



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** **



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



CASE SUMMARY

PSU 09 CASE NO. 066-A TYPE OF ACCIDENT CAR vs. CAR; T CONFIGURATION

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

Vehicle #1 was travelling northbound in lane 2 of a 5 lane (two way) arterial road. Vehicle #2 was travelling westbound on a two lane (two way) local street. Vehicle #2, while attempting to turn left and go southbound, was struck on the left side by vehicle #1. Vehicle #1 rotated counter clockwise approximately 180 degrees and came to a rest. Vehicle #2 rotated clockwise approximately 90 degrees and came to a rest. Both vehicle #1 and vehicle #2 were equipped with driver side airbags. The airbag in each vehicle deployed upon impact.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Full Size	1989/Dodge/Diplomat	Frontal	Severe	Front Seat Track Locked
2	Subcompact	1990/Dodge/Dynasty	Left	Severe	Left Front Seat Back Deformed by Intrusion

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Left Front	Lap/Shoulder and Airbag	Lower Leg	Fracture	3	Toe Pan/Intrusion
2	Driver	Left Front	Lap/Shoulder and Airbag	Unknown	Unknown	7	To Be Updated
2	Passenger	Right Front	Lap/Shoulder	Chest	Punctured Lung and Fractured Ribs	3	Center Arm Rest

DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

BEST AVAILABLE COPY

PSU No. 09

Case Number - Stratum 066A

Indicate



North

1 of 3

13' 12' 12' 13' 12'

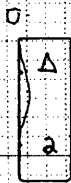
Scale 1" = 20'

Road curves slightly to N/W
Curve not depicted in
scene diagram

Curvature has a 3" midpoint
to a 100' arc

FRPs supported by PAR
Only

All less bituminous / wet



RL



2 of 3

Curvature has a 3" midpoint
to a 100' arc

FRPs supported by PAR
only

All less bituminous / wet

BEST AVAILABLE COPY

RL

RP



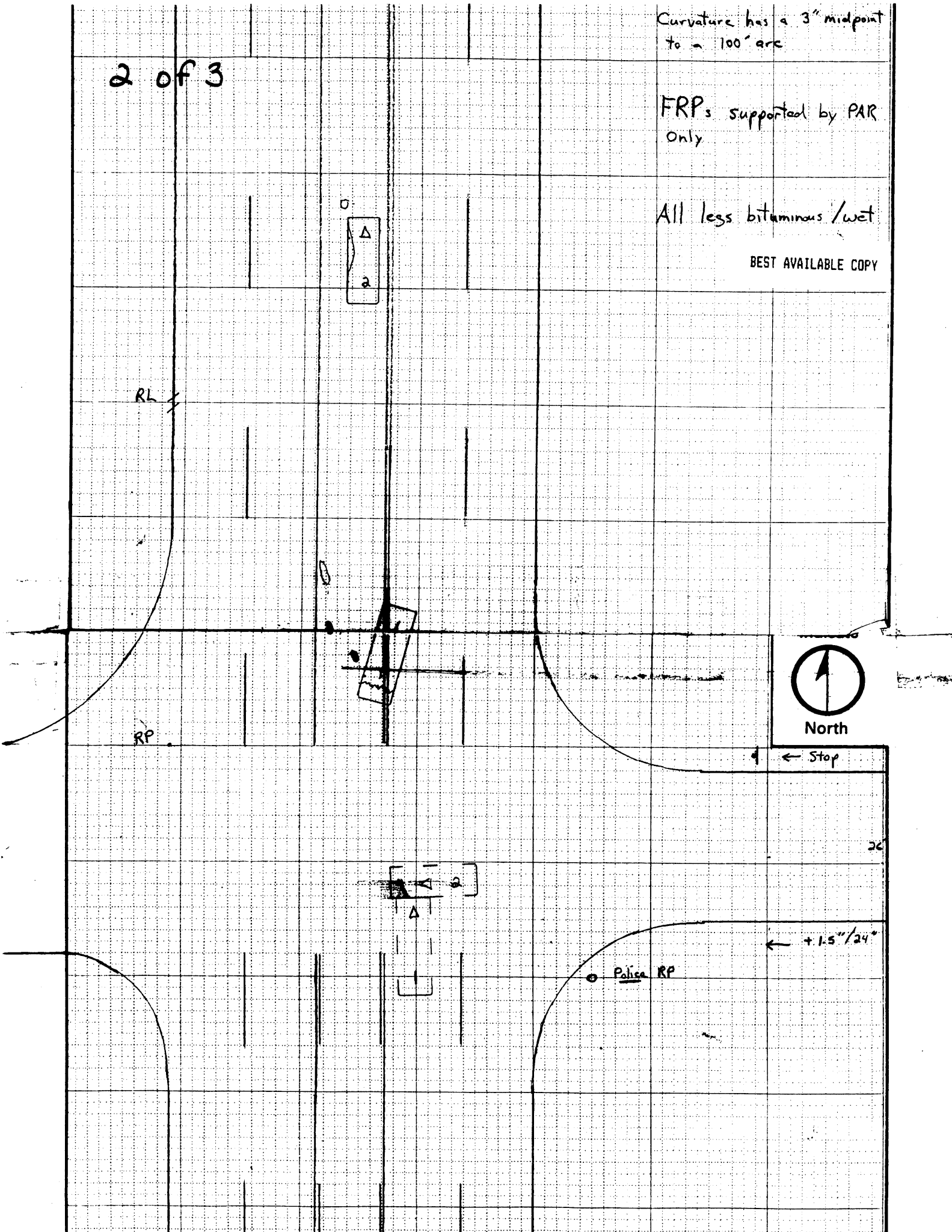
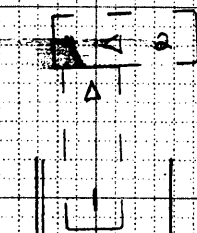
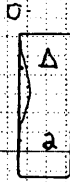
North

← Stop

26

← +1.5"/24"

Police RP



3 of 3

BEST AVAILABLE COPY



North

RP

← Stop

26



← +1.5"/24"

Police RP

↑ -0.25"/24"

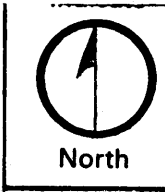
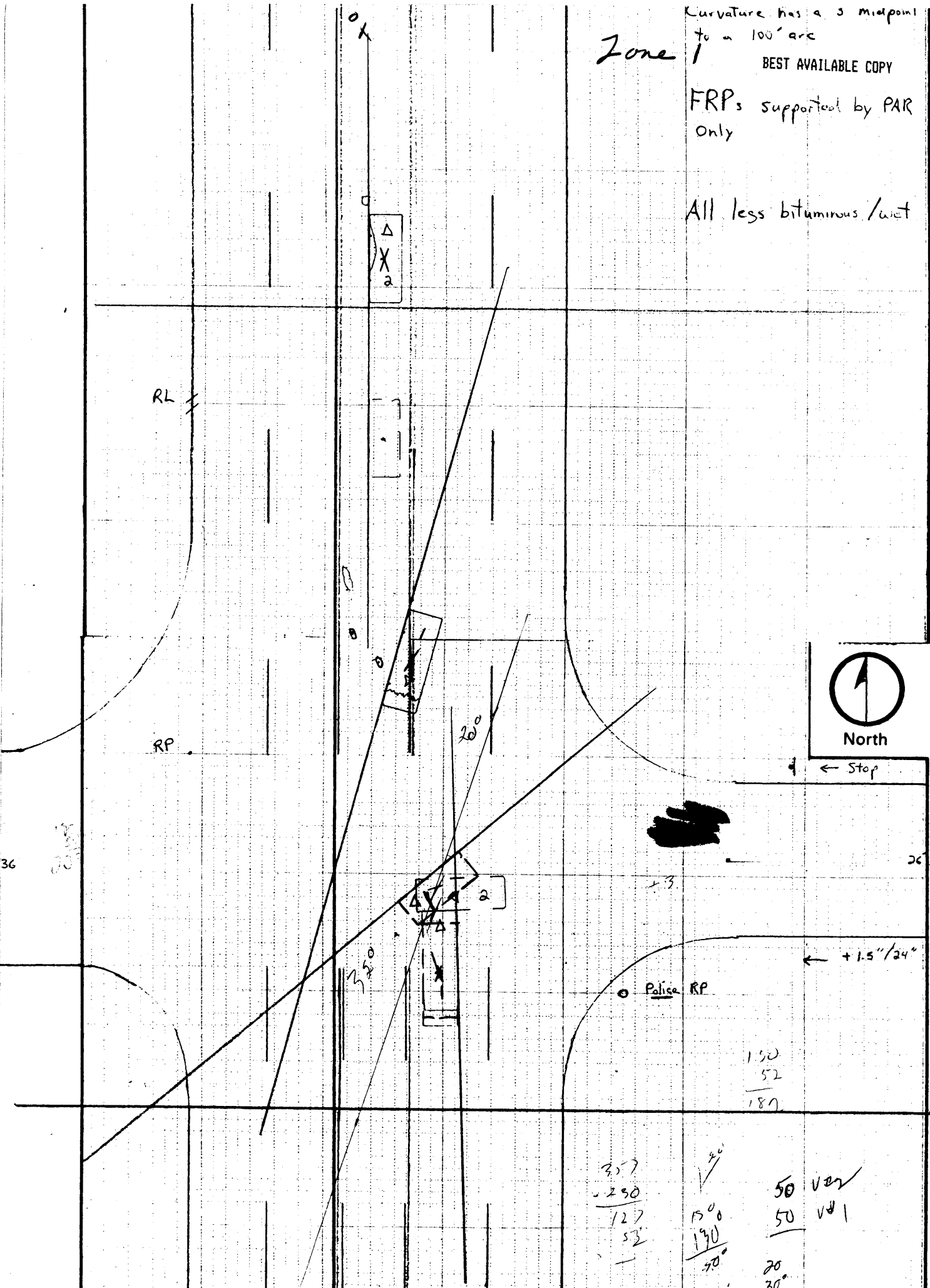
Zone 1

Curvature has a 3 midpoint to a 100' arc

BEST AVAILABLE COPY

FRPs supported by PAR Only

All less bituminous/wet



← Stop

← +1.5"/24"

357
- 290

127
53

30
150
190

70

150
52

187

50 V22
50 V#1

70
30

36

26

Y

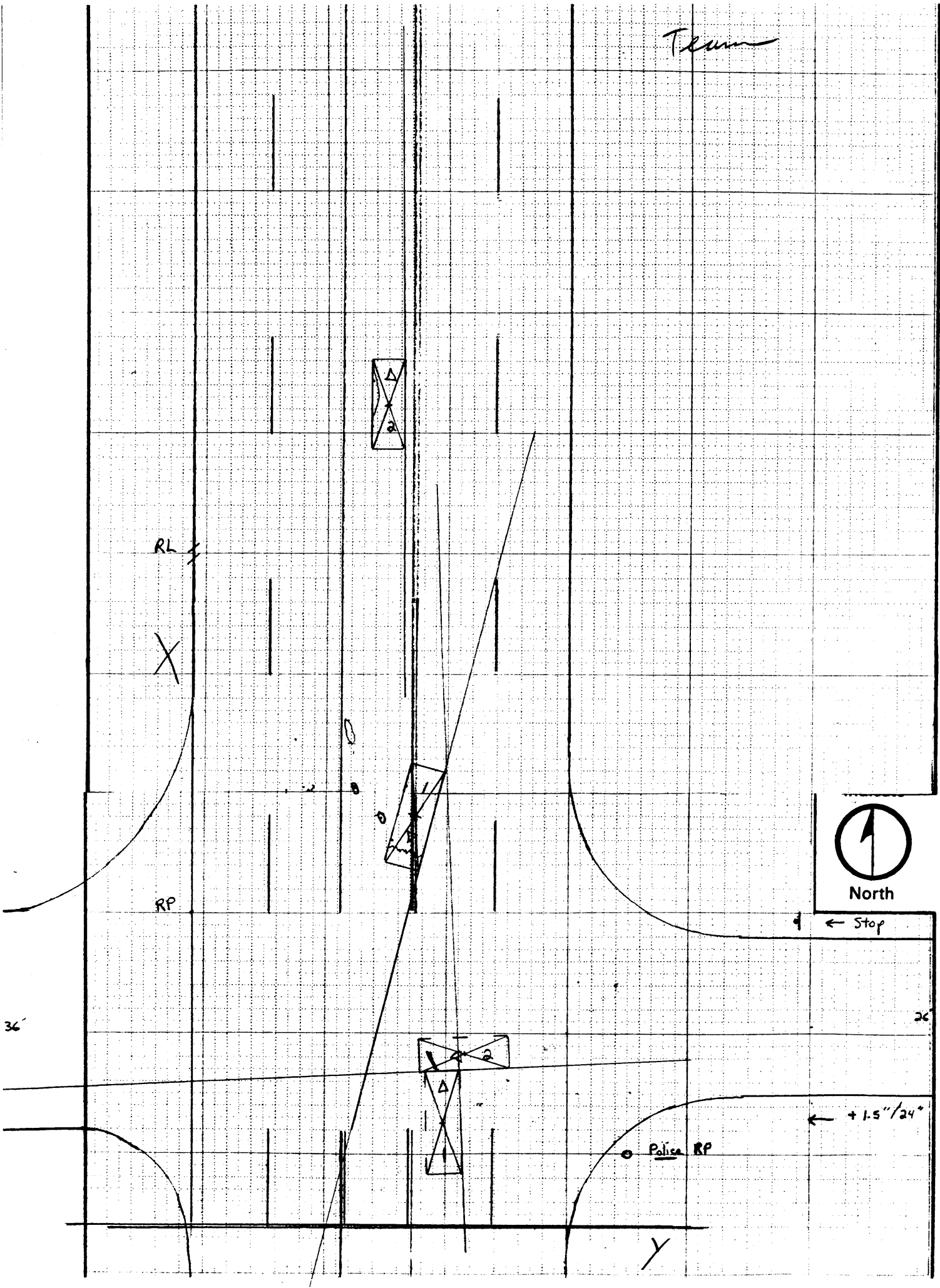
50°

$$\begin{array}{r} 257 \\ - 230 \\ \hline 127 \end{array}$$

3'

$$\begin{array}{r} 180 \\ 127 \\ \hline 53 \end{array}$$

Team



RL

RP



North

← Stop

36

36

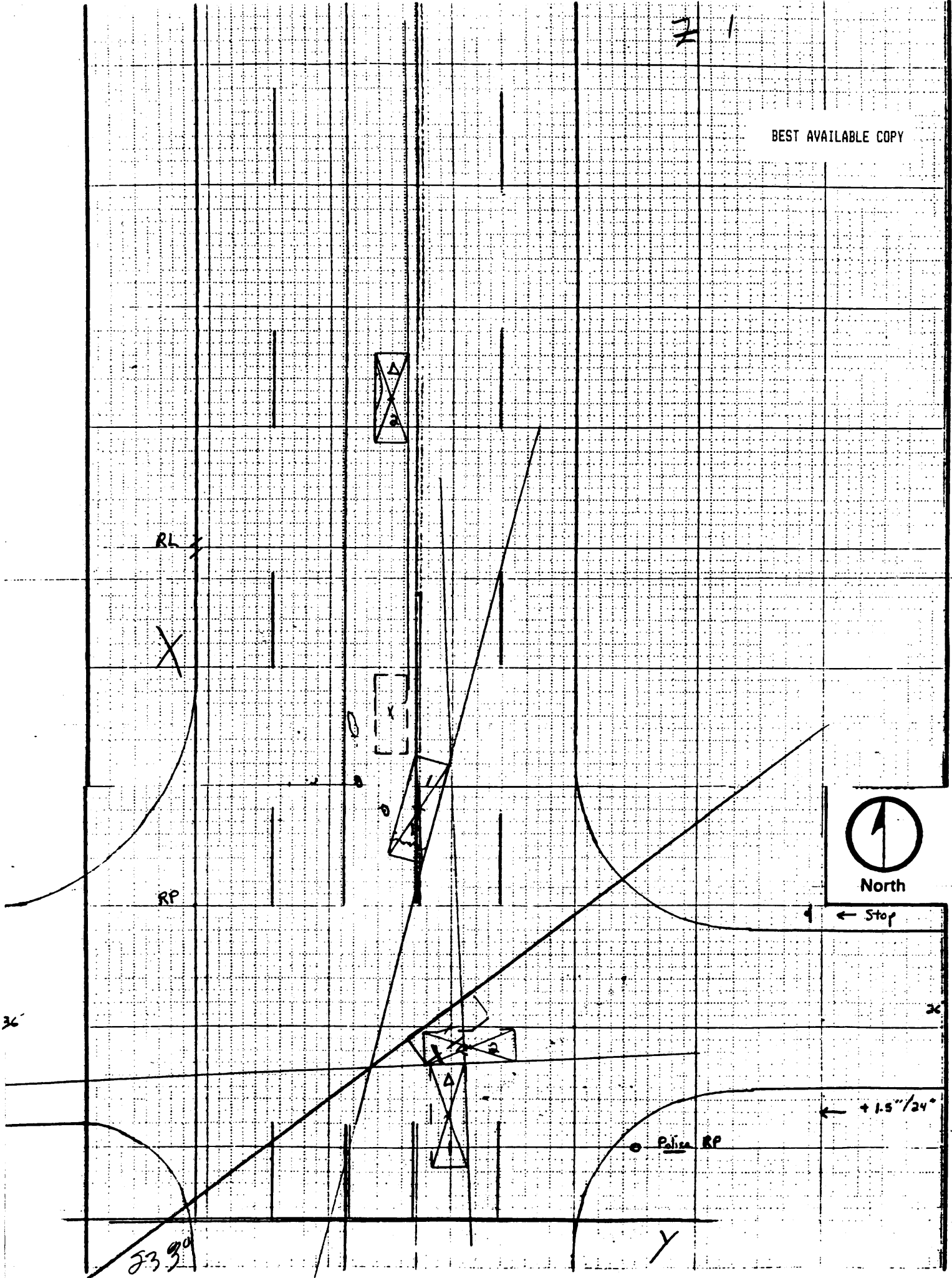
← +1.5"/24"

Police RP

Y

71

BEST AVAILABLE COPY



RL

RP



North

← Stop

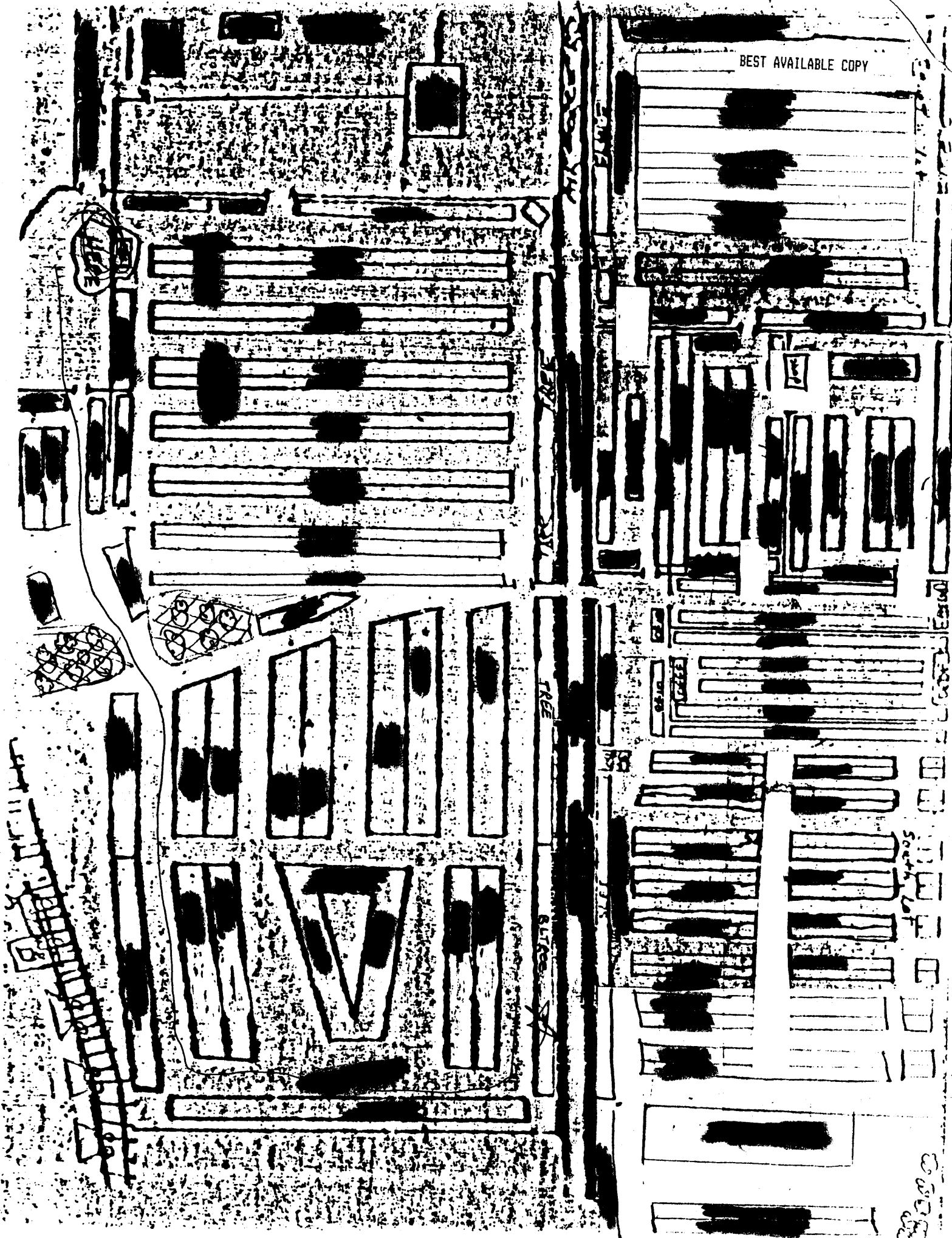
← 1.5"/24"

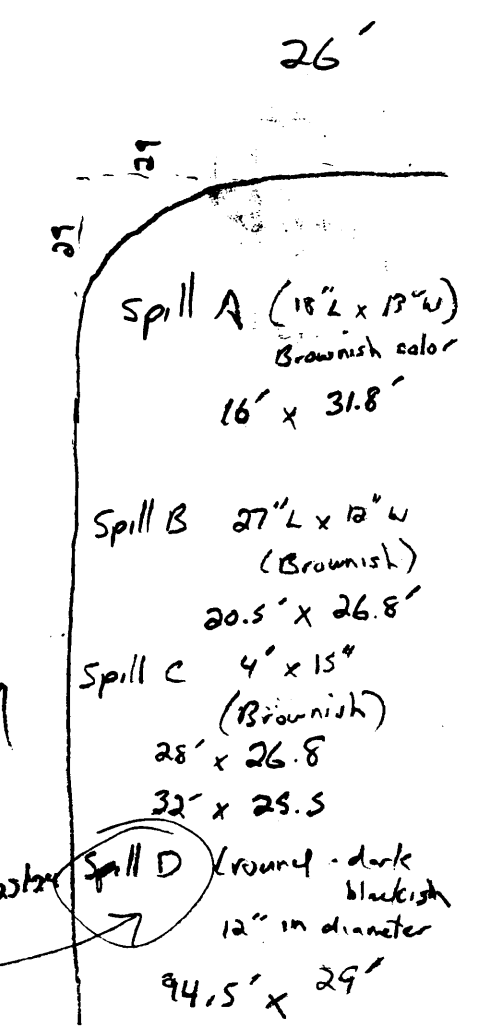
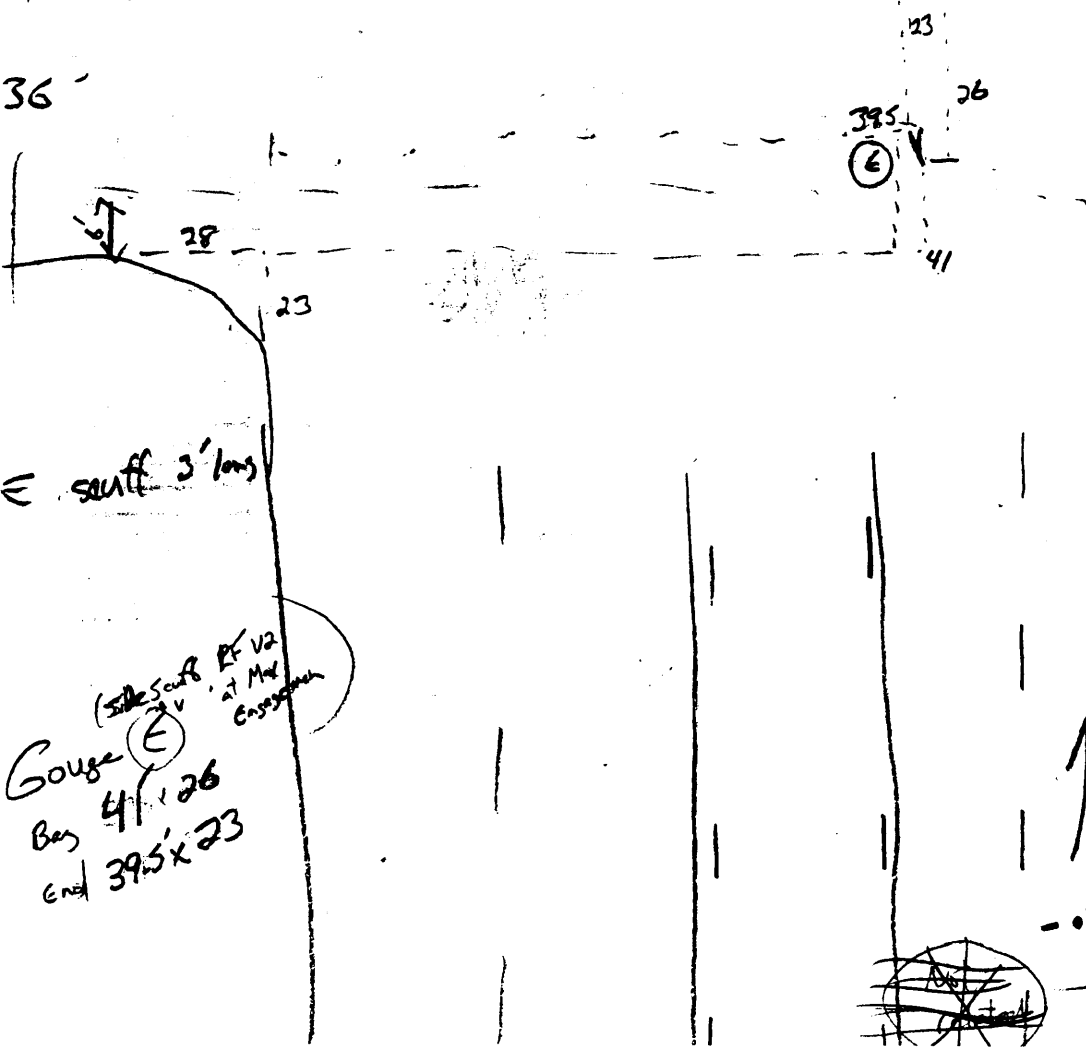
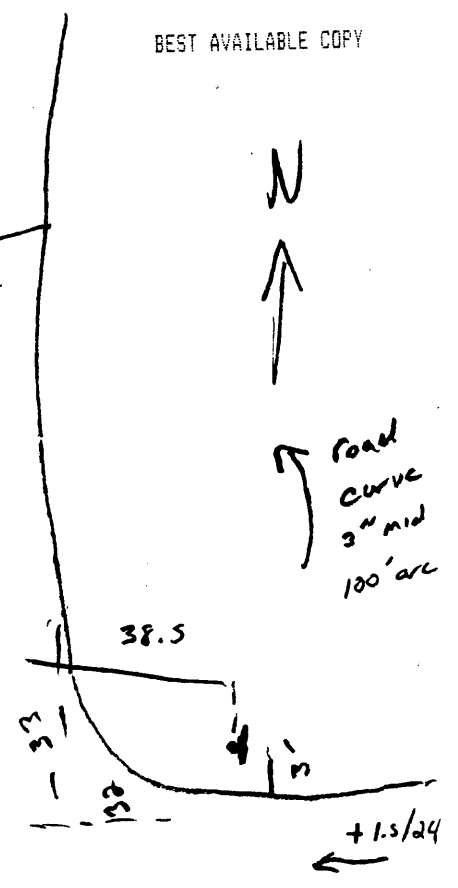
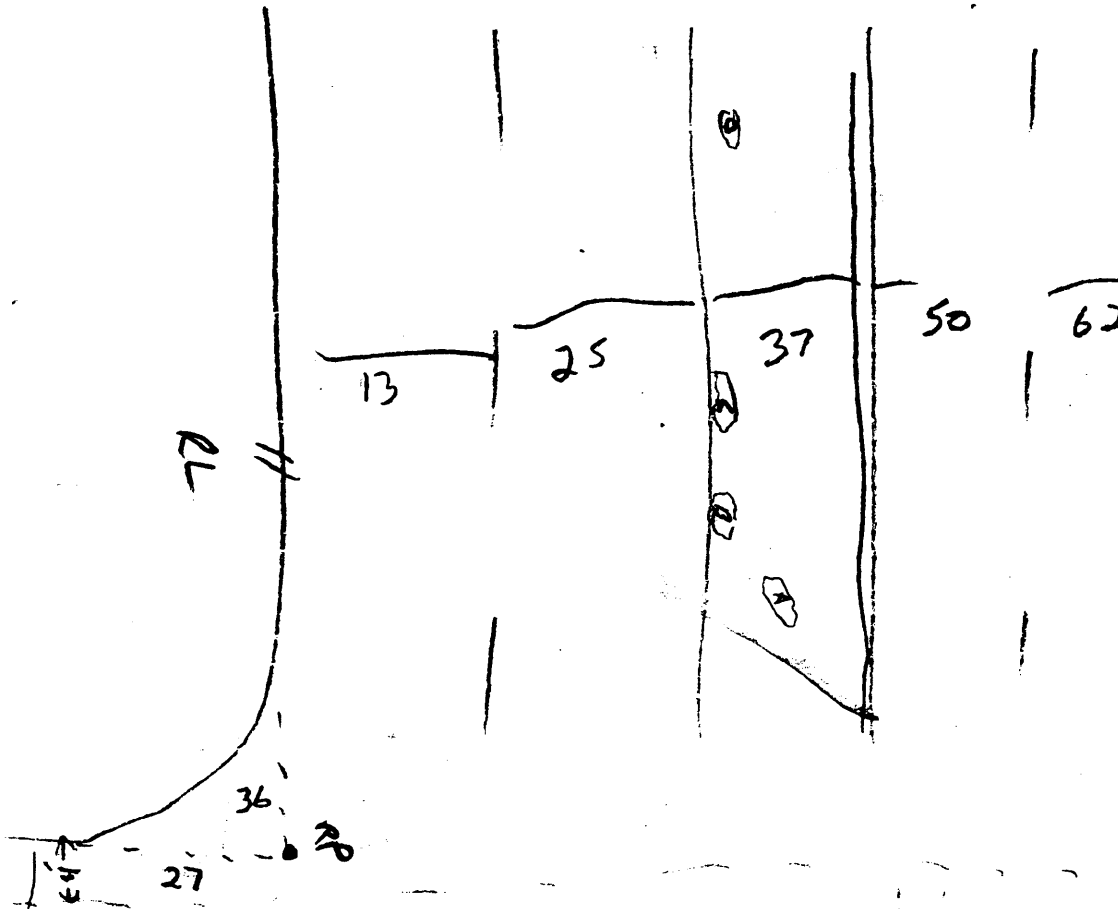
Police RP

73 90

Y

BEST AVAILABLE COPY







ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 09 Case Number - Stratum 066A

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required 	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scaled documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>359</u> <u>267</u> _____</p> <p>Surface Type <u>bit</u> <u>bit</u> _____</p> <p>Surface Condition <u>wet</u> <u>wet</u> _____</p> <p>Grade Measurement (v/h) <u>-.25"/24"</u> <u>+1.5"/24"</u> _____</p> <p style="text-align: center;">066 of</p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>		

Reference Point: NW Geometric Corner Reference Line: W curb line

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Begin Gauge LF wheel of V2 (Max. Engagement)	26' S	41' E
End Gauge	23' S	39.5' E
Fluid Spill A (center of) ^{spill is 18" x 13"}	16' N	31.8' E
Fluid Spill B (center of) ^{spill is 27" x 12"}	20.5' N	26.8' E
Fluid Spill C - beginning	28' N	26.8' E
" " " - end	32' N	25.5' E
Fluid Spill D (center of) ^{spill has 12" diameter}	94.5' N	29' E
FRPs derived from PAR		
V1 RF at FRP	12' N	33.5' E
V1 RR at FRP	20.5' N	36' E
(over)		



ACCIDENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 09
2. Case Number - Stratum 066A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) [REDACTED] 9 0
5. Time of Accident 1439

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS12 Not Active 0
7. ___SS13 AOPS 0
8. ___SS14 _____ 0
9. ___SS15 _____ 0
10. ___SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>04</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>L</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase = 100")
- (02) Compact (wheelbase = 100" - 104")
- (03) Intermediate (wheelbase = 105" - 109")
- (04) Full size (wheelbase = 110" - 114")
- (05) Largest (wheelbase = 115")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (< 10,000 lbs GVWR)
- (13) Passenger van (< 10,000 lbs GVWR)
- (14) Other van (< 10,000 lbs GVWR)
- (15) Pickup truck (< 10,000 lbs GVWR)
- (18) Other truck (< 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (>10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | CDC APPLICABLE
AND
OTHER VEHICLES | TDC APPLICABLE
VEHICLES |
|---|---|
| (0) Not a motor vehicle | (0) Not a motor vehicle |
| (N) Noncollision | (N) Noncollision |
| (F) Front | (F) Front |
| (R) Right side | (R) Right side |
| (L) Left side | (L) Left side |
| (B) Back | (B) Back of unit with
cargo area (rear of
trailer or straight
truck) |
| (T) Top | (D) Back (rear of tractor) |
| (U) Undercarriage | (C) Rear of cab |
| (9) Unknown | (V) Front of cargo area |
| | (T) Top |
| | (U) Undercarriage |
| | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) - Vehicle number
- Noncollision**
- (31) Overturn - rollover
 - (32) Fire or explosion
 - (33) Jackknife
 - (34) Other intraunit damage (specify):

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

 - (39) Noncollision - details unknown
- Collision with Fixed Object**
- (41) Tree (≤4 inches in diameter)
 - (42) Tree (>4 inches in diameter)
 - (43) Shrubbery or bush
 - (44) Embankment
 - (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post**
- (50) Pole or post (≤4 inches in diameter)
 - (51) Pole or post (>4 but ≤12 inches in diameter)
 - (52) Pole or post (>12 inches in diameter)
 - (53) Pole or post (diameter unknown)
 - (54) Concrete traffic barrier
 - (55) Impact attenuator
 - (56) Other traffic barrier (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OCCUPANT RELATED

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

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

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

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

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

18. Number of Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

OVERRIDE/UNDERRIDE (THIS VEHICLE)

19. Vehicle Curb Weight 3551 3,600
 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 lbs or more
 (999) Unknown

Source: _____

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

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

20. Vehicle Cargo Weight 588 0,600
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 lbs or more
 (99) Unknown

588 based on PAR wghts. when reconstructed

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

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

RECONSTRUCTION DATA

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes – towed trailing unit
 (9) Unknown

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

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

 (9) Unknown

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

27. Heading Angle for This Vehicle 359
 28. Heading Angle for Other Vehicle 267

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



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>09</u>	3. Vehicle Number <u>01</u>
2. Case Number – Stratum <u>066A</u>	

VEHICLE IDENTIFICATION

VIN 1B3XM26S0KW Model Year 1989
 Vehicle Make (specify): Dodge Vehicle Model (specify): Diplomat

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
	<u>BC to BC</u>	<u>BC to BC</u>	<u>C1</u>

CRUSH PROFILE

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

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

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

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D
		Width (CDC)	Max Crush								
<u>1</u>	<u>Front</u>	<u>63.8</u>	<u>C₁</u>	<u>63.8</u>	<u>31.0</u>	<u>24.0</u>	<u>21.5</u>	<u>17.0</u>	<u>13.0</u>	<u>10.5</u>	<u>∅</u>
	<u>FS</u>				<u>2.75</u>	<u>2.25</u>	<u>1.5</u>	<u>1.5</u>	<u>2.25</u>	<u>2.75</u>	
	<u>RESULT</u>		<u>28.25</u>		<u>28.25</u>	<u>21.75</u>	<u>20</u>	<u>15.5</u>	<u>10.75</u>	<u>7.75</u>	

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE
 a. Rotation physically restricted
 b. Tire deflated

RF <u>1</u>	RF <u>2</u>
LF <u>1</u>	LF <u>1</u>
RR <u>2</u>	RR <u>2</u>
LR <u>2</u>	LR <u>2</u>

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

ORIGINAL SPECIFICATIONS

Wheelbase	<u>112.7</u>
Overall Length	<u>204.6</u>
Maximum Width	<u>74.2</u>
Curb Weight	<u>3551</u>
Average Track $60.6/59.5 =$	<u>60.05</u>
Front Overhang	<u>40.9</u>
Rear Overhang	<u>51</u>
Engine Size: cyl./ displ.	<u>V-8 5.2L</u>
Undeformed End Width	<u>64.68.25</u>

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

RF ±	<u>-05</u> °
LF ±	<u>-05</u> °
RR ±	<u>—</u> °
LR ±	<u>—</u> °

Within ±5 degrees

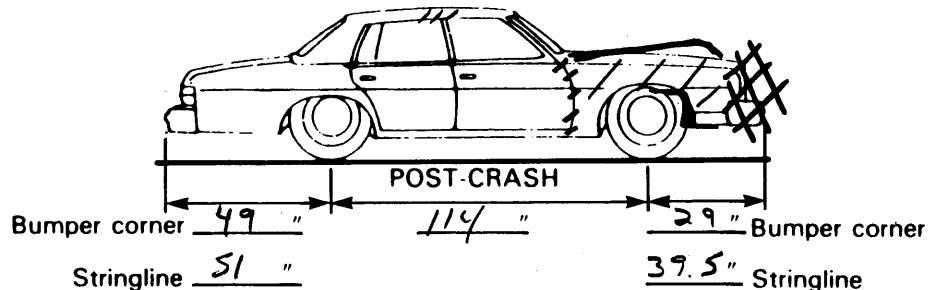
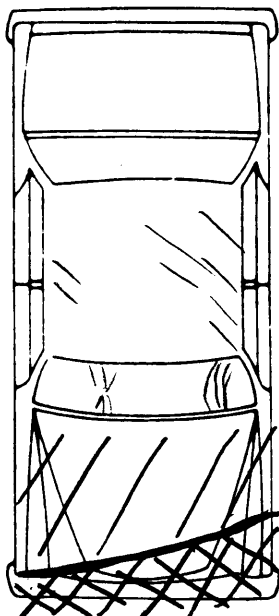
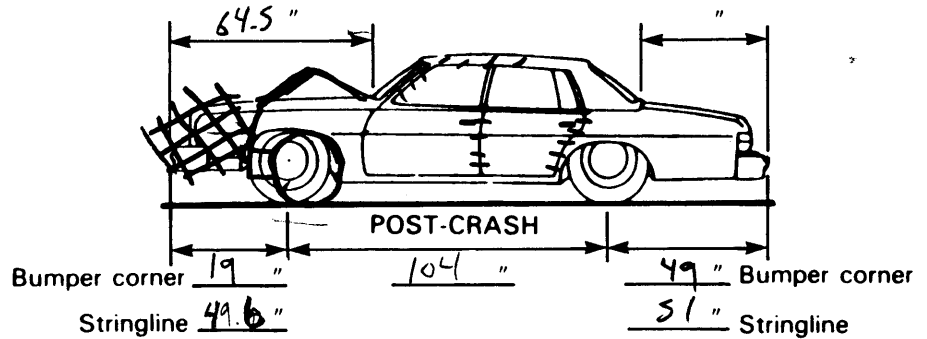
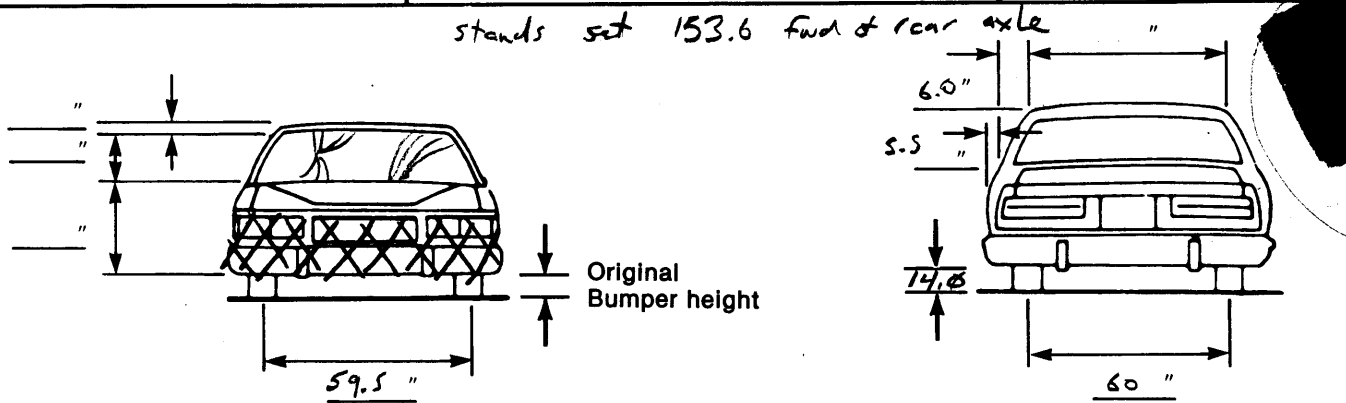
DRIVE WHEELS

FWD RWD 4WD

Approximate Cargo Weight 300 lbs

TYPE OF TRANSMISSION

Manual Automatic



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



1. Primary Sampling Unit Number 09
 2. Case Number—Stratum 066A
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 0 0

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

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

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.

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

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

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
 20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

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

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

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

(0) No glazing contact and no damage, or no glazing

(1) AS-1 – Laminated

(2) AS-2 – Tempered

(3) AS-3 – Tempered-tinted

(4) AS-14 – Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

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

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

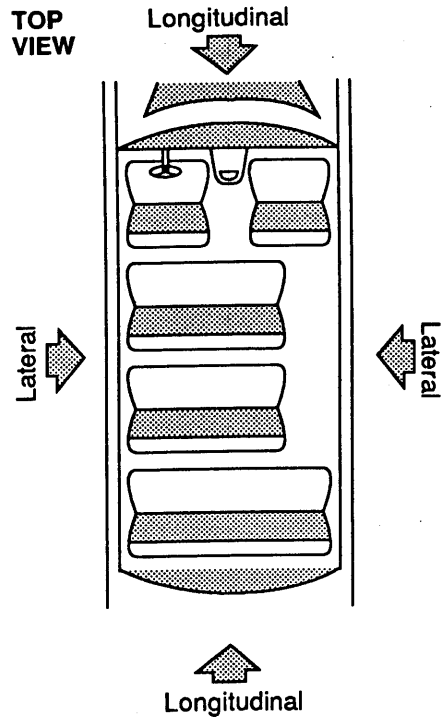
(3) Partially opened

(4) Fully opened

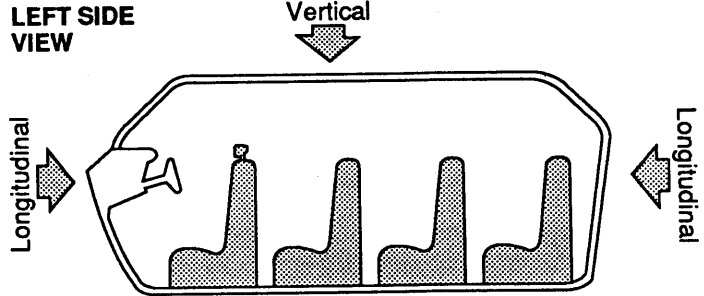
(9) Unknown

INTRUSION WORK SHEET

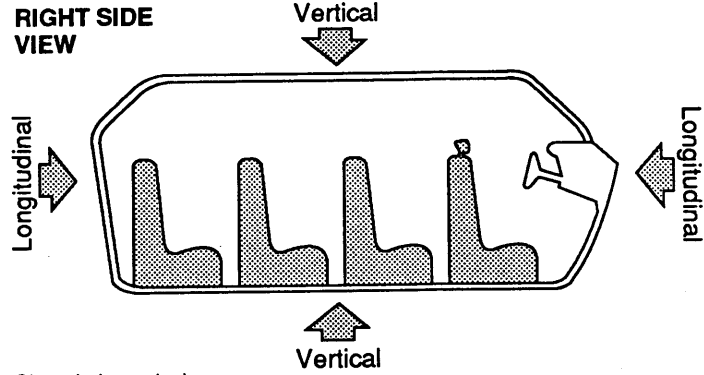
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
LF	B pillar (upper)	22.0	-	21.5	=	.5	lat
LF	side rail	21.5	-	21.5	=	0	lat
LF	side rail	24.0	-	23.5	=	.5	vert
LF	toe pan	22.5	-	14.5	=	8.0	long
LF	DA PILLAR	24.0	-	23.5	=	.5	LAT
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1 1</u>	48. <u>05</u>	49. <u>3</u>	50. <u>2</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

- | | |
|--|--|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify): _____</p> <p>(99) Unknown</p> |
|--|--|

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

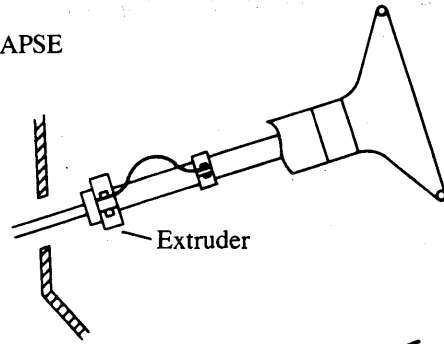


Left _____

Right _____ V = _____"

Direction and Magnitude of Steering Column Movement

NO COLLAPSE



After Compression

Flare Tube

Possible Remaining Starter Grooves At 6 and 12 o'clock

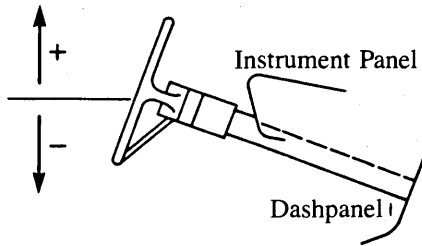
Extruder

Compression = Measurement A

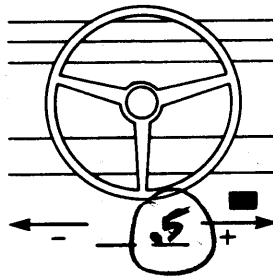
A = _____

STEERING COLUMN MOVEMENT

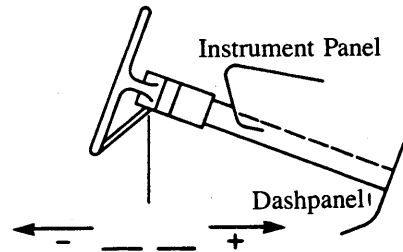
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL					
LATERAL					
LONGITUDINAL					

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGED VALUE	=	DEFORMATION
ϕ	-	.25	=	.25
	-		=	

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify):

(9) Unknown

If PDOF ≠ 11, 12 or 1, Then Code IV88-IV91 As 96

88. Steering Column Collapse Due to Occupant Loading

Code actual measured movement to the nearest inch. See coding manual for measurement technique(s). *MS CODING CHANGE*

(00) No movement, compression, or collapse

(01-19) Actual measured value *Slide verifying capsule movement not obtained. Interview*

Estimated movement from observation

(81) Less than 1 inch *slide suggests movement*

(82) ≥ 1 inch but < 2 inches

(83) ≥ 2 inches but < 4 inches

(84) ≥ 4 inches but < 6 inches

(85) ≥ 6 inches but < 8 inches

(86) Greater than or equal to 8 inches

(96) Not assessed (PDOF ≠ 11, 12, 1)

(97) Apparent movement, value undetermined or cannot be measured or estimated

(98) Nonspecified type column

(99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement

+ 00

90. Lateral Movement

+ 00

91. Longitudinal Movement

+ 00

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

(00) No steering column movement

(± 01 – ± 49) Actual measured value

(± 50) 50 inches or greater

Estimated movement from observation

(± 81) ≥ 1 inch but < 3 inches

(± 82) ≥ 3 inches but < 6 inches

(± 83) ≥ 6 inches but < 12 inches

(± 84) ≥ 12 inches

(96) Not assessed (PDOF ≠ 11, 12, 1)

(97) Apparent movement > 1 inch but cannot be measured or estimated

(99) Unknown

92. Steering Rim/Spoke Deformation

25 Code actual measured deformation to the nearest inch.

(0) No steering rim deformation

(1-5) Actual measured value

(6) 6 inches or more

(8) Observed deformation cannot be measured

(9) Unknown

93. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

Quarter Sections

(01) Section A

(02) Section B

(03) Section C

(04) Section D



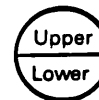
Half Sections

(05) Upper half of rim/spoke

(06) Lower half of rim/spoke

(07) Left half of rim/spoke

(08) Right half of rim/spoke



(09) Complete steering wheel collapse

(10) Undetermined location

(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading

028,000
27782 miles – Code mileage to the nearest 1,000 miles

(000) No odometer

(001) Less than 1,500 miles

(300) 299,500 miles or more

(999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact?

(0) No

(1) Yes

(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

(0) No

(1) Yes

(8) Not present

(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)?

(0) No

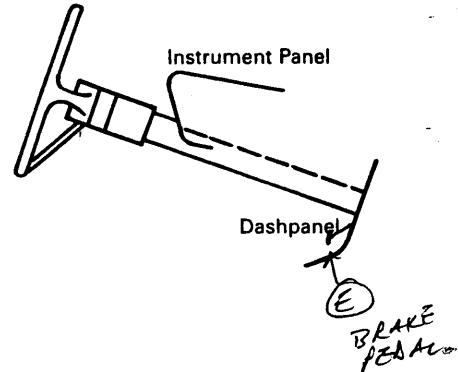
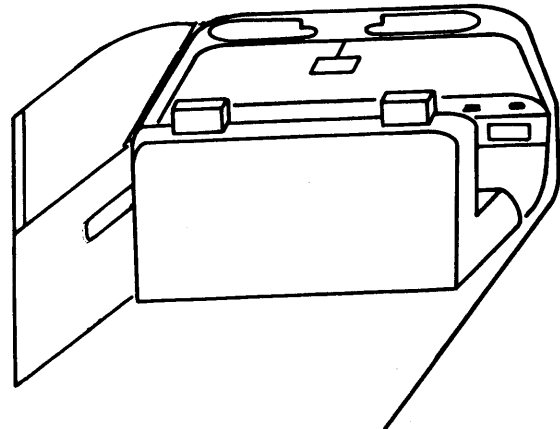
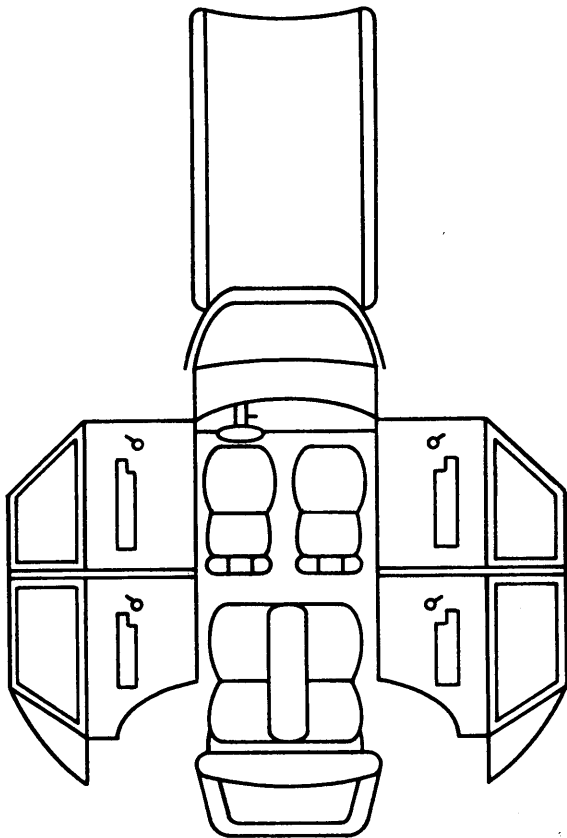
(1) Yes

(8) Not present

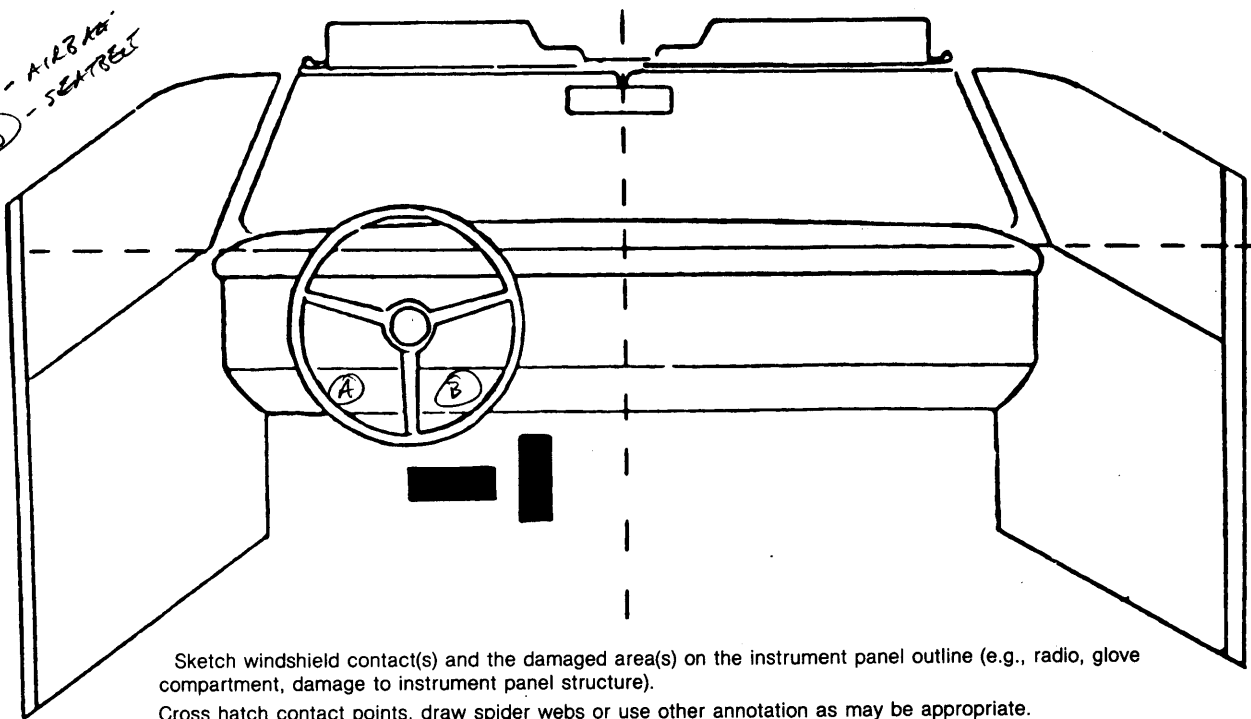
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



② - AIR BAG
① - SEATBELT



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

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

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	1	R knee	deformed	1
B	09	1	L knee	deformed	1
C	45	1	Face/Chest	deployed / PDOF	1
D	41	1	hips/chest	stretched belt	1
E	56/59	1	Rt foot	foot print / intrusion / fx rt ankle	1
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

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

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
F I R S T	Availability	1	Ø	Ø
	Function	4	Ø	Ø
	Failure	1	Ø	Ø

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available
- Automatic Belt
 - (1) Automatic belt in use
 - (2) Automatic belt not in use
 - (3) Automatic belt use unknown
- Air Bag
 - (4) Airbag deployed during accident
 - (5) Airbag deployed inadvertently just prior to accident
 - (6) Deployed, accident sequence undetermined
 - (7) Nondeployed
 - (8) Unknown if deployed
 - (9) Unknown

Did Automatic (Passive) Restraint Fail

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

MANUAL RESTRAINTS

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

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

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

NOTE: SEAT BELT RETRACTOR LOCKED INDICATING USAGE

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	04	00	00
	Failure Modes	1	0	0
SECOND	Availability	3	3	3
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

(08) Other belt used (specify):

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(9) Unknown

(99) Unknown if belt used:

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____</p> <p>(8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat</p> <p>Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation (specify): _____</p> <p>(04) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____</p> <p>(19) Unknown orientation</p> <p>Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____</p> <p>(29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage</p> <p>Note: Options Below Are Used for Variables 3-5.</p> <p>(00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p>Designed with Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>Unknown if Designed with Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	∅	3
	Seat Type	∅3	∅3	∅∅
	Seat Performance	2	2	2
SECOND	Head Restraint Type/Damage	∅	∅	∅
	Seat Type	∅3	∅3	∅3
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed (*LOCKED CANNOT MOVE*)
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

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

NOTE

NOTE

Ejection

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

Ejection Area

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

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify): _____

- (9) Unknown

Ejection Medium

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

(5) Integral structure

- (8) Other medium (specify): _____

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (This Occupant Position) 03

(00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position) 12

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

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

30. Child Safety Seat Orientation 00

(00) No child safety seat

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

 (09) Unknown orientation

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

 (19) Unknown orientation

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

 (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

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

29. Type of Child Safety Seat 0

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

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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 09 3. Vehicle Number 01
2. Case Number—Stratum 066A 4. Occupant Number 01

INJURY DATA

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

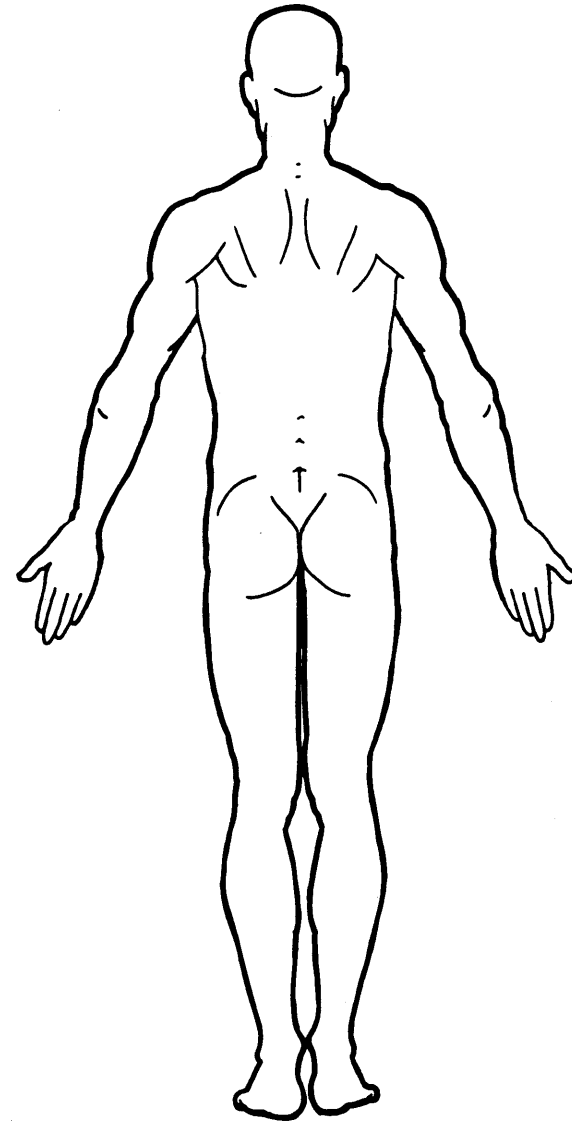
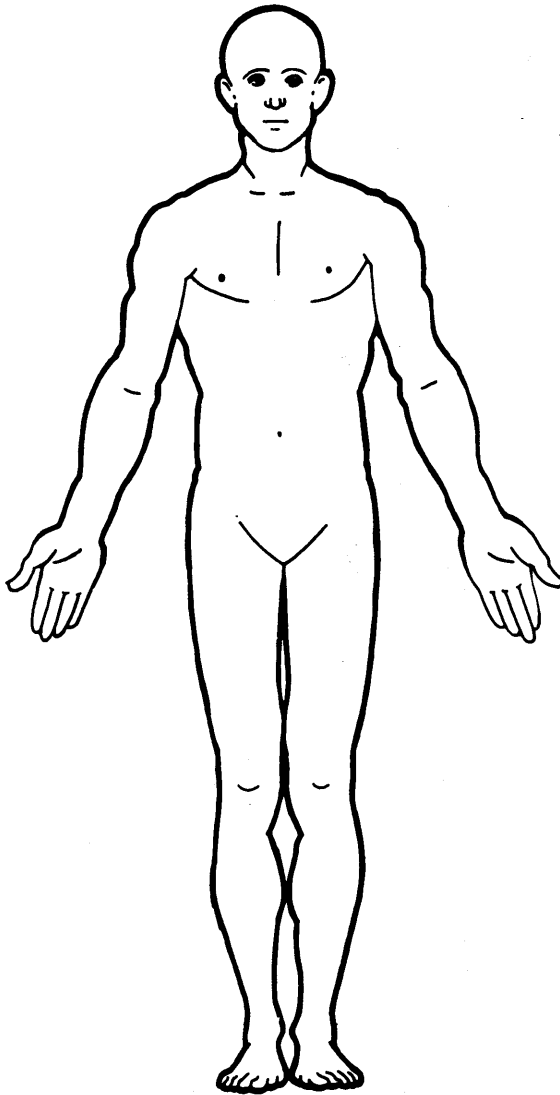
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>9</u>	6. <u>Q</u>	7. <u>R</u>	8. <u>E</u>	9. <u>S</u>	10. <u>2</u>	11. <u>56</u>	12. <u>1</u>	13. <u>1</u>	14. <u>01</u>
2nd	15. ___	18. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	28. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

OCCUPANT INJURY DATA

	O.I.C.—A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	---	—	—	---
12th	—	—	—	—	—	—	---	—	—	---
13th	—	—	—	—	—	—	---	—	—	---
14th	—	—	—	—	—	—	---	—	—	---
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

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

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
 - (84) Ground
 - (85) Other vehicle or object (specify): _____
 - (86) Unknown vehicle or object
- ### NONCONTACT INJURY
- (90) Fire in vehicle
 - (91) Flying glass
 - (92) Other noncontact injury source (specify): _____
 - (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

System/Organ

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

(I) Integumentary

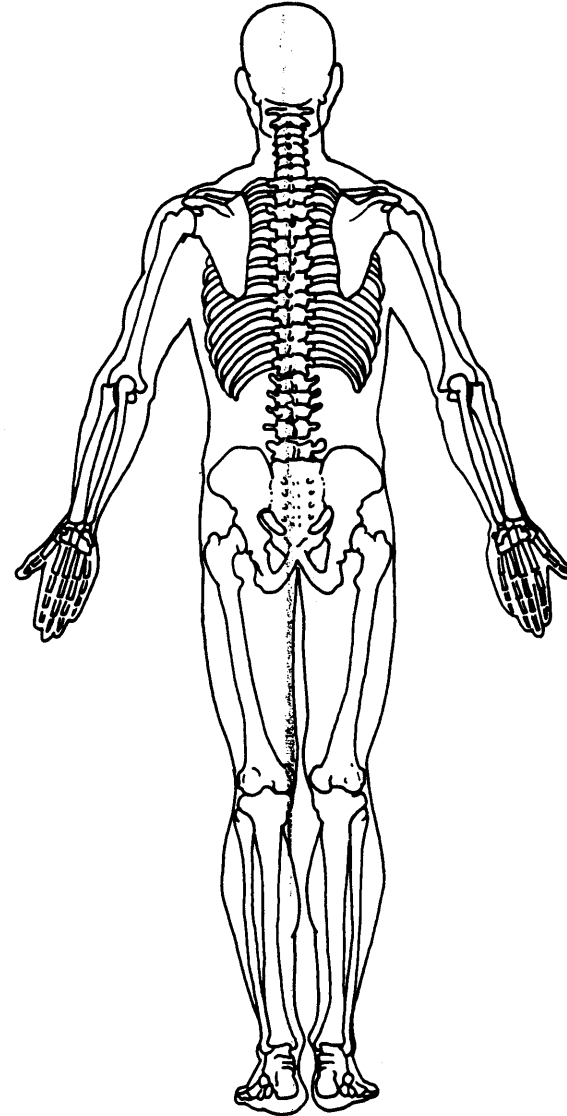
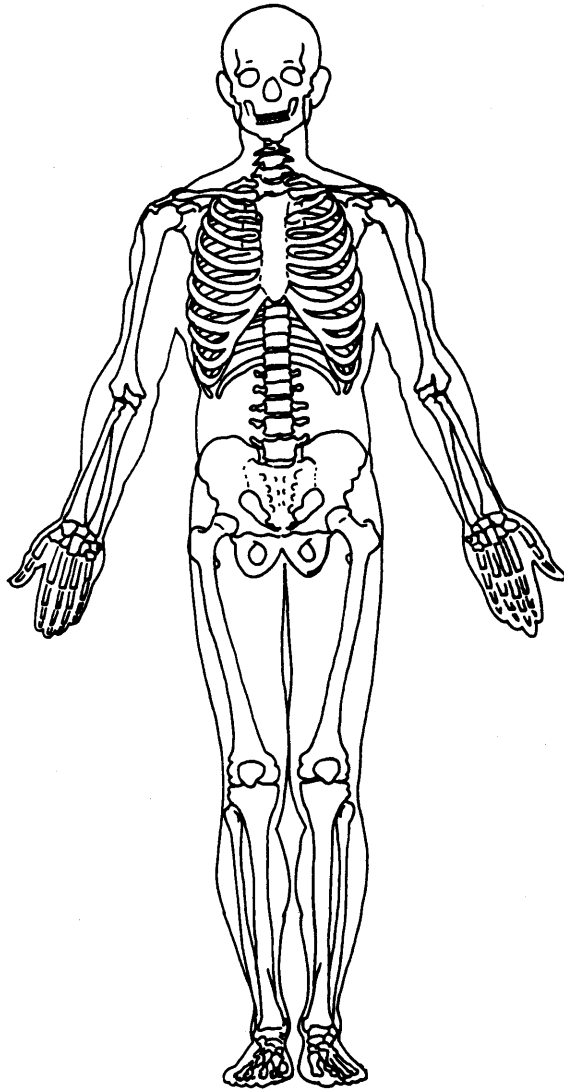
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

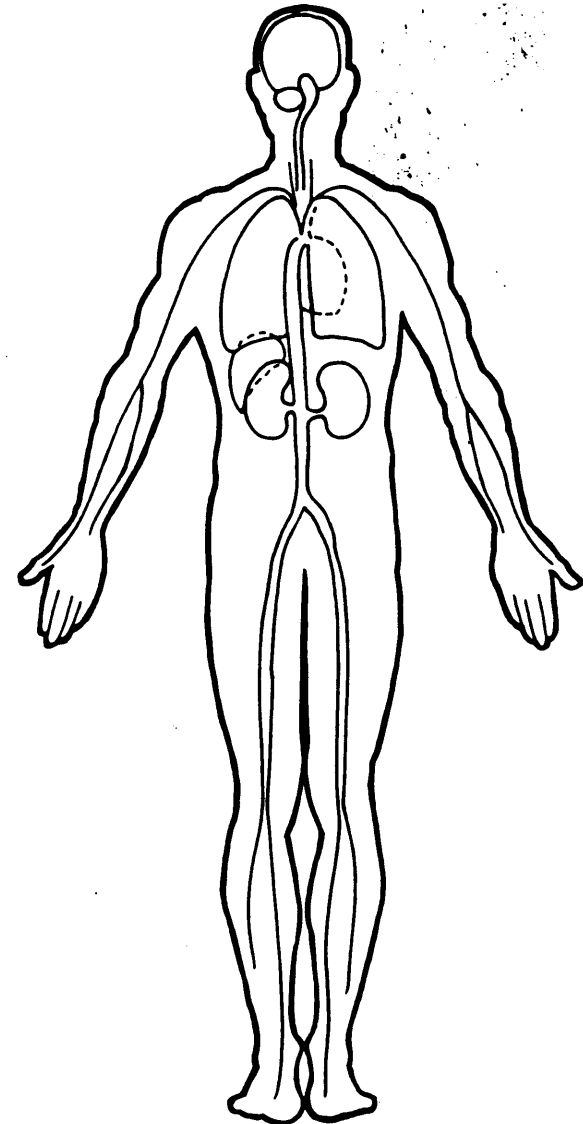
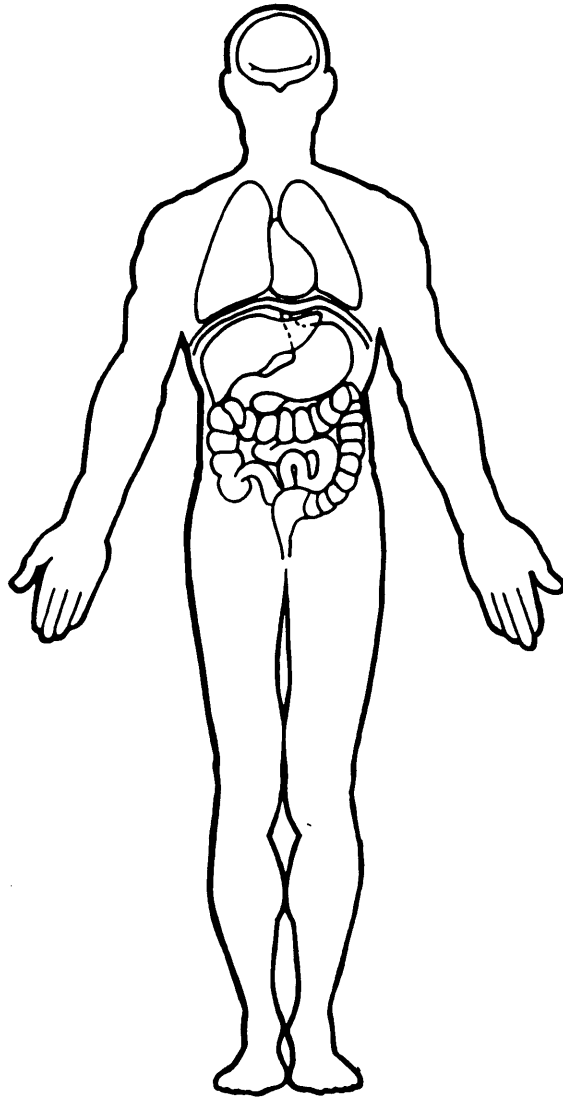
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





UPDATE FORM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name	[REDACTED]
2. Case Number - Stratum	<u>066A</u>	Address:	[REDACTED]
3. Vehicle Number	<u>01</u>		
4. Occupant Number	<u>01</u>	Other Information	[REDACTED]

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

Source of Injury Data	O.I.C. - A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st 5.	<u>9</u>	<u>Q</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>56</u>	<u>1</u>	<u>1</u>	<u>01</u>
2nd 15.	___	___	___	___	___	___	___	___	___	___
3rd 25.	___	___	___	___	___	___	___	___	___	___
4th 35.	___	___	___	___	___	___	___	___	___	___
5th 45.	___	___	___	___	___	___	___	___	___	___
6th 55.	___	___	___	___	___	___	___	___	___	___
7th 65.	___	___	___	___	___	___	___	___	___	___
8th 75.	___	___	___	___	___	___	___	___	___	___
9th 85.	___	___	___	___	___	___	___	___	___	___
10th 95.	___	___	___	___	___	___	___	___	___	___

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>96</u>	___	OA35. Treatment - Mortality	<u>3</u>	___
OA05. Occupant's Age	<u>23</u>	___	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	___
OA06. Occupant's Sex	<u>1</u>	___	OA37. Hospital Stay	<u>05</u>	___
OA07. Occupant's Height	<u>72</u>	___	OA38. Working Days Lost	<u>05</u>	___
OA08. Occupant's Weight	<u>161</u>	___	OA39. Time to Death	<u>00</u>	___
OA17. Manual (Active) Belt System Availability	<u>4</u>	___	OA40. 1st Medically Reported Cause of Death	<u>00</u>	___
OA18. Manual (Active) Belt System Use	<u>04</u>	___	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	___
OA21. Automatic (Passive) Restraint System Availability	<u>1</u>	___	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	___
OA22. Automatic (Passive) Restraint Function	<u>4</u>	___	OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	___

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

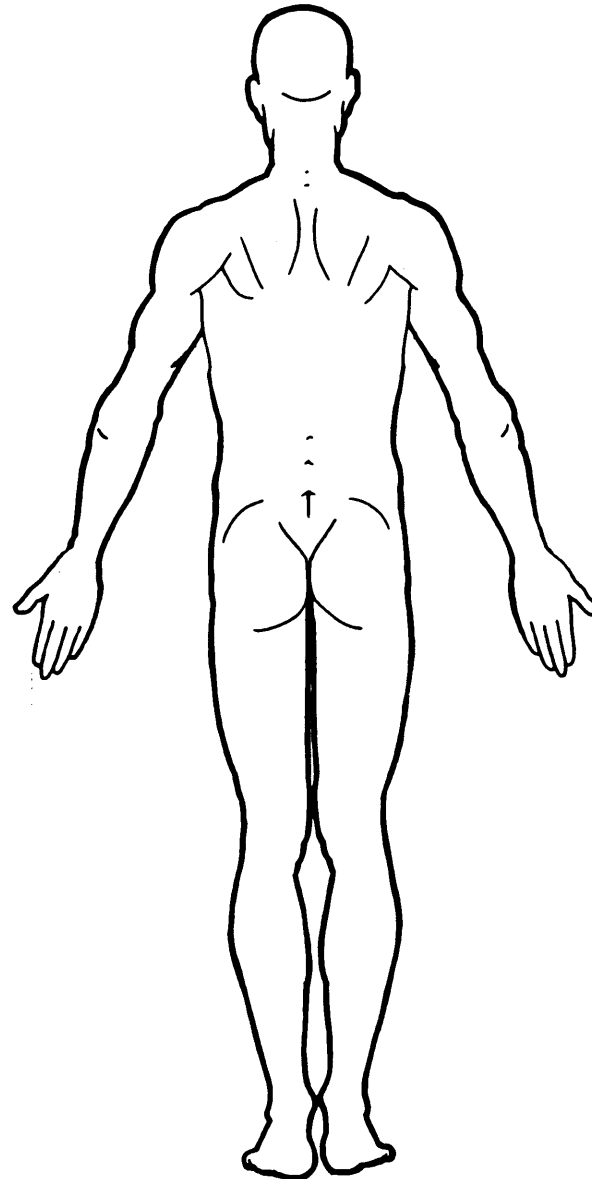
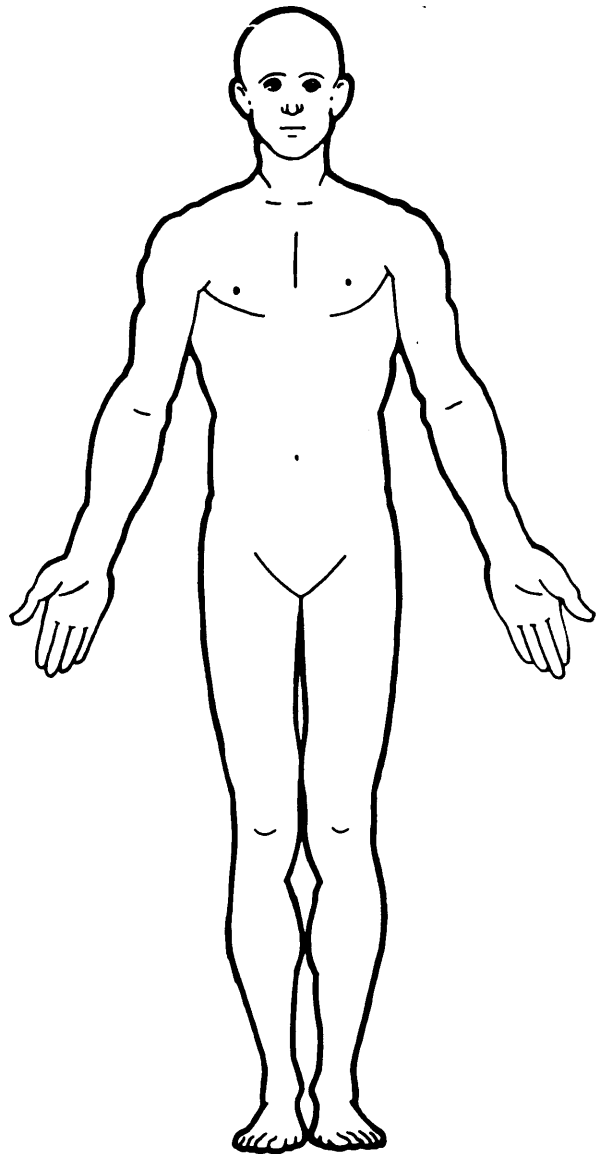
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

- (9) Police

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

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

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

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

- (97) Injured, unknown source

INJURY SOURCE

FRONT

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

LEFT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____

- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

- (W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

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

System/Organ

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

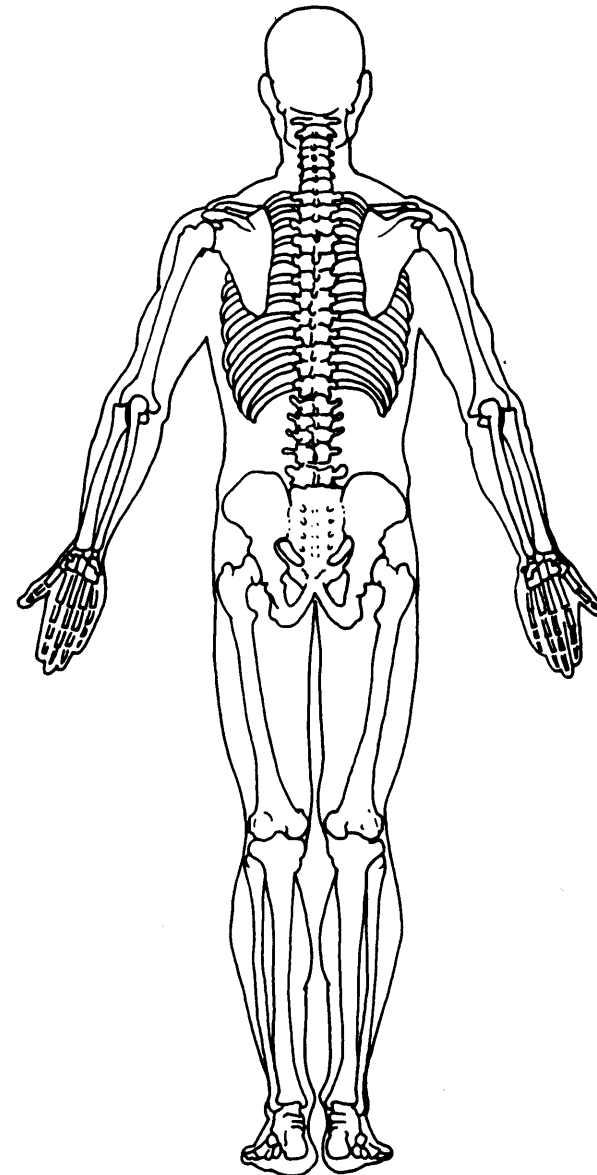
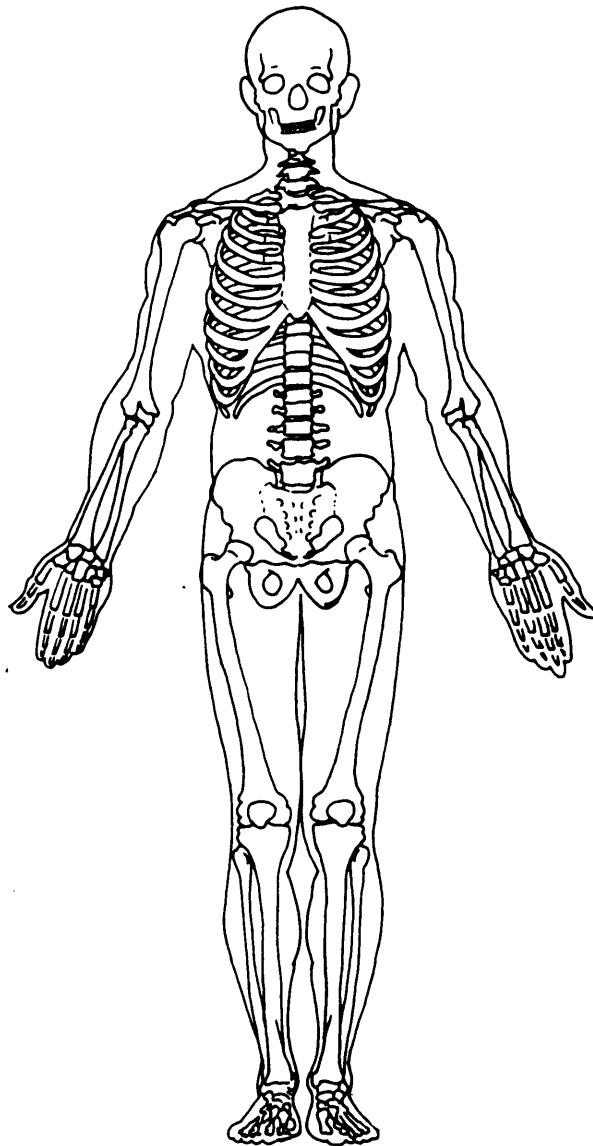
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

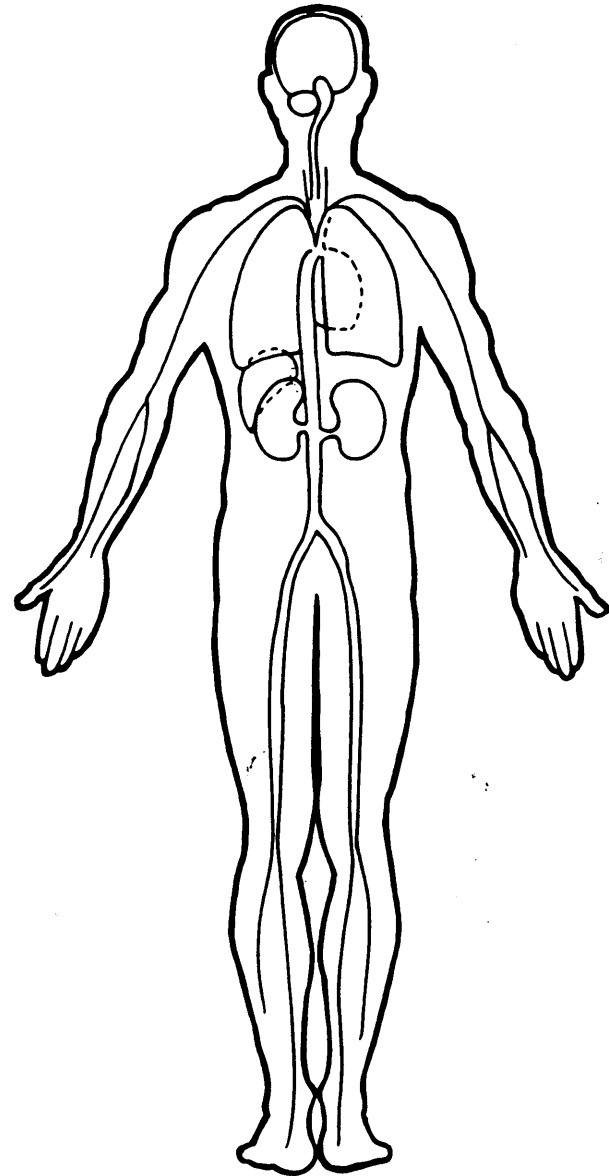
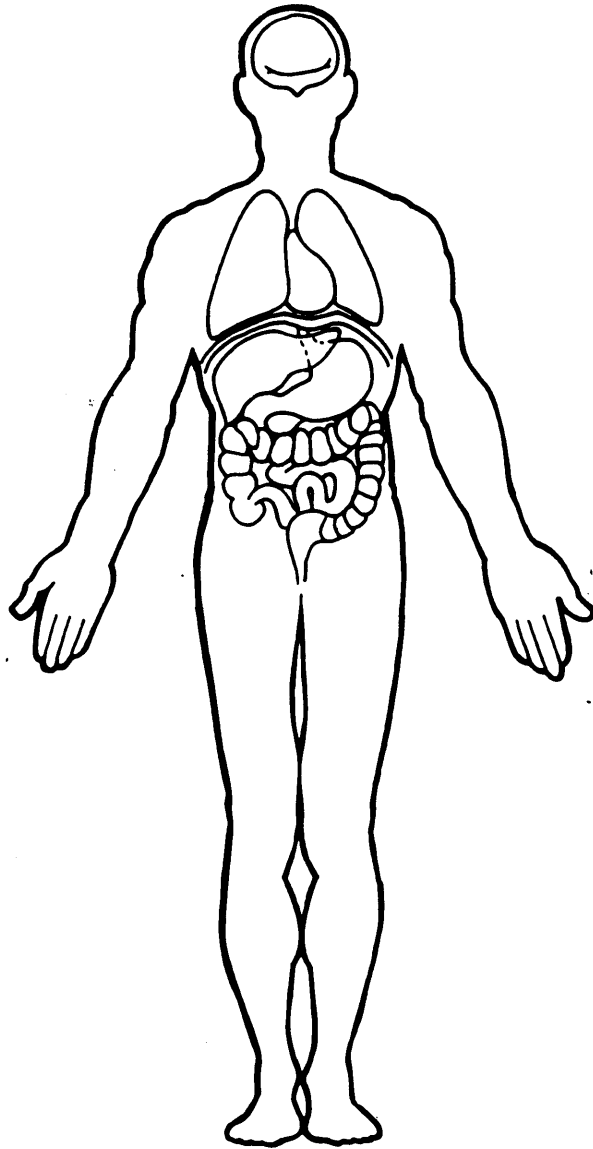
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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



29. Basis for Total Delta V (Highest) 2

Delta V Calculated

- (1) CRASH program - damage only routine
- (2) CRASH program - damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

32. Lateral Component of Delta V

	Secondary	Highest
	⊕	⊖
	<u>0.2</u>	<u>2.0</u>
Nearest mph	_____	18

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (± 97) ± 96.5 mph and above
 (— 99) Unknown

33. Energy Absorption

949
653,700

53704.8 Nearest 100 foot-lbs _____

(NOTE: 0000 means less than 50 Foot-Lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model - results appear reasonable
- (2) Collision fits model - results appear high
- (3) Collision fits model - results appear low
- (4) Borderline reconstruction - results appear reasonable

1

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify): _____

1

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

1

COMPUTER GENERATED DELTA V

30. Total Delta V

	Secondary	Highest
	30	<u>22</u>
Nearest mph	_____	_____

(NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of Delta V

	⊕	⊖
	<u>24</u>	<u>7</u>
Nearest mph	_____	_____

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (± 97) ± 96.5 mph and above
 (— 99) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>066A</u>	

VEHICLE IDENTIFICATION

VIN <u>1B3XC56R5L'D</u>	Model Year <u>1990</u>
Vehicle Make (specify): <u>Dodge</u>	Vehicle Model (specify): <u>Dynasty</u>

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	(D) SIDE / STARTS: LF BUMPER CORNER ENDS: 54" FORWARD OF REAR AXLE	(D) SIDE / STARTS: LF BUMPER CORNER ENDS: 8" FORWARD OF REAR AXLE	70" fwd of rear axle
2	(D) SIDE / STARTS 19.5" REAR OF REAR AXLE ENDS 25.0" REAR OF REAR AXLE	(D) SIDE / STARTS: 19.5" REAR OF REAR AXLE ENDS: 25" REAR OF REAR AXLE	

CRUSH PROFILE

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

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

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

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	Left less f.s	80.0	20.5	122.0	.5	4.4	15	15.25	13	3.2	
			-1.5		.5	-1	-1	1.5	.5	-5	
			19		0	3.4	14	13.75	12.5	0	+41.85
2	LEFT (LBMM2) (SIDECLM)	5.5		5.5							
		Impact from [REDACTED] Not CDC'd									



GLAZING

1. Primary Sampling Unit Number 09
2. Case Number – Stratum 066A
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

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

(99) Unknown

*review of
Police on-scene
photos indicate
No doors opened*

Door, Tailgate Or Hatch Opening

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

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

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.

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

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

Door, Tailgate, or Hatch Came Open During Collision

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

(9) Unknown

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0
20. BL 0 21. Roof 8 22. Other 8

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 2 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 – Laminated
- (2) AS-2 – Tempered
- (3) AS-3 – Tempered-tinted
- (4) AS-14 – Glass/Plastic
- (8) Other (specify):

(9) Unknown

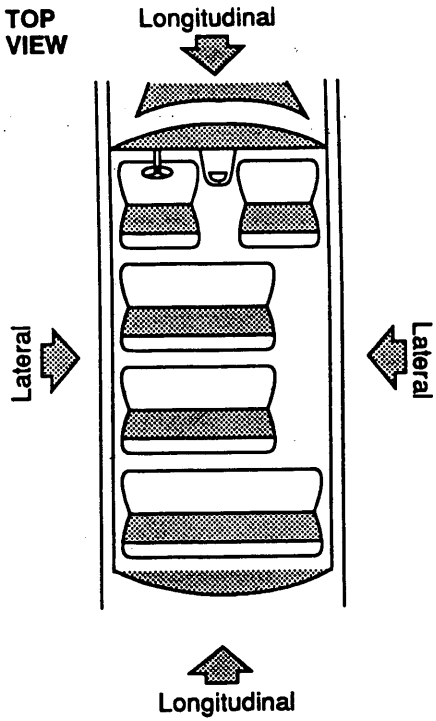
Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 2 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

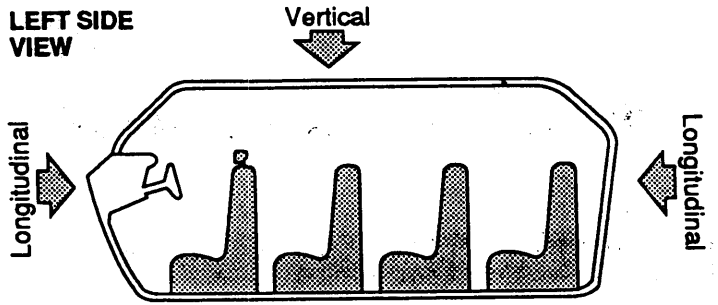
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORK SHEET

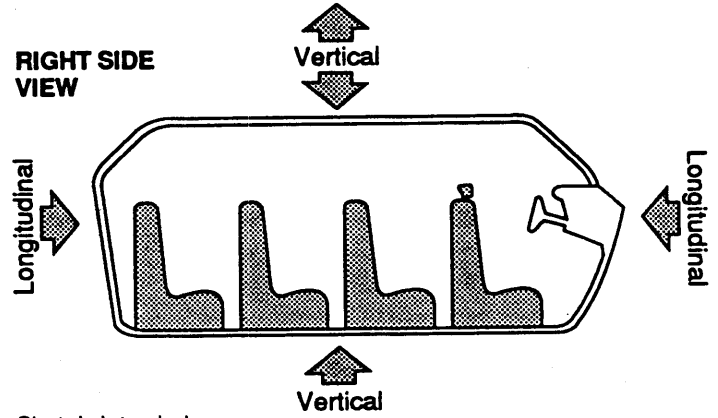
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
2	LOWER A PILLAR	24"	-	17"	=	7	LAT →
4	DOOR INT. SURFACE	26"	-	22"	=	4	LAT →
3	B PILLAR	26"	-	22"	=	4	LAT →
6	ROOF	36"	-	32"	=	4	↓
7	HENDER	68"	-	67"	=	1	LONG.
3	DAIRYBOARD	27	-	22	=	5	LONG ←
1	FLOOR PAN	26	-	17	=	9	LONG
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>05</u>	49. <u>3</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>06</u>	53. <u>3</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>02</u>	57. <u>2</u>	58. <u>2</u>
4th	59. <u>11</u>	60. <u>10</u>	61. <u>2</u>	62. <u>3</u>
5th	63. <u>11</u>	64. <u>07</u>	65. <u>2</u>	66. <u>3</u>
6th	67. <u>11</u>	68. <u>12</u>	69. <u>2</u>	70. <u>1</u>
7th	71. <u>11</u>	72. <u>15</u>	73. <u>1</u>	74. <u>2</u>
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

- | | |
|--|--|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify): _____</p> <p>(99) Unknown</p> |
|--|--|

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

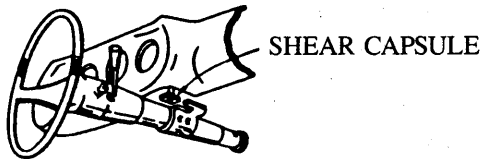
DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

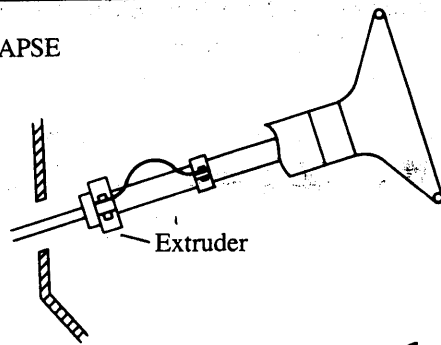
STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

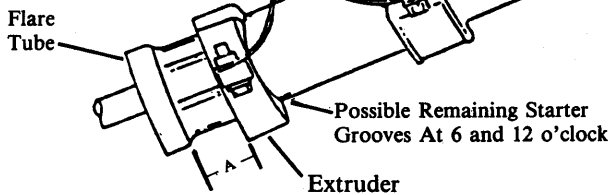


Right — " V = _____ "

Direction and Magnitude of Steering Column Movement



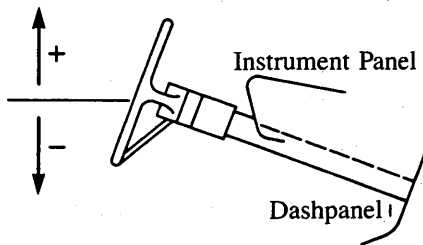
After Compression



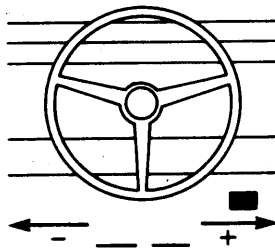
Compression = Measurement A A = _____

Column is loose and moves readily
Vertical Movement

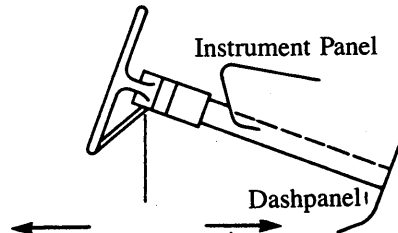
STEERING COLUMN MOVEMENT



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL		-		=	
LATERAL		-		=	
LONGITUDINAL		-		=	

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGED VALUE	=	DEFORMATION
	-		=	ϕ
	-		=	

Note: investigator could grasp wheel and readily/easily move wheel/column 6-8" up, down, rt or lft.

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify):

(9) Unknown

If PDOF ≠ 11, 12 or 1, Then Code IV88-IV91 As 96

88. Steering Column Collapse Due to Occupant Loading 99 95

Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

- (00) No movement, compression, or collapse 10 o'clock
- (01-19) Actual measured value
- (20) 20 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
- (82) ≥ 1 inch but < 2 inches
- (83) ≥ 2 inches but < 4 inches
- (84) ≥ 4 inches but < 6 inches
- (85) ≥ 6 inches but < 8 inches
- (86) Greater than or equal to 8 inches
- (96) Not assessed (PDOF ≠ 11, 12, 1)
- (97) Apparent movement, value undetermined or cannot be measured or estimated
- (98) Nonspecified type column
- (99) Unknown

Direction And Magnitude of Steering Column Movement

NASS CODING CHANGE
 1st Review: 1D 97
 2nd Review: 96

89. Vertical Movement

NASS CODING CHANGE
 1st Review: 1D 97
 2nd Review: 96

90. Lateral Movement

NASS CODING CHANGE
 1st Review: 1D 97
 2nd Review: 96

91. Longitudinal Movement

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (00) No steering column movement
- (± 01 – ± 49) Actual measured value
- (± 50) 50 inches or greater

Estimated movement from observation

- (± 81) ≥ 1 inch but < 3 inches
- (± 82) ≥ 3 inches but < 6 inches
- (± 83) ≥ 6 inches but < 12 inches
- (± 84) ≥ 12 inches
- (__ 96) Not assessed (PDOF ≠ 11, 12, 1)
- (__ 97) Apparent movement > 1 inch but cannot be measured or estimated
- (__ 99) Unknown

92. Steering Rim/Spoke Deformation 0

Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0

(00) No steering rim deformation

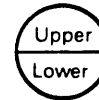
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 0 0 1,000

00232 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
- (001) Less than 1,500 miles
- (300) 299,500 miles or more
- (999) Unknown

Source: [REDACTED]

95. Instrument Panel Damage from Occupant Contact? +

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

96. Knee Bolsters Deformed from Occupant Contact? 8

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

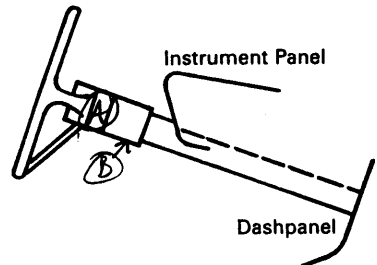
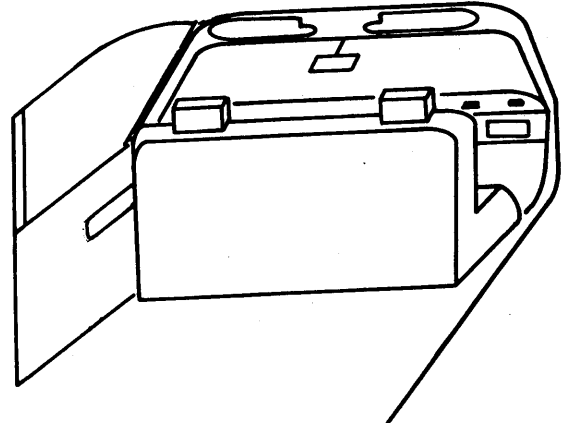
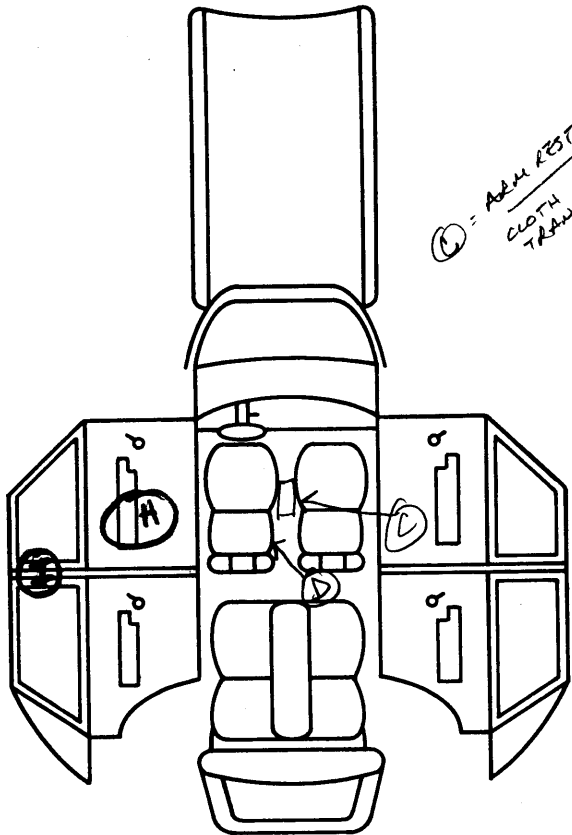
97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

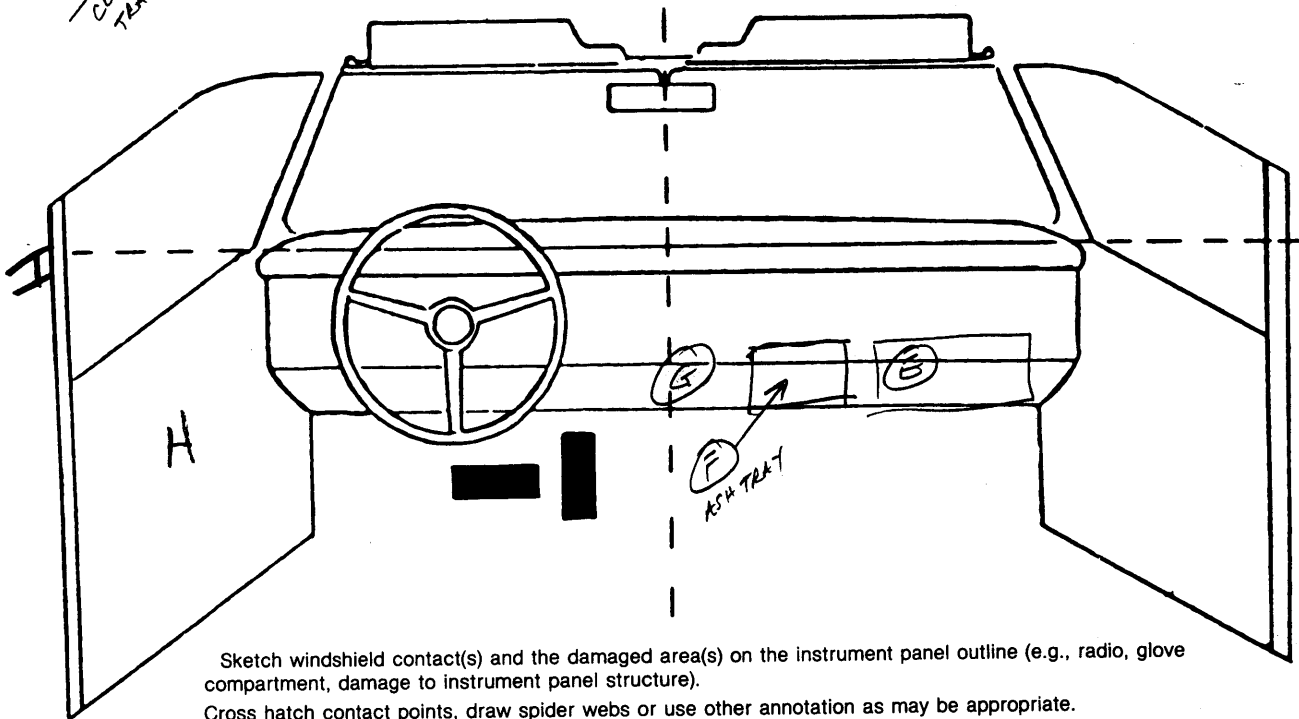
SS COD
 Review
 Review

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



D SIDE OF SEAT CLOTH TRAYS



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	07	2	Head ?	SCUFF	1
B	07	2	Head ?	SCUFF	1
C	49	2	(2) side	CLOTH TRAYS	1
D	40	2	unk.	CLOTH TRAYS	1
E	12	2	knees	SCUFF/CLOTH TRAYS.	1
F	10 (ashtray)	2	knees	CLOTH TRAYS/CRACK	1
G	10	2	knees	CLOTH TRAYS	1
H	20/21	1	L side	deformed, PDOF, blood	1
I	23	1	Head	" " "	1
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

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

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): center arm rest

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right side object (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

ROOF

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

FLOOR

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

REAR

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

LEFT SIDE

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

INTERIOR

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
F I R S T	Availability	1	0	0
	Function	4	0	0
	Failure	1	0	0

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available
- Automatic Belt
 - (1) Automatic belt in use
 - (2) Automatic belt not in use
 - (3) Automatic belt use unknown
- Air Bag
 - (4) Airbag deployed during accident
 - (5) Airbag deployed inadvertently just prior to accident
 - (6) Deployed, accident sequence undetermined
 - (7) Nondeployed
 - (8) Unknown if deployed
 - (9) Unknown

Did Automatic (Passive) Restraint Fail

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	04	00	04
	Failure Modes	1	0	1
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

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

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

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

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

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

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used
- Designed with Harness/Shield/Tether
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used
- Unknown if Designed with Harness/Shield/Tether
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	6	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
 ② seat cushion not as wide anymore / intrusion
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

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

Ejection

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

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (This Occupant Position) 0 6

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

_____ (99) Unknown

27. Seat Performance (This Occupant Position) 6

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

Front (L) seat cushion made less wide due to intrusion also seat back tilted to (L)

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

30. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

_____ (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

_____ (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

_____ (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0

- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

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

29. Type of Child Safety Seat 0

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

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

PSU NUMBER

09

CASE NUMBER

066A

VEHICLE NUMBER

02

OCCUPANT NUMBER

01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>09</u></p> <p>2. Case Number – Stratum <u>066A</u></p> <p>3. Vehicle Number <input checked="" type="checkbox"/> <u>02</u></p> <p>4. Occupant Number <u>01</u></p>	<p>Driver or Occupant Name: <u>[REDACTED]</u></p> <p>Address: _____</p> <p>Other Information: <u>[REDACTED]</u></p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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INJURY DATA CODED ON INITIAL SUBMISSION

	O.I.C. – A.I.S.										Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source						
1st	5. <u>7</u>	6. <u>U</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>			
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___			
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___			
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___			
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___			
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___			
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___			
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___			
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___			
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___			

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION		FINAL	
	SUBMISSION	FINAL	SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>97</u>	<u>00</u>		
OA05. Occupant's Age	<u>56</u>	---		
OA06. Occupant's Sex	<u>1</u>	---		
OA07. Occupant's Height	<u>66</u>	<u>65</u>		
OA08. Occupant's Weight	<u>180</u>	<u>144</u>		
OA17. Manual (Active) Belt System Availability	<u>4</u>	---		
OA18. Manual (Active) Belt System Use	<u>04</u>	---		
OA21. Automatic (Passive) Restraint System Availability	<u>1</u>	---		
OA22. Automatic (Passive) Restraint Function	<u>4</u>	---		
OA35. Treatment – Mortality	<u>1</u>	---		
OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---		
OA37. Hospital Stay	<u>00</u>	---		
OA38. Working Days Lost	<u>62</u>	---		
OA39. Time to Death	<u>01</u>	---		
OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>90</u>		
OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>07</u>		
OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>01</u>		
OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	<u>16</u>		

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission and from subsequently acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>1</u>	6. <u>H</u>	7. <u>I</u>	8. <u>F</u>	9. <u>S</u>	10. <u>3</u>	11. <u>23</u>	12. <u>1</u>	13. <u>1</u>	14. <u>05</u>
2nd	15. <u>1</u>	16. <u>A</u>	17. <u>L</u>	18. <u>F</u>	19. <u>S</u>	20. <u>2</u>	21. <u>20</u>	22. <u>1</u>	23. <u>1</u>	24. <u>04</u>
3rd	25. <u>1</u>	26. <u>L</u>	27. <u>R</u>	28. <u>F</u>	29. <u>S</u>	30. <u>2</u>	31. <u>59</u>	32. <u>2</u>	33. <u>1</u>	34. <u>01</u>
4th	35. <u>1</u>	36. <u>C</u>	37. <u>B</u>	38. <u>F</u>	39. <u>S</u>	40. <u>4</u>	41. <u>20</u>	42. <u>1</u>	43. <u>1</u>	44. <u>04</u>
5th	45. <u>1</u>	46. <u>H</u>	47. <u>I</u>	48. <u>U</u>	49. <u>B</u>	50. <u>5</u>	51. <u>23</u>	52. <u>1</u>	53. <u>1</u>	54. <u>05</u>
6th	55. <u>1</u>	56. <u>H</u>	57. <u>U</u>	58. <u>U</u>	59. <u>B</u>	60. <u>3</u>	61. <u>23</u>	62. <u>1</u>	63. <u>1</u>	64. <u>05</u>
7th	65. <u>1</u>	66. <u>M</u>	67. <u>L</u>	68. <u>L</u>	69. <u>A</u>	70. <u>3</u>	71. <u>20</u>	72. <u>1</u>	73. <u>1</u>	74. <u>04</u>
8th	75. <u>1</u>	76. <u>C</u>	77. <u>R</u>	78. <u>C</u>	79. <u>P</u>	80. <u>3</u>	81. <u>20</u>	82. <u>1</u>	83. <u>1</u>	84. <u>04</u>
9th	85. <u>1</u>	86. <u>C</u>	87. <u>L</u>	88. <u>C</u>	89. <u>P</u>	90. <u>3</u>	91. <u>20</u>	92. <u>1</u>	93. <u>1</u>	94. <u>04</u>
10th	95. <u>1</u>	96. <u>M</u>	97. <u>L</u>	98. <u>L</u>	99. <u>Q</u>	100. <u>2</u>	101. <u>20</u>	102. <u>1</u>	103. <u>1</u>	104. <u>04</u>

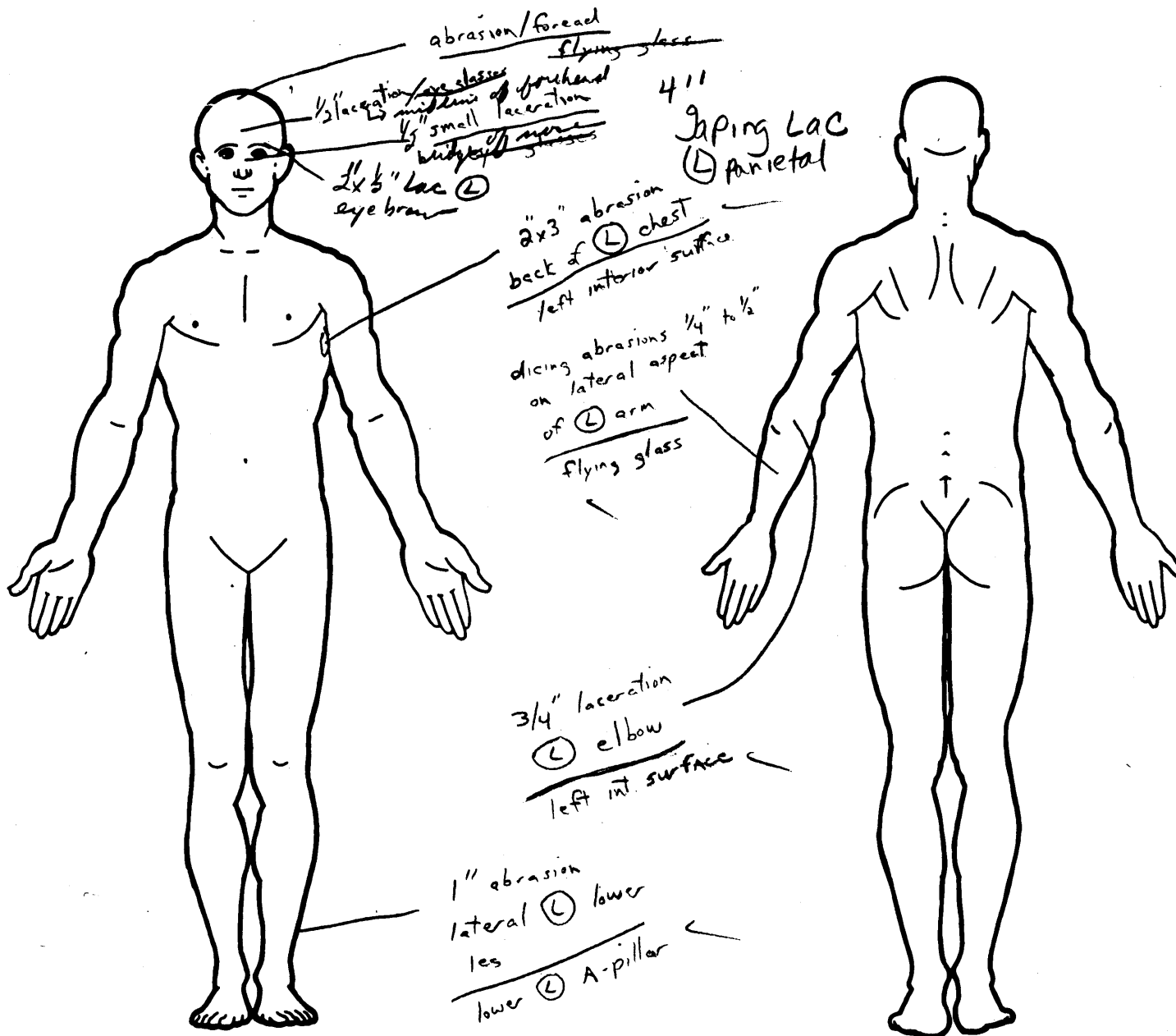
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ				
CODING CHANGE Review: 1D 11th Review: _____	<u>I</u>	<u>EB</u>	<u>ASA</u>	<u>I</u>	<u>21</u>	<u>40</u> <u>20</u>	<u>2</u> <u>+</u>	<u>1</u>	<u>03</u> <u>04</u>
12th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>L</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>22</u>	<u>1</u>	<u>1</u>	<u>02</u>
13th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>E</u>	<u>L</u>	<u>L</u>	<u>I</u>	<u>20</u> <u>91</u>	<u>1</u>	<u>1</u> <u>3</u>	<u>04</u> <u>00</u>
14th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>RX</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>91</u>	<u>1</u>	<u>3</u>	<u>00</u>
15th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>F</u>	<u>W</u> <u>L</u>	<u>I</u>	<u>1</u>	<u>71</u> <u>91</u>	<u>2</u> <u>+</u>	<u>1</u> <u>3</u>	<u>00</u>
16th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>F</u>	<u>S</u>	<u>A</u>	<u>I</u>	<u>71</u> <u>91</u>	<u>2</u> <u>+</u>	<u>1</u> <u>3</u>	<u>00</u>
17th CODING CHANGE Review: 1D Review: _____	<u>I</u>	<u>H</u>	<u>L</u>	<u>L</u>	<u>I</u>	<u>71</u>	<u>2</u>	<u>1</u>	<u>02</u>
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

(27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

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

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

System/Organ

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

(I) Integumentary

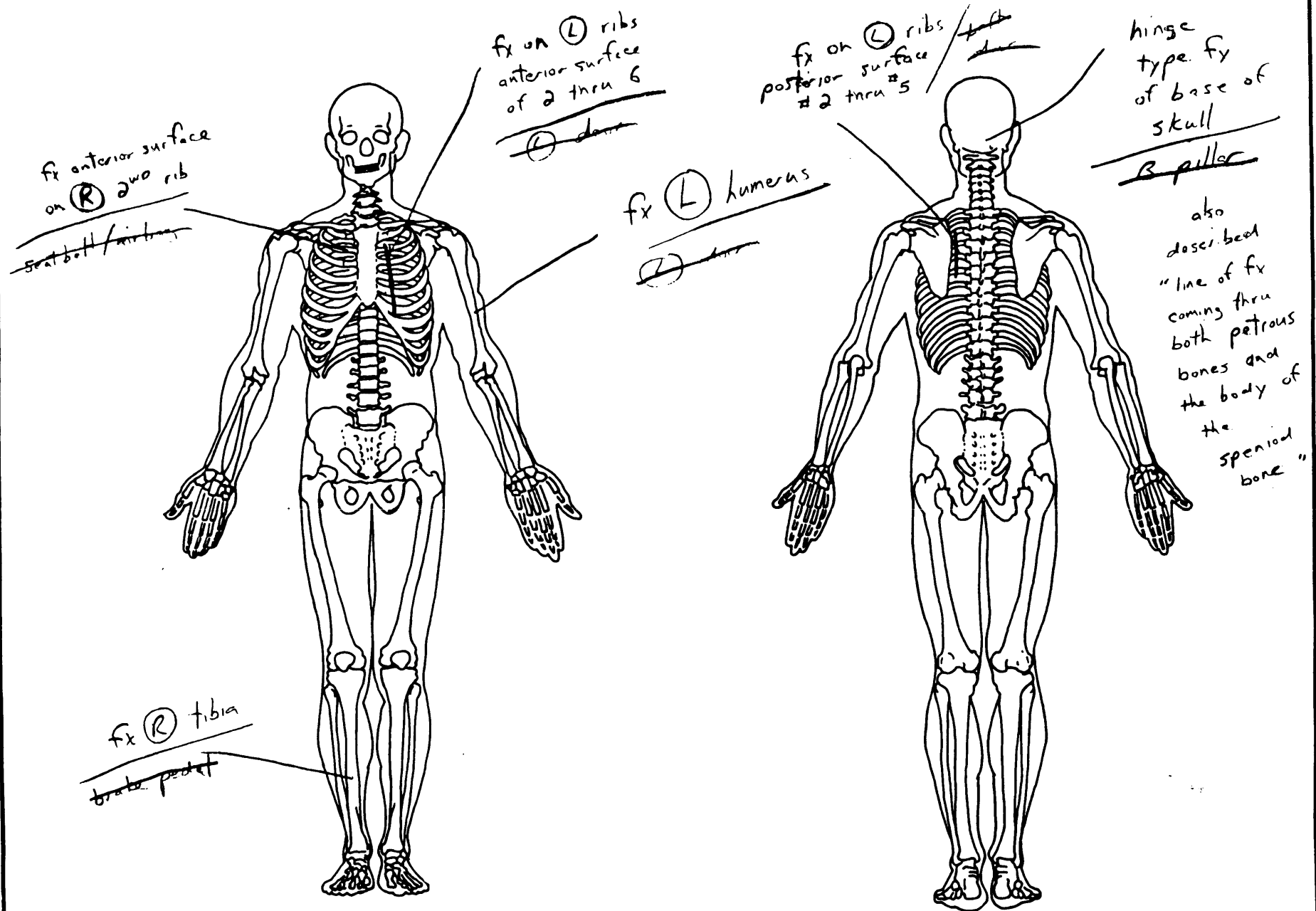
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA – SKELETAL INJURIES

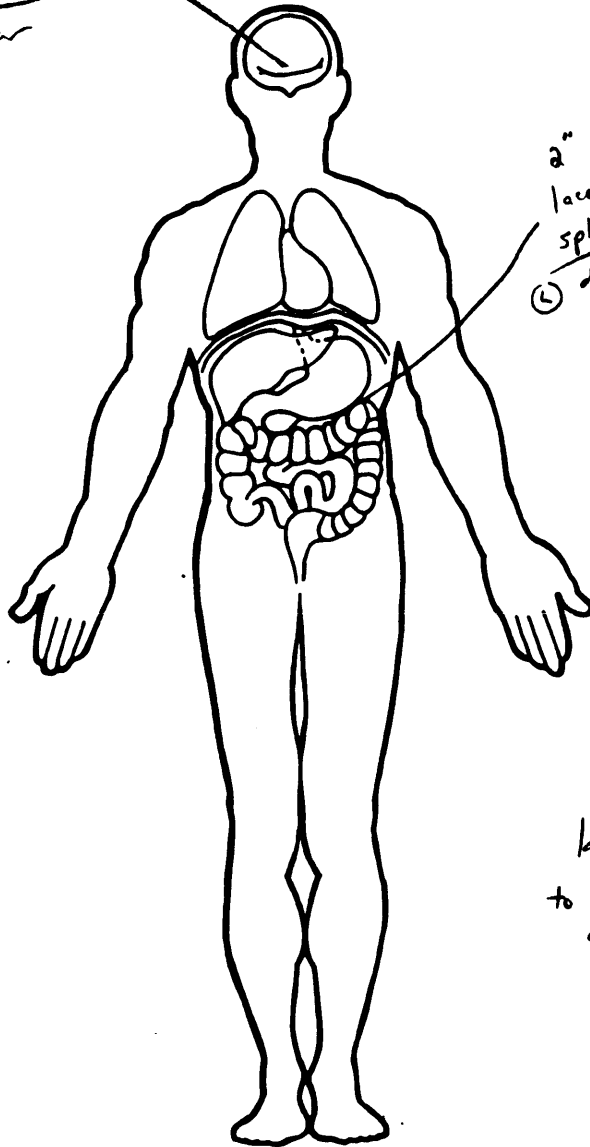
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

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

unknown
brain injury
B pillar

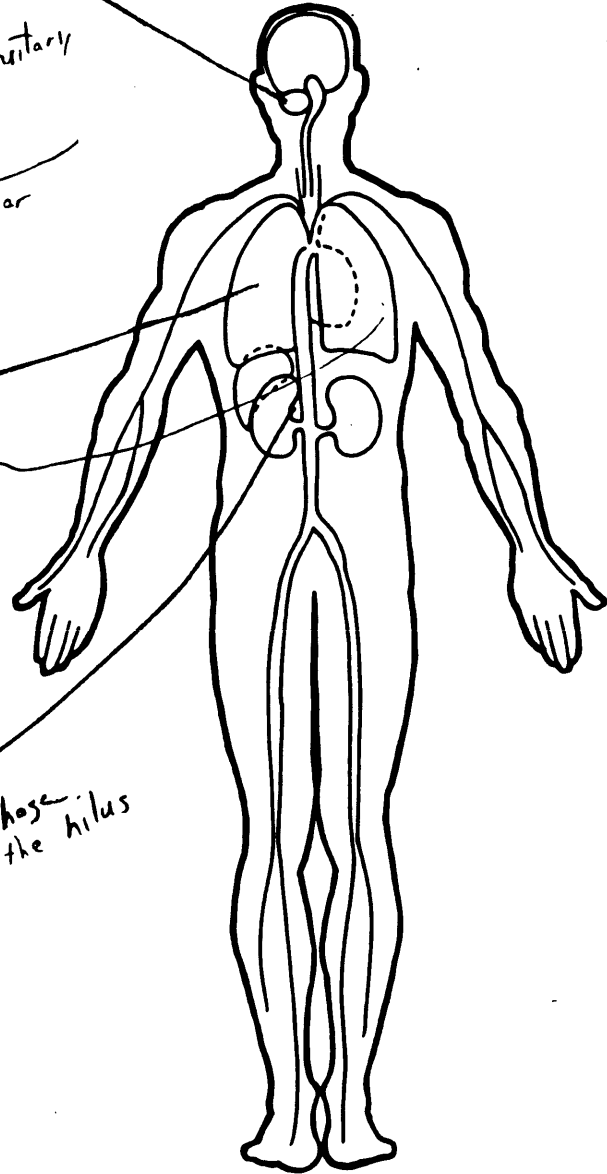


2"
laceration
spleen
Ⓛ door

hemorrhagic
destruction
hemorrhagic
lesion
to the pituitary
gland
B-pillar

multiple
contusions
of the lungs
mostly on the
Ⓛ
left door

laceration
to left renal
artery
ribs / door
w/ hemorrhage
to the hilus



PSU NUMBER	<u>09</u>
CASE NUMBER	<u>066A</u>
VEHICLE NUMBER	<u>02</u>
OCCUPANT NUMBER	<u>02</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) 3



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 09 3. Vehicle Number 02
2. Case Number - Stratum 066A 4. Occupant Number 02

INJURY DATA

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

	O.I.C.—A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>H</u>	7. <u>L</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>07</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>H</u>	17. <u>W</u>	18. <u>K</u>	19. <u>B</u>	20. <u>2</u>	21. <u>07</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>C</u>	27. <u>C</u>	28. <u>C</u>	29. <u>F</u>	30. <u>1</u>	31. <u>41</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>7</u>	36. <u>W</u>	37. <u>R</u>	38. <u>S</u>	39. <u>J</u>	40. <u>1</u>	41. <u>41</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>7</u>	46. <u>K</u>	47. <u>R</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>10</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>7</u>	56. <u>K</u>	57. <u>L</u>	58. <u>L</u>	59. <u>I</u>	60. <u>1</u>	61. <u>10</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>7</u>	66. <u>C</u>	67. <u>L</u>	68. <u>F</u>	69. <u>S</u>	70. <u>3</u>	71. <u>49</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>7</u>	76. <u>C</u>	77. <u>L</u>	78. <u>P</u>	79. <u>P</u>	80. <u>3</u>	81. <u>49</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

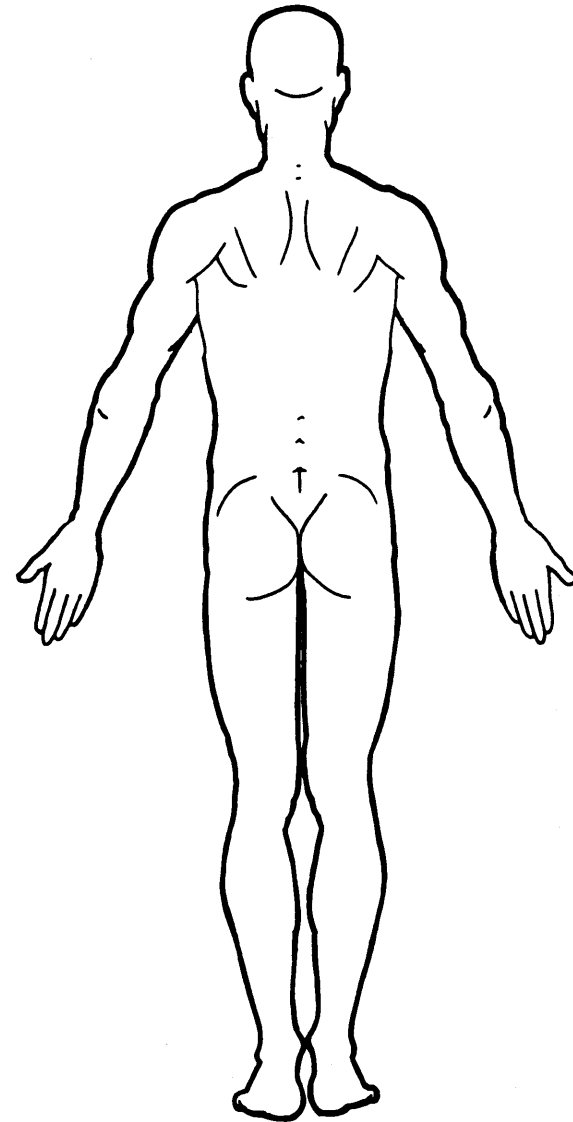
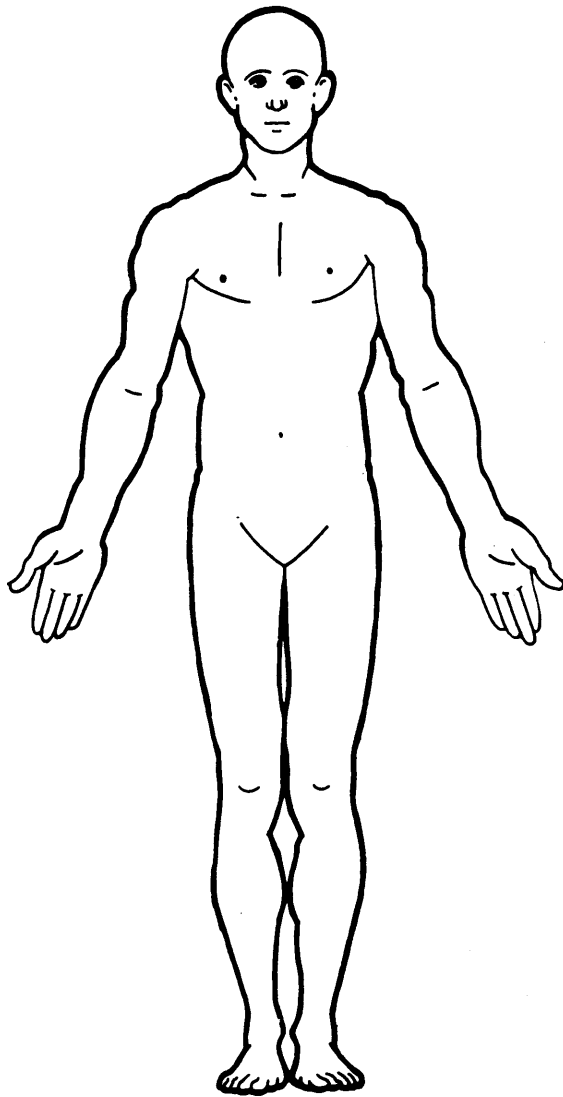
1st Review: 1D
2nd Review: _____

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

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

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

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

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____

- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): center arm rest

ROOF

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

FLOOR

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

REAR

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

System/Organ

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

(I) Integumentary

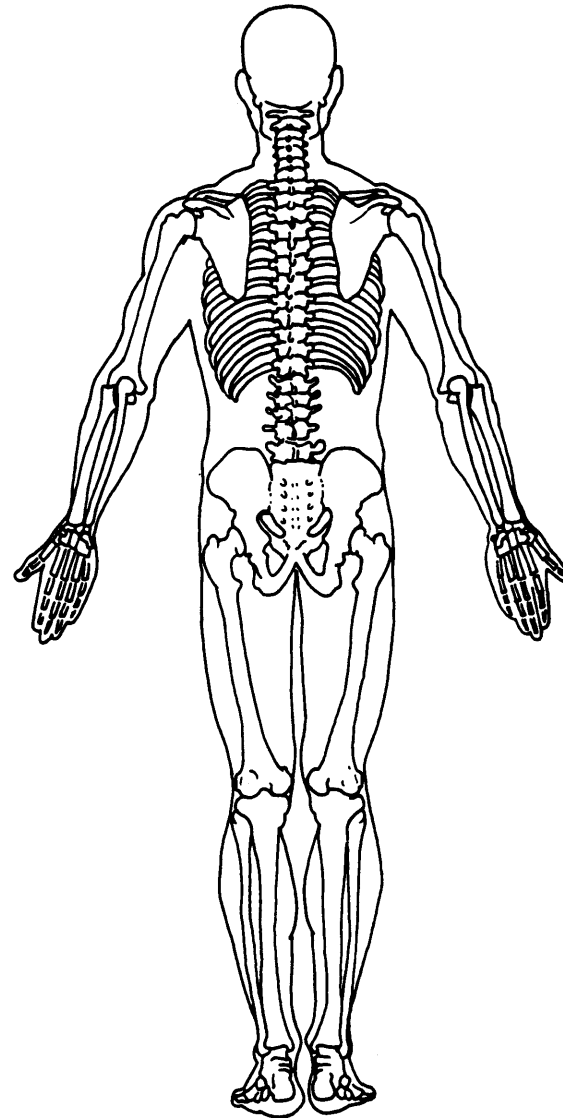
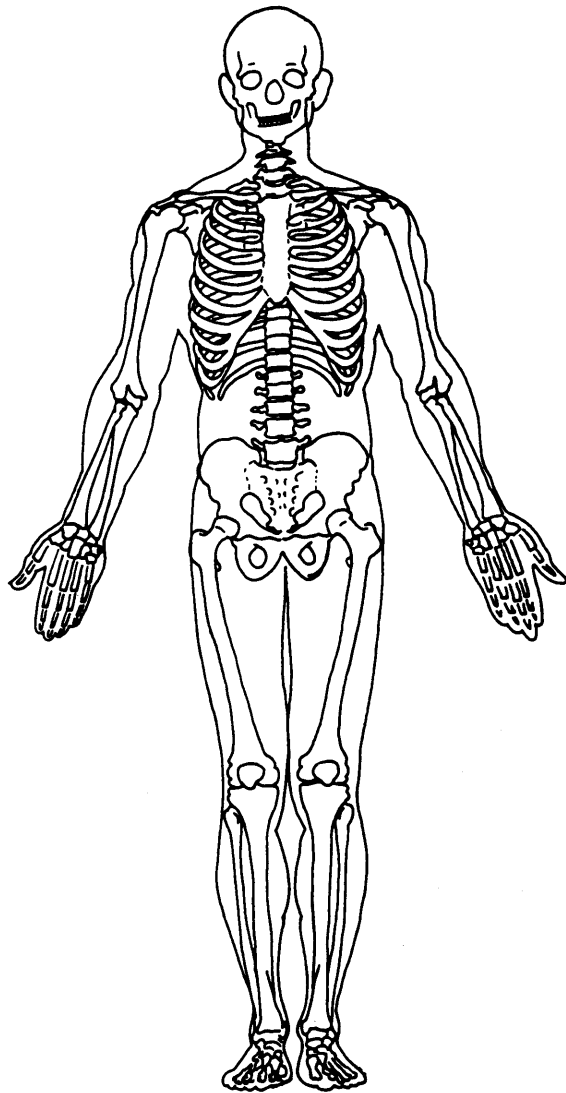
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

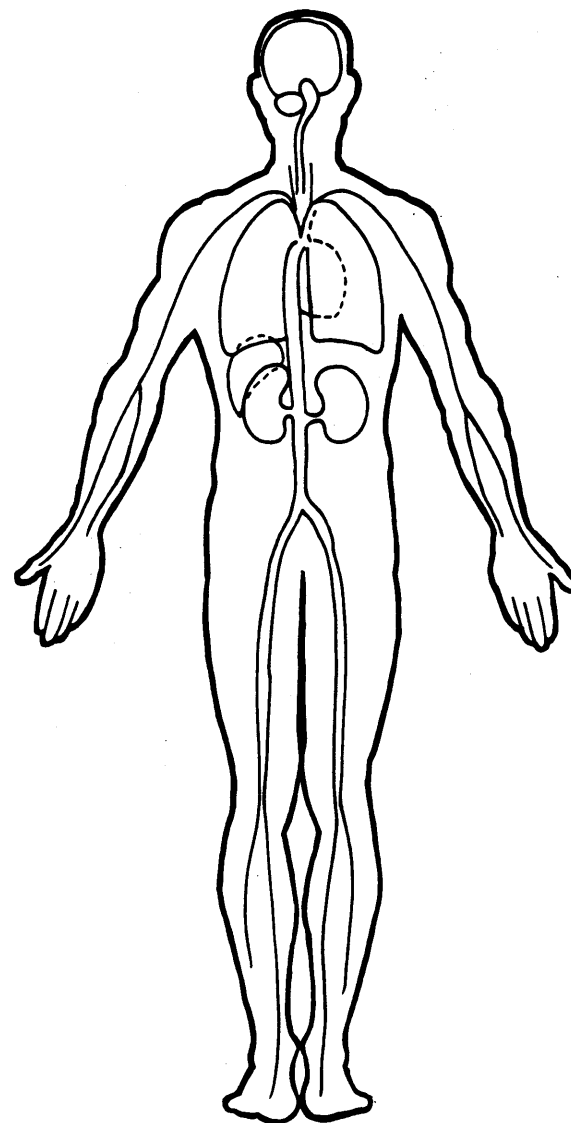
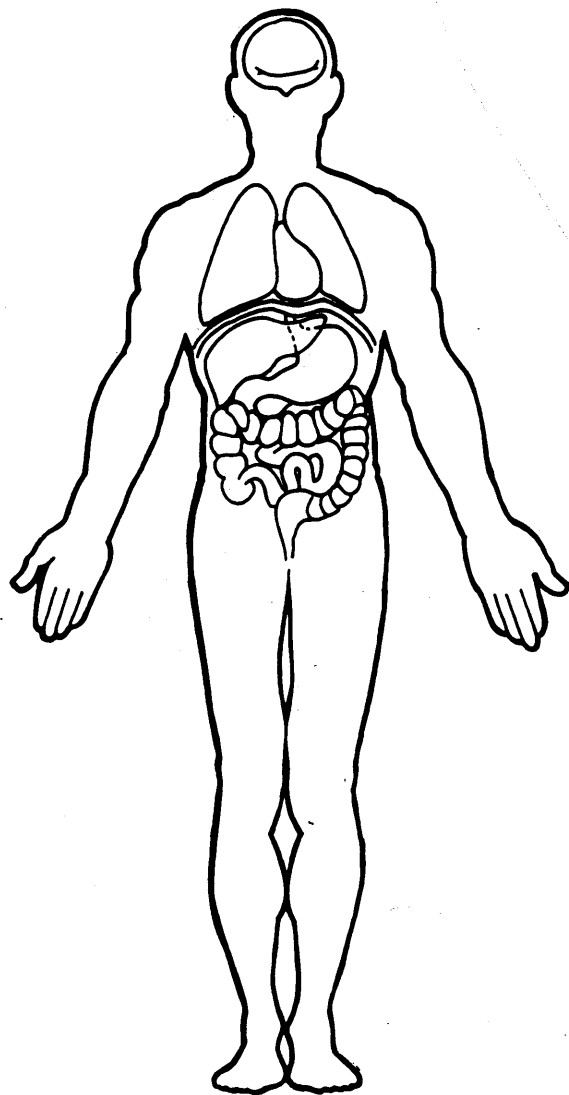
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





AIRBAG

UPDATE FORM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name:	[REDACTED]
2. Case Number - Stratum	<u>066A</u>	Address:	_____
3. Vehicle Number	<u>02</u>	_____	_____
4. Occupant Number	<u>1990 0201</u>	Other Information:	[REDACTED]

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

O.I.C. - A.I.S.										Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source						
1st 5.	<u>7</u>	6. <u>H</u>	7. <u>L</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>07</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>		
2nd 15.	<u>7</u>	16. <u>H</u>	17. <u>W</u>	18. <u>K</u>	19. <u>B</u>	20. <u>2</u>	21. <u>07</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>		
3rd 25.	<u>7</u>	26. <u>C</u>	27. <u>C</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>41</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>		
4th 35.	<u>7</u>	36. <u>W</u>	37. <u>R</u>	38. <u>S</u>	39. <u>J</u>	40. <u>1</u>	41. <u>41</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>		
5th 45.	<u>7</u>	46. <u>K</u>	47. <u>R</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>12</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>		
6th 55.	<u>7</u>	56. <u>K</u>	57. <u>L</u>	58. <u>L</u>	59. <u>I</u>	60. <u>1</u>	61. <u>10</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u>		
7th 65.	<u>7</u>	66. <u>C</u>	67. <u>L</u>	68. <u>F</u>	69. <u>S</u>	70. <u>3</u>	71. <u>49</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>		
8th 75.	<u>7</u>	76. <u>C</u>	77. <u>L</u>	78. <u>P</u>	79. <u>P</u>	80. <u>3</u>	81. <u>49</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>		
9th 85.	—	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —		
10th 95.	—	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —		

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>55</u>	<u>55</u>	OA35. Treatment - Mortality	<u>3</u>	<u>3</u>
OA05. Occupant's Age	<u>2</u>	<u>2</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	<u>1</u>
OA06. Occupant's Sex	<u>64</u>	<u>64</u>	OA37. Hospital Stay	<u>15</u>	<u>15</u>
OA07. Occupant's Height	<u>160</u>	<u>160</u>	OA38. Working Days Lost	<u>09</u>	<u>09</u>
OA08. Occupant's Weight	<u>4</u>	<u>4</u>	OA39. Time to Death	<u>00</u>	<u>00</u>
OA17. Manual (Active) Belt System Availability	<u>04</u>	<u>04</u>	OA40. 1st Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA18. Manual (Active) Belt System Use	<u>0</u>	<u>0</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA21. Automatic (Passive) Restraint System Availability	<u>0</u>	<u>0</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA22. Automatic (Passive) Restraint Function	<u>0</u>	<u>0</u>	OA43. Number of Recorded Injuries for This Occupant	<u>08</u>	<u>09</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>2</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>2</u>	11. <u>07</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>2</u>	16. <u>C</u>	17. <u>L</u>	18. <u>F</u>	19. <u>S</u>	20. <u>3</u>	21. <u>49</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>2</u>	26. <u>C</u>	27. <u>L</u>	28. <u>C</u>	29. <u>P</u>	30. <u>3</u>	31. <u>49</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>2</u>	36. <u>F</u>	37. <u>U</u>	38. <u>L</u>	39. <u>I</u>	40. <u>1</u>	41. <u>91</u>	42. <u>2</u>	43. <u>3</u>	44. <u>00</u>
5th	45. <u>2</u>	46. <u>K</u>	47. <u>R</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>¹⁰ 12</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>2</u>	56. <u>C</u>	57. <u>L</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>49</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>2</u>	66. <u>F</u>	67. <u>L</u>	68. <u>C</u>	69. <u>0</u>	70. <u>1</u>	71. <u>07</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>7</u>	76. <u>W</u>	77. <u>R</u>	78. <u>S</u>	79. <u>J</u>	80. <u>1</u>	81. <u>41</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>7</u>	86. <u>K</u>	87. <u>L</u>	88. <u>L</u>	89. <u>I</u>	90. <u>1</u>	91. <u>10</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

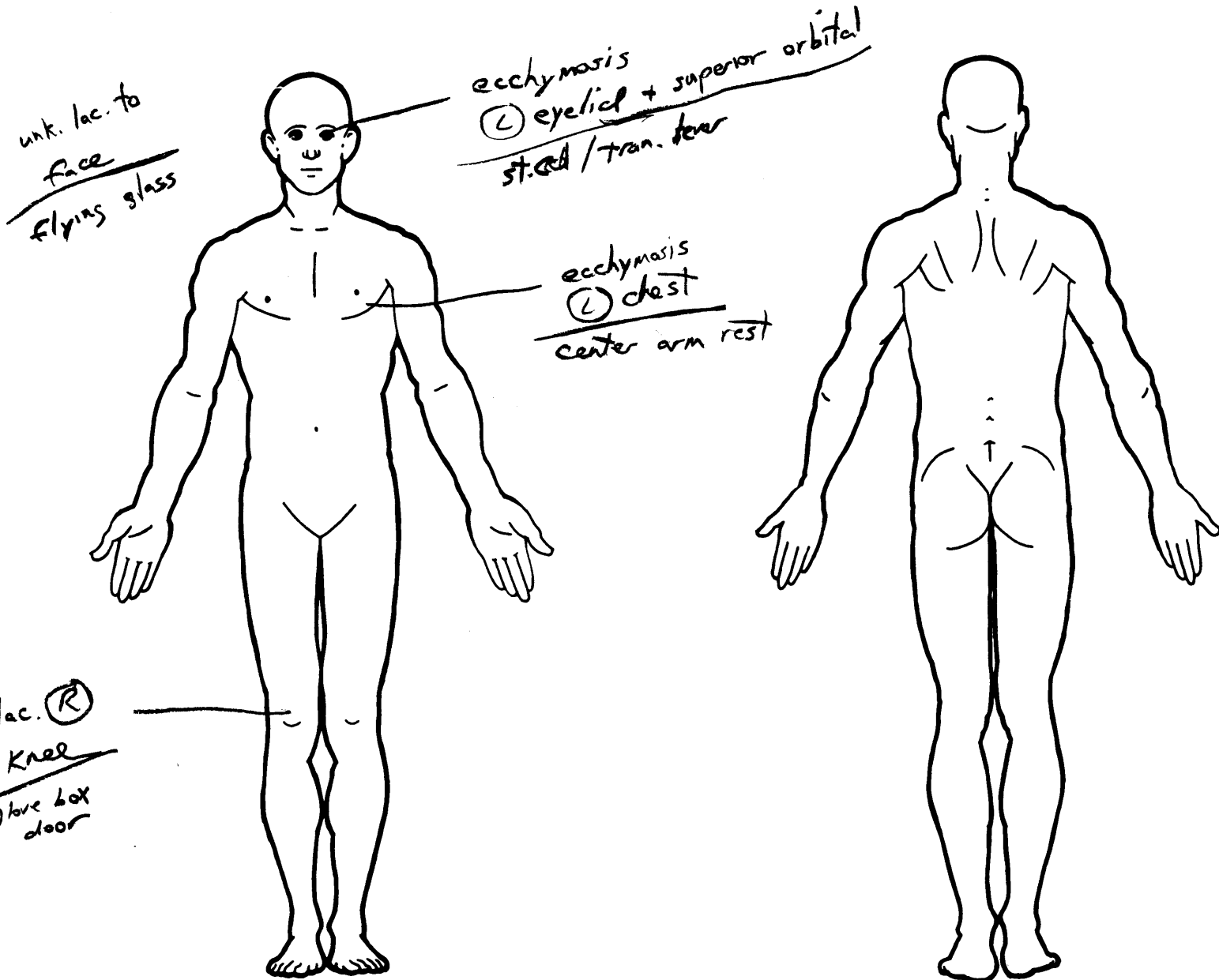
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

(27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

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

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist - hand

Aspect of Injury

- | | |
|------------------------------------|----------------------------------|
| (A) Anterior - front | (G) Detachment, separation |
| (B) Bilateral (rib fracture only). | (D) Dislocation |
| (C) Central | (F) Fracture |
| (I) Inferior - lower | (Z) Fracture and dislocation |
| (U) Injured, unknown aspect | (U) Injured, unknown lesion |
| (L) Left | (L) Laceration |
| (P) Posterior - back | (O) Other |
| (R) Right | (P) Perforation, puncture |
| (S) Superior - upper | (R) Rupture |
| (W) Whole region | (S) Sprain |
| | (T) Strain |
| | (E) Total severance, transection |

Lesion

- | | |
|----------------|----------------------------------|
| (A) Abrasion | (G) Detachment, separation |
| (M) Amputation | (D) Dislocation |
| (V) Avulsion | (F) Fracture |
| (B) Burn | (Z) Fracture and dislocation |
| (K) Concussion | (U) Injured, unknown lesion |
| (C) Contusion | (L) Laceration |
| (N) Crush | (O) Other |
| | (P) Perforation, puncture |
| | (R) Rupture |
| | (S) Sprain |
| | (T) Strain |
| | (E) Total severance, transection |

System/Organ

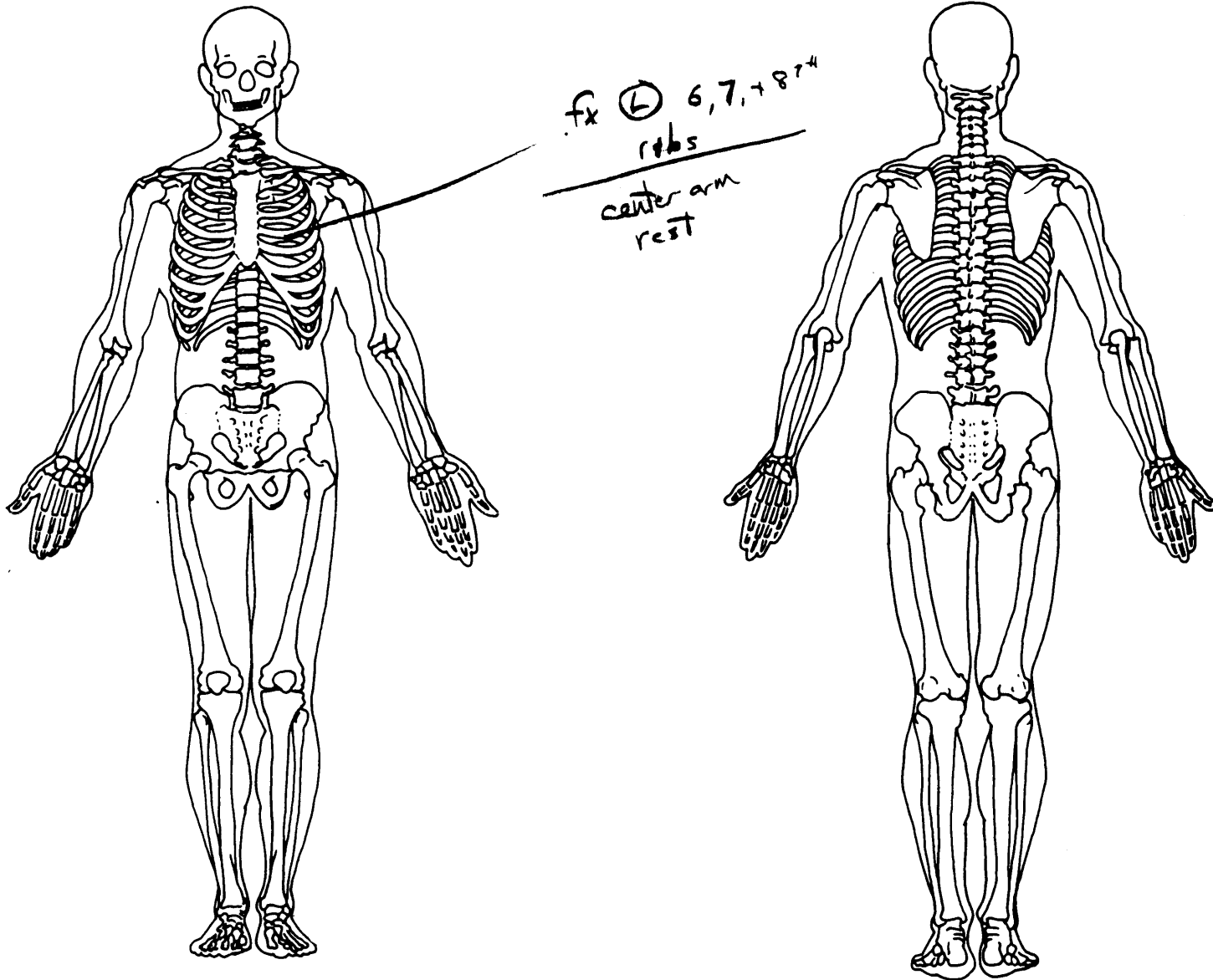
- | | |
|-----------------------------|------------------------------------|
| (W) All systems in region | (I) Integumentary |
| (A) Arteries - veins | (J) Joints |
| (B) Brain | (K) Kidneys |
| (D) Digestive | (L) Liver |
| (E) Ears | (M) Muscles |
| (O) Eye | (N) Nervous system |
| (H) Heart | (P) Pulmonary - lungs |
| (U) Injured, unknown system | (R) Respiratory |
| | (S) Skeletal |
| | (C) Spinal cord |
| | (Q) Spleen |
| | (T) Thyroid, other endocrine gland |
| | (G) Urogenital |
| | (V) Vertebrae |

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA – SKELETAL INJURIES

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

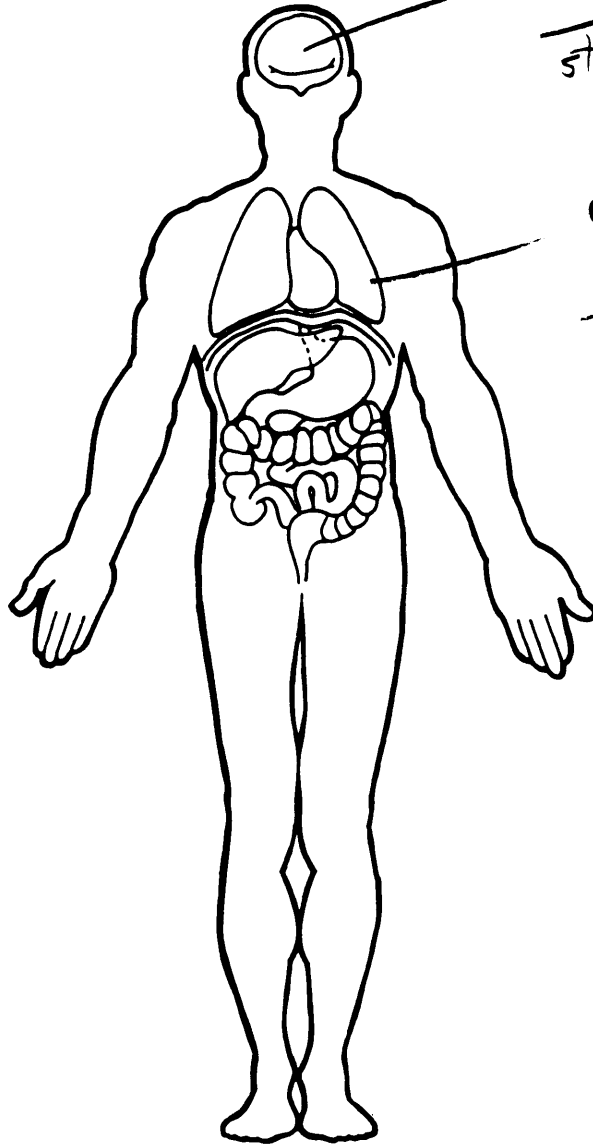


OFFICIAL INJURY DATA – INTERNAL INJURIES

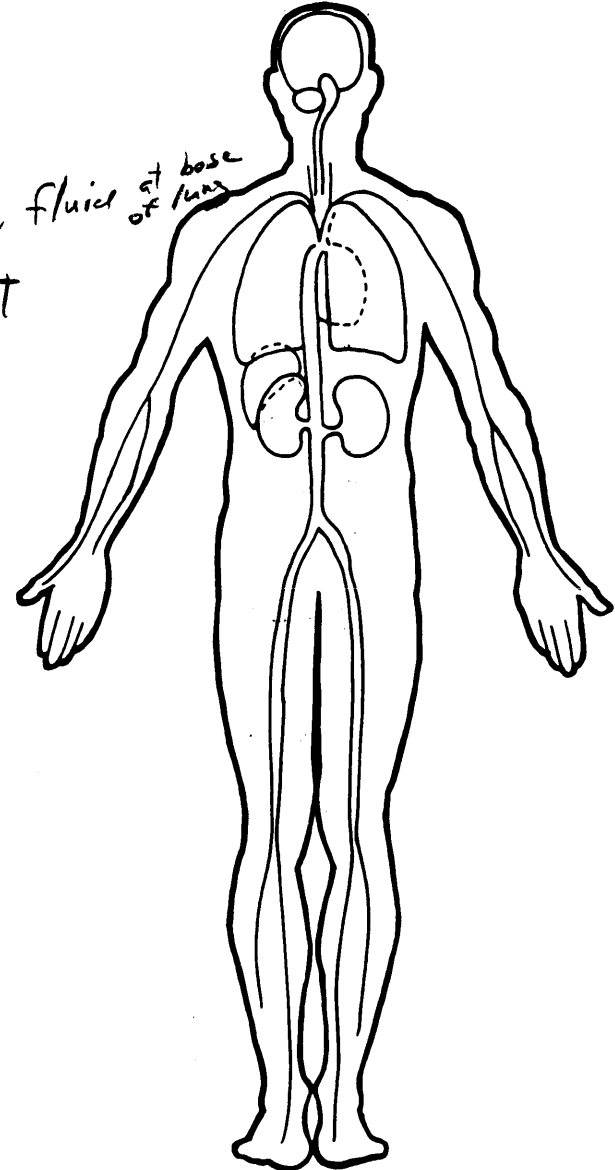
ICD 860.2 = hemothorax

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

closed head w/ no recollection of events
injury
st. col. / trans. lever



Ⓛ pulmonary
contusion w fluid at base of lungs
center arm rest



CRASHPC PROGRAM SUMMARY

Identifying Title
09 066A 01 ██████████ 90
 Primary Case No. - Stratum Accident Event Date (month, day, year) of Run
 Sampling Unit Sequence No.

CRASHPC Vehicle Identification

Vehicle 1	<u>1989</u>	<u>Dodge</u>	<u>Diplomat</u>	<u>1</u>
Vehicle 2	<u>1990</u>	<u>Dodge</u>	<u>Dynasty</u>	<u>2</u>
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1				VEHICLE 2			
Size	<u>4</u>			Size	<u>3</u>		
Weight	<u>3551</u>	<u>161</u>	<u>588</u>	Weight	<u>3200</u>	<u>314</u>	<u>0</u>
	Curb	Occupant(s)	Cargc		Curb	Occupant(s)	Cargc
CDC	<u>01 F D E W 3</u>			CDC	<u>10 L Y E W 4</u>		
PDOF	<u>+20</u>			PDOF	<u>11 - 40 - 70</u>		
Stiffness	<u>4</u>			Stiffness	<u>3</u>		

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1				VEHICLE 2			
Rest Position	<u>68.5</u>			Rest Position	<u>138.0</u>		
X	<u>69.71</u>	<u>75.74</u>	<u>76.0</u>	X	<u>140</u>	<u>144.75</u>	<u>138.0</u>
Y	<u>68.9</u>	<u>#</u>	<u>13.0</u>	Y	<u>8.0</u>	<u>3.2</u>	<u>0</u>
PSI	<u>195.0</u>			PSI	<u>0.0</u>		
Impact Position	<u>17.0</u>			Impact Position	<u>28.5</u>		
X	<u>23.25</u>	<u>17.0</u>	<u>0</u>	X	<u>38.0</u>	<u>28.5</u>	<u>25</u>
Y	<u>17.75</u>	<u>41.5</u>	<u>49.5</u>	Y	<u>42.0</u>	<u>45</u>	<u>42</u>
PSI	<u>357.0</u>			PSI	<u>267.0</u>		
Slip Angle	<u>0.0</u>			Slip Angle	<u>0.0</u>		

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1		VEHICLE 2	
Skidding	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Skidding	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Skidding Stop Before Rest	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
End-of-Skidding Position		End-of-Skidding Position	
X	_____	X	<u>83 85 90 95</u> <u>114</u> <u>90</u>
Y	_____	Y	<u>8</u> <u>23.5</u>
PSI	_____	PSI	<u>0.0</u> <u>0.0</u>
Curved Path	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path		Point on Path	
X	_____	X	_____
Y	_____	Y	_____
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input checked="" type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input checked="" type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

FRICITION INFORMATION

Coefficient of Friction: 66
 Rolling Resistance Option: 1

Vehicle 1 Rolling Resistance: 1.0
 LF 1.0 RF 1.0
 LR 3.0 RR 3.0

Vehicle 2 Rolling Resistance: 1.0
 LF 4.0 RF 3.0
 LR 0.0 RR 0.0

FWD Veh

TRAJECTORY INFORMATION

Trajectory Data No Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles

LF 00 RF 00
 LR 00 RR 00

Vehicle 2 Steer Angles

LF -10 RF -10
 LR 00 RR 00

Terrain Boundary No Yes

First Point

X _____ Y _____

Second Point

X _____ Y _____

Secondary Friction Coefficient _____

DAMAGE INFORMATION

VEHICLE 1 68.25
 Damage Length: 64

Crush Depths
 C1 28.25
 C2 21.75
 C3 20.00
 C4 15.50
 C5 10.75
 C6 7.75

Damage Offset = 0

VEHICLE 2 122.00
 Damage Length: 122.00

Crush Depths
 C1 0
 C2 3.4
 C3 14.0
 C4 13.75
 C5 12.50
 C6 0

Damage Offset = +41.85

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

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

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

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

100 Head Rubber

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	57.7	57.7	.0	
	VEH #2	5.6	5.6	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	28.3	-28.3	-1.1	2.2
	VEH #2	34.7	-21.9	26.9	-50.8

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	56.6	56.6	.0	
	VEH #2	6.0	6.0	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	28.0	-28.0	-1.1	2.2
	VEH #2	34.2	-21.6	26.5	-50.8

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

09-066A

IMPACT SPEED		TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
(LINEAR MOMENTUM	VEH #1	55.8	55.8	.0	
AND SPINOUT)	VEH #2	2.3	2.3	.0	
SPEED CHANGE		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
(DAMAGE)	VEH #1	22.3	-21.3	-6.3	16.5
	VEH #2	27.2	-21.9	16.2	-36.5
(LINEAR MOMENTUM	VEH #1	26.8	-26.8	.0	.1
AND SPINOUT)	VEH #2	32.8	-19.8	26.2	-52.9

ENERGY DISSIPATED BY DAMAGE VEH#1: 83792.3 FT-LB VEH#2: 94851.7 FT-LB

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

09-066A

IMPACT SPEED		TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
(LINEAR MOMENTUM	VEH #1	55.8	55.8	.0	
AND SPINOUT)	VEH #2	2.3	2.3	.0	
SPEED CHANGE		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
(DAMAGE)	VEH #1	22.3	-21.3	-6.3	16.5
	VEH #2	27.2	-21.9	16.2	-36.5
(LINEAR MOMENTUM	VEH #1	26.8	-26.8	.0	.1
AND SPINOUT)	VEH #2	32.8	-19.8	26.2	-52.9

ENERGY DISSIPATED BY DAMAGE VEH#1: 83792.3 FT-LB VEH#2: 94851.7 FT-LB

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	20.00 FT.	33.00 FT.
IMPACT Y-POSITION	16.00 FT.	18.00 FT.
IMPACT HEADING ANGLE	357.00 DEG.	230.00 DEG.
REST X-POSITION	76.00 FT.	144.75 FT.
REST Y-POSITION	13.00 FT.	8.00 FT.
REST HEADING ANGLE	195.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION		105.00 FT.
END-OF-ROTATION Y-POSITION		10.00 FT.
END-OF-ROTATION HEADING ANGLE		.00 DEG.
DIRECTION OF ROTATION	CCW	CW
AMOUNT OF ROTATION	<360	<360

COLLISION CONDITIONS

VEHICLE # 1		VEHICLE # 2	
XC10'	= 20.0 FT.	XC20'	= 33.0 FT.
YC10'	= 16.0 FT.	YC20'	= 18.0 FT.
PSI10	= 357.0 DEG.	PSI20	= 230.0 DEG.
PSI1D0	= .0 DEG/SEC	PSI2D0	= .0 DEG/SEC
BETA1	= .0 DEG.	BETA2	= .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1		VEHICLE #2	
US1	= 29.0 MPH	US2	= -17.4 MPH
VS1	= .0 MPH	VS2	= 26.2 MPH
PSISD1	= -93.3 DEG/SEC	PSISD2	= 102.7 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	54.6 MPH	1.8 MPH
SPEED ORTHOG. TO CG LINE:	-11.4 MPH	1.5 MPH
CLOSING VELOCITY (LINEAR MOMENTUM) :	56.3 MPH	

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 4
 STIFFNESS---CATEGORY 4
 WEIGHT----- 4300.0 LBS.
 CDC-----O1FDEW3
 L----- 68.3 IN.
 C1----- 28.3 IN.
 C2----- 21.8 IN.
 C3----- 20.0 IN.
 C4----- 15.5 IN.
 C5----- 10.8 IN.
 C6----- 7.8 IN.
 D----- .0
 RHO----- 1.00 *

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3514.0 LBS.
 CDC-----11LYEW4
 L----- 122.0 IN.
 C1----- .0 IN.
 C2----- 3.4 IN.
 C3----- 14.0 IN.
 C4----- 13.8 IN.
 C5----- 12.5 IN.
 C6----- .0 IN.
 D----- 41.8
 RHO----- 1.00 *

ANG----- 16.5 DEG.
 D'----- -6.5 IN.

ANG----- -36.5 DEG.
 D'----- 49.4 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.		A2	=	51.3	IN.
B1	=	59.2	IN.		B2	=	55.5	IN.
TR1	=	61.8	IN.		TR2	=	58.9	IN.
I1	=	41826.1	LB-SEC**2-IN		I2	=	30370.6	LB-SEC**2-IN
M1	=	11.180	LB-SEC**2/IN		M2	=	9.137	LB-SEC**2/IN
XF1	=	98.8	IN.		XF2	=	89.8	IN.
XR1	=	-114.0	IN.		XR2	=	-106.4	IN.
YS1	=	38.5	IN.		YS2	=	36.3	IN.

ROLLING RESISTANCE

VEHICLE # 1			VEHICLE # 2		
LF-----		.01	LF-----		1.00
RF-----		1.00	RF-----		.30
LR-----		.30	LR-----		.01
RR-----		.30	RR-----		.01
MU-----		.66			

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.		A2	=	51.3	IN.
B1	=	59.2	IN.		B2	=	55.5	IN.
TR1	=	61.8	IN.		TR2	=	58.9	IN.
I1	=	41826.1	LB-SEC**2-IN		I2	=	30370.6	LB-SEC**2-IN
M1	=	11.180	LB-SEC**2/IN		M2	=	9.137	LB-SEC**2/IN
XF1	=	98.8	IN.		XF2	=	89.8	IN.
XR1	=	-114.0	IN.		XR2	=	-106.4	IN.
YS1	=	38.5	IN.		YS2	=	36.3	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF-----	.01
RF-----	1.00
LR-----	.30
RR-----	.30
MU-----	.66

VEHICLE # 2

LF-----	1.00
RF-----	.30
LR-----	.01
RR-----	.01

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.	A2	=	51.3	IN.
B1	=	59.2	IN.	B2	=	55.5	IN.
TR1	=	61.8	IN.	TR2	=	58.9	IN.
I1	=	41826.1	LB-SEC**2-IN	I2	=	30370.6	LB-SEC**2-IN
M1	=	11.180	LB-SEC**2/IN	M2	=	9.137	LB-SEC**2/IN
XF1	=	98.8	IN.	XF2	=	89.8	IN.
XR1	=	-114.0	IN.	XR2	=	-106.4	IN.
YS1	=	38.5	IN.	YS2	=	36.3	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF-----	1.00
RF-----	1.00
LR-----	.30
RR-----	.30
MU-----	.66

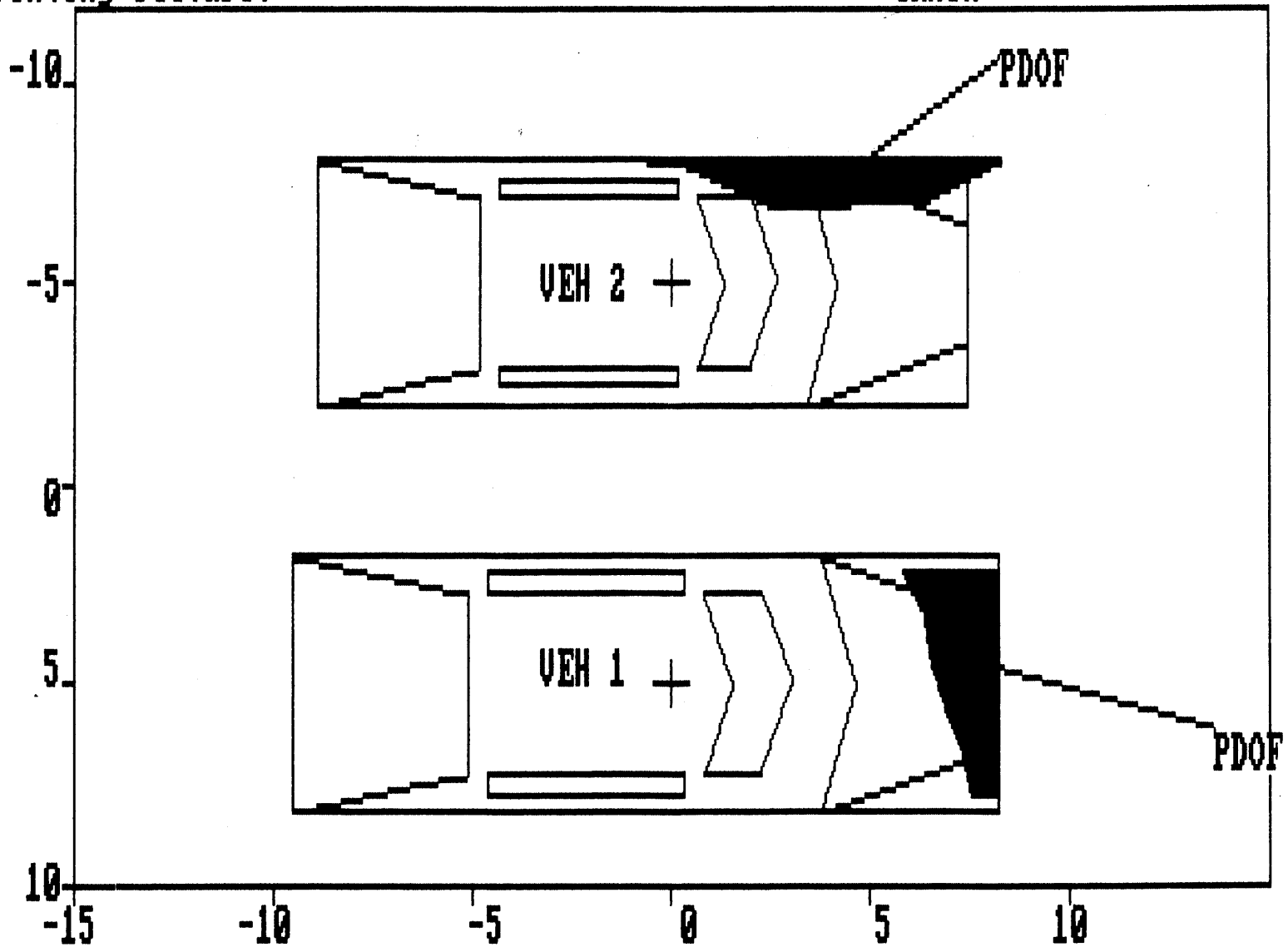
VEHICLE # 2

LF-----	1.00
RF-----	1.00
LR-----	.00
RR-----	.00

PRESS ANY KEY TO CONTINUE

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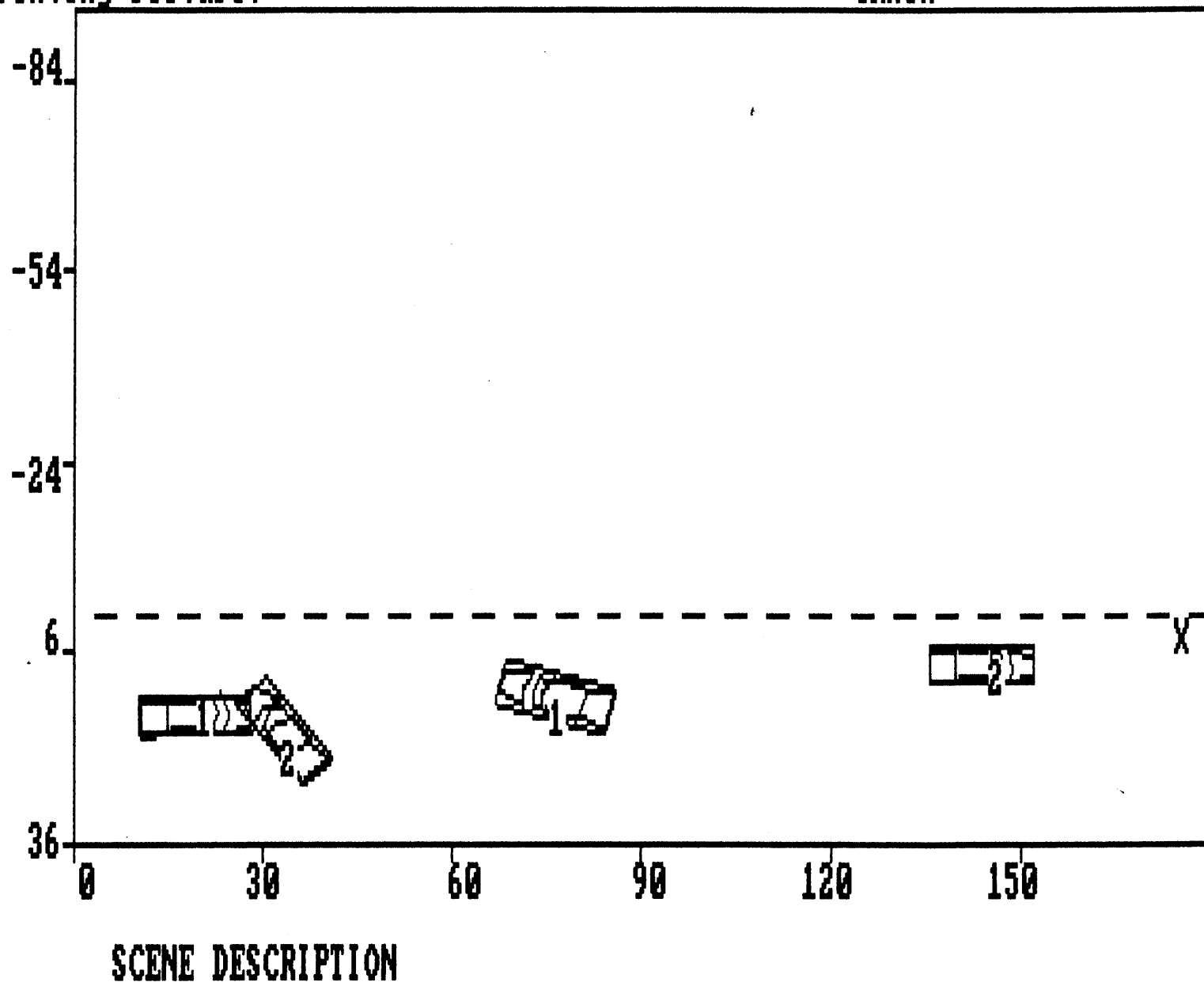
CRASH



DAMAGE DESCRIPTION

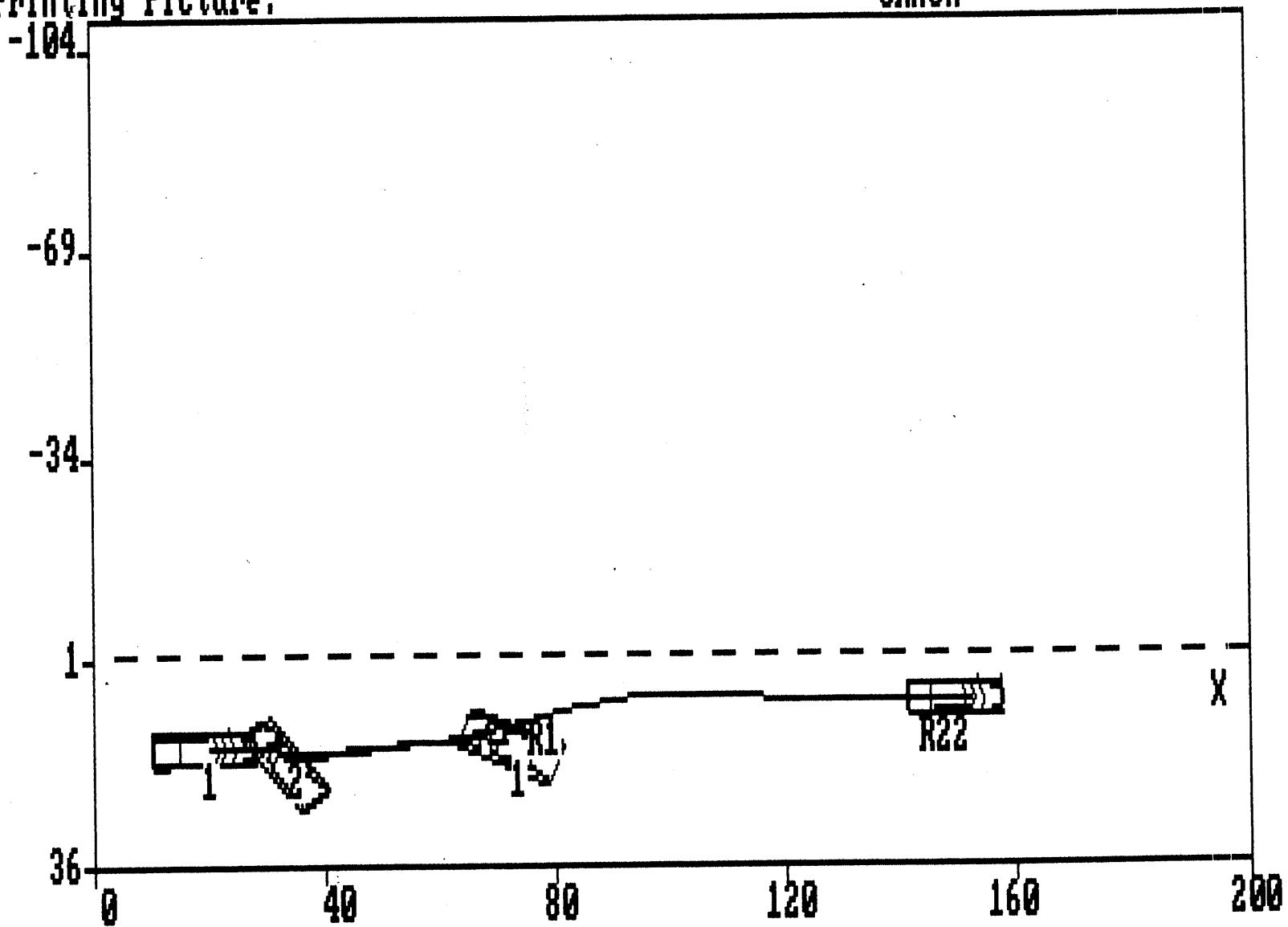
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CRASH



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CRASH



TRAJECTORY PATH

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)		VEH #1	VEH #2	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
				53.9	53.9	.0	
				5.6	5.6	.0	
SPEED CHANGE (DAMAGE)		VEH #1	VEH #2	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
				22.1	-20.7	-7.7	20.5
				27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)		VEH #1	VEH #2	25.9	-25.9	-1.0	2.3
				31.7	-20.1	24.6	-50.7

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

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SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)		VEH #1	VEH #2	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
				54.7	54.7	.0	
				7.2	7.2	.0	
SPEED CHANGE (DAMAGE)		VEH #1	VEH #2	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
				22.1	-20.7	-7.7	20.5
				27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)		VEH #1	VEH #2	26.8	-26.7	-2.1	4.5
				32.8	-21.7	24.6	-48.5

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	55.9	55.9	.0	
	VEH #2	9.6	9.6	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	28.1	-27.9	-3.7	7.5
	VEH #2	34.4	-24.1	24.6	-45.5

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

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V#1
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SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	55.0	55.0	.0	
	VEH #2	10.1	10.1	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	27.8	-27.5	-4.0	8.3
	VEH #2	34.0	-24.2	23.9	-44.7

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

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= 148*

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SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	54.8	54.8	.0	
	VEH #2	10.0	10.0	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	27.7	-27.4	-4.0	8.3
	VEH #2	33.9	-24.1	23.8	-44.7

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	55.7	55.7	.0	
	VEH #2	11.8	11.8	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	28.5	-28.0	-5.1	10.4
	VEH #2	34.9	-25.7	23.6	-42.6

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

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SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

*FRP
X=21*

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	55.5	55.5	.0	
	VEH #2	11.9	11.9	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	28.4	-27.9	-5.3	10.7
	VEH #2	34.8	-25.7	23.4	-42.3

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

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SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

RF-1

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	54.1	54.1	.0	
	VEH #2	11.6	11.6	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	27.8	-27.3	-5.1	10.6
	VEH #2	34.0	-25.1	22.9	-42.4

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	53.3	53.3	.0	
	VEH #2	12.1	12.1	.0	

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-20.7	-7.7	20.5
	VEH #2	27.0	-22.8	14.5	-32.5

(LINEAR MOMENTUM AND SPINOUT)	VEH #1	27.7	-27.2	-5.3	11.0
	VEH #2	33.9	-25.2	22.7	-42.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

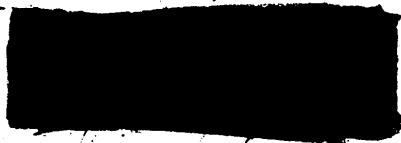
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INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT

CASE 09-066A ZC RUN

Not a good run



IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	58.3	58.3	.0	
	VEH #2	10.6	10.6	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1	-21.1	-6.8	18.0
	VEH #2	27.1	-21.4	16.7	-38.0
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	30.2	-30.2	-1.0	1.9
	VEH #2	36.9	-21.6	29.9	-54.1

ENERGY DISSIPATED BY DAMAGE VEH#1: 85165.8 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	17.00 FT.	32.00 FT.
IMPACT Y-POSITION	41.50 FT.	41.00 FT.
IMPACT HEADING ANGLE	357.00 DEG.	233.00 DEG.
REST X-POSITION	68.50 FT.	138.00 FT.
REST Y-POSITION	37.00 FT.	32.00 FT.
REST HEADING ANGLE	195.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION		90.00 FT.
END-OF-ROTATION Y-POSITION		23.50 FT.
END-OF-ROTATION HEADING ANGLE		.00 DEG.

DIRECTION OF ROTATION

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

COLLISION CONDITIONS

VEHICLE # 1		VEHICLE # 2	
XC10'	= 17.0 FT.	XC20'	= 32.0 FT.
YC10'	= 41.5 FT.	YC20'	= 41.0 FT.
PSI10	= 357.0 DEG.	PSI20	= 233.0 DEG.
PSI1D0	= .0 DEG/SEC	PSI2D0	= .0 DEG/SEC
BETA1	= .0 DEG.	BETA2	= .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1		VEHICLE #2	
US1	= 28.2 MPH	US2	= -11.0 MPH
VS1	= -1.0 MPH	VS2	= 29.9 MPH
PSISD1	= -101.3 DEG/SEC	PSISD2	= 133.5 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	58.3 MPH	6.1 MPH
SPEED ORTHOG. TO CG LINE:	-1.1 MPH	8.7 MPH
CLOSING VELOCITY (LINEAR MOMENTUM) :	64.4 MPH	

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 4
 STIFFNESS---CATEGORY 4
 WEIGHT----- 4300.0 LBS.
 CDC-----01FDEW3
 L----- 68.3 IN.
 C1----- 28.3 IN.
 C2----- 21.8 IN.
 C3----- 20.0 IN.
 C4----- 15.5 IN.
 C5----- 10.8 IN.
 C6----- 7.8 IN.
 D----- .0
 RHO----- 1.00 *

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3514.0 LBS.
 CDC-----11LYEW4
 L----- 122.0 IN.
 C1----- .0 IN.
 C2----- 3.4 IN.
 C3----- 14.0 IN.
 C4----- 13.8 IN.
 C5----- 12.5 IN.
 C6----- .0 IN.
 D----- 41.8
 RHO----- 1.00 *
 ANG----- -38.0 DEG.
 D'----- 49.4 IN.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

066A TRAJECTORY

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH),	LAT. (MPH)	
	VEH #1	36.7	36.7	.0	
	VEH #2	2.2	2.2	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	17.5	-16.5	-6.0	20.0
	VEH #2	21.5	-7.3	20.2	-70.0
(LINEAR MOMENTUM AND SPINOUT)	VEH #1				
	VEH #1	15.9	-15.9	-.7	2.6
	VEH #2	19.5	-.9	19.5	-87.4
ENERGY DISSIPATED BY DAMAGE		VEH#1: 81805.7 FT-LB	VEH#2: 53704.8 FT-LB		

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	17.00 FT.	28.50 FT.
IMPACT Y-POSITION	41.50 FT.	45.00 FT.
IMPACT HEADING ANGLE	357.00 DEG.	267.00 DEG.
REST X-POSITION	68.50 FT.	138.00 FT.
REST Y-POSITION	37.00 FT.	32.00 FT.
REST HEADING ANGLE	195.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION	17.00 FT.	28.50 FT.
END-OF-ROTATION Y-POSITION	41.50 FT.	45.00 FT.
END-OF-ROTATION HEADING ANGLE	357.00 DEG.	267.00 DEG.
DIRECTION OF ROTATION	CCW	CW
AMOUNT OF ROTATION	<360	<360

COLLISION CONDITIONS

VEHICLE # 1	VEHICLE # 2
XC10' = 17.0 FT.	XC20' = 28.5 FT.
YC10' = 41.5 FT.	YC20' = 45.0 FT.
PSI10 = 357.0 DEG.	PSI20 = 267.0 DEG.
PSI1D0 = .0 DEG/SEC	PSI2D0 = .0 DEG/SEC
BETA1 = .0 DEG.	BETA2 = .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1	VEHICLE #2
US1 = 20.8 MPH	US2 = 1.3 MPH
VS1 = -.7 MPH	VS2 = 19.5 MPH
PSISD1 = .0 DEG/SEC	PSISD2 = .0 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	34.5 MPH	.7 MPH
SPEED ORTHOG. TO CG LINE:	-12.5 MPH	2.0 MPH
CLOSING VELOCITY (LINEAR MOMENTUM) :	35.2 MPH	

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 4
STIFFNESS---CATEGORY 4
WEIGHT----- 4300.0 LBS.
CDC-----01FDEW3
L----- 64.0 IN.
C1----- 28.3 IN.
C2----- 21.8 IN.
C3----- 20.0 IN.
C4----- 15.5 IN.
C5----- 10.8 IN.
C6----- 7.8 IN.
D----- .0
RHO----- 1.00 *

TYPE-----CATEGORY 3
STIFFNESS---CATEGORY 3
WEIGHT----- 3514.0 LBS.
CDC-----10LYEW4
L----- 122.0 IN.
C1----- .0 IN.
C2----- 3.4 IN.
C3----- 14.0 IN.
C4----- 13.8 IN.
C5----- 12.5 IN.
C6----- .0 IN.
D----- 41.8
RHO----- 1.00 *

ANG----- 20.0 DEG.
D'----- -6.1 IN.

ANG----- -70.0 DEG.
D'----- 49.4 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.		A2	=	51.3	IN.
B1	=	59.2	IN.		B2	=	55.5	IN.
TR1	=	61.8	IN.		TR2	=	58.9	IN.
I1	=	41826.1	LB-SEC**2-IN		I2	=	30370.6	LB-SEC**2-IN
M1	=	11.180	LB-SEC**2/IN		M2	=	9.137	LB-SEC**2/IN
XF1	=	98.8	IN.		XF2	=	89.8	IN.
XR1	=	-114.0	IN.		XR2	=	-106.4	IN.
YS1	=	38.5	IN.		YS2	=	36.3	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF-----	1.00
RF-----	.10
LR-----	.30
RR-----	.30
MU-----	.66

VEHICLE # 2

LF-----	.40
RF-----	.30
LR-----	.00
RR-----	.00

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

SUMMARY (SPINOUT)
 SUMMARY (TRAJECTORY)
 DETAIL
 SCENE
 COLLISION & SEPARATION
 TRAJECTORY
 DAMAGE
 GENERAL INFORMATION
 EXIT

SELECT DEVICE

SCREEN
 DISK
 PRINTER

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE 09-066A ZC RUN

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	
	VEH #1	50.9	50.9	.0	
	VEH #2	12.5	12.5	.0	
SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	22.1 <i>24.3</i>	-20.7 <i>23.4</i>	-7.7 <i>6.4</i>	20.5
	VEH #2	27.0	-22.8	14.5	-32.5
(LINEAR MOMENTUM AND SPINOUT)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	26.5	-26.0	-5.0	10.9
	VEH #2	32.5 <i>29.6</i>	-24.1 <i>23.5</i>	21.7 <i>18.1</i>	-42.1

ENERGY DISSIPATED BY DAMAGE VEH#1: 87801.6 FT-LB VEH#2: 94851.7 FT-LB

PRESS ANY KEY TO CONTINUE

SCENE INFORMATION

	VEHICLE # 1	VEHICLE # 2
IMPACT X-POSITION	23.25 FT.	38.00 FT.
IMPACT Y-POSITION	17.75 FT.	17.50 FT.
IMPACT HEADING ANGLE	357.00 DEG.	230.00 DEG.
REST X-POSITION	69.00 FT.	140.00 FT.
REST Y-POSITION	6.00 FT.	8.00 FT.
REST HEADING ANGLE	195.00 DEG.	.00 DEG.
END-OF-ROTATION X-POSITION		83.00 FT.
END-OF-ROTATION Y-POSITION		8.00 FT.
END-OF-ROTATION HEADING ANGLE		.00 DEG.
DIRECTION OF ROTATION	CCW	CW
AMOUNT OF ROTATION	<360	<360

PRESS ANY KEY TO CONTINUE

COLLISION CONDITIONS

VEHICLE # 1	VEHICLE # 2
XC10' = 23.3 FT.	XC20' = 38.0 FT.
YC10' = 17.8 FT.	YC20' = 17.5 FT.
PSI10 = 357.0 DEG.	PSI20 = 230.0 DEG.
PSI1D0 = .0 DEG/SEC	PSI2D0 = .0 DEG/SEC
BETA1 = .0 DEG.	BETA2 = .0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1	VEHICLE #2
US1 = 24.9 MPH	US2 = -11.6 MPH
VS1 = -5.0 MPH	VS2 = 21.7 MPH
PSISD1 = -100.5 DEG/SEC	PSISD2 = 157.3 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	50.9 MPH	7.9 MPH
SPEED ORTHOG. TO CG LINE:	-1.8 MPH	9.7 MPH
CLOSING VELOCITY (LINEAR MOMENTUM) :	58.8 MPH	

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
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SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 4
 STIFFNESS---CATEGORY 4
 WEIGHT----- 4300.0 LBS.
 CDC-----01FDEW3
 L----- 68.3 IN.
 C1----- 28.3 IN.
 C2----- 21.8 IN.
 C3----- 20.0 IN.
 C4----- 15.5 IN.
 C5----- 10.8 IN.
 C6----- 7.8 IN.
 D----- .0
 RHO----- 1.00 *

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3514.0 LBS.
 CDC-----11LYEW4
 L----- 122.0 IN.
 C1----- .0 IN.
 C2----- 3.4 IN.
 C3----- 14.0 IN.
 C4----- 13.8 IN.
 C5----- 12.5 IN.
 C6----- .0 IN.
 D----- 41.8
 RHO----- 1.00 *
 ANG----- -32.5 DEG.
 D'----- 49.4 IN.

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
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DIMENSIONS AND INERTIAL PROPERTIES

A1 = 54.7 IN.	A2 = 51.3 IN.
B1 = 59.2 IN.	B2 = 55.5 IN.
TR1 = 61.8 IN.	TR2 = 58.9 IN.
I1 = 41826.1 LB-SEC**2-IN	I2 = 30370.6 LB-SEC**2-IN
M1 = 11.180 LB-SEC**2/IN	M2 = 9.137 LB-SEC**2/IN
XF1 = 98.8 IN.	XF2 = 89.8 IN.
XR1 = -114.0 IN.	XR2 = -106.4 IN.
YS1 = 38.5 IN.	YS2 = 36.3 IN.

ROLLING RESISTANCE

VEHICLE # 1

VEHICLE # 2

LF----- 1.00
 RF----- .10
 LR----- .30
 RR----- .30
 MU----- .66

LF----- 1.00
 RF----- .30
 LR----- .01
 RR----- .01

PRESS ANY KEY TO CONTINUE

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 PASSIVE AVAILABILITY OA21 equals 1-3.

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18 does not
HH1274 equal 00 or PASSIVE FUNCTION OA22 does not equal 0).

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 PASSIVE AVAILABILITY OA21 equals 1-3.

TT0371 2 If LESION OI08(n) equals A, C or V, then INJURY SOURCE OI11(n)
TT0372 should not equal 91. [REDACTED] [REDACTED]

ERROR SUMMARY SCREEN

██████████, 1991

CURRENT VERSION: 3.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	3	Y
Occupant Injury	0	0	1	N
Total Inter Errors		0	1	
Total Case Errors	0	0	5	



SLIDE INDEX

Primary Sampling Unit Number <u>09</u>			Case Number—Stratum <u>066A</u>
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-6	V-1	North	V-1 approach to intersection
7	V-1	North	Pt. of max. engagement / gouge from V-2 LF wheel
8	V-1/V-2	North	direction of both V1-V2 post impact trajectory
9	V-1	North	Area of V-1 FRP / Radiator fluid spills of V-1
10	V-2	North	direction of V2 heading toward FRP
11	V-2	North	Area of V2 FRP / Brake fluid of V2 LF
12-13	V-2	South	Looking back from behind V2 FRP (V2 post impact path)
14-18	V-1	South	Looking back over V1 Path of travel
19-22	V-2	West	V2 approach to intersection
23	V2	W/SW	Area of max engagement / V2 LF wheel gouge
24-25	V2	East	Looking back over V2 approach to FHE
26-39	V1		V1 Exterior
40-45	V1		V1 Interior
46-49	V1		V1 LF lower dash and intruded toe pan
50-56	V1		V1 airbag - deployed during accident
57	V1		V1 RF interior door
58	V1		Buckled roof over B pillar - minor roof intrusion
59	V1		LF belt depicting stretched belt
60	V1		V1 Rear seat area
61	V2	V2	V2 VIN
62-86	V2		V2 Exterior
87-93	V2		V2 Interior
94	V2		V2 Interior RF seat / center-left arm rest
95	V2		(R) side of LF seat
96	V2		Intrusion of lower A pillar on LF driver
97-99	V2		V2 steering column deformity
100-102	V2		V2 Interior



PSU 09-068A(1990) #1



PSU 09-086A(1990) #2



PSU 09-066A(1990) #3



PSU 09-066A(1990) #4



PSU 09-066A(1990) #5



PSU 09-066A(1990) #6



PSU 09-066A(1990) #7



PSU 09-066A(1990) #8



PSU 09-066A(1990) #9



PSU 09-066A(1990) #10



PSU 09-068A(1990) #11



PSU 09-066A(1990) #12



PSU 09-066A(1990) #13



PSU 09-066A(1990) #14



PSU 09-066A(1990) #15



PSU 09-066A(1990) #16



FSU 09-066A(1990) #17



PSU 09-066A(1990) #18



PSU 09-068A(1990) #19



PSU 09-066A(1990) #20



PSU 09-066A(1990) #21



PSU 09-066A(1990) #22



PSU 09-066A(1990) #23



PSU 09-066A(1990) #24



PSU 09-066A(1990) #25



PSU 09-066A (1990) #26



PSU 09-068A (1990) #27



PSU 09-066A (1990) #28



PSU 09-066A (1990) #29



PSU 09-066A (1990) #30



PSU 09-066A (1990) #31



PSU 09-086A (1990) #32



PSU 09-066A (1990) #33



PSU 09-066A (1990) #34



PSU 09-068A (1990) #35



PSU 09-066A (1990) #38



PSU 09-066A (1990) #37



PSU 09-066A (1990) #38



PSU 09-066A (1990) #39



PSU 09-066A (1980) #40



PSU 09-066A (1990) #41



PSU 09-066A (1990) #42



PSU 09-066A (1990) #43



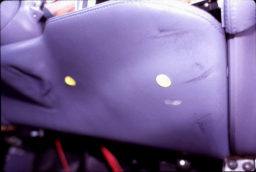
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PSU 09-086A (1990) #46



PSU 09-066A (1990) #47



PSU 09-066A (1990) #48



PSU 09-066A (1990) #49



PSU 09-066A (1990) #50



PSU 09-066A (1990) #51



PSU 09-066A (1990) #52



PSU 09-066A (1980) #53



PSU 09-068A (1990) #54
Best Available



PSU 09-066A (1990) #55
Best Available



PSU 09-066A (1990) #56
Best Available



PSU 09-068A (1990) #67
Best Available



PSU 09-086A (1990) #5B
Best Available



PSU 09-066A (1990) #59
Best Available



PSU 09-066A (1990) #60
Best Available



PSU 09-086A (1990) #61
Best Available



PSU 09-086A (1990) #62
Best Available



PSU 09-068A (1990) #63
Best Available



**PSU 09-066A (1990) #64
Best Available**



PSU 09-068A (1990) #65
Best Available



PSU 09-066A (1990) #66
Best Available



PSU 09-066A (1990) #67
Best Available



PSU 09-086A (1990) #68
Best Available



PSU 09-066A (1990) #69



PSU 09-066A (1990) #70
Best Available



PSU 09-066A (1990) #71



PSU 09-066A (1990) #72



PSU 09-066A (1990) #73



PSU 09-086A (1990) #74



PSU 09-066A (1990) #75



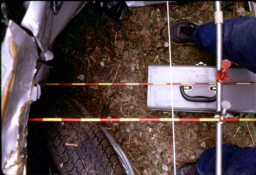
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PSU 09-066A (1990) #77
Best Available



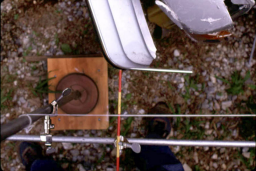
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PSU 09-066A (1990) #80



PSU 09-066A (1990) #81



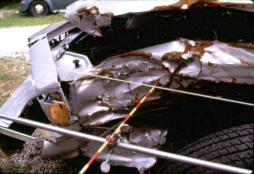
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PSU 09-066A (1990) #83



PSU 09-065A (1990) #84



PSU 09-066A (1890) #85



PSU 09-066A (1990) #86



PSU 08-066A (1990) #87



PSU 09-068A (1990) #88



PSU 09-066A (1990) #89



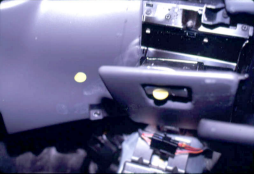
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PSU 09-066A (1990) #91



PSU 09-066A (1990) #92



PSU 09-066A (1990) #93



PSU 09-066A (1990) #94



PSU 09-066A (1990) #95



PSU 09-066A(1990) #96



PSU 09-066A (1990) #97



PSU 09-066A (1990) #98



PSU 09-066A (1990) #99



PSU 09-068A (1990) #100



PSU 09-066A (1990) #101



PSU 09-066A (1990) #102



PSU 09-066A (1990) #103



PSU 09-066A (1990) #104



PSU 09-066A (1990) #105



PSU 09-065A (1990) #106
Best Available



PSU 09-066A (1990) #107

Best Available



PSU 09-086A (1990) #108



PSU 09-066A (1990) #109