

# INTACT Intervjuguide

## Engelskspråkig

Case number			
Vehicle make		Vehicle id	
Interviewee	<input type="checkbox"/> Driver <input type="checkbox"/> Other:		
Interview date			
Interviewer			

## 1. Introduction

- Hi! My name is ... and I work at ... with ...[traffic safety research]
- I work in a research project called **INTACT** where we investigate traffic accidents
- The project is a collaboration between Swedish vehicle industry (Volvo, Saab, Scania and Autoliv), Chalmers, Sahlgrenska university hospital and the Swedish Road Administration
- We investigate traffic accidents to learn more about them and their causes
- This will lead to better cars, roads and hospital care
- I'm calling you because your car has been involved in a traffic accident, is that correct?
- Were you the driver? As part of our investigations, we try to interview as many drivers as possible
- Is it OK if I ask you some questions? It usually takes about ... minutes. We can make an appointment later if now is not a good time
- Participation is voluntary
- Questionnaire, same questions to everyone
- Personal information is treated confidentially and all information is made anonymous before the investigation is finished, i.e. we delete all names, registration numbers, telephone numbers etc
- We do not cooperate with the police or insurance companies and information is not transferred to them
- We are only interested in things that will help us make better cars, roads and improve medical care, the legal side is not interesting to us

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### 2.1. Please tell me what happened

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

2.1.1. Were you alone in the vehicle? ☐ Yes ☐ No

If No; number of adults \_\_\_\_\_ number of children under 16: \_\_\_\_\_

2.1.2. When did the situation begin to seem critical to you?

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2.1.3. Did you see/notice ... (the other vehicle, sign, traffic signal etc)? ☐ Yes ☐ No

2.1.4. If yes, when did you see/notice ...? (the other vehicle, sign, traffic signal etc)?

Time \_\_\_\_\_ Distance \_\_\_\_\_

2.1.5. How did you react then?

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2.1.6. Did you have time to do anything? (steer, brake, accelerate, release the accelerator, nothing, something else, do not know)

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2.1.7. How did your vehicle move after impact? (rotation, clockwise/counter clockwise, skid, how far etc)

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2.1.8. How did you feel just before impact? (scared, angry, surprised, something else)

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2.1.9. Is there anything in this situation you think you might have misunderstood or misinterpreted? (an object, someone's intentions, someone's speed etc)

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2.1.10. How did other vehicles or pedestrians behave before the accident?

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2.1.11. Was this something you had expected?

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2.1.12. If intersection, lane change etc: Did you use the turn signal? \_\_\_\_\_

**If lane change accident truck-car (2.1.12 – 2.1.23)**

***To truck driver:***

2.1.13. Did you see the car in any of the mirrors before the accident? If yes, which mirror?

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2.1.14. How often did you look in the mirrors before you made the lane change maneuver?

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2.1.15. Which mirrors did you use?

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2.1.16. Have you ever experienced something like this before?

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2.1.17. Were you surprised when you saw the car/felt the impact?

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2.1.18. Before the accident, did you think about that vehicles might be where you could not see them very well?

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2.1.19. Was there anything in the traffic situation that made you take a chance without being certain the next lane was free?

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If not, did you think that you saw all vehicles and were you surprised by the accident?

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2.1.20. Do you feel there are many blind spots around your vehicle? If yes, please describe

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2.1.21. Is there anything that could be designed differently to improve your view?

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***To the car driver:***

- 2.1.22. Did you perceive any risk in this situation?  
\_\_\_\_\_
- 2.1.23. Was it an overtaking or were you beside the truck for a longer period of time?  
\_\_\_\_\_
- 2.1.24. Before the accident, did you think you had passed the truck completely?  
\_\_\_\_\_

**3. Speed**

- 3.1. What was your speed before the accident? \_\_\_\_\_ km/h
- 3.2. What was your speed at impact? \_\_\_\_\_ km/h
- 3.3. What speed do you usually have at this site? \_\_\_\_\_ km/h
- 3.4. What is the speed limit at this site? \_\_\_\_\_ km/h
- 3.5. What was the speed of the other vehicles? (when more than one vehicle is involved)  
\_\_\_\_\_
- 3.6. What speed do other vehicles usually have at this site?  
\_\_\_\_\_

**4. Circumstances of travel**

- 4.1. What was the purpose of this trip?  
\_\_\_\_\_  
\_\_\_\_\_
- 4.2. Where did you start? Where were you supposed to finish?  
\_\_\_\_\_  
\_\_\_\_\_
- 4.3. How far from the accident site do you live?  
\_\_\_\_\_

**4.4. How often do you drive here?**

4.4.1. Were you sure how to drive? (at this site, lanes, directions etc)

4.4.2. If not sure; were you guided by a GPS, map or passenger? ☐ Yes ☐ No  
If yes; what?

**4.5. Was this trip different or special in any way?**

**4.6. How long time had you planned for the trip to take?**

4.7. For how long had you been driving? \_\_\_\_\_ hours \_\_\_\_\_ minutes

4.8. For how long or how far had you been driving since the last break? (if long drive)  
\_\_\_\_\_ hours \_\_\_\_\_ minutes \_\_\_\_\_ kms (distance)

4.9. Are you usually awake at the time when the accident occurred? (working shifts, nights etc) ☐ Yes ☐ No

4.10. How many hours did you sleep the night before the accident?

\_\_\_\_\_ hours

4.11. When the accident occurred, how many hours had you been awake?

\_\_\_\_\_ hours

4.12. Did you feel tired before the accident? ☐ Yes ☐ No

4.13. How did you feel before the accident?

4.14. What mood were you in?

**4.15. Were you thinking about anything in particular before the accident?**

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**4.16. Had you done anything particular before the trip?** (e.g. anything physically exhausting)

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**4.17. Had anything special happened the day of the accident or the days before the accident?**

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**4.18. Did you feel stressed before the trip began?**

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**4.19. Did something happen during the trip that made you feel stressed?**

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## **5. Traffic environment**

**5.1. Has anything changed or been rebuilt at the accident site recently?**

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5.1.1. Did it make the site better or worse? ☐ Better ☐ Worse

**5.2. Is there anything at this site you find difficult when passing?** (e.g. complex traffic environment, view, lanes, exits, heavy traffic etc)

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**5.3. What do you think about the traffic signs at the site?**

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5.3.1. Are there signs missing?

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5.3.2. Is it difficult to find your way if you look at the signs?

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5.3.3. Are there any redundant signs?

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**5.4. Please describe the traffic at the time of the accident**

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5.4.1. Did you feel the traffic was heavy at the time of the accident?

☐ High      ☐ Low      ☐ Normal

5.4.2. Was it a stressful traffic situation? Stress level:

☐ High      ☐ Low      ☐ Normal

**5.5. What were the road conditions?**

☐ Dry      ☐ Wet  
☐ Thin ice      ☐ Ice/packed snow  
☐ Fresh snow/slush

5.5.1. Are you used to driving under these road conditions? (when poor road conditions)

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**5.6. How was the weather?**

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5.6.1. What type and how much? (rain, snow, wind etc)

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5.6.2. Did you have to have the windshield wipers on? (fast, normal, interval, not on)

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5.6.3. Was it easy to see other vehicles, signs etc?

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**5.7. Was your view obstructed in any (other) way?**

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5.7.1. From your own vehicle? (A pillar, B pillar, mirrors etc)

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5.7.2. Another vehicle?

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5.7.3. Any other physical objects? (buildings, vegetation etc)

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## 6. Other tasks

### 6.1. If someone else was in the vehicle: were you talking?

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6.1.1. Was it a long or active conversation?

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### 6.2. Was the stereo/radio on?

☐ Yes

☐ No

6.2.1. If yes, volume? \_\_\_\_\_

6.2.2. How actively were you listening? (background/focus)

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### 6.3. Did you eat or drink anything?

☐ Yes

☐ No

6.3.1. If yes, what? \_\_\_\_\_

### 6.4. Were you taking out or putting something away?

☐ Yes

☐ No

### 6.5. Were you talking on a cell phone?

☐ Yes

☐ No

6.5.1. If yes, was it an active conversation? \_\_\_\_\_

6.5.2. How long was the conversation? \_\_\_\_\_

### 6.6. Did anything else happen in the vehicle? \_\_\_\_\_

### 6.7. Did you feel distracted or disturbed by anything in the vehicle?

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## 7. Experience and education

### 7.1. For how long have you had your license? \_\_\_\_\_

7.1.1. What kind of driving license? \_\_\_\_\_

7.1.2. Where did you get your license? \_\_\_\_\_

7.1.3. Do you have any conditions? (glasses, automatic gearbox etc)

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### 7.2. How many kilometers do you drive annually? \_\_\_\_\_ kms/year

- 7.3. Have you ever been a professional driver?** ☐ Yes ☐ No
- 7.3.1. If yes, what kind? \_\_\_\_\_
- 7.3.2. If Yes, for how long? \_\_\_\_\_
- 
- 7.4. Do you like driving?** \_\_\_\_\_
- 7.5. If the accident occurred in darkness: do you think it is strenuous to drive when it is dark?** ☐ Yes ☐ No
- 7.6. Do you avoid driving in certain places?** ☐ Yes ☐ No  
If Yes, which ones?  
\_\_\_\_\_
- 
- 7.7. Do you avoid driving at certain hours?** ☐ Yes ☐ No  
If Yes, when?  
\_\_\_\_\_
- 
- 7.8. Have you been in a traffic accident before?** ☐ Yes ☐ No
- 7.8.1. If Yes, what happened?  
\_\_\_\_\_

## **8. Vehicle**

- 8.1. How much have you driven this vehicle?** \_\_\_\_\_ kms
- 8.2. How often do you drive this vehicle?** \_\_\_\_\_
- 8.2.1. If you have not driven this vehicle much, are you familiar with the model?  
☐ Yes ☐ No
- 8.3. For how long have you had it?** \_\_\_\_\_
- 8.4. What was the odometer on?** \_\_\_\_\_ kms
- 8.5. Is it easy or difficult to drive?** ☐ Easy ☐ Difficult
- 8.5.1. Does it behave unexpectedly sometimes? ☐ Yes ☐ No
- 8.5.2. In what way? How?  
\_\_\_\_\_

**8.6. Are there any controls that are difficult to access or understand?**

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8.6.1. Is there anything you would like to design differently?

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**8.7. How are the brakes?** \_\_\_\_\_

**8.8. Has the vehicle been to a garage recently?** \_\_\_\_\_

**8.9. Is anything worn on the vehicle?** \_\_\_\_\_

**8.10. What technical support systems does the vehicle have?** (ABS, anti-spin, traction control, cruise control, electronic stability program etc)

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8.10.1. Have you been helped by any of them?

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**8.11. Which lights were on?**

☐ dipped beams      ☐ full beams

☐ fog light      ☐ extra light

☐ other: \_\_\_\_\_

***If car:***

**8.12. Did you have any cargo or luggage in the car?** \_\_\_\_\_

8.12.1. Where? (passenger compartment, trunk, roof, trailer, back rests folded etc)

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8.12.2. What kind of cargo/luggage? Heavy?? \_\_\_\_\_

8.12.3. Was it anchored in any way? \_\_\_\_\_

8.12.4. Do you know if there is anything you have to think about with this vehicle or this cargo? \_\_\_\_\_

***If truck:***

**8.13. How was the truck/trailer/combination loaded?**

☐ Empty      ☐ Half full      ☐ Full

8.13.1. How much did the cargo weigh? \_\_\_\_\_

8.13.2. How was the cargo distributed?

☐ center of gravity at the front    ☐ evenly distributed cargo    ☐ center of gravity at the rear

**8.14. We would like to look at the vehicle as well. Where is it today?**

\_\_\_\_\_

8.14.1. May we look at it? \_\_\_\_\_

## **9. Seat belts, passengers**

**9.1. Were you wearing a seat belt?** \_\_\_\_\_

If passengers in the vehicle:

**9.2. Where were the passengers?** (facing front, facing rear)

\_\_\_\_\_

**9.3. How do they feel today?** (Injuries? What?)

\_\_\_\_\_

**9.4. Were they wearing seat belts? How was the belt worn?** \_\_\_\_\_

## **10. Contact information**

- Follow-up of injuries in traffic accidents
- Questionnaire – response voluntary
- Address to you and your passengers

## 11. Finish

That was all the questions I had. Do you have any questions to me?

If you have anything you would like to talk about relating to the accident, there is a service at Sahlgrenska university hospital called Trafikskadestöd. It is manned by nurses who work under professional secrecy.

The phone number is 020-49 48 00 and it is open Mondays, Tuesday, Thursdays and Fridays between 9.00-11.30. Other hours you can leave a message.

Thank you for your time and cooperation!

## 12. Administration

12.1. Intervjulängd: \_\_\_\_\_ min

12.2. Hur fick INTACT kontaktuppgifter till föraren?

- ☐ personlig kontakt på olycksplatsen
- ☐ ägaruppgifter via bilregistret (föraren äger fordonet)
- ☐ via ägaren till fordonet (föraren äger inte fordonet)
- ☐ personuppgifter i polisrapport
- ☐ annat: \_\_\_\_\_

## Kontaktuppgifter till trafikanter

Ifylles per fordon

Olycksdatum: \_\_\_\_\_

Casenr: \_\_\_\_\_

Case leader: \_\_\_\_\_

Fordons-ID: \_\_\_\_\_

<b>Förare (1.1)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss <input type="checkbox"/> mc <input type="checkbox"/> cykel <input type="checkbox"/> fotgängare Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____	<b>Passagerare (1.2)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____	<b>Passagerare (1.3)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss <input type="checkbox"/> mc Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____
<b>Passagerare (2.1)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss <input type="checkbox"/> mc <input type="checkbox"/> cykel Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____	<b>Passagerare (2.2)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____	<b>Passagerare (2.3)</b> <input type="checkbox"/> pb <input type="checkbox"/> lb <input type="checkbox"/> buss Namn: _____ _____ Adress: _____ _____ _____ Telefon: _____ Mobil: _____

Denna sida skall efter intervjun skickas till Ann Sällström på  
Trafikskaderegistret, SU/Östra sjukhuset, 416 85 Göteborg  
Telefon: 031-343 5124