ICMJE DISCLOSURE FORM

Date: November 07, 2021	
Your Name: Bill Ristevski	
Manuscript Title: Distracted Driving amo	ng Trauma Patients attending Fracture Clinics in Canada: The Canadian Multi-
centre DRIVSAFE Study	
Manuscript number (if known):	JBJS-D-21-01184

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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	Time frame: Since the initial planning of the work				
1	All support for the present	None			
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	No time limit for this item.				
	Time frame: past 36 months				
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4	Consulting fees	None	
5	Payment or honoraria for	None	
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<i>c</i>	educational events	None	
6	Payment for expert testimony	None	
	Commony		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
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12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
15			
13	Other financial or non- financial interests	None	

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_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.