**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 □ rightSecond row: □ left □ middle □ rightThird 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 LATCHMake/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 |