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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 09 CASE NO. 184-A TYPE OF ACCIDENT CAR/CAR -RIGHT ANGLED

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 eastbound state roadway. Vehicle #2 was westbound same state roadway. Vehicle #1 for unknown reason/purpose crossed center lines contacting the concrete barrier on westbound side and was continuing to slide eastward across east and west bound lanes when vehicle #2 made contact to vehicle #1.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Full Size	1991/Mercury/Grand Marquis	Right	Major	B-Pillar
2	Intermediate	1984/Chevrolet/ Citation	Front	Major	Steering Column

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 with AirBag	Unknown	Unknown	Unknown	
2	Driver	Left Front	None	INJURED	DETAILS	UNKNOWN	
2	Passenger	Center Front	None	"			"
2	Passenger	Right Front	None	"			"
2	Passenger	Left Rear	None	"			"
2	Passenger	Center Rear	None	"			"
2	Passenger	Right Rear	None	"			"
2	Passenger	Right Rear	None	"			"

DO NOT SANITIZE THIS FORM

30 MPH

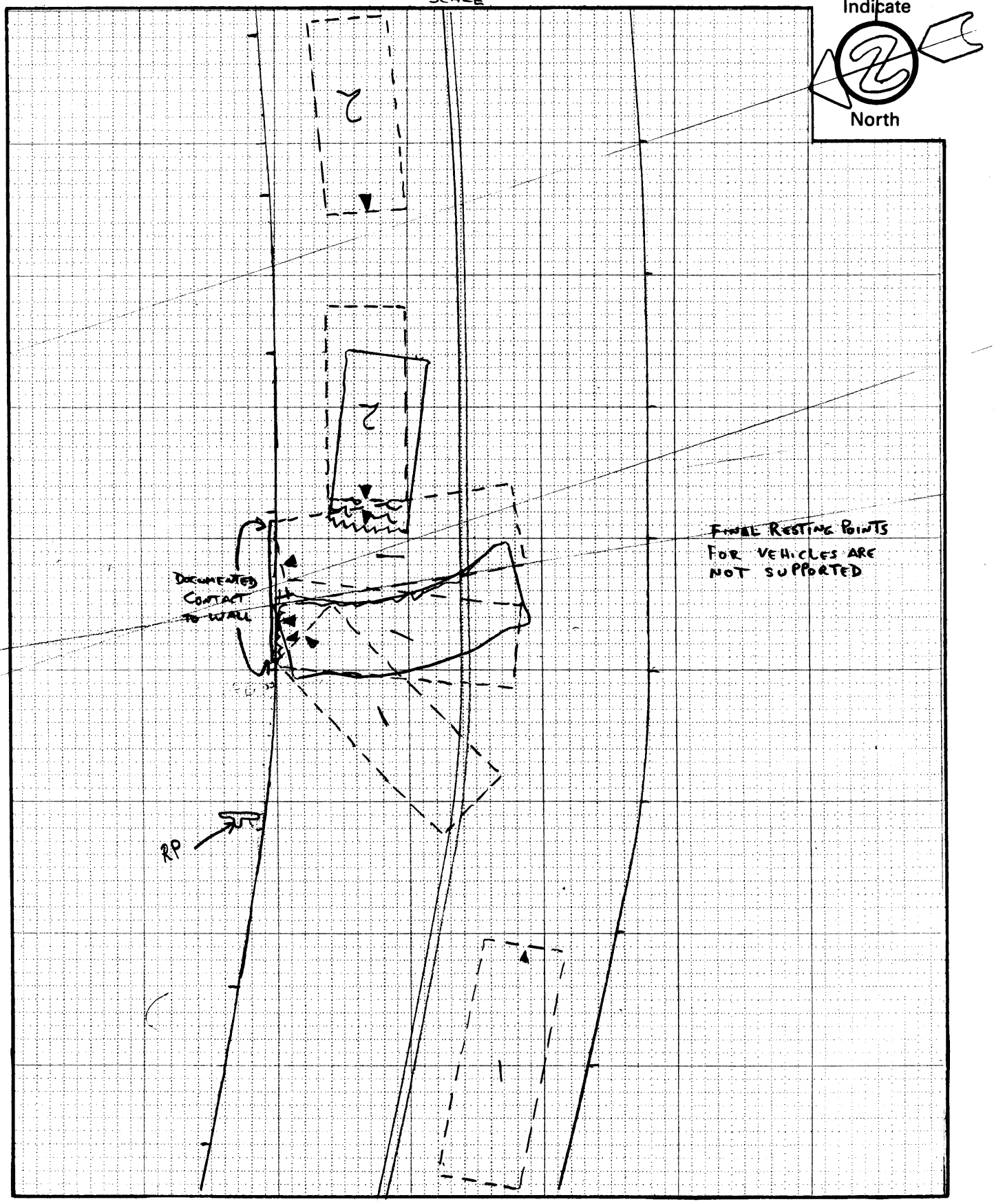
U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

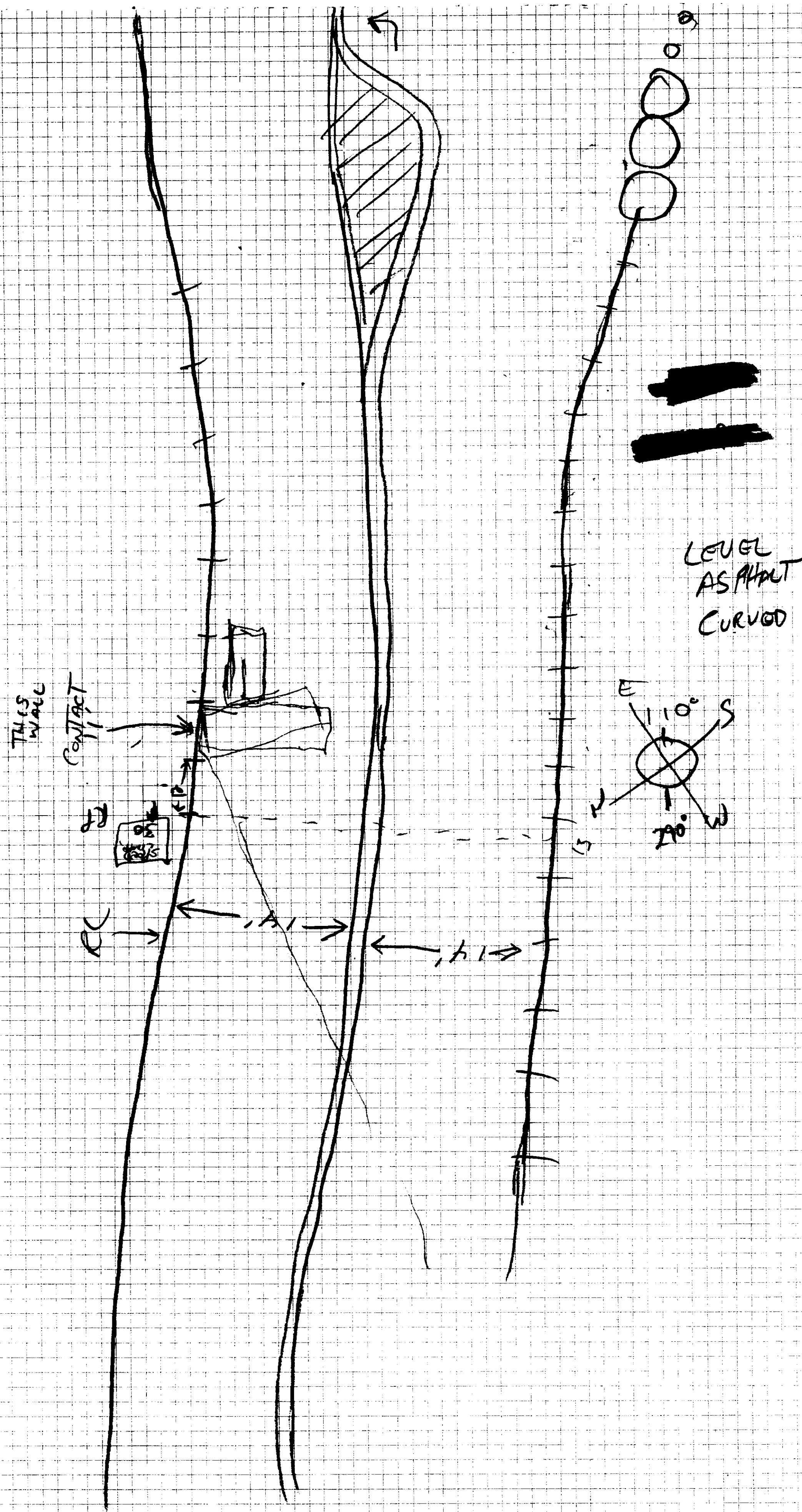
ACCIDENT COLLISION DIAGRAM

PSU No. 09
Case Number–Stratum 184A

SCALE 0 5' 10' 1" = 10'



HS Form 431B (1/90)


[redacted]
LEVEL
ASPHALT
CURVED
E
110°
S
N
W
THIS WALL
CONTACT

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 0 9 | Case Number–Stratum 1 8 4 A

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- *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

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the Level I tasks noted above, the following must be accomplished when physical evidence is present:

- *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:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	10°	297°	
Surface Type	ASPHALT		
Surface Condition	WET		
Grade Measurement (v/h)	LEVEL		

Reference Point: SPEED LIMIT SIGN POST | Reference Line: RD EDGE LINE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
CONTACT TO [redacted] WALL START	4° S	12° E
" " " " ENDS	4°	23° E

HS Form 431A (1/90)

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

PSU NUMBER 09

CASE NUMBER 184A

ACCIDENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 01

GENERAL VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 2

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

GRAND MARQUIS

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

INTEGRITY

4. Passenger Compartment Integrity 0 6

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (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 1 6. RF 3 7. LR 1 8. RR 3 9. TG/H 0

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

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 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 6 18. LR 0 19. RR 6
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 2 34. LR 0 35. RR 2
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):

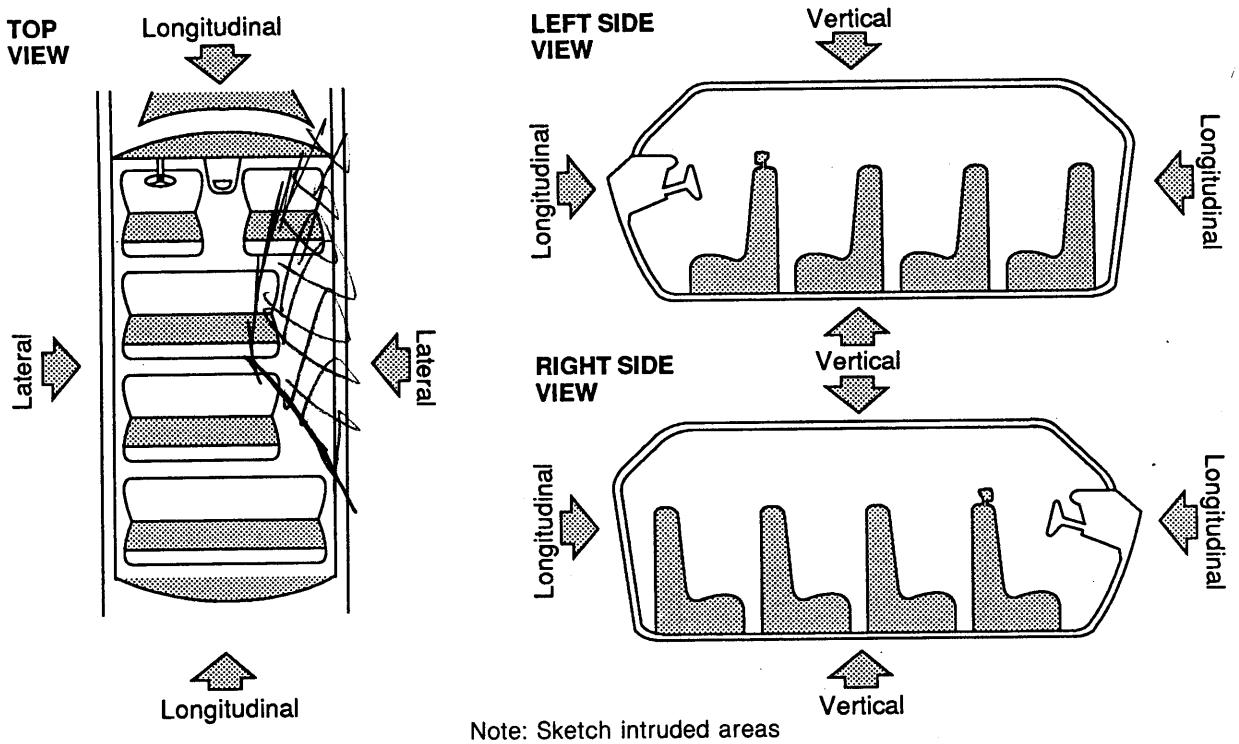
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 2 42. LR 0 43. RR 2
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



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	DOOR PANEL	27.5	–	13.5 TO CENTER OF CAR	=	14.0 (3)	L TO R
13	FLOOR BOARD	41.5	–	36.0	=	5.5 (10)	T TO B
13	SIDE PANEL FWD A PILLAR	20.0	–	10.0 TO HUMP	=	10.0 (5)	L TO R
12	(A) SEAT CUSION	0	–	19.0	=	19.0 (1)	L TO R
11	(C) SEAT CUSION W/ARM REST	7.0	–	19.0	=	ϕ	L TO R
12	CENTER INST. PANEL	67.0	–	66.0 TO (B) SEAT CUSION	=	1.0	F TO B
13	B PILLAR	50.3	–	36.0 TO (C) B-PILLAR	=	14.5 (2)	L TO R
13	ROOF SIDERAIL	46.0	–	37.5 "	=	8.5 (7)	L TO R
13	SEAT CUSIONS	32.5	–	26.0 TO ROOF	=	6.5 (8)	T TO B
12	"	32	–	29.0	=	3.0	|
11	"	32.5	–	27.0	=	5.5 (9)	|
12	(C) INST PANEL	16.5	–	7.0 TO WS HEADER	=	9.5 (6)	T TO B
23	DOOR PANEL	56	–	42.0 TO (L) DOOR	=	14.0 (4)	L TO R
23	FRT SEAT BACK	46	–	43.5	=	2.5	F TO B
21	"	48	–	43.5	=	4.5	F TO B
22	(C) SEAT CUSION	32.0	–	28.0	=	4.0	T TO B
22	C TRANS. HUMP	39.0	–	35.5	=	3.5	T TO B

Document no more than the 15 most severe intrusions

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. 1 2	48. 2 4	49. 5	50. 1
2nd	51. 1 3	52. 0 7	53. 4	54. 3
3rd	55. 1 3	56. 1 0	57. 4	58. 3
4th	59. 2 3	60. 1 0	61. 3	62. 3
5th	63. 1 3	64. 2 7	65. 3	66. 3
6th	67. 1 2	68. 0 3	69. 3	70. 1
7th	71. 1 3	72. 1 3	73. 3	74. 3
8th	75. 1 3	76. 2 4	77. 3	78. 1
9th	79. 1 1	80. 2 4	81. 2	82. 1
10th	83. 1 3	84. 1 7	85. 2	86. 1

LOCATION OF INTRUSION

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

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

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

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

- (97) Catastrophic
- (98) Other enclosed area (specify): _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-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

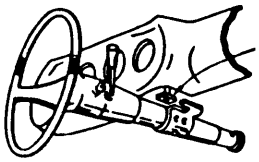
DOMINANT CRUSH DIRECTION

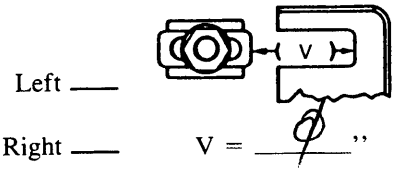
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

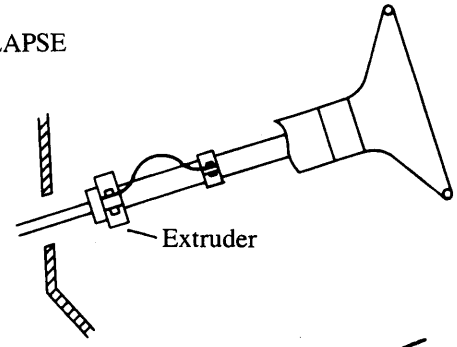
STEERING COLUMN COLLAPSE

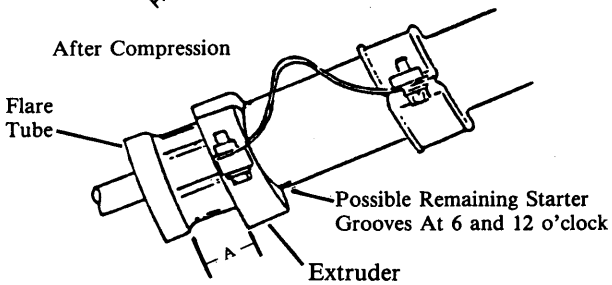
Steering Column Shear Module Movement





Direction and Magnitude of Steering Column Movement

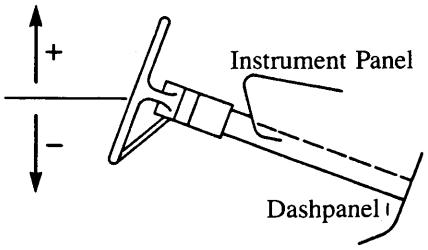




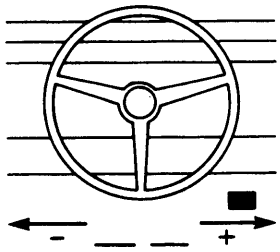
Compression = Measurement A A =_____

STEERING COLUMN MOVEMENT

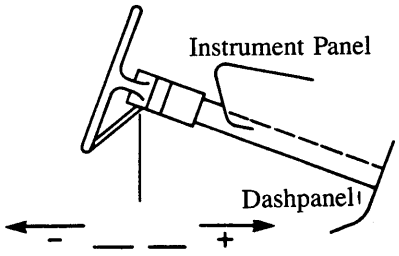
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	–	DAMAGED VALUE	=	MOVEMENT
VERTICAL	16.0	–	16.0	=	Ø
LATERAL	15.5	–	15.0 TYPICAL	=	.5
LONGITUDINAL	79.0	–	79.0 TO BL	=	Ø

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	–	DAMAGED VALUE	=	DEFORMATION
	–	NONE	=	
	–		=	

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: 0 0
_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).
(00) No movement, compression, or collapse
(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

89. Vertical Movement: + − 0 0

90. Lateral Movement: + − 0 1

91. Longitudinal Movement: + − 0 0
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

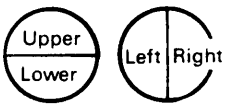
Estimated movement from observation
(±81) ≥ 1 inch but < 3 inches
(±82) ≥ 3 inches but < 6 inches
(±83) ≥ 6 inches but < 12 inches
(±84) ≥ 12 inches
(__96) Not assessed (PDOF ≠ 11, 12, 1)
(__97) Apparent movement > 1 inch but cannot be measured or estimated
(__99) Unknown

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 1 6,000
15964 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]

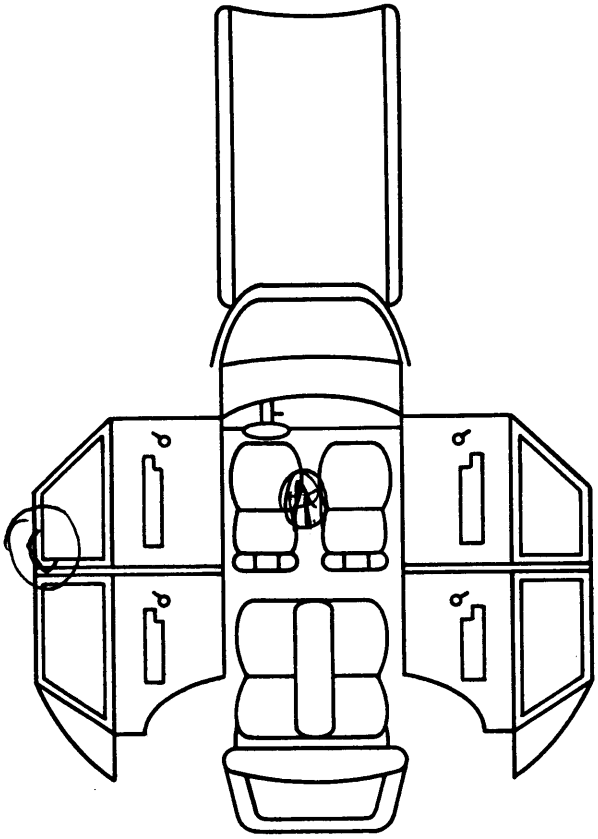
95. Instrument Panel Damage from Occupant Contact? 0
(0) No
(1) Yes
(9) Unknown

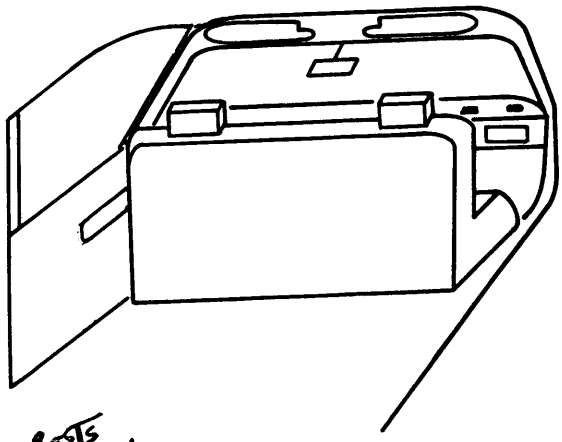
96. Knee Bolsters Deformed from Occupant Contact? 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

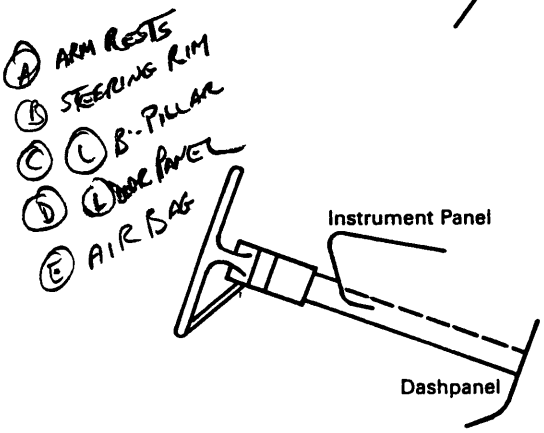
97. Did Glove Compartment Door Open During Collision(s)? 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

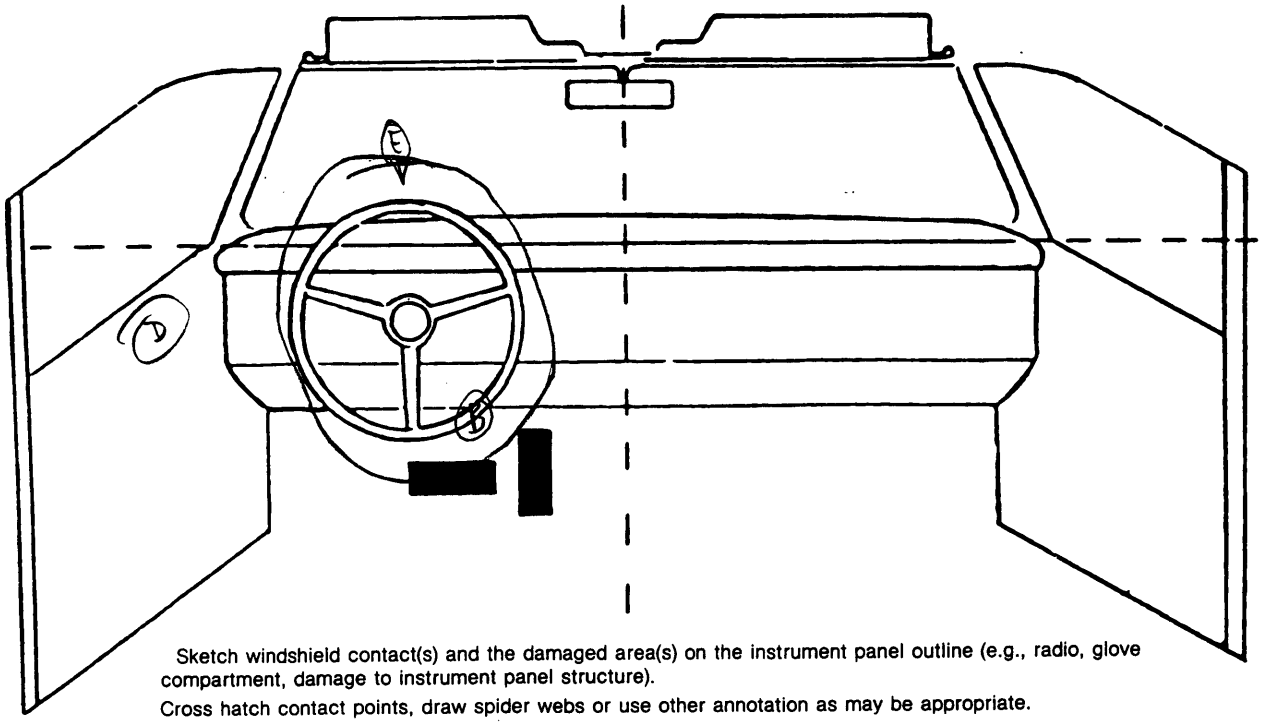
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









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

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

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	49	1	(R) SIDE	INTRUSION	1
B	04	1	(R) LEG	SEAT INTRUDED UP	1
C	23	1	HEAD	MARK	1
D	21	1	(L) SIDE	MARK	1
E	45	1	FACE	DEPLOYED	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): ARM REST (CENTER)

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
FIRST	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	00
	Failure Modes	1	0	0
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	6	6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	6
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
(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						

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: POSSIBLE @ STEERING RIM AND SEAT CUSION

Component(s): _____

(Note in vehicle interior diagram)

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

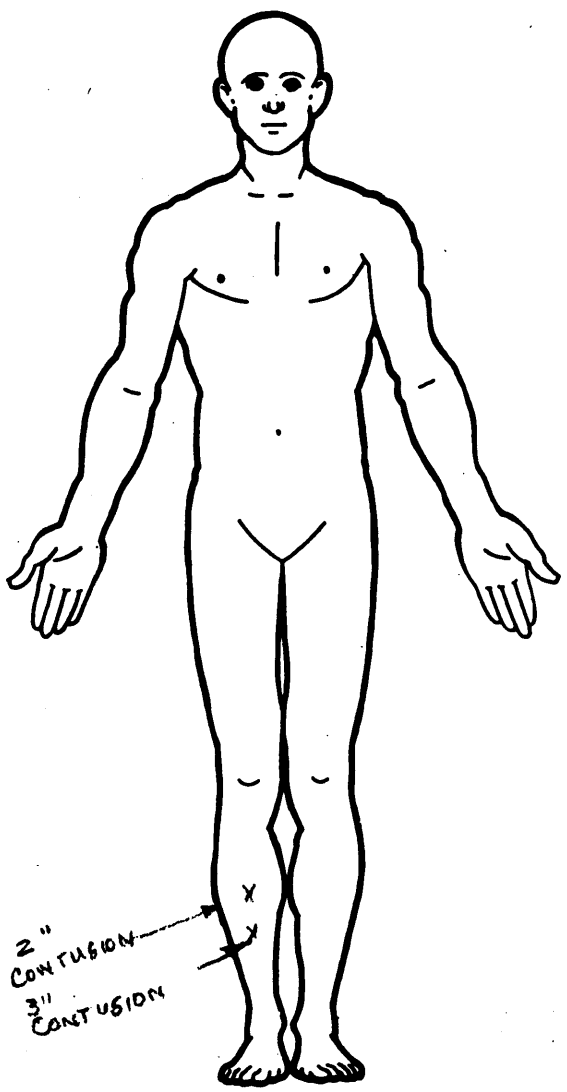
THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

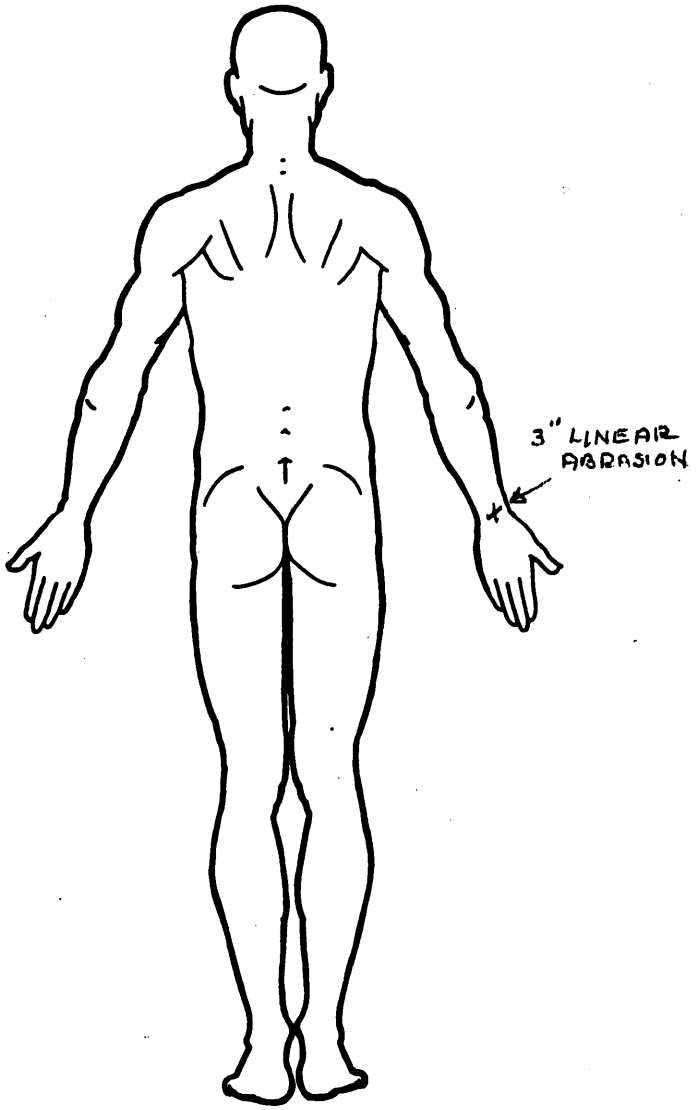
[] ENTIRE FORM

[✓] PAGE NUMBER (S) 1

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.)





PSU 09-1844 V-01 0-01

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)

(88) 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

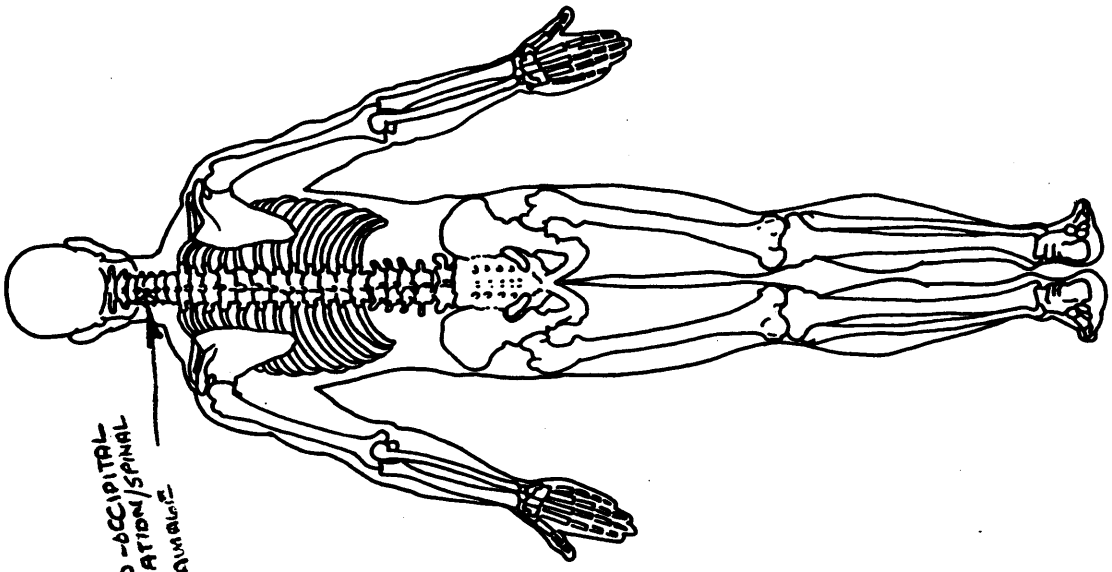
Abbreviated Injury Scale

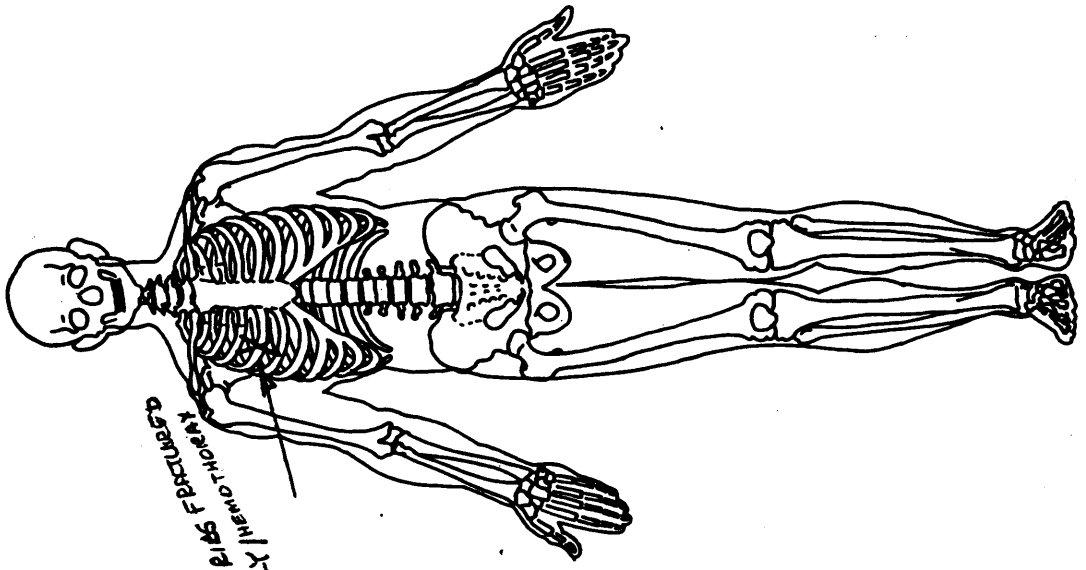
(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

PSU 09-184A V.01 0-01

OFFICIAL INJURY DATA – SKELETAL INJURIES

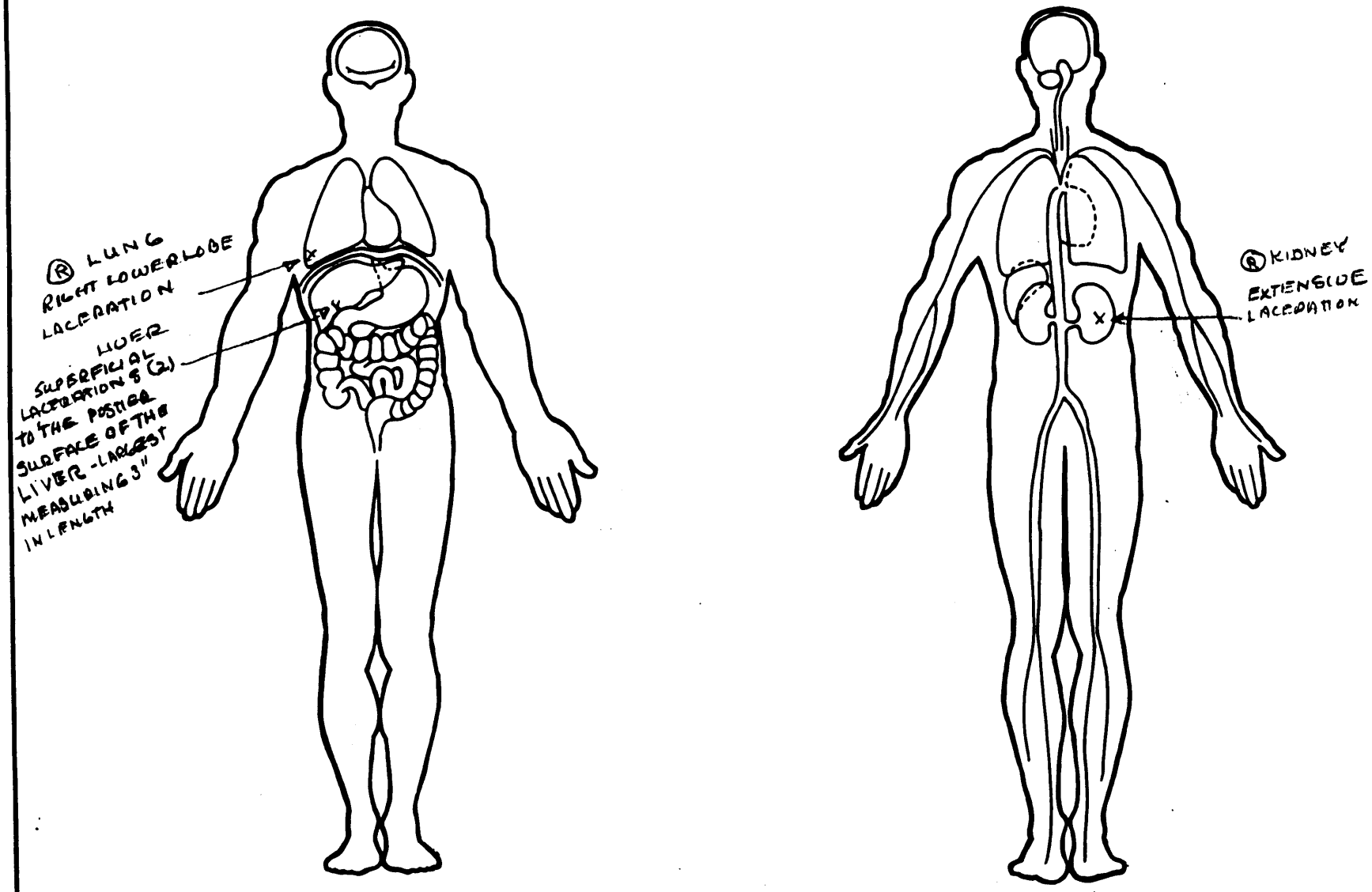
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





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.)



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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 01
4. Occupant Number: 01 ✓ [redacted]

Driver or Occupant Name: [redacted]
Address: [redacted]
'91 MERCURY GRAND MARQUIS
Other Information:

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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.

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

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	96	19
OA05. Occupant's Age	56	56
OA06. Occupant's Sex	1	1
OA07. Occupant's Height	56	56
OA08. Occupant's Weight	999	225
OA17. Manual (Active) Belt System Availability	4	4
OA18. Manual (Active) Belt System Use	04	04
OA21. Automatic (Passive) Restraint System Availability	1	1
OA22. Automatic (Passive) Restraint Function	4	4

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	1	1
OA36. Type of Medical Facility (for Initial Treatment)	0	0
OA37. Hospital Stay	00	00
OA38. Working Days Lost	62	62
OA39. Time to Death	01	01
OA40. 1st Medically Reported Cause of Death	99	01
OA41. 2nd Medically Reported Cause of Death	99	02
OA42. 3rd Medically Reported Cause of Death	00	03
OA43. Number of Recorded Injuries for This Occupant	00	07

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. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 1	6. C	7. R	8. F	9. S	10. 4	11. 31	12. 1	13. 1	14. 03
2nd	15. 1	16. C	17. R	18. L	19. P	20. 3	21. 31	22. 1	23. 1	24. 03
3rd	25. 1	26. N	27. P	28. 2	29. V	30. 2	31. 31	32. 1	33. 1	34. 03
4th	35. 1	36. M	37. R	28. L	39. L	40. 2	41. 31	42. 1	43. 1	44. 03
5th	45. 1	46. M	47. R	48. L	49. K	50. 3	51. 31	52. 1	53. 1	54. 03
6th	55. 1	56. L	57. R	58. C	59. I	60. 1	61. 09	62. 2	63. 1	64. 00 06
7th	65. 1	66. W	67. R	68. A	69. I	70. 1	71. 04	72. 2	73. 1	74. 00
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. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	—	—	—	—	—	—	— —	—	—	— —
12th	—	—	—	—	—	—	— —	—	—	— —
13th	—	—	—	—	—	—	— —	—	—	— —
14th	—	—	—	—	—	—	— —	—	—	— —
15th	—	—	—	—	—	—	— —	—	—	— —
16th	—	—	—	—	—	—	— —	—	—	— —
17th	—	—	—	—	—	—	— —	—	—	— —
18th	—	—	—	—	—	—	— —	—	—	— —
19th	—	—	—	—	—	—	— —	—	—	— —
20th	—	—	—	—	—	—	— —	—	—	— —
21st	—	—	—	—	—	—	— —	—	—	— —
22nd	—	—	—	—	—	—	— —	—	—	— —
23rd	—	—	—	—	—	—	— —	—	—	— —

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

GENERAL VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 2

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09	3. Vehicle Number: 02
2. Case Number–Stratum: 184A	

VEHICLE IDENTIFICATION

VIN 1G1AX68R7E[redacted] Model Year 1984

Vehicle Make (specify): CHEVROLET Vehicle Model (specify): CITATION

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	FRONT DIST.	BC TO BC	C1

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	BUMPER LEVEL	64.5		64.5	24.2	19.5	17.6	17.5	18.6	20.5	Φ
	FS				2.0	.9	.3	.3	.9	2.0	
1	RESULT	64.5	18.5	64.5	22.2	18.6	17.3	17.2	17.7	18.5	Φ

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	104.9
Overall Length	176.7
Maximum Width	68.3
Curb Weight	2570
Average Track	57.6
Front Overhang	38.2
Rear Overhang	37.5
Engine Size: cyl./ displ.	V6
Undeformed End Width	65.0

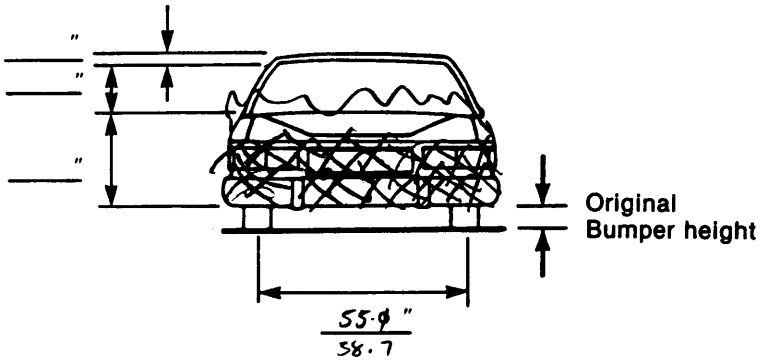
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

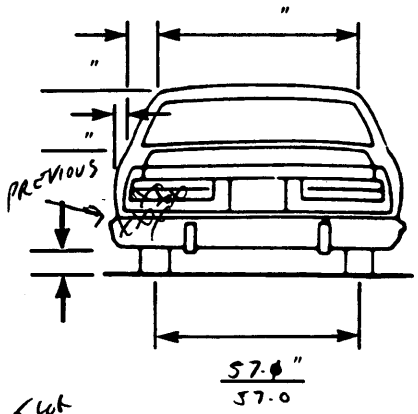
RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °
Within ±5 degrees

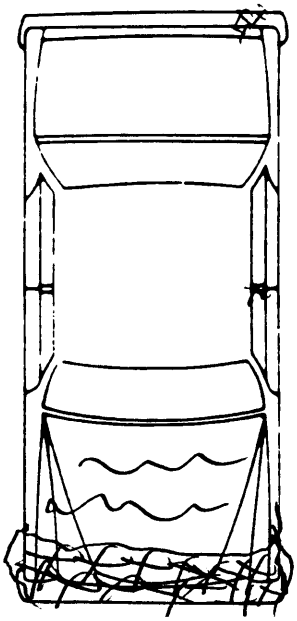
DRIVE WHEELS

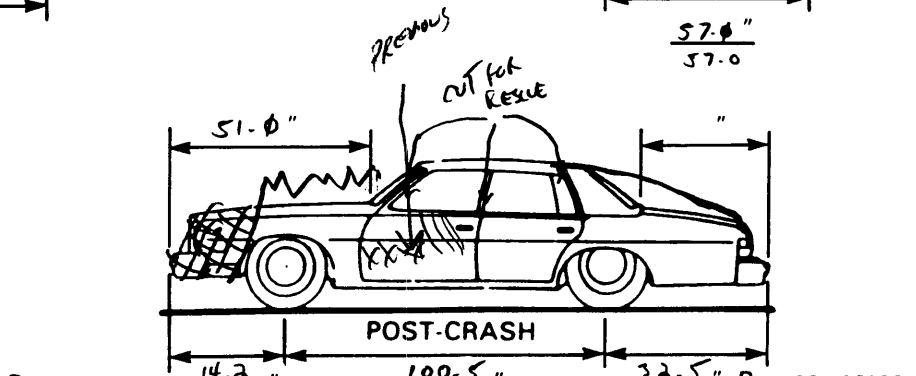
☒ FWD ☐ RWD ☐ 4WD

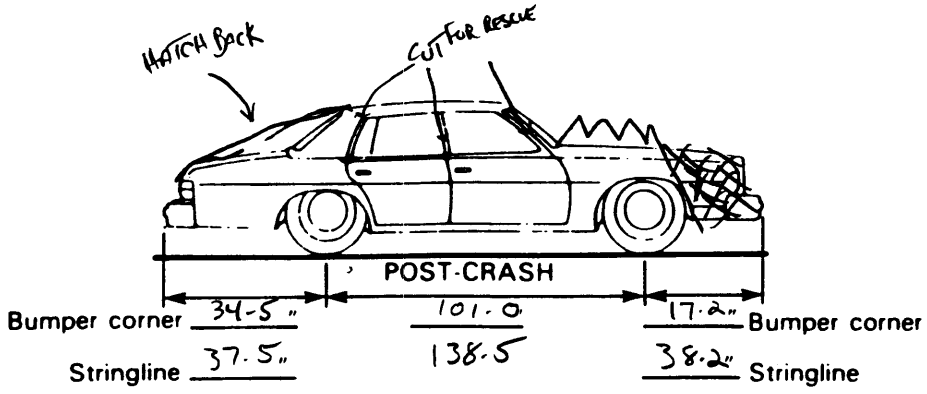
Approximate Cargo Weight Ø











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.

CDC WORKSHEET

CODES FOR 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

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
02	01	5-10° 12 o'clock	00	F	D	E	W	03

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 02	5. 01	6. 12	7. F	8. D	9. E	10. W	11. 03

Second Highest Delta "V"

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

CRUSH PROFILE

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

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. + − D
065	22	19	17	17	18	19	+ − 000

Second Highest Delta "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. + − D
							+ −

26. Are CDCs Documented but Not Coded on The Automated File (0) No (1) Yes	27. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	28. Original Wheelbase Code to the nearest tenth of an inch (9999) Unknown
0	1	104.9

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

US Department of Transportation
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number–Stratum: 184A
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

Door, Tailgate Or Hatch Opening

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

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

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 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 9 (RESCUE) 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 2 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 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

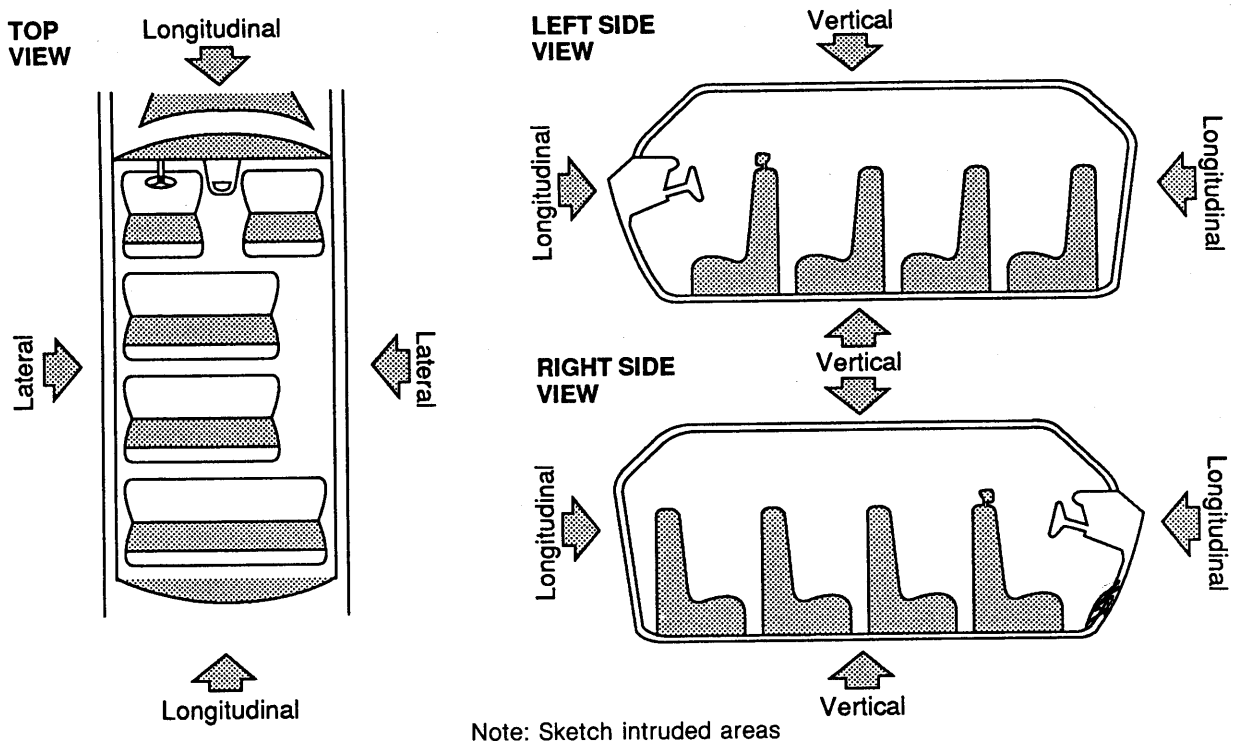
(0) No glazing contact and no damage, or no glazing
(1) AS-1 – Laminated
(2) AS-2 – Tempered
(3) AS-3 – Tempered-tinted
(4) AS-14 – Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 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



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	TOE PAN	42.0	–	37.0 TO B PILLAR	=	5.0	F TO B
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
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			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

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. 1 3	48. 1 7	49. 2	50. 2
2nd	51. ___	52. ___	53. ___	54. ___
3rd	55. ___	56. ___	57. ___	58. ___
4th	59. ___	60. ___	61. ___	62. ___
5th	63. ___	64. ___	65. ___	66. ___
6th	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___
9th	79. ___	80. ___	81. ___	82. ___
10th	83. ___	84. ___	85. ___	86. ___

LOCATION OF INTRUSION

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

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

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

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

- (97) Catastrophic
- (98) Other enclosed area (specify): _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-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

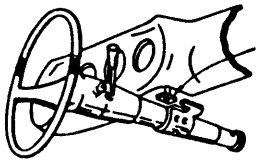
DOMINANT CRUSH DIRECTION

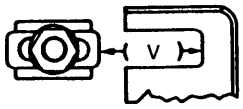
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

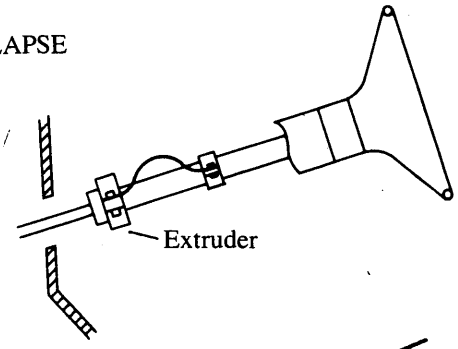


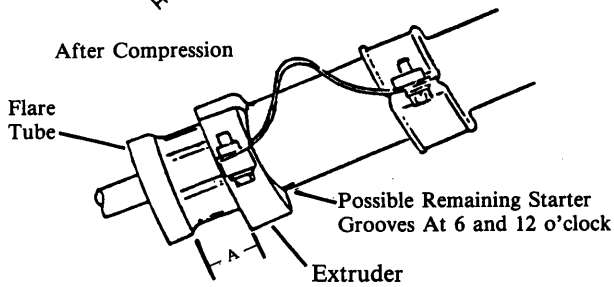


Left 3.75

Right 3.5 V = 3.6 "

Direction and Magnitude of Steering Column Movement

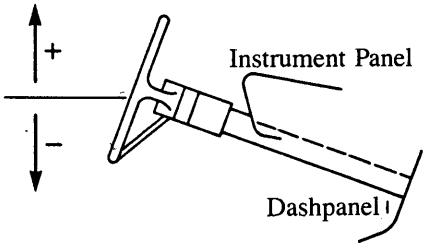




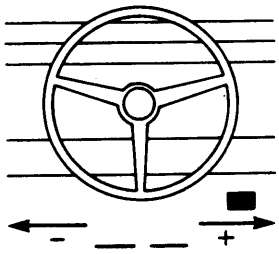
Compression = Measurement A A =_____

STEERING COLUMN MOVEMENT

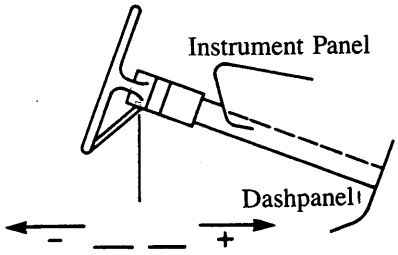
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	–	DAMAGED VALUE	=	MOVEMENT
VERTICAL	14.0	–	20.0 TO HEADER	=	-6.0
LATERAL	38.0	–	41.0 TO (R) SILL	=	-3.0
LONGITUDINAL	19.0	–	23.0 TO B PILLAR	=	+4.0

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	–	DAMAGED VALUE	=	DEFORMATION
	–	4.5	=	
	–		=	

STEERING COLUMN

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

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

88. Steering Column Collapse Due to Occupant Loading: 8 3
_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).
(00) No movement, compression, or collapse
(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

89. Vertical Movement: + 0 6

90. Lateral Movement: + 0 3

91. Longitudinal Movement: + 0 4

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

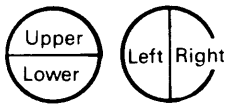
Estimated movement from observation
(±81) ≥ 1 inch but < 3 inches
(±82) ≥ 3 inches but < 6 inches
(±83) ≥ 6 inches but < 12 inches
(±84) ≥ 12 inches
(__96) Not assessed (PDOF ≠ 11, 12, 1)
(__97) Apparent movement > 1 inch but cannot be measured or estimated
(__99) Unknown

92. Steering Rim/Spoke Deformation: 5
_____ 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 9
(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: 1 7 5,000
74652 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
BELIEVED TO BE MORE THAN 100K
Source: [redacted]

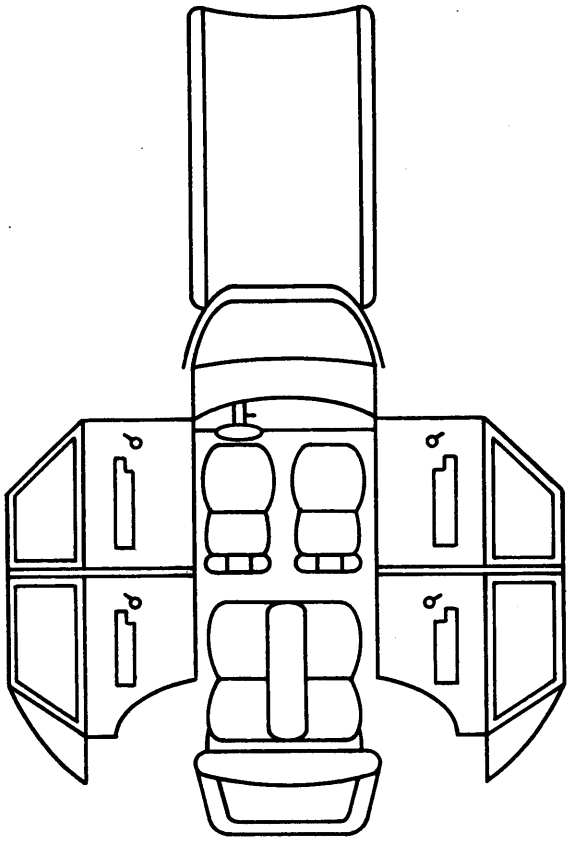
95. Instrument Panel Damage from Occupant Contact? 1
(0) No
(1) Yes
(9) Unknown

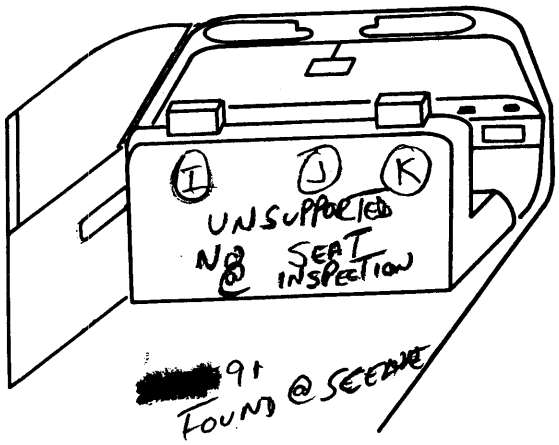
96. Knee Bolsters Deformed from Occupant Contact? 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

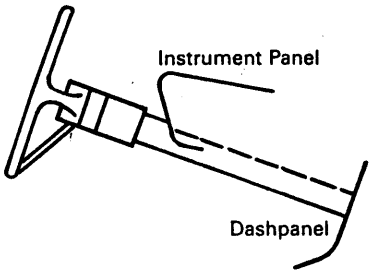
97. Did Glove Compartment Door Open During Collision(s)? 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

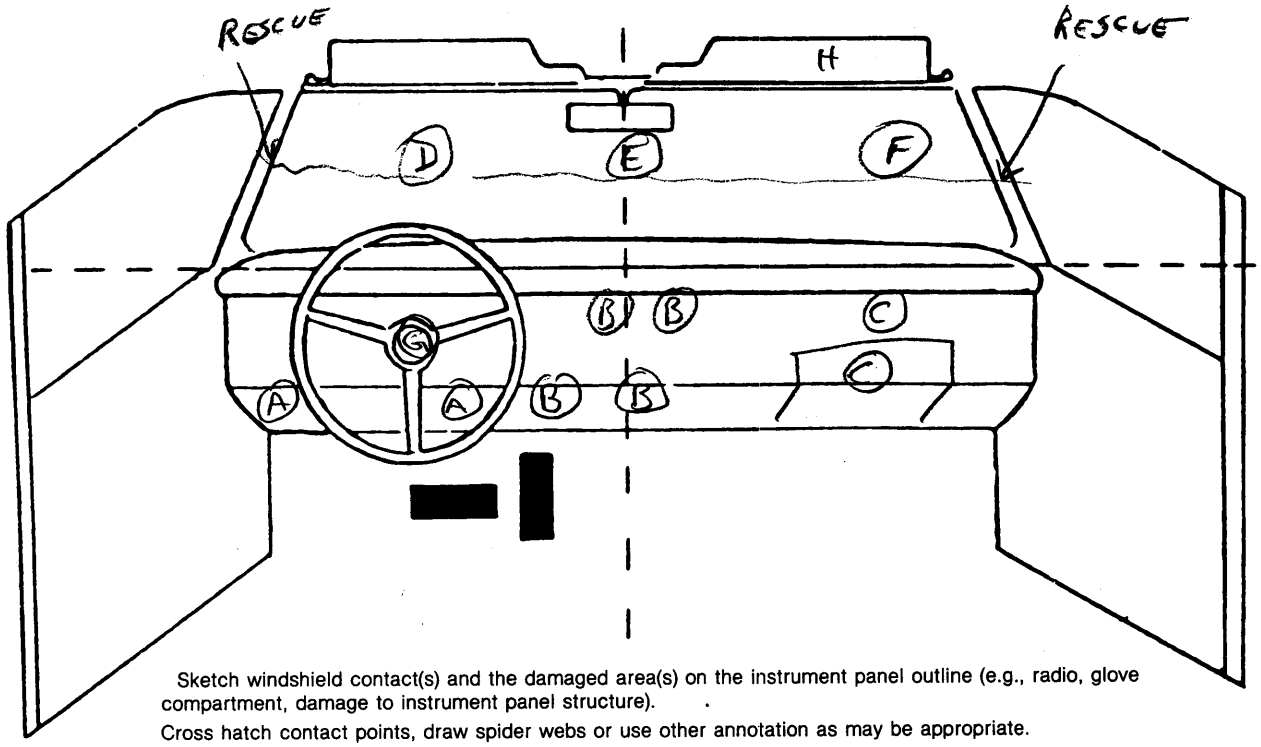
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









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

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

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	1	KNEES	BROKE & DEFORMED	1
B	10	2	KNEES/CHEST	" "	1
C	11	3	KNEES/CHEST	" "	1
D	01	1	HEAD	PD OF W/S WAS ACTIVE	1
E	01	2	"	" "	1
F	01	3	"	" "	1
G	06	1	CHEST	DEFORMED	1
H	03	3	HEAD	DEFORMED	1
I	40	4	?	DEFORMED	1
J	40	5	?	"	1
K	40	6	?	"	1
L	40	7	?	"	1
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
FIRST	Availability			
	Function			
	Failure			

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	0	4
	Use	00	00	00
	Failure Modes	0	0	0
SECOND	Availability	3	3	3
	Use	06	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	9	9	9
	Seat Type	09	09	09
	Seat Performance	4	4	4
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	8	8	8
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
(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):
DEFORMED BY SPARE TIRE IN CARGO AREA
(9) Unknown

BROKE BY RESCUE

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: UNK BUT ROOF WAS CUT BY RESCUE (L) & (R) SIDES @ A & B PILLARS AND PEELED BACK

Component(s):

(Note in vehicle interior diagram)

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 02
4. Occupant Number: 01

NROT [redacted]

Driver or Occupant Name: _____

Address: [redacted]

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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.

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

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	96	
OA05. Occupant's Age	27	
OA06. Occupant's Sex	1	
OA07. Occupant's Height	99	
OA08. Occupant's Weight	999	
OA17. Manual (Active) Belt System Availability	4	
OA18. Manual (Active) Belt System Use	00	
OA21. Automatic (Passive) Restraint System Availability	0	
OA22. Automatic (Passive) Restraint Function	0	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	3	
OA36. Type of Medical Facility (for Initial Treatment)	1	
OA37. Hospital Stay	99	
OA38. Working Days Lost	99	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	91	

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. Body Region	O.I.C.—A.I.S. Aspect	O.I.C.—A.I.S. Lesion	O.I.C.—A.I.S. System Organ	O.I.C.—A.I.S. A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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. __	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. __ __

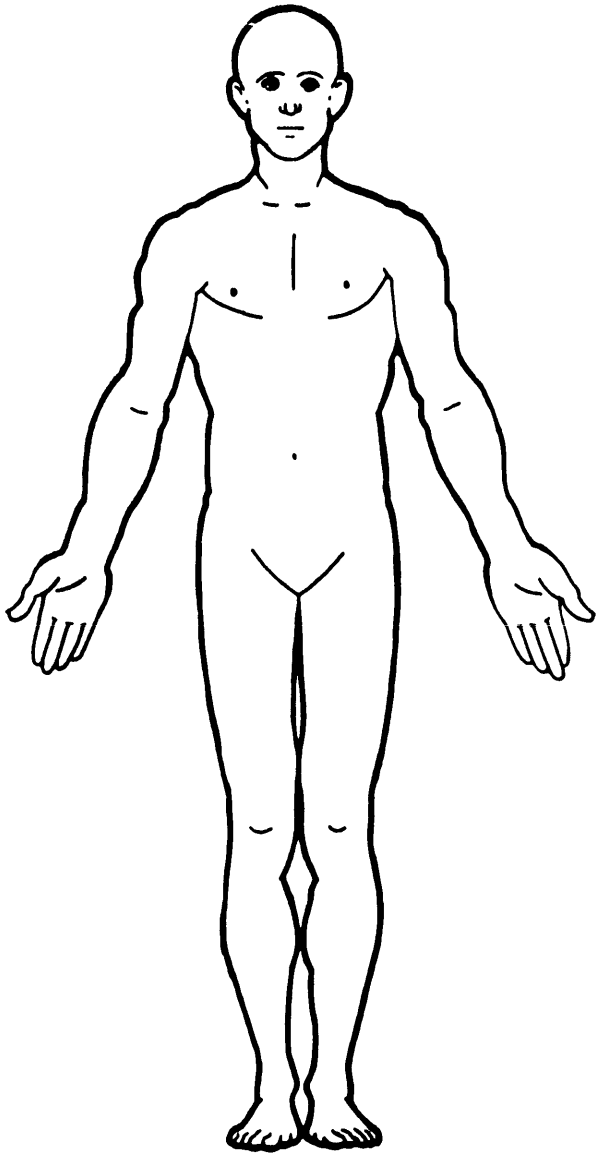
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

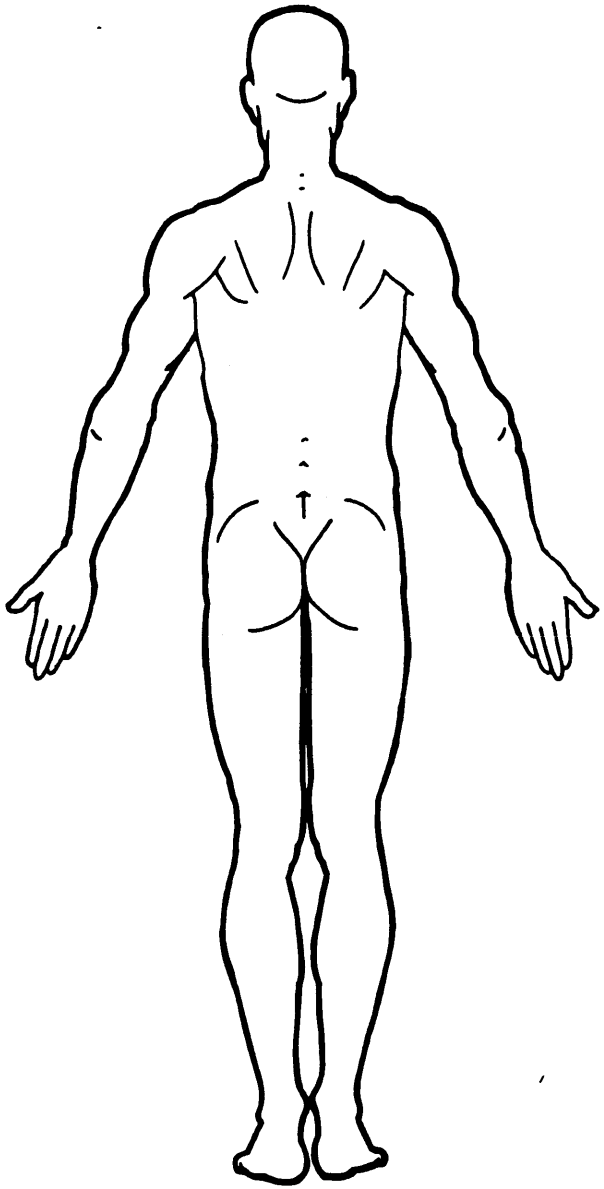
OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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
(Q) Ankle–foot
(A) Arm (upper)
(B) Back–thoraco lumbar 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

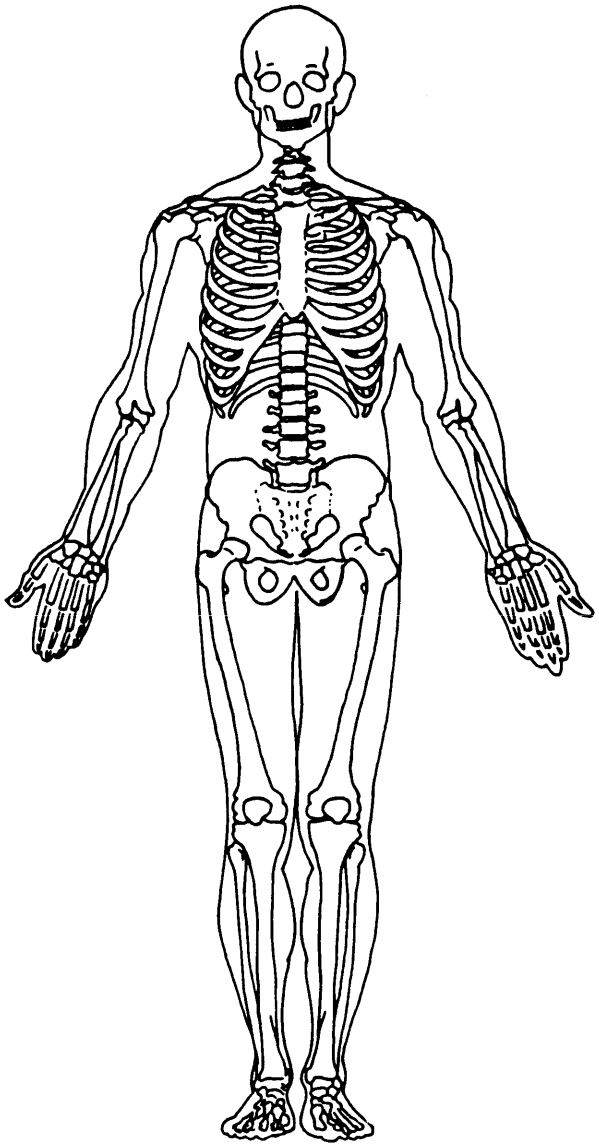
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

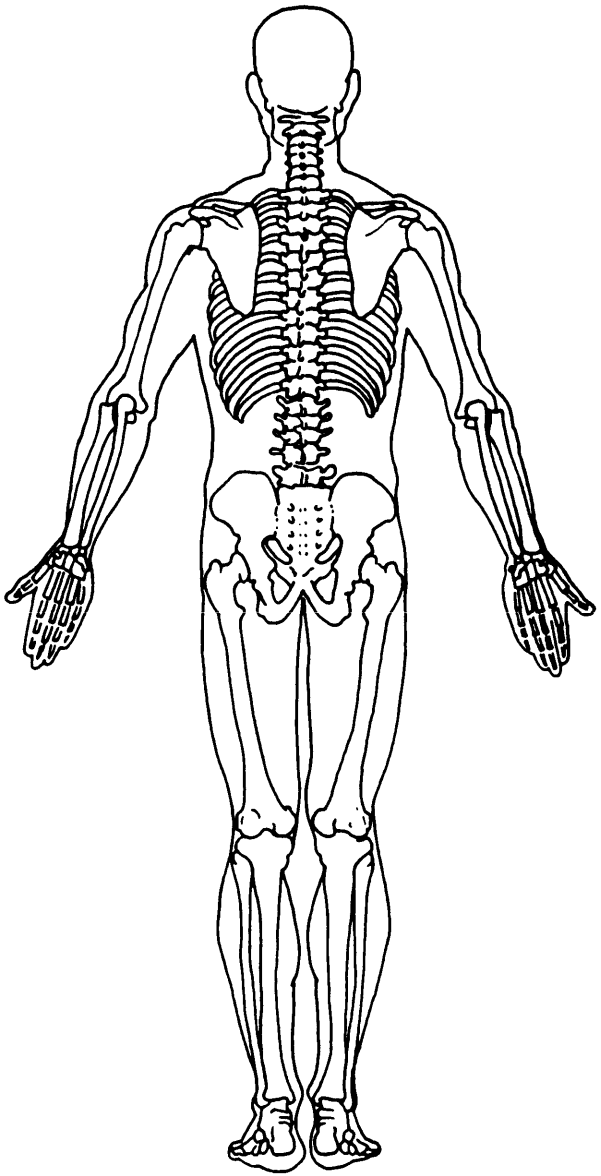
Abbreviated Injury Scale

(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

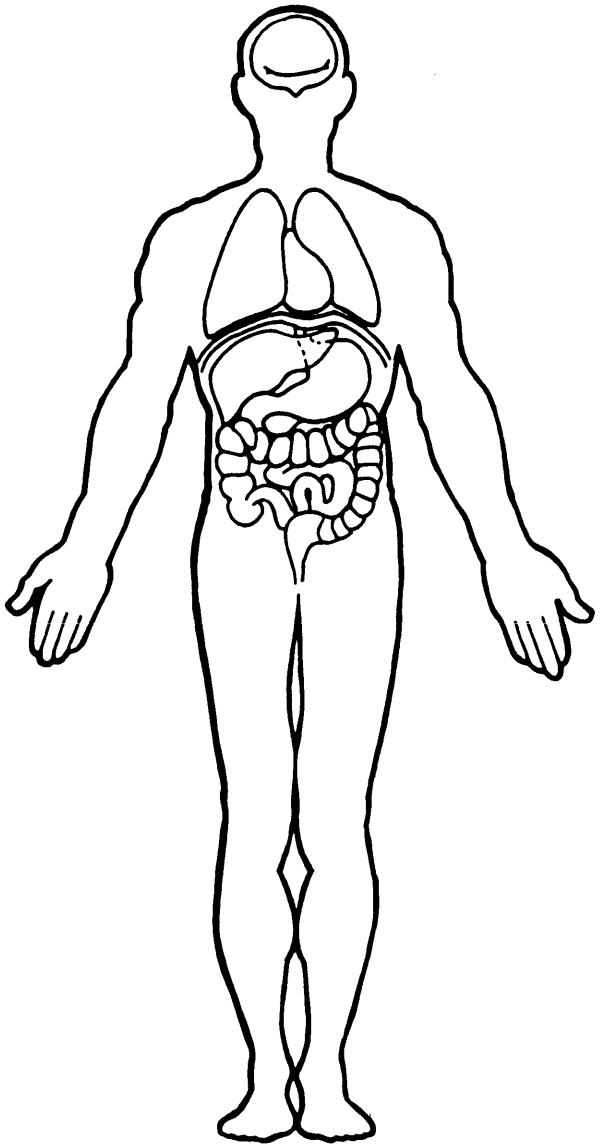
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

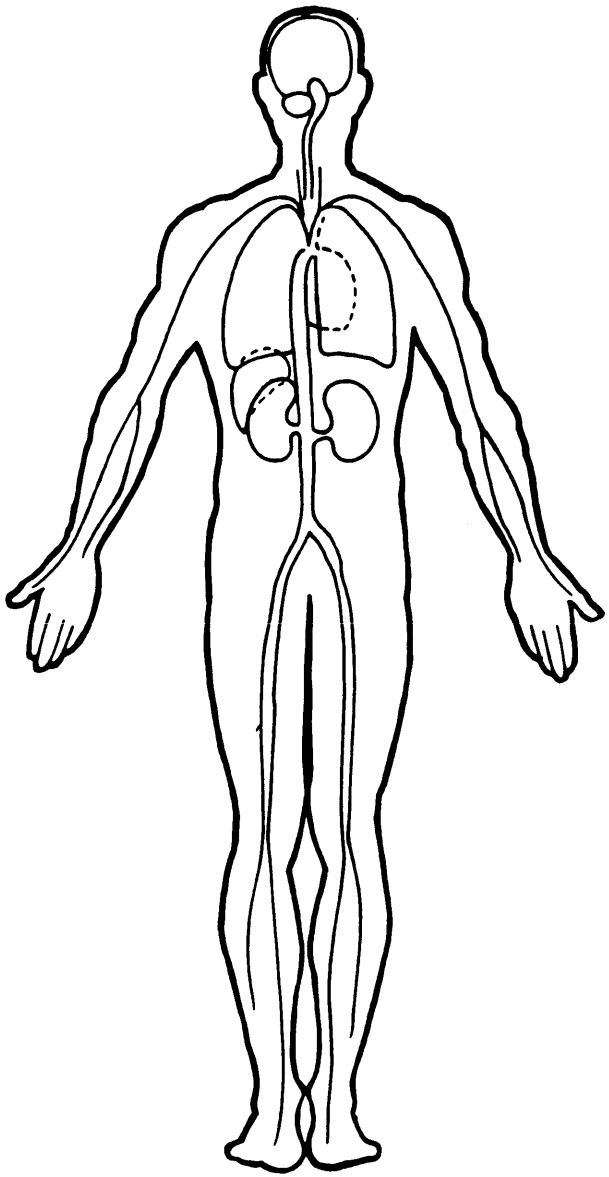




OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)





PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 02

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 02
4. Occupant Number: 02 ✓

[redacted]

ER+DCS

Driver or Occupant Name: _____

Address: [redacted]

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C. – A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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.

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

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	96	
OA05. Occupant's Age	23	
OA06. Occupant's Sex	2	
OA07. Occupant's Height	99	
OA08. Occupant's Weight	999	
OA17. Manual (Active) Belt System Availability	0	
OA18. Manual (Active) Belt System Use	00	
OA21. Automatic (Passive) Restraint System Availability	0	
OA22. Automatic (Passive) Restraint Function	0	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	9	
OA36. Type of Medical Facility (for Initial Treatment)	1	
OA37. Hospital Stay	99	
OA38. Working Days Lost	99	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	97	

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. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 2	6. F	7. U	8. L	9. I	10. 1	11. 01	12. 1	13. 1	14. 00
2nd	15. 2	16. M	17. R	18. L	19. L	20. 2	21. 0	22. 1	23. 1	24. 00
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.

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

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 03

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 03

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 02
4. Occupant Number: 03

[redacted]

NROT

Driver or Occupant Name: _____

Address: [redacted]

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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.

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

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	96	
OA05. Occupant's Age	11	
OA06. Occupant's Sex	2	
OA07. Occupant's Height	99	
OA08. Occupant's Weight	999	
OA17. Manual (Active) Belt System Availability	4	
OA18. Manual (Active) Belt System Use	00	
OA21. Automatic (Passive) Restraint System Availability	0	
OA22. Automatic (Passive) Restraint Function	0	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	9	
OA36. Type of Medical Facility (for Initial Treatment)	1	
OA37. Hospital Stay	99	
OA38. Working Days Lost	97	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	97	

PSU NUMBER	09
CASE NUMBER	184A
VEHICLE NUMBER	02
OCCUPANT NUMBER	03

UPDATE FORM

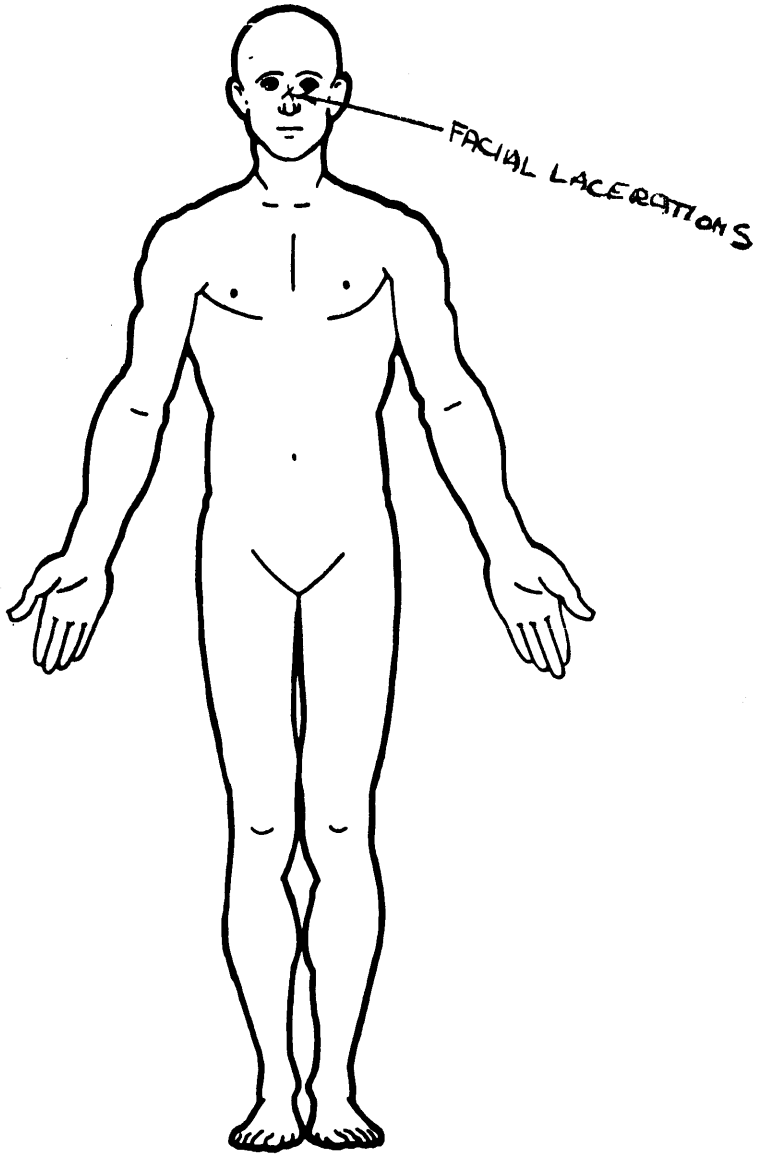
THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

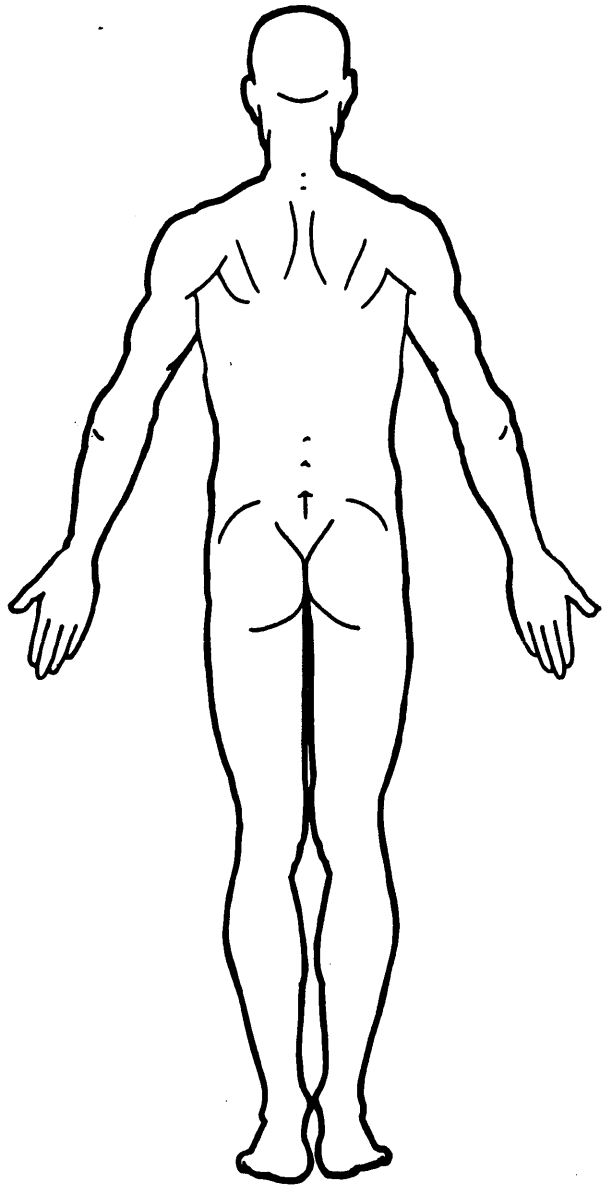
[] ENTIRE FORM

[✓] PAGE NUMBER (S) 2

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

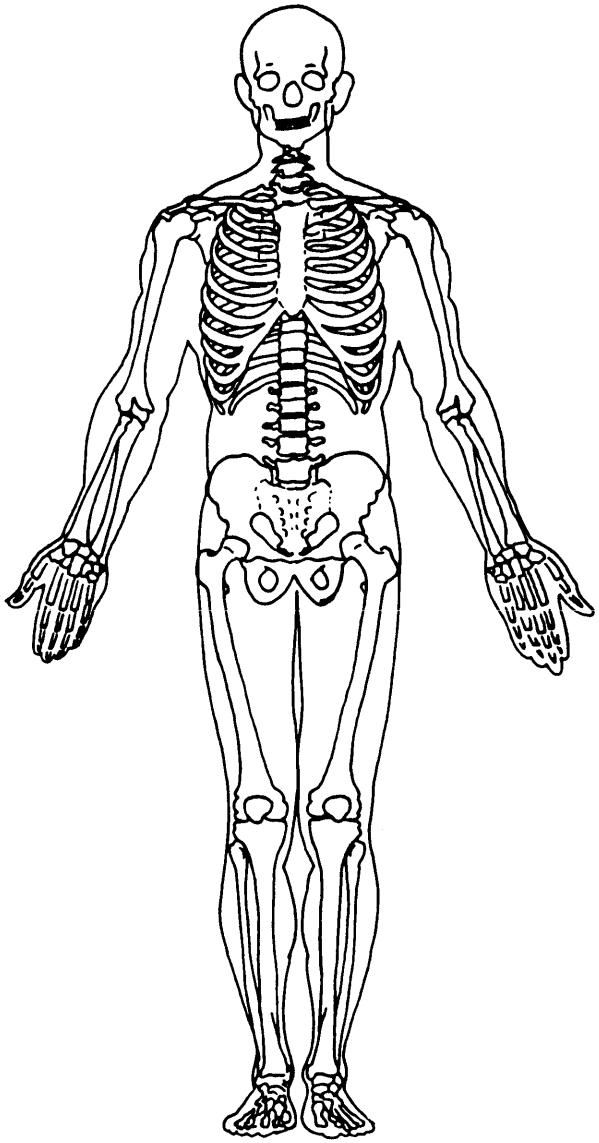
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

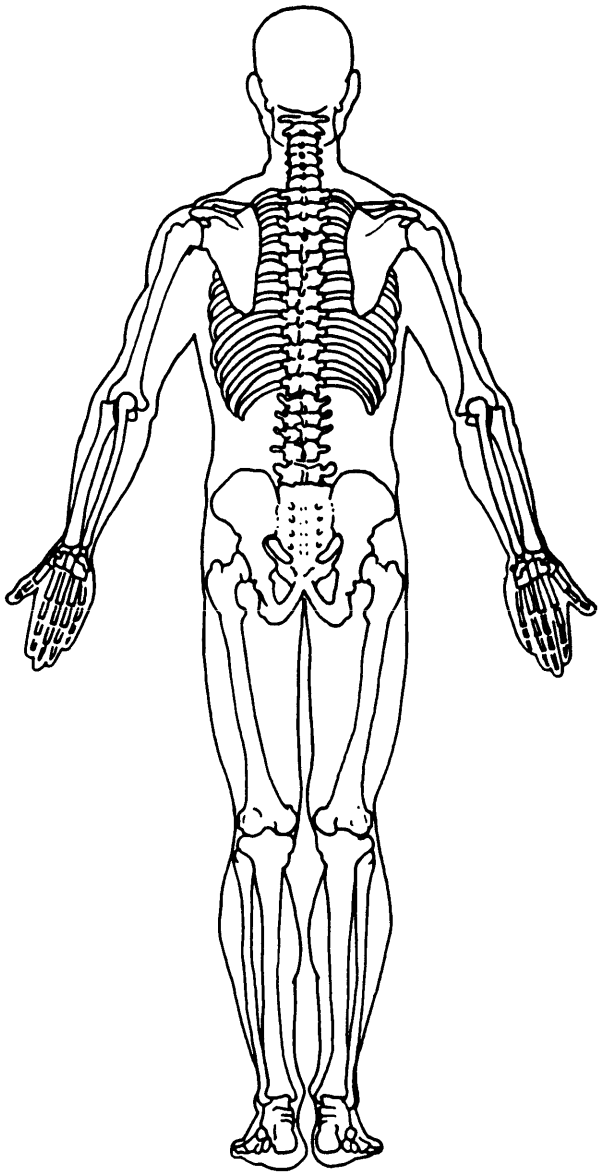
Abbreviated Injury Scale

(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

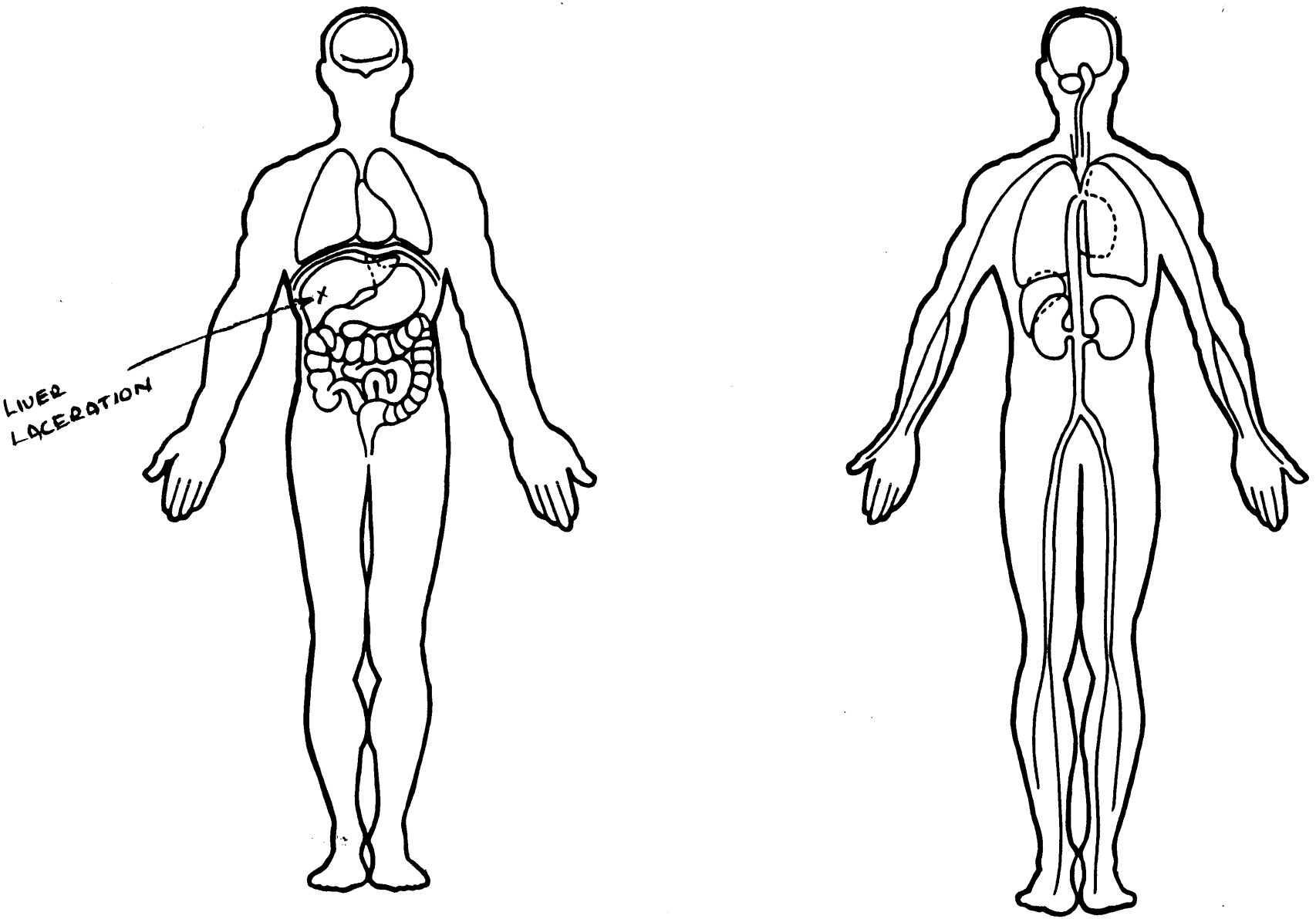
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, 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.)



PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 04

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 04

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 02
4. Occupant Number: 04

NROT

Driver or Occupant Name: _____

Address: [redacted]

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
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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
GV12. Alcohol Test Results for Driver	96	
OA05. Occupant's Age	14	
OA06. Occupant's Sex	1	
OA07. Occupant's Height	99	
OA08. Occupant's Weight	999	
OA17. Manual (Active) Belt System Availability	3	
OA18. Manual (Active) Belt System Use	00	
OA21. Automatic (Passive) Restraint System Availability	0	
OA22. Automatic (Passive) Restraint Function	0	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	9	
OA36. Type of Medical Facility (for Initial Treatment)	1	
OA37. Hospital Stay	99	
OA38. Working Days Lost	97	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	97	

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. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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. __	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. __ __

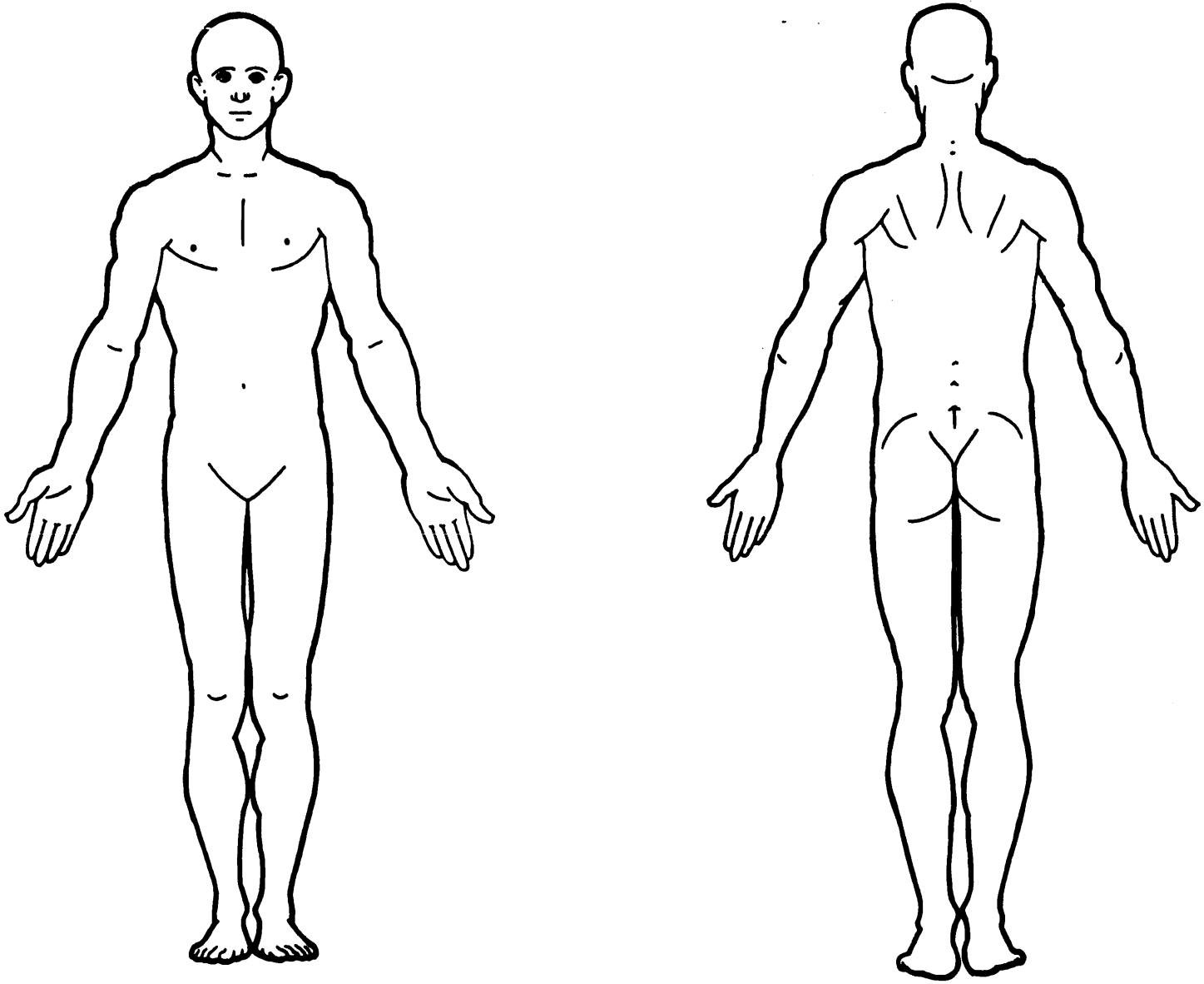
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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
(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

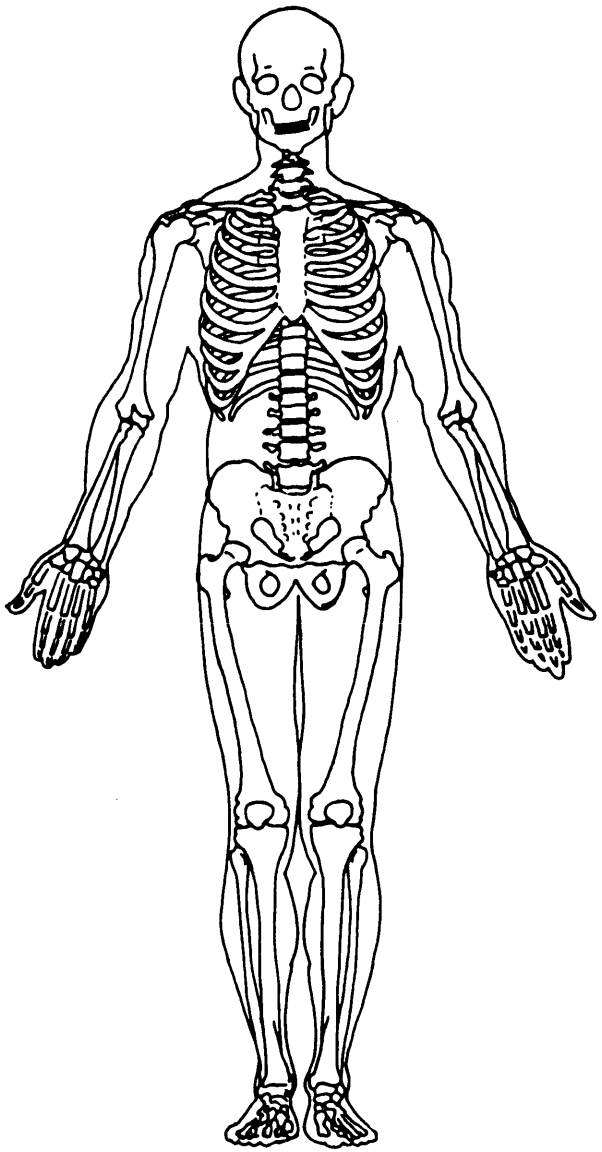
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

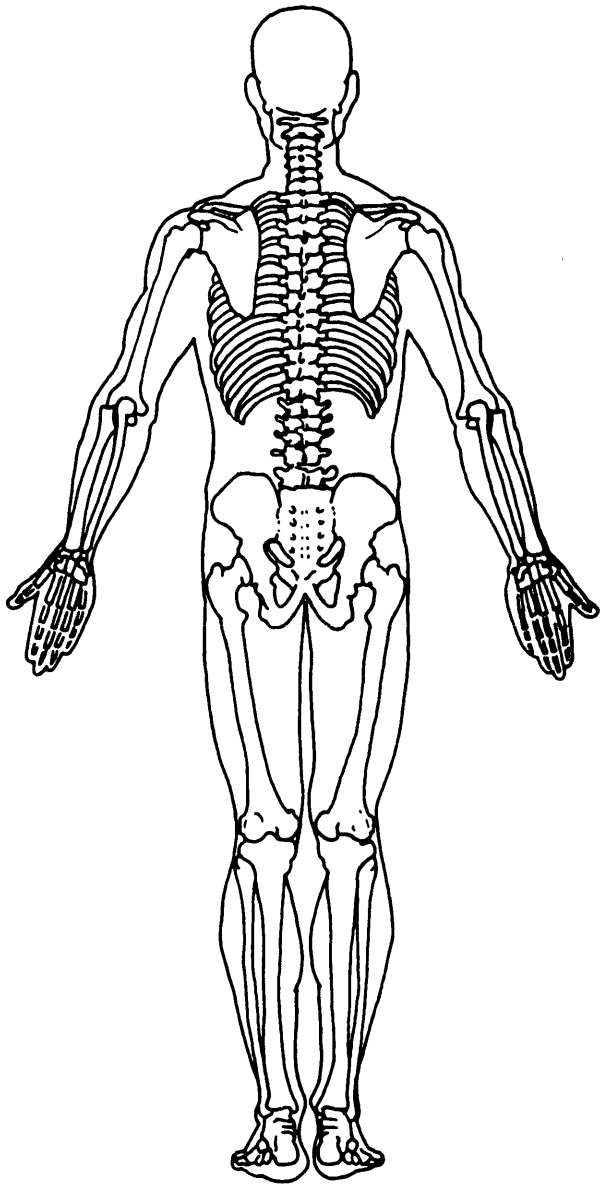
Abbreviated Injury Scale

(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

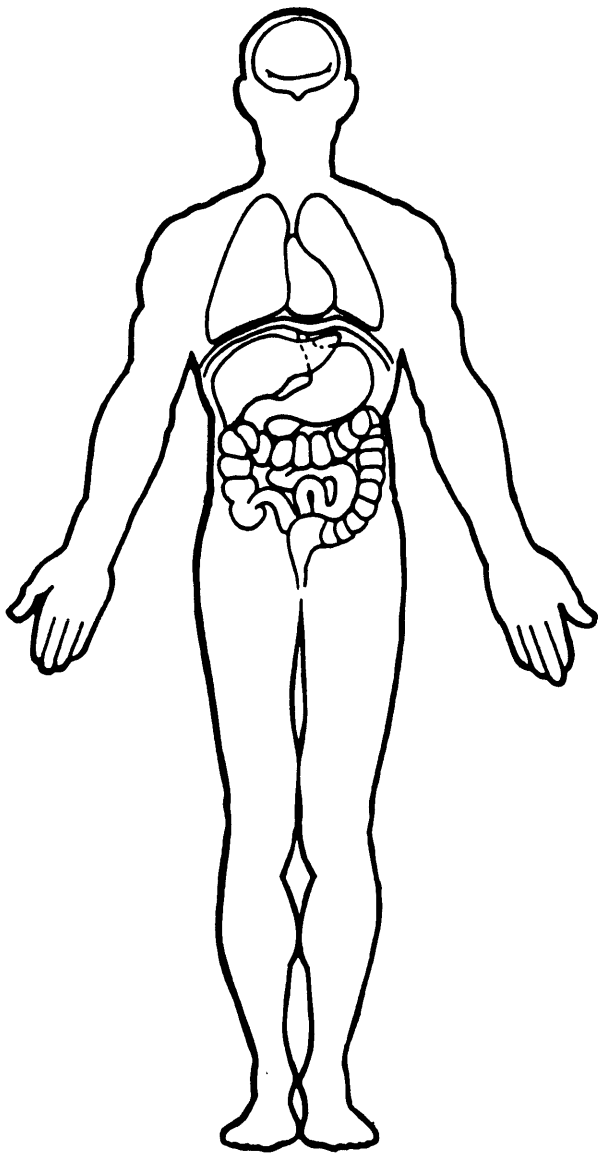
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

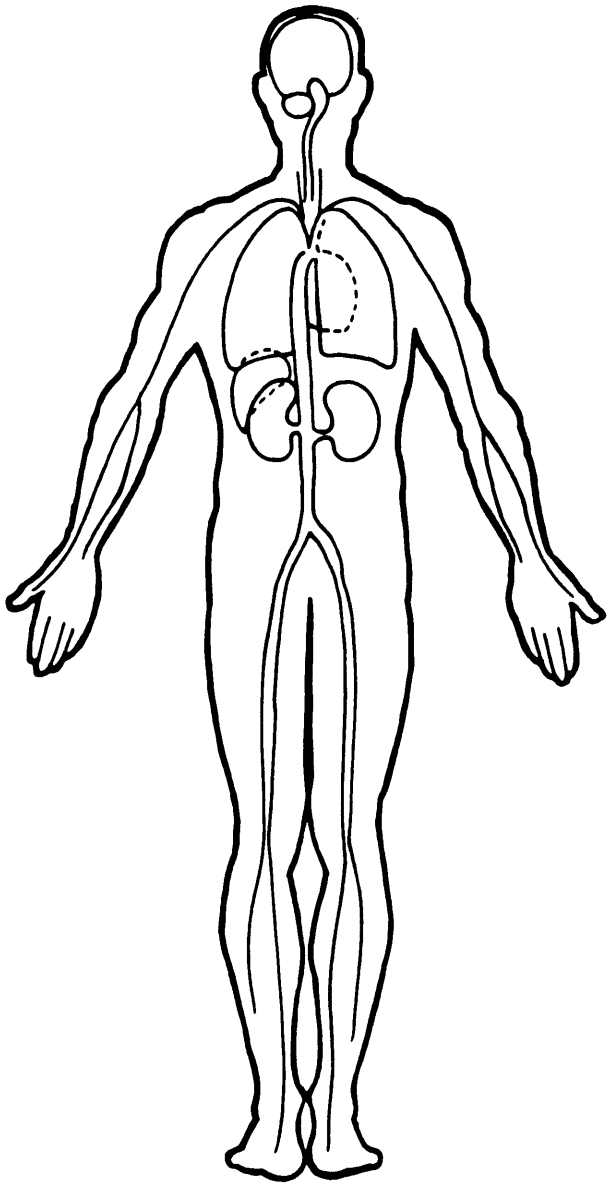




OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)





PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 05

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 3

PSU NUMBER 09

CASE NUMBER 184A

VEHICLE NUMBER 02

OCCUPANT NUMBER 05

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number – Stratum: 184A
3. Vehicle Number: 02
4. Occupant Number: 05

[redacted]

NROT

Driver or Occupant Name: _____

Address: [redacted]

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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.

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

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	96	
OA05. Occupant's Age	24	
OA06. Occupant's Sex	1	
OA07. Occupant's Height	99	
OA08. Occupant's Weight	999	
OA17. Manual (Active) Belt System Availability	3	
OA18. Manual (Active) Belt System Use	00	
OA21. Automatic (Passive) Restraint System Availability	0	
OA22. Automatic (Passive) Restraint Function	0	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	9	
OA36. Type of Medical Facility (for Initial Treatment)	1	
OA37. Hospital Stay	99	
OA38. Working Days Lost	99	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	97	

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. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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. __	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. __ __

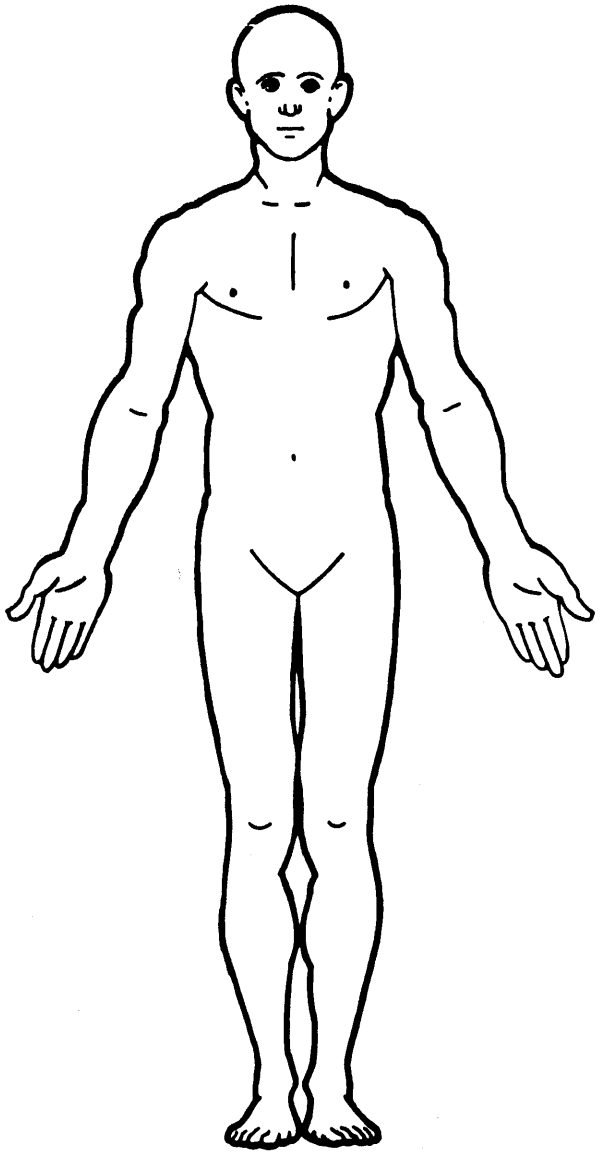
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

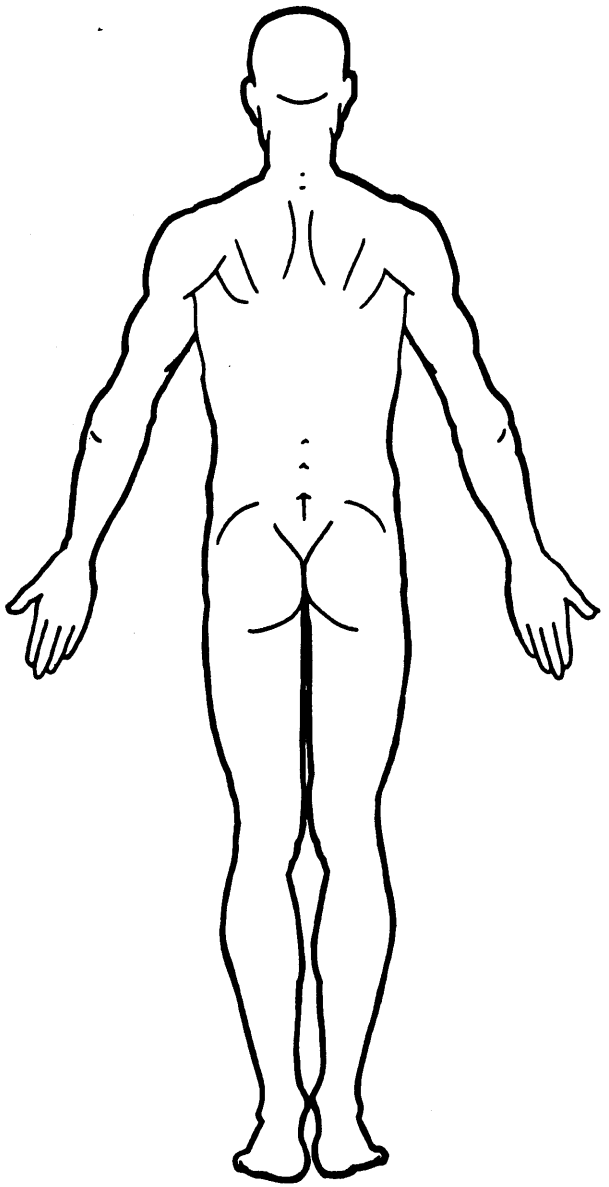
OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
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
(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

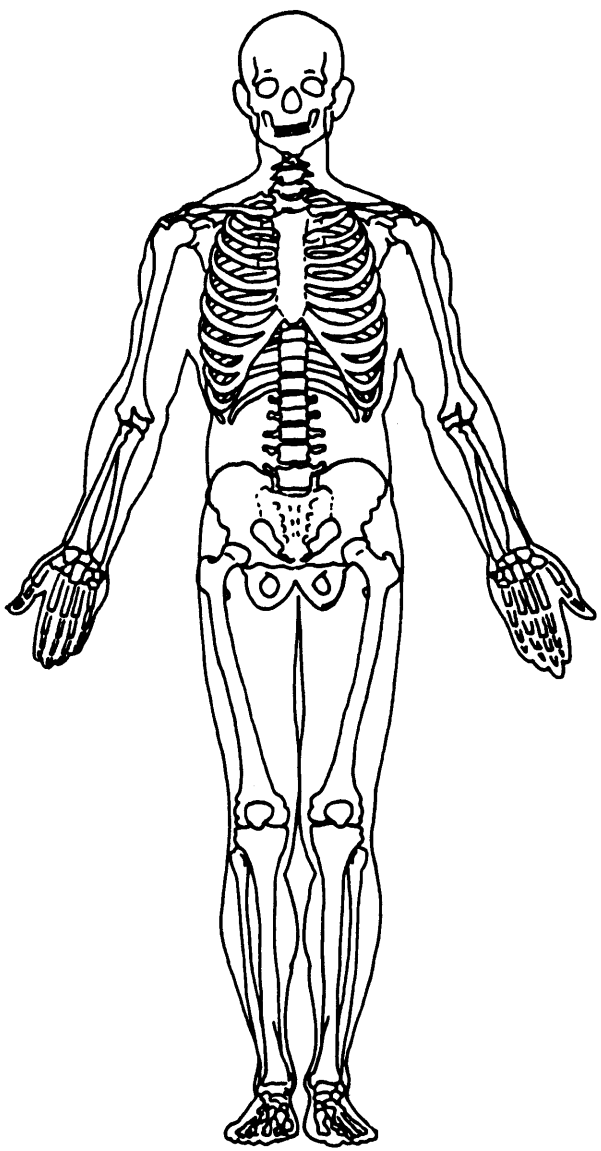
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

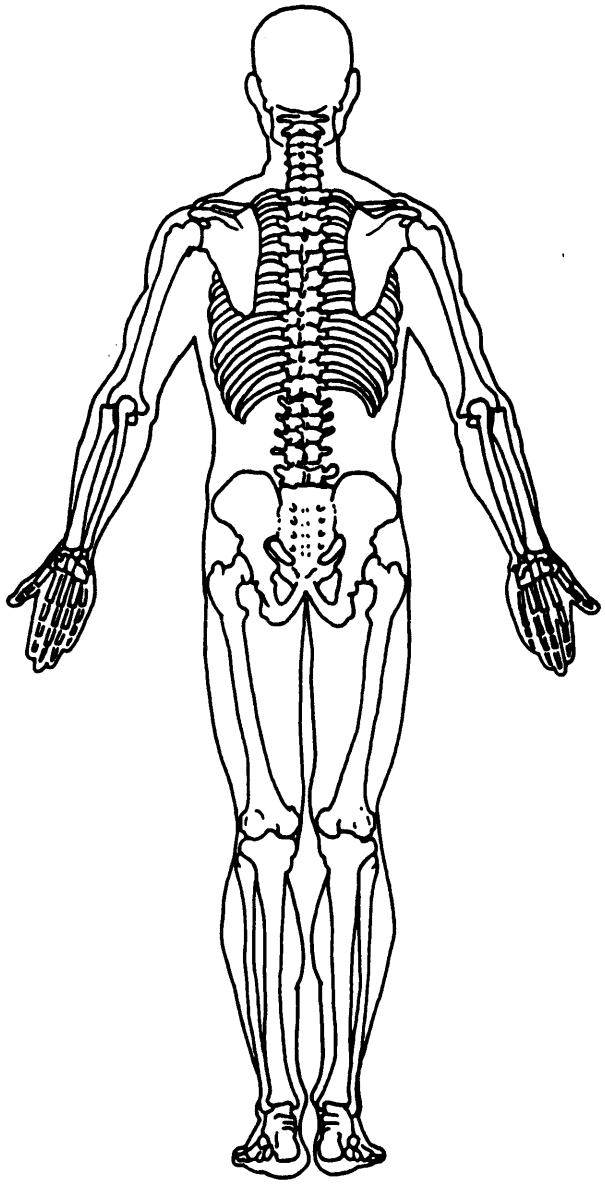
Abbreviated Injury Scale

(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

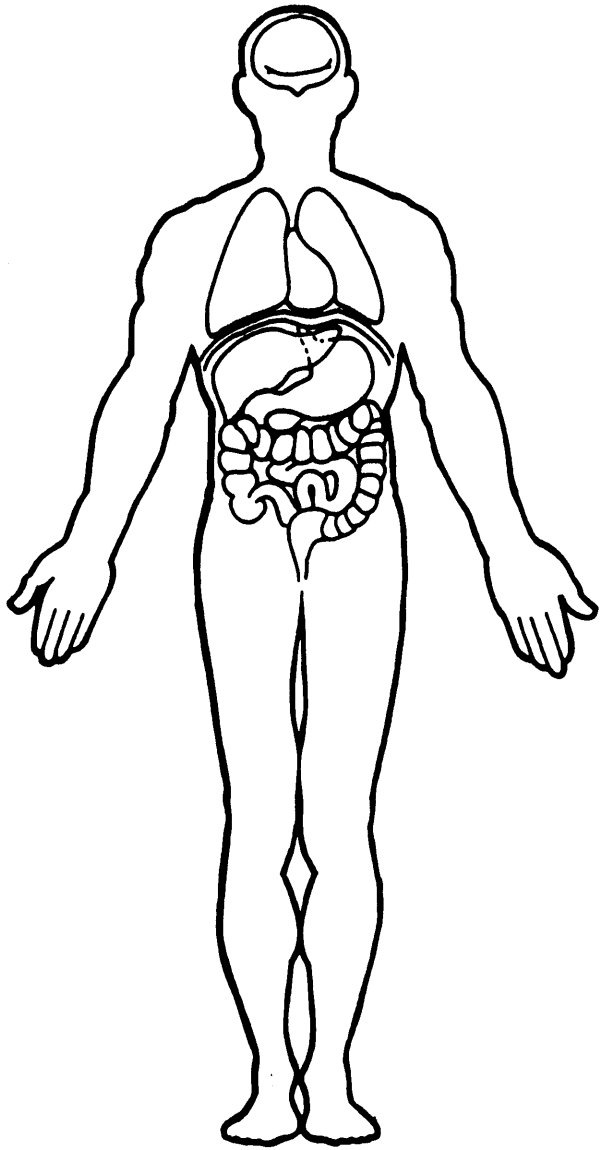
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

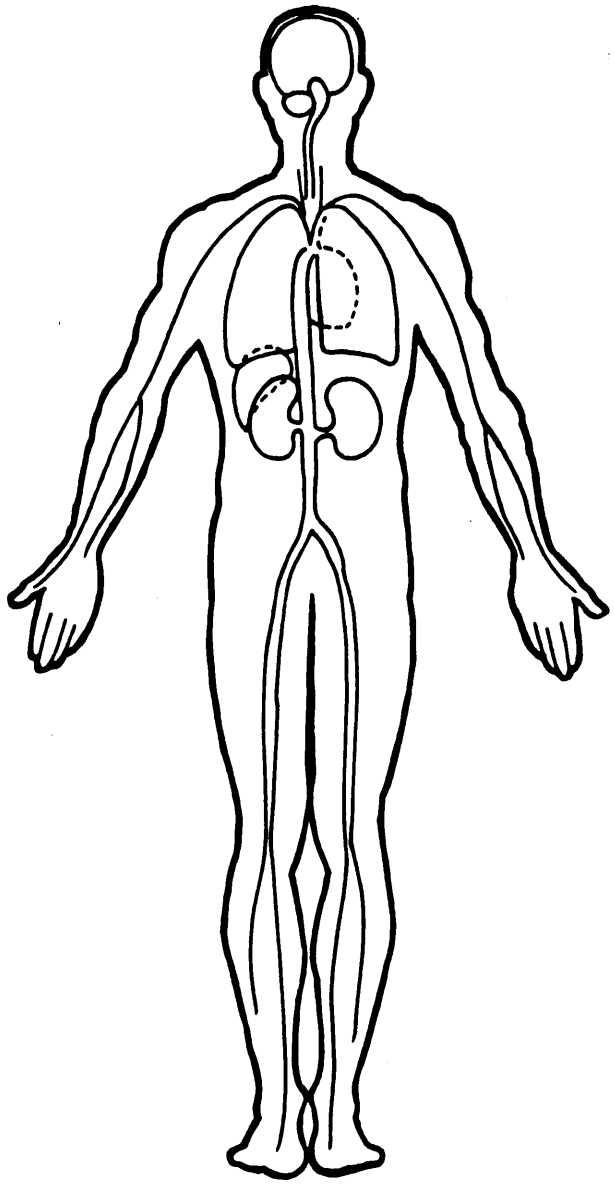




OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)





US Department of Transportation
National Highway Traffic Safety Administration

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title				
09	184A	01	[redacted]	9/
Primary Sampling Unit	Case No. – Stratum	Accident Event Sequence No.		Date (month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1991	MERCURY	GRAND MARQUIS	1
Vehicle 2				11

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	4	11
Weight	4006 (Curb) + 170 EST (Occupant(s)) + 0 (Cargo) = 4176	____ + ____ + ____ = ____
CDC	12FDEW1	
PDOF	-10	
Stiffness	4	

SCENE INFORMATION

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

	VEHICLE 1	VEHICLE 2
Rest Position		
X	____.__	____.__
Y	____.__	____.__
PSI	____.__	____.__
Impact Position		
X	____.__	____.__
Y	____.__	____.__
PSI	____.__	____.__
Slip Angle	___	___

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

	VEHICLE 1	VEHICLE 2
Skidding	[ ] No [ ] Yes	[ ] No [ ] Yes
Skidding Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End-of-Skidding Position		
X	____.__	____.__
Y	____.__	____.__
PSI	____.__	____.__
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path		
X	____.__	____.__
Y	____.__	____.__
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation > 360°	[ ] No [ ] Yes	[ ] No [ ] Yes

National Accident Sampling System – Crashworthiness Data System: CrashPC Program Summary

FRICTION INFORMATION

Coefficient of Friction . ___ ___ ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

Vehicle 2 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LR ___ ___ ___ RR ___ ___ ___

Vehicle 2 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LR ___ ___ ___ RR ___ ___ ___

Terrain Boundary [ ] No [ ] Yes

First Point

X ___ ___ ___ . ___ Y ___ ___ ___ . ___

Second Point

X ___ ___ ___ . ___ Y ___ ___ ___ . ___

Secondary Friction Coefficient . ___ ___ ___

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Length	70.	___ ___ ___ . ___ ___
Crush Depths C1	3.4	___ ___ . ___ ___
C2	3.2	___ ___ . ___ ___
C3	4.4	___ ___ . ___ ___
C4	5.0	___ ___ . ___ ___
C5	5.6	___ ___ . ___ ___
C6	7.5	___ ___ . ___ ___
Damage Offset	± 0.	± ___ ___ ___ . ___ ___

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.

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

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
HH1002 equal 9.

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
HH1002 equal 9.

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
HH1002 equal 9.

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
HH1002 equal 9.

```
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AG0031 2 If ACCIDENT TYPE GV15 equals 01-16, then VEHICLE FORMS AC03
AG0032 should equal 01.
VEH NUM = 01

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 01

1990 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted], 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	5	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	8	

US Department of Transportation
National Highway Traffic Safety Administration

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title			
09	184A	2	[redacted] 91
Primary Sampling Unit	Case No.–Stratum	Accident Event Sequence No.	Date (month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1991	MERCURY	GRAND MARQUIS	1
Vehicle 2	1984	CHEVROLET	CITATION	2

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size		3
Weight	4006 (Curb) + 170 EST (Occupant(s)) + 0 (Cargo) = 4176	2570 (Curb) + 918 EST (Occupant(s)) + 0 (Cargo) = 3488
CDC	03RDEW5	12FDEW3
PDOF	100	-10
Stiffness	4	9

SCENE INFORMATION

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

	VEHICLE 1	VEHICLE 2
Rest Position		
X	———.—	———.—
Y	———.—	———.—
PSI	———.—	———.—
Impact Position		
X	———.—	———.—
Y	———.—	———.—
PSI	———.—	———.—
Slip Angle	———	———

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

	VEHICLE 1	VEHICLE 2
Skidding	[ ] No [ ] Yes	[ ] No [ ] Yes
Skidding Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End-of-Skidding Position		
X	———.—	———.—
Y	———.—	———.—
PSI	———.—	———.—
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path		
X	———.— Y ———.—	———.— Y ———.—
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation > 360°	[ ] No [ ] Yes	[ ] No [ ] Yes

FRICTION INFORMATION

Coefficient of Friction . ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ RF ___

LR ___ RR ___

Vehicle 2 Rolling Resistance

LF ___ RF ___

LR ___ RR ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ RF ___

LR ___ RR ___

Vehicle 2 Steer Angles

LF ___ RF ___

LR ___ RR ___

Terrain Boundary [ ] No [ ] Yes

First Point

X ___ Y ___

Second Point

X ___ Y ___

Secondary Friction Coefficient . ___

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Length	190.0	64.5
Crush Depths C1	0.	22.2
C2	2.5	18.6
C3	17.4	17.3
C4	27.0	17.2
C5	13.0	17.7
C6	0.0	18.5
Damage Offset	± -33.0	± 0.

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

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

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

184A(2)

SPEED CHANGE (DAMAGE)		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	25.4	4.4	-25.1	100.0
	VEH #2	30.5	-30.0	5.3	-10.0

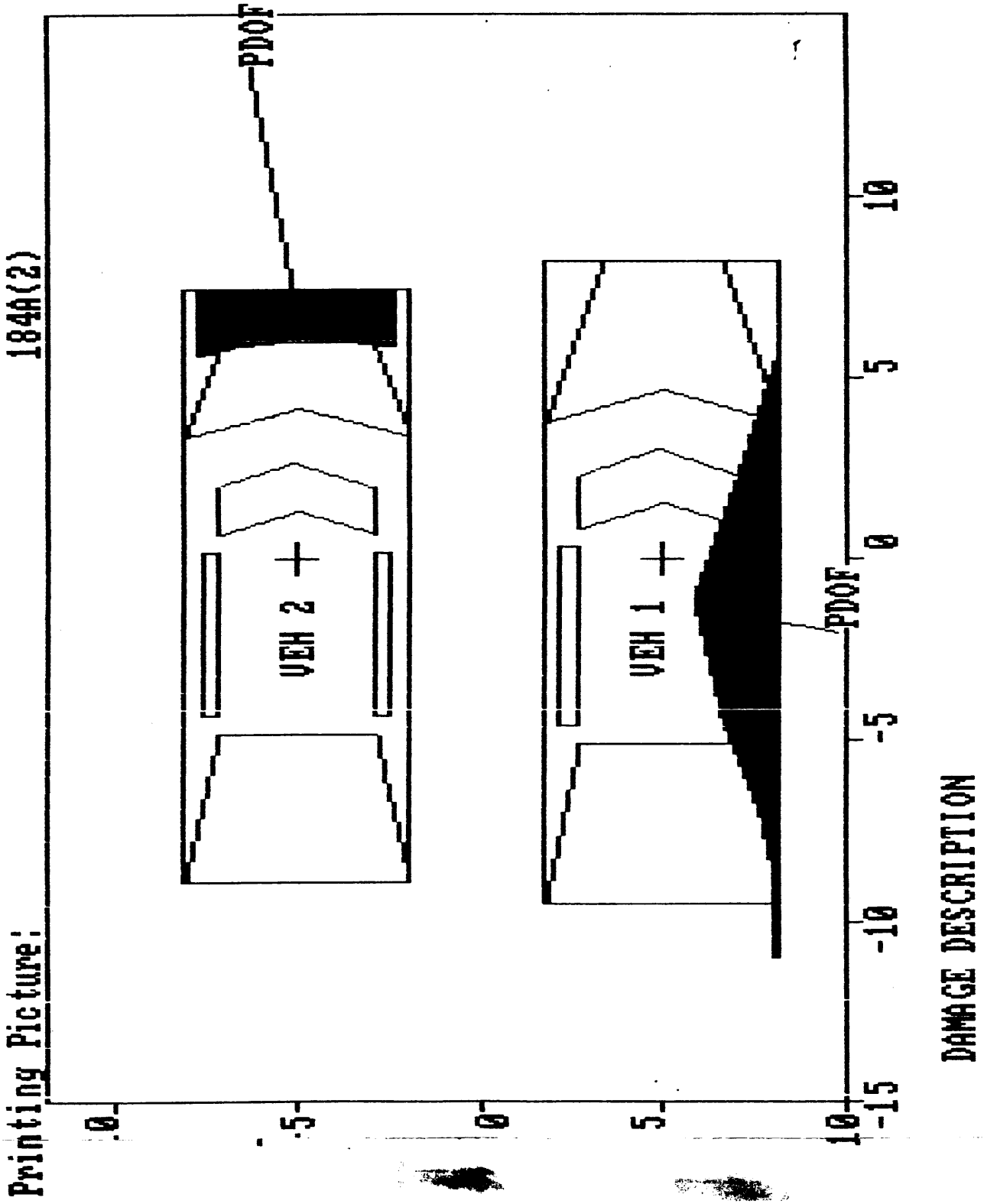
ENERGY DISSIPATED BY DAMAGE VEH#1:126936.8 FT-LB VEH#2: 82849.5 FT-LB

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

	VEHICLE # 1		VEHICLE # 2	
TYPE	CATEGORY 4		CATEGORY 3	
STIFFNESS	CATEGORY 4		CATEGORY 9	
WEIGHT	4176.0	LBS.	3488.0	LBS.
CDC	03RDEW5		12FDEW3	
L	199.0	IN.	64.5	IN.
C1	.0	IN.	22.2	IN.
C2	2.5	IN.	18.6	IN.
C3	17.4	IN.	17.3	IN.
C4	27.0	IN.	17.2	IN.
C5	13.0	IN.	17.7	IN.
C6	.0	IN.	18.5	IN.
D	-33.0		.0	
RHO	1.00	*	1.00	*
ANG	100.0	DEG.	-10.0	DEG.
D'	-19.3	IN.	-.8	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	=	40619.9	LB-SEC**2-IN	I2	=	30145.9	LB-SEC**2-IN
M1	=	10.858	LB-SEC**2/IN	M2	=	9.069	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.



SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

184A

SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	12.3	-12.1	2.1	-10.0
	VEH #2	.0	.0	.0	.0

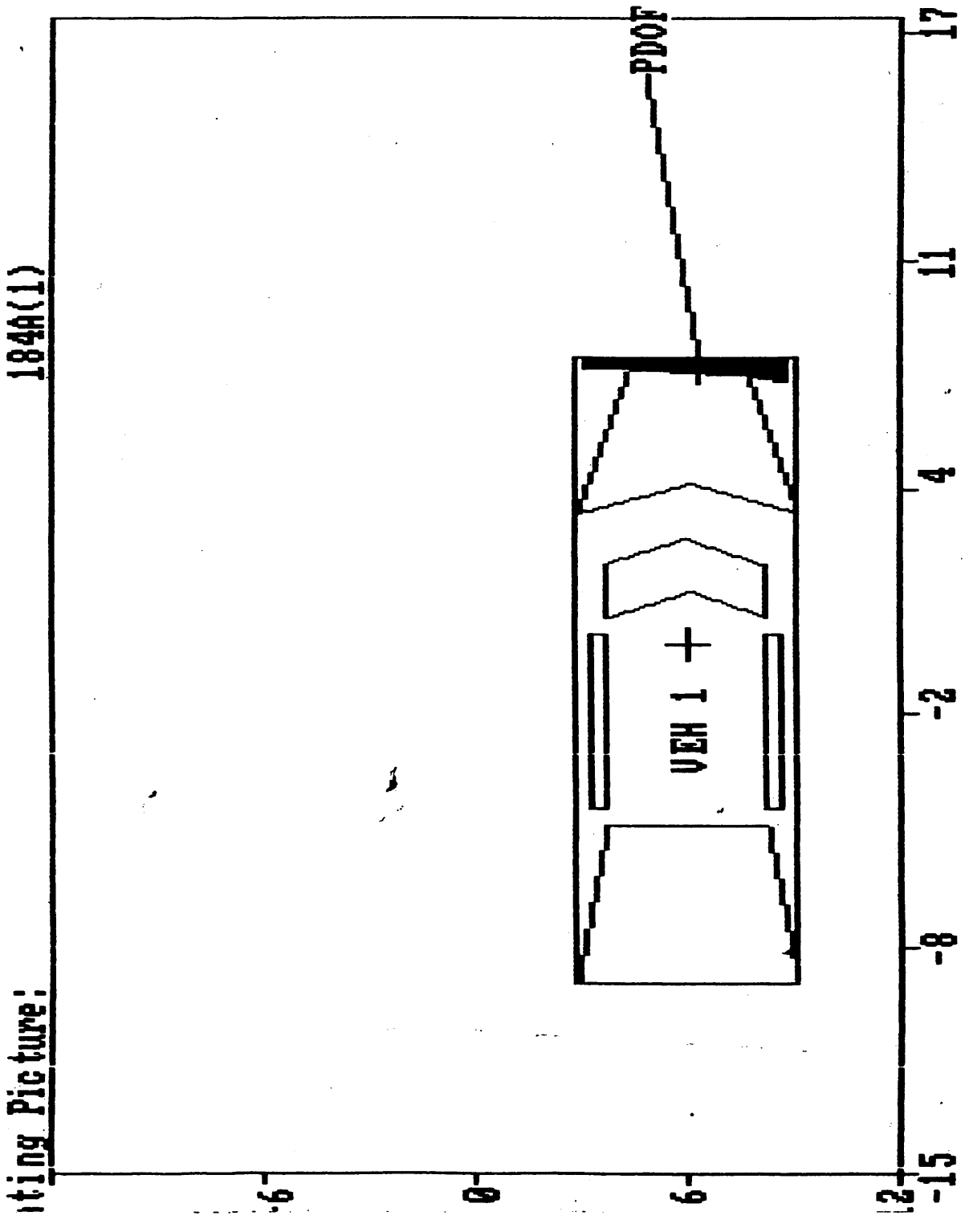
ENERGY DISSIPATED BY DAMAGE VEH#1: 23812.1 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 4		TYPE	CATEGORY 11	
STIFFNESS	CATEGORY 4		STIFFNESS	CATEGORY 0	
WEIGHT	4176.0 LBS.		WEIGHT	1000000.0 LBS.	*
CDC	12FDEW1		CDC	BARRIER	
L	70.0 IN.		L	.0 IN.	*
C1	3.4 IN.		C1	.0 IN.	*
C2	3.2 IN.		C2	.0 IN.	*
C3	4.4 IN.		C3	.0 IN.	*
C4	5.0 IN.		C4	.0 IN.	*
C5	5.6 IN.		C5	.0 IN.	*
C6	7.5 IN.		C6	.0 IN.	*
D	.0		D	.0	*
RHO	1.00	*	RHO	1.00	*
ANG	-10.0 DEG.		ANG	.0 DEG.	*
D'	4.9 IN.		D'	.0 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.	A2	=	50.0	IN.
B1	=	59.2	IN.	B2	=	50.0	IN.
TR1	=	61.8	IN.	TR2	=	50.0	IN.
I1	=	40619.9	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	10.858	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	98.8	IN.	XF2	=	50.0	IN.
XR1	=	-114.0	IN.	XR2	=	-50.0	IN.
YS1	=	38.5	IN.	YS2	=	50.0	IN.



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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 09 Case Number–Stratum 184A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-6	1	EAST	FORWARD TRAJECTION
7			LOOK BACK
8-13	2	WEST	FORWARD TRAJECTORY
14			LOOK BACK
15-60	1		EXTERIOR AND INTERIOR
61-95	2		EXTERIOR AND INTERIOR

HS Form 434B
1/88

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

PSU 09-184A (1990) #1

PSU 09-184A (1990) #2

PSU 09-184A (1990) #3

PSU 09-184A (1990) #4

PSU 09-184A (1990) #5

PSU 09-184A (1990) #6

PSU 09-184A (1990) #7

PSU 09-184A (1990) #8

PSU 09-184A (1990) #9

PSU 09-184A (1990) #10

PSU 09-184A (1990) #11

PSU 09-184A (1990) #12

PSU 09-184A (1990) #13

PSU 09-184A (1990) #14

PSU 09-184A (1990) #15

PSU 09-184A (1990) #16

PSU 09-184A (1990) #17

PSU 09-184A (1990) #18

PSU 09-184A (1990) #19

PSU 09-184A (1990) #20

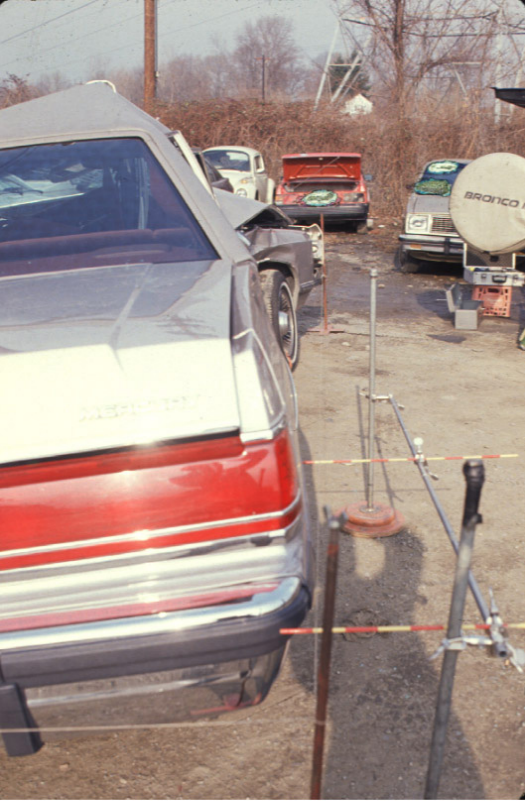
PSU 09-184A (1990) #21

PSU 09-184A (1990) #22

PSU 09-184A (1990) #23

PSU 09-184A (1990) #24

PSU 09-184A (1990) #25



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PSU 09-184A (1990) #29

PSU 09-184A (1990) #30

PSU 09-184A (1990) #31

PSU 09-184A (1990) #32

PSU 09-184A (1990) #33

PSU 09-184A (1990) #34

PSU 09-184A (1990) #35

PSU 09-184A (1990) #36

PSU 09-184A (1990) #37

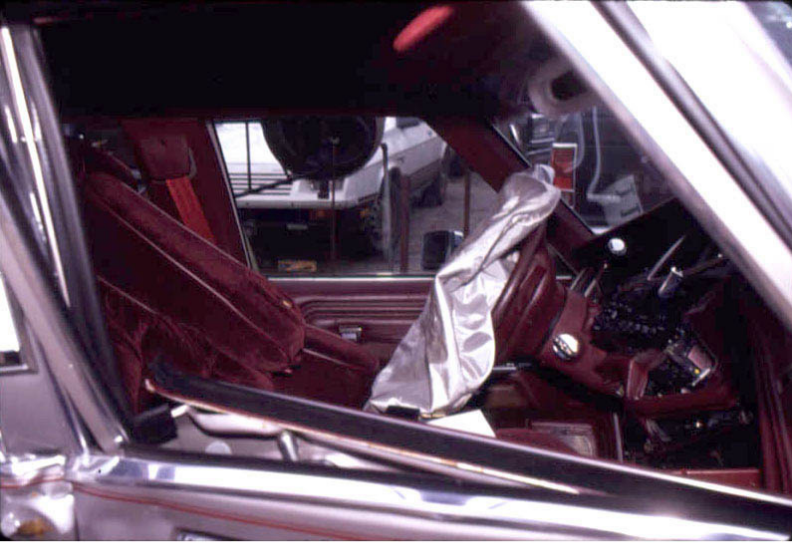
PSU 09-184A (1990) #38

PSU 09-184A (1990) #39

PSU 09-184A (1990) #40

PSU 09-184A (1990) #41

PSU 09-184A (1990) #42



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PSU 09-184A (1990) #46

PSU 09-184A (1990) #47

PSU 09-184A (1990) #48

PSU 09-184A (1990) #49

PSU 09-184A (1990) #50

PSU 09-184A (1990) #51

PSU 09-184A (1990) #52

PSU 09-184A (1990) #53

PSU 09-184A (1990) #54

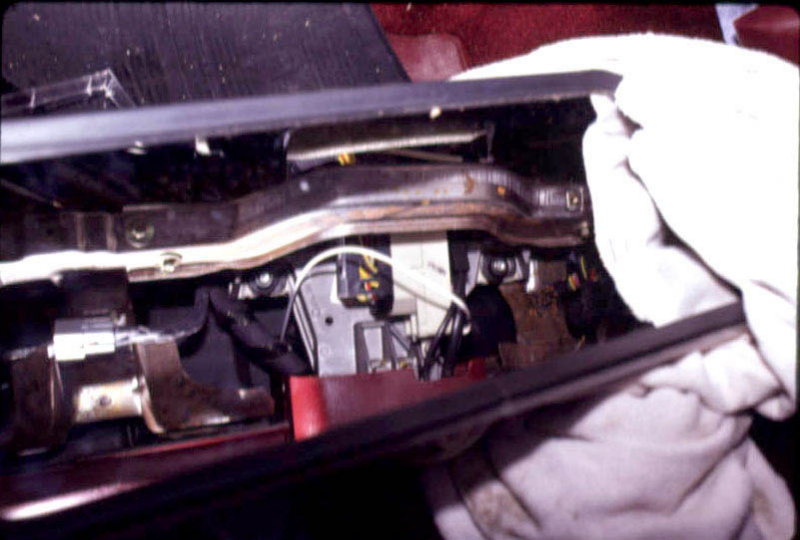
PSU 09-184A (1990) #55

PSU 09-184A (1990) #56

PSU 09-184A (1990) #57

PSU 09-184A (1990) #58

PSU 09-184A (1990) #59



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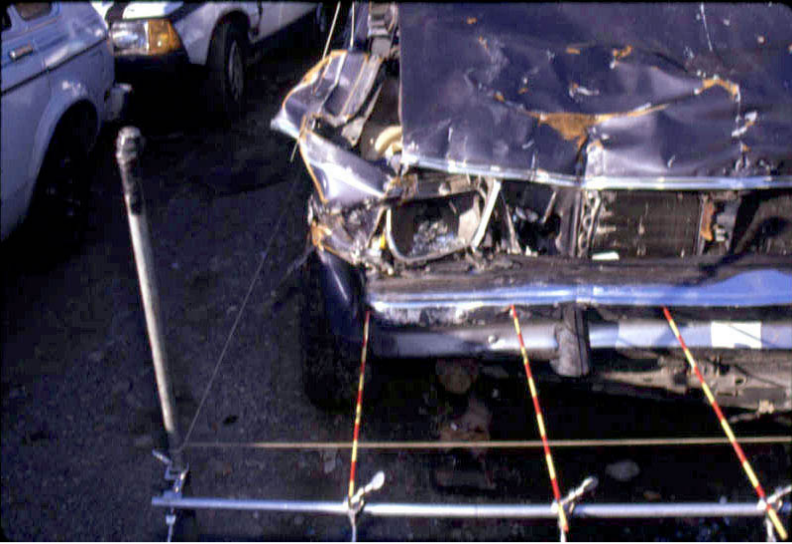

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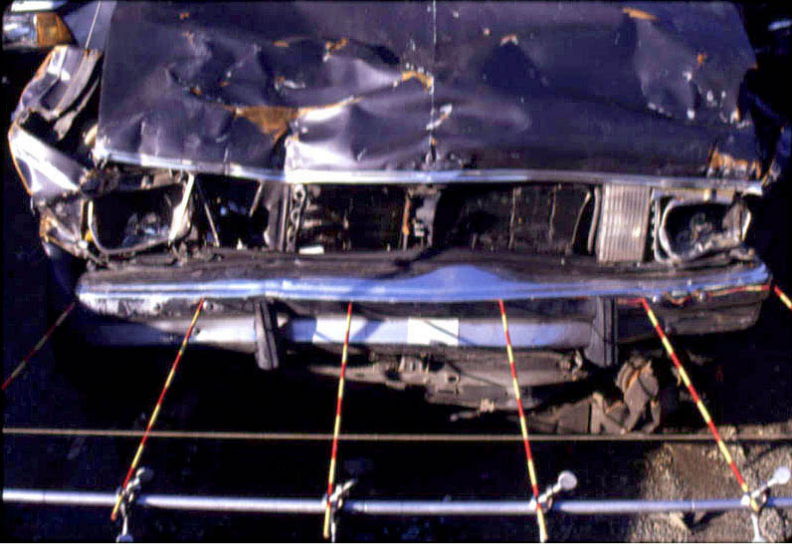

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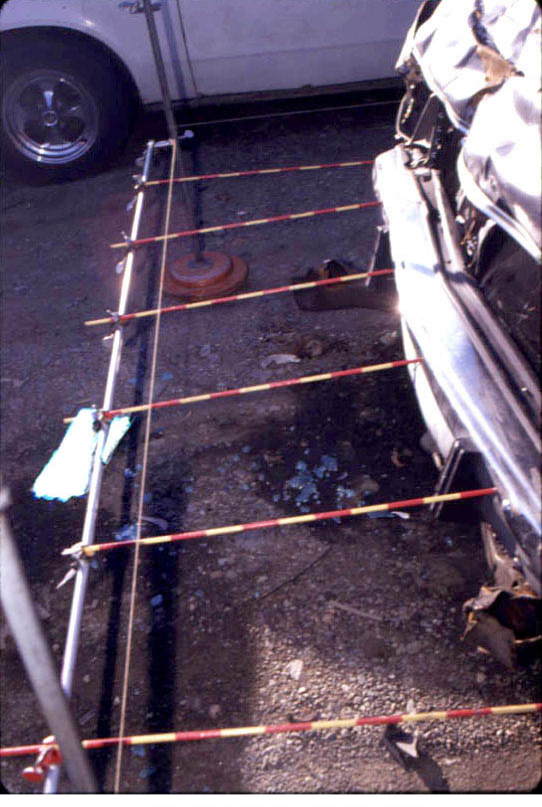

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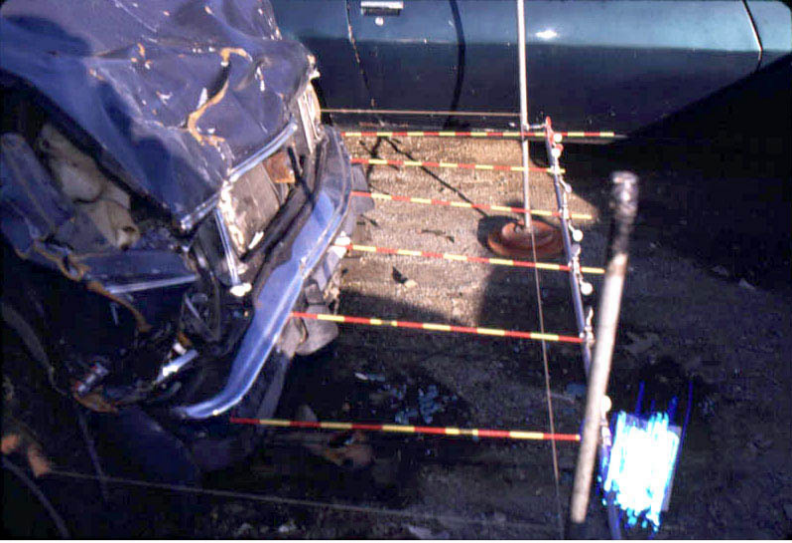

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PSU 09-184A (1990) #70

PSU 09-184A (1990) #71

PSU 09-184A (1990) #72

PSU 09-184A (1990) #73

PSU 09-184A (1990) #74
Best Available

PSU 09-184A (1990) #75
Best Available

PSU 09-184A (1990) #76

PSU 09-184A (1990) #77

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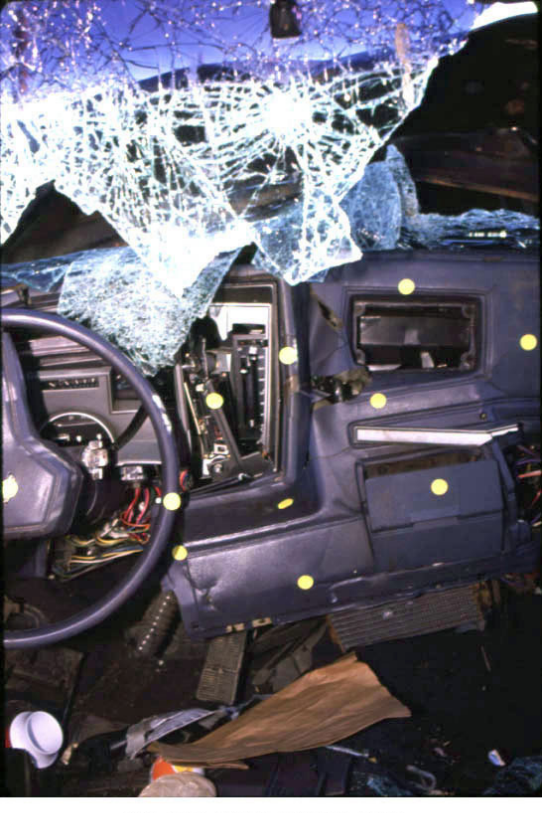

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PSU 09-184A (1990) #81

PSU 09-184A (1990) #82

PSU 09-184A (1990) #83

PSU 09-184A (1990) #84

PSU 09-184A (1990) #85

PSU 09-184A (1990) #86

PSU 09-184A (1990) #87

PSU 09-184A (1990) #88

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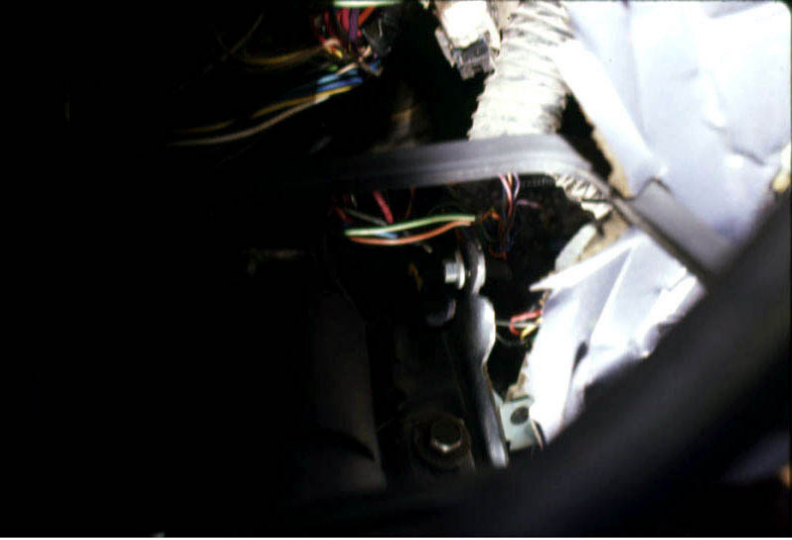
PSU 09-184A (1990) #91

PSU 09-184A (1990) #92



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Best Available

PSU 09-184A (1990) #94
Best Available

PSU 09-184A (1990) #95
Best Available