

MDAC/ABT SRBI, INC.

STUDY NUMBER

June 29, 2009
OMB No.
Expiration Date:

SURVEY ON UNREPORTED CRASHES

SAMPLE READ-IN

STATE
COUNTY (FIPS CODE)
METRO STATUS

Date: _____ CATI ID: _____
Interviewer: _____
Telephone Number: _____
Time Start: _____ Time End: _____ TOTAL TIME: _____

INTRODUCTION

Hello, I'm _____ from M.Davis and Company (or ABT SRBI) calling for the U.S. Department of Transportation. We are conducting a national study of Americans' driving habits. (If you would like to learn more about the survey, you can call our toll-free number at 1-888-772-4269 or call Jonathan Walker at 1-202-366-8571).

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DUMMY QUESTION FOR BIRTHDAY QUESTIONS

Has had the most recent.....1
Will have the next.....2

A1. How many persons, age 16 and older, live in this household?

_____ Number of 16+ persons
IF ONLY 1 PERSON, SKIP TO A3
(VOL) None.....THANK AND SCREEN OUT
Refused.....4 Thank and end, [Soft Refusal]

- A2. IF A1 = 1 read "May I please speak to him or her?"
If A1 >1 read "In order to select just one person to interview, may I please speak to the (GENDER, If Refused in A2, read-in: "person") in your household, age 16 or older, who (has had the most recent/will have the next) birthday?"

Designated Respondent on line.....1 **GO TO C**
Someone else.....2 **GO TO B**
SCHEDULE CALLBACK.....3
Refused.....4 Thank and end, [Soft Refusal]

- B. Hello, I'm _____ from M. Davis and Company (or SRBI) calling for the U.S. Department of Transportation. We are conducting a national study of Americans' driving habits and their attitudes about current driving laws. (If you would like to learn more about the survey, you can call our toll-free number at 1-888-772-4269 or call Jonathan Walker at 1-202-366-8571)

- C. The interview is voluntary and the information you provide us will be used for statistical purposes only. We will not collect any personal information that would allow anyone to identify you. If there is a question you don't want to answer, that's OK. The interview takes about 15 minutes to complete. (This study has been reviewed and approved by the Office of Management and Budget under OMB control number 2127-0645.) Could we begin now?

CONTINUE INTERVIEW.....1 SKIP TO Q1
Arrange Callback.....2
Want to think about it/Not sure.....3 **CALLBACK**
Refused.....4 **END INTERVIEW**

CRASH EXPERIENCE

Q1. How often do you drive a motor vehicle? Everyday or almost every day, a few days a week, a few days a month, a few days a year, or do you never drive?

- Almost every day/every day.....1
- Few days a week.....2
- Few days a month.....3
- Few days a year.....4
- Never.....5
- More than a year ago.....6
- (VOL) Other (Specify).....7
- (VOL) Don't know.....8
- (VOL) Refused.....9

Q2a. Have YOU ever been INJURED in a motor vehicle accident in which you were a DRIVER?

- Yes.....1
- No.....2 **SKIP TO Q3a**
- (VOL) Don't know.....8 **SKIP TO Q3a**
- (VOL) Refused.....9 **SKIP TO Q3a**

Q2b. When was the most recent time this happened (injured as a driver)? Was it

- Within the past 6 months.....1
- Within the past 12 months.....2
- Within the past 2 years.....3 **SKIP TO Q3a**
- Within the past 4 years.....4 **SKIP TO Q3a**
- Four or more years ago.....5 **SKIP TO Q3a**

Q2c. How many times has this happened to you in the past 12 months?

_____ TIMES RANGE=1-7
 DON'T KNOW=8 REFUSED=9

LOOP FOR EACH INCIDENT IN Q2c

Q2d. In what month(s) did the (most recent/next most recent) crash occur?

- January 08.....1
- February 08.....2
- March 08.....3
- April 08.....4
- May 08.....5
- June 08.....6
- July 08.....7
- August 08.....8
- September 08.....9
- October 08.....10
- November 08.....11
- December 08.....12
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q2e. In what state did the (most recent/next most recent) accident occur?
(ENTER TWO-LETTER STATE DESIGNATION)

Q2f. Was anyone else injured in (that/the next) accident where you were a driver? (Include ALL people, such as injured pedestrians, bicyclists, or people in ANY vehicle involved.)

- Yes.....1
- No.....2 **SKIP TO Q3a**
- (VOL) Don't Know....8 **SKIP TO Q3a**
- (VOL) Refused.....9 **SKIP TO Q3a**

Q2g. How many other people were injured in that crash?

- NUMBER: _____
- 98 Don't Know
- 99 Refused

GO TO NEXT LOOP (Q2d)

Q3a. Have YOU ever been INJURED in a motor vehicle accident when you were a PASSENGER?

- Yes.....1
- No.....2 **SKIP TO Q4a**
- (VOL) Don't know.....8 **SKIP TO Q4a**
- (VOL) Refused.....9 **SKIP TO Q4a**

Q3b. When was the most recent time this happened (injured as a passenger)? Was it

- Within the past 6 months.....1
- Within the past 12 months.....2
- Within the past 2 years.....3 **SKIP TO Q4a**
- Within the past 4 years.....4 **SKIP TO Q4a**
- Four or more years ago.....5 **SKIP TO Q4a**

Q3c. How many times has this happened to you in the past 12 months?

- _____ TIMES RANGE=1-7
- DON'T KNOW=8 REFUSED=9

LOOP FOR EACH INCIDENT IN Q3c

Q3d. In what month(s) did the (most recent/next most recent) crash occur?

- January 08.....1
- February 08.....2
- March 08.....3
- April 08.....4
- May 08.....5
- June 08.....6
- July 08.....7
- August 08.....8
- September 08.....9
- October 08.....10
- November 08.....11
- December 08.....12
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q3e. In what state did the (most recent/next most recent) accident occur?
(ENTER TWO-LETTER STATE DESIGNATION)

Q3f. Was anyone else injured in (that/the next) accident where you were a passenger? (Include ALL people, such as injured pedestrians, bicyclists, or people in ANY vehicle involved.)

- Yes.....1
- No.....2 **SKIP TO Q4a**
- (VOL) Don't Know.....8 **SKIP TO Q4a**
- (VOL) Refused.....9 **SKIP TO Q4a**

Q3g. How many other people were injured?

- NUMBER: _____
- 98 Don't Know
- 99 Refused

GO TO NEXT LOOP (Q3d)

Q4a. Have YOU ever been hit by a motor vehicle and INJURED when you were a pedestrian, that is, not traveling in a motor vehicle at the time of the accident?

- Yes.....1
- No.....2 **SKIP TO Q5a**
- (VOL) Don't know.....8 **SKIP TO Q5a**
- (VOL) Refused.....9 **SKIP TO Q5a**

Q4b. When was the most recent time this happened (injured as a pedestrian)? Was it

- Within the past 6 months.....1
- Within the past 12 months.....2
- Within the past 2 years.....3 **SKIP TO Q5a**
- Within the past 4 years.....4 **SKIP TO Q5a**
- Four or more years ago.....5 **SKIP TO Q5a**

Q4c. How many times has this happened to you in the past 12 months?

_____ TIMES RANGE=1-7
DON'T KNOW=8 REFUSED=9

LOOP FOR EACH INCIDENT IN Q4c

Q4d. In what month(s) did the (most recent/next most recent) crash occur?

- January 08.....1
- February 08.....2
- March 08.....3
- April 08.....4
- May 08.....5
- June 08.....6
- July 08.....7
- August 08.....8
- September 08.....9
- October 08.....10
- November 08.....11
- December 08.....12
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q4e. In what state did the (most recent/next most recent) accident occur?

(ENTER TWO-LETTER STATE DESIGNATION)

Q4f. Was anyone else injured in (that/the next) accident? (Include ALL people, such as injured pedestrians, bicyclists, or people in ANY vehicle involved.)

- Yes.....1
- No.....2 **SKIP TO Q5a**
- (VOL) Don't Know.....8 **SKIP TO Q5a**
- (VOL) Refused.....9 **SKIP TO Q5a**

Q4g. How many other people were injured?

NUMBER: _____
98 Don't Know
99 Refused

GO TO NEXT LOOP (Q4d)

Q5a. Aside from what you have already told me, have you ever been in a motor vehicle accident in which THE VEHICLE YOU WERE IN was damaged?

- Yes.....1
- No.....2 **SKIP TO direction before Q6**
- (VOL) Don't know.....8 **SKIP TO direction before Q6**
- (VOL) Refused.....9 **SKIP TO direction before Q6**

Q5b. When was the most recent time this happened? Was it

Within the past 6 months.....1

Within the past 12 months.....2

Within the past 2 years.....3

SKIP TO direction before Q6

Within the past 4 years.....4

SKIP TO direction before Q6

Four or more years ago.....5

SKIP TO direction before Q6

Q5c. How many times has this happened to you in the past 12 months?

_____ TIMES RANGE=1-7
DON'T KNOW=8 REFUSED=9

LOOP FOR EACH INCIDENT IN Q5c

Q5d. In what month(s) did the (most recent/next most recent) crash occur?

January 08.....1

February 08.....2

March 08.....3

April 08.....4

May 08.....5

June 08.....6

July 08.....7

August 08.....8

September 08.....9

October 08.....10

November 08.....11

December 08.....12

(VOL) Don't Know.....98

(VOL) Refused.....99

Q5e. In what state did the (most recent/next most recent) accident occur?
(ENTER TWO-LETTER STATE DESIGNATION)

Q5f. Were any other vehicles also damaged in (this/the next accident)?

Yes.....1

No.....2

Don't Know.....8

Refused.....9

GO TO NEXT LOOP Q5d

IF NO TO Q2a, Q3a, Q4a, and Q5a, ASK Q6; IF NO TO Q2a, Q3a, Q4a and YES TO Q5a, SKIP TO Q23; ELSE SKIP TO LOOP (Q7a)

Q6. Has anyone else in the household been in a motor vehicle crash in the past twelve months that involved either injury or property damage?

- Yes **ASK TO SPEAK TO THE PERSON (GO TO B)**
- No **THANK AND END**
- (VOL) Don't Know **THANK AND END**
- (VOL) Refused **THANK AND END**

INJURY CRASH LOOPS (3 TOTAL)

- 1. INJURED AS DRIVER (Q2a)**
- 2. INJURED AS PASSENGER (Q3a)**
- 3. INJURED AS PEDESTRIAN (Q4a)**

Q7a. In the crash in (MONTH) in which you were injured, did a police officer appear at the scene of the accident?

- Yes.....1
- No.....2 **SKIP TO Q8a**
- Don't Know.....8 **SKIP TO Q8a**
- Refused.....9 **SKIP TO Q8a**

Q7b. To your knowledge, did the police fill out and file a report on the accident?

- Yes.....1 **SKIP TO Q9**
- No.....2
- Don't Know.....8 **SKIP TO Q8a**
- Refused.....9 **SKIP TO Q8a**

Q7c. Did the police inform you why they were not filing a report?

- Yes.....1
- No.....2 **SKIP TO Q8a**
- Don't Know.....8 **SKIP TO Q8a**
- Refused.....9 **SKIP TO Q8a**

Q7d. Why did the police say they were not filing a report?
[OPEN-END]

Q8a. Sometimes people don't report car accidents because it is not necessary given their circumstances, or other times people are simply too busy or forget. Did you or someone in your household report this accident to the police?

- Yes.....1 **SKIP TO Q9**
- No.....2
- Don't Know.....8
- Refused.....9

Q8b. To your knowledge, did anyone report the accident to the police?

- Yes.....1 **SKIP TO Q9**
- No.....2
- Don't Know.....8 **SKIP TO Q9**
- Refused.....9 **SKIP TO Q9**

Q8c. Why didn't you report the accident to the police?
[OPEN-END]

Q9. In the crash in (MONTH) in which you were injured, where was your vehicle just before the crash happened? (IF SOMEWHERE ELSE, ASK WHERE)

- On road/street/highway1
- Driveway2
- Parking Lot.....3
- Somewhere else (Specify).....4.
- (VOL) Don't Know.....8.
- (VOL) Refused.....9...

(If 2a. and 3a.= "No" and 4a. = "Yes", Skip to 12

Q10. What type of motor vehicle were you in at the time of the accident?

- Automobile.....1
- SUV.....2
- Van.....3
- Pick-up Truck.....4
- Medium or Heavy Truck..5
- Motorcycle/Moped.....6
- Other (Specify).....7
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q11a. How many other motor vehicles (not including your vehicle) were involved in the accident?
(Please include any parked cars or other vehicles.)

RECORD NUMBER_____

None, single vehicle crash.....00

Q11b. Did your (VEHICLE) collide with any objects other than another motor vehicle?

- Yes.....1
- No.....2 **SKIP TO Q12a**
- (VOL) Don't Know.....8 **SKIP TO Q12a**
- (VOL) Refused.....9 **SKIP TO Q12a**

Q11c. With what other object(s) did your vehicle collide? (SELECT ALL THAT APPLY)

- Tree.....1
- Pole.....2
- Guardrail.....3
- Embankment.....4
- Animal.....5
- Pedestrian/Person.....6
- Train.....7
- Nonmotorized Vehicle.....8
- Other(Specify).....97
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q11d. Where was the most damage to your vehicle?

- Front.....1
- Side.....2
- Rear.....3
- Top.....4
- No damage to vehicle.....5
- Other(Specify).....97
- (VOL) Don't Know.....98
- (VOL) Refused.....99

IF YES IN Q2a OR Q3a OR Q4a, ASK Q12a, ELSE SKIP TO Q21

Q12a What was the most serious injury (you/Person) sustained as a direct result of the accident?

- | | |
|--|----------------------|
| Scrape.....1 | SKIP TO Q 12g |
| Amputation.....2 | SKIP TO Q 12g |
| Concussion.....3 | SKIP TO Q 12g |
| Bruise.....4 | SKIP TO Q 12g |
| Dislocation (ankle, knee, elbow or shoulder).....5 | SKIP TO Q 12g |
| Fracture/Broken bone6 | Continue 12b |
| Sprain.....7 | SKIP TO Q 12g |
| Strain.....8 | SKIP TO Q 12g |
| Whiplash.....9 | SKIP TO Q 12g |
| Cuts that required stitches or glue.....10 | SKIP TO Q 12g |
| Minor Burns.....11 | SKIP TO Q 12g |
| Severe Burns.....12 | SKIP TO Q 12g |
| Other (Specify).....97 | SKIP TO Q 12g |
| (VOL) Don't Know..... 98 | SKIP TO Q 12g |
| (VOL) Refused.....99 | SKIP TO Q 12g |

IF FRACTURE IN Q12a, ASK Q12b

Q12b. What was broken?

- Hand/fingers.....1
- Arm.....2
- Shoulder.....3
- Foot/toes.....4
- Leg.....5

- Back.....6
- Hip.....7
- Spine.....8
- Skull.....9
- Ribs.....10
- Face/Nose.....11
- Other (Specify).....97
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q12c. Did the broken bone require surgery?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

IF SPINE IN Q12b, ASK

Q12d. Did the spine injury include weakness in a limb?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q12e. Did the spine injury include paraplegia?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

IF RIBS IN Q12b, ASK

Q12f. How many ribs were fractured?

_____ (Number)

Q12g. Did you lose consciousness?

- Yes.....1
- No.....2 **SKIP TO Q12i**
- (VOL) Don't Know.....8 **SKIP TO Q12i**
- (VOL) Refused.....9 **SKIP TO Q12i**

Q12h. How long were you told you had lost consciousness?

_____ (Number of Hours)

Q12i. Did you require any kind of brain surgery?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8

(VOL) Refused.....9

Q12j. Did you/person have any internal organ injuries (spleen, liver, kidney, etc.)?

- Yes.....1
- No.....2 **SKIP TO Q12m**
- (VOL) Don't Know.....8 **SKIP TO Q12m**
- (VOL) Refused.....9 **SKIP TO Q12m**

Q12k. Did the internal organ injury/ies require surgery?

- Yes..... 1
- No.....2 **SKIP TO Q12m**
- (VOL) Don't Know.....8 **SKIP TO Q12m**
- (VOL) Refused.....9 **SKIP TO Q12m**

Q12 l. Was a chest tube required?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q12m. Did you/person have a blood transfusion?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

ASK Q13a ONLY IF "No/DK/Refused" to Q12c, Q12i, Q12k, AND Q12m, ELSE SKIP TO Q13b

Q13a Did you receive medical treatment for your injuries?

- Yes.....1
- No.....2 **SKIP TO Q14**
- (VOL) Don't Know.....8 **SKIP TO Q14**
- (VOL) Refused.....9 **SKIP TO Q14**

Q13b. Were you treated at ...?

		Yes	No	Not Sure	Refused
(a)	A hospital emergency room.....	1	2	3	4
(b)	A doctor's office.....	1	2	3	4
(c)	A clinic.....	1	2	3	4
(d)	Urgent Care, First Care, or minor emergency center	1	2	3	4
(e)	The accident scene.....	1	2	3	4
(f)	SOMEWHERE ELSE (SPECIFY)...	1	2	3	4

Q14. Were you transported from the accident scene by ambulance or helicopter?

- Yes, ambulance (or rescue vehicle).....1
- Yes, helicopter.....2
- No, neither.....3
- (VOL) Don't know.....8
- (VOL) Refused.....9

Q15a. Were you hospitalized overnight or longer as a result of your injuries from the crash?

- Yes.....1
- No.....2 **SKIP TO Q16a**
- (VOL) Don't know.....8 **SKIP TO Q16a**
- (VOL) Refused.....9 **SKIP TO Q16a**

Q15b How long were you hospitalized?

- Gave answers in days.....1
- Gave answers in hours.....2
- (VOL) Don't know.....8
- (VOL) Refused.....9

Q15c _____ DAYS (0-365)

Q15d _____ HOURS (1-23)

Q15e. Were you in an Intensive Care Unit (ICU) due to your injuries?

- Yes.....1
- No.....2 **SKIP TO Q16a**
- (VOL) Don't Know.....8 **SKIP TO Q16a**
- (VOL) Refused.....9 **SKIP TO Q16a**

Q15f. Were you in Intensive Care more than 24 hours?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q16a. Did you receive any continuing or follow-up treatment for your injuries?

- Yes.....1
- No.....2 **SKIP TO Q16c**
- (VOL) Don't know.....8 **SKIP TO Q16c**
- (VOL) Refused.....9 **SKIP TO Q16c**

Q16b Where did you receive this follow-up treatment?

(READ LIST AND MULTIPLE RECORD)

Was it at.....?

	Yes	No	DK	Refused
A doctor's office.....	1	2	8	9

A physical therapist's office.....	1	2	8	9
A clinic.....	1	2	8	9
A hospital.....	1	2	8	9
A Chiropractor.....	1	2	8	9
SOMEWHERE ELSE.....	1	2	8	9
(Specify)				

Q16c. What is your best estimate in dollars for your medical costs? Include any costs that were covered by an insurance company.

- \$ _____ (Dollars) **SKIP TO Q16e**
- 99998 Don't Know
- 99999 Refused

Q16d. Can you tell me if it was

- \$500 or less.....1
- \$501 to \$1,000.....2
- \$1,000 to \$2,500.....3
- \$2,501 to \$5,000.....4
- \$5,001 to \$10,000.....5
- More than \$10,000.....6
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q16e. Did you use medical insurance coverage to help pay for the care you received?

- Yes.....1
- No.....2
- Don't have insurance.....3
- (VOL) Don't know.....8
- (VOL) Refused.....9

Q17a. Did your injuries from that accident prevent you from performing any of your normal activities during the last 12 months (for example, work or school)?

- Yes.....1
- No.....2
- (VOL) Don't know.....8
- (VOL) Refused.....9

Q17b If so, how many days? _____ DAYS (0-365)
 NUMBER: _____ Days

IF 2a IS NO AND 3a IS NO AND 4a IS YES, THEN SKIP TO D1

Q18. In the crash in (MONTH) did your vehicle need to be towed away?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q19. Was the damage reported to an Auto insurance company?

- Yes.....1

- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q20a. Did the insurance company consider your car "totaled"?

- Yes.....1
- No.....2 **SKIP TO Q20c**
- (VOL) Don't Know.....8 **SKIP TO Q20c**
- (VOL) Refused.....9 **SKIP TO Q20c**

Q20b. If yes, please give the insurance company assessed or "totaled" car value amount.

- \$__Dollars **SKIP TO Q21**
- 99998 Don't Know **SKIP TO Q21**
- 99999 Refused **SKIP TO Q21**

Q20c. What is your best estimate in dollars for repair costs to (your/that person's) vehicle? Include any costs which were covered by the insurance company.

- \$ _____ (Dollars) **SKIP TO Q21**
- 99998 Don't Know
- 99999 Refused

Q20d. Can you tell me if it was

- \$500 or less.....1
- \$501 to \$1,000.....2
- \$1,000 to \$2,500.....3
- \$2,501 to \$5000.....4
- \$5001 to \$10,000.....5
- More than \$10,000.....6
- (VOL) Don't Know.....8
- (VOL) Refused.....9

IF YES IN (Q2f OR Q3f OR Q4f), ASK Q21, ELSE SKIP TO Q23

Q21. What was the most serious injury this person sustained as a direct result of the accident?

- Abrasion.....1 **SKIP TO Q22**
- Amputation.....2 **SKIP TO Q22**
- Concussion.....3 **SKIP TO Q22**
- Contusion.....4 **SKIP TO Q22**
- Dislocation (ankle, knee, elbow or shoulder).....5 **SKIP TO Q22**
- Fracture/Broken bone6 **continue 21a**
- Sprain.....7 **SKIP TO Q22**
- Strain.....8 **SKIP TO Q22**
- Whiplash.....9 **SKIP TO Q22**
- Cuts that required stitches or glue.....10 **SKIP TO Q22**
- Minor Burns.....11 **SKIP TO Q22**
- Severe Burns.....12 **SKIP TO Q22**
- Other (Specify).....97 **SKIP TO Q22**
- (VOL) Don't Know.....98 **SKIP TO Q22**
- (VOL) Refused.....99 **SKIP TO Q22**

IF FRACTURE IN Q21, ASK Q21a, ELSE SKIP TO Q22

- Q21a. What was broken?
- Hand.....1
- Arm.....2
- Shoulder.....3
- Foot.....4
- Leg.....5
- Back.....6
- Hip.....7
- Spine.....8
- Skull.....9
- Ribs.....10
- Other (Specify).....97
- (VOL) Don't Know..98
- (VOL) Refused.....99

Q22. Was this person transported from the accident scene by ambulance or helicopter?

- Yes, ambulance (or rescue vehicle)....1
- Yes, helicopter.....2
- No, neither.....3
- (VOL) Don't know.....8
- (VOL) Refused.....9

PROPERTY DAMAGE LOOPS (1 TOTAL)

ASK IF NO TO Q2a, Q3a, Q4a AND YES TO Q5a, ELSE SKIP TO D1

1. OWN VEHICLE WAS DAMAGED (Q5a)

Q23. In the crash in (MONTH) in which your vehicle was damaged, did a police officer appear at the scene of the accident?

- Yes.....1
- No.....2 **SKIP TO Q24**
- (VOL) Don't Know.....8 **SKIP TO Q24**
- (VOL) Refused.....9 **SKIP TO Q24**

Q23a. To your knowledge, did the police fill out and file a report on the accident?

- Yes.....1 **SKIP TO Q25**
- No.....2
- (VOL) Don't Know.....8 **SKIP TO Q25**
- (VOL) Refused.....9 **SKIP TO Q25**

Q23b. Did the police inform you why they were not filing a report?

- Yes.....1

- No.....2 **SKIP TO Q24**
- (VOL) Don't Know.....8 **SKIP TO Q24**
- (VOL) Refused.....9 **SKIP TO Q24**

Q23c. Why did the police say they were not filing a report?
[OPEN-END]

Q24 Did you or someone in your household report the accident to the police?

- Yes.....1 **SKIP TO Q25**
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q24a To your knowledge, did anyone report the accident to the police?

- Yes.....1 **SKIP TO Q25**
- No.....2
- (VOL) Don't Know.....8 **SKIP TO Q25**
- (VOL) Refused.....9 **SKIP TO Q25**

Q24b Why didn't you report the accident to the police?
[OPEN-END]

Q25. In the crash in (MONTH) in which your vehicle was damaged, where was your vehicle just before the crash happened? (IF SOMEWHERE ELSE, ASK WHERE)

- On road/street/highway.....1
- Driveway.....2
- Parking Lot.....3
- Somewhere else (Specify).....4
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q26. What type of motor vehicle were you in at the time of the accident?

- Automobile.....1
- SUV.....2
- Van.....3
- Pick-up Truck.....4
- Medium or Heavy Truck.....5
- Motorcycle/Moped.....6

- Other (Specify).....7
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q27. How many other motor vehicles (not including your vehicle) were involved in the accident?

- RECORD NUMBER_____
- None, single vehicle crash.....00

Q28. Did your (VEHICLE) collide with any objects other than another motor vehicle?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q29. With what other object(s) did your vehicle collide? (SELECT ALL THAT APPLY)

- Tree.....1
- Pole.....2
- Guardrail.....3
- Embankment.....4
- Animal.....5
- Pedestrian/Person.....6
- Train.....7
- Nonmotorized Vehicle.....8
- Other(Specify).....97
- (VOL) Don't Know.....10
- (VOL) Refused.....11

Q30. Where was the most damage to your vehicle?

- Front.....1
- Side.....2
- Rear.....3
- Top.....4
- No damage to vehicle.....5
- Other(Specify).....97
- (VOL) Don't Know.....98
- (VOL) Refused.....99

Q31. In the crash in (MONTH) in which your vehicle was damaged, did your vehicle need to be towed away?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q32. Was the damage reported to an Auto insurance company?

- Yes.....1
- No.....2
- (VOL) Don't Know.....8
- (VOL) Refused.....9

Q33a. Did the insurance company consider your car "totaled"?

- Yes.....1
- No.....2 **SKIP TO Q33c**
- (VOL) Don't Know.....8 **SKIP TO Q33c**
- (VOL) Refused.....9 **SKIP TO Q33c**

Q33b. If yes, please give the insurance company assessed or "totaled" car value amount.

- \$__Dollars **SKIP TO QD1**
- 99998 Don't Know **SKIP TO QD1**
- 99999 Refused **SKIP TO QD1**

Q33c. What is your best estimate in dollars for repair costs to (your/that person's) vehicle?

Include any costs which were covered by the insurance company.

- \$ ____ (Dollars) **SKIP TO QD1**
- 99998 Don't Know
- 99999 Refused

Q33d. Can you tell me if it was

- \$500 or less.....1
- \$501 to \$1,000.....2
- \$1,000 to \$2,500.....3
- \$2,501 to \$5,000.....4
- \$5,001 to \$10,000.....5
- More than \$10,000.....6
- (VOL) Don't Know.....8
- (VOL) Refused.....9

DEMOGRAPHICS

D1. Now I need to ask you some basic information about you and your household. What is your age?

_____ AGE RANGE=16-97 REFUSED=99

D2. INTERVIEWER RECORD RESPONDENT GENDER

Male.....1

Female.....2

D3. Do you consider yourself to be Hispanic or Latino?

Yes.....1

No.....2

(VOL) Don't Know.....8

(VOL) Refused.....9

D4. Which of the following racial categories describes you? You may select more than one.

READ LIST AND MULTIPLE RECORD

American Indian or Alaska Native.....1

Asian.....2

Black or African-American.....3

Native Hawaiian or Other Pacific Islander.....4

White.....5

(VOL) Hispanic/Latino6

(VOL) Other (SPECIFY).....7

(VOL) Refused.....9

D5. What is the highest grade or year of school you completed?

8th grade or less.....1

9th grade.....2

10th grade.....3

11th grade.....4

12th grade/GED.....5

Some college.....6

College graduate or higher.....7

(VOL) Refused.....9

D6. Which of the following categories best describes your total household income before taxes in 2007? (Includes the income of all persons in the household.) Was your total household income **[READ LIST]**

- Less than \$5,000.....1
- \$5,000 to \$14,999.....2
- \$15,000 to \$29,999.....3
- \$30,000 to \$49,999.....4
- \$50,000 to \$74,999.....5
- \$75,000 to \$99,999.....6
- \$100,000 or more.....7
- Don't Know (VOL).....8

D7. How many different landline telephone numbers do you have at this residence at which you can normally receive incoming phone calls?

_____ 10 OR MORE=10 DON'T KNOW=98 REFUSED=99

D8. Do you or anyone in your family have a working cell phone?

- 1 Yes
- 2 No **(SKIP TO D11)**
- 8 Don't know
- 9 Refused

D9 How many working cell phones do you or people in your family have? (1-10 cell phones) _____

D10 Of all the telephone calls that you or your family receives, are... **[READ LIST.]**

- 1 All or almost all calls received on cell phones
- 2 Some received on cell phones and some on regular phones
- 3 Very few or none on cell phones
- 8 Don't know
- 9 Refused

D11 Do you... **READ LIST.**

- 1 Rent your home or apartment
- 2 Own your own home
- 3 Live with family or friends and pay part of the rent or mortgage
- 4 Live with family or friends and do not pay rent
- 7 Other, Specify
- 8 DON'T KNOW
- 9 REFUSED

D12. Interview was conducted in:

- English.....1
- Spanish.....2

**That completes the survey.
Thank you very much for your time and cooperation.**