

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PENALTY ASSESSMENT TV-170979

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

1. **Payment of penalty.** I admit that the violation occurred and enclose \$ _____ in payment of the penalty.

2. **Contest the violation.** I believe that the alleged violation did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied):

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR b) I ask for a Commission decision based solely on the information I provide above.

3. **Application for mitigation.** I admit the violation, but I believe that the penalty should be reduced for the reasons set out below (if you do not include reasons supporting your application here, your request will be denied):

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR b) I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 10-2-2017 [month/day/year], at 7210 W Kendrick Ave [city, state] Nine Mile Falls

Sean T. Brooks Moving INC
Name of Respondent (Company) – please print

Sean T. Brooks
Signature of Applicant
Suzanne M. Brooks

WA 99026

RECEIVED
PROPERTY MANAGEMENT
2017 OCT 5 PM 2:32
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”

State of Washington
Washington Utilities and Transportation Commission
P.O. Box 42750
Olympia, Washington 98504-7250

Attention: Gregory J. Kopta
Administrative Law Judge

Dear Sir:

We are respectfully responding to your letter of notice of the penalties incurred and ask for your review of our request for mitigation: Penalty assessment TV-170979.

Since our conception of Sean T. Brooks Moving Inc., we only had a truck rated 10,000 G.V.W. and under. Our vehicle did not qualify as a commercial motor vehicle, and was not subject to most of the regulations. Later, to accommodate our needs, we started renting 10,000 G.V.W. or better and 26,000 G.V.W. trucks. At that time, we called the UTC and the DOT, and we were informed we did NOT need CDL's for our drivers. Nothing was ever mentioned about our drivers needing medical cards, or any other specific requirements.

In regards to the UTC safety audit, we received 5 violations:

#1. Using a driver not medically examined and certified.

Unknowingly to us, one of our drivers; Jacob Palmer, already had a medical card from a previous job, (DNR). Brian Erickson and Thomas Wittman went immediately and now have medical cards on file, along with Jacob Palmer and carry them on their person.

#2. Failure to have driving records on each of our drivers.

Since our compliance review by Jason Sharp on July 19, 2017, we have started and maintain a qualification file on each driver: (Brian Erickson, Jacob Palmer, and Thomas Wittman). This was never mentioned when we called the UTC and the DOT.

The hours of service operations violations in regards to service records:

#3-#4. Failure to require a driver to prepare a record of duty status using appropriate methods (BOL's), that the UTC provided us years ago.

We have always kept our time records, but were found in violation on the occurrence when a driver did not completely meet the requirements of the time cards,

We now know that the drivers do not need to carry records of the past 7 consecutive days with them, because they are operating under a short haul using the time cards, (BOL'S),

2017 OCT -5 PM 2:32
STATE OF WASHINGTON
UTILITY AND TRANSPORTATION
COMMISSION
FOUNDED
ECONOMIC MANAGEMENT

but we as the carrier have them and they are complete. As a result of one or more drivers not completing a time card, we understand that the time cards need to list the start time, stop time, and the total hours for the day.

#5. Failure to acquire criminal background checks on all employees.

We were unaware of this need, so as of 9/11/2017, we were in touch with the WSP website fortress.wa.gov/wsp/watch and have obtained the necessary information; and all of our employees have no criminal records.

We have had our business for over 30 years plus, we never need to advertise, all of our jobs are through referrals, and we've never made any major claims for damage. Just small scratches and knicks which we take care of immediately. We specialize in moving seniors into retirement facilities in the Spokane area. The majority of our work is from referrals from these retirement facilities. And since then, word of mouth has given us many residential moves in the Spokane area, and some commercial. (Small businesses).

We understand that we were ignorant of some regulations, and have taken the necessary steps to correct them immediately when notified by Jason Sharp. We've always operated in good faith, at a fair price, and all of our employees have responded to the UTC requirements. All were found with clear driving records and no criminal backgrounds.

We find the 105 violations of no medical records which is equivalent to \$10,500 in fines, would put a severe and crippling burden on our business and we will have to close our business. Also at this time, we would like to request a safety upgrade.

We again respectfully ask that you review and reduce our fine of \$10,500. The other two fine violations of \$100 (each), we feel is fair. Thank you for your time and consideration and we look forward to hearing your decision on these matters.

Regards,

Sean and Suzanne Brooks
Sean T. Brooks Moving Inc.
7210 W. Kendrick Ave.
Nine Mile Falls, Wa. 99026-9234
Cell (509)991-6550
Fax (509) 328-1080
E-mail seantsuziem@yahoo.com

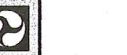
Driving Record - [REDACTED]

Abstract of 3 Year Driving Record - Commercial
This information is current as of 8/1/2017 4:00:07 PM

Driver information			
PIC	[REDACTED]		
Last	ERICKSON	Suffix	
First	BRIAN	DOB	[REDACTED]
Middle	MATTHEW	Gender	Male
Restrictions			
PDL C Corrective Lenses -			

Driver license status	
Status	Clear
Issued	12/2/2015
Expires	12/11/2021
Original issue date	7/9/1993

No violations, convictions, or accidents currently on file for this record.



Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RR-4, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Erickson **First Name:** Brian in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for Intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 - Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 - Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 - Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
07/25/2019

Medical Examiner's Signature

Medical Examiner's Telephone Number 509-290-5611 **Date Certificate Signed** 07/25/2017

Medical Examiner's Name (please print or type)
Benjamin C. Hubbard MD Physician Assistant Advanced Practice Nurse DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number
OP 60024772 **Issuing State** WA **National Registry Number** 4075412530

Driver's Signature

Driver's License Number [REDACTED] **Issuing State/Province** WA

Driver's Address
[REDACTED] **City:** Spokane **State/Province:** WA **Zip Code:** 99205-5664 Yes No **CLP/CDL Applicant/Holder**

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Monday, September 11, 2017

Logged in: Sea



Washington Access To Criminal History

WATCH



WATCH

WASHINGTON ACCESS TO CRIMINAL HISTORY

Web Search Transcript

Washington State Patrol

Identification and Criminal History Section

P. O. Box 42633

Olympia, Washington 98504-2633

Telephone (360) 534-2000 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 9/11/2017 at 2:37 PM
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO EXACT MATCH was found in the Washington State Criminal History Repository based on descriptors provided:

ERICKSON, BRIAN M [REDACTED] SEX M RAC U

This may mean that the person you searched for has no criminal conviction record OR that your search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database can only be determined by fingerprint comparison.

WATCH did return the following candidate list based on the provided search descriptors:

SID	NAME	SEX	RACE	HT	WT	EYES	DOB	SSN
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Driving Record - [REDACTED]

Abstract of 3 Year Driving Record - Commercial
This information is current as of 8/1/2017 4:06:03 PM

Driver information	
PIC	[REDACTED]
Last	PALMER
First	JACOB
Middle	MICHAEL
Suffix	
DOB	[REDACTED]
Gender	Male

Driver license status	
Status	Clear
Issued	12/14/2013
Expires	11/6/2018
Original issue date	1/11/1996

No violations, convictions, or accidents currently on file for this record.

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2125-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information should be made to Washington, DC 20503. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to the Information Collection Clearance Office, Federal Motor Carrier Safety Administration.

Medical Examiner's Certificate
 (for commercial driver/medical certification)

310, 878
 A536270
 JACOB M PALMER
 AVISTA LINE SCHOOL
 VAN GERPEN MD MPH, ROYCE
 CSH 12/23/16
 M

I certify that I have examined Last Name: Palmer First Name: Jacob in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 - Wearing corrective lenses
 - Wearing hearing aid
 - Accompanied by a _____ waiver/exemption
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt Intra-city zone (49 CFR 391.62) (Federal)
 - Grandfathered from State requirements (State)
 - Qualified by operation of 49 CFR 391.64 (Federal)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date 12-23-18

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number (509) 455-5555 Date Certificate Signed 12-23-16

Medical Examiner's Name (please print or type) ROYCE F. VAN GERPEN, MD, MPH MD Physician Assistant Advanced Practice Nurse DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number MD 00013782 Issuing State Washington National Registry Number 4638081675

Driver's Signature: [Signature] Driver's License Number _____ Issuing State/Province WA

Driver's Address _____ City: Spokane State/Province: WA Zip Code: 99207 CLP/CDL Applicant/Holder Yes No

Monday, September 11, 2017

Logged in: Sea



Washington Access To Criminal History

WATCH

WATCH Account - Search Request Results

Click on the underlined item in the Candidate list below to view results.

(Ex: No Record Found or WA00001100)

Candidate list for

	Name	Sex	Race	Height	Weight	Eyes	DOB	Notary Copies
<u>No Record Found</u>	PALMER, JACOB M	Male	Unknown	N/A	N/A	N/A	██████████	0 <input type="button" value="select"/>

Driving Record - [REDACTED]
Abstract of 3 Year Driving Record - Commercial
This information is current as of 8/1/2017 4:10:10 PM

Driver information			
PIC	[REDACTED]	Suffix	
Last	WITTMAN	DOB	[REDACTED]
First	THOMAS	Gender	Male
Middle	WILLIAM		

Driver license status	
Status	Clear
Issued	1/6/2015
Expires	1/12/2020
Original issue date	7/19/1989

No violations, convictions, or accidents currently on file for this record.

Comments	
Date	Comment
7/2/1991	Moved out of state to MN1. Returned to WA on 6/12/1992

Public Burden Statement
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U.S. Department of Transportation
 Federal Motor Carrier Safety Administration

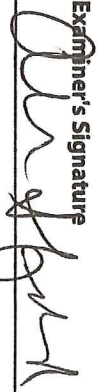
Medical Examiner's Certificate
 (for Commercial Driver Medical Certification)


I certify that I have examined Last Name: Whitman First Name: Thomas in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 - Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 - Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 - Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
 07/25/2019

Medical Examiner's Signature  Medical Examiner's Name (please print or type) Amber Schmerfeld Medical Examiner's State License, Certificate, or Registration Number AP60510083	Medical Examiner's Telephone Number 509-290-5611 Date Certificate Signed 07/25/2017 <input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ Issuing State WA National Registry Number 6163406459
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Driver's Signature  Driver's Address Street Address: _____ City: _____ Spokane State/Province: WA Zip Code: 99205-4642 <input type="radio"/> Yes <input checked="" type="radio"/> No	Driver's License Number _____ Issuing State/Province WA CLP/CDL Applicant/Holder
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Monday, September 11, 2017

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Washington Access To Criminal History **WATCH**

WATCH Account - Search Request Results

Click on the underlined item in the Candidate list below to view results.

(Ex: No Record Found or WA00001100)

Candidate list for								
	Name	Sex	Race	Height	Weight	Eyes	DOB	Notary Copies
<u>No Record Found</u>	WITTMAN, THOMAS W	Male	Unknown	N/A	N/A	N/A	[REDACTED]	0 select

Monday, September 11, 2017

Logged in: Sea



Washington Access To Criminal History WATCH

WATCH Account - Search Request Results

Click on the underlined item in the Candidate list below to view results.

(Ex: No Record Found or WA00001100)

Candidate list for								
SID	Name	Sex	Race	Height	Weight	Eyes	DOB	Notary Copies
<u>No Exact Match Found</u>	DOERING,MARK W	Male	Unknown	N/A	N/A	N/A	[REDACTED]	0 select
[REDACTED]	DOERING,MARK WILLIAM	Male	White	506	150	BRO	[REDACTED]	0 select

Monday, September 11, 2017

Logged in: Sea



Washington Access To Criminal History **WATCH**

WATCH Account · Search Request Results

Click on the underlined item in the Candidate list below to view results.

(Ex: No Record Found or WA00001100)

Candidate list for								
	Name	Sex	Race	Height	Weight	Eyes	DOB	Notary Copies
<input checked="" type="checkbox"/>	<u>No Record Found</u>	POSTON, SAMUEL J	Male	Unknown	N/A	N/A	N/A	0 select

Monday, September 11, 2017

Logged in: Sea



Washington Access To Criminal History WATCH

WATCH Account - Search Request Results

Click on the underlined item in the Candidate list below to view results.

(Ex: No Record Found or WA00001100)

Candidate list for								
	Name	Sex	Race	Height	Weight	Eyes	DOB	Notary Copies
<u>No Record Found</u>	CONNORS, TYLER M	Male	Unknown	N/A	N/A	N/A	[REDACTED]	0 <input type="button" value="select"/>