

TV-072294  
Licensing

WASHINGTON



TILITIES AND TRANSPORTATION  
COMMISSION  
Celebrating 100 Years

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Alan Dickson

2. Assignment No.: 108115

3. Current Date: 6-17-08

4. Date of Activity: 6-12-08

5. Carrier Name: Peter J Walden

*Act moving + storage* ✓

6. Permit: THG-63112

7. MOTCAR No.: 4871

8. DOT No.: 1793962

9. MC No.: \_\_\_\_\_

10.  Destination Check Only:

- Attach 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 5 \_\_\_\_\_
- Describe any special emphasis placed on the destination check and the results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Date of debriefing meeting: \_\_\_\_\_
- What might we do differently to increase our success at the next destination check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did staff complete all of the elements of the Destination Check Safety Plan?  Yes  No
- If not, explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11.  Safety Complaint Only:

- 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?  Yes  No

- If not, explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12.  New Entrant only – *Charter, Auto Transportation*:

- 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:  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

- 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 – **HHG**:

- 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 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:  Yes  No
  - ◆ Did staff inspect all vehicles between three and eighteen months:  Yes  No
  - ◆ Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 1
  - ◆ Did staff conduct a CR/SA between three and eighteen months:  Yes  No  CR  SA
  - ◆ Did staff conduct technical assistance within three months:  Yes  No

14.  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 \_\_\_\_\_
  - Unannounced CR
  - Other (please explain): \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Did staff meet the performance measures for the Individual Safety Plan?  Yes  No
- If not, explain why: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15. X All Other Assignments:

▪ Type of Activity:

Compliance review

X Safety audit

X Technical assistance

Number of vehicle inspections: Level 1 \_\_\_\_ Level 2 \_\_\_\_ Level 5 1

Unannounced CR

Complaint (other than safety)

Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

▪ Describe how the performance measures from the safety plan were or were not met:

Safety Audit result: Pass \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16.  Compliance Review Data:

▪ Safety Rating:  Satisfactory  Unsatisfactory  Conditional

▪ Number of vehicles operated: \_\_\_\_\_

▪ Number of drivers operated: \_\_\_\_\_

▪ Total miles for prior year: \_\_\_\_\_

▪ Recordable accidents for prior year: \_\_\_\_\_

▪ Accident Ratio: \_\_\_\_\_

17.  Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		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									1		
OOS Vehicles									0		
Location									Oma k		
Level									5		

19. X 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									1		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

20. Relevant carrier history, if any: Provisional HG company; owner has experience in the moving industry. He is knowledgeable of the new household goods rules and regulations.

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21. Findings: I recommend this company be considered for issuance of a permanent HG authority.

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22. Recommended Action:

X 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.
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$ \_\_\_\_\_
- Issue a complaint.
- Stop company operations.

23. Recheck:  Yes (Date: \_\_\_\_\_) X No

24. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- 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 (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

25. Additional Comments: One minor lighting defect was noted. The vehicle received a CVSA safety Sticker.

Investigator's signature:

*Alan Deibson*

Initial review by:

*[Signature]*

Date:

*6-20-08*

Reviewer's recommendation:

*I Concur with Alan's recommendation's and permanent Authority be granted -*

Final review by:

*K Hunter*

Date:

*6-20-08*

Reviewer's recommendation:

*Concur with Staff recommending for permanent HHG authority.*

*Frank!*

Date closed: 6/23/18 By: CAC

cc: Allen Dickson  
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