



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report

## Motor Carrier Safety

Upload?  Yes  No - Reason For Not Uploading: Provisional HHG, aspen upload

1. Investigator(s): Alan Dickson 2. Assignment No.: 113006

3. Current Date: 5-13-13 4. Date of Activity: 5-8-13

5. Carrier Name: Pettinger Family Movers

6. Permit: THG-64439 7. New Entrant date of authority: 10-11-2011

8. MOTCAR No.: \_\_\_\_\_ 9. Carrier is:  Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 2194192 12. MC No.: \_\_\_\_\_

13.  **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Any special emphasis placed on the destination check  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- 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 \_\_\_\_\_
  - 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 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and nine months?  Yes  No  SI  SA

16. **X New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" 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
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<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. **X Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input checked="" 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>15,000</u>		
▪ Recordable accidents for prior year: <u>0</u>		
▪ Accident Ratio: <u>0%</u>		

**20. X Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	1	392	
395		396		397	

**21. 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		
Level									5		

**22. 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									1		
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 is an intrastate only provisional household goods company that obtained his temporary authority 10-11-11. The company attended the commission's HHG training classes on 7-12-11.

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**5. Findings:**

This carrier has set up and maintains records for the owner/operator and his one non- CDL moving truck. One minor paperwork violation was noted of the driver qualification files, the owner did not have a complete driver file set up for himself. (Note: this company operates one vehicle, a 10,000 lbs. GVWR non-commercial vehicle. This type of truck does not require complete driver qualification files.) The owner stated he would set up complete qualification files for himself as his long range business plan is to move up to a commercial motor vehicle of approximately 20,000 lbs. GVWR.

I inspected the moving van and a written defect was issued for inoperable lights and a missing warning device for stopped vehicles. Mr. Pettinger stated he would repair the defective lamps and install a set of reflective warning triangles or the warning flares.

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At the conclusion of this review the carrier received a satisfactory safety rating

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**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?**

- 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 would recommend this company be considered for issuance of the permanent

Household goods permit authority.

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Investigator's Signature: \_\_\_\_\_

*Alan Dickson*

Initial Review By: [Signature] Date: 5-17-13

Reviewer's Recommendation: I concur with recommendation for Permanent Authority -

Final Review By: DPratt Date: 5/23/13

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATIONS  
CLOSE & FILE

\* OK to issue perm authority.

<b>OFFICE USE ONLY</b>	
Date Closed: _____	By: _____
Company Name: _____	
Assignment #: _____	
Staff Assigned: _____	