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

SURROGATE 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.

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) _____

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	_____
13. DOES THE DRIVER 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. DOES THE DRIVER REPORT SECOND JOB HOURS TO PRIMARY EMPLOYER?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____

DRIVER PHYSICAL CONDITION

15. GENERAL STATE OF HEALTH?	(1) Good (7) Not applicable (2) Fair (9) Unknown (3) Poor	_____
16. DOES THE DRIVER WEAR CORRECTIVE LENSES?	(1) Yes (7) Not applicable (2) No (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	_____ _____

DRIVER PHYSICAL CONDITION

17. DOES THE DRIVER HAVE A HEARING DEFICIENCY?	(1) Yes (specify): _____ (2) No (7) Not applicable (9) Unknown	_____
18. HAS THE DRIVER EVER BEEN DIAGNOSED WITH OBSTRUCTIVE SLEEP APNEA?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
If yes, was the driver currently being treated for this disorder?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
Does the driver use a C-PAP machine?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
19. WAS THE DRIVER TAKING ANY PRESCRIBED MEDICATIONS?	(1) Yes, (specify): _____ (2) No (3) Unknown	_____
20. WAS THE DRIVER TAKING OVER-THE-COUNTER MEDICATIONS (e.g., cold medicines, no-doze, etc.)	(1) Yes, (specify): _____ (2) No (9) Unknown	_____
21. WAS THE DRIVER'S DOCTOR AWARE OF ALL THE MEDICATIONS THE DRIVER WAS TAKING?	(1) Yes (2) No (specify): _____ (9) Unknown	_____

FATIGUE ISSUES

22. DOES THE DRIVER WORK ON-CALL STATUS?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
If yes, was the driver called in for this shift?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
Extent of advance notice? (e.g., How long before that start of the shift was the driver called?)	____ ____ hrs. 97 Not applicable 99 Unknown	
Did this call interrupt a sleep/rest period?	(1) Yes (specify): _____ (2) No (7) Not applicable (9) Unknown	_____
23 DOES THE DRIVER'S JOB REQUIRE SHIFT WORK?	(1) Yes (7) Not applicable (2) No (9) Unknown	_____
24. IF YES, WHAT IS THE DRIVER'S CURRENT SHIFT?	(1) First (7) Not applicable (2) Second (9) Unknown (3) Third (4) Other (specify): _____	_____

FATIGUE ISSUES

25. DOES THE DRIVER 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
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

FATIGUE ISSUES

27. PRECEDING SLEEP PATTERN (cont.)

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 the driver 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 THE DRIVER'S 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 AWOKE 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 THE DRIVER 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 the driver participate in any recreational activities during the seven-day interval preceding the crash which involved periods of strenuous exercise?

(1) Yes
(2) No
(7) Not applicable
(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 the driver perform any household chores or other activities during the seven-day interval preceding the crash which involved periods of strenuous labor?

(1) Yes
(2) No
(7) Not applicable
(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 THE DRIVER'S EMPLOYMENT, FAMILY, OR PERSONAL RELATIONSHIPS? _____

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

38. HAD THE DRIVER BEEN INVOLVED IN A DISAGREEMENT/ ARGUMENT WITHIN THE LAST: _____

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

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

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 DID THE DRIVER DRIVE THIS ROUTE?

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

____

75. DID UNUSUAL EVENTS OCCUR DURING THIS TRIP?

(2) Yes (specify): _____
_____

(2) No
(9) Unknown

____

VEHICLE RELATED DATA

76. HOW COMFORTABLE WAS THE DRIVER 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

____ ____

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

	Good repair				Non-functional
	1	2	3	4	5
Brakes	____	____	____	____	____
Steering	____	____	____	____	____
Suspension	____	____	____	____	____
Tires	____	____	____	____	____
Lights	____	____	____	____	____

(Check one for each vehicle component)

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

(1) Yes
(2) No
(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**

INJURY INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE THE OCCUPANTS 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

RESTRAINT INFORMATION

DID THE OCCUPANTS 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

RESTRAINT INFORMATION

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: _____