



Step-by-Step Instructions for Investigation Questionnaire

These instructions will assist in preparing a complete and accurate Investigation Questionnaire. The instruction numbers below correspond to the numbered items on the Investigation Questionnaire. When completing the form, please print clearly in ink or type all of the information.

1. **Legal Business Name** — enter the legal name of the business entity that owns/controls the motor carrier operation. The name entered should be the full business name (the name on the incorporation certificate, partnership agreement, tax records, etc.)

For example, if the company is a:

- **Sole Proprietorship/Individual**, enter the legal name, e.g., "John/Jane Doe"
- **Partnership**, enter the legal names of all partners, e.g., "John A. Doe and Jane B. Smith"
- **Corporation**, enter the name on the incorporation certificate (*this name must include the type of corporation*), e.g., "John Doe INC", "John Doe LLC".

2. **Doing Business as Name** — enter the company's trade name if it is different from the company's official business name (the name entered in item 1). For example, if you entered "John A. Doe" in item 1 as the company's official business name, but the trade name, or "Doing Business as" name, is "John's Trucking Company", you would enter "John's Trucking Company" in this item.

3. **Address/Principal Place of Business** — enter full address, including the town and state where the company is engaged in business operations related to the transportation of persons or property and where safety records are regularly maintained. A P.O. Box is not acceptable as a principal place of business, nor is the address of a consultant, service agent, or attorney of a motor carrier unless the motor carrier engages in operations related to the transportation of persons or property at that location.

4. **Secondary Address/Place of Business** — enter full address, including the town and state for a secondary address or shop location, if applicable (e.g., where the vehicles are parked, office vs. home address).

5. **Primary Phone** — enter the primary telephone number, including area code, for the business location (item 3). This may be a cell phone number.

6. **Secondary Phone** — enter the cell phone number, if any, including area code, for the person of contact. If this is the same as the "Primary Phone" (item 4), enter "same".

7. **Fax** — enter the company's fax number, if any, including area code. If this is the same as the "Primary Phone" (item 4), enter "same".

8. **E-Mail** — enter the e-mail address, if the company has one, for the official point of contact.

Carrier Information

9. **Corporate Officer(s) Names and Corporate Titles** — if the company is a sole proprietorship, then enter the owner's name and title in the spaces provided; otherwise, enter the name of two company partners (if the company is a partnership) or four corporate officers and their titles if the company is a corporation (for example, corporate officers might include: President, Vice President, Secretary, Treasurer).

10. **Gross Revenue** — enter the company's gross revenue within the last complete fiscal year, alone.

11. **Period End Date** — enter the end date of the fiscal year used for the gross revenue (item 9).



12. Carrier's Total Fleet Mileage — enter the total mileage of all Commercial Motor Vehicles (CMV) in the company's operation to the nearest 10,000 miles for the previous 12 months. If the company has been in operation less than 12 months, enter mileage to date. If the company has not operated within the last 12 months, enter 0.

- *If any of these fleets traveled to Mexico or Canada, circle yes; otherwise, circle no.*
- *If circled yes, then specify where those fleets traveled by entering "Mexico", "Canada", or "Both".*

13. Do you have an ELD or are you Exempt? — if yes, mark the space next to "ELD" and provide the name of the vendor and date it was implemented in the spaces provided. If the company does not have an ELD, mark the space next to "Exempt" and provide the exemption reason. For more information regarding ELD exemptions please visit: <https://www.fmcsa.dot.gov/hours-service/elds/electronic-logging-device-eld-exemptions-and-waivers>

14. Carrier's Insurance Information — if applicable, in the corresponding spaces, enter the name of the carrier's insurance company, the name of the agent/contact person, the policy number, the insurance company's telephone number, the public liability coverage, and the PHMSA registration number. If not applicable, leave the table blank.

Driver information:

15. Table 1 — enter the number of interstate and intrastate drivers who operate CMVs for the company on an average workday. Part-time, casual, term-leased, trip-leased, and company drivers should be included in the company's total driver headcount. Also, enter the total number of drivers (regardless of employment status) used in the company's operations (interstate and intrastate) and the total number of drivers that hold a valid Commercial Driver's License (CDL). Also, see the "100 (or 150)-mile-radius driver" consideration below. NOTE: The total number of drivers should be equal to all interstate plus all intrastate drivers. The total number of CDL drivers should be equal to or less than the total number of drivers

- **Interstate** — if any part of the driver's operations transports property or passengers in support of interstate commerce, i.e., the property or passengers cross State lines either before the company received them, while the company is transporting them, or after the company has transferred the property or passengers. The transportation of the property or passengers may include transport by plane, train, or boat in addition to the company's commercial motor vehicle. For example: if the origination and destination indicated on the bill of lading—when one exists—are not in the same State, then the shipment is interstate. The trip is also considered to be an interstate trip if the property or passengers being transported will ever do ANY of the following
 - o Cross state lines (including a place outside the United States)
 - o Move from the United States or a U.S. territory to a foreign country, or vice versa
 - o Have origination and destination points within a state, but pass through another state or foreign country during transport
- **Intrastate** — if the driver's operations meet the following requirements:
 - o Never crosses state lines (including a place outside the United States)
 - o Never moves from the United States or U.S. territory to a foreign country or vice versa
 - o Never passes through another state or foreign country during transport



- **100- (or 150) mile radius driver**— driver operates exclusively within a 100- (or 150 air-) mile radius of the normal work-reporting location.

16. Table 2 — enter the total number of drivers employed by the company at the start of each quarter (Jan. 1, April 1, July 1, and Oct. 1) for the current year.

Vehicle Information:

17. Table 3 — provide the number of each type of CMV that the company uses in its U.S. operations broken out by the method used to acquire the vehicle (owned, term-leased, or trip-leased). Owned means the company holds title to the CMV, term-leased means the vehicle is leased for a specific time period or term of contract, and trip-leased means the CMV is leased on a trip-by-trip basis as needed. If the company owns or leases a commercial motor vehicle that is used to transport passengers rather than property within the U.S. (includes motorcoach, school bus, bus, passenger van, or limousine only), then indicate the number of each type of passenger-carrying CMV (by its passenger-carrying capacity) that is owned, term-leased, or trip-leased. For passenger-carrying vehicles, count the driver as a passenger when determining a vehicle's passenger-carrying capacity. Reference the definitions for each type of passenger-carrying vehicle below.

Passenger vehicles are defined as:

- **Motorcoach** — a vehicle designed for long-distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.
- **School Bus** — a vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.
- **Bus, 16+** — a motor vehicle that is designed or constructed to transport 16 or more passengers (including the driver) that does not meet the definition of a motorcoach or a school bus of any size. Bus includes a mini-bus (which is typically built on a small truck chassis), a low-floor bus, and any other 16 or more passenger capacity vehicle not otherwise defined on this form.
- **Passenger Van** — a small motor vehicle designed or used to transport 15 or fewer passengers, including the driver. (If the company uses a van to transport something other than passengers, enter the number of vehicles under "straight trucks.")
- **Limousine** — a passenger vehicle usually built on a lengthened automobile chassis.

18. Controlled Substances and Alcohol Testing Information/ Consortium (if any) — if applicable, enter the name of the medical review officer (MRO) and the Random Testing Center used, along with the phone number and address of both.

19. Who filled out this form — print or type the name of the individual authorized to sign documents on behalf of the entity in item 1. This individual must sign, date, and print or type his/her name and title in the spaces provided. The individual's signature must match his/her name. The authorized signer in this item should match one of the names provided in response to item 9.

Note: If this form is not signed with a printed/typed name and title of an authorized individual, it cannot be considered complete.

CSA National Safety Interventions Rollout

Investigation Questionnaire – January 2019



Investigation Questionnaire

1. Legal Business Name
2. Doing Business as Name
3. Address/Principal Place of Business
4. Secondary Address/Place of Business

5. Primary Phone
6. Secondary Phone
7. Fax
8. E-mail

Carrier Information

9.	Corporate Officer(s) Names	Corporate Titles

10. Gross Revenue (last complete fiscal year): \$ _____

11. Period End Date: _____

12. Carrier's Total Fleet Mileage (last 12 months): _____

Fleets into Mexico or Canada? **Yes / No**

If yes, please specify Mexico, Canada, or both: _____

13. Do you have an ELD or are you exempt? (**Check one**)

___ ELD

___ Exempt

If you have an ELD, please provide the vendor name: _____

If you have an ELD, please provide the implementation date: _____

If no ELD, provide the exemption description: _____

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14.

Carrier's Insurance Information	
Insurance Company	
Agent/Contact Person	
Policy Number	
Telephone Number	
Public Liability Coverage	
PHMSA Registration Number	

Driver Information:

15.

Table 1	Interstate (# of drivers)	Intrastate (# of drivers)	Total
CDL drivers within 100 air-mile radius			
CDL drivers beyond 100 air-mile radius			
Total CDL Drivers:			
Non-CDL drivers within 150 air-mile radius			
Non-CDL drivers beyond 150 air-mile radius			
Total Non-CDL Drivers:			
Total Drivers:			

16.

Table 2	
As of:	Total Number of Drivers
January 1	
April 1	
July 1	
October 1	

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Investigation Questionnaire – January 2019



Vehicle Information:

Table 3	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor- coach	Number of vehicles carrying number of passengers (including the driver)								
							School Bus			Bus 16+	Passenger Van		Limousine		
							1-8	9-15	16+		1-8	9-15	1-8	9-15	16+
Owned															
Term Leased															
Trip Leased															

18. Controlled Substances and Alcohol Testing Information:

Controlled Substances and Alcohol Testing Information	Controlled Substances and Alcohol Testing Consortium (if any)
<u>Name of MRO:</u>	<u>Name of the Random Testing Center:</u>
<u>Phone Number:</u>	<u>Phone Number:</u>
<u>Address:</u>	<u>Address:</u>

19. **Who filled out this form?**

Signature:
Printed Name:
Title: