

Removable Adhesive Band

The National Highway Traffic Safety Administration and the (NAME OF STATE MOTORCYCLE SAFETY PROGRAM), are undertaking an extensive study of motorcycle safety. As part of this study, we are developing a profile of (NAME OF STATE) on-street motorcyclists' riding habits, riding experience, and driving records. You can help us by filling out the following questionnaire.

All information will remain private and will not be used for commercial purposes.

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 5 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, S.E., Washington, DC, 20590

1. How much street riding experience do you have? (Check One)

- Just beginning (less than 500 miles)
Less than a year and 500 to 2,000 miles
Less than a year and over 2,000 miles
More than a year and 500 to 2,000 miles
More than a year and over 2,000 miles
If more than a year, please fill in number of years: \_\_\_\_\_

2. How many on-street miles have you ridden in the past year? \_\_\_\_\_ miles

3. Do you own a street motorcycle/motor scooter? Yes No (Skip to Question 4)

3.a What size is it? \_\_\_\_\_ CC

3.b What category is it? Sportbike Cruiser Touring Off-Road Other \_\_\_\_\_

4. What is your primary reason for riding? Commuting Recreation Other \_\_\_\_\_

5. When riding a motorcycle, how often do you:

Always Frequently Sometimes Rarely Never

- Wear a DOT-compliant helmet?
Ride above the speed limit?
Wear a protective jacket and heavy shoes?
Ride with organized groups?
Ride within 2 hours of drinking an alcoholic beverage?
Split lanes in heavy traffic?

6. During the past year, have you had at least one drink of any alcoholic beverage? Yes No

7. Have you ever been involved in an on-street motorcycle/motor scooter crash? Yes No (Skip to Question 9)

8. How long has it been since your most recent crash? \_\_\_\_\_ Years and \_\_\_\_\_ Months

9. How many minor incidents (minor or no injury/damage) or close-calls have you experienced in the past year?

- None 1 2 3 4 5 Other \_\_\_\_\_

10. Which of the motorcycle training courses have you completed? (Check as many as apply)

- Motorcycle Safety Foundation (STATE PROGRAM) Racing Skills
Military Program (Which Service?) Other None

10a. If you have not completed a motorcycle training course, have you tried to enroll in one? Yes No

11. Gender: M F

12. Date of Birth (Mo/Day/Year) \_\_\_ / \_\_\_ / \_\_\_

13. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

14. Do you have a motorcycle license/endorsement? Yes No

15. Learner's permit? Yes No

THANK YOU for participating in this survey. Location \_\_\_\_\_ Date \_\_\_\_\_

# TITLE + GRAPHIC

POSTAGE

## RETURN ADDRESS

Align Adhesive Band Here

As part of the study, we will be contacting some motorcyclists six months from now to update our information on their riding history and experience.  
**Can we contact you at a later date?** Yes ( ) No ( ) **IF YES, please provide the following information:**

NAME \_\_\_\_\_  
                    First                      Middle Initial                      Last

PHONE: \_\_\_\_\_  
Evening (\_\_\_\_\_) \_\_\_\_\_  
                    (Area Code)

ADDRESS \_\_\_\_\_  
                    Number                      Street

Day (\_\_\_\_\_) \_\_\_\_\_  
                    (Area Code)

\_\_\_\_\_ City                      State                      Zip

E-Mail: \_\_\_\_\_

How would you prefer to be contacted? (Check as many as apply) Mail ( ) ; E-Mail ( ) ; Phone ( ) .