



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***



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



CASE SUMMARY

PSU 75 CASE NO. 023A TYPE OF ACCIDENT 1 vehicle head-on with traffic pole

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.)

V#1 S/B on local state street. V#1 attempted to turn right and missed turn and collided with a traffic pole head-on, on the NW corner of intersection.

B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model | Most Severe Damage | | Component Failure |
|-------------|------------------|------------------|--------------------|----------------------|-------------------|
| | | | Damage Plane | Severity Description | |
| 1 | compact | 1991/ ford/tempo | front | severe | none |

C. PERSON PROFILE(S)

| Vehicle No. | Person Role | Seat Position | Restraint Use | Most Severe Injury | | | |
|-------------|-------------|---------------|---------------|--------------------|----------|-----|---------------|
| | | | | Body Region | Lesion | AIS | Injury Source |
| 1 | driver | 1. front | none | head | unk----- | | |

DO NOT SANITIZE THIS FORM



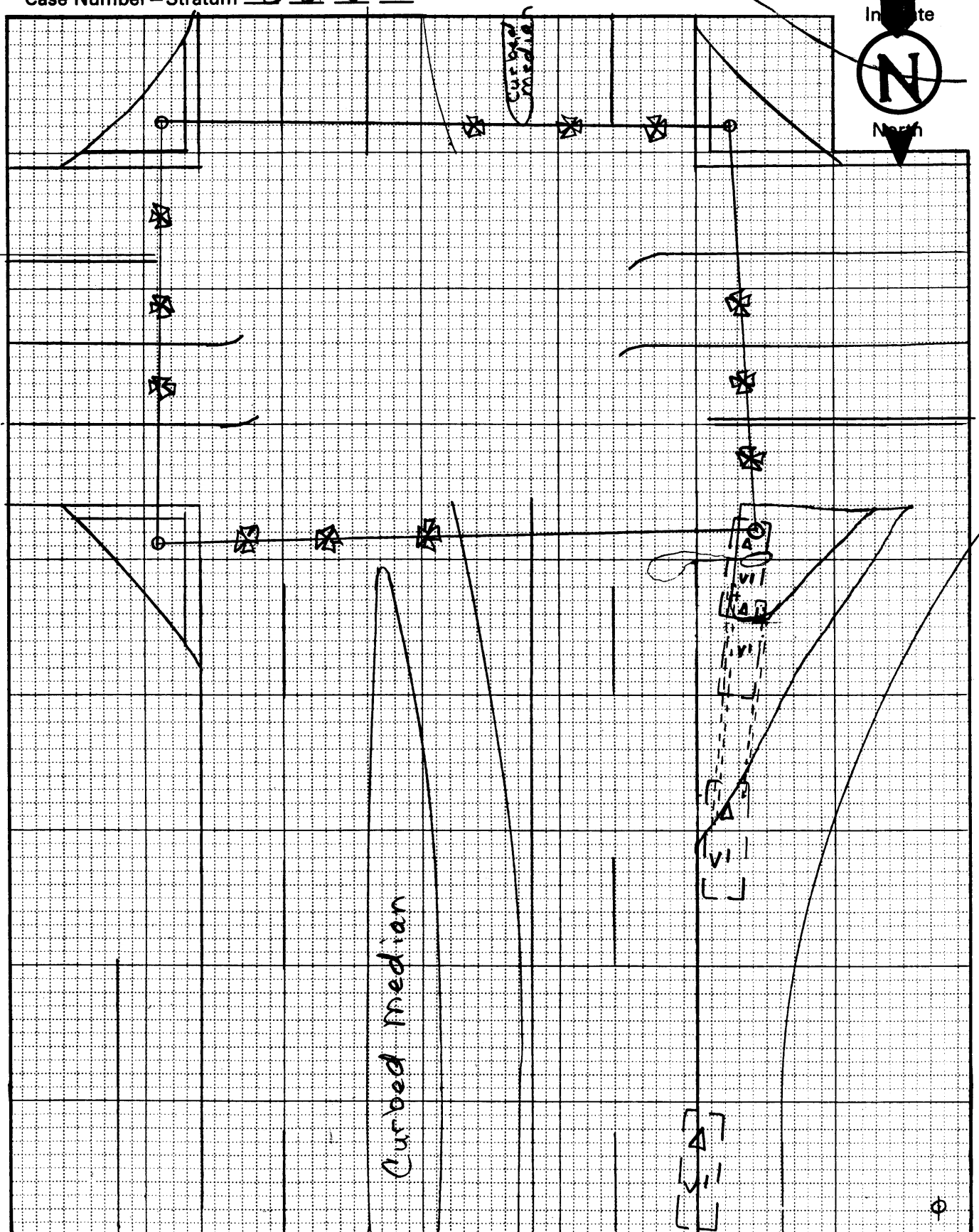
U.S. Department of Transportation
National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. 75

Case Number - Stratum 023A





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

NATIONAL ACCIDENT SAMPLING SYSTEM
 CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

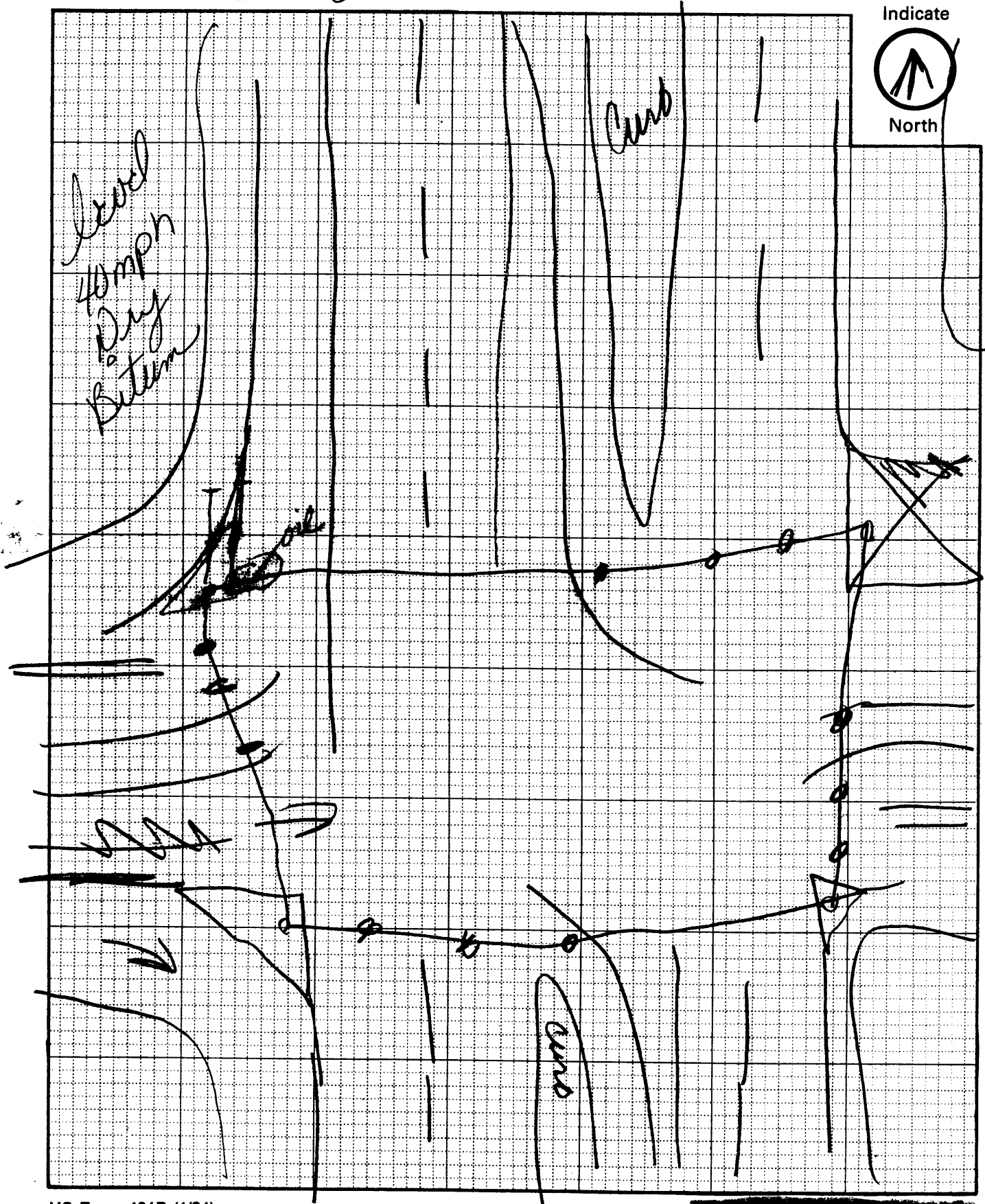
PSU No. 75

Case Number - Stratum 023A

Indicate



North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 75 Case Number - Stratum 023A

| ACCIDENT COLLISION DIAGRAM | | CRASH DATA |
|--|--|---|
| <p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> *approximate vehicle orientation at impact and final rest *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) *applicable traffic controls (e.g., speed limit) *north arrow placed on diagram *sketch required | <p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> *document reference point and reference line relative to physical features present at the scene *scaled documentation of all accident induced physical evidence *scaled documentation of all roadside objects contacted *roadway surface type and condition of applicable roadways *grade measurements for all applicable roadways *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics | <p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>998</u> — —</p> <p>Surface Type <u>Bitum</u> — —</p> <p>Surface Condition <u>Dry</u> — —</p> <p>Grade Measurement (v/h) <u>0</u> — —</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: 35'7" W of RL
Utility Pole ~~_____~~

Reference Line: W road edge
of ~~_____~~

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|----------------------------|---|--|
| BLF | 56'5" S | 2'4" W |
| B&F | 60'7" | 6'11" |
| RF at curb | 84'2" | 9'5" |
| LF | 84'2" | 4'10" |
| BRR at curb | 86' | 9'11" |
| ERF on " | 85'9" S | 10' W |
| ERR " " | 86' | 9'2" |
| ELF " " | 9'14" | 5'7" |
| Oil spill at POI to street | 94'9" | |
| Pole | 99'10" | 8'9" |
| | | |
| | | |



ACCIDENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 75
2. Case Number - Stratum 023A

SPECIAL STUDIES INDICATORS

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

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

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) / / 91
5. Time of Accident : 45
Code reported military time of accident.

NOTE: Midnight - 2400
Unknown - 9999

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

| Accident Event Sequence Number | Vehicle Number | Class of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class of Vehicle | General Area of Damage |
|--------------------------------|----------------|------------------|------------------------|------------------------------------|------------------|------------------------|
| 12. <u>01</u> | 13. <u>01</u> | 14. <u>02</u> | 15. <u>F</u> | 16. <u>52</u> | 17. <u>00</u> | 18. <u>0</u> |
| 19. <u>02</u> | 20. _____ | 21. _____ | 22. _____ | 23. _____ | 24. _____ | 25. _____ |
| 26. <u>03</u> | 27. _____ | 28. _____ | 29. _____ | 30. _____ | 31. _____ | 32. _____ |
| 33. <u>04</u> | 34. _____ | 35. _____ | 36. _____ | 37. _____ | 38. _____ | 39. _____ |
| 40. <u>05</u> | 41. _____ | 42. _____ | 43. _____ | 44. _____ | 45. _____ | 46. _____ |

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDC APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle number

Noncollision

- (31) Overturn – rollover
 - (32) Fire or explosion
 - (33) Jackknife
 - (34) Other intraunit damage (specify):
-

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

- (39) Noncollision – details unknown

Collision with Fixed Object

- (41) Tree (≤4 inches in diameter)
- (42) Tree (>4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤4 inches in diameter)
- (51) Pole or post (>4 but ≤12 inches in diameter)
- (52) Pole or post (>12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 - (55) Impact attenuator
 - (56) Other traffic barrier (specify):
-

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

- (69) Unknown fixed object

Collision with Nonfixed Object

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

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

- (89) Unknown nonfixed object

- (98) Other event (specify):
-

- (99) Unknown event or object

OCCUPANT RELATED

- 16. Driver Presence in Vehicle L
 - (0) Driver not present
 - (1) Driver present
 - (9) Unknown
- 17. Number of Occupants This Vehicle 01
 - (00-96) Code actual number of occupants for this vehicle
 - (97) 97 or more
 - (99) Unknown
- 18. Number of Occupant Forms Submitted 01

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

Rollover (primarily about the longitudinal axis)

 - (1) Rollover, 1 quarter turn only
 - (2) Rollover, 2 quarter turns
 - (3) Rollover, 3 quarter turns
 - (4) Rollover, 4 or more quarter turns (specify):

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 02,600
2587 Code weight to nearest 100 pounds.
 - (010) Less than 1050 pounds
 - (135) 13,500 lbs or more
 - (999) Unknown

Source: _____

- 20. Vehicle Cargo Weight 9900
_____ Code weight to nearest 100 pounds.
 - (00) Less than 50 pounds
 - (97) 9,650 lbs or more
 - (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this vehicle) 0
- 26. Rear Override/Underride (this vehicle) 0
 - (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

 - (1) 1st CDC
 - (2) 2nd CDC
 - (3) Other not automated CDC (specify):

Underride (see specific CDC)

 - (4) 1st CDC
 - (5) 2nd CDC
 - (6) Other not automated CDC (specify):

 - (7) Medium/heavy truck or bus override
 - (9) Unknown

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 - (0) No towed unit
 - (1) Yes - towed trailing unit
 - (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 1
 - (0) No
 - (1) Yes
- 23. Post Collision Condition of Tree or Pole (for Highest Delta V) L
 - (0) Not collision (for highest delta V) with tree or pole
 - (1) Not damaged
 - (2) Cracked/sheared
 - (3) Tilted <45 degrees
 - (4) Tilted ≥45 degrees
 - (5) Uprooted tree
 - (6) Separated pole from base
 - (7) Pole replaced
 - (8) Other (specify):

 - (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

- 27. Heading Angle for This Vehicle 998
- 28. Heading Angle for Other Vehicle 998

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

EXTERIOR VEHICLE FORM

| | |
|---|-----------------------------|
| 1. Primary Sampling Unit Number <u>75</u> | 3. Vehicle Number <u>OL</u> |
| 2. Case Number—Stratum <u>023A</u> | |

VEHICLE IDENTIFICATION

VIN 1FACP36XXMK Model Year 1991
 Vehicle Make (specify): Ford Vehicle Model (specify): Tempo GL

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 |
|---------------------|---------------------------|---------------------|
| 1 | <u>middle of front</u> | <u>same</u> |

CRUSH PROFILE

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

Measure and document on the vehicle diagram the location of maximum crush.

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.

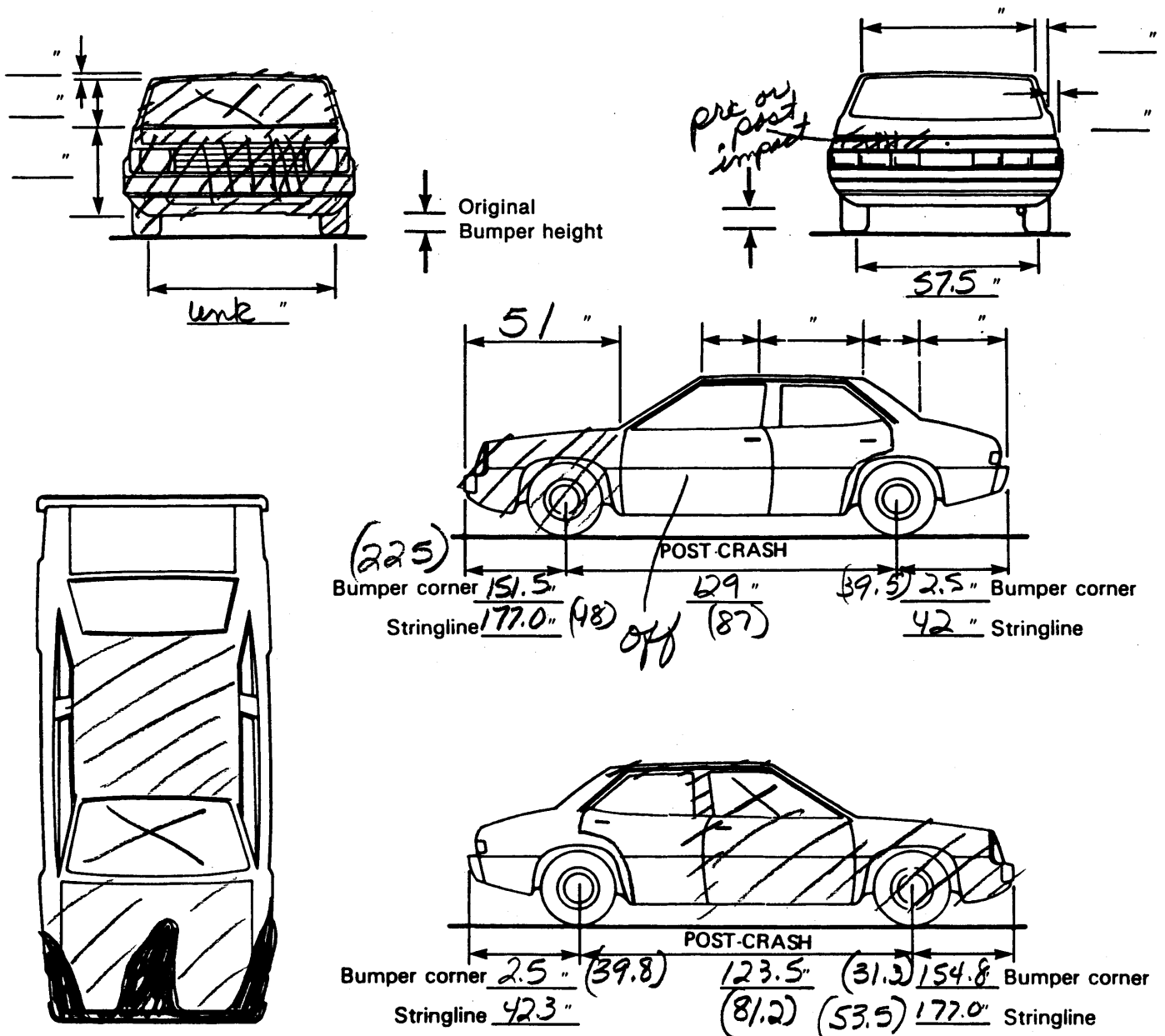
Max
Crush
1.5" from
of part

3/135
12

| 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 | <u>ⓔ Bumper</u> | 15.7 | 48.8 | 13.5 | 25.7 | 45.0 | 28.0 | 22.4 | | | 0 |
| | <u>F.S.</u> | | 1.0 | | 3.2 | 1.3 | .3 | 3.2 | | | |
| | <u>TAU</u> | | 47.8 | | 22.5 | 43.7 | 27.7 | 19.2 | | | |

VEHICLE DAMAGE SKETCH

| | | | | | |
|---|--|---|--|--|--|
| TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>9</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk. | | ORIGINAL SPECIFICATIONS Wheelbase <u>99.9</u> Overall Length <u>177.0</u> Maximum Width <u>68.3</u> Curb Weight <u>2587</u> Average Track <u>54.9/57.6</u> Front Overhang _____ Rear Overhang _____ Engine Size: cyl./ displ. <u>4 2.3</u> Undeformed End Width <u>57.3</u> | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF <u>75</u> ° <u>-30</u> LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees | |
| TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD | | Approximate Cargo Weight <u>unk</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.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 75

2. Case Number - Stratum 023A

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 12

(00) No integrity loss

Yes, Integrity Was Lost Through

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

*Ask about
the front door*

(99) Unknown

Door, Tailgate or Hatch Opening

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

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

(9) Unknown

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

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

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

Door, Tailgate, or Hatch Came Open During Collision

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

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

1st Rev 3 E
2nd Rev 3

15. WS 38 16. LF 0 17. RF 6 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 0 33. RF 2 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

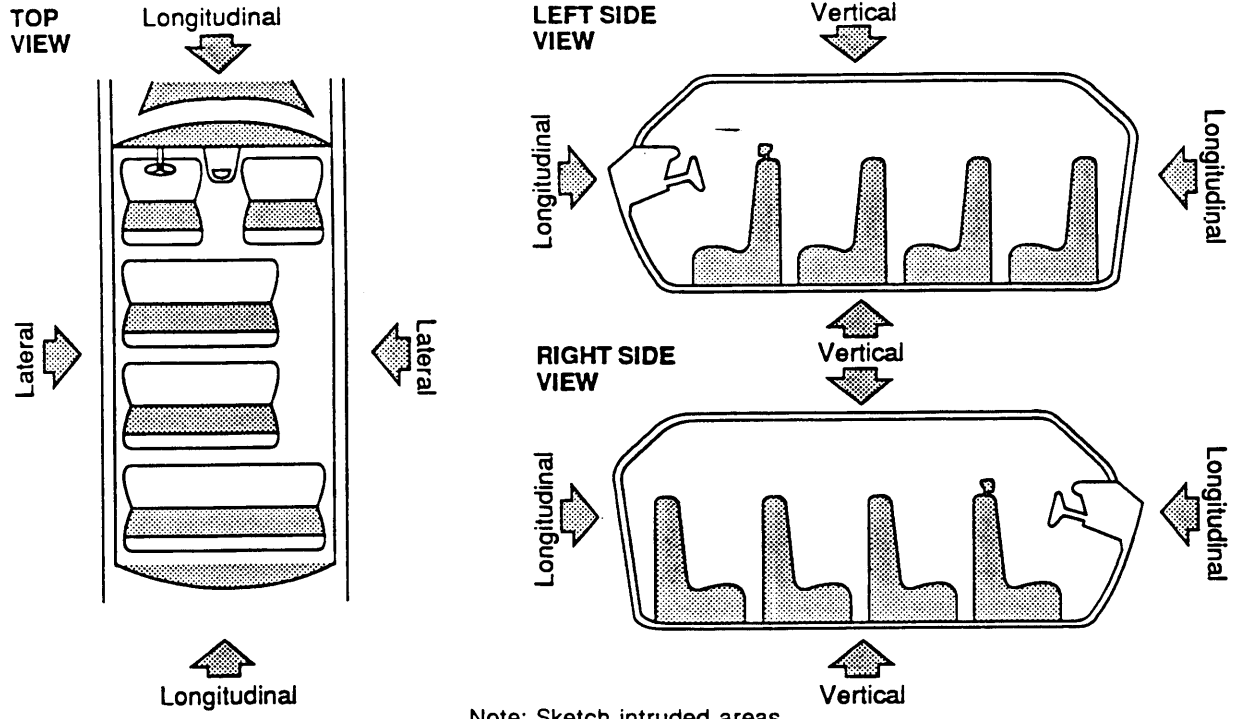
1st Rev 3 E
2nd Rev 3

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 6 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



| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISON VALUE | - | INTRUDED VALUE | = | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|-------------------------------------|------------------|---|----------------|---|-----------|--------------------------|
| 11 | A-Pillar to B | 18 | - | 16.3 | = | 1.7 ✓ | Long |
| 11 | Header to head rest up | 26 | - | 19.5 | = | 6.5 ✓ | " |
| 11 | Dash to B | 28.3 | - | 26 | = | 2.3 ✓ | " |
| 11 | S/W to middle of light to side trim | 7.3 | - | 11.3 | = | 0000 | Lat |
| " | " to seat | 22.7 | - | 17.4 | = | 5.3 ✓ | Vert |
| 12 | Dash to seat rest up | 27.5 | - | 16.3 | = | 11.2 ✓ | Long |
| 12 | Head " " " | 22.5 | - | 22 | = | 0.5 | Long |
| 13 | Dash to B | 26.3 | - | 10.7 | = | 15.6 ✓ | Long |
| 13 | A-Pillar to B | 18 | - | 15.2 | = | 2.8 ✓ | Long |
| 13 | Header | 20.5 | - | 18.4 | = | 2.1 ✓ | " |
| 11 | Floor to seat | 26.5 | - | 24.5 | = | 2.0 ✓ | " |
| 12 | " | | - | unk | = | | " |
| 13 | " | | - | unk | = | | " |
| | | | - | | = | | |
| | | | - | | = | | |

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. <u>13</u> | 48. <u>04</u> | 49. <u>4</u> | 50. <u>2</u> |
| 2nd | 51. <u>12</u> | 52. <u>03</u> | 53. <u>3</u> | 54. <u>2</u> |
| 3rd | 55. <u>11</u> | 56. <u>15</u> | 57. <u>3</u> | 58. <u>2</u> |
| 4th | 59. <u>11</u> | 60. <u>01</u> | 61. <u>2</u> | 62. <u>1</u> |
| 5th | 63. <u>13</u> | 64. <u>06</u> | 65. <u>1</u> | 66. <u>2</u> |
| 6th | 67. <u>11</u> | 68. <u>02</u> | 69. <u>1</u> | 70. <u>2</u> |
| 7th | 71. <u>13</u> | 72. <u>15</u> | 73. <u>1</u> | 74. <u>2</u> |
| 8th | 75. <u>11</u> | 76. <u>17</u> | 77. <u>1</u> | 78. <u>2</u> |
| 9th | 79. <u>11</u> | 80. <u>06</u> | 81. <u>1</u> | 82. <u>2</u> |
| | 83. <u>11</u> | 84. <u>05</u> | 85. <u>1</u> | 86. <u>2</u> |

LOCATION OF INTRUSION

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

INTRUDING COMPONENT

- Interior Components
- (01) Steering assembly
 - (02) Instrument panel left
 - (03) Instrument panel center
 - (04) Instrument panel right
 - (05) Toe pan
 - (06) A-pillar
 - (07) B-pillar
 - (08) C-pillar
 - (09) D-pillar
 - (10) Door panel (side)
 - (12) Roof (or convertible top)
 - (13) Roof side rail
 - (14) Windshield
 - (15) Windshield header
 - (16) Window frame
 - (17) Floor pan (includes sill)
 - (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 door/panel (e.g., tailgate)
 - (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 RIM/SPOKE DEFORMATION

| COMPARISON VALUE | - | DAMAGE VALUE | = | DEFORMATION |
|------------------|---|--------------|---|-------------|
| | - | | = | |
| | - | | = | |
| | - | | = | |
| | - | | = | |

Blank area for recording data.

STEERING COLUMN

87. Steering Column Type 2

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

- (9) Unknown

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

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

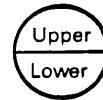
Quarter Sections

- (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 004,000
3360.6 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: Uch

95. Instrument Panel Damage from Occupant Contact? 1

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

96. Knee Bolsters Deformed from Occupant Contact? 8

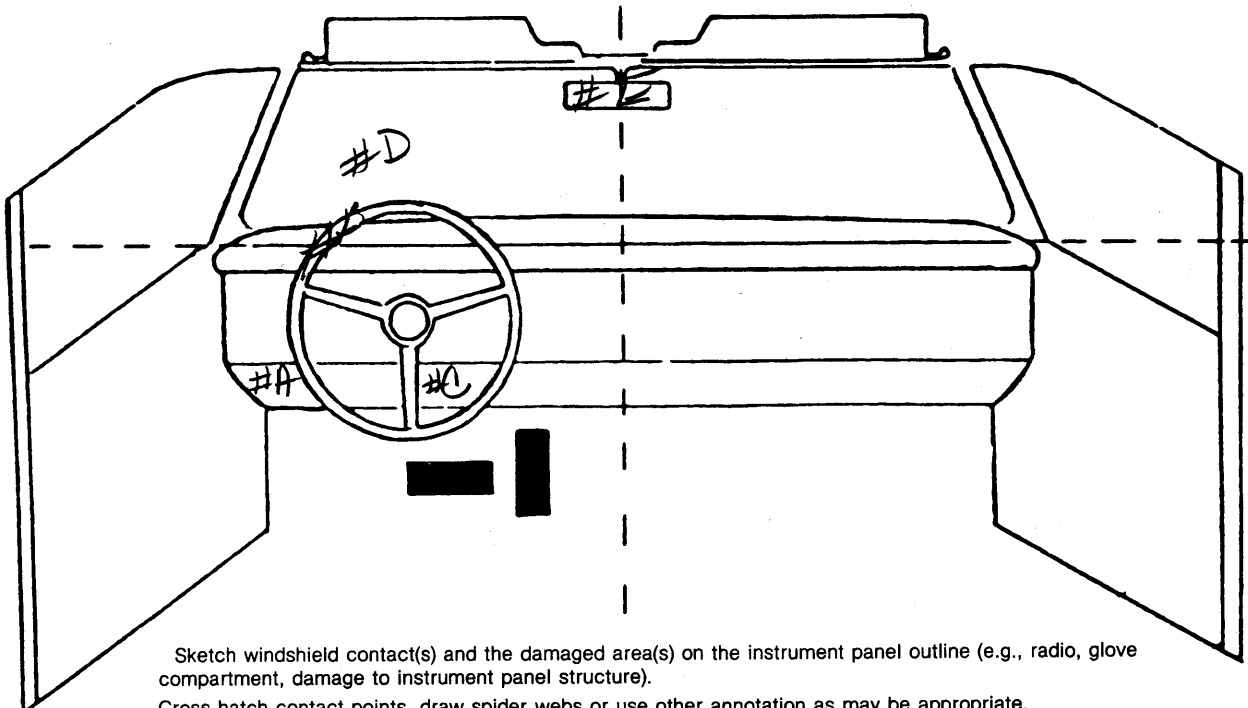
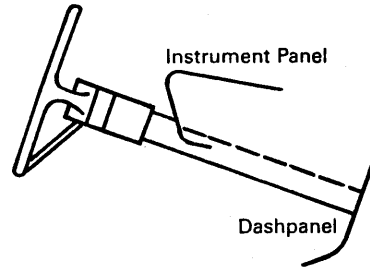
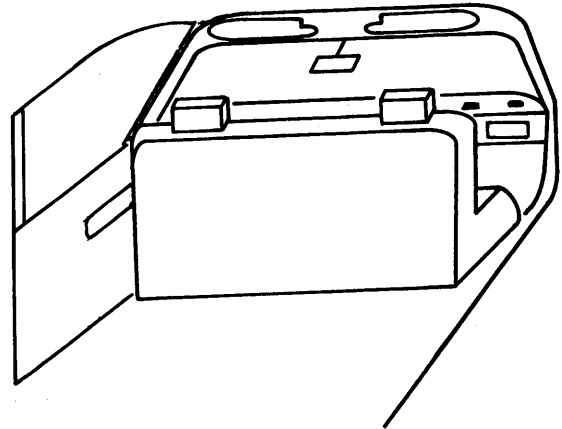
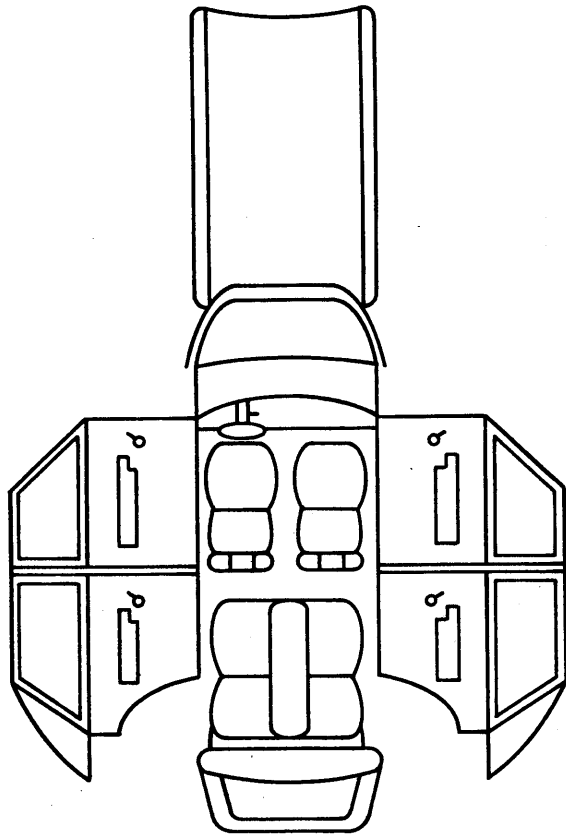
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

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

- (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 | 11 | Knee | Dent & Blood | 1 |
| B | 06 | 11 | Chest | Coil | 1 |
| C | 09 | 11 | SA | Scratches | 1 |
| D | 01 | 11 | SA Head | Spider web | 1 |
| E | 02 | 11 | 11 | Missing | 3 |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

INTERIOR

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

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

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

ROOF

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

FLOOR

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

REAR

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

| | | Left | Center | Right |
|-----------------------|--------------|------|--------|-------|
| F I R S T | Availability | 1 | | |
| | Function | 1 | | |
| | Failure | 1 | | |

AIR BAGS

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

Did Air Bag System Fail?

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

- (9) Unknown

AUTOMATIC BELTS

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts—type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system

(specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

AUTOMATIC RESTRAINTS

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

AIR BAGS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | / | |
| | Deployment | / | |
| | Failure | / | |

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

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

Did Air Bag System Fail?

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

- (9) Unknown _____

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | | |
| | Use | | |
| | Type | | |
| | Proper Use | | |
| | Failure Modes | | |

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown _____

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown _____

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 <i>Very slight</i> | 04 | 00 | 00 |
| | Failure Modes | 1 | 0 | 0 |
| SECOND | Availability | 4 | 9 | 4 |
| | Use | 00 | 99 | 00 |
| | Failure Modes | 0 | 9 | 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 | 01 | 00 | 01 |
| | Seat Performance | 1 | 0 | 1 |
| SECOND | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 03 | 03 | 03 |
| | Seat Performance | 1 | 1 | 1 |
| THIRD | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| OTHER | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat 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 | | | | | | |

| | | |
|--|--|---|
| <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): _____ (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): _____ (9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p> |
|--|--|---|

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

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

(99) Unknown

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

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

- 30. Child Safety Seat Orientation** 00
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

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

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

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

(19) Unknown orientation

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

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

(29) Unknown orientation

(99) Unknown if child safety seat used

- 31. Child Safety Seat Harness Usage** 00

- 32. Child Safety Seat Shield Usage** 00

- 33. Child Safety Seat Tether Usage** 00

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

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

Designed with Harness/Shield/Tether

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

Unknown If Designed with Harness/Shield/Tether

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

(99) Unknown if child safety seat used

CHILD SAFETY SEAT

- 28. Child Safety Seat Make/Model** 000
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

- 29. Type of Child Safety Seat** 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used



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

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

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 75 3. Vehicle Number 01
2. Case Number—Stratum 023A 4. Occupant Number 01

INJURY DATA

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

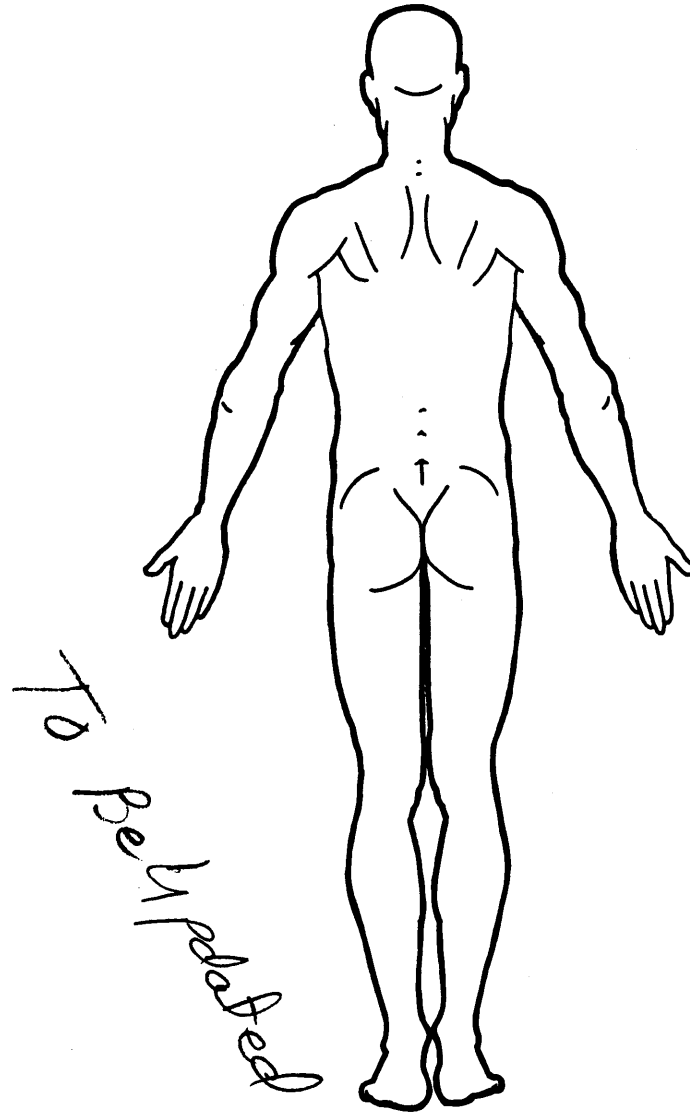
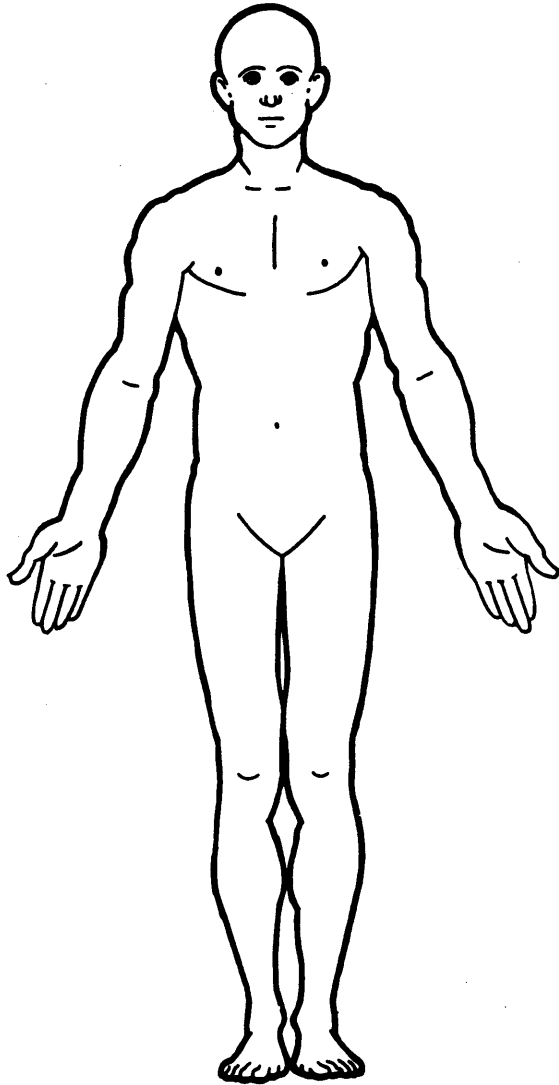
| | Source of Injury Data | O.I.C.—A.I.S. | | | | | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion No. |
|------|-----------------------|---------------|-------------|-------------|--------------|-----------------|---------------|--------------------------------|------------------------|-------------------------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

OCCUPANT INJURY DATA

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

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

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

RIGHT SIDE

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

- (86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

INTERIOR

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

- (44) Head restraint system

- (45) Air bag
- (46) Other occupants (specify): _____

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

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

ROOF

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

FLOOR

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

REAR

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

- (W) Wrist-hand

Aspect of Injury

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

Lesion

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

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

System/Organ

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

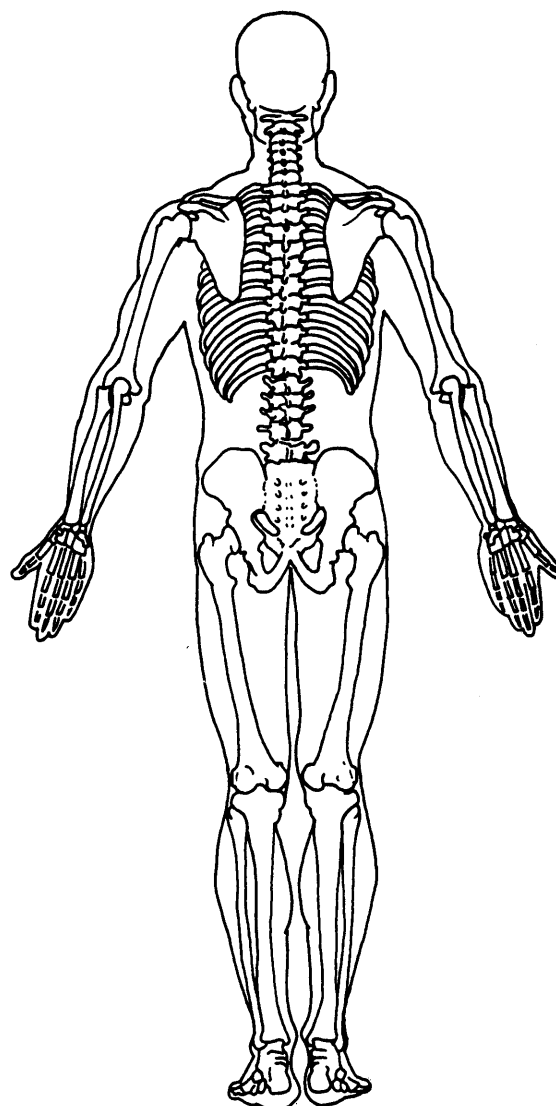
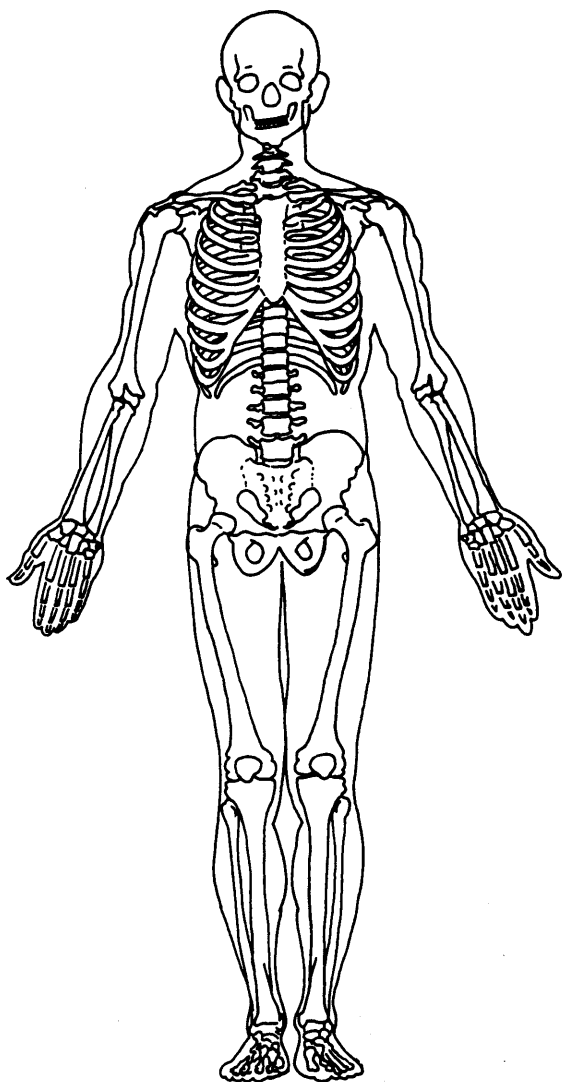
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

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

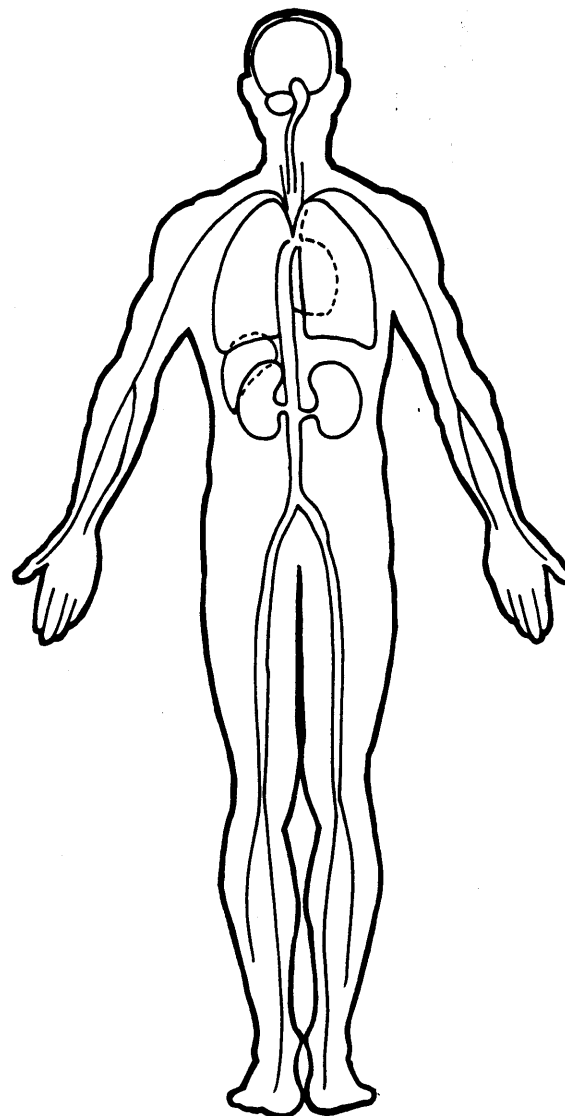
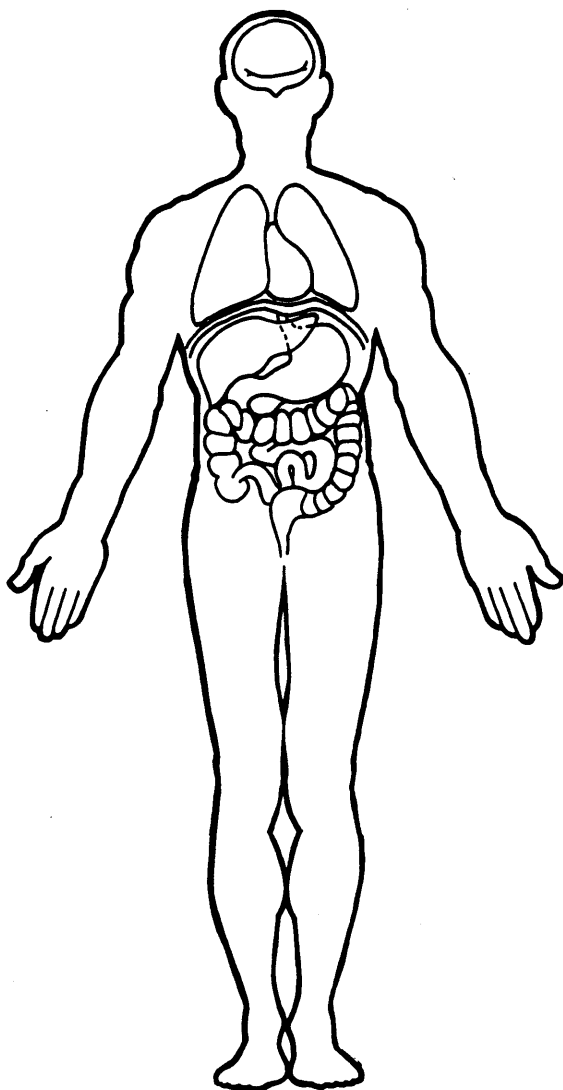
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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




UPDATE FORM


1. Primary Sampling Unit Number 75

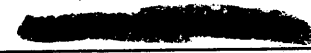
2. Case Number - Stratum 023A


3. Vehicle Number 01

4. Occupant Number 01

 1991

Driver or Occupant Name: 

Address: 

Other Information: 

(Sanitize this section prior to Update submission.)

STATUS OF LOG INJURY INFORMATION

Injury Information

- (00) Not medically treated/record not required
- (01) No record of treatment at medical facility
- (02) Medical release required - not obtained
- (03) Injury not related to accident
- (04) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained - not to be updated
- (13) Partial record obtained - to be updated

UPDATED CASE INFORMATION

| | INITIAL SUBMISSION | UPDATED INFORMATION | | INITIAL SUBMISSION | UPDATED INFORMATION |
|--|--------------------|------------------------------|---|--------------------|---------------------|
| <i>unofficial</i> GV12. Alcohol Test Result Result for Driver | <u>19</u> | <i>official</i> <u>19</u> | OA18. Manual (Active) Belt System Use | <u>00</u> | --- |
| GV39. Other Drug Specimen Test Type for Driver | <u>0</u> | --- | OA21. Air Bag System Availability/Function | <u>1</u> | --- |
| GV40.-GV41. Narcotic Drug | <u>00</u> | --- | OA22. Air Bag System Deployment | <u>1</u> | --- |
| GV42.-GV43. Depressant Drug | <u>00</u> | --- | OA35. Treatment - Mortality | <u>1</u> | --- |
| GV44.-GV45. Stimulant Drug | <u>00</u> | --- | OA36. Type of Medical Facility (for Initial Treatment) | <u>9</u> | <u>0</u> |
| GV46.-GV47. Hallucinogen Drug | <u>00</u> | --- | OA37. Hospital Stay | <u>99</u> | <u>00</u> |
| GV48.-GV49. Cannabinoid Drug | <u>00</u> | --- | OA38. Working Days Lost | <u>62</u> | --- |
| GV50.-GV51. Phencyclidine (PCP) | <u>00</u> | --- | OA39. Time to Death | <u>99</u> | <u>01</u> |
| GV52.-GV53. Inhalant Drug | <u>00</u> | --- | OA40. 1st Medically Reported Cause of Death | <u>99</u> | <u>01</u> |
| GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash) | <u>00</u> | --- | OA41. 2nd Medically Reported Cause of Death | <u>00</u> | <u>02</u> |
| OA05. Occupant's Age | <u>34</u> | --- | OA42. 3rd Medically Reported Cause of Death | <u>00</u> | <u>03</u> |
| OA06. Occupant's Sex | <u>1</u> | --- | OA43. Number of Recorded Injuries for This Occupant | <u>01</u> | <u>15</u> |
| OA07. Occupant's Height | <u>99</u> | <u>73</u> | OA44. Automatic (Passive) Belt System Availability/Function | <u>0</u> | --- |
| OA08. Occupant's Weight | <u>999</u> | <u>195</u> | OA45. Automatic (Passive) Belt System Use | <u>0</u> | --- |
| OA17. Manual (Active) Belt System Availability | <u>4</u> | --- | | | |

INJURY DATA CODED ON INITIAL SUBMISSION

| | Source of Injury Data | O.I.C.-A.I.S | | | | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion No. | |
|------|-----------------------|--------------|-------------|-------------|--------------|---------------|--------------------------------|------------------------|-----------------------------|-----------------|
| | | Body Region | Aspect | Lesion | System Organ | | | | | A.I.S. Severity |
| 1st | 5. <u>9</u> | 6. <u>H</u> | 7. <u>u</u> | 8. <u>u</u> | 9. <u>u</u> | 10. <u>7</u> | 11. <u>97</u> | 12. <u>9</u> | 13. <u>7</u> | 14. <u>99</u> |
| 2nd | 15. ___ | 16. ___ | 17. ___ | 18. ___ | 19. ___ | 20. ___ | 21. ___ | 22. ___ | 23. ___ | 24. ___ |
| 3rd | 25. ___ | 26. ___ | 27. ___ | 28. ___ | 29. ___ | 30. ___ | 31. ___ | 32. ___ | 33. ___ | 34. ___ |
| 4th | 35. ___ | 36. ___ | 37. ___ | 38. ___ | 39. ___ | 40. ___ | 41. ___ | 42. ___ | 43. ___ | 44. ___ |
| 5th | 45. ___ | 46. ___ | 47. ___ | 48. ___ | 49. ___ | 50. ___ | 51. ___ | 52. ___ | 53. ___ | 54. ___ |
| 6th | 55. ___ | 56. ___ | 57. ___ | 58. ___ | 59. ___ | 60. ___ | 61. ___ | 62. ___ | 63. ___ | 64. ___ |
| 7th | 65. ___ | 66. ___ | 67. ___ | 68. ___ | 69. ___ | 70. ___ | 71. ___ | 72. ___ | 73. ___ | 74. ___ |
| 8th | 75. ___ | 76. ___ | 77. ___ | 78. ___ | 79. ___ | 80. ___ | 81. ___ | 82. ___ | 83. ___ | 84. ___ |
| 9th | 85. ___ | 86. ___ | 87. ___ | 88. ___ | 89. ___ | 90. ___ | 91. ___ | 92. ___ | 93. ___ | 94. ___ |
| 10th | 95. ___ | 96. ___ | 97. ___ | 98. ___ | 99. ___ | 100. ___ | 101. ___ | 102. ___ | 103. ___ | 104. ___ |
| 11th | 105. ___ | 106. ___ | 107. ___ | 108. ___ | 109. ___ | 110. ___ | 111. ___ | 112. ___ | 113. ___ | 114. ___ |
| 12th | 115. ___ | 116. ___ | 117. ___ | 118. ___ | 119. ___ | 120. ___ | 121. ___ | 122. ___ | 123. ___ | 124. ___ |
| 13th | 125. ___ | 126. ___ | 127. ___ | 128. ___ | 129. ___ | 130. ___ | 131. ___ | 132. ___ | 133. ___ | 134. ___ |
| 14th | 135. ___ | 136. ___ | 137. ___ | 138. ___ | 139. ___ | 140. ___ | 141. ___ | 142. ___ | 143. ___ | 144. ___ |
| 15th | 145. ___ | 146. ___ | 147. ___ | 148. ___ | 149. ___ | 150. ___ | 151. ___ | 152. ___ | 153. ___ | 154. ___ |
| 16th | 155. ___ | 156. ___ | 157. ___ | 158. ___ | 159. ___ | 160. ___ | 161. ___ | 162. ___ | 163. ___ | 164. ___ |
| 17th | 165. ___ | 166. ___ | 167. ___ | 168. ___ | 169. ___ | 170. ___ | 171. ___ | 172. ___ | 173. ___ | 174. ___ |
| 18th | 175. ___ | 176. ___ | 177. ___ | 178. ___ | 179. ___ | 180. ___ | 181. ___ | 182. ___ | 183. ___ | 184. ___ |
| 19th | 185. ___ | 186. ___ | 187. ___ | 188. ___ | 189. ___ | 190. ___ | 191. ___ | 192. ___ | 193. ___ | 194. ___ |
| 20th | 195. ___ | 196. ___ | 197. ___ | 198. ___ | 199. ___ | 200. ___ | 201. ___ | 202. ___ | 203. ___ | 204. ___ |

NOTE: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

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.

MASS Odog Cng
1st Row 3 E
2nd Row 0

| | Source of Injury Data | O.I.C.—A.I.S. | | | | | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion No. |
|------|-----------------------|---------------|--------------------------|---------------------------|---------------------------|---------------------------|-----------------------------------|--------------------------------|---------------------------|-----------------------------|
| | | Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | | | | |
| 1st | 5. <u>L</u> | 6. <u>C</u> | 7. <u>C</u> | 8. <u>E</u> | 9. <u>A</u> | 10. <u>6</u> | 11. <u>06</u> | 12. <u>2</u> ¹ | 13. <u>2</u> ¹ | 14. <u>00</u> ⁰⁴ |
| 2nd | 15. <u>L</u> | 16. <u>H</u> | 17. <u>R</u> <u>U</u> | 18. <u>U</u> | 19. <u>B</u> | 20. <u>4</u> | 21. <u>97</u> | 22. <u>9</u> | 23. <u>7</u> | 24. <u>99</u> |
| 3rd | 25. <u>L</u> | 26. <u>C</u> | 27. <u>R</u> | 28. <u>F</u> | 29. <u>S</u> | 30. <u>3</u> ² | 31. <u>06</u> | 32. <u>2</u> ¹ | 33. <u>1</u> | 34. <u>00</u> ⁰⁴ |
| 4th | 35. <u>L</u> | 36. <u>T</u> | 37. <u>R</u> | 38. <u>F</u> | 39. <u>S</u> | 40. <u>3</u> | 41. <u>04</u> | 42. <u>2</u> ¹ | 43. <u>1</u> | 44. <u>00</u> ⁰⁴ |
| 5th | 45. <u>L</u> | 46. <u>Q</u> | 47. <u>R</u> | 48. <u>Z</u> ^F | 49. <u>J</u> ^S | 50. <u>3</u> ² | 51. <u>97</u> ⁵⁶ | 52. <u>9</u> ² | 53. <u>7</u> ¹ | 54. <u>99</u> ¹⁰ |
| 6th | 55. <u>L</u> | 56. <u>m</u> | 57. <u>R</u> | 58. <u>L</u> | 59. <u>L</u> | 60. <u>2</u> | 61. <u>06</u> | 62. <u>2</u> ¹ | 63. <u>2</u> ¹ | 64. <u>00</u> ⁰⁴ |
| 7th | 65. <u>L</u> | 66. <u>H</u> | 67. <u>R</u> | 68. <u>L</u> | 69. <u>I</u> | 70. <u>2</u> ¹ | 71. <u>97</u> | 72. <u>9</u> | 73. <u>7</u> | 74. <u>99</u> |
| 8th | 75. <u>L</u> | 76. <u>F</u> | 77. <u>I</u> | 78. <u>L</u> | 79. <u>I</u> | 80. <u>1</u> | 81. <u>97</u> ^{01 or 45} | 82. <u>9</u> | 83. <u>7</u> | 84. <u>99</u> |
| 9th | 85. <u>L</u> | 86. <u>F</u> | 87. <u>R</u> | 88. <u>C</u> | 89. <u>O</u> | 90. <u>1</u> | 91. <u>97</u> | 92. <u>9</u> | 93. <u>7</u> | 94. <u>99</u> |
| 10th | 95. <u>L</u> | 96. <u>F</u> | 97. <u>L</u> | 98. <u>C</u> | 99. <u>O</u> | 100. <u>1</u> | 101. <u>97</u> | 102. <u>9</u> | 103. <u>7</u> | 104. <u>99</u> |

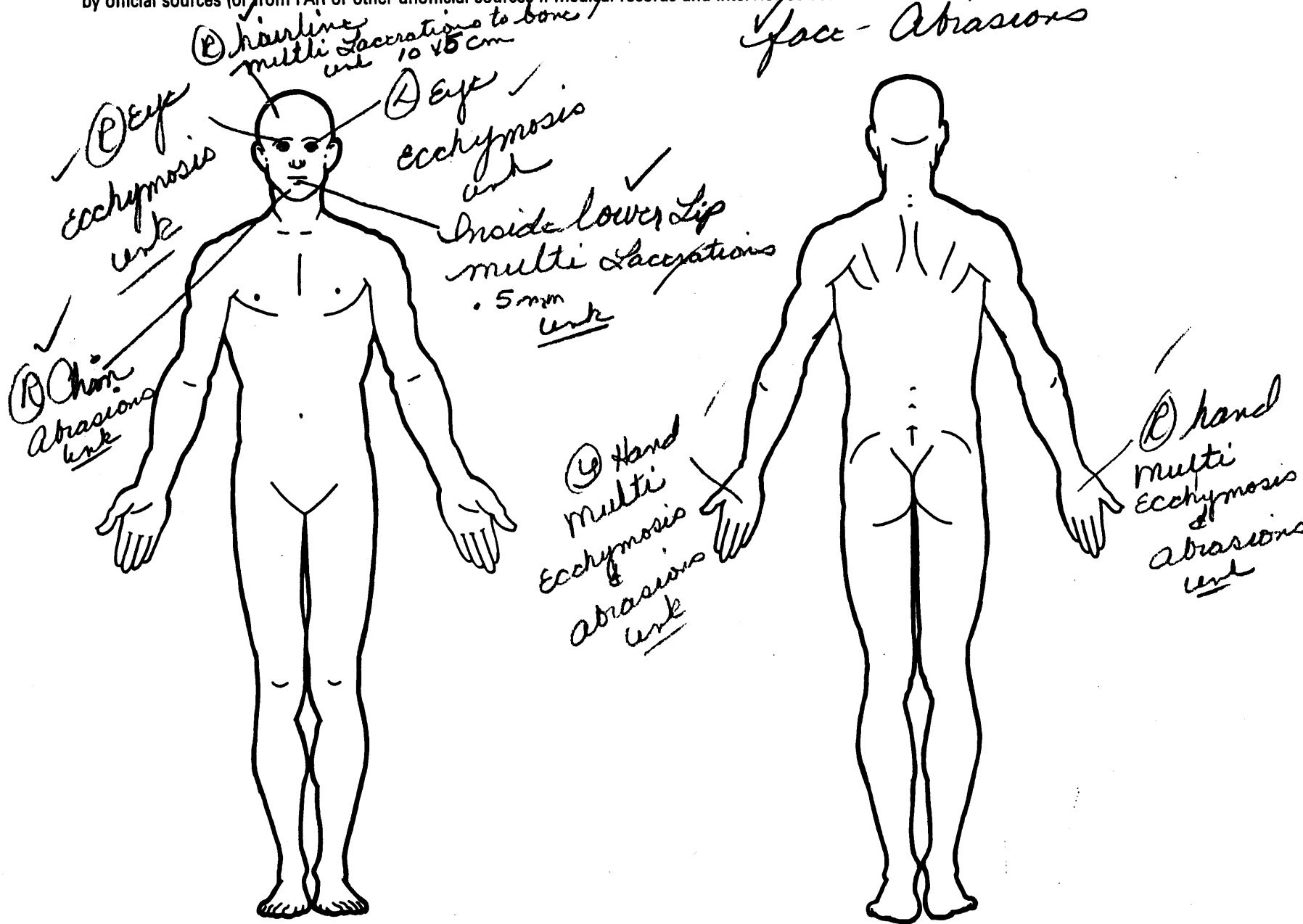
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

| | Source of Injury Data | O.I.C.—A.I.S. | | | | | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|------|-----------------------|---------------|--------|--------|--------------|-----------------|---------------|--------------------------------|-------------------------|-----------------------------|
| | | Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | | | | |
| 11th | I | W | R | C | I | I | 97 | 9 | 7 | 99 |
| 12th | I | W | L | C | F | I | 97 | 9 | 7 | 99 |
| 13th | I | F | W | A | I | I | 97 | 9 | 7 | 99 |
| 14th | I | W | R | A | I | I | 97 | 9 | 7 | 99 |
| 15th | I | W | L | A | I | I | 97 | 9 | 7 | 99 |
| 16th | — | — | — | — | — | — | — | — | — | — |
| 17th | — | — | — | — | — | — | — | — | — | — |
| 18th | — | — | — | — | — | — | — | — | — | — |
| 19th | — | — | — | — | — | — | — | — | — | — |
| 20th | — | — | — | — | — | — | — | — | — | — |
| 21st | — | — | — | — | — | — | — | — | — | — |
| 22nd | — | — | — | — | — | — | — | — | — | — |
| 23rd | — | — | — | — | — | — | — | — | — | — |

OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

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

RIGHT SIDE

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

- (86) Unknown vehicle or object

NONCONTACT INJURY

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

- (97) Injured, unknown source

INJURY SOURCE

FRONT

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

LEFT SIDE

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

INTERIOR

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

ROOF

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

FLOOR

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

REAR

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist-hand

Aspect of Injury

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

Lesion

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

(G) Detachment, separation

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

System/Organ

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

(I) Integumentary

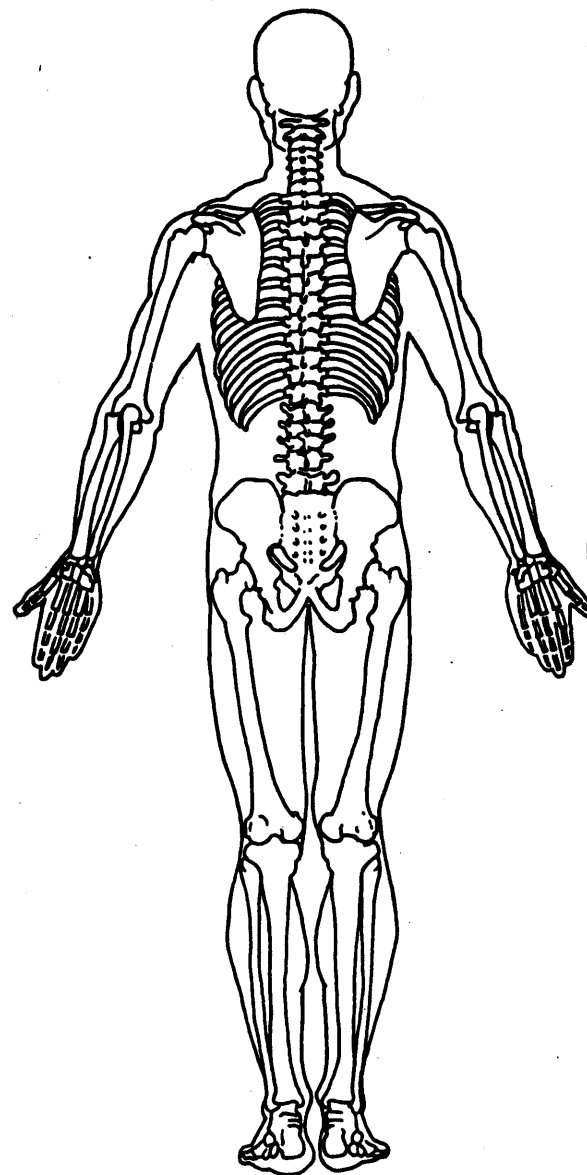
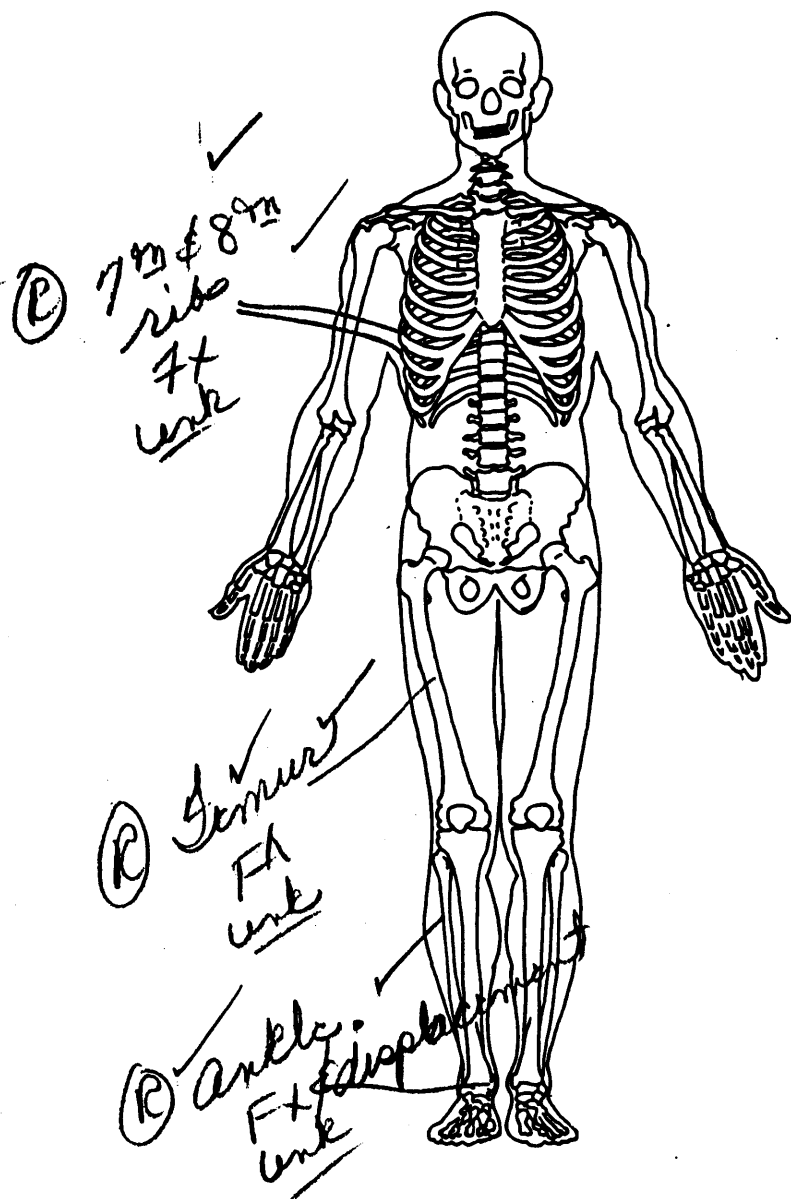
- | | | | | | | | | | | | | |
|------------|-------------|-----------|-------------|--------------------|---------------------|-----------------|--------------|-----------------|------------|------------------------------------|----------------|---------------|
| (J) Joints | (K) Kidneys | (L) Liver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

Abbreviated Injury Scale

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

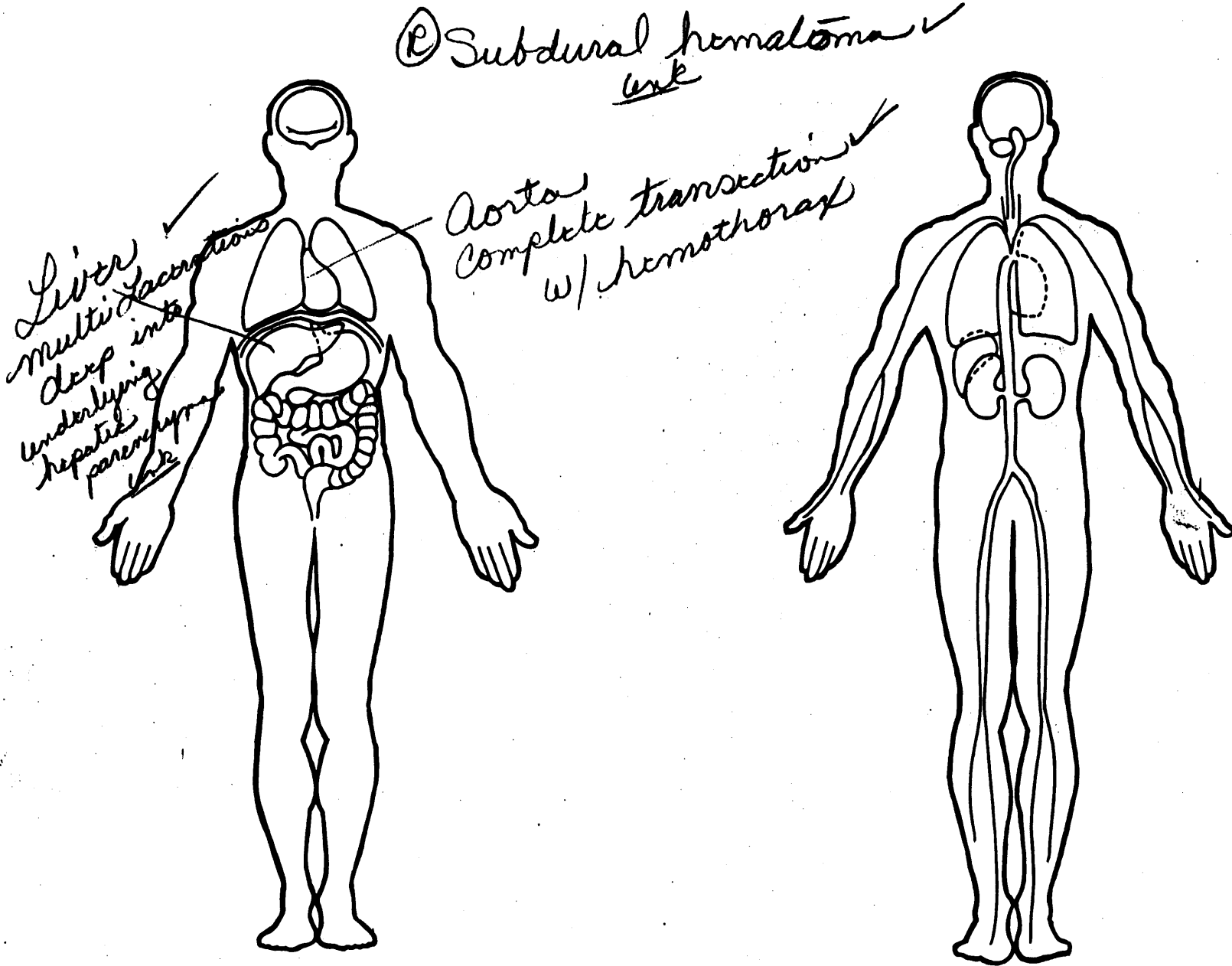
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA - INTERNAL INJURIES

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



CRASHPC PROGRAM SUMMARY

Identifying Title 15 023A 01 [REDACTED] 091
 Primary Sampling Unit Case No. - Stratum Accident Event Sequence No. Date (month, day, year) of Run

CRASHPC Vehicle Identification
 Vehicle 1 1991 Ford Tempo 1
 Vehicle 2 _____ _____ _____ _____
 Year Make Model NASS Veh. No.

GENERAL INFORMATION

| VEHICLE 1 | | | VEHICLE 2 | | |
|-----------|---|--|-----------|------------------------|-----------|
| Size | | | Size | | <u>11</u> |
| Weight | <u>2587</u> + <u>172</u> + <u>0</u> = <u>2759</u> | | Weight | _____ + _____ = _____ | |
| | Curb Occupant(s) Cargo | | | Curb Occupant(s) Cargo | |
| CDC | <u>12 FCEW5</u> | | CDC | _____ | |
| PDOF | <u>-000</u> | | PDOF | _____ | |
| Stiffness | <u>2</u> | | Stiffness | _____ | |

SCENE INFORMATION

Rest and Impact Positions: No, Go To Damage Information Yes

| VEHICLE 1 | | VEHICLE 2 | |
|-----------------|-------|-----------------|-------|
| Rest Position | | Rest Position | |
| X | _____ | X | _____ |
| Y | _____ | Y | _____ |
| PSI | _____ | PSI | _____ |
| Impact Position | | Impact Position | |
| X | _____ | X | _____ |
| Y | _____ | Y | _____ |
| PSI | _____ | PSI | _____ |
| Slip Angle | _____ | Slip Angle | _____ |

VEHICLE MOTION

Sustained Contact: No Yes

| VEHICLE 1 | | VEHICLE 2 | |
|---------------------------|--|---------------------------|--|
| Skidding | <input type="checkbox"/> No <input type="checkbox"/> Yes | Skidding | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Skidding Stop Before Rest | <input type="checkbox"/> No <input type="checkbox"/> Yes | Skidding Stop Before Rest | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| End-of-Skidding Position | | End-of-Skidding Position | |
| X | _____ | X | _____ |
| Y | _____ | Y | _____ |
| PSI | _____ | PSI | _____ |
| Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes | Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Point on Path | | Point on Path | |
| X | _____ | X | _____ |
| Y | _____ | Y | _____ |
| Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW | Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW |
| Rotation > 360° | <input type="checkbox"/> No <input type="checkbox"/> Yes | Rotation > 360° | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| FRICTION INFORMATION | TRAJECTORY INFORMATION |
|--|--|
| Coefficient of Friction . _____ Rolling Resistance Option _____ Vehicle 1 Rolling Resistance LF _____ RF _____ LR _____ RR _____ Vehicle 2 Rolling Resistance LF _____ RF _____ LR _____ RR _____ | Trajectory Data <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If No, Go To Damage Information</i> Vehicle 1 Steer Angles LF _____ RF _____ LR _____ RR _____ Vehicle 2 Steer Angles LF _____ RF _____ LR _____ RR _____ Terrain Boundary <input type="checkbox"/> No <input type="checkbox"/> Yes First Point X _____ Y _____ Second Point X _____ Y _____ Secondary Friction Coefficient . _____ |

| DAMAGE INFORMATION | | | |
|--------------------|---------------------------|---------------|-----------------|
| | VEHICLE 1 | | VEHICLE 2 |
| Damage Length | _____ <u>57.3</u> _____ | Damage Length | _____ . _____ |
| Crush Depths | C1 <u>22.5</u> | Crush Depths | C1 _____ |
| | C2 <u>43.7</u> | | C2 _____ |
| | C3 <u>27.7</u> | | C3 _____ |
| | C4 <u>19.2</u> | | C4 _____ |
| | C5 _____ | | C5 _____ |
| | C6 _____ | | C6 _____ |
| Damage Offset | ± _____ <u>0.00</u> _____ | Damage Offset | ± _____ . _____ |

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.

MDE ✓
ENR EV01

1991 ACCIDENT FORM

1. PSU Number 75

2. Case Number 023A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [REDACTED] 91 5. Accident Time 0045

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

ACCIDENT EVENTS

| Accident Sequence Number | Vehicle Number | Class of Vehicle | General Area of Damage | Veh. Num. or Obj. Cont. | Class of Vehicle | General Area of Damage |
|--------------------------------|-------------------|---------------------|------------------------------|-------------------------------|---------------------|------------------------------|
| 012. 01 | 013. 01 | 014. 02 | 015. F | 016. 52 | 017. 00 | 018. 0 |

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

| SPEED CHANGE (DAMAGE) | VEH #1 | TOTAL (MPH) | LONG. (MPH) | LAT. (MPH) | ANG. (DEG) |
|--------------------------|--------|-------------|-------------|------------|------------|
| | VEH #1 | 39.4 | -39.4 | .0 | .0 |
| | VEH #2 | .0 | .0 | .0 | .0 |

ENERGY DISSIPATED BY DAMAGE VEH#1:144421.2 FT-LB VEH#2: .0 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 2
 WEIGHT----- 2759.0 LBS.
 CDC-----12FCEW5
 L----- 57.3 IN.
 C1----- 22.5 IN.
 C2----- 43.7 IN.
 C3----- 27.7 IN.
 C4----- 19.2 IN.
 C5----- .0 IN.
 C6----- .0 IN.
 D----- .0
 RHO----- 1.00 *
 ANG----- .0 DEG.
 D'----- -2.1 IN.

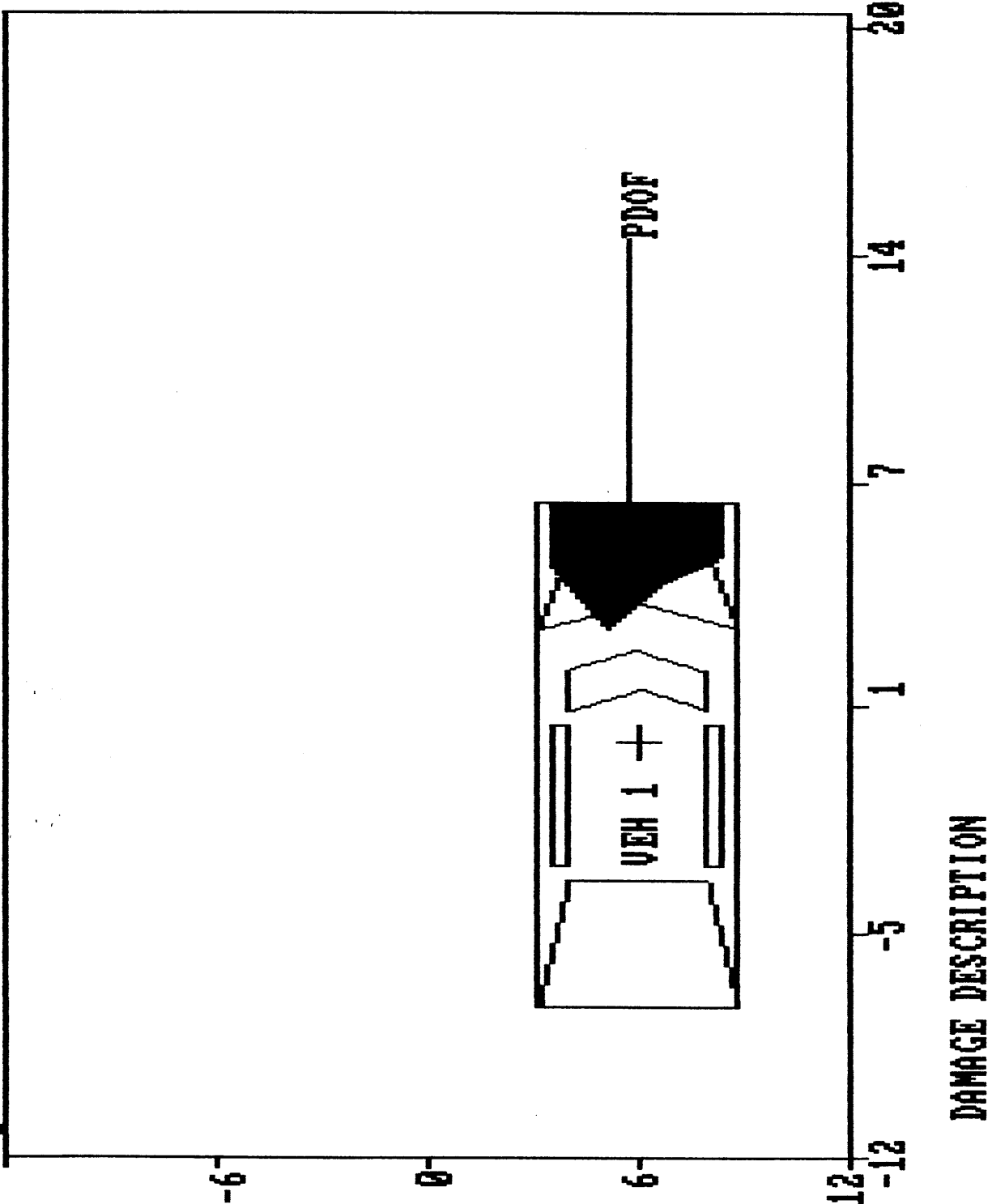
TYPE-----CATEGORY 11
 STIFFNESS---CATEGORY 0
 WEIGHT-----1000000.0 LBS. *
 CDC-----BARRIER
 L----- .0 IN. *
 C1----- .0 IN. *
 C2----- .0 IN. *
 C3----- .0 IN. *
 C4----- .0 IN. *
 C5----- .0 IN. *
 C6----- .0 IN. *
 D----- .0 *
 RHO----- 1.00 *
 ANG----- .0 DEG. *
 D'----- .0 IN.

DIMENSIONS AND INERTIAL PROPERTIES

| | | | | | | | |
|-----|---|---------|--------------|-----|---|--------------|--------------|
| A1 | = | 46.3 | IN. | A2 | = | 50.0 | IN. |
| B1 | = | 50.1 | IN. | B2 | = | 50.0 | IN. |
| TR1 | = | 54.6 | IN. | TR2 | = | 50.0 | IN. |
| I1 | = | 21169.6 | LB-SEC**2-IN | I2 | = | 2600104000.0 | LB-SEC**2-IN |
| M1 | = | 7.174 | LB-SEC**2/IN | M2 | = | 2600.104 | LB-SEC**2/IN |
| XF1 | = | 83.3 | IN. | XF2 | = | 50.0 | IN. |
| XR1 | = | -91.6 | IN. | XR2 | = | -50.0 | IN. |
| YS1 | = | 33.6 | IN. | YS2 | = | 50.0 | IN. |

CRASH

Printing Picture:



DAMAGE DESCRIPTION

1991 VEHICLE EXTERIOR FORM

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
 HIGHEST DELTA "V"

| Accident Sequence Number | Object Contacted | Direction of Force | Deform. Location | Specific Longitud. or lat. Location | Specific Vertical or Lateral Location | Type of Damage Distrib. | Deform. Extent |
|--------------------------|------------------|--------------------|------------------|-------------------------------------|---------------------------------------|-------------------------|----------------|
| 4. 01 | 5. 52 | 6. 12 | 7. F | 8. C | 9. E | 10. W | 11. 05 |

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
 HIGHEST DELTA "V"

20. L / 21. C1 C2 C3 C4 C5 C6 22. +/-D
 057 23 44 28 19 000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 099.9

29. Multi-staged Manufactured/Certified Altered Vehicle? 0
 30. Fire Occurrence 0
 31. Origin of Fire 0
 32. Type of Fuel Tank 1

1991 VEHICLE INTERIOR FORM

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01

INTEGRITY

- 4. Passenger Compartment 12

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|-----------------------|---------------------|------------------------|--------------------------|
| 47. 13 | 48. 04 | 49. 4 | 50. 2 |
| 51. 12 | 52. 03 | 53. 3 | 54. 2 |
| 55. 11 | 56. 15 | 57. 3 | 58. 2 |
| 59. 11 | 60. 01 | 61. 2 | 62. 1 |
| 63. 13 | 64. 06 | 65. 1 | 66. 2 |
| 67. 11 | 68. 02 | 69. 1 | 70. 2 |
| 71. 13 | 72. 15 | 73. 1 | 74. 2 |
| 75. 11 | 76. 17 | 77. 1 | 78. 2 |
| 79. 11 | 80. 06 | 81. 1 | 82. 2 |
| 83. | 84. | 85. | 86. |

STEERING COLUMN

| | | | |
|----------------------------------|----|-------------------------------|---|
| 87. Steering Column Type | 2 | 88. Steering Column Collapse | |
| 89. Vertical Movement(+/-) | | 90. Lateral Movement(+/-) | |
| 91. Longitudinal Movement(+/-) | | 92. Steering Rim/Spoke Deform | 0 |
| 93. Location of Rim/Spoke Deform | 00 | | |

INSTRUMENT PANEL

| | | | |
|----------------------------|---------|-----------------------------|---|
| 94. Odometer Reading | 004,000 | 95. Instrument Panel Damage | 1 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

1991 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01
- 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

- 5. Age 34
- 6. Sex 1
- 7. Height 99
- 8. Weight 999
- 9. Role 1
- 10. Seat Position 11
- 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 0
- 13. Ejection Area 0
- 14. Ejection Medium 0
- 15. Medium Status 0
- 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4
- 18. Belt System Use 00
- 19. Proper Use of Belt 0
- 20. Belt Failure Modes During Impact 0
- 21. Air Bag Availability 1
- 22. Air Bag Deployment 1
- 23. Did Air Bag Fail? 1
- 24. Police Reported Restraint Use 0
- 25. Head Restraint Type/Damage by Occupant at this Position 3
- 26. Seat Type 01
- 27. Seat Performance 1

CHILD SAFETY SEAT

- 28. Child/Safety Seat Make/Model 000
- 29. Type of Child Safety Seat 0
- 30. Orientation 00
- 31. Harness 00
- 32. Shield 00
- 33. Tether 00

INJURY CONSEQUENCES

- 34. Severity (Police Rating) 4
- 35. Treatment - Mortality 1
- 36. Type of Med. Facility (Initial) 9
- 37. Hospital Stay 99
- 38. Working Days Lost 62
- 39. Time to Death 99

MEDICALLY REPORTED CAUSE OF DEATH

- 40. Cause #1 99
- 41. Cause #2 00
- 42. Cause #3 00
- 43. Number of Recorded Injuries 01

44. Automatic (Passive) Belt System Availability/Function 0
 45. Automatic (Passive) Belt System Use 0
 46. Automatic (Passive) Belt System Type 0
 47. Proper Use of Automatic (Passive) Belt System 0
 48. Automatic (Passive) Belt System Failure Mode 0

HH0731 2 If REPORTED RESTRAINT USE OA24 equals 0, then AIR BAG
 HH0732 AVAILABILITY/FUNCTION OA21 should not equal 1.

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

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 75
2. CASE NUMBER 023A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

| SOURCE OF INJURY DATA | BODY REGION | ASPECT | SYSTEM LESION | A.I.S. ORGAN | SEVERITY | INJURY SOURCE | INJURY | | OCC. AREA INTR. NO. | |
|-----------------------------|----------------|--------|------------------|-----------------|----------|------------------|---------------|--------------|------------------------|----|
| | | | | | | | CONFID. LEVEL | DIR./ INJURY | | |
| 01. | 9 | H | U | U | U | 7 | 97 | 9 | 7 | 99 |

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
 EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
 EC0053 should not equal 12-16 or 18.
 VEH NUM = 01

 1991 GENERAL VEHICLE FORM

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 91 5. Make 12
 6. Model 015 7. Body Type 04
 8. VIN 1FACP36XXMK [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 75
 11. Police Rep. Alcohol Presence 1 12. Alcohol Test Result for Driver 19

ACCIDENT RELATED

13. Speed Limit 40 14. Attempted Avoid. Manuever 03
 15. Accident Type 15

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 026 20. Vehicle Cargo Weight 99

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
 23. Post Col. Cond. of Tree/Pole 1 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998 28. Heading Angle Other Vehicle 998
 29. Basis for Total Delta V 2

COMPUTER GENERATED DELTA V

30. Total Delta V 39
 31. Longitudinal Component of Delta V -39
 32. Lateral Component of Delta V 00
 33. Energy Absorption 1444
 34. Confidence in Reconstruction Program Results 2
 35. Type of Vehicle Inspection 1
 36. Is this an ADPS vehicle? 1

37. Police Reported Other Drug Presence 0
38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 0

| | Observation Results | Specimen Results |
|--------------------|------------------------|---------------------|
| Narcotic Drug | 40. 0 | 41. 0 |
| Depressant Drug | 42. 0 | 43. 0 |
| Stimulant Drug | 44. 0 | 45. 0 |
| Hallucinogen Drug | 46. 0 | 47. 0 |
| Cannabinoid Drug | 48. 0 | 49. 0 |
| Phencyclidine(PCP) | 50. 0 | 51. 0 |
| Inhalant Drug | 52. 0 | 53. 0 |
| Other Drug | 54. 0 | 55. 0 |

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

April [REDACTED], [REDACTED]

CURRENT VERSION: 4.00

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

1991 GENERAL VEHICLE FORM

2010 3
 91
 NO MDE ERRORS

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 91
 5. Make 12
 6. Model 015
 7. Body Type 04
 8. VIN 1FACP36XXMK [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1
 10. Police Reported Travel Speed 75
 11. Police Rep. Alcohol Presence 1
 12. Alcohol Test Result for Driver 19

ACCIDENT RELATED

13. Speed Limit 40
 14. Attempted Avoid. Manuever 03
 15. Accident Type 15

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 17. No. Occupants This Vehicle 01
 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 026
 20. Vehicle Cargo Weight 99

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 22. Trajectory Data Documented 1
 23. Post Col. Cond. of Tree/Pole 1
 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998
 28. Heading Angle Other Vehicle 998
 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 39
 31. Longitudinal Component of Delta V -39
 32. Lateral Component of Delta V 00
 33. Energy Absorption 1444
 34. Confidence in Reconstruction Program Results 1
 35. Type of Vehicle Inspection 1
 36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence

0

38. Police Observation/Perception Test Type for Driver

0

39. Other Drug Specimen Test Type for Driver

0

| | Observation Results | Specimen Results |
|--------------------|------------------------|---------------------|
| Narcotic Drug | 40. 0 | 41. 0 |
| Depressant Drug | 42. 0 | 43. 0 |
| Stimulant Drug | 44. 0 | 45. 0 |
| Hallucinogen Drug | 46. 0 | 47. 0 |
| Cannabinoid Drug | 48. 0 | 49. 0 |
| Phencyclidine(PCP) | 50. 0 | 51. 0 |
| Inhalant Drug | 52. 0 | 53. 0 |
| Other Drug | 54. 0 | 55. 0 |

1991 VEHICLE INTERIOR FORM

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01

INTEGRITY

- 4. Passenger Compartment 12

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

- 15. WS 3 16. LF 0 17. RF 6 18. LR 0 19. RR 0
- 20. BL 0 21. Roof 8 22. Other 0

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|-----------------------|---------------------|------------------------|--------------------------|
| 47. 13 | 48. 04 | 49. 4 | 50. 2 |
| 51. 12 | 52. 03 | 53. 3 | 54. 2 |
| 55. 11 | 56. 15 | 57. 3 | 58. 2 |
| 59. 11 | 60. 01 | 61. 2 | 62. 1 |
| 63. 13 | 64. 06 | 65. 1 | 66. 2 |
| 67. 11 | 68. 02 | 69. 1 | 70. 2 |
| 71. 13 | 72. 15 | 73. 1 | 74. 2 |
| 75. 11 | 76. 17 | 77. 1 | 78. 2 |
| 79. 11 | 80. 06 | 81. 1 | 82. 2 |
| 83. | 84. | 85. | 86. |

STEERING COLUMN

| | | | |
|----------------------------------|----|-------------------------------|---|
| 87. Steering Column Type | 2 | 88. Steering Column Collapse | |
| 89. Vertical Movement(+/-) | | 90. Lateral Movement(+/-) | |
| 91. Longitudinal Movement(+/-) | | 92. Steering Rim/Spoke Deform | 0 |
| 93. Location of Rim/Spoke Deform | 00 | | |

INSTRUMENT PANEL

| | | | |
|----------------------------|---------|-----------------------------|---|
| 94. Odometer Reading | 004,000 | 95. Instrument Panel Damage | 1 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
 CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
 CC0544 equals 3 or 5.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
 EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
 EC0053 should not equal 12-16 or 18.
 VEH NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 34 6. Sex 1 7. Height 99 8. Weight 999 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0

15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Air Bag Availability 1 22. Air Bag Deployment 1
 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 0
 25. Head Restraint Type/Damage by Occupant at this Position 3
 26. Seat Type 01 27. Seat Performance 1

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

INJURY CONSEQUENCES

34. Severity (Police Rating) 3 35. Treatment - Mortality 1
 36. Type of Med. Facility (Initial) 9 37. Hospital Stay 99
 38. Working Days Lost 62 39. Time to Death 99

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
 43. Number of Recorded Injuries 01

44. Automatic (Passive) Belt System Availability/Function 0
45. Automatic (Passive) Belt System Use 0
46. Automatic (Passive) Belt System Type 0
47. Proper Use of Automatic (Passive) Belt System 0
48. Automatic (Passive) Belt System Failure Mode 0

HH0731 2 If REPORTED RESTRAINT USE OA24 equals 0, then AIR BAG
HH0732 AVAILABILITY/FUNCTION OA21 should not equal 1.

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

AH0041 2 If CASE AC02(4) equals A or B, then at least one POLICE SEVERITY
AH0042 OA34 should equal 4.

1991 OCCUPANT ASSESSMENT FORM

Zone 3-91 (2)

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01
- 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

- 5. Age 34 6. Sex 1 7. Height 73 8. Weight 195 9. Role 1
- 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
- 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4 18. Belt System Use 00
- 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
- 21. Air Bag Availability 1 22. Air Bag Deployment 1
- 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 0
- 25. Head Restraint Type/Damage by Occupant at this Position 3
- 26. Seat Type 01 27. Seat Performance 1

CHILD SAFETY SEAT

- 28. Child/Safety Seat Make/Model 000
- 29. Type of Child Safety Seat 0
- 30. Orientation 00
- 31. Harness 00
- 32. Shield 00
- 33. Tether 00

INJURY CONSEQUENCES

- 34. Severity (Police Rating) 3 35. Treatment - Mortality 1
- 36. Type of Med. Facility (Initial) 0 37. Hospital Stay 00
- 38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

- 40. Cause #1 01 41. Cause #2 02 42. Cause #3 03
- 43. Number of Recorded Injuries 15

- 44. Automatic (Passive) Belt System Availability/Function 0
- 45. Automatic (Passive) Belt System Use 0
- 46. Automatic (Passive) Belt System Type 0
- 47. Proper Use of Automatic (Passive) Belt System 0
- 48. Automatic (Passive) Belt System Failure Mode 0

HH0731 2 If REPORTED RESTRAINT USE DA24 equals 0, then AIR BAG
HH0732 AVAILABILITY/FUNCTION DA21 should not equal 1.

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

AH0041 2 If CASE AC02(4) equals A or B, then at least one POLICE SEVERITY
AH0042 DA34 should equal 4.

HT0101 1 If 1st CAUSE OF DEATH DA40 equals 01-96 and DA40 equals m, then
HT0102 SOURCE OF DATA DI05(m) must equal 1-4.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 01

HT0161 2 If 1st CAUSE OF DEATH DA40 equals 01-96, then BODY REGION
HT0162 DI06(DA40), SYSTEM/ORGAN DI09(DA40) and A.I.S. SEVERITY
HT0163 DI10(DA40) should be related according to Table A-13.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 01

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 75
2. CASE NUMBER 023A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

| SOURCE OF INJURY DATA | | BODY REGION ASPECT | | SYSTEM A.I.S. | | INJURY SOURCE | | INJURY DIR./ | INDIR. | OCC. AREA |
|-----------------------|---|--------------------|---|---------------|-------|---------------|-------|--------------|--------|-----------|
| | | | | LESION | ORGAN | SEVERITY | LEVEL | INJURY | | INTR. NO. |
| 01. | 1 | C | C | E | A | 6 | 06 | 2 | 2 | 00 |
| 02. | 1 | H | U | U | B | 4 | 97 | 9 | 7 | 99 |
| 03. | 1 | C | R | F | S | 3 | 06 | 2 | 1 | 00 |
| 04. | 1 | T | R | F | S | 3 | 04 | 2 | 1 | 00 |
| 05. | 1 | Q | R | Z | J | 3 | 97 | 9 | 7 | 99 |
| 06. | 1 | M | R | L | L | 2 | 06 | 2 | 2 | 00 |
| 07. | 1 | H | R | L | I | 2 | 97 | 9 | 7 | 99 |
| 08. | 1 | F | I | L | I | 1 | 97 | 9 | 7 | 99 |
| 09. | 1 | F | R | C | O | 1 | 97 | 9 | 7 | 99 |
| 10. | 1 | F | L | C | O | 1 | 97 | 9 | 7 | 99 |
| 11. | 1 | W | R | C | I | 1 | 97 | 9 | 7 | 99 |
| 12. | 1 | W | L | C | I | 1 | 97 | 9 | 7 | 99 |
| 13. | 1 | F | W | A | I | 1 | 97 | 9 | 7 | 99 |
| 14. | 1 | W | R | A | I | 1 | 97 | 9 | 7 | 99 |
| 15. | 1 | W | L | A | I | 1 | 97 | 9 | 7 | 99 |

Zone 3 [REDACTED]-91 (3)

- CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
- CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
- CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
- CC0544 equals 3 or 5.
- HH0731 2 If REPORTED RESTRAINT USE OA24 equals 0, then AIR BAG
- HH0732 AVAILABILITY/FUNCTION OA21 should not equal 1.
- HH1281 2 ***** THIS VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
- HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
- HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

75023A00000011 [REDACTED]914.0110000000000100450000001 [REDACTED]91 [REDACTED]91 [REDACTED]91
75023A00010012 [REDACTED]914.0110000000000102F52000
75023A01000021 4.01 0000000009112015041FACP36XXMK [REDACTED] 17511940031510101026
99011000998998139-39 001444111
75023A01000022 4.01 00000000000000000000000000000000
75023A01000031 4.01 000000000015212FCEW05 05723442819 000
0109990001
75023A01000041 4.01 00000100012331100000030600080200000001020000010200000
75023A01000042 4.01 0000000001304421203321115321101211306121102121315121117
12110612 2 000004181
75023A01010051 4.01 00000200034173195111900000400001110301100000000000003100
062010102031500000
75023A01010161 4.01 0000000001CCEA6062200
75023A01010261 4.01 0000000001HUUB4979799
75023A01010361 4.01 0000000001CRFS3062100
75023A01010461 4.01 0000000001TRFS3042100
75023A01010561 4.01 0000000001QRZJ3979799
75023A01010661 4.01 0000000001MRLL2062200
75023A01010761 4.01 0000000001HRLI2979799
75023A01010861 4.01 0000000001FIL11979799
75023A01010961 4.01 0000000001FRCD1979799
75023A01011061 4.01 0000000001FLCD1979799
75023A01011161 4.01 0000000001WRCI1979799
75023A01011261 4.01 0000000001WLCI1979799
75023A01011361 4.01 0000000001FWAI1979799
75023A01011461 4.01 0000000001WRAI1979799
75023A01011561 4.01 0000000001WLAI1979799
75023A88888888 [REDACTED]914.001000000000YY0101YYY0101Y0000000000000000000000000000000000
00000000
75023A99999999 [REDACTED]914.0010010000030080000
00000000000000

- AH0041 2 If CASE ACO2(4) equals A or B, then at least one POLICE SEVERITY
- AH0042 OA34 should equal 4.
- EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
- EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
- EC0053 should not equal 12-16 or 18.
VEH NUM = 01

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1991

CURRENT VERSION: 4.01

| 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 | 1 | Y |
| Occupant Assessment | 0 | 0 | 2 | Y |
| Occupant Injury | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 2 | |
| Total Case Errors | 0 | 0 | 5 | |

1991 GENERAL VEHICLE FORM

Zone 3
-92

4

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01

VEHICLE IDENTIFICATION

- 4. Model Year 91
- 5. Make 12
- 6. Model 015
- 7. Body Type 04
- 8. VIN 1FACP36XXMK [REDACTED]

OFFICIAL RECORDS

- 9. Police Reported Disposition 1
- 10. Police Reported Travel Speed 75
- 11. Police Rep. Alcohol Presence 1
- 12. Alcohol Test Result for Driver 19

ACCIDENT RELATED

- 13. Speed Limit 40
- 14. Attempted Avoid. Manuever 03
- 15. Accident Type 15

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
- 17. No. Occupants This Vehicle 01
- 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 026
- 20. Vehicle Cargo Weight 99

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
- 22. Trajectory Data Documented 1
- 23. Post Col. Cond. of Tree/Pole 1
- 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

- 25. F 0
- 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- 27. Heading Angle This Vehicle 998
- 28. Heading Angle Other Vehicle 998
- 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

| | |
|--|------|
| 30. Total Delta V | 39 |
| 31. Longitudinal Component of Delta V | -39 |
| 32. Lateral Component of Delta V | 00 |
| 33. Energy Absorption | 1444 |
| 34. Confidence in Reconstruction Program Results | 1 |
| 35. Type of Vehicle Inspection | 1 |
| 36. Is this an AOPS vehicle? | 1 |

| | |
|---|---|
| 37. Police Reported Other Drug Presence | 0 |
|---|---|

| | |
|--|---|
| 38. Police Observation/Perception Test Type for Driver | 0 |
| 39. Other Drug Specimen Test Type for Driver | 0 |

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

| | DEC Observation/ Perception Test Results | Specimen Test Results |
|--------------------|--|-----------------------------|
| Narcotic Drug | 40. 0 | 41. 0 |
| Depressant Drug | 42. 0 | 43. 0 |
| Stimulant Drug | 44. 0 | 45. 0 |
| Hallucinogen Drug | 46. 0 | 47. 0 |
| Cannabinoid Drug | 48. 0 | 49. 0 |
| Phencyclidine(PCP) | 50. 0 | 51. 0 |
| Inhalant Drug | 52. 0 | 53. 0 |
| Other Drug | 54. 0 | 55. 0 |

1991 VEHICLE EXTERIOR FORM

1. PSU Number 75
2. Case Number 023A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number 4. 01
Object Contacted 5. 52
Direction of Force 6. 12
Deform. Location 7. F
Specific Longitud. or lat. Location 8. C
Specific Vertical or Lateral Location 9. E
Type of Damage Distrib. 10. N
Deform. Extent 11. 05

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

20. L 057 21. C1 23 C2 44 C3 28 C4 19 C5 C6 22. +/-D 000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 099.9

29. Multi-staged Manufactured/Certified Altered Vehicle? 0
30. Fire Occurrence 0

31. Origin of Fire 0
32. Type of Fuel Tank 1

EE0881 2 If 1st DAMAGE DATA L EV20 is greater than 016, then 1st DAMAGE
EE0882 DATA C EV21(5) should not equal blank.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
EC0053 should not equal 12-16 or 18.
VEH NUM = 01

1991 VEHICLE INTERIOR FORM

1. PSU Number 75
2. Case Number 023A
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 12

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

15. WS 3 16. LF 0 17. RF 6 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Dominant

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Crush Direction |
|-----------------------|---------------------|------------------------|-----------------|
| 47. 13 | 48. 04 | 49. 4 | 50. 2 |
| 51. 12 | 52. 03 | 53. 3 | 54. 2 |
| 55. 11 | 56. 15 | 57. 3 | 58. 2 |
| 59. 11 | 60. 01 | 61. 2 | 62. 1 |
| 63. 13 | 64. 06 | 65. 1 | 66. 2 |
| 67. 11 | 68. 02 | 69. 1 | 70. 2 |
| 71. 13 | 72. 15 | 73. 1 | 74. 2 |
| 75. 11 | 76. 17 | 77. 1 | 78. 2 |
| 79. 11 | 80. 06 | 81. 1 | 82. 2 |
| 83. 11 | 84. 05 | 85. 1 | 86. 2 |

STEERING COLUMN

| | | | |
|----------------------------------|----|-------------------------------|---|
| 87. Steering Column Type | 2 | 88. Steering Column Collapse | |
| 89. Vertical Movement(+/-) | | 90. Lateral Movement(+/-) | |
| 91. Longitudinal Movement(+/-) | | 92. Steering Rim/Spoke Deform | 0 |
| 93. Location of Rim/Spoke Deform | 00 | | |

INSTRUMENT PANEL

| | | | |
|----------------------------|---------|-----------------------------|---|
| 94. Odometer Reading | 004,000 | 95. Instrument Panel Damage | 1 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
 CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
 CC0544 equals 3 or 5.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
 EC0052 LOCATION EVO9 equals W, L or E, then INTRUDING COMPONENT IV48(n)
 EC0053 should not equal 12-16 or 18.
 VEH NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 75
2. Case Number 023A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 34 6. Sex 1 7. Height 73 8. Weight 195 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

| | | | |
|---|----|--------------------------------------|----|
| 17. Belt System Availability | 4 | 18. Belt System Use | 00 |
| 19. Proper Use of Belt | 0 | 20. Belt Failure Modes During Impact | 0 |
| 21. Air Bag Availability | 1 | 22. Air Bag Deployment | 1 |
| 23. Did Air Bag Fail? | 1 | 24. Police Reported Restraint Use | 0 |
| 25. Head Restraint Type/Damage by Occupant at this Position | | | 3 |
| 26. Seat Type | 01 | 27. Seat Performance | 1 |

CHILD SAFETY SEAT

| | |
|----------------------------------|-----|
| 28. Child/Safety Seat Make/Model | 000 |
| 29. Type of Child Safety Seat | 0 |
| 30. Orientation | 00 |
| 31. Harness | 00 |
| 32. Shield | 00 |
| 33. Tether | 00 |

INJURY CONSEQUENCES

| | | | |
|-------------------------------------|----|---------------------------|----|
| 34. Severity (Police Rating) | 3 | 35. Treatment - Mortality | 1 |
| 36. Type of Med. Facility (Initial) | 0 | 37. Hospital Stay | 00 |
| 38. Working Days Lost | 62 | 39. Time to Death | 01 |

MEDICALLY REPORTED CAUSE OF DEATH

| | | | | | |
|---------------------------------|----|--------------|----|--------------|----|
| 40. Cause #1 | 01 | 41. Cause #2 | 02 | 42. Cause #3 | 03 |
| 43. Number of Recorded Injuries | 15 | | | | |

| | |
|---|---|
| 44. Automatic (Passive) Belt System Availability/Function | 0 |
| 45. Automatic (Passive) Belt System Use | 0 |
| 46. Automatic (Passive) Belt System Type | 0 |
| 47. Proper Use of Automatic (Passive) Belt System | 0 |
| 48. Automatic (Passive) Belt System Failure Mode | 0 |

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

AH0041 2 If CASE AC02(4) equals A or B, then at least one POLICE SEVERITY
 AH0042 OA34 should equal 4.

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 75
 2. CASE NUMBER 023A

3. VEHICLE NUMBER 01
 4. OCCUPANT NUMBER 01

INJURY DATA

| SOURCE OF INJURY DATA | BODY REGION | ASPECT | LESION | SYSTEM ORGAN | A.I.S. SEVERITY | INJURY SOURCE | INJURY CONFID. LEVEL | DIR./ INDIR. INJURY | OCC. AREA INTR. NO. |
|-----------------------|-------------|--------|--------|--------------|-----------------|---------------|----------------------|---------------------|---------------------|
| 01. | 1 | C | C | E | A | 6 | 06 | 1 | 04 |
| 02. | 1 | H | R | U | B | 4 | 97 | 9 | 99 |
| 03. | 1 | C | R | F | S | 2 | 06 | 1 | 04 |
| 04. | 1 | T | R | F | S | 3 | 04 | 1 | 04 |
| 05. | 1 | Q | R | F | S | 2 | 56 | 2 | 10 |
| 06. | 1 | M | R | L | L | 2 | 06 | 1 | 04 |
| 07. | 1 | H | R | L | I | 1 | 97 | 9 | 99 |
| 08. | 1 | F | I | L | I | 1 | 97 | 9 | 99 |
| 09. | 1 | F | R | C | O | 1 | 97 | 9 | 99 |
| 10. | 1 | F | L | C | O | 1 | 97 | 9 | 99 |
| 11. | 1 | W | R | C | I | 1 | 97 | 9 | 99 |
| 12. | 1 | W | L | C | I | 1 | 97 | 9 | 99 |
| 13. | 1 | F | W | A | I | 1 | 97 | 9 | 99 |
| 14. | 1 | W | R | A | I | 1 | 97 | 9 | 99 |
| 15. | 1 | W | L | A | I | 1 | 97 | 9 | 99 |

HT0181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION
 HT0182 OI06(OA42), SYSTEM/ORGAN OI09(OA42) and A.I.S. SEVERITY
 HT0183 OI10(OA42) should be related according to Table A-13.
 VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 03

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 4.03

| 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 | 1 | Y |
| Vehicle Interior | 0 | 0 | 1 | Y |
| Occupant Assessment | 0 | 0 | 1 | Y |
| Occupant Injury | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 3 | |
| Total Case Errors | 0 | 0 | 6 | |

1991 GENERAL VEHICLE FORM

Zone 3
[REDACTED] 92

(6)

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 91
 5. Make 12
 6. Model 015
 7. Body Type 04
 8. VIN 1FACP36XXMK [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1
 10. Police Reported Travel Speed 75
 11. Police Rep. Alcohol Presence 1
 12. Alcohol Test Result for Driver 19

ACCIDENT RELATED

13. Speed Limit 40
 14. Attempted Avoid. Manuever 03
 15. Accident Type 15

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 17. No. Occupants This Vehicle 01
 18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 026
 20. Vehicle Cargo Weight 99

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 22. Trajectory Data Documented 1
 23. Post Col. Cond. of Tree/Pole 1
 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 998
 28. Heading Angle Other Vehicle 998
 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 39
 31. Longitudinal Component of Delta V -39
 32. Lateral Component of Delta V 00
 33. Energy Absorption 1444
 34. Confidence in Reconstruction Program Results 1
 35. Type of Vehicle Inspection 1
 36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence

0

38. Police Observation/Perception Test Type for Driver

0

39. Other Drug Specimen Test Type for Driver

0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

| | DEC Observation/ Perception Test Results | Specimen Test Results |
|---------------------|--|-----------------------------|
| Narcotic Drug | 40. 0 | 41. 0 |
| Depressant Drug | 42. 0 | 43. 0 |
| Stimulant Drug | 44. 0 | 45. 0 |
| Hallucinogen Drug | 46. 0 | 47. 0 |
| Cannabinoid Drug | 48. 0 | 49. 0 |
| Phencyclidine (PCP) | 50. 0 | 51. 0 |
| Inhalant Drug | 52. 0 | 53. 0 |
| Other Drug | 54. 0 | 55. 0 |

1991 VEHICLE EXTERIOR FORM

1. FSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
 HIGHEST DELTA "V"

| Accident Sequence Number | Object Contacted | Direction of Force | Deform. Location | Specific Longitud. or lat. Location | Specific Vertical or Lateral Location | Type of Damage Distrib. | Deform. Extent |
|--------------------------|------------------|--------------------|------------------|-------------------------------------|---------------------------------------|-------------------------|----------------|
| 4. 01 | 5. 52 | 6. 12 | 7. F | 8. C | 9. E | 10. N | 11. 05 |

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
 HIGHEST DELTA "V"

20. L 21. C1 C2 C3 C4 C5 C6 22. +/-D
 057 23 44 28 19 000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 099.9

29. Multi-staged Manufactured/Certified Altered Vehicle? 0

30. Fire Occurrence 0

31. Origin of Fire 0

32. Type of Fuel Tank 1

EE0881 2 If 1st DAMAGE DATA L EV20 is greater than 016, then 1st DAMAGE
 EE0882 DATA C EV21(5) should not equal blank.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
 EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
 EC0053 should not equal 12-16 or 18.
 VEH NUM = 01

1991 VEHICLE INTERIOR FORM

- 1. PSU Number 75
- 2. Case Number 023A
- 3. Vehicle Number 01

INTEGRITY

- 4. Passenger Compartment 12

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

- 15. WS 3 16. LF 0 17. RF 6 18. LR 0 19. RR 0
- 20. BL 0 21. Roof 8 22. Other 0

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Dominant

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Crush Direction |
|-----------------------|---------------------|------------------------|-----------------|
| 47. 13 | 48. 04 | 49. 4 | 50. 2 |
| 51. 12 | 52. 03 | 53. 3 | 54. 2 |
| 55. 11 | 56. 15 | 57. 3 | 58. 2 |
| 59. 11 | 60. 01 | 61. 2 | 62. 1 |
| 63. 13 | 64. 06 | 65. 1 | 66. 2 |
| 67. 11 | 68. 02 | 69. 1 | 70. 2 |
| 71. 13 | 72. 15 | 73. 1 | 74. 2 |
| 75. 11 | 76. 17 | 77. 1 | 78. 2 |
| 79. 11 | 80. 06 | 81. 1 | 82. 2 |
| 83. 11 | 84. 05 | 85. 1 | 86. 2 |

STEERING COLUMN

| | | | |
|----------------------------------|----|-------------------------------|---|
| 87. Steering Column Type | 2 | 88. Steering Column Collapse | |
| 89. Vertical Movement(+/-) | | 90. Lateral Movement(+/-) | |
| 91. Longitudinal Movement(+/-) | | 92. Steering Rim/Spoke Deform | 0 |
| 93. Location of Rim/Spoke Deform | 00 | | |

INSTRUMENT PANEL

| | | | |
|----------------------------|---------|-----------------------------|---|
| 94. Odometer Reading | 004,000 | 95. Instrument Panel Damage | 1 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
 CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
 CC0544 equals 3 or 5.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
 EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
 EC0053 should not equal 12-16 or 18.
 VEH NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 75
 2. Case Number 023A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 34 6. Sex 1 7. Height 73 8. Weight 195 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Air Bag Availability 1 22. Air Bag Deployment 1
 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 0
 25. Head Restraint Type/Damage by Occupant at this Position 3
 26. Seat Type 01 27. Seat Performance 1

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

INJURY CONSEQUENCES

| | | | |
|-------------------------------------|----|---------------------------|----|
| 34. Severity (Police Rating) | 3 | 35. Treatment - Mortality | 1 |
| 36. Type of Med. Facility (Initial) | 0 | 37. Hospital Stay | 00 |
| 38. Working Days Lost | 62 | 39. Time to Death | 01 |

MEDICALLY REPORTED CAUSE OF DEATH

| | | | | | |
|---------------------------------|----|--------------|----|--------------|----|
| 40. Cause #1 | 01 | 41. Cause #2 | 02 | 42. Cause #3 | 03 |
| 43. Number of Recorded Injuries | 15 | | | | |

| | |
|---|---|
| 44. Automatic (Passive) Belt System Availability/Function | 0 |
| 45. Automatic (Passive) Belt System Use | 0 |
| 46. Automatic (Passive) Belt System Type | 0 |
| 47. Proper Use of Automatic (Passive) Belt System | 0 |
| 48. Automatic (Passive) Belt System Failure Mode | 0 |

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

AH0041 2 If CASE AC02(4) equals A or B, then at least one POLICE SEVERITY
 AH0042 OA34 should equal 4.

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 75
 2. CASE NUMBER 023A

3. VEHICLE NUMBER 01
 4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE

INJURY

Sector not found error reading file
 C:\LOG\CJ75023A.PRN

EE0881 2 If 1st DAMAGE DATA L EV20 is greater than 016, then 1st DAMAGE
EE0882 DATA C EV21(5) should not equal blank.

(7)

CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

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

75023A00000011 [redacted] 914.0310000000000100450000001 [redacted] 91 [redacted] 91 [redacted] 91 [redacted] 91
75023A00010012 [redacted] 914.0310000000000102F52000
75023A01000021 4.03 0000000009112015041FACP36XXMK [redacted] 17511940031510101026
99011000998998139-39 001444111
75023A01000022 4.03 00000000000000000000000000000000
75023A01000031 4.03 000001000015212FCEN05 05723442819 000
0109990001
75023A01000041 4.03 00000100012331100000030600080200000001020000010200000
75023A01000042 4.03 00000000013044212033211153211012111306121102121315121117
121106121105122 000004181
75023A01010051 4.03 000001000341731951119000004000011103011000000000000003100
062010102031500000
75023A01010161 4.03 0000000001CCEA6061104
75023A01010261 4.03 0000000001HRUB4979799
75023A01010361 4.03 0000000001CRFS2061104
75023A01010461 4.03 0000000001TRFS3041104
75023A01010561 4.03 0000000001QRFS2562110
75023A01010661 4.03 0000000001MRLL2061104
75023A01010761 4.03 0000000001HRLI1979799
75023A01010861 4.03 0000000001FILII1979799
75023A01010961 4.03 0000000001FRCD1979799
75023A01011061 4.03 0000000001FLCD1979799
75023A01011161 4.03 0000000001WRCEI1979799
75023A01011261 4.03 0000000001WLCEI1979799
75023A01011361 4.03 0000000001FWAI1979799
75023A01011461 4.03 0000000001WRAI1979799
75023A01011561 4.03 0000000001WLAI1979799
75023A88888888 [redacted] 914.001000000000YY0101YYY0101Y0000000000000000000000000000000000
00000000
75023A99999999 [redacted] 914.001000000000000000000000000000000000001000000010000030080000
000000000000001

AH0041 2 If CASE ACO2(4) equals A or B, then at least one POLICE SEVERITY
AH0042 OA34 should equal 4.

EC0051 2 If 2nd ACCIDENT SEQUENCE EV12 equals blank and 1st VERTICAL
EC0052 LOCATION EV09 equals W, L or E, then INTRUDING COMPONENT IV48(n)
EC0053 should not equal 12-16 or 18.
VEH NUM = 01

HT0181 2 If 3rd CAUSE OF DEATH DA42 equals 01-96, then BODY REGION
HT0182 DIO6(DA42), SYSTEM/ORGAN DIO9(DA42) and A.I.S. SEVERITY
HT0183 DII0(DA42) should be related according to Table A-13.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 03

CURRENT VERSION: 4.03

| 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 | 1 | Y |
| Vehicle Interior | 0 | 0 | 1 | Y |
| Occupant Assessment | 0 | 0 | 1 | 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>75</u> | | Case Number—Stratum <u>023A</u> | |
|--|-------------|---------------------------------|---|
| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
| 1-5 | 1 | South | Direction of travel |
| 6 | 1 | " | Begin skid marks |
| 7 | 1 | " | Skid marks |
| 8 | 1 | " | POI |
| 9 | 1 | North | Opposite direction of travel |
| 10-12 | 1 | | Front |
| 13 | 1 | | Map crush |
| 14 | 1 | | Misc |
| 15 | 1 | | Induced top |
| 16-20 | 1 | | Stands |
| 21-28 | 1 | | Misc |
| 29-37 | 1 | | Misc front w/ air bag & occupant contacts |
| 38-40 | 1 | | Misc back w/ lt. front door |
| | | | |
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PSU 75-023A (1991) #1



PSU 75-023A (1991) #2



PSU 75-023A (1991) #3



PSU 75-023A (1991) #4



PSU 75-023A (1991) #5



PSU 75-023A (1991) #6



PSU 75-023A (1991) #7



PSU 75-023A (1991) #8



PSU 75-023A (1991) #9



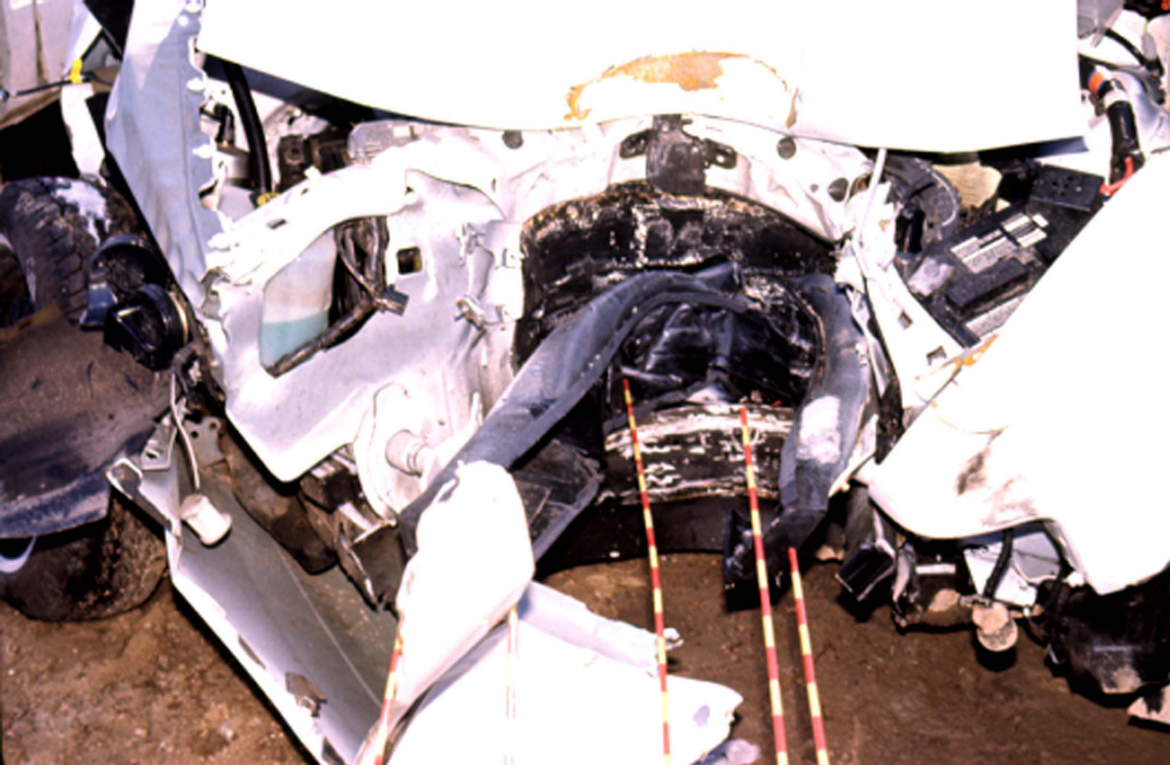
PSU 75-023A (1991) #10



PSU 75-023A (1991) #11



PSU 75-023A (1991) #12



PSU 75-023A (1991) #13



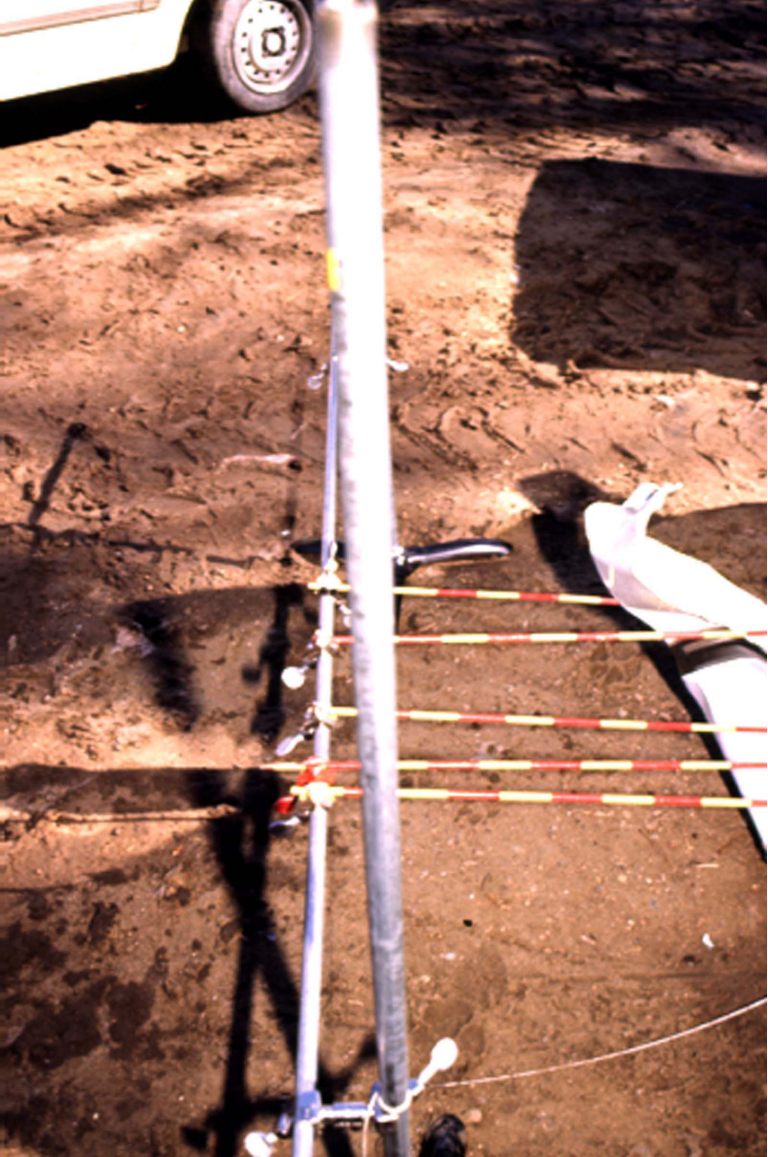
PSU 75-023A (1991) #14



PSU 75-023A (1991) #15



PSU 75-023A (1991) #16



PSU 75-023A (1991) #17



PSU 75-023A (1991) #18



PSU 75-023A (1991) #19



PSU 75-023A (1991) #20



PSU 75-023A (1991) #21



PSU 75-023A (1991) #22



PSU 75-023A (1991) #23



PSU 75-023A (1991) #24



PSU 75-023A (1991) #25



PSU 75-023A (1991) #26



PSU 75-023A (1991) #27



PSU 75-023A (1991) #28



PSU 75-023A (1991) #29



PSU 75-023A (1991) #30



PSU 75-023A (1991) #31



PSU 75-023A (1991) #32



PSU 75-023A (1991) #33



PSU 75-023A (1991) #34



PSU 75-023A (1991) #35



PSU 75-023A (1991) #36



PSU 75-023A (1991) #37



PSU 75-023A (1991) #38



PSU 75-023A (1991) #39



PSU 75-023A (1991) #40