



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason for Not Uploading: Aspen Inspection Reports

1. Investigator(s): Alan Dickson 2. Assignment No.: 114039  
 3. Current Date: 4/23/2014 4. Date of Activity: 4/22/2014  
 5. Carrier Name: Seattle Tour Click, Inc.  
 6. Permit: \_\_\_\_\_ 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.: 2481695 12. MC No.: 860246

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 4 \_\_\_\_\_
- 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 Vehicles Inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_
  - 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

# Assignment Report

## Motor Carrier Safety

### 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 nine 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
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile:</b>
<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

<input type="checkbox"/> 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:	_____ %		

# Assignment Report

## Motor Carrier Safety

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	1		1					1			
Defective Vehicles	0		0					1			
OOS Vehicles	0		0					0			
Level	2		5					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								2			
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comments:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

# Assignment Report

## Motor Carrier Safety

### 24. Relevant Carrier History:

### 25. Findings:

I provided technical assistance with the safety regulations to the General Manager Mr. Timothy Lee at the carrier's principal place of business 13433 NE 20<sup>th</sup> St. Suite Q, Bellevue, WA on April 22, 2014. The safety manual "your guide" was reviewed with Mr. Lee and a copy of the manual 2010 printing was handed. Mr. Lee submitted a current commercial vehicle inspection report from the British Columbia Ministry of Transportation dated February 4, 2014 for the carrier's Prevost motor coach. I conducted two level 5 vehicle inspections and one level two motor coach inspection at the carrier's leased storage lot location of 15901 W Valley Hwy, Tukwila, WA. The 15 passenger van did not have emergency equipment installed (fire extinguisher, and warning triangles or flares). The minibus and the van were issued CVSA safety stickers. The motor coach was not issued a CVSA sticker but does have a valid BC Canada inspection decal valid until August 31, 2014. Mr. Lee stated he would install emergency equipment in the passenger van before the first dispatch of the vehicle and send in the completed vehicle examination report to the WSP for compliance. Mr. Lee further stated he would be registering and licensing all vehicles with the State of Washington Dept. of Licensing upon approval of this charter application.

### 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% 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 service for charter certificate processing.

Assignment Report  
Motor Carrier Safety

Investigator's Signature: Alan Dickson

Date: 4/23/2014

Assignment Report  
Motor Carrier Safety

**OFFICE USE ONLY**

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Reviewer's Recommendation: \_\_\_\_\_

Final Review By: Dratt Date: 4/23/14

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATIONS  
CLOSE & FILE

\* OK to issue authority

**Internal Processing**

Date Closed: 4/23/14 By: Li Martin

Company Name: Seattle Tour Click, Inc.

Assignment #: 114039 Staff Assigned: Dickson