amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for website viewing and printing in the Commission’s Public Reference Room, 100 F Street NE, Washington, DC 20549 on official business days between the hours of 10:00 a.m. and 3:00 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change. Persons submitting comments are cautioned that we do not redact or edit personal identifying information from comment submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–CBOE–2018–022 and should be submitted on or before April 10, 2018.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority. 16

Eduardo A. Aleman,
Assistant Secretary.

For Further Information Contact: Amy Berning, Contracting Officer’s Representative—Task Order, DOT/ NHTSA (NTI–131), 1200 New Jersey Avenue SE, W46–497, Washington, DC 20590. Ms. Berning’s phone number is (202) 366–5587 and her email address is amy.berning@dot.gov.

SUPPLEMENTARY INFORMATION:
OMB Control Number: None. Title: Crash Risk Associated with Drug and Alcohol Use by Drivers in Fatal and Serious Injury Crashes.

Form No.: NHTSA Form 1420, 1421, 1422.

Type of Review: Regular. Respondents: Participants will include seriously or fatally injured crash-involved drivers (n = 2,500) and matched non-crash-involved drivers (n = 5,000). Crash-involved drivers will include seriously injured drivers who are transported to a trauma center by emergency medical services and fatally injured drivers who are transported directly to the medical examiner’s office. Sampling will occur at three trauma centers and within the roadway catchment area served by the trauma center(s). Non-crash-involved drivers will be matched to injured drivers on crash day of the week, crash time of day, and crash direction of travel.

Estimated Time per Participant: Surveys will be administered to control participants. Questions will be on demographics, trip information, and opinions about driving while using alcohol and or drugs. Control participants will also be asked to provide a preliminary breath test (PBT) sample, and a blood sample.

For control subjects, the total estimated time is approximately 5 minutes to complete the recruiting and consent process, 5 minutes to complete the survey, and 10 minutes to provide PBT and blood samples (20 minutes total). The time to decline participation would take approximately 1 minute to listen to the researcher describe the study. A person may drive away if not interested in participating.

For crash-involved drivers who survived, it will take less than one minute for obtaining the blood sample, and 4 minutes to review the study’s description—and if not interested in participating—to complete the “opt-out” form (5 minutes total). For crash-involved drivers who died, it will take less than one minute to obtain the blood sample. There will be no burden to the deceased person or to the public.

Total Estimated Annual Burden Hours: 965.5 hours per year; for a total of 1,931 hours across two years.

Frequency of Collection: Each participant will only respond to the survey and/or blood sample requests a single time during the study period.

Abstract: The National Highway Traffic Safety Administration (NHTSA)
seeks to examine the risk of being severely or fatally injured in a motor vehicle crash when drivers use licit and/or illicit drugs. This effort will involve studying seriously or fatally injured drivers in crashes and matched non-crash-involved drivers. Participants will include seriously injured drivers who are transported to a trauma center by emergency medical services and fatally injured drivers transported directly to the medical examiner’s office. This study will employ a case-control design that matches two drivers on the roadway for every crash-involved driver. Control drivers will be selected at or near the location of the earlier crash. Researchers will match control drivers on crash day of the week, crash time of day, and crash direction of travel. Data collection will include a blood sample from both crash-involved and control drivers. Collection of samples from seriously injured drivers will be subject to State and Trauma Center policies regarding collection of fluid samples for research purposes. Samples from fatally injured drivers will be collected in accord with State, Trauma Center, and/or coroner/medical examiner policies. Self-report surveys will be administered to control participants to collect demographic information, reason for driving trip, and opinions about driving while using alcohol or drugs. All participating control drivers will be asked to respond to the survey items, provide a preliminary breath test sample, and provide a sample of blood.

ADDRESS: Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503, Attention: Desk Officer for Department of Transportation, National Highway Traffic Safety Administration, or by email at oira_submission@omb.eop.gov, or fax: (202) 395–5806.

Comments are Invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the Department of Transportation, including whether the information will have practical utility; the accuracy of the Department’s estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

A comment to OMB is most effective if OMB receives it within 30 days of publication of this notice.


Issued in Washington, DC, on March 15, 2018.

Jeff Michael,
Associate Administrator, Research and Program Development.

[FR Doc. 2018–05593 Filed 3–19–18; 8:45 am]

BILLING CODE 4910–99–P

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

[Docket No. DOT–NHTSA–2017–0104]

Notice and Request for Comments

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, this notice announces that the Information Collection Request (ICR) abstracted below is being forwarded to the Office of Management and Budget (OMB) for review and comments. A Federal Register Notice with a 60-day comment period soliciting comments on the following information collection was published on December 28, 2017. Comments received from the Alliance of Automobile Manufacturers, Inc.

DATES: Comments must be submitted on or before April 19, 2018.

ADDRESS: Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Attention: Desk Officer for the Office of the Secretary of Transportation, 725 17th Street NW, Washington, DC 20503.


SUPPLEMENTARY INFORMATION:

Title: Crash Investigation Sampling System (CISS).

OMB Control Number: 2127–0706.

Type of Request: Collection of motor vehicle crash data.

Abstract: The collection of crash data that support the establishment and enforcement of motor vehicle regulations that reduce the severity of injury and property damage caused by motor vehicle crashes is authorized under the National Traffic and Motor Vehicle Safety Act of 1966 (Pub. L. 89–563, Title 1, Sec. 106, 108, and 112). The National Highway Traffic Safety Administration has been investigating high severity crashes and collecting crash data through its National Automotive Sampling System (NASS) Crashworthiness Data System (NASS–CDS) and Special Crash Investigation (SCI) programs. The NASS was designed in the 1970’s to collect data. Due to population shifts and vehicle transformation, among many other changes since NASS was established, the crash population has changed in the country. At the same time, the data needs of the transportation community have significantly increased over the last three decades. The scope of traffic safety studies has also been expanding. For example, the primary focus of the original NASS design was to enhance crashworthiness by providing detailed information about crash damage, restraint system performance and injury mechanisms. In recent years, however, the transportation community has been increasingly more interested in adding data elements related to what happens before a crash and related crash avoidance safety countermeasures.

Recognizing the importance as well as the limitations of the past NASS system, NHTSA has undertaken a modernization effort to upgrade our data systems by improving the information technology infrastructure, updating the data we collect and reexamining the sample sites. The goal of this overall modernization effort was to develop a new crash data system that meets current and future data needs. The newly redesigned investigation-based acquisition system is a nationally-representative sample of passenger vehicle crashes. This newly-designed system, the Crash Investigation Sampling System (CISS), will focus on detailed investigation of passenger vehicle crashes. CISS was implemented in 2015 with a goal of thirty-two (32) sites fully operational by July of 2018. For the investigation-based acquisition process, once a crash has been selected for investigation, crash technicians locate, visit, measure, and photograph the crash scene; locate, inspect, and photograph vehicles; conduct a telephone or personal interview with the involved individuals or surrogate; and obtain and record injury information received from various medical data sources. These data are used to describe and analyze circumstances, mechanisms, and consequences of serious motor vehicle accidents.