FRIAR Draft Form

OMB Control No. 2127-XXXX
Expiration Date X/XX/XXX2

NHTSA is collecting information from the first responder community about potential safety-related defects in motor vehicles or items of motor vehicle equipment. The purpose of this collection is to provide first responders a direct and expeditious avenue to report deaths, injuries, crashes, or other incidents that they believe may have resulted from safety-related defects to NHTSA's Office of Defects Investigation (ODI).

Branching options

Main 1

1. First responder type *

   ○ Law enforcement

   ○ Firefighter

   ○ Paramedic

   ○ EMT

   ○ Dispatcher

   ○ Crash Investigator

   ○ Fire Investigator

2. What is the name of your agency?

   [   ]

3. Would you prefer us to contact you or your agency?

○ Contact me   Go to   2. Contact me

○ Contact my agency   Go to   3. Contact my agency

Go to | 4. Main 2   ⌄ |

Contact me

4. Name

5. Phone number

6. Email

Go to | 4. Main 2   ⌄ |

Contact my agency

7. Agency Contact's Name

[   ]

8. Agency Phone Number

[   ]

9. Agency Email

[   ]

Go to [4. Main 2   ⌄]

Main 2

10. Are you reporting a concern with a vehicle, child seat, or tires?

○ Vehicle   Go to 5. Vehicle Concern

○ Child Seat   Go to 6. Child Seat Concern

○ Tires   Go to 7. Tire Concern

○ Other Vehicle Equipment   Go to 8. Other Vehicle Equipment C...

Go to [9. Main 3   ⌄]

Vehicle Concern

11. VIN

12. License Plate

13. Make & Model OR Fleet Operator

Go to   9. Main 3 ⌄

Child Seat Concern

14. Child Seat Model Name

15. Child Seat Serial Number

Go to   9. Main 3 ⌄

Tire Concern

16. Tire DOT

[ ]

17. Tire Brand / Line

[ ]

18. Tire Size

[ ]

Go to   [9. Main 3   ⌄]

Other Vehicle Equipment Concern

19. Type of Equipment

[ ]

20. Brand & Product Identifier, if available

[ ]

Go to   [9. Main 3   ⌄]

Main 3

21. Incident Date

[📅]

22. Incident Time

[   ]

23. Incident Location

[   ]

24. Have you seen this concern before?

    ◯ Yes

    ◯ No

25. What happened? *

If the vehicle or equipment involved had any additional identifying marks state them here.

When describing what happened, try to answer these questions as specifically as possible:

What component or system failed or malfunctioned, and is it available for inspection upon request?
How was your safety or the safety of others put at risk?
Have you observed this issue more than once?
Is there a news story or video link you can provide?

[   ]

26. Upload Files (Optional)

Upload photos of the incident or other documentation like a police report, correspondence with the manufacturer or insurer, etc. If you don't already have an electronic version of the documentation, please scan and upload.

⤒ **Upload file**

27. Are you reporting a concern with a driving assistance or driving automation system?

Driver assistance system (lane and speed maintenance, automatic emergency braking, etc.)
or
Automated driving system ("driverless" vehicle)

○ Yes, driving assistance system

○ Yes, automated driving system   Go to   10. Driving Automation Conc...

○ No

Go to | 11. Main 4   ⌄ |

Driving Automation Concern

28. Fleet Operator

[_____]

29. Issue Category

○ Unsafe driving behavior (e.g., crash, near miss)

○ Disobeyed traffic rule

○ Unable to obey hand signals or other direction

○ Blocking traffic/vehicle stuck

○ Parking/Pull over location

○ Other

Go to [11. Main 4 ⌄]

Main 4

30. Was there a crash?

○ Yes   Go to 12. Crash with

○ No   Go to 17. Main 5

Go to [17. Main 5 ⌄]

Crash with

31. Crash with

○ Vehicle   Go to   13. Vehicle

○ Non-motorist   Go to   14. Non-motorist

○ Other   Go to   15. Other

Go to | 16. Crash cont.   ⌄ |

Vehicle

32. What vehicle did it crash with?

○ Passenger car

○ SUV / Van

○ Pickup Truck

○ Motorcycle

○ Bus

○ Heavy Truck

○ First Responder Vehicle

○ Other

Go to | 16. Crash cont.   ⌄ |

Non-motorist

33. What kind of non-motorist was struck?

○ Pedestrian

○ Cyclist

○ e-Scooter

○ Other non-motorist

Go to | 16. Crash cont. ⌄ |

Other

34. What was struck / what happened?

○ Pole / Tree

○ Other Fixed Object

○ Animal

○ Roadway Departure

○ Rollover

○ Other

Go to | 16. Crash cont. ⌄ |

Crash cont.

35. Were airbags deployed in any vehicle?

○ Yes

○ No

○ Unknown

36. Were any vehicles towed?

○ Yes

○ No

○ Unknown

Go to   17. Main 5   ⌄

Main 5

37. Was there a fire?

○ Yes   Go to   18. Fire

○ No   Go to   19. Main 6

Go to   19. Main 6   ⌄

Fire

38. How was it extinguished?

○ Fire department

○ Fire burnt out on its own

○ Unknown

○ Other

39. How much of the vehicle was consumed?

○ Minor Damage

○ Moderate Damage

○ Total Loss

○ Unknown

Go to   19. Main 6 ⌄

Main 6

40. Was there an injury or fatality?

○ Yes   Go to   20. Injury or Fatality

○ No   Go to   End of the form

Injury or Fatality

41. Number of fatalities, if any

[   ]

The value must be a number

42. Number of people injured, if any

[   ]

The value must be a number

43. Was medical attention required?

◯ Yes

◯ No

◯ Unknown