

**SURVEY OF STATE
MOTORCYCLE SAFETY
PROGRAMS**

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**STATE MOTORCYCLE SAFETY
PROGRAM ADMINISTRATOR
AND STATE MOTORCYCLE
SAFETY OFFICE SURVEY**

SURVEY OF STATE MOTORCYCLE SAFETY PROGRAMS

INTRODUCTION

The National Highway Traffic Safety Administration (NHTSA) is conducting a study aimed at gathering information on motorcycle safety programs in each of the 50 states and the District of Columbia. As part of this study, this survey asks you about various aspects of your State's efforts to promote and ensure motorcycle safety. Your input is critical to understanding what is being done across the United States to make our highways safe for all motorcycle riders.

SURVEY INSTRUCTIONS

Not all questions in the survey will apply to your State. Please follow the "skip patterns" noted next to particular questions as you complete the survey – they will tell you whether or not you should skip ahead to a later question. If there is no arrow next to your response and there is no indication that you should skip ahead, then just continue to the next question.

The survey will take approximately 35 minutes to complete. Please make sure the contact information on the next page of the survey is correct. If not, please make corrections directly on the label.

RETURNING THE SURVEY

When you have completed the survey, **please return it in the enclosed pre-addressed, pre-paid envelope no later than [INSERT DATE]**. If you have any questions about the study, please feel free to contact Ms. Andrea Cook, Survey Coordinator by mail, phone, or email:

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We look forward to receiving your responses and thank you in advance for your cooperation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number of this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 60 minutes per survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates(s) or suggestion for improving this form, please write to: [Insert address]. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: [Insert address]

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-XXXX. Public reporting for this collection of information is estimated to be approximately 35 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave. Washington, DC, 20590.

Please confirm that the information below is correct. If not, please make corrections directly on the label.

Place label here

NHTSA 1052

Program Management

Which office(s) in your State has/have responsibility for motorcycle safety (e.g., Office of Highway Safety, Motorcycle Rider Education Program, community college)?

Please describe the leadership/responsibility chain, showing

how the motorcycle safety program fits into the overall State highway safety program.

Which of the following, if any, **motorcycle safety** data are collected annually by your State? (Check all that apply.)

Type of motorcycle safety data collected by the State	Data collected by State?	Data collected in electronic format?
a. Number of crashes involving motorcycles	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of motorcyclist fatalities	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of injuries to motorcyclists	<input type="checkbox"/>	<input type="checkbox"/>
d. Number of motorcyclists over age 40	<input type="checkbox"/>	<input type="checkbox"/>
e. Number of students enrolling in motorcycle rider education courses	<input type="checkbox"/>	<input type="checkbox"/>
f. Number of students completing motorcycle rider education courses	<input type="checkbox"/>	<input type="checkbox"/>
g. Number of students not completing motorcycle rider education courses, dropping courses, or failing to meet standards	<input type="checkbox"/>	<input type="checkbox"/>
h. Other motorcycle licensing/registration data [please specify] _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following, if any, **motorcycle licensing and registration** data are collected annually by your State? (Check all that apply.)

Type of motorcycle licensing and registration data collected by the State	Data collected by State?	Data collected in electronic format?
a. Number of new motorcycle licenses issued each year	<input type="checkbox"/>	<input type="checkbox"/>
b. Total number of licensed motorcyclists	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of new motorcycles registered each year	<input type="checkbox"/>	<input type="checkbox"/>
d. Total number of registered motorcycles	<input type="checkbox"/>	<input type="checkbox"/>
e. Other motorcycle licensing/registration data [please specify] _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

5. Please describe the **types** of motorcycle data that are analyzed (e.g., number of crashes, number of riders trained, licensing and registration).

6. Please indicate how the motorcycle data described in the previous question are **analyzed** in your State (e.g., statistical analyses).

7. Has your State merged motorcycle registration data with motorcyclist licensing data?

- a. Yes.....
- b. No.....

Impaired Riding and Enforcement

8. Please describe the impaired driving and/or riding campaigns used in your State to educate motorcyclists and indicate the focus of each campaign.

Impaired driving and/or riding program		Focus (e.g., program for non-motorcyclists, minors, motorcyclists, etc...)	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Please indicate which of the following **law enforcement programs** focused on motorcyclists are used in your State. (*Check all that apply.*)

Law enforcement programs	Check all that apply
a. Spotting/enforcing non-compliant helmet use	<input type="checkbox"/>
b. Spotting/enforcing impaired motorcycle operators	<input type="checkbox"/>
c. Enforcement of unendorsed motorcycle operators	<input type="checkbox"/>
d. Promotion of motorcycle training and education	<input type="checkbox"/>
e. Other law enforcement program <i>[please specify]</i> _____ _____	<input type="checkbox"/>

10. Please indicate in what areas, if any, your State has **public information/education campaigns** specific to motorcyclists. (Check all that apply.)

Public information/education campaign areas	Check all that apply
a. Judge/prosecutor training (alternative sentencing)	<input type="checkbox"/>
b. Programs at schools to educate students about motorcycle safety	<input type="checkbox"/>
c. Motorcycle-specific crash investigation training	<input type="checkbox"/>
d. Conspicuity and/or motorist awareness	<input type="checkbox"/>
e. Other public information/education campaign [please specify] _____ _____	<input type="checkbox"/>

Personal Protective Equipment and Motorist Awareness

11. Does your State actively promote the use of motorcycle helmets?

a. Yes.....

b. No.....

➔ **Skip to 13**

12. Please describe what your State has done to actively promote helmet use (e.g., outreach efforts, data collection/analysis on helmet use and crashes).

13. Does your State specifically promote the use of eye and face protection (in addition to/separate from general helmet use) beyond what is covered in the motorcycle rider education curriculum?

a. Yes.....

b. No.....

➔ **Skip to 15**

14. Please describe what your State has done to promote the use of eye and face protection (e.g., outreach efforts, data collection/analysis on helmet use and crashes).

15. Please indicate which, if any, of the following topics are included in your State’s motorcycle conspicuity and/or motorist awareness program. *(Check all that apply.)*

Conspicuity and motorist awareness program topics	Check all that apply
a. Daytime use of motorcycle headlights	<input type="checkbox"/>
b. Recommendations for motorcyclists to wear brightly colored clothing and reflective materials (including helmets with high conspicuity)	<input type="checkbox"/>
c. Lane positioning for motorcycles to increase visibility	<input type="checkbox"/>
d. Ways other motorists can increase their awareness of motorcyclists	<input type="checkbox"/>
e. Reasons motorists do not “see” motorcycles	<input type="checkbox"/>
f. Other topics <i>[please specify]</i> _____ _____	<input type="checkbox"/>

Licensing

16. Do motorcycle operators in your State have to apply for a renewal of their motorcycle license or does it renew automatically?

- a. Renews automatically..... → **Skip to 19**
- b. Apply for renewal.....

17. Please describe the renewal process for the special motorcycle license and/or endorsement, including how often it must be renewed.

18. For the renewal process described above, please describe any problems or issues your State faces.

19. Please describe your State's penalties, if any, for violating the motorcycle licensing and/or learners permit requirements.

20. Please describe the special training, if any, that is required for motorcycle license examiners.

Motorcycle Rider Education and Training

21. What was the State budget for motorcycle rider education and training last year (excluding tuition)?

22. Is your State able to provide motorcycle rider education training within a calendar year to all interested students?

- a. Yes..... → **Skip to 24**
- b. No.....

23. Do you keep a waiting list of riders who want to enroll in motorcycle rider education training?

- a. Yes.....
- b. No.....

24. Please indicate whether your State has motorcycle rider education and training programs targeted toward the following types of riders/riding: *(Check all that apply.)*

Types of riders/riding	Check all that apply
a. Younger riders (21 and under)	<input type="checkbox"/>
b. Beginning riders	<input type="checkbox"/>
c. Experienced riders	<input type="checkbox"/>
d. Returning riders (those who have not ridden in 5 or more years)	<input type="checkbox"/>
e. Off-road riding	<input type="checkbox"/>

25. Please describe the **quality control** procedures used by your State's motorcycle rider education program. _____

26. Please indicate which, if any, of the following **evaluation** procedures are used by your State's motorcycle rider education program. (*Check all that apply.*)

Types of evaluation procedures	Check all that apply
a. RiderCoach Trainer or Chief Instructor Certification required to conduct evaluations	<input type="checkbox"/>
b. Special training other than RiderCoach Trainer or Chief Instructor required to conduct evaluations	<input type="checkbox"/>
c. On-site evaluation of range activities	<input type="checkbox"/>
d. On-site evaluation of classroom activities	<input type="checkbox"/>
e. Evaluations required at all sites a minimum of once per year	<input type="checkbox"/>
f. Evaluations required on all RiderCoaches or Instructors a minimum of once per year	<input type="checkbox"/>
g. Standardized forms or procedures that can be quantified program-wide	<input type="checkbox"/>
h. Review of course completion records based on individual RiderCoach, Instructor, or site	<input type="checkbox"/>
i. Other certification/training [<i>please specify</i>] _____ _____ _____	<input type="checkbox"/>

27. What training or certification, if any, does your State require beyond the State Certification requirements or training required by MSF? (Check all that apply.)

Types of certification/training	Check all that apply
a. CPR training	<input type="checkbox"/>
b. First Aid training	<input type="checkbox"/>
c. Apprenticeship with an approved mentor	<input type="checkbox"/>
d. Probation period prior to full State recognition	<input type="checkbox"/>
e. Sexual harassment training	<input type="checkbox"/>
f. Teaching requirements above those required by MSF or your State	<input type="checkbox"/>
g. Other certification/training [please specify] _____ _____ _____	<input type="checkbox"/>

28. If your State is not using a motorcycle rider education curriculum developed by MSF, what are your State requirements and under what authority are they published?

29. Please describe the required training and/or re-testing, if any, that is required for a motorcycle operator that let his/her motorcycle license or endorsement lapse.

National Agenda for Motorcycle Safety

30. Please indicate in which, if any, of the following areas your State has implemented programs as a result of the *National Agenda for Motorcycle Safety* (NAMS).
(Check all that apply.)

Program areas	Check all that apply
a. Collection and analysis of motorcycle data	<input type="checkbox"/>
b. Human factors (e.g., rider education and training, licensing, impairment, personal protective equipment)	<input type="checkbox"/>
c. Social factors (e.g., insurance industry involvement, enforcement and adjudication)	<input type="checkbox"/>
d. Motorcycle factors (e.g., conspicuity, lane use, braking)	<input type="checkbox"/>
e. Environmental factors (e.g., roadway characteristics, rapid emergency response for motorcycle crashes)	<input type="checkbox"/>
f. Other areas [please specify] _____	<input type="checkbox"/>

SAFETEA-LU Section 2010 grant programs

31. Did your State receive SAFETEA-LU Section 2010 funds?

a. Yes.....

b. No.....



END

32. Which office/agency in your State will receive SAFETEA-LU Section 2010 funds?

33. Please indicate how your State intends to use the funds received from SAFETEA-LU Section 2010. (Check all that apply.)

Uses of SAFETEA-LU Section 2010 funds	Check all that apply
a. Improving motorcyclist safety training curricula	<input type="checkbox"/>
b. Improving motorcycle training in both urban and rural areas (procurement or repair of practice motorcycles, instructional materials, mobile training units, or leasing or purchasing facilities for closed-course motorcycle skill training)	<input type="checkbox"/>
c. Increasing recruitment and/or retention of motorcyclist safety training instructors	<input type="checkbox"/>
d. Public awareness, public service announcements, and other outreach programs to enhance driver awareness of motorcyclists	<input type="checkbox"/>
e. Other topics [please specify] _____ _____	<input type="checkbox"/>

34. How many additional students do you estimate will receive training because of the increased funding? _____ students per year

35. How many additional students do you estimate will become licensed (as a result of training) because of the increased funding? _____ students per year

36. What are the short term goals of the program supported by the SAFETEA-LU Section 2010 grant funds?

37. What are the long term goals of the program supported by the SAFETEA-LU Section 2010 grant funds?

38. Did your State apply the funds awarded toward a current initiative or toward the start of a new initiative?

a. Toward a current initiative.....

b. Toward a new initiative.....

c. Both.....

Thank you very much for completing this survey!