**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |