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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U.S. Department of Transportation

National Highway Traffic Safety Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU _____   CASE NO. _____   TYPE OF ACCIDENT _____

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. <u>Do not include any personal identifiers.</u>)

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	

DO NOT SANITIZE THIS FORM

HS Form 434A (1/95)

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source

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

1995 Case Summary Form

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was eastbound on a two lane rural residential roadway, in dry daylight conditiions. V1 ran off the roadway to the right, and struck a large tree with V1 right front. V1 came to rest facing north, at the point of impact. Interview and evidence suggest that the driver suffered heart failure just prior to the impact.
01

B. VEHICLE PROFILE(S)

Veh. No	Class of Vehicle	Year/Make/ Model	Damage Plane	Severity Descr.	Component Failure
01	Full Size	1992 Cadillac Deville	Front	Moderate	None

01

C. PERSON PROFILE(S)

Veh. No	Person Role	Seat Positon	Restraint Use	Body Region	Injury Type	AIS	Injury Source
01	Driver	Fr. Lft.	Lap & Sho w/Air Bag				

face (lip) laceration, air bag

O

ACCIDENT COLLISION DIAGRAM

PSU No. 4 5   Case Number—Stratum 0 8 2 A

Indicate
North

Both sides of Road
Are Deeply wooded
Areas

← REF
LINE

REF Point →

30 MPH

Scale: 1 centimeter = 2.5 meters

U.S. Department of Transportation

National Highway Traffic Safety
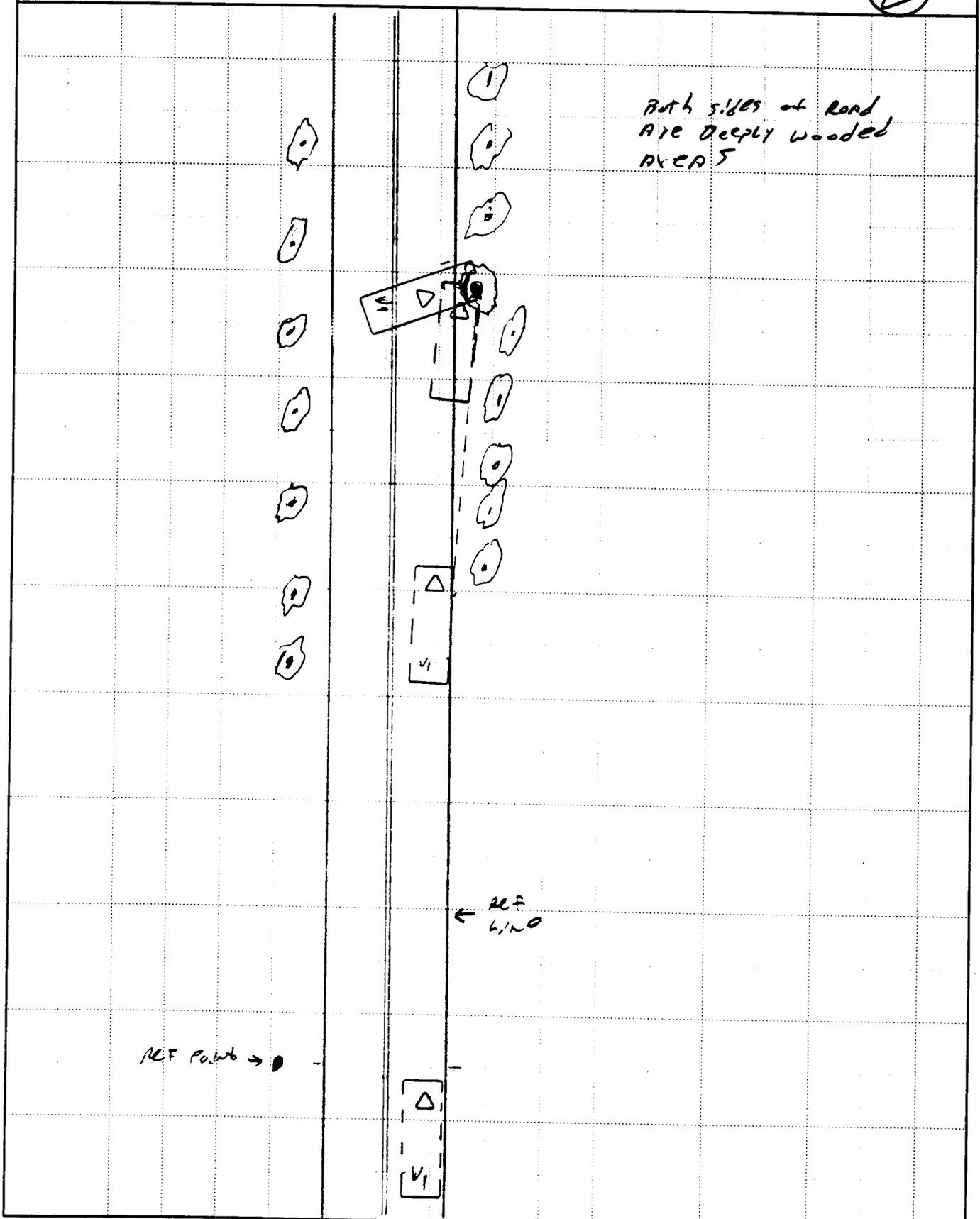Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 4 5   Case Number—Stratum   0   8   2   A

Indicate
North

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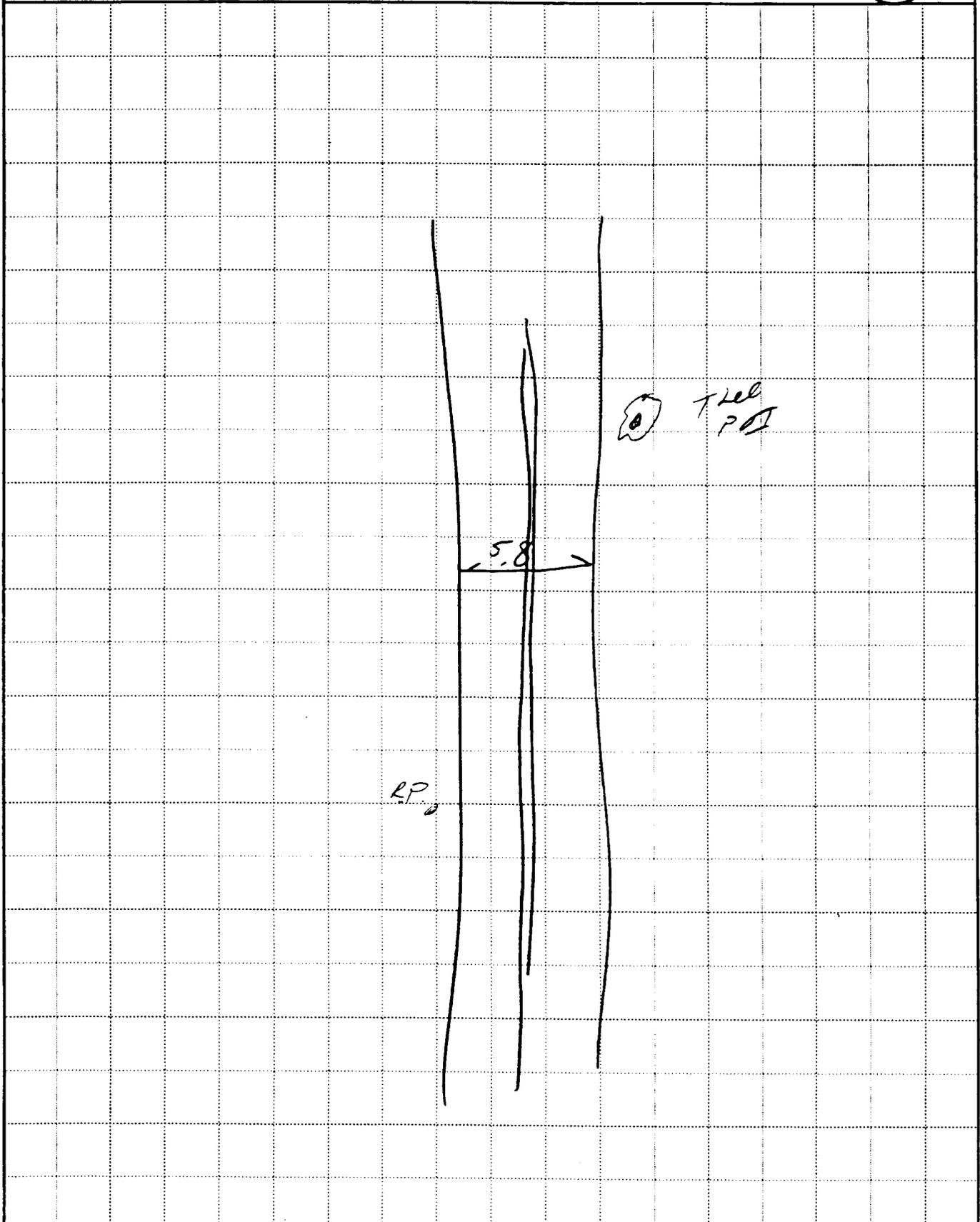National Highway Traffic Safety Administration

ACCIDENT COLLISION
MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number _4 5_   Case Number—Stratum _0_ _8_ _2_ _A_

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

* all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)

* all traffic controls (e.g., speed limit)

* north arrow placed on diagram

* roadway surface type and condition of applicable roadways

* grade measurements for all applicable roadways and at location of rollover initiation

* roadway curvature

Document vehicle dynamics including:

* 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

* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:

    a) physical evidence, or

    b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	998		
Surface Type	ASP		
Surface Condition	Rough Travel		
Coefficient of Friction	.6		
Grade (v/h) Measurement (between impact and final rest)	level		
Grade (v/h) Measurement (at location of rollover initiation)	N/A		

Reference Point: _utility pile #_   Reference line: _North Road edge_

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	≠0	Road + 2.0 S
RF Tire leaves Road	22.5 W	RT side.
e-d LT Tire.	36.0 W	1.0 N
POI Tire (30 cm DiA)	36.8 W	1.0 N
RR Tire F.LAP L	35.2 W	2.0 S
L.F. Tire F.ind L	38.1 W	.4 S

HS Form 431A (1/95)

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

ACCIDENT FORM

1. Primary Sampling Unit Number 4 5

2. Case Number - Stratum 0 8 2 A

IDENTIFICATION

3. Number of General Vehicle
   Forms Submitted 0 1

4. Date of Accident
   (Month, Day, Year) ▮ / ▮ / 9 5

5. Time of Accident 1 1 2 3

   Code reported military time of accident.

   NOTE: Midnight = 2400
          Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-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
   (Data for this special study available
   in a separate file.) 0

8. ___ SS17 Impact Fires ___

9. ___ SS18 Unsafe Driver Actions 0

10. ___ SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events
    in This Accident 0 1

    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 in the right columnns.

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. 0 1	13. 0 1	14. 0 4	15. F	16. 4 2	17. 0 0	18. 0
19. 0 2	20. ___ ___	21. ___ ___	22. ___	23. ___ ___	24. ___ ___	25. ___
26. 0 3	27. ___ ___	28. ___ ___	29. ___	30. ___ ___	31. ___ ___	32. ___
33. 0 4	34. ___ ___	35. ___ ___	36. ___	37. ___ ___	38. ___ ___	39. ___
40. 0 5	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 < 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
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,500 kgs GVWR)
(16) Utility station wagon (≤ 4,500 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,500 kgs GVWR)
(21) Large van (≤ 4,500 kgs GVWR)
(24) Van Based school bus (≤ 4,500 kgs GVWR)
(28) Other van type (≤ 4,500 kgs GVWR)
(29) Unknown van type (≤ 4,500 kgs GVWR)
(30) Compact pickup truck (≤ 4,500 kgs GVWR)

(31) Large pickup truck (≤ 4,500 kgs GVWR)
(38) Other pickup truck (≤ 4,500 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,500 kgs GVWR
(45) Other light truck (≤ 4,500 kgs GVWR)
(48) Unknown light truck type (≤ 4,500 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(> 4,500 kgs GVWR)
(58) Other bus (> 4,500 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,500 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) Other vehicle
(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES	(O) Not a motor vehicle	(R) Right side	(T) Top
	(N) Noncollision	(L) Left side	(U) Undercarriage
	(F) Front	(B) Back	(9) Unknown

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
   (31) Overturn — rollover (excludes end-over-end)
   (32) Rollover — end-over-end
   (33) Fire or explosion
   (34) Jackknife
   (35) Other intraunit damage (specify):
   _____
   (36) 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) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
   (50) Pole or post (≤ 10 cm in diameter)
   (51) Pole or post (> 10 cm but ≤ 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
   (70) Passenger car, light truck, van, or other vehicle
         not in-transport
   (71) Medium/heavy truck or bus 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

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction   *0*
    (0) Non-interchange area and non-junction
    (1) Interchange area related

    Non-Interchange junctions
    (2) Intersection related
    (3) Driveway, alley access related
    (4) Other junction (specify)

    (5) _____ Unknown type of junction

    (9) Unknown

20. Trafficway Flow   *0*
    (0) Not physically divided (two way traffic)
    (1) Divided trafficway-median strip without positive barrier
    (2) Divided trafficway-median strip with positive barrier
    (3) One way traffic
    (9) Unknown

21. Number Of Travel Lanes   *2*
    (1) One
    (2) Two
    (3) Three
    (4) Four
    (5) Five
    (6) Six
    (7) Seven or more
    (9) Unknown

22. Roadway Alignment   *1*
    (1) Straight
    (2) Curve right
    (3) Curve left
    (9) Unknown

23. Roadway Profile   *1*
    (1) Level
    (2) Uphill grade (>2%)
    (3) Hill crest
    (4) Downhill grade (>2%)
    (5) Sag
    (9) Unknown

24. Roadway Surface Type   *2*
    (1) Concrete
    (2) Bituminous (asphalt)
    (3) Brick or block
    (4) Slag, gravel, or stone
    (5) Dirt
    (8) Other (specify): _____
    (9) Unknown

25. Roadway Surface Condition   *1*
    (1) Dry
    (2) Wet
    (3) Snow or slush
    (4) Ice
    (5) Sand, dirt, or oil
    (8) Other (specify): _____
    (9) Unknown

26. Light Conditions   *1*
    (1) Daylight
    (2) Dark
    (3) Dark, but lighted
    (4) Dawn
    (5) Dusk
    (9) Unknown

27. Atmospheric Conditions   *0*
    (0) No adverse atmospheric-related driving conditions
    (1) Rain
    (2) Sleet/hail
    (3) Snow
    (4) Fog
    (5) Rain and fog
    (6) Sleet and fog
    (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify):

    _____
    (9) Unknown

28. Traffic Control Device   *0*
    (0) No traffic control(s)
    (1) Traffic control signal (not RR crossing)

    Regulatory
    (2) Stop sign
    (3) Yield sign
    (4) School zone sign
    (5) Other regulatory sign (specify):

    _____
    (6) Warning sign (not RR crossing)
    (7) Unknown sign
    (8) Miscellaneous/other controls including RR controls (specify):

    _____
    (9) Unknown

29. Traffic Control Device Functioning   *0*
    (0) No traffic control device
    (1) Traffic control device not functioning (specify):_____
    (2) Traffic control device functioning properly
    (9) Unknown

EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number	4 5	3. Vehicle Number	0 1
2. Case Number - Stratum	0 8 2 A		

VEHICLE IDENTIFICATION

VIN 1 E 6 C D 5 3 B 6 N 4 ▓▓▓▓▓▓▓▓▓▓▓   Model Year 9 2

Vehicle Make (specify): _Cadillac_   Vehicle Model (specify): _Deville 4D._

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	RFBc To LFT.	Frontal Plane	At C-6

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
01	Front Bumper	38	46	158	09	11	06	08	29	46	+61
	Free space	—	.08		08	07	03	03	07	08	
01	Resultant	38	38	158	01	04	03	05	22	38	+61

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	__ __ __.__	inches	x 2.54	=	__ __ __cm
Overall Length	__ __ __.__	inches	x 2.54	=	__ __ __cm
Maximum Width	__ __ __.__	inches	x 2.54	=	__ __ __cm
Curb Weight	__ __,__ __ __	pounds	x .4536	=	__,__ __ __ kg
Average Track	__ __ __.__	inches	x 2.54	=	__ __ __cm
Front Overhang	__ __ __.__	inches	x 2.54	=	__ __ __cm
Rear Overhang	__ __ __.__	inches	x 2.54	=	__ __ __cm
Undeformed End Width	__ __ __.__	inches	x 2.54	=	__ __ __cm
Engine Size: cyl./displ.	__ __ __ __	cc	x .001	=	__.__ L
	__ __ __	CID	x .0164	=	__.__ L

45-082A

OCCUPANT RELATED

37. Driver Presence in Vehicle   1
- (0) Driver not present
- (1) Driver present
- (9) Unknown

38. Number of Occupants This Vehicle   0 1
- (00-96) Code actual number of occupants for this vehicle
- (97) 97 or more
- (99) Unknown

39. Number of Occupant Forms Submitted   0 1

AIR BAG RELATED

40. Is this an AOPS Vehicle?   1
- (0) No (includes unknown)
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal   2
- (0) Not equipped or not available
- (1) No air bags deployed

Single Air Bag Vehicle
- (2) Driver air bag deployed
- (3) Driver air bag, unknown if deployed

Multiple Air Bag Vehicle
- (4) Driver side only deployed
- (5) Passenger side only deployed
- (6) Driver and passenger side deployed
- (7) Driver and passenger side unknown if deployed
- (8) Air bag(s) deployed, details unknown
- (9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal   0
- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight   1,630
- Code weight to nearest 10 kilograms.
- (045) Less than 450 kilograms
- (610) 6,100 kilograms or more
- (999) Unknown
- ___,___ lbs X .4536 = 1629 kgs
- Source: ▓▓▓▓▓ ▓▓▓

44. Vehicle Cargo Weight   0,000
- Code weight to nearest 10 kilograms.
- (000) Less than 5 kilograms
- (450) 4,500 kilograms or more
- (999) Unknown
- ___,___ lbs X .4536 = ___,___ kgs
- Source: _____

ROLLOVER DATA

45. Rollover   0 0
- (00) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
- (01-16) Code the number of quarter turns
- (17) Rollover, 17 or more quarter turns (specify): _____
- (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
- (99) Rollover (overturn), details unknown

46. Rollover Initiation Type   0 0
- (00) No rollover
- (01) Trip-over
- (02) Flip-over
- (03) Turn-over
- (04) Climb-over
- (05) Fall-over
- (06) Bounce-over
- (07) Collision with another vehicle
- (08) Other rollover initiation type specify): _____
- (98) Rollover--end-over-end
- (99) Unknown rollover initiation type

47. 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
- (8) Rollover--end-over-end
- (9) Unknown

48. Rollover Initiation Object Contacted   0 0
(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied   0
- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify): _____
- (6) Non-contact rollover forces (specify): _____
- (8) Rollover--end-over-end
- (9) Unknown

50. Direction of Initial Roll   0
- (0) No rollover
- (1) Roll right - primarily about the longitudinal axis
- (2) Roll left - primarily about the longitudinal axis
- (8) Rollover--end-over-end
- (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision
(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 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
(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus 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

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted   b. Tire deflated

	a.		b.
RF	1	RF	1
LF	2	LF	2
RR	2	RR	2
LR	2	LR	2

(1) Yes   (2) No   (8) NA   (9) Unk.

TYPE OF TRANSMISSION

☐ Manual   ☑ Automatic

END SHIFT ≥ 10 CM

☐ Yes   ☑ No

ORIGINAL SPECIFICATIONS

Wheelbase	110.8	281	cm
Overall Length	205.1	521	cm
Maximum Width	73.4	186	cm
Curb Weight	3591	1629	kg
Average Track	60.1	153	cm
Front Overhang			cm
Rear Overhang			cm
Undeformed End Width		160	cm
Engine Size: cyl./displ.	V8	4.9	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± _____ o
LF ± _____ o
RR ± _____ o
LR ± _____ o

Within ± 5 degrees

DRIVE WHEELS

☑ FWD   ☐ RWD   ☐ 4WD

Approximate Cargo Weight _____0_____ kg

MEASUREMENTS IN CENTIMETERS

Bumper height 40

152

42

154

160

V

POST-CRASH

Bumper corner 99   292   116 Bumper corner
Stringline 108   121 Stringline

POST-CRASH

Bumper corner 116   265   88 Bumper corner
Stringline 121   134 Stringline

Broken Lower control ARM
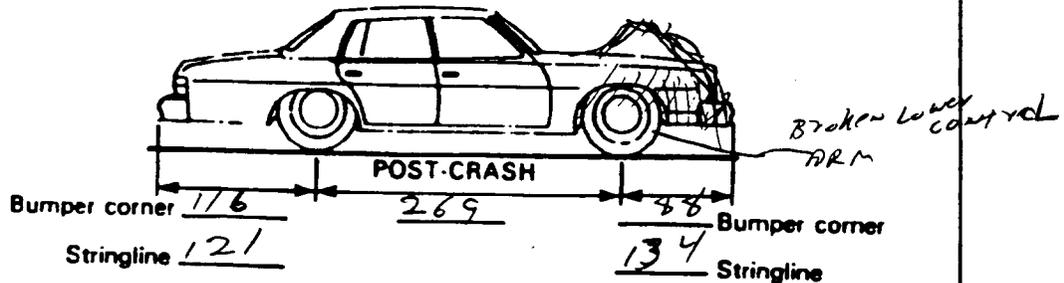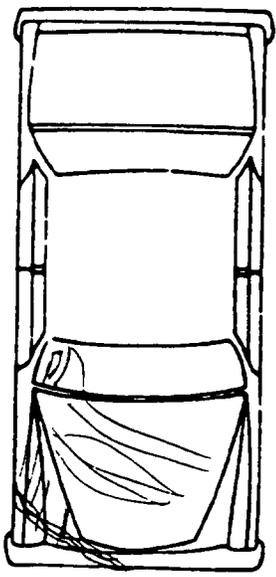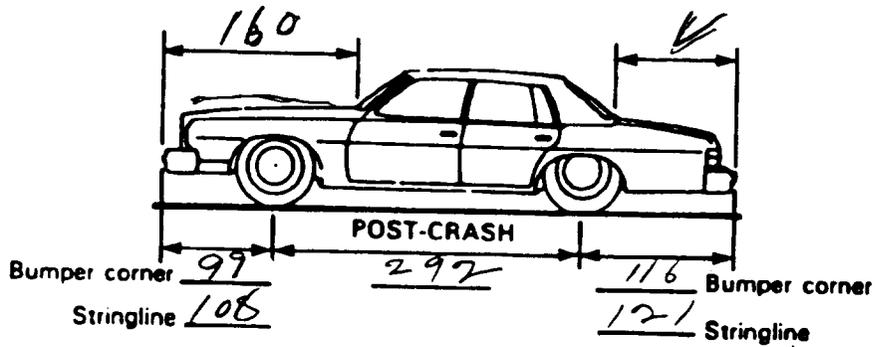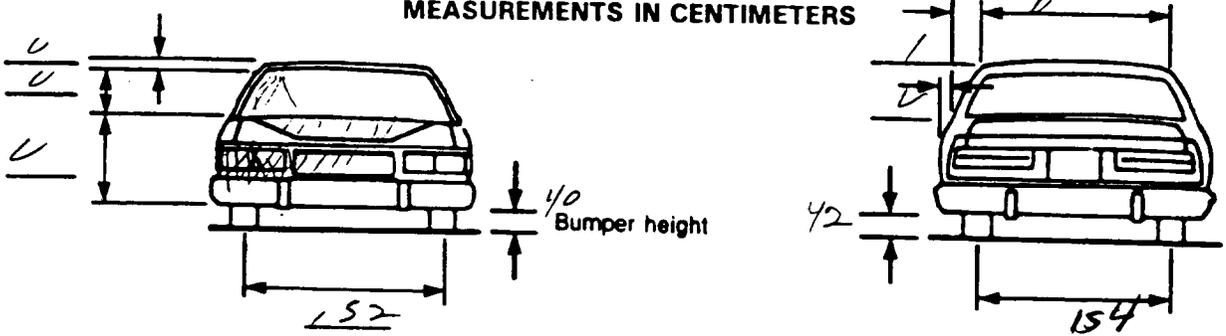
NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify):

_____
- (36) 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) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 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
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
0 1	4 2	3 5 0	0 0	F	R	E	Ø E	0 2 / 0 3
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __
__ __	__ __	__ __ __	__ __	__	__	__	__	__ __

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. _0_ _1_	5. _4_ _7_	6. _1_ _2_	7. _F_	8. _R_	9. _E_	10. _A_ / _E_	11. _6_ _2_ _0_ _3_

Second Highest Delta "V"

12. ___ ___	13. ___ ___	14. ___ ___	15. ___	16. ___	17. ___	18. ___	19. ___ ___

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
_1_ _6_ _c_	_c_ _0_ _1_	_c_ _0_ _4_	_0_ _0_ _3_	_0_ _0_ _5_	_0_ _2_ _2_	_0_ _3_ _8_	⊕ _0_ _6_ _1_

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	+ __ __ __

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)   _1_ _6_ _0_
____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact)   _0_ _3_ _8_
____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase
____ Code to the nearest centimeter   _2_ _8_ _1_
(650) 650 centimeters or more
(999) Unknown
___ ___ ___ . ___ inches X 2.54 = ___ ___ ___ centimeters

29. Original Average Track Width
____ Code to the nearest centimter   _1_ _5_ _3_
(185) 185 centimeters or more
(999) Unknown
___ ___ ___ . ___ inches X 2.54 = ___ ___ ___ centimeters

30. Are CDCs Documented
    but Not Coded on The
    Automated File?   *0*
    (0) No
    (1) Yes

31. Researcher's Assessment of Vehicle
    Disposition   *1*
    (0) Not towed due to vehicle damage
    (1) Towed due to vehicle damage
    (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
    And/Or A Certified Altered Vehicle?   *0*
    (0) No post manufacturer modifications
    (1) Yes - post manufacturer modifications
        (specify): _____

        _____

        _____
        (Include photograph of CERTIFICATION
        PLACARD in case report)
    (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence   *0*
    (0) No fire

    Yes, fire occurred
    (1) Minor
    (2) Major
    (9) Unknown

34. Origin of Fire   *0*
    (0) No fire
    (1) Vehicle exterior (front, side, back, top)
    (2) Exhaust system
    (3) Fuel tank (and other fuel retention
        system parts)
    (4) Engine compartment
    (5) Cargo/trunk compartment
    (6) Instrument panel
    (7) Passenger compartment area
    (8) Other location (specify):

        _____
    (9) Unknown

FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap   *2*
36. Location of Fuel Tank-2 Filler Cap   *0*
    (0) No fuel tank
    (1) On back plane
    (2) Aft of center of the rear wheels (rear axle)
        on left side plane
    (3) Aft of center of the rear wheels (rear axle)
        on right side plane
    (4) Forward of center of the rear wheels (rear
        axle) on left side plane
    (5) Forward of center of the rear wheels (rear
        axle) on right side plane
    (6) Over the center of the rear wheels (rear
        axle) on left side plane
    (7) Over the center of the rear wheels (rear
        axle) on right side plane
    (8) Other (specify):_____
    (9) Unknown

37. Type of Fuel Tank-1   *1*
38. Type of Fuel Tank-2   *0*
    (0) No fuel tank (electrical vehicle)
    (1) Metallic
    (2) Non-metallic
    (9) Unknown

39. Location of Fuel Tank-1   *4*
40. Location of Fuel Tank-2   *0*
    (0) No fuel tank
    (1) Aft of center of the rear wheels (rear axle)
        centered
    (2) Aft of center of the rear wheels (rear axle)
        left side
    (3) Aft of center of the rear wheels (rear axle)
        right side
    (4) Forward of center of the rear wheels (rear
        axle) centered
    (5) Forward of center of the rear wheels (rear
        axle) left side
    (6) Forward of center of the rear wheels (rear
        axle) right side
    (7) Over center of the rear wheels (rear axle)
    (8) Other (specify):_____
    (9) Unknown

41. Damage to Fuel Tank-1   *1*
42. Damage to Fuel Tank-2   *0*
    (0) No fuel tank
    (1) No damage to fuel tank
    (2) Deformed, no seam failure
    (3) Deformed, with a seam failure
    (4) Punctured
    (5) Lacerated (ripped)
    (6) Abraded (scraped)
    (7) Filler neck separation from the fuel tank
    (8) Other damage (specify):_____
    (9) Unknown

43. Leakage Location of Fuel System-1   _1_

44. Leakage Location of Fuel System-2   _6_
    (0) No fuel tank
    (1) No fuel leakage

    Primary Area Of Leakage
    (2) Tank
    (3) Filler neck
    (4) Cap
    (5) Lines/pump/filter
    (6) Vent/emission recovery
    (8) Other (specify):_____
    (9) Unknown

45. Fuel Type-1   _0_ _1_

46. Fuel Type-2   _0_ _0_

    Single Fuel Type
    (00) No fuel tank
    (01) Gasoline
    (02) Diesel
    (03) CNG (Compressed Natural Gas)
    (04) LPG (Liquid Petroleum Gas) also
          known as Propane
    (05) LNG (Liquid Natural Gas)
    (06) Methanol (M100 or M85)
    (07) Ethanol (E100 or E85)
    (08) Other (Hydrogen or others) (specify):
    _____

    Electric Powered or Electric/Solar
    Powered Vehicles
    (10) Lead Acid Battery
    (11) Nickel-Iron Battery
    (12) Nickel-Cadmium Battery
    (13) Sodium Metal Chloride Battery
    (14) Sodium Sulfur Battery
    (18) Other (Specify):_____

    (98) Other Hybrid (specify):
    _____

    (99) Unknown fuel type

47. Is This Vehicle Equipped With More Than   _0_
    Two Fuel Tanks?
    (0) No (one or two tanks only)

    Yes - More Than Two Tanks
    (1) Yes -- <u>no damage</u> to any tank or filler
         cap and <u>no fuel system leakage</u>
    (2) Yes -- <u>no damage</u> to any tank or filler
         cap but <u>there is fuel system leakage</u>
         (specify leakage location):
         _____
    (3) Yes -- <u>damage</u> to an additional tank or
         filler cap and <u>there is fuel system leakage</u>
         (specify the following):
         Type of tank _____
         Tank location _____
         Filler cap location _____
         Tank damage _____
         Location of leakage _____
         Type of fuel _____
    (9) Unknown if more than two tanks

COMMENTS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10 = 0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number ___4_ _5_

2. Case Number - Stratum ___0_ _8_ _2_ _A_

3. Vehicle Number ___0_ _1_

INTEGRITY

4. Passenger Compartment Integrity ___0_ _0_

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

_____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF _/_ 6. RF _3_ 7. LR _/_ 8. RR _3_ 9. TG/H _0_

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

_____

(9) Unknown

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

10. LF _0_ 11. RF _0_ 12. LR _0_ 13. RR _0_ 14. TG/H _0_

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

_____

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS _/_ 16. LF _2_ 17. RF _2_ 18. LR _2_ 19. RR _2_

20. BL _4_ 21. Roof _0_ 22. Other _2_

(0) No glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted (original)
(4) AS-2 — Tempered-with after market tint
(5) AS-3 — Tempered-tinted (with additional after market tint)
(6) AS-14 — Glass/Plastic
(7) Glazing removed prior to accident
(8) Other (specify):

_____

(9) Unknown

Window Precrash Glazing Status

23. WS _/_ 24. LF _2_ 25. RF _2_ 26. LR _2_ 27. RR _2_

28. BL _/_ 29. Roof _0_ 30. Other _/_

(0) No glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(7) Glazing removed prior to accident
(9) Unknown

Glazing Damage from Impact Forces

31. WS _2_ 32. LF _/_ 33. RF _/_ 34. LR _/_ 35. RR _/_

36. BL _/_ 37. Roof _0_ 38. Other _/_

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

Glazing Damage from Occupant Contact

39. WS _3_ 40. LF _/_ 41. RF _/_ 42. LR _/_ 43. RR _/_

44. BL _/_ 45. Roof _0_ 46. Other _/_

(0) No glazing
(1) No occupant contact to glazing
(2) Glazing contacted by occupant but no glazing damage
(3) Glazing in place and cracked by occupant contact
(4) Glazing in place and holed by occupant contact
(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(6) Glazing out-of-place by occupant contact and holed by occupant contact
(7) Glazing removed prior to accident
(8) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas

Row Width (cm)

Longitudinal

Vertical

Longitudinal

Lateral

Longitudinal

Longitudinal

Longitudinal

Vertical

Vertical
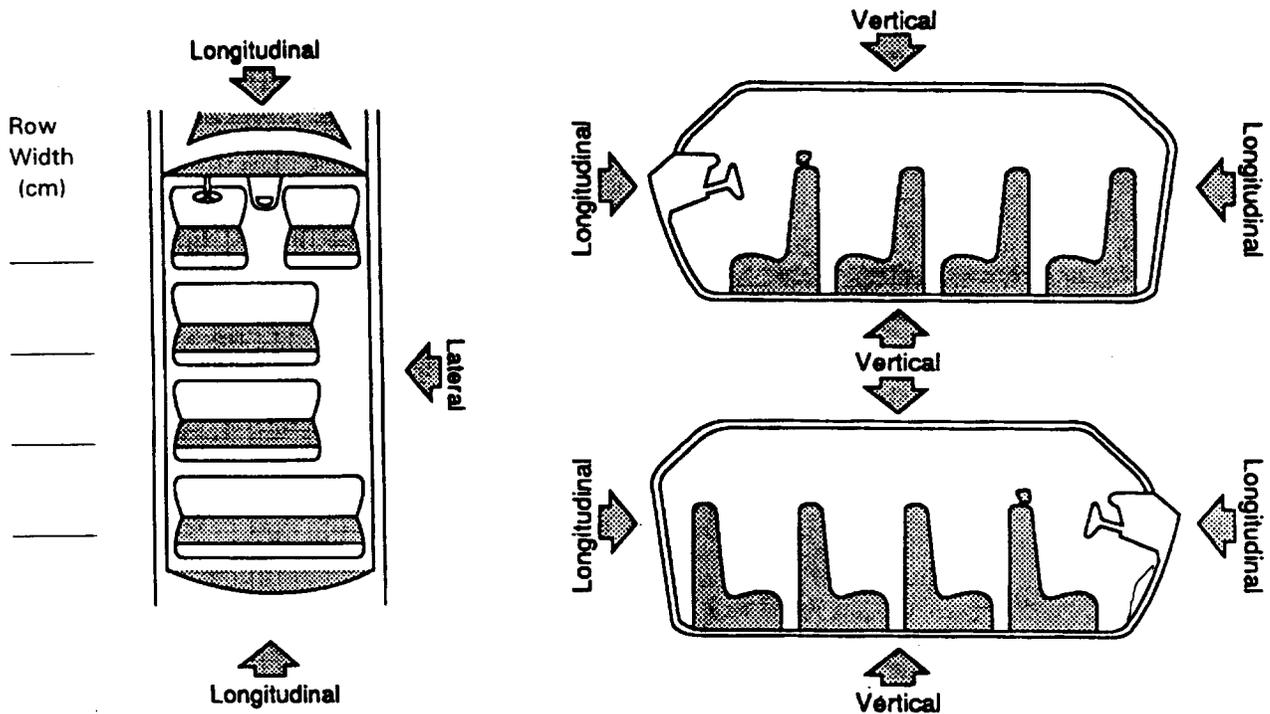
LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	− INTRUDED VALUE	=	INTRUSION	
1 - 3	TOE PAN	3 0	− 11	=	19	10 ←
			−	=		
			−	=		
			−	=		
			−	=		
			−	=		
			--	=		
			−	=		
			−	=		
			−	=		
			−	=		
			−	=		
			−	=		
			−	=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _1_ _3_	48. _0_ _5_	49. _3_	50. _2_
2nd	51. ___ ___	52. ___ ___	53. ___	54. ___
3rd	55. ___ ___	56. ___ ___	57. ___	58. ___
4th	59. ___ ___	60. ___ ___	61. ___	62. ___
5th	63. ___ ___	64. ___ ___	65. ___	66. ___
6th	67. ___ ___	68. ___ ___	69. ___	70. ___
7th	71. ___ ___	72. ___ ___	73. ___	74. ___
8th	75. ___ ___	76. ___ ___	77. ___	78. ___
9th	79. ___ ___	80. ___ ___	81. ___	82. ___
10th	83. ___ ___	84. ___ ___	85. ___	86. ___

LOCATION OF INTRUSION

Front Seat
(11) Left
(12) Middle
(13) Right

Second Seat
(21) Left
(22) Middle
(23) Right

Third Seat
(31) Left
(32) Middle
(33) Right

Fourth Seat
(41) Left
(42) Middle
(43) Right

(97) Catastrophic
(98) Other enclosed area (specify)

(99) _____ Unknown

INTRUDING COMPONENT

Interior Components
(01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Side panel - forward of the A1/A2-pillar
(11) Door panel (side)
(12) Side panel - rear of the B-pillar
(13) Roof (or convertible top)
(14) Roof side rail
(15) Windshield
(16) Windshield header
(17) Window frame
(18) Floor pan (includes sill)
(19) Backlight header
(20) Front seat back
(21) Second seat back
(22) Third seat back
(23) Fourth seat back
(24) Fifth seat back
(25) Seat cushion
(26) Back door/panel (e.g., tailgate)
(27) Other interior component (specify):

_____

Exterior Components
(30) Hood
(31) Outside surface of this vehicle (specify):

_____
(32) Other exterior object in the environment (specify):_____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify):_____
(99) Unknown

MAGNITUDE OF INTRUSION
(1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION
(1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

STEERING COLUMN

87. Steering Column Type   _2_
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Tilt Steering Column Adjustment   _4_
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

89. Telescoping Steering Column Adjustment   _0_
(0) No telescoping steering column
(1) Full back
(2) Between full back and midpoint
(3) Midpoint
(4) Between midpoint and full forward
(5) Full forward
(9) Unknown

90. Steering Rim/Spoke Deformation   _0_ _0_
____Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation   _0_ _0_
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke
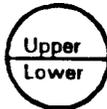
(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

Entire Column is Bent To Right.

INSTRUMENT PANEL

92. Odometer Reading   _0_ _6_._5_ ,000
____ kilometers
Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown
_40,397_ miles X 1.6093 = _65,014_ kilometers

Source: ▓▓▓▓▓▓▓▓▓▓▓

93. Instrument Panel Damage from Occupant Contact?   _0_
(0) No
(1) Yes
(9) Unknown

94. Type of Knee Bolster Covering   _1_
(0) No knee bolster
(1) Padded
(2) Rigid plastic
(8) Other (specify): _____
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?   _1_
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?   _1_
(0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

97. Adaptive (Assistive) Driving Equipment   _0_
(0) No adaptive driving equipment
(1) Adaptive driving equipment installed
(Check all that apply.)
[ ] Hand controls for braking/acceleration
[ ] Steering control devices (attached to OEM steering wheel)
[ ] Steering knob attached to steering wheel
[ ] Low effort power steering (unit or device)
[ ] Replacement steering wheel (i.e., reduced diameter)
[ ] Joy-stick steering controls
[ ] Wheelchair tie-downs
[ ] Modification to seat belts (specify): _____
[ ] Additional or relocated switches (specify): _____
[ ] Raised roof
[ ] Wall-mounted head rest (used behind wheelchair)
[ ] Other adaptive device (specify): _____
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment
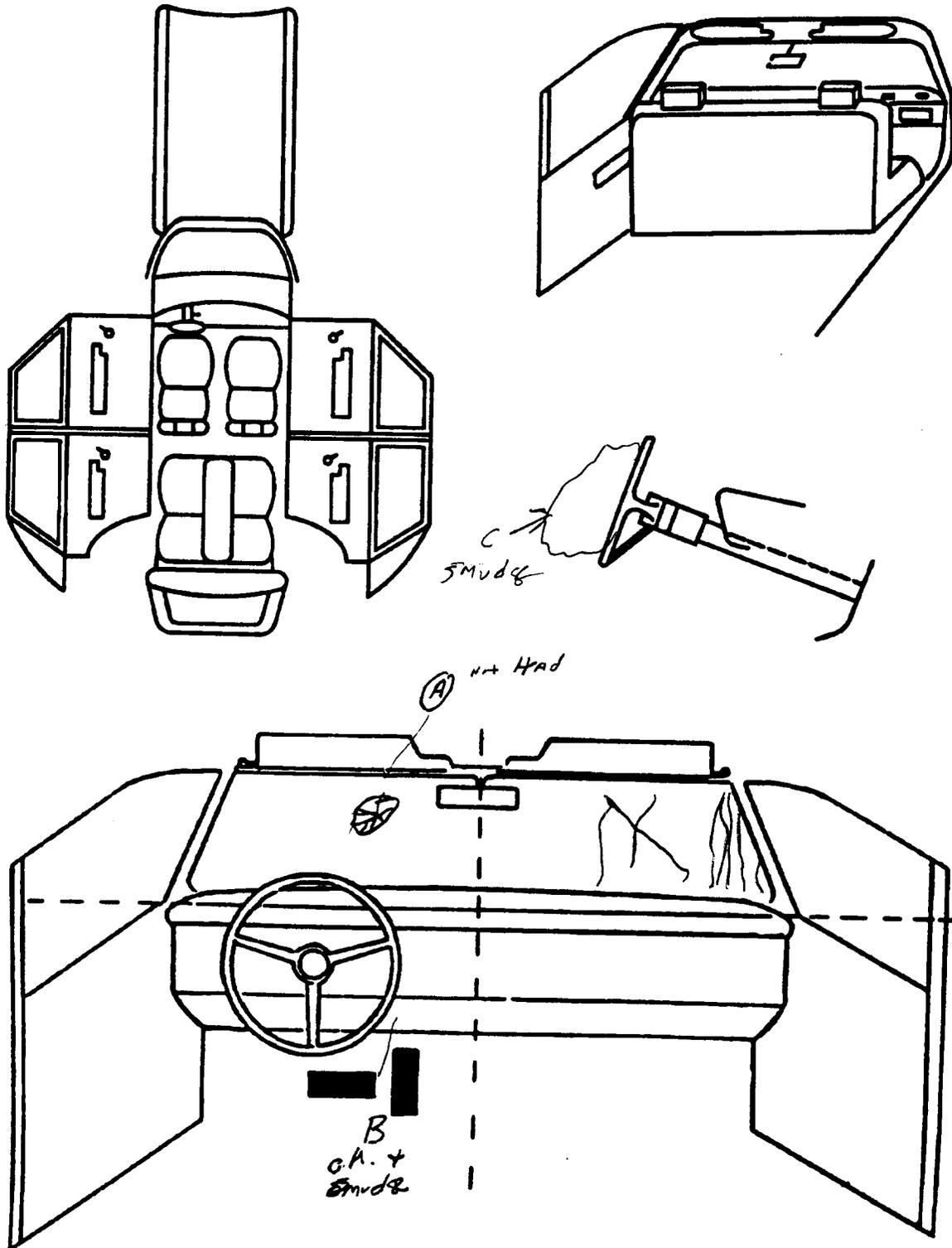
Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	001	01	unknown	Spider web	2
B	011	01	R knee	smudge	1
C	170	01	FD el	smudge	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
(001) Windshield
(002) Mirror
(003) Sunvisor
(004) Steering wheel rim
(005) Steering wheel hub/spoke
(006) Steering wheel (combination of codes 004 and 005)
(007) Steering column, transmission selector lever, other attachment
(008) Cellular telephone or CB radio
(009) Add on equipment(e.g., tape deck, air conditioner)
(010) Left instrument panel and below
(011) Center instrument panel and below
(012) Right instrument panel and below
(013) Glove compartment door
(014) Knee bolster
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(017) Windshield reinforced by exterior object, (specify):
_____
(019) Other front object (specify):
_____

LEFT SIDE
(051) Left side interior surface, excluding hardware or armrests
(052) Left side hardware or armrest
(053) Left A (A1/A2)-pillar
(054) Left B-pillar
(055) Other left pillar (specify):
_____
(056) Left side window glass
(057) Left side window frame
(058) Left side window sill
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(060) Other left side object (specify): _____

RIGHT SIDE
(101) Right side interior surface, excluding hardware or armrests
(102) Right side hardware or armrest
(103) Right A (A1/A2)-pillar
(104) Right B-pillar
(105) Other right pillar (specify):
_____
(106) Right side window glass
(107) Right side window frame
(108) Right side window sill
(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(110) Other right side object (specify): _____

INTERIOR
(151) Seat, back support
(152) Belt restraint webbing/buckle
(153) Belt restraint B-pillar or door frame attachment point
(154) Other restraint system component (specify):
_____
(155) Head restraint system
(160) Other occupants (specify):
_____
(161) Interior loose objects
(162) Child safety seat (specify):
_____
(163) Other interior object (specify): _____

AIR BAG
(170) Air bag-driver side
(175) Air bag compartment cover-driver side
(180) Air bag-passenger side
(185) Air bag compartment cover-passenger side
(190) Other air bag (specify)
_____
(195) Other air bag compartment cover (specify)
_____

ROOF
(201) Front header
(202) Rear header
(203) Roof left side rail
(204) Roof right side rail
(205) Roof or convertible top

FLOOR
(251) Floor (including toe pan)
(252) Floor or console mounted transmission lever, including console
(253) Parking brake handle
(254) Foot controls including parking brake

REAR
(301) Backlight (rear window)
(302) Backlight storage rack, door, etc.
(303) Other rear object (specify):
_____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT
(401) Hand controls for braking/acceleration
(402) Steering control devices (attached to OEM steering wheel)
(403) Steering knob attached to steering wheel
(405) Replacement steering wheel (i.e., reduced diameter)
(406) Joy stick steering controls
(407) Wheelchair tie-downs
(408) Modification to seat belts, (specify):_____
(409) Additional or relocated switches, (specify):
_____
(410) Raised roof
(411) Wall mounted head rest (used behind wheel chair)
(412) Other adaptive device (specify):_____

CONFIDENCE LEVEL OF CONTACT POINT	
(1)	Certain
(2)	Probable
(3)	Possible
(9)	Unknown

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	0 4	0 3	0 4
	Used in this crash?	0 4	0 0	0 0
	Proper Use	1	0	0
	Failure Modes	1	0	0
	Anchorage Adjustment	1	0	1
SECOND	Availability	4	3	4
	Evidence of usage	0 4	0 3	0 4
	Used in this crash?	0 0	0 0	0 0
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

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

Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (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

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 _____

Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/		
	Deployment	/		
	Failure	/		

Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify):
_____
(3) Air bag not reinstalled
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)
(0) Not equipped/not available
(1) No
(2) Yes (specify):
_____
(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)
(0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Air Bag(s) Deployment, *Other* Than First Seat Frontal (This Occupant Position)
(0) Not equipped with an *"other"* air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

AUTOMATIC BELTS

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

Automatic (Passive) Belt System Availability/Function
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

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

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

Automatic (Passive) Belt System Type
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
_____
(8) Other improper use of automatic belt system (specify):_____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
_____
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
_____
(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	/	
Flaps open at tear points?	2	
Flaps damaged?	/	
Air bag damaged?	0 /	
Source of air bag damage	0 /	
Air bag tethered?	/	
Air bag have vent ports?	2	
Other occupant contact air bag?	/	
Occupant wearing eyewear?	2	

Type of Air Bag
- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?
- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?
- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage
- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify): _____
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage
- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

NONE

$\underline{5\ 0}$ **cm.**
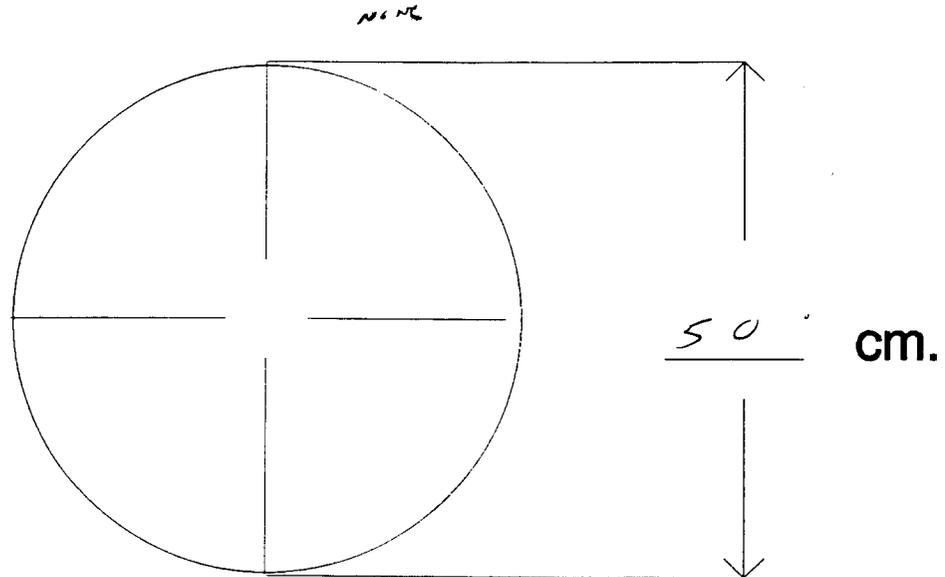
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

NoNe
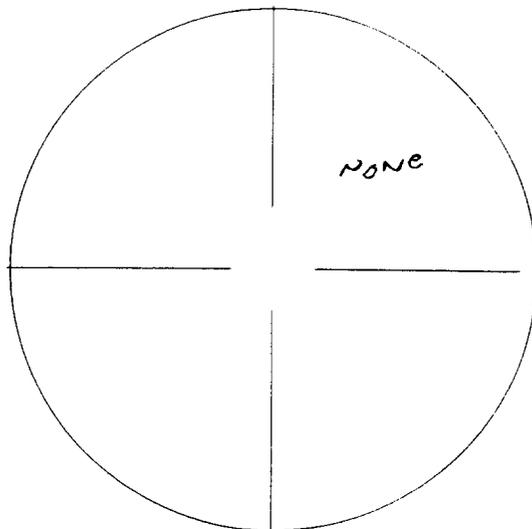
3. DRIVER AIR BAG MODULE COVER FLAP SIZE
   (DOUBLE)
   a.   Upper Flap   b.   Lower Flap

   width (W_U) __18__   width (W_L) __18__

       height (H_U) __6__   height (H_L) __5__
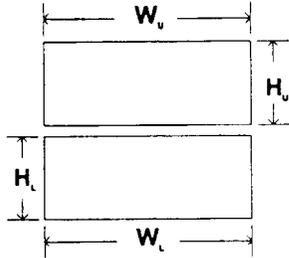
4. SKETCH OF OTHER TYPE OF AIR BAG MODULE
   FLAP AND SIZE
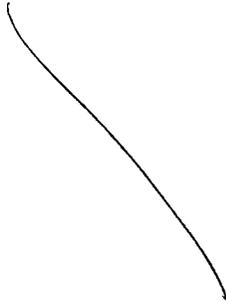
5. SKETCH OF OTHER TYPE OF AIR BAG VENT
   PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT
   PORTS
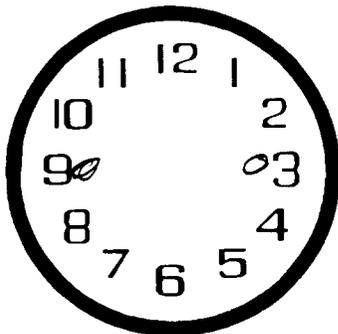
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)
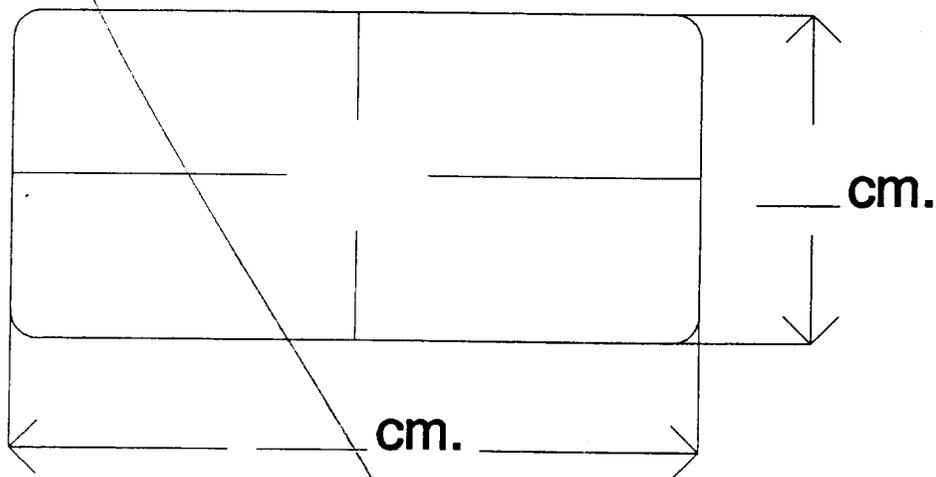
_____ cm.

_____ cm. _____

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)
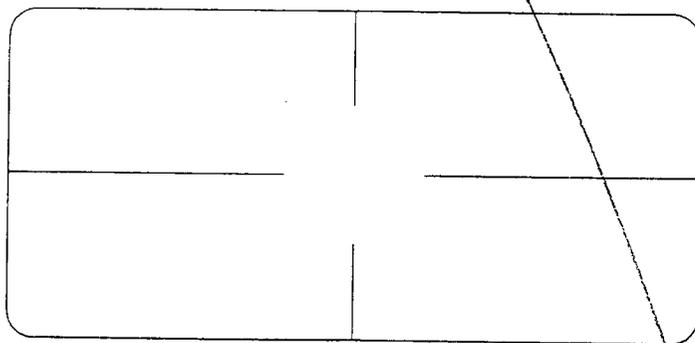
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE
   (SINGLE)
   a. Flap

   width (W) _____

   height (H) _____
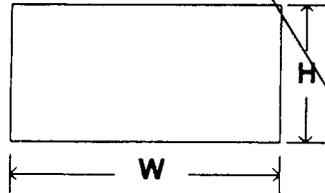
4. PASSENGER AIR BAG MODULE COVER FLAP SIZE
   (DOUBLE)

   a. Upper Flap   b. Lower Flap

   width (W_U) _____   width (W_L) _____

   height (H_U) _____   height (H_L) _____
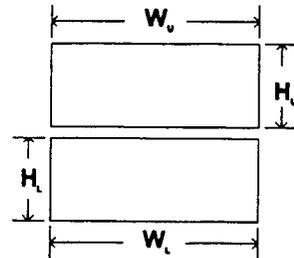
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE
   FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT
   PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG
   VENT PORTS
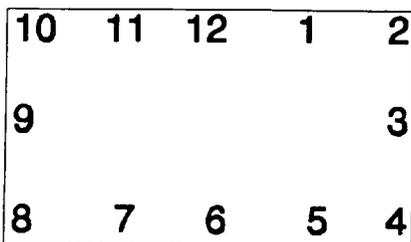
"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON *"OTHER"* AIR BAG (Front)
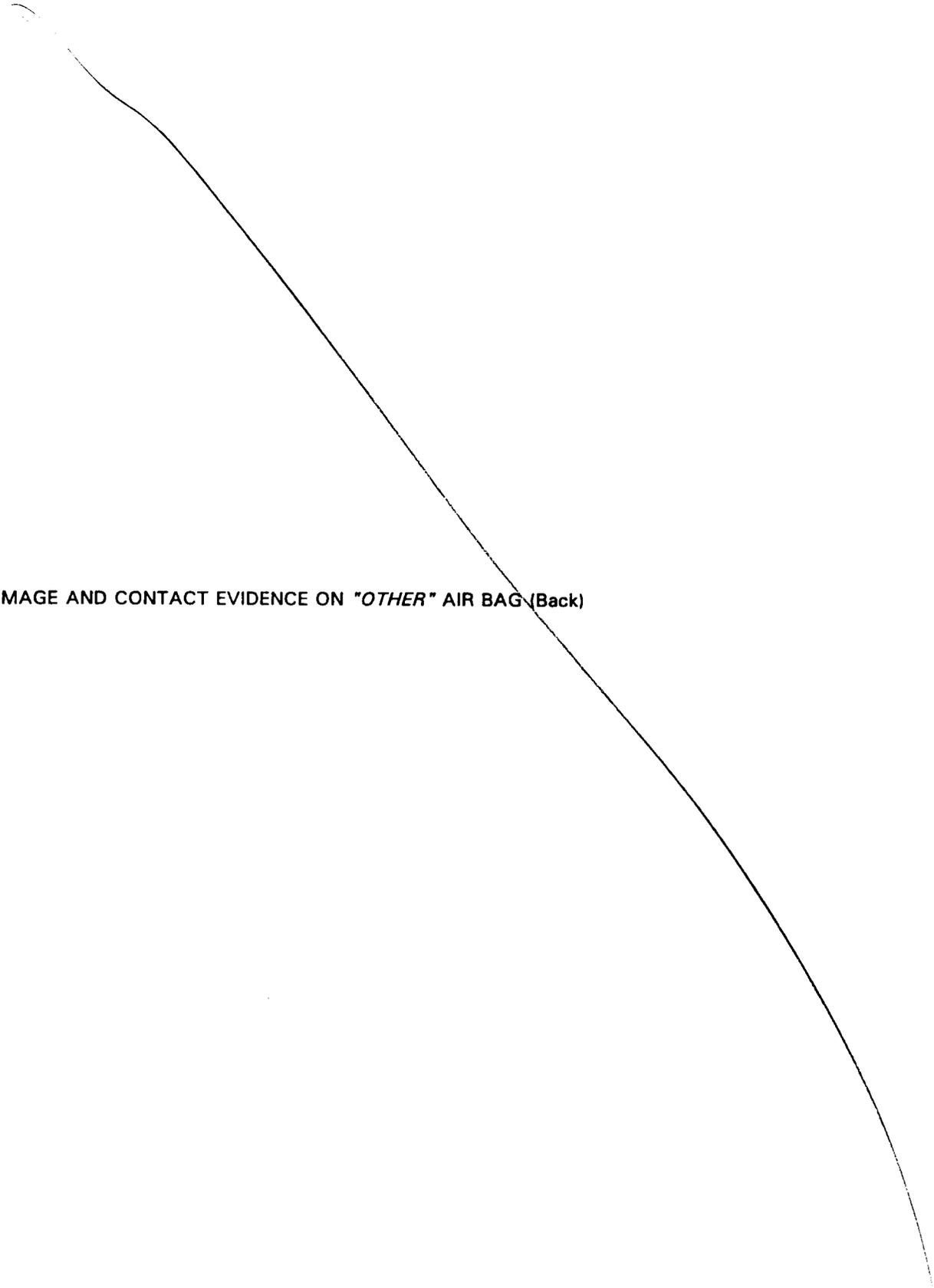
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON *"OTHER"* AIR BAG (Back)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG
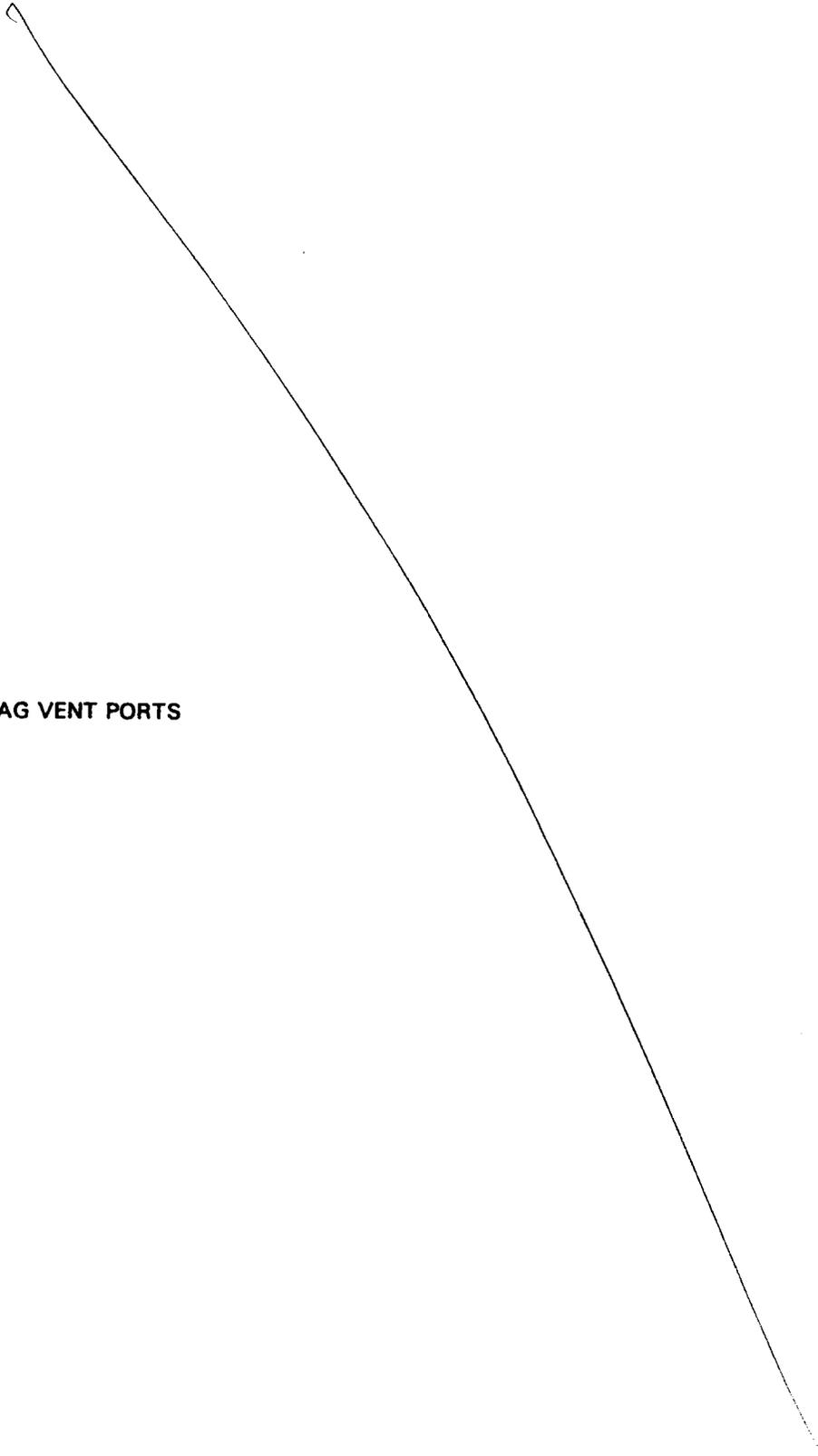
4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	2	0	0
	Seat Back Incline Pre/Post Impact	2 3	2 3	2 3
SECOND	Head Restraint Type/Damage	1	1	1
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	01	01	01
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

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

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position
(0) No head restraints
(1) Integral — no damage
(2) Integral — damaged during accident
(3) Adjustable — no damage
(4) Adjustable — damaged during accident
(5) Add-on — no damage
(6) Add-on — damaged during accident
(8) Other
Specify):_____
(9) Unknown

Seat Type (this Occupant Position)
(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

Seat Performance (this Occupant Position)
(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 tracks/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

Seat Orientation (this Occupant Position)
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
(9) Unknown

Seat Track Adjusted Position Prior To Impact
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

Adjustable Seat Track
(2) Seat at forward most track position
(3) Seat between forward most and middle track positions
(4) Seat at middle track position
(5) Seat between middle and rear most track positions
(6) Seat at rear most track position
(9) Unknown

Seat Back Incline Prior and Post Impact
(00) Occupant not seated or no seat
(01) Not adjustable

Upright prior to impact
(11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

Slightly reclined prior to impact
(21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact postion
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

Completely reclined prior to impact
(31) Retained pre-impact position
(32) Moved to rearward midrange position
(33) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position

(99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. **Type of Child Safety Seat**

   (0) No child safety seat
   (1) Infant seat
   (2) Toddler seat
   (3) Convertible seat
   (4) Booster seat
   (7) Other type child safety seat (specify):

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

2. **Child Safety Seat Orientation**

   (00) No child safety seat

   Designed for Rear Facing for
   This Age/Weight
   (01) Rear facing
   (02) Forward facing
   (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
3. **Child Safety Seat Harness Usage**

4. **Child Safety Seat Shield Usage**

5. **Child Safety Seat Tether Usage**
   Note: Options Below Are Used for Variables 3-5.

   (00) No child safety seat

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

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

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

   (99) Unknown if child safety seat used

6. **Child Safety Seat Make/Model**
   (Specify make/model and occupant number)

   _____

   _____

   _____

   _____

EJECTION/ENTRAPMENT DATA

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

EJECTION   No [✓]   Yes [　]

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

_____

_____

_____

_____

_____

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

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

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

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

_____
(9) Unknown

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

_____

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

_____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT   No [✓]   Yes [　]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s): _____

_____

(Note in vehicle interior diagram)

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number   _4_ _5_

2. Case Number - Stratum   _0_ _8_ _2_ _A_

3. Vehicle Number   _0_ _1_

4. Occupant Number   _0_ _1_

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age   _7_ _1_
   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-not reported pregnant
   (3) Female-pregnant-1st trimester(1st-3rd month)
   (4) Female-pregnant-2nd trimester(4th-6th month)
   (5) Female-pregnant-3rd trimester(7th-9th month)
   (6) Female-pregnant-term unknown
   (9) Unknown

7. Occupant's Height   _1_ _5_ _7_
   Code actual height to the nearest
   centimeter.
   (999) Unknown

   _6_ _2_ inches X 2.54 = __ __ __ centimeters

8. Occupant's Weight   _0_ _4_ _1_
   Code actual weight to the nearest
   kilogram.
   (999)Unknown

   __ _9_ _0_ pounds X .4536 = __ __ __ kilograms

9. Occupant's Role   _1_
   (1) Driver
   (2) Passenger
   (9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position   _1_ _1_
    Front 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 unenclosed area
    (98) Other seat (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 turned 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   *0*
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area   *0*
    (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   *0*
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) *0*
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment   *0*
    (0) Not entrapped/exit not inhibited
    (1) Entrapped/pinned - mechanically restrained
    (2) Could not exit vehicle due to jammed doors,
        fire, etc.
        (specify):_____
    _____
    (9) Unknown

17. Occupant Mobility   *0*
    (0) Occupant fatal before removed from
        vehicle
    (1) Removed from vehicle while unconscious or
        disoriented
    (2) Removed from vehicle due to injuries
    (3) Exited vehicle with some assistance
    (4) Exited vehicle under own power
    (5) Occupant fully ejected
    (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability   _4_
    - (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

19. Manual (Active) Belt System Use   _0_ _4_
    - (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

20. Proper Use of Manual (Active) Belts   _1_
    - (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

21. Manual (Active) Belt Failure Modes During Accident   _1_
    - (0) No manual belt used or not available
    - (1) No manual belt failure(s)
    - (2) Torn webbing (stretched webbing not included)
    - (3) Broken buckle or latchplate
    - (4) Upper anchorage separated
    - (5) Other anchorage separated (specify):
    _____
    - (6) Broken retractor
    - (7) Combination of above (specify):
    _____
    - (8) Other manual belt failure (specify):
    _____
    - (9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment   _1_
    - (0) No shoulder belt
    - (1) No upper anchorage adjustment for shoulder belt

    Adjustable shoulder Belt Upper Anchorage
    - (2) In full up position
    - (3) In mid position
    - (4) In full down position
    - (5) Position unknown
    - (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/ Function   _0_
    - (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

24. Automatic (Passive) Belt System Use   _0_
    - (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

25. Automatic (Passive) Belt System Type   _0_
    - (0) Not equipped/not available
    - (1) Non-motorized system
    - (2) Motorized system
    - (9) Unknown

26. Proper Use of Automatic (Passive) Belt System   _0_
    - (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

27. Automatic (Passive) Belt Failure Modes During Accident   _0_
    - (0) Not equipped/not available/not in use
    - (1) No automatic belt failure(s)
    - (2) Torn webbing (stretched webbing not included)
    - (3) Broken buckle or latchplate
    - (4) Upper anchorage separated
    - (5) Other anchorage separated (specify):
    _____
    - (6) Broken retractor
    - (7) Combination of above (specify):
    - (8) Other automatic belt failure (specify):
    _____
    - (9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use   *0*
- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

- (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function   */*
- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [✓] Vehicle inspection
- [ ] Official injury data
- [✓] Driver/occupant interview
- [ ] Other (specify):

- [ ] Unknown if belt used

_____

_____

_____

_____

30. Frontal Air Bag System Availability/Function (This Occupant Position)   */*
- (0) Not equipped/not available
- (1) Air bag

Non-functional
- (2) Air bag disconnected (specify):

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

31. Frontal Air Bag System Deployment (This Occupant Position)   */*
- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)   *0*
- (0) Not equipped/not available
- (1) Air bag

Non-functional
- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown
Specify type of "other" air bag present:

_____

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)   *0*
- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position)   */*
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?   _/_
    (0) Not equipped/not available
    (1) No previous accidents

    Yes
    (2) Previous accident(s) without deployment(s)
    (3) One previous accident with deployment
    (4) More than one previous accident with at least one deployment
    (8) Previous accidents, unknown deployment status
    (9) Unknown

36. Type of Air Bag   _/_
    (0) Not equipped/not available
    (1) Original manufacturer installed system
    (2) Retrofitted air bag
    (3) Replacement air bag
    (8) Unknown type of air bag
    (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?   _/_
    (0) Not equipped/not available
    (1) No prior maintenance
    (2) Yes, prior maintenance (specify):
    _____
    (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number   _O_ _/_
    (00) Not equipped/not available
    _____ Code the accident event sequence number that initiated the air bag deployment
    (96) Deployed, unknown event
    (97) Not deployed
    (98) Unknown if deployed
    (99) Unknown

39. CDC For Air Bag Deployment Impact   _/_
    (0) Not equipped/not available
    (1) Highest delta V
    (2) Second highest delta V
    (3) Other non-coded delta V (specify):
    _____
    (6) Deployed, unknown event
    (7) Not deployed
    (8) Unknown if deployed
    (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact   + ⊖ 2 +5 / 996
    (_000) Not equipped/not available
    Code the value of the delta V for the impact that initiated the air bag deployment
    (_996) Deployment, unknown longitudinal Delta V
    (_997) Not deployed
    (_998) Unknown if deployed
    (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?   _2_
    (0) Not equipped/not available
    (1) No
    (2) Yes
    (3) Deployed, unknown if flap(s) opened at designated tear points
    (7) Not deployed
    (8) Unknown if deployed
    (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? _/_
    (0) Not equipped/not available
    (1) No
    (2) Yes (specify): _____
    (3) Deployed, unknown if air bag module cover flap(s) damaged
    (7) Not deployed
    (8) Unknown if deployed
    (9) Unknown

43. Was There Damage To The Air Bag?   _O_ _/_
    (00) Not equipped/not available
    (01) Not damaged

    Yes - Air Bag Damage
    (02) Ruptured
    (03) Cut
    (04) Torn
    (05) Holed
    (06) Burned
    (07) Abraded
    (88) Other damage (specify):
    _____
    (95) Damaged, details unknown
    (96) Deployed, unknown if damaged
    (97) Not deployed
    (98) Unknown if deployed
    (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION *continued*	HEAD RESTRAINT AND SEAT EVALUATION

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION *continued*

44. Source of Air Bag Damage *0 1*
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? *1*
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? *2*
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): *1 W 0*

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? *1*
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? *2*
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position *3*
 (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

50. Seat Type (this Occupant Position) *0 6*
 (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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown

51. Seat Orientation (this Occupant Position) *1*
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact *2*
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

 Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact *2 3*
    - (00) Occupant not seated or no seat
    - (01) Not adjustable

    Upright prior to impact
    - (11) Moved to completely rearward position
    - (12) Moved to rearward midrange position
    - (13) Moved to slightly rearward position
    - (14) Retained pre-impact position
    - (15) Moved to slightly forward position
    - (16) Moved to forward midrange position
    - (17) Moved to completely forward position

    Slightly reclined prior to impact
    - (21) Moved to completely rearward position
    - (22) Moved to rearward midrange position
    - (23) Retained pre-impact position
    - (24) Moved to upright position
    - (25) Moved to slightly forward position
    - (26) Moved to forward midrange position
    - (27) Moved to completely forward position

    Completely reclined prior to impact
    - (31) Retained pre-impact position
    - (32) Moved to rearward midrange position
    - (33) Moved to slightly rearward position
    - (34) Moved to upright position
    - (35) Moved to slightly forward position
    - (36) Moved to forward midrange position
    - (37) Moved to completely forward position

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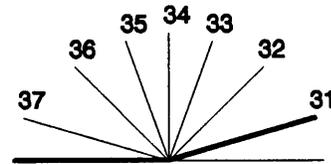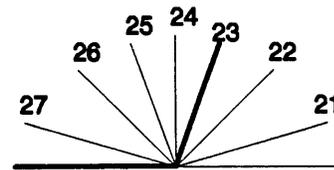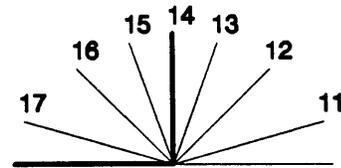
54. Seat Performance (this Occupant Position) *1*
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed
      (specify):_____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact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

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model _o_ _o_ _o_
    (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

56. Type of Child Safety Seat   _o_
    (0) No child safety seat
    (1) Infant seat
    (2) Toddler seat
    (3) Convertible seat
    (4) Booster seat - with shield
    (5) Booster seat - without shield
    (7) Other type child safety seat (specify):
    _____
    (8) Unknown child safety seat type
    (9) Unknown if child safety seat used

57. Child Safety Seat Orientation   _o_ _u_
    (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

58. Child Safety Seat Harness Usage   _o_ _o_

59. Child Safety Seat Shield Usage   _o_ _o_

60. Child Safety Seat Tether Usage   _o_ _o_

    Note: Options below applicable to
    Variables OA58-OA60.
    (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

INJURY CONSEQUENCES

61. 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

62. Treatment - Mortality   *1*
    (0) No treatment
    (1) Fatal
    (2) Fatal - ruled disease (specify):

    _____

    Nonfatal
    (3) Hospitalization
    (4) Transported and released
    (5) Treatment at scene - nontransported
    (6) Treatment later
    (7) Treatment - other (specify):

    _____
    (8) Transported to a medical facility-unknown if
        treated
    (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) *1*
    (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

64. Hospital Stay   *0 0*
    (00) Not Hospitalized
    _____Code the number of days (up through 60)
    that the occupant stayed in hospital.
    (61) 61 days or more
    (99) Unknown

65. Working Days Lost   *6 2*
    _____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 WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

66. Time to Death   _99_
    ____Code number of hours from time of   _01_
    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

67. 1st Medically Reported Cause of Death   _9 9_

68. 2nd Medically Reported Cause of Death   _0 0_

69. 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

70. Number of Recorded Injuries for
    This Occupant   _01_
    ____Code the actual number of
    injuries recorded for this occupant.
    (00) No recorded injuries
    (97) Injured, details unknown
    (99) Unknown if injured

TRAUMA DATA

71. 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 the initial
            GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

72. Was the Occupant Given Blood?   _1_
    (1) No - blood not given
    (2) Yes - blood given
        (specify units):_____
    (9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO_3 _0 1_
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination   _1_
    (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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number __45__

2. Case Number - Stratum __0 8 2 A__

3. Vehicle Number __01__

4. Occupant Number __01__

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	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 7	6. 2	7. 9	8. 06	9. 02	10. 1	11. 8	12. 170	13. 2	14. 1	15. 00
2nd	16. __	17. __	18. __	19. __ __	20. __ __	21. __	22. __	23. __ __ __	24. __	25. __	26. __ __
3rd	27. __	28. __	29. __	30. __ __	31. __ __	32. __	33. __	34. __ __ __	35. __	36. __	37. __ __
4th	38. __	39. __	40. __	41. __ __	42. __ __	43. __	44. __	45. __ __ __	46. __	47. __	48. __ __
5th	49. __	50. __	51. __	52. __ __	53. __ __	54. __	55. __	56. __ __ __	57. __	58. __	59. __ __
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. __ __

HS Form 433B (1/95)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA

| | Source of Injury Data | Body Region | A.I.S. - 90 | | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
			Type of Anatomic Structure	Specific Anatomic Structure							
11th	—	—	—	— —	— —	—	—	— — —	—	—	— —
12th	—	—	—	— —	— —	—	—	— — —	—	—	— —
13th	—	—	—	— —	— —	—	—	— — —	—	—	— —
14th	—	—	—	— —	— —	—	—	— —	—	—	— —
15th	—	—	—	— —	— —	—	—	— —	—	—	— —
16th	—	—	—	— —	— —	—	—	— — —	—	—	— —
17th	—	—	—	— —	— —	—	—	— — —	—	—	— —
18th	—	—	—	— —	— —	—	—	— — —	—	—	— —
19th	—	—	—	— —	— —	—	—	— — —	—	—	— —
20th	—	—	—	— —	— —	—	—	— — —	—	—	— —
21st	—	—	—	— —	— —	—	—	— — —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— —	—	—	— —
24th	—	—	—	— —	— —	—	—	— — —	—	—	— —
25th	—	—	—	— —	— —	—	—	— — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes Muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02.

The exceptions to this rule apply to:

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC

(04) Level
(06) of
(08) Consciousness

(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

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.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

SOURCE OF INJURY DATA

OFFICIAL RECORDS
(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 RECORDS
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

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 SOURCES

FRONT
(001) Windshield
(002) Mirror
(003) Sunvisor
(004) Steering wheel rim
(005) Steering wheel hub/spoke
(006) Steering wheel (combination of codes 004 and 005)
(007) Steering column, transmission selector lever, other attachment
(008) Cellular telephone or CB radio
(009) Add on equipment (e.g., tape deck, air conditioner)
(010) Left instrument panel and below
(011) Center instrument panel and below
(012) Right instrument panel and below
(013) Glove compartment door
(014) Knee bolster
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(017) Windshield reinforced by exterior object (specify)
_____
(019) Other front object (specify):
_____

LEFT SIDE
(051) Left side interior surface, excluding hardware or armrests
(052) Left side hardware or armrest
(053) Left A (A1/A2)-pillar
(054) Left B-pillar
(055) Other left pillar (specify):
_____
(056) Left side window glass
(057) Left side window frame
(058) Left side window sill
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(060) Other left side object (specify):
_____

RIGHT SIDE
(101) Right side interior surface, excluding hardware or armrests

(102) Right side hardware or armrest
(103) Right A (A1/A2)-pillar
(104) Right B-pillar
(105) Other right pillar (specify):
_____
(106) Right side window glass
(107) Right side window frame
(108) Right side window sill
(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(110) Other right side object (specify):
_____

INTERIOR
(151) Seat, back support
(152) Belt restraint webbing/buckle
(153) Belt restraint B-pillar or door frame attachment point
(154) Other restraint system component (specify):
_____
(155) Head restraint system
(160) Other occupants (specify):
_____
(161) Interior loose objects
(162) Child safety seat (specify):
_____
(163) Other interior object (specify):
_____

AIR BAG
(170) Air bag-driver side
(171) Air bag-driver side and eyewear
(172) Air bag-driver side and jewelry
(173) Air bag-driver side and object held
(174) Air bag-driver side and object in mouth
(175) Air bag compartment cover-driver side
(176) Air bag compartment cover-driver side and eyewear
(177) Air bag compartment cover-driver side and jewelry
(178) Air bag compartment cover-driver side and object held
(179) Air bag compartment cover-driver side and object in mouth
(180) Air bag-passenger side
(181) Air bag-passenger side and eyewear
(182) Air bag-passenger side and jewelry

(183) Air bag-passenger side and object held
(184) Air bag-passenger side and object in mouth
(185) Air bag compartment cover-passenger side
(186) Air bag compartment cover-passenger side and eyewear
(187) Air bag compartment cover-passenger side and jewelry
(188) Air bag compartment cover-passenger side and object held
(189) Air bag compartment cover-passenger side and object in mouth
(190) Other air bag (specify)
_____
(195) Other air bag compartment cover (specify)
_____

ROOF
(201) Front header
(202) Rear header
(203) Roof left side rail
(204) Roof right side rail
(205) Roof or convertible top

FLOOR
(251) Floor (including toe pan)
(252) Floor or console mounted transmission lever, including console
(253) Parking brake handle
(254) Foot controls including parking brake

REAR
(301) Backlight (rear window)
(302) Backlight storage rack, door, etc.
(303) Other rear object (specify):
_____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT
(401) Hand controls for braking/acceleration
(402) Steering control devices (attached to OEM steering wheel)
(403) Steering knob attached to steering wheel
(405) Replacement steering wheel (i.e., reduced diameter)
(406) Joy stick steering controls
(407) Wheelchair tie-downs
(408) Modification to seat belts, (specify): _____
(409) Additional or relocated switches, (specify):
_____
(410) Raised roof

(411) Wall mounted head rest (used behind wheel chair)
(412) Other adaptive device (specify):_____
_____

EXTERIOR of OCCUPANT'S VEHICLE
(451) Hood
(452) Outside hardware (e.g., outside mirror, antenna)
(453) Other exterior surface or tires (specify):
_____
(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(501) Front bumper
(502) Hood edge
(503) Other front of vehicle (specify):
_____
(504) Hood
(505) Hood ornament
(506) Windshield, roof rail, A-pillar
(507) Side surface
(508) Side mirrors
(509) Other side protrusions (specify):
_____
(510) Rear surface
(511) Undercarriage
(512) Tires and wheels
(513) Other exterior of other motor vehicle (specify):
_____
(514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(551) Ground
(598) Other vehicle or object (specify):
_____
(599) Unknown vehicle or object

NONCONTACT INJURY
(601) Fire in vehicle
(602) Flying glass
(603) Other noncontact injury source (specify): _____
(604) Air bag exhaust gases
(697) Injured, unknown source

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.)

ME:
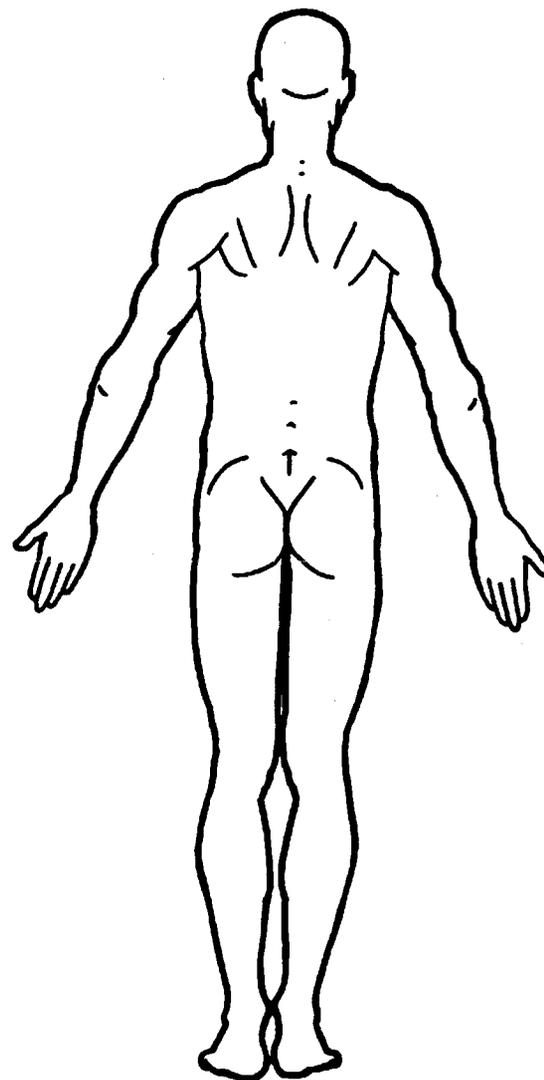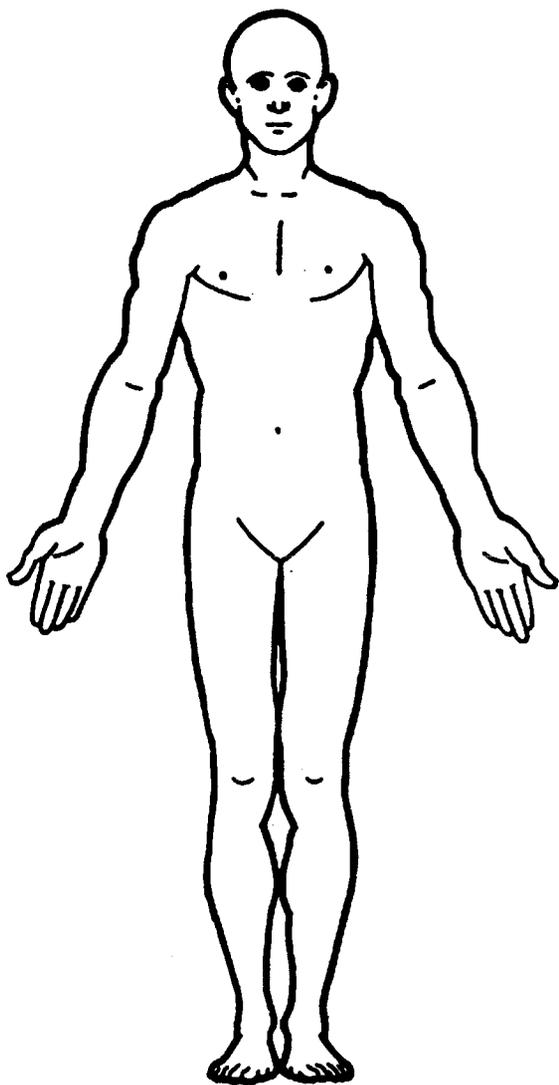
Restrained?

___ No

___ Yes

NOT RECORDED

Blood Alcohol
Level (mg/dl)

BAL = $\emptyset$

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

pH = ___ . ___

PO_2 = ___

PCO_2 ___

HCO_3 ___

NOT RECORDED

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.)

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.)

U.S. Department of Transportation

National Highway Traffic Safety
Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___4 5___

2. Case Number — Stratum ___0 8 2 A___

3. Vehicle Number ___0 1___

4. Occupant Number ___0 1___

RECEIVED ████ 1995

Driver or Occupant Name: ████ ████ /

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	██/██/95	
OAL09. Date Official Medical Data Obtained	██/██/95	
OAL16. Injury Treatment Status	02	02

OAL17. Injury Information

Official
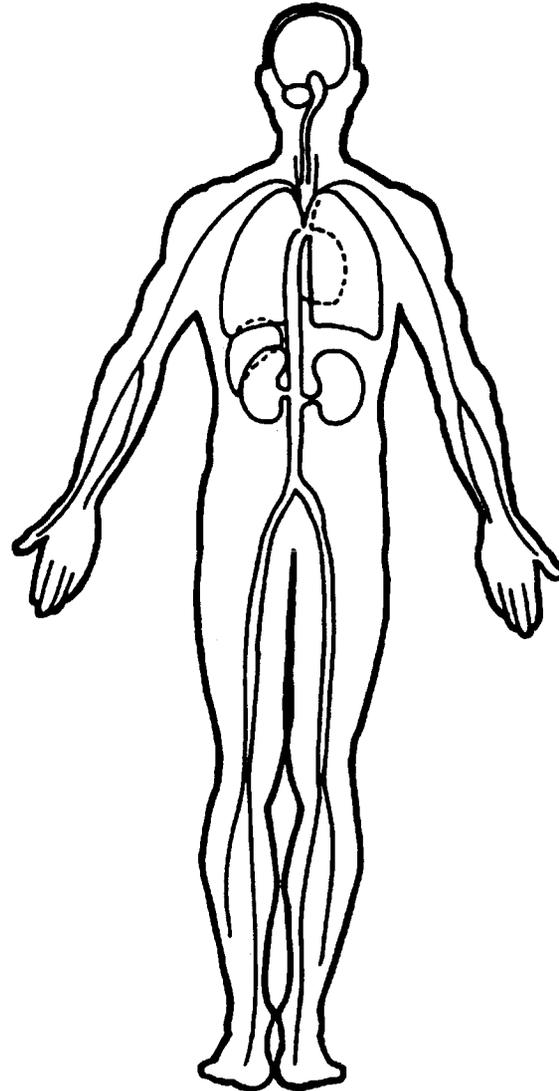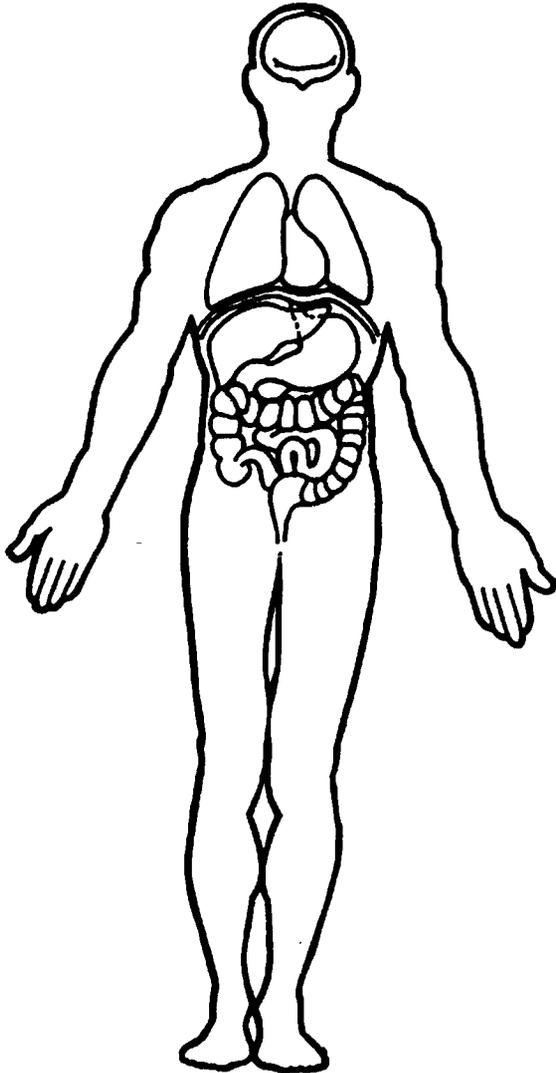|		
a. Autopsy (invasive examination)	B ___	___
b. Post-ER medical record which includes information about death based on non-invasive examination	B 08	08
c. Admission record/summary or admission/discharge face sheet	B ___	___
d. Discharge summary	B ___	___
e. Operative report	B ___	___
f. Radiographic record(s) (X-ray, CT scan)	B ___	___
g. History and physical examination and/or consultation records	B ___	___
h. Emergency room records (includes nurses' notes)	B 08	08
j. Private physician	B ___	___

Unofficial
k. Lay coroner	B ___	___
l. EMS record	B ___	___
m. Interviewee	B 11	___
n. Other source (specify):	B ___	B ___
o. Police report	B 11	B ___

11

Death cert

B.A. Test   11

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code	0 1	0 1
GV14. Alcohol Test Results For Driver	9 6	9 6
GV16. Other Drug Specimen Test Type For Driver	0	0
OA05. Occupant's Age	7 1	7 1
OA06. Occupant's Sex	1	1
OA07. Occupant's Height	1 5 2	1 5 2
OA08. Occupant's Weight	0 4 1	0 4 1
OA61. Treatment-Mortality	___	___
OA62. Type of Medical Facility (for Initial Treatment)	1	1
OA63. Hospital Stay	0 0	0 0

U.S. Department of Transportation

National Highway Traffic Safety
Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ν^{nd}

1. Primary Sampling Unit Number   4 5

2. Case Number — Stratum   0 8 2 A

3. Vehicle Number   0 1

4. Occupant Number   ████   0 1

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	██ ██	9 5
OAL09. Date Official Medical Data Obtained	██ ██	9 5
OAL16. Injury Treatment Status	__	__

OAL17. Injury Information

Official
a. Autopsy (invasive examination)	B __ __	__ __ __
b. Post-ER medical record which includes information about death based on non-invasive examination	B / /	__ __ __
c. Admission record/summary or admission/discharge face sheet	B __ __	__ __ __
d. Discharge summary	B __ __	__ __ __
e. Operative report	B __ __	__ __ __
f. Radiographic record(s) (X-ray, CT scan)	B __ __	__ __ __
g. History and physical examination and/or consultation records	B __ __	__ __ __
h. Emergency room records (includes nurses' notes)	B 0 8	/ /
j. Private physician	B __ __	__ __ __

Unofficial
k. Lay coroner	B __ __	__ __ __
l. EMS record	B __ __	__ __ __
m. Interviewee	B / /	__ __ __
n. Other source (specify):	B __ __	B __ __
_____		
o. Police report	B / /	B __ __

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code	0 1	0 1
GV14. Alcohol Test Results For Driver	9 6	9 6
GV16. Other Drug Specimen Test Type For Driver	0	6
OA05. Occupant's Age	7 1	7 1
OA06. Occupant's Sex	1	1
OA07. Occupant's Height	1 5 7	1 5 7
OA08. Occupant's Weight	0 4 1	0 4 1
OA61. Treatment-Mortality	__	__
OA62. Type of Medical Facility (for Initial Treatment)	1	1
OA63. Hospital Stay	0 0	0 0

Removed - sideswiping damage.

U.S. Department of Transportation

National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY
(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title			
4 5	O 8 2 A	0 1	
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1992	cAdillac	Deville	01
Vehicle 2				

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	5	Size	11
Weight		Weight	
1629 + 41 + 0 = 1 6 7 0 kg		___ + ___ + ___ = ___ kg	
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
CDC 1 2 F R E N 2		CDC	
PDOF (-180 to +180) 6 c 1 0 °		PDOF (-180 to +180) ± ___ °	
Stiffness S		Stiffness	

SCENE INFORMATION

Rest and Impact Positions [ ] No, *Go To Damage Information* [ ] Yes

VEHICLE 1			VEHICLE 2		
Rest Position	X	___ . ___ m	Rest Position	X	___ . ___ m
	Y	___ . ___ m		Y	___ . ___ m
	PSI	___ °		PSI	___ °
Impact Position	X	___ . ___ m	Impact Position	X	___ . ___ m
	Y	___ . ___ m		Y	___ . ___ m
	PSI	___ °		PSI	___ °
Slip Angle(-180 to +180)		___ °	Slip Angle (-180 to +180)		___ °

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

VEHICLE 1			VEHICLE 2		
Vehicle Rotation	[ ] No	[ ] Yes	Vehicle Rotation	[ ] No	[ ] Yes
Rotation Stop Before Rest	[ ] No	[ ] Yes	Rotation Stop Before Rest	[ ] No	[ ] Yes
End of Rotation Position	X	___ . ___ m	End of Rotation Position	X	___ . ___ m
	Y	___ . ___ m		Y	___ . ___ m
	PSI	___ °		PSI	___ °
Curved Path	[ ] No	[ ] Yes	Curved Path	[ ] No	[ ] Yes
Point on Path			Point on Path		
X ___ . ___ m Y ___ . ___ m			X ___ . ___ m Y ___ . ___ m		

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation >360° [ ] No [ ] Yes

Rotation >360° [ ] No [ ] Yes

HS Form 435D (1/95)

FRICTION INFORMATION

Coefficient of Friction   . __ __ __

Rolling Resistance Option   __

Vehicle 1 Rolling Resistance

LF __ . __ __   RF __ . __ __

LR __ . __ __   RR __ . __ __

Vehicle 2 Rolling Resistance

LF __ . __ __   RF __ . __ __

LR __ . __ __   RR __ . __ __

TRAJECTORY INFORMATION

Trajectory Data   [ ] No   [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF __ __ __ °   RF __ __ __ °

LR __ __ __ °   RR __ __ __ °

Vehicle 2 Steer Angles

LF __ __ __ °   RF __ __ __ °

LR __ __ __ °   RR __ __ __ °

Terrain Boundary   [ ] No   [ ] Yes

First Point

X __ __ __ . __ m   Y __ __ __ . __ m

Second Point

X __ __ __ . __ m   Y __ __ __ . __ m

Secondary Coefficient of Friction   . __ __ __

DAMAGE INFORMATION

VEHICLE 1

Damage Length   L $\underline{1\ 6\ 0}$ cm

Crush Depths

C_1 $\underline{0\ 0\ 1}$ cm
C_2 $\underline{0\ 0\ 4}$ cm
C_3 $\underline{0\ 0\ 3}$ cm
C_4 $\underline{0\ 0\ 5}$ cm
C_5 $\underline{0\ 2\ 2}$ cm
C_6 $\underline{0\ 3\ 8}$ cm

Damage Offset   D $\underline{0\ 0\ 6\ 1}$ cm

VEHICLE 2

Damage Length   L __ __ __ cm

Crush Depths

C_1 __ __ __ cm
C_2 __ __ __ cm
C_3 __ __ __ cm
C_4 __ __ __ cm
C_5 __ __ __ cm
C_6 __ __ __ cm

Damage Offset   D ± __ __ __ cm

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

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

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE
(DAMAGE)

VEHICLE #1
```
   TOTAL                    15 KPH (    9 MPH)
   LONGITUDINAL            -15 KPH (   -9 MPH)
   LATITUDINAL               3 KPH (    2 MPH)
   PDOF ANGLE                  -10 DEGREES
   ENERGY DISSIPATED =   25440 JOULES (   18761 FT-LB)
```

VEHICLE #2
```
   TOTAL                     0 KPH (    0 MPH)
   LONGITUDINAL              0 KPH (    0 MPH)
   LATITUDINAL               0 KPH (    0 MPH)
   PDOF ANGLE                   0 DEGREES
   ENERGY DISSIPATED =       0 JOULES (       0 FT-LB)
```

```
                          DAMAGE DATA
                          ----------

                    VEHICLE #1                      VEHICLE #2

SIZE CATEGORY            5                              11
STIFFNESS CATEGORY       5                              O
VEHICLE WEIGHT     1670 KGS (     3682 LBS)   ****** KGS (2204586 LBS)
CDC                   12FREN2                       BARRIER
PDOF ANGLE            -10 DEGREES                  O DEGREES *
CRUSH LENGTH       160 CM. (   63 IN.)     O CM. (    O IN.) *
C1                   1 CM. (    O IN.)     O CM. (    O IN.) *
C2                   4 CM. (    2 IN.)     O CM. (    O IN.) *
C3                   3 CM. (    1 IN.)     O CM. (    O IN.) *
C4                   5 CM. (    2 IN.)     O CM. (    O IN.) *
C5                  22 CM. (    9 IN.)     O CM. (    O IN.) *
C6                  38 CM. (   15 IN.)     O CM. (    O IN.) *
D                   61 CM. (   24 IN.)     O CM. (    O IN.) *
D'                 102 CM. (   40 IN.)     O CM. (    O IN.) *

                                          (* INDICATES DEFAULT VALU
```

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	142 CM. (56 IN.)	127 CM. (50 IN.)
CG TO REAR AXLE	160 CM. (63 IN.)	127 CM. (50 IN.)
TRACK	162 CM. (64 IN.)	127 CM. (50 IN.)
CG TO FRONT OF VEH	259 CM. (102 IN.)	127 CM. (50 IN.)
CG TO REAR OF VEH	-310 CM. (-122 IN.)	-127 CM. (-50 IN.)
CG TO SIDE OF VEH	101 CM. (40 IN.)	127 CM. (50 IN.)
MOMENT OF INERTIA	17542 KGS (38674 LBS)	****** KGS (******* LBS
VEHICLE MASS	4 KGS (10 LBS)	2600 KGS (5732 LBS

DAMAGE DESCRIPTION

45082A0000001▮▮▮▮▮958.05000000000011123000000▮▮▮▮▮95▮▮▮95▮▮▮96▮▮▮95033636000
0010000003363605 0302
45082A0001001▮▮▮▮958.051000000000104F42000
45082A01000021   8.05 000000009219003041G6CD53B6N4▮▮▮▮▮▮0199904800001▮▮▮▮▮10
0211211000980113999901
45082A01000022   8.05 0000000001010112016300000000000000099899800107999 999 99
99999999099973
45082A01000031   8.05 00000000014212FREE03   1600100400300502238+
061   1600382811530100201040101001000
45082A01000041   8.05 000000000001313000000122224021222210121111101311111101
45082A01000042   8.05 00000000130532
          24000000650111O
45082A01010051   8.05 00000000071215704111190000040411100000111001111011 99
62101011212306122310000000000004110062019900000102101l
45082A01010161   8.05 0000000072960218170210O
45082A00000066   8.05 000000000CAR/RAN-OFF-ROAD
45082A00000171   8.05 000000000Vehicle one was eastbound on a two lane rural
residential roadway, in dry
45082A00000271   8.05 000000000daylight conditiions. V1 ran off the roadway
to the right, and struck a
45082A00000371   8.05 000000000large tree with V1 right front. V1 came to re
st facing north, at the point
45082A00000471   8.05 000000000of impact. Interview and evidence suggest tha
t the driver suffered heart
45082A00000571   8.05 000000000failure just prior to the impact.

45082A00000181   8.05 00000000001 Full Size   1992 Cadillac   Front
     Moderate   None
45082A00000281   8.05 000000000   Deville

45082A00000381   8.05 000000000

45082A00000191   8.05 00000000001 Driver   Fr. Lft.   Lap & Sho   face   l
aceration 1 airbag
45082A00000291   8.05 000000000   w/Air Bag

45082A99999999000000000000000000000000000000000000000000000000000000000000000
0000000000000002

EH0011   2   If TREATMENT OA62 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012   should be greater than 03. GV=01 OA=01

HT0051   2   If TREATMENT OA62 equals 1, then at least one A.I.S. SEVERITY
HT0052   OI10(n) should be 2-7. GV=01 OA=01 OI=02

PSU45   ERROR SUMMARY SCREEN   /96
CASE 082A
CURRENT VERSION: 8.05

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number _4 5_

Case Number—Stratum _O 8 2 B_ A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-5	01	E	V, PATh
6	1	NE	POI
7	1	NE	Final Rest
8-10	1		lookback
11	1	S	ref point
12-31	1		veh exterior
32-45	1		veh interior

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter

PSU 45-082B (1995) #1

PSU 45-082B (1995) #2

PSU 45-082B (1995) #3

PSU 45-082B (1995) #4

PSU 45-082B (1995) #5

PSU 45-082B (1995) #6

PSU 45-082B (1995) #7

PSU 45-082B (1995) #8

PSU 45-082B (1995) #9

PSU 45-082B (1995) #10

PSU 45-082B (1995) #11

PSU 45-082B (1995) #12
Best Available

PSU 45-082B (1995) #13
Best Available
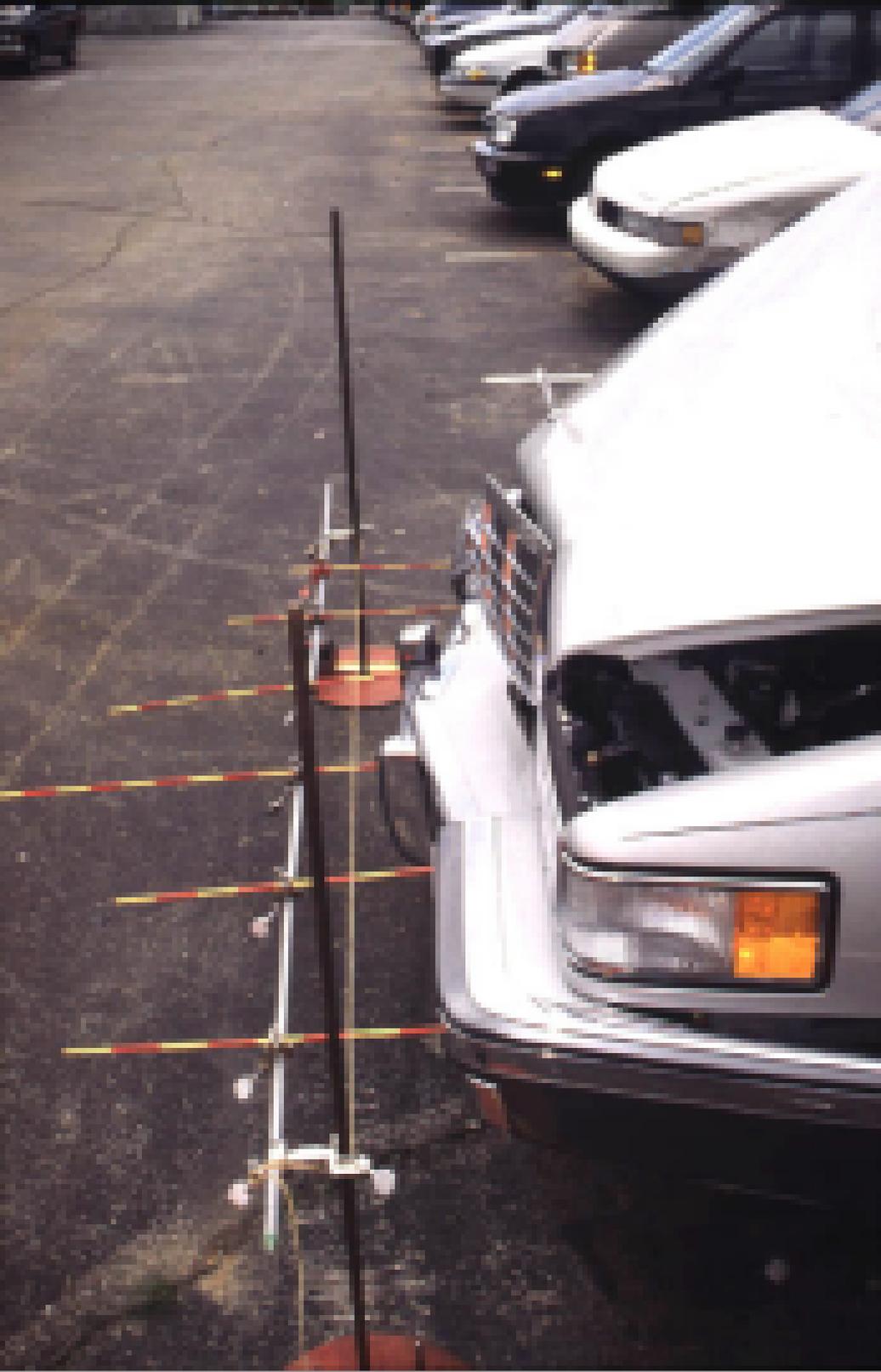
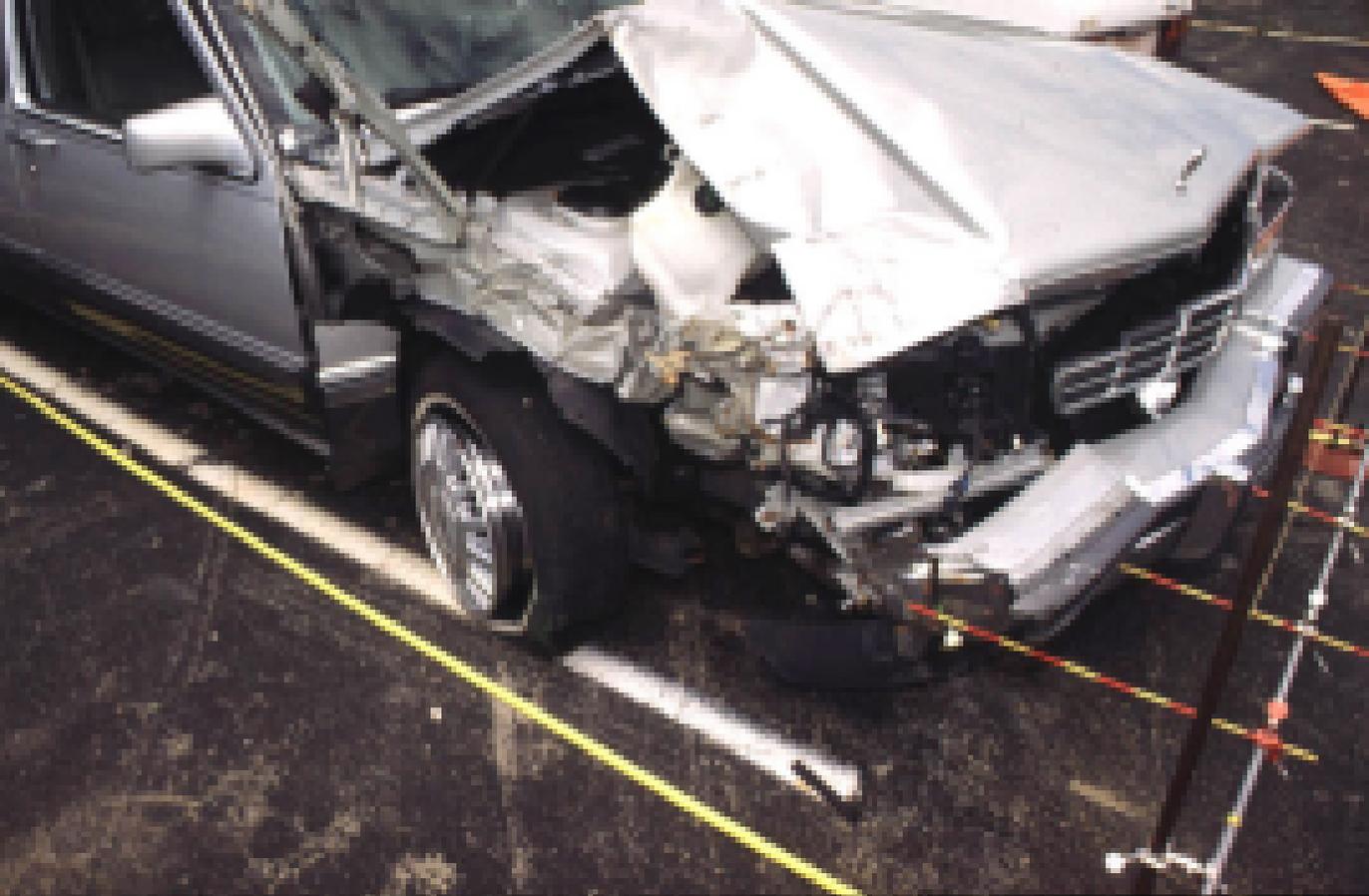PSU 45-082B (1995) #14
Best Available

PSU 45-082B (1995) #15
Best Available

PSU 45-082B (1995) #16
Best Available

PSU 45-082B (1995) #17
Best Available

PSU 45-082B (1995) #18
Best Available

PSU 45-082B (1995) #19
Best Available

PSU 45-082B (1995) #20
Best Available

PSU 45-062B (1995) #21
Best Available

PSU 45-082B (1995) #22
Best Available

PSU 45-082B (1995) #23
Best Available

PSU 45-082B (1995) #24
Best Available

PSU 45-082B (1995) #25

PSU 45-082B (1995) #26

PSU 45-082B (1995) #27
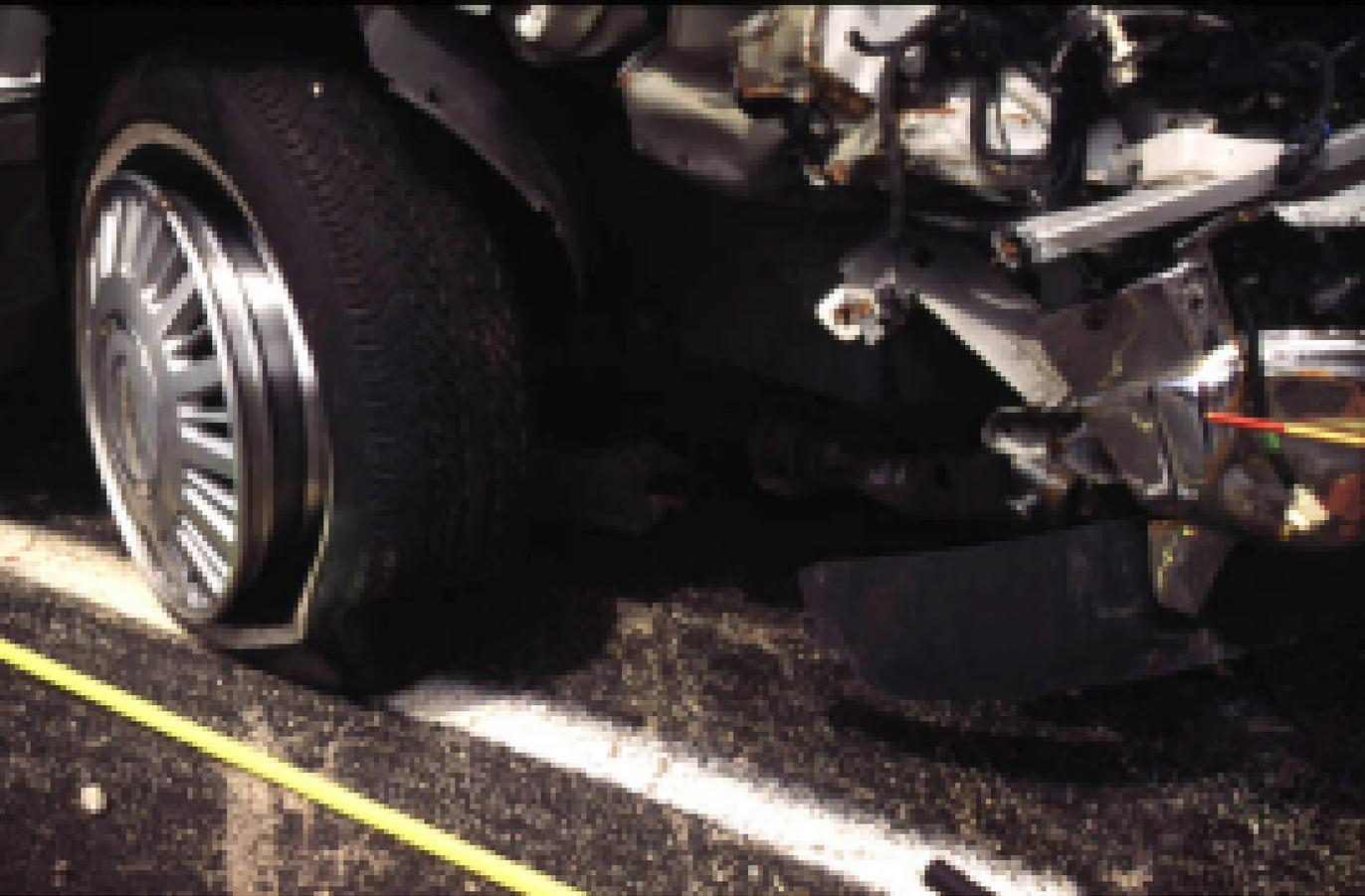Best Available

PSU 45-082B (1995) #28
Best Available

PSU 45-082B (1995) #29
Best Available

PSU 45-082B (1995) #30
Best Available

PSU 45-082B (1995) #31

PSU 45-082B (1995) #32

PSU 45-082B (1995) #33

PSU 45-082B (1995) #34

PSU 45-082B (1995) #35

PSU 45-082B (1995) #36

PSU 45-082B (1995) #37

PSU 45-082B (1995) #38

PSU 45-082B (1995) #39

PSU 45-082B (1995) #40

PSU 45-082B (1995) #41

PSU 45-082B (1995) #42

PSU 45-082B (1995) #43

PSU 45-082B (1995) #44

PSU 45-082B (1995) #45