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 Motorcycle Passenger Questionnaire

1. Case Number	2. MC Passer	nger Number	A.5.1.2.1	
BACKGROUND INFORMATION				
3. How old are you? A.5.1.2 Code actual age in years (99) unknown	2.3			
 4. Where did you get your current driver's licen (1) no license (2) California (3) other State (list) (4) Canada (5) Mexico (6) military (8) other (describe) (9) unknown 	se?	A.5.1.2.4		
 5. What kind of operator's license is it? (Code up to 4; input "97" in remaining responses) (01) no license held (02) learner's permit, only (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 (98) other (describe) (99) unknown 		A.5.1.2.5.1 A.5.1.2.5.2 A.5.1.2.5.3 A.5.1.2.5.4		
6. What year was/were the license(s) issued? (Listed in same order as licenses above (9997) - not applicable, no license (9999) - unknown		A.5.1.2.6.2 A.5.1.2.6.3		
7. Are you of Hispanic or Latino origin?				

 (0) refused to answer (1) no (2) yes (8) other (describe) (9) unknown
8. What is your race?
9. What is your height? ftin. A.5.1.1.9 (9/99) unknown
10. What is your weight? lbs. A.5.1.1.10 (999) unknown lbs. lbs. lbs.
11. Gender A.5.1.1.11 (1) male (1) male (2) female (1) male (9) unknown (1) male
12. How much formal education have you had? A.5.1.2.12 (1) no formal schooling (2) less than high school diploma (3) high school diploma or GED (4) partial college/university (5) college/university graduate (6) graduate school, advanced degree, professional degree (7) specialty/technical school (8) other (specify) (9) unknown A.5.1.2.12
13. What is your current occupation? A.5.1.2.13(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
MC Passenger

 (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)
14. Are you married?D.5.2.1.2.4(01) not marriedD.5.2.1.2.4(02) singleD.5.2.1.2.4(03) marriedD.5.2.1.2.4(04) separatedD.5.2.1.2.4(05) divorcedD.5.2.1.2.4(06) widowedD.5.2.1.2.4(07) cohabitatingD.5.2.1.2.4(98) other (specify)D.5.2.1.2.4(99) unknownD.5.2.1.2.4
15. How many children do you have? D.5.2.1.2.5 (0) none D.5.2.1.2.5 (1) one D.5.2.1.2.5 (2) two D.5.2.1.2.5 (3) three D.5.2.1.2.5 (4) four D.5.2.1.2.5 (5) five D.5.2.1.2.5 (6) six D.5.2.1.2.5 (7) more than six D.5.2.1.2.5 (9) unknown D.5.2.1.2.5
RIDING/DRIVING EXPERIENCE
 16. How many YEARS have you been driving any kind of motor vehicle? (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
If no driving experience of any kind, skip to Question 27.
17. How many MONTHS have you operated a street motorcycle A.5.1.2.16 (001) less than or equal to one month (002-095) actual number of months (096) 96 months or more

(997) not applicable, never operated motorcycle(998) other (specify)(999) unknown	
18. What is the average number of days per year you operate moto (001-365) Code actual number of days per year (997) not applicable, never operate motorcycle (999) unknown	orcycles?A.5.1.2.18
19. About how many miles per year do you operate motorcycles? (00000) none (00001-99995) actual miles (99996) 99996 or greater miles (99998) other (specify) (99999) unknown	A.5.1.2.19
20. How many miles per year do you drive a car or truck? (00000) None, do not drive car or truck (00001-99995) actual miles (99996) 99996 or greater miles (99998) other (specify) (99999) unknown	
 21. What kind of motorcycle training have you had? (00) none (01) self taught (02) taught by family or friends (03) special voluntary motorcycle training for road riding (04) special compulsory motorcycle training for road riding (05) professional training for competition license (06) advanced training (07) compulsory motorcycle training ordered by judge/police/etc. (98) other (specify)	A.5.1.2.20
 22. Have you had any car or truck driver training? (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 	
 23. How old were you when you first began to ride a motorcycle? Code actual age (00) never rode before, or rarely ever rides (98) other (specify) 	

(99)	unknown
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24.	Were there	vears in which	you did not ride	a motorcycle?
		y out o 111 1111011	you ala not nuo	

- (1) no
- (2) yes
- (7) not applicable, never before rode
- (8) other (specify)
- (9) unknown

25. How many years before you started riding again? _____

(00) never stopped riding

(01-96) actual number of years

(97) not applicable, never before rode

- (98) other
- (99) unknown

26. When 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.5.1.2.21.1 Basic transportation ______% A.5.1.2.21.2 100%

(000) first time use (997) not applicable (999) unknown

27. How much experience do you have riding as a passenger on motorcycles?

A.5.1.2.22

- (0) never rode as a passenger before
- (1) very little experience
- (2) moderate experience
- (3) extensive experience
- (8) other _____
- (9) unknown

SITUATION

28. Where were you seated prior to the crash? _____ A.5.1.2.42

- (1) immediately behind the motorcycle rider
- (2) immediately in front of the motorcycle rider
- (3) behind passenger in location 1
- (4) behind passenger in location 2
- (5) behind passenger in location 3
- (6) dismounting, jumping to side
- (7) not applicable, unseated prior to the crash
- (8) other (specify)
- (9) unknown

29. Where were you seated at the time of collision? _____ A.5.1.2.43.1

(01) normal, straddle seated behind rider

(02) riding with both legs on left side of motorcycle

(03) riding with both legs on right side of motorcycle

(05) straddle seated on tank ahead of rider

(06) in sidecar

(07) straddle seated, behind rider, facing rear

(98) other (specify)

(99) unknown

30. Did any of your actions contribute to the crash? A.6.3.2.1

(01) yes, passenger weight contributed to loss of control during evasive action

(02) yes, passenger lost hold or fell and contributed to rider loss of control

- (03) yes, passenger interfered with motorcycle balance, caused rider loss of control
- (04) yes, passenger interfered with motorcycle controls and contributed to crash
- (05) yes, passenger's lower extremities entrapped in rear suspension or wheel and contributed to crash
- (06) yes, passenger action distracted motorcycle rider and contributed to crash,
 - specify:

(97) not applicable, no action by passenger contributed to crash.

(98) other passenger action that contributed to crash, specify:

(99) unknown

PROTECTIVE CLOTHING/GEAR AT TIME OF CRASH

 31. What kind of clothing was on your upper body? (0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment (5) Kevlar (8) other (specify)	A.5.3.2.1
 32. Was this upper body clothing motorcycle-oriented? (1) no (2) yes (7) not applicable/no clothing (8) other (specify) (9) unknown 	A.5.3.2.2
 33. What kind of clothing was on your lower body? (0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment (5) Kevlar (8) other (specify)	A.5.3.2.3
 34. Was this lower body clothing motorcycle-oriented? (1) no (2) yes (7) not applicable/no clothing 	A.5.3.2.4

(8) other (specify)(9) unknown		
 35. Were you wearing an inflatable safety vest? (1) no (2) yes (8) other (specify) (9) unknown 		_
 36. What kind of shoes or boots were you wearing (1) no shoes or boots, barefoot (2) light sandal (3) medium street shoe, loafer (4) athletic, training shoe (5) heavy shoe or boot (6) reinforced work boot or motorcycle boot (8) other (specify) (9) unknown 	ng?	A.5.3.2.5
 37. Did this footwear go up over your ankle? (1) no (2) yes (7) not applicable, no footwear worn (8) other, specify (9) unknown 		
 38. Was the footwear motorcycle-oriented? (1) no (2) yes (7) not applicable, no footwear worn (9) unknown 		A.5.3.2.6
 39. What kind of gloves were you wearing? (0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment (5) Kevlar (8) other (specify)	A.5.3	.2.7
 40. Are the gloves motorcycle-oriented? (1) no (2) yes, full fingered (3) yes, shorties (7) not applicable, no gloves worn (8) other (specify)	A.5.3	.2.8
41. Is any of this clothing retroreflective? Code up to 3 responses		
MC Passenger		

- (1) no retroreflective clothing or gloves(2) upper body (shirt/jacket/vest)(3) lower body (pants/ shorts)

- (4) gloves
- (5) special arm bands, or similar items
- (7) not applicable, no clothing or gloves
- (8) other (specify) _____(9) unknown

42. What is the clothing color of the following?

Upper body clothing	 D.5.3.2.6.1
Lower body clothing	 D.5.3.2.6.2
Footwear	 D.5.3.2.6.3
Gloves	 D.5.3.2.6.4

 (01) no dominating color, multi-colored (02) white (03) yellow (04) black (05) red (06) blue (07) green (08) silver (09) orange (10) brown (11) purple (12) gold (13) grey (97) not applicable/no clothing (98) other (specify)
 43. What kind of eye protection were you wearing at the time of the crash? (01) none (02) non-prescription clear glasses (03) prescription clear glasses (04) non-prescription sunglasses (05) prescription sunglasses (06) goggles, non-prescription (07) goggles, prescription (08) industrial safety glasses (98) other (specify)
 (99) unknown 44. What color was the eye coverage lens? A.5.3.2.10 (1) clear (2) green (3) grey, smoke (4) amber, yellow

- (5) blue
- MC Passenger

(6) reflective (any color) (7) not applicable, not wearing eye coverage (8) other (specify) (9) unknown **HELMET DATA 45. Were you wearing a helmet?** A.5.3.2.11 (1) no (2) ves (3) helmet available but not used (8) other (specify) (9) unknown **46. What is your reason for not wearing a helmet?** D.5.2.1.2.13 (01) not required by law (02) no expectation of accident involvement (03) helmets too expensive (04) helmets are inconvenient and uncomfortable (05) helmets reduce traffic awareness, limit hearing and vision (06) helmets ineffective in reducing head injury (07) helmets cause neck injury (08) helmets can not be used, physical or religious reasons (09) do not own a helmet (10) forgot to bring helmet today (97) not applicable, rider always wears a helmet (98) other (*describe, 80 characters) (99) unknown If No Helmet was worn, go to Question 59 **47. Was your helmet properly adjusted?** A.5.3.2.12 (1) no (2) yes (7) not applicable, no helmet (8) other (specify) (9) unknown **48. Was your helmet securely fastened?** A.5.3.2.13 (1) no (2) yes (7) not applicable, no helmet (8) other (specify) (9) unknown **49. What type of helmet is it?** _____ A.5.3.2.14 (1) not a motorcycle helmet (2) half/police motor vehicle, motorcycle helmet (3) open face motor vehicle, motorcycle helmet (4) full face motor vehicle, motorcycle helmet (5) novelty helmet

(7) not applicable, not helmet

(8) other (specify) (9) unknown		
 50. What is the type of coverage?	A.5.3.2.15	
 51. What is the predominant color of your helmet? (01) no dominating color, multi-colored (02) white (03) yellow (04) black (05) red (06) blue (07) green (08) silver, grey (09) orange (10) brown, tan (11) purple (12) gold (13) chrome, metallic (97) not applicable/no helmet (98) other (specify) (99) unknown 		A.5.3.2.16
 52. What is the color of the face shield? (1) clear (2) green (3) grey, smoke (4) amber, yellow (5) blue (6) reflective (any color) (7) not applicable/no face shield (8) other (specify)	A.5.3.2.17	
53. Do you own this helmet?(1) no(2) yes(7) not applicable, no helmet(8) other (specify)	A.5.3.2.18	

 54. How well does this helmet fit? (1) acceptable fit (2) too large, too loose (3) too small, too tight (7) not applicable/no helmet (8) other (specify)	A.5.3.2.19
55. What percentage of time do you wear y (001-100) percent helmet worn (997) not applicable/no helmet (999) unknown	/our helmet? % A.5.3.2.20
 56. Under what conditions do you usually (code all that apply; input "0" for remaining re (1) never uses helmet (2) long trips (3) highway traffic (4) in adverse weather (5) never in hot weather (6) always (7) not applicable/no helmet (8) other (specify) (9) unknown 	
 57. Was helmet retained in place on head of (1) no, helmet ejected from head during pre-cities (2) no, helmet ejected from head during crash (3) no, helmet ejected from head after collision (4) yes, helmet retained in place to completio (5) yes, helmet moved on head but was retain (7) not applicable/no helmet (8) other (specify) (9) unknown 	crash time period n n n of accident events
IMPAIRMENT	
 58. Do you have any of the following perm (indicate all that apply; input "01" in remaining (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 sy (09) infirmity, arthritis, senility (99) unknown 	g responses) A.5.1.2.39.1 A.5.1.2.39.2 A.5.1.2.39.3

At the time of the crash, were you experiencing any of the following? dicate all that apply; input "01" in remaining responses) A.5.1.2.40.1 ho A.5.1.2.40.2 2) fatigue A.5.1.2.40.3 3) hunger A.5.1.2.40.3 4) thirst A.5.1.2.40.3 5) elimination urgency A.5.1.2.40.3 6) muscle spasm, cramp, itch A.5.1.2.40.3 7) headache, minor malaise, fever A.5.1.2.40.3 3) other (specify) A.5.1.2.40.3	
Were you concerned about any of the following issues on the day of the crash? dicate all that apply; input "01" in remaining responses)	
. How many hours of sleep did you have in the past 24 hours? D) no sleep I-24) number of hours slept B) other (specify) D) unknown	
Did you drink any alcohol or take any drugs or medications today? A.5.1.2 no alcohol use, only drug/medication use, only combined alcohol and drug/medication use other, unknown	32
dependently determine following questions	
Alcohol/drug impairment? A.5.1.2.33 no impairment not legally impaired legally impaired other (specify) unknown	
Blood alcohol concentration (BAC)? mg/100ml A.5.1.2.34	
C Passenger	

Code results (000) negative BAC (995) BAC tested, results not known (996) BAC not tested (998) other (specify) (999) unknown		
 65. Source of BAC information? (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 	A.5.1.2.35	
 66. Time span from crash to BAC collection? (00) no test done (01-96) actual hours (98) other (specify) (99) unknown 	hours	A.5.1.2.3
 67. 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 	A.5.1.2.37	
 68. 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 	A.5.1.2.38	