



UTILITIES AND TRANSPORTATION COMMISSION

Learning

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 109044

3. Current Date: 4-23-09 4. Date of Activity: 4-21-09

5. Carrier Name: COLEMAN AMERICAN MOVING SERVICES, INC.

6. Permit: THG-63450 7. Industry Code: 207

8. MOTCAR No.: 1D 5314

9. DOT No.: N/A 10. MC No.: N/A

11. **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:

12. **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): _____

13. 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

14. X 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 1
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

15. Individual Safety Plan Only:

- Attach a copy of the Individual Carrier Safety Plan.
- What activity did staff complete for this safety complaint:
 - X Compliance review
 - X Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1
 - Unannounced terminal visit
 - Other (please explain): _____
 - _____
 - _____

16. X Compliance Review Data:

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 18
- Number of drivers operated: 8
- Total miles for prior year: 54,698
- Recordable accidents for prior year: 0
- Accident Ratio: _____

17. X Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40	2	383		387	
390		391		392	
395	1	396	1	397	

18. X 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		
Defective Vehicles									0		
OOS Vehicles									0		
Location									15		
Level									5		

19. Vehicle Inspection Violations: NONE NOTED CVSA DECAL #10538882

	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. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: **CARRIER ENTERED PROVISIONAL HHG STATUS ON 12-8-08 AND ATTENDED PROVISIONAL TRAINING CLASS IN OCTOBER 2008. CARRIER IS SUBSIDIARY OF COLEMAN AMERICAN CO ETAL. TERMINALS ARE LOCATED IN FIFE AND SUMNER, WA.**

22. Findings: **SATISFACTORY SAFETY RATING. I RECOMMEND PERMANENT HHG AUTHORITY BE ISSUED.**

23. Recommended Action: **ISSUE PERMANENT HHG AUTHORITY**

- 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.

24. Is this carrier considered a high risk carrier as a result of this activity? **NO**

- 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): _____

25. Additional Comments: **FURTHER VEHICLE INSPECTIONS WILL BE CONDUCTED AT A LATER AGREED UPON DATE.**

Investigator's signature: Chen A. d/yl 4-23-09

Initial review by: [Signature] Date: 4-24-09

Reviewer's recommendation: Agree with recommendation -
Recommend Authority be granted - close: file -

Final review by: DPRAT Date: 4/24/09


Reviewer's recommendation: Agree with recommendations.
Licensing - OK to issue perm authority after June 8.
Close & file. Thanks Tom

Date closed: 4/27/09 By: CAC
cc: Tom Mc Vaughn

Company name Coleman American Moving Services Assignment # 109044
Licensing

Staff Assigned Tom Mc Vaughn

UTILITIES & TRANSPORTATION COM SION

	US DOT #	Legal: COLEMAN AMERICAN MOVING SERVICES INCORPORATED Operating (DBA):		
MC/MX #:	State #: THG-63450	Federal Tax ID: 63-0419836 (EIN)		
Review Type: Compliance Review (CR)				
Scope:	Principal Office	Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types		Interstate	Intrastate	
Carrier:	N/A	Non-HM	Business: Corporation	
Shipper:	N/A	N/A	Gross Revenue: \$1,332,499.00 for year ending: 12/31/2008	
Cargo Tank:	N/A			
Company Physical Address:				
5655 - 8TH STREET EAST BUILDING B/SUITE 200 FIFE, WA 98424				
Contact Name: JAIME COMSTOCK				
Phone numbers: (1) 253-588-9555 (2) 800-239-7700 Fax 253-588-9406				
E-Mail Address:				
Company Mailing Address:				
5655 - 8TH STREET EAST BUILDING B/SUITE 200 FIFE, WA 98424				
Carrier Classification				
Other: PROV HHG				
Cargo Classification				
Household Goods				
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? N/A				
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:			Total Drivers: 8	
>= 100 Miles:		8	CDL Drivers: 2	
Equipment				
	Owned	Term Leased	Trip Leased	Owned Term Leased Trip Leased
Truck	13	0	0	Truck Tractor 3 0 0
Trailer	2	0	0	
Power units used in the U.S.: 16				
Percentage of time used in the U.S.: 100				





COLEMAN AMERICAN MOVING SERVICES INCORPORATED
U.S. DOT #:

State #: THG-63450

Review Date:
04/21/2009

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
PO BOX 47250
OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: JAIME COMSTOCK

Name: KATHY GRIGSBY

Title: GENERAL MANAGER

Title: DIRECTOR OF SAFETY





Part B Violations

1 STATE	Primary: 40.13(f) Secondary: 382.105 CFR Equivalent: 40.13(f)	Discovered 3	Checked 5	Drivers/Vehicles In Violation 3	Checked 5
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Description

Using a Federal Drug Testing Custody and Control Form or Federal Alcohol Testing Form for tests not authorized by 49 CFR Part 40 and Part 382.

Example

JOSH NORVELL, TRIP DATE: 2-16-09. PRE-EMPLOYMENT DRUG TEST ON NON-CDL DRIVER WAS CONDUCTED ON FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM IN LIEU OF NON-FEDERAL DRUG TESTING CUSTODY CONTROL FORM.

2 STATE	Primary: 382.601(a) CFR Equivalent: 382.601(a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 0	Checked 0
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Description

Failing to provide educational materials explaining requirements of part 382 and employer's policies.

Example

KRISTOPHER DYE, TRIP DATE 4-20-09. CARRIER'S CONTROLLED SUBSTANCE AND ALCOHOL TESTING POLICY FAILS TO CONTAIN THE FOLLOWING REQUIRED INFORMATION:

NAME OF DESIGNATED EMPLOYEE REPRESENTATIVE

3 STATE	Primary: 395.8(a) CFR Equivalent: 395.8(a)	Discovered 3	Checked 150	Drivers/Vehicles In Violation 2	Checked 5
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Description

Failing to require driver to make a record of duty status.

Example

KEVIN ELDER, TRIP DATE: 3-26-09. DRIVER WAS OPERATING WITHIN THE 100 AIR-MILE RADIUS EXEMPTION. DRIVER'S TOTAL ON-DUTY TIME EXCEEDED 12 CONSECUTIVE HOURS. DRIVER FAILED TO MAKE A RECORD OF DUTY STATUS (LOG BOOK) FOR THAT DAY.

4 STATE	Primary: 396.11(b) CFR Equivalent: 396.11(b)	Discovered 2	Checked 150	Drivers/Vehicles In Violation 2	Checked 5
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Description

Failing to ensure driver vehicle inspection report is complete and accurate.

Example

ANGELA SMITHINGELL, TRIP DATE: 1-21-09, UNIT #T-3. DRIVER VEHICLE INSPECTION REPORT FAILS TO CONTAIN THE REQUIRED INFORMATION:

MECHANICS AND REVIEWING DRIVER'S SIGNATURES

Safety Fitness Rating Information:

Total Miles Operated 54,698
 Recordable Accidents 0
 Recordable Accidents/Million Miles 0.00

OOS Vehicle (CR): 0
 Number of Vehicle Inspected (CR): 1
 OOS Vehicle (MCMIS): 0
 Number of Vehicles Inspected (MCMIS): 0





Part B Violations

Your proposed safety rating is :

SATISFACTORY

Rating Factors		Acute	Critical
Factor 1:	S	0	0
Factor 2:	S	0	0
Factor 3:	S	0	0
Factor 4:	S	0	0
Factor 5:	N	0	0
Factor 6:	S	-	-

Null
Null





Part B Requirements and/or Recommendations

1. THIS COMPLIANCE REVIEW WILL RESULT IN AN INTRASTATE SAFETY RATING. TO OBTAIN A COPY OF THIS RATING, CONTACT CAROLYN CARUSO AT 360-664-1244.
2. ENSURE THAT THE POLICY CONTAINS THE REQUIRED INFORMATION IN ACCORDANCE WITH CFR PART 382.601.
3. ENSURE THAT DOT TESTS ARE CONDUCTED WHEN REQUIRED AND THAT THE CORRECT CUSTODY FORM IS USED.
4. ENSURE THAT DRIVERS DO NOT VIOLATE THEIR HOURS OF SERVICE LIMITS, INCLUDING THE 11-HOUR DRIVING RULE, 14-HOUR ON-DUTY RULE AND THE 60/70 HOUR RULE. THE DRIVERS MUST COMPLETE RECORDS OF DUTY STATUS FOR EACH DAY THEY OPERATE BEYOND THE 100 AIR-MILE RADIUS FROM THEIR NORMAL WORK REPORTING LOCATION.
5. REQUIRE THE DRIVERS TO COMPLETE A DRIVER VEHICLE INSPECTION REPORT AT THE COMPLETION OF EACH DAY. ENSURE THAT THE REQUIRED SIGNATURES; DRIVER COMPLETING THE DVIR, MECHANIC'S CERTIFICATION AND REVIEWING DRIVER'S CERTIFICATION ARE COMPLETE. RETAIN THE DVIR FOR 3 MONTHS.





Part C

Reason for Review: Other
Planned Action: Compliance Monitoring
Safestat Category: PROVISIONAL HHG

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: KATHY GRIGSBY

Special Study Information:

Corporate Contact Title: DIRECTOR OF SAFETY/RISK MNGR.

Remarks:

On April 21, 2009, I contacted Mr. Jaimie Comstock, General Manager, and Ms. Kathy Grigsby, Director of Safety/Risk Manager, for Coleman American Moving Services, Incorporated (Coleman), at the carrier's main office located in Fife, WA. The purpose of my contact was to conduct a safety compliance review of this carrier's provisional household goods authority, as permitted under THG-63450.

Coleman obtained provisional HHG authority on December 8, 2008. Personnel from this company attended the HHG Provisional New Entrant training in October 2008, prior to obtaining authority from the commission. This was in part to fulfill the commission requirement and in part because personnel from Coleman also operated AAA Moving & Storage, Inc., located at the same facility in Fife, WA. Coleman also operates a terminal in Sumner, WA.

Coleman is a subsidiary of Coleman American Companies, etal, which is based in Midland City, AL. Ms. Grigsby stated that the parent company has household goods authority and terminals in all fifty states. Coleman is also an agent for Allied Van Lines, Inc. (Allied) and all interstate operations, from the Fife/Sumner terminals, are conducted through Allied's authority.

For the purposes of this compliance review, I reviewed Coleman's records from December 8, 2008 through April 21, 2009. This review only covered intrastate operations permitted under Coleman's provisional authority. Therefore, this review will not be uploaded to the MCMIS site.

Coleman owns and operates thirteen straight trucks, three truck-tractors, two semi-trailers, and employs eight drivers. Two of these drivers possess Commercial Driver's Licenses and are Allied certified for interstate operations. The vehicles are insured with Discover Property & Casualty Insurance Company, Policy #D002A00608, expiration date August 2009, in the combined single limits of \$1,000,000. The carrier only transports household goods.

I inspected the only vehicle available, a 1995 Freightliner, and issued CVSA Decal #10538882. I have made arrangements with Mr. Comstock to inspect the remainder of the fleet at a later date.

Coleman's drivers are included in the parent company's random testing pool. The pool tests on a quarterly basis and Coleman's drivers are sent to a collection facility at the Port of Tacoma for processing. I reviewed that carrier's annual percentage rates for the 2008 random testing cycle, and found the carrier in compliance with the required ratios.

I did not attempt to run the carrier's driver's licenses through CDLIS, since this program is inoperable. I did run the licenses through the WA Department of Licensing web site and found that all drivers possessed valid licenses.





Part C

The following safety violations were noted:

CFR PART 382/40 - CONTROLLED SUBSTANCE AND ALCOHOL TESTING:

The carrier conducts pre-employment drug tests on non-CDL drivers. However, the carrier used a Federal Drug Testing and Control Form for the tests when the tests should be processed on a non-Dot specification form. Ms. Grigsby stated that she would correct this problem immediately and ensure that the proper forms are used. Also, the carrier's controlled substance and alcohol testing policy fails to contain the name of the Designated Employee Representative, as required by CFR Part 382.601. Ms. Grigsby stated the policy was developed by the parent company and she would ensure that this change is corrected for all Coleman companies.

CFR PART 395 - HOURS OF SERVICE:

The majority of the carrier's drivers operate within the 100 air-mile radius exemption and return to the terminal within twelve consecutive hours. However, I noted that two drivers exceeded the twelve consecutive hours on-duty and failed to complete a log book upon their return to the terminal. Ms. Grigsby stated that this was an oversight on their part and emphasis would be placed on hours of service at the next driver's meeting.

CFR PART 396 - INSPECTION, REPAIR & MAINTENANCE:

The carrier requires the drivers to complete a post-trip inspection report, DVIR, as required by CFR Part 396.11. I noted that two DVIR's failed to contain the required signatures (mechanic and reviewing driver). Ms. Grigsby stated that this requirement would be discussed with drivers and maintenance personnel at the next safety meeting.

Upon completion of this compliance review, Coleman received a Satisfactory rating. Although I noted four safety violations, none of these were critical or acute in nature. Carrier management has adequate knowledge of commission rules and oversight by the parent company maintains this safety posture.

CONCLUSION:

This assignment is closed and I recommend permanent authority be issued. No further action at this time.

Upload Authorized:	Yes	No	
Authorized by:			Date:
Uploaded:	Yes	No	Failure Code:
Verified by:			Date:





US DOT #

Legal: COLEMAN AMERICAN MOVING SERVICES INCORPORATED
 Operating (DBA):

MC/MX #: State #: THG-63450 Federal Tax ID: 63-0419836 (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: Corporation
 Gross Revenue: \$1,332,499.00 for year ending: 12/31/2008

Company Physical Address:

5655 - 8TH STREET EAST BUILDING B/SUITE 200
 FIFE, WA 98424

Contact Name: JAIME COMSTOCK

Phone numbers: (1) 253-588-9555 (2) 800-239-7700 Fax 253-588-9406

E-Mail Address:

Company Mailing Address:

5655 - 8TH STREET EAST BUILDING B/SUITE 200
 FIFE, WA 98424

Report Summary

Report	# of Pages
Part A - General	2
Part B - Violations	2
Part B - Recommendations	1
Review/Audit Receipt Page	1
Total Pages	6

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 or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
 PO BOX 47250
 OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: JAIME COMSTOCK

Title: GENERAL MANAGER

Name: KATHY GRIGSBY

Title: DIRECTOR OF SAFETY

Reported By: *Tom McVaugh* Title: *Trans. Specialist* Code: WA0531 Date: 4/21/2009

Received By: *[Signature]* Title: *General Manager*



RIVER/VEHICLE EXAMINATION PORT

Report Number: WAU004000002
Inspection Date: 04/21/2009
Start Time: 12:45 PM End Time: 01:03 PM
Inspection Level: V - Terminal
HM Inspection Type: None

COLEMAN AMERICAN MOVING SERVICES INCORPORATED
5655 - 8TH STREET EAST
FIFE, WA 98424
USDOT#: Phone#: (253)588-9555
MC/MX#: Fax#: (253)588-9406
State#: THG63450
Location: FIFE TERMINAL
Highway: MilePost:
County: PIERCE, WA Destination: Bill of Lading:
Cargo: EMPTY

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Company #	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FRHT	1995	WA	A16025T	T-10		26,000		10538882	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:
TOM MCCAUGH

Badge #:
WA0531

Copy Received By:



WAU004000002