

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.

## CRASH 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

MV Driver



- (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

**19. 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

**20. 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

**21. 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

**22. How many MONTHS have you operated a street motorcycle?** \_\_\_\_\_

- (000) none, do not ride motorcycles
- (001) less than or equal to one month
- (002-095) actual number of months
- (096) 96 months or more
- (997) not applicable
- (998) other (specify) \_\_\_\_\_
- (999) unknown

**IF NEVER OPERATED A MOTORCYCLE, CODE QUESTIONS 23-25 N/A AND GO TO QUESTION 26.**

**23. 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

**24. About how many miles per year do you ride motorcycles?** \_\_\_\_\_

- (00001-99995) actual miles A.5.1.3.19
- (99996) 99996 or greater miles
- (99998) other (specify) \_\_\_\_\_
- (99997) not applicable, do not ride motorcycles
- (99999) unknown

**25. 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

MV Driver

100%

(997) not applicable, do not ride motorcycles

(999) unknown

**TRIP INFORMATION**

**26. At what kind of location did you begin your trip today?** \_\_\_\_\_ A.5.1.3.27

- (01) home A.5.1.1.27
- (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

**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?** \_\_\_\_ \_\_ A.5.1.3.31

- (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 had you driven before the crash occurred?** \_\_\_\_\_ A..5.1.3.31

- (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

**SITUATION**

**32. Were you distracted by any of the following?** \_\_\_\_ \_\_ A.5.1.3.44

*Prior to Recognition Of Critical Event*

- (01) Attentive or not distracted
- (02) Looked but did not see

*Distractions*

- (03) By other occupant(s), (specify): \_\_\_\_\_
- (04) By moving object in vehicle (specify): \_\_\_\_\_
- (05) While talking or listening to cellular phone/intercom or short wave radio  
(specify location and type of phone): \_\_\_\_\_
- (06) While dialing cellular phone/intercom/short wave radio  
(specify location and type of phone): \_\_\_\_\_
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_
- (09) While using other device/controls integral to vehicle (specify): \_\_\_\_\_
- (10) While using or reaching for device/object brought into vehicle (specify): \_\_\_\_\_
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): \_\_\_\_\_
- (13) Eating or drinking
- (14) Smoking related
- (15) While listening or adjusting GPS device
- (96) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): \_\_\_\_\_
- (99) Unknown

**PRECRASH DATA**

**33. How many passengers were in your vehicle?** \_\_\_\_\_

- (0) none
- (1) one
- (2) two
- (3) three

- (4) four or more
- (9) unknown

**34. How were you operating your vehicle immediately prior to the crash? \_\_\_\_\_**

- (00) Stopped in traffic, speed is zero
- (01) Moving in a straight line, constant speed
- (02) Moving in a straight line, foot off accelerator
- (03) Moving in a straight line, braking
- (04) Moving in a straight line, accelerating
- (05) Turning right, constant speed
- (06) Turning right, foot off accelerator
- (07) Turning right, braking
- (08) Turning right, accelerating
- (09) Turning left, constant speed
- (10) Turning left, foot off accelerator
- (11) Turning left, braking
- (12) Turning left, accelerating
- (13) Stopped at roadside, or parked
- (14) Backing up, in a straight line
- (15) Backing up, steering left
- (16) Backing up, steering right
- (17) Making U-turn right
- (18) Making U-turn left
- (19) Making Y-turn right
- (20) Making Y-turn left
- (21) Changing lanes to left
- (22) Changing lanes to right
- (23) Merging to left
- (24) Merging to right
- (25) Entering traffic from right shoulder, median, or parked
- (26) Entering traffic from left shoulder, median, or parked
- (27) Leaving traffic, turn out to right
- (28) Leaving traffic, turn out to left
- (29) Passing maneuver, passing on right
- (30) Passing maneuver, passing on left
- (31) Crossing opposing lanes of traffic
- (32) Traveling wrong way, against opposing traffic
- (36) Collision avoidance maneuver to avoid a different collision
- (37) Negotiating a curve, constant speed
- (38) Negotiating a curve, foot off accelerator
- (39) Negotiating a curve, braking
- (40) Negotiating a curve, accelerating
- (97) Not applicable
- (98) Other, specify: \_\_\_\_\_
- (99) Unknown

**35. Where were you looking prior to the start of the crash sequence? \_\_\_\_\_**

- (1) looking straight ahead
- (2) looking right
- (3) looking left
- (4) looking rearward
- (5) looking within or at own vehicle

- (8) other (specify) \_\_\_\_\_
- (9) unknown

**36. In which lane were you traveling?** \_\_\_\_\_

- (1) lane one (right curb lane)
- (2) lane two
- (3) lane three
- (4) lane four
- (7) not applicable, not in travel lane (parked, on shoulder, etc.)
- (8) other (specify) \_\_\_\_\_
- (9) unknown

**37. What was your travel speed?** \_\_\_\_\_ A.4.4.2

- (00) stopped
- (01-95) actual miles per hour
- (96) 96 mph or more
- (98) other (specify) \_\_\_\_\_
- (99) unknown

**38. What collision avoidance actions were you taking (if any)?** \_\_\_\_\_ A.4.4.5.1

- Code up to three \_\_\_\_\_ A.4.4.5.2
- (00) none, no avoidance actions \_\_\_\_\_ A.4.4.5.3
- (01) braking
- (02) steering
- (03) braking and steering
- (04) accelerating
- (05) steering and accelerating
- (06) releasing brakes
- (07) honked horn
- (09) flashing headlamps
- (98) other (specify) \_\_\_\_\_
- (99) unknown

**39. Was there any control loss due to weather, roadway or mechanical problems?** \_\_\_\_\_

- (01) no control loss due to weather, roadway or mechanical problems
- (02) yes, control loss due to weather
- (03) yes, control loss due to mechanical problems
- (04) yes, control loss due to both weather and mechanical
- (05) yes, control loss due to roadway
- (06) yes, control loss due to roadway and weather
- (07) yes, control loss due to roadway and mechanical
- (08) yes, control loss due to all three
- (98) other (specify) \_\_\_\_\_
- (99) unknown

**40. Did the passengers in your vehicle contribute to the crash?** \_\_\_\_\_ A.6.3.3.1

- (1) passengers present, but they made no contribution to the crash
- (2) yes, passenger activities distracted driver and contributed to the crash
- (3) yes, passenger interfered with vehicle control and contributed to the crash
- (7) not applicable, no passengers
- (8) other, specify: \_\_\_\_\_



(9) unknown

## RECOGNITION/DECISION

**41. Where was the motorcycle coming from in relation to you?** \_\_\_\_\_

- (00) motorcycle came out of nowhere
- (01) 180 degrees opposed (oncoming)
- (02) from left front
- (03) from left
- (04) from left rear
- (05) from right front
- (06) from right
- (07) from right rear
- (08) from behind
- (97) not applicable/no other vehicle
- (98) other (specify) \_\_\_\_\_
- (99) unknown

**42. Did anything block the view between you and the motorcycle?** \_\_\_\_\_

- (1) no, view was clear
- (2) yes, view obstructed by road curvature
- (3) yes, view obstructed by roadway grade
- (4) yes, view obstructed by roadside objects (shrubs, vehicles, buildings)
- (5) yes, other vehicle in blind spot of mirror
- (6) yes, view obstructed by other vehicle in traffic
- (8) other (specify) \_\_\_\_\_
- (9) unknown

**43. Was your view of the motorcycle obscured?** \_\_\_\_\_

- (01) no, not obscured
- (02) yes, obscured by sun glare
- (03) yes, obscured by headlight glare
- (04) yes, obscured by other glare (specify) \_\_\_\_\_
- (05) yes, obscured by darkness
- (06) yes, obscured by nighttime and color of vehicle
- (07) yes, obscured by dust, smoke, smog, fog
- (08) yes, obscured by windscreen or eye wear condition (dirt, condensation, etc)
- (98) yes, obscured by other (specify) \_\_\_\_\_
- (99) unknown

## IMPAIRMENT

**44. Do you have any of the following permanent physical conditions?** \_\_\_\_\_ A.5.1.3.39.1

(Code up to three; input "01" in remaining responses) \_\_\_\_\_ A.5.1.3.39.2

(01) no \_\_\_\_\_ A.5.1.3.39.3

- (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

**45. At the time of the crash, were you experiencing any of the following?**

- (Code up to three; input "01" in remaining responses)
- \_\_\_\_\_ A.5.1.3.40.1
  - (01) no \_\_\_\_\_ A.5.1.3.40.2
  - (02) fatigue \_\_\_\_\_ A.5.1.3.40.3
  - (03) hunger
  - (04) thirst
  - (05) elimination urgency
  - (06) muscle spasm, cramp, itch
  - (07) headache, minor malaise, fever
  - (08) siesta syndrome (tired in afternoon)
  - (97) not applicable
  - (98) other (specify) \_\_\_\_\_
  - (99) unknown

**46. Were you concerned about any of the following issues on the day of the crash?**

- (Code up to three; input "01" in remaining responses)
- \_\_\_\_\_ A.5.1.3.41.1
  - (01) no problems \_\_\_\_\_ A.5.1.3.41.2
  - (02) conflict with friends, relatives, divorce, separation \_\_\_\_\_ A.5.1.3.41.3
  - (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

**47. 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

**48. Did you drink any alcohol or take any drugs or medications today? \_\_\_\_\_ A.5.1.3.32**

- (1) no
- (2) alcohol use, only
- (3) drug/medication use, only
- (4) combined alcohol and drug/medication use
- (8) other, \_\_\_\_\_
- (9) unknown

***The following questions are to be independently verified.***

**49. Alcohol/drug impairment? \_\_\_\_\_ A.5.1.3.33**

- (1) no impairment
- (2) not legally impaired
- (3) legally impaired

- (8) other (specify) \_\_\_\_\_
- (9) unknown

**50. Blood alcohol concentration (BAC)?**    \_\_\_ \_\_\_    In mg/100ml A.5.1.3.34

Code results

- (000) negative BAC
- (995) BAC tested, results not known
- (996) BAC not tested
- (998) other (specify) \_\_\_\_\_
- (999) unknown

**51. Source of BAC information?**    \_\_\_ \_\_\_    A.5.1.3.35

- (01) not tested
- (02) tested, results not available
- (03) breath testing
- (04) blood test
- (05) urine test
- (06) unknown if tested
- (07) tested, results unknown
- (98) other (specify) \_\_\_\_\_
- (99) unknown source

**Time span in hours from crash to BAC collection?**    \_\_\_ \_\_\_    A.5.1.3.36

- (00) no test done
- (01-96) actual hours
- (98) other (specify) \_\_\_\_\_
- (99) unknown

**Type of drugs other than alcohol?**    \_\_\_    A.5.1.3.37

- (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

**Source of drugs other than alcohol?**    \_\_\_    A.5.1.3.38

- (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