

New York State Teen Driving Safety Assessment Questionnaire

Motor vehicle crashes are the leading cause of unintentional death and injuries involving teen drivers in New York State. The New York State Department of Health Bureau of Injury Prevention, New York State Department of Motor Vehicles and New York State Governor's Traffic Safety Committee requests your input to identify existing programs and interest in addressing teen driving safety in your communities. The teen driving safety information and materials received in response to this questionnaire will be incorporated into a resource list and provided to local and state contacts. Your input will also allow use to identify venues to share proven and promising outreach strategies that can be conducted in your county/community to improve the safety of teen drivers.

To submit this questionnaire electronically, save the document on your computer, type in your responses and check the appropriate boxes. **Email or fax it to Karin Poitras at karin.poitras@dmv.state.ny.us or (518)473-0160 by March 15, 2010.** Please forward this questionnaire to other contacts that may be interested in or are conducting teen driving safety programs/activities.

Agency/Group/Organization

Contact Person

Address

Phone number

Email

Fax

1. Does your agency/organization/group conduct or participate in teen driving safety programs/outreach activities?
 No (If no, go to Question 4) Yes

2. Who is the audience? Parents Teens

a. Briefly describe the program(s), activities, partners involved, and its impact.

a. Please share any challenges encountered and how they were addressed.

b. Please indicate the topic areas addressed in these activities/programs.

Distracted driving Drowsy driving Speeding Other-please indicate
 Impaired driving Seat belt use Aggressive driving

3. Has your agency/organization/group developed any teen driving safety educational materials? Yes No
If yes, a sample of your materials would be appreciated. **Please send the information via email to karin.poitras@dmv.state.ny.us or mail to NYS Department of Motor Vehicles Younger Driver Unit, 6 Empire State Plaza, Room 412, Albany, NY 12228.**

4. Please indicate your agency/organization/group's interest in receiving specific information on teen driving safety.
(You can select multiple choices)

Parent education materials Teen education programs
 Teen education materials Parent education programs
 Media campaign materials County data on teen driving
 Current research information Educational materials for posting on websites
 Regional list of speakers Participate on list serve to network with local/state contacts
 Legislative updates Other
 Notification of webinars or other educational opportunities on teen driving safety
 Attending a symposium addressing teen driving safety
 PowerPoint presentations addressing NYS Graduated Licensing Law

5. Would your agency/organization be interested in conducting activities in your community/county as part of a statewide teen driving safety week public awareness/media campaign during National Teen Driver Safety Week (October 17-23, 2010)?
 Yes No

6. Please feel free to share any other information relevant to promoting teen driving safety in your community/county that would be helpful for us to know.

Feel free to contact Debra Douglass at injury@health.state.ny.us or Karin Poitras at karin.poitras@dmv.state.ny.us if you have any questions about this questionnaire. **Thank you for your input.**