

3 Control Number: XXXXXX, Expiration Date: XX/XX/XXXX  
tion Date: XX/XX/XXXX



**Current Resident**  
**Street Address**  
**City State Zip**

Dear Resident,

Recently we mailed you an invitation to participate in the [National Survey of Drowsy Driving Knowledge, Attitudes and Behaviors](#) .

If someone at your address has already completed the survey – Thank you!

**If not, please have the person in your household who is 18 years of age or older, has driven a motor vehicle in the past month, and has the [most recent birthday] [the next coming birthday] take the survey right away!**

**Here's how you can help make our nation's roads safer:**

You can



**¡Encuesta en español disponible en línea!  
Vaya al enlace e ingrese su pin!**

If you have any questions about this study, please contact M. Davis and Company, Inc. by email at [drowsydriving@mdavisco.com](mailto:drowsydriving@mdavisco.com) or call 844-333-9484.

We are so grateful for your help!

Sincerely,

Name, Title

National Highway Traffic Safety Administration

