

Attachment 4:
Survey Tool

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH**

The National Institute for Occupational Safety and Health (NIOSH) is a part of the United States Public Health Service and an institute within the Centers for Disease Control and Prevention (CDC) that is concerned with workplace health and safety. The purpose of this research study is to measure the attitudes and beliefs of Iowa Law Enforcement Officers regarding seatbelt usage while in patrol cars. Although participation is entirely voluntary, NIOSH feels it is important for you to complete the questionnaire in order for the study to be successful. The information you provide NIOSH will be used for statistical and research purposes and will be summarized so that no individual is identified. The information you supply is voluntary and there is no penalty for not providing it.

**“BY COMPLETING THIS QUESTIONNAIRE, YOU INDICATE
YOUR CONSENT TO PARTICIPATE IN THIS STUDY.”**

Thank you for your participation. If you have any questions about the survey, you may contact the NIOSH project officer, Dr. Hope Tiesman at: 1(304) 285-6067
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Public reporting burden of this collection of information is estimated to average 20 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-09BL).

Instructions: For most questions, simply check the box that best represents your answer. Unless otherwise noted, you should select the *one most appropriate response*. Use the line and box marked "Other" if the choices listed do not adequately represent your response.

Section 1. Information about Your Law Enforcement Position

1. What is your current rank or title?

<input type="checkbox"/> Officer/Officer First Class	<input type="checkbox"/> Specialist	<input type="checkbox"/> Corporal
<input type="checkbox"/> Sergeant	<input type="checkbox"/> Lieutenant	<input type="checkbox"/> Captain
<input type="checkbox"/> Major	<input type="checkbox"/> Chief/Sheriff	<input type="checkbox"/> Other _____

2. Where did you complete your most recent law enforcement certification?

<input type="checkbox"/> Iowa Law Enforcement Academy	
<input type="checkbox"/> Iowa State Patrol/DPS Academy	
<input type="checkbox"/> Municipal or Agency Academy in Iowa	Which academy? _____
<input type="checkbox"/> Other academy	What state is the academy located in? _____

3. What division are you assigned to within your agency? *If assigned to more than one division, select the one division where you spend the majority of your time.*

<input type="checkbox"/> Patrol	<input type="checkbox"/> Tactical Operations (TOB)/Vice Unit	<input type="checkbox"/> Detective Bureau/Criminal Investigations Division (CID)
<input type="checkbox"/> Crime Prevention Unit	<input type="checkbox"/> Traffic Enforcement/Crash Investigation	<input type="checkbox"/> Administration
<input type="checkbox"/> Other _____	<input type="checkbox"/> Agency does not assign divisions	

4. Are you currently certified as a peace officer by the state of Iowa?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. How many years have you been working in law enforcement? (Please round answer to nearest full year.) _____

6. In an average week, how many shifts do you work?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> More than 5

7. What is the length of your regularly scheduled work shift?

Less than 8 hours

At least 8 hours but less than 10 hours

At least 10 hours but less than 12 hours

12 hours or more

8. In an average week, how many hours do you work (include regularly scheduled hours, overtime, etc)? _____

9. What time does your regular shift begin?

Between midnight and 6:00 a.m. (0000 - 0600)

After 6:00 a.m. and before 12:00 p.m. (0601 - 1200)

After 12:00 p.m. and before 6:00 p.m. (1201- 1800)

After 6:01 p.m. and before midnight (1801 - 2359)

10. How many sworn officers does your agency employ?

1-10

11-20

21-30

31-50

51-99

100 or more

11. What type of agency do you currently work for?

City or Municipal Department

County Sheriff's Department

Iowa State Patrol (DPS)

Auxiliary or Sheriff's Posse

Other (Please describe) _____

12. Which response best describes the type of community where you perform the majority of your law enforcement work? (**Note: If you work for a Sheriff's Department or the Iowa State Patrol, please complete the special response category at the bottom of the list below.**)

- Rural area (less than 1,000 people)
- Small town (1,000 to 10,000 people)
- Medium town (10,001 to 30,000 people)
- Large town (30,001 to 50,000 people)
- Mid-sized city (50,001 to 75,000 people)
- Suburb/Fringe of mid-sized city
- Large city (more than 75,000 people)
- Suburb/Fringe of large city
- Sheriff's Department Deputies** Estimated population of county where you serve _____
- Iowa State Patrol Officers** DPS Region Number _____

Section 2. Law Enforcement Training

13. Does your agency offer inservice training at least once per year?

- Yes
- No (*Skip to Question #21*)

14. How often does inservice training occur?

- Once per year
- Twice per year
- More than twice a year
- Don't know

15. Is at least part of your inservice training mandatory?

- Yes
- No (*Skip to Question #21*)
- Don't know

16. How many hours of mandatory inservice training did you receive in the last 12 months?

- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-32 hours
- 33-40 hours
- More than 40 hours
- Don't know

Considering the mandatory inservice training you have had in the last 12 months, please answer the following questions about the content that was covered.

17. What subjects does mandatory inservice training cover? (Check all that apply.)

<input type="checkbox"/> General officer safety	<input type="checkbox"/> Firearms (including qualifications, FATS, combat courses, etc)	<input type="checkbox"/> General driving (including safe driving, seatbelt use, etc)
<input type="checkbox"/> Pursuit driving/PIT maneuvers	<input type="checkbox"/> Emergency Vehicle Operations Course (EVOC)	<input type="checkbox"/> Policy reviews and updates
<input type="checkbox"/> Less-lethal methods (TASER, OC spray, etc)	<input type="checkbox"/> Defensive tactics	<input type="checkbox"/> First Aid
<input type="checkbox"/> CPR	<input type="checkbox"/> Legal issues (changes in state or federal laws, updates on recent court decisions that impact your practices, etc)	<input type="checkbox"/> Ethics
Other topics		
<input type="checkbox"/> _____	<input type="checkbox"/> Don't know	
<input type="checkbox"/> _____		

18. Which **one** of the topics included in your mandatory inservice training do you think is **most important**?

- General officer safety
- Firearms (including qualifications, FATS, combat courses, etc)
- General driving (including safe driving, seatbelt use, etc)
- Pursuit driving/PIT maneuvers
- Emergency Vehicle Operations Course (EVOC)
- Policy reviews and updates
- Less-lethal methods (TASER, OC spray, etc)
- Defensive tactics
- First Aid/CPR
- Legal issues (changes in state or federal laws, updates on recent court decisions that impact your practices, etc)
- Ethics
- Other topic _____

19. How often does your mandatory inservice training include training focused on motor vehicle operations and safety?

- Once per year
- Twice per year
- More than twice a year
- Less than once a year (i.e. covered every other year or less)
- Don't know

20. Which elements of motor vehicle operations and safety are covered in mandatory inservice training? (Check all that apply.)

- Emergency Vehicle Operations Course (EVOC) or similar course

- Policies related to motor vehicle operations (pursuits, use of lights and sirens, maximum speed limits, etc)
- Safety issues inside the vehicle (seatbelt use, loose articles in the car, etc)
- Pursuits/PIT maneuvers
- Driving course (i.e. skid cars, driving timed or scored courses, etc)
- Safety at traffic stops or roadway scenes (vehicle positioning, etc)
- Driving simulator

21.	<i>Please rate how strongly you agree or disagree with the following statements.</i>					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	The driver and motor vehicle operations training received at the law enforcement academy adequately prepares officers to safely function in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Driver and motor vehicle operations training is a critical component of preparing officers to function safely in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using a driving simulator as part of law enforcement training would help law enforcement officers be better prepared to drive safely on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The average recruit entering the law enforcement academy already possesses basic driving skills that would allow them to safely operate a law enforcement vehicle in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What thoughts would you like to share about law enforcement officer motor vehicle training? Consider elements that should or should not be included, recommendations for changes, etc.

Section 3. Motor Vehicle Operations & Safety Policies

23. Does your agency have a written motor vehicle operations policy, general order (G.O.), or standard

operating procedure (S.O.P.)?

Yes
 No (*Skip to Question #26*)
 Don't know

24. Have you received formal training on this policy?

Yes
 No
 Don't remember

25.					Please offer your comments on the policy.
		Yes	No	Don't know	
	Require use of a seatbelt for the driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Require use of a seatbelt for any front seat passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Restrict maximum speeds when using lights and sirens (set maximum speed for all driving, maximum number of miles per hour over posted speed limit, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Establish procedures for monitoring driving speeds (use of tachometers, "black boxes", vehicle cameras that automatically record over a certain speed, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Restrict the use of cell phones or other mobile devices (like a PDA or Blackberry) while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Officer Safety Practices and Perceptions

26. In the last twelve months, has there been a serious injury or death in your agency due to any of the following? (Check all that apply.)

- A motor vehicle crash (inside the vehicle at the of the crash)
- Being struck by a vehicle while on the roadway or shoulder (outside the vehicle)
- Gunshot wound
- Assault (excluding gunshot wound)
- Other cause _____
- No serious injuries or deaths have occurred in my agency in the last twelve months.

27. How likely do you believe it is that you will be seriously injured or killed while on the job						
	Very unlikely	Somewhat unlikely	Unlikely	Likely	Somewhat likely	Very likely
By being assaulted (excluding gunshot wounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By being shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a motor vehicle crash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being struck on a roadway while outside the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How dangerous do you feel each of the following job-related activities are?				
	Not at all dangerous	Somewhat dangerous	Dangerous	Very dangerous
Driving under emergency conditions (i.e. lights and/or siren responses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving during regular patrols/under non-emergent conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making traffic or pedestrian stops on roadways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at crash scenes on roadways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to domestic violence calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to scenes of known or suspected violence (excluding domestic violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Look at the following list of safety practices and consider which are least or most important in maintaining officer safety. Rank the top five safety practices from most important (#1) to least important (#5).

- ___ Consistently using safe driving practices
- ___ Wearing a seatbelt

- Wearing a ballistic vest (Kevlar or other similar vest)
- Understanding and following agency policy and procedure
- Wearing reflective gear when on road scenes
- Training regularly with firearms (including scenarios, range time, FATS, etc)
- Maintaining good physical condition
- Regularly practicing defensive tactics
- Regular training in safe driving techniques (including pursuit training, defensive driving, EVOG, driving simulators, etc)

The following questions focus on on-duty use of motor vehicles and related topics.

30. What type of vehicle do you drive most frequently while working?

- 4-door car
- 2-door car
- Van or minivan
- Pickup truck
- Sport Utility Vehicle (SUV)
- Motorcycle
- Other _____

31. On average, how many hours per week do you think you spend driving while at work? _____

32. How often do you wear your seatbelt when driving while **on-duty**?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

33. While driving on-duty, do you wear your seatbelt

- more often than other officers in your agency.
- less often than other officers in your agency.
- about as often as other officers in your agency.

34. How often do you wear your seatbelt when *riding as a front seat passenger* while on-duty?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never
- Do not ride with a partner/am not in front passenger's seat while on-duty

35. When responding to a call, at what point do you unbuckle your seatbelt?

- When you arrive on scene and the vehicle comes to a complete stop
- As you pull up to the scene (before the vehicle comes to a complete stop)
- When you are in the vicinity of the call (i.e. when you call out 10-60)
- When you are on your way to the call (i.e. half mile or more away from the scene)
- Other _____
- Don't regularly wear a seatbelt

36. For each situation listed, how likely are you to wear your seatbelt while driving on-duty?						
	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely	
When driving longer distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inclement or bad weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving on the highway or interstate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
During lights and/or siren responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low speed pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High speed pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When driving in heavy traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When a ride-along or officer-in-training is in the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

37. How important are each of these factors in your decision to wear a seatbelt while driving on-duty?					
	Not at all important	Minimally important	Somewhat important	Important	Very important
Habit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of crash at high speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of crash while driving long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Setting a good example for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. When considering the decision to wear your seatbelt while driving on-duty, how important are each of these factors in that decision?

	Not at all important	Minimally important	Important	Somewhat important	Very important
Only driving short distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a hurry and don't want to take the time to put my seatbelt on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes more time to get out of the vehicle if my seatbelt is on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hinders access to equipment (i.e. firearm, duty belt, radio, TASER, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low risk of crash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelt catches on equipment (i.e. firearm, TASER, duty belt, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Do you believe there are barriers to consistent use of seatbelts while driving on-duty?

- Yes (Proceed to Question #40.)
- No (Skip to Question #41.)

40. Please rank the following barriers according to their impact on officers' decision to consistently wear a seatbelt while on-duty. Rank the most significant barrier as #1, least significant as #5.

- Seatbelt design makes it uncomfortable to wear while on-duty (i.e. puts pressure on duty belt, rubs my neck, etc)
- Current seatbelt design makes it difficult to quickly and easily remove seatbelt when exiting the vehicle (i.e. catches on equipment like firearm, TASER, duty belt, etc)
- Equipment locations within the vehicle (i.e. location of control panel, location of shotgun mount, location of MDC, etc) make it difficult to wear a seatbelt and easily/safely reach equipment
- Types or amounts of equipment carried as part of the uniform interfere with seatbelt use (i.e. things carried on your person during a regular shift like firearm, mag holders, TASER, flashlight, ASP, SAP, etc)
- Characteristics that cannot be altered (i.e. call volume, types of driving, type of vehicle, etc)

41. Which safety practices do you regularly use when performing traffic stops on different types of roadways? (Check all that apply for each type of roadway.)

	Parking at an angle behind stopped vehicle	Parking offset behind stopped vehicle	Positioning to observe both occupants and roadway	Activating lights to indicate traffic should move over	Using a passenger-side (shoulder-side) approach	Wearing reflective gear to increase visibility
Residential street (speed limit up to 30 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City street (speed limit 30-45 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway (speed limit 55 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate (speed limit above 55 mph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural roads (gravel, unpaved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5. Occupational Motor Vehicle Crashes & Roadway Incidents

42. In the past three years, have you been involved in a motor vehicle crash while on-duty?

- Yes (Please complete the tables on the following pages for the most recent crash.)
- No (Please proceed to Question #43.)

If you answered "Yes" to Question #42, how many crashes have you been involved in during the last three years? _____

MVC Information

a.	What type of vehicle were you in at the time of the crash?	<input type="checkbox"/>	2 door or 4 door car	<input type="checkbox"/>	Van or minivan	<input type="checkbox"/>	Pickup truck	<input type="checkbox"/>	SUV	<input type="checkbox"/>	Motorcycle
b.	Which best describes your restraint status and location at the time of the crash?	<input type="checkbox"/>	Restrained driver	<input type="checkbox"/>	Restrained front seat passenger	<input type="checkbox"/>	Restrained back seat passenger	<input type="checkbox"/>	Unrestrained driver	<input type="checkbox"/>	Unrestrained front or back seat passenger
c.	Were you injured in the crash? <i>If so, please answer questions d, e, and f. If not, please proceed to question g.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
d.	If you were injured, did you receive medical treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
e.	If you were injured, did you miss days from work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
f.	If you were injured, did you or your agency file a workers' compensation claim?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
g.	What type of collision was it?	<input type="checkbox"/>	Head on	<input type="checkbox"/>	Broadside	<input type="checkbox"/>	Rear end	<input type="checkbox"/>	Single vehicle	<input type="checkbox"/>	Rollover
h.	Which vehicle were you in?	<input type="checkbox"/>	Striking vehicle	<input type="checkbox"/>	Struck vehicle						
i.	What time of day did the crash occur?	<input type="checkbox"/>	0000-0600	<input type="checkbox"/>	0601-1200	<input type="checkbox"/>	1201-1800	<input type="checkbox"/>	1801-2359		
j.	What were the weather conditions at the time of the crash?	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Overcast	<input type="checkbox"/>	Raining	<input type="checkbox"/>	Freezing rain	<input type="checkbox"/>	Snow
k.	Did the crash occur during an emergency response?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
l.	What was your approximate speed at the time of the crash?	<input type="checkbox"/>	Less than 30 mph	<input type="checkbox"/>	More than 30 but less than 50 mph	<input type="checkbox"/>	More than 50 but less than 65 mph	<input type="checkbox"/>	More than 65 mph		

Please provide a brief description of the crash you identified in the table, including circumstances of the crash, type and extent of injuries (if any), etc.

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43. In the past three years, have you been involved in any roadside incidents (i.e. struck by or nearly struck by a passing vehicle while outside your work vehicle)?

Yes (Please complete the table below for the most recent incident.)

No (Please proceed to Question #44.)

Roadside Incident Information

a.	What type of scene were you at when the incident occurred?	<input type="checkbox"/>	Traffic stop	<input type="checkbox"/>	Disabled vehicle	<input type="checkbox"/>	MVC	<input type="checkbox"/>	Pedestrian stop
b.	Where were you located?	<input type="checkbox"/>	Next to the involved vehicle	<input type="checkbox"/>	On the shoulder	<input type="checkbox"/>	On the roadway	<input type="checkbox"/>	Next to your vehicle
c.	What were you struck by or nearly struck by?	<input type="checkbox"/>	Oncoming traffic	<input type="checkbox"/>	Opposing traffic	<input type="checkbox"/>	Flying debris	<input type="checkbox"/>	Involved vehicle
d.	Were you injured in the incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
e.	Did you receive medical attention?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
f.	Did you miss work or were you placed on restricted duty following the injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
g.	Did you or your agency file a workers' compensation claim?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
h.	What time of day did the incident occur?	<input type="checkbox"/>	0000-0600	<input type="checkbox"/>	0601-1200	<input type="checkbox"/>	1201-1800	<input type="checkbox"/>	1801-2359
i.	What were the weather conditions at the time of the incident?	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Overcast	<input type="checkbox"/>	Raining	<input type="checkbox"/>	Freezing rain or snow
j.	What safety precautions did you	<input type="checkbox"/>	Wearing reflective	<input type="checkbox"/>	Parking your	<input type="checkbox"/>	Use of warning	<input type="checkbox"/>	Use of flares or other

		take prior to the incident?		gear		vehicle to block oncoming traffic		lights on vehicle		warning devices on the roadway
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Please describe a brief description of the roadside incident you identified in the table, including circumstances of the incident, type and extent of injuries (if any), etc.

Section 6. Personal Characteristics

44. What is your current age in years? _____

45. What is your gender?

Female

Male

46. What is your highest level of education?

High school diploma or GED

Some college completed, but no degree or certificate earned

Technical or vocational certificate

Associate's degree

Bachelor's degree

Master's degree

Doctoral degree/Ph.D./J.D.

47. Are you in a committed relationship (i.e. married or in a long-term relationship)?

Yes

No

48. Which best describes your race?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

- White
- Hispanic or Latino
- Two or more races

Thank you for taking the time to complete this survey. We invite you to offer any comments you may have about officer safety issues and how officer safety can be improved.