

*Licensing*



UTILITIES AND TRANSPORTATION  
COMMISSION

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): TOM MCVAUGH, JOHN FOSTER 2. Assignment No.: 109071

3. Current Date: 4-20-09 4. Date of Activity: 4-14-09

5. Carrier Name: SPOKANE FALLS INN, LLC

6. Permit: NEW APPLICANT 7. Industry Code: 230

8. MOTCAR No.: \_\_\_\_\_

9. DOT No.: N/A 10. MC No.: N/A

11.  **Destination Check**

Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger \_\_\_\_\_ # of 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Describe any special emphasis placed on the destination check and the results:

\_\_\_\_\_  
\_\_\_\_\_

- What might we do differently to increase our success at the next destination check:

\_\_\_\_\_  
\_\_\_\_\_

12.  **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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13.  **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 1
  - ◆ Conduct a CR/SA between three and nine months?  Yes  No  CR  SA

14.  **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 CR/SA between three and eighteen months?  Yes  No  CR  SA
  - ◆ Conduct technical assistance within three months?  Yes  No

15.  **Individual Safety Plan Only:**

Attach a copy of the Individual Carrier Safety Plan.

- What activity did staff complete for this safety complaint:

Compliance review

Technical assistance

Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 1

Unannounced terminal visit

Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16.  **Compliance Review Data:**

- Safety Rating:  Satisfactory  Unsatisfactory  Conditional
- Number of vehicles operated: \_\_\_\_\_
- Number of drivers operated: \_\_\_\_\_
- Total miles for prior year: \_\_\_\_\_
- Recordable accidents for prior year: \_\_\_\_\_
- Accident Ratio: \_\_\_\_\_

17.  Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

18.  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									
Location		LS									
Level		5									

19.  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											

20.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: **CARRIER IS APPLYING FOR AUTO TRANSPORTATION AUTHORITY TO TRANSPORT PASSENGERS FROM VARIOUS HOTELS IN THE SPOKANE AREA TO THE SPOKANE INTERNATIONAL AIRPORT.**

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22. Findings: **I INSPECTED THE CARRIER'S VEHICLE AND ISSUED A VALID CVSA DECAL. I ALSO PROVIDED ETA ON CFR PARTS 391, 392, 393, 395 AND 396.**

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23. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, 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 – Compliance review (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )

Describe: \_\_\_\_\_

- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

24. Is this carrier considered a high risk carrier as a result of this activity? NO

- 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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

25. Additional Comments: **I RECOMMEND FURTHER ETA AND A COMPLIANCE REVIEW WITHIN THE NEXT THREE MONTHS UPON RECEIPT OF AUTHORITY.**

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Investigator's signature: [Signature] 4-20-09

Initial review by: [Signature] Date: 4-20-09

Reviewer's recommendation: Agree with recommendations  
Close: file

Final review by: D Pratt Date: 4/21/09

Reviewer's recommendation: Agree with recommendation.  
Schedule CR for July '09

LIC - OK to issue authority if cleared docket.

Date closed: 4/21/09 By: [Signature]

cc: Tom McVay

Company name Licensing Spokane Falls Inn LLC Assignment # 109071

Staff Assigned Tom McVay

# UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1176428

PERSONNEL NO. 8531 DIST / DET

LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>4.14.09</u>	TIME (MILITARY) BEGUN <u>1220</u>	TIME (MILITARY) FINISHED <u>1235</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SB/MP <u>Spokane</u>		SCALEHOUSE NO.	CNTY CODE <u>32</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N CARGO TANKS? Y N	

**CARRIER**

CARRIER NAME (Include DBA when applicable)  
Spokane Falls Inn LLC

ADDRESS  
33 W. Spokane Falls Blvd.

CITY Spokane STATE WA ZIP CODE 99201 INTERSTATE YES  NO  DOT NO. \_\_\_\_\_ ICC NO. \_\_\_\_\_

**DRIVER**

DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
 WAIVER Y N

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS  
WAYNE A. PAUPST

G.V.W. \_\_\_\_\_ PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BU 96</u>	<u>FORD</u>		<u>417YVS</u>	<u>WA</u>
2					
3					
4					

1 2 3 4 5 6 7 8 9 10 11 12

**DRIVE ADJUSTMENT**

FRONT  R  L

CVSA DECS	VIOLATIONS	D	Unit #s				Unit #s O/S	Complied
			1	2	3	4		

CVSA DECS UNIT 1 10538876 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE  
M. A. Paupst

OFFICER SIGNATURE  
L. J. T.

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