## Assignment Report Motor Carrier Safety

WASHINGTON

| UTC  | Upload?  | □ Yes ⊠ No   |             |
|--|--|--|-------------|
| JTILITIES AND TRANS  |  |  |             |
| 1. Investigator(s):  | Alan Dickson   | 2. Assignment No.: 115016  | ·           |
| 3. Current Date:   | 4/1/2015   | 4. Date of Activity: 3/19/2015   |             |
| 5. Carrier Name:   | PMC Moving LLC   |  | <del></del> |
| 6. Permit:   | THG-64060 7. I   | New Entrant Date of Authority: 9/27/2010   |             |
| 8. MOTCAR No.:   |  | 9. Carrier is: 🛛 Intrastate Only   |             |
| 10. Industry Code:   | 207  | ☐ Intra and Interstate   |             |
| 11. USDOT No.:   | 2015694  | 12. MC No.:  |             |
| 13.   Destination  | n Check  |  |             |
| attached?  Any special emple  Describe Special  14.   Compliance                             | ee Review  Satisfactory □ Ur les Operated: 3 rs Operated: 3 Year: 34,565 | Is the carrier a New Entrant?   Yes No  Conditional  Is the carrier a New Entrant?   Was a CR conducted between 6-18 | es          |
| <ul> <li>15.   CSA Investigation Type: Carrier Type:</li> <li>Basic Threshold Per</li> </ul> | ☐ Full Investigation ☐ Passenger Carrier                                 |  |             |
| ☐ Unsafe Dri   |  | % Driver Fitness   | %           |
|  | riving (HOS)   | % Drug/Alcohol   | %           |
| ☐ Crash Indic  | eator  | % Uehicle Maintenance  | %           |

### 16. **☑ Part B Violations:**

| Part   | Violations | Part | Violations | Part | Violations |
|--------|------------|------|------------|------|------------|
| 382/40 |            | 383  |            | 387  |            |
| 390    |            | 391  | 9          | 392  |            |
| 395    | 2          | 396  |            | 397  |            |

| 17.   Vehicle Inspectio | n Data: |
|-------------------------|---------|
|-------------------------|---------|

|                    | TRK        | Choose an item. |
|--------------------|------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Inspections        |            |                 |                 |                 |                 |                 |                 |                 |
| Defective Vehicles |            |                 |                 |                 |                 |                 |                 |                 |
| OOS Vehicles       | <u>, ,</u> |                 |                 |                 |                 |                 | ,               |                 |
| Level              | •          |                 |                 |                 |                 |                 |                 |                 |

#### 18. Wehicle Inspection Violations:

| to vente       |    | MB   | МВ                                     | SB  | SB       | SB        | VAN | VAN  | 1   | <del>                                     </del> |  |
|----------------|----|------|--|-----|----------|-----------|-----|------|-----|--|--|
|                | MC | 1-15 | 16+                                    | 1-8 | 9-15     | 3D<br>16+ | 1-8 | 9-15 | TRK | ТТ   | TRA                                    |
| Brakes         |    |      |  |     |          |           |     |      |     |  |  |
| Steering       |    |      |  |     |          |           |     |      |     |  |  |
| Lights         |    |      |  |     |          |           | ,   |      |     |  | A-1                                    |
| Tires, Wheels, |    | ,    |  |     |          |           |     |      |     | ******   |  |
| Rims           |    |      |  |     | <u> </u> |           |     |      |     |  |  |
| Horn           |    |      |  |     |          |           |     |      |     |  |  |
| Windshield     |    |      |  |     |          | •         |     |      |     |  |  |
| and Wipers     |    |      |  |     |          |           |     |      |     |  |  |
| Mirrors        |    |      |  | -   | ]        |           |     |      |     |  |  |
| Emergency      |    |      |  |     |          |           | ,   |      |     |  |  |
| Equip, Exits   |    |      |  |     |          |           |     |      |     |  |  |
| Coupling       |    |      |  |     |          |           |     |      |     |  | · · · · · · · · · · · · · · · · · · ·  |
| Devices        |    |      |  |     | [ ]      |           |     |      |     |  |  |
| Frame          |    |      |  |     |          |           |     |      |     |  |  |
| Suspension     |    |      |  |     |          |           |     |      |     |  |  |
| Exhaust        |    |      |  |     |          |           |     |      |     |  | · · · · · · · · · · · · · · · · · · ·  |
| Other          |    |      |  |     |          |           |     |      |     |  |  |
| Comments:      |    |      | ······································ |     |          | · .       |     |      | l   |  | ······································ |

#### 19. ☐ Driver Inspection Violations:

| Medical Card | Medical Waiver | Hours of Service | Driver's License |
|--------------|----------------|------------------|------------------|
|              |                |                  |                  |
| Comment:     |                | ·                |                  |

#### 20. Relevant Carrier History:

This carrier is a provisional HHG company that underwent a compliance review on 8/21/2014. During that investigation critical violations were noted of CFR parts 391 and part 396. Enforcement action was initiated and a penalty assessment was issued on 11/4/2014. The carrier has made arrangements for payment of that penalty assessment.

#### 21. Findings:

I conducted a compliance review on this new entrant provisional household good carrier. Violations of the safety regulations were noted which included paperwork omissions for the driver's qualification files Part 391, and two hours of service violations (non-critical) Part 395. Mr. John Lutz stated he would correct all the deficiencies as soon as possible and install a method to monitor driver's hours of service records for compliance. The carrier received a satisfactory safety rating.

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| 22. <b>Ke</b> | commended 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:   |
|               | Issue Administrative penalties in the amount of: \$   |
|               | Issue a complaint.  |
|               | Stop company operations.  |
| 23. Is t      | his 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% 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):   |
| 23. Add       | litional Comments:  |
| I wou         | ald recommend this company be considered for issuance of a permanent household goods permit.  |
| <u> </u>      |   |
|               |   |
| Investiga     | ator's Signature: Alan Dethan Date: 4/1/2015  |

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# Assignment Report Motor Carrier Safety

|                    | OFFIC                            | E USE ONLY     | <i>T</i>                   |
|--------------------|----------------------------------|----------------|----------------------------|
| Initial Review By: | Lohn tost                        | L D            | ate: 4/3/15                |
| Initial Reviewer's | ( )                              |                | vestigators recommendation |
|                    | •                                |                | quitarity - Carrier        |
| •                  |                                  |                | ng To correct These.       |
|                    | Satisfactory. C                  |                |                            |
| Final Review By:   | DPRATT                           | <b>D</b>       |                            |
| Final Reviewer's R | ecommendation: Agree Close & Cil | with recon     | encerlations.              |
| * OK to            | ISSUE DAM a                      | utharity.      |                            |
|                    |                                  |                |                            |
|                    |                                  |                |                            |
|                    |                                  |                | ÷                          |
|                    |                                  |                |                            |
|                    | Interi                           | nal Processing |                            |
| Date Closed:       | 1/3/15 By:                       | J= M           | at                         |
| Company Name:      | PMC Mourney L                    | LC             |                            |
| Assignment #:      | 115010 Sta                       | aff Assigned:  | Dichson                    |