



Assignment Report Motor Carrier Safety

Upload? [] Yes X No - Reason For Not Uploading: NON-JURISDICTIONAL

1. Investigator(s): TOM MCVAUGH 2. Assignment No.: 112079

3. Current Date: 5-21-12 4. Date of Activity: 5-10-12

5. Carrier Name: FILON, PAVEL S. dba: TWO MEN AND A VAN

6. Permit: THG-64499 7. New Entrant date of authority: 12-22-11

8. MOTCAR No.: 6752 9. Carrier is: X Intrastate Only

- [] Interstate Only [] Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 2153459 12. MC No.: 768760

13. [] Destination Check

Form for Destination Check with fields for passenger count, inspection levels, and special emphasis.

14. [] Safety Complaint

Form for Safety Complaint with fields for activity type, inspection levels, and other details.

15. [] New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation with multiple yes/no questions.

16. **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 <u>1</u>		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<input type="checkbox"/> Unsafe Driving _____ %
<input type="checkbox"/> Fatigued Driving (HOS) _____ %
<input type="checkbox"/> Crash _____ %
<input type="checkbox"/> Driver Fitness _____ %
<input type="checkbox"/> Drug/Alcohol _____ %
<input type="checkbox"/> Vehicle Maintenance _____ %

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **Safety Investigation:**

<input type="checkbox"/> Safety Audit:
▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: <u>1</u>
▪ Number of drivers operated: <u>1</u>
▪ Total miles for prior year: <u>10,000</u>
▪ Recordable accidents for prior year: <u>0</u>
▪ Accident Ratio: _____

20. **Part B Violations: NON-JURISDICTIONAL**

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

21. **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		
Level									5		

22. **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											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

THIS CARRIER IS A PROVISIONAL HHG CARRIER THAT OPERATES A VEHICLE
GROSSED AT 10,000 GVWR. THIS MEANS THE CARRIER'S OPERATION IS EXEMPT FROM
ALL UTC SAFETY REGULATIONS. THE CARRIER IS STILL REQUIRED TO COMPLY WITH
ALL ECONOMIC HHG REGULATIONS. P

25. Findings: NO SAFETY VIOLATIONS NOTED. COMPLIANCE REVIEW IS INCONCLUSIVE
DUE TO CARRIER OPERATION.

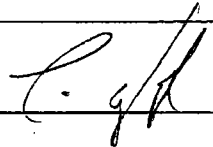
26. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, 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 – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. 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 safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

**28. Additional Comments: I AM FORWARDING THIS REPORT TO MANAGEMENT WITH MY
RECOMMENDATION FOR ISSUANCE OF PERMANENT HHG AUTHORITY.**

Investigator's Signature:  5-21-12

Initial Review By: [Signature] Date: 5-21-12

Reviewer's Recommendation: I concur with recommendation -
forward to licensing for Authority - close: file

Final Review By: Dratt Date: 5/23/12

Reviewer's Recommendation:
Agree with recommendations.

close & Advise -

OK to issue perm authority.

Forward copy of report to Tina in Licensing

OFFICE USE ONLY



Date Closed: 5/23/12 By: CAC

Company Name: Filow, Pavel S. d/b/a Just Men

Assignment #: 112079

Staff Assigned: Tom Mc Vaughn

cc: Licensing

	US DOT # 2153459	Legal: PAVEL S FILON Operating (DBA): TWO MEN AND A MOVING VAN	
MC/MX #: 768760		State #: THG64499	Federal Tax ID: 
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: Individual
Shipper: N/A		N/A	Gross Revenue: \$15,000.00
Cargo Tank: N/A			for year ending: 12/31/2012
Company Physical Address:			
33016 22ND PL S FEDERAL WAY WA, WA 98003			
Contact Name: PAVEL FILON			
Phone numbers: (1) 253- 335-2537		(2)	Fax
E-Mail Address: f_pash@mail.ru			
Company Mailing Address:			
33016 22ND PL S FEDERAL WAY WA, WA 98003			
Carrier Classification			
Authorized for Hire			
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:		1	Total Drivers: 1
>= 100 Miles:			CDL Drivers: 0
Equipment			
	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			





TWO MEN AND A MOVING VAN (PAVEL S FILON dba)

U.S. DOT #: 2153459

State #: THG64499

Review Date:

05/10/2012

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Washington Utilities & Transportation Commission at:

Attn: Tom McVaugh
PO Box 47250, Olympia, WA 98504-7250.
tmcvaugh@utc.wa.gov 360-664-1237

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: PAVEL FILON

Title: OWNER

Name:

Title:





TWO MEN AND A MOVING VAN (PAVEL S FILON dba)
 U.S. DOT #: 2153459

State #: THG64499

Review Date:
 05/10/2012

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 10,000
 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	-	-





TWO MEN AND A MOVING VAN (PAVEL S FILON dba)

U.S. DOT #: 2153459

State #: THG64499


Review Date:

05/10/2012

Part B Requirements and/or Recommendations

1. "Under the Administrative Procedure Act (RCW) 34.05) (Laws of 2009, Ch. 358), the commission will waive any fines, civil penalties, or administrative sanctions for first-time paperwork violations by a small business, with certain exceptions. One of those exceptions provides that any violation of a substantially similar paperwork requirement (as described in Part B on this form), may result in the imposition of a fine, civil penalty, or other administrative sanction. The company will not be entitled to a second waiver of penalties for "first-time" paperwork violations."
2. ENSURE THAT YOUR PERMIT NAME & NUMBER ARE PAINTED ON BOTH SIDES OF VEHICLE. IF YOU HAVE INTERSTATE AUTHORITY, INCLUDE YOUR PERMIT NAME AND DOT # ON BOTH SIDES OF VEHICLE. THE NUMBER SHOULD BE PRECEDED BY THE LETTERS: "USDOT". BY JANUARY 1st, 2010, CARRIERS REGULATED BY THE UTC MUST OBTAIN A USDOT NUMBER, EVEN IF YOU ONLY OPERATE WITHIN THE STATE OF WASHINGTON.



	US DOT # 2153459	Legal: PAVEL S FILON Operating (DBA): TWO MEN AND A MOVING VAN
---	----------------------------	---

MC/MX #: 768760 **State #:** THG64499 **Federal Tax:** ~~XXXXXXXXXX (999)~~

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: Individual Gross Revenue: \$15,000.00 for year ending: 12/31/2012
Carrier:	N/A	Non-HM	
Shipper:	N/A	N/A	
Cargo Tank:	N/A		

Company Physical Address:

33016 22ND PL S
FEDERAL WAY WA, WA 98003

Contact Name: PAVEL FILON
Phone numbers: (1) 253- 335-2537 (2) **Fax:**
E-Mail Address: f_pash@mail.ru

Company Mailing Address:

33016 22ND PL S
FEDERAL WAY WA, WA 98003

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 or Hazardous Materials rules may be addressed to the Washington Utilities & Transportation Commission at:

Attn: Tom McVaugh
PO Box 47250, Olympia, WA 98504-7250.
tmcvaugh@utc.wa.gov 360-664-1237


This report will be used to assess your safety compliance.

Person(s) Interviewed
Name: PAVEL FILON **Title:** OWNER
Name: **Title:**

Reported By: Tom McVaugh **Title:** mcle Trans. Sp. 4 **Code:** WA0531 **Date:** 5/10/2012

Received By: MAILED 5-21-12 **Title:**



	TWO MEN AND A MOVING VAN (PAVEL S FILON dba) U.S. DOT #: 2153459	State #: THG64499	Review Date: 05/10/2012
	Part C		

Reason for Review: Other INTRASTATE NEW ENT
 Planned Action: Compliance Monitoring

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: PAVEL FILON Special Study Information:
 Corporate Contact Title: OWNER

Remarks:

PART C Template:

REMARKS:

INVESTIGATIVE REPORT RECEIVED BY:

Name: Mr. Pavel S. Filon
 Title: Owner
 Carrier Name: Filon, Pavel S. dba: Two Men and a Moving Van (Two Men)
 Date: May 10, 2012

REASON FOR INVESTIGATION:

This investigation was initiated as a UTC requirement to conduct a compliance review on provisional household goods carriers as a requirement for obtaining permanent UTC authority. Mr. Filon obtained temporary household goods authority from the UTC (THG-64499), on December 22, 2011. He attended the HHG work shop in February, 2012. The carrier is registered with the FMCSA under USDOT #2153459, as an intrastate household goods carrier.

SCOPE OF INVESTIGATION:

This investigation was a full compliance review issued through UTC protocol. The carrier's Basic CSA scores are zero.

CARRIER OPERATION DESCRIPTION:

Mr. Pavel owns and operates a 2004 GMC utility van that is grossed at 10,000 pounds GVWR. I verified the vehicles gross weight rating on the VIN plate and vehicle registration. This fact makes the carrier's operation exempt from all UTC safety regulations. I conducted a Level #5 CVSA inspection on the vehicle and issued a CVSA decal. I also advised Mr. Pavel that his operation does not fall under the purview of UTC safety regulations. I further advised him that he must still comply with all UTC household goods economic regulations.

Two Men operates exclusively within the Seattle metro area. Mr. Pavel stated that he only accepts small jobs consisting of household goods and office moves.

The carrier reported a gross revenue of approximately \$10,000 since commencing operations. Mr. Pavel stated that he intends to continue operations that require smaller moves.





TWO MEN AND A MOVING VAN (PAVEL S FILON dba)

U.S. DOT #: 2153459

State #: THG64499

Review Date:

05/10/2012

Part C

The carrier's only assets are his residence and van.

The carrier is not an agent for any interstate household goods company.

Mr. Pavel is the sole owner and operator of his company. He uses the services of a friend to assist in loading/unloading and packing items into the van.

The carrier was not involved in any emergency relief efforts or operating under any exemptions or waivers during the period covered under this investigation.

Mr. Pavel operates exclusively out of his residence in Federal Way, WA. All maintenance is either performed by Mr. Pavel or an outside vendor.

PRE-INVESTIGATION:

Prior to my investigation, I provided Mr. Pavel with the standard UTC appointment letter outlining required records for this investigation. This request was sent 48 hours prior to the appointment date. Because the majority of Mr. Pavel's operation is exempt from UTC regulation, most of the requested records were not available.

I obtained a copy of the carrier's company profile prior to conducting my investigation. However, the information contained in the profile was negligible.

CDLIS (DRIVER LICENSE) CHECK:

Mr. Pavel does not possess a commercial driver's license. I did not perform a driver's record check in accordance with eFOTM protocol.

DRIVERS WITH RED FLAG VIOLATIONS:

The carrier does not have any red flag driver violations.

Carrier NOV/NOC: No

Driver NOV/NOC: No

No further action required

CONTROLLED SUBSTANCES AND ALCOHOL SUPPLEMENTAL REVIEW:

The carrier's operation is exempt for CFR Parts 382/Part 40.

INVESTIGATION:

Since the carrier operates a vehicle that does not meet the safety definition defined by the UTC or FMCSA, there were no safety violations noted. I did advise Mr. Pavel that he needed to mark the right side of his vehicle with his permit name and number. The vehicle properly displayed the FMCSA USDOT number assigned to the company

I determined the carrier's mileage through the UTC annual report.

The carrier's vehicle is properly insured with the United Financial Casualty Company, Policy #CA08364458. The company has not had an accident since commencing operations.

FOLLOW-ON ACTION:

I advised Mr. Pavel that his current operation does not fall under the safety purview of the UTC. However, if he decides to use a vehicle that meets the definition of a commercial motor vehicle, then he must comply with all record keeping requirements as specified under WAC 480-15. Mr. Pavel has expressed a desire to comply with all UTC regulations and was very cooperative during this limited investigation.

DOCUMENTS PROVIDED TO CARRIER:

I provided a copy of the UTC safety guide to Mr. Pavel and information regarding the commission's web site.

This assignment is submitted for closing. I am not recommending it for upload to MCMIS based on the carrier's operation.





TWO MEN AND A MOVING VAN (PAVEL S FILON dba)

U.S. DOT #: 2153459

State #: THG64499

Review Date:

05/10/2012

Part C

Upload Authorized: Yes No

Authorized by: *[Signature]*

Date: 5-21-12

Uploaded: Yes No

Failure Code:

Verified by:

Date:



WSPC

112079

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1313050

PERSONNEL NO. 2531 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 5.10.12 TIME (MILITARY) BEGUN 0900 FINISHED 0910 LOCATION: SR/MP Federal Way SCALEHOUSE NO. 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) FILON PAVEL S. ADDRESS 33016 - 22nd Place South CITY Federal Way STATE WA ZIP CODE 98003 INTERSTATE YES (NO) DOT NO. 2153459 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 FILON ULADZIMER G.V.W. 10,000 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 TRUCK GMC WA 1C0H02314941900094

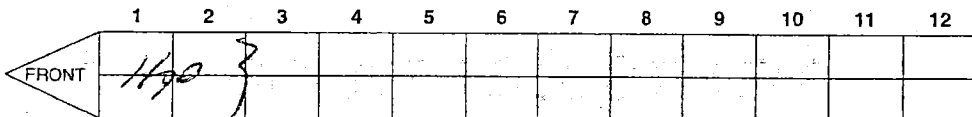


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: CFR 392.2, VIOLATIONS Place Permit Name and Number on Right side of Truck, D W, 1 W, 2, 3, 4, Unit # O/S, Complied.

CVSA DECALS UNIT 1 16770585 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER'S SIGNATURE