

WASHINGTON

Licensing



Motor Carrier Safety Staff Recommendation

Upload? Yes No

Investigator(s): Alan Dickson

Permit: ~~TE~~-CH-62961

Assignment No.: 107195

MOTCAR No.: 1D 4686

Company name: Leavenworth Enchanted Tours LLC

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: 8-14-07

Relevant company history, if any:

Findings: Vehicle checked free of defects; CVSA sticker was issued

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: Mr. Parton is knowledgeable of the safety regulations and is properly qualified. I recommend granting of the permanent charter bus certificate. Add this company to the CH workplan.

Investigator's signature: Alan Dickson

Initial Review by: R Hunter Date: Aug 16 2007
Concur with Staff recommendation. Max Egle.
Frank D

Final recommendation by: J Pratt Date: 8/17/07
Agree with recommendations.
Thanks
Pratt

Date closed: 8/14/07 By: CAC

cc: Alan Dickson
Licensing

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225087

PERSONNEL NO. J553 DIST / DET LEVEL: 1 X 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 8.14.07 TIME (MILITARY) BEGUN 12:15 FINISHED 12:35 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N LOCATION: SR/MP Skykomish SR 2 SCALEHOUSE NO. CNTY CODE 17 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Leavenworth Enchanted Tours LLC ADDRESS PO Box 432 CH Apple CITY Leavenworth STATE WA ZIP CODE 98826 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER DRIVER NAME Parton, Brian LICENSE NO. PARTOBT2534 STATE WA EXP. YEAR 08 DATE OF BIRTH 6.4.75 MED. CERT. Y N SHIPPER NAME SHIPPING NO.

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 20 PASSENGER PBT RATE TABLE with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE

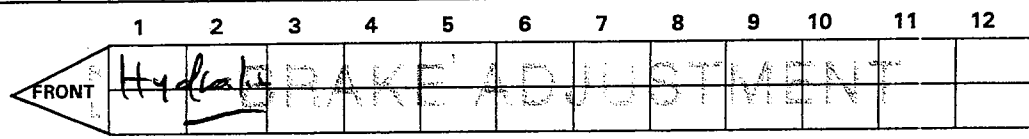


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied

CVSA DECALS UNIT 1 10569404 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE A. Dickson

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

2007 MCSAP DATA SHEET

| | |
|------------------------|---------------------------------|
| Assignment #: | 107195 |
| Date of CR/Inspection: | 8-14-07 |
| Carrier Name: | Leavenworth Enchanted Tours LLC |
| DBA: | |
| Permit #: | CH-62961 |
| DOT #: | |
| MC #: | |
| MotCar #: | ID 4686 |

COMPLIANCE REVIEW DATA:

| | |
|--------------------------------------|--|
| Safety Rating: | |
| Number of Vehicles Operated: | |
| Number of Drivers Operated: | |
| Total Miles for Prior Year: | |
| Recordable Accidents for Prior Year: | |
| Accident Ratio: | |

PART B VIOLATIONS:

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

cc: *Jon the Vanish*

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: | | | 1 | | | | | | | | |
| # 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: | Skykomish | | | | | | | | | | |
| 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): _____