

TABLE 1—BURDEN HOURS

NHTSA form No.	Information collection	Total number of respondents	Estimated burden per response (minutes)	Frequency of response (count)	Total opportunity burden hours
2235	Advertisement	204	1	1	3
2243	Eligibility Questionnaire & Availability Form	204	5	1	17
2249	Scheduling Form	68	5	1	6
2236	Appointment Reminder Form	62	1	1	1
2246	Informed Consent Document	56	3	1	3
2238	Intake Procedures (Demographics Questionnaire, Driving Simulator Training).	56	16	1	15
2251	Simulator Sickness Questionnaire	52	2	5	9
2239	Data Collection Activities (Driving Scenarios Test Drives, Acceptance Questionnaire 1).	52	12	4	43
2240	Acceptance Questionnaire 2	52	1	1	1
2241	System Comparison Activities (Review of Conventional and Contextual DMS Drives; Acceptance Questionnaire 3).	52	8	4	29
2242	Acceptance Questionnaire 4	52	2	1	2
2237	Debrief & Honorarium Confirmation Form	52	6	1	5
Total Burden					134

Estimated Total Annual Burden Cost: Participation is voluntary and there will be no start-up or record-keeping costs to respondents to obtain these data. The only cost burdens respondents will incur are costs related to travel to and from the research location. The costs are minimal and are expected to be offset by the honorarium that will be provided to the research participants. NHTSA estimates that each participant will travel less than 30 miles one-way to the research location (60 miles round trip). Using the IRS standard mileage rate of \$0.70 per mile, each respondent is expected to incur no more than \$42.00 (\$0.70 × 60 miles) in transportation costs. Therefore, estimated travel burden costs are no more than \$2,352 (\$42.00 × 56 respondents).

Public Comments Invited: You are asked to comment on any aspects of this information collection, including (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Authority—The Paperwork Reduction Act of 1995; 44 U.S.C. Chapter 35, as

amended; 49 CFR 1.49; and DOT Order 1351.29A.

Cem Hatipoglu,

Associate Administrator, Vehicle Safety Research.

[FR Doc. 2026–20394 Filed 10–5–26; 8:45 am]

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DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA–2026–2113]

Request for Information: Nationwide Implementation of Prehospital Blood Transfusion

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

ACTION: Notice; Request for Information (RFI).

SUMMARY: The National Highway Traffic Safety Administration (NHTSA), on behalf of the Federal Interagency Committee on Emergency Medical Services (FICEMS), is seeking comments from all sources (public, private, governmental, academic, professional, public interest groups, and other interested parties) on the nationwide implementation of prehospital blood transfusion. The purpose of this notice is to solicit comments on strategies, barriers, and solutions to advance prehospital blood transfusion capabilities across State, local, tribal, and territorial emergency medical services (EMS) and 911 systems, and to request responses to specific questions provided below. This notice is an

information-gathering inquiry and is neither a request for proposals nor an invitation for bids.

DATES: Comments on this announcement must be submitted on or before November 5, 2026.

ADDRESSES: You may submit comments, identified by Docket No. NHTSA–2026–2113, by any of the following methods:

- **Federal eRulemaking Portal:** Go to <http://www.regulations.gov>. Follow the online instructions for submitting comments.

- **Mail:** Docket Management Facility, M–30, U.S. Department of Transportation, West Building, Ground Floor, Room W12–140, 1200 New Jersey Avenue SE, Washington, DC 20590.

- **Hand Delivery or Courier:** West Building, Ground Floor, Room W12–140, 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m. Eastern Time, Monday through Friday, except Federal holidays.

Instructions: Regardless of how you submit your comments, you must include the docket number identified in the heading of this document. Note that all comments received, including any personal information provided, will be posted without change to <http://www.regulations.gov>. Please see the Privacy Act heading below.

Privacy Act: In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to inform its decision-making process. DOT posts these comments, without editing, including any personal information the commenter provides, to <http://www.regulations.gov>, as described in the system of records notice (DOT/ALL–14 FDMS), which can be reviewed at <https://www.transportation.gov/privacy>.

Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477–78).

FOR FURTHER INFORMATION CONTACT: Office of Emergency Medical Services, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue SE, Washington, DC 20590; email: FICEMS@dot.gov.

SUPPLEMENTARY INFORMATION:

I. Background and Statutory Authority

FICEMS was created (42 U.S.C. 300d–4) by the Secretaries of Transportation, Health and Human Services and Homeland Security to, in part, ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9–1–1 systems. FICEMS has statutory authority to identify State and local Emergency Medical Services (EMS) and 9–1–1 needs, to recommend new or expanded programs and to identify the ways in which Federal agencies can streamline their processes for support of EMS. FICEMS includes representatives from the Department of Defense (DoD) Office of the Assistant Secretary of Defense for Health Affairs, the Department of Health and Human Services (HHS) Office of the Administration for Strategic Preparedness and Response (ASPR), HHS Indian Health Service (IHS), HHS Centers for Disease Control and Prevention (CDC), HHS Health Resources and Services Administration (HRSA), HHS Centers for Medicare and Medicaid Services (CMS), the Department of Homeland Security (DHS) Office of Health Security (OHS), DHS U.S. Fire Administration (USFA), NHTSA, the Federal Communications Commission (FCC) and a State EMS Director appointed by the Secretary of Transportation.

Severe hemorrhage remains a leading cause of preventable death following traumatic injury. To address systemic challenges and improve clinical outcomes nationwide, FICEMS is prioritizing the implementation of prehospital blood transfusion in its strategic planning process. By focusing national efforts on this critical clinical intervention, FICEMS aims to support EMS systems in preventing up to 10,000 deaths annually and achieving a 5%

reduction in overall mortality from severe bleeding by 2028.

On June 11, 2025, FICEMS convened a national Prehospital Blood Transfusion Summit in Washington, DC, bringing together nearly 900 in-person and virtual stakeholders across EMS, 911 dispatch, trauma surgery, blood banking, public health, and regulatory entities.

II. Questions Regarding Nationwide Implementation of Prehospital Blood Transfusion

Responses to the following questions are requested. Please provide references as appropriate.

1. What are the current impediments to possible solutions for achieving the following national goals by the end of calendar year 2028?

- a. Increasing the number of EMS agencies nationwide with active prehospital blood transfusion programs to 2,028;
- b. Providing 911 pre-arrival instructions to 25% of pediatric patients with life-threatening bleeding;
- c. Providing 911 pre-arrival instructions to 25% of all patients with life-threatening bleeding;
- d. Administering a prehospital blood transfusion to 28% of pediatric patients with life-threatening bleeding;
- e. Administering a prehospital blood transfusion to 16% of all patients with life-threatening bleeding;
- f. Capturing outcomes data in the National EMS Information System (NEMSIS) for 10% of all children transfused prehospitally;
- g. Capturing outcomes data in NEMSIS for 10% of all patients transfused prehospitally;
- h. Participation from at least 51 states and territories in the National EMS Licensure Compact; and
- i. Establishing 10,000 prehospital pediatric emergency care coordinators (PECCs) across the nation.

2. What role can technology such as Advanced Automatic Crash Notification (AACN) play in improving timely delivery of prehospital blood transfusion to patients injured in crashes?

3. What is the potential role of structured 911 call-taking protocols, including Emergency Medical Dispatch (EMD), in optimizing call processing, dispatch accuracy, and early bystander intervention for patients with life-threatening bleeding?

3. What mechanisms, technical standards, or policy enhancements are needed to advance data integration and linkage across local, State, and national data systems (e.g., NEMSIS, trauma registries) in support of prehospital

blood transfusion surveillance and quality measurement?

4. How might improve military and civilian EMS integration advance prehospital blood transfusion practices, logistics, cold-chain management, and clinical training?

5. What improvements and curriculum enhancements are needed within the EMS education and training system to support transfusion medicine, clinical competency, and other innovative prehospital practices?

6. Do you have any additional comments regarding the nationwide implementation of prehospital blood transfusion programs?

Authority: 42 U.S.C. 300d–4; 44 U.S.C. 3506(c)(2)(A); 23 U.S.C. 403(b)(1)(A)(iv); 49 CFR 1.95; 501.8.

Issued in Washington, DC.

Angie Wang,

Acting Associate Administrator, Research and Program Development.

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DEPARTMENT OF THE TREASURY

Alcohol and Tobacco Tax and Trade Bureau

[Docket No. TTB–2026–0001]

Proposed Information Collections; Comment Request (No. 99)

AGENCY: Alcohol and Tobacco Tax and Trade Bureau (TTB); Treasury.

ACTION: Notice and request for comments.

SUMMARY: As part of our continuing effort to reduce paperwork and respondent burden, and as required by the Paperwork Reduction Act of 1995, we invite comments on the continuing or proposed information collections listed below in this document.

DATES: We must receive your written comments on or before December 7, 2026.

ADDRESSES: You may send comments on the information collections described in this document using one of these two methods:

- *Internet*—To submit comments electronically, use the comment form for this document posted on the “*Regulations.gov*” e-rulemaking website at <https://www.regulations.gov> within Docket No. TTB–2026–0001.

- *Mail*—Send comments to the Paperwork Reduction Act Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street NW, Box 12, Washington, DC 20005.