CIREN Pedestrian Interview Form – (Pedestrian)

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]	

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

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

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.)	

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 _____

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

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	□ Yes

before impact?	□ 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

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)*

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

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

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 _____

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	□ Work/School

often?	□ 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 _____