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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 43 CASE NO. 109A TYPE OF ACCIDENT VAN/CAR RT. ANGLE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

VEHICLE 1 WAS TRAVELING SOUTH ON APPROACH TO A RURAL 4-WAY INTERSECTION. VEHICLE 2 WAS EASTBOUND ON APPROACH TO THE SAME INTERSECTION. THE VEHICLES MADE CONTACT IN CLOSE PROXIMITY TO THE 4-WAY CENTERPOINT. V1 REC'D FRONTAL DAMAGE, V2 REC'D SEVERE LEFT SIDE DAMAGE. BOTH VEH.'S SUSTAINED CONTACT TO FINAL REST IN THE SOUTHEAST SECTOR. DURING INITIAL IMPACT, THE DRIVER OF V2 WAS PARTIALLY EJECTED THRU THE LF GLAZING, WHILE ALSO BECOMING ENTRAPPED BY HEAVY LATERAL INTRUSIONS. THERE ALSO WAS A SUBSTANTIAL

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	VAN	1986 DODGE VAN	FRONT	MODERATE	NONE
2	SUBCOMPACT	1990 TOYOTA CELICA STX	LEFT	SEVERE	GLAZING INTEGRITY LOSS W/ NUMEROUS LATERAL INTRUSIONS

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	DRIVER	(L) FRONT	NONE	THORAX	CONTUSION	1	STEERING RIM/HUB
1	PASSENGER	(R) FRONT	NONE	HEAD	ABRASION	1	LOOSE CARGO (SANDBAG)
2	DRIVER	(L) FRONT	MANUAL LAP/SHOULDER W/ DEPLOYED AIRBAG	HEAD	~~UNK~~ depressed fracture (TO BE	~~X~~ 3 UPDATED)	~~UNK~~ hood edge of other vehicle

DO NOT SANITIZE THIS FORM

HS Form 434A (1/92)

AMOUNT OF CARGO IN V1 (≈ 2,000 LBS. SAND BAGS, TOOLS, ETC.) WHICH WERE LOOSE @ IMPACT. THE (2) OCCUPANTS OF V1 EXITED THE VEH. THRU THE REAR DOORS. V2 WAS CUT APART IN EFFORTS TO EXTRICATE THE DRIVER, WHO WAS PRONOUNCED DEAD @ THE SCENE.

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

1 of 3

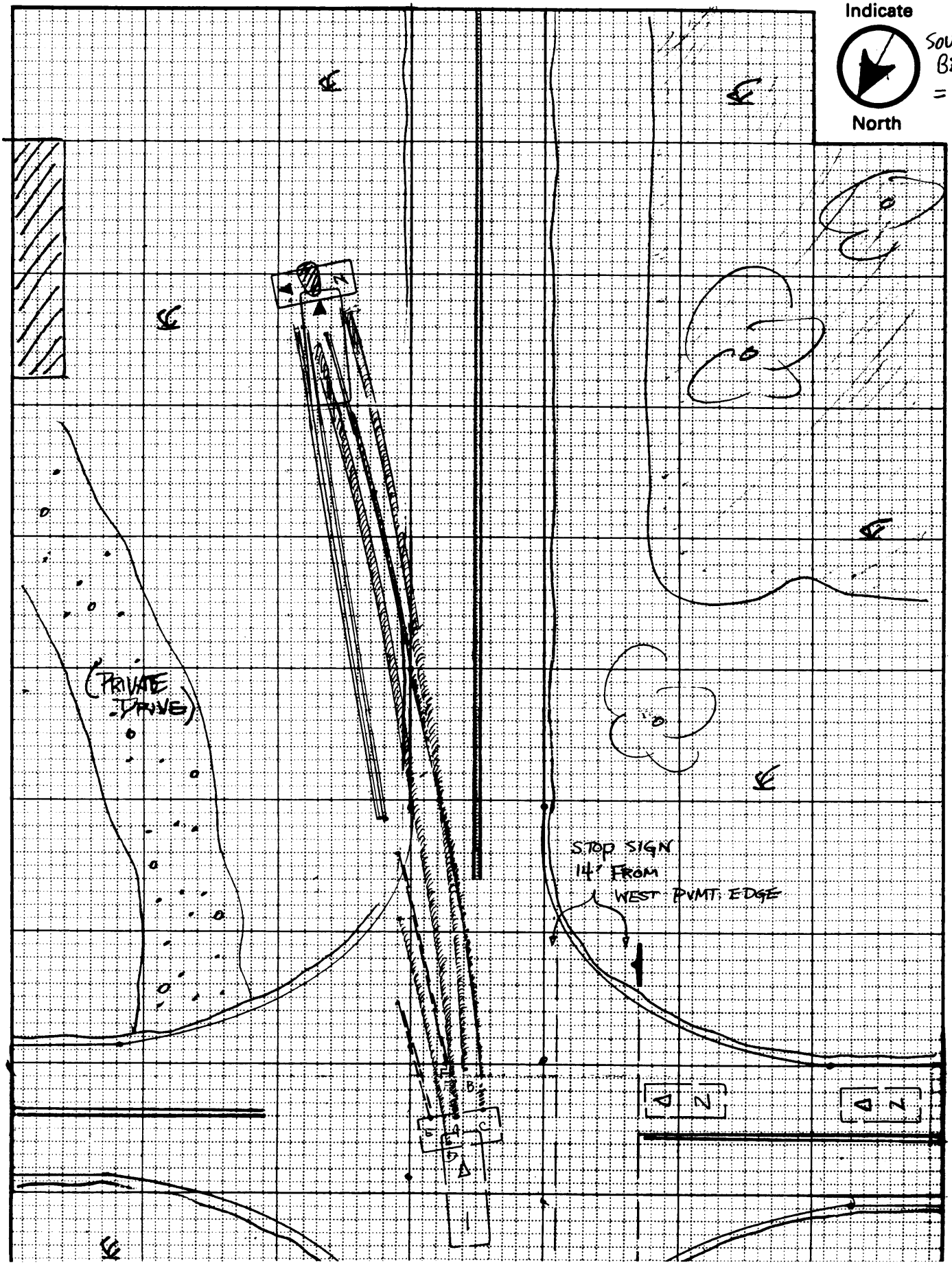
PSU No. 43

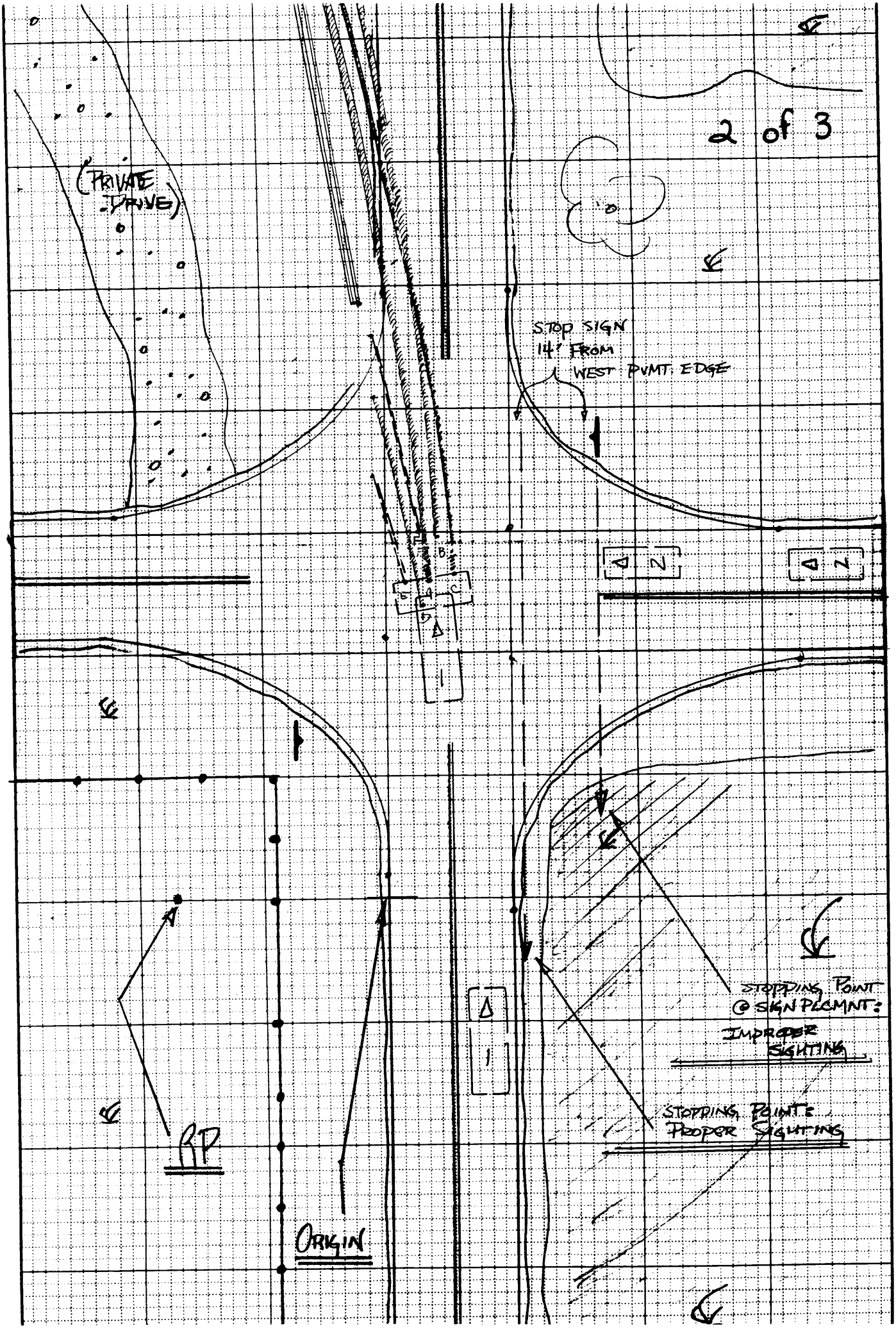
Case Number–Stratum 109A

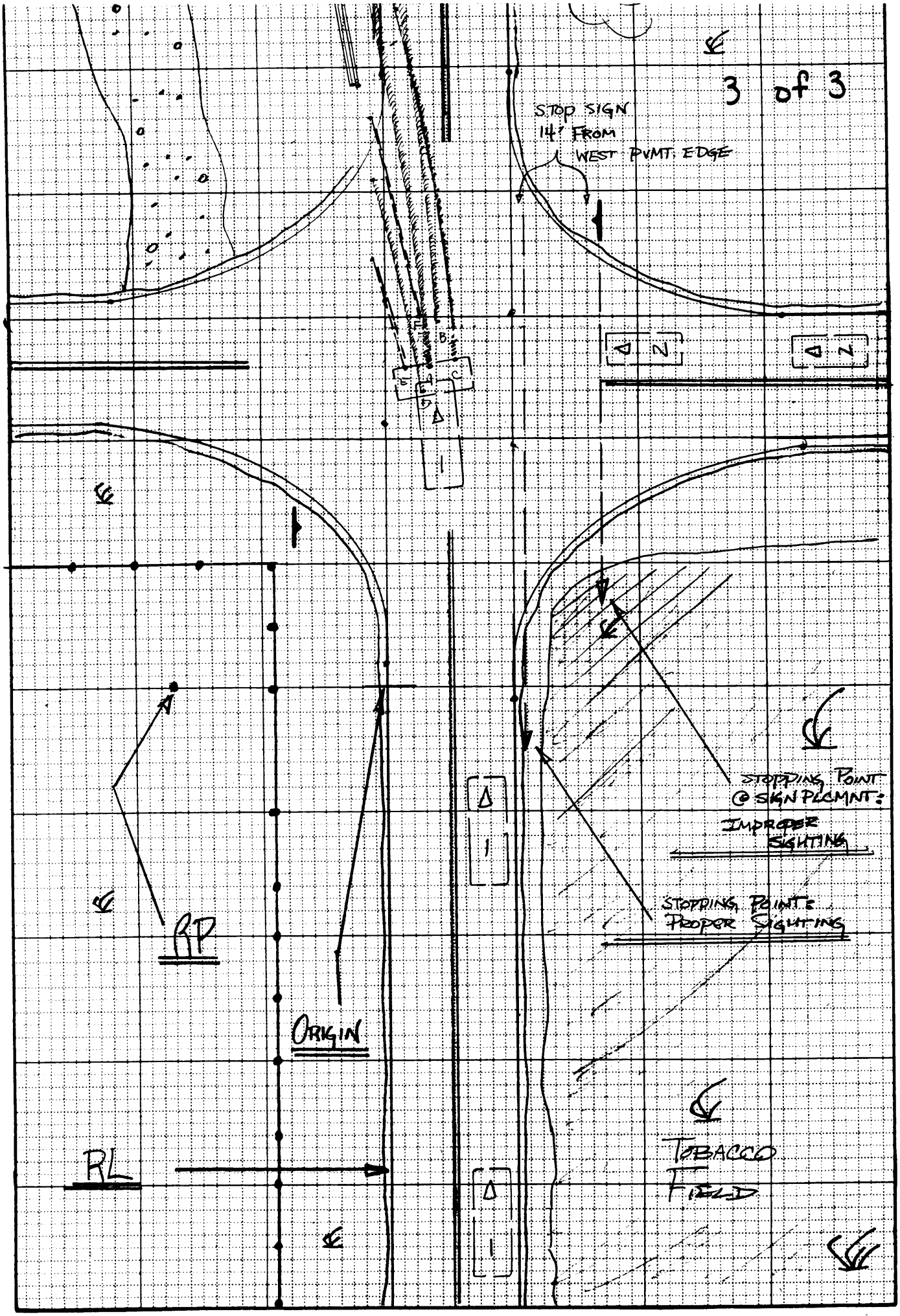
SCALE 1"=20'

Indicate North

SOUTHBOUN BEARING =150°




(PRIVATE DRIVE)
STOP SIGN 14' FROM WEST PVMT. EDGE
STOPPING POINT @ SIGN PLCMNT: IMPROPER SIGHTING
STOPPING POINT: PROPER SIGHTING
RP
ORIGIN


3 of 3
STOP SIGN
14' FROM
WEST PVMT. EDGE
N
N
STOPPING POINT
@ SIGN PLCMNT:
IMPROPER
SIGHTING
STOPPING POINT:
PROPER SIGHTING
RP
ORIGIN
RL
TOBACCO
FIELD

Traj Run

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

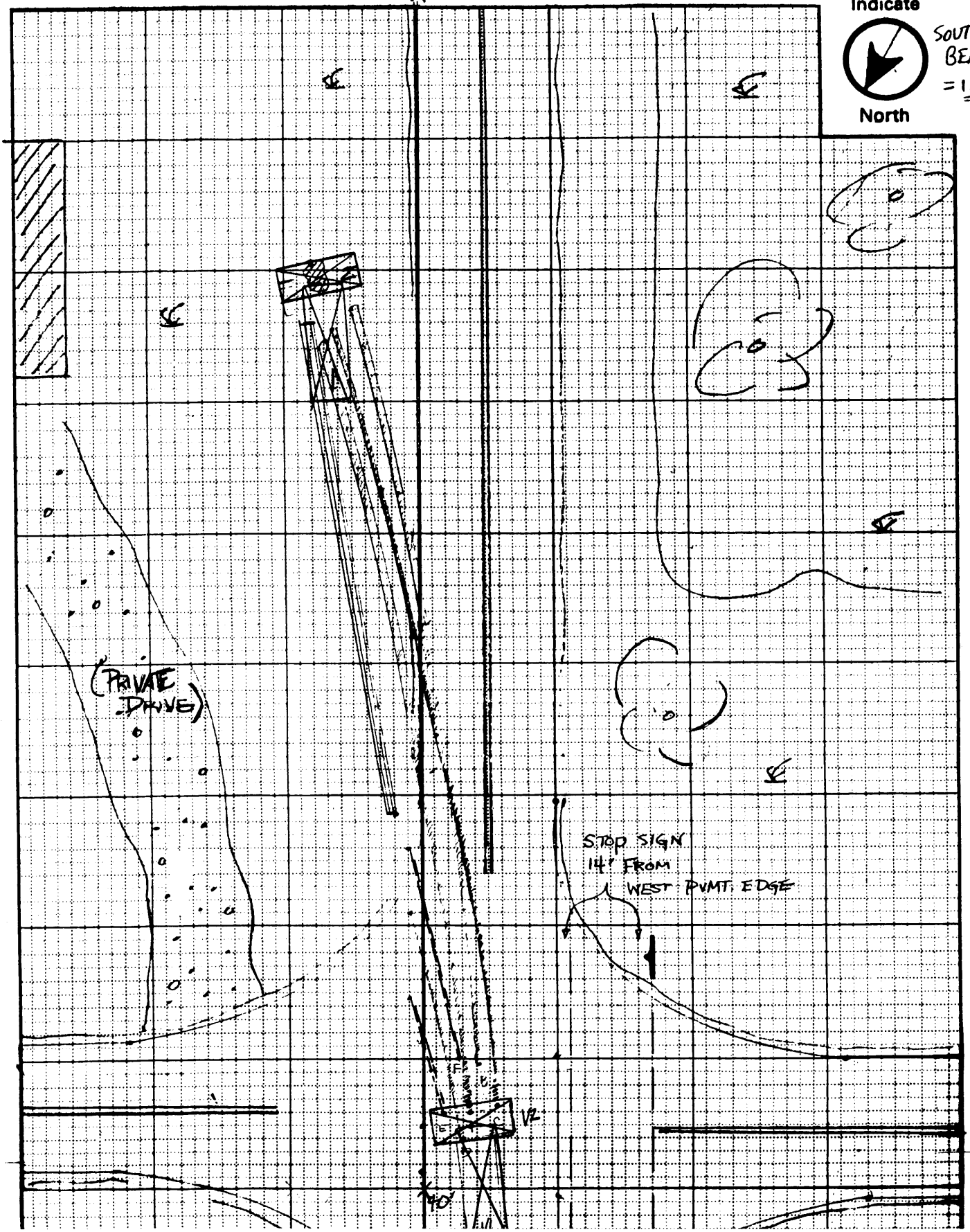
ACCIDENT COLLISION DIAGRAM

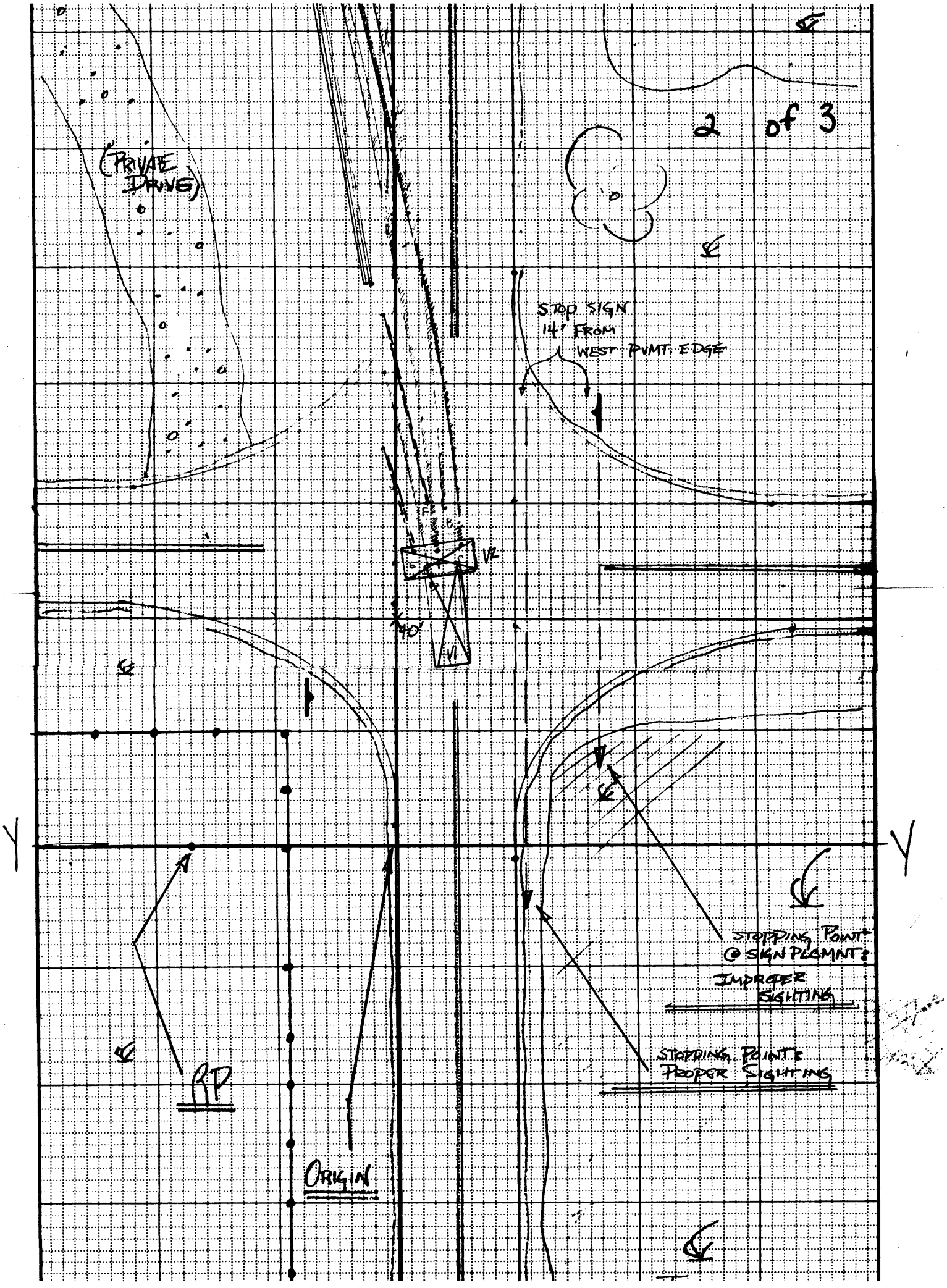
PSU No. 43
Case Number – Stratum 109 AX

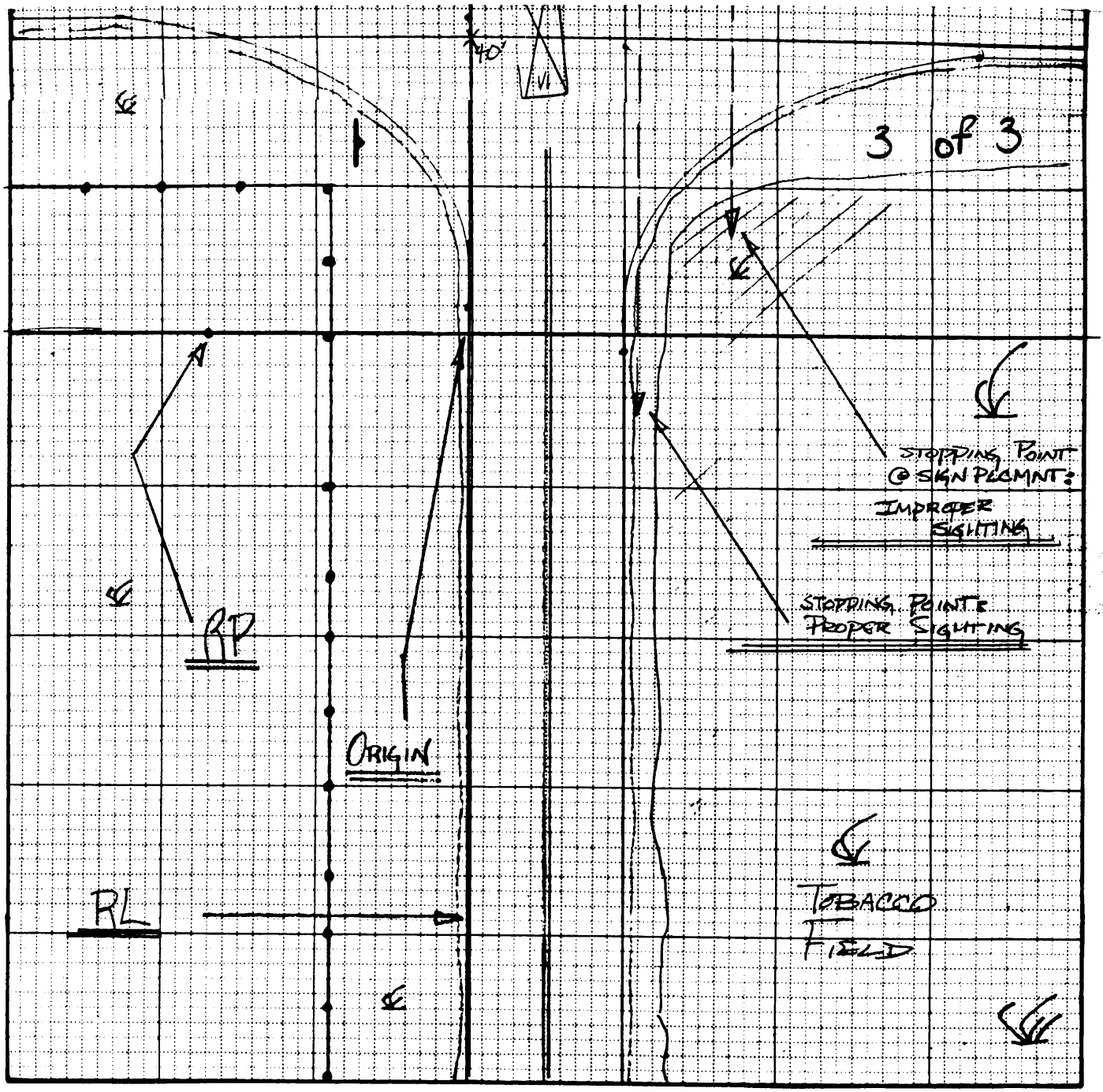
SCALE 1" = 20'

Indicate North

SOUTHBOUND BEARING = 150°




(PRIVATE DRIVE)
STOP SIGN 14' FROM WEST PVMT. EDGE
VZ
VI
40'
Y
Y
A
RP
ORIGIN
STOPPING POINT @ SIGN PLCMNT: IMPROPER SIGHTING
STOPPING POINT: PROPER SIGHTING



HS Form 431B (1/92)

* PAB HEADINGS INCORRECT

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 43 | Case Number—Stratum 109A

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

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

LEVEL II
PHYSICAL EVIDENCE PRESENT

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

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

CRASH DATA

	VEH. #1 (5)	VEH. #2 (E)	VEH. #3
Heading Angle	150°	60°	
Surface Type	B/T	B/T	
Surface Condition	DRY	DRY	
Grade (v/h) Measurement (between impact and final rest)		⊖ .25"/24" or ⊖ 1%	
Grade (v/h) Measurement (at location of rollover initiation)			

Reference Point: POLE # [redacted]

Reference line: EAST PVMT. EDGE OF RP [redacted]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP (MEAS. TO WEST MIDPT.)	∅	34' E
WEST [redacted] INTERCEPT PT #1	2.2' N	20' W
EAST " " " " #1	41' S	∅
WEST " " " " #2	39' S	66.3' W
EAST " " " " #2	42.5' S	46.6' E
"D" BEG	48.3' S	6.1' W
"E" BEG	51.8' S	2.8' W
"A" BEG	52' S	7' W
GOUGE MARK @ "A" (BEG)	52.5' S	7' W
"C" BEG	53' S	11.3' W
GOUGE MARK @ "C" (BEG)	53' S	11.3' W
GOUGE @ "A" (END)	55' S	6.8' W
GOUGE @ "C" (END)	57' S	10.9' W

HS Form 431A (1/92)

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
"B" BEG	59.4'S	7.9'W
WEST RP [redacted] INTERCEPT PT. #3	60'S	63'W
"F" BEG	60'S	6.3'W
EAST RP [redacted] " " #3	62.9'S	43.5'E
"E" END	68.9'S	2'E
"D" END	82'S	1.5'E
"F" END	92.2'S	2'E
"F" BEG. FURROWING	97'S	5'E
"D" " "	97'S	4.2'E
EAST RP [redacted] INTERCEPT PT #4	99.1'S	ϕ
WEST " " " " #4	99.1'S	20'W
"A" LEAVES ROAD / BEG FURROWING	103'S	ϕ
"C" " " " "	120'S	ϕ
"B" " " " "	125.7'S	ϕ
"A" END FURROWING	169.3'S	14.1'E
"C" END "	170.5'S	13.3'E
"D" END "	172.1'S	15.7'E
"F" END "	172.1'S	15.7'E
"B" END "	174.4'S	10.1'E
OIL/BLOOD SPILL BEG MIDPT.	177.5'S	15'E
" " " END "	181.1'S	15.5'E

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National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 43
2. Case Number - Stratum: 109A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month,Day,Year): [redacted] 92
5. Time of Accident: 2025

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: 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 01	13. 01	14. 13	15. F	16. 02	17. 01	18. L
19. 02	20.	21. 1st Review: 16 / 2nd Review:	22.	23.	24.	25.
26. 03	27.	28.	29.	30.	31.	32.
33. 04	34.	35.	36.	37.	38.	39.
40. 05	41.	42.	43.	44.	45.	46.

NASS CODING CHANGE

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: 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 037,00
    3695 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown
    Source: [redacted]

20. Vehicle Cargo Weight: 2,000
    2000 Code weight to nearest 100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 pounds or more
    (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 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

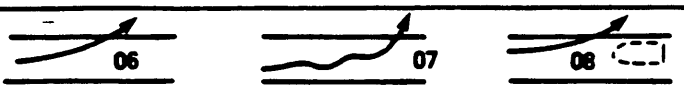
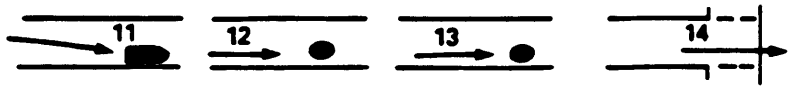
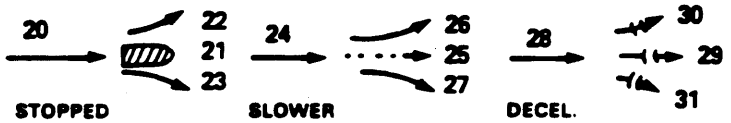
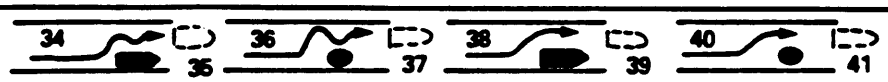
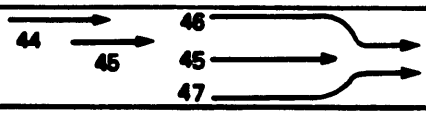
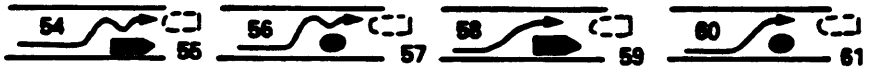
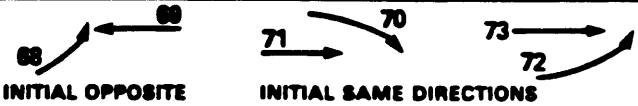
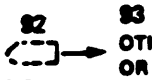
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle: 150

28. Heading Angle For Other Vehicle: 060

PSCI 43-109A V-01

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. 28, 30, 31; (EACH • 32) SPECIFICS OTHER; (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 35 CONTROL/ TRACTION LOSS; 36 37 CONTROL/ TRACTION LOSS; 38 39 AVOID COLLISION WITH VEH.; 40 41 AVOID COLLISION WITH OBJECT; (EACH • 42) SPECIFICS OTHER; (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45; 46 45 47; (EACH • 48) SPECIFICS OTHER; (EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE; (EACH • 52) SPECIFICS OTHER; (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 55 CONTROL/ TRACTION LOSS; 56 57 CONTROL/ TRACTION LOSS; 58 59 AVOID COLLISION WITH VEH.; 60 61 AVOID COLLISION WITH OBJECT; (EACH • 62) SPECIFICS OTHER; (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64 65 LATERAL MOVE; (EACH • 66) SPECIFICS OTHER; (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS; 71 70 73 72 INITIAL SAME DIRECTIONS; (EACH • 74) SPECIFICS OTHER; (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	77 76 79 78 TURN INTO SAME DIRECTION; 81 80 83 82 TURN INTO OPPOSITE DIRECTIONS; (EACH • 84) SPECIFICS OTHER; (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 86; 88 89; (EACH • 90) SPECIFICS OTHER; (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.; 93 OTHER VEH. OR OBJECT; 98 Other Accident Type; 99 Unknown Accident Type; 00 No Impact

PS443-109A V01

OTHER DATA

56. Driver's Zip Code [redacted]

(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 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

PSU 43-109A V-01

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

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

(45) Breakaway pole or post (any diameter)

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

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

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

_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

_____
(89) Unknown nonfixed object

(98) Other event (specify):

_____
(99) Unknown event or object

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 43	3. Vehicle Number: 01
2. Case Number - Stratum: 109A	

VEHICLE IDENTIFICATION

VIN 2B7HB23T6G[redacted] Model Year 86

Vehicle Make (specify): DODGE Vehicle Model (specify): VAN (RAM 250)

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	EXTENDS 62" FROM RF BUMPER CORNER	ENTIRE FRONT

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	BUMPER LEVEL	62"	11.25" BET. C3+C4	75"	10"	9.50"	11"	7.75"	5"	9.75"	±1"
	FREE SPACE				1"	Ø	Ø	Ø	Ø	1"	
	RESULTANT				9"	9.5"	11"	7.75"	5"	8.75"	

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted

RF 1
LF 2
RR 2
LR 2

b. Tire deflated

RF 2
LF 1
RR 2
LR 2

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

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	127.6"
Overall Length	196.9"
Maximum Width	79.8"
Curb Weight	3695 LBS
Average Track	(UNK.)
Front Overhang	26.75"
Rear Overhang	42.25"
Engine Size: cyl./ displ.	6 cyl/ 3.7"
Undeformed End Width	77"

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

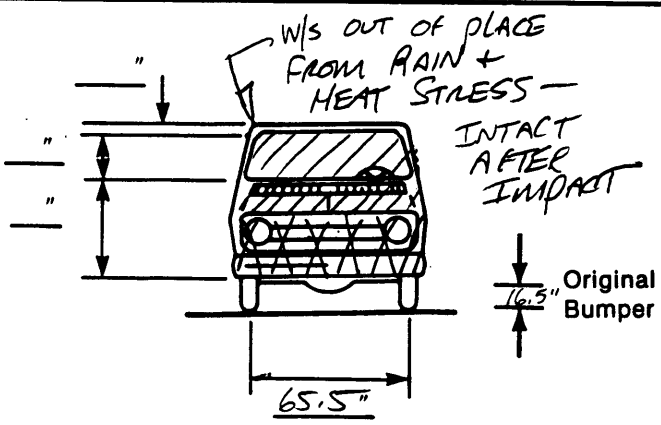
RF ± 10 °
LF ± ___ °
RR ± ___ °
LR ± ___ °

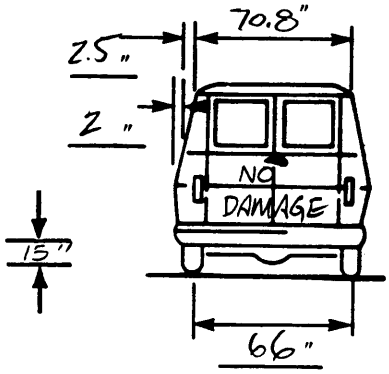
Within ±5 degrees

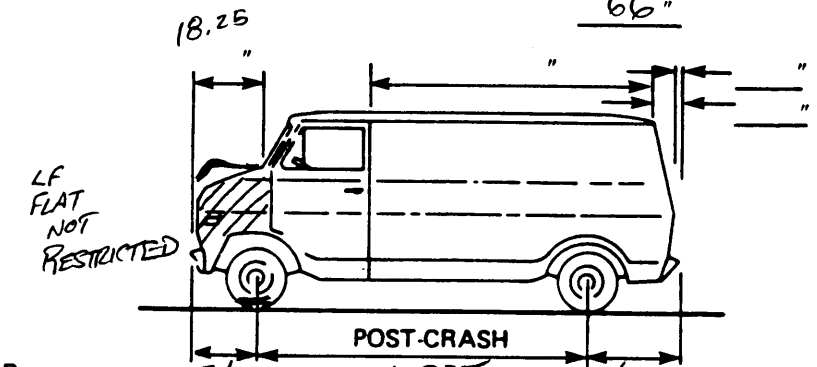
DRIVE WHEELS

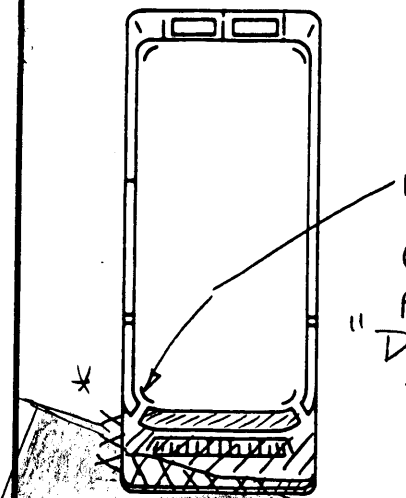
☐ FWD ☑ RWD ☐ 4WD

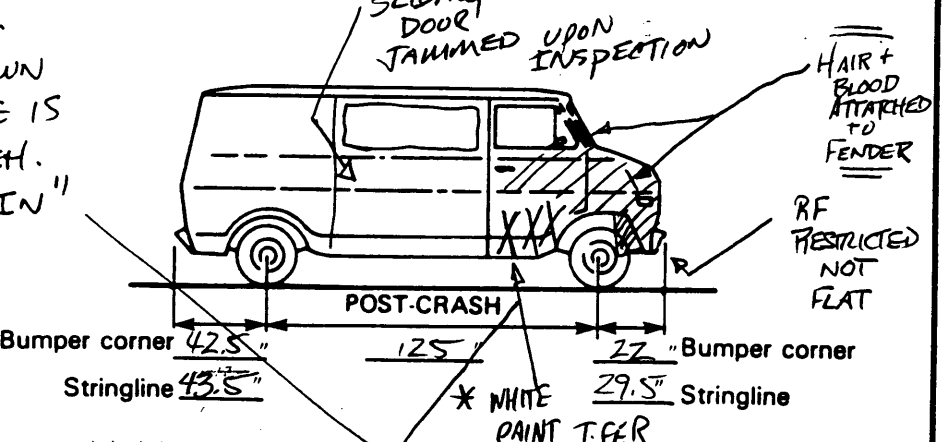
Approximate Cargo Weight 2000 LBS.
10 BAGS OF 100 LB SAND
500 LBS OF TOOLS, ETC.











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

CDC

$18.25'' / 5 = 3.65''$

① 0 – 3.65"
② 3.65 – 7.3"
③ 7.3 – 10.95"
④ 10.95" – 14.6"

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	005	00	F	D	E	W	04

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: 43
2. Case Number - Stratum: 109 A
3. Vehicle Number: 01

INTEGRITY

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

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

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

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

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

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

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

Type of Window/Windshield Glazing

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

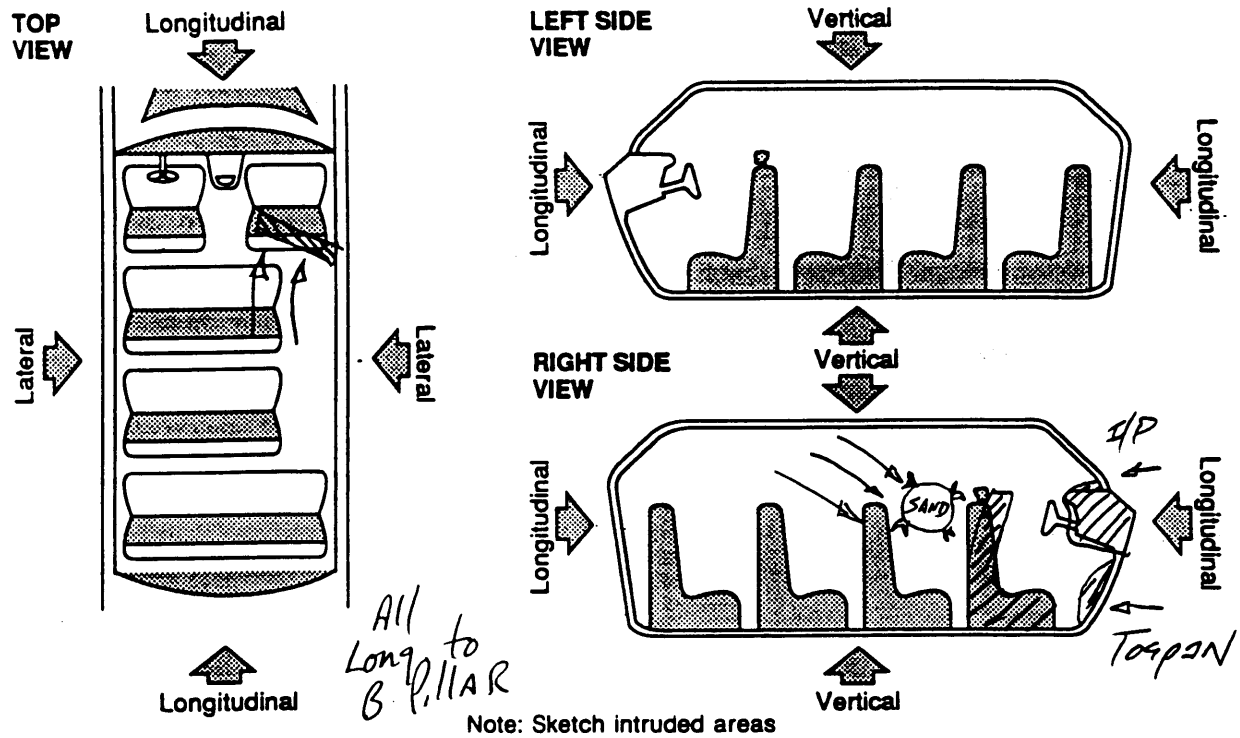
(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION	
1/1	I/P	33.25"	–	32.75"	=	.5"	Long	—
1/2	I/P	33.25"	–	31.5"	=	1.75"	"	(4)
1/3	I/P	33.25"	–	32"	=	1.25"	"	(5)
1/1	TOPPAN	52"	–	52"	=	ϕ	"	—
1/3	TOPPAN	52"	–	47"	=	5"	"	(1)
1/1	ST. ASSY	18.75"	–	18.5"	=	.25"	"	—
1/1	Floor Pan	18"	–	18"	=	ϕ	VERT	—
1/3	Floor Pan	18"	–	16"	=	2"	"	(3)
1/3	SEAT BACK	ϕ	–	2.5"	=	2.5"	Long	(2)
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			
			–		=			

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 13	48. 05	49. 2	50. 2
2nd	51. 13	52. 19	53. 1	54. 2
3rd	55. 13	56. 17	57. 1	58. 1
4th	59. 12	60. 03	61. 1	62. 2
5th	63. 13	64. 04	65. 1	66. 2
6th	67.	68.	69.	70.
7th	71.	72.	73.	74.
8th	75.	76.	77.	78.
9th	79.	80.	81.	82.
10th	83.	84.	85.	86.

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

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

None

COLUMN BROKE OFF MOUNTS

STEERING COLUMN

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

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

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

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

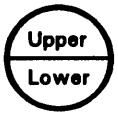
91. Blank: X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

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

93. Location of Steering Rim/Spoke Deformation: 00
(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: 127,000
26637 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown
Source: [redacted] / Added 100,000 for Age + Condition

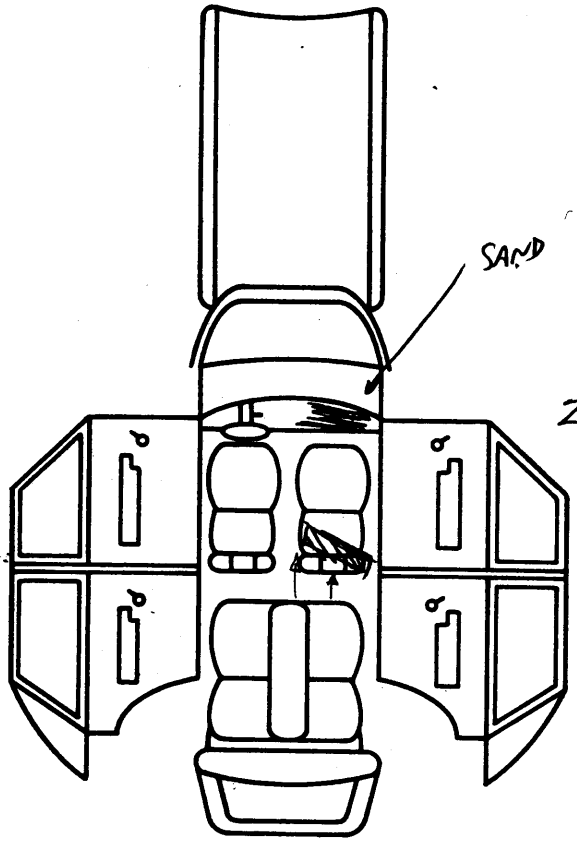
95. Instrument Panel Damage from Occupant Contact: 1
(0) No
(1) Yes
(9) Unknown

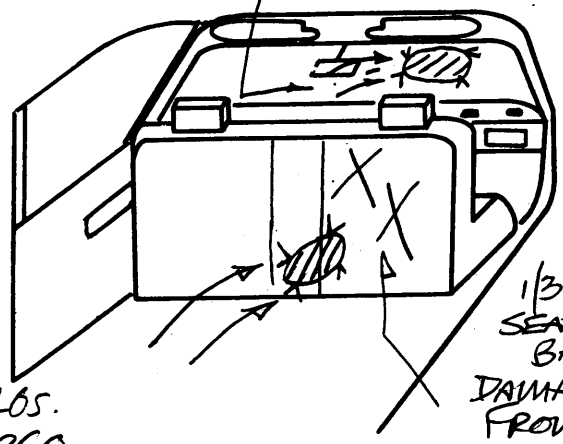
96. Knee Bolsters Deformed from Occupant Contact: 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

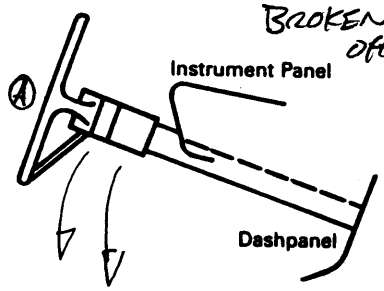
97. Did Glove Compartment Door Open During Collision(s)? 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

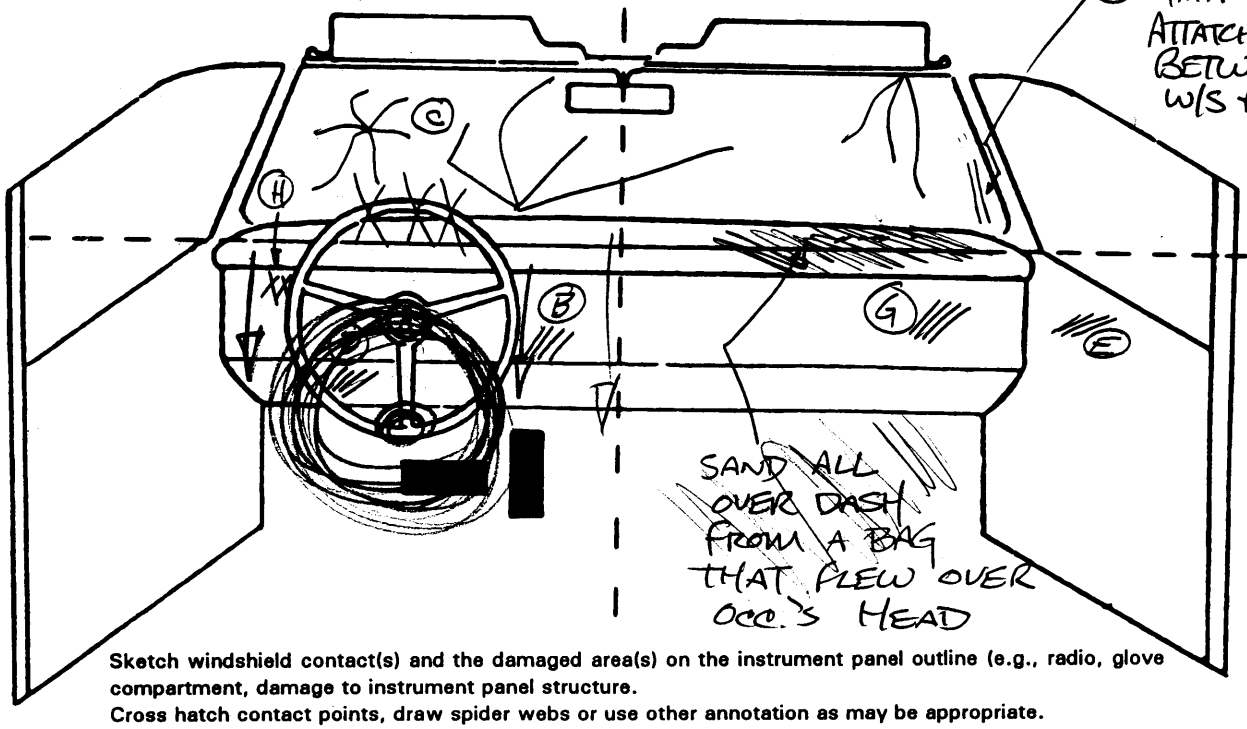
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

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	HUB/RIM	01	HANDS	BROKEN OFF MOUNTS	1
B	I/P	"	(L) KNEE	PANEL CRACKED/DENTED	1
C	W/S	"	HEAD	SPIDER WEB PATTERN	1
D	I/P	"	(L) KNEE	CRACKED / DENTED	1
E 1/3	DOOR PANEL	02	(R) TORSO	DENTED	3
F W/S + A. PILLAR		"	HEAD	HAIR - NO DAMAGE	9
G 1/3	I/P	"	UNK.	CRACKED	3
H	HOLITE SWITCH	01	(L) HAND	CRACKED/BROKEN OFF	1
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

		Left	Right
FIRST	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

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

Air Bag System Deployment
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

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

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

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

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

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

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

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

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

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

MANUAL RESTRAINTS

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

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

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

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

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperable (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used - type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat - type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

   _____

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

2. Child Safety Seat Orientation

   (00) No child safety seat

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

   _____

   (09) Unknown orientation

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

   _____

   (19) Unknown orientation

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

   _____

   (29) Unknown orientation

   (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.

   (00) No child safety seat

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

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

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

   (99) Unknown if child safety seat used

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

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	0	0	0
	Seat Type	10	00	10
	Seat Performance	1	0	8
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

(9) Unknown

Seat Type (this Occupant Position)

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

(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):

(7) Combination of above (specify):

(8) Other (specify): LOOSE CARGO (100 LB BAG SAND)

(9) Unknown

Seat Orientation (this Occupant Position)

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

(9) Unknown

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

None

EJECTION/ENTRAPMENT DATA

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

EJECTION No [✓] Yes [ ]

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

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

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

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

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

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 10
(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 000
(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

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	43	3. Vehicle Number	01
2. Case Number - Stratum	109A	4. Occupant Number	01

INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 3	6. C	7. W	8. C	9. I	10. 1	11. 06	12. 1	13. 1	14. 00
2nd	15. 3 X A	16. F	17. W	18. L	19. I	20. 1	21. 01	22. 1	23. 1	24. 00
3rd	25. 3	26. C	27. W	28. A	29. I	30. 1	31. 06	32. 1	33. 1	34. 00
4th	35. 3	36. W	37. L	38. L	39. I	40. 1	41. 09	42. 1	43. 1	44. 00
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

1st Review: 1E
2nd Review:

HS Form 433B (1/92)

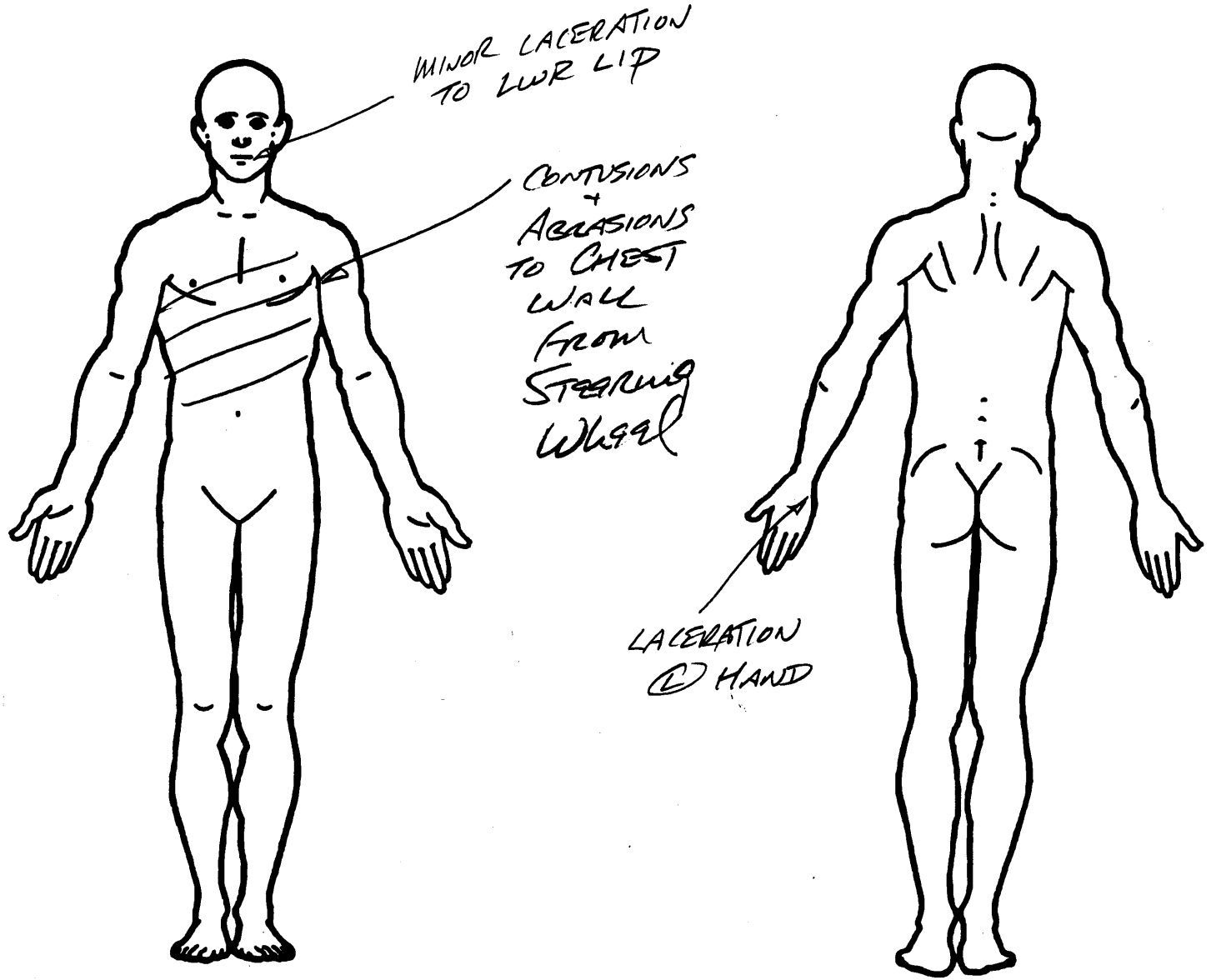
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

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										

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



43-109A V101

SOURCE OF INJURY DATA

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

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

INJURY SOURCE

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

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

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

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

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

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

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

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify): _____
(68) Unknown exterior objects

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify) _____
(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify): _____
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

✓ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = /___

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 0

Aterial Blood Gases

pH = _._

PO_2 = ___

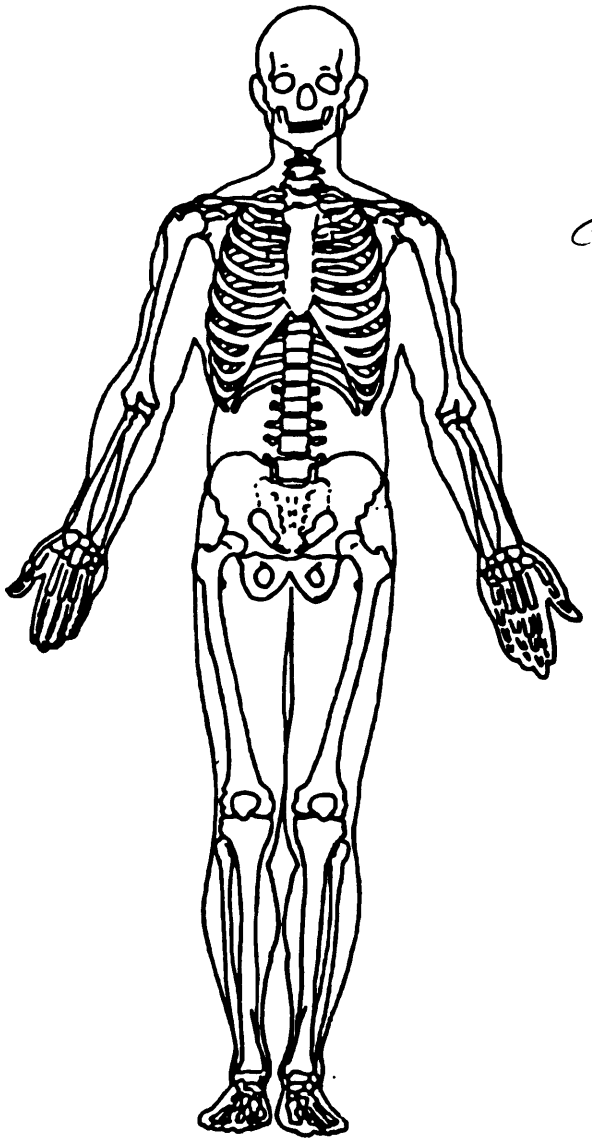
PCO_2 ___

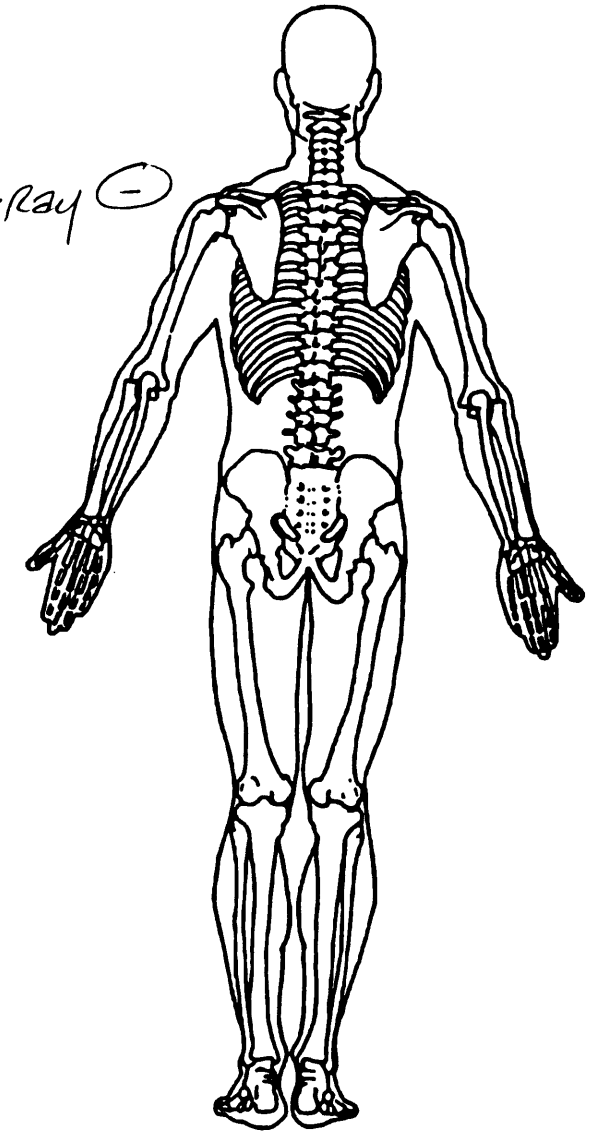
HCO_3 ___

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.)

NO FX'S

CHEST X-RAY (-)





National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

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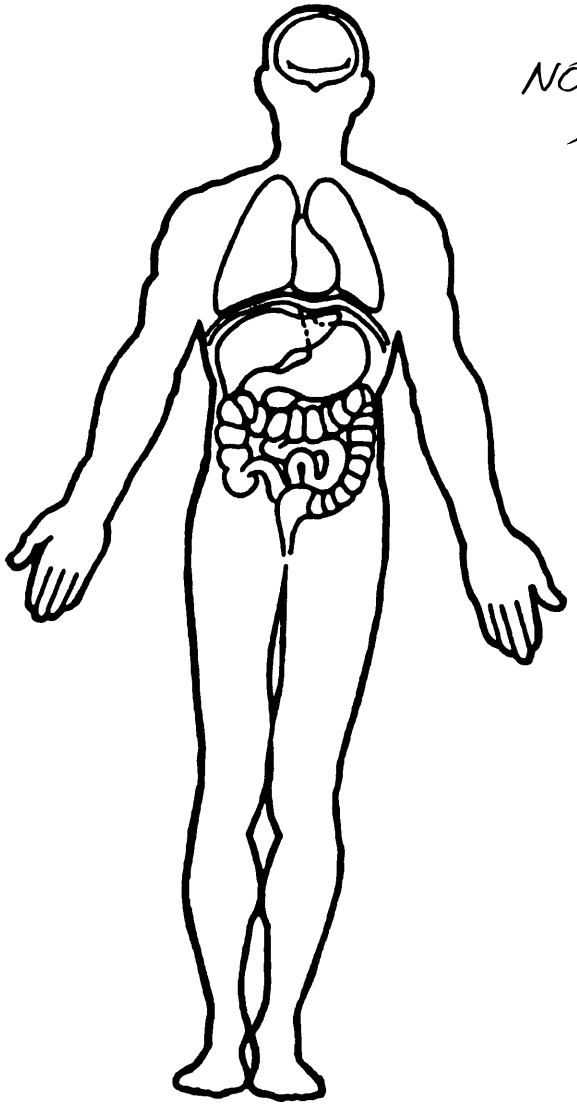
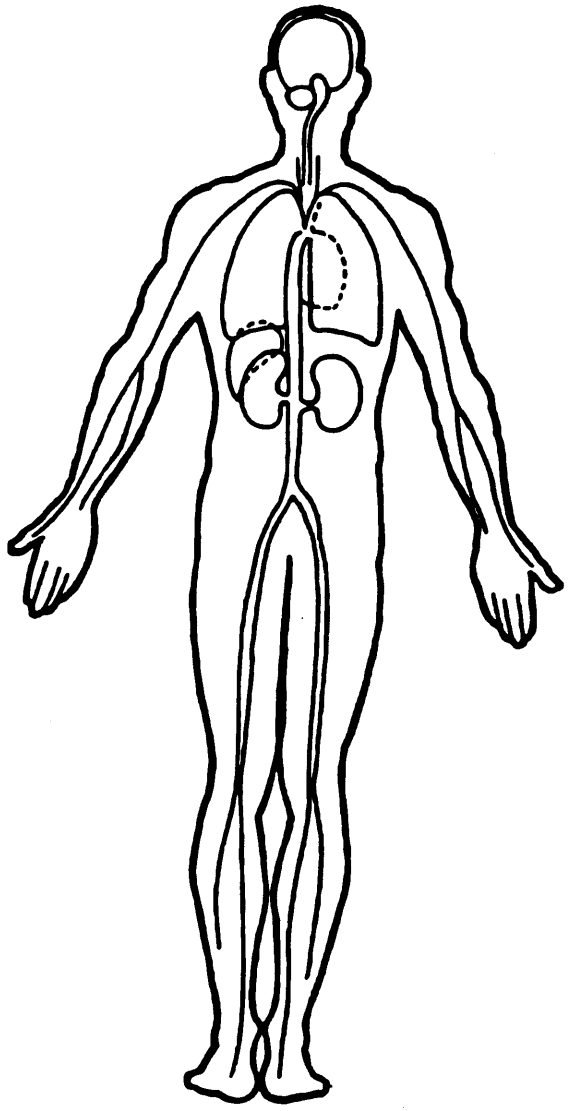
OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)

NO LOC

NO REPORTED INTERNAL INJURY





26. Seat Type (this Occupant Position) 10
(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) 8
(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): CARGO IMPACT TO SEAT BACK
(9) Unknown

CHILD SAFETY SEAT

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

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number	43	3. Vehicle Number	01
2. Case Number - Stratum	109A	4. Occupant Number	02

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. 3	6. H	7. P X	8. A (5)	9. I	10. 1	11. ~~85~~ 62	12. 1	13. 1	14. 00
2nd	15. 3	16. K	17. L	18. T	19. M	20. 1	21. 11	22. 2	23. 2	24. 05
3rd	25. 3	26. W	27. R	28. L	29. I	30. 1	31. 11	32. 2	33. 1	34. 05
4th	35. 7	36. Y ~~X~~	37. L	38. A	39. T	40. 1	41. 11	42. 2	43. 1	44. 05
5th	45. 7	46. Y ~~X~~	47. R	48. A	49. I	50. 1	51. 11	52. 2	53. 1	54. 05
6th	55. 7	56. W	57. R	58. A	59. I	60. 1	61. 11	62. 3	63. 1	64. 05
7th	65. 7	66. W	67. L	68. A	69. I	70. 1	71. 11	72. 3	73. 1	74. 05
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.

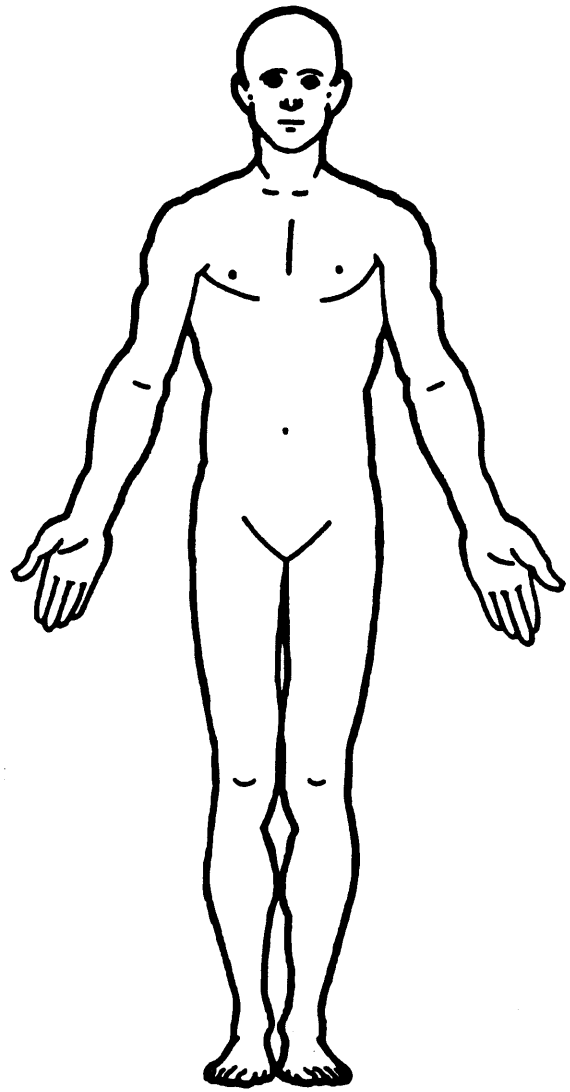
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

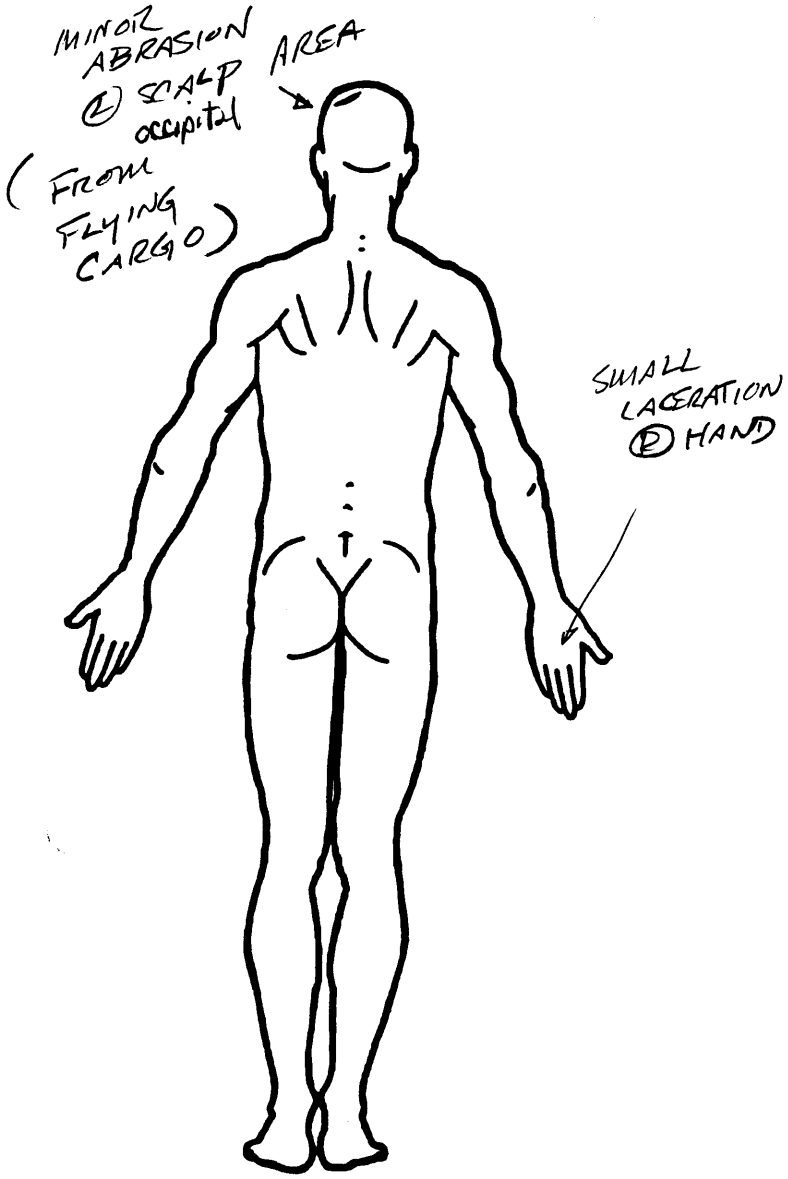
OCCUPANT INJURY DATA

	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	—	—	—	—	—	—	— —	—	—	— —

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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





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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): Cargo - (sandbag - 100lb)

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) CARGO (SANDBAG, 100LB)
(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__ No
__ Yes

Blood Alcohol Level (mg/dl)

BAL = ___

Glasgow Coma Scale Score

GCSS = 15

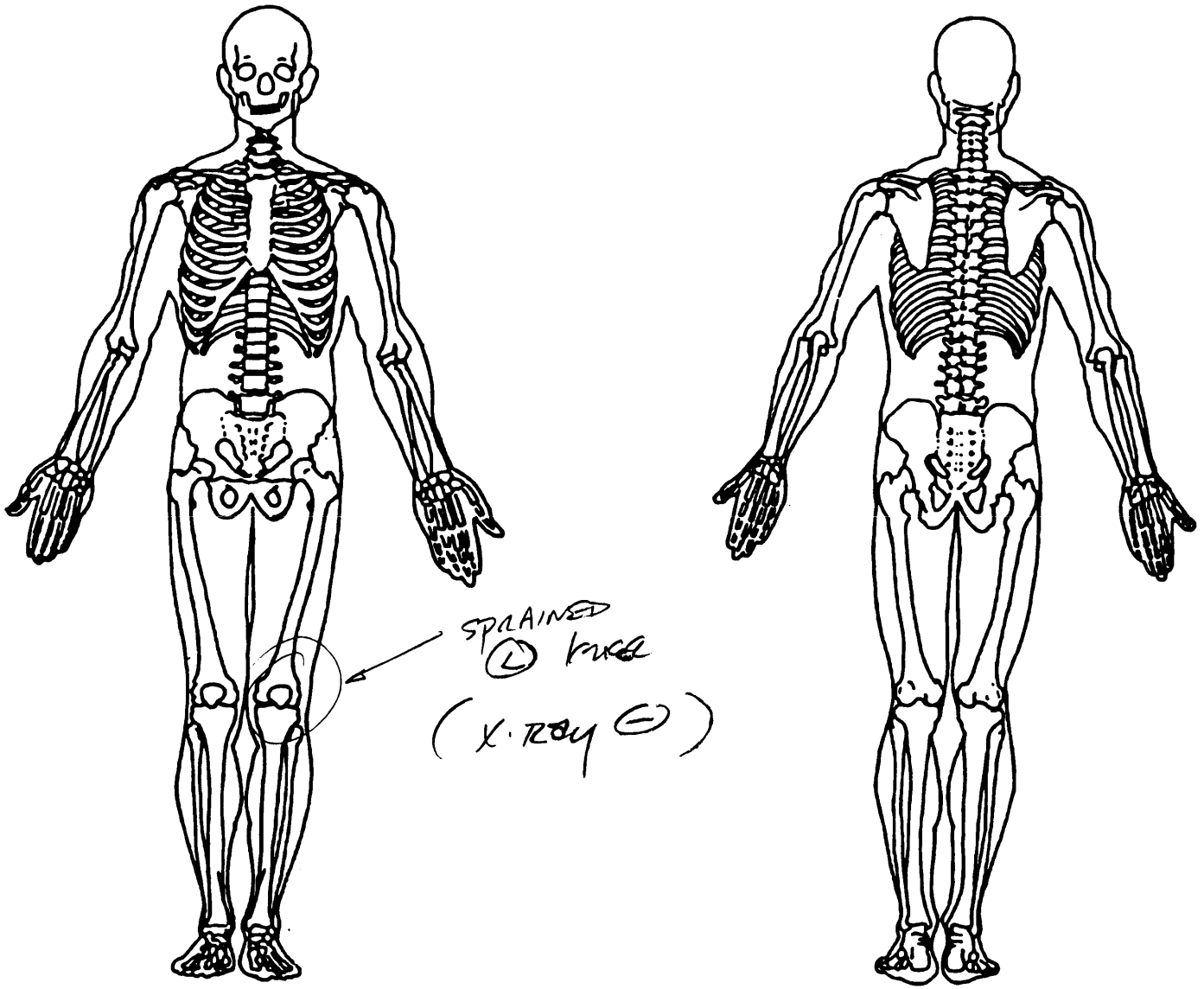
Units of Blood Given

Units = 0

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.)



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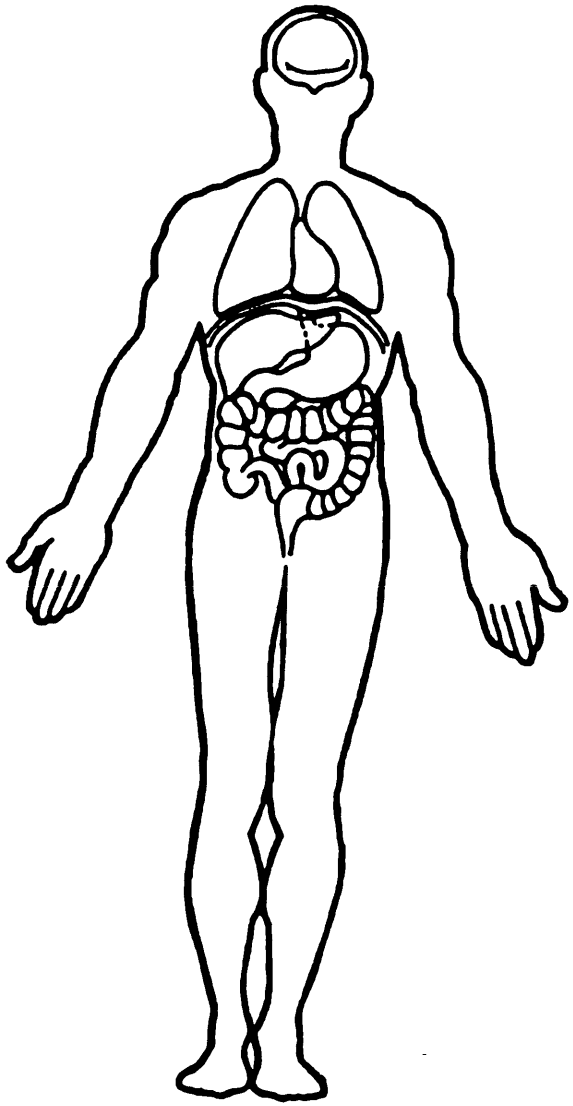
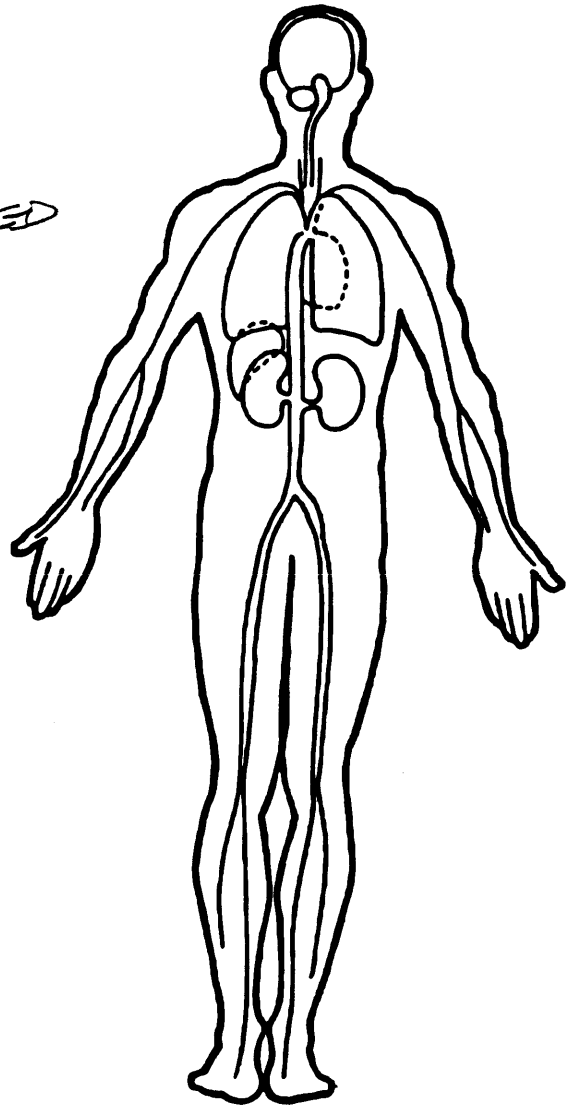
OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)

NO LOC



NO REPORTED INTERNAL INJURY



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OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted: 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 02,500
    2500 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown
    Source: [redacted]

20. Vehicle Cargo Weight: 0,000
    ____ Code weight to nearest 100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 pounds or more
    (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 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: 060

28. Heading Angle For Other Vehicle: 150

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

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OTHER DATA

56. Driver's Zip Code [redacted]

(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 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

PSU 43-109A V-02

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

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

(45) Breakaway pole or post (any diameter)

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

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

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

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 43
2. Case Number - Stratum: 109A
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN: JT2AT86FX[redacted] Model Year: 90

Vehicle Make (specify): TOYOTA Vehicle Model (specify): CELICA STX

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	BEGINS 13.5" FORWARD OF LR AXLE	BEGINS 2" FWD OF LR AXLE

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	SILL LEVEL	93.5"	22.75"	110"	1.25"	17"	21.25"	18.5"	11.25"	2.25"	@15"
			BET.								
			C2+C3								

HS Form 435A (Rev. 1/92)

43-109A V2

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

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	99.4"
Overall Length	176"
Maximum Width	67.1"
Curb Weight	2500 LBS
Average Track	F 57.9" R 56.5" 57.2"
Front Overhang	33"
Rear Overhang	34.5"
Engine Size: cyl./ displ.	4cyL/1.6L
Undeformed End Width	59" HT = 50.6"

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

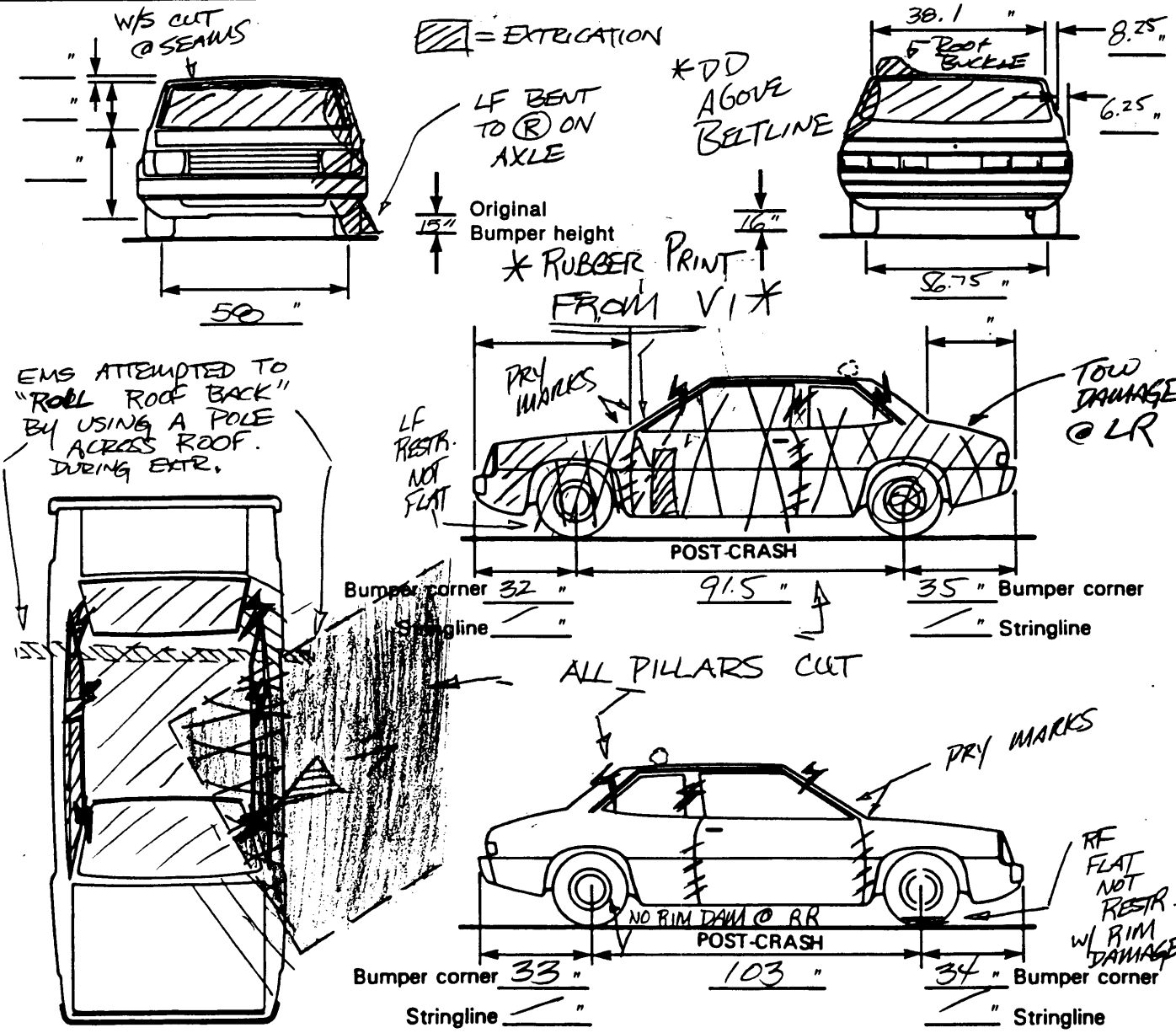
RF ± 00°
LF ± —°
RR ± —°
LR ± —°

Within ±5 degrees

DRIVE WHEELS

☑ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight Ø



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

<2" OF BOWING – NO INCR.

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): _____

38.1" / 6 = 6.35

Collision with Nonfixed Object
- (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

CDC:
① 0 - 6.25"
② 6.25" — 14.5"
③ 14.5" — 20.85
④ 20.85 — 27.2"

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	265	00	L	Y	A	W	04

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: 43
2. Case Number - Stratum: 109A
3. Vehicle Number: 02

INTEGRITY

4. Passenger Compartment Integrity: 06

(00) No integrity loss

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 9 18. LR 6 19. RR 9
20. BL 9 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 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

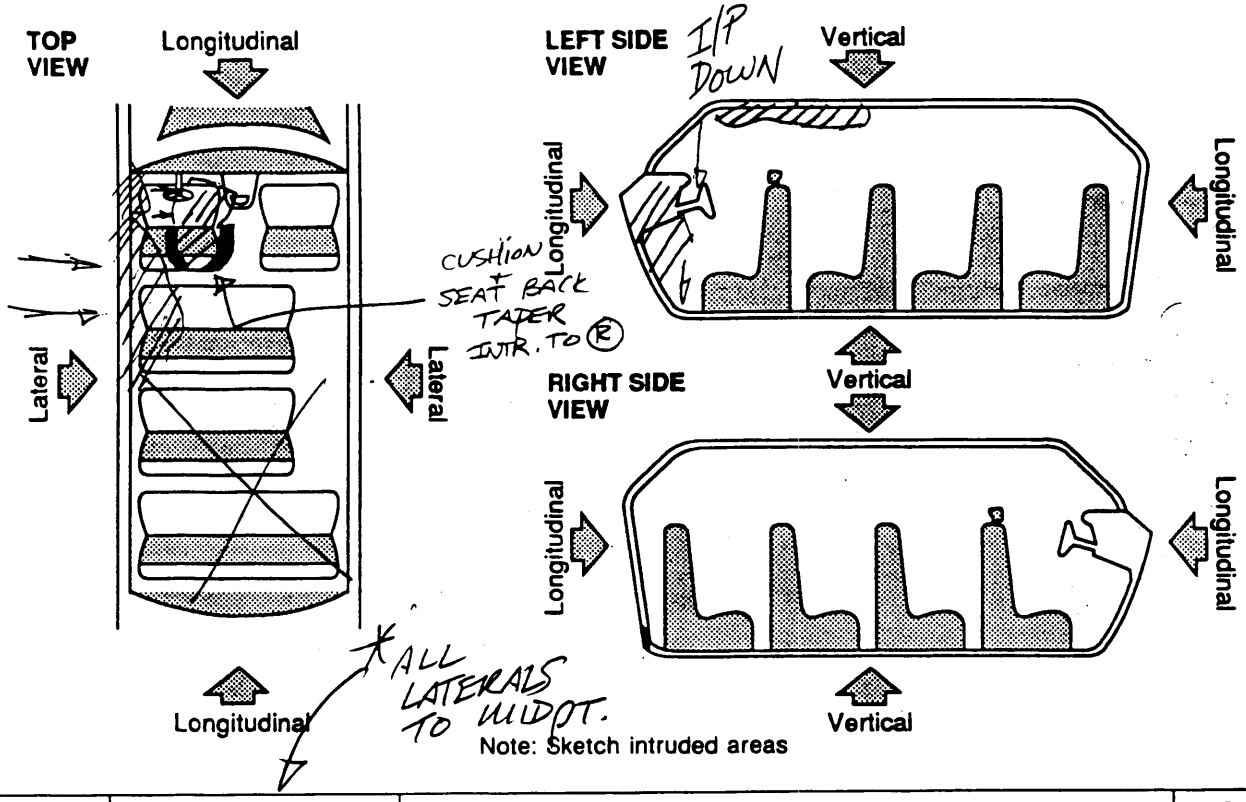
(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION	
1/1	Door Panel	25.5"	–	18"	=	7.5"	Lat	(8)
1/1	Door Rail	22.5"	–	17"	=	5.5"	"	(9)
2/1	Side Panel	24"	–	14"	=	10"	"	(3)
1/1	B. Pillar	25.25"	–	14"	=	11.5"	"	(2)
1/1	A. Pillar	22"	–	20"	=	2"	"	—
2/1	C. Pillar	25.5"	–	20"	=	5.5"	"	(10)
~~1/1~~	~~Seat Cushion~~	21" (SEAT WIDTH)		13"	=	8"	"	(5)
12/1	Seat Back Taper	21"	–	13"	=	8"	"	(6)
~~2/1~~	~~Seat Cushion~~	24"	–	16"	=	8"	"	(4)
~~2/1~~	~~Seat Back~~	22"	–	19"	=	3"	"	—
1/1	Kicker Panel	19.5"	–	10" (TO CONSOLE)	=	9.5"	"	(4)
1/1	Roof Side Rail		–		≈	3"	Vert	—
★1/3	I/P	20"	–	6" (TO F/PAN)	=	14"	Vert.	(1)
1/1	I/P	20"	–	15"	=	5"	"	—
			–		=			

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 13	48. 02	49. 4	50. 1
2nd	51. 11	52. 07	53. 3	54. 3
3rd	55. 21	56. 28	57. 3	58. 3
4th	59. 11	60. 27	61. 3	62. 3
9th	63. 11	64. 02 24	65. 2 3	66. 1 3
5th	67. 12 X	68. 19	69. 3	70. 3
10th	71. 11 X	72. 13 24	73. 1 3	74. 3
6th	75. 11	76. 10	77. 3	78. 3
7th	79. 11	80. 17	81. 2	82. 3
8th	83. 21	84. 08	85. 2	86. 3

NASS CODING CHANGE 1st Review: 1E

1st Review: 1E

2nd Review: _____

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

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

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	–	DAMAGE VALUE	=	DEFORMATION
	–		=	
	–		=	
	–		=	
	–	None	=	

NO RIM DEFR.

BUT

HEAVY

COLUMN

Shift to (B)

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.

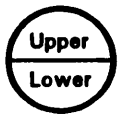
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

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

93. Location of Steering Rim/Spoke Deformation — 00
(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 — 042,000
43,239 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown
Source: [redacted]

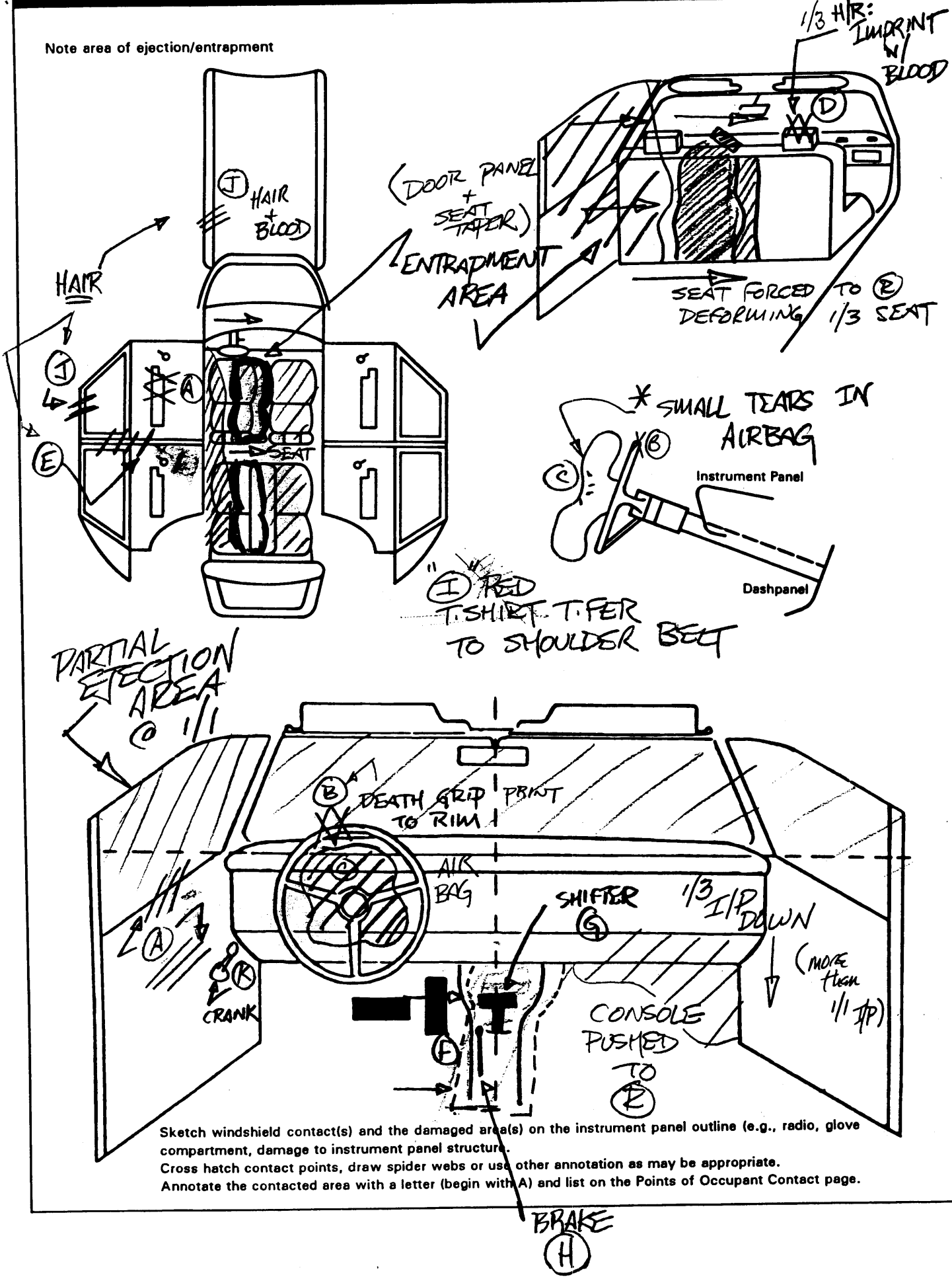
95. Instrument Panel Damage from Occupant Contact? — 1
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 0 8
(0) No
(1) Yes
(8) Not present
(9) Unknown
NASS CODING CHANGE
1st Review: IE
2nd Review: _____

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	DOOR PANEL	01	(L) TORSO	ARMREST BROKE OFF / HVY DENTING	(1)
B	RIM	"	HANDS	"DEATH GRIP" PRINTS @ 12/10	1
C	AIRBAG	"	FACE	BLOOD SPATTER / NONE	9
D 1/3	HEADREST	"	FACE	HVY IMPRESSION W/ SMUDGE	1
E (L)	B-PILLAR	"	HEAD	CLUMPS OF BLACK HAIR	1
F	CONSOLE	"	(R) THIGH/HIP	PUSHED HEAVILY TO (R)	1
G	GEARSHIFT	"	(R) KNEE	" " " "	1
H	EM. BRAKE	"	"	" " " "	1
I	SH BELT	"	CHEST	RED T-FER TO BELT	1
J	1/1 ROOF RAIL "		HEAD	HAIR + BLOOD / IMPRESSION	1
K	1/1 WINDOW	CRANK	(L) KNEE	BROKE OFF	2
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

		Left	Right
FIRST	Availability/Function		0
	Deployment	3, 1	0
	Failure		0

Air Bag System Availability/Function
- (0) Not equipped/not available
- (1) Air bag

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

Air Bag System Deployment
- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

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

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

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

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

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

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

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

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

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

MANUAL RESTRAINTS

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

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

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

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

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

Integral Belt Partially Destroyed
- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

_____

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

2. Child Safety Seat Orientation

(00) No child safety seat

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

_____

(09) Unknown orientation

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

_____

(19) Unknown orientation

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

_____

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

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

_____

_____

_____

_____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	~~X~~ 3	0	4 OCC. CONTACT
	Seat Type	02	00	02
	Seat Performance	6 DOOR + B. PILLAR INTR.	0	6 1/1 SEAT INTR
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	00	03
	Seat Performance	6 LAT SIDE PANEL	00	6
	Seat Orientation	1	0	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

(00) No seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(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): 1/1 SEAT DEF. FROM LAT B. Pillar + DOOR INTR. 1/3 SEAT DEF. FROM
(7) Combination of above (specify): 1/1 SEAT INTRUSION
(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) (?)

POSSIBLE FWD CONTACT TO AIRBAG — W/ CERTAIN LATERAL CONTACTS

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 [V]

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

V2 DRIVER'S HEAD PARTIALLY EJECTED THRU 1/1 GLAZING: PROVEN BY THE HAIR FOUND ON THE RF FENDER ASSY. OF V1 AND HAIR @ V2's B. PILLAR + ROOF SIDE RAIL, (INTERIOR)

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

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

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): 1/1 WINDOW GLAZING
(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 [V]

Describe entrapment mechanism: * UPPER BODY: PINNED BETWEEN 1/1 DOOR/B. PILLAR AND THE SEAT BACK TAPERS. "WEDGED IN SEAT"
* LOWER BODY: PINNED BETWEEN DOOR/SIDE PANEL + MIDDLE CONSOLE/GEARSHIFT

Component(s): (SEE VIDEO FOR PROOF)

(Note in vehicle interior diagram)

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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) 6
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): (L) DOOR + (L) B. P./IAR INTRUSIONS (LATERAL)
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

CHILD SAFETY SEAT

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

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number: 43
2. Case Number - Stratum: 109 A
3. Vehicle Number: 02
4. Occupant Number: 01

INJURY DATA

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

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

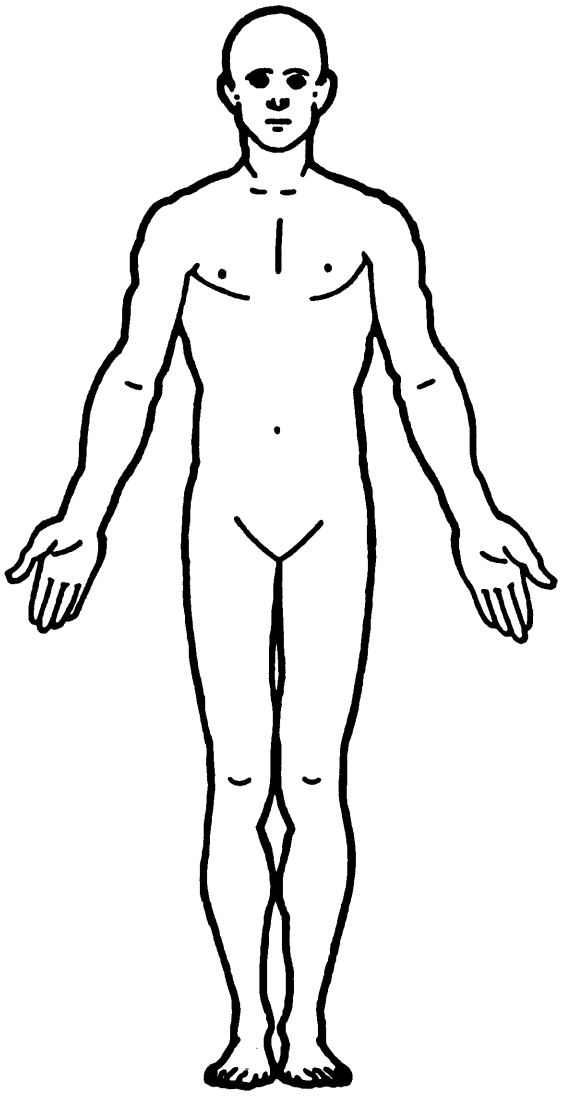
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA

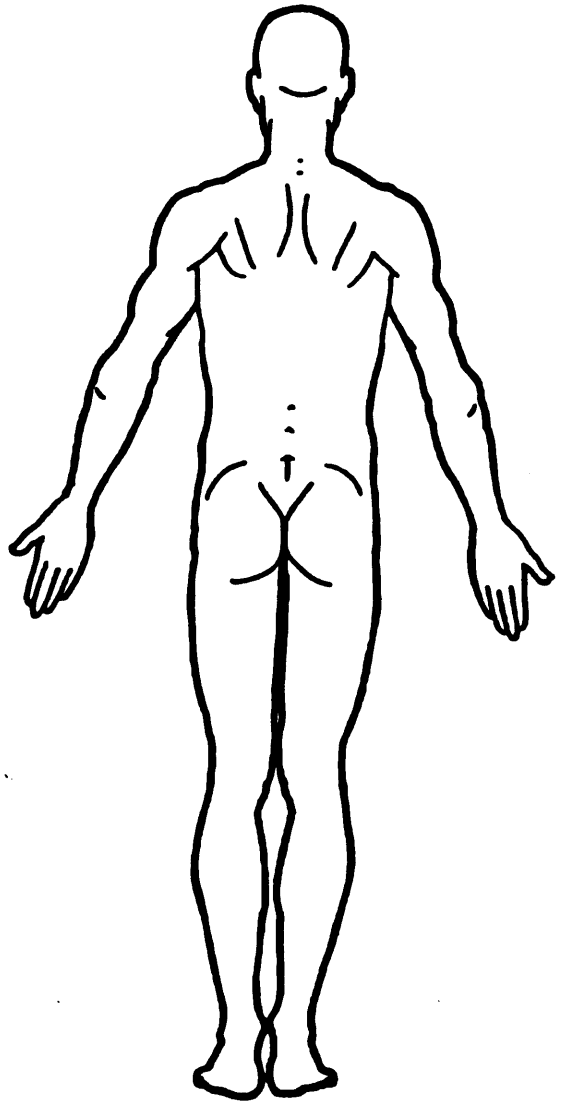
	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th										
12th										
13th										
14th										
15th										
16th										
17th									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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



TO BE UPDATED



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SOURCE OF INJURY DATA

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

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

(9) Police

INJURY SOURCE

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

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

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

(28) Left side window sill

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

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

(38) Right side window sill

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

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

(49) Other interior object (specify):

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

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

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

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

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V201

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

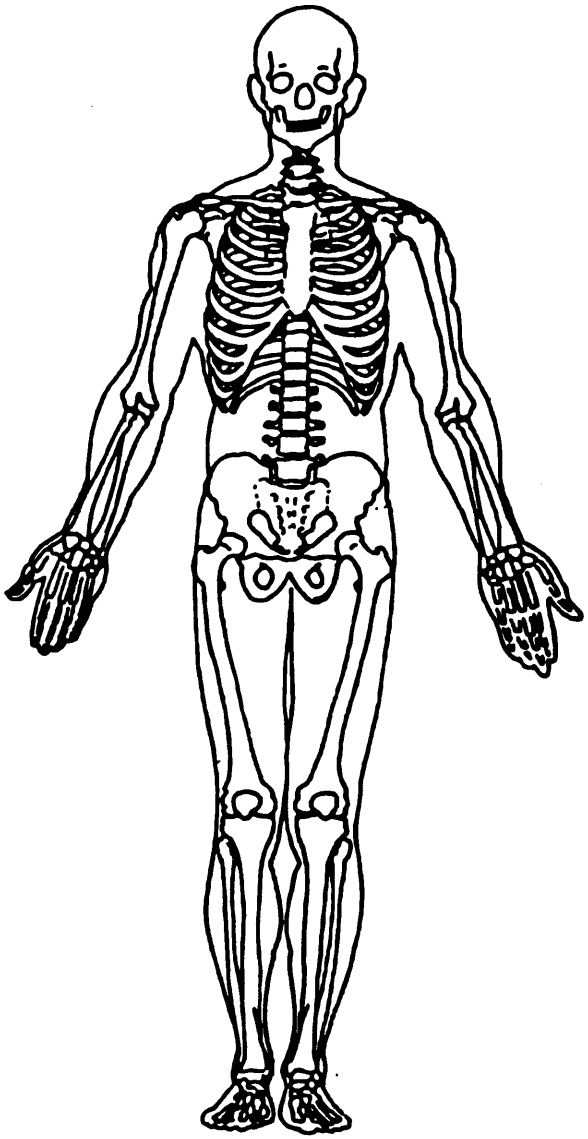
pH = __.__

PO_2 = ____

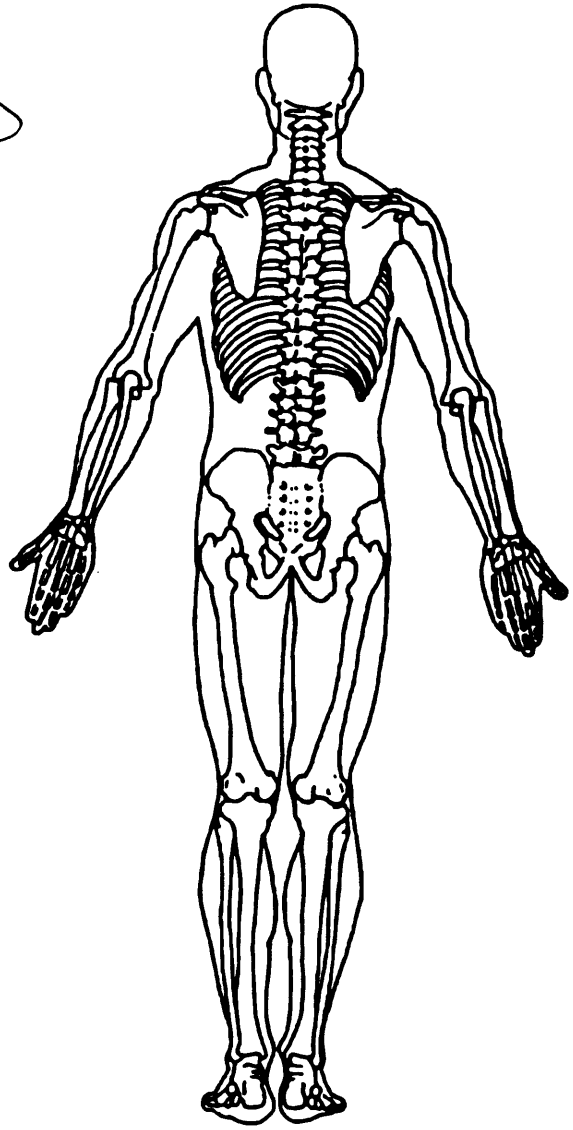
PCO_2 ____

HCO_3 ____

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

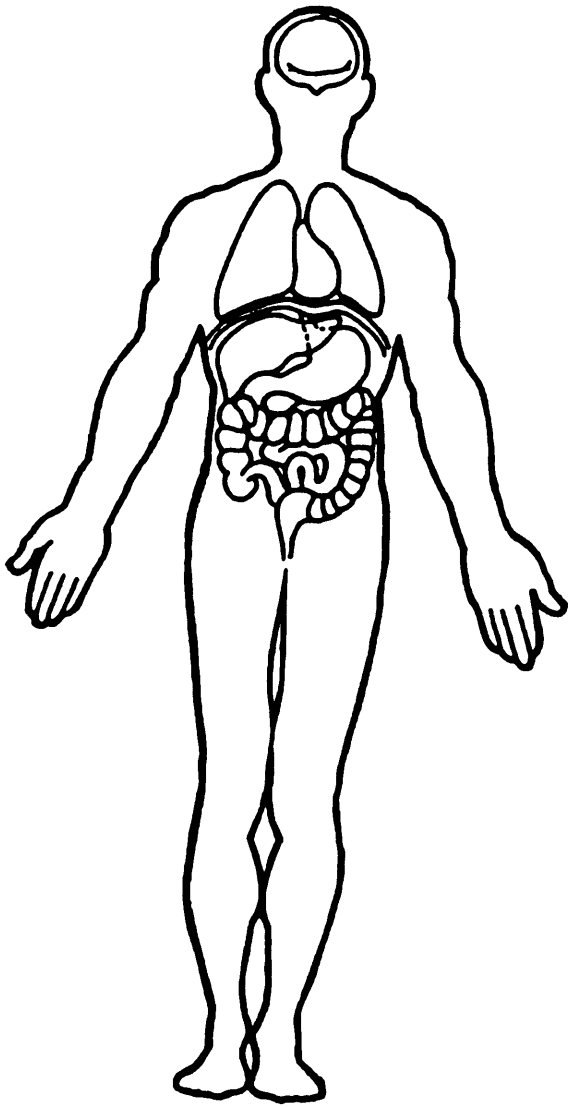


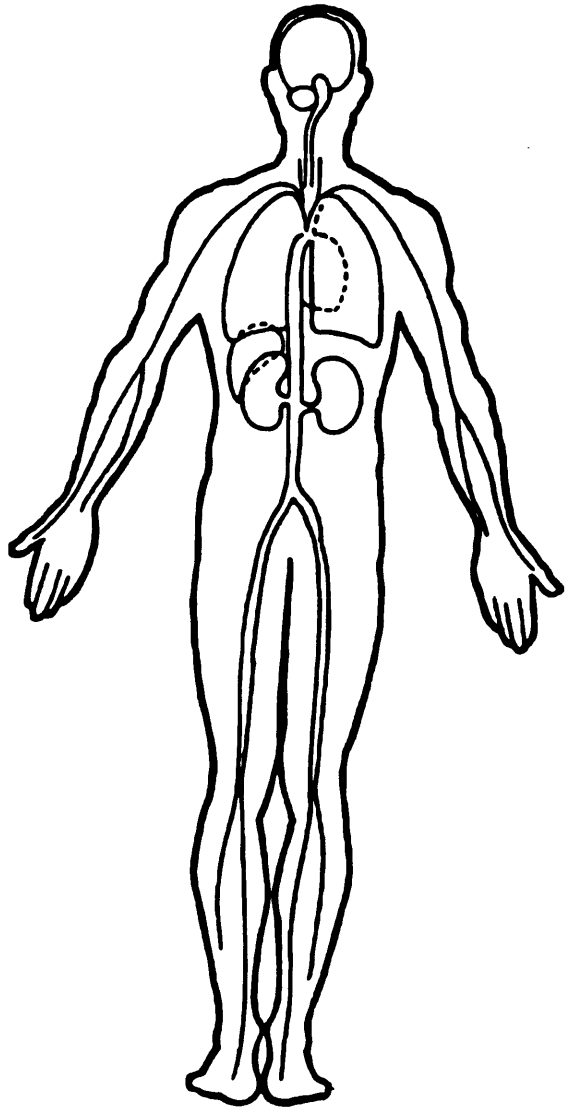
TO BE UPDATED



OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	43
2. Case Number — Stratum	109A
3. Vehicle Number	02
4. Occupant Number	01
[redacted] 1992	

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	96	00
GV39.	Other Drug Specimen Test Type for Driver	0	
GV40.-GV41.	Narcotic Drug	00	
GV42.-GV43.	Depressant Drug	00	
GV44.-GV45.	Stimulant Drug	00	
GV46.-GV47.	Hallucinogen Drug	00	
GV48.-GV49.	Cannabinoid Drug	00	
GV50.-GV51.	Phencyclidine (PCP)	00	
GV52.-GV53.	Inhalant Drug	00	
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	00	
GV56.	Driver's Zip Code	[redacted]	
GV57.	Driver's Race/Ethnic Origin	1	
OA05.	Occupant's Age	17	
OA06.	Occupant's Sex	2	
OA07.	Occupant's Height	66	
OA08.	Occupant's Weight	160	
OA17.	Manual (Active) Belt System Availability	4	
OA18.	Manual (Active) Belt System Use	04	

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	1	
OA22.	Air Bag System Deployment	3	
OA35.	Treatment - Mortality	1	
OA36.	Type of Medical Facility (for Initial Treatment)	0	
OA37.	Hospital Stay	00	
OA38.	Working Days Lost	62	
OA39.	Time to Death	01	
OA40.	1st Medically Reported Cause of Death	99	02
OA41.	2nd Medically Reported Cause of Death	00	
OA42.	3rd Medically Reported Cause of Death	00	
OA43.	Number of Recorded Injuries for This Occupant	02	05
OA44.	Automatic (Passive) Belt System Availability/Function	0	
OA45.	Automatic (Passive) Belt System Use	0	
OA50.	Glasgow Coma Scale (GCS) Score	02	
OA51	Was the Occupant Given Blood?	1	
OA52.	Arterial Blood Gases (ABG) - HCO_3	01	
___.	_____	___	___
___.	_____	___	___

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	1	
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B	
b. Post-ER medical record which includes information about death based on non-invasive examination	B 08	
c. Admission record/summary or admission/discharge face sheet	B	
d. Discharge summary	B	
e. Operative report	B	
f. Radiographic record(s) post ER visit	B	
g. History and physical examination and/or consultation records	B	
h. Emergency room records	B	
i. Radiographic record(s) associated with ER visit	B	
j. Private physician	B	
Unofficial		
k. Lay coroner	B	
l. EMS record	B	
m. Interviewee	B	
n. Other source (specify): DOA REPORT	B 11	B
o. Police report	B	B
OAL14. Medical Facility Code	01	04
OIL07. Date Official Medical Data Obtained	/ /	/ /

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. H	7. U	8. U	9. U	10. 7	11. 99	12. 9	13. 7	14. 99
2nd	15. 7	16. N	17. P	18. F	19. S	20. 2	21. 99	22. 9	23. 7	24. 99
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.
11th	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.
12th	115.	116.	117.	118.	119.	120.	121.	122.	123.	124.
13th	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.
14th	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.
15th	145.	146.	147.	148.	149.	150.	151.	152.	153.	154.

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

INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. X	6. Q	7. W	8. A	9. I	10. X	11. 97	12. 1	13. 1	14. 99
2nd	15. 2 X	16. H	17. L	18. F	19. S	20. 3	21. 71 23	22. 2	23. 1	24. 00 02
3rd	25. 2 X	26. A S	27. L	28. L	29. I	30. 1	31. 91 23	32. 2 X	33. 3 X	34. 00 02
4th	35. 2 X	36. L	37. R	38. C	39. I	40. 1	41. 57	42. 1	43. 1	44. 00
5th	45. 7	46. N	47. R	48. F	49. S	50. 2	51. 92	52. 3	53. 2	54. 00
6th	55. 2	56. N	57. L	58. A	59. I	60. 1	61. 41	62. 3	63. 1	64. 00
7th	65. 2	66. S	67. L	68. A	69. I	70. 1	71. 20	72. 3	73. 1	74. 06
8th	75. 2	76. C	77. C	78. A	79. I	80. 1	81. 41	82. 3	83. 1	84. 00
9th	85. 2	86. M	87. W	88. A	89. I	90. 1	91. 41	92. 3	93. 1	94. 00
10th	95. 2	96. I	97. L	98. A	99. I	100. 1	101. 20	102. 2	103. 1	104. 06

1st Review: IE
1st Review: IE
1st Review: IE

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

BEST AVAILABLE COPY

OCCUPANT INJURY DATA

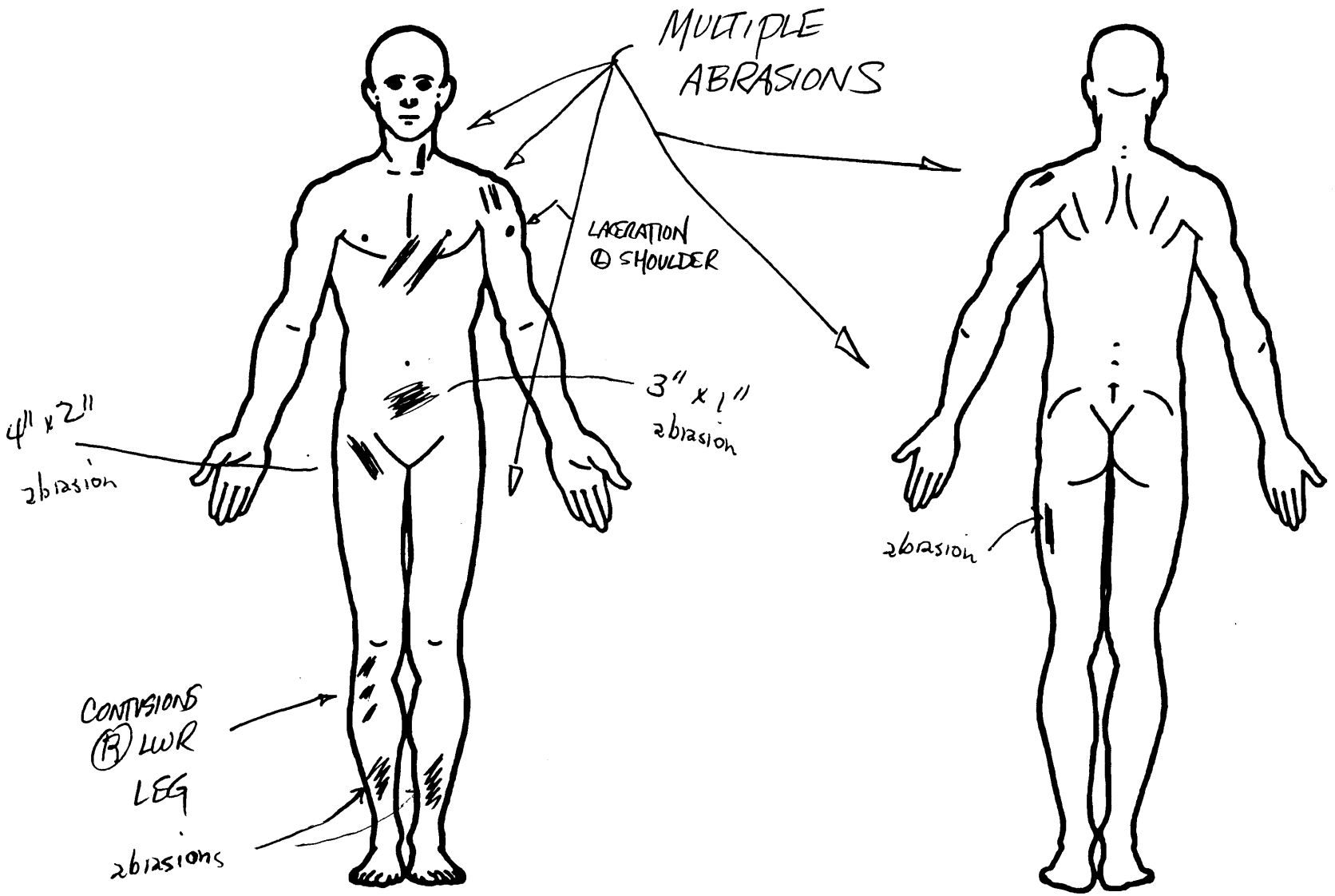
	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	2	L	L	A	I	1	09	2	1	09
12th	2	L	R	A	I	1	09	2	1	09
13th	—	—	—	—	—	—	— —	—	—	— —
14th	—	—	—	—	—	—	— —	—	—	— —
15th	—	—	—	—	—	—	— —	—	—	— —
16th	—	—	—	—	—	—	— —	—	—	— —
17th	—	—	—	—	—	—	— —	—	—	— —
18th	—	—	—	—	—	—	— —	—	—	— —
19th	—	—	—	—	—	—	— —	—	—	— —
20th	—	—	—	—	—	—	— —	—	—	— —
21st	—	—	—	—	—	—	— —	—	—	— —
22nd	—	—	—	—	—	—	— —	—	—	— —
23rd	—	—	—	—	—	—	— —	—	—	— —
24th	—	—	—	—	—	—	— —	—	—	— —
25th	—	—	—	—	—	—	— —	—	—	— —

LASS CODING CHANGE
1st Review: 1E
2nd Review:

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Source - Medical Examiner - non invasive autopsy

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



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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): JOLT FROM Injury #2
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

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V2 01

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No
✓ Yes

Blood Alcohol Level (mg/dl)

BAL = Ø

Glasgow Coma Scale Score

GCSS = /

Units of Blood Given

Units = 0

Aterial Blood Gases

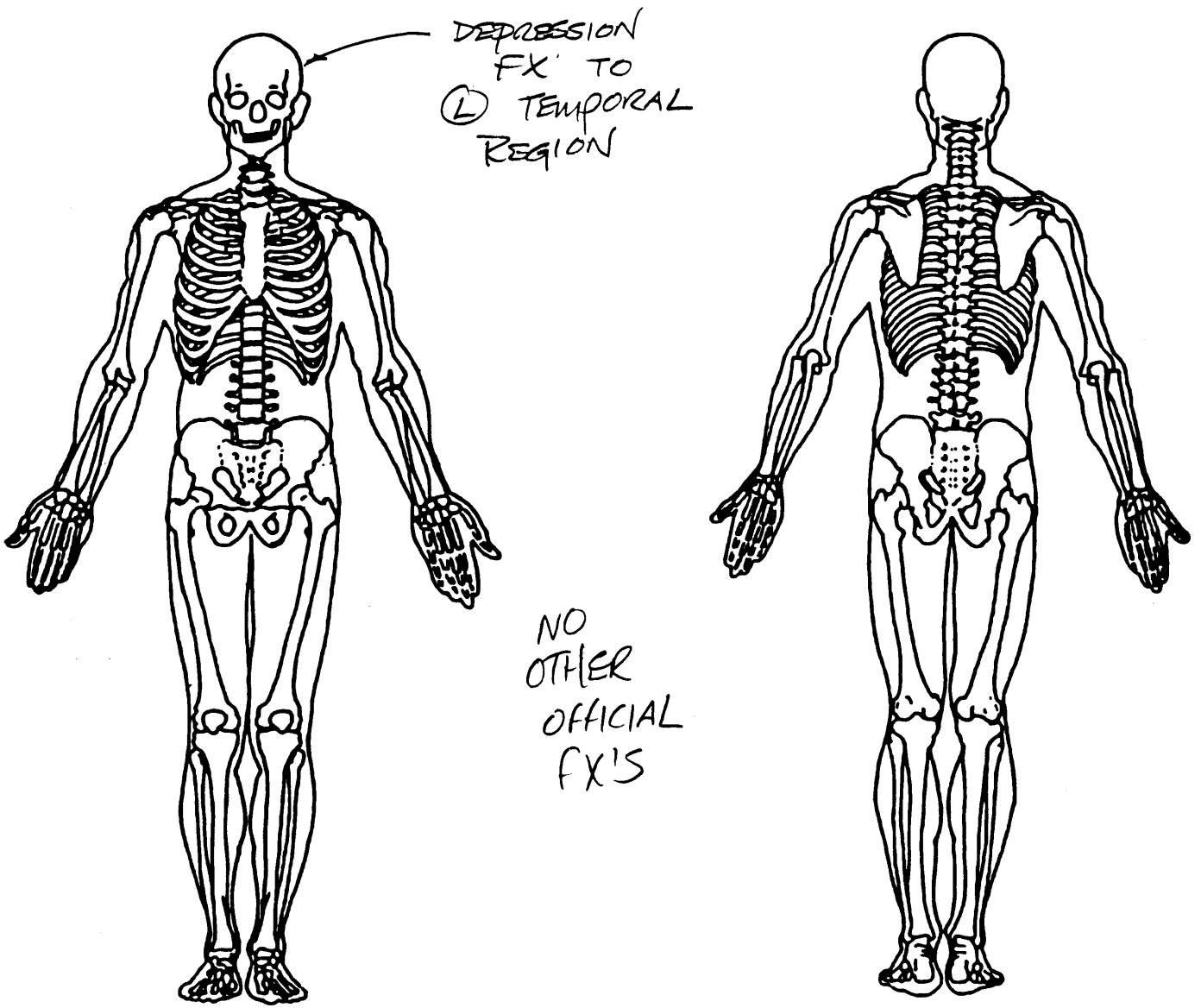
pH = ___

PO_2 = ___

PCO_2 ___

HCO_3 ___

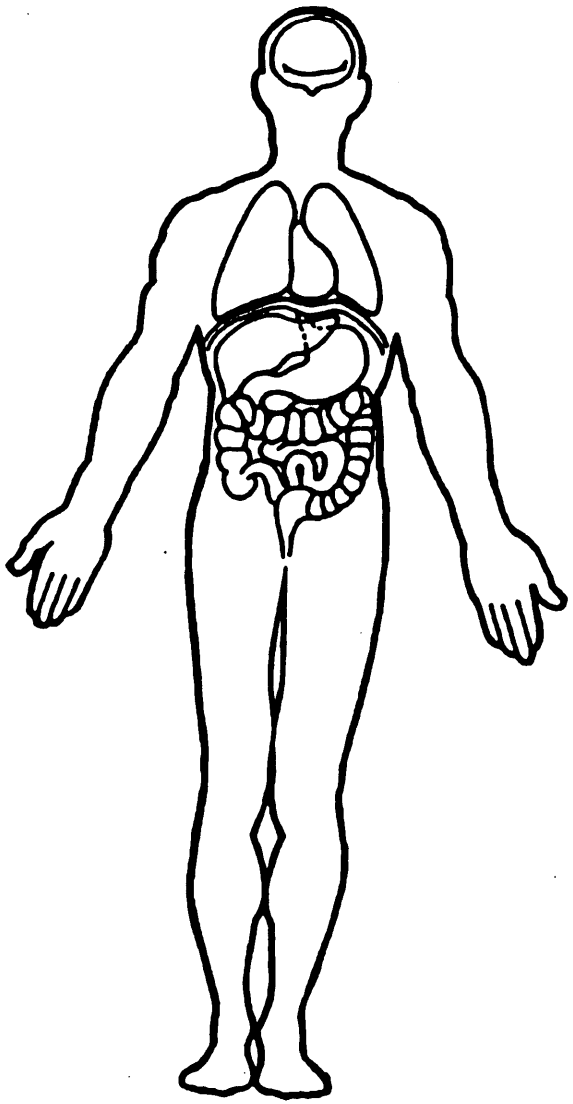
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

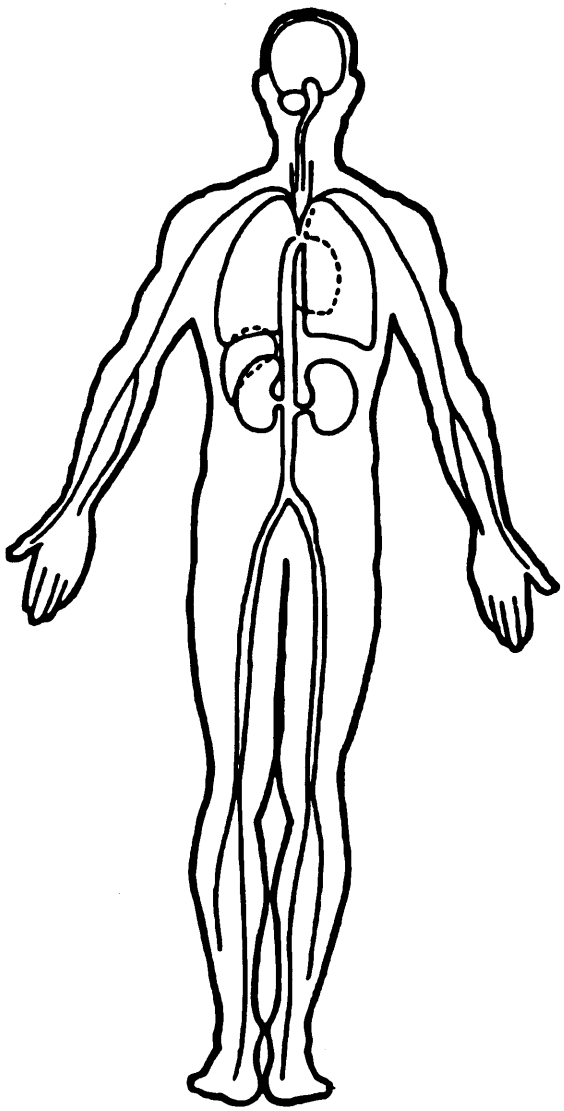


OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)

NO OFFICIAL INTERNAL INJURY





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

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title			
43	109 A	01	[redacted] 92
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	1986	DODGE	RAM 250 VAN	1
Vehicle 2	1990	TOYOTA	CELICA X	2

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	7	2
Weight (Curb + Occupant(s) + Cargo)	3695 + 327 + 2000 = 6022	2500 + 160 + 0 = 2660
CDC	✓ 1ZFDEW4	09LYAW4
PDOF	005	⊖085
Stiffness	7	2

SCENE INFORMATION

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

	VEHICLE 1	VEHICLE 2
Rest Position	8	
X	169.	✓ 178.0
Y	⊖ 14.	⊖ 14.5
PSI	⊖ 10.	⊖ 100.
Impact Position		
X	41.5	50.0
Y	8.0	7.0
PSI	⊖ 010.	⊖ 100.
Slip Angle	—	—

VEHICLE MOTION

Sustained Contact [ ] No [X] Yes

	VEHICLE 1	VEHICLE 2
Skidding	[X] No [ ] Yes	[X] No [ ] Yes ✓
Skidding Stop Before Rest	[X] No [ ] Yes	[X] No [ ] Yes
Impact Position		
X		
Y		
PSI		
Curved Path	[X] No [ ] Yes	[X] No [ ] Yes ✓
Point on Path		
X	Y	X Y
Rotation Direction	[X] None [ ] CW [ ] CCW	[X] None [ ] CW [ ] CCW ✓
Rotation >360°	[X] No [ ] Yes	[X] No [ ] Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction .71

Rolling Resistance Option 1

Vehicle 1 Rolling Resistance

LF 1.0 RF 1.0

LR .01 RR .01

Vehicle 2 Rolling Resistance

LF .28 RF .28

LR .01 RF .01

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	77.0	110.0
Crush Depths C1	9.0	1.25
C2	9.5	17.0
C3	11.0	21.25
C4	7.75	18.5
C5	5.0	11.25
C6	8.75	2.25
Damage Offset	± 7.0	± 15.0

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

Model Year: _____

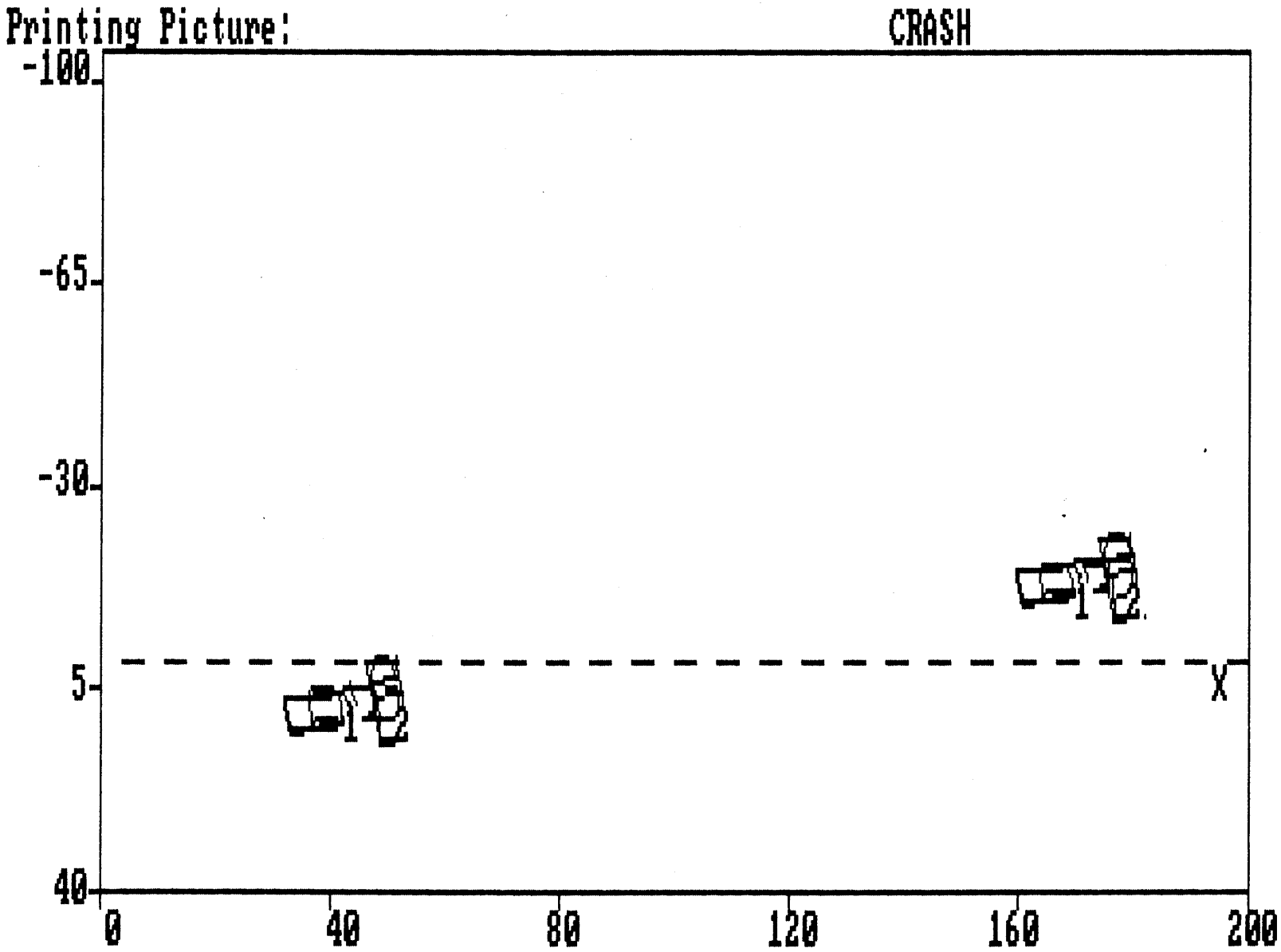
Make: _____

Model: _____

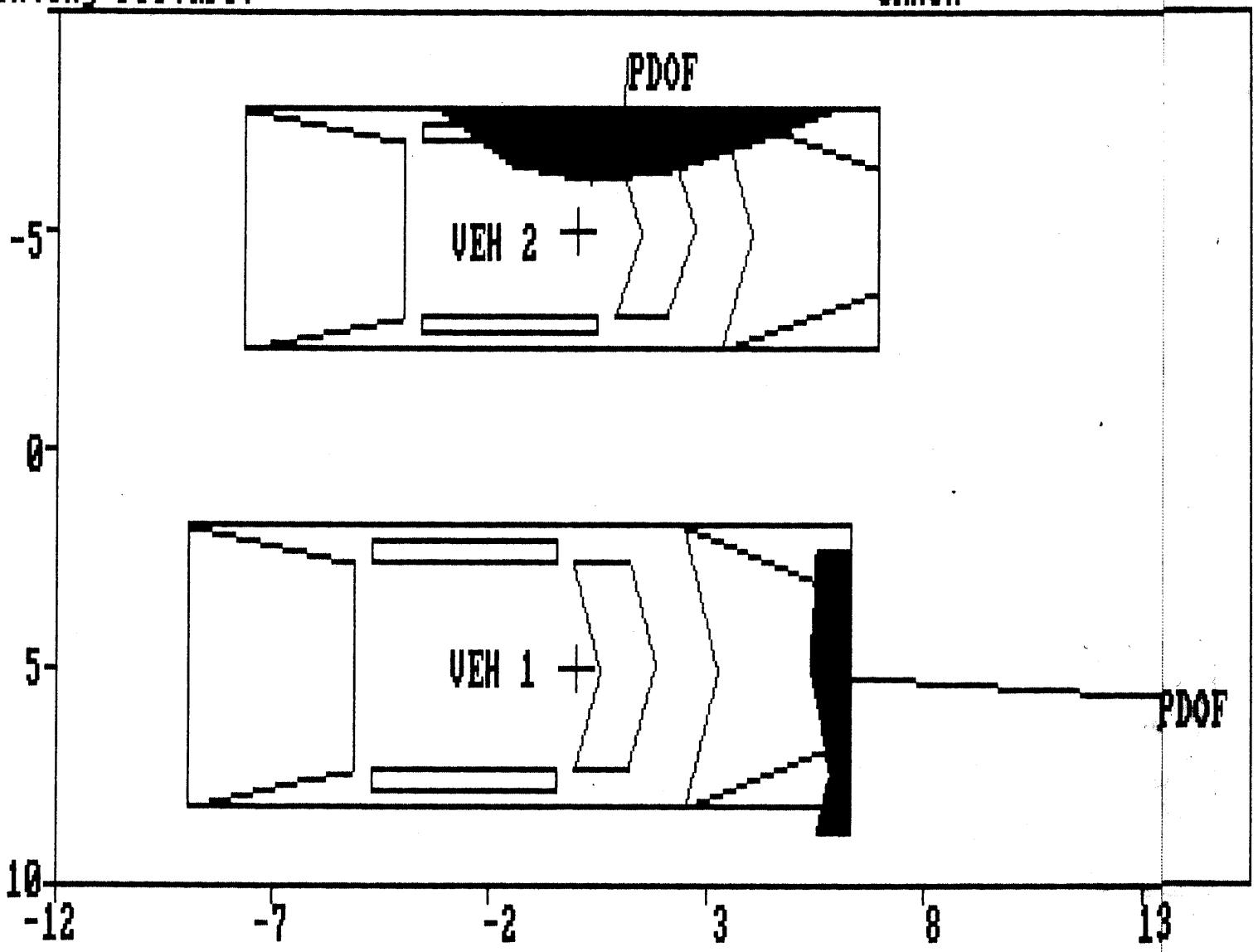
VIN: _____

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

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


Printing Picture:
CRASH
-100
-65
-30
5
40
0
40
80
120
160
200
1
2
X
SCENE DESCRIPTION

Printing Picture: CRASH



DAMAGE DESCRIPTION

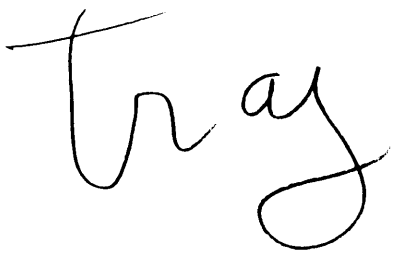
SUSTAINED CONTACT SOLUTION FORM

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

109a crash

		TOTAL(MPH)	LONG.(MPH),	LAT.(MPH)	
IMPACT SPEED					
(LINEAR MOMENTUM	VEH #1	47.4	47.4	.0	
AND SPINOUT)	VEH #2	.5	-.5	.0	
SPEED CHANGE		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
(DAMAGE)	VEH #1	14.6	-14.6	-1.3	5.0
	VEH #2	33.1	-2.9	33.0	-85.0
(LINEAR MOMENTUM	VEH #1	14.5	-14.5	.1	-.5
AND SPINOUT)	VEH #2	32.9	.3	32.9	-90.5

ENERGY DISSIPATED BY DAMAGE VEH#1: 54701.2 FT-LB VEH#2: 89986.3 FT-LB



SCENE INFORMATION

	VEHICLE # 1		VEHICLE # 2	
IMPACT X-POSITION	41.50	FT.	50.00	FT.
IMPACT Y-POSITION	8.00	FT.	7.00	FT.
IMPACT HEADING ANGLE	-10.00	DEG.	-100.00	DEG.
REST X-POSITION	169.00	FT.	178.00	FT.
REST Y-POSITION	-14.00	FT.	-14.50	FT.
REST HEADING ANGLE	-10.00	DEG.	-100.00	DEG.
END-OF-ROTATION X-POSITION	41.50	FT.	50.00	FT.
END-OF-ROTATION Y-POSITION	8.00	FT.	7.00	FT.
END-OF-ROTATION HEADING ANGLE	-10.00	DEG.	-100.00	DEG.
DIRECTION OF ROTATION	NONE		NONE	
AMOUNT OF ROTATION	<360		<360	

COLLISION CONDITIONS

VEHICLE # 1				VEHICLE # 2			
XC1O'	=	41.5	FT.	XC2O'	=	50.0	FT.
YC1O'	=	8.0	FT.	YC2O'	=	7.0	FT.
PSI1O	=	-10.0	DEG.	PSI2O	=	-100.0	DEG.
PSI1DO	=	.0	DEG/SEC	PSI2DO	=	.0	DEG/SEC
BETA1	=	.0	DEG.	BETA2	=	.0	DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1				VEHICLE #2			
US1	=	32.9	MPH	US2	=	-.3	MPH
VS1	=	.1	MPH	VS2	=	32.9	MPH
PSISD1	=	.0	DEG/SEC	PSISD2	=	.0	DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	47.3 MPH	.0 MPH
SPEED ORTHOG. TO CG LINE:	-2.7 MPH	-.5 MPH

CLOSING VELOCITY (LINEAR MOMENTUM) : 47.3 MPH

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 7		TYPE	CATEGORY 2	
STIFFNESS	CATEGORY 7		STIFFNESS	CATEGORY 2	
WEIGHT	6022.0	LBS.	WEIGHT	2660.0	LBS.
CDC	12FDEW4		CDC	09LYAW4	
L	77.0	IN.	L	110.0	IN.
C1	9.0	IN.	C1	1.3	IN.
C2	9.5	IN.	C2	17.0	IN.
C3	11.0	IN.	C3	21.3	IN.
C4	7.8	IN.	C4	18.5	IN.
C5	5.0	IN.	C5	11.3	IN.
C6	8.8	IN.	C6	2.3	IN.
D	7.0		D	15.0	
RHO	1.00	*	RHO	1.00	*
ANG	5.0	DEG.	ANG	-85.0	DEG.
D'	3.8	IN.	D'	12.2	IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	48.5	IN.	A2	=	46.3	IN.
B1	=	68.5	IN.	B2	=	50.1	IN.
TR1	=	67.6	IN.	TR2	=	54.6	IN.
I1	=	58137.5	LB-SEC**2-IN	I2	=	20409.9	LB-SEC**2-IN
M1	=	15.658	LB-SEC**2/IN	M2	=	6.916	LB-SEC**2/IN
XF1	=	75.6	IN.	XF2	=	83.3	IN.
XR1	=	-107.0	IN.	XR2	=	-91.6	IN.
YS1	=	39.5	IN.	YS2	=	33.6	IN.

ROLLING RESISTANCE

VEHICLE # 1

LF----------	1.00
RF----------	1.00
LR----------	.01
RR----------	.01
MU----------	.71

VEHICLE # 2

LF----------	.28
RF----------	.28
LR----------	.01
RR----------	.01

:INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT :

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

43 109A Z.C.RERUN

SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	14.6	-14.6	-1.3	5.0
	VEH #2	33.1	-2.9	33.0	-85.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 54701.2 FT-LB VEH#2: 89986.3 FT-LB

Crash

PRESS ANY KEY TO CONTINUE

:INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT :

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1		VEHICLE # 2	
TYPE--------CATEGORY	7	TYPE--------CATEGORY	2
STIFFNESS---CATEGORY	7	STIFFNESS---CATEGORY	2
WEIGHT------	6022.0 LBS.	WEIGHT------	2660.0 LBS.
CDC---------12FDEW4		CDC---------09LYAW4	
L----------	77.0 IN.	L----------	110.0 IN.
C1---------	9.0 IN.	C1---------	1.3 IN.
C2---------	9.5 IN.	C2---------	17.0 IN.
C3---------	11.0 IN.	C3---------	21.3 IN.
C4---------	7.8 IN.	C4---------	18.5 IN.
C5---------	5.0 IN.	C5---------	11.3 IN.
C6---------	8.8 IN.	C6---------	2.3 IN.
D----------	7.0	D----------	15.0
RHO---------	1.00 *	RHO---------	1.00 *
ANG---------	5.0 DEG.	ANG---------	-85.0 DEG.
D'---------	3.8 IN.	D'---------	12.2 IN.

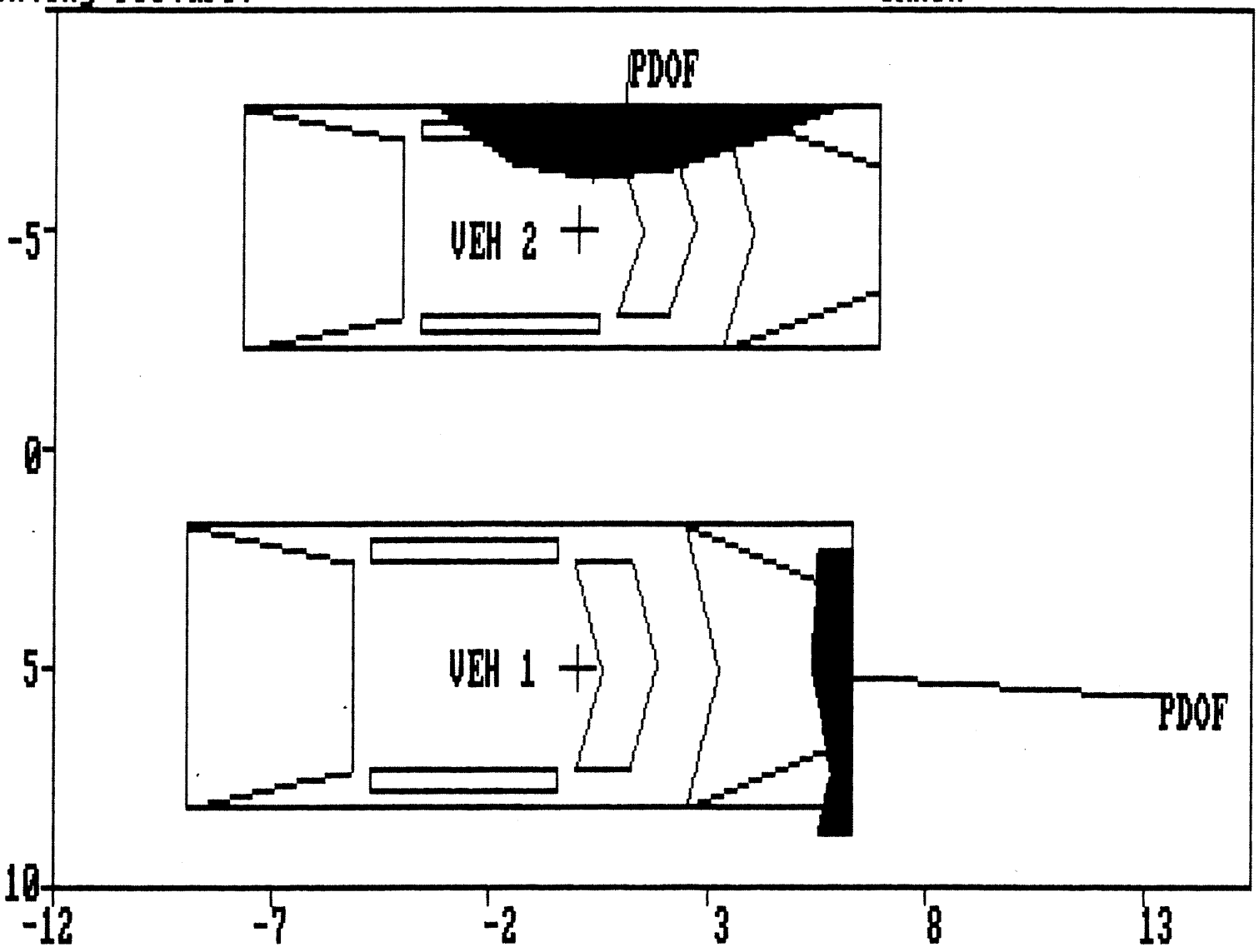
PRESS ANY KEY TO CONTINUE

:INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT :

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	48.5	IN.	A2	=	46.3	IN.
B1	=	68.5	IN.	B2	=	50.1	IN.
TR1	=	67.6	IN.	TR2	=	54.6	IN.
I1	=	58137.5	LB-SEC**2-IN	I2	=	20409.9	LB-SEC**2-IN
M1	=	15.658	LB-SEC**2/IN	M2	=	6.916	LB-SEC**2/IN
XF1	=	75.6	IN.	XF2	=	83.3	IN.
XR1	=	-107.0	IN.	XR2	=	-91.6	IN.
YS1	=	39.5	IN.	YS2	=	33.6	IN.

Printing Picture: CRASH



DAMAGE DESCRIPTION

PRESS ANY KEY TO CONTINUE

National Accident Sampling System

PSU43 ERROR SUMMARY SCREEN [redacted] 93

CASE 109A

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	N
General Vehicle	0	0	0	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	3	N
Occupant Interior	0	0	0	N
Total Inter Errors		0	0	
Total Case Errors	0	0	3	

Press <ENTER> to continue...

1
INTRA ERRORS

	OHH0021	2	Given OCCUPANT AGE OA05 and OCCUPANT SEX OA06, OCCUPANT
HEIGHT	HH0022		OA07 is questionable. See Table A1.

1
INTRA ERRORS

	OHH1271	2	******* THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE.
******	HH1272		****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZON
E ******	HH1273		EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18
does not	HH1274		equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
	HH1275		or AUTOMATIC BELT USE OA45 does not equal 0).

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

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43109A01020261 6.01 0000000003KLTM1112205
43109A01020361 6.01 0000000003WRLI1112105
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00010000060150234-03+330900111
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```

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11
INTRA ERRORS

OHH0021 2 Given OCCUPA
NT AGE OA05 and OCCUPANT SEX OA06, OCCUPANT HEIGHT HH0022 OA07 is ques
tionable. See Table A1.

0

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11
INTRA ERRORS

OHH1271 2 ******* THI
S CASE SHOWS EJECTION WITH RESTRAINT USEAGE. ****** HH1272 ****** CHE
CK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ****** HH1273 EJECTION OA
12 is equal to 1-3 and ((MANUAL BELT USE OA18 does HH1274 not equal 0
0 or01) or (AIR BAG DEPLOYMENT OA22 does not equal HH1275 0 or 4) or
AUTOMATIC BELT USE OA45 does not equal 0 or 2)).

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

0

PSU43 ERROR SUMMARY SCREEN [redacted]/93
CASE 109A
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	0	Y
Occupant Assesment	0	0	3	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	0	

DAR HEADINGS INCORRECT

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 43 Case Number—Stratum 109A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-173	1	S	APPROACH TRAJECTORY
	"	"	POI
	"	SE	POST IMPACT TRAJ.
	"	"	FR
	"	N	LOOKBACK @ POI
	"	"	" " VEH. EXITS ROADWAY
	"	NW	" " FR
	2	E	APPROACH
	"	"	POI
	"	SE	POST IMPACT TRAJ.
	"	"	FR
	"	W	LOOKBACK @ POI
	"	NW	" VEH. EXITS ROADWAY
	"	"	" " FR
	—	NW	ACCIDENT SCENE OVERVIEW
		NE	" " "
		SE	" " "
		SW	" " "
	1	—	VEH. EXTERIOR W/ V2 DRIVER'S HAIR/BLOOD TO RF OF V1 (W/ GAGE PLACEMENT)
			V2 PAINT T. FER TO (R) PLANE
			MORE HAIR/BLOOD FROM V2 DRIVER
			VEH. INTERIOR W/ OCC CONTACTS
			(R) SLIDING DOOR ASSY. / NO FAILURE
			V1 CARGO ≈ 1900 LBS. 16 BAGS 100 LB BAGS
	2		VEH. EXTERIOR W/ GAGE PLACEMENT
			AND EXTRICATION DAMAGE

HS Form 434B (1/92)

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
			VEH. INTERIOR w/ OCC. CONTACTS
			1/1 BELT CUT w/ FABRIC T. PER
			DOORS REM'D BY EMS 1/3 = BOTTOM 1/1 = TOP
			AIRBAG w/ SMALL UNK. TEARS
			VEH. INTERIOR (CON'T) WITH INTRUSION
			MEASUREMENT STRINGLINE PLACEMENT
			V2 ROOF w/ HAIR SAMPLES
			BOTH INTERIOR + EXTERIOR @
			B. PILLAR

PSU 43-109A (1992) #1

PSU 43-109A (1992) #2

PSU 43-109A (1992) #3

PSU 43-109A (1992) #4

PSU 43-109A (1992) #5

PSU 43-109A (1992) #6

PSU 43-109A (1992) #7

PSU 43-109A (1992) #8

PSU 43-109A (1992) #9

PSU 43-109A (1992) #10

PSU 43-109A (1992) #11

PSU 43-109A (1992) #12

PSU 43-109A (1992) #13

PSU 43-109A (1992) #14

PSU 43-109A (1992) #15

PSU 43-109A (1992) #16

PSU 43-109A (1992) #17

PSU 43-109A (1992) #18

PSU 43-109A (1992) #19

PSU 43-109A (1992) #20

PSU 43-109A (1992) #21

PSU 43-109A (1992) #22

PSU 43-109A (1992) #23

PSU 43-109A (1992) #24

PSU 43-109A (1992) #25

PSU 43-109A (1992) #26

PSU 43-109A (1992) #27

PSU 43-109A (1992) #28
Best Available

PSU 43-109A (1992) #29

PSU 43-109A (1992) #30

PSU 43-109A (1992) #31

PSU 43-109A (1992) #32

PSU 43-109A (1992) #33

PSU 43-109A (1992) #34

PSU 43-109A (1992) #35

PSU 43-109A (1992) #36

PSU 43-109A (1992) #37

PSU 43-109A (1992) #38

PSU 43-109A (1992) #39

PSU 43-109A (1992) #40

PSU 43-109A (1992) #41

PSU 43-109A (1992) #42

PSU 43-109A (1992) #43

PSU 43-109A (1992) #44

PSU 43-109A (1992) #45

PSU 43-109A (1992) #46

PSU 43-109A (1992) #47

PSU 43-109A (1992) #48

PSU 43-109A (1992) #49

PSU 43-109A (1992) #50

PSU 43-109A (1992) #51

PSU 43-109A (1992) #52

PSU 43-109A (1992) #53

PSU 43-109A (1992) #54

PSU 43-109A (1992) #55

PSU 43-109A (1992) #56

PSU 43-109A (1992) #57

PSU 43-109A (1992) #58

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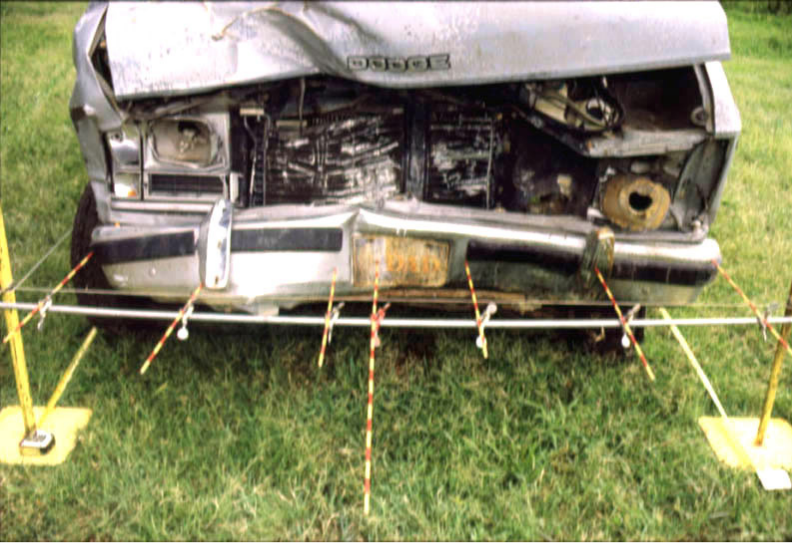
PSU 43-109A (1992) #62



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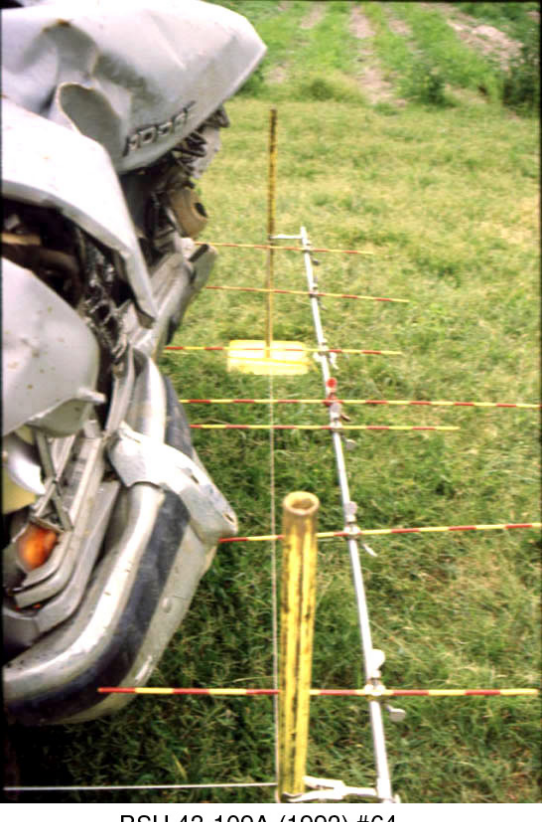

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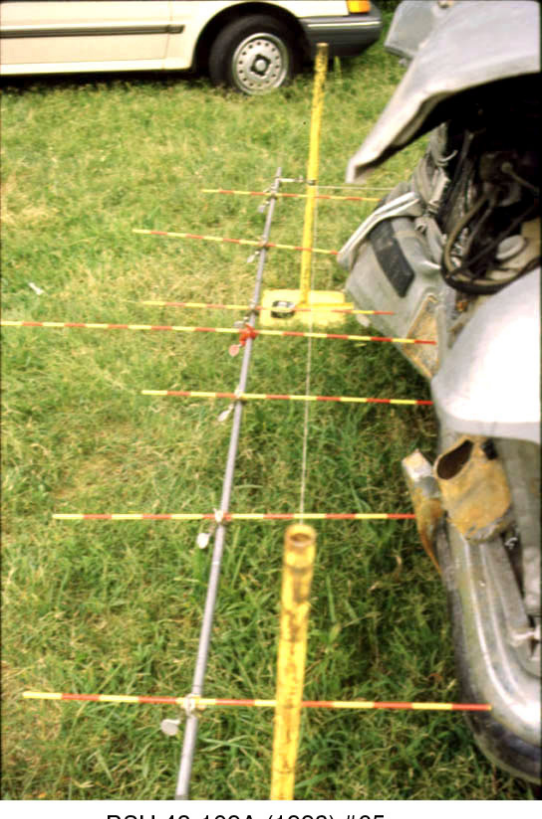

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PSU 43-109A (1992) #70

PSU 43-109A (1992) #71

PSU 43-109A (1992) #72

PSU 43-109A (1992) #73

PSU 43-109A (1992) #74

PSU 43-109A (1992) #75

PSU 43-109A (1992) #76

PSU 43-109A (1992) #77

PSU 43-109A (1992) #78

PSU 43-109A (1992) #79

PSU 43-109A (1992) #80

PSU 43-109A (1992) #81

PSU 43-109A (1992) #82

PSU 43-109A (1992) #83

PSU 43-109A (1992) #84

PSU 43-109A (1992) #85

PSU 43-109A (1992) #86

PSU 43-109A (1992) #87

PSU 43-109A (1992) #88

PSU 43-109A (1992) #89

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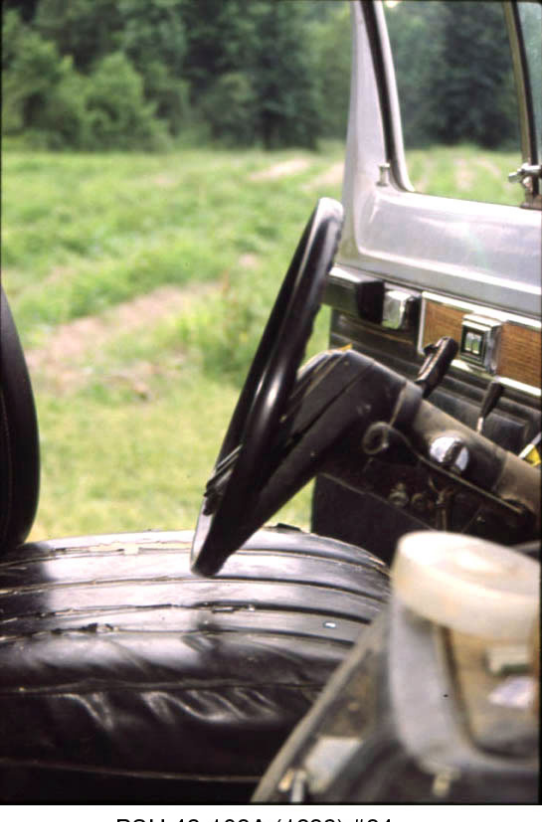
PSU 43-109A (1992) #91

PSU 43-109A (1992) #92

PSU 43-109A (1992) #93



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PSU 43-109A (1992) #99

PSU 43-109A (1992) #100

PSU 43-109A (1992) #101

PSU 43-109A (1992) #102

PSU 43-109A (1992) #103

PSU 43-109A (1992) #104

PSU 43-109A (1992) #105

PSU 43-109A (1992) #106

PSU 43-109A (1992) #107

PSU 43-109A (1992) #108

PSU 43-109A (1992) #109

PSU 43-109A (1992) #110
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PSU 43-109A (1992) #111
Best Available

PSU 43-109A (1992) #112
Best Available

PSU 43-109A (1992) #113
Best Available

PSU 43-109A (1992) #114
Best Available

PSU 43-109A (1992) #115
Best Available

PSU 43-109A (1992) #116
Best Available

PSU 43-109A (1992) #117

PSU 43-109A (1992) #118

PSU 43-109A (1992) #119
Best Available

PSU 43-109A (1992) #120
Best Available

PSU 43-109A (1992) #121
Best Available

PSU 43-109A (1992) #122
Best Available

PSU 43-109A (1992) #123

PSU 43-109A (1992) #124

PSU 43-109A (1992) #125

PSU 43-109A (1992) #126

PSU 43-109A (1992) #127

PSU 43-109A (1992) #128

PSU 43-109A (1992) #129
Best Available

PSU 43-109A (1992) #130
Best Available

PSU 43-109A (1992) #131
Best Available

PSU 43-109A (1992) #132

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PSU 43-109A (1992) #134

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Best Available

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Best Available

PSU 43-109A (1992) #137
Best Available

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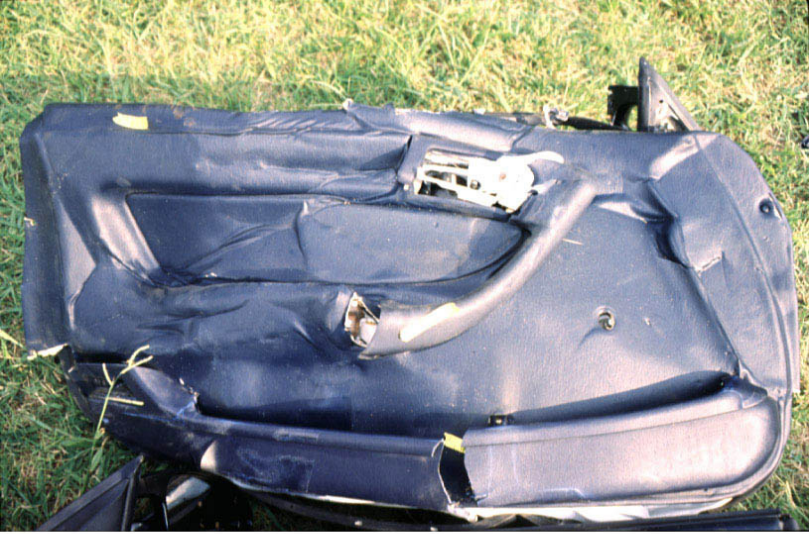

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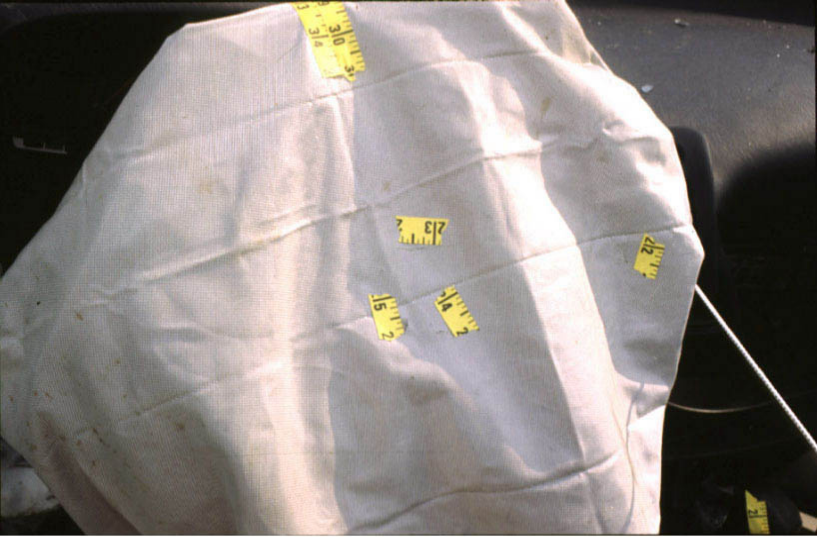

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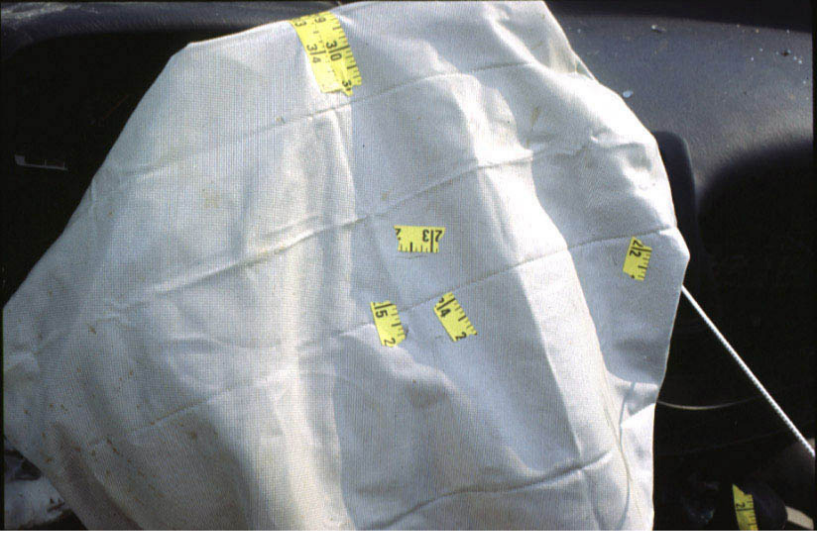

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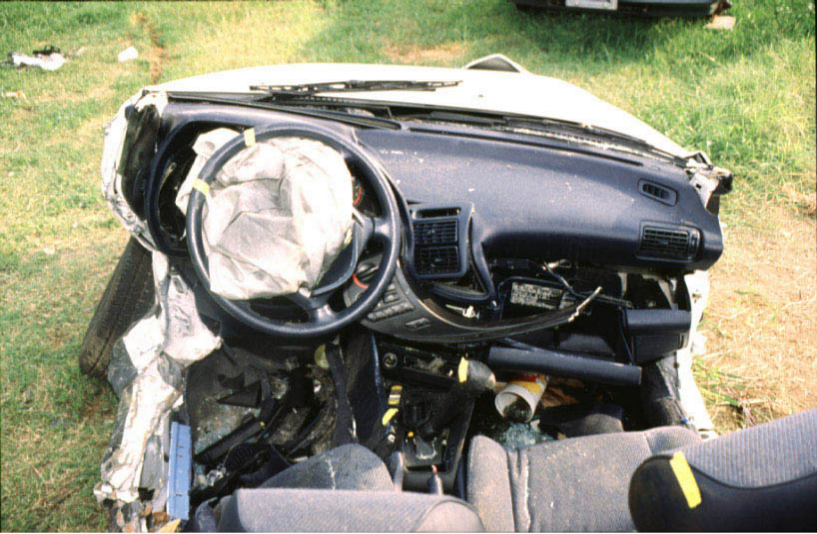
PSU 43-109A (1992) #146
Best Available



PSU 43-109A (1992) #147
Best Available

PSU 43-109A (1992) #148
Best Available

PSU 43-109A (1992) #149
Best Available

PSU 43-109A (1992) #150
Best Available

PSU 43-109A (1992) #151
Best Available

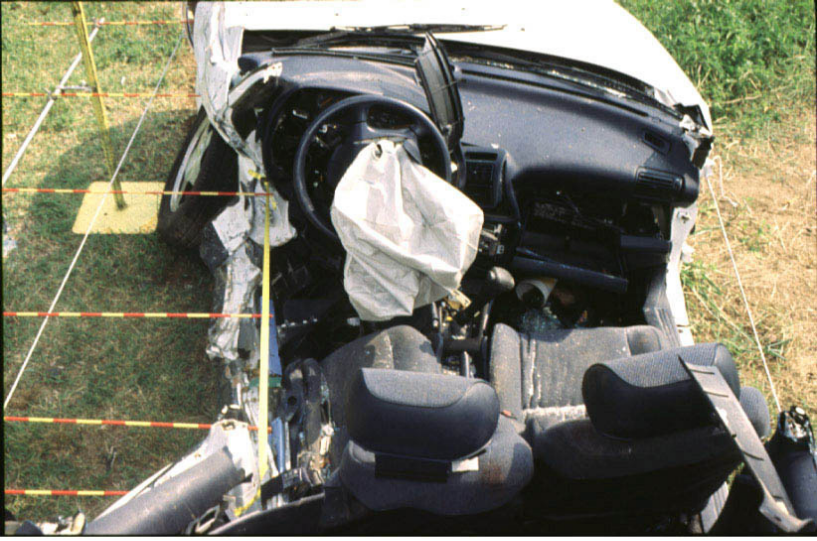
PSU 43-109A (1992) #152
Best Available

PSU 43-109A (1992) #153
Best Available

PSU 43-109A (1992) #154
Best Available

PSU 43-109A (1992) #155
Best Available

PSU 43-109A (1992) #156
Best Available



PSU 43-109A (1992) #157
Best Available

PSU 43-109A (1992) #158
Best Available

PSU 43-109A (1992) #159
Best Available

PSU 43-109A (1992) #160
Best Available

PSU 43-109A (1992) #161
Best Available

PSU 43-109A (1992) #162

PSU 43-109A (1992) #163
Best Available

PSU 43-109A (1992) #164

PSU 43-109A (1992) #165

PSU 43-109A (1992) #166
Best Available

PSU 43-109A (1992) #167
Best Available

PSU 43-109A (1992) #168

PSU 43-109A (1992) #169

PSU 43-109A (1992) #170

PSU 43-109A (1992) #171
Best Available

PSU 43-109A (1992) #172
Best Available

PSU 43-109A (1992) #173