



J. Allen

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): TOM MCVAUGH 2. Assignment No: 111173

3. Current Date: 6-29-11 4. Date of Activity: 6-23,28-11

5. Carrier Name: DUSTIN BOAST dba: ROAD DOG TOURS

6. Permit: NEW CH APP 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 1D 6470 9. Carrier is: Intrastate Only
 Interstate Only

10. Industry Code: 232 Both Intra and Interstate

11. DOT No.: 2154090 12. MC No.: N/A

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:
 - ◆ 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 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								1			
OOS Vehicles								0			
Location											
Level								1			

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								2			
Coupling Devices											
Frame								1			
Suspension											
Exhaust											
Other								1			

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: **CARRIER IS APPLYING FOR CHARTER BUS AUTHORITY TO CONDUCT WINE TOURS IN THE PUGET SOUND AND EASTERN WASHINGTON AREAS. MR. BOAST IS THE ONLY DRIVER AND CURRENTLY OWNS ONE (1) ELEVEN PASSENGER VAN.**

24. Findings: **MY INITIAL LEVEL #1 INSPECTION NOTED VIOLATIONS OF FAILING TO EQUIP THE VAN WITH DRIVE SHAFT PROTECTION, PROPER EMERGENCY EQUIPMENT AND USDOT NUMBER. MY SECOND LEVEL #1 INSPECTION NOTED THAT ALL VIOLATIONS WERE CORRECTED AND I ISSUED A VALID CVSA DECAL. IN ADDITION, I CONDUCTED ETA ON HOURS OF SERVICE, ACCIDENT REGISTER, INSPECTION, REPAIR & MAINTENANCE FILES, DRIVER QUALIFICATIONS, PARTS & ACCESSORIES, AND OVER THE ROAD OPERATIONS.**

I AM RECOMMENDING THIS CARRIER FOR PERMANENT CHARTER BUS AUTHORITY.

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? X

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: **I RECOMMEND THIS CARRIER FOR PERMANENT CHARTER BUS AUTHORITY.**

Investigator's signature: Alan A. Myer

Initial review by: [Signature] Date: 6-29-11

Reviewer's recommendation: I agree with recommendation
that Authority be issued

Final review by: DPratt Date: 6/29/11

Reviewer's recommendation: Agree with recommendations.
close & file.

* OK to issue CH permit

Date closed: 6/29/11 By: CAC

cc: Tom McVaugh
Licensing

Company name Boast, Austin, The Road Dog Tours Assignment # 111173

Staff Assigned Tom McVaugh

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

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: WAU004000150
 Inspection Date: 06/23/2011
 Start: 11:00:00 AM PT End: 11:30:00 AM PT
 Inspection Level: I - Full
 HM Inspection Type: None

DUSTIN BOAST
 23405 E VALLEYWAY
 LIBERTY LAKE, WA 99019
 USDOT#: 02154090 Phone#: (206)249-9858
 MC/MX#: State#: Fax#:

Driver: BOAST, DUSTIN M
 License#: BOASTDM191B7 State: WA
 Date of Birth: 01/27/1981
 CoDriver: State:
 License#: State:
 Date of Birth:

Location: SOUTHCENTER, RENTON, WA
 Highway: PARKING LOT
 County: KING, WA

MilePost: Shipper:
 Origin: KIRKLAND, WA Bill of Lading:
 Destination: RENTON, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	DODG	1999	WA	299ZXJ		2B5WB25Z2XK579615	7,700			

BRAKE ADJUSTMENTS

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

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21(b)	F	1	N		N	N	Carrier name and/or USDOT Number not displayed as required
393.89	F	1	N		N	N	Bus driveshaft not properly protected
393.95(f)	F	1	N		N	N	No / insufficient warning devices
393.95(a)	F	1	N		N	N	No/discharged/unsecured fire extinguisher

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHIN FIFTEEN (15) DAYS TO THE ABOVE ADDRESS.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
 TOM MCVAUGH

Badge #:
 J531

Copy Received By:
 DUSTIN BOAST

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02154090 WA WAU004000150

x *[Signature]*

x *[Signature]*

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

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: WAU004000151
Inspection Date: 06/28/2011
Start: 6:55:00 AM PT End: 7:22:00 AM PT
Inspection Level: I - Full
HM Inspection Type: None

DUSTIN BOAST
23405 E VALLEYWAY
LIBERTY LAKE, WA 99019
USDOT#: 02154090 Phone#: (206)249-9858
MC/MX#: Fax#:
State#:

Driver: BOAST, DUSTIN M
License#: BOASTDM191B7 State: WA
Date of Birth: 01/27/1981
CoDriver:
License#: State:
Date of Birth:

Location: SOUTHCENTER, RENTON, WA
Highway: PARKING LOT
County: KING, WA

MilePost: Shipper:
Origin: KIRKLAND, WA Bill of Lading:
Destination: RENTON, WA Cargo: EMPTY

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1	VN	DODG	1999	WA	299ZXJ		2B5WB25Z2XK579615	7,700		15111190	

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:
TOM MCVAUGH

Badge #:
J531

Copy Received By:
DUSTIN BOAST

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02154090 WA WAU004000151

X

X



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Basin Insurance Associates, Inc. 311 E Mullan Ave Post Falls ID 83854		CONTACT NAME: Steve Palmer PHONE (A/C, No, Ext): (208) 457-1800 FAX (A/C, No): (208) 457-1801 E-MAIL ADDRESS: PRODUCER CUSTOMER ID#: 00019273	
INSURED Dustin Boast, DBA: Road Dogs Tours 23405 E Valleyway Liberty Lake WA 99019		INSURER(S) AFFORDING COVERAGE INSURER A: American Zurich Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL116306554 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	BAP-9337637	6/3/2011	6/3/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
 2B5WB25Z2XK579615
 1999 Dodge Ram. 11 Passenger Van

CERTIFICATE HOLDER WUTC PO BOX 47250 Olympia, WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Steve Palmer/MY
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