

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? _____ A.5.1.3.3
Code actual age in years
(99) unknown

4. What state/country issued your current driver's license? _____ A.5.1.3.4
(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? _____ A.5.1.3.5.1
(Code up to 4; input "00" in remaining responses) _____ A.5.1.3.5.2
(01) no license held _____ A.5.1.1.5.3
(02) learner's permit, only _____ A.5.1.1.5.4
(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

6. What year was/were the license(s) issued? _____ A.5.1.3.6.1
(Listed in same order as licenses above) _____ A.5.1.3.6.2
(9997) not applicable _____ A.5.1.3.6.3
(9999) unknown _____ A.5.1.3.6.4

7. Does your license qualify you to operate this motor vehicle? ____ A.5.1.3.7

- (1) no
- (2) yes
- (7) not applicable
- (9) unknown

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
- (9) unknown

10. What is your height? ____ ft. ____ in. A.5.1.3.9

(9/99) unknown

11. What is your weight? ____ lbs. A.5.1.3.10

(999) unknown

12. Gender ____

- (1) male
- (2) female
- (9) unknown

13. How much formal education have you had? ____ A.5.1.3.11

- (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

14. What is your current occupation? ____ A.5.1.3.13

- (11) management occupations
- (13) business and financial
- (15) computer and mathematical
- (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

RIDING/DRIVING EXPERIENCE

15. How many YEARS have you been driving any kind of motor vehicle? ____ ____ years

- (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

18. How many moving traffic violations/convictions have you had in the previous 5 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? _____ A.5.1.3.26
Code the total number of previous car or truck moving traffic crashes
(00) none
(99) unknown

21. How many MONTHS have you operated a street motorcycle? _____
(001) less than or equal to one month
(002-095) actual number of months
(096) 96 months or more
(997) not applicable, never operate motorcycle
(998) other (specify) _____
(999) unknown

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 A.5.1.3.18
(997) not applicable
(998) other _____
(999) unknown

23. About how many miles per year do you ride motorcycles? _____
(00000) none A.5.1.3.19
(00001-99995) actual miles
(99996) 99996 or greater miles
(99998) other (specify) _____
(99997) not applicable
(99999) unknown

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	_____ %	A.5.1.3.21.1
Basic transportation	_____ %	A.5.1.3.21.2
	100%	

(997) not applicable, never ride motorcycles
(999) unknown

TRIP INFORMATION

25. At what kind of location did you begin your trip today? _____ A.5.1.3.27
(01) home

CONTROL MV Driver

- (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? _____ A.5.1.3.28

- (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? _____ A.5.1.3.29

Code the number of miles

- (001) one mile or less
- (002-995) actual number of miles
- (996) 996 miles or greater
- (997) not applicable
- (999) unknown

29. How frequently do you travel this road on/in any vehicle? _____ A.5.1.3.30

- (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 quarter
- (06) annually, 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? ____ _

- (01) one hour or less
- (02-95) actual hours
- (96) 96 or more
- (97) not applicable, had not yet begun trip
- (98) other (specify) _____
- (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 the past 24 hours? _____

- (00) no sleep
- (01-24) number of hours slept
- (98) other (specify) _____
- (99) unknown

36. Did you drink any alcohol or take any drugs 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