

# Assignment Report Motor Carrier Safety

| Upload?  Yes X No - Reason For Not Uplo  | eading: Intrastate  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 1. Investigator(s): John Foster  | 2. Assignment No.: 113102                                   |  |  |  |  |  |
| 3. Current Date: July 1, 2013  | 4. Date of Activity: June 19, 2013                          |  |  |  |  |  |
| 5. Carrier Name:Black, Bryson dba Moving   | Savers  |  |  |  |  |  |
| 6. Permit: THG 64444 7. New Entrant dat  | te of authority:  |  |  |  |  |  |
| 8. MOTCAR No.: 6680  | 9. Carrier is: X Intrastate Only  Interstate Only           |  |  |  |  |  |
| 10. Industry Code: 207   | Intra and Interstate  |  |  |  |  |  |
| 11. USDOT No.: 2196373   | 12. MC No.:   |  |  |  |  |  |
| 13. Destination Check  |   |  |  |  |  |  |
| <ul> <li>Copy of the Destination Check Safety Plan is attached.</li> <li>Number of Buses/Motor Coaches inspected: 7-15 passenger 16+ passenger</li> <li>Number of vehicle inspections: Level 1 Level 2 Level 3 Level 5</li> <li>Any special emphasis placed on the destination check ☐ Yes ☐ No</li> <li>Describe Special Emphasis</li> <li>What might we do differently to increase our success at the next destination check:</li> </ul> |   |  |  |  |  |  |
| 14. Safety Complaint   |   |  |  |  |  |  |
| Attach a copy of the Individual Safety Com What activity did staff complete for this safety Compliance review Technical assistance Number of vehicle inspections: Level 1 Unannounced terminal visit Other (please explain):   | complaint:  |  |  |  |  |  |
| 15. New Entrant - Charter, Auto Transporta   | tion  |  |  |  |  |  |
| <ul> <li>Is this carrier referred by FMCSA, operating in</li> <li>Is this carrier based in another state, requesting</li> <li>Is this carrier based in Washington, requesting</li> <li>Did staff complete the following:</li> <li>Inspect all vehicles between three and nine management</li> </ul>  | g intrastate authority: Yes No intrastate authority: Yes No |  |  |  |  |  |
| Number of vehicle inspections: Level 1  ◆ Conduct a SI/SA between three and nine more  | Level 2 Level 5   |  |  |  |  |  |

A-

| 16. New Entrant-HHG   |
|---|
| ■ Is this carrier referred by FMCSA, operating intra and interstate:                  |
| ■ Is this carrier based in another state, requesting intrastate authority: ☐ Yes X No |
| ■ Is this carrier based in Washington, requesting intrastate authority: X Yes No      |
| Did staff complete the following:   |
| ♦ Inspect all vehicles between three and eighteen months?  Yes X No (20 months)       |
| Number of vehicle inspections: Level 1 Level 2 Level 5                                |
| ◆ Conduct a SI/SA between three and eighteen months? ☐ Yes X No X SI ☐ SA (20 months) |
|   |
| ◆ Conduct technical assistance within three months?  Yes X No                         |
|   |
|   |
| 17. CSA Investigation   |
| Full Investigation  |
| Focused Investigation   |
| Basic is for: Passenger Carrier HHG Carrier Solid Waste Carrier                       |
| Basic Threshold Percentile is;  |
| Unsafe Driving%   |
| Fatigued Driving (HOS)%   |
| Crash %   |
|   |
| Driver Fitness%   |
| Drug/Alcohol%   |
| Vehicle Maintenance%  |
|   |
|   |
| 18. Individual Safety Plan Only:  |
| What activity did staff complete for this safety complaint?                           |
| Attach a copy of the Individual Carrier Safety Plan.                                  |
| Safety Investigation  |
| Technical assistance  |
|   |
| Number of vehicle inspections: Level 1 Level 2 Level 5                                |
| Unannounced terminal visit  |
| Other (please explain):   |
| ·   |
|   |
|   |
| 19. X Safety Investigation:   |
| Safety Audit:   |
|   |
|   |
| SA Rating: Pass Fail  |
| Number of vehicles operated: 1  |
| Number of drivers operated: 1   |
| Total miles for prior year: $4,200$   |
| Recordable accidents for prior year: 0  |
| - Assident Dation 00/   |

Revised 9-16-2011 2

20. X Part B Violations:

| 387 |
|-----|
| 1 1 |
| 392 |
| 397 |
| _   |

21. X Vehicle Inspection Data:

|                       | MC | MB<br>1-15 | MB<br>16+ | SB 1-8 | SB 9-15 | SB 16+ | VAN 1-8 | VAN.9-15 | TRK | TT | TRA |
|-----------------------|----|------------|-----------|--------|---------|--------|---------|----------|-----|----|-----|
| Inspections           |    |            |           |        |         |        |         |          | 1   |    |     |
| Defective<br>Vehicles |    |            |           |        | -       |        |         |          | 0   |    |     |
| OOS<br>Vehicles       |    |            |           |        |         |        |         | ·        | 0   |    |     |
| Level                 |    |            |           |        |         |        |         |          | 5   |    |     |

22. Vehicle Inspection Violations:

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

| 23. | Driver | Inspection | Violations: |
|-----|--------|------------|-------------|
|-----|--------|------------|-------------|

| Medical Card | Medical Waiver | Hours of Service | Drivers License |
|--------------|----------------|------------------|-----------------|
|              |                |                  |                 |
| Comment:     |                |                  |                 |

| This was the initial review on this provisional household goods carrier. The review was originally   |
|--|
| scheduled for September 2012 but due to scheduling conflicts it was postponed twice and finally  |
| completed on June 19, 2013.  |
|  |
| · · · · · · · · · · · · · · · · · · ·  |
|  |
|  |
| 25. Findings:  |
| The carrier's safety rating is satisfactory. Close & file. Recommend approval for permanent authority if all other requirements have been satisfied. |
| if an other requirements have been satisfied.  |
|  |
|  |
|  |
| 26. Recommended Action:  X 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:   |
|  |
|  |
|  |
|  |
| Investigator's Signature: July 1, 2013   |
|  |
| Initial Review By: Date: 7-1-2013  |
|  |
| Reviewer's Recommendation: I Consur with recommendation for  Permanent authority - Close: Ste  |
| Permison and the policy of   |
| ()   |

| Final Review By: Pratt Date: 1/1/13     |   |
|---|---|
| Reviewer's Recommendation:              |   |
| Agree with recommendatus                |   |
|   | _ |
| & OK to USSUE permautherity.            |   |
|   |   |
|   | - |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| OFFICE USE ONLY                         |   |
|   |   |
| Date Closed: By: Mc Oo                  |   |
| Company Name: July Dlack                |   |
| Assignment #: \(\frac{1}{3}\left(0)\geq | _ |
| Staff Assigned:                         | _ |
|   |   |



US DOT# 2196373

Legal: BRYSON BLACK

Operating (DBA): MOVING SAVERS

State #: THG64444

Federal Tax ID: 20-0236674 (EIN)

Review Type: Compliance Review (CR)

Scope:

**Principal Office** 

Location of Review/Audit: Company facility in the U.S.

Territory:

Operation Types Interstate Intrastate

Cargo Tank:

Shipper:

N/A Carrier: N/A

Non-HM

Business: Individual N/A

Gross Revenue: \$48,995.00

for year ending: 12/31/2012

**Company Physical Address:** 

12327 28TH AVE NE UNIT B

SEATTLE, WA 98125

**Contact Name:** 

Bryson Black

N/A

Phone numbers: (1) 206-856-3035

(2)

Fax

E-Mail Address:

Company Mailing Address:

12327 28TH AVE NE UNIT E

SEATTLE, WA 98125

Carrier Classification

Other: Intrastate

Cargo Classification

General Freight Household Goods

Equipment

Truck

Term Leased Trip Leased Owned

Owned Term Leased Trip Leased

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100

Does carrier transport placardable quantities of HM? No

Is an HM Permit required?

N/A

**Driver Information** 

< 100 Miles:

>= 100 Miles:

Inter Intra

1

Average trip leased drivers/month: 0

**Total Drivers: 1** 

CDL Drivers: 0







U.S. DOT #: 2196373

State #: THG64444

Review Date: 06/19/2013

## Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Utilities & Transportation Commission at:

ATTN: John Foster, PO Box 47250. Olympia, WA 98504-7250. Ph. (360) 664-1238, Fax (360) 586-2011, email jfoster@utc.wa.gov.

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Bryson Black

Title: Owner

Title:

Name:



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**Review Date:** 06/18/2013

## Part B Violations

| 1     | Primary: 391.51(b)        |            |         | Drivers/V    | ehicles |
|-------|---------------------------|------------|---------|--------------|---------|
| STATE | Secondary: 391.51(a)      | Discovered | Checked | In Violation | Checked |
|       | CFR Equivalent: 391.51(b) | 1          | 1       | 1            | 1       |

## Description

Failing to maintain driver qualification file in accordance with 391.51(b).

Bryson Black, 6/17/13

The file was missing the driver employment application, inquiry to previous employers, inquiry to driving record for all driver licenses the driver held in the three years prior to employment, annual copy of driver's driving record, annual certification of review of driving record, driver's annual certification of traffic convections, road test & certificate.

| 2     | Primary: 396.17(c)        |            |         | Drivers/V    | ehicles |
|-------|---------------------------|------------|---------|--------------|---------|
| STATE |                           | Discovered | Checked | In Violation | Checked |
|       | CFŔ Equivalent: 396.17(c) | 1          | 1       | 1            | 1       |

## Description

Using a commercial motor vehicle not periodically inspected in accordance with minimum standards.

## Example

Unit 1, 1993 GMC license B72628T / WA

| Safety Fitness Rating Information: |       |             |
|------------------------------------|-------|-------------|
| Total Miles Operated               | 4,200 | Numbe       |
| Recordable Accidents               | 0     |             |
| Recordable Accidents/Million Miles | 0.00  | Number of V |

OOS Vehicle (CR): 0

er of Vehicle Inspected (CR): 1 OOS Vehicle (MCMIS): 0

Number of Vehicles Inspected (MCMIS): 0

| Your proposed safety rating is : | Rating Factors |   | Acute | Critical |   |
|----------------------------------|----------------|---|-------|----------|---|
|                                  | Factor 1:      | S | 0     | 0        | _ |
|                                  | Factor 2:      | S | 0     | 0        | _ |
| SATISFACTORY                     | Factor 3:      | S | 0     | 0        |   |
|                                  | Factor 4:      | S | 0     | 0        |   |
|                                  | Factor 5:      | N | 0     | 0        |   |
|                                  | Factor 6:      | S | -     | -        |   |
|                                  |                |   |       |          |   |

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## Part B Requirements and/or Recommendations

- 1. "Under the Administrative Procedure Act (RCW) 34.05) (Laws of 2009, Ch. 358), the commission will waive any fines, civil penalties, or administrative sanctions for first-time paperwork violations by a small business, with certain exceptions. One of those exceptions provides that any violation of a substantially similar paperwork requirement (as described in Part B on this form), may result in the imposition of a fine, civil penalty, or other administrative sanction. The company will not be entitled to a second waiver of penalties for "first-time" paperwork violations."
- 2. Maintain complete driver qualification files on each driver employed. File must contain the drivers employment application, employment history investigation, inquiry into drivers driving record obtained within 30 days of hire date. certificate of annual review of driving record, annual copy of driving record, drivers annual certificate of traffic convections, certificate of road test or equivalent and current medical certificate.
- 3. Ensure that the driver's employment application contains all the required information including the driver's date of birth, SSN, indicates if previous employment was subject to U.S. D.O.T controlled substance / alcohol testing or not, type of equipment operated, traffic convection and accident history.
- 4. Ensure that the persons or entities that perform preventative maintenance inspections on your equipment are abiding by agreed time or mileage intervals. Ensure that records are kept of such periodic preventative maintenance inspections. Take corrective action, if schedules are not being adhered to.
- 5. Establish a systematic maintenance records program for all vehicles. Maintain a complete file for each subject vehicle, recording all repair, maintenance and inspection operations performed.
- 6. If you want some drivers to use the 100 air-mile radius exemption, make sure that the drivers meet all terms of the exemption, including being released from duty no more than 12 hours from when they report for duty. Logs must be prepared if a driver does not meet the 12 hour requirement. Ensure that all time records record the driver start, stop & total on duty time.
- 7. Ensure short-haul property carrying drivers using the 16-hour exception comply with the requirements specified in 395.1(o).
- 8. Ensure that all vehicles are inspected by a certified inspector prior to being placed into service and at least once annually thereafter. Maintain proof of the inspection in the vehicle maintenance file and on the vehicle.





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## Part C

Reason for Review: Compliance Review Planned Action: Compliance Monitoring

Parts Reviewed Certification:

390 325 382 383 387 391 392 396 397 393 395 398 399 171 172 173 177 178 180

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**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: Bryson Black Corporate Contact Title: Owner

Special Study Information:

#### Remarks:

INVESTIGATIVE REPORT MAILED TO:

Bryson Black Owner Moving Savers 12327 28th Ave NE #B Seattle, WA 98125

## **REASON FOR INVESTIGATION:**

This review is required for Washington intrastate household goods carriers.

## SCOPE OF INVESTIGATION:

Complete intrastate compliance review.

CARRIER OPERATION DESCRIPTION: Bryson Black, dba Moving Savers, conducts business as an intrastate household goods carrier and operates one non-CDL vehicle and employs one non-CDL driver. The Carrier's principal place of business is located at 12327 28th Ave NE #B Seattle, WA 98125.

The Carrier reported annual gross revenue of \$48,995.00 for fiscal year ending 12/31/2012.

## 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.
- \* Commercial driver's license information.





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## Part C

## DRIVERS WITH RED FLAG VIOLATIONS:

No drivers with Red Flag Violations.

## INVESTIGATION:

Bryson Black, Owner, was contacted at 12327 28th Ave NE Seattle, WA on June 19, 2013 for the purpose of conducting this review.

The company maintains supporting documents consisting of bills of lading, daily trip records, roadside inspection reports, fuel receipts and other data. Mr. Black 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.

## CDLIS (DRIVER LICENSE) CHECK:

Washington State Department of Licensing was used to check to status driver's licenses. The driver is in compliance.

#### Part 387:

The carrier is insured for \$750,000.00 Century Surety Insurance Company Inc. under policy CCP787021.

Part 390: No violations discovered.

#### Part 391:

Carrier had one violation of 391.51 failing to maintain a complete driver qualification file. Driver's file does not contain the drivers complete employment application, inquiry into driving record obtained within 30 days of employment, certification of annual review of driving record, annual copy of driving record, drivers annual list of traffic convictions.

## Medical Certificate verification:

Driver Bryson Black

DOB 9/21/73

License # BLACKBJ27201 / WA

Medical Certificate issued 6/18/13, expires 6/18/15, issued by Alex Thorson MD. License #MD39486 / WA. Verified by Kathy at U.S. Healthworks.

Part 392: No violations discovered.

Part 393: No violations discovered.

Part 395: No violations discovered.

Part 396: Using a commercial motor vehicle not periodically inspected. Carrier's vehicle had not been inspected. I performed a CVSA inspection and issued a CVSA decal.

Carrier's Safety Rating is satisfactory.

Upload Authorized:

Yes

No

Authorized by:

Yes

No

Failure Code:

Uploaded: Verified by:

Date:

Date:

