

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 per 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. The pre-employment checklist is attached. This document must be gone through completely with all the attached information in the drivers file before they are to be employed. The testing of Commercial drivers that are DOT and Non-DOT are to be in separate consortiums.



## 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 of my own ignorance. I didn't realize I need every driver to have a medical card. In each driver file, I have a copy and the expiration dates are attached to my Outlook Calendar. I've attached the medical cards of all employees.

### 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 line 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. I will also contact Confluence Health a month prior to our quarterly contact to insure the proper drivers on each pool by adding this into my Outlook Calendar.

### 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 pre-employment checklist procedures. (I've attached a copy) Summary is that I will contact driver's previous employers, 10 years on CDL, 3 years on non-CDL.

### 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. I will educate my dispatchers as to what to look for in contacting drivers. Currently I'm the only dispatcher, but when I hire a dispatcher I will have them go through the controlled substances training seminar.



### 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 checklist. Only completed applications with background checks of employers will be considered completed.

### 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. The solution to this was to add this into our hiring procedures checklist. Only completed applications with background checks of employers will be considered completed.

### 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. The solution to this was to add this into our hiring procedures checklist. Only completed applications with background checks of employers will be considered completed.

### 11. 391.51(b)(9)

This violation occurred because I was ignorant to the requirement of checking the national registry of Certified medical examiners. Once I have received the medical card from the potential employee I will log onto the national registry website and verify the medical examiner on the medical card, put a copy of the verification in the file folder of the potential employee. The solution to this was to add this into our hiring procedures checklist.

### 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 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 its 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

Pre-employment checklist for Leavenworth Shuttle & Taxi LLC.

- Fill out W-4/19
- Fill out Job application (CDL 10 year history)
- Confidentially Policy, Driver Code of Conduct, Driver Orientation, Review Suspension Termination, Alcohol and Controlled Substance policy, Harassment Policy, & Job Description.
- Contact Job applicant's previous employers (CDL 10 years of contacts)
- Obtain copy of Driving record and copy of license.
- Pre-employment Drug screen for all Commercial drivers, must receive results prior to employment.
- Have driver obtain or get a copy of their current medical card
- Verify medical card with National registry put a copy of verification in employee file folder.
- Add CDL drivers to the DOT consortium with Confluence Health
- Add non-cdl drivers to non-dot consortium with Confluence Health

Sign	Data
2151.	Date
9.6.	Date

# APPLICATION FOR EMPLOYMENT

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CITY, STATE AN	ND ZIP COI	DE								
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									(Form	2 Rev. 10-2001)

6	Public Burden Statement A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information settlements of the Papenwork Hedutoron Act Universal A Federal agency may not conduct or sponsor, and a person is control Number. The OMB Control Number for this information collection of information of information are mandatory. Send comments regarding this burden estimate or any including subjection of information are mandatory. Send comments regarding the data needed, and completing and reviewing the collection of information are mandatory. Send comments subject to this collection of information including suggestions for reducing this burden to: Information Collection Collection Collection of information, including suggestions for reducing this burden to: Information Collection Collection Collection of information of information, including suggestions for reducing this burden to: Information Collection Collec
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Cert	certify that I have examined Last Name: \(\int \chi \chi \chi \chi \chi \chi \chi \chi
	the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (Check all that applicable) and, with knowledge of the driving duties, the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties,
)	find this person is qualified, and, if applicable, only when (check all that apply):    find this person is qualified, and, if applicable, only when (check all that apply):    Mearing hearing aid   Accompanied by a Skill Performance Evaluation (SPE) Certificate   Grandfathered from State requirements (State)
The	The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form,  Medical Examiner's Certificate Expiration Date  ALL MOLY-8755, with any attachments embodies my findings completely and correctly, and is on file in my office.

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PA10004748	YAA	

	Driver's License Number	Issuing State/Province
Driver's Signature	VAE JIME 378KS	24
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Form MCSA-5076 (Revised: 12/06/2013)	The state of the s
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The Information I have provided regarding this physical examination is true and complete. A complete Medic: MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.	Wedical Examiner's Certificate Expiration Date of correctly, and is on file in my office.
Medical Examiner's Signature	Medical Examiner's Telephone Number Date Certificate Signed 360-848-4150
Medical Examiner's Name (please print or type) Marchall Anderson, MD	O MD O Physician Assistant O Advanced Practice Nurse     O Do O Chiropractor O Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number 37814	Issuing State National Registry Number Washington 9112445401
Driver's Signature	Driver's License Number  L. VIV BETC 5040B.
Street Address: 240/6 99 ft. Onthe ME City. Ar-line	State/Province: L.A. Zip Code: 372.23 Ø Yes O No

	Public burden statement. A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor that collection of information displays a current valid OMB Control Number. The OMB Control	Proble burden Statement A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response,	SS,
R	including the time for reviewing instructions, gathering the data needed, and completing and other aspect of this collection of information, including suggestions for reducing this burden	including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, S.E. Washington, D.C. 20590.	>
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Medical Examiner's Signature	Medical Exa	Medical Examiner's Telephone Number	r_ F :	
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Medical Examiner's Name (please print of type)	OMD	Physician Assistant	O Advanced Practice Nurse	
Stephen Leaf, PAC	000	○ Chiropractor	Other Practitioner (specify)	P
Medical Examiner's State License, Certificate, or Registration Number	<b>Issuing State</b>	e.	National Registry Number	
PA10004748	WA		2355816797	

Driver's Signature	Driver's License Number	Issuing State/Province
1000 1000	W411X0625	3 15th Westigton
Driver's Address		CLP/CDL Applicant/Holder
Street Address: 1160 Eggle Greek Rd.	City: Layrengeth State/Province:	WH Zip Code: PILL O Yes & No

# TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

	LOCATION	DATE	CHARGE		PENALTY
					53
	(AT	TACH SHEET IF MORE	SPACE IS NEEDED)		
u;	Have you ever been denied a license,	permit or privilege to op	erate a motor vehicle?	YES	NO
	Has any license, permit, or privilege	ever been suspended or re	evoked?	YES	NO
	IF THE ANSWER TO EITH	ER A OR B IS YES, ATTA	CH A STATEMENT GIV	ING FULL DETA	ILS
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Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be si that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information including the time for reviewing instructions, gathering the data needed, and completing and reviewing in the collection of information in children successions.	A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number for this information collection of information is estimated to be approximately 1 minute per response to this collection of information is estimated to be approximately 1 minute per response to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspects the collection of information are mandatory. Send comments regarding this burden estimate or any other aspects the first collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for real-unit and reviewing the collection of information including an uncestime for any other aspect of this collection of information includes and an uncestimated the complete and the collection of information and are mandatory. Send comments regarding this collection of information are mandatory.
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aluati	waiver/exemption Driving within an exempt intracity zone ( <u>49 CFR 391.62</u> ) ( <i>Federal</i> ) on (SPE) Certificate Qualified by operation of <u>49 CFR 391.64</u> ( <i>Federal</i> )
The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.	Medical Examination Report Form, $8/4/20$ $+$
Medical Examiner's Signature	lephone Number Date Ce
	509-663-8711
Medical Examiner's Name (please print or type) Stephen Leaf. PAC	O MD Physician Assistant O Advanced Practice Nurse
Medical Examiner's State License, Certificate, or Registration Number	Stat
PA10004748	

Driver's Signature	Driver's License Number MIL AMDS 79PP	Issuing State/Province
Driver's Address	MACHINE O STAPP	CLP/CDL Applicant/Holder
"reet Address:/4040 Churins FICK Itusy Cit	V. Loud Worth State/Province	Zio Code O Company
		Tip code.

MEDICAL EXAMINER'S NAME (PRINT)  A. SWAWN	1	DMD DDO Physician	Assislant	☐ Chiropractor ☐ Advanced Pr ☐ Other Practit	ractice Nurse
MEDICAL EXAMINER'S LICENSE OR CERT. NO.	ISSUING STA	TE	NATIONAL 349	REGISTRY 86479	08
A. Moson		1	DRIVER'S LI	icense no. 10160K7	STATE WA
ADDRESS OF DRIVER 1836 Horselake Rd	Wenort	chee,	WA	9880	01
	ME		TIFICATION E	XPIRATION DAT	E .

H.lley MUR

MEDICAL EXAMINER'S CERTIFIC	CATE	
I certify that I have examined in accordance with the Federal i and with knowledge of the drivin only when:	Hilary Ma Molor Carrier Safety Regulat ng duties, I find this person is	SOV. ions (49 CFR 391.41-391.49 qualified, and, if applicable,
□ wearing corrective lenses □ wearing hearing aid □ accompanied by awaiver/ex	driving within an exempt accompanied by a Skill it	Performance Evaluation Certificate (SF
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SIGNATURE OF MEDICAL EXAMINER	TELEPHONE 10152-2	178 3-19-15

# SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Allary Mason Date (dd/mm/yy): 08

Start 5: PM

End 2:15

Record the following when you sell a fare. Total Hours 91/4 Column 5 is to be completed at the end of shift.

Column 1	Colema 2	Column 3	≥Colume 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
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6:45	Icille Inn-toun		5/each	- 8 10
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11:20	Gaz - Weige	4	10/each	40
12:00	Blup Spirts - Wadge	1 2	S-Sondes	18/190
1300	Tunuater -> Blevet	1	9 miles	25 ( ) 25
1:45	Inde -> Chumstac	HIT	5/each	1 29
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	and the second s	Office Space		
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			Total Fares:	\$ 240

Drivers Signature	161. Magon	1202-78	and a financial control of the contr	, -
Previous		Control of the State of the Sta	The second secon	
	Mileage recorded	1	Deficiencies noted on maintenance request.	Employee

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

	TUMBER: CG
SERVICE BRAKES, PARKING BRAKE STEERING LIGHTS TIRES HORN OTHER REMARKS:	WINDSHIELD WIPERS MIRRORS COUPLING DEVICES WHEELS & RIMS EMERGENCY EQUIPMEN
	TORY.
Driver's Signature: VA Micoo	
Above defects correctedAbove defects need not be corrected for safe of the corrected f	
	Date
Next day driver's signature:	a e
	Date
te: The motor carrier will maintain the original driver vehicle ins the certification of the driver's review for three months from the	

# SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: | and Wason Date (dd/mm/yy): 08/23/16

Start 5: PM End 12:30

Vehicle# 06

Total Hours 171/2 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	Columi 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3 by Column 4
. 12121010110				ary Containing
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6:30	Wedge MIN - Down	4	5.5 miles Spectr (22)	DOCARD
	THE AM	<u> </u>		
7:00	Hown -> Cash MTN Ba	13 2	2.8miles	
m. 0.1	70000			
8:20	TRAIN-> Eicle II		5/each	5
9:00	Girgo Vocad - Dicle		3.2 miles	10
9:10	76-Runo River	<u>a</u>	2,1 miles	9
12:00	Loft - Wedge intil	4	5.5/Wiles	22
***************************************			harakan mahalista a	
	- Language Control of the Control of	and the formation of the Administration of the state of t		
**************************************	19119775 00			
		•		
			STEN HACHTEN SUBJECT	
***************************************				
-indianal-material				
			Total Fares:	\$ 6600

Drivers Signature	· MY IN	Mason		
Previous ·	AND ALTERNATION OF THE PARTY OF			
	Mileage recorded	Deficiencies noted on maintenance request	Un us	Employee

Driver instruction:	Check any defective item that
under "Remarks."	Check any defective item that was observed by or reported to you and give details

DATE:_	08/23/16	VEHICLE 1	NUMBER: OG
L.I	IEERING IGHTS RES ORN IHER	S. PARKING BRAKE	WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS  EMERGENCY EQUIPMENT
X_Coi	ıdition of the abov	e vehicle is SATISFAC	TORY
		Moson	
Abc		ed. of be corrected for safe 's signature certifying r	
			Date
Next day dr	iver's signature:		
			Date
ote: The motor	r carrier will maintain to carrier will maintain to carrier will maintain to carrier will maintain to carrier	the original driver vehicle in ew for three months from the	spection report, the certification of repairs edate the written report was prepared.)

## SHUTTLE DRIVER TRIP LOG Date (dd/mm/yy): 08/20//6 Driver First & Last Name: |dilary Moson Start 9:30 -4 (Big Bus) 4-6 (VAN) 6-11 (Big Bus) Vehicle# 223 End 11 Total Hours 13'/2 Record the following when you sell a fare. d 53 Column 5 is to be completed at the end of shift. \*Colome 4 Column 5 Column 2 Colomo 3 Column 1 Mustinely Column 3 Fare Paid Location Number of Passengers Departure Time by Column 4 Camp Zanika -DDQ Ellensburg pre-pol 10:40 24 Enzian - Red Tail pre-po 3:10 LOC DOWPH IV. Road (50) 5 leach. CARD 4:20 5 leach 2A 2 KiVS = 3 LOC-DIcide 4:40 pre-pol LOC - Dtimber Rus 6:30 Red Tail - Enzial - 300 PS 7:30 -10:30 Total Fares:

	- M		( C10'S	man C
Drivers Signs	DADAN LAP ente		,	1 5
COLLAGES DIRECT	me da acoc	CONTRACTOR TO THE STATE OF THE	Ç.	-/ \
Previous .	And the second section of the second section of the second	Spherical State St		
	Mileage recorded	Deficiencies noted an maintenance request	Empio	iyed

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

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

# SHUTTLE DRIVER TRIP LOG

Date (dd/mm/yy): 08/22//6

Vehicle# 06 Driver First & Last Name: Hilary Mason

Start 5: PM End 12:00

Total Hours 7

Record the following when you sell a fare. Column 5 is to be completed at the end of chits

Column 1	Column 2	Column 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column
5:30	Hospital - Fairbridge		. 810	by Column 4
The second of the second		мерикан (пр. 1 меня в мерек (пр. 1 меня в мерек (1995) у почено перек (пр. 1 меня п		CARD
7:30	Enzian - train		5	<u> </u>
0:05	1			
8:25	Frain Pension Anna	2	5	10
	a transmission of the state of			
	1			
			<u> </u>	
		ه کار کار در باده و همای و در انتخاب از در این از در		
		and the same of th		
			recruse in a se	
			Total Fares:	\$ 15

Drivers Signature 14. Mousou	)
Previous	
Whileage recorded	Deficiencies noted on maintenance request Employee
thas a	48613697

Mechanic Signature

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

	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 SATISFA	CTORY.
Driver's Signature: Ad. Mousow	
Above defects corrected. Above defects need not be corrected for safe	
Mechanic's or carrier official's signature certifying	

# SHUTTLE DRIVER TRIP LOG

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

Start 5: PM End 2:30

Vehicle# 06

Total Hours 9 1/2

Record the following when you sell a fare.

Column 5 is to be commissed at the and of this.

Column 1	Column 2	a se to me combiesed at th	e end of shift	
		Colama 3	*Column 4	Column 5
Departure Time	Location	Number of Passengers	Fare Paid	Multiply Column 3
5:15	Community Cup - DAlis	eRd (	1. Comiles	by Column 4
5:45	Teide Ru - Tide Ville	198	The state of the s	18
6:15	1-laus Rorbach - town	) 2	3.2 miles	12
7:00	BY DENZIP & SKIHILL	3	5/each	10
7:35	Linderhoff - SK. Hill	2	5/each	1.5
7:30	Enzian-Ski Hill	2	5/Pach	10
,	Fricle Village Visad		5/each	10
	title 1 1/6 0117		5/each	15
7:45	thatershed (5) 847			The second secon
0	South -DSoyful PU	2	2,3 miles	10
9:30	Lymmunter-Haus Rod	auch 2	5/each	10
10:30	12787 Spring St -	344	5/Cach (35	(100
10:30	SKi Hill > hotels	7	MFKe	COARD
70.5011 a		1.	mike	
11:00	cystals-SK: Hill	The state of the s	5/each	The second secon
11:15	vedge ruth - loft	2		- 5
12:30 6	nazibo 7 440.8, mille	of West 1	5. Smiles (18)	CARD
1.30	oft-Wedgemtn	2	22.8m(59)	STICARD
2:05	bleeping lady - Hospital	184	5.5 miles (18)	CARD
	7 0 0	III I	Flaga	28
				The state of the s
			Total Fares:	\$ 143,00

Drivers Signature A. Moude	N	c tips =	16,00
Previous		7	127.00
Mileage recorded	Deficiencies noted on maintenance request	E()	
50		inninge	٠٠.

Mechanic Signature

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS
EMERGENCY EQUIPMEN
ORY.
peration of vehicle.
pairs:
Date
Date
)

# SHUTTLE DRIVER TRIP LOG

Driver First & Last Name: Hilay Mason

Date (dd/mm/yy): 08/17/16 (Wednesday)

Start 5: PM

End 12: PM Total Hours 7

Vehicle# 06

Record the following when you sell a fare.

THE RESERVE AND PARTY OF THE PARTY OF	The Street Programmer and the Street Program	j is to be completed at the e	*Column 4	Column 5
Column 1	Column 2			Multiply Column 3 by Column 4
Departure Time	Location	Number of Passengers	1.02.0.1	Eth a manner a
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon	The state of the s
	and the second of the second o			Security 23 beauty of Street Indian Surplement and Commission of Commiss
	210.	1111 3	5/cach	15
7: PM	Bau. Lodge →SKil	1 2	5/00ch	10
7:15	Day Shop & HoTa Album Ram room 118 (58	76) -> WOK 2	5/each	16
8:30	Train -> Der Rit	2	5/each	10
0.45	TRAIN - DA RI		5/each	20
8:45	TRAIN -DEVERGE	ied N	5/each	15
10:40	SKIHIL -> Bay Lod	148 3	Sleach	10
11:00	WOK - Alpine River Enchanted Pour K-De	INN 2	5/each (20)	0
11:20	Enchanted Park - De	Rit 4	Steach (20)	
			Consequence of the Consequence o	
		The second secon	(1-1)	
		30 10% CHRIST (10% CHR)		
			1	
				1
			Total Fares:	\$ 95

	Total Fares:	\$ 95
	CC tips	5
Drivers Signature M. Word		* 90
Mileage recorded Deficiencies noted an ma	1.117	Ces hr. \$1 57-
* Need receipt: Barbra Kannawi	13.5	ous time from la
For to 4 from 10 each 750 Railway Ln Sha eachway way Okernogen Forus 1 E	BC CAWADA V	10H 184 931
Wicoliania pignatura		- On
= 30 total  prefer email: bkannawian@	shaw, ca	

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 08/17/16 VEH	IICLE NUMBER:O 6
SERVICE BRAKES. PARKING BE STEERING LIGHTS TIRES HORN OTHER REMARKS:	RAKE WINDSHIELD WIPERS  MIRRORS  COUPLING DEVICES  WHEELS & RIMS  EMERGENCY EQUIPMEN
Condition of the above vehicle is SAT	TISFACTORY.
Driver's Signature: M. Wowo or	
Above defects correctedAbove defects need not be corrected for Mechanic's or carrier official's signature certi	
	Date
Next day driver's signature:	

# 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	E Other odor.
□ Talkative	□ Tearing, watery	
□ Incoherent	☐ Unfocused, blank stare	
□ Difficulty speaking	l	
□ Cursing, inappropriate		
□ 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 subs	tance use and alcohol abuse, and to
the best of my judgment reasons	able suspicion exists based on the	where and and the state of the
noted above.	tole suspicion exists based on the	physical and benavior indicators
Signed:	Date: _	
		Date:

# CERTIFIED TRAINING SOLUTIONS

Awards this

# Certificate of Completion

# 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

Kaelin, Michael Mason, Hilary Miland, Jeff Witt, David	Employee Name	
4604 4623 1311 5712	6	
Leavenworth Shuttle Leavenworth Shuttle Leavenworth Shuttle Leavenworth Shuttle	Company	
tte oo oo	Location	Wenatche
	Region	Ö
	Dept	

User3

User4

User5

Total Number of Employees: 4





Wenatchee Vebey 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: Jeff Miland Donor ID:

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:** 

Drug Panel:

MRO Report Date: MRO Date CCF2: Specimen Type:

**Pre-Employment** B02798282

07/28/2016 16164262

07/29/2016

Dr. Paul Allen

07/29/2016 07/29/2016

07/28/2016 Urine SAMHSA

Time: 0348 Time: 0830

Time: 1020

Time: 1253

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:



Time: 1343

Time: 0348

Time: 0830

Time: 1015



Wenatchee 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:

5712

**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 B02798285

07/28/2016 16164252

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:





### Wenatchee Mabby 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: 0800 Time: 0846

Time: 1540

Time: 0607

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:



Wenatchee Vebby 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: hilary Mason 4623

Collection Site:

Wenatchee Valley Hospital

820 N Chelan

Wenatchee, WA 98801

(509) 663 + 8711

Laboratory:

110 W. Cliff Ave

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 Time: 1606

Time: 0605

Time: 0800 Time: 0852

Spokane, WA 99220

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:

REASON FOR FILING	1400
Safety Administration	
Federal Motor Carrier	
U.S Department of Transportation	on
2	

# MOTOR CARRIER IDENTIFICATION REPORT

Federal Motor Carrier Safety Administration					(Арр	lic	atic	n for	U.S	. DOT	NUMBE	R)	-1 011	
REASON FOR FILING	(Check O	nly One)			i i vie i co		1,500	ALCOVA N				10070		
NEW APPLICATION X	BIENNIAL UPDA	TE OR C	HANGES	OUT OF BU	SINESS	ноті	FICATION	ОИ		REAPPLICATI	ON (AFTER RE	OCATIO	N OF NEW E	NTRANT)
1. NAME OF MOTOR CAR LEAVENWORTH SHUTTL			0						A. (DC		ESS AS) NAM		*	,
3. PRINCIPAL ADDRESS 11610 EAGLE CREEK RD			4. CITY LEAVEN	WORTH		100000		/PROVIN	CE	-	6. ZIP CODE 98826	+4 7.	COLONIA (	MEXICO ONLY)
8. MAILING ADDRESS PO BOX 1041			9. CITY LEAVEN	WORTH		150000	. STAT <b>ASHIN</b>	E/PROVI GTON	NCE		11. ZIP CODI 98826	E+4 12	. COLONIA	(MEXICO ONLY
13. PRINCIPAL BUSINESS ( (509) 670-1849	PHONE NUMBE	R	14. PRIN	CIPAL CONTAC	CT CEL	L PF	IONE I	NUMBER			15. PRINCIP	PAL BUS	INESS FAX	NUMBER
16. USDOT NO. 2393914	17. MC OR MX	NO.	18. DUN	& BRADSTREE	T NO.		. IRS/ EIN#	462366			SSN#			
20. INTERNET E-MAIL ADDI						21		RIER MIL		(to nearest	10,000 miles fo	or Last C	alendar Yea	
22. COMPANY OPERATION	(Mark all that	ann(v)				Т.	10000							2015
A. Interstate Carrier B.  23. OPERATION CLASSIFIC	Intrastate Hazm	at Carrie	0	te Non-Hazmat	Carrier	D	, Inters	state Hazr	nat Sh	ipper E. Ir	ntrastate Hazm	nat Shipp	er F. Vel	nicle Registrant O
A. Authorized For-Hire		le All tha			1027									
	_		sengers (Busine				. Mail				J. Local	Governm	nent	
B. Exempt For-Hire	E. Priv	ate Pass	sengers (Non-B	usiness)	Н. І	Fede	eral Go	vernment			K. Indian	Tribe		
C. Private Property	F. Mig				l. 3	State	Gove	rnment			L. Other			
24. CARGO CLASSIFICATIO	NS (Circle	All that A	Apply)						-					
A. GENERAL F. FREIGHT	LOGS, POLES, BEAMS, LUMB	ER .	J. FRE	SH PRODUCE		P.	GRAIN	FEED, HA	Υ .	v. co	MMODITIES DR	Y BULK	BB. CO	ONSTRUCTION
B. HOUSEHOLD G. GOODS			K. LIQ	UIDS/GASES		Q.	COAL	COKE		W. RE	FRIGERATED F	OOD	CC. W	ATER WELL
C. METAL; SHEETS; H.	MATERIALS MOBILE HOME	s		ERMODAL CONT	1	R.	MEAT			X. BE	VERAGES		DD, O	THER
COILS; ROLLS D. MOTOR VEHICLES	MACHINERY,			SSENGERS		S.	GARBA	GE, REFU	SE, TRA	ASH Y. PA	PER PRODUCT	S	-	·
E. DRIVE	LARGE OBJEC	TS		FIELD EQUIPME	NT	T.	U.S. MA	AIL		Z. UT	ILITY			
AWAY/TOWAWAY	O CARRIER OF			ESTOCK			CHEMI				RM SUPPLIES			
25. HAZARDOUS MATERIAL C S A. DIV 1.1	1000 PROSESSES #1.								ULK) -		TANKS NB(N	ION-BUL	K) - IN PAC	CKAGE
C S A. DIV 1.1 C S B. DIV 1.2	3149	CS CS	L. DIV 2.3A	Ammonia) B N B N		S S		IV 4.2 IV 4.3		B NB C	S EE. HR S FF. CL			B NB
C S C. DIV 1.3	2222	c s	M. DIV 2.3B		3.7	s		IV 5.1		3 NB C	S GG. CL			B NB B NB
C S D. DIV 1.4		c s	N. DIV 2.3C			S		IV 5.2	E		S HH. CL			B NB
C S E. DIV 1.5 C S F. DIV 1.6	33	c s	O. DIV 2.3D			S		IV 6.2		B NB C	S II. CL			B NB
C S G. DIV 2.1		C S	P. Class 3 Q. Class 3A			S		IV 6.1A IV 6.1B		NB C			TEMP MAT	
C S H. DIV 2.1 LPG	B NB	C S	R. Class 3B	B N	IB C	S	BB. D	IV 6.1B	eon F	B NB C			IS WASTE DLLUTANTS	B NB S B NB
C S I. DIV 2.1 (Met	hane)B NB	c s	S. COM LIQ	В 1	IB C	s	CC. D	IV 6.1 SO	LID E	B NB C			JS SUB(RC	
C S J. DIV 2.2	B NB	c s	T. DIV 4.1	ВИ		S	DD. C	LASS 7		NB C			JS WASTE	B NB
26. NUMBER OF VEHICLES	THAT CAN BE	DEDAT	ED IN THE IT O	<del></del>						С	s 00. OR	M		B NB
	I I	JI LIVA	LD IN THE O.C				T	0-11 D		T	Т		T	
Straight Trucks	Truck T	railers	Hazmat Cargo	Hazmat Cargo Tank Trailers	Mot Coa			School Bu		Mini-bus	Va			Limousine
Trucks	Tractors		Tank Trucks	Talik Hallers	COA	ICII	4.0				number of pas			
OWNED							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15 1
TERM LEASED TRIP LEASED														
27. DRIVER INFORMATION			NTERSTATE	INTI	RASTA	TE			TOT	 AL DRIVER	S		TOTAL CD	L DRIVERS
Within 100-Mile R Beyond 100-Mile R		-					3	- *		-	3	•		
28. IS YOUR U.S. DOT NUMBER	A STATE OF THE PROPERTY OF THE	CURRENT	LY REVOKED BY	Y THE FEDERAL	MOTOR	CAR	RIER S	ΑΕΕΤΎ ΔΠ	MINIST	RATION?			Yes	No_ X
If Yes, enter your U.S. DOT N			*						_				163	NOX
29. PLEASE ENTER NAME(S) OF	SOLE PROPRIE	TOR(S), C	FFICERS OR PA	RTNERS AND TI	TLES (e.	g. PR	RESIDEI	NT, TREAS	URER,	GENERAL PA	ARTNER, LIMITE	D PARTI	NER)	
1. DAVID WITT, PRESIDI	ENT							LUCINDA		, VP				
30. CERTIFICATION STATEMEN	Please print Na		uthorized official	1						(	Please print N	ame)		
, DAVID WITT	, 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	, wii di			7. 10									
	lease print Nam	e)		under pen correct, an	alties of	perjur	with the ry, I dec	Federal Mo are that the	tor Car	rier Safety Reg ation entered o	gulations and/or I on this report is, t	ederal Ha to the best	azardous Mat t of my knowle	erials Regulations. edge and belief, true
Signature DAVID WITT					7/25/201					TII	PRESIDEN	Г		
Form MCS-150 (Rev. 3-24-20	1051										(P	lease of	int) ation Date: (	7/31/2012

### ANNUAL VEHICLE INSPECTION KEPUKI

VEHICLE HIS	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242239	21
DATE 9 - 7/ 3	16

	1 23 10
MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS EN WORTH SHUTTLE YTAXI	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 FACLE CREEK RD	Ü,YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (▶ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LEAVEN WORTH WASSEZE	AYH 6021
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
GOTHER) PASC, VAN	SINS AUTO AND TRUCK

		VEHICLE	COMPONENTS INSPECTED		
OK REPAIR DATE	ITEM	OK REPAIR DATE		OK REPAIR DATE	ITEM
70.	1. BRAKE SYSTEM		6. SAFE LOADING		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>		condition of loading such	V.	of a power unit.
V	c. Brake Drums or Rotors	./	that the spare tire or any	V	b. All other tires.
lord.	d. Brake Hose	V	part of the load or dunnage		11. WHEELS AND RIMS
V	e. Brake Tubing		can fall onto the roadway.	MIX	a. Lock or Side Ring
NA	<ol> <li>Low Pressure Warning</li> </ol>	1	b. Protection against shifting	7	b. Wheels and Rims
111	Device	V	cargo.	V	· c. Fasteners
NA	<ul> <li>g. Tractor Protection Valve</li> </ul>		c. Container securement	V	d. Welds
NA	h. Air Compressor	1/1 /2	devices on intermodal		12. WINDSHIELD GLAZING
NA	i. Electric Brakes		equipment.		Requirements and exceptions
V	j. Hydraulic Brakes		7. STEERING MECHANISM		as stated pertaining to any
NIB	k. Vacuum Systems		a. Steering Wheel Free Play	VI	crack, discoloration or vision
	2. COUPLING DEVICES		b. Steering Column		reducing matter (reference
WA	a. Fifth Wheels		c. Front Axle Beam and All		393.60 for exceptions).
MIA	b. Pintle Hooks	1	Steering Components		13. WINDSHIELD WIPERS
1111	c. Drawbar/Towbar Eye	V	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	$\vee$	or damaged parts that render
41%	f. Saddle-Mounts	V	e. Pitman Arm		it ineffective.
	3. EXHAUST SYSTEM	1	f. Power Steering		14. OTHER
	a. Exhaust system leaking	1	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
V	the driver/sleeper	V	i. Nuts		operation of this vehicle.
	compartment.	V	j. Steering System		operation of time vertical
	b. Bus exhaust system		8. SUSPENSION		
V = 1	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		
$\vee$	electrical wiring, fuel supply,	V	resulting in shifting of an	1	
	or any combustible part of		axle from its normal position.		
	the motor vehicle.	1	b. Spring Assembly		
	4. FUEL SYSTEM		c. Torque, Radius or Tracking		
/	a. Visible leak.	V	Components		
	b. Fuel tank filler cap missing.		9. FRAME		
	c. Fuel tank securely attached.	JIII	a. Frame Members		
	5. LIGHTING DEVICES	1	b. Tire and Wheel Clearance		
<b>,</b>	All lighting devices and		c. Adjustable Axle		
	reflectors required by Part 393	7111	Assemblies (Sliding		
	shall be operable.	14 1	Subframes)		
MOTOLIOTION	IS: MARK COLUMN ENTRIES TO VERIFY I	1100=0=1011		_ IF ITEMS DO N	



**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

State:

Inspection Level: V - Terminal HM Inspection Type: None

LEAVENWORTH SHUTTLE & TAXI LLC

PO BOX 1041

LEAVENWORTH, WA 98826

USDOT#: 02393914 MC/MX#:

Phone#: (509)670-1849

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

Location: 11610 EAGLE CREEK RD, LEAVENWC MilePost:

Highway:

State#:

Origin: LEAVENWORTH, WA

Shipper: Bill of Lading:

County: CHELAN, WA

Destination:LEAVENWORTH, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State VN CHEV 2016 WA

Plate # AYH6021 Equipment ID 21

VIN

**GVWR** 

CVSA # CVSA Issued # OOS Sticker

1GAHG39K681111185 9.600

**BRAKE ADJUSTMENTS** 

Axle # Right

1 2 N/A N/A

Left 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 N

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. Signature Of Motor Carrier X: Title: V Date:

Report Prepared By:

Badge #: **WAU586** 

Copy Received By:

Page 1 of 1



YEOMANS, S.

Sins Auto and Truck LLC			IVAME TO SEE TO		DATE OF UNDER	الم ا	
dba Worldnet Solutions PO Box 812			ADDRESS 11610 Carlo vices Rel	age	9-30-		0
Leavenworth, WA 98826 (509) 885-2574			Leavewith and 9/82	6		108	0
YEAR, MAKE AND MODEL			HOME PHONE BUS. PHONE GUSTOMER'S ORDER NUMBER ORDER WHITZEMBY	133	DATE PROMISED		
SERIAL NUMBER			MOTOR NUMBER		DOMETER		
QTY. PART NO. AND DESCRIPTION	/A\\\(0)	ONL)	DESCRIPTION OF W	OBK	6.	AVMOL	DNIII:
11 Transmission Hore	3	99	LUBE CHG.OIL OIL FILTER T	UNE UP TF	RANS. DIFF.		
2-#6 Clarys & Ritainers	12	00			uns dur	112	50
Iquait 5-30 oil 11 Pass	2	1	Vout Light White O.	remos	•	15	OC
3 Bills 11 Para	2	00	Vout dight Mew Tolige	1	25 1 3	15	00
		-	#21 Survey Transme			90	00
			11 Pass Wan Sustali mer	voens	wur Bil		50
		-	Bypas for AC			112	50
					······································		
			LITERS/GALS. OF GAS @		TOTAL LABOR	457	50
ALV DE CONTRICT ON CONTRICT OF			LITERS/QTS. OF OIL @		TOTAL PARTS	20	98
(MAY BE CONTINUED ON OTHER SIDE) TOTAL PARTS	20	98	kg/LBS. OF GREASE @		ACCESSORIES		
ACOESSORIES					GAS, OIL AND GREASE		
					SUBLET REPAIRS		
			I hereby authorize the above repair work to be done necessary materials. You and your employees may vehicle for purposes of testing, inspection, or delivery	operate above	EPA / WASTE DISPOSAL		
			express mechanics lien is acknowledged on above vel the amount of repairs thereto. It is also understood the be held responsible for loss or damage to cars or article	nicle to secure		478	48
		-	case of fire, theft or any other cause beyond	your control.	TAX	40	19
TOTAL ACCESSORIES					TOTAL	510	1.7

VEHICLE HI	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242238	3260
DATE 9-23-16	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
Leovemunth Shutter & Oak	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 Eagle Creek Rd	Ŭ,¥ES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (▶ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
Le svernorth Na98826	AP6-5223
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	Seria auto- & Truck

	OTHER)		Seris autor	Inne	
OK NEEDS REPAIRED DATE	ITEM	OK REPAIR DATE	COMPONENTS INSPECTED ITEM	OK NEEDS REPAIRED DATE	ATEL A
OT REPAIR DATE	1. BRAKE SYSTEM	OK REPAIR DATE	6. SAFE LOADING	OK REPAIR DATE	10. TIRES
y y y	<ul> <li>a. Service Brakes</li> <li>b. Parking Brake System</li> <li>c. Brake Drums or Rotors</li> <li>d. Brake Hose</li> <li>e. Brake Tubing</li> <li>f. Low Pressure Warning Device</li> </ul>	1	<ul> <li>a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.</li> <li>b. Protection against shifting</li> </ul>	J J	a. Tires on any steering axle of a power unit. b. All other tires.  11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims
NAC	g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems	NK	cargo. c. Container securement devices on intermodal equipment. 7. STEERING MECHANISM a. Steering Wheel Free Play	)	c. Fasteners d. Welds 12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision
	a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices	<i>y</i>	<ul> <li>b. Steering Column</li> <li>c. Front Axle Beam and All Steering Components</li> <li>Other Than Steering Column</li> <li>d. Steering Gear Box</li> </ul>		reducing matter (reference 393.60 for exceptions).  13. WINDSHIELD WIPERS  Any power unit that has an inoperative wiper, or missing or damaged parts that render
√	f. Saddle-Mounts  3. EXHAUST SYSTEM  a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<ul> <li>e. Pitman Arm</li> <li>f. Power Steering</li> <li>g. Ball and Socket Joints</li> <li>h. Tie Rods and Drag Links</li> <li>i. Nuts</li> <li>j. Steering System</li> </ul>		it ineffective.  14. OTHER  List any other condition(s) which may prevent safe operation of this vehicle.
	<ul> <li>b. Bus exhaust system leaking or discharging in violation of standard.</li> <li>c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.</li> </ul>	<b>V</b>	a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly		
<b>4</b>	<ul> <li>4. FUEL SYSTEM</li> <li>a. Visible leak.</li> <li>b. Fuel tank filler cap missing.</li> <li>c. Fuel tank securely attached.</li> <li>5. LIGHTING DEVICES</li> <li>All lighting devices and reflectors required by Part 393 shall be operable.</li> <li>S: MARK COLUMN ENTRIES TO VERIFY</li> </ul>	. 1/ 1/2	c. Torque, Radius or Tracking Components  9. ERAMIE  a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle     Assemblies (Sliding     Subframes)  OK, X NEEDS REPAIR, NA	IF ITEMS DO N	IOT APPLY, REPAIRED DATE

VEHICLE HIS	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242240	54
DATE 9 27	16

	the state of the s
MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
Desvermorth Shuttle & task	BRENT KLAUPT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 Eagle creek Rd	□YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (▶ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
Degrenorth Wa 988 26	ARTHUR AKD 5654
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
(OTHER) PACS VAN	SINS AMTO + TRUCK

OK NEEDS REPAIRED DATE	ITEM		NEEDS REP REPAIR D			NENTS INSPECTED	ОК	NEEDS REPAIRED	ITEM
	1. BRAKE SYSTEM		Increase D	AIE	6. SAF	E LOADING	OK	HEPAIH DATE	10. TIRES
J	a. Service Brakes	Para San				art(s) of vehicle or	1		a. Tires on any steering axle
	b. Parking Brake System					ondition of loading such	V		of a power unit.
$\sqrt{}$	c. Brake Drums or Rotors	J				nat the spare tire or any	V		b. All other tires.
/	d. Brake Hose					art of the load or dunnage			11. WHEELS AND RIMS
1	e. Brake Tubing					an fall onto the roadway.	NI	r	a. Lock or Side Ring
Ille	f. Low Pressure Warning	1				rotection against shifting	1		b. Wheels and Rims
118	Device	V				argo.	1		c. Fasteners
1 196	g. Tractor Protection Valve		9			ontainer securement	8/		d. Welds
N/A	h. Air Compressor	N	r .			evices on intermodal			12. WINDSHIELD GLAZING
MIP	i. Electric Brakes		1			quipment.			Requirements and exception
	j. Hydraulic Brakes					ERING MECHANISM			as stated pertaining to any
616	k. Vacuum Systems	V		T		teering Wheel Free Play	1	٧.	crack, discoloration or vision
	2. COUPLING DEVICES	V				teering Column	V		reducing matter (reference
1189	a. Fifth Wheels					ront Axle Beam and All			393.60 for exceptions).
114	b. Pintle Hooks	1				teering Components			13. WINDSHIELD WIPERS
i k	c. Drawbar/Towbar Eye	V				ther Than Steering			Any power unit that has an
150	d. Drawbar/Towbar Tongue	1				olumn	. /		inoperative wiper, or missing
4.	e. Safety Devices	V,			d. S	teering Gear Box	V		or damaged parts that rende
//A	f. Saddle-Mounts	V			e. P	itman Arm			it ineffective.
	3. EXHAUST SYSTEM	V				ower Steering			14. OTHER
	a. Exhaust system leaking	V				all and Socket Joints			List any other condition(s)
	forward of or directly below	V			h. T	ie Rods and Drag Links			which may prevent safe
	the driver/sleeper	V.				uts .			operation of this vehicle.
	compartment.	V			j. S	teering System			
	b. Bus exhaust system				8. SUS	PENSION			
	leaking or discharging in				a. A	ny U-bolt(s), spring	1 1		
	violation of standard.				ha	anger(s), or other axle			
	<ul> <li>c. Exhaust system likely to</li> </ul>	V			po	ositioning part(s) cracked,			-
,	burn, char, or damage the				bı	roken, loose or missing			-
	electrical wiring, fuel supply,				re	sulting in shifting of an			
	or any combustible part of				a	kle from its normal position.			× ×
	the motor vehicle.	V			b. S	pring Assembly			3
//	4. FUEL SYSTEM	V				orque, Radius or Tracking			
	a. Visible leak.	-				omponents			
	b. Fuel tank filler cap missing.	. /	0.00		9. FRA				
	c. Fuel tank securely attached.	V	,			rame Members			
	5. LIGHTING DEVICES	V				ire and Wheel Clearance			
	All lighting devices and	. 1	à			djustable Axle			
	reflectors required by Part 393	N.	7			ssemblies (Sliding			
	shall be operable.				S	ubframes)	1 1		

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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Neenah, WI • USA • (800) 327-6868

jjkeller.com • Printed in the United States

VEHICLE HIS	TORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242242	223
DATE 9-28-1	6 .

8	
MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEKUENWORTH SHUTTLEL TAXI	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EXGLE CREEK RD	ŮÝES
CITÝ, STATE, ZIP CODE	VEHICLE IDENTIFICATION (▶ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LEAVENWORTH WA 96826	B81022/
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
☐ (OTHER)	SINS AUTO +TRUCK

OK NEEDS REPAIRED DATE	ITEM	OK NEEDS REPAIRED DATE	COMPONENTS INSPECTED ITEM	NEEDS REPAIRED	ITCA A
OT REPAIR DATE	1. BRAKE SYSTEM	OK REPAIR DATE	6. SAFE LOADING	OK REPAIR REPAIRED DATE	10. TIRES
JIII	a. Service Brakes	(SEMEROLOGICAL DESIGNATION	a. Part(s) of vehicle or	4 1	
J	b. Parking Brake System		condition of loading such	V	a. Tires on any steering axle
1	c. Brake Drums or Rotors	1	that the spare tire or any	./	of a power unit. b. All other tires.
4	d. Brake Hose		part of the load or dunnage	V	11. WHEELS AND RIMS
7	e. Brake Tubing			S. Libe	
. 18	f. Low Pressure Warning		can fall onto the roadway.	NA	a. Lock or Side Ring
MK	Device	V	b. Protection against shifting	V	<ul><li>b. Wheels and Rims</li><li>c. Fasteners</li></ul>
NA	g. Tractor Protection Valve		cargo.	<u> </u>	
13/2	h. Air Compressor	111	c. Container securement	VII	d. Welds 12. WINDSHIELD GLAZING
	i. Electric Brakes	Mr	devices on intermodal		
()	j. Hydraulic Brakes		equipment. 7. STEERING MECHANISM		Requirements and exceptions
111		./			as stated pertaining to any
12 15	k. Vacuum Systems 2. COUPLING DEVICES	Y	a. Steering Wheel Free Play	V	crack, discoloration or vision
1 1 - A 1 A	a. Fifth Wheels	V	b. Steering Column		reducing matter (reference
NA PARTIES	b. Pintle Hooks		c. Front Axle Beam and All		393.60 for exceptions).  13. WINDSHIELD WIPERS
A M		V	Steering Components		
N/P	c. Drawbar/Towbar Eye		Other Than Steering	,	Any power unit that has an
N/K	d. Drawbar/Towbar Tongue	$\sqrt{}$	Column	V	inoperative wiper, or missing
Y	e. Safety Devices f. Saddle-Mounts		d. Steering Gear Box		or damaged parts that render
VIII	3. EXHAUST SYSTEM	V	e. Pitman Arm		it ineffective. 14. OTHER
	a. Exhaust system leaking	7	f. Power Steering		
	forward of or directly below	<del>/</del>	g. Ball and Socket Joints		List any other condition(s)
$\vee$		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		8. SUSPENSION		
9	leaking or discharging in		a. Any U-bolt(s), spring		
	violation of standard.		hanger(s), or other axle		
	c. Exhaust system likely to	$\sqrt{  \cdot  }$	positioning part(s) cracked,		
	burn, char, or damage the		broken, loose or missing		
	electrical wiring, fuel supply,		resulting in shifting of an		
	or any combustible part of	1	axle from its normal position.		
1000/4	the motor vehicle.	V	b. Spring Assembly		
71 1	4. FUEL SYSTEM	$\vee$	c. Torque, Radius or Tracking		
/	a. Visible leak.		Components		
//	b. Fuel tank filler cap missing.	. /	9. FRAME		
	c. Fuel tank securely attached.	9	a. Frame Members		
	5. LIGHTING DEVICES .	V	b. Tire and Wheel Clearance		
	All lighting devices and	NIL	c. Adjustable Axle		
U	reflectors required by Part 393	1 4 1 4	Assemblies (Sliding	* 10	
	shall be operable.		Subframes)		

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3,0,0,17



11 3

**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 1

Plate # B81022Y Equipment ID 223

VIN 1GDE5V12X5F528777 <u>GVWR</u> 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** 

						•	Operating a Civity Without Diffict of a nerhodic increasion	1
396.17C	396.17(c)	. 1	N		N		Operating a CMV without proof of a periodic inspection	
393.95A	393.95(a)	1	N		N		No/discharged/unsecured fire extinguisher: Fire Extinguisher pot	-
<u>Vio Code</u> 393.45DLUV	<u>Section</u> 393.45(d)	<u>Uni</u> 1	008 N	Citation #	Verify Cr	N	Brake Connections with Leaks Under Vehicle: brake tubo	-

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.

Report Prepared By: EOMANS, S.

Badge #: **WAU586** 

Copy Received By:

Page 1 of 1



dba Worldnet Solutions PO Box 812 Leavenworth, WA 98826 (509) 885-2574			ADDRESS  LIGHT CITY, STATE, ZIP  DAME  LIAVENTION TO LINE PLANTING  CITY, STATE, ZIP		<i>16</i> 108	6
			-	DATE PROMISED		
VEAR, MAKE AND MODEL  056 GM C BUS			13	ICENSE NUMBER	41	
SERIAL NUMBER			MOTOR NUMBER O	DOMETER		
QTY. PART NO. AND DESCRIPTION	AMOU	TINU	DESCRIPTION OF WORK		AMOU	TINU
2-min Wielle fluit lines			LUBE CHG.OIL OIL FILTER TUNE UP TR	RANS. DIFF.		
4-3/8 how ful			Replaced 2 L Rear marker le	ydis 1.5	112	50
3 - 1/2 hose hul			Systall 2 new feel lines	2.0	1 100	1
7 # 6 +#8 clamps + peruns	42	00	1 1 1 1 1 1 1	ridd	19.0	
2 mers marker light			Getersians	1.5	112	50
<u>'</u>			anstall new-air helter	15		50
			diceri hir Extregueer	,5	37.	50
			Repair RF Tuen light	,2	N	108
	÷		1- annual Inscrition		no	ely
			LITERS/GALS. OF GAS @	TOTAL LABOR	425	00
(MAY BE CONTINUED ON OTHER SIDE)			LITERS/QTS. OF OIL @	TOTAL PARTS	42	00
TOTAL PARTS			kg/LBS. OF GREASE @	ACCESSORIES		00
ACCESSORIES			Renove Brules Butto ButtiBuy 1.5	GAS, OIL AND GREASE		
Touch usage	5	00	Charge ant Brake levis Mc 1.2	SUBLET REPAIRS	202	50
shop supplies	10	00	I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above	EPA / WASTE DISPOSAL		
			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		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			SIGNATURE	TOTAL	747	20

VEHICLE HI	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242241	中20
DATE	

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	TYES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION ( AND COMPLETE) TILLIC PLATE NO TIVIN TOTHER
LEAVEN WORTH WA 98826	AYH 6020
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
DI(OTHER) PACS VA-N	SINS AUTO and JRUCK

		V	1351	CLE	COMPONENTS INSPECTED		
OK NEEDS REPAIRED DATE	ITEM	ОК	NEEDS REPAIR	REPAIRED DATE	ITEM	OK NEEDS REPAIRED DATE	ITEM
	1. BRAKE SYSTEM				6. SAFE LOADING		10. TIRES
V	a. Service Brakes				a. Part(s) of vehicle or		a. Tires on any steering axle
V	<ul> <li>b. Parking Brake System</li> </ul>				condition of loading such	V	of a power unit.
V,	<ul> <li>c. Brake Drums or Rotors</li> </ul>		,		that the spare tire or any	V	b. All other tires.
V	d. Brake Hose	V			part of the load or dunnage		11. WHEELS AND RIMS
V	e. Brake Tubing				can fall onto the roadway.	NA	a. Lock or Side Ring
MIA	f. Low Pressure Warning	1		у.	b. Protection against shifting	V	b. Wheels and Rims
17/6	Device	V			cargo.	V	c. Fasteners
NB	g. Tractor Protection Valve				c. Container securement	V	d. Welds
N/K	h. Air Compressor	N	4		devices on intermodal		12. WINDSHIELD GLAZING
MB	<ol> <li>Electric Brakes</li> </ol>	200			equipment.		Requirements and exceptions
V"	j. Hydraulic Brakes				7. STEERING MECHANISM		as stated pertaining to any
NBC	k. Vacuum Systems	J			a. Steering Wheel Free Play		crack, discoloration or vision
	2. COUPLING DEVICES	1/			b. Steering Column		reducing matter (reference
NA	a. Fifth Wheels	-4			c. Front Axle Beam and All		393.60 for exceptions).
NIA	b. Pintle Hooks	1			Steering Components		13. WINDSHIELD WIPERS
NA	c. Drawbar/Towbar Eye	W			Other Than Steering		Any power unit that has an
MIA	d. Drawbar/Towbar Tongue		11		Column		inoperative wiper, or missing
V	e. Safety Devices	J			d. Steering Gear Box	V	or damaged parts that render
V	f. Saddle-Mounts	1			e. Pitman Arm		it ineffective.
	3. EXHAUST SYSTEM	1			f. Power Steering		14. OTHER
	a. Exhaust system leaking	V	0.11		g. Ball and Socket Joints		List any other condition(s)
	forward of or directly below	J	- 15		h. Tie Rods and Drag Links		which may prevent safe
V	the driver/sleeper	1			i. Nuts		operation of this vehicle.
	compartment.	V			j. Steering System		speraner er une vernere.
	b. Bus exhaust system				8. SUSPENSION		
$\sqrt{}$	leaking or discharging in				a. Any U-bolt(s), spring		
4	violation of standard.				hanger(s), or other axle		
	c. Exhaust system likely to	,			positioning part(s) cracked,		
(	burn, char, or damage the	V		- 1	broken, loose or missing		
VII	electrical wiring, fuel supply,				resulting in shifting of an		
	or any combustible part of			İ	axle from its normal position.		
	the motor vehicle.	1			b. Spring Assembly		
	4. FUEL SYSTEM	U			c. Torque, Radius or Tracking		
V/ I I	a. Visible leak.	V			Components		
V	b. Fuel tank filler cap missing.				9. FRAME		
V	c. Fuel tank securely attached.	1	T		a. Frame Members		
	5. LIGHTING DEVICES	V			b. Tire and Wheel Clearance		
	All lighting devices and	- W			c. Adjustable Axle		
V	reflectors required by Part 393	V	4		Assemblies (Sliding		
	shall be operable.	14.1	9	1	Subframes)		
	S: MARK COLUMN ENTRIES TO VERIFY			ON:			OT APPLY, REPAIRED DATE

VEHICLE HI	STORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242243	辛53
DATE 9-20-1	<i>b</i>

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
LEAVEN WORTH SHUTTLE +TAXI	BRENT KLAUDT
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RD	₫YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LEAVEN WORTH WA98826	per la vivia de la
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
□ (OTHER)	SINS AUTO + TRUCK

OK NEEDS REPAIRED DATE	ITEM	OK NEEDS	REPAIRED	ITEM	OK REPAIR DATE	ITEM
TO BEFAIR DATE	I. BRAKE SYSTEM	OTT REPAIR	RI DATE	6. SAFE LOADING	ON REPAIR DATE	10. TIRES
VIII	a. Service Brakes			a. Part(s) of vehicle or		a. Tires on any steering axle
	b. Parking Brake System	,		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.
7	d. Brake Hose			part of the load or dunnage		11. WHEELS AND RIMS
	e. Brake Tubing			can fall onto the roadway.	NIT	a. Lock or Side Ring
13	f. Low Pressure Warning	1		b. Protection against shifting	17	b. Wheels and Rims
P	Device	V		cargo.	V/	c. Fasteners
11	g. Tractor Protection Valve	193		c. Container securement	7	d. Welds
112	h. Air Compressor	NA		devices on intermodal		12. WINDSHIELD GLAZING
4 1	i. Electric Brakes	11/13		equipment.		Requirements and exception
1	j. Hydraulic Brakes			7. STEERING MECHANISM		as stated pertaining to any
11	k. Vacuum Systems	V		a. Steering Wheel Free Play		crack, discoloration or vision
2		1/		b. Steering Column		reducing matter (reference
15-	a. Fifth Wheels			c. Front Axle Beam and All		393.60 for exceptions).
15	b. Pintle Hooks	V		Steering Components		13. WINDSHIELD WIFERS
NIE	c. Drawbar/Towbar Eye			Other Than Steering		Any power unit that has an
11 1	d. Drawbar/Towbar Tongue			Column	. /	inoperative wiper, or missing
<i>y</i> · · ·	e. Safety Devices	1		d. Steering Gear Box	V	or damaged parts that render
/	f. Saddle-Mounts	1		e. Pitman Arm		it ineffective.
3	EXHAUST SYSTEM	V		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
	the driver/sleeper	1/		i. Nuts		operation of this vehicle.
	compartment.	1/		j. Steering System		
	b. Bus exhaust system			8. SUSPENSION		
	leaking or discharging in			a. Any U-bolt(s), spring		, to 4
	violation of standard.			hanger(s), or other axle		
	c. Exhaust system likely to	$\sqrt{}$		positioning part(s) cracked,		
	burn, char, or damage the			broken, loose or missing		
4	electrical wiring, fuel supply,			resulting in shifting of an		
	or any combustible part of	1964		axle from its normal position.		
	the motor vehicle.	1		b. Spring Assembly		
4	. FUEL SYSTEM	· /		c. Torque, Radius or Tracking		
	a. Visible leak.	V		Components		
	b. Fuel tank filler cap missing.			9. FRAME		
	c. Fuel tank securely attached.	VI	I	a. Frame Members		
15	. LIGHTING DEVICES	V		b. Tire and Wheel Clearance		16
	All lighting devices and			c. Adjustable Axle		
	reflectors required by Part 393	NA		Assemblies (Sliding		
	shall be operable.	11/1	1	Subframes)	1002	

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

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
	0 0 - 15 - 11 15 12 10 -
LEAVENWORTH SHUTTLE+TAXT	BRENT KLHUDI
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
11610 EAGLE CREEK RD	TYES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓ AND COMPLETE) ☐ LIC. PLATE NO. ☐ VIN ☐ OTHER
LEAVENWORTH WA 98826	A-554463
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)
□ (OTHER)	SINS AUTO + TRUCK

OK NEEDS REPAIRED DATE	ITEM		NEEDS REPA			PONENTS INSPECTED ITEM	OK NEEDS REPAIRED DATE	ITEM
NEFAM DATE	1. BRAKE SYSTEM		HEPAJH DA	IE	6 8	AFE LOADING	OTC HEPAIR DATE	10. TIRES
VIII	a. Service Brakes	2000				Part(s) of vehicle or		a. Tires on any steering axle
1.	b. Parking Brake System					condition of loading such	V	of a power unit.
/	c. Brake Drums or Rotors	1				that the spare tire or any	V	b. All other tires.
	d. Brake Hose					part of the load or dunnage		11. WHEELS AND RIMS
7	e. Brake Tubing					can fall onto the roadway.	NA	a. Lock or Side Ring
1	f. Low Pressure Warning	· ·	15		h	Protection against shifting	7	b. Wheels and Rims
	Device	V			υ.	cargo.	1	c. Fasteners
	g. Tractor Protection Valve			$\exists$	C	Container securement	1	d. Welds
/	h. Air Compressor	21			0.	devices on intermodal		12. WINDSHIELD GLAZING
P	i. Electric Brakes	171	,			equipment.		Requirements and exceptions
110-	j. Hydraulic Brakes				7 81	EERING MECHANISM		as stated pertaining to any
30	k. Vacuum Systems	./				Steering Wheel Free Play		crack, discoloration or vision
AK Y	2. COUPLING DEVICES	1		$\dashv$				reducing matter (reference
	a. Fifth Wheels	V		-		Steering Column Front Axle Beam and All		
7 15	b. Pintle Hooks	.1			C.			393.60 for exceptions).
119	Section 1. The contract of the tensor of the contract of the c	V				Steering Components		
1-12-	c. Drawbar/Towbar Eye					Other Than Steering		Any power unit that has an
71-	d. Drawbar/Towbar Tongue	. /		-	.i	Column	V	inoperative wiper, or missing
6.	e. Safety Devices	V		-	d.	Steering Gear Box		or damaged parts that render
Ar I	f. Saddle-Mounts	V,		-	e.	Pitman Arm		it ineffective.
	3. EXHAUST SYSTEM	W		_	1.	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
	the driver/sleeper	V,			i.	Nuts		operation of this vehicle.
	compartment.	V			<u>j.</u>	Steering System		
	b. Bus exhaust system				Despect, major on	ISPENSION		
	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>	V				positioning part(s) cracked,		2 9
/	burn, char, or damage the					broken, loose or missing		
	electrical wiring, fuel supply,					resulting in shifting of an		* harge
	or any combustible part of	, R		2	à	axle from its normal position.		
	the motor vehicle.	V	丹/	B	y GUb.	Spring Assembly		
	4. FUEL SYSTEM	. /			C.	Torque, Radius or Tracking		
	a. Visible leak.	V	100			Components		
	b. Fuel tank filler cap missing.				9. IFF	AME		
	c. Fuel tank securely attached.	V			a.	Frame Members		
	5. LIGHTING DEVICES	1	200		b.	Tire and Wheel Clearance		
	All lighting devices and				C.	Adjustable Axle		
	reflectors required by Part 393	NA		- 1	2000	Assemblies (Sliding		
	shall be operable.	!				Subframes)		

Araco 7

#### ANNUAL VEHICLE INSPECTION KEPUKI

VEHICLE HIS	TORY RECORD
REPORT NUMBER	FLEET UNIT NUMBER
39242245	322
DATE 9-16-1	6

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)			
LEAVENWORTH SHUTTLE + TAXI	BRENT KLAVDT			
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396,19.			
11610 EAGLE CREEK RD	™YES			
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (► AND COMPLETE) B.LIC. PLATE NO. UN OTHER			
LEAVENWORTH WA	AN39 954			
VEHICLE TYPE ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS	INSPECTION AGENCY/LOCATION (OPTIONAL)			
☐ (OTHER)	SINS AUTO + TRUCK			

VEHICLE COMPONENTS INSPECTED								
OK REPAIR REPAIRED DATE	ITEM	ОК	NEEDS REPAIR	REPAIRED DATE			OK REPAIR DATE	ITEM
	1. BRAKE SYSTEM					AFE LOADING		10. Thres
V	<ul> <li>a. Service Brakes</li> </ul>				а	Part(s) of vehicle or	./	a. Tires on any steering axle
V	<ul> <li>b. Parking Brake System</li> </ul>					condition of loading such	V	of a power unit.
V	<ul> <li>Brake Drums or Rotors</li> </ul>	1				that the spare tire or any	V	b. All other tires.
V	d. Brake Hose	9				part of the load or dunnage		11. WHEELS AND RIMS
V	e. Brake Tubing					can fall onto the roadway.	NA	a. Lock or Side Ring
/	f. Low Pressure Warning	1			b	Protection against shifting	V	b. Wheels and Rims
V	Device	A				cargo.	V	c. Fasteners
V	g. Tractor Protection Valve				C.	Container securement	V	d. Welds
V	h. Air Compressor	W				devices on intermodal		12. WINDSHIELD GLAZING
NA	<ol> <li>Electric Brakes</li> </ol>	,				equipment.		Requirements and exceptions
NA	<ol> <li>j. Hydraulic Brakes</li> </ol>					TEERING MECHANISM		as stated pertaining to any
N/A-	k. Vacuum Systems	1/2			a	Steering Wheel Free Play		crack, discoloration or vision
	2. COUPLING DEVICES	V	A. 1			Steering Column	8	reducing matter (reference
NA	a. Fifth Wheels				C.	Front Axle Beam and All		393.60 for exceptions).
NA	b. Pintle Hooks	1			- 60	Steering Components		13. WINDSHIELD WIPERS
NA	c. Drawbar/Towbar Eye	V				Other Than Steering	- 2.45	Any power unit that has an
NA	d. Drawbar/Towbar Tongue	1				Column		inoperative wiper, or missing
V	e. Safety Devices	V,			d.	Steering Gear Box	V	or damaged parts that render
NAL	f. Saddle-Mounts	V		•	e.	Pitman Arm		it ineffective.
	3. EXHAUST SYSTEM	VI			f.	Power Steering		14. OTHER
	a. Exhaust system leaking	4			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
V	the driver/sleeper	V,			i.	Nuts		operation of this vehicle.
	compartment.	V.			j.	Steering System		
	b. Bus exhaust system				8. S	USPENSION		
V	leaking or discharging in				a.	Any U-bolt(s), spring		
	violation of standard.	ſ				hanger(s), or other axle		
	<ul> <li>c. Exhaust system likely to</li> </ul>	V				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			13 1	S	axle from its normal position.		
	the motor vehicle.	V	1,	SH	b.	Spring Assembly		
<u> </u>	4. FUEL SYSTEM	1			c.	Torque, Radius or Tracking		
V	a. Visible leak.	V				Components .		
V	b. Fuel tank filler cap missing.					RAME		
VII	<ol> <li>Fuel tank securely attached.</li> </ol>					Frame Members		
	5. LIGHTING DEVICES .	V			b.	Tire and Wheel Clearance		
1	All lighting devices and	11 1			C.	Adjustable Axle		
V	reflectors required by Part 393	N	4			Assemblies (Sliding		
1 1	shall be operable.		3 (2)	931		Subframes)	1 1 1 1	



**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

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 TMC 1982 WA

Plate # ANB9954 Equipment ID 322

VIN

**GVWR** 1TUFCH6A4HR005872 37,800

CVSA # CVSA Issued # OOS Sticker

10516

**BRAKE ADJUSTMENTS** 

Axle # 1 3 2 1 Right 3/4 INOP Left 1 1 1/8 INOP Chamber C-20 C-30 C-30

**VIOLATIONS** 

Vio Code 393.47D	Section	Unit OOS	Citation #	Verify Crast	
393.470	393.47(d)	1 Y		U N	Insufficient brake linings: Right side front linings are less
393.11	393.11	1 N		N N	than 1/4
				14 14	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		U N	Inadequate brakes for safe stopping: Left Drive axel slack
200 470	000 477 )	9 2 2			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

I certify that all mechanical yiplations were repaired.

Signature Of Repairer X: 15

Facility: 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,

Date:

Signature Of Motor Carrier X

Report Prepared By:

YEOMANS, S.

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



			NAME)		
Sins Auto and Truck LL( dba Worldnet Solutions	n al	工)	ADDRESS ADDRESS	10-7-	16
dba Worldnet Solutions PO Box 812 Leavenworth, WA 98826 (509) 885-2574			116 TO Eagle orele KA Leavenerth Wa 98626	1090-	1089
YEAR, MAKE AND MODEL  YEAR, MAKE AND MODEL  YEAR, MAKE AND MODEL			CUSTOMER'S ORDER NUMBER ORDER WRITTENBY	DATE PROMISED	
SERIAL NUMBER			MOTOR NUMBER	LICENSE NUMBER	
OTV PARTING AND TOTAL			INCION NUMBER	ODOMETER	
QTY. PART NO. AND DESCRIPTION .	AMO	TINU	DESCRIPTION OF WORK		AMOUNT
50-90W	7	00	LUBE CHG.OIL OIL FILTER TUNE UP	TRANS. DIFF.	
2-stainless stul Atundges	20	00	Sustall new Brahe shoes of	as drong	
1-40086 scottseal	51	00	all aple + new 2 can sent	2	
Musi strews & Bilts	15	00	Lustall new air comssteir o	te not.	
Tour June		00	fristall new slacks adjustes	Jogann	
			Austrill & new shorter		
			Soustall new Broke Horses Tag + a	Trongel	
			Remotal Batt Over a Muper sum	Tel	
			Remove Leaky Hore from Rods		
			LITERS/GALS. OF GAS @	TOTAL LABOR	
(MAY BE CONTINUED ON OTHER SIDE)	1 = 5		LITERS/QTS. OF OIL @	TOTAL PARTS	
TOTAL PARTS	173	00	kg/LBS. OF GREASE @	ACCESSORIES	
ACCESSORIES	13.75			GAS, OIL AND GREASE	
shop supplys	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 purpose of testing large with	EPA / WASTE DISPOSAL	
		_	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 recognitible to be set or the secure of the secure		
			case of fire, theft or any other cause beyond your control.	TAX	
TOTAL ACCESSORIES		S	IGNATURE	TOTAL	

a a

July Auto and Truck LLC	INAME A				
dba Worldnet Solutions PO Box 812	ADDRESS ADDRESS	the Shutther Tax	DATE OF ORDER	7-16	
Leavenworth, WA 98826 (509) 885-2574	CITY, STATE, ZIP		1089	-10	90
YEAR, MAKE AND MODEL	HOME PHONE	BUS, PHONE	EXT. DATE PROMISED		
SERIAL NUMBER	CUSTOMER'S ORDER NUMBE MOTOR NUMBER	R ORDER WATTEN BY	LICENSE NUMBER		
QTY. PART NO. AND DESCRIPTION AMO	TNUC	DESCRIPTION OF WORK	ODOMETER		
	LUBE CHG.C	OIL OIL FILTER TUNE U	P TRANS. DI	PP	דאשכ
	durstalla	ster Geory o Po Tog agh sho new a cam s	er RR Tans		-
	Repair LR	Togash sho	es ano		
	James 12	new a cam s	eals 99.5h	2 4912	50
	Pd 3000	O Balance De	u 25506	2	ļ
			23126.	2	
		2	x to Pay		
	LITERS/GALS.	OF GAS @	TOTAL LABOR	4912	50
(MAY BE CONTINUED ON OTHER SIDE) TOTAL PARTS	LITERS/QTS. (		TOTAL PARTS	173	00
ACCESSORIES	kg/LBS. OF GF	REASE @	ACCESSORIES GAS, OIL	3.5	00
			AND GREASE		
	Vehicle for nurnosses of the	ove repair work to be done along with and your employees may operate al sting, inspection, or delivery at my risk acknowledged on above with	the EPA / WASTE		
	express mechanics lien is the amount of repairs the	acknowledged on above vehicle to sereto. It is also understood that you will	. An cure	5/205	50
TOTAL ACCESSORIES	Case of fire, theft or a	or damage to cars or articles left in ca any other cause beyond your con	rs in trol. TAX	4301	2
	. 1		TOTAL	Final	