U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

SAFETY BELTS SAVE LIVES

Get it together!

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU __41__   CASE NO. __501A__   TYPE OF ACCIDENT __Car vs Car Interstate__

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 south bound in the outside lane. Vehicle 2 was south bound in the center lane. For unknown reasons vehicle 1 veered left into the center lane. Vehicle 2's front impacted vehicle 1's left side. Vehicle 1 rotated counterclockwise as it translated toward the left of the roadway. Vehicle 1's front (toward the left) impacted a ▓▓▓▓ wall. Both vehicle 1 and vehicle 2 came to rest on the left shoulder.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Compact	93/Ford/Mustang	Left	Moderate/ Heavy	Rear Hatch Hinge and Latch
2	Full Size	91/Lincoln/Conti- nental	Front	Unknown	Unknown

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	left/front	Air Bag Only	Head	Unknown	4	Unknown
1	Passeng	Right/Front	None	Injured Details Unknown			
2	Driver	Right/Front	Unknown	Not Injured			

DO NOT SANITIZE THIS FORM

HS Form 434A (1/92)

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Administration

PSU No. 4 1

Case Number – Stratum 5 0 1 A Not to scale

ACCIDENT COLLISION DIAGRAM

Indicate

North

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ACCIDENT COLLISION DIAGRAM

PSU No. 4 1

Case Number—Stratum 5 0 1 A Not to scale

Indicate

North

V_1 CCE

V_2 CCE

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Administration

ACCIDENT COLLISION
MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number __41__

Case Number—Stratum __S o 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

LEVEL II (Cont'd)
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	250	180	—
Surface Type	dry	dry	—
Surface Condition	bit	bit	—
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

HS Form 431A (1/92)

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

ACCIDENT FORM

1. Primary Sampling Unit Number **4 1**

2. Case Number - Stratum **5 0 1 A**

IDENTIFICATION

3. Number of General Vehicle Forms Submitted **0 2**

4. Date of Accident (Month, Day, Year) ▉ / ▉ / **9 2**

5. Time of Accident **2 3 3 8**

   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 **0 2**

    Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. 0 1	14. 0 2	15. L	16. 0 2	17. 0 3	18. F
19. 0 2	20. 0 1	21. 0 2	22. F	23. 5 4	24. 0 0	25. 0
26. 0 3	27. __ __	28. __ __	29. __	30. __ __	31. __ __	32. __
33. 0 4	34. __ __	35. __ __	36. __	37. __ __	38. __ __	39. __
40. 0 5	41. __ __	42. __ __	43. __	44. __ __	45. __ __	46. __

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT 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   _02_
    (00-96) Code actual number of occupants
        for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted   _0 2_

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight   _0_ _2,8_ 00
    2 8 3 4 Code weight to nearest
        100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown

    Source: ▇▇▇▇▇▇▇▇▇▇▇

20. Vehicle Cargo Weight   _9,9_ 00
    _____ 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   _0_
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole   _0_
    (For Highest Delta V)
    (0) Not collision (for highest delta V) with
        tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify):
    _____
    (9) Unknown

24. Rollover   _0_
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify):
    _____

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)   _0_

26. Rear Override/Underride (this Vehicle)   _0_

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

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

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify):
    _____

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle   _0_ _7_ _2_ / _2 5 0_

28. Heading Angle For Other Vehicle   _1_ _8_ _0_

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	70 71 INITIAL SAME DIRECTIONS	72 73	(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 93 OTHER VEH. OR OBJECT BACKING VEH.	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

41-501A

OTHER DATA

56. Driver's Zip Code

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ 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   0
(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   0
(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   00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied   0
(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   0
(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)   01
(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

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

1. Primary Sampling Unit Number	4 1	3. Vehicle Number	O 1
2. Case Number - Stratum	5 0 1 A		

VEHICLE IDENTIFICATION

VIN 1 F A C P 4 1 M S P ▓▓▓▓▓▓▓▓ Model Year 9 3

Vehicle Make (specify): Ford

Vehicle Model (specify): Mustang

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	Starts 36" rear of LR Axle	Starts 36" rear of LR Axle
2	Starts LF BC	Full Frontal

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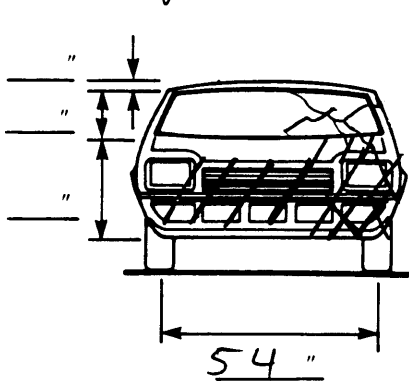
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

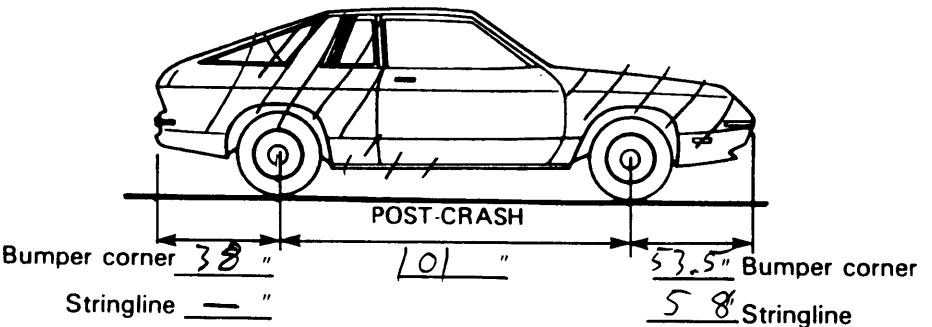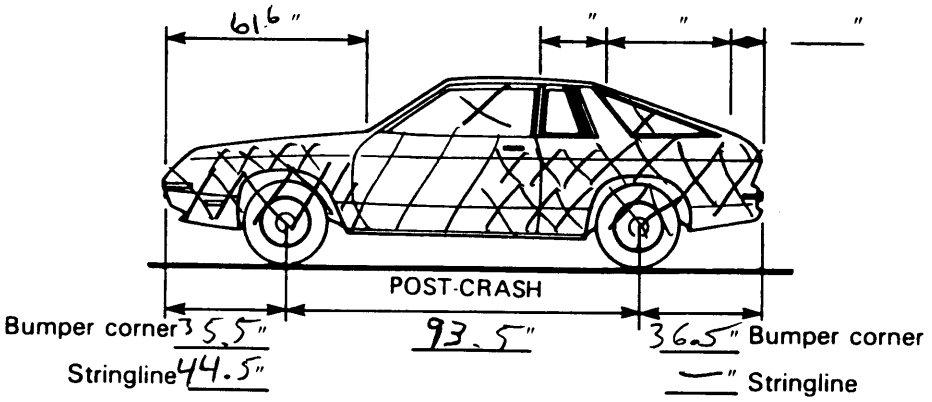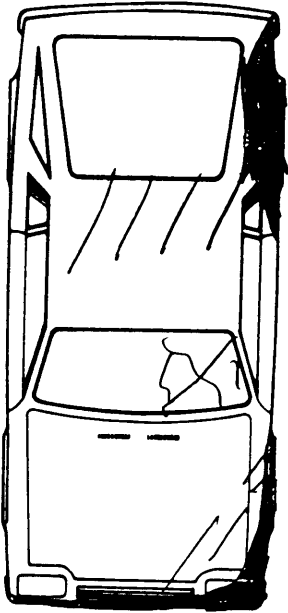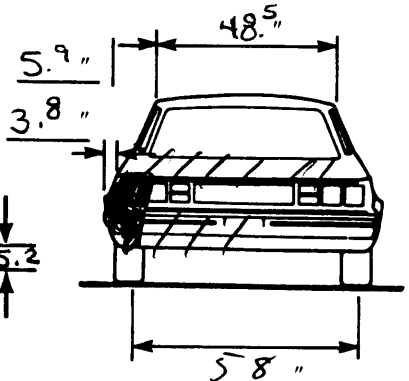Use as many lines/columns as necessary to describe each damage profile.

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
1	Mid door	85	24	112	10.75	22	16	6	2	0	-41
					5"	62	.5	.5	.1	.5	
										0	
2	Bumper	12	60"	59.5	9	3.5	1	.5	1.25	4.5	-24.25
	Freespace		↑		5	1.5	.25	.25	1.5	5	
			Contact		4	2	.75	.25	0	.5	
			not								
			crush								

HS Form 435A (Rev. 1/92)

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

a. Rotation physically   b. Tire
   restricted   deflated

RF _2_	RF _2_
LF _1_	LF _2_
RR _1_	RR _2_
LR _2_	LR _2_

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

TYPE OF TRANSMISSION

☐ Manual   ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	_100.5_
Overall Length	_179.6_
Maximum Width	_68.3_
Curb Weight	_2834_
Average Track	_56.8_
Front Overhang	_39.5_
Rear Overhang	_37.0_
Engine Size: cyl./ displ.	_4/2.3L_
Undeformed End Width	_62_

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

RF ± ___°
LF ⊕ _0 5_ °
RR ± _0 0_ °
LR ± ___
Within ±5 degrees

DRIVE WHEELS

☐ FWD   ☒ RWD   ☐ 4WD

Approximate
Cargo Weight _UK_

Original Bumper height

14.5

5.9"
3.8"

48.5"

15.2

54"

58"

61.6"

POST-CRASH

Bumper corner 35.5"   93.5"   36.5" Bumper corner
Stringline 44.5"   ___" Stringline

POST-CRASH

Bumper corner 38"   101"   53.5" Bumper corner
Stringline ___"   58" Stringline

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(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
0 1	0 2	2 9 0	0 0	L	Z	E	W	0 1
0 2	5 4	3 3 / 0 45	0 0	F	R	E	E	0 7

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   4 1

2. Case Number - Stratum   5 0 1 A

3. Vehicle Number   0 1

INTEGRITY

4. Passenger Compartment Integrity   9 8

(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):   03, 06
(99) Unknown

Door, Tailgate or Hatch Opening

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

(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 6

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

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

_____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

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

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

_____

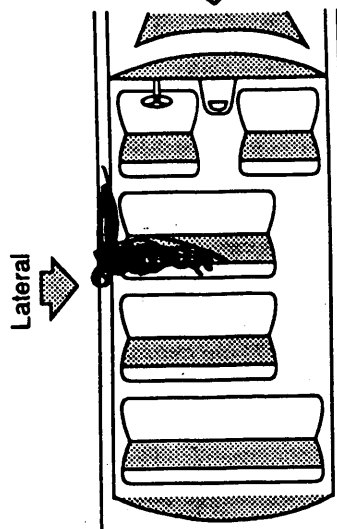(9) Unknown

Window Precrash Glazing Status

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

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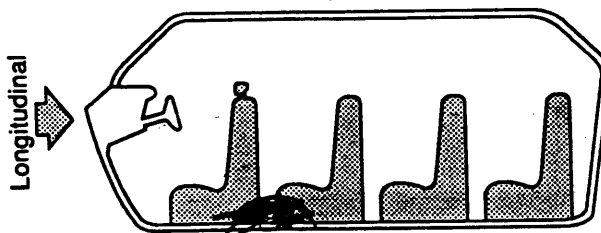(9) Unknown

INTRUSION WORKSHEET

TOP VIEW — Longitudinal, Lateral

LEFT SIDE VIEW — Vertical, Longitudinal
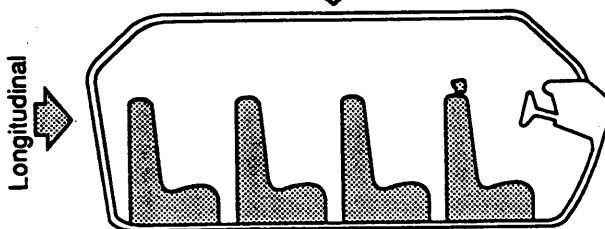
RIGHT SIDE VIEW — Vertical, Longitudinal

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION	
21	L Side Panel	25	–	13	=	12	Lat	2
98	C Pillar	21	–	10.5	=	10.5	Lat	3
21	B Pillar	26	–	20	=	6	Lat	7
21	Floor Pan	41	–	38 to roof	=	3	Vert	8
21	Rear Seat Back	33	–	40	=	7	Long	6
22		33	–	42	=	9	Long	5
23		corner measured from center line	–		=	9.5	Lat	4
98	L Side Panel	26.5	–	8.5	=	18	Lat	1
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			

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. 9 8	48. 28	49. 5	50. 3
2nd	51. 2 1	52. 1 6	53. 4	54. 3
3rd	55. 9 8	56. 0 8	57. 3	58. 3
4th	59. 2 3	60. 2 C	61. 3	62. 2
5th	63. 2 2	64. 2 0	65. 3	66. 2
6th	67. 2 1	68. 2 0	69. 3	70. 3
7th	71. 2 1	72. 0 7	73. 3	74. X 3
8th	75. 2 1	76. 1 7	77. 2	78. 1
9th	79. ___ ___	80. ___ ___	81. ___	82. ___
10th	83. ___ ___	84. ___ ___	85. ___	86. ___

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

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

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
	—		=	
	—	*None*	=	
	—		=	
	—		=	

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
   1988-91 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   O
   ____ 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
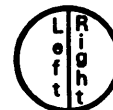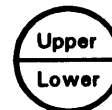   Deformation**   O O
   (00) No steering rim deformation

   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   O O 3 ,000
   2 7 3 9 miles—Code mileage to the
   nearest 1,000 miles
   (000) No odometer
   (001) Less than 1,500 miles
   (300) 299,500 miles or more
   (999) Unknown

   Source:_____

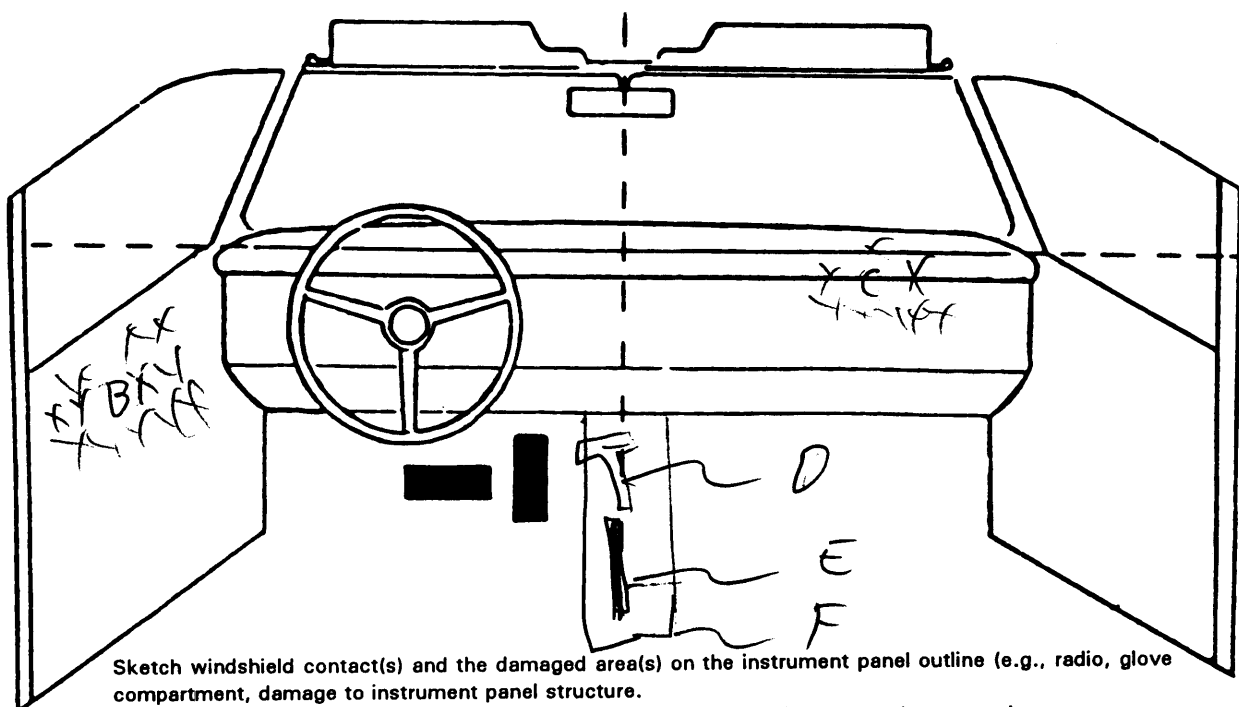**95. Instrument Panel Damage from
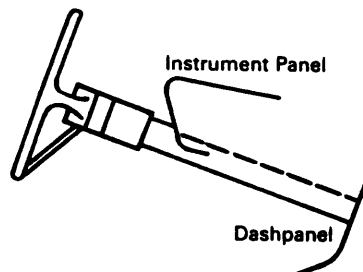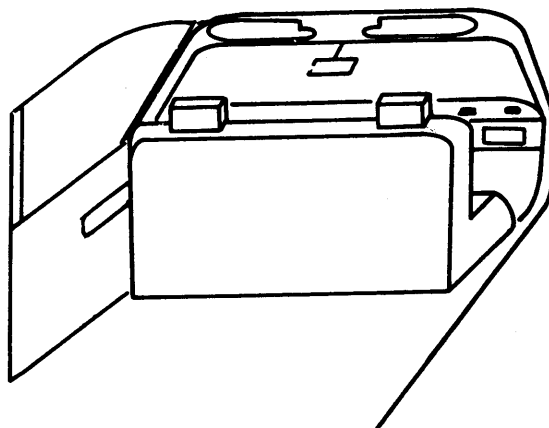   Occupant Contact?**   1
   (0) No
   (1) Yes
   (9) Unknown

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

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

A

Instrument Panel

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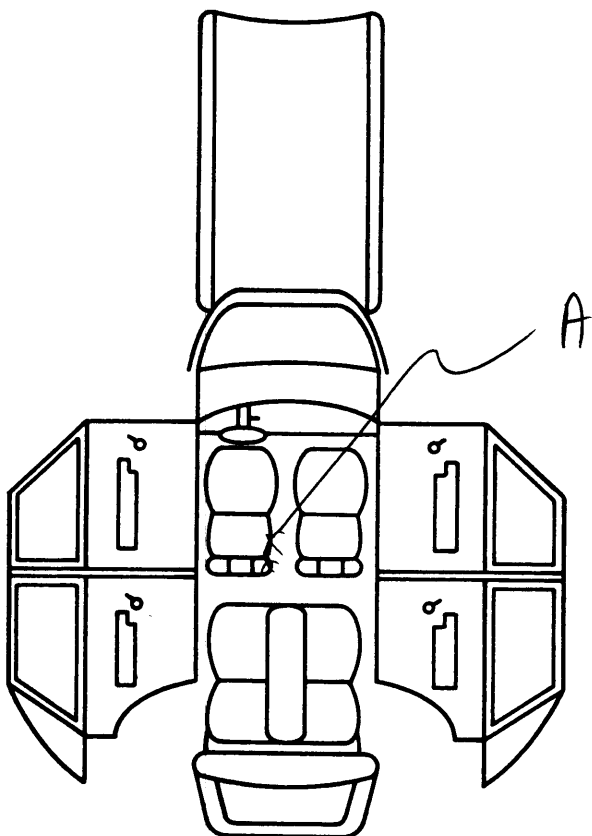
Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

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

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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	40	2	Shoulder	Scuf Marks	2
B	20	1	left side	Dented	1
C	12	2	Knees	Scuf Marks	2
D	11	2	hip	Shifter Bent	2
E	11	2	hip	Parking Brake lever Bent	2
F	11	2	hip	heavy scuf MK to console	2
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 I R S T		Left	Right
	Availability/Function	)	O
	Deployment	l	O
	Failure	)	O

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

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

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
F I R S T	Availability	4	0	4
	Use	00	00	00
	Failure Modes	0	0	0
S E C O N D	Availability	4	0	4
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability	/	/	/
	Use			
	Failure Modes			
O T H E R	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
F I R S T	Head Restraint Type/Damage	3	0	3
	Seat Type	0 2	0 0	0 2
	Seat Performance	5	0	1
	Seat Orientation	1	0	1
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	0 5	0 5	0 5
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	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): _____
- (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) _L Side Panl_
- (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)

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 [ ]   Yes [✓]
Describe indications of ejection and body parts involved in partial ejection(s):

_____

_____

_____

_____

_____

Occupant Number	1					
Ejection	9					
(Note on Vehicle Interior Sketch) Ejection Area	2					
Ejection Medium	4					
Medium Status	2					

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):
L F _____

(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 [ ]
Describe entrapment mechanism: _____

_____

_____

_____

Component(s):_____

(Note in vehicle interior diagram)

41-501A

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., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)   _5_
- (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):_____
_____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model   _00_ _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   _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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	41
2. Case Number - Stratum	5 0 1 A
3. Vehicle Number	0 1
4. Occupant Number	0 1

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. L	6. H	7. U	8. U	9. B	10. 4 (3)	11. 27 (22)	12. 9 (2)	13. 7 (1)	14. 99 (00)
2nd	15. 1	16. F	17. S	18. A	19. I	20. 1	21. 27 (22)	22. 9 (2)	23. 7 (1)	24. 99 (00)
3rd	25. 1	26. R	27. L	28. A	29. I	30. 1	31. 27 (20)	32. 9 (1)	33. 7 (1)	34. 99 (00)
4th	35. 1	36. m	37. W	38. A	39. I	40. 1	41. 45	42. 3	43. 1	44. 00
5th	45. 1	46. M	47. W	48. C	49. I	50. 1	51. 45	52. 3	53. 1	54. 00
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. __

HS Form 433B (1/92)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

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	—	—	—	—	—	—	— —	—	—	— —

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.)

oblique directed 2½"
abrasion of the lateral
aspect of the left
supraorbital ridge
source UK

2" lac. Lat ① eye
(EMS)

Patterned brush-burn
abrasion present on
the posterior
aspect of
the left
mid-forearm
source UK

ecbymosis LUQ
(EMS)

oblique directed abrasion,
ecchymosis and subcutaneous
hemorrhage on the right
anterior abdomen crossing
the midline into the left
upper quadrant of the
abdomen. There is a horizontally
directed superficial area
of abrasion and superficial
subcutaneous hemorrhage in
the lower anterior abdomen.

source UK

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

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.)
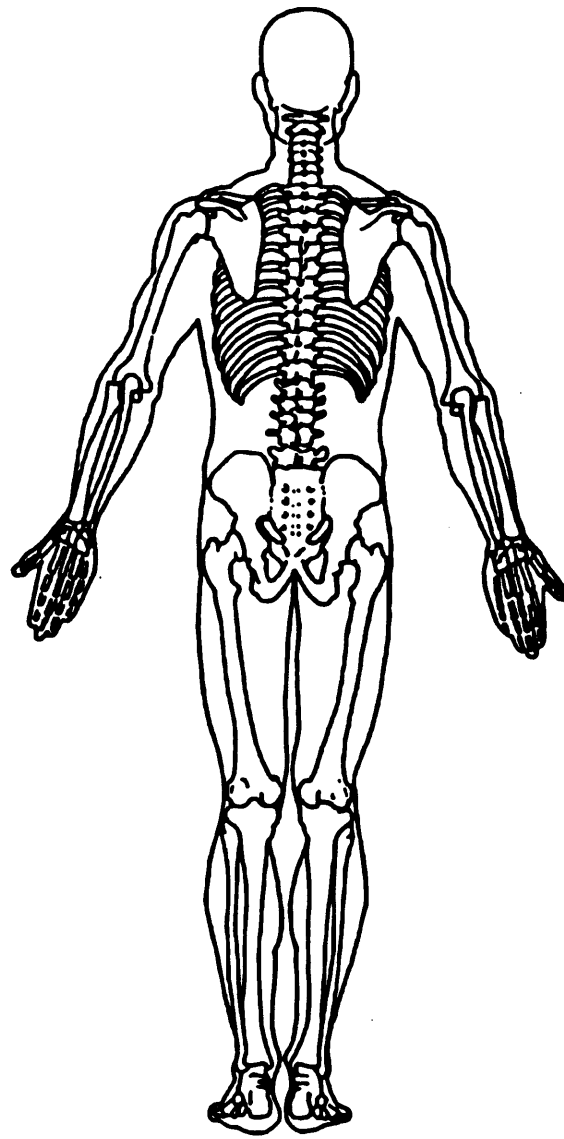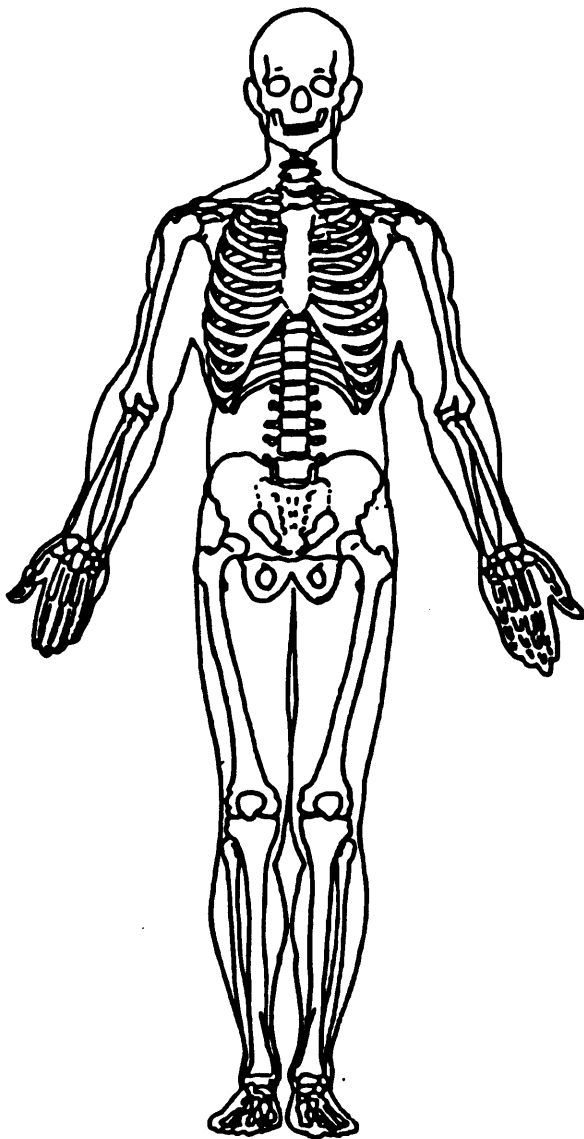
OFFICIAL INJURY DATA —INTERNAL INJURIES

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.)
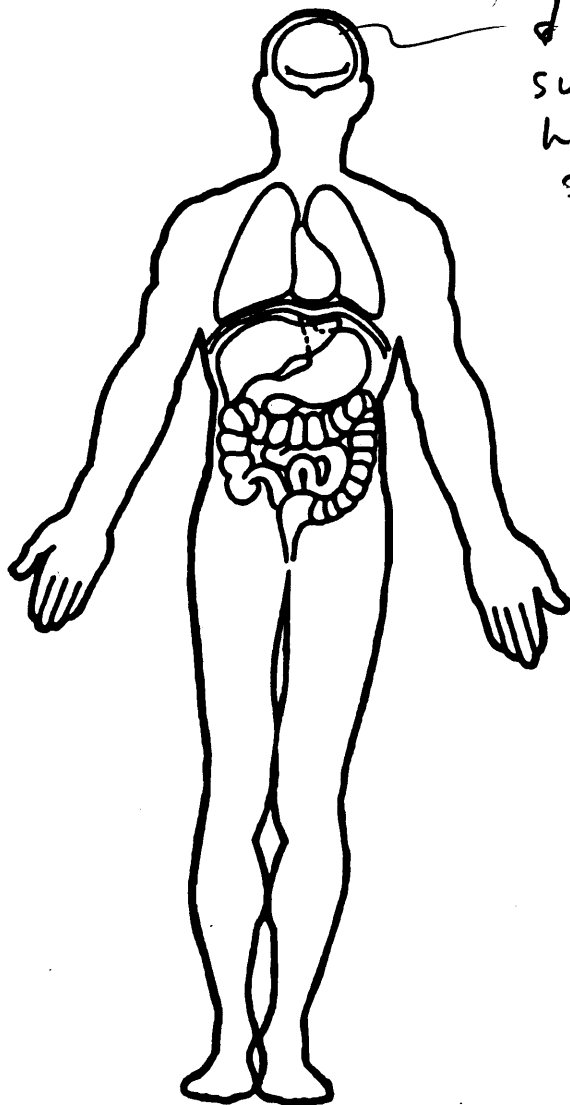
diffuse
suBarachnoid
hemorrage
source uk

UPDATE FORM

1. Primary Sampling Unit Number   4 1

2. Case Number — Stratum   5 6 1 A

3. Vehicle Number   0 1

4. Occupant Number   0 1

▓▓▓▓ 1993

Aut

Driver or Occupant Name: ▓▓▓▓▓▓▓▓

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	__ __	__ __	OA21. Air Bag System Availability/Function	__	__
GV39. Other Drug Specimen Test Type for Driver	__	__	OA22. Air Bag System Deployment	__	__
GV40.-GV41. Narcotic Drug	__ __	__ __	OA35. Treatment - Mortality	__	__
GV42.-GV43. Depressant Drug	__ __	__ __	OA36. Type of Medical Facility (for Initial Treatment)	__	__
GV44.-GV45. Stimulant Drug	__ __	__ __			
GV46.-GV47. Hallucinogen Drug	__ __	__ __	OA37. Hospital Stay	__ __	__ __
GV48.-GV49. Cannabinoid Drug	__ __	__ __	OA38. Working Days Lost	__ __	__ __
GV50.-GV51. Phencyclidine (PCP)	__ __	__ __	OA39. Time to Death	__ __	__ __
GV52.-GV53. Inhalant Drug	__ __	__ __	OA40. 1st Medically Reported Cause of Death	__ __	__ __
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	__ __	__ __	OA41. 2nd Medically Reported Cause of Death	__ __	__ __
			OA42. 3rd Medically Reported Cause of Death	__ __	__ __
GV56. Driver's Zip Code	__ __ __ __ __ __ __		OA43. Number of Recorded Injuries for This Occupant	__ __	__ __
GV57. Driver's Race/Ethnic Origin	__	__	OA44. Automatic (Passive) Belt System Availability/Function	__	__
OA05. Occupant's Age	__ __	__ __	OA45. Automatic (Passive) Belt System Use	__	__
OA06. Occupant's Sex	__	__			
OA07. Occupant's Height	__ __	__ __	OA50. Glasgow Coma Scale (GCS) Score	__ __	__ __
OA08. Occupant's Weight	__ __ __	__ __ __	OA51 Was the Occupant Given Blood?	__	__
OA17. Manual (Active) Belt System Availability	__	__	OA52. Arterial Blood Gases (ABG) - HCO_3	__ __	__ __
OA18. Manual (Active) Belt System Use	__ __	__ __			
			__ . _____	__ __	__ __
			__ . _____	__ __	__ __

HS Form 433C (Rev. 1/92)

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)   _1_
    (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):_____
    _____
    _____
    (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   41

Case Number   501A

Vehicle Number   01

Occupant Number   02

OCCUPANT

INJURY

FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

OCCUPANT RELATED

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

17. **Number of Occupants This Vehicle**   01
    (00-96) Code actual number of occupants
         for this vehicle
    (97) 97 or more
    (99) Unknown

18. **Number of Occupant Forms Submitted**   01

VEHICLE WEIGHT ITEMS

19. **Vehicle Curb Weight**   03,6 0 0
    3628 Code weight to nearest
         100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown

    Source:_____

20. **Vehicle Cargo Weight**   9, 9 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**   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)**   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**   1 8 0

28. **Heading Angle For Other Vehicle**   2 5 0
                                           0 7 2

NASS CODING CHANGE
1st Review: 1A
2nd Review: _____

Cate-gory	Configur-ation	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 / SPECIFICS OTHER	(EACH • 42) / (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	**44 46 45 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 / SPECIFICS OTHER	(EACH • 62) / (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 70 71 72 73** INITIAL OPPOSITE DIRECTIONS / INITIAL SAME DIRECTIONS			(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	**76 77 78 79 80 81 82 83** TURN INTO SAME DIRECTION / 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 93** OTHER VEH. OR OBJECT / BACKING VEH.		**98** Other Accident Type **99** Unknown Accident Type **00** No Impact		

41-501A
V2

OTHER DATA

56. Driver's Zip Code   ███████████

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

57. Driver's Race/Ethnic Origin   *1*
    (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   *0*
    (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   *0*

    (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   *0* *0*

62. Location on Vehicle Where Initial Principal   *0*
    Tripping Force Is Applied

    (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   *0*

    (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   *01*
    Recognition of Critical Event)

    (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

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 ($\leq$ 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 ($\leq$ 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but $\leq$ 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

PSU Number   _41_

Case Number   _501A_

Vehicle Number   _02_

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑   Entire Form

[]   Page Number (s) _____

PSU NUMBER   _41_

CASE NUMBER   _501A_

VEHICLE NUMBER   _02_

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ ENTIRE FORM

[] PAGE NUMBER (S) _____

26. Seat Type (this Occupant Position)   9 9
   (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)   9
   (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):_____
   _____
   (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   _41_

Case Number   _501A_

Vehicle Number   _02_

Occupant Number   _01_

OCCUPANT

INJURY

FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

✓   Entire Form

[]   Page Number (s) _____

CRASHPC PROGRAM SUMMARY

Identifying Title			
4 1	5 0 1 A	0 2	▓▓ ▓▓ 9 2
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	93	Ford	Mustang	1
Vehicle 2				

GENERAL INFORMATION

VEHICLE 1 *193*

Size

Weight: 2834 + 318 + UK = 3152
    Curb   Occupant(s) Cargo

CDC: 1 1 F R E E 7

PDOF: — 3 0

Stiffness: 2

VEHICLE 2 *11*

Size

Weight: ___ + ___ + ___ = ___
    Curb   Occupant(s) Cargo

CDC: ___ ___ ___ ___ ___ ___

PDOF: ___ ___ ___

Stiffness: ___

SCENE INFORMATION

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

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

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

	VEHICLE 1		VEHICLE 2
Skidding	[ ] No [ ] Yes	Skidding	[ ] No [ ] Yes
Skidding Stop Before Rest	[ ] No [ ] Yes	Skidding Stop Before Rest	[ ] No [ ] Yes
Impact Position		**Impact Position**	
X	__ __ __ . __ __	X	__ __ __ . __ __
Y	__ __ __ . __ __	Y	__ __ __ . __ __
PSI	__ __ __ . __ __	PSI	__ __ __ . __ __
Curved Path	[ ] No [ ] Yes	Curved Path	[ ] No [ ] Yes
Point on Path		**Point on Path**	
X __ __ __ . __ __ Y __ __ __ . __ __		X __ __ __ . __ __ Y __ __ __ . __ __	

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation > 360° [ ] No [ ] Yes

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation > 360° [ ] No [ ] Yes

FRICTION INFORMATION

Coefficient of Friction   . ___ ___ ___

Rolling Resistance Option   ___

    Vehicle 1 Rolling Resistance

        LF ___ . ___ ___   RF ___ . ___ ___

        LF ___ . ___ ___   RF ___ . ___ ___

    Vehicle 2 Rolling Resistance

        LF ___ . ___ ___   RF ___ . ___ ___

        LF ___ . ___ ___   RF ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data   [ ] No   [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

        LF ___ ___ ___   RF ___ ___ ___

        LF ___ ___ ___   RF ___ ___ ___

Vehicle 2 Steer Angles

        LF ___ ___ ___   RF ___ ___ ___

        LF ___ ___ ___   RF ___ ___ ___

Terrain Boundary   [ ] No   [ ] Yes

First Point

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

Second Point

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

Secondary Coefficient of Friction . ___ ___ ___

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Length	__ 6 2 . __ __	__ __ __ . __ __
Crush Depths	C1 __ 4 . __ __	C1 __ __ . __ __
	C2 __ 2 . __ __	C2 __ __ . __ __
	C3 __ 0 . 7 5	C3 __ __ . __ __
	C4 __ 0 . 2 5	C4 __ __ . __ __
	C5 __ 0 . 0	C5 __ __ . __ __
	C6 __ 0 . 5	C6 __ __ . __ __
Damage Offset	± __ 2 4 . 2 5	± __ __ __ . __ __

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.

DIRECTION OF ANGULAR VELOCITY CHANGE OF VEHICLE #1
IS NOT COMPATIBLE WITH MOMENT ARM OF PRINCIPLE FORCE,
ACCORDING TO DAMAGE BASED CALCULATIONS. REVIEW DAMAGE
DATA IF RESULTS ARE QUESTIONABLE.

SUMMARY   OF   CRASHPC   RESULTS   (USING   SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
(DAMAGE)	VEH #1	8.4	-7.3	4.2	-30.0
	VEH #2	.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE   VEH#1:   7585.6 FT-LB   VEH#2:   .0 FT-LB

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

TYPE--------CATEGORY 2   TYPE--------CATEGORY 11
STIFFNESS---CATEGORY 2   STIFFNESS---CATEGORY 0
WEIGHT------   3152.0 LBS.   WEIGHT------1000000.0 LBS. *
CDC---------11FREE7   CDC---------BARRIER
L-----------   62.0 IN.   L-----------   .0 IN.   *
C1----------   4.0 IN.   C1----------   .0 IN.   *
C2----------   2.0 IN.   C2----------   .0 IN.   *
C3----------   .8 IN.   C3----------   .0 IN.   *
C4----------   .3 IN.   C4----------   .0 IN.   *
C5----------   .0 IN.   C5----------   .0 IN.   *
C6----------   .5 IN.   C6----------   .0 IN.   *
D----------- -24.3   D-----------   .0   *
RHO--------   1.00   *   RHO--------   1.00   *
ANG--------   -30.0 DEG.   ANG--------   .0 DEG.   *
D'---------   -40.9 IN.   D'---------   .0 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3	IN.	A2	=	50.0	IN.
B1	=	50.1	IN.	B2	=	50.0	IN.
TR1	=	54.6	IN.	TR2	=	50.0	IN.
I1	=	24185.0	LB-SEC**2-IN	I2	=	2600104000.0	LB-SEC**2-IN
M1	=	8.196	LB-SEC**2/IN	M2	=	2600.104	LB-SEC**2/IN
XF1	=	83.3	IN.	XF2	=	50.0	IN.
XR1	=	-91.6	IN.	XR2	=	-50.0	IN.
YS1	=	33.6	IN.	YS2	=	50.0	IN.

inting Picture:

CRASH

PDOF

VEH 1
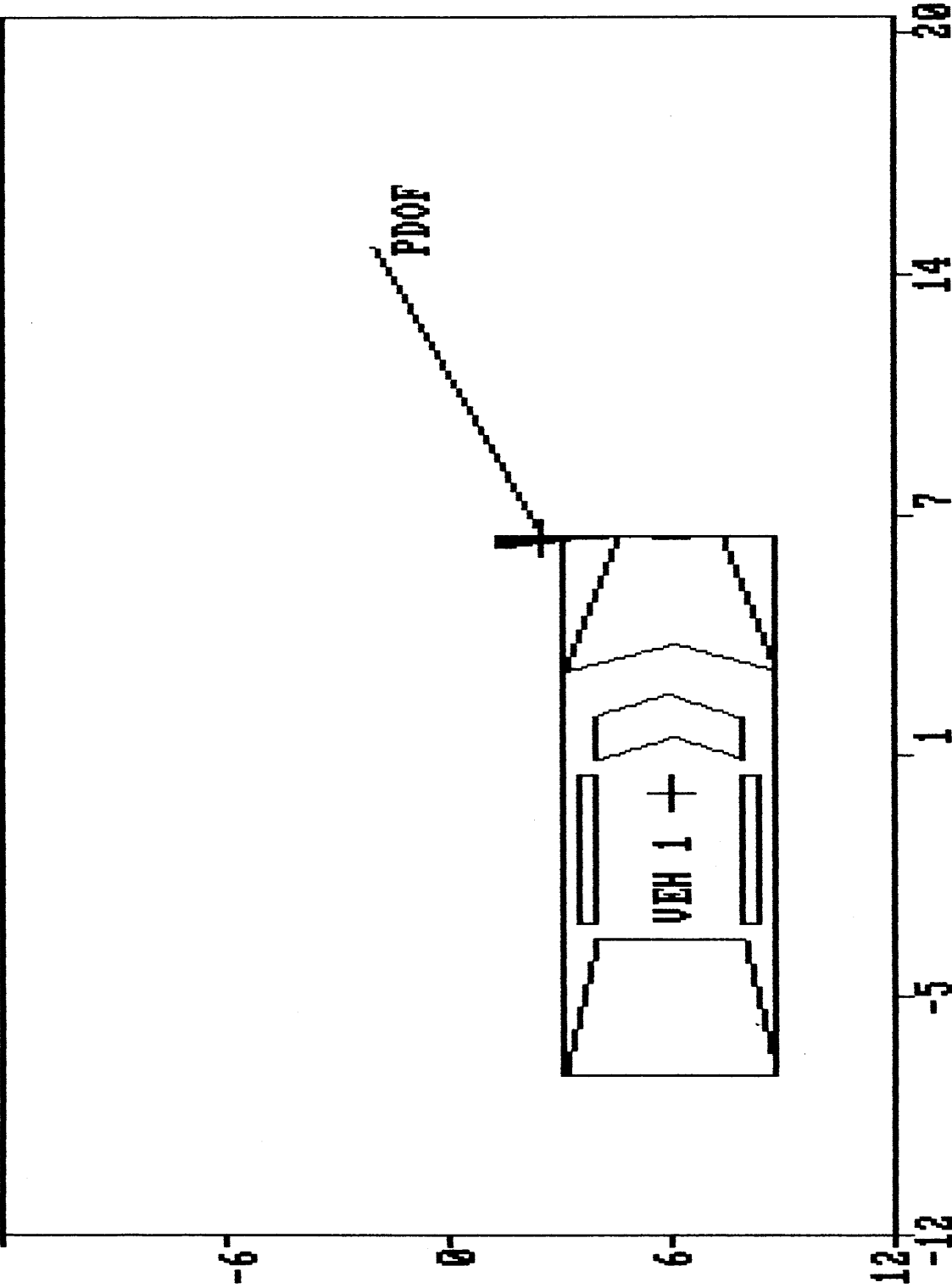
DAMAGE DESCRIPTION

```
┌──────────────────────────────────────────────────────────────────────────┐
│ PSU41                                                         ████/93      │
│ CASE 501A                                                                  │
│ CURRENT VERSION: 6.01                                                      │
└──────────────────────────────────────────────────────────────────────────┘
```

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	1	Y
Occupant Assesment	0	0	2	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	5	

Press <ENTER> to continue...

1

INTRA ERRORS

```
              OCC0531   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.
```

1

INTRA ERRORS

```
              OHH1281   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.
```

1

INTRA ERRORS

```
              OHH0191   2   If OCCUPANT POSITION OA10 equals 11 or 13 and AUTOMATIC
BELT          HH0192        AVAILABILITY OA44 does not equal 2, then MANUAL BELT
              HH0193        AVAILABILITY OA17 should equal 3 or 4.
```

1

INTER ERRORS

```
              OGH0181   2   If AOPS VEHICLE GV36 equals 1 and DRIVER PRESENCE GV16
does not      GH0182        equal 0, then at least one AIR BAG AVAILABILITY/FUNCTIO
N OA21        GH0183        should equal 1-3 or AUTOMATIC BELT AVAILABILITY OA44 sh
ould          GH0184        equal 1-4. GV=02 OA=02

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

41501A00000011███926.0110000000000223380010002████92███92████93███92010701000
000000000000000
41501A00010012███926.0110000000000102L0203F
41501A00020012███926.0110000000000102F54000
41501A01000021   6.01 0000000009312003031FACP41M5PF████15510055994510202028
9900000072180699 99 999999011
41501A01000022   6.01 00000000000102000000020000000███90000000011099
41501A01000031   6.01 000000000010210LZEW01025411FREE0711211221606020O-041062
040201000001-0240110050001
41501A01000041   6.01 0000000009833002000062606608800000000120220012011000
41501A01000042   6.01 00000000098285321104393083323203222203221203321073321 17
21   1   00003100
41501A01010051   6.01 00000000037262193111999990400001117302500000000000004120
062019700000500000102101
41501A01010161   6.01 0000000001HUUB3222100
41501A01010261   6.01 0000000001FSAI1222100
41501A01010361   6.01 0000000001RLAI1201100
41501A01010461   6.01 0000000001MWAI1453100
41501A01010561   6.01 0000000001MWCI1453100
41501A01020051   6.01 000000000239999992139000004000000003021000000000002999
990000000097000019799 7
41501A02000021   6.01 0000000009113005041LNCM9748MY███15509655994410101036
9900000180072699 99 999999001
41501A02000022   6.01 000000000000000000000000000███90000000016199
41501A02010051   6.01 000000005429999911190000999999995999900000000000000000
09900000000009999900100
41501A99999999000000000000000000000000000000000000000000000000000000010000000020000
0000000000002

41501A0000000011████925.0410000000000223380010002████92████92████93████92010701000
000000000000000
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41501A0002001012████925.0410000000000102F54000
41501A01000021   5.04 0000000009312003031FACF41M5PR████████5510055994510202028
9900000072180699 99 999999011
41501A01000022   5.04 0000000000010200000002000000████90000000011099
41501A01000031   5.04 0000000000010210LZEW01025411FREE0711211222216060200-041062
04020100000 1-0240110050001
41501A01000041   5.04 0000000009833002000062606608800000000012022000 12011000
41501A01000042   5.04 0000000009828532110439808332320322220322120332107332117
21   1   000003100
41501A01010051   5.04 0000000003726219311199999040000111730250000000000004120
0620199000005000000102101
41501A01010161   5.04 0000000001HUUB3222100
41501A01010261   5.04 0000000001FSAI1222100
41501A01010361   5.04 0000000001RLAI1201100
41501A01010461   5.04 0000000001MWAI1453100
41501A01010561   5.04 0000000001MWCI1453100
41501A01020051   5.04 0000000002399999921390000040000000003021000000000002999
9990000000970000019 7997
41501A02000021   5.04 0000000009113005041LNCM9748MV████████1550965599 4410101036
9900000180072699 99 999999001
41501A02000022   5.04 0000000000000000000000000000████90000000016199
41501A02010051   5.04 0000000005429999911190000999999999599990000000000000000
0990000000000099999900100
41501A99999999000000000000000000000000000000000000000000000000000000000010000000020000
0000000000000002

INTERIOR VEHICLE Vehicle: 1
11
INTRA ERRORS

OCC0531 2 ****** THIS CASE SHOWS A DO
OR 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 eq
uals 2.

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

OHH1281 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.

O
 OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1
11
INTRA ERRORS

OHH0191 2 If OCCUPANT
 POSITION OA10 equals 11 or 13 and AUTOMATIC BELT   HH0192   AVAILABILIT
Y OA44 does not equal 2, then MANUAL BELT   HH0193   AVAILABILIT
Y OA17 should equal 3 or 4.

01
 INTER ERRORS

OGH0181 2 If AOPS VEHICLE GV36 equals 1 and DRIVER PRESENCE GV16
 does not   GH0182   equal 0, then at least one AIR BAG AVAILABILITY/FUNCTI
ON OA21   GH0183   should equal 1-3 or AUTOMATIC BELT AVAILABILITY OA44 s
hould   GH0184   equal 1-4. GV=02 OA=02

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

PSU41   ERROR SUMMARY SCREEN   ███/93
CASE 501A
CURRENT VERSION: 5.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	1	Y
Occupant Assesment	0	0	2	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	5	

U.S. Department of Transportation

National Highway Traffic Safety
Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 4   1

Case Number—Stratum 5   0   1   A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-3	1 & 2	South	Approach
4-18	1		Exterior
19-22	1		Failed Rear Hatch Latch
23-24	1		Failed Rear Hatch Hinge
25-31	1		Interior

HS Form 434B (1/92)

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

PSU 41-501A (1992) #1

PSU 41-501A (1992) #2

PSU 41-501A (1992) #3

PSU 41-501A (1992) #4
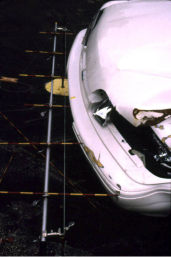
PSU 41-501A (1992) #5

PSU 41-501A (1992) #6

PSU 41-501A (1992) #7

PSU 41-501A (1992) #8

PSU 41-501A (1992) #9

PSU 41-501A (1992) #10

PSU 41-501A (1992) #11

PSU 41-501A (1992) #12

PSU 41-501A (1992) #13

PSU 41-501A (1992) #14

PSU 41-501A (1992) #16

PSU 41-501A (1992) #17

PSU 41-501A (1992) #18

PSU 41-501A (1992) #19

PSU 41-501A (1992) #20

PSU 41-501A (1992) #21

PSU 41-501A (1992) #22

PSU 41-501A (1992) #23

PSU 41-501A (1992) #24

PSU 41-501A (1992) #25
Best Available

PSU 41-501A (1992) #26
Best Available

PSU 41-501A (1992) #27
Best Available

PSU 41-501A (1992) #28
Best Available

PSU 41-501A (1992) #29
Best Available

PSU 41-501A (1992) #30
Best Available

PSU 41-501A (1992) #31
Best Available