



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 109035
March 23, 2009 March 19, 2009

3. Current Date: _____ 4. Date of Activity: _____

5. Carrier Name: The Davenport Hotel

6. Permit: TE-090145 *Country Excursion* 7. Industry Code: 232
Ponding ~~230~~

8. MOTCAR No.: ID 5395

9. DOT No.: _____ 10. MC No.: _____

11. **Destination Check**

Attached is a copy of the Destination Check Safety Plan.

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

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

12. **Safety Complaint**

Attach a copy of the Individual Safety Complaint Plan.

- What activity did staff complete for this safety complaint:

- Compliance review
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced terminal visit
- Other (please explain): _____

13. **New Entrant – Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and nine months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

14. **New Entrant– HHG**

- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
- Is this carrier based in another state, requesting intrastate authority: Yes No
- Is this carrier based in Washington, requesting intrastate authority: Yes No
- Did staff complete the following:
 - ◆ Inspect all vehicles between three and eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

15. **Individual Safety Plan Only:**

Attach a copy of the Individual Carrier Safety Plan.

- What activity did staff complete for this safety complaint:

Compliance review

Technical assistance

Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

Unannounced terminal visit

Other (please explain): _____

16. **Compliance Review Data:**

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

17. Part B Violations:

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

18. Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections		1									
Defective Vehicles		0									
OOS Vehicles		0									
Location		L5									
Level		5									

19. Vehicle Inspection Violations:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights									1		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

20. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: New applicant for charter/excursion.

22. Findings: The 12 passenger mini bus for the Davenport Hotel was level five inspected and found to be free of any defects. A CVSA decal was attached #10536376. I met with the company safety manager Scott Steinbacker, giving him an HHG Safety manual and educational technical assistance. Mr. Steinbacker had appropriate knowledge of applicable regulations and adequate procedures in place for this authority. I recommend approval of this company's application for charter/excursion authority.

23. Recommended Action:

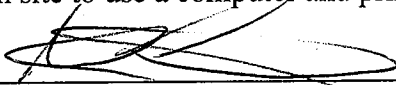
- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan and copy of new medical card(s) in response to the 15-day letter requirement.
- Recheck - Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
Describe: _____
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

24. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

25. Additional Comments:

Please see findings above # 22. A hand written inspection form was used in place of ASPEN due to not having an appropriate location at the inspection site to use a computer and printer.

Investigator's signature: Richard L. Smith 

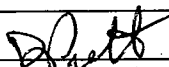
Initial review by: DPratt

Date: 3/25/08

Reviewer's recommendation: Agree with RECOMMENDATION. I'll notify

LIC to issue authority

Thanks Rick.



Final review by:

Date:

Reviewer's recommendation: _____

Date closed: 3/25/09 By: CAC
cc: _____

Company name The Davenport Hotel Assignment # 109035

Staff Assigned Richard Smith

