

Insuring

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

- 1. Investigator(s): Richard Smith
- 2. Assignment No.: 111216
- 3. Current Date: 8-12-2011
- 4. Date of Activity: 8-10-2011
- 5. Carrier Name: Seattle Tours and Activities LLC dba Seattle Qwik Tour
- 6. Permit: Pending
- 7. Industry Code: 232
- 8. MOTCAR No.: _____
- 9. DOT No.: 2172317
- 10. MC No.: None

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? Yes No
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1

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	
393					

18. Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SE 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											
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 application Charter/Excursion

22. Findings:

7-29-2011 I completed level 5 inspections of one passenger carrying mini-buses owned by Charles Mickelson of Seattle Tours and Activities LLC d/b/a Seattle Qwik Tour. The vehicle inspected was a 2011 18 passenger Ford mini-bus, license AED6680. VIN: 1FDDE4FS2BDA80369.

The bus was found to be well maintained with no defects and as result was issued CVSA decal 15726630. See inspection reports; handwritten 1312091 and ASPEN reports WAU001000395. Mr. Mickelson told me at this current time he will be the only driver for the bus. Using the FMCSA CDLIS portal I confirmed Mr. Mickelson has a current commercial driver's license (CDL) and inspected a valid medical certificate in his possession. He does have plans in the near future to hire additional drivers as business increases and understands what he will be required to complete for each driver before allowing them to serve in a safety sensitive position as a driver for his company. Mr. Mickelson was provided technical assistance training in 49 CFR 40, 387, 390, 391, 392, 393, 395 and 396.

23. Recommended Action:

The mini-bus for Seattle Tours and Activities LLC d/b/a Seattle Qwik Tour has passed a thorough level 5 safety inspection and the company owner has received new entrant training provided by me from the UTC manual "Your Guide to Achieving a Satisfactory Safety Record".

I recommend authority be issued.

- 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: _____

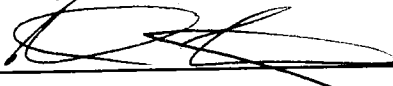
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$ _____
- Issue a complaint.
- Stop company operations.

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: I recommend authority be issued. Close and file.

Investigator's signature: Richard L. Smith 

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: D Pratt Date: 8-12-11

Reviewer's recommendation: AGREE WITH RECOMMENDATION

* OK to issue authority.
Close & File.

Date closed: 8/12/11 By: CAC

cc: Rick Smith
Licensing

Company name Seattle Tours and Activities LLC Assignment # 111216

Staff Assigned Richard Smith



MCMIS

Motor Carrier Management Information System

Choose Subsystem



Exit MCMIS

View Company Record



Identification	Operation Classification	Cargo Classification	Hazardous Materials	Equipment	Drivers	Show All Data
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USDOT Number:	2172317	Application Tracking Number:	
Company Type:	CARRIER		

Identification			
Status:	ACTIVE	MC/MX Number:	
Legal Name:	SEATTLE TOURS & ACTIVITIES		
DBA Name (Doing Business As):	SEATTLE QWIK TOUR		

Physical Address			
Street:	3832 EASTERN AVE NORTH APT 3		
City:	SEATTLE		
State / Country:	WASHINGTON	ZIP/Postal Code:	98103
Colonia (Mexico Only):		County:	KING
Phone#:	2066325254	Cell Phone#:	2067431884
		Fax#:	

Mailing Address			
Street (PO Box):	3832 EASTERN AVE NORTH		
City:	SEATTLE		
State / Country:	WASHINGTON	ZIP/Postal Code:	98103
Colonia (Mexico Only):		Mailing County:	KING

Other			
Dun & Bradstreet No.:			
EIN:		SSN:	476509043
State Director Code:	53	Service Center:	WESTERN
Internet E-Mail Address:	CJMICKELSON1@MSN.COM		
MCS-150 Date (MM/DD/YYYY):	07/28/2011		
MX Type:		RFC Number:	
New Entrant Status:	NEVER IN NEW ENTRANT PROGRAM		
New Entrant Entry Date:		New Entrant Exit Date:	
Name of Authorized Person:	CHARLES MICKELSON	Title of Authorized Person:	OWNER
Do not put in NE Program (Y/N):	YES * NO		
1. Officer Name:	CHARLES MICKELSON		
1. Officer Title:	OWNER		

2. Officer Name:	
2. Officer Title:	

Carrier/Shipper		
Carrier Operation:	A. INTERSTATE HAZMAT	B. INTRASTATE HAZMAT
		C. INTRASTATE NON-HAZMAT
Mileage (MCS 150):		Mileage Year(YYYY):
Mileage (MCS 151):		

Options for this Company



August 12, 2011

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Federal Motor Carrier Safety Administration
 1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - Field Office Contacts

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.2.4

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: WAU001000401
Inspection Date: 08/10/2011
Start: 9:29:00 AM PT End: 10:30:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SEATTLE TOURS AND ACTIVITIES LLC
3832 EASTERN AVENUE #3
SEATTLE, WA 98103
USDOT#: 02172317 Phone#: (206)799-1746
MC/MX#: Fax#: State#:

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

Location: TERMINAL
Highway:
County: KING, WA

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA

Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2011	WA	AED6680	1	1FDFE4FS2BDA80369	14,000		15726630	

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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02172317 WA WAU001000401

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