**CIREN Pedestrian Interview Form – (Pedestrian)**

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| Case Number: |  | CIREN ID: |  |
| Interview date |  | Other ID |  |
| 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 (skip if unknown to pedestrian) |
| 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 |

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| 3. Pedestrian Description of Crash Event(s) |
| *(free text)* | *(diagram)* |
| 3.1 Additional questions to ask interviewee based on other data sources (vehicle inspection, medical records, etc.) |
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| 4. Pedestrian clothing |
| 4.1 What kind of shoes were you wearing?Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ 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? Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Long pants□ Shorts□ Dress□ Long skirt□ Short skirt□ Not sure |
| 4.3 What kind of top were you wearing?Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Shirt/blouse (includes dress)□ Sweater/sweatshirt (includes hoodie)□ Not sure |
| 4.4 What kind of outerwear were you wearing? Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ 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 |
| 4.7 Did you take any actions to increase your visibility to traffic?  | □ No□ Reflective clothing □ Lights □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.8 Was an object carried or worn? (e.g., suitcase or backpack) | □ No□ Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 5. Pedestrian anthropometry |
| 5.1 Standing knee height [cm] | 5.2 Standing hip height [cm] | 5.3 Standing shoulder height [cm] |
| □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unable to acquire | □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unable to acquire | □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unable to acquire |

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| 6. Pre-impact striking vehicle information |
| 6.1 From which direction did the striking vehicle approach you? (relative to pedestrian’s stance) | □ Front□ Left□ Right□ Back□ Unknown |
| 6.2 Were there other vehicles approaching you? If so, from which direction? | □ No□ Yes, same direction as striking vehicle□ Yes, opposite direction as striking vehicle□ Yes, perpendicular to striking vehicle□ Unknown  |
| 6.3 Did you hear the vehicle approaching? | □ Yes□ No□ Unknown  |
| 6.4 Did you see the vehicle that struck you before the impact?*If “No” or “Unknown” skip to question 6.5.* | □ Yes□ No□ Unknown  |
| 6.4a Did the driver lose control of the vehicle before impact? | □ Yes□ No□ Unknown  |
| 6.4b Did the driver take any avoidance actions prior to the collision? | □ Braking with lock-up□ Braking without lock-up□ Releasing brakes□ Accelerating□ Steering left□ Steering right□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ None□ Unknown  |
| 6.4c Did the vehicle skid or rotate? | □ No□ Sideways skid□ Clockwise rotation (front end to the right)□ Counterclockwise rotation (front end to the left)□ Unknown |
| 6.4d Did you see the driver of the vehicle?*If “No” or “Unknown” skip to question 6.4e* | □ Yes□ No□ Unknown  |
| 6.4d1. Did the driver of the vehicle make eye contact with you? | □ Yes□ No□ Unknown  |
| 6.4d2 Before the collision, was the driver attentive to the driving task or obviously distracted by something? | □ Not distracted (attentive)□ Distracted by another person in vehicle□ Distracted by handheld electronic device□ Distracted, source outside of vehicle□ Distracted, unknown source□ Sleeping□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 6.4e Did the driver provide any communication before impact?*Select all that apply.*  | □ Auditory communication□ Physical Gesture□ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ None□ Unknown  |
| 6.4f Did you try to communicate with the driver before impact?*Select all that apply.* | □ Auditory communication□ Physical gesture□ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ None□ Unknown  |
| 6.5 Did you think the driver of the vehicle saw you before impact? | □ Yes□ No□ Unknown |

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| 7. Pre-impact pedestrian information |
| 7.1 Were you pulling anything? | □ No□ Pushing a cart, stroller, bicycle, other□ Pulling a wagon, luggage, other□ Other, specify \_\_ |
| 7.2 Were you pushing anything? | □ No□ Pushing a cart, stroller, bicycle, other□ Pulling a wagon, luggage, other□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7.3 Were you moving (walking/jogging) alone, with someone else, or in a group? | □ Alone□ One other person□ Two other people□ Three or more other people□ Unknown  |
| 7.4 Were any other pedestrians struck by the vehicle? | □ No□ Yes, specify how many \_\_\_\_□ Unknown  |
| 7.5 Do you remember what you were doing just prior to impact? *If “No” skip to question 7.6* | □ No□ Yes |
| 7.5a Just prior to the impact, were you: (attitude) | □ Standing, walking, or running□ Crouching□ Kneeling□ Bending at waist□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown  |
| 7.5b Just prior to the impact, were you: (motion) | □ Stopped□ Walking□ Walking rapidly□ Running or jogging□ Jumping□ Falling or rising□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown  |
| 7.5c If you were in motion, were you moving at your usual pace? | □ Yes□ Slower□ Faster□ Unknown |
| 7.5d Just prior to the impact, were you: (road crossing) | □ Crossing road straight□ Crossing road diagonally□ Moving in road with traffic□ Moving in road against traffic□ Off road approaching road□ Off road going away from road□ Off road crossing driveway□ Off road moving along driveway□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.5e Relative to the vehicle, what direction was your motion? | □ Stopped□ Toward vehicle□ Away from vehicle□ Left-to-right in front of vehicle□ Right-to-left in front of vehicle□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.5f Before trying to avoid being struck by the vehicle, was your chest/trunk: | □ Facing vehicle□ Facing away from vehicle□ Left side to vehicle□ Right side to vehicle□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.5g Where were you looking just before the impact? | □ At vehicle□ Away from vehicle□ At intended path□ At another vehicle or object□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.5h Did anything obstruct your view of the approaching vehicle?*Select all that apply.*  | □ No□ Other moving vehicle□ Parked (or stationary) vehicle□ Tree/shrubbery/foliage□ Permanent object□ Glare□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7.5i Were you using a cell phone at the time of the crash? *Select all that apply.* | □ No □ Talking on the phone□ Reading/answering a text message□ Streaming a video □ Viewing the screen□ Wearing ear buds or head phones to listen to music/podcast |
| Pedestrian avoidance attempt |
| 7.6 Do you remember any specifics about the moment the vehicle struck you? *If “No” skip questions 7.6a through 7.6i.* | □ No□ Yes |
| 7.6a Did you do anything to avoid being hit, like:*Select all that apply.* *If “No” or “Unknown” skip to question 7.6d* | □ No□ Stopping□ Accelerating pace without changing direction□ Accelerating pace while changing direction □ Jumping□ Turning toward vehicle□ Turning away from vehicle□ Diving or falling down□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown (can’t remember) |
| 7.6b If so, which direction did you move? | □ Toward vehicle□ Away from vehicle□ Left-to-right in front of vehicle□ Right-to-left in front of vehicle□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown (can’t remember) |
| 7.6c Did you use your hands to:*Select all that apply.* | □ Vault corner of vehicle□ Vault on to vehicle□ Brace against vehicle□ Crouch and brace hands against vehicle□ Unknown |
| Positioning at time of crash  |
| 7.6d What portion of the vehicle first struck you? | □ Front□ Corner□ Side□ Unknown |
| 7.6e Where were you when you were struck? | □ Stepping off the curb□ On the shoulder□ In the crosswalk area□ In the road□ On the sidewalk□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.6f When struck by the vehicle, was your chest:  | □ Facing vehicle□ Facing away □ Left side to vehicle □ Right side to vehicle□ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.6g Which way was your head facing, relative to your chest, at impact?  | □ To front □ To left □ To right□ Up □ Down□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.6g1 Where were your arms impact?  | □ At sides□ Folded across chest□ Hands clasped behind back□ Hands on hips□ Hands in pockets□ Pushing/Pulling □ Raising to protect head□ Unknown |
| 7.6g2 One or both arms: (specify) | □ Extended upward□ Extended to side □ Extended forward bracing□ Extended holding object□ Extended holding on shoulder or head□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.6h Where were your legs at Impact? (specify) | □ Together □ Apart laterally□ Apart right leg forward□ Apart left leg forward□ Apart forward leg unknown□ Left foot off ground □ Right foot off ground□ Both feet off ground □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Unknown |
| 7.6i Can you describe your body’s movement after being hit by the vehicle? (text field) | *(free text)* |

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| 8. Pedestrian condition  |
| 8.1 Before the crash, how were you feeling? | □ Normal□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8.2 Do you think your mental status was clear leading up to the crash?  | □ Yes□ No, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8.3 Did you feel that you were in a rush? | □ Yes□ No |
| 8.4 Would you say you are well rested or a little tired at the time of the crash? | □ Very tired □ Somewhat tired□ Well rested |
| 8.5 Did you feel impaired by any substance? *Select all that apply.* | □ No□ Alcohol□ Prescription Drugs□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8.6 Were you traveling alone? *If “No” skip to question 8.7* | □ Yes□ No |
| 8.6a Were you talking to someone else immediately before the impact? | □ Yes□ No |
| 8.6b Were you looking at someone else in your group immediately before the impact? | □ Yes□ No |
| 8.7 Do you need glasses/contacts to see far away? Were you wearing them? | □ Yes, wearing them□ Yes, not wearing them□ No□ N/A |
| 8.8 Were you wearing sunglasses or otherwise shielding your eyes from glare?  | □ Yes□ No |
| 8.9 Were you looking down to shield your face from the rain, snow or wind? | □ Yes□ No |
| 8.10 If the crash occurred during precipitation: Were you using an umbrella? | □ Yes□ No |

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| 9. Environment  |
| 9.1 When the crash occurs during Twilight or night in the presence of street lighting: Do you remember whether you crossed: | □ In front of the area lit by the street light □ In the area lit by the street light □ Behind the area lite by the street light |
| 9.1a When the crash occurs during Twilight or night: Did you see whether the vehicle that stuck you had its headlights on? | □ Yes□ No |
| 9.1b When the crash occurs during Twilight or night: Did you see the headlights before or after you entered the road? | □ Before□ After |
| 9.2 Was there a pedestrian signal where you crossed the road?*If “No” or “Unknown” skip 9.2a through 9.2d* | □ Yes□ No |
| 9.2a Do you have to push a button to make the pedestrian signal work? | □ Yes□ No |
| 9.2b Did you activate the pedestrian signal?  | □ Yes□ No |
| 9.2c Do you remember what the pedestrian signal status was when you entered the road?  | □ Indicating walk□ counting down□ flashing stop□ stop |
| 9.2d If the crossing has a pedestrian signal: Do you feel the signal is long enough to let people cross the road? | □ Yes□ No |

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| 10. Trip Details |
| 10.1 Are you familiar with the area where the crash occurred? | □ Yes □ No |
| 10.2 Why were you walking when the crash occurred?  | □ No car□ No license□ Faster to walk than drive□ Car not running □ Exercise□ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.3 Where were you coming from at the time of the crash? | □ Home □ Work/School□ Stores□ Entertainment |
| 10.4 What was your destination? | □ Home □ Work/School□ Stores□ Entertainment |
| 10.5 What was the purpose of the trip in which the crash occurred? | □ Work□ Leisure□ Exercise□ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10.6 Why did you choose the route you were taking? | □ Most convenient□ Fastest □ Nice scenery □ Increased length for physical activity |
| 10.7 Is this the shortest route to your destination? | □ Yes□ No□ Unknown |
| 10.7a How often do you walk this route? | □ Less than once a month□ Once a month□ Twice a month□ Every week□ More than once a week□ Every day |
| 10.7b Are you familiar with this route?*If “No” skip question 10.7c* | □ Yes□ No |
| 10.7c What time of day do you usually walk this route? | □ Around sunrise□ Morning□ Afternoon□ Late afternoon□ Around sunset□ Night |
| 10.8 Did you feel safe walking in this area before you were hit?  | □ Completely Safe□ Concerned about traffic□ Concerned about other risk□ Not safe at all |
| 10.8a What factors influenced this? | *(free text)* |
| 10.9 Did anything along this route surprise you the day of the crash? | □ Placement of signs□ Timing of signals□ Pavement markings □ Volume of traffic□ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 11. Behavior |
| 11.1 How often do you walk in general? | □ Less than once a month□ Once a month□ Twice a month□ Every week□ More than once a week□ Every day |
| 11.2 When you walk, where do you go most often? | □ Work/School□ Stores□ Entertainment |
| 11.3 Do you always walk on sidewalk?  | □ Yes□ No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11.4 Do you always cross at crosswalk? | □ Yes□ No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11.5 Do you always wait for a walk signal when its available? | □ Yes□ No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11.6 Which of the following modes of transportation do you use?   | □ Car□ Bike□ Scooter/Other Micro Mobility □ Bus □ Train□ Walk□ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |