



Assignment Report Motor Carrier Safety

Upload? Yes X No - Reason For Not Uploading: Aspen vehicle upload, prov. HHG

1. Investigator(s): Alan Dickson

2. Assignment No. 113131 114131

3. Current Date: 4/15/2014

4. Date of Activity: 2/6/2014 4/10/2014

5. Carrier Name: Arays Moving Service LLC

6. Permit: THG-64320

7. New Entrant date of authority: 6/21/2011

8. MOTCAR No.:

9. Carrier is: X Intrastate Only
Interstate Only
Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 2162315

12. MC No.:

13. Destination Check

Form for Destination Check including fields for safety plan attachment, number of buses/coaches inspected, vehicle inspection levels, and special emphasis.

14. Safety Complaint

Form for Safety Complaint including fields for attaching a copy of the Individual Safety Complaint Plan and listing activities completed.

15. New Entrant - Charter, Auto Transportation

Form for New Entrant - Charter, Auto Transportation including questions about carrier referral, location, and inspection completion.

16. X New Entrant- HHG

- Is this carrier referred by FMCSA, operating intra and interstate:  Yes X No
- Is this carrier based in another state, requesting intrastate authority:  Yes X No
- Is this carrier based in Washington, requesting intrastate authority: X Yes  No
- Did staff complete the following:
  - ♦ Inspect all vehicles between three and eighteen months? X Yes  No  
Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 1 \_\_\_\_\_
  - ♦ Conduct a SI/SA between three and eighteen months? X Yes  No SI  SA
  - ♦ Conduct technical assistance within three months? X 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 X Safety Investigation:

Safety Audit:

- SI Rating: X Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: 2
- Number of drivers operated: 3
- Total miles for prior year: 25,000
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

**20. X Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390	1	391	1	392	
395		396	3	397	

**21. 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									1		
OOS Vehicles									0		
Level									5		

**22. X 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									1		
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:**

This carrier is a provisional household goods company from the work plan. I conducted a compliance review and inspected the carrier's vehicles. One vehicle inspection was conducted during the earlier time frame of this provisional carrier's authority and did not qualify for inclusion of this compliance review. The moving truck had one minor defect, an inoperable identification light. Mr. White owner stated he would repair the lamp and send in the inspection report to the WSP for compliance as soon as possible.

---

---

---

**15. Findings:**

The compliance review noted violations of part 391, driver qualification files, and part 396 vehicle maintenance, inspection and repair. The CR noted minor violations of the safety regulations pertaining to driver qualification files, and one periodic (annual) vehicle inspection was out of date. The carrier had also failed to require his drivers to prepare daily vehicle inspection reports for each day operation. Mr. White has failed to have a complete employment application for two of his drivers. Owner Alex attended the commission's HHG training classes in Olympia on March 12, 2014 and has conducted the criminal background investigations on all of his employees used during the last 12 months. I reviewed the safety regulations with the carrier and provided the safety manual to the company. .  
At the end of this review the carrier received a satisfactory safety rating.

---

---

**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:** I would recommend this company be forwarded to licensing services for consideration of issuance of a permanent household goods carrier permit.

---

---

Investigator's Signature: Alan Dickson

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Recommendation: \_\_\_\_\_

Final Review By: DP RATT Date: 4/17/14

Reviewer's Recommendation:

AGREE WITH RECOMMENDATIONS  
Close & file.

\* OK to issue permanent authority

**OFFICE USE ONLY**

Date Closed: 4/17/14 By: Li Neeths

Company Name: Aray's Moving Service LLC

Assignment #: 113131

Staff Assigned: Dickson