

## Attachment K

Survey Introductory Letter, Questionnaire Email Invitation, Follow-up remind for non-response or incomplete questionnaire, Thank you email, Online Questionnaire and Process Logic Flow

[OFFICIAL LETTERHEAD]

CMV Carrier Company Name  
Attn: Contact Name or Generic Title  
Contact Address 1  
Contact Address 2  
Contact City, State, Zip

Dear [Contact Name or Generic Title]:

The primary mission of the Federal Motor Carrier Safety Administration (FMCSA) of the US Department of Transportation is to reduce crashes, injuries and fatalities involving large trucks and buses. Recent reports show declines in both truck and bus crashes over a ten-year period. While these findings are encouraging, much work needs to be done to prevent commercial motor vehicle-related fatalities and injuries. An important group FMCSA works with to improve highway safety is the motor carrier industry. FMCSA works with companies like yours to advance our mutual goal of maximizing the well-being of your drivers and others who share the nation's highways.

FMCSA has contracted with Street Legal Industries, Inc. (Street Legal), to conduct a study to determine if there is a correlation between safety and the way drivers are paid and we are asking that you consider participating. Street Legal is conducting a two-part survey as part of the study. FMCSA will use study findings to develop guidelines commercial motor vehicle carriers can use in determining best practices for compensating drivers and to provide information that will be useful to FMCSA as policy issues are considered. The study report will be made available to the public on the FMCSA website.

Your participation in the study is voluntary. Data collected by Street Legal will be coded and your answers will be kept in strict confidence. The resulting report and dataset provided to FMCSA will be reported only in the aggregate. Personally identifiable information and information identifiable by participating company will *not* be provided to FMCSA.

The method for collecting data will be a two-part survey. The first round will consist of a short phone interview to determine how your company pays drivers. Depending on your response to that item, you may be asked additional questions. The total time anticipated for completing the first interview is anticipated to be less than ten minutes.

You may be asked to participate in a second round of data collection. Should you be selected to participate in the second round, you may be required to pull information from drivers' records. Depending on your recordkeeping system, it may take up to an hour complete the collection of driver information. You will have the option of receiving a second phone call to respond to interview questions or to complete an online, web-based form to complete a short questionnaire. It is anticipated that the interview or completing the online questionnaire will take no longer than fifteen minutes.

Should you have questions about the research study described in this letter, please contact the FMCSA contracting officer for the project:

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US Department of Transportation  
Federal Motor Carrier Safety Administration  
Office of Acquisition Management  
ATTN: Ms. Theresa Hallquist  
1200 New Jersey Avenue, SE  
W66 – 6<sup>th</sup> Floor  
Washington, DC 20590-0001

Thank you in advance for your participation in this important research.

Sincerely yours,

[NAME OF APPROPRIATE DOT OFFICIAL]  
[TITLE OF DOT OFFICIAL]

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### **Email Message Inviting CMV Carriers to Participate in the *Impact of Driver Compensation on Commercial Motor Vehicle Safety Survey***

Dear CMV Carrier Representative:

The Federal Motor Carrier Safety Administration (FMCSA) recently sent you an email message to tell you about a study that Street Legal Industries (SL) is administering for FMCSA. As you may recall from that message, the study is being conducted to determine the ways in which CMV carrier companies pay their drivers and whether pay methods correlate to driver safety.

We would like to invite you to participate in this important study by completing an online survey questionnaire. Should you participate, your information will be kept in strictest confidence. Data obtained from the survey will be coded and reported in the aggregate. Individuals completing survey questionnaires will not be identified and no individual company's data will be reported.

The survey questionnaire and instructions for completing the questionnaire can be accessed at <WEBSITE ADDRESS HERE>. The survey is presented in two parts. Every survey participant will fill out the Part 1 questionnaire. Part 1 of the questionnaire should take no longer than thirty (30) minutes to complete.

Depending on your response to certain items on Part 1 of the questionnaire, you may be asked to complete Part 2. Filling in Part 2 will also take less than thirty (30) minutes, but you will be asked to provide demographic information about your company's drivers such as average age and the numbers of drivers who are paid using various methods. The amount of time it will take for you to research information required for Part 2 will depend on your accessibility of your company's driver information.

Note that you will be able to complete part of the questionnaire, save it, and return to the survey website to complete the survey at a later time. There is an email link at the survey website to send questions about questionnaire items to the research team. You will also have the option of sending questions to the FMCSA about the study to Ms. Terri Hallquist, FMCSA <WHAT TITLE SHOULD GO HERE? > through another the email link available at the survey website.

We certainly hope that you'll participate in this important study. Thank you for your consideration.

< SIGNATURE HERE >

FMCSA Project Manager

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# **Email Follow-Up Message Encouraging CMV Carriers to Participate in the *Impact of Driver Compensation on Commercial Motor Vehicle Safety Survey***

Dear CMV Carrier Representative:

We recently transmitted an email message to you containing an invitation to participate in a study that Street Legal Industries (SL) is administering for the Federal Motor Carrier Safety Administration (FMCSA). The study is being conducted to determine the ways in which CMV carrier companies pay their drivers and whether pay methods correlate to driver safety.

We urge you to participate in this important study by completing an online survey questionnaire. Should you participate, your information will be kept in strictest confidence. Data obtained from the survey will be coded and reported in the aggregate. Individuals completing survey questionnaires will not be identified and no individual company's data will be reported.

A few reminders about the survey:

- The survey questionnaire and instructions for completing the questionnaire can be accessed at <WEBSITE ADDRESS HERE>. The survey is presented in two parts. Every survey participant will fill out the Part 1 questionnaire. Part 1 of the questionnaire should take no longer than thirty (30) minutes to complete.
- Depending on your response to certain items on Part 1 of the questionnaire, you may be asked to complete Part 2. Filling in Part 2 will also take less than thirty (30) minutes, but you will be asked to provide demographic information about your company's drivers such as average age and the numbers of drivers who are paid using various methods. The amount of time it will take for you to research information required for Part 2 will depend on your accessibility of your company's driver information.
- You will be able to complete part of the questionnaire, save it, and return to the survey website to complete the survey at a later time. There is an email link at the survey website to send questions about questionnaire items to the research team. You will also have the option of sending questions to the FMCSA about the study to Ms. Terri Hallquist, FMCSA <WHAT TITLE SHOULD GO HERE?> through another the email link available at the survey website.

We certainly hope that you'll participate in this important study. Thank you for your consideration.

<SIGNATURE HERE>

FMCSA Project Manager

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# **Email Thank You Message to CMV Carriers Who Participated in the *Impact of Driver Compensation on Commercial Motor Vehicle Safety Survey***

Dear CMV Carrier Representative:

We are sending this email message to you to thank you for your recent completion of the survey questionnaire for the Impact of Driver Compensation Motor Vehicle Safety Survey that Street Legal Industries is conducting for the Federal Motor Carrier Safety Administration (FMCSA). Your participation will help FMCSA in its mission to advance safety in the commercial motor carrier industry.

We anticipate that the results of our study will be available <ANTICIPATED APPROXIMATE PUBLICATION DATE HERE>. The report of the study will be available to download from the FMCSA website at <FMCSA WEB ADDRESS HERE>.

Please do not hesitate to contact me should you have any questions or comments concerning the study.

< SIGNATURE HERE>

FMCSA Project Manager

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### Online questionnaire item set and process logic

The following includes information that is automatically populated from MCMIS and prompts the respondent to verify. The respondent will be provided the opportunity to update and save contact information.

Carrier Name: \_\_\_\_\_ Carrier DOT#: \_\_\_\_\_  
No. of Power Units: \_\_\_\_\_ No. of Full-time Drivers: \_\_\_\_\_  
Principle Place of Business (POB) Street Address: \_\_\_\_\_  
POB City: \_\_\_\_\_ POB State: \_\_\_\_\_ POB Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Question 1:** *By now you should have received a notice from the FMCSA explaining the purpose and importance of this survey. If you have not seen the letter from FMCSA would you like to review it now?*

Yes  No

**Question 2:** *Which of the following method or methods do you use to pay your drivers? (check all that apply):*

Pay by the mile  Pay by the hour  Salary  Pay by percentage of load

Pay by revenue  Pay by delivery or stop  Other:

If "other": Please specify the method:

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**Question 3:** *You indicated that you have multiple methods by which you pay your drivers. Please provide an estimate of the percentage of drivers working for your company and the operation type the method applies to:*

Method of Compensation	Percentage	Average Annual Total Compensation
Pays by the mile		
Pays by the hour		
Pays by salary		
Pays by percentage of load		
Pays by revenue		
Pays by delivery or stop		
Other (List Other):		

**Question 4:** *Has your company changed the way it pays its drivers within the past five years?*

**Attachment K**

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Yes             No

If the participant answers "yes," complete Items 5 and 6. If "no," skip to Item 7.

**Question 5:** *If "yes": Please describe the change your company made to pay its drivers:*

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**Question 6:** *Why did your company change the way it pays its drivers?*

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**Question 7:** *Which of the following best describes your trucking operation? (check all that apply)*

Short-haul             Long-haul             Line-haul

**Question 8:** *Earlier you indicated that you pay by multiple methods of compensation. This question deals with how your pay methods break down by type of operation. What percent of your operations does each pay method apply?*

**Note:** ask the respondent to complete the applicable operations and pay types from questions 2 and 7:

	Pay by the mile	Pay by the hour	Salary	Pay by percentage of load	Pay by revenue	Pay by Delivery or stop	More than one pay method	Other	TOTAL
Short- Haul									
Long-haul									
Line-haul									
								Total (100%)	

**Question 9:** *You indicated you pay some or all drivers by the hour. Do you pay overtime?*

Yes             No

*If yes, do you pay overtime based on:*

More than 8 hours worked per day or shift?

More than 40 hours worked per week?

Some other criterion? Please List: \_\_\_\_\_

**Question 10:** *You indicated you pay some or all of your drivers by the mile, by load and/or by revenue.*

*Do you pay these drivers for time beyond regular pay?*

Yes             No    *If yes, do you pay excess time based on:*

For on-duty hours not driving beyond the 14 hour driving limit?

For sleeper berth time?

For on-duty not driving time?

**Attachment K**

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**Question 11:** Do you pay for on-duty time during which a driver does not drive?

- Yes                       No

If "yes," which of the following do you pay for (check all that apply)?

- For excess mileage driven       Detention time/staging       Loading/unloading  
 Repair time                               Training                               Paperwork  
 Other? List: \_\_\_\_\_

**Question 12:** What is the average number of drivers that worked for your company over the last 24 months?

Full-Time	Part-Time	Leased/Contract

**Question 13:**

You indicated that you have # drivers that worked for your company within the past 24 months. Please indicate the number of safety related events associated to drivers by compensation type during that period:

Type of Safety Event	Number of Events			
	Drivers Paid by Hour	Drivers Paid by Mile	Drivers Paid by Revenue	Drivers Paid by Other
At-Fault Recordable crash (Driver and Vehicle related cause)				
At-Fault Non-recordable crash (including single vehicle and property damage crashes)				
Hours of Service violation (including 70-hour for 100-air mile drivers)				
False Record Of Duty violation				
Out-of-Service violation (Vehicle and Driver)				
Moving violations (e.g., Speeding, lane change, following to close, etc.)				
Other safety related violations (please indicate below)				

Please list other safety-related violations indicated above:



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**Question 14:** *What is the average annual total compensation of your full-time drivers?*

- Less than \$20,000     \$20,000-\$29,999     \$30,000-\$39,999     \$40,000-\$49,999  
 \$50,000-\$59,999     \$60,000-\$69,999     \$70,000 or more

**Question 15:** *Which of the following benefits are provided in full or in part to your company's drivers?*

- Medical Insurance                       Life Insurance                       Long -term disability  
 Short -term disability                       Retirement Plan                       Educational assistance  
 Paid vacation                               Paid sick leave

**Question 16:** *Do you provide bonuses for any of the following?*

- Safe driving     On-time delivery     Revenue     Other

If "other": *What other criteria do you use for providing bonuses?*

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**Question 17:** *What is the average age of all drivers working for your company?*

- Younger than 25     25-34     35-44     45-54     55-64     65-74  
 75 or older

**Question 18:** *What are the average years of experience of all drivers working for your company?*

- 1-5 years     6-10 years     11-15 years     16-20 years     21-25 years     26+

**Question 19:** *Do you offer a higher starting pay for drivers with experience?*     Yes     No

**Question 20:** *What is the average retention rate for drivers working for your company? (For a one year period calculate the Employees Quit or Fired-Total employees/Total employees X 100 = Retention rate):*

- 0- 10%     11-25%     26-50%     51-75%     >75%

**Question 21:** *What processes or programs do you employ to encourage retention?*

- Selective Recruitment                       Higher Pay                               Performance Bonuses  
 Tenure Incentives                               Training or Education                       Other, please list:
- 
-

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**Question 22:** Which best describes your commercial operation?

Choose one:  For-hire  Private

Choose one or more:  Truckload  Less-than-truckload  Regional  
 Tanker  Other

If "other," please describe:

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**Question 23:** Are you an owner-operator?

Yes  No

**Question 24:** If yes, are you contracted to one company?

Yes  No

**Question 25:** How many power units are there in your company's fleet?

1-5 power units  6- 50 power units  51-500 power units  More than 500 power units

**Question 26:** Do you use safety monitoring systems or processes for your drivers:

On-board recorders  GPS units  Speed limiters

Other: (please list) \_\_\_\_\_

**Question 27:** What is the average annual miles driven for your company? \_\_\_\_\_  
miles

**Question 28:** On average, approximately how many annual miles do your drivers drive a commercial vehicle for your company?

0-25,000  25,001-50,000  50,001-75,000  75,001-100,000  
 100,001-125,000  125,001-150,000  Over 150,000  Unknown

**Question 29:** What is the average length of haul for drivers working for your company?

1-49 miles  50-99 miles  100-199 miles  200-499 miles  500 or more miles

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**Question 30:** *Which of the following are primary commodities that your company typically hauls? (Check all that apply):*

- |  |  |
|--|--|
| <input type="checkbox"/> General freight/truckload           | <input type="checkbox"/> Forest products               |
| <input type="checkbox"/> General freight/less-than-truckload | <input type="checkbox"/> Farm fresh products           |
| <input type="checkbox"/> Building materials                  | <input type="checkbox"/> Household goods               |
| <input type="checkbox"/> Hazardous chemicals                 | <input type="checkbox"/> Retail store—grocery delivery |
| <input type="checkbox"/> Processed foods                     | <input type="checkbox"/> Raw petroleum products        |
| <input type="checkbox"/> Heavy machinery                     | <input type="checkbox"/> Bulk—dump truck               |
| <input type="checkbox"/> Refined petroleum products          | <input type="checkbox"/> Parcels                       |
| <input type="checkbox"/> Automotive parts or vehicles        | <input type="checkbox"/> Mine ores                     |
| <input type="checkbox"/> Other: please describe:             |  |

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Survey Introductory Letter, Questionnaire Email Invitation, Follow-up remind for non-response or incomplete questionnaire, Thank you email, Online Questionnaire and Process Logic Flow

**NOTE: If you indicated in Question 2 that the company uses more than one method to pay its drivers. Please provide responses to these questions for all drivers employed during the past 24 months:**

**Question D1:** Complete the following driver identification information:

Driver Full name:	First	Middle	Last
Commercial License #:		License issuing State:	

**Question D2:** Was this driver working as a driver for your company within the last 12 months?

- Yes       No

**Question D3:** On average, approximately how many annual miles did this driver drive a commercial vehicle for your company?

- 0-25,000       25,001-50,000       50,001-75,000       75,001-100,000  
 100,001-125,000       125,001-150,000       Over 150,000       Unknown

**Question D4:** What type of operation does this driver typically drive? (Check all that apply):

- Short-haul       Long-haul       Line-haul

**Question D5:** How is this driver paid?

- By salary       By the hour       By the mile       By percentage of load  
 By revenue       By delivery or stop       Other

If "other," please specify method of payment:

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**Question D6:** In what age group does this driver belong?

- Younger than 25       25-34       35-44       45-54       55-64       65-74  
 75 or older

**Question D7:** What is this driver's approximate gross average annual income?

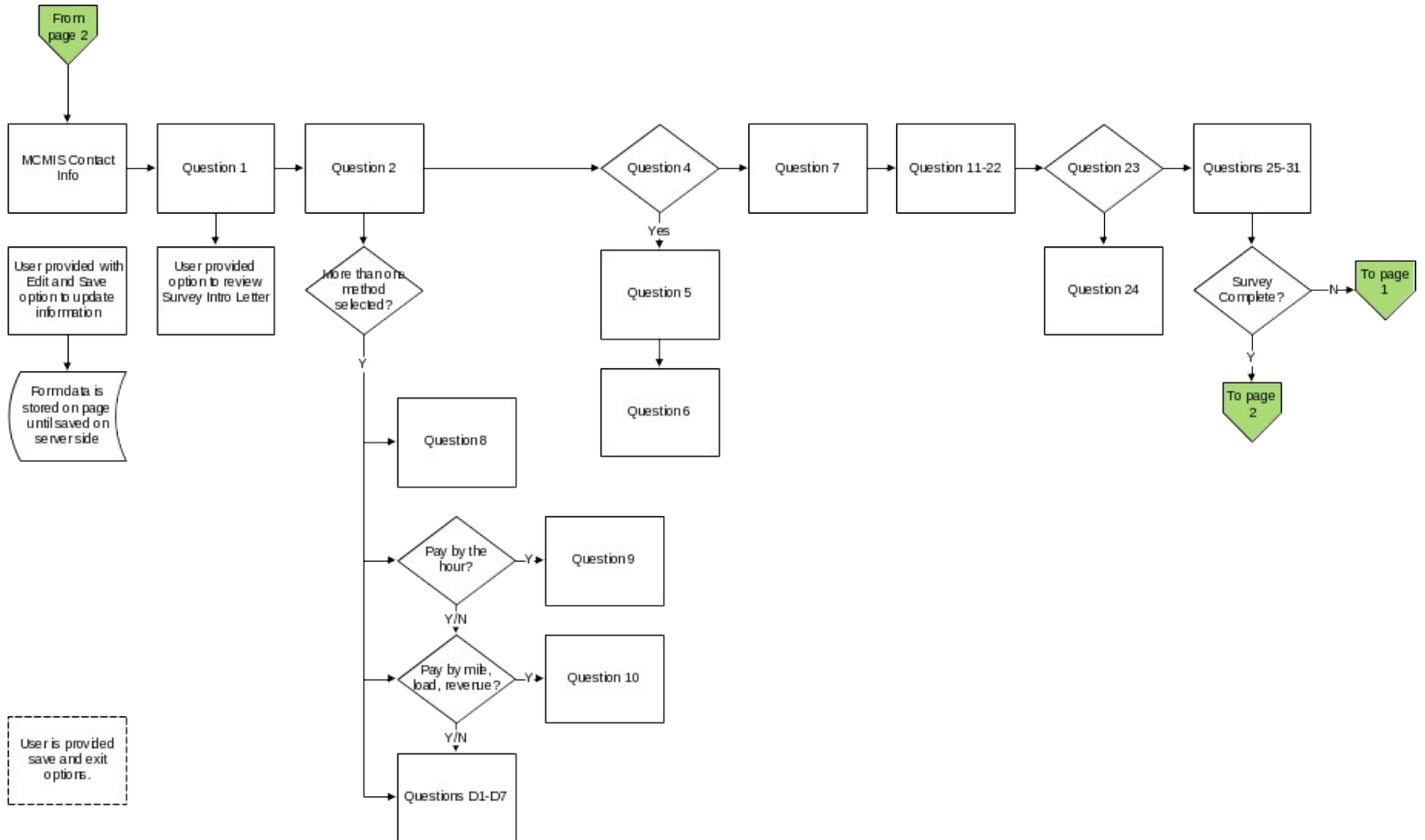
- Less than \$20,000       \$20,000-\$29,999       \$30,000-\$39,999       \$40,000-\$49,999  
 \$50,000-\$59,999       \$60,000-\$69,999       \$70,000 or more

## Process Logic for Question Response

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The online questionnaire will be facilitated online using an interactive web form that develops a question set based on progressive responses. This logic is illustrated below:



Respondents will be provided opportunities to save and return to the questionnaire to be completed as time permits.