



UTILITIES AND TRANSPORTATION COMMISSION

7E-130368

Assignment Report Motor Carrier Safety

Upload? Yes No - Reason For Not Uploading: Aspen upload

1. Investigator(s): Alan Dickson

2. Assignment No.: 113040

3. Current Date: ~~4-26-13~~ 6/11/13

4. Date of Activity: ~~4-23-13~~ 6/2/13

5. Carrier Name: Tour Guys LLC

6. Permit: _____ 7. New Entrant date of authority: _____

8. MOTCAR No.: _____

9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2388943

12. MC No.: _____

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								1			
OOS Vehicles								0			
Level								5			

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								1			
Comment: driveshaft protection device not installed											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

25. Findings:

I conducted a level 5 vehicle inspection for this excursion/charter party applicant. One defect was noted; the passenger van did not have a driveshaft protection device installed.
Owner/partner Dean Rainey stated he would make the repairs and send in the vehicle

inspection report to the WSP for compliance. The inspection report has been uploaded to the database on the Aspen report.

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: Co-owner, Dean Rainey certified the needed repair was made in a signed statement sent via telefax on 6-3-13. He stated in a phone conversation that he had the driveshaft protection device installed at his mechanic's repair shop and that he had sent in the original vehicle inspection form to the WSP address for compliance.

Forward to licensing services for certificate processing.

24. Relevant Carrier History:

REPAIRED

25. Findings:

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- Other (please explain): _____

28. Additional Comments: Forward to licensing services for certificate processing.

Investigator's Signature: *Alan Dickson*

Initial Review By: *[Signature]* Date: *6-11-13*

Reviewer's Recommendation: *I recommend Authority be issued. All defect Attached reports repairs were complete to install Drive Shaft Protection*

Investigator's Signature: _____

Initial Review By: [Signature] Date: 6-10-13

Reviewer's Recommendation: Please see comment on original report -

Final Review By: D Pratt Date: 6/11/13

Reviewer's Recommendation:
Agree with recommendations.
Close & file.
OK to issue authority

OFFICE USE ONLY

Date Closed: 6/11/13 By: Mike Nelson

Company Name: Tour Guys

Assignment #: 113040

Staff Assigned: Dickson

Jun. 3. 2013 3:36PM
Washington State Patrol

Labor & Industries - Bellingham

No. 0839

P. 2/3

Special Project

13040

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1313560

PERSONNEL NO. J553	DIST/DET	LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>
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GENERAL			HAZARDOUS MATERIALS		
DATE 4/23/13	TIME (MILITARY) BEGUN 12:30	TIME (MILITARY) FINISHED 12:52	HAZARD CLASS / DIVISION NO.		
LOCATION: SRMP TERMINAL	SCALEHOUSE NO.	CNTY CODE 9	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER

CARRIER NAME (Include DBA when applicable)
TOUT Guys LLC

ADDRESS
2623 N Baker Ave

CITY East Montlake	STATE WA	ZIP CODE 98102	INTERSTATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOT NO. 238943	ICC NO.
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DRIVER

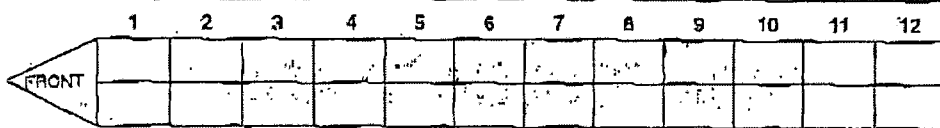
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.

VEHICLE

REGISTERED OWNER NAME/ADDRESS
Carview

G.V.W. 9100

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Van	10 Ford		AJT1047	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # C/A	Compld
393.84	No. Headlight Detection Device		X					

VSA DECALS UNIT 1 1936175	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE [Signature]				
OFFICER SIGNATURE [Signature]				

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

Jun. 3. 2013 3:35PM Labor & Industries - Bellingham

No. 0840 P. 3

THE FOLLOWING MUST BE MET, ONLY IF VIOLATIONS/COMMENTS ARE NOTED.

REPAIR: All noted defects and violations must be corrected or repaired.

DRIVER: This report must be furnished to the Motor Carrier whose name is listed on this report.

MOTOR CARRIER: Please sign this certification and return within fifteen (15) days from date of inspection, to address indicated below only if violations/comments are noted. To return, fold as indicated and tape.

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 and Hazardous Material 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.

Don [Signature] OWNER June 2/2013
SIGNATURE OF MOTOR CARRIER TITLE DATE SIGNED

Repair job complete

① FOLD HERE

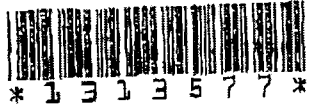


PLACE POSTAGE HERE

MAIL TO: WASHINGTON STATE PATROL
Commercial Vehicle Enforcement
P O Box 42614
Olympia, WA 98504-2614



② FOLD HERE



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: WAU006000336
Inspection Date: 04/23/2013
Start: 12:30:00 PM PT End: 12:50:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

TOUR GUYS LLC
2623 N BAKER AVE
EAST WENATCHEE, WA 98902
USDOT#: 02388943 Phone#: (509)886-1307
MC/MX#: State#:
Fax#:

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

Location: TERMINAL MilePost: Shipper:
Highway: Origin: Bill of Lading:
County: DOUGLAS, WA Destination: 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, VN, FORD, 2010, WA, ADJ1047, 9,100, 18361128

BRAKE ADJUSTMENTS

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

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.89, 393.89, 1, N, N, N, N, Bus driveshaft not properly protected

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:

Page 1 of 1



02388943 WA WAU006000336

Alan Dickson

x #1313560