

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).

This collection of information is voluntary and will be used for formative purposes only so that we may develop communications programs designed to reduce the number of traffic-related injuries and deaths. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a 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-XXXXXX. Public reporting for this collection of information is estimated to be approximately ten 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, S.E., Washington, DC, 20590

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
- ☐ No

Go to 12. Crash with

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
- ☐ No

Go to 18. Fire

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
- ☐ No

Go to 20. Injury or Fatality

Go to End of the form

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

Go to

End of the form

