Paperwork Reduction Act Statement

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 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **9 minutes**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. 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.

PRE-STUDY INTRODUCTION

Thank you for booking an appointment with DRI, we are excited that you accepted our invitation to participate in our upcoming study. Requirements to participate include:

1. Must be 18-70 years old
2. Normal or corrected-to-normal hearing
3. Vision requirements – must meet criteria in either i or ii
    a. (i) Must meet one of the following criteria:
        - No Prescription glasses needed to drive -OR-
        - Wear contact lenses while driving
    b. (ii) Must meet both of the following criteria:
        - Prescription glasses with SPH values between -6 and +6 diopters -AND-
        - Prescription glasses with CYL values between -1.5 and +1.5
4. Fluent in reading and speaking in English
5. Valid driver's license
6. Regularly drive one of the following vehicles
    a. [*Vehicles to be chosen after PRA*]
7. Regularly use one of the following systems
    a. [*Systems to be chosen after PRA*]
8. Not experienced motion sickness in a driving simulator previously
9. Drive at least 3000 miles per year
10. Ability to abstain from alcohol, marijuana, and illicit substances for 12 hours prior to session
11. No special driving equipment needed
12. No medical conditions that might impact driving (i.e., heart condition, back or neck pain, recent back or neck pain treatment, disorders, disability or seizures)

13. No sedative or psychotropic medications (antidepressants, anti-anxiety medications, stimulants, antipsychotics, or mood stabilizers)
14. Not pregnant
15. No mascara or fake eyelashes can be worn to the session
16. Have valid Social Security Number or Tax Identification Number

If you do not meet one of these above requirements, please exit this survey and call us at (310)-212- 5211 and ask for the Human Factors Department. The following survey takes 10-15 minutes and must be completed at least 1 day before your appointment time. Please review and complete the following pre-session documents:

- Privacy Notice
- Confidentiality Agreement
- Indemnification Form
- Introduction to the study
- General Information and Health Questionnaire

We have also attached a PDF of the informed consent document you will be asked to sign at your appointment. If you have any questions, please get in touch with us by phone, asking for the Human Factors department, at (310)-212-5211, or by email at dynres.info@gmail.com

Thank you!

Christian Schmitz, Human Factors Engineer, Project Co-lead, christian.schmitz@dynres.com

Max Lough, Human Factors Engineer, Project Co-lead, max.lough@dynres.com

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1. PRIVACY NOTICE

PLEASE READ THE FOLLOWING CAREFULLY. In compliance with California law, we want to advise you of the information we collect in connection with your research participation with Dynamic Research, Inc. (DRI or "the Company"), and how we use that information. The categories of information we collect may include:

- Personal identification information, including name, mailing address, Social Security number, Tax Identification Number and driver's license.
- Personal characteristics, including health information, disabilities, and current health condition.
- Demographic information including age, sex, race/ethnicity, household income, education, and licenses or permits you hold.
- Biometric Information: Eye tracking and heart rate data.

- Behavioral Information: Data related to driving performance and behavior.
- Any other information that you voluntarily provide or necessary for the research activity as described in the consent form.

We will use the information you submit in the following ways:

- To evaluate your application to participate in the study.
- To confirm the accuracy of various research instruments and methodologies.
- To process payments for participation.
- To monitor compliance with relevant licenses and credentials.
- To assist in case of emergency.
- To ensure a safe and productive research environment.
- To comply with legal requirements.
- To improve the design and outcomes of current and future research activities.

The information we collect is securely stored within your file, and our associated tools and databases. We will not sell any information you provide to us. We may share this information, on a confidential basis, solely in order to provide services to you, such as payment processing and administration, or for research purposes. If necessary to protect the welfare and safety of others, and to enforce the law, the Company may share your information on a confidential basis with investigators and law enforcement personnel. The Company will retain your personal information unless you request it to be deleted, and otherwise as required by California law. The Company may retain your personal information if reasonably necessary for use in any pending litigation or investigation, or for tax or financial reporting purposes. You can submit requests regarding any of the above to DRIManagement. The Company will not discriminate against you for exercising any of your rights under applicable California privacy laws.

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2. APPLIED RESEARCH PARTICIPANT CONFIDENTIALITY AGREEMENT

As a participant in an applied research study at Dynamic Research, Inc., (DRI), I recognize that such research studies involve confidential and proprietary information and matters. This includes data, information, software, hardware, and inventions which are considered proprietary DRI or its customers.

I agree not to disclose or discuss the details of these confidential activities, and related data, information, software, hardware, and inventions to anyone outside of DRI, either during the study period or at any time in the future. I further agree not to remove from DRI any such data, information, software, hardware, or inventions. In the event that I violate any of the terms of this Agreement whether it actually occurs or is threatened, DRI shall be entitled to injunctive relief restraining me from using or disclosing, in whole or in part, directly or indirectly, any such information, as well as damages from Recipient according to proof, for such use or disclosure, if any. I will be responsible for necessary costs and fees incurred in obtaining reasonable relief. I also understand that DRI's pursuit of injunctive relief is without prejudice to any other rights and remedies that it may have for a violation of this Agreement.

I hereby waive the rights to any results, findings, or consequences thereof which may result from my activities for DRI.

I agree that this research activity participation is on an at-will basis, which means that either I or DRI can terminate the relationship at any time.

I understand and agree to the above.

Print your full name *** must provide value**

[Insert full name]

Signature *** must provide value**

[Insert signature]

Select Today's Date *** must provide value**

[Insert date]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

5. WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM

Name of Activity: Voice Command Interface Study

Date of Activity: [*Dates to be determined after PRA*]

Location of Activity: Torrance, California

I, the undersigned Participant, certify that I am 18 years of age or over. I request and consent to participate in the above-referenced activity ("Activity") with Dynamic Research Inc. ("Company"). I certify and represent that I am aware of no medical condition or physical or mental impediment that I have that would endanger me when participating in the Activity. I understand that the Activity may involve the risk of accident and bodily injury, death, or property damage to me, and I agree to assume such risks.

In consideration for my participation in the Activity, I hereby waive, release and discharge the Company from and against any and all claims or liabilities to me or any other person, including but not limited to claims or liabilities for bodily injury, illness (including COVID-19), death, or property damage, arising from or related in any way to my participation in the Activity, including the negligence of the Company or any other participants in the Activity, and I agree to waive my rights to make any such claims through any action or proceeding against the Company. However, I understand that this paragraph is not intended to release any party from any act or omission of "gross negligence."

In giving the foregoing releases and waivers, I expressly waive any and all rights conferred upon me by the provisions of California Civil Code Section 1542, which I understand reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

This waiver shall be effective as a bar to any and all actions, fees, damages, losses, claims, liabilities and demands of whatsoever character, nature and kind, that are known or unknown, or suspected or unsuspected, that may arise from or relate in any way to my participation in the Activity.

To the full extent permitted by law, I agree to hold and save the Company harmless from any and all actions, claims, proceedings, damages to persons or property, losses, costs, fees, expenses, forfeitures, penalties, obligations, errors, omissions or liabilities, whether actual or threatened, that may be asserted or claimed by any person, firm or entity ("Claims") arising out of or in connection with my participation in the Activity, and to defend and indemnify the Company from and against all Claims arising from my negligence or intentional misconduct in connection with my participation in the Activity. This obligation shall be binding on my heirs, successors and assigns and shall not expire.

No oral representations, statements or inducements, apart from this written form, have been made with regard to the subject matter of this form. If any portion of this form is declared invalid by a court of competent jurisdiction, the remainder shall continue in full force and effect.

By signing below, I acknowledge and represent that I have read and understand the above, and that I voluntarily agree to its terms.

Print your full name *** must provide value**

[Insert full name]

Signature *** must provide value**

[Insert signature]

Select Today's Date *** must provide value**

[Insert date]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

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4. STUDY DESCRIPTION

The purpose of this research study is to understand if there are differences in driver distraction, performance, and cognitive workload as drivers engage with various tasks while driving, such as using a voice command interface (VCI). This study will also assess how visual-manual tasks differ from tasks completed using the VCI.

Participating in this study involves one visit of approximately 2.5 hours. You will be required to come to our facility, at 355 Van Ness Ave # 200, Torrance, CA 90501. This visit involves driving in a virtual environment using a vehicle and VCI system that matches one of the planned vehicles and systems that you have experience using regularly.

You must refrain from alcohol and illicit or recreational drugs (e.g., cannabis) for the 12 hours preceding the visit because of potential carryover effects that these substances may have on your nervous system.

Study Visit: *Estimated to last approximately 2.5 hours.* During this visit we will:

- Review and sign the consent document
- Review your driver's license to ensure it is valid by looking at the expiration date
- Review recent substance use and ask about any changes to health since this online eligibility screening
- Secure the necessary sensors to your person (a band across your sternum for an Electrocardiogram, eye-tracking glasses, and a finger button).
- Train you on how to operate the research vehicles and use certain features then complete a practice drive of approximately 4 minutes
- Complete a series of 9 study drives of approximately 1 hour of total drive time, with training between drives.
- Undergo a study debrief
- Complete a payment form

Compensation: You will receive up to $150 for participating in this study. Pay will be pro-rated. You will receive $60 per hour of participation.

5. GENERAL INFORMATION AND HEALTH QUESTIONNAIRE

FIRST_NAME

What is your first name? *** must provide value**

[Insert first name]

LAST_NAME * must provide value

What is your last name?

[Insert last name]

SEX

What is your sex as it is listed on your license? *** must provide value**

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

AGE

What is your age? *** must provide value**

[Insert age]

ETHNICITY

What is your race/ethnicity? Select all that apply. *** must provide value**

- ☐ American Indian or Native Alaskan
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern, or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

EDUCATION

What is your highest level of education attained? *** must provide value**

- ☐ Less than 9th grade
- ☐ Some high school
- ☐ High school
- ☐ Some college
- ☐ College or trade school degree
- ☐ Graduate degree (M.A., M.S., J.D., M.D., Ph.D.)
- ☐ Prefer not to answer

INCOME

What is your annual household income? *** must provide value**

- ☐ < $15,000
- ☐ $15,000 - $24,999
- ☐ $25,000 - $34,999
- ☐ $35,000 - $49,999
- ☐ $50,000 - $74,999
- ☐ $75,000 - $99,999
- ☐ $100,000 - $149,999
- ☐ $150,000 - $199,999
- ☐ $200,000+
- ☐ Prefer not to answer

STREET_ADDRESS

We are collecting your address because if you receive more than $600 in one calendar year from DRI, we will send you a 1099 form for tax purposes. This will be the address that the 1099 form will be sent if you receive a 1099 form.

Street Address (ex. 355 Van Ness Ave) *** must provide value**

[Insert street address]

CITY_ADDRESS

City (ex. Torrance, CA) *** must provide value**

[Insert city]

ZIP_ADDRESS

Zip Code (ex. 90505) *** must provide value**

[Insert zip code]

HEALTH_CHANGES

Has there been any change in the following conditions since your eligibility screener: (1) Heart condition; (2) Back or neck pain; (3) Treatment for back or neck pain; (4) Disorders that impair your driving ability; (5) Physical disability that might affect your ability to participate; (6) Seizures within 6 months; (7) Pregnancy; (8) Psychotropic or sedative medications; (9) Driver's license status? *** must provide value**

☐ Yes

☐ No

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*If the respondent selects "Yes", they are directed to **MORE DETAIL**. If the respondent selects "No", they proceed to the end of the survey.*

MORE_DETAIL

It appears you selected yes for a change to your condition since the eligibility screener. Please provide more detail. *** must provide value**

[Insert detail].