



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report

Motor Carrier Safety

Upload? No – Vehicle inspection & ETA only

1. Investigator(s): John Foster 2. Assignment No.: 112049

3. Current Date: April 18, 2012 4. Date of Activity: April 10, 2012

5. Carrier Name: Fruit of the Vine Tours LLC

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

8. MOTCAR No.: D 6842

9. Carrier is: Intrastate Only
 Interstate Only
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 1952643

12. MC No.: _____

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: 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		1									
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:

25. Findings:

One vehicle was inspected for charter application. CVSA decal 16770426 was issued.
Technical assistance on driver files, hours of service, vehicle maintenance records, and accident reporting was provided. Close and File. Forward inspection form to licensing.

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 April 18, 2012

Initial Review By: [Signature] Date: 4-19-12

Reviewer's Recommendation: I agree with recommendation to grant authority - forward to licensing - Close & File

Final Review By: D Pratt Date: 4/24/12

Reviewer's Recommendation:
Agree with recommendations
OK to issue authority
D Pratt

OFFICE USE ONLY

Date Closed: 4/24/12 By: CAC

Company Name: Fruit of the Vine Inn LLC

Assignment #: 112049

Staff Assigned: John Foster
Licensing

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1312598

PERSONNEL NO. 5518 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL			HAZARDOUS MATERIALS		
DATE 4.10.12	TIME (MILITARY) BEGUN 12:00	TIME (MILITARY) FINISHED 12:19	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP Terminal	SCALEHOUSE NO.	CNTY CODE 03	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N
CARGO TANKS? Y N					

CARRIER

CARRIER NAME (Include DBA when applicable)
Fruit of the Vine Tours LLC

ADDRESS
1560 Dale Ave

CITY STATE ZIP CODE INTERSTATE DOT NO. ICC NO.
Benton City WA 99320 YES NO 1952643

DRIVER

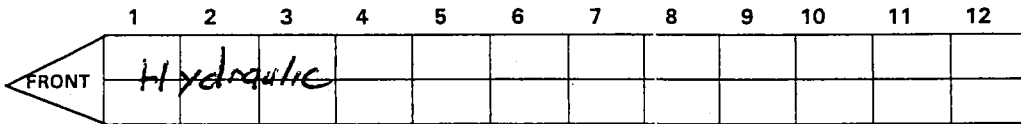
DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
/ / WAIVER Y N

VEHICLE 14 Pass MR

REGISTERED OWNER NAME/ADDRESS G.V.W. PBT RATE
12000

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	Bu	85/Chev	1	B65501K	WA
2				1GBJP37J1F3323520	
3					
4					



CFR	VIOLATIONS					D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS UNIT 1 16770426 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE [Signature]

OFFICER SIGNATURE [Signature]

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