

STUDY: Safe Driver Apprenticeship Program  
PROTOCOL NO: «Protocol\_No»  
ECONOMETRICA IRB ID: «IRB\_ID»

## **PARTICIPANT INFORMED CONSENT FORM AND AUTHORIZATION TO USE AND DISCLOSE PERSONAL INFORMATION**

**STUDY TITLE:** Safe Driver Apprenticeship Program

**STUDY LEAD:** Kim Dorazio – M. Davis and Company, Inc.

**STUDY SITE:** Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue, SE  
Washington, D.C. 20590

**TELEPHONE:** 855-368-4200

**SPONSOR:** Federal Motor Carrier Safety Administration

You are being asked to take part in a research study. Taking part in this research study is voluntary. Before you decide, you should know why the study is being done and what it involves. Please read this form carefully and take your time to decide. Ask the study lead (or her staff) any questions you may have. You may take an unsigned copy of this form home with you to read again. Take your time to think and talk about it with your family and friends before making your decision.

### **BACKGROUND**

You are being asked to participate in the study because you are between the ages of 18 and 20 and are currently licensed to operate a commercial motor vehicle in intrastate commerce.

### **PURPOSE**

The purpose of this research study is to determine the safety impacts of allowing commercial drivers under the age of 21, who have completed apprenticeship training with an experienced driver, to operate a commercial motor vehicle in interstate commerce. The study also determines how the safety records of participating apprentices compare to other CMV drivers.

Any driver currently operating under a FMCSA medical exemption may not participate in this study.

You will be asked to allow the Federal Motor Carrier Safety Administration (FMCSA) to monitor your driving activity (for example, miles traveled, hours traveled, types of vehicles driven, etc.) and safety performance (such as crashes, moving violations, inspection violations, etc.) for a maximum of a 3-year period or until you reach the age of 21. This information is for research purposes only. No identifying information will be publicly disseminated. Also, this information will not be utilized to implement any enforcement or regulatory action against you. However, as a heavy vehicle driver you are subject to all FMCSA rules and regulations. FMCSA may remove a driver from the study or cancel the study at any time.

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At least 350 men and women at least 18 years of age and no more than 20 years of age will participate in this study.

## **DURATION**

Your participation in the study will last for up to 3 years or until you reach the age of 21.

## **PROCEDURES**

As a participant in the pilot program, your motor carrier will submit information about you on a monthly data collection form. These forms will summarize the number of crashes, moving violations, the total number of roadside inspection violations, and the total number of motorist incident reports for each driver. It will also include general information such as miles traveled, hours driven, time of day, day of week, truck type and hours since last break. In addition, if available from your motor carrier, data collected from on-board monitoring systems will be evaluated for safety outcomes.

## **POTENTIAL RISKS, SIDE EFFECTS, DISCOMFORTS, INCONVENIENCES**

There are no foreseeable risks or inconveniences with participating in this study.

## **POTENTIAL BENEFITS**

You will not directly benefit from your participation in the study, although participation in the apprenticeship program with an experienced driver may indirectly benefit you. Information may be learned that could benefit the overall safety of the trucking industry and of younger drivers in particular.

## **ALTERNATIVE TREATMENTS**

This study is not designed to treat any illness or improve your health. Your alternative is to not participate.

## **NEW INFORMATION**

You will be informed in a timely manner if new information that may influence your willingness to continue participation in the study becomes available.

## **COMPENSATION TO YOU**

You will not be compensated for participating in this study.

## **COSTS TO YOU**

There is no cost to you for taking part in this study.

## **VOLUNTARY PARTICIPATION / WITHDRAWAL**

Your decision to participate is entirely voluntary. You may refuse to participate or withdraw from the study, at any time, without penalty. If you choose to withdraw from the program you will no longer be eligible to operate in interstate commerce until you reach 21 years of age.

Your participation may be stopped without your consent by FMCSA for any reason. For example, your participation may be stopped:

- if you are determined to be unsafe based on your driving activity.
- if you are no longer employed by the sponsoring motor carrier.
- if the study is cancelled.

## **CONFIDENTIALITY AND AUTHORIZATION TO COLLECT, USE AND DISCLOSE YOUR INFORMATION**

No medical information will be collected as part of this study. However, in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) you must have a valid Medical Examiner's Certificate in order to operate a commercial motor vehicle. This certificate verifies that you are physically qualified to drive a commercial motor vehicle.

As a part of this research, records that contain personally identifiable information may be collected and used. These records may identify you and will be kept as confidential as possible. To the extent permitted by applicable laws and regulations, the records identifying you will not be made publicly available.

The information that will be collected about you as a part of this research includes:

- Name
- Commercial Driver license number
- Address
- Telephone number
- Birth date
- Sex
- Results of the apprenticeship

Information collected about you for the study will be kept in a research file that is separate from your driving record. You will not be able to see your research file until after the end of the study.

The study team will know your identity; however, your records will be labeled with a code that is randomly assigned to you. The research staff are the only people who will have this code and its key.

The following groups may review and use your study information. They may review your study information to make sure that it is correct. They may also review your information to make sure that the study is being conducted properly.

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- The study sponsor (or sponsor representatives such as monitors and/or auditors)
- The U.S. Department of Transportation
- Econometrica Institutional Review Board (IRB)

The results of the study, including your information, may also be presented at meetings or in articles written about the study (publications). If the results of the study (including your research or driving record) are published, your identity will remain confidential.

This permission (also called an authorization) will have no end date.

You have a right to see your study records; however, you will not be able to see your study records until after the study has ended.

You may also take away (or withdraw) your permission for the use of your information at any time. If you choose to withdraw your permission, you must write the FMCSA Office of Analysis, Research, and Technology a letter.

The mailing address is:

Federal Motor Carrier Safety Administration  
Office of Analysis, Research, and Technology  
United States Department of Transportation  
1200 New Jersey Avenue SE  
Washington, DC 20590.

FMCSA will still be able to use the information collected about you before you withdrew your permission. Information that has already been sent to the sponsor of the study cannot be taken back. If you withdraw your permission after you have entered the study, you cannot continue participating in the study.

## **QUESTIONS**

If you have questions, concerns or complaints about the research study, please contact Kim Dorazio at 888-339-9575 or Nicole Michel at 202-366-4354.

If you have questions regarding your rights as a research participant, or if you have questions, concerns, complaints about the research, would like information, or would like to offer input, you may contact the Econometrica Institutional Review Board, 7475 Wisconsin Ave., Suite 1000, Bethesda, MD 20814, phone 301 657 9883.

**PARTICIPANT STATEMENT AND AUTHORIZATION**

I have read the Participant Informed Consent Form and Authorization to Use and Disclose Personally Identifiable Information and I agree to participate voluntarily in this study. I give my permission to FMCSA to use and disclose my information as described in this consent form.

I will receive a signed copy of this form, which has 5 pages.

All my questions have been answered.

I have not waived any of my legal rights by signing this document.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date