TRIAD REGIONAL TRANSPORTATION STUDY

INSTRUCTIONS FOR COMPLETING COMMERCIAL VEHICLE TRAVEL SURVEY FORMS

This survey has two parts:

Part 1 - Vehicle Data: contains information about the commercial vehicles garaged at your site. Some information has already been filled in based on our telephone conversation with a member of your company.

Part 2 - Travel Diaries: are forms on which to record each trip made by the designated commercial vehicle for a twenty-four hour period. Sometimes a trip log or manifest is kept which is similar to the travel diary, and that manifest can be a big help in filling out the diary, but usually the trip log or manifest does not have ALL the information required on it. The travel diary will speed up the telephone interview when we call or visit to collect the travel data for the selected vehicle.

Please ask the driver of the sampled vehicle to carry the travel diary with him/her on the travel day and to record each trip after it is made (even if the trip is made for a personal reason such as lunch).

Be sure to record the vehicle information (e.g. Truck Number from Part 1-Vehicle Information Sheet, number of axles, type of van, etc.) on the travel diary, and the day those trips were made.

A driver should use as many diaries as they need.

A sample trip diary for the trips in the following example has been included in the packet:

Example:

The vehicle leaves the garage location (Base) and picks up freight at a warehouse location. (1)

Then vehicle drops freight at an office complex (2)

Driver goes to lunch (Personal Business) (3)

Vehicle drops freight at a residential location (4)

Vehicle is fueled at a gas station (5)

Then Vehicle returns to base (Company location) (6)

If you have any questions, call the Travel Survey Office at 910-766-8966.

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Part 2
Travel Diary

ıvel Day: ☐ Mon ☐ Tues ☐ Wed ☒ Thurs ☐ Fri and Date: / /

r Truck Number 2 (Write in number from company information form)

ımber of Axles? 4 Is this a delivery van, ☐ Yes ☒ No or passenger van? ☐ Yes ☒ No

ı this day, was this truck used? ☒ Yes - Continue below
☐ No - Return questionnaire

My First Trip Began at: What time did you leave this place? (Check AM or PM) 8:00 ☒ AM ☐ PM

☒ Base ☐ Other Location (Indicate address below)

Name of Place

Address or Intersecting Streets

City State Zip Code

Mileage for the travel day:

Begin Odometer Number 93005

End Odometer Number 93090

Instructions:

Please carry this diary with you throughout the travel day shown above.

- Record each trip you make in the order you make it.
- Include the specific data requested for each trip.
- If you are leaving the Triad area and will not come back today, please fill out the information for the trip you *will* make and return this form to the person who gave it to you.

Location Address	When did you get here/leave here?	Did you turn the engine off at this stop?	Activity at Stop (check one for each trip)	Land Use at Stop (check one for each trip)	If auto or van, # of persons in vehicle including driver.	If truck, what are you carrying? (Type of Goods) (check one for each trip)
(1) First, I went to: Pembroke Ave (Name of Place) Northline Ave (Address or nearest intersection) Grıbro NC 27357 (City State Zip)	Arrive 8:30 ☒ a.m. ☐ p.m. Depart 10:30 ☒ a.m. ☐ p.m.	☒ Yes ☐ No	☒ 1 Pick-up Load ☐ 2 Drop-off Load ☐ 3 Service Unit ☐ 4 Fuel Unit ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other (Please Specify)	☐ 1 Office Bldg. Commercial ☐ 2 Retail/Restaurant/Gas Station ☒ 3 Warehouse/Manufacturing ☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 8 Other (Please Specify)	1 # of People	☐ 1 Food or Kindred Products ☐ 2 Tobacco, Textiles, Apparel ☐ 3 Containers returned empty ☒ 4 Mail or Express Traffic/ Small Packaged Freight Printed Matter ☐ 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products ☐ 7 Metallic Ores, Coal, Petroleum Natural Gas ☐ 8 Farm, Forest or Marine Products ☐ 9 Machinery Transportation Equipment Equipment or Supplies ☐ 10 Waste or Scrap Material ☐ 11 Hazardous Material ☐ 12 Fak ☐ 13 Other
(2) Then, I went to: Battleground Ave (Name of Place) Westridge Road (Address or nearest intersection) Grıbro NC (City State Zip)	Arrive 11:00 ☒ a.m. ☐ p.m. Depart 11:45 ☒ a.m. ☐ p.m.	☒ Yes ☐ No	☐ 1 Pick-up Load ☒ 2 Drop-off Load ☐ 3 Service Unit ☐ 4 Fuel Unit ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other (Please Specify)	☒ 1 Office Bldg. Commercial ☐ 2 Retail/Restaurant/Gas Station ☐ 3 Warehouse/Manufacturing ☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 8 Other (Please Specify)	1 # of People	☐ 1 Food or Kindred Products ☐ 2 Tobacco, Textiles, Apparel ☐ 3 Containers returned empty ☒ 4 Mail or Express Traffic/ Small Packaged Freight Printed Matter ☐ 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products ☐ 7 Metallic Ores, Coal, Petroleum Natural Gas ☐ 8 Farm, Forest or Marine Products ☐ 9 Machinery Transportation Equipment Equipment or Supplies ☐ 10 Waste or Scrap Material ☐ 11 Hazardous Material ☐ 12 Fak ☐ 13 Other

Part 2
Travel Diary

ay: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri and Date: ____/____/____

ck Number_____ (Write in number from company information form)

r of Axles? _____ Is this a delivery van, ☐ Yes ☐ No or passenger van? ☐ Yes ☐ No

day, was this truck used? ☐ Yes - Continue below
☐ No - Return questionnaire

My First Trip Began at: **What time did you leave this place?** (Check AM or PM) ____:____ ☐ AM ☐ PM

☐ Base ☐ Other Location (Indicate address below)

Name of Place

Address or Intersecting Streets

City State Zip Code

Mileage for the travel day:

Begin Odometer Number _____

End Odometer Number _____

Instructions:

Please carry this diary with you throughout the travel day shown above.

- Record each trip you make in the order you make it.
- Include the specific data requested for each trip.
- If you are leaving the Triad area and will not come back today, please fill out the information for the trip you *will* make and return this form to the person who gave it to you.

Location Address	When did you get here/leave here?	Did you turn the engine off at this stop?	Activity at Stop (check one for each trip)	Land Use at Stop (check one for each trip)	If auto or van, # of persons in vehicle including driver.	If truck, what are you carrying? (Type of Goods) (check one for each trip)
rt, I went to: Name of Place dress or nearest intersection y State Zip	Arrive ____:____ ☐ a.m. ☐ p.m. Depart ____:____ ☐ a.m. ☐ p.m.	☐ Yes ☐ No	☐ 1 Pick-up Load ☐ 2 Drop-off Load ☐ 3 Service Unit ☐ 4 Fuel Unit ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other _____ (Please Specify)	☐ 1 Office Bldg. Commercial ☐ 2 Retail/Restaurant/Gas Station ☐ 3 Warehouse/Manufacturing ☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 8 Other _____ (Please Specify)	_____ # of People	☐ 1 Food or Kindred Products ☐ 2 Tabacco, Textiles, Apparel ☐ 3 Containers returned empty ☐ 4 Mail or Express Traffic/ Small Packaged Freight Printed Matter ☐ 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products ☐ 7 Metallic Ores, Coal, Petroleum Natural Gas ☐ 8 Farm, Forest or Marine Products ☐ 9 Machinery Transportation Equipment Equipment or Supplies ☐ 10 Waste or Scrap Material ☐ 11 Hazardous Material ☐ 12 Fak ☐ 13 Other _____
en, I went to: Name of Place dress or nearest intersection y State Zip	Arrive ____:____ ☐ a.m. ☐ p.m. Depart ____:____ ☐ a.m. ☐ p.m.	☐ Yes ☐ No	☐ 1 Pick-up Load ☐ 2 Drop-off Load ☐ 3 Service Unit ☐ 4 Fuel Unit ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other _____ (Please Specify)	☐ 1 Office Bldg. Commercial ☐ 2 Retail/Restaurant/Gas Station ☐ 3 Warehouse/Manufacturing ☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 8 Other _____ (Please Specify)	_____ # of People	☐ 1 Food or Kindred Products ☐ 2 Tabacco, Textiles, Apparel ☐ 3 Containers returned empty ☐ 4 Mail or Express Traffic/ Small Packaged Freight Printed Matter ☐ 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products ☐ 7 Metallic Ores, Coal, Petroleum Natural Gas ☐ 8 Farm, Forest or Marine Products ☐ 9 Machinery Transportation Equipment Equipment or Supplies ☐ 10 Waste or Scrap Material ☐ 11 Hazardous Material ☐ 12 Fak ☐ 13 Other _____

Travel Diary

ay: O Mon O Tues O Wed O Thurs O Fri

0 0 0 0 0
0 0 0 0 0

er Number: 0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0

Vehicle Number
(Use number from Company Information form)
0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0

On this day, was this truck used?
O Yes - Continue with questionnaire
O No - Return questionnaire

Number of axles ? 0 0 0 0

Is this a delivery van, O Yes O No
or a passenger van ? O Yes O No

Mileage for the travel day:

Begin Odometer Number	End Odometer Number
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0

My First Trip Began at: O Base O Other Location (Indicate address)

Name of Place

Address or Intersecting Streets

City State Zip Code

What time did you leave this place ?
HOUR 0 0 0 0 0 0 0 0 0 0 0 0
MIN 0 0 0 0 0 0 O AM
0 0 0 0 0 0 0 0 0 0 O PM

Location Address	When did you get here/leave here?	Activity at Stop	Land Use at Stop	If auto or van, # of persons in vehicle including driver.	If truck, what are you carrying?
First I went to :	Arrive: 0 0 0 0 AM / 0 0 0 0 PM Depart: 0 0 0 0 AM / 0 0 0 0 PM	(Check one for each trip) O Pick up load O Drop-off load O Service Unit O Fuel Unit O Personal Business O Return to base O Other _____ (Please Specify) Did you turn the engine off at this stop? O Yes O No	(Check one for each trip) O Office Bldg. Commercial O Retail/Restaurant/Gas Station O Warehouse/Manufacturing O Residential O Port/Transportion Hub O Utilities O Construction/Gravel/Landfill O Other _____ (Please Specify)	Number of People: 0 0	(Type of Goods. Check one for each trip) O Food or Kindred Products O Tobacco, Textiles, Apparel O Containers returned empty O Mail or Express Traffic/ Small Packaged Freight/ Printed Matter O Clay, Concrete, Glass or Stone Products/ Furniture or Fabricated Metal Products/ Lumber, Pulp, Paper or Allied Products O Metallic Ores, Coal, Petroleum Natural Gas O Farm, Forest or Marine Products O Machinery Transportation Equipment or Supplies O Waste or Scrap Material O Hazardous Material O FAK (Freight of all kinds) O Other
(Name of Place) (Address or nearest intersection) City State Zip					

Location Address	When did you get here/leave here?	Activity at Stop	Land Use at Stop	If auto or van, # of persons in vehicle including driver.	If truck, what are you carrying?
Then I went to :	Arrive: 0 0 0 0 AM / 0 0 0 0 PM Depart: 0 0 0 0 AM / 0 0 0 0 PM	(Check one for each trip) O Pick up load O Drop-off load O Service Unit O Fuel Unit O Personal Business O Return to base O Other _____ (Please Specify) Did you turn the engine off at this stop? O Yes O No	(Check one for each trip) O Office Bldg. Commercial O Retail/Restaurant/Gas Station O Warehouse/Manufacturing O Residential O Port/Transportion Hub O Utilities O Construction/Gravel/Landfill O Other _____ (Please Specify)	Number of People: 0 0	(Type of Goods. Check one for each trip) O Food or Kindred Products O Tobacco, Textiles, Apparel O Containers returned empty O Mail or Express Traffic/ Small Packaged Freight/ Printed Matter O Clay, Concrete, Glass or Stone Products/ Furniture or Fabricated Metal Products/ Lumber, Pulp, Paper or Allied Products O Metallic Ores, Coal, Petroleum Natural Gas O Farm, Forest or Marine Products O Machinery Transportation Equipment or Supplies O Waste or Scrap Material O Hazardous Material O FAK (Freight of all kinds) O Other
(Name of Place) (Address or nearest intersection) City State Zip					

PLEASE DO NOT WRITE IN THIS AREA
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 SERIAL #

3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81

Sample bubble diary form

Part 1
Vehicle Information

Your Travel Day Is:

The label above includes some of the information you provided when our interviewer called. Included are your address, type of company, and the number of persons employed in your company. If any of these items are incorrect, please write the correct information directly on the label.

Please fill out the information below about the vehicles owned by or garaged at your company.

Please assign a *vehicle number* to each vehicle at your company. Then fill in the boxes to the right for each vehicle. Be sure that the vehicle number on this form corresponds to the vehicle number used on the Travel Diary.

Vehicle Number	Type of Vehicle							Typle of Fuel			Number of Axles	Weight (lbs)	
	License Plate #	Year	Single Unit Truck	Combination Truck	Pick-up or Panel	Van	Car	Diesel	Gasoline	Other	2, 3, 4, or 5+	Empty	Loaded
1	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
2	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
3	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
4	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
5	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
6	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
7	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
8	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
9	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____
10	_____	____	☐	☐	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	☐	☐	☐	_____	_____	_____

Vehicle Information

Your Travel Day is: _____

The label above includes some of the information you provided when our interviewer called. Included are your address, type of company, and the number of persons employed in your company. If any of these items are incorrect, please write the correct information directly on the label.

Please fill out the information below about the vehicles owned by or garaged at your company.

Please assign a *vehicle number* to each vehicle at your company. Then fill in the boxes to the right for each vehicle. Be sure that the vehicle number on this form corresponds to the vehicle number used on the Travel Diary.

Vehicle #	License Plate #	Year 19__	Truck Type	Make and Model: Pick-up or Panel	Make and Model: Van	Make and Model: Car	# of Axles	Weight (LBS): Empty	Weight (LBS): Loaded
①②③		①②		①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Single Unit	①②③	①②③	①②③	①	①②③④⑤	①②③④⑤
①②③	_____	①②	○ Combination	Make ①②③	①②③	①②③	②	①②③④⑤	①②③④⑤
①②③		①②		①②③	①②③	①②③	③	①②③④⑤	①②③④⑤
①②③		①②	_____	①②③	①②③	①②③	④	①②③④⑤	①②③④⑤
①②③		①②		Model ①②③	①②③	①②③	⑤	①②③④⑤	①②③④⑤
①②③		①②	Type of Fuel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③	_____	①②	○ Diesel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Gasoline	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Other	①②③	①②③	①②③		①②③④⑤	①②③④⑤

Vehicle #	License Plate #	Year 19__	Truck Type	Make and Model: Pick-up or Panel	Make and Model: Van	Make and Model: Car	# of Axles	Weight (LBS): Empty	Weight (LBS): Loaded
①②③		①②		①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Single Unit	①②③	①②③	①②③	①	①②③④⑤	①②③④⑤
①②③	_____	①②	○ Combination	Make ①②③	①②③	①②③	②	①②③④⑤	①②③④⑤
①②③		①②		①②③	①②③	①②③	③	①②③④⑤	①②③④⑤
①②③		①②	_____	①②③	①②③	①②③	④	①②③④⑤	①②③④⑤
①②③		①②		Model ①②③	①②③	①②③	⑤	①②③④⑤	①②③④⑤
①②③		①②	Type of Fuel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③	_____	①②	○ Diesel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Gasoline	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Other	①②③	①②③	①②③		①②③④⑤	①②③④⑤

Vehicle #	License Plate #	Year 19__	Truck Type	Make and Model: Pick-up or Panel	Make and Model: Van	Make and Model: Car	# of Axles	Weight (LBS): Empty	Weight (LBS): Loaded
①②③		①②		①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Single Unit	①②③	①②③	①②③	①	①②③④⑤	①②③④⑤
①②③	_____	①②	○ Combination	Make ①②③	①②③	①②③	②	①②③④⑤	①②③④⑤
①②③		①②		①②③	①②③	①②③	③	①②③④⑤	①②③④⑤
①②③		①②	_____	①②③	①②③	①②③	④	①②③④⑤	①②③④⑤
①②③		①②		Model ①②③	①②③	①②③	⑤	①②③④⑤	①②③④⑤
①②③		①②	Type of Fuel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③	_____	①②	○ Diesel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Gasoline	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Other	①②③	①②③	①②③		①②③④⑤	①②③④⑤

Vehicle #	License Plate #	Year 19__	Truck Type	Make and Model: Pick-up or Panel	Make and Model: Van	Make and Model: Car	# of Axles	Weight (LBS): Empty	Weight (LBS): Loaded
①②③		①②		①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Single Unit	①②③	①②③	①②③	①	①②③④⑤	①②③④⑤
①②③	_____	①②	○ Combination	Make ①②③	①②③	①②③	②	①②③④⑤	①②③④⑤
①②③		①②		①②③	①②③	①②③	③	①②③④⑤	①②③④⑤
①②③		①②	_____	①②③	①②③	①②③	④	①②③④⑤	①②③④⑤
①②③		①②		Model ①②③	①②③	①②③	⑤	①②③④⑤	①②③④⑤
①②③		①②	Type of Fuel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③	_____	①②	○ Diesel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Gasoline	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Other	①②③	①②③	①②③		①②③④⑤	①②③④⑤

Vehicle #	License Plate #	Year 19__	Truck Type	Make and Model: Pick-up or Panel	Make and Model: Van	Make and Model: Car	# of Axles	Weight (LBS): Empty	Weight (LBS): Loaded
①②③		①②		①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Single Unit	①②③	①②③	①②③	①	①②③④⑤	①②③④⑤
①②③	_____	①②	○ Combination	Make ①②③	①②③	①②③	②	①②③④⑤	①②③④⑤
①②③		①②		①②③	①②③	①②③	③	①②③④⑤	①②③④⑤
①②③		①②	_____	①②③	①②③	①②③	④	①②③④⑤	①②③④⑤
①②③		①②		Model ①②③	①②③	①②③	⑤	①②③④⑤	①②③④⑤
①②③		①②	Type of Fuel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③	_____	①②	○ Diesel	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Gasoline	①②③	①②③	①②③		①②③④⑤	①②③④⑤
①②③		①②	○ Other	①②③	①②③	①②③		①②③④⑤	①②③④⑤

Sample bubble Veh. info sheet