OMB Control Number: 2127-NEW Expiration Date: MM/DD/YYYY

## **Seven-Day Trip Log**

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to 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-NEW (expiration date: MM/DD/YYYY). Public reporting for this collection of information is estimated to be approximately 35 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. 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.

You may recall completing an online new driver training program for the Traffic Injury Research Foundation (TIRF; <a href="www.tirf.ca">www.tirf.ca</a>). We are contacting you now to complete a week-long trip log, for which \$10 will be mailed to you.

We want to know about your trips as a driver each day for 7 days. One trip begins when you start the ignition and ends when you turn off the ignition. For example, if you go to the store and back home and started your ignition twice, this would be counted as two trips—one trip from home to the store and one trip from the store back home, for a total of two trips. We want to know the start and end odometer readings for each of your trips. It is important for you to include each trip you take for 7-days and completely and accurately fill out the information for each trip each of the 7-days.

Name:

Driver's License Number:

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## DAY 1 (note: software will build in app-enabled collection of data for seven days)

Did no	t drive	today (check)
Day of Sunda		check): _ Monday _ Tuesday _ Wednesday _ Thursday _ Friday _ Saturday _
	Day	Month Year
Date:		

	Start	of Trip	End of Trip		
	Time	Odometer Reading	1	Time	Odometer Reading
Trip 1			Trip 1		
	_am _pm			_am _pm	
Trip 2			Trip 2		
	_am _pm			_am _pm	
Trip 3			Trip 3		
	_am _pm			_am _pm	
Trip 4			Trip 4		
	_am _pm			_am _pm	
Trip 5			Trip 5		
	_am _pm			_am _pm	
Trip 6			Trip 6		
	_am _pm			_am _pm	
Trip 7			Trip 7		
	_am _pm			_am _pm	
Trip 8			Trip 8		
	_am _pm			_am _pm	
Trip 9			Trip 9		
	_am _pm			_am _pm	
Trip 10			Trip 10		
	_am _pm			_am _pm	