



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 73 CASE NO. 199A TYPE OF ACCIDENT car-semi broadside

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 was traveling west on a two lane state highway. Vehicle #2 was traveling north on a four lane divided highway. Vehicle #1 entered the intersection preparing to turn left when vehicle #2 struck it broadside in the drivers side. Vehicle #1 was pushed into the south-bound left turn lane facing south. Both vehicles were towed. Driver of vehicle #1 was killed. Passenger hospitalized.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	full size	1992 Mercury Grand Marquis	left	unknown	unknown
02	semi-tractor with trailer	1991 White Freightliner Conventional	front	unknown	unknown

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	driver	left front	lap&shoulder with airbag	internal	unknown	7	unknown
01	passenger	right front	lap&shoulder	back	fracture	2	force

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

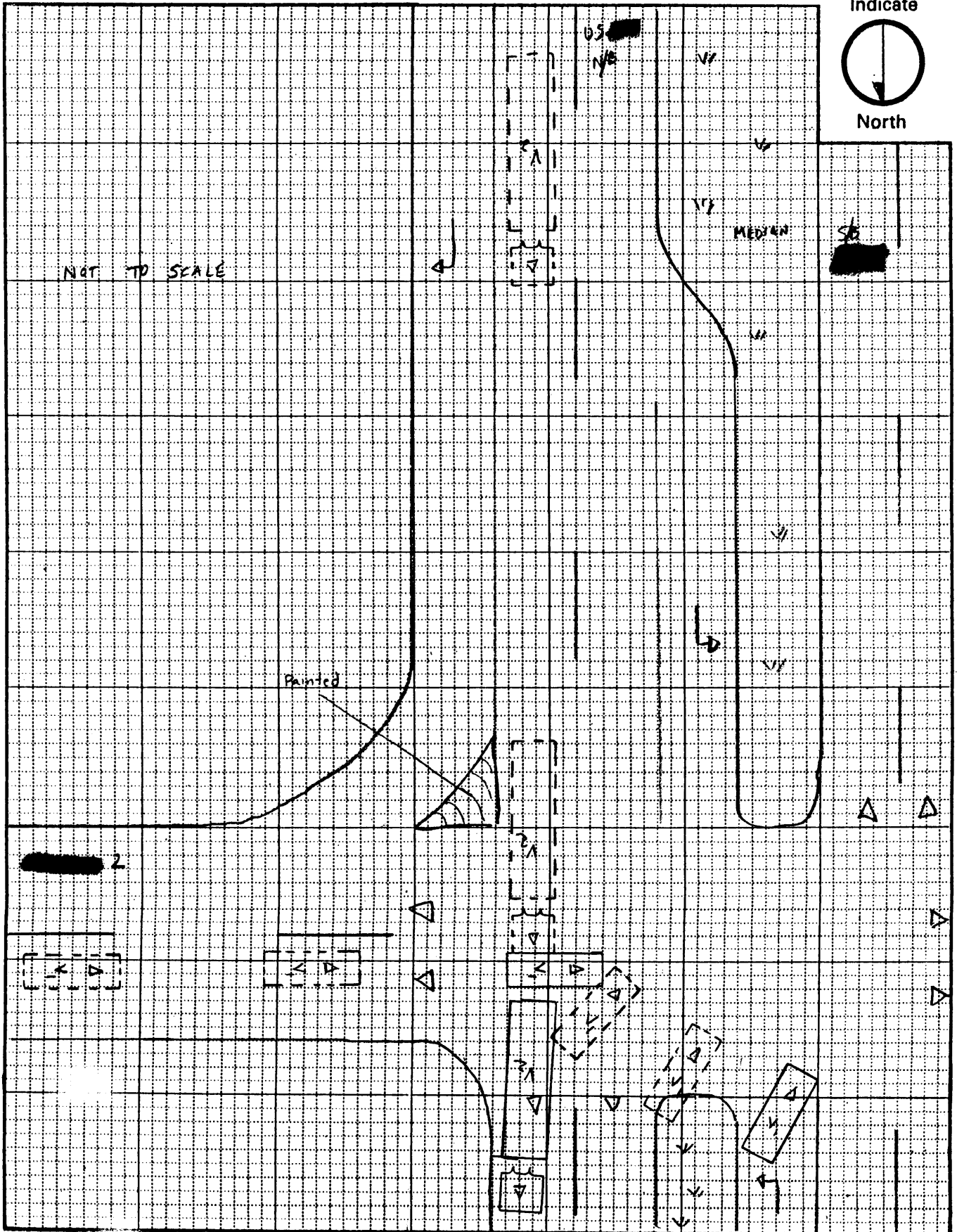
PSU No. 73

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Indicate



North





U.S. Department of Transportation

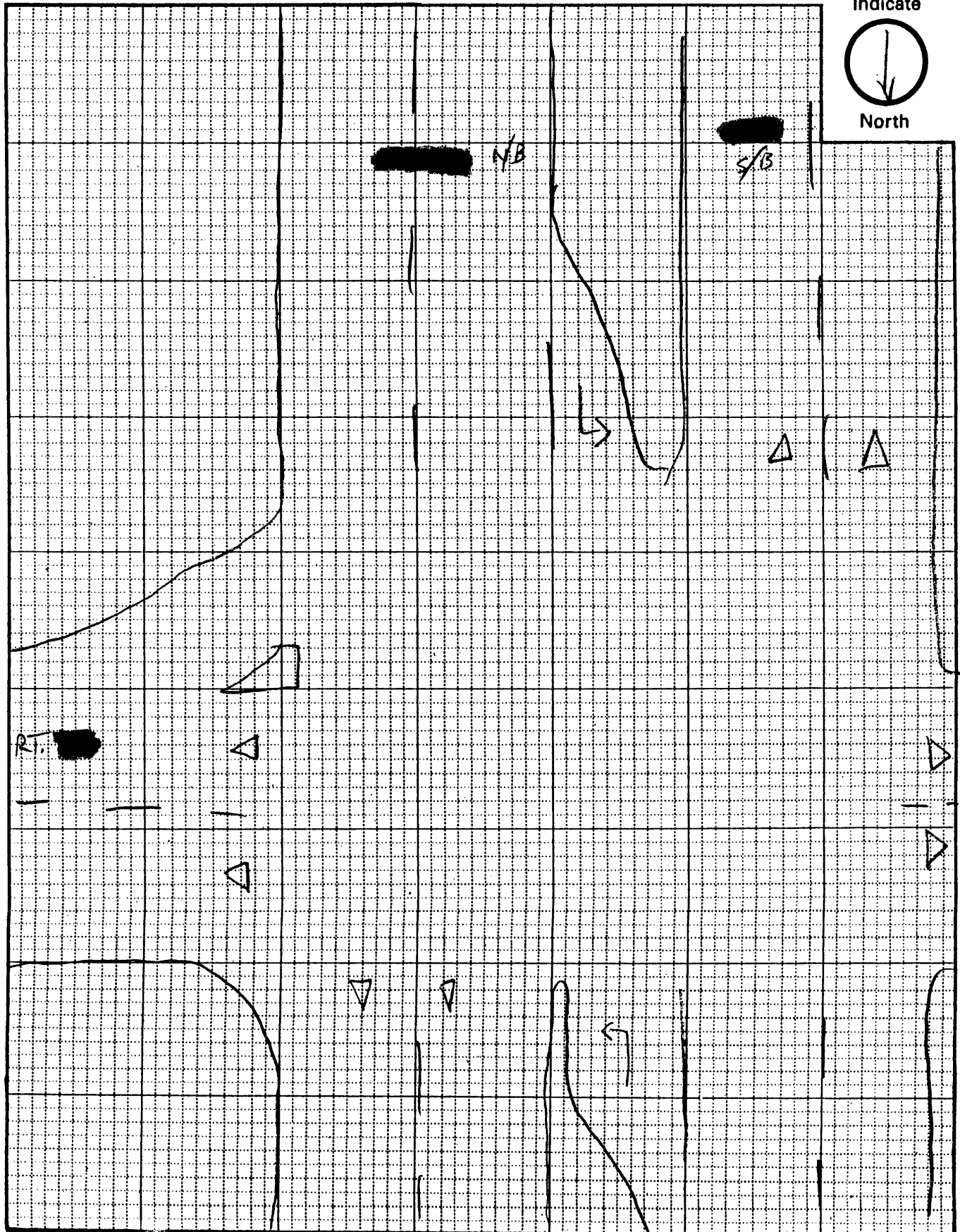
National Highway Traffic Safety Administration

PSU No. 73

Case Number - Stratum 199A

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 73

Case Number—Stratum 199A

ACCIDENT COLLISION DIAGRAM		CRASH DATA		
<p style="text-align: center;">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 style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>	<p style="text-align: center;">LEVEL II (Cont'd) 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 • scale 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 and at location of rollover initiation • 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</p> <p>Heading Angle <u>270</u></p> <p>Surface Type <u>Asphalt</u></p> <p>Surface Condition <u>worn</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>level</u></p> <p>Grade (v/h) Measurement (at location of rollover initiation) <u>—</u></p>	<p>VEH. #2 <u>000</u></p>	<p>VEH. #3</p>

Reference Point: none

Reference line: none

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>none</u>		



ACCIDENT FORM

1. Primary Sampling Unit Number 73
2. Case Number - Stratum 199A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month,Day,Year) / / 92
5. Time of Accident 0520
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 Fatal AOPS 1
9. ___SS15 _____ 0
10. ___SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>04</u>	15. <u>L</u>	16. <u>02</u>	17. <u>24</u>	18. <u>F</u>
19. <u>02</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 – 104 inches)
- (03) Intermediate (wheelbase = 105 – 109 inches)
- (04) Full size (wheelbase = 110 – 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 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)

CDS APPLICABLE AND OTHER VEHICLES

- (O) 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

- (O) 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 inches 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 (includes guardrail)
(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

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 0 2

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

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 0 3,800
 3768 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

 Source: _____
- 20. Vehicle Cargo Weight 0 200
 ~200 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

 (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

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

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

- 27. Heading Angle For This Vehicle 2 6 0
- 28. Heading Angle For Other Vehicle 0 0 0

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	22 SLOWER 25, 26, 27	24 DECEL. 29, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH VEH., PED., ANIM.	(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 LATERAL MOVE	45 LATERAL MOVE	46 LATERAL MOVE	47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 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	65 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	71 INITIAL SAME DIRECTIONS	72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	77 TURN INTO SAME DIRECTION	78 TURN INTO SAME DIRECTION	79 TURN INTO OPPOSITE DIRECTIONS	80 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 STRAIGHT PATHS	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(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				

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

61. Rollover Initiation Object Contacted

∅ ∅

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

∅

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

∅

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

1 ∅

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 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 (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 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 (includes guardrail)
(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
(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

PSU NUMBER 73
CASE NUMBER 199A
VEHICLE NUMBER 01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) 1-3

PSU NUMBER

73

CASE NUMBER

199A

VEHICLE NUMBER

01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

26. Seat Type (this Occupant Position) 9 9
 (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., column supported)
 (09) Other seat type (specify):

 (10) Box mounted seat (i.e., van type)
 (99) Unknown

27. Seat Performance (this Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT

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

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. 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

30. Child Safety Seat Orientation ∅ ∅
 (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 ∅ ∅

32. Child Safety Seat Shield Usage ∅ ∅

33. Child Safety Seat Tether Usage ∅ ∅
 Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

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

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

Unknown If Designed With Harness/Shield/Tether
 (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used
 (99) Unknown if child safety seat used

PSU NUMBER	<u>73</u>
CASE NUMBER	<u>199A</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

1993

1. Primary Sampling Unit Number 73

2. Case Number - Stratum 199A

3. Vehicle Number 01

4. Occupant Number 01

Driver or Occupant Name: _____

Address: _____

Other Information: _____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---
GV56. Driver's Zip Code		---
GV57. Driver's Race/Ethnic Origin	<u>1</u>	---
OA05. Occupant's Age	<u>79</u>	---
OA06. Occupant's Sex	<u>1</u>	---
OA07. Occupant's Height	<u>69</u>	---
OA08. Occupant's Weight	<u>175</u>	---
OA17. Manual (Active) Belt System Availability	<u>4</u>	---
OA18. Manual (Active) Belt System Use	<u>04</u>	---

	INITIAL SUBMISSION	UPDATED INFORMATION
OA21. Air Bag System Availability/Function	<u>1</u>	---
OA22. Air Bag System Deployment	<u>1</u>	---
OA35. Treatment - Mortality	<u>1</u>	---
OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---
OA37. Hospital Stay	<u>00</u>	---
OA38. Working Days Lost	<u>62</u>	---
OA39. Time to Death	<u>01</u>	---
OA40. 1st Medically Reported Cause of Death	<u>99</u>	---
OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>01</u>
OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	<u>01</u>
OA51. Was the Occupant Given Blood?	<u>9</u>	<u>94</u>
OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	<u>01</u>
_____	_____	_____
_____	_____	_____

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	1	—	h. Emergency room records	B	—
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B	—
Official			j. Private physician	B	—
a. Autopsy (invasive examination)	B	φ φ 9	Unofficial		
b. Post-ER medical record which includes information about death based on non-invasive examination	B	—	k. Lay coroner	B	—
c. Admission record/summary or admission/discharge face sheet	B	—	l. EMS record	B	—
d. Discharge summary	B	—	m. Interviewee	B	—
e. Operative report	B	—	n. Other source (specify):	B	B
f. Radiographic record(s) post ER visit	B	—	o. Police report	B	B
g. History and physical examination and/or consultation records	B	—	OAL14. Medical Facility Code	1 φ	—
			OIL07. Date Official Medical Data Obtained	— / — / —	— / — / —

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

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.

National Accident Sampling System-Crashworthiness Data System: Update Form

INJURY DATA

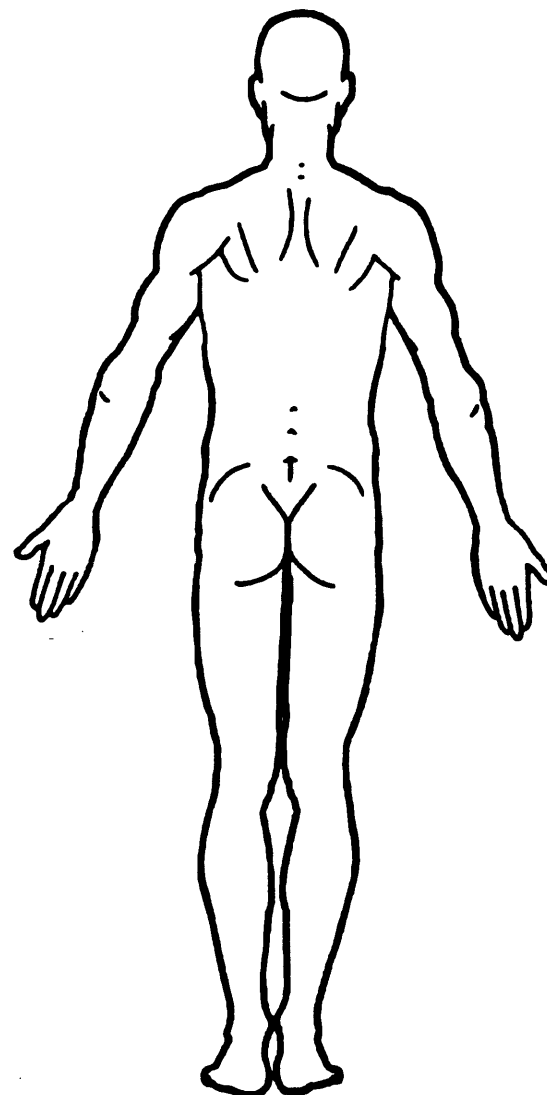
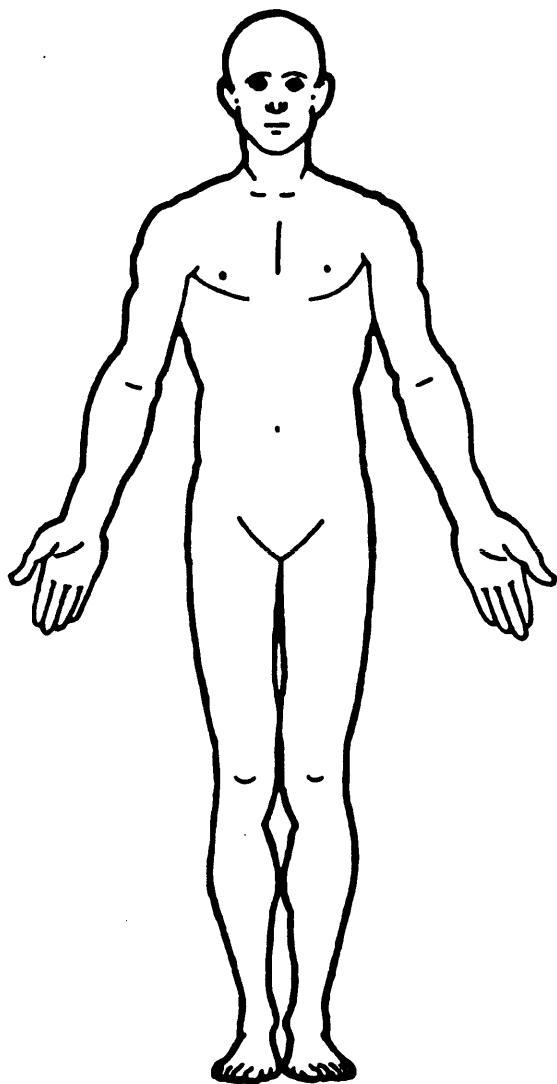
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	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>7</u>	6. <u>C</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA
OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

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): _____

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Aterial Blood Gases

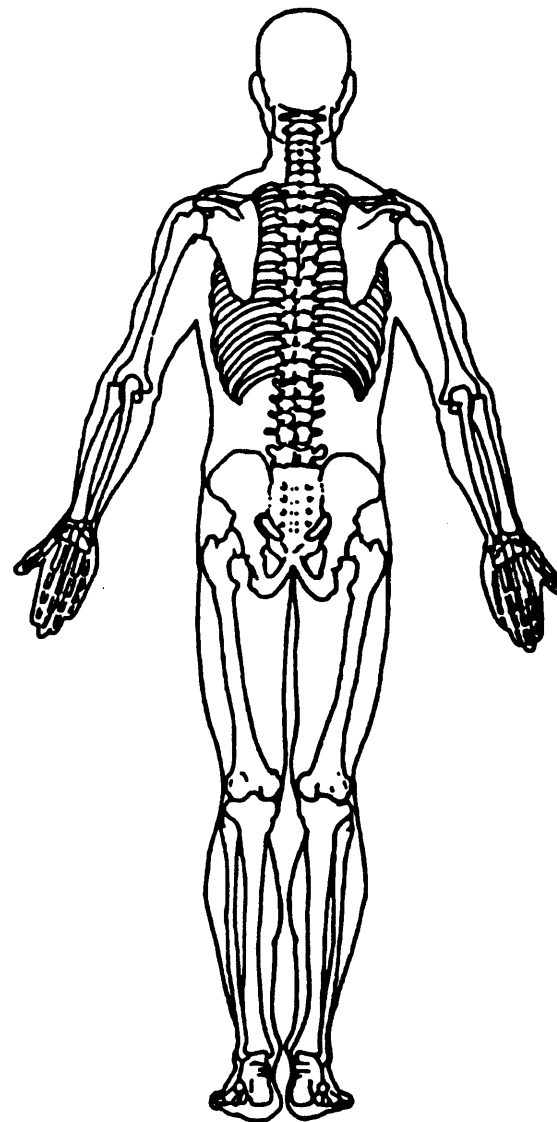
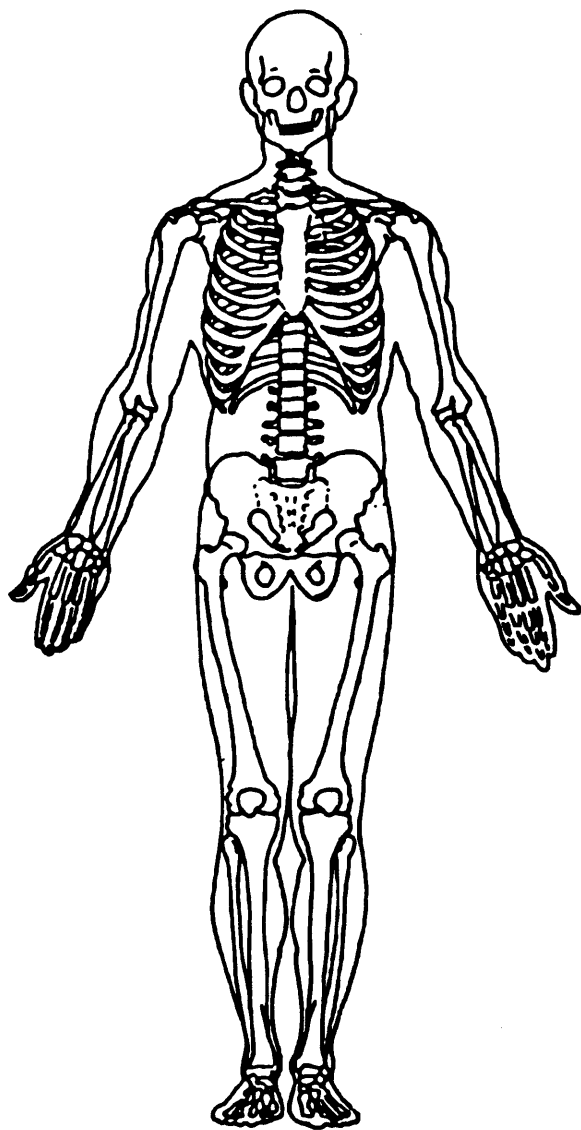
pH =

PO₂ =

PCO₂ =

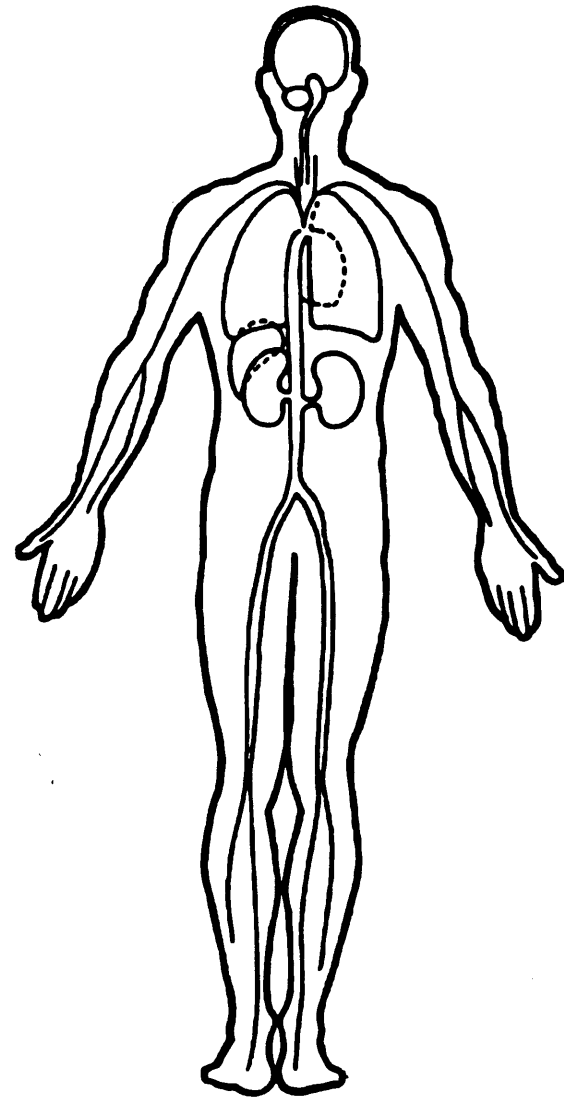
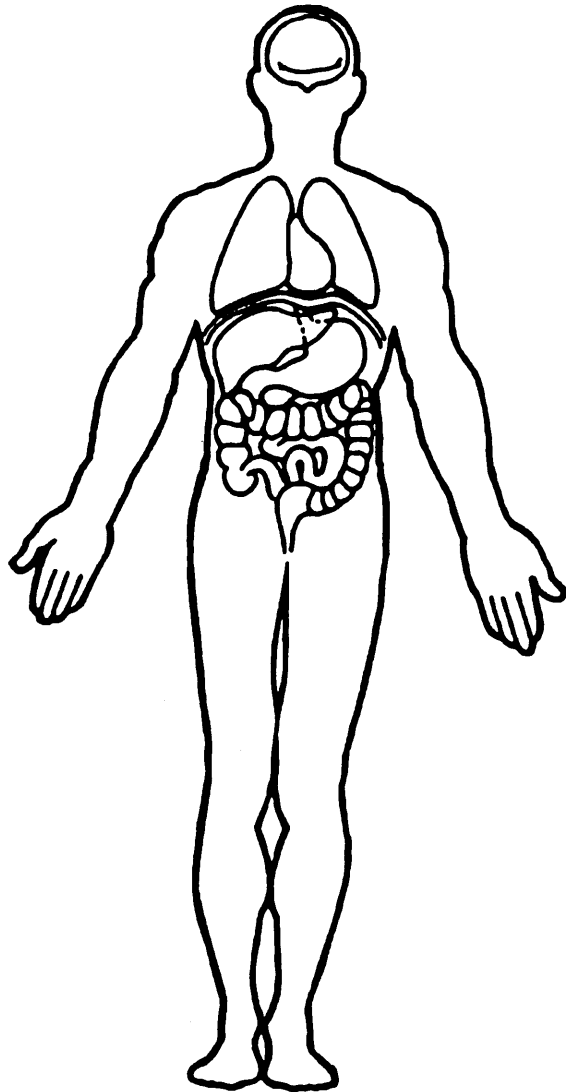
HCO₃ =

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.)



26. Seat Type (this Occupant Position) 9 9
- (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., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 9
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ∅ ∅ ∅
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. 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

30. Child Safety Seat Orientation ∅ ∅
- (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 ∅ ∅

32. Child Safety Seat Shield Usage ∅ ∅

33. Child Safety Seat Tether Usage ∅ ∅
- 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



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 73
2. Case Number - Stratum 199A

3. Vehicle Number 01
4. Occupant Number 02

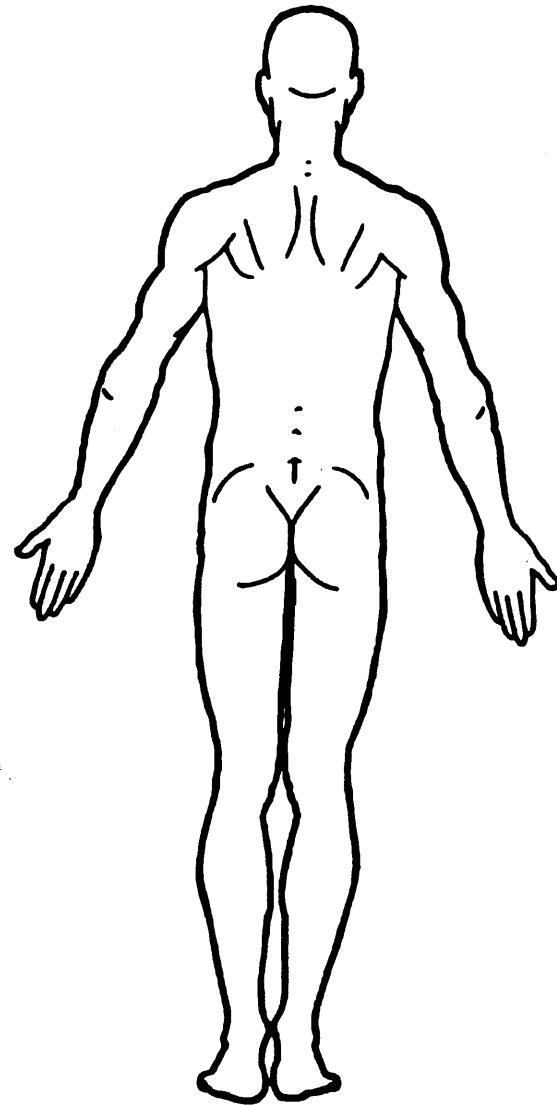
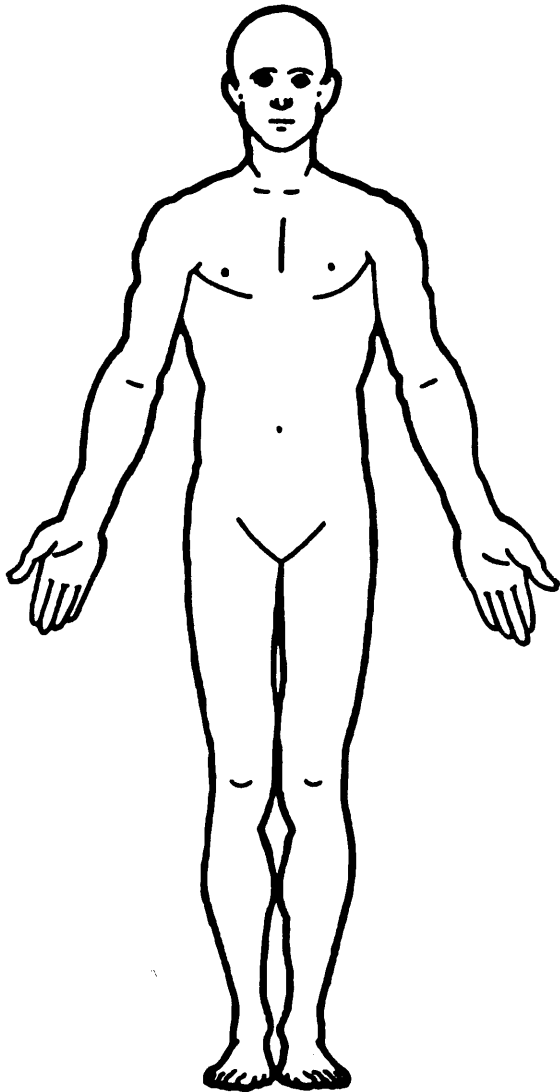
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	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>7</u>	6. <u>P</u>	7. <u>R</u>	8. <u>D</u>	9. <u>J</u>	10. <u>3</u>	11. <u>30</u>	12. <u>2</u>	13. <u>1</u>	14. <u>99</u>
2nd	15. <u>7</u>	16. <u>N</u>	17. <u>P</u>	18. <u>F</u>	19. <u>S</u>	20. <u>2</u>	21. <u>92</u>	22. <u>1</u>	23. <u>3</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>W</u>	27. <u>L</u>	28. <u>F</u>	29. <u>S</u>	30. <u>2</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. <u>7</u>	36. <u>F</u>	37. <u>C</u>	38. <u>F</u>	39. <u>S</u>	40. <u>1</u>	41. <u>09</u>	42. <u>2</u>	43. <u>1</u>	44. <u>99</u>
5th	45. <u>7</u>	46. <u>O</u>	47. <u>W</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>99</u>
6th	55. <u>7</u>	56. <u>K</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>09</u>	62. <u>1</u>	63. <u>1</u>	64. <u>99</u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

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): _____

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify) _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): Force
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

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

System/Organ

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

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (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

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

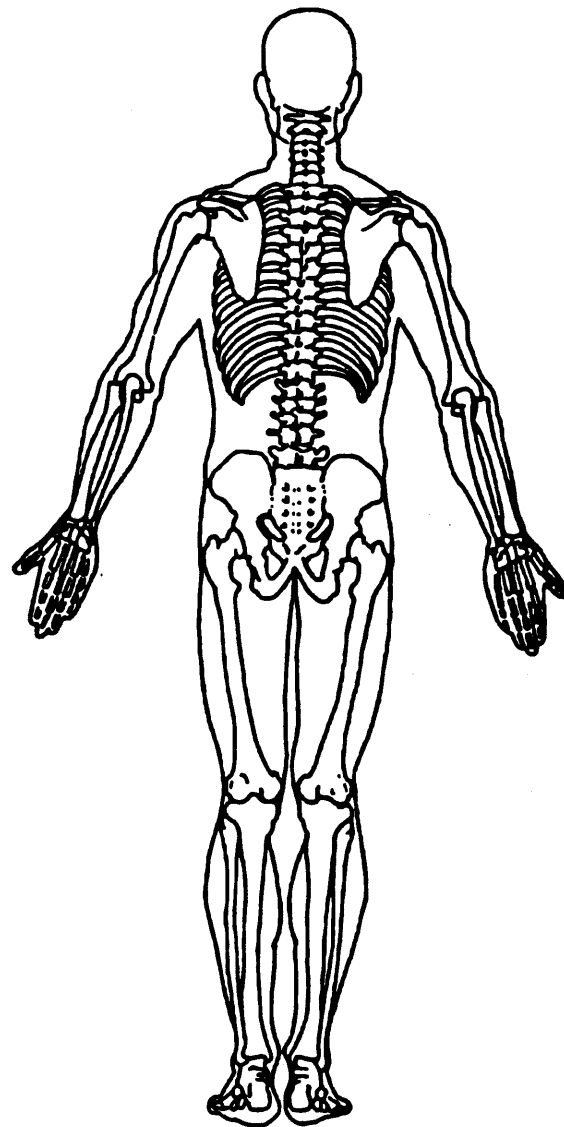
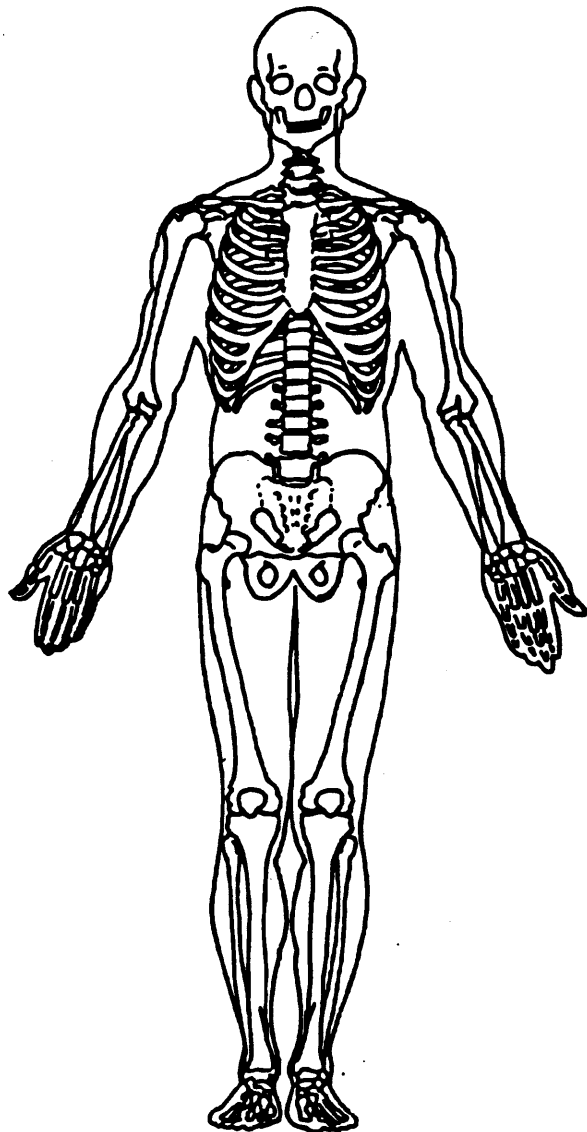
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PO₂ =

PCO₂ =

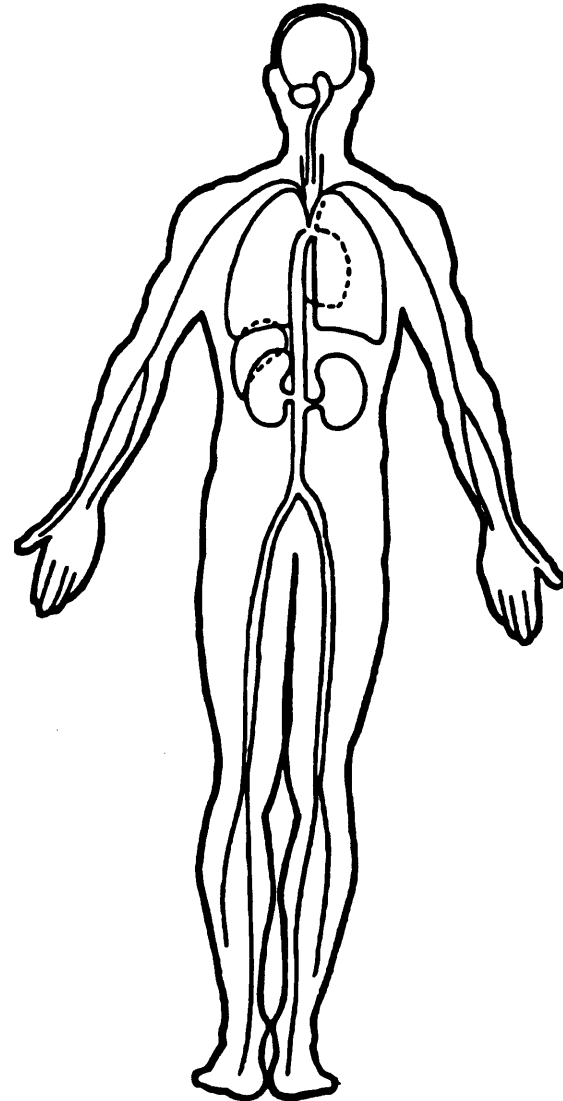
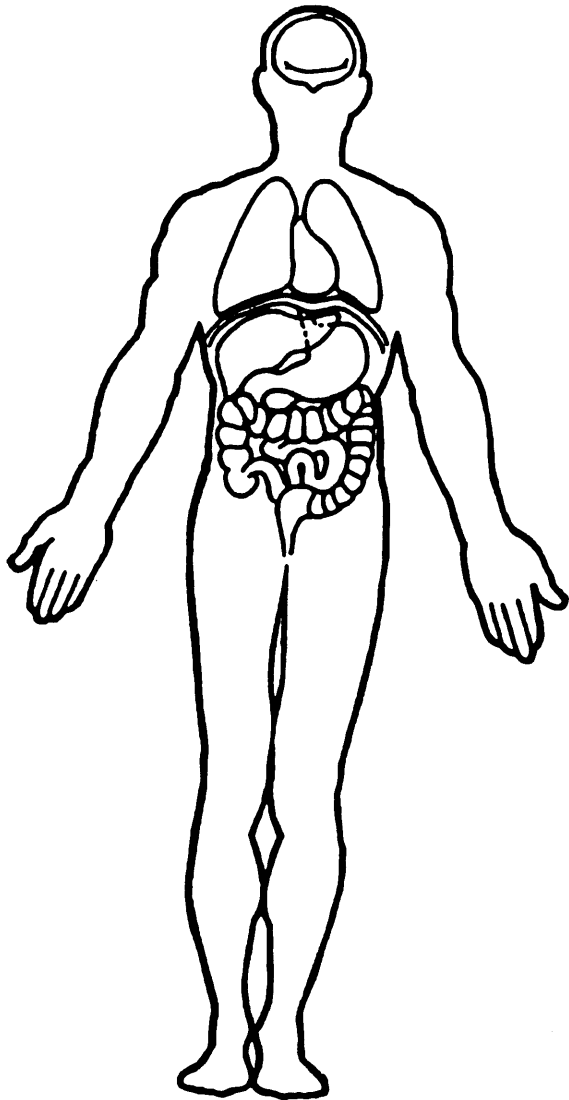
HCO₃ =

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>73</u></p> <p>2. Case Number - Stratum <u>199A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>3</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>14</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>97</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	[REDACTED]	---	OA43. Number of Recorded Injuries for This Occupant	<u>06</u>	<u>12</u>
GV57. Driver's Race/Ethnic Origin	<u>1</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>70</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>2</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>02</u>	<u>15</u>
OA07. Occupant's Height	<u>64</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>136</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	---
OA17. Manual (Active) Belt System Availability	<u>4</u>	---			
OA18. Manual (Active) Belt System Use	<u>04</u>	---			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	<u>3</u>	—	h. Emergency room records	<u>B</u> —	<u>1 1 1</u>
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	<u>B</u> —	—
<u>Official</u>			j. Private physician	<u>B</u> —	—
a. Autopsy (invasive examination)	<u>B</u> —	—	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> —	—	k. Lay coroner	<u>B</u> —	—
c. Admission record/summary or admission/discharge face sheet	<u>B</u> —	—	l. EMS record	<u>B</u> —	—
d. Discharge summary	<u>B</u> —	<u>1 1 1</u>	m. Interviewee	<u>B</u> —	—
e. Operative report	<u>B</u> —	—	n. Other source (specify):	<u>B</u> —	<u>B</u> —
f. Radiographic record(s) post ER visit	<u>B</u> —	—	o. Police report	<u>B</u> —	<u>B</u> —
g. History and physical examination and/or consultation records	<u>B</u> —	—	OAL14. Medical Facility Code	<u>0 8</u>	—
			OIL07. Date Official Medical Data Obtained	<u> </u> / <u> </u> / <u>9 3</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. <u>7</u>	6. <u>P</u>	7. <u>R</u>	8. <u>D</u>	9. <u>J</u>	10. <u>3</u>	11. <u>3 0</u>	12. <u>2</u>	13. <u>1</u>	14. <u>9 9</u>
- 2nd	15. <u>7</u>	16. <u>N</u>	17. <u>P</u>	18. <u>F</u>	19. <u>S</u>	20. <u>2</u>	21. <u>9 2</u>	22. <u>1</u>	23. <u>3</u>	24. <u>0 0</u>
- 3rd	25. <u>7</u>	26. <u>W</u>	27. <u>L</u>	28. <u>F</u>	29. <u>S</u>	30. <u>2</u>	31. <u>9 7</u>	32. <u>9</u>	33. <u>7</u>	34. <u>9 9</u>
- 4th	35. <u>7</u>	36. <u>F</u>	37. <u>C</u>	38. <u>F</u>	39. <u>S</u>	40. <u>1</u>	41. <u>0 9</u>	42. <u>2</u>	43. <u>1</u>	44. <u>9 9</u>
- 5th	45. <u>7</u>	46. <u>O</u>	47. <u>W</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>9 7</u>	52. <u>9</u>	53. <u>7</u>	54. <u>9 9</u>
6th	55. <u>7</u>	56. <u>K</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>0 9</u>	62. <u>1</u>	63. <u>1</u>	64. <u>9 9</u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>
11th	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>
12th	115. <u> </u>	116. <u> </u>	117. <u> </u>	118. <u> </u>	119. <u> </u>	120. <u> </u>	121. <u> </u>	122. <u> </u>	123. <u> </u>	124. <u> </u>
13th	125. <u> </u>	126. <u> </u>	127. <u> </u>	128. <u> </u>	129. <u> </u>	130. <u> </u>	131. <u> </u>	132. <u> </u>	133. <u> </u>	134. <u> </u>
14th	135. <u> </u>	136. <u> </u>	137. <u> </u>	138. <u> </u>	139. <u> </u>	140. <u> </u>	141. <u> </u>	142. <u> </u>	143. <u> </u>	144. <u> </u>
15th	145. <u> </u>	146. <u> </u>	147. <u> </u>	148. <u> </u>	149. <u> </u>	150. <u> </u>	151. <u> </u>	152. <u> </u>	153. <u> </u>	154. <u> </u>

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.

National Accident Sampling System-Crashworthiness Data System: Update Form

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

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

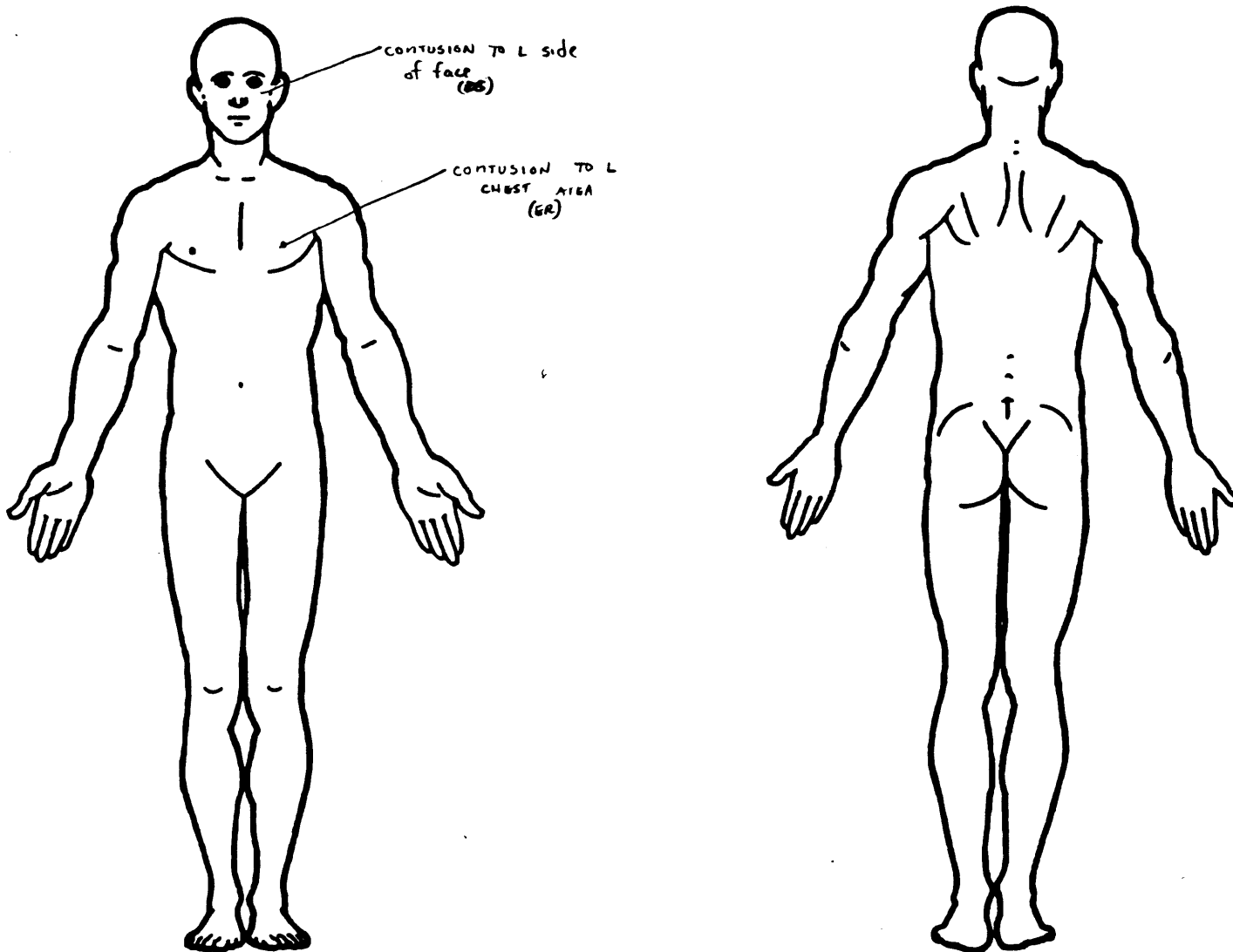
NASS Coding
1st Rev 3 E
2nd Rev 3

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

* several injuries may be related to other occupant.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes O4 and O5)
- (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): _____

- (28) Left side window sill

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): _____

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify) _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

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

System/Organ

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

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (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

Restrained?

No
 Yes

Blood Alcohol Level (mg/dl)

BAL = —

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = —

Arterial Blood Gases

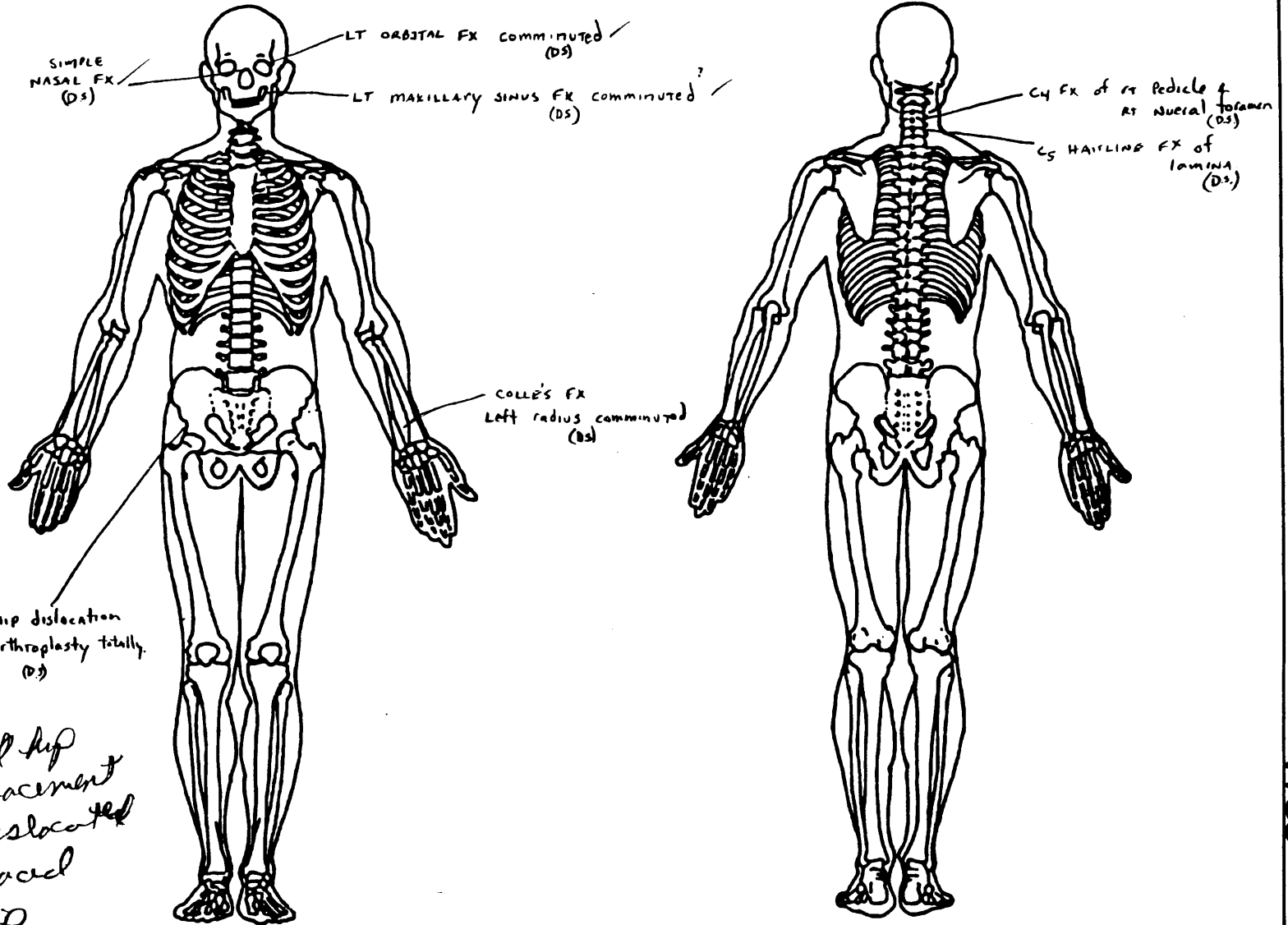
pH = —

PO₂ = —

PCO₂ = —

HCO₃ = —

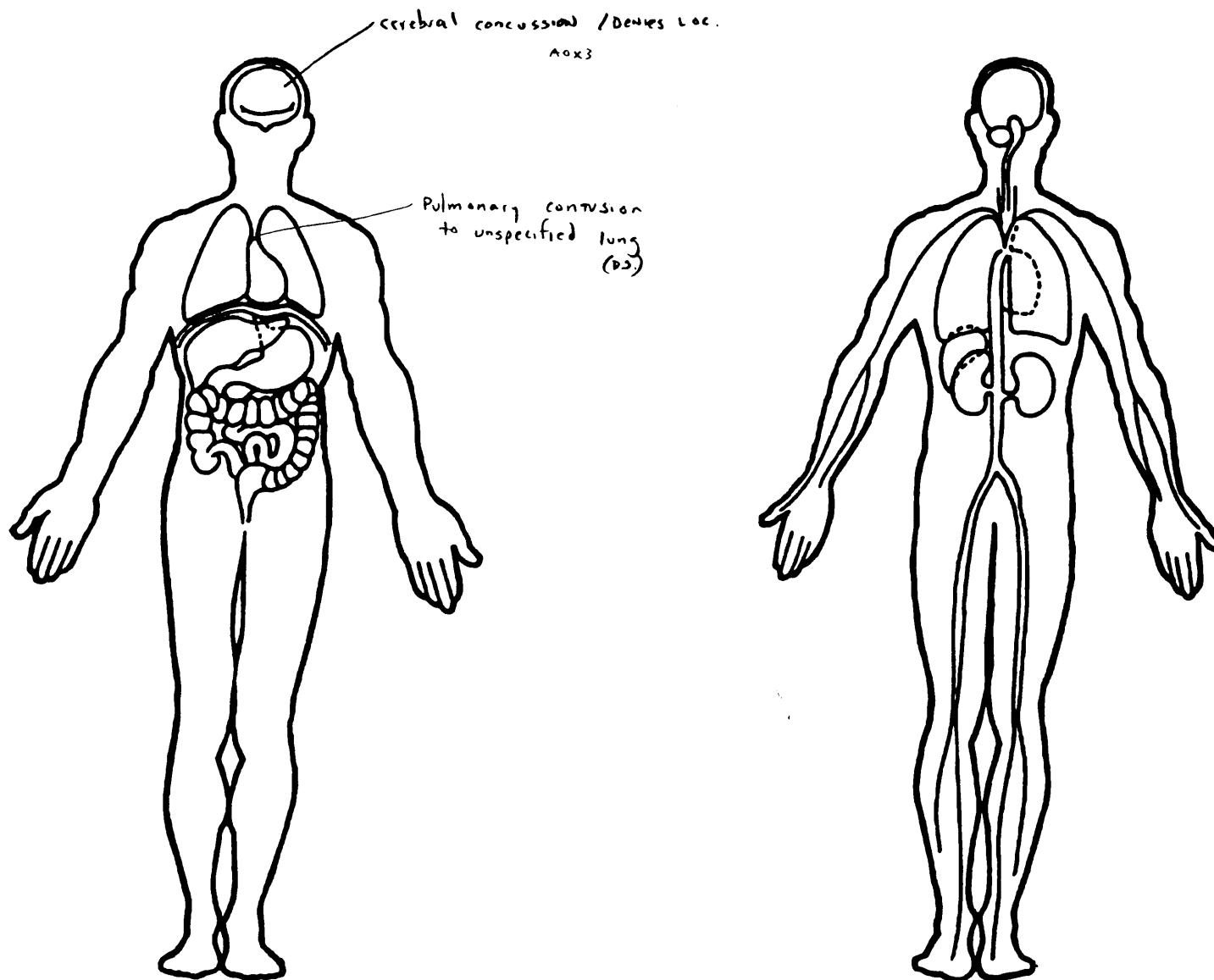
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



*Had hip replacement
 ... dislocated
 replaced
 hip.*

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.)



OCCUPANT RELATED

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

- 24. Rollover _____
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight _____, _____ 0 0
 _____ Code weight to nearest
 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

 Source: _____
- 20. Vehicle Cargo Weight _____, _____ 0 0
 _____ Code weight to nearest
 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) _____
- 26. Rear Override/Underride (this Vehicle) _____

 (0) No override/underride, or
 not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

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

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

RECONSTRUCTION DATA

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

 (9) Unknown

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

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

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	22 SLOWER 25, 26, 27	24 DECEL. 28, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH OBJECT	(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 LATERAL MOVE	46 LATERAL MOVE	45 LATERAL MOVE	47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 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	65 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	71 INITIAL SAME DIRECTIONS	72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	78 TURN INTO SAME DIRECTION	79 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(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				

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
- (00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
- (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (8) Other (specify):
- (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Hearse
- (8) Fire truck or car
- (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
- (1) Trip-over
- (2) Flip-over
- (3) Turn-over
- (4) Climb-over
- (5) Fall-over
- (6) Bounce-over
- (7) Collision with another vehicle
- (8) Other rollover initiation type specify):
- (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
- (1) On roadway
- (2) On shoulder—paved
- (3) On shoulder—unpaved
- (4) On roadside or divided trafficway median
- (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify):
- (8) Non-contact rollover forces (specify):
- (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
- (1) Roll right - primarily about the longitudinal axis
- (2) Roll left - primarily about the longitudinal axis
- (5) End-over-end (i.e., primarily about the lateral axis)
- (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify):
- (98) No driver present
- (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 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 (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 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 (includes guardrail)
(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
- (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

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

73
199A
02

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) 1-3

PSU NUMBER

73

CASE NUMBER

199A

VEHICLE NUMBER

02

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER 73
CASE NUMBER 199A
VEHICLE NUMBER 02
OCCUPANT NUMBER 02

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) 3

PSU NUMBER	<u>73</u>
CASE NUMBER	<u>199A</u>
VEHICLE NUMBER	<u>Ø2</u>
OCCUPANT NUMBER	<u>Ø2</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

1

PSU73
CASE 199A

1992 ACCIDENT FORM

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) 02/02/92
5. Time of Accident (military time) 0520

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 This Accident 01
01

PSU73
CASE 199A

1992 ACCIDENT FORM

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. 04	015. L	016. 02	017. 24	018. F

011
INTRA ERRORS

01***** NO ERRORS *****
001

PSU73
CASE 199A
VEHICLE 01

1992 GENERAL VEHICLE FORM

VEHICLE IDENTIFICATION

4. Model Year	92	5. Make	14
6. Model	006	7. Body Type	04
8. VIN	99999999		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	55	14. Attempted Avoid. Maneuver	01
15. Accident Type	82		

OCCUPANT RELATED

16. Driver Presence in Vehicle	1	17. No. Occupants This Vehicle	02
18. No. Occupant Forms Submitted	02		

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	038	20. Vehicle Cargo Weight	02
-------------------------	-----	--------------------------	----

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. Front Override/Underride	0	26. Rear Override/Underride	0
------------------------------	---	-----------------------------	---

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	260	28. Heading Angle Other Vehicle	000
--------------------------------	-----	---------------------------------	-----

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

29. Basis for Total Delta V 4

COMPUTER GENERATED DELTA V

30. Total Delta V 99
 31. Longitudinal Component of Delta V 99
 32. Lateral Component of Delta V 99
 33. Energy Absorption 9999
 34. Confidence in Reconstruction Program Results 0
 35. Type of Vehicle Inspection 0
 36. Is this an AOPS vehicle? 1

37. Police Reported Drug Presence 0
 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

OTHER DATA

56. Driver's Zip Code [REDACTED] 57. Driver's Race/Ethnic Origin 1
 58. Vehicle Special Use 0

ROLLOVER DATA

59. Rollover Initiation Type 0 60. Location of Rollover Initiation 0
 61. Rollover Initiation Object Contacted 00 62. Location on Vehicle Where Initial Principal Tripping Force Applied 0
 63. Direction of Initial Roll 0

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 10 65. Initial Critical (Precrash) Event 15
 66. Precrash Stability After 0 67. Precrash Directional Consequences 0
 011

CASE 199A

VEHICLE 01 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age	79	6. Sex	1	7. Height	69	8. Weight	175
9. Role	1	10. Seat Position	11	11. Posture	0		

EJECTION/ENTRAPMENT

12. Ejection	0	13. Ejection Area	0	14. Ejection Medium	0
15. Medium Status	0	16. Entrapment	9		

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	04
19. Proper Use of Belt	1	20. Belt Failure Modes During Impact	9
21. Air Bag Availability	1	22. Air Bag Deployment	1
23. Did Air Bag Fail?	1	24. Police Reported Restraint Use	4
25. Head Restraint Type/Damage by Occupant at this Position	9	26. Seat Type	99
27. Seat Performance	9		

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

AUTOMATIC BELT SYSTEM

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
49. Seat Orientation (this Occupant Position)	9

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

011

INTRA ERRORS

OHH1281 2 ***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG
. ***** HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZO
NE ***** HH1283 AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.

01

PSU73 1992 OCCUPANT ASSESSMENT FORM
CASE 199A
VEHICLE 01 OCCUPANT 02

OCCUPANT'S CHARACTERISTICS

5. Age	70	6. Sex	2	7. Height	64	8. Weight	136
9. Role	2	10. Seat Position	13	11. Posture	0		

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	04
19. Proper Use of Belt	1	20. Belt Failure Modes During Impact	9
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	4
25. Head Restraint Type/Damage by Occupant at this Position	9	26. Seat Type	99

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)	3	35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	14
38. Working Days Lost	97	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00
41. Cause #2	00
42. Cause #3	00
43. Number of Recorded Injuries	06

AUTOMATIC BELT SYSTEM

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
49. Seat Orientation (this Occupant Position)	9

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	01

011

INTRA ERRORS

01***** NO ERRORS *****

001

PSU73
CASE 199A
VEHICLE 01 OCCUPANT 02

1992 OCCUPANT INJURY FORM

INJURY DATA

Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confid. Level	Dir./ Indir. Injury	Occ. Area Intr. No.
01.	7	P	R	D	J	3	30	2 1	99
02.	7	N	P	F	S	2	92	1 3	00
03.	7	W	L	F	S	2	97	9 7	99
04.	7	F	C	F	S	1	09	2 1	99
05.	7	O	W	C	I	1	97	9 7	99
06.	7	K	R	A	I	1	09	1 1	99

011
INTRA ERRORS

01***** NO ERRORS *****

001

PSU73
CASE 199A
VEHICLE 02

1992 GENERAL VEHICLE FORM

VEHICLE IDENTIFICATION

4. Model Year	91	5. Make	82
6. Model	881	7. Body Type	68
8. VIN	99999999		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	55	14. Attempted Avoid. Maneuver	06
15. Accident Type	83		

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight
- 20. Vehicle Cargo Weight

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

- 25. Front Override/Underride
- 26. Rear Override/Underride

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- 27. Heading Angle This Vehicle
- 28. Heading Angle Other Vehicle

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

- 29. Basis for Total Delta V

COMPUTER GENERATED DELTA V

- 30. Total Delta V
- 31. Longitudinal Component of Delta V
- 32. Lateral Component of Delta V
- 33. Energy Absorption
- 34. Confidence in Reconstruction Program Results
- 35. Type of Vehicle Inspection

- 36. Is this an AOPS vehicle?

- 37. Police Reported Drug Presence 0
- 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

OTHER DATA

56. Driver's Zip Code
58. Vehicle Special Use

0

57. Driver's Race/Ethnic Origin

9

ROLLOVER DATA

59. Rollover Initiation Type
61. Rollover Initiation Object Contacted
63. Direction of Initial Roll

60. Location of Rollover Initiation
62. Location on Vehicle Where Initial Principal Tripping Force Applied

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01
66. Precrash Stability After 011

65. Initial Critical (Precrash) Event 67

67. Precrash Directional Consequences 9

INTRA ERRORS

01***** NO ERRORS *****

001

INTER ERRORS

01***** NO B

RRORS *****

0

PSU73
CASE 199A
CURRENT VERSION: 5.03

ERROR SUMMARY SCREEN

93

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 Assesment	0	0	1	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	1	

PSU73
CASE 199A
CURRENT VERSION: 5.03

ERROR SUMMARY SCREEN

93

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 Assesment	0	0	1	Y
Occupant Interior	0	0	1	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	

PSU73
CASE 199A
CURRENT VERSION: 5.04

ERROR SUMMARY SCREEN

11/93

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 Assesment	0	0	1	Y
Occupant Interior	0	0	1	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	



PSU 73-199A (1992) #1



PSU 73-199A (1992) #2



PSU 73-199A (1992) #3



PSU 73-199A (1992) #4



PSU 73-199A (1992) #5



PSU 73-199A (1992) #6



PSU 73-199A (1992) #7



PSU 73-199A (1992) #8



PSU 73-199A (1992) #9



PSU 73-199A (1992) #10



PSU 73-199A (1992) #11



PSU 73-199A (1992) #12