



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? NO

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 113179

3. Current Date 11-4-13 4. Date of Activity: 10-31-13

5. Carrier Name: DISCOVERY TOURS NW LLC

6. Permit: NEW CH APP 7. New Entrant date of authority:

8. MOTCAR No.: 7515 9. Carrier is: X Intrastate Only

Interstate Only Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2424506 12. MC No.: NONE

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 X No
Is this carrier based in another state, requesting intrastate authority: Yes X No
Is this carrier based in Washington, requesting intrastate authority: X Yes No
Did staff complete the following:
Inspect all vehicles between three and nine months? X Yes No
Number of vehicle inspections: Level 1 2 Level 2 Level 5
Conduct a SI/SA between three and nine months? Yes No SI SA

Handwritten signature

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 eighteen 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 is;</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:**

**Safety Audit:**

▪ SI Rating: Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional <input type="checkbox"/>
▪ 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: _____

20. X 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								
Defective Vehicles	1		0								
OOS Vehicles											
Level	1		1								

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	1										
Exhaust											
Other											

Comment: DEFECT WAS CORRECTED ON SITE AND CVSA DECAL ISSUED TO BOTH BUSES.

23.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

Comment:

**24. Relevant Carrier History:**

**THIS IS A REINCARNATED CARRIER THAT WAS PREVIOUSLY REGISTERED WITH THE WUTC UNDER DISCOVERY TOURS LLC, CH-428/153. NEW CARRIER IS REQUESTING INTRASTATE CHARTER BUS OPERATING AUTHORITY. CARRIER HAS A NEW USDOT #2424506 BUT HAS NOT OBTAINED INTERSTATE FOR-HIRE MC AUTHORITY. CARRIER FILED MCS-150 REPORT WITH THE FMCSA BUT REPORT ONLY LISTS ONE VEHICLE (MOTOR COACH). THIS ALSO APPLIES TO THEIR APPLICATION FILED WITH THE WUTC. CARRIER OPERATES A 1999 MCI, 56 SEAT MOTOR COACH, AND 1986 FORD, 22 SEAT MINIBUS.**

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**25. Findings:**

**I CONDUCTED LEVEL #1 CVSA INSPECTIONS ON BOTH BUSES. I NOTED A DEFECTIVE SHOCK ABSORBER ON THE MOTOR COACH WHICH WAS REPAIRED ON SITE. BOTH BUSES WERE ISSUED CVSA DECALS. I ADVISED MS. MELODY MIRANDA-BARNES (OWNER) THAT SHE NEEDED TO REGISTER THE MINIBUS WITH THE WUTC AND PAY THE APPROPRIATE REGULATORY FEES. I PROVIDED INITIAL ETA AND MADE ARRANGEMENTS WITH THE OWNER TO ATTEND A DRIVERS'S MEETING ON 12-2-13 TO PROVIDE FURTHER ETA.**

**I AM FORWARDING THIS ASSIGNMENT FOR FURTHER PROCESSING, BUT I DO NOT RECOMMEND ISSUANCE OF CHARTER BUS AUTHORITY UNTIL THE COMPANY REGISTERS ALL BUSES WITH THE WUTC.**

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**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: 11-4-13 C. G. G.

Initial Review By: [Signature] Date: 11-4-2013

Reviewer's Recommendation: I Concur with recommendations

Require updated information from carrier before issuance of Authority

Final Review By: J. PRATT Date: 11/4/13

Reviewer's Recommendation:

AGREE WITH RECOMMENDATIONS

X CARRIER MUST PROVIDE COMPLETE DISCLOSURE OF ALL VEHICLES  
THEY WILL BE USING - BEFORE PERMIT IS ISSUED. - THEN OK  
TO ISSUE.

**OFFICE USE ONLY**

Date Closed: 11/13 By: A.K. Brown

Company Name: Deseray T&B NW LLC

Assignment #: 13179

Staff Assigned: McLaughlin