



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

New Entrant? Yes No Was a CR conducted between 6-18 months after the permit was issued? Yes No

1. Investigator(s): Francine Gagne, Mat Perkinson 2. Assignment No.: 115042
 3. Current Date: 5/6/2015 4. Date of Activity: 4/30/2015
 5. Carrier Name: Alaska Independent Coach Tours LLC
 6. Company ID: 16962 7. Industry Code: 232 8. USDOT #: 1341337
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

- Has a copy of the Destination Check Safety plan been attached? Yes No
- Any special emphasis placed on the destination check? Yes No
- Describe Special Emphasis:

11. Compliance Review

- SI Rating: Satisfactory Unsatisfactory Conditional
- Number of Vehicles Operated: _____ ▪ Number of Drivers Operated: _____
- Total Miles Prior Year: _____ ▪ Recordable Accidents Prior Year: _____
- Accident Ratio: _____

CSA Investigation: Yes No Full Investigation Focused Investigation

Carrier Type: Passenger Carrier Property Carrier Other: _____

12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		393	14	392	
395		396	1	397	

13. Vehicle Inspection Data

	MC	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	8							
Defective Vehicles	8							
OOS Vehicles	2							
Level	7							

14. Vehicle Inspection Violations

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	MC	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:	Oil leak					
Other						
Emergency Equipment, Exits	13					
Brakes	1					
Other	1					
Violation Type						
Violation Type						

15. Driver Inspection Violations

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

16. Relevant Carrier History:

New entrant

17. Findings:

Vehicles inspected at point of sale, Northwest Motorcoach. Carrier is aware of all defects and requirements relating to emergency equipment. Carrier was given a copy of our Safety Guide and all related information was discussed. Carrier was not new to the business, only expanding company into Washington.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: Select Date)
- Revisit to recheck a specific issue (Date: Select Date)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties for violations of: _____
- Issue a complaint.
- Stop company operations.

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

- 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):

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20. Additional Comments:

No further action recommended

Investigator's Signature: Signed electronically

Date: 5/6/2015

OFFICE USE ONLY

Initial Review By:

John Foster

Date:

5/12/15

Initial Reviewer's Recommendation:

~~OK~~ 8 vehicles were inspected for new authority. All 8 vehicles were defective. 2 were placed out of service. Carrier has been advised that all repairs must be made prior to authority being granted. Hold until proof of repairs are received.

Final Review By:

DPatt

Date:

5/18/15

Final Reviewer's Recommendation:

We have received verification that repairs were made. Close & file.

OK to issue authority

Internal Processing

Date Closed:

5/12/15

By:

DeMarte

Company Name:

Alaska Independent Coach Tours LLC

Assignment #:

115042

Staff Assigned:

Gagne & Perkinson