



Assignment Report

Motor Carrier Safety

Upload? No - Reason for Not Uploading: Technical Assistance

1. Investigator(s): John Foster 2. Assignment No.: 114019

3. Current Date: February 18, 2014 4. Date of Activity: February 13, 2014

5. Carrier Name: Explorers 3 LLC

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

8. MOTCAR No.: 7697 9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2428250 12. MC No.: 836867

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 _____ 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: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ 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. **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 was a vehicle inspection / technical assistance for a new applicant for charter authority.

25. Findings:

Mr. Eric Rupp, Tour Manager, was contacted at 4114 13th Ave S. Seattle, WA on February 13, 2014.

Two of the four vehicles listed on the carrier's application will not be used under the permit. The carrier's two vehicles that will be operated under the charter permit were inspected and issued CVSA decals. Carrier received technical assistance in the areas of driver qualification files, vehicle maintenance, drivers hours of service and record keeping requirements. Mr. Rupp stated that although the carrier feels that it should be exempt from most safety regulations under the provisions of CFR 390.3 (6), the carrier does feel it qualifies as a charter operation.

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:

Investigator's Signature: John Foster

February 18, 2014

Initial Review By: _____

Date: _____

Reviewer's Recommendation: _____

Final Review By: DPrett Date: 2/19/14

Reviewer's Recommendation:
AGREE WITH STAFF RECOMMENDATIONS
 OK to issue authority
close & file.

OFFICE USE ONLY

Date Closed: 2/19/14 By: Lindsay Martin

Company Name: Explorers 3 LLC

Assignment #: 114019

Staff Assigned: Foster

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Washington State Patrol
P.O. Box 42614
Olympia, WA 98504-2614
Phone (360) 596-3819
Fax (360) 596-3828

Report Number: WA0003000509
Inspection Date: 02/13/2014
Start: 11:20:00 AM PT End: 11:40:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

EXPLORERS 3 LLC
801 S FIDALGO ST SUITE 110
SEATTLE, WA 98108

USDOT#: 02428250 Phone#: (206)650-5795
MC/MX#: Fax#:
State#:

Location: SEATTLE
Highway: 5TH AVE N.
County: KING, WA

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

Bill of Lading:
Cargo: EMPTY

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

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	MERZ	2013	WA	B58995Y	STELLAR	WDZPE7CC3D5730332	9,000	18742367	19729006	

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:
FOSTER, JOHN

Badge #:
J518

Copy Received By:

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X John Foster

X 1313728



02428250 WA WA0003000509

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Washington State Patrol
P.O. Box 42614
Olympia, WA 98504-2614
Phone (360) 596-3819
Fax (360) 596-3828

Report Number: WA0003000508
Inspection Date: 02/13/2014
Start: 11:05:00-AM PT End: 11:20:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

EXPLORERS 3 LLC
801 S FIDALGO ST SUITE 110
SEATTLE, WA 98108

USDOT#: 02428250 Phone#: (206)650-5795
MC/MX#: Fax#: State#:

Location: SEATTLE
Highway: 5TH AVE N.
County: KING, WA

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

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Bill of Lading: CARGO: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	MERZ	2011	OR	WC02524	BEAR	WDZPE7CC7B5567326	9,000	18742368	19729005	

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:
FOSTER, JOHN

Badge #:
J518

Copy Received By:

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X *John Foster*

X 1313727



02428250 WA WA0003000508

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1313727

PERSONNEL NO. JS18 DIST/DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 2/13/14 TIME (MILITARY) BEGUN 11:05 FINISHED 11:20 LOCATION: SR/MP 13 Ave Seattle SCALEHOUSE NO. 17 CNTY CODE 17 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) Explores 3 LLC ADDRESS 801 S Fidalgo #110 CITY Seattle STATE WA ZIP CODE 98108 INTERSTATE YES NO DOT NO. 2428250 ICC NO.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS G.V.W. PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE

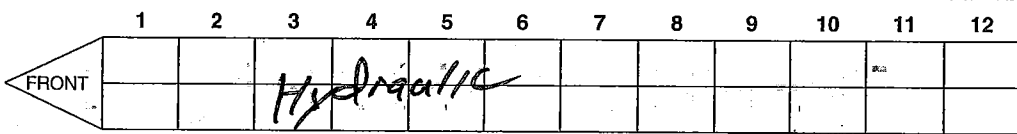


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Includes handwritten entry 'Aspen 508' and 'Old CVSA 18742368'.

CVSA DECALS UNIT 1 19729005 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.