



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes **INTRASTATE**

1. Investigator(s): John Foster 2. Assignment No.: 111229

3. Current Date: October 17, 2011 4. Date of Activity: October 11, 2011

5. Carrier Name: Smooth Moves LLC

6. Permit: THG-64212 7. If new entrant, date of temporary authority March 3, 2011

8. MOTCAR No.: 5924 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 2013092 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 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 _____ Level 7 _____
 - 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 _____ Level 7 _____
 - ◆ 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 Level 7 _____
 - ◆ 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 _____ Level 7 _____
 - Unannounced terminal visit
 - Other (please explain): _____

18. **Compliance Review Data:**

- Safety Rating: Satisfactory
- Number of vehicles operated: 1
- Number of drivers operated: 1
- Total miles for prior year: 28,000
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

19. X Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	3	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											
Defective Vehicles											
OOS Vehicles											
Location											
Level											

--

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: _____


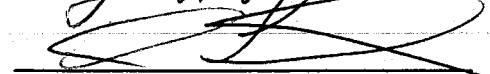
24. Findings: Rating is satisfactory. Forward results to Licensing Services for permanent authority.
Close & file.

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: _____

Investigator's signature:  October 17, 2011
Initial review by:  Date: 10-17-11

Reviewer's recommendation: I Concur With recommendation

Recommend approving Permanent Authority -
Close file - Upload

Final review by: D PRATT Date: 10/18/11

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS
Close & FILE

OK to issue perm authority

Date closed: _____ By: _____

cc: _____

Company name _____ Assignment # _____

Staff Assigned _____

<input type="checkbox"/> Laurides Occupational Health Center 9915 Sandilur Parkway Pasco, WA 99301 (509) 548-2222		<input type="checkbox"/> Anthony Gambone, PA-11001872WA <input checked="" type="checkbox"/> Robert Mitchell, PA-C 8034617WA <input type="checkbox"/> Bruce DeLeonard, PA-C 0034413WA <input type="checkbox"/> Ronald Pock, MD M00813WA <input type="checkbox"/> John Strain, MD M079567WA	
<input checked="" type="checkbox"/> Signature of Driver <i>Richard Lund</i>		DATE 10-17-13	
SIGNATURE OF PHYSICIAN <i>Richard Lund</i>		DATE 10-17-2013	
DRIVER LICENSE NUMBER ZDWHRAW1330E		STATE WA	
ADDRESS OF DRIVER 9009 Friend Rd Richland WA 99352		MEDICAL CERTIFICATE EXPIRATION DATE 10-17-2013	