

Licensing TE-070776



Motor Carrier Safety Staff Recommendation

Upload? Yes No

CH-62937

Investigator(s): Alan Dickson

Permit: TE-070776

Assignment No.: 107174

MOTCAR No.: 43971

Company name Michael Stowe

✓

Is this company a new entrant? Yes No

Type of assignment:

- Compliance review
- Technical assistance
- Vehicle inspection
- Complaint
- Other: _____
- Education
- Training
- Destination check
- Unannounced CR

Date(s) of activity: 7-27-07

Relevant company history, if any: Mr. Stowe held a charter/excursion permit until he was canceled for insurance. He stated he would have to again cancel insurance during off season as there is no business during late fall through early spring.

Findings: SATISFACTORY RATING

Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR or vehicle inspection report.
- Require the company to submit a compliance plan in response to the 15-day letter requirement or in response to a compliance letter.
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

Recheck: Yes (Date:) No

Is this a high risk carrier?

- Carrier has received a conditional or unsatisfactory safety rating from their last CR.
- Vehicle out-of-service ratio 25% or higher.
- Vehicle defect ratio of 75% or higher.

Additional Comments: CR and vehicle inspections conducted for permit process. Owner/operator Michael Stowe is knowledgeable of the the safety regulations and is properly qualified. I recommend this applicant be granted the permanent charter/excursion permit authority.

Investigator's signature: Alan Dickson

Initial Review by: KHunker Date: 8-16-07
Concur, issue CH/ES authority. OK and file.
Thanks!

Final recommendation by: DPratt Date: 8/17/07
Agree with recommendations.
Thanks alan
DPratt

Date closed: 7/27/07 By: CAZ

cc: Alan Dickson
Licensing

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT # **Legal:** MICHAEL STOWE
Operating (DBA): CHELAN VALLEY TOURS

MC/MX #: **State #:** A-107174 **Federal Tax ID:** 532-80-5992 (SSN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types	Interstate	Intrastate	Business: Individual	Gross Revenue:	for year ending:
Carrier:	N/A	Non-HM			
Shipper:	N/A	N/A			
Cargo Tank:	N/A				

Company Physical Address:

223 E Nixon
 Chelan, WA 98816

Contact Name: Michael Stowe
Phone numbers: (1) 509 682-2386 (2) **Fax**
E-Mail Address:

Company Mailing Address:

P O Box 572
 Chelan, WA 98816

Report Summary

Report	# of Pages
Part A - General	<u>2</u>
Part B - Violations	<u>1</u>
Part B - Recommendations	<u>1</u>
Review/Audit Receipt Page	<u>1</u>
Total Pages	<u>5</u>

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WJTC at:

1720 Ellis Street, Suite #200
 Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed


Name: Michael Stowe **Title:** Owner/operator
Name: **Title:**

Reported By: *Alan Dickson* **Title:** *Motor Carrier Sfty* **Code:** WA0553 **Date:** 7/27/2007

Received By: *M Stowe* **Title:** *owner*



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT #	Legal: MICHAEL STOWE Operating (DBA): CHELAN VALLEY TOURS		
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Review Type: Compliance Review (CR)				
Scope:	Principal Office	Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types		Interstate	Intrastate	Business: Individual Gross Revenue: _____ for year ending: _____
Carrier:	N/A	Non-HM		
Shipper:	N/A	N/A		
Cargo Tank:	N/A			
Company Physical Address:				
223 E Nixon Chelan, WA 98816				
Contact Name: Michael Stowe				
Phone numbers: (1) 509 682-2386 (2) _____ Fax _____				
E-Mail Address: _____				
Company Mailing Address:				
P O Box 572 Chelan, WA 98816				
Carrier Classification				
Other: CH bus				
Cargo Classification				
Passengers		Other: Charter bus		
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? N/A				
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:			Total Drivers: 1	
>= 100 Miles:			CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	Owned Term Leased Trip Leased
Van, 9-15	2	0	0	
Power units used in the U.S.: 2				
Percentage of time used in the U.S.: 100				





CHELAN VALLEY TOURS (MICHAEL STOWE dba)

U.S. DOT #:

State #: A-107174

Review Date:

07/27/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WJTC at:

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Bellingham, WA 98225

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Person(s) Interviewed

Name: Michael Stowe

Title: Owner/operator

Name:

Title:





CHELAN VALLEY TOURS (MICHAEL STOWE dba)

U.S. DOT #:

State #: A-107174

Review Date:

07/27/2007

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated	10,000
Recordable Accidents	0
Recordable Accidents/Million Miles	0.00

OOS Vehicle (CR):	0
Number of Vehicle Inspected (CR):	2
OOS Vehicle (MCMIS):	0
Number of Vehicles Inspected (MCMIS):	0

Your proposed safety rating is :

SATISFACTORY

Rating Factors		Acute	Critical
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Factor 1:	S	0	0
Factor 2:	S	0	0
Factor 3:	S	0	0
Factor 4:	S	0	0
Factor 5:	N	0	0
Factor 6:	S	-	-





CHELAN VALLEY TOURS (MICHAEL STOWE dba)

U.S. DOT #:

State #: A-107174

Review Date:

07/27/2007

Part B Requirements and/or Recommendations

1. This review will result in a Safety Rating.





CHELAN VALLEY TOURS (MICHAEL STOWE dba)

U.S. DOT #:

State #: A-107174

Review Date:

07/27/2007

Part C

Reason for Review: Other New applicant/CR
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

325 382 383 387 390 391 392 393 395 396 397 398 399 171 172 173 177 178 180
Checkmarks under 387, 390, 391, 392, 393, 395, 396

Prior Reviews Prior Prosecutions

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver? No
Does carrier transport placardable quantities of hazardous materials?
Unsat/Unfit rule: Not Applicable

Corporate Contact: Michael Stowe
Corporate Contact Title: Owner/operator

Special Study Information:

Remarks:

Mr. Stowe held a charter bus certificate until he was canceled for insurance during 2006. He has made an application for a new permit and the vehicles checked free of defects and CVSA stickers were issued. This review was conducted using records for his earlier operations. No violations were noted. Mr. Stowe is knowledgeable of the safety regulations and I recommended granting of the permanent charter certificate.

Upload Authorized: Yes No
Authorized by: Date:
Uploaded: Yes No Failure Code:
Verified by: Date:



UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225085

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 X 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 7.27.07 TIME (MILITARY) BEGUN 0940 FINISHED 1005 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP SR 97A Chelan SCALEHOUSE NO. CNTY. CODE 4 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Stowe, Michael DBA Chelan Valley Tours ADDRESS P O Box 572 Appliza TE-07071 CITY Chelan STATE WA ZIP CODE 98816 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER DRIVER NAME M. Stowe LICENSE NO. Stow MW 367M2 STATE WA EXP. YEAR 12 DATE OF BIRTH 7.24.64 MED. CERT. N WAIVER Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 10 PASSENGER PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 VN 73 Pinz 1 A60081S WA

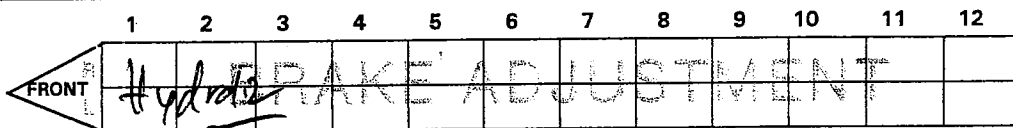


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Includes rows for CVSA/DECALS (6569402), UNIT 1-4, and NOIC NO.

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

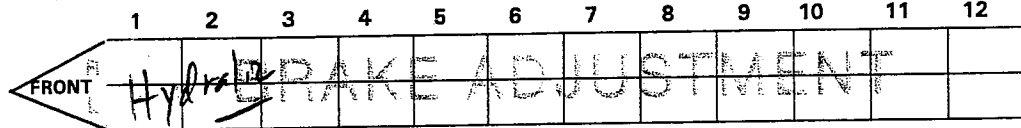
DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]

Washington State Patrol UTC
UNIFORM DRIVER/VEHICLE INSPECTION REPORT

Special Project 107174

1225084

PERSONNEL NO. <u>J553</u>	DIST / DET	LEVEL: 1 <u>X</u> 2 _____ 3 _____ 4 _____ 5 _____			
GENERAL		HAZARDOUS MATERIALS			
DATE <u>7.27.07</u>	TIME (MILITARY) BEGUN <u>0915</u>	TIME (MILITARY) FINISHED <u>0935</u>	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP <u>SR 97 A Chelan</u>	SCALEHOUSE NO.	CNTY CODE <u>04</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
CARRIER			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	
CARRIER NAME (Include DBA when applicable) <u>Stowe, Michael DBA Chelan Valley Tours</u>					
ADDRESS <u>P.O. Box 572 TE 070776</u>					
CITY <u>Chelan</u>	STATE <u>WA</u>	ZIP CODE <u>98816</u>	INTERSTATE YES <input checked="" type="radio"/> NO <input type="radio"/>	DOT NO.	
DRIVER					
DRIVER NAME <u>M. Stowe</u>		LICENSE NO. <u>Stowmw367M2</u>	STATE <u>WA</u>	EXP. YEAR <u>12</u>	
DATE OF BIRTH <u>7.22.64</u>	MED. CERT. <input checked="" type="radio"/> N <input type="radio"/> Y	SHIPPER NAME	SHIPPING NO.		
VEHICLE					
REGISTERED OWNER NAME/ADDRESS <u>Carrier</u>			G.V.W. <u>10 PASSENGER</u>	PBT RATE	
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>VN</u>	<u>72 Pinz</u>	<u>2</u>	<u>A 60080S</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
CVSA DECAL# <u>6569401</u>	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

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

DRIVER SIGNATURE: M. Stowe
 OFFICER SIGNATURE: A. Oriskany

2007 MCSAP DATA SHEET

Assignment #:	107174
Date of CR/Inspection:	7-27-07
Carrier Name:	Michael Stowe
DBA:	Chelan Valley Tours
Permit #:	CH-62937
DOT #:	
MC #:	
MotCar #:	43971

COMPLIANCE REVIEW DATA:

Safety Rating:	SAT
Number of Vehicles Operated:	2
Number of Drivers Operated:	1
Total Miles for Prior Year:	10,000
Recordable Accidents for Prior Year:	0
Accident Ratio:	0%

PART B VIOLATIONS:

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

cc: *Tom Mc Vaughn*

2007 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:								2			
# of Defective Vehicles:								0			
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:								0			
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Chelan										
Level of Inspection:								1			

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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/ Wipers											
Mirrors											
Emergency Equipment/ Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Alan Dickson

Inspector(s): _____