



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 109038

3. Current Date: 3-18-09 4. Date of Activity: 3-16-09

5. Carrier Name: Cascade Adventures, Inc.

6. Permit: TC-090130 Pending 7. Industry Code: 230

8. MOTCAR No.: ID 5389

9. DOT No.: _____ 10. MC No.: _____

11. **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:

12. **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): _____

13. **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 1
 - ◆ Conduct a CR/SA between three and nine months? Yes No CR SA

14. **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

15. **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): _____
- _____
- _____

16. **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: _____

17. Part B Violations:

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

18. 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 | | | | | | | | 1 | | | |
| Defective Vehicles | | | | | | | | 1 | | | |
| OOS Vehicles | | | | | | | | 0 | | | |
| Location | | | | | | | | Kendall | | | |
| Level | | | | | | | | 5 | | | |

19. 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 | | | | | | | | | | | |

20. Driver Inspection Violations:

| Medical Card | Medical Waiver | Hours of Service | Drivers License |
|--------------|----------------|------------------|-----------------|
| | | | |

21. Relevant carrier history, if any: _____

22. Findings: I inspected the 14 passenger van and noted two minor defects. Two rear identification
Lights were inoperative; the vehicle had a cracked windshield. The owners stated they would repair
these defects and send in the inspection report for compliance. A CVSA safety sticker was issued.
The company had a copy of the safety manual and is utilizing the forms therein.

23. 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.

24. 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): _____

25. Additional Comments: I would recommend the company be considered for issuance of an auto
Transportation certificate.

Forward to licensing services for processing.

Investigator's signature: Alan Dickson

Initial review by: [Signature] Date: 3-23-09

Reviewer's recommendation: Concur with recommendation
Close & File

Final review by: DPEATT Date: 3/25

Reviewer's recommendation: Agree with recommendation
Close & File

I'll notify Licensing Thanks Alan

Date closed: 3/25/09 By: CAC DPEATT
cc: _____

Company name Cascade Adventures, Inc. Assignment # 109038

Staff Assigned Alan Dickson

