



Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Alan Dickson 2. Assignment No.: 110260

3. Current Date: 10-26-10 4. Date of Activity: 10-19-10

5. Carrier Name: Kevin Lee Miller ✓

6. Permit: THG-63577 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 5522 9. Carrier is: Intrastate Only
 Interstate Only
 Both Intra and Interstate

10. Industry Code: 207

11. DOT No.: 1750795 12. MC No.: 678986

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 1 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 Unsatisfactory Conditional
- Number of vehicles operated: 1
- Number of drivers operated: 1
- Total miles for prior year: 24,766
- 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		392	
395		396	1	397	

20. 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									Bre mert on		
Level									5		

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: I conducted a compliance review for this provisional HG carrier and I noted one violations of the safety regulations. The owner/operator Kevin Miller had failed to keep current his annual vehicle safety inspection per CFR 396.17. Mr. Miller stated he would complete the truck inspection on 10-23-10. I inspected the moving truck and no defects were noted; the vehicle was issued a CVSA safety sticker. No other defects or violations were noted and the company received a satisfactory rating.

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 would recommend this carrier be considered for issuance of the permanent household goods permit authority. Forward to licensing services for processing.

Investigator's signature: Alan Dickson

Initial review by: [Signature] Date: 10-27-2010

Reviewer's recommendation: Agree with recommendations
upload - Recommend Permanent Authority -
close i file - Thanks Alan!

Final review by: [Signature] Date: 10-27-2010

Reviewer's recommendation: [Signature]

Date closed: 10/27/10 By: CAC
cc: Alan Dickson
Licensing

Company name KLM Movers Assignment # 110260

Staff Assigned Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY

	US DOT # 1968060	Legal: HOPELINK Operating (DBA):
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MC/MX #:	State #: C910	Federal Tax ID: 91-0982116 (EIN)
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Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office	Location of Review/Audit: Company facility in the U. S.	Territory:
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Operation Types	Interstate	Intrastate	Business: Other	
Carrier: N/A		Non-HM	Gross Revenue:	for year ending:
Shipper: N/A		N/A		
Cargo Tank: N/A				

Company Physical Address:

14812 Main Street
Bellevue, WA 98007

Contact Name: Jeff Johnson

Phone numbers: (1) 425-943-6757 (2) Fax

E-Mail Address:

Company Mailing Address:

14812 Main Street
Bellevue, WA 98007

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

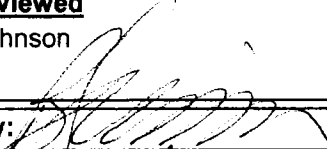
Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

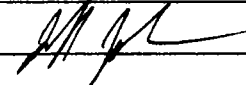
QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be addressed to: Washington Utilities & Transportation Commission

P.O. Box 47250
Olympia WA 98504-7250
Phone: 360-798-8724 E-mail: bgrimm@wutc.wa.gov


This report will be used to assess your safety compliance.

Person(s) Interviewed	
Name: Jeff Johnson	Title: General Manager
Name:	Title:

Reported By: 	Title: TRAVIS SPEC 4	Code: WA0540	Date: 10/22/2010
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Received By: 	Title: General Manager
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WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 1750795	Legal: KLM MOVERS Operating (DBA):		
MC/MX #: 678986		State #: THG-63577		Federal Tax ID: 80-0198720 (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: Non-HM Non-HM		Business: Corporation		
Shipper: N/A N/A		Gross Revenue: \$34,067.50		for year ending: 12/31/2009
Cargo Tank: N/A				
Company Physical Address:				
1013 NE Coco Ct Bremerton, WA 98311				
Contact Name: Kevin Miller				
Phone numbers: (1) 360 340-5781		(2) 360 698-7710		Fax 360 692-3692
E-Mail Address:				
Company Mailing Address:				
1013 NE Coco Ct Bremerton, WA 98311				
Carrier Classification				
Authorized for Hire		Other: Intra HG		
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	Average trip leased drivers/month: 0	
< 100 Miles:	1		Total Drivers: 1	
>= 100 Miles:			CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	Owned Term Leased Trip Leased
Truck	1	0	0	
Power units used in the U.S.: 1				
Percentage of time used in the U.S.: 100				





KLM MOVERS
U.S. DOT #: 1750795

State #: THG-63577

Review Date:
10/19/2010

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: Kevin Lee Miller

Title: Owner/operator

Name: Carol Miller

Title: Office Manager





KLM MOVERS
U.S. DOT #: 1750795

State #: THG-63577

Review Date:
10/19/2010

Part B Violations

1 FEDERAL	Primary: 396.17(a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description
Using a commercial motor vehicle not periodically inspected.
Example
2005 Ford lic no. B93251E - Wa
10-18-10

Safety Fitness Rating Information: Total Miles Operated 24,766 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
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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	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.





KLM MOVERS
U.S. DOT #: 1750795

State #: THG-63577

Review Date:
10/19/2010

Part C

Reason for Review: Other Provisional HG co.
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: 60-Day - no Interstate Passengers or Placardable P

Corporate Contact: Carol Miller
Corporate Contact Title: Office Manager

Special Study Information:

Remarks:

This review was conducted as part of the new entrant provisional intrastate household goods carrier workplan. The carrier is required to have a compliance review in order to obtain a permanent operating authority. Mr. Miller is an owner/operator in interstate and intrastate commerce. He operates one non-CDL truck primarily intrastate with less than 10% of the overall business in interstate traffic.

Mr. Miller submitted files and records for inspection. He is knowledgeable of the safety regulations and was cooperative with this inspection.

The company has valid insurance through the United Financial Casualty Insurance Co. on policy CA06271125.

The company has set up and maintains proper records and files for general compliance with the safety regulations. One violation was noted of the repair, inspection and maintenance requirements. Mr. Miller has failed to keep current the annual vehicle inspection per CFR 396.17. He stated he would complete the truck inspection on 10-23-10 and maintain proof of certified inspection in the office and on-board the vehicle.

I checked the non-CDL driver's license through the state of Washington DOL database and and no discrepancies were noted.

I inspected the truck during this review. No defects were noted and the vehicle was issued a CVSA safety sticker.

At the conclusion of this review the carrier received a satisfactory safety rating.

Upload Authorized:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Authorized by:	<i>A. Dickson</i>	Date: 10-26-10
Uploaded:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Verified by:		Failure Code:
		Date:



DRIVER/VEHICLE EXAMINATION REPORT

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360-596-3819 Fax 360-596-3828

Report Number: WAU006000096
Inspection Date: 10/19/2010
Start: 12:00:00 PM PT End: 12:25:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

KLM MOVERS
1013 NE COCO CT
BREMERTON, WA 98311
USDOT#: 01750795
MC/MX#: 678986
State#: THG63577

Phone#: (360)340-5781
Fax#:

Location: TERMINAL
Highway:
County: KITSAP, WA

MilePost:
Origin:
Destination:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Company #	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FORD	2005	WA	B93251E		3FRWF65B05V205437	26,000	12159552	13882629	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1	1 1/4
Left	1	1 1/4
Chamber	C-24	C-30

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
ALAN DICKSON

Badge #:
J553

Copy Received By:

Page 1 of 1



X _____

X _____