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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

024A

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 41 CASE NO. ~~028A~~ 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. Do not include any personal identifiers.)

See Attached

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

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

*U.S. GPO: 1996

PSU41 1996 Case Summary Form
CASE 024A
TYPE OF ACCIDENT: CAR VS CAR RIGHT ANGLE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

V-1 WAS SOUTH BOUND APPROACHING AN INTERSECTION. V-2 WAS EAST BOUND APPROACHING THE INTERSECTION. BOTH VEHICLES ENTERED THE INTERSECTION, AND V-2'S FRONT IMPACTED V-1'S RIGHT SIDE.
V-1 BEGAN TO ROTATE CCW, AND V-2 BEGAN TO ROTATE CW. V-1'S RIGHT REAR CORNER IMPACTED V-2'S LEFT SIDE.

V-2 CONTINUED TO ROTATE CW AND CAME TO FR FACING NW IN THE SE QUADRANT OF THE INTERSECTION.

V-1 DEPARTED THE INTERSECTION VIA THE SE CORNER. V-1'S RF CORNER IMPACTED A STOP SIGN POLE. V-1 CONTINUED HEADING SW UNTILL V-1'S FRONT IMPACTED A TREE.V-1 CAME TO REST APPROXIMATELY AT THE POINT OF IMPACT WITH THE TREE.

PSU41 1996 Case Summary Form
CASE 024A
TYPE OF ACCIDENT: CAR VS CAR RIGHT ANGLE

B. VEHICLE PROFILE(S)

Veh. No	Class of Vehicle	Year/Make/ Model	Most Severe Damage Based on Vehicle Inspection: Damage Plane	Severity Descr.	Component Failure
1	SUBCOMPACT	95/FORD/ESCORT	RIGHT	MODERATE	NONE
2	COMPACT	95/HONDA/PRELUDE	FRONT	MINOR	NONE

PSU41 1996 Case Summary Form
CASE 024A
TYPE OF ACCIDENT: CAR VS CAR RIGHT ANGLE

C. PERSON PROFILE(S)

Veh. No	Person Role	Seat Positon	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER) Body Region	Injury Type	AIS	Injury Source
1	DRIVER	LF	2PT AUTO/2PTMN AIR BAG	heart	laceration	5	airbag
2	DRIVER	LF	3PTMN/AIR BAG	face	laceration	1	rear view mirror

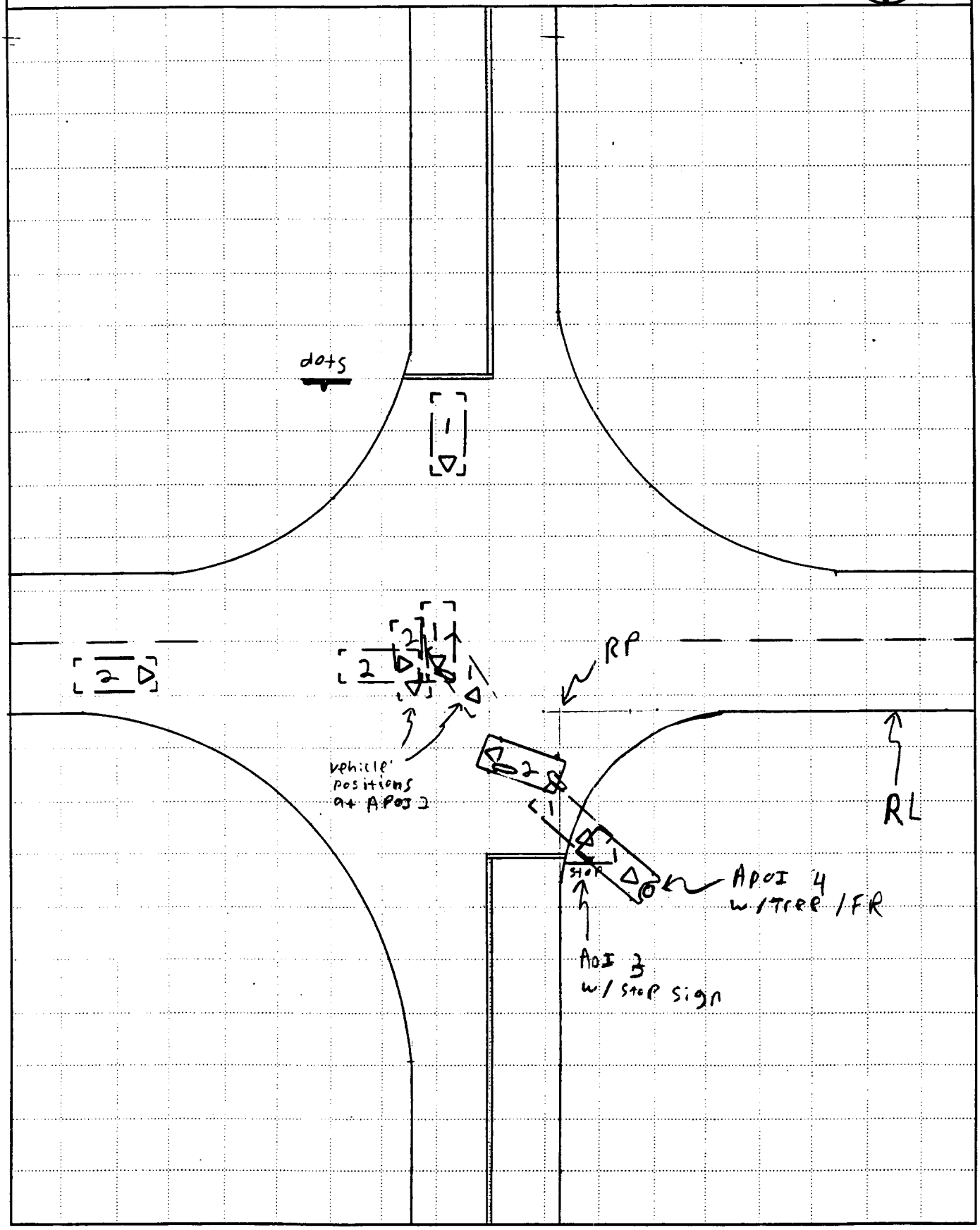
U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 41 Case Number—Stratum 0241A

Indicate North



HS Form 431B (1/96)

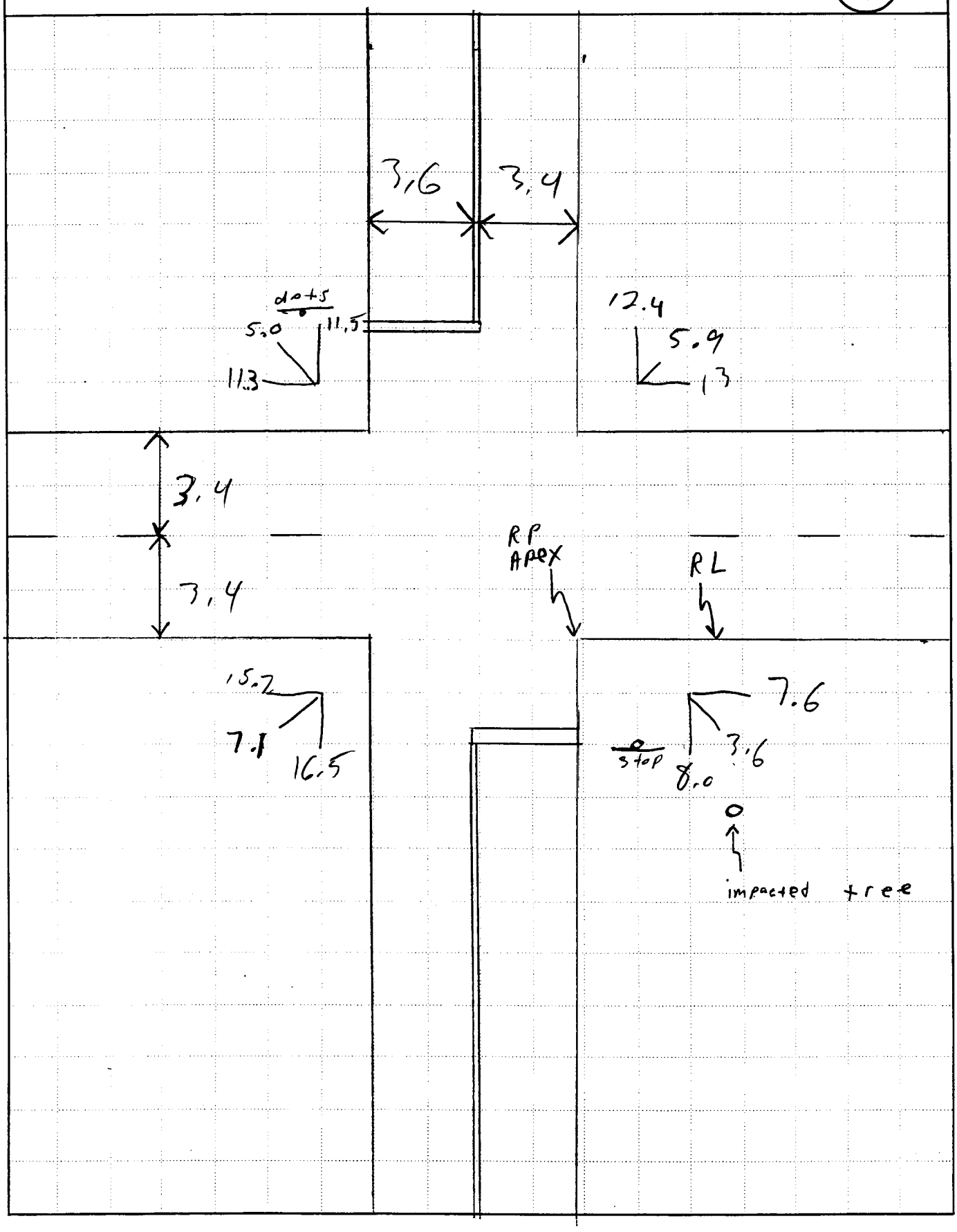
Scale: 1 centimeter = 2.5 meters

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

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 41 Case Number—Stratum 024A Indicate North ↑



HS Form 431B (1/96)

Scale: 1 centimeter = _____ meters

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 41 Case Number—Stratum 024 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., signs/signals, etc.)
- 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 (include measurement of precrash superelevation for each vehicle if applicable)

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	180	90°	
Surface Type	bit	bit	
Surface Condition	dry	dry	
Coefficient of Friction	.7	.7	
Grade (v/h) Measurement (between impact and final rest)	0/48	0/48	
Grade (v/h) Measurement (at location of rollover initiation)	—	—	
Grade (v/h) Measurement (at pre-crash location)	0/48	0/48	

Reference Point: SE APex Reference line: S Road edge

Item	Distance and Direction E W from Reference Point	Distance and Direction N S from Reference Line
impacted tree	4.4 E	8.7 S
impacted stop sign	1.3 E	7.2 S
V-2 FR° LF	3.2 W	2.9 S
" " RF	2.6 W	1.2 S
" " LR	0.7 W	3.8 S
" " RR	0.0	2.0 S
V-1 gouge MK (1m long) / APOI	5.2 W	1.7 W
V-1 FR° LF	4.6 E	8.0 S
" " RF	3.2 E	9.0 S
gouge MK 1m long	2.4 W	2.5 S
gouge MK .2 M long	0.0	3.7 S

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

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 024 A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month,Day,Year): [redacted] / [redacted] / 96
5. Time of Accident: 1640

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.)
8. ___ SS17 Impact Fires: 0
9. ___ SS18 Unsafe Driver Actions: 0
10. ___ SS19 Run Off Road: C

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 04

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. 01	13. 01	14. 01	15. R	16. 02	17. 02	18. F
19. 02	20. 01	21. 01	22. R	23. 02	24. 02	25. L
26. 03	27. 01	28. 01	29. F	30. 50	31. 00	32. 0
33. 04	34. 01	35. 01	36. F	37. 42	38. 00	39. 0
40. 05	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 (≤ 4,536 kgs GVWR)
(16) Utility station wagon (≤ 4,536 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,536 kgs GVWR)
(21) Large van (≤ 4,536 kgs GVWR)
(24) Van Based school bus (≤ 4,536 kgs GVWR)
(28) Other van type (≤ 4,536 kgs GVWR)
(29) Unknown van type (≤ 4,536 kgs GVWR)
(30) Compact pickup truck (≤ 4,536 kgs GVWR)
(31) Large pickup truck (≤ 4,536 kgs GVWR)
(38) Other pickup truck (≤ 4,536 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,536 kgs GVWR
(45) Other light truck (≤ 4,536 kgs GVWR)
(48) Unknown light truck type (≤ 4,536 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(>4,536 kgs GVWR)
(58) Other bus (> 4,536 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,536 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	(0) 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	(0) Not a motor vehicle	(L) Left side	(C) Rear of cab
	(N) Noncollision	(B) Back of unit with cargo area (rear of trailer or straight truck)	(V) Front of cargo area
	(F) Front		(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

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

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 024A
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 95
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): Ford 12
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): Escort 013
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type: 03
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number
   1FASP11J8SW[redacted]
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

9. Vehicle Special Use (This Trip): 0
   (0) No special use
   (1) Taxi
   (2) Vehicle used as school bus
   (3) Vehicle used as other bus
   (4) Military
   (5) Police
   (6) Ambulance
   (7) Fire truck or car
   (8) Other (specify): _____
   (9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition: 1
    (0) Not towed due to vehicle damage
    (1) Towed due to vehicle damage
    (9) Unknown

11. Police Reported Travel Speed: 048
    Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph)
    (160) 159.5 kmph and above
    (999) Unknown
    ___ mph X 1.6093 = ___ kmph

12. Speed Limit: 048
    (000) No statutory limit
    Code posted or statutory speed limit in kmph
    (999) Unknown
    ___ mph X 1.6093 = ___ kmph

13. Police Reported Alcohol Presence For Driver: 0
    (0) No alcohol present
    (1) Yes alcohol present
    (7) Not reported
    (8) No driver present
    (9) Unknown

14. Alcohol Test Result For Driver: ~~96~~ 01
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown
    Source: [redacted] AUTOPSY

15. Police Reported Other Drug Presence For Driver: 0
    (0) No other drug(s) present
    (1) Yes other drug(s) present
    (7) Not reported
    (8) No driver present
    (9) Unknown

16. Other Drug Specimen Test Result For Driver: 1
    (0) No specimen test given
    (1) Drug(s) not found in specimen
    (2) Drug(s) found in specimen, (specify): _____
    (3) Specimen test given, results unknown or not obtained
    (8) No driver present
    (9) Unknown if specimen test given

17. Driver's Zip Code: [redacted]
    (00001) Driver not a resident of U.S. or territories
    _____ Code actual 5-digit zip code
    (99998) No driver present
    (99999) Unknown

18. Driver's Race/Ethnic Origin: 9
    (1) White (non-Hispanic)
    (2) Black (non-Hispanic)
    (3) White (Hispanic)
    (4) Black (Hispanic)
    (5) American Indian, Eskimo or Aleut
    (6) Asian or Pacific Islander
    (7) Other (specify): _____
    (8) No driver present
    (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,536 kgs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 4,536 kgs GVWR)

(20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 4,536 kgs GVWR)
(23) Van based motorhome (≤ 4,536 kgs GVWR)
(24) Van based school bus (≤ 4,536 kgs GVWR)
(25) Van based other bus (≤ 4,536 kgs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,536 kgs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,536 kgs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 4,536 kgs GVWR)

(60) Step van (> 4,536 kgs GVWR)
(61) Single unit straight truck (4,536 kgs < GVWR ≤ 8,845 kgs)
(62) Single unit straight truck (8,845 kgs < GVWR ≤ 11,793 kgs)
(63) Single unit straight truck (> 11,793 kgs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction — 2
    (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 — 2
    (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 — 2
    (0) No traffic control device
    (1) Traffic control device not functioning (specify): _____
    (2) Traffic control device functioning properly
    (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 99
(00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions
(03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/controls integral to vehicle (specify): _____
(10) While using or reaching for device/object brought into vehicle (specify): _____
(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event (specify): _____
(13) Eating or drinking
(14) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown

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

32. Critical Precrash Event 17

THIS VEHICLE LOSS OF CONTROL DUE TO:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE
(50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

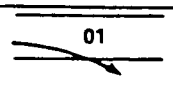
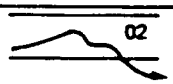
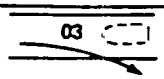
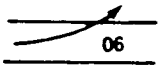
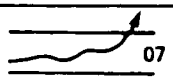
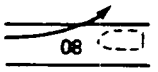
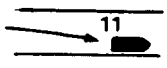
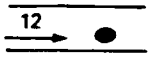
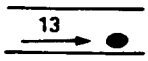
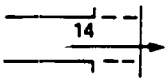
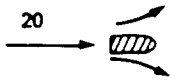
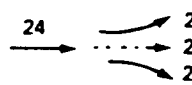
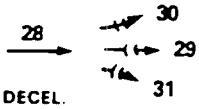
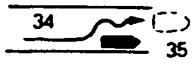
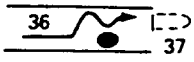
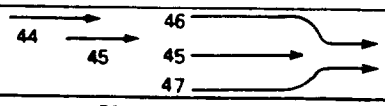
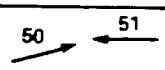
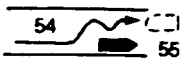
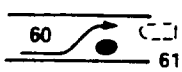
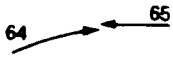
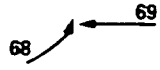
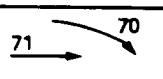
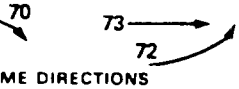
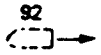
33. Attempted Avoidance Maneuver 99
(00) No driver present
(01) No avoidance maneuver
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(98) Other action (specify):
_____
(99) Unknown

34. Pre-Impact Stability 9
(0) No driver present
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify):
_____
(9) Precrash stability unknown

35. Pre-Impact Location 1
(0) No driver present
(1) Stayed in original travel lane
(2) Stayed on roadway but left original travel lane
(3) Stayed on roadway, not known if left original travel lane
(4) Departed roadway
(5) Remained off roadway
(6) Returned to roadway
(7) Entered roadway
(9) Unknown

36. Accident Type 87
(Note: Applicable codes on back of this page)
(00) No impact
Code the number of the diagram that best describes the accident circumstance
(98) Other accident type (specify):
_____
(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

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

OCCUPANT RELATED

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

38. Number of Occupants This Vehicle — 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted — 01

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 — 6
(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 — 1,052 0
____ Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
__,___ lbs X .4536 = 1052 kgs
Source: [redacted]

44. Vehicle Cargo Weight — 9,990
____ Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
__,___ lbs X .4536 = __,___ kgs
Source: _____

ROLLOVER DATA

45. Rollover — 00
(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 — 00
(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 — 00
(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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0

52. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

Underride (see specific CDC)
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

53. Heading Angle For This Vehicle 998

54. Heading Angle For Other Vehicle 998

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 1
(0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 1
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____
(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated
(01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated
(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstuction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V — Highest: 026

_____ Nearest kmph (highest)

021 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of Delta V — Highest: ± 026

_____ Nearest kmph (highest)

-011 Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

61. Lateral Component of Delta V — Highest: ± 000

_____ Nearest kmph (highest)

-018 Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

62. Energy Absorption — Highest: 032.2 00

_____ Nearest 100 joules (highest)

026400 Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed — Highest: 998

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V): 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed — Highest: 026

_____ Nearest kmph (highest)

018 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

ESTIMATED DELTA V

66. Estimated Highest Delta V (Researcher Determined) 0
    (0) Reconstruction Delta V coded

    Estimated Delta V
    (1) Less than 10 kmph
    (2) ≥ 10 kmph but < 25 kmph
    (3) ≥ 25 kmph but < 40 kmph
    (4) ≥ 40 kmph but < 55 kmph
    (5) ≥ 55 kmph

    Other estimates of damage severity
    (6) Minor
    (7) Moderate
    (8) Severe

    (9) Unknown

INSPECTION TYPE

67. Type of Vehicle Inspection 3
    (0) No inspection
    (1) Vehicle fully repaired-no damage evident
    (2) Partial inspection (specify): _____
    (3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number 4
    _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
    (99) Unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), *****

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,

OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 024A
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

VIN 1FASP11J8SW[redacted] Model Year 95

Vehicle Make (specify): Ford Vehicle Model (specify): Escort

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point 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
1	starts 167 Foward RRA	starts 52 Foward RRA	C-4
2	starts RR BC	starts RRBC	none
3	starts RF BC	overlaps impact no 4	UK 2

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).

4 | starts 20 left of CL | Full Frontal | 7 left of C-2

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
1	mid door	175	C-4	290	15	7	17	37	34	27	+130
SL	Adjustment -15				0	0	2	22	19	12	
	Free space				0	0	0	0	2	6	
	Actual crush				0	0	2	22	17	6	
2	R side at BC	5		No residual crush							-210
3	overlaps 4	6	UK	overlaps impact no 4							
4	Bumper	16	38	120	7	32	25	20	18	19	-28
	Free space				13	5	3	3	5	13	
	Actual crush				0	27	22	17	13	6	✓

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

VEHICLE DAMAGE SKETCH

TIRE–WHEEL DAMAGE

a. Rotation physically restricted — b. Tire deflated

	a.	b.
RF	missing	RF
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	98.4	250	cm
Overall Length	170	432	cm
Maximum Width	66.7	169	cm
Curb Weight	2316	1051	kg
Average Track	56.5	144	cm
Front Overhang		94	cm
Rear Overhang		101	cm
Undeformed End Width		147	cm
Engine Size: cyl./displ.		4/1.9	L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °

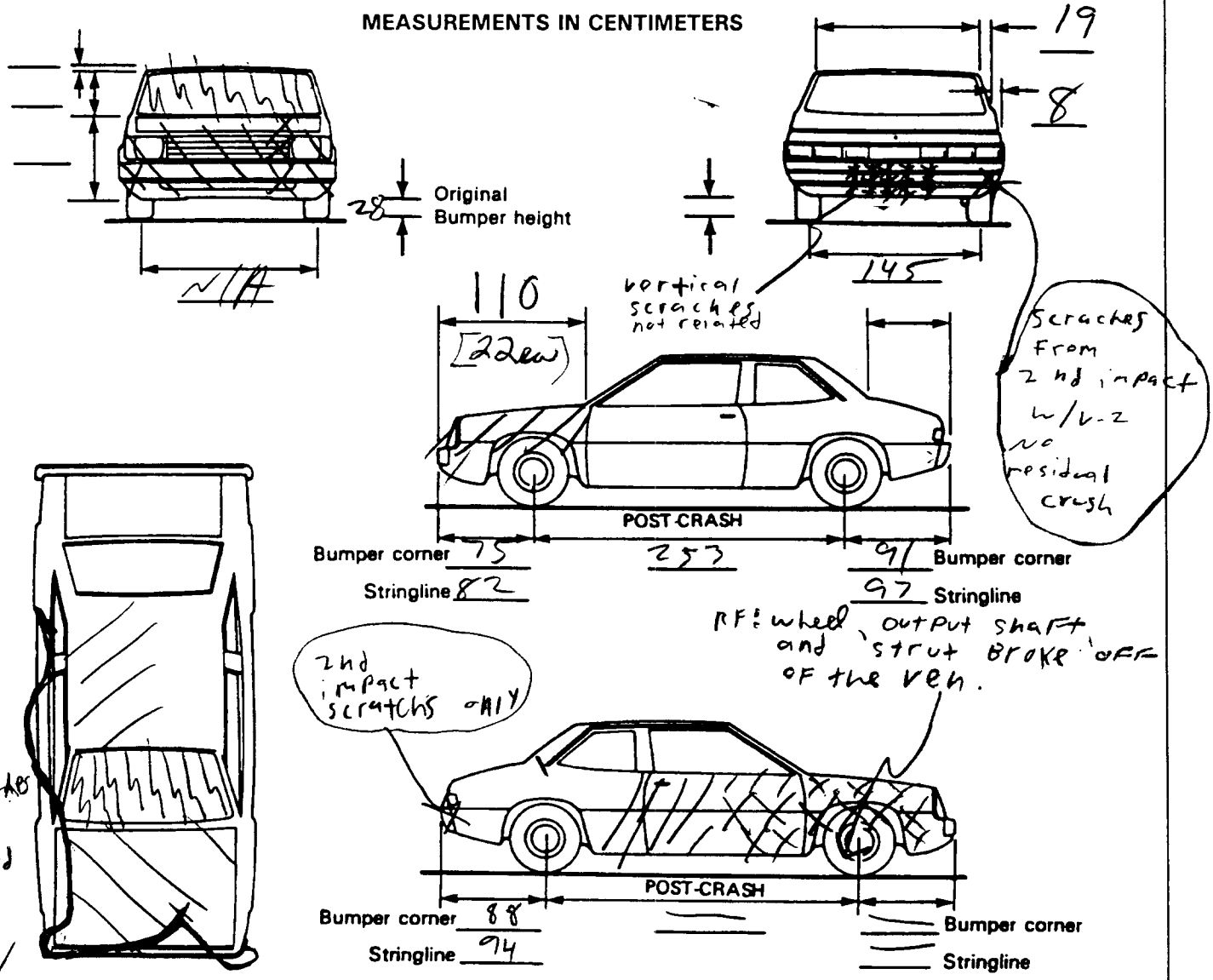
Within ± 5 degrees

DRIVE WHEELS

☑ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight Ø kg

MEASUREMENTS IN CENTIMETERS



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
01	02	060	00	R	Y	E	W	02
02	02	120	00	R	B	L	WE	01
03	50	000	00	F	R	E	S	UK
04	42	000	00	F	Y	E	~~W~~ N	01

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. 04	5. 42	6. 12	7. F	8. Y	9. E	10. NW	11. 02

↑ OK ↑ ΔV.

Second Highest Delta "V"

12. 01	13. 02	14. 02	15. R	16. Y	17. E	18. W	19. 02

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
147	000	027	022	017	013	006	±028

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
290	000	000	002	022	017	006	±130

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 147
____ 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) 016
____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 250
____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
___ ___ ___ . __ inches X 2.54 = ___ ___ ___ centimeters

29. Original Average Track Width 144
____ Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
___ ___ ___ . __ inches X 2.54 = ___ ___ ___ centimeters

30. Are CDCs Documented but Not Coded on The Automated File? 1
(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 0
(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 01

46. Fuel Type-2 00

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 Two Fuel Tanks? 0
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):
_____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (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.

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

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

INTEGRITY

4. Passenger Compartment Integrity: 0 6
(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 1 6. RF 3 7. LR 0 8. RR 0 9. TG/H 1

(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 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
20. BL 2 21. Roof 0 22. Other 0

(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 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1
28. BL 1 29. Roof 0 30. Other 0

(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 1 32. LF 1 33. RF 6 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 0

(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 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 0

(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

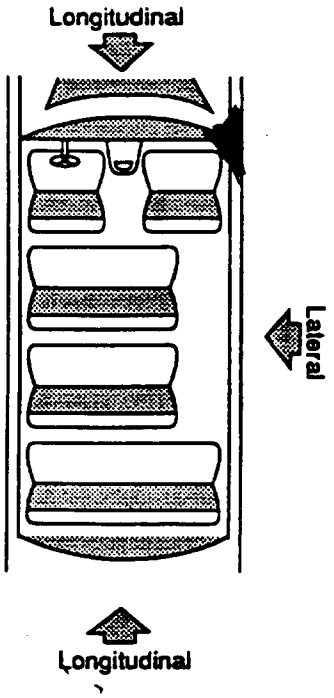
INTRUSION WORKSHEET

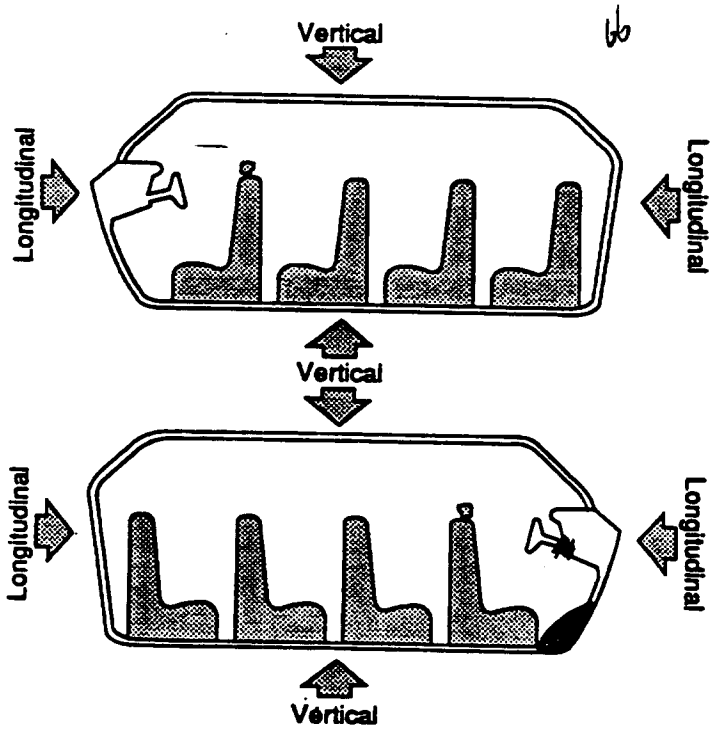
NOTE: SKETCH INTRUDED AREAS

Row Width (cm)

132

124





LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	SIDE PANEL	68	–	45	=	23	3
13	RT / INST. PANEL	93	–	83	=	10	2
13	A-PILLAR		–		=		
13	KICK PANEL		–		=		
13	TOE PAN		–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

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. 13	48. 10	49. 3	50. 3
2nd	51. 13	52. 04	53. 2	54. 2
3rd	55. 99	56. 99	57. 9	58. 9
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
	—		=	
	—		=	
	—	N/A	=	
	—		=	

STEERING COLUMN

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

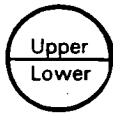
88. Tilt Steering Column Adjustment — 0
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

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

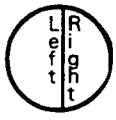
90. Steering Rim/Spoke Deformation — 0 0
____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

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

INSTRUMENT PANEL

92. Odometer Reading — 0 1 2,000
____ 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
7,221 miles X 1.6093 = 11,620 kilometers
Source: [redacted]

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

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

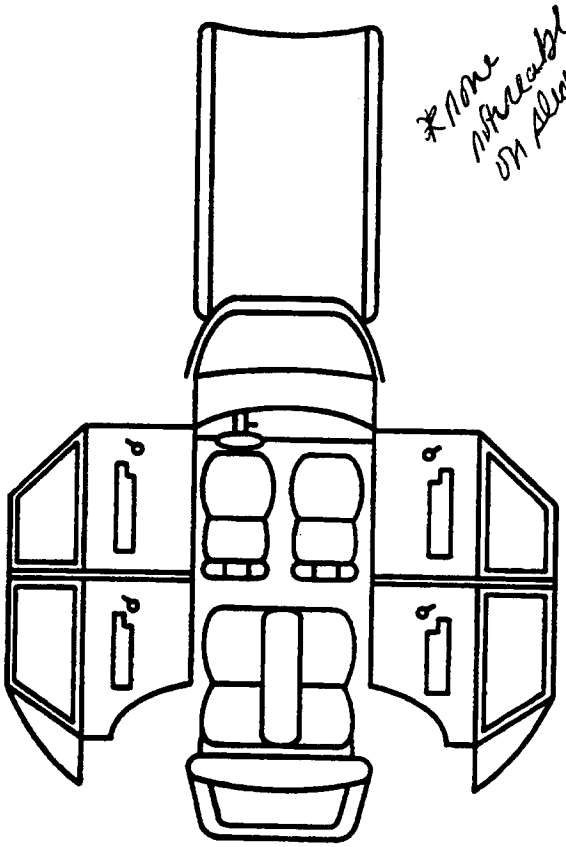
95. Knee Bolsters Deformed from Occupant Contact? — 1
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

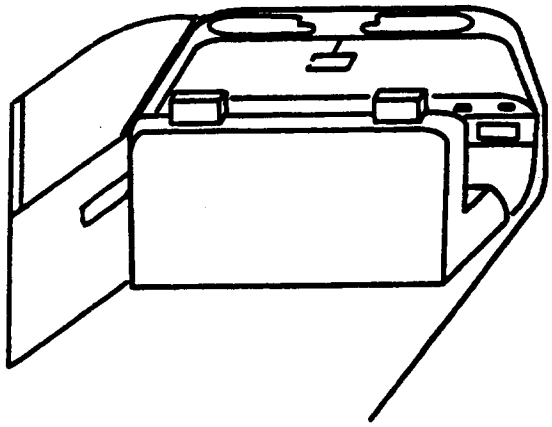
96. Did Glove Compartment Door Open During Collision(s)? — 2
(0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

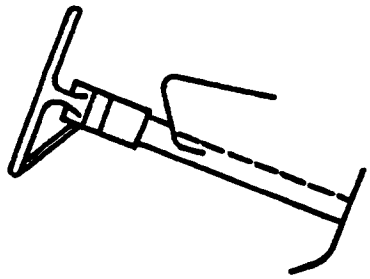
97. Adaptive (Assistive) Driving Equipment — 0
(0) No adaptive driving equipment
(1) Adaptive driving equipment installed (Check all that apply.)
[ ] Hand controls for braking/acceleration
[ ] Steering control devices (attached to OEM steering wheel
[ ] Steering knob attached to steering wheel
[ ] Low 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

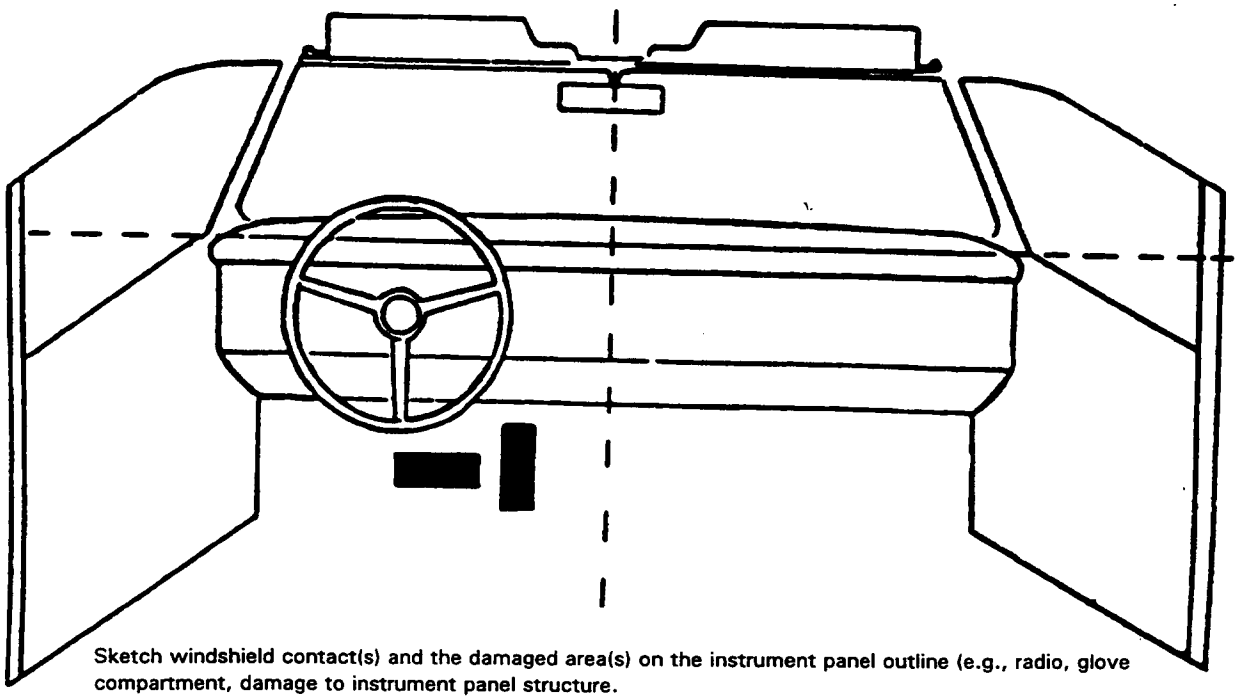
VEHICLE INTERIOR SKETCHES

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					
B					
C					
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., tapedeck, 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 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	3	6	3
	B-Evidence of usage	03	00	03
	C-Used in this crash?	03	00	00
	D-Proper Use	1	0	0
	E-Failure Modes	1	0	0
	F-Anchorage Adjustment	0	0	0
SECOND	A-Availability	4	3	4
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-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

B/C-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

D-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

E-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

F-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

		Frontal Air Bags--**Left Front**	Frontal Air Bags-**Right Front**	OtherAir Bag
FIRST	Availability/Function	/	/	X
	Deployment	/	/	
	Failure	/	/	

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

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

Air Bag System Deployment
(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

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

AUTOMATIC BELTS

		Left	Right
FIRST	A-Availability/Function	/	/
	B-Use	/	/
	C-Type	2	2
	D-Proper Use	/	/
	E-Failure Modes	/	/

A-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

B-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

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

D-**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

E-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
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2	1
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	9	1

A-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

B-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

C-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

D-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

E-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

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

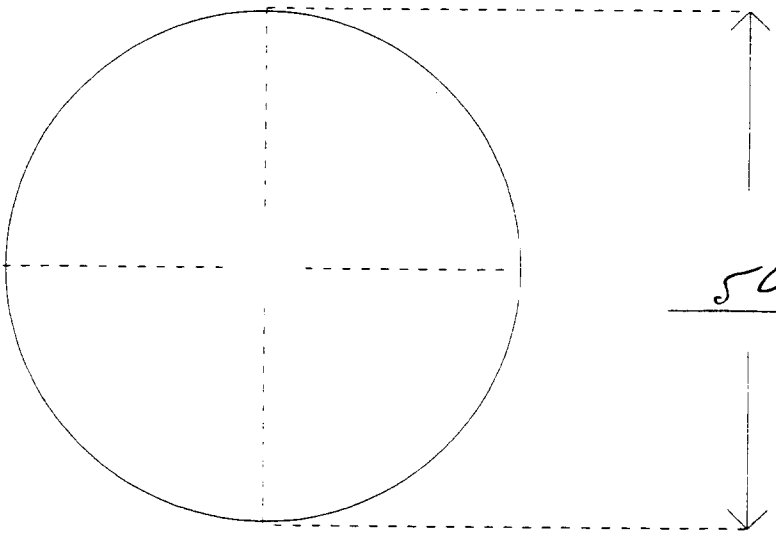
G-Did The Air Bag Have Vent Ports?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): TWO (2)
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-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

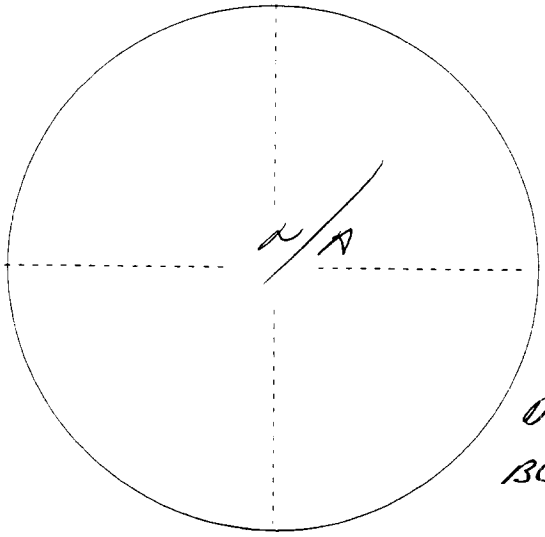
I-Was This Occupant Wearing Eye-wear?
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

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



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



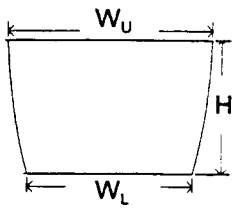
SMUDGES AND CREASES DUE TO PANTS FROM CAN BEING PUT IN FAT SUIT

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____

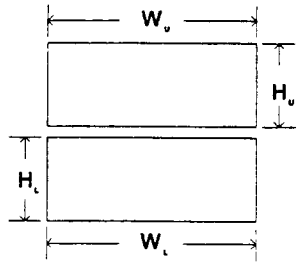


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) 24 width (W_L) 18

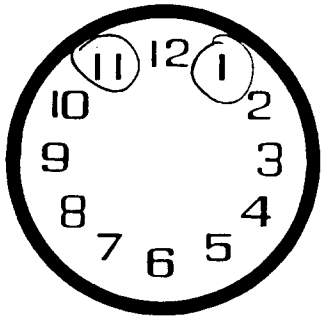
height (H_U) 11 height (H_L) 6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

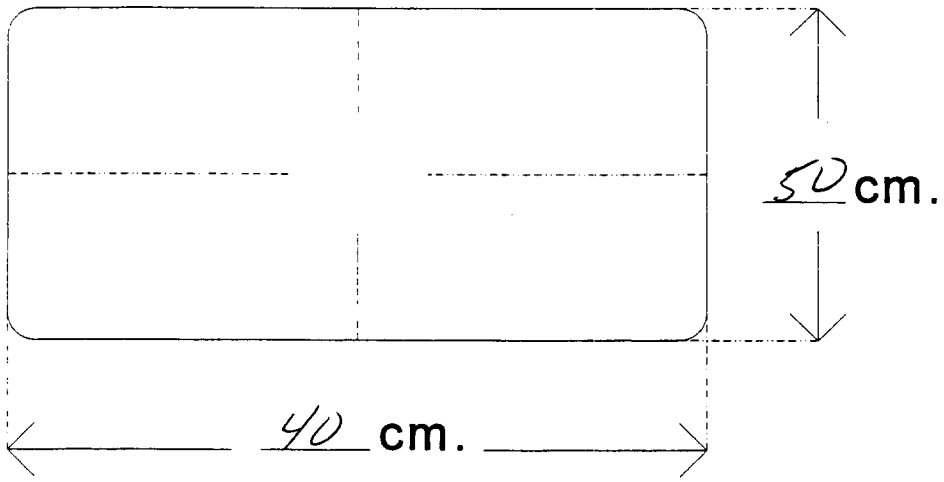
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

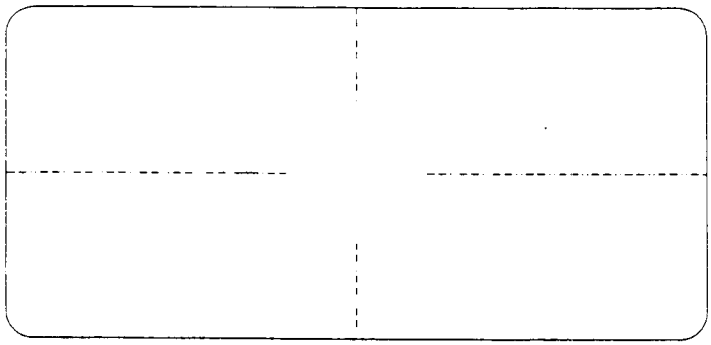


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



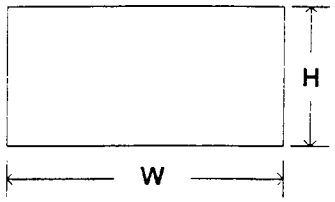
SMUDGES AND GREASE FROM PARTS BEING PUT IN CAR.

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 32

height (H) 17



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

a. Upper Flap

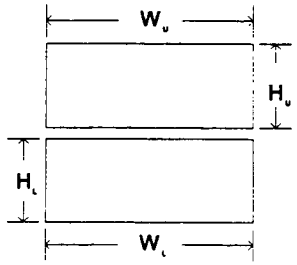
width (W_U) _____

height (H_U) _____

b. Lower Flap

width (W_L) _____

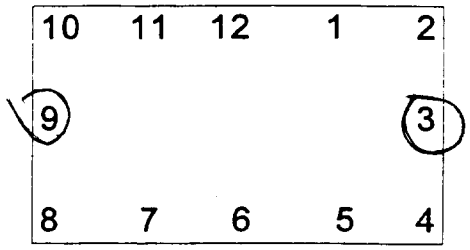
height (H_L) _____



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)

"OTHER" AIR BAG SKETCHES (Cont'd)

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	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02	N/A	02
	C-Seat Orientation	1		1
	D-Seat Track Position	3		3
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	23	23	23
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-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

B-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) Box mounted seat (i.e., van type)
(10) Other seat type (specify):
_____
(99) Unknown

C-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

D-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

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

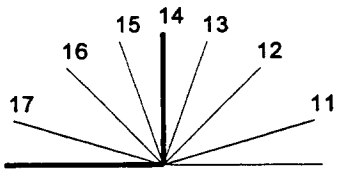
Upright prior to impact
(11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

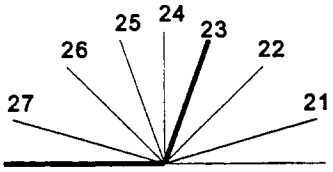
Slightly reclined prior to impact
(21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact postion
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

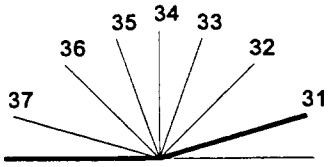
Completely reclined prior to impact
(31) Retained pre-impact position
(32) Moved to rearward midrange position
(33) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position

(99) Unknown

F-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







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

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		N/A				
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 on vehicle interior sketch)

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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 024A
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 79
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: 1
(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: 175 (~~999~~)
Code actual height to the nearest centimeter.
(999) Unknown
69 inches X 2.54 = 175.3 centimeters 082

8. Occupant's Weight: 999
Code actual weight to the nearest kilogram.
(999) Unknown
180 pounds X .4536 = 81.6 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position: 11
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 9
    (0) Occupant fatal before removed from vehicle
    (1) Removed from vehicle while unconscious or not oriented to time or place
    (2) Removed from vehicle due to perceived serious injuries
    (3) Exited vehicle with some assistance
    (4) Exited vehicle under own power
    (5) Occupant fully ejected
    (8) Removed from vehicle for other reasons (specify): _____
    (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3
(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 03 03
(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 1
(0) None used or not available
(1) Belt used properly 0
(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 1 0 —
(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. Manual Shoulder Belt Upper Anchorage Adjustment 0
(0) No manual shoulder belt
(1) No upper anchorage adjustment for manual 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 1

23. 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

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

26. Proper Use of Automatic (Passive) Belt System 1
(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 1
(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

28. Police Reported Belt Use 5
    (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 4
    (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"

Pre 80's states safety equipment in use - airbag but not available

Check the Primary Source Used In Determining Belt Use.

[✓] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify):

_____

[ ] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1
    (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) 1
    (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) 9
    (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) 1
    (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)? 9
(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 8+
(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? 9
(0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 96
(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 6
(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 + - 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? 1
(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? 01
(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*

44. Source of Air Bag Damage 01
    (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? 2
    (0) Not equipped/not available
    (1) No
    (2) Yes (specify number of tether straps): UK
    (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): 2
    (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? 4
    (0) Not air bag equipped/air bag 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) 02
    (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

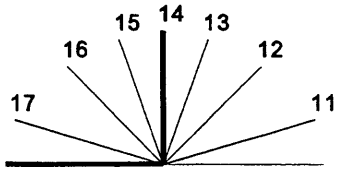
52. Seat Track Adjusted Position Prior To Impact 3
    (0) Occupant not seated or no seat
    (1) Non-adjustable seat track

    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

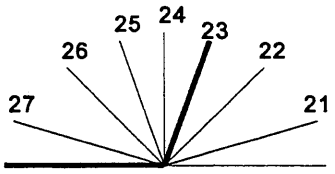
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 23
    (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

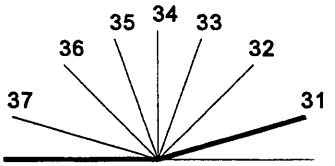


Slightly reclined prior to impact
    (21) Moved to completely rearward position
    (22) Moved to rearward midrange position
    (23) Retained pre-impact position
    (24) Moved to upright position
    (25) Moved to slightly forward position
    (26) Moved to forward midrange position
    (27) Moved 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 0 0 0
(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 0
(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 0 0
(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 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

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) 2 9

(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 — 01
____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death — 01

68. 2nd Medically Reported Cause of Death — 03

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 — 18
____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 (at Medical Facility) — 03
(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? — 9
(1) No - blood not given
(2) Yes - blood given
(specify units):_____
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO_3 — 01
(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

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

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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	41	3. Vehicle Number	01
2. Case Number - Stratum	0241	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
heart loc - myocardium											
1st	5. 1	6. 4	7. 4	8. 10	9. 12	10. 5	11. 4	12. 170	13. 2	14. 1	15. 00
pericardium loc											
2nd	16. 1	17. 4	18. 4	19. 16	20. 02	21. 2	22. 4	23. 170	24. 2	25. 1	26. 00
(B) flail - rib fx											
3rd	27. 1	28. 4	29. 5	30. 02	31. 66	32. 5	33. 3	34. 170	35. 2	36. 1	37. 00
liver cont											
4th	38. 1	39. 5	40. 4	41. 18	42. 10	43. 2	44. 1	45. 152	46. 2	47. 1	48. 00
liver lac											
5th	49. 1	50. 5	51. 4	52. 18	53. 22	54. 2	55. 1	56. 152	57. 2	58. 1	59. 00
mesentery hemorrhage											
6th	60. 1	61. 5	62. 4	63. 20	64. 99	65. 2	66. 8	67. 152	68. 7	69. 1	70. 00
omentum hemorrhage											
7th	71. 1	72. 5	73. 4	74. 22	75. 99	76. 2	77. 8	78. 152	79. 2	80. 1	81. 00
(L) arm abr											
8th	82. 3	83. 7	84. 9	85. 02	86. 02	87. 1	88. 2	89. 170	90. 2	91. 1	92. 00
sternum fx											
9th	93. 1	94. 4	95. 5	96. 08	97. 04	98. 2	99. 4	100. 170	101. 2	102. 1	103. 00
head cont											
10th	104. 1	105. 1	106. 9	107. 04	108. 02	109. 1	110. 5	111. 170	112. 2	113. 1	114. 00

OCCUPANT INJURY DATA

	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
	nasal abr										
11th	1	2	9	02	02	1	4	170	2	1	00
	chin abr										
12th	1	2	9	02	02	1	8	170	2	1	00
	chest abr										
13th	1	4	9	02	02	1	0	152	2	1	00
(L)	shoulder abr										
14th	1	7	9	02	02	1	2	152	2	1	00
(R) (L)	arm lac										
15th	1	7	9	06	02	1	2 X	602	2	3	00
(R)	wrist cont										
16th	1	7	9	04	02	1	1	170	3	1	00
(R)	knee lac										
17th	1	8	9	06	02	1	1	014	2	1	00
	chest cont										
18th	3	4	9	02	02	1	2	152	2	1	00
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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

__ No

__ Yes

unknown if used

Blood Alcohol Level (mg/dl)

BAL = .01%

Glasgow Coma Scale Score

GCSS = 03

Units of Blood Given

Units = NR

Arterial Blood Gases

pH = .__

PO_2 = ___

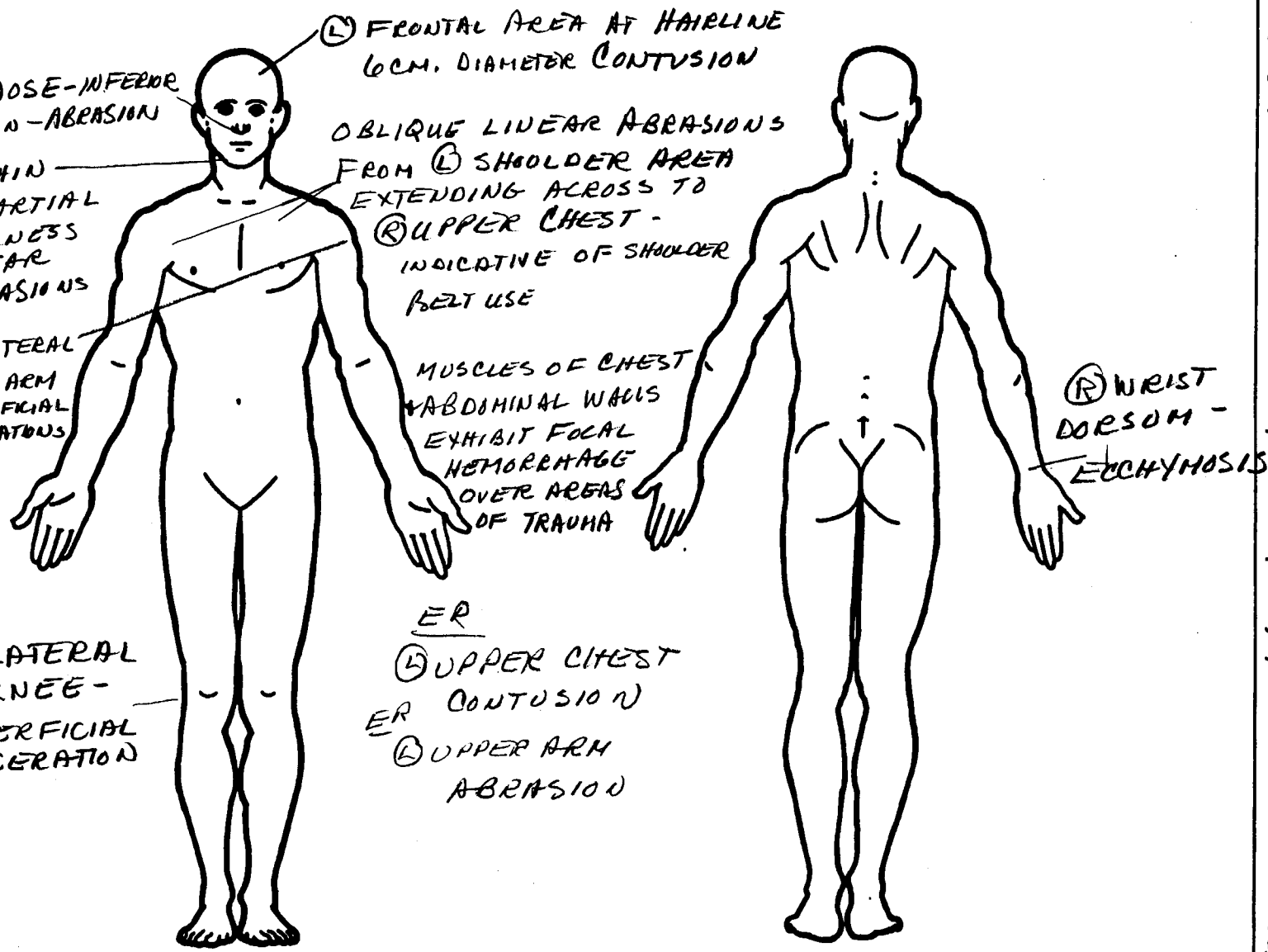
PCO_2 ___

HCO_3 ___

no work

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.)

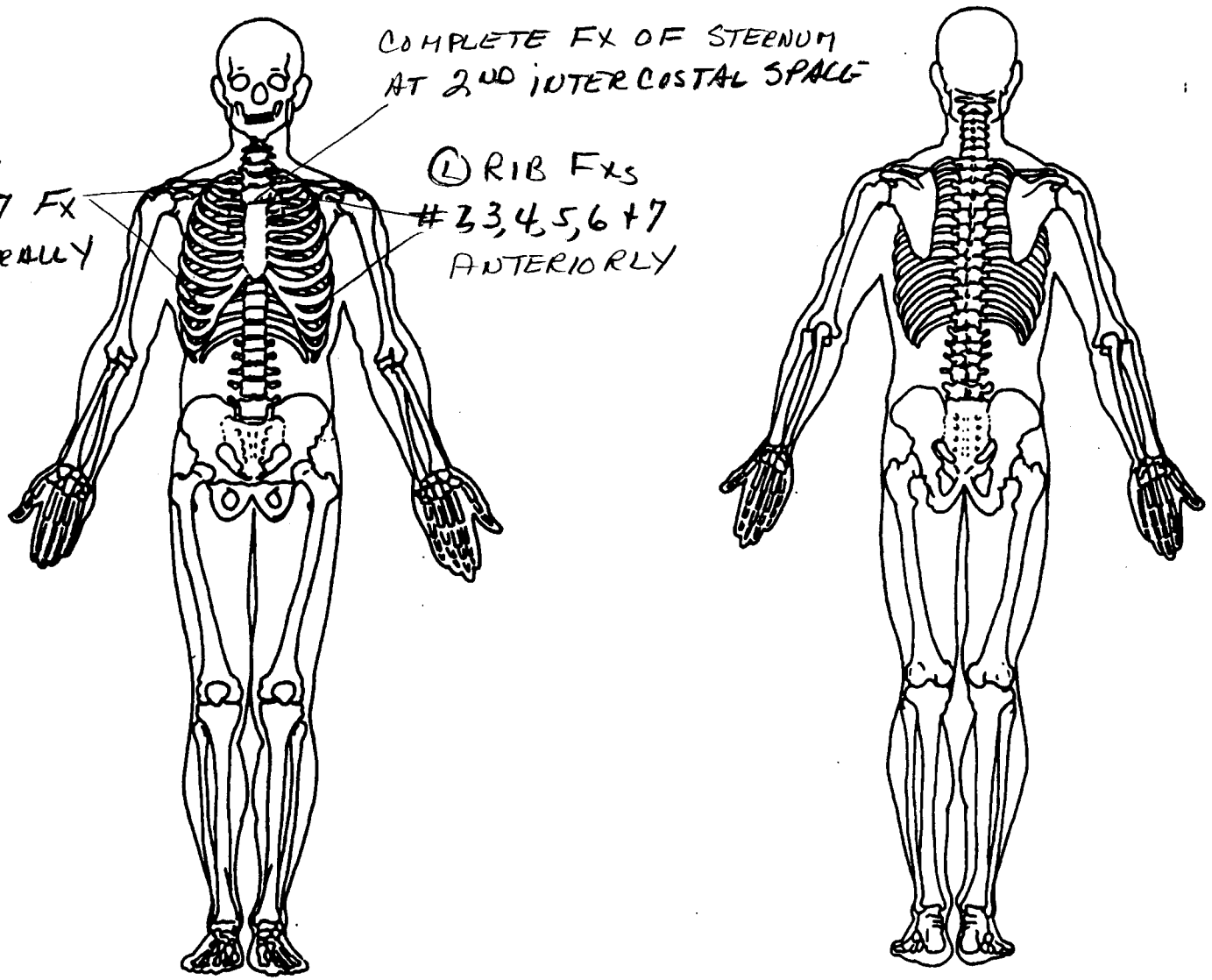
ALL INJURIES FROM AUTOPSY EXCEPT AS NOTED



OFFICIAL INJURY DATA — SKELETAL INJURIES

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

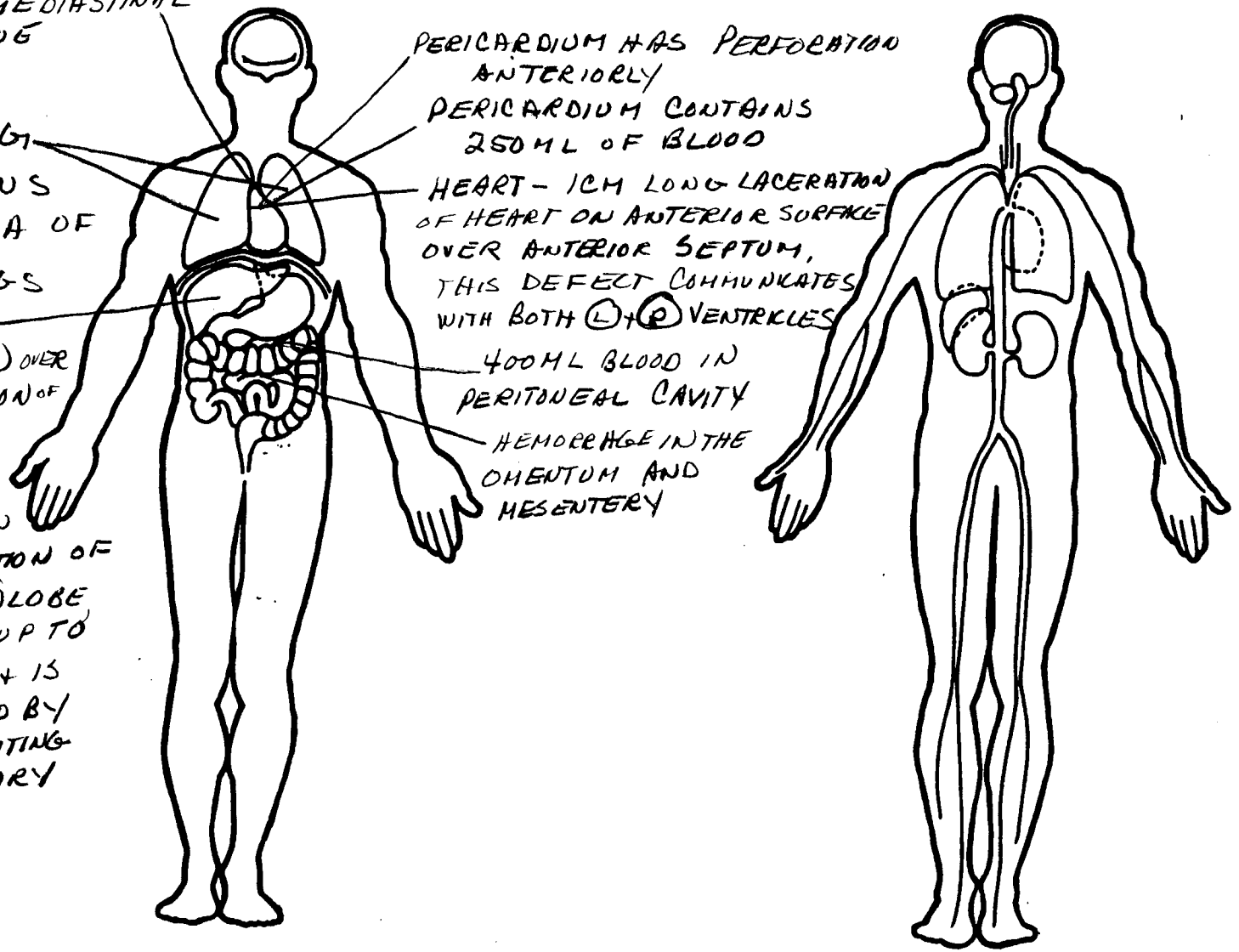
ALL INJURIES FROM AUTOPSY



OFFICIAL INJURY DATA — INTERNAL INJURIES

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

ALL INJURIES FROM AUTOPSY



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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number — Stratum: 024 A
3. Vehicle Number: 01
4. Occupant Number: 01

RECEIVED [redacted] 1996

Driver or Occupant Name: [redacted]

Address:

Other Information:

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08.	Date Official Medical Data Requested	[redacted] 96	
OAL09.	Date Official Medical Data Obtained	[redacted] 96	
OAL16.	Injury Treatment Status	99	
OAL17.	Injury Information		
	Official		
a.	Autopsy (invasive examination)	B 08	011
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 08	
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	02	
GV14.	Alcohol Test Results For Driver	96	
GV16.	Other Drug Specimen Test Type For Driver	0	
OA05.	Occupant's Age	79	
OA06.	Occupant's Sex	1	
OA07.	Occupant's Height	999	
OA08.	Occupant's Weight	999	
OA61.	Treatment-Mortality	1	
OA62.	Type of Medical Facility (for Initial Treatment)	9	
OA63.	Hospital Stay	00	

*U.S. GPO: 1996[redacted]

1ST/2ND

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number — Stratum: 024A
3. Vehicle Number: 01
4. Occupant Number: 01

RECEIVED [redacted] 1996

Driver or Occupant Name: [redacted]

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08.	Date Official Medical Data Requested	[redacted] 96	
OAL09.	Date Official Medical Data Obtained	[redacted] 96	
OAL16.	Injury Treatment Status	3	
OAL17.	Injury Information		
	Official		
a.	Autopsy (invasive examination)	B 01 1	
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 08	01 1
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	97	02
GV14.	Alcohol Test Results For Driver		
GV16.	Other Drug Specimen Test Type For Driver		
OA05.	Occupant's Age		
OA06.	Occupant's Sex		
OA07.	Occupant's Height		
OA08.	Occupant's Weight		
OA61.	Treatment-Mortality		
OA62.	Type of Medical Facility (for Initial Treatment)		
OA63.	Hospital Stay		

*U.S. GPO: 1996-[redacted]

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

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 0244 A
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 95
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): Honda — 37
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): prelude — 033
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type: 02
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number: JHMBB1173SC[redacted]
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

9. Vehicle Special Use (This Trip): 0
   (0) No special use
   (1) Taxi
   (2) Vehicle used as school bus
   (3) Vehicle used as other bus
   (4) Military
   (5) Police
   (6) Ambulance
   (7) Fire truck or car
   (8) Other (specify): _____
   (9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition: 1
    (0) Not towed due to vehicle damage
    (1) Towed due to vehicle damage
    (9) Unknown

11. Police Reported Travel Speed: 04 8
    Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph)
    (160) 159.5 kmph and above
    (999) Unknown

    ___ mph X 1.6093 = ___ kmph

12. Speed Limit: 048
    (000) No statutory limit
    Code posted or statutory speed limit in kmph
    (999) Unknown

    ___ mph X 1.6093 = ___ kmph

13. Police Reported Alcohol Presence For Driver: 0
    (0) No alcohol present
    (1) Yes alcohol present
    (7) Not reported
    (8) No driver present
    (9) Unknown

14. Alcohol Test Result For Driver: 96
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: [redacted]

15. Police Reported Other Drug Presence For Driver: 0
    (0) No other drug(s) present
    (1) Yes other drug(s) present
    (7) Not reported
    (8) No driver present
    (9) Unknown

16. Other Drug Specimen Test Result For Driver: 0
    (0) No specimen test given
    (1) Drug(s) not found in specimen
    (2) Drug(s) found in specimen, (specify): _____
    (3) Specimen test given, results unknown or not obtained
    (8) No driver present
    (9) Unknown if specimen test given

17. Driver's Zip Code: [redacted]
    (00001) Driver not a resident of U.S. or territories
    _____ Code actual 5-digit zip code
    (99998) No driver present
    (99999) Unknown

18. Driver's Race/Ethnic Origin: 1
    (1) White (non-Hispanic)
    (2) Black (non-Hispanic)
    (3) White (Hispanic)
    (4) Black (Hispanic)
    (5) American Indian, Eskimo or Aleut
    (6) Asian or Pacific Islander
    (7) Other (specify): _____
    (8) No driver present
    (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,536 kgs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 4,536 kgs GVWR)

(20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 4,536 kgs GVWR)
(23) Van based motorhome (≤ 4,536 kgs GVWR)
(24) Van based school bus (≤ 4,536 kgs GVWR)
(25) Van based other bus (≤ 4,536 kgs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,536 kgs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,536 kgs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 4,536 kgs GVWR)

(60) Step van (> 4,536 kgs GVWR)
(61) Single unit straight truck (4,536 kgs < GVWR ≤ 8,845 kgs)
(62) Single unit straight truck (8,845 kgs < GVWR ≤ 11,793 kgs)
(63) Single unit straight truck (> 11,793 kgs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction — 2
    (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 — 2
    (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 — 2
    (0) No traffic control device
    (1) Traffic control device not functioning (specify):

    _____
    (2) Traffic control device functioning properly
    (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 0
(00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions
(03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/controls integral to vehicle (specify): _____
(10) While using or reaching for device/object brought into vehicle (specify): _____
(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event (specify): _____
(13) Eating or drinking
(14) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown

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

32. Critical Precrash Event 66

THIS VEHICLE LOSS OF CONTROL DUE TO:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE
(50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 06
- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____
- (99) Unknown

34. Pre-Impact Stability 1
- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (9) Precrash stability unknown

35. Pre-Impact Location 1
- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 86
(Note: Applicable codes on back of this page)
- (00) No impact
  Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify): _____
- (99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

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

OCCUPANT RELATED

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

38. Number of Occupants This Vehicle: 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted: 01

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: 6
(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: 1,2 5 0
____ Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
__,___ lbs X .4536 = 1,254 kgs
Source: [redacted]

44. Vehicle Cargo Weight: 0,0 0 0
____ Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
__,___ lbs X .4536 = __,___ kgs
Source: [redacted]

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0

52. Rear Override/Underride (this Vehicle) 0
(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

_____

Underride (see specific CDC)
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

_____

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

53. Heading Angle For This Vehicle 090

54. Heading Angle For Other Vehicle 180

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 1
(0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

_____

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated
(01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated
(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstuction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____

_____

(98) Other, (specify): _____

_____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V — Highest: 018

_____ Nearest kmph (highest)

+4 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of Delta V — Highest: +015

_____ Nearest kmph (highest)

0 Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(_999) Unknown

61. Lateral Component of Delta V — Highest: +009

_____ Nearest kmph (highest)

+4 Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(_999) Unknown

62. Energy Absorption — Highest: 0352.2 00

_____ Nearest 100 joules (highest)

21200 Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed — Highest: 998

_____ Nearest kmph (highest)

998 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) — 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed — Highest: 021

_____ Nearest kmph (highest)

+7 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

ESTIMATED DELTA V

66. Estimated Highest Delta V (Researcher Determined) 0
(0) Reconstruction Delta V coded

Estimated Delta V
(1) Less than 10 kmph
(2) ≥ 10 kmph but < 25 kmph
(3) ≥ 25 kmph but < 40 kmph
(4) ≥ 40 kmph but < 55 kmph
(5) ≥ 55 kmph

Other estimates of damage severity
(6) Minor
(7) Moderate
(8) Severe

(9) Unknown

INSPECTION TYPE

67. Type of Vehicle Inspection 3
(0) No inspection
(1) Vehicle fully repaired-no damage evident
(2) Partial inspection (specify): _____
(3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number 1
_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
(99) Unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), *****

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,

OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 0241A
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN JHMBB1173S[redacted] Model Year 95

Vehicle Make (specify): Honda Vehicle Model (specify): Prelude

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point 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
1	Full Frontal	Full Frontal	C-2
2	Starts 88 Forward LRA	Starts 66 Forward LRA	C-4

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
1	BUMPER	138	C-2	138	33	35	27	22	20	26	0
Free	Space				20	8	3	3	8	20	
Actual	crush		OK		13	27	24	19	12	6	
2	upper door	30	C-4	67	1	3	4	5	3	2	-6
Free	Space		✓		1	1	1	1	1	1	
Actual	crush				0	2	3	4	2	1	

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

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted		b. Tire deflated	
RF	1	RF	2
LF	2	LF	2
RR	2	RR	2
LR	2	LR	

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

TYPE OF TRANSMISSION
☑ Manual ☐ Automatic

END SHIFT ≥ 10 CM
☐ Yes ☑ No

ORIGINAL SPECIFICATIONS (curb weight)

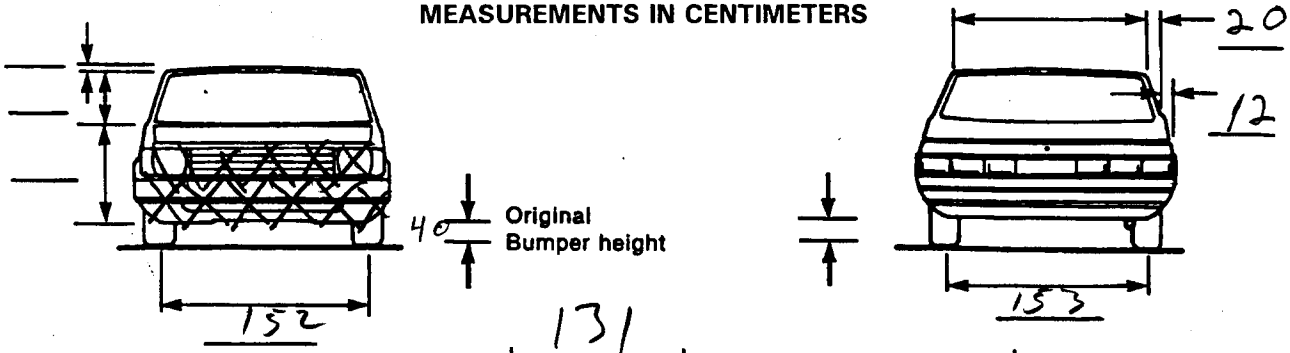
Wheelbase	100.4	255	cm
Overall Length	174.8	444	cm
Maximum Width	69.5	177	cm
Curb Weight	2765	1254	kg
Average Track	59.8	152	cm
Front Overhang	Field ↔	104	cm
Rear Overhang		92	cm
Undeformed End Width		144	cm
Engine Size: cyl./displ.		4/2.3	L

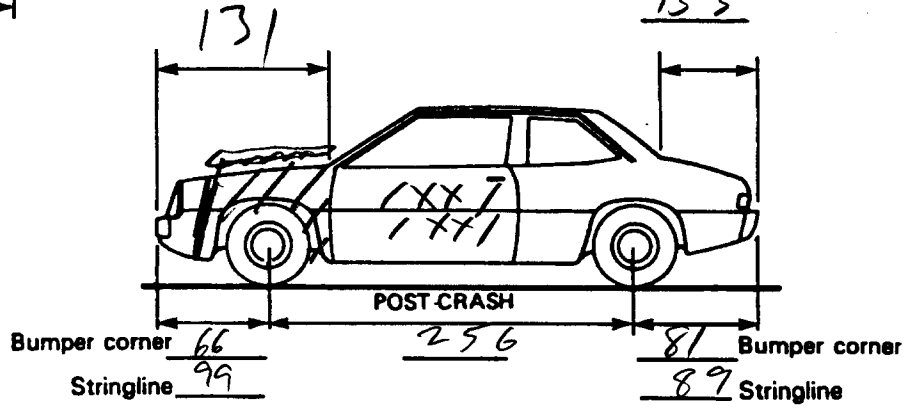
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)
RF ⊖ 20 °
LF ± ___ °
RR ± ___ °
LR ± ___ °
Within ± 5 degrees

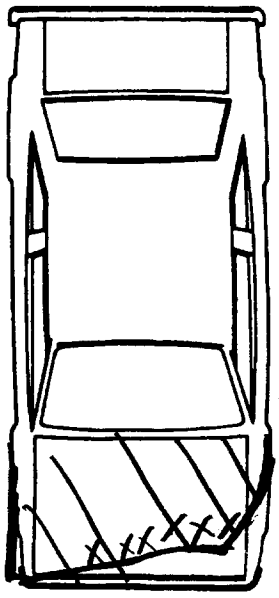
DRIVE WHEELS
☐ FWD ☐ RWD ☐ 4WD

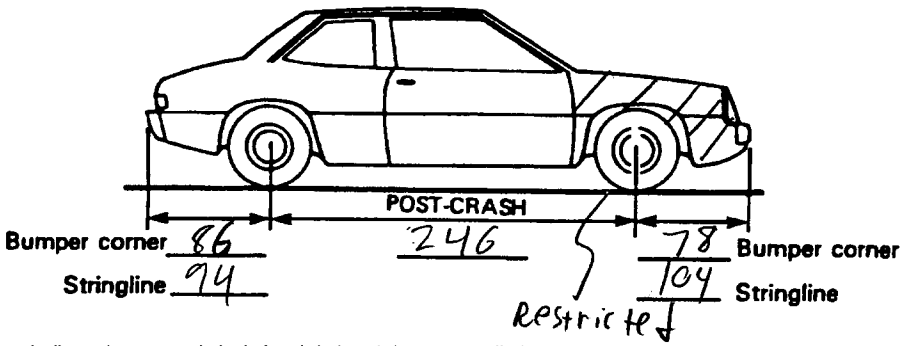
Approximate Cargo Weight ___ kg

MEASUREMENTS IN CENTIMETERS









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
01	01	330	00	F	D	E	W	01
02	01	270	00	L	P	M	W	01

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. 01	5. 01	6. 11	7. F	8. D	9. E	10. W	11. 01

Second Highest Delta "V"

12. 02	13. 01	14. 09	15. L	16. P	17. M	18. W	19. 01

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
144	013	027	024	019	012	006	±000

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
067	000	002	003	004	002	001	0006

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 144
____ 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) 138
____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 255
____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
____.__ inches X 2.54 = ____ centimeters

29. Original Average Track Width 152
____ Code to the nearest centimeter
(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 2
(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 2
(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 6
(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 0
(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 01

46. Fuel Type-2 00

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 Two Fuel Tanks? 0
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):
_____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (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.

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 0241A
3. Vehicle Number: 02

INTEGRITY

4. Passenger Compartment Integrity: 00

(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 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(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 1 16. LF 4 17. RF 4 18. LR 4 19. RR 4
20. BL 4 21. Roof 0 22. Other 0

(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 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1
28. BL 1 29. Roof 0 30. Other 0

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

(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

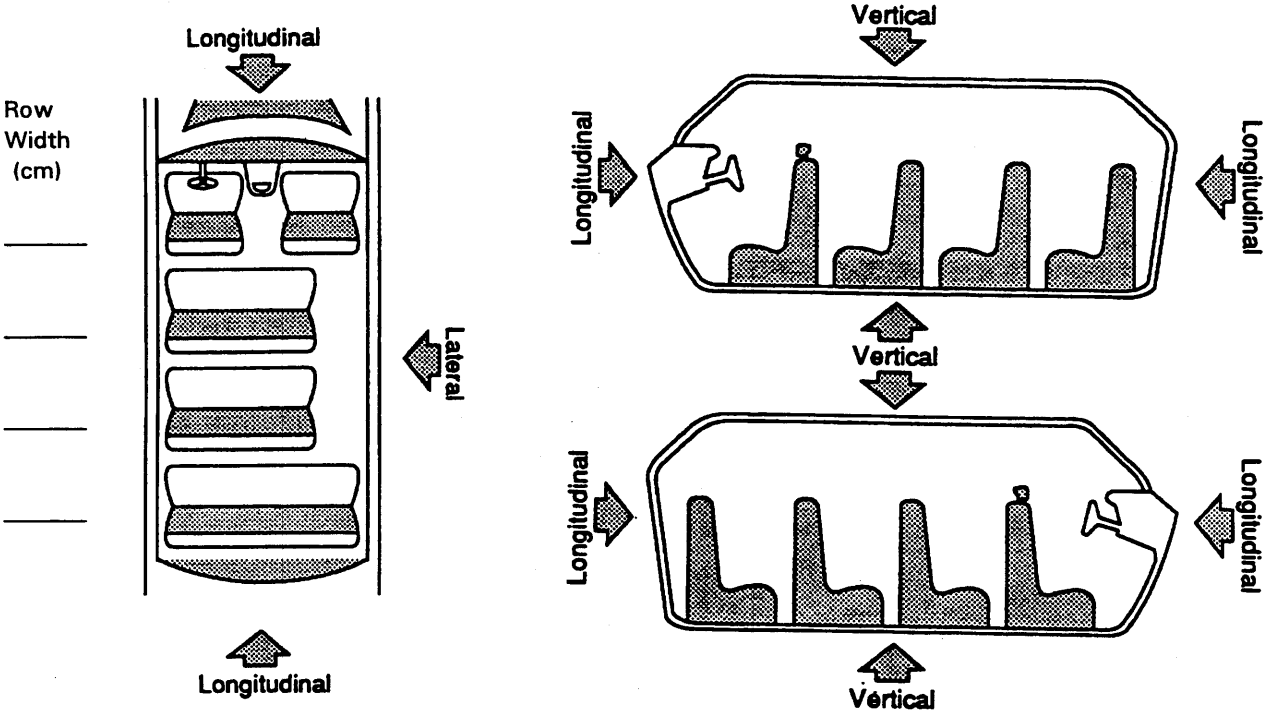
Glazing Damage from Occupant Contact

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

(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



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE — INTRUDED VALUE = INTRUSION	DOMINANT CRUSH DIRECTION
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	
		— =	

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.___ ___	48.___ ___	49.___	50.___
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

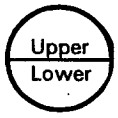
88. Tilt Steering Column Adjustment 1
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

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

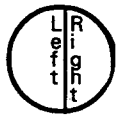
90. Steering Rim/Spoke Deformation 00
____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

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

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



Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

92. Odometer Reading 999,000
____ 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
____,____ miles X 1.6093 = ____,____ kilometers
Source: [redacted]

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

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

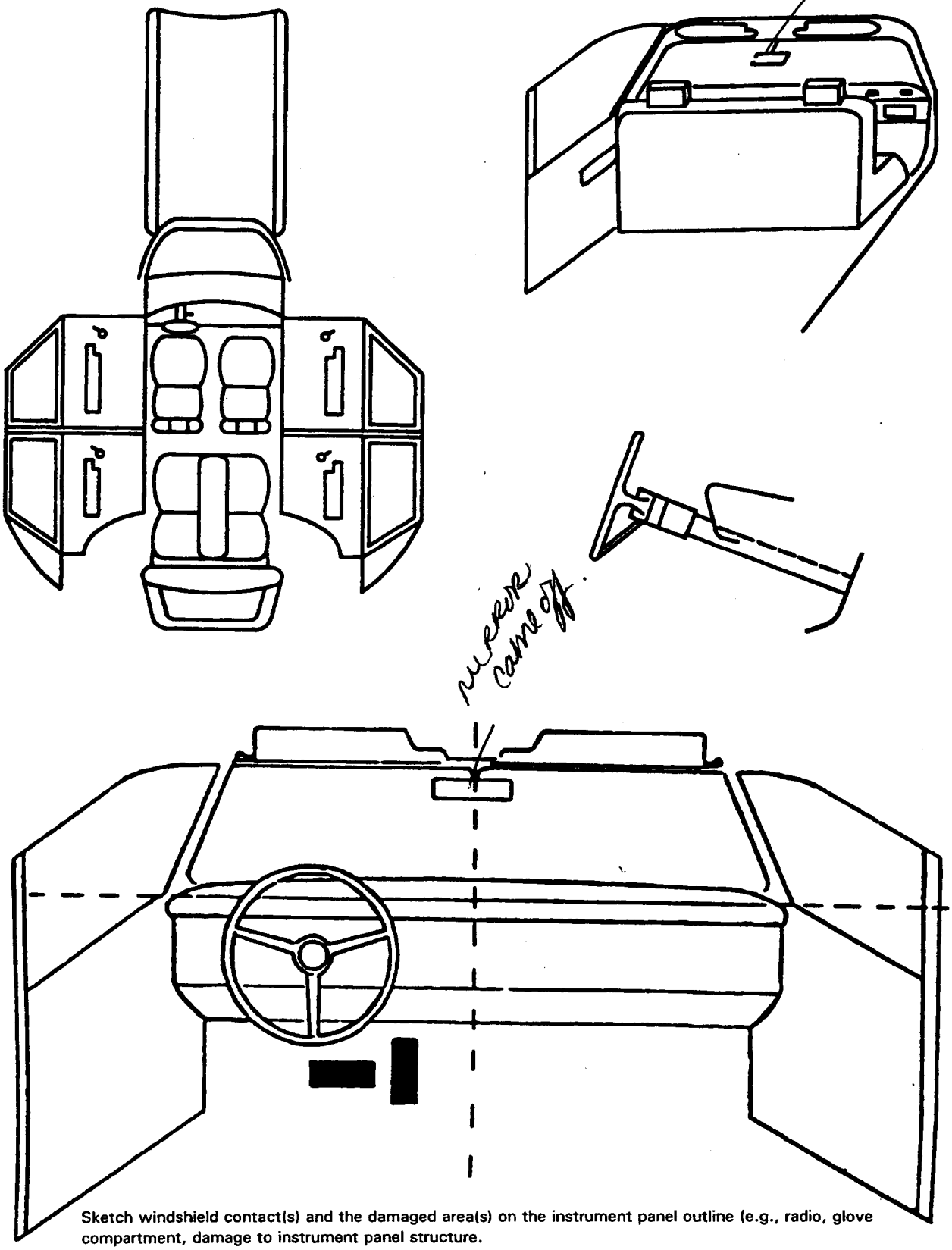
95. Knee Bolsters Deformed from Occupant Contact? 1
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

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	002	1	Head	Knocked off	3
B					
C					
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., tapedeck, 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 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	0	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	04	00	00
	D-Proper Use	1	0	0
	E-Failure Modes	1	0	0
	F-Anchorage Adjustment	1	0	1
SECOND	A-Availability	4	0	4
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-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

B/C-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

D-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

E-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

F-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

		Frontal Air Bags--**Left Front**	Frontal Air Bags-**Right Front**	OtherAir Bag
FIRST	Availability/Function			
	Deployment			
	Failure			

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

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

Air Bag System Deployment **(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

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

AUTOMATIC BELTS

		Left	Right
FIRST	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

A-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

B-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

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

D-**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

E-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
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2	1
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	9	9

A-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

B-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

C-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

D-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

E-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

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

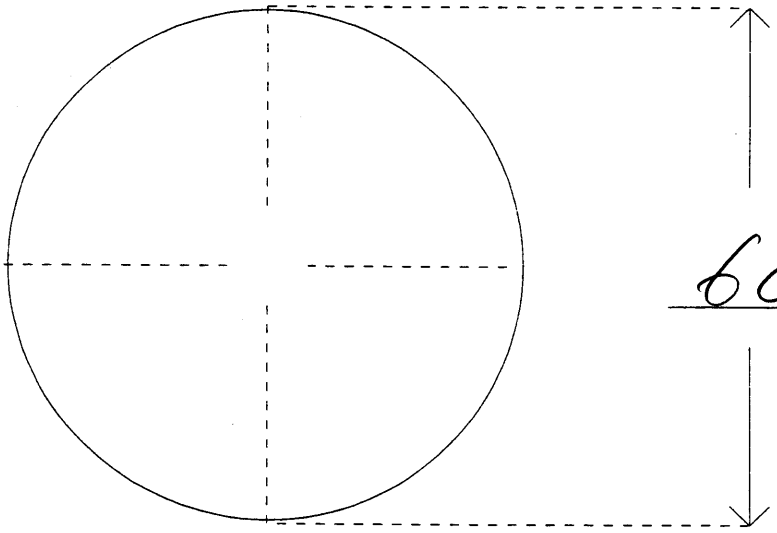
G-Did The Air Bag Have Vent Ports?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-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

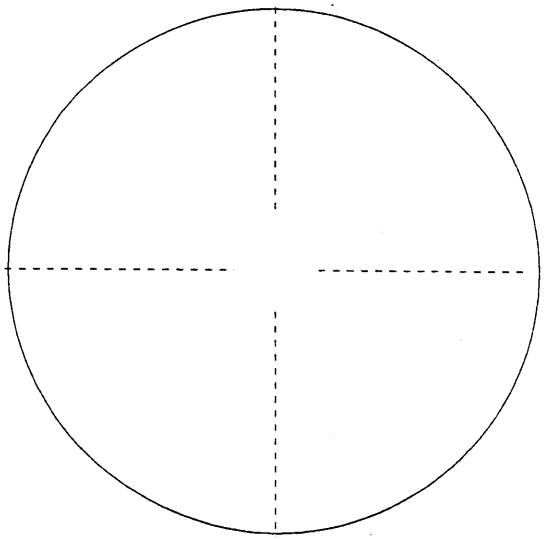
I-Was This Occupant Wearing Eye-wear?
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

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



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

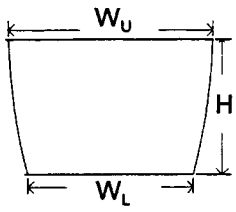


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____

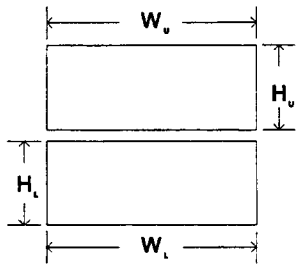


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) 14 width (W_L) 14

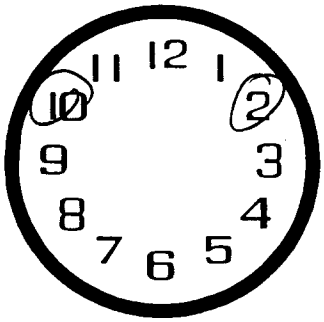
height (H_U) 14 height (H_L) 6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

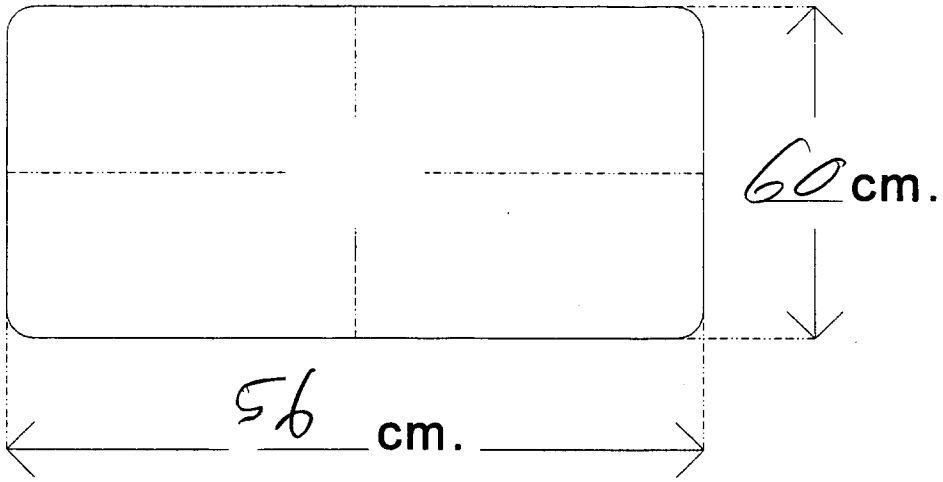
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

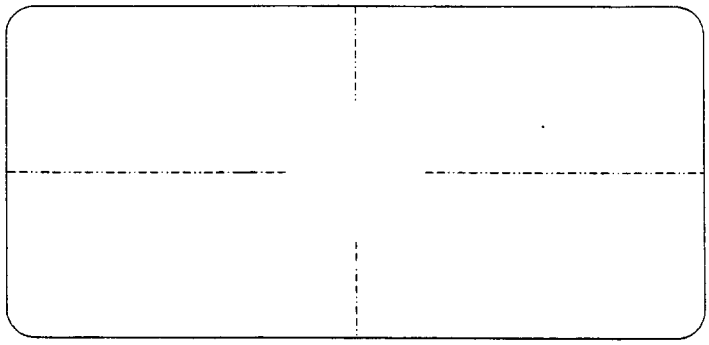


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

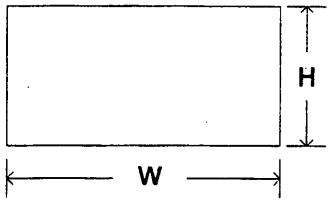


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



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

a. Upper Flap

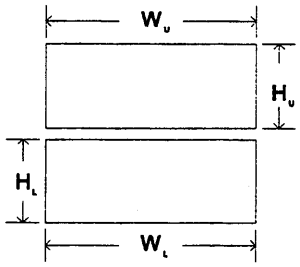
width (W_U) _____

height (H_U) _____

b. Lower Flap

width (W_L) _____

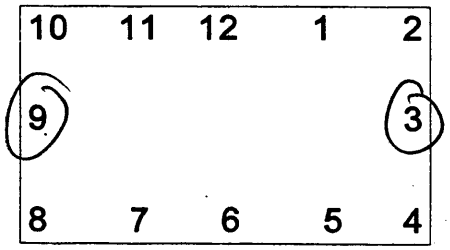
height (H_L) _____



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)

"OTHER" AIR BAG SKETCHES (Cont'd)

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	A-Head Restraint Type/Damage	1	0	1
	B-Seat Type	02	00	02
	C-Seat Orientation	1	0	1
	D-Seat Track Position	6	0	5
	E-Seat Back Incline Pre/Post Impact	23	0	23
	F-Seat Performance	1	0	1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-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

B-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) Box mounted seat (i.e., van type)
(10) Other seat type (specify):

_____
(99) Unknown

C-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

D-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

E-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

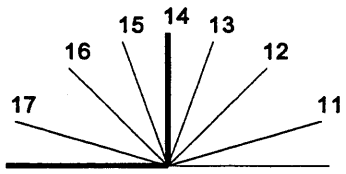
(99) Unknown

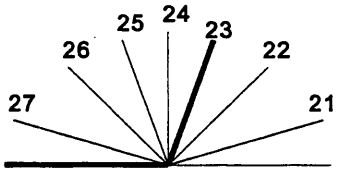
F-Seat Performance (this Occupant Position)
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify):

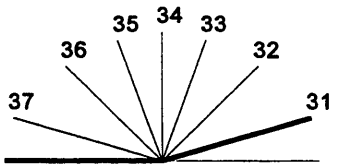
_____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):_____
(7) Combination of above (specify):

_____
(8) Other (specify):

_____
(9) Unknown







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

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 on vehicle interior sketch)

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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 41
2. Case Number - Stratum: 024 A
3. Vehicle Number: 02
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 33
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: 1
(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: 180
Code actual height to the nearest centimeter.
(999) Unknown

__ __ inches X 2.54 = __ __ __ centimeters

8. Occupant's Weight: 092
Code actual weight to the nearest kilogram.
(999) Unknown

__ __ __ pounds X .4536 = __ __ __ kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position: 11
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: 0
(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 4
    (0) Occupant fatal before removed from vehicle
    (1) Removed from vehicle while unconscious or not oriented to time or place
    (2) Removed from vehicle due to perceived serious injuries
    (3) Exited vehicle with some assistance
    (4) Exited vehicle under own power
    (5) Occupant fully ejected
    (8) Removed from vehicle for other reasons (specify): _____
    (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 — 04
(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. Manual Shoulder Belt Upper Anchorage Adjustment — 1
(0) No manual shoulder belt
(1) No upper anchorage adjustment for manual 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 — 1
(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

28. Police Reported Belt Use — 5
    (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 — 4
    (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.

[✓] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify): _____
[ ] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) — 1
    (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) — 1
    (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) — 1
    (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)? 1
    (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 1
    (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 01
    (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 1
    (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 +0015
    (_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? 1
    (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? 01
    (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*

44. Source of Air Bag Damage 01
    (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? 2
    (0) Not equipped/not available
    (1) No
    (2) Yes (specify number of tether straps): UK
    _____
    (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):
    _____
    (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? 1
    (0) Not air bag equipped/air bag 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 1
    (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) 02
    (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

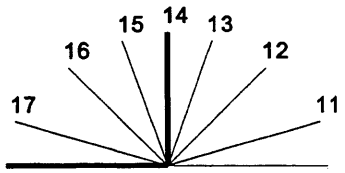
52. Seat Track Adjusted Position Prior To Impact 6
    (0) Occupant not seated or no seat
    (1) Non-adjustable seat track

    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

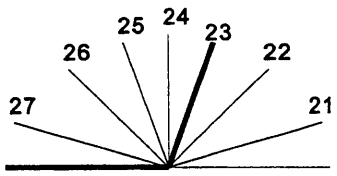
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 23
    (00) Occupant not seated or no seat
    (01) Not adjustable

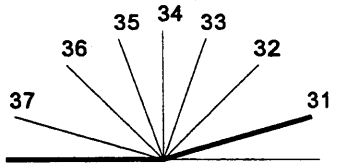
Upright prior to impact
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) Moved 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 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify): _____
(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(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 00
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

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) 3

(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 4

(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) 2

(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 00

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

65. Working Days Lost 12

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

67. 1st Medically Reported Cause of Death — 00

68. 2nd Medically Reported Cause of Death — 00

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 — 04
____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 (at Medical Facility) — 15
(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 — 01
(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

bag + belt

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

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	41	3. Vehicle Number	02
2. Case Number - Stratum	0241A	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
(R) forehead lac	1st 5. 3	6. 2	7. 9	8. 06	9. 02	10. 1	11. 7	12. 002	13. 2	14. 1	15. 00
frontal scalp lac	2nd 16. 3	17. 1	18. 9	19. 06	20. 02	21. 1	22. 5	23. 002	24. 2	25. 1	26. 00
(L) wrist abr	3rd 27. 7	28. 7	29. 9	30. 02	31. 02	32. 1	33. 2	34. 170	35. 2	36. 1	37. 00
(R) ankle cont	4th 38. 3	39. 8	40. 9	41. 04	42. 02	43. 1	44. 1	45. 254	46. 2	47. 1	48. 08
	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.

OCCUPANT INJURY DATA

	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
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

(R) temple (L) scalp

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

__ No

✓ Yes

Blood Alcohol Level (mg/dl)

BAL = NA

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 0

Arterial Blood Gases

pH = __.__

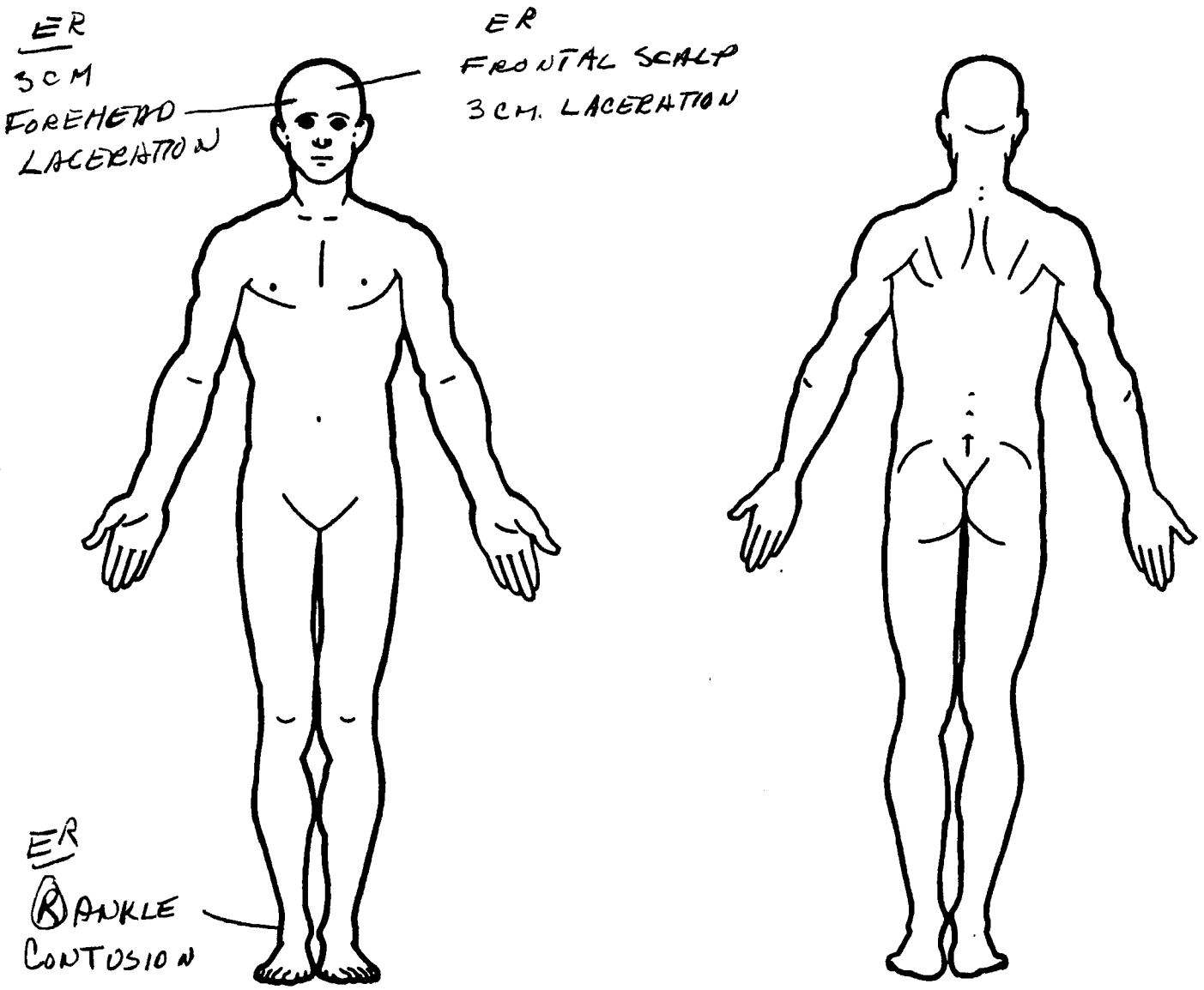
PO_2 = ____

PCO_2 = ____

HCO_3 = ____

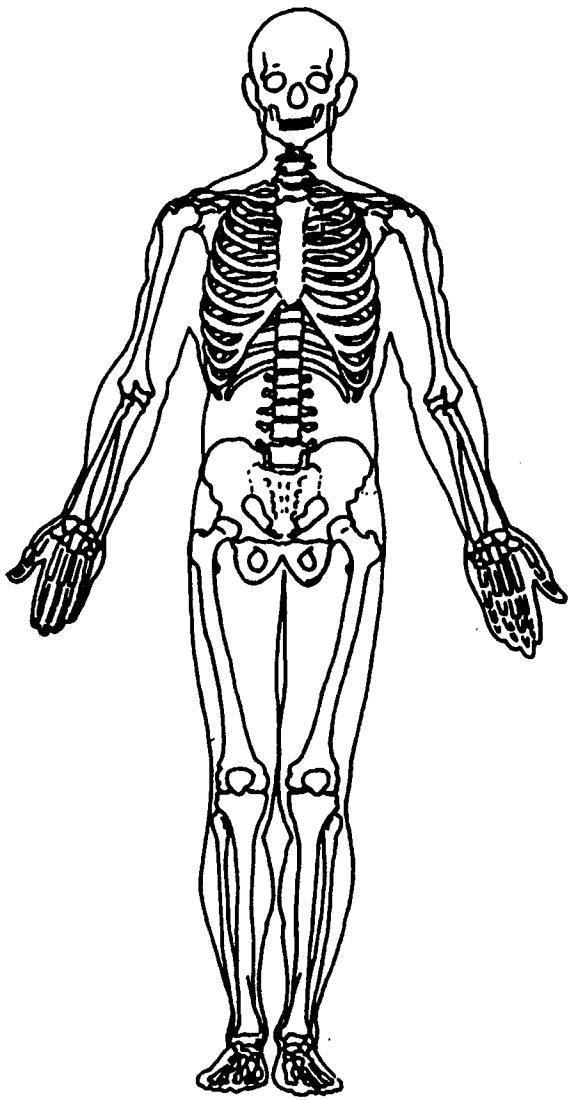
no record

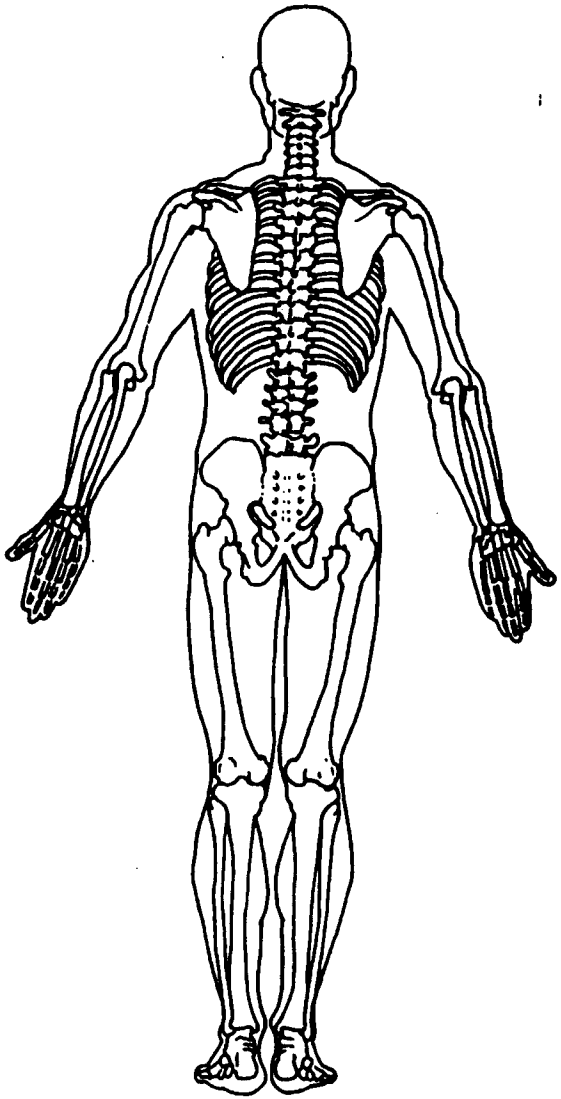
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

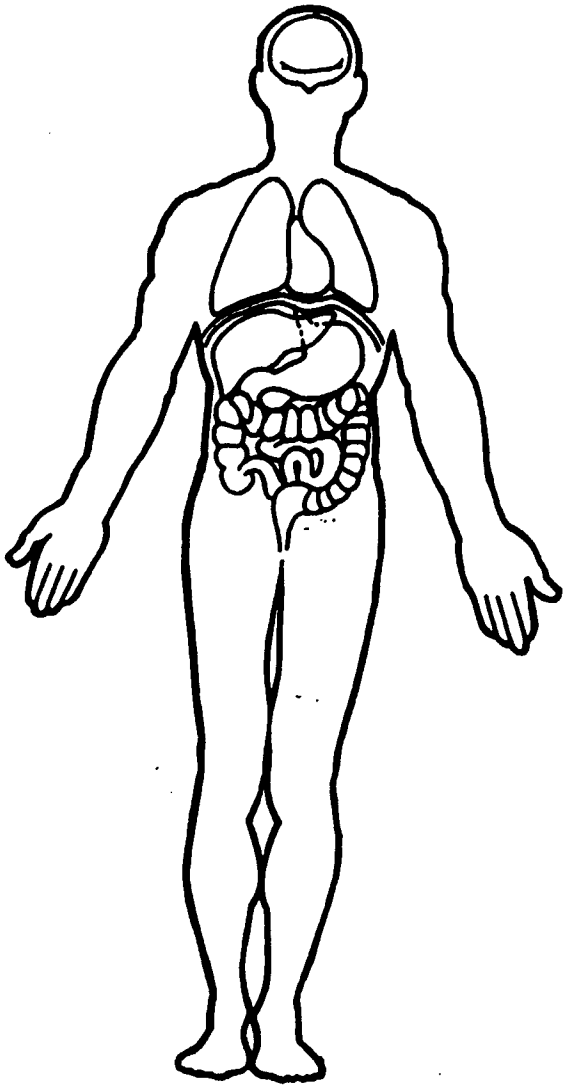
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

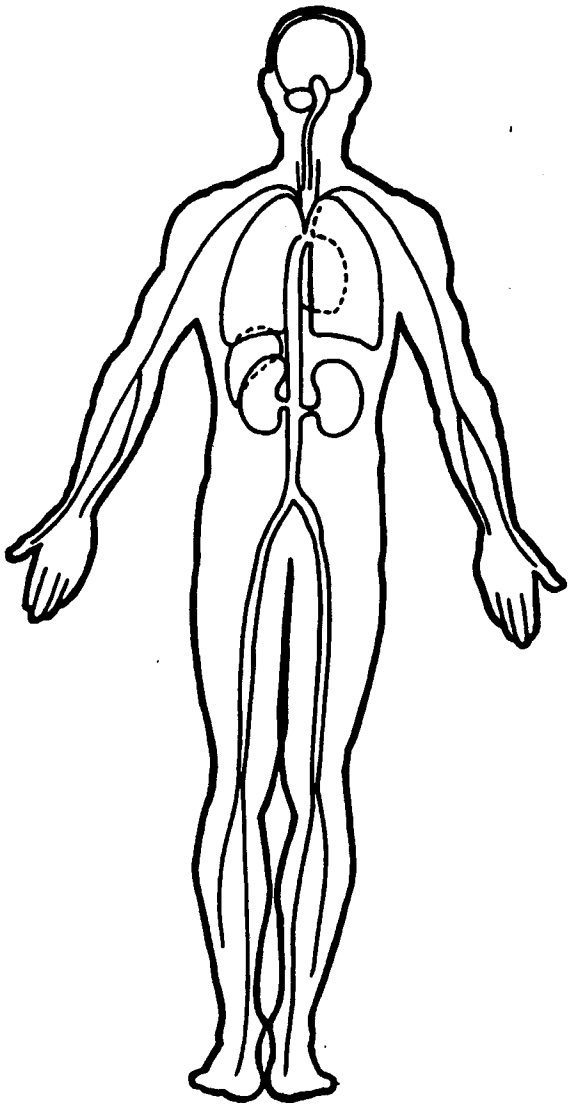




OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

41	024A	01	[redacted], [redacted], 96
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
NASS Vehicle Number	01	02
Year	1995	1995
Make	Ford	Honda
Model	Escort	Prelude
Body Style	03	02
CDC	02RYEW2	11FDEW1
PDOF	± 60 °	± 330 °
Heading Angle	± 180 °	± 90 °

VEHICLE SPECIFICATIONS

	VEHICLE 1	VEHICLE 2
Wheelbase	250 cm	255 cm
Overall Length	432 cm	441 cm
Overall Width	169 cm	177 cm
Weight	1051 + 74 + UK = 1125 kg	1254 + 92 + 0 = 1346 kg
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
Engine Displacement	1.9 L	2.3 L
Drive System	FWD	FWD
Size	1	3
Stiffness	1	9

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Known?	Y	Y
Damage Length	290 cm	414 cm
Damage Offset	± 130 cm	± 0 cm
Crush Depth: C1	0 cm	13 cm
C2	0 cm	27 cm
C3	2 cm	24 cm
C4	22 cm	19 cm
C5	17 cm	12 cm
C6	6 cm	6 cm

SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

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

VEHICLE MOTION

	VEHICLE 1	VEHICLE 2
Sustained Contact	[ ] No [ ] Yes	[ ] No [ ] Yes
Vehicle Rotation	[ ] No [ ] Yes	[ ] No [ ] Yes
Rotation Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End of Rotation Position X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Heading Angle	___ ___ ___ °	___ ___ ___ °
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation >360°	[ ] No [ ] Yes	[ ] No [ ] Yes

FRICTION INFORMATION

Coefficient of Friction ___ ___

Rolling Resistance Option 1

	Vehicle 1 Rolling Resistance	Vehicle 2 Rolling Resistance
LF	___ . ___ ___	___ . ___ ___
RF	___ . ___ ___	___ . ___ ___
LR	___ . ___ ___	___ . ___ ___
RR	___ . ___ ___	___ . ___ ___

IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form.

File Edit Calculate Reports Graphics Options Help

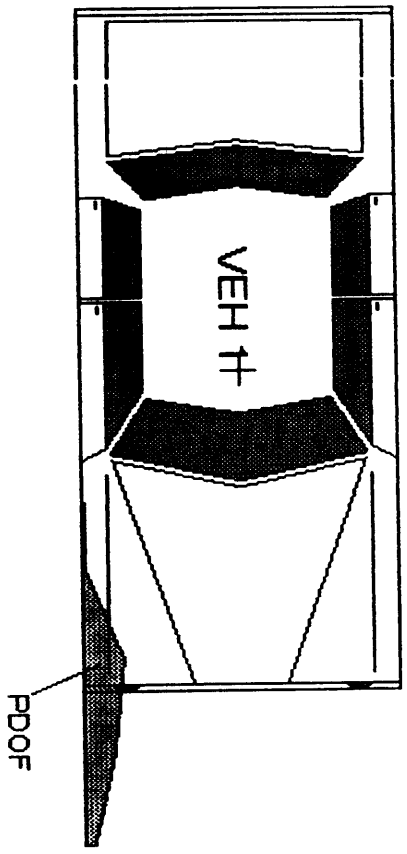
Vehicle Dimensions

	Vehicle #1	Vehicle #2
Length	432.0 cm (170 in)	444.0 cm (175 in)
Width	169.0 cm (67 in)	177.0 cm (70 in)
Wheelbase	250.0 cm (98 in)	255.0 cm (100 in)
Weight	1125 kgs (2480 lbs)	1346 kgs (2967 lbs)
CG to Front of Veh	193.0 cm (76 in)	228.1 cm (90 in)
Engine Displacement	1.9 liters	2.3 liters
Moment of Inertia	189679 kgs (16789 lbs)	239723 kgs (21218 lbs)
Vehicle Mass	1125 kgs (6.4 lb-s^2/in)	1346 kgs (7.7 lb-s^2/in)

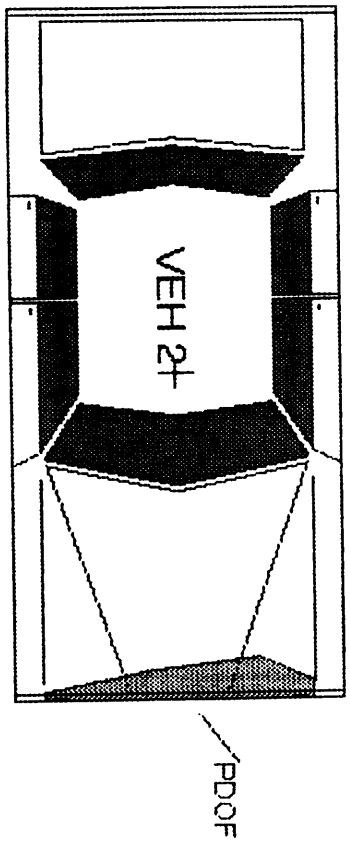
<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

1995 FORD ESCORT



1995 HONDA PRELUDE



Summary of Results Using Damage

41024A EVENT 1

	Speed Change (Damage)
Vehicle #1	
Total	21 km/h (13 mph)
Longitudinal	-11 km/h (-7 mph)
Latitudinal	-18 km/h (-11 mph)
PDOF Angle	60 °
Energy Dissipated	= 26390 Joules (19462 Ft-Lb)
Barrier Equivalent Speed	= 17.9 km/h (11.1 mph)
Calculated using size and stiffness categories.	
Vehicle #2	
Total	18 km/h (11 mph)
Longitudinal	-15 km/h (-9 mph)
Latitudinal	9 km/h (5 mph)
PDOF Angle	-30 °
Energy Dissipated	= 35207 Joules (25964 Ft-Lb)
Barrier Equivalent Speed	= 20.8 km/h (12.9 mph)
Calculated using size and stiffness categories.	

<Continue>

File Edit Calculate Reports Graphics Options Help

General Information

	Vehicle #1	Vehicle #2
Year	1995	1995
Make	FORD	HONDA
Model	ESCORT	PRELUDE
CDC	02RYEW2	11FDEW1
Side Damaged	R	F
PDOF Angle	60 °	330 °
Heading Angle	180 °	90 °
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	1	3
Stiffness Category	1	9
Vehicle Weight	1125 kgs (2480 lbs)	1346 kgs (2967 lbs)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

File Edit Calculate Reports Graphics Options Help

Damage Information

	Vehicle #1	Vehicle #2
Damage Known?	Yes	Yes
Crush Length	290.0 cm (114 in)	144.0 cm (57 in)
C1	0.0 cm (0 in)	13.0 cm (5 in)
C2	0.0 cm (0 in)	27.0 cm (11 in)
C3	2.0 cm (1 in)	24.0 cm (9 in)
C4	22.0 cm (9 in)	19.0 cm (7 in)
C5	17.0 cm (7 in)	12.0 cm (5 in)
C6	6.0 cm (2 in)	6.0 cm (2 in)
D	130.0 cm (51 in)	0.0 cm (0 in)
D'	185.4 cm (73 in)	-10.3 cm (-4 in)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

PSU41
CASE 024A

1996 ACCIDENT FORM

IDENTIFICATION
3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) [redacted]96
5. Time of Accident (military time) 1640

SPECIAL STUDIES - INDICATORS
6. SS15 0 7. SS16 0 8. SS17 0 9. SS18 0 10. SS19 0

NUMBER OF EVENTS
11. Number of Recorded Events in This Accident 04

PSU41
CASE 024A

1996 ACCIDENT FORM

ACCIDENT EVENTS

Accident Event Seq. Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 01	015. R	016. 02	017. 02	018. F
019. 02	020. 01	021. 01	022. R	023. 02	024. 02	025. L
026. 03	027. 01	028. 01	029. F	030. 50	031. 00	032. 0
033. 04	034. 01	035. 01	036. F	037. 42	038. 00	039. 0

INTRA ERRORS

********** NO ERRORS **********

PSU41
CASE 024A
VEHICLE 01

1996 GENERAL VEHICLE FORM

VEHICLE IDENTIFICATION

4.	Vehicle Model Year	95	5.	Vehicle Make	12
6.	Vehicle Model	013	7.	Body Type	03
8.	VIN	1FASP11J8SW[redacted]	9.	Vehicle Special Use (This Trip)	0

OFFICIAL RECORDS

10.	Police Reported Vehicle Disposition	1
11.	Police Reported Travel Speed	048
12.	Speed Limit	048
13.	Police Reported Alcohol Presence For Driver	0
14.	Alcohol Test Result For Driver	96
15.	Police Reported Other Drug Presence For Driver	0
16.	Other Drug Speciman Test Result For Driver	1
17.	Driver's Zip Code	[redacted]
18.	Driver's Race/Ethnic Origin	9

PRECRASH ENVIRONMENTAL DATA

19.	Relation to Interchange or Junction	2
20.	Trafficway Flow	0
21.	Number Of Travel Lanes	2
22.	Roadway Alignment	1
23.	Roadway Profile	1
24.	Roadway Surface Type	2
25.	Roadway Surface Condition	1

26.	Light Conditions	1
27.	Atmospheric Conditions	0
28.	Traffic Control Device	2
29.	Traffic Control Device Functioning	2

PRECRASH DRIVER RELATED DATA

30.	Driver's Distraction/Inattention to Driving	99
31.	Pre-Event Movement (Prior to Recognition of Critical Event)	01
32.	Critical Precrash Event	17
33.	Attempted Avoidance Maneuver	99
34.	Pre-Impact Stability	9
35.	Pre-Impact Location	1
36.	Accident Type	87

OCCUPANT RELATED

37. Driver Presence in Vehicle	1
38. Number of Occupants This Vehicle	01
39. Number of Occupant Forms Submitted	01

AIR BAG RELATED

40. Is this an AOPS Vehicle?	1
41. Air Bag(s) Deployment, First Seat Frontal	6
42. Air Bag(s) Deployment, Other Than First Seat Frontal	0

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight	1,050
44. Vehicle Cargo Weight	9,990

ROLLOVER DATA

45. Rollover	00
46. Rollover Initiation Type	00
47. Location of Rollover Initiation	0
48. Rollover Initiation Object Contacted	00
49. Location on Vehicle Where Initial Principal Tripping Force is Applied	0
50. Direction of Initial Roll	0

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle)	0
52. Rear Override/Underride (this Vehicle)	0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

53. Heading Angle For This Vehicle	998
54. Heading Angle For Other Vehicle	998

RECONSTRUCTION DATA

55. Towed Trailing Unit	0
56. Documentation of Trajectory Data for This Vehicle	1
57. Post Collision Condition of Tree or Pole (For Highest Delta V)	1

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest)	01

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V (Highest)	026
60. Longitudinal Component of Delta V (Highest)	-026
61. Lateral Component of Delta V (Highest)	000
62. Energy Absorption	032,200
63. Impact Speed (Highest)	998

DELTA V CONFIDENCE LEVEL

64. Confidence in Reconstruction Program Results (For Highest Delta V)	1

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed (Highest)	026

ESTIMATED DELTA V

66. Estimated Highest Delta V (Research Determined)	0

INSPECTION TYPE

67. Type of Vehicle Inspection	3

DELTA V EVENT NUMBER

68. Delta V Event Number	04

INTRA ERRORS

********** NO ERRORS **********

PSU41
CASE 024A
VEHICLE 01

1996 EXTERIOR VEHICLE FORM

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1)(2) Direction of Force	(3) Deform. Location	(4) Longitud. or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distrib.	(7) Deform. Extent
4. 04	5. 42	6. 12	7. F	8. Y	9. E	10. W	11. 02

SECOND HIGHEST DELTA "V"

12. 01	13. 02	14. 02	15. R	16. Y	17. E	18. W	19. 02

CRUSH PROFILE IN CENTIMETERS

HIGHEST DELTA "V"

20.	L	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
	147		000	027	022	017	013	006		-028

SECOND HIGHEST DELTA "V"

23.	L	24.	C1	C2	C3	C4	C5	C6	25.	+/-D
	290		000	000	002	022	017	006		+130

CRUSH PROFILE IN CENTIMETERS (CONT.)

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.)	147
27. Direct Damage Width (For highest severity impact)	016
28. Original Wheelbase	250
29. Original Average Track Width	144
30. Are CDCs Documented but Not Coded on The Automated File?	1
31. Researcher's Assessment of Vehicle Disposition	1
32. Is this a Multi-staged Manufactured Vehicle and/or a Certified Altered Vehicle?	0

FIRE OCCURRENCE

33. Fire Occurrence	0
34. Origin of Fire	0

FUEL SYSTEM

	Fuel Tank 1		Fuel Tank 2	
Location of Fuel Tank Filler Cap	35.	2	36.	0
Type of Fuel Tank	37.	1	38.	0
Location of Fuel Tank	39.	4	40.	0
Damage to Fuel Tank	41.	1	42.	0
Leakage of Fuel System	43.	1	44.	0
Fuel Type	45.	01	46.	00

47. Is this Vehicle Equipped with more than two Fuel Tanks? 0

INTRA ERRORS

********** NO ERRORS **********

PSU41 1996 INTERIOR VEHICLE FORM
CASE 024A
VEHICLE 01

INTEGRITY

4. Passenger Compartment Integrity 06

Door, Tailgate or Hatch Opening

5. LF 1	6. RF 3	7. LR 0	8. RR 0	9. TG/H 1

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

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

GLAZING

Type of Window/Windshield Glazing

15. WS 1	16. LF 2	17. RF 2	18. LR 2	19. RR 2
20. BL 2	21. Roof 0	22. Other 0		

Window Precrash Glazing Status

23. WS 1	24. LF 2	25. RF 2	26. LR 1	27. RR 1
28. BL 1	29. Roof 0	30. Other 0		

GLAZING (Cont.)

Glazing Damage from Impact Forces

31. WS 1	32. LF 1	33. RF 6	34. LR 1	35. RR 1
36. BL 1	37. Roof 0	38. Other 0		

Glazing Damage from Occupant Contact

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 13	48. 10	49. 3	50. 3
51. 13	52. 04	53. 2	54. 2
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87.	Steering Column Type	1
88.	Tilt Steering Column Adjustment	0
89.	Telescoping Steering Column Adjustment	0
90.	Steering Rim/Spoke Deformation	00
91.	Location of Steering Rim/Spoke Deformation	00

INSTRUMENT PANEL

92.	Odometer Reading	012,000
93.	Instrument Panel Damage from Occupant Contact?	0
94.	Type of Knee Bolster Covering	2
95.	Knee Bolsters Deformed from Occupant Contact?	1
96.	Did Glove Compartment Door Open During Collision(s)?	2
97.	Adaptive (Assistive) Driving Equipment	0

INTRA ERRORS

********** NO ERRORS **********

PSU41 1996 OCCUPANT ASSESSMENT FORM
CASE 024A
VEHICLE 01 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age	79	6. Sex	1	7. Height	999
8. Weight	999	9. Role	1		

OCCUPANT'S SEATING

10. Seat Position	11	11. Posture	9

EJECTION/ENTRAPMENT

12. Ejection	0	13. Ejection Area	0	14. Ejection Medium	0
15. Medium Status	0	16. Entrapment	0	17. Occupant Mobility	9

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability	3
19. Manual (Active) Belt System Use	03
20. Proper Use of Manual (Active) Belts	1
21. Manual (Active) Belt Failure Modes During Accident	1
22. Shoulder Belt Upper Anchorage Adjustment	0
23. Automatic (Passive) Belt System Availability/Function	1
24. Automatic (Passive) Belt System Use	1
25. Automatic (Passive) Belt System Type	2
26. Proper Use of Automatic (Passive) Belt System	1
27. Automatic (Passive) Belt Failure Modes During Accident	1

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use	5
29. Police Reported Air Bag Availability/Function	4

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position)	1
31. Frontal Air Bag System Deployment (This Occupant Position)	1
32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)	0
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	0
34. Are There Indications of Air Bag System Failure?	1

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)	9
36. Type of Air Bag	1
37. Had Any Prior Maint./Serv. Been Performed on This Air Bag System	9
38. Air Bag Deployment Accident Event Sequence Number	96
39. CDC For Air Bag Deployment Impact	6
40. Long. Component of Delta V For Air Bag Deployment Impact	996
41. Did Air Bag Module Cover Flap(s) Open at Designated Tear Points?	2
42. Were Air Bag Module Cover Flap(s) Damaged?	1
43. Was There Damage To The Air Bag?	01
44. Source of Air Bag Damage	01
45. Was The Air Bag Tethered?	2
46. Did The Air Bag Have Vent Ports?	2
47. Was the Air Bag in this Occup.'s Pos. Contacted by Another Occup.?	1
48. Was This Occupant Wearing Eye-wear?	4

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occup. at This Occup. Pos.	3
50. Seat Type (This Occupant Position)	02
51. Seat Orientation (this Occupant Position)	1
52. Seat Track Adjusted Position Prior To Impact	3
53. Seat Back Incline Prior and Post Impact	23
54. Seat Performance (this Occupant Position)	1

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model	000
56. Type of Child Safety Seat	0
57. Child Safety Seat Orientation	00
58. Child Safety Seat Harness Usage	00
59. Child Safety Seat Shield Usage	00
60. Child Safety Seat Tether Usage	00

INJURY CONSEQUENCES

61. Injury Severity (Police Rating)	4
62. Treatment - Mortality	1
63. Type of Med. Facility (Initial)	9
64. Hospital Stay	00
65. Working Days Lost	62

COMPLETED BY ZONE CENTER

INJURY CONSEQUENCES
66. Time to Death
67. 1st Medically Reported Cause of Death
68. 2nd Medically Reported Cause of Death
69. 3rd Medically Reported Cause of Death
70. Number of Recorded Injuries for This Occupant

TRAUMA DATA
71. Glasgow Coma Scale (GCS) Score (at Medical Facility)
72. Was Occupant Given Blood?
73. Arterial Blood Gases (ABG)

BELT USE DETERMINATION
74. Primary Source of Belt Use Determination

2pt. Belts (mouse track can be seen in slides) + airBag

INTRA ERRORS

NR OK-

HH2001 2 If AIR BAG AVAILABILITY/FUNCTION OA20 equals 1-3, then AUTOMATIC
HH2002 BELT AVAILABILITY OA23 should equal 0.

PSU41 1996 GENERAL VEHICLE FORM
CASE 024A
VEHICLE 02

VEHICLE IDENTIFICATION

4.	Vehicle Model Year	95	5.	Vehicle Make	37
6.	Vehicle Model	033	7.	Body Type	02
8.	VIN	JHMBB1173SC[redacted]	9.	Vehicle Special Use (This Trip)	0

OFFICIAL RECORDS

10.	Police Reported Vehicle Disposition	1
11.	Police Reported Travel Speed	048
12.	Speed Limit	048
13.	Police Reported Alcohol Presence For Driver	0
14.	Alcohol Test Result For Driver	96
15.	Police Reported Other Drug Presence For Driver	0
16.	Other Drug Speciman Test Result For Driver	0
17.	Driver's Zip Code	[redacted]
18.	Driver's Race/Ethnic Origin	1

PRECRASH ENVIRONMENTAL DATA

19.	Relation to Interchange or Junction	2
20.	Trafficway Flow	0
21.	Number Of Travel Lanes	2
22.	Roadway Alignment	1
23.	Roadway Profile	1
24.	Roadway Surface Type	2
25.	Roadway Surface Condition	1
26.	Light Conditions	1
27.	Atmospheric Conditions	0
28.	Traffic Control Device	2

29. Traffic Control Device Functioning 2

PRECRASH DRIVER RELATED DATA

30.	Driver's Distraction/Inattention to Driving	01
31.	Pre-Event Movement (Prior to Recognition of Critical Event)	01
32.	Critical Precrash Event	66
33.	Attempted Avoidance Maneuver	06
34.	Pre-Impact Stability	1
35.	Pre-Impact Location	1
36.	Accident Type	86

OCCUPANT RELATED

37. Driver Presence in Vehicle	1
38. Number of Occupants This Vehicle	01
39. Number of Occupant Forms Submitted	01

AIR BAG RELATED

40. Is this an AOPS Vehicle?	1
41. Air Bag(s) Deployment, First Seat Frontal	6
42. Air Bag(s) Deployment, Other Than First Seat Frontal	0

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight	1,250
44. Vehicle Cargo Weight	0,000

ROLLOVER DATA

45. Rollover	00
46. Rollover Initiation Type	00
47. Location of Rollover Initiation	0
48. Rollover Initiation Object Contacted	00
49. Location on Vehicle Where Initial Principal Tripping Force is Applied	0
50. Direction of Initial Roll	0

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle)	0
52. Rear Override/Underride (this Vehicle)	0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

53. Heading Angle For This Vehicle	090
54. Heading Angle For Other Vehicle	180

RECONSTRUCTION DATA

55. Towed Trailing Unit	0
56. Documentation of Trajectory Data for This Vehicle	1
57. Post Collision Condition of Tree or Pole (For Highest Delta V)	0

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest)	01

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V (Highest)	018
60. Longitudinal Component of Delta V (Highest)	-015
61. Lateral Component of Delta V (Highest)	+009
62. Energy Absorption	035,200
63. Impact Speed (Highest)	998

DELTA V CONFIDENCE LEVEL

64. Confidence in Reconstruction Program Results (For Highest Delta V)	1

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed (Highest)	021

ESTIMATED DELTA V

66. Estimated Highest Delta V (Research Determined)	0

INSPECTION TYPE

67. Type of Vehicle Inspection	3

DELTA V EVENT NUMBER

68. Delta V Event Number	01

INTRA ERRORS

********** NO ERRORS **********

PSU41
CASE 024A
VEHICLE 02

1996 EXTERIOR VEHICLE FORM

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident	(4) Longitud.	(5) Vertical	(6)

Event Sequence Number	Object Contacted	(1)(2) Direction of Force	(3) Deform. Location	or Lateral Location	or Lateral Location	Type of Damage Distrib.	(7) Deform. Extent
4. 01	5. 01	6. 11	7. F	8. D	9. E	10. W	11. 01

SECOND HIGHEST DELTA "V"

12. 02	13. 01	14. 09	15. L	16. P	17. M	18. W	19. 01

CRUSH PROFILE IN CENTIMETERS

HIGHEST DELTA "V"

20.	L	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
	144		013	027	024	019	012	006		000

SECOND HIGHEST DELTA "V"

23.	L	24.	C1	C2	C3	C4	C5	C6	25.	+/-D
	067		000	002	003	004	002	001		-006

CRUSH PROFILE IN CENTIMETERS (CONT.)

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.)	144
27. Direct Damage Width (For highest severity impact)	138
28. Original Wheelbase	255
29. Original Average Track Width	152
30. Are CDCs Documented but Not Coded on The Automated File?	0
31. Researcher's Assessment of Vehicle Disposition	1
32. Is this a Multi-staged Manufactured Vehicle and/or a Certified Altered Vehicle?	0

FIRE OCCURRENCE

33. Fire Occurrence	0
34. Origin of Fire	0

FUEL SYSTEM

	Fuel Tank 1		Fuel Tank 2	
Location of Fuel Tank Filler Cap	35.	2	36.	0
Type of Fuel Tank	37.	1	38.	0
Location of Fuel Tank	39.	4	40.	0
Damage to Fuel Tank	41.	1	42.	0
Leakage of Fuel System	43.	1	44.	0
Fuel Type	45.	01	46.	00

47. Is this Vehicle Equipped with more than two Fuel Tanks? 0

INTRA ERRORS

********** NO ERRORS **********

PSU41
CASE 024A
VEHICLE 02

1996 INTERIOR VEHICLE FORM

INTEGRITY

4. Passenger Compartment Integrity 00

Door, Tailgate or Hatch Opening

5. LF 1	6. RF 1	7. LR 0	8. RR 0	9. TG/H 0

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

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

GLAZING

Type of Window/Windshield Glazing

15. WS 1	16. LF 4	17. RF 4	18. LR 4	19. RR 4
20. BL 4	21. Roof 0	22. Other 0		

Window Precrash Glazing Status

23. WS 1	24. LF 2	25. RF 2	26. LR 1	27. RR 1
28. BL 1	29. Roof 0	30. Other 0		

GLAZING (Cont.)

Glazing Damage from Impact Forces

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

Glazing Damage from Occupant Contact

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	2
88. Tilt Steering Column Adjustment	1
89. Telescoping Steering Column Adjustment	0
90. Steering Rim/Spoke Deformation	00
91. Location of Steering Rim/Spoke Deformation	00

INSTRUMENT PANEL

92. Odometer Reading	999,000
93. Instrument Panel Damage from Occupant Contact?	0
94. Type of Knee Bolster Covering	2
95. Knee Bolsters Deformed from Occupant Contact?	1
96. Did Glove Compartment Door Open During Collision(s)?	1
97. Adaptive (Assistive) Driving Equipment	0

INTRA ERRORS

********** NO ERRORS **********

PSU41 1996 OCCUPANT ASSESSMENT FORM
CASE 024A
VEHICLE 02 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age	33	6. Sex	1	7. Height	180
8. Weight	092	9. Role	1		

OCCUPANT'S SEATING

10. Seat Position	11	11. Posture	0

EJECTION/ENTRAPMENT

12. Ejection	0	13. Ejection Area	0	14. Ejection Medium	0
15. Medium Status	0	16. Entrapment	0	17. Occupant Mobility	4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability	4
19. Manual (Active) Belt System Use	04
20. Proper Use of Manual (Active) Belts	1
21. Manual (Active) Belt Failure Modes During Accident	1
22. Shoulder Belt Upper Anchorage Adjustment	1
23. Automatic (Passive) Belt System Availability/Function	0
24. Automatic (Passive) Belt System Use	0
25. Automatic (Passive) Belt System Type	0
26. Proper Use of Automatic (Passive) Belt System	0
27. Automatic (Passive) Belt Failure Modes During Accident	0

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use	5
29. Police Reported Air Bag Availability/Function	4

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position)	1
31. Frontal Air Bag System Deployment (This Occupant Position)	1
32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)	0
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)	0
34. Are There Indications of Air Bag System Failure?	1

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35.	Had Vehicle Been in Previous Accident(s)	1
36.	Type of Air Bag	1
37.	Had Any Prior Maint./Serv. Been Performed on This Air Bag System	1
38.	Air Bag Deployment Accident Event Sequence Number	01
39.	CDC For Air Bag Deployment Impact	1
40.	Long. Component of Delta V For Air Bag Deployment Impact	-015
41.	Did Air Bag Module Cover Flap(s) Open at Designated Tear Points?	2
42.	Were Air Bag Module Cover Flap(s) Damaged?	1
43.	Was There Damage To The Air Bag?	01
44.	Source of Air Bag Damage	01
45.	Was The Air Bag Tethered?	2
46.	Did The Air Bag Have Vent Ports?	2
47.	Was the Air Bag in this Occup.'s Pos. Contacted by Another Occup.?	1
48.	Was This Occupant Wearing Eye-wear?	1

HEAD RESTRAINT AND SEAT EVALUATION

49.	Head Restraint Type/Damage by Occup. at This Occup. Pos.	1
50.	Seat Type (This Occupant Position)	02
51.	Seat Orientation (this Occupant Position)	1
52.	Seat Track Adjusted Position Prior To Impact	6
53.	Seat Back Incline Prior and Post Impact	23
54.	Seat Performance (this Occupant Position)	1

CHILD SAFETY SEAT

55.	Child Safety Seat Make/Model	000
56.	Type of Child Safety Seat	0
57.	Child Safety Seat Orientation	00
58.	Child Safety Seat Harness Usage	00
59.	Child Safety Seat Shield Usage	00
60.	Child Safety Seat Tether Usage	00

INJURY CONSEQUENCES

61.	Injury Severity (Police Rating)	3
62.	Treatment - Mortality	4
63.	Type of Med. Facility (Initial)	2
64.	Hospital Stay	00
65.	Working Days Lost	12

COMPLETED BY ZONE CENTER

INJURY CONSEQUENCES

66. Time to Death
67. 1st Medically Reported Cause of Death

68. 2nd Medically Reported Cause of Death
69. 3rd Medically Reported Cause of Death
70. Number of Recorded Injuries for This Occupant

TRAUMA DATA
71. Glasgow Coma Scale (GCS) Score (at Medical Facility)
72. Was Occupant Given Blood?
73. Arterial Blood Gases (ABG)

BELT USE DETERMINATION
74. Primary Source of Belt Use Determination

INTRA ERRORS

MR

HH1091 2 If TREATMENT OA62 equals 0, 4 or 5, then WORKING DAYS LOST OA65
HH1092 should equal 00, 01, 97 or 99.

OK — Treated & released 12 days lost per interview [illegible] ok on [illegible]

INTER ERRORS

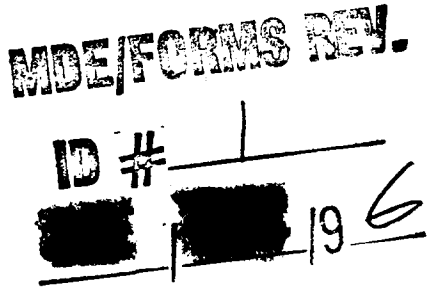
MR

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

OK by driver-killed deformation extent is not greater than 3.

PSU41 ERROR SUMMARY SCREEN [redacted]/96
CASE 024A
CURRENT VERSION: 9.00

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	2	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	3	



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

SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

41	024A	02	[redacted], [redacted], 96
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
NASS Vehicle Number	01	02
Year	1995	1995
Make	Ford	Honda
Model	Escort	prelude
Body Style	03	02
CDC	04RBLU1	09LPMW1
PDOF	± +120 °	± +270 °
Heading Angle	± +150 °	± +170 °

VEHICLE SPECIFICATIONS

	VEHICLE 1	VEHICLE 2
Wheelbase	250 cm	255 cm
Overall Length	432 cm	444 cm
Overall Width	169 cm	177 cm
Weight	1051 + 74 + UK = 1125 kg	1254 + 92 + 0 = 1346 kg
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
Engine Displacement	1.9 L	2.3 L
Drive System	FWD	FWD
Size	1	3
Stiffness	1	3

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Known?	4	4
Damage Length	5 cm	67 cm
Damage Offset	± -210 cm	± -6 cm
Crush Depth: C1	0 cm	0 cm
C2	0 cm	2 cm
C3	0 cm	3 cm
C4	0 cm	4 cm
C5	0 cm	2 cm
C6	0 cm	1 cm

SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

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

VEHICLE MOTION

	VEHICLE 1	VEHICLE 2
Sustained Contact	[ ] No [ ] Yes	[ ] No [ ] Yes
Vehicle Rotation	[ ] No [ ] Yes	[ ] No [ ] Yes
Rotation Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End of Rotation Position X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Heading Angle	___ ___ ___ °	___ ___ ___ °
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation >360°	[ ] No [ ] Yes	[ ] No [ ] Yes

FRICTION INFORMATION

Coefficient of Friction ___ ___

Rolling Resistance Option 1

	Vehicle 1 Rolling Resistance	Vehicle 2 Rolling Resistance
LF	___ . ___ ___	___ . ___ ___
RF	___ . ___ ___	___ . ___ ___
LR	___ . ___ ___	___ . ___ ___
RR	___ . ___ ___	___ . ___ ___

IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form:

Summary of Results Using Damage

341024A EVENT 2

	Speed Change (Damage)
Vehicle #1	
Total	4 km/h (3 mph)
Longitudinal	2 km/h (1 mph)
Latitudinal	-4 km/h (-2 mph)
PDOF Angle	120 x
Energy Dissipated	= 192 Joules (142 Ft-Lb)
Barrier Equivalent Speed	= 1.4 km/h (0.9 mph)
Calculated using crush coefficients entered by the user.	
Vehicle #2	
Total	4 km/h (2 mph)
Longitudinal	-0 km/h (-0 mph)
Latitudinal	4 km/h (2 mph)
PDOF Angle	-90 x
Energy Dissipated	= 2195 Joules (1619 Ft-Lb)
Barrier Equivalent Speed	= 6.5 km/h (4.0 mph)
Calculated using crush coefficients entered by the user.	

<Continue>

File Edit Calculate Reports Graphics Options Help

General Information

	Vehicle #1	Vehicle #2
	DDDDDDDDDD	DDDDDDDDDD
Year	1995	1995
Make	FORD	HONDA
Model	ESCORT	PRELUDE
CDC	04RBLU1	09LPMW1
Side Damaged	R	L
PDOF Angle	120 x	270 x
Heading Angle	150 x	170 x
Calculation method:	Vehicle's Crush Coeff.	Vehicle's Crush Coeff.
d0 crush coeff.	63.29 sqrt(N)	63.32 sqrt(N)
d1 crush coeff.	6.84 sqrt(N)/cm	7.50 sqrt(N)/cm

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

File Edit Calculate Reports Graphics Options Help

Damage Information

	Vehicle #1	Vehicle #2
	DDDDDDDDDD	DDDDDDDDDD
Damage Known?	Yes	Yes
Crush Length	5.0 cm (2 in)	67.0 cm (26 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	0.0 cm (0 in)	2.0 cm (1 in)
C3	0.0 cm (0 in)	3.0 cm (1 in)
C4	0.0 cm (0 in)	4.0 cm (2 in)
C5	0.0 cm (0 in)	2.0 cm (1 in)
C6	0.0 cm (0 in)	1.0 cm (0 in)
D	-209.9 cm (-83 in)	-5.8 cm (-2 in)
D'	-209.3 cm (-82 in)	-4.0 cm (-2 in)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

File Edit Calculate Reports Graphics Options Help

Vehicle Dimensions

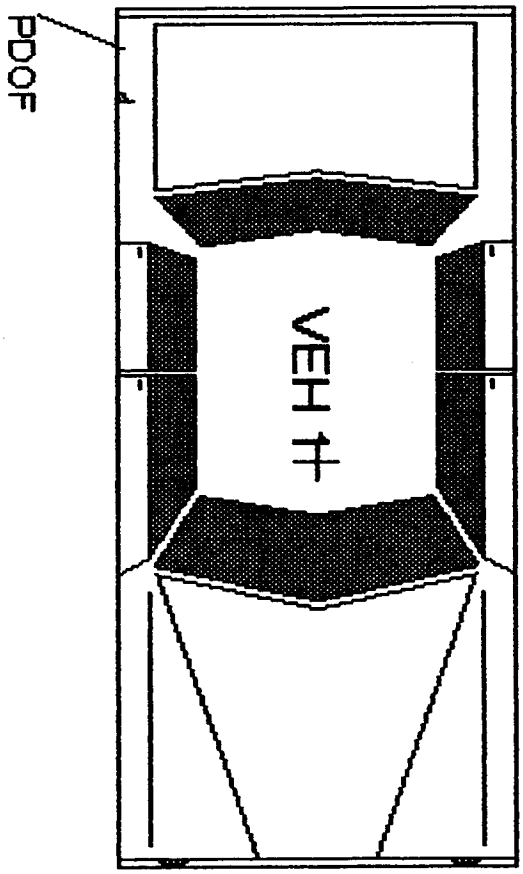
	Vehicle #1	Vehicle #2
	DDDDDDDDDD	DDDDDDDDDD
Length	432.0 cm (170 in)	444.0 cm (175 in)
Width	169.0 cm (67 in)	177.0 cm (70 in)
Wheelbase	250.0 cm (98 in)	255.0 cm (100 in)

Weight	1125 kgs (2480 lbs)	1346 kgs (2967 lbs)
CG to Front of Veh	193.0 cm (76 in)	228.1 cm (90 in)
Engine Displacement	1.9 liters	2.3 liters
Moment of Inertia	189679 kgs (16789 lbs)	239723 kgs (21218 lbs)
Vehicle Mass	1125 kgs (6.4 lb-s^2/in)	1346 kgs (7.7 lb-s^2/in)

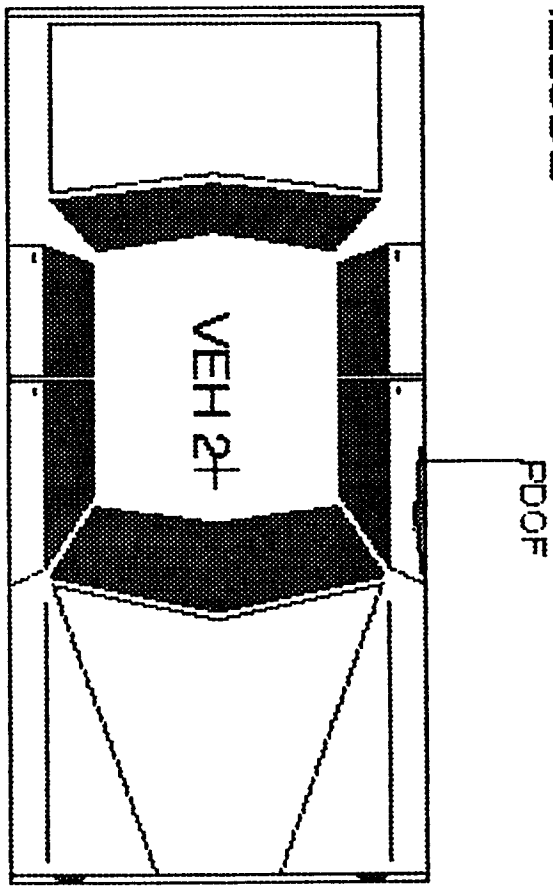
<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

1995 FORD ESCORT



1995 HONDA PRELUDE



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

SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

41	024A	04	[redacted], 96
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
NASS Vehicle Number	01	
Year	1995	
Make	Ford	
Model	Escort	
Body Style	03	
CDC	12 F YEW 2	BARRIER
PDOF	± 000 °	± °
Heading Angle	± +130 °	± °

VEHICLE SPECIFICATIONS

	VEHICLE 1	VEHICLE 2
Wheelbase	250 cm	cm
Overall Length	432 cm	cm
Overall Width	169 cm	cm
Weight	1051 + 74 + UK = 1125 kg	+ + = kg
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
Engine Displacement	1.9 L	. L
Drive System	FWD	
Size	1	
Stiffness	9	

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Known?	Y	Y
Damage Length	147 cm	cm
Damage Offset	± -28 cm	± cm
Crush Depth:	C1 0 cm	C1 cm
	C2 27 cm	C2 cm
	C3 22 cm	C3 cm
	C4 17 cm	C4 cm
	C5 13 cm	C5 cm
	C6 6 cm	C6 cm

SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

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

VEHICLE MOTION

	VEHICLE 1	VEHICLE 2
Sustained Contact	[ ] No [ ] Yes	[ ] No [ ] Yes
Vehicle Rotation	[ ] No [ ] Yes	[ ] No [ ] Yes
Rotation Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End of Rotation Position X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Heading Angle	___ ___ ___ °	___ ___ ___ °
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path X	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Y	___ ___ ___ . ___ m	___ ___ ___ . ___ m
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation >360°	[ ] No [ ] Yes	[ ] No [ ] Yes

FRICTION INFORMATION

Coefficient of Friction ___ ___ 1

Rolling Resistance Option

Vehicle 1 Rolling Resistance		Vehicle 2 Rolling Resistance	
LF	___ . ___ ___	LF	___ . ___ ___
RF	___ . ___ ___	RF	___ . ___ ___
LR	___ . ___ ___	LR	___ . ___ ___
RR	___ . ___ ___	RR	___ . ___ ___

IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form.

Summary of Results Using Damage

341028A EVENT 4

	Speed Change (Damage)	
Vehicle #1		
Total	26 km/h	(16 mph)
Longitudinal	-26 km/h	(-16 mph)
Latitudinal	0 km/h	(0 mph)
PDOF Angle	0 x	
Energy Dissipated	= 32230 Joules	(23768 Ft-Lb)
Barrier Equivalent Speed	= 26.3 km/h	(16.3 mph)
Calculated using size and stiffness categories.		
Vehicle #2		
Total	0 km/h	(0 mph)
Longitudinal	0 km/h	(0 mph)
Latitudinal	0 km/h	(0 mph)
PDOF Angle	0 x	
Energy Dissipated	= 0 Joules	(0 Ft-Lb)
Barrier Equivalent Speed	= 0.0 km/h	(0.0 mph)
Calculated using size and stiffness categories.		

<Continue>

File Edit Calculate Reports Graphics Options Help

General Information

	Vehicle #1	Vehicle #2
Year	1995	1900
Make	FPRD	
Model	ESCORT	
CDC	12FYEW2	BARRIER
Side Damaged	F	
PDOF Angle	0 x	0 x
Heading Angle	130 x	0 x
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	1	11
Stiffness Category	9	11
Vehicle Weight	1125 kgs (2480 lbs)	453592 kgs (999999 lbs)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

File Edit Calculate Reports Graphics Options Help

Damage Information

	Vehicle #1	Vehicle #2
Damage Known?	Yes	Yes
Crush Length	147.0 cm (58 in)	0.0 cm (0 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	27.0 cm (11 in)	0.0 cm (0 in)
C3	22.0 cm (9 in)	0.0 cm (0 in)
C4	17.0 cm (7 in)	0.0 cm (0 in)
C5	13.0 cm (5 in)	0.0 cm (0 in)
C6	6.0 cm (2 in)	0.0 cm (0 in)
D	-27.9 cm (-11 in)	0.0 cm (0 in)
D'	-34.0 cm (-13 in)	0.0 cm (0 in)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

File Edit Calculate Reports Graphics Options Help

Vehicle Dimensions

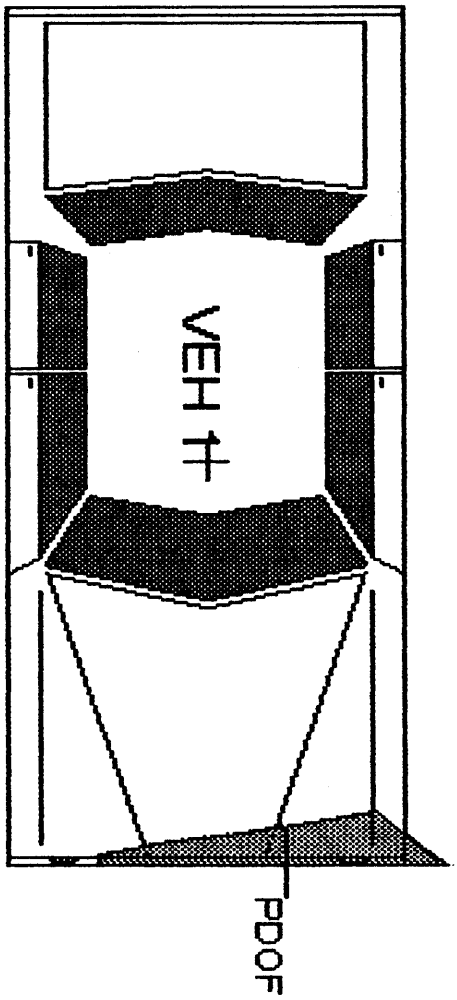
	Vehicle #1	Vehicle #2
Length	432.0 cm (170 in)	0.0 cm (0 in)
Width	169.0 cm (67 in)	0.0 cm (0 in)
Wheelbase	250.0 cm (98 in)	254.0 cm (100 in)

Weight	1125 kgs (2480 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	193.0 cm (76 in)	127.0 cm (50 in)
Engine Displacement	1.9 liters	0.0 liters
Moment of Inertia	189679 kgs (16789 lbs)	29375740821 kgs (2600101632 lb
Vehicle Mass	1125 kgs (6.4 lb-s^2/in)	453515 kgs (2600.1 lb-s^2/in)

<Continue>

Use arrow keys to highlight, press Enter to select << Help >> << Exit >>

1995 FPRD ESCORT



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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 41 | Case Number—Stratum 0 24A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-3	1	S	Approach
4	1	S	APOI no 1
5	1	S	close up of gouge at APOI no 1
6-7	1	SE	Post impact trajectory
8	1	SE	APOI no 3
9	1	SE	APOI no 4 / FR
10	1	SE	Close up of tree
11	1	N	look Back From: Approach
12	1	N	" " APOI
13	1	NW	" " FR
14-6	2	E	Approach
17	2	E	APOI
18	2	SE	Post impact trajectory
19	2	SE	FR
20	2	W	look Back From: Approach
21	2	W	" " APOI
22	2	NW	" " FR
23-48	1		Exterior
49-62	1		Interior
63-79	2		Exterior
80-102	2		Interior

HS Form 434B (1/96)

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

PSU 41-024A (1996) #1

PSU 41-024A (1996) #2

PSU 41-024A (1996) #3

PSU 41-024A (1996) #4

PSU 41-024A (1996) #5

PSU 41-024A (1996) #6

PSU 41-024A (1996) #7

PSU 41-024A (1996) #8

PSU 41-024A (1996) #9

PSU 41-024A (1996) #10

PSU 41-024A (1996) #11

PSU 41-024A (1996) #12

PSU 41-024A (1996) #13

PSU 41-024A (1996) #14

PSU 41-024A (1996) #15

PSU 41-024A (1996) #16

PSU 41-024A (1996) #17

PSU 41-024A (1996) #18

PSU 41-024A (1996) #19

PSU 41-024A (1996) #20

PSU 41-024A (1996) #21

PSU 41-024A (1996) #22

PSU 41-024A (1996) #23
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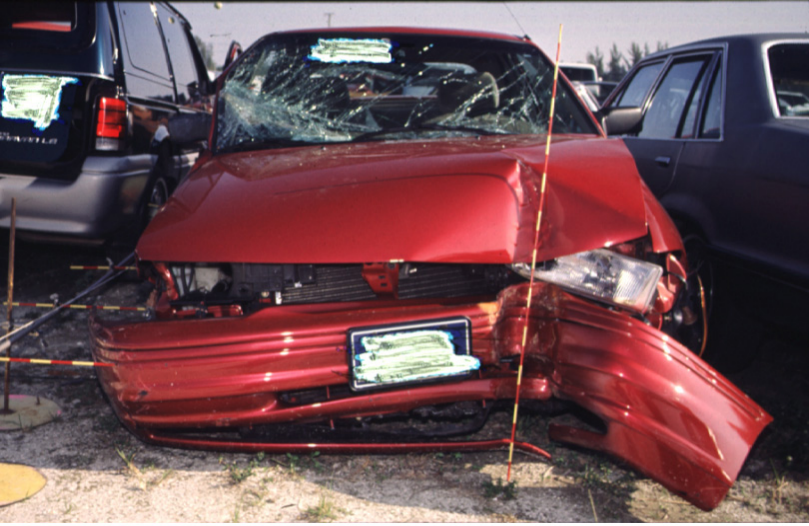


PSU 41-024A (1996) #24
Best Available

PSU 41-024A (1996) #25
Best Available

PSU 41-024A (1996) #26

PSU 41-024A (1996) #27
Best Available

PSU 41-024A (1996) #28
Best Available

PSU 41-024A (1996) #29

PSU 41-024A (1996) #30

PSU 41-024A (1996) #31

PSU 41-024A (1996) #32

PSU 41-024A (1996) #33

PSU 41-024A (1996) #34

PSU 41-024A (1996) #35

PSU 41-024A (1996) #36

PSU 41-024A (1996) #37

PSU 41-024A (1996) #38

PSU 41-024A (1996) #39

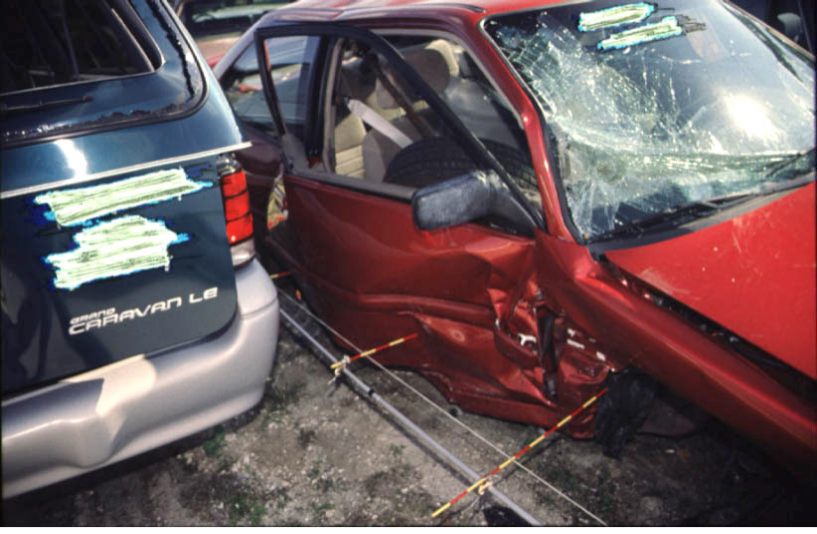
PSU 41-024A (1996) #40

PSU 41-024A (1996) #41

PSU 41-024A (1996) #42

PSU 41-024A (1996) #43

PSU 41-024A (1996) #44



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PSU 41-024A (1996) #46

PSU 41-024A (1996) #47

PSU 41-024A (1996) #48

PSU 41-024A (1996) #49
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PSU 41-024A (1996) #50
Best Available

PSU 41-024A (1996) #51
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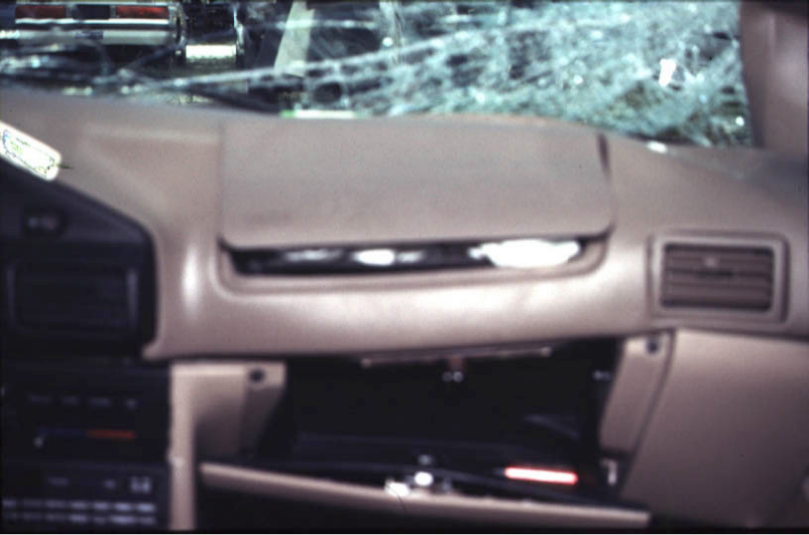
PSU 41-024A (1996) #52
Best Available

PSU 41-024A (1996) #53
Best Available

PSU 41-024A (1996) #54
Best Available



PSU 41-024A (1996) #55
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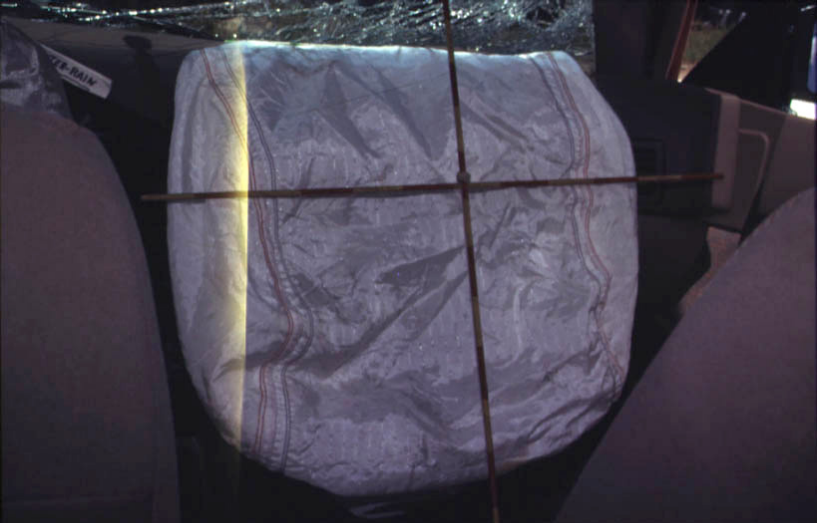
PSU 41-024A (1996) #56
Best Available



PSU 41-024A (1996) #57
Best Available

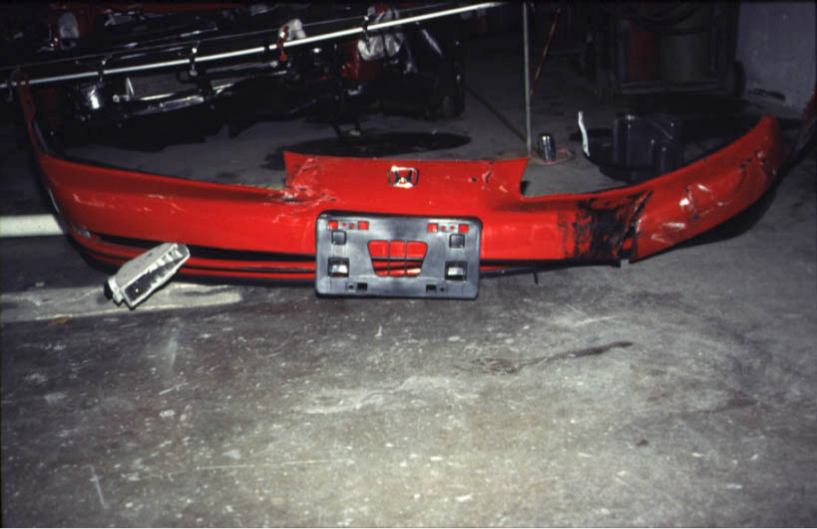
PSU 41-024A (1996) #58

PSU 41-024A (1996) #59

PSU 41-024A (1996) #60

PSU 41-024A (1996) #61

PSU 41-024A (1996) #62



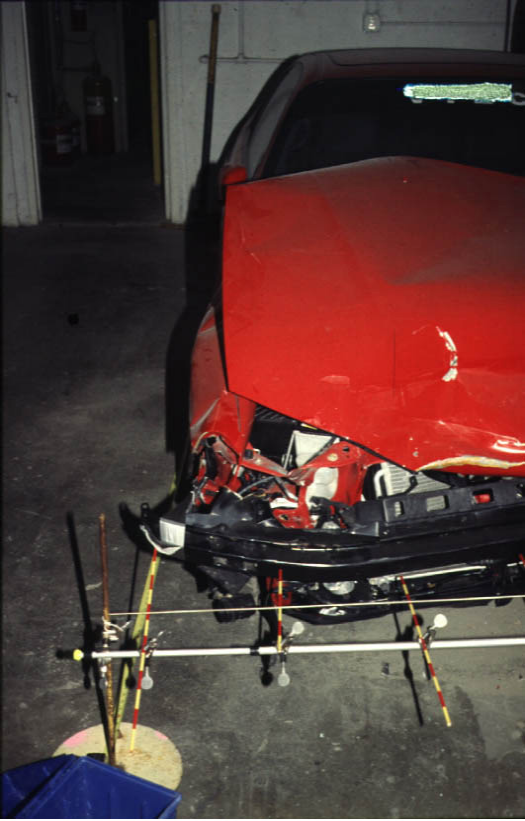
PSU 41-024A (1996) #63

PSU 41-024A (1996) #64

PSU 41-024A (1996) #65

PSU 41-024A (1996) #66
Best Available

PSU 41-024A (1996) #67
Best Available



PSU 41-024A (1996) #68
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PSU 41-024A (1996) #69
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PSU 41-024A (1996) #70
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PSU 41-024A (1996) #71
Best Available

PSU 41-024A (1996) #72

PSU 41-024A (1996) #73
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PSU 41-024A (1996) #74
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PSU 41-024A (1996) #75
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PSU 41-024A (1996) #76

PSU 41-024A (1996) #77

PSU 41-024A (1996) #78
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PSU 41-024A (1996) #79
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PSU 41-024A (1996) #80
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PSU 41-024A (1996) #81
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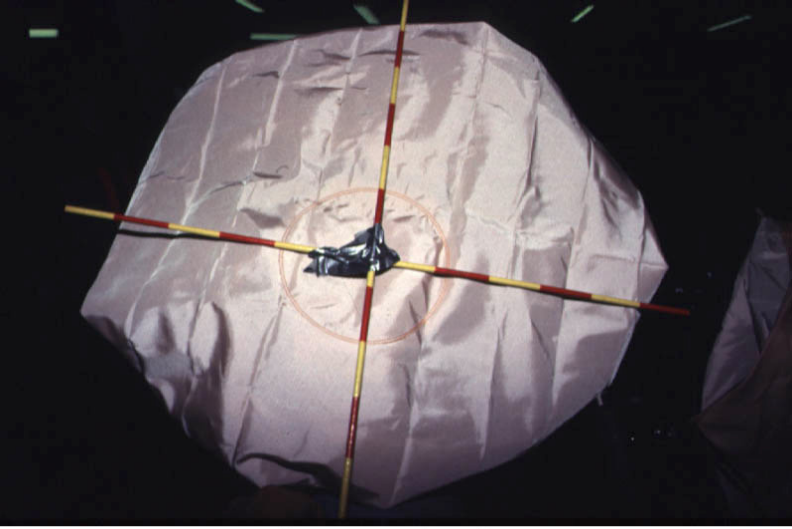
Best Available

PSU 41-024A (1996) #84
Best Available



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PSU 41-024A (1996) #88
Best Available

PSU 41-024A (1996) #89
Best Available

PSU 41-024A (1996) #90
Best Available

PSU 41-024A (1996) #91
Best Available

PSU 41-024A (1996) #92
Best Available

PSU 41-024A (1996) #93
Best Available

PSU 41-024A (1996) #94
Best Available

PSU 41-024A (1996) #95
Best Available

PSU 41-024A (1996) #96
Best Available

PSU 41-024A (1996) #97

PSU 41-024A (1996) #98

PSU 41-024A (1996) #99

PSU 41-024A (1996) #100

PSU 41-024A (1996) #101

PSU 41-024A (1996) #102