

Washington Utilities and Transportation Commission 1300 S. Evergreen Park Drive S.W. Olympia, WA. 98504

David Witt P.O. box 1041 Leavenworth, WA 98826

Concerning Docket # TE-161021, TE-1616020:

I would like to request to be heard on the above matter. I purchased Leavenworth Shuttle three and a half years ago prior to that my background had been in tourism and recreation for 20 years. The previous ownership had virtually no records or documentation that transferred. I had very little information and was ignorant in where to find what I need to conduct this business according to UTC rules. What had in place I had learned from my drivers and periodicals from Foley. I mention this because my deficiencies are not done out of disrespect for the rules of the road, but because I was uneducated in what I need to have in place to run this company. I understand it is my responsibility to comply and run this company under the UTC rules, I fully acknowledge that and will never have this happen again. I have spent the last three and a half months working on the deficiencies in my company. My focus was there and not in creating this report, which is my mistake. I have put policies in place, some as simple as adding reminders on our outlook calendar schedule and others as to completely create new files for personnel and vehicles. I have eliminated Foley as my alcohol monitoring company and have since gone with Confluence Health out of Wenatchee, WA. I have completed my 60 minutes of reasonable suspicion training for Alcohol/Controlled Substances. I will go through each of the items.

### 1. 382.301(a)

This violation occurred because I was unaware that I needed to do a pre-employment test. Foley was the provider I was going through and I relied on their system. I have since had every current employee tested and I've changed our controlled substance program to Confluence Health which is an easier and more local company to work with. I have provided Sandra with all those current results and have attachments in the packet.

### 2. 391.45(a) 391.11(a)

This is part of the above violation. Each driver has had a physical and has a medical card to drive, we are utilizing Confluence Health to provide that service with us too. The failure was all of my own ignorance. I didn't realize I need every driver to have a medical card. In each drivers file I have a copy and the expiration dates are attached to my Outlook Calender.



## 3. 396.11(a)

This violation occurred because I didn't realize that I need to keep a written record of the DVIR or that it need to be recorded. I have directly used page 189 out of the "Your Guide to Achieving a Satisfactory Safety Record." Also as part of the employment process going through how to properly conduct a walk around a DVIR. I've enclosed a two-week time period of Hilary Mason's DVIR forms, more can be provided for each driver if requested. Have a detailed filing system now in place for each driver.

### 4. 382.305(i)(2)

This violation occurred because of my reliance on Foley services and my lack of knowledge as well. I have since changed this with working with Confluence Health. There is a copy of the group that my drivers are in in each packet, I am notified quarterly of random in our pool with Confluence Health.

### 5. 382.413 secondary 40.25

This violation occurred because of my ignorance at what the requirements were. I've changed the hiring process to ensure that previous employers are contacted about alcohol and controlled substances information. It was as simple to remedy as adding this into our hiring procedures.

## 6. 382.603

This violation occurred because I was ignorant to what the requirements were. I have since received the above 60 minutes in Alcohol and 60 minutes in controlled substances training. I've developed a reasonable suspicion checklist. My certificate and suspicion checklist are attached.

### 7. 383.35(b)

This violation occurred because I was ignorant to the requirement. I have since adopted the employment application form on pages 77-78 out of the "Your Guide to Achieving a Satisfactory Safety Record." The solution to this was to add this into our hiring procedures.

### 8. 390.19(b)(2)

This violation occurred because I was ignorant to the requirement that I needed to renew my MCS-150, this was simply done at the time of inspection and I've put It on my outlook calendar to be renewed at the appropriate time.

### 9. 391.21(a)

This violation occurred because I was ignorant to the requirement. I didn't realize I needed to keep these documents after hiring process. I now realize that you need to keep these documents in the employee's company file. The solution was to add this to our hiring procedures.



### 10. 391.23(a)

This violation occurred because I was ignorant to the requirement of background checks. The solution was to add this to our hiring procedures.

# 11. 391.51(b)(9)

This violation occurred because I was ignorant to the requirement of checking the national registry of Certified medical examiners. I have since added this to our hiring procedures.

# 12. 395.8(a)

This violation occurred because I was ignorant to the requirement. I didn't realize I needed to track my own time at the company. This was simply changed by adding an excel form to my daily tasks that I fill out every day listing my time off and on duty.

# 13. 395.8(f)

This violation occurred because I was ignorant to the requirement. I have since adjusted the Shuttle Driver Trip Log to include: Name, Start time, End Time, Total hours & Date.

I appreciate the time you have spent reviewing my company. I want to apologize for being so ignorant in identifying what my requirements were. I want to thank Sandra Yeomans with all of her help and recommendations to improve my company's compliance. I want you to know that this small company provides for my employees, their families and my family. I don't take this lightly that I've managed this company into it's current situation with the UTC. I will be more diligent in the future and utilize the tools now provided to me by the UTC on book and by USB. I most humbly apologize and will do better in the future.

Thank you for your time.

David Witt

Leavenworth Shuttle & Taxi LLC.

P.O. Box 1041

894 Hwy 2 Suite L

Leavenworth, WA. 98826

509-670-1849

# SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: \dilary Mason Date (dd/mm/yy): 08/26/16

Start 5:PM

Vehicle# C 6

End 2:15

Total Hours 9/14 Record the following when you sell a fare.

Column 5 is to be completed at the end of shift.

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
5:40	Safeway Terry -> how		5 /each	5
6:00	6 861 Johnson Ro	- TOWN	6.2 miles	
6:45	Time Inportoun	2	5/cach	10
7:00	Wedge worn-tow,	1 4 )	10/each	40
7:30	Victorian Simplicity-1	1	7	14
8:00	Wedge Mitou -> Town	Althory L	5.5mile	1.8
8:45	Bar toing phones	1 Mi Ke	THE THE	
8:15	Barrer Lage Jen	Ý	5/fach	1 - 5
9:15	Pele - Aloine RU	9 2	5/each	
10:15	Gaziba - Fride Isl	ene I	4.5 miles	1 13
11:20	Gaz - Wedge	4	10/each	40
12:00	Blur Spirts - Waige	1 2	S.S. onles	180/190
1300	Tunuater -> Blewet	1	9 10.183	25 ( <u>/</u> 25
1:45	Inde -> Chumstic		5/each	<u> </u>
And Ballion and a second acres a second	+0+0-7-	A CONTRACTOR OF THE PROPERTY O	The second secon	
			Total Fares:	\$ 240

Drivers Signature	181. Whom		£
	Mileage recorded	Deficiencies noted on maintenance request	 Employee

DATE: 08/26/16	_VEHICLE NUMBER:OG
SERVICE BRAKES, PARKI STEERING LIGHTS TIRES HORN OTHER REMARKS:	ING BRAKE WINDSHIELD WIPERS MIRRORS COUPLING DEVICES WHEELS & RIMS EMERGENCY EQUIPMEN
X Condition of the above vehicle	is SATISFACTORY.
Driver's Signature: 14 Mas	
Mechanic's or carrier official's signatu	rected for safe operation of vehicle.  ure certifying repairs:
	Date
Next day driver's signature:	
	Date_

SHUTTLE DRIVER TRIP LOG					
Driver First & Last Name:   a   a   W	ason	Date (dd/mm/yy): 0 8 /23 //6			
Start 5: PM		Vehicle# 06			

Total Hours 71/2 Record the following when you sell a fare.

Column 1	Column 2	Column 3	*Column 4	Column 5	
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4	
6:05	Run of the Rive ( -> tos		2.1 miles.	9	
6:30	Wedge MIN - four		5.5 miles Seath (22	2 CARD	
	MAN	<u> </u>			
7:00	town - Cash MTN B	13 2	2.8miles		
~ ~					
8:20	TRAIN→ Fiche II		5/each	5	
9:00	Girgo blend - Diche	120	3.2 miles	10	
9:10	76-Runo River	2	2,1 miles	g	
12:40	Loft - Wedge MfIN	Н	5.5/Wiles	22	
			Total Fares:	\$ ((00	

Drivers Signatu	e A M	ason	
Previous			<b>.</b>
-~	Mileage recorded	Deficiencies noted on maintenance request	Employee

TORY.
MIRRORS COUPLING DEVICES WHEELS & RIMS EMERGENCY EQUIPMEN

	SHUT	TLE DRIVER T	RIP LOG			
Driver First & Las	st Name: Allary	nosor Date (dd/m	nm/yy): 08/20//6			
Start 9:3	0-4 (Bin Bus) 4-	6 (VAN) 16-11 (Big BU	5) V	ehicle# 223		
End 11  D 11/12 Bus + 2 regular hours  Total Hours 13'/2 Record the following when you sell a fare.						
Total Hou	rs 131/2 Record	the following when you	sell a fare.			
100011200	Column	is to be completed at the	end of shift.			
Column 1	Colama 2	Colemn 3	*Column 4	Column 5		
Departure Time	Location	Number of Passengers	Fare Paid	Makindy Column 3 by Column 4		
10:40	Camp Zanika DD	2. Ellensburg lugi	· pre-pel	The second section of the		
3:10	Gazina - Red Tail	1 24 x 2 1	pie-pol			
4:20	LOC & GIMPH N.	Roex 10	5/each (50)	CARD		
4:40	LOC - Priciele	2A 2 Kils=3	5/each			
6:30	LOC - Dtimber Ruy	17	pre-per	AND THE PERSON NAMED IN COLUMN TO PERSON NAM		
7:30 -10:30	Red Tail - Enzid	U-300PS				
		·				
	1					
			Total Fares:	\$ 15		
Drivers Signature	Alleage recurded	Deficiencies noted on ma	CC (*)	5 - 10 5 - 5		

DATE: <u>08/20//6</u> VEHICLE N	NUMBER: 223 453
SERVICE BRAKES. PARKING BRAKE  STEERING  LIGHTS  TIRES  HORN  OTHER  REMARKS:	WINDSHIELD WIPERS  WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS  EMERGENCY EQUIPMENT
Condition of the above vehicle is SATISFACT	ΓORY
Driver's Signature: A. Mosov	
Above defects corrected.  Above defects need not be corrected for safe of Mechanic's or carrier official's signature certifying rep	peration of vehicle. pairs:
Next day driver's signature:	Date
voremanne.	
(Note: The motor comic viv	Date
(Note: The motor carrier will maintain the original driver vehicle inspe and the certification of the driver's review for three months from the da	ection report, the certification of repairs ate the written report was prepared.)

Driver First & La	st Name: Hilary P	Mason	Date (dd/m	m/yy): 08/22/	1/1-	
Start 5: End 12: Total Hou	pm oo	the following			Vehicle# 06	
	Column	s to be comp	leted at the e	ed of shift.		
Column 1	Column 2	Colan	1 "	*Column 4	Column 5	
epartore Time	Location	Number of P	assengers	Fare Paid	Multiply Column	
5:30	Hospital -> Fairbridge			810	CARD	
7:30	Enzian - train	1		5	$\frac{1}{2}$	
8:25	train Pension Anna	2		5	10	
			7			
			Te	otal Fares:	\$ 15	

Mechanic Signature

DATE: 08/22/16 VEHICLE N	NUMBER: 06
SERVICE BRAKES. PARKING BRAKE STEERING LIGHTS TIRES HORN OTHER REMARKS:	WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS  EMERGENCY EQUIPMENT
X Condition of the above vehicle is SATISFAC	TORY.
Driver's Signature: 1 Mousow	
Above defects corrected.  Above defects need not be corrected for safe  Mechanic's or carrier official's signature certifying r	
	Date
Next day driver's signature:	
	Date
(Note: The motor carrier will maintain the original driver vehicle in and the certification of the driver's review for three months from the	e date the written report was prepared.)

# SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Hilary Mason Date (dd/mm/yy): 08/19/16

Start 5:PM

Vehicle# 06

End 2:30
Total Hours 9 1/2

Record the following when you sell a fare.

***************************************	Column	is to be completed at th	e end of shift	
Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3
5-15	Community Cup - Ali	erd	6 miles	by Column 4
5:45	TeideRv - Teide Ville	196 3	The second secon	18
6:15	1-laus Rorbach - town	3	3.2 miles	1-12
7:00	De Derkit & SKIHILI	3	5/each	10
7: <b>35</b>	Linderhoff - SK: Hill	2	5/each	1.5
7:30	Enziew-Sk. Hill	2	5/each	10
6:30	Fricle Village Visco.		5/each	10
	·		5/each	15
	South Dovful PU			The state of the s
9:30		2	2,3 miles	10
	12787 Spring St -		5/each	10
	SKi Hill > hotels	3+4	5/tach (35	COARD
70-50110	Sa Caulana	<u>'</u> †	MFKe	
			mike	
	rystais-SK: 11.4		5/erch	5
	verge min - toff	2	5.5 miles (18)	CARD
	7azibo -> 4408, mil		22.8m(59)	SACARD
A	oft-Wedgemen	2	5.5 miles (18)	CARD
	Sleeping lady - Hospital	<b>B</b> 4	Fleught	28
			Total Fares:	\$ 143,00

Drivers Signature A. Mosoc	on c	ctips -	16.00
Previous		<i>i</i>	127.00
Mileage recorded	Deficiencies noted on maintenunce request	Employe	<u>ર</u> હ

Mechanic Signature

DATE: 08/19/16 VEHICLE 1	NUMBER: 06
SERVICE BRAKES, PARKING BRAKE STEERING LIGHTS TIRES HORN OTHER REMARKS:	WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS  EMERGENCY EQUIPMEN
X Condition of the above vehicle is SATISFAC	CTORY.
Driver's Signature: 1 Mason	
Above defects correctedAbove defects need not be corrected for safe Mechanic's or carrier official's signature certifying	
Above defects need not be corrected for safe	repairs:
Above defects need not be corrected for safe	repairs:

			Date (dd/m	RIP LOG m/yy): 08/17/16	(Workescloy)
	t Name: Hilary Y	1100010			Vehicle# 06
Start 5 P End 12: F					
Total Hou	<b>-</b> 1 The second	the following	g when you	sell a lare.	
101411100	Column	Sis to be com	ma 3	*Column 4	Column 5
Column 1	Column 2	Number of		Fare Paid	Multiply Column 3
Departure Time	Location	Number of	Lazendera		
		1	<u> </u>	5/each	5
7: PM	Bau. Lodge - SKi	1411	3	5/eve h	10
7:15	Rag Shap & Hall	9	2	5/each	10
8:30	Apon Row From 118 (S	875)→WoK 6		5/eath	10
	/ Train -> Der Rit			5/each	26
8:45 /	TRAIN - M	10. 11.5.	]	5/each	5
	TRAIN -> EVER	; rediv	2	5/each	15
10:40	SKiltill -> Basic	3048	2 2	5/each	10
11:00	WOK - Alpine Rive		4 	1 5/each	(26) CARD
11:20	Encharter park - T	xer Kil	1		
			. •		
				Total Fares:	\$ 95
L				CC tip	5 - 5
	1111100	<u>^</u>	•		\$ 90
Drivers Signati	me Nd. Meisa	,	,		10
Previous		72 - 57		жайы ээнэнын	_ Employee
	Mileage recorded			minimum de legites	75 res hr. \$15
X Need rec	elot: B	arbra	Kannau	rian 17	75 res hr. \$15 5 bus time from
A NOCO 190			1.0	113.0	) 003 10 m
ic to 4 scor	nic Signature		Calle	BC CAWADE	VOH 1840.

Prefer email: brannawian@shaw, ca

SERVICE BRAKES, PARKING STEERING	
LIGHTS	<u></u> ✓ MIRRORS
TIRES	COUPLING DEVICES
<u>✓ HORN</u>	WHEELS & RIMS
<u>✓ OTHER</u>	EMERGENCY EQUIPMEN
REMARKS:	
Condition of the above vehicle is S.	ATION
Driver's Signature: M. Wowo	
Above defects corrected.	
Above defects peed not be	1.0
	tor rafa
Above defects need not be corrected	rior safe operation of vehicle.
Mechanic's or carrier official's signature ce	
	ertifying repairs:
Mechanic's or carrier official's signature ce	
	ertifying repairs:
Mechanic's or carrier official's signature ce	ertifying repairs:

# **REASONABLE SUSPICION CHECKLIST**

**Directions**: Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

Employee name:	Date:	
Time:		
Check All That Apply:		
Speech	Eyes	Odor
□ Slurred, thick	□ Bloodshot/Reddened	☐ Alcohol smell on breath or
□ Slow	□ Pupils dilated	clothing
□ Rapid	□ Pupils constricted	□ Chemical odor
□ Silent	□ Repetitive jerky motion	☐ Burnt rope odor
□ Loud	□ Glazed appearance	□ Other odor:
□ Hostile	☐ Droopy/partially closed	
□ Talkative	☐ Tearing, watery	
□ Incoherent	☐ Unfocused, blank stare	
□ Difficulty speaking	, , , , , , , , , , , , , , , , , , , ,	
☐ Cursing, inappropriate		İ
□ Nonsensical, silly		
Mood	Mental	Balance
□ Hostile/ Angry	□ Poor judgment	□ Slowed
□ Elated, "up"	□ Decreased inhibitions	□ Normal
☐ Irritable, agitated	□ Disoriented	□ Quickened
□ Anxious	☐ Unpredictable	□ Staggering
□ Combative	□ Distracted	□ Swaying
□ Aggressive	☐ Drowsy/sleepy	□ Falling
□ Violent	□ Restless	□ Holding on
□ Evasive	☐ Suspicious/paranoid	☐ Unsteady/uncoordinated
□ Sad/depressed	□ Withdrawn	□ Clumsy
Movement	Appearance	Other
□ Slowed	☐ Flushed	☐ Frequent use of breath mints,
□ Normal	□ Sweating	gum, mouthwash
□ Quickened	□ Cold, clammy	☐ Physical evidence (like liquor
□ Shaking	☐ Disheveled, messy	bottle, drug paraphernalia)
□ Tremors	□ Vomit on clothing	□ Other:
I certify that I have had training	in the signs & symptoms of sub-	tance use and alcohol abuse, and to
the heat of my indemnation	in the signs of symptoms of subs	tance use and alcohol abuse, and to
me best of my judgment reasons	ble suspicion exists based on the	physical and behavior indicators
noted above.		
Signed:	Date:	

# CERTIFIED TRAINING SOLUTIONS

Awards this

# Certificate of Completion

 $\mathcal{I}_{\mathcal{O}}$ 

# David Witt

For successful completion of

# Reasonable Suspicion Training

(For Department of Transportation (DOT) Covered Supervisors)

Signs & Symptoms of Drug Use (1 hour) Signs & Symptoms of Alcohol Misuse (1 hour)



Awarded on 07/27/2016



# Pool Membership Report Wenatchee

Employee Name Kaelin, Michael	4604	Company Leavenworth Shut	Location tip &	Region	Dept	User3
Kaelin, Michael	4604	Leavenworth Shuttle	ttle &			
Mason, Hilary	4623	Leavenworth Shuttle	ttle &			
Miland, Jeff	1311	Leavenworth Shuttle	## P			
Witt, David	5712	Leavenworth Shuttle	ttle &			

Total Number of Employees: 4



Time: 1253

Time: 0348

Time: 0830

Time: 1020



# Wenatchee pabey Medical Center

To:

Leavenworth Shuttle & Taxi, LLC

11610 Eagle Creek Rd. Leavenworth, WA 98826

# **Medical Review Officer Report**

- Confidential -

This is a notification of a controlled substance test result on:

Donor ID:

Individual Tested: Jeff Miland 1311

Collection Site:

**US Healthworks** 

140 4th Ave North, Ste 150 Seattle, WA 98109

(206) 682 - 7418

Laboratory:

PAML

110 W. Cliff Ave

Spokane, WA 99220

Reason for Test: Specimen ID#:

Date of Collection: Lab Accession #:

Lab Reported Date: MRO:

MRO Received Date: MRO Report Date: MRO Date CCF2;

Specimen Type: Drug Panel:

Pre-Employment B02798282

07/28/2016 16164262

07/29/2016 Dr. Paul Allen

07/29/2016 07/29/2016 07/28/2016

Urine SAMHSA

Substances included in test profile: 6 Monocytal Acid Morphine

Cocaine

**Opiates** 

**Amphetamines** 

Marijuana

**Phencyclidine** 

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is:

\*\*\* Negative \*\*\*

Comments:

Dr. Paul Allen





Wenatchee pebby Medical Center

To:

Leavenworth Shuttle & Taxi, LLC

11610 Eagle Creek Rd. Leavenworth, WA 98826

# **Medical Review Officer Report**

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: David Witt

Donor ID: **Collection Site:**  5712

Wenatchee Valley Hospital

820 N Chelan

Wenatchee, WA 98801

(509) 663 - 8711

Substances included in test profile: 6 Monocytal Acid Morphine

PAML

110 W. Cliff Ave

Spokane, WA 99220

Reason for Test:

Specimen ID#:

**Date of Collection:** Lab Accession #:

Lab Reported Date: MRO:

**MRO Received Date:** 

MRO Report Date: MRO Date CCF2: Specimen Type: Drug Panel:

Pre-Employment B02798285

07/28/2016

16164252 07/29/2016

Dr. Paul Allen

07/29/2016

07/29/2016 07/28/2016 Urine

SAMHSA

Time: 0830 Time: 1015

Time: 1343

Time: 0348

Laboratory:

**Amphetamines** 

Marijuana Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is:

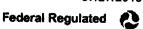
Cocaine

Opiates

\*\*\* Negative \*\*\*

Comments:

an jan no



Time: 1540

Time: 0607

Time: 0800



Wenatchee Valley Medical Center

To:

Leavenworth Shuttle & Taxi, LLC

11610 Eagle Creek Rd. Leavenworth, WA 98826

# **Medical Review Officer Report**

- Confidential -

This is a notification of a controlled substance test result on:

Donor ID:

Individual Tested: Michael Kaelin 4604

Collection Site:

Wenatchee Valley Hospital

820 N Chelan

Wenatchee, WA 98801

(509) 663 - 8711

Laboratory:

PAML

110 W. Cliff Ave

Spokane, WA 99220

Reason for Test: Specimen ID#:

Date of Collection:

Lab Accession #:

Lab Reported Date: MRO:

MRO Received Date: MRO Report Date: MRO Date CCF2:

Specimen Type: **Drug Panel:** 

Pre-Employment

B02798264 07/26/2016

16161818 07/27/2016

Dr. Paul Allen

07/27/2016 07/27/2016

07/26/2016 Urine SAMHSA

Time: 0846

Substances included in test profile:

6 Monocytal Acid Morphine

Cocaine

**Opiates** 

**Amphetamines** 

Marijuana

**Phencyclidine** 

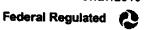
This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is:

\*\*\* Negative \*\*\*

Comments:

Dr. Paul Allen



Time: 1606

Time: 0605

Time: 0800

Time: 0852



Wenatchee yebby Medical Center

To:

Leavenworth Shuttle & Taxi, LLC

11610 Eagle Creek Rd. Leavenworth, WA 98826

# **Medical Review Officer Report**

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: hilary Mason

Donor ID: **Collection Site:**  4623

Wenatchee Valley Hospital

820 N Chelan

Wenatchee, WA 98801

(509) 663 - 8711

Laboratory:

PAML

110 W. Cliff Ave

Spokane, WA 99220

Reason for Test:

Specimen ID#:

Date of Collection:

Lab Accession #:

Lab Reported Date: MRO:

**MRO** Received Date: MRO Report Date:

MRO Date CCF2: Specimen Type: Drug Panel:

Pre-Employment

B02798265 07/26/2016

16161792

07/27/2016 Dr. Paul Allen

07/27/2016

07/27/2016 07/26/2016

Urine **SAMHSA** 

Substances included in test profile:

6 Monocytal Acid Morphine

Cocaine

**Opiates** 

**Amphetamines** 

Marijuana

Phencyclidine

This controlled substance test was conducted in accordance with 49 CFR Part 40

The verified result is:

\*\*\* Negative \*\*\*

Comments:

Regain in

Dr. Paul Allen

2	
U.S Department of Tran Federal Motor Carrier Safety Administration	
REASON FOR FILING	
NEW APPLICATION	X BIENI

												OME	3 No. 2126	5-0013
U.S Department of Transporta Federal Motor Carrier Safety Administration	don		MOTO	OR CA (Appli		81.445.134.14	5° +555	4 (1.47)				POR	1	
REASON FOR FILING NEW APPLICATION X E	(Check Only SIENNIAL UPDATE	•	OUT OF BU	SINESS NOT	TIFICATIO	N	R	REAPPLIC	ATION	(AFTER RE	VOCATION	OF NEW I	ENTRANT)	w <u>44</u> - 4
1. NAME OF MOTOR CARRI LEAVENWORTH SHUTTLE					. TRADE .EAVENV					S AS) NAI	ME		<u> </u>	
3. PRINCIPAL ADDRESS 11610 EAGLE CREEK RD		4. CI	TY /ENWORTH		. STATE/ VASHING		ICE			ZIP CODE	E + 4 7. C	OLONIA	(MEXICO C	ONLY)
8. MAILING ADDRESS PO BOX 1041		9. CI LEA	TY /ENWORTH	- h	0. STATE	-	NCE			I. ZIP COE 1826	DE+4 12.	COLONI	A (MEXICO	ONLY)
13. PRINCIPAL BUSINESS PF (509) 670-1849	IONE NUMBER	14. PI	RINCIPAL CONTA	CT CELL P	HONE N	UMBER		<del></del> ,	1	5. PRINCI	PAL BUSI	NESS FA	X NUMBER	<del></del>
	7. MC OR MX N	D. 18. DU	IN & BRADSTREE	- 1	9. IRS/T/			·			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<del></del>
20. INTERNET E-MAIL ADDRE leavenworthshuttle@outlook.	-		· · · · · · · · · · · · · · · · · · ·	2		462366 IER MIL		(to neare		SSN# 000 miles 1	for Last Ca	lendar Ye	•	R
22. COMPANY OPERATION		••		1.						·····	<del></del>		2015	
A. Interstate Carrier B. Int			state Non-Hazmat	Carrier	D. Interst	ate Hazr	nat Shi	ipper [	≘. Intra	ıstate Hazı	mat Shippe	r F. Ve	hicle Regist	trant Only
23. OPERATION CLASSIFICATION A. Authorized For-Hire		All that Apply)		<b>.</b>										
B. Exempt For-Hire	•	Passengers (Bu		G. U. S							Governme	ent		
C. Private Property	F. Migrar	e Passengers (No nt	n-business)		leral Govern te Govern					K. Indiar				
24. CARGO CLASSIFICATION	S (Circle Al	that Apply)	<del></del>	<del></del>					<del></del>					
	LOGS, POLES,	J.	FRESH PRODUCE	Ρ.	GRAIN, F	EED, HA	Υ	٧.	COMM	ODITIES D	RY BULK	BB. C	ONSTRUCTI	ON
	BEAMS, LUMBER BUILDING	к.	LIQUIDS/GASES	Q.	COAL/C	) DKE				IGERATED			VATER WELL	
	MATERIALS	L.	NTERMODAL CONT		MEAT				BEVE				THER	•
C. METAL; SHEETS; H. COILS; ROLLS	MOBILE HOMES	(M	PASSENGERS	S.	GARBAG	E. REFU	SE. TRA			R PRODUC	re			
D MOTOR VEHICLES	MACHINERY, LARGE OBJECTS	N.	OIL FIELD EQUIPME		U.S. MAI		,		UTILIT					
E. DRIVE AWAY/TOWAWAY			.IVESTOCK	υ.	CHEMIC	ALS		AA.	. FARM	SUPPLIES				
25. HAZARDOUS MATERIALS	CARRIED OR S	HIPPED (Circle )	All that Apply) C-	CARRIED	S-SHIPP	ED B(B	ULK) -	IN CAR	GO TA	NKS NB(	NON-BULI	K) - IN PA	CKAGE	·
C S A. DIV 1.1 C S B. DIV 1.2	B NB C		A (Ammonia) B		U. DI		E						B NE	
C S C. DIV 1.3	B NB C	S L. DIV 2.3 S M. DIV 2.3	A BI	NB C S	<b>V.</b> DI		6	B NB (	C S		.ASS 8 .ASS 8A		B NB B NB	
C S D. DIV 1.4	B NB C	S N. DIV 2.3	C B 1	NB C S	X. DIV	<b>/</b> 5.2	8				AS\$ 8B		B NB	
C S E. DIV 1.5 C S F. DIV 1.6	B NB C	S O. DIV 2.3 S P. Class 3		NB C S	Y. DI		6		C S		ASS 9		B NB	
C S G. DIV 2.1	B NB C	S Q Class 3		NB C S	<b>AA.</b> DI	/ 6.1A / 6.1B	E		C S		.EVATED 1 FECTIOUS			
C S H. DIV 2.1 LPG	B NB C	S R. Class 3		NB C S		/ 6.1 Po			c s		ARINE PO			
C S J. DIV 2.1 (Metha C S J. DIV 2.2	7- 11-	S S. COM L		NB C S	CC. DI				c s		AZARDOU			3
		S T. DIV 4.1		NB C S	DD. CL	ASS 7	E	3 NB (	CS CS		AZARDOU: RM	S WASTE	B NB B NB	
26. NUMBER OF VEHICLES TH	AT CAN BE OP	ERATED IN THE	U.S.	T	1			T			6:12:	7		
Straight Trucks	Truck Trail	Cargo	Hazmat Cargo Tank Trailers	Motor Coach	s	Numbe		Mini-t			an	cluding th	Limousine	
0140150		Tank Truck	S		1-8	9-15	16+	16+		1-8	9-15	1-8	9-15	164
OWNED TERM LEASED			_	ļ	1	ļ					2	2		
TRIP LEASED				-		<del> </del>		<del> </del>	-		<del> </del>			-
27. DRIVER INFORMATION		INTERSTAT	E INT	RASTATE			TOT	AL DRIV	ERS			TOTAL CI	DL DRIVER	S
Within 100-Mile Rad					3					3	3			
28. IS YOUR U.S. DOT NUMBER RI If Yes, enter your U.S. DOT Nu	EGISTRATION CUI	RRENTLY REVOKE	BY THE FEDERAL	MOTOR CA	RRIER SA	FETY AD	MINIST	RATION?		<del></del>	<u> </u>	Yes_	No_	X
29. PLEASE ENTER NAME(S) OF S		R(S), OFFICERS OF	PARTNERS AND TI	TLES (e.g. P	RESIDEN	r, TREAS	URER,	GENERA	L PART	NER, LIMIT	ED PARTN	ER)		
1. DAVID WITT, PRESIDEN					2	UCINDA	WITT	, VP						
<u>-</u>	lease print Name	<del></del>	-1-D						(Ple	ase print t	Vame)			- <del>-</del>
30. CERTIFICATION STATEMENT (  DAVID WITT	ro na combiatag p	y an authorized offi	ciai)											

Form MCS-150 (Rev. 3-24-2005)

Signature DAVID WITT

(Please print Name)

certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations.

Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete. Date 07/25/2016

Title PRESIDENT

(Please print)
Expiration Date: 07/31/2012

### ANNUAL VEHICLE INSPECTION REPORT

VEHIGREH REPORT NUMBER	STORY RECORD FLEET UNIT NUMBER
39242239	21
DATE 9-26-	. 76

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS ADDRESS	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RD	ÇYES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LEAVEN WOATH WASSEZE	AYH 6021
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
MOTHER) PASC VAN	SINS AUTO AND TRUCK

VEHIGLE COMPONENTS INSPECTED									
OK REPAIR DATE	ITEM	OK №	EDS REPAIRED PAIR DATE		ITEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM
- 04	1. ERAKE SYSTEM			6.5	AFELOADING				TO TIMES
$\mathcal{A}$	a. Service Brakes		T	a.	Part(s) of vehicle or	,			a. Tires on any steering axle
$M \perp M$	<ul> <li>b. Parking Brake System</li> </ul>				condition of loading such	V,			of a power unit.
V	c. Brake Drums or Rotors				that the spare tire or any	abla			b. All other tires.
المما	d. Brake Hose			[	part of the load or dunnage				11. WHEELS AND RIMS
$\mathcal{N}$	e. Brake Tubing		1	]	can fall onto the roadway.	M	8		a. Lock or Side Ring
N	f. Low Pressure Warning	a de		b.	Protection against shifting	J			b. Wheels and Rims
2847	Device	V			cargo.	V			c. Fasteners
NA	g. Tractor Protection Valve			c.	Container securement	V			d. Welds
NA	h. Air Compressor	NF	[		devices on intermodal				12 WINDSHELD GLAZING
NN	i. Electric Brakes		Ì		equipment.				Requirements and exceptions
	j. Hydraulic Brakes		15.7	7.8	raering Megaangin (***	1	ĺ		as stated pertaining to any
4/1/	k. Vacuum Systems			a.	Steering Wheel Free Play	V	İ		crack, discoloration or vision
	a. Coupling DEVICES	V			Steering Column	•			reducing matter (reference
NA	a. Fifth Wheels			c.	Front Axle Beam and All		Ì		393.60 for exceptions).
MIH	b. Pintle Hooks				Steering Components				13 WINDSHIELD WIPERS
74.14	c. Drawbar/Towbar Eye	39	1		Other Than Steering				Any power unit that has an
NA	d. Drawbar/Towbar Tongue				Column				inoperative wiper, or missing
	e. Safety Devices	V		d.	Steering Gear Box	V	ļ		or damaged parts that render
A lik	f. Saddle-Mounts	$\sqrt{}$		e.	Pitman Arm				it ineffective.
	3. EXHAUST SYSTEM	1		f.	Power Steering				14 OTHER
	a. Exhaust system leaking	V		g.	Ball and Socket Joints				List any other condition(s)
	forward of or directly below	V		h.	Tie Rods and Drag Links				which may prevent safe
M	the driver/sleeper	V		i.	Nuts				operation of this vehicle.
	compartment.	V		i.	Steering System				·
	b. Bus exhaust system			1 5	JSPENSION				
	leaking or discharging in			a.	Any U-bolt(s), spring				-
	violation of standard.				hanger(s), or other axle				
	c. Exhaust system likely to				positioning part(s) cracked,				
	burn, char, or damage the	V			broken, loose or missing		,		
$M \perp 1$	electrical wiring, fuel supply,	*			resulting in shifting of an				
	or any combustible part of				axle from its normal position.				
	the motor vehicle.	マー		b.	Spring Assembly				
	4. FUELSYSTEM				Torque, Radius or Tracking				
	a. Visible leak.	V	·		Components				
	b. Fuel tank filler cap missing.				AME				
	c. Fuel tank securely attached.	V.		ALC: NO PERSONS	Frame Members				
11.00	5. LIGHTING DEVICES	W.			Tire and Wheel Clearance				
	All lighting devices and				Adjustable Axle				
MII	reflectors required by Part 393	NK	1 1		Assemblies (Sliding				
	shall be operable.	5 3 4			Subframes)				
INSTRUCTION	IS: MARK COLUMN ENTRIES TO VERIFY	INSPE	CTION:	<b>⊌</b> 0	K, X NEEDS REPAIR. <u>NA</u>	IF	ITE	AS DO I	NOT APPLY, REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

				•



**Utilities and Transportation Commission Commercial Vehicle Enforcement Section** 

P.O. Box 42614

Olympia, WA 98504-2614 Phone: (360)596-3815

Report Number: WAU008000079 Inspection Date: 07/27/2016

Start: 10:15 AM PT

End: 10:46:08 AM PT

**Inspection Level:** V - Terminal **HM Inspection Type:** None

LEAVENWORTH SHUTTLE & TAXI LLC

PO BOX 1041

State#:

LEAVENWORTH, WA 98826

USDOT#: 02393914 MC/MX#:

Phone#: (509)670-1849

Fax#:

Plate #

AYH6021

**Driver:** License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost:

Highway: County: CHELAN, WA

Shipper: Origin: LEAVENWORTH, WA

Bill of Lading: Destination:LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State VN CHEV 2016 WA

Equipment ID 21

<u>VIN</u>

**GVWR** CVSA # CVSA Issued # OOS Sticker

1GAHG39K681111185

9.600

**BRAKE ADJUSTMENTS** 

Axle# Right Left

1 N/A N/A N/A N/A

Chamber **HYDR** HYDR

**VIOLATIONS** 

Vio Code 393.89

Section 393.89

Unit OOS Citation # Verify Crash Violations Discovered 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 insure compliance with all applicable Federal and State regulations Signature Of Motor Carrier X

Title:

Report Prepared By:

YEOMANS, S.

Badge #: **WAU586**  Copy Received By:



### Sins Auto and Truck LLC 9-30-16 dba Worldnet Solutions PO Box 812 Leavenworth, WA 98826 (509) 885-2574 1088 DATE PROMISED YEAR, MAKE AND MODEL CUSTOMER'S ORDER NUMBER LICENSE NUMBER SERIAL NUMBER MOTOR NUMBER ODOMETER Description of Work AMOUNT AMOUNT OIL FILTER DIFF. 11250 1500 9000 Tel 1250 11250 457 50 TOTAL LABOR LITERS/GALS, OF GAS @ **TOTAL PARTS** 2091 LITERS/QTS. OF OIL @ (MAY BE CONTINUED ON OTHER SIDE) 20 98 TOTAL PARTS **ACCESSORIES** kg/LBS. OF GREASE @ GAS, OIL AND GREASE SUBLET REPAIRS EPA / WASTE DISPOSAL I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in TAX case of fire, theft or any other cause beyond your control. SIGNATURE TOTAL ACCESSORIES TOTAL

THANK YOU

Vaticalati	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242238	3280
DATE 9-23-16	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
Genvermenth Shutte + Tree	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 Eagle Creek Rd	Ø.YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) TILC. PLATE NO. UN OTHER
Leavementh Wa93826	AP6-5723
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK DEBUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	Sinis auto + Truck

					NA.	C(O)Mrs	ionaise (Nadaoeae				Teach of the second
OK REPAIR	REPAIRED DATE	₹TEM	ОК	NEEDS REPAIR	REPAIRED DATE		iTEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM
		1 BRAKESYSTEM				6.8	FE LOADING				10 THES
V		a. Service Brakes				a.	Part(s) of vehicle or	. 1			a. Tires on any steering axle
V		<ul> <li>b. Parking Brake System</li> </ul>					condition of loading such	168			of a power unit.
V.		c. Brake Drums or Rotors	1				that the spare tire or any	V			b. All other tires.
$\sqrt{a}$		d. Brake Hose	*				part of the load or dunnage				11_WHEELS AND RIMS
V		e. Brake Tubing					can fall onto the roadway.	N/			a. Lock or Side Ring
		f. Low Pressure Warning				b.	Protection against shifting	1			b. Wheels and Rims
YA.		Device	V				cargo.	V			c. Fasteners
NA		g. Tractor Protection Valve				c.	Container securement				d. Welds
Nin		h. Air Compressor	N	K			devices on intermodal				12. WINDSHIELD GLAZING
A/A		i. Electric Brakes		1			equipment.				Requirements and exceptions
		i. Hydraulic Brakes				7, 5	EERING MECHANISM				as stated pertaining to any
NA		k. Vacuum Systems	V			a.	Steering Wheel Free Play				crack, discoloration or vision
		2. COUPLING DEVICES	V				Steering Column	100			reducing matter (reference
		a. Fifth Wheels		ļ		~	Front Axle Beam and All				393.60 for exceptions).
All		b. Pintle Hooks	1				Steering Components				43 WINDSHELD WIPERS
		c. Drawbar/Towbar Eye	V				Other Than Steering				Any power unit that has an
	1	d. Drawbar/Towbar Tongue	i				Column				inoperative wiper, or missing
	J.	e. Safety Devices	V	<b> </b>		d.	Steering Gear Box	V			or damaged parts that render
		f. Saddle-Mounts	V			e.	Pitman Arm				it ineffective.
		3. EXHAUSTSYSTEM	Ĭ			f.	Power Steering				14. OTHER
		a. Exhaust system leaking	7	1		a.	Ball and Socket Joints				List any other condition(s)
		forward of or directly below	J			, ,	Tie Rods and Drag Links				which may prevent safe
V		the driver/sleeper	Ž	<u> </u>		1	Nuts				operation of this vehicle.
		compartment.	7	1		1 ;	Steering System				
		b. Bus exhaust system				W. A. G.	ISPENSION				
		leaking or discharging in				200 C 200 C	Any U-bolt(s), spring				
*		violation of standard.					hanger(s), or other axle				
		c. Exhaust system likely to				]	positioning part(s) cracked,				
		burn, char, or damage the	1			ļ	broken, loose or missing				
J		electrical wiring, fuel supply,					resulting in shifting of an				
		or any combustible part of				İ	axle from its normal position.				
	1	the motor vehicle.	J			h	Spring Assembly				
		4. FUEL SYSTEM	*	_			Torque, Radius or Tracking				
<i>7.</i> 1		a. Visible leak.	N			0.	Components				
		b. Fuel tank filler cap missing.		I			AME				
17		c. Fuel tank securely attached.	7			CHARLES CONTRACTOR OF THE	Frame Members				
V )		5. L(G) TIME DEVICES	V		-	1	Tire and Wheel Clearance				
		All lighting devices and	¥*				Adjustable Axle				
V		reflectors required by Part 393	All			]	Assemblies (Sliding				
"		shall be operable.	/ 🌿				Subframes)				
INGTE	HCTIO!	vs: MARK COLUMN ENTRIES TO VERIFY	INICI	L	LONE.	! <u></u>	(, _X NEEDS REPAIR, _NA	!15	HTEA	45 DO	NOT APPLY. REPAIRED DATE
11 11 11 11	1001101	to, many obligation profited to VERIL	1000	C. () 1	1014		N amountained the body that (NIS) and Service	11	1:1-11	,,,,,,,,,	NOT THE LAND THE MENT OF THE

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Vaji(des ji) REPORT NUMBER	STORY RECORD FLEET UNIT NUMBER
39242243	54
DATE O	16

<u></u>	1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO
MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
Deargement Shuttle + task	BRENT KLAVPT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 Gaple creek Rd	©/YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (▶ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
D. Burnott, Wa 98826	-AELEGE AKV 565Y
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
図(OTHER) PACS VAN	SINS ANTO+ TRUCK

		7. T			(alaly)	an a markanisa an an an an an an an an an an an an an				
OK NEEDS REPAIRED DATE	ITEM	ОК	NEEDS	REPAIRED DATE	Section Section	ITEM	Ок	NEEDS	REPAIRED DATE	[TEM
SALE	i de aktevinen			DAIL					No mediate interest	to tiges
VI I	a. Service Brakes	2.04266000			describer to steep	Part(s) of vehicle or	2000 0.004			a. Tires on any steering axle
7	b. Parking Brake System	,				condition of loading such	V			of a power unit.
7	c. Brake Drums or Rotors	1				that the spare tire or any	10			b. All other tires.
7	d. Brake Hose	,				part of the load or dunnage				11. WHEELS AND RIMS
VIII	e. Brake Tubing				1	can fall onto the roadway.	N	7		a. Lock or Side Ring
	f. Low Pressure Warning	J			b.	Protection against shifting	J.	,		b. Wheels and Rims
	Device	V			ļ	cargo.	V			c. Fasteners
N X	g. Tractor Protection Valve				] c.	Container securement	A STATE OF THE STA			d. Welds
N/A	h. Air Compressor	1	1			devices on intermodal				12 WINDSHIELD GLAZING
NIM	i. Electric Brakes		Ì			equipment.				Requirements and exceptions
	j. Hydraulic Brakes				7. 5	TEERING MECHANISM	,			as stated pertaining to any
Miller	k. Vacuum Systems	V			a.	Steering Wheel Free Play	V		4	crack, discoloration or vision
	2. COUPLING DEVICES	V			b.	Steering Column				reducing matter (reference
10/100	a. Fifth Wheels				c.	Front Axle Beam and All	200000	Service Services		393.60 for exceptions).
	b. Pintle Hooks	Section 2				Steering Components				13. WINDSHIELD WIPERS
	c. Drawbar/Towbar Eye	¥			-	Other Than Steering				Any power unit that has an
	d. Drawbar/Towbar Tongue					Column	1			inoperative wiper, or missing
	e. Safety Devices	M			d.	Steering Gear Box	¥			or damaged parts that render
MA	f. Saddle-Mounts	V			e.	Pitman Arm	THE VICTOR OF	Secretaria de la composición de la composición de la composición de la composición de la composición de la comp		it ineffective.
eri perinta	3. EXHAUST SYSTEM	$\forall_{j}$			f.	Power Steering				14 OTHER
	a. Exhaust system leaking	1,5			g.	Ball and Socket Joints				List any other condition(s)
V	forward of or directly below	V			h.	Tie Rods and Drag Links				which may prevent safe
	the driver/sleeper	LÝ.			į i.	Nuts				operation of this vehicle.
	compartment.	50000000			j.	Steering System				
	b. Bus exhaust system				A CONTRACTOR OF THE PARTY OF TH	JSPENSION				ļ
V	leaking or discharging in				a.	Any U-bolt(s), spring				
<del>                                     </del>	violation of standard.	8		1		hanger(s), or other axle				
	c. Exhaust system likely to				1	positioning part(s) cracked,				
\$ 8	burn, char, or damage the	Ì		i		broken, loose or missing				
V	electrical wiring, fuel supply,					resulting in shifting of an				
	or any combustible part of	- 7	<u> </u>			axle from its normal position.				
	the motor vehicle. 4. FUEL SYSTEM	1				Spring Assembly				
	a. Visible leak.	1,00	-		C.	Torque, Radius or Tracking				
<del>-</del>					 	Components RAME				
<del>-                                    </del>	<ul><li>b. Fuel tank filler cap missing.</li><li>c. Fuel tank securely attached.</li></ul>	V			2010 1000000000000000000000000000000000	Frame Members				
	5 LIGHTING DEVICES	V	/		-1	Tire and Wheel Clearance				
	All lighting devices and	9	<u> </u>		· ·	Adjustable Axle				
	reflectors required by Part 393		Ž.		0.	Assemblies (Sliding				
¥	shall be operable.	17	8	,		Subframes)				
INSTRUCTIO	NS: MARK COLUMN ENTRIES TO VERIFY	IMIGI		L	<b>1</b>	K. X NEEDS REPAIR, NA	I	TTSER	us no	NOT APPLY REPAIRED DATE
INSTRUCTIO	NO. WHERE OUTCOME LISTING TO VERSE!	::401	~ U I	1013		The service of the Profit of the service of the ser	,, !F	11121	لهالو ب	HUT MINED UMTE

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VEHICLE HI	STORY REGORD
NUMBER	FLEET UNIT NUMBER
39242242	223
DATE 9 _ 28 -	16

LACTOR CAPPUIS COSTATOR	INCORPOTODIC NAME (POINT OR TYPE)
MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEHUENWORTH SHUTTLE + TAXI	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
1)610 EXGLE CREEK RD	ΒΫ́ES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) LIC. PLATE NO. UN COTHER
LEAVENWORTH WA 96826	B810227
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	SINS AUTO + TRUCK

				Components inspected.			
OK NEEDS REPAIRED DATE	ITEM	OK REPAR	REPAIRED DATE	ITEM	OK REPA	S REPAIRED R DATE	ITEM
	1. BFIAKE SYSTEM			6. SAFE LOADING			TO TIMES
7	<ul> <li>a. Service Brakes</li> </ul>			a. Part(s) of vehicle or	M		a. Tires on any steering axle
J	<ul> <li>b. Parking Brake System</li> </ul>	3		condition of loading such			of a power unit.
	<ul> <li>c. Brake Drums or Rotors</li> </ul>	J		that the spare tire or any	$\vee$		b. All other tires.
J	d. Brake Hose			part of the load or dunnage			1) WHEELS AND PIMS
J	e. Brake Tubing			can fall onto the roadway.	NA	<u> </u>	a. Lock or Side Ring
NK	f. Low Pressure Warning	$ \sqrt{ }$		b. Protection against shifting	V	<u> </u>	b. Wheels and Rims
	Device	V		cárgo.	V	ļ	c. Fasteners
NA	g. Tractor Protection Valve			c. Container securement	1/	erutorean elisseer	d. Welds
MA	h. Air Compressor	NA		devices on intermodal			12 WINDSHIELD GLAZING
NV	i. Electric Brakes			equipment.			Requirements and exceptions
V	j. Hydraulic Brakes			7 STEERING MÉCHANISM	1.1		as stated pertaining to any
MY	k. Vacuum Systems	V.	<b></b>	a. Steering Wheel Free Play	V		crack, discoloration or vision
	2. COUPLING DEVICES	V	ļ	b. Steering Column			reducing matter (reference
NA	a. Fifth Wheels	1		c. Front Axle Beam and All			393.60 for exceptions).
NA	b. Pintle Hooks	V		Steering Components		T	13. WINDSHIELD WIPERS
NP	c. Drawbar/Towbar Eye		ļ	Other Than Steering	1 1	1	Any power unit that has an
NA	d. Drawbar/Towbar Tongue			Column		-	inoperative wiper, or missing
	e. Safety Devices	V/	<u> </u>	d. Steering Gear Box	"		or damaged parts that render
V	f. Saddle-Mounts	>		e. Pitman Arm			it ineffective.
	3. EXHAUST SYSTEM	<u> </u>		f. Power Steering			14 OTHER
	<ul> <li>a. Exhaust system leaking</li> </ul>	$\checkmark$		g. Ball and Socket Joints		ļ	List any other condition(s)
	forward of or directly below	$\sqrt{}$		h. Tie Rods and Drag Links			which may prevent safe
	the driver/sleeper	W		i. Nuts		1	operation of this vehicle.
	compartment.			j. Steering System			
	<ul> <li>b. Bus exhaust system</li> </ul>			& SUSPENSION			
V	leaking or discharging in	:	1	a. Any U-bolt(s), spring	i l		
	violation of standard.		1	hanger(s), or other axle			
	<ul> <li>c. Exhaust system likely to</li> </ul>	$ \sqrt{ }$		positioning part(s) cracked,	1 1		
$ \mathcal{A} $	burn, char, or damage the	*		broken, loose or missing			
	electrical wiring, fuel supply,			resulting in shifting of an			
	or any combustible part of		ļ	axle from its normal position.			
	the motor vehicle.	V	<u> </u>	b. Spring Assembly		1	
	A FUEL SYSTEM	$ \mathcal{M} $	}	c. Torque, Radius or Tracking			
V	a. Visible leak.	*		Components			
				9. FRAME			
V	<ul> <li>c. Fuel tank securely attached.</li> </ul>	<u> </u>		a. Frame Members			<del></del>
	5 LIGHTING DEVICES	<u> </u>		b. Tire and Wheel Clearance			
1	All lighting devices and	KJA.		c. Adjustable Axle			
	reflectors required by Part 393	143 T		Assemblies (Sliding			
	shall be operable.		<u> </u>	Subframes)		<u> </u>	
INSTRUCTION	NS: MARK COLUMN ENTRIES TO VERIFY	INSPECT	10N: _	💅 OK, 🗶 NEEDS REPAIR. NA	IF ITE	EMS DO	NOT APPLY REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

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# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

UIC SHRIPES AND TRANSPORTATION COMPOSSION

**Utilities and Transportation Commission Commercial Vehicle Enforcement Section** 

P.O. Box 42614

Olympia, WA 98504-2614 Phone: (360)596-3815

Report Number: WAU008000076 Inspection Date: 07/27/2016

Start: 08:16 AM PT

End: 8:45:00 AM PT

Inspection Level: V - Terminal **HM Inspection Type:** None

LEAVENWORTH SHUTTLE & TAXI LLC

PO BOX 1041

State#:

LEAVENWORTH, WA 98826

USDOT#: 02393914 MC/MX#:

Phone#: (509)670-1849 Fax#:

Driver: License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost: Highway:

County: CHELAN, WA

Shipper: Origin: LEAVENWORTH, WA

Bill of Lading: Destination:LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State BU GMC 2005 WA

Plate # B81022Y

Equipment ID 223

VIN 1GDE5V12X5F528777

**GVWR** 19.500

CVSA # CVSA Issued # OOS Sticker

**BRAKE ADJUSTMENTS** 

Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR

HYDR

**VIOLATIONS** 

Vio Code Section 393.45DLUV 393.45(d) 393.95A 393.95(a) 396.17C 396.17(c)

Unit OOS Citation # Verify Crash Violations Discovered 1 N N 1 N Ν Ν

Brake Connections with Leaks Under Vehicle: brake tube leaking on Left side rear dual

No/discharged/unsecured fire extinguisher: Fire Extinguisher not Operating a CMV without proof of a periodic inspection

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

Placard: No

Cargo Tank:

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

<u>Prepared By:</u> ANS, S.

Badge #: **WAU586** 

Copy Received By:



oins Auto and Truck LLC dba Worldnet Solutions PO Box 812	ADDRESS ADDRESS AND CONTRACTOR AND AND AND AND AND AND AND AND AND AND	DATE OF ORDER	-16	
Leavenworth, WA 98826 (509) 885-2574	CITY STATE ZIP  LINE THOME PHONE  BUS BUSINES  BUS BUSINES  THE PHONE  THOME PHONE	, No	108	36
YEAR, MAKE AND MODEL	5VF-7427	DATE PROMISED		
SERIAL NUMBER	13	LICENSE NUMBER		
	MOTOR NUMBER	ODOMETER		
OTY PART NO AND DESCRIPTION AMOUNT	DESCRIPTION OF WORK		AMC	)UNT
2-mile Mielle ful lines	LUBE CHG.OIL OIL FILTER TUNE UP TH	RANS. 🗌 DIFF.		
9-3/s how ful	Replaced 2 i Rear marker l	udit f	-,,,,	h0
3-1/2 hose but	Install 2 new feel lines	•		
7 # 6 +#8 clamps + perus 42 00		2.0	150	טטו
2 men marker light	CITI TO	unlet_		
	turium turium	1.5	112	50
	anstall new-air filter	15	12	50
	dien für Exlinguiser	,5	37	50
	Repair RF Tuen light	,2	N	Vily
	1- annual Inscrition		M	600
	LITERS/GALS. OF GAS @	TOTAL LABOR	425	00
(MAY BE CONTINUED ON OTHER SIDE)	LITERS/QTS. OF OIL @	TOTAL PARTS	42	00
TOTAL PARTS	ko/LBS_OF GREASE @	ACCESSORIES	15	(00)
AGCESSORIES	Renove Brules Butto ButiBur 1.5	GAS, OIL AND GREASE		
Jour Wage 500	Charge ant Bruke lin Mc 1.2	SUBLET REPAIRS	202	50
shap supplies 1000	I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of the second	EPA / WASTE DISPOSAL		
	express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto, it is also understand the amount of repairs thereto.		684	50
	be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	TAX	57	50
TOTAL ACCESSORIES	CICHAIUNE	ΤΟΤΔΙ	フロコ	AD

THANK YOU

VEHICLE HI	STORY RECORD  FLEET UNIT NUMBER
39242241	字20
DATE	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEAVEN WORTH SHUTTLE+ TAXI	RRENT KLAUDT
ADDRÉSS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 FAGLE CREEK RD	©/YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) LIC. PLATE NO. UN OTHER
LEAVEN WORTH WA 98826	AYH 6020
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
DI(OTHER) PASS VAN	SINS AUTO and TRUCK

	W.	WEN	(4)	KONGONENENSINOS				
OK REPAIR DATE	ITEM	OK NEEDS	REPAIRED DATE	ITEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM
<del></del>	<u> </u>			G SAFE LOADING				10 TIRES
V	a. Service Brakes			a. Part(s) of vehicle or				a. Tires on any steering axle
V	b. Parking Brake System			condition of loading such	V	}		of a power unit.
V	<ul> <li>c. Brake Drums or Rotors</li> </ul>	, <i>}</i>		that the spare tire or any	V			b. All other tires.
	d. Brake Hose	V		part of the load or dunnage				11. WHEELS AND RIMS
V	e. Brake Tubing			can fall onto the roadway.	N	4		a. Lock or Side Ring
INA	f. Low Pressure Warning	. /		b. Protection against shifting				b. Wheels and Rims
174	Device	$\vee$		cargo.	V			c. Fasteners
NA	g. Tractor Protection Valve			c. Container securement				d. Welds
NW	h. Air Compressor	NK		devices on intermodal				12 WINDSHIELD OLAZING
MA	<ol> <li>Electric Brakes</li> </ol>	278	_	equipment.	Г			Requirements and exceptions
	j. Hydraulic Brakes			7 STEERING MECHANISM				as stated pertaining to any
NA	k. Vacuum Systems	$\sqrt{}$		a. Steering Wheel Free Play	V			crack, discoloration or vision
V / V	2 COUPLING DEVICES			b. Steering Column				reducing matter (reference
NA-	a. Fifth Wheels			c. Front Axle Beam and All				393.60 for exceptions).
NVA	b. Pintle Hooks	$\sqrt{  }$		Steering Components				is windshiedd widels 🦠 🦠
NIA	c. Drawbar/Towbar Eye	×		Other Than Steering				Any power unit that has an
MA	d. Drawbar/Towbar Tongue	] ]		Column				inoperative wiper, or missing
	e. Safety Devices	$\sqrt{}$		d. Steering Gear Box	1			or damaged parts that render
	f. Saddle-Mounts	V		e. Pitman Arm				it ineffective.
	& EXHAUST SYSTEM	V		f. Power Steering				14. OTHER
	a. Exhaust system leaking	7		g. Ball and Socket Joints	KO KO ZON			List any other condition(s)
1.1	forward of or directly below			h. Tie Rods and Drag Links	l			which may prevent safe
V	the driver/sleeper	7		i. Nuts				operation of this vehicle.
1 - 1	compartment.	V		j. Steering System	l			operaner er une termeler
	b. Bus exhaust system			a. SUSPENSION				
	leaking or discharging in			a. Any U-bolt(s), spring				
	violation of standard.			hanger(s), or other axle				
	c. Exhaust system likely to		1	positioning part(s) cracked,				
	burn, char, or damage the	V		broken, loose or missing				
	electrical wiring, fuel supply,		ļ	resulting in shifting of an				
	or any combustible part of			axle from its normal position.			1	
	the motor vehicle.			b. Spring Assembly				
	4 FUEL SYSTEM	4		c. Torque, Radius or Tracking				
1111	a. Visible leak.	V						
	b. Fuel tank filler cap missing.			Components 9. FRAME				
	c. Fuel tank securely attached.	VI I		a. Frame Members			[	
A	To transfer tank securely attached.	Ť						
	All lighting devices and	-V		b. Tire and Wheel Clearance				
	reflectors required by Part 393	1		c. Adjustable Axle				
	shall be operable.	Wh	1	Assemblies (Sliding				
BIOTOLOGICA	<del></del>			Subframes)			<u> </u>	
	S: MARK COLUMN ENTRIES TO VERIFY		UN:	6 OK, X NEEDS REPAIR, NA	IF	ITEN	1 OG SI	NOT APPLY, REPAIRED DATE

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VEHICLEHI	STORYREGORE
REPORT NUMBER	FLEET UNIT NUMBER
39242243	¥53
DATE 9-28-1	b

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEAVEN WORTH SHUTTLE +TAXI	RRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RD	ĎYES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) ILC. PLATE NO. UN OTHER
LEAVEN WORTH WA98626	
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	SINS AUTO + TRUCK

					Nicolia (1808) (Salabera)	46.1		
OK REPAIR DATE	ITEM	ОК	NEEDS REPARE		ITEM	OK NEED	S REPAIRED R DATE	ITEM
	1 BRAKE SYSTEM			6	SAFELOADING			10. TIRES
V	a. Service Brakes				a. Part(s) of vehicle or	1		a. Tires on any steering axle
V	<ul> <li>b. Parking Brake System</li> </ul>	1	İ		condition of loading such	V		of a power unit.
	c. Brake Drums or Rotors	V			that the spare tire or any	V		b. All other tires.
V	d. Brake Hose				part of the load or dunnage			11. WHEELS AND RIMS
$\vee$	e. Brake Tubing				can fall onto the roadway.	NY		a. Lock or Side Ring
NH	f. Low Pressure Warning				b. Protection against shifting	V_	<u> </u>	b. Wheels and Rims
11 1	Device				cargo.	$V_{\perp}$	ļ	c. Fasteners
N# L	g. Tractor Protection Valve	ا		-	c. Container securement	V.		d. Welds
NA	h. Air Compressor	NA	$\forall$		devices on intermodal		<del></del>	12 WINDSHIELD CLAZING
NA	i. Electric Brakes	STATE OF THE PARTY OF		Silver and an article	equipment.			Requirements and exceptions
V	j. Hydraulic Brakes			7.	STEERING MECHANISM	V		as stated pertaining to any
NA	k. Vacuum Systems	V			a. Steering Wheel Free Play			crack, discoloration or vision
	2 COUPLING DEVICES	V			b. Steering Column			reducing matter (reference
N. P.	a. Fifth Wheels	. 1			c. Front Axle Beam and All	Harris and the second	to encentration	393.60 for exceptions).
NA	b. Pintle Hooks	Sur.			Steering Components			16. WINDSHIELD WIPERS
SVA	c. Drawbar/Towbar Eye		Ì	ļ	Other Than Steering			Any power unit that has an
MX	d. Drawbar/Towbar Tongue	-/			Column	V		inoperative wiper, or missing
	e. Safety Devices	V,			d. Steering Gear Box	*		or damaged parts that render
	f. Saddle-Mounts	V		_	e. Pitman Arm			it ineffective.
	3 EXHAUST SYSTEM	V			f. Power Steering		<del>                                     </del>	14.0TUSP
	a. Exhaust system leaking	V,			g. Ball and Socket Joints			List any other condition(s)
$ \mathcal{N} $	forward of or directly below	V			h. Tie Rods and Drag Links			which may prevent safe
	the driver/sleeper	V			i. Nuts			operation of this vehicle.
	compartment.	V			j. Steering System			
	b. Bus exhaust system				Norwaseue			,
	leaking or discharging in				a. Any U-bolt(s), spring			
	violation of standard.	. /			hanger(s), or other axle			
	c. Exhaust system likely to	٧			positioning part(s) cracked,			
1.7 1 1	burn, char, or damage the				broken, loose or missing			
V	electrical wiring, fuel supply,				resulting in shifting of an			
	or any combustible part of			_	axle from its normal position.			<u> </u>
	the motor vehicle.	$\frac{V}{ }$		_	b. Spring Assembly	}		
<del>-/1 - 1</del>			į		c. Torque, Radius or Tracking			
	a. Visible leak.				Components			
<del>                                     </del>	b. Fuel tank filler cap missing.	V			FRAME		1	
V	<ul><li>c. Fuel tank securely attached.</li><li>5. LIGHTING DEVICES</li></ul>	V			a. Frame Members			
	All lighting devices and	W.			b. Tire and Wheel Clearance		1	
	reflectors required by Part 393	A/A			c. Adjustable Axle			
IV		177		3	Assemblies (Sliding		-	
INCTOLOTIC	shall be operable.	9005	FORES	1	Subframes)  OK X NEEDS REPAIR NA			
	NS: MARK COLUMN ENTRIES TO VERIFY			<u> </u>	OK. X NEEDS REPAIR, NA		<del></del>	MOT APPLY. REPAIRED DATE

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VERICLERII	STORY REPORT
REPORT NUMBER	FLEET UNIT NUMBER
39242246	463
DATE 9-14-	16

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEAVENWORTH SHUTTLE+TAXT	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RY	☐ YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LFAVENWORTH WA 98826	A554463
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
□ (OTHER)	SINS AVTO & TRUCK

		ALC: 88 TEX	MATERIAL AND A STATE OF THE STA	(819)	vongnisinshaesett.	i i jiri			
OK REPAIR DATE	ITEM	OK №	EDS REPAIRED PAIR DATE		ITEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM
	THE BRAKESVSTEN			6.5	AFELOADINE				TO TIFES
V	a. Service Brakes		•	a.	Part(s) of vehicle or	1			a. Tires on any steering axle
	<ul> <li>b. Parking Brake System</li> </ul>				condition of loading such				of a power unit.
$\checkmark$	c. Brake Drums or Rotors	V			that the spare tire or any	V			b. All other tires.
$\checkmark$	d. Brake Hose				part of the load or dunnage				11. WHEELS AND FIMS
V	e. Brake Tubing			1	can fall onto the roadway.	MA		. <b></b> .	a. Lock or Side Ring
<b>J</b>	f. Low Pressure Warning	Ė		b.	Protection against shifting	V			b. Wheels and Rims
	Device	V		1	cargo.	1000			c. Fasteners
	g. Tractor Protection Valve	· *		c.	Container securement	V			d. Welds
$\vee$	h. Air Compressor	M			devices on intermodal				12 WINDSHIELD GLAZING
N/f	i. Electric Brakes	West and to the			equipment.				Requirements and exceptions
ת או	j. Hydraulic Brakes			Carrier Inches Contraction (	TEERING MECEANISM	1			as stated pertaining to any
NA	k. Vacuum Systems				Steering Wheel Free Play	W			crack, discoloration or vision
	2. ceupling devices	$ \mathcal{V} $		4	Steering Column				reducing matter (reference
NA L	a. Fifth Wheels	4		c.	Front Axle Beam and All	(8)(8),645(8)	a neovolear	and the second second second	393.60 for exceptions).
N/h	b. Pintle Hooks	$\vee$			Steering Components				13. WINDSHIELD WIPERS
NA	c. Drawbar/Towbar Eye	il			Other Than Steering				Any power unit that has an
	d. Drawbar/Towbar Tongue	_/			Column	1			inoperative wiper, or missing
V	e. Safety Devices	V		d.	Steering Gear Box	N. S.			or damaged parts that render
NA	f. Saddle-Mounts	V.		е.	Pitman Arm	Privilego en	area está de la constancia de la constancia de la constancia de la constancia de la constancia de la constancia	sa responsa e como con	it ineffective.
	3. EXHAUST SYSTEM	V		f.	Power Steering				14 GTHER
	<ul> <li>a. Exhaust system leaking</li> </ul>	V		g.	Ball and Socket Joints				List any other condition(s)
	forward of or directly below	V		h.	Tie Rods and Drag Links				which may prevent safe
	the driver/sleeper	$\sqrt{}$		] i.	Nuts				operation of this vehicle.
	compartment.	V		<u>j.</u>	Steering System				
1	<ul> <li>b. Bus exhaust system</li> </ul>				JSPENSION				
V	leaking or discharging in			a.	Any U-bolt(s), spring				
	violation of standard.				hanger(s), or other axle				
	<ul> <li>c. Exhaust system likely to</li> </ul>			1	positioning part(s) cracked,				·
1	burn, char, or damage the				broken, loose or missing				
	electrical wiring, fuel supply,	-			resulting in shifting of an				
	or any combustible part of	- #			axle from its normal position.				
	the motor vehicle.	V	A//B	ئىنى بىرا	Spring Assembly		.		
	4 FUEL SYSTEM	1		C.	Torque, Radius or Tracking				[
V,	a. Visible leak.	<u> </u>			Components				
<b>V</b>	b. Fuel tank filler cap missing.		1	minteress and research to	The state of the s				
<b>V</b>	c. Fuel tank securely attached.	<b>V</b>		-	Frame Members				
	5 LIGHTING DEVICES	4	_	-1	Tire and Wheel Clearance				
	All lighting devices and	%		C.	Adjustable Axle				
V	reflectors required by Part 393	NH			Assemblies (Sliding				
	shall be operable.			<u> </u>	Subframes)	Ĺ			
INSTRUCTIO	NS: MARK COLUMN ENTRIES TO VERIFY	INSPE	CTION: _	<u> %</u> C	K. X NEEDS REPAIR, NA	IF	ITE	as do	NOT APPLY, REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

3127 (Rev. 11/12)

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VEHCLEH	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242245	322
DATE 9-16-1	6

MOTOR CARRIER OPERATOR  LEAVEN WORTH SHUTTLE + TAXI	INSPECTOR'S NAME (PRINT OR TYPE)  RRENT KLAVDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RD	T∰YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) LIC. PLATE NO. UN OTHER
LEAVEN WORTH WA	AN39954
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	SINS AUTO + TRUCK

					(6(6))					
OK NEEDS REPAIRED DATE	ITEM			REPAIRED DATE		ITEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM
	1. BRAKE SYSTEM					AFE LOADING				TO THEES
<b>U</b>	a. Service Brakes				a.	Part(s) of vehicle or	1			a. Tires on any steering axle
	b. Parking Brake System					condition of loading such	V			of a power unit.
V	c. Brake Drums or Rotors	1	l			that the spare tire or any	V			b. All other tires.
V	d. Brake Hose	A				part of the load or dunnage				11. WHEELS AND RIMS
V	e. Brake Tubing					can fall onto the roadway.	Y,	1	STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL ST	a. Lock or Side Ring
.1	f. Low Pressure Warning	į			b.	Protection against shifting	V.			b. Wheels and Rims
¥	Device	V				cargo.	V			c. Fasteners
	g. Tractor Protection Valve				c.	Container securement	1			d. Welds
V	h. Air Compressor	(1)				devices on intermodal				12. WINDSHIELD GLAZING
NA	i. Electric Brakes	1-1	•			equipment.				Requirements and exceptions
NA	j. Hydraulic Brakes					ISBAING MECHANISM				as stated pertaining to any
NA	k. Vacuum Systems	V			a.	Steering Wheel Free Play				crack, discoloration or vision
	2 COUPLING DEVICES	V				Steering Column	¥			reducing matter (reference
NA	a. Fifth Wheels					Front Axle Beam and All				393.60 for exceptions).
14 1	b. Pintle Hooks	V				Steering Components			1	to windshield wifele
NA	c. Drawbar/Towbar Eye	<b>9</b>		1		Other Than Steering				Any power unit that has an
NA	d. Drawbar/Towbar Tongue	,				Column				inoperative wiper, or missing
V	e. Safety Devices	V.			d.	Steering Gear Box	V			or damaged parts that render
NA	f. Saddle-Mounts	V,		-	,	Pitman Arm				it ineffective.
100	3. EXHAUST SYSTEM	V			f.	Power Steering				14 OTHER
	a. Exhaust system leaking	J			g.	Ball and Socket Joints				List any other condition(s)
	forward of or directly below	V			h.	Tie Rods and Drag Links		İ		which may prevent safe
V	the driver/sleeper	V			i.	Nuts		ļ		operation of this vehicle.
	compartment.	V			į.	Steering System		ļ		
	b. Bus exhaust system					ISISSUSION				
V	leaking or discharging in	A. G. S. S. S. S. S. S. S. S. S. S. S. S. S.			a.	Any U-bolt(s), spring		ļ		
	violation of standard.	,				hanger(s), or other axle		l		
	c. Exhaust system likely to	J				positioning part(s) cracked,		1		
1.	burn, char, or damage the	"				broken, loose or missing		}		
	electrical wiring, fuel supply,					resulting in shifting of an				
	or any combustible part of	١,		A I	2	axle from its normal position.				
	the motor vehicle.	V		417	. b.	Spring Assembly				
	4. FUEL SYSTEM	1	П			Torque, Radius or Tracking				
V/	a. Visible leak.	V				Components		- 1		
V	b. Fuel tank filler cap missing.				3 6	AME				
	c. Fuel tank securely attached.	V			a.	Frame Members		ł		
	S SELECTING REVIOES	>			b.	Tire and Wheel Clearance		ŀ	:	·
	All lighting devices and	3.0	9		C.	Adjustable Axle		Ì	į	
<b> </b>	reflectors required by Part 393	N	۲	Ì		Assemblies (Sliding				
	shall be operable.					Subframes)				}
INSTRUCTIO	NS: MARK COLUMN ENTRIES TO VERIFY	INSF	ECT	ЮN:	<u>1/_</u> 0	K. X NEEDS REPAIR, NA	IF	ITER	is po	NOT APPLY, REPAIRED DATE.
OFDIFION	TION, THIC VEHICLE HAC DA									



**Utilities and Transportation Commission** Commercial Vehicle Enforcement Section

P.O. Box 42614

Olympia, WA 98504-2614 Phone: (360)596-3815

Report Number: WAU008000075 Inspection Date: 07/27/2016

**Start:** 07:34 AM PT End: 8:11:00 AM PT

Inspection Level: V - Terminal **HM Inspection Type:** None

LEAVENWORTH SHUTTLE & TAXI LLC

PO BOX 1041

LEAVENWORTH, WA 98826

USDOT#: 02393914

Phone#: (509)670-1849

MC/MX#:

State#:

Fax#:

Driver: License#:

Date of Birth:

CoDriver:

License#: Date of Birth:

State:

State:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost:

Highway:

Shipper: Origin: LEAVENWORTH, WA

Bill of Lading:

County: CHELAN, WA

Destination:LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State

BU TMC 1982 WA

Plate #

Equipment ID

**VIN** 

**GVWR** 

CVSA # CVSA Issued # OOS Sticker

ANB9954

322

1TUFCH6A4HR005872

37,800

10516

**BRAKE ADJUSTMENTS** 

Axle # Right Left

Chamber

1

1 1 INOP 1 1 1/8

3 3/4 INOP

C-20 C-30 C-30

**VIOLATIONS** 

Vio Code	<u>Section</u>	Unit OOS C	Citation # Verify Crash	Violations Discovered
393.47D	393.47(d)	1 Y	UN	Insufficient brake linings: Right side front linings are less than 1/4
393.11	393.11	1 N	N N	No or defective lighting devices or reflective material as required: Right side between rear duals turn signal not working
393.30	393.30	1 N	N N	Improper battery installation: No Cover on Battery Box
393.47A	393.47(a)	1 Y	И И	Inadequate brakes for safe stopping: Left Drive axel slack adjuster does not move and Right rear slack adjuster not working
396.17C	396.17(c)	1 N	N N	Operating a CMV without proof of a periodic inspection

HazMat: No HM Transported.

Special Checks: No Data for Special Checks.

Placard: No

Cargo Tank:

Violations marked as out of service (OOS) must be repaired before vehicle (s) can be operated. If OOS for brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that all mechanical violations were repaire Signature Of Repairer X

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations

Signature Of Motor Carrier X

Title

Report Prepared By:

EOMANS. S

Badge #: **WAU586**  Copy Received By



			NAME)		
Sins Auto and Truck LL(  dba Worldnet Solutions	C	到	Seavenorth Shilling tox	IO-7-	16
PO Box 812 Leavenworth, WA 98826 (509) 885-2574	page 109	0	116 10 Eagle orele Rd Leavementh Wa 9 f f 2 6		1089
YEAR, MAKE AND MODEL	<del></del>		BUS. PHONE  SUS. PHONE  EXT.  749-743	DATE PROMISED	
87 MCI 102			CUSTOMER'S ORDER NUMBER ORDER WRITTENBY	LICENSE NUMBER	<del></del>
SERIAL NUMBER			MOTOR NUMBER	ODOMETER	<del></del>
QTY. PART NO. AND DESCRIPTION .	AMO	UNT	DESCRIPTION OF WORK		AMOUNT
80-90an	7	00	LUBE CHG.OIL OIL FILTER TUNE UP	TRANS. DIFF.	AMOUNT
2-stainless stul Hundges	20	OC	dustall new Brake share to	as drown	
1-40086 scatteral	51	00	all aple + new & cour end	2	
Musi strews & Bite	, 15	00	Lustall new air comster	Thank	
Tour time	80	00	fristal new slack adjustes	Je good	
			Sustall & new shorter		
			Lustall new Broke Hores Tagos	Tunadi	
			Remotall Batt Ooor a miger sum	tel	
			Remove Leaky Hore from Rods		
			LITERS/GALS. OF GAS @	TOTAL LABOR	
(MAY BE CONTINUED ON OTHER SIDE)			LITERS/QTS. OF OIL @	TOTAL PARTS	
TOTAL PARTS	173	00	kg/LBS. OF GREASE @	ACCESSORIES	
ACCESSORIES				GAS, OIL AND GREASE	
shop suppress	35	00		SUBLET REPAIRS	
. , ,			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An	EPA / WASTE DISPOSAL	
			express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will also		
			be field responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	TAX	
TOTAL ACCESSORIES			SIGNATURE	TOTAL	

THANK YOU

Auto and Truck LLC	TYANIE )		DATE OF 5		
dba Worldnet Solutions	Leaventh Shutthe	+ Tack	DATE OF ORDER	7-16	
PO Box 812	2 ADDRESS ADDRESS Shuttle	V 190.	10 7	10	
Leavenworth, WA 98826 (509) 885-2574	CITY, STATE, ZIP		Ja na	1 0	١٠ ٨
(000) 000-20/4			1089	- Tr	190
YEAR, MAKE AND MODEL	HOME PHONE BUS. PHONE	EXT.	DATE PROMISED		
87 mcI	CUSTOMER'S ORDER NUMBER ORDER WESTER		·		
SERIAL NUMBER		BY	LICENSE NUMBER		
QTY. PART NO AND DESCRIPTION	MOTOR NUMBER		ODOMETER		
QTY. PART NO. AND DESCRIPTION	AMOUNT DESCRIPTION O	EWORK		Caracles a Come	
		the state of the s		AM	TNUO
	OIL TILLEN	TUNE UP	TRANS. 🗌 DII	=F.	
	Repair LR Tag ash Austal 12 new s ca	~ Day	PPT.		
	Repair 1 18 +	1-14-02	Mog		
	1 the said	short	mo		
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	Pd 2000° R 1.			· •	*****
	Pd 3000° Balan	avue	2550°	1	
			Z3826.	2	
		T +	- 7		
		BOOK	Poy		
		262		1	
	LITERS/GALS. OF GAS @		TOTAL LABOR	V917	250
(MAY BE CONTINUED ON OTHER SIDE)	LITERS/QTS. OF OIL @		TOTAL PARTS	1//-	79
TOTAL PARTS			TOTAL PARTS	1/3	00
ACCESSORIES	kg/LBS. OF GREASE @		ACCESSORIES	35	00
			GAS, OIL AND GREASE		
			SUBLET REPAIRS	<del> </del>	+
	I hereby authorize the above repair work to be dor	le along with the	<del> </del>	<del> </del>	1
	Vehicle for purposes of testing your employees ma	y operate above	EPA / WASTE DISPOSAL		
	the amount of marine it	Pricie to secure		5/20	CO
	be held responsible for loss or damage to cars or artic case of fire, theft or any other cause beyond	that you will not	TAV	أثثا	50
TOTAL ACCESSORIES	SIGNATURE SIGNATURE	your control.	TAX	430	12
AL ACCESSUMIES			TOTAL	J	12
	<del></del>			ヘンヘー	h 21

THANK YOU