



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report

Motor Carrier Safety

Upload? No – INTRASTATE ONLY _____

1. Investigator(s): TOM MCVAUGH _____

2. Assignment No.: 113110 _____

3. Current Date: 5-15-13 _____

4. Date of Activity: 5-9-13 _____

5. Carrier Name: MOVABLE LLC

6. Permit: THG-64727 _____

New Entrant date of authority: 9-21-12 _____

8. MOTCAR No.: 7020 _____

9. Carrier is: Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 207 _____

11. USDOT No.: 2332109 _____

12. MC No.: N/A _____

13. **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger _____ 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 3 _____ Level 5 _____
- Any special emphasis placed on the destination check Yes No
- Describe Special Emphasis _____
- What might we do differently to increase our success at the next destination check:

14. **Safety Complaint**

Attach a copy of the Individual Safety Complaint Plan.

▪ What activity did staff complete for this safety complaint:

Compliance review

Technical assistance

Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

Unannounced terminal visit

Other (please explain): _____

15. **New Entrant – Charter, Auto Transportation**

▪ 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 nine months? Yes No

Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____

◆ Conduct a SI/SA between three and nine months? Yes No SI SA

16. **X New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 <u> 1 </u> Level 2 <u> </u> Level 5 <u> </u>		
♦ Conduct a SI/SA between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<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 <u> </u> Level 2 <u> </u> Level 5 <u> </u>
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **X 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> 1 </u>		
▪ Number of drivers operated: <u> 1 </u>		
▪ Total miles for prior year: <u> 13,000 </u>		
▪ Recordable accidents for prior year: <u> 0 </u>		
▪ Accident Ratio: <u> </u>		

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	3	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									1		
Defective Vehicles									0		
OOS Vehicles											
Level									1		

22. **Vehicle Inspection Violations: NONE NOTED**

	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:**

NEW ENTRANT HHG CARRIER OBTAINED AUTHORITY ON 9-21-12. CARRIER
ATTENDED NEW ENTRANT TRAINING CLASS IN FEBRUARY 2013.

25. **Findings:** 3 VIOLATIONS OF CFR PART 391.51 (MISSING FORMS IN DRIVER QUALIFICATION FILE). CARRIER RECEIVED A SATISFACTORY SAFETY RATING.

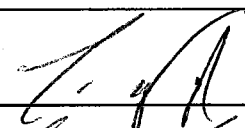
26. **Recommended Action:**

- No further action. **RECOMMEND PERMANENT HHG AUTHORITY**
- 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? NO**

- 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: RECOMMEND ISSUANCE OF PERMANENT HHG AUTHORITY

Investigator's Signature:  5-15-13

Initial Review By:  Date: 5/16/13

Reviewer's Recommendation:

I concur with recommendation -
close file

Final Review By: D PRATT Date: 5/23/13

Reviewer's Recommendation:

AGREE WITH RECOMMENDATION

CLOSE & FILE

OK to issue perm authority

OFFICE USE ONLY

Date Closed: _____ By: _____

Company Name: _____

Assignment #: _____

Staff Assigned: _____