



UTILITIES AND TRANSPORTATION COMMISSION

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith 2. Assignment No.: 110148

3. Current Date: 6-18-2010 4. Date of Activity: 6-17-2010

5. Carrier Name: Sabrina Jones d/b/a Movher

6. Permit: THG-63829 7. If new entrant, date of temporary authority 2-12-2010

8. MOTCAR No.: 1D 5844 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 1972158 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: 1
- Number of drivers operated: 1
- Total miles for prior year: 273
- Recordable accidents for prior year: 0
- Accident Ratio: N/A

19.  Part B Violations:

| Part   | Violations | Part | Violations | Part | Violations |
|--------|------------|------|------------|------|------------|
| 382/40 |            | 383  |            | 387  |            |
| 390    |            | 391  | 1          | 392  |            |
| 395    |            | 396  |            | 397  |            |

20.  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        |    |         |        |        |         |        |         |          | 0   |    |     |
| Defective Vehicles |    |         |        |        |         |        |         |          | 0   |    |     |
| OOS Vehicles       |    |         |        |        |         |        |         |          | 0   |    |     |
| Location           |    |         |        |        |         |        |         |          | 0   |    |     |
| Level              |    |         |        |        |         |        |         |          | 0   |    |     |

21.  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.  Driver Inspection Violations:

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

23. Relevant carrier history, if any: New Entrant HHG with no prior CR. The owner completed HHG Safety training in Olympia March 2010. She works full-time at Gonzaga College but took time off that job to attend the HHG training telling me how important it was for her to learn the regulations.

24. Findings: Carrier uses only leased 24 ft 24000 GVWR straight trucks from Budget Rental. They do not own a truck for the company. Company files were very well managed and contained all required documentation except for a drivers DOL abstract record. This error was resolved by the company owner before I departed from the company. The company is currently in provisional status and operates safely and according to compliance regulations.

25. Recommended Action:

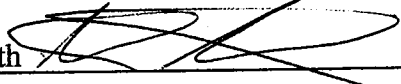
- No further action.
- Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck - Compliance review (Date: \_\_\_\_\_ )
- 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: I recommend permanent authority be issued to this company.

See Davis's reply

Investigator's signature: Richard Smith 

Initial review by: D. Pratt Date: 6/21/10

Reviewer's recommendation: Good CR - but too early for perm authority WAC - 480-15-220(1) must serve 180 days  
is not to issue perm authority after 8/12/2010.

Final review by: \_\_\_\_\_ Date: D. Pratt

Reviewer's recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date closed: 6/21/10 By: CAC  
cc: Rick Smith  
Licensing

Company name Sabrina Jones Assignment # 110148

Staff Assigned Rick Smith

**Washington Utilities & Transportation Commission**

|   |                            |   |
|---|----------------------------|---|
|  | <b>US DOT #</b><br>1972158 | <b>Legal:</b> SABRINA JONES<br><b>Operating (DBA):</b> MOVHER |
|---|----------------------------|---|

|  |  |   |
|--|--|---|
| <b>MC/MX #:</b>                            | <b>State #:</b> THG-63829                                      | <b>Federal Tax ID:</b> 27-1522442 (EIN) |
| <b>Review Type:</b> Compliance Review (CR) |  |   |
| <b>Scope:</b> Principal Office             | <b>Location of Review/Audit:</b> Company facility in the U. S. | <b>Territory:</b>                       |

|                        |                   |                   |                                    |
|------------------------|-------------------|-------------------|------------------------------------|
| <b>Operation Types</b> | <b>Interstate</b> | <b>Intrastate</b> |                                    |
| <b>Carrier:</b>        | N/A               | Non-HM            | <b>Business:</b> Individual        |
| <b>Shipper:</b>        | N/A               | N/A               | <b>Gross Revenue:</b> \$4,395.00   |
| <b>Cargo Tank:</b>     | N/A               |                   | <b>for year ending:</b> 12/31/2010 |

**Company Physical Address:**

3427 W Northwest Blvd Unit A  
Spokane, WA 99205

**Contact Name:** Sabrina Jones  
**Phone numbers:** (1) 509-474-0619      (2) 509-954-4774      **Fax**  
**E-Mail Address:** movher@gmail.com

**Company Mailing Address:**

3427 W Northwest Blvd Unit A  
Spokane, WA 99205

**Carrier Classification**

|                     |                  |
|---------------------|------------------|
| Authorized for Hire | Private Property |
|---------------------|------------------|

**Cargo Classification**

|                 |                 |
|-----------------|-----------------|
| General Freight | Household Goods |
|-----------------|-----------------|

**Does carrier transport placardable quantities of HM?** No  
**Is an HM Permit required?** N/A

**Driver Information**

|                         |              |              |   |                         |
|-------------------------|--------------|--------------|---|-------------------------|
|                         | <b>Inter</b> | <b>Intra</b> | <b>Average trip leased drivers/month:</b> 0 |                         |
| <b>&lt; 100 Miles:</b>  | 0            | 1            |   | <b>Total Drivers:</b> 1 |
| <b>&gt;= 100 Miles:</b> | 0            | 0            |   | <b>CDL Drivers:</b> 0   |

**Equipment**

|       |              |                    |                    |                                      |
|-------|--------------|--------------------|--------------------|--------------------------------------|
|       | <b>Owned</b> | <b>Term Leased</b> | <b>Trip Leased</b> |                                      |
| Truck | 0            | 0                  | 1                  | <b>Owned Term Leased Trip Leased</b> |

Power units used in the U.S.: 1  
 Percentage of time used in the U.S.: 100



**MOVHER (SABRINA JONES dba)**

U.S. DOT #: 1972158

State #: THG-63829

Review Date:

06/17/2010

**Part A**

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be address to:  
Washington Utilities & Transportation Commission

P.O. Box 47250, Olympia, WA. 98504-7250  
Attention: Richard Smith (360) 664-1236 Office, (360) 701-1601 Cell.  
RSmith@utc.wa.gov

**This report will be used to assess your safety compliance.**

**Person(s) Interviewed**

**Name:** Sabrina Jones

**Title:** Owner

**Name:**

**Title:**



**Washington Utilities & Transportation Commission**



**US DOT #**  
1972158

**Legal:** SABRINA JONE  
**Operating (DBA):** MOVHER

**MC/MX #:** State #: THG-63829 Federal Tax ID: 27-1522442 (EIN)

**Review Type:** Compliance Review (CR) - Receipt

**Scope:** Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

**Operation Types** Interstate Intrastate

**Carrier:** N/A Non-HM  
**Shipper:** N/A N/A  
**Cargo Tank:** N/A

**Business:** Individual  
**Gross Revenue:** \$4,395.00 **for year ending:** 12/31/2010

**Company Physical Address:**

3427 W Northwest Blvd Unit A  
Spokane, WA 99205

**Contact Name:** Sabrina Jones  
**Phone numbers:** (1) 509-474-0619 (2) 509-954-4774 **Fax**  
**E-Mail Address:** movher@gmail.com

**Company Mailing Address:**

3427 W Northwest Blvd Unit A  
Spokane, WA 99205

**Report Summary**

| Report                    | # of Pages |
|---------------------------|------------|
| Part A - General          | 2          |
| Part B - Violations       | 1          |
| Part B - Recommendations  | 1          |
| Review/Audit Receipt Page | 1          |
| <b>Total Pages</b>        | <b>5</b>   |

**Disclaimer:** By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be address to:  
Washington Utilities & Transportation Commission

P.O. Box 47250, Olympia, WA. 98504-7250  
Attention: Richard Smith (360) 664-1236 Office, (360) 701-1601 Cell.  
RSmith@utc.wa.gov

**This report will be used to assess your safety compliance.**

**Person(s) Interviewed**

**Name:** Sabrina Jones **Title:** Owner  
**Name:** **Title:**

**Reported By:** *[Signature]* **Title:** Auditor **Code:** WA0580 **Date:** 6/17/2010

**Received By:** *[Signature]* **Title:** Owner, MOVHER







**MOVHER (SABRINA JONE dba)**  
 U.S. DOT #: 1972158

State #: THG-63829

Review Date:  
 06/17/2010

**Part B Violations**

|            |   |                 |              |                                       |              |
|------------|---|-----------------|--------------|---------------------------------------|--------------|
| 1<br>STATE | Primary: 391.25(a)<br>CFR Equivalent: 391.25(a) | Discovered<br>1 | Checked<br>1 | Drivers/Vehicles<br>In Violation<br>1 | Checked<br>1 |
|------------|---|-----------------|--------------|---------------------------------------|--------------|

**Description**

Failing to make an inquiry into the driving record of each driver to the appropriate State agencies in which the driver held a commercial motor vehicle operator's license at least once every 12 months.

**Example**

Driver Sabrina Jones. Trip date 6-13-2010. Was unaware that the owner-operator of her own company was also under this requirement.

|  |  |  |
|--|--|--|
| <b>Safety Fitness Rating Information:</b>      |  | <b>OOS Vehicle (CR):</b> 0                     |
| <b>Total Miles Operated</b> 273                |  | <b>Number of Vehicle Inspected (CR):</b> 0     |
| <b>Recordable Accidents</b> 0                  |  | <b>OOS Vehicle (MCMIS):</b> 0                  |
| <b>Recordable Accidents/Million Miles</b> 0.00 |  | <b>Number of Vehicles Inspected (MCMIS):</b> 0 |

|  |                       |              |                 |
|--|-----------------------|--------------|-----------------|
| <b>Your proposed safety rating is :</b><br><br><br><br><br><br><br><br><br><br><b>SATISFACTORY</b> | <b>Rating Factors</b> | <b>Acute</b> | <b>Critical</b> |
|  | <b>Factor 1:</b> S    | 0            | 0               |
|  | <b>Factor 2:</b> S    | 0            | 0               |
|  | <b>Factor 3:</b> S    | 0            | 0               |
|  | <b>Factor 4:</b> S    | 0            | 0               |
|  | <b>Factor 5:</b> N    | 0            | 0               |
|  | <b>Factor 6:</b> S    | -            | -               |

Null  
 Null





**MOVHER (SABRINA JONE dba)**

U.S. DOT #: 1972158

State #: THG-63829

Review Date:

06/17/2010

### **Part B Requirements and/or Recommendations**

1. IF YOU WANT A COPY OF YOUR INTRASTATE CARRIER PROFILE, CONTACT MS. CAROLYN CARUSO @ 360-664-1244.
2. "Under the Administrative Procedure Act (RCW 34.05) (Laws of 2009, ch. 358), the commission will waive any fines, civil penalties, or administrative sanctions for first-time paperwork violations by a small business, with certain exceptions. One of those exceptions provides that any violation of a substantially similar paperwork requirement (as described in Part B on this form) may result in the imposition of a fine, civil penalty or other administrative sanction. The company will not be entitled to a second waiver of penalties for "first-time" paperwork violations."
3. If you have any questions concerning this report,, please contact the Washington Utilities & Transportation Commission @  
UTC  
PO BOX 47250  
OLYMPIA, WA 98504  
ATTN: RICK SMITH  
360-664-1236
4. Obtain a copy of each driver's driving record and review it annually.
5. Ensure that all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file as required for each driver, documenting the qualification process.
6. Ensure that all documents supporting records of duty status (such as toll, fuel repair and other on-the-road expense receipts, as well as invoices, bills of lading, dispatch records, etc.) are kept on file for at least 6 months.
7. Toll receipts and other on-the-road expense receipts, invoices, bills of lading, dispatch records, and other "supporting document" must be kept on file for six (6) months. This requirement also applies to records generated by the use of owner-operators. You may keep legible photocopies in lieu of originals.
8. If you want some drivers to use the 100 air-mile radius exemption, make sure that the drivers meet all terms of the exemption, including being released from duty no more than 12 hours from when they report for duty. Logs must be prepared if a driver does not meet the 12 hour requirement.
9. Periodically review the maintenance and inspection records for all lease vehicles as required by Part 396 of the FMCSR. Keep a record to document these reviews and notify the vehicle owner of any violations detected.
10. This review will result in a Safety Rating.





**MOVHER (SABRINA JONE dba)**  
U.S. DOT #: 1972158

State #: THG-63829

Review Date:  
06/17/2010

**Part C**

**Reason for Review:** Other Safety Compliance  
**Planned Action:** Compliance Monitoring  
**Safestat Category:**

**Parts Reviewed Certification:**

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 325 | 382 | 383 | 387 | 390 | 391 | 392 | 393 | 395 | 396 | 397 | 398 | 399 | 171 | 172 | 173 | 177 | 178 | 180 |
|     |     |     | ✓   | ✓   | ✓   | ✓   | ✓   | ✓   |     |     |     |     |     |     |     |     |     |     |

Prior Reviews      Prior Prosecutions

**Unsat/Unfit Information**

**Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?**

**Does carrier transport placardable quantities of hazardous materials?**

**Unsat/Unfit rule:** Not Applicable

**Corporate Contact:** Sabrina Jones  
**Corporate Contact Title:** Owner

**Special Study Information:**

**Remarks:**

Ms. Sabrina Jones, owner, was contacted at the carrier's terminal located at 3427 W. Northwest Blvd Unit A Spokane, WA 99205 on June 17, 2010 for the purpose of conducting a Compliance Review Audit.

This carrier currently operates only leased 24 ft straight truck's with a 24000 GVWR from Budget Rentals on a job by job basis. The company does not own a truck of their own. A copy of the lease agreement is on file with the licensing division at UTC. The only driver for this company is Ms. Jones as an intrastate for-hire household goods transporter. She has two employees as household goods loaders. Ms. Jones is aware of the requirement to know the maintenance schedule for each truck she leases and can immediately produce maintenance files. She also requires a daily vehicle inspection report per job completed even though she is exempt from this requirement as a single owner/operator company. Although her filing system and compliance was excellent, she was missing a drivers record inquiry document from her drivers qualification file and this is noted in part B violations page. Ms. Jones explained that this subject had confused her and she did not believe an owner/operator was under this requirement. Ms. Jones now understands she is required to have this document and had sent to the Washington Department of Licensing for a copy of her driving abstract before I had departed from her terminal.

The carrier was also requested to produce the following information and given at least 48 hours before this compliance review was scheduled:

- \* Financial responsibility
- \* Crash information
- \* Driver qualification files
- \* Hours of service records
- \* Inspection, repair and maintenance records including annual (periodic) inspections
- \* Driver's license information

The company maintains supporting documents consisting of daily trip records, time cards other data relating to reporting files and documents.

Ms. Jones is responsible for the company files and supporting documents currently located at the carrier's principal place of business. Files are maintained by trip and or date depending upon the type of record such as work performed, driver qualification file, etc. Records of duty status could be compared to various supporting documents by checking time and date with company supporting documents.





**MOVHER (SABRINA JONE dba)**  
U.S. DOT #: 1972158

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Review Date:  
06/17/2010

**Part C**

The status of Ms. Jones driver's license was checked using Washington Department of Licensing web site and found to be valid and current.

The proposed safety rating is Satisfactory.

This carrier is insured by Tepco Premium Finance Insurance Company for \$1,000,000.00 CSL.

Although a small company, information was indicative that Ms. Jones is intent on her company operating safely and in full compliance of regulations. Her filing system was very easy to understand and to inspect for auditing purposes. Ms. Jones was heard as saying that she has plans to expand her company with the addition of one driver in the next few months of 2010.

|                           |            |           |                      |
|---------------------------|------------|-----------|----------------------|
| <b>Upload Authorized:</b> | <b>Yes</b> | <b>No</b> |                      |
| <b>Authorized by:</b>     |            |           | <b>Date:</b>         |
| <b>Uploaded:</b>          | <b>Yes</b> | <b>No</b> | <b>Failure Code:</b> |
| <b>Verified by:</b>       |            |           | <b>Date:</b>         |

