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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

US Department of Transportation
National Highway Traffic Safety Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 82 CASE NO. 057 A TYPE OF ACCIDENT CAR/CAR - HEAD ON

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 west bound in the left lane of a 4-lane, 2-way overpass which has a center C curb barrier. Vehicle #2 was east bound in the left lane of the same overpass. Vehicle #1 crossed the C curb to the left striking Vehicle #2 head on. Vehicle #1 continued over the top of Vehicle #2 as Vehicle #1 tipped to the right. Vehicle #1 then rolled onto its top. The driver of Vehicle #2 was killed. The driver of Vehicle #1 was transported to a local hospital. Both vehicles were towed due to damage.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Full size	75/Chevrolet/Nova	front	severe	latch/striker/ structure failure
2	Subcompact	90/Geo/Storm	front	severe	structure/latch failure

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	front left	unknown	(L)+(R) ankles ~~leg~~	dislocation/ fracture	3 2	floor including toe pan
2	Driver	front left	lap/shlder	chest	aortic transection	6	steering wheel, air bag, Torso belt — massive compression

DO NOT SANITIZE THIS FORM

Form 434A (1/91)

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

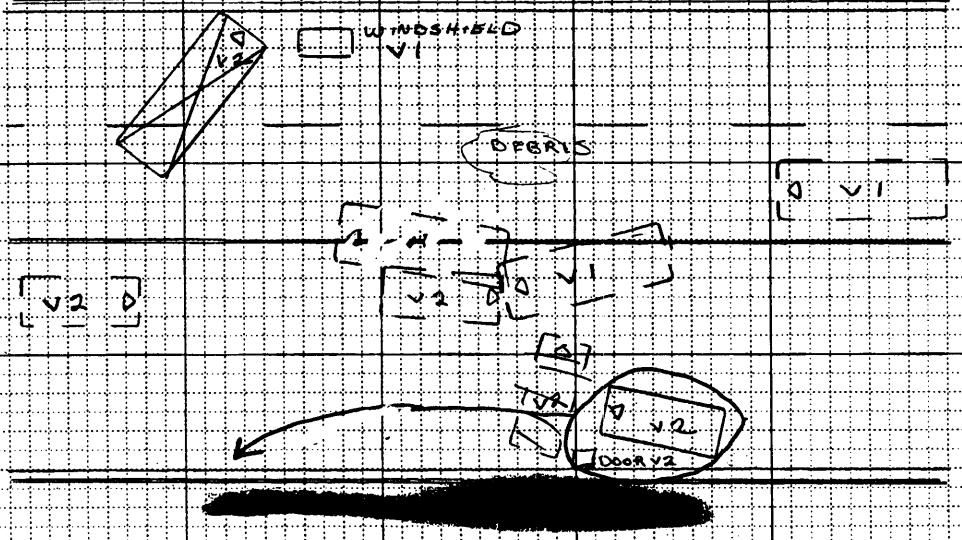
ACCIDENT COLLISION DIAGRAM

PSU No. 82

Case Number–Stratum 0571A

Indicate N North

NOT DRAWN TO SCALE



V_2 LIKELY DRIVEN BACKWARD BY COLLISION

*U.S. Government Printing Office: 1991 [redacted]

US Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 8 2 Case Number – Stratum 0 5 7 A

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

- **approximate vehicle orientation at impact and final rest**
- **applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)**
- **applicable traffic controls (e.g., speed limit)**
- **north arrow placed on diagram**
- **sketch required**

LEVEL II
PHYSICAL EVIDENCE PRESENT

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

- **document reference point and reference line relative to physical features present at the scene**
- **scaled documentation of all accident induced physical evidence**
- **scaled documentation of all roadside objects contacted**
- **roadway surface type and condition of applicable roadways**
- **grade measurements for all applicable roadways**
- **scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:**
  - a) **physical evidence, or**
  - b) **reconstructed accident dynamics**

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle			
Surface Type			
Surface Condition			
Grade Measurement (v/h)			

Reference Point: _____ Reference Line: _____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
NO SCENE EVIDENCE		
HAZARDOUS AREA		
NOTE: FINAL REST & OTHER SCENE SPECIFICS WERE		
PROVIDED BY THE MEDICAL EXAMINER &		
AIS DETECTIVES		

HS Form 431A (1/91)

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 8 2
2. Case Number – Stratum: 0 5 7 A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 0 2
4. Date of Accident (Month, Day, Year): [redacted] 9 1
5. Time of Accident: [redacted] 4 0

   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: 02 ~~03~~

    NASS Coding Change 1st Rev 3 A 2nd Rev 3

    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
(NO EVIDENCE OF IMPACT TO UNDERCARRIAGE)						B
12. 0 1	13. ~~0 1~~	14. ~~0 4~~	15. U	16. 6 3	17. 0 0	18. 0
19. 0 2	20. 0 1	21. 0 4	22. F	23. 0 2	24. 0 1	25. F
26. 0 3	27. 0 1	28. 0 4	29. T	30. 3 1	31. 0 0	32. N
33. 0 4	34. ___	35. ___	36. ___	37. ___	38. ___	39. ___
40. 0 5	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___

NASS Coding Change 1st Rev 3 A 2nd Rev 3

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDC APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle number

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

_____

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

_____

(39) Noncollision – details unknown

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

(45) Breakaway pole or post (any diameter)

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

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

_____

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

_____

(69) Unknown fixed object

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

_____

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

_____

(89) Unknown nonfixed object

(98) Other event (specify):

_____

(99) Unknown event or object

PSU 82-057A

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: 03,400
3416 Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source: [redacted]

20. Vehicle Cargo Weight: 00,000
____ 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 (for Highest Delta V): 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____
(9) Unknown

24. Rollover: 2
(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): 1

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): _____

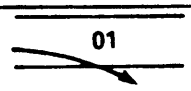
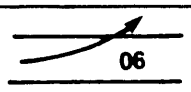
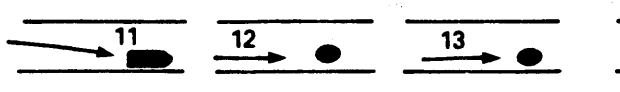
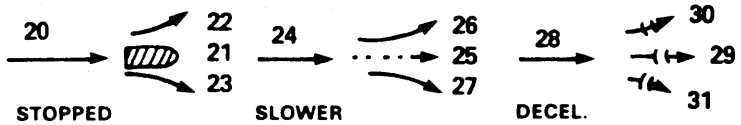
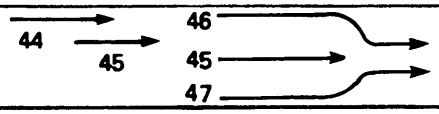
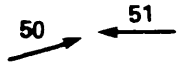
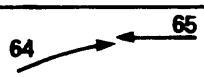
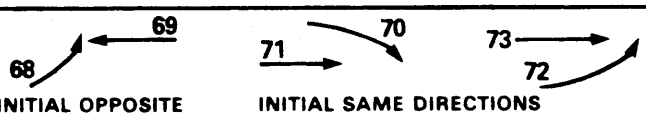
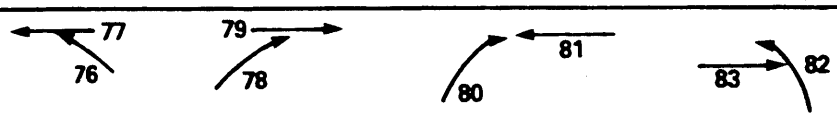
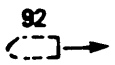
(7) Medium/heavy truck or bus override
(9) Unknown

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: 256

28. Heading Angle for Other Vehicle: 095

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	 86 87 88 89; (EACH • 90) SPECIFICS OTHER; (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH. 93 OTHER VEH. OR OBJECT; 98 Other Accident Type; 99 Unknown Accident Type; 00 No Impact

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82	3. Vehicle Number: 01
2. Case Number–Stratum: 057 A	

VEHICLE IDENTIFICATION

VIN 1Y69D5L1 [redacted] Model Year 1975

Vehicle Make (specify): Chevrolet Vehicle Model (specify): Nova

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	Corner To Corner	Same

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	F. Bumper	68	<-1	24	68	35	15	5			0
1	Free				5	0	1	5			
1	Adjusted	68	63	24	63	35	14	0			0
~~2~~	~~Undercarriage~~										
~~3~~ 2	Roll Over										

PSU 82-057A V1

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	111
Overall Length	196.7
Maximum Width	72.2
Curb Weight	3416
Average Track	(F) 61.3 (B) 59
Front Overhang	33.3
Rear Overhang	51
Engine Size: cyl./ displ.	V6/250
Undeformed End Width	68

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

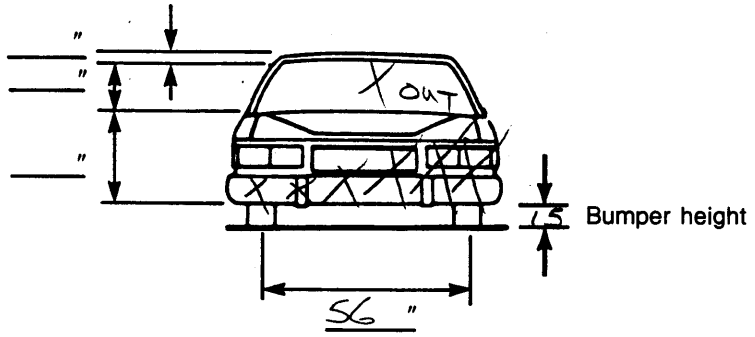
RF ± -25 °
LF ± -15 °
RR ± ___ °
LR ± ___ °

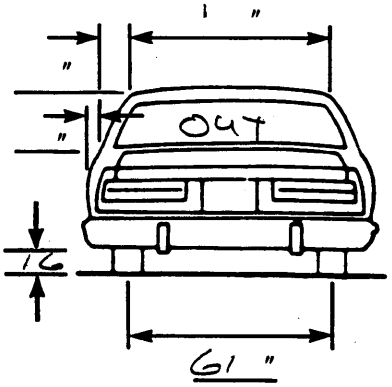
Within ±5 degrees

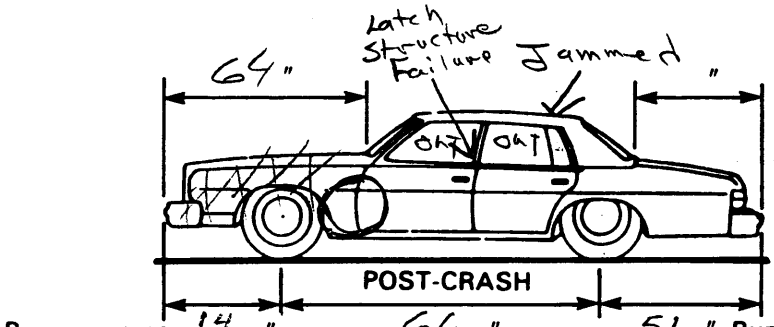
DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WD

Approximate Cargo Weight 75

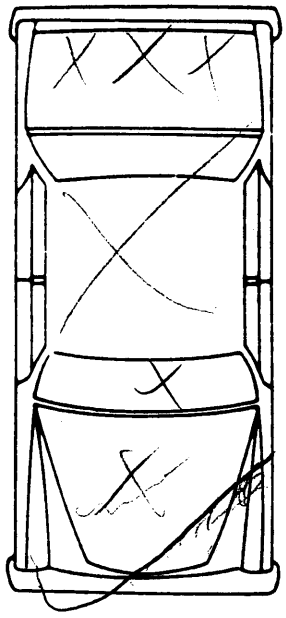




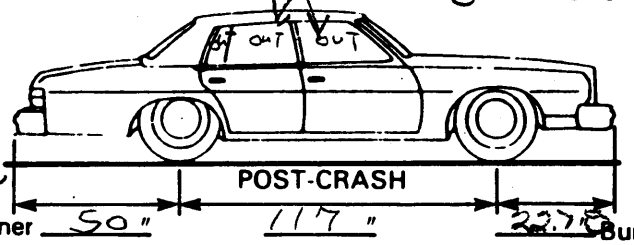


Bumper corner 14 " 66 " 51 " Bumper corner

Stringline 77.7" 53 " Stringline



DOORS THIS Side Opened by Rescue



undercarriage damage

Bumper corner 50" 117 " 22.7" Bumper corner

Stringline 52" 27.7" 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.

PSU 82-057A V1

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
01	63	000	00	U	P	D	S	01
02 01	02	000	00	F	D	E	3	05
03 02	31	000	00	I	D	D	O	03

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number–Stratum: 057A
3. Vehicle Number: 01

INTEGRITY

4. Passenger Compartment Integrity 98

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side) LF
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window LF, LR,
(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): 01, 02, 06
(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 2 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

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

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

10. LF 2 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 structure
(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 4 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

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

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

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

Type of Window/Windshield Glazing

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

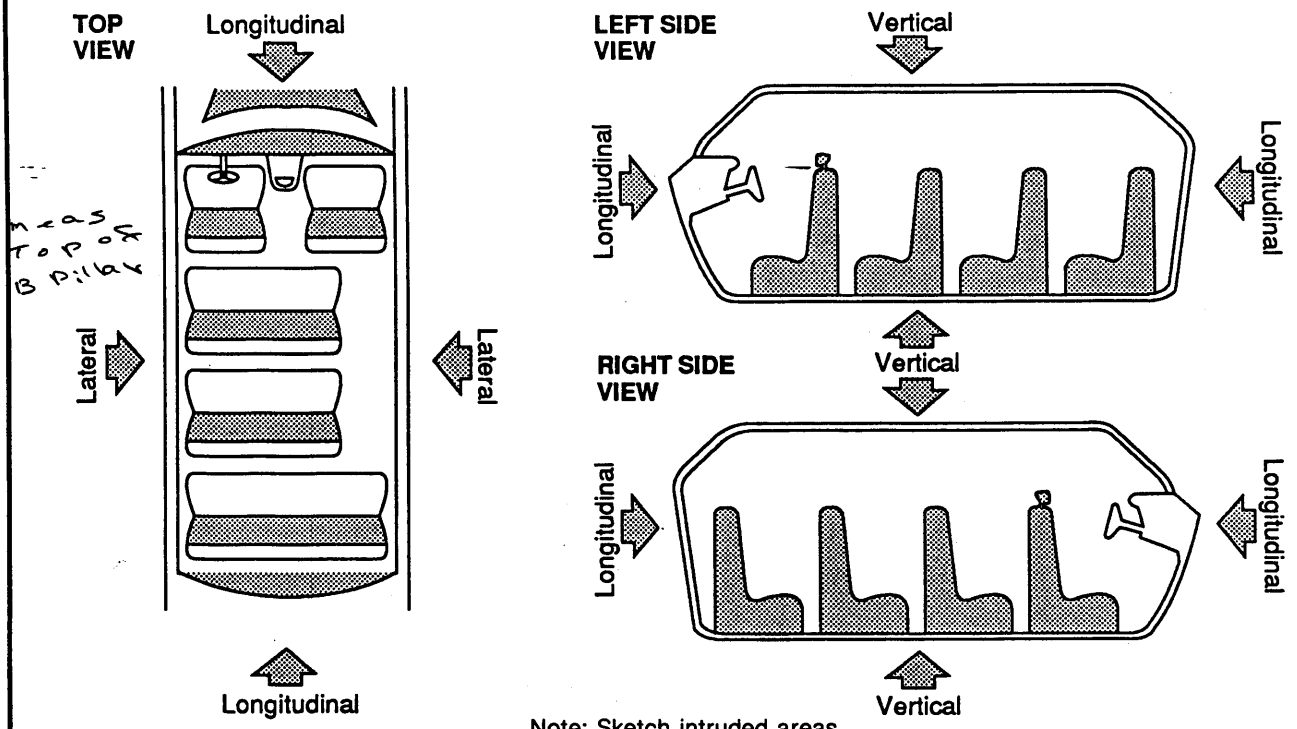
(0) No glazing contact and no damage, or no glazing
(1) AS-1 – Laminated
(2) AS-2 – Tempered
(3) AS-3 – Tempered-tinted
(4) AS-14 – Glass/Plastic
(8) Other (specify):
(9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORK SHEET



Note: Sketch intruded areas

	LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	- INTRUDED VALUE	= INTRUSION	DOMINANT CRUSH DIRECTION
6)	11	Steering Assemb	54	- 41.5	= 12.5	Long
7)	~~12~~	" "	~~26~~	~~- 14~~	= 12	~~Long~~
5)	11	A Pillar	61	- 47	= 14	Long
9)	11	D Dash	60.5	- 50.5	= 10	"
1)	11	Toe Pan	80	- 52	= 28	"
	11	Windshield Head	54	- 49.75	= 4.25	"
	11	Seat Cushion (to front of)	53	- 51.75	= 1.25	"
4)	11	Front Seat Back	24	- 39	= 15	"
2)	12	" " "	24	- 45.5	= 21.5	"
	13	" " "	24	- 33	= 9	"
	12	B Pillar	? 28	- 31.5	= 3.5	Lat
	21	Front Seat Back	33.25	- 30.25	= 3	Long
3)	11	~~Windshield~~ Header	54	- 35.5	= 18.5	Vert
8)	~~12~~	Steer Assemb	17	- 29	= 12	Lat
10	11	Door Pan	0	- 10	= 10	Lat
	11	hood	?	?	?	long

Document no more than the 15 most severe intrusions

NASS Cdng Chg
1st Rev 3 G
2nd Rev 3 _

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 1 1	48. 0 5	49. 6	50. 2
2nd	51. 1 2	52. 1 9	53. 5	54. 2
3rd	55. 1 1	56. 1 5	57. 5	58. 1
4th	59. 1 1	60. 1 9	61. 4	62. 2
5th	63. 1 1	64. 0 6	65. 4 → 5	66. 2
6th	67. 1 1	68. 0 1	69. 4	70. 2
7th	71. 1 2	72. 0 1	73. 4	74. 3
8th	75. 1 1	76. 0 2	77. 3	78. 2
9th	79. 1 1	80. 1 0	81. 3	82. 3
10th	83. 1 3	84. 1 9	85. 3	86. 2

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 — 1
(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.

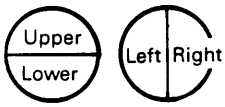
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

92. Steering Rim/Spoke Deformation — 8 9
_____ Code actual measured deformation to the nearest inch.
NASS Coding 1st Rev 3 A 2nd Rev 3 _
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

93. Location of Steering Rim/Spoke Deformation — 0 5
(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 — 999,000
_____ 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: could not read dash

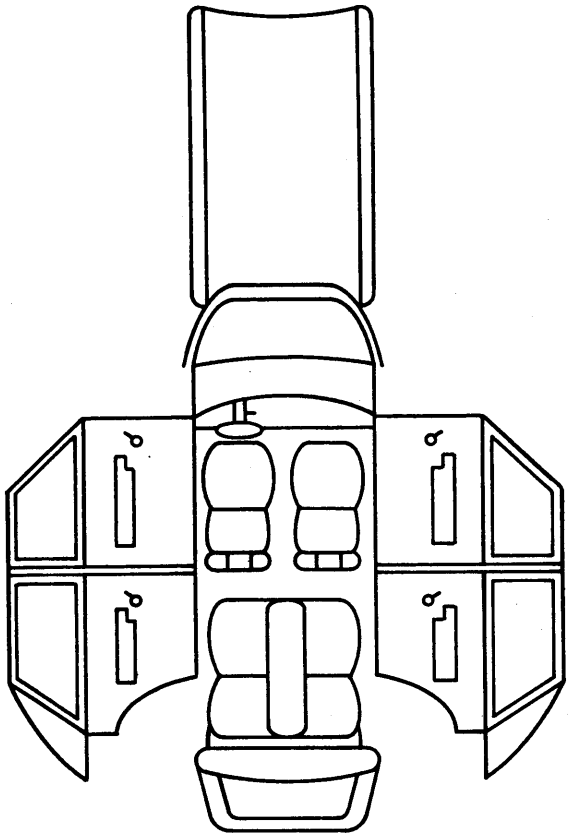
95. Instrument Panel Damage from Occupant Contact? — 1
(0) No
(1) Yes
(9) Unknown

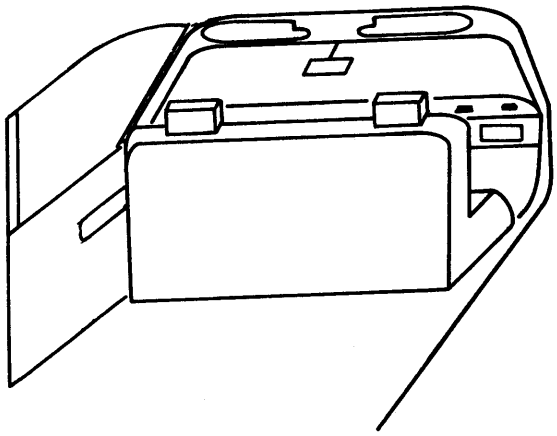
96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

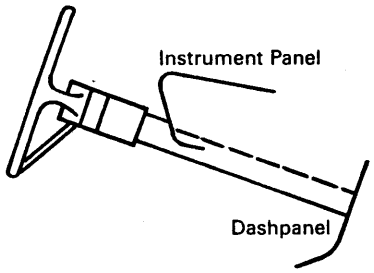
97. Did Glove Compartment Door Open During Collision(s)? — 1
(0) No
(1) Yes — Latch Broken
(8) Not present
(9) Unknown

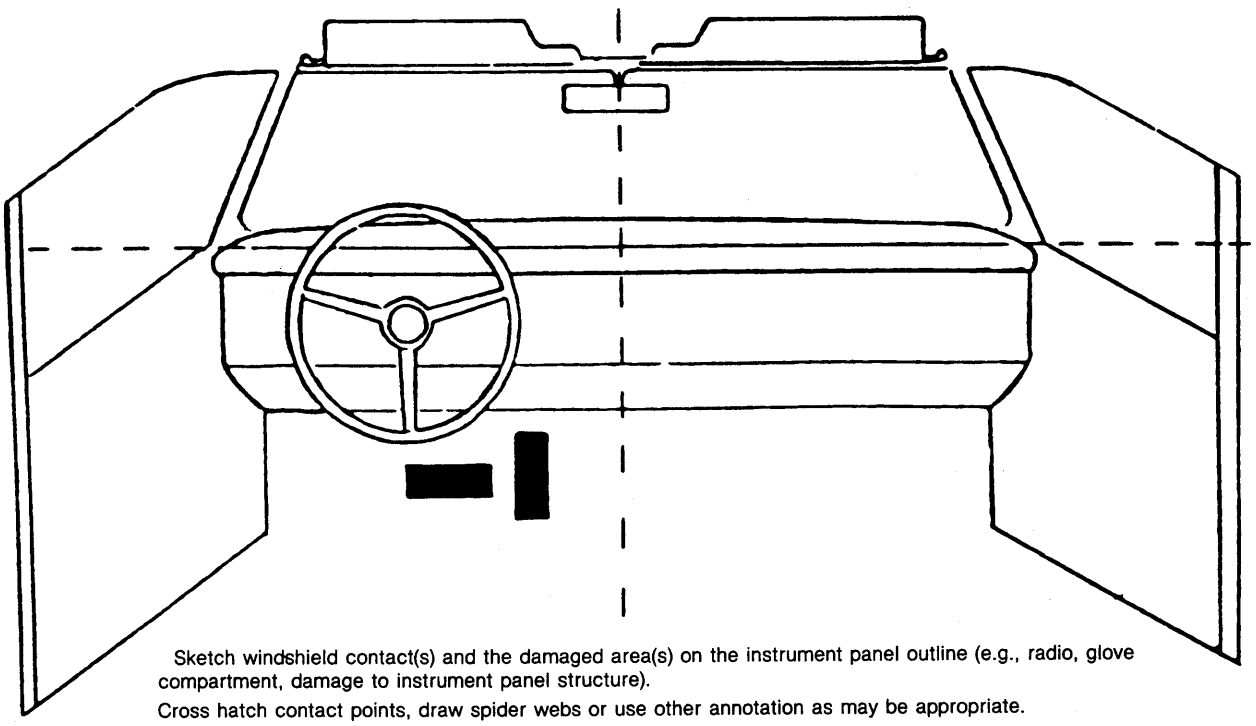
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









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

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

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	? 44	1	HEAD (3)	?, DEFORMED	3
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

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

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

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

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

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

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
FIRST	Availability			
	Function			
	Failure			

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

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
FIRST	Availability/Function	0	0
	Deployment	0	0
	Failure	0	0

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
FIRST	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

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

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

Automatic (Passive) Belt System Type
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

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

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

Automatic (Passive) Belt Failure Modes During Accident
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

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

(9) Unknown

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	? 9	4
	Use	0	9	0
	Failure Modes	0	0	0
SECOND	Availability	9	9	9
	Use	9	9	9
	Failure Modes	9	9	9
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Note: Restraints were cut by Rescue - Researcher believes they were cut to free Roof — not nec. because dr. was wearing one (R) also cut also)

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	4	0	4
	Seat Type	03	03	03
	Seat Performance	6	1	6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (This Occupant Position)

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

Seat Performance (This Occupant Position)

(0) No seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks failed
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): Cargo in Rear Seat Dash, A Pillar
(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 [ ] Yes [X]

Describe entrapment mechanism: Floor Pan, Dash

Component(s): _____

(Note in vehicle interior diagram)

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

(99) Unknown

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

(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 06
(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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number: 82
2. Case Number – Stratum: 057A
3. Vehicle Number: 01
4. Occupant Number: 01

INJURY DATA

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

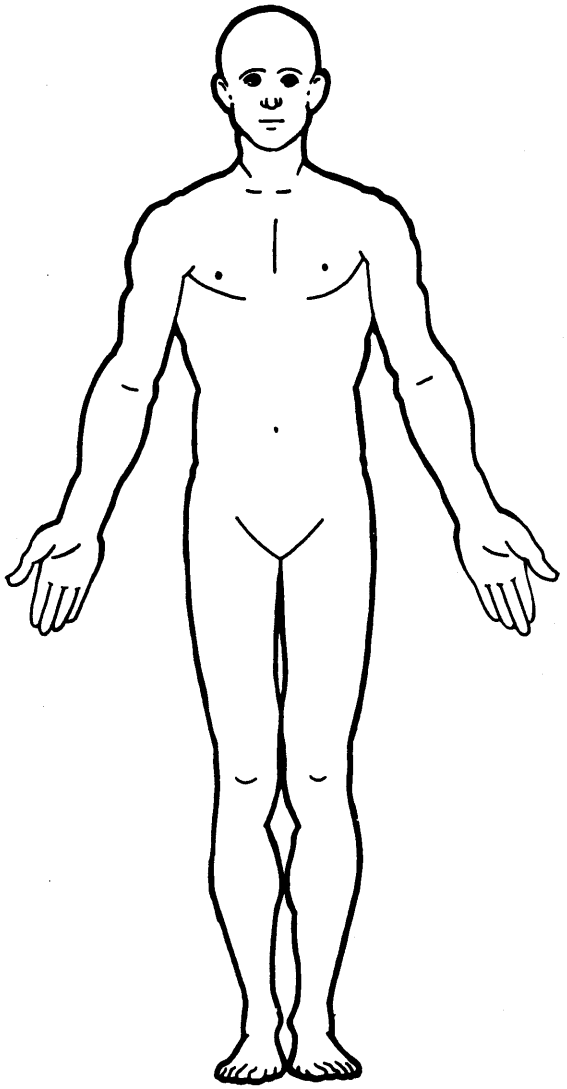
	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. ~~7~~ 8	6. M	7. U	8. U	9. U	10. ~~1~~ 7	11. 97	12. 9	13. 7	14. 99
2nd	15. ~~1~~ 8	16. ~~L~~ Y	17. ~~L~~ U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

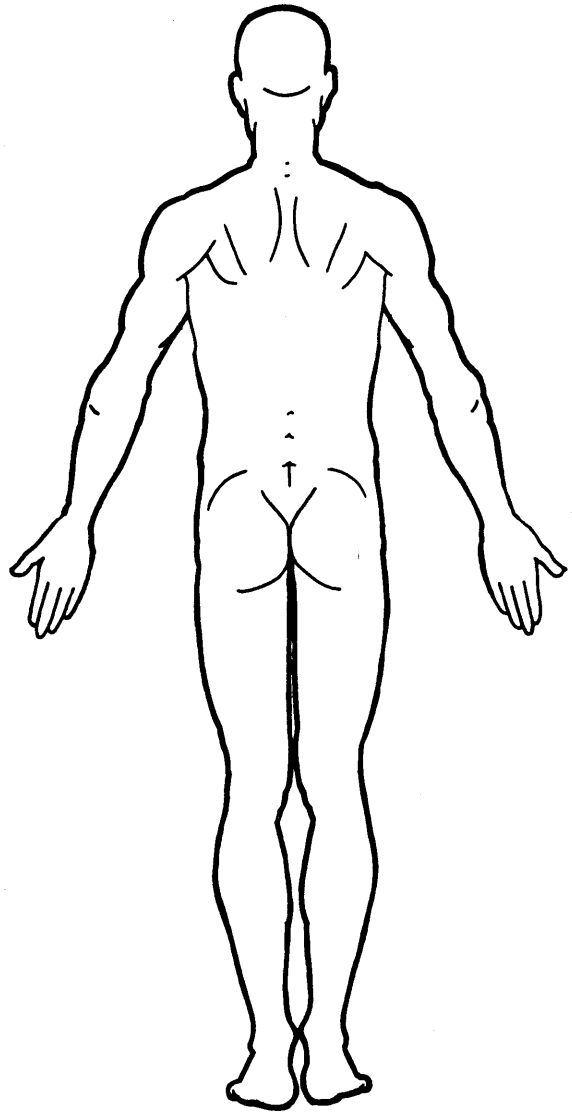
OCCUPANT INJURY DATA

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

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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





SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

(9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

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

INTERIOR

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

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

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

(49) Other interior object (specify):

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

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

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

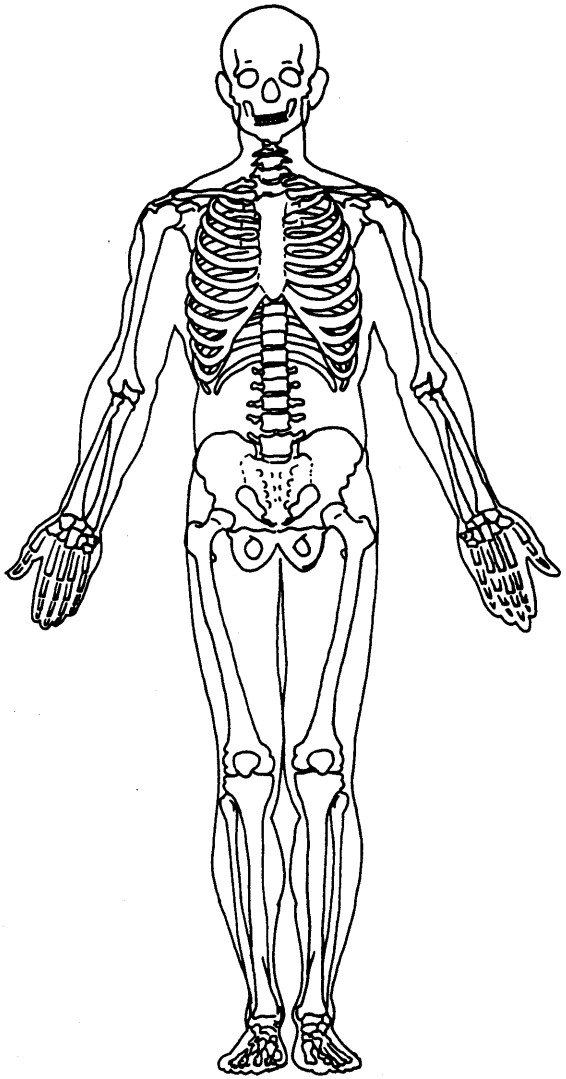
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

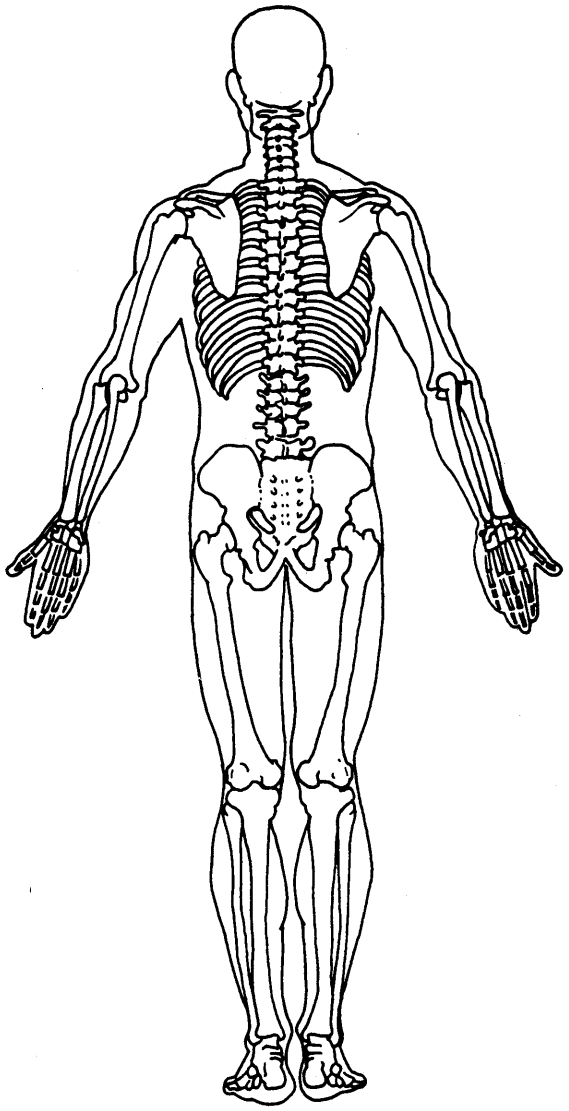
Abbreviated Injury Scale

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

OFFICIAL INJURY DATA – SKELETAL INJURIES

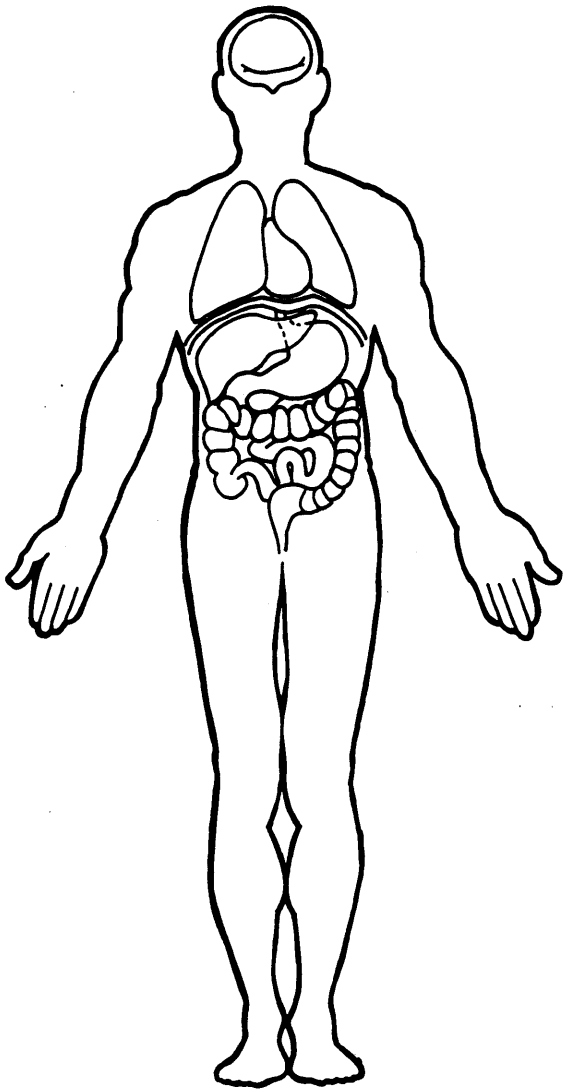
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

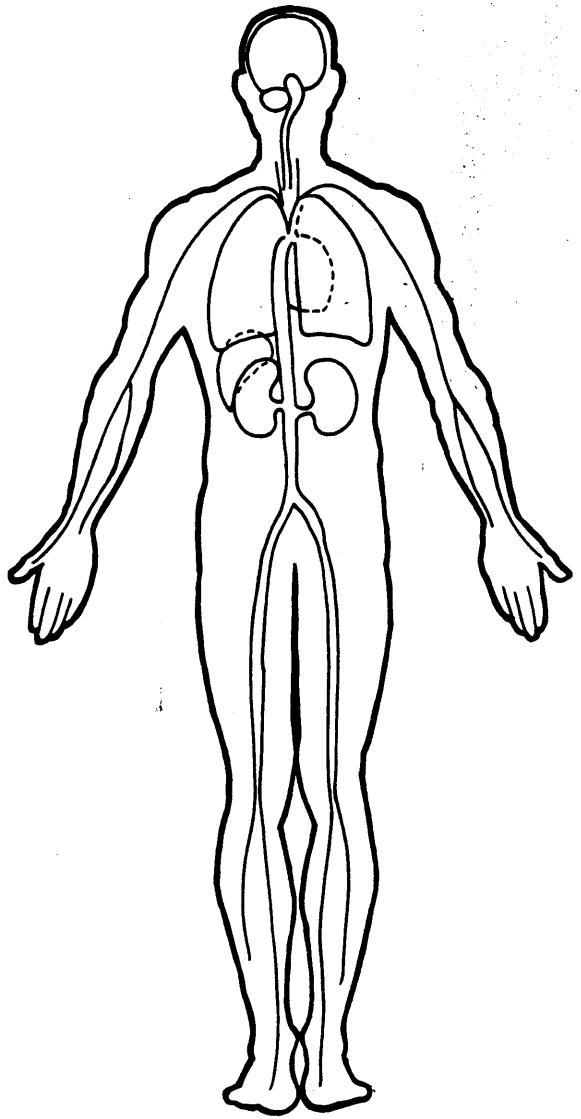




OFFICIAL INJURY DATA—INTERNAL INJURIES

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





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

[redacted] 1992

1991 CASE

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number — Stratum: 057A
3. Vehicle Number: 01
4. Occupant Number: 01

Driver or Occupant Name: [redacted]

Address: [redacted]

Other Information: [redacted]

(Sanitize this section before submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	__	__
GV39.	Other Drug Specimen Test Type for Driver	__	__
GV40.-GV41.	Narcotic Drug	__	__
GV42.-GV43.	Depressant Drug	__	__
GV44.-GV45.	Stimulant Drug	__	__
GV46.-GV47.	Hallucinogen Drug	__	__
GV48.-GV49.	Cannabinoid Drug	__	__
GV50.-GV51.	Phencyclidine (PCP)	__	__
GV52.-GV53.	Inhalant Drug	__	__
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	__	__
GV56.	Driver's Zip Code	_____	_____
GV57.	Driver's Race/Ethnic Origin	__	__
OA05.	Occupant's Age	__	__
OA06.	Occupant's Sex	__	__
OA07.	Occupant's Height	__	__
OA08.	Occupant's Weight	___	___
OA17.	Manual (Active) Belt System Availability	__	__
OA18.	Manual (Active) Belt System Use	__	__

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	__	__
OA22.	Air Bag System Deployment	__	__
OA35.	Treatment - Mortality	__	__
OA36.	Type of Medical Facility (for Initial Treatment)	__	__
OA37.	Hospital Stay	__	__
OA38.	Working Days Lost	__	__
OA39.	Time to Death	__	__
OA40.	1st Medically Reported Cause of Death	__	__
OA41.	2nd Medically Reported Cause of Death	__	__
OA42.	3rd Medically Reported Cause of Death	__	__
OA43.	Number of Recorded Injuries for This Occupant	__	__
OA44.	Automatic (Passive) Belt System Availability/Function	__	__
OA45.	Automatic (Passive) Belt System Use	__	__
OA50.	Glasgow Coma Scale (GCS) Score	__	__
OA51	Was the Occupant Given Blood?	__	__
OA52.	Arterial Blood Gases (ABG) - HCO_3	__	__
____.	_____	_____	_____
____.	_____	_____	_____

IGNORE

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B ___ ___	___ ___ ___
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___ ___	___ ___ ___
c. Admission record/summary or admission/discharge face sheet	B ___ ___	___ ___ ___
d. Discharge summary	B ___ ___	___ ___ ___
e. Operative report	B ___ ___	___ ___ ___
f. Radiographic record(s) post ER visit	B ___ ___	___ ___ ___
g. History and physical examination and/or consultation records	B ___ ___	___ ___ ___
h. Emergency room records	B ___ ___	___ ___ ___
i. Radiographic record(s) associated with ER visit	B ___ ___	___ ___ ___
j. Private physician	B ___ ___	___ ___ ___
Unofficial		
k. Lay coroner	B ___ ___	___ ___ ___
l. EMS record	B ___ ___	___ ___ ___
m. Interviewee	B ___ ___	___ ___ ___
n. Other source (specify): _____	B ___ ___	B ___ ___
o. Police report	B ___ ___	B ___ ___
OAL14. Medical Facility Code	___ ___	___ ___
OIL07. Date Official Medical Data Obtained	___ ___/___ ___/___ ___	

INJURY DATA CODED ON INITIAL SUBMISSION

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

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.

OCCUPANT INJURY DATA

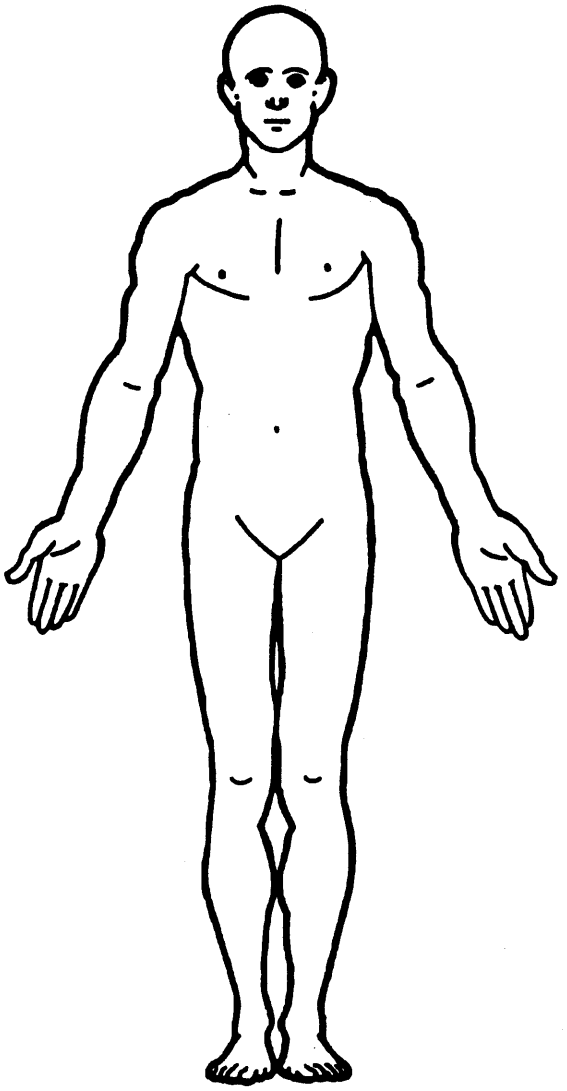
	Source of Injury Data	O.I.C.-A.I.S						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

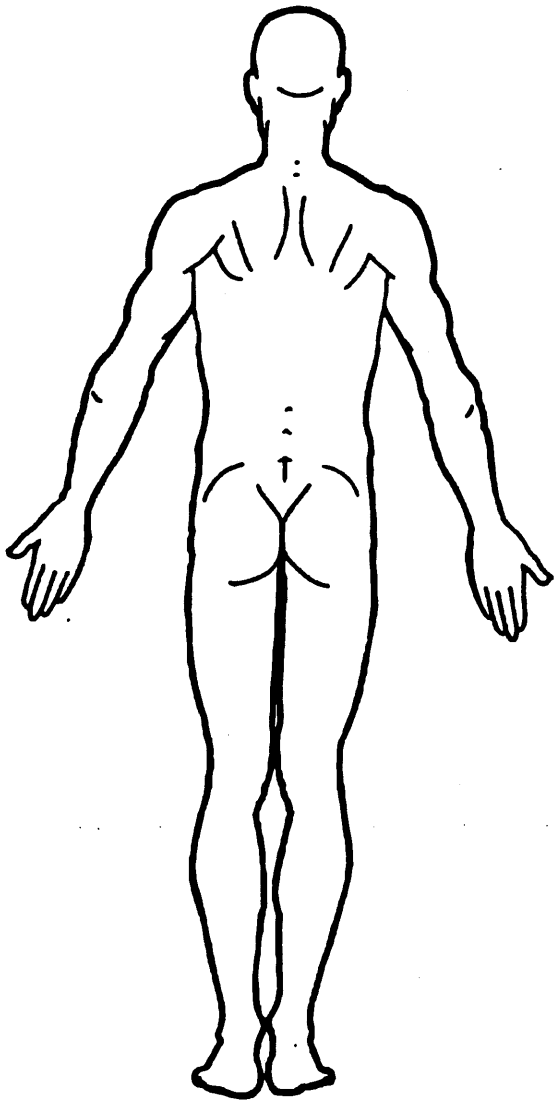
OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	— —	—	—	— —
12th	—	—	—	—	—	—	— —	—	—	— —
13th	—	—	—	—	—	—	— —	—	—	— —
14th	—	—	—	—	—	—	— —	—	—	— —
15th	—	—	—	—	—	—	— —	—	—	— —
16th	—	—	—	—	—	—	— —	—	—	— —
17th	—	—	—	—	—	—	— —	—	—	— —
18th	—	—	—	—	—	—	— —	—	—	— —
19th	—	—	—	—	—	—	— —	—	—	— —
20th	—	—	—	—	—	—	— —	—	—	— —
21st	—	—	—	—	—	—	— —	—	—	— —
22nd	—	—	—	—	—	—	— —	—	—	— —
23rd	—	—	—	—	—	—	— —	—	—	— —
24th	—	—	—	—	—	—	— —	—	—	— —
25th	—	—	—	—	—	—	— —	—	—	— —

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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





SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (e.g., dishcarge 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):

_____

(28) Left side window sill

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):

_____

(38) Right side window sill

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):_____
(93) Air bag exhaust gases
(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 limbs(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
(V) Vertebrae

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

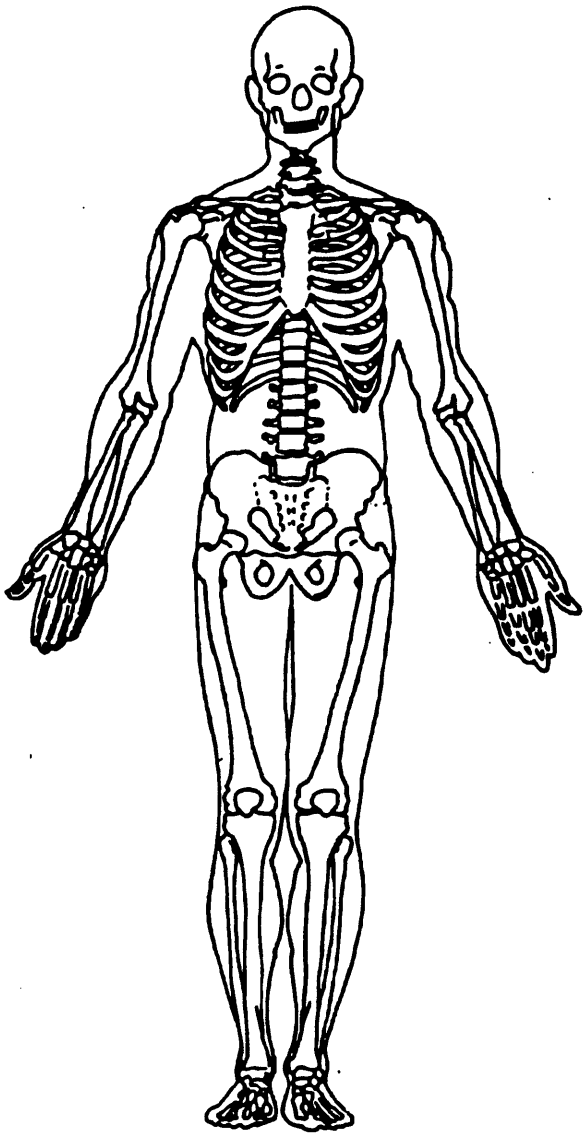
pH = __.__

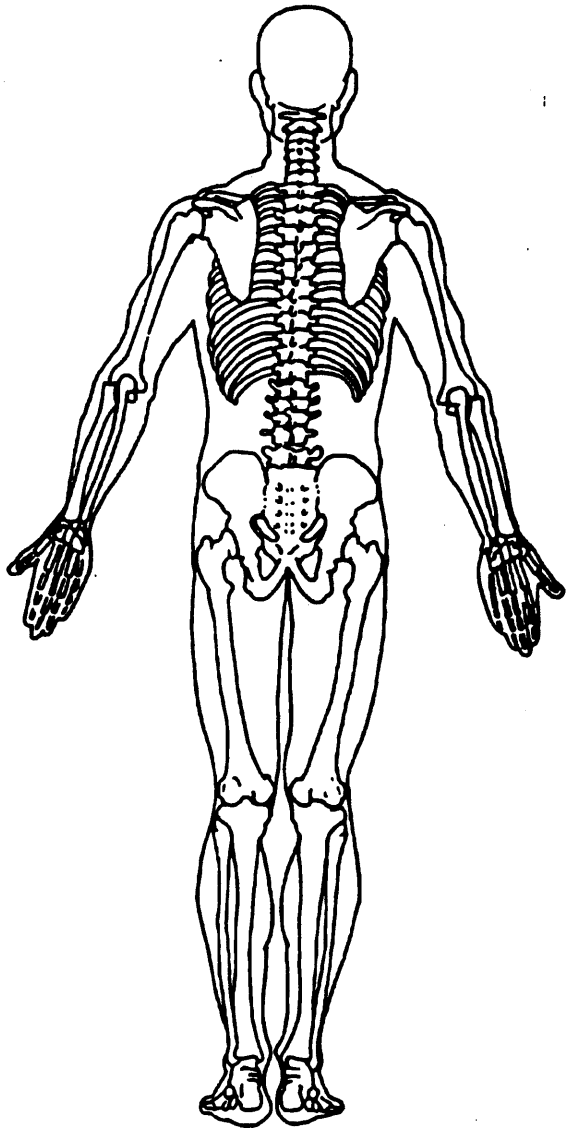
PO_2 = ____

PCO_2 ____

HCO_3 ____

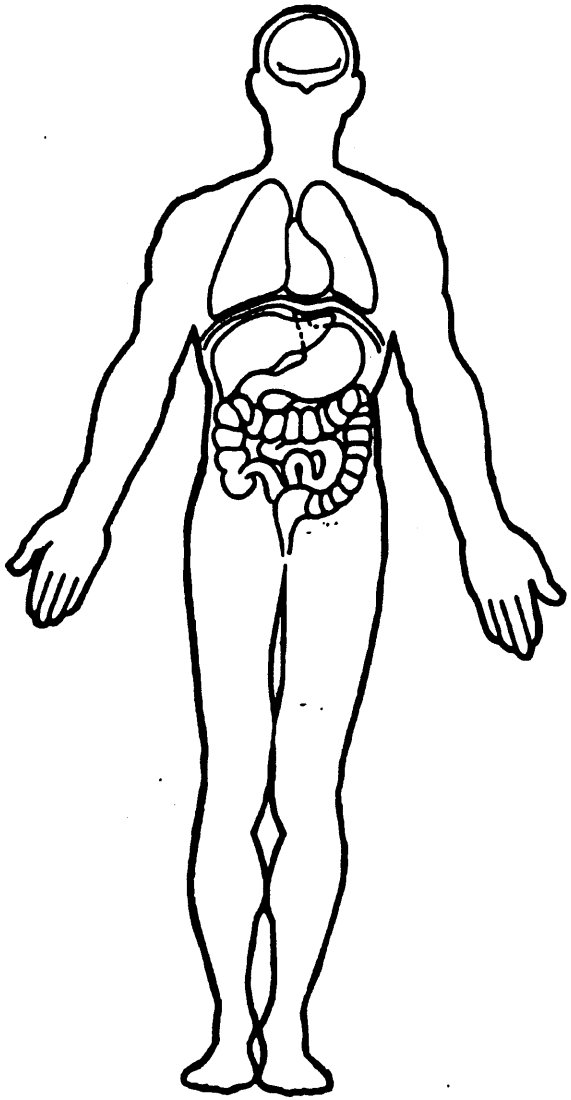
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

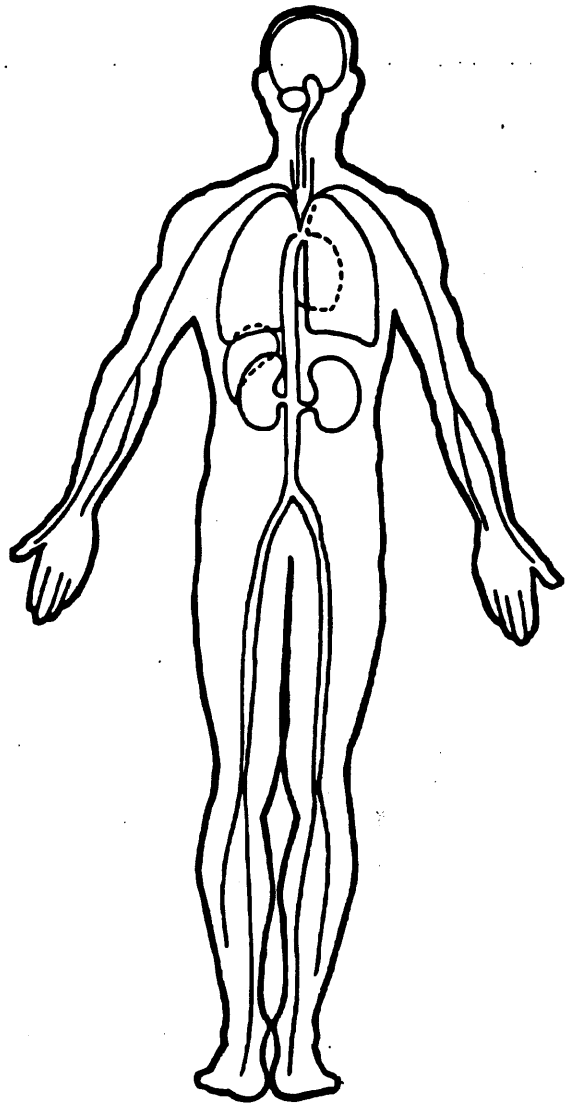




OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number - Stratum: 057A
3. Vehicle Number: 01
4. Occupant Number: 01

[redacted]

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

STATUS OF LOG INJURY INFORMATION

Injury Information: 11

(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
GV12. Alcohol Test Result Result for Driver	14	18
GV39. Other Drug Specimen Test Type for Driver	0	0
GV40.-GV41. Narcotic Drug	00	00
GV42.-GV43. Depressant Drug	00	00
GV44.-GV45. Stimulant Drug	00	00
GV46.-GV47. Hallucinogen Drug	00	00
GV48.-GV49. Cannabinoid Drug	00	00
GV50.-GV51. Phencyclidine (PCP)	00	00
GV52.-GV53. Inhalant Drug	00	00
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	00	00
OA05. Occupant's Age	37	37
OA06. Occupant's Sex	1	1
OA07. Occupant's Height	71	71
OA08. Occupant's Weight	150	150
OA17. Manual (Active) Belt System Availability	4	4

	INITIAL SUBMISSION	UPDATED INFORMATION
OA18. Manual (Active) Belt System Use	~~00~~ 99	00
OA21. Air Bag System Availability/Function	0	0
OA22. Air Bag System Deployment	0	0
OA35. Treatment - Mortality	3	3
OA36. Type of Medical Facility (for Initial Treatment)	1	1
OA37. Hospital Stay	99	99
OA38. Working Days Lost	~~91~~ 97	~~99~~ 97
OA39. Time to Death	00	00
OA40. 1st Medically Reported Cause of Death	00	00
OA41. 2nd Medically Reported Cause of Death	00	00
OA42. 3rd Medically Reported Cause of Death	00	00
OA43. Number of Recorded Injuries for This Occupant	02	~~46~~ 30
OA44. Automatic (Passive) Belt System Availability/Function	0	0
OA45. Automatic (Passive) Belt System Use	0	0

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 8	6. M	7. U	8. U	9. U	10. 7	11. 97	12. 9	13. 7	14. 99
2nd	15. 8	16. Y	17. U	18. F	19. S	20. 2	21. 97	22. 9	23. 7	24. 99
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.

		Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	1st	5. 2	6. F	7. I	8. L	9. D	10. 1	11. 65	12. 2	13. 1	14. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	2nd	15. 2	16. F	17. I	18. V	19. D	20. 1	21. 65	22. 2	23. 1	24. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	3rd	25. 3	26. F	27. L	28. C	29. I	30. 1	31. 65	32. 2	33. 1	34. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	4th	35. 2	36. F	37. I	28. F	39. S	40. 2	41. 65	42. 2	43. 1	44. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	5th	45. 2	46. F	47. I	48. F	49. S	50. 3	51. 65	52. 2	53. 1	54. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	6th	55. 2	56. F	57. L	58. L	59. I	60. 1	61. 65	62. 3	63. 1	64. 97
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	7th	65. 3	66. F	67. I	68. L	69. I	70. 1	71. 65	72. 2	73. 1	74. 97
	8th	75. 2	76. N	77. L	78. A	79. I	80. 1	81. 14	82. 3	83. 1	84. 03
NASS Coding Chg 1st Rev 3 G 2nd Rev 3	9th	85. 3	86. C	87. L	88. C	89. I	90. 1	91. 14	92. 2	93. 1	94. 08
	10th	95. 2	96. W	97. L	98. A	99. I	100. 1	101. 22	102. 3	103. 1	104. 04

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

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 11th	2	R	L	A	I	1	22	2	1	~~05~~ 04
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 12th	2	K	R	L	~~I~~ J	2	~~91~~ 09	2	~~3~~ 1	0~~8~~
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 13th	2	Q	R	L	~~I~~ J	~~1~~ 2	~~91~~ 57	2	~~3~~ 1	0~~1~~
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 14th	2	C	C	A	I	1	~~06~~ 14	~~2~~ 3	1	0~~6~~ 8
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 15th	2	R	L	L	I	1	91	2	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 16th	2	C	L	C	P	3	~~22~~ 14	2	1	~~05~~ ~~08~~
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 17th	2	P	R	Z	J	3	0~~7~~ 9	2	2	08
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 18th	2	T	L	F	S	3	~~20~~ 09	~~2~~ 1	~~1~~ 2	~~10~~ ~~08~~
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 19th	2	R	L	F	S	3	22	3	1	~~05~~ 04
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 20th	2	P	~~R~~ A	F	S	2	0~~7~~ 9	~~3~~ 2	2	08
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 21st	2	F	I	F	S	~~1~~ 2	~~14~~ 65	~~3~~ 2	1	~~03~~ 97
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 22nd	2	H	W	K	B	2	~~14~~ 50	2	1	03
~~22nd~~ 23rd	2	Q	L	Z	J	3	56	1	1	01

OCCUPANT INJURY DATA SUPPLEMENT

Injury Number	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 24	2	Q	L	Z	5	3	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 25	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 26	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 27	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 28	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 29	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 30	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 31	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 32	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 33	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 34	2	Q	L	F	S	2	56	2	1	01
ASS Cdng Chg 1st Rev 3 G 2nd Rev 3 _ 35	2	Q	L	F	S	2	56	2	1	01

HS Form 433F (1/91)

F-433f—M-34c

BEST AVAILABLE

OCCUPANT INJURY DATA SUPPLEMENT

	Injury Number	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	36	2	Q	L	F	S	2	56	2	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	37	2	Q	L	F	S	2	56	2	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	25 38	2	Q	L	F	S	1	56	2 1	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	39	2	Q	L	F	S	2	56	2	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	40	2	Q	L	V	M	2	56	2	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	41	2	W	L	F	S	2	22	3	1	04 05
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	26 42	2	Q	R	D 7	J	2 3	56	2 1	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	43	2	Q	R	R	J	2	56	2	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	27 44	2	Q	R	F	S	2	56	2 1	L	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	28 45	2	Q	R	F	S	1	56	2 1	L	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	29 46	2	Q	R	F	S	2	56	2 1	1	01
MASS Cdng Chg 1st Rev 3 G 2nd Rev 3	30	2	F	I	V	S	1	65	2	1	97

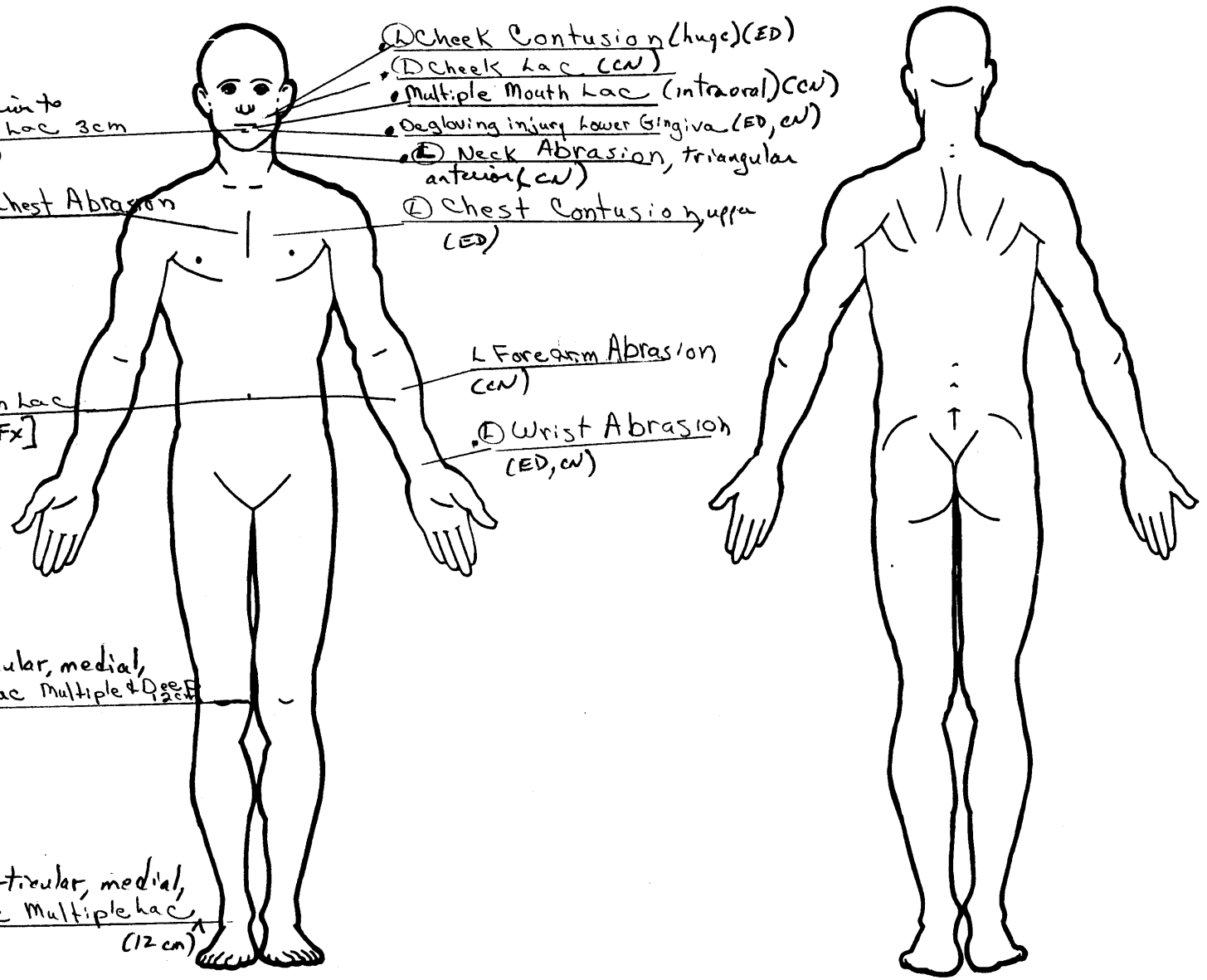
OFFICIAL INJURY DATA—SOFT TISSUE INJURIES

Unrestrained driver (EN, ED, CN)

30-40 minute extrication (ED)

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.)

Multiple glass fragments over L chest, inferior pelvis, abdomen, R femur (EX, PX)



GCS = 15 (CN)
HCO_3 = 16 (ED)
ETOH = 180 (ED, CN)

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

(9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

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

INTERIOR

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

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

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

(49) Other interior object (specify):

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

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

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

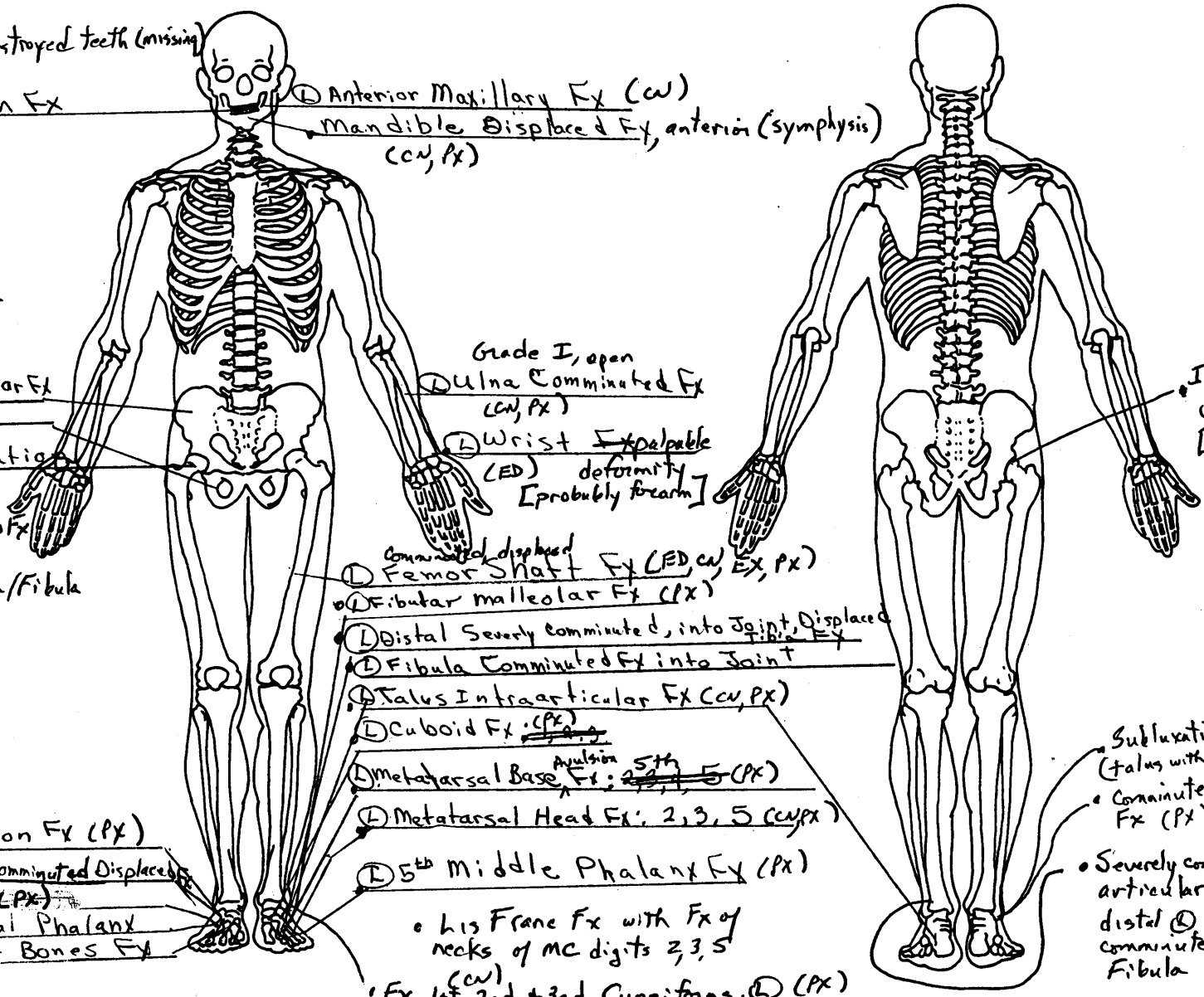
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA – SKELETAL INJURIES

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



- Multiple destroyed teeth (missing) (ED, CN)
- Tooth Fx (PX)
- (L) Anterior Maxillary Fx (CN)
- Mandible Displaced Fx, anterior (symphysis) (CN, PX)
- (R) obturator dislocation (CN) (ED, CN, PX)
- R Acetabular Fx
- R Ring Fx (CN)
- R Hip Dislocation (ED, CN, EX)
- R Inferior ramus Fx (EX)
- Open (L) Tibia/Fibula Fx, distal (ED, CN, PX)
- Grade I, open (L) Ulna Comminuted Fx (CN, PX)
- (L) Wrist ~~Expalpable~~ deformity (ED) [probably forearm]
- Comminuted, displaced (L) Femor Shaft Fx (ED, CN, EX, PX)
- (L) Fibular malleolar Fx (PX)
- (L) Distal Severly Comminuted, into Joint, Displaced Tibia Fx
- (L) Fibula Comminuted Fx into Joint
- (L) Talus Intraarticular Fx (CN, PX)
- (L) Cuboid Fx: ~~(PX)~~
- (L) Metatarsal Base Avulsion Fx: ~~2, 3, 4, 5~~ 5th (PX)
- (L) Metatarsal Head Fx: 2, 3, 5 (CN, PX)
- (L) 5th Middle Phalanx Fx (PX)
- Lis Franc Fx with Fx of necks of MC digits 2, 3, 5 (CN)
- Fx 1st, 2nd + 3rd Cuneiforms, (L) (PX)
- Fx L 2nd – 5th metatarsal bases (PX)
- Impacted Fx (R) proximal Humeral [femoral] head (EX)
- Subluxation (R) ankle (talus with respect to Tibia) (PX)
- Comminuted distal fibular Fx (PX)
- Severely comminuted, intra-articular displaced distal (R) Tibia + comminuted Fx distal Fibula (PX)
- Grade II v III
- (R) Fibula Avulsion Fx (PX)
- (R) Calcaneus Comminuted Displaced (CN, PX)
- (R) Cuboid Fx (PX)
- (R) 5th Proximal Phalanx (PX)
- (R) Navicular Bones Fx (PX)

OFFICIAL INJURY DATA – INTERNAL INJURIES

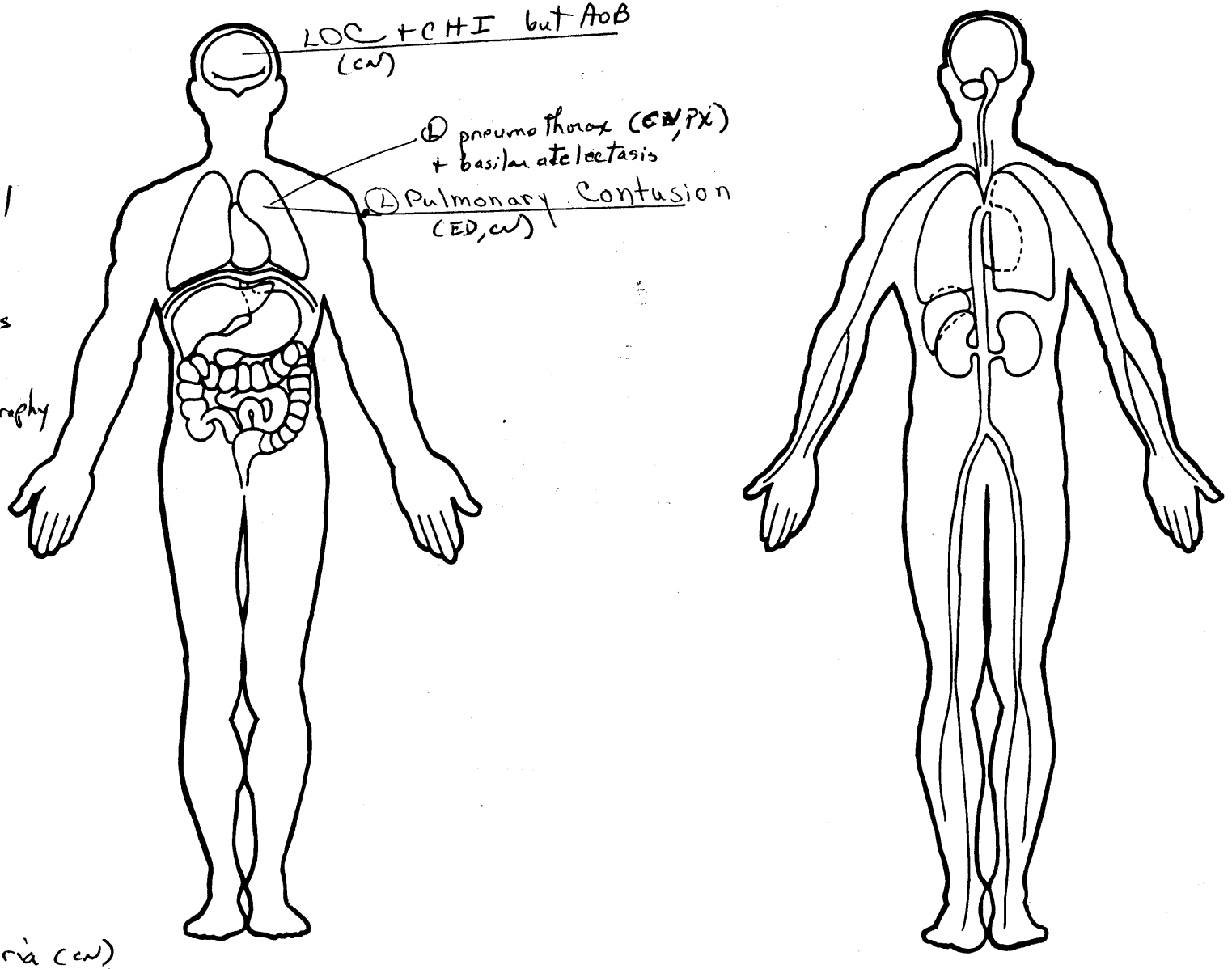
- Much decreased response to pain (CN) (i.e., manipulation of Femur Fx)

Alert speaking pt throughout extrication (ED, CN)

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.)

Alert, oriented person/place Time incorrect (wrong month)
⊕ amnesia for the event (ED)

Alert verbally (ED)



- myocardial contusion (CN)
- No obvious cardiac contusion (Echocardiography Report) (PX)

- Hematuria (CN)
- Urine pink with 3+ O.B. (ED)

PSU 82-057A V2

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: 02,300
2282 Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source: [redacted]

20. Vehicle Cargo Weight: 0,000
____ 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 (for Highest Delta V): 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):
(9) Unknown

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): 4

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):

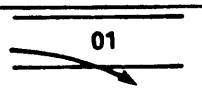
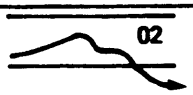
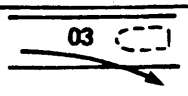
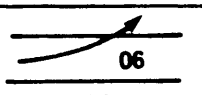
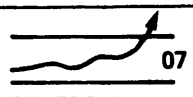
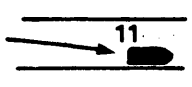
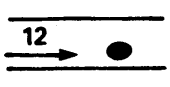
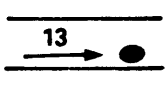
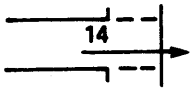
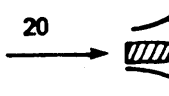
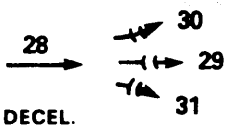
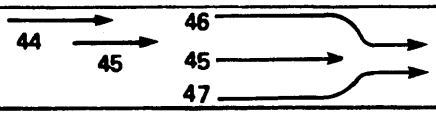
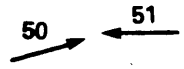
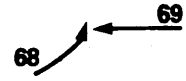
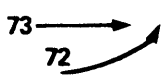
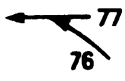
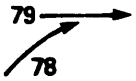
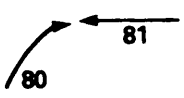
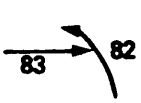
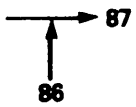
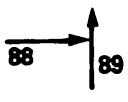
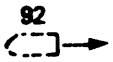
(7) Medium/heavy truck or bus override
(9) Unknown

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: 095

28. Heading Angle for Other Vehicle: 256

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 INITIAL SAME DIRECTIONS	 73 72		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78	 81 80 TURN INTO OPPOSITE DIRECTIONS	 83 82	(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		

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number–Stratum: 057A
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN: JS1RF2369L7[redacted] Model Year: 1990

Vehicle Make (specify): Geo

Vehicle Model (specify): Storm

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
2	All Front Bumper	Same

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		Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
		Width (CDC)	Max C1 Crush								
2	Front Bumper	50	65	28	7.0	5.9	5.4	4.4	3.2	2.5	0
	Free Space				5.0	1.0	0	0	1.0	5.0	
	Resultant				65.0	58.0	54.0	44.0	31.0	20.5	

HS Form 435A (Rev. 1/91)

PSU 82-057A V2

National Accident Sampling System – Crashworthiness Data System: Exterior Vehicle Form 2b

VEHICLE DAMAGE SKETCH

TIRE–WHEEL DAMAGE

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

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

? Could Not Determine TYPE OF TRANSMISSION

☐ Manual ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	96.5
Overall Length	163.4
Maximum Width	66.7
Curb Weight	2282
Average Track	(F) 56.3 (B) 55.2
Front Overhang (Isuzu Impulse)	38.6
Rear Overhang	31.1
Engine Size: cyl./ displ.	I-4/1.6
Undeformed End Width	56

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

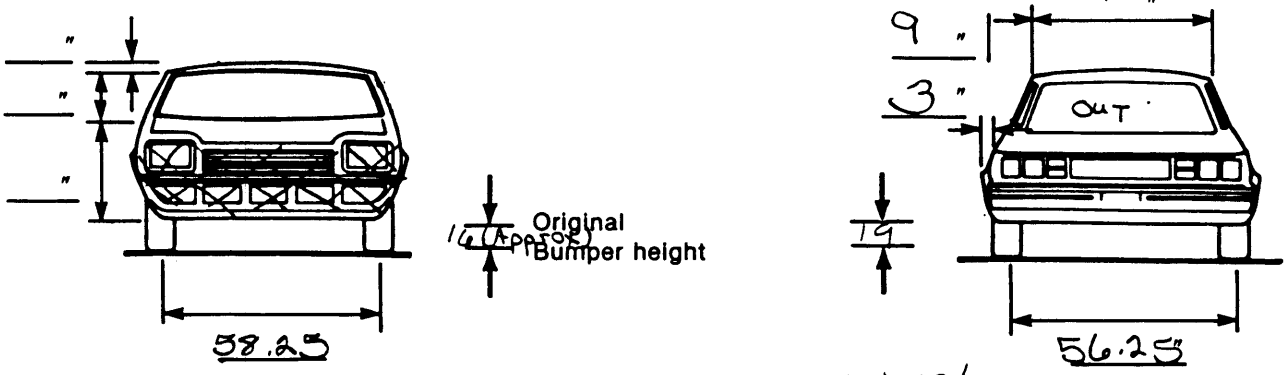
RF ± ___ °
LF ± 30 °
RR ± ___ °
LR ± ___ °

Within ±5 degrees

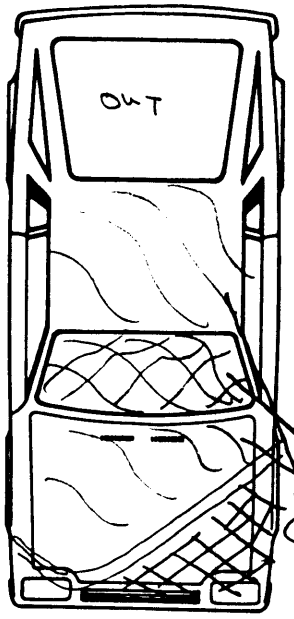
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight 0

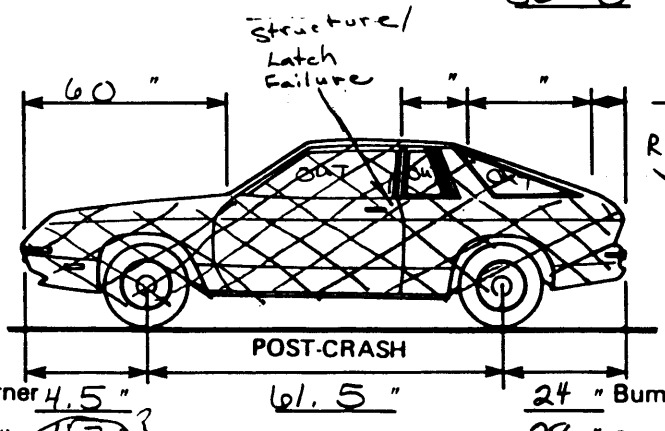


NOTE: As Tire of Veh. 1 rode over This vehicle, researcher does not belive a common velocity was reached



Detective states windshield in place at accident

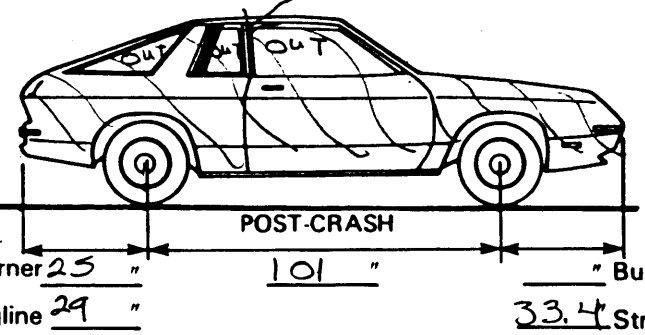
Tire Marks Across Hood Roof of Veh.



Roof of Veh. Removed

Bumper corner 4.5" 61.5" 24" Bumper corner

Stringline 47 ? 73.9 28" Stringline (H)



? Bumper corner 25" 101" ___" Bumper corner

Stringline 29" 33.4 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.

PSU 82-057A V2

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30—Vehicle Number

Noncollision
- (31) Overturn—rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision—details unknown

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤4 inches in diameter)
- (51) Pole or post (>4 but ≤12 inches in diameter)
- (52) Pole or post (>12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or Culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision With Nonfixed Object
- (71) Motor vehicle not in transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify): _____
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object

- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
02	01	350	00	F	D	A	W	06

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number–Stratum: 057A
3. Vehicle Number: 02

INTEGRITY

4. Passenger Compartment Integrity 98

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side) LF, RF
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window LF RF, LR, RR
(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): 02, 06, 07
(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 2 6. RF 2 7. LR 0 8. RR 0 9. TG/H 9

(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 6 11. RF 2 12. LR 0 13. RR 0 14. TG/H 0

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

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

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 0 22. Other 60

NASS Coding Conv. 1st Rev 3 A 2nd Rev 3

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

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

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

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 20

NASS Coding Conv. 1st Rev 3 2nd Rev 3

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

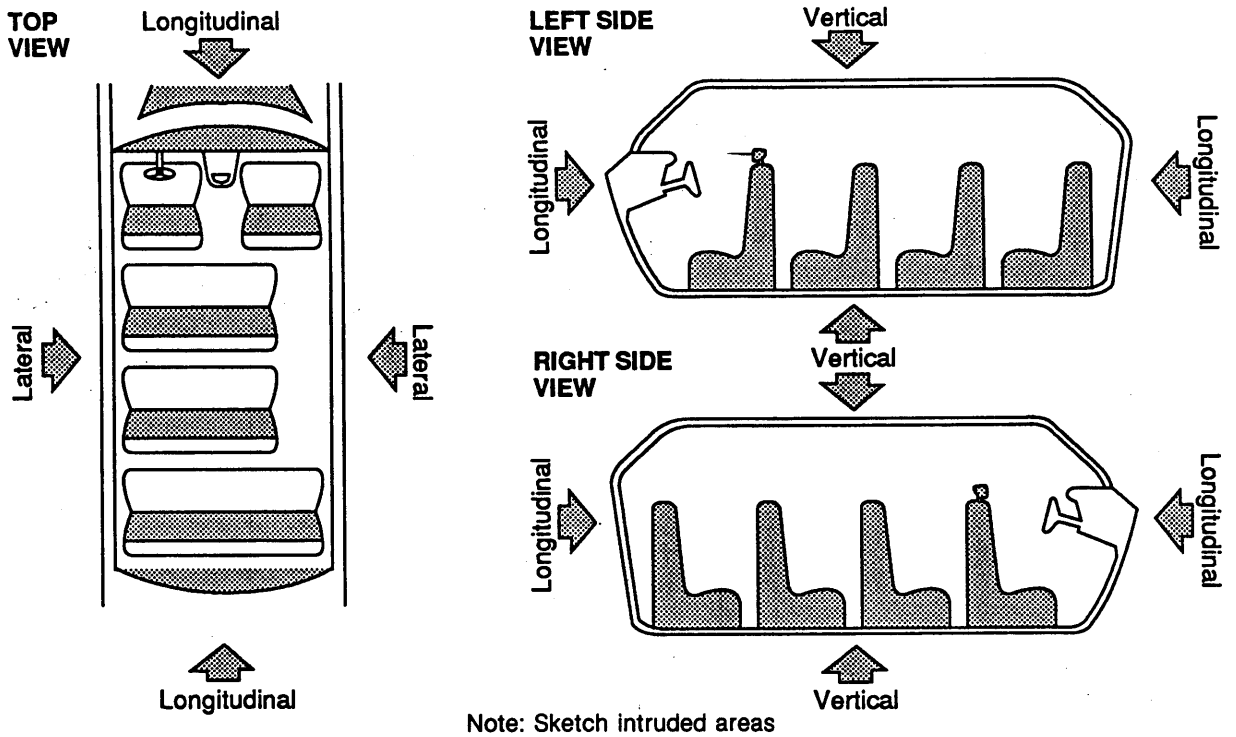
Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 10

NASS Coding Conv. 1st Rev 3 2nd Rev 3

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

INTRUSION WORK SHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	Roof (12)		–		=	1.8 (These are estimations of intrusion to the roof.)	Vert.
11	A Pillar 06		–		=	14	Long
11	Side Panel (21) Forward A Pillar		–		=	16	Lat
11	Toe Pan 05		–		=	20	Long
11	Steering Assembly (01)		–		=	10	Long
11	Windshield Header (13) (02)		–		=	14	Long
11	Dash		–		=	12	Long
11	Roof Side Rail		–		=	18	Vert
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 1 1	48. 0 5	49. 5	50. 2
2nd	51. 1 1	52. 1 2	53. 5	54. 1
3rd	55. 1 1	56. 1 3	57. 5	58. 1
4th	59. 1 1	60. 2 7	61. 4	62. 3
5th	63. 1 1	64. 0 6	65. 4	66. 2
6th	67. 1 1	68. 1 5	69. 4	70. 2
7th	71. 1 1	72. 0 2	73. 4	74. 2
8th	75. 1 1	76. 0 1	77. 3	78. 2
9th	79. 9 9	80. 9 9	81. 9	82. 9
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 — 9
(1) Fixed column — Removed
(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.

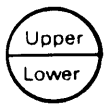
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

92. Steering Rim/Spoke Deformation — 9
_____ Code actual measured deformation to the nearest inch.
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

93. Location of Steering Rim/Spoke Deformation — 9 9
(00) No steering rim deformation

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

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



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

INSTRUMENT PANEL

94. Odometer Reading — 9 9 9,000
_____ 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: Could not Read

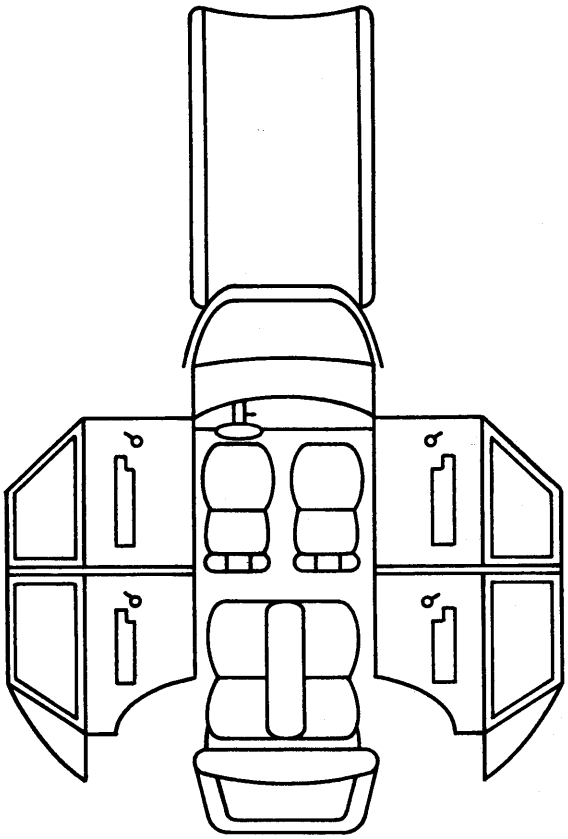
95. Instrument Panel Damage from Occupant Contact? — 9
(0) No
(1) Yes
(9) Unknown

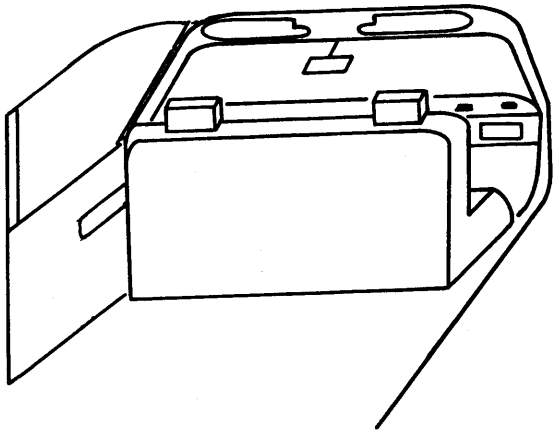
96. Knee Bolsters Deformed from Occupant Contact? — 9
(0) No
(1) Yes
(8) Not present
(9) Unknown

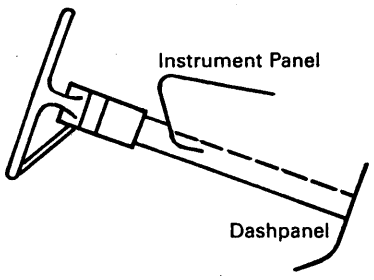
97. Did Glove Compartment Door Open During Collision(s)? — 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

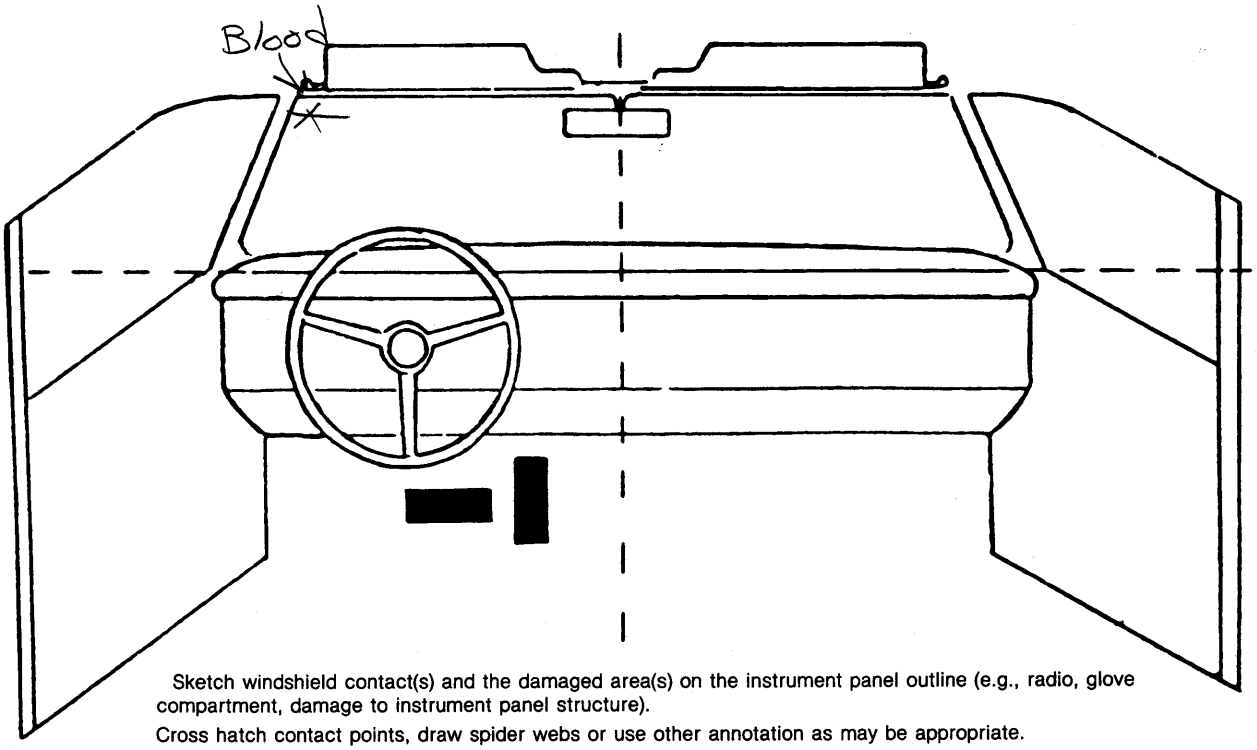
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









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

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

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

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
FIRST	Availability/Function	1	0
	Deployment	1	0
	Failure	1	0

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
FIRST	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	1	Head	Blood	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

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

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

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

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

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

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
FIRST	Availability			
	Function			
	Failure			

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	0	4
	Use	04	0	04
	Failure Modes	1	0	1
SECOND	Availability	4	0	4
	Use	04	0	04
	Failure Modes	1	0	1
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

_____

(9) Unknown

Manual (Active) Belt System Use

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

_____

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

_____

(08) Other belt used (specify):

_____

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

_____

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

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

_____

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

_____

(8) Other manual belt failure (specify):

_____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

_____

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

2. Child Safety Seat Orientation

(00) No child safety seat

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

_____

(04) Unknown orientation

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

_____

(19) Unknown orientation

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

_____

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

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

(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

_____

_____

_____

_____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1	0	1
	Seat Type	02	0	02
	Seat Performance	9	0	1
SECOND	Head Restraint Type/Damage	0		0
	Seat Type	05		05
	Seat Performance	9		9
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (This Occupant Position)

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

Seat Performance (This Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [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 [ ] Yes [X]

Describe entrapment mechanism: Lower Dash, Steering, Seat

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (This Occupant Position) 02

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

_____

(99) Unknown

27. Seat Performance (This Occupant Position) 9

(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

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

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number: 82
2. Case Number – Stratum: 0057A
3. Vehicle Number: 02
4. Occupant Number: 01

INJURY DATA

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

		Source of Injury Data	O.I.C. – A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	1st	5. 1	6. C	7. C	8. E	9. A	10. 6	11. 41 16	12. 3 1	13. 1	14. 99 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	2nd	15. 1	16. C	17. C	18. L	19. H	20. 5	21. 41 16	22. 3 1	23. 1	24. 99 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	3rd	25. 1	26. C	27. C	28. L	29. H	30. 5	31. 41	32. 3	33. 1	34. 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	4th	35. L	36. M	37. R	28. L	39. L	40. 4 5	41. 41 16	42. 3 2	43. 1	44. 99 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	5th	45. L	46. M	47 L	48. L	49. Q	50. 3	51. 41 16	52. 3 2	53. 1	54. 99 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	6th	55. 1	56. P	57. P R	58. Z	59. J	60. 3 2	61. 41	62. 3 2	63. 1	64. 00
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	7th	65. 1	66. C	67 B	68. F	69. S	70. 4	71. 06 1	72. 3 1	73. 1	74. 99 21
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	8th	75. 1	76. H	77. I	78. L	79. B	80. 6	81. 54 22	82. 3	83. 1	84. 02 03
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	9th	85. 1	86. H	87. R	88. U	89. B	90. 3	91. 54 22	92. 3	93. 1	94. 02 03
NASS Cding Chg 1st Rev 3 G 2nd Rev 3 _	10th	95. 1	96. H	97. L	98. L	99. B	100. 5 4	101. 54 22	102. 3	103. 1	104. 02 03

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OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
NASS Cdng Chg 1st Rev 3 G 11th 2nd Rev 3	1	H	L	E	S	3	22 54	3	1	03 02
NASS Cdng Chg 1st Rev 3 G 12th 2nd Rev 3	1	H	I	F	S	3	22 54	3	1	03 02
NASS Cdng Chg 1st Rev 3 G 13th 2nd Rev 3	1	T	R	F	S	3	10 09	1 2	2	07 06
NASS Cdng Chg 1st Rev 3 G 14th 2nd Rev 3	1	K	R	L V	J	2 3	10 09	1 2	1	07 06
NASS Cdng Chg 1st Rev 3 G 15th 2nd Rev 3	1	T	L	F	S	3	09	1 2	2	05 06
NASS Cdng Chg 1st Rev 3 G 16th 2nd Rev 3	1	T	L	F	S	3	09	1 2	2	05 06
NASS Cdng Chg 1st Rev 3 G 17th 2nd Rev 3	1	K Q	L	F M	S W	3	56	1 3	1 2	01
NASS Cdng Chg 1st Rev 3 G 18th 2nd Rev 3	1	L	L	F	S	3	56	3	2	01
NASS Cdng Chg 1st Rev 3 G 19th 2nd Rev 3	1	Q	L	L	I	1	56	1 3	1	01
NASS Cdng Chg 1st Rev 3 G 20th 2nd Rev 3	1	K Y	L	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 21st 2nd Rev 3	1	I	L	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 22nd 2nd Rev 3	1	I	L	A	I	1	92	1	3	00
NASS Cdng Chg 1st Rev 3 G 23rd 2nd Rev 3	1	F	L	V	I	1	09	2	1	05 06

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Autopsy Glass shards in: hair, Ⓛ abdomen, Ⓡ Breast, Ⓛ axillary region, both arms, both legs

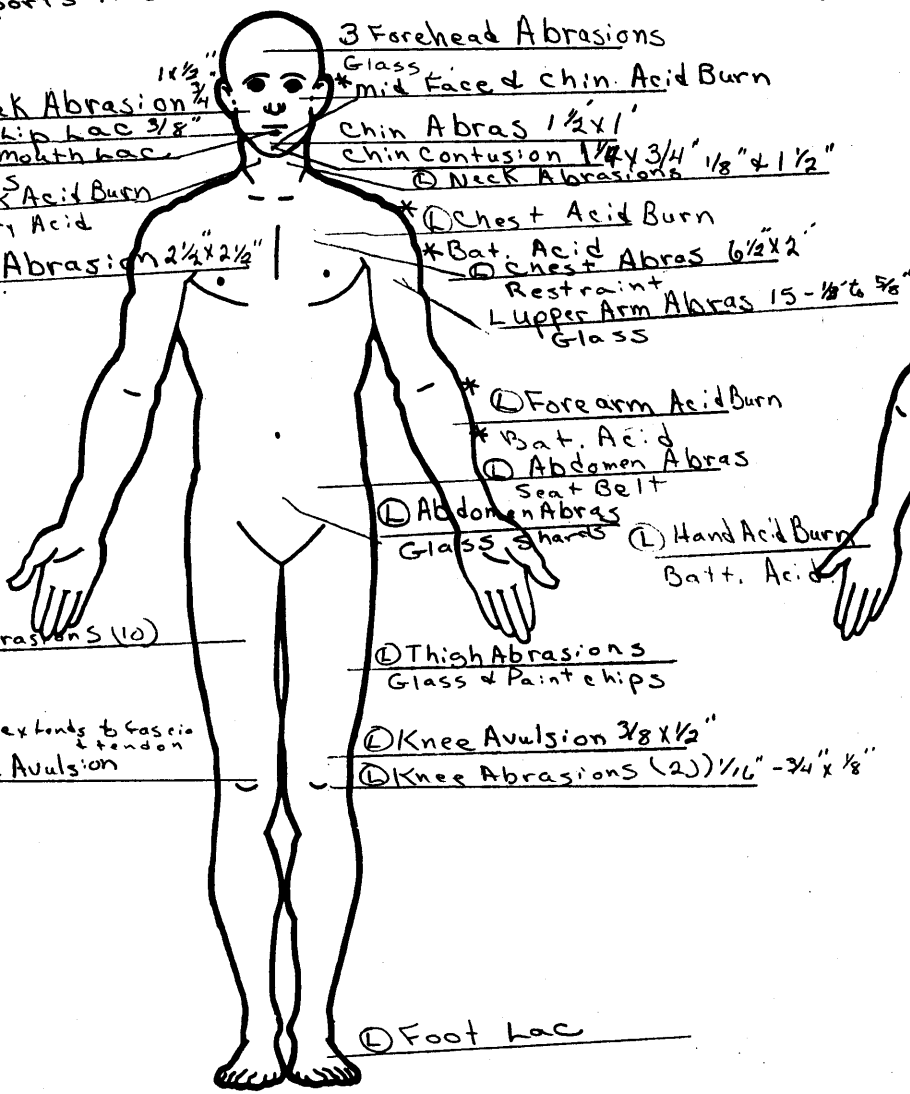
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

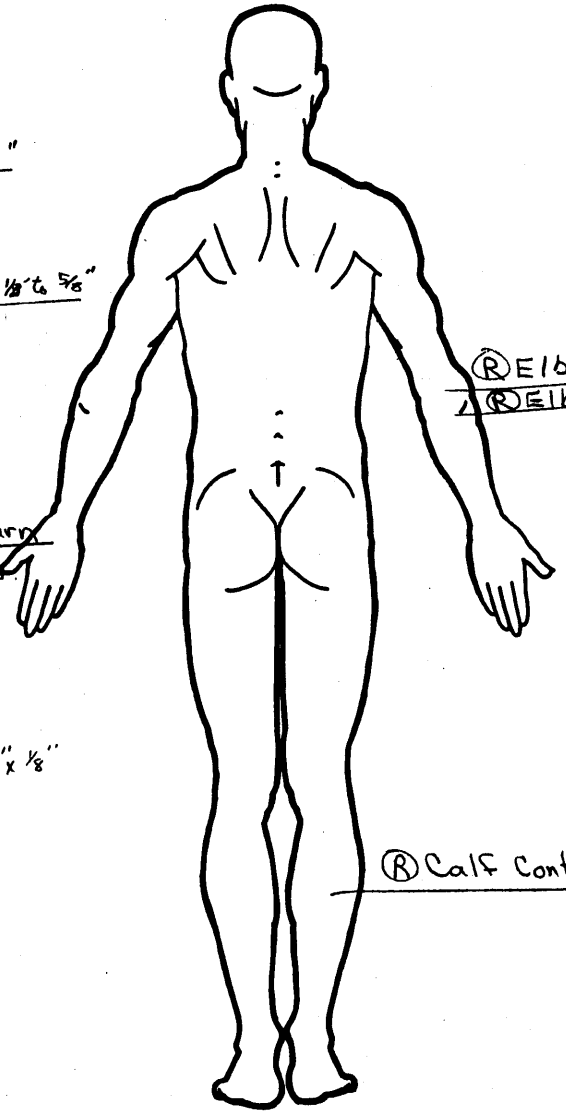
restrained driver, deployed air bag

• In Ⓡ shoulder + back there are yellow acidic discoloration of garment

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.)

*Note: Researcher attended Medical Examiner's meeting at which time, they had concluded that acid burns were caused by Battery acid spraying on this occup from V1. Autopsy reports these discolorations & erosions.





Cause of Death: skull, rib, + pelvic fractures and lacerations of brain, heart, + aorta due to blunt impact to head and trunk

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): Massive compression from 41, 45, 06

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) Battery Acid, Paint Chips

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

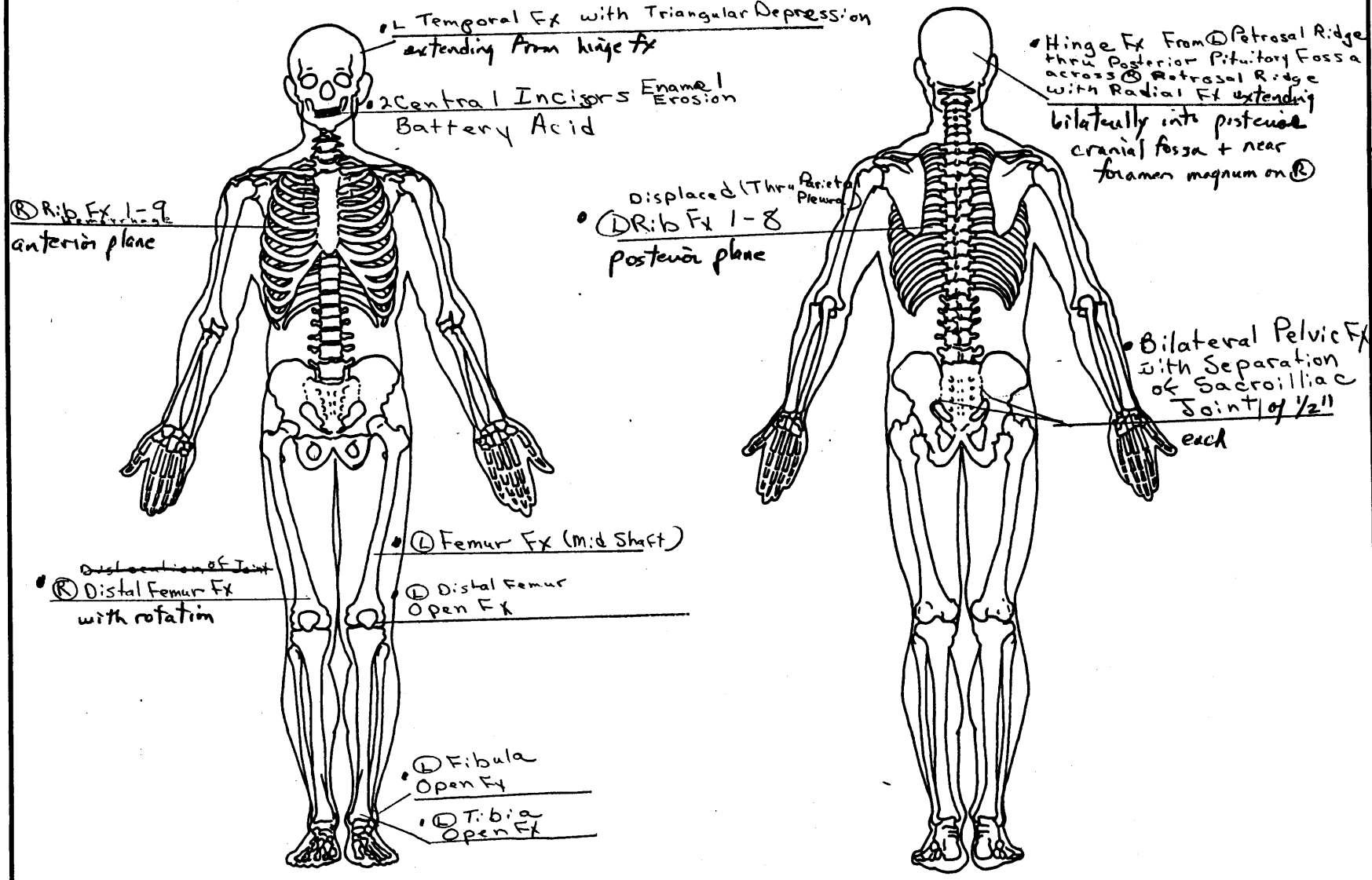
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

Abbreviated Injury Scale

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

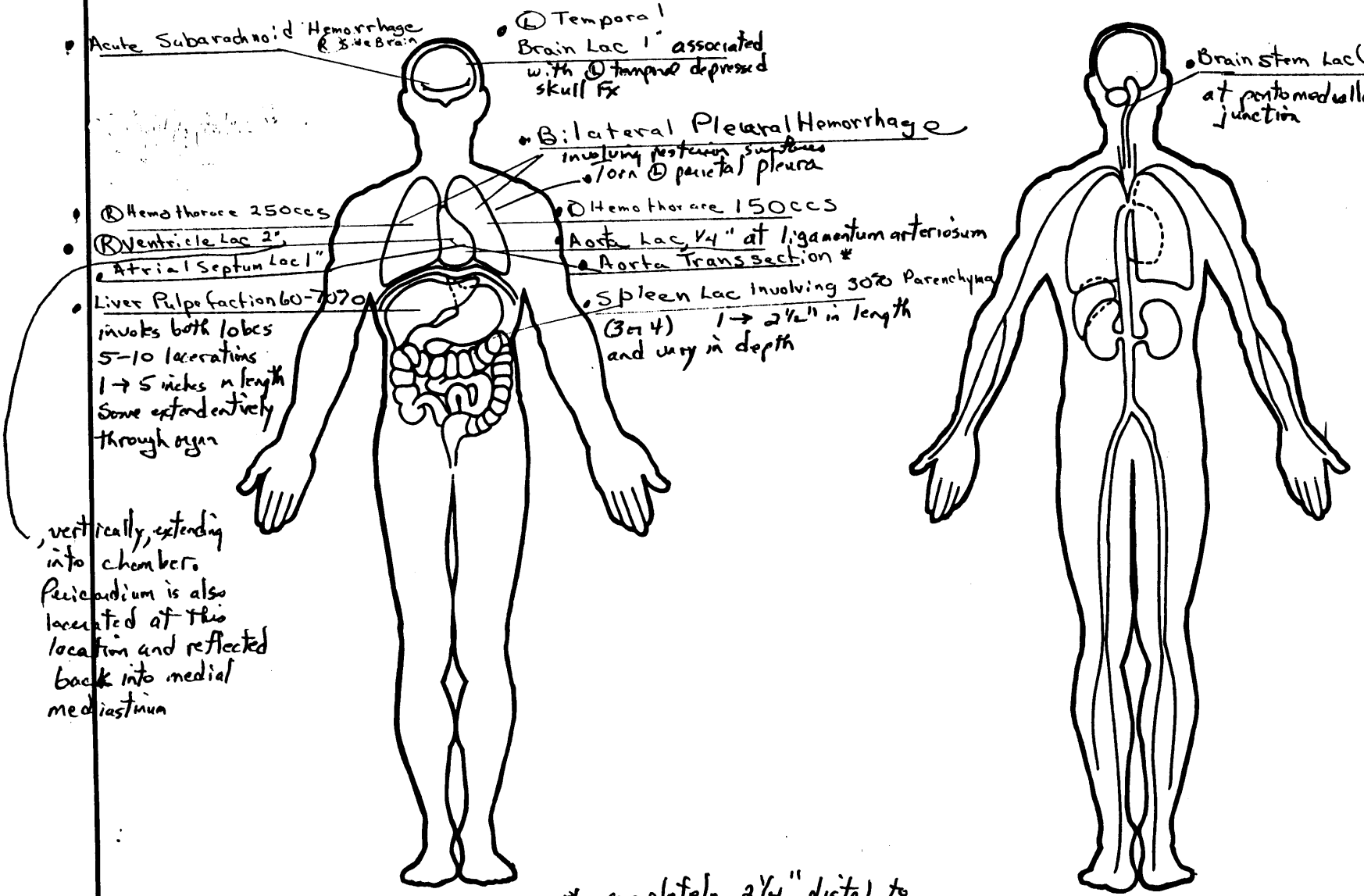
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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



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OCCUPANT INJURY DATA SUPPLEMENT

Injury Number	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
19 24	1	L	R	C	I	1	57	3	1	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 25	1	T	R	C	I	1	04	3	1	06 07
1 26	1	T	R	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 2 27	1	X A	L	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 3 28	1	E	R	A	I	1	10	2 3	1	07 07
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 4 29	1	E	R	C	I	1	10	2 3	1	07 07
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 25 30	1	5 C	R	A	I	1	1 97	1 9	3 7	99 99
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 31	1	C	L	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 32	1	M	5 K	A	I	1	91	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 24 33	1	C	L	A	I	1 2	41	1	1	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 27 34	1	M	5 K	A	I	1 2	41	1 2	1	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 — 28 35	1	N	L	A	I	1	1 97	2 9	3 7	99 99

HS Form 433F (1/91)

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OCCUPANT INJURY DATA SUPPLEMENT

Injury Number	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
29 36	1	F	I	4	S	1	92	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 37	1	F	I	4	S	1	92	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 OK 30 38	1	F	I	L	D	1	91	2	3	00 OK
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 1 39	1	F	I	C	I	1	06	3	1	06 07
32 40	1	F	W	A	I	1	45	3	1	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 33 41	1	H F	S W	A	I	1	91	2	3	00
34 42	1	0	W	B	I	1	92	1	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 35	1	P	L	Z	J	2	41	2	1	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 36	1	H	I	F	S	3	22	3	1	03
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 37	1	C	L	L	P	2	16	1	1	99
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 38	1	F	I	L	I	1	91	2	3	00
NASS Cdng Chg 1st Rev 3 G 2nd Rev 3 39	1	K	L	L	I	1	09	1	1	05

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

CRASHPC PROGRAM SUMMARY

Identifying Title			
82	057A	01	[redacted] 91
Primary Sampling Unit	Case No. – Stratum	Accident Event Sequence No.	Date (month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1975	CHEVROLET	NOVA	1
Vehicle 2	1990	GEO	STORM	2

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	4	1
Weight	3416 + 150 + — = 3566	2282 + 107 + 75 = 2464
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
CDC	12FDEW1	12FDAW6
PDOF	— — —	— 10
Stiffness	4	1

SCENE INFORMATION

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

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

VEHICLE MOTION

Sustained Contact [ ] **No** [ ] **Yes**

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

FRICTION INFORMATION

Coefficient of Friction . ___ ___ ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

Vehicle 2 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LR ___ ___ ___ RR ___ ___ ___

Vehicle 2 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LR ___ ___ ___ RR ___ ___ ___

Terrain Boundary [ ] No [ ] Yes

First Point

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

Second Point

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

Secondary Friction Coefficient . ___ ___ ___

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Length	68	56
Crush Depths C1	63	65
C2	35	58
C3	14	54
C4	0	44
C5		31
C6		20.5
Damage Offset	± 0	± 0

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

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

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

82-057A Z03 added run

SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	40.6	-40.6	.0	.0
	VEH #2	58.8	-57.9	10.2	-10.0

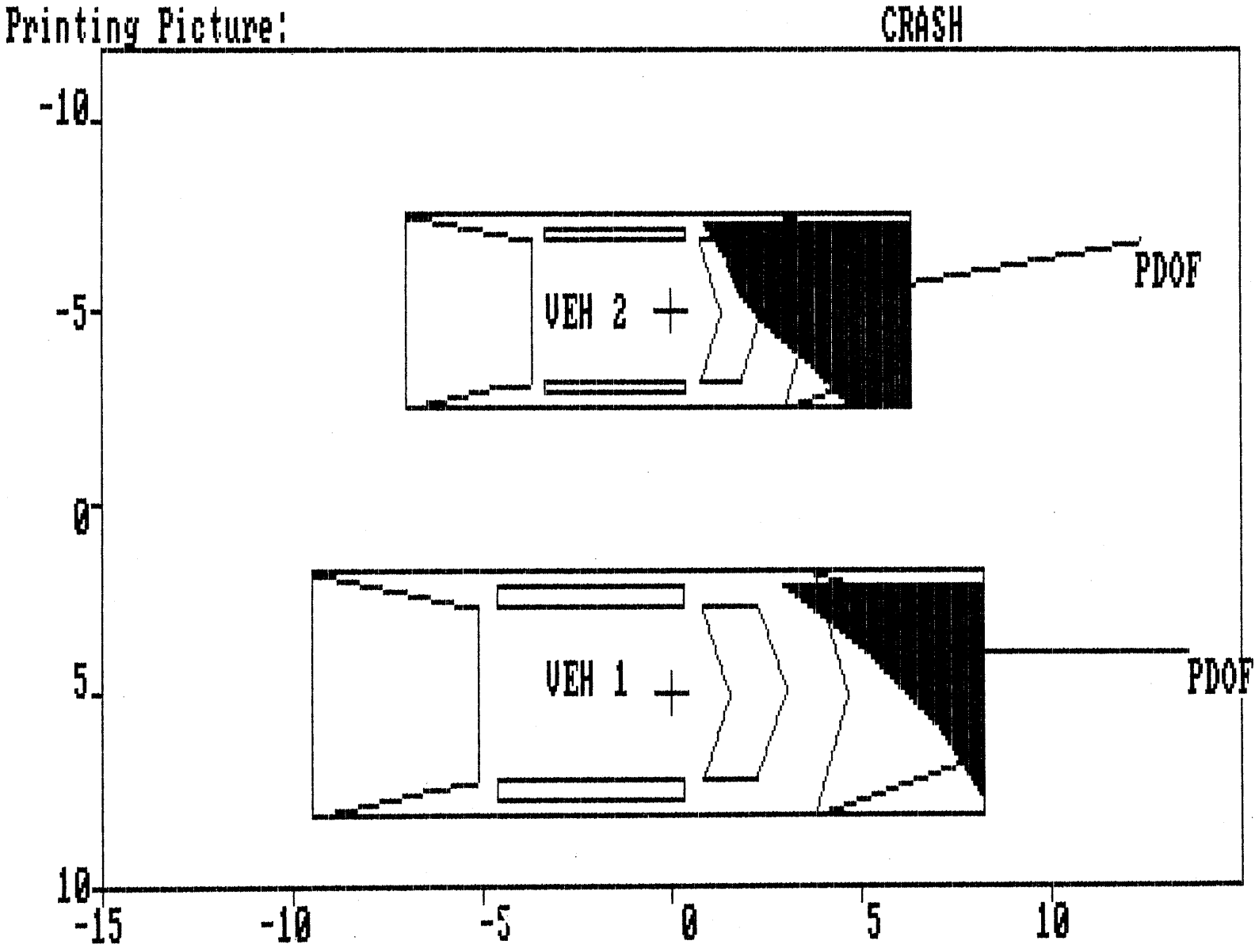
ENERGY DISSIPATED BY DAMAGE VEH#1:165885.1 FT-LB VEH#2:329705.9 FT-LB

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 4		TYPE	CATEGORY 1	
STIFFNESS	CATEGORY 4		STIFFNESS	CATEGORY 1	
WEIGHT	3566.0	LBS.	WEIGHT	2464.0	LBS.
CDC	12FDEW1		CDC	12FDAW6	
L	68.0	IN.	L	56.0	IN.
C1	63.0	IN.	C1	65.0	IN.
C2	35.0	IN.	C2	58.0	IN.
C3	14.0	IN.	C3	54.0	IN.
C4	.0	IN.	C4	44.0	IN.
C5	.0	IN.	C5	31.0	IN.
C6	.0	IN.	C6	20.5	IN.
D	.0		D	.0	
RHO	1.00	*	RHO	1.00	*
ANG	.0	DEG.	ANG	-10.0	DEG.
D'	-13.3	IN.	D'	-4.6	IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7	IN.	A2	=	45.1	IN.
B1	=	59.2	IN.	B2	=	48.1	IN.
TR1	=	61.8	IN.	TR2	=	51.1	IN.
I1	=	34686.4	LB-SEC**2-IN	I2	=	12851.8	LB-SEC**2-IN
M1	=	9.272	LB-SEC**2/IN	M2	=	6.407	LB-SEC**2/IN
XF1	=	98.8	IN.	XF2	=	76.0	IN.
XR1	=	-114.0	IN.	XR2	=	-83.8	IN.
YS1	=	38.5	IN.	YS2	=	30.4	IN.


Printing Picture:
CRASH
-10
-5
0
5
10
-15
-10
-5
0
5
10
VEH 2
PDOF
VEH 1
PDOF
DAMAGE DESCRIPTION

MDE ERROR
OCC Injury form
Veh 2 oc 1

1991 ACCIDENT FORM

1. PSU Number 82 2. Case Number 057A

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/91 5. Accident Time 2140

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 03

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. 04	015. U	016. 63	017. 00	018. 0
019. 02	020. 01	021. 04	022. F	023. 02	024. 01	025. F
026. 03	027. 01	028. 04	029. T	030. 31	031. 00	032. N

****

1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year	75	5. Make	20
6. Model	008	7. Body Type	04
8. VIN	1Y69D5L1[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	1	12. Alcohol Test Result for Driver	14

ACCIDENT RELATED

13. Speed Limit	45	14. Attempted Avoid. Manuever	99
15. Accident Type	09		

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	034	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	2

OVERRIDE/UNDERRIDE (this vehicle)
25. F 1 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	256	28. Heading Angle Other Vehicle	095
29. Basis for Total Delta V	5		

COMPUTER GENERATED DELTA V

30. Total Delta V	99
31. Longitudinal Component of Delta V	99
32. Lateral Component of Delta V	99
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0

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

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

****

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 02	5. 02	6. 12	7. F	8. D	9. E	10. W	11. 05

SECOND HIGHEST DELTA "V"

12. 03	13. 31	14. 00	15. T	16. D	17. D	18. O	19. 03

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.						22.
L	C1	C2	C3	C4	C5	C6	+/-D
068	63	35	14	00			000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 1

27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 111.0

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

****

1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 2 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage
15. WS 4 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact
23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 2

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 6	50. 2
51. 12	52. 19	53. 5	54. 2
55. 11	56. 15	57. 5	58. 1
59. 11	60. 19	61. 4	62. 2
63. 11	64. 06	65. 4	66. 2
67. 11	68. 01	69. 4	70. 2
71. 12	72. 01	73. 4	74. 3
75. 11	76. 02	77. 3	78. 2
79. 11	80. 10	81. 3	82. 3
83. 13	84. 19	85. 3	86. 2

STEERING COLUMN

87. Steering Column Type	1	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	9
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	1

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

****

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 37 6. Sex 1 7. Height 71 8. Weight 150 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 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	99
19. Proper Use of Belt	9	20. Belt Failure Modes During Impact	9
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	0
25. Head Restraint Type/Damage by Occupant at this Position			4
26. Seat Type	03	27. Seat Performance	6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating)	3	35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	99
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 02

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

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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. 7	M	U	U	U	1	97	9	7	99
02. 7	L	L	F	S	2	56	2	1	01

****

1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year	90	5. Make	20
6. Model	035	7. Body Type	03
8. VIN	J81RF2369L7[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	00

ACCIDENT RELATED

13. Speed Limit	45	14. Attempted Avoid. Manuever	99
15. Accident Type	98		

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	023	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 4 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	095	28. Heading Angle Other Vehicle	256
29. Basis for Total Delta V	5		

COMPUTER GENERATED DELTA V

30. Total Delta V	99
31. Longitudinal Component of Delta V	99
32. Lateral Component of Delta V	99
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	1

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

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

****

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 02	5. 01	6. 12	7. F	8. D	9. A	10. W	11. 06

SECOND HIGHEST DELTA "V"

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

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 2

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 5	50. 2
51. 11	52. 12	53. 5	54. 1
55. 11	56. 13	57. 5	58. 1
59. 11	60. 27	61. 4	62. 3
63. 11	64. 06	65. 4	66. 2
67. 11	68. 15	69. 4	70. 2
71. 11	72. 02	73. 4	74. 2
75. 11	76. 01	77. 3	78. 2
79. 99	80. 99	81. 9	82. 9
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	9
93. Location of Rim/Spoke Deform	99		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	9
96. Knee Bolsters Deformed	9	97. Glove Door Open	0

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

****

CRUSH PROFILE
HIGHEST DELTA "V"

20.	L	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
	056		65	58	54	44	31	21		000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded	0	27. Researchers Assess. Veh. Disp.	1
28. Original Wheelbase	096.5		

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

****

1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

5. LF 2 6. RF 2 7. LR 0 8. RR 0 9. TG/H 9

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

10. LF 6 11. RF 2 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage

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

Glazing Damage from Occupant Contact

23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 18 6. Sex 2 7. Height 59 8. Weight 107 9. Role 1
10. Seat Position 11 11. Posture 0

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 04
19. Proper Use of Belt 1 20. Belt Failure Modes During Impact 1
21. Air Bag Availability 1 22. Air Bag Deployment 1
23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 4
25. Head Restraint Type/Damage by Occupant at this Position 1
26. Seat Type 02 27. Seat Performance 9

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) 0 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 42

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

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

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
3. VEHICLE NUMBER 02
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	E	A	6	41	3	1	00
02.	1	C	C	L	H	5	41	3	1	00
03.	1	C	C	L	H	5	41	3	1	00
04.	1	M	R	L	L	4	41	3	1	00
05.	1	M	L	L	Q	3	41	3	1	00
06.	1	P	P	Z	J	3	41	3	1	00
07.	1	C	B	F	S	4	06	3	1	08
08.	1	H	I	L	B	6	54	3	1	02
09.	1	H	R	U	B	3	54	3	1	02
10.	1	H	L	L	B	5	54	3	1	02
11.	1	H	L	F	S	3	54	3	1	02
12.	1	H	I	F	S	3	54	3	1	02
13.	1	T	R	F	S	3	09	2	2	07
14.	1	K	R	V	J	3	09	2	1	07
15.	1	T	L	F	S	3	09	2	2	07
16.	1	T	L	F	S	3	09	2	2	07
17.	1	L	L	F	S	3	56	3	2	01
18.	1	L	L	F	S	3	56	3	2	01
19.	1	Q	L	L	I	1	56	3	1	01
20.	1	K	L	A	I	1	91	1	3	00
21.	1	T	L	A	I	1	91	1	3	00
22.	1	T	L	A	I	1	92	1	3	00
23.	1	T	L	V	I	1	09	2	1	07
24.	1	L	R	C	I	1	57	3	1	00
25.	1	T	R	C	I	1	04	3	1	08
26.	1	T	R	A	I	1	91	1	3	00
27.	1	A	L	A	I	1	91	1	3	00
28.	1	E	R	A	I	1	10	3	1	00
29.	1	E	R	C	I	1	10	3	1	00
30.	1	C	R	A	I	1	97	9	7	99
31.	1	C	L	A	I	1	91	1	3	00
32.	1	M	L	A	I	1	91	1	3	00
33.	1	C	L	A	I	2	41	1	1	00
34.	1	M	L	A	I	1	41	1	1	00
35.	1	N	L	A	I	1	97	9	7	99
36.	1	F	I	U	S	1	92	1	3	00
37.	1	F	I	U	S	1	92	1	3	00
38.	1	F	I	L	D	1	91	1	3	00
39.	1	F	I	C	I	1	06	3	1	08
40.	1	F	W	A	I	1	45	3	1	00
41.	1	F	W	A	I	1	91	2	3	00
42.	1	O	W	B	I	1	92	1	3	00

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

****

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

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1991

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	2	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	8	

Zone 3 [redacted]-91 ①

1991 ACCIDENT FORM

1. PSU Number 82 2. Case Number 057A

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]91 5. Accident Time 2140

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

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. 04	015. F	016. 02	017. 01	018. F
019. 02	020. 01	021. 04	022. T	023. 31	024. 00	025. N

****

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

AG0231 1 If OBJECT CONTACTED AC16 equals 01-30, then ACCIDENT TYPE GV15
AG0232 must equal 20-99.
VEH NUM = 01

AE0031 1 2nd ACCIDENT SEQUENCE EV12 must be less than or equal to EVENTS
AE0032 AC11.
VEH NUM = 01

AE0041 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04, then
AE0042 VEHICLE NUMBER EV03 must equal VEHICLE NUMBER AC13(n) or OBJECT
AE0043 CONTACTED AC16(n).
VEH NUM = 02

AE0051 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04 and
AE0052 VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 1st
AE0053 OBJECT CONTACTED EV05 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 01

AE0101 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04 and 1st
AE0102 OBJECT CONTACTED EV05 equals VEHICLE NUMBER AC13(n), then 1st
AE0103 DEFORMATION LOCATION EV07 must equal CONTACTED AREA AC18(n) or
AE0104 9.
VEH NUM = 02

1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year	75	5. Make	20
6. Model	008	7. Body Type	04
8. VIN	1Y69D5L1[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	1	12. Alcohol Test Result for Driver	18

ACCIDENT RELATED

13. Speed Limit	45	14. Attempted Avoid. Manuever	99
15. Accident Type	50		

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	034	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	2

OVERRIDE/UNDERRIDE (this vehicle)

25. F 1 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	256	28. Heading Angle Other Vehicle	095
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	41
31. Longitudinal Component of Delta V	-41
32. Lateral Component of Delta V	00
33. Energy Absorption	0166
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1

36. Is this an AOPS vehicle? 0

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

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

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

****

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

GG0321 1 If ACCIDENT TYPE GV15(m) equals 20-91, then there must exist
GG0322 another GV15(n) related according to Table 11.
VEH NUM = 01

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 12	7. F	8. D	9. E	10. W	11. 05

SECOND HIGHEST DELTA "V"

12. 01	13. 31	14. 00	15. T	16. D	17. D	18. 0	19. 03

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.
L		63	35	14	00			+/-D
068								000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 111.0

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

EE0011 1 If neither OBJECT CONTACTED (EV05 nor EV13) is equal to VEHICLE
EE0012 NUMBER EV03 or 57, and neither DAMAGE DISTRIBUTION (EV10 nor
EE0013 EV18) is equal to K or blank, then 1st ACCIDENT SEQUENCE EV04
EE0014 must not equal 2nd ACCIDENT SEQUENCE EV12.

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

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

****

AE0041 AE0042 AE0043 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04, then VEHICLE NUMBER EV03 must equal VEHICLE NUMBER AC13(n) or OBJECT CONTACTED AC16(n).
VEH NUM = 02

AE0091 AE0092 AE0093 1 If a SEQUENCE AC12(n) equals 2nd ACCIDENT SEQUENCE EV12 and VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 2nd OBJECT CONTACTED EV13 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 01

AE0101 AE0102 AE0103 AE0104 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04 and 1st OBJECT CONTACTED EV05 equals VEHICLE NUMBER AC13(n), then 1st DEFORMATION LOCATION EV07 must equal CONTACTED AREA AC18(n) or 9.
VEH NUM = 02

ET0011 ET0012 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 2 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage
15. WS 4 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact
23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 2

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 6	50. 2
51. 12	52. 19	53. 5	54. 2
55. 11	56. 15	57. 5	58. 1
59. 11	60. 06	61. 5	62. 2
63. 11	64. 19	65. 4	66. 2
67. 11	68. 01	69. 4	70. 2
71. 12	72. 01	73. 4	74. 3
75. 11	76. 02	77. 3	78. 2
79. 11	80. 10	81. 3	82. 3
83. 13	84. 19	85. 3	86. 2

STEERING COLUMN

87. Steering Column Type 1
88. Steering Column Collapse
89. Vertical Movement(+/-)
90. Lateral Movement(+/-)
91. Longitudinal Movement(+/-)
92. Steering Rim/Spoke Deform 8
93. Location of Rim/Spoke Deform 05

INSTRUMENT PANEL

94. Odometer Reading 999,000
95. Instrument Panel Damage 1
96. Knee Bolsters Deformed 8
97. Glove Door Open 1

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

****

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 37 6. Sex 1 7. Height 71 8. Weight 150 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 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 4
26. Seat Type 03 27. Seat Performance 6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 3 35. Treatment - Mortality 3
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 99
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 46

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

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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.	2	F	I	L	D	1	91	1	3	00
02.	2	F	I	V	D	1	91	1	3	00
03.	2	F	L	C	I	2	14	3	1	03
04.	2	F	I	F	S	2	14	3	1	03
05.	2	F	U	F	S	2	14	3	1	00
06.	2	F	L	L	I	2	91	2	3	00
07.	2	F	I	L	I	1	91	2	3	00
08.	2	N	L	A	I	1	14	3	1	03
09.	2	C	L	C	I	1	14	3	1	03
10.	2	W	L	A	I	1	22	3	1	05
11.	2	R	L	A	I	1	22	2	1	05
12.	2	K	R	L	I	2	91	2	3	00
13.	2	Q	R	L	I	1	91	2	3	00
14.	2	C	C	A	I	1	06	2	1	06
15.	2	R	L	L	I	1	91	2	3	00
16.	2	C	L	C	P	3	22	2	1	05
17.	2	P	R	Z	J	3	07	2	2	08
18.	2	T	L	F	S	3	20	2	1	10
19.	2	R	L	F	S	3	22	3	1	05
20.	2	P	R	F	S	2	07	3	2	08
21.	2	F	I	F	S	1	14	3	1	03
22.	2	H	W	K	B	2	14	2	1	03
23.	2	Q	L	Z	J	3	56	1	1	01
24.	2	Q	L	Z	J	3	56	2	1	01
25.	2	Q	L	F	S	2	56	2	1	01
26.	2	Q	L	F	S	2	56	2	1	01
27.	2	Q	L	F	S	2	56	2	1	01
28.	2	Q	L	F	S	2	56	2	1	01
29.	2	Q	L	F	S	2	56	2	1	01
30.	2	Q	L	F	S	2	56	2	1	01
31.	2	Q	L	F	S	2	56	2	1	01
32.	2	Q	L	F	S	2	56	2	1	01
33.	2	Q	L	F	S	2	56	2	1	01
34.	2	Q	L	F	S	2	56	2	1	01
35.	2	Q	L	F	S	2	56	2	1	01
36.	2	Q	L	F	S	2	56	2	1	01
37.	2	Q	L	F	S	2	56	2	1	01
38.	2	Q	L	F	S	1	56	2	1	01
39.	2	Q	L	F	S	2	56	2	1	01
40.	2	Q	L	V	M	2	56	2	1	01
41.	2	W	L	F	S	2	22	3	1	05
42.	2	Q	R	D	J	2	56	2	1	01
43.	2	Q	R	R	J	2	56	2	1	01
44.	2	Q	R	F	S	2	56	2	1	01
45.	2	Q	R	F	S	1	56	2	1	01
46.	2	Q	R	F	S	2	56	2	1	01

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

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 10

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 11

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 16

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 17

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 18

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 19

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 20

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT

CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 41

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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.	2	F	I	L	D	1	91	1	3	00
02.	2	F	I	V	D	1	91	1	3	00
03.	2	F	L	C	I	2	14	3	1	03
04.	2	F	I	F	S	2	14	3	1	03
05.	2	F	U	F	S	2	14	3	1	00
06.	2	F	L	L	I	2	91	2	3	00
07.	2	F	I	L	I	1	91	2	3	00
08.	2	N	L	A	I	1	14	3	1	03
09.	2	C	L	C	I	1	14	3	1	03
10.	2	W	L	A	I	1	22	3	1	05
11.	2	R	L	A	I	1	22	2	1	05
12.	2	K	R	L	I	2	91	2	3	00
13.	2	Q	R	L	I	1	91	2	3	00
14.	2	C	C	A	I	1	06	2	1	06
15.	2	R	L	L	I	1	91	2	3	00
16.	2	C	L	C	P	3	22	2	1	05
17.	2	P	R	Z	J	3	07	2	2	08
18.	2	T	L	F	S	3	20	2	1	10
19.	2	R	L	F	S	3	22	3	1	05
20.	2	P	R	F	S	2	07	3	2	08
21.	2	F	I	F	S	1	14	3	1	03
22.	2	H	W	K	B	2	14	2	1	03
23.	2	Q	L	Z	J	3	56	1	1	01
24.	2	Q	L	Z	J	3	56	2	1	01
25.	2	Q	L	F	S	2	56	2	1	01
26.	2	Q	L	F	S	2	56	2	1	01
27.	2	Q	L	F	S	2	56	2	1	01
28.	2	Q	L	F	S	2	56	2	1	01
29.	2	Q	L	F	S	2	56	2	1	01
30.	2	Q	L	F	S	2	56	2	1	01
31.	2	Q	L	F	S	2	56	2	1	01
32.	2	Q	L	F	S	2	56	2	1	01
33.	2	Q	L	F	S	2	56	2	1	01
34.	2	Q	L	F	S	2	56	2	1	01
35.	2	Q	L	F	S	2	56	2	1	01
36.	2	Q	L	F	S	2	56	2	1	01
37.	2	Q	L	F	S	2	56	2	1	01
38.	2	Q	L	F	S	1	56	2	1	01
39.	2	Q	L	F	S	2	56	2	1	01
40.	2	Q	L	V	M	2	56	2	1	01
41.	2	W	L	F	S	2	22	3	1	05
42.	2	Q	R	D	J	2	56	2	1	01
43.	2	Q	R	R	J	2	56	2	1	01
44.	2	Q	R	F	S	2	56	2	1	01
45.	2	Q	R	F	S	1	56	2	1	01
46.	2	Q	R	F	S	2	56	2	1	01

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

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

ET0011   2  If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012      equal 0.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 42

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 10

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 11

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 16

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 17

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 18

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 19

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 20

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.

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            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 41
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1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year	90	5. Make	20
6. Model	035	7. Body Type	03
8. VIN	J81RF2369L[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	00

ACCIDENT RELATED

13. Speed Limit	45	14. Attempted Avoid. Manuever	99
15. Accident Type	51		

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	023	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 4 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	095	28. Heading Angle Other Vehicle	256
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	59
31. Longitudinal Component of Delta V	-58
32. Lateral Component of Delta V	+10
33. Energy Absorption	0330
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	1

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

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

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1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 2 6. RF 2 7. LR 0 8. RR 0 9. TG/H 9

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 6 11. RF 2 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage
15. WS 9 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 0 22. Other 0

Glazing Damage from Occupant Contact
23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

Window Precrash Glazing Status
39. WS 1 40. LF 2 41. RF 2 42. LR 1 43. RR 1

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44. BL 1 45. Roof 0 46. Other 0

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 5	50. 2
51. 11	52. 27	53. 4	54. 3
55. 11	56. 06	57. 4	58. 2
59. 11	60. 15	61. 4	62. 2
63. 11	64. 02	65. 4	66. 2
67. 11	68. 01	69. 3	70. 2
71. 99	72. 99	73. 9	74. 9
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	9
93. Location of Rim/Spoke Deform	99		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	9
96. Knee Bolsters Deformed	9	97. Glove Door Open	0

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CC0531  2  ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532     ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533     DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534     or IV08 equals 2 or IV09 equals 2.

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CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 01     OCCUPANT NUM = 01     INJURY NUM = 10

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 01     OCCUPANT NUM = 01     INJURY NUM = 11

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
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CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 16

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 17

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 18

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 19

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 20

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 01      OCCUPANT NUM = 01      INJURY NUM = 41

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 07

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 08

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 09

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 10

CT0091  1   If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
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CT0094          shown in Table A-15.
                VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 11

CT0091   1      If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092          IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093          COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094          shown in Table A-15.
                VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 12

CT0091   1      If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092          IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093          COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094          shown in Table A-15.
                VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 25

CT0091   1      If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092          IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093          COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094          shown in Table A-15.
                VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 39
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1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
3. VEHICLE NUMBER 02
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	E	A	6	41	3	1	00
02.	1	C	C	L	H	5	41	3	1	00
03.	1	C	C	L	H	5	41	3	1	00
04.	1	M	R	L	L	4	41	3	1	00
05.	1	M	L	L	Q	3	41	3	1	00
06.	1	P	P	Z	J	3	41	3	1	00
07.	1	C	B	F	S	4	06	3	1	07
08.	1	H	I	L	B	6	54	3	1	02
09.	1	H	R	U	B	3	54	3	1	02
10.	1	H	L	L	B	5	54	3	1	02
11.	1	H	L	F	S	3	54	3	1	02
12.	1	H	I	F	S	3	54	3	1	02
13.	1	T	R	F	S	3	09	2	2	06
14.	1	K	R	V	J	3	09	2	1	06
15.	1	T	L	F	S	3	09	2	2	06
16.	1	T	L	F	S	3	09	2	2	06
17.	1	L	L	F	S	3	56	3	2	01
18.	1	L	L	F	S	3	56	3	2	01
19.	1	Q	L	L	I	1	56	3	1	01
20.	1	K	L	A	I	1	91	1	3	00
21.	1	T	L	A	I	1	91	1	3	00
22.	1	T	L	A	I	1	92	1	3	00
23.	1	T	L	V	I	1	09	2	1	06
24.	1	L	R	C	I	1	57	3	1	00
25.	1	T	R	C	I	1	04	3	1	07
26.	1	T	R	A	I	1	91	1	3	00
27.	1	A	L	A	I	1	91	1	3	00
28.	1	E	R	A	I	1	10	3	1	00
29.	1	E	R	C	I	1	10	3	1	00
30.	1	C	R	A	I	1	97	9	7	99
31.	1	C	L	A	I	1	91	1	3	00
32.	1	M	L	A	I	1	91	1	3	00
33.	1	C	L	A	I	2	41	1	1	00
34.	1	M	L	A	I	1	41	1	1	00
35.	1	N	L	A	I	1	97	9	7	99
36.	1	F	I	U	S	1	92	1	3	00
37.	1	F	I	U	S	1	92	1	3	00
38.	1	F	I	L	D	1	91	1	3	00
39.	1	F	I	C	I	1	06	3	1	07
40.	1	F	W	A	I	1	45	3	1	00
41.	1	F	W	A	I	1	91	2	3	00
42.	1	O	W	B	I	1	92	1	3	00

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

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 10

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 11

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 16

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 17

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 18

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.

VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 19

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 20

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 01 OCCUPANT NUM = 01 INJURY NUM = 41

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 08

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 09

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 10

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 11

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 12

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 13

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 14

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.

VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 15

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 16

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 23

Zone 3 [redacted] 91 (2)

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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.	2	F	I	L	D	1	91	1	3	00
02.	2	F	I	V	D	1	91	1	3	00
03.	2	F	L	C	I	2	14	3	1	03
04.	2	F	I	F	S	2	14	3	1	03
05.	2	F	U	F	S	2	14	3	1	00
06.	2	F	L	L	I	2	91	2	3	00
07.	2	F	I	L	I	1	91	2	3	00
08.	2	N	L	A	I	1	14	3	1	03
09.	2	C	L	C	I	1	14	3	1	03
10.	2	W	L	A	I	1	22	3	1	04
11.	2	R	L	A	I	1	22	2	1	04
12.	2	K	R	L	I	2	91	2	3	00
13.	2	Q	R	L	I	1	91	2	3	00
14.	2	C	C	A	I	1	06	2	1	06
15.	2	R	L	L	I	1	91	2	3	00
16.	2	C	L	C	P	3	22	2	1	04
17.	2	P	R	Z	J	3	07	2	2	06
18.	2	T	L	F	S	3	20	2	1	09
19.	2	R	L	F	S	3	22	3	1	04
20.	2	P	R	F	S	2	07	3	2	06
21.	2	F	I	F	S	1	14	3	1	03
22.	2	H	W	K	B	2	14	2	1	03
23.	2	Q	L	Z	J	3	56	1	1	01
24.	2	Q	L	Z	J	3	56	2	1	01
25.	2	Q	L	F	S	2	56	2	1	01
26.	2	Q	L	F	S	2	56	2	1	01
27.	2	Q	L	F	S	2	56	2	1	01
28.	2	Q	L	F	S	2	56	2	1	01
29.	2	Q	L	F	S	2	56	2	1	01
30.	2	Q	L	F	S	2	56	2	1	01
31.	2	Q	L	F	S	2	56	2	1	01
32.	2	Q	L	F	S	2	56	2	1	01
33.	2	Q	L	F	S	2	56	2	1	01
34.	2	Q	L	F	S	2	56	2	1	01
35.	2	Q	L	F	S	2	56	2	1	01
36.	2	Q	L	F	S	2	56	2	1	01
37.	2	Q	L	F	S	2	56	2	1	01
38.	2	Q	L	F	S	1	56	2	1	01
39.	2	Q	L	F	S	2	56	2	1	01
40.	2	Q	L	V	M	2	56	2	1	01
41.	2	W	L	F	S	2	22	3	1	04
42.	2	Q	R	D	J	2	56	2	1	01
43.	2	Q	R	R	J	2	56	2	1	01
44.	2	Q	R	F	S	2	56	2	1	01
45.	2	Q	R	F	S	1	56	2	1	01
46.	2	Q	R	F	S	2	56	2	1	01

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

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

ET0011  2  If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012     equal 0.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 42

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 08

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 09

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 10

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 11

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 12

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 13

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 14

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094     shown in Table A-15.
           VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 15

CT0091  1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092     IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093     COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
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CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 16

CT0091   1  If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092      IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093      COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094      shown in Table A-15.
            VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 23
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1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
3. VEHICLE NUMBER 02
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	E	A	6	41	3	1	00
02.	1	C	C	L	H	5	41	3	1	00
03.	1	C	C	L	H	5	41	3	1	00
04.	1	M	R	L	L	4	41	3	1	00
05.	1	M	L	L	Q	3	41	3	1	00
06.	1	P	P	Z	J	3	41	3	1	00
07.	1	C	B	F	S	4	06	3	1	06
08.	1	H	I	L	B	6	54	3	1	99
09.	1	H	R	U	B	3	54	3	1	99
10.	1	H	L	L	B	5	54	3	1	99
11.	1	H	L	F	S	3	54	3	1	99
12.	1	H	I	F	S	3	54	3	1	99
13.	1	T	R	F	S	3	09	2	2	05
14.	1	K	R	V	J	3	09	2	1	05
15.	1	T	L	F	S	3	09	2	2	05
16.	1	T	L	F	S	3	09	2	2	05
17.	1	L	L	F	S	3	56	3	2	01
18.	1	L	L	F	S	3	56	3	2	01
19.	1	Q	L	L	I	1	56	3	1	01
20.	1	K	L	A	I	1	91	1	3	00
21.	1	T	L	A	I	1	91	1	3	00
22.	1	T	L	A	I	1	92	1	3	00
23.	1	T	L	V	I	1	09	2	1	05
24.	1	L	R	C	I	1	57	3	1	00
25.	1	T	R	C	I	1	04	3	1	06
26.	1	T	R	A	I	1	91	1	3	00
27.	1	A	L	A	I	1	91	1	3	00
28.	1	E	R	A	I	1	10	3	1	00
29.	1	E	R	C	I	1	10	3	1	00
30.	1	C	R	A	I	1	97	9	7	99
31.	1	C	L	A	I	1	91	1	3	00
32.	1	M	L	A	I	1	91	1	3	00
33.	1	C	L	A	I	2	41	1	1	00
34.	1	M	L	A	I	1	41	1	1	00
35.	1	N	L	A	I	1	97	9	7	99
36.	1	F	I	U	S	1	92	1	3	00
37.	1	F	I	U	S	1	92	1	3	00
38.	1	F	I	L	D	1	91	1	3	00
39.	1	F	I	C	I	1	06	3	1	06
40.	1	F	W	A	I	1	45	3	1	00
41.	1	F	W	A	I	1	91	2	3	00
42.	1	O	W	B	I	1	92	1	3	00

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

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

EE0011 1 If neither OBJECT CONTACTED (EV05 nor EV13) is equal to VEHICLE
EE0012 NUMBER EV03 or 57, and neither DAMAGE DISTRIBUTION (EV10 nor
EE0013 EV18) is equal to K or blank, then 1st ACCIDENT SEQUENCE EV04
EE0014 must not equal 2nd ACCIDENT SEQUENCE EV12.

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

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

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

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

MORE INTRA ERRORS - PRESS ENTER TO CONTINUE

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

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.

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

NO MORE INTRA ERRORS - PRESS ENTER

AE0041 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04, then
AE0042 VEHICLE NUMBER EV03 must equal VEHICLE NUMBER AC13(n) or OBJECT
AE0043 CONTACTED AC16(n).
VEH NUM = 02

AE0091 1 If a SEQUENCE AC12(n) equals 2nd ACCIDENT SEQUENCE EV12 and
AE0092 VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 2nd
AE0093 OBJECT CONTACTED EV13 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 01

AE0101 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04 and 1st
AE0102 OBJECT CONTACTED EV05 equals VEHICLE NUMBER AC13(n), then 1st
AE0103 DEFORMATION LOCATION EV07 must equal CONTACTED AREA AC18(n) or
AE0104 9.
VEH NUM = 02

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

NO MORE INTER ERRORS - PRESS ENTER

1991 VEHICLE EXTERIOR FORM

Zone 3

[redacted] 91 (3)

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 12	7. F	8. D	9. E	10. W	11. 05

SECOND HIGHEST DELTA "V"

12. 02	13. 31	14. 00	15. T	16. D	17. D	18. 0	19. 03

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.
L								+/-D
068		63	35	14	00			000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 111.0

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

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

****

AE0041 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04, then
AE0042 VEHICLE NUMBER EV03 must equal VEHICLE NUMBER AC13(n) or OBJECT
AE0043 CONTACTED AC16(n).
VEH NUM = 02

AE0101 1 If a SEQUENCE AC12(n) equals 1st ACCIDENT SEQUENCE EV04 and 1st
AE0102 OBJECT CONTACTED EV05 equals VEHICLE NUMBER AC13(n), then 1st
AE0103 DEFORMATION LOCATION EV07 must equal CONTACTED AREA AC18(n) or
AE0104 9.

VEH NUM = 02

GE0011 1 If an ACCIDENT SEQUENCE EV04(n) of vehicle A equals 01-98 and
GE0012 equals an EV04(m) of vehicle B, then the corresponding OBJECT
GE0013 CONTACTED EV05(n) of vehicle A must equal VEHICLE NUMBER GV03 of
GE0014 vehicle B.
VEH NUM = 02

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 01	6. 12	7. F	8. D	9. A	10. W	11. 06

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.
L 056		65	58	54	44	31	21	+/-D 000

SECOND HIGHEST DELTA "V"

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

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

28. Original Wheelbase 096.5

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

Zone 3 [redacted] 91 (9)

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

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

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

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.

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

82057A00000011[redacted]914.021000000000022140000000[redacted]91[redacted]91 [redacted]91
82057A00010012[redacted]914.0210000000000104F0201F
82057A00020012[redacted]914.0210000000000104T3100N
82057A01000021 4.02 00000100075200080 41Y69D5[redacted]-19911845995010101034
0000021025609514 1-41 000166110
82057A01000022 4.02 00000100000000000000000000000
82057A01000031 4.02 00000200001021 2FDEW0502310 0TDD0030686335140 0 000
0111100001
82057A01000041 4.02 00000100098233302000046666668690000000122222021222210 2
82057A01000042 4.02 00000000011056212195211155111065211194211014212014311 02
3211103313193 21 805999181
82057A01010051 4.02 00000000037171150111900001499990000403600000000000003319
997000000004600000
82057A01010161 4.02 0000010002FILD1911300
82057A01010261 4.02 0000000002FIVD1911300
82057A01010361 4.02 0000000002FLCI2143103
82057A01010461 4.02 0000000002FIFS2143103
82057A01010561 4.02 0000000002FUFS2143100
82057A01010661 4.02 0000000002FLLI2912300
82057A01010761 4.02 0000000002FILI1912300
82057A01010861 4.02 0000000002NLAI1143103
82057A01010961 4.02 0000000002CLCI1143103
82057A01011061 4.02 0000000002WLAI1223104
82057A01011161 4.02 0000000002RLAI1222104
82057A01011261 4.02 0000000002KRLI2912300
82057A01011361 4.02 0000000002QRLI1912300
82057A01011461 4.02 0000000002CCAI1062106
82057A01011561 4.02 0000000002RLLI1912300
82057A01011661 4.02 0000000002CLCP3222104
82057A01011761 4.02 0000000002PRZJ3072206
82057A01011861 4.02 0000000002TLFS3202109
82057A01011961 4.02 0000000002RLFS3223104
82057A01012061 4.02 0000000002PRFS2073206

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82057A01012161       4.02 0000000002FIFS1143103
82057A01012261       4.02 0000000002HWKB2142103
82057A01012361       4.02 0000000002QLZJ3561101
82057A01012461       4.02 0000000002QLZJ3562101
82057A01012561       4.02 0000000002QLFS2562101
82057A01012661       4.02 0000000002QLFS2562101
82057A01012761       4.02 0000000002QLFS2562101
82057A01012861       4.02 0000000002QLFS2562101
82057A01012961       4.02 0000000002QLFS2562101
82057A01013061       4.02 0000000002QLFS2562101
82057A01013161       4.02 0000000002QLFS2562101
82057A01013261       4.02 0000000002QLFS2562101
82057A01013361       4.02 0000000002QLFS2562101
82057A01013461       4.02 0000000002QLFS2562101
82057A01013561       4.02 0000000Q02QLFS2562101
82057A01013661       4.02 0000000002QLFS2562101
82057A01013761       4.02 0000000002QLFS2562101
82057A01013861       4.02 0000000002QLFS1562101
82057A01013961       4.02 0000000002QLFS2562101
82057A01014061       4.02 0000000002QLVM2562101
82057A01014161       4.02 0000000002WLFS2223104
82057A01014261       4.02 0000000002QRDJ2562101
82057A01014361       4.02 0000000002QRRJ2562101
82057A01014461       4.02 0000000002QRFS2562101
82057A01014561       4.02 0000000002QRFS1562101
82057A01014661       4.02 0000000002QRFS2562101
82057A02000021       4.02 00000000090200350JJ81RF2369L7[redacted]1990004599511010102300000004009525615 9-58+100330111
82057A02000022       4.02 00000000000000000000000000000
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                0109650001
82057A02000041       4.02 0000010009822009620009666660010000000122222001221110 0
82057A02000042       4.02 0000000001105521127431106421115421102421101329999999
                9              999999990
82057A02010051       4.02 0000010001825910711100000040411111410290000000000004100
06201990000420000 0
82057A02010161       4.02 0000010001CCEA6413100
82057A02010261       4.02 0000000001CCLH5413100
82057A02010361       4.02 0000000001CCLH5413100
82057A02010461       4.02 0000000001MRLL4413100
82057A02010561       4.02 0000000001MLLQ3413100
82057A02010661       4.02 0000000001PPZJ3413100
82057A02010761       4.02 0000000001CBFS4063106
82057A02010861       4.02 0000000001HILB6543199
82057A02010961       4.02 0000000001HRUB3543199
82057A02011061       4.02 0000000001HLLB5543199
82057A02011161       4.02 0000000001HLFS3543199
82057A02011261       4.02 0000000001HIFS3543199
82057A02011361       4.02 0000000001TRFS3092205
82057A02011461       4.02 0000000001KRVJ3092105
82057A02011561       4.02 0000000001TLFS3092205
82057A02011661       4.02 0000000001TLFS3092205
82057A02011761       4.02 0000000001LLFS3563201
82057A02011861       4.02 0000000001LLFS3563201
82057A02011961       4.02 0000000001QLLI1563101
82057A02012061       4.02 0000000001KLAI1911300
82057A02012161       4.02 0000000001TLAI1911300
82057A02012261       4.02 0000000001TLAI1921300
82057A02012361       4.02 0000000001TLVI1092105
82057A02012461       4.02 0000000001LRCI1573100
```

```
82057A02012561       4.02 0000000001TRCI1043106
82057A02012661       4.02 0000000001TRAI1911300
82057A02012761       4.02 0000000001ALAI1911300
82057A02012861       4.02 0000000001ERAI1103100
82057A02012961       4.02 0000000001ERCI1103100
82057A02013061       4.02 0000000001CRAI1979799
82057A02013161       4.02 0000000001CLAI1911300
82057A02013261       4.02 0000000001MLAI1911300
82057A02013361       4.02 0000000001CLAI2411100
82057A02013461       4.02 0000000001MLAI1411100
82057A02013561       4.02 0000000001NLAI1979799
82057A02013661       4.02 0000000001FIUS1921300
82057A02013761       4.02 0000000001FIUS1921300
82057A02013861       4.02 0000000001FILD1911300
82057A02013961       4.02 0000000001FICI1063106
82057A02014061       4.02 0000000001FWAI1453100
82057A02014161       4.02 0000000001FWAI1912300
82057A02014261       4.02 0000000001OWBI1921300
82057A88888888[redacted]914.0010000000000YY0202YYY0101Y000000000000000000000000000000000000
00000000
82057A99999999[redacted]914.0010000000000000000000000010000000030000000020000000040000
0000200000001
  ET0011  2  If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
  ET0012     equal 0.
             VEH NUM = 02      OCCUPANT NUM = 01      INJURY NUM = 42
```

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 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	3	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	2	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	10	

1991 OCCUPANT ASSESSMENT FORM

Zone 3 [redacted] -92 (5)

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 37 6. Sex 1 7. Height 71 8. Weight 150 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 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 4
26. Seat Type 03 27. Seat Performance 6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 3 35. Treatment - Mortality 3
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 99
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 30

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

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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. 2	F	I	L	D	1	65	2	1	97
02. 2	F	I	V	D	1	65	2	1	97
03. 3	F	L	C	I	1	65	2	1	97
04. 2	F	I	F	S	2	65	2	1	97
05. 2	F	I	F	S	3	65	2	1	97
06. 2	F	L	L	I	1	65	2	1	97
07. 3	F	I	L	I	1	65	2	1	97
08. 2	N	L	A	I	1	14	3	1	03
09. 3	C	L	C	I	1	14	2	1	08
10. 2	W	L	A	I	1	22	3	1	04
11. 2	R	L	A	I	1	22	2	1	04
12. 2	K	R	L	J	2	09	2	1	08
13. 2	Q	R	L	J	2	56	2	1	01
14. 2	C	C	A	I	1	14	3	1	08
15. 2	C	L	C	P	3	14	2	1	08
16. 2	P	R	Z	J	3	09	2	2	08
17. 2	T	L	F	S	3	09	1	2	08
18. 2	R	L	F	S	3	22	3	1	04
19. 2	P	A	F	S	2	09	2	2	08
20. 2	F	I	F	S	2	65	2	1	97
21. 2	H	W	K	B	2	50	2	1	03
22. 2	Q	L	Z	J	3	56	1	1	01
23. 2	Q	L	F	S	2	56	1	1	01
24. 2	Q	L	F	S	2	56	1	1	01
25. 2	Q	L	F	S	1	56	1	1	01
26. 2	Q	R	Z	J	3	56	1	1	01
27. 2	Q	R	F	S	2	56	1	1	01
28. 2	Q	R	F	S	1	56	1	1	01
29. 2	Q	R	F	S	2	56	1	1	01
30. 2	F	I	V	S	1	65	2	1	97

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 42

```
GG0421   2  If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422      equal 4 or 5.

EE0541   2  1st DAMAGE DATA C EV21(1) should not exceed 60.

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

CC0531   2  ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532      ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533      DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534      or IV08 equals 2 or IV09 equals 2.

EE0541   2  1st DAMAGE DATA C EV21(1) should not exceed 60.

CC0531   2  ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532      ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533      DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534      or IV08 equals 2 or IV09 equals 2.

MORE INTRA ERRORS  -     PRESS ENTER TO CONTINUE


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 0A21 equals 1-3.

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


NO MORE INTRA ERRORS  -  PRESS ENTER


ET0011   2  If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012      equal 0.
            VEH NUM = 02      OCCUPANT NUM = 01 .     INJURY NUM = 42
```

1991 GENERAL VEHICLE FORM

Zone 3 [redacted]-92 (6)

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year	90	5. Make	20
6. Model	035	7. Body Type	03
8. VIN	J81RF2369L7[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	00

ACCIDENT RELATED

13. Speed Limit	45	14. Attempted Avoid. Manuever	99
15. Accident Type	51		

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	023	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 4 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	095	28. Heading Angle Other Vehicle	256
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	59
31. Longitudinal Component of Delta V	-58
32. Lateral Component of Delta V	+10
33. Energy Absorption	0330
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	1

37. Police Reported Other Drug Presence 0

38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 2

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 2

****

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 18 6. Sex 2 7. Height 59 8. Weight 107 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 04
19. Proper Use of Belt 1 20. Belt Failure Modes During Impact 1
21. Air Bag Availability 1 22. Air Bag Deployment 1
23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 4
25. Head Restraint Type/Damage by Occupant at this Position 1
26. Seat Type 02 27. Seat Performance 9

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

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 01	41. Cause #2 07	42. Cause #3 02
43. Number of Recorded Injuries 39		

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

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

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
3. VEHICLE NUMBER 02
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	E	A	6	16	1	1	06
02.	1	C	C	L	H	5	16	1	1	06
03.	1	M	R	L	L	5	16	2	1	06
04.	1	M	L	L	Q	3	16	2	1	06
05.	1	P	R	Z	J	2	41	2	1	00
06.	1	C	B	F	S	4	16	1	1	06
07.	1	H	I	L	B	6	22	3	1	03
08.	1	H	R	U	B	3	22	3	1	03
09.	1	H	L	L	B	4	22	3	1	03
10.	1	H	L	F	S	3	22	3	1	03
11.	1	H	I	F	S	3	22	3	1	03
12.	1	T	R	F	S	3	10	1	2	07
13.	1	K	R	L	J	2	10	1	1	07
14.	1	T	L	F	S	3	09	1	2	05
15.	1	T	L	F	S	3	09	1	2	05
16.	1	Q	L	M	W	3	56	1	1	01
17.	1	Q	L	L	I	1	56	1	1	01
18.	1	Y	L	A	I	1	91	1	3	00
19.	1	L	R	C	I	1	57	3	1	00
20.	1	T	R	C	I	1	04	3	1	06
21.	1	T	R	A	I	1	91	1	3	00
22.	1	X	L	A	I	1	91	1	3	00
23.	1	E	R	A	I	1	10	2	1	07
24.	1	E	R	C	I	1	10	2	1	07
25.	1	S	R	A	I	1	91	1	3	00
26.	1	C	L	A	I	1	41	1	1	00
27.	1	M	S	A	I	2	41	2	1	00
28.	1	N	L	A	I	1	91	2	3	00
29.	1	F	I	U	S	1	92	1	3	00
30.	1	F	I	L	D	1	91	2	3	00
31.	1	F	I	C	I	1	06	3	1	06
32.	1	F	W	A	I	1	45	3	1	00
33.	1	H	S	A	I	1	91	2	3	00
34.	1	O	W	B	I	1	92	1	3	00
35.	1	P	L	Z	J	2	41	2	1	00
36.	1	H	I	F	S	3	22	3	1	03
37.	1	C	L	L	P	2	16	1	1	06
38.	1	F	I	L	I	1	91	2	3	00
39.	1	K	L	L	I	1	09	1	1	05

99

99

99

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

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 34

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 01 ✓

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 02 ✓

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 03 ✓

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 04 ✓

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as

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CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 06 ✓

CT0091 1 If INTRUSION NUMBER OI14(n) equals 01-10 and INTRUDING COMPONENT
CT0092 IV48(m) is 01-96 or 98 where m equals OI14(n), then INTRUDING
CT0093 COMPONENT IV48(m) and INJURY SOURCE OI11(n) must be related as
CT0094 shown in Table A-15.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 37 ✓

change OI14 et al.
= 99

Zone 3 [redacted]-92

1991 ACCIDENT FORM

1. PSU Number 82 2. Case Number 057A

IDENTIFICATION
3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/91 5. Accident Time 2140

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

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. 04	015. F	016. 02	017. 01	018. F
019. 02	020. 01	021. 04	022. T	023. 31	024. 00	025. N

****

1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

VEHICLE IDENTIFICATION
4. Model Year 75 5. Make 20
6. Model 008 7. Body Type 04
8. VIN 1Y69D5L1[redacted]

OFFICIAL RECORDS
9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 1 12. Alcohol Test Result for Driver 18

ACCIDENT RELATED
13. Speed Limit 45 14. Attempted Avoid. Manuever 99
15. Accident Type 50

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 034 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 2

OVERRIDE/UNDERRIDE (this vehicle)
25. F 1 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
27. Heading Angle This Vehicle 256 28. Heading Angle Other Vehicle 095
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V	41
31. Longitudinal Component of Delta V	-41
32. Lateral Component of Delta V	00
33. Energy Absorption	0166
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0
37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

****

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 12	7. F	8. D	9. E	10. W	11. 05

SECOND HIGHEST DELTA "V"

12.	13.	14.	15.	16.	17.	18.	19.
02	31	00	T	D	D	0	03

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
L									
068		63	35	14	00				000

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 111.0

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

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

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 37 6. Sex 1 7. Height 71 8. Weight 150 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 1

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 4
26. Seat Type 03 27. Seat Performance 6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 3 35. Treatment - Mortality 3
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 99
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 30

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

****

1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 2 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 2 11. RF 0 12. LR 0 13: RR 0 14. TG/H 0

GLAZING

Glazing Damage
15. WS 4 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact

---

23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 2

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 6	50. 2
51. 12	52. 19	53. 5	54. 2
55. 11	56. 15	57. 5	58. 1
59. 11	60. 06	61. 5	62. 2
63. 11	64. 19	65. 4	66. 2
67. 11	68. 01	69. 4	70. 2
71. 12	72. 01	73. 4	74. 3
75. 11	76. 02	77. 3	78. 2
79. 11	80. 10	81. 3	82. 3
83. 13	84. 19	85. 3	86. 2

STEERING COLUMN

87. Steering Column Type	1	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	8
93. Location of Rim/Spoke Deform	05		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	1

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
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.	2	F	I	L	D	1	65	2	1	97
02.	2	F	I	V	D	1	65	2	1	97
03.	3	F	L	C	I	1	65	2	1	97
04.	2	F	I	F	S	2	65	2	1	97
05.	2	F	I	F	S	3	65	2	1	97
06.	2	F	L	L	I	1	65	2	1	97
07.	3	F	I	L	I	1	65	2	1	97
08.	2	N	L	A	I	1	14	3	1	03
09.	3	C	L	C	I	1	14	2	1	08
10.	2	W	L	A	I	1	22	3	1	04
11.	2	R	L	A	I	1	22	2	1	04
12.	2	K	R	L	J	2	09	2	1	08
13.	2	Q	R	L	J	2	56	2	1	01
14.	2	C	C	A	I	1	14	3	1	08
15.	2	C	L	C	P	3	14	2	1	08
16.	2	P	R	Z	J	3	09	2	2	08
17.	2	T	L	F	S	3	09	1	2	08
18.	2	R	L	F	S	3	22	3	1	04
19.	2	P	A	F	S	2	09	2	2	08
20.	2	F	I	F	S	2	65	2	1	97
21.	2	H	W	K	B	2	50	2	1	03
22.	2	Q	L	Z	J	3	56	1	1	01
23.	2	Q	L	F	S	2	56	1	1	01
24.	2	Q	L	F	S	2	56	1	1	01
25.	2	Q	L	F	S	1	56	1	1	01
26.	2	Q	R	Z	J	3	56	1	1	01
27.	2	Q	R	F	S	2	56	1	1	01
28.	2	Q	R	F	S	1	56	1	1	01
29.	2	Q	R	F	S	2	56	1	1	01
30.	2	F	I	V	S	1	65	2	1	97

****

1991 GENERAL VEHICLE FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 90
5. Make 20
6. Model 035
7. Body Type 03

---

8. VIN J81RF2369L7[redacted]

OFFICIAL RECORDS

9. Police Reported Disposition 1
10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 0
12. Alcohol Test Result for Driver 00

ACCIDENT RELATED

13. Speed Limit 45
14. Attempted Avoid. Manuever 99
15. Accident Type 51

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 023
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 4 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 095
28. Heading Angle Other Vehicle 256
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 59
31. Longitudinal Component of Delta V -58
32. Lateral Component of Delta V +10
33. Energy Absorption 0330
34. Confidence in Reconstruction Program Results 1
35. Type of Vehicle Inspection 1

36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	2

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 2

****

1991 VEHICLE EXTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 01	6. 12	7. F	8. D	9. A	10. W	11. 06

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
L		65	58	54	44	31	21		000
056									

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 096.5

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

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

****

1991 VEHICLE INTERIOR FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 2 6. RF 2 7. LR 0 8. RR 0 9. TG/H 9

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 6 11. RF 2 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage
15. WS 9 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 0 22. Other 0

Glazing Damage from Occupant Contact
23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 05	49. 5	50. 2
51. 11	52. 27	53. 4	54. 3
55. 11	56. 06	57. 4	58. 2
59. 11	60. 15	61. 4	62. 2
63. 11	64. 02	65. 4	66. 2
67. 11	68. 01	69. 3	70. 2
71. 99	72. 99	73. 9	74. 9
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	9	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	9
93. Location of Rim/Spoke Deform	99		

INSTRUMENT PANEL

94. Odometer Reading	999,000	95. Instrument Panel Damage	9
96. Knee Bolsters Deformed	9	97. Glove Door Open	0

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

****

1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 82
2. Case Number 057A
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 18 6. Sex 2 7. Height 59 8. Weight 107 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 04
19. Proper Use of Belt 1 20. Belt Failure Modes During Impact 1
21. Air Bag Availability 1 22. Air Bag Deployment 1
23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 4
25. Head Restraint Type/Damage by Occupant at this Position 1
26. Seat Type 02 27. Seat Performance 9

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

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 01	41. Cause #2 07	42. Cause #3 02
43. Number of Recorded Injuries 39		

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

```
HH1281  2  ******** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1282     ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *******
HH1283     AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.
```

****

1991 OCCUPANT INJURY FORM

1. PSU NUMBER 82
2. CASE NUMBER 057A
3. VEHICLE NUMBER 02
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	E	A	6	16	1	1	99
02.	1	C	C	L	H	5	16	1	1	99
03.	1	M	R	L	L	5	16	2	1	99
04.	1	M	L	L	Q	3	16	2	1	99
05.	1	P	R	Z	J	2	41	2	1	00
06.	1	C	B	F	S	4	16	1	1	99
07.	1	H	I	L	B	6	22	3	1	03
08.	1	H	R	U	B	3	22	3	1	03
09.	1	H	L	L	B	4	22	3	1	03
10.	1	H	L	F	S	3	22	3	1	03
11.	1	H	I	F	S	3	22	3	1	03
12.	1	T	R	F	S	3	10	1	2	07
13.	1	K	R	L	J	2	10	1	1	07
14.	1	T	L	F	S	3	09	1	2	05
15.	1	T	L	F	S	3	09	1	2	05
16.	1	Q	L	M	W	3	56	1	1	01
17.	1	Q	L	L	I	1	56	1	1	01
18.	1	Y	L	A	I	1	91	1	3	00
19.	1	L	R	C	I	1	57	3	1	00
20.	1	T	R	C	I	1	04	3	1	06
21.	1	T	R	A	I	1	91	1	3	00
22.	1	X	L	A	I	1	91	1	3	00
23.	1	E	R	A	I	1	10	2	1	07
24.	1	E	R	C	I	1	10	2	1	07
25.	1	S	R	A	I	1	91	1	3	00
26.	1	C	L	A	I	1	41	1	1	00
27.	1	M	S	A	I	2	41	2	1	00
28.	1	N	L	A	I	1	91	2	3	00
29.	1	F	I	U	S	1	92	1	3	00
30.	1	F	I	L	D	1	91	2	3	00
31.	1	F	I	C	I	1	06	3	1	06
32.	1	F	W	A	I	1	45	3	1	00
33.	1	H	S	A	I	1	91	2	3	00
34.	1	O	W	B	I	1	92	1	3	00
35.	1	P	L	Z	J	2	41	2	1	00
36.	1	H	I	F	S	3	22	3	1	03
37.	1	C	L	L	P	2	16	1	1	99
38.	1	F	I	L	I	1	91	2	3	00
39.	1	K	L	L	I	1	09	1	1	05

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

****

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 34

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1992

CURRENT VERSION: 4.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	3	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	9	

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60. Zone 3 [redacted] 92

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

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

EE0541 2 1st DAMAGE DATA C EV21(1) should not exceed 60.

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

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.

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

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82057A00020012[redacted]14.0310000000000104T3100N
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0000021025609514 1-41 000166110
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0111100001
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321110331319321 805999181
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997000000003000000
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82057A01010961 4.03 0000000003CLCI1142108
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```

ET0011 2 If LESION OI08(n) equals B, then FIRE OCCURRENCE EV30 should not
ET0012 equal 0.
VEH NUM = 02 OCCUPANT NUM = 01 INJURY NUM = 34

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1992

CURRENT VERSION: 4.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	3	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	9	

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 82 Case Number—Stratum 057A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-2	1	W	Approach
3-4	2	E	Approach
No #B→ 5-26	1		Exterior (include #10A and 21A)
27-30	1		(L) Front ~~Door~~
31-34	1		Interior
35-38	1		Steering Wheel From Back Seat
39-41	1		2nd Seat
42-59	2		Exterior
60-65	2		Interior
66-67	2		Air Bag (Medical Examiner Removed)
Total 68			

HS Form 434B (1/91)

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

PSU 82-057 (1991) #1

PSU 82-057 (1991) #2

PSU 82-057 (1991) #3

PSU 82-057 (1991) #4

PSU 82-057 (1991) #5
Best Available

PSU 82-057 (1991) #6
Best Available

PSU 82-057 (1991) #7
Best Available

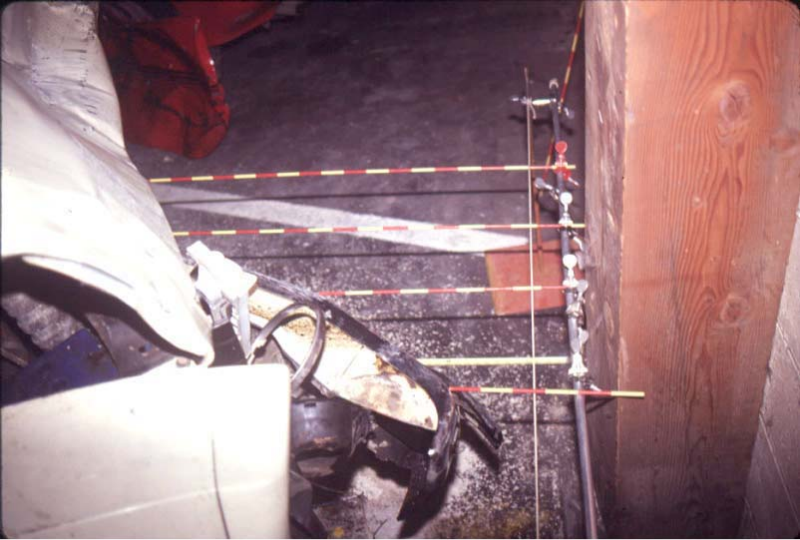
PSU NUMBER 82

CASE NUMBER 057A

SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER (S) #8



PSU 82-057 (1991) #9
Best Available

PSU 82-057 (1991) #10
Best Available

PSU 82-057 (1991) #10A
Best Available

PSU 82-057 (1991) #11
Best Available

PSU 82-057 (1991) #12
Best Available

PSU 82-057 (1991) #13
Best Available

PSU 82-057 (1991) #14
Best Available

PSU 82-057A (1991) #15
Best Available

PSU 82-057 (1991) #16
Best Available

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PSU 82-057 (1991) #19
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PSU 82-057A (1991) #20
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PSU 82-057 (1991) #41
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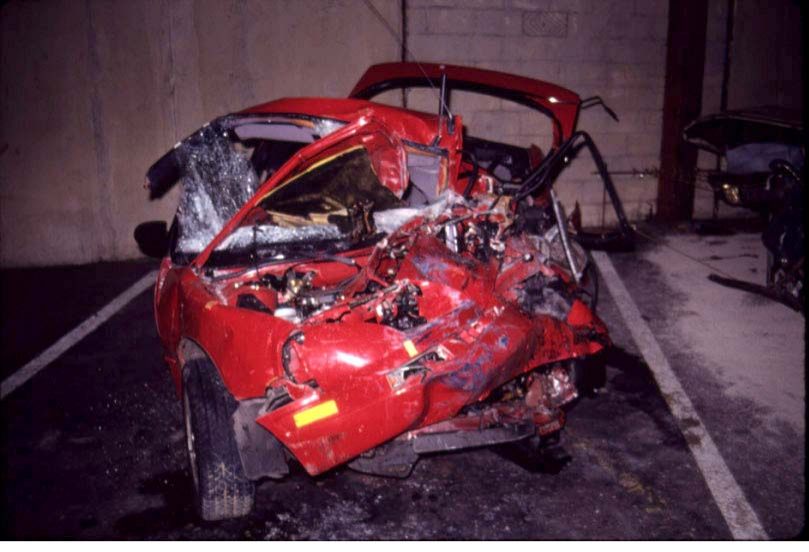
PSU 82-057 (1991) #42
Best Available



PSU 82-057 (1991) #43
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PSU 82-057 (1991) #65
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PSU 82-057 (1991) #66
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PSU 82-057 (1991) #67
Best Available