



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 72 CASE NO. 074A TYPE OF ACCIDENT Single 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.)

Vehicle #1 was traveling westbound on a single lane exit ramp. Vehicle #1 lost control and struck a concrete traffic barrier on the left side of the ramp. Vehicle #1 was towed from the scene. The driver of Vehicle#1 was fatally injured.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
01	Compact	1995/Hyundia/Sonata	Front	Unknown	Unknown

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

BEST AVAILABLE COPY

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
01	Driver	Front-Left	Air Bag Deployed Unknown if Seat Belt Used	Chest	hemothorax NFS	3	Unknown
01	Passenger	Front-Right	Air Bag Deployed Unknown if Seat Belt Used	INJURED,	DETAILS	UNKNOWN	

Body Region

Abdomen
Ankle-foot
Arm (upper)
Back-thoracolumbar spine
Brain
Chest
Ears
Eye
Elbow
Face
Forearm
Head-skull
Heart
Kidneys
Knee
Leg (lower)
Liver
Lower limbs(s) (whole or unknown part)
Mouth
Neck-cervical spine
Nose

Pelvic-hip
Pulmonary-lungs
Shoulder
Spleen
Thigh
Thyroid, other endocrine gland
Upper limb(s) (whole or unknown part)
Vertebrae
Whole body
Wrist-hand

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush
Detachment, separation
Dislocation

Fracture
Fracture and dislocation
Laceration
Other
Perforation, puncture
Rupture
Sprain
Strain
Total severance, transection
Unknown

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

DO NOT SANITIZE THIS FORM



ACCIDENT COLLISION DIAGRAM

PSU No. 72

Case Number - Stratum 074A

Indicate North

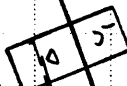


Surface Type = Bituminous
(traveled)

Surface Condition = Dry

Grade = Level

Concrete Traffic Barrier



Damage to concrete barrier by vehicle

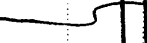


Event #1

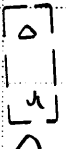
Reference Point
(Light Pole M66)



Reference Line



Emergency shoulder



Emergency shoulder

ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 72

Case Number—Stratum 074A

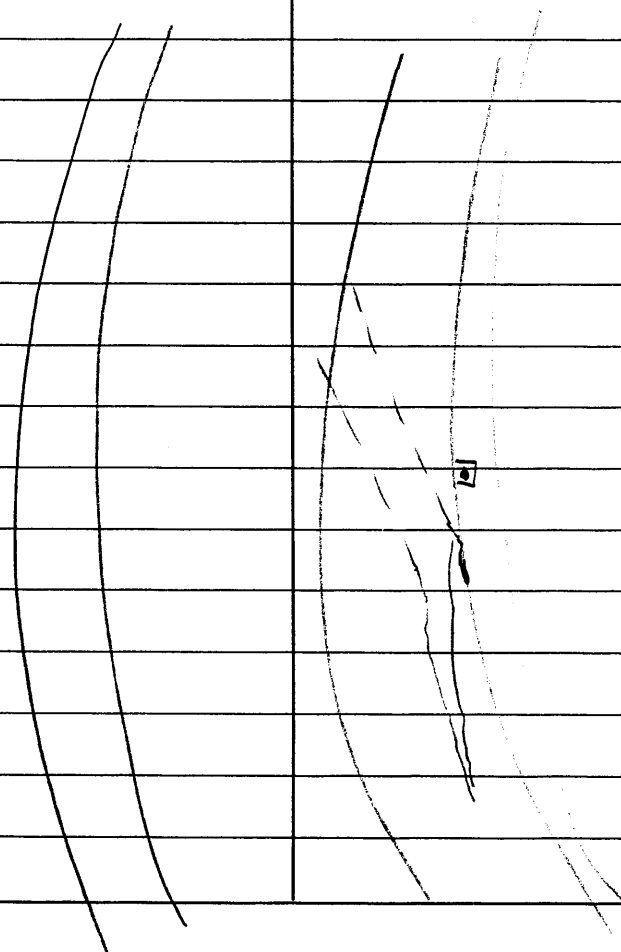
ACCIDENT COLLISION DIAGRAM		CRASH DATA		
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway 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 (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 * 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 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>VEH. #2</p>	<p>VEH. #3</p>
		<p>Heading Angle <u>240°</u></p>		
		<p>Surface Type <u>Bit</u></p>		
		<p>Surface Condition <u>Dry</u></p>		
		<p>Grade (v/h) Measurement (between impact and final rest) <u>Low</u></p>		
		<p>Grade (v/h) Measurement (at location of rollover initiation) <u>NA</u></p>		
<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>				

Reference Point: Light Pole

Reference line: Concrete Barrier Edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Scuff on Barrier Beg	2.8W	0
.. .. End	5.8W	0
LF Beg	6.8E	3.4 N
LF mid	2.3E	1.7 N
LF End (into Barrier)	2.9W	0.4N
RF Beg	2.7E	3.3 N
RF mid	0	2.5 N
RF End (into Barrier)	3.0W	1.5 N

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Post Impact Scotts (L) B	30.2 W	1.4 N
M	8.9 W	1.2 N
E	15.2 W	1.2 N
Post Impact Scotts (R) B	2.9 W	0.2 N
M	9.8 W	0.7 N
E	13.7 W	0.7 N





ACCIDENT FORM

1. Primary Sampling Unit Number 72
2. Case Number - Stratum 074A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month,Day,Year) / 9 4
5. Time of Accident 0645
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0
7. SS16 Pedestrian Crash Data Study 0
8. SS17 Impact Fires 0
9. SS18 0
10. SS19 0

NUMBER OF EVENTS

11. Number of Records 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 or object in the 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>54</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

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 < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs 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

- (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 — (specify)
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit (specify):

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

-
- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakdown or lost (any diameter)

Nonbreakdown

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (10 cm to < 30 cm in diameter)
- (52) Pole or post (≥ 30 cm 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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

OCCUPANT RELATED

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

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

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

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,280
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
Actual weight
2,813 lbs X .4536 = 1,276 kgs
 Source: 94 _____
- 20. Vehicle Cargo Weight 9,990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underide (this vehicle) 0
- 26. Rear Override/Underide (this vehicle) 0
 (0) No override/underide
 (1) Front end-to-end
 (2) Rear end-to-end
 (3) Not an end-to-end

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 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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact
 (999) Unknown
- 27. Heading Angle For 298
- 28. Heading Angle For Other 198

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 MARKED VEH. HIT OBJECT	12 HIT OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear Impact	22, 23 SLOWER	24, 25, 26, 27 DECEL.	28, 29, 30, 31 DECEL.	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN	
	E Forward Impact	35, 36 CONTROL/ TRACTION LOSS	37, 38 AVOID COLLISION WITH VEH.	39, 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	51 LATERAL MOVE	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN			
	H Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	64, 65 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	70, 71 INITIAL SAME DIRECTIONS	72, 73 TURN INTO OPPOSITE DIRECTIONS	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN	
	K Turn into Opposite Directions	74, 75 SAME DIRECTION	76, 77 TURN INTO OPPOSITE DIRECTIONS	(EACH - 84) SPECIFICS OTHER	(EACH - 85) SPECIFICS UNKNOWN		
V Intersecting Paths (Vehicle Damage)	L Intersection	87, 88	89, 90	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN		
VI Miscellaneous	M. Backing Etc.	92, 93 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

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 9

- (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

- (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) Fire truck or car
- (8) Other (specify): _____
- (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

- (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

- (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 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

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

63. Direction of Rollover 0

- (0) No rollover
- (1) Roll right - primary axis longitudinal axis
- (2) Roll left - primary axis longitudinal axis
- (5) End-over-end (primary axis lateral axis)
- (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement/Action/Recognition 13

- (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 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 (≤ 10 cm diameter)
 (42) Tree (> 10 cm diameter)
 (43) Shrubbery
 (44) Embankment

(45) Breakaway post (> 10 cm diameter)

Nonbreakaway

(50) Pole (> 10 cm diameter)
 (51) Pole (≤ 30 cm in diameter)
 (52) Pole (> 10 cm diameter)
 (53) Pole (unknown)
 (54) Concrete barrier
 (55) Impact attenuator
 (56) Other traffic control device (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
 (79) Object fell from vehicle 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

72
074A
01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

72
074A
01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____



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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

- 1. Primary Sampling Unit Number 72
- 2. Case Number - Stratum 074A
- 3. Vehicle Number 01
- 4. Occupant Number 01

10. Occupant's Seat Position 11

OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 28
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

(15) On or in the lap of another occupant

- Second Seat*
- (21) Left side of seat
 - (22) Middle of seat
 - (23) Right side of seat
 - (24) Other (specify):
 - (25) On or in the lap of another occupant

- 6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

- Third Seat*
- (31) Left side of seat
 - (32) Middle of seat
 - (33) Right side of seat
 - (34) Other (specify):
 - (35) On or in the lap of another occupant

- 7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

- Fourth Seat*
- (41) Left side of seat
 - (42) Middle of seat
 - (43) Right side of seat
 - (44) Other (specify):
 - (45) On or in the lap of another occupant

65 inches X 2.54 = 165.10 centimeters

- (97) 97 years and older
- (98) Other (specify):
- (99) Unknown

- 8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

11. Occupant's Posture 7

- Abnormal posture*
- (1) Kneeling or standing on seat
 - (2) Lying on or across seat
 - (3) Kneeling or standing on edge of seat
 - (4) Sitting sideways on seat or on another occupant's lap
 - (5) Sitting on seat with feet on floor
 - (6) Lying on seat with feet on floor
 - (7) Bracing against floor or surface in front of seat
 - (8) Other abnormal posture
 - (9) Unknown

205 pounds X .4536 = 92.99 kilograms

- 9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 9

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 9

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area 9

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other (specify cup, etc.)
- (9) Unknown

16. Entrapment 9

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

14. Ejection Medium 9

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing
- (5) Integral structure
- (8) Other medium (specify)
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

5

18. 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

99

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

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

(8) Other improper use of manual belt system (specify):

(9) Unknown

7

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (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

7

21. Air Bag System Availability/Function

- (0) Not equipped/not available

(2) Disconnected (specify):

(3) Not installed

1
WIN
PAR

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of collision)

(2) Air bag deployed prior to accident (just prior to collision)

(3) Air bag deployed as a result of sequence under investigation

(4) Nondeployed

(5) Unknown

(6) Air bag deployed during collision event during fire, explosion, or fire

(9) Unknown

1
WIN
PAR

23. Are There Indications of System Failure?

- (0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

9

Note: See Section 4.8 (Page 5) for information on Automatic Belts

24. Police Report of Restraint Use

- (0) None reported

(1) Police report of appropriate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used; type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify):

(8) Restraint type not specified

(9) Police report of no restraint used

7
Belts
used

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

9

- (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

27. Seat Performance (this Occupant Position)

7

- (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 (specify):
- (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

26. Seat Type (this Occupant Position)

99

- (00) Occupant not seated or no seat
- (01) Buckle seat
- (02) Buckle seat with backrest
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with integrated backrest
- (06) Split bench with separate back cushions
- (07) Split bench with integrated back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (specify type)
- (99) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (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
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

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

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

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

 (29) Unknown orientation
 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Codes 01-03 are applicable to
 Vehicles with VIN 193
 (00) No harness/shield/tether
 (01) After market harness/shield/tether
 added or used
 (02) After market harness/shield/tether used
 (03) Child safety seat with no after market
 harness/shield/tether
 (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

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease/inspect

Nonfatal

- (3) Hospitalized
- (4) Transported to hospital
- (5) Treatment at other location/transported
- (6) Treatment in home
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Treatment (Specify Treatment) 1

- (0) Not treated
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at hospital
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant was hospitalized
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 62

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 01

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0141. 2nd Medically Reported Cause of Death 0242. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
- (97) Other result (includes fatal ruled disease) (specify):
- (99) Unknown

43. Number of Recorded Injuries for This Occupant 05

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. 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

45. 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) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

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

47. 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

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure
- (2) Tare webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Lower anchorage separated (specify): _____
- (6) _____
- (7) _____ above (specify): _____
- (8) Other (specify) belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (In Occupant Position)

- (0) Occupant seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat
- (4) Side facing seat
- (8) Other (specify) _____
- (9) Unknown

Check the Primary Cause Used In Determining Belt Use.

- Not equipped or destroyed or rendered inoperative
- Vehicle not used
- Officially required
- Driver's choice
- Other (specify) _____
- Unknown

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [/] YES []

UPDATE CANDIDATE?

NO [] YES [/]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

BELT USE DETERMINATION

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify unit) _____
 (9) Unknown if injured

52. Arterial Blood Gas (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported - HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

53. Primary Source of Belt Use Determination 9
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



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

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Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 72

3. Vehicle Number 01

2. Case Number - Stratum 074A

4. Occupant Number 01

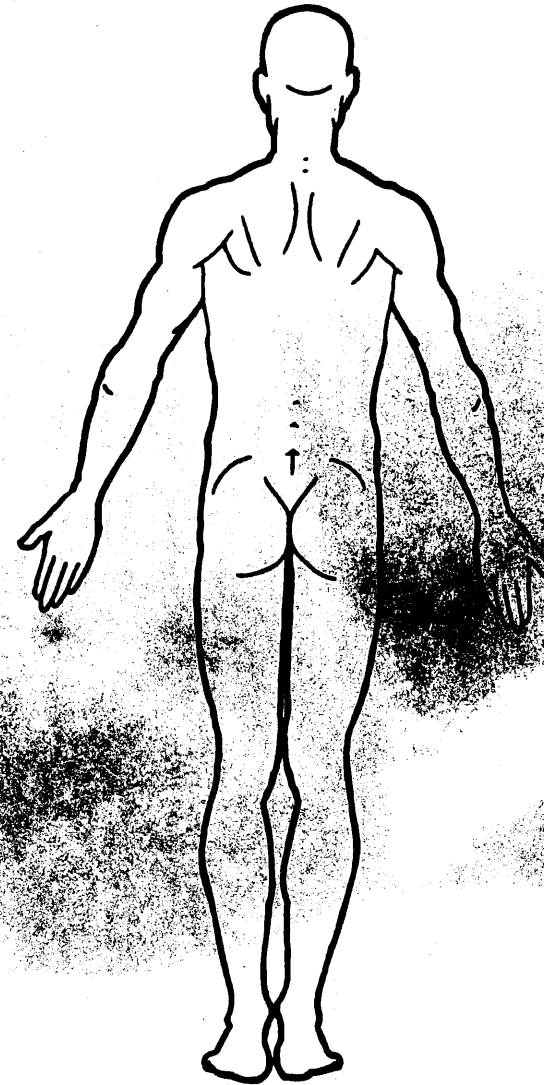
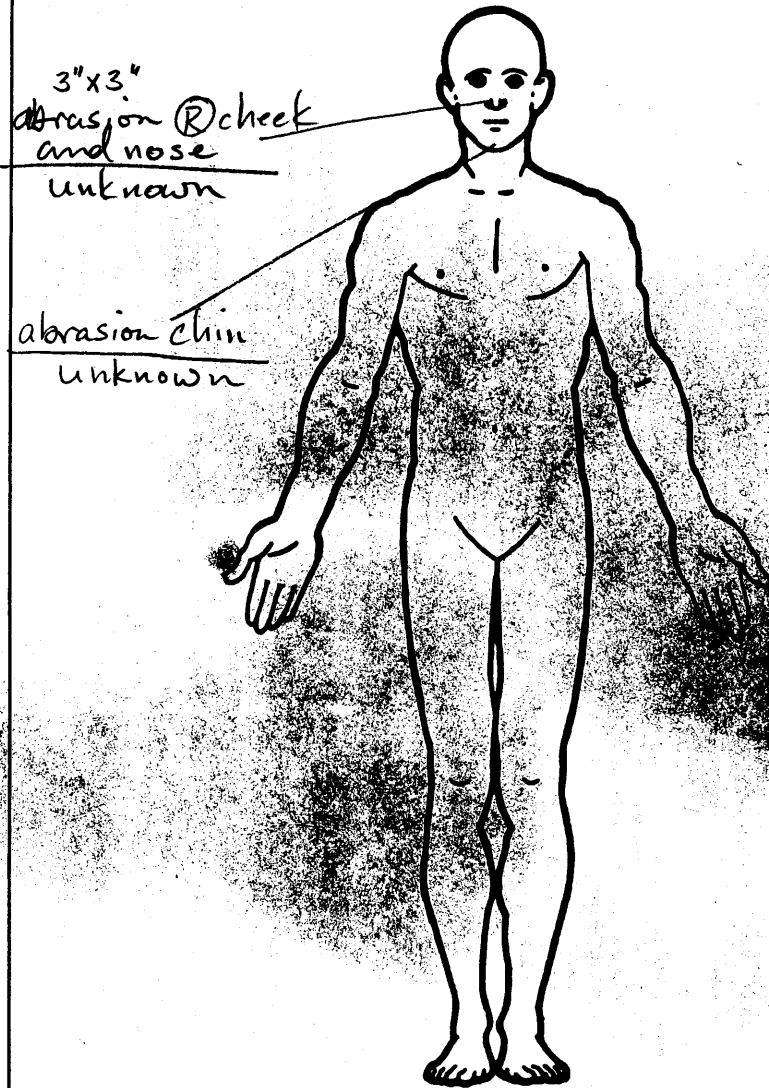
INJURY DATA

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

	Source of Injury Data	A.I.S. - 90					Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect
1st	5. <u>2</u>	6. <u>6</u>	7. <u>5</u>	8. <u>02</u>	9. <u>16</u>	10. <u>2</u>	11. <u>6</u>	12. <u>97</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>
2nd	16. <u>2</u>	17. <u>4</u>	18. <u>4</u>	19. <u>22</u>	20. <u>02</u>	21. <u>3</u>	22. <u>3</u>	23. <u>97</u>	24. <u>9</u>	25. <u>7</u>	26. <u>99</u>
3rd	27. <u>2</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>97</u>	35. <u>9</u>	36. <u>7</u>	37. <u>99</u>
4th	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>4</u>	45. <u>97</u>	46. <u>9</u>	47. <u>7</u>	48. <u>99</u>
5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>8</u>	56. <u>97</u>	57. <u>9</u>	58. <u>7</u>	59. <u>99</u>
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, 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

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-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 (A1/A2)-pillar
- (33) Right B-pillar
- (34) 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 (A1/A2)-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 or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (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

- (55) Floor (including toe pan)
- (56) 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

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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	Whole Area	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(06) Skin - Laceration	<u>Vessels, Nerves, Organs, Bones,</u>	(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion	<u>Joints are assigned consecutive</u>	(5) Critical injury
(6) Spine	(10) Amputation	<u>two digit numbers beginning with 02</u>	(6) Maximum (untreatable)
(7) Upper Extremity	(20) Burn	Level of Injury	(7) Injured, unknown severity
(8) Lower Extremity	(30) Crush	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	
(9) Unspecified	(40) Degloving	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	
Type of Anatomic Structure	(50) Injury - NFS		Aspect
(1) Whole Area	(90) Trauma, other than mechanical		(1) Right
(2) Vessels	Head - LOC		(2) Left
(3) Nerves	(02) Length of LOC		(3) Bilateral
(4) Organs (includes muscles/ligaments)	(04, 06, 08) Level of Consciousness		(4) Central
(5) Skeletal (includes joints)	(10) Concussion		(5) Anterior
(6) Head - LOC			(6) Posterior
(9) Skin			(7) Superior
			(8) Inferior
			(9) Unknown
			(0) Whole region

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

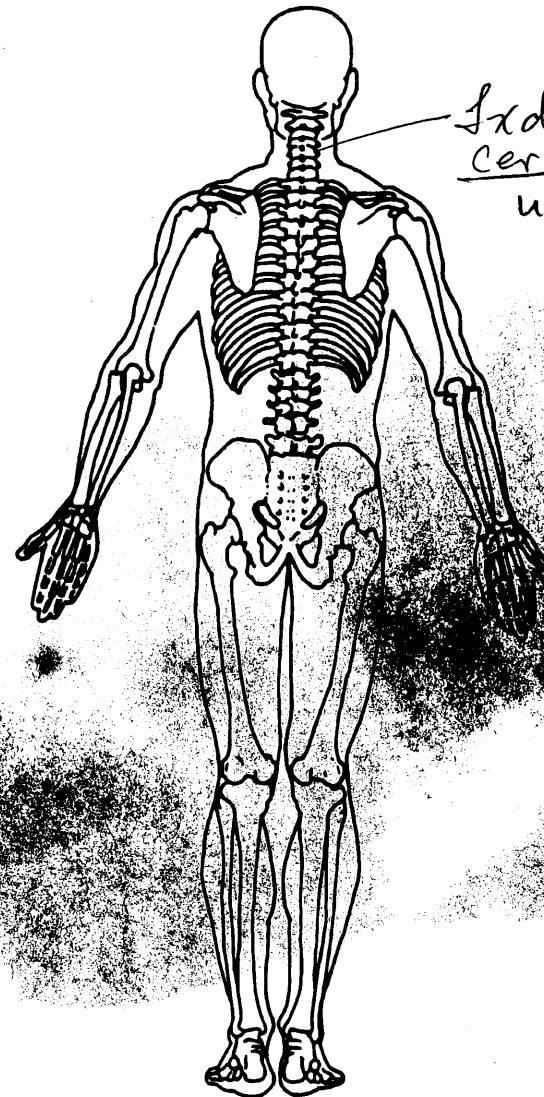
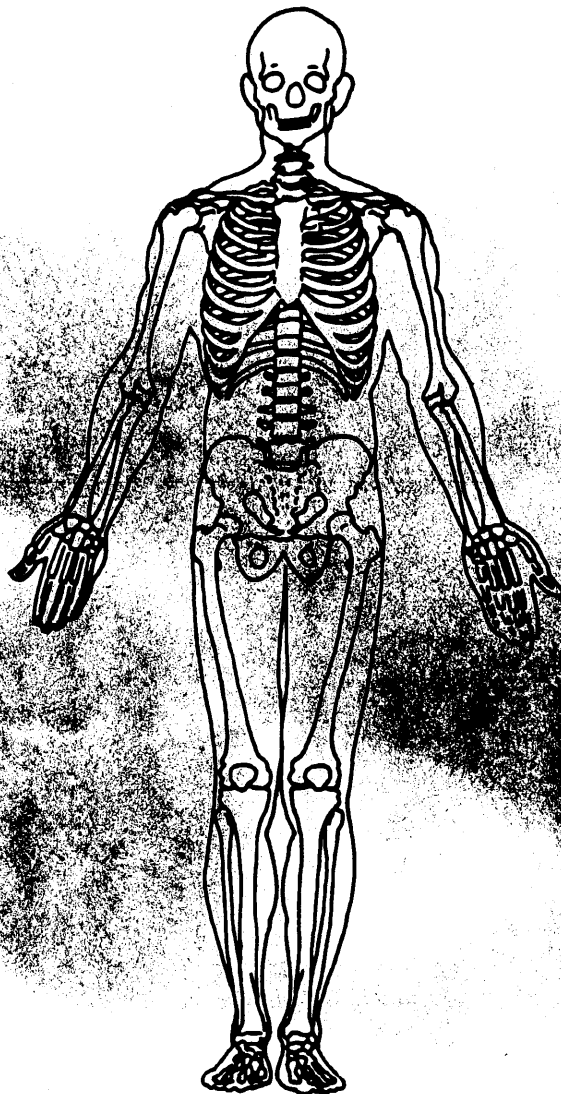
pH = _____

PO₂ = _____

PCO₂ = _____

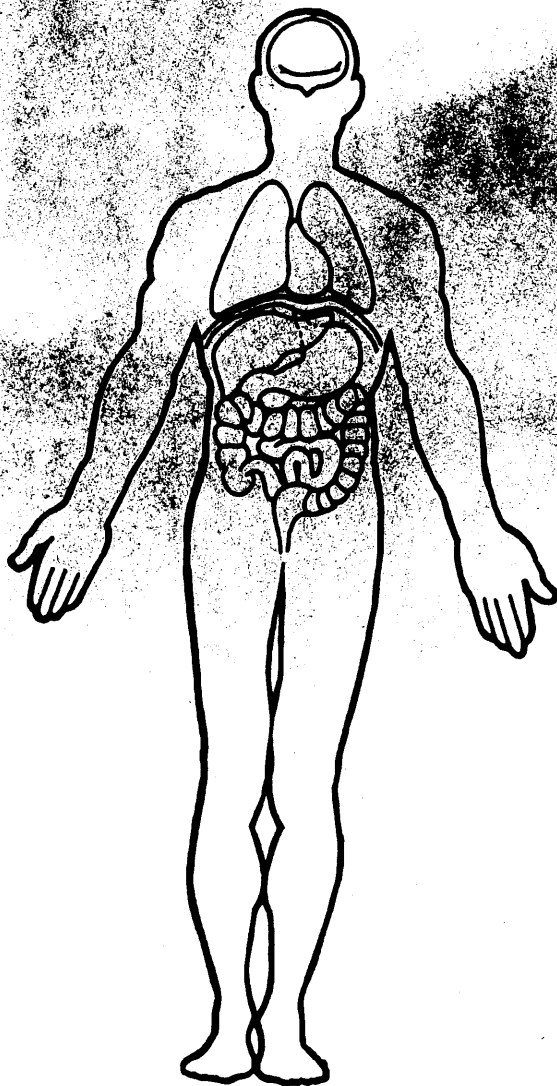
HCO₃ = _____

Indicate the Location, Specific Anatomic Structure, 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.)

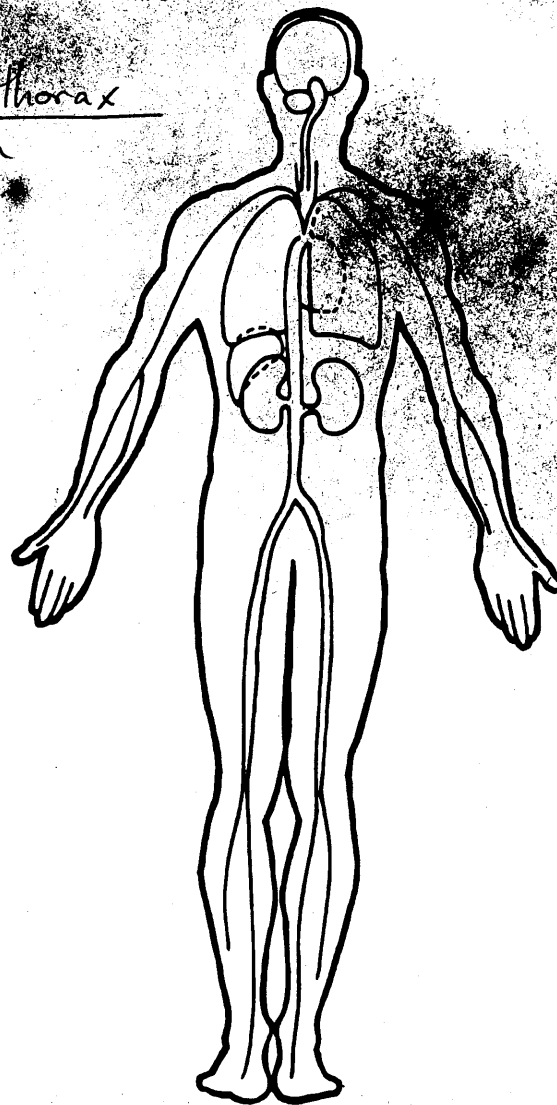


OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, 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.)



hemothorax
unknown





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 72
 2. Case Number - Stratum 074A
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):
 (97) 97 years and older
 (99) Unknown

6. Occupant's Sex 2
 (1) Male
 (2) Female
 (9) Unknown

7. Occupant's Height 999
 Code actual height to the nearest
 centimeter.
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
 _____ pounds X .4536 = _____ kilograms

9. Occupant's Role 2
 (1) Driver
 (2) Passenger
 (9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
 First Seat
 (11) Left side
 (12) Middle
 (13) Right side
 (14) Other (specify):
 (15) On or in the lap of another occupant

Second Seat
 (21) Left side
 (22) Middle
 (23) Right side
 (24) Other (specify):
 (25) On or in the lap of another occupant

Third Seat
 (31) Left side
 (32) Middle
 (33) Right side
 (34) Other (specify):
 (35) On or in the lap of another occupant

Fourth Seat
 (41) Left side
 (42) Middle
 (43) Right side
 (44) Other (specify):
 (45) On or in the lap of another occupant
 (97) In or on the floor area
 (98) Other (specify):
 (99) Unknown

11. Occupant's Posture 9
 (0) Normal posture
 Abnormal posture
 (1) Kneeling or standing on seat
 (2) Lying on or across seat
 (3) Kneeling, standing or sitting in front of seat
 (4) Sitting sideways or around to talk with another
 occupant or to look out a rear window
 (5) Sitting on a console
 (6) Lying back in a reclined seat position
 (7) Bracing with feet or hands on a surface in front
 of seat
 (8) Other abnormal posture (specify):
 (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 9

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 9

- (0) No ejection
- (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

14. Ejection Medium 9

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing
- (5) Integral structure
- (8) Other medium (specify _____)
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 9

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 9

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

3

18. 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

99

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

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

(8) Other improper use of manual belt system (specify):

(9) Unknown

7

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (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

7

21. Air Bag System Availability/Condition

- (0) Not equipped/not available
- (1) Not installed
- (2) Air bag disconnected (specify):

(3) Air bag not installed

(9) Unknown

1
VIN
+
P.A.R.

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed during accident—cause indeterminate
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident (e.g., fire, explosion, electrical)
- (9) Unknown

1
VIN
+
P.A.R.

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

7

Note: See Paragraph 48 (Page 5) for instructions on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

7

Air Bag Deployed out seat Belts

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Damage by Occupant at This Occupant Position 9

- (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

26. Seat Type (this Occupant Position) 9

- (00) Occupant not seated or no seat
- (01) Bench
- (02) Bench 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 (non-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 (specify): _____
- (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 OOO
 (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 O
 (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 OO
 (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 OO

32. Child Safety Seat Shield Usage OO

33. Child Safety Seat Tether Usage OO

Note: Options are applicable to Variables OA and OASS
 (00) No child safety seat used

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 used
 (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

INJURY CONSEQUENCES

34. Injury Severity (NHTSA Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility For Initial Treatment 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
 - (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. 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

45. 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) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

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

47. 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

48. Automatic (Passive) Belt Failure Modes During Incident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure
- (2) Torque loading (stretching/latching not included)
- (3) Broken buckle or latchplate
- (4) Upper/lower stage separated
- (5) Other and/or none separated (specify):
- (6) Broken retractor
- (7) Combination of failure modes (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (plus Occupant Position)

- (0) Occupant not seated
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat forward
- (4) Side facing seat toward
- (8) Other (specify):
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle manufacturer
- Official incident report
- Driver/occupant interview
- Other (specify) PAN
- Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO YES

UPDATE CANDIDATE?

NO YES

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

BELT USE DETERMINATION

TRAUMA DATA

- 50. Glasgow Coma Scale (GCS) (at Medical Facility) 0 0
 - (00) Not injured
 - (01) Injured - not treated at medical facility
 - (02) No GCS Score at medical facility
 - (03-15) Code the actual value of the initial GCS Score reported at medical facility.
 - (97) Injured, details unknown
 - (99) Unknown if injured

- 51. Was the Spinal Fluid Given Blood? 1
 - (1) No - Spinal fluid not given blood
 - (2) Yes - Spinal fluid given blood
 - (9) Unknown if given

- 52. Arterial Blood Gas (ABG) - HCO₃ 0 0
 - (00) Not injured
 - (01) Injured, ABGs not measured or reported
 - (02-50) Code the actual value of the HCO₃
 - (96) ABGs reported, HCO₃ unknown
 - (97) Injured, details unknown
 - (99) Unknown if injured

- 53. Primary Source of Belt Use Determination 9
 - (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Vehicle inspection
 - (2) Official injury data
 - (3) Driver/occupant interview
 - (8) Other (specify): _____
 - (9) Unknown if belt used

PSU NUMBER

72

CASE NUMBER

074A

VEHICLE NUMBER

01

OCCUPANT NUMBER

02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:



ENTIRE FORM



PAGE NUMBER (S) _____

Total Case Errors

0

0

2

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SLIDE INDEX

Primary Sampling Unit Number - 72 Case Number Stratum 074A

Slide No.	Vehicle No.	Direction of View	Description of Slide Subject Matter
1-4	V1	West	Approach Views
5-18	V1	N/A	Scene Evidence
19-20	V1	East	Look Back View
	V1	EXTERIOR	Front Views
	V1		Front Left 45°
	V1		Left Side
	V1		Back Left 45°
	V1		Back Views
	V1		Back Right 45°
	V1		Right Side
	V1		Right Front 45°
	V1		Top Views
	V1	INTERIOR	In Left Front Door
	V1		Steering Column Views
	V1		Seat Area 11
	V1		Contact Points
	V1		Seat Area 12
	V1		Contact
	V1		Seat Area 13
	V1		Contact
	V1		In Right Front Door
	V1		In Left Rear Door
	V1		Seat Area 21, 22, 23
	V1		In Right Rear Door



PSU 72-074A (1994) #1



PSU 72-074A (1994) #2



PSU 72-074A (1994) #3



PSU 72-074A (1994) #4



PSU 72-074A (1994) #5



PSU 72-074A (1994) #6



PSU 72-074A (1994) #7
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PSU 72-074A (1994) #8



PSU 72-074A (1994) #9



PSU 72-074A (1994) #10



PSU 72-074A (1994) #11



PSU 72-074A (1994) #12



PSU 72-074A (1994) #13



PSU 72-074A (1984) #14



PSU 72-074A (1994) #15



PSU 72-074A (1994) #16



PSU 72-074A (1994) #17



PSU 72-074A (1994) #18



PSU 72-074A (1994) #19



PSU 72-074A (1994) #20