**CIREN Occupant Interview Form**

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| Case Number: |  | | | CIREN ID: | | |  | | |
| Interview date |  | | | Other ID | | |  | | |
| CIREN case subject role: | □ Driver (also complete driver-specific sections 9 and 10)  □ Passenger, seat location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Admission | □ Direct □ Transfer from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Natal sex | □ Male □ Female | | Gender identity | | | □ Male □ Female □ Non-binary | | | |
| Age [□ y □ m] |  | Weight [□ lb □ kg] | | |  | | | Height [□ ft in □ cm] |  |

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| 1. Vehicle Identification | |
| 1.1 Vehicle make (e.g., Chevrolet, Honda) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 1.2 Vehicle model (e.g, Traverse, Accord) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 1.3 Vehicle model year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 1.4 Vehicle owner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 1.5 Vehicle location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 1.6 Insurance company/agency | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |

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| 2. Basic Crash Information | |
| 2.1 Date and time of crash | \_\_\_/\_\_\_/20\_\_\_\_ \_\_\_\_\_\_\_□ AM □ PM  □ Not sure |
| 2.2 Crash location | □ Not sure |
| 2.2a. Specific location (e.g., address, intersection) |  |
| 2.2b. County |  |
| 2.2c. State |  |
| 2.3 Police department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 2.4 Did the vehicle automatically notify EMS/911? (e.g., OnStar, SYNC, Safety CONNECT) | □ Yes  □ No  □ Not sure |

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| 3. Description of Crash Event(s) | |
| *(free text)* | *(diagram)* |
| 3.1 Which part of the vehicle sustained the most damage? | □ Front  □ Left side  □ Right side  □ Back  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 3.2 Did the vehicle roll over? | □ Yes  □ No  □ Not sure |
| 3.3 Did the vehicle catch on fire? | □ Yes  □ No  □ Not sure |
| 3.4 Where did the vehicle come to rest?  (e.g., ditch, facing north) |  |
| 3.5 Additional questions to ask interviewee based on other data sources (vehicle inspection, medical records, etc.) | |
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| 4. Occupant clothing | |
| 4.1 What kind of shoes were you wearing? | □ Sneaker – low-top  □ Sneaker – high-top  □ Flat (includes men’s dress shoe)  □ Medium heel (less than one inch)  □ High heel (more than one inch)  □ Sandal - flat  □ Sandal – with lifted heel  □ Boot – ankle height (below calf)  □ Boot – knee height (at or above calf)  □ Boot – heavy, steel toe, work boot  □ Not sure |
| 4.2 What kind of bottom clothing were you wearing? Note color, if possible. | □ Long pants  □ Shorts  □ Dress  □ Long skirt  □ Short skirt  □ Not sure |
| 4.3 What kind of top were you wearing? Note color, if possible. | □ Shirt/blouse (includes dress)  □ Sweater/sweatshirt (includes hoodie)  □ Not sure |
| 4.4 What kind of outerwear were you wearing? Note color, if possible. | □ Thin coat (e.g., windbreaker)  □ Thick coat (e.g., puffy coat, winter jacket)  □ Not sure  □ None |
| 4.5 Were you wearing eyeglasses or sunglasses? | □ Yes (Did they □ break, or □ get knocked off?)  □ No |
| 4.6 Were you wearing any accessories? | □ Bracelet □ Earring  □ Necklace □ Ring  □ Watch □ Gloves/mittens  □ Hat with brim □ Hat without brim  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure □ None |

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| 5. Occupant anthropometry | | |
| 5.1 Seated knee height [cm] | 5.2 Buttocks to knee length [cm] | 5.3 Seated height [cm] |
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| □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unable to acquire | □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unable to acquire | □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unable to acquire |

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| 6. Case Occupant Seating and Restraint | |
| 6.1 Which seat were you using at the time of the crash? | Front row: □ left □ middle □ right  Second row: □ left □ middle □ right  Third row: □ left □ middle □ right  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6.2 Were you wearing the seat belt at the time of the crash? | □ Yes  □ No  □ Not sure |
| 6.2a If the belt was used, how was the lap portion of the belt positioned? | □ Snug and low across hips and upper thighs (below belly)  □ Across belly/abdomen  □ Underneath (sitting on lap belt)  □ Unsure  □ Other (specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6.2b If the belt was used, how was the shoulder belt positioned? | □ Snug and across collarbone  □ Touching neck (too far inboard)  □ On edge of shoulder (too far outboard)  □ Under arm  □ Behind back or wrapped around seat back  □ Unsure  □ Other (specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6.2c If you were wearing a heavy jacket or other thick/bulky clothing, did you have to reposition the jacket or belt? | □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ N/A |
| 6.2d Do you recall any discomfort with the shoulder belt at the neck? | □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No |
| 6.2e Do you recall any discomfort with the lap belt over your waist or abdomen? | □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No |
| 6.3 Can you estimate the fore/aft seat position? | □ Very far forward  □ Between front and middle  □ Approximately middle  □ Between middle and rear  □ Very far rearward  □ Not adjustable  □ Unsure |
| 6.4 Can you describe the seat recline angle? | □ Almost fully upright  □ Slight recline (head still above beltline)  □ Moderate recline (head approximately at beltline/lower windowsill)  □ Full recline (as far back as possible)  □ Not adjustable  □ Unsure |
| 6.5 Do you remember making any adjustments to the seat or seat belt before or during this trip? | □ No  □ Yes (if yes, complete 6.5a-6.5c) |
| 6.5a Seat position (fore/aft, up/down, recline) | □ No  □ Yes  Describe: |
| 6.5b Headrest | □ No  □ Yes  Describe: |
| 6.5c Shoulder belt D-ring | □ No  □ Yes  Describe: |
| 6.5d If driver, steering wheel tilt position | □ Highest □ Middle □ Lowest □ Not sure  □ Not adjustable □Not driver |
| 6.5e If driver, steering wheel telescope position | □ Fully in (farthest forward)  □ Middle  □ Fully out (farthest rearward)  □ Not sure □ Not adjustable □Not driver |
| 6.6 Can you describe how your body was positioned in the moments before the crash? | *(free text)* |
| 6.6a How was your pelvis/buttocks positioned? | □ Centered on the seat cushion  □ Biased/twisted to the left  □ Biased/twisted to the right  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 6.6b How was your torso positioned? | □ Centered, upright with back against seatback  □ Centered, leaning forward  □ Leaning to the left  □ Leaning to the right  □ Twisting around left side to back  □ Twisting around right side to back  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 6.6c How were your legs positioned? | □ Thighs straight forward, knees bent, feet on floor  □ Thighs splayed out, knees bent, feet on floor  □ Legs crossed  □ Sitting on leg(s)  □ Feet on seat  □ Feet on dash (or front seatback)  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 6.6d How were your hands/arms positioned? | □ On steering wheel, hands at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ In lap  □ Bracing against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 6.7 Were you slouched? | □ No  □ Yes  □ Not sure |
| 6.8 Which airbags deployed at your seating position? | □ Steering wheel or upper dashboard  □ Knee  □ Side seat (outboard)  □ Side curtain  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 6.9 Did you brace prior to the crash? | □ No  □ Yes (describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ Not sure |
| 6.10 If the occupant was a child, was a CRS used? | □ No  □ Yes  □ Rear-facing □ Forward-facing  □ Secured by belt □ Secured by LATCH  Make/model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 7. Post-Crash and Injury information | |
| 7.1 How did you get out of the vehicle? | □ Independently/by self  □ With assistance from someone  □ Removed by paramedics/emergency personnel  □ Not sure  □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7.2 Describe the location of any injuries | |
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| 8. Other occupant information | | | | | |
| 8.1 Were there other occupants in the vehicle? | □ No  □ Yes, #\_\_\_\_\_\_\_ (if yes, complete 8.2 for each)  □ Not sure | | | | |
| 8.2 Other occupant details (complete to the extent possible): | | | | | |
| 8.2a Seat position | 8.2b Age (yr) | 8.2c Sex | 8.2d Height | 8.2e Weight | 8.2f Belt use |
| □ 11 □ 12 □ 13  □ 21 □ 22 □ 23  □ 31 □ 32 □ 33  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Male □ Female | □ ft in \_\_\_\_\_  □ cm \_\_\_\_\_\_ | □ lb \_\_\_\_\_\_  □ kg \_\_\_\_\_\_ | □ Yes □ No  □ Not sure |
| 8.2g Transported by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | | | 8.2h Medical facility  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | |
| 8.2a Seat position | 8.2b Age (yr) | 8.2c Sex | 8.2d Height | 8.2e Weight | 8.2f Belt use |
| □ 11 □ 12 □ 13  □ 21 □ 22 □ 23  □ 31 □ 32 □ 33  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Male □ Female | □ ft in \_\_\_\_\_  □ cm \_\_\_\_\_\_ | □ lb \_\_\_\_\_\_  □ kg \_\_\_\_\_\_ | □ Yes □ No  □ Not sure |
| 8.2g Transported by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | | | 8.2h Medical facility  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | |
| 8.2a Seat position | 8.2b Age (yr) | 8.2c Sex | 8.2d Height | 8.2e Weight | 8.2f Belt use |
| □ 11 □ 12 □ 13  □ 21 □ 22 □ 23  □ 31 □ 32 □ 33  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Male □ Female | □ ft in \_\_\_\_\_  □ cm \_\_\_\_\_\_ | □ lb \_\_\_\_\_\_  □ kg \_\_\_\_\_\_ | □ Yes □ No  □ Not sure |
| 8.2g Transported by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | | | 8.2h Medical facility  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure | |

Complete the following sections only if the interviewee/case subject was the driver

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| 9. Driver-specific vehicle questions | | | | |
| 9.1 Had the vehicle been involved in any previous crashes? | □ No  □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unsure | | | |
| 9.1a If yes, were airbag or seatbelt components replaced? | □ No  □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unsure | | | |
| 9.1b If yes, was there unrepaired exterior body damage | □ No  □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unsure | | | |
| 9.2 Had the vehicle been subject to any safety recalls related to airbag or seatbelt components? | □ No  □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Unsure | | | |
| 9.3 Were there any distractions just before the crash? | □ Yes (describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ No  □ Not sure | | | |
| 9.4 Do you experience a medical event just before the crash? (e.g., seizure, hypoglycemia) | □ Yes (describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ No  □ Not sure | | | |
| 9.5 Was there any cargo in the vehicle? | □ Yes (describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ No  □ Not sure | | | |
| 9.6 Indicate whether the vehicle was equipped with the following crash avoidance systems and if they activated: | Not equipped | Not sure | Equipped | Activated, if equipped and describe observation |
| 9.6a Lane Departure Warning | □ | □ | □ | □ |
| 9.6b Forward Collision Warning | □ | □ | □ | □ |
| 9.6c Blind Spot Detection/Warning | □ | □ | □ | □ |
| 9.6d Lane Keeping Support | □ | □ | □ | □ |
| 9.6e Crash Imminent Braking or Automatic Emergency Braking | □ | □ | □ | □ |
| 9.6f Dynamic Brake Support | □ | □ | □ | □ |
| 9.6g Pedestrian Automatic Emergency Braking | □ | □ | □ | □ |
| 9.6h Rear Automatic Braking | □ | □ | □ | □ |
| 9.6i Adaptive Cruise Control | □ | □ | □ | □ |

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| 10. Driver-specific crash questions | |
| 10.1 Which direction were you travelling? | □ North  □ South  □ East  □ West  □ Unsure, but toward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.2 Which lane were you travelling in? Lane 1 is designated as the right curb lane | □ 1  □ 2  □ 3  □ 4  □ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.3 Did you know the crash was going to occur? | □ Yes (describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ No  □ Not sure |
| 10.4 Did you perform any avoidance maneuvers? | □ No  □ Braking with lock up  □ Braking without lock up  □ Releasing brakes  □ Accelerating  □ Steering left  □ Steering right  □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Not sure |
| 10.5 Can you estimate your travel speed before the crash? | □ 1-10 mph  □ 10-20 mph  □ 20-30 mph  □ 30-40 mph  □ 40-50 mph  □ 50-60 mph  □ 60-70 mph  □ 70+ mph  □ Stopped  □ Unknown |
| 10.6 Just before the crash, what were you intending to do or were doing: | □ Going straight  □ Slowing  □ Turning left  □ Turning right  □ Stopped  □ Accelerating  □ Changing lanes to left  □ Changing lanes to right  □ Backing  □ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.7 Did you experience any loss of control of your vehicle? | □ No  □ Yes, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.8 Where was your vehicle at the time of the collision? | □ Original travel lane  □ Different travel lane  □ In intersection  □ Off roadway to left  □ Off roadway to right  □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.9 Was your speed at the time of the collision different from your previous travel speed? | □ No  □ Lower  □ Higher  □ Unknown |
| 10.10 Can you estimate your travel speed at the time of the collision? | □ 1-10 mph  □ 10-20 mph  □ 20-30 mph  □ 30-40 mph  □ 40-50 mph  □ 50-60 mph  □ 60-70 mph  □ 70+ mph  □ Stopped  □ Unknown |
| 10.11 Before the crash, were you attentive to the driving task or were you distracted by:  *Select all that apply.* | □ Talking on cell phone  □ Another person in car  □ Moving object in car  □ Something outside the car, Specify \_\_\_\_\_\_\_\_\_\_  □ Sleeping or dozing  □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_  □ Not distracted |