U.S. Department
of Transportation

**Federal Motor Carrier
Safety Administration**

1200 New Jersey Avenue, SE
Washington, DC 20590

JAN 30 2015

Reply to: MC-RRR

Mr. Stephen Owings
Co-Founder
Road Safe America
3438 Peachtree Road NE #1200
Atlanta, GA 30326

Dear Mr. Owings:

Thank you for your comments concerning the Federal Motor Carrier Safety Administration's (FMCSA) New Information Collection Request: The Impact of Driver Compensation on Commercial Motor Vehicle Safety [Docket No. FMCSA–2014–0325]. The following is a response to the comments made in your letter, as well as comments forwarded by Ms. Louise Monti on your behalf.

Theme: Total compensation influences driver safety.

FMCSA Response: There could be many factors that influence safe driving performance. Fatigue, as you point out, is most certainly one of them as past research has shown. Although this research will focus on possible relationships between the various methods of compensating truck drivers and unsafe driving practices, data will be collected on total compensation allowing this variable to be assessed for influence on safe driving performance as well.

Theme: Pay by the mile/load compensation methods lead to unsafe driving behavior.

The goal of the proposed study is to evaluate all compensation methods including pay by the mile or load, but the study will not focus on or emphasize one method over another and determine if there is any relationship to safe driving behavior.

In response to an email request made by Ms. Monti, we are enclosing a copy of the research survey questionnaire.

This response is posted along with other public responses in the 30-day Federal Register notice; docket FMCSA-2014-0325. Should you need additional information or assistance, please contact Theresa Hallquist, Mathematical Statistician, FMCSA Research Division, at (202) 366-1064 or theresa.hallquist@dot.gov.

Sincerely,

Dr. Martin R. Walker
Chief, Research Division

Enclosure:
MCSA-5887

United States Department of Transportation
Federal Motor Carrier Safety Administration

Commercial Motor Vehicle Carrier Survey

(Online questionnaire item set)

FORM MCSA-5887

CARRIER NAME

CARRIER DEPARTMENT OF TRANSPORTATION NUMBER | NUMBER OF POWER UNITS | NUMBER OF FULL-TIME DRIVERS

STREET ADDRESS/ROUTE NUMBER | CITY | STATE | ZIP CODE

CARRIER TELEPHONE | CARRIER FAX

CONTACT PERSON FIRST NAME | CONTACT PERSON LAST NAME | SUFFIX

CONTACT PERSON TITLE/POSITION | CONTACT PHONE | CONTACT E-MAIL

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 *(please specify)*: _____

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
Pay by the mile		
Pay by the hour		
Salary		
Pay by percentage of load		
Pay by revenue		
Pay by delivery or stop		
Other *(please specify)*:		

QUESTION 4: *Has your company changed the way it pays its drivers within the past five years?*
(If "yes," complete questions 5 and 6; if "no," skip to question 7)

○ Yes ○ No

QUESTION 5: *If you answered "yes" to Question 4, please describe the change your company made to the way it pays it's drivers:*

QUESTION 6: *If you answered "yes" to Question 4, please explain why your company changed the way it pays it's drivers:*

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

☐ Short-haul ☐ Long-haul ☐ Line-haul

QUESTION 8: *If you indicated earlier that you pay by multiple methods of compensation, then this question deals with how your pay methods break down by type of operation. What percent of your operations does each pay method apply to?*
(Note: 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	Other	TOTAL
Short-haul								
Long-haul								
Line-haul								
							Total (100%)	

QUESTION 9: *If you indicated that you pay some or all of your 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 specify)*: _____

QUESTION 10: *If you indicated that 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:

☐ On-duty hours not driving beyond the 14-hour driving limit?

☐ Sleeper berth time? ☐ On-duty not driving time?

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 *(please specify)*: _____

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

Full-Time: _____ Part-Time: _____ Leased/Contract: _____

QUESTION 13: *You indicated that a total of _____ drivers have worked for your company over the last 24 months. Please indicate the number of safety-related events associated to drivers by compensation type during that period:*

	Number of Events			
Type of Safety Event	**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 too close, etc.)*				
Other safety-related violations *(please indicate below)*				

Please list other safety-related violations indicated above:

QUESTION 14: *What is the average annual total compensation of your full-time drivers?* (check only one)

○ 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?* (check all that apply)

☐ 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?* (check all that apply)

☐ Safe driving ☐ On-time delivery ☐ Revenue

☐ Other *(please specify)*: _____

QUESTION 17: *What is the average age of all drivers working for your company? (check only one)*

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

QUESTION 18: *What is the average years of experience of all drivers working for your company? (check only one)*

○ 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?*
(check only one; for a one-year period calculate [(Total Employees – Employees Quit or Fired)/Total Employees] × 100 = Retention Rate)

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

QUESTION 21: *What process or programs do you employ to encourage retention? (check all that apply)*

☐ Selective recruitment ☐ Higher pay ☐ Performance bonuses
☐ Tenure incentives ☐ Training or education
☐ Other *(please specify)*: _____

QUESTION 22: *Which best describes your commercial operation?*
(check one)

○ For-hire ○ Private

(check all that apply)

☐ Truckload ☐ Less-than-truckload ☐ Regional
☐ Tanker ☐ Other *(please specify)*: _____

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? (check only one)*

○ 1-5 ○ 6-50 ○ 51-500 ○ More than 500

QUESTION 26: *Do you use safety monitoring systems or processes for your drivers? (check all that apply)*

☐ On-board recorders ☐ GPS units ☐ Speed limiters
☐ Other *(please specify)*: _____

QUESTION 27: *What is the average annual miles driven for your company?*

_____

QUESTION 28: *On average, approximately how many annual miles do your drivers drive a commercial vehicle for your company? (check only one)*

○ 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? (check only one)*

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

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

- ☐ General freight/truckload
- ☐ General freight/less-than-truckload
- ☐ Building materials
- ☐ Hazardous chemicals
- ☐ Processed foods
- ☐ Heavy machinery
- ☐ Raw petroleum products
- ☐ Refined petroleum products
- ☐ Automotive parts or vehicles
- ☐ Forest products
- ☐ Farm fresh products
- ☐ Household goods
- ☐ Retail store—grocery delivery
- ☐ Bulk—dump truck
- ☐ Parcels
- ☐ Mine ores
- ☐ Other *(please describe)*: _____

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'S FIRST NAME _____ DRIVER'S MIDDLE NAME _____ DRIVER'S LAST NAME _____

COMMERCIAL LICENSE NUMBER _____ STATE _____

QUESTION D2: *Was _____ 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? (check only one)*

- ○ 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? (check all that apply)*

- ☐ Paid by the mile
- ☐ Paid by the hour
- ☐ Salary
- ☐ Paid by percentage of load
- ☐ Paid by revenue
- ☐ Paid by delivery or stop
- ☐ Other *(please specify)*: _____

QUESTION D6: *In what age group does this driver belong? (check only one)*

- ○ 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? (check only one)*

- ○ 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