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United States Department of Transportation
Federal Motor Carrier Safety Administration

Motorcoach Passenger Survey:

Pre-Trip Safety Awareness and Emergency Preparedness Information

FORM MCSA-5868

Date and Time of Trip: _____ / _____ / _____ at _____ am pm Motorcoach Company: _____
 USDOT Number: _____ Vehicle Number: _____ License Plate: _____
 Origin of Trip: _____ Survey Location: _____ **No Response (skip rest of form)**
 Survey Participant Demographics: Gender: Male Female Age: 18-24 25-34 35-44 45-54 55-64 65+

1. Did the driver provide safety information during your trip? (Check only one.)

YES NO

• If "Yes," when or during what phase of your trip did you receive this safety information? (Check all that apply.)

Pre-trip Layover Destination

(a) Please describe the content of the safety information. (Check all that apply.)

Seat Belts Emergency Exits Emergency Contact Driver Direction

Fire Extinguisher Restroom Emergency Push Button or Switch Avoiding Slips and Falls

Other: _____

(b) What method(s) was/were used to provide the safety information? (Check all that apply.)

Driver Presented Briefing Prerecorded Audio Prerecorded Video

Printed Pamphlet Other: _____

2. How often have you taken trips aboard motorcoaches within the last year? (Check only one.)

Once 2-5 6-10 11-25 More than 25

3. How many times have you received safety information during motorcoach trips within the last year? (Check only one.)

Never Sometimes About Half the Time Most of the Time Always

4. Do you feel safer riding in a motorcoach as a result of receiving safety information? (Check only one.)

YES NO Uncertain

5. Is there additional information that the safety information briefing should include? (Check only one.)

YES NO

• If "Yes," what additional information would you suggest for improvement? _____