



**MOTOR CARRIER
INTERVIEW FORM (C)**

1. Primary Sampling Unit Number _____ 2. Case Number - Stratum _____ 3. Vehicle Number _____	This form should be completed for each commercial heavy truck involved in the crash.
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CARRIER INFORMATION

SOURCE OF INFORMATION?	SPECIFY:																						
4. IDENTIFICATION OF CARRIER OF RECORD (all of the information in this form relates to the firm associated with the following identifiers) IDENTIFICATION OF CARRIER COMPLETING HAUL	<table style="width: 100%;"> <tr> <td style="width: 60%;">U.S. DOT Number _____</td> <td style="width: 40%;">_____</td> </tr> <tr> <td>U.S. ICC Number _____</td> <td>_____</td> </tr> <tr> <td>State Number _____</td> <td>_____</td> </tr> <tr> <td>State Issuing _____</td> <td>_____</td> </tr> <tr> <td>U.S. DOT Number _____</td> <td>_____</td> </tr> <tr> <td>U.S. ICC Number _____</td> <td>_____</td> </tr> <tr> <td>State Number _____</td> <td>_____</td> </tr> <tr> <td>State Issuing _____</td> <td>_____</td> </tr> </table>	U.S. DOT Number _____	_____	U.S. ICC Number _____	_____	State Number _____	_____	State Issuing _____	_____	U.S. DOT Number _____	_____	U.S. ICC Number _____	_____	State Number _____	_____	State Issuing _____	_____						
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CARRIER INFORMATION

Does this type of business require extensive use of tank trailers?	(1) Yes (2) No (7) Not applicable (9) Unknown _____
Does this type of business require transportation of hazardous materials?	(1) Yes (2) No (7) Not applicable (9) Unknown _____
Primary type of hazardous materials transported?	(1) Liquids (2) Gases (3) Solids (7) Not applicable (9) Unknown _____
Form of other hazardous materials transported?	(1) Liquids (2) Gases (3) Solids (7) Not applicable (9) Unknown _____
Are required hazardous material certifications current?	(1) Yes (2) No (7) Not applicable (9) Unknown _____
9. BUSINESS SIZE:	Number of Straight Trucks Operated _____ Number of Tractors Operated _____ Number of Trailers Operated _____ _____ Code number of each type (99996) 99996+ (99997) Not applicable (99999) Unknown
10. CARRIER EXPERIENCE:	Code length of time carrier of record has been operating under identifiers specified in Variable No. 4 Yrs. _____ Mos. _____ 97/97 Not applicable 99/99 Unknown
11. IS CARRIER SUBJECT TO US DOT SAFETY REGULATIONS?	(1) Yes _____ (2) No (specify reason): _____ _____ (9) Unknown
12. WHAT IS THE COMPANY'S CURRENT SAFETY RATING?	FEDERAL RATING: _____ (1) Satisfactory (2) Unsatisfactory (3) Conditional (4) Unrated (7) Not applicable (9) Unknown DATE OF RATING: _____ / _____ / _____ month day year (99999997) Not applicable (99999999) Unknown STATE RATING: _____ (1) Satisfactory (2) Unsatisfactory (3) Conditional (4) Unrated (7) Not applicable (9) Unknown DATE OF RATING: _____ / _____ / _____ month day year (99999997) Not applicable (99999999) Unknown

VEHICLE INFORMATION

<p>13. OWNERSHIP OF CRASH-INVOLVED POWER UNIT:</p>	<p>(1) Owned by carrier _____ Leased over 30 days (2) From owner/operator (3) From other (specify) _____ Short term rental (4) From owner/operator (5) From other (specify) _____ (7) Not applicable (8) Other (specify): _____ (9) Unknown</p>
<p>14. RESPONSIBILITY FOR MAINTENANCE OF CRASH-INVOLVED POWER UNIT:</p>	<p>(1) Carrier of record _____ (2) Owner/operator (3) Leasing/rental agency (7) Not applicable (8) Other (specify): _____ (9) Unknown</p>

GENERAL DRIVER INFORMATION

<p>15. NUMBER OF DRIVERS EMPLOYED BY CARRIER:</p>	<p>Code number of full-time drivers. _____</p> <p>Code number of part-time drivers. _____</p> <p>_____ (99996) 99996+ Drivers (99997) Not applicable (99999) Unknown</p>
<p>16. DRIVER COMPENSATION METHOD:</p> <p>DRIVING TIME:</p> <p>LOADING/UNLOADING TIME:</p> <p>WAITING TIME:</p> <p>TIME SPENT COMPLETING ADMINISTRATIVE FUNCTIONS: (e.g., log book and other paper work)</p>	<p>(1) By the hour _____ (2) By the mile (3) By the hour and mile (4) Percent of gross trip revenue (5) All of the above (7) Not applicable (8) Other (specify): _____ (9) Unknown</p> <p>(0) Not compensated _____ (1) By hour (2) Flat rate (7) Not applicable (8) Other (specify): _____ (9) Unknown</p> <p>(0) Not compensated _____ (1) By hour (2) Flat rate (7) Not applicable (8) Other (specify): _____ (9) Unknown</p> <p>(0) Not compensated _____ (1) By hour (2) Flat rate (7) Not applicable (8) Other (specify): _____ (9) Unknown</p>

GENERAL DRIVER INFORMATION

<p>SPECIAL PAYMENTS:</p>	
On-time performance:	(1) Yes (2) No (9) Unknown _____
Safety bonus:	(1) Yes (2) No (9) Unknown _____
Other special payments:	(1) Yes (2) No (9) Unknown _____
	If yes, specify type of payment: _____
17. REQUIRED QUALIFICATIONS FOR NEW HIRES:	
What is your minimum acceptable age for hiring drivers?	_____ Code age in years _____ (97) Not Applicable (99) Unknown
What is your minimum heavy truck driving experience criterion?	Yrs. _____ Mos. _____ 00/00 None 97/97 Not applicable 99/99 Unknown
What is your minimum experience level for the type of vehicle anticipated to be operated?	Yrs. _____ Mos. _____ 00/00 None 97/97 Not applicable 99/99 Unknown
Do you require that new drivers have passed a professional truck driver training program?	(1) Yes (7) Not Applicable (2) No (9) Unknown _____
Do you require pre-employment drug/alcohol testing?	(1) Yes (7) Not Applicable (2) No (9) Unknown _____
Are pre-employment background checks completed before the driver is permitted to drive?	(1) Yes (7) Not Applicable (2) No (9) Unknown _____
Do you complete any driver background checks or require any tests beyond those specified in CFR391.11?	(1) Yes (Specify): _____ _____ _____ (2) No (7) Not Applicable (9) Unknown
18. DOES THE CARRIER PROVIDE ADVANCE NOTICE FOR OVER-THE-ROAD TRIPS?	
	(1) Yes (2) No (3) All trips scheduled well in advance (fixed schedule) (7) Not applicable (8) Other (specify): _____ (9) Unknown
19. EXTENT OF ADVANCE NOTICE:	
	Days _____ Hrs. _____ 6/0 6+ Days 9/7 Not applicable 9/9 Unknown
20. DOES THE CARRIER DETERMINE IF DRIVERS HAVE A SECOND JOB?	
	(1) Yes (7) Not applicable (2) No (9) Unknown _____
21. ARE SECOND JOB HOURS CONSIDERED WHEN ESTABLISHING CARRIER HOURS OF SERVICE?	
	(1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown

GENERAL DRIVER INFORMATION

<p>22. DOES THE CARRIER REQUIRE DRIVERS TO LOG EACH TRIP?</p>	<p>(1) Yes _____ (2) No, exempt _____ (3) No, other (specify): _____ (7) Not applicable _____ (9) Unknown _____</p>
<p>23. DOES THE CARRIER MONITOR DRIVER HOURS DURING TRIPS?</p>	<p>(1) Yes (specify): _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____</p>

DETAILED CRASH-INVOLVED DRIVER INFORMATION

<p>24. LENGTH OF TIME DRIVER EMPLOYED BY CARRIER?</p>	<p>Yrs. ____ Mos. ____ 97/97 Not applicable 99/99 Unknown</p>
<p>25. IS THE DRIVER'S QUALIFICATION FILE UP TO DATE?</p>	<p>(1) Yes _____ (7) Not applicable _____ (2) No (specify): _____ (9) Unknown _____</p>
<p>26. MEDICAL CERTIFICATION STATUS:</p>	<p>(0) None _____ (3) Medical waiver _____ (1) Medical certificate _____ (7) Not applicable _____ (2) Grandfathered _____ (9) Unknown _____</p> <p>If driver has a medical certificate, is the certificate current? (1) Yes _____ (7) Not applicable _____ (2) No _____ (9) Unknown _____</p> <p>If driver has a medical waiver, who issued the waiver? (1) USDOT _____ (7) Not applicable _____ (2) State (specify): _____ (9) Unknown _____</p> <p>Date of Waiver Expiration: ____ / ____ / ____ month day year (999997) Not applicable (999999) Unknown</p> <p>Condition Covered by Waiver: _____</p>
<p>27. DOES DRIVER HAVE A SECOND JOB?</p> <p>If yes, no. of second job hours worked during seven day interval preceding crash:</p>	<p>(1) Yes _____ (7) Not applicable _____ (2) No _____ (9) Unknown _____</p> <p>Hrs. ____ 97 Not applicable 99 Unknown</p>
<p>28. IS THE DRIVER SUBJECT TO A RANDOM DRUG/ALCOHOL TESTING PROGRAM?</p>	<p>(1) Yes _____ (7) Not applicable _____ (2) No _____ (9) Unknown _____</p>

DETAILED CRASH-INVOLVED DRIVER INFORMATION

29. HAS THE DRIVER EVER TESTED POSITIVE FOR CONTROLLED SUBSTANCES?	(1) Yes (2) No	(7) Not applicable (9) Unknown	_____
If yes, substance type documented:	(1) Alcohol (2) Prescription drug (3) Illegal drug	(7) Not applicable (9) Unknown	_____
Was follow-up testing conducted?	(1) Yes (2) No	(7) Not applicable (9) Unknown	_____

CRASH TRIP INFORMATION

30. TRIP TYPE:	(1) Scheduled trip (advance notification) (2) Unscheduled trip (< 8 hours advance notification) (3) Unscheduled trip (> 8 hours advance notification)	(7) Not applicable (9) Unknown	_____
31. INTENDED TRIP DURATION?	Days _____ Hrs. _____ 97/97 Not applicable 99/99 Unknown		
32. DID THE DRIVER LOG THIS TRIP OR USE AN EXEMPTION?	(1) Log (2) Exempt	(7) Not applicable (9) Unknown	_____
	If exempt, how were driver's hours monitored? (0) Not monitored (1) On-board computers/ tachographs (2) Phone check-ins (3) Time card (record)	(7) Not applicable (8) Other (specify): _____ (9) Unknown	_____
33. DRIVER COMPENSATION METHOD THIS TRIP: DRIVING TIME:	(1) By hour (2) By mile (3) By hour and mile (4) Percent of gross trip revenue (7) Not applicable (8) Other (specify): _____ (9) Unknown		_____
34. DID DRIVER LOAD/UNLOAD VEHICLE DURING COURSE OF TRIP?	(1) Yes, loaded vehicle (2) Yes, unloaded vehicle (3) Yes, loaded and unloaded vehicle	(4) No, did not load/unload vehicle (7) Not Applicable (9) Unknown	_____
35. WAS DRIVER COMPENSATED FOR LOADING/UNLOADING EFFORT?	(1) Yes (2) No	(7) Not applicable (9) Unknown	_____
36. DID THE DRIVER WAIT FOR A LOAD DURING THE COURSE OF THE TRIP?	(1) Yes (2) No	(7) Not applicable (9) Unknown	_____

CRASH TRIP INFORMATION

<p>37. WAS THE DRIVER COMPENSATED FOR THIS ACTIVITY?</p>	<p>(1) Yes (2) No</p> <p>(7) Not applicable (9) Unknown</p> <p>_____</p>
<p>38. AT THE TIME OF THE CRASH, WAS THE DRIVER ON SCHEDULE?</p> <p>If not on schedule, reason for delay:</p>	<p>(1) Yes (2) No</p> <p>(7) Not applicable (9) Unknown</p> <p>(0) On schedule (1) Loading delays (2) Unloading delays</p> <p>(3) Traffic/weather conditions (7) Not applicable (8) Other (specify): _____ _____ _____</p> <p>(9) Unknown</p> <p>_____</p>
<p>39. AT THE TIME OF THE CRASH, NUMBER OF HOURS DRIVER WAS ON DUTY?</p>	<p>Hrs. _____</p> <p>97 Not applicable 99 Unknown</p>
<p>40. NUMBER OF HOURS ON DUTY THE DAY BEFORE THE CRASH?</p>	<p>Hrs. _____</p> <p>97 Not applicable 99 Unknown</p>
<p>41. NUMBER OF HOURS ON DUTY DURING THE SEVEN DAY PERIOD PRECEDING CRASH:</p> <p>LONGEST DAY: SHORTEST DAY: AVERAGE DAY:</p> <p>:</p> <p>TOTAL HOURS</p>	<p>Hrs. _____</p> <p>Hrs. _____</p> <p>Hrs. _____</p> <p>97 Not applicable 99 Unknown</p> <p>Hrs. _____</p> <p>997 Not applicable 999 Unknown</p>