This collection of information is voluntary, and will be used to better understand the causes of motorcycle crashes. Public reporting burden is estimated to average 25 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0619. This collection expires on 11/31/2013. 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, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.

CONTROL MOTOR VEHICLE DRIVER QUESTIONNAIRE

1. Case Number	2. Vehicle Number A. 4.3.1
BACKGROUND INFORMATION	
3. How old are you? Code actual age in years (99) unknown	A.5.1.3.3
4. What state/country issued your current drive (1) no license (2) California (3) other State (list) (4) Canada (5) Mexico (6) military (7) not applicable (8) other (describe) (9) unknown 5. What kind of operator's license is it? (Code up to 4; input "00" in remaining responses) (01) no license held (02) learner's permit, only (03) motorcycle license (04) automobile license (05) commercial license (06) motorcycle driver and competition license (07) license to transport people (08) heavy truck license (97) not applicable, no license required (98) other (describe) (99) unknown	A.5.1.3.4 A.5.1.3.5.1 A.5.1.3.5.2 A.5.1.1.5.3 A.5.1.1.5.4
6. What year was/were the license(s) issued? (Listed in same order as licenses above (9997) not applicable (9999) unknown	A.5.1.3.6.1 A.5.1.3.6.2 A.5.1.3.6.3 A.5.1.3.6.4

7. Does your license qualify you to operate this motor vehicle (1) no (2) yes (7) not applicable (9) unknown	? A.5.1.3.7
8. Are you of Hispanic or Latino origin? (0) refused to answer (1) no (2) yes (8) other (describe) (9) unknown	
9. What is your race? Please select one or more, code "7" in others (0) refused to answer (1) white (2) black or African American (3) Asian (4) Native Hawaiian or other Pacific Islander (5) American Indian or Alaska native (7) not applicable (8) other (9) unknown	
10. What is your height? ft in. (9/99) unknown	A.5.1.3.9
11. What is your weight? lbs. (999) unknown	A.5.1.3.10
12. Gender (1) male (2) female (9) unknown	
13. How much formal education have you had? (01) no formal schooling (02) less than high school diploma (03) high school diploma or GED (04) partial college/university (05) college/university graduate (06) graduate school, advanced degree, professional degree (07) specialty/technical school (97) not applicable (98) other (specify) (99) unknown	A.5.1.3.11
14. What is your current occupation? (11) management occupations (13) business and financial (15) computer and mathematical	A.5.1.3.13

(17) architecture and engineering (19) life, physical, and social science (21) community and social services (23) legal (25) education, training or library (27) arts, design, entertainment, sports or media (29) healthcare practitioners and technical jobs (31) healthcare support (33) protective services (35) food preparation and serving related (37) building and grounds maintenance (39) personal care and services (41) sales and related occupations (43) office and administrative support (45) farming, fishing or forestry (47) construction or extraction (49) installation, maintenance or repair (53) transportation and material moving (55) military (60) full time student (97) not applicable, not in workforce at present (98) other (specify) (99) unknown	
15. How many YEARS have you been driving any kind of motor vehicle?	rs
(00) less than two weeks	
(01) one year or less	
(02-96) actual number of years	
(97) not applicable/no previous experience/first time (99) unknown	
16. How many miles per year do you drive a car or truck?	_
(00000) none (00001-99995) actual miles	
(99996) 99996 or greater miles	
(99998) other (specify)	
(99999) unknown	
17. What kind of driver training have you had? A.5.1.3.20 (01) no training	
(02) self taught	
(03) taught by friends or family	
(03) official driver training class	
(04) voluntary drivers education	
(05) compulsory drivers education	
(06) professional training for commercial license	
(07) compulsory motor vehicle training ordered by judge/police/etc.	
(98) other (specify) (99) unknown	

years?
Code the total number of moving traffic convictions – any vehicle A.5.1.3.24 (00) none (99) unknown
19. Of those how many were motorcycle moving traffic crashes? A.5.1.3.25 Code the total number of previous motorcycle moving traffic crashes (00) none (99) unknown
20. Of those how many were car or truck moving violation crashes?
21. How many MONTHS have you operated a street motorcycle?
IF NEVER OPERATED A MOTORCYCLE, CODE QUESTIONS 22-24 N/A AND GO TO QUESTION 25.
22. What is the average number of days per year you ride motorcycles? (001-365) Actual number of days per year (997) not applicable (998) other (999) unknown
23. About how many miles per year do you ride motorcycles?
24. If you ride a motorcycle, what is the percentage of time you use it for each of these categories? (indicate % of total riding/driving time for each of the three categories)
Recreation
(999) unknown

TRIP INFORMATION

25. At what kind of location did you begin your trip today? (01) home (02) work, business (03) recreation/social (04) school/religious activity (05) errand, shopping (06) family personal business/obligations (07) meals, restaurant, etc. (08) transport someone (09) medical/dental (10) bar, pub (98) other (specify) (99) unknown
26. How many passengers are in your vehicle? (0) none (1) one (2) two (3) three (4) four or more (9) unknown
27. What was your trip destination? (01) home (02) work, business (03) recreation/social (04) school/religious activity (05) errand, shopping (06) family personal business/obligations (07) meals, restaurant, etc (08) transport someone (09) medical/dental (10) bar, pub (11) no destination, joy riding (98) other (specify) (99) unknown
28. About how many miles would the trip have been one way?
29. How frequently do you travel this road on/in any vehicle? (01) first time (02) daily use, i.e., once or more per day (03) weekly use, i.e., once or more per week (04) monthly use, i.e., once or more per month (05) quarterly, i.e., once or more per year

(07) less than annually (99) unknown
30. How many hours have you been driving today since your departure?
(99) unknown
31. How many miles have you been driving since your departure? (001) one mile or less (002-095) actual hours (096) 96 or more (997) not applicable, had not yet begun trip (998) other (specify) (999) unknown
IMPAIRMENT
32. Do you have any of the following permanent physical conditions? (Code up to three; input "01" in remaining responses) (01) no (02) vision reduction or loss (03) hearing reduction or loss (04) respiratory, cardiovascular condition (05) paraplegia (06) amputee (07) neurological, epilepsy, stroke (08) endocrine system, diabetes, digestive system (09) infirmity, arthritis, senility (98) other (specify) (99) unknown
33. Are you experiencing any of the following? (Code up to three; input "01" in remaining responses) (01) no (02) fatigue (03) hunger (04) thirst (05) elimination urgency (06) muscle spasm, cramp, itch (07) headache, minor malaise, fever (08) siesta syndrome (tired in afternoon) (98) other (specify) (99) unknown
34. Are you concerned about any of the following issues today? (Code up to three; input "01" in remaining responses) (01) no problems (02) conflict with friends, relatives, divorce, separation

(03) work related problems (04) financial distress (05) school problems (06) legal, police problems (07) reward stress (08) traffic conflict, road rage (09) death of family, friend (98) other (specify)	
(99) unknown	
35. How many hours of sleep did you have in (00) no sleep (01-24) number of hours slept (98) other (specify) (99) unknown	the past 24 hours?
36. Did you drink any alcohol or take any drug	gs or medications today?
(1) no(2) alcohol use, only(3) drug/medication use, only(4) combined alcohol and drug/medication use(8) other,	
(9) unknown	
 37. Type of drugs other than alcohol? (1) no drugs other than alcohol (2) stimulant (3) depressant (4) drugs taken, type unknown (5) multiple drugs taken (7) not applicable, no drugs or alcohol (8) other (specify) (9) unknown 	
38. Source of drugs other than alcohol? (1) no drugs other than alcohol (2) prescription (3) non-prescription, over the counter (4) illegal (7) not applicable, no drugs or alcohol (9) unknown	