# **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-XXXXX. 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





- ) emt
- Dispatcher



Fire Investigator

2. What is the name of your agency?

3. Would you prefer us to conta	act you or your agency?
O Contact me	Go to 2. Contact me
Contact my agency	Go to 3. Contact my agency
Go to 4. Main 2	$\sim$
Contact me	
4. Name	
5. Phone number	
6. Email	
Go to 4. Main 2	$\checkmark$
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 vehic	cle, child seat, or tires?
O 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 V	
Vehicle Concern NHTSA Form 1741 First Responder In	cident Advanced Reporting (FRIAR) Notification Form

#### 11. VIN

#### 12. License Plate

#### 13. Make & Model OR Fleet Operator

Go to	9. Main 3	$\sim$

### Child Seat Concern

14. Child Seat Model Name

15. Child Seat Serial Number

Go to 9. Main 3	
Tire Con	ern
NHTSA Form 1	41 First Responder Incident Advanced Reporting (FRIAR) Notification Form

#### 17. Tire Brand / Line

#### 18. Tire Size

# Other Vehicle Equipment Concern

19. Type of Equipment

20. Brand & Product Identifier, if available



#### 21. Incident Date

22. Incident Time

#### 23. Incident Location

#### 24. Have you seen this concern before?



) 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.

 $\overline{\uparrow}$  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

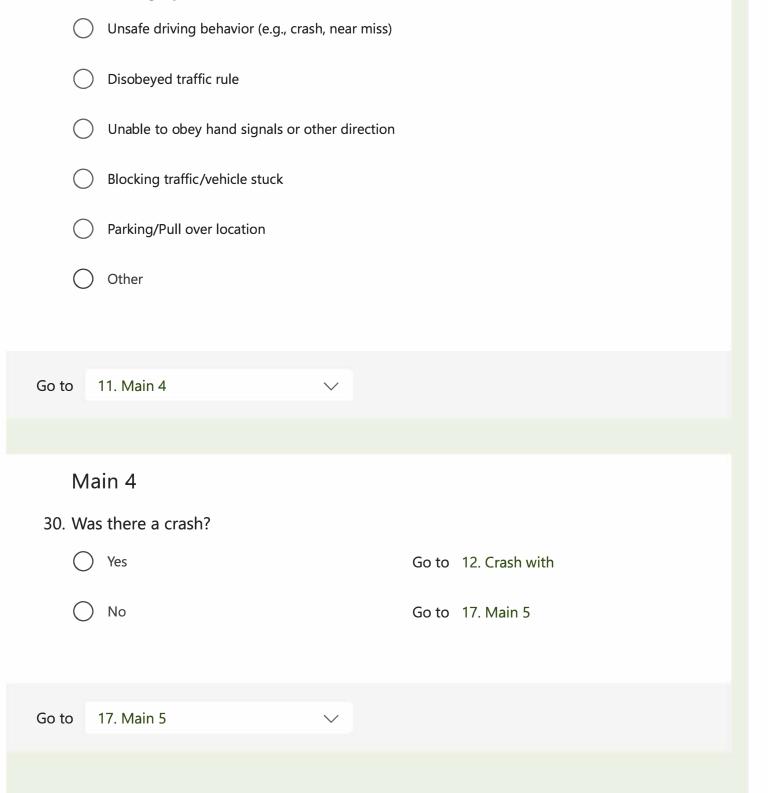
Automated driving system ("driverless" vehicle)

$\subset$	) Yes, driving assistance system				
C	) Yes, automated driving system		Go to	o 10. Driving Automation Conc	
C	) No				
Go to	11. Main 4	$\checkmark$			

**Driving Automation Concern** 

#### 28. Fleet Operator

#### 29. Issue Category



# Crash with

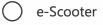
31. Crash with	
O Vehicle	Go to 13. Vehicle
O Non-motorist	Go to 14. Non-motorist
O Other	Go to 15. Other
Go to 16. Crash cont.	$\checkmark$
Vehicle	
32. What vehicle did it crash with?	
Passenger car	
SUV / Van	
O Pickup Truck	
O Motorcycle	
O Bus	
O Heavy Truck	
First Responder Vehicle	
O Other	
Go to 16. Crash cont.	$\sim$

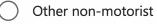
First Responder Incident Advanced Reporting (FRIAR) Notification Form

### Non-motorist

33. What kind of non-motorist was struck?









# Other

34. What was struck / what happened?
O Pole / Tree
Other Fixed Object
O Animal
Roadway Departure
O Rollover
Other
Go to 16. Crash cont. V
NHTSA Form 1741 First Responder Incident Advanced Reporting (FRIAR) Notification Form

Crash cont.

35. Were airbags deployed in any vehicle?



O No

O Unknown

### 36. Were any vehicles towed?

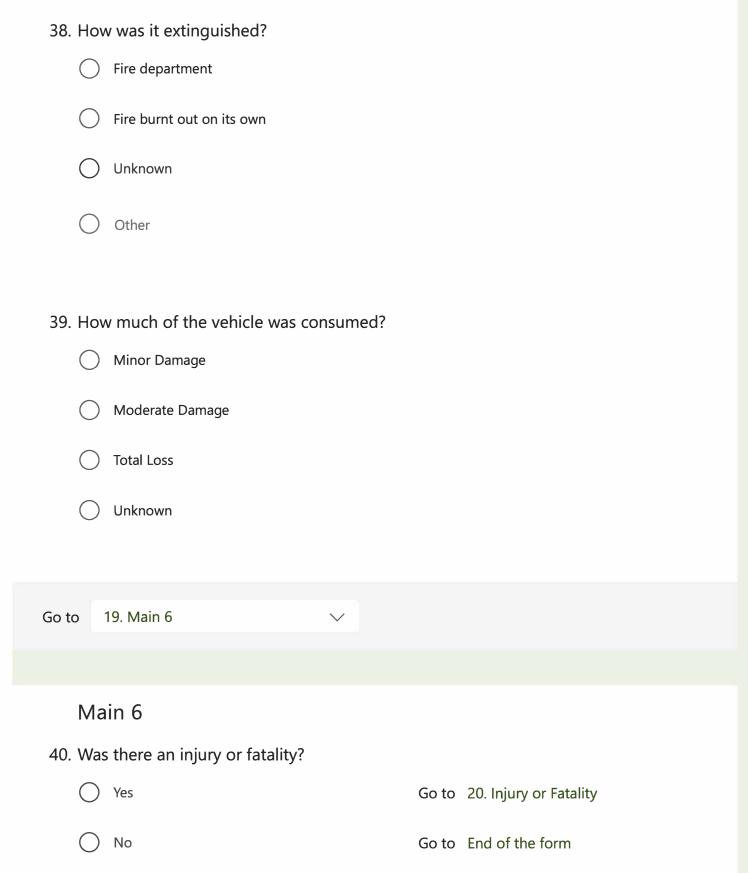


O No

) Unknown

Go to	17. Main 5	$\checkmark$	
Μ	ain 5		
37. W	as there a fire?		
С	) Yes	Go to 18. Fire	
С	) No	Go to 19. Main 6	
Go to	19. Main 6	$\sim$	
NHT	rsa Form 1741	First Responder Incident Advanced Reporting (FRIAR) Notification Form	

### Fire



# 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?



) No

) Unknown



 $\sim$