



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

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 79 CASE NO. 139A TYPE OF ACCIDENT car - ran off road

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 1: traveling S/B on a five lane, undivided, urban street in an unknown lane when, for an unknown reason, the driver allowed the vehicle to veer left crossing the double yellow directional lines and all of the oncoming lane lines and ran off of the left side of the roadway, striking the curb in the process. The vehicle continued S/B and struck a wooden fence then struck the corner of a concrete block wall (both impacts with the front of the veh.) which caused the vehicle to raise up (climb) the wall where it struck a tree which was just beyond the wall. The vehicle rotated CCW and continued S/B where it struck a parked vehicle with its undercarriage (most probably) and then came to rest. The vehicle was towed due to extreme damage and the driver, and only occupant, was fatality injured.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	compact	90/Chrysler/LeBaron	front	severe	none

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	air-bag	unknown	unknown	6-	unknown

DO NOT SANITIZE THIS FORM



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

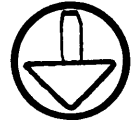
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

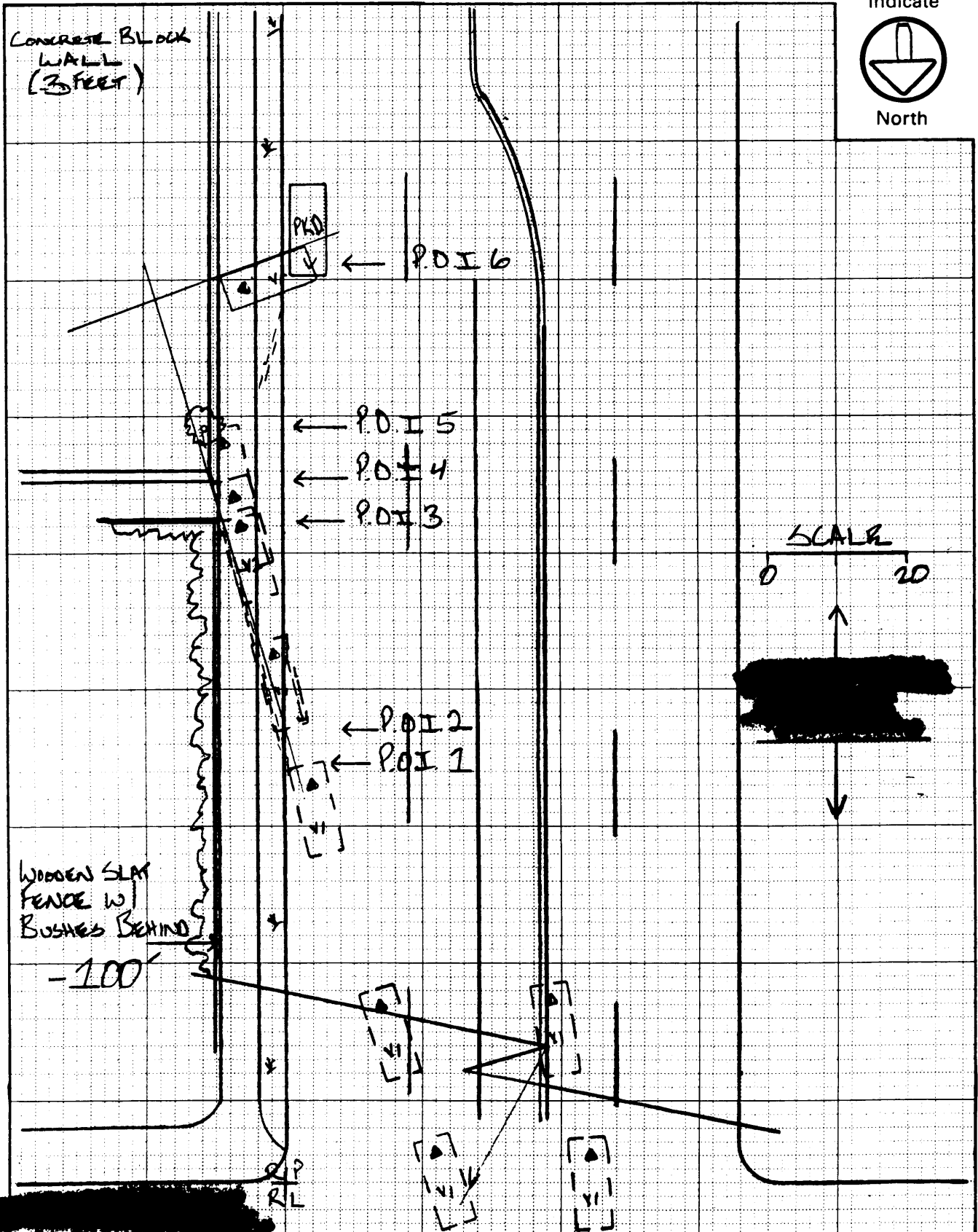
PSU No. 79

Case Number - Stratum 139A

Indicate



North





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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

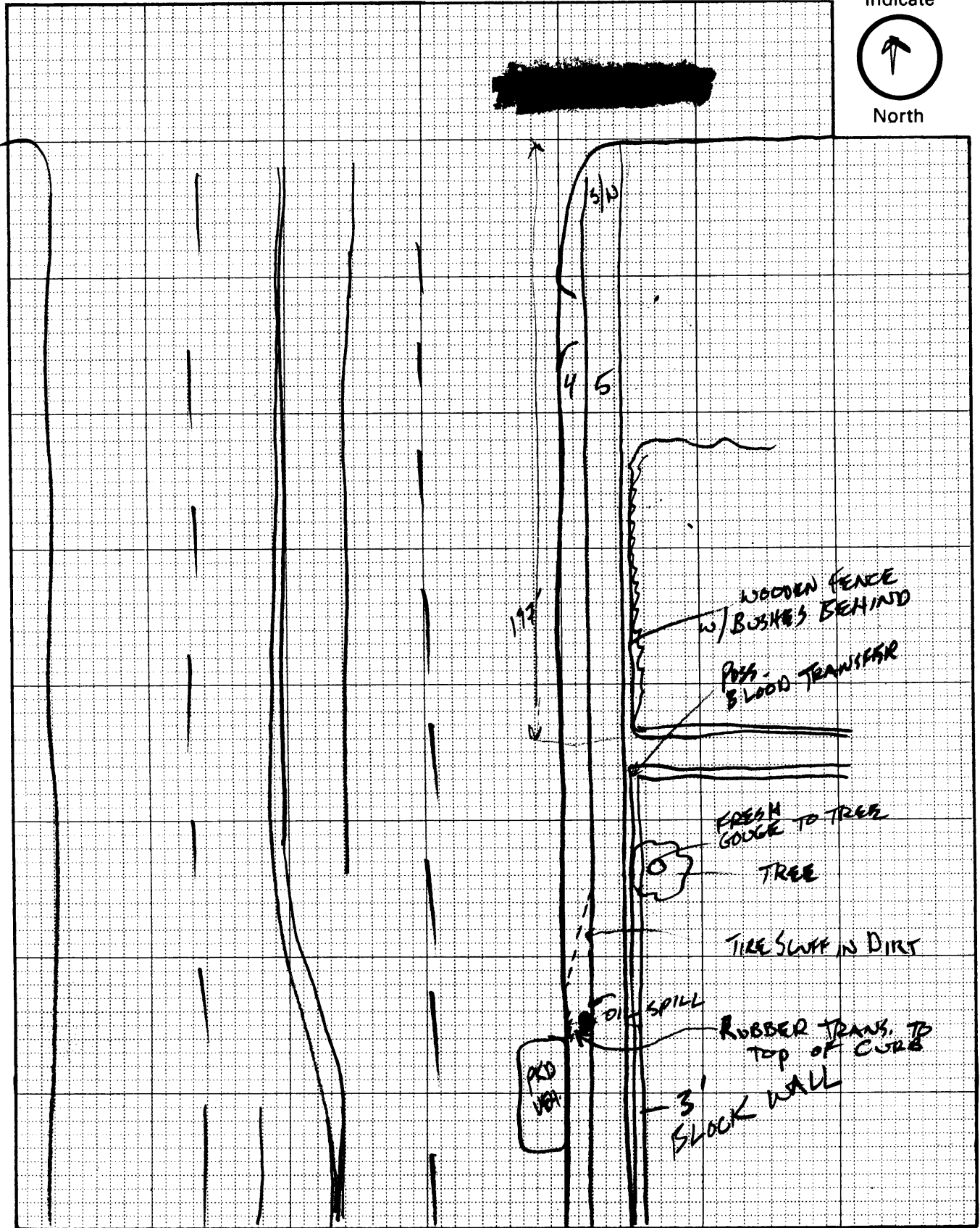
PSU No. 79

Case Number - Stratum 139A

Indicate



North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 79 Case Number - Stratum 139A

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> *approximate vehicle orientation at impact and final rest *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) *applicable traffic controls (e.g., speed limit) *north arrow placed on diagram *sketch required 	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> *document reference point and reference line relative to physical features present at the scene *scaled documentation of all accident induced physical evidence *scaled documentation of all roadside objects contacted *roadway surface type and condition of applicable roadways *grade measurements for all applicable roadways *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH #1 VEH #2 VEH #3</p> <p>Heading Angle: _____</p> <p>Surface Type: <u>BITUM.</u></p> <p>Surface Condition: <u>WORN</u></p> <p>Grade Measurement (v/h): <u>LEVEL</u></p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>		

Reference Point: INTERSECT S CURB EDGE Reference Line: E CURB EDGE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>LF LEAVES R/W</u>	<u>159'6" - 162'6" S</u>	<u>0</u>
<u>RF BEGINS</u>	<u>167'6" S</u>	<u>2'5" W</u>
<u>RF LEAVES R/W</u>	<u>176'3" - 179'9" S</u>	<u>0</u>
<u>LF @ CORNER OF WOOD FENCE</u>	<u>194'9" S</u>	<u>9'6" E</u>
<u>BLOCK WALL CORNER</u>	<u>202'6" S</u>	<u>9'6" E</u>
<u>TREE</u>	<u>210'9" S</u>	<u>11' E (3' HIGH)</u>
<u>RR IN DIRT (STRAIGHT LINE FROM TREE TO PKED VEH)</u>	<u>219'7" S</u>	<u>2'6" E</u>
<u>PKED VEH.</u>	<u>233' S</u>	<u>@ CURB</u>
<u>ESTD FRP. (OIL SPILL)</u>	<u>232' S</u>	<u>5'5" E</u>



ACCIDENT FORM

1. Primary Sampling Unit Number 79
2. Case Number - Stratum 139A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) [REDACTED] 9 1
5. Time of Accident 0010
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 06
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>02</u>	15. <u>F</u>	16. <u>63</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>02</u>	22. <u>F</u>	23. <u>63</u>	24. <u>00</u>	25. <u>0</u>
26. <u>0 3</u>	27. <u>01</u>	28. <u>02</u>	29. <u>F</u>	30. <u>57</u>	31. <u>00</u>	32. <u>0</u>
33. <u>0 4</u>	34. <u>01</u>	35. <u>02</u>	36. <u>F</u>	37. <u>58</u>	38. <u>00</u>	39. <u>0</u>
40. <u>0 5</u>	41. <u>01</u>	42. <u>02</u>	43. <u>F</u>	44. <u>42</u>	45. <u>00</u>	46. <u>0</u>

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):

- (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 L

- (0) Driver not present
- (1) Driver present
- (9) Unknown

17. Number of Occupants This Vehicle 01

- (00-96) Code actual number of occupants for this vehicle
- (97) 97 or more
- (99) Unknown

18. Number of Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02800

~~2210~~ Code weight to nearest 100 pounds. 029

- (010) Less than 1050 pounds
- (135) 13,500 lbs or more
- (999) Unknown

Source: '90 ~~_____~~

MASS Cdrng Cng
1st Flw 3 E
2nd Flw 3

20. Vehicle Cargo Weight 0000

- Code weight to nearest 100 pounds.
- (00) Less than 50 pounds
- (97) 9,650 lbs or more
- (99) 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 1

- (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

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

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

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	24 SLOWER 25, 26, 27	28 DECCEL. 29, 30, 31	30 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe-Angle	44 45 46 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	72 73	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	78 TURN INTO OPPOSITE DIRECTIONS	80 81	82 83	(EACH • 84) SPECIFICS OTHER	(EACH • 85) 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 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 <u>79</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>139A</u>	

VEHICLE IDENTIFICATION

VIN UNABLE TO LOCATE/READ Model Year 90
 Vehicle Make (specify): CHEVSELT Vehicle Model (specify): LEBARON

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.

C-5
5/29.5
5/25.5
4.5

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>5</u>	<u>ENTIRE FRONT PL CORNER INWARD</u>	
	<u>*STRONGLINE SQUARED ALONG REAR-LEFT & FRONTAL PLANES</u>	

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.

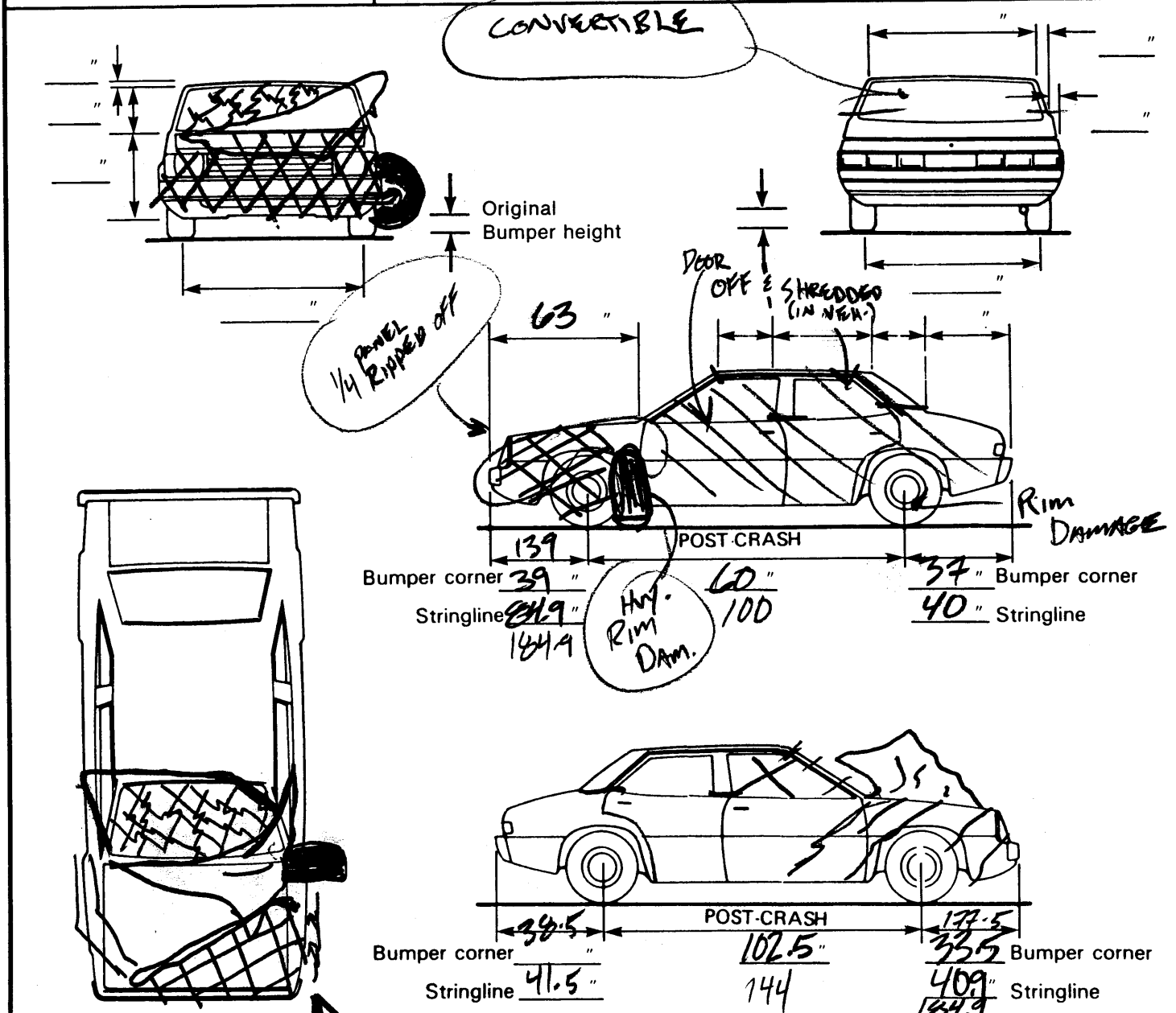
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>5</u>	<u>Bumper</u>	<u>17.25</u>	<u>44.75</u>	<u>29.5</u>	<u>44.75</u>	<u>33.25</u>	<u>24</u>	<u>17.75</u>	<u>12</u>	<u>8</u>	
	<u>-F.S.</u>		<u>2</u>		<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>2</u>	
	<u>RESULT</u>		<u>42.75</u>		<u>42.75</u>	<u>32.25</u>	<u>24</u>	<u>17.75</u>	<u>11</u>	<u>6</u>	
	<u>-ADJ. for bumper</u>		<u>-.25</u>		<u>.25</u>	<u>.25</u>	<u>.25</u>	<u>.25</u>	<u>.25</u>	<u>.25</u>	
	<u>RESULT</u>		<u>42.50</u>		<u>42.50</u>	<u>32.00</u>	<u>23.75</u>	<u>17.50</u>	<u>10.75</u>	<u>5.75</u>	<u>0.25</u>
	<u>OVERLAPPING DAM.</u>										
	<u>MUL. IMPACTS</u>										
	<u>*IMPACTS 2-5+5 OVERLAP</u>										

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>100.3</u> Overall Length <u>184.9</u> Maximum Width <u>68.5</u> Curb Weight <u>2929</u> 2810 Average Track <u>57.6</u> Front Overhang <u>42.91</u> Rear Overhang <u>40.55</u> Engine Size: cyl./ displ. <u>3 1/2 / 25</u> Undeformed End Width <u>62</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u>90</u> ° LF ± <u>90</u> ° RR ± <u> </u> ° LR ± <u> </u> ° Within ±5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>Ø</u>		



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.



US Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

GLAZING

1. Primary Sampling Unit Number 79

2. Case Number - Stratum 139A

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 90

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(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):

Door - Roof - All Windows

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 9 6. RF 3 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

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

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

10. LF 0 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)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(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 Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 0

20. BL 3 21. Roof 3 22. Other 3

(0) No glazing damage from impact forces

(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

23. WS 9 24. LF 9 25. RF 9 26. LR 9 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

(6) Glazing disintegrated by occupant contact

(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

31. WS 1 32. LF 2 33. RF 2 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

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 9 41. RF 2 42. LR 2 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

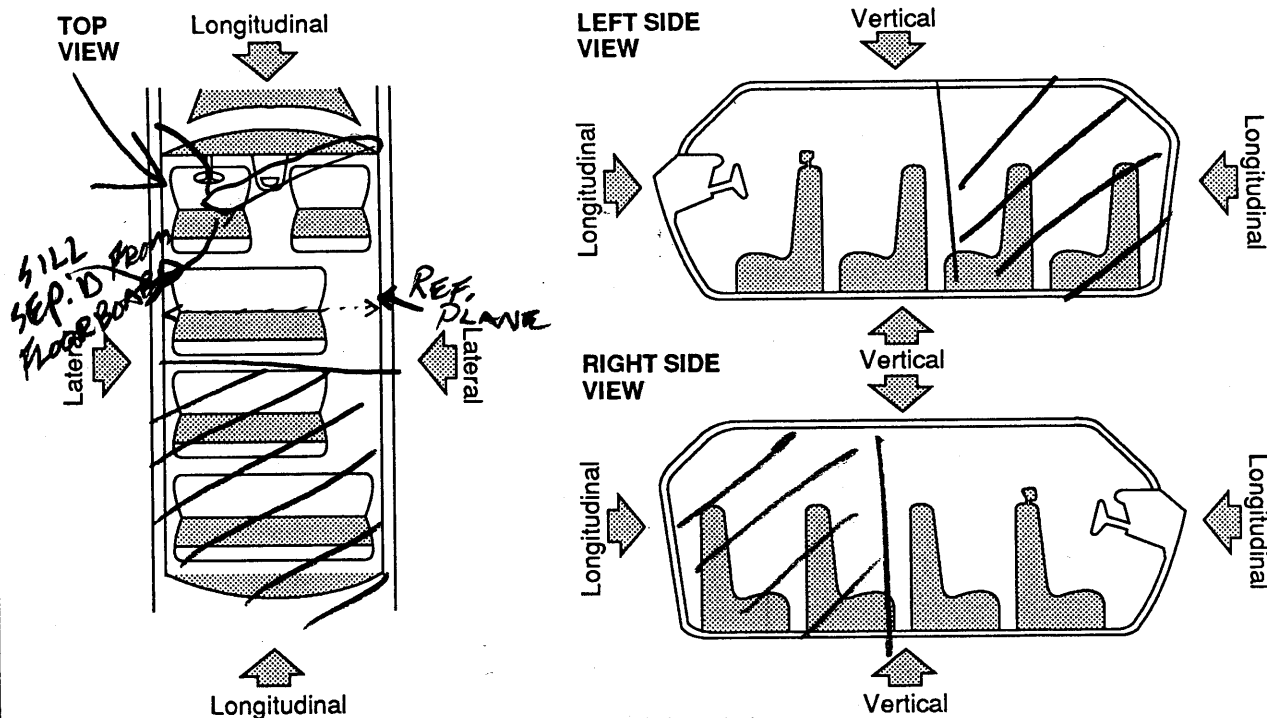
(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
LF	L. DASH	0	-	24	=	24 ①	LONG.
	'A'	0	-	23	=	23 ④	"
	SILL		-	42	=	24 ②	LAT.
	F. OF 'A'		-	38	=	724 ③	"
	S. ASS.	50	-	70	=	20 ⑤	LONG.
CP	S. ASS.		-		=		LAT.
	DR. SEAT	24	-	27	=	3 ⑧	LAT.
	DASH	0	-	12	=	12 ⑥	LONG.
LF	W/S HEADER	0	-	8	=	8 ⑦	LONG
CP	"	0	-	4	=	4 ⑨	"
	XXXXXXXXXXXXXXXXXXXX		-		=		
			-		=		
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>02</u>	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>17</u>	53. <u>6</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>27</u>	57. <u>6</u>	58. <u>3</u>
4th	59. <u>11</u>	60. <u>06</u>	61. <u>5</u>	62. <u>2</u>
5th	63. <u>11</u>	64. <u>01</u>	65. <u>5</u>	66. <u>2</u>
6th	67. <u>12</u>	68. <u>03</u>	69. <u>4</u>	70. <u>2</u>
7th	71. <u>11</u>	72. <u>15</u>	73. <u>3</u>	74. <u>2</u>
8th	75. <u>12</u>	76. <u>15</u>	77. <u>2</u>	78. <u>2</u>
9th	79. <u>12</u>	80. <u>24</u>	81. <u>2</u>	82. <u>3</u>
10th	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>

LOCATION OF INTRUSION

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

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

STEERING RIM/SPOKE DEFORMATION

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

--	--	--	--	--

STEERING COLUMN

87. Steering Column Type 9

- (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 6

- 6+ 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 05

(00) No steering rim deformation

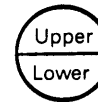
Quarter Sections

- (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 999,000

- Digital 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? 6

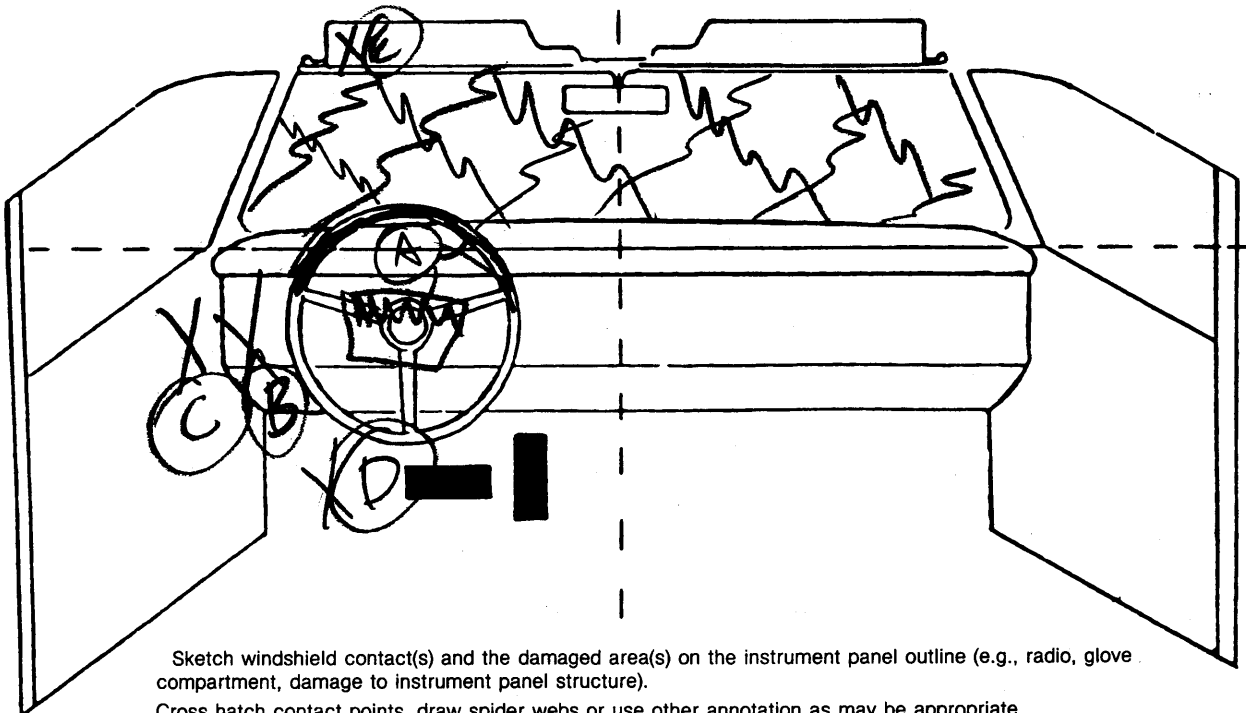
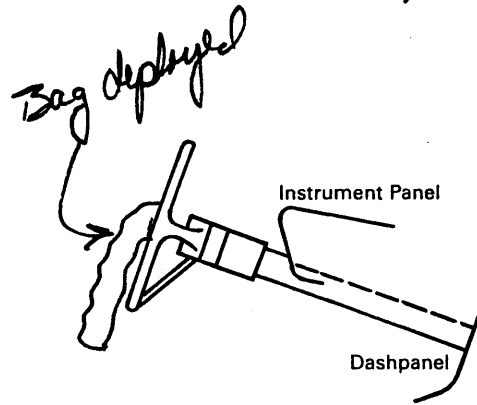
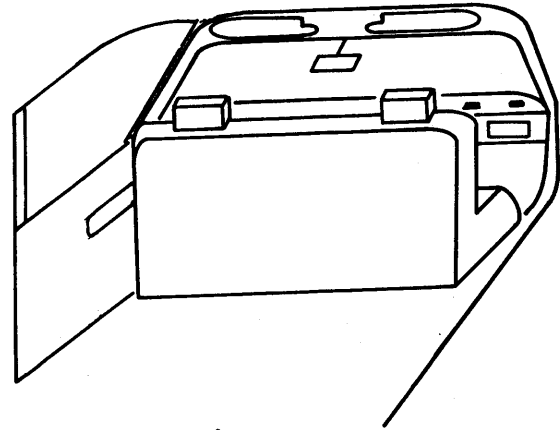
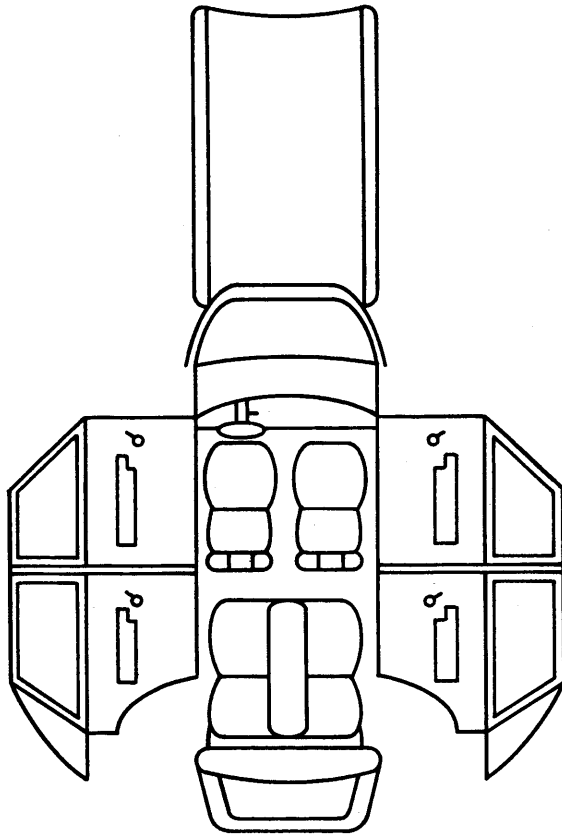
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 9

- (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	S/W K/S	1	TORSO	DEMOLISHED BY IMP.	1
B	DR. DASH	1	KNIVES	RUSTED PLASTIC INT.	1
C	DR. DOOR	1	DR. SIDE	PADDED SIDE OF DOOR BENT	1
D	TOE PAN	1	LEG/FEET	SUSPECTED	2
E	SUN VISOR/S	1	HEAD	DENTED	2
F	<p>MASSIVE INTRUSIONS & WEATHER MASKS OCC. CONTACT POINTS</p>				
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

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	80	/	00
	Failure Modes		/	0
SECOND	Availability	4	4	4
	Use	4	4	4
	Failure Modes	4	4	4
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	1	/	1
	Seat Type	01	/	01
	Seat Performance	6	/	6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	6
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):
From (L) - BUCKLED Floor FRAME
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

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

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):

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

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door: hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism:

DASH BY **STEERING ASSEMBLY**

Component(s): _____

(Note in vehicle interior diagram)

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
F I R S T	Availability/Function	/	/
	Deployment	/	/
	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
F I R S T	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

26. Seat Type (This Occupant Position) 07
 (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):
FROM DIRECTION OF FRONT
1/4 PANEL

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

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

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

PSU NUMBER 79
CASE NUMBER 139A
VEHICLE NUMBER 01
OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

UPDATE FORM

1. Primary Sampling Unit Number	<u>79</u>	Driver or Occupant Name:	[REDACTED]
2. Case Number - Stratum	<u>139 A</u>	Address:	[REDACTED]
3. Vehicle Number	<u>01</u>		[REDACTED]
4. Occupant Number	<u>01</u>	Other Information:	_____

(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	<u>99</u>	<u>31</u>	OA18. Manual (Active) Belt System Use	<u>00</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>9</u>	<u>0</u>	OA21. Air Bag System Availability/Function	<u>1</u>	---
GV40.-GV41. Narcotic Drug	<u>99</u>	<u>00</u>	OA22. Air Bag System Deployment	<u>1</u>	---
GV42.-GV43. Depressant Drug	<u>99</u>	<u>00</u>	OA35. Treatment - Mortality	<u>1</u>	---
GV44.-GV45. Stimulant Drug	<u>99</u>	<u>00</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---
GV46.-GV47. Hallucinogen Drug	<u>99</u>	<u>00</u>	OA37. Hospital Stay	<u>00</u>	---
GV48.-GV49. Cannabinoid Drug	<u>99</u>	<u>00</u>	OA38. Working Days Lost	<u>62</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>99</u>	<u>00</u>	OA39. Time to Death	<u>07</u>	---
GV52.-GV53. Inhalant Drug	<u>99</u>	<u>00</u>	OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>99</u>
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>99</u>	<u>00</u>	OA41. 2nd Medically Reported Cause of Death	<u>0</u>	---
OA05. Occupant's Age	<u>33</u>	<u>33</u>	OA42. 3rd Medically Reported Cause of Death	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	<u>1</u>	OA43. Number of Recorded Injuries for This Occupant	<u>0</u>	<u>21</u>
OA07. Occupant's Height	<u>67</u>	<u>65</u>	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA08. Occupant's Weight	<u>145</u>	<u>156</u>	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA17. Manual (Active) Belt System Availability	<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. ___	<i>NONE</i>		19. ___	<i>CODED</i>		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>C</u>	7. <u>R</u> ^B	8. <u>F</u>	9. <u>S</u>	10. <u>4</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>L</u>	16. <u>P</u>	17. <u>P</u>	18. <u>D</u>	19. <u>J</u>	20. <u>3</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. <u>L</u>	26. <u>P</u>	27. <u>P</u>	28. <u>D</u>	29. <u>J</u>	30. <u>3</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. <u>L</u>	36. <u>P</u>	37. <u>A</u>	38. <u>G</u>	39. <u>J</u>	40. <u>3</u>	41. <u>97</u>	42. <u>7</u>	43. <u>7</u>	44. <u>99</u>
5th	45. <u>L</u>	46. <u>T</u>	47. <u>L</u>	48. <u>F</u>	49. <u>S</u>	50. <u>3</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>99</u>
6th	55. <u>L</u>	56. <u>C</u>	57. <u>R</u>	58. <u>C</u>	59. <u>P</u>	60. <u>3</u>	61. <u>97</u>	62. <u>9</u>	63. <u>7</u>	64. <u>99</u>
7th	65. <u>L</u>	66. <u>C</u>	67. <u>L</u>	68. <u>F</u>	69. <u>S</u>	70. <u>2</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	74. <u>99</u>
8th	75. <u>L</u>	76. <u>H</u> ^{B S}	77. <u>P</u>	78. <u>F</u>	79. <u>S</u>	80. <u>2</u> ³	81. <u>97</u>	82. <u>9</u>	83. <u>7</u>	84. <u>99</u>
9th	85. <u>L</u>	86. <u>P</u>	87. <u>R</u>	88. <u>F</u>	89. <u>S</u>	90. <u>2</u>	91. <u>97</u>	92. <u>9</u>	93. <u>7</u>	94. <u>99</u>
10th	95. <u>L</u>	96. <u>P</u>	97. <u>L</u>	98. <u>F</u>	99. <u>S</u>	100. <u>2</u>	101. <u>97</u>	102. <u>9</u>	103. <u>7</u>	104. <u>99</u>

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	1	M	R	L	L	Z	97	9	7	99
12th	1	M	S	C	D	Z	97	9	7	99
13th	1	F	I	A	I	1	97	9	7	99
14th	1	N	L	^A K	I	1	97	9	7	99
15th	1	H	P	L	I	1	97	9	7	99
16th	1	X	R	A	I	1	97	9	7	99
17th	1	X	L	A	I	1	97	9	7	99
18th	1	M	W	A	I	1	97	9	7	99
19th	1	T	L	L	I	1	97	9	7	99
20th	1	Y	R	A	I	1	97	9	7	99
21st	1	Y	L	A	I	1	97	9	7	99
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.)

Figure 1 (Left):

- FI AI-1** (circled)
- AUTOP.**
- SUB-MANDIBULAR ABRASIONS** (circled)
- AUTOP.**
- UNSPEC.**
- SEVERAL BROAD ABRASIONS OVER THE CENTRAL ABDOMEN**
- UNSPEC.**
- MW AI-1**
- TL LI-1**
- AUTOP.**
- LAC. (L)** (circled)
- LATERAL THIGH**
- UNSPEC.**
- NUMEROUS ABRASIONS TO THE ANTERIOR SURFACES OF BOTH LEGS.**
- UNSPEC.**
- YR AI-1**
- YL AI-1**

Figure 2 (Right):

- AUTOP.**
- LAC. (R) OCCIPITAL SCALP** (circled)
- UNSPEC.**
- 1-H PLI-1**
- AUTOP.**
- NLLI-2**
- SM. ABRASIONS (D) SIDE OF NECK** (circled)
- UNSPEC.**
- AUTOP.**
- SMALL ABRASIONS OF BOTH ARMS & HANDS**
- UNSPEC.**
- XR AI-1**
- XL AI-1**

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): _____

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
 - (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

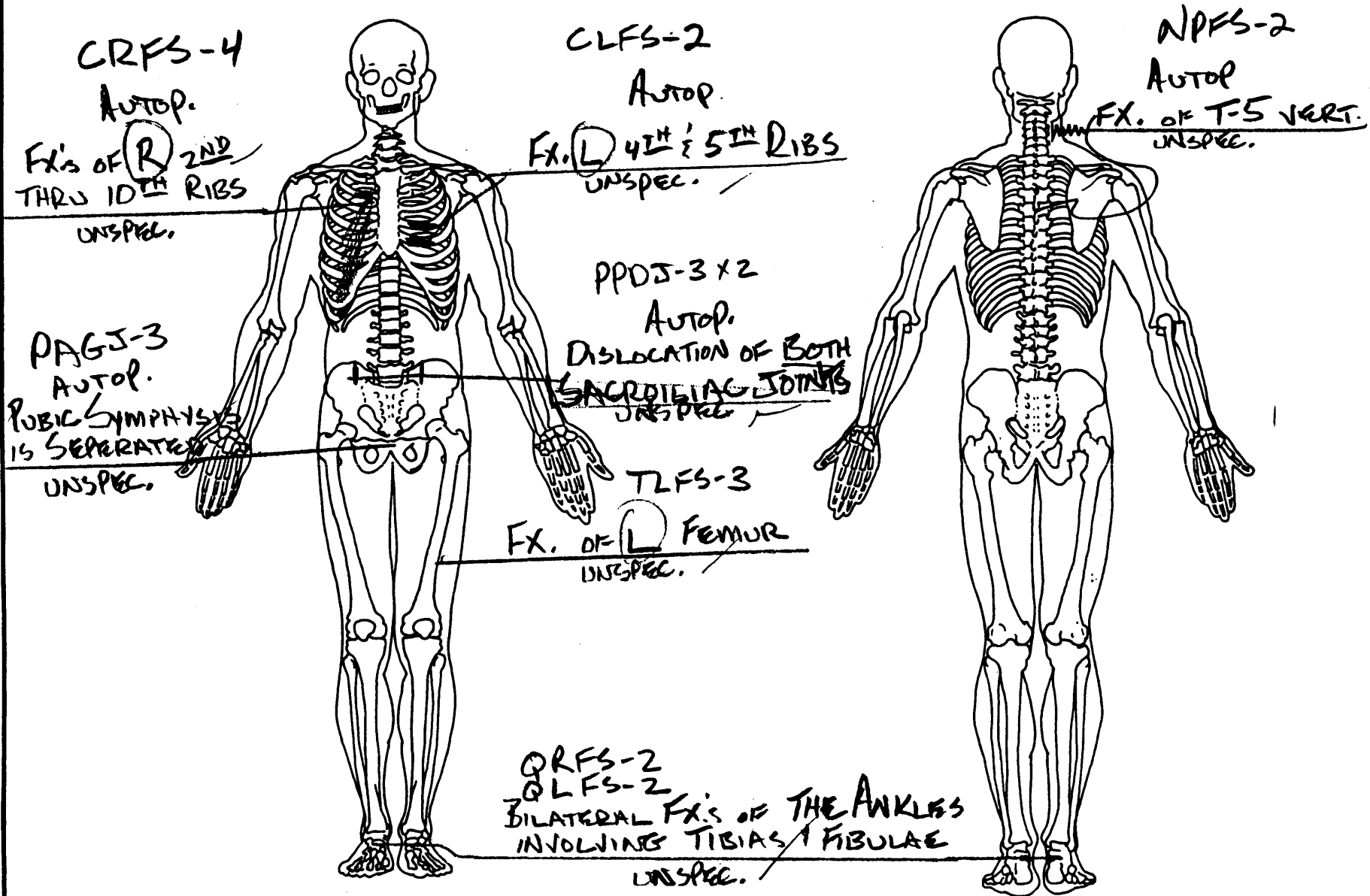
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

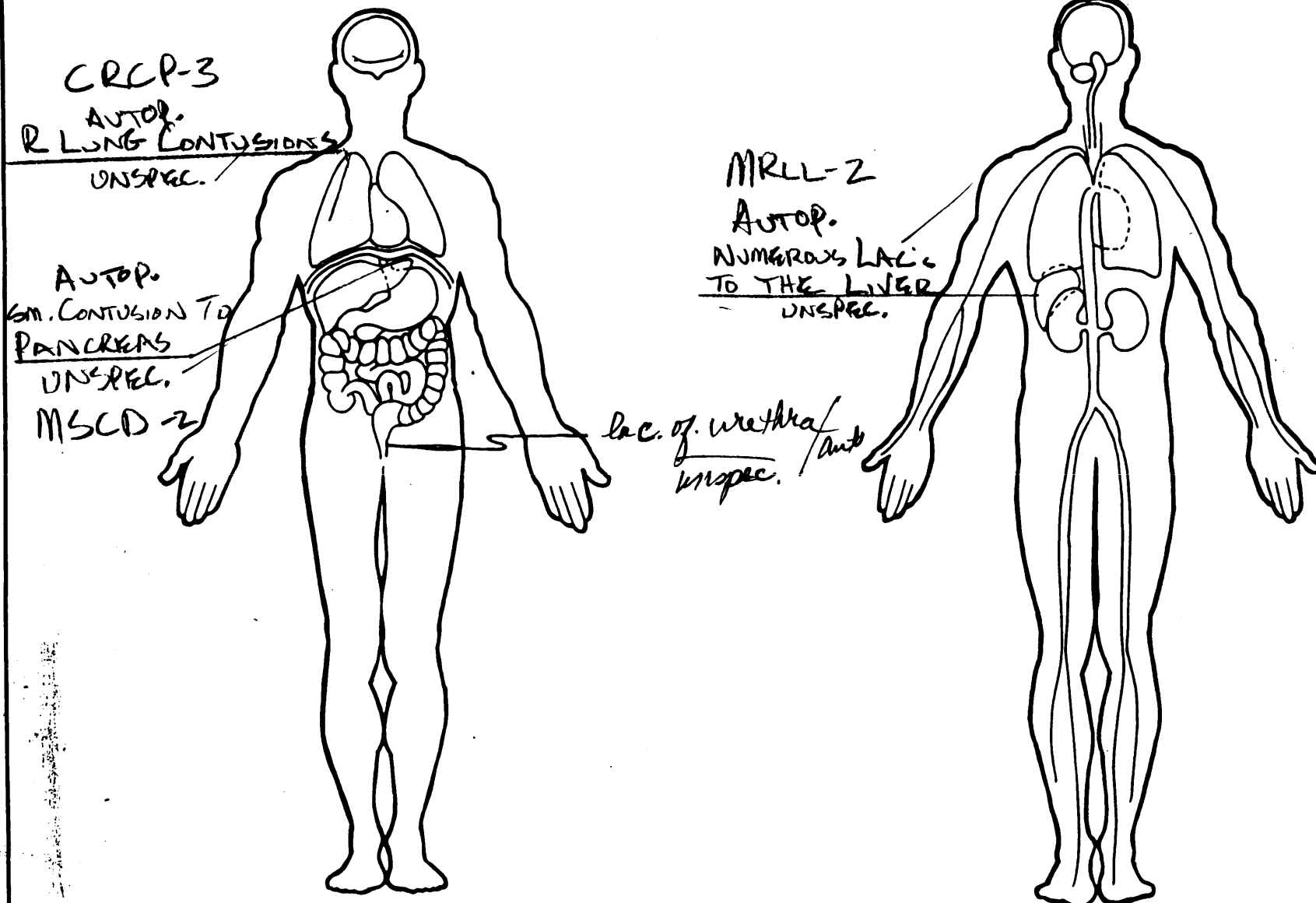
OFFICIAL INJURY DATA - SKELETAL INJURIES

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.)



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.)



Ran as Damage Only
CRASHPC PROGRAM SUMMARY

Identifying Title <u>79</u> Primary Sampling Unit	<u>139A</u> Case No. - Stratum	<u>04</u> Accident Event Sequence No.	 <u>92</u> Date (month, day, year) of Run
---	-----------------------------------	--	---

CRASHPC Vehicle Identification			
Vehicle 1	<u>90</u> Year	<u>CHRYSLER</u> Make	<u>LEBARON</u> Model
Vehicle 2	<u>UNMOVEABLE BARRIER</u>		<u>11</u> NASS Veh. No.

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	<u>2925</u>	<u>11</u>
Weight	2910 + <u>145</u> + <u>0</u> = <u>3074</u> Curb Occupant(s) Cargo	-----
CDC	<u>12 FLEAT</u>	-----
PDOF	<u>000</u>	-----
Stiffness	<u>9</u>	<u>11</u>

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

	VEHICLE 1	VEHICLE 2
Rest Position	<u>128</u>	
X	<u>+ 133</u>	<u>- 102.5</u>
Y	<u>+ 70.2</u>	<u>+ 9.5</u>
PSI	<u>70 65</u>	<u>0</u>
Impact Position		
X	128 <u>- 102.5</u>	<u>- 102.5</u>
Y	<u>60 60</u> <u>+ 9.5</u>	<u>+ 9.5</u>
PSI	<u>160</u>	<u>0</u>
Slip Angle	<u>000</u>	<u>0</u>

VEHICLE MOTION

Sustained Contact <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>N/A</u>
VEHICLE 1	VEHICLE 2	
Skidding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Skidding <input type="checkbox"/> No <input type="checkbox"/> Yes	
Skidding Stop Before Rest <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest <input type="checkbox"/> No <input type="checkbox"/> Yes	
End-of-Skidding Position	End-of-Skidding 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 checked="" type="checkbox"/> CCW	Rotation Direction <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	
Rotation > 360° <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360° <input type="checkbox"/> No <input type="checkbox"/> Yes	

FRICITION INFORMATION

TRAJECTORY INFORMATION

Coefficient of Friction 0.760
 Rolling Resistance Option 1

Trajectory Data No Yes
If No, Go To Damage Information

Vehicle 1 Rolling Resistance
 LF 0.65^{1.0} RF 0.25
 LR 0.65 RR 0.10
 .01 01

Vehicle 1 Steer Angles
 LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Steer Angles
 LF _____ RF _____
 LR _____ RR _____

Terrain Boundary No Yes

First Point
 X _____ Y _____
 Second Point
 X _____ Y _____
 Secondary Friction Coefficient _____

DAMAGE INFORMATION

VEHICLE 1
 Damage Length 62
 Crush Depths
 C1 42.50
 C2 32.00
 C3 27.75
 C4 17.50
 C5 10.75
 C6 5.75
 Damage Offset 0.25

VEHICLE 2
 Damage Length _____
 Crush Depths
 C1 _____
 C2 _____
 C3 _____
 C4 _____
 C5 _____
 C6 _____
 Damage Offset _____

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

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

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

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

SUMMARY OF CRASHPC RESULTS (USING SPINDOUT)

79 139a

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	29.6	-29.5	2.6	-5.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1:113766.6 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)

TYPE-----	CATEGORY 2
STIFFNESS---	CATEGORY 9
WEIGHT-----	3074.0 LBS.
CDC-----	12FLEE7
L-----	62.0 IN.
C1-----	42.5 IN.
C2-----	32.0 IN.
C3-----	27.8 IN.
C4-----	17.5 IN.
C5-----	10.8 IN.
C6-----	5.8 IN.
D-----	-25.0
RHO-----	1.00 *
ANG-----	-5.0 DEG.
D'-----	-33.5 IN.

SUMMARY OF DAMAGE DATA
VEHICLE # 2

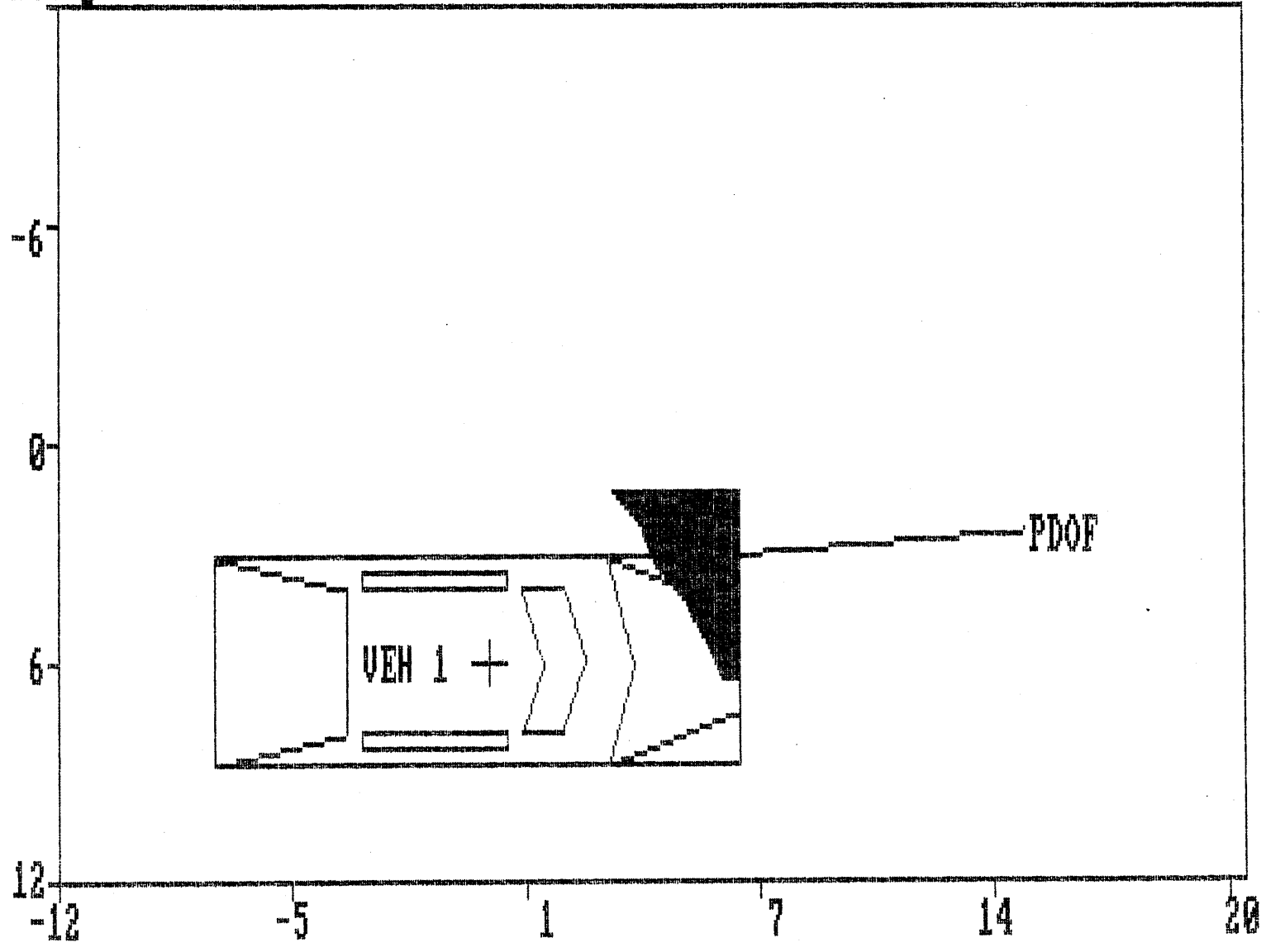
TYPE-----	CATEGORY 11
STIFFNESS---	CATEGORY 0
WEIGHT-----	1000000.0 LBS. *
CDC-----	BARRIER
L-----	.0 IN. *
C1-----	.0 IN. *
C2-----	.0 IN. *
C3-----	.0 IN. *
C4-----	.0 IN. *
C5-----	.0 IN. *
C6-----	.0 IN. *
D-----	.0 *
RHO-----	1.00 *
ANG-----	.0 DEG. *
D'-----	.0 IN. *

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3	IN.	A2	=	50.0	IN.
B1	=	50.1	IN.	B2	=	50.0	IN.
TR1	=	54.6	IN.	TR2	=	50.0	IN.
I1	=	23586.5	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	7.993	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	83.3	IN.	XF2	=	50.0	IN.
XR1	=	-91.6	IN.	XR2	=	-50.0	IN.
YS1	=	33.6	IN.	YS2	=	50.0	IN.

Printing Picture:

CRASH



DAMAGE DESCRIPTION

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

WARNING

SEPARATION VELOCITIES ALONG PDOF ARE NOT COMPATIBLE ACCORDING
TO ASSUMPTION OF A COMMON VELOCITY AT THE DAMAGE AREA CENTROIDS.

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
-------	-----------	------------	--------	----------	------

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

79139A

IMPACT SPEED (DAMAGE AND SPINOUT)		TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	47.2	47.2	.0	
	VEH #2	.0	.0	.0	
SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	33.5	-33.0	5.8	-10.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1:116412.6 FT-LB VEH#2: .0 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
-------	-----------	------------	--------	----------	------

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	-102.50 FT.	-102.50 FT.
IMPACT Y-POSITION	9.50 FT.	9.50 FT.
IMPACT HEADING ANGLE	160.00 DEG.	.00 DEG.
REST X-POSITION	-133.00 FT.	-102.50 FT.
REST Y-POSITION	2.00 FT.	9.50 FT.
REST HEADING ANGLE	65.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION	-102.50 FT.	
END-OF-ROTATION Y-POSITION	9.50 FT.	
END-OF-ROTATION HEADING ANGLE	160.00 DEG.	
DIRECTION OF ROTATION	CCW	NONE
AMOUNT OF ROTATION	<360	<360

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

COLLISION CONDITIONS

VEHICLE # 1		VEHICLE # 2	
XC10'	= -102.5 FT.	XC20'	= -102.5 FT.
YC10'	= 9.5 FT.	YC20'	= 9.5 FT.
PSI10	= 160.0 DEG.	PSI20	= .0 DEG.
PSI1D0	= .0 DEG/SEC	PSI2D0	= .0 DEG/SEC
BETA1	= .0 DEG.	BETA2	= .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1		VEHICLE #2	
US1	= 14.1 MPH	US2	= .0 MPH
VS1	= 9.5 MPH	VS2	= .0 MPH
PSISD1	= .0 DEG/SEC	PSISD2	= .0 DEG/SEC

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF DAMAGE DATA
VEHICLE # 1

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 9
 WEIGHT----- 2955.0 LBS.
 CDC-----12FLEN4
 L----- 62.0 IN.
 C1----- 42.5 IN.
 C2----- 32.0 IN.
 C3----- 27.8 IN.
 C4----- 17.5 IN.
 C5----- 10.8 IN.
 C6----- 5.8 IN.
 D----- -15.0
 RHO----- 1.00 *
 ANG----- -10.0 DEG.
 D'----- -23.5 IN.

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

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'----- .0 IN.

PRESS ANY KEY TO CONTINUE

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3	IN.	A2	=	50.0	IN.
B1	=	50.1	IN.	B2	=	50.0	IN.
TR1	=	54.6	IN.	TR2	=	50.0	IN.
I1	=	22673.4	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	7.683	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	83.3	IN.	XF2	=	50.0	IN.
XR1	=	-91.6	IN.	XR2	=	-50.0	IN.
YS1	=	33.6	IN.	YS2	=	50.0	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF-----	.65
RF-----	.25
LR-----	.65
RR-----	.10
MU-----	.75

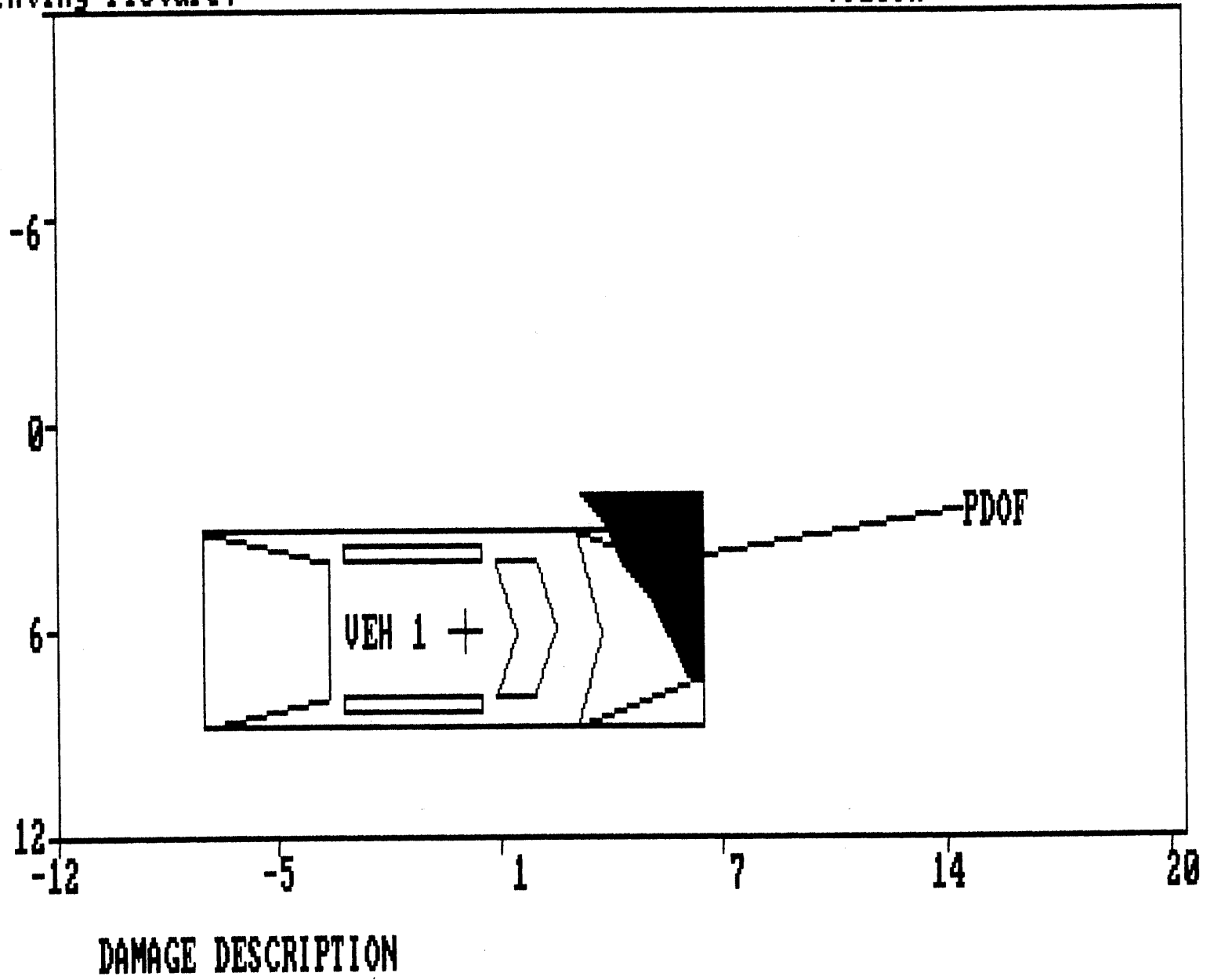
VEHICLE # 2

LF-----	.00
RF-----	.00
LR-----	.00
RR-----	.00

PRESS ANY KEY TO CONTINUE

Printing Picture:

79139A



INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

WARNING
 SEPARATION VELOCITIES ALONG PDOF ARE NOT COMPATIBLE ACCORDING
 TO ASSUMPTION OF A COMMON VELOCITY AT THE DAMAGE AREA CENTROIDS.

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

79139A

IMPACT SPEED (DAMAGE AND SPINOUT)		TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	47.2	47.2	.0	
	VEH #2	.0	.0	.0	

SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	33.5	-33.0	5.8	-10.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1:116412.6 FT-LB VEH#2: .0 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	-102.50 FT.	-102.50 FT.
IMPACT Y-POSITION	9.50 FT.	9.50 FT.
IMPACT HEADING ANGLE	160.00 DEG.	.00 DEG.
REST X-POSITION	-133.00 FT.	-102.50 FT.
REST Y-POSITION	2.00 FT.	9.50 FT.
REST HEADING ANGLE	65.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION	-102.50 FT.	
END-OF-ROTATION Y-POSITION	9.50 FT.	
END-OF-ROTATION HEADING ANGLE	160.00 DEG.	
DIRECTION OF ROTATION	CCW	NONE
AMOUNT OF ROTATION	<360	<360

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
-------	-----------	------------	--------	----------	------

COLLISION CONDITIONS

VEHICLE # 1	VEHICLE # 2
XC10' = -102.5 FT.	XC20' = -102.5 FT.
YC10' = 9.5 FT.	YC20' = 9.5 FT.
PSI10 = 160.0 DEG.	PSI20 = .0 DEG.
PSI1D0 = .0 DEG/SEC	PSI2D0 = .0 DEG/SEC
BETA1 = .0 DEG.	BETA2 = .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1	VEHICLE #2
US1 = 14.1 MPH	US2 = .0 MPH
VS1 = 9.5 MPH	VS2 = .0 MPH
PSISD1 = .0 DEG/SEC	PSISD2 = .0 DEG/SEC

PRESS ANY KEY TO CONTINUE

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 9
 WEIGHT----- 2955.0 LBS.
 CDC-----12FLEN4
 L----- 62.0 IN.
 C1----- 42.5 IN.
 C2----- 32.0 IN.
 C3----- 27.8 IN.
 C4----- 17.5 IN.
 C5----- 10.8 IN.
 C6----- 5.8 IN.
 D----- -25.0
 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'----- .0 IN.

PRESS ANY KEY TO CONTINUE

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 46.3 IN.	A2 = 50.0 IN.
B1 = 50.1 IN.	B2 = 50.0 IN.
TR1 = 54.6 IN.	TR2 = 50.0 IN.
I1 = 22673.4 LB-SEC**2-IN	I2 = 2600104000.0 LB-SEC**2-IN
M1 = 7.683 LB-SEC**2/IN	M2 = 2600.104 LB-SEC**2/IN
XF1 = 83.3 IN.	XF2 = 50.0 IN.
XR1 = -91.6 IN.	XR2 = -50.0 IN.
YS1 = 33.6 IN.	YS2 = 50.0 IN.

ROLLING RESISTANCE

VEHICLE # 1

VEHICLE # 2

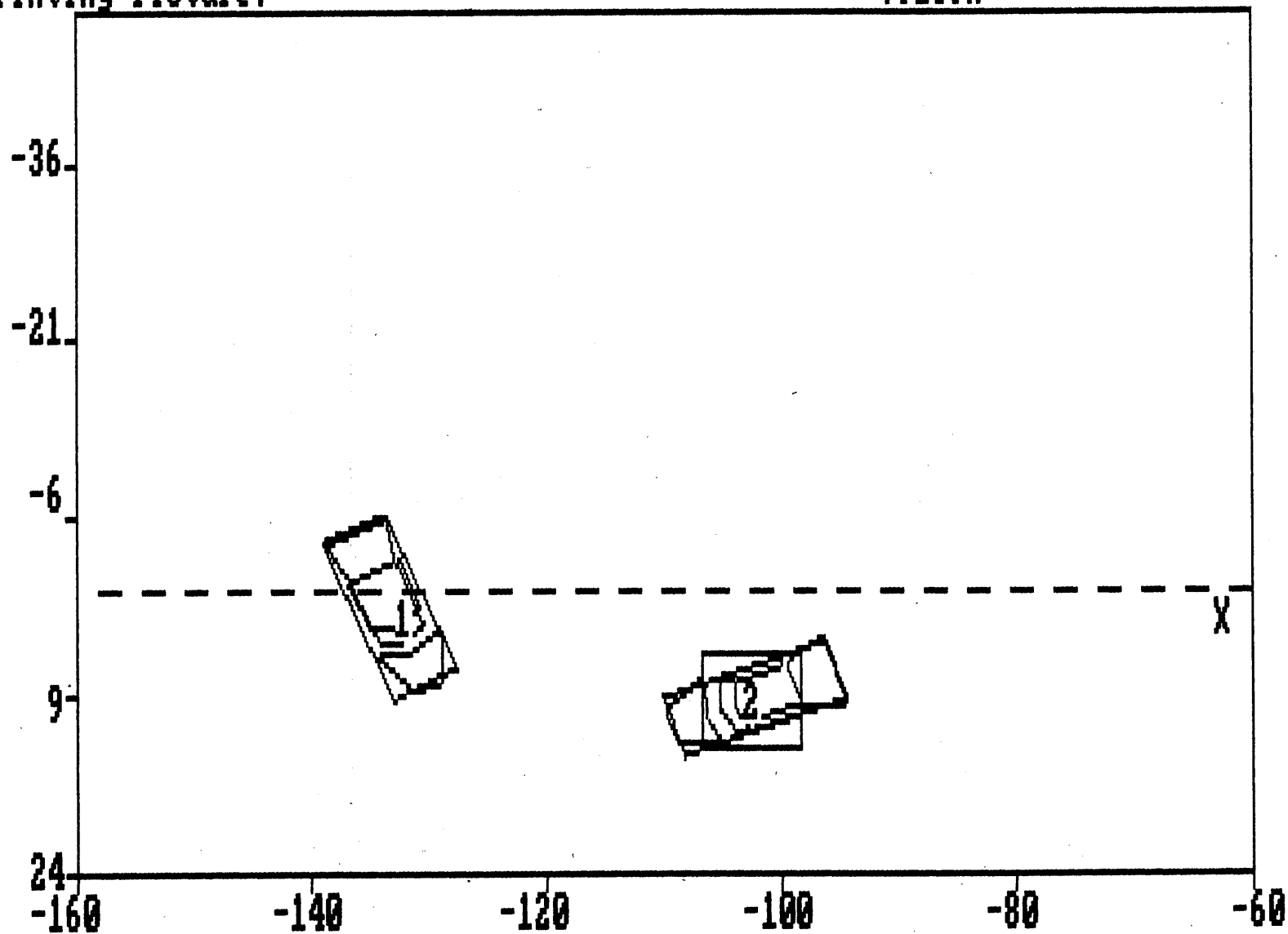
LF----- .65
 RF----- .25
 LR----- .65
 RR----- .10
 MU----- .75

LF----- .00
 RF----- .00
 LR----- .00
 RR----- .00

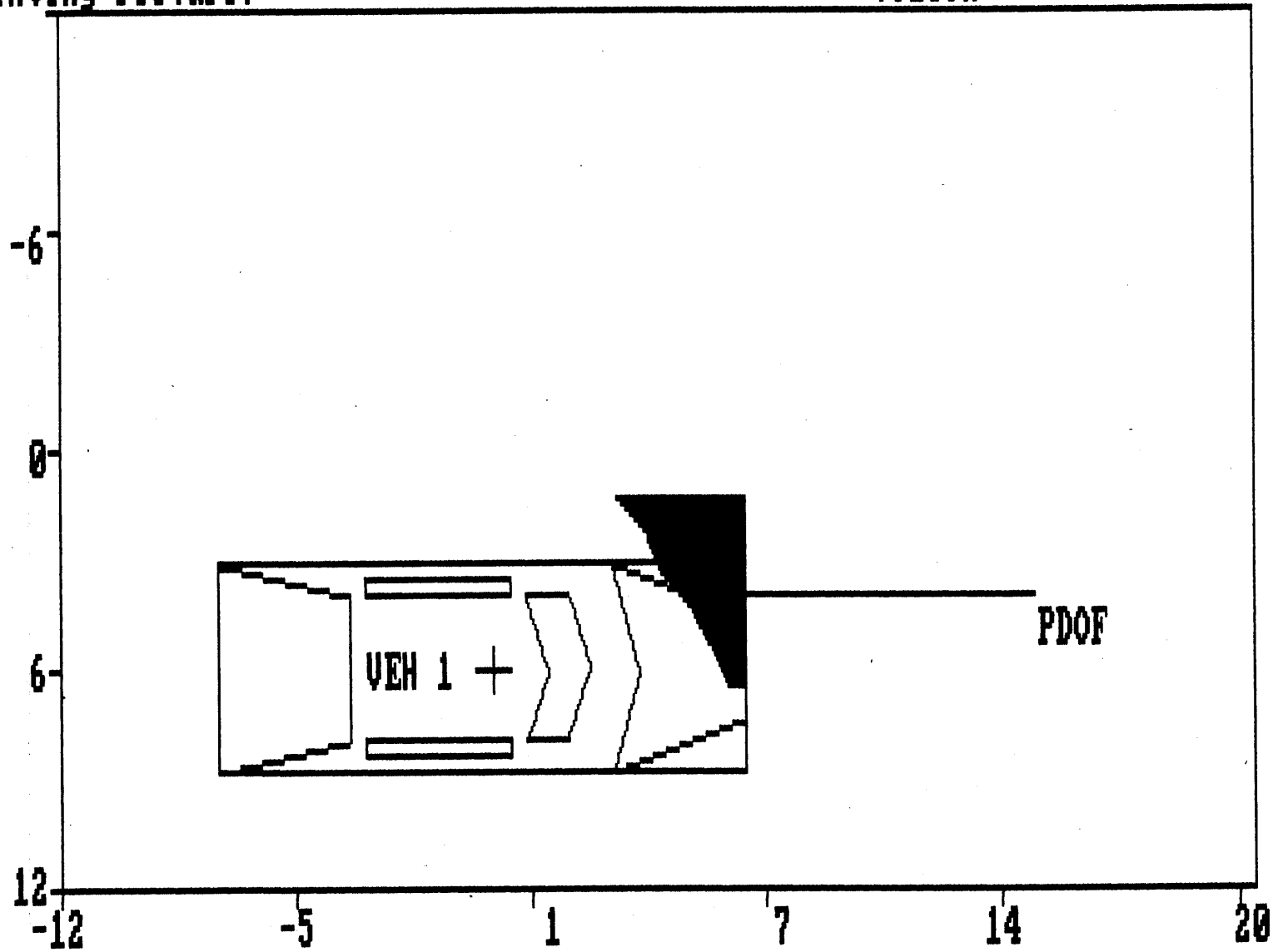
PRESS ANY KEY TO CONTINUE

Printing Picture:

79139A



SCENE DESCRIPTION



DAMAGE DESCRIPTION

1991 VEHICLE INTERIOR FORM

Zone 3
~~92~~ 92 (2)

- 1. PSU Number 79
- 2. Case Number 139A
- 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening—

5. LF 9 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage

15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 0
 20. BL 6 21. Roof 8 22. Other 8

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 0
 28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 0
 36. BL 2 37. Roof 0 38. Other 0

Window Precrash Glazing Status

39. WS 1 40. LF 9 41. RF 2 42. LR 2 43. RR 0
 44. BL 0 45. Roof 0 46. Other 0

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 02	49. 6	50. 2
51. 11	52. 17	53. 6	54. 3
55. 11	56. 27	57. 6	58. 3
59. 11	60. 06	61. 5	62. 2
63. 11	64. 01	65. 5	66. 2
67. 12	68. 03	69. 4	70. 2
71. 11	72. 15	73. 3	74. 2
75. 12	76. 15	77. 2	78. 2
79. 12	80. 24	81. 2	82. 3
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	6
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	9

CC0261 1 If PRECRASH COMPONENT IV39(n) equals 0, then TYPE COMPONENT
CC0262 IV31(n) must equal 0.

1991 ACCIDENT FORM

Zone 3

1. PSU Number 79

2. Case Number 139A ~~92~~ 92

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date ~~██~~/91 5. Accident Time 0010 ①

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 1 9. SS15 0 *MDE ✓* 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 06

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 02	015. F	016. 63	017. 00	018. 0
019. 02	020. 01	021. 02	022. F	023. 63	024. 00	025. 0
026. 03	027. 01	028. 02	029. F	030. 57	031. 00	032. 0
033. 04	034. 01	035. 02	036. F	037. 58	038. 00	039. 0
040. 05	041. 01	042. 02	043. F	044. 42	045. 00	046. 0
047. 06	048. 01	049. 02	050. R	051. 71	052. 00	053. 0

1991 GENERAL VEHICLE FORM

1. PSU Number 79
 2. Case Number 139A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 90 5. Make 06
 6. Model 016 7. Body Type 01
 8. VIN 999999999999999999

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
 11. Police Rep. Alcohol Presence 9 12. Alcohol Test Result for Driver 99

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 03
 15. Accident Type 06

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 029 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
 23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998 28. Heading Angle Other Vehicle 998
 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 30
 31. Longitudinal Component of Delta V -30
 32. Lateral Component of Delta V +03
 33. Energy Absorption 0138
 34. Confidence in Reconstruction Program Results 3
 35. Type of Vehicle Inspection 1
 36. Is this an ADPS vehicle? 1

37. Police Reported Other Drug Presence 9
38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

GT0011 2 If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GT0012 than 99, then at least one A.I.S. SEVERITY DI10(n) should be
GT0013 greater than or equal to 2.
VEH NUM = 01

1991 VEHICLE EXTERIOR FORM

1. PSU Number 79
 2. Case Number 139A
 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
 HIGHEST DELTA "V"

Specific

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 04	5. 58	6. 12	7. F	8. L	9. E	10. E	11. 07

SECOND HIGHEST DELTA "V"

12. 05	13. 42	14. 99	15. 9	16. 9	17. 9	18. 9	19. 99
--------	--------	--------	-------	-------	-------	-------	--------

CRUSH PROFILE
 HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
062	43	32	24	18	11	06	-025

SECOND HIGHEST DELTA "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. +/-D
-------	--------	----	----	----	----	----	----------

26. CDCS Documented but not coded 1 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 100.3

29. Multi-staged Manufactured/Certified Altered Vehicle? 0
 30. Fire Occurrence 0
 31. Origin of Fire 0
 32. Type of Fuel Tank 1

1991 VEHICLE INTERIOR FORM

1. PSU Number 79
2. Case Number 139A
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

5. LF 9 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage

15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 0
20. BL 9 21. Roof 8 22. Other 8

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status

39. WS 1 40. LF 9 41. RF 2 42. LR 2 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 02	49. 6	50. 2
51. 11	52. 17	53. 6	54. 3
55. 11	56. 27	57. 6	58. 3
59. 11	60. 06	61. 5	62. 2
63. 11	64. 01	65. 5	66. 2
67. 12	68. 03	69. 4	70. 2
71. 11	72. 15	73. 3	74. 2
75. 12	76. 15	77. 2	78. 2
79. 12	80. 24	81. 2	82. 3
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	6
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	9

CC0221 1 If TYPE COMPONENT IV31(n) equals 0, then GLAZING COMPONENT
 CC0222 IV15(n) must equal 0, 7 or 8.

1991 ACCIDENT FORM

Error EVO1 Form correct mDE wrong #22

1. PSU Number 79

2. Case Number 139A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [redacted] 91 5. Accident Time 0010

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 06

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 02	015. F	016. 63	017. 00	018. 0
019. 02	020. 01	021. 02	022. F	023. 63	024. 00	025. 0
026. 03	027. 01	028. 02	029. F	030. 57	031. 00	032. 0
033. 04	034. 01	035. 02	036. F	037. 58	038. 00	039. 0
040. 05	041. 01	042. 02	043. F	044. 42	045. 00	046. 0
047. 06	048. 01	049. 02	050. U	051. 71	052. 00	053. 0

1991 GENERAL VEHICLE FORM

BEST AVAILABLE COPY

1. PSU Number 79
2. Case Number 139A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 90 5. Make 06
6. Model 016 7. Body Type 01
8. VIN 999999999999999999

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 9 12. Alcohol Test Result for Driver 99

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 03
15. Accident Type 06

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 029 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998 28. Heading Angle Other Vehicle 998
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 30
31. Longitudinal Component of Delta V -30
32. Lateral Component of Delta V +03
33. Energy Absorption 0138
34. Confidence in Reconstruction Program Results 3
35. Type of Vehicle Inspection 1
36. Is this an ADPS vehicle? 1

37. Police Reported Other Drug Presence 9
38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

GT0011 2 If TOTAL DELTA V GV30 is greater than or equal to 30, and less
 GT0012 than 99, then at least one A.I.S. SEVERITY OI10(n) should be
 GT0013 greater than or equal to 2.
 VEH NUM = 01

1991 VEHICLE INTERIOR FORM

- 1. PSU Number 79
- 2. Case Number 139A
- 3. Vehicle Number 01

INTEGRITY

- 4. Passenger Compartment 98

Door, Tailgate or Hatch opening

- 5. LF 9 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

- 10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage

- 15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 0
- 20. BL 8 21. Roof 8 22. Other 8

Glazing Damage from Occupant Contact

- 23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 0
- 28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

- 31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 0
- 36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status

- 39. WS 1 40. LF 9 41. RF 2 42. LR 2 43. RR 0
- 44. BL 0 45. Roof 0 46. Other 0

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 02	49. 6	50. 2
51. 11	52. 17	53. 6	54. 3
55. 11	56. 27	57. 6	58. 3
59. 11	60. 06	61. 5	62. 2
63. 11	64. 01	65. 5	66. 2
67. 12	68. 03	69. 4	70. 2
71. 11	72. 15	73. 3	74. 2
75. 12	76. 15	77. 2	78. 2
79. 12	80. 24	81. 2	82. 3
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	6
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	9

1991 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 79
- 2. Case Number 139A
- 3. Vehicle Number 01
- 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

- 5. Age 33
- 6. Sex 1
- 7. Height 67
- 8. Weight 145
- 9. Role 1
- 10. Seat Position 11
- 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 0
- 13. Ejection Area 0
- 14. Ejection Medium 0
- 15. Medium Status 0
- 16. Entrapment 1

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4
- 18. Belt System Use 00
- 19. Proper Use of Belt 0
- 20. Belt Failure Modes During Impact 0
- 21. Air Bag Availability 1
- 22. Air Bag Deployment 1
- 23. Did Air Bag Fail? 1
- 24. Police Reported Restraint Use 9
- 25. Head Restraint Type/Damage by Occupant at this Position 4
- 26. Seat Type 01
- 27. Seat Performance 6

CHILD SAFETY SEAT

- 28. Child/Safety Seat Make/Model 000
- 29. Type of Child Safety Seat 0
- 30. Orientation 00
- 31. Harness 00
- 32. Shield 00
- 33. Tether 00

INJURY CONSEQUENCES

34. Severity (Police Rating)	4	35. Treatment - Mortality	1
36. Type of Med. Facility (Initial)	0	37. Hospital Stay	00
38. Working Days Lost	62	39. Time to Death	01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	99	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	97				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

GT0011 2 If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GT0012 than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GT0013 greater than or equal to 2.
VEH NUM = 01 OCCUPANT NUM = 01

HT0051 2 If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052 OI10(n) should be 2-7.

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 4.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	3	

1991 VEHICLE INTERIOR FORM

Zone 3
92

- 1. PSU Number 79
- 2. Case Number 139A
- 3. Vehicle Number 01

③

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

5. LF 9 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage

15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 0
20. BL 6 21. Roof 8 22. Other 8

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 0
36. BL 2 37. Roof 0 38. Other 0

Window Precrash Glazing Status

39. WS 1 40. LF 9 41. RF 2 42. LR 2 43. RR 0
44. BL 2 45. Roof 0 46. Other 0

 1991 GENERAL VEHICLE FORM

1. PSU Number 79
 2. Case Number 139A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 90 5. Make 06
 6. Model 016 7. Body Type 01
 8. VIN 9999999999

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
 11. Police Rep. Alcohol Presence 9 12. Alcohol Test Result for Driver 99

ACCIDENT RELATED

13. Speed Limit 31 14. Attempted Avoid. Manuever 03
 15. Accident Type 06

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 029 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
 23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998 28. Heading Angle Other Vehicle 998
 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 30
 31. Longitudinal Component of Delta V -30

32. Lateral Component of Delta V +03
 33. Energy Absorption 0138
 34. Confidence in Reconstruction Program Results 3
 35. Type of Vehicle Inspection 1
 36. Is this an AOPS vehicle? 1

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 02	49. 6	50. 2
51. 11	52. 17	53. 6	54. 3
55. 11	56. 27	57. 6	58. 3
59. 11	60. 06	61. 5	62. 2
63. 11	64. 01	65. 5	66. 2
67. 12	68. 03	69. 4	70. 2
71. 11	72. 15	73. 3	74. 2
75. 12	76. 15	77. 2	78. 2
79. 12	80. 24	81. 2	82. 3
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	6
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	9

37. Police Reported Other Drug Presence	9
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

GG0251 2 If SPEED LIMIT GV13 is not equal to 99, then GV13 should be
GG0252 divisible by 5.

GT0011 2 If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GT0012 than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GT0013 greater than or equal to 2.
VEH NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 139A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 33 6. Sex 1 7. Height 65 8. Weight 156 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Air Bag Availability 1 22. Air Bag Deployment 1
 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 9
 25. Head Restraint Type/Damage by Occupant at this Position 4
 26. Seat Type 01 27. Seat Performance 6

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

INJURY CONSEQUENCES

34. Severity (Police Rating)	4	35. Treatment - Mortality	1
36. Type of Med. Facility (Initial)	0	37. Hospital Stay	00
38. Working Days Lost	62	39. Time to Death	01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	99	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	97				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

HT0051 2 If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052 OI10(n) should be 2-7.
VEH NUM = 01 OCCUPANT NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 139A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 33 6. Sex 1 7. Height 65 8. Weight 156 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Air Bag Availability 1 22. Air Bag Deployment 1
 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 9
 25. Head Restraint Type/Damage by Occupant at this Position 4
 26. Seat Type 01 27. Seat Performance 6

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

INJURY CONSEQUENCES

34. Severity (Police Rating) 4 35. Treatment - Mortality 1
 36. Type of Med. Facility (Initial) 0 37. Hospital Stay 00
 38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
 43. Number of Recorded Injuries 21

44. Automatic (Passive) Belt System Availability/Function 0
 45. Automatic (Passive) Belt System Use 0
 46. Automatic (Passive) Belt System Type 0
 47. Proper Use of Automatic (Passive) Belt System 0
 48. Automatic (Passive) Belt System Failure Mode 0

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
 HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

HT0051 2 If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
 HT0052 OI10(n) should be 2-7.
 VEH NUM = 01 OCCUPANT NUM = 01

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 139A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA							INJURY SOURCE DIR./ OCC. AREA			
DATA	REGION	ASPECT	LESION	ORGAN	A.I.S. SEVERITY	INJURY SOURCE	CONFID. LEVEL	INDIR. INJURY	OCC. INTR.	AREA NO.
01.	1	C	B	F	S	4	97	9	7	99
02.	1	P	P	D	J	3	97	9	7	99
03.	1	P	P	D	J	3	97	9	7	99
04.	1	P	A	G	J	3	97	9	7	99
05.	1	T	L	F	S	3	97	9	7	99
06.	1	C	R	C	P	3	97	9	7	99
07.	1	M	I	L	G	2	97	9	7	99
08.	1	B	S	F	S	3	97	9	7	99
09.	1	Q	R	F	S	2	97	9	7	99
10.	1	Q	L	F	S	2	97	9	7	99
11.	1	M	R	L	L	2	97	9	7	99
12.	1	M	S	C	D	2	97	9	7	99
13.	1	F	I	A	I	1	97	9	7	99
14.	1	N	L	A	I	1	97	9	7	99
15.	1	H	P	L	I	1	97	9	7	99
16.	1	X	R	A	I	1	97	9	7	99
17.	1	X	L	A	I	1	97	9	7	99
18.	1	M	W	A	I	1	97	9	7	99
19.	1	T	L	L	I	1	97	9	7	99
20.	1	Y	R	A	I	1	97	9	7	99
21.	1	Y	L	A	I	1	97	9	7	99

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 4.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y

Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

199

CURRENT VERSION: 4.0

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTEN
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	1	



SLIDE INDEX

Primary Sampling Unit Number 79		Case Number—Stratum 139A	
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-4	1	SOUTH	DIRECTION OF TRAVEL (DIT) TO P.O.I 1+2
5		"	DIT TO P.O.I 3
6		"	DIT TO P.O.I 4
7		"	DIT TO P.O.I 5
8-9		"	DIT TO P.O.I 6 & F.R.P.
10-15		NORTH	OPP. DIT FROM F.R.P.
16+17		"	R.P & R.L
18-41			EXTERIOR (31&32 LFM PANEL & STUFF)
			#s 38 & 39 = DR. DOOR
42-53		INTERIOR (#49 = INSIDE PIECE OF DR. DOOR, PICTURE IS UPSIDE DOWN.)	



PSU 79-139A (1991) #1



PSU 79-139A (1991) #2



PSU 79-139A (1991) #3



PSU 79-139A (1991) #4



PSU 79-139A (1991) #5



PSU 79-139A (1991) #6



PSU 79-139A (1991) #7



PSU 79-139A (1991) #8



PSU 79-021A (1991) #9



PSU 79-139A (1991) #10



PSU 79-139A (1991) #11



PSU 79-139A (1991) #12



PSU 79-139A (1991) #13



PSU 79-021A (1991) #14



FSU 79-139A (1991) #15



PSU 79-139A (1991) #16



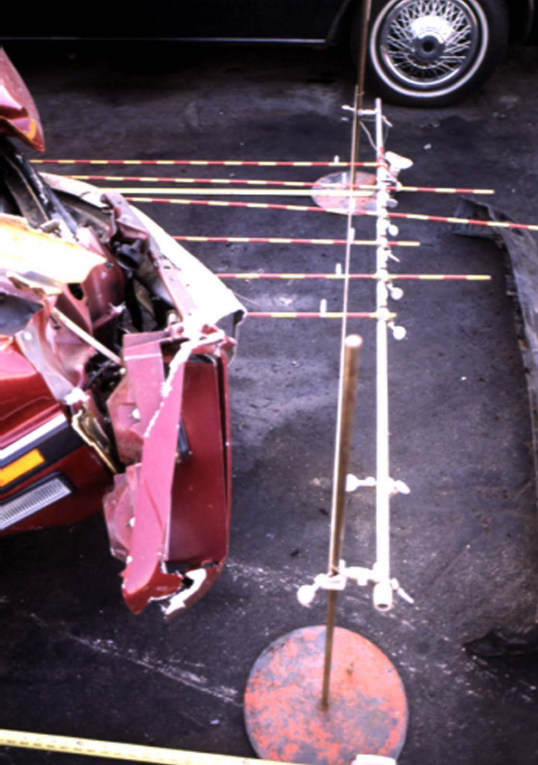
PSU 79-139A (1991) #17



PSU 79-139A (1991) #18



PSU 79-139A (1991) #19



PSU 79-139A (1991) #20



PSU 79-139A (1991) #21



PSU 79-139A (1991) #22



PSU 11-111A (1990) #23



PSU 79-139A (1991) #24



PSU 79-139A (1991) #25



PSU 79-139A (1991) #26



PSU 79-139A (1991) #27



PSU 79-139A (1991) #28



PSU 79-139A (1991) #29



PSU 79-139A (1991) #30



PSU 79-021A (1991) #31



PSU 79-021A (1991) #32



PSU 79-139A (1991) #33



PSU 79-139A (1991) #34



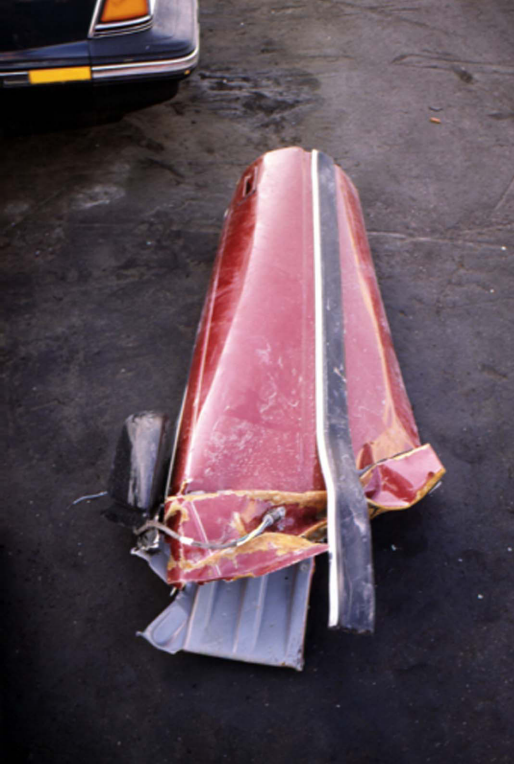
PSU 79-139A (1991) #35



PSU 79-139A (1991) #36



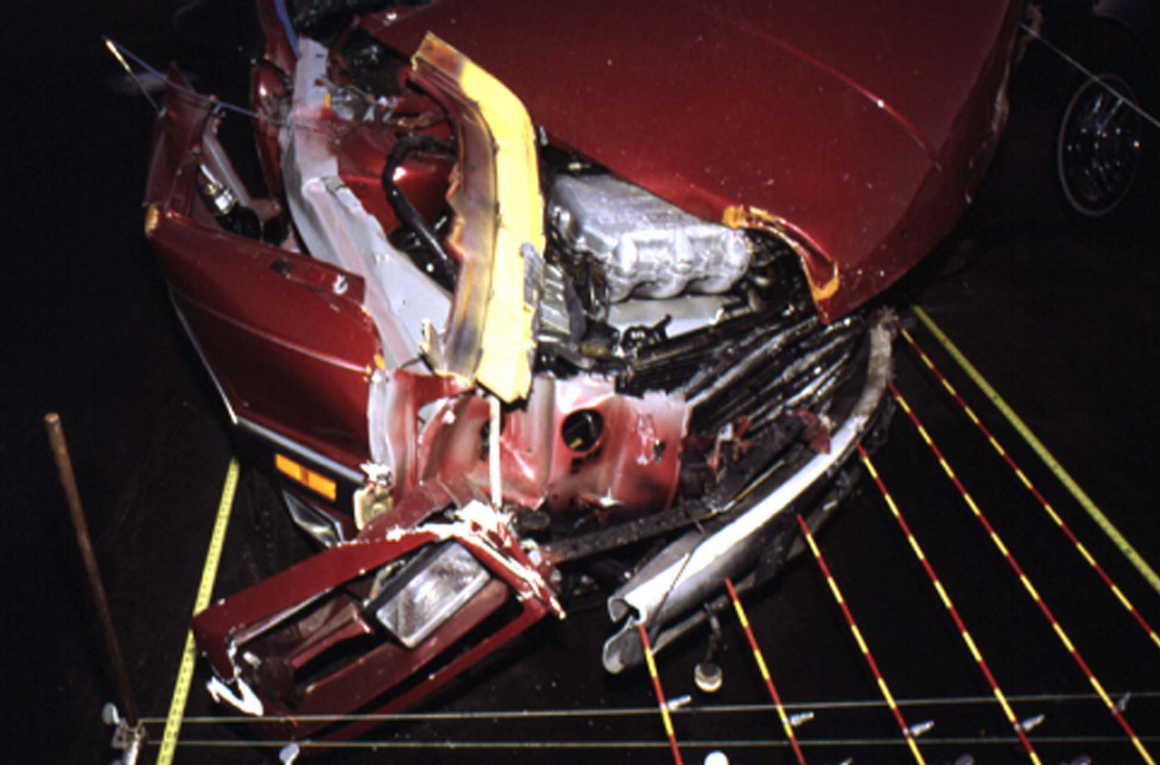
PSU 79-139A (1991) #37



PSU 79-139A (1991) #38



PSU 79-139A (1991) #39



PSU 79-139A (1991) #40



PSU 79-139A (1991) #41



PSU 79-139A (1991) #42



PSU 79-021A (1991) #43



PSU 79-139A (1991) #44



PSU 79-139A (1991) #45



PSU 79-139A (1991) #46



PSU 79-139A (1991) #47



PSU 79-139A (1991) #48



PSU 79-139A (1991) #49



PSU 79-139A (1991) #50



PSU 79-139A (1991) #51



PSU 79-139A (1991) #52



PSU 79-139A (1991) #53