



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

Upload? **NO** _____

1. Investigator(s): **TOM MCVAUGH** _____ 2. Assignment No.: **113182** _____

3. Current Date **11-14-13** _____ 4. Date of Activity: **11-12-13** _____

5. Carrier Name: **SPOKANE WINERY TOURS LLC** _____

6. Permit: **NEW CH APPLICANT** 7. New Entrant date of authority: _____

8. MOTCAR No.: _____ 9. Carrier is: Intrastate Only

Interstate Only
Intra and Interstate

10. Industry Code: **232** _____

11. USDOT No.: **2431240** _____ 12. MC No.: **NONE** _____

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. **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 1 Level 2 _____ Level 5 _____
 - ◆ 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

▪ SI Rating: Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional <input type="checkbox"/>
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: _____
▪ Number of drivers operated: _____
▪ Total miles for prior year: _____
▪ Recordable accidents for prior year: _____
▪ Accident Ratio: _____

20. X 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		1									
Defective Vehicles		1									
OOS Vehicles		0									
Level		1									

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		1									
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other		1									
Comment:											

23. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

CARRIER IS APPLYING FOR INTRASTATE CHARTER/EXCURSION AUTHORITY WITH THE UTC. CARRIER IS REGISTERED WITH THE USDOT AS AN INTRASTATE ONLY PASSENGER OPERATOR UNDER THE NAME: DUSTIN LINDER. CARRIER PLANS ON CONDUCTING WINE TOURS IN THE GREATER SPOKANE AREA.

25. Findings: I CONDUCTED A LEVEL #1 CVSA INSPECTION ON MR. LINDER AND HIS 1998 FORD, 14-SEAT MINI-BUS. THE VEHICLE PASSED THE INSPECTION WITH NOTED DEFECTS OF CLEARANCE AND CENTER ID LAMPS. MR. LINDER DOES NOT POSSESS A MEDICAL CERTIFICATE AND WAS NOT AWARE OF THIS REGULATION. HE STATED THAT HE WOULD OBTAIN A CURRENT MEDICAL CERTIFICATE IMMEDIATELY. I INFORMED HIM THAT HE COULD NOT OPERATE THE BUS UNTIL HE OBTAINED A VALID MEDICAL CERTIFICATE AND ISSUANCE OF CHARTER/EXCURSION AUTHORITY FROM THE UTC. I PROVIDED EXTENSIVE ETA ON THE FOLLOWING REGULATIONS: CFR PART 390/ACCIDENT REGISTER, CFR PART 391/DRIVER QUALIFICATIONS, CFR PART 393/396 INSPECTION, REPAIR AND MAINTENANCE REQUIREMENTS, AND CFR PART 395/HOURS OF SERVICE. I ALSO PROVIDED MR. LINDER WITH A COPY OF THE UTC SAFETY GUIDE AS WELL AS DRIVER QUALIFICATION FILE AND HOURS OF SERVICE TIME SHEETS.

I RECOMMEND ISSUANCE OF PERMANENT AUTHORITY PENDING VERIFICATION OF MR. LINDER RECEIVING A VALID MEDICAL CERTIFICATE. HE WAS INSTRUCTED TO FAX ME A COPY OF HIS CERTIFICATE WHEN HE OBTAINS ONE.

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? NO

- 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: _____

Investigator's Signature: 11-14-13 *[Signature]*

Initial Review By: *[Signature]* Date: 11/15/2013

Reviewer's Recommendation: I Concur with recommendation to delay Authority until such time the Carrier provides proof of obtaining Med. Card

Final Review By: DPratt Date: 11/15/13

Reviewer's Recommendation: Agree with recommendations

Hold off on issuing new CH permit until we receive verification of Mr Luder obtaining a medical cert.

Medical certification provided by Mr. Luder.

OK to issue permit.

OFFICE USE ONLY

Date Closed: 12/11/13 By: Lindsay Martin

Company Name: Spokane Winery Tours LLC

Assignment #: 113182

Staff Assigned: Tom McVaugh

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1285529

PERSONNEL NO. 5581 DIST / DET

LEVEL: 1 X 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 11/22/13 TIME (MILITARY) BEGUN 13:10 FINISHED 13:40 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP Spokane Valley SCALEHOUSE NO. 32 CNTY CODE REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Spokane Winery Tours LLC ADDRESS PO Box 1118 CITY PLEAS STATE WA ZIP CODE 99021 INTERSTATE YES NO DOT NO. 2431240 ICC NO.

DRIVER DRIVER NAME LINDER, DUSTIN LICENSE NO. LINDND*231R8 WA STATE WA EXP. YEAR 12-14 DATE OF BIRTH 12, 9, 77 MED. CERT. Y N WAIVER Y N SHIPPER NAME SHIPPING NO.

VEHICLE 14 seats REGISTERED OWNER NAME/ADDRESS G.V.W. 10,700 PBT RATE

Table with 7 columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 98 FORD, BH78537, WA. Row 2: 2, IFDWE30S4W11B51482.

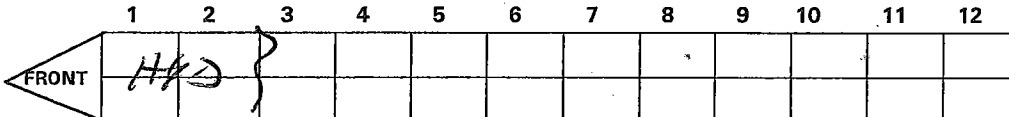


Table with 7 columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: 392.2, DISPLAY etc permit Name & CH Number on both sides of vehicle, N. Row 2: 390.21, DISPLAY US DOT Number on both sides of vehicle, N. Row 3: 393.4, Clearance lamps & center TD lamps inoperative, N. ASPEN #450

CVSA DECALS UNIT 1 19110353 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

WASHINGTON STATE PATROL
PO BOX 42614
OLYMPIA, WA 98504-2614.
PHONE: 360-596-3819
FAX: 360-596-3828

Report Number: WAU004000450
Inspection Date: 11/12/2013
Start: 1:10:00 PM PT End: 1:40:00 PM PT
Inspection Level: I - Full
HM Inspection Type: None

DUSTIN LINDNER
1118
MEAD, WA 99021
USDOT#: 02431240 Phone#: (509)389-1470
MC/MX#: Fax#:
State#:
Location: GRACE ST, SPOKANE VALLEY, WA MilePost:
Highway: Origin: SPOKANE, WA Shipper:
County: SPOKANE, WA Destination: SPOKANE, WA Bill of Lading:
Cargo: EMPTY

Driver: LINDER, DUSTIN
License#: LINDND*231RZ State: WA
Date of Birth: 12/09/1977
CoDriver:
License#: State:
Date of Birth:

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 1998 WA B47853T 1FDWE30S4WHB51492 10,700 19110353

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: Right (N/A, N/A), Left (N/A, N/A), Chamber (HYDR, HYDR)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 390.21A (Carrier name and USDOT Number not displayed...), 393.9 (Inoperable Clearance and Center ID lights on bus.)

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 ENSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHING 15 DAYS TO THE ABOVE ADDRESS.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: TOM MCVAUGH

Badge #: J531

Copy Received By: DUSTIN LINDER

Page 1 of 1



02431240 WA WAU004000450

X [Signature]

X 128 5529

MEDICAL EXAMINER'S CERTIFICATE			
I certify that I have examined <u>DUSTIN LINDNER</u>		in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:	
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)	<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)
<input type="checkbox"/> accompanied by a _____ waiver/exemption	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	<input type="checkbox"/> accompanied by a _____ waiver/exemption	<input type="checkbox"/> qualified by operation of 49 CFR 391.64
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.			
SIGNATURE OF MEDICAL EXAMINER <u>Deborah L Miller RN</u>		TELEPHONE <u>(509) 489-1150</u>	DATE <u>12/5/13</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Deborah L Miller RN</u>		<input type="checkbox"/> MD	<input type="checkbox"/> Chiropractor
		<input type="checkbox"/> DO	<input checked="" type="checkbox"/> Advanced Practice Nurse
		<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE <u>APB009085 wa</u>		NATIONAL REGISTRY NO.	
SIGNATURE OF DRIVER <u>Dustin</u>	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVER'S LICENSE NO. STATE <u>LINDNDX231RZ WA</u>
ADDRESS OF DRIVER <u>18824 E. EAGLERIDGE RD MEAD WA 99021</u>			
MEDICAL CERTIFICATION EXPIRATION DATE <u>December 5, 2015</u>			

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION		Driver completes this section																																																																																																	
Driver's Name (Last, First, Middle)	LINDBER, DUSTIN	Social Security No.	538-86-9105	Birthdate	12/9/77																																																																																														
Address	1824 E EAGLERIDGE	City, State, Zip Code	MEAD, WA, 99021	Work Tel: () 280-2560	Home Tel: () 389-1470																																																																																														
		Age	35	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F																																																																																														
		New Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up	<input type="checkbox"/>																																																																																														
		License Class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	Date of Exam	12-5/13																																																																																														
		State of Issue	WA																																																																																																
2. HEALTH HISTORY		Driver completes this section, but medical examiner is encouraged to discuss with driver.																																																																																																	
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finger, toe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spinal injury or disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic low back pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular, frequent alcohol use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narcotic or habit forming drug use
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<p>For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.</p> <p style="text-align: center;"><u>ASTHMA - TREATED BY DR. DANZ ROCHWOOD, ALBERTO & SUIRE</u></p>																																																																																																			

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature: *Dustin Lindber* Date: 12/5/13

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "Yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

stable almost 20 years Re Asthma on inhaler

no hospitalizations X2 years. sleep will not night

TESTING (Medical Examiner completes Section 3 through 7) Name: Last UNDER First MUSTIN Middle:

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. *Monocular drivers are not qualified.*

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/20	20/	Right Eye 125
Left Eye	20/20	20/	Left Eye 125
Both Eyes	20/20	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing: Corrective Lenses

Monocular Vision: Yes No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft. with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3. Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

Right ear	Left Ear
20 Feet	20 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1981)

Average:	Right Ear				Left Ear			
	500 Hz	1000 Hz	2000 Hz	Average:	500 Hz	1000 Hz	2000 Hz	Average:

5. BLOOD PRESSURE/PULSE RATE Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	128	80

Driver qualified if $\leq 140/90$.

Pulse Rate: Regular Irregular

Record Pulse Rate: 70

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$	6 months if $\leq 140/90$

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
1.015	Neg	Neg	Neg	Neg

7. PHYSICAL EXAMINATION

Height: 75.5 (in.) Weight: 160 (lbs.)

Name: Last, LINDNER First, DUSTIN Middle.

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		<input checked="" type="checkbox"/>	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		<input checked="" type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		<input checked="" type="checkbox"/>	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		<input checked="" type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		<input checked="" type="checkbox"/>	9. Genito-urinary System	Hernias.		<input checked="" type="checkbox"/>
4. Mouth and Throat	Irreducible deformities likely to interfere with breathing or swallowing.		<input checked="" type="checkbox"/>	10. Extremities- Limb	Loss or impairment of leg, foot, toe, arm, hand, finger, perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia, insusufficient grasp and prehension in upper limb to maintain steering wheel grip, insufficient mobility and strength in lower limb to operate pedals properly.		<input checked="" type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		<input checked="" type="checkbox"/>	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		<input checked="" type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.		<input checked="" type="checkbox"/>	12. Neurological	Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal palellar and Babinski's reflexes, ataxia.		<input checked="" type="checkbox"/>

COMMENTS:

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to _____
- Driver qualified only for: 3 months 6 months 1 year Other _____

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver/ exemption. Driver must present examination at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operator of 49 CFR 391.62

Medical Examiner's signature: [Signature]
 Medical Examiner's name: DR. FRANKLIN PARK
 Address: URGENT CARE CENTER
 Telephone Number: 5904 N. DIVISION ST.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1285529

PERSONNEL NO. 5531 DIST / DET

LEVEL: 1 X 2 3 4 5

GENERAL HAZARDOUS MATERIALS DATE 11.12.13 TIME (MILITARY) BEGUN 1310 FINISHED 1340 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (include DBA when applicable) Spokane Winery Tours LLC ADDRESS PO Box 1118 CITY MEAD STATE WA ZIP CODE 99021 INTERSTATE YES NO DOT NO. 2431240 ICC NO.

DRIVER DRIVER NAME LINDER, DUSTIN LICENSE NO. LINDND #231R8 WA STATE WA EXP. YEAR 12-14 DATE OF BIRTH 12.9.77 MED. CERT. Y N SHIPPER NAME SHIPPING NO.

VEHICLE 14 seats REGISTERED OWNER NAME/ADDRESS G.V.W. 10,700 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: Bu 98 Ford, BH78537, WA. Row 2: IPDWE30S4W1+B5i492

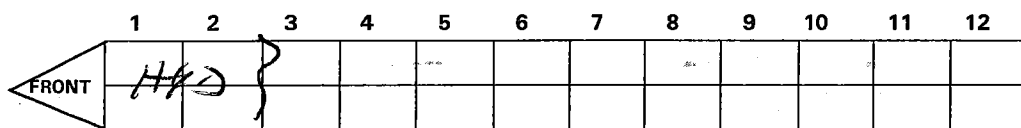


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Rows include violations 392.2, 390.21, 393.9. ASPEN #450

CVSA DECALS UNIT 1 19110353 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O / S defects noted above are repaired. Driver may not drive until in compliance.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

WASHINGTON STATE PATROL
PO BOX 42614
OLYMPIA, WA 98504-2614.
PHONE: 360-596-3819
FAX: 360-596-3828

Report Number: WAU004000450
Inspection Date: 11/12/2013
Start: 1:10:00 PM PT End: 1:40:00 PM PT
Inspection Level: I - Full
HM Inspection Type: None

DUSTIN LINDNER
1118
MEAD, WA 99021
USDOT#: 02431240 Phone#: (509)389-1470
MC/MX#: Fax#:
State#:
Location: GRACE ST, SPOKANE VALLEY, WA MilePost:
Highway: Origin: SPOKANE, WA
County: SPOKANE, WA Destination: SPOKANE, WA

Driver: LINDER, DUSTIN
License#: LINDND*231RZ State: WA
Date of Birth: 12/09/1977
CoDriver:
License#: State:
Date of Birth:
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 1998 WA B47853T 1FDWE30S4WHB51492 10,700 19110353

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows: Axle # 1 2; Right N/A N/A; Left N/A N/A; Chamber HYDR HYDR

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows: 390.21A 390.21(a) 1 N N N Carrier name and USDOT Number not displayed on both sides of bus. 393.9 393.9(a) 1 N N N Inoperable Clearance and Center ID lights on bus.

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 ENSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHING 15 DAYS TO THE ABOVE ADDRESS.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: TOM MCVAUGH

Badge #: J531

Copy Received By: DUSTIN LINDER

Page 1 of 1



02431240 WA WAU004000450

X [Signature]

X 128 5529