



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [] Yes X No - Reason For Not Uploading: Aspen vehicle inspection uploaded

1. Investigator(s): Alan Dickson 2. Assignment No.: 113018

3. Current Date: 4. Date of Activity: 3-8-13

5. Carrier Name: Recreation without Borders LLC

6. Permit: 7. New Entrant date of authority:

8. MOTCAR No.: 9. Carrier is: [] Intrastate Only

[] Interstate Only X Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2325113 12. MC No.: 806628

13. [] Destination Check

[] Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger 16+ passenger
Number of vehicle inspections: Level 1 Level 2 Level 3 Level 5
Any special emphasis placed on the destination check [] Yes [] No
Describe Special Emphasis
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. X 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: X Yes [] No
Did staff complete the following:
Inspect all vehicles between three and nine months? X Yes [] No
Number of vehicle inspections: Level 1 Level 2 Level 5 2
Conduct a SI/SA between three and nine months? [] Yes [] No [] SI [] 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 SI/SA between three and eighteen months? Yes No SI SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:** Passenger Carrier HHG Carrier Solid Waste Carrier
- Basic Threshold Percentile is;**
 - Unsafe Driving _____ %
 - Fatigued Driving (HOS) _____ %
 - Crash _____ %
 - Driver Fitness _____ %
 - Drug/Alcohol _____ %
 - Vehicle Maintenance _____ %

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?

- Attach a copy of the Individual Carrier Safety Plan.
- Safety Investigation
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced terminal visit
- Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

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

20. **Part B Violations:**

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

21. **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								2			
Defective Vehicles								0			
OOS Vehicles								0			
Level								5			

22. **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											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

This carrier is an interstate new entrant charter bus company. They were placed into the federal new entrant program on 7-12-12. The FMCSA safety investigator Michael LaPonte conducted a educational and technical assistance and safety audit for this carrier on 12-14-12. He inspected the two passenger vans during this audit and no defects were noted. The vans were issued CVSA safety stickers no. 17798534-535. The company received their federal interstate bus authority MC-806628-P on 2-15-2013.

25. Findings:

The safety inspections for this new bus carrier applicant are still current and copies of those inspections are attached hereto. I reviewed the safety regulations with this new applicant and the carrier has a current copy of the safety manual. The company is knowledgeable of the safety regulations.

26. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. 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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

28. Additional Comments: Forward to licensing services for intrastate charter/excursion permit processing.

Investigator's Signature: Alan Dickson

Initial Review By: [Signature] Date: 3-13-13

Reviewer's Recommendation: I concur with recommendation -
To issue authority -

Final Review By: [Signature] Date: 3/14/13

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

OK to issue authority.

OFFICE USE ONLY

Date Closed: 3/14/13 By: Mike Dobson

Company Name: Recreation without Borders LLC

Assignment #: 113018

Staff Assigned: Alan Dickson