



Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Richard Smith 2. Assignment No.: 110142

3. Current Date: 6-11-2010 4. Date of Activity: 6-11-2010

5. Carrier Name: Nelson Shuttle Service LLC

6. Permit: Pending 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 1D 5902 9. Carrier is: Intrastate Only

Interstate Only

10. Industry Code: 232 Both Intra and Interstate

11. DOT No.: _____ 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 _____
- Vehicle inspections: Level 1 ___ Level 2 _____ Level 3 _____ Level 5 _____ Level 7 _____
- 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

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. <input checked="" type="checkbox"/> 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									
Location		T									
Level		5									

21. <input type="checkbox"/> 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											

22. <input type="checkbox"/> Driver Inspection Violations:			
Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: No prior history. Carrier is applying for Intrastate Charter/Excursion Authority.

24. Findings: _____
Level 5 inspection of the 12 passenger bus was completed and at did not pass the inspection on 6-10-10 due to missing driveline protection. After the company completed repairs I completed a new inspection on 6-11-10 and found the vehicle to be safe for passenger service as a

charter/excursion operator. I also provided 3.5 hours of safety training by use of the manual "Your Guide to Achieving a Satisfactory Safety Rating". The vehicle is a 2006 Ford, 12 passenger bus, license plate number, TRYUSN1. VIN - 1FBNE31L76MA25574.

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: The company management is willing and prepared to comply with safety regulations. The company vehicle is safe for passenger carrier service. I recommend authority be issued. Please forward after final report review to Tina Leipski.

Investigator's signature: Richard Smith (Sent via electronic transfer from Wenatchee WA)

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: D. Prutt Date: 6/15/10

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS!

* OK TO ISSUE AUTHORITY Thanks Rick

Date closed: 6/15/10 By: CAC
cc: Rick Smith

Revised 11-03-09 Licensing

Company name Nelson Shuttle Service LLC Assignment # 110142
Staff Assigned Rick Smith