



Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): GRIMM 2. Assignment No.: 111206

3. Current Date: 080311 4. Date of Activity: 080311

5. Carrier Name: SHUTTER TOURS LLC DOCKET TE111282 NEW INSPECTION

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

8. MOTCAR No.: 1D6536 9. Carrier is: Intrastate Only
 Interstate Only

10. Industry Code: 232 Both Intra and Interstate

11. DOT No.: INTRA 2142938 12. MC No.: _____

13. **Destination Check**
 Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 7-15 passenger _____ # of 16+ passenger _____
- Number of inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____ Level 7 _____
- 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 _____ Level 7 _____
 - 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 _____ Level 7 _____
 - ◆ 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 _____ Level 7 _____
 - ◆ 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 _____ Level 7 _____
 - 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: _____

24. Findings: NEW CHARTER PARTY APPLICANT. INITIAL VEHICLE INSPECTION. NO OUT OF SERVICE VIOLATION. CVSA INSPECTION DECAL 15726528 ISSUED. CARRIER GIVEN ADDITIONAL EDUCATIONAL AND TECHNICAL ASSISTANCE ON VEHICLE MARKING, DRIVER QUALIFICATION, HOURS OF SERVICE AND INSPECTION, REPAIR AND MAINTENANCE. GIVEN SAFETY GUIDE AND ADDITIONAL COMPLIANCE INFORMATION. CARRIER WILL CHANGE MCS-150 FORM TO REFLECT CURRENT ADDRESS OF 28215 85TH DR NW, STANWOOD 98292. RECOMMEND CHARTER PARTY CERTIFICATE BE ISSUED IF OTHER CRITERIA HAS BEEN MET.

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: _____

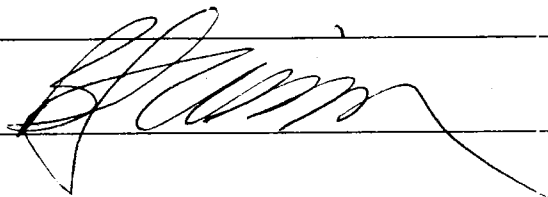
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

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: NEW CHARTER PARTY APPLICANT INSPECTION ATTACHED.

Investigator's signature: _____



Initial review by: [Signature] Date: 8-8-11

Reviewer's recommendation: I agree with recommendation.
to issue authority. Thanks Bruce!

Final review by: DPratt Date: 8/8/11

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS
OK to issue authority. CLOSE & FILE.

Date closed: 8/8/11 By: [Signature]
cc: Bruce Grimm

Licensing
Company name Shutter Town LLC Assignment # 111206

Staff Assigned Bruce Grimm

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.2.4

WASHINGTON STATE PATROL
P.O. Box 42614
Olympia WA 98504-2614
Phone 360-596-3819
Fax 360-596-3828

Report Number: WAU005000182
Inspection Date: 08/03/2011
Start: 3:10:00 PM PT End: 3:25:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

SHUTTER TOURS LLC
2319 1ST AVENUE 403
SEATTLE, WA 98121

USDOT#: 02142938 Phone#: (425)516-8838
MC/MX#: Fax#:
State#:

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

Location: MARYSVILLE SHOP
Highway:
County: SNOHOMISH, WA

MilePost:
Origin:
Destination:

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1 BU FORD 2011 WA AFC2063 1FDWE3FLXBDA54525 8,600 15726528

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: 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.

MOTOR CARRIER: Please sign this certification and return within fifteen (15) days from date of inspection, to address indicated below, only if violations/necessary corrections are noted.

MAIL TO:
Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia WA 98504-2614

or FAX 360-596-3828

The undersigned verifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Repairer X: Facility: Date:

DRIVER: This report must be furnished to the Motor Carrier whose name is listed on this report.

THE FOLLOWING MUST BE MET ONLY IF VIOLATIONS OR NECESSARY CORRECTIONS ARE NOTED ON THIS REPORT.

VEHICLE REPAIR: All noted defects and violations must be corrected or repaired.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: Grimm, B

Badge #: J540

Copy Received By:

Page 1 of 1



02142938 WA WAU005000182

X [Signature]

X 1293742

JIR

M-5444 (01/2010)

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

RECEIVED

JUL 05 2011

WASH. UT. & TP. COMM

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Columbia Insurance Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to SHUTTER TOURS LLC
(Name of Motor Carrier)

of 28215 85TH DRIVE NW, STANWOOD, WA 98292
(Address of Motor Carrier)

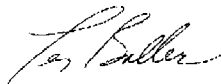
a policy or policies of insurance effective from 07/05/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 29th day of June, 20 11



Authorized Representative

Insurance Company File No. 71APG038366-01
(Policy Number)

1,500,000 CSL



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Shutter Tours LLC
28215 85th Dr. NW
Stanwood WA 98292

July 19, 2011

Notice of Deficient Application – TE-111282

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X According to your insurance as well as your USDOT number, you have a trade name of "Shutter Tours". This name was not listed on your application nor is it registered with the Department of Licensing (DOL).

If you plan on using "Shutter Tours", please register it with DOL and let me know when this has been done. DOL can be reached at 360-664-1100.

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services

POLICY NUMBER: 71APG038366-01

CERTIFICATE OF INSURANCE

M-4579b (01/2009)

This certificate of insurance is NOT an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. The terms, conditions and exclusions of the policy govern the rights and obligations of the Company to the named insured and any other insureds and may limit coverage. Provisions of any other contract, including agreements between the insured and anyone else, cannot and do not amend, extend, or alter any terms, conditions or exclusions in the policy. Additional insured and other endorsements may be authorized only by the Company or their appointed General Agents. Where reference is made to an Aggregate Limit, such limit is the company's maximum liability under the policy for the entire policy period regardless of the number of insureds, claimants or occurrences.

Date 07/19/2011 9:22 AM

NAMED INSURED SHUTTER TOURS LLC DBA: SHUTTER TOURS

NAMED INSURED'S ADDRESS 28215 85TH DRIVE NW STANWOOD, WA 98292

INSURANCE COMPANY NAME: COLUMBIA INSURANCE COMPANY

INSURANCE COMPANY ADDRESS: 3024 Harney Street • Omaha, Nebraska • 68131

Table with columns: POLICY NUMBER, TYPE OF INSURANCE, LIMITS, INCEPTION DATE, EXPIRATION DATE. Includes sections for AUTOMOBILE LIABILITY, GARAGE LIABILITY - OTHER THAN AUTO, and CARGO COVERAGE.

Vehicle Schedule table with columns: Vehicle Number (Year, Make, Model, VIN), Collision, Comp or Spec. Caus., Stated Amount, Phys. Dam. De ductible.

This Certificate issued to: WUTC PO Box 47250 Olympia, WA 98504-7250

This Certificate issued by: GEICO Insurance Agency, Inc. One GEICO Boulevard Fredericksburg, VA 22412

Handwritten signature of L. Baller

Authorized Representative

FAX

TO: FROM: "Copeland-Bumbrey, Arleatha"
FAX: 13605861181 DATE: Tue, 19 Jul 2011 09:23:40 -0400
RE: CERTIFICATE OF INSURANCE

Thanks,

Arleatha C. Bumbrey
Commercial Auto Department
Phone (800) 691-3891
Mon-Fri 8am-9pm EST

This email/fax message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of this email/fax is prohibited. If you are not the intended recipient, please destroy all paper and electronic copies of the original message.