



**TRUCK DRIVER  
INTERVIEW FORM (A)**

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



**NORTH**

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

**CRASH DATA INFORMATION**

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

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

**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- [ ] YES -- ASK THE FOLLOWING QUESTIONS      [ ] No -- SKIP TO "FIRE DATA" BELOW  
 [ ] UNKNOWN - 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 <b>QUARTER TURNS</b> (9) Unknown _____ Number of <b>COMPLETE TURNS</b>	_____ _____
5. PLANE IN CONTACT WITH GROUND AT FINAL REST?	(1) Left side      (3) Top      (9) Unknown (2) Right side      (4) Wheels	_____

**FIRE DATA**

DID THIS VEHICLE EXPERIENCE A FIRE?

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

6. FIRE STARTED, OR SMOKE WAS FIRST SEEN . . .	(1) Under the hood      (4) In the trunk/cargo area (2) Behind the instrument panel      (5) Under the vehicle (3) In the passenger compartment      (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      (7) Not applicable (2) Fuel lines      (9) Unknown (3) Engine compartment (specify component): _____	_____

**JACKKNIFE DATA**

DID THIS VEHICLE JACKKNIFE DURING THE CRASH?

[ ] YES -- ASK THE FOLLOWING QUESTIONS

[ ] NO -- SKIP TO CARGO SHIFT BELOW

[ ] UNKNOWN - SKIP TO CARGO SHIFT BELOW

10. JACKKNIFE BEGAN?	(1) Prior to impact (2) During impact	(3) Following impact (9) Unknown	_____
11. JACKKNIFE LOCATION (AT START)?	(1) On roadway (2) On shoulder	(3) On roadside (4) On median	(9) Unknown _____
12. JACKKNIFED WHILE? (Select up to three elements.)	(00) No additional factors (01) Traversing curve (02) Completing turn (03) Traversing straight section (04) Completing avoidance maneuver (05) Driving at constant velocity (06) Accelerating	Decelerating: (07) Throttle input only (08) Light braking (09) Moderate braking (10) Heavy braking (97) Not applicable (98) Other (specify): _____ (99) Unknown	_____
13. FIRST UNIT TO JACKKNIFE?	(1) Power unit (2) First trailer (3) Second trailer	(4) Third trailer (8) Other (specify): _____ (9) Unknown	_____
14. DIRECTION OF ROTATION?	(1) Clockwise (2) Counterclockwise	(9) Unknown	_____
15. DID UNITS SEPARATE DURING JACKKNIFE?	(1) Yes, specify separation point: _____ (2) No (9) Unknown		_____

**CARGO SHIFT DATA**

DID THIS VEHICLE EXPERIENCE A CARGO SHIFT?

[ ] YES -- ASK THE FOLLOWING QUESTIONS

[ ] NO -- SKIP THIS SECTION

[ ] UNKNOWN - SKIP THIS SECTION

16. CARGO SHIFT BEGAN?	(1) Prior to impact (2) During impact	(3) Following impact (9) Unknown	_____
17. VEHICLE LOCATION AT START OF CARGO SHIFT?	(1) On roadway (2) On shoulder	(3) On roadside (4) On median	(9) Unknown _____
18. CARGO SHIFTED WHILE? (Select up to three elements.)	(00) No additional factors (01) Traversing curve (02) Completing turn (03) Traversing straight section (04) Completing avoidance maneuver (05) Driving at constant velocity (06) Accelerating	Decelerating: (07) Throttle input only (08) Light braking (09) Moderate braking (10) Heavy braking (97) Not applicable (98) Other (specify): _____ (99) Unknown	_____

**CARGO SHIFT DATA**

<p>19. CARGO SHIFT ASSOCIATED WITH? (Select up to three elements.)</p>	<p>(00) No additional factors _____ Solids (01) Improper loading (general freight) (02) Improper loading (bulk freight) (03) Inadequate securement (no. of tie downs) (04) Inadequate securement (strength of tie downs) (08) Other (specify): _____ Liquids (Tanks) (11) Less than full load (slosh) (12) Baffle failure (specify): _____ (13) Compartment partition failure (specify): _____ (14) Tank failure (specify): _____ (18) Other (specify): _____ Other Cargo Types (21) Specify shift source: _____ (97) Not applicable (99) Unknown</p>
<p>20. PRE-IMPACT CARGO SPILLAGE?</p>	<p>(1) Yes (specify): _____ (2) No (9) Unknown</p>

**DRIVER RELATED DATA**

<p>DRIVER LICENSE NUMBER:</p>	<p>_____</p>
<p>21. STATE OF LICENSE</p>	<p>_____</p>
<p>22. YEARS DRIVING A TRUCK?</p>	<p>_____</p>
<p>23. YEARS DRIVING THIS CLASS OF VEHICLE?</p>	<p>_____</p>
<p>24. PRIMARY SOURCE OF CMV DRIVER TRAINING?</p>	<p>(0) None (5) Training, source unknown _____ (1) Driving school (8) Other (specify): _____ (2) Company (9) Unknown (3) Military (4) Community college, etc.</p>
<p>25. TIME PERIOD ELAPSED SINCE COMPLETION OF CMV TRAINING?</p>	<p>Yrs. _____ Months _____ 97/97 Not applicable 99/99 Unknown</p>
<p>26. NON-CDL LICENSE STATUS:</p>	<p>No valid license Valid license _____ (0) Not licensed (5) Valid (1) Suspended (6) License permit (2) Revoked (8) Temporary (3) Expired (9) Unknown (4) Canceled or denied</p>
<p>27. CDL CLASS OF LICENSE:</p>	<p>(1) A (7) Not applicable _____ (2) B (9) Unknown (3) C</p>

**DRIVER RELATED DATA**

28. CDL ENDORSEMENTS:	Code all that apply _____ (1) H (4) T (2) N (5) X (3) P (6) F (7) Not applicable (9) Unknown
29. CDL LICENSE STATUS?	(0) No CDL (5) Disqualified _____ (1) Suspended (6) Valid (2) Revoked (7) License permit (3) Expired (8) Other - not valid (4) Canceled or denied (9) Unknown
30. COMPLIANCE WITH LICENSE ENDORSEMENTS:	(0) No endorsements _____ (1) Endorsement(s) complied with (2) Endorsement(s) not complied with (3) Endorsement(s), compliance unknown (9) Unknown
31. COMPLIANCE WITH LICENSE RESTRICTIONS:	(0) No restrictions or not applicable _____ (1) Restriction(s) complied with (2) Restriction(s) not complied with (3) Restriction(s), compliance unknown (9) Unknown
32. LICENSE COMPLIANCE (for this class vehicle):	(0) Not licensed _____ (1) No license required for this class vehicle (2) No valid license for this class vehicle (3) Valid license for this class vehicle (4) Unknown if CDL and/or CDL endorsement is required for this vehicle (9) Unknown
33. COMMERCIAL MOTOR VEHICLE CITATIONS DURING THE PAST FIVE YEARS?	(1) Yes (9) Unknown _____ (2) No _____ number of citations
34. MOVING TRAFFIC CITATIONS DURING THE PAST FIVE YEARS?	(1) Yes (9) Unknown _____ (2) No _____ number of citations
35. VIOLATIONS CHARGED AS A RESULT OF THIS CRASH: (Code up to three.):	(00) None _____  <b>Reckless/Careless/Hit-and-Run Type Offenses</b> (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, failure to stop after accident (08) Failure to give aid, info, wait for police after accident (09) Serious violation resulting in death

**DRIVER RELATED DATA**

35. VIOLATIONS CHARGED  
AS A RESULT OF THIS CRASH:  
(Code up to three: cont.):

**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**

- (21) 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) Excessive 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

**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



**DRIVER RELATED DATA**

<p>35. VIOLATIONS CHARGED AS A RESULT OF THIS CRASH: (Code up to three: cont.):</p>	<p><b>Non-Moving - License and Registration Violations</b>  (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</p> <p><b>Equipment</b>  (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</p> <p><b>License, Registration &amp; Other Violations</b>  (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</p>
<p>36. OTHER CRASHES WHILE DRIVING A COMMERCIAL MOTOR VEHICLE IN THE PAST FIVE YEARS?</p>	<p>(1) Yes (9) Unknown _____  (2) No _____  (3) Unknown number of crashes</p>
<p>37. OTHER CRASHES WHILE DRIVING A NON-COMMERCIAL MOTOR VEHICLE IN THE PAST FIVE YEARS?</p>	<p>(1) Yes (9) Unknown _____  (2) No _____  number of crashes</p>
<p>38. HOW WERE YOU PAID FOR THIS TRIP? DRIVING TIME:</p>	<p>(1) By the hour (7) Not applicable _____  (2) By the mile (8) Other (specify): _____  (3) By the hour and mile (9) Unknown _____  (4) Percent of gross trip revenue</p>
<p>39. DO YOU RECEIVE SPECIAL PAYMENTS SUCH AS:  On-time performance  Safety bonus  Other special payments</p>	<p>(1) Yes (2) No (9) Unknown _____  (1) Yes (2) No (9) Unknown _____  (1) Yes (2) No (9) Unknown _____</p> <p>If yes, specify type of payment: _____  _____  _____</p>
<p>40. DO YOU WORK A SECOND JOB?</p>	<p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown _____</p> <p>If yes, number of hours worked during the seven day interval preceding crash:  Hrs. _____  (75) 75+ hours  (97) Not applicable</p>

**DRIVER RELATED DATA**

40. DO YOU WORK A SECOND JOB? (cont.)	Number of hours typically worked on second job during a normal seven Day period: Hrs. _____ (75) 75+ hours (97) Not applicable (99) Unknown
41. DO YOU REPORT SECOND JOB HOURS TO YOUR PRIMARY EMPLOYER?	(1) Yes _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____

**DRIVER PHYSICAL CONDITION**

42. GENERAL STATE OF HEALTH?	(1) Good _____ (2) Fair _____ (3) Poor _____ (9) Unknown _____ (7) Not applicable _____ (9) Unknown _____
43. 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
44. DO YOU HAVE A HEARING DEFICIENCY?	(1) Yes (specify): _____ _____ _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____
45. HAVE YOU EVER BEEN DIAGNOSED WITH OBSTRUCTIVE SLEEP APNEA?  If yes, are you currently being treated for this disorder?  Do you use a C-PAP machine?	(1) Yes _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____  (1) Yes _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____  (1) Yes _____ (2) No _____ (7) Not applicable _____ (9) Unknown _____
46. TAKING ANY PRESCRIBED MEDICATIONS?	(1) Yes, (specify): _____ _____ _____ (2) No _____ (9) Unknown _____
47. TAKING OVER-THE-COUNTER MEDICATIONS? (e.g., cold medicines, no-doze, etc.)	(1) Yes, (specify): _____ _____ _____ (2) No _____ (9) Unknown _____

**DRIVER PHYSICAL CONDITION**

48. IS YOUR DOCTOR AWARE OF ALL THE MEDICATIONS YOU ARE TAKING?

- (1) Yes  
 (2) No (specify): \_\_\_\_\_  
 (9) Unknown

\_\_\_\_\_

**FATIGUE ISSUES**

49. DO YOU KEEP A LOG BOOK?

- (1) Yes  
 (2) No  
 (3) Exempt

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

50. WERE YOU OVER HOURS?

- (1) Yes  
 (2) No  
 (3) Exempt

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

51. DOES YOUR COMPANY OVER-DISPATCH OR RUN TOO TIGHT A SCHEDULE?

If yes, was this circumstance relevant to this trip?

- (1) Yes  
 (2) No  
 (7) Not applicable  
 (9) Unknown
- (1) Yes (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 (2) No  
 (7) Not applicable  
 (9) Unknown

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

\_\_\_\_\_

52. HAS THE COMPANY EVER THREATENED TO FIRE YOU FOR REFUSING A LOAD BECAUSE YOU WERE OVER HOURS OR FATIGUED?

- (1) Yes  
 (2) No

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

53. HAVE YOU EVER BEEN DISCIPLINED BECAUSE YOU WERE LATE DUE TO FATIGUE?

- (1) Yes  
 (2) No

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

54. DO YOU WORK ON-CALL STATUS?

If yes, were you called in for this trip?

Extent of advance notice?

(e.g., How long before that start of the trip were you called?)

Did this call interrupt a sleep/rest period?

- (1) Yes  
 (2) No

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

- (1) Yes  
 (2) No

- (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

\_\_\_\_\_ hrs.  
 97 Not applicable  
 99 Unknown

- (1) Yes (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 (2) No  
 (7) Not applicable  
 (9) Unknown

\_\_\_\_\_

**FATIGUE ISSUES**

<p>55. DID YOU LOAD/UNLOAD THE TRUCK?</p> <p>If yes, type of cargo load?</p> <p>Type of loading/unloading effort?</p> <p>Were you compensated for this activity?</p>	<table> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td>_____</td> </tr> <tr> <td>(1) Floor load</td> <td>(8) Other (specify): _____</td> <td>_____</td> </tr> <tr> <td>(2) Palletized load</td> <td>(9) Unknown</td> <td>_____</td> </tr> <tr> <td>(7) Not applicable</td> <td></td> <td></td> </tr> <tr> <td>(1) Manual</td> <td>(4) Used fork lift</td> <td>_____</td> </tr> <tr> <td>(2) Used dolly</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(3) Used pallet jack</td> <td>(8) Other (specify): _____</td> <td>_____</td> </tr> <tr> <td></td> <td>(9) Unknown</td> <td>_____</td> </tr> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td>_____</td> </tr> </table>	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown	_____	(1) Floor load	(8) Other (specify): _____	_____	(2) Palletized load	(9) Unknown	_____	(7) Not applicable			(1) Manual	(4) Used fork lift	_____	(2) Used dolly	(7) Not applicable	_____	(3) Used pallet jack	(8) Other (specify): _____	_____		(9) Unknown	_____	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown	_____
(1) Yes	(7) Not applicable	_____																																
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	(9) Unknown	_____																																
(1) Yes	(7) Not applicable	_____																																
(2) No	(9) Unknown	_____																																
<p>56. DID YOU WAIT TO PICK UP LOAD?</p> <p>Were you compensated for this activity?</p>	<table> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td>_____</td> </tr> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td>_____</td> </tr> </table>	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown	_____	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown	_____																					
(1) Yes	(7) Not applicable	_____																																
(2) No	(9) Unknown	_____																																
(1) Yes	(7) Not applicable	_____																																
(2) No	(9) Unknown	_____																																
<p>57. HOW LONG DID YOU WAIT FOR THE LOAD?</p>	<p>_____ : _____ (hours:minutes)</p> <p>97:97 Not applicable 99:99 Unknown</p>																																	
<p>58. SLEEP CONDITION:</p>	<p>Location of last sleep interval _____</p> <p>(1) Residence (2) Sleeper berth (vehicle stationary) (3) Sleeper berth (vehicle moving) (4) Motel (5) Truck stop (sleeping room) (7) Not applicable (8) Other (specify): _____ (9) Unknown</p> <p>Hours of last sleep _____ : _____ (hours:minutes)</p> <p>Start time of sleep interval (military time) _____ : _____ (hours:minutes)</p> <p>End of sleep interval (military time) _____ : _____ (hours:minutes)</p> <p>Hours since last sleep _____ : _____ (hours:minutes)</p> <p>If hours of last sleep were less than four hours, record location of last Main sleep interval (i.e., &gt; four hours)</p> <p>(1) Residence (2) Sleeper berth (vehicle stationary) (3) Sleeper berth (vehicle moving) (4) Motel (5) Truck stop (sleeping room) (7) Not applicable (8) Other (specify): _____ (9) Unknown</p>																																	

**FATIGUE ISSUES**

<p>58. SLEEP CONDITION: (cont.)</p>	<p>If hours of last sleep were less than four hours, record hours of last main sleep (i.e., &gt; four hours)  _____ : _____ (hours:minutes)</p> <p>Start of main sleep interval (military time)  _____ : _____ (hours:minutes)</p> <p>End of main sleep interval (military time)  _____ : _____ (hours:minutes)</p> <p>Total hours of sleep in last 24 hours?  _____ : _____ (hours:minutes)  97:97 Not applicable  99:99 Unknown</p>
<p>59. PRECEDING SLEEP PATTERN  (Describe sleep pattern during the seven day period preceding the crash.)</p> <p>Sleep intervals during seven day period occurred?</p> <p>Did the time at which you began to sleep rotate/shift during the seven day interval? (e.g., rotating shift schedule)</p>	<p>Longest length of daily sleep during period  _____ : _____ (hours:minutes)</p> <p>Shortest length of daily sleep during period  _____ : _____ (hours:minutes)</p> <p>Average length of daily sleep during period  _____ : _____ (hours:minutes)  97:97 Not applicable  99:99 Unknown</p> <p>(1) Primarily at night _____  (2) Primarily during day _____  (3) Mixture of night and day intervals _____  (7) Not applicable _____  (8) Other (specify): _____  _____</p> <p>(9) Unknown _____</p> <p>(1) Yes (specify): _____  _____</p> <p>(2) No _____  (7) Not applicable _____  (9) Unknown _____</p>
<p>60. TYPICALLY AWOKE FEELING?</p>	<p>(1) Rested _____  (2) Fatigued _____  (3) Drowsy _____</p> <p>(4) Irritated/Upset _____  (8) Other (specify): _____  _____</p> <p>(9) Unknown _____</p>
<p>61. WAS SLEEP PATTERN RELATED TO?</p>	<p>(1) Work schedule _____  (2) Social schedule _____  (3) Personal problems _____  (4) Family problems _____</p> <p>(5) Illness _____  (8) Other (specify): _____  _____</p> <p>(9) Unknown _____</p>

**FATIGUE ISSUES**

<p>62. WHAT IS YOUR NORMAL AVERAGE DAILY SLEEP INTERVAL?</p> <p>While at home?</p> <p>While on road?</p>	<p>_____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p> <p>_____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p>
<p>63. NORMALLY AWAKE FEELING?</p>	<p>(1) Rested (4) Irritated/Upset _____                  (2) Fatigued (8) Other (specify): _____                  (3) Drowsy (9) Unknown _____</p>
<p>64. AT THE START OF THE LAST DRIVING PORTION OF THIS TRIP, HOW DID YOU FEEL?</p>	<p>(1) Rested (4) Irritated/Upset _____                  (2) Fatigued (8) Other (specify): _____                  (3) Drowsy (9) Unknown _____</p>
<p>65. WORK SCHEDULE:</p>	<p>Hours driving since last eight hour break                  _____ : _____ (hours:minutes)</p> <p>Hours on duty since last eight hour break                  _____ : _____ (hours:minutes)</p> <p>Hours on duty during last 24-hours                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p>
<p>66. PRECEDING WORK SCHEDULE:</p> <p>Number of hours worked during the seven-day interval preceding crash.</p>	<p>Longest Day:                  _____ : _____ (hours:minutes)</p> <p>Shortest Day:                  _____ : _____ (hours:minutes)</p> <p>Average Work Day:                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p> <p>Total Hours Worked In Seven Days:                  _____ : _____ (hours:minutes)                  997:97 Not applicable                  999:99 Unknown</p> <p>Number of days on duty since last day off? _____                  _____ (01-95) no. of days                  (96) 96+ days                  (97) Not applicable                  (99) Unknown</p>

**FATIGUE ISSUES**

<p>67. RECREATIONAL ACTIVITIES</p> <p>Did you participate in any recreational activities during the seven-day interval preceding the crash which involved periods of strenuous exercise?</p>	<p>(1) Yes (7) Not applicable (2) No (9) Unknown</p> <p>If yes, specify the type of activity and the number of hours over which this activity was completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>68. NON-WORK ACTIVITIES</p> <p>Did you perform any household chores or other activities during the seven-day interval preceding the crash which involved periods of strenuous labor?</p>	<p>(1) Yes (7) Not applicable (2) No (9) Unknown</p> <p>If yes, specify the type of activity and the number of hours over which this activity was completed:</p> <p>_____</p> <p>_____</p> <p>_____</p>

**INATTENTION/DISTRACTION ISSUES**

<p>69. PRIOR TO THE CRASH, WERE THERE CONCERNS IN YOUR EMPLOYMENT, FAMILY, OR PERSONAL RELATIONSHIPS?</p>	<p>(1) Yes (7) Not applicable (2) No (9) Unknown</p>
<p>70. HAD YOU BEEN INVOLVED IN A DISAGREEMENT/ ARGUMENT WITHIN THE LAST:</p>	<p>6 Hours? (1) Yes (7) Not applicable (2) No (9) Unknown</p> <p>12 Hours (1) Yes (7) Not applicable (2) No (9) Unknown</p>
<p>71. WERE YOU THINKING ABOUT THESE ISSUES OR OTHER ISSUES DURING THE PRE CRASH PHASE?</p> <p>NATURE OF THOUGHT FOCUS</p>	<p>(1) Yes (7) Not applicable (2) No (9) Unknown</p> <p>(1) Personal problem (5) Future event (2) Family problem (e.g., vacation, wedding, etc.) (3) Financial problem (7) Not applicable (4) Preceding argument (8) Other (specify): _____ (9) Unknown</p>
<p>72. DRIVER DISTRACTION:</p>	<p>(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): _____</p>

**INATTENTION/DISTRACTION ISSUES**

72. DRIVER DISTRACTION: (cont.)

- (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 \_\_\_\_\_

73. 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 \_\_\_\_\_

74. 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 \_\_\_\_\_



**INATTENTION/DISTRACTION ISSUES**

74. DRIVER'S OBJECT OF ATTENTION PRIOR TO START OF COLLISION COURSE: (cont.)	(4) Other vehicles (specify): _____ _____ (5) Intended turn destination (specify): _____ _____ (6) No specific focus (8) Other (specify): _____ (9) Unknown
75. DRIVER'S DIRECTION OF ATTENTION AFTER START OF COLLISION COURSE:	(0) No driver present (8) Other (specify): _____ (1) Looking right _____ (2) Looking left _____ (3) Looking straight ahead _____ (4) Looking rearward (9) Unknown
76. 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**.

**Perception issues involved?**     **Yes** --- Ask the following questions  
 **No** ---  **Unknown** --- Skip this section

77. 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
78. WAS YOUR VIEW OF THE OTHER VEHICLE OBSCURED?  If A Nighttime Crash, Was The Visibility Of The Other Vehicle An Issue?	(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  (1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown

**PERCEPTION ISSUES**

79. 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 _____
80. 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 _____
81. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (9) Unknown _____ (2) No _____
82. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (9) Unknown _____ (7) No _____
83. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (9) Unknown _____ (2) No _____

**DECISION ERROR ISSUES**

The data in 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.**

**Decision error issues involved?** [  ] Yes --- Ask the following questions.  
**(Intersection related)** [  ] No --- [  ] Unknown --- Skip this section.

84. NATURE OF VIEW OBSTRUCTION?	(1) View obstruction (specify): _____ (2) No view obstruction _____ (7) Not applicable _____ (9) Unknown _____
---------------------------------	---

**DECISION ERROR ISSUES**

85. 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 seconds 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 _____
86. 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 _____
87. 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 _____
88. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
89. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
90. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
91. AFTER CHECKING FOR TRAFFIC, DID THE OTHER DRIVER APPEAR TO FOCUS ON THE INTENDED TURN DESTINATION?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____

**DECISION ERROR ISSUES**

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.

**Decision error issues involved?**  **Yes** --- Ask the following questions.  
**(Non-intersection related)**  **No** ---  **Unknown** --- Skip this section.

92. GAP DISTANCE TO FORWARD VEHICLE	Estimate to the nearest ten feet _____ 009 < 10 ft. 900 900 or more 997 Not applicable 999 Unknown
93. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown
94. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown
95. WAS EITHER GAP DISTANCE OR VEHICLE SPEED RELATED TO BEING IN A HURRY?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (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 change maneuver** (i.e., crash avoidance maneuvers excluded).

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

96. LOCATION OF OTHER VEHICLE PRIOR TO THE MANEUVER? (Location with respect to your vehicle)	(1) Left front (5) Right side _____ (2) Left side (6) Right rear _____ (3) Left rear (7) Not applicable _____ (4) Right front (9) Unknown _____
97. 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 _____
98. 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 _____

**COMBINATION ERROR TYPE ISSUES**

99. 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 \_\_\_\_\_

100. 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.

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

101. 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 \_\_\_\_\_ (7) Not applicable \_\_\_\_\_  
 (2) No \_\_\_\_\_ (9) Unknown \_\_\_\_\_

102. 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 were you in a hurry?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- (1) Yes \_\_\_\_\_ (7) Not applicable \_\_\_\_\_  
 (2) No \_\_\_\_\_ (9) Unknown \_\_\_\_\_

**AGGRESSIVE DRIVING ISSUES**

104. IN YOUR JUDGEMENT, DID (INSERT SPECIFIC DRIVING BEHAVIOR) INCREASE THE RISK OF CRASH OCCURRENCE?

- (1) Yes (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**

105. TRIP START TIME:

\_\_\_\_ : \_\_\_\_ (Military)  
 99:99 Unknown  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mo. Day Yr.  
 99/99/9999 Unknown

106. WERE YOU WORKING TO A SCHEDULE?

- (1) Yes (7) Not applicable \_\_\_\_\_  
 (2) No (9) Unknown

107. WERE YOU ON SCHEDULE?

- (1) Yes (7) Not applicable \_\_\_\_\_  
 (2) No (9) Unknown

108. WHAT WAS THE PURPOSE OF THIS TRIP?

- (1) Farming (8) Other (specify): \_\_\_\_\_  
 (2) Pickup \_\_\_\_\_  
 (3) Delivery \_\_\_\_\_  
 (4) Peddle run (9) Unknown

109. 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

110. HOW OFTEN DO YOU DRIVE THIS ROUTE?

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

111. DID UNUSUAL EVENTS OCCUR DURING THIS TRIP?

- (1) Yes (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 (2) No \_\_\_\_\_  
 (9) Unknown

**VEHICLE RELATED DATA**

<p>112. HOW COMFORTABLE WERE YOU WITH THE VEHICLE/LOADING? (Scale of 1 to 5)</p> <p>VEHICLE FAMILIARTY (No of times unit driven during preceding three month interval)</p>	<p style="text-align: center;">Very comfortable <span style="float: right;">Very uncomfortable</span></p> <p>Vehicle _____ (Check one for vehicle, load, and both)</p> <p>Load _____</p> <p>Both _____ (9) Unknown</p> <p style="text-align: center;">1 2 3 4 5</p> <p>(01) First time driving this vehicle _____</p> <p>_____ Code number of times vehicle driven</p> <p>(30) 30+ times</p> <p>(97) Not applicable</p> <p>(99) Unknown</p>
<p>113. RATE THE CONDITION OF : (Scale of 1 to 5)</p>	<p style="text-align: center;">Good repair <span style="float: right;">Non-functional</span></p> <p>Brakes _____ (Check one for each vehicle component)</p> <p>Steering _____</p> <p>Suspension _____</p> <p>Tires _____</p> <p>Lights _____ (9) Unknown</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>114. WAS THE WINDSHIELD CLEAR OF DIRT AND OTHER OBSTRUCTIONS?</p>	<p>(1) Yes <span style="float: right;">(9) Unknown</span> _____</p> <p>(2) No (specify): _____</p>
<p>115. WAS THIS VEHICLE EQUIPPED WITH AN ENGINE RETARDER?</p>	<p>(1) Yes <span style="float: right;">(7) Not applicable</span> _____</p> <p>(2) No <span style="float: right;">(9) Unknown</span> _____</p>
<p>116. WAS THE ENGINE RETARDER ENGAGED PRIOR TO THE INITIATION OF CRASH EVENTS?</p>	<p>(1) Yes <span style="float: right;">(7) Not applicable</span> _____</p> <p>(2) No <span style="float: right;">(9) Unknown</span> _____</p>
<p>117. WHO IS RESPONSIBLE FOR MAINTENANCE OF THIS VEHICLE?</p>	<p>(1) Driver <span style="float: right;">(7) Not applicable</span> _____</p> <p>(2) Company <span style="float: right;">(9) Unknown</span> _____</p> <p>(3) Leasor</p> <p>(4) Other (specify): _____</p>
<p>118. U.S. DOT NUMBER:</p>	<p>_____</p>
<p>119. U.S. ICC NUMBER:</p>	<p>_____</p>
<p>120. STATE NUMBER:</p>	<p>_____</p>
<p>121. STATE ISSUING:</p>	<p>_____</p> <p style="text-align: center;">(999997) Not applicable (999999) Unknown</p>

**VEHICLE RELATED DATA**

122. CARRIER TYPE:

- |                           |                    |       |
|---------------------------|--------------------|-------|
| (1) Private - Intrastate  | (5) Government     | _____ |
| (2) Private - Interstate  | (7) Not applicable |       |
| (3) For-hire - Intrastate | (9) Unknown        |       |
| (4) For-hire - Interstate |                    |       |

**OCCUPANT DATA QUESTIONS**

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

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
<p>SEATING POSITION?</p> <p>Front Left (FL)      Second Left (2L)                      Front Middle (FM)      Second Middle (2M)                      Front Right (FR)      Second Right (2R)</p> <p>Third Left (3L)      Other (Specify) in block                      Third Middle (3M)                      Third Right (3R)</p>	<p>FRONT LEFT</p>		
<p>SEX, HEIGHT, WEIGHT, AND AGE?</p> <p>CIRCLE DRIVER'S RACE:</p> <p>White (non-Hispanic)      Black (non-Hispanic)                      White (Hispanic)      Black (Hispanic)                      American Indian, Eskimo or Aleut                      Asian or Pacific Islander                      Other (Specify):                      Unknown</p>	<p><input type="checkbox"/> M  <input type="checkbox"/> F - Not pregnant  <input type="checkbox"/> F - Pregnant - # of months _____  <input type="checkbox"/> F - Unk. If pregnant</p> <p>HEIGHT: _____                      WEIGHT: _____                      AGE: _____</p> <p>DRIVER OF HISPANIC ORIGIN?  <input type="checkbox"/> Y   <input type="checkbox"/> N   <input type="checkbox"/> U</p>	<p><input type="checkbox"/> M  <input type="checkbox"/> F - Not pregnant  <input type="checkbox"/> F - Pregnant - # of months _____  <input type="checkbox"/> F - Unk. If pregnant</p> <p>HEIGHT: _____                      WEIGHT: _____                      AGE: _____</p> <p>XXXXXX                      XXXXXX                      XXXXXX</p>	<p><input type="checkbox"/> M  <input type="checkbox"/> F - Not pregnant  <input type="checkbox"/> F - Pregnant - # of months _____  <input type="checkbox"/> F - Unk. If pregnant</p> <p>HEIGHT: _____                      WEIGHT: _____                      AGE: _____</p> <p>XXXXXX                      XXXXXX                      XXXXXX</p>
<p>OCCUPANT POSTURE</p> <p>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) Sitting in sleeper berth                      H) Kneeling in sleeper berth                      I) Lying down in sleeper berth                      J) Other (specify):                      (K) Unknown</p>	<p><input type="checkbox"/> Leaning to left  <input type="checkbox"/> Leaning to right  <input type="checkbox"/> Sitting upright  <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above.</p>	<p><input type="checkbox"/> Leaning to left  <input type="checkbox"/> Leaning to right  <input type="checkbox"/> Sitting upright  <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above.</p>	<p><input type="checkbox"/> Leaning to left  <input type="checkbox"/> Leaning to right  <input type="checkbox"/> Sitting upright  <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above.</p>





**RESTRAINT INFORMATION**

OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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**SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN**

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ _____ <input type="checkbox"/> Unknown

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?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was Involved?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was Involved?

**EJECTION, ENTRAPMENT, MOBILITY INFORMATION**

ANYONE PINNED IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before Removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

**INJURY INFORMATION**

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE YOU INJURED?  If "YES" go to manikin page and record injuries in detail  If "NO" ask next questions	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING?  (If injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM CRASH SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

**INJURY INFORMATION**

RECEIVE ANY MEDICAL TREATMENT?  (Check all that apply.)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____
IF REQUIRED:  WILL YOU SIGN A MEDICAL RELEASE?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____