



400 Seventh Street, S.W.  
Washington, D.C. 20590

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123

# CASE SUMMARY

PSU 05 CASE NO. 193A TYPE OF ACCIDENT Vehicle impact with guardrail

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

Vehicle was travelling north on a two lane divided roadway. It illegally passed a vehicle on the right shoulder. As it entered back on roadway, the driver lost control. It departed the east berm striking a guardrail.

## B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Subcompact	91 Chevy GEO Storm	Left	Severe	Door failure

## C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Left front	None	Head	hematoma Unknown	4	Roof Side rail
1	Passenger	Right front	Unknown		Unknown		

**DO NOT SANITIZE THIS FORM**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

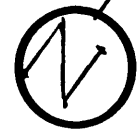
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

# ACCIDENT COLLISION DIAGRAM

PSU No. 05

Case Number - Stratum 193A

Indicate



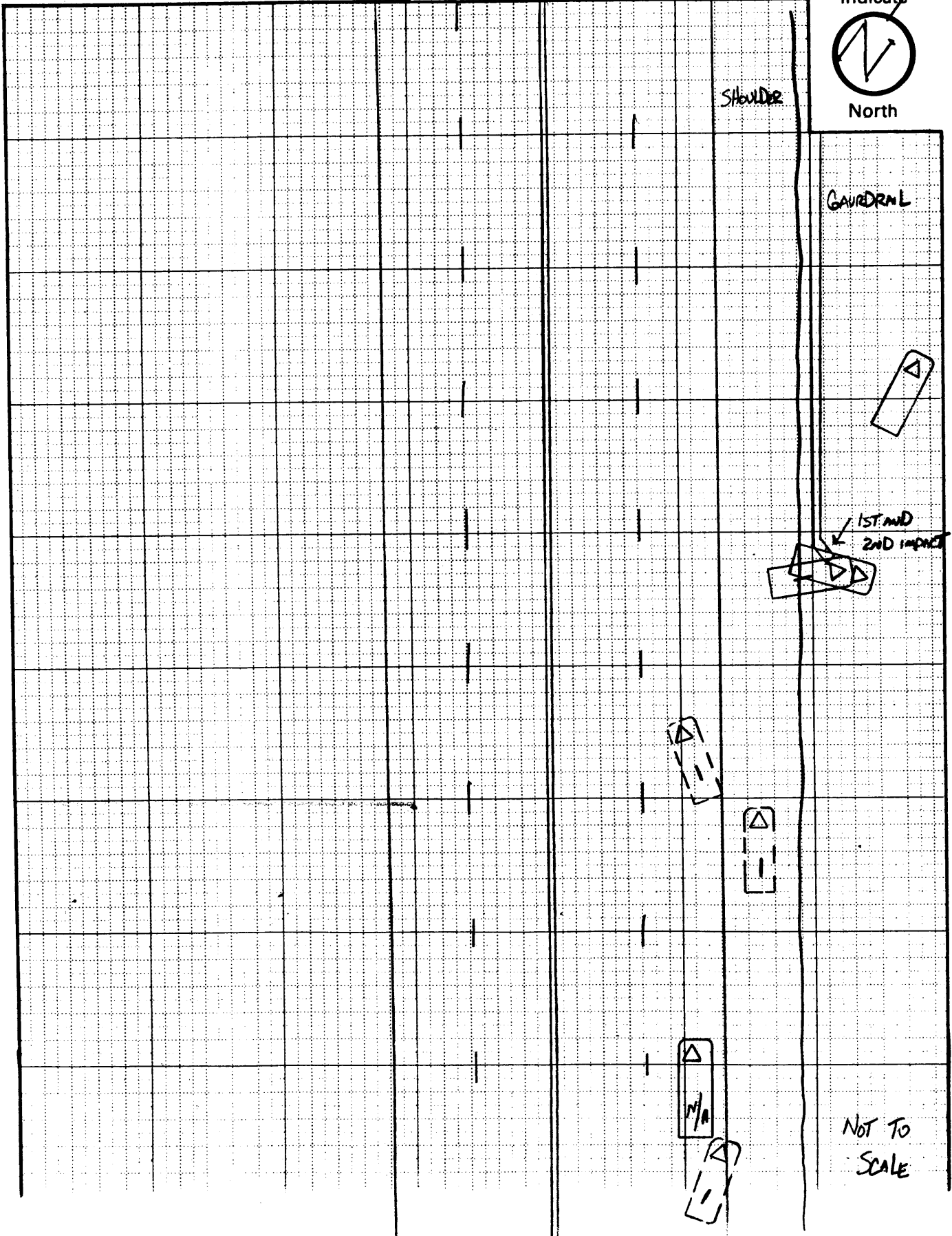
North

GAUDDIUM

SHOULDER

1ST AND 2ND IMPACT

NOT TO SCALE









# ACCIDENT FORM

US Department of Transportation  
National Highway Traffic Safety  
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 05  
2. Case Number - Stratum 193 A

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01  
4. Date of Accident (Month, Day, Year) [REDACTED] 9 1  
5. Time of Accident 20 46

Code reported military time of accident.

NOTE: Midnight - 2400  
Unknown - 9999

## SPECIAL STUDIES INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6.  SS12 Not Active 0  
7.  SS13 Not Active 0  
8.  SS14 \_\_\_\_\_ 0  
9.  SS15 \_\_\_\_\_ 0  
10.  SS16 \_\_\_\_\_ 0

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>L</u>	16. <u>56</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. <del>01</del>	21. <del>01</del>	22. <del>L</del>	23. <del>56</del>	24. <del>00</del>	25. <del>0</del>
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT

### CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 ")
- (02) Compact (wheelbase = 100 "–104 ")
- (03) Intermediate (wheelbase = 105 "–109 ")
- (04) Full size (wheelbase = 110 "–114 ")
- (05) Largest (wheelbase ≥ 115 ")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (≤10,000 lbs GVWR)
- (13) Passenger van (≤10,000 lbs GVWR)
- (14) Other van (≤10,000 lbs GVWR)
- (15) Pickup truck (≤10,000 lbs GVWR)
- (18) Other truck (≤10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (>10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

### CODES FOR GENERAL AREA OF DAMAGE (GAD)

#### CDC APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

#### TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

### CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle number

#### Noncollision

- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- (35) Noncollision injury
- (38) Other noncollision (specify):

(39) Noncollision – details unknown

#### Collision with Fixed Object

- (41) Tree (≤4 inches in diameter)
- (42) Tree (>4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post (≤4 inches in diameter)
- (51) Pole or post (>4 but ≤12 inches in diameter)
- (52) Pole or post (>12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (specify):

GUARDRAIL

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

(69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

**OCCUPANT RELATED**

- 16. Driver Presence in Vehicle 1
  - (0) Driver not present
  - (1) Driver present
  - (9) Unknown
- 17. Number of Occupants This Vehicle 02
  - (00-96) Code actual number of occupants for this vehicle
  - (97) 97 or more
  - (99) Unknown
- 18. Number of Occupant Forms Submitted 02

- 24. Rollover 0
  - (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

  - (1) Rollover, 1 quarter turn only
  - (2) Rollover, 2 quarter turns
  - (3) Rollover, 3 quarter turns
  - (4) Rollover, 4 or more quarter turns (specify):

---

  - (5) Rollover - end-over-end (i.e., primarily about the lateral axis)
  - (9) Rollover (overturn), details unknown

**VEHICLE WEIGHT ITEMS**

- 19. Vehicle Curb Weight 02,300
  - ~~2282~~ Code weight to nearest 100 pounds.
  - (010) Less than 1050 pounds
  - (135) 13,500 lbs or more
  - (999) Unknown

Source: [REDACTED]
- 20. Vehicle Cargo Weight 0000
  - Code weight to nearest 100 pounds.
  - (00) Less than 50 pounds
  - (97) 9,650 lbs or more
  - (99) Unknown

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this vehicle) 0
- 26. Rear Override/Underride (this vehicle) 0
  - (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

  - (1) 1st CDC
  - (2) 2nd CDC
  - (3) Other not automated CDC (specify):

---

Underride (see specific CDC)

  - (4) 1st CDC
  - (5) 2nd CDC
  - (6) Other not automated CDC (specify):

---

  - (7) Medium/heavy truck or bus override
  - (9) Unknown

**RECONSTRUCTION DATA**

- 21. Towed Trailing Unit 0
  - (0) No towed unit
  - (1) Yes - towed trailing unit
  - (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 0
  - (0) No
  - (1) Yes
- 23. Post Collision Condition of Tree or Pole (for Highest Delta V) 0
  - (0) Not collision (for highest delta V) with tree or pole
  - (1) Not damaged
  - (2) Cracked/sheared
  - (3) Tilted <45 degrees
  - (4) Tilted ≥45 degrees
  - (5) Uprooted tree
  - (6) Separated pole from base
  - (7) Pole replaced
  - (8) Other (specify):

---

  - (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

- Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown
- 27. Heading Angle for This Vehicle 998
  - 28. Heading Angle for Other Vehicle 998



Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	21, 22, 23 SLOWER 25, 26, 27	24, 25, 26, 27 DECEL. 29, 30, 31	28, 29, 30, 31 (EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34, 35 CONTROL/ TRACTION LOSS	36, 37 CONTROL/ TRACTION LOSS	38, 39 AVOID COLLISION WITH VEH.	40, 41 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44, 45 LATERAL MOVE	46, 47 (EACH • 48) SPECIFICS OTHER			(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G. Head-On	50, 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER			(EACH • 53) SPECIFICS UNKNOWN	
	H. Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN	
	I. Sideswipe/Angle	64, 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER			(EACH • 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J. Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	70, 71 INITIAL SAME DIRECTIONS	72, 73	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN		
	K. Turn Into Path	76, 77 TURN INTO SAME DIRECTION	78, 79 TURN INTO OPPOSITE DIRECTIONS	80, 81	82, 83	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86, 87	88, 89			(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	92, 93 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		



# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 05 3. Vehicle Number 01  
2. Case Number—Stratum 193 A

## VEHICLE IDENTIFICATION

VIN J81RF2367M7 Model Year 1991  
Vehicle Make (specify): Geo Vehicle Model (specify): Storm

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	22" rear front axle	same

## CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

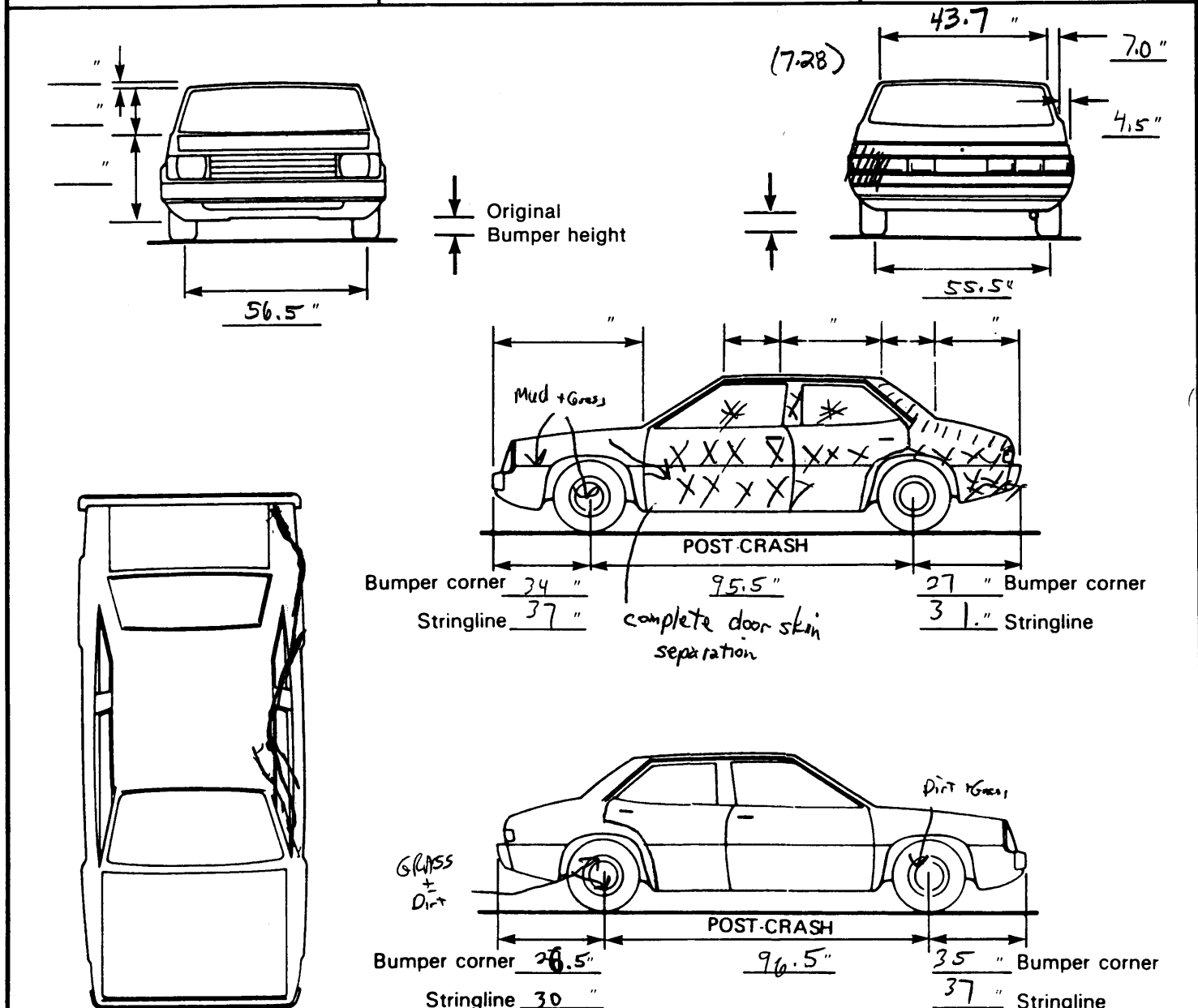
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	Left side	-		-	6	5/2	8 3/4	22	12	0	-
-	Free space	-		-	1	1	1	1	1	1	-
*	Crush	100		102	5	4 1/2	7 3/4	21	11	0	19.25
											24.25

### VEHICLE DAMAGE SKETCH

<p><b>TIRE – WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted    b. Tire deflated</p> <p>RF <u>2</u>                                      RF <u>2</u></p> <p>LF <u>2</u>                                      LF <u>2</u></p> <p>RR <u>2</u>                                      RR <u>2</u></p> <p>LR <u>2</u>                                      LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>96.5</u></p> <p>Overall Length <u>163.4</u></p> <p>Maximum Width <u>66.7</u></p> <p>Curb Weight <u>2282</u></p> <p>Average Track <u>56</u></p> <p>Front Overhang <u>N/A</u></p> <p>Rear Overhang <u>N/A</u></p> <p>Engine Size: cyl./ displ. <u>4CL4</u></p> <p>Undeformed End Width _____</p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>N/A</u> °</p> <p>LF ± <u>f</u> °</p> <p>RR ± <u>f</u> °</p> <p>LR ± <u>f</u> °</p> <p>Within ± 5 degrees</p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual    <input checked="" type="checkbox"/> Automatic</p>		<p><b>DRIVE WHEELS</b></p> <p><input checked="" type="checkbox"/> FWD    <input type="checkbox"/> RWD    <input type="checkbox"/> 4WD</p>
		<p>Approximate Cargo Weight <u>00</u></p>



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



# INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 05  
 2. Case Number - Stratum 193A  
 3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 06  
 (00) No integrity loss  
 Yes, Integrity Was Lost Through  
 (01) Windshield NASS CODING CHANGE  
 (02) Door (side) 1st Review: 1E  
 (03) Door/hatch (back door) 2nd Review: \_\_\_\_\_  
 (04) Roof  
 (05) Roof glass  
 (06) Side window  
 (07) Rear window (backlight)  
 (08) Roof and roof glass  
 (09) Windshield and door (side)  
 (10) Windshield and roof  
 (11) Side and rear window (side window and backlight)  
 (12) Windshield and side window  
 (13) Door and side window  
 (98) Other combination of above (specify):  
 \_\_\_\_\_  
 (99) Unknown

### Door, Tailgate Or Hatch Opening

5. LF 2 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0  
 (0) No door/gate/hatch  
 (1) Door/gate/hatch remained closed and operational  
 (2) Door/gate/hatch came open during collision NASS CODING CHANGE  
 (3) Door/gate/hatch jammed shut 1st Review: 1E  
 (8) Other (specify): 2nd Review: \_\_\_\_\_  
 \_\_\_\_\_  
 (9) Unknown

### Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.

10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0  
 (0) No door/gate/hatch or door not opened  
 Door, Tailgate, or Hatch Came Open During Collision  
 (1) Door operational (no damage) NASS CODING CHANGE  
 (2) Latch/striker failure due to damage 1st Review: 1E  
 (3) Hinge failure due to damage 2nd Review: \_\_\_\_\_  
 (4) Door structure failure due to damage  
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage  
 (6) Latch/striker and hinge failure due to damage  
 (8) Other failure (specify):  
 \_\_\_\_\_  
 (9) Unknown

## GLAZING

Glazing Damage from Impact Forces 6  
 15. WS 0 16. LF 6 17. RF 0 18. LR 3 19. RR 0  
 20. BL 0 21. Roof 8 22. Other 8 NASS CODING CHANGE  
1st Review: 1E

- (0) No glazing damage from impact forces 2nd Review: \_\_\_\_\_
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

### Glazing Damage from Occupant Contact 0

23. WS 0 24. LF 2 25. RF 0 26. LR 2 27. RR 0  
 28. BL 0 29. Roof 0 30. Other 0  
 (0) No occupant contact to glazing or no glazing  
 (1) Glazing contacted by occupant but no glazing damage  
 (2) Glazing in place and cracked by occupant contact  
 (3) Glazing in place and holed by occupant contact  
 (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact  
 (5) Glazing out-of-place by occupant contact and holed by occupant contact NASS CODING CHANGE  
1st Review: 1E  
 (6) Glazing disintegrated by occupant contact 2nd Review: \_\_\_\_\_  
 (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

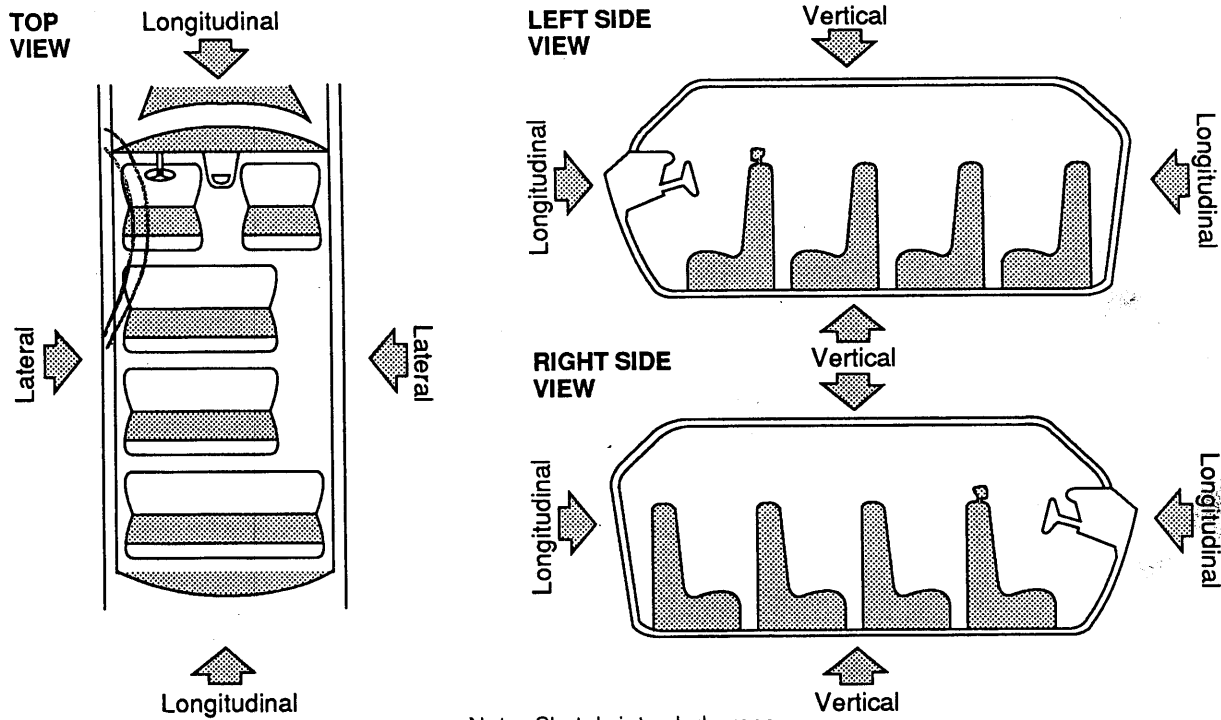
### Type of Window/Windshield Glazing 2

31. WS 0 32. LF 2 33. RF 0 34. LR 2 35. RR 0  
 36. BL 0 37. Roof 0 38. Other 0  
 (0) No glazing contact and no damage, or no glazing  
 (1) AS-1 - Laminated  
 (2) AS-2 - Tempered NASS CODING CHANGE  
 (3) AS-3 - Tempered-tinted 1st Review: 1E  
 (4) AS-14 - Glass/Plastic 2nd Review: \_\_\_\_\_  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

### Window Precrash Glazing Status

39. WS 0 40. LF 2 41. RF 0 42. LR 1 43. RR 0  
 44. BL 0 45. Roof 0 46. Other 0  
 (0) No glazing contact and no damage, or no glazing  
 (1) Fixed  
 (2) Closed  
 (3) Partially opened  
 (4) Fully opened  
 (9) Unknown

# INTRUSION WORK SHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	④ DOOR PANEL	22 1/2	-	13	=	9.5	LAT ↘
11	(16) WINDOW FRAME	22	-	17	=	5	LAT
11	FLOOR PAN	-	-	-	=	16 1/2	LAT ↘
21	DOOR PANEL	22	-	17	=	5	LAT
11	WINDOW FRAME		-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

### OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

#### INTRUDING COMPONENT

##### Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): \_\_\_\_\_

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

##### Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

#### MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

#### DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>17</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>11</u>	52. <u>10</u>	53. <u>3</u>	54. <u>3</u>
4th	55. <u>11</u>	56. <u>16</u>	57. <u>2</u>	58. <u>3</u>
5th	59. <u>21</u>	60. <u>10</u>	61. <u>2</u>	62. <u>3</u>
3rd	63. <u>2</u>	64. <u>07</u>	65. <u>3</u>	66. <u>3</u>
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

#### LOCATION OF INTRUSION

- |  |  |
|--|--|
| <p><b>Front Seat</b></p> <ul style="list-style-type: none"> <li>(11) Left</li> <li>(12) Middle</li> <li>(13) Right</li> </ul> <p><b>Second Seat</b></p> <ul style="list-style-type: none"> <li>(21) Left</li> <li>(22) Middle</li> <li>(23) Right</li> </ul> <p><b>Third Seat</b></p> <ul style="list-style-type: none"> <li>(31) Left</li> <li>(32) Middle</li> <li>(33) Right</li> </ul> | <p><b>Fourth Seat</b></p> <ul style="list-style-type: none"> <li>(41) Left</li> <li>(42) Middle</li> <li>(43) Right</li> </ul> <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify): _____</p> <p>(99) Unknown</p> |
|--|--|

### STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
	-		=	
	-		=	
	-		=	
	-		=	

Large empty rectangular area for data entry or notes.



**STEERING COLUMN**

87. Steering Column Type 1  
 (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify):  
 \_\_\_\_\_  
 (9) Unknown


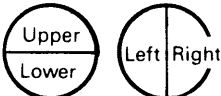
88. Blank X X  
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

89. Blank X X X  
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

90. Blank X X X  
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

91. Blank X X X  
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

92. Steering Rim/Spoke Deformation 0  
 \_\_\_\_\_ Code actual measured deformation to the nearest inch.  
 (0) No steering rim deformation  
 (1-5) Actual measured value  
 (6) 6 inches or more  
 (8) Observed deformation cannot be measured  
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00  
 (00) No steering rim deformation  
 Quarter Sections  
 (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D  
  
 Half Sections  
 (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke  
  
 (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

**INSTRUMENT PANEL**

94. Odometer Reading 005,000  
5065 miles – Code mileage to the nearest 1,000 miles  
 (000) No odometer  
 (001) Less than 1,500 miles  
 (300) 299,500 miles or more  
 (999) Unknown  
 Source: \_\_\_\_\_

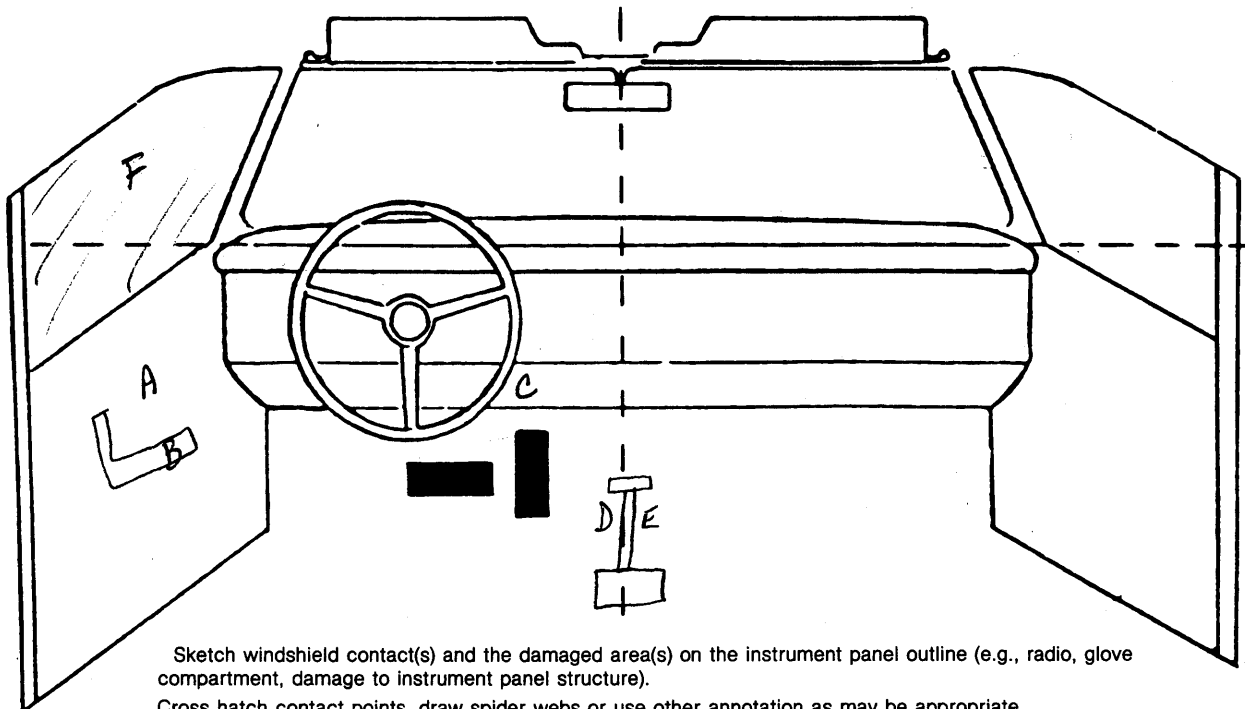
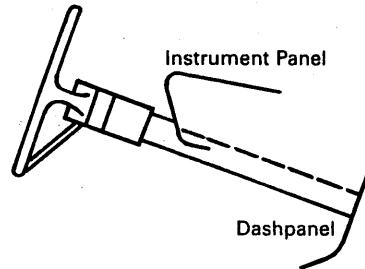
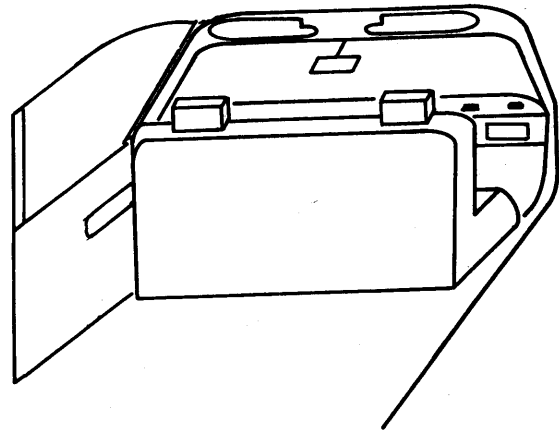
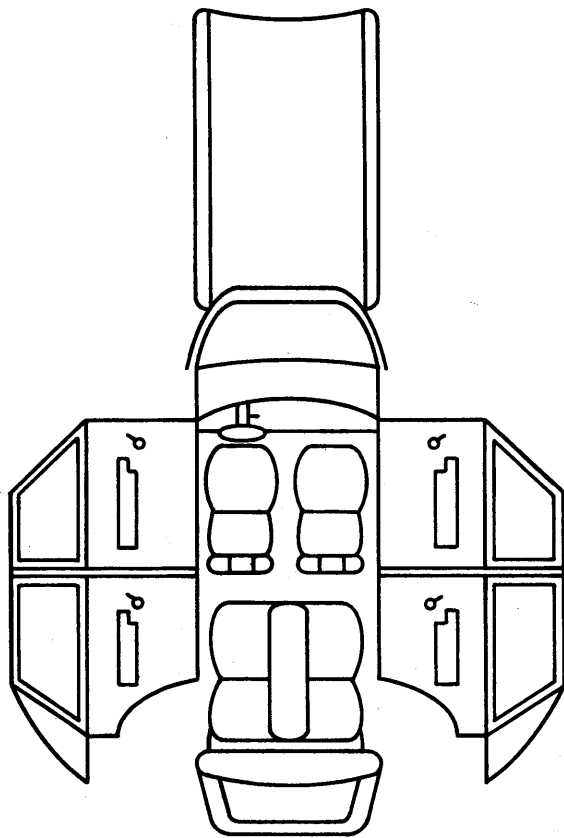
95. Instrument Panel Damage from Occupant Contact? 1  
 (0) No  
 (1) Yes  
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8  
 (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0  
 (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

**VEHICLE INTERIOR SKETCHES**

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).  
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

**POINTS OF OCCUPANT CONTACT**

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	20	1	Ⓛ TORSO	INDENTATION	1
B	21	1	Ⓛ TORSO	" "	1
C	09	1	LOWER TORSO	" "	1
D	25	1	HEAD	" "	1
E	57	2	Ⓛ TORSO	BENT	1
F					
G					
H					
I					
J					
K					
L					
M					
N					

**CODES FOR INTERIOR COMPONENTS**

**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): \_\_\_\_\_

**LEFT SIDE**

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): \_\_\_\_\_
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): \_\_\_\_\_

**RIGHT SIDE**

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): \_\_\_\_\_

**INTERIOR**

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects

- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

**ROOF**

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

**FLOOR**

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

**REAR**

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

**CONFIDENCE LEVEL OF CONTACT POINT**

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

# AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Availability			
	Function			
	Failure			

## AIR BAGS

### Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled
- (9) Unknown

### Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

### Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

- (9) Unknown

## AUTOMATIC BELTS

### Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts—type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

### Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

### Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system

(specify): \_\_\_\_\_

- (9) Unknown

### Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor

- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other automatic belt failure (specify): \_\_\_\_\_

- (9) Unknown

## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left	Right
<b>F I R S T</b>	Availability/Function	/	
	Deployment	4	/
	Failure	/	

**Air Bag System Availability/Function**

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment**

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

**Did Air Bag System Fail?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

- (9) Unknown

### AUTOMATIC BELTS

		Left	Right
<b>F I R S T</b>	Availability/Function		
	Use	/	
	Type		
	Proper Use	/	/
	Failure Modes		

**Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

**Automatic (Passive) Belt System Type**

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_

- (9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_

- (9) Unknown

**MANUAL RESTRAINTS**

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	/	4
	Use	00		00
	Failure Modes	0		0
SECOND	Availability	4	6	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

**Manual (Active) Belt System Availability**

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):  
\_\_\_\_\_

- (9) Unknown

**Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):  
\_\_\_\_\_
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown  
\_\_\_\_\_

**(08) Other belt used (specify):**

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):  
\_\_\_\_\_

**(99) Unknown if belt used****Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):  
\_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify):  
\_\_\_\_\_

- (8) Other manual belt failure (specify):  
\_\_\_\_\_

- (9) Unknown

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

**1. Type of Child Safety Seat**

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
\_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):  
\_\_\_\_\_
- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):  
\_\_\_\_\_
- (19) Unknown orientation
- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):  
\_\_\_\_\_
- (29) Unknown orientation
- (99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage**

**4. Child Safety Seat Shield Usage**

**5. Child Safety Seat Tether Usage**

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used
- Designed with Harness/Shield/Tether
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used
- Unknown if Designed with Harness/Shield/Tether
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

**6. Child Safety Seat Make/Model**

(Specify make/model and occupant number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEAD RESTRAINTS/SEAT EVALUATION**

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	02	/	02
	Seat Performance	6	/	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Performance (This Occupant Position)**

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):  
 (A) Door panel

**Seat Type (This Occupant Position)**

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION**      No [  ]      Yes [  ]

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

<p><b>Ejection</b></p> <ul style="list-style-type: none"> <li>(1) Complete ejection</li> <li>(2) Partial ejection</li> <li>(3) Ejection, unknown degree</li> <li>(9) Unknown</li> </ul> <p><b>Ejection Area</b></p> <ul style="list-style-type: none"> <li>(1) Windshield</li> <li>(2) Left front</li> <li>(3) Right front</li> <li>(4) Left rear</li> <li>(5) Right rear</li> <li>(6) Rear</li> </ul>	<ul style="list-style-type: none"> <li>(7) Roof</li> <li>(8) Other area (e.g., back of pickup, etc.) (specify): _____</li> <li>(9) Unknown</li> </ul> <p><b>Ejection Medium</b></p> <ul style="list-style-type: none"> <li>(1) Door hatch/tailgate</li> <li>(2) Nonfixed roof structure</li> <li>(3) Fixed glazing</li> <li>(4) Nonfixed glazing (specify): _____</li> </ul>	<ul style="list-style-type: none"> <li>(5) Integral structure</li> <li>(8) Other medium (specify): _____</li> <li>(9) Unknown</li> </ul> <p><b>Medium Status (Immediately Prior to Impact)</b></p> <ul style="list-style-type: none"> <li>(1) Open</li> <li>(2) Closed</li> <li>(3) Integral structure</li> <li>(9) Unknown</li> </ul>
--	--	--

**ENTRAPMENT**      No [  ]      Yes [  ] POSSIBLE

Describe entrapment mechanism: (1) Leg against (2) Door panel.

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Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)

PSU 05-1934 V-01 0-01

- 26. Seat Type (This Occupant Position)** 00
- (00) Occupant not seated or no seat
  - (01) Bucket
  - (02) Bucket with folding back
  - (03) Bench
  - (04) Bench with separate back cushions
  - (05) Bench with folding back(s)
  - (06) Split bench with separate back cushions
  - (07) Split bench with folding back(s)
  - (08) Pedestal (i.e., van type)
  - (09) Other seat type (specify):

(99) Unknown

- 27. Seat Performance (This Occupant Position)** 1
- (0) Occupant not seated or no seat
  - (1) No seat performance failure(s)
  - (2) Seat adjusters failed
  - (3) Seat back folding locks failed
  - (4) Seat track/anchors failed
  - (5) Deformed by impact of occupant
  - (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

**CHILD SAFETY SEAT**

- 28. Child Safety Seat Make/Model** 00 0
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

- 29. Type of Child Safety Seat** 0
- (0) No child safety seat
  - (1) Infant seat
  - (2) Toddler seat
  - (3) Convertible seat
  - (4) Booster seat
  - (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

- 30. Child Safety Seat Orientation** 00
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
  - (02) Forward facing
  - (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

**31. Child Safety Seat Harness Usage** 00

**32. Child Safety Seat Shield Usage** 00

**33. Child Safety Seat Tether Usage** 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



# UPDATE FORM

1. Primary Sampling Unit Number	<u>05</u>	Driver or Occupant Name	[REDACTED]
2. Case Number - Stratum	<u>193A</u>	Address:	_____
3. Vehicle Number	<u>01</u>		_____
4. Occupant Number ✓	<u>01</u>	Other Information:	_____
[REDACTED]	[REDACTED]		

*(Sanitize this section prior to Update submission.)*

## STATUS OF LOG INJURY INFORMATION

Injury Information

11

- |   |  |
|---|--|
| (00) Not medically treated/record not required  | (07) Unknown if medically treated                |
| (01) No record of treatment at medical facility | (08) To be updated                               |
| (02) Medical release required - not obtained    | (09) Record not received before file closeout    |
| (03) Injury not related to accident             | (10) Record not obtained                         |
| (04) Noncooperative hospital                    | (11) Record obtained                             |
| (05) Hospital out-of-study area                 | (12) Partial record obtained - not to be updated |
| (06) Private physician would not release data   | (13) Partial record obtained - to be updated     |

## UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	___	___	OA18. Manual (Active) Belt System Use	___	___
GV39. Other Drug Specimen Test Type for Driver	___	___	OA21. Air Bag System Availability/Function	___	___
GV40.-GV41. Narcotic Drug	___	___	OA22. Air Bag System Deployment	___	___
GV42.-GV43. Depressant Drug	___	___	OA35. Treatment - Mortality	___	___
GV44.-GV45. Stimulant Drug	___	___	OA36. Type of Medical Facility (for Initial Treatment)	___	___
GV46.-GV47. Hallucinogen Drug	___	___	OA37. Hospital Stay	___	___
GV48.-GV49. Cannabinoid Drug	___	___	OA38. Working Days Lost	___	___
GV50.-GV51. Phencyclidine (PCP)	___	___	OA39. Time to Death	___	___
GV52.-GV53. Inhalant Drug	___	___	OA40. 1st Medically Reported Cause of Death	___	___
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	___	___	OA41. 2nd Medically Reported Cause of Death	___	___
OA05. Occupant's Age	___	___	OA42. 3rd Medically Reported Cause of Death	___	___
OA06. Occupant's Sex	___	___	OA43. Number of Recorded Injuries for This Occupant	___	___
OA07. Occupant's Height	___	___	OA44. Automatic (Passive) Belt System Availability/Function	___	___
OA08. Occupant's Weight	___	___	OA45. Automatic (Passive) Belt System Use	___	___
OA17. Manual (Active) Belt System Availability	___	___			

## INJURY DATA CODED ON INITIAL SUBMISSION

Source of Injury Date	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___
16th	155. ___	156. ___	157. ___	158. ___	159. ___	160. ___	161. ___	162. ___	163. ___	164. ___
17th	165. ___	166. ___	167. ___	168. ___	169. ___	170. ___	171. ___	172. ___	173. ___	174. ___
18th	175. ___	176. ___	177. ___	178. ___	179. ___	180. ___	181. ___	182. ___	183. ___	184. ___
19th	185. ___	186. ___	187. ___	188. ___	189. ___	190. ___	191. ___	192. ___	193. ___	194. ___
20th	195. ___	196. ___	197. ___	198. ___	199. ___	200. ___	201. ___	202. ___	203. ___	204. ___

NOTE: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>2</u>	6. <u>P</u>	7. <u>P</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. ___	12. ___	13. ___	14. ___
2nd	15. <u>2</u>	16. <u>F</u>	17. <u>S</u>	18. <u>L</u>	19. <u>I</u>	20. <u>1</u>	21. ___	22. ___	23. ___	24. ___
3rd	25. <u>2</u>	26. <u>M</u>	27. <u>R</u>	28. <u>L</u>	29. <u>L</u>	30. <u>4</u>	31. ___	32. ___	33. ___	34. ___
4th	35. <u>2</u>	36. <u>C</u>	37. <u>V</u>	38. <u>C</u>	39. <u>P</u>	40. <u>3</u>	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

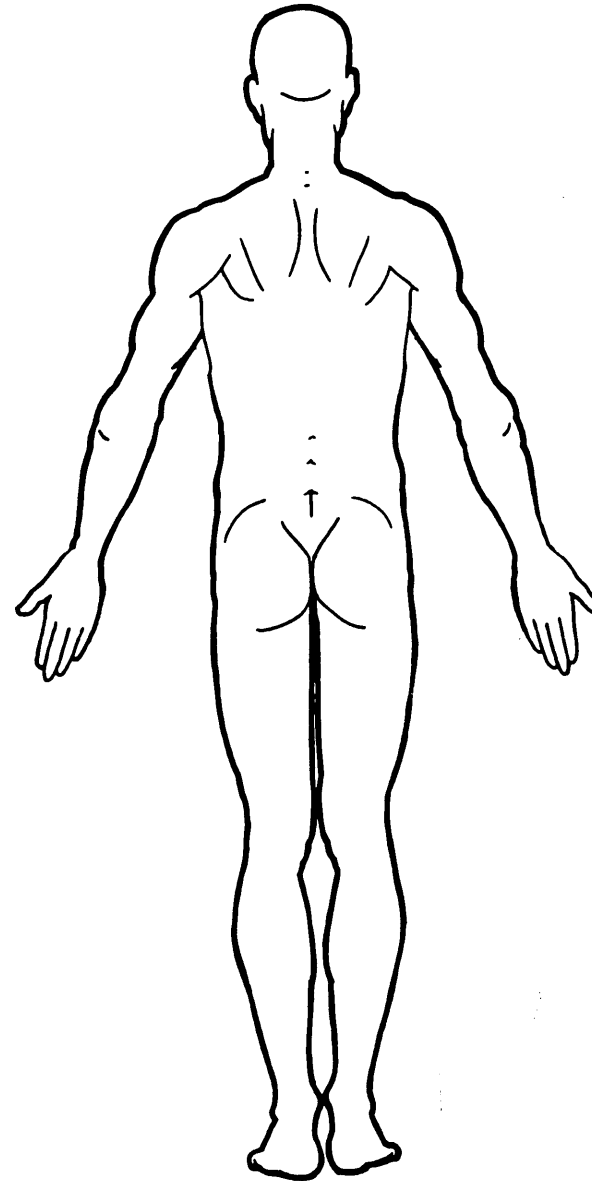
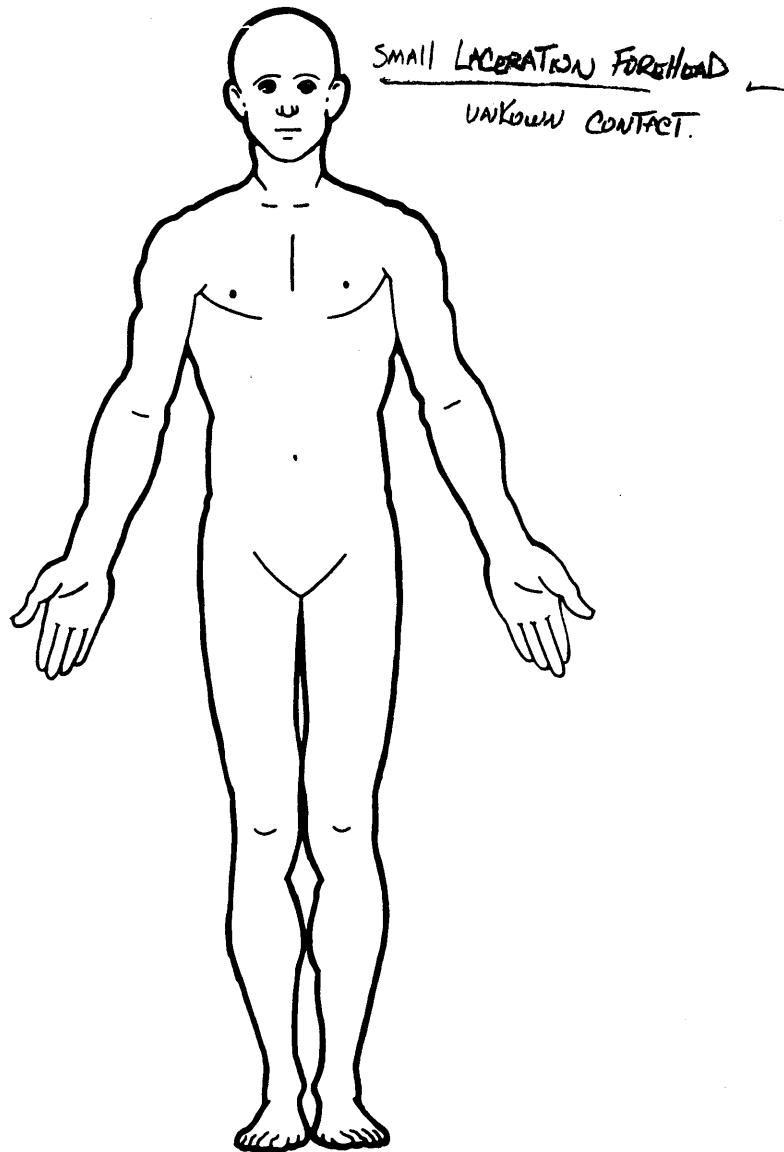
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

# OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—

# OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (eg. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): \_\_\_\_\_
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

- (27) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests

- (31) Right side hardware or armrest

- (32) Right A pillar

- (33) Right B pillar

- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail

- (37) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (40) Seat, back support

- (41) Belt restraint webbing/buckle

- (42) Belt restraint B-pillar attachment point

- (43) Other restraint system component (specify): \_\_\_\_\_

- (44) Head restraint system

- (45) Air bag

- (46) Other occupants (specify): \_\_\_\_\_

- (47) Interior loose objects

- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header

- (51) Rear header

- (52) Roof left side rail

- (53) Roof right side rail

- (54) Roof or convertible top

### FLOOR

- (56) Floor including toe pan

- (57) Floor or console mounted transmission lever, including console

- (58) Parking brake handle

- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.

- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood

- (66) Outside hardware (e.g., outside mirror, antenna)

- (67) Other exterior surface or tires (specify): \_\_\_\_\_

- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper

- (71) Hood edge

- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground

- (85) Other vehicle or object (specify): \_\_\_\_\_

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle

- (91) Flying glass

- (92) Other noncontact injury source (specify): \_\_\_\_\_

- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

- (W) Wrist-hand

### Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

### Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

### System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

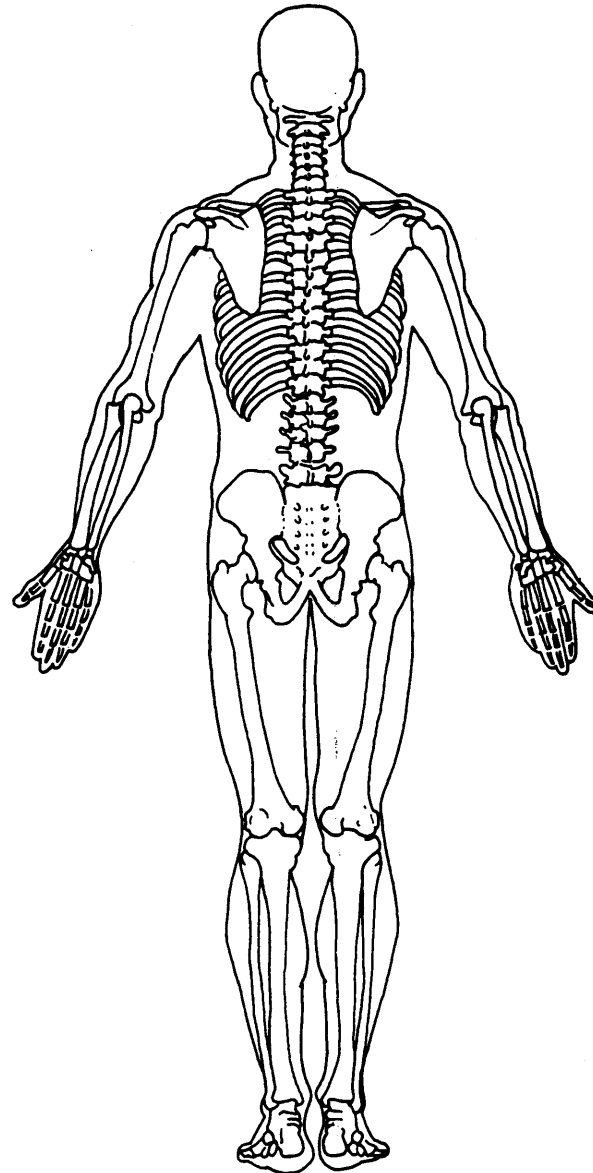
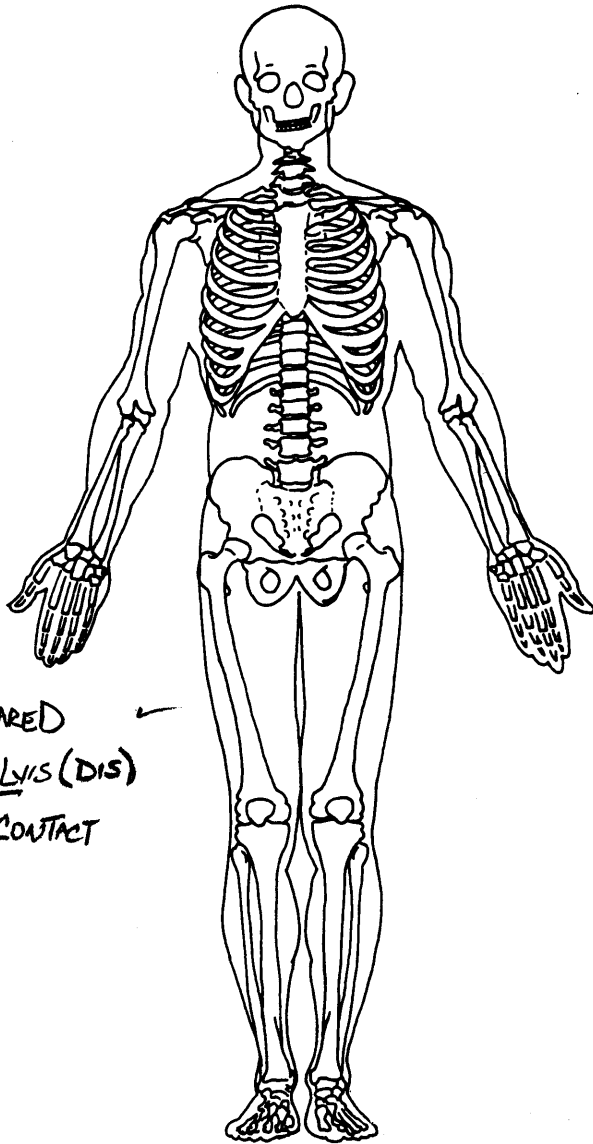
### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity



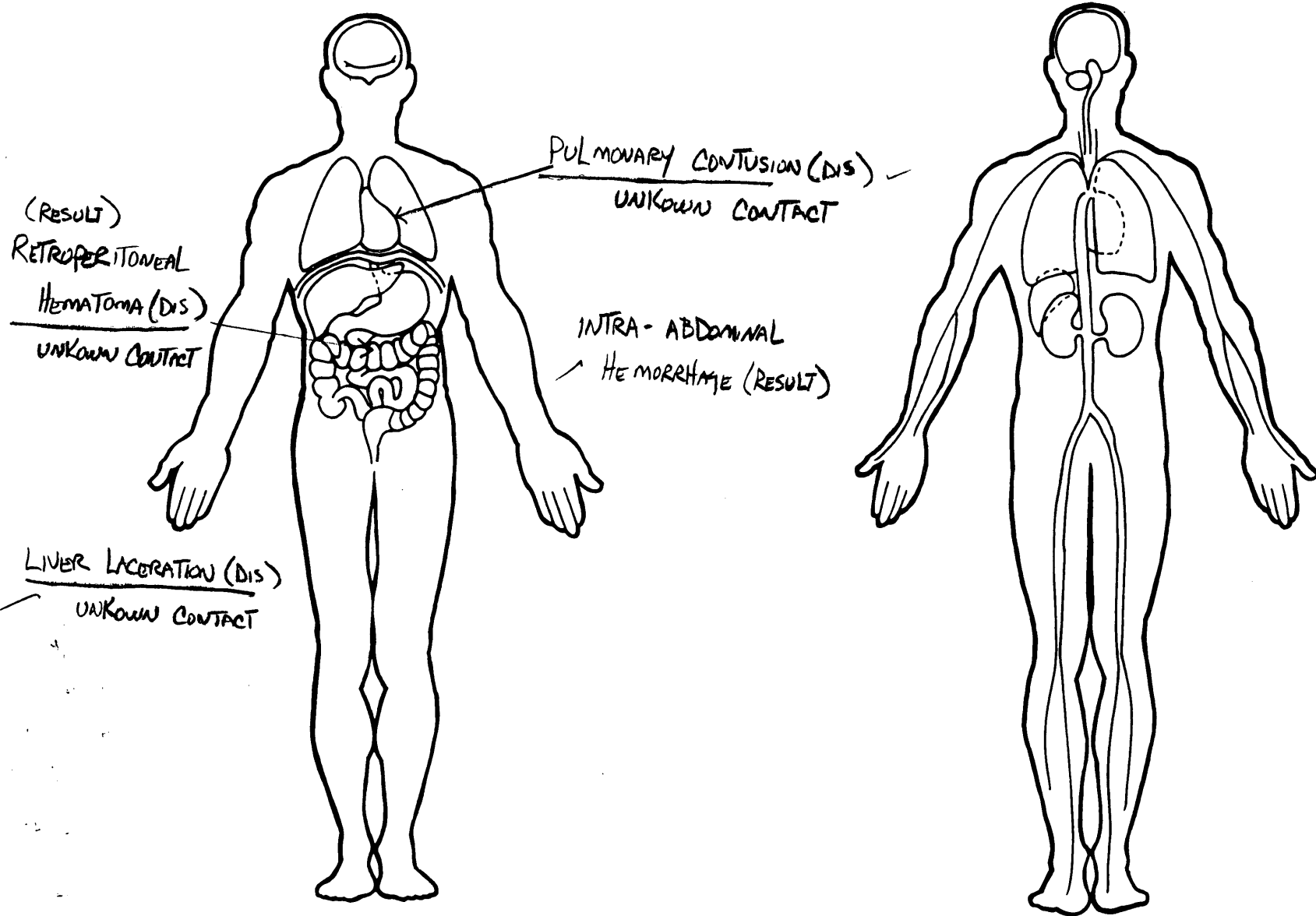
# OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# UPDATE FORM

<p>1. Primary Sampling Unit Number <u>05</u></p> <p>2. Case Number - Stratum <u>193 A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <input checked="" type="checkbox"/> <u>01</u></p>	<p>Driver or Occupant Name: </p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
--	--

## STATUS OF LOG INJURY INFORMATION

**Injury Information**

- (00) Not medically treated/record not required
- (01) No record of treatment at medical facility
- (02) Medical release required - not obtained
- (03) Injury not related to accident
- (04) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data

- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained - not to be updated
- (13) Partial record obtained - to be updated

11  
AUT

## UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>97</u>	<u>00</u>	OA18. Manual (Active) Belt System Use	<u>00</u>	<u>00</u>
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	<u>0</u>	OA21. Air Bag System Availability/Function	<u>1</u>	<u>1</u>
GV40.-GV41. Narcotic Drug	<u>09</u>	<u>01</u>	OA22. Air Bag System Deployment	<u>4</u>	<u>4</u>
GV42.-GV43. Depressant Drug	<u>09</u>	<u>01</u>	OA35. Treatment - Mortality	<u>1</u>	<u>1</u>
GV44.-GV45. Stimulant Drug	<u>09</u>	<u>01</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	<u>0</u>
GV46.-GV47. Hallucinogen Drug	<u>09</u>	<u>01</u>	OA37. Hospital Stay	<u>00</u>	<u>00</u>
GV48.-GV49. Cannabinoid Drug	<u>09</u>	<u>01</u>	OA38. Working Days Lost	<u>62</u>	<u>62</u>
GV50.-GV51. Phencyclidine (PCP)	<u>09</u>	<u>01</u>	OA39. Time to Death	<u>99</u>	<u>99</u>
GV52.-GV53. Inhalant Drug	<u>09</u>	<u>01</u>	OA40. 1st Medically Reported Cause of Death	<u>00</u>	<u>07</u>
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>09</u>	<u>01</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA05. Occupant's Age	<u>17</u>	<u>17</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA06. Occupant's Sex	<u>1</u>	<u>1</u>	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>11</u>
OA07. Occupant's Height	<u>99</u>	<u>70</u>	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	<u>0</u>
OA08. Occupant's Weight	<u>999</u>	<u>145</u>	OA45. Automatic (Passive) Belt System Use	<u>0</u>	<u>0</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	<u>4</u>			

## INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___
16th	155. ___	156. ___	157. ___	158. ___	159. ___	160. ___	161. ___	162. ___	163. ___	164. ___
17th	165. ___	166. ___	167. ___	168. ___	169. ___	170. ___	171. ___	172. ___	173. ___	174. ___
18th	175. ___	176. ___	177. ___	178. ___	179. ___	180. ___	181. ___	182. ___	183. ___	184. ___
19th	185. ___	186. ___	187. ___	188. ___	189. ___	190. ___	191. ___	192. ___	193. ___	194. ___
20th	195. ___	196. ___	197. ___	198. ___	199. ___	200. ___	201. ___	202. ___	203. ___	204. ___

**NOTE:** Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>L</u>	6. <u>M</u>	7. <u>R</u>	8. <u>L</u>	9. <u>T</u>	10. <u>2</u>	11. <u>04</u> <del>22</del>	12. <u>3</u>	13. <u>1</u>	14. <u>00</u> <del>02</del>	✓
2nd	15. <u>1</u>	16. <u>M</u>	17. <u>I</u>	18. <u>L</u>	19. <u>G</u>	20. <u>2</u>	21. <u>04</u> <del>26</del>	22. <u>3</u>	23. <u>1</u>	24. <u>00</u> <del>02</del>	✓
3rd	25. <u>1</u>	26. <u>M</u>	27. <u>S</u>	28. <u>C</u>	29. <u>R</u>	30. <u>2</u>	31. <u>04</u> <del>22</del>	32. <u>3</u>	33. <u>1</u>	34. <u>00</u> <del>02</del>	✓
4th	35. <u>1</u>	36. <u>M</u>	37. <u>R</u>	38. <u>L</u>	39. <u>L</u>	40. <u>3</u>	41. <u>04</u> <del>20</del>	42. <u>3</u>	43. <u>1</u>	44. <u>00</u> <del>02</del>	✓
5th	45. <u>1</u>	46. <u>M</u>	47. <u>I</u>	48. <u>C</u>	49. <u>D</u>	50. <u>2</u>	51. <u>04</u> <del>26</del>	52. <u>3</u>	53. <u>1</u>	54. <u>00</u> <del>02</del>	✓
6th	55. <u>1</u>	56. <u>C</u>	57. <u>L</u>	58. <u>C</u>	59. <u>P</u>	60. <u>3</u>	61. <u>20</u>	62. <u>3</u>	63. <u>1</u>	64. <u>02</u>	✓
7th	65. <u>1</u>	66. <u>H</u>	67. <u>L</u>	68. <u>U</u>	69. <u>B</u>	70. <u>4</u>	71. <u>52</u> <del>25</del>	72. <u>3</u>	73. <u>1</u>	74. <u>00</u> <del>03</del>	✓
8th	75. <u>1</u>	76. <u>H</u>	77. <u>U</u>	78. <u>C</u>	79. <u>I</u>	80. <u>1</u>	81. <u>52</u> <del>25</del>	82. <u>3</u>	83. <u>1</u>	84. <u>00</u> <del>03</del>	✓
9th	85. <u>1</u>	86. <u>B</u>	87. <u>S</u>	88. <u>C</u>	89. <u>I</u>	90. <u>1</u>	91. <u>40</u> <del>97</del>	92. <u>3</u>	93. <u>1</u>	94. <u>00</u> <del>99</del>	✓
10th	95. <u>1</u>	96. <u>P</u>	97. <u>L</u>	98. <u>D</u>	99. <u>J</u>	100. <u>3</u>	101. <u>20</u>	102. <u>3</u>	103. <u>1</u>	104. <u>02</u> <del>03</del>	✓

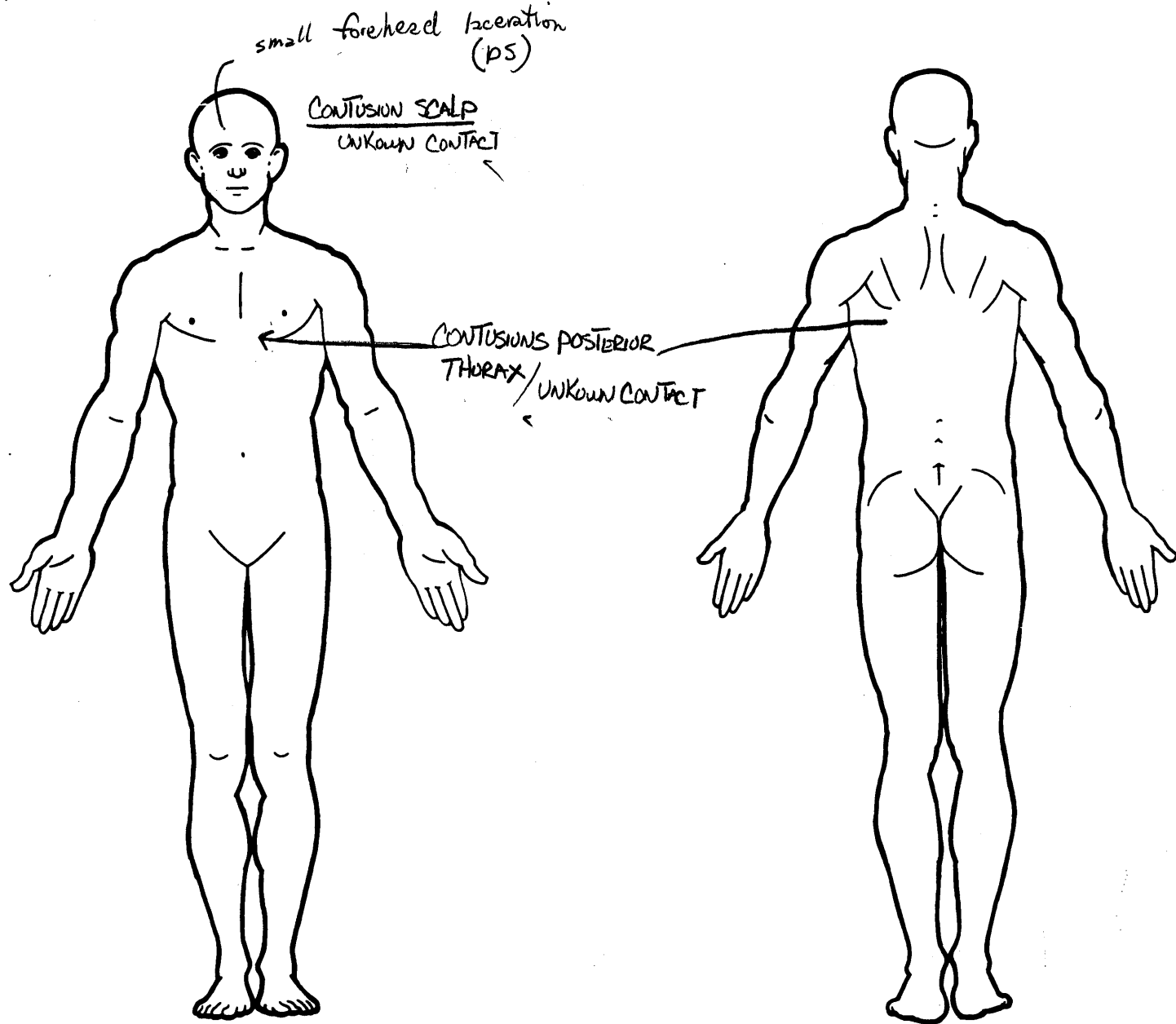
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

# OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	<u>L</u>	<u>T</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>3</u>	<u>09</u>	<u>3</u>	<u>1</u>	<u>00</u>
12th	<u>1</u>	<u>H</u>	<u>L</u>	<u>U</u>	<u>B</u>	<u>3</u>	<u>52</u>	<u>2</u>	<u>1</u>	<u>00</u>
13th	<u>1</u>	<u>P</u>	<u>A</u>	<u>F</u>	<u>S</u>	<u>3</u>	<u>04</u>	<u>2</u>	<u>1</u>	<u>00</u>
14th	<u>2</u>	<u>H</u>	<u>W</u>	<u>K</u>	<u>B</u>	<u>5</u>	<u>52</u>	<u>2</u>	<u>1</u>	<u>00</u>
15th	<u>2</u>	<u>F</u>	<u>S</u>	<u>L</u>	<u>I</u>	<u>1</u>	<u>52</u>	<u>3</u>	<u>1</u>	<u>00</u>
16th	<u>2</u>	<u>M</u>	<u>I</u>	<u>L</u>	<u>D</u>	<u>3</u>	<u>04</u>	<u>2</u>	<u>1</u>	<u>00</u>
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—

# OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (eg. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (97) Injured, unknown source

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): \_\_\_\_\_
- (25) Left side window glass or frame

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand

### Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

### Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

### System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

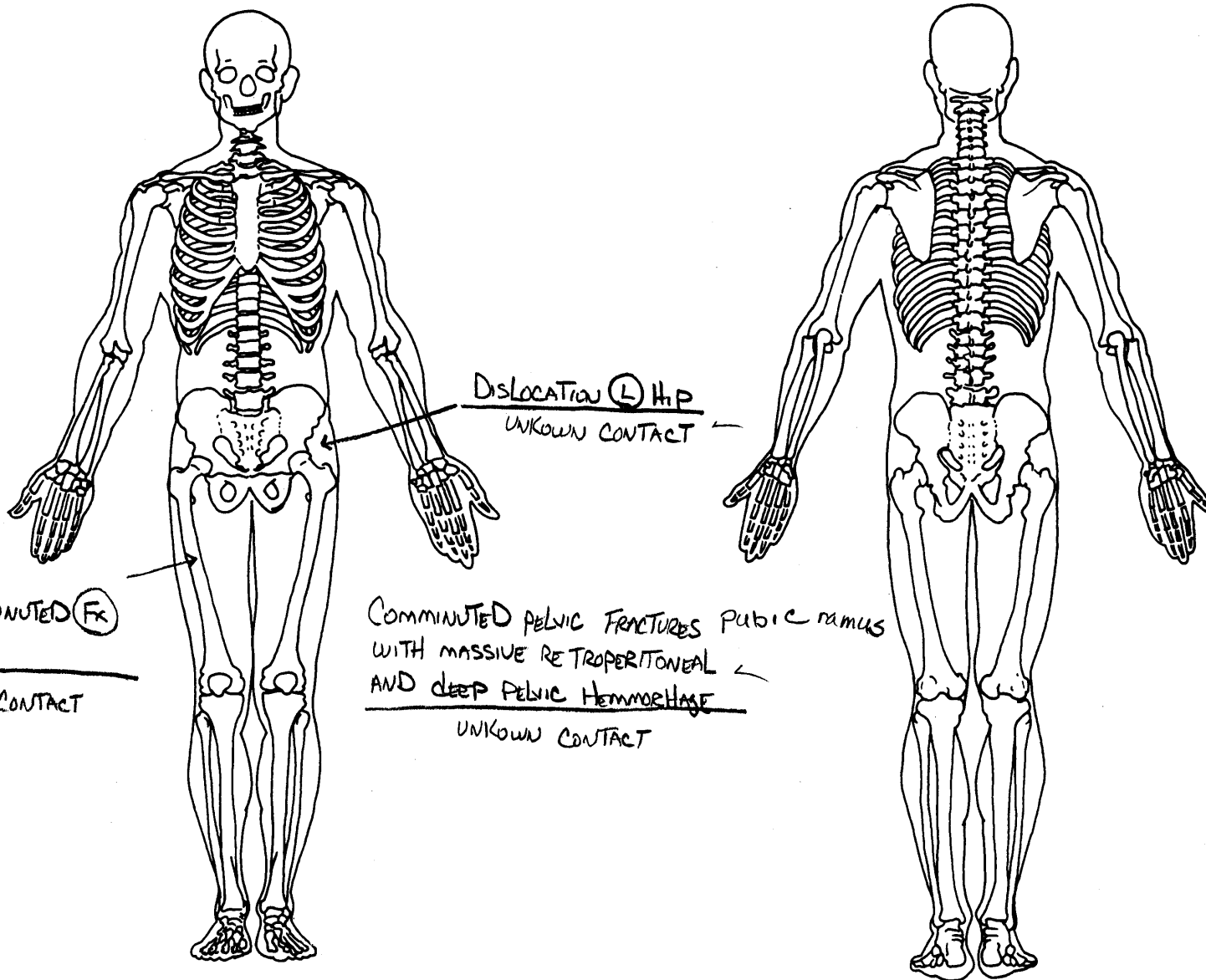
### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity



# OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SIMPLE COMMINATED (Fx)  
(R) FEMUR  
UNKNOW CONTACT

DISLOCATION (L) HIP  
UNKNOW CONTACT

COMMUNATED PELVIC FRACTURES Pubic ramus  
WITH MASSIVE RETROPERITONEAL  
AND DEEP PELVIC HEMMORRHAGE  
UNKNOW CONTACT

# OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

SUBDURAL & SUBARACHNOID Hemorrhage ✓  
(LEFT SIDE) / UNKNOWN CONTACT (25-30 CC)

unconscious upon admission  
unresponsive to pain  
(DS)

ACUTE CEREBRAL EDEMA ✓  
UNKNOWN CONTACT

EXTENSIVE CONTUSIONS of ✓  
MESSENTERY / UNKNOWN CONTACT

CONTUSION LEAVES ✓  
of THE DIAPHRAM  
UNKNOWN CONTACT

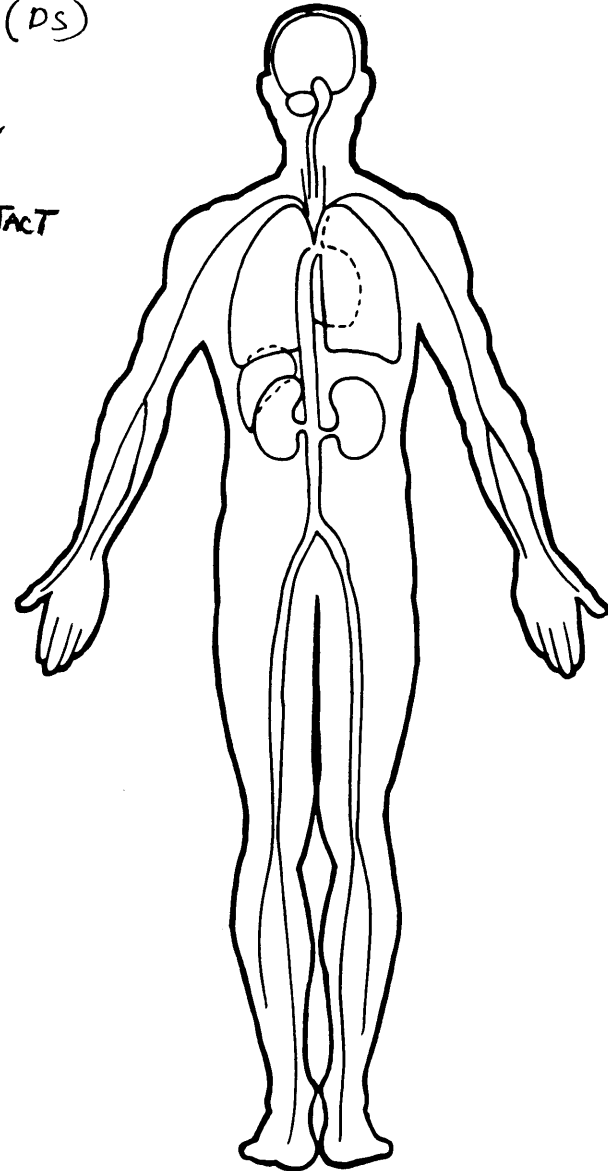
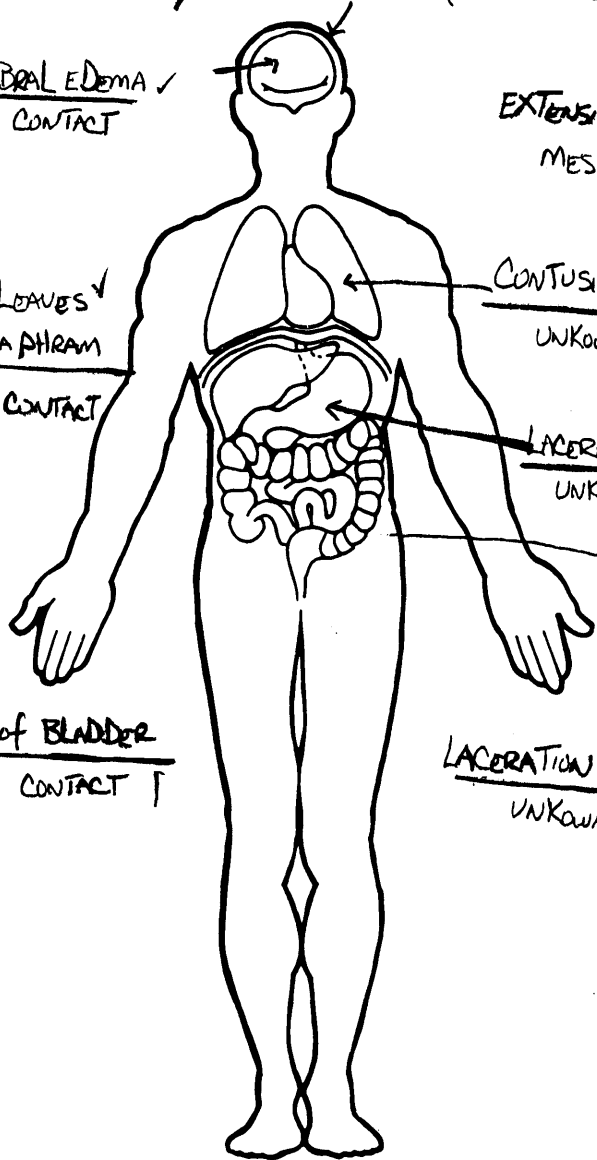
CONTUSION (L) LUNG ✓  
UNKNOWN CONTACT

LACERATIONS LIVER ✓  
UNKNOWN CONTACT

sigmoid serosal  
tear (DS)

LACERATION of BLADDER  
UNKNOWN CONTACT

LACERATION (R) ADRENAL ✓  
UNKNOWN CONTACT



26. Seat Type (This Occupant Position) 09

(00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., van type)  
 (09) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown

27. Seat Performance (This Occupant Position) 6

(0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks failed  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion (specify):  
(L) Door Panel  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (7) Combination of above (specify):  
 \_\_\_\_\_  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

**CHILD SAFETY SEAT**

28. Child Safety Seat Make/Model 000

(000) No child safety seat  
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual  
 (997) Other make/model (specify):  
 \_\_\_\_\_  
 (998) Unknown make/model  
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify):  
 \_\_\_\_\_  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight:  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):  
 \_\_\_\_\_  
 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight:  
 (11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):  
 \_\_\_\_\_  
 (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight:  
 (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):  
 \_\_\_\_\_  
 (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.  
 (00) No child safety seat

Not Designed with Harness/Shield/Tether  
 (01) After market harness/shield/tether added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market harness/shield/tether added  
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether  
 (11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether  
 (21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

PSU NUMBER	<u>05</u>
CASE NUMBER	<u>193A</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>02</u>

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) \_\_\_\_\_



# CRASHPC PROGRAM SUMMARY

Identifying Title <u>05</u> Primary Sampling Unit	<u>193A</u> Case No.-Stratum	<u>01</u> Accident Event Sequence No.	<u>[REDACTED]</u> Date (Month, day, year) of Run	<u>92</u>
---	---------------------------------	--	---	-----------

CRASHPC Vehicle Identification	<u>1991</u>	<u>Geo</u>	<u>Storm</u>	<u>1</u>
Vehicle 1	Year	Make	Model	NASS Veh. No.
Vehicle 2				

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size		Size	<u>11</u>
Weight	$\frac{2282}{\text{Curb}} + \frac{279}{\text{Occupant(s)}} + \frac{000}{\text{Cargo}} = \frac{2561}{}$	Weight	$\frac{\quad}{\text{Curb}} + \frac{\quad}{\text{Occupant(s)}} + \frac{\quad}{\text{Cargo}} = \frac{\quad}{}$
CDC	<u>09 L 2 A W 4</u>	CDC	
PDOF	<u>- 090</u>	PDOF	
Stiffness	<u>1</u>	Stiffness	<u>11</u>

## SCENE INFORMATION

Rest and Impact Positions  No, Go To Damage Information  Yes

VEHICLE 1		VEHICLE 2	
Rest Position		Rest Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Impact Position		Impact Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Slip Angle	_____	Slip Angle	_____

## VEHICLE MOTION

Sustained Contact  No  Yes

VEHICLE 1		VEHICLE 2	
Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
Impact Position		Impact Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path		Point on Path	
X	_____	X	_____
Y	_____	Y	_____
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

**FRICITION INFORMATION:**

**TRAJECTORY INFORMATION**

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LF \_\_\_\_\_ RF \_\_\_\_\_

Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LF \_\_\_\_\_ RF \_\_\_\_\_

Trajectory Data  No  Yes

*If No, Go To Damage Information*

Vehicle 1 Steer Angles

LF \_\_\_\_\_ RF \_\_\_\_\_

LF \_\_\_\_\_ RF \_\_\_\_\_

Vehicle 2 Steer Angles

LF \_\_\_\_\_ RF \_\_\_\_\_

LF \_\_\_\_\_ RF \_\_\_\_\_

Terrain Boundary  No  Yes

First Point

X \_\_\_\_\_ Y \_\_\_\_\_

Second Point

X \_\_\_\_\_ Y \_\_\_\_\_

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

VEHICLE 1

VEHICLE 2

Damage Length 102

Damage Length \_\_\_\_\_

Crush Depths C1 5.0

Crush Depths C1 \_\_\_\_\_

C2 5.0

C2 \_\_\_\_\_

C3 8.0

C3 \_\_\_\_\_

C4 21

C4 \_\_\_\_\_

C5 11

C5 \_\_\_\_\_

C6 0.0

C6 \_\_\_\_\_

Damage Offset  $\oplus$  19.0

Damage Offset  $\pm$  \_\_\_\_\_

**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

DIRECTION OF ANGULAR VELOCITY CHANGE OF VEHICLE #1  
 IS NOT COMPATIBLE WITH MOMENT ARM OF PRINCIPLE FORCE,  
 ACCORDING TO DAMAGE BASED CALCULATIONS. REVIEW DAMAGE  
 DATA IF RESULTS ARE QUESTIONABLE.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	15.3	.0	15.3	-90.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 25548.4 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA  
 VEHICLE # 1

(\* INDICATES DEFAULT VALUE)  
 VEHICLE # 2

TYPE-----CATEGORY 1  
 STIFFNESS---CATEGORY 1  
 WEIGHT----- 2561.0 LBS.  
 CDC-----09LZAW4  
 L----- 102.0 IN.  
 C1----- 5.0 IN.  
 C2----- 5.0 IN.  
 C3----- 8.0 IN.  
 C4----- 21.0 IN.  
 C5----- 11.0 IN.  
 C6----- .0 IN.  
 D----- 19.0  
 RHO----- 1.00 \*

TYPE-----CATEGORY 11  
 STIFFNESS---CATEGORY 0  
 WEIGHT-----1000000.0 LBS. \*  
 CDC-----BARRIER  
 L----- .0 IN. \*  
 C1----- .0 IN. \*  
 C2----- .0 IN. \*  
 C3----- .0 IN. \*  
 C4----- .0 IN. \*  
 C5----- .0 IN. \*  
 C6----- .0 IN. \*  
 D----- .0 \*  
 RHO----- 1.00 \*  
 ANG----- .0 DEG. \*  
 D'-----\*\*\*\*\* IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	45.1	IN.	A2	=	50.0	IN.
B1	=	48.1	IN.	B2	=	50.0	IN.
TR1	=	51.1	IN.	TR2	=	50.0	IN.
I1	=	13357.7	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	6.659	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	76.0	IN.	XF2	=	50.0	IN.
XR1	=	-83.8	IN.	XR2	=	-50.0	IN.
YS1	=	30.4	IN.	YS2	=	50.0	IN.









PSU 05-193A (1991) #1



PSU 05-193A (1991) #2



PSU 05-193A (1991) #3



PSU 05-193A (1991) #4



FSU 05-193A (1991) #5



PSU 05-193A (1991) #6





PSU 05-193A (1991) #7



PSU 05-193A (1991) #8



PSU 05-193A (1991) #9



PSU 05-193A (1991) #10



PSU 05-193A (1991) #11



FSU 05-193A (1991) #12



PSU 05-193A (1991) #13



PSU 05-193A (1991) #14





PSU 05-193A (1991) #15



PSU 05-193A (1991) #16



PSU 05-193A (1991) #17



PSU 05-193A (1991) #18



PSU 05-193A (1991) #19



PSU 05-193A (1991) #20



PSU 05-193A (1991) #21



FSU 05-193A (1991) #22





PSU 05-193A (1991) #23



PSU 05-193A (1991) #24



PSU 05-193A (1991) #25



PSU 05-193A (1991) #28



PSU 05-193A (1991) #27



PSU 05-193A (1991) #28



PSU 05-193A (1991) #29



PSU 05-193A (1991) #30





PSU 05-193A (1991) #31



PSU 05-193A (1991) #32



PSU 05-193A (1991) #33



PSU 05-193A (1991) #34



PSU 05-193A (1991) #35



PSU 05-193A (1991) #38



PSU 05-193A (1991) #37



FSU 05-193A (1991) #38





PSU 05-193A (1991) #39



PSU 05-193A (1991) #40