



Assignment Report Motor Carrier Safety

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

1. Investigator(s): Richard Smith 2. Assignment No.: 111189

3. Current Date: 8/23/12 4. Date of Activity: 8/20/12

5. Carrier Name: Can't Stop Moving

6. Permit: THG-063768 7. New Entrant date of authority: 10/23/2009

8. MOTCAR No.: 9. Carrier is: [X] Intrastate Only [] Interstate Only [] Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 1934023 12. MC No.:

13. [] Destination Check

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

14. [] Safety Complaint

Form for Safety Complaint with fields for individual safety complaint plan, activity completed, and inspection levels.

15. [] New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation with multiple checkboxes for carrier status and inspection requirements.

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 2
 - ◆ 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: 1
- Number of drivers operated: 1
- Total miles for prior year: _____
- Recordable accidents for prior year: 0
- Accident Ratio: _____

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		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									2		
Defective Vehicles									0		
OOS Vehicles									0		
Level									5		

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:

Carrier received a conditional rating during a compliance review 7/18/11 as result of numerous violations.

25. Findings:

This compliance review recheck determined the carrier has corrected all problems originally discovered and is doing a good job with safety management procedures and filing. Carrier received a satisfactory safety rating in this CR.


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: Carrier should be considered for permanent authority. Close and file.

Investigator's Signature: Richard Smith 

Initial Review By: Dratt

Date: 8/20/12

Reviewer's Recommendation: Agree with recommendations

OK to issue perm authority.

Dratt

Final Review By: _____ Date: _____

Reviewer's Recommendation:

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Date Closed: _____ **8/23/2012**

By: **Carolyn Caruso**

Company Name: _____ **Can't Stop Moving**

Assignment #: _____ **111189**

Staff Assigned: _____ **Richard Smith**