# **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<br>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

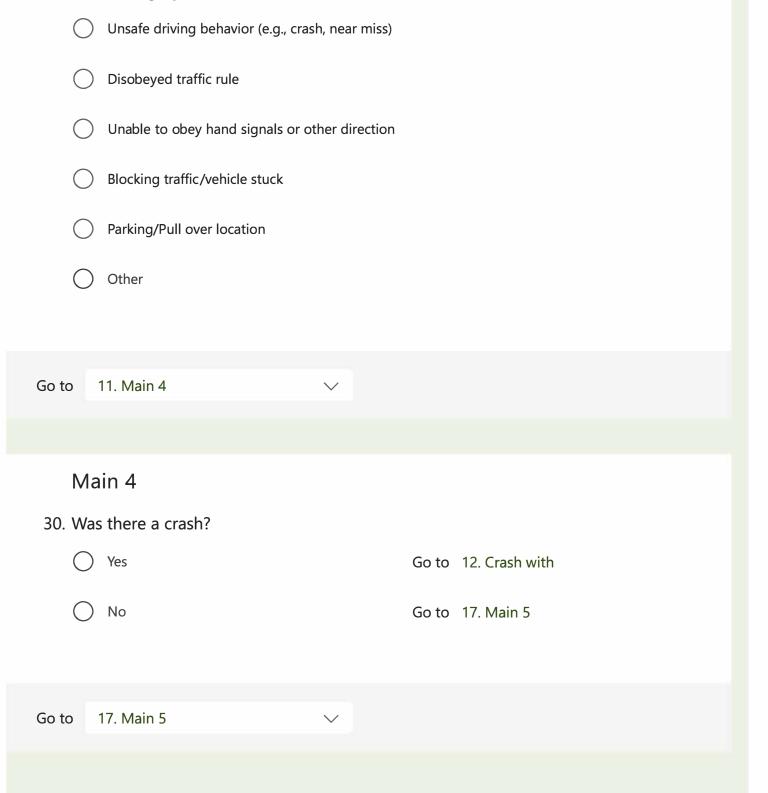
Automated driving system ("driverless" vehicle)

| $\subset$ | ) 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

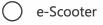
| 31. Crash with                      |                        |
|-------------------------------------|------------------------|
| O Vehicle                           | Go to 13. Vehicle      |
| O Non-motorist                      | Go to 14. Non-motorist |
| O Other                             | Go 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.               | $\sim$                 |

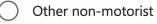
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### Non-motorist

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   |
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Crash cont.

35. Were airbags deployed in any vehicle?



O No

O Unknown

### 36. Were any vehicles towed?

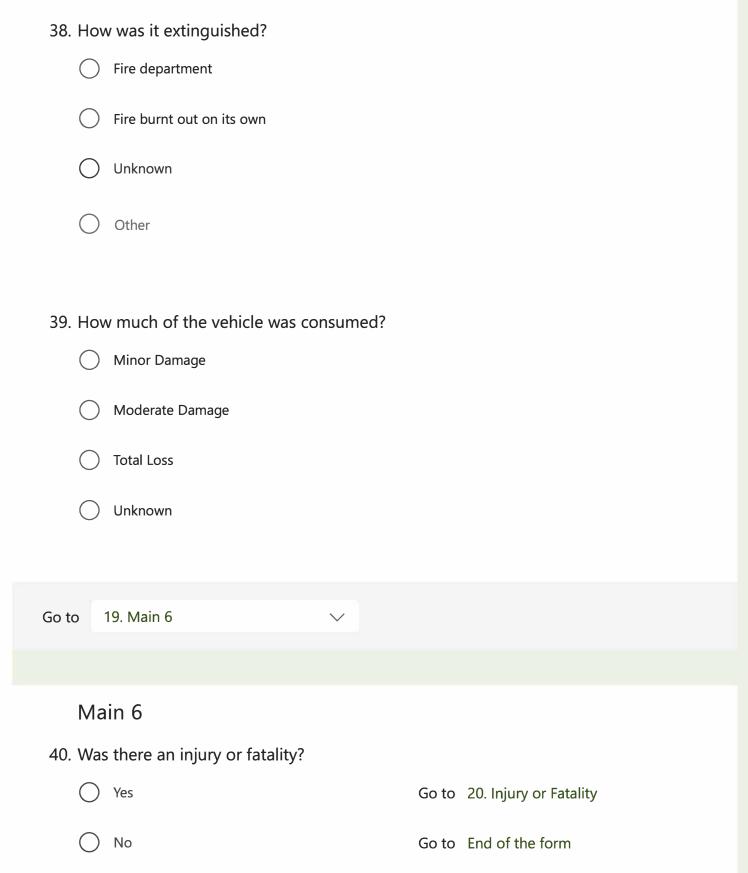


O No

) 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



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