



Assignment Report Motor Carrier Safety

UTILITIES AND TRANSPORTATION
COMMISSION

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

1. Investigator(s): John Foster & Wayne Gilbert 2. Assignment No.: 115069
 3. Current Date: 6/19/2015 4. Date of Activity: 6/9/2015
 5. Carrier Name: All Ready Moving LLC
 6. Company ID: 43806 7. Industry Code: 207 8. USDOT #: 2083124
 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
- Number of Vehicles Operated: 3 ▪ Number of Drivers Operated: 3
- Total Miles Prior Year: 25,920 ▪ 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	2	392	
395		396		397	

13. Vehicle Inspection Data

	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections								
Defective Vehicles								
OOS Vehicles								
Level								

14. Vehicle Inspection Violations

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	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type	Vehicle Type
Comments:						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						
Violation Type						

15. Driver Inspection Violations

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

16. Relevant Carrier History:

17. Findings:

Carrier had three non-critical defects, all of which were corrected prior to the close of this review. 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: 6/19/2015

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Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: _____

Final Review By: JDRATT Date: 6/23/15

Final Reviewer's Recommendation: close & file.

~~OK~~ OK to issue perm authority

Internal Processing

Date Closed: 6/23/15 By: J. Mark

Company Name: All Ready Moving

Assignment #: 115069 Staff Assigned: Foster + Gilbert