



# 2020 ANNUAL BENCHMARKING SURVEY INSTRUMENT



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# INTRODUCTORY INFORMATION

The National Private Truck Council is conducting its 2020 Benchmarking Survey, which reflects performance achieved in the 2019 calendar year. This survey is designed for the benefit of our members and the private fleet community. The purpose is to help you benchmark your operation to other best-in-class performers, thereby validating your performance and identifying areas of opportunity.

The final report of the Benchmarking Report will be released on August 1, 2020. Participants in the survey will be invited to sit in on a special pre-release webcast to review the results in detail. In addition, those companies that participate in the survey are welcome to request specialized, customized reports to better calibrate their operation against best-in-class performers.

Since many of you operate distinct private fleet operations (i.e. long-haul, DSD, interplant, etc.), and in order to make the survey more meaningful, please consider filling out separate surveys for each distinct operation. This will help ensure an apples-to-apples comparison in addition to providing you with a more valuable report.

**We understand the essentiality of keeping your responses completely confidential. YOUR COMPANY'S RESPONSES WILL NOT BE REPORTED TO OTHER COMPANIES NOR SHARED WITH ANYONE, RATHER THEY WILL SIMPLY BE AGGREGATED INTO A BROAD DATA SET FOR ANALYSIS OF TRENDS AND INDUSTRY STANDARDS.**

In order to make the data collection process less cumbersome, you can request to see the survey that your company submitted last year. If you would like to arrange a conference call to review your data, or if you have any questions while answering the survey, please feel free to contact Tom Moore, CTP directly at [tmoore@nptc.org](mailto:tmoore@nptc.org) or (703)838-8898.

# GENERAL INFORMATION

**1. What is the primary reason your company operates a private fleet?**

1.

2.

3.

**2. What are the principal commodities or products your private fleet hauls for your company?**

**3. How do your freight movements in 2019 compare to the previous year (by percentage) in the following categories?**

By shipments

By volume/tonnage

By value

By miles

**4. What are the top issues/challenges you face in your operation?**

1.

2.

3.

**5. What were your most significant achievements in 2019?**

1.

2.

**6. Please indicate any NEW initiatives that have improved cost, safety, or performance for your company instituted in 2019:**

# EQUIPMENT INFORMATION

1. Please answer the following based on the **HEAVY-DUTY (Class 8)** power units in your private fleet:

	TOTAL	% CHANGE FROM 2018
Number Owned	<input type="text"/>	<input type="text"/>
Number Leased	<input type="text"/>	<input type="text"/>
Number Rented (Annualized)	<input type="text"/>	<input type="text"/>
Trade Cycle (Years)	<input type="text"/>	<input type="text"/>
Trade Cycle (Miles)	<input type="text"/>	<input type="text"/>
Average Annual Miles Per Unit	<input type="text"/>	<input type="text"/>

2. Please answer the following based on the **MEDIUM-DUTY (Class 5-7)** power units in your private fleet:

	TOTAL	% CHANGE FROM 2018
Number Owned	<input type="text"/>	<input type="text"/>
Number Leased	<input type="text"/>	<input type="text"/>
Number Rented (Annualized)	<input type="text"/>	<input type="text"/>
Trade Cycle (Years)	<input type="text"/>	<input type="text"/>
Trade Cycle (Miles)	<input type="text"/>	<input type="text"/>
Average Annual Miles Per Unit	<input type="text"/>	<input type="text"/>

3. Please answer the following based on the **VAN TRAILERS** in your private fleet:

	OWNED	LEASED	TRADE CYCLE (YR)
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Change from 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Please answer the following based on the **REFRIDGERATED TRAILERS** in your private fleet:

	OWNED	LEASED	TRADE CYCLE (YR)
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Change from 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Please answer the following based on the **FLATBED TRAILERS** in your private fleet:

	OWNED	LEASED	TRADE CYCLE (YR)
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Change from 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Please answer the following based on the **OTHER TRAILERS** in your private fleet:

	OWNED	LEASED	TRADE CYCLE (YR)
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Change from 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please answer the following based on the **BULK TRAILERS** in your private fleet:

	OWNED	LEASED	TRADE CYCLE (YR)
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Change from 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If you lease your **HEAVY-DUTY** power equipment, please list the percentage you use of the following types of lease:

Finance Lease with Maintenance	<input type="text"/>
Full-Service Lease	<input type="text"/>

Fair Market Value Lease	<input type="text"/>
TRAC	<input type="text"/>

9. Please list the percentage of your power unit population that uses the following fuel types:

	GASOLINE	DIESEL	LNG	CNG	HYBRID	ELECTRIC
HEAVY-DUTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEDIUM-DUTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Please complete the following regarding mileage and fuel for 2019:

	Heavy-Duty	Medium-Duty
Average Miles Per Gallon	<input type="text"/>	<input type="text"/>

11. What is your annual mileage for your fleet by tractor type?

HEAVY-DUTY	MEDIUM-DUTY
<input type="text"/>	<input type="text"/>

12. What is your average miles per truck per month for the following years?

2019	2018
<input type="text"/>	<input type="text"/>

13. **TRACTOR UTILIZATION: Out of a normal 24-hour period, what is the average number of hours that your truck operates?** [NOTE: operational hours includes all productive time for pickup/loading, delivery/unloading and driving. It does NOT include non-productive hours such as time in the shop, time in the yard not operating, layover/sleeper berth]

14. **What is your trailer dormancy rate (percentage of time your average trailer sits during the course of the average week)?**

15. **What is the average number of trips your average trailer is used during the typical week?**

## FLEET MAINTENANCE

1. **What is your power units' breakdown percentage (breakdowns per 100,000 miles)?**

2. **What are the leading causes of those breakdowns?**

- |                                    |  |  |   |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Brakes    | <input type="checkbox"/> Lighting                              | <input type="checkbox"/> Electrical                      | <input type="checkbox"/> Fuel System    |
| <input type="checkbox"/> Engine    | <input type="checkbox"/> Tires                                 | <input type="checkbox"/> Drivetrain                      | <input type="checkbox"/> Cooling system |
| <input type="checkbox"/> Emissions | <input type="checkbox"/> Other <small>(please specify)</small> | <input style="width: 300px; height: 20px;" type="text"/> |   |

3. **What is your power unit's PM currency rate?** (For the purposes of this survey, PM currency is defined as "Total class population minus number of PM's past due divided by total class population equals percentage of PM's complete)

- |                                 |                                    |                                     |                                 |
|---------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> 100%   | <input type="checkbox"/> 95-99%    | <input type="checkbox"/> 90-94%     | <input type="checkbox"/> 85-89% |
| <input type="checkbox"/> 80-84% | <input type="checkbox"/> Below 80% | <input type="checkbox"/> Don't know |                                 |

4. **Percentage of your maintenance spend that is conducted:**

	2019	2018
In-house	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
Outsourced	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
	NOTE: SHOULD ADD UP TO 100%	NOTE: SHOULD ADD UP TO 100%

**5. When maintenance is outsourced, where is it conducted by percentage?**

Full-service Lease Provider	<input type="text"/>	
OEM Dealer	<input type="text"/>	
Independent Provider	<input type="text"/>	
Other	<input type="text"/>	Please list other locations: <input type="text"/>

# PERSONNEL

**1. Please list the number of drivers in the following categories:**

	TOTAL NUMBER	UNION %	NON-UNION %
Full-Time Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner-Operators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time leased	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary (full-time equivalents)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. What percent of your drivers are non-CDL drivers?**

**3. What percentage of your workforce do team drivers comprise?**

**4. What percentage of your total mileage is run by teams?**

**5. How many non-driving personnel (full-time equivalent) do you have in your fleet?**

Supervisors/managers	<input type="text"/>	Safety and compliance	<input type="text"/>
Accounting, billing, payroll	<input type="text"/>	Administrative/ other personnel	<input type="text"/>
Maintenance and equipment	<input type="text"/>	Dispatchers and/or fleet managers	<input type="text"/>
Backhaul, brokerage, etc.	<input type="text"/>	Tax and registration	<input type="text"/>
IT/Technology	<input type="text"/>		
TOTAL		<input type="text"/>	

**6. What are the minimum qualifications to drive for your fleet?**

Age  Years' experience

Other (please list)

**7. Do you use any of the following screening programs?**

Hair follicle testing       Personality profiling       Functional capacity testing       PSP

Other (please specify)

**8. What is the total number of drivers lost in 2019 for any reason?**

Total drivers lost

Annual turnover rate  
(number of drivers lost divided by total drivers)

**9. What is your turnover rate measured by time in service?**

30 days	<input type="text"/>	1 year	<input type="text"/>
60 days	<input type="text"/>	5 years	<input type="text"/>
90 days	<input type="text"/>	10 years or greater	<input type="text"/>
6 months	<input type="text"/>		

**10. What is the average cost of turnover/onboarding a new driver?**



**11. By percentages, what is the primary reason most drivers leave your company:**

For another driving job	<input type="text"/>	For another job outside the industry	<input type="text"/>
Retirement	<input type="text"/>	Discipline	<input type="text"/>
Death	<input type="text"/>	Change in Business	<input type="text"/>
Medical disqualification	<input type="text"/>	Other	<input type="text"/>

**12. In the average week, how many hours does the average driver spend doing the following:**

Driving	<input type="text"/>	
Loading Product	<input type="text"/>	
Unloading Product	<input type="text"/>	
Other duties at start/end of shift	<input type="text"/>	Please explain: <input type="text"/>
TOTAL	<input type="text"/>	

**13. DRIVER UTILIZATION: How many hours was your average driver on-duty in 2019?** [NOTE: Do not include vacation, sick leave, or holidays]

**14. What percentage of your driver workforce is:**

HOME EVERY NIGHT	OUT OVERNIGHT	OUT MORE THAN 2 NIGHTS A WEEK
<input type="text"/>	<input type="text"/>	<input type="text"/>

**15. Does your company have a wellness program?**

Yes                       No                       Don't Know

**16. Please check all components of your company's wellness program:**

<input type="checkbox"/> Sleep management education/testing	<input type="checkbox"/> Smoking cessation	<input type="checkbox"/> Exercise programs
<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Mental Counseling	<input type="checkbox"/> Grief Counseling
<input type="checkbox"/> Sleep Management testing	<input type="checkbox"/> Weight Management	
<input type="checkbox"/> Other (please list):	<input type="text"/>	

17. What is the average age of your driver workforce?

18. DRIVER TENURE: What is the average number of years your driver workforce has been with your company?

19. By percentage, where did your new driver hires work prior to joining your company?

Internal (somewhere else in your company)

Another Private Fleet

For-hire LTL

For-hire Truckload

Military

Driver Schools

Other

Please explain:

20. How do you recruit new drivers?

- |  |   |   |                                   |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Advertising         | <input type="checkbox"/> Word of Mouth            | <input type="checkbox"/> Radio  | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Use of temp to hire | <input type="checkbox"/> Driver training programs | <input type="checkbox"/> Recruiting/staffing agency that does direct placements |                                   |
| <input type="checkbox"/> Referrals           | <input type="checkbox"/> Other (please specify)   | <input type="text"/>  |                                   |

21. What is the average age of your new driver hire?

# PERSONNEL- COMPENSATION

1. What is the average full-time driver's annual W-2 gross wages?

2. What is the average driver's gross annual wages in each of the following categories?

	DRIVER AVERAGE	OVER-THE- ROAD	REGIONAL/ MULTI-STOP	LOCAL/ INTRAPLANT
Starting	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
After 1 year	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
After 3 years	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Maximum	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

3. How are your drivers paid (please check all that apply)?

	Over-the-Road	Regional-Multi-Stop	Intraplant
Hourly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mileage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity-Based (Performance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you offer an annual guaranteed minimum pay package?

Yes                       No                       Don't Know

5. Do you offer an annual guaranteed maximum pay package?

Yes                       No                       Don't Know

6. For mileage-based pay, what is your average pay rate?

STARTING	YEAR ONE	MAXIMUM
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

7. For hourly-based pay, what is your average pay rate?

8. If you utilize activity-based/ performance pay, what are the components?

**9. Please check all components available to a driver in your company's benefit package:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Medical                 | <input type="checkbox"/> Dental               | <input type="checkbox"/> Tuition Reimbursement | <input type="checkbox"/> Pension Plan  |
| <input type="checkbox"/> Paid Sick Days          | <input type="checkbox"/> Paid holidays        | <input type="checkbox"/> Life Insurance        | <input type="checkbox"/> Family leave  |
| <input type="checkbox"/> Short-term disability   | <input type="checkbox"/> Long-term disability | <input type="checkbox"/> Vision                | <input type="checkbox"/> Funeral leave |
| <input type="checkbox"/> 401k                    | <input type="checkbox"/> Continuing education | <input type="checkbox"/> Profit sharing        |  |
| <input type="checkbox"/> Other (please specify): | <input type="text"/>                          |  |  |

**10. In addition to regular compensation, do your driver receive incentive or bonus pay?**

- Yes                       No                       Don't Know

**11. What is the average incentive potential (as a percent of base total pay)?**

**12. If you offer incentive pay, check all the components/metrics used:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Safety            | <input type="checkbox"/> Productivity           | <input type="checkbox"/> On-time percentage | <input type="checkbox"/> Compliance       |
| <input type="checkbox"/> New Hire Referral | <input type="checkbox"/> MPG                    | <input type="checkbox"/> Company Goals      | <input type="checkbox"/> Attendance       |
| <input type="checkbox"/> Appearance        | <input type="checkbox"/> Retention              | <input type="checkbox"/> Idle Time          | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Stop pay          | <input type="checkbox"/> Other (please specify) | <input type="text"/>                        |   |

# OPERATIONS

1. What's the number of total terminal, distribution, maintenance and/or physical locations in your operation?

2. How has that changed from 2018?

3. Is your private fleet used as leverage against for-hire carriers?

Yes

No

Don't Know

4. What percentage of your fleet's loads or shipments

WEIGH OUT

CUBE OUT

AVERAGE PAYLOAD WEIGHT

5. Over the next five years my fleet will (check all that apply):

Please specify percentage change:

Add equipment (net growth in size of fleet)

Handle more of my company's freight

Eliminate equipment (net reduction in size of fleet)

Handle less of my company's freight

Stay the same size

6. What are the reasons for this?

7. For comparison purposes, do you benchmark typical for-hire cost-per-mile in lane bands with similar length of haul?

Yes

No

Don't Know

8. What percentage of your operation (measured by equipment) is slip-seated?

**9. Backhaul Utilization:**

What is your fleet's empty mileage percentage?

What percentage of these miles are available for backhaul?

How has this changed over the past year?

What are the reasons for this change?

For your backhaul freight, what is revenue per total mile?

**10. Does your fleet have for-hire authority and solicit non-company backhaul freight?**

- Yes  No  Don't Know

**11. Which takes priority?**

- Contract Freight  Company Freight  Equal Priority

**12. Does your private fleet have its own transportation sales force?**

- Yes  No  Don't Know

**13. Does your private fleet use broker or internet sites to find backhauls?**

- Yes  No  Don't Know

**14. Does your fleet act as a broker or transportation department to move loads it cannot or does not want to move with its private fleet?**

- Yes  No  Don't Know

**15. What measures of customer service do you track? (check all that apply):**

- Early delivery  Late delivery  Customer comments  OS&D  
 Delivery accuracy  Dwell/unload time  Safety scores  Formal customer surveys

Other (please specify):

**15. If on-time delivery is tracked, please check the standard to which your fleet is measured:**

- +/- 10 minutes  +/- 15 minutes  +/- 30 minutes  +/- 45 minutes

+/- 60 minutes  Other (please specify):

# OUTBOUND OPERATIONS

1. What percentage of your company's OUTBOUND freight volume is handled by the following?

<b>Private Fleet</b>	
<b>For-Hire Carrier</b> (transactional TL or LTL freight movements)	
<b>Dedicated/Third-Party Provider</b> (longer-term contractual arrangement provided by for-hire carrier, dedicated carrier)	
<b>Rail</b>	
<b>Other</b> (please explain)	

TOTAL should equal 100%

2. Please provide the following information about your PRIVATE FLEET OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Private Fleet to Retail Outlet			
Private Fleet to Distribution Center			
Private Fleet Interplant			

3. Please provide the following information about your FOR-HIRE OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
For-hire to Retail Outlet			
For-hire to Distribution Center			
For-hire Interplant			

**4. Please provide the following information about your DEDICATED/  
THIRD-PARTY OUTBOUND MOVES:**

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Dedicated/Third-Party to Retail Outlet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dedicated/Third-Party to Distribution Center	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dedicated/Third-Party Interplant	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Please provide the following information about your RAIL OUTBOUND MOVES:**

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Rail to Retail Outlet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rail to Distribution Center	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interplant	<input type="text"/>	<input type="text"/>	<input type="text"/>

# INBOUND OPERATIONS

**1. Please describe how your company's inbound freight volume is handled below:**

	Percentage of Inbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Private Fleet	<input type="text"/>	<input type="text"/>	<input type="text"/>
For-Hire Carrier	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dedicated/Third-Party	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rail	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>		



# TECHNOLOGY

**1. Does your fleet use on-board, GPS-enabled computers, or electronic logging devices)?**

- Yes                                       No                                       Don't Know

**2. Please check all the data that your on-board computers collect:**

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Driving Performance     | <input type="checkbox"/> Long item time     | <input type="checkbox"/> MPG          | <input type="checkbox"/> Payroll                                     |
| <input type="checkbox"/> E-logs                  | <input type="checkbox"/> Fuel tax           | <input type="checkbox"/> Sudden stops | <input type="checkbox"/> Non-driving performance (deliveries)        |
| <input type="checkbox"/> Progressive Shifting    | <input type="checkbox"/> On-time Percentage | <input type="checkbox"/> Speeding     | <input type="checkbox"/> Equipment Performance (maintenance related) |
| <input type="checkbox"/> Other (please specify): | <input type="text"/>                        |                                       |  |

**3. Does your private fleet use any back-office computer programs and/or software?**

- Yes                                       No                                       Don't Know

**4. Please check the types of information your company collects using the programs/software:**

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Dispatch           | <input type="checkbox"/> Payroll     | <input type="checkbox"/> Fuel tax               | <input type="checkbox"/> Payload            |
| <input type="checkbox"/> Out of route miles | <input type="checkbox"/> Safety      | <input type="checkbox"/> On-time Percentage     | <input type="checkbox"/> Planned vs. Actual |
| <input type="checkbox"/> Routing            | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other (please specify) | <input type="text"/>                        |

# COSTS

## 1. Does your fleet operate as?

Cost Center

Profit Center

I'm not sure

## 2. Please share your operational costs for 2019 in each category below:

	Annual Total Cost	Cost Per Mile	Cost Per Hour
<b>TOTAL COSTS</b>			
<b>POWER UNITS</b> (annual lease with sales and property tax OR principal and interest)			
<b>POWER UNIT MAINTENANCE</b> (all fixed and variable costs paid annual to maintain equipment, whether in-house or outsourced)			
<b>TIRES</b> (power unit and trailers)			
<b>TRAILERS</b> (annual lease or operating payments plus all registration and license fees)			
<b>TRAILER MAINTENANCE</b> (all fixed and variable costs paid annually to maintain equipment)			
<b>POWER UNIT FUEL</b> Non-power fuel (refrigerated fuel, etc.) (Total annual fuel spend. If needed, use this formula: total miles ÷ fleet mpg = total gallons x average price per gallon for the year = average fuel spend)			
<b>DRIVER PAYROLL</b> (including all W2 wages for time worked and pay for time not worked, (e.g. vacations, holiday, etc.) plus payroll taxes)			
<b>DRIVER BENEFITS</b> (Including health & welfare, retirement & savings, other insurance, uniforms, etc.)			
<b>LICENSES, PERMITS, AND REGISTRATION COSTS</b>			
<b>CLAIMS/ INSURANCE</b> (liability, cargo, and worker's comp)			
<b>MANAGEMENT &amp; ADMINISTRATIVE OVERHEAD</b> (All staff salaries, utilities, office equipment, corporate allocations, e.g. HR, IT, Legal, Finance, etc.)			
<b>ALL OTHER EXPENSES</b>			
	Annual Total Cost	Cost Per Mile	Cost Per Hour

# SAFETY

## 1. What is your 2019 DOT reportable crash rate?

(total DOT reportable crashes x one million ÷ total mileage)

What Percent of those were your fault?

What percent of those accidents did you challenge through DataQ?

What percent of these DataQ challenges were successful?

## 2. What is your 2019 preventable crash rate? (where preventable is defined as crashes resulting from errors, deficient conditions, work processes, or other problems that could have been prevented by one or more employee/management action(s), program(s), or practice(s) such as training, communication, coaching, equipment design, installation, maintenance, inspection, etc.)

(total DOT reportable crashes x one million ÷ total mileage)

## 3. What is your 2019 non-preventable crash rate? (crashes in which no errors, deficient conditions or work processes could be identified that contributed to the occurrence)

**NUMBER OF NON-PREVENTABLE ACCIDENTS**

(total DOT reportable crashes x one million ÷ total mileage)

## 4. What is your lost time injury rate for 2019? (Number of lost time injuries occurring in a workplace per 1 million hours worked)

Does this number reflect your private fleet or your parent company?

## 5. What is your most recent monthly CSA performance (represented by PERCENTAGE) in each of the following BASICS?

UNSAFE DRIVING

FATIGUED DRIVING (HOURS OF SERVICE)

DRIVER FITNESS

CONTROLLED SUBSTANCES AND ALCOHOL

VEHICLE MAINTENANCE

HAZARDOUS MATERIALS COMPLIANCE

CRASH INDICATOR

**6. Which of the following safety devices does your company utilize?  
(check all that apply)?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adaptive cruise control   | <input type="checkbox"/> Collision warning devices        | <input type="checkbox"/> Electronic stability control/anti-rollover |
| <input type="checkbox"/> Lane departure warning  | <input type="checkbox"/> Automatic/automated transmission | <input type="checkbox"/> Disk brakes                                |
| <input type="checkbox"/> Speed Monitoring  | <input type="checkbox"/> Backup camera                    | <input type="checkbox"/> Tire inflation systems                     |
| <input type="checkbox"/> In-cab camera (please specify front-facing, driver-facing, side-view, etc.) | <input type="text"/>                                      |   |
| <input type="checkbox"/> Other (please specify)  | <input type="text"/>                                      |   |

# GRAPHICS PROGRAM

**1. Does your fleet have a graphics program?**

- Yes                       No                       Don't Know

**2. What percentage of your fleet is marked?**

**3. What department funds the investment?**

**4. How would you rate the effectiveness of your fleet graphics program as a component of fleet value?**

- Not Effective                      Somewhat Effective                      Very Effective
-

# ENVIRONMENTAL

1. Does your company have any green/environmental sustainability initiatives?

- Yes                       No                       Don't Know

2. Is your fleet a member of Smartway?

- Yes                       No                       Don't Know

3. Please check any and all green/environmental sustainability initiatives your fleet has enacted:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Trailer skirts          | <input type="checkbox"/> Biodiesel                           | <input type="checkbox"/> CNG                | <input type="checkbox"/> Anti-idling devices    |
| <input type="checkbox"/> Hybrid vehicles         | <input type="checkbox"/> Wheel caps                          | <input type="checkbox"/> Louvered mud flaps | <input type="checkbox"/> Increased load density |
| <input type="checkbox"/> Tail kites              | <input type="checkbox"/> Nitrogen Refrig.                    | <input type="checkbox"/> Wide-bias tires    | <input type="checkbox"/> Electric               |
| <input type="checkbox"/> LNG                     | <input type="checkbox"/> MPH governing (please specify MPH:) | <input type="text"/>                        |   |
| <input type="checkbox"/> Other (please specify): | <input type="text"/>   |   |   |

4. Please specify any fuel economy improvement measures your company has implemented (i.e. driver training, equipment replacement, or products such as ecoflaps)

# ADDITIONAL INFORMATION

1. Are there any questions you would like to see included in future benchmarking surveys?

2. Additional comments:

# ABOUT THE NATIONAL PRIVATE TRUCK COUNCIL

Founded in 1939, the National Private Truck Council is the only national trade association exclusively representing the interests of the private truck industry and corporate/business private truck fleet management. With an actively engaged leadership team of Board representatives, member volunteers and staff, NPTC in the past decade has grown significantly to serve a rising professional class of private fleet practitioners meeting the challenges of modern corporate transportation. NPTC is the leading learning resource center, government affairs advocate, and business networking culture for America's top private fleet and supplier member companies. The Council produces benchmarking, best practices, and economic data reports on the private fleet market; administers the highly regarded Certified Transportation Professional (CTP) training program, and conducts some of the most successful events in the trucking industry including the Annual Conference and Trade Show, the Private Fleet Management Institute, and the National Safety Conference. For more information about the Council's activities and programs, visit our website at [www.nptc.org](http://www.nptc.org).

# ABOUT TRIMBLE TRANSPORTATION

Trimble Transportation provides solutions to create a fully integrated supply chain. With an intelligent ecosystem of products and services, Trimble Transportation enables customers to embrace the rapid technological evolution of the industry and connect all aspects of transportation and logistics—trucks, drivers, back office, freight and assets. Through the combined legacy of PeopleNet, TMW Systems and 10-4 Systems, Trimble Transportation delivers an open, scalable platform to help customers make more informed decisions and maximize performance, visibility and safety. For more information, visit <https://transportation.trimble.com/>.