

MARYLAND HIGHWAY SAFETY OFFICE ACTION MEASURE EVALUATION PROJECT
Occupant Protection



What is today's date?

What was the name of the program you attended or where did you get this survey?

Choosing to complete this survey is voluntary and completely anonymous. Give one response each for questions 1–7:

1. Select location where you reside.

Washington DC/Other

- | | | | | | |
|---|-----------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Calvert | <input type="checkbox"/> Charles | <input type="checkbox"/> Harford | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Caroline | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Howard | <input type="checkbox"/> Queen Anne's | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Carroll | <input type="checkbox"/> Frederick | <input type="checkbox"/> Kent | <input type="checkbox"/> St. Mary's | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Cecil | <input type="checkbox"/> Garrett | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Somerset | <input type="checkbox"/> Worcester |

Circle all answers that apply for each:

2. What is your HOME zip code? <input type="text"/>	3. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Other, please specify: _____	4. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female
5. What is your age? Indicate age in number of years. <input type="text"/>	6. What is the primary vehicle you drive? <input type="checkbox"/> Passenger Car <input type="checkbox"/> SUV <input type="checkbox"/> Bicycle <input type="checkbox"/> Large Truck/Tractor Trailer <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Don't Drive	7. Driving experience? Indicate number of years throughout your lifespan you've had a driver's license. If you have never driven, enter "0". <input type="text"/>

8. How often do you use safety belts when you drive or ride in a car, van, sport utility vehicle or pick up?	All of the Time	Most of the time	Some of the time	Rarely	Never
9. True or False: Maryland has a primary seat belt law; this means that police can stop you at any time for not wearing a seat belt.	True	False	Don't know	---	---
10. Suppose you get a ticket for not wearing your seat belt. Which of the following statements better describes your likely reaction?	I deserve it	I do not deserve it	No opinion	Don't know	---
11. Have you ever been ticketed for NOT wearing seat belts?	Yes	No	---	---	---
12. What do you think the chances are of getting a ticket if you don't wear your safety belt?	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
13. If my car has a (driver/passenger) side airbag, I don't need to wear my seat belt.	Agree	Disagree	Don't know	---	---
14. In the past 12-months, when a child under the age of 13 has ridden with you how often would you say that they rode in the front seat?	All of the time	Some of the time	Rarely	Never	---
15. When riding as a passenger in the back seat, how often do you wear your seat belt?	All of the time	Some of the time	Rarely	Never	---
16. In the past 30 days, have you read seen or heard anything about seat belt law enforcement by police?	Yes	No	---	---	---
17. How often do you see police when you are traveling in your motor vehicle? Would you say...	Every day	Almost every day	Once or twice a week	Once or twice a month	Almost never
18. Indicate your level of support for issuing fines greater than \$25 to individuals that receive more than one violation for not wearing a seat belt.	Very supportive	Somewhat supportive	Not very supportive	Not supportive at all	Undecided
19. Indicate your level of support for issuing points (In addition to increased fines) to the license of individuals that receive three or more violations for not wearing a seat belt?	Very supportive	Somewhat supportive	Not very supportive	Not supportive at all	Undecided
20. Indicate your level of support for making seat belt use in all vehicle seating positions (front seat and back) mandatory.	Very supportive	Somewhat supportive	Not very supportive	Not supportive at all	Undecided
21. Have you ever heard or seen any of the following highway safety messages? (Circle all that apply)	Click It or Ticket	Smooth Operator	Checkpoint Strikeforce	Share the Road	Choose Safety for Life
22. If so, indicate all of the places that you may have seen or heard the messages included in the previous question. (Circle all that apply)	Print Media	Radio	Sign on roadway	TV	Internet/web banner

If you would like to find out more information, get questions answered, or return your survey:

National Study Center for Trauma and EMS / University of MD Baltimore, Dr. Patricia Dischinger
 110 S. Paca St., 4th Floor
 Baltimore, MD 21201

PHONE: 410-328-7491 FAX: 410-328-3699

To complete this survey in a web browser,

Click the following URL: <https://www.surveymonkey.com/s/OCCUPANTPROTECTIONAMT2013>

REV:072512



Every Child Deserves a Safe Ride

Car seats come in many sizes and designs. There is no "best" car seat. Use a car seat that fits your child, fits your vehicle and one that you will use correctly every time.

COMMON CAR SEAT STYLES

1. Rear-Facing Car Seats

Infant-only car seats must be used rear-facing and have carrying handles. **Convertible car seats** are used reclined and face the rear of the vehicle for children weighing up to 30-45lbs.*

2. Forward-facing Car Seats with Harness

Convertible car seats are turned to face the front of the vehicle when a child reaches the maximum rear-facing weight/height limit of the seat.

Combination car seats are forward-facing only seats with harness straps that can be changed to a booster seat.*

3. Booster Seats

Booster seats (high-back or backless) are used when a child outgrows the harness straps of a forward-facing car seat.* The booster helps the lap and shoulder belt fit correctly across the child's hips and shoulder.

4. Vehicle Seat Belts

Vehicle seat belts are used after a child outgrows a car seat or booster and should become a habit for life.

**Always check labels and/or instructions for correct use, weight, height and age limits on the car or booster seat.*

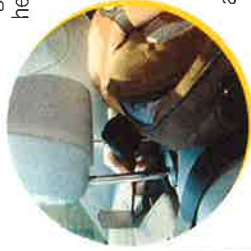


Help Make Your Child's Ride Safer By Following These Four Important Steps: Sit Right • Attach Right • Harness Right • Buckle Right

1. Sit Right

Make sure the child is facing the right direction.

- **Rear-facing** – A child rides rear-facing until the maximum rear-facing weight/height limit of the convertible seat.
- **Forward-facing** – After a child reaches the rear-facing weight/height limit of the convertible seat, use a forward-facing harnessed seat to the maximum weight/height limit of the seat.



2. Attach Right

In an emergency, a car seat that is not attached properly to the vehicle could possibly injure or kill a child. To prevent this, always follow the car seat and vehicle instructions to make sure the car seat is correctly attached to the vehicle using the seat belt or LATCH straps. A correctly installed car seat moves less than 1" from side to side or towards the front of the vehicle at the belt path (where the car seat attaches to the vehicle).



3. Harness Right

When a child is rear-facing, the straps go through the slots at or below the child's shoulders. If a child is **forward-facing**, the straps go through the slots at or just above the child's shoulders. Adjust the crotch buckle according to the car seat manual. Fit the straps snugly over the child's body until the straps lie flat on the child's body in a straight line with no slack. Place the chest clip at armpit level. Avoid heavy coats or bunnings, which prevent proper harness snugness.

4. Buckle Right

When a child outgrows the car seat harness straps, a booster seat must be used with the vehicle's lap and shoulder belt until the vehicle seat belt fits right. Use the following 5-Step Test to fit a lap and shoulder belt correctly.*

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the seat?
3. Does the shoulder belt cross between the neck and arm?

4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay seated like this for the whole trip?

*Safety/BeltSafe U.S.A.

If you answered "no" to any of these questions, the child still needs a booster seat. Your child will be more comfortable too!

IT'S THE LAW

Maryland law requires all children under 8 years of age be secured in a federally approved car seat, according to the car seat and vehicle instructions, unless the child is 4'9" or taller before his/her eighth birthday. All children 8-16 years old, not secured in a car seat, must be secured in the vehicle's seat belt. Children younger than 16 years may not ride in an unenclosed cargo bed of a pickup truck.



REMEMBER:

- Never put a child in a rear-facing car seat in the front seat with an active airbag.
- Use car seats for transportation only. Car seats are not designed for sleeping or feeding and should not be used on top of shopping carts.
- Children learn by example – everyone must be buckled up every time you travel.
- The back seat is safest. Children under 13 should ride in the back seat.

If you need assistance with a car seat installation or need more information, please call:



Maryland Highway Safety Office

1-888-963-0306 or 410-767-4077



1-800-370-SEAT or 410-767-6016

dhrmh.kiss@maryland.gov
www.mdkiss.org