



UTILITIES AND TRANSPORTATION COMMISSION

* THIS IS ADDENDUM TO ORIGINAL ASSIGNMENT - VEHICLE INSPECTION ONLY

TE-130750

Assignment Report Motor Carrier Safety

Upload? [] Yes [X] No - Reason For Not Uploading: Follow-up vehicle inspection

1. Investigator(s): GRIMM

2. Assignment No.: 113142 *

3. Current Date: 083013

4. Date of Activity: 083013

5. Carrier Name: PALOUSE TOURING CO.

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

8. MOTCAR No.: 7302

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

10. Industry Code: 232

11. USDOT No.: 2327744

12. MC No.:

13. [] Destination Check

Form for Destination Check containing questions about safety plan, number of buses inspected, and special emphasis.

14. [] Safety Complaint

Form for Safety Complaint containing questions about individual safety complaint plan and vehicle inspections.

15. [] New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation containing questions about FMCSA referral and inspection frequency.

Handwritten signature and number 1

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. **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		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											
Comment: CVSA decal 18735328 issued.											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

Carrier had previously offered 16 or more passenger including the driver vehicles for inspection pending the issuance of the intrastate CH/EX certificate. Carrier management determined that the increased insurance and administrative costs were not cost effective. The firm is in the process of selling the two vehicles on the UTC application to a non-profit organization. They purchased a 2002 Ford 14 passenger mini-bus that is the subject of this inspection.

25. Findings:

CVSA decal issued for 14 passenger mini-bus. See UTC Driver Vehicle Examination Report WAU005000338 submitted to ASPEN (Hand written UTC 1313517 083013).

26. Recommended Action:

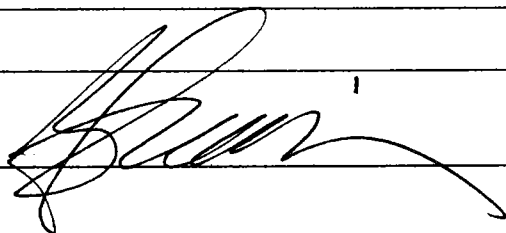
- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (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: Vehicle offered for service and available for inspection. Passed CVSA Level 5 type inspection.

Investigator's Signature: _____



Initial Review By: [Signature] Date: 9-6-13

Reviewer's Recommendation: I concur with recommendation to
issue authority -

Final Review By: [Signature] Date: 9/6/13

Reviewer's Recommendation:
AGREE WITH RECOMMENDATION
CLOSE & FILE
THANKS BRUCE

OFFICE USE ONLY

Date Closed: 9/9/13 By: [Signature]

Company Name: Palace Touring

Assignment #: 113 (A2)

Staff Assigned: Grimm