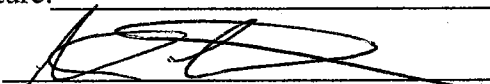
27. Is this carrier considered a high risk carrier as a result of this activity?

- 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: Carrier given overview of the Federal Motor Carrier Safety Regulations Parts 390, 391, 395 and 396 as they affect current operations.

Investigator's Signature: _____

Initial Review By: _____



Date: 12-03-2013

Reviewer's Recommendation: _____

I Concur with recommendation for Authority

Final Review By

Dratt

Date:

12/3/13

Reviewer's Recommendation:

Agree with recommendations.

* OK to issue authority.

OFFICE USE ONLY

Date Closed: 12/4/2013

By: Lindsay Martin

Company Name: Alpine Transportation LLC

Assignment #: 113192

Staff Assigned: Bruce Grimm

FMCSA Motor Carrier

USDOT Number: **2447590**
Docket Number: **MC844699**
Legal Name: **ALPINE TRANSPORTATION LLC**
DBA (Doing-Business-As) Name **ALPINE TRANSPORTATION**



Addresses

Business Address: **8452 N MERCER WAY
MERCER ISLAND, WA 98040**
Business Phone: **(206) 963-8365** Business Fax:
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	NONE	Application Pending:	YES		
Contract Authority:	NONE	Application Pending:	NO		
Broker Authority:	NONE	Application Pending:	NO		
Property:	NO	Passenger:	YES	Household Goods:	NO
Private:	NO	Enterprise:	NO		

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$1,500,000	BIPD on File:	\$1,500,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO

Blanket Company: **INTERSTATE AUTHORITY LLC**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 11/08/2013
Policy/Surety Number: 02APM003209-01	Coverage From: \$0	To: \$1,500,000
Effective Date: 11/08/2013	Cancellation Date:	

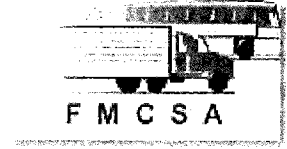
Insurance Carrier: **BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPAN**
Attn: **FILING ADMINISTRATOR**
Address: **P. O. BOX 2048
OMAHA, NE 68103-2048 US**
Telephone: **(800) 488 - 2930** Fax:

Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

FMCSA Motor Carrier

USDOT Number: **2447590**
 Docket Number: **MC844699**
 Legal Name: **ALPINE TRANSPORTATION LLC**
 DBA (Doing-Business-As) Name **ALPINE TRANSPORTATION**



Insurance History:

Form:	Type:	Coverage From	\$0	To:	\$0
Policy/Surety Number:		To:	Disposition:		

Insurance Carrier
 Attn:
 Address:

Telephone: Fax:

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
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Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3
MOTOR PASSENGER COMMON CARRIER	10/21/2013	Suspended	OK	OK

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
			VOLUNTARY - CARRIER HAS NOT OPERATED INTRASTATE. WILL MAKE UCR APPLICATION.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

WASHINGTON UTILITIES & TRANSPORTATION COMMISS

Report Number: WAU005000343

P.O. Box 47250

Inspection Date: 11/26/2013

Olympia WA 98504-7250

Start: 9:25:00 AM PT End: 9:40:00 AM PT

Inspection Level: I - Full

HM Inspection Type: None



ALPINE TRANSPORTATION LLC

Driver: HAMMOND, MATTHEW Q

8452 N MERCER WAY

License#: HAMMOMQ151B5

State: WA

MERCER ISLAND, WA 98040

Date of Birth: 01/10/1985

USDOT#: 02447590

Phone#:

CoDriver:

MC/MX#:

Fax#:

License#:

State:

State#:

Date of Birth:

Location: SEATAC 28TH AVENUE SOUTH

MilePost:

Shipper: NOT FOR HIRE-INSPECTION PURPOSES

Highway:

Origin: MERCER ISLAND, WA

Bill of Lading:

County: KING, WA

Destination: SEATTLE, WA

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	UNK	2013	WA	NWSKI	MERCEDES BENZ	WDZPE8CC8D5744524	10,000		19110161	

BRAKE ADJUSTMENTS

Axle #	1	2
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: BRUCE GRIMM

[Signature]

Badge #: J540

Copy Received By: MATTHEW HAMMOND

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02447590 WA WAU005000343

X

X: WAU005000343
UTC 1318301

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1313301

PERSONNEL NO. 3540 DIST / DET

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 11/26/13 TIME (MILITARY) BEGUN 0925 FINISHED 0940 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N LOCATION: SR/MP SEATAE 28th AVE S. SCALEHOUSE NO. CNTY CODE V7

CARRIER CARRIER NAME (Include DBA when applicable) ALPINE TRANSPORTATION LLC ADDRESS 8452 N MERCER WAY

CITY MERCEER ISLAND STATE WA ZIP CODE 98040 INTERSTATE YES NO DOT NO. 2447890 ICC NO. MERCEER ISLAND WA 98040 YES NO 2447890

DRIVER DRIVER NAME HAMMOND, MATTHEW LICENSE NO. HAMMOND 15LBS WA STATE WA EXP. YEAR 16 DATE OF BIRTH 01/10/85 MED. CERT. Y N WAIVER Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS HAMMOND, MATTHEW Q G.V.W. 10000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU 13 MZB, NWSKI, WA. Row 2: 2, WD2P E8 CC8D5741524

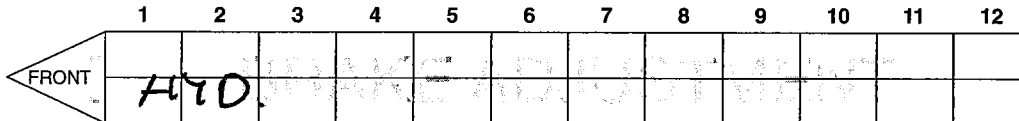


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Includes handwritten entry 'MC844699' in the VIOLATIONS column.

CVSA DECALS UNIT 1 19110161 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O / S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE OFFICER SIGNATURE

WA00000348