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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 09 CASE NO. 501-A TYPE OF ACCIDENT CAR RAN-OFF-ROAD

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, traveling south on a two lane road, loses control and travels off the left roadside in a rightside leading yaw. Vehicle #1's, right-front tire digs into a small dirt mound and the vehicle commences a one quarter turn rollover. Vehicle #1 subsequently strikes a cluster of trees before coming to rest on its right side.

B. VEHICLE PROFILE(S)

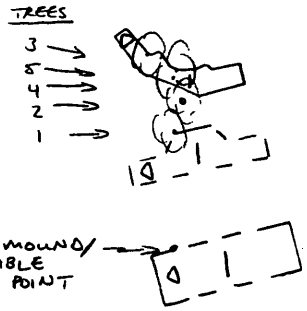
Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Compact	1991/CHEVROLET/ Beretta	Top	~~Heavy~~ Severe	None

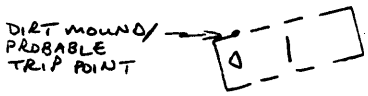
C. PERSON PROFILE(S)

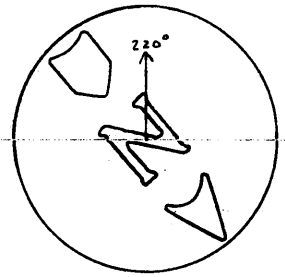
Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Left Front	Lap/Shoulder and Airbag	INJURED,	DETAILS		UNKNOWN

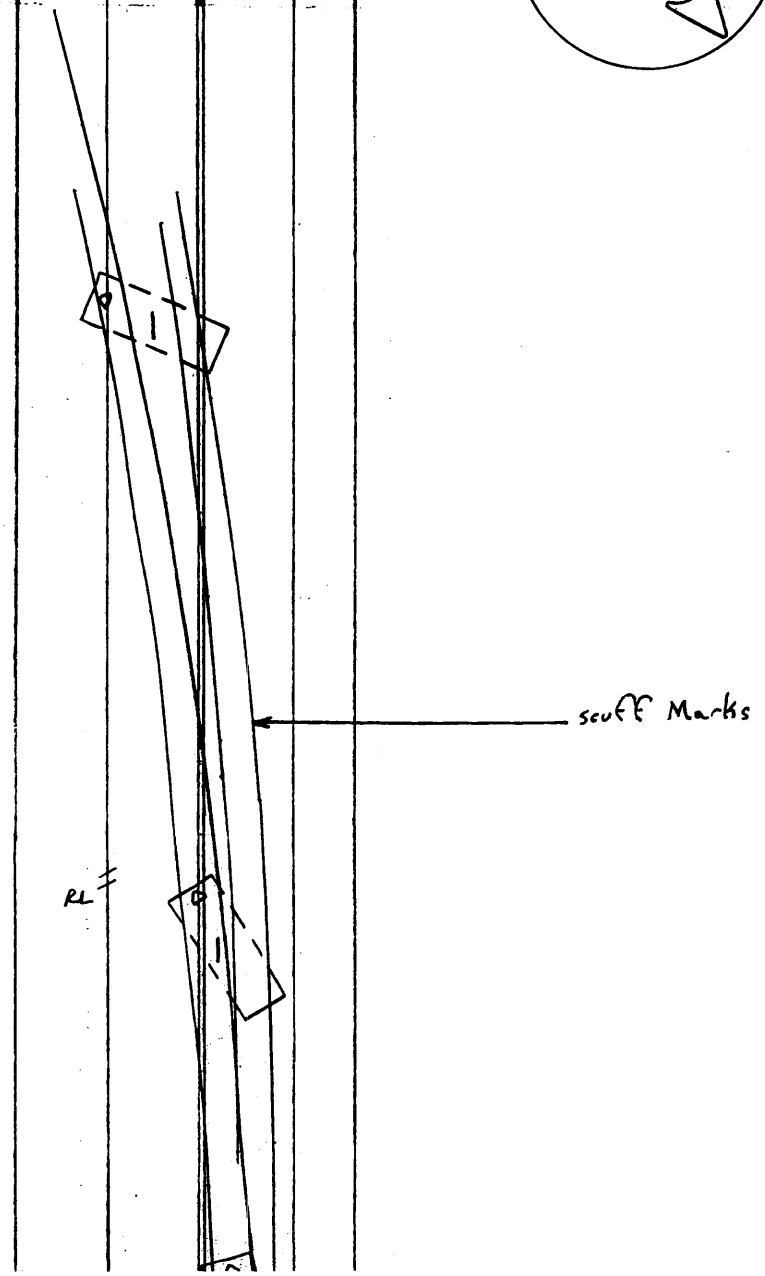
DO NOT SANITIZE THIS FORM

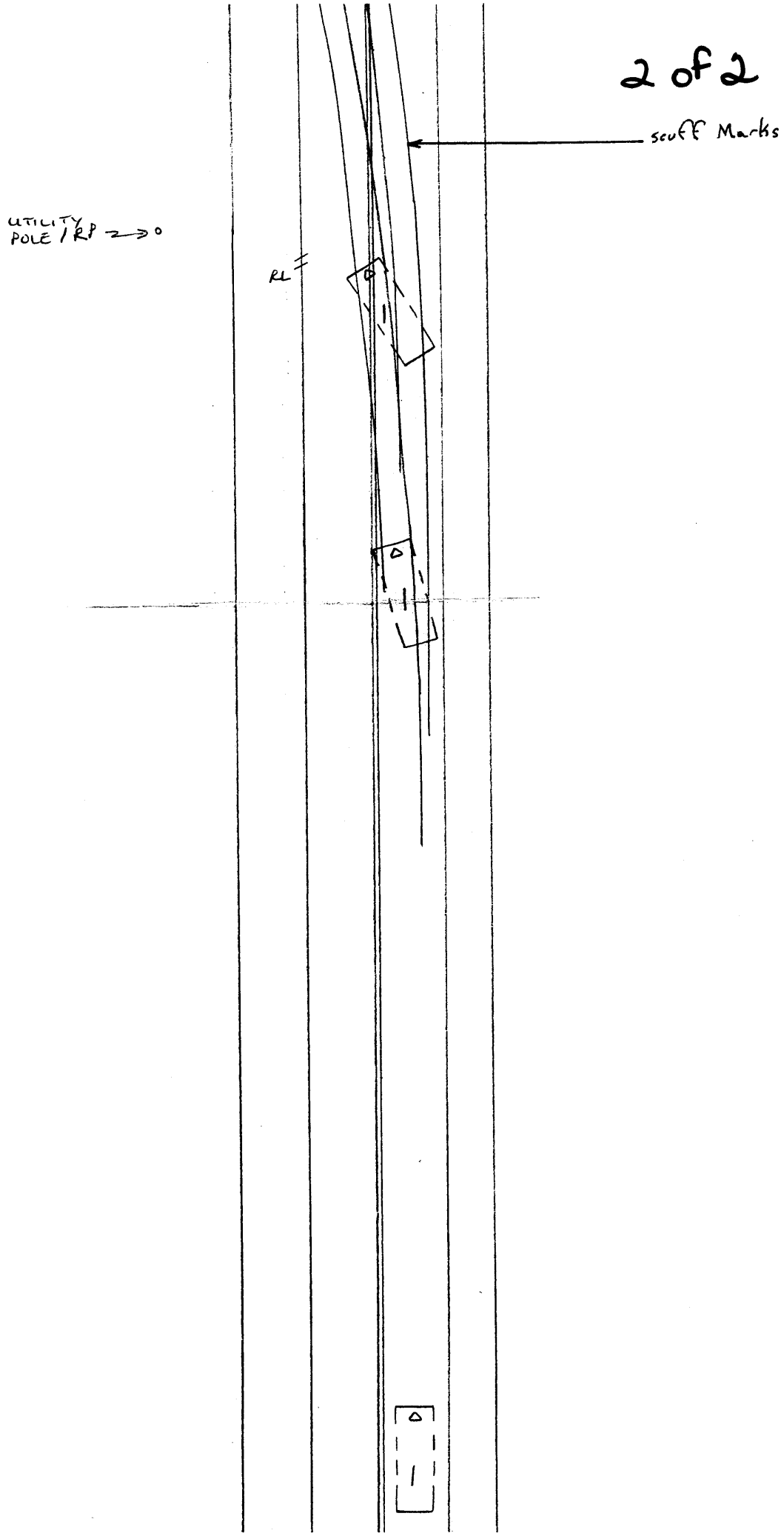
ACCIDENT COLLISION DIAGRAM
PSU #09
CASE NUMBER/STRATUM = 501A
SCALE = 1" : 20'
SPEED LIMIT = 50 mph










scuff Marks
UTILITY POLE / RP
RL

FIELD SKETCH

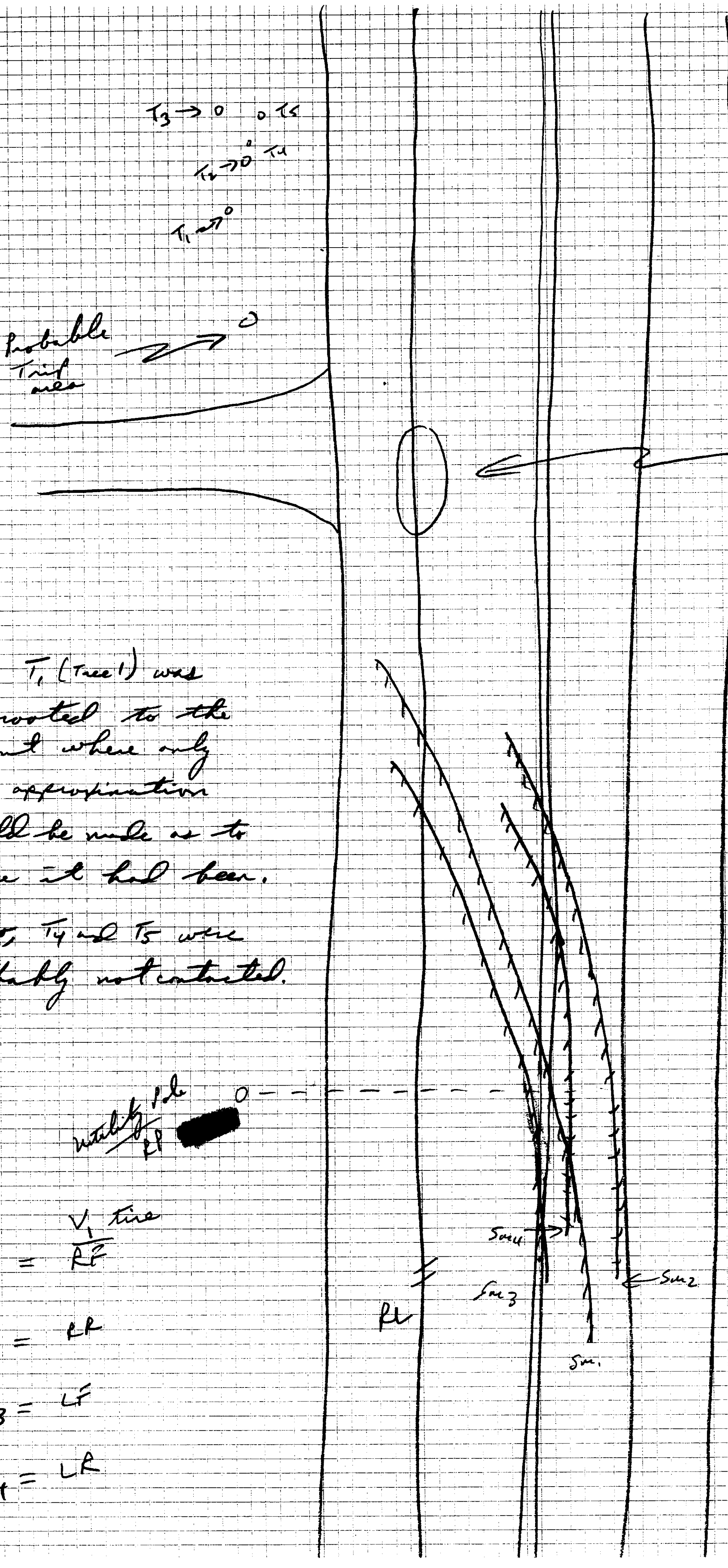
501A

[redacted]/92

Asphalt

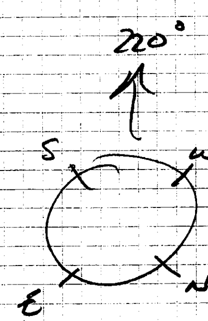
Grade = Pre Impact = -.3/24; Rollover to FRP = +.2/24

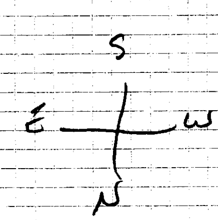
Speed Limit = 50 mph



NOTE: T1 (Tree 1) was uprooted to the point where only an approximation could be made as to where it had been.

Also, T4 and T5 were probably not contacted.





SM_1 = V1 tire RF

SM_2 = RR

SM_3 = LF

SM_4 = LR

Impact Area
9.5
10.0
9.7
6.5
Shoulder
Shoulder

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 0 9 | Case Number—Stratum 5 0 1 A

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

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

LEVEL II
PHYSICAL EVIDENCE PRESENT

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

- document reference point and reference line relative to physical features present at the scene
- scale 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 and at location of rollover initiation
- 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	208°	—	—
Surface Type	Asphalt / Dirt	—	—
Surface Condition	Dry	—	—
Grade (v/h) Measurement (between impact and final rest)	+.7/24	—	—
Grade (v/h) Measurement (at location of rollover initiation)	+.7/24	—	—

133.0

Reference Point: Utility Pole [redacted] Reference line: Eastside road edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP / Utility Pole (12" Dia)	0	20.0' W
$1M_3$	3.4 N	12.0 W
$4M_3$	3.4 N	12.9 W
$2M_3$	8.8 N	16.8 W
CO 1/4	9.8 N	12.7 W
$2M_2$	18.6 N	17.1 W
$4M_2$	20.1 N	12.9 W
$4M_1$ / $3M_2$	24.7 N	13.7 W / 9.7 W
$2M_1$	32.0 N	17.4 W
5M4 Start	33.4 N	13.4 W
$3M_1$	36.7 N	10.5 W
$1M_2$	47.1 N	15.1 W
5M3 Start	50.9 N	11.2 ~~E~~ 3 W

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
1 M_1	65.6 N	16.0 W
SM2 Stake	21.3 N	17.3 W
SM1 Stake	86.8 N	15.9 W
2 M_4	3.6 S	16.0 W
3 M_3	8.2 S	6.6 W
4 M_4	9.7 S	11.9 W
1 M_4	10.8 S	10.0 W
1 M_5	17.3 S	9.3 W
3 M_4	27.4 S	4.5 W
1 M6	24.8 S	7.8 W
4 M_5	24.8 S	10.5 W
2 M_5	24.8 S	13.7 W
3 M_5	32.4 S	3.3 W
4 M_6	33.6 S	9.8 W
1 M_7	34.8 S	6.2 W
4 M_7	42.1 S	8.7 W
2 M_6	45.6 S	11.0 W
1 M_8	49.2 S	3.3 W
3 M_6	50.7 S	0
2 M-7	51.8 S	9.9 W
2 M_8	56.5 S	9.1 W
2 M_9	62.4 S	8.0 W
1 M9	64.0 S	0
4 Ends	64.0 S	5.6 E
2 Ends	67.1 S	7.2 E
3 Ends	67.6 S	3.4 W
1 M_{10}	74.6 S	2.6 W
1 Ends	86.6 S	5.5 W

Page #2

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 0 9

Case Number—Stratum 5 0 1 A

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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- 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
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- grade measurements for all applicable roadways and at location of rollover initiation
- 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	(See Page #1)		
Surface Type			
Surface Condition			
Grade (v/h) Measurement (between impact and final rest)			
Grade (v/h) Measurement (at location of rollover initiation)			

Reference Point: _____

Reference line: _____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
T1 4.5" Diameter	133.0 S	15.2 E
T2 12" Diameter	136.2 S	14.7 E
T4 6" Diameter	138.8 S	15.6 E
T5 4" Diameter	139.7 S	15.9 E
T3 5.5" Diameter	141 3 S	18.25 E
Probable Trip Point	121.0 S	15.4 E

HS Form 431A (1/92)

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

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number - Stratum: 501A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 01
4. Date of Accident (Month,Day,Year): [redacted]/[redacted]/92
5. Time of Accident: 0430

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 Fatal AOPS: 1
9. ___SS15 _____: 0
10. ___SS16 _____: 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 06

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 01	13. 01	14. 02	15. R	16. 31	17. 00	18. N
19. 02	20. 01	21. 02	22. T	23. 42 (Tree 1)	24. 00	25. 0
26. 03 (Highest ΔV)	27. 01	28. 02	29. T	30. 42 (Tree 2)	31. 00	32. 0
33. 04	34. 01	35. 02	36. T	37. 41 (Tree 4)	38. 00	39. 0
40. 05	41. 01	42. 02	43. T	44. 42 (Tree 5)	45. 00	46. 0

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

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 100 inches)
(02) Compact (wheelbase = 100 — 104 inches)
(03) Intermediate (wheelbase = 105 — 109 inches)
(04) Full size (wheelbase = 110 — 114 inches)
(05) Largest (wheelbase ≥ 115 inches)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 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)

CDS 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 inches 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 (includes guardrail) (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
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object

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

OCCUPANT RELATED

16. Driver Presence in Vehicle — 1
(0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle — 0 1
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted — 0 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight — 0 2, 6 0 0
2649 Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 pounds or more
(999) Unknown

Source: [redacted]

20. Vehicle Cargo Weight — 0, 0 0 0
____ Code weight to nearest 100 pounds.
(00) Less than 50 pounds
(97) 9,650 pounds 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 — 1
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V) — 5
(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 — 1
(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify): _____
(5) Rollover--end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) — 0

26. Rear Override/Underride (this Vehicle) — 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

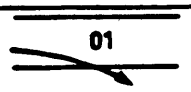
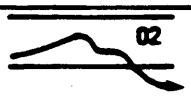
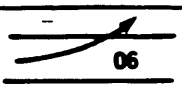
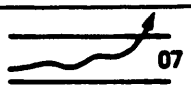
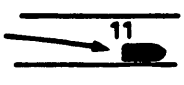
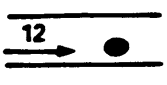
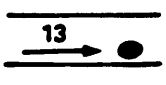
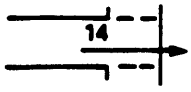
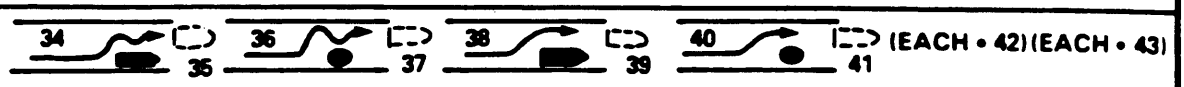
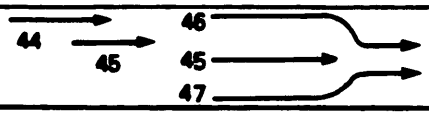
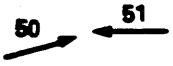
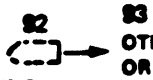
Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____
(7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle — 9 9 8

28. Heading Angle For Other Vehicle — 9 9 8

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	 69 68 INITIAL OPPOSITE DIRECTIONS 70 71 INITIAL SAME DIRECTIONS 73 72				(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 79 78 TURN INTO SAME DIRECTION 81 80 83 82 TURN INTO OPPOSITE DIRECTIONS				(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86 88 89				(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH. 93 OTHER VEH. OR OBJECT				98 Other Accident Type 99 Unknown Accident Type 00 No Impact	

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
20785 Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 9
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 1
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 4
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 6 1

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 1
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
(8) Non-contact rollover forces (specify):
(9) Unknown

63. Direction of Initial Roll 1
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

psu 09-501A V-01

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

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 inches 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 (includes guardrail) (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
(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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09	3. Vehicle Number: 01
2. Case Number - Stratum: 5 0 1 A	

VEHICLE IDENTIFICATION

VIN 1 G 1 L W 1 3 T 2 M [redacted] Model Year 9 1

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

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	TOP - STARTS 5.7 (B) OF (F) AXLE, GOES (B) 14.0	N/A
3	TOP - 42.3" (B) OF (F) AXLE, GOES (B) - 24.0"	
4?	TOP - 81.4" (B) OF (F) AXLE, GOES (B) 12.7"	

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 Impact 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
					NOT						
					ACCOMP.						

HS Form 435A (Rev. 1/92)

National Accident Sampling System—Crashworthiness Data System: Exterior Vehicle Form

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted		b. Tire deflated	
RF	2	RF	1
LF	2	LF	2
RR	2	RR	9
LR	2	LR	2

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

TYPE OF TRANSMISSION

☐ Manual ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	103.4
Overall Length	183.4
Maximum Width	68.2
Curb Weight	2649
Average Track	55.35
Front Overhang	35.0
Rear Overhang	45.0
Engine Size: cyl./ displ.	6/3.1 L
Undeformed End Width	N/A

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

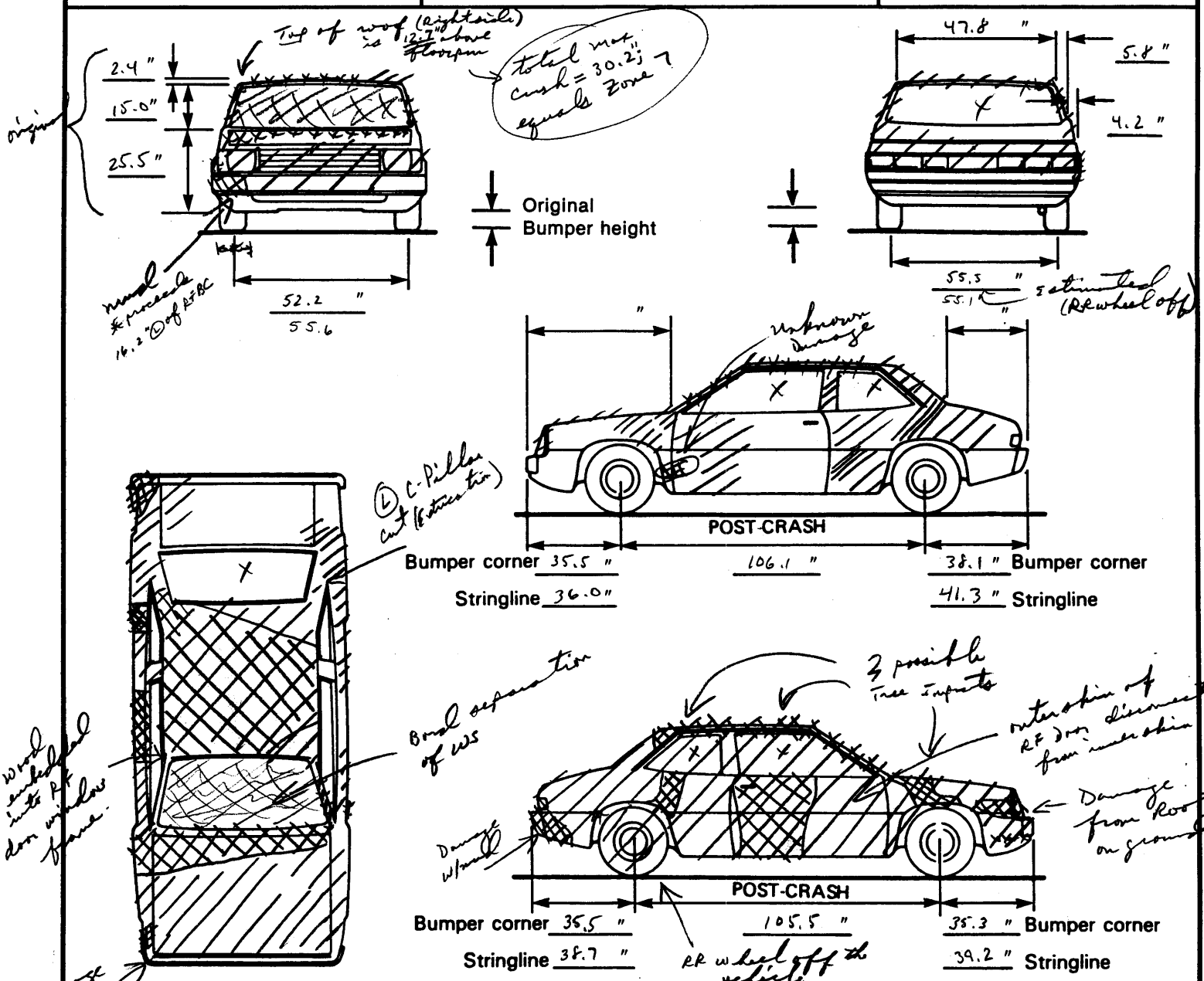
RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °

Within ±5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight Ø



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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

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

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches 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 (includes guardrail) (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
- (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
03	42	00	20	T	P	D	W	6?7
01	31	00	00	R	D	A	O	?99?
02	42	00	00	T	Y	D	N	?99?
04?	41	00	00	T	Z	D	N	?99?
05	42	00	00	T	?	?	?	?
06	42	00	00	T	?	?	?	?

Hood about C pillar

Overlaps prior impacts

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 09
2. Case Number - Stratum 501A
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 98
(00) No integrity loss

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

15. WS 9 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 8

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

NASS CODING CHANGE
1st Review: 11
2nd Review:

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

NASS CODING CHANGE
1st Review: 11
2nd Review:

(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 IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 9 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

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

NASS CODING CHANGE
1st Review: 11
2nd Review:

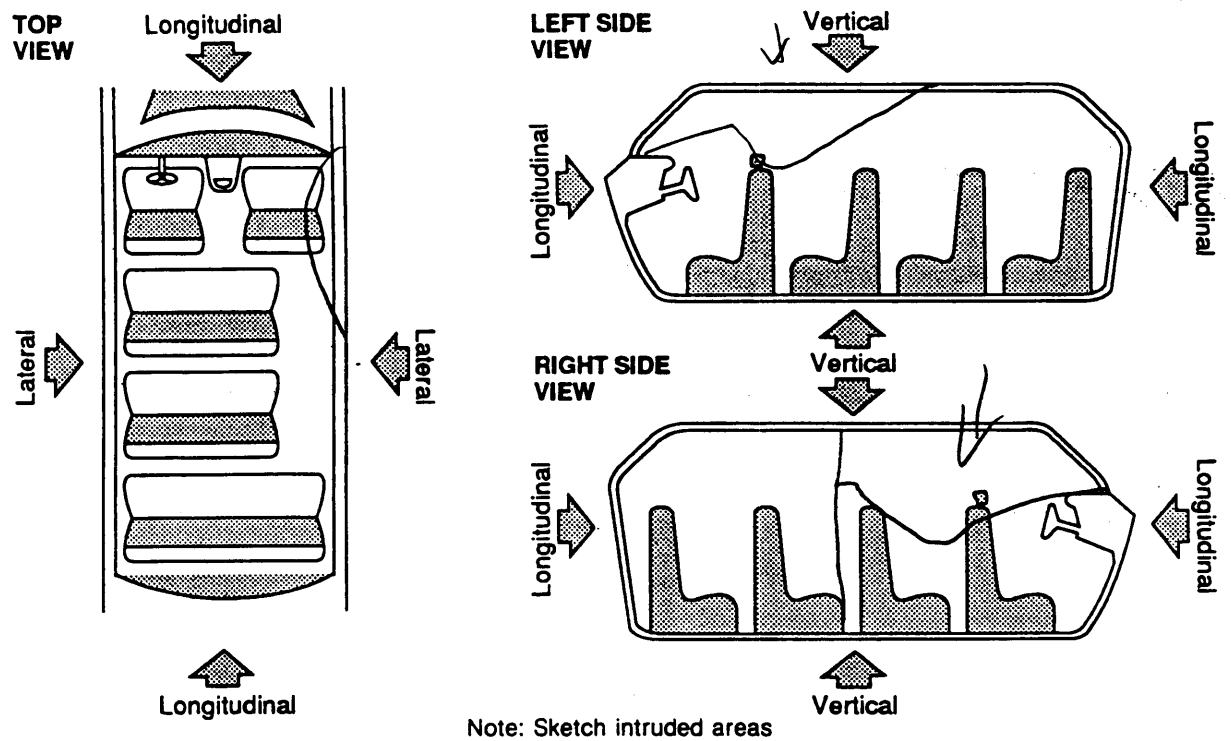
Window Precrash Glazing Status

39. WS 9 40. LF 2 41. RF 2 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 0

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

NASS CODING CHANGE
1st Review: 11
2nd Review:

INTRUSION WORKSHEET



Note: Sketch intruded areas

	LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE		INTRUDED VALUE		INTRUSION	DOMINANT CRUSH DIRECTION
(4)	11	Roof	34.2	–	8.0 to seat cushion	=	26.2 (4)	Vert
(5)	12	"	32.7	–	7.0" to Trans Hump	=	25.7 (5)	
(2)	13	"	41.5	–	12.0 to floor pan	=	29.5 (2)	
	21	"	31.5	–	19.0 to seat cushion	=	12.5	
	22	"	31.5	–	16.0 "	=	15.5	
(7)	23	"	31.5	–	6.5 "	=	25.0 (7)	
(6)	13	(R) A-Pillar	37.0	–	12.0 to floor pan	=	25.0 (6)	
	11	(L) "	37.5	–	23.3 to sill	=	10.2	
(9)	13	(R) B Pillar	24.0	–	9.2" to seat cushion	=	10.6 (9)	
(3)(10)	13/11	(R) (L) Roof Side Rail	40.6 / 35.3	–	to floor 12.0 / 19.0 to sill	=	28.6 (3) / 16.3 (10)	
(8)(1)	11/12/13	WS Header	15.0 / 30.5 / 41.7	–	Top of dash 4.0 / Toeboard 7.0 / floor 12.0	=	11.0 / (8) 23.5 / (1) 29.7	
	23	(R) C Pillar	27.8	–	19.7 " to seat cushion	=	8.1	
	23	Backlight Header	33.0	–	26.5" "	=	6.5	
	22	" "	31.4	–	30.0 " "	=	1.4	
				–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 13	48. 15	49. 6	50. 1
2nd	51. 13	52. 12	53. 6	54. 1
3rd	55. 13	56. 13	57. 6	58. 1
4th	59. 11	60. 12	61. 6	62. 1
5th	63. 12	64. 12	65. 6	66. 1
6th	67. 13	68. 06	69. 6	70. 1
7th	71. 23	72. 12	73. 6	74. 1
8th	75. 12	76. 15	77. 5	78. 1
9th	79. ~~23~~ 5	80. 07	81. 5	82. ~~3~~ 1
10th	83. 11	84. 13	85. 4	86. 1

LOCATION OF INTRUSION

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

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

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

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

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

1st Review: _____
2nd Review: _____

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (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 this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

STEERING COLUMN

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

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

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

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

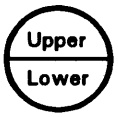
91. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

92. Steering Rim/Spoke Deformation 2
_____Code actual measured deformation to the nearest inch.
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0
(00) No steering rim deformation

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

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



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

INSTRUMENT PANEL

94. Odometer Reading 0 1 6 ,000
16497 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown

Source: [redacted]

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

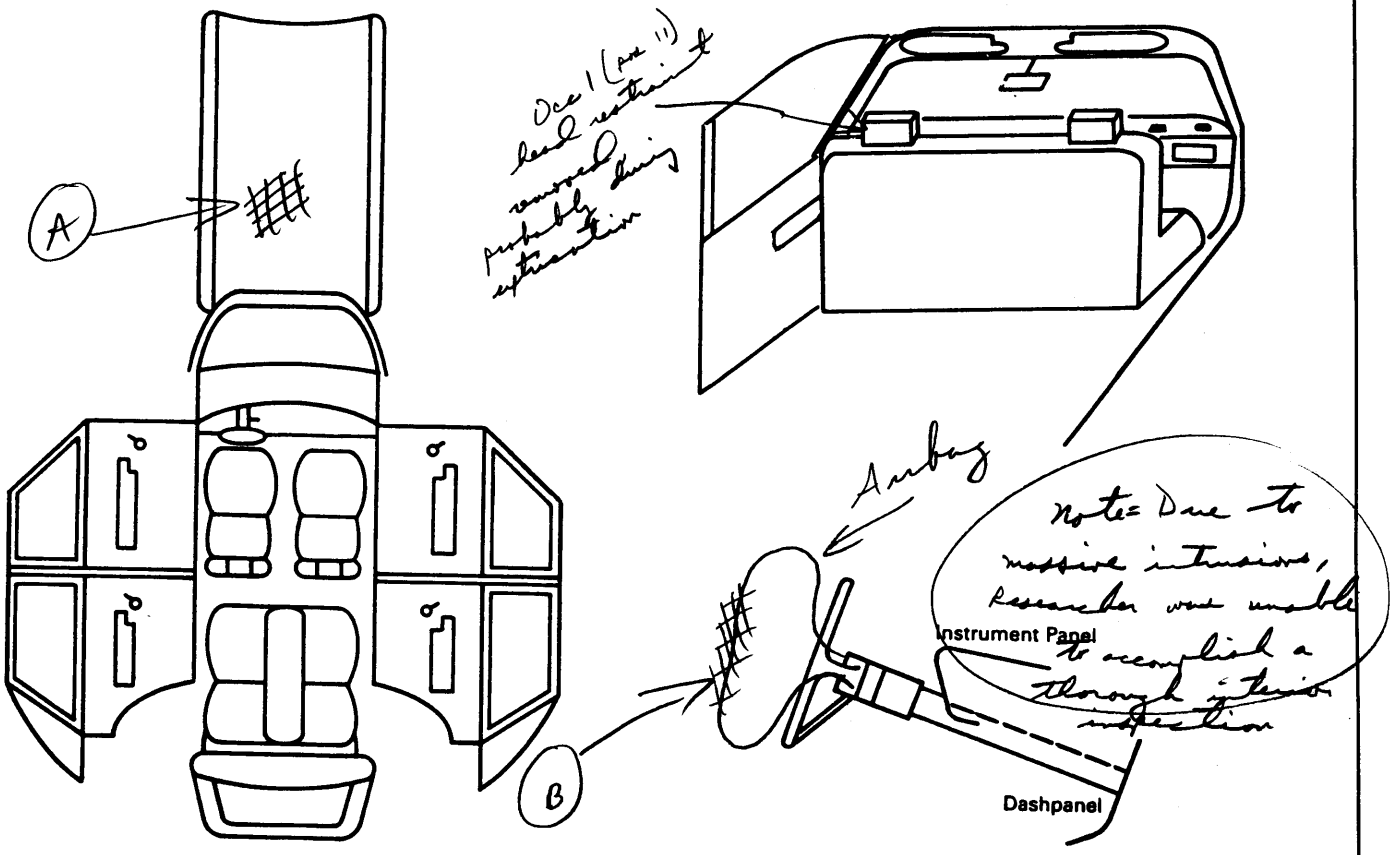
96. Knee Bolsters Deformed from Occupant Contact? 0 X
(0) No
(1) Yes
(8) Not present
(9) Unknown

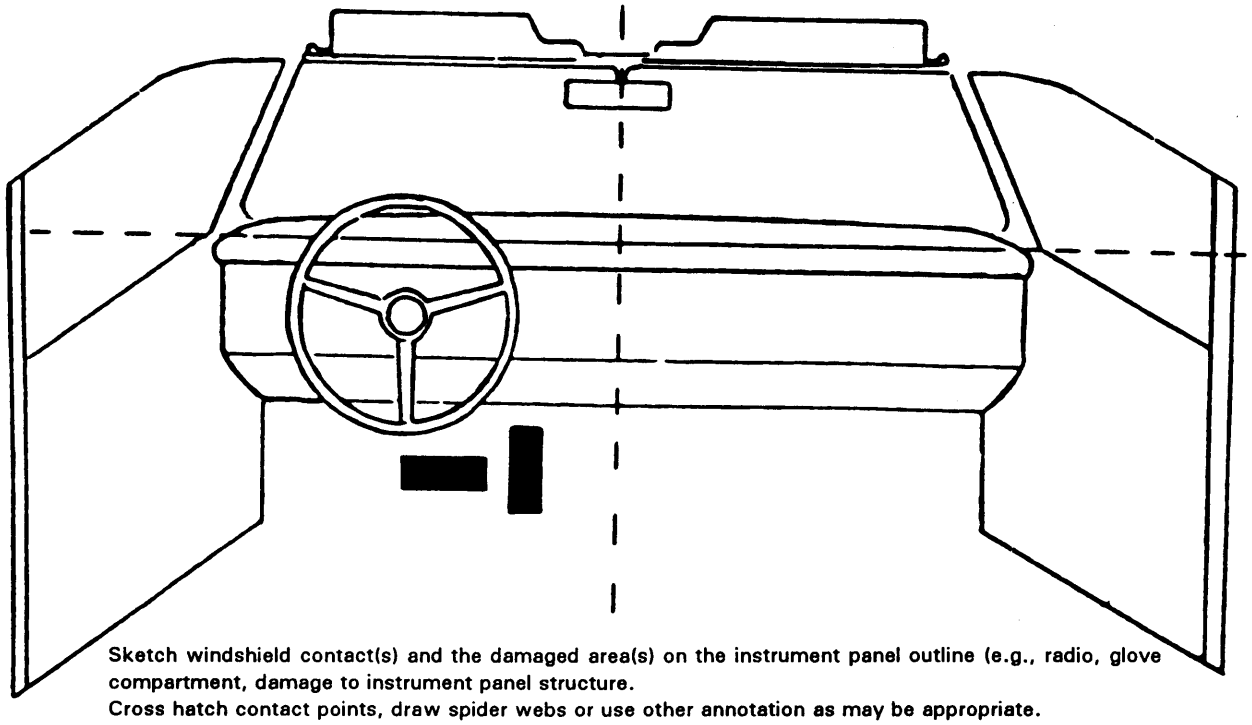
97. Did Glove Compartment Door Open During Collision(s)? 9 X
(0) No
(1) Yes
(8) Not present
(9) Unknown

No photos to substantiate this

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	54	1	Head	Massive Intrusion / Body Fluids & Scratching	1
B	45	1	Face	Deployed	3
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): _____
- (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): _____

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

F		Left	Right
I R S T	Availability/Function	1	
	Deployment	3	
	Failure	1	

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 (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		4
	Use		
	Type		
	Proper Use		
	Failure Modes		

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

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

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

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

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

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

Automatic (Passive) Belt Failure Modes During Accident
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4		4
	Use	04		00
	Failure Modes	1		0
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available - type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)
(8) Other belt (specify): _____
(9) Unknown

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperable (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 Uasge						
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
(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

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 attribute 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.

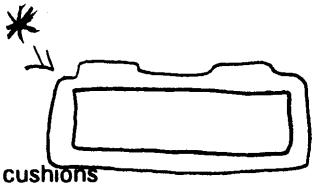
		Left	Center	Right
FIRST	Head Restraint Type/Damage	4		4
	Seat Type	02		02
	Seat Performance	6a		6a,b
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	09 *	09 *	09 *
	Seat Performance	1	6c	6c
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

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., column supported)
(09) Other seat type (specify): Inner portion of outback folds down
(10) Box mounted seat (i.e., van type)
(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 or "seat back" failed specify: _____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): a) Roof b) Door panel c) Side panel
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) No seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

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

NONE

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant 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						

NONE

Ejection
(1) Complete ejection
(1) 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: Occ 1 entrapped between Roof/Transmission/and Seat

Note: (Towing personnel relate that Occ 1 was removed by cutting a hole in the floor)

Component(s): Roof/Transmission hump/Seat

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 0 2
(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., column supported)
(09) Other seat type (specify):
_____
(10) Box mounted seat (i.e., van type)
(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 or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): ROOF
_____
_____
(7) Combination of above (specify):
_____
(8) Other (specify):
_____
(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(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 0 0
(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 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0
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

PSU NUMBER 09

CASE NUMBER 501A

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 09
2. Case Number — Stratum: 5 0 1 A
3. Vehicle Number: 0 1
4. Occupant Number: 0 1

[redacted] 1992

AUT

Driver or Occupant Name: [redacted]

Address: _____

_____

Other Information: [redacted]

_____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	9 7	0 0
GV39.	Other Drug Specimen Test Type for Driver	0	1
GV40.-GV41.	Narcotic Drug	0 0	0 9
GV42.-GV43.	Depressant Drug	0 0	0 9
GV44.-GV45.	Stimulant Drug	0 0	0 9
GV46.-GV47.	Hallucinogen Drug	0 0	0 9
GV48.-GV49.	Cannabinoid Drug	0 0	0 9
GV50.-GV51.	Phencyclidine (PCP)	0 0	0 9
GV52.-GV53.	Inhalant Drug	0 0	0 9
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	0 0	0 9
GV56.	Driver's Zip Code	[redacted]	
GV57.	Driver's Race/Ethnic Origin	9	9
OA05.	Occupant's Age	2 3	2 3
OA06.	Occupant's Sex	1	1
OA07.	Occupant's Height	9 9	7 0
OA08.	Occupant's Weight	9 9 9	1 6 1
OA17.	Manual (Active) Belt System Availability	4	4
OA18.	Manual (Active) Belt System Use	0 4	0 4

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	1	1
OA22.	Air Bag System Deployment	1	1
OA35.	Treatment - Mortality	1	1
OA36.	Type of Medical Facility (for Initial Treatment)	0	0
OA37.	Hospital Stay	0 0	0 0
OA38.	Working Days Lost	6 2	6 2
OA39.	Time to Death	9 9	0 1
OA40.	1st Medically Reported Cause of Death	9 9	0 0
OA41.	2nd Medically Reported Cause of Death	0 0	0 0
OA42.	3rd Medically Reported Cause of Death	0 0	0 0
OA43.	Number of Recorded Injuries for This Occupant	9 7	1 6
OA44.	Automatic (Passive) Belt System Availability/Function	0	0
OA45.	Automatic (Passive) Belt System Use	0	0
OA50.	Glasgow Coma Scale (GCS) Score	0 1	0 1
OA51	Was the Occupant Given Blood?	1	1
OA52.	Arterial Blood Gases (ABG) - HCO_3	0 1	0 1
____.	_____	____	____
____.	_____	____	____

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	1	1
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B 0 8	1 1
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 1 0	1 0
n. Other source (specify): _____	B	B
o. Police report	B 1 1	B 1 1
OAL14. Medical Facility Code	9 8	9 8
OIL07. Date Official Medical Data Obtained	[redacted] / [redacted] / 92	

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.

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. 1	6. H	7. I	8. F	9. S	10. 3	11. 54	12. 1	13. 1	14. 04 ✓
2nd	15. 1	16. S	17. R	18. F	19. S	20. 2	21. 54	22. 2	23. 1	24. 05 ✓
3rd	25. 1	26. A	27. R	28. F	29. S	30. 2	31. 54	32. 3	33. 1	34. 05 ✓
4th	35. 1	36. A	37. L	38. F	39. S	40. 2	41. 54	42. 3	43. 1	44. 04 ✓
5th	45. 1	46. C	47. R	48. F	49. S	50. 3	51. 41	52. 3	53. 1	54. 00 ✓
6th	55. 1	56. H	57. I	58. U	59. B	60. 3	61. 54	62. 1	63. 1	64. 04 ✓
7th	65. 1	66. H	67. L	68. C	69. B	70. 3	71. 54	72. 1	73. 1	74. 04 ✓
8th	75. 1	76. H	77. A	78. C	79. B	80. 3	81. 54	82. 1	83. 1	84. 04 ✓
9th	85. 1	86. H	87. R	88. L	89. B	90. 4	91. 54	92. 1	93. 1	94. 04 ✓
10th	95. 1	96. C	97. R	98. L	99. P	100. 3	101. 41	102. 3	103. 1	104. 00 ✓

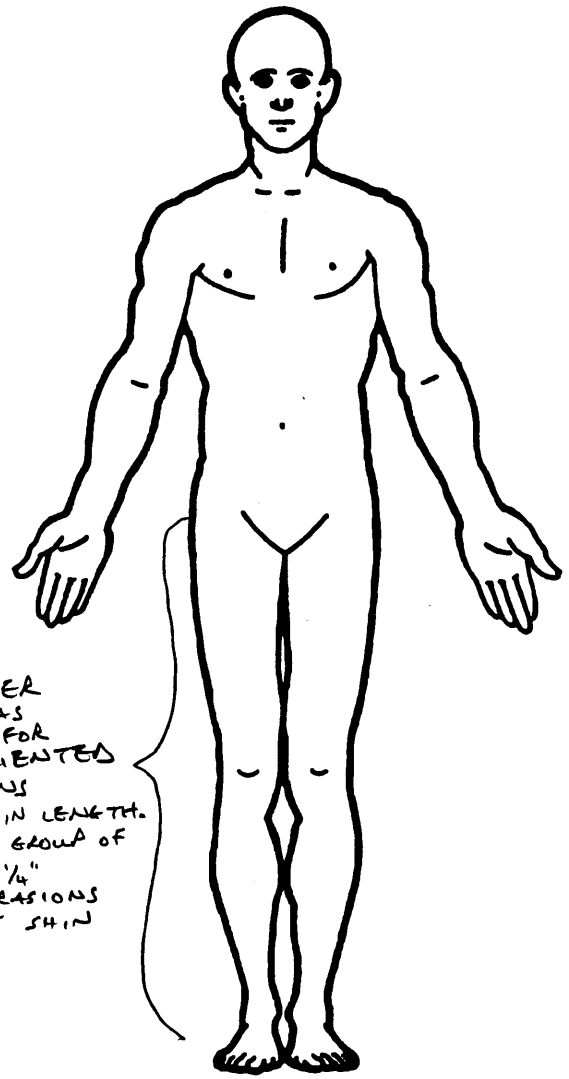
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

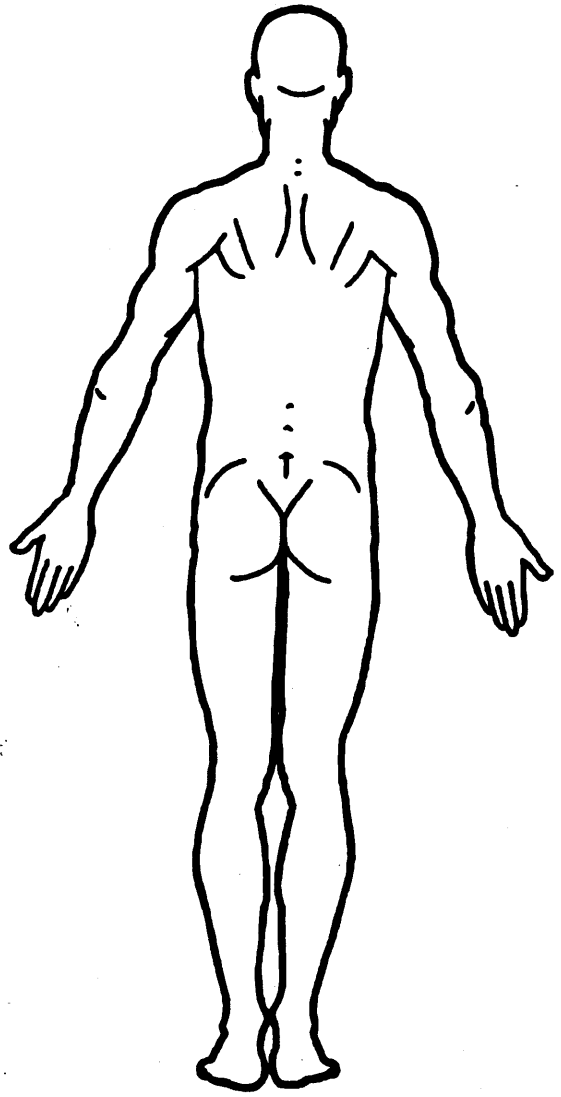
	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	1	C	R	L	P	3	41	3	1	00
12th	1	C	R	C	P	3	41	3	1	00
13th	1	M	R	L	L	2	41	3	1	00
14th	1	M	L	C	Q	2	41	3	1	00
15th	1	H ~~M~~	I ~~K~~	C ~~K~~	B ~~Q~~	3 ~~Z~~	54 ~~41~~	1 ~~3~~	1	04 ~~06~~
16th	1	4	R	A	I	1	57	3	1	00
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.)



THE RIGHT LOWER EXTREMITY WAS REMARKABLE FOR SUPERFICIAL ORIENTED LINEAR ABRASIONS MEASURING 2" IN LENGTH. THERE WERE A GROUP OF 5 ROUND 1/2" TO 1/4" SUPERFICIAL ABRASIONS OVER THE RIGHT SHIN



09-501A
V1 01

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) Seriour 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 = ____

Aterial Blood Gases

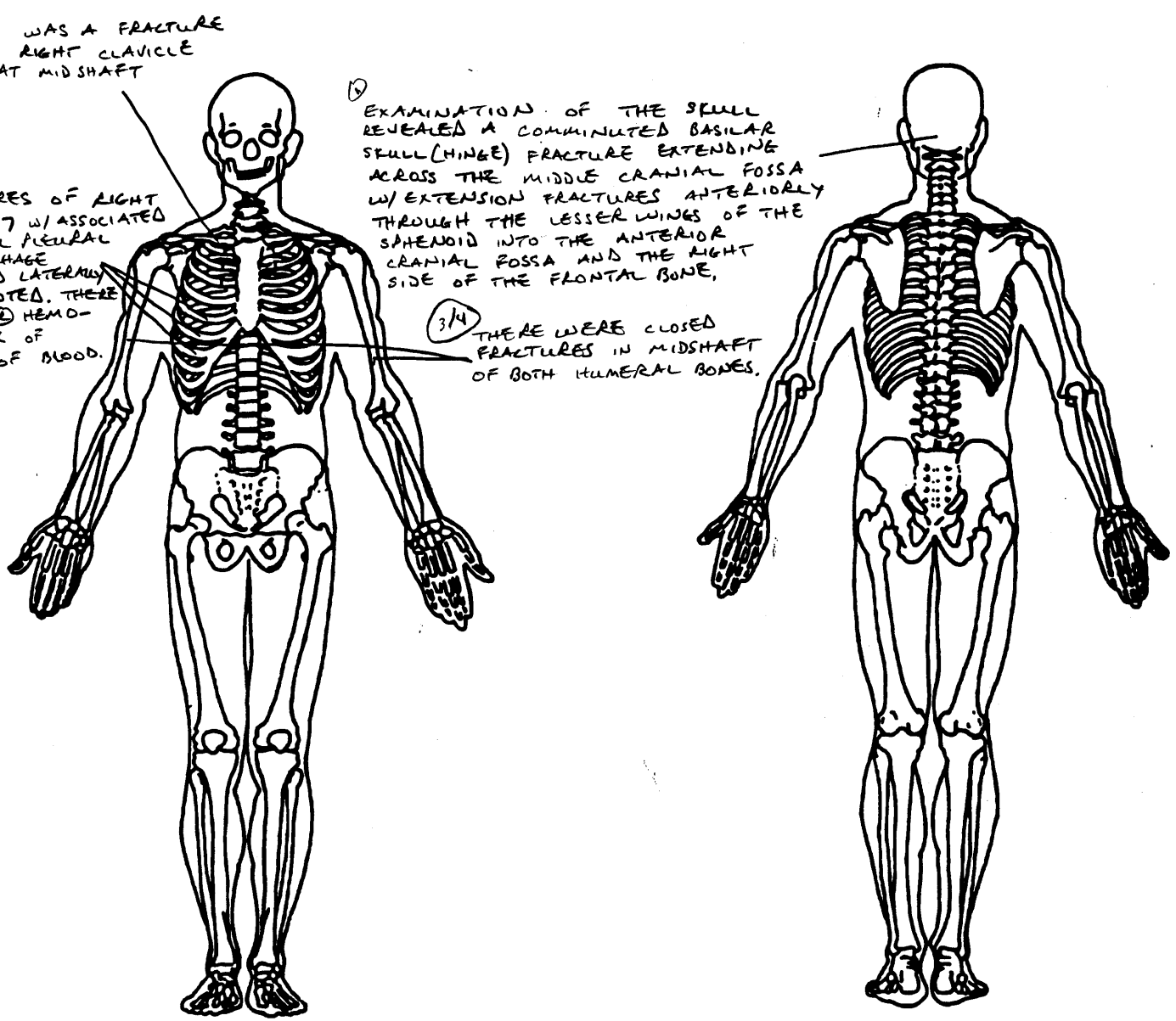
pH = __.__

PO_2 = ____

PCO_2 ____

HCO_3 ____

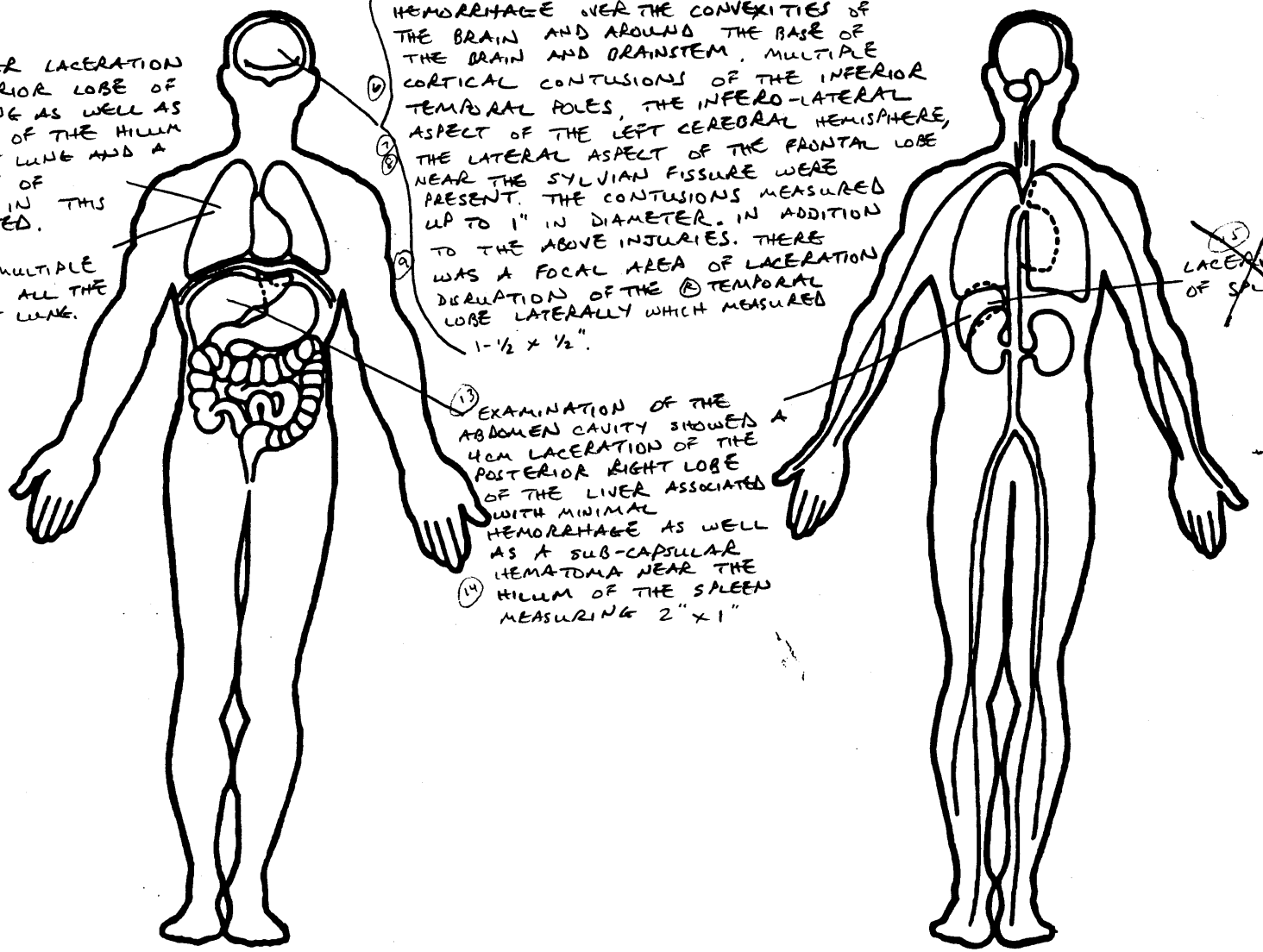
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



09-5018
V1.01

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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```

```
EXTERIOR VEHICLE Vehicle: 1
                          11
                            INTRA ERRORS

                                       0EE0851  2   ******** THIS CASE SHOWS A
NON-METALLIC FUEL TANK ******* ******   EE0852      CHECK YOUR DATA AND, IF COR
RECT, NOTIFY YOUR ZONE ****** TYPE OF   EE0853      TANK EV32 equals 2.

0
 OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1
                                         11
                                           INTRA ERRORS

                                                     0HH1281  2   ******** TH
IS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****     HH1282      ****** CHEC
K YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *******  HH1283      AIR BAG AVA
ILABILITY/FUNCTION OA21 equals 1-3.

0
 OCCUPANT INJURY Vehicle: 1 Occupant: 1
                                      11
                                        INTRA ERRORS

                                                  0TT0541  2   ******  THIS CA
SE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******  TT0542      ******
FOR AN AIS-2 (OR GREATER) INJURY.          ******  TT0543      ****** CHECK FO
R ACCURATE AND COMPLETED DOCUMENTS & DATA  ******  TT0544      INJURY SOURCE O
I11(n) equals 41, 42, 43 or 45 and A.I.S.          TT0545      SEVERITY OI10(n
) is greater than 1.

TT0541  2  ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******
TT0542     ******        FOR AN AIS-2 (OR GREATER) INJURY.           ******
TT0543     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA  ******
TT0544     INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545     SEVERITY OI10(n) is greater than 1.

TT0541  2  ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******
TT0542     ******        FOR AN AIS-2 (OR GREATER) INJURY.           ******
TT0543     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA  ******
TT0544     INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545     SEVERITY OI10(n) is greater than 1.

TT0541  2  ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******
TT0542     ******        FOR AN AIS-2 (OR GREATER) INJURY.           ******
TT0543     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA  ******
TT0544     INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545     SEVERITY OI10(n) is greater than 1.

TT0541  2  ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******
TT0542     ******        FOR AN AIS-2 (OR GREATER) INJURY.           ******
TT0543     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA  ******
TT0544     INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545     SEVERITY OI10(n) is greater than 1.

TT0541  2  ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE  ******
TT0542     ******        FOR AN AIS-2 (OR GREATER) INJURY.           ******
TT0543     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA  ******
TT0544     INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545     SEVERITY OI10(n) is greater than 1.
```

PSU09
CASE 501A
CURRENT VERSION: 5.04

ERROR SUMMARY SCREEN

[redacted]/93

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	1	Y
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	1	Y
Occupant Interior	0	0	6	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	8	

```
EE0851  2  ******** THIS CASE SHOWS A NON-METALLIC FUEL TANK ******* ******
EE0852     CHECK YOUR DATA AND, IF CORRECT, NOTIFY YOUR ZONE ****** TYPE OF
EE0853     TANK EV32 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.

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EE0851  2  ******** THIS CASE SHOWS A NON-METALLIC FUEL TANK ******* ******
EE0852     CHECK YOUR DATA AND, IF CORRECT, NOTIFY YOUR ZONE ****** TYPE OF
EE0853     TANK EV32 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.

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1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1992

CURRENT VERSION: 5.01

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 09 Case Number—Stratum 501A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-3	1	S	APPROACH
4-8			APPROACH - V, IN YAW
9			SMALL DIRT MOUND, TRIP POINT FOR RF WHEEL
10			@ IMPACT
11-14		N	LOOKBACK FROM FRP
15,16		SE	VIEW OF FRP
17		W	TREES #3, 5, 4 LOOKING (L) TO (R)
18-42		EXTERIOR	
24			GAS TANK (PLASTIC TYPE)
29			WOOD EMBEDDED INTO RF WINDOW FRAME
43-51		INTERIOR	
43			LF SEATING AREA
44,45			LF AIRBAG
46			OVERVIEW INSTRUMENT PANEL
47,48			REAR SEATING AREA, LOOKING (L) TO (R)
49			REAR SEATING AREA, LOOKING (R) TO (L)
50,51			RF SEAT (UNOCCUPIED @ TIME OF ACCIDENT)

HS Form 434B (1/92)

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

PSU 09-501A (1992) #1

PSU 09-501A (1992) #2

PSU 09-501A (1992) #3

PSU 09-501A (1992) #4

PSU 09-501A (1992) #5

PSU 09-501A (1992) #6

PSU 09-501A (1992) #7

PSU 09-501A (1992) #8

PSU 09-501A (1992) #9

PSU 09-501A (1992) #10
Best Available

PSU 09-501A (1992) #11
Best Available

PSU 09-501A (1992) #12

PSU 09-501A (1992) #13

PSU 09-501A (1992) #14

PSU 09-501A (1992) #15
Best Available

PSU 09-501A (1992) #16

PSU 09-501A (1992) #17

PSU 09-501A (1992) #18

PSU 09-501A (1992) #19

PSU 09-501A (1992) #20

PSU 09-501A (1992) #21

PSU 09-501A (1992) #22

PSU 09-501A (1992) #23

PSU 09-501A (1992) #24

PSU 09-501A (1992) #25

PSU 09-501A (1992) #26
Best Available

PSU 09-501A (1992) #27
Best Available

PSU 09-501A (1992) #28
Best Available

PSU 09-501A (1992) #29

PSU 09-501A (1992) #30

PSU 09-501A (1992) #31
Best Available

PSU 09-501A (1992) #32

PSU 09-501A (1992) #33

PSU 09-501A (1992) #34

PSU 09-501A (1992) #35

PSU 09-501A (1992) #36

PSU 09-501A (1992) #37

PSU 09-501A (1992) #38

PSU 09-501A (1992) #39

PSU 09-501A (1992) #40

PSU 09-501A (1992) #41

PSU 09-501A (1992) #42

PSU 09-501A (1992) #43

PSU 09-501A (1992) #44

PSU 09-501A (1992) #45

PSU 09-501A (1992) #46

PSU 09-501A (1992) #47

PSU 09-501A (1992) #48

PSU 09-501A (1992) #49

PSU 09-501A (1992) #50

PSU 09-501A (1992) #51