



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

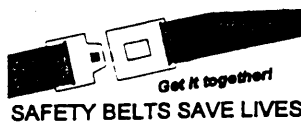
Dear Crash Data Researchers/Users:

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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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



CASE SUMMARY

PSU 48 CASE NO. 092A TYPE OF ACCIDENT Car/Light Truck-Right 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.)

V1 was Westbound on a two-lane city street. V2 was Northbound on an intersecting street. V1 was struck in the left side by the front of V2. V1 then side-swiped a utility pole and small pole connected to the utility pole. V1 came to rest near the utility pole on the Northwest corner of the intersection. V2 rotated 90° clockwise and came to rest in the intersection. Driver of V1 was pronounced dead at a nearby Trauma Center. V102 and V201 were treated at the Trauma Center for injuries.

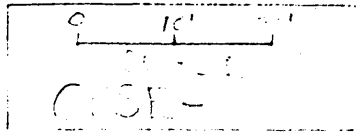
B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Intermediate	91/Ford/Taurus	Left	Moderate	None
2	Pickup	86/Mazda/B2000	Front	Moderate	None

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Front Left	Lap/Shoulder	FATAL-DETAILS	UNKNOWN		
1	Passenger	Front Right	None	INJURED - DETAILS	UNKNOWN		
2	Driver	Front Left	None	Face	Abrasion	1	WindShield

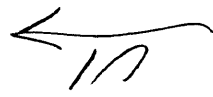
DO NOT SANITIZE THIS FORM



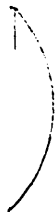
Struck
utility
pole
⊗



STEP



AV.



GR.

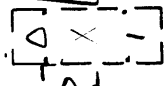
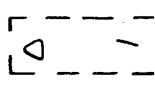
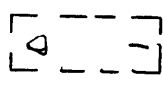
0 10' 20'
SCALE
CASE-092A



Rip



STOP



GRADE





ACCIDENT FORM

1. Primary Sampling Unit Number 48

2. Case Number - Stratum 092A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02

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

5. Time of Accident 0928

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

1988 Coding Code
for Row 3 H
and Row 8

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03

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. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>L</u>	16. <u>02</u>	17. <u>15</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>03</u>	22. <u>R</u>	23. <u>50</u>	24. <u>00</u>	25. <u>0</u>
26. <u>0 3</u>	27. <u>01</u>	28. <u>03</u>	29. <u>R</u>	30. <u>51</u>	31. <u>00</u>	32. <u>0</u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

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

- (O) 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

- (O) 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



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 48

Case Number—Stratum 092A

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> • 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 	<p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>279 007</u> —</p> <p>Surface Type <u>Asphalt Asphalt</u></p> <p>Surface Condition <u>dry dry</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>2% 0</u> —</p> <p>Grade (v/h) Measurement (at location of rollover initiation) — — —</p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>		

Reference Point: Struck Pole
- ON NW CORNER of Intersection

Reference line: W Roadway Edge
of [REDACTED]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
POI w/utility Pole - V	- 0 -	95 WES ✓
VI @ FRP - RF	43 S	158 W ✓
RR	06 S	78 W ✓
LF	90 S	1210 W ✓
LR	63 S	56 W ✓
Metal pole Attached to utility pole	06 S	90 W ✓
V2 @ FRP - RF	46 S	168 E ✓
RR	52 S	260 (✓
LF	101 S	160 (✓
LR	106 S	253 (✓
V2's Skid ① Beg	526 S	248 E
End	203 S	238 S
Post (Sign) (Not struck)	40 S	90 W

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

- 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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 03.000
 - ~~3049~~ Code weight to nearest 100 pounds.
 - (010) Less than 1050 pounds
 - (135) 13,500 pounds or more
 - (999) Unknown

Source: _____

- 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

- 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

RECONSTRUCTION DATA

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

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

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

 - (9) Unknown

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 279
- 28. Heading Angle For Other Vehicle 007

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 SLOWER 25, 26, 27	24 DECEL. 28, 29, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN			
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	35 CONTROL/ TRACTION LOSS	37 CONTROL/ TRACTION LOSS	39 AVOID COLLISION WITH VEH.	41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 SIDESWIPE	45 SIDESWIPE	46 SIDESWIPE	47 SIDESWIPE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN				
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN						
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	55 CONTROL/ TRACTION LOSS	57 CONTROL/ TRACTION LOSS	59 AVOID COLLISION WITH VEH.	61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN						
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	70 INITIAL SAME DIRECTIONS	73 TURN ACROSS PATH	72 TURN ACROSS PATH	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN			
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	80 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	78 TURN INTO SAME DIRECTION	82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN		
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 STRAIGHT PATHS	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN				
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact							

OTHER DATA

56. Driver's Zip Code

- (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

- (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) 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

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

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

01

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

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

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

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

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

-
- (69) Unknown fixed object

Collision with Nonfixed Object

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

-
- (89) Unknown nonfixed object

- (98) Other event (specify):

-
- (99) Unknown event or object



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>48</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>092A</u>	

VEHICLE IDENTIFICATION

VIN LEACP5-240MA XXXXXXXXXX Model Year 91

Vehicle Make (specify): FORD Vehicle Model (specify): TAURUS

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
01	Ends 38" forward of LR Axle	Ends 24.5" forward of LR Axle
02	beg. forward of RF wheel	

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.

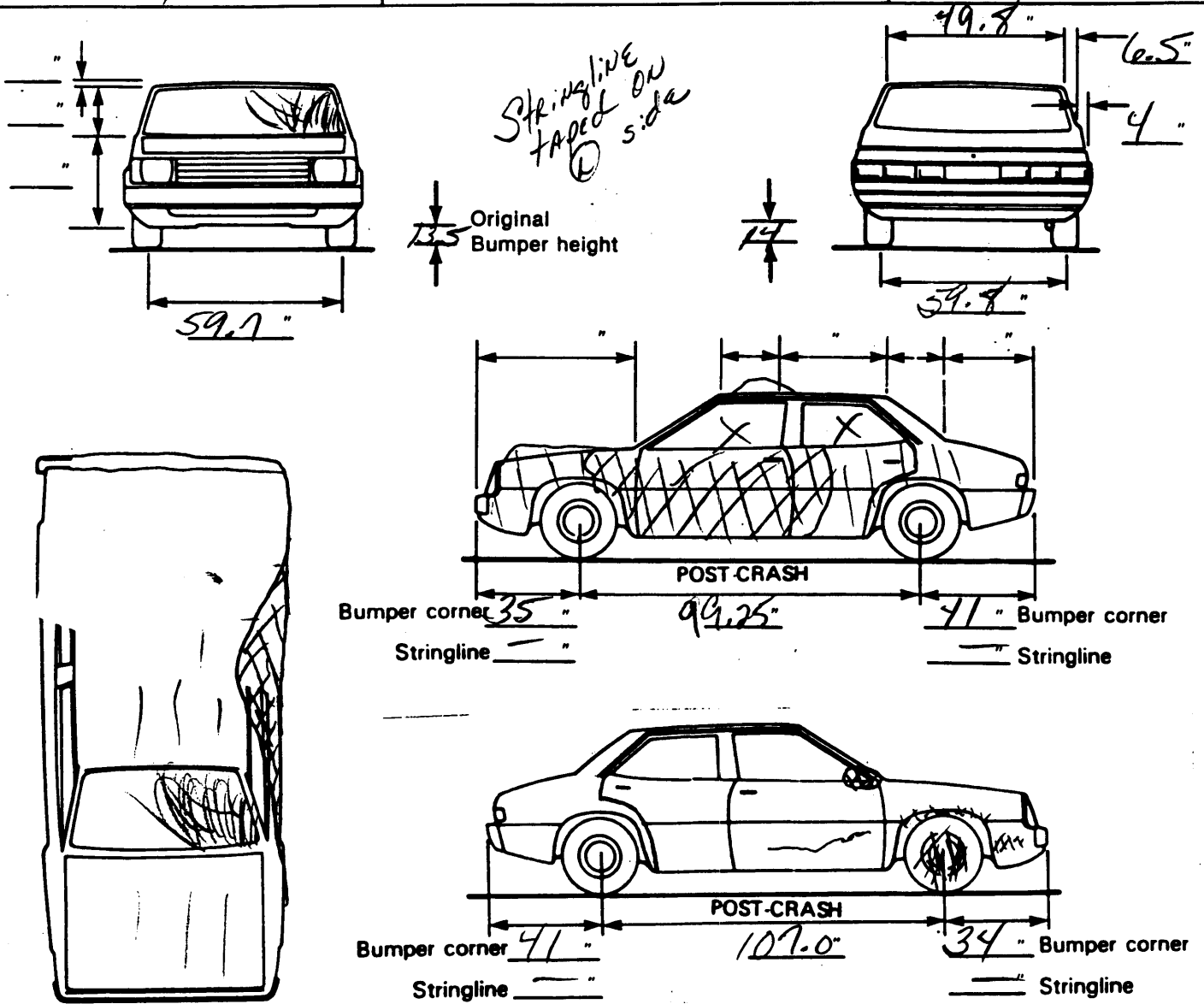
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01	(R) Side	62.5	C2	81	5.5	17.5	15.25	10.5	5.25	0.5	+19.7
02	(R) Side	23									

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>106.0</u> Overall Length <u>188.4</u> Maximum Width <u>70.8</u> Curb Weight <u>3049</u> Average Track <u>66.1</u> Front Overhang <u>38.2</u> Rear Overhang <u>43.3</u> Engine Size: cyl./displ. <u>1-4/2.5</u> Undeformed End Width <u>60</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u> </u> ° LF ± <u> </u> ° RR ± <u> </u> ° LR ± <u> </u> ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u> </u>		



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 sidewalls, 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.



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number 48

2. Case Number - Stratum 092A

3. Vehicle Number 01

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

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 1 7. LR 3 8. RR 1 9. TG/H 0

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

(9) Unknown

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

(9) Unknown

- (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 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 2 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

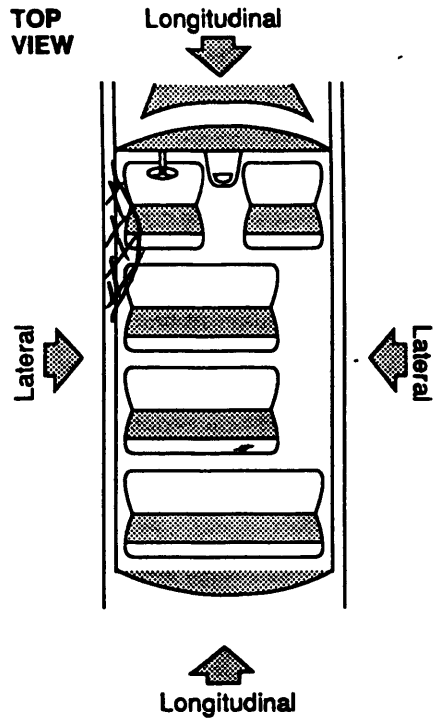
Window Precrash Glazing Status

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

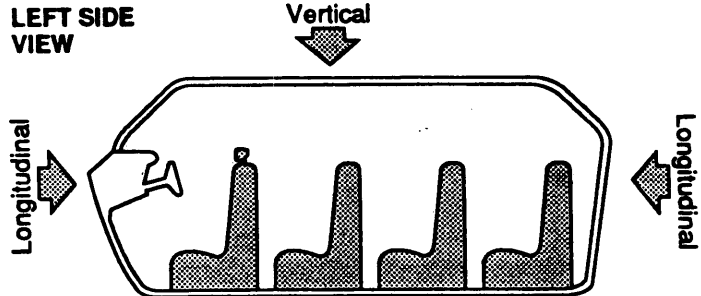
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

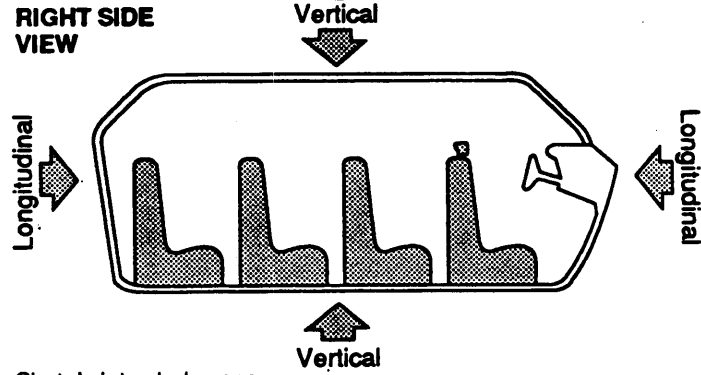
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	door panel	27.5	-	12	=	15.5 (3)	LAT.
	'B' Pillar	28.0	-	10.5	=	17.5 (1)	LAT.
	Roof side rail	22.0	-	16.5	=	5.5 (17)	LAT.
	Roof	17.0	-	12.0	=	5.0 (4)	Vert.
	Sill	29.0	-	15.5	=	13.5 (5)	LAT
	Kick panel	24.5	-	19.5	=	5.0 (10)	LAT
	'A' Pillar	27.0	-	27.5	=	0.5	LAT
			-		=		
21	door panel	29.0	-	13.75	=	16.25 (2)	LAT
	Roof side rail	22.0	-	19.0	=	3.0	LAT
	Sill	29.0	-	13.5	=	15.5 (4)	LAT.
	SEATback	27.5	-	24.0	=	3.5 (10)	LONG
			-		=		
23	SEATback	27.5	-	21.5	=	6.0 (6)	LONG
			-		=		

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. <u>11</u>	48. <u>02</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>21</u>	52. <u>10</u>	53. <u>4</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>10</u>	57. <u>4</u>	58. <u>3</u>
4th	59. <u>21</u>	60. <u>17</u>	61. <u>4</u>	62. <u>3</u>
5th	63. <u>11</u>	64. <u>17</u>	65. <u>4</u>	66. <u>3</u>
6th	67. <u>23</u>	68. <u>19</u>	69. <u>3</u>	70. <u>2</u>
7th	71. <u>11</u>	72. <u>13</u>	73. <u>2</u>	74. <u>3</u>
8th	75. <u>11</u>	76. <u>12</u>	77. <u>2</u>	78. <u>1</u>
9th	79. <u>11</u>	80. <u>27</u>	81. <u>2</u>	82. <u>3</u>
10th	83. <u>21</u>	84. <u>19</u>	85. <u>2</u>	86. <u>2</u>

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): Hood Intrusion
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

LOCATION OF INTRUSION

- | | |
|---|--|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify)</p> <p>(99) Unknown</p> |
|---|--|

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

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

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

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

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

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

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

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

92. Steering Rim/Spoke Deformation 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

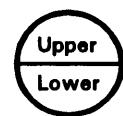
Quarter Sections

- (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 002,000
1997 miles—Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: [REDACTED]

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

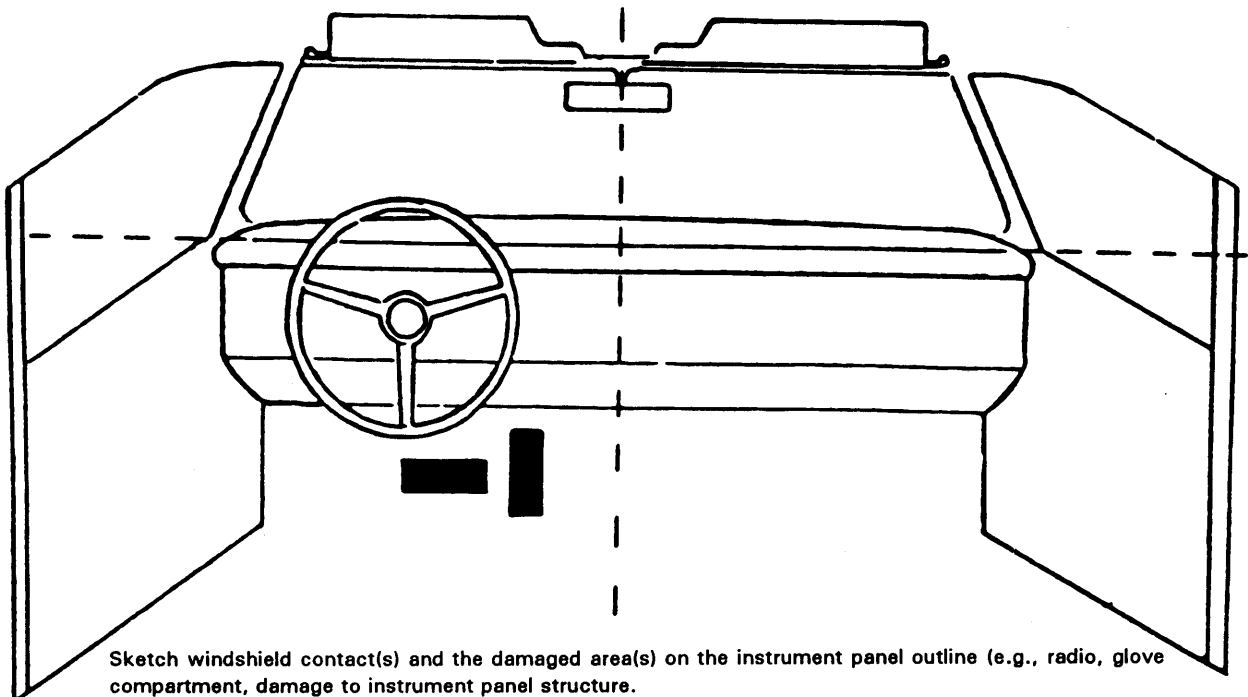
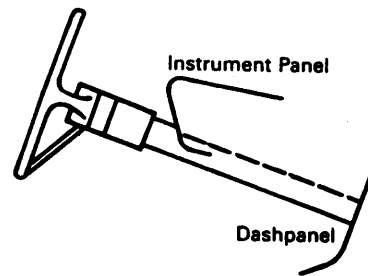
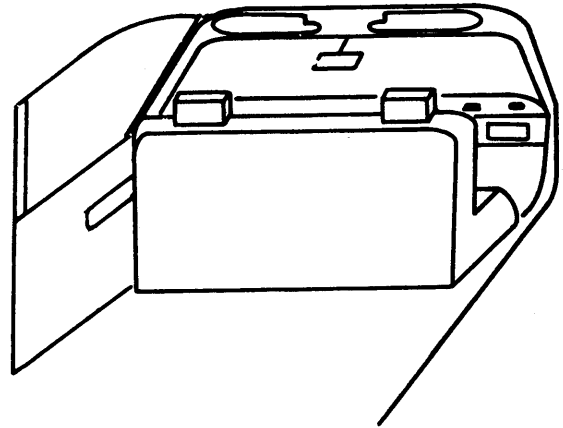
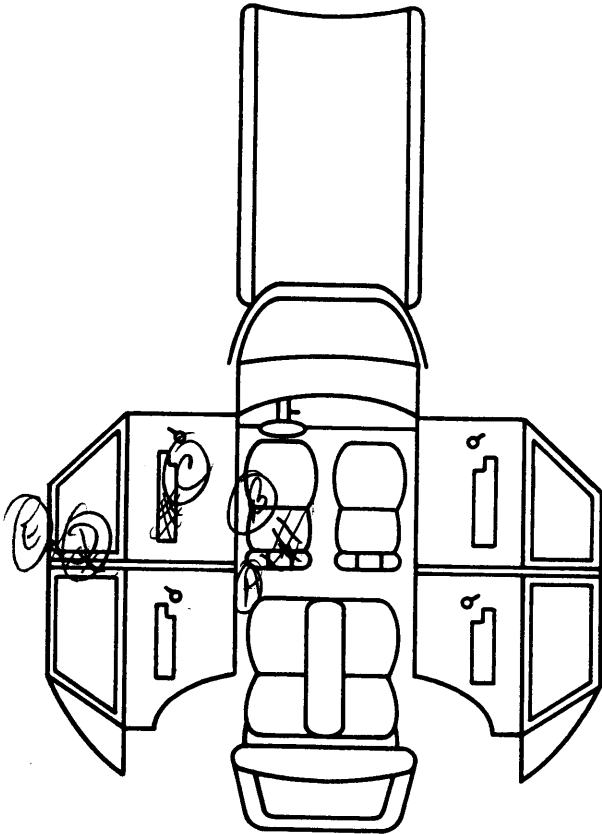
96. Knee Bolsters Deformed from Occupant Contact? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

NASS Coding 0
 1st Rev 3 A
 2nd Rev 3 - X

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	44	1	head	blood	1
B	40	1	head	blood	1
C	21	1	?	blood	1
D	23	1	?	blood	1
E	25	1	head	HAIR	1
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (28) Left side window sill
- (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
F I R S T	Availability/Function	/	
	Deployment	4	
	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
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

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

Automatic (Passive) Belt System Use

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

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

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

Automatic (Passive) Belt Failure Modes During Accident

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

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 Occupant Assessment Form.

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

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

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

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

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

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (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	3	0	3
	Seat Type	06	06	06
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	03	03	03
	Seat Performance	6	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (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): pushed to R and back from
- (8) Other (specify): side intrusion
- (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 Occupant Assessment Form.

EJECTION No [] Yes []

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

CONTACTS to LF door indicate driver's head may have been ejected through side window.

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

<p>Ejection</p> <p>(1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown</p> <p>Ejection Area</p> <p>(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear</p>	<p>(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown</p> <p>Ejection Medium</p> <p>(1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <i>LF side window</i></p>	<p>(5) Integral structure (8) Other medium (specify): _____ (9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p>
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ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

48-092A

26. Seat Type (this Occupant Position) 00
- (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): Pushed to Right & Rearward from Left Side intrusion.
 - (7) Combination of above (specify):
 - (8) Other (specify):
 - (9) Unknown

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

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

- Not Designed With Harness/Shield/Tether*
- (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used
- Designed With Harness/Shield/Tether*
- (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used
- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used

PSU NUMBER	<u>48</u>
CASE NUMBER	<u>092A</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

UPDATE FORM

Update
on
my

1. Primary Sampling Unit Number 48

2. Case Number - Stratum 092A

3. Vehicle Number 01

4. Occupant Number 01

Driver or Occupant Name: [REDACTED]

Address: _____

Other Information: Autopsy & DCH

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION <small>1st Rev 3 A 2nd Rev 3</small>		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	<u>00</u>	OA21. Air Bag System Availability/Function	<u>1</u>	<u>—</u>
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	<u>1</u>	OA22. Air Bag System Deployment	<u>4</u>	<u>—</u>
GV40.-GV41. Narcotic Drug	<u>00</u>	<u>1</u>	OA35. Treatment - Mortality	<u>1</u>	<u>—</u>
GV42.-GV43. Depressant Drug	<u>00</u>	<u>1</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	<u>—</u>
GV44.-GV45. Stimulant Drug	<u>00</u>	<u>1</u>	OA37. Hospital Stay	<u>00</u>	<u>—</u>
GV46.-GV47. Hallucinogen Drug	<u>00</u>	<u>1</u>	OA38. Working Days Lost	<u>62</u>	<u>—</u>
GV48.-GV49. Cannabinoid Drug	<u>00</u>	<u>1</u>	OA39. Time to Death	<u>01</u>	<u>—</u>
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	<u>+</u>	OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>02</u>
GV52.-GV53. Inhalant Drug	<u>00</u>	<u>1</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>15</u>
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	<u>1</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>01</u>
GV56. Driver's Zip Code <u>[REDACTED]</u>	<u>—</u>	<u>—</u>	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>75</u>
GV57. Driver's Race/Ethnic Origin <u>9</u>	<u>1</u>	<u>1</u>	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	<u>—</u>
OA05. Occupant's Age <u>63</u>	<u>—</u>	<u>—</u>	OA45. Automatic (Passive) Belt System Use	<u>0</u>	<u>—</u>
OA06. Occupant's Sex <u>2</u>	<u>—</u>	<u>—</u>	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	<u>02</u>
OA07. Occupant's Height <u>99</u>	<u>67</u>	<u>—</u>	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight <u>999</u>	<u>125</u>	<u>—</u>	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability <u>4</u>	<u>—</u>	<u>—</u>			
OA18. Manual (Active) Belt System Use <u>04</u>	<u>—</u>	<u>—</u>			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	<u>B</u> ___	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	<u>B</u> ___	___
<u>Official</u>			j. Private physician	<u>B</u> ___	___
a. Autopsy (invasive examination)	<u>B</u> ___	___	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> <u>08</u>	___	k. Lay coroner	<u>B</u> ___	___
c. Admission record/summary or admission/discharge face sheet	<u>B</u> ___	___	l. EMS record	<u>B</u> ___	___
d. Discharge summary	<u>B</u> ___	___	m. Interviewee	<u>B</u> <u>10</u>	___
e. Operative report	<u>B</u> ___	___	n. Other source (specify):	<u>B</u> ___	<u>B</u> ___
f. Radiographic record(s) post ER visit	<u>B</u> ___	___	o. Police report	<u>B</u> ___	<u>B</u> ___
g. History and physical examination and/or consultation records	<u>B</u> ___	___	OAL14. Medical Facility Code	<u>05</u> <u>14</u>	___
			OIL07. Date Official Medical Data Obtained.	___ / ___ / ___	___

INJURY DATA CODED ON INITIAL SUBMISSION

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

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

National Accident Sampling System-Crashworthiness Data System: Update Form

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.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>2</u>	6. <u>N</u>	7. <u>P</u>	8. <u>D</u>	9. <u>V</u>	10. <u>2</u>	11. <u>23</u>	12. <u>2</u>	13. <u>2</u>	14. <u>01</u>
2nd	15. <u>2</u>	16. <u>C</u>	17. <u>B</u>	18. <u>F</u>	19. <u>S</u>	20. <u>4</u>	21. <u>20</u> 21	22. <u>1</u>	23. <u>1</u>	24. <u>03</u>
3rd	25. <u>2</u>	26. <u>S</u>	27. <u>R</u>	28. <u>F</u>	29. <u>S</u>	30. <u>2</u>	31. <u>40</u>	32. <u>2</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>2</u>	36. <u>F</u>	37. <u>W</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>91</u> <u>25</u>	42. <u>2</u>	43. <u>3</u> <u>1</u>	44. <u>00</u> <u>03</u>
5th	45. <u>2</u>	46. <u>F</u>	47. <u>W</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>91</u> <u>25</u>	52. <u>2</u>	53. <u>3</u> <u>1</u>	54. <u>00</u> <u>03</u>
6th	55. <u>2</u>	56. <u>C</u>	57. <u>W</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>41</u> <u>25</u>	62. <u>2</u>	63. <u>1</u>	64. <u>00</u> <u>03</u>
7th	65. <u>2</u>	66. <u>Y</u>	67. <u>L</u>	68. <u>C</u>	69. <u>I</u>	70. <u>1</u>	71. <u>20</u>	72. <u>2</u>	73. <u>1</u>	74. <u>03</u>
8th	75. <u>2</u>	76. <u>Y</u>	77. <u>R</u>	78. <u>C</u>	79. <u>I</u>	80. <u>1</u>	81. <u>04</u>	82. <u>2</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>2</u>	86. <u>X</u>	87. <u>L</u>	88. <u>C</u>	89. <u>I</u>	90. <u>1</u>	91. <u>20</u>	92. <u>2</u>	93. <u>1</u>	94. <u>03</u> 00
10th	95. <u>2</u>	96. <u>A</u>	97. <u>R</u>	98. <u>C</u>	99. <u>I</u>	100. <u>1</u>	101. <u>40</u>	102. <u>2</u>	103. <u>1</u>	104. <u>00</u>

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

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 interview data are unavailable.)

Left Figure Injuries:

- (N-I) SMALL ABRASION @ ALA OF NOSE
- 1 1/2" rounded led ABRASION to NOSE
- (N-I) 1/2" x 2 1/2" Contusion Above (R) NIPPLE
- (N-I) 1 1/2" x 2 1/2" Contusion ?
- (N-I) 3" x 1 1/2" Contusion
- (N-I) 2 1/2" x 2 1/2" Contusion to (L) Lower Chest
- (N-I) 2 horizontal Contusions Lower Abdomen 5" apart
- Contusions to (R) Thigh, Knee & Lower Leg
- Contusion 1 1/2" x 3/4" to (R) foot

Right Figure Injuries:

- (N-I) Several contusions to Aspect of Upper Arm
- (N-I) 1 1/2" rounded Contusion @ upper Arm
- 1" blue contusion to (L) elbow
- Dark red-purple contusions in dorsal Aspect of (L) hand

Head Injuries (Left Figure):

- (N-I) 2 PARALLEL LACERATIONS near forehead
- (L) LACERATION forehead
- (N-I) 1/4" irregular LACERATION with ABRASION @ internal LOCATED 3/4" @ eye to (L) lower forehead
- (N-I) 7/8" LACERATION @ cheek extending into underlying skeletal tissue
- SEVERAL ABRASIONS & two superficial LACERATIONS in this SCALP AREA
- (N-I) SCALP (L) contused by this LACERATION extends thru subcutaneous tissue surrounded by contusion & ABRASION
- (N-I) 1" blue contusion @ TEMPORAL SCALP
- SMALL (N-I) cuts @ eye

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

- (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): RF OCCUPANT
- (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

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

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

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = N/A

Units of Blood Given

Units =

Arterial Blood Gases

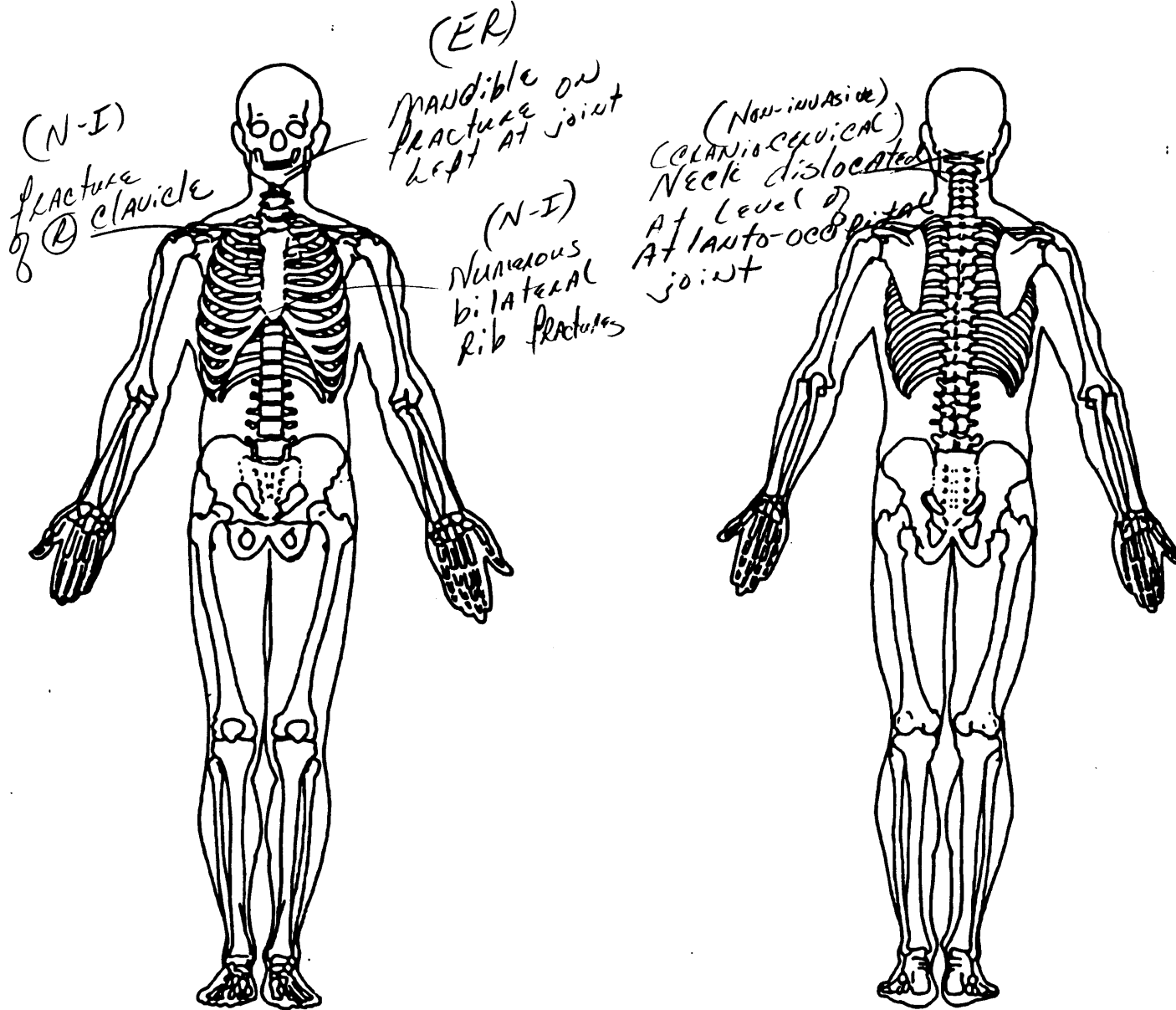
pH = N/A

PO₂ = N/A

PCO₂ = N/A

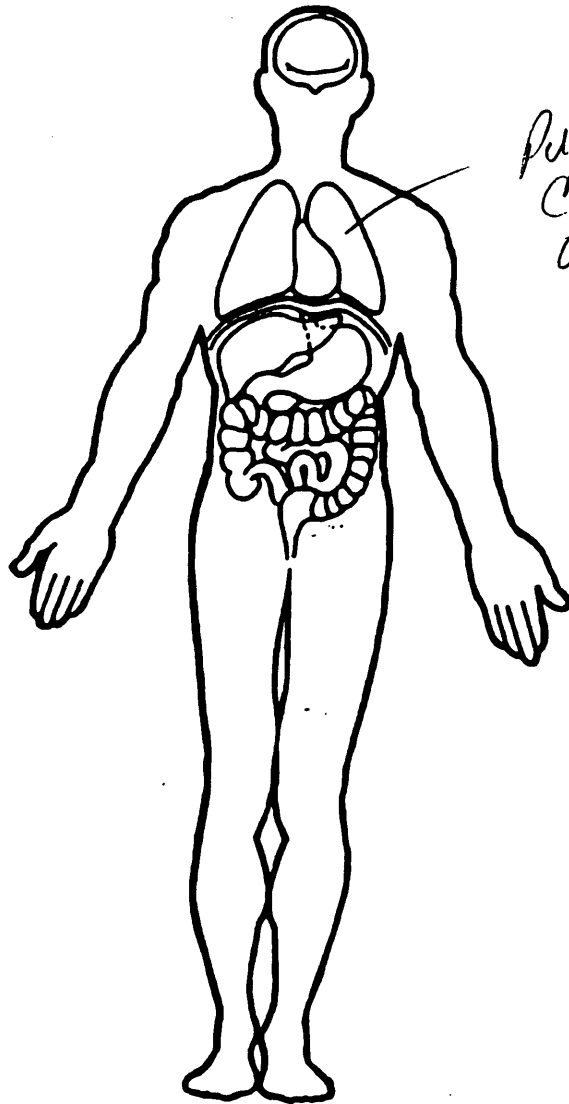
HCO₃ = N/A

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.)

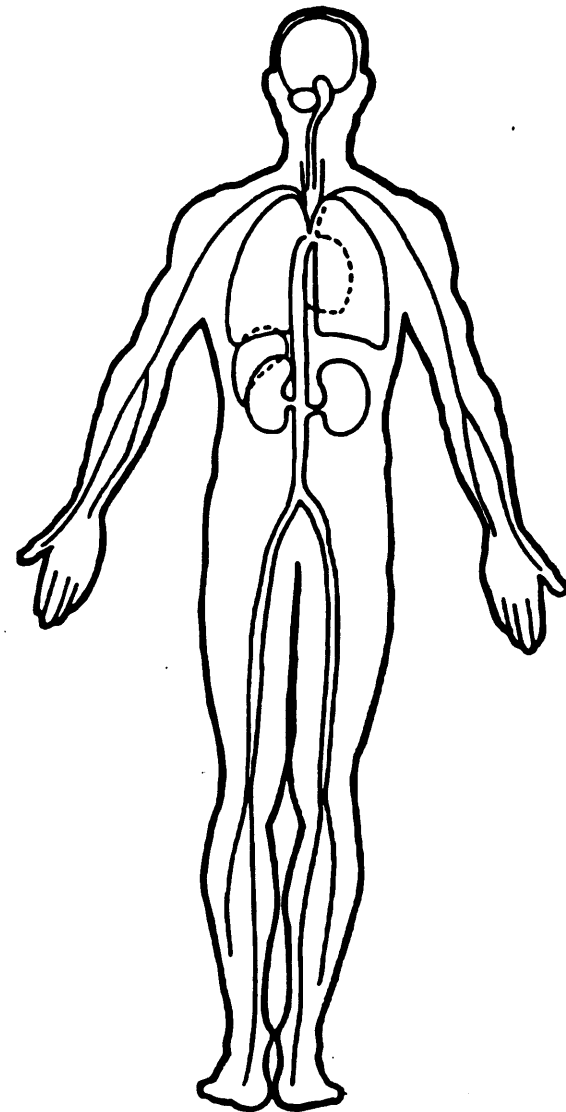


OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)



*Pulmonary
contusion
on the left*



26. Seat Type (this Occupant Position) 00
- (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): Pushed to the Right and Rearward from Left Side intrusion
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

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

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

PSU NUMBER

48

CASE NUMBER

092A

VEHICLE NUMBER

01

OCCUPANT NUMBER

02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

UPDATE FORM

1. Primary Sampling Unit Number	<u>48</u>	Driver or Occupant Name:	[REDACTED]
2. Case Number - Stratum	<u>092A</u>	Address:	_____
3. Vehicle Number	<u>01</u>	_____	_____
4. Occupant Number	<u>02</u>	Other Information:	[REDACTED]

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>9</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>99</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>99</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	[REDACTED]	---	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	---
GV57. Driver's Race/Ethnic Origin	<u>9</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>65</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>2</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	---
OA07. Occupant's Height	<u>99</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	---
OA08. Occupant's Weight	<u>999</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	---
OA17. Manual (Active) Belt System Availability	<u>4</u>	---			
OA18. Manual (Active) Belt System Use	<u>00</u>	---			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	B <u>08</u>	___ <u>09</u>
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B ___	___
<u>Official</u>			j. Private physician	B ___	___
a. Autopsy (invasive examination)	B ___	___	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___	k. Lay coroner	B ___	___
c. Admission record/summary or admission/discharge face sheet	B ___	___	l. EMS record	B <u>10</u>	___
d. Discharge summary	B ___	___	m. Interviewee	B ___	___
e. Operative report	B ___	___	n. Other source (specify):	B ___	B ___
f. Radiographic record(s) post ER visit	B ___	___	o. Police report	B ___	B ___
g. History and physical examination and/or consultation records	B <u>08</u>	___ <u>09</u>	OAL14. Medical Facility Code	___ <u>05</u>	___
			OIL07. Date Official Medical Data Obtained	___ <u>1</u>	___ <u>1</u>

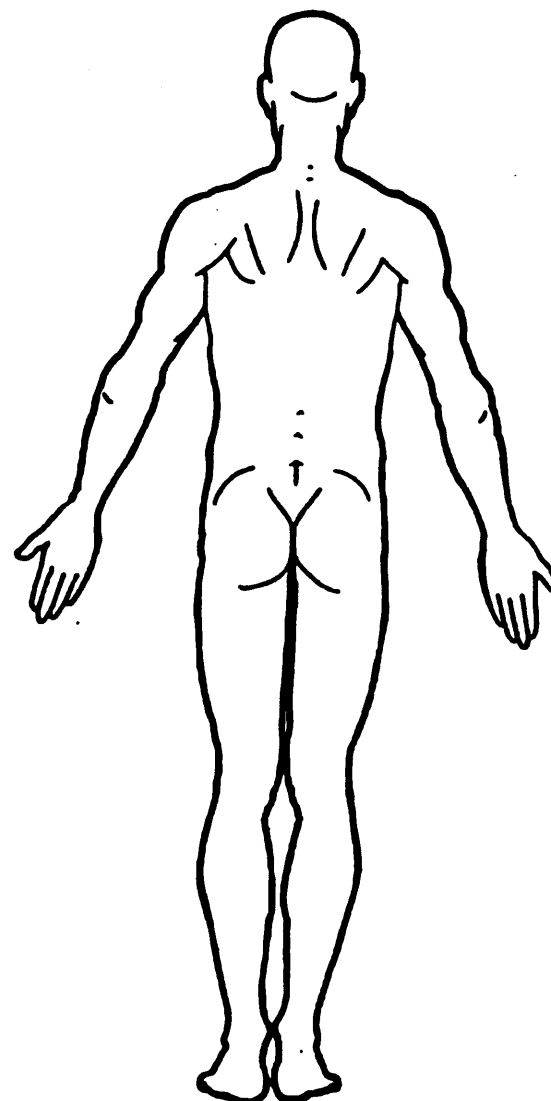
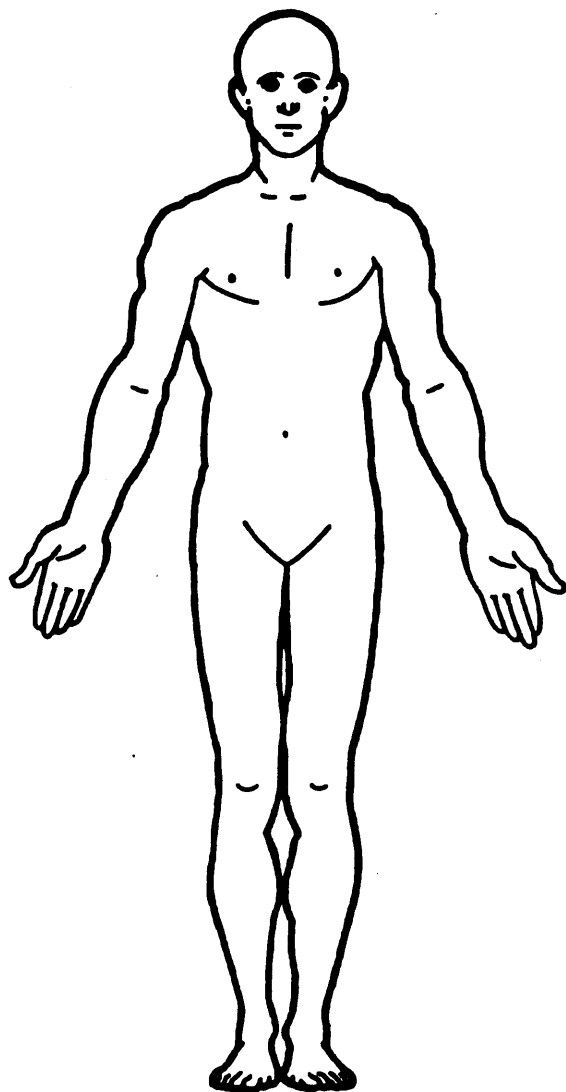
INJURY DATA CODED ON INITIAL SUBMISSION

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

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (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 limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

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

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Arterial Blood
Gases

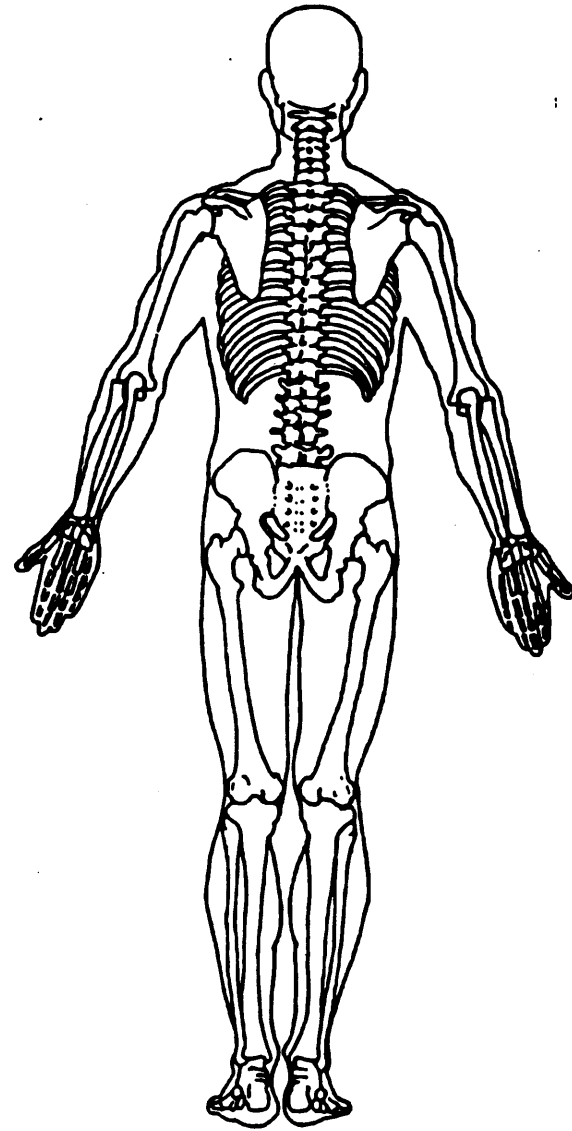
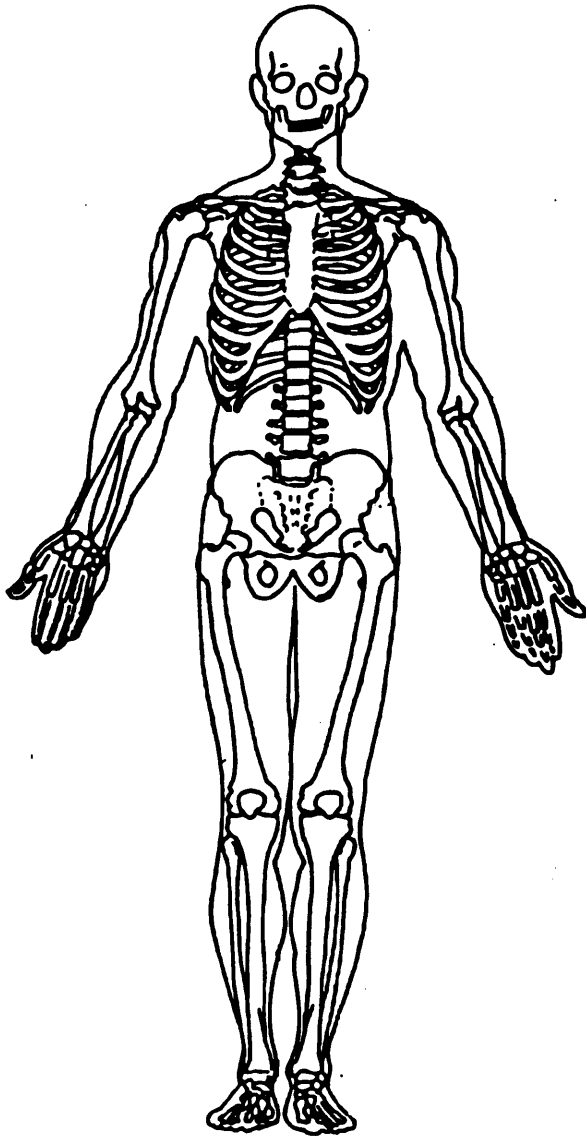
pH = _____

PO₂ = _____

PCO₂ = _____

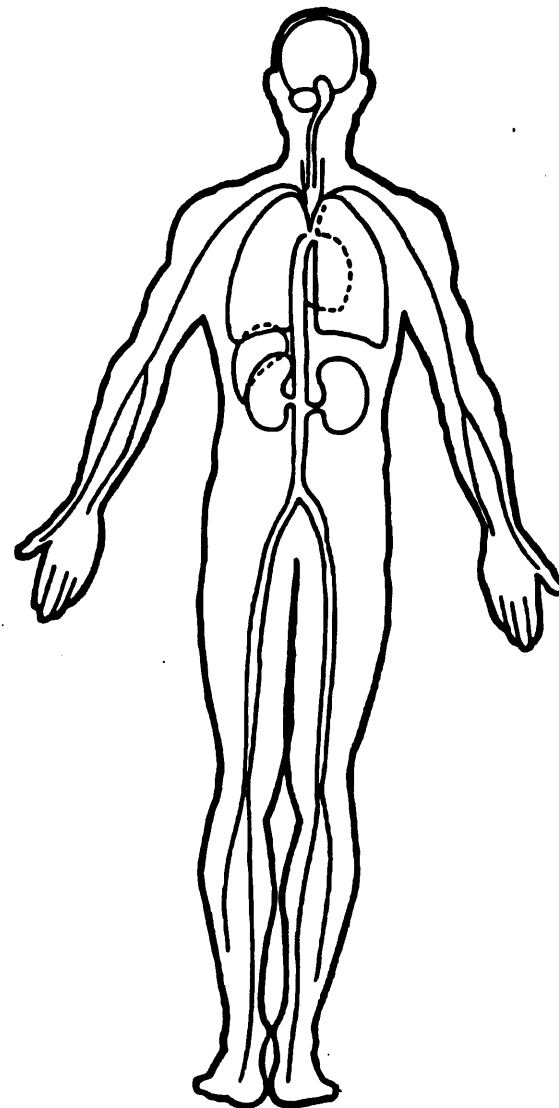
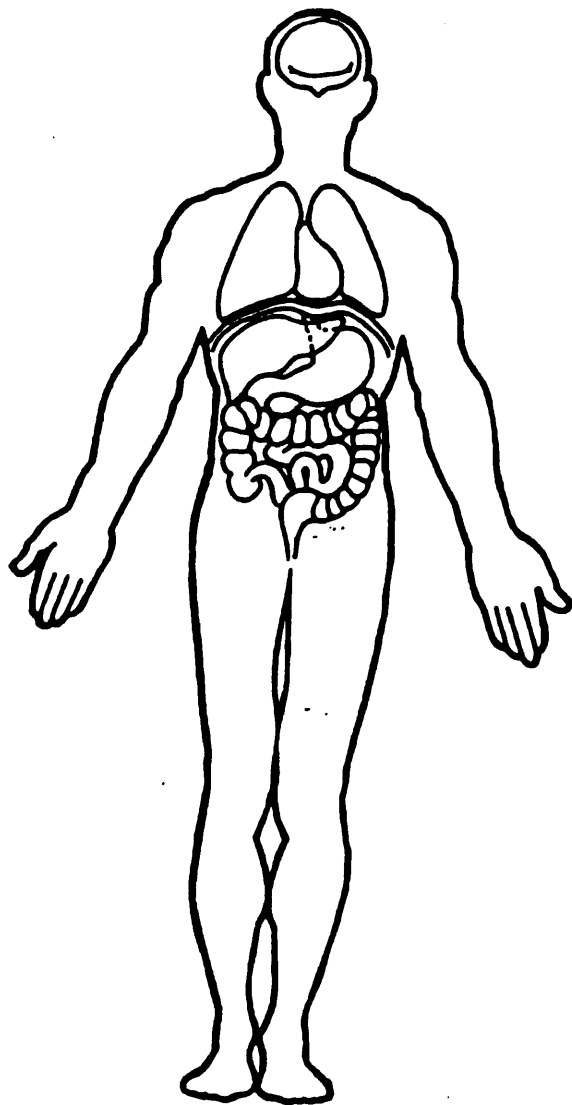
HCO₃ = _____

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.)



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

- 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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 02500
 Code weight to nearest 100 pounds. 026
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: 86

- 20. Vehicle Cargo Weight 0000
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) 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

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

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 007
 - 28. Heading Angle For Other Vehicle 279

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	24 SLOWER 25, 26, 27	28 DECEL. 29, 30, 31	30 SPECIFICS OTHER	(EACH • 32) SPECIFICS UNKNOWN	
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 SPECIFICS OTHER	45 SPECIFICS OTHER	46 SPECIFICS OTHER	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	72 SPECIFICS OTHER	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	79 TURN INTO OPPOSITE DIRECTIONS	81 SPECIFICS OTHER	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 SPECIFICS OTHER	88 SPECIFICS OTHER	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type	99 Unknown Accident Type	00 No Impact	

OTHER DATA

56. Driver's Zip Code

- (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

- (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) 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

61. Rollover Initiation Object Contacted

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

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) 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

ROLLOVER DATA

If GV07 (Body Type) \neq 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) 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) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

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

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

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

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

-
- (69) Unknown fixed object

Collision with Nonfixed Object

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

-
- (89) Unknown nonfixed object

- (98) Other event (specify):

-
- (99) Unknown event or object



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>48</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>092A</u>	

VEHICLE IDENTIFICATION

VIN JM2UF1113G XXXXXXXXXX Model Year 86
 Vehicle Make (specify): Mazda Vehicle Model (specify): B2000

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
<u>01</u>	<u>beg. @ RF bc - (Entire)</u>	<u>Entire front bumper</u>

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.

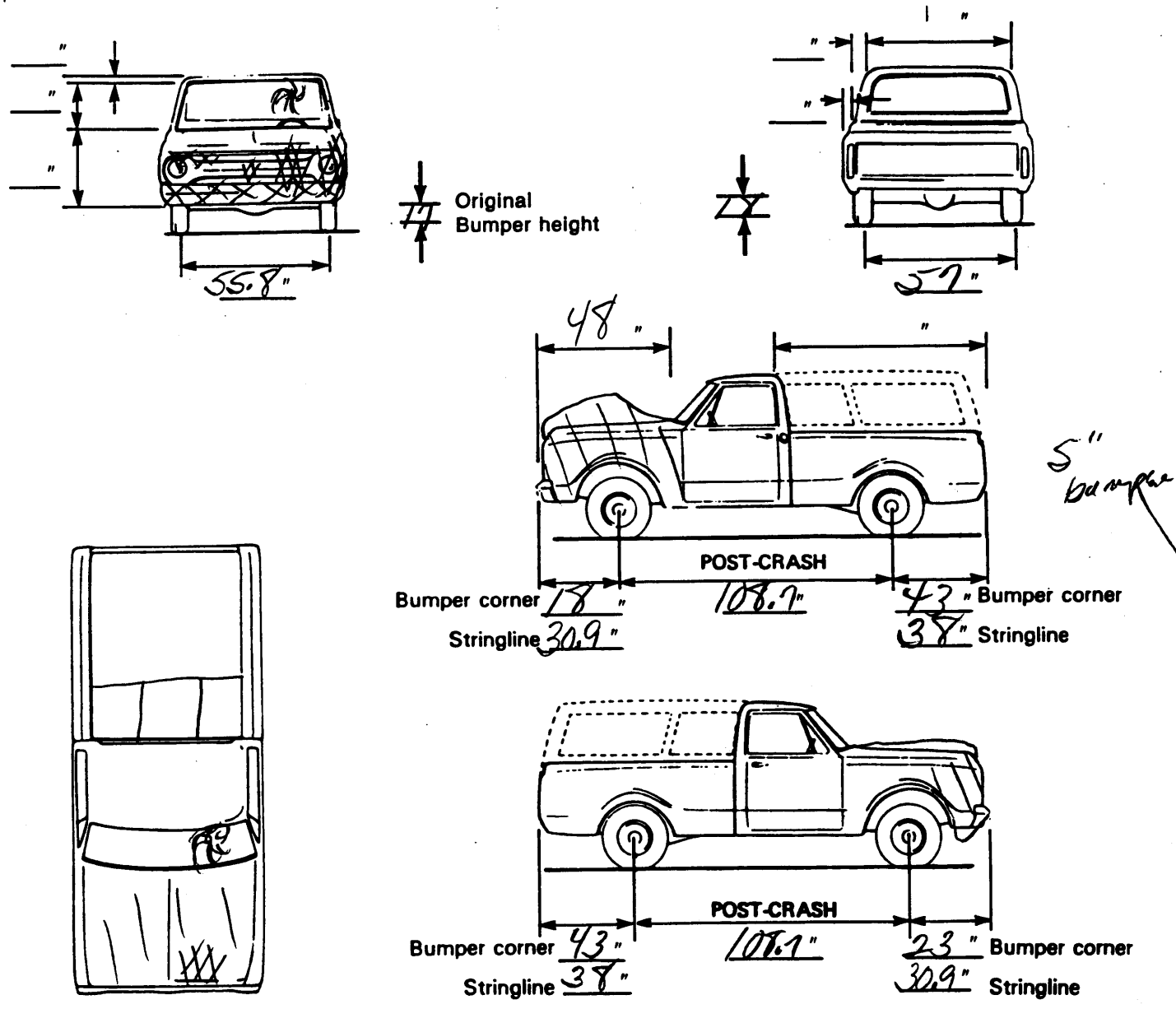
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>front bumper</u>	<u>100</u>	<u>C1</u>	<u>59.25</u>	<u>11.75</u>	<u>8.1</u>	<u>8.0</u>	<u>6.4</u>	<u>5.75</u>	<u>7.2</u>	<u>0</u>
	<u>plate Adj.</u>				<u>-</u>	<u>-</u>	<u>-25</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	<u>Free space</u>				<u>1.5</u>	<u>0.25</u>	<u>0</u>	<u>0</u>	<u>0.25</u>	<u>1.5</u>	
<u>01</u>	<u>Actual crush</u>	<u>100</u>	<u>10.25</u>	<u>59.25</u>	<u>10.25</u>	<u>7.85</u>	<u>7.75</u>	<u>6.4</u>	<u>5.5</u>	<u>5.7</u>	<u>0</u>

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>	ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u>2</u> ° LF ± <u>2</u> ° RR ± <u>2</u> ° LR ± <u>2</u> ° Within ± 5 degrees
		Wheelbase <u>108.7</u> Overall Length <u>177.6</u> Maximum Width <u>65.7</u> Curb Weight <u>2539</u> Average Track <u>—</u> Front Overhang <u>28.3</u> Rear Overhang <u>39.8</u> Engine Size: cyl./ displ. <u>4cyl/2.0L</u> Undeformed End Width <u>65</u>	DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic				



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.

AUTOMATIC RESTRAINTS

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

AIR BAGS

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

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

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

Air Bag System Deployment

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

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	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



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number 48
2. Case Number - Stratum 092A
3. Vehicle Number 02

Glazing Damage from Impact Forces 8 8
15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 08

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

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

(9) Unknown

- (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 0

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

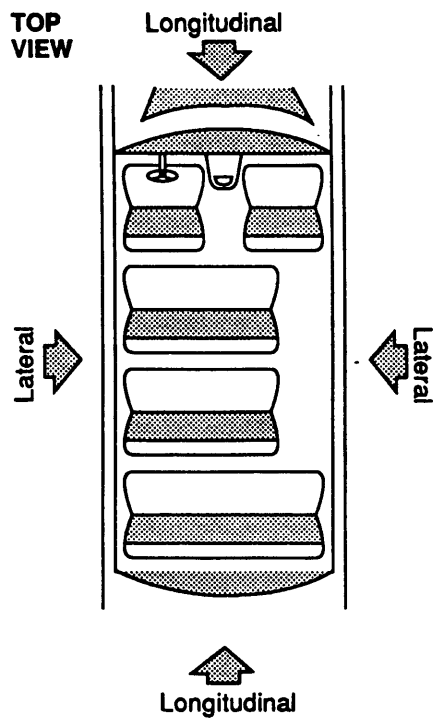
Window Precrash Glazing Status

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

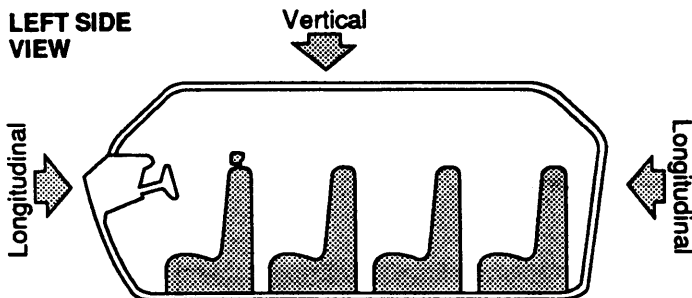
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

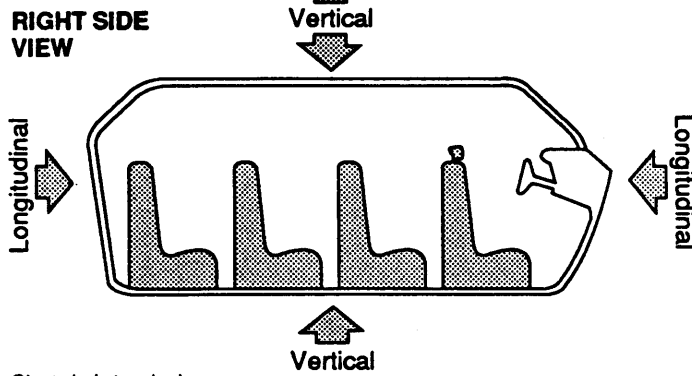
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
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		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	

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

INTRUDING COMPONENT

Interior Components

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

Exterior Components

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

LOCATION OF INTRUSION

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

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

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

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

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

- (99) Unknown

No Intrusion

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

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

--	--	--	--	--

STEERING COLUMN

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

 (9) Unknown

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

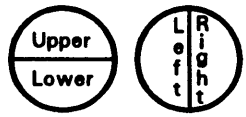
92. Steering Rim/Spoke Deformation 1
 Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 05
 (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 046,000
40331 miles—Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: _____

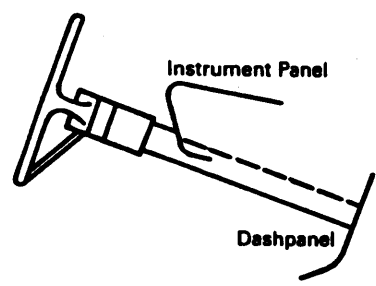
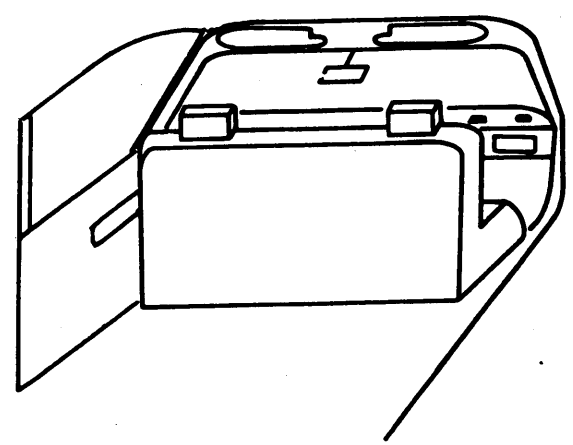
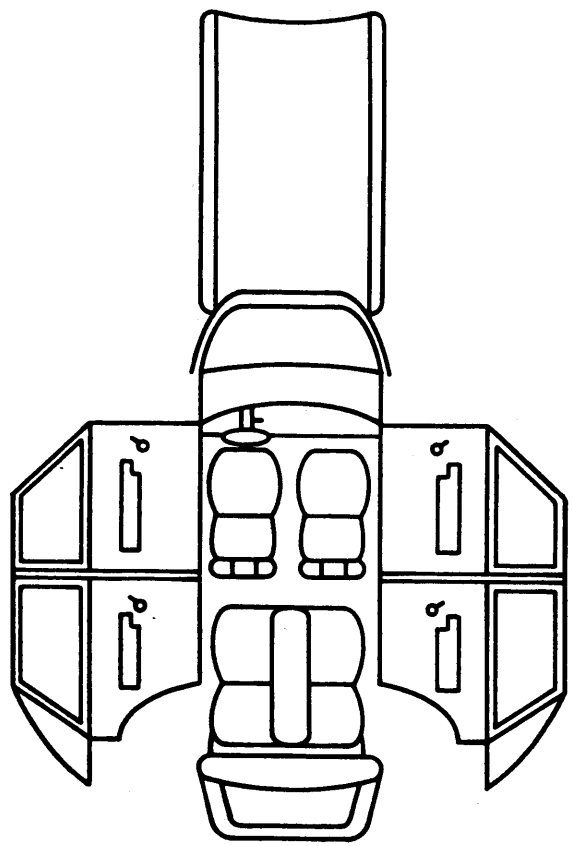
95. Instrument Panel Damage from Occupant Contact? 1
 (0) No
 (1) Yes
 (9) Unknown

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

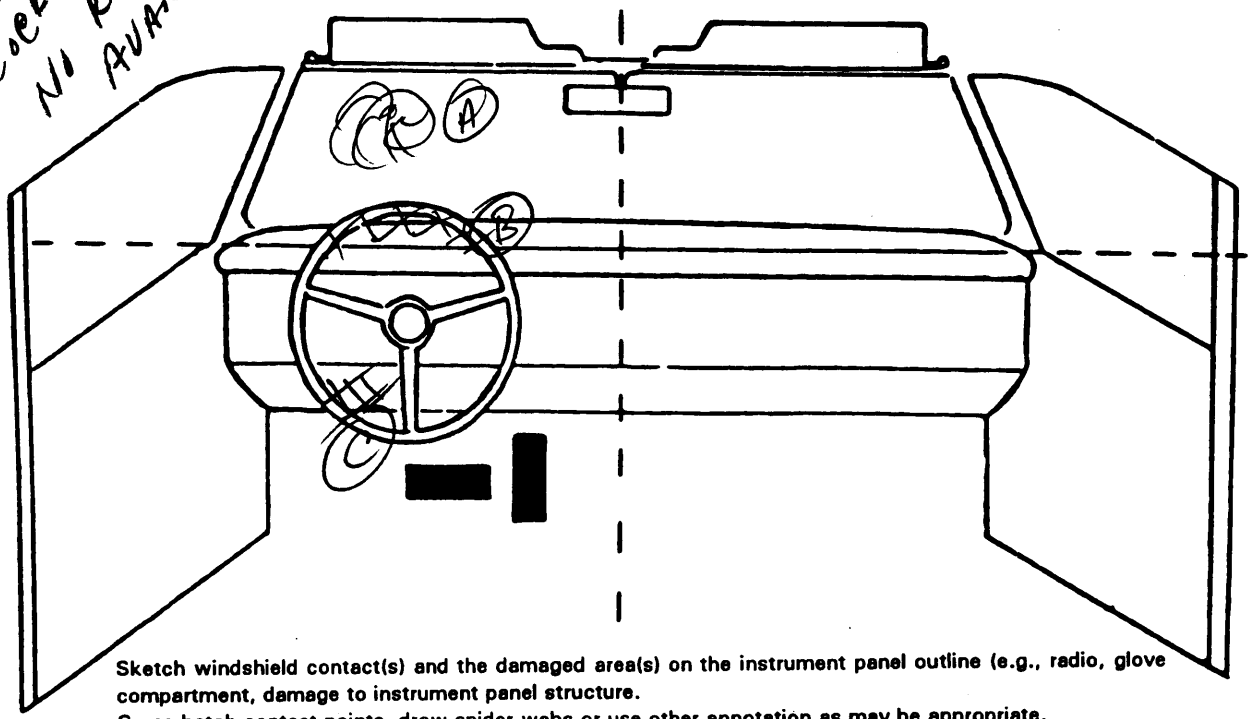
97. Did Glove Compartment Door Open During Collision(s)? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Vehicle Locked - No Key Available



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	01	1	head	Spider cracks	1
B	06	1	Chest	Deformed	1
C	09	1	Knees	CRACKED - indented	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (28) Left side window sill
- (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
F I R S T	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

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

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	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 Occupant Assessment Form.

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

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

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	99	99	99
	Failure Modes	9	9	9
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 Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat
 - (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

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

2. Child Safety Seat Orientation
 - (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (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	3	0	3
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	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): _____
- (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 Occupant 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						

<p>Ejection</p> <ul style="list-style-type: none"> (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown <p>Ejection Area</p> <ul style="list-style-type: none"> (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear 	<ul style="list-style-type: none"> (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown <p>Ejection Medium</p> <ul style="list-style-type: none"> (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____ 	<ul style="list-style-type: none"> (5) Integral structure (8) Other medium (specify): _____ (9) Unknown <p>Medium Status (Immediately Prior to Impact)</p> <ul style="list-style-type: none"> (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) 05
- (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

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

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



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 <u>48</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>092A</u>	4. Occupant Number <u>01</u>

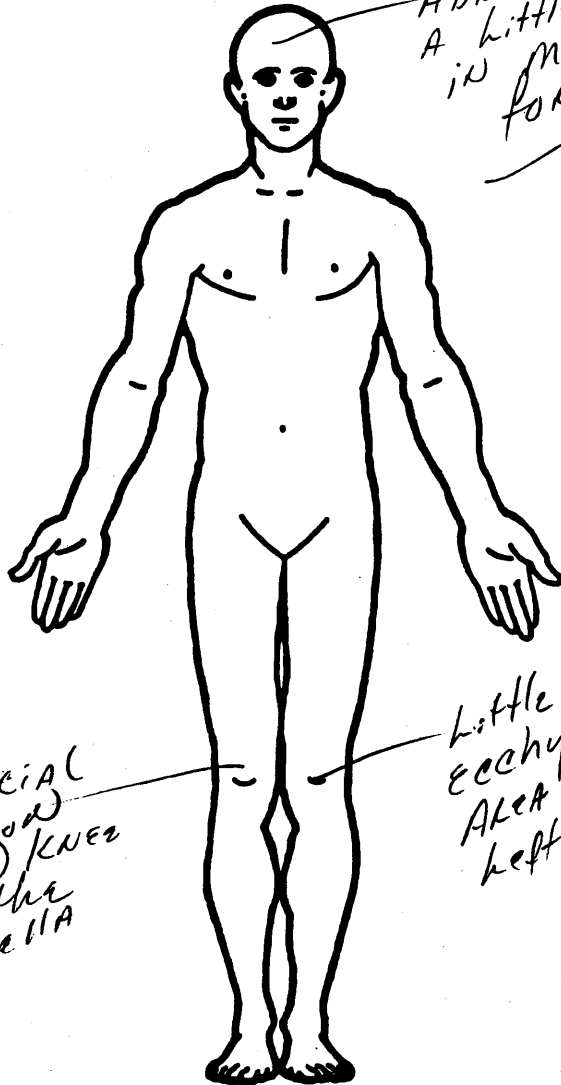
INJURY DATA

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					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>F</u>	7. <u>S</u>	8. <u>A</u>	9. <u>I</u>	10. <u>L</u>	11. <u>01</u>	12. <u>L</u>	13. <u>L</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>K</u>	17. <u>R</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>09</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>K</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>09</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>N</u>	37. <u>P</u>	38. <u>T</u>	39. <u>M</u>	40. <u>1</u>	41. <u>01</u>	42. <u>2</u>	43. <u>2</u>	44. <u>00</u>
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. ___

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.)

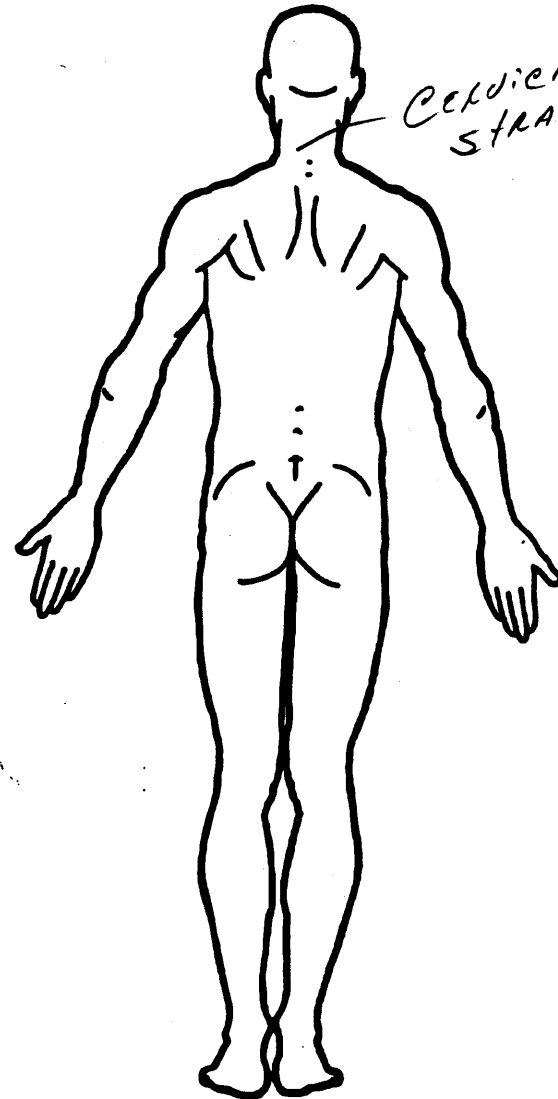


(ER)
ABRASION WITH
A little HEMATOMA
in middle of the
forehead
w/s

NO
LOC

Little
ecchymotic
AREA ON
left knee

SUPERFICIAL
ABRASION
ON R knee
over the
PATELLA



Cervical
STRAIN

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (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 limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

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

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = 15
ALERT &
ORIENTED

Units of Blood Given

Units = 0

Arterial Blood Gases

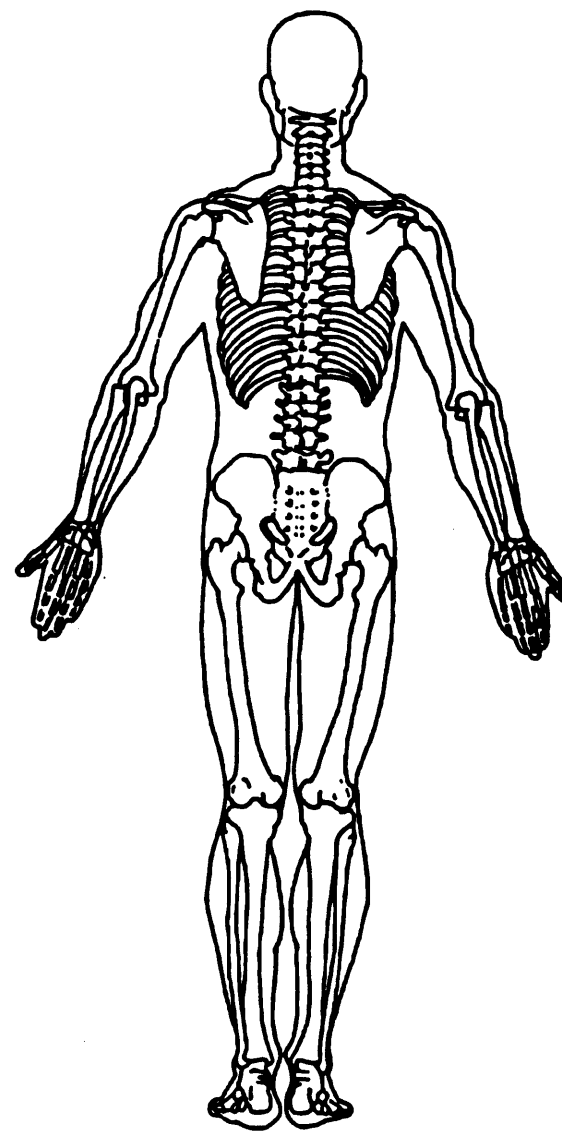
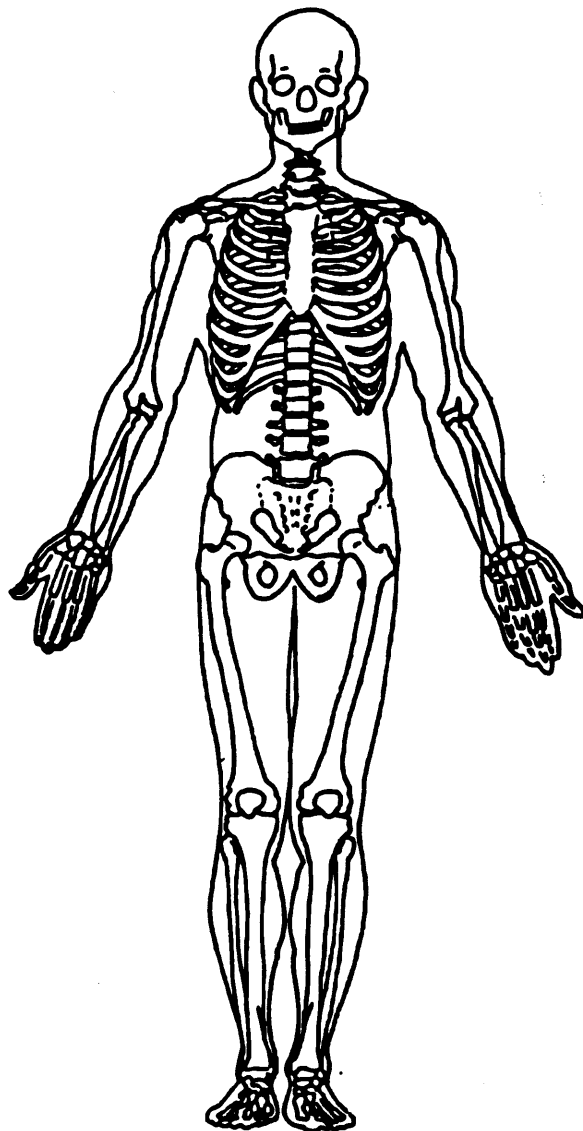
pH = N/A

PO₂ = N/A

PCO₂ = N/A

HCO₃ = N/A

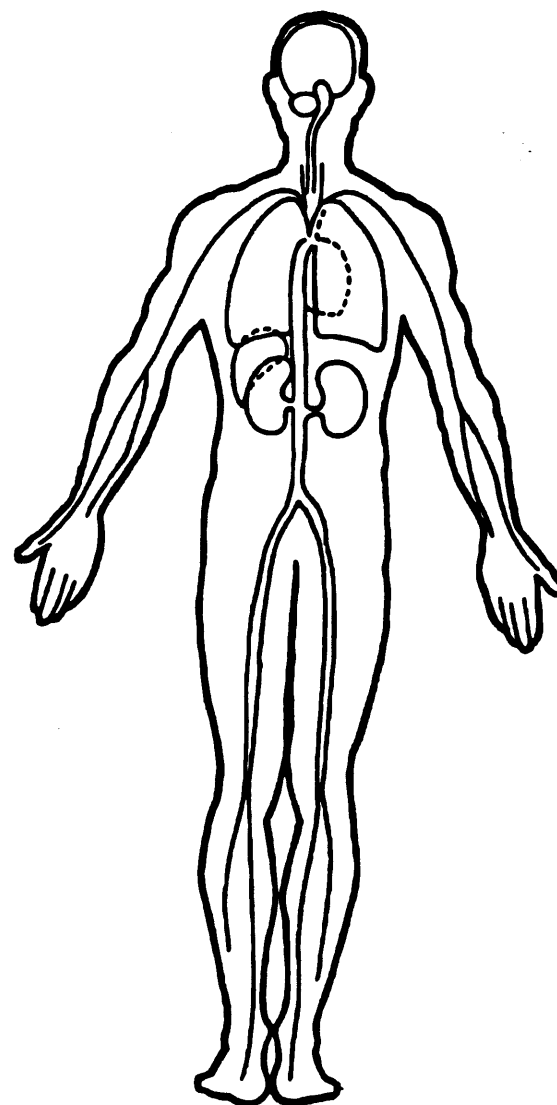
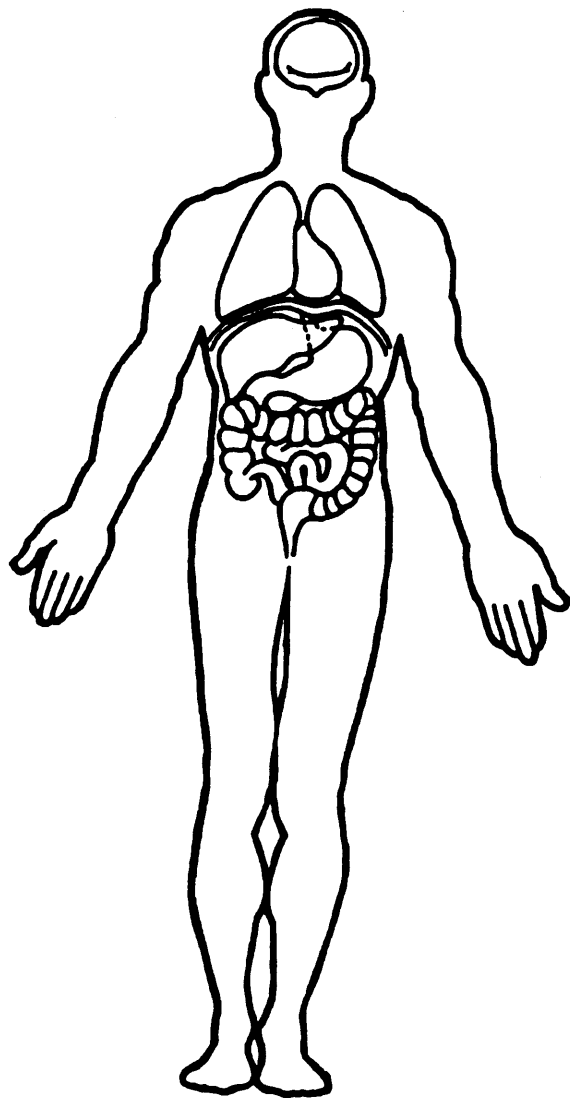
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



48-092A

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.)





CRASHPC PROGRAM SUMMARY

Identifying Title <u>48</u> Primary Sampling Unit	<u>092A</u> Case No.-Stratum	<u>01</u> Accident Event Sequence No.	<u>92</u> Date (Month, day, year) of Run
---	---------------------------------	--	---

CRASHPC Vehicle Identification				
Vehicle 1	<u>1991</u>	<u>Ford</u>	<u>Taurus</u>	<u>1</u>
Vehicle 2	<u>1986</u>	<u>MAZDA</u>	<u>B200 p.u.</u>	<u>2</u>
	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	<u>286</u>	<u>2639</u>
Weight	$3049 + 143 + 0 = 3192$	$2539 + 180 + 0 = 2719$
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
CDC	<u>10 N Y E W 3</u>	<u>01 F D E W 2</u>
PDOF	<u>-60</u>	<u>+20 +30</u>
Stiffness	<u>3</u>	<u>8</u>

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

	VEHICLE 1	VEHICLE 2
Rest Position		
X	<u>38</u>	<u>36</u>
Y	<u>-10</u>	<u>21</u>
PSI	<u>258</u>	<u>285</u>
Impact Position		
X	<u>28.5</u>	<u>18.5</u>
Y	<u>27</u>	<u>16</u>
PSI	<u>279</u>	<u>7</u>
Slip Angle	<u>—</u>	<u>—</u>

VEHICLE MOTION

	VEHICLE 1	VEHICLE 2
Sustained Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Skidding	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Impact Position		
X	<u>42.5</u>	
Y	<u>3</u>	
PSI	<u>246</u>	
Curved Path	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path		
X	<u>45</u>	<u>Y</u>
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input checked="" type="checkbox"/> CCW	<input type="checkbox"/> None <input type="checkbox"/> CW <input checked="" type="checkbox"/> CCW
Rotation >360°	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

FRICITION INFORMATION **TRAJECTORY INFORMATION**

Coefficient of Friction 0.65
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance
 LF 0.29 RF 0.29
 LF 0.3 RF 0.3

Vehicle 2 Rolling Resistance
 LF 1 RF 1
 LF 1 RF 1

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	<u>81.00</u>	Damage Length	<u>65.00</u>
Crush Depths	C1 <u>5.50</u>	Crush Depths	C1 <u>10.25</u>
	C2 <u>17.50</u>		C2 <u>7.85</u>
	C3 <u>15.25</u>		C3 <u>7.75</u>
	C4 <u>10.50</u>		C4 <u>6.40</u>
	C5 <u>5.25</u>		C5 <u>5.50</u>
	C6 <u>0.50</u>		C6 <u>5.70</u>
Damage Offset	<u>± 19.70</u>	Damage Offset	<u>± 0.00</u>

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

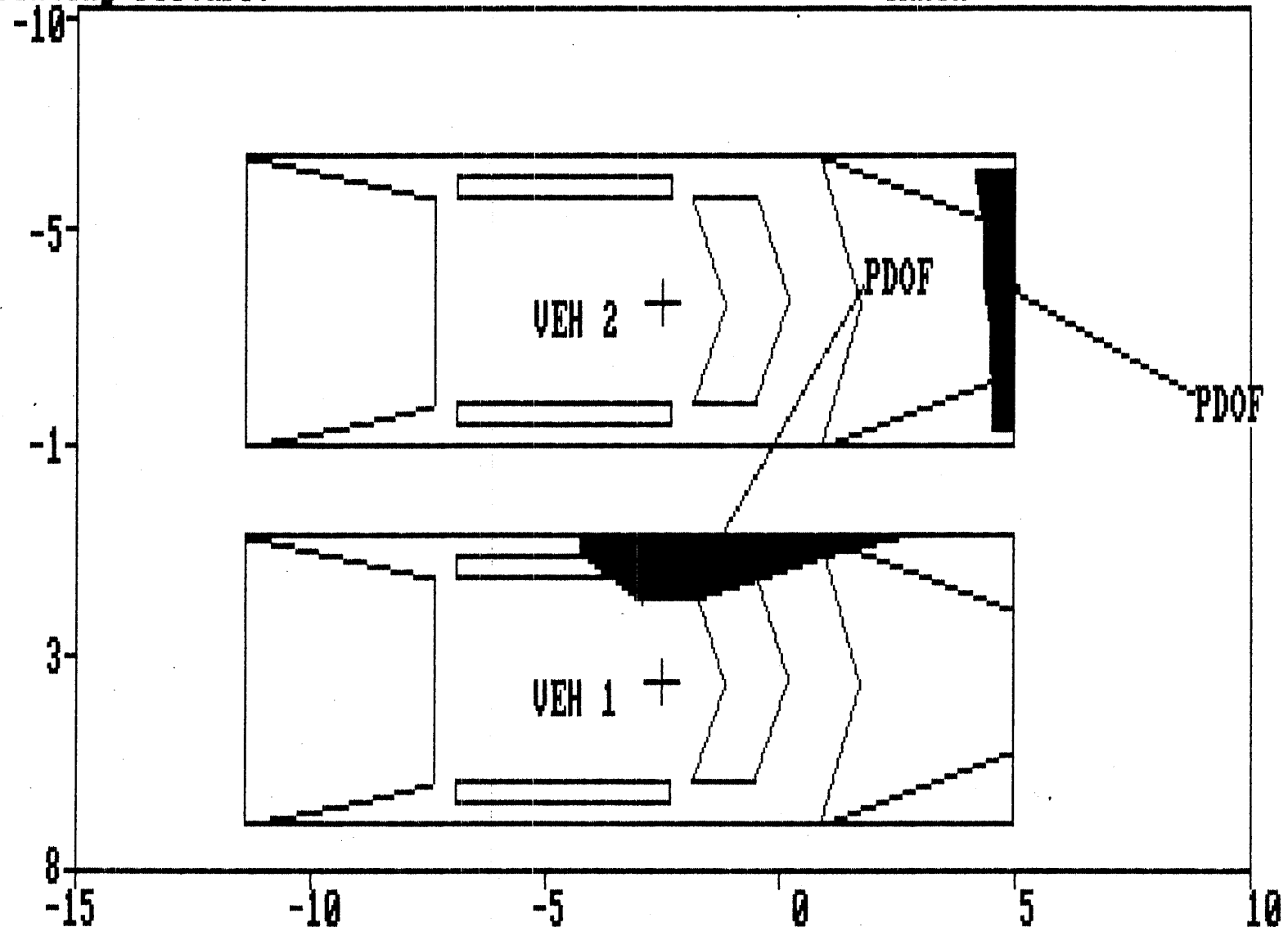
Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

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



DAMAGE DESCRIPTION

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

092A

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	18.1	-9.1	15.7	-60.0
	VEH #2	21.3	-18.4	-10.6	30.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 52084.1 FT-LB VEH#2: 50713.9 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3192.0 LBS.
 CDC-----10LYEW3
 L----- 81.0 IN.
 C1----- 5.5 IN.
 C2----- 17.5 IN.
 C3----- 15.3 IN.
 C4----- 10.5 IN.
 C5----- 5.3 IN.
 C6----- .5 IN.
 D----- 19.7
 RHO----- 1.00 *

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 8
 WEIGHT----- 2719.0 LBS.
 CDC-----01FDEW2
 L----- 65.0 IN.
 C1----- 10.3 IN.
 C2----- 7.8 IN.
 C3----- 7.8 IN.
 C4----- 6.4 IN.
 C5----- 5.5 IN.
 C6----- 5.7 IN.
 D----- .0
 RHO----- 1.00 *

ANG----- -60.0 DEG.
 D'----- 11.5 IN.

ANG----- 30.0 DEG.
 D'----- -3.3 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	51.3	IN.
B1	=	55.5	IN.	B2	=	55.5	IN.
TR1	=	58.9	IN.	TR2	=	58.9	IN.
I1	=	27587.6	LB-SEC**2-IN	I2	=	23499.6	LB-SEC**2-IN
M1	=	8.300	LB-SEC**2/IN	M2	=	7.070	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	89.8	IN.
XR1	=	-106.4	IN.	XR2	=	-106.4	IN.
YS1	=	36.3	IN.	YS2	=	36.3	IN.

Estimation of PDOFs From At Impact Heading Angles, Slip, and Momentum

Case Number: 092A

Vehicle Numbers: 1 and 2

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V1)	GV28(V2)		
Ln. Axis Heading Angle	280	10		
CG Heading Angle	280	10		
CRASH 3 Slip Angle	0	0		
Weight-Vehicle Curb Wt	3049	2539		
Weight-Occupant(s)	286	159		
Weight-Cargo	0	0		
Weight-Total	3335	2698		
Estimated Speed	15	35		
Momentum*(22mi/hr/sec)	50025	94430		
PDOF (Degrees)	-62	28		
PDOF (Clock Direction)	10	1	██████████	91 STM

1992 ACCIDENT FORM

1. PSU Number 48

2. Case Number 092A

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [REDACTED] 92 5. Accident Time 0928

SPECIAL STUDIES INDICATORS

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

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

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. L	016. 02	017. 15	018. F
019. 02	020. 01	021. 03	022. R	023. 50	024. 00	025. 0
026. 03	027. 01	028. 03	029. R	030. 51	031. 00	032. 0

1992 GENERAL VEHICLE FORM

1. PSU Number 48
2. Case Number 092A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 91 5. Make 12
6. Model 017 7. Body Type 04
8. VIN 1FACP52U0MA [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 15
11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 25 14. Attempted Avoid. Manuever 01
15. Accident Type 89

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 02
18. No. Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 030 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 279 28. Heading Angle Other Vehicle 007
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 18
31. Longitudinal Component of Delta V -09
32. Lateral Component of Delta V +16
33. Energy Absorption 0521
34. Confidence in Reconstruction Program Results 1
35. Type of Vehicle Inspection 1
36. Is this an AOPS vehicle? 1

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code [REDACTED] 57. Driver's Race/Ethnic Origin 9
 58. Vehicle Special Use (This Trip) 0

ROLLOVER DATA

59. Rollover Initiation Type 0 60. Location of Rollover Initiation 0
 61. Rollover Initiation Object Contacted 00 62. Location on Vehicle Where Initial Principal Tripping Force Applied 0
 63. Direction of Initial Roll 0

PRECRASH DATA

64. Pre-Event Movement (Prior to 01 Recognition of Critical Event) 65. Initial Critical (Precrash) Event 17
 66. Precrash Stability After Avoidance Maneuver 0 67. Precrash Directional Consequences Corrective Action 0

1992 VEHICLE EXTERIOR FORM

1. PSU Number 48
2. Case Number 092A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 10	7. L	8. Y	9. E	10. W	11. 03

SECOND HIGHEST DELTA "V"

12. 03	13. 51	14. 01	15. R	16. Y	17. E	18. S	19. 01
--------	--------	--------	-------	-------	-------	-------	--------

CRUSH PROFILE
HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
063	06	18	15	11	05	01	+020

SECOND HIGHEST DELTA "V"

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

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

28. Original Wheelbase 106.0

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

1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 01

INTEGRITY

- 4. Passenger Compartment 06

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

- 15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0
- 20. BL 0 21. Roof 8 22. Other 0

Glazing Damage from Occupant Contact

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 07	49. 4	50. 3
51. 21	52. 10	53. 4	54. 3
55. 11	56. 10	57. 4	58. 3
59. 21	60. 17	61. 4	62. 3
63. 11	64. 17	65. 4	66. 3
67. 23	68. 19	69. 3	70. 2
71. 11	72. 13	73. 2	74. 3
75. 11	76. 12	77. 2	78. 1
79. 11	80. 27	81. 2	82. 3
83. 21	84. 19	85. 2	86. 2

STEERING COLUMN

87. Steering Column Type	2	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	002,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

1992 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 01
- 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

- 5. Age 63
- 6. Sex 2
- 7. Height 99
- 8. Weight 999
- 9. Role 1
- 10. Seat Position 11
- 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 2
- 13. Ejection Area 2
- 14. Ejection Medium 4
- 15. Medium Status 2
- 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4
- 18. Belt System Use 04
- 19. Proper Use of Belt 9
- 20. Belt Failure Modes During Impact 1
- 21. Air Bag Availability 1
- 22. Air Bag Deployment 4
- 23. Did Air Bag Fail? 1
- 24. Police Reported Restraint Use 4
- 25. Head Restraint Type/Damage by Occupant at this Position 3
- 26. Seat Type 06
- 27. Seat Performance 6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating)	4	35. Treatment - Mortality	1
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	00
38. Working Days Lost	62	39. Time to Death	01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	99	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	97				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION DA12 is equal to 1-3 and (MANUAL BELT USE DA18 does not
HH1274 equal 00 or AIR BAG DEPLOYMENT DA22 does not equal 0
HH1275 or AUTOMATIC BELT USE DA45 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 DA21 equals 1-3.

1992 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 01
- 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

- 5. Age 65 6. Sex 2 7. Height 99 8. Weight 999 9. Role 2
- 10. Seat Position 13 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
- 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4 18. Belt System Use 00
- 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
- 21. Air Bag Availability 0 22. Air Bag Deployment 0
- 23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 0
- 25. Head Restraint Type/Damage by Occupant at this Position 3
- 26. Seat Type 06 27. Seat Performance 6

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating)	2	35. Treatment - Mortality	9
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	99
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	97				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

HH100 [REDACTED] If TREATMENT 0A35 equals 9, then MEDICAL FACILITY 0A36 should
HH100 [REDACTED] equal 9.

1992 GENERAL VEHICLE FORM

1. PSU Number 48
2. Case Number 092A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 86 5. Make 41
6. Model 471 7. Body Type 30
8. VIN JM2UF111360

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 35
11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 03
15. Accident Type 88

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 025 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

VERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 007 28. Heading Angle Other Vehicle 279
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 21
31. Longitudinal Component of Delta V -18
32. Lateral Component of Delta V -11
33. Energy Absorption 0507
34. Confidence in Reconstruction Program Results 1
35. Type of Vehicle Inspection 1
36. Is this an AOPS vehicle? 0

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code	[REDACTED]	57. Driver's Race/Ethnic Origin	1
58. Vehicle Special Use (This Trip)	0		

ROLLOVER DATA

59. Rollover Initiation Type	0	60. Location of Rollover Initiation	0
61. Rollover Initiation Object Contacted	00	62. Location on Vehicle Where Initial Principal Tripping Force Applied	0
63. Direction of Initial Roll	0		

PRECRASH DATA

64. Pre-Event Movement (Prior to 01 Recognition of Critical Event)	01	65. Initial Critical (Precrash) Event	66
66. Precrash Stability After Avoidance Maneuver	2	67. Precrash Directional Consequences Corrective Action	2

1992 VEHICLE EXTERIOR FORM

1. PSU Number 48
2. Case Number 092A
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

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

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
065	10	08	08	06	06	06	000

SECOND HIGHEST DELTA "V"

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

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

28. Original Wheelbase 108.7

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

1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 02

INTEGRITY

- 4. Passenger Compartment 00

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

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

GLAZING (Cont.)

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

Window Pre-crash 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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

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

INSTRUMENT PANEL

94. Odometer Reading	046,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

 1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 48
 2. Case Number 092A
 3. Vehicle Number 02
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 22 6. Sex 1 7. Height 75 8. Weight 180 9. Role 1
 10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Air Bag Availability 0 22. Air Bag Deployment 0
 23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 0
 25. Head Restraint Type/Damage by Occupant at this Position 3
 26. Seat Type 05 27. Seat Performance 1

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 1 35. Treatment - Mortality 4
 36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
 38. Working Days Lost 00 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
 43. Number of Recorded Injuries 04

44. Automatic (Passive) Belt System Availability/Function 0
 45. Automatic (Passive) Belt System Use 0
 46. Automatic (Passive) Belt System Type 0
 47. Proper Use of Automatic (Passive) Belt System 0
 48. Automatic (Passive) Belt System Failure Mode 0
 49. Seat Orientation (this Occupant Position) 1
 50. Glasgow Coma Scale (GCS) Score 15
 51. Was the Occupant Given Blood? 1
 52. Arterial Blood Gases (ABG) - HCO3 01

1992 OCCUPANT INJURY FORM

- 1. PSU NUMBER 48
- 2. CASE NUMBER 092A
- 3. VEHICLE NUMBER 02
- 4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	INJURY BODY	REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY		OCC. AREA INTR. NO.
								CONFID. LEVEL	DIR./ INJURY	
01.	3	F	S	A	I	1	01	1	1	00
02.	3	K	R	A	I	1	09	1	1	00
03.	3	K	L	C	I	1	09	1	1	00
04.	3	N	P	T	M	1	01	2	2	00

EH0011 2 If TREATMENT DA35 equals 1, then 1st DEFORMATION EXTENT EV11
 EH0012 should be greater than 03.
 VEH NUM = 01 OCCUPANT NUM = 01

HT0051 2 If TREATMENT DA35 equals 1, then at least one A.I.S. SEVERITY
 HT0052 DI10(n) should be 2-7.

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

[REDACTED], 1992

CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	3	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	5	

1992 VEHICLE EXTERIOR FORM

Zone 3
92 ①

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 10	7. L	8. Y	9. E	10. W	11. 03

SECOND HIGHEST DELTA "V"

12. 03	13. 51	14. 01	15. R	16. Y	17. E	18. S	19. 01
--------	--------	--------	-------	-------	-------	-------	--------

CRUSH PROFILE
HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
081	06	18	15	11	05	01	+020

SECOND HIGHEST DELTA "V"

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

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

28. Original Wheelbase 106.0

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

EH0011 2 If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

1992 GENERAL VEHICLE FORM

1. PSU Number 48
2. Case Number 092A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 86 5. Make 41
6. Model 471 7. Body Type 30
8. VIN JM2UF111360

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 35
11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 03
15. Accident Type 88

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 026 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 007 28. Heading Angle Other Vehicle 279
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V	21
31. Longitudinal Component of Delta V	-18
32. Lateral Component of Delta V	-11
33. Energy Absorption	0507
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code	████████	57. Driver's Race/Ethnic Origin	1
58. Vehicle Special Use (This Trip)	0		

ROLLOVER DATA

59. Rollover Initiation Type	0	60. Location of Rollover Initiation	0
61. Rollover Initiation Object Contacted	00	62. Location on Vehicle Where Initial Principal Tripping Force Applied	0
63. Direction of Initial Roll	0		

PRECRASH DATA

64. Pre-Event Movement (Prior to 01 Recognition of Critical Event)	01	65. Initial Critical (Precrash) Event	66
66. Precrash Stability After Avoidance Maneuver	2	67. Precrash Directional Consequences Corrective Action	1

1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 02

INTEGRITY

- 4. Passenger Compartment 00

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

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

GLAZING (Cont.)

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

Window Pre-crash 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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

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

INSTRUMENT PANEL

94. Odometer Reading	046,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA18 does
HH1274 not equal 00 or 01) 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.

OCCUPANT INJURY Vehicle: 1 Occupant: 1

INTRA ERRORS

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

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 2

INTRA ERRORS

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
HH1002 equal 9.

INTER ERRORS

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

HT0181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION
HT0182 OI06(OA42), SYSTEM/ORGAN OI09(OA42) and A.I.S. SEVERITY
HT0183 OI10(OA42) should be related according to Table A-13.
HT0184 GV=01 OA=01 OI=01

MM0141 2 ***** THIS CASE SHOWS AN AIR BAG NON DEPLOYMENT *****
MM0142 ***** WITH CONDITIONS OF DOF AND DELTA V WHICH WOULD *****
MM0143 ***** NORMALLY CAUSE DEPLOYMENT. CHECK YOUR DATA AND *****
MM0144 ***** IF CORRECT, NOTIFY YOUR ZONE CENTER. *****
MM0145 AIR BAG DEPLOYMENT OA22 equals 4 and ((LONGITUDINAL DELTA V GV31
MM0146 equals 99 and 1st DIRECTION OF FORCE EV06 equals (10, 11, 12,
MM0147 01, or 02)(mod 20) and 1st DEFORMATION EXTENT EV11 is greater
MM0148 than 01) or LONGITUDINAL DELTA V GV31 is less than -8). GV=01 OA=01

PSU48
CASE 092A
CURRENT VERSION: 5.04

ERROR SUMMARY SCREEN

793

NUMBER OF NUMBER OF VERSION

FORM NAME	NUMBER OF DOLLAR SIGNS	LEVEL 1 ERRORS	LEVEL 2 ERRORS	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	1	Y
Total Inter Errors		0	3	
Total Case Errors	0	0	7	

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
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.

HH1991 2 ***** THIS CASE SHOWS AN AIR BAG DIDN'T DEPLOY. *****
HH1992 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1993 ***** AND NHTSA HEADQUARTERS AT [REDACTED] *****
HH1994 AIR BAG DEPLOYMENT OA22 equals 4.

INTRA ERRORS

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should
 HH1002 equal 9.

INTER ERRORS

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

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=04

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=05

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=06

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=11

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=12

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 OA=01 DI=13

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 OA=01 DI=04

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 OA=01 DI=05

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 OA=01 DI=06

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 OA=01 DI=11

CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42
CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
CT0043 GV=01 OA=01 OI=12

CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42
CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
CT0043 GV=01 OA=01 OI=13

HT0181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION
HT0182 OI06(OA42), SYSTEM/ORGAN OI09(OA42) and A.I.S. SEVERITY
HT0183 OI10(OA42) should be related according to Table A-13.
HT0184 GV=01 OA=01 OI=01

MM0131 1 If AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3 and BODY TYPE
MM0132 GV07 is less than 10 and MODEL YEAR GV04 is greater than 86,
MM0133 then BOLSTER DEFORMED IV96 must not equal 8. GV=01 OA=01

PSU48
CASE 092A
CURRENT VERSION: 5.03

ERROR SUMMARY SCREEN

93

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	N
Occupant Assesment	0	0	4	N
Occupant Interior	0	0	0	N
Total Inter Errors		1	14	
Total Case Errors	0	1	18	

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
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.

HH1991 2 ***** THIS CASE SHOWS AN AIR BAG DIDN'T DEPLOY. *****
HH1992 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1993 ***** AND NHTSA HEADQUARTERS AT [REDACTED] *****
HH1994 AIR BAG DEPLOYMENT OA22 equals 4.

INTRA ERRORS

HH1001 2 If TREATMENT DA35 equals 9, then MEDICAL FACILITY DA36 should
 HH1002 equal 9.

INTER ERRORS

EH0011 2 If TREATMENT DA35 equals 1, then 1st DEFORMATION EXTENT EV11
 EH0012 should be greater than 03. GV=01 DA=01

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=04

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=05

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=06

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=11

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=12

CT0031 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT FRONT IV40
 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6.
 CT0033 GV=01 DA=01 DI=13

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 DA=01 DI=04

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 DA=01 DI=05

CT0041 2 If INJURY SOURCE DI11(n) equals 25 and PRECRASH LEFT REAR IV42
 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
 CT0043 GV=01 DA=01 DI=06

CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42
CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
CT0043 GV=01 OA=01 OI=11

CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42
CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
CT0043 GV=01 OA=01 OI=12

CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42
CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
CT0043 GV=01 OA=01 OI=13

HT0181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION
HT0182 OI06(OA42), SYSTEM/ORGAN OI09(OA42) and A.I.S. SEVERITY
HT0183 OI10(OA42) should be related according to Table A-13.
HT0184 GV=01 OA=01 OI=01

PSU48
CASE 092A
CURRENT VERSION: 5.03

ERROR SUMMARY SCREEN

██████████/93

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	4	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	14	
Total Case Errors	0	0	18	



PSU 48-092A (1992) #1



PSU 48-092A (1992) #2



PSU 48-092A (1992) #3



PSU 48-092A (1992) #4



PSU 48-092A (1992) #5



PSU 48-092A (1992) #6



PSU 48-092A (1992) #7



PSU 48-092A (1992) #8



PSU 48-092A (1992) #9



PSU 48-092A (1992) #10



PSU 48-092A (1992) #11



PSU 48-092A (1992) #12



PSU 48-092A (1992) #13



PSU 48-092A (1992) #14



PSU 48-092A (1992) #15



PSU 48-092A (1992) #16



PSU 48-092A (1992) #17



PSU 48-092A (1992) #18



PSU 48-092A (1992) #19
Best Available



PSU 48-092A (1992) #20



PSU 48-092A (1992) #21



PSU 48-092A (1992) #22



PSU 48-092A (1992) #23



PSU 48-092A (1992) #24



PSU 48-092A (1992) #25



PSU 48-092A (1992) #26



PSU 48-092A (1992) #27



PSU 48-092A (1992) #28



PSU 48-092A (1992) #29



PSU 48-092A (1992) #30



PSU 48-092A (1992) #31



PSU 48-092A (1992) #32



PSU 48-092A (1992) #33



PSU 4B-092A (1992) #34



PSU 48-092A (1992) #35



PSU 48-092A (1992) #36



PSU 48-092A (1992) #37



PSU 48-092A (1992) #38



PSU 48-092A (1992) #39



PSU 48-092A (1992) #40



PSU 48-092A (1992) #41



PSU 48-092A (1992) #42



PSU 48-092A (1992) #43



PSU 48-092A (1992) #44



PSU 48-092A (1992) #45



PSU 48-092A (1992) #46



PSU 48-092A (1992) #47



PSU 48-092A (1992) #48



PSU 48-092A (1992) #49



PSU 48-092A (1992) #50



PSU 48-092A (1992) #51



PSU 48-092A (1992) #52



PSU 48-092A (1992) #53



PSU 48-092A (1992) #54



PSU 48-092A (1992) #55



PSU 48-092A (1992) #58
Best Available



PSU 48-092A (1992) #57
Best Available



PSU 48-092A (1992) #58
Best Available



**FSU 48-092A (1992) #59
Best Available**



PSU 48-092A (1992) #60
Best Available



PSU 48-092A (1992) #61
Best Available



PSU 48-092A (1992) #62
Best Available



PSU 48-092A (1992) #63
Best Available



PSU 48-092A (1992) #64
Best Available



PSU 48-092A (1992) #65
Best Available



PSU 48-092A (1992) #66
Best Available



PSU 48-092A (1992) #67
Best Available



PSU 48-092A (1992) #68
Best Available



PSU 48-092A (1992) #69



PSU 48-092A (1992) #70



PSU 48-092A (1992) #71



PSU 48-092A (1992) #72



PSU 48-092A (1992) #73



PSU 48-092A (1992) #74



PSU 48-092A (1992) #75



PSU 48-092A (1992) #76



PSU 48-062A (1992) #77



PSU 48-092A (1982) #78



PSU 46-092A (1992) #79



PSU 48-092A (1992) #80



PSU 48-092A (1992) #81



PSU 48-092A (1992) #82



PSU 48-092A (1992) #83



PSU 48-092A (1992) #84



PSU 48-092A (1992) #85



PSU 48-092A (1992) #86
Best Available



PSU 48-092A (1992) #87