

Data Dictionary

Alcohol and Drug Crash Risk Study

Data Dictionary for Alcohol and Drug Crash Risk Study

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Data Dictionary for Alcohol and Drug Crash Risk Study

Data dictionary organization

The data dictionary is divided into 8 categories:

- 1) Sampling variables. These variables provide information about the sample sites, crash/control identifiers, general substance related information and participant numbers.
- 2) Crash Reporting Form variables. These variables provide data identifying attributes of the crash including type of crash, factors contributing to the crash and crash environment.
- 3) Observational PAS variables. These variables provide data of observations made by data collectors including initial PAS readings.
- 4) Driver Information. These variables provide data on what the driver's role in the crash was and any outcome resulting from the crash (i.e., hospitalization, arrest, etc.).
- 5) Alcohol and Drug Crash Risk Study (ADCRS) Survey. These variables provide self-report data gathered from drivers pertaining to demographic information, alcohol use patterns and behaviors, and travelling information (i.e., average time spent driving, time of day driving, where to, where from, etc.).
- 6) Site Observation Reporting Form variables. These variables provide observational data pertaining to the data collection site (i.e., weather and road conditions, environment, lighting, crash type, etc.)
- 7) Blood and oral fluid results. These variables provide data on whether drivers screened positive or negative for a given substance in either oral fluid and/or blood results. Participants only needed to provide one of the two to be included in this dataset.
- 8) Sorting variables. These variables organize data from the previous categories into a variety of variables used to create tables found in the *Alcohol and Drug Crash Risk Survey*.

Binomial values

The convention used for variable values that relate to Yes/No; Present/Absent is 1=Yes/Present and 0=No/Absent. In some cases, missing data or 'Did not respond/Refused to answer' is given by '99' or '999' or '.' or ' '.

List of Variables

This section includes a list of all variables "ADCRS_final" dataset. Each variable has the 'Variable Name,' 'Type,' and 'Label or description of the variable.' *Variable Name* refers to the name by which each variable appears in the dataset itself. *Type* refers to the format of the data (i.e., **Numerical**, **Text**, or **Date**). *Label or description of variable* provides a brief description on what kind of data is contained in that variable.

<u>Variable Name</u>	<u>Type</u>	<u>Label or description of variable</u>	<u>Values or Responses</u>
1. Sampling variables			
casenum	Num	Data Collector assigned Crash #, sequential	Numeric value
dbo_vehicle_id	Num	Form-based autogenerated ID	Numeric value
drug_name_of	Text	Name of drug (oral fluid)	Character value
category_of	Text	Drug category in oral fluid	Five-level Drug category (Oral Fluid): More than 1 class, Negative, OTC, illegal, prescription
class_of	Text	Drug class in oral fluid	8-level Drug class (Oral Fluid): Antidepressants, Marijuana, Narcotic Analgesics, Sedatives, Stimulants, More than 1 class, Negative
type_of	Text	Type of drug (oral fluid)	Character value
drug_quantity_of	Numeric	Drug concentration (Oral Fluid)	Numeric value
category_blood	Text	Drug category in blood sample	Five-level Drug category

			(Blood): More than 1 class, Negative, OTC, illegal, prescription
drug_name_blood	Text	Name of drug (blood)	Character value
class_blood	Text	Drug class in blood	8-level Drug class (Blood): Antidepressants, Marijuana, Narcotic Analgesics, Sedatives, Stimulants, More than 1 class, Negative
type_blood	Text	Type of drug (blood)	Character value
drug_quantity_blood	Numeric	Drug concentration (Blood)	Numeric value
category_ofblood	Text	Drug category in OF and Blood combined	Five-level Drug category (Oral Fluid and/or Blood): More than 1 class, Negative, OTC, illegal, prescription
drug_name_ofblood	Text	Drug name (Oral Fluid and/or Blood)	Character value
class_ofblood	Text	Drug class (Oral Fluid and/or Blood)	8-level Drug class (Oral fluid and/or Blood): Antidepressants, Marijuana, Narcotic Analgesics, Sedatives, Stimulants, More than 1 class, Negative
type_ofblood	Text	Drug type (Oral Fluid and/or Blood)	Character value
drug_quantity_ofblood	Numeric	Drug concentration (Oral Fluid and/or Blood)	Numeric value
observation_time	Text	Observed time of crash (note: the control drivers of a crash are also assigned the time value of that crash)	1 = "12 am" 2 = "3 am" 3 = "6 am" 4 = "9 am" 5 = "12 pm" 6 = "3 pm" 7 = "6 pm" 8 = "9 pm"
dbo_CrashForm1_id	Long Integer	Form-based autogenerated ID	Numeric value
drivernumber	Long Integer	Driver number by order of interview	Numeric value
controlnumber	Long Integer	Control number	Crash = 0, Control = >0
2. Crash Reporting Form Variables			
vehicle_number	Text	Vehicle number (According to the reporting officer in the police report (DC assigned driver number may not be the same as vehicle_number).	Numeric value
precinct	Long Integer	Precinct district in which the crash occurred.	1 1 2 2 3 3 4 4

			5 Left blank
consented_byofficer	Text	Driver Consented by Officer	1 Yes 2 No 4 Control 3 Did not answer 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
consented_byofficer_no	Text	Explanation if 'consented by officer' is no.	1 Refused Officer 2 Taken to Hospital 3 Absent 6 Commercial 7 Not Approached 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
responsibility_code	Long Integer	Officer assigned responsibility rating.	0 not responsible or contributory 1 contributory/neither 2 contributory 3 responsible/contributory 4 responsible 8 unknown 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
crash_type	Text	Officer determined crash type	Character value
injurycode	Text	Officer assigned Injury Type.	1 Dead before report made. 2 Visible signs of injury, as bleeding wound, distorted member or had to be carried from scene. 3 Other visible injury, as bruises, abrasions, swelling, limping, etc. 4 No visible injury, but complaint of pain or momentary unconsciousness. 6 No injury. (driver only) 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
length_interview	Long Integer	Length of interview in minutes.	Numeric value
no_improper_action	Text	Check box option: No improper action	1 = Yes, 0 = No
exceed_speed_limit	Text	Check box option: Exceed speed limit	1 = Yes, 0 = No
exceed_safe_speed	Text	Check box option: Exceed safe speed	1 = Yes, 0 = No

		but not speed limit	
overtaking_on_hill	Text	Check box option: Overtaking on hill	1 = Yes, 0 = No
overtaking_on_curve	Text	Check box option: Overtaking on curve	1 = Yes, 0 = No
overtaking_at_intersection	Text	Check box option: Overtaking at intersection	1 = Yes, 0 = No
improper_passing_schoolbus	Text	Check box option: Improper passing school bus	1 = Yes, 0 = No
cutting_in	Text	Check box option: cutting in	1 = Yes, 0 = No
other_improper_passing	Text	Check box option: Other improper passing	1 = Yes, 0 = No
wrong_side_road	Text	Check box option: Wrong side of road - no overtaking	1 = Yes, 0 = No
not_right_ofway	Text	Check box option: Did not have right of way	1 = Yes, 0 = No
follow_too_close	Text	Check box option: Following too closely	1 = Yes, 0 = No
fail_signal	Text	Check box option: Fail to signal or improper signal	1 = Yes, 0 = No
wide_turn	Text	Check box option: improper turn - wide turn	1 = Yes, 0 = No
cut_corner	Text	Check box option: Improper turn - cut corner on left turn	1 = Yes, 0 = No
turn_from_wronglane	Text	Check box option: Improper turn - from wrong lane	1 = Yes, 0 = No
other_improper_turn	Text	Check box option: Other improper turn	1 = Yes, 0 = No
improper_backing	Text	Check box option: Improper backing	1 = Yes, 0 = No
improper_start	Text	Check box option: Improper start from parked position	1 = Yes, 0 = No
disregard_officer	Text	Check box option: Disregarded officer or flagger	1 = Yes, 0 = No
disregard_signal	Text	Check box option: Disregarded traffic signal	1 = Yes, 0 = No
disregard_stop	Text	Check box option: Disregarded stop or yield sign	1 = Yes, 0 = No
driver_distracted	Text	Check box option: Driver distracted	1 = Yes, 0 = No
fail_stop_highway	Text	Check box option: Fail to stop at through highway: no signal	1 = Yes, 0 = No
drive_through_workzone	Text	Check box option: Drive through work zone	1 = Yes, 0 = No
fail_setup_flares	Text	Check box option: Fail to set up flares or flags	1 = Yes, 0 = No
fail_dim_headlights	Text	Check box option: Fail to dim headlights	1 = Yes, 0 = No
driving_without_lights	Text	Check box option: Driving without lights	1 = Yes, 0 = No

improper_parking_location	Text	Check box option: Improper parking location	1 = Yes, 0 = No
avoiding_pedestrian	Text	Check box option: Avoiding pedestrian	1 = Yes, 0 = No
avoiding_other_vehicle	Text	Check box option: Avoiding other vehicle	1 = Yes, 0 = No
avoiding_animal	Text	Check box option: Avoiding animal	1 = Yes, 0 = No
crowded_off_highway	Text	Check box option: Crowded off highway	1 = Yes, 0 = No
hit_and_run	Text	Check box option: Hit and run	1 = Yes, 0 = No
car_ran_away	Text	Check box option: Car ran away - no driver	1 = Yes, 0 = No
blinded_headlights	Text	Check box option: Blinded by headlights	1 = Yes, 0 = No
drivers_action_other	Text	Check box option: Other	1 = Yes, 0 = No
avoiding_objects	Text	Check box option: Avoiding objects in roadway	1 = Yes, 0 = No
eluding_police	Text	Check box option: Eluding police	1 = Yes, 0 = No
fail_maintain_control	Text	Check box option: Fail to maintain control	1 = Yes, 0 = No
improper_passing	Text	Check box option: Improper passing	1 = Yes, 0 = No
improper_lane_change	Text	Check box option: Improper or unsafe lane change	1 = Yes, 0 = No
over_correction	Text	Check box option: Over correction	1 = Yes, 0 = No
no_defects	Text	Check box option: No defects	1 = Yes, 0 = No
eyesight_defective	Text	Check box option: Eyesight defective	1 = Yes, 0 = No
hearing_defective	Text	Check box option: Hearing defective	1 = Yes, 0 = No
other_body_defects	Text	Check box option: Other body defects	1 = Yes, 0 = No
illness	Text	Check box option: Illness	1 = Yes, 0 = No
fatigued	Text	Check box option: Fatigued	1 = Yes, 0 = No
apparently_asleep	Text	Check box option: Apparently asleep	1 = Yes, 0 = No
other_condition	Text	Check box option: Other	1 = Yes, 0 = No
unknown_condition	Text	Check box option: Unknown	1 = Yes, 0 = No
looking_roadside_incident	Text	Check box option: Looking at roadside incident	1 = Yes, 0 = No
driver_fatigue	Text	Check box option: Driver fatigue	1 = Yes, 0 = No
looking_scenery	Text	Check box option: Looking at scenery	1 = Yes, 0 = No
passenger	Text	Check box option: Passenger(s)	1 = Yes, 0 = No
radio	Text	Check box option: Radio/CD, etc.	1 = Yes, 0 = No
cellphone	Text	Check box option: Cellphone	1 = Yes, 0 = No
eyes_not_on_road	Text	Check box option: Eyes not on road	1 = Yes, 0 = No
daydreaming	Text	Check box option: Daydreaming	1 = Yes, 0 = No
eating_drinking	Text	Check box option: Eating/Drinking	1 = Yes, 0 = No
adjusting_vehicle_control	Text	Check box option: Adjusting vehicle controls	1 = Yes, 0 = No
navigation_device	Text	Check box option: Navigation device	1 = Yes, 0 = No

other_distractions	Text	Check box option: Other	1 = Yes, 0 = No
driver_distraction_none	Text	Check box option: None	1 = Yes, 0 = No
crashtype	Text	Single or multiple vehicle crash	1 Single 2 Multiple
numbervehicles	Long Integer	If multiple, Number of vehicles involved in the crash	Numeric value
mainline_roadway	Text	Check box response: main-line roadway	1 = Yes, 0 = No
accel_decel_lanes	Text	Check box response: Acceleration/deceleration lanes	1 = Yes, 0 = No
gore_area	Text	Check box response: Gore area (between ramp/highway edge lines)	1 = Yes, 0 = No
collector_road	Text	Check box response: collector/distributor road	1 = Yes, 0 = No
entrance_exit_ramp	Text	Check box response: On entrance/exit ramp	1 = Yes, 0 = No
intersection_end_ramp	Text	Check box response: Intersection at end of ramp	1 = Yes, 0 = No
median	Text	Check box response: Median	1 = Yes, 0 = No
shoulder	Text	Check box response: Shoulder	1 = Yes, 0 = No
roadside	Text	Check box response: Roadside	1 = Yes, 0 = No
other_relation_roadway	Text	Check box response: Other	1 = Yes, 0 = No
nonintersection	Text	Check box response: non-intersection	1 = Yes, 0 = No
within_intersection	Text	Check box response: Within intersection	1 = Yes, 0 = No
intersection_related_within150ft	Text	Check box response: Intersection related (within 150 feet)	1 = Yes, 0 = No
intersection_related_outside150ft	Text	Check box response: Intersection related (outside 150 feet)	1 = Yes, 0 = No
crossover_related	Text	Check box response: Crossover related	1 = Yes, 0 = No
driveway_related	Text	Check box response: Driveway related	1 = Yes, 0 = No
railway_crossing	Text	Check box response: Railway grade cross	1 = Yes, 0 = No
other_crossing	Text	Check box response: Other crossing (bikes, schools, etc.)	1 = Yes, 0 = No
not_an_intersection	Text	Check box response: Not an intersection	1 = Yes, 0 = No
two_approaches	Text	Check box response: Two approaches	1 = Yes, 0 = No
three_approaches	Text	Check box response: Three approaches	1 = Yes, 0 = No
four_approaches	Text	Check box response: Four approaches	1 = Yes, 0 = No
five_point_ormore	Text	Check box response: Five approaches	1 = Yes, 0 = No

roundabout	Text	Check box response: Roundabout	1 = Yes, 0 = No
ambulancenum	Text	Ambulance Number	Numeric value
3. Observational PAS Data			
estimate_driverage	Text	Observed and estimated drivers age	1 16-20 2 21-34 3 35-64 4 65+ 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
vehicle_type	Text	Observed type of vehicle	1 Car 2 SUV 3 Minivan 4 Van 5 Pickup 6 Motorcycle 7 Other 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
vehicle_type_other	Text	Explanation of 'other' observation	Character value
driver_sex	Text	Observed driver sex	1 male 2 female 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
driver_ethnicity	Text	Observed if driver is Hispanic	1 Yes 2 No 3 Did not answer 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
numpassengers	Text	Observed number of passengers (excluding driver)	Numeric value 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
passengers_under15	Text	Observed number of passengers under age	Numeric value 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
driver_race	Text	Observed driver race	1 White 2 Black or African-American 3 Native American or Alaska Native 4 Asian 5 Hawaiian or Other Pacific Islander 6 More than one race

			7 Unknown 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
seatbelt_driver	Text	Observed if driver is wearing seatbelt	1 Lap and shoulder belts 2 Shoulder belt only 3 Lap belt only 4 No use/no belt 5 Unknown 6 Not applicable (no passengers) 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
seatbelt_passenger	Text	Observed if passenger is wearing seatbelt	1 Lap and shoulder belts 2 Shoulder belt only 3 Lap belt only 4 No use/no belt 5 Unknown 6 Not applicable (no passengers) 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
motorcycles_driver	Text	Observed if motorcycle driver was wearing helmet	1 Helmet used 2 No helmet used 3 Unknown 4 Not applicable (no passengers) 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
motorcycles_passenger	Text	Observed if motorcycle passenger was wearing helmet valueid	1 Helmet used 2 No helmet used 3 Unknown 4 Not applicable (no passengers) 99 Left blank by surveyor 98 Other (can't read, multiple responses, etc.)
pas	Text	PAS reading according to the second PAS reading obtained by DC during the survey	Numeric value
pas_firstreading	Text	Passive sensor reading, 1ST READING	1 1 green 2 2 green 3 1 yellow 4 2 yellow 5 3 yellow

			6 4 yellow (Implement IDP) 7 1 red (Implement IDP) 8 2 red (Implement IDP) 9 3 red (Implement IDP) 10 00 11 Not used 99 Left blank by surveyor 98 Other (Can't read, multiple answers, etc.)
eligible	Text	Person met inclusion criteria for study	1 Yes 2 No 3 Did not answer 4 Refused Officer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
consent	Text	Eligible driver agreed to participate in survey	1 Yes 2 No 3 Did not answer 4 Breath Sample Only 5 Medical Examiner 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
pbt_testnumber	Text	Identifies sample number from Data Collector's PBT for each shift	Numeric value
bac_results1	Text	Blood alcohol concentration based on PBT result for those drivers providing breath sample only	Numeric value
4. Driver Information			
firstcontact	Text	First point of contact prior to Data Collector approach valueid	1 Officer 2 Trauma 3 Medical Exam 4 Control 5 None 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
dc_code	Text	2 digit code by which Data Collectors are identified	Amber Henry 10, Anna Bidanset 15, Yancy Langston 20, Jasmine Fuentes 25, Jerry Andrews 30, Jenifer Rutter 35, Clay Vaughan 40, Katie Carr 45, Paula Bradshaw 50, Jessica Gooch 51, Rhonda Wash 52, Rekaya Gibson 53, Annalies Hernandez 54, Rick Myers 55, Paul Bidanset 56, Ashley Roys

			57, Darius Mitchell 58, Colleen Eisele 60, Kara Hughes 65, Melanie Beebe 66, Jamie Myers 70, Anthony Ramirez 73, Chelsea Gutierrez 77, Karen Pell 79, Charlesa Plummer 80, Kim Elliot 81, Ashley Serrano 82, Christina Crespo 83, Tim Griffin 84, Debra Israel 85, Sloan Landry 86, Heather Metcalf 87, Ivan Blackwell 90, RonTasha Pierce 95, Tera Dodson 96, Joseph Fuller 97
refused_all	Text	Driver refused all parts of the study	1 Yes 2 No 3 Did not answer 4 Officer 5 Absent 6 Commercial 7 Not Approached 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
timeblock	Text	Block of time during which the interview occurred	1 12 am 2 3 am 3 6 am 4 9 am 5 12 pm 6 3 pm 7 6 pm 8 9 pm
pas_num	Text	Passive Alcohol Sensor (PAS) identification number	Numeric value
pbt_num	Text	PBT equipment identification number	Numeric value
pbt_testnum	Text	Sample number for breath test for driver obtained during a Data Collector's given shift	Numeric value
pbt_result	Text	BAC obtained from corresponding breath test number	Numeric value
senhospital	Text	Was the driver sent to the hospital?	1 Yes 2 No 3 Did not answer 4 Control 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor

senthospital_approached	Text	If sent to hospital, who approached the driver at the hospital?	1 Data Collector 2 Research assistant 3 Officer 4 Unavailable 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
arrest	Text	Was the driver arrested?	1 Yes 2 No 3 Did not answer 4 Control 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
hitrun	Text	Was the driver a hit and run driver?	1 Yes 2 No 3 Did not answer 4 Control 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
conduct_control	Text	Does this driver meet the criteria for conducting a corresponding control?	1 Yes 2 No 3 Did not answer 4 Control 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
oralfluidlabel	Text	5 digit Chain of Custody (CoC) label corresponding to a particular oral fluid sample	Numeric value
bloodlabel	Text	5 digit Chain of Custody (CoC) label corresponding to a particular blood sample	Numeric value
converted_refusal_attempt	Text	Attempted driver conversion from refusal to consent	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
conversion	Text	Attempted driver conversion from refusal to consent to study	1 Yes 2 No 3 Did not answer 99 Left blank by surveyor
successful	Text	Was the conversion successful?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple

			responses, etc.) 99 Left blank by surveyor
successful_no	Text	If conversion was not successful, why not? Explanation for if 'successful' is no.	1 No time 2 No interest 3 Did not answer 99 Left blank by surveyor
successful_no_other	Text	Explanation of 'other' observation	Character value
amount_offered	Long Integer	Amount of money offered for successful conversion (\$100 for conversion + additional for AUD, blood and/or oral fluid sample)	Numeric value
difficulty	Text	Difficulty of converted refusal	1 - Not at all difficult 2 - A little difficult 3 - Somewhat difficult 4 - Moderately difficult 5 - Very difficult
idp	Text	Was Impaired Driver Protocol implemented for this driver? valueid	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
survey_completed	Text	Did the participating driver complete the survey?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
bac	Text	Display PBT result used during the Impaired Driver Protocol	Numeric value
action_taken	Text	Action taken by driver upon identification by DC as being impaired	1 Switched Driver 2 Friend/Family came 3 Waited until BAC .05 or below 4 Taxi service 5 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
bac_newdriver	Text	BAC of new driver if initially identified Impaired Driver opted to switch and have a passenger drive, BAC of new driver must be .05 or below.	Numeric value
valid_license	Text	Driver has a valid Virginia license.	1 Yes 2 No 99 Left blank by surveyor
bac_friendfamily	Text	BAC of friend/family driver if initially	Numeric value

		identified Impaired Driver opted to have friend/family pick them up, BAC of new driver must be .05 or below.	
finalbac	Text	Driver BAC upon completion of all Impaired Driver Protocol	Numeric value
amount_given	Text	Amount of money given to Impaired Driver for a taxi.	Numeric value
other_action	Memo	Explains any other action.	Character value
numberpassengers	Text	Number of passengers, excepting the driver, in the vehicle (up to 6).	Numeric value
passenger1_age	Text	Observed approximate age(s) of passengers.	Numeric value
passenger2_age	Text	Observed approximate age(s) of passengers.	Numeric value
passenger3_age	Text	Observed approximate age(s) of passengers.	Numeric value
passenger4_age	Text	Observed approximate age(s) of passengers.	Numeric value
passenger5_age	Text	Observed approximate age(s) of passengers.	Numeric value
passenger6_age	Text	Observed approximate age(s) of passengers.	Numeric value
unusual_circumstances	Text	Notation of any unusual circumstances at site or during data entry.	Character value
blood_obtained_hospital	Text	If sent to hospital, did the hospital draw a blood sample?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
blood_obtained_hospital_no	Text	If no, why was blood not obtained from hospital?	1 Refused consent 2 Subject released from hospital before consent could be given 3 Subject too ill to provide consent 4 Subject passed away 5 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
blood_obtained_hospital_no_other	Text	Explains 'other' for blood obtained hospital no	Character value
5. ADCRS Survey			
annual_driving	Text	The AVG DRIVER drives 15000 miles per year; Do YOU drive more, less or same?	1 More than average 2 Average 3 Less than average

			<p>4 Did not answer</p> <p>98 Other (can't read, multiple responses, etc.)</p> <p>99 Left Blank by surveyor</p>
miles_fromhome	Text	How many MILES away are you FROM WHERE YOU LIVE?	<p>1 0-5</p> <p>2 6-10</p> <p>3 11-20</p> <p>4 More than 20</p> <p>5 Did not answer</p> <p>98 Other (can't read, multiple responses, etc.)</p> <p>99 Left blank by surveyor</p>
coming_from	Text	Where are you coming from?	<p>1 Own home</p> <p>2 Someone else's home</p> <p>3 Work</p> <p>4 Restaurant/eating place</p> <p>5 Bar, tavern, club</p> <p>6 Sport or rec facility/park</p> <p>7 School/church</p> <p>8 Store or gas station</p> <p>9 Hotel/Motel</p> <p>10 Beach</p> <p>11 Military Base</p> <p>12 Other</p> <p>13 Did not answer</p> <p>98 Other (can't read, multiple responses)</p> <p>99 Left blank by surveyor</p>
going_to	Text	Where are you headed?	<p>1 Own home</p> <p>2 Someone else's home</p> <p>3 Work</p> <p>4 Restaurant/eating place</p> <p>5 Bar, tavern, club</p> <p>6 Sport or rec facility/park</p> <p>7 School/church</p> <p>8 Store or gas station</p> <p>9 Hotel/Motel</p> <p>10 Beach</p> <p>11 Military Base</p> <p>12 Other</p> <p>13 Did not answer</p> <p>98 Other (can't read, multiple responses)</p> <p>99 Left blank by surveyor</p>
intox_level	Text	OBSERVED/ESTIMATED INTOXICATION LEVEL	<p>1 No signs of alcohol or drug use (Level 1)</p> <p>2 Signs of use but no intoxication (Level 2)</p>

			3 Signs of use and intoxication (Level 3) - Implement IDP 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
pas_secondreading	Text	Passive sensor reading, 2ND READING	1 1 green 2 2 green 3 1 yellow 4 2 yellow 5 3 yellow 6 4 yellow (Implement IDP) 7 1 red (Implement IDP) 8 2 red (Implement IDP) 9 3 red (Implement IDP) 10 00 11 Not used 98 Other (Can't read, multiple answers, etc.) 99 Left blank by surveyor
pastyear_anydrinks	Text	In the past year, how often did you have a drink containing alcohol?	1 Never 2 Monthly or less 3 2-4 times/month 4 2-3 times/week 5 4 or more times/week 6 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
pastyear_5drinks_2hours	Text	In the past year, have you ever had (5:male/ 4: female) or more drinks in a TWO-hour period? valueid	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
drink_today	Text	Have you had a drink containing alcohol today/tonight?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
lastdrink_hoursago	Text	How long ago did you finish your last drink?	Numeric value
lastdrink_minutesago	Text	How long ago did you finish your last drink?	Numeric value
lastdrink_refused	Text	Check box response: How long ago did you finish your last drink?	0 = No 1 = Yes
type_alcohol	Text	Was that beer, wine, or liquor or a combination?	1 Beer 2 Wine/Champagne

			3 Liquor 4 Combination 5 Other 6 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
age_started_drinking	Text	About how old were you when you first started drinking, not counting small tastes or sips of alcohol? (in years)	Numeric value
age_started_drinking_refused	Text	Check box response: About how old were you when you first started drinking, not counting small tastes or sips of alcohol?	0 = No 1 = Yes
designated_driver	Text	Are you the designated driver today/tonight? That is someone who did not drink alcohol so that you could safely get people home?	1 Yes 2 No 3 Did not answer 4 Intended to be 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
average_sleep	Text	During the last week, how many hours did you sleep on average each night?	Numeric value
average_sleep_refused	Text	Check box response: During the last week, how many hours did you sleep on average each night?	0 = No 1 = Yes
hours_laststlept	Text	The last time that you slept, how many hours did you sleep?	Numeric value
hours_laststlept_refused	Text	Check box response: The last time that you slept, how many hours did you sleep?	0 = No 1 = Yes
time_wokeup	Text	What time did you wake up?: Numeric hour (1 to 12)	Numeric value
time_wokeup_ampm	Text	What time did you wake up?	am pm 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
time_wokeup_refused	Text	Check box response: What time did you wake up?	0 = No 1 = Yes
using_cellphone	Text	CRASH driver: At the time of the crash, were you using a cell phone or other electronic device? CONTROL: When you saw the officer up ahead and were approaching us, were you using a cell phone or other electronic	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor

		device?	
device_cellphone	Text	Check box response (all that apply) : Cell phone	0 = No 1 = Yes
device_ipod	Text	Check box response (all that apply) : IPOD/music	0 = No 1 = Yes
device_gps	Text	Check box response (all that apply) : GPS	0 = No 1 = Yes
device_other	Text	Check box response (all that apply) : Other	0 = No 1 = Yes
cellphone_device_other	Text	Explanation if 'device_other' is yes.	Character value
wasthere_activity_besides_drivin	Text	Were you doing anything else in addition to driving, such as eating, grooming, or talking to a passenger?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
activity_besides_driving_eating	Text	If yes, Check box response (all that apply) : Eating	0 = No 1 = Yes
activity_besides_driving_groomin	Text	If yes, Check box response (all that apply) : Grooming	0 = No 1 = Yes
activity_besides_driving_talking	Text	If yes, Check box response (all that apply) : Talking	0 = No 1 = Yes
activity_besides_driving_radiodi	Text	If yes, Check box response (all that apply) : Radio dials	0 = No 1 = Yes
activity_besides_driving_reading	Text	If yes, Check box response (all that apply) : Reading	0 = No 1 = Yes
activity_besides_driving_singing	Text	If yes, Check box response (all that apply) : Singing	0 = No 1 = Yes
activity_besides_driving_other	Text	If yes, Check box response (all that apply) : Other	0 = No 1 = Yes
activity_besides_driving_othere	Text	Explanation if 'activity_besides_driving_other' is yes.	Character value
cellphone_frequency	Text	How frequently do you use the following devices while driving?	1 Never 2 Sometimes 3 Regularly 4 Left blank 5 No answer
handsfree_device_frequency	Text	How frequently do you use the following devices while driving?: Hands-free device	1 Never 2 Sometimes 3 Regularly 4 Left blank 5 No answer
texting_frequency	Text	How frequently do you use the following devices while driving?: Texting	1 Never 2 Sometimes 3 Regularly 4 Left blank 5 No answer

age	Text	What is your age? (in years)	Numeric value
age_refused	Text	Check box response: What is your age?: DID NOT ANSWER	0 = No 1 = Yes
age_licensed	Text	How old were you when you obtained your license? (in years)	Numeric value
age_licensed_refused	Text	Check box response: How old were you when you obtained your license?: Did not answer	0 = No 1 = Yes
zipcode_refused	Text	Check box response: What is your zip code? DID NOT ANSWER,	0 = No 1 = Yes
school	Text	What is the highest degree or level of school you have completed?	1 None-8th grade 2 9th-11th grade 3 High school graduate 4 Some college - no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Professional degree 9 Doctoral degree 10 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
student_level	Text	Are you currently a student?	1 High School 2 College 3 No 4 Did not answer 5 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank
employment	Text	Multiple response option: Are you currently employed, unemployed, homemaker, on disability, retired, or other?	1 Employed 2 Unemployed 3 Retired 4 On disability 5 Homemaker 6 Other 7 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
employment_type	Text	If employed, full or part time?	1 Full time 2 Part time 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
unemployed_months	Text	If unemployed, how many months?	Numeric value

		(in months)	
unemployed_years	Text	If unemployed, how many years? (in years)	Numeric value
employed_other	Text	Explanation if 'employment_type' is other.	Character value
military	Text	Are you on active military duty?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
veteran	Text	Are you a veteran?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
when_discharged	Text	If YES, how long ago were discharged?	1 0-1 month 2 1-6 months 3 6 months to 1 year 4 1 year to 5 years 5 Over 5 years 6 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
marital_status	Text	What is your marital status?	1 Single 2 Married 3 Living together 4 Divorced 5 Separated 6 Widowed 7 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
hispanic	Text	Are you Hispanic or Latino?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
race	Text	To which racial group would you say you belong?	1 White 2 Black or African American 3 Native American or Alaska Native 4 Asian 5 Hawaiian or other Pacific

			Islander 6 More than one race 7 Other 8 Unknown 9 Refused to identify 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
race_other	Text	Explanation if 'race' is other.	Character value
race_new	Numeric	Recategorized race variable	1 White 2 Black or African American 3 Hispanic 4 Other
race_new2	Numeric	Recategorized race variable	1='White' 2='Black or African American' 3='Native American or Alaska Native' 4='Asian' 5='Hawaiian or other Pacific Islander' 6='More than one race' 7='Other' 8='Hispanic';
consent_breathsample	Text	BREATH SAMPLE: "Now I'd like to get a sample of your breath. Our device does not display any readings and there is no risk to you." (Show PBT to subject). "This will take just a few seconds. I will indicate on my survey that you said:"	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
pbt_number	Text	PBT equipment identification number	Numeric value
bac_results2	Text	BAC obtained from corresponding breath test number	Numeric value
blood_label	Text	5 digit Chain of Custody (CoC) label corresponding to a particular blood sample	Numeric value
oralfluid_label	Text	5 digit Chain of Custody (CoC) label corresponding to a particular oral fluid sample	Numeric value
consent_saliva	Text	Consent for oral fluid sample collection.	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
aud_eligible	Text	Is participant AUD eligible?	1 Yes 2 No

			3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank
consent_aud	Text	Driver consent to Alcohol Use Disorder (AUD) survey.	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank
oralfluid_coclabel	Text	5 digit Chain of Custody (CoC) label corresponding to a particular oral fluid sample	Numeric value
consent_blood	Text	Driver consent to blood sample collection.	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
blood_coclabel	Text	5 digit Chain of Custody (CoC) label corresponding to a particular blood sample	Numeric value
driver_eligible	Text	Do you have a Virginia State driver's license?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
consent_driversrecords	Text	DRIVER RECORD CONSENT: "If you agree I will need your printed name and signature on this consent form and I will record your driver license number and date of birth. Is this okay?"	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
length_of_interview	Long Integer	Estimated length of interview in minutes	Numeric value
6. Site Observation Report Form			
control_observation_time	Text	Observed time of control.	1 12 am 2 3 am 3 6 am 4 9 am 5 12 pm 6 3 pm 7 6 pm 8 9 pm
control_weather	Text	General visibility and precipitation weather observations by DC at time of interview.	1 Clear 2 Cloudy 3 Light Rain

			4 Heavy Rain 5 Light Snowing 6 Heavy Snowing 7 Fog 8 Wind 9 Other (describe) 99 Left blank by surveyor
control_weather2	Text	General visibility and precipitation weather observations by DC at time of interview, if indicated.	1 Clear 2 Cloudy 3 Light Rain 4 Heavy Rain 5 Light Snowing 6 Heavy Snowing 7 Fog 8 Wind 9 Other (describe) 99 Left blank by surveyor
control_weather_other	Text	Explanation if control_weather or control_weather2 indicated as 'other'	Character value
control_lighting	Text	Lighting observed by DC at time of interview.	1 Daylight 2 Dusk 3 Dawn 4 Dark: street lights 5 Dark: no street lights 6 Dark: street lights not functioning 99 Left blank by surveyor
control_roadway_surface	Text	Roadway surface observed by DC at time of interview.	1 = dry 2 = wet 3 = snowy/ ice 4 = slippery (muddy, oily, etc.) 98 = other (can't read, multiple responses, etc.) 99 = left blank by surveyor
control_roadway_conditions	Text	Roadway conditions observed by DC at time of interview.	1 = no unusual conditions 2 = holes, deep ruts 3 = loose material on roadway 4 = obstruction on roadway 5 = construction/repair zone 6 = reduced roadway width 7 = flooded 8 = other 98 = other (can't read, multiple responses, etc.) 99 = left blank by surveyor
control_roadway_conditions_other	Text	Explanation if control_roadway_conditions	Character value

		indicated as 'other'	
control_roadway_type	Text	Type of roadway observed by DC at time of interview	1 City surface 2 Alley way 3 Intersection 4 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
control_roadway_type_intersection	Memo	Explanation if 'crash_roadway_type' is intersection.	Numeric value
control_roadway_type_other	Memo	Explanation if 'crash_roadway_type' is other.	Numeric value
crash_observation_time	Text	Observed time of crash.	1 12 am 2 3 am 3 6 am 4 9 am 5 12 pm 6 3 pm 7 6 pm 8 9 pm
crash_weather	Text	General visibility and precipitation weather observations by DC at time of interview.	1 Clear 2 Cloudy 3 Light Rain 4 Heavy Rain 5 Light Snowing 6 Heavy Snowing 7 Fog 8 Wind 9 Other (describe) 99 Left blank by surveyor
crash_weather2	Text	General visibility and precipitation weather observations by DC at time of interview, if indicated.	1 Clear 2 Cloudy 3 Light Rain 4 Heavy Rain 5 Light Snowing 6 Heavy Snowing 7 Fog 8 Wind 9 Other (describe) 99 Left blank by surveyor
crash_weather_other	Text	Explanation if crash_weather or crash_weather2 indicated as 'other'	Numeric value
crash_lighting	Text	Lighting observed by DC at time of interview.	1 Daylight 2 Dusk 3 Dawn 4 Dark: street lights 5 Dark: no street lights 6 Dark: street lights not

			functioning 99 Left blank by surveyor
crash_roadway_surface	Text	Roadway surface observed by DC at time of interview	1 Dry 2 Wet 3 Snowy / Ice 4 Slippery (muddy, oily, etc.) 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
crash_roadway_conditions	Text	Roadway conditions observed by DC at time of interview	1 No unusual conditions 2 Holes, deep ruts 3 Loose material on roadway 4 Obstruction on roadway 5 Construction / repair zone 6 Reduced roadway width 7 Flooded 8 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
crash_roadway_conditions_other	Text	Explanation if control_roadway_conditions indicated as 'other'	Character value
crash_roadway_type	Text	Type of roadway observed by DC at time of interview	1 City surface 2 Alley way 3 Intersection 4 Other 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
crash_roadway_type_intersection	Memo	Explanation if 'crash_roadway_type' is intersection.	Character value
crash_roadway_type_other	Memo	Explanation if 'crash_roadway_type' is other.	Character value
number_lanes	Text	How many lanes on roadway as observed by DC?	Numeric value
crashtype_headon	Text	Type of crash (check all that apply). Check box response: Head-on	0 = No 1 = Yes
crashtype_sideswipe	Text	Type of crash (check all that apply). Check box response: Sideswipe	0 = No 1 = Yes
crashtype_rearend	Text	Type of crash (check all that apply). Check box response: Rear end	0 = No 1 = Yes
crashtype_broadside	Text	Type of crash (check all that apply). Check box response: Broadside	0 = No 1 = Yes
crashtype_hitobject	Text	Type of crash (check all that apply). Check box response: Hit object	0 = No 1 = Yes
crashtype_overtured	Text	Type of crash (check all that apply). Check box response: Overtured	0 = No 1 = Yes

crashtype_vehicle_pedestrian	Text	Type of crash (check all that apply). Check box response: Vehicle/pedestrian	0 = No 1 = Yes
crashtype_vehicle_train	Text	Type of crash (check all that apply). Check box response: Vehicle/ train	0 = No 1 = Yes
crashtype_vehicle_bicycle	Text	Type of crash (check all that apply). Check box response: Vehicle/ bicycle	0 = No 1 = Yes
crashtype_vehicle_motorcycle	Text	Type of crash (check all that apply). Check box response: Vehicle/ motorcycle	0 = No 1 = Yes
crashtype_vehicle_animal	Text	Type of crash (check all that apply). Check box response: Vehicle/ animal	0 = No 1 = Yes
crashtype_other	Text	Type of crash (check all that apply). Check box response: Vehicle/ other	0 = No 1 = Yes
crashtype_othertext	Memo	Explanation if ' crashtype_other' response is other.	Character value
seenwithinblock_alcoholoutlet_on	Text	What can be seen within one block of crash location? Check box response: Alcohol outlet (on site: bar/tavern/restaurant)	0 = No 1 = Yes
seenwithinblock_alcoholoutlet_of	Text	What can be seen within one block of crash location? Check box response: Alcohol outlet (off-site: liquor store/market)	0 = No 1 = Yes
seenwithinblock_restaurant	Text	What can be seen within one block of crash location? Check box response: Restaurant	0 = No 1 = Yes
seenwithinblock_homes	Text	What can be seen within one block of crash location? Check box response: Homes	0 = No 1 = Yes
seenwithinblock_apartments	Text	What can be seen within one block of crash location? Check box response: Apartment buildings	0 = No 1 = Yes
seenwithinblock_hotel	Text	What can be seen within one block of crash location? Check box response: Hotel/Motel	0 = No 1 = Yes
seenwithinblock_professionalbuild	Text	What can be seen within one block of crash location? Check box response: Professional Buildings	0 = No 1 = Yes
seenwithinblock_retailstores	Text	What can be seen within one block of crash location? Check box response: Retail stores/ small businesses	0 = No 1 = Yes
seenwithinblock_warehouses	Text	What can be seen within one block of crash location? Check box response: Warehouses/Industry/manufacturing	0 = No 1 = Yes
seenwithinblock_beachfront	Text	What can be seen within one block	0 = No

nt		of crash location? Check box response: Beachfront	1 = Yes
seenwithinblock_militarybase	Text	What can be seen within one block of crash location? Check box response: Military base	0 = No 1 = Yes
seenwithinblock_other	Text	What can be seen within one block of crash location? Check box response: Other	0 = No 1 = Yes
seenwithinblock_othertext	Memo	Explanation if 'seenwithinblock_other' is other.	Character value
injury_crash	Text	Injury involved?	1 No injury 2 Injury 3 Fatality 4 Hit/Run 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
hitrun_crash	Text	Was the crash a hit and run?	1 Yes 2 No 3 Did not answer 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
traffic_flow	Text	Traffic flow	1 Congested 2 Moderate 3 Light 98 Other (can't read, multiple responses, etc.) 99 Left blank by surveyor
number_vehicles_involved	Long Integer	Number of motor vehicles involved	Numeric value
number_pedestrians_involved	Long Integer	Number of pedestrians involved	Numeric value
number_bicycles_involved	Long Integer	Number of bicycles involved	Numeric value
crash_dayofweek	Long Integer	Data collection day of the week for crash site.	1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Saturday 99 Left blank by surveyor
crash_collection_month	Text	Data collection month	Character value
crash_shift_num	Long Integer	Data collection shift number	Numeric value
crash_pas_num	Long Integer	Passive Alcohol Sensor (PAS) identification number	Numeric value

crash_pas_num2	Long Integer	Passive Alcohol Sensor (PAS) identification number	Numeric value
crash_pbt_num	Long Integer	Preliminary Breath Test (PBT)instrument identification number	Numeric value
crash_pbt_num2	Long Integer	Preliminary Breath Test (PBT)instrument identification number	Numeric value
crash_cash_dispensed	Text	Total Cash Dispensed for the crash site.	Numeric value
crash_number_bluecards	Text	Number of Driver Identification Cards (DICs) completed for the crash site.	Numeric value
crash_number_audcompleted	Text	Number of Alcohol Use Disorder (AUD) surveys completed for the crash site.	Numeric value
crash_number_oralfluids	Text	Number of oral fluid samples obtained for the crash site.	Numeric value
crash_number_blood	Text	Number of blood samples obtained for the crash site.	Numeric value
crash_number_conversions	Text	Number of converted refusals for the crash site.	Numeric value
crash_number_IDPs	Text	Number of Impaired Driver Protocols (IDPs) initiated for the crash site.	Numeric value
crash_number_drivers	Text	Number of crash drivers involved at the crash site.	Numeric value
crash_number_drivershospital	Text	Number of crash drivers sent to the hospital for the crash site.	Numeric value
crash_formdate	Text	Date of last revision to the paper form (Month only).	Character value
crash_notes	Memo	Explanation of any further details.	Character value
control_dayofweek	Long Integer	Data collection day of week for control site.	1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Saturday 99 Left blank by surveyor
control_collection_month	Text	Data collection month for control site.	Character value
control_shift_num	Long Integer	Data collection shift number for control site.	Numeric value
control_pas_num	Long Integer	Passive Alcohol Sensor (PAS) identification number	Numeric value
control_pas_num2	Long Integer	Passive Alcohol Sensor (PAS) identification number	Numeric value
control_pbt_num	Long	Preliminary Breath Test	Numeric value

	Integer	(PBT)instrument identification number	
control_pbt_num2	Long Integer	Preliminary Breath Test (PBT)instrument identification number	Numeric value
control_cash_dispensed	Text	Total Cash Dispensed for the control site.	Numeric value
control_number_bluecards	Text	Number of Driver Identification Cards (DICs) completed for the control site.	Numeric value
control_number_audcompleted	Text	Number of Acohol Use Disorder (AUD) surveys completed for the control site.	Numeric value
control_number_oralfluids	Text	Number of oral fluid samples obtained for the control site.	Numeric value
control_number_blood	Text	Number of blood samples obtained for the control site.	Numeric value
control_number_conversions	Text	Number of conversions for the control site.	Numeric value
control_number_IDPs	Text	Number of Impaired Driver Protocols (IDPs) initiated for the control site.	Numeric value
control_total_session_vehiclecount	Long Integer	Total Vehicle Session count, completed by Officers.	Numeric value
control_total_vehicles_pulledfor	Long Integer	Total Vehicles pulled over for interview, completed by Officers.	Numeric value
control_total_nonqualifying_veh	Long Integer	Total Non-qualifying vehicles for survey site, completed by Officers.	Numeric value
control_total_vehicles_evadingsi	Long Integer	Total Vehicles evading survey site, completed by Officers.	Numeric value
control_notes	Memo	Explanation of any further details.	Numeric value
control_formdate	Text	Date of last revision to the paper form (Month only).	Character value
7. Blood and Oral Fluid Results			
blood_drug1	Text	Drug name - sample tested positive	Character value
blood_quantity1	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
blood_drug2	Text	Drug name - sample tested positive	Character value
blood_quantity2	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
blood_drug3	Text	Drug name - sample tested positive	Character value
blood_quantity3	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
blood_drug4	Text	Drug name - sample tested positive	Character value
blood_quantity4	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
blood_drug5	Text	Drug name - sample tested positive	Character value
blood_quantity5	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value

blood_drug6	Text	Drug name - sample tested positive	Character value
blood_quantity6	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
blood_drug7	Text	Drug name - sample tested positive	Character value
blood_quantity7	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug1	Text	Drug name - sample tested positive	Character value
oralfluid_quantity1	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug2	Text	Drug name - sample tested positive	Character value
oralfluid_quantity2	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug3	Text	Drug name - sample tested positive	Character value
oralfluid_quantity3	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug4	Text	Drug name - sample tested positive	Character value
oralfluid_quantity4	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug5	Text	Drug name - sample tested positive	Character value
oralfluid_quantity5	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug6	Text	Drug name - sample tested positive	Character value
oralfluid_quantity6	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
oralfluid_drug7	Text	Drug name - sample tested positive	Character value
oralfluid_quantity7	Text	Quantity of drug listed in nanograms per milliliter (ng/mL)	Numeric value
8. Sorting Variables			
case	Numeric	Case or Control driver	0 = Control 1=Case
of_perfect	Numeric	Perfect 1:2 case/control match by Oral Fluid	1 = Matched
blood_perfect	Numeric	Perfect 1:2 case/control match by Blood	1 = Matched
of_blood_perfect	Numeric	Perfect 1:2 case/control match by Oral Fluid and/or Blood	1 = Matched
category2_of	Text	Three-level Drug category (Oral Fluid): Illegal (not including more than 1 class), Negative, Other	Character value
category2_blood	Text	Three-level Drug category (Blood): Illegal (not including more than 1 class), Negative, Other	Character value
category2_ofblood	Text	Three-level Drug category (Oral Fluid and/or Blood): Illegal (not including more than 1 class), Negative, Other	Character value
class2_of	Text	Drug positive or negative (Oral Fluid)	Character value
class2_blood	Text	Drug positive or negative (Blood)	Character value

class2_ofblood	Text	Drug positive or negative (Oral Fluid and/or Blood)	Character value
mari_user_of	Numeric	Oral Fluid, three levels:	1 Positive for marijuana (including more than 1 class) 2 Positive for other drugs 3 Negative
mari_user_blood	Numeric	Blood, three levels	1 Positive for marijuana (including more than 1 class) 2 Positive for other drugs 3 Negative
mari_user_ofblood	Numeric	Oral Fluid and/or Blood, three levels	1 Positive for marijuana (including more than 1 class) 2 Positive for other drugs 3 Negative
antidepressant_of	Numeric	Oral Fluids, three levels	1 Positive for antidepressants (including more than 1 class) 2 Positive for other drugs 3 Negative
antidepressant_blood	Numeric	Blood, three levels	1 Positive for antidepressants (including more than 1 class) 2 Positive for other drugs 3 Negative
narcotic_of	Numeric	Oral Fluid, three levels	1 Positive for narcotics (including more than 1 class) 2 Positive for other drugs 3 Negative
narcotic_blood	Numeric	Blood, three levels	1 Positive for narcotics (including more than 1 class) 2 Positive for other drugs 3 Negative
sedative_of	Numeric	Oral Fluid, three levels	1 Positive for sedatives (including more than 1 class) 2 Positive for other drugs 3 Negative
sedative_blood	Numeric	Blood, three levels	1 Positive for sedatives (including more than 1 class) 2 Positive for other drugs 3 Negative
stimulant_of	Numeric	Oral Fluid, three levels	1 Positive for stimulants (including more than 1 class) 2 Positive for other drugs 3 Negative
stimulant_blood	Numeric	Blood, three levels	1 Positive for stimulants (including more than 1 class) 2 Positive for other drugs 3 Negative
otherclasses_of	Numeric	Oral Fluid, three levels	1 Positive for other classes (including more than 1 class)

			2 Positive for other drugs 3 Negative
otherclasses_blood	Numeric	Blood, three levels	1 Positive for other classes (including more than 1 class) 2 Positive for other drugs 3 Negative
illegal_of	Numeric	Oral Fluid, three levels	1 Positive for illegal drugs (including more than 1 class) 2 Positive for other drugs 3 Negative
illegal_blood	Numeric	Blood, three levels	1 Positive for illegal drugs (including more than 1 class) 2 Positive for other drugs 3 Negative
prescription_of	Numeric	Oral Fluid, three levels	1 Positive for prescription drugs (including more than 1 class) 2 Positive for other drugs 3 Negative
prescription_blood	Numeric	Blood, three levels	1 Positive for prescription drugs (including more than 1 class) 2 Positive for other drugs 3 Negative
antidepressant_of2	Numeric	Oral Fluid, Four levels	1 Positive for antidepressants only 2 Positive for antidepressants and other drugs 3 Positive for any other drugs 4 Negative
antidepressant_blood2	Numeric	Blood, Four levels	1 Positive for antidepressants only 2 Positive for antidepressants and other drugs 3 Positive for any other drugs 4 Negative
mari_user_of2	Numeric	Oral Fluid, Four levels	1 Positive for marijuana only 2 Positive for marijuana and other drugs 3 Positive for any other drugs 4 Negative
mari_user_blood2	Numeric	Blood, Four levels	1 Positive for marijuana only 2 Positive for marijuana and other drugs 3 Positive for any other drugs 4 Negative
narcotic_of2	Numeric	Oral Fluid, Four levels	1 Positive for narcotics only 2 Positive for narcotics and

			other drugs 3 Positive for any other drugs 4 Negative
narcotic_blood2	Numeric	Blood, Four levels	1 Positive for narcotics only 2 Positive for narcotics and other drugs 3 Positive for any other drugs 4 Negative
sedative_of2	Numeric	Oral Fluid, Four levels	1 Positive for sedatives only 2 Positive for sedatives and other drugs 3 Positive for any other drugs 4 Negative
sedative_blood2	Numeric	Blood, Four levels	1 Positive for sedatives only 2 Positive for sedatives and other drugs 3 Positive for any other drugs 4 Negative
stimulant_of2	Numeric	Oral Fluid, Four levels	1 Positive for stimulants only 2 Positive for stimulants and other drugs 3 Positive for any other drugs 4 Negative
stimulant_blood2	Numeric	Blood, Four levels	1 Positive for stimulants only 2 Positive for stimulants and other drugs 3 Positive for any other drugs 4 Negative
otherclasses_of2	Numeric	Oral Fluid, Four levels	1 Positive for other classes only 2 Positive for other classes and other drugs 3 Positive for any other drugs 4 Negative
otherclasses_blood2	Numeric	Blood, Four levels	1 Positive for other classes only 2 Positive for other classes and other drugs 3 Positive for any other drugs 4 Negative
illegal_of2	Numeric	Oral Fluid, Four levels	1 Positive for illegal drugs only 2 Positive for illegal drugs and other drugs 3 Positive for any other drugs 4 Negative
illegal_blood2	Numeric	Blood, Four levels	1 Positive for illegal drugs only 2 Positive for illegal drugs and other drugs

			3 Positive for any other drugs 4 Negative
prescription_of2	Numeric	Oral Fluid, Four levels	1 Positive for prescription drugs only 2 Positive for prescription drugs and other drugs 3 Positive for any other drugs 4 Negative
prescription_blood2	Numeric	Blood, Four levels	1 Positive for prescription drugs only 2 Positive for prescription drugs and other drugs 3 Positive for any other drugs 4 Negative
mari_dummy1	Numeric	Positive for marijuana only (Oral Fluid)	1 = Positive
mari_dummy2	Numeric	Positive for marijuana and other drugs (Oral Fluid)	1 = Positive
mari_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
antidepressant_dummy1	Numeric	Positive for antidepressants only (Oral Fluid)	1 = Positive
antidepressant_dummy2	Numeric	Positive for antidepressants and other drugs (Oral Fluid)	1 = Positive
antidepressant_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
narcotic_dummy1	Numeric	Positive for narcotic analgesics only (Oral Fluid)	1 = Positive
narcotic_dummy2	Numeric	Positive for narcotic analgesics and other drugs (Oral Fluid)	1 = Positive
narcotic_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
sedative_dummy1	Numeric	Positive for sedatives only (Oral Fluid)	1 = Positive
sedative_dummy2	Numeric	Positive for sedatives and other drugs (Oral Fluid)	1 = Positive
sedative_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
stimulant_dummy1	Numeric	Positive for stimulants only (Oral Fluid)	1 = Positive
stimulant_dummy2	Numeric	Positive for stimulants and other drugs (Oral Fluid)	1 = Positive
stimulant_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
otherclasses_dummy1	Numeric	Positive for drugs of other classes only (Oral Fluid)	1 = Positive
otherclasses_dummy2	Numeric	Positive for drugs of other classes and other drugs (Oral Fluid)	1 = Positive

otherclasses_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
illegal_dummy1	Numeric	Positive for illegal drugs only (Oral Fluid)	1 = Positive
illegal_dummy2	Numeric	Positive for illegal drugs and other drugs (Oral Fluid)	1 = Positive
illegal_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
prescription_dummy1	Numeric	Positive for prescription drugs only (Oral Fluid)	1 = Positive
prescription_dummy2	Numeric	Positive for prescription drugs and other drugs (Oral Fluid)	1 = Positive
prescription_dummy3	Numeric	Positive for any other drugs (Oral Fluid)	1 = Positive
mari_dummy1b	Numeric	Positive for marijuana only (Blood)	1 = Positive
mari_dummy2b	Numeric	Positive for marijuana and other drugs (Blood)	1 = Positive
mari_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
antidepressant_dummy1b	Numeric	Positive for antidepressants only (Blood)	1 = Positive
antidepressant_dummy2b	Numeric	Positive for antidepressants and other drugs (Blood)	1 = Positive
antidepressant_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
narcotic_dummy1b	Numeric	Positive for narcotic analgesics only (Blood)	1 = Positive
narcotic_dummy2b	Numeric	Positive for narcotic analgesics and other drugs (Blood)	1 = Positive
narcotic_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
sedative_dummy1b	Numeric	Positive for sedatives only (Blood)	1 = Positive
sedative_dummy2b	Numeric	Positive for sedatives and other drugs (Blood)	1 = Positive
sedative_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
stimulant_dummy1b	Numeric	Positive for stimulants only (Blood)	1 = Positive
stimulant_dummy2b	Numeric	Positive for stimulants and other drugs (Blood)	1 = Positive
stimulant_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
otherclasses_dummy1b	Numeric	Positive for drugs of other classes only (Blood)	1 = Positive
otherclasses_dummy2b	Numeric	Positive for drugs of other classes and other drugs (Blood)	1 = Positive
otherclasses_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
illegal_dummy1b	Numeric	Positive for illegal drugs only (Blood)	1 = Positive
illegal_dummy2b	Numeric	Positive for illegal drugs and other drugs (Blood)	1 = Positive
illegal_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
prescription_dummy1b	Numeric	Positive for prescription drugs only (Blood)	1 = Positive

prescription_dummy2b	Numeric	Positive for prescription drugs and other drugs (Blood)	1 = Positive
prescription_dummy3b	Numeric	Positive for any other drugs (Blood)	1 = Positive
multipleclasses_dummy1	Numeric	Positive for more than 1 class (Oral Fluid)	1 = Positive
multipleclasses_dummy1b	Numeric	Positive for more than 1 class (Blood)	1 = Positive
bac_from_of	Numeric	BAC from oral fluid	Numeric value
bac_from_blood	Numeric	BAC from blood	Numeric value
pbt_result_new	Numeric	BAC from PBT/oral fluid/blood	Numeric value
bac_perfect	Numeric	Perfect 1:N (N>=2) case/control match by PBT results (1)	Numeric value
pbt_capped	Numeric	pbt_result>= .20 are capped at .20	Numeric value
bac_centered	Numeric	Centered pbt_capped	Numeric value
pbt_capped2	Numeric	pbt_capped+0.00001	Numeric value
class2_of_num	Numeric		1 Drug positive, 0 Drug negative
bac_transform1	Numeric	1/(pbt_capped2*pbt_capped2)	Numeric value
bac_transform2	Numeric	square root of pbt_capped2	Numeric value
excluded_alcohol	Numeric	1 Excluded from PBT-based perfectly matched 1:N (N>=2) models based on BAC, age and gender	Numeric value
pbt_capped3	Numeric	pbt_result_new>= .20 are capped at .20	Numeric value
bac_centered3	Numeric	Centered pbt_capped3	Numeric value
pbt_capped4	Numeric	pbt_capped3+0.00001	Numeric value
bac_transform1_new	Numeric	1/(pbt_capped4*pbt_capped4)	Numeric value
bac_transform2_new	Numeric	square root of pbt_capped4	Numeric value
excluded_ofdrug	Numeric	1 Excluded from OF-based perfectly matched 1:2 models based on BAC, drug, age and gender	Numeric value
multi_of	Numeric	Positive fro more than 1 class (Oral Fluid) - 1	Numeric value
multi_blood	Numeric	Positive fro more than 1 class (Blood) - 1	Numeric value
multi_ofblood	Numeric	Positive fro more than 1 class (Oral Fluid and/or Blood) - 1	Numeric value
bac_positive	Numeric	pbt_result_new>0 (1)	Numeric value
bac_05	Numeric	pbt_result_new>=.05 (1)	Numeric value
bac_08	Numeric	pbt_result_new>=.08 (1)	Numeric value
bac_group	Numeric	BAC groups based on pbt_result_new	1 zero BAC 2 BAC 0-.0799 3 BAC .08+
bac_group3	Numeric	BAC groups based on pbt_result_new	1 zero BAC 2 BAC 0-.0499 3 BAC .05+
bac_group4	Numeric	BAC groups based on pbt_result_new	1 zero BAC 2 BAC 0-.0499

			3 BAC .05-.799 4 BAC .08+
mari_user_of3	Numeric	Marijuana categories in oral fluid	0 Other 1 Oral fluid positive for marijuana (including more than 1 class)
mari_user_of4	Numeric	Marijuana categories in oral fluid	1 Positive for marijuana only 2 Positive for marijuana and other drugs 3 Other
category3_of	Text	Four-level Drug category (Oral Fluid)	Illegal Medications More than 1 class Negative
thc_quantity_of	Numeric	THC concentration from Oral Fluid	Numeric value
thc_quantity_blood	Numeric	THC concentration from Blood	Numeric value
thc_category_of	Numeric	THC concentration groups (Oral Fluid)	1 Concentration 0 2 Concentration 0-4.999 3 Concentration 5+
thc_category_blood	Numeric	THC concentration groups (Blood)	1 Concentration 0 2 Concentration 0-4.999 3 Concentration 5+
resp1	Numeric	Crash responsibility assignment: responsibility_code=1,2,3,4	Numeric value
resp2	Numeric	Crash responsibility assignment: responsibility_code=2,3,4	Numeric value
resp3	Numeric	Crash responsibility assignment: responsibility_code=3,4	Numeric value
resp4	Numeric	Crash responsibility assignment: responsibility_code=4	Numeric value
seatbelt_use	Numeric	Use of seat belt	0 No seatbelt use 1 seatbelt use
distracted	Numeric	Distracted defined by any of the following	cellphone='1' daydreaming='1' driver_distracted='1' eating_drinking eyes_noton_road='1' looking_roadside_incident='1' looking_scenery='1' other_distractions='1' passenger='1' radio='1' adjusting_vehicle_control='1' wrong_side_road='1'
fatigue	Numeric	Fatigue defined by any of the following	apparently_asleep='1' driver_fatigue='1' fatigued='1'
aggressive	Numeric	Aggressive defined by any of the	cut_corner='1'

		following	cutting_in='1' exceed_safe_speed='1' exceed_speed_limit='1' overtaking_at_intersection='1' overtaking_on_curve='1' overtaking_on_hill='1'
fail_obey	Numeric	Failed to obey defined by any of the following	disregard_officer='1' disregard_signal='1' disregard_stop='1'
other_distract	Numeric	Other distractions defined by any of the following	follow_too_close='1' improper_backing='1' improper_lane_change='1' improper_passing='1' drive_through_workzone='1' not_right_ofway='1' other_improper_passing='1' other_improper_turn='1' over_correction='1' driving_without_lights='1' turn_from_wronglane='1'
excluded_ofdrug2	Numeric	1 Excluded from OF-based perfectly matched 1:2 models based on BAC, drug, age, gender and race/ethnicity	Numeric value
multiple_classes_of	Numeric	Oral fluid	1 More than 1 class 2 Others 3 Negative
medication_of	Numeric	Oral Fluid, three levels	1 Positive for medications (including more than 1 class) 2 Positive for other drugs 3 Negative
medication_blood	Numeric	Blood, three levels	1 Positive for medications (including more than 1 class) 2 Positive for other drugs 3 Negative
mari_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for marijuana only or drug negatives	Numeric value
stimulant_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for stimulants only or drug negatives	Numeric value
antidepressant_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for antidepressants only or drug negatives	Numeric value
narco_sedative_of2	Numeric	Oral Fluid, Four levels	1 Positive for narcotic

			analgesics or sedatives only 2 Positive for narcotic analgesics/sedatives and other drugs 3 Positive for any other drugs 4 Negative
ns_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for narcotic analgesics or sedatives only or drug negatives	Numeric value
excluded_ns	Numeric	1 Excluded from narcotic analgesics/sedatives perfectly matched models based on BAC, drug, age, gender and race/ethnicity	Numeric value
narco_sedative_of	Numeric	Oral Fluid, three levels	1 Positive for narcotic analgesics or sedatives 2 Positive for any other drugs 3 Negative
narcotic_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for narcotic analgesics only or drug negatives	Numeric value
sedative_perfect	Numeric	Perfect 1:N (N>=2) case/control match by Oral Fluid (1): only included drivers positive for sedatives only or drug negatives	Numeric value
excluded_sedative	Numeric	1 Excluded from sedatives perfectly matched models based on BAC, drug, age, gender and race/ethnicity	Numeric value

Appendix A

Crash Reporting Form

Crash#: _____

Abbreviated Crash Reporting Form			
Precinct:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
<u>Vehicle #1</u>		<u>Vehicle #2</u>	
DIN: ____ - ____		DIN: ____ - ____	
Driver Consented Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver Consented Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, why?: <input type="checkbox"/> Refused Officer <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Absent <input type="checkbox"/> Commercial <input type="checkbox"/> Not Approached If Not approached, why? _____		If no, why?: <input type="checkbox"/> Refused Officer <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Absent <input type="checkbox"/> Commercial <input type="checkbox"/> Not Approached If Not approached, why? _____	
Responsibility Code - Vehicle 1 Driver: <i>(Check one)</i> <input type="checkbox"/> Responsible <input type="checkbox"/> Responsible/Contributory <input type="checkbox"/> Contributory <input type="checkbox"/> Contributory/Neither <input type="checkbox"/> Not responsible or Contributory <input type="checkbox"/> Unknown		Responsibility Code - Vehicle 2 Driver: <i>(Check one)</i> <input type="checkbox"/> Responsible <input type="checkbox"/> Responsible/Contributory <input type="checkbox"/> Contributory <input type="checkbox"/> Contributory/Neither <input type="checkbox"/> Not responsible or Contributory <input type="checkbox"/> Unknown	
Crash Type:	Injury Type:	Crash Type:	Injury Type:
Length of DC interview: _____ minutes		Length of DC interview: _____ minutes	
<u>Vehicle #3</u>		<u>Vehicle #4</u>	
DIN: ____ - ____		DIN: ____ - ____	
Driver Consented Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver Consented Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, why?: <input type="checkbox"/> Refused Officer <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Absent <input type="checkbox"/> Commercial <input type="checkbox"/> Not Approached If Not approached, why? _____		If no, why?: <input type="checkbox"/> Refused Officer <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Absent <input type="checkbox"/> Commercial <input type="checkbox"/> Not Approached If Not approached, why? _____	
Responsibility Code - Vehicle 3 Driver: <i>(Check one)</i> <input type="checkbox"/> Responsible <input type="checkbox"/> Responsible/Contributory <input type="checkbox"/> Contributory <input type="checkbox"/> Contributory/Neither <input type="checkbox"/> Not responsible or Contributory <input type="checkbox"/> Unknown		Responsibility Code - Vehicle 4 Driver: <i>(Check one)</i> <input type="checkbox"/> Responsible <input type="checkbox"/> Responsible/Contributory <input type="checkbox"/> Contributory <input type="checkbox"/> Contributory/Neither <input type="checkbox"/> Not responsible or Contributory <input type="checkbox"/> Unknown	
Crash Type:	Injury Type:	Crash Type:	Injury Type:
Length of DC interview: _____ minutes		Length of DC interview: _____ minutes	

Crash#: _____

Office Use Only

Document to be destroyed

Sketch of Crash Site: (Include layout of crash site, where data collectors and police officers were located, location of crash vehicles, and any other relevant elements.)

Notes: (Brief description of site)

V1 DIN:	Make/ Model:	V2 DIN:	Make/ Model:
V3 DIN:	Make/ Model:	V4 DIN:	Make/ Model:

Crash#: _ _ _ _

Office Use Only Document to be destroyed					
Crash Date:		Data Collector:		EMS #:	
Time of crash : AM/PM	Time arrived on site: AM/PM	DC Start time: AM/PM		DC End time: AM/PM	
Police Report # (IBR):		Research Officer Code:		Investigating Officer Code:	
Road Name: (write out "road," "street," etc.)					
Intersecting Road Name: (write out "road," "street," etc.)					

Notes

Appendix B

Observational PAS Data Form

DIN: _ _ _ - _ - _

CRASH DRIVER CONTROL

Observational Data

Estimate Driver's Age:

- 16-20
- 21-34
- 35-64
- 65+

Driver's Sex:

- Male
- Female

Driver's Ethnicity: Hispanic or Latino?

- Yes
- No

Driver's Race:

- White
- Black or African-American
- Native American or Alaska Native
- Asian

Vehicle Type:

- Car
- SUV
- Minivan
- Van
- Pickup
- Motorcycle
- Other: _____

Number of Passengers: _____

• **Any under 15?**

- Yes
- No

- Native Hawaiian or Other Pacific Islander
- More than one race
- Unknown
- Other: _____

Seat Belts: (If crash, ask driver and any front seat passenger if they were wearing their seat belts)

Driver

Passenger

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- Lap and shoulder belts
- Shoulder belt only
- Lap belt only
- No use / no belt
- Unknown
- Not applicable (no passengers)

Motorcycles:

Driver

Passenger

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- Helmet used
- No helmet used
- Unknown
- Not applicable (no passengers)

DC / ADC Approached Driver: Yes No (If NO, leave back page blank)

Activate PAS for first reading

Record PAS reading

- 00
- 1 green
- 2 green
- 1 yellow
- 2 yellow
- 3 yellow
- 4 yellow (Implement IDP)
- 1 red (Implement IDP)
- 2 red (Implement IDP)
- 3 red (Implement IDP)
- Not used

Is the Driver Eligible to participate? YES NO

If NO: Commercial Age Intoxicated Other _____

Will Driver participate in survey? YES NO Breath Test Only M.E.

If NO: Ask for a breath test.

“Can I just get a sample of your breath? Our device does not display any readings and there is no risk to you.” (Show PBT to subject) “This will take just a few seconds”.

If Breath Test Only: Take breath sample with PBT and record PBT test number in space below. Give driver

WHITE CONSENT FORM and verbal warning about drinking, drugged, and fatigued driving. Thank and release driver. RECORD PBT TEST NUMBER: ___ ___ ___ ___

BAC Result: . ___ ___ ___

Only for drivers that refuse the survey

If NO: Give driver **YELLOW FORM and verbal warning about drinking, drugged, and fatigued driving. Thank and release driver.**

Appendix C

Driver Information Card

Driver Information Card

DIN: _____ - _____ - _____
CRASH DRIVER

CONTROL

First Contact: <input type="checkbox"/> Officer <input type="checkbox"/> Trauma <input type="checkbox"/> None <input type="checkbox"/> M.E. <input type="checkbox"/> Control			DC Code: _____	Paid:\$ _____
Refused All: <input type="checkbox"/> At Officer <input type="checkbox"/> Absent <input type="checkbox"/> Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not approached – Why? _____			<u>Oral Fluid Label</u>	
Time Block: <input type="checkbox"/> 12a <input type="checkbox"/> 3a <input type="checkbox"/> 6a <input type="checkbox"/> 9a <input type="checkbox"/> 12p <input type="checkbox"/> 3p <input type="checkbox"/> 6p <input type="checkbox"/> 9p			<i>Place Blue CoC Label here</i>	
PAS#: _____		PBT#: _____		
PBT Test#: _____		Result (BAC): _____		
Transported to Hospital: <input type="checkbox"/> Yes (back) <input type="checkbox"/> No <input type="checkbox"/> Control			<u>Blood Label</u>	
If Yes, driver approached by: <input type="checkbox"/> DC <input type="checkbox"/> RA <input type="checkbox"/> Unavailable			<i>Place Red CoC Label here</i>	
Driver Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Control				
Hit and Run Driver: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Control				
Conduct a Control: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Control				
Converted Refusal Attempt			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Successful? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, why?: <input type="checkbox"/> No time <input type="checkbox"/> No interest <input type="checkbox"/> Other _____	
Amount offered:\$ _____			Difficulty: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Impaired Driver Protocol (IDP) Implemented			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			BAC:. _____	
Action taken:				
Switched Driver:		BAC of new driver: _____		Valid License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Friend/Family came:		BAC of Friend/Family: _____		
Waited until BAC .05 or below:		Final BAC: _____		
Taxi:		Amount \$ given: _____		
Other (specify): _____				
Number of passengers (up to 6) _____				
Approximate age(s) of passenger(s): P1: _____ P2: _____ P3: _____ P4: _____ P5: _____ P6: _____				

Office Use

Quality Control purposes only

Note any unusual circumstances at site or during data entry:

Name of hospital driver was transported to: _____

♥ If driver approached by RA, was blood sample obtained by hospital staff: Yes No

If No, why not?

- Refused consent
- Subject released from hospital before consent could be given
- Subject too ill to provide consent
- Subject passed away
- Other: _____

Police Report Obtained

Input Initial: _____

Appendix D

Alcohol and Drug Crash Risk Study Survey

SURVEY QUESTIONS

1. The average driver drives about 15,000 miles a year. Would you say you drive:

- More than average
- Average
- Less than average
- Did not answer

2. About how many miles away are you now from where you live?

- 0-5
- 6-10
- 11-20
- More than 20
- Did not answer

Activate PAS for second reading

3. Where are you coming from?

- Own home
- Someone else's home
- Work
- Restaurant / Eating place
- Bar / Tavern / Club
- Sport or Rec facility / Park
- School / Church
- Store / Gas station
- Hotel / Motel
- Beach
- Military Base
- Other
- Did not answer

Where are you headed?

- Own home
- Someone else's home
- Work
- Restaurant / Eating place
- Bar / Tavern / Club
- Sport or Rec facility / Park
- School / Church
- Store / Gas station
- Hotel / Motel
- Beach
- Military base
- Other
- Did not answer

Assess estimated level of intoxication

- No signs of alcohol or drug use (Level 1)
- Signs of use but no intoxication (Level 2)
- Signs of use and intoxication (Level 3)

If level 3— ***Implement IDP***

Rev: 5/16/11

For Level 3 subjects: Continue asking questions while observing subject and determine: (1) if subject has the ability to give consent, and (2) if the interview should be stopped and the IDP activated.

Record PAS reading

- 00
- 1 green
- 2 green
- 1 yellow
- 2 yellow
- 3 yellow
- 4 yellow (Implement IDP)
- 1 red (Implement IDP)
- 2 red (Implement IDP)
- 3 red (Implement IDP)
- Not used

4. (AUD screener question)
In the past year, how often did you have a drink containing alcohol?
- Never [Skip to Q9. Driver NOT eligible for AUD]
 - Monthly or less
 - 2-4 times / month
 - 2-3 times / week
 - 4 or more times / week
 - Did not answer
5. In the past year, have you ever had (5: male / 4: female) or more drinks in a TWO-hour period?
- Yes
 - No
 - Did not answer
6. Have you had a drink containing alcohol today / tonight?
- Yes
 - No [Skip to Q9]
 - Did not answer [Skip to Q9]
7. How long ago did you finish your last drink?
Hours _____ Min _____ Did not answer
8. Was that beer, wine, or liquor or a combination?
- Beer
 - Wine / Champagne
 - Liquor
 - Combination
 - Did not answer

9. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

Age _____

- Never had alcohol
 Did not answer

10. Are you the designated driver today/tonight? That is, someone who did not drink alcohol so that you could safely get people home?

- Yes
 No
 Intended to be
 Did not answer

11. During the last week, how many hours did you sleep *on average* each night?

_____ Hours Did not answer

12. The *last time* that you slept, how many hours did you sleep?

_____ Hours Did not answer

13. What time did you wake up?

_____ AM / PM Did not answer

14. (*Distracted Driver - next 3 questions*)

Crash Driver: At the time of the crash, were you using a cell phone or other electronic device?

Control Driver: When you saw the officer up ahead and were approaching us, were you using a cell phone or other electronic device?

- Yes
 No
 Did not answer
- If YES, check all that apply.
 - Cell phone
 - iPod/ music
 - GPS
 - Other _____
 - Did not answer

15. Were you doing anything else in addition to driving such as eating, grooming, or talking to a passenger?

- Yes
 No
 Did not answer
- If YES, check all that apply;
 - Eating
 - Grooming
 - Talking
 - Radio dials
 - Reading
 - Singing
 - Other _____
 - Did not answer

16. How frequently do you use the following devices while driving?

Cell phone Hands-free device Texting

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Never | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Regularly | <input type="checkbox"/> Regularly | <input type="checkbox"/> Regularly |
| <input type="checkbox"/> No answer | <input type="checkbox"/> No answer | <input type="checkbox"/> No answer |

17. What is your age?

Years _____ Did not answer

18. How old were you when you obtained your license?

Years _____ Did not answer

19. What is your zip code?

Zip code _____ Did not answer

20. What is the highest degree or level of school you have completed?

- None - 8th grade
 9th - 11th grade
 High school graduate
 Some college – no degree
 Associate's degree
 Bachelor's degree
 Master's degree
 Professional degree
 Doctoral degree

- Did not answer

21. Are you currently a student?

- High School
 College
 No
 Other
 Did not answer

22. Are you currently employed, unemployed, homemaker, on disability, retired, or other?

- Employed
 Full-time Part-time
 Did not answer
 Unemployed
 - **How long have you been unemployed?**
 _____ Months _____ Years
 Did not answer Homemaker
 On Disability
 Retired
 Other _____
 Did not answer

23. Are you on active military duty?

- Yes [*Skip to Q25*]
 No
 Did not answer

24. Are you a veteran?

- Yes
 No
 Did not answer
 - If YES, how long ago were you discharged?
 0-1 month
 <1-6 months
 <6 months to 1 year
 <1 year to 5 years
 Over 5 years
 Did not answer

25. What is your marital status?

- Single
 Living together
 Married
 Separated
 Divorced
 Widowed
 Did not answer

26. Are you Hispanic or Latino?

- Yes
- No
- Did not answer

27. To which racial group would you say you belong?

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Hawaiian or Pacific Islander
- More than one race
- Other _____
- Unknown
- Refused to identify

Survey Questions Complete

BREATH SAMPLE:

“Now I’d like to get a sample of your breath. Our device does not display any readings and there is no risk to you.” (Show PBT to subject) “This will take just a few seconds.”

“I will indicate on my survey that you said”: YES NO

Take breath sample with PBT.

RECORD PBT TEST NUMBER: ___ ___ ___ ___

BAC Result: . ___ ___ ___

Oral fluid (OF) / Drug questionnaire (DQ) / AUD

“For \$10 cash, I will now ask you to VOLUNTARILY PARTICIPATE in two research activities about prescription and non-prescription drug use. This will take a few minutes. It involves collecting a sample of your saliva for LATER analysis in a lab AND filling out a questionnaire about your use of substances. As before, your data will be coded with a research study case number and you may stop participating at any time. May I begin?”

“I will indicate on my survey that you said”: YES NO

AUD consent script

Is Participant AUD Eligible? (Per Survey Q4): Eligible Ineligible

“For an additional \$5, I will now ask you to voluntarily answer a few questions about your use of alcohol in the past year. Your answers to these questions are confidential. As before, you may stop participating at any time.”

“I will indicate on my survey that you said”: YES NO

ORAL FLUID COC label:

Blue COC label
for Oral Fluid
here

Distribute funds

Blood Draw:

“Are you over 18 years of age?” YES/Eligible NO/Ineligible

DCs riding alone: Consent driver for blood draw **DC Code** _____

ADCs riding alone: Skip Blood Consent and continue on to Driving Record Consent.

DC drawing for ADC: Consent driver for blood draw. **DC Code** _____

“I would like to offer you a \$50 money order to provide a quick blood sample. The purpose is to measure some blood components that may reflect alcohol or drug use. This is completely voluntary and confidential. I am (with) a licensed phlebotomist and it should take about 5 or 10 minutes. Would you be willing to participate in this part of the study?”

“I will indicate on my survey that you said”: YES NO

BLOOD COC label:

Red COC label
for Blood
here

Access to Driver Record

“Do you have a Virginia State driver’s license?”

YES/Eligible *NO/Ineligible*

“For our research study, I would like to temporarily have your name, driver license number, and date of birth so that we can analyze driver records (including citations and crashes) in relation to alcohol- and drug-use in the general population. Following strict confidentiality procedures, this identifying information will be stored securely in a locked file cabinet and separately from your other data. Once we have your driver and crash data, any identifying information contained in that file will be removed and replaced with your research study number, and then combined with the information collected in today’s interview. All information that links identifiers with study data will be destroyed as soon as we have your complete data, which is anticipated to be no more than 4 weeks after today’s interview. Once destroyed, all your study data will be linked together but will not be associated with you personally. Absolutely none of the individual information collected by me will be shared with anyone outside the research project, including law enforcement. The risks of a breach of confidentiality are very small and unlikely to occur given the strict confidentiality procedures we are using. There will be no benefit to you if you provide this information.”

“If you agree, I will need your printed name and signature on this consent form and I will record your driver license number and date of birth. Is this okay?”

“I will indicate on my survey that you said”: YES NO

ALL SUBJECTS receive WHITE CONSENT PAPER FORM and verbal warning about drinking, drugged, or fatigued driving. Thank and release driver.

END OF INTERVIEW

Estimated length of interview: _____ Minutes

Appendix E

Site Observation Reporting Form

Crash Site Observation Form (all items)
Control Site Observation (Q1-Q6)

Crash#: _ _ _ _

- 1. **Time:** 12a 3a 6a 9a
12p 3p 6p 9p

2. Weather (check 1-2 items)

- Clear
- Cloudy
- Raining
 Light Heavy
- Snowing
 Light Heavy
- Fog
- Wind
- Other (describe) _____

3. Lighting

- Daylight
- Dusk
- Dawn
- Dark: street lights
- Dark: no street lights
- Dark: street lights not functioning

4. Roadway Surface

- Dry
- Wet
- Snowy / Ice
- Slippery (muddy, oily, etc.)

5. Roadway Conditions (check 1-2 items)

- No unusual conditions
- Holes / deep ruts
- Loose material on roadway
- Obstruction on roadway
- Construction / Repair zone
- Reduced roadway width
- Flooded
- Other _____

6. Type of Roadway

- City surface
- Alley way
- Intersection
(describe) _____
- Other
(describe) _____

7. How many lanes on the roadway? _____

REV 9/17/10

8. Type of crash (check all that apply)

- Head-on
- Sideswipe
- Rear-end
- Broadside
- Hit object
- Overturned
- Vehicle / pedestrian
- Vehicle / train
- Vehicle / bicycle
- Vehicle / motorcycle
- Vehicle / animal
- Other _____

9. What can be seen within one block of crash location (check all that apply)

- Alcohol outlet (on site: bar/ tavern/ restaurant)
- Alcohol outlet (off-site: liquor store/ market)
- Restaurant
- Homes
- Apartment buildings
- Hotel / Motel
- Professional buildings
- Retail stores / Small businesses
- Warehouses / Industry / Manufacturing
- Beachfront
- Military base
- Other: _____

10. Injury involved?

- No injury (Property damage only)
- Injury
- Fatality

11. Was the crash a hit and run?

- Yes
- No

12. Traffic Flow

- Congested
- Moderate
- Light

13. Number of motor vehicles involved _____

14. Number of pedestrians involved _____

15. Number of bicycles involved _____

Crash Site Report Form (all items)
Control Site Report Form (all items)

Crash#: _ _ _ _

Day of the Week:	Data Collection Month:	Shift #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> P/S 1 <input type="checkbox"/> P/S 2
PAS Instrument #:	PBT Instrument #:	Total Cash Dispersed: \$
Crash	Control	
# DICs Completed:	# DICs Completed:	
# AUD Completed:	# AUD Completed:	
# Oral Fluids:	# Oral Fluids:	
# Blood Samples:	# Blood Samples:	
# Conversions:	# Conversions:	
# IDPs:	# IDPs:	
# Crash Drivers Involved:	Total Vehicle Counts Completed by Officers	
# Crash Drivers to Hospital:	Total Session Count:	
<small>(Scratch pad for math, vehicle counts, etc)</small>	Pulled Over for Interview:	
	Non-Qualifying (Emergency, etc):	

Evading Site / Refused Before Bay:

Notes:

Length of time at Control: ___Hrs ___Min