



MOTORCYCLE PASSENGER INTERVIEW SUPPLEMENTAL

PSU Number: _____		Case Number: _____	
Vehicle Number:		Occupant Number:	
Name:	Date of Birth:	Phone Number:	
Medical Facility <i>(If multiple treatment locations – list all, including treatment later)</i>		Discharge Date(s)	
Date, time, and place to have medical release signed:			
Other identifying information:			
<input type="checkbox"/> Uninjured <input type="checkbox"/> Fatal Injury (Date and time of death): <input type="checkbox"/> Fetal Mortality (Date and time of death):			

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0706. Public reporting for this collection of information is estimated to be approximately 20 minutes for interviewee, 3-15 minutes for police jurisdiction, 10 minutes for medical record, and 5 minutes for tow yard employees. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Room W45-205, Washington, DC, 20590.



MOTORCYCLE PASSENGER INTERVIEW SUPPLEMENTAL

PSU Number: _____

Case Number: _____

MOTORCYCLE PASSENGER DESCRIPTION AND DIAGRAM OF CRASH EVENTS

Use this space to sketch the interviewee's description of the crash

QUESTIONS TO ASK INTERVIEWEE BASED UPON OTHER DATA SOURCES (VEHICLE INSPECTION, SCENE, ETC.)

Personal Information

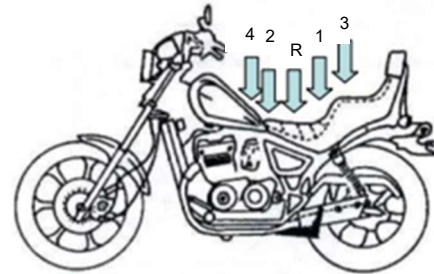
1. **Sex**
 Male Female Female, Pregnant, # of months _____ Female, Unknown if Pregnant

2. **Height** _____ **Weight** _____ **Age** _____

3. **Race/Ethnicity**
 White Middle Eastern or North African
 Black or African American American Indian or Alaska Native
 Asian Other (Specify) _____
 Native Hawaiian or Other Pacific Islander Unknown
 Hispanic or Latino

5. **Where were you seated at the time of the crash?**

- 1 – Immediately behind rider
- 2 – Immediately in front of rider
- 3 – Behind another passenger in location 1
- 4 – In front of another passenger in location 2
- Dismounting, jumping to side
- Not applicable, unseated prior to the crash
- Other (Specify) _____
- Unknown



(Select seat position number)

6. **What was your riding position at the time of the crash?**

- Normal, straddle-seated behind rider
- Riding with both legs on left side of motorcycle
- Riding with both legs on right side of motorcycle
- Straddle-seated on pillion behind rider
- Straddle-seated on tank in front of rider
- In sidecar
- Straddle-seated behind rider, facing rear
- Other (Specify) _____
- Unknown

Helmet Information

7. **At the time of the crash, were you wearing a helmet?**

- Yes
- No, helmet not available
- No, helmet available, but not used
- Other (Specify) _____
- Unknown

8. **Do you ever wear a helmet?**

- Not applicable, passenger was wearing helmet
- No
- Yes
- Occasionally
- Other (Specify) _____
- Unknown

9. **What is your reason for not wearing a helmet?**

(Select all that apply)

- Not applicable, passenger was wearing helmet
- Not required by law
- No expectation of accident involvement
- Helmets are too expensive
- Helmets are inconvenient and uncomfortable
- Helmets reduce traffic awareness, limit hearing and vision
- Helmets are ineffective at reducing head injury
- Helmets cause neck injury
- Helmets cannot be used; physical or religious reasons
- Do not own a helmet
- Forgot to bring helmet today
- Other (Specify) _____
- Unknown

Helmet Information (continued)

10. Helmet manufacturer:		(Enter manufacturer information below):
<input type="checkbox"/> Not applicable, no helmet worn <input type="checkbox"/> Unknown		_____
11. Helmet brand:		(Enter brand information below):
<input type="checkbox"/> Not applicable, no helmet worn <input type="checkbox"/> Unknown		_____
12. Helmet model:		(Enter model information below):
<input type="checkbox"/> Not applicable, no helmet worn <input type="checkbox"/> Unknown		_____
13. Helmet date of manufacture: (mm/dd/yyyy)		(Enter date of manufacture below):
(Enter 00/00/0000 for no date label and 99/99/9999 for unknown)		_____
14. Was the helmet DOT approved?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Not applicable, no helmet worn <input type="checkbox"/> Unknown		
15. What type of helmet was it?		
<input type="checkbox"/> Open-face helmet <input type="checkbox"/> Full-face helmet <input type="checkbox"/> Novelty or beanie helmet <input type="checkbox"/> Half/police helmet		
<input type="checkbox"/> Not a motorcycle helmet <input type="checkbox"/> Not applicable, no helmet <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown		
16. What is the type of helmet coverage?		
<input type="checkbox"/> Full coverage		
<input type="checkbox"/> Integral chin-bar but no face shield <input type="checkbox"/> Integral chin-bar and face shield <input type="checkbox"/> Removable chin-bar <input type="checkbox"/> Retractable chin-bar		
<input type="checkbox"/> Not applicable, no helmet <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown		
<input type="checkbox"/> Partial coverage		
<input type="checkbox"/> Bubble-type face shield <input type="checkbox"/> Visor/face shield combination <input type="checkbox"/> Removable gravel guard <input type="checkbox"/> Flat wraparound face shield		

Clothing Information

17. What kind of clothing was on your upper body?

- | | |
|--|---|
| <input type="checkbox"/> None
<input type="checkbox"/> Light cloth garment (thin cotton, etc.)
<input type="checkbox"/> Medium cloth garment (denim, nylon, etc.)
<input type="checkbox"/> Heavy cloth garment (imitation leather, etc.)
<input type="checkbox"/> Leather garment
<input type="checkbox"/> Kevlar | <input type="checkbox"/> Armored nylon mesh
<input type="checkbox"/> Off-road, molded body armor
<input type="checkbox"/> Armored leather
<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Unknown |
|--|---|

18. What kind of clothing was on your lower body?

- | | |
|--|---|
| <input type="checkbox"/> None
<input type="checkbox"/> Light cloth garment (thin cotton, etc.)
<input type="checkbox"/> Medium cloth garment (denim, nylon, etc.)
<input type="checkbox"/> Heavy cloth garment (imitation leather, etc.)
<input type="checkbox"/> Leather garment
<input type="checkbox"/> Kevlar | <input type="checkbox"/> Armored nylon mesh
<input type="checkbox"/> Off-road, molded body armor
<input type="checkbox"/> Armored leather
<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Unknown |
|--|---|

19. Was any of this clothing or your helmet retroreflective?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No retroreflective clothing or gloves
<input type="checkbox"/> Upper body (shirt/jacket/vest)
<input type="checkbox"/> Lower body (pants/shorts)
<input type="checkbox"/> Gloves | <input type="checkbox"/> Special article (vest, armband, or similar item)
<input type="checkbox"/> Helmet
<input type="checkbox"/> Not applicable (no clothing or gloves worn)
<input type="checkbox"/> Other (Specify) _____ |
|--|--|

Passenger Experience

20. How much experience do you have riding as a passenger on motorcycles?

- | | |
|--|---|
| <input type="checkbox"/> Never rode as a passenger before
<input type="checkbox"/> Very little experience
<input type="checkbox"/> Moderate experience | <input type="checkbox"/> Extensive experience
<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Unknown |
|--|---|

Injury Information

21. Were you injured?

-
- Yes
-
- No
-
- Unknown

22. Were you transported directly from the crash scene for treatment?

-
- Yes
-
- No
-
- Unknown

23. Did you receive any medical treatment, including treatment later? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No
<input type="checkbox"/> EMS at scene
<input type="checkbox"/> Hospital
<input type="checkbox"/> Medical clinic | <input type="checkbox"/> Doctor's office
<input type="checkbox"/> Treated by self
<input type="checkbox"/> Unknown |
|--|--|

24. If treated at hospital, which describes level of treatment? (Select all that apply)

-
- Treated and released from emergency room
-
-
- Admitted to hospital; Number of days _____
-
-
- Unknown

25. Did you miss any days of work or school as a result of the crash?

- | | |
|---|---|
| <input type="checkbox"/> No
<input type="checkbox"/> Yes, Number of days _____ | <input type="checkbox"/> Not working prior to crash
<input type="checkbox"/> Unknown |
|---|---|

INDIVIDUAL INJURY DESCRIPTION

Identify which Motorcycle Passenger is being reported on here:

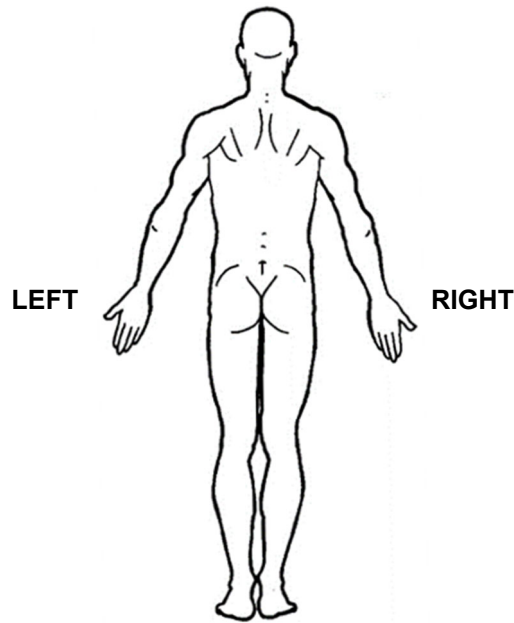
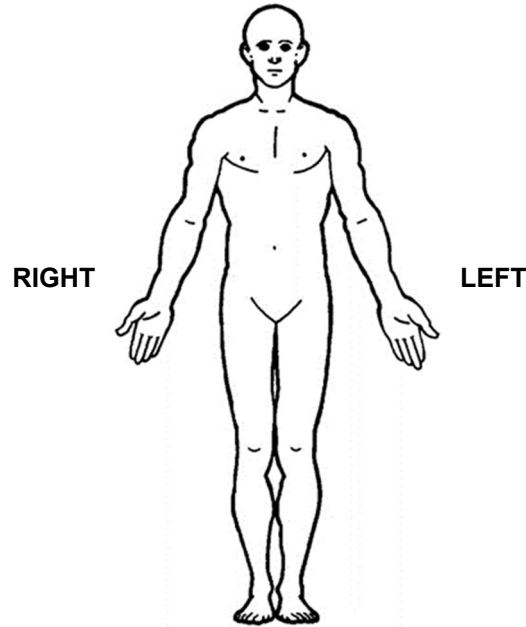
PSU Number: _____ Case Number: _____ Motorcycle Passenger Number: _____

Did Motorcycle Passenger have any of the following injuries:

- Cuts Abrasions Bruises Fractures Head/Skull/Brain Internal Sprains/Strains Other

Annotate injury type, details including location, and source

FRONT



BACK