



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason for Not Uploading: New Entrant

1. Investigator(s): Ray Gardner J577 2. Assignment No.: 114041  
 3. Current Date: 5/27/2014 4. Date of Activity: 5/22/2014  
 5. Carrier Name: Freedom Tours NW INC  
 6. Permit: N/A 7. New Entrant Date of Authority: \_\_\_\_\_  
 8. MOTCAR No.: 7158 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Intra and Interstate  
 10. Industry Code: 232  
 11. USDOT No.: 2470020 12. MC No.: 853991

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 4 \_\_\_\_\_
- 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 Vehicles Inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_
  - 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 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 nine 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	
<b>Basic is for:</b>	<input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile:</b>	
<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**

<input type="checkbox"/> <b>Safety Audit</b>			
▪ 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:	_____ %		

# Assignment Report

## Motor Carrier Safety

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											
Comments:											

23.  **Driver Inspection Violations:**

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

**24. Relevant Carrier History:**

This is a new entrant requesting authority with the UTC

**25. Findings:**

This carrier has been provided with Technical Assistance and a Level 1 CVSA inspection was completed on the one motor coach the carrier tends to operate. The coach is 1998 Prevost License # 824806, Vin # 2PCH33498W1012561. The coach was purchased in Las Vegas. The coach also has a valid and current Annual Inspection that was completed on May 15 2014 in Las Vegas.

**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% 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:**

Forward to Licensing for further action.

Investigator's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

Click here to enter

a date: 5/27/2014

**OFFICE USE ONLY**

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Reviewer's Recommendation: \_\_\_\_\_

Final Review By: D Pratt Date: 5/27/14

Final Reviewer's Recommendation: \_\_\_\_\_

OK to issue authority.

close & file.

**Internal Processing**

Date Closed: 5/28/14 By: Li Monte

Company Name: Freedom Tours NW, Inc.

Assignment #: 114041 Staff Assigned: Gardner

Report Number: WAU002000186  
Inspection Date: 05/22/2014  
Start: 2:00:00 PM PT End: 2:45:00 PM PT  
Inspection Level: I - Full  
HM Inspection Type: None

FREEDOM TOURS NW INC  
166 ALLMAN ROAD  
WINLOCK, WA 98596

USDOT#: 02470020 Phone#:   
MC/MX#: 853991 Fax#:   
State#:

Location: 2900 CASE ROAD SW  
Highway:   
County: THURSTON, WA

MilePost:   
Origin: WINLOCK, WA Shipper:   
Destination: WINLOCK, WA

Bill of Lading:   
Cargo: EMPTY

Driver: SIMPSON, DOUGLAS B  
License#: SIMPSDB475MF State: WA  
Date of Birth: 07/06/1953  
CoDriver:   
License#: State:   
Date of Birth:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	MC	PREO	1998	WA	824806	630	2PCH33498W1012561	48,000		20089301	

BRAKE ADJUSTMENTS

Axle #	1	2	3
Right	N/A	N/A	N/A
Left	N/A	N/A	N/A
Chamber	DISC	DISC	DISC

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:

RAY GARDNER

Badge #:

J577

Copy Received By:

DOUGLAS SIMPSON

Page 1 of 1



02470020 WA WAU002000186

x *Ray Gardner*

x 1313273

**UNIFORM DRIVER/VEHICLE INSPECTION REPORT**

**1313273**

PERSONNEL NO. <b>J577</b>	DIST / DET <b>H/R</b>	LEVEL: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
------------------------------	--------------------------	--

GENERAL			HAZARDOUS MATERIALS	
DATE <b>5/23/14</b>	TIME (MILITARY) BEGUN <b>14:06</b>	TIME (MILITARY) FINISHED <b>14:45</b>	HAZARD CLASS / DIVISION NO.	
LOCATION: SR/MP <b>2900 CASE RD SW</b>		SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N
				HAZARDOUS WASTE? Y N
				PLACARD REQUIRED? Y N
				CARGO TANKS? Y N

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
**FREEDOM TOURS NW INC.**

ADDRESS  
**166 ALLMAN RD**

CITY <b>Winlock</b>	STATE <b>WA</b>	ZIP CODE <b>98596</b>	INTERSTATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DOT NO. <b>2470520</b>	ICC NO. <b>853991</b>
------------------------	--------------------	--------------------------	---	---------------------------	--------------------------

**DRIVER**

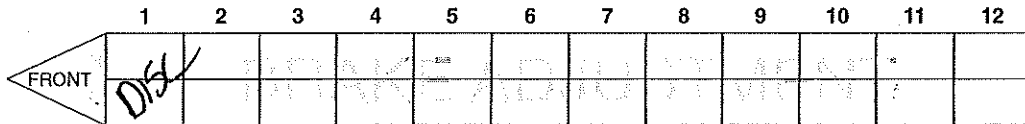
DRIVER NAME <b>SIMPSON DOUGLAS B</b>	LICENSE NO. <b>SIMPSONB475MF</b>	STATE <b>WA</b>	EXP. YEAR <b>2014</b>
---	-------------------------------------	--------------------	--------------------------

DATE OF BIRTH <b>7-6-53</b>	MED. CERT. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N WAIVER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SHIPPER NAME <b>EMPTY</b>	SHIPPING NO. <b>---</b>
--------------------------------	--	------------------------------	----------------------------

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS <b>SAME</b>	G.V.W. <b>53 PWS</b> <b>45000</b>	PBT RATE
--	--------------------------------------	----------

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1		<b>MC PREV/1998</b>	<b>630</b>	<b>1824806</b>	<b>WA</b>
2				<b>2RCH33498W1012561</b>	
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
	<b>NO VIOLATIONS FOUND</b>							

CVSA DECALS UNIT 1 <b>20089301</b>	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  
*[Signature]*  
 OFFICER SIGNATURE  
*[Signature]*