

Consent Form

Participant Consent Form: Speed Warning System Data Collection

Purpose of research. You are being invited to volunteer as a participant in a study of driving behavior. This study is being conducted by Westat on behalf of National Highway Traffic Safety Administration. The purpose of the study is to collect information about when, where, and how you drive and the effectiveness of various ways of reducing hazardous driving behaviors.

Research procedure. The study participants are drivers who have had moving violations and who are the principal driver of a vehicle. A GPS-enabled device, which will collect data on where, when, and how the vehicle is driven (including speed, braking, and sudden changes in direction), will be installed in your vehicle. Your driving data will be transmitted to the researchers. The device will transmit data whenever the vehicle is being driven, even if the driver is someone other than you. Because you have told Westat that you are the principal driver of the vehicle in which the device is installed, you will not be asked to keep track of who is driving the vehicle. The device will sound an alert when the driver exceeds the speed limit, speeds up or stops suddenly, or makes an erratic change in course.

The device belongs to the researchers and will be removed as soon as practical after data collection for you has concluded (8 weeks after installation of the device). There will be no charge to you for using the device. After the data collection period ends, you will be interviewed about your experience with the device.

Forseeable risk. The device cannot change how the vehicle works, such as for steering, braking, or acceleration. The driver will have the same level of control of the vehicle as if the device were not present. The feedback that it provides the driver is a voice announcement when the vehicle is exceeding the speed limit, and when the vehicle suddenly accelerates, stops, or changes course. There is a small risk that you as the driver (or anyone else driving the vehicle) may be distracted by the in-vehicle notification. This has not been a problem for other drivers using the system. By agreeing to take part in the study, you assume any and all risk and agree to release Westat, its clients, affiliates, employees and agents from any liability resulting from the operation of the vehicle or the devices.

The device will be attached to the inside of the windshield of the vehicle. It can be easily removed in less than an hour without damaging the vehicle. Removal will take place at the Westat offices in Rockville, Maryland.

Benefits of the research. The findings of this study may result in improved safety for drivers and those with whom they share the road. Your personal benefit will be access to information on your driving habits. Each participant will receive \$150 at the completion of the study, after the vehicle monitoring device is removed.

Confidentiality. The fact that you are participating in this study will remain confidential. All data collected will be kept in confidence by Westat and NHTSA. That is, we will not provide your data in any manner that can identify you to anyone including government agencies, insurers, or anyone else. To protect your confidentiality, each vehicle in the study will be assigned a unique ID number and all the data collected will be kept in a file identified by that number, without any personal identifiers such as your name, address, or phone number. Only Westat will have access to the list that links your identity to your vehicle ID number. Your personal information will be removed from this list when your participation in the study is complete and the monitoring device has been returned to Westat. The final report of the research will contain aggregated data without any personal identifiers or information that would lead to the identification of a participant.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Identifying information for the purposes of this study includes your contact information, your auxiliary study information, your driving data (including GPS coordinates which may identify your home, work, or school locations), or any information in your driver data, vehicle data, or additional crash data that could be used to personally identify you. While your confidentiality is protected in most cases by the Certificate, you should know that in some rare instances a court or agency may prevent you from asserting a claim, or a defense to a claim that someone has brought against you, unless you waive confidentiality and allow access to your data.

The researchers and study sponsors will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects.

The Certificate of Confidentiality also does not prevent the researchers from disclosing information or taking steps, including reporting to authorities, to prevent serious harm to yourself or others.. This could also include harmful behaviors such as extreme habitual aggressive or reckless driving. If this type of behavior is observed, we reserve the right to remove you from the study and inform the appropriate authorities of what we have observed. If you are removed from the study, your compensation will be prorated based on the time you have already spent as a participant in the study.

The protections of the Certificate of Confidentiality described herein may not apply to passengers or drivers of your vehicle who have not consented to being in this study.

This Certificate of Confidentiality does not mean that the Department of Health and Human Services or the National Institutes of Health endorses this study. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other

person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Contact person. If you have any questions about the research contact Dr. Doreen De Leonardis or Dr. James Jenness, Principal Investigators, at Westat, 1650 Research Blvd., Rockville, MD 20850; (301)-315-5963 or (240) 314-2424. If you have questions about your role as a research participant, please contact Sharon Zack, the Westat Institutional Review Board Administrator (301-610-8828; sharonzack@westat.com).

For questions about scheduling installation or removal of the monitoring device, operation of the device, or about accessing your data on the website please contact: Diane Snow at (301)294-2884.

Voluntary withdrawal from the study. Your participation in this study is entirely voluntary. Refusal to participate will involve no loss of benefits to which you are otherwise entitled. You may discontinue your participation at any time without penalty. The only consequences of your withdrawal from the study are that you will not receive the full \$150 incentive payment. Your incentive payment will be prorated based on the amount of time you were enrolled in the study.

Duration of the study. Data will be collected for 8weeks. At the conclusion of the study period, the device will be promptly removed by Westat. Every effort will be made to choose a time to install and remove the device that will be convenient for you. It is possible that the study could be terminated early or that your participation could be terminated if you fail to cooperate with the study (e.g., tamper with the device, decide to sell the vehicle, change the principal driver of the vehicle, you stop driving or lose your license or insurance). If your participation is terminated because you fail to cooperate with the study, you will not receive any part of the \$150 incentive payment

I have read the above and recognize the risks of this study. I agree to be a participant in the research. I understand that participation is voluntary and I may withdraw from the study at any time. I have received a copy of this consent for my records.

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Printed name of participant	Date
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Signature of participant	Date
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Signature of investigator	Date