

APPENDIX B

BILGÉ-KAUFMAN RESEARCH
22717 Millenbach Street
St. Clair Shores, Michigan 48081

I, _____, being eighteen (18) years old or older, and having full capacity of informed consent, volunteer to participate in a research project entitled, "Effects of Automobile Accidents Upon Urban Families."

I understand that the purpose of this research is to study the human and social costs of automobile accidents. The findings of this study will be used to educate the public and to improve the information available to agencies that work with accident victims and their families.

I recognize that the only people who can provide this information are those who have experienced such tragedies. I understand that some of the interview questions may be distressing to me. Nevertheless, my decision to take part in the interview is entirely voluntary. I realize that sincere and truthful answers are of great importance if the research findings are to be useful. I am aware that I may refuse to answer any of the questions, and that I can stop the interview at any time. I also can withdraw from the project altogether. I understand that the interview will be tape recorded, and that I have the right to review the tapes after the interview and to erase any or all parts of them. The interviewer may speak with my minor children and contact the friends, neighbors, professionals, and service personnel who assisted me and my family only with my written permission.

I understand that the interviewers will treat all personal information I provide confidentially. Interview tapes will be destroyed upon completion of the contract. Actual names will be dropped from the interview transcriptions and reports, so that only the researchers and interview respondents will be able to recognize our case therein. I have been given the opportunity to ask any questions about this study, and they have been answered to my full satisfaction.

This research is being conducted by Gladis Kaufman and Barbara Bilgé, under contract no. DTNH22-80-C-07695 of the National Highway Traffic Safety Administration.

I understand that there is no compensation, other than the fixed fee of \$15.00, available from the interviewer or the NHTSA in connection with my participation in this project. However, should I encounter any difficulties as a result of my participation, or need to contact the interviewer for any reason, I may call her at _____ or _____.

Signature of Participant

Date

I was present during the explanation of this project to the participant, and I

verify that he/she had the opportunity to ask the interviewer questions about it. I hereby witness his/her signature.

Signature of Witness

Date

I permit the interviewer to contact the persons listed below about the effects of the automobile accident on members of my family.

Signature of Participant

Date

Signature of Witness

Date

LIST OF PERSONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____