

ROUTING SLIP

ASSIGNMENT NO.: 105015 MOTCAR NO.: 43144 PERMIT: HG61515

CARRIER NAME: CLARKE, PETER A

INVESTIGATOR(S): GRIMM TV-0417100 DATE: 01-13-06

RECOMMENDATION: RECOMMEND PERMANENT HHG
AUTHORITY. SEE MEMORANDUM ATTACHED

Should carrier be rechecked? NO

REVIEWED BY: Mike [Signature] DATE: 1-17-06


Concur with recommendation to grant permanent HHG authority.
close & process

FINAL RECOMMENDATION BY: Vicki Elliott DATE: 1/18/06
Agree with staff recommendation.

OTHER INFORMATION: 1/18/06 Closed on
cc: Bruce Grimm
Licensing

RMS
RA

MEMORANDUM

TO: Vicki Elliott, Assistant Transportation Director- UTC Olympia
FROM: Bruce Grimm, MCLE Special Investigator- UTC Longview 
DATE: January 13, 2006
RE: Clarke, Peter A HG61515 Industry: 207 Assignment: 105015
3100 Falk Road, #D-13
Vancouver WA 98661-5642

Peter A. Clarke is a sole proprietor operating as a residential household goods carrier under provisional authority granted by the commission under Docket P079304 (TV-0141760) filed September 9, 2004. The primary business of the firm is commercial retail store delivery of pianos and furniture. There have been few residential household good moves under this authority.

ECONOMIC REVIEW

The carrier was contacted on January 18, 2005 for an educational and technical assistance session on economic regulations. The firm was given basic information on general requirements, bills of lading, tariff rates and charges, estimates, claims and other operations. This was followed-up with site visits on April 11, July 6, and October 27, 2005 to clarify and further review the economic rules.

On December 2, 2005, a review of economic records was conducted.

- General – The permit was found to be valid and a current address and phone number was on file. The carrier is aware of the annual report requirement. Public liability and property damage as well as cargo insurance is in place. Advertising material will contain the carrier's permit number.
- Bills of Lading – The firm is using the uniform household goods bill of lading for intrastate residential household goods moves. Six bills of lading were reviewed and 50%

of them did not contain enough information to properly bill the customer. Management was given additional instruction on what information is required on the bill of lading. The carrier does provide the Notice to Shipper information on each haul.

- Tariff rates and charges – The carrier determines rates from Tariff 15-A. Valuation options are known. Hourly rates are charged under 35 miles and weight distance rates over 35 miles. There is good knowledge of accessorial, special charge and fuel surcharge application. There were no rate and charge violations observed.
- Estimates -- The firm makes written estimates. The forms contain all required information. Supplemental estimates are used if additional service is required or there is a change in circumstances. There were no instances of underestimating.
- Claims -- The firm is aware of loss and damage claim reporting and record retention requirements. The carrier will resolve unresolved complaints to the UTC. Management has a process for quickly investigating claims.
- Other operations – The carrier is operating within the scope of the permit authority. An interstate exempt registration is in the process of being obtained. Copies of the permit are kept in each vehicle. Vehicles are properly marked and identified.

SAFETY REVIEW

The carrier was contacted on January 28, 2005 and a discussion was held on the basic requirements of the federal motor carrier safety regulations as adopted by the commission. This included information on financial responsibility, driver qualification, hours of service and inspection, repair and maintenance. The carrier does not operate vehicles requiring a commercial driver's license or controlled substance and alcohol testing. Additional safety information was communicated on site on April 11 and October 27, 2005.

On December 29, 2005, a review of safety records was conducted.

- Financial responsibility – The carrier meets the requirements for public liability and property insurance through a policy underwritten by Western National Assurance Co with combined single limits of \$1,000,000. Cargo insurance is afforded by the same underwriter with limits of \$50,000.
- Driver qualification – This is currently an owner operator situation. The driver qualification file was complete with the exception of an improper employment application which was corrected immediately. The driver is medically qualified and properly licensed.
- Hours of service – The carrier maintains time records which adequately reflect starting time, ending time and total on duty time when operating within a 150-air mile radius of the principal place of business. Record of duty status forms are filed when beyond that distance. Management is aware of 11, 14 and 70 hour restrictions. The 34 hour reset is used. Driver fatigue issues were discussed.
- Inspection, repair and maintenance - The driver files a driver vehicle inspection report and the end of the work day. Written maintenance records are maintained. Annual periodic inspection has recently been obtained. No out of service condition was noted during the vehicle inspection process.

SUMMARY

The carrier is in general compliance with commission economic and safety regulations in WAC 480-15. The firm is recommended for permanent authority. Additional on going educational and technical assistance was offered to management.

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY



US DOT #

Legal: PETER A CLARKE

Operating (DBA): CLARKE'S PIANO & FURNITURE MOVINGHG615

MC/MX #: _____ **State #:** HG-61515 **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
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation

Gross Revenue: _____ **for year ending:** _____

Company Physical Address:

3100 Falk Road D-13
 Vancouver, WA 98661

Contact Name: Peter Clarke

Phone numbers: (1) 360-904-2441

(2)

Fax

E-Mail Address: _____

Company Mailing Address:

3100 Falk Road D-13
 Vancouver, WA 98661

Carrier Classification

Other: Intra 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 | Average trip leased drivers/month: 0 Total Drivers: 1 CDL Drivers: _____ |
| < 100 Miles: | | | |
| >= 100 Miles: | | 1 | |

Equipment

| | Owned | Term Leased | Trip Leased | Owned | Term Leased | Trip Leased |
|-------|-------|-------------|-------------|-------|-------------|-------------|
| Truck | 2 | 0 | 0 | | | |

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
 Office: 360-575-6957 Cell phone: 360-798-8724 e-mail: bgrimm@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Peter A Clarke

Title: Owner

Name: _____

Title: _____

Reported By:

Title: MCE-SPE INW

Code: WA0540 **Date:** 1/9/2006

Received By:

Title: Peter Clarke

1-13-06



CLARKE'S PIANO & FURNITURE MOVING HG615 (PETER A CL dba)

U.S. DOT #:

State #: HG-61515

Review Date:
01/09/2006

Part B Violations

| | | | | | |
|------------|---|-----------------|--------------|----------------------------------|--------------|
| 1 STATE | Primary: 391.21(a) CFR Equivalent: 391.21(a) | Discovered 1 | Checked 1 | Drivers/Vehicles In Violation | Checked 1 |
|------------|---|-----------------|--------------|----------------------------------|--------------|

Description

Using a driver who has not completed and furnished an employment application.

Example

Peter Clarke, trip date 12-22-05

| | | | | | |
|------------|---|-----------------|--------------|----------------------------------|--------------|
| 2 STATE | Primary: 396.17(a) CFR Equivalent: 396.17(a) | Discovered 1 | Checked 1 | Drivers/Vehicles In Violation | Checked 1 |
|------------|---|-----------------|--------------|----------------------------------|--------------|

Description

Using a commercial motor vehicle not periodically inspected.

Example

No annual inspection 1989 International

Safety Fitness Rating Information:

| | |
|------------------------------------|--------|
| Total Miles Operated | 32,000 |
| Recordable Accidents | 0 |
| Recordable Accidents/Million Miles | 0.000 |

| | |
|---------------------------------------|---|
| 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 | - | - |

Received by

Title

Date

11306



CLARKE'S PIANO & FURNITURE MOVING HG615 (PETER A CL dba)

U.S. DOT #:

State #: HG-61515

Review Date:

01/09/2006

Part B Recommendations

1. Conduct periodic internal reviews of your driver qualification, hours of service control, maintenance, accident analysis/reporting, training, and other safety systems to ensure continued compliance with the FMCSR.

Received by

Title

Date

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY



US DOT #

Legal: PETER A CLARKE

Operating (DBA): CLARKE'S PIANO & FURNITURE MOVINGHG615

MC/MX #: _____ **State #:** HG-61515 **Federal Tax ID:** _____

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: _____ **for year ending:** _____

Company Physical Address:

3100 Falk Road D-13
Vancouver, WA 98661

Contact Name: Peter Clarke

Phone numbers: (1) 360-904-2441 (2) _____

Fax _____

E-Mail Address: _____

Company Mailing Address:

3100 Falk Road D-13
Vancouver, WA 98661

Report Summary

Report

of Pages

Part A - General

Part B - Violations

Part B - Recommendations

Review/Audit Receipt Page

Total Pages

1
1
1
1
4

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
Office: 360-575-6957 Cell phone: 360-798-8724 e-mail: bgrimm@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Peter A Clarket

Title: Owner

Name: _____

Title: _____

Reported By:

Title: *max speer* **Code:** WA0540 **Date:** 1-13-06

Received By:

Title: *owner*



CLARKE'S PIANO & FURNITURE MOVING HG615 (PETER A CL dba)

U.S. DOT #:

State #: HG-61515

Review Date:

01/09/2006

Part C

Reason for Review: Other Intrastate HHG
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
Checkmarks under 387, 390, 391, 392, 393, 395, 396

Prior Reviews

Prior Prosecutions

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Peter A Clarket

Corporate Contact Title: Owner

Remarks:

The carrier is an owner operator with several years experience in the household goods industry. The majority of hauls are commercial or office moves and the business specializes in moving pianos.

Financial responsibility is met through a public liability and proper damage insurance policy underwritten by Western National Assurance with combined single limits of \$1,000,000 effective June 1, 200 (Policy CA300007424-001000). That firm also underwrites cargo insurance with limits of \$50,000.

Management has a basic understanding of the federal motor carrier safety regulations. Marking requirements are known. There have been no recordable crashes in the past year.

The carrier currently employs a single driver. There was an improper format employment application but the other essential parts of the driver qualification file including medical qualification are in compliance.

A time sheet is used to reflect hours of service including starting time, ending time and total on duty time. The carrier is aware that when operations are more than 150 air miles from the principal place of business that the record of duty status form must be used.

Driver vehicle inspection reports are filed on a daily basis. There are written records of inspection, repair and maintenance. Annual (periodic) inspections have not been performed. The carrier had one commercial motor vehicle offered for service and available for inspection. No out of service condition was noted.

The firm was offered additional educational and technical assistance on the federal motor carrier safety regulations as adopted by the commission.



CLARKE'S PIANO & FURNITURE MOVING HG615 (PETER A CL dba)

U.S. DOT #:

State #: HG-61515

Review Date:

01/09/2006

Part C

| | | | | |
|---|--------|---------------------------|------------|----------------------|
| Principal Reviewer Signature | WA0540 | Upload Authorized: | Yes | No |
| Assistant Reviewers Signature(s) | | Authorized by: | | Date: |
| | | Uploaded: | Yes | No |
| | | Verified by: | | Failure Code: |
| | | | | Date: |

Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Rev. 4/01

| | |
|---|---|
| Carrier: CLARKE, PETER A d/b/a: | HG- 61515 |
| Location: 3100 FAULK RD D-13 VANCOUVER WA 98661 Investigator: GRIMM | Assignment #: 105015 UBI #: 602467450. |
| Period of Records Checked: From: 01-05 To: 12-05 Total Number of Bills: 6 | |

| WAC Rule | WAC Rule Reference | Findings | Number Checked | Number in Violation |
|----------|---|---|----------------|---------------------|
| 480-15- | Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <i>na</i> <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 110 | Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 360 | Permits - Is original kept in main office? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 480 | Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?. | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | | |
| 530 | Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u>WESTERN NATIONAL ASSURANCE</u> Policy: <u>CA300007424-001000</u> Liability Limits: <u>\$1,000,000 CSK 6-1-06</u> | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | | |

| | | | | |
|---------|--|---|--|--|
| 550 | Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>WESTERN NATIONAL ASSURANCE</u> Policy: <u>1M-300006319-00-000</u> Limits: <u>\$ 50,000</u> | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 590/600 | Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | | |
| 610 | Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on another information@. | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Bill of Lading

| | | | | |
|-----|--|--|---|---|
| 720 | Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? Has the carrier issued a Bill of Lading for each shipment? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | | |
| 740 | Does each Bill of Lading contain all required information? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 620 | Notice to Shippers - Is the carrier providing shippers with the Rights and Responsibilities@ guide Has the notation on the Bills of Lading been signed by the shipper? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | 6 | 3 |

Tariffs - Rates & Charges

| | | | | |
|-----|--|---|---|---|
| 490 | Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | If shipper selected a valuation option, were charges computed correctly? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Does the carrier accurately record start and stop times on the bill of lading for each job? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 6 | 3 |
| | Are the charged hourly rates within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Are the extra labor charges within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Does the carrier charge travel time to and from job sites? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| | Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.) | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| | Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

| | | | | |
|-----|--|---|--|--|
| | Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Is mileage computed correctly? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 750 | Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Does the carrier use correct tariff mileage/weight charges? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage? | <input checked="" type="radio"/> Yes <input type="radio"/> No N/A | | |
| | Does the carrier use correct rates for movements into and/or out of storage-in-transit? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Have shipments properly classified as storage-in-transit been charged long term storage rates? | <input checked="" type="radio"/> Yes <input type="radio"/> No N/A | | |
| | Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Are charges for stairs, elevators, and long carry calculated within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Are extra stop(s) charges calculated within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Are piano/organ charges calculated within the rate band? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shipper's authorizing signature? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Estimates

| | | | | |
|---------|---|--|--|--|
| 640 | Is the company aware that verbal estimates are not allowed? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 630-690 | Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Do written estimates include all required information? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Does the carrier provide written estimates without visually inspecting the goods at the origin? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | If yes: Is a signed supplemental estimate attached to the original estimate? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| | Have all written estimates been signed by the customer? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

| | |
|--|---|
| Does the carrier retain all written estimates it issues they have conducted? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate? | <input checked="" type="radio"/> Yes <input type="radio"/> No na <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Has the carrier refused to agree to release an amount of payment of 110% of a written and any supplemental estimates? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No |
| If the goods were released upon payment of 110% of a written estimate has the customer been allowed 30 days to pay the balance? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimates) for items, materials, or labor on moves, or collected more than 15% over the estimate for accessorial or other services? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimates) for mileage related moves? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Has the carrier underestimated any shipment? if yes, How many were underestimated _____ How many total moves did company conduct _____ | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Does carrier understand that if they choose not to issue written estimates they can not provide service by offering to meet or beat another company's estimate? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Claims

| | | |
|---------|---|---|
| 800-870 | Does the carrier maintain a claim register? If yes: Does the register include all claims? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| | Have all complaints been recorded in the register? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| | Are all complaints and claims consequences recorded? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| | Have all claims for loss or damage filed within 90 days of the event been recorded and processed? | <input checked="" type="radio"/> Yes <input type="radio"/> No na |
| | Are all claim record documents retained for 3 years? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | Are complaint records maintained in office for 3 years after resolution or shipment date? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | Does the carrier notify the customer in writing, within 10 days that claim or complaint was received? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | Does the carrier investigate the claim quickly? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="radio"/> Verbal <input type="radio"/> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | Does the carrier pay, refuse, or offer a compromise on a claim within 120 days? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| | If claim is not settled within 120 days, does carrier continue to inform claimant every 60 days? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

NO CONSIDERABLE CLAIMS

If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission?
 Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?

Yes No
 Yes No
 Yes No
 Yes No

Operations

| | | | | |
|---------|--|--|--|--|
| 190 | Permit - Is carrier operating within the scope of the permit? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 300 | Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 390 | Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 430-450 | Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period? | Yes <input checked="" type="radio"/> No Yes No | | |
| 900 | Interstate Authority - Has the carrier operated in interstate commerce? If yes: | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 930 | Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle | Yes No Yes No Yes No | | |
| 360 | Permits - Does carrier keep copies in each vehicle? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 560 | Vehicle Identification - Is the carrier's equipment properly identified by name and permit number? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 600 | Leased vehicles: are copies of leases in each vehicle? | Yes <input checked="" type="radio"/> No | | |

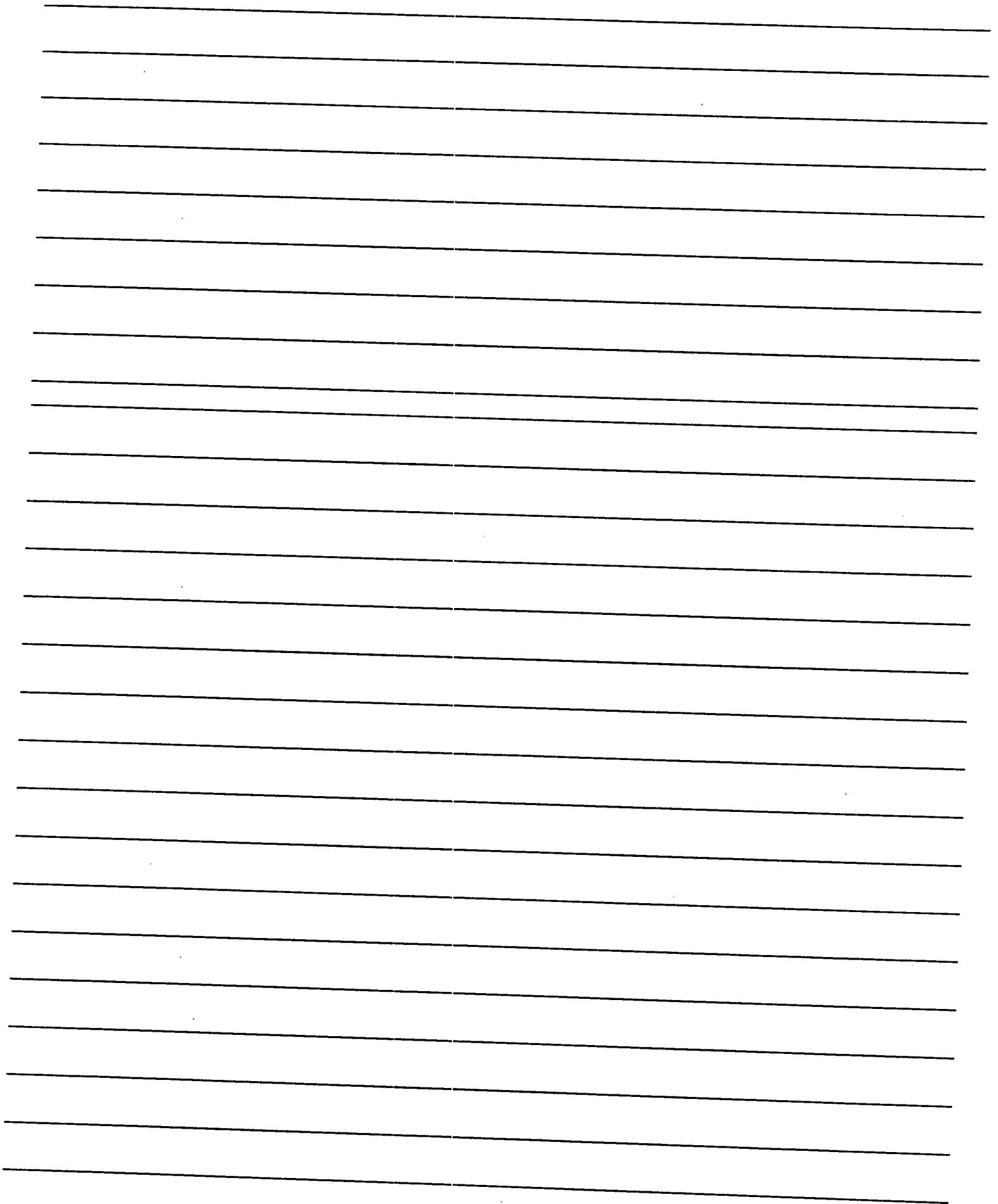
This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

| Company Representative contacted during this records review. | Position Held | Phone Number |
|--|-----------------|--------------|
| PETRA CLARKE | SOLE PROPRIETOR | |
| | | |
| | | |

Other information



If you have any questions, or would like further technical assistance, please contact:

Bruce Grimm

Investigator

360-798-8724

Telephone

FAX

1-13-06

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.

[Signature]

Received By

Dwight

Title

1/13/06

Date

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224176

PERSONNEL NO. JS40 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

| GENERAL | | | | HAZARDOUS MATERIALS | | | |
|----------------------------------|------------------------------|------------------------------|---|---|--|--|--|
| DATE <u>01.13.06</u> | TIME (MILITARY) <u>09:35</u> | TIME (MILITARY) <u>09:50</u> | HAZARD CLASS / DIVISION NO. _____ | REPORTABLE QTY? Y <input type="checkbox"/> N <input type="checkbox"/> | HAZARDOUS WASTE? Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| LOCATION: SR/MP <u>VANCOUVER</u> | SCALEHOUSE NO. _____ | CNTY CODE <u>06</u> | PLACARD REQUIRED? Y <input type="checkbox"/> N <input type="checkbox"/> | CARGO TANKS? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |

CARRIER

CARRIER NAME (Include DBA when applicable) CLARKE, PETREL A HGGISIS

ADDRESS 3100 FAUK RD D13

CITY VANCOUVER STATE WA ZIP CODE 98668 INTERSTATE YES NO DOT NO. 1329496 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 CLARKE PIONO & FURNACE, VANCOUVER G.V.W. 20000 PBT RATE _____

| UNIT | TYPE | YEAR/MAKE | CO. UNIT NO. | LICENSE NO. / VIN NO. | STATE |
|------|-----------|----------------|--------------|--|-----------|
| 1 | <u>TR</u> | <u>89 INTZ</u> | | <u>WA 1329496 A9908CW</u> | <u>WA</u> |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

1 2 3 4 5 6 7 8 9 10 11 12

FRONT HYD [] [] [] [] [] [] [] [] [] [] [] []

| CFR | VIOLATIONS | D | 1 | 2 | 3 | 4 | Unit # O/S | Checked |
|--------------|----------------------------------|---|----------|---|---|---|------------|--------------------|
| <u>39395</u> | <u>FIRE EXTINGUISHER MISSING</u> | | <u>X</u> | | | | | <u>(Signature)</u> |
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CVSA DECALS: UNIT 1 2924676 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE _____ OFFICER SIGNATURE _____

____ Vehicle may not be operated until O/S defects noted above are repaired.

____ Driver may not drive until in compliance.

147JU2RKAAC4674483

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224177

PERSONNEL NO. J540 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 01/13/06 TIME (MILITARY) BEGUN 1000 FINISHED 1020 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

LOCATION: SR/MP VANCOUVER SCALEHOUSE NO. CNTY CODE 06

CARRIER

CARRIER NAME (Include DBA when applicable) CLARKE, PETER A HG61515

ADDRESS 3100 FALL RD D13

CITY VANCOUVER STATE WA ZIP CODE 98666 INTERSTATE YES NO DOT NO. 1329496 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 CLARKE, PETER A G.V.W. 12000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, TR, 93 FORD, A12524E, WA

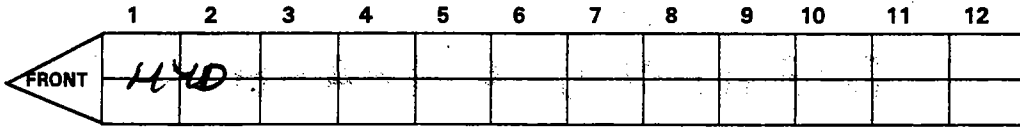


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s OBS, Completed. Rows include violations like 'FRONT ID & CLEARANCE LAMPS INOPERATIVE', 'BACK UP CAMP RIGHT SIDE INOPERATIVE', and 'REAR VISION MIRROR MISSING'.

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

DRIVER SIGNATURE OFFICER SIGNATURE

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

1 FEB 23 7 06 PM '06 56840