



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. Prasad Sharma, Esq.  
Senior Vice President and General Counsel  
American Trucking Associations, Inc.  
950 North Glebe Road, Suite 210  
Arlington, VA 22203

Dear Mr. Sharma:

Thank you for your comments concerning the Federal Motor Carrier Safety Administration's (FMCSA) New Information Collection Request: The Impact of Driver Compensation on Motor Vehicle Safety [Docket No. FMCSA-2014-0325]. The following are responses to issues you raise in your letter. I have combined your issues into themes and followed each with the response.

**Theme:** The FMCSA should focus its efforts on issues directly related to its core mission (to reduce crashes, injuries and fatalities involving large trucks and buses) and not concern its resources with the business relationship between motor carriers and drivers.

**FMCSA Response:** The FMCSA strives to pursue its mission using a strategic approach that not only includes enhancing and enforcing the Federal Motor Carrier Regulations but also reducing the number and severity of commercial motor vehicle (CMV) crashes and enhancing the efficiency of CMV operations by conducting systematic studies directed toward fuller scientific discovery, knowledge, or understanding (FMCSA Analysis, Research and Technology Mission Statement). Conducting research to understand the nature of an industry or entity and the means it conducts its business and operations is at the heart of any safety-conscious work environment including the motor carrier industry. The proposed study is within the FMCSA's mission and is in the best interests of public safety and the motor carrier industry.

**Theme:** The proposed study implies the FMCSA has a predisposition to eliminating all forms of pay except hourly.

**FMCSA Response:** The FMCSA acknowledges its statement made on the FMCSA website that "An unintended safety consequence of the pay-per-mile system is that it may reward drivers for speeding and for driving excessive miles." This statement was not intended to imply this research has a predisposition to any particular method of compensation, nor does the research plan reflect such a bias. This study is designed to capture all methods of pay across the motor carrier industry independent of the type of operation and assess its potential relationship to driver

behavior. This research is being conducted to determine whether there is a statistical relationship between method of driver compensation and safety.


**Theme: The proposed ICR needs to consider additional influential variables related to safety performance.**

**FMCSA Response:** The FMCSA acknowledges that there may be many factors that affect safe driving performance such as driver experience, training, type of operation, as well as geographic location and so on. This study will focus on how compensation of any method or combination affects driver safety performance but will certainly control for potential confounding variables. Future research efforts may focus on other areas of carrier operations or driver performance.

In response to your comment that FMCSA did not include the survey items in the ICR, we are enclosing a printed copy of the 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](mailto:theresa.hallquist@dot.gov).

Sincerely,



Dr. Martin R. Walker  
Chief, Research Division

Enclosure:  
MCSA-5887

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2126-XXXX. Public reporting for this collection of information is estimated to be approximately 16 and 61 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary. The confidentiality of this collection will be kept private to the extent possible under law. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590-0001.



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

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 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  $[(\text{Total Employees} - \text{Employees Quit or Fired}) / \text{Total Employees}] \times 100 = \text{Retention Rate}$ )

- ☐ 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)

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

- |                                       |                                       |                                     |                                      |
|---------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="radio"/> 0-25,000        | <input type="radio"/> 25,001-50,000   | <input type="radio"/> 50,001-75,000 | <input type="radio"/> 75,001-100,000 |
| <input type="radio"/> 100,001-125,000 | <input type="radio"/> 125,001-150,000 | <input type="radio"/> Over 150,000  | <input type="radio"/> Unknown        |

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

- |                                     |                                    |                                    |
|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Short-haul | <input type="checkbox"/> Long-haul | <input type="checkbox"/> Line-haul |
|-------------------------------------|------------------------------------|------------------------------------|

**QUESTION D5:** How is this driver paid? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Paid by the mile              | <input type="checkbox"/> Paid by the hour | <input type="checkbox"/> Salary                   |
| <input type="checkbox"/> Paid by percentage of load    | <input type="checkbox"/> Paid by revenue  | <input type="checkbox"/> Paid by delivery or stop |
| <input type="checkbox"/> Other (please specify): _____ |   |   |

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

- |                                       |                             |                                   |                             |
|---------------------------------------|-----------------------------|-----------------------------------|-----------------------------|
| <input type="radio"/> Younger than 25 | <input type="radio"/> 25-34 | <input type="radio"/> 35-44       | <input type="radio"/> 45-54 |
| <input type="radio"/> 55-64           | <input type="radio"/> 65-74 | <input type="radio"/> 75 or older |                             |

**QUESTION D7:** What is this driver's approximate gross average annual income? (check only one)

- |  |   |   |   |
|--|---|---|---|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$20,000-\$29,999 | <input type="radio"/> \$30,000-\$39,999 | <input type="radio"/> \$40,000-\$49,999 |
| <input type="radio"/> \$50,000-\$59,999  | <input type="radio"/> \$60,000-\$69,999 | <input type="radio"/> \$70,000 or more  |   |