

1905 UTC 2005



UTILITIES AND TRANSPORTATION COMMISSION
Celebrating 100 Years

J. TV-070255
Hilensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): GRimm 2. Assignment No.: 108011

3. Current Date: 01-28-08 4. Date of Activity: 01-17 & 01-28-08

5. Carrier Name: ABIZER A RAJ & AMAR S DOSANJH dba A + A Moving + Delivery

6. Permit: HGG2702 7. MOTCAR No.: 1D 4359

8. DOT No.: — 9. MC No.: —

10. Destination Check Only:

- Attach 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 5 _____
- Describe any special emphasis placed on the destination check and the results:

- Date of debriefing meeting: _____
- What might we do differently to increase our success at the next destination check:

- Did staff complete all of the elements of the Destination Check Safety Plan? Yes No
- If not, explain why: _____

11. **Safety Complaint Only:**

- 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 CR
 - Other (please explain): _____

- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

12. **New Entrant only – Charter, Auto Transportation:**

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA

13. New Entrant only – **HHG**:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
 - ◆ Did staff conduct a CR/SA between three and eighteen months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
 - ◆ Did staff conduct a CR/SA between three and eighteen months: Yes No CR SA
 - ◆ Did staff conduct technical assistance within three months: Yes No

14. 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 CR
 - Other (please explain): _____
- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

15. All Other Assignments:

▪ Type of Activity:

- Compliance review
- Safety audit
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced CR
- Complaint (other than safety)
- Other (please explain): _____

▪ Describe how the performance measures from the safety plan were or were not met:

SATISFACTORY SAFETY RATINGS

16. Compliance Review Data:

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 1
- Number of drivers operated: 1
- Total miles for prior year: 5000
- Recordable accidents for prior year: 0
- Accident Ratio: 0

17. Part B Violations:

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

18. 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											

19. 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											

20. Relevant carrier history, if any: PROVISIONAL LHC ETA CONDUCTED
ON ECONOMIC / SAFETY ISSUES 3-29-07, 12-05-07 and
01-14-08.

21. Findings: RECOMMEND CARRIER FOR PERMANENT
HOUSEHOLD GOODS AUTHORITY. SEE
MEMORANDUM ATTACHED

22. 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.
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$ _____
- Issue a complaint.
- Stop company operations.

23. Recheck: Yes (Date: _____) No

24. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier received a conditional rating at the last compliance review.
- Carrier received an unsatisfactory rating at the last compliance review.
- 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: _____

Investigator's signature: *[Signature]*

Initial review by: *DTRAT* Date: *2/5/08*

Reviewer's recommendation: *Agree with recommendation. Issue perm authority*

Final review by: *K Hunt* Date: *2-1-08*

Reviewer's recommendation: *Concur, recommend carrier for permanent authority.*
Thanks!

Date closed: *2/1/08* By: *CAC*

cc: *[Signature]*
Licensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): GRIMM 2. Assignment No.: 108011
 3. Current Date: 02-02-08 4. Date of Activity: 02-02-08
 5. Carrier Name: ABIZER A RAJ @ AMAR S DOSANJH HG62702
 6. Permit: HG62702 7. MOTCAR No.: _____
 8. DOT No.: na 9. MC No.: na

ADDENDUM CAP FROM PREVIOUS COMPLIANCE

10. Destination Check Only: *REVIEW - ADDING VEHICLE INSPECTION ONLY*

- Attach a copy of the Destination Check Safety Plan.
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- Date of debriefing meeting: _____
- What might we do differently to increase our success at the next destination check:

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- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

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- Is this carrier based in another state, requesting intrastate authority: Yes No
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 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
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 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - Unannounced CR
 - Complaint (other than safety)
 - Other (please explain): _____

- Describe how the performance measures from the safety plan were or were not met:

16. Compliance Review Data:

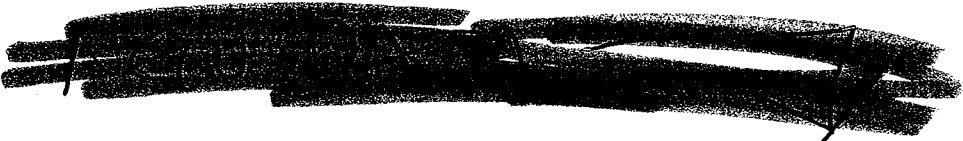
- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

PLEASE REPORT

17. Part B Violations:

Part	Violations	Part	Violations	Part	Violations
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PLEASE REPORT



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Inspections									1		
Defective Vehicles									1		
OOS Vehicles									0		
Location									Vantaur		
Level									1		

19. 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									2		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits									1		
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

20. Relevant carrier history, if any: _____

21. Findings: VEHICLE INSPECTION AS POLICY
REQUIREMENT TO RECOMMEND
PERMANENT HHE AUTHORITY

22. Recommended Action:

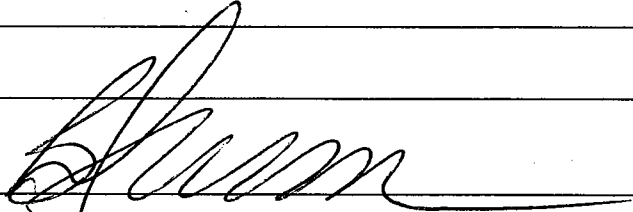
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- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$ _____
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- Other (please explain): _____

25. Additional Comments: _____

Investigator's signature:  _____

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: _____ Date: _____

Reviewer's recommendation: _____

Date closed: _____ By: _____
cc: _____

