



MOTORCYCLE RIDER INTERVIEW

PSU Number: _____		Case Number: _____	
Vehicle Number:		Occupant Number:	
Name:	Date of Birth:	Phone Number:	
Medical Facility (If multiple treatment locations – list all, including treatment later)		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):			

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MOTORCYCLE RIDER INTERVIEW

PSU Number: _____

Case Number: _____

MOTORCYCLE RIDER 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. Rider's postal zip code:

(Enter zip code below):

☐ Unknown _____**Helmet Information****6. At the time of the crash, were you wearing a helmet?**

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

7. Do you ever wear a helmet?

- ☐ Not applicable, rider was wearing helmet ☐ Occasionally
☐ No ☐ Unknown
☐ Yes

8. What is your reason for not wearing a helmet?

(Select all that apply)

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

9. Helmet manufacturer:

(Enter manufacturer information below):

- ☐ Not applicable, no helmet worn
☐ Unknown _____

10. Helmet brand:

(Enter brand information below):

- ☐ Not applicable, no helmet worn
☐ Unknown _____

11. Helmet model:

(Enter model information below):

- ☐ Not applicable, no helmet worn
☐ Unknown _____

Helmet Information (continued)**12. Helmet date of manufacture: (mm/dd/yyyy)**

(Enter date of manufacture below):

(Enter 01/01/1907 for Not applicable, no helmet,
01/01/1908 for No label, and 01/01/1909 for Unknown) _____**13. Was the helmet DOT approved?**

- ☐ No
☐ Yes

- ☐ Not applicable, no helmet worn
☐ Unknown

14. What type of motorcycle helmet was it?

- ☐ Open-face helmet
☐ Full-face helmet
☐ Novelty or beanie helmet
☐ Half/police helmet

- ☐ Not a motorcycle helmet
☐ Not applicable, no helmet worn
☐ Other (Specify) _____
☐ Unknown

15. What is the type of helmet coverage?

- ☐ Full coverage (full facial coverage)
 ☐ Integral chin-bar but no face shield
 ☐ Integral chin-bar and face shield
 ☐ Removable chin-bar
 ☐ Retractable chin-bar
☐ Not applicable, no helmet
☐ Other (Specify) _____
☐ Unknown

- ☐ Partial coverage (open-face helmet)
 ☐ Bubble-type face shield
 ☐ Visor/face shield combination
 ☐ Removable gravel guard
 ☐ Flat wraparound face shield

Clothing Information**16. What kind of clothing was on your upper body?**

- ☐ None
☐ Light cloth garment (thin cotton, etc.)
☐ Medium cloth garment (denim, nylon, etc.)
☐ Heavy cloth garment (imitation leather, etc.)
☐ Leather garment
☐ Kevlar

- ☐ Armored nylon mesh
☐ Off-road, molded body armor
☐ Armored leather
☐ Other (Specify) _____
☐ Unknown

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

- ☐ None
☐ Light cloth garment (thin cotton, etc.)
☐ Medium cloth garment (denim, nylon, etc.)
☐ Heavy cloth garment (imitation leather, etc.)
☐ Leather garment
☐ Kevlar

- ☐ Armored nylon mesh
☐ Off-road, molded body armor
☐ Armored leather
☐ Other (Specify) _____
☐ Unknown

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

(Select all that apply)

- ☐ No retroreflective clothing or gloves
☐ Upper body (shirt/jacket/vest)
☐ Lower body (pants/shorts)
☐ Gloves
☐ Special article (vest, armband, or similar item)

- ☐ Helmet
☐ Not applicable (no clothing or gloves worn)
☐ Other (Specify) _____
☐ Unknown

Eye Protection / Eye Wear Information**19. Were you wearing prescription contact lenses?**

☐ Yes ☐ No ☐ Unknown

20. What best describes the type of eye protection/eyewear worn?

☐ No additional eye protection/eyewear ☐ Goggles
☐ Sunglasses ☐ Other (includes wearing eyewear combination)
☐ Eyeglasses
☐ Safety glasses ☐ Unknown _____

21. Was the eye protection/eyewear prescribed?

☐ Yes ☐ No ☐ Not Applicable (not worn) ☐ Unknown

22. Did the additional eye protection/eyewear have tinted lenses?

☐ Yes ☐ No ☐ Not Applicable (not worn) ☐ Unknown

Rider Experience**23. Are you the owner of this motorcycle?**

☐ No ☐ Other (Specify) _____
☐ Yes ☐ Unknown

24. How long have you operated a street motorcycle?

☐ Less than 2-years, number of months: _____ ☐ Unknown
☐ Number of years: _____

25. What kind of motorcycle training have you had?

☐ None ☐ Self-taught
☐ State-recognized entry-level motorcycle course ☐ Taught by family and/or friends
☐ Experienced-rider course ☐ Other (Specify) _____
☐ High performance/competitive-track course ☐ Unknown

26. Were you riding with other motorcyclists at the time of the crash?

☐ No ☐ Other (Specify) _____
☐ Yes ☐ Unknown

27. How many other motorcyclists were in the group?

☐ None
☐ Actual number of motorcycles: _____
☐ Unknown

28. Was the group riding in a specific formation?

☐ No group ☐ No formation
☐ Single file ☐ Not applicable
☐ Staggered ☐ Other (Specify) _____
☐ Side-by-side ☐ Unknown

29. If in a formation, where was your motorcycle placed within the formation?

☐ Not in formation ☐ Not applicable
☐ Front area ☐ Other (Specify) _____
☐ Middle area ☐ Unknown
☐ Rear area

Equipment

30. Was your motorcycle equipped with any of the following:

- | | | | |
|---------------------------------|-----------------------------|------------------------------|----------------------------------|
| Anti-Lock Brake System (ABS) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Accessory Lighting | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Traction Control System (TCS) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Combined Braking System (CBS) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Stability Control System (SCS) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Adaptive Cruise Control (ACC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Forward Collision Warning (FCW) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Blind Spot Detection (BSD) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| Wheelie Mitigation System (WMS) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |

31. Was the motorcycle equipped with a fairing or windscreen?

- ☐ No ☐ Yes ☐ Unknown

32. Was the motorcycle equipped with or pulling any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Outrigger |
| <input type="checkbox"/> Sidecar | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Trailer | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Training wheels | |

33. Was the headlamp illuminated at the time of the crash?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Yes, rider controlled | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Yes, always-on technology | |

Rider Pre-Crash Information

34. How was traffic flowing at the time of the crash?

- | | |
|--|--|
| <input type="checkbox"/> No traffic-flow factors | <input type="checkbox"/> Rush-hour congestion |
| <input type="checkbox"/> Previous crash nearby | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Construction work zone | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Emergency vehicle approaching | |

35. Which lane were you traveling in just before the precipitating event?

- | | |
|---|--|
| <input type="checkbox"/> Lane one (right curb lane) | <input type="checkbox"/> Lane-splitting |
| <input type="checkbox"/> Lane two | <input type="checkbox"/> Wrong way in opposing traffic |
| <input type="checkbox"/> Lane three | <input type="checkbox"/> Not applicable, not in a traffic lane |
| <input type="checkbox"/> Lane four | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Designated right-turn lane | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Designated left-turn lane | |

36. Where were you looking at the start of the crash sequence?

- | | |
|---|--|
| <input type="checkbox"/> Looking straight ahead | <input type="checkbox"/> Looking at own motorcycle |
| <input type="checkbox"/> Looking right | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Looking left | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Looking rearward | |

Rider Pre-Crash Information (continued)**37. Were your brakes functioning before the crash?**

- ☐ No
☐ Yes

- ☐ Other (Specify) _____
☐ Unknown

38. Rider estimated travel speed prior to impact?

- ☐ Stopped
☐ Speed in mph: _____
☐ Unknown

39. What gear was the motorcycle in at the time of the crash?**40. Rider estimated engine revolutions per minute (RPM):****41. What was the other vehicle's estimated travel speed?**

- ☐ Stopped
☐ Speed in mph: _____

- ☐ Not Applicable, No Other Vehicle(s)
☐ Unknown

42. What collision avoidance actions were you taking? (Select all that apply)

- ☐ None
☐ Braking
☐ Releasing brakes
☐ Steering left
☐ Steering right
☐ Swerving
☐ Counter-steering
☐ Cornering
☐ Accelerating

- ☐ Laid the bike down
☐ Jump or bail out
☐ Downshifting
☐ Disengaging clutch
☐ Drag feet
☐ Use of horn
☐ Flashing headlamp
☐ Other (Specify) _____
☐ Unknown

43. Did you lose control of the motorcycle?

- ☐ No loss of control
☐ Capsized or fell over
☐ Braking slide-out, low-side
☐ Braking slide-out, high-side
☐ Cornering slide-out, low-side
☐ Cornering slide-out, high-side
☐ Ran wide on turn, ran off road
☐ Lost wheelie
☐ Low-speed wobble
☐ High-speed wobble

- ☐ Weave, no-pitch
☐ Pitch weave, low speed
☐ Pitch weave high-speed cornering
☐ End over, "Flying W"
☐ Continuation, no control actions
☐ Lost stoppie
☐ Not applicable
☐ Other (Specify) _____
☐ Unknown

44. Any control loss due to weather, roadway, animal, or mechanical problems?

- ☐ No
☐ Yes, control loss due to weather
☐ Yes, control loss due to mechanical problems
☐ Yes, control loss due to weather and mechanical problems
☐ Yes, control loss due to roadway problems, i.e., surface feature such as pothole, or manhole cover (Specify) _____

- ☐ Yes, control loss due to roadway and weather problems
☐ Yes, control loss due to roadway and mechanical problems
☐ Yes, control loss due to weather, mechanical, and roadway problems
☐ Yes, control loss due to animal (Specify) _____
☐ Unknown

Rider Pre-Crash Information (continued)**45. Where was the other vehicle coming from in relation to you?**

- | | |
|--|---|
| <input type="checkbox"/> Did not see other vehicle | <input type="checkbox"/> From right-rear |
| <input type="checkbox"/> 180 degrees from opposing direction | <input type="checkbox"/> From behind |
| <input type="checkbox"/> From left-front | <input type="checkbox"/> Directly in front |
| <input type="checkbox"/> From left | <input type="checkbox"/> Not applicable, no other vehicle |
| <input type="checkbox"/> From left-rear | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> From right-front | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> From right | |

46. Was your line-of-sight to the other vehicle clear?

- | | |
|---|--|
| <input type="checkbox"/> Yes, clear | <input type="checkbox"/> Other vehicle in blind spot of mirror |
| <input type="checkbox"/> No, view obstructed by road curvature | <input type="checkbox"/> Obscured by traffic |
| <input type="checkbox"/> No, view obstructed by roadway grade | <input type="checkbox"/> Not applicable, no other vehicle |
| <input type="checkbox"/> No, view obstructed by roadside objects
(e.g., shrubs, vehicles, buildings) | <input type="checkbox"/> Other (Specify) _____ |
| | <input type="checkbox"/> Unknown |

47. Was your view of the other vehicle obscured?

- | | |
|--|---|
| <input type="checkbox"/> No, not obscured | <input type="checkbox"/> Yes, obscured by nighttime and color of vehicle |
| <input type="checkbox"/> Yes, obscured by sun glare | <input type="checkbox"/> Obscured by condition of windscreen of eyewear
(dirt, condensation, etc.) |
| <input type="checkbox"/> Yes, obscured by headlight glare | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Yes, obscured by other glare
(specify) _____ | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Yes, obscured by darkness | <input type="checkbox"/> Unknown |

48. What was your position on the motorcycle at the time of the collision?

- | | |
|---|--|
| <input type="checkbox"/> Not on motorcycle | <input type="checkbox"/> Dismounting, jumping upward |
| <input type="checkbox"/> Normal seating position | <input type="checkbox"/> Dragging foot, foot down |
| <input type="checkbox"/> Standing on footrests, foot pegs | <input type="checkbox"/> Abnormal seating position |
| <input type="checkbox"/> Seated, head down | <input type="checkbox"/> Standing on seat |
| <input type="checkbox"/> Shoulder check, left | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Shoulder check, right | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Dismounting, jumping to side | |

49. Were you transporting any cargo at the time of the crash?

- ☐
- No
- ☐
- Yes
- ☐
- Unknown

50. Estimated weight of cargo:

Units kg or lbs: _____

License**51. What kind of operator's license do you have? (Select all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> No license | <input type="checkbox"/> Motorcycle driver and competition license |
| <input type="checkbox"/> Learner's permit only | <input type="checkbox"/> License to transport people |
| <input type="checkbox"/> Motorcycle license | <input type="checkbox"/> Heavy-truck license |
| <input type="checkbox"/> Automobile license | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Commercial license | <input type="checkbox"/> Unknown |

Factors**52. How were you feeling before the crash?**

(Sick, blackout, seizure, cold/flu, etc.)

☐ Normal☐ Unknown☐ Other (Specify) _____**53. Do you think your mental status was clear leading up to the crash?**☐ Yes☐ Unknown☐ No (Specify) _____**54. Were you feeling rushed?**☐ No☐ Unknown☐ Yes**55. Were you well rested or tired at the time of the crash?**☐ Well rested☐ Very tired☐ Somewhat tired☐ Unknown**56. Rider distractions** (Select all that apply)☐ None☐ Unknown use of mobile electronic device☐ Drowsy, asleep, or fatigued☐ Vehicle-integrated device or controls☐ Inattentive or lost in thought☐ Other inside the vehicle (eating, smoking, etc.)☐ Passenger☐ Other outside the vehicle (e.g., adjusting mirrors, outside person, object, or event)☐ Talking or listening to handheld mobile electronic device☐ Other device brought into the vehicle (navigation, game, video, etc.)☐ Texting or manually operating a mobile electronic device☐ Distracted, unknown type☐ Talking or listening on hands-free mobile electronic device☐ Unknown**Injury****57. Were you injured?**☐ Yes☐ No☐ Unknown**58. Were you transported directly from the crash scene for treatment?**☐ Yes☐ No☐ Unknown**59. Did you receive any medical treatment, including treatment later?** (Select all that apply)☐ No☐ Doctor's office☐ EMS at scene☐ Treated by self☐ Hospital☐ Unknown☐ Medical clinic**60. If treated at hospital, which describes level of treatment?**☐ Treated and released from emergency room☐ Admitted to hospital; Number of days _____☐ Unknown**61. Did you miss any days of work or school as a result of the crash?**

(Includes full-time college student)

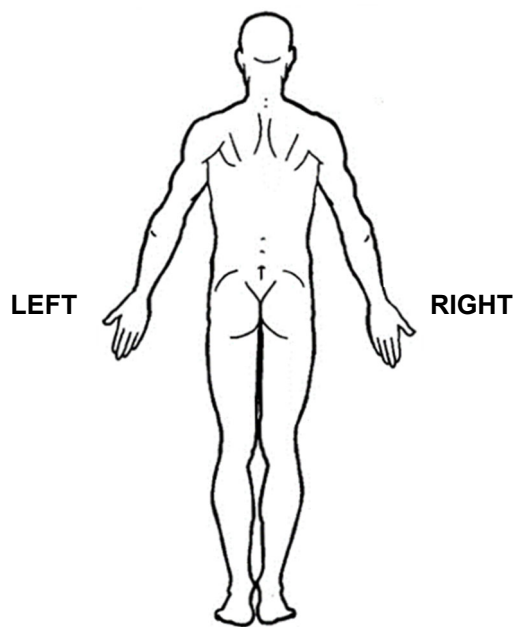
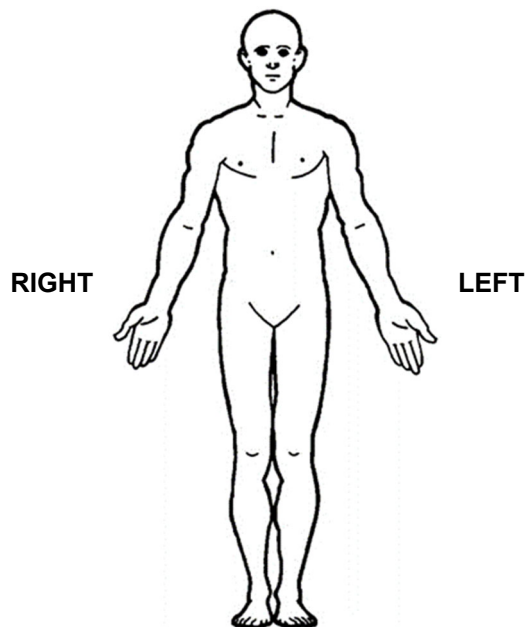
☐ No☐ Not working prior to crash☐ Yes, Number of days _____☐ Unknown

INDIVIDUAL INJURY DESCRIPTION**Motorcycle Rider Name:**

PSU Number: _____

Case Number: _____

Did Motorcycle Rider 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**