



Interview Form Cover Sheet

PSU Number ___ ___

Case Number ___ ___ ___ ___

Vehicle Number ___ ___

Interviewee(s) Role or Name(s):

Phone Number: () _____

Occupant #	Name	Date of Birth	Medical Facility <i>(If multiple treatment locations – list all)</i>	Discharge Date(s)
1				
2				
3				
4				
5				
6				

Date, Time and Place to have medical release signed:

Other identifying information:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0706. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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, National Highway Traffic Safety Administration, 1200 New Jersey Ave, SE, Washington, DC 20590.