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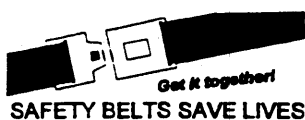
**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

SAFETY BELTS SAVE LIVES

US Department of Transportation
National Highway Traffic Safety
Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU **79**   CASE NO. **021A**   TYPE OF ACCIDENT **car/parked car - rear end**

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

Vehicle 1 was traveling W/B on a seven lane, undived, urban street in the number three lane at an undetermined rate of speed when driver 1 allowed the vehicle to drift to the right running off of the roadway and striking a parked vehicle in the rear with its front end. V-1 was towed from the scene due to damage. It is unclear, at this point, if driver 1 suffered a cardiac arrest prior to the first harmful event, or whether driver 1 died from blunt trauma injuries related to this collision, although the accident report states that there was no visible body trauma.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	pass. van	91/Dodge/Caravan	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	left front	air bag deployed, no manual rest.	unknown	unk.	unk.	unk.

DO NOT SANITIZE THIS FORM

Form 434A (1/91)

U.S. Department of Transportation

National Highway Traffic Safety Administration 79

PSU No. 79

Case Number – Stratum 0 2 1 A

ACCIDENT COLLISION DIAGRAM

Indicate

North

Ave.

R P
R K

-40'

V2

V2

V2 — GOUGE & RUBBER TRANS.

ST.

V1

0   20

V1

V1

HS Form 431B (1/90)
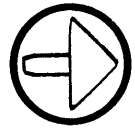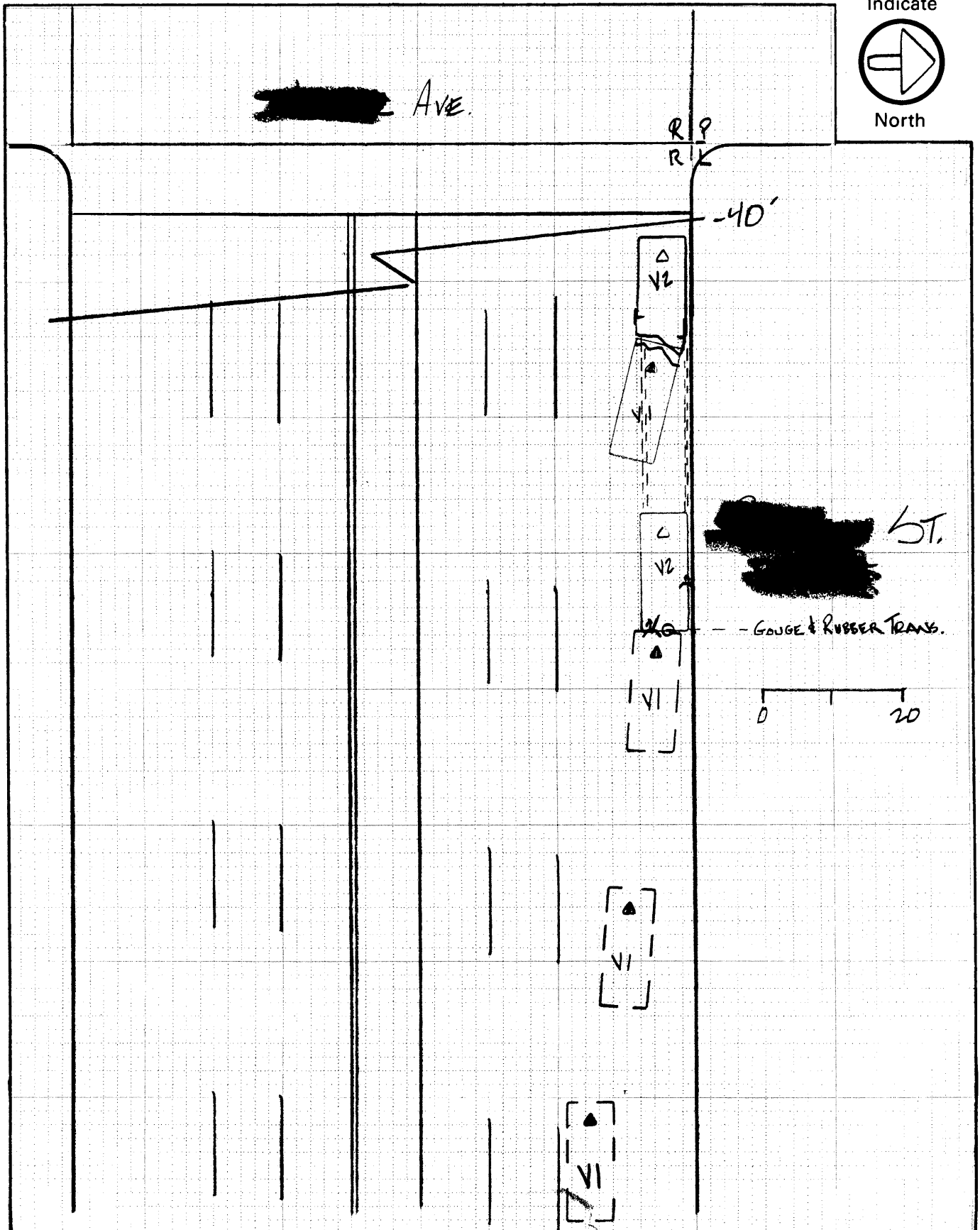
U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT COLLISION DIAGRAM

PSU No. ___ ___

Case Number – Stratum ___ ___ ___ ___

Indicate

North

BIKE LANE

V.2

V-3

V-2

V-1

Cover

BIKE/PKG. LANE

R

R

L
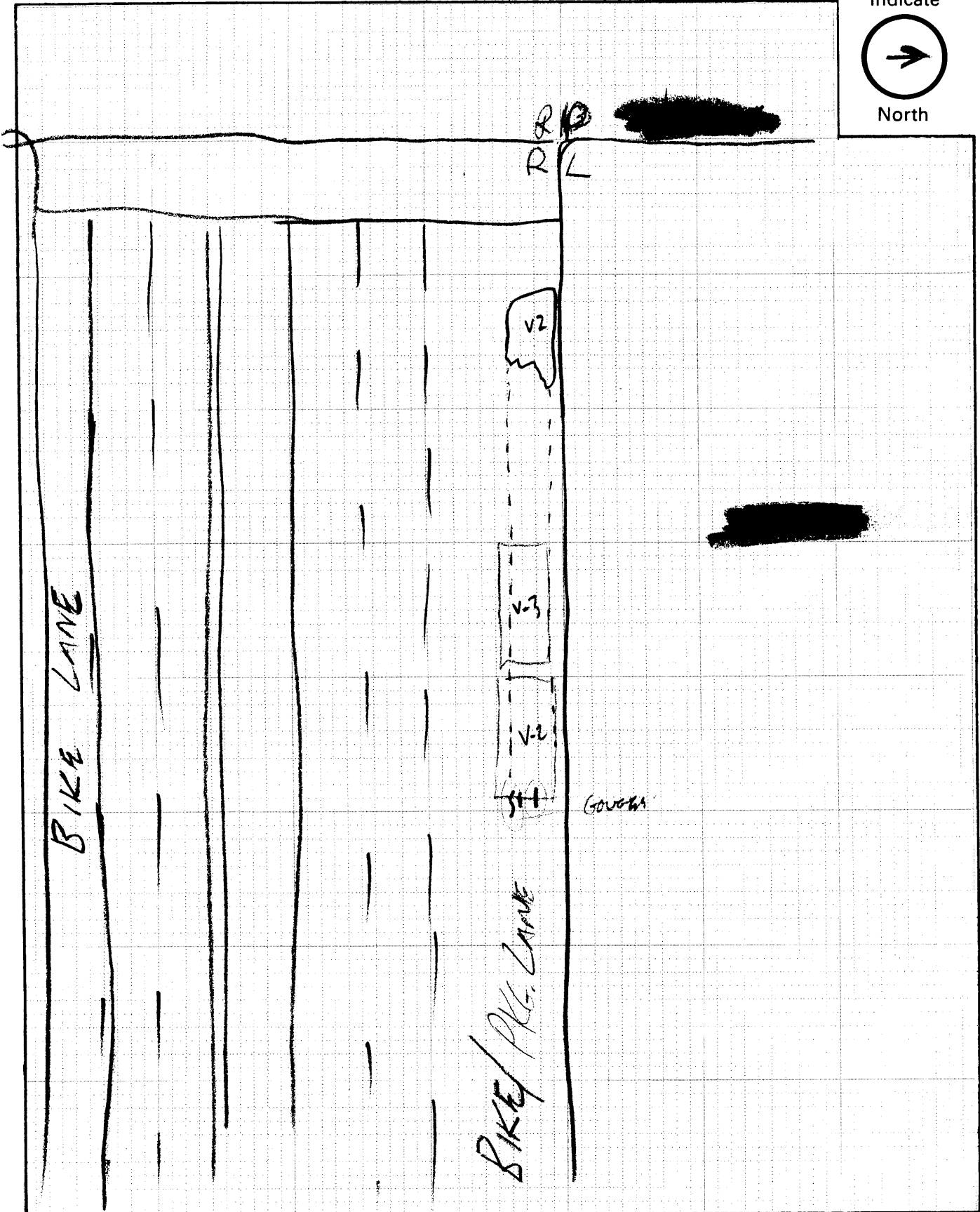
ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number **79**   Case Number – Stratum **02 1 A**

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

* approximate vehicle orientation at impact and final rest

* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)

* applicable traffic controls (e.g., speed limit)

* north arrow placed on diagram

* sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the Level I tasks noted above, the following must be

LEVEL II (Cont'd)
accomplished when physical evidence is present:

* document reference point and reference line relative to physical features present at the scene

* scaled documentation of all accident induced physical evidence

* scaled documentation of all roadside objects contacted

* roadway surface type and condition of applicable roadways

* grade measurements for all applicable roadways

* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
    a) physical evidence, or
    b) reconstructed accident dynamics

CRASH DATA

	VEH #1	VEH #2	VEH #3
Heading Angle	275	270	
Surface Type	Bituminous		
Surface Condition	Worn		
Grade Measurement (v/h)	+1/24		

Reference Point: **INTERSECT E CURB EDGE W** →

Reference Line: **N. CURB EDGE**

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
C.G. V-2 F.R.	61' E	3' S
GOUGES - P.O MAX Imp.	112' E - 110E	4'11" + 6'3" S
LR SCRAPE (FROM V-2) BEG's	111' E	6'3" S ALL THE
RR RUBBER TRANS + SCRAPE (V-2) BEG.	105 4' E	1'5" S WAY TO F.R.
F.R. REAR OF V-2	66' E	3' S

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

ACCIDENT FORM

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

1. Primary Sampling Unit Number   *79*

2. Case Number — Stratum   *021A*

IDENTIFICATION

3. Number of General Vehicle Forms Submitted   *0 1*

4. Date of Accident (Month, Day, Year)   ▓▓▓▓ / 9 1

5. Time of Accident   *0220*

   Code reported military time of accident.

   NOTE: Midnight — 2400
   Unknown — 9999

SPECIAL STUDIES INDICATORS

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

6. ___SS12   Not Active   0

7. ___SS13   Not Active   0

8. ___SS14   _____   *0*

9. ___SS15   _____   *0*

10. ___SS16   _____   *0*

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident   *0 1*

   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. _0_ _1_	13. *01*	14. *13*	15. *F*	16. *71*	17. *00*	18. *0*
19. _0_ _2_	20. ___ ___	21. ___ ___	22. ___	23. ___ ___	24. ___ ___	25. ___
26. _0_ _3_	27. ___ ___	28. ___ ___	29. ___	30. ___ ___	31. ___ ___	32. ___
33. _0_ _4_	34. ___ ___	35. ___ ___	36. ___	37. ___ ___	38. ___ ___	39. ___
40. _0_ _5_	41. ___ ___	42. ___ ___	43. ___	44. ___ ___	45. ___ ___	46. ___

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

HS Form 434 (Rev. 1/91)

F-434—M-34c

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   _1_
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle   _01_
    (00-96) Code actual number of occupants
              for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted   _01_

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight   _0 4 0_ 0 0
    3090 Code weight to nearest   ∩ 3 1
              100 pounds.
    (010) Less than 1050 pounds   NADS Coring Co
    (135) 13,500 lbs or more   1st Rev 3 E
    (999) Unknown   2nd Rev 3 _

    Source: ~90~~~~~~~~~~~~~~

20. Vehicle Cargo Weight   _0 0_ 0 0
    ____ Code weight to nearest
              100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 lbs or more
    (99) 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   _0_
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole   _0_
    (for Highest Delta V)
    (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

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

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

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   275

28. Heading Angle for Other Vehicle   270

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** / **22 21 23** STOPPED 21, 22, 23	**24** / **26 25 27** SLOWER 25, 26, 27	**28** / **30 29 31** DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	**34 35** CONTROL/ TRACTION LOSS	**36 37** CONTROL/ TRACTION LOSS	**38 39** AVOID COLLISION WITH VEH.	**40 41** AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER / (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	**44 45** / **46 45 47**		(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	**50 51** LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	**54 55** CONTROL/ TRACTION LOSS	**56 57** CONTROL/ TRACTION LOSS	**58 59** AVOID COLLISION WITH VEH.	**60 61** AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER / (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	**64 65** LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	**68 69** INITIAL OPPOSITE DIRECTIONS	**71 70 73 72** INITIAL SAME DIRECTIONS		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	**76 77** / **79 78** TURN INTO SAME DIRECTION	**80 81 83 82** TURN INTO OPPOSITE DIRECTIONS		(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	**87 86**	**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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	_79_	3. Vehicle Number	_01_
2. Case Number – Stratum	_02 1 A_		

VEHICLE IDENTIFICATION

VIN _1 B 4 G K 5 4 R 1 M X_ ~~■■■■■~~ Model Year _91_

Vehicle Make (specify): _DODGE_   Vehicle Model (specify): _GRAND CARAVAN_

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	ENTIRE FRONT	SAME
✱ STANDS SET 190.5" FOR R PLANE		

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.

Specific Impact Number	Plane of C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	BUMPER	57	~~56~~ 15.4	57	3.5	4.5	7.1	9.5	11	15.4	
	-F.S.		4		4	1	0	0	1	4	
	RESULT		11.4		0	3.5	7.1	9.5	10	11.4	∅

HS Form 435A (Rev. 1/91)

VEHICLE DAMAGE SKETCH

TIRE — WHEEL DAMAGE

a. Rotation physically restricted   b. Tire deflated

	a. restricted	b. deflated
RF	1	1
LF	2	2
RR	2	2
LR	2	2

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

TYPE OF TRANSMISSION

☐ Manual   ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	119
Overall Length	190.5
Maximum Width	72.2
Curb Weight	3090
Average Track	58
Front Overhang	
Rear Overhang	
Engine Size: cyl./ displ.	2.5
Undeformed End Width	62

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

RF 0 / 2 °
LF ± ____ °
RR ± ____ °
LR ± ____ °

Within ± 5 degrees

DRIVE WHEELS

☐ FWD   ☒ RWD   ☐ 4WD

Approximate Cargo Weight __0__

Original Bumper height

58 "

58 "

40 "

147.5   POST-CRASH   37

Bumper corner ____ "   ____ "   37 " Bumper corner
Stringline ____ "   158.5   40 " Stringline
190.5

POST-CRASH   175
Bumper corner 59 "   ____ "   ____ " Bumper corner
Stringline 40 "   157.5   ____ " Stringline
T 90.5

REST No Wheel DAM.

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30 — Vehicle Number

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

  _____

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

  _____

- (39) Noncollision — details unknown

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

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

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

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

  _____

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

  _____

- (69) Unknown fixed object

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

  _____

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

  _____

- (89) Unknown nonfixed object

- (98) Other event (specify):

  _____

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
0 1	7 1	1 1 4	_ _	F	D	E	W	0 3 or
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _
_ _	_ _	_ _ _	_ _	_	_	_	_	_ _

1. Primary Sampling Unit Number **79**

2. Case Number — Stratum **02 1 A**

3. Vehicle Number **01**

INTEGRITY

4. Passenger Compartment Integrity **06**

(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):

_____

(99) Unknown

Door, Tailgate Or Hatch Opening

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

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

_____

(9) Unknown

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

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

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

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

_____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

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

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

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

Type of Window/Windshield Glazing **2**

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

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

_____

(9) Unknown

Window Precrash Glazing Status **2**

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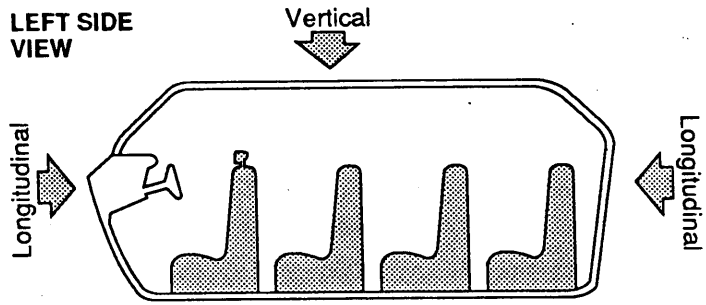44. BL **0** 45. Roof **0** 46. Other **0**

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

INTRUSION WORK SHEET

TOP VIEW — Longitudinal / Lateral / Lateral / Longitudinal

LEFT SIDE VIEW — Vertical / Longitudinal / Longitudinal / Vertical

RIGHT SIDE VIEW — Vertical / Longitudinal / Longitudinal / Vertical
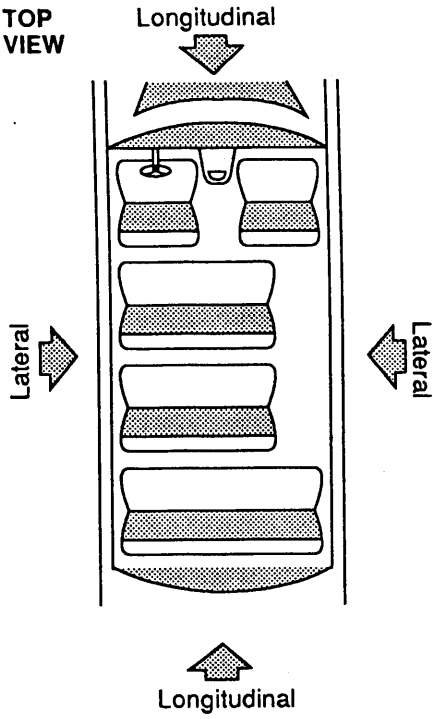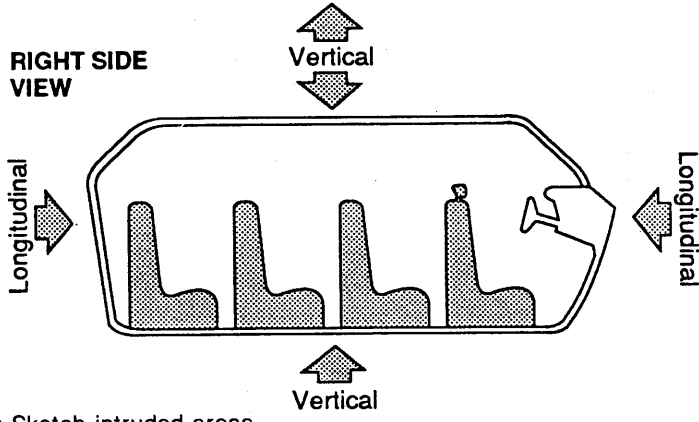
Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

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

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

		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 _____

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

LOCATION OF INTRUSION

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

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

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

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

(97) Catastrophic
(98) Other enclosed area (specify):

_____

(99) Unknown

INTRUDING COMPONENT

Interior Components
(01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (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
	-		=	
	-		=	
	-		=	
	-		=	

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   *00*
Deformation

(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

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

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

INSTRUMENT PANEL

94. Odometer Reading   *221,000*
*141*_____miles—Code mileage to the
nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown
Source:▉▉▉▉▉_____

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

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

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

GEAR SELECTOR

Instrument Panel

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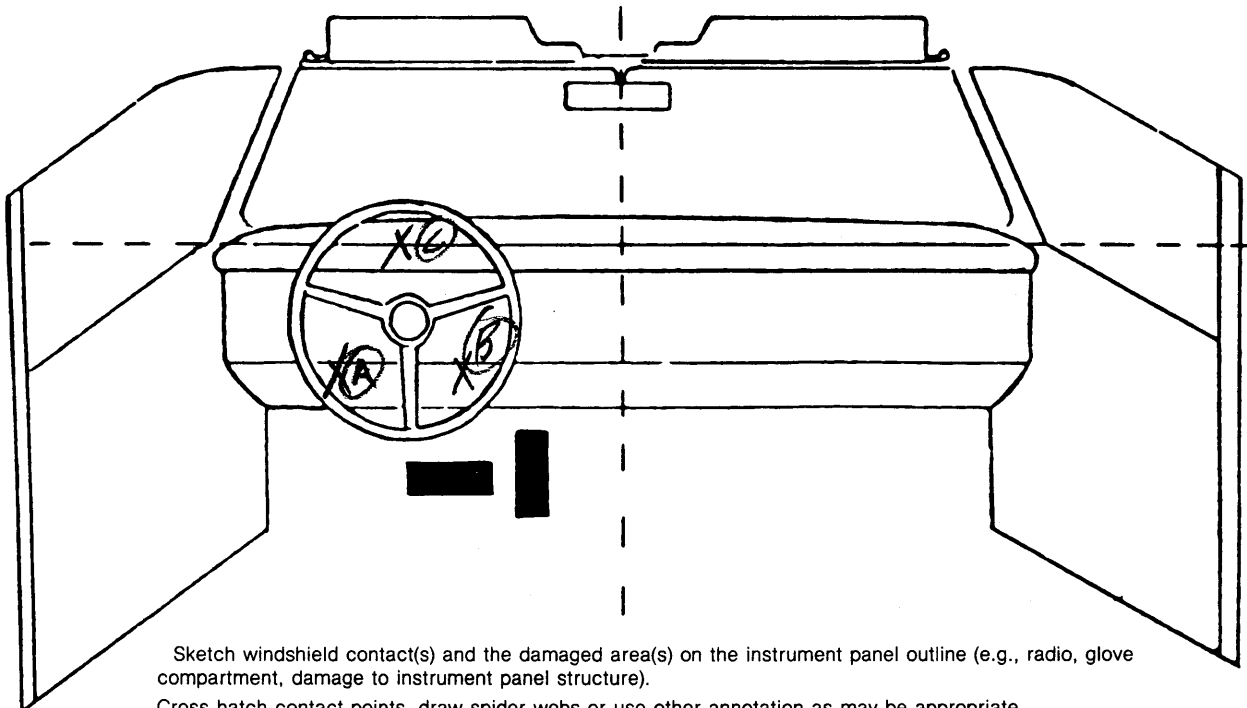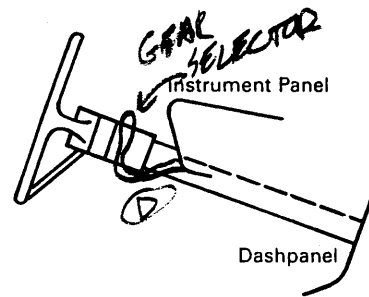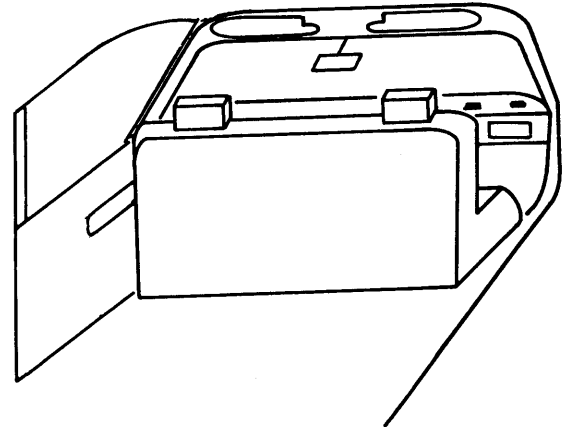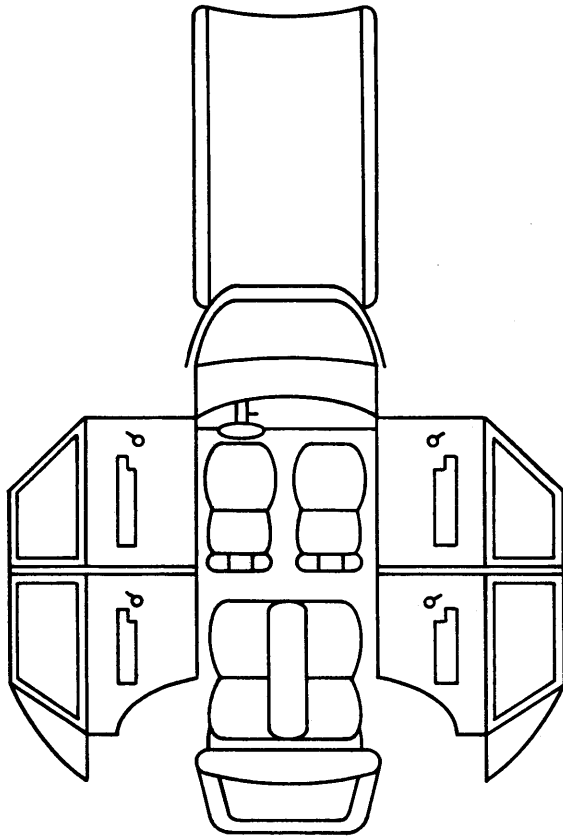
Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

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	L(2)DASH	1	KNEE	SKN TRANS or FABRIC	1
B	L(C) "	"	"	"	↑
C	(L)DASH	1	HAND	SMUDGED	
D	GEAR SELECTOR 1		HAND	BENT TO DASH	
E					
F					
G					
H					
I					
J					
K	→ BEHIND STEERING WHEEL				
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			
	Function			
	Failure			

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 eqipped/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		4
	Use	0		0
	Failure Modes	0		0
SECOND	Availability	4		4
	Use	0		0
	Failure Modes	0		0
THIRD	Availability	3	3	3
	Use	0	0	0
	Failure Modes		0	0
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	—	01
	Seat Performance	1		1
SECOND	Head Restraint Type/Damage	3	0	3
	Seat Type	08 ?		08 ?
	Seat Performance	1		1
THIRD	Head Restraint Type/Damage	0	0	0
	Seat Type		03	03
	Seat Performance		1	1
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 [X]   Yes [ ]

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

_____

_____

_____

_____

_____

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

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

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

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

_____

  (9) Unknown

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

_____

  (5) Integral structure
  (8) Other medium (specify):

_____

  (9) Unknown

Medium Status (Immediately Prior to Impact)
  (1) Open
  (2) Closed
  (3) Integral structure
  (9) Unknown

ENTRAPMENT   No [X]   Yes [ ]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s): _____

_____

(Note in vehicle interior diagram)

PSY 79-021A V1 O1

26. Seat Type (This Occupant Position)   *06*
- (00) Occupant not seated or no seat   *01*
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench   *NASS Cdng Chg 1st Rev 3 E*
- (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

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

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

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

1991

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

UPDATE FORM

1. Primary Sampling Unit Number   79

2. Case Number - Stratum   021A

3. Vehicle Number   01

4. Occupant Number   01

Driver or Occupant N

Addr

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
GV12. Alcohol Test Result Result for Driver	99	16	OA18. Manual (Active) Belt System Use	00	00
GV39. Other Drug Specimen Test Type for Driver	9	0	OA21. Air Bag System Availability/Function	1	1
GV40.-GV41. Narcotic Drug	99 00	00	OA22. Air Bag System Deployment	1	1
GV42.-GV43. Depressant Drug	99 00	00 01	OA35. Treatment - Mortality	1	1
GV44.-GV45. Stimulant Drug	99 00	00 01	OA36. Type of Medical Facility (for Initial Treatment)	1	1
GV46.-GV47. Hallucinogen Drug	99 00	00	OA37. Hospital Stay	00	00
GV48.-GV49. Cannabinoid Drug	99 00	00	OA38. Working Days Lost	62	62
GV50.-GV51. Phencyclidine (PCP)	99 00	00 01	OA39. Time to Death	01	01
GV52.-GV53. Inhalant Drug	99 00	00	OA40. 1st Medically Reported Cause of Death	99	02
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	99 00	00	OA41. 2nd Medically Reported Cause of Death	00	01
			OA42. 3rd Medically Reported Cause of Death	00	___
OA05. Occupant's Age	35	35	OA43. Number of Recorded Injuries for This Occupant	00	___
OA06. Occupant's Sex	1	1			
OA07. Occupant's Height	66	66	OA44. Automatic (Passive) Belt System Availability/Function	0	___
OA08. Occupant's Weight	170	168			
OA17. Manual (Active) Belt System Availability	4	4	OA45. Automatic (Passive) Belt System Use	0	___

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. _9_	6. _U_	7. _U_	8. _U_	9. _U_	10. _7_	11. _97_	12. _9_	13. _7_	14. _00_
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.

BOTTOMED OUT. AIR BAG INTERACTED WITH STEERING WHEEL

| | 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. 1	6. C	7. C	8. L	9. H	10. 5	11. 06	12. 1	13. 1	14. 00
2nd	15. 1	16. C	17. C	18. C	19. H	20. 4	21. 06	22. 1	23. 1	24. 00
3rd	25. 1	26. C	27. C	28. C	29. H	30. 4	31.	32.	33.	34.
4th	35. 1	36. C	37. C	28. F	39. S	40. 2	41. 06	42. 1	43. 1	44. 00
5th	45. 1	46. K	47. R	48. L	49. I	50. 1	51. 10	52. 2	53. 1	54. 00
6th	55. 1	56. K	57. R	58. C	59. I	60. 1	61. 10	62. 2	63. 1	64. 00
7th	65. 1	66. K	67. R	68. A	69. I	70. 1	71. 10	72. 2	73. 1	74. 00
8th	75. 1	76. K	77. L	78. L	79. I	80. 1	81. 09	82. 2	83. 1	84. 00
9th	85. 1	86. K	87. L	88. C	89. I	90. 1	91. 09	92. 2	93. 1	94. 00
10th	95. 1	96. K	97. L	98. A	99. I	100. 1	101. 09	102. 2	103. 1	104. 00

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

F 433C 2—M 340

OCCUPANT INJURY DATA

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

F-433C-3—M-34c

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.)

TRIVIAL LACERATION. ABRASION AND CONTUSION OF KNEES

6 CODES   UNSPEC.
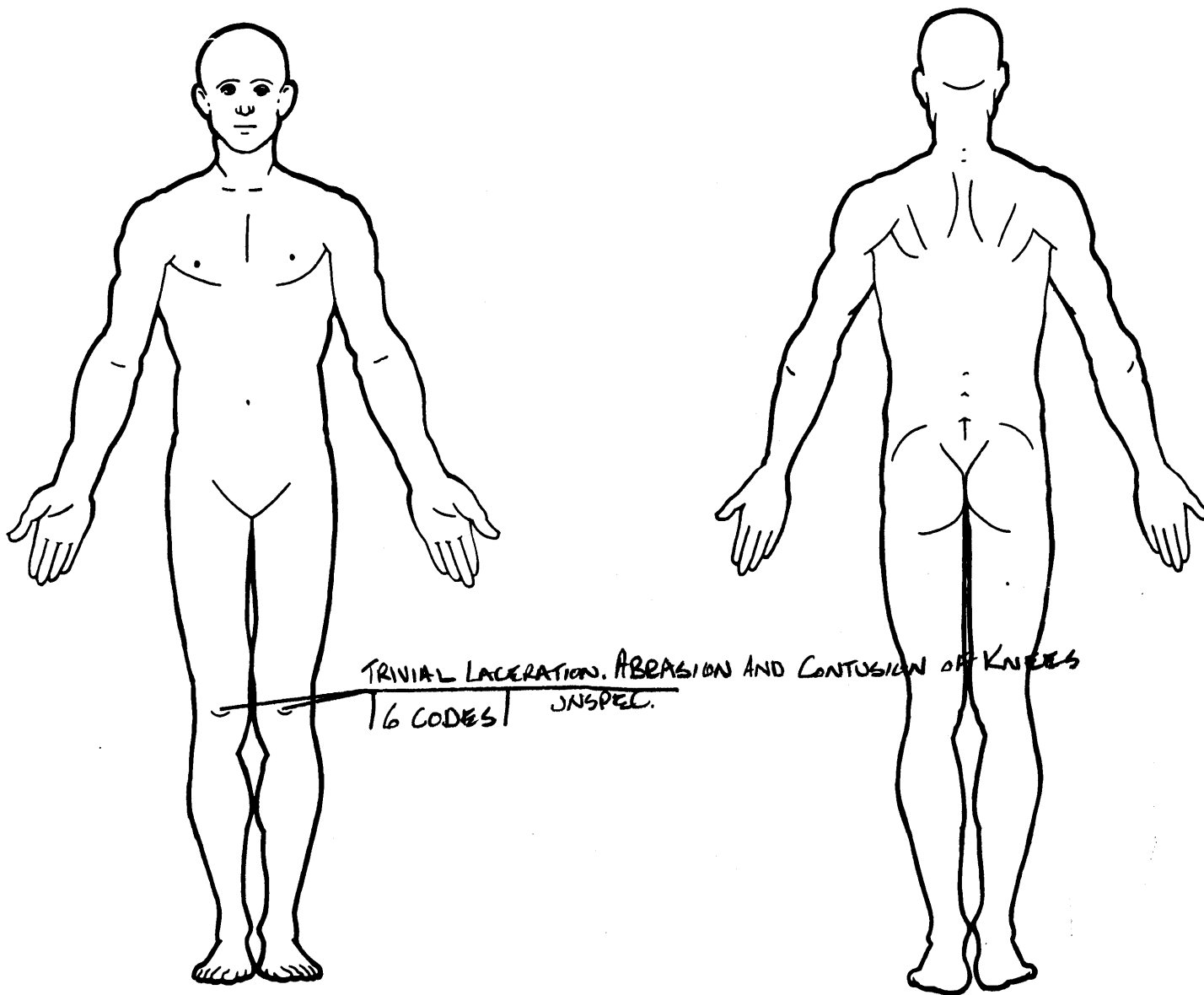
SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

(9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

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

(25) Left side window glass or frame

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

RIGHT SIDE

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

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

INTERIOR

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

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

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

(49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

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

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

(W) Wrist—hand

Aspect of Injury

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

Lesion

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

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

System/Organ

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

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

Abbreviated Injury Scale

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

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.)

("MASSIVE CRUSH FRACTURE")

CCFS-2

FRACTURE OF STERNUM
UNSPEC.

EXTENDS TO THE STERNOCOSTAL
ARTICULATIONS OF THE
4th RIB, BILATERAL

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.)

(FULL THICKNESS LACERATION OF THE ANTERIOR WALL OF THE RIGHT VENTRICLE. 4CM X 1CM

LACERATION TO HEART (CCLH5 UNSPEC.

HEMOPERICARDIUM CCCH4 UNSPEC.

1CM CONTUSION of INTERVENTRICULAR SEPTUM (CCCH4 UNSPEC.
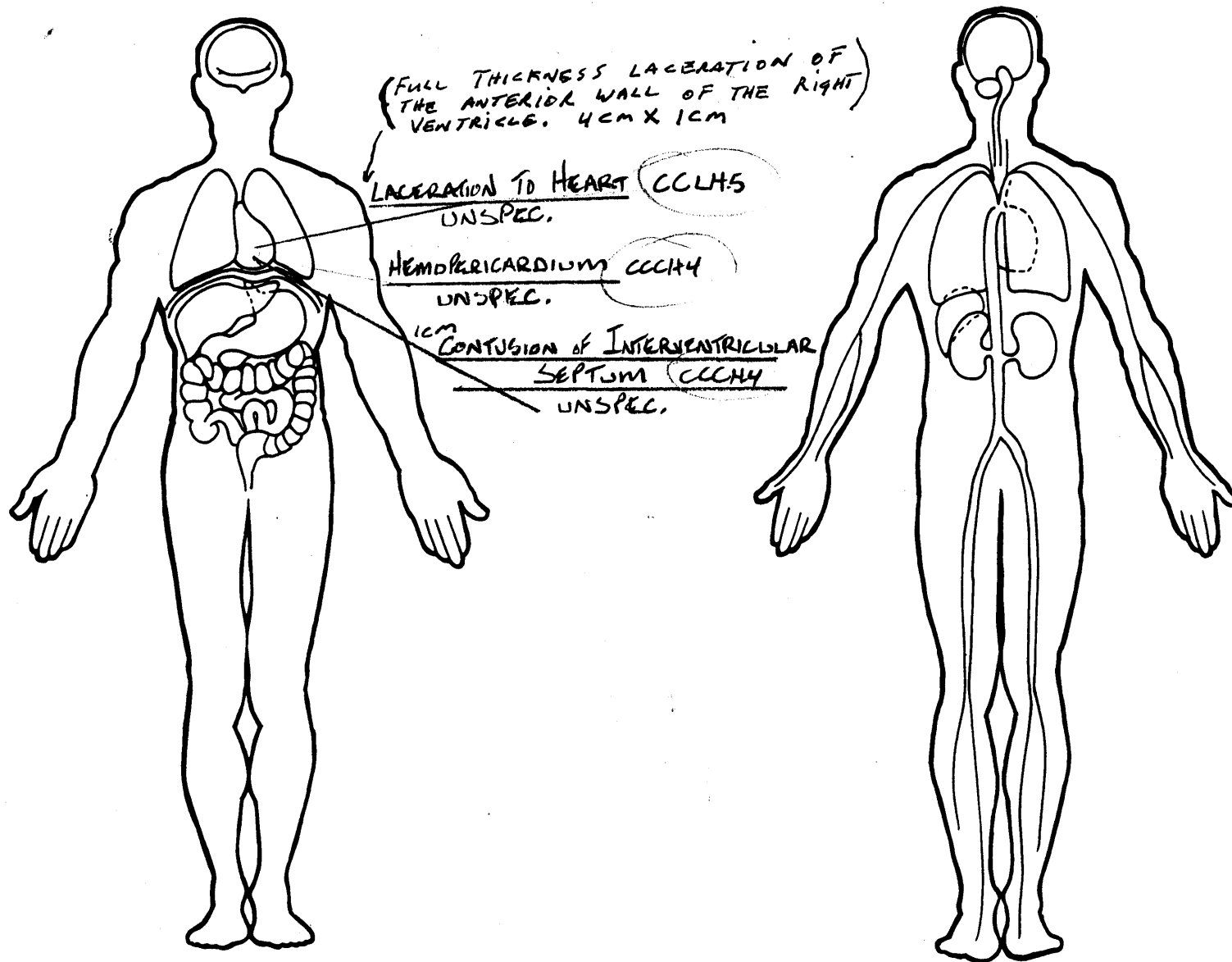
PSU Number   _79_

Case Number   _021 A (191)_

Vehicle Number   _02_

GENERAL VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑   Entire Form

[]   Page Number (s) _____

EXTERIOR VEHICLE FORM
PARKED VEH.

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	79	3. Vehicle Number	02
2. Case Number – Stratum	021 A		

VEHICLE IDENTIFICATION

VIN _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Model Year _58_

Vehicle Make (specify): _CHEVROLET_   Vehicle Model (specify): _Bel Air_

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	LR Corner /Inward	Entire Rear	C1
✱ Stands Set 198"			

CRUSH PROFILE

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

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

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

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

Specific Impact Number	Plane of C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Bumper	54	C1/40.5	54	40.5	37.8	35.25	32.7	29.55	7.40	
	F.S.		2		2	2	2	2	2	2	
	Result		38.5		38.5	35.8	33.25	30.3	27.55	5.40	0
		✱	11.1		11.1	11.1	11.1	11.1	11.1	11.1	
			49.6		49.6	46.9	44.35	41.4	38.65	16.5	
	✱ 11.1" added for OAL of 209.1 ; stands set by PSU @ 198.										

HS Form 435A (Rev. 1/90)

VEHICLE DAMAGE SKETCH

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

RF ___   RF ___

LF ___   LF ___

RR ___   RR ___

LR ___   LR ___

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

TYPE OF TRANSMISSION

☐ Manual   ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase   * ~~Ok.~~ 117.5

Overall Length   1958   ~~20.9~~ 209.1

Maximum Width   80.8

Curb Weight   ~~3500~~ 35A

Average Track   62.5 | 62.4

Front Overhang   _____

Rear Overhang   _____

Engine Size: cyl./ displ.   65

Undeformed End Width   65

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

RF ± ___ ___ °

LF ± ___ ___ °

RR ± ___ ___ °

LR ± ___ ___ °

Within ±5 degrees

DRIVE WHEELS

☐ FWD   ☐ RWD   ☐ 4WD

Approximate   Ø
Cargo Weight _____

Original
Bumper height

HOLE
GOUGED

POST-CRASH

44.5

Bumper corner 50"   118.5   47.5" Bumper corner

Stringline 32"   47.5 Stringline

DIRECT
FROM
CURB

POST-CRASH

Bumper corner 40.5"   119.5"   30" Bumper corner

Stringline 46.5"   32" Stringline

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

PSU 79-0214 V₂

01-30 — Vehicle Number

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

_____

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

_____

- (39) Noncollision—details unknown

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

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

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

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

_____

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

_____

- (69) Unknown fixed object

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

_____

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

_____

- (89) Unknown nonfixed object

- (98) Other event (specify):

_____

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	180	__	B	D	E	W	05
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__
__	__	__	__	__	__	__	__	__

PSU Number   79

Case Number   021A (991)

Vehicle Number   02

INTERIOR VEHICLE FORM

The following data is not included in this case:

☑ Entire Form

[] Page Number (s) _____

PSU Number   79

Case Number   021A (1991)

Vehicle Number   02

Occupant Number   01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓]   Entire Form

[]   Page Number (s) _____

PSU Number ___79___

Case Number ___021A(1991)___

Vehicle Number ___02___

Occupant Number ___01___

OCCUPANT

INJURY

FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ ENTIRE FORM

[] PAGE NUMBER (S) _____

US Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY
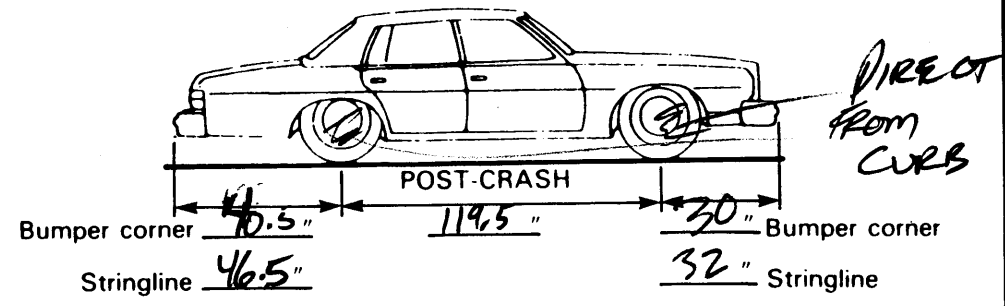
Identifying Title

7 9   0 2 1 A   0 1   ▬▬▬ 9 1

Primary Sampling Unit	Case No. – Stratum	Accident Event Sequence No.	Date (month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	91	DODGE	CARAVAN	1
Vehicle 2	58	CHEVROLET	BEL AIR	2

GENERAL INFORMATION

VEHICLE 1

Size

Weight 3090 + 170 + 0 = 3260 5

    Curb   Occupant(s)   Cargo

CDC   1 Z F D E W 2

PDOF   0 1 0

Stiffness   7

VEHICLE 2

'61

3519 – 58

Size

Weight 3655 + ∠ + ∠ = 3655 5

    Curb   Occupant(s)   Cargo

CDC   0 6 B D E W 5

PDOF   ∠ 9 0

Stiffness   5

SCENE INFORMATION

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

HS Form 435D (1/91)

FRICTION INFORMATION

Coefficient of Friction   . __ __ __

Rolling Resistance Option   __

Vehicle 1 Rolling Resistance

LF __ . __ __   RF __ . __ __

LR __ . __ __   RR __ . __ __

Vehicle 2 Rolling Resistance

LF __ . __ __   RF __ . __ __

LR __ . __ __   RR __ . __ __

TRAJECTORY INFORMATION

Trajectory Data   [ ] No   [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF __ __ __   RF __ __ __

LR __ __ __   RR __ __ __

Vehicle 2 Steer Angles

LF __ __ __   RF __ __ __

LR __ __ __   RR __ __ __

Terrain Boundary   [ ] No   [ ] Yes

First Point

X __ __ __ . __   Y __ __ __ . __

Second Point

X __ __ __ . __   Y __ __ __ . __

Secondary Friction Coefficient   . __ __ __ __

DAMAGE INFORMATION

VEHICLE 1

Damage Length   __ 6 2 . __ __

Crush Depths
- C1 __ 0 . __ __
- C2 __ 3 . 5 __
- C3 __ 7 . 1 __
- C4 __ 9 . 5 __
- C5 ∠ 0 . __ __
- C6 1 1 . 4 __

Damage Offset   ∅ __ __ ∅ . __ __

VEHICLE 2

Damage Length   __ 6 5 . __ __

Crush Depths
- 49.6   C1 __ 3 8 . 5 __
- 46.9   C2 __ 3 5 . 8 __
- 44.4   C3 __ 3 2 . 2 5
- 41.4   C4 __ 3 0 . 3 __
- 38.7   C5 __ 2 7 . 5 5
- 16.5   C6 __ 5 . 4 0

Damage Offset   ∅ __ __ ∅ . __ __

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

Model Year: 58

Make: CHEVROLET

Model: BEL AIR

VIN: NOT OBTAINED

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

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

⚹SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

79021A

SPEED CHANGE		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
(DAMAGE)	VEH #1	36.0	-35.4	-6.2	10.0
	VEH #2	32.1	31.6	5.6	-170.0

ENERGY DISSIPATED BY DAMAGE   VEH#1: 38665.7 FT-LB   VEH#2:238168.4 FT-LB

need detailed results

PRESS ANY KEY TO CONTINUE
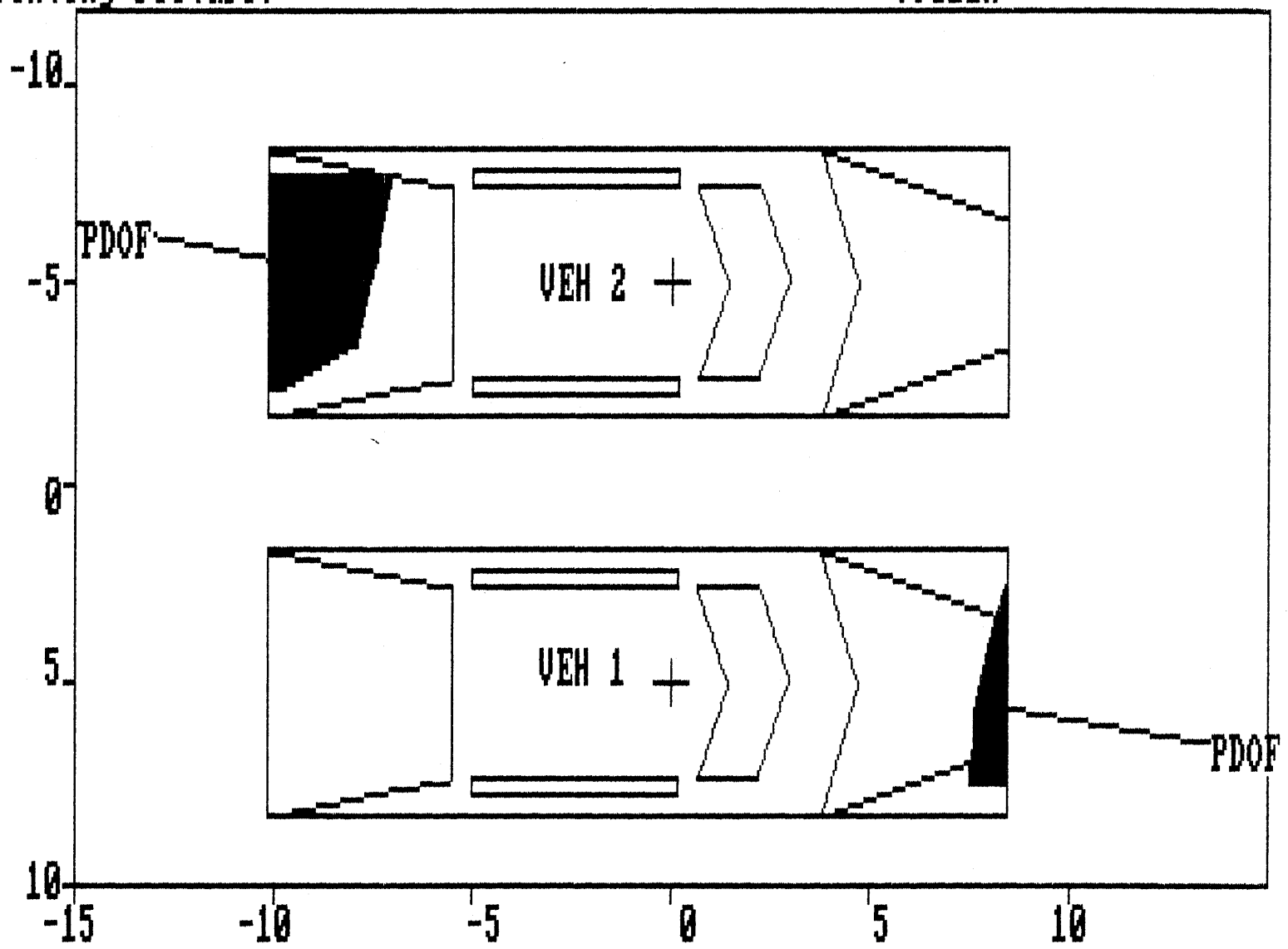
DAMAGE DESCRIPTION

ZC3 → reran due to modified C-values

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

79 021a

SPEED CHANGE		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
(DAMAGE)	VEH #1	45.5	-45.4	-4.0	5.0
	VEH #2	42.2	42.0	3.7	-175.0

ENERGY DISSIPATED BY DAMAGE   VEH#1: 37786.8 FT-LB   VEH#2: 401078.8 FT-LB

SUMMARY OF DAMAGE DATA   (* INDICATES DEFAULT VALUE)
      VEHICLE # 1   VEHICLE # 2

	VEHICLE # 1			VEHICLE # 2	
TYPE---------CATEGORY	5		TYPE---------CATEGORY	5	
STIFFNESS----CATEGORY	7		STIFFNESS----CATEGORY	5	
WEIGHT-------	3260.0 LBS.		WEIGHT-------	3519.0 LBS.	
CDC----------12FDEW2			CDC----------06BDEW5		
L------------	62.0 IN.		L------------	65.0 IN.	
C1-----------	.0 IN.		C1-----------	49.6 IN.	
C2-----------	3.5 IN.		C2-----------	46.9 IN.	
C3-----------	7.1 IN.		C3-----------	44.4 IN.	
C4-----------	9.5 IN.		C4-----------	41.4 IN.	
C5-----------	10.0 IN.		C5-----------	38.7 IN.	
C6-----------	11.4 IN.		C6-----------	16.5 IN.	
D------------	.0		D------------	.0	
RHO----------	1.00	*	RHO----------	1.00	*
ANG----------	5.0 DEG.		ANG----------	-175.0 DEG.	
D'-----------	8.1 IN.		D'-----------	-3.2 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	56.1	IN.	A2	=	56.1	IN.
B1	=	63.0	IN.	B2	=	63.0	IN.
TR1	=	63.7	IN.	TR2	=	63.7	IN.
I1	=	34244.4	LB-SEC**2-IN	I2	=	36965.1	LB-SEC**2-IN
M1	=	8.476	LB-SEC**2/IN	M2	=	9.150	LB-SEC**2/IN
XF1	=	101.8	IN.	XF2	=	101.8	IN.
XR1	=	-121.9	IN.	XR2	=	-121.9	IN.
YS1	=	39.9	IN.	YS2	=	39.9	IN.
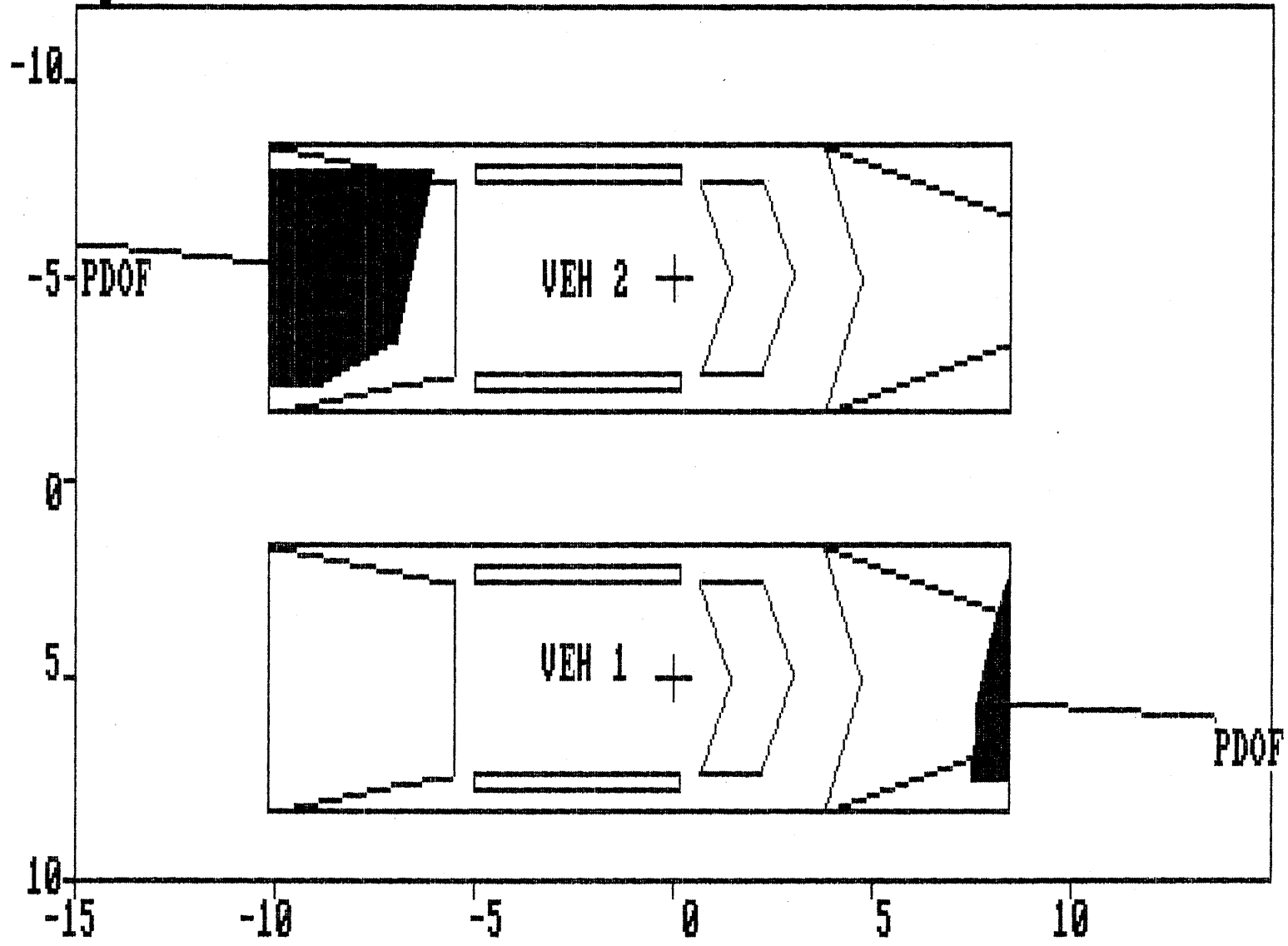
DAMAGE DESCRIPTION

1991 ACCIDENT FORM

1. PSU Number   79
2. Case Number   021A

IDENTIFICATION
3. No. of G.V. Forms Sub. 01   4. Accident Date ████ 91   5. Accident Time 0220

SPECIAL STUDIES INDICATORS
6. SS12   O   7. SS13 O   8. SS14 O   9. SS15 O   10. SS16 O

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. 13	015. F	016. 71	017. 00	018. O

****

1991 GENERAL VEHICLE FORM

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number 01

VEHICLE IDENTIFICATION
4. Model Year   91   5. Make   07
6. Model   472   7. Body Type   20
8. VIN   1B4GK54R1MX████

OFFICIAL RECORDS
9. Police Reported Disposition   1   10. Police Reported Travel Speed   99
11. Police Rep. Alcohol Presence   9   12. Alcohol Test Result for Driver 99

ACCIDENT RELATED
13. Speed Limit   35   14. Attempted Avoid. Manuever   01
15. Accident Type   11

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   040   20. Vehicle Cargo Weight   00

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

OVERRIDE/UNDERRIDE (this vehicle)
25. F O   26. R O

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
27. Heading Angle This Vehicle   275   28. Heading Angle Other Vehicle 270
29. Basis for Total Delta V   1

COMPUTER GENERATED DELTA V

30. Total Delta V	36
31. Longitudinal Component of Delta V	-35
32. Lateral Component of Delta V	-06
33. Energy Absorption	0387
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	9
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 EXTERIOR FORM

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01

                    COLLISION DEFORMATION CLASSIFICATION
                          HIGHEST DELTA "V"

| | | | | Specific Longitud. or lat. Location | Specific Vertical or Lateral Location | Type of Damage Distrib. | Deform. Extent |
Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location				
4. 01	5. 71	6. 12	7. F	8. D	9. E	10. W	11. 02

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
     062   00 04 07 10 10 11   000

SECOND HIGHEST DELTA "V"

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

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

28.   Original Wheelbase 119.0

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

1991 VEHICLE INTERIOR FORM

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment   06

Door, Tailgate or Hatch opening
5. LF 1   6. RF 1   7. LR 0   8. RR 0   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 0   16. LF 0   17. RF 0   18. LR 0   19. RR 0
20. BL 0   21. Roof 8   22. Other 0

Glazing Damage from Occupant Contact
23. WS 0   24. LF 0   25. RF 0   26. LR 0   27. RR 0
28. BL 0   29. Roof 0   30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 0   32. LF 0   33. RF 0   34. LR 0   35. RR 0
36. BL 0   37. Roof 0   38. Other 0

Window Precrash Glazing Status
39. WS 0   40. LF 0   41. RF 0   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.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
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   001,000   95. Instrument Panel Damage   1
96. Knee Bolsters Deformed 8   97. Glove Door Open   0

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01
4. Occupant Number   01

OCCUPANT'S CHARACTERISTICS
5. Age 35   6. Sex 1   7. Height 66   8. Weight 170   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   OO
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   7
25. Head Restraint Type/Damage by Occupant at this Position   1
26. Seat Type   08   27. Seat Performance   1

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

INJURY CONSEQUENCES
34. Severity (Police Rating)   4   35. Treatment - Mortality   1
36. Type of Med. Facility (Initial) 1   37. Hospital Stay   OO
38. Working Days Lost   62   39. Time to Death   01

MEDICALLY REPORTED CAUSE OF DEATH
40. Cause #1   99   41. Cause #2   OO   42. Cause #3   OO
43. Number of Recorded Injuries   OO

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

HH0581   2   If MANUAL BELT USE OA18 equals 00 or 01, then REPORTED RESTRAINT
HH0582   USE OA24 should equal 0, 1 or 9.

HH0961   2   If POLICE SEVERITY OA34 equals 2-4, then RECORDED INJURIES OA43
HH0962   should equal 01-97.

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.

****

             VEH NUM = 01   OCCUPANT NUM = 01
             VEH NUM = 01   OCCUPANT NUM = 01
             VEH NUM = 01
GH0091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
GH0092   AVAILABILITY/FUNCTION OA21 should equal 0.
             VEH NUM = 01   OCCUPANT NUM = 01

GH0161   2   If TOTAL DELTA V GV30 is greater than or equal to 25, and less
GH0162   than 99, then RECORDED INJURIES OA43 should not equal 00.
             VEH NUM = 01   OCCUPANT NUM = 01

GT0011   2   If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GT0012   than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GT0013   greater than or equal to 2.
             VEH NUM = 01

EH0011   2   If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012   should be greater than 03.
             VEH NUM = 01   OCCUPANT NUM = 01

HT0051   2   If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052   OI10(n) should be 2-7.

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	3	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	5	
Total Case Errors	0	0	8	

Zou 3   (1)

●●●-91

No mpe Errors

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01

VEHICLE IDENTIFICATION
4. Model Year   91   5. Make   07
6. Model   472   7. Body Type   20
8. VIN   1B4GK54R1MX████

OFFICIAL RECORDS
9. Police Reported Disposition   1   10. Police Reported Travel Speed   99
11. Police Rep. Alcohol Presence   9   12. Alcohol Test Result for Driver 99

ACCIDENT RELATED
13. Speed Limit   35   14. Attempted Avoid. Manuever   01
15. Accident Type   11

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   031 20. Vehicle Cargo Weight   00

RECONSTRUCTION DATA
21. Towed Trailing Unit   0   22. Trajectory Data Documented   0
23. Post Col. Cond. of Tree/Pole   0   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   275 28. Heading Angle Other Vehicle 270
29. Basis for Total Delta V   1

COMPUTER GENERATED DELTA V
30. Total Delta V   46
31. Longitudinal Component of Delta V   -45
32. Lateral Component of Delta V   -04
33. Energy Absorption   0378
34. Confidence in Reconstruction Program Results   2
35. Type of Vehicle Inspection   1

36. Is this an AOPS vehicle?   1

----

38. Police Observation/Perception Test Type for Driver   O
39. Other Drug Specimen Test Type for Driver   O

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

****

GHO091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
GHO092   AVAILABILITY/FUNCTION OA21 should equal O.
             VEH NUM = 01   OCCUPANT NUM = 01

GHO161   2   If TOTAL DELTA V GV30 is greater than or equal to 25, and less
GHO162   than 99, then RECORDED INJURIES OA43 should not equal OO.
             VEH NUM = 01   OCCUPANT NUM = 01

GTO011   2   If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GTO012   than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GTO013   greater than or equal to 2.
             VEH NUM = 01

GTO021   2   If TOTAL DELTA V GV30 is greater than or equal to 40, and less
GTO022   than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GTO023   greater than or equal to 3.
             VEH NUM = 01

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment   06

Door, Tailgate or Hatch opening
5. LF 1 6. RF 1 7. LR 0 8. RR 0 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 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

Glazing Damage from Occupant Contact
23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 0 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 0 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.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
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   001,000   95. Instrument Panel Damage   1
96. Knee Bolsters Deformed 8   97. Glove Door Open   0

CC0191   1   If GLAZING COMPONENT IV15(n) equals 0 and CONTACT COMPONENT
CC0192   IV23(n) equals 0, then TYPE COMPONENT IV31(n) must equal 0.

****

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS
5. Age 35   6. Sex 1   7. Height 66   8. Weight 170   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   7
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) 1   37. Hospital Stay   00
38. Working Days Lost   62   39. Time to Death   01

MEDICALLY REPORTED CAUSE OF DEATH
40. Cause #1 99   41. Cause #2 00   42. Cause #3 00
43. Number of Recorded Injuries   97

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

```
HH0581   2   If MANUAL BELT USE OA18 equals 00 or 01, then REPORTED RESTRAINT
HH0582       USE OA24 should equal 0, 1 or 9.

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.

*****************************************************************************

GH0091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
GH0092       AVAILABILITY/FUNCTION OA21 should equal 0.
             VEH NUM = 01        OCCUPANT NUM = 01

EH0011   2   If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012       should be greater than 03.
             VEH NUM = 01        OCCUPANT NUM = 01

HT0051   2   If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052       OI10(n) should be 2-7.
```

Zone 3
█████-91   ②
NO MDE Errors

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 06

Door, Tailgate or Hatch opening
5. LF 1 6. RF 1 7. LR 0 8. RR 0 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 0 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 0 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 0 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 0 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.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
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   001,000   95. Instrument Panel Damage   1
96. Knee Bolsters Deformed 8   97. Glove Door Open   0

****

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01

VEHICLE IDENTIFICATION
4. Model Year   91   5. Make   07
6. Model   472   7. Body Type   20
8. VIN   1B4GK54R1MX████

OFFICIAL RECORDS
9. Police Reported Disposition   1   10. Police Reported Travel Speed   99
11. Police Rep. Alcohol Presence   9   12. Alcohol Test Result for Driver 16

ACCIDENT RELATED
13. Speed Limit   35   14. Attempted Avoid. Manuever   01
15. Accident Type   11

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   031 20. Vehicle Cargo Weight   00

RECONSTRUCTION DATA
21. Towed Trailing Unit   0   22. Trajectory Data Documented   0
23. Post Col. Cond. of Tree/Pole   0   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   275 28. Heading Angle Other Vehicle 270
29. Basis for Total Delta V   1

COMPUTER GENERATED DELTA V
30. Total Delta V   46
31. Longitudinal Component of Delta V   -45
32. Lateral Component of Delta V   -04
33. Energy Absorption   0378
34. Confidence in Reconstruction Program Results   2
35. Type of Vehicle Inspection   1

36. Is this an AOPS vehicle?   1

37. Police Reported Other Drug Presence   9

38. Police Observation/Perception Test Type for Driver   0
39. Other Drug Specimen Test Type for Driver   1

	Observation Results	Specimen Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 1
Stimulant Drug	44. 0	45. 1
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 1
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

GG0191   2   If ALCOHOL TEST GV12 equals 05-49, then REPORTED ALCOHOL
GG0192   PRESENCE GV11 should equal 1.

****

GH0091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
GH0092   AVAILABILITY/FUNCTION OA21 should equal 0.
             VEH NUM = 01   OCCUPANT NUM = 01

GT0011   2   If TOTAL DELTA V GV30 is greater than or equal to 30, and less
GT0012   than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GT0013   greater than or equal to 2.
             VEH NUM = 01

GT0021   2   If TOTAL DELTA V GV30 is greater than or equal to 40, and less
GT0022   than 99, then at least one A.I.S. SEVERITY OI10(n) should be
GT0023   greater than or equal to 3.
             VEH NUM = 01

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number   79
2. Case Number   021A
3. Vehicle Number   01
4. Occupant Number   01

OCCUPANT'S CHARACTERISTICS

5. Age 35   6. Sex 1   7. Height 66   8. Weight 160   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   7

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) 1   37. Hospital Stay   00
38. Working Days Lost   62   39. Time to Death   01

MEDICALLY REPORTED CAUSE OF DEATH
40. Cause #1   02   41. Cause #2   01   42. Cause #3   00
43. Number of Recorded Injuries   09

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

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.

****

GH0091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
GH0092   AVAILABILITY/FUNCTION OA21 should equal O.
             VEH NUM = 01   OCCUPANT NUM = 01

EH0011   2   If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012   should be greater than 03.
             VEH NUM = 01   OCCUPANT NUM = 01

HT0051   2   If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052   OI10(n) should be 2-7.

1. PSU NUMBER   79
2. CASE NUMBER   021A
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 SOURCE CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	1	C	C	L	H	5	06	1	1	00
02.	1	C	C	C	H	4	06	1	1	00
03.	1	C	C	F	S	2	06	1	1	00
04.	1	K	R	L	I	1	10	2	1	00
05.	1	K	R	C	I	1	10	2	1	00
06.	1	K	R	A	I	1	10	2	1	00
07.	1	K	L	L	I	1	09	2	1	00
08.	1	K	L	C	I	1	09	2	1	00
09.	1	K	L	A	I	1	09	2	1	00

****

```
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.

79021A00000011    914.0210000000000102200000001      91      91            91
79021A00010012    914.0210000000000113F71000
79021A01000021     4.02 0000010009107472201B4GK54R1MX         635011110101031
0000000275270146-45-040378211
79021A01000022     4.02 0000010009010001010000010000
79021A01000031     4.02 0000000017112FDEW02        062000407101011 000
           0111900001
79021A01000041     4.02 0000000006110000000000600080000000000002000000200000
79021A01000042     4.02 000000000
           2         000001180
79021A01010051     4.02 0000010003516616011190000040000111730110000000000004110
06010201000900000
79021A01010161     4.02 0000000001CCLH5061100
79021A01010261     4.02 0000000001CCCH4061100
79021A01010361     4.02 0000000001CCFS2061100
79021A01010461     4.02 0000000001KRLI1102100
79021A01010561     4.02 0000000001KRCI1102100
79021A01010661     4.02 0000000001KRAI1102100
79021A01010761     4.02 0000000001KLLI1092100
79021A01010861     4.02 0000000001KLCI1092100
79021A01010961     4.02 0000000001KLAI1092100
79021A88888888    914.0010000000000YY0101YYY0101Y0000000000000000000000000000000
00000000
79021A99999999    914.00100000000000000000000000010000000000000000000000040000
0000000000000000
   GH0091   2   If BODY TYPE GV07 is not equal to 01-06, then AIR BAG
   GH0092       AVAILABILITY/FUNCTION OA21 should equal 0.
               VEH NUM = 01      OCCUPANT NUM = 01

   EH0011   2   If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
   EH0012       should be greater than 03.
               VEH NUM = 01      OCCUPANT NUM = 01
```

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN   1991

CURRENT VERSION: 4.02

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	4	

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number _79_

Case Number—Stratum _021A_

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-8	1	WEST	DIRECTION OF TRAVEL (DIT) TO P.O.I. & F.R.P.
9	2	"	DIT TO FURTHER IMPACT (PKD.VEH. TO PKD.VEH.)
10-12	1	EAST	OPP. DIT FROM F.R.P.
13		"	R.L.
14		NORTH	R.P
15-23	2		EXTERIOR OF PKD. VEH.
24-36	1		EXTERIOR
37-45	1		INTERIOR

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

PSU 79-021A (1991) #1

PSU 79-021A (1991) #2
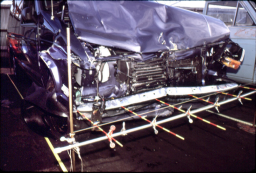
PSU 79-021A (1991) #3

PSU 79-021A (1991) #4

PSU 79-021A (1991) #5

PSU 79-021A (1991) #6

PSU 79-021A (1991) #7

PSU 79-021A (1991) #8

PSU 79-021A (1991) #9

PSU 79-021A (1991) #10

PSU 79-021A (1991) #11

PSU 79-021A (1991) #13

PSU 79-021A (1991) #15
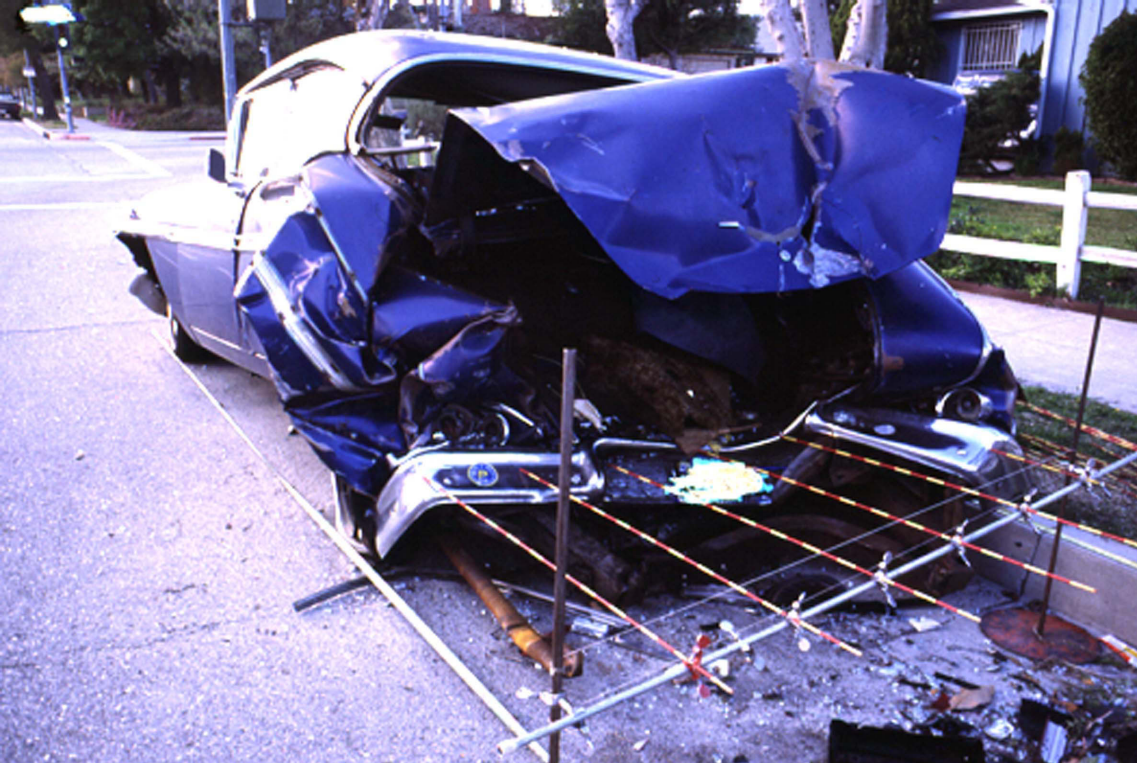
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PSU 79-021A (1991) #18

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PSU 79-021A (1991) #20

PSU 79-021A (1991) #21

PSU 79-021A (1991) #22
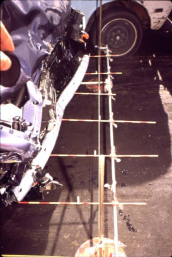
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PSU 79-021A (1991) #25

PSU 79-021A (1991) #26

PSU 79-021A (1991) #27

PSU 79-021A (1991) #29

PSU 79-021A (1991) #30

PSU 79-021A (1991) #31

PSU 79-021A (1991) #32

PSU 79-021A (1991) #33

PSU 79-021A (1991) #34

PSU 79-021A (1991) #35

PSU 79-021A (1991) #36

PSU 79-021A (1991) #37

PSU 79-021A (1991) #38

PSU 79-021A (1991) #39

PSU 79-021A (1991) #40

PSU 79-021A (1991) #41

PSU 79-021A (1991) #42

PSU 79-021A (1991) #43

PSU 79-021A (1991) #44

PSU 79-021A (1991) #45