



## OPERATIONAL COSTS OF TRUCKING SURVEY

The American Transportation Research Institute (ATRI) is again conducting its annual survey of **for-hire** motor carriers to collect information on trucking industry operational costs in order to update ATRI's ongoing *Operational Costs of Trucking* report. ATRI is seeking cost data **from 2016** associated with operating a truck. The final report, which will be made available in early Fall, will support studies related to industry productivity, driver issues, and fuel efficiency. Please note that the questions below are focused on TRUCK-TRACTORS. IF your fleet also operates STRAIGHT trucks, you will have an opportunity at the end of the survey to submit separate cost information for the Straight trucks in your fleet.

Survey responses will be kept completely **confidential**. Personal, organizational, or financial information will never be released for public use under any circumstances, and will only be used internally for research analyses. The final report will only be presented in an aggregated, non-identifying format. As needed, ATRI will sign a Confidentiality Agreement.

The survey can be completed online at <https://atri.checkboxonline.com/OpCosts2017.aspx>, or by completing this form and returning it via email to [dmurray@trucking.org](mailto:dmurray@trucking.org) or via fax to 770-432-0638.

All respondents submitting a completed, usable survey will receive an *advance* copy of the 2017 *Operational Costs of Trucking* report.

If you have any questions please contact Dan Murray at [dmurray@trucking.org](mailto:dmurray@trucking.org) or 651-641-6162.

### **CONTACT INFORMATION**

Please enter your contact information below. Occasionally ATRI will follow up with survey respondents to clarify answers. Your information will be kept strictly confidential. **All respondents will receive an advance copy of the report.**

Company	Contact Name
Street Address	Position/Title
City, State	Zip
Phone	Email

**DEMOGRAPHICS**

1) What was your company’s annual trucking-related revenue in 2016? (Exclude brokerage/logistics revenue)

\$ \_\_\_\_\_

2) What is your primary for-hire business operation type? (Select one)

Truckload	<input type="checkbox"/>
Less-Than-Truckload	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>
Tanker	<input type="checkbox"/>
Express / Parcel Service	<input type="checkbox"/>
Intermodal Drayage	<input type="checkbox"/>
Automotive Transportation	<input type="checkbox"/>
Dedicated Services	<input type="checkbox"/>
Household Goods Mover	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

3) What are the three primary types of commodities that your company hauls? (While your company may haul multiple commodities, select only the top 3 most frequently hauled commodities.)

<input type="checkbox"/> Agricultural Products	<input type="checkbox"/> Livestock
<input type="checkbox"/> Automotive Parts	<input type="checkbox"/> Manufactured Goods
<input type="checkbox"/> Construction/Building Materials	<input type="checkbox"/> Mine Ores
<input type="checkbox"/> Finished Vehicles	<input type="checkbox"/> Modular/Mobile Homes
<input type="checkbox"/> Forest Products	<input type="checkbox"/> Paper Products
<input type="checkbox"/> Garbage or Sanitation	<input type="checkbox"/> Petroleum Products
<input type="checkbox"/> General Freight	<input type="checkbox"/> Refrigerated Food
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Retail Store/General Merchandise
<input type="checkbox"/> Heavy Machinery/Equipment	<input type="checkbox"/> U.S. Mail/Parcel Service
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Industrial Gases	_____
<input type="checkbox"/> Intermodal Containers	<input type="checkbox"/> Don't Know

4) What was your company’s fleet size, average age and average number of miles traveled (including owner operators) in 2016 for each equipment type?

Power Unit	Number of Assets	Average Age (in years)	Average Miles per Year per Unit
Truck-Tractor			

Trailer Type	Number of Assets	Average Age (in years)
28' Trailer		
45' Trailer		
48' Trailer		
53' Trailer		
Tank		
Flatbed		
Auto Transporter		
Refrigerated Trailer		
Other (please specify):		
Other (please specify):		
Other (please specify):		

**5) How long do you typically keep your equipment?** (Specify years or miles)

Equipment Type	Avg. Trade Cycle	Years	Miles
Truck-Tractors		<input type="checkbox"/>	<input type="checkbox"/>
Trailers		<input type="checkbox"/>	<input type="checkbox"/>

**6) Are any of the trucks in your fleet powered by an alternative fuel (i.e. do not run exclusively on diesel or gasoline)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, please indicate the number of trucks in your fleet that use each of the alternative fuels listed below.

Alternative Fuel Type	Number of Trucks
Compressed Natural Gas (CNG)	
Liquefied Natural Gas (LNG)	
Battery - Electric	
Hybrid Engine	
Other (please specify):	

**7) Based on your fleet's IFTA data for TRUCK-TRACTORS, what was your fuel economy in miles per gallon (MPG) for 2016 (i.e. real miles driven divided by gallons of fuel purchased)?**  
 \_\_\_\_\_ MPG

**8) For your fleet, what is your typical operating weight in pounds?**  
 \_\_\_\_\_ LBS

**9) While your vehicles were in motion, what was your fleet-wide average travel speed in miles per hour (MPH)?**  
 \_\_\_\_\_ MPH

10) Does your company currently use Electronic Logging Devices (ELDs) for Hours-of-Service recordkeeping (also known as Electronic On-board Recorders, or EOBRs)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, what percentage of your company's trucks used ELDs in 2016?  
 \_\_\_\_\_ % of trucks

11) Are any of the trucks in your fleet speed limited or governed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, please provide the maximum speed setting and the percent of your fleet governed at that speed.

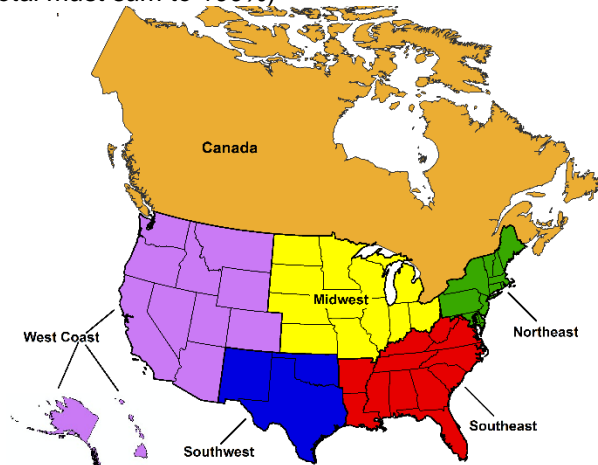
Maximum Speed (MPH)	Percent of Trucks

12) Based on your fleet's IFTA miles, what percentage of your drivers' trips were in the following categories in 2016? (Total must sum to 100%)

Local pickups and deliveries (less than 100 miles)	
Regional pickups and deliveries (100 – 500 miles)	
Inter-regional pickups and deliveries (500 – 1,000 miles)	
National (greater than 1,000 miles)	
<b>Total</b>	<b>100 %</b>

13) Please estimate the percentage of miles traveled by your fleet (include owner operator miles) in the following regions during 2016. (Total must sum to 100%)

Region	% of Total Miles
Midwest	
Northeast	
Southeast	
Southwest	
West	
Canada	
<b>Total</b>	<b>100%</b>



14) What percent of your total annual truck-tractor miles were non-revenue/dead-head miles in 2016?

\_\_\_\_\_ % of total 2016 miles

15) What was your average loading/dwell time per trip involving truck-tractors at shipper / receiver facilities in 2016? (Average time in hours)

\_\_\_\_\_ Hours per trip

**OPERATIONAL COSTS**

**16) Please list the pay per mile (\$/mile) or pay per hour (\$/hour) for SINGLE TRUCK-TRACTOR drivers in 2016. (If there are multiple pay rates for the same type of driver please use the average pay rate.)**

Type of Pay	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Pay per Mile <sup>1</sup>			
Benefits per Mile <sup>2</sup>			
Pay per Hour <sup>1</sup>			
Benefits per Hour <sup>2</sup>			

<sup>1</sup> Pay – Include only base pay. Do not include benefits, incentives and bonuses.

<sup>2</sup> Benefits – Include employer contributions to medical insurance, per diem and other financial benefits to the driver that are a standard part of employment. Do not include incentives and bonuses.

Please list the benefits you provide to drivers that were included in the calculation above:

\_\_\_\_\_

**17) Do you provide any additional financial incentives and/or bonus pay for SINGLE TRUCK-TRACTOR drivers that are not part of their regular wages?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, what was the average incentive and/or bonus pay paid per driver in 2016? (Please report as an annual average paid per driver.)

Type of Bonus	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Safety Bonus			
On-Time Delivery Bonus			
New / Starting Driver			
Retention Bonus			

**18) Do you employ team drivers?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, please list the pay per mile (\$/mile) or pay per hour (\$/hour) rates for the following types of TRUCK-TRACTOR drivers who drove as part of a TEAM in 2016. (Please use the pay rate for each individual driver, not the team rate. If there are multiple pay rates for the same type of driver, please use the average pay rate.)

Type of Pay	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Pay per Mile <sup>1</sup>			
Benefits per Mile <sup>2</sup>			
Pay per Hour <sup>1</sup>			
Benefits per Hour <sup>2</sup>			

<sup>1</sup> **Pay** – Include only base pay. Do not include benefits, incentives and bonuses.

<sup>2</sup> **Benefits** – Include employer contributions to medical insurance, per diem and other financial benefits to the driver that are a standard part of employment. Do not include incentives and bonuses.

Please list the **benefits** you provide to drivers that were included in the calculation above:

**19) Do you provide any additional financial incentives and/or bonus pay for TEAM TRUCK-TRACTOR drivers that are not part of their regular wages?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, what was the average incentive and/or bonus pay paid per individual driver in 2016? (Please report as an annual average paid per driver.)

Type of Bonus	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Safety Bonus			
On-Time Delivery Bonus			
New / Starting Driver			
Retention Bonus			

**20) Please list your 2016 average TRUCK-TRACTOR cost per mile for the following key cost centers, calculated using IFTA miles:** (If the amount equals zero, please enter 0. If the line-item does not apply to your operation, please enter N/A.)

Expense Type	2016 Cost per Mile
Repair & Maintenance • Include R&M costs for all trucks and trailer; do not include tire-related expenses.	\$
Tires • Include all purchase, maintenance, re-treading, and replacement costs.	\$
Fuel Costs • Include all transportation fuel. <u>Do not</u> include fuel surcharge revenue.	\$
Truck Insurance Premiums • Include all liability, cargo, and excess liability policy premiums related to insuring the truck. Do not include workers compensation costs/insurance.	\$
Truck and Trailer Lease or Purchase Payments • Include all payment costs, and interest and fees associated with the payments. <u>Do not</u> include depreciation tax benefits.	\$
Tolls	\$
Permits & Special Licenses • Include permits for oversize/overweight, HazMat, etc.	\$
Other • Please specify: _____	\$
<b>Total</b>	<b>\$</b>

**STRAIGHT TRUCKS**

21) Does your fleet operate straight trucks?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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22) What was the number, average age and average number of miles traveled in 2016 for straight trucks in your fleet?

Power Unit	Number of Assets	Average Age (in years)	Average Miles per Year per Unit
Straight Truck			

23) How long do you typically keep straight trucks? (Specify years or miles)

Equipment Type	Avg. Trade Cycle	Years	Miles
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>

24) Based on your fleet's IFTA data for STRAIGHT TRUCKS, what was your fleet-wide fuel economy in miles per gallon (MPG) for 2016 (i.e. real miles driven divided by gallons of fuel purchased)?

\_\_\_\_\_ MPG

25) What percent of your total annual straight truck miles were non-revenue/dead-head miles in 2016?

\_\_\_\_\_ % of total 2016 miles

26) What was your average loading/dwell time per trip involving straight trucks at shipper / receiver facilities in 2016? (Average time in hours)

\_\_\_\_\_ Hours per trip

27) Please list the pay per mile (\$/mile) or pay per hour (\$/hour) for STRAIGHT TRUCK drivers in 2016. (If there are multiple pay rates for the same type of driver please use the average pay rate.)

Type of Pay	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Pay per Mile <sup>1</sup>			
Benefits per Mile <sup>2</sup>			
Pay per Hour <sup>1</sup>			
Benefits per Hour <sup>2</sup>			

<sup>1</sup> Pay – Include only base pay. Do not include benefits, incentives and bonuses.

<sup>2</sup> Benefits – Include employer contributions to medical insurance, per diem and other financial benefits to the driver that are a standard part of employment. Do not include incentives and bonuses.

Please list the benefits you provide to drivers that were included in the calculation above:

\_\_\_\_\_

28) Do you provide any additional financial incentives and/or bonus pay for STRAIGHT TRUCK drivers that are not part of their regular wages?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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If yes, what was the average incentive and/or bonus pay paid per driver in 2016? (Please report as an annual average paid per driver.)

Type of Bonus	Company Driver / Company Truck	Leased Driver / Company Truck	Owner Operator
Safety Bonus			
On-Time Delivery Bonus			
New / Starting Driver			
Retention Bonus			

29) Please list your 2016 **average STRAIGHT TRUCK cost per mile** for the following key cost centers, calculated using IFTA miles: *(If the amount equals zero, please enter 0. If the line-item does not apply to your operation, please enter N/A.)*

Expense Type	2016 Cost per Mile
Repair & Maintenance <ul style="list-style-type: none"> <li>• Include R&amp;M costs for all trucks and trailer; do not include tire-related expenses.</li> </ul>	\$
Tires <ul style="list-style-type: none"> <li>• Include all purchase, maintenance, re-treading, and replacement costs.</li> </ul>	\$
Fuel Costs <ul style="list-style-type: none"> <li>• Include all transportation fuel. <u>Do not</u> include fuel surcharge revenue.</li> </ul>	\$
Truck Insurance Premiums <ul style="list-style-type: none"> <li>• Include all liability, cargo, and excess liability policy premiums related to insuring the truck. <u>Do not</u> include workers compensation costs/insurance.</li> </ul>	\$
Truck and Trailer Lease or Purchase Payments <ul style="list-style-type: none"> <li>• Include all payment costs, and interest and fees associated with the payments. <u>Do not</u> include depreciation tax benefits.</li> </ul>	\$
Tolls	\$
Permits & Special Licenses <ul style="list-style-type: none"> <li>• Include permits for oversize/overweight, HazMat, etc.</li> </ul>	\$
Other <ul style="list-style-type: none"> <li>• Please specify: _____</li> </ul>	\$
<b>Total</b>	<b>\$</b>

**Thank you! We greatly appreciate your participation.**

Please return completed survey to ATRI via  
 Email ([dmurray@trucking.org](mailto:dmurray@trucking.org)) or fax (770-432-0638)