Crash Causal Factors Program: Knowledge of Systems and processes

Information Collection (IC) 1: Identifying Points of Contact

**Survey Protocols**

**DRAFT**  
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Contents

[1. IC-1: Identifying Points of Contact 3](#_Toc132373733)

[1.1 State Crash Records Managers 5](#_Toc132373734)

[1.2 Lead Law Enforcement Agency Participating in the MCSAP Grant 6](#_Toc132373735)

[1.3 State Motor Carrier Safety Assistance Program (MCSAP) Coordinators 8](#_Toc132373736)

[1.4 Decision Makers for Study Participation and Coordination 10](#_Toc132373737)

1. IC-1: Identifying Points of Contact

**SURVEY LANDING PAGE**

The Federal Motor Carrier Safety Administration (FMCSA) is administering this survey to all Division Administrators (DAs) for the purpose of collecting contact information for State Government employees (or designated contractors) who can provide information about commercial motor vehicle (CMV) crash statistics, crash notification processes, crash data collection processes and resources, and existing CMV crash data. DAs will need to reach out to appropriate staff in their State (e.g., crash records managers, law enforcement command staff, and Motor Carrier Safety Assistance Program coordinators) to gather the requested contacts; then they should enter the contacts into this survey tool.

This contact information is critical; FMCSA will be administering a survey to these contacts and will use the survey results to inform the methodology for the Large Truck Crash Causal Factors Study (LTCCFS). The LTCCFS, authorized in the Bipartisan Infrastructure Law, is a widescale, detailed crash data collection and analysis effort intended to (1) identify the key factors that contribute to fatal large truck crashes, and (2) inform countermeasures to prevent these crashes from happening.

**Qualifying Crashes**

The LTCCFS will focus on fatal crashes involving Class 7/8 large trucks. To that end, **qualifying crashes** must meet the following minimum criteria:

1. Involve at least one fatality, and
2. Involve at least one truck with a gross vehicle weight rating greater than 26,000 pounds (i.e., Class 7 and 8 large trucks).

**Definitions**

To aid in the interpretation of survey questions, please review the following definitions:

* **Police crash report (PCR):** A police crash report is the standard, State-specific investigation and reporting documentation completed by the on-scene law enforcement officer/investigator. PCRs are completed by local/county/State personnel and, once their agency review is complete, are usually submitted to a central repository for upload to a crash report database (often at the State’s Department of Transportation).
* **Post-crash investigation:** A post-crash investigation is a more thorough investigation of the crash event, typically performed by a law enforcement officer. It involves the collection of additional data elements beyond what is collected as part of a standard police crash report but is not as expansive as a crash reconstruction.
* **Crash reconstruction:** A crash reconstruction involves all the components of a crash investigation, plus additional data collection and analysis that “utilizes principles of physics and empirical data to analyze the physical, electronic, video, audio, and testimonial evidence from a crash to determine how and why the crash occurred” (SAE International). Crash reconstructions are typically completed by specially trained law enforcement officers or contracted third parties.
* **Post-crash inspection:** A post-crash inspection is performed by a CMV inspector certified to conduct commercial vehicle inspections through the Commercial Vehicle Safety Alliance (CVSA). Post-crash inspections are recorded on driver/vehicle examination reports and document violations and defects discovered at the time of the inspection. These inspections assist in identifying where regulatory non-compliance by a driver may have contributed to crash causation and differentiate whether vehicle defects existed prior to or resulted from a crash.

If you have any questions about the study, or about the information being requested in the survey, please contact Dan Meyer, FMCSA Transportation Specialist, at [dan.meyer@dot.gov](mailto:dan.meyer@dot.gov) or (202) 366-2616.

If you have technical difficulties with the online survey tool, please e-mail [CCFP@dot.gov](mailto:CCFP@dot.gov) or call [INSERT Volpe POC] at (617) 494-XXXX.

Thank you in advance for your time; your participation is greatly appreciated!

* 1. State Crash Records Managers
     1. Who is your State Crash Records Manager (i.e., manages your police crash report (PCR) database)?

Name:

Title:

Organization:

Email Address:

Phone Number:

Please reach out to your State Crash Records Manager (identified in response to question 1.1.1, above) and ask them to provide contacts as specified in questions 1.1.2-1.1.4 When you receive the contact information from the State Crash Records Manager, please enter it in the survey tool.

* If appropriate, the same contact may be listed for multiple questions.
* Contacts from multiple organizations (e.g., State Department of Transportation, State Department of Public Safety, State Universities) may also be needed, depending on how your State allocates resources and manages crash data.
  + 1. Who are the best points of contact in your State to provide information on State police crash report (**PCR) data quality review processes**?

Please add up to 2 points of contact, in order of preference (most preferred to least preferred).

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* + 1. Who are the best points of contact in your State to provide information on State commercial motor vehicle (**CMV)** **post-crash inspection data quality review processes**?

Please add up to 2 points of contact, in order of preference (most preferred to least preferred).

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* + 1. Who are the best points of contact in your State to provide information on State **CMV** **post-crash investigation/crash reconstruction data quality review processes**?

Please add up to 2 points of contact, in order of preference (most preferred to least preferred).

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* 1. Lead Law Enforcement Agency Participating in the MCSAP Grant
     1. Who at the Motor Carrier Safety Assistance Program (MCSAP) lead agency compiles and manages the State’s Commercial Vehicle Safety Plan (CVSP)?

Name:

Title:

Organization:

Email Address:

Phone Number:

For the remaining questions in this section, please reach out to the identified CVSP manager (identified in response to question 1.2.1) who can provide the contacts outlined in questions 1.2.2-1.2.4. When you receive the contact information from the CVSP manager, please enter it in the survey tool.

* + 1. Who are the best points of contact in your State (at the command staff level) to provide information on State CMV **crash notification processes**?

Please add up to 3 points of contact, in order of preference (most preferred to least preferred):

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* + 1. Who are the best points of contact in your State (at the command staff level) to provide information on State CMV **crash data collection policies and processes** (for on-scene and follow-up crash data collection)?

Please add up to 2 points of contact, in order of preference (most preferred first):

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* + 1. Who are the best points of contact in your State (at the command staff level) to provide information on the **crash data collection tools** that State law enforcement officers use to collect CMV crash data?

Please add up to 2 points of contact, in order of preference (most preferred first):

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

* 1. State Motor Carrier Safety Assistance Program (MCSAP) Coordinators
     1. Who is your State’s MCSAP Coordinator?

Name:

Title:

Organization:

Email Address:

Phone Number:

For the remaining questions in this section, please reach out to your State’s MCSAP Coordinator and ask them to identify contacts, as specified in questions 1.3.2-1.3.5. If appropriate, the same contact may be listed for multiple questions.

When you receive the contact information from the MCSAP Coordinator, please enter it in the survey tool.

* + 1. We need to identify the best points of contact in your State to provide information on existing State commercial motor vehicle (CMV) **enforcement policies and resources (i.e., participating agencies/staffing)** that are involved in post-crash inspections, post-crash investigations, and crash reconstructions. Are there multiple contacts (i.e., separate contacts for each enforcement activity), or a single contact who can address questions related to CMV enforcement resources?
* Single contact
* Multiple contacts [GO TO Q 1.3.4]
  + 1. [IF SINGLE CONTACT] Who is the best point of contact in your State to provide information on CMV enforcement policies and resources (i.e., participating agencies/staffing) that are involved in **post-crash inspections**, **post-crash investigations**, and **crash reconstructions**? If there are additional contacts, please include them in the open-ended box.

Name:

Title:

Organization:

Email Address:

Phone Number:

If there is an additional contact who can provide information on CMV enforcement policies and resources that are involved in post-crash inspections, post-crash investigations, and crash reconstructions, please list their name, title, organization, email address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[GO TO Q 1.3.5]

* + 1. [IF MULTIPLE CONTACTS]

1. Who is the best point of contact in your State to provide information on CMV enforcement policies and resources (i.e., participating agencies/staffing) that are involved in **post-crash inspections**?

Name:

Title:

Organization:

Email Address:

Phone Number:

If there is an additional contact who can provide information on CMV enforcement policies and resources that are involved in post-crash inspections, please list their name, title, organization, email address, and phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who is the best point of contact in your State to provide information on CMV enforcement policies and resources (i.e., participating agencies/staffing) that are involved in **post-crash investigations**?

Name:

Title:

Organization:

Email Address:

Phone Number:

If there is an additional contact who can provide information on CMV enforcement policies and resources that are involved in post-crash investigations, please list their name, title, organization, email address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who is the best point of contact in your State to provide information on CMV enforcement policies and resources (i.e., participating agencies/staffing) that are involved in **crash reconstructions**?

Name:

Title:

Organization:

Email Address:

Phone Number:

If there is an additional contact who can provide information on CMV enforcement policies and resources that are involved in crash reconstructions, please list their name, title, organization, email address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Decision Makers for Study Participation and Coordination

For the questions in this section, please reach out to the State MCSAP Coordinator (identified in response to question 1.3.1) for assistance identifying the requested contacts. When you receive the contact information from the State MCSAP Coordinator, please enter it in the survey tool.

* + 1. At the **State** level, who can make decisions about participating in a Federal research study, such as the Large Truck Crash Causal Factors Study? *We anticipate this will include officials from multiple organizations. Please list all relevant decisionmakers*.

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

If needed, please provide contact information for any additional decisionmakers here. Please include their name, title, organization, email address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. At the **State** level, who can provide information about **State agreements** (e.g., memoranda of understanding, data sharing agreements, etc.) required to participate in a Federal research study, such as the Large Truck Crash Causal Factors Study? *We anticipate this will include officials from multiple organizations. Please list all relevant officials*.

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

Name:

Title:

Organization:

Email Address:

Phone Number:

If needed, please provide contact information for any additional decisionmakers here. Please include their name, title, organization, email address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_