



TE 100478  
Licensing  
SVO

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith 2. Assignment No.: 110088

3. Current Date: 4-1-2010 4. Date of Activity: 3-31-2010

5. Carrier Name: Kitsap Tours Limited

6. Permit: Pending 7. If new entrant, date of temporary authority: \_\_\_\_\_

8. MOTCAR No.: 1D 5912 9. Carrier is:  Intrastate Only

Interstate Only

Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 1994819 12. MC No.: \_\_\_\_\_

13.  **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:

\_\_\_\_\_

14.  **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): \_\_\_\_\_

\_\_\_\_\_

15.  **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: (NA, authority pending.)
  - ◆ Inspect all vehicles between three and nine months?  Yes  No
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - ◆ Conduct a CR/SA between three and nine months?  Yes  No  CR  SA

16.  **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

17.  **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): \_\_\_\_\_

18.  **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: \_\_\_\_\_

19.  Part B Violations:

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

20.  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								T			
Level								5			

21.  Vehicle Inspection Violations:

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

22.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: UTC has no prior history for this carrier. The carrier is applying for Intrastate Charter-Excursion authority.

24. Findings: The carrier's 15 passenger van is new with all new components. The company has developed a maintenance plan for the coming year. I also provided ETA by going page by page from

The UTC manual "Your Guide to Achieving a Satisfactory safety rating".  
A CVSA decal # 12159803 was affixed to the vehicle as noted in inspection WAU001000250,.

25. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Compliance review (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )

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

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

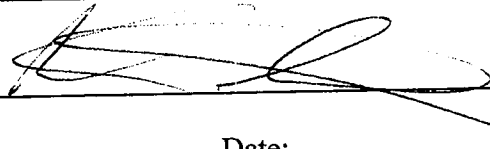
26. Is this carrier considered a high risk carrier as a result of this activity?

- 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): \_\_\_\_\_

27. Additional Comments: The owners for this company were very attentive to my training and are capable of providing management in compliance with the safety regulations. I recommend

authority be issued.

Investigator's signature: Richard Smith



Initial review by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's recommendation: \_\_\_\_\_

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

Final review by: MSV Date: 4/2/10

Reviewer's recommendation: I agree with Rick's recommendation

Date closed: 4/2/10 By: CAC  
cc: Rick Smith

Licensing

Company name Kitsap Tours Limited Assignment # 110088

Staff Assigned Rick Smith

# DRIVER/VEHICLE EXAMINATION REPORT

Washington State Patrol  
Commercial Vehicle Enforcement Section  
P.O. Box 42614  
Olympia, WA 98504-2614  
Phone: (360)596-3819 Fax: (360)596-3828

Report Number: WAU001000250  
Inspection Date: 03/31/2010  
Start Time: 09:16 AM End Time: 10:43 AM  
Inspection Level: V - Terminal  
HM Inspection Type: None

KITSAP TOURS LIMITED  
19284 HARRIS AVE NE  
SUQUAMISH, WA 98392  
USDOT#: 1994819  
MC/MX#:   
State#: PENDING

Phone#: (360)598-6379  
Fax#: (877)877-1950

Driver: \_\_\_\_\_ State: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
CoDriver: \_\_\_\_\_ State: \_\_\_\_\_  
License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Location: 19284 HARRIS AVE SUQUAMISH WA MilePost: \_\_\_\_\_  
Highway: \_\_\_\_\_ Origin: \_\_\_\_\_  
County: KITSAP, WA Destination: \_\_\_\_\_

Shipper: \_\_\_\_\_  
Bill of Lading: \_\_\_\_\_  
Cargo: \_\_\_\_\_

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Company #	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	FORD	2009	WA	TEMP-693040	1	1FDWE35S99DA01236	10,001		12159803	

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

**VIOLATIONS:** No Violations Were Discovered.

**HazMat:** No HM Transported.

**Placard:** No **Cargo Tank:**

**Special Checks:** No Data for Special Checks.

Report Prepared By:  
SMITH, RICHARD

Badge #:  
J580

Copy Received By:

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