

B Control Number: XXXXXXX, Expiration Date: XX/XX/XXXX

ation Date: XX/XX/XXXX

Current Resident Street Address City State Zip

## OMB Control Number: XXXXXXX, Expiration Date: XX/XX/XXXX

Dear Resident,

Recently we mailed you a request 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

Go to

(tiny url)

Enter your PIN:
(xxxxxx)

If you have any questions about this study, please contact M. Davis an ... Company, Inc. by email at <a href="mailto:drowsydriving@mdavisco.com">drowsydriving@mdavisco.com</a> or call 844-333-9484. We are so grateful for your help!

Sincerely,

Name, Title National Highway Traffic Safety Administration ¡Encuesta en español disponible en línea o llama 844-333-9484 / envíe un correo electrónico a drowsydriving@mdav isco.com para recibir una versión en español en papel!

