

Licensing

## Completed Activity Report Motor Carrier Safety

. Investigator(s):Alan Dickson	2. Assignment No.: 107265
. Current Date:2-12-08	4. Date of Activity: 2-7-08
6. Carrier Name: Aray's Moving Service LLC	
5. Permit: THG-62959	7. MOTCAR No.: 4667
3. DOT No.:	9. MC No.:
O. Destination Check Only:  Attach a copy of the Destination Check Safet  Number of buses inspected: # of 9-15 passer  Number of vehicle inspections: Level 1  Describe any special emphasis placed on the	nger # of 16+ passenger Level 2 Level 5
Date of debriefing meeting:  What might we do differently to increase our	success at the next destination check:
**************************************	The state of the s
Did staff complete all of the elements of the l If not, explain why:	Destination Check Safety Plan? Yes No
	Destination Check Safety Plan?
	Destination Check Safety Plan? Yes No
	Destination Check Safety Plan?

11	Safety Complaint Only:
â^	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 CR
	Other (please explain):
•	Did staff meet the performance measures for the Individual Safety Plan?
•	If not, explain why:
•	
12.	New Entrant only - Charter, Auto Transportation:
<b>.</b>	Attach a copy of the New Entrant Carrier Safety Plan.
	Is this carrier referred by FMCSA, operating intra and interstate;  Yes No
	♦ Did staff inspect all vehicles between three and nine months:
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	♦ Did staff conduct a CR/SA between three and nine months: Yes No CR SA
	Is this carrier based in another state, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and nine months:  Yes No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
-	Is this carrier based in Washington, requesting intrastate authority:  Yes No
	◆ Did staff inspect all vehicles between three and nine months: ☐ Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	◆ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA

13. X New Entrant only – <i>HHG</i> :
<ul> <li>Attach a copy of the New Entrant Carrier Safety Plan.</li> </ul>
■ Is this carrier referred by FMCSA, operating intra and interstate:
◆ Did staff inspect all vehicles between three and eighteen months: ☐ Yes ☐ No
♦ Number of vehicle inspections: Level 1 Level 2 Level 5
◆ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA
■ Is this carrier based in another state, requesting intrastate authority: ☐ Yes ☐ No
♦ Did staff inspect all vehicles between three and eighteen months: Yes No
♦ Number of vehicle inspections: Level 1 Level 2 Level 5
■ Is this carrier based in Washington, requesting intrastate authority: X Yes No
♦ Did staff inspect all vehicles between three and eighteen months: X Yes \( \square \) No
♦ Number of vehicle inspections: Level 1 Level 2 Level 5
♦ Did staff conduct a CR/SA between three and eighteen months: X Yes ☐ No X CR ☐ SA
♦ Did staff conduct technical assistance within three months: X Yes No
▼ Did stail conduct technical assistance within thee months. A 1es140
14 Tradividual Cafaty Dlan Only
14. Individual Safety Plan Only:
Attach a copy of the Individual Carrier Safety Plan.  Nilest activities did to 66 accomplete for this safety complete.
What activity did staff complete for this safety complaint:    Complete   Complete
Compliance review
Technical assistance
Number of vehicle inspections: Level 1 Level 2 Level 5
Unannounced CR
Other (please explain):
■ Did staff meet the performance measures for the Individual Safety Plan? ☐ Yes ☐ No
■ If not, explain why:

Revised 10-29-07

1 C 37 A 11	Other Assistants				
	Other Assignments:				. •
	of Activity:		` .		
X.	Compliance review				
	Safety audit Technical assistance				
X.	Number of vehicle i	nonactions:	Level 1 Lev	zel 2 Lev	vel 5 1
늗	Unannounced CR	nspections.	LCVCI I Ec		
F	Complaint (other th	on cofety)			•
<u> </u>	Other (please explain				
<u> </u>	] Other (please explain	111)			
		<del></del>			···
- D	·1 1 41		a from the cofety no	an were or were	not met
Descr	ibe how the performa	nce measure	S Hom the safety pro	1 :41: 41	if al time from as
Comp	oliance review and tec	nnical assist	ance were conducte	a within the spec	med time traines
And t	he company was foun	d to be in co	mpliance and the ca	arrier received a	satisfactory safety rating.
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16. X Co	mpliance Review Data	a:			
<ul><li>Safet</li></ul>	y Rating: X Satisf	actory U	Insatisfactory	☐ Conditi	onal
	ber of vehicles operate		•		
<ul><li>Numl</li></ul>	ber of drivers operated	l:	<del></del>		
■ Total	miles for prior year:	4.000			
	rdable accidents for pr		<u> </u>		
	dent Ratio: 0%	101 ) 0111.			
- Acci	icht Ratio.	_	• *		
			<u> </u>		
4- [7-	- T T T T - T			·	
	art B Violations				Violetions
Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
205	l .	206	l .	307	ľ

	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									1		
OOS									0		
Vehicles								ļ	ļ	<u> </u>	
Location									Ever ett		
Level			<del> </del>	<del> </del>					5		

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9- 15	TRK	TT	TRA
Brakes										<u> </u>	
Steering											
Lights									1		
Tires, wheels, rims											
Horn										<u> </u>	<u> </u>
Windshield and Wipers											ļ
Mirrors											<u> </u>
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension		<del> </del>	1								
Exhaust		<del>                                     </del>	1								
Other		<del>                                     </del>									

Recommended Action:	
X No further action.	by providing a copy of the CR, vehicle inspection
X Notify the company in writing of the finding	gs by providing a copy of the CR, vehicle inspection
report, safety audit or other similar docum	ce plan in response to the 15-day letter requirement.
Require the company to submit a compliance Send the company a compliance letter. Req	uire a response: Yes No
Send the company a compliance letter. Req  Issue administrative penalties in the amour	at of \$
Issue administrative penalties in the amount	
Issue a complaint.	
Stop company operations.	
Recheck: Yes (Date:) X No	0
Is this carrier considered a high risk carrier as a	result of this activity?
Comica accident ratio is higher than aggi	egale rano.
anditional rating at the	he last compilance leview.
a ungotic factory rating	at the last compliance leview.
Coming had an out-of-service ratio 25%	or nigher at the last vehicle hispeotion.
1	ngi at impalistacioly compilation in the compilatio
than one of the last four compliance reviews	s (or less than four if four are not completed).
Other (please explain):	
<del></del>	for inverse of normanent HG authority.
. Additional Comments: Route to licensing serv	vices for issuance of permanent its datasety
^	_
$\Lambda \Omega = \Lambda \times \Lambda$	ov
vestigator's signature: Alam Victis	, , , ,
Diffuser	Date: 3-14-08
Diffuser	Date: <u>3-14-08</u>
itial review by:   Hunsey  Common to the second sec	Date: <u>3-14-08</u> ) WHA STAND RECOMMEN
itial review by:   HHWW	Date: <u>3-14-08</u> Date: <u>3-14-08</u> NHW STATE RECOMMEN
itial review by:   Hunsey  Common to the second sec	Date: 2-14-08  WHL STATE RECOMMENT  of MUThority, Close
itial review by:   HHWW	Date: <u>3-14-08</u> WHW State recomments  It MUHARYITY, Close
itial review by:   HHWW	Date: 2-14-08  WHL STATE SECOMMENT  of MUThersty, Close
vestigator's signature:  Alan () This  itial review by:  Eviewer's recommendation:  Alan () This  Continue  Alan () This  Cont	Date: 2-14-08  Date: 2-14-08  NHW STATE RECOMMENT  HE Date: 21508
itial review by:  Eviewer's recommendation:  ONCIN	Date: 215/08
itial review by:  Eviewer's recommendation:  ONCUM	Date: 215/08
itial review by:  Eviewer's recommendation:  ONCIN	Date: 215/08

Date closed:

cc:

Alan Michson

Licinsing

Special Project 108265 Washington State Patrol UTC UNIFORM DRIVER/VEHICLE ... SPECTION REPORT 1225314 LEVEL: 1 \_\_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_X DIST / DET PERSONNEL NO. J553 HAZARDOUS MATERIALS GENERAL TIME (MILITARY) HAZARD CLASS / DIVISION NO. FINISHED 125: HAZARD GLASS / DIVE SCALEHOUSE NO. CNTY CODE REPORTABLE QTY? Y BEGUN PLACARD REQUIRED? Y N CARRIER Service THG-62959 DOT NO. INTERSTATE YES (ATO) DRIVER DRIVER NAME SHIPPING NO. SHIPPER NAME DATE OF BIRTH MED. CERT. WAIVER **VEHICLE** G.V.W. REGISTERED OWNER NAME/ADDRESS 20000 amor LICENSE NO. / VIN NO. STATE YEAR/MAKE CO. UNIT NO. UNIT FR7 2 3 11 12 7 VIOLATIONS 3 CFR NOIC NO. UNIT 3 CVSA DECALS UNIT 1 DRIVER SIGNATURE Vehicle may not be operated until O / \$ defects noted above are repaired. OFFICER SIGNATURE Driver may not drive until in compliance.

3000-150-160 R (2/99)