



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.

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 41 CASE NO. 142A TYPE OF ACCIDENT Right roadside departure

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 while southbound left roadway on right side for unknown reason. Vehicle #1 proceed through underbrush until it struck a shrub, then came to rest submerged in a canal.

OVERTURNED

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	Compact	1990 Infinity M-30	Left	Light	None

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	Driver	Left front	None	Unknown	Unknown <i>TO be updated</i>	0	Unknown
				<i>Drowning</i>			

DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

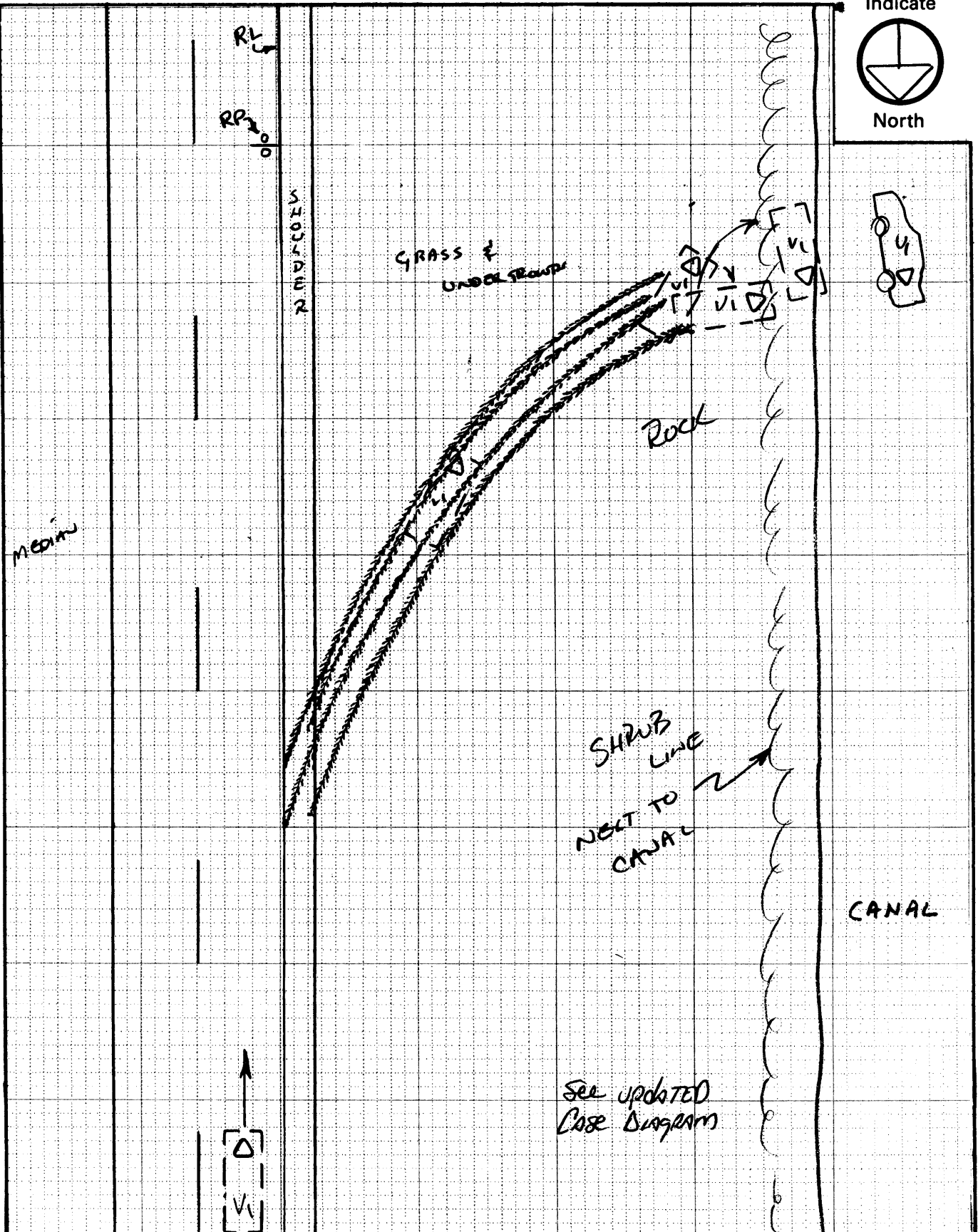
PSU No. 41

Case Number - Stratum 1 4 2 A

Indicate



North





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

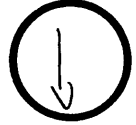
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

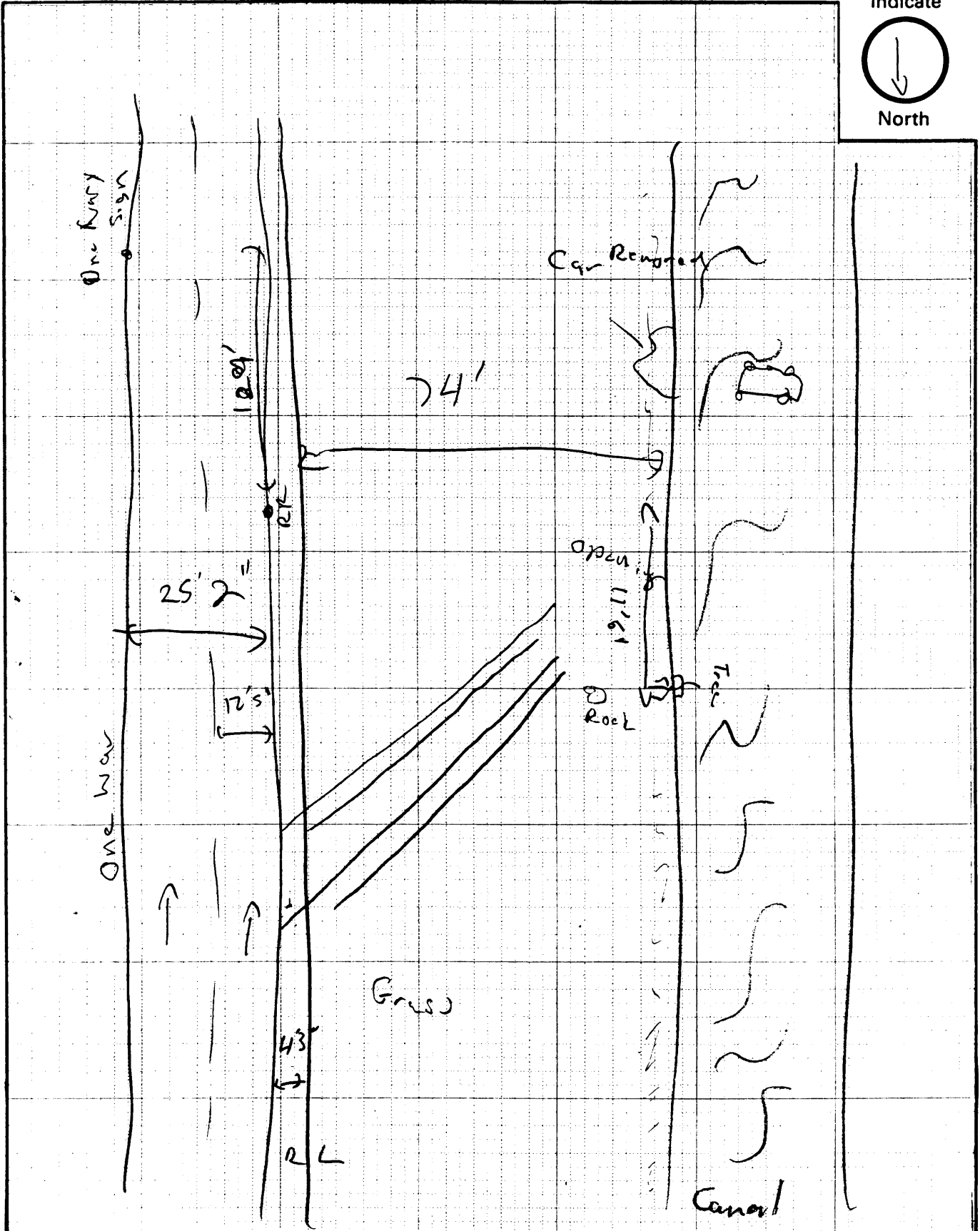
PSU No. 4 1

Case Number - Stratum 1 4 2 A

Indicate



North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 4L Case Number - Stratum L42A

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

Reference Point: _____ Reference Line: _____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
BEGIN RF U.	100' N	0'
MID POINT RF U.	38' 2" N	37' W
END RF U.	22' 3" N	56'
BEGIN LF U.	90' N	0'
MID POINT LF	30' 6" N	37' W
END LF	18' 10" N	55' 6" W
BEGIN RR	98'	3' 4" W
MID POINT RR	40' 3" N	37' W
END RR	26' N	59' W
BEGIN LR	86' N	3.5' W
MID POINT LR	32' 9" N	37' W
END LR	27' N	53' 2" W



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 4 L Case Number - Stratum L 4 2 A

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> *approximate vehicle orientation at impact and final rest *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) *applicable traffic controls (e.g., speed limit) *north arrow placed on diagram *sketch required 	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> *document reference point and reference line relative to physical features present at the scene *scaled documentation of all accident induced physical evidence *scaled documentation of all roadside objects contacted *roadway surface type and condition of applicable roadways *grade measurements for all applicable roadways *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle _____ _____ _____</p> <p>Surface Type _____ _____ _____</p> <p>Surface Condition _____ _____ _____</p> <p>Grade Measurement (v/h) _____ _____ _____</p> <p><i>Embank - 7.5 mint 48 N # 30</i></p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>		

Reference Point: RP 129' V of Reference Line: Road Edge of
116 Way Singo on Road End South Bound

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
LF Begim	90 80 N	0
RF "	86 - N	3.5 W
LR "	100 N	0
RR "	98 N	3.4 W
LF Mid Point	30' 6" N	37' W
RF "	32' 9" N	37' W
LR "	38' 2" N	37' W
RR "	40' 3" N	37' W
LF End	18' 10" N	55' 6" W
RF "	22' 1" N	53' 2" W
LR "	22' 3" N	56'
RR " Rock	26 N	59

~~RP~~ RP 0 0

PSU NUMBER
CASE NUMBER

41
142A

ACCIDENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER

41

CASE NUMBER

142A

VEHICLE NUMBER

01

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

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>41</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>142A</u>	

VEHICLE IDENTIFICATION

VIN JNKHF14C0LT XXXXXXXXXX Model Year 90
 Vehicle Make (specify): Infiniti Vehicle Model (specify): M30

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	Left 26.5' Forward of Front Axle	→	C4
	Extending 173" back	→	

CRUSH PROFILE

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

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

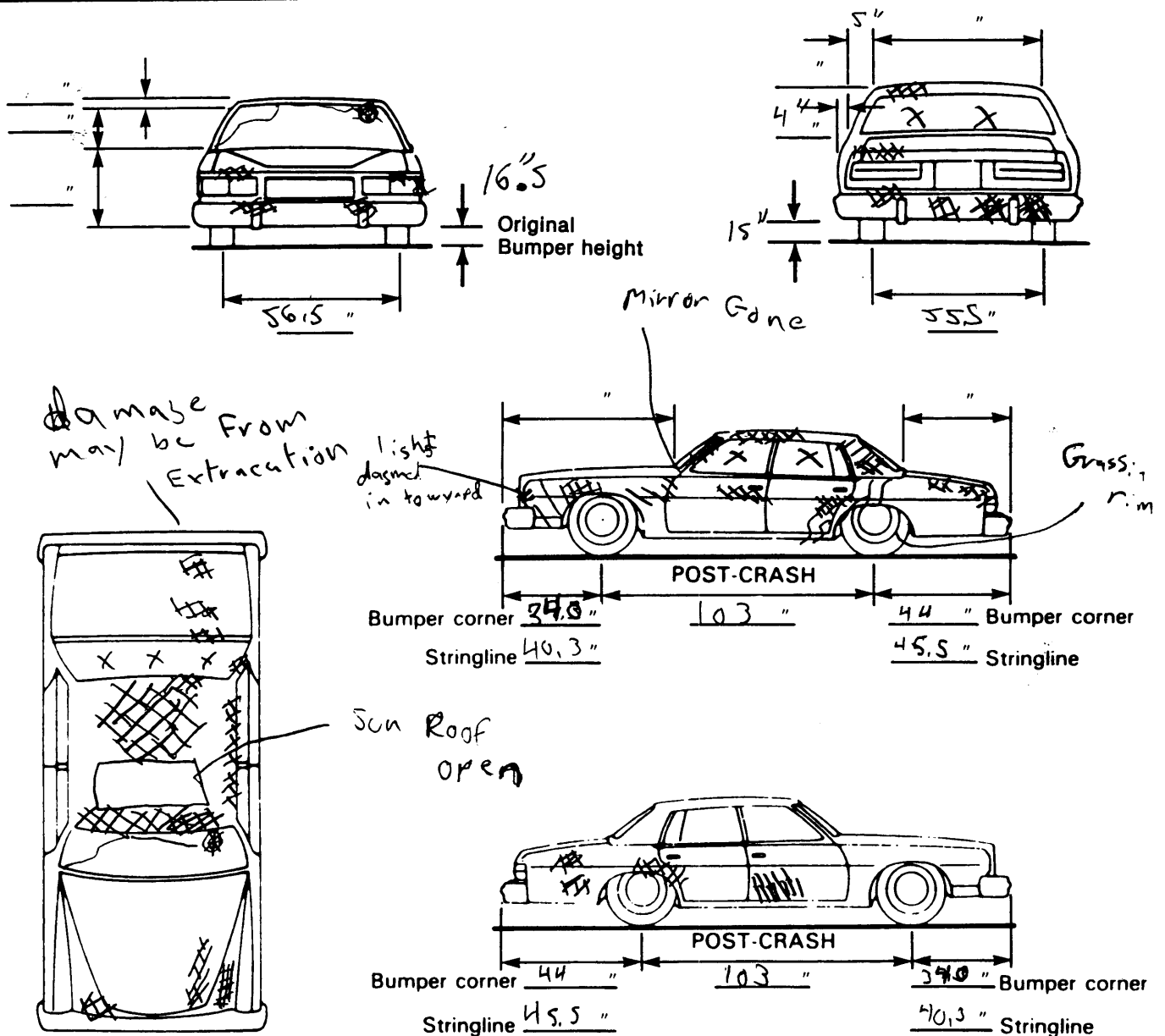
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D'
		Width (CDC)	Max Crush								
1	Left Side	173"	2"	173'	0	0	1	3	2.5	3.5	
		Free Space		-	0	0	1	1	2	3	
	Corrected "c's"			173"	0	0	0	2	.5	.5	3.5 -8.5

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>103.0</u> Overall Length <u>188.8</u> Maximum Width <u>66.5</u> Curb Weight <u>3333</u> Average Track <u>56.5</u> Front Overhang <u>40.3</u> Rear Overhang <u>45.5</u> Engine Size: cyl./ displ. <u>V6/3.0</u> Undeformed End Width _____		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° <u>N/A</u> LR ± _____° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0</u>	



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



1. Primary Sampling Unit Number 41
 2. Case Number – Stratum 142A
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 98
 (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):
Side windows Back light - Sunroof
 (99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0
 (0) No door/gate/hatch
 (1) Door/gate/hatch remained closed and operational
 (2) Door/gate/hatch came open during collision
 (3) Door/gate/hatch jammed shut
 (8) Other (specify):

 (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 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 6 17. RF 0 18. LR 6 19. RR 0
 20. BL 6 21. Roof 0 22. Other 8
 (0) No glazing damage from impact forces
 (2) Glazing in place and cracked from impact forces
 (3) Glazing in place and holed from impact forces
 (4) Glazing out-of-place (cracked or not) and not holed from impact forces
 (5) Glazing out-of-place and holed from impact forces
 (6) Glazing disintegrated from impact forces
 (7) Glazing removed prior to accident
 (8) No glazing
 (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 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 2 35. RR 0
 36. BL 2 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):

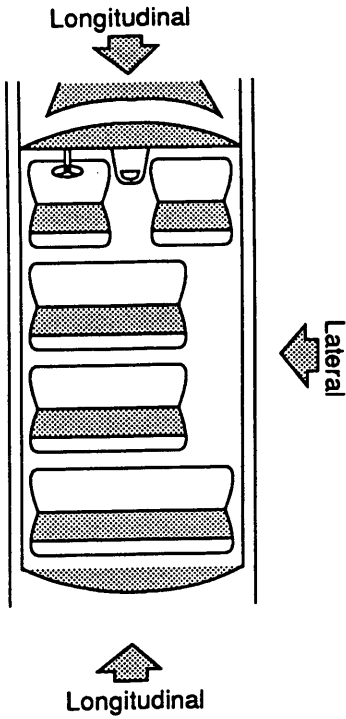
 (9) Unknown

Window Precrash Glazing Status

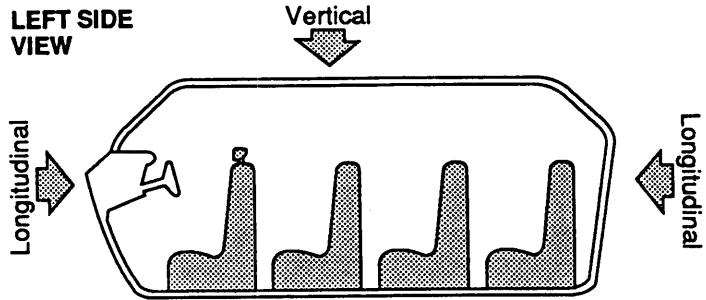
39. WS 1 40. LF 2 41. RF 0 42. LR 1 43. RR 0
 44. BL 1 45. Roof 0 46. Other 0
 (0) No glazing contact and no damage, or no glazing
 (1) Fixed
 (2) Closed
 (3) Partially opened
 (4) Fully opened
 (9) Unknown

INTRUSION WORK SHEET

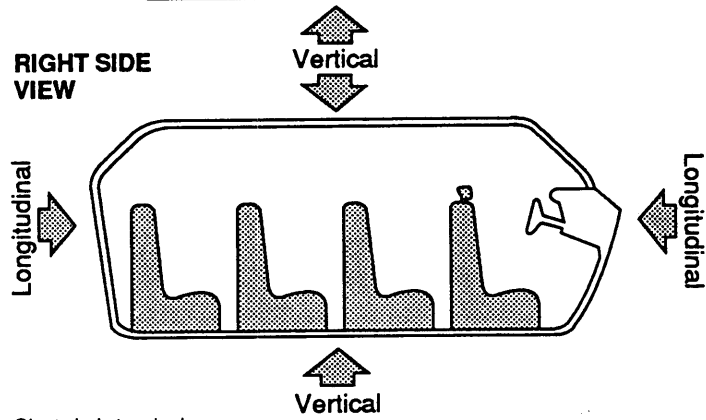
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE <i>center line</i>	INTRUSION	DOMINANT CRUSH DIRECTION
21	<i>Left C-pillar for mobile</i>	21	20"	= 1"	<i>Lab</i>
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	
			-	=	

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>21</u>	48. <u>08</u>	49. <u>1</u>	50. <u>3</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

- 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

NASS CODING CHANGE

1st Review: 2H

2nd Review: _____

INTRUDING COMPONENT

Interior Components

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

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

Exterior Components

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

MAGNITUDE OF INTRUSION

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

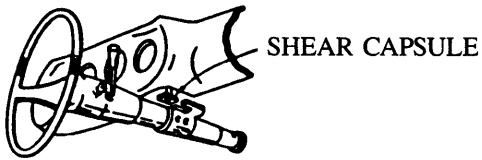
DOMINANT CRUSH DIRECTION

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

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

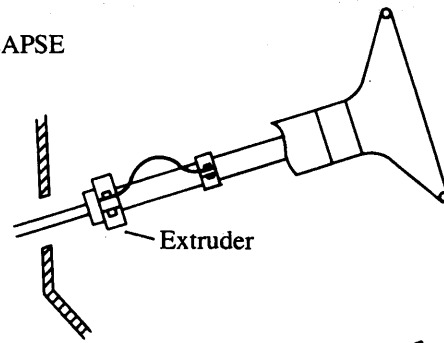
Steering Column Shear Module Movement



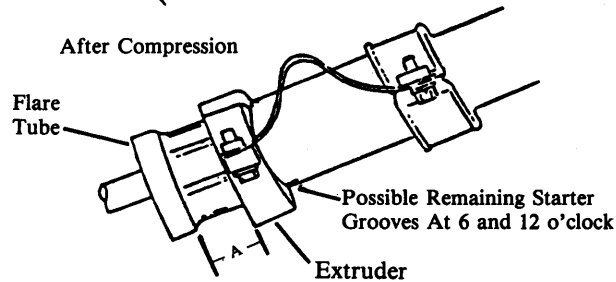
Right — V = _____"

Direction and Magnitude of Steering Column Movement

Could Not Reverse Panel



After Compression

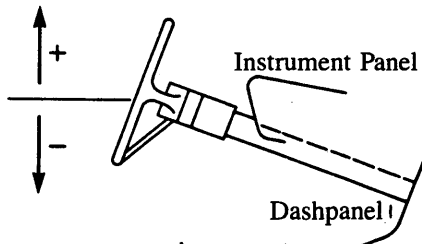


Compression = Measurement A

A = _____

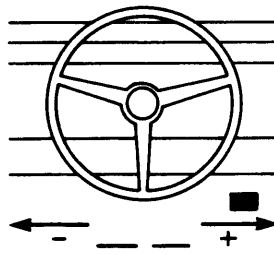
STEERING COLUMN MOVEMENT

Vertical Movement



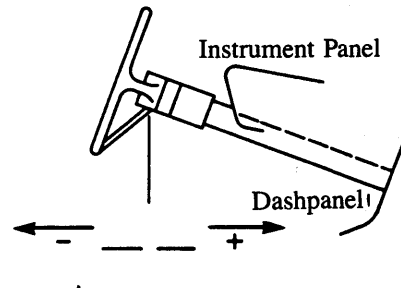
windshield header

Lateral Movement



Right door

Longitudinal Movement



base of B.P. bar

	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL		-	174	=	
LATERAL		-	41	=	
LONGITUDINAL		-	38	=	

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 96

_____ 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 + 96

90. Lateral Movement + 96

91. Longitudinal Movement + 96

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 00

(00) No steering rim deformation

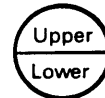
Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 0 0 2,000

0 7 1 1 0 miles – Code mileage to the nearest 1,000 miles

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

Source: _____

95. Instrument Panel Damage from Occupant Contact? 0

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

96. Knee Bolsters Deformed from Occupant Contact? 8

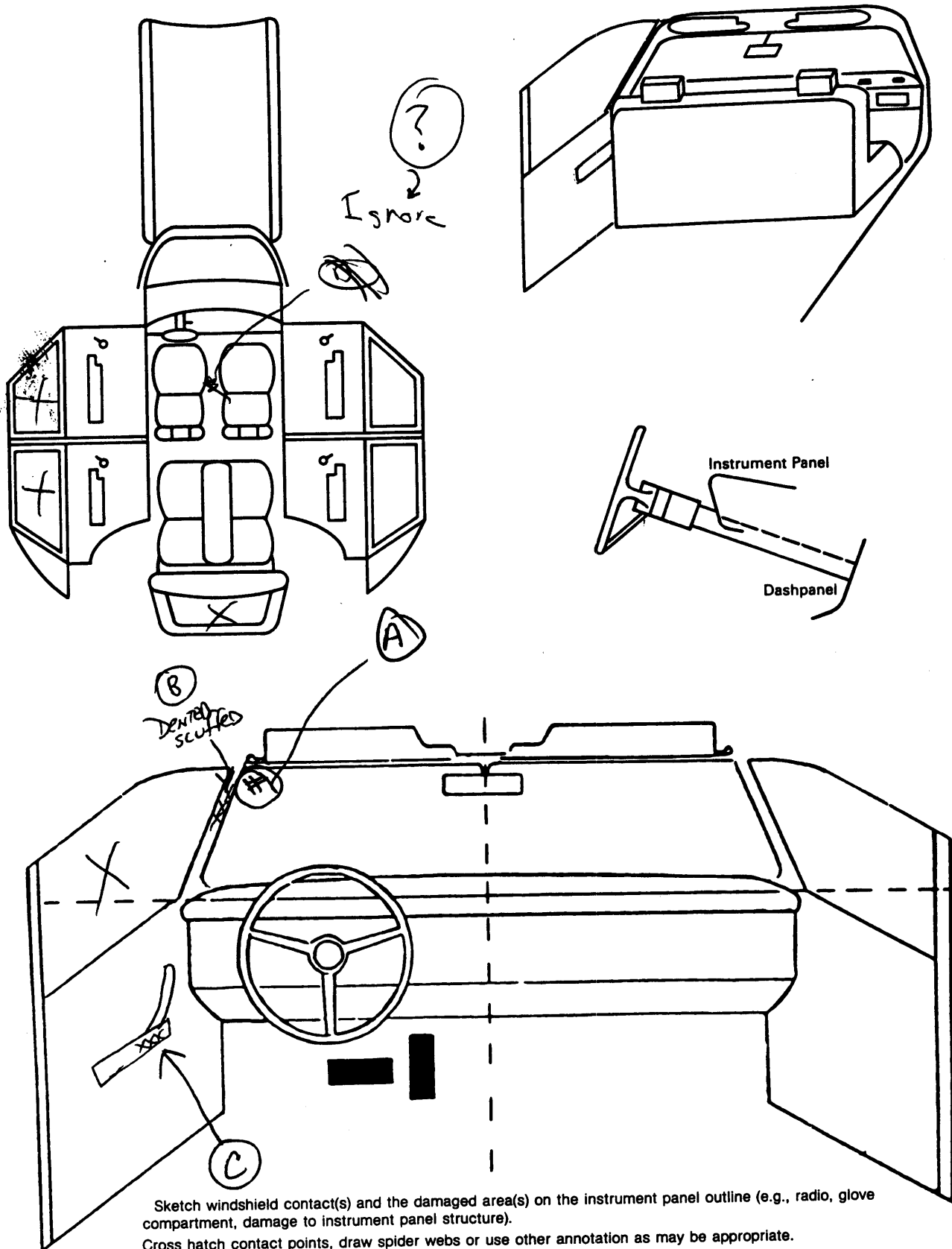
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

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	01	1	Head/hnd	Spicer wheel cracking	1
B	22	1	Head	scuffed	1
C	21	1	Ⓢ Hip	scuffed	2
D					
E					
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):

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

(48) Child safety seat (specify):

(49) Other interior object (specify):

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):

ROOF

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

FLOOR

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

REAR

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

LEFT SIDE

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

- (25) Left side window glass or frame

INTERIOR

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

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

- (47) Interior loose objects

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
F I R S T	Availability	1	/	/
	Function	7	/	/
	Failure	1	/	/

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	0 0 Not this trip	0 0	0 4
	Failure Modes	1	0	4
SECOND	Availability	4	3	4
	Use	0 0	0 3	0 4
	Failure Modes	0	1	1
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	02	00	02
	Seat Performance	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	02	03	03
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

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

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

High Head Contact on
W: a shield

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						

<p>Ejection</p> <p>(1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>Ejection Area</p> <p>(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear</p>	<p>(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p> <p>Ejection Medium</p> <p>(1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____</p>	<p>(5) Integral structure (8) Other medium (specify): _____</p> <p>(9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p>
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ENTRAPMENT No Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

PSU NUMBER	<u>41</u>
CASE NUMBER	<u>142A</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) 3

PSU NUMBER	<u>41</u>
CASE NUMBER	<u>142A</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>41</u></p> <p>2. Case Number – Stratum <u>142A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p><u>[REDACTED]</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: <u>[REDACTED]</u></p> <p>Other Information: <u>[REDACTED]</u></p> <p><i>(Sanitize this section prior to Update submission.)</i></p>
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INJURY DATA CODED ON INITIAL SUBMISSION

	O.I.C. – A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	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		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>97</u>	<u>29</u>	OA35. Treatment – Mortality	<u>1</u>	<u>1</u>
OA05. Occupant's Age	<u>36</u>	<u>36</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	<u>0</u>
OA06. Occupant's Sex	<u>1</u>	<u>1</u>	OA37. Hospital Stay	<u>00</u>	<u>00</u>
OA07. Occupant's Height	<u>99</u>	<u>68</u>	OA38. Working Days Lost	<u>62</u>	<u>62</u>
OA08. Occupant's Weight	<u>999</u>	<u>176</u>	OA39. Time to Death	<u>99</u>	<u>99</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	<u>4</u>	OA40. 1st Medically Reported Cause of Death	<u>97</u>	<u>97</u>
OA18. Manual (Active) Belt System Use	<u>00</u>	<u>00</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA21. Automatic (Passive) Restraint System Availability	<u>L</u>	<u>L</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA22. Automatic (Passive) Restraint Function	<u>2</u>	<u>7</u>	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>00</u>

INJURY DATA

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

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

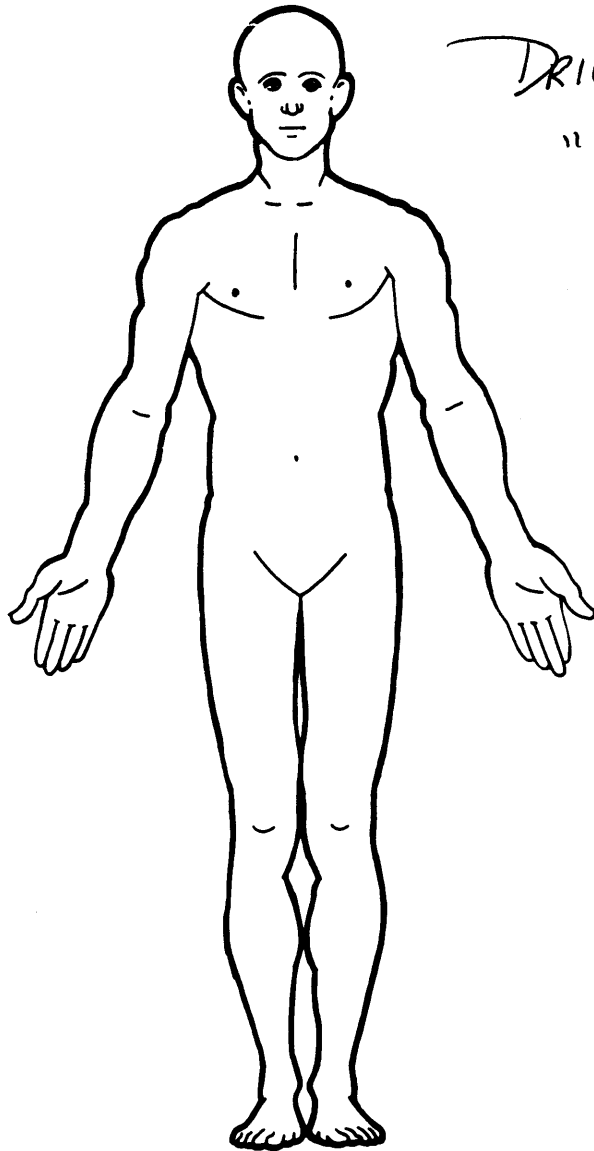
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

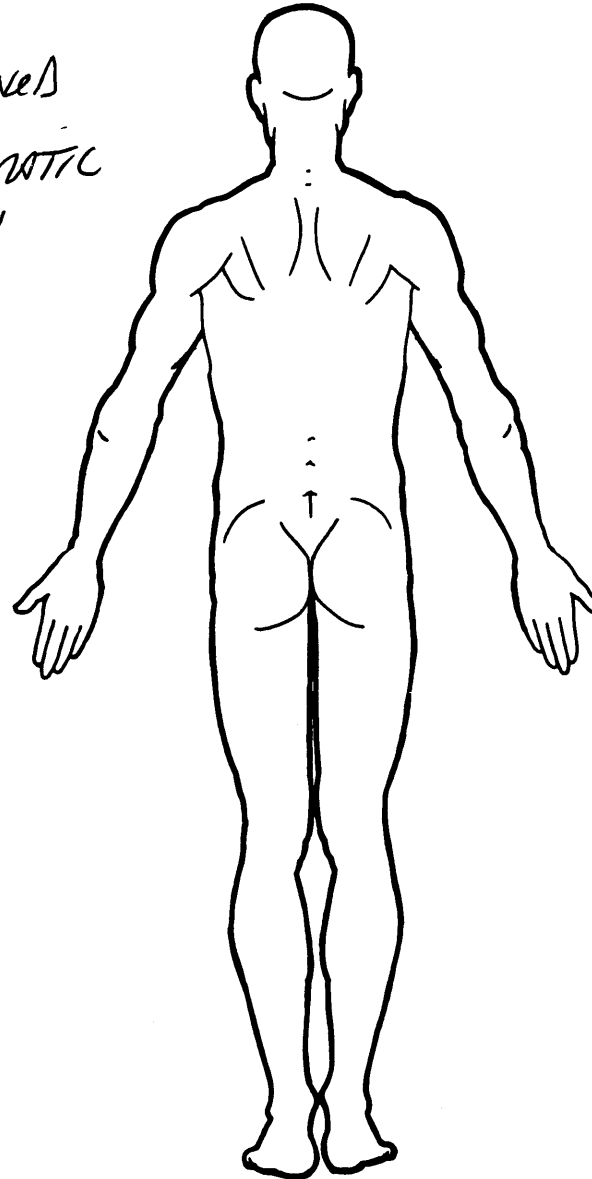
	Source of Injury Data	O.I.C.—A.I.S.				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
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.)



DRIVER DROWNED
" NO TRAUMATIC
INJURY "



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

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

RIGHT SIDE

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

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
- (E1) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top
- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

INJURY SOURCE

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

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

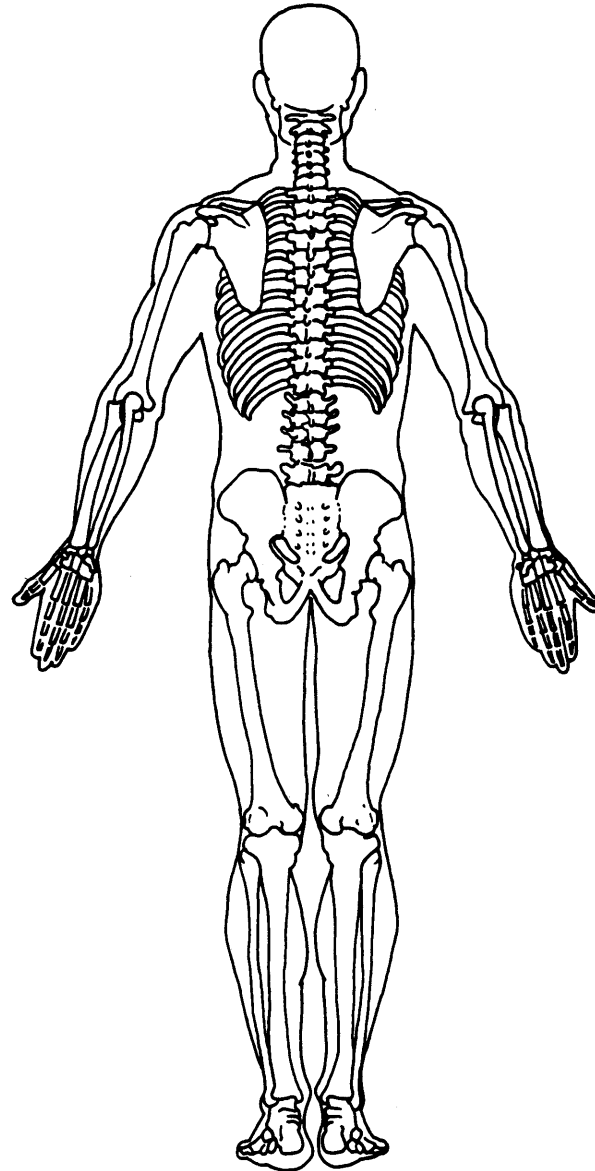
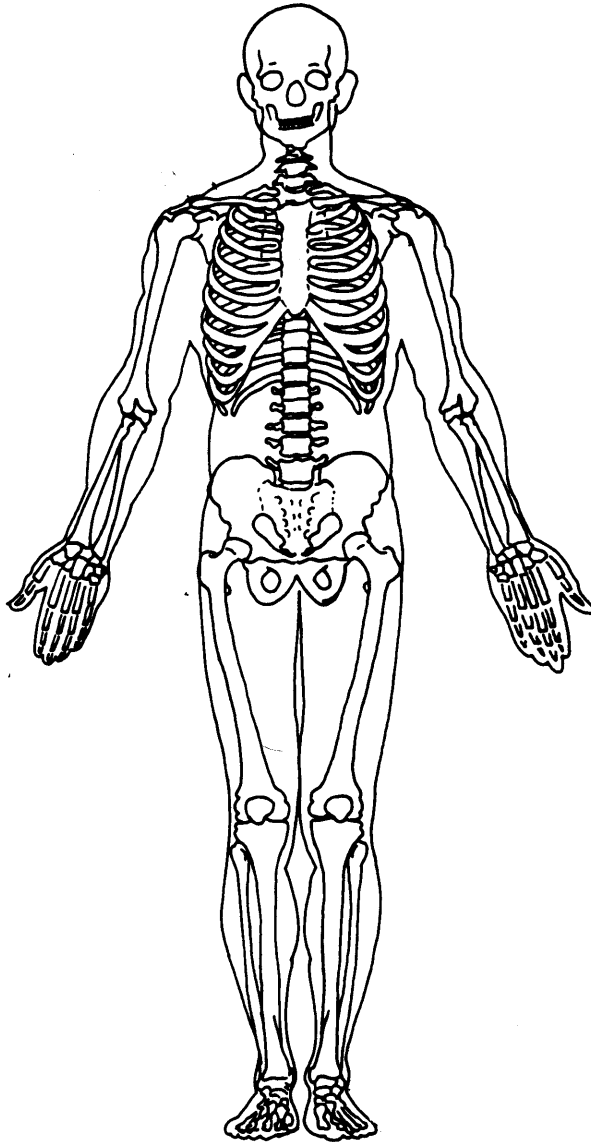
(V) Vertebrae

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

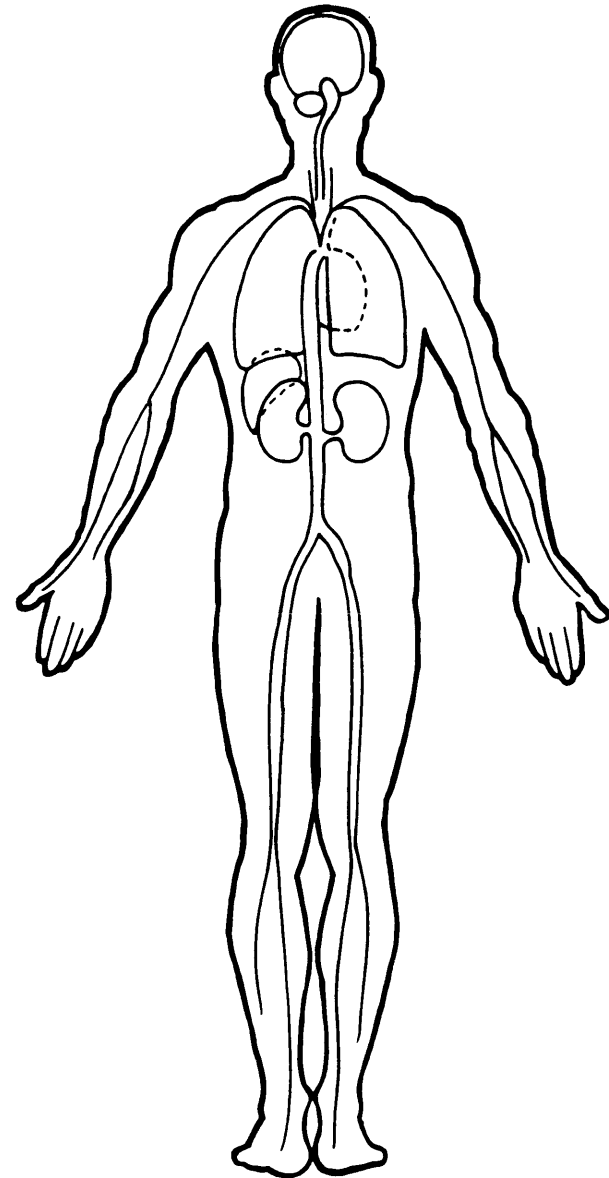
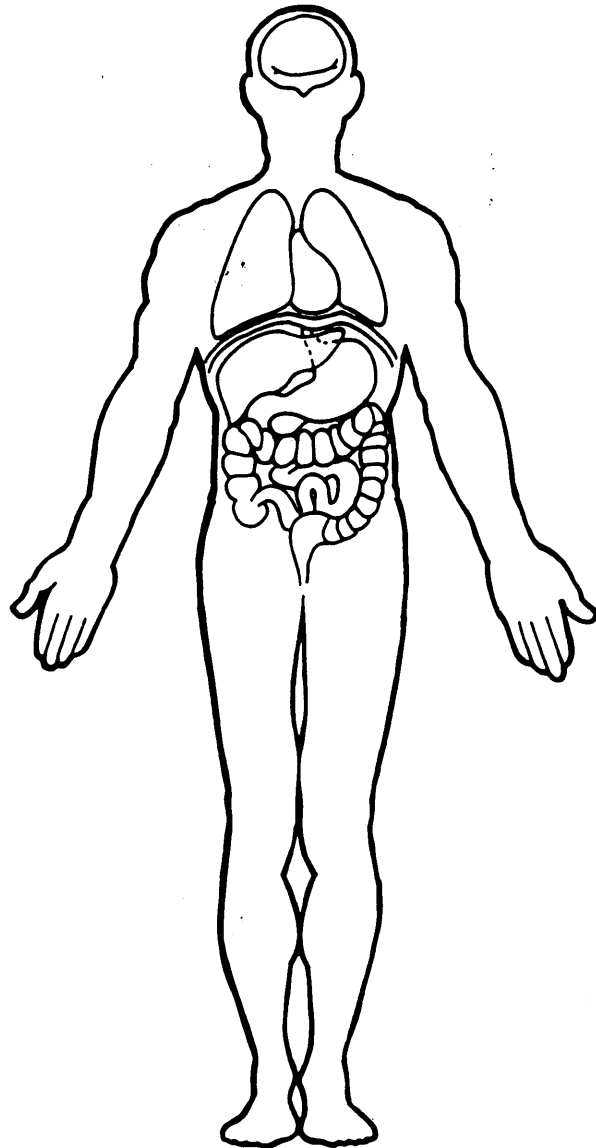
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)



NO MORE INTER ERRORS - PRESS ENTER

HH0731 2 If REPORTED RESTRAINT USE DA24 equals 0, then PASSIVE
HH0732 AVAILABILITY DA21 should not equal 1, 4 or 5.

HH0961 2 If POLICE SEVERITY DA34 equals 2-4, then RECORDED INJURIES DA43
HH0962 should equal 01-97.

HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 PASSIVE AVAILABILITY DA21 equals 1-3.

41142A00000011 [REDACTED] 903.031000000000001999900000 [REDACTED] 90 [REDACTED] 90
41142A00010012 [REDACTED] 903.03100000000000102L43000 [REDACTED]
41142A00020012 [REDACTED] 903.03100000000000102L3100N
41142A00030012 [REDACTED] 903.03100000000000102N3800N
41142A01000021 3.03 000000000905803102JNKH14COLT [REDACTED] 5532955990110101033
00010300998998599 99 999999011
41142A01000031 3.03 000000000014310LDAW02023100LDA0021730000000020101-009
011030
41142A01000041 3.03 00000000098110000000026060608200000001202020012010100
41142A01000042 3.03 000000000210813
296 96 96 96000007080
41142A01010051 3.03 00000300036168176111900000400001710302100000000000004100
0629997000000
41142A88888888 [REDACTED] 903.03100000000000YY0101YYY0101Y000000000000000000000000000000
00000000
41142A99999999 [REDACTED] 903.03100030000
000000000000003

VEH NUM = 01 OCCUPANT NUM = 01
VEH NUM = 01 OCCUPANT NUM = 01

EH0011 2 If TREATMENT DA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

CH0171 2 If CONTACT WINDSHIELD (IV23...) equals 2, 3, 5 or 6, then
CH0172 RECORDED INJURIES DA43 should not equal 00.
VEH NUM = 01 OCCUPANT NUM = 01

HT0051 2 If TREATMENT DA35 equals 1, then at least one A.I.S. SEVERITY
HT0052 OI10(n) should be 2-7.

1990 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1991

CURRENT VERSION: 3.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	3	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	3	
Total Case Errors	0	0	6	



SLIDE INDEX

Primary Sampling Unit Number <u>4</u> <u>1</u>		Case Number—Stratum <u>1</u> <u>4</u> <u>2</u> <u>A</u>	
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-4	1	S	Trajectory, vehicle #1.
5-6	1	S	Point of departure.
7-15	1	S	Trajectory to point of impact.
16	1	S	Point of impact with tree.
17-18	1	S	Final rest point in canal.
19	1	N	Look back from final rest point to point of departure.
20	1	N	Look back along vehicle #1 path.
21-35	1		Exterior.
39-51	1		Interior.



PSU 41-142A (1990) #1



PSU 41-142A (1990) #2



PSU 41-142A (1990) #3



PSU 41-142A (1990) #4



PSU 41-142A (1990) #5



PSU 41-142A (1990) #6



PSU 41-142A (1990) #7



PSU 41-142A (1990) #8



PSU 41-142A (1990) #9



PSU 41-142A (1990) #10



PSU 41-142A (1990) #11



PSU 41-142A (1990) #12



PSU 41-142A (1990) #13



PSU 41-142A (1990) #14



PSU 41-142A (1990) #15



PSU 41-142A (1990) #16



PSU 41-142A (1990) #17



PSU 41-142A (1990) #18



PSU 41-142A (1990) #19



PSU 41-142A (1990) #20



PSU 41-142A (1990) #21



PSU 41-142A (1990) #22



PSU 41-142A (1990) #23



PSU 41-142A (1990) #24



PSU 41-142A (1990) #25



PSU 41-142A (1990) #26



PSU 41-142A (1990) #27



PSU 41-142A (1990) #28



PSU 41-142A (1990) #29



PSU 41-142A (1990) #30



PSU 41-142A (1990) #31



PSU 41-142A (1990) #32



PSU 41-142A (1990) #33



PSU 41-142A (1990) #34



PSU 41-142A (1990) #35



PSU 41-142A (1990) #36



PSU 41-142A (1990) #37



PSU 41-142A (1990) #39



PSU 41-142A (1990) #39



PSU 41-142A (1990) #40



PSU 41-142A (1990) #41



PSU 41-142A (1990) #42



PSU 41-142A (1990) #43
Best Available



PSU 41-142A (1990) #44



PSU 41-142A (1990) #45



PSU 41-142A (1990) #46



PSU 41-142A (1990) #47



PSU 41-142A (1990) #48



PSU 41-142A (1990) #49
Best Available



PSU 41-142A (1990) #50



PSU 41-142A (1990) #51