



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
TC-9501

# 1997 CENSUS OF TRANSPORTATION VEHICLE INVENTORY AND USE SURVEY

OMB No. 0607-0830: Approval Expires 10/31/99

CENSUS USE									
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**▶ DUE DATE: 30 DAYS  
AFTER RECEIPT OF FORM**

**REGISTRATION INFORMATION**

Make of vehicle 101	Year of model 102
State 103	License number 104
Vehicle Identification Number (VIN) 105	

*See Survey Coverage below  
if you have questions about  
completing this report.*

Please return completed  
form to:  
BUREAU OF THE CENSUS  
1201 East Tenth Street  
Jeffersonville, IN 47132-0001

*(Please correct any errors in name, address, and ZIP Code.)*

## SURVEY COVERAGE

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses, organizations, and residents that receive this questionnaire to answer the questions for the vehicle identified in the registration information section above and return the questionnaire to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by sworn Census Bureau employees and may be used only for statistical purposes.

The term "Truck" includes all pickups, panel trucks, vans, minivans, sport utility vehicles, jeeps, station wagons built on truck chassis, single-unit light, single-unit heavy, and truck tractors.

If you have questions about completing this report, please call or write the Census Bureau. In any communication be sure to refer to the 11-digit Census File Number (CFN) printed in the label above. Toll-free assistance is available, 8:00 a.m. to 5:00 p.m., Eastern Standard Time, Monday through Friday: 1-800-772-7851.

**IMPORTANT NOTICE:** All questions on this form refer to the vehicle described in the registration information section and its use during calendar year 1997, unless the vehicle was disposed of on or after July 1, 1996 and prior to January 1, 1997. If the vehicle was disposed of on or after July 1, 1996 and prior to January 1, 1997, please complete entire questionnaire, answering each item according to the vehicle's use during calendar year 1996. If the vehicle was disposed of prior to July 1, 1996, please complete items 1a, 1b, and 23 only.

It is very important that you read the instructions as you answer the questions. If exact figures are not available for all items, carefully prepared estimates are acceptable.

**PLEASE NOTE –** There may be errors in the registration information. If there are errors in the VIN, make, and model year registration information, or if the vehicle identified never was in your possession, do not complete the questionnaire. Return it to the Census Bureau, along with a note correcting the errors in the registration information. (For statistical reasons, we cannot accept any substitution for the sampled vehicle.)

## NOTICE

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB 8-digit number appears in the upper right corner of this questionnaire. Public reporting burden for this collection of information is estimated to average between 20 and 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director for Administration, Attn: Paperwork Reduction Project 0607-0830, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233-0001.





**ITEM 7**

a. What was the EMPTY weight of this vehicle as it was usually operated? (If a trailer was pulled for more than 50 percent of the vehicle's annual miles, include weight of trailer.) An estimate is acceptable.

Mark (X) ONE box only.

313 1  Less than 6,001 pounds 2  Other - Please specify <sup>314</sup> \_\_\_\_\_ Pounds

b. What was the AVERAGE weight (empty weight plus cargo weight) of this vehicle as it was usually operated? (If a trailer was pulled for more than 50 percent of the vehicle's annual miles, include weight of trailer and cargo.) An estimate is acceptable.

Mark (X) ONE box only.

315 1  Less than 6,001 pounds 4  14,001 to 16,000 pounds  
2  6,001 to 10,000 pounds 5  16,001 to 19,500 pounds  
3  10,001 to 14,000 pounds 6  Other - Please specify <sup>316</sup> \_\_\_\_\_ Pounds

**ITEM 8**

How many weeks during 1997 was this vehicle operated? An estimate is acceptable.

NOTE - If vehicle was disposed of on or after July 1, 1996, but prior to January 1, 1997, check number of weeks operated during 1996.

Mark (X) ONE box only.

400 01  49 to 52 weeks 06  29 to 32 weeks 11  9 to 12 weeks  
02  45 to 48 weeks 07  25 to 28 weeks 12  5 to 8 weeks  
03  41 to 44 weeks 08  21 to 24 weeks 13  1 to 4 weeks  
04  37 to 40 weeks 09  17 to 20 weeks 14  Less than 1 week  
05  33 to 36 weeks 10  13 to 16 weeks

**ITEM 9**

How many miles was this vehicle driven during 1997? An estimate is acceptable. . . . .

NOTE - If vehicle was disposed of during 1997, only enter mileage driven during 1997. If vehicle was disposed of on or after July 1, 1996, but prior to January 1, 1997, enter mileage driven during 1996.

Miles
401

**ITEM 10**

How many miles has this vehicle been driven since it was manufactured? . . . . .

NOTE - If it is no longer in your possession, please estimate the total lifetime mileage at the time you last operated it. If the odometer/speedometer is broken, please give your best estimate. If the odometer has turned over (100,000+ miles), please enter the total figure. (Example: If a 100,000 mile odometer has turned over twice and the odometer reads 18,522, then the value is 218,522.)

Miles
402

**ITEM 11**

a. Was this vehicle or vehicle/trailer combination used ONLY for consumer one-way truck rental?

403 1  Yes - GO to item 13  
2  No - Continue with items 11b and 11c

b. Where was the home base of this vehicle on July 1, 1997?

NOTE - "Home base" is the location where the vehicle was usually parked when it was not on the road. If this vehicle was put into service after July 1, 1997, enter current home base.

City 404			
County 405	State 406	ZIP Code 407	

c. What was the type of home base?

Mark (X) ONE box only.

408 1  Residential or farm - Location is a private residence.  
2  Terminal and administrative location - Private, business or commercial trucking operations, and administrative duties and functions (i.e., accounting, payroll, etc.) are conducted at this location.  
3  Terminal and maintenance facilities for business, private, or commercial freight transportation - Location is engaged in the usual business operations of terminal facilities used by highway-type property carrying vehicles. Administrative duties and functions (i.e., accounting, payroll, etc.) are not conducted at this location.  
4  Corporate headquarters - Location conducts administrative duties and functions ONLY. This location does not conduct usual business, private or commercial trucking operations, or related activities of that business.  
5  Other - Please specify \_\_\_\_\_

<b>ITEM 12</b>	Percent
What percent of 1997 mileage was driven OUTSIDE the home base State? . . . . . <i>An estimate is acceptable. (If none, enter zero.)</i>	409 %
NOTE – "Home base State" is the State where the vehicle was usually parked when it was not on the road.	

<b>ITEM 13</b>	Percent
What approximate PERCENT of this vehicle's 1997 mileage was accounted for by the type of trips listed below? <i>If all trips were within one range, enter 100%. If more than one range applies, please make sure that percents total 100%.</i>	
NOTE – <i>If this vehicle is used for consumer one-way truck rental, report average range of operation.</i>	
Trips off-the-road, little travel on public roads . . . . .	410 %
Trips less than 50 miles from vehicle's home base . . . . .	411 %
Trips between 50 and 100 miles from vehicle's home base . . . . .	412 %
Trips between 100 and 200 miles from vehicle's home base . . . . .	413 %
Trips between 200 and 500 miles from vehicle's home base . . . . .	414 %
Trips beyond 500 miles of vehicle's home base . . . . .	415 %
TOTAL →	100%

<b>ITEM 14</b>	How many miles-per-gallon (MPG) did this vehicle average during 1997? <i>An estimate is acceptable.</i> <i>Mark (X) ONE box only.</i>		
417	1 <input type="checkbox"/> Less than 5 MPG	5 <input type="checkbox"/> 11 to 12 MPG	9 <input type="checkbox"/> 19 to 20 MPG
	2 <input type="checkbox"/> 5 to 6 MPG	6 <input type="checkbox"/> 13 to 14 MPG	10 <input type="checkbox"/> 21 to 24 MPG
	3 <input type="checkbox"/> 7 to 8 MPG	7 <input type="checkbox"/> 15 to 16 MPG	11 <input type="checkbox"/> 25 to 29 MPG
	4 <input type="checkbox"/> 9 to 10 MPG	8 <input type="checkbox"/> 17 to 18 MPG	12 <input type="checkbox"/> 30 MPG or more

<b>ITEM 15</b>	What kind of fuel does this vehicle use? <i>Mark (X) ONE box only.</i>	
418	1 <input type="checkbox"/> Leaded gasoline	4 <input type="checkbox"/> Liquefied gas (Petroleum (LPG) or Natural (LNG))
	2 <input type="checkbox"/> Unleaded gasoline	5 <input type="checkbox"/> Other – <i>Please specify</i> _____
	3 <input type="checkbox"/> Diesel	

<b>ITEM 16</b>	Does this vehicle have any of the following? <i>Mark (X) all that apply.</i>		
421	<input type="checkbox"/> Radial tires	432 <input type="checkbox"/> On-board computer/electronic vehicle management system	438 <input type="checkbox"/> Front-wheel drive
422	<input type="checkbox"/> Power steering		439 <input type="checkbox"/> Wheelchair lift
423	<input type="checkbox"/> Air-conditioning	437 <input type="checkbox"/> Vehicle control aids for handicapped drivers	517 <input type="checkbox"/> Air bag(s)
425	<input type="checkbox"/> Antilock brakes		

<b>ITEM 17</b>	Who performed the general maintenance and major overhauls on this vehicle? <i>Mark (X) all that apply.</i>	
	General maintenance	Major overhauls
Yourself . . . . .	440 <input type="checkbox"/>	448 <input type="checkbox"/>
Your company's own maintenance facilities . . . . .	441 <input type="checkbox"/>	449 <input type="checkbox"/>
Dealership's service department . . . . .	442 <input type="checkbox"/>	450 <input type="checkbox"/>
Leasing company . . . . .	443 <input type="checkbox"/>	451 <input type="checkbox"/>
Independent garage or private mechanic (includes gasoline or service stations) . . . . .	444 <input type="checkbox"/>	452 <input type="checkbox"/>
Component distributorship (engine, transmission, etc.) . . . . .	445 <input type="checkbox"/>	453 <input type="checkbox"/>
No one . . . . .	446 <input type="checkbox"/>	454 <input type="checkbox"/>
Other – <i>Please specify</i> _____ . . . . .	447 <input type="checkbox"/>	455 <input type="checkbox"/>



**ITEM 20**

From the following list of products, materials, and equipment, indicate which item or items this vehicle carried. Write in the percent of the vehicle's 1997 mileage that was accounted for while carrying loads and while empty including backhauls, trip leasing, etc. Please make sure percents total 100%.

NOTE - If you carried only one product, type of equipment, etc., during 1997, enter the percent of mileage while carrying this item.

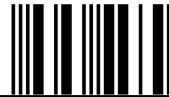
If you carried more than one product, enter the percents beside the appropriate items. You can use round figures (10%, 25%, etc.). You DO NOT need to account for every single item the vehicle carried during 1997, just include those that accounted for at least 5% of the mileage.

If the vehicle is involved in some kind of business use, but does not carry any products or equipment, enter 100% in NO LOAD, item 20a.

Please be sure to account for miles driven empty in item 20a below.

If the vehicle is involved in some kind of shuttle services (carrying employees, van pool riders, etc.), enter 100% in PASSENGER TRANSPORTATION item 20b.

	Percent	
a. NO LOAD - Vehicle empty	519	%
b. PASSENGER TRANSPORTATION - (For employees, van pool riders, or other transportation shuttle service)	520	%
c. PRODUCTS, EQUIPMENT, MATERIALS, ETC.	521	
(1) Agricultural and food products		%
(a) Live animals - Cattle, horses, poultry, hogs, live seafood, insects, etc.	522	%
(b) Fresh farm products - Grain, crops, eggs, flowers, nursery stock, raw milk, raw tobacco, etc.	523	%
(c) Processed foods and tobacco products - Canned goods, prepared meats, frozen foods, beverages, bottled water, dairy products, cigarettes, etc.	524	%
(d) Animal feed - Prepared feed and feed ingredients for animals	525	%
(2) Mining products - Crude oil, coal, metal ores	526	%
(3) Building materials - Gravel, sand, concrete, flat glass, etc. (except cut lumber - See "Lumber.")	527	%
(4) Forestry, wood, and paper products		%
(a) Logs and forest products - Except cut lumber and fabricated wood products (See below.)	528	%
(b) Lumber and fabricated wood products - Except furniture (See (7) below.)	529	%
(c) Paper and paper products	530	%
(5) Chemicals, petroleum, and allied products		%
(a) Chemicals and/or drugs (including fertilizers, pesticides, cosmetics, paints, etc.)	531	%
(b) Petroleum and petroleum products (including paving and roofing materials)	532	%
(c) Plastics and/or rubber products	533	%
(6) Metals and metal products		%
(a) Primary metal products - Pipes, ingots, billets, sheets, etc.	534	%
(b) Fabricated metal products - Except machinery or transportation equipment (See below.)	535	%
(c) Machinery - Electrical or non-electrical and electronic	536	%
(d) Transportation equipment (including complete vehicles) and parts	537	%
(7) Other manufactured products		%
(a) Furniture (wood and nonwood) and/or hardware - Not involved in household moving	538	%
(b) Glass products	539	%
(c) Textiles and apparel - Fibers, leather goods, carpets, clothing, etc.	540	%
(d) Miscellaneous products of manufacturing - Including photographic goods, watches, clocks, jewelry, and toys	541	%
(8) Miscellaneous and mixed cargo		%
(a) Moving of household and office furniture - From home, offices, etc., under contract	542	%
(b) Miscellaneous tools and/or parts for specialized use, as in a craftsman's vehicle - traveling workshop for plumbers, carpenters, road service crews, etc.	543	%
(c) Mixed cargo (including the delivery of small packages)	544	%
(d) Scrap (not for recycling), garbage, trash, septic tank waste	545	%
(e) Industrial "waste" water	546	%
(f) Hazardous waste (EPA manifest)	547	%
(g) Hazardous waste (non-EPA manifest)	548	%
(h) Recyclable products	549	%
(9) Other (not elsewhere classified) - Please describe in detail.		%
TOTAL - No load, passenger transportation, plus products carried should total 100% →		100%

**ITEM 21**

Please indicate below the total number of trucks, truck tractors (power units), and trailers owned and/or operated by you or your company.

NOTE — Trucks refer to pickups, small vans (including mini-vans), and straight trucks. Trailers refer to semi and/or full trailers. Do not include utility trailers. Subsidiaries of companies should report fleet size for the respective subsidiary only.

Mark (X) ONE box only.

- |     |    |                          |          |    |                          |                |
|-----|----|--------------------------|----------|----|--------------------------|----------------|
| 600 | 01 | <input type="checkbox"/> | 1        | 06 | <input type="checkbox"/> | 100 to 499     |
|     | 02 | <input type="checkbox"/> | 2 to 5   | 07 | <input type="checkbox"/> | 500 to 999     |
|     | 03 | <input type="checkbox"/> | 6 to 9   | 08 | <input type="checkbox"/> | 1,000 to 4,999 |
|     | 04 | <input type="checkbox"/> | 10 to 24 | 09 | <input type="checkbox"/> | 5,000 to 9,999 |
|     | 05 | <input type="checkbox"/> | 25 to 99 | 10 | <input type="checkbox"/> | 10,000 or more |

**ITEM 22**

Remarks – Please use this space for any explanations that may be important in understanding your reported data.

**ITEM 23****Contact Information**

a. Name of person to contact regarding this report			b. Address (Number and street)		
c. City			d. State	e. ZIP Code	
f. Daytime telephone number →	Area code	Number	Extension (If any)	g. If this vehicle has a fleet number, please enter it here	
h. Signature of authorized person			i. Title		j. Date