



UTILITIES AND TRANSPORTATION COMMISSION

Licensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 110044

3. Current Date: 2-11-10 4. Date of Activity: 2-10-10

5. Carrier Name: Cascade Adventures, Inc.

6. Permit: CH-63835 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: ID 5389 9. Carrier is: Intrastate Only

Interstate Only

Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 1968272

12. MC No.: _____

13. **Destination Check**

Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- 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 CR/SA between three and nine months? Yes No CR 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 CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **Individual Safety Plan Only:**

- Attach a copy of the Individual Carrier Safety 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): _____

18. **Compliance Review Data:**

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

19. Part B Violations:

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

20. X 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		2									
OOS Vehicles		0									
Location		Glacier									
Level		5									

21. X 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		1									
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: _____

24. Findings: I inspected the two 14 passenger mini-buses and noted minor defects with each vehicle. One clearance lamps was defective and one bus had a cracked windshield. The president, Paul Engel stated he would repair the defects and send in the vehicle inspection report certification of repairs for compliance. I handed the company the safety manual for their review. Each bus received a CVSA safety sticker.

25. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, 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 – Compliance review (Date: _____)
- Revisit to recheck a specific issue (Date: _____)

Describe: _____

- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

26. 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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).
- Other (please explain): _____

27. Additional Comments: Forward to licensing services for charter/excursion certificate processing.

Investigator's signature: Alan Dickson

Initial review by: [Signature] Date: 2-16-10

Reviewer's recommendation: Agree with recommendation
Close & file -

Final review by: DPratt Date: 2/17/10

Reviewer's recommendation: Agree with recommendation.
OK to issue authority. Close & file.
Thanks Alan.

Date closed: 2/17/10 By: CAC
[Signature]

cc: Alan Dickson
Licensing

Company name Cascade Adventures, Inc.

Assignment # 110044

Staff Assigned Alan Dickson

110044

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278542

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 2.10.10 TIME (MILITARY) BEGUN 17:10 FINISHED 17:25 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 37 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) Cascade Adventures Inc

ADDRESS P O Box 5147

CITY Glacier STATE WA ZIP CODE 98244 INTERSTATE YES NO DOT NO. 1968272 ICC NO. Apply. TE-091834

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 Carrier G.V.W. 14 PASSENGER PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 85 Chev, 1, 402 YAQ, WA

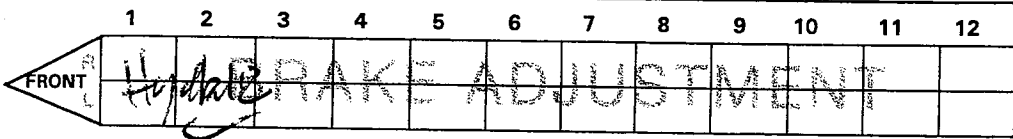


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: 393.60, Cracked Windshield Intersected Damage, X

CVSA DECALS UNIT 1 12159578 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE A. Dickson

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278541

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 2.10.10 TIME (MILITARY) BEGUN 16:30 FINISHED 1645 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) Cascade Adventures Inc

ADDRESS P O box 5147

CITY Glacier STATE WA ZIP CODE 98244 INTERSTATE YES NO DOT NO. 1969272

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 Carrier G.V.W. 14 PASSENGER PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, Bu, 87 Chev, 2, 381 HMT, WA

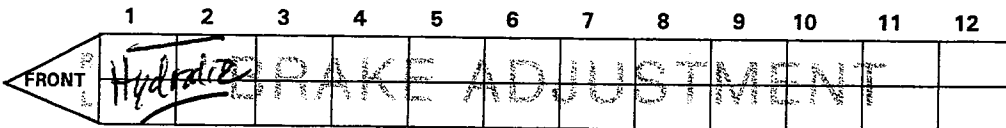


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.9, LT RR Clearance Light, X

CVSA DECALS UNIT 1 12159577 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE A. Dickson

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