NATIONAL ACCIDENT SAMPLING SYSTEM (NASS)

Analytical User's Manual
1980 FILE

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

NASS ANALYTICAL USER'S MANUAL

1980 FILE

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INTRODUCTION

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The National Accident Sampling System (NASS) is a continuous nationwide accident data collection effort sponsored by the Department of Transportation. It is operated by the National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA) using contractors for field data collection and data processing. NCSA maintains a variety of statistical data bases for use in highway safety research.

NASS was developed to provide an automated, comprehensive national traffic accident data base. It is the successor to several previous accident data collection programs sponsored by the Department of Transportation. Before 1977, accident data were collected and analyzed for the Restraint System Evaluation Project (RSEP) and for the National Crash Severity Study, which established an accident data base for the 1977-79 period.

The first phase of NASS implementation, which began in 1979, collected data from a stratified probability sample of vehicle accidents occurring in 10 geographic sites. Under full operation, accident investigation teams in 75 such sampling areas will submit data to NASS. These data represent a sample of all police-reported accidents occurring in the USA. As such, it includes information on pedestrian, motorcycle, truck and passenger car accidents. It includes fatal accidents as well as injury and non-injury accidents. Because this is a sample of accidents, users must be cautious in their interpretation of estimates obtained from these data and the from

weighting factors that are associated with the sampling process. A brief description of the sampling frame is provided in Section 4.

This manual introduces the analytical user to the 1980 data base available for NASS. Users of the 1979 data base will note that this version represents a significant enhancement; specifically, a larger variety of derived variables of interest to the analyst are now incorporated directly into the records for each case. These derived variables and the description of their derivation are listed in Section 3.

Two appendices to the manual contain, respectively, the data collection forms and the coding information for PSU's, Vehicle Short Form, and Vehicle Makes and Models.

The NASS Coding and Editing Manual provides a more detailed treatment of NASS coding protocol and may also be useful to the analyst. It is available through the NCSA.

Comments on the contents and format of this manual are appreciated. Please address them to the National Center for Statistics and Analysis of the Department of Transportation, Washington, D.C. 20590.

SECTION 1

NASS SUBJECT INDEX

SECTION 1

NASS SUBJECT INDEX

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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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- YEAR			
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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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	Ped	87-88	Derived
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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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	Ped	29-30	P16
Lesion			
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License Status	Drv	37	D25
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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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	Veh	41-42	V25
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- A. I. S. Severity			
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- Second Injury	Occ	53	O39
	Ped	46	P30
- Third Injury	Occ	61	O46
	Ped	54	P37
- Fourth Injury	Occ	69	O53
	Ped	62	P44
- Fifth Injury	Occ	77	O60
	Ped	70	P51
- Sixth Injury	Occ	85	O67
	Ped	78	P58
- Aspect			
- First Injury	Occ	42	O29
	Ped	35	P20
- Second Injury	Occ	50	O36
	Ped	43	P27
- Third Injury	Occ	58	O43
	Ped	51	P34
- Fourth Injury	Occ	66	O50
	Ped	59	P41
- Fifth Injury	Occ	74	O57
	Ped	67	P48
- Sixth Injury	Occ	82	O64
	Ped	75	P55
- Injury Source			
- First Injury	Occ	46-47	O33
	Ped	39-40	P24
- Second Injury	Occ	54-55	O40
	Ped	47-48	P31
- Third Injury	Occ	62-63	O47
	Ped	55-56	P38
- Fourth Injury	Occ	70-71	O54
	Ped	63-64	P45
- Fifth Injury	Occ	78-79	O61
	Ped	71-72	P52
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	Ped	79-80	P59
- Lesion			
- First Injury	Occ	43	O30
	Ped	36	P21
- Second Injury	Occ	51	O37
	Ped	44	P28
- Third Injury	Occ	59	O44
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- Fourth Injury	Occ	67	O51
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- Fifth Injury	Occ	75	O58
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	Ped	34	P19
- Second Injury	Occ	49	O35
	Ped	42	P26
- Third Injury	Occ	57	O42
	Ped	50	P33
- Fourth Injury	Occ	65	O49
	Ped	58	P40
- Fifth Injury	Occ	73	O56
	Ped	66	P47
- Sixth Injury	Occ	81	O63
	Ped	74	P54

Subject	Level	Rec rd Layout Column(s)	Data Collection Forms ID
Occupant Injury Classification (cont.)			
- Source of Data			
- First Injury	Occ	48	O34
	Ped	41	P25
- Second Injury	Occ	56	O41
	Ped	49	P32
- Third Injury	Occ	64	O48
	Ped	57	P39
- Fourth Injury	Occ	72	O55
	Ped	65	P46
- Fifth Injury	Occ	80	O62
	Ped	73	P53
- Sixth Injury	Occ	88	O69
	Ped	81	P60
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- First Injury	Occ	44	O31
	Ped	37	P22
- Second Injury	Occ	52	O38
	Ped	45	P29
- Third Injury	Occ	60	O45
	Ped	53	P36
- Fourth Injury	Occ	68	O52
	Ped	61	P43
- Fifth Injury	Occ	76	O59
	Ped	69	P50
- Sixth Injury	Occ	84	O66
	Ped	77	P57
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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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	Drv	1-2	D1
	Occ	1-2	O1
	Ped	1-2	P1
	Veh	1-2	V1
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	Occ	7	O3
	Ped	7	P3
	Veh	7	V3
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Subject	Level	Record Layout Column(s)	Data Collection Forms ID
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- in Accident	Acc	107-108	Derived
- in Vehicle	Veh	105-106	Derived
Sex			
- Occupant's	Occ	17	O10
- Pedestrian/Nonmotorist's	Ped	18	P10
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Shoulder Presence	Acc	56	A31
	Drv	49	D37
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Slush			
See - ROAD SURFACE CONDITIONS			
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See - ATMOSPHERIC CONDITIONS			
- ROAD SURFACE CONDITION			
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- Roof Intrusion (SS3)	Acc	70	A43
- Side Intrusion (SS1)	Acc	68	A41
- Steering Column (SS2)	Acc	69	A42
- Truck Underside (SS5)	Acc	72	A45
- SS6	Acc	73	A46
- SS7	Acc	74	A47
- SS8	Acc	75	A48
- SS9	Acc	76	A49
- SS10	Acc	77	A50
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	Drv	56-57	D43
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- LICENSE STATUS			
- PREVIOUS LICENSE SUSPENSION			
TA-1 Road Classification	Acc	46	A22
Time of Day	Acc	39-42	A18
Total Delta "V" (highest)	Veh	91-92	V50
Towed Trailing Unit	Veh	30	V17
Towed Vehicles, Number of in Accident			
- LTV's	Acc	123-124	Derived
- Passenger Cars	Acc	117-118	Derived
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Traffic Controls	Acc	61-62	A36
	Drv	54-55	D42
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- TOWED TRAILING UNIT			
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	Drv	45	D33

Subject	Level	Record Layout Column(s)	Data Collection Forms ID
Treatment/Mortality	Occ	31	O20
	Ped	28	P15
Trucks, Number Involved in Accident			
- Heavy Trucks	Acc	127-128	Derived
- LTV's	Acc	121-122	Derived
- Medium Trucks	Acc	125-126	Derived
Truck Undersides			
See - SPECIAL STUDIES			
Type Carrier/Operator	Drv	23	D12
Type Pedestrian/Nonmotorist	Ped	15	P8
Unknown Violation Charged	Drv	33	D22
Vehicle Body Type	Veh	25-26	V14
Vehicle Cargo Weight	Veh	86-88	V47
Vehicle Curb Weight	Veh	83-85	V46
Vehicle Forms Submitted, Number of	Acc	33-34	A14
Vehicle Identification Number (VIN)	Veh	52-61	V33
Vehicle Make	Veh	21-22	V12
Vehicle Model	Veh	23-24	V13
Vehicle Model Year	Veh	19-20	V11
Vehicle Number	Veh*	10-11	V7
Vehicle Registration	Veh	69	V34
Vehicle Role	Veh	17	V9
Vehicle Short Form	Acc	102	
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See - VEHICLE BODY TYPE			
Version Number	Acc	9	A5
	Drv	9	D5
	Occ	9	O5
	Ped	9	P5
	Veh	9	V5
Vertical or Lateral Location, Delta "V"			
- Highest Delta "V"	Veh	37	V22
- Secondary Delta "V"	Veh	47	V29
VIN			
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- No. Ped./Nonmtrs. Charged With	Acc	133-134	Derived
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Weight, Individual	Occ	20-22	O12
	Ped	21-23	P12
Weight, Vehicle	Veh	83-85	V46
Weight, Vehicle Cargo	Veh	86-88	V47
Wet Road Conditions			
See - ROAD SURFACE CONDITION			
Working Days Lost Due to Accident	Occ	34-35	O22
	Ped	31-32	P17
Year of Accident	Acc	19-20	A7
*The Vehicle Number is also found in:	Drv	10-11	D7
	Occ	10-11	O7

SECTION 2

NASS ANALYSIS FILE

SECTION 2

NASS ANALYSIS FILE

The NASS Analysis File is hierarchically structured. Each case has an accident record, followed by any pedestrian/nonmotorist records. The case continues with a set of records for each vehicle, consisting of a vehicle record, a driver record, and an occupant record for each occupant for the vehicle (including the driver).

The hierarchial structure of a NASS case is illustrated by the following:

```
ACCIDENT RECORD

PEDESTRIAN RECORD 1
PEDESTRIAN RECORD 2
        ⋮
PEDESTRIAN RECORD n
VEHICLE RECORD 1
DRIVER RECORD 1

  OCCUPANT RECORD 1.1
  OCCUPANT RECORD 1.2
        ⋮
  OCCUPANT RECORD 1.n
VEHICLE RECORD 2
DRIVER RECORD 2

  OCCUPANT RECORD 2.1
  OCCUPANT RECORD 2.2
        ⋮
  OCCUPANT RECORD 2.n
VEHICLE RECORD 3
      ⋮
VEHICLE RECORD n
```

Each record in a NASS case conforms to the NASS Analysis File Record Layouts on the following pages.

ACCIDENT RECORD

1	PSU NUMBER	IDENTIFICATION
2		
3	CASE NUMBER	
4		
5		
6		
7	RECORD NUMBER	
8		
9	VERSION NUMBER	
10		
11		
12		
13		
14		
15	MONTH OF ACCIDENT	
16		
17	DAY OF WEEK	
18	OF ACCIDENT	
19	YEAR OF ACCIDENT	
20		
21		
22		
23		
24		
25		
26		
27		
28		
29	FIRST HARMFUL EVENT	
30		
31	MANNER OF COLLISION	
32	RELATION TO ROADWAY	
33	NO OF VEHICLE	
34	FORMS SUBMITTED	
35	NO OF PED / NON-MTR	
36	FORMS SUBMITTED	
37	PAR SEVERITY	
38	HIT AND RUN	
39		ADMINISTRATIVE ITEMS
40	TIME OF DAY	
41	OF ACCIDENT	
42		
43	LIGHT CONDITIONS	
44	ATMOSPHERIC COND	
45	LAND USE	
46	TA-1 ROAD CLS	
47	CLASS TRAFFICWAY	
48	RELATION OF SITE	
49	TO ROAD JUNCTION	
50	SCHOOL BUS RELATED	
51	NO OF TRAVEL LANES	ENVIRONMENTAL DATA
52	DIV & MEDIAN TYPE	
53	ACCESS CONTROL	
54	TRAFFIC FLOW	
55	INTERCHANGE GEOMETRY	
56	SHOULDER PRESENCE	
57	ROADWAY ALIGNMENT	
58	ROADWAY PROFILE	
59	ROAD SURFACE TYPE	
60	ROADWAY SURFACE COND	
61	TRAFFIC CONTROLS	
62		
63	SCHOOL ZONE	
64	SPEED LIMIT	
65		
66	RESTR ON RT-OF-WAY	
67	ADDITIONAL RESTR	

68	SIDE INTRUSION	SPECIAL STUDIES
69	STEERING COLUMN	
70	ROOF INTRUSION	
71	MOTORCYCLE	
72	TRUCK UNDERSIDE	
73	OTHER SPECIAL STUDIES	
74		
75		
76		
77		
78	PSU INFLATION FACTOR	INFLATION FACTORS
79		
80		
81		
82		
83		
84		
85		
86	NATIONAL INFLATION	
87	FACTOR	
88		
89		
90		
91		
92		
93		
94		DERIVED VARIABLES
95		
96		
97		
98		
99		
100		
101		
102	VEHICLE SHORT FORM	
103	PED ACCIDENT OUTCOME	
104	OCC ACCIDENT OUTCOME	
105	NUMBER OF ACCIDENT	
106	FATALITIES	
107	NUMBER OF PERSONS	
108	SERIOUSLY INJURED	
109	NUMBER OF PERSONS	
110	INJURED	
111	NO OF PEDESTRIANS	
112	IN ACCIDENT	
113	NO OF PEDACYCLISTS	
114	IN ACCIDENT	
115	NO OF PASSENGER	
116	CARS IN ACCIDENT	
117	NO OF TOWED	
118	PASSERGER CARS	
119	NO OF MOTORCYCLES	
120	& MOPEDS IN ACCIDENT	
121	NO OF LTV.S IN	
122	ACCIDENT	
123	NO OF TOWED LTV S	
124	IN ACCIDENT	
125	NO OF MEDIUM TRUCKS	
126	IN ACCIDENT	
127	NO OF HEAVY TRUCKS	
128	IN ACCIDENT	
129	NO OF ALCOHOL-	
130	INVOLVED DRIVERS	
131	NO OF ALCOHOL-	
132	INVOLVED PEDESTRIANS	
133	NO OF PED./ NON-MTR.	
134	CITED FOR VIOLATION	
135	NO. OF DRIVERS	
136	CITED FOR VIOLATION	

PEDESTRIAN, CYCLIST AND OTHER NONMOTORIST RECORD

1	PSU NUMBER		IDENTIFICATION
2			
3	CASE NUMBER		
4			
5			
6			
7	RECORD NUMBER		
8			
9	VERSION NUMBER		
10			
11			
12	PEDESTRIAN / NON-MOTORIST'S NUMBER		
13			
14			
15	TYPE PED / NONMOTOR.		
16	PEDES / NONMOTORIST'S AGE IN YEARS		NONMOTORIST INTERVIEW
17			
18	SEX		
19	PEDES / NONMOTORIST'S HEIGHT IN INCHES		
20			
21	PEDES. / NONMOTORIST'S WEIGHT IN POUNDS		
22			
23			
24	CYCLIST'S MONTHS OF CYCLING EXPERIENCE		
25			
26	LOCATION OF PEDESTRIAN NONMOTORIST		
27			
28	TREATMENT / MORTALITY		
29	LENGTH OF HOSPITAL STAY		
30			
31	WORKING DAYS LOST		
32			
33	REL. TO INTERVIEWEE		
34	O.I.C. REGION	1ST INJURY	OCCUPANT INJURY CLASSIFICATION
35	ASPECT		
36	LESION		
37	SYSTEM / ORGAN		
38	A.I.S. SEVERITY		
39	INJURY SOURCE		
40			
41	SOURCE OF DATA		
42	O.I.C. REGION	2ND INJURY	
43	ASPECT		
44	LESION		
45	SYSTEM / ORGAN		
46	A.I.S. SEVERITY		
47	INJURY SOURCE		
48			
49	SOURCE OF DATA		
50	O.I.C. REGION	3RD INJURY	OCCUPANT INJURY CLASSIFICATION (CONTD.)
51	ASPECT		
52	LESION		
53	SYSTEM / ORGAN		
54	A.I.S. SEVERITY		
55	INJURY SOURCE		
56			
57	SOURCE OF DATA		
58	O.I.C REGION	4TH INJURY	
59	ASPECT		
60	LESION		
61	SYSTEM / ORGAN		
62	A.I.S. SEVERITY		
63	INJURY SOURCE		
64			
65	SOURCE OF DATA		
66	O.I.C. REGION	5TH INJURY	
67	ASPECT		
68	LESION		
69	SYSTEM / ORGAN		
70	A.I.S. SEVERITY		
71	INJURY SOURCE		
72			
73	SOURCE OF DATA		
74	O.I.C. REGION	6TH INJURY	
75	ASPECT		
76	LESION		
77	SYSTEM / ORGAN		
78	A.I.S. SEVERITY		
79	INJURY SOURCE		
80			
81	SOURCE OF DATA		
82	PAR INJURY SEVERITY		PAR
83	TRAFFIC VIOLATION		
84	ALCOHOL INVOLVEMENT		
85	ALCOHOL TEST RESULT		OTHER
86			
87	I.S.S.		
88			

1	PSU NUMBER		IDENTIFICATION
2			
3	CASE NUMBER		
4			
5			
6			
7	RECORD NUMBER		
8			
9	VERSION NUMBER		
10	VEHICLE NUMBER		
11			
12			
13			
14			
15	NUMBER OF OCCUPANT FORMS SUBMITTED		
16			
17	VEHICLE ROLE		
18	MANNER OF LEAVING		
19	VEHICLE MODEL YEAR (LAST TWO DIGITS)		EXTERIOR ITEMS
20			
21	VEHICLE MAKE		
22			
23	VEHICLE MODEL		
24			
25	VEHICLE BODY TYPE		
26			
27	CAB CONFIGURATION		
28	BODY / TRAILER CONFIGURATION		
29			
30	TOWED TRAILING UNIT		
31	OBJECT CONTACTED	CDC / TDC HIGH. DELTA 'V'	
32			
33	DIRECTION OF FORCE		
34			
35	DEF. LOCATION		
36	LONG. LOCATION		
37	VERT. LOCATION		
38	DAMAGE DISTRIBUTION		
39	DEFORMATION EXTENT GUIDE		
40			
41	OBJECT CONTACTED	CDC / TDC SECOND. DELTA 'V'	
42			
43	DIRECTION OF FORCE		
44			
45	DEF. LOCATION		
46	LONG. LOCATION		
47	VERT. LOCATION		
48	DAMAGE DISTRIBUTION		
49	DEFORMATION EXTENT GUIDE		
50			
51	MORE THAN 2 CDC'S		

52	VEHICLE IDENTIFICATION NUMBER (VIN)	INTERIOR ITEMS (SUPPL.)
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69	REGISTRATION OF VEH.	
70	VEHICLE SPECIAL USE	
71	ODOMETER READING IN THOUSANDS OF MILES	
72		
73		
74	PASS COMP. INTEGRITY	
75	PASS. COMP. INTRUSION	
76	INTRUSION MAGNITUDE	
77	FIRE OCCURRENCE	
78	MOST SEV. IMPACT ROLE	
79	ROLE OF OTHER PARTY	
80	ROLLOVER OCCURANCE	
81	JACKKNIFE OCCURANCE	
82	POTEN. SAFTY BULLETEN	
83	VEHICLE CURB WEIGHT IN HUNDREDS OF POUNDS	WEIGHT
84		
85		
86	VEHICLE CARGO WEIGHT IN HUNDREDS OF POUNDS	
87		
88		
89	CARGO WEIGHT SOURCE	
90	BASIS FOR DELTA 'V'	CRASH PROGRAM
91	TOTAL DELTA 'V' IN NEAREST K.P.H.	
92		
93	LONGITUNDINAL COMPONENT OF DELTA 'V'	
94		
95		
96	LATERAL COMPONENT OF DELTA 'V'	
97		
98		
99	ENERGY ABSORPTION IN HUNDREDS OF NEWTON-METERS	
100		
101		
102		
103	NUMBER OF FATALITIES IN THIS VEHICLE	DERIVED
104		
105	NUMBER SERIOUSLY INJURED IN THIS VEHICLE	
106		
107	NUMBER OF INJURED IN THIS VEHICLE	
108		

DRIVER RECORD

1	PSU NUMBER	IDENTIFICATION
2		
3	CASE NUMBER	
4		
5		
6		
7	RECORD NUMBER	
8		
9	VERSION NUMBER	
10	VEHICLE NUMBER	
11		
12		
13		
14		
15	NO. OF OCCUPANTS	
16	IN THIS VEHICLE	
17	DRIVER IN VEHICLE ?	
18	MONTHS EXPER. DRIVING	INTERVIEW
19	THIS VEHICLE TYPE	
20	ESTIMATED MILIAGE	
21	DRIVEN IN THIS VEHICLE	
22		
23	TYPE CARRIER / OP.	
24	BMCS REGULATED ?	
25	DRIVER CLASS.	
26	FREQ. ROAD DRIVEN	
27	DRIVER EDUCATION	
28	SPEEDING VIOLATION	PAR
29	DWI VIOLATION	
30	RECKLESS DRIVING	
31	SUSP / REVOKED LIC.	
32	OTHER VIOLATIONS	
33	UNKWN VIOLATION	
34	ALCOHOL INVOLVED	
35	ALCOHOL TEST RESULTS	RECORDS
36		
37	LICENSE STATUS	
38	LIC. RESTRICTIONS	
39	ADD. LICENSE RESTR.	
40	PREVIOUS SPEEDING	
41	OTHER PRIOR MOVING	
42	PREVIOUS DWI	
43	PREVIOUS SUSP / REV.	
44	PREVIOUS ACCIDENTS	
45	NO. TRAVEL LANES	ENVIRONMENTAL DATA
46	DIV. & MEDIAN TYPE	
47	ACCESS CONTROL	
48	TRAVEL FLOW	
49	SHOULDER PRESENCE	
50	ROADWAY ALIGNMENT	
51	ROADWAY PROFILE	
52	ROAD SURFACE TYPE	
53	ROAD SURFACE COND.	
54	TRAFFIC CONTROLS	
55		
56	SPEED LIMIT IN MPH	
57		

OCCUPANT RECORD

1	PSU NUMBER	IDENTIFICATION	
2			
3	CASE NUMBER		
4			
5			
6			
7	RECORD NUMBER		
8			
9	VERSION NUMBER		
10	VEHICLE NUMBER		
11			
12	OCCUPANT NUMBER		
13			
14			
15	OCCUPANT'S AGE	OCCUPANT INTERVIEW	
16			
17	OCCUPANT'S SEX		
18	OCCUPANT'S HEIGHT IN INCHES		
19			
20	OCCUPANT'S WEIGHT IN POUNDS		
21			
22			
23	OCCUPANT'S ROLE		
24	OCCUPANT'S SEAT POSITION		
25			
26	ENTRAPMENT		
27	EJECTION		
28	EJECTION AREA		
29	EJECTION MEDIUM		
30	MEDIUM STATUS		
31	TREATMENT - MORTALITY		
32	LENGTH OF HOSPITAL STAY		
33			
34	WORKING DAYS LOST		
35			
36	MANUAL RESTRAINT AVBL		
37	MANUAL RESTRAINT USE		
38	AUTO RESTRAINT AVBL.		
39	AUTO RESTRAINT USE		
40	REL. OF INTERVIEWEE		

41	O.I.C. REGION	1ST INJURY	OCCUPANT INJURY CLASSIFICATION
42	ASPECT		
43	LESION		
44	SYSTEM / ORGAN		
45	A.I.S. SEVERITY		
46	INJURY SOURCE		
47			
48	SOURCE OF DATA		
49	O.I.C. REGION	2ND INJURY	
50	ASPECT		
51	LESION		
52	SYSTEM / ORGAN		
53	A.I.S SEVERITY		
54	INJURY SOURCE		
55			
56	SOURCE OF DATA		
57	O.I.C. REGION	3RD INJURY	
58	ASPECT		
59	LESION		
60	SYSTEM / ORGAN		
61	A.I.S. SEVERITY		
62	INJURY SOURCE		
63			
64	SOURCE OF DATA		
65	O.I.C. REGION	4TH INJURY	
66	ASPECT		
67	LESION		
68	SYSTEM / ORGAN		
69	A.I.S. SEVERITY		
70	INJURY SOURCE		
71			
72	SOURCE OF DATA		
73	O.I.C. REGION	5TH INJURY	
74	ASPECT		
75	LESION		
76	SYSTEM / ORGAN		
77	A.I.S. SEVERITY		
78	INJURY SOURCE		
79			
80	SOURCE OF DATA		
81	O.I.C. REGION	6TH INJURY	
82	ASPECT		
83	LESION		
84	SYSTEM / ORGAN		
85	A.I.S. SEVERITY		
86	INJURY SOURCE		
87			
88	SOURCE OF DATA		
89	PAR INJURY SEVERITY		OTH
90	I.S.S.		
91			

SECTION 3

DERIVED VARIABLES AND OTHER DATA ELEMENTS NOT PRESENT ON DATA COLLECTION FORMS

SECTION 3

DERIVED VARIABLES AND OTHER DATA ELEMENTS NOT PRESENT ON DATA COLLECTION FORMS

Most of the data presented in a NASS Record layout is easily identified as derived from accident investigation and other activities of NASS field teams. A few data elements, however, are by-products of sampling procedures used by NASS or are derived from simple data processing applications, such as totaling the number of fatalities reported in a given case. The following list identifies these specific data elements and explains their derivation.

VARIABLE NAME AND LOCATION	DESCRIPTION
DAY OF WEEK (A17-18)	To protect the confidentiality of records concerning specific accidents used by NASS, the accident date is not provided. Instead, the accident record indicates year, month and day of the week of accident occurrence. Day of the week values are coded as follows: 01 Sunday 05 Thursday 02 Monday 06 Friday 03 Tuesday 07 Saturday 04 Wednesday 99 Unknown
PSU INFLATION FACTOR (A78-85)	This eight character numeric value has two implied decimal places. Its purpose and derivation is described in Section 4 of this manual.
NATIONAL INFLATION FACTOR (A86-93)	This eight character numeric value has two implied decimal places. Its purpose and derivation is described in Section 4 of this manual.

Variable Name and Location	Description
PEDESTRIAN/NONMOTORISTS' ACCIDENT OUTCOME (A103)	This single character alphabetic value indicates the most severe injury sustained by *any* pedestrian or other nonmotorist involved in the accident, using the following code: F Fatal H Hospitalized Required T Victim Transported and Released O Other N No Treatment Required U Unknown This variable is derived by scanning the Treatment - Mortality variable in each pedestrian/nonmotorist record in the accident case.*
OCCUPANTS' ACCIDENT OUTCOME (A104)	This single character alphabetic value indicates the most severe injury sustained by *any* vehicle occupant (including drivers) involved in the accident. Coding and derivation from occupant records in the same as for PEDESTRIAN/NONMOTORIST ACCIDENT OUTCOME.
NUMBER OF ACCIDENT FATALITIES (A105-106)	This two character numeric value indicates the total number of fatally injured individuals involved in the accident. It is derived by totaling the number of Treatment - Mortality values coded "1" (Fatal) among both occupant and pedestrian/nonmotorist records.
NUMBER OF SERIOUSLY INJURED PERSONS (A107-108)	This two character numeric value indicates the total number of fatally and seriously injured individuals involved in the accident. It is derived by totaling the number of pedestrian/nonmotorist and occupant records in which the recorded AIS value is coded "3" or more, *and* the number of records in which the Treatment - Mortality value is coded "1" (Fatal). Unknown AIS values are ignored in deriving this variable.

*No entry if no pedestrians are involved.

VARIABLE NAME AND LOCATION	DESCRIPTION
NUMBER OF INJURED PERSONS (A109-110)	This two character numeric value indicates the total number of individuals sustaining any injury in the accident. It is derived by totaling the number of records indicating a value of "1" (Fatal) for Treatment - Mortality or an AIS value of "1" or more.
NUMBER OF PEDESTRIANS (A111-112)	This two character numeric value indicates the total number of pedestrians involved in the accident. It is derived by totaling the number of pedestrian/nonmotorist records indicating a value of "1" (Pedestrian) for Type.
NUMBER OF PEDALCYCLISTS (A113-114)	This two character numeric value indicates the total number of bicyclists and other nonmotorized cyclists involved in the accident. It is derived by totaling the number of pedestrian/nonmotorist records indicating a value of "2" or "3" for Type.
NUMBER OF PASSENGER CARS (A115-116)	This two character numeric value indicates the number of passenger cars (including on/off road vehicles such as jeeps) involved in the accident. It is derived by totaling the number of vehicle records indicing values of "1-6" or "8-9" for Body Type.
NUMBER OF TOWED PASSENGER CARS (A117-118)	This two character numeric value indicates the total number of passenger cars which were involved in the accident and could not be driven from the accident scene. It is derived by totaling the number of vehicle records indicating values of "1-6" or "8-9" for Body Type *and* indicating values of "2" or higher for Manner of Leaving Scene.
NUMBER OF MOTORCYCLES AND MOPEDS (A119-120)	This two character numeric value indicates the total number of motorcycles, motor scooters, mopeds, and other motorized cycles and scooters involved in the accident. It is derived by totaling the number of vehicle records indicating values of "15-18" for Body Type.

Variable Name and Location	Description
NUMBER OF LTV's (A121-122)	This two character numeric value indicates the total number of LTV's (light trucks, pickups, etc.) involved in the accident. It is derived by totaling the number of vehicle records indicating values of "50-52" for Body Type.
NUMBER OF TOWED LTV's (A123-124)	This two character numeric value indicates the total number of LTV's that were not reported as being driven from the accident scene (including abandoned as well as towed). It is derived in the same manner as NUMBER OF TOWED PASSENGER CARS, using vehicle records indicating values of "50-52" for Body Type.
NUMBER OF MEDIUM TRUCKS (A125-126)	This two character numeric value indicates the total number of medium trucks involved in the accident. It is derived by totaling the number of vehicle records indicating values of "53" or "54" for Body Type.
NUMBER OF HEAVY TRUCKS (A127-128)	This two character numeric value indicates the total number of heavy trucks (e.g., two-unit truck tractors with a semi-trailer or cargo trailer) involved in the accident. It is derived by totaling the number of vehicle records indicating values of "55" or "57-59" for Body Type.
NUMBER OF ALCOHOL-INVOLVED DRIVERS (A129-130)	This two character numeric value indicates the total number of drivers who were reported to have had some alcohol involvement at the time of the accident. It is derived by totaling the number of driver records in which the Police Accident Report indicated alcohol involvement *and/or* Alcohol Test Results were reported at 1% blood alcohol levels or higher.

VARIABLE NAME AND LOCATION	DESCRIPTION
NUMBER OF ALCOHOL-INVOLVED PEDESTRIANS (A131-132)	This two character numeric value indicates the total number of pedestrian and nonmotorists who were reported to have had some alcohol involvement at the time of the accident. It is derived identicially to NUMBER OF ALCOHOL-INVOLVED DRIVERS, using the analogous variables in the pedestrian/nonmotorist records.
NUMBER OF PEDESTRIAN/NONMTR. CITED FOR TRAFFIC VIOLATION (A133-134)	This two character numeric value indicates the total number of pedestrians and nonmotorists charged with traffic violations associated with the accident. It is derived by totaling the number of pedestrian/nonmotorist records in which a value of "1" appears in Traffic Violation.
NUMBER OF DRIVERS CITED FOR TRAFFIC VIOLATION (A135-136)	This two character numeric value indicates the total number of drivers charged with traffic violations associated with the accident. It is derived by totaling the number of driver records in which a value of "1" appears in the PAR Field.
NUMBER OF FATALITIES IN THIS VEHICLE (V103-104)	This two character numeric value indicates the total number of fatally injured occupants of the vehicle. It is derived by totaling the number of occupant records for the vehicle in which a value of "1" (fatal) is coded for Treatment-Mortality.
NUMBER SERIOUSLY INJURED IN THIS VEHICLE (V105-106)	This two character numeric value indicates the total number of fatally and other s riously injured occupants of the vehicle. It is derived by totaling the number of occupants records for the vehicle in which a value of "1" (fatal) is coded for Treatment-Mortality or a value of 3-6 is coded for any A.I.S. Severity entry.
NUMBER INJURED IN THIS VEHICLE (V107-108)	This two character numberic value indicates the total number of vehicle occupants for whom *any* injury has been reported. It is derived by totaling the number of occupant records for the vehicle in which a value of "1" (fatal) is coded for Treatment-Mortality or a value of "1-7" is coded for any A.I.S. Severity entry.

VARIABLE NAME AND LOCATION	DESCRIPTION
I.S.S. (INJURY SEVERITY SCORE) (P87-88; 090-91)	This two character numeric value provides an index score indicating the relative severity of *overall* injury to the individuals involved in the accident. It is derived by adding the squares of the three highest AIS Severity entries for the individual occupant or pedestrian/nonmotorist record. For example: Pedestrian A suffered severe injury (AIS=3) to the legs (I.S.S. Body Region #5, moderate injury (AIS=2) to the pelvic area (I.S.S. Body Region #4), and moderate to minor injuries elsewhere (AIS=2 or less). The individual's I.S.S. equals the sum of the AIS scores of his three most severely Body Regions ($3^2+2^2+2^2$) = 17.

SECTION 4

SAMPLING FRAME

SECTION 4

SAMPLING FRAME

The accidents investigated in NASS are a probability sample of all police-reported accidents in the U.S. Each accident which occurs in the U.S. has a chance of being selected in the sample. This type of design makes it possible to compute not only national estimates but also probable errors associated with those estimates. There are many other features of the design which have a significant impact on NASS data analysis. Further detail may be obtained from National Accident Sampling System Sample Design, Phases 2 and 3: Vol. 1 Technical Report (DOT-HS-8-05274) and Vol. 2 Exhibits (DOT-HS-8-05275).

The selection of sample accidents in NASS is accomplished in stages. The first stage is selection of a geographic area called a Primary Sampling Unit (PSU). The geographic area consists of a large city, a county, or a group of contiguous counties. The U.S. was divided into 1279 PSU's. Each of the PSU's was then categorized into one of 75 strata described by geographic region, degree of urbanization, per capita service station sales, per capita road miles, and population per square mile. One PSU was then selected from each stratum with probability proportional to its 1977 population. These 75 sample PSU's are the first stage in the selection of NASS sample accidents.

If every accident in each of the 75 PSU's was investigated, a national estimate could be obtained by weighting each accident in the PSU by the inverse of the probability of

selection of the PSU. For example, if a sample PSU had one chance in 50 of being selected, then each accident from the PSU would be weighted by a factor of 50. This is called the first stage expansion factor.

Of course, it is uneconomical to investigate every accident in each sample PSU, so a second stage of sampling is performed. The police agencies in a PSU are categorized by the number and type of police accident reports (PAR) they process. Sample police agencies are then randomly selected from each category. The fraction of the agencies selected increases as the number and severity of accidents recorded by the agency increases.

The final stage of sampling is the selection of accidents from all accidents recorded in the sample police agencies. A simple random selection of all recorded accidents would result in a large percentage of sample accidents with minor property damage and few injuries since these constitute the largest fraction of the accident population. This type of sample would not be effective in providing detailed and accurate information on the mitigation of serious accident consequences. For this reason, a substantial sample of serious injury accidents are required for NASS.

The procedure used to capture the desired sample sizes by type and severity of accident is a form of unequal probability selection. Each police recorded accident listed is categorized by the most severe injury and the type of unit (pedestrian, motorcycle, truck, or passenger car) involved. A probability of selection is assigned to the categories to produce the various sample sizes. Then a random selection is made from these categories.

In this last stage of sampling, probabilities of selection vary by type of accident category in the PSU. Other factors also affect the selection probabilities at this stage. The result is that the sample accidents from a PSU have a unique selection probability associated with them. The inverse of this probability is called the second stage expansion factor. If sample accidents in a PSU are multipled by the second stage expansion factor, an unbiased estimate of a PSU total is obtained. The national expansion factor is then the product of the first and second stage expansion factors.

The first stage expansion factor is also known as the PSU Inflation Factor. In this form, it includes two decimal points. The national expansion factor is also known as the National Inflation Factor, and also includes two decimal points. Both the PSU and National Inflation Factors appear in the accident level record layouts for each case.

In NASS, the objective is to determine national estimates. A common method for accomplishing this is to:

- first inflate the sample accidents by the second stage expansion factor to PSU level estimates, and
- then inflate the PSU level estimates by the first stage expansion factor to obtain national estimates.

An example of how an accident is selected and used to make national estimates follows. Since the purpose is to illustrate the concepts, many of the more complex features of the NASS design are not included. A more thorough discussion of the details of the actual field procedures is contained in Volume III of the 1979 NASS Status Report. Sampling instructions for the accident investigators are provided in the NASS Coding and Editing Manual, cited above.

Let us suppose that a sample of three accidents is to be drawn from a list of all police-reported accidents from a sample police agency. The accidents are listed by a classification scheme which has three categories: pedestrian,

motorcycle, and all other types of accidents (see Table 4-1, column 2). A weight is assigned to each accident type to give the accidents different probabilities of selection. These weights are in column 3 of Table 4-1. A sample of size 3 is then drawn from the weighted listings. Each weighted count has a 1 in 100 chance of being selected (the total weighted count of 300 divided by the number in the sample, 3). Suppose the actual sample selected contained accounts associated with a "Pedestrian" and two "Other" types of accidents.

Table 4-1. Illustrative Example of NASS Sample Selection Procedure.

Accident Type	Listed Accidents	Weight	Weighted Listing
Pedestrian	20	4	80
Motorcycle	35	2	70
All Others	150	1	150

Each of the sample accidents is then investigated by an accident investigator and completed data forms are submitted for use as the basis for data entries into the automated NASS data base. The component of the national estimate represented by these three accidents is determined in two steps as previous outlined. First, the factor by which the accident count for each type of accident relates to the total number of accidents in the PSU must be computed. This factor is the inverse of the probability of selecting the sample accident from all of the listed accidents. Each of the two "Other" accidents had a 1 in 100 chance of being selected at this stage. The factor for both of these accidents is thus 100. The

"Pedestrian" accident had a four times greater chance of being selected than an "Other" accident since each pedestrian listing was weighted by a factor of 4. Therefore, the "Pedestrian" accident factor should be 100/4 = 25.

The second step is to multiply each of these factors by the inverse of the probability of selecting this PSU. This first stage expansion factor is the chance of selecting this particular PSU from the total group of PSU's. Supposing the inverse of this probability is 18, then the sample "Other" accidents would each be inflated by a factor (18 x 100), or 1800, and the sample "Pedestrian" accident would be weighted by a factor of (18 x 25), or 450. If we wished to estimate the number of accidents which occurred in the daytime, for example, we would first examine the sample to see which accidents fit this description. Suppose one of the two "Other" and the single "Pedestrian" accident happened during the day; the three sample accidents of our example would then represent 2250 daytime accidents in the nation (1800 for the daytime "Other" accident and 450 for the daytime "Pedestrian").

APPENDIX A

DATA COLLECTION FORMS

U.S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL ACCIDENT SAMPLING SYSTEM — **CONTINUOUS SAMPLING SUBSYSTEM**

Accident Data

1. Primary Sampling Unit Number ___ (1 2)
2. Case Number – Stratification ___ ___ ___ ___ (3 4 5 6)
3. Record Number 1 (7)
4. Transaction Code ___ (8)
5. Version Number 3 (9)
6. Investigator I.D. Number ___ (10)

IDENTIFICATION

7. Date (Month, Day, Year) ___ ___/___ ___/8 0 (11 12 13 14 15 16)

8. Investigating Police Agency

_____ Code assigned numerical value contained in the NASS Coding Manual.
___(99) Unknown (17 18)

9. Final Stratification
Mark the box which indicates this accident's final stratum. Code the box's letter in the space provided.

ACCIDENT TYPE		Most Severe Police Reported Injury		
		K	A	B,C,O,U
Ped & Nonmotorist		A	B	C
Motorcycle		D	E	F
Truck	tow away	G	H	I
	nontow away	G	H	J
Other Motor Vehicle	tow away	K	L	M
	nontow away	K	L	N

(19)

10. Sampling Interval
(NOTE. Code the result from the computer sampling program.)

___ ___ ___.___ ___ (20 21 22 23 24)

11. First Harmful Event

Non-Collision
___(01) Overturn
___(02) Fire or explosion
___(03) Immersion
___(04) Gas inhalation
___(05) Fell from vehicle
___(06) Injured in vehicle
___(07) Other non-collision

_____ _____

Collision With:
___(08) Pedestrian
___(09) Pedalcyclist
___(10) Railway train
___(11) Animal
___(12) Motor vehicle in transport (same roadway)
___(13) Motor vehicle in transport (other roadway)
___(14) Parked motor vehicle
___(15) Other type nonmotorist
___(16) Other object (not fixed)

_____ _____

Collision with Fixed Object:

___(18) Buildings
___(19) Culvert or ditch
___(20) Curb or wall
___(21) Divider
___(22) Embankment
___(23) Fence
___(24) Guard rail
___(25) Light support
___(26) Sign post
___(27) Tree or shrubbery
___(28) Utility pole
___(29) Other poles or support
___(30) Impact attenuator
___(31) Other fixed object

_____
___(32) Bridge or overpass (passing under)
___(33) Bridge or overpass (passing over)
___(99) Unknown

(25 26)

12. Manner of Collision (Based on First Harmful Event)
___(0) Not collision with vehicle in transport
___(1) Rear-end
___(2) Head-on
___(3) Rear-to-rear
___(4) Angle
___(5) Sideswipe, same direction
___(6) Sideswipe, opposite direction
___(9) Unknown

(27)

13. Relation to Roadway (location of first harmful event)

___(1) On roadway
___(2) On shoulder
___(3) In median
___(4) On roadside
___(5) Outside right-of-way
___(6) Off roadway – location unknown
___(7) In parking lane
___(9) Unknown

28

14 Number of Vehicle Forms Submitted

_____Code only the number of motor vehicles in transport for which a VEHICLE FORM was submitted.

29 30

15. Number of Pedestrian & Nonmotorist Forms Submitted

_____Code only the number of pedestrians and/or nonmotorists for which a PEDESTRIAN & NONMOTORIST FORM was submitted.

31 32

16. Police Reported Accident Severity

___(0) O – No injury
___(1) C – Possible injury
___(2) B – Non-incapacitating injury
___(3) A – Incapacitating injury
___(4) K – Killed
___(5) Injured, severity unknown
___(6) Died prior to accident
___(9) Unknown

33

17. Hit and Run

___(0) No hit-and-run
___(1) Hit motor vehicle (in transport)
___(2) Hit pedestrian or nonmotorist
___(3) Left scene
___(4) Hit parked vehicle or object

34

ADMINISTRATIVE ITEMS

18. Time

___:___Code reported military time of accident.
(NOTE: midnight = 2400)
___(9999) Unknown

35 36 37 38

19. Light Conditions

___(1) Daylight
___(2) Dark
___(3) Dark, but lighted
___(4) Dawn
___(5) Dusk
___(9) Unknown

39

20. Atmospheric Conditions

___(1) Normal (no adverse atmospheric related driving conditions)
___(2) Rain
___(3) Sleet
___(4) Snow
___(5) Fog
___(8) Other (e.g., smog, smoke, blowing sand or dust, etc.)
_____
___(9) Unknown

40

21. Land Use
(NOTE Use FHWA required individual state definitions for the roadway segment on which the accident occurred.)
___(1) Urban
___(2) Rural
___(9) Unknown

41

22. TA-1 Class

___(1) Interstate
___(2) Other federal aid primary
___(3) Federal aid secondary
___(4) Federal aid urban arterial
___(5) Federal aid urban collector
___(6) Nonfederal aid arterial
___(7) Nonfederal aid collector
___(8) Nonfederal aid local
___(9) Unknown

42

23 Class Trafficway

___(1) Interstate
___(2) Other limited access
___(3) Other U.S. route
___(4) Other state route
___(5) Other major artery
___(6) County road
___(7) Local street
___(8) Other road:
_____
___(9) Unknown

43

24. Relation to Junction
___(01) Non-junction
___(02) Three leg intersection
___(03) Four leg intersection
___(04) More than four leg intersection
___(05) Intersection related
___(06) Interchange area
___(07) Driveway, alley access, etc.
___(08) Entrance or exit ramp
___(09) Railroad grade crossing
___(10) Crossover
___(99) Unknown

44 45

25. School Bus Related
___(0) No
___(1) Yes

46

ENVIRONMENTAL DATA

26. Number of Travel Lanes

___(1) One
___(2) Two
___(3) Three
___(4) Four
___(5) Five
___(6) Six
___(7) Seven or more
___(9) Unknown

47

27. Trafficway Division and Median Type

___(1) Undivided
Divided (median width ⩾ to four feet)
___(2) Paved flush–painted or unpainted (i.e., not curbed)
___(3) Curbed
___(4) Unpaved, uncurbed median (e.g., grass, gravel, etc.)
___(5) Median barrier
___(8) Other median type. _____
___(9) Unknown

48

28. Access Control

___(1) Full
___(2) Partial
___(3) Uncontrolled
___(9) Unknown

49

29. Direction of Travel Flow

___(1) One way
___(2) Two way
___(9) Unknown

50

30 Interchange Geometry

___(0) No interchange
___(1) Full diamond
___(2) Partial diamond
___(3) Full cloverleaf
___(4) Partial cloverleaf
___(5) Trumpet
___(6) Directional
___(7) Rotary
___(8) Other _____
___(9) Unknown

51

31. Shoulder Presence

___(0) No shoulder
___(1) One shoulder
___(2) Two shoulder
___(9) Unknown

52

32. Roadway Alignment

___(1) Straight
___(2) Curve
___(9) Unknown

53

33. Roadway Profile

___(1) Level
___(2) Grade
___(3) Hillcrest
___(4) Sag
___(9) Unknown

54

34. Roadway Surface Type

___(1) Concrete
___(2) Bituminous
___(3) Brick or block
___(4) Slag, gravel or stone
___(5) Dirt
___(8) Other: _____
___(9) Unknown

55

35. Roadway Surface Condition

___(1) Dry
___(2) Wet
___(3) Snow or slush
___(4) Ice
___(5) Sand, dirt or oil
___(8) Other: _____
___(9) Unknown

56

36. Traffic Controls

___(00) No controls
___(01) Flashing traffic signal
___(02) On colors traffic signal
___(03) Stop sign
___(04) Yield sign
___(05) Physically controlled RR crossing
___(06) Stop sign for RR crossing
___(07) Other RR crossing
___(08) School zone sign
___(09) Traffic controls not functioning
___(10) Pedestrian signal
___(98) Other: _____
___(99) Unknown

57 58

37. Accident Occurrence in School Zone

___(0) No
___(1) Yes
___(9) Unknown

59

38. Speed Limit

_____ m.p.h. – Code actual posted or statuatory speed limit.
___(99) Unknown

60 61

39 Restriction of Roadway at Scene (NOTE The Restriction must have existed prior to this accident.)

___ (0) No restrictions
___ (1) Narrow bridge (as defined)
___ (2) Previous accident on roadway
___ (3) Maintenance, repair or construction activity on roadway.
___ (4) Roadway immersion (e.g , standing water)
___ (8) Other roadway obstruction: _____
___ (9) Unknown

62

(NOTE If more than one restriction exists they should be coded in the order in which they are numbered)

40. Additional Restriction of Roadway at Scene (NOTE See question 39 note above.)

___ (0) No additional Restrictions
___ (2) Previous accident on roadway
___ (3) Maintenance, repair, or construction activity on roadway
___ (4) Roadway immersion (e g , standing water)
___ (5) More than two restrictions
___ (8) Other roadway restriction _____
___ (9) Unknown

63

SPECIAL STUDIES – INDICATORS

Information Collected From This Accident As A Part of the Special Studies Subsystem

◯ NO – Code 0 for each of questions 41 through 45

If YES – Check (✓) each of the studies from the list to the right that were indicated, code 1 for the checked studies and 0 for the studies not checked.

41. ___ SS1-Side Intrusion 64
42 ___ SS2-Steering Column 65
43. ___ SS3-Roof Intrusion 66
44 ___ SS4-Motorcycle 67
45 ___ SS5-Truck Underride 68
46. ___ SS6 69
47. ___ SS7 70
48 ___ SS8 71
49. ___ SS9 72
50. ___ SS10 73

NOTE: Leave blank any special studies which are not in effect at the time this case is sampled

Accident Log

FORMS: For Team Use

Police ____	Accident	Collision Diagram	Pedestrian & Nonmotorist	Vehicle	Driver	Occupant	Medical	CRASH Summary	Slides (Number)
Required:	1								
Include:									

COMPLETED BY TEAM

Duplicate columns 1 through 8 from the first page of this form.

Card Number 1 (9) Stratification (10)

	Month (11-12)	Day (13-14)	Year (15-16)
Date of Accident			80
Date Sampled (listed)			80
Date Assigned to Investigator(s)			80
Date Scene Field Work Completed			80
Completing Person (Initials) (35)			
Date Case Reviewed and Approved for Submission to ZC			80
Completing Person (Initials) (44)			
Date Data Entered (RDE)			80
Completing Person (Initials) (53)			

☐ (1) Case Complete – No Updates Required

☐ (2) Case to be Updated

☐ (3) Case Dropped – Reason (56)

	Month (57-58)	Day (59-60)	Year (61-62)
Date Case Released to Zone Center			80

COMPLETED BY ZONE CENTER (Optional)

Type of Review

___(1) All variables ___(2) Key variables (63)

Case Status

___(1) Complete ___(2) Not complete (64)

	Month (65-66)	Day (67-68)	Year (69-70)	Initials (71-73)
Date Received at Zone Center			80	

GO TO 2 (9)

	Month	Day	Year	Initials
Date Review Number One Completed (10-18)			80	
Date Review Number Two Completed (19-27)			80	
Date Review Number Three Completed (28-36)			80	
Date Review Number Four Completed (37-45)			80	
Date Medical Record Updates Received (46-54)			80	
Date Official Record Updates Received (55-63)			80	
Date Case Corrections Entered into Data Base (64-72)			80	

GO To 3 (9)

	Month (10-12)	Day (13-14)	Year (15-16)	(17-18)
Date Update Corrections Entered into Data Base			80	
Date Case released to Master File (19-27)			80	

COMPLETED BY ZONE CENTER

NOTE: Duplicate Columns 1 through 8 and go to Card: 4 (9).

- Not in error, not to be updated, and not missing
1 – To be updated
2 – Error (not correctable)
3 – Error (correctable)
4 – Questionable
5 – Updated and corrected
6 – Sequencing error in CDC's or injury data
7 – Error incorrectly noted
8 – Data entry in error
9 – Unknown coded on field form

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Reasponses	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
Variable	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Responses	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
Variable	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
Response	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)				

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL ACCIDENT SAMPLING SYSTEM — **CONTINUOUS SAMPLING SUBSYSTEM**

Driver Data

Form Approved:
O.M.B. No. 004-R-5723

1 Primary Sampling Unit Number — 1 2

2 Case Number – Stratification — 3 4 5 6

3 Record Number — 4 — 7

4 Transaction Code — 8

5 Version Number — 3 — 9

6. Investigator I.D Number — 10

IDENTIFICATION

7. Vehicle Number — 11 12

8. Number of Occupants This Motor Vehicle

_____occupant(s) – Code the actual number of persons (including the driver if present) that were occupants of this vehicle. The number of OCCUPANT FORMS does not have to equal this value.

___ (99) Unknown — 13 14

9 Driver Presence In Vehicle

___ (1) Driver Present
___ (2) Driver Not Present — 15

(NOTE If *no* driver was present *in* this vehicle, indicate and subsequently leave blank the remaining nonenvironmental questions on this form. Do code the environmental elements No OCCUPANT FORM for the driver is required. Remember, if the person who had been driving this motor vehicle prior to the accident was injured outside of this vehicle, that person is handled on the PEDESTRIAN & NONMOTORIST FORM).

DRIVER INTERVIEW

10. Months Driving Experience This Class of Vehicle (e.g., passenger car, light truck, motorcycle, etc.)

_____ months – Code actual months of previous driving experience up to 60.
(NOTE: 45 days or less equals 1 month; a month and a half equals 2 months.)

___ (61) Greater than five years
___ (99) Unknown — 16 17

11. Estimated Mileage This Vehicle
(Estimated total mileage that driver has driven in this specific accident involved vehicle.)

_____ miles to the nearest 100
___ (001) Less than 150 miles
___ (997) 99,650 miles or more
___ (999) Unknown — 18 19 20

12. Type of Operation or Carrier
(vehicle 10,000 lbs GVW or greater)

___ (0) Noncommercial, or not vehicle 10,000 lbs GVW or greater
___ (1) For hire common or contract carrier
___ (2) Private carrier of property
___ (3) Carrier of ICC exempt commodities
___ (8) Other. _____
___ (9) Unknown — 21

13. Bureau of Motor Carrier Safety (BMCS) Regulated

___ (0) Not BMCS regulated
___ (1) BMCS regulated
___ (9) Unknown — 22

14. Driver's Classification

___ (0) Noncommercial or not in vehicle 10,000 lbs GVW or greater
___ (1) Full time employee
___ (2) Part time employee
___ (3) Owner operator
___ (4) Leased (from labor contractor)
___ (8) Other: _____
___ (9) Unknown — 23

15. Frequency Driving Road

___ (1) Daily
___ (2) Weekly
___ (3) Monthly
___ (4) Less than once a month
___ (5) First time on road
___ (9) Unknown — 24

16. Driver Education

___ (0) No formal driver training
___ (1) In training at time of accident
___ (2) High school driver training
___ (3) Commercial driver training
___ (4) Two or more types of formal driver training
___ (8) Other formal driver training (e.g., college, military, etc.)
_____
___ (9) Unknown — 25

HS Form 429 (11/79)

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

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic Specific questions may be asked later Write these questions down in the space below or on the other side of the paper, prior to the interview

SPECIFIC QUESTION _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver)

PRE-CRASH

Direction of Travel
(NOTE If interviewee does not know, insert from other sources when determinable)

- ___ North
- ___ East
- ___ South
- ___ West
- ___ Northeast
- ___ Southeast
- ___ Northwest
- ___ Southwest
- ___ Not applicable
- ___ Unknown

Travel Lane
(NOTE Lane one is the curb or shoulder lane, lane two is the next lane, etc. to the median or centerline. Oppos ng lanes are numbered similarly and distinguished by direc ion of travel.)

- ___ 1st lane
- ___ 2nd lane
- ___ 3rd lane
- ___ 4th lane
- ___ 5th or additional lane
- ___ On shoulder
- ___ On trafficway
- ___ Off road
- ___ Outside trafficway
- ___ Not applicable
- ___ Unknown

Comments

Estimated Travel Speed
(NOTE Record as obtained from interviewee in increments of 5 m p.h , note information source e g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h

_____ Actual speed (in increments)
___ Not applicable ___ Unknown

INFORMATION SOURCE

Driver Actions Prior to Accident
(NOTE This reports the driver's actions prior to any indication that did or should have alerted the driver to the fact that the driver was about to be involved in a traffic accident.)

___ Normal – i e , straight at constant speed
___ Decelerating ___ Accelerating
___ Overtaking ___ Turning
___ Stopping ___ Stopped
___ Other actions ___ Unknown

Attempted Avoidance Actions
(NOTE· Carefully query this elicited information.)

___ None
___ Braking (no lockup)
___ Braking (lockup)
___ Steering left
___ Steering right
___ Braking and steering left
___ Braking and steering right
___ Accelerating
___ Accelerating and steering left
___ Accelerating and steering right
___ Releasing brake
___ Other actions
___ Not applicable
___ Unknown

AT-CRASH

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

_____ Actual speed (in increments)
___ Not applicable ___ Unknown

INFORMATION SOURCE

[1] Object Contacted

(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other _____
(9) Unknown

[2] Vehicle Impact Location

(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other _____
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation

(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other: _____
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? ___ Unknown, ___ No, ___ Yes. code the six severest impacts.

Accident Sequence Number	Common Impact Number	Object Contacted[1]	One Vehicle			Other Vehicle–if applicable		
			Vehicle Number	Impact Location[2]	Vehicle Orientation[3]	Vehicle Number	Impact Location[2]	Vehicle Orientation[3]
1								
2								
3								
4								
5								
6								

POST-CRASH

Final Rest Position

___ On roadway
___ On shoulder
___ In parking lane
___ In median
___ Off roadway (beyond shoulder area)
___ Other

_____

___ Not applicable
___ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

___ None
___ Steering left
___ Braking and steering left
___ Braking and steering right
___ Acceleration followed by braking
___ Acceleration followed by braking and steering
___ Releasing brake
___ Other

___ Braking
___ Steering right

_____

___ Not applicable ___ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

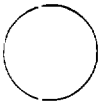
_____

_____

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver Note impact and final rest positions carefully If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object as well

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight _____ lbs

Describe _____

Present location of vehicle (if not yet inspected)? _____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

___ None
___ Narrow bridge (as defined)
___ Previous accident
___ Maintenance, repair, or construction activity on roadway
___ Roadway immersion (standing water)
___ Other roadway obstruction or condition

_____

___ Unknown

Road Surface Condition

___ Dry
___ Snow or slush
___ Other
___ Wet
___ Icy
___ Sand, dirt or oil

_____

___ Unknown

* This completes the Driver (Form) Oriented Questions of this interview, continue this interview with the Occupant (Form) Oriented Questions *

POLICE REPORT

Traffic Violation Charged Against This Driver

◯ NO – Code 0 for each of questions 17 through 22

If YES – Check (✓) each of the violations below that were indicated, code 1 for the checked violations and 0 for the violations not checked.

___Unknown – Code 9 for each of questions 17 through 22

17. ___ Speeding — 26
18 ___ Driving While Intoxicated — 27
19 ___ Reckless Driving — 28
20. ___ Driving With Suspended or Revoked License — 29
21 ___ Other Violation Charged — 30
22 ___ Unknown Violation Charged — 31
23 ___ Alcohol Involvement

___ (0) No
___ (1) Yes — 32

POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL

24. Alcohol Test Results
___ Actual value (decimal implied before first digit) (0.xx)
___ (95) *Test refused*
___ (96) None given
___ (97) AC test performed, results unknown
___ (99) Unknown — 33 34

OFFICIAL RECORDS

25. License Status This Class of Vehicle

___ (0) No license required
___ (1) No license, license required
___ (2) Licensed, but not for this type of vehicle
___ (3) Valid license for this type of vehicle
___ (4) Suspended license
___ (5) Revoked license
___ (6) Expired license
___ (7) Learners permit
___ (9) Unknown — 35

26 License Restriction

___ (0) No restriction
___ (1) Glasses and/or contact lenses
___ (2) Daylight driving only
___ (3) Handicap related restriction
___ (4) Activity restriction
___ (8) Other restriction
_____
___ (9) Unknown — 36

(NOTE. If more than one restriction exists choose the one with the lowest numerical value.)

27 Additional License Restriction

___ (0) No additional restriction
___ (2) Daylight driving only
___ (3) Handicap related restriction
___ (4) Activity restriction
___ (5) More than two restrictions
___ (8) Other restriction
_____
___ (9) Unknown — 37

Code in the space provided the actual number of recorded convictions/suspensions/accidents that occurred within the last three (3) years (as measured from the date of the accident).

___ 8 or more – Code 8

(NOTE: The coded value 8, indicates that the actual recorded value was eight or more; be sure that the actual value is recorded in the space provided near the question number.)

___Unknown – Code 9 for each of question 28 through 32

28. ___ Previous Speeding Convictions — 38
29. ___ Previous Other Harmful Moving Violation Convictions — 39
30. ___ Previous Driving While Intoxicated Convictions — 40
31. ___ Previous Recorded Suspensions and Revocations — 41
32. ___ Previous Recorded Accidents — 42

ENVIRONMENTAL DATA

33 Number of Travel Lanes

___ (1) One
___ (2) Two
___ (3) Three
___ (4) Four
___ (5) Five
___ (6) Six
___ (7) Seven or more
___ (9) Unknown

___ 43

34 Trafficway Division and Median Type

___ (1) Undivided
Divided (median width ≥ to four feet)
___ (2) Paved flush – painted or unpainted (i.e , not curbed)
___ (3) Curbed
___ (4) Unpaved, uncurbed median (e.g , grass, gravel, etc)
___ (5) Median barrier
___ (8) Other median type

_____

___ (9) Unknown

___ 44

35 Access Control

___ (1) Full
___ (2) Partial
___ (3) Uncontrolled
___ (9) Unknown

___ 45

36 Direction of Travel Flow

___ (1) One way
___ (2) Two way
___ (9) Unknown

___ 46

37 Shoulder Presence

___ (0) No shoulder
___ (1) Left shoulder
___ (2) Right shoulder
___ (3) Left and right shoulders
___ (9) Unknown

___ 47

38 Roadway Alignment

___ (1) Straight
___ (2) Curve right
___ (3) Curve left
___ (9) Unknown

___ 48

39 Roadway Profile

___ (1) Level
___ (2) Positive grade
___ (3) Negative grade
___ (4) Hillcrest
___ (5) Sag
___ (9) Unknown

___ 49

40 Roadway Surface Type

___ (1) Concrete
___ (2) Bituminous
___ (3) Brick or block
___ (4) Slag, gravel or stone
___ (5) Dirt
___ (8) Other _____
___ (9) Unknown

___ 50

41. Roadway Surface Condition

___ (1) Dry
___ (2) Wet
___ (3) Snow or slush
___ (4) Ice
___ (5) Sand, dirt or oil
___ (8) Other _____
___ (9) Unknown

___ 51

42 Traffic Controls

___ (00) No controls
___ (01) Flashing traffic signal
___ (02) On colors traffic signal
___ (03) Stop sign
___ (04) Yield sign
___ (05) Physically controlled RR crossing
___ (06) Stop sign for RR crossing
___ (07) Other RR crossing
___ (08) School zone sign
___ (09) Traffic controls not functioning
___ (10) Pedestrian signal
___ (98) Other
___ (99) Unknown

___ ___ 52 53

43. Speed Limit

___ m.p.h. – Code actual posted or statutory speed limit
___ (99) Unknown

___ ___ 54 55

WAS THE DRIVER'S VEHICLE IN A SCHOOL ZONE?
(FOR USE IN CODING A37)

Yes ____
No ____

Driver Log

COMPLETED BY TEAM

Duplicate columns 1 through 8 from the first page of this form

Card Number 1 (9)

Duplicate columns 10, 11 and 12 from the first page of this form.

	Month	Day	Year	Initials
Date environmental data (variables D33 through D43) applicable to this driver traffic unit) were collected from the field.			8 0	
	13 14	15 16	17 18	19 20 21

☐ (1) Driver was not present; therefore, interview was not applicable for this form. STOP Log Complete!

☐ (2) Driver was present CONTINUE! (22)

Date official driver records requested: 8 0 (23 24 25 26 27 28 29 30 31)

☐ (1) Official driver records received before first submission.

☐ (2) Official driver records applicable but not obtainable.

☐ (3) Official driver records requested but not received at time of case submission. (32)

Reason that official driver records are not obtainable. (33)
- (1) Not applicable – records obtained
- (2) Hit and run driver
- (3) Records not found
- (4) Driver not licensed
- (5) License number incorrect
- (6) No information on driver
- (7) Out of state driver
- (8) To be updated
- (9) No driver

Date official driver record data entered on Driver Form (variables D25 through D32).
NOTE This task is applicable even if only 9s are coded. 8 0 (34 35 36 37 38 39 40 41 42)

COMPLETED BY ZONE CENTER

Not in error, not to be updated, and not missing
1 – To be updated
2 – Error (not correctable)
3 – Error (correctable)
4 – Questionable
5 – Updated and corrected
6 – Sequencing error in CDC's or injury date
7 – Error incorrectly noted
8 – Data entry in error
9 – Unknown coded on field form

NOTE: Duplicate columns 1 through 8 and GO TO CARD 2 (9).

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Response	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
Variable	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Response	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
Variable	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
Response	(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)

U.S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL ACCIDENT SAMPLING SYSTEM — CONTINUOUS SAMPLING SUBSYSTEM

Occupant Data

Form Approved
O.M.B. No. 004-R-5723

1 Primary Sampling Unit Number ___ (1 2)

2 Case Number–Stratification ___ ___ ___ ___ (3 4 5 6)

3 Record Number 5 (7)

4. Transaction Code ___ (8)

5 Version Number 3 (9)

6 Investigator I D Number ___ (10)

IDENTIFICATION

7 Vehicle Number ___ ___ (11 12)

8 Occupant Number ___ ___ (13 14)

OCCUPANT INTERVIEW

9 Occupant's Age

_____ year(s) – Code actual age at time of accident.
___ (00) Less than one year old
___ (97) 97 years and older
___ (99) Unknown
___ ___ (15 16)

10 Occupant's Sex

___ (1) Male
___ (2) Female
___ (9) Unknown
___ (17)

11 Occupant's Height

_____ inches – Code actual height to the nearest inch.
___ (99) Unknown
___ ___ (18 19)

12 Occupant's Weight

_____ pounds – Code actual weight to the nearest pound.
___ (999) Unknown
___ ___ ___ (20 21 22)

13 Occupant's Role

___ (1) Driver
___ (2) Passenger
___ (9) Unknown
___ (23)

14. Occupant's Seat Position

___ (01) Front seat-left side
___ (02) Front seat-middle
___ (03) Front seat-right side
___ (04) Second seat-left side
___ (05) Second seat-middle
___ (06) Second seat-right side
___ (07) Third seat-left side
___ (08) Third seat-middle
___ (09) Third seat-right side
___ (10) Front seat-additional passenger
___ (11) Second seat or beyond-additional passenger
___ (12) Truck-tractor sleeping section
___ (13) Other enclosed area. _____
___ (14) In or on unenclosed area
area type _____
___ (15) In or on trailing unit
unit type _____
___ (99) Unknown
___ ___ (24 25)

(NOTE INVESTIGATOR as used below refers to the product of individual observation, police reports, and any other sources used that culminated in the assessment which represents the final opinion of the investigator.)

15. Entrapment

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

Interviewee		Investigator
___	(0) Not entrapped	___ C
___	(1) Entrapped	___ O
___	(9) Unknown	___ D
___		___ E
___		___ (26)

16. Ejection

___ (0)	None	___ C
___ (1)	Complete ejection	___ O
___ (2)	Partial ejection	___ D
___ (3)	Ejection, unknown degree	___ E
___ (9)	Unknown	___ ___ (27)

V5 (38 39)

V5 (37)

V6

HS Form 433 (11/79)

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

Interviewee		Investigator	
17	Ejection Area		
__	(0) No ejection	__	
__	(1) Windshield	__	C
__	(2) Left front	__	O
V6 __	(3) Right front	__	D
__	(4) Left rear	__	E
__	(5) Right rear	__	
__	(6) Rear	__	
__	(7) Roof (convertible or sun roof)	__	
__	(8) Other area (e g , sidecar, back of pick-up, etc)	__	
__	(9) Unknown	__	28
18	Ejection Medium		
__	(0) No ejection	__	
__	(1) Door	__	C
__	(2) Open roof structure	__	O
__	(3) Fixed windows	__	D
			E
	Operable windows		
V6 __	(4) Roll down type	__	
__	(5) Hinged type	__	
__	(6) Sliding type	__	
__	(7) Other type	__	
	_____		
__	(8) Other medium	__	
	_____		
__	(9) Unknown	__	29

Interviewee		Investigator	
19.	Medium Status		
__	(0) No ejection	__	
__	(1) Open	__	C
__	(2) Separation	__	O
__	(3) Closed, closed when damaged	__	D
		__	E
__	(9) Unknown	__	30
20	Treatment – Mortality		
Interviewee		Official Sources	
__	(1) Fatal	__	
Nonfatal			C
__	(2) Hospitalization	__	O
__	(3) Transported and released	__	D
__	(4) Treatment-other	__	E
	_____		
__	(5) No treatment	__	
__	(9) Unknown	__	31

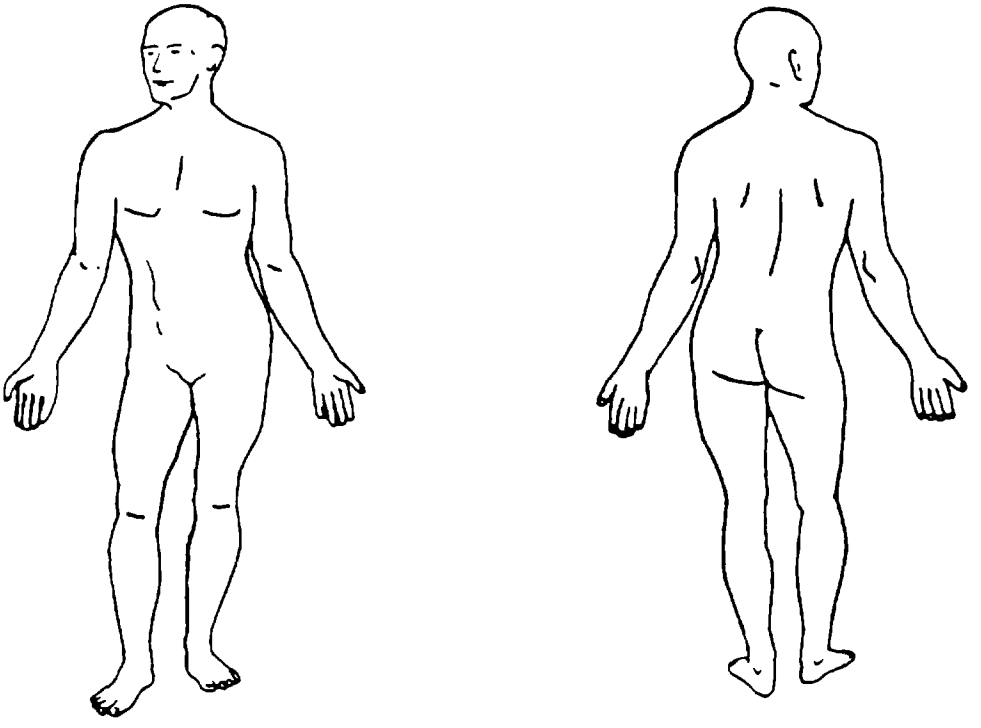
V6

COMMENTS

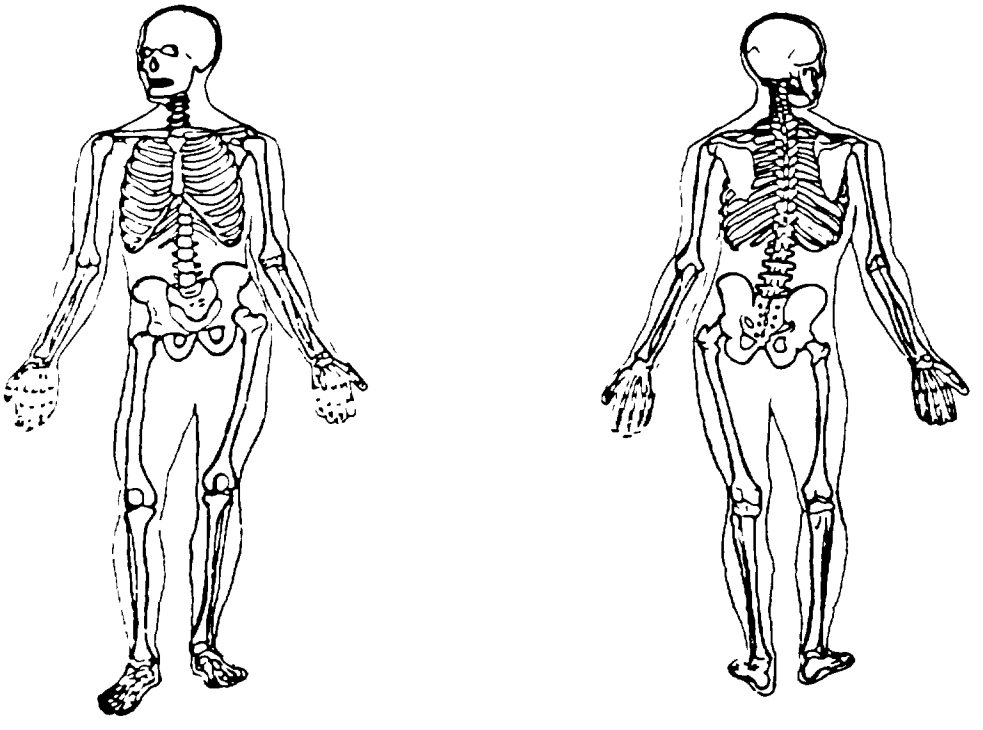
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries

Soft Tissue Injuries



Skeletal Injuries



Inter-viewee | Official Sources

21. Hospital Stay

___ (00) Not Hospitalized

_____ day(s) – Code the number of days (up to 30) that the occupant stayed in hospital.

___ (31) 31 days or more

___ (99) Unknown

32 33

22 Working Days Lost

___ (00) No working days lost

_____ day(s) – Code the number of days (up to 30) that the occupant lost from work due to the accident

___ (31) 31 days or more

___ (32) Fatally Injured

___ (99) Unknown

34 35

Inter-viewee | Investigator

23 Manual (Active) Restraint System Availability

___ (0) None available-vehicle occupant

___ (1) Shoulder belt

V6 ___ (2) Lap belt

___ (3) Lap and shoulder belt

___ (4) Child safety seat

___ (5) Motorcycle helmet

___ (8) Restraint available – type unknown or other _____

___ (9) Unknown

24 Manual (Active) Restraint System Use

36

___ (0) None used – vehicle occupant

___ (1) Shoulder belt

___ (2) Lap belt

V6 ___ (3) Lap and shoulder belt

___ (4) Child safety seat

___ (5) Motorcycle helmet

___ (8) Restraint used – type unknown or other _____

___ (9) Unknown

37

C O D E

Inter-viewee | Investigator

25 Automatic (Passive) Restraint System Availability

___ (0) Not equipped

___ (1) Airbag

___ (2) Airbag disconnected

___ (3) Airbag not reinstalled

___ (4) 2 point automatic belts

___ (5) 3 point automatic belts

___ (6) Automatic belts destroyed

___ (9) Unknown

V6 38

C O D E

26 Automatic (Passive) Restraint Function

___ (0) Not equipped

___ (1) Automatic belt in use

___ (2) Automatic belt not in use

___ (3) Deployed airbag

___ (4) Nondeployed airbag

___ (9) Unknown

V6 39

C O D E

27. Relation of Interviewee to Occupant

___ (0) No interview

___ (1) Same person

___ (2) Other accident involved person

_____

Uninvolved Person

___ (3) Relative or friend

___ (4) Other uninvolved person:

_____

Combination of Persons

___ (5) One of which was accident involved

___ (6) None of which were accident involved

___ (9) Unknown

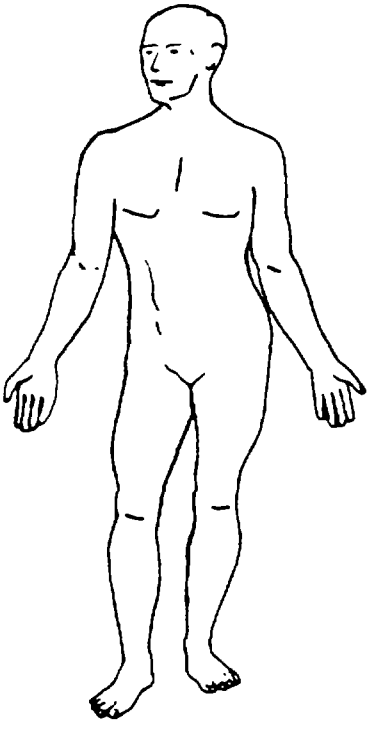
40

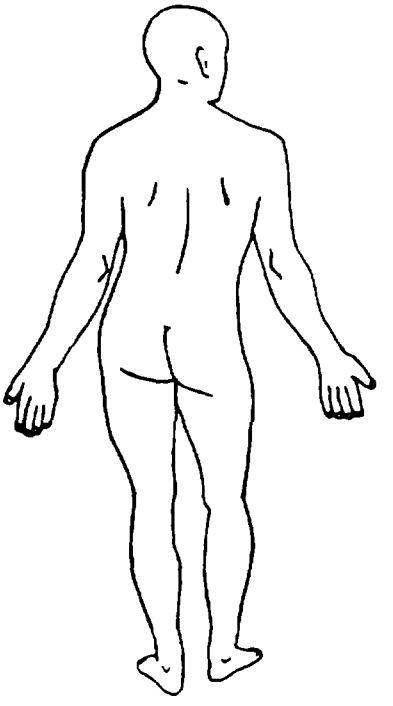
THIS COMPLETES THE INTERVIEW

OFFICIAL INJURY DATA

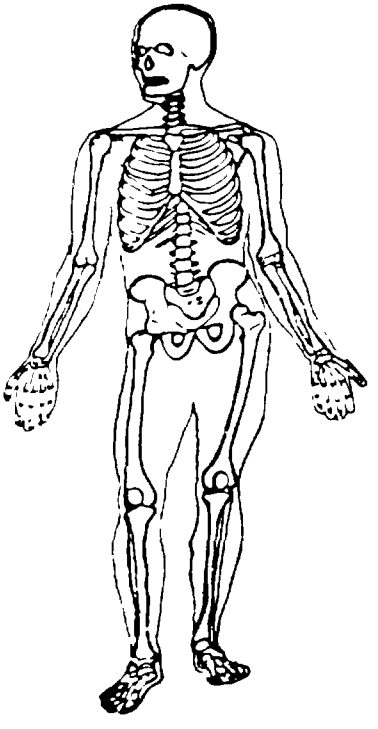
Indicate the *Nature* and *Location* of *All* injuries

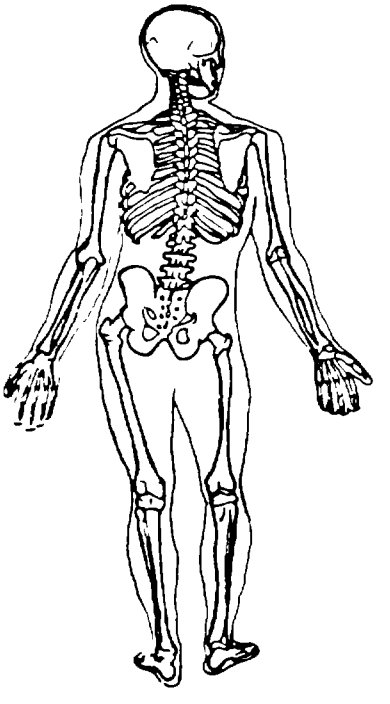
Soft Tissue Injuries





Skeletal Injuries





OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources The information from official sources takes pre cedence over similar injuries reported by any other source In other words, do not list the same injury twice, supercede the interview data with official data in the case of similar injuries List all injuries by official medical sources first Police reported injuries may be used, but only when no other source of injury information is available

Were more than ten (10) injuries sustained? ___ Unknown, ___ No, ___ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources

	ISS Body Region	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Source of Data
1	—	—	—	—	—	—	— —	—
2	—	—	—	—	—	—	— —	—
3	—	—	—	—	—	—	— —	—
4	—	—	—	—	—	—	— —	—
5	—	—	—	—	—	—	— —	—
6	—	—	—	—	—	—	— —	—
7	—	—	—	—	—	—	— —	—
8	—	—	—	—	—	—	— —	—
9	—	—	—	—	—	—	— —	—
10	—	—	—	—	—	—	— —	—

Source of Data

Official
(1) Autopsy records with or without hospital/medical records
(2) Hospital/medical records without autopsy records
(3) Treating physician
Unofficial
(4) Interviewee
(5) EMS personnel
(6) Police
(7) Other source

(9) Unknown if injured
(0) Not injured

REDUCTION SECTION

ISS Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

OIC Body Region

(H) Head – skull
(F) Face
(N) Neck – cervical spine
(S) Shoulder
(X) Upper limb(s) (whole or unknown part)
(A) Arm (upper)
(E) Elbow
(R) Forearm
(W) Wrist – hand
(C) Chest
(M) Abdomen
(B) Back – thoracolumbar spine
(P) Pelvic – hip
(Y) Lower limb(s) (whole or unknown part)
(T) Thigh
(K) Knee
(L) Leg (lower)
(Q) Ankle – foot
(O) Whole body
(U) Injured unknown region
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(R) Right
(L) Left
(B) Bilateral
(C) Central
(A) Anterior – front
(P) Posterior – back
(S) Superior – upper
(I) Inferior – lower
(W) Whole region
(U) Injured, unknown aspect
(0) Not injured
(9) Unknown if injured

Lesion

(L) Laceration
(C) Contusion
(A) Abrasions
(F) Fractures
(K) Concussion
(V) Avulsion
(R) Rupture
(S) Sprains
(D) Dislocations
(N) Crushing
(M) Amputation
(B) Burn
(O) Other
(U) Injured, unknown lesion
(X) Fracture and dislocation
(Z) Total severence, transection
(T) Strain
(G) Detachment, separation
(P) Perforation, puncture
(0) Not injured
(9) Unknown if injured

System/Organ

(S) Skeletal
(V) Vertebrae
(J) Joints
(D) Digestive
(L) Liver
(N) Nervous system
(B) Brain
(C) Spinal cord
(E) Ears
(A) Arteries – veins
(H) Heart
(Q) Spleen
(G) Urogenital
(K) Kidneys
(R) Respiratory
(0) Eye
(P) Pulmonary – lungs
(M) Muscles
(I) Integumentary
(T) Thyroid, other endocrine gland
(W) All systems in region
(U) Injured, unknown system
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured unknown severity
(0) Not injured
(9) Unknown if injured

Injury Source

(00) No injury

FRONT
(01) Windshield
(02) Mirror
(03) Steering assembly, including transmission selector level when column mounted
(04) Add-on equipment (e g , CB, tape deck, air conditioner)
(05) Instrument panel and below, excluding foot controls and parking brake
(09) Other front object

SIDE
(11) Side interior surface, excluding hardware or armrests
(12) Side hardware or armrest
(13) Roof pillar supports
(14) Window glass or frame
(19) Other side object

INTERIOR
(21) Seat, back support
(22) Belt restraint system
(23) Head restraint
(24) Air cushion
(25) Other occupants
(26) Interior loose objects
(29) Other interior object

ROOF
(31) Front header
(32) Rear header
(33) Roof side rails
(34) Roof or convertible top

FLOOR
(41) Floor
(42) Floor or console mounted transmission lever, including console
(43) Parking brake handle
(44) Foot controls including parking brake

REAR
(51) Backlight (rear window)
(52) Backlight storage rack, door, etc
(59) Other rear objects

EXTERIOR of OCCUPANT'S VEHICLE
(61) Hood
(62) Outside hardware (e g., outside mirror, antenna)
(63) Other exterior surface or tires
(69) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE
(71) Bumper
(72) Hood edge
(73) Other front of vehicle
(74) Hood
(75) Hood ornament
(76) Windshield, roof rail, A-pillar
(77) Side surface
(78) Side mirrors
(79) Other side protrusions
(80) Rear surface
(81) Undercarriage

OTHER VEHICLE or OBJECT in the ENVIRONMENT
(86) Ground
(87) Other vehicle or object
(89) Unknown vehicle or object

NONCONTACT INJURY
(90) Noncontact injury source (impact force)
(97) Injured, unknown source
(99) Unknown if injured

OCCUPANT INJURY CLASSIFICATION

If there are six or less injuries listed in the O.I.C. reduction section, code all of the injuries ordered by Source of Data (1st-autopsy, 2nd-hospital/medical, 3rd-treating physician, or 4th-interviewee and other sources) and by A.I.S. severity within source.

If there are more than six injuries order the injuries by source and by A.I.S. severity within source. Code this ordering, injury by injury If a group of ordered injuries has the same source, the same A.I.S., and the group includes at least the sixth and seventh injuries in the ordering, then a choice must be made as to which injury or injuries to code.

Choose the injury or injuries that will enable the maximum number of different I.S.S. body regions to be represented in the coded data. If no new I S S. body region can be added, then simply code in accordance with the original ordering.

If the occupant has less than six injuries, then the number of rows required to be completed is equal to the number of injuries plus one (e g , no injuries requires one row i.e., columns 41 to 48. In the additional row "No injury" will be coded for all variables including A I S severity

Update Candidate: ◯ *Yes* ◯ *No*

	I.S.S Body Region		O.I.C Body Region		Aspect		Lesion		System/ Organ		A.I.S Severity		Injury Source		Source of Data
1st	___	28	___ 41	29	___ 42	30.	___ 43	31.	___ 44	32.	___ 45	33.	___ 46 ___ 47	34.	___ 48
2nd	___	35.	___ 49	36.	___ 50	37.	___ 51	38.	___ 52	39	___ 53	40.	___ 54 ___ 55	41.	___ 56
3rd	___	42.	___ 57	43.	___ 58	44	___ 59	45.	___ 60	46	___ 61	47.	___ 62 ___ 63	48.	___ 64
4th	___	49	___ 65	50.	___ 66	51.	___ 67	52.	___ 68	53	___ 69	54.	___ 70 ___ 71	55.	___ 72
5th	___	56	___ 73	57	___ 74	58	___ 75	59	___ 76	60.	___ 77	61.	___ 78 ___ 79	62.	___ 80
6th	___	63	___ 81	64	___ 82	65	___ 83	66.	___ 84	67.	___ 85	68.	___ 86 ___ 87	69.	___ 88

CODING SECTION

70 Injury Severity (Police Rating)

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

89

If any of the coded Injury Sources have "other" codes, i.e. 09, 19, 29, 59, 63, or 87, describe the injury source below in the space provided. Clearly indicate each description by numerical value.

_____

_____

_____

_____

_____

COMMENTS

Attach to This Form ANY Supporting Medical Documentation for This Occupant

RESPONSES

MANNER

(1) Telephone
(2) Personal visit to home, work, etc.
(3) Letter (questionaire)
(4) Other (specify)

a. _____

b _____

c _____

RESULT

(01) No answer (to phone call, no one home, etc)
(02) Other person at home, work, etc –interviewee to contact investigator.
(03) Other person at home, work, etc –investigator to repeat call, visit, leave questionaire, or try elsewhere.
(04) Must obtain permission of attorney or insurance company.
(05) Attorney or insurance company provided permission.
(06) No return of letter questionaire
(07) Partial or complete interview
(08) Other (specify)

a _____

b _____

c _____

(TO BE CODED AS THE RESULT FOR THE LAST CONTACT RECORD IF A DECISION IS MADE NOT TO FURTHER ATTEMPT A SURROGATE OR DIRECT INTERVIEW.)

(09) Unable to contact or locate
(10) Hit and run
(11) Fatal – surrogate not available
(12) In intensive care – surrogate not available
(13) Out of State resident
(14) Refused interview for other than on advice of attorney or insurance company (specify or write "unknown reason")

_____

(15) Insurance company refusal
(16) Attorney refusal or litigation
(17) To be updated

REASONS MEDICAL DATA NOT OBTAINABLE

(1) No record of treatment at medical facility
(2) Medical release required – not obtained
(3) Not medically treated
(4) Non – accident related injury
(5) Non – cooperative hospital
(6) Hospital out of study area
(7) To be updated
(8) Private physician would not release information

Occupant Log

COMPLETED BY TEAM

Duplicate columns 1 through 8 from the first page of this form

Card number 1/9

Duplicate columns 10 through 14 from the first page of this form.

COMMENTS

For responses to Manner and Result see back of page 7

INTERVIEW CONTACT RECORD

Contact Sequence	Month	Day	Year	Time of Contact	Contacting Investigator	Manner	Result
1st	15 16	17 18	19 20 (8 0)	21 22 23 24	25 26 27	28	29 30
2nd	31 32	33 34	35 36 (8 0)	37 38 39 40	41 42 43	44	45 46
3rd	47 48	49 50	51 52 (8 0)	53 54 55 56	57 58 59	60	61 62
4th	63 64	65 66	67 68 (8 0)	69 70 71 72	73 74 75	76	77 78
GO to 2/9							
5th	10 11	12 13	14 15 (8 0)	16 17 18 19	20 21 22	23	24 25
6th	26 27	28 29	30 31 (8 0)	32 33 34 35	36 37 38	39	40 41
7th	42 43	44 45	46 47 (8 0)	48 49 50 51	52 53 54	55	56 57
8th	58 59	60 61	62 63 (8 0)	64 65 66 67	68 69 70	71	72 73

GO TO 3/9

Date decision was made not to further attempt to obtain a direct or surrogate interview regarding the general data elements (variables 009 through 027). 10 11 12 13 (8 0) 14 15

Deciding person (initials) 16 17 18

Date official medical data requested (8 0) 19 20 21 22 23 24

- ☐ (1) Official medical injury data received before first submission.
- ☐ (2) Official medical injury data inapplicable (no medically diagnosed treatment).
- ☐ (3) Official medical injury data applicable but not obtainable.
- ☐ (4) Official medical injury data requested but not received at time of this submission
- ☐ (9) Unknown if medically treated

25

Reason official medical data not obtainable (responses are on back of page 7) 26

Completing Person (Initials). This task is applicable even if only 0s, 9s, 00s, or 99s are the codes used. 27 28 29

COMPLETED by ZONE CENTER

Not in error, not to be updated, and not missing
1 – To be updated
2 – Error (not correctable)
3 – Error (correctable)
4 – Questionable
5 – Updated and corrected
6 – Sequencing error in CDC's or injury data
7 – Error incorrectly noted
8 – Data entry in error
9 – Unknown coded on field form

NOTE: Duplicate columns 1 through 8 and Go to Card 4/9.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Responses	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Variable	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Responses	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Variable	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
Responses	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	—	—	—	—	—

U S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL ACCIDENT SAMPLING SYSTEM | **CONTINUOUS SAMPLING SUBSYSTEM**

Vehicle Data

1 Primary Sampling Unit Number — 1 2

2 Case Number – Stratification — 3 4 5 6

3 Record Number — 3 — 7

4 Transaction Code — 8

5 Version Number — 3 — 9

6 Investigator I D Number — 10

IDENTIFICATION

7 Vehicle Number — 11 12

8 Number of Occupant Forms Submitted

___Code only the number of occupants in this vehicle for which an OCCUPANT FORM was submitted — 13 14

9 Vehicle Role
___(0) Noncollision
___(1) Striking unit
___(2) Struck unit
___(3) Both striking and struck
___(9) Unknown — 15

10 Manner of Leaving Scene (Determined by Investigator)

___(1) Driven
___(2) Towed due to vehicle damage
___(3) Towed not due to vehicle damage
___(4) Abandoned
___(9) Unknown — 16

EXTERIOR ITEMS

11 Vehicle Model Year

_____Code the last two digits of the model year
___(99) *Unknown* — 17 18

12 Vehicle Make

_____

Applicable codes are found in your NASS Coding and Validation Manual
___(99) Unknown — 19 20

13 Vehicle Model

_____

Applicable codes are found in your NASS Coding and Validation Manual
___(99)Unknown — 21 22

14 Body Type

Automobiles
___(01) Convertible
___(02) 2-door sedan, hardtop, coupe
___(03) 4-door sedan, hardtop
___(04) 3-or 5-door hatchback coupe
___(05) Auto with pickup body (e g , El Camino, Ranchero, etc)
___(06) Station wagon excluding van-based or truck-based station wagon
___(08) Other automobile _____
___(09) Unknown type automobile

Motorcycles
___(15) Motorcycle
___(16) Mopeds (motorized bicycles)
___(17) Other motorcycle (minibikes, motorscooters) _____
___(18) Unknown type motorcycle

Busses
___(25) School bus
___(26) Cross country
___(27) Transit bus
___(28) Other bus _____
___(29) Unknown type bus

Special Vehicles
___(35) Snowmobile
___(36) Farm equipment other than trucks
___(37) Dune buggy, swamp buggy, etc
___(38) Construction equipment other than trucks
___(39) Ambulance, hearse type only
___(40) Large limousine more than four doors
___(41) Self-propelled campers and motor homes
___(42) Fire truck
___(43) On or off road vehicle Jeep CJ-5 Bronco, Blazer, Scout, etc
___(44) Other special vehicle

Trucks
___(50) Pickup including those with stake and small dump bodies and campers
___(51) Van (VW bus, small Dodge van, van-based station-wagon, not moving van or horse van)
___(52) Truck based stationwagon (Chevrolet Suburban, International Travelall)
___(53) Single unit truck (10,000 < G V W < 19,501)
___(54) Single unit truck (19,500 < G V W < 26,001)
___(55) Single unit truck (G V W > 26,000)
___(56) Single unit truck (G V W unknown)
___(57) Two unit truck-tractor with semi-trailer or truck with cargo trailer
___(58) Multi-unit truck or truck-tractor with two or more trailers
___(59) Truck tractor pulling no trailer
___(60) Unknown type truck

___(99) Unknown body type — 23 24

15 Cab Configuration
(Trucks greater than 10,000 lbs. GVW)

Cab configuration
___(0) Not truck over 10,000 lbs GVW
___(1) Cab Over Engine (COE)
___(2) Conventional (CBE – Cab Behind Engine)
___(3) Cab Alongside Engine (CAE)
___(8) Other _____
___(9) Unknown — 25

16 Body Trailer Configuration (Trucks greater than 10,000 lbs GVW)

___(00) Not truck over 10,000 lbs GVW
___(01) Van (closed top)
___(02) Van (open top)
___(03) Platform (flatbed)
___(04) Platform with added device (ex. crane or cherry picker)
___(05) Stake body
___(06) Refrigerated (insulated)
___(07) Drop frame or low bed
___(08) Tank (liquids)
___(09) Tank (dry bulk)
___(10) Dump
___(11) Pole or logging
___(12) Auto carrier
___(13) Mobile home
___(14) Garbage refuse
___(15) Cement mixer
___(16) Package delivery (multi-stop or walk-in)
___(17) Beverage
___(18) Wrecker
___(19) Chassis tractor only
___(20) Other _____
___(99) Unknown

26 27

17 Towed Trailing Unit

___(0) No
___(1) Yes

28

COMMENTS

U S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL ACCIDENT SAMPLING SYSTEM–CONTINUOUS SAMPLING SUBSYSTEM. VEHICLE

DAMAGE DESCRIPTION

Wheels Restricted by Damage

RF ____
LF ____
RR ____
LR ____

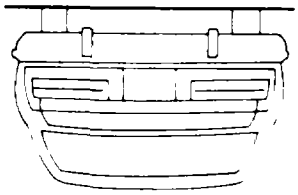
(1) Yes, (2) No, (8) NA (9) Unk

TYPE OF TRANSMISSION

____Manual ____Automatic

Average Track ____.____

Maximum Width ____.____

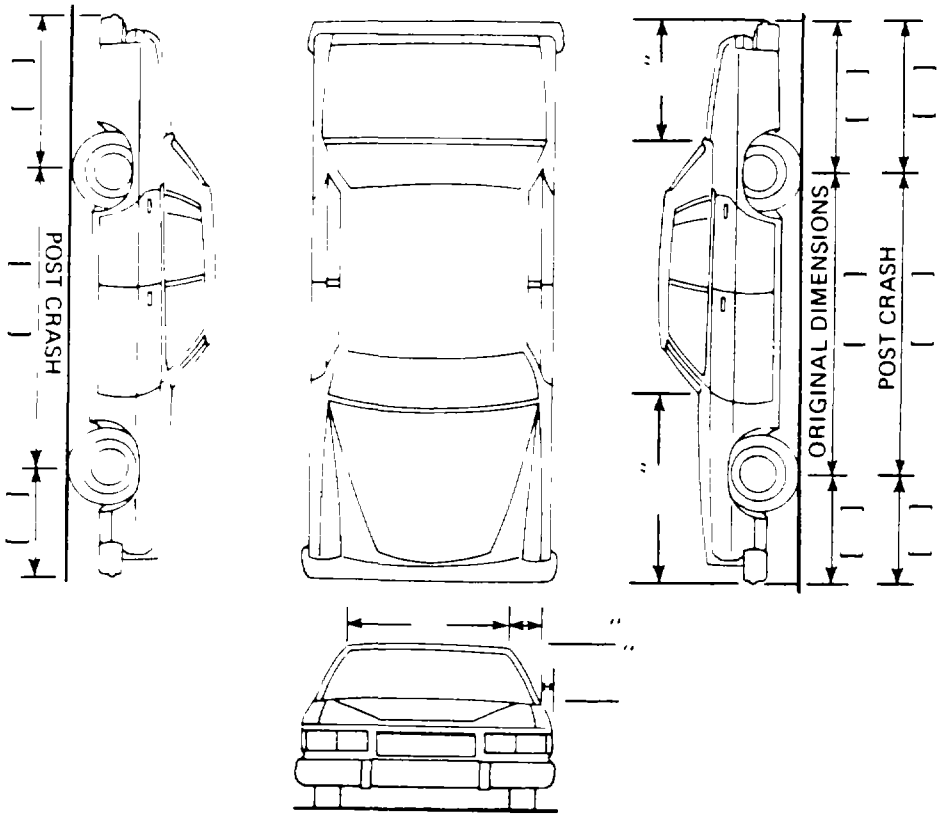


WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

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

Within ± 5 degrees



List any tires which are deflated due to damage on the back of this page

NOTE Measure C_1 to C_6 from DRIVER to PASSENGER side in FRONT or REAR impacts–REAR to FRONT in SIDE impacts

Direct L	Direct D±	Impact Number	L	C_1	C_2	C_3	C_4	C_5	C_6	D±
		1								
		2								
		3								
		4								

NOTE If pulling trailer sketch type of trailer and damage received on reverse side.

NOTE Sketch new perimeter and shade damage Annotate observations which might be useful in reconstructing the accident (e g , grass in tire bead, direction of striations, scuff on sidewall, etc)

DEFORMATION CLASSIFICATION by IMPACT SEQUENCE

Specific Impact Number	Object Contacted	Direction of Force (degrees)	Deformation Location	Specific Longitudinal Lateral Location	Specific Vertifical or Lateral Location	Type of Damage Distribution	Deformation Extent Guide	Common Impact Number
1	— —	— — —	—	—	—	—	— —	—
2	— —	— — —	—	—	—	—	— —	—
3	— —	— — —	—	—	—	—	— —	—
4	— —	— — —	—	—	—	—	— —	—

OBJECT CONTACTED

(00) Noncollision

(01) through (30)

If the object contacted by the vehicle under consideration was another motor vehicle in transport, code the Vehicle Number assigned to that vehicle

Collision with *Stationary Object*

(31) Motor vehicle not in transport
(32) Tree (up to 50 cm around)
(33) Tree (over 50 cm around)
(34) Pole – fixed
(35) Pole – breakaway – did break away
(36) Pole – breakaway – did not break away
(37) Movable objects (post, fence, mail box, delineator, etc.)
(38) Culvert railroad tracks, curb
(39) Abutment, retaining wall bridge support
(40) Embankment
(41) Building, rigid
(42) Building, nonrigid
(43) Bridge rail
(44) Guard rail
(45) Impact attenuator
(46) Ground
(47) Median barrier
(48) Train
(49) Ditch
(50) Other stationary objects

Collision with *Nonstationary Object*

(51) Animal
(52) Trailer disconnected in transport
(53) Train
(59) Other nonstationary objects
(71) through (96)

If the object contacted by the vehicle under consideration was pedestrian or non motorist add seventy (70) to the assigned Pedestrian & Nonmotorist Number and code the resultant sum

(97) Other object
(99) Unknown

NOTE For coding of CDC or TDC investigators must refer to appropriate reference documents for accurate coding

DELTA "V"	Object Contacted	Direction of Force	Deformation Location	Specific Longitudinal or Lateral Location	Specific Vertical or Lateral Location	Type of Damage Distribution	Deformation Extent Guide
HIGHEST	18 — — (29 30)	19 — — (31 32)	20 — (33)	21 — (34)	22 — (35)	23 — (36)	24 — — (37 38)
Secondary	25 — — (39 40)	26 — — (41 42)	27 — (43)	28 — (44)	29 — (45)	30 — (46)	31 — — (47 48)

32 Documentation of More Than Two CDC TDC's

___(0) Zero one or two CDC TDC's
___(1) More than two CDC TDC's

(49)

COMMENTS

Indicate the two most severe impacts from those listed above

Coding Section

Reduction Section

INTERIOR ITEMS

33 Vehicle Identification Number
___ No VIN-Code all Zeros
___ Unknown-Code all nine's
Left justify
Slash zeros Ø

50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

34 Registration of Vehicle

___ (0) Not registered
___ (1) In-state (at least)
___ (2) Out-of-state (only)
___ (8) Other registration (e.g., federal, foreign, military)
___ (9) Unknown
67

35 Vehicle Special Use (this trip)

___ (0) No special use
___ (1) Taxi
___ (2) Vehicle used as school bus
___ (3) Vehicle used as other bus
___ (4) Military
___ (5) Police
___ (6) Ambulance
___ (9) Unknown
68

36 Odometer Reading

_____ miles - Code mileage to the nearest 1,000 miles
___ (000) No odometer
___ (001) Less than 1,500 miles
___ (999) Unknown
69 70 71

37 Passenger Compartment Integrity

___ (0) No passenger compartment
___ (1) No integrity loss
Yes, integrity was lost through
___ (2) Windshield
___ (3) Door
___ (4) Roof
___ (5) Windshield & door
___ (6) Windshield & roof
___ (7) Door & roof
___ (8) Windshield, door & roof
___ (9) Unknown
72

38 Passenger Compartment Intrusion (NOTE Code the area in terms of the most severe intrusion)

___ (0) No passenger compartment
___ (1) No intrusion
___ (2) Front (i.e., steering column, dash)
___ (3) Right side (i.e., door[s] with or without sill override)
___ (4) Left side (i.e., door[s] with or without sill override)
___ (5) Rear (i.e., trunk, rear seat intruded upon)
___ (6) Bottom (i.e., floor)
___ (7) Top (i.e., windshield, "A", "B", "C", or "D" pillar[s], roof)
___ (8) Two or more areas
___ (9) Unknown
73

39 Magnitude of Intrusion

___ (0) No intrusion
___ (1) Less than five centimeters
___ (2) Between five and fifteen centimeters
___ (3) Greater than fifteen centimeters
___ (9) Unknown
74

40 Fire Occurrence

___ (0) No fire
Yes, fire occurred
___ (1) Started in vehicle, minor
___ (2) Started in vehicle, major
___ (3) Started external to vehicle, minor
___ (4) Started external to vehicle, major
___ (5) Origin unknown
___ (9) Unknown
75

RESTRAINT SYSTEM		Front Seat Left	Front Seat Middle	Front Seat Right	Second Seat Left	Second Seat Middle	Second Seat Right	Third Seat Left	Third Seat Middle	Third Seat Right	Other Position or Unit*
MANUAL	Availability	____	____	____	____	____	____	____	____	____	____
	Indication of Usage	____	____	____	____	____	____	____	____	____	____
AUTOMATIC	Availability	____	____	____	____	____	____	____	____	____	____
	Function	____	____	____	____	____	____	____	____	____	____

Manual Restraint System Availability

__ (0) None available vehicle occupant
__ (1) Shoulder belt
__ (2) Lap belt
__ (3) Lap and shoulder belt
__ (4) Child safety seat
__ (5) Motorcycle helmet
__ (8) Restraint available type unknown or other
_____
__ (9) Unknown

Manual Restraint System Indication of Usage

___ (0) None used-vehicle occupant
___ (1) Shoulder belt
___ (2) Lap belt
___ (3) Lap and shoulder belt
___ (4) Child safety seat
___ (5) Motorcycle helmet
___ (8) Restraint used-type unknown or other
_____
___ (9) Unknown

Automatic (Passive) Restraint System Availability

__ (0) Not equipped
__ (1) Airbag
__ (2) Airbag disconnected
__ (3) Airbag not reinstalled
__ (4) Two point automatic belts
__ (5) Three point automatic belts
__ (6) Automatic belts destroyed
__ (9) Unknown

Automatic (Passive) Restraint System Function

__ (0) Not equipped
__ (1) Automatic belt in use
__ (2) Automatic belt not in use
__ (3) Deployed airbag
__ (4) Non deployed airbag
__ (9) Unknown

*Specify the Other Position or Unit referenced _____

INDICATIONS of EJECTION

___ No ejection

If ejection is suspected or reported indicate the avenue for multiple avenues number them and utilize the same numbers consistently throughout

Ejection Area
___ Windshield
___ Left front
___ Right front
___ Left rear
___ Right rear
___ Rear
___ Roof (convertible or sun roof)
___ Other area (e.g., sidecar back of pickup etc.)
___ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Medium Status
___ Open
___ Separation
___ Closed closed when damaged
___ Status unknown

Operable windows
___ Roll down type
___ Hinged type
___ Sliding type
___ Other type window

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

___ No injury

FRONT
___ Windshield
___ Mirror
___ Steering assembly including transmission selector lever when column mounted
___ Add-on equipment (e.g., CB, tape deck, air conditioner)
___ Instrument panel and below, excluding foot controls and parking brake
___ Other front object

SIDE
___ Side interior surface excluding hardware or armrests
___ Side hardware or armrests
___ Roof pillar supports
___ Window glass or frame
___ Other side object

INTERIOR
___ Seat back support
___ Belt restraint system
___ Head restraint
___ Air cushion
___ Other occupants
___ Interior loose objects
___ Other interior object

ROOF
___ Front header
___ Rear header
___ Roof side rails
___ Roof or convertible top

FLOOR
___ Floor
___ Floor or console mounted transmission lever including console
___ Parking brake handle
___ Foot controls including parking brake

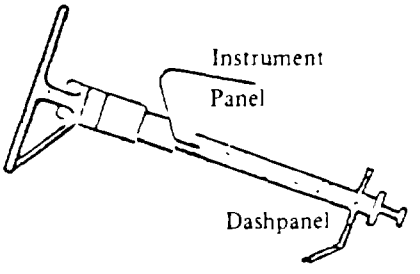
REAR
___ Backlight (rear window)
___ Backlight storage rack door etc.
___ Other rear objects

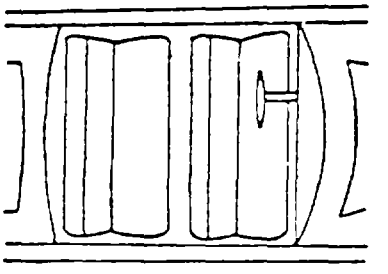
EXTERIOR of OCCUPANT'S VEHICLE
___ Hood
___ Outside hardware (e.g., outside mirror, antenna)
___ Other exterior surface or tires
___ Unknown exterior objects

NON-CONTACT INJURY
___ Non contact injury source (impact force)
___ Injured unknown source
___ Unknown if injured

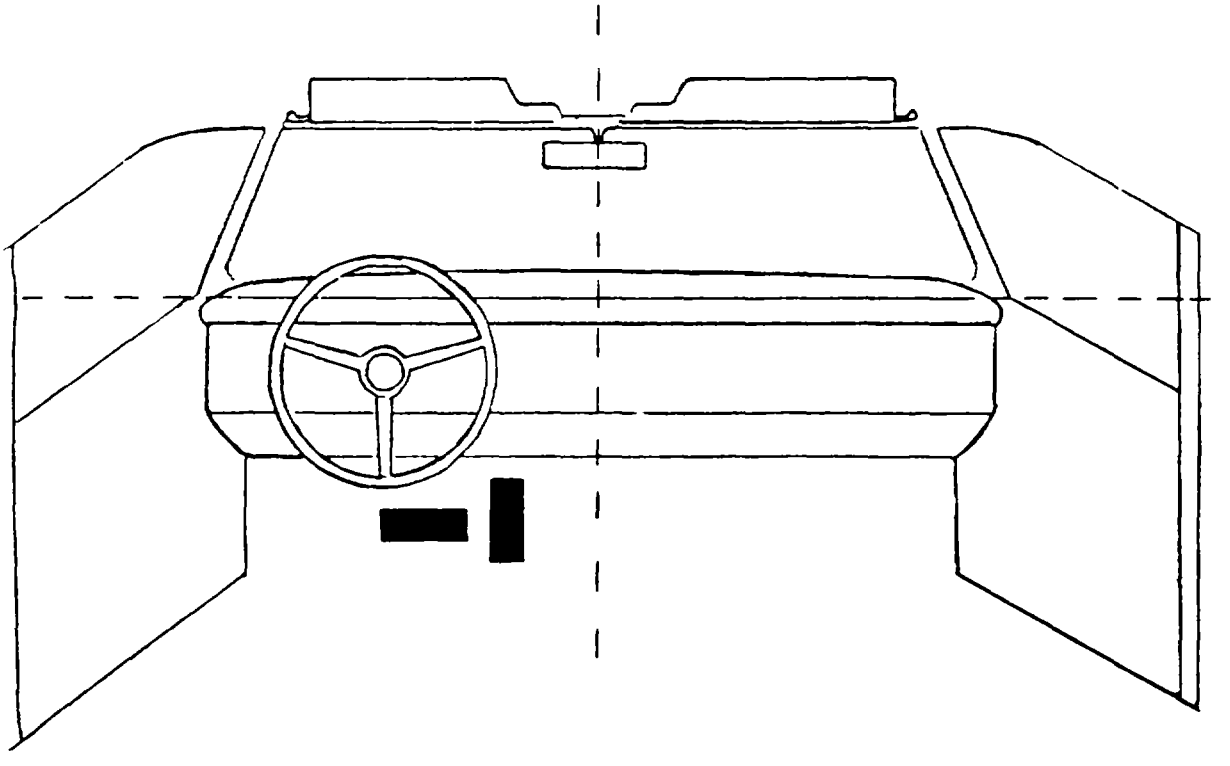
VEHICLE INTERIOR

POINTS OF OCCUPANT CONTACT





INTERIOR SKETCH



Sketch controls in appropriate positions, if contacted Sketch all occupant contact points and code on *preceeding* page. Dash lines indicate center of instrument panel-windshield area and top of panel for measurement purposes.

SUPPLEMENTAL ITEMS

41 Type of Most Severe Impact This Vehicle
This Vehicle's role

__(0) Non collision
__(1) Front of this vehicle
__(2) Left side of this vehicle
__(3) Right side of this vehicle
__(4) Rear of this vehicle
__(5) Other impact location
__(9) Unknown impact type

76

42 Role of Other Contacted Vehicle Object or Person (for same impact as above)

__ (0) Non collision
__ (1) Front of other vehicle
__ (2) Side of other vehicle
__ (3) Rear of other vehicle
__ (4) Sideswiped or endswiped by other vehicle
__ (5) Other location on other vehicle
__ (6) Object (stationary and non stationary)
__ (7) Pedestrian or nonmotorist
__ (8) Motorcycle or moped
__ (9) Unknown impact type

77

43 Rollover

__ (0) No rollover
__ (1) Rollover less than 4 quarter turns
__ (2) Rollover 4 or more quarter turns
__ (3) Rollover details unknown

78

44 Jackknife

__ (0) Not an articulated vehicle
__ (1) No
__ (2) Yes

79

45 Submission of Potential Safety Problem Bulletin

__ (0) No
__ (1) Yes

80

VEHICLE WEIGHT ITEMS

46 Vehicle Curb Weight

_____ pounds Code weight to nearest 100 pounds
__(001) Less than 150 pounds
__(997) 99 650 lbs or more
__(999) Unknown

81 82 83

47 Vehicle Cargo Weight

_____ pounds Code weight to nearest 100 pounds
__(000) Less than 50 pounds
__(997) 99 650 lbs or more
__(999) Unknown

84 85 86

48 Investigator Reported Source of Cargo Weight

__ (0) No cargo
__ (1) Measured
__ (2) Estimated
__ (3) Rated capacity
__ (9) Unknown source or weight

87

COMMENTS

CRASH PROGRAM

49 Basis for total Delta V (highest)

___(0) No impact, no inspection or no adequate photographs

___(1) Damage data only obtained, not used
___(2) Damage data only obtained, used
___(3) Damage and trajectory data obtained, neither used
___(4) Damage and trajectory data obtained, damage only used
___(5) Damage and trajectory data obtained, both used as average in calculation

88

	HIGHEST	Secondary	HIGHEST
50	Total Delta V _____ nearest k p h (NOTE 00 means less than 0 5 k p h ___(95) k p h and above ___(96) Not able to compute (e g , motor-cycle) ___(99) Unknown	_____	89 90
51	Longitudinal Component of Delta V _____ nearest k p h (NOTE 00 means greater than -0 5 and less than 0 5 k p h) ___(95) 95 k p h and above ___(96) Not able to compute (e g , motor-cycle) ___(99) Unknown	_____	+ − 91 92 93

	HIGHEST	Secondary	HIGHEST
52	Lateral Component of Delta V _____ nearest k p h (NOTE 00 means greater than -0 5 and less than 0 5 k p h) ___(95) 95 k p h and above ___(96) Not able to compute (e g , motor-cycle) ___(99) Unknown	_____	+ − 94 95 96
53	Energy Absorption _____ nearest 100 newton•meters (joules) (NOTE 0000 means less than 50 newton•meters) ___(9999) unknown	_____	97 98 99 100

COMMENTS

Vehicle Log

COMPLETED BY TEAM

Duplicate columns 1 through 8 from the first page of this form

Card Number 1/9

Duplicate columns 10, 11 and 12 from the first page of this form

Source of Vehicle Data

___ (1) Inspection at repair tow facility
___ (2) Inspection at home work place
___ (3) Inspection other _____
___ (4) Not inspected (photos or repair data obtained)
___ (5) Not inspected (no data)
___ (7) Not required
___ (9) Unknown 13

Vehicle Inspection

___ (1) Inspected on first visit
___ (2-5) Code the actual number of locations visited (including follow-ups to the same location)
___ (6) Six or more visits
___ (7) Not required
___ (8) Not inspected
___ (9) Unknown 14

	Month	Day	Year	Initials
Date initial vehicle inspection attempted (always filled in by investigators)			8 0	
	15 16	17 18	19 20	21 22 23
Date decision was made not to further attempt to inspect vehicle			8 0	
	24 25	26 27	28 29	30 31 32
Date vehicle inspected and field data elements obtained			8 0	
	35 36	37 38	39 40	41 42 43

Reason vehicle inspection not completed 33 34

(01) Not applicable – inspection completed
(02) Vehicle can not be located
(03) Vehicle repaired or destroyed
(04) Vehicle outside of study area
(05) Vehicle impounded
(06) Vehicle sold
(07) Hit and run vehicle
(08) Owner could not be located
(09) Owner refusal
(10) Insurance company refusal
(11) Attorney refusal or litigation
(12) Repair or tow facility refusal
(13) Other _____
(14) Stolen
(15) Wrong name & address on PAR
(16) Interstate truck
(17) Commercial vehicle unavailable

COMPLETED BY ZONE CENTER

Not in error, not to be updated and not missing
1 To be updated
2 Error (not correctable)
3 Error (correctable)
4 Questionable
5 Updated and corrected
6 Sequencing error in CDC's or injury data
7 Error incorrectly noted
8 Data entry in error
9 Unknown coded on field form

NOTE Duplicate columns 1 through 8 and GO TO CARD 2/9

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Response	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Variable	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Response	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Variable	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
Response	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

NATIONAL ACCIDENT SAMPLING SYSTEM

U S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

CONTINUOUS SAMPLING SUBSYSTEM

PEDESTRIAN AND NONMOTORIST

Form Approved
O M B No 004-R-5723

1 Primary Sampling Unit Number — 1 2

2 Case Number – Stratification — 3 4 5 6

3 Record Number — 2 — 7

4. Transaction Code — 8

5. Version Number — 3 — 9

6. Investigator I.D Number — 10

IDENTIFICATION

7. Pedestrian or Nonmotorist's Number — 11 12

8. Pedestrian or Nonmotorist's Type

___(1) Pedestrian
___(2) Bicyclist
___(3) Other cyclist

_____

___(4) Animal related
___(5) Occupant of vehicle not in transport
___(8) Other nonmotorist

_____

_____

___(9) Unknown — 13

PEDESTRIAN OR NONMOTORIST INTERVIEW

9. Pedestrian or Nonmotorist's Age

_____ year(s) – Code actual age at time of accident.
___(00) Less than one year old
___(97) 97 years and older
___(99) Unknown — 14 15

10. Pedestrian or Nonmotorist's Sex

___(1) Male
___(2) Female
___(9) Unknown — 16

11. Pedestrian or Nonmotorist's Height

_____ inches – Code actual reported height to the nearest inch.
___(99) Unknown — 17 18

12. Pedestrian or Nonmotorist's Weight

_____ pounds – Code actual reported weight to to the nearest pound.
___(999) — 19 20 21

13. Months Cycling Experience

_____ months – Code actual months of previous cycling experience up to 60
(NOTE 45 days or less equals 1 month, a month and a half equals 2 months.)

___(00) Non-cyclist
___(61) Greater than 60 months (5 years)
___(99) Unknown — 22 23

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic Specific questions may be asked later Write these questions down in the space below or on the other side of the page, prior to the interview

SPECIFIC QUESTION _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the pedestrian or nonmotorist)

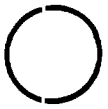
HS Form 428 (11/79)

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

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the pedestrian or nonmotorist Note impact and final rest positions carefully If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well

Indicate North



14 Pedestrian or Nonmotorist's Location

___(01) Intersection – in crosswalk
___(02) Intersection – sidewalk, median island other
___(03) Intersection – on roadway
___(04) Intersection – unknown
___(05) Nonintersection – in crosswalk
___(06) Nonintersection - sidewalk, median island, other
___(07) Nonintersection – bike path
___(08) Nonintersection – on road shoulder
___(09) Nonintersection – outside trafficway (*includes roadside*)
___(10) Nonintersection – on roadway
___(11) Nonintersection – in parking lane
___(12) Nonintersection – unknown
___(99) Unknown

24 25

15 Treatment – Mortality

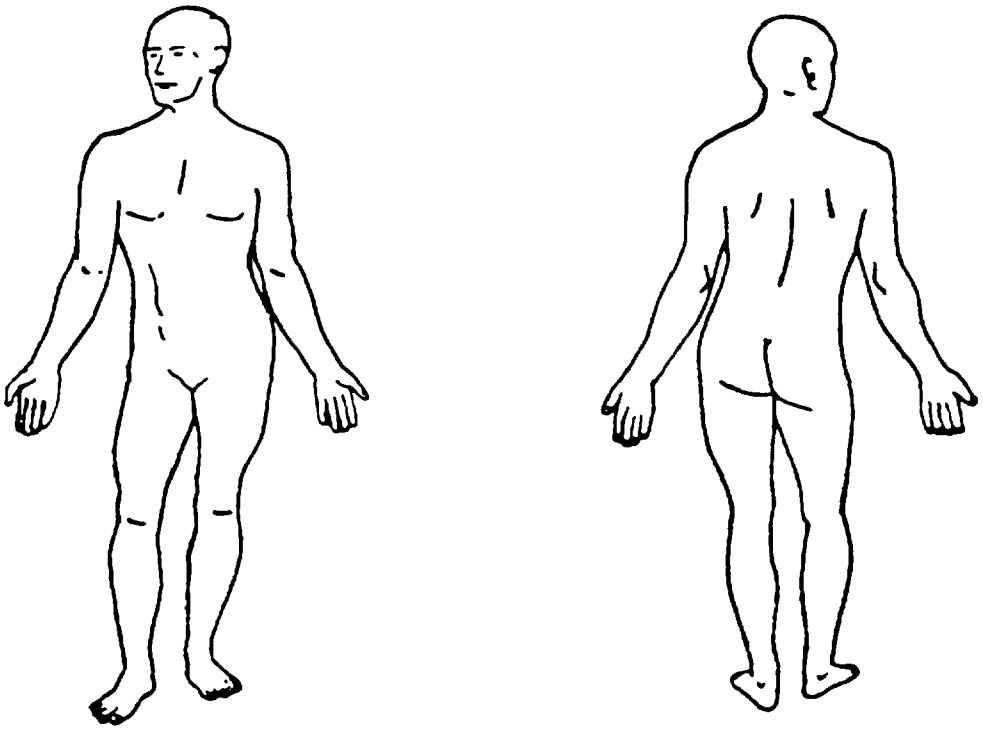
Interviewee	Official Sources	
___(1) Fatal	_____	
Nonfatal		C
___(2) Hospitalization	_____	O
___(3) Transported and released	_____	D
___(4) Treatment – other	_____	E
_____		
___(5) No treatment	_____	
___(9) Unknown	_____	

26

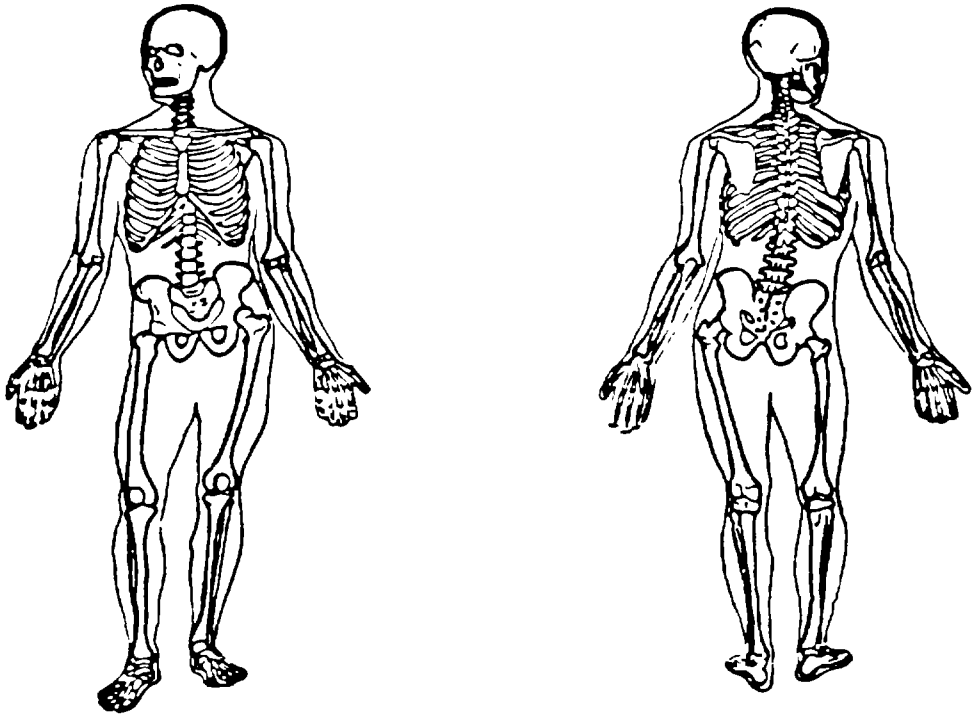
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries

Soft Tissue Injuries



Skeletal Injuries



Inter-viewee | Official Sources

16 Hospital Stay

___(00) Not hospitalized
___day(s) – Code the number of days (*up to 30*) that the pedestrian or nonmotorist stayed in hospital _____ CODE
___(31) 31 days or more _____ E
___(99) Unknown _____ 27 28

17 Working Days Lost

___(00) No working days lost
___day(s) – Code the number of days (*up to 30*) that the pedestrian or nonmotorist lost from work due to the accident
___(31) 31 days or more
___(32) Fatally injured
___(99) Unknown
29 30

Inter-viewee

18 Relation of Interviewee to Pedestrian or Nonmotorist

___(0) No interview
___(1) Same person
___(2) Other accident involved person

_____

Uninvolved Person
___(3) Relative or friend
___(4) Other uninvolved person

_____

Combination of Persons
___(5) One of which was accident involved
___(6) None of which were accident involved
___(9) Unknown
31

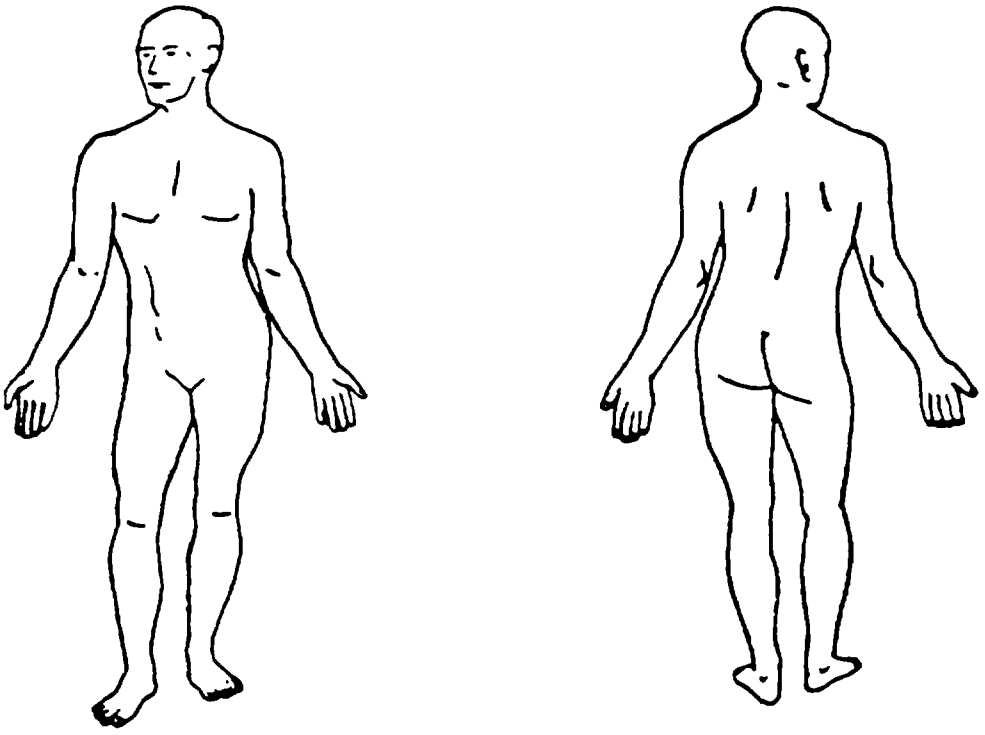
THIS COMPLETES THE INTERVIEW

COMMENTS

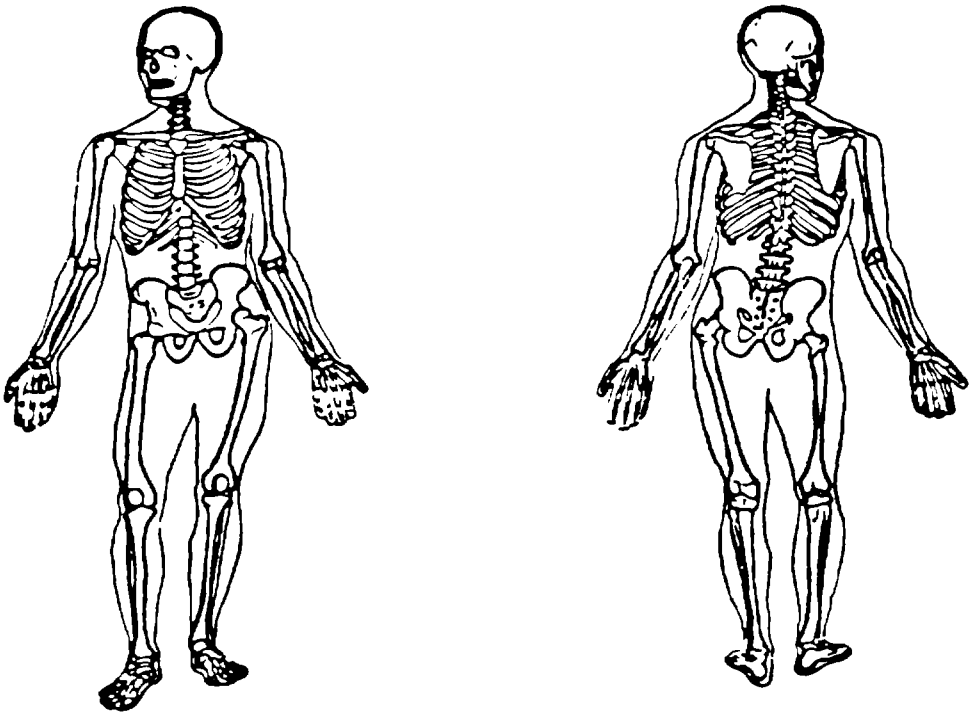
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



Skeletal Injuries



OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both *unofficial* and *official* sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice, supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when *no* other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ____ No ____ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (*excluding police*), list those from the official records first exhausting that level of data before listing those from the interviewee or other sources.

	ISS Body Region	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Source of Data
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Source of Data

Official
(1) Autopsy records with or without hospital/medical records
(2) Hospital/medical records without autopsy records
(3) Treating physician

Unofficial
(4) Interviewee
(5) E M S personnel
(6) Police
(7) Other source

(9) Unknown if injured
(0) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (*external*)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(H) Head – skull
(F) Face
(N) Neck – cervical spine
(S) Shoulder
(X) Upper limb(s) (*whole or unknown part*)
(A) Arm (*upper*)
(E) Elbow
(R) Forearm
(W) Wrist – hand
(C) Chest
(M) Abdomen
(B) Back – thoracolumbar spine
(P) Pelvis – hip
(Y) Lower limb(s) (*whole or unknown part*)
(T) Thigh
(K) Knee
(L) Leg (*lower*)
(Q) Ankle – foot
(O) Whole body
(U) Injured, unknown region
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(R) Right
(L) Left
(B) Bilateral
(C) Central
(A) Anterior – front
(P) Posterior – back
(S) Superior – upper
(I) Inferior – lower
(W) Whole region
(U) Injured, unknown aspect
(0) Not injured
(9) Unknown if injured

Lesion

(L) Laceration
(C) Contusion
(A) Abrasions
(F) Fractures
(K) Concussion
(V) Avulsion
(R) Rupture
(S) Sprains
(D) Dislocations
(N) Crushing
(M) Amputation
(O) Other
(U) Injured, unknown lesion
(Z) Fracture and dislocation
(E) Total severance, transection
(T) Strain
(G) Detachment, separation
(P) Perforation, puncture
(0) Not injured
(9) Unknown if injured

System/Organ

(S) Skeletal
(V) Vertebrae
(J) Joints
(D) Digestive
(L) Liver
(N) Nervous system
(B) Brain
(C) Spinal cord
(E) Ears
(A) Arteries – veins
(H) Heart
(Q) Spleen
(G) Urogenital
(K) Kidneys
(R) Respiratory
(O) Eye
(P) Pulmonary – lungs
(M) Muscles
(I) Integumentary
(T) Thyroid, other endocrine gland
(W) All systems in region
(U) Injured, unknown system
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (*untreatable*)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

Reduction Section

Injury Source

(00) No injury

FRONT
(01) Windshield
(02) Mirror
(03 Steering assembly, including transmission selector lever when column mounted
(04) Add-on equipment (*e g , CB, tape deck, air conditioner*)
(05) Instrument panel and below, excluding foot controls and parking brake
(09) Other front object

SIDE
(11) Side interior surface, excluding hardware or armrests
(12) Side hardware or armrests
(13) Roof pillar supports
(14) Window glass or frame
(19) Other side object

INTERIOR
(21) Seat, back support
(22) Belt restraint system
(23) Head restraint
(24) Air cushion
(25) Other occupants
(26) Interior loose objects
(29) Other interior object

ROOF
(31) Front header
(32) Rear header
(33) Roof side rails
(34) Roof or convertible top

FLOOR
(41) Floor
(42) Floor or console mounted transmission lever, including console
(43) Parking brake handle
(44) Foot controls including parking brake

REAR
(51) Backlight (*rear window*)
(52) Backlight storage rack, door, etc
(59) Other rear objects

EXTERIOR of NONMOTORIST'S VEHICLE
(61) Hood
(62) Outside hardware (*e g , outside mirror, antenna*)
(63) Other exterior surface or tires
(69) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE
(71) Bumper
(72) Hood edge
(73) Other front of vehicle
(74) Hood
(75) Hood ornament
(76) Windshield, roof rail, A-pillar
(77) Side surface
(78) Side mirrors
(79) Other side protrusions
(80) Rear surface
(81) Undercarriage

OTHER VEHICLE or OBJECT in the ENVIRONMENT
(86) Ground
(87) Other vehicle or object
(89) Unknown vehicle or object

NONCONTACT INJURY
(90) Noncontact injury source (*impact force*)

(97) Injured, unknown source
(99) Unknown if injured

OCCUPANT INJURY CLASSIFICATION

If there are six or less injuries listed in the O.I C. reduction section, code *all* of the injuries ordered by Source of Data (*1st-autopsy, 2nd-hospital/medical, 3rd-treating physician, or 4th-interviewee and other sources*) and by A.I.S. severity within source.

If there are more than six injuries order the injuries by source and by A.I.S. severity within source. Code this ordering, injury by injury If a group of ordered injuries has the same source, the same A.I S , and the group includes at least the sixth and seventh injuries in the ordering, then a choice must be made as to which injury or injuries to code

Choose the injury or injuries that will enable the maximum number of different I.S.S body regions to be represented in the coded data. If no new I S.S body region can be added, then simply code in accordance with the original ordering.

If the pedestrian or nonmotorist has less than six injuries, then the number of rows required to be completed is equal to the number of injuries plus one (*e g , no injuries requires one row, i.e , columns 32 to 39*) In the additional row "no injury" will be coded for all variables including A.I S. severity

Update Candidate: ◯ *Yes* ◯ *No*

	I.S S Body Region	O.I C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1ST	___	19 ___ 32	20 ___ 33	21 ___ 34	22. ___ 35	23. ___ 36	24. ___ ___ 37 38	25. ___ 39
2ND	___	26. ___ 40	27 ___ 41	28. ___ 42	29. ___ 43	30. ___ 44	31. ___ ___ 45 46	32. ___ 47
3RD	___	33 ___ 48	34. ___ 49	35 ___ 50	36 ___ 51	37. ___ 52	38 ___ ___ 53 54	39 ___ 55
4TH	___	40. ___ 56	41. ___ 57	42 ___ 58	43. ___ 59	44. ___ 60	45. ___ ___ 61 62	46 ___ 63
5TH	___	47. ___ 64	48. ___ 65	49. ___ 66	50. ___ 67	51. ___ 68	52. ___ ___ 69 70	53. ___ 71
6TH	___	54 ___ 72	55. ___ 73	56 ___ 74	57. ___ 75	58. ___ 76	59. ___ ___ 77 78	60. ___ 79

Coding Section

If any of the coded Injury Sources have "other" codes, i.e., 09, 19, 29, 59, 63, or 87, describe the injury source below in the space provided. Clearly indicate each description by numerical value

_____

_____

_____

_____

_____

62 Traffic Violation Charged Against This Pedestrian or Nonmotorist

___(0) No
___(1) Yes (*specify*) _____
___(9) Unknown

81

63 Alcohol Involvement

___(0) No
___(1) Yes

82

POLICE REPORT

61 Injury Severity (*Police Rating*)

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

80

POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL

64 Alcohol Test Result

Actual value (*dec mal implied before first digit*) (0 xx)

___(95) Test refused
___(96) None given
___(97) AC test performed, results unknown
___(99) Unknown

83 84

COMMENTS

ATTACH TO THIS FORM ANY SUPPORTING MEDICAL DOCUMENTATION FOR THIS PEDESTRIAN OR NONMOTOR ST

RESPONSES

MANNER

(1) Telephone
(2) Personal visit to home, work, etc
(3) Letter (*questionnaire*)
(4) Other (*specify*)

a. _____

b. _____

c. _____

RESULT

(01) No answer (*to phone call, no one home, etc*.)
(02) Other person at home, work, etc.—interviewee to contact investigator
(03) Other person at home, work, etc.—investigator to repeat call, visit, leave questionnaire, or try elsewhere
(04) Must obtain permission of attorney or insurance company
(05) Attorney or insurance company provided permission
(06) No return of letter questionnaire
(07) Partial or complete interview
(08) Other (*specify*)

a _____

b. _____

c. _____

(TO BE CODED AS THE RESULT FOR THE LAST CONTACT RECORD IF A DECISION IS MADE NOT TO FURTHER ATTEMPT A SURROGATE OR DIRECT INTERVIEW.)

(09) Unable to contact or locate
(10) Hit and run
(11) Fatal—surrogate not available
(12) In intensive care—surrogate not available
(13) Out of State resident
(14) Refused interview for other than on advice of attorney or insurance company (*specify or write "unknown reason"*)

_____

(15) Insurance company refusal
(16) Attorney refusal or litigation
(17) To be updated

REASONS MEDICAL DATA NOT OBTAINABLE

(1) No record of treatment at medical facility
(2) Medical release required—not obtained
(3) Not medically treated
(4) Nonaccident related injury
(5) Noncooperative hospital
(6) Hospital out of study area
(7) To be updated
(8) Private physician would not release information

NATIONAL ACCIDENT SAMPLING SYSTEM

CONTINUOUS SAMPLING SUBSYSTEM

PEDESTRIAN AND NONMOTORIST LOG

COMPLETED BY TEAM

Duplicate columns 1 through 8 from the *first* page of this form

Card Number 1/9

Duplicate columns 10, 11 and 12 from the *first* page of this form

COMMENTS

(For response to Manner and Result see back of page 7)

INTERVIEW CONTACT RECORD

Contact Sequence	Month	Day	Year	Time of Contact	Contacting Investigator	Manner	Result
1ST	13 14	15 16	17 18 = 8 0	19 20 21 22	23 24 25	26	27 28
2ND	29 30	31 32	33 34 = 8 0	35 36 37 38	39 40 41	42	43 44
3RD	45 46	47 48	49 50 = 8 0	51 52 53 54	55 56 57	58	59 60
4TH	61 62	63 64	65 66 = 8 0	67 68 69 70	71 72 73	74	75 76
GO TO 2/9							
5TH	10 11	12 13	14 15 = 8 0	16 17 18 19	20 21 22	23	24 25
6TH	26 27	28 29	30 31 = 8 0	32 33 34 35	36 37 38	39	40 41
7TH	42 43	44 45	46 47 = 8 0	48 49 50 51	52 53 54	55	56 57
8TH	58 59	60 61	62 63 = 8 0	64 65 66 67	68 69 70	71	72 73

GO TO 3/9

Date decision was made not to further attempt to obtain a direct or surrogate interview regarding the general data elements (*variables 009 through 027*) 10 11 12 13 = 8 14 0 15

Deciding person (*initials*) 16 17 18

Date official medical data requested 19 20 21 22 = 8 23 0 24

☐ (1) Official medical injury data received before first submission

☐ (2) Official medical injury data inapplicable (*no medically diagnosed treatment*).

☐ (3) Official medical injury data applicable but not obtainable

☐ (4) Official medical injury data requested but not received at time of this submission

☐ (9) Unknown if medically treated 25

Reason official medical data not obtainable (*responses are on back of page 7*) 26

Completing Person (initials) *This task is applicable even if only 0s, 9s, 00s, or 99s are the codes used.* 27 28 29

COMPLETED BY ZONE CENTER

- Not in error, not to be updated, and not missing
1 - To be updated
2 - Error (not correctable)
3 - Error (correctable)
4 - Questionable
5 - Updated and corrected
6 - Sequencing error in CDC's or injury data
7 - Error incorrectly noted
8 - Data entry in error
9 - Unknown coded on field form

NOTE: DUPLICATE COLUMNS 1 THROUGH 8 and GO TO CARD: 4/9

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Response	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Variable	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Response	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Variable	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
Response	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80				

APPENDIX B

CODING INFORMATION FOR PSU's, VEHICLE SHORT FORMS, AND VEHICLE MAKE/MODEL

PRIMARY SAMPLING UNIT CODES

Value	Description
77	Suburban, one of 17 largest SMSAs, high gas sales
52	Suburban, one of 18-60 largest SMSAs or PSU within 61-119 largest SMSAs not containing central city
53	PSU with no town over 19,718; low gas sales
51	Central city of one of 11-60 largest SMSAs
27	PSU within 61-119 largest SMSAs containing a central city
28	Suburban, one of 17 largest SMSAs; low gas sales
02	PSU containing towns over 19,718; low gas sales
26	PSU containing towns over 19,718; high gas sales
01	Central city, one of 10 largest SMSAs
76	PSU with no town over 19,718; high gas sales

VEHICLE SHORT FORM

Value	Description
0	No
1	Yes

VEHICLE MAKE/MODEL

The Vehicle Make/Model Coding Table, organized by Country of Origin, Corporation, and Corporate Division follows.

Variable Name: Vehicle Make

Format: 2 columns - numeric

Element Values:

01	Chevrolet	19	Volvo	63	Harley-Davidson
02	Ford	20	Audi	64	Kawasaki
03	Pontiac	21	Honda	65	Norton
04	Buick	22	Porsche	66	Suzuki
05	Plymouth	23	MG	68	Yamaha
06	Oldsmobile	24	Subaru	80	Brockway
07	Dodge	25	Jeep	81	Diamond Reo
08	Volkswagen	26	Mercedes-Benz	82	Freightliner
09	Mercury	27	Alfa Romeo	83	FWD
10	Cadillac	28	Austin	84	GMC
11	American	29	Jaguar	85	International Harvester
12	Chrysler	30	Lancia	86	Kenworth
13	Lincoln	31	Triumph	87	Mack
14	Opel	32	Saab	88	Peterbilt
15	Datsun	33	Peugeot	89	White
16	Toyota	34	Renault	97	Other
17	Mazda	35	BMW	99	Unknown
18	Fiat	62	BSA		

Alphabetical Listing of Makes

27	Alfa Romeo	83	FWD	06	Oldsmobile
11	American	84	GMC	14	Opel
20	Audi	63	Harley-Davidson	88	Peterbilt
28	Austin	21	Honda	05	Plymouth
35	BMW	85	International Harvester	33	Peugeot
80	Brockway	29	Jaguar	03	Pontiac
62	BSA	25	Jeep	22	Porsche
04	Buick	64	Kawasaki	34	Renault
10	Cadillac	86	Kenworth	32	Saab
01	Chevrolet	30	Lancia	24	Subaru
12	Chrysler	13	Lincoln	66	Suzuki
15	Datsun	87	Mack	31	Triumph
82	Diamond Reo	17	Mazda	16	Toyota
07	Dodge	26	Mercedes-Benz	08	Volkswagen
18	Fiat	09	Mercury	19	Volvo
02	Ford	23	MG	89	White
		65	Norton	68	Yamaha

Variable Name: Vehicle Make (cont'd.)

Source: Primary source is the VIN during vehicle inspection; secondary sources include the police report and interviewees.

Remarks:

Please write the Vehicle Make of the vehicle in the available space for ready visual reference, even though the information is incorporated in the Make code.

If the make of the vehicle is known (i.e., codes "01"-"35", "62"-"66", "68", or "80"-"89") but it is unknown whether or not the vehicle was a passenger car, or a truck or motorcycle, then code Vehicle Model (V13) as "00" (Not applicable).

If the make of the vehicle is not one of the explicitly stated attributes (e.g., Caterpillar, Bluebird, Motobecane, etc.), then code "97" (Other), and code Vehicle Model (V13) as "00" (Not applicable).

If the make of the vehicle is not known (e.g., hit-and-run vehicle), then code "99" (Unknown), and code Vehicle Model (V13) as "00" (Not applicable).

Variable Name: Vehicle Model

Format: 2 columns - numeric

Element Values:

Chevrolet (01)

01	Chevy II Nova	20	Camaro	39	Chevelle SS-396
02	Nova	21	Camaro LT	40	Chevelle 300
03	Chevy II 100	22	Camaro Berlinetta	41	Chevelle 300 Deluxe
04	Nova Custom	23	Camaro Sport	42	Chevelle
05	Nova Concours	24	Camaro SS	43	Chevelle Deluxe
06	Monte Carlo	25	Corvette	44	Chevelle Nomad
07	Impala	26	Corvette Sport	45	Chevelle Greenbrier
08	Impala Sport	27	Corvair 500	46	Chevelle Coucours
09	Impala Super Sport	28	Corvair Monza	47	Chevelle Concours Estate
10	Impala Custom	29	Biscayne	48	Chevelle Nomad Custom
11	Kingswood	30	Brookwood	49	Chevette
12	Caprice	31	Vega	50	Citation
13	Caprice Classic	32	Vega Cosworth	51	Citation Club
14	Caprice Estate	33	Monza	52	Laguna
15	Kingswood Estate	34	Monza 2 + 2	53	Laguna Estate
16	Caprice Custom	35	Chevelle Malibu	54	Blazer
17	Caprice Sport	36	Malibu	55	Z28
18	Bel Air	37	Malibu Classic	97	Other (automobile)
19	Townsman	38	Malibu Estate SW	99	Unknown (automobile)

Ford (02)

01	Falcon	21	LTD Brougham	41	Torino Squire SW
02	Falcon Futura	22	LTD Landau	42	Gran Torino Squire SW
03	Mustang	23	LTD S	43	LTD II Squire SW
04	Mustang II	24	LTD II	44	Fairlane GT
05	Mustang Grande	25	LTD II Brougham	45	Torino GT
06	Mustang II Ghia	26	LTD II S	46	Gran Torino
07	Mustang Mach I	27	Country Squire SW	47	Torino Brougham
08	Mustang II Mach I	28	LTD II Squire SW	48	Gran Torino Elite
09	Mustang II 2 + 2	29	Thunderbird	49	Elite
10	Custom	30	Fairlane Cobra	50	Gran Torino Sport
11	Custom 500	31	Cobra	51	Fairlane 500 XL
12	Ranchwagon	32	Maverick	52	Torino
13	Custom Ranch SW	33	Maverick Grabber	53	Gran Torino Brougham
14	Galaxie	34	Pinto	54	Fiesta
15	Galaxie 500	35	Granada	55	Fairmont
16	Galaxie 500 XL	36	Granada Ghia	56	Fairmont Futura
17	XL	37	Fairlane	57	Bronco
18	Country Sedan	38	Fairlane 500	58	LTD Crown Victoria
19	Galaxie 500 LTD	39	Torino 500	97	Other (automobile)
20	LTD	40	Fairlane Squire SW	99	Unknown (automobile)

Variable Name: V hicle Model (cont'd.)

Pontiac (03)

01 Lemans
02 Lemans Safari
03 Luxury Lemans
04 Luxury Lemans Safari
05 Lemans Sport
06 Lemans T37
07 Tempest Lemans
08 Tempest
09 Tempest GTO
10 Tempest Safari
11 Tempest Custom
12 Catalina
13 Catalina Safari
14 Catalina Brougham
15 Executive
16 Executive Safari
17 Starchief Executive
18 Bonneville
19 Bonneville Brougham
20 Bonneville Safari
21 Bonneville Grand Safari
22 Grand Prix
23 Grand Prix LJ
24 Grand Prix SJ
25 Firebird
26 Firebird Esprit
27 Firebird Formula
28 Firebird Trans Am
29 Firebird Formula 400
30 Firebird Limited Edition
31 Grandville
32 Grandville Brougham
33 Sunbird
34 Sunbird Safari
35 Sunbird SJ
36 Sunbird Sport Safari
37 Ventura
38 Ventura SJ
39 Ventura S
40 Ventura Custom
41 Ventura II
42 Grand Am
43 Astre
44 Astre Safari
45 Astre Custom
46 Astre Custom Safari
47 Astre S
48 Astre S Safari
49 Astre SJ
50 Astre SJ Safari
51 Grand Lemans
52 Grand Lemans Safari
53 Phoenix
54 Phoenix LJ
55 Grand Safari
56 2 + 2
57 GTO
58 Lemans GTO
97 Other (automobile)
99 Unknown (automobile)

Buick (04)

01 LeSabre
02 LeSabre Custom
03 LeSabre Luxus
04 LeSabre Sport
05 Custom Sport Wagon
06 LeSabre Custom Limited
07 LeSabre Custom 455
08 Estate Wagon
09 Wildcat
10 Wildcat Custom
11 Electra
12 Electra 225
13 Electra Limited
14 Electra 225 Limited
15 Electra Custom
16 Electra 225 Custom
17 Electra Park Avenue
18 Riviera
19 Riviera "S" Type
20 Regal
21 Regal Limited
22 Regal Sport Coupe
23 Century
24 Century 350
25 Century Special
26 Century Regal
27 Century Custom
28 Century Luxus
29 Century Limited
30 Century Sport Coupe
31 Century Sportwagon
32 Century Sportwagon Custom
33 Century 350 Sportwagon
34 Skylark
35 Skylark S
36 Skylark Sport
37 Skylark Custom
38 Skylark SR
39 Skylark 350
40 Skylark Limited
41 Skylark Sportwagon
42 Apollo
43 Apollo SR
44 Apollo Skylark
45 Apollo Skylark S
46 Apollo Skylark SR
47 Sportwagon
48 GS
49 GS 340
50 GS 350
51 GS 400
52 GS 455
53 Special
54 Special Deluxe
55 Skyhawk
56 Skyhawk S
57 Centurion
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Plymouth (05)

01 Valiant
02 Valiant 100
03 Valiant Signet
04 Valiant Brougham
05 Valiant Custom
06 Valiant Taxi
07 Duster
08 Duster Custom
09 Duster 340
10 Duster 360
11 Scamp
12 Scamp Special
13 Barracuda
14 Barracuda Gran Coupe
15 Cuda
16 AAR Cuda
17 Cuda 340
18 Belvedere 1
19 Belvedere 2
20 Belvedere
21 Belvedere GTX
22 Belvedere Satellite
23 Satellite
24 Satellite Custom
25 Satellite Regent
26 Satellite Brougham
27 Satellite Sebring
28 Satellite Sebring Plus
29 Satellite GTX
30 Sport Satellite
31 Satellite Superbird
32 Fury
33 Fury I
34 Fury Suburban SW
35 Fury Sport
36 Fury II
37 Fury Custom Suburban SW
38 Fury III
39 Fury Sport Suburban
40 Fury Salon
41 Fury Custom
42 Fury VIP
43 Gran Fury
44 Grand Coupe
45 Grand Sedan
46 Gran Fury Suburban
47 Gran Fury Brougham
48 Gran Fury Sport Suburban
49 Gran Fury Custom
50 Gran Fury Custom Suburban
51 Sport Fury
52 Sport Fury GT
53 Sport Fury S-23
54 Roadrunner
55 Caravelle
56 Caravelle Salon
57 Cricket
58 Sapporo
59 Champ
60 Champ Custom
61 Arrow
62 Arrow GT
63 Arrow GS
64 Volare
65 Volare Custom
66 Volare Premier
67 Volare Police
68 Horizon
69 Horizon TC-3
97 Other (automobile)
99 Unknown (automobile)

Oldsmobile (06)

01 Starfire
02 Starfire SX
03 Omega
04 Omega Brougham
05 Omega Salon
06 Omega F-85
07 Omega F-87
08 Toronado
09 Toronado Custom
10 Toronado Brougham
11 Toronado XSR
12 F-85 Deluxe
13 F-85
14 F-85 Cutlass
15 Cutlass
16 F-85 Standard
17 Cutlass Standard
18 F-85 Cutlass Supreme
19 Cutlass Supreme
20 F-95 Cutlass S
21 Cutlass S
22 Cutlass Supreme Brougham
23 Cutlass Calais
24 F-85 442
25 F-85 Vista Cruiser
26 Vista Cruiser
27 Cutlass Cruiser
28 Cutlass Cruiser Brougham
29 Cutlass Salon
30 Cutlass Salon Brougham
31 Cutlass Brougham
32 Cutlass Brougham LS
33 Cutlass LS
34 Supreme Cruiser
35 Delta 88
36 Delta 88 Custom
37 Delta 88 Custom Cruiser SW
38 Custom Cruiser
39 Delta 88 Royale
40 Delta 88 Royale Brougham
41 98
42 98 Luxury
43 98 Regency
44 Delmont-88
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Dodge (07)

01 Dart
02 Dart 170
03 Dart 270
04 Dart Custom
05 Dart GT
06 Dart GTS
07 Dart Swinger
08 Dart Swinger Special
09 Dart Swinger 340
10 Dart Swinger 360
11 Dart Sport
12 Dart Sport 340
13 Dart Sport 360
14 Dart Demon
15 Dart Demon 340
16 Dart Special SW
17 Dart Special Addition
18 Coronet
19 Coronet Brougham
20 Coronet Custom
21 Coronet Super Bee
22 Coronet Crestwood
23 Coronet Deluxe
24 Coronet R/T
25 Coronet 400
26 Coronet 440
27 Coronet 500
28 Charger
29 Charger R/T
30 Charger 500
31 Charger Sport
32 Charger Special Edition
33 Charger SE
34 Charger Super Bee
35 Omni
36 Omni 024
37 Polara
38 Polara Custom
39 Polara Brougham
40 Polara 318
41 Polara 500
42 Polara Special
43 Polara Police
44 Polara Taxi
45 Monaco
46 Monaco 500
47 Monaco Brougham
48 Monaco Custom
49 Monaco Crestwood
50 Royal Monaco
51 Royal Monaco Brougham
52 Monaco Special
53 Challenger
54 Challenger R/T
55 Challenger T/A
56 Challenger Rallye
57 Diplomat
58 Diplomat Medallion
59 Diplomat S
60 Diplomat Salon
61 Magnum XE
62 Aspen
63 Aspen Custom
64 Aspen Special Edition
65 Aspen Police
66 St. Regis
67 Mirada
68 Colt
69 Colt GT
70 Colt Carousel
71 Colt Custom
97 Other (automobile)
99 Unknown (automobile)

Volkswagen (08)

01 Karmann Ghia
02 Karmann Ghia 1300
03 Karmann Ghia 1500
04 Beetle
05 Beetle 1300
06 Beetle 1500
07 Rabbit
08 Super Beetle
09 Dasher
10 Dasher Fastback
11 Dasher Squareback
12 411
13 411 Fastback
14 411 Squareback
15 412
16 412 Fastback
17 412 Squareback
18 The Thing
19 Scirocco
20 Fastback
21 Squareback
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Mercury (09)

01	Montego	19	Marauder	37	Monarch Ghia
02	Montego GT	20	Marauder X-100	38	Bobcat
03	Montego Villager	21	Marquis	39	Zephyr
04	Montego MX	22	Marquis Brougham	40	Zephyr Z7
05	Montego MX Brougham	23	Grand Marquis	41	Cougar
06	Montego Brougham	24	Parklane	42	Cougar XR-7
07	Comet Cyclone	25	Parklane Breezeway	43	Cougar Brougham
08	Montego Cyclone	26	Colony Park	44	Cougar Villager SW
09	Montego Cyclone GT	27	Montclair	45	Brougham
10	Montego Cyclone Spoiler	28	Meteor	46	Lemoyne
11	Montego Cyclone CJ	29	Rideau	47	Lemoyne Montclair
12	Comet Villager	30	Rideau 500	48	Capri
13	Comet	31	Montcalm	49	Capri II
14	Comet 202	32	Monterey	50	Capri Ghia
15	Comet Capri	33	Monterey Custom	51	Capri II Ghia
16	Comet Caliente	34	Monterey S-55	97	Other (automobile)
17	Comet GT	35	Commuter SW	99	Unknown (automobile)
18	Comet Voyager	36	Monarch		

Cadillac (10)

01	Calais	09	Seville
02	Deville	10	Commercial Chassis
03	Fleetwood Sixty Special	11	Brougham
04	Fleetwood Seventy Five	12	Sixty Special Brougham
05	Fleetwood Limousine	13	Fleetwood Brougham
06	Fleetwood Formal	14	Fleetwood
07	Fleetwood Eldorado	97	Other (automobile)
08	Eldorado	99	Unknown (automobile)

American (11)

01	Rambler	17	Ambassador	33	Eagle
02	Rambler 440	18	Ambassador 880	34	Eagle Limited
03	Rambler Roque	19	Ambassador 990	35	Marlin
04	American	20	Ambassador SST	36	Hornet
05	American 220	21	Ambassador DPL	37	Hornet SST
06	American 440	22	Ambassador Brougham	38	Hornet SC 360
07	American Roque	23	Javelin	39	Hornet Sportabout
08	Rebel	24	Javelin SST	40	Pacer
09	Rebel 550	25	AMX	41	Pacer DL
10	Rebel 770	26	Javelin AMX	42	Pacer Limited
11	Rebel SST	27	Concord	43	Spirit
12	Rebel Matador	28	Concord AMX	44	Spirit DL
13	Matador	29	Concord Limited	45	Spirit Limited
14	Matador X	30	Concord DL	97	Other (automobile)
15	Matador Brougham	31	Gremlin	99	Unknown (automobile)
16	Matador Police	32	Gremlin Custom		

Variable Name: Vehicle Model (cont'd.)

Chrysler (12)

01 Newport
02 Newport Custom
03 Town & Country
04 Newport Royal
05 New Yorker
06 New Yorker Brougham
07 300
08 Cordoba
09 Cordoba Crown
10 LeBaron
11 LeBaron Medallion
12 LeBaron S
13 LeBaron Salon
14 Imperial Crown
15 Imperial LeBaron
97 Other (automobile)
99 Unknown (automobile)

Opel (14)

01 Opel Coupe
02 Opel 4-door Sedan
03 Opel Deluxe
04 Opel GT
05 Isuzu
06 Manta
07 1900
08 1900 Rallye
09 Kadett 1900
10 31 Kadett
11 39 Kadett Deluxe
12 91 Kadett Deluxe
13 99 Kadett LS
14 Kadett S DLX/CM Rallye
15 Kadett Deluxe
16 31 Deluxe
17 36 Deluxe
18 39 Deluxe
97 Other (automobile)
99 Unknown (automobile)

Lincoln (13)

01 Continental
02 Mark III
03 Mark IV
04 Mark V
05 Mark VI
06 Versailles
97 Other (automobile)
99 Unknown (automobile)

Datsun (15)

01 240Z
02 260Z
03 260Z 2 + 2
04 280Z
05 280Z 2 + 2
06 280 ZX
07 280 ZX 2 + 2
08 LB110
09 B210/B210 Honeybee
10 210
11 B210 Plus
12 310
13 PL 311
14 RL 311
15 411
16 PL 510
17 510
18 610
19 710
20 F10
21 200 SX
22 810
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Toyota (16)

01 Land Cruiser 3900
02 Corolla
03 Corolla 1100
04 Corolla 1200
05 Corolla 1600
06 Corolla Deluxe
07 Corola SR5
08 Corolla Custom
09 Corona
10 Corona Custom
11 Corona Deluxe
12 Corona SR5
13 Corona Mark II
14 Corona 1900
15 Corona 2000
16 MX Mark II
17 MX Mark II 1900
18 MX Mark II 2000
19 Celica
20 Celica 1900
21 Celica 2000
22 Celica Supra
23 Tercel
24 Carina
25 Carina 2000
26 Cressida
27 Crown
28 Crown 2300
29 Crown 2600
97 Other (automobile)
99 Unknown (automobile)

Fiat (18)

01 124
02 124 Sport
03 124 Spider
04 131
05 850
06 850 Spider
07 850 Racer
08 X-1/9
09 Strada
10 128
11 128 Sport L
12 Brava
13 2000 SP Spider
97 Other (automobile)
99 Unknown (automobile)

Mazda (17)

01 RX2
02 RX3
03 RX4
04 RX7
05 Cosmo
06 GLC
07 808
08 616
09 618
10 626
11 Mizer
12 Mizer 808
13 R100
14 1200
15 1300
16 1600
97 Other (automobile)
99 Unknown (automobile)

Volvo (19)

01 122
02 122 S
03 142
04 142 S
05 142 Deluxe
06 142 GL
07 142 GLS
08 142 E
09 144
10 144 S
11 144 Deluxe
12 144 GL
13 144 GLS
14 145
15 145 Deluxe
16 145 S
17 164
18 164 S
19 164 E
20 242
21 242 GL
22 242 Deluxe
23 244
24 244 GL
25 244 Deluxe
26 245
27 245 Deluxe
28 245 GL
29 262
30 262 GL
31 264
32 264 GL
33 265
34 265 GL
35 1800
36 1800 E
37 1800 ES
38 1800 S
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Audi (20)

01 100 LS
02 Fox
03 100
04 100 GL
05 Super 90
06 4000
07 5000
97 Other (automobile)
99 Unknown (automobile)

Porsche (22)

01 911
02 911 E
03 911 S
04 911 T
05 912
06 912 E
07 914
08 914/6
09 924
10 928
11 930
12 Carrera
13 Turbo Carrera
14 Other (automobile)
97 Unknkown (automobile)

Subaru (24)

01 G
02 GL
03 GLF
04 GL Shooting Star
05 GL 4WD
06 GF
07 GF Evening Star
08 GSR
09 DL
10 DL All-Star
11 DL Super-Star
12 DL 4WD
13 DL Star Clipper
14 DL Star Cruiser
15 Deluxe
16 Star
17 Standard
18 1100
19 360
20 FE
21 BT 710
97 Other (automobile)
99 Unknown (automobile)

Honda (21)

01 Civic
02 Civic CVCC
03 Accord
04 Accord LX
05 600
06 Prelude
07 600 Deluxe
97 Other (automobile)
99 Unknown (automobile)

MG (23)

01 MG Midget
02 MGB GT
03 MGB
97 Other (automobile)
99 Unknown (automobile)

Jeep (25)

01 Cherokee
02 Commando
03 CJ5
04 CJ6
05 CJ7
06 DJ3A
07 DJ5
08 J100
09 Jeepster
10 Wagoneer
97 Other (automobile)
99 Unknown (automobile)

Mercedes Benz (26)

01 200
02 220
03 230
04 230 SL
05 240
06 250 SL
07 250
08 250 C
09 280
10 280 SL
11 280 C
12 300
13 350
14 350 SL
15 350 SLC
16 4.5
17 450
18 450 SEL
19 450 SL
20 450 SLC
21 600
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Alfa Romeo (27)

01 Alfetta Berlina
02 Alfetta GT
03 Alfetta Sport
04 Spider Veloce
05 Sprint Veloce
06 GT Veloce
07 2000 Spider Veloce
08 Sport
97 Other (automobile)
99 Unknown (automobile)

Austin (28)

01 Marina
02 Marina GT
03 America
04 Healey Sprite MKIV
05 Healey Sprint MKII (1098)
06 Healey Sprint MKIII
07 Healey 3000 MKII
08 Healey 3000 BJ8
97 Other (automobile)
99 Unknown (automobile)

Jaguar (29)

01 XJ
02 XJ12
03 XJ12C
04 XJ12L
05 XJ6
06 XJ6C
07 XJ6L
08 XJS
09 XKE
10 V12
11 420
12 420G
13 SJ
14 J6
97 Other (automobile)
99 Unknown (automobile)

Lancia (30)

01 Beta
02 Beta CPE
03 Beta HPE
04 Beta HPF
05 Beta Scorpion
06 Scorpion
07 828
08 828 Spider
09 828 HPE
10 Flavia
11 Fulvia
97 Other (automobile)
99 Unknown (automobile)

Triumph (31)

01 Spitfire
02 1500 Spitfire
03 Spitfire I
04 Spitfire II
05 Spitfire III
06 Spitfire IV
07 TR2
08 TR3
09 TR4
10 TR4A
11 TR6
12 TR7
13 TR8
14 Herald
15 Herald Convert
16 Vitesse
17 Vitesse Convert
18 Stag
19 GT6I
20 GT6II
21 GT6III
22 250
23 1250
24 1300
25 2000
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

Saab (32)

01 Sonnet
02 Sonnet 97
03 95
04 96
05 97
06 99
07 99E
08 900
97 Other (automobile)
99 Unknown (automobile)

Peugeot (33)

01 504
02 604
97 Other (automobile)
99 Unknown (automobile

Renault (34)

01 Caravelle
02 Dauphine
03 Lecar
04 Lecar GTL
05 R17 Gordini
06 Gordini
07 R10
08 R12
09 R12SW
10 R15
11 R15TL
12 R16
13 R17
14 R17GTL
15 R17TL
97 Other (automobile)
99 Unknown (automobile)

BMW (35)

01 320i
02 320iA
03 528i
04 528iA
05 530i
06 530iA
07 630i
08 630iA
09 630CSi
10 630CSiA
11 633i
12 633iA
13 633CSi
14 633CSiA
15 733i
16 733iA
17 1600
18 1602
19 2000
20 2000A
21 2002
22 2002tii
23 2500
24 2500A
25 2800
26 2800A
27 2800CS
28 2800CSA
29 3.0S
30 3.0SA
31 3.0Si
32 3.0SiA
33 3.0CS
34 3.0CSA
35 2.8 Bavaria
36 2.8 Bavaria A
37 3.0 Bavaria
38 3.0 Bavaria A
39 Bavaria 30L
97 Other (automobile)
99 Unknown (automobile)

Variable Name: Vehicle Model (cont'd.)

All trucks and motorcycle models are to be coded "00". Below is an alphabetical list of most truck and motorcycle makes.

Model	Make	Model	Make
00	BMW	00	Mack
00	Brockway	00	Mazda
00	BSA	00	Mercedes-Benz
00	Chevrolet	00	Norton
00	Datsun	00	Opel
00	Diamond Reo	00	Peterbilt
00	Dodge	00	Subaru
00	Ford	00	Suzuki
00	Freightliner	00	Toyota
00	FWD	00	Triumph
00	GMC	00	Volkswagen
00	Harley-Davidson	00	White
00	Honda	00	Yamaha
00	International Harvester		
00	Jeep	00	Not Applicable
00	Kawasaki	00	Other
00	Kenworth	00	Unknown

Remarks:

In many instances incomplete information will exist regarding the exact passenger car model (e.g., the basic model is known but the specific body style, including trim package, engine, supsension, etc., is not known). The following two rules are intended to allow the investigator to optimize the known information.

- If the basic model is known (e.g., Chevelle, Mustang, Century, Fury, Cutlass, Dart, Comet, etc.) but the body style, or trim package, or engine, or suspension are not known, then code the model of least specificity.

- Where knowledge of the basic model is still insufficient (e.g., Lincoln) or the basic models have a sequential order (e.g., Lincoln Mark 7), then use of the vehicle's year (V11, Vehicle Model Year) may enable resolution.

APPENDIX C

NOTES ON THE IMPUTATION OF MISSING CASES

APPENDIX C

NOTES ON THE IMPUTATION OF MISSING CASES

During the 1980 data collection year, two of the original 10 PSUs did not investigate cases for a portion of the year. PSU #76 was not operating from September through December, while PSU #01 was not operating from February through December. Without cases from these two PSUs, the NASS file does not represent a valid national sample. In fact, PSU #01 is the only large central city of the 10 original PSUs while PSU #76 is the most rural of the 10. Thus it was necessary to impute, or 'fill in', an estimate of the data which would have been gathered had these two PSUs operated for the full year.

The best data for estimating what would have happened in these two PSUs in 1980 are what actually did happen in 1979. Thus the 1980 analysis file for the missing months contains copies of the cases actually investigated in these PSUs in 1979. To make national estimates from these cases, the cases are multiplied by a weighting factor which equals the ratio of the total number of police-reported accidents in the PSU during the missing months of 1980 divided by the same count for the same months in 1979. This weight factor accounts for any change in overall accident activity between the two years, and is used in addition to the regular weighting factors used to produce national estimates.

The PSU weighting factors for these cases have been adjusted from the 1979 weights by multiplying the following:

PSU #01: 0.8468
PSU #76: 1.0610

Where possible, 1979 codes were translated into their 1980 equivalents. Sometimes more than one variable was used to infer data. Where this was not possible, the variables were coded unknown. Injury data posed a problem since the coding system changed from AIS76 (in 1979) to AIS 80 (in 1980). All injury records were reviewed by hand to assure appropriate AIS 80 coding on the imputed cases.

All imputed cases are identifiable by case numbers 600 and above.