U.S. Department of Transportation
National Highway Traffic Safety Administration

OTHER DRIVER INTERVIEW FORM (B)

NATIONAL AUTOMOTIVE SAMPLING SYSTEM
CRASH CAUSATION SPECIAL STUDY

1. Primary Sampling Unit Number _____ _____	Interviewee(s) Role or Name(s): _____
2. Case Number - Stratum ___ ___ ___ ___	_____
3. Vehicle Number _____ _____	Phone Number: _____

Report all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

DRIVER'S DESCRIPTION OF CRASH EVENTS

OCCUPANT'S DESCRIPTION OF CRASH EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

CRASH DIAGRAM

Use this diagram to aid in relating interviewee crash trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH

CRASH DATA INFORMATION

TRAVEL DIRECTION?	[ ] North [ ] South [ ] East [ ] West (Or where were they coming from or going to?)
LANE?	[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] Other **Note: Lane 1 is the right curb lane.**
ROAD CONDITION?	[ ] Dry [ ] Wet [ ] Snow [ ] Slush [ ] Ice [ ] Sand, dirt, oil [ ] Other (specify)
WEATHER CONDITIONS? (Check all that apply.)	[ ] No adverse conditions [ ] Snow [ ] Hail [ ] Wind gusts [ ] Rain [ ] Fog [ ] Sleet [ ] Other (specify) _____
SIGN OR SIGNAL PRESENT? (Check all that apply.)	[ ] Traffic control signal (includes flashing beacons, lane control signals, and green/amber/red signal) [ ] Stop sign [ ] Yield sign [ ] School zone sign [ ] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) (specify): _____ [ ] Warning sign (Winding road sign, stop ahead, intersection signs, etc.) (specify): _____ [ ] Miscellaneous control (including railroad controls), (specify): _____ [ ] None [ ] Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	[ ] No traffic control device present [ ] Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ [ ] Functioning properly [ ] Unknown
SPEED BEFORE THE IMPACT? (in mph.)	[ ] Stopped [ ] 11-20 [ ] 31-40 [ ] 51-60 [ ] 70+ [ ] 1-10 [ ] 21-30 [ ] 41-50 [ ] 61-70 [ ] Unknown
BEFORE IMPACT, INTENDING TO…? (Check all that apply.)	[ ] Go straight [ ] Stopped [ ] Turn left [ ] Backup [ ] Slow down [ ] Accelerate [ ] Turn right [ ] Other (specify): [ ] Change lanes to right [ ] Merge _____ [ ] Change lanes to left [ ] Negotiate Curve
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	[ ] No [ ] Unknown [ ] Yes (describe)
AVOIDANCE ACTIONS?	[ ] None [ ] Braking with lock-up [ ] Accelerating [ ] Unknown [ ] Braking without lock-up [ ] Steering left [ ] Other (specify): [ ] Releasing brakes [ ] Steering right _____
LOCATION OF VEHICLE AT TIME OF IMPACT?	[ ] Original travel [ ] Different travel lane [ ] In intersection [ ] Off roadway to right [ ] Off roadway to left [ ] Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph.)	[ ] Stopped [ ] 11-20 [ ] 31-40 [ ] 51-60 [ ] 70+ [ ] 1-10 [ ] 21-30 [ ] 41-50 [ ] 61-70 [ ] Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved o its stopped position, after the collision?	

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?
[ ] YES - - ASK THE FOLLOWING QUESTIONS **[ ] UNKNOWN - SKIP TO "FIRE DATA" BELOW**
[ ] No - - SKIP TO "FIRE DATA" BELOW

1. ROLLOVER BEGAN	(1) On roadway (2) On shoulder (3) On roadside or median (9) Unknown	_____
2. ROLLOVER CAUSE?	(1) Cargo shift (specify): _____ (2) Other vehicle (specify vehicle number) _____ (3) Contact with object (specify): _____ (8) Other cause (specify): _____ (9) Unknown	_____
3. DIRECTION OF VEHICLE ROLL?	(1) Toward the right (passenger side) (2) Toward the left (driver side) (3) End-over-end (9) Unknown	_____
4. NUMBER OF TURNS	_____ Number of **QUARTER TURNS** (9) Unknown _____ Number of **COMPLETE TURNS**	_____ _____
5. PLANE IN CONTACT WITH GROUND AT FINAL REST?	(1) Left side (2) Right side (3) Top (9) Unknown (4) Wheels	_____

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

[ ] YES - - ASK THE FOLLOWING QUESTIONS **[ ] UNKNOWN - SKIP THIS SECTION**
[ ] No - - SKIP THIS SECTION

6. FIRE STARTED, OR SMOKE WAS FIRST SEEN . . .	(1) Under the hood (2) Behind the instrument panel (3) In the passenger compartment (4) In the trunk/cargo area (5) Under the vehicle (6) From other involved vehicle (9) Unknown	_____
7. FIRE START WITH THE ELECTRICAL SYSTEM?	(1) Yes (specify): _____ (2) No (9) Unknown	_____
8. FIRE START WITH THE FUEL SYSTEM?	(1) Yes (2) No (9) Unknown	_____
9. WHICH PART OF THE FUEL SYSTEM MAY HAVE BEEN INVOLVED?	(1) Fuel tank (2) Fuel lines (3) Engine compartment (specify component): _____ (7) Not applicable (9) Unknown	_____

DRIVER RELATED DATA

10. MOVING TRAFFIC CITATIONS DURING THE PAST FIVE YEARS?	(1) Yes (2) No (9) Unknown _____ _____ Number of citations _____
11. INVOLVED IN A TRAFFIC CRASH DURING THE PAST FIVE YEARS?	(1) Yes (2) No (9) Unknown _____ _____ Number of crashes _____
12. VIOLATIONS CHARGED AS A RESULT OF THIS CRASH: (Code up to three.)	_____ _____ _____ _____ _____ _____ **Reckless/Careless/Hit-and-Run Type Offenses** (01) Manslaughter or homicide (02) Willful reckless driving; driving to endanger; negligent driving (03) Unsafe reckless (not willful, wanton reckless) driving (04) Inattentive, careless, improper driving (05) Fleeing or eluding police (06) Failure to obey police, fireman, authorized person directing traffic (07) Hit-and-run, fail to stop after crash (08) Failure to give aid, information, wait for police after crash (09) Serious violation resulting in death **Impairment Offenses** (11) Driving while intoxicated (alcohol or drugs) or BAC above limit any detectable BAC for CDLs) (12) Driving while impaired (13) Driving under influence of substance not intended to intoxicate (14) Drinking while operating (15) Illegal possession of alcohol or drugs (16) Driving with detectable alcohol (18) Refusal to submit to chemical test (19) Alcohol, drug, or impairment violations generally **Speed-Related Offenses** (1) Racing (22) Speeding (above the speed limit) (23) Speed greater than reasonable & prudent (not necessarily over the limit) (24) Exceeding special speed limit (e.g.: for trucks, buses, cycles, or on bridge, in school zone, etc.) (25) Energy speed (exceeding 55 mph, non-pointable) (26) Driving too slowly (29) Speed related violations, generally **Rules of the Road - Traffic Sign & Signals** (31) Failure to stop for red signal (32) Failure to stop for flashing red (33) Violation of turn on red (failure to stop & yield, yield to pedestrians before turning) (34) Failure to obey flashing signal (yellow or red) (35) Failure to obey signal, generally (36) Violate RR grade crossing device/regulations (37) Failure to obey stop sign (38) Failure to obey yield sign (39) Failure to obey traffic control device, generally **Rules of the Road - Turning, Yielding, Signaling** (41) Turn in violation of traffic control (disobey signs, turn arrow or pavement markings; this is not a right-on red violation) (42) Improper method & position of turn (too wide, wrong lane) (43) Failure to signal for turn or stop (45) Failure to yield to emergency vehicle (46) Failure to yield, generally (48) Enter intersection when space insufficient (49) Turn, yield, signaling violations, generally

DRIVER RELATED DATA

	Rules of the Road - Wrong Side, Passing & Following (51) Driving wrong way on one-way road (52) Driving on left, wrong side of road, generally (53) Improper, unsafe passing (54) Pass on right (drive off pavement to pass) (55) Pass stopped school bus (56) Failure to give way when overtaken (58) Following too closely (59) Wrong side, passing, following violations, generally **Rules of the Road - Lane Usage** (61) Unsafe or prohibited lane change (62) Improper use of lane (center of 3-lane road, HOV designated lane) (63) Certain traffic to use right lane (trucks, slow-moving, etc.) (66) Motorcycle lane violations (more than two per lane, riding between lanes, etc.) (67) Motorcyclist attached to another vehicle (69) Lane violations, generally **Non-Moving - License and Registration Violations** (71) Driving while license withdrawn (including violation of provisions of work permit) (72) Other driver license violations (73) Commercial driver violations (log book, hours, permits carried) (74) Vehicle registration violations (75) Failure to carry insurance card (76) Driving uninsured vehicle (79) Non-moving violations, generally **Equipment** (81) Lamp violations (82) Brake violations (83) Failure to require restraint use (by self or passengers) (84) Motorcycle equipment violations (helmet, special equipment) (85) Violation of hazardous cargo regulations (86) Size, weight, load violations (89) Equipment violations, generally **License, Registration & Other Violations** (91) Parking (92) Theft, unauthorized use of motor vehicle (93) Driving where prohibited (sidewalk, limited access, off truck route) (98) Other moving violation (coasting, backing, opening door) (99) Unknown VIOLATION
13. DO YOU WORK A SECOND JOB?	(1) Yes (7) Not applicable _____ (2) No (9) Unknown If yes, number of hours worked during the seven day interval preceding crash: Hrs. _____ _____ (75) 75+ hours (97) Not applicable Number of hours typically worked on second job during a normal seven Day period: Hrs. _____ _____ (75) 75+ hours (97) Not applicable (99) Unknown
14. DO YOU REPORT SECOND JOB HOURS TO YOUR PRIMARY EMPLOYER?	(1) Yes (7) Not applicable _____ (2) No (9) Unknown

DRIVER PHYSICAL CONDITION

15. GENERAL STATE OF HEALTH?	(1) Good (2) Fair (3) Poor (7) Not applicable (9) Unknown	_____
16. DO YOU WEAR CORRECTIVE LENSES?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
	If yes, lenses intended to correct: (1) Myopic (near-sighted) condition (2) Hyperopic (far-sighted) condition (7) Not applicable (8) Other (specify): _____ (9) Unknown	_____
	Corrected vision level: _____ _____ / _____ _____ (e.g., 20/20, 20/40, etc.) 97/97 Not applicable 99/99 Unknown	
17. DO YOU HAVE A HEARING DEFICIENCY?	(1) Yes (specify): _____ (2) No (7) Not applicable (9) Unknown	_____
18. HAVE YOU EVER BEEN DIAGNOSED WITH OBSTRUCTIVE SLEEP APNEA?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
If yes, are you currently being treated for this disorder?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
Do you use a C-PAP machine?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
19. TAKING ANY PRESCRIBED MEDICATIONS?	(1) Yes, (specify): _____ (2) No (3) Unknown	_____
20. TAKING OVER-THE-COUNTER MEDICATIONS (e.g., cold medicines, no-doze, etc.)	(1) Yes, (specify): _____ (2) No (9) Unknown	_____
21. IS YOUR DOCTOR AWARE OF ALL THE MEDICATIONS YOU ARE TAKING?	(1) Yes (2) No (specify): _____ (9) Unknown	_____

FATIGUE ISSUES

22. DO YOU WORK ON-CALL STATUS?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
If yes, were you called in for this shift?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
Extent of advance notice? (e.g., How long before that start of the shift were you called?)	____ ____ hrs. 97 Not applicable 99 Unknown	

FATIGUE ISSUES

Did this call interrupt a sleep/rest period?	(1) Yes (specify): _____ (2) No (7) Not applicable (9) Unknown	_____
23 DOES YOUR JOB REQUIRE SHIFT WORK?	(1) Yes (2) No (7) Not applicable (9) Unknown	_____
24. IF YES, WHAT IS YOUR CURRENT SHIFT?	(1) First (2) Second (3) Third (4) Other (specify): _____ (7) Not applicable (9) Unknown	_____
25. DO YOU WORK A ROTATING OR SPLIT SHIFT SCHEDULE?	(1) Yes (specify): _____ (2) No (7) Not applicable (9) Unknown	_____
26. SLEEP CONDITION:	Location of last sleep interval (1) Residence (4) Motel (7) Not applicable (8) Other (specify): _____ (9) Unknown Hours of last sleep _____ _____ : _____ _____ (hours:minutes) Start time of sleep interval (military time) _____ _____ : _____ _____ (hours:minutes) End of sleep interval (military time) _____ _____ : _____ _____ (hours:minutes) Hours since last sleep _____ _____ : _____ _____ (hours:minutes) If hours of last sleep were less than four hours, record location of last Main sleep interval (i.e., > four hours) (1) Residence (4) Motel (7) Not applicable (8) Other (specify): _____ (9) Unknown If hours of last sleep were less than four hours, record hours of last main sleep (i.e., > four hours) _____ _____ : _____ _____ (hours:minutes) Start of main sleep interval (military time) _____ _____ : _____ _____ (hours:minutes) End of main sleep interval (military time) _____ _____ : _____ _____ (hours:minutes) Total hours of sleep in last 24 hours? _____ _____ : _____ _____ (hours:minutes) 97:97 Not applicable 99:99 Unknown	_____

FATIGUE ISSUES

27. PRECEDING SLEEP PATTERN
(Describe sleep pattern during the seven day period preceding the crash.)

Longest length of daily sleep during period
_____ _____ : _____ _____ (hours:minutes)

Shortest length of daily sleep during period
_____ _____ : _____ _____ (hours:minutes)

Average length of daily sleep during period
_____ _____ : _____ _____ (hours:minutes)
97:97 Not applicable
99:99 Unknown

Sleep intervals during seven day period occurred? _____

(1) Primarily at night
(2) Primarily during day
(3) Mixture of night and day intervals
(7) Not applicable
(8) Other (specify): _____
_____
(9) Unknown

Did the time at which you began to sleep rotate/shift during the seven day interval? (e.g., rotating shift schedule) _____

(1) Yes (specify): _____
_____
(2) No
(7) Not applicable
(9) Unknown

28. TYPICALLY AWOKE FEELING? _____

(1) Rested
(2) Fatigued
(3) Drowsy
(4) Irritated/Upset
(8) Other (specify): _____
_____
(9) Unknown

29. WAS SLEEP PATTERN RELATED TO? _____

(1) Work schedule
(2) Social schedule
(3) Personal problems
(4) Family problems
(5) Illness
(8) Other (specify): _____
_____
(9) Unknown

30. WHAT IS YOUR NORMAL AVERAGE DAILY SLEEP INTERVAL?

While at home?
_____ _____ : _____ _____ (hours:minutes)
97:97 Not applicable
99:99 Unknown

While on road?
_____ _____ : _____ _____ (hours:minutes)
97:97 Not applicable
99:99 Unknown

31. NORMALLY AWAKE FEELING? _____

(1) Rested
(2) Fatigued
(3) Drowsy
(4) Irritated/Upset
(8) Other (specify): _____
_____
(9) Unknown

32. AT THE START OF THE DRIVING PORTION OF THIS TRIP, HOW DID YOU FEEL? _____

(1) Rested
(2) Fatigued
(3) Drowsy
(4) Irritated/Upset
(8) Other (specify): _____
_____
(9) Unknown

33. WORK SCHEDULE:

Hours on duty during last 24-hours
_____ _____ : _____ _____ (hours:minutes)
97:97 Not applicable
99:99 Unknown

FATIGUE ISSUES

34. PRECEDING WORK SCHEDULE:

Number of hours worked during the seven-day interval preceding crash.

Longest Day:
_____ _____ : _____ _____ (hours:minutes)

Shortest Day:
_____ _____ : _____ _____ (hours:minutes)

Average Work Day:
_____ _____ : _____ _____ (hours:minutes)
97:97 Not applicable
99:99 Unknown

Total Hours Worked In Seven Days:
_____ _____ _____ : _____ _____ (hours:minutes)
997:97 Not applicable
999:99 Unknown

Number of days on duty since last day off? _____ _____
____ ____ (01-95) no. of days
(96) 96+ days
(97) Not applicable
(99) Unknown

35. RECREATIONAL ACTIVITIES _____

Did you participate in any recreational activities during the seven-day interval preceding the crash which involved periods of strenuous exercise?

(1) Yes (7) Not applicable
(2) No (9) Unknown

If yes, specify the type of activity and the number of hours over which this activity was completed:
_____
_____
_____

36. NON-WORK ACTIVITIES _____

Did you perform any household chores or other activities during the seven-day interval preceding the crash which involved periods of strenuous labor?

(1) Yes (7) Not applicable
(2) No (9) Unknown

If yes, specify the type of activity and the number of hours over which this activity was completed:

INATTENTION/DISTRACTION ISSUES

37. PRIOR TO THE CRASH, WERE THERE CONCERNS IN YOUR EMPLOYMENT, FAMILY, OR PERSONAL RELATIONSHIPS? _____

(1) Yes (7) Not applicable
(2)] No (9) Unknown

38. HAD YOU BEEN INVOLVED IN A DISAGREEMENT/ ARGUMENT WITH IN THE LAST: _____

6 Hours?
(1) Yes (7) Not applicable
(2)] No (9) Unknown

12 Hours
(1) Yes (7) Not applicable
(2)] No (9) Unknown

INATTENTION/DISTRACTION ISSUES

39. WERE YOU THINKING ABOUT THESE ISSUES OR OTHER ISSUES DURING THE PRE-CRASH PHASE? _____

(1) Yes (specify): _____
(2) No
(7) Not applicable
(9) Unknown

40. DRIVER DISTRACTION: _____

(00) No driver present
(01) Not distracted
(02) Looked, but did not see
Distractions
(03) By other occupants (specify): _____
_____
(04) By moving object in vehicle (specify): _____
_____
(05) While talking on phone (specify phone location and type):
_____
(06) While dialing cellular phone (specify phone location and type):
_____
(07) While talking on CB radio
(08) While adjusting climate controls
(09) While adjusting radio, cassette, CD (specify): _____
_____
(10) While using other device/controls integral to vehicle (specify):
_____
(11) While reading map, newspaper, or magazine (specify): _____
_____
(12) Distracted by outside person, object, or event (specify): _____
_____
(13) While eating or drinking
(14) Smoking related
(15) Retrieving fallen object (specify): _____
_____
(16) Sleepy or fell asleep
(17) Distracted, details unknown
(18) Other (specify): _____
_____
(99) Unknown

If The Driver Was Distracted As A Result Of Conversing With Another Passenger Or Talking On A Phone Or CB Radio, Answer The Following Questions:

WHAT WAS THE NATURE OF THE RELATIONSHIP BETWEEN THE DRIVER AND THE PERSON THE DRIVER WAS CONVERSING WITH? (Pick one.) _____

(0) No relationship/stranger
(1) Business
(2) Social (friend)
(3) Boyfriend/girlfriend
(4) Husband/wife
(5) Driver/co-driver
(6) Parent/child
(7) Not applicable
(8) Other (specify):_____
(9) Unknown

WHAT WAS THE NATURE OF THE DISCUSSION? (Pick one.) _____

(1) Business
(2) Social
(3) Family matter
(4) Argument
(5) Disciplinary
(7) Not applicable
(8) Other (specify):_____
_____
(9) Unknown

INATTENTION/DISTRACTION ISSUES

41. DRIVER'S DIRECTION OF ATTENTION PRIOR TO START OF COLLISION COURSE: _____

(0) No driver present
(1) Looking right
(2) Looking left
(3) Looking straight ahead
(4) Looking rearward
(8) Other (specify): _____
(9) Unknown

42. DRIVER'S OBJECT OF ATTENTION PRIOR TO START OF COLLISION COURSE: _____

(0) No driver present
(1) Driver sleepy or fell asleep
(2) Driver inattentive
(3) Driver distracted
(4) Other vehicles (specify): _____
(5) Intended turn destination (specify): _____
(6) No specific focus
(8) Other (specify): _____
(9) Unknown

43. DRIVER'S DIRECTION OF ATTENTION AFTER START OF COLLISION COURSE: _____

(0) No driver present
(1) Looking right
(2) Looking left
(3) Looking straight ahead
(4) Looking rearward
(8) Other (specify): _____
(9) Unknown

44. DRIVER'S OBJECT OF ATTENTION AFTER START OF COLLISION COURSE: _____

(0) No driver present
(1) Driver sleepy or fell asleep
(2) Driver inattentive
(3) Driver distracted
(4) Other vehicles (specify): _____
(5) Intended turn destination (specify): _____
(6) No specific focus
(8) Other (specify): _____
(9) Unknown

PERCEPTION ISSUES

The data in this section apply to the circumstance where, one of the involved drivers checked for approaching traffic (crossing traffic or directly opposing traffic), prior to initiating a turn or attempting to cross an intersection, but did not see the other involved vehicle. If this circumstance did not occur, skip to the next subsection.

Perception issues involved? [ ] Yes - - - Ask the following questions.
[ ] No - - - [ ] Unknown - - - Skip this section.

45. WAS YOUR SIGHT LINE TO THE OTHER VEHICLE CLEAR (I.E., NOT OBSTRUCTED)? _____

(1) Yes
(2) No , view obstructed by roadway curvature
(3) No, view obstructed by roadway grade
(4) No, view obstructed by roadside appurtenance (specify): _____
(5) No, other (specify): _____
(7) Not applicable
(9) Unknown

PERCEPTION ISSUES

46. WAS YOUR VIEW OF THE OTHER VEHICLE OBSCURED?	(1) Yes, obscured by sunglare (2) Yes, obscured by headlight glare (3) Yes, obscured by other glare (specify): _____ _____ (4) Yes, obscured by dark (nighttime) viewing condition (5) Yes, obscured by other condition (specify): _____ _____ (6) No (7) Not applicable (9) Unknown	_____
If A Nighttime Crash, Was The Visibility Of The Other Vehicle An Issue?	(1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown	_____
47. PERIOD OF TIME STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity (02) Decelerated, did not stop (03) Rolling stop prior to proceeding (04) Stopped <1 second prior to proceeding (05) Stopped 1-2 seconds prior to proceeding (06) Stopped 3-4 seconds prior to proceeding (07) Stopped 5-10 seconds prior to proceeding (08) Stopped more than 10 seconds prior to proceeding (97) Not applicable (99) Unknown	_____ _____
48. PERIOD OF TIME OTHER VEHICLE STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity (02) Decelerated, did not stop (03) Rolling stop prior to proceeding (04) Stopped <1 second prior to proceeding (05) Stopped 1-2 seconds prior to proceeding (06) Stopped 3-4 seconds prior to proceeding (07) Stopped 5-10 seconds prior to proceeding (08) Stopped more than 10 seconds prior to proceeding (97) Not applicable (99) Unknown	_____ _____
49. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown	_____
50. DID THE OTHER DRIVER APPEAR TO BE IN PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown	_____
51. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?	(1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown	_____

DECISION ERROR ISSUES

The data is this section apply to the circumstances where one of the involved drivers attempted to cross or turn at an intersection with an obstructed view of approaching traffic or attempted to cross or turn at an intersection and misjudged either the approach velocity of an approaching vehicle or the gap distance to that vehicle. If these circumstances did not occur, skip to the next subsection.

Decision error issues involved? [ ] Yes - - - Ask the following questions.
[ ] No - - - [ ] Unknown - - - Skip this section.

52. NATURE OF VIEW OBSTRUCTION?	(1) View obstruction (specify): _____ _____ (2) No view obstruction (7) Not applicable (9) Unknown
53. PERIOD OF TIME THE STOPPED PRIOR TO ENTERING INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity _____ _____ (02) Decelerated, did not stop (03) Rolling stop prior to proceeding (04) Stopped <1 second prior to proceeding (05) Stopped 1-2 seconds prior to proceeding (06) Stopped 3-4 seconds prior to proceeding (07) Stopped 5-10 seconds prior to proceeding (08) Stopped more than 10 seconds prior to proceeding (97) Not applicable (99) Unknown
54. DIRECTION OF APPROACH OF OTHER VEHICLE?	(1) From driver's left _____ (2) From driver's right (3) 180 degrees opposed (8) Other (specify): _____ (9) Unknown
55. PERIOD OF TIME OTHER VEHICLE STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity _____ _____ (02) Decelerated, did not stop (03) Rolling stop prior to proceeding (04) Stopped <1 second prior to proceeding (05) Stopped 1-2 seconds prior to proceeding (06) Stopped 3-4 seconds prior to proceeding (07) Stopped 5-10 seconds prior to proceeding (08) Stopped more than 10 seconds prior to proceeding (97) Not applicable (99) Unknown
56. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	_____ (1) Yes (specify): _____ (7) Not applicable _____ (2) No (9) Unknown
57. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	_____ (1) Yes (specify): _____ (7) Not applicable _____ (2) No (9) Unknown
58. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?	_____ (1) Yes (specify): _____ (7) Not applicable _____ (2) No (9) Unknown

DECISION ERROR ISSUES

59. AFTER CHECKING FOR TRAFFIC, DID THE OTHER DRIVER APPEAR TO FOCUS ON THE INTENDED TURN DESTINATION?	(1) Yes (specify): _____ _____ (2) No	(7) Not applicable (9) Unknown

The data in this section apply to non-intersection crashes where one of the involved drivers was either following too closely or was traveling too fast for conditions. If these circumstances did not occur, skip to the next subsection.

Decision error issues involved? [ ] Yes - - - Ask the following questions.
[ ] No - - - [ ] Unknown - - - Skip this section.

60. GAP DISTANCE TO FORWARD VEHICLE	Estimate to the nearest ten feet 009 < 10 ft. 900 900 or more 998 Not applicable 999 Unknown	_____ _____ _____
61. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ _____ (2) No	(7) Not applicable (9) Unknown
62. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ _____ (2) No	(7) Not applicable (9) Unknown
63. WAS EITHER GAP DISTANCE OR VEHICLE SPEED RELATED TO BEING IN A HURRY?	(1) Yes (specify): _____ _____ (2) No	(7) Not applicable (9) Unknown

COMBINATION ERROR TYPE ISSUES

The data in this section apply to non-intersection crashes where **one of the involved drivers was attempting to complete an intended lane changes maneuver** (i.e., crash avoidance maneuvers excluded). If this circumstance did not occur, skip to the next subsection.

Combination error type issues involved? [ ] Yes - - - Ask the following questions.
[ ] No - - - [ ] Unknown - - - Skip this section

64. LOCATION OF OTHER VEHICLE PRIOR TO THE MANEUVER? (Location with respect to your vehicle)	(1) Left front (2) Left side (3) Left rear (4) Right front	(5) Right side (6) Right rear (7) Not applicable (9) Unknown
65. WAS YOUR SIGHT LINE TO THE OTHER VEHICLE CLEAR (i.e., NOT OBSTRUCTED)?	(1) Yes (2) No, view obstructed by roadway curvature (3) No, other vehicle in mirror blind spot (i.e., in "no zone") (4) No, other (specify): _____ _____ (7) Not applicable (9) Unknown	

COMBINATION ERROR TYPE ISSUES

66. RELATIVE VEHICLE VELOCITIES?	(1) Overtaking other vehicle (2) Being overtaken by other vehicle (3) Both vehicles traveling at constant and approximately equal velocities (8) Other (specify): _____ _____ (9) Unknown	_____
67. DID YOU ALTER YOUR VEHICLE'S VELOCITY DURING THE LANE CHANGE MANEUVER?	(1) Yes, accelerated (2) Yes, decelerated (3) No, traveling at constant velocity (7) Not applicable (9) Unknown	_____
68. DID THE OTHER DRIVER ALTER THEIR VEHICLE'S VELOCITY DURING THE LANE CHANGE MANEUVER?	(1) Yes, accelerated [(2) Yes, decelerated (3) No, traveling at constant velocity (7) Not applicable (9) Unknown	_____

AGGRESSIVE DRIVING ISSUES

The data in this section apply to a broad cross section of crash types in which one of the involved drivers may have engaged in/exhibited aggressive driving behavior. The Researcher is to specify the suspected driving behavior and the intentionality of this behavior. Subsequent support questions assist in defining underlying reasons for the reported behavior. Space has been provided for the Researcher to develop additional questions relevant to each specific crash. If aggressive driving behavior is not associated with the circumstances of this crash, skip to the next section.

Aggressive driving issues involved? [ ] Yes - - - Ask the following questions.
[ ] No - - - [ ] Unknown - - - Skip this section

69. SUSPECTED AGGRESSIVE DRIVING BEHAVIOR? [NOTE: Specified by Researcher. Examples include speeding, tailgating, weaving in and out of traffic, intentional violation of traffic control devices, accelerating rapidly from a stopped position, stopping suddenly (hard braking), etc. Examples associated with driver frustration include honking horn, flashing lights, obscene gestures, and obstructing the paths of others.].	(SPECIFY): _____ _____ _____ _____ _____ Was this behavior an intentional act? (1) Yes (specify): _____ (7) Not applicable _____ (2) No (9) Unknown	_____
70. IS THE ABOVE DRIVING BEHAVIOR PART OF YOUR NORMAL DRIVING PATTERN OR IS IT RELATED TO ANOTHER FACTOR?	(1) Normal pattern (7) Not applicable (2) In a hurry (8) Other (specify): _____ (3) Angry (9) Unknown For in a hurry, angry, and other responses specify the reason for the response (i.e., why are you in a hurry?) _____ _____ _____	_____

COMBINATION ERROR TYPE ISSUES

71. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO THE CRASH? _____

(1) Yes (specify): _____ (7) Not applicable
_____
(2) No (9) Unknown

72. IN YOUR JUDGMENT, DID (INSERT SPECIFIC DRIVING BEHAVIOR) INCREASE THE RISK OF CRASH OCCURRENCE? _____

(1) Yes (specify): _____ (7) Not applicable
_____
(2) No (9) Unknown

FOR YES RESPONSE
Were you aware of the risk prior to the crash: (specify):
_____

FOR NO RESPONSE
Why did the crash occur? (specify):
_____

TRIP RELATED DATA

73. WHAT WAS THE INTENDED ONE-WAY TRIP DISTANCE?

This day _____ _____ _____ _____
Total _____ _____ _____ _____
Estimate to the nearest ten miles
0009. < 10 mi.
9000 9000 or more
9997 Not applicable
9999 Unknown

74. HOW OFTEN DO YOU DRIVE THIS ROUTE? _____

(1) First time (5) Weekly
(2) Rarely (6) Daily
(3) Monthly (9) Unknown
(4) Regularly (specify): _____

75. DID UNUSUAL EVENTS OCCUR DURING THIS TRIP? _____

(2) Yes (specify): _____
_____
(2) No
(9) Unknown

VEHICLE RELATED DATA

76. HOW COMFORTABLE WERE YOU WITH THE VEHICLE/LOADING? (Scale of 1 to 5)

	Very comfortable				Very uncomfortable
	1	2	3	4	5
Vehicle	____	____	____	____	____
Load	____	____	____	____	____
Both	____	____	____	____	____

(Check one for vehicle, load, and both)
(9) Unknown

VEHICLE FAMILIARTY
(No of times unit driven during preceding three month interval) _____ _____

(01) First time driving this vehicle
____ Code number of times vehicle driven
(30) 30+ times
(97) Not applicable
(99) Unknown

VEHICLE RELATED DATA

77. RATE THE CONDITION OF :
(Scale of 1 to 5)

	Good repair				Non-functional	
Brakes	____	____	____	____	____	(Check one for each vehicle component)
Steering	____	____	____	____	____	
Suspension	____	____	____	____	____	
Tires	____	____	____	____	____	
Lights	____	____	____	____	____	
	1	2	3	4	5	

78. WAS THE WINDSHIELD CLEAR OF DIRT AND OTHER OBSTRUCTIONS? _____

(1) Yes
(2) No (specify): _____
(9) Unknown

79. WHO IS RESPONSIBLE FOR MAINTENANCE OF THIS VEHICLE? _____

(1) Driver
(2) Company
(3) Leasor
(8) Other (specify): _____
(7) Not applicable
(9) Unknown

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front left (FL) Second left (2L) Front middle (FM) Second middle (2M) Front right (FR) Second right (2R) Third left (3L) Other (specify) in block Third middle (3M) Third right (3R)	**FRONT LEFT**		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White (non-Hispanic) Black (non-Hispanic) White (Hispanic) Black (Hispanic) American Indian, Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	[ ] M [ ] F - Not pregnant [ ] F - Pregnant - # of months _____ [ ] F - Unk. If pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____ DRIVER OF HISPANIC ORIGIN? [ ] Y [ ] N [ ] U	[ ] M [ ] F - Not pregnant [ ] F - Pregnant - # of months _____ [ ] F - Unk. If pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____ **XXXXXX** **XXXXXX** **XXXXXX**	[ ] M [ ] F - Not pregnant [ ] F - Pregnant - # of months _____ [ ] F - Unk. If pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____ **XXXXXX** **XXXXXX** **XXXXXX**
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat/sleeper mattress C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify): H) Unknown	[ ] Leaning to left [ ] Leaning to right [ ] Sitting upright [ ] Unknown Indicate all letters that apply and describe if other than above.	[ ] Leaning to left [ ] Leaning to right [ ] Sitting upright [ ] Unknown Indicate all letters that apply and describe if other than above.	[ ] Leaning to left [ ] Leaning to right [ ] Sitting upright [ ] Unknown Indicate all letters that apply and describe if other than above.
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify): E) Unknown <u>HANDS/ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) I) Other (Specify): J) Unknown	Indicate all letters that apply and further describe as needed.	Indicate all letters that apply and further describe as needed.	Indicate all letters that apply and further describe as needed.

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position - - describe reason. (i.e., 2 - point automatic belt)	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* * Describe:	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* * Describe:	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT?	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *
* IN "YES", WERE THEY WORKING PROPERLY?	[ ] Yes [ ] No (describe)	[ ] Yes [ ] No (describe)	[ ] Yes [ ] No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *
* IF "YES", DOES IT CROSS:	_____ Chest _____ Lap _____ Both	_____ Chest _____ Lap _____ Both	_____ Chest _____ Lap _____ Both
OCCUPANT WEARING ANY SEATBELT?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown
LAP BELT SITUATED?	[ ] Low on lap [ ] Across stomach [ ] Other (specify): _____ _____ [ ] Unknown	[ ] Low on lap [ ] Across stomach [ ] Other (specify): _____ _____ [ ] Unknown	[ ] Low on lap [ ] Across stomach [ ] Other (specify): _____ _____ [ ] Unknown
SHOULDER BELT SITUATED?	[ ] Over shoulder [ ] Under the arm [ ] Behind back: [ ] Behind seat [ ] Other (specify): _____ _____ [ ] Unknown	[ ] Over shoulder [ ] Under the arm [ ] Behind back: [ ] Behind seat [ ] Other (specify): _____ _____ [ ] Unknown	[ ] Over shoulder [ ] Under the arm [ ] Behind back: [ ] Behind seat [ ] Other (specify): _____ _____ [ ] Unknown

RESTRAINT INFORMATION

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	[ ] No [ ] Yes * [ ] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved?	[ ] No [ ] Yes * [ ] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved?	[ ] No [ ] Yes * [ ] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved?
ANYONE PINNED IN THE VEHICLE?	[ ] No [ ] Yes * _____physically pinned _____Jammed doors _____fire, etc. [ ] Unknown Detail any entrapment	[ ] No [ ] Yes * _____physically pinned _____Jammed doors _____fire, etc. [ ] Unknown Detail any entrapment	[ ] No [ ] Yes * _____physically pinned _____Jammed doors _____fire, etc. [ ] Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown

INJURY INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE YOU INJURED? If "YES" go to manikin page and record injuries in detail. If "NO" ask next questions.	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown

INJURY INFORMATION

DID YOU HAVE ANY OF THE FOLLOWING? *(If injuries are checked, go to the manikin page and record location, lesion, and source.)*	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other - specify on manikin	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other - specify on manikin	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other - specify on manikin
TRANSPORTED DIRECTLY FROM CRASH SCENE FOR TREATMENT?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown
RECEIVE ANY MEDICAL TREATMENT? (Check all that apply.)	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor’s office [ ] Treated by self [ ] Unknown	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor’s office [ ] Treated by self [ ] Unknown	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor’s office [ ] Treated by self [ ] Unknown
HOSPITALIZED?	[ ] No [ ] Yes - # of days ___________ [ ] Unknown	[ ] No [ ] Yes - # of days ___________ [ ] Unknown	[ ] No [ ] Yes - # of days ___________ [ ] Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	[ ] No [ ] Yes - describe any additional injuries diagnosed: _______________ _______________ [ ] Unknown	[ ] No [ ] Yes - describe any additional injuries diagnosed: _______________ _______________ [ ] Unknown	[ ] No [ ] Yes - describe any additional injuries diagnosed: _______________ _______________ [ ] Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	[ ] No [ ] Not working prior to crash [ ] Yes - # of days ___________ [ ] Unknown	[ ] No [ ] Not working prior to crash [ ] Yes - # of days ___________ [ ] Unknown	[ ] No [ ] Not working prior to crash [ ] Yes - # of days ___________ [ ] Unknown

INJURY INFORMATION

IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE?	[ ] No [ ] Yes * [ ] Unknown DATE: _____ TIME: _____ PLACE: _____	[ ] No [ ] Yes * [ ] Unknown DATE: _____ TIME: _____ PLACE: _____	[ ] No [ ] Yes * [ ] Unknown DATE: _____ TIME: _____ PLACE: _____