INFORMED CONSENT (SURVEY)

Principal Investigator: Dr. Jan E. Christopher

Title of Project: DELAWARE MOTORCYCLE FATALITY STUDY

You are invited to participate in a brief survey commissioned by the Delaware Department of Transportation (DelDOT) and the Federal Highway Administration (FHWA). The DelDOT/FHWA partnership wants to identify several factors that are emerging, which make motorcycle fatalities stubbornly high in Delaware. This study will be of benefit to others by discussing motorcycle fatalities from the point of view of leisure, vacation, and work-related motorcycle usage.

You have been selected as a possible participant in this study because you reside within the state of Delaware, I-95 corridor, or the Delmarva Peninsula. If you decide to participate, Delaware State University will provide the survey to you electronically or via a paper copy of the survey. The survey will be sent to you either through email, post, or through a student canvasser along with a copy of this informed consent document. You are being asked to take two minutes to read and sign this informed consent "signature sheet." After you have signed the sheet, you will be given a 10-page, 34-item survey instrument to complete. The instrument has been field tested and it is confirmed that the average respondent should complete the instrument within 5 minutes. Combined with the two minutes for reviewing the informed consent "signature sheet," the total time to complete the survey process is estimated at a minimum of 5 minutes and a maximum of 9 minutes. This study has minimal risks attached to it relative to the participants. Therefore, issues such as medical care and compensation are not active concerns. This study will benefit others by enabling the Delaware region to benefit from some of the programs available in the community to promote motorcycle safety among those who have a stake in safe motorcycle ridership.

Your decision whether or not to participate will not prejudice your future relations with Delaware State University or with your employer. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Before you complete and sign the form, please ask questions on any aspect of the study that is at all unclear to you. If you have any additional questions later, please contact Dr. Jan E. Christopher at (302) 857-6914 or jchristopher@desu.edu. If at any time you have questions concerning your rights as a research subject, you may call the Office of Sponsored Programs at 302-857-6819 or 857-6811.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I acknowledge that I have received a personal copy of this consent form.

Copy received: _____(initial) _____

_____ _____ _____

Date Signature Time AM/PM

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Signature of Investigator