



Completed Activity Report Motor Carrier Safety

Upload? Yes INTRASTATE

1. Investigator(s): John Foster 2. Assignment No.: 111220

3. Current Date: September 1, 2011 4. Date of Activity: August 30, 2011

5. Carrier Name: Sean T. Brooks ✓

6. Permit: THG-64125 7. If new entrant, date of temporary authority: January 14, 2011

8. MOTCAR No.: 6252 9. Carrier is: Intrastate Only

10. Industry Code: 207

11. DOT No.: 2104859 12. MC No.: _____

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
- Number of vehicles operated: 1
- Number of drivers operated: 3
- Total miles for prior year: 4628
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

19. Part B Violations:

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

20. 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 | | | | | | | | | Spokane | | |
| 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: Mr. Brooks is a new entrant HHG carrier. He attended the HHG training class in Cheney in May 2011. Mr. Brooks only truck has a GVWR of 10,000 pounds which by definition is not a commercial vehicle.

24. Findings: Close and file. Rating would be satisfactory.

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: _____

Investigator's signature: _____

September 1, 2011

Initial review by: _____

Date: _____

9-1-11

Reviewer's recommendation: I agree with recommendations
To issue Permanent Authority - upload -
close & file

Final review by: D Prett Date: 9/1/11

Reviewer's recommendation: AGREE WITH RECOMMENDATIONS.
CLOSE & FILE

Date closed: 9/1/11 By: CAC
cc: John Foster

Company name Licensing
Brooks, Sean J. Assignment # 111220

Staff Assigned John Foster



UTILITIES AND TRANSPORTATION
COMMISSION

Celebrating 100 Years

New Entrant Carrier Safety Plan

Motor Carrier Safety Section

- 1. Was this carrier referred by FMCSA: No
- 2. Does the carrier have, and when did it receive:
 - Intrastate authority Date granted: January 14, 2011
 - Interstate authority Date granted:
- 3. The carrier is based in which state: Washington
- 4. Investigator(s): John Foster
- 5. Assignment No.: 111220
- 6. Date: August 30, 2011
- 7. Carrier name: Sean T. Brooks
- 8. Permit: THG-64125
- 9. This new entrant plan includes¹:
 - Safety audit of FMCSA-referred carrier between 90-180 days of authority
 - Vehicle inspection of FMCSA-referred carrier, Level
 - Compliance review of WA-based intrastate carrier between 90-180 days of authority
 - Vehicle inspection of WA-based intrastate carrier, Level 5
 - Vehicle inspection of other state-based intrastate carrier, Level
 - Technical assistance
 - Other (please explain)
- 10. Date staff will complete the activity: August 30, 2011

11. Additional Comments:

11. Approved:  Date: 9-1-11

¹ Note required activities:


Charter, Auto Trans:

- For new entrants referred by FMCSA and operating both intrastate and interstate, the plan must include inspection of all vehicles to be used by the carrier and a safety audit after 90 but before 180 days.
- For new entrants based in another state and requesting intrastate authority, the plan must include inspection of all vehicles to be used by the carrier.
- For new entrants based in Washington and requesting intrastate authority, the plan must include inspection of all vehicles to be used by the carrier and a compliance review after 90 days but before 180 days.

HHG:

- For new entrants referred by FMCSA and operating interstate, the plan must include inspection of all vehicles to be used by the carrier and a safety audit or compliance review after 90 but before 540 days.
- For new entrants operating intrastate, the plan must include technical assistance within the first 90 days and a safety audit or compliance review after 90 but before 540 days.

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

| | | | | |
|--|----------------------------|--|---|--------------------|
|  | US DOT # 2104859 | Legal: SEAN T BROCKS | | |
| | | Operating (DBA): | | |
| MC/MX #: | State #: THG64125 | Federal Tax ID: 568-64-5809 (SSN) | | |
| 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: \$91,865.55 | |
| Cargo Tank: | N/A | | for year ending: 12/31/2010 | |
| Company Physical Address: | | | | |
| 5574 N Greenwood Blvd Spokane, WA 99205 | | | | |
| Contact Name: | Sean T Brooks | | | |
| Phone numbers: | (1) 509-328-1080 | (2) | Fax | |
| E-Mail Address: | | | | |
| Company Mailing Address: | | | | |
| 5574 N Greenwood Blvd Spokane, WA 99205 | | | | |
| Carrier Classification | | | | |
| Other: Intrastate | | | | |
| 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: | | 3 | Total Drivers: 3 | |
| >= 100 Miles: | | | CDL Drivers: 0 | |
| Equipment | | | | |
| | Owned | Term Leased | Trip Leased | Owned |
| Truck | 1 | 0 | 0 | Term Leased |
| Power units used in the U.S.: 1 | | | | |
| Percentage of time used in the U.S.: 100 | | | | |





SEAN T BROOKS
U.S. DOT #: 2104859

State #: THG64125

Review Date:
08/30/2011

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety rules may be addressed to: WUTC

ATTN: John Foster, PO Box 47250,
Olympia, WA 98504-7250
Ph. (360) 664-1238, Fax #360) 586-1150, email: jfoster@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Sean T. Brooks

Title: Owner

Name:

Title:





SEAN T BROOKS
 U.S. DOT #: 2104859

State #: THG64125

Review Date:
 08/30/2011

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 4,628
 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

| 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 | - | - |



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #
2104859

Legal: SEAN T BROOKS
Operating (DBA):

MC/MX #: **State #:** THG64125 **Federal Tax ID:** 568-64-5809 (SSN)

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: Individual
Gross Revenue: \$91,865.55 **for year ending:** 12/31/2010

Company Physical Address:

5574 N Greenwood Blvd
Spokane, WA 99205

Contact Name: Sean T Brooks

Phone numbers: (1) 509-328-1080 (2) Fax

E-Mail Address:

Company Mailing Address:

5574 N Greenwood Blvd
Spokane, WA 99205

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 rules may be addressed to: WUTC

ATTN: John Foster, PO Box 47250,
Olympia, WA 98504-7250
Ph. (360) 664-1238, Fax #360) 586-1150, email: jfoster@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Sean T. Brooks **Title:** Owner
Name: **Title:**

Reported By: *John Foster* **Title:** *Auditor* **Code:** WA0518 **Date:** 8/30/2011

Received By: *Sean T Brooks* **Date:** 8-11-2011 **Title:** *owner*





SEAN T BROOKS
U.S. DOT #: 2104859

State #: THG64125

Review Date:
08/30/2011

Part C

Reason for Review: Compliance Review
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: Sean T. Brooks
Corporate Contact Title: Owner

Special Study Information:

Remarks:

Mr. Sean Brooks, owner, was contacted at the carrier's terminal/residence located at 5574 Greenwood Blvd on August 30, 2011 for the purpose of conducting this review.

REASON FOR INVESTIGATION:

Washington intrastate household goods new entrant.

SCOPE OF INVESTIGATION:

Complete intrastate review

CARRIER OPERATION DESCRIPTION:

This carrier is an intrastate household goods carrier and currently employs three non- CDL drivers and operates one straight truck with a GVWR of 10,000 pounds and therefore is not subject to UTC safety regulations.

Mr. Brooks stated gross operating revenue of \$91,865.55 for the last fiscal year ending on 12/31/2010. UTC records indicate that Mr. Brooks owns 100% of this company. Mr. Brooks is responsible for all safety management

PRE-INVESTIGATION:

The carrier was requested to produce the following information at least 48 hours before this compliance review was scheduled:

- * Financial responsibility
- * Crash information
- * Driver qualification files
- * Hours of service records
- * Inspection, repair and maintenance records including annual (periodic) inspections
- * Controlled substance and alcohol testing records, if applicable
- * Commercial driver's license information, if applicable

CDLIS (DRIVER LICENSE) CHECK:

Washington State Dept. of Licensing used to verify driver's license.





SEAN T BROOKS
 U.S. DOT #: 2104859

State #: THG64125

Review Date:
 08/30/2011

Part C

INVESTIGATION:

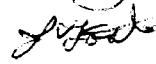
The company maintains supporting documents consisting of bills of lading, daily trip records, roadside inspection reports, and other data. Mr. Brooks is responsible for all documents and records. All documents are located at the carrier's principal place of business. Files are maintained by driver, trip or date depending upon the type of record.

In conducting this compliance review I examined records pertaining to CFR 49, Parts 387, 390, 391, 392, 393, 395, and 396 as adopted by the UTC in WAC 480-30-999.

Although not required to due to the GVWR of his vehicle, Mr. Brooks has established driver qualification files, hours of service records and vehicle maintenance records as well as all other records required of a commercial carrier.

The carrier is insured with Mutual of Enumclaw Insurance Co. under policy BAP 0000-460-00 for \$1,000,000.00. The carrier also carries \$10,000.00 cargo insurance under the same policy.

The carrier's safety rating is Satisfactory.

| | | |
|--------------------|---|--------------------------|
| Upload Authorized: | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Authorized by: |  | Date: 9/1/11 |
| Uploaded: | <input type="radio"/> Yes | <input type="radio"/> No |
| Verified by: | | Failure Code: |
| | | Date: |

