



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

New Entrant? Yes No Was a CR conducted between 6-18 months after the permit was issued? Yes No

1. Investigator(s): John Foster 2. Assignment No.: 116005
 3. Current Date: 1/26/2016 4. Date of Activity: 1/12/2016
 5. Carrier Name: Adrian Glavin
 6. Company ID: 7922 7. Industry Code: 207 8. USDOT #: 2486455
 9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

Has a copy of the Destination Check Safety plan been attached? Yes No
 Any special emphasis placed on the destination check? Yes No
 Describe Special Emphasis:

11. Compliance Review

SI Rating: Satisfactory Unsatisfactory Conditional Not Rated
 Number of Vehicles Operated: 1 Number of Drivers Operated: 1
 Total Miles Prior Year: 8364 Recordable Accidents Prior Year: 0
 Accident Ratio: 0%

CSA Investigation: Yes No Full Investigation Focused Investigation
Carrier Type: Passenger Carrier Property Carrier Other: _____

12. Part B Violations

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390	1	391	5	392	
395		396	1	397	

13. Vehicle Inspection Data

	TRK	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	1							
Defective Vehicles	0							
OOS Vehicles	1							
Level	5							

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14. Vehicle Inspection Violations

	TRK	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Other (markings)	1					
Violation Type						
Violation Type						

15. Driver Inspection Violations

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

16. Relevant Carrier History:

Carrier began operations as a provisional household goods carrier on 7/22/14 and was due a compliance by 1/22/16.

17. Findings:

No critical or acute violations noted. Owner operator was missing driving record, annual reviews and employment application. Maintenance records were incomplete and the US DOT number was not displayed on the vehicle. I would recommend this carrier for permanent authority.

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: Select Date)
- Revisit to recheck a specific issue (Date: Select Date)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties for violations of: _____
- Issue a complaint.
- Stop company operations.

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

- 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): _____

20. Additional Comments:

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Investigator's Signature: John Foster Date: 1/26/2016

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Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: DP Date: 1/27/16

Final Reviewer's Recommendation: Agree with recommendations.

- Review 15 day letter - if adequate response is provided that assure us that violations will be corrected - OK to move to perm status.

Internal Processing	
Date Closed: <u>2/1/16</u>	By: <u>L. Schardt</u>
Company Name: <u>Adrian Glavin</u>	
Assignment #: <u>116005</u>	Staff Assigned: <u>John Foster</u>