



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason For Not Uploading: Intrastate only

1. Investigator(s): Ray Gardner J577 2. Assignment No.: 111282

3. Current Date: 3/14/12 4. Date of Activity: 3/8/12

5. Carrier Name: All American Spirit Moving Company LLC

6. Permit: HG64000 7. New Entrant date of authority:

8. MOTCAR No.: ID 6087 9. Carrier is: [X] Intrastate Only

10. Industry Code: 207 [ ] Interstate Only [ ] Intra and Interstate

11. USDOT No.: 2048155 12. MC No.:

13. [ ] Destination Check

Form for Destination Check with fields for safety plan, inspection levels, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint with fields for activity type and inspection levels.

15. [ ] New Entrant - Charter, Auto Transportation

Form for New Entrant with multiple checkboxes for carrier status and inspection requirements.

Handwritten signature

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 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and eighteen months?  Yes  No  SI  SA
  - ◆ Conduct technical assistance within three months?  Yes  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.  **Safety Investigation:**

**Safety Audit:**

- SI Rating:  Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: 2
- Number of drivers operated: 2
- Total miles for prior year: 6200
- Recordable accidents for prior year: 0
- Accident Ratio: \_\_\_\_\_

20.  **Part B Violations:**

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

21.  **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											
Defective Vehicles											
OOS Vehicles											
Level											

22.  **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											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This is a recheck from a previous compliance review.

---

---

---

---

---

**25. Findings:**

The carrier was found to have 1 violation of CFR Title 49 Part 391.21(a) Using a driver who has not completed and furnished an employment application.

---

---

---

**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: This carrier had corrected the violations that had been found in the previous compliance review. This violation (CFR Title 49 Part 391.21(a) ), is a new first time violation. The carrier had just brought this driver unto the payroll and did not have the completed employment application. I would recommend to close and file this assignment.

---

---

---

Investigator's Signature: Ray Dard

Initial Review By: [Signature] Date: 3-16-12

Reviewer's Recommendation: I concur with recommendations  
Close & file

Final Review By: D Pratt Date: 3/16/12

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATIONS.  
NO UPLOAD - RECHECK  
CLOSE & FILE

10/31/14 - Decision to move to perm fell through the cracks. Did a review  
of SMS scores - no alerts. Will approve for perm authority  
D Pratt

**OFFICE USE ONLY**

Date Closed: 3/19/12 By: ABC

Company Name: All American Spirit Moving Co. LLC

Assignment #: 111282

Staff Assigned: Ray Gardner





UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason For Not Uploading: Intrastate only

1. Investigator(s): Ray Gardner I577 2. Assignment No.: 111282

3. Current Date: 3/14/12 4. Date of Activity: 3/8/12

5. Carrier Name: All American Spirit Moving Company LLC

6. Permit: HG64000 7. New Entrant date of authority:

8. MOTCAR No.: ID 6087 9. Carrier is: [X] Intrastate Only

10. Industry Code: 207 [ ] Interstate Only [ ] Intra and Interstate

11. USDOT No.: 2048155 12. MC No.:

13. [ ] Destination Check

Form for Destination Check with fields for safety plan, inspection counts, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint with fields for complaint details and inspection levels.

15. [ ] New Entrant - Charter, Auto Transportation

Form for New Entrant with multiple-choice questions about carrier status and inspection procedures.

Handwritten signature or initials

16.  **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 type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input 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.  **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>2</u>		
▪ Number of drivers operated: <u>2</u>		
▪ Total miles for prior year: <u>6200</u>		
▪ Recordable accidents for prior year: <u>0</u>		
▪ Accident Ratio: _____		



20.  **Part B Violations:**

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

21.  **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											
Defective Vehicles											
OOS Vehicles											
Level											

22.  **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											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This is a recheck from a previous compliance review.

---

---

---

---

---

**25. Findings:**

The carrier was found to have 1 violation of CFR Title 49 Part 391.21(a) Using a driver who has not completed and furnished an employment application.

---

---

---

**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: This carrier had corrected the violations that had been found in the previous compliance review. This violation (CFR Title 49 Part 391.21(a) ), is a new first time violation. The carrier had just brought this driver unto the payroll and did not have the completed employment application. I would recommend to close and file this assignment.

---

---

---

Investigator's Signature: Ray Dard

Initial Review By: [Signature] Date: 3-16-12

Reviewer's Recommendation: I Concur with recommendations  
Close & file

Final Review By: DPratt Date: 3/16/12

Reviewer's Recommendation:  
AGREE WITH RECOMMENDATIONS.  
NO UPLOAD - RECHECK  
CLOSE & FILE

10/31/14 - Decision to move to perm fell through the cracks. Did a review  
of SMS scores - no alerts. Will approve for perm authority  
DPratt

OFFICE USE ONLY	
Date Closed:	<u>3/19/12</u> By: <u>ABC</u>
Company Name:	<u>All American Spirit Moving Co. LLC</u>
Assignment #:	<u>111282</u>
Staff Assigned:	<u>Ray Gardner</u>