



UTILITIES AND TRANSPORTATION
COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 109151

3. Current Date: 8-17-09 4. Date of Activity: 8-12-09

5. Carrier Name: Quick Move Transport LLC

6. Permit: THG-63499 7. Industry Code: 207

8. MOTCAR No.: 1D 5409

9. DOT No.: _____ 10. MC No.: _____

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. **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:
 - Compliance review
 - Technical assistance
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 1
 - Unannounced terminal visit
 - Other (please explain): _____

16. **Compliance Review Data:**

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

17. X Part B Violations:

| Part | Violations | Part | Violations | Part | Violations |
|--------|------------|------|------------|------|------------|
| 382/40 | | 383 | | 387 | |
| 390 | | 391 | 1 | 392 | |
| 395 | | 396 | | 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 | | | | | | | | | Kirkland | | |
| Level | | | | | | | | | 5 | | |

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. Driver Inspection Violations:

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

21. Relevant carrier history, if any: New household goods entrant.

22. Findings: Satisfactory safety rating.

23. 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.

24. 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): _____

25. Additional Comments: Owner, Daniel Hazan has attended the new entrant household goods training classes. I would recommend this company be considered for issuance of the permanent HG authority. Forward to licensing services for processing.

Investigator's signature: Alan Dickson

Initial review by: _____ Date: _____

Reviewer's recommendation: _____

Final review by: D Pratt Date: 8/18/09

Reviewer's recommendation: Agree with recommendations.

OK to issue perm authority. Dave will notify Licensing.
Carolyn - please provide copy of this CR to Tina in Licensing.

Date closed: 8/18/09 By: CAC Thanks Alan! D Pratt

cc: Alan Dickson

Licensing

Company name Quick Move Transport LLC Assignment # 109151

Staff Assigned Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

| | | |
|---------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------|
|  | US DOT # | Legal: QUICK MOVE TRANSPORT LLC Operating (DBA): |
|---------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------|

| | | |
|------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|
| MC/MX #: | State #: THG-63499 | Federal Tax ID: 26-3687056 (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 | Business: Corporation | |
| Carrier: N/A | | Non-HM | Gross Revenue: \$90,000.00 | for year ending: 8/12/2009 |
| Shipper: N/A | | N/A | | |
| Cargo Tank: N/A | | | | |

Company Physical Address:

835 7th Avenue
Kirkland, WA 98033

Contact Name: Daniel Hazan
Phone numbers: (1) 206 406-4899 (2) **Fax** 425 803-9075
E-Mail Address:

Company Mailing Address:

218 Main St #352
Kirkland, WA 98033

Report Summary

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

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 may be addressed to:

WUTC
1720 Ellis St. #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

| | |
|-----------------------------------------|----------------------------------|
| Name: Daniel Hazan | Title: Owner |
| Name: | Title: |
| Reported By: <i>Alan Dickson</i> | Title: Motor Carrier Sfty |
| Received By: <i>Dr. Hazan</i> | Title: Owner |

Code: WA0553 **Date:** 8/12/2009





QUICK MOVE TRANSPORT LLC
U.S. DOT #:

State #: THG-63499

Review Date:
08/12/2009

Part B Violations

| | | | | | |
|------------|-------------------------------------------------------------------------|-----------------|--------------|---------------------------------------|--------------|
| 1 STATE | Primary: 391.51(b) Secondary: 391.51(a) CFR Equivalent: 391.51(b) | Discovered / | Checked / | Drivers/Vehicles In Violation / | Checked / |
|------------|-------------------------------------------------------------------------|-----------------|--------------|---------------------------------------|--------------|

Description

Failing to maintain driver qualification file in accordance with 391.51(b).

Example

Owner Daniel Hazan

Incomplete driver qualification file - No road test, No inquiry into driver's driving record from state agency
8-11-09

Safety Fitness Rating Information:

Total Miles Operated 1,000
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

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



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #

Legal: QUICK MOVE TRANSPORT LLC

Operating (DBA):

MC/MX #:

State #: THG-63499

Federal Tax ID: 26-3687056 (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
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation

Gross Revenue: \$90,000.00

for year ending: 8/12/2009

Company Physical Address:

835 7th Avenue
 Kirkland, WA 98033

Contact Name: Daniel Hazan

Phone numbers: (1) 206 406-4899 (2)

Fax: 425 803-9075

E-Mail Address:

Company Mailing Address:

218 Main St #352
 Kirkland, WA 98033

Carrier Classification

Other: Prov HHG

Cargo Classification

General Freight

Household Goods

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? N/A

Driver Information

| | | |
|-------------------------|-------|-------|
| | Inter | Intra |
| < 100 Miles: | | |
| >= 100 Miles: | | 1 |

Average trip leased drivers/month: 0

Total Drivers: 1

CDL Drivers: 0

Equipment

| | | | |
|-------|-------|-------------|-------------|
| | Owned | Term Leased | Trip Leased |
| Truck | 1 | 0 | 0 |

| | | | |
|--|-------|-------------|-------------|
| | Owned | Term Leased | Trip Leased |
|--|-------|-------------|-------------|

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100





QUICK MOVE TRANSPORT LLC
U.S. DOT #:

State #: THG-63499

Review Date:
08/12/2009

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC
1720 Ellis St. #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Daniel Hazan
Name:

Title: Owner
Title:





QUICK MOVE TRANSPORT LLC

U.S. DOT #

State #: THG-63499

Review Date:

08/12/2009

Part B Requirements and/or Recommendations

1. This review will result in a Safety Rating.
2. 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.



109151

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278225

PERSONNEL NO. 553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS
DATE 8/12/09 TIME (MILITARY) BEGUN 10:35 FINISHED 10:55
LOCATION: SR/MP TERMINAL SCALEHOUSE NO. 17 CNTY CODE 17
HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER
CARRIER NAME (Include DBA when applicable) Quick Move Transport LLC
ADDRESS 218 Main St #352 THG-63499
CITY Kirkland STATE WA ZIP CODE 98033 INTERSTATE YES (NO) DOT NO. ICC NO.

DRIVER
DRIVER NAME LICENSE NO. STATE EXP. YEAR
DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.
WAIVER Y N

VEHICLE
REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 16000 PBT RATE
UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE
1 TR 97 Isu. S-1 A72150W WA
2
3
4

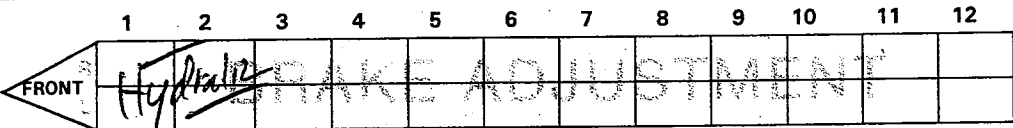


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 11029528 UNIT 2 UNIT 3 UNIT 4 NOIC NO.
DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.

Driver license status results

The following information is accurate as of 9:02 AM, August 13, 2009.

License number : HAZANDJ100K6

Expires on: May 26, 2011

| <input checked="" type="checkbox"/> Driver license | Yes |
|----------------------------------------------------|-----|
| Instruction permit | No |
| Motorcycle endorsement | No |
| Trike/sidecar endorsement | No |
| Motorcycle and trike/sidecar endorsement | No |
| Motorcycle instruction permit | No |
| Agriculture permit | No |
| Ignition interlock license(IIL) | No |
| Commercial driver license(CDL) | No |
| Commercial driver license permit(CDIP) | No |
| Identification (ID) card | No |

Yes = The license, permit, endorsement, or ID card is valid.

No = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.



UTILITIES AND TRANSPORTATION
COMMISSION

Individual Carrier Safety Plan

Motor Carrier Safety Section

1. This carrier is targeted with an individual carrier safety plan because:

- Carrier is a new entrant.
- Carrier accident ratio is higher than aggregate ratio. Ratio is
- 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 (less than four if four are not completed).
- Other (please explain).

2. Investigator(s): Alan Dickson

3. Assignment No.: 109024

4. Date plan is completed: 2-25-09

Date of planned activity: 3-4-09

5. Carrier name: Quick Move Transport LLC

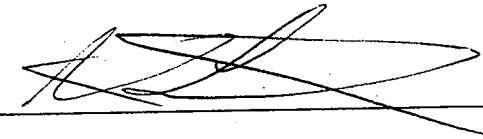
6. Permit: THG-63499

7. This individual carrier safety plan includes:

- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Compliance review | <input checked="" type="checkbox"/> Technical assistance |
| <input checked="" type="checkbox"/> Vehicle inspections, Level 5 | <input type="checkbox"/> Unannounced visit: Type |
| <input type="checkbox"/> Safety Audit | <input type="checkbox"/> Other (please explain) |

8. Describe the activity that will take place as well as when and how staff will complete the activity. Technical assistance and vehicle inspection at carrier's office/terminal 3-4-09; Compliance review conducted August 2009

9. Additional Comments:

10. Approved: 

Date: 3-2-09