



UTILITIES AND TRANSPORTATION  
COMMISSION

*Licensing*  
TV-081724

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Alan Dickson 2. Assignment No.: 109089

3. Current Date: 7-30-09 4. Date of Activity: 7-28-09

5. Carrier Name: Seattle Movers, Inc. ✓

6. Permit: THG-63388 7. Industry Code: 207

8. MOTCAR No.: \_\_\_\_\_

9. DOT No.: 1731101 10. MC No.: 634273

11.  **Destination Check**

Attached is a copy of the Destination Check Safety Plan.

- Number of buses inspected: # of 9-15 passenger \_\_\_\_\_ # of 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Describe any special emphasis placed on the destination check and the results:  
\_\_\_\_\_  
\_\_\_\_\_

- What might we do differently to increase our success at the next destination check:  
\_\_\_\_\_  
\_\_\_\_\_

12.  **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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.  **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 CR/SA between three and nine months?  Yes  No  CR  SA

14.  **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 4
  - ◆ Conduct a CR/SA between three and eighteen months?  Yes  No  CR  SA
  - ◆ Conduct technical assistance within three months?  Yes  No

15.  **Individual Safety Plan Only:**

Attach a copy of the Individual Carrier Safety 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16.  **Compliance Review Data:**

- Safety Rating:  Satisfactory  Unsatisfactory  Conditional
- Number of vehicles operated: \_\_\_\_\_
- Number of drivers operated: \_\_\_\_\_
- Total miles for prior year: \_\_\_\_\_
- Recordable accidents for prior year: \_\_\_\_\_
- Accident Ratio: \_\_\_\_\_

17.  Part B Violations:

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

18. X 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									0		
Location									Seattle		
Level									5		

19.  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											

20.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

21. Relevant carrier history, if any: New entrant household goods intrastate authority, 3-2-09.  
\_\_\_\_\_  
\_\_\_\_\_

22. Findings: The carrier received a safety audit proposed rating of: PASS  
I would recommend this company be considered for issuance of a permanent HG intrastate permit.  
\_\_\_\_\_

23. Recommended Action:  
 No further action.  
 Notify the company in writing of the findings by providing a copy of the CR, 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 – Compliance review (Date: November 2009 )  
 Revisit to recheck a specific issue (Date: \_\_\_\_\_ )  
Describe: \_\_\_\_\_

- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$ \_\_\_\_\_
- Issue a complaint.
- Stop company operations.

24. 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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).  
 Other (please explain): \_\_\_\_\_

25. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator's signature: Alan Dickson

Initial review by: D Pratt Date: 8/4/09

Reviewer's recommendation: Agree with recommendations

licensing Schedule CR for Nov 09 -  
OK to issue perm authority Thanks Alan  
D Pratt

Final review by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's recommendation: \_\_\_\_\_

Date closed: 8/4/09 By: CAV

cc: Alan Dickson  
Licensing

Company name Seattle Movers, Inc.

Assignment # 109089

Staff Assigned Alan Dickson

**WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**



**US DOT #**  
1731101

**Legal:** SEATTLE MOVERS INC  
**Operating (DBA):**

**MC/MX #:** 634273    **State #:** THG-63388    **Federal Tax ID:** 38-3795705 (EIN)

**Review Type:** Safety Audit - New Entrant - Receipt

**Scope:** Entire Operation    **Location of Review/Audit:** Company facility in the U. S.    **Territory:**

**Operation Types**    **Interstate**    **Intrastate**

**Carrier:** Non-HM    Non-HM  
**Shipper:** N/A    N/A  
**Cargo Tank:** N/A

**Business:** Corporation  
**Gross Revenue:** \$528,000.00    **for year ending:** 12/31/2008

**Company Physical Address:**

8747 18th Ave NW  
Seattle, WA 98117

**Contact Name:** Kirk Pesce

**Phone numbers:** (1) 206 284-9445    (2) 206 793-2440    **Fax**

**E-Mail Address:**

**Company Mailing Address:**

P O Box 17789  
Seattle, WA 98127

**Report Summary**

Report	# of Pages
Part A - General	2
Part B - Questions & Answers	7
Part B - Proposed Result	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
<b>Total Pages</b>	<b>12</b>

**Disclaimer:** By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC  
1720 Ellis St. #200  
Bellingham, WA 98225

**This SAFETY AUDIT will be used to assess your safety compliance.**

**Person(s) Interviewed**


**Name:** Kirk Pesce    **Title:** President  
**Name:** Winston Kinyata    **Title:** Manager

**Reported By:** *Adrian Dickson*    **Title:** Motor Carrier Safety    **Code:** WA0553    **Date:** 7/28/2009

**Received By:** *Kirk Pesce*    **Title:** President



**WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**

	<b>US DOT #</b> 1731101	<b>Legal:</b> SEATTLE MOVERS INC <b>Operating (DBA):</b>		
<b>MC/MX #:</b> 634273 <b>State #:</b> THG-63388 <b>Federal Tax ID:</b> 38-3795705 (EIN)				
<b>Review Type:</b> Safety Audit - New Entrant				
<b>Scope:</b> Entire Operation		<b>Location of Review/Audit:</b> Company facility in the U. S.		<b>Territory:</b>
<b>Operation Types</b> Interstate    Intrastate				
<b>Carrier:</b> Non-HM    Non-HM		<b>Business:</b> Corporation		
<b>Shipper:</b> N/A        N/A		<b>Gross Revenue:</b> \$528,000.00		<b>for year ending:</b> 12/31/2008
<b>Cargo Tank:</b> N/A				
<b>Company Physical Address:</b>				
8747 18th Ave NW Seattle, WA 98117				
<b>Contact Name:</b> Kirk Pesce				
<b>Phone numbers:</b> (1) 206 284-9445		(2) 206 793-2440		<b>Fax</b>
<b>E-Mail Address:</b>				
<b>Company Mailing Address:</b>				
P O Box 17789 Seattle, WA 98127				
<b>Carrier Classification</b>				
Authorized for Hire				
<b>Cargo Classification</b>				
General Freight		Household Goods		
<b>Does carrier transport placardable quantities of HM?</b>		No		
<b>Is an HM Permit required?</b>		N/A		
<b>Driver Information</b>				
		Inter    Intra	<b>Average trip leased drivers/month:</b> 0	
<b>&lt; 100 Miles:</b>			<b>Total Drivers:</b> 3	
<b>&gt;= 100 Miles:</b>		2        1	<b>CDL Drivers:</b> 1	
<b>Equipment</b>				
	<b>Owned</b>	<b>Term Leased</b>	<b>Trip Leased</b>	<b>Owned    Term Leased    Trip Leased</b>
Truck	4	0	0	
<b>Power units used in the U.S.:</b> 4				
<b>Percentage of time used in the U.S.:</b> 100				





**SEATTLE MOVERS INC**  
U.S. DOT #: 1731101

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Review Date:  
07/28/2009

**Part B - Questions and Answers**

An asterisk (\*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

**Question** General # 1 - Section # 387.7(a) Acute **Answer**  
Does the carrier have the required minimum level of financial responsibility in effect? Yes  
**Comments**  
The carrier is a member of the Better Business Buruea and would handle any loss or damage claims the the local BBB.

**Question** General # 2 - Section # 387.7(d) Critical **Answer**  
Does the carrier have required proof of financial responsibility? Yes  
**Comments**

**Question** General # 3 - Section # 390.15(b)(1) **Answer**  
Can the carrier provide a complete accident register of recordable accidents? N/A  
**Comments**

**Question** General # 4 - Section # 390.15(b)(2) Critical **Answer**  
Does the carrier have copies of all accident reports required by States or other government entities or insurers? N/A  
**Comments**

**Question** General # 5 - Section # 390.3(e) **Answer**  
Is the carrier knowledgeable of the FMCSRs/HMRs? Yes  
**Comments**

**Question** General # 6 - Section # 390.21 **Answer**  
Does the carrier know the commercial motor vehicles marking requirements? Yes  
**Comments**

**Question** Driver # 1 - Section # 391.51(a) Critical **Answer**  
Does the carrier maintain complete driver qualification files? Yes  
**Comments**

**Question** Driver # 2 - Section # 391.11(b)(4) Acute **Answer**  
Is the carrier using physically qualified drivers? Yes  
**Comments**

**Question** Driver # 3 - Section # 391.45(a), 391.45(b) Critical **Answer**  
Does available evidence indicate the motor carrier has used a driver without a medical certificate or with an expired medical certificate? No  
**Comments**

**Question** Driver # 4 - Section # 391.15(a) Acute **Answer**  
Is the carrier using any disqualified drivers? No  
**Comments**







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**Question** Driver # 5 - Section # 391.51(b)(2) Critical **Answer**  
Does the carrier maintain driving and employment history inquiry data in driver qualification files? Yes  
**Comments**

**Question** Driver # 6 - Section # 382.115(a) Acute **Answer**  
Has the carrier implemented an alcohol and/or controlled substances testing program? N/A  
**Comments**

**Question** Driver # 7 - Section # 382.213(b) Acute **Answer**  
Has the carrier used drivers who have used controlled substances? N/A  
**Comments**

**Question** Driver # 8 - Section # 382.215 Acute **Answer**  
Has the carrier used a driver who has tested positive for a controlled substance? N/A  
**Comments**

**Question** Driver # 9 - Section # 382.201 Acute **Answer**  
Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater? No  
**Comments**

**Question** Driver # 10 - Section # 382.505(a) Acute **Answer**  
Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested? No  
**Comments**

**Question** Driver # 11 - Section # 382.301(a) Critical **Answer**  
Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function? N/A  
**Comments**

**Question** Driver # 12 - Section # 382.303(a) Critical **Answer**  
Has the carrier conducted post accident testing on drivers for alcohol and/or controlled substances? N/A  
**Comments**

**Question** Driver # 13 - Section # 382.305 Acute **Answer**  
Has the carrier implemented random testing program? N/A  
**Comments**

**Question** Driver # 14 - Section # 382.305(b)(1) Critical **Answer**  
Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate of the average number of driver positions? N/A  
**Comments**





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**Question** Driver # 15 - Section # 382.305(b)(2) Critical **Answer**  
N/A  
Has the carrier conducted controlled substance testing at an annual rate of not less than the applicable annual rate of the average number of driver positions?  
**Comments**

**Question** Driver # 16 - Section # 40.305(a) **Answer**  
N/A  
Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?  
**Comments**

**Question** Driver # 17 - Section # 40.309(a) **Answer**  
N/A  
Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?  
**Comments**

**Question** Driver # 18 - Section # 382.211 Acute **Answer**  
N/A  
Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?  
**Comments**

**Question** Driver # 19 - Section # 382.503 Critical **Answer**  
N/A  
Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?  
**Comments**

**Question** Driver # 20 - Section # 383.23(a) Critical **Answer**  
No  
Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?  
**Comments**

**Question** Driver # 21 - Section # 383.37(a) Acute **Answer**  
No  
Has the motor carrier allowed it's drivers who's CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?  
**Comments**

**Question** Driver # 22 - Section # 383.51(a) Acute **Answer**  
No  
Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?  
**Comments**

**Question** Operation #1 - Section # 395.8(a) Critical **Answer**  
Yes  
Does the carrier require drivers to make a record of duty status?  
**Comments**





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**Part B - Questions and Answers**

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**Question** Operation #2 - Section # 395.8(i) Critical **Answer**  
Does the carrier require drivers to submit records of duty status within 13 days? Yes  
**Comments**

**Question** Operation #3 - Section # 395.8(k)(1) Critical **Answer**  
Can the carrier produce records of duty status and supporting documents for selected drivers? Yes  
**Comments**

**Question** Operation #4 - Section # 395.3(a)(1) Critical **Answer**  
Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property) No  
**Comments**

**Question** Operation #5 - Section # 395.3(a)(2) Critical **Answer**  
Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property) No  
**Comments**

**Question** Operation #6 - Section # 395.3(b)(1) Critical **Answer**  
Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? N/A  
(Property)  
**Comments**

**Question** Operation #7 - Section # 395.3(b)(2) Critical **Answer**  
Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? No  
(Property)  
**Comments**

**Question** Operation #8 - Section # 395.5(a)(1) Critical **Answer**  
Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger) N/A  
**Comments**

**Question** Operation #9 - Section # 395.5(a)(2) Critical **Answer**  
Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger) N/A  
**Comments**

**Question** Operation #10 - Section # 395.5(b)(1) Critical **Answer**  
Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? N/A  
(Passenger)  
**Comments**

**Question** Operation #11 - Section # 395.5(b)(2) Critical **Answer**  
Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? N/A  
(Passenger)  
**Comments**





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**Question** Operation #12 - Section # 395.8(e) Critical **Answer**  
Does available evidence indicate a selected driver has prepared a false record of duty status? No  
**Comments**

**Question** Operation #13 - Section # **Answer**  
Does the carrier adhere to a disciplinary policy for noncompliance with Part 395? Yes  
**Comments**

**Question** Operation #14 - Section # 395.1(e) **Answer**  
Does the carrier have a system for recording hours of duty status on 100- mile radius drivers, and are they Yes  
properly utilizing the 100 air-mile radius exemption?  
**Comments**

**Question** Operation #15 - Section # 392.2 Critical **Answer**  
Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, Yes  
ordinances, and regulations of the jurisdictions in which they are operating?  
**Comments**

**Question** Operation #16 - Section # 392.9(a)(1) Critical **Answer**  
Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed Yes  
and adequately secured?  
**Comments**

**Question** Operation #17 - Section # 392.4(b) Acute **Answer**  
Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, No  
narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely  
operating motor vehicles?  
**Comments**

**Question** Operation #18 - Section # 392.5(b)(1) Acute **Answer**  
Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, No  
intoxicating beverages?  
**Comments**

**Question** Operation #19 - Section # 392.5(b)(2) Acute **Answer**  
Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating No  
beverages?  
**Comments**

**Question** Maintenance # 1 - Section # 396.3(b) Critical **Answer**  
Can the carrier produce maintenance files for requested vehicle(s)? Yes  
**Comments**





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### Part B - Questions and Answers

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**Question** Other # 5 - Section # 387.301(a), 387.301(b)

Does the HHG carrier have sufficient levels of public liability and cargo insurance?

**Answer**

Yes

**Comments**

**Question** Other # 6 - Section # 13901

Is the motor carrier authorized to conduct interstate operations in the United States?

**Answer**

Yes

**Comments**

Note: No Hazardous Materials questions were asked because the carrier does not carry Hazardous Materials in Interstate Commerce.





**Part B**

Your Proposed Safety Audit Result is: **PASS**

**Explanation of Scoring Methodology**

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	-	0	PASS
2. Driver	0	0	-	0	PASS
3. Operations	0	0	-	0	PASS
4. Maintenance	0	0	PASS - 0.0%	0	PASS
5. Hazardous Materials	-	-	-	-	-
6. Accidents	-	-	PASS - 0.00	-	PASS
<b>SUM</b>	0	0		0	PASS

**Result: Carrier has adequate basic safety management controls in place.**

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

**HOW THE SA IS SCORED**

**FACTORS** - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

**CRITICAL/ACUTE** - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

**OUT OF SERVICE (OOS) RATE** - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

**CRASH FACTOR** - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

**OVERALL STATUS DETERMINATION** - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.





SEATTLE MOVERS INC  
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### Part B Requirements and/or Recommendations

1. A copy of your carrier profile can be obtained for \$20 from the SAFER website (<http://safer.fmcsa.dot.gov>) or by calling 800-832-5660 or 703 280-4001. You can also write: Computing Technologies Inc. P.O. Box 3248, Merrifield, VA 22116-3248. Profile cost if ordered by mail or phone is \$27.50.
2. A complete Educational and Technical Assistance package entitled "A MOTOR CARRIER'S GUIDE TO IMPROVING HIGHWAY SAFETY" is available free on the FMCSA website to assist you in complying with the safety regulations. It contains many forms and documents useful for improving the safety of your operations. Check: [www.fmcsa.dot.gov/factsfigs/eta/index.html](http://www.fmcsa.dot.gov/factsfigs/eta/index.html).





**SEATTLE MOVERS INC**  
U.S. DOT #: 1731101

State #: THG-63388

Review Date:  
07/28/2009

**Part C**

**Corporate Contact:** Kirk Pesce  
**Corporate Contact Title:** President

**Special Study Information:**

**Remarks:**

This safety audit was conducted as part of the new entrant household goods carrier program. The company has operated under Washington State intrastate authority since 2008. The company changed their name from sole proprietorship, dba: Mountain Movers to Seattle Movers, Inc. effective 3-2-2009. The FMCSA authority date for this Gotham carrier was 10-2-08. The company was given 48 hours to produce all records, was cooperative with this inspection and has a good knowledge of the requirements and regulations. I provided the company a copy of safety manual for their reference.

The company operates three trucks, all 26,000 lbs. or less gross vehicle weight in both inter and intrastate commerce. The mileage and gross revenue figures were taken from the carrier's calendar year 2008 annual report as filed with the state utilities commission. President Rick Pesce stated over 90% of the company's hauling is intrastate, and over 80% is within 150 air-mile radius of their Ballard area terminal. The gross revenue figure for calendar year 2008 is a combined figure with Mr. Pesce's subsidiary company, Seattle Rubbish, Inc.

Proper files and records are set up and maintained for compliance with the driver's qualifications, hours of service and vehicle inspection, repair and maintenance.

I ~~was~~ checked the driver's license for the president/driver Kirk Pesce with the CDLIS program and no discrepancy was noted. None of the drivers are required CDLs due to the size of the vehicles operated. A check with the State of Washington Dept. of Licensing found no discrepancies with the three driver licenses.

I inspected three vehicles during the company's household goods provisional permit application process on 1-7-09, and inspected the remaining truck during this safety audit. All vehicles were issued a CVSA safety sticker; one vehicle with a defective clearance lamp during the January check has been repaired.

At the conclusion of the inspection the company received a proposed safety audit result: **PASS**

<b>Upload Authorized:</b>	<b>Yes</b>	<b>No</b>
<b>Authorized by:</b>		<b>Date:</b>
<b>Uploaded:</b>	<b>Yes</b>	<b>No</b>
<b>Verified by:</b>		<b>Date:</b>
		<b>Failure Code:</b>





Worksheet Drivers					
First Name	Last Name	CDL State	CDL Number	Hire Date	CDL
John	Sternhagen	WA	sternjm120m	3/14/2009	F
Kirk	Pesce	WA	pescekc275b5	10/2/2008	T
Lekenyada	Winston	WA	winstl*268kb	10/2/2008	F

## Driver license status results

The following information is accurate as of 9:24 AM, July 29, 2009.

**License number : PESCEKC275B5**

**Expires on: January 25, 2012**

<input checked="" type="checkbox"/> <b>Driver license</b>	<b>Yes</b>
Instruction permit	No
<input checked="" type="checkbox"/> <b>Motorcycle endorsement</b>	<b>Yes</b>
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
<input checked="" type="checkbox"/> <b>Commercial driver license(CDL) - Class B</b>	<b>Yes</b>
(May drive any size of single commercial vehicle, and commercial vehicles towing a trailer with a weight rating of 10,000 pounds or less.)	
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

**Yes** = The license, permit, endorsement, or ID card is valid.

**No** = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

### Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

## Driver license status results

The following information is accurate as of 9:22 AM, July 29, 2009.

**License number : STERNJM120RN**

**Expires on: December 15, 2012**

<input checked="" type="checkbox"/> <b>Driver license</b>	<b>Yes</b>
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

**Yes =** The license, permit, endorsement, or ID card is valid.

**No =** Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

### Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

## Driver license status results

The following information is accurate as of 9:26 AM, July 29, 2009.

**License number : WINSTL\*268KB**

**Expires on: May 02, 2014**

<b>✓ Driver license</b>	<b>Yes</b>
Instruction permit	No
Motorcycle endorsement	No
Trike/sidecar endorsement	No
Motorcycle and trike/sidecar endorsement	No
Motorcycle instruction permit	No
Agriculture permit	No
Ignition interlock license(IIL)	No
Commercial driver license(CDL)	No
Commercial driver license permit(CDIP)	No
Identification (ID) card	No

**Yes** = The license, permit, endorsement, or ID card is valid.

**No** = Either the person never had this type of document or the document is expired, suspended, revoked, cancelled, or denied.

### Questions?

If you have questions about these results or need information about a license reinstatement, please call customer service at (360) 902-3900.

**QC**

**DRIVER SUMMARY**

Driver | Vehicle | Carrier  
Home

**No Past Inspections**

Please check the CDL status.

Driver Name:  
**PESCE, KIRK CHRISTIAN**  
Address:  
**8747 18TH AVE NW**  
**SEATTLE, WA 981173306**

CDL#: **PESCEKC275B5**  
State: **WA**  
SSN: **005-80-4251**  
DOB: **01/25/1973**

CDL Status: **LICENSED**  
Expires: **01/25/2012**  
Classes: **CLASS B**  
Restrictions: **CORRECTIVE LENSES**  
Endorsements: **NONE**

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**AKA INFORMATION**

AKA State 1: **ME**

AKA License 1: **8205196**



UTILITIES AND TRANSPORTATION  
COMMISSION

# Individual Carrier Safety Plan

## Motor Carrier Safety Section

1. This carrier is targeted with an individual carrier safety plan because:

- Carrier is a new entrant.
- Carrier accident ratio is higher than aggregate ratio. Ratio is
- Carrier received a conditional rating at the last compliance review.
- Carrier received an unsatisfactory rating at the last compliance review.
- 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 compliance review rating in more than one of the last four compliance reviews (less than four if four are not completed).
- Other (please explain).

2. Investigator(s): Alan Dickson

3. Assignment No.: 109089

4. Date plan is completed: 5-4-09

Date of planned activity: 5-18-09

5. Carrier name: Seattle Movers, Inc.

6. Permit: THG-63388

7. This individual carrier safety plan includes:

- Compliance review
- Vehicle inspections, Level 5
- Safety Audit
- Technical assistance
- Unannounced visit: Type
- Other (please explain)

8. Describe the activity that will take place as well as when and how staff will complete the activity. Vehicle inspections and SA, 5-18-09

9. Additional Comments: Gotham company

10. Approved: David P. Smith

Date: 5/4/09

# UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1278224

PERSONNEL NO. *J553* DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 *X*

**GENERAL** **HAZARDOUS MATERIALS**

DATE: *7/28/09* TIME (MILITARY) BEGUN *11:15* FINISHED *11:35* HAZARD CLASS / DIVISION NO. \_\_\_\_\_  
LOCATION: SR/MP *TERMINAL* SCALEHOUSE NO. \_\_\_\_\_ CNTY CODE *37* REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N  
PLACARD REQUIRED? Y N CARGO TANKS? Y N

**CARRIER**

CARRIER NAME (Include DBA when applicable) *Seattle Movers Inc*

ADDRESS *P O Box 17789*

CITY *Seattle* STATE *WA* ZIP CODE *98127* INTERSTATE  YES  NO DOT NO. *1731101* ICC NO. *634273*

**DRIVER**

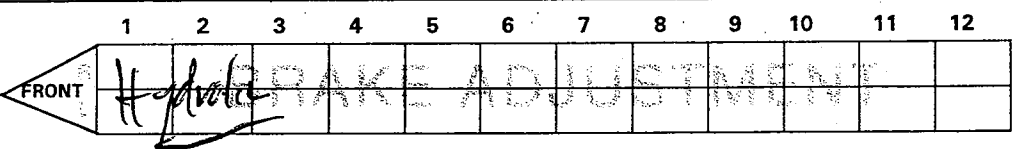
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MED. CERT. Y N SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_  
WAIVER Y N

**VEHICLE**

REGISTERED OWNER NAME/ADDRESS *Carnier* G.V.W. *26000* PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<i>TR</i>	<i>05 MITZ</i>	<i>F-1</i>	<i>A61835Y</i>	<i>WA</i>
2					
3					
4					



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied

CVSA DECALS UNIT 1 *11029527* UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE *[Signature]*  
OFFICER SIGNATURE *[Signature]*

Vehicle may not be operated until O / S defects noted above are repaired.  
Driver may not drive until in compliance.  
3000-150-160 R2/09 *94037339*