



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

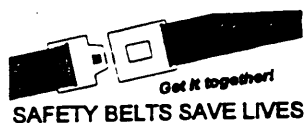
Dear Crash Data Researchers/Users:

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 49 CASE NO. 157A TYPE OF ACCIDENT Car/Object - Multiple impacts

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.)

V1 was traveling north on an urban tollway [REDACTED] and V1 began to rotate counter-clockwise. After rotating approximately 120 degrees, the right-front corner of V1 struck a concrete median barrier. V1 then rode up on the barrier and the left side struck a street light pole located on top of the wall. V1 then departed the wall and came to rest in the road headed west. The rear of V1 was later struck by another vehicle, which was reported in a separate accident report. The driver of V1 was ejected. Both occupants were fatally injured. V1 was towed.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
1	Subcompact car	91/Nissan/300ZX	Left	Severe	Hatch latch/striker

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	Driver	Front-left	Airbag	HEAD, skull Skull	Comminuted Unlabeled Depressed Fracture Crush	3	Unknown
1	Passenger	Front-right	None	Brain	Unknown CONCUSSION	75	Unknown
				N. PAR INDICATES BACK OF SKULL CRUSHED		IT WASN'T	

Body Region Abdomen Ankle-foot Arm (upper) Back-thoracolumbar spine Chest Elbow Face Forearm Head-skull Knee Leg (lower) Lower limb(s) (whole or unknown part) Neck-cervical spine Pelvic-hip Shoulder Thigh Upper limb(s) (whole or unknown part) Whole body Wrist-hand	Brain Ears Eye Heart Kidneys Liver Mouth Noise Pulmonary-lungs Spleen Thyroid, other endocrine gland Vertebrae Injury Type Abrasion Amputation Avulsion Burn Concussion Contusion Crush Detachment, separation	Dislocation Fracture Fracture and dislocation Laceration Other Perforation, puncture Rupture Sprain Strain Total severance, transection Unknown 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
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DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING SYSTEM
 CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

1 of 2

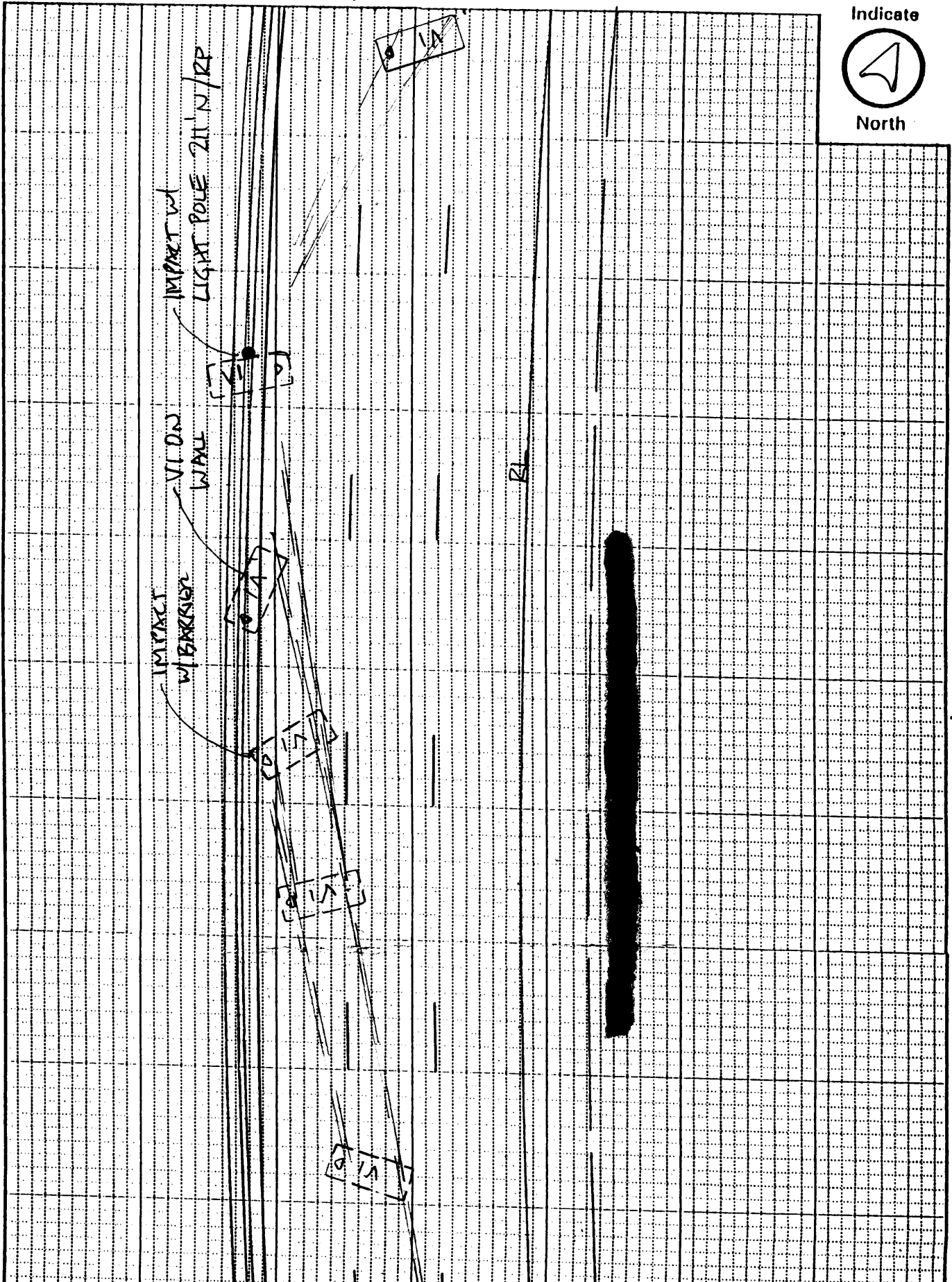
PSU No. 49

Case Number - Stratum 157B

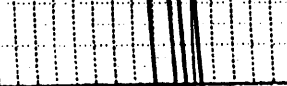
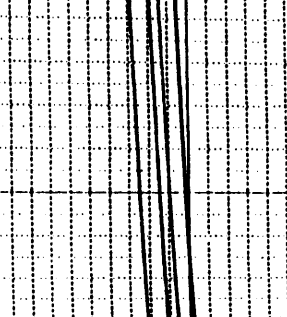
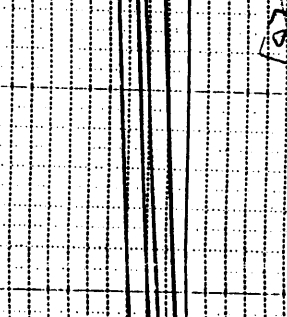
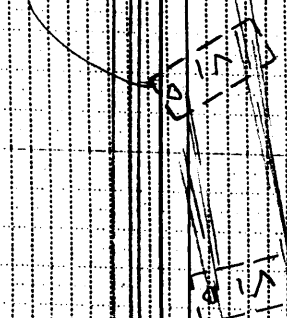
Indicate



North



IMPACT
W/ BARRIAGE
W/ ON
W/ PAUL



RA



PLC = 20'
CONC.
DRY
LEVEL



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 49

Case Number - Stratum 157A

ACCIDENT COLLISION DIAGRAM		CRASH DATA		
<p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>				
		<p style="text-align: center;">VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>230</u> _____</p> <p>Surface Type <u>CONC.</u> _____</p> <p>Surface Condition <u>DRY</u> _____</p> <p>Grade (v/h) Measurement (between impact and final rest) <u>LEVEL</u> _____</p> <p>Grade (v/h) Measurement (at location of rollover initiation) _____</p>		

Reference Point: LIGHT POLE NEAK

Reference line: EAST EDGE OF [REDACTED]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	0	42.0' W
BEGIN SKID RR	49.0' N	14.0' W ✓
SKIDS CROSSING RF & RR	129.7' N	26.0' W -
IMPACT WITH WALL RF	151.2' N	42.0' W -
RR	180.7' N	42.0' W
END SKID LR	184.6' N	38.0' W
IMPACTED LIGHT POLE	211.0' N	42.0' W



ACCIDENT FORM

1. Primary Sampling Unit Number 49
2. Case Number - Stratum 157A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) / / 92
5. Time of Accident 0233
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active 0
7. SS13 Not Active 0
8. SS14 Fatal AOPS 1
9. SS15 _____ 0
10. SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03
1st Rev 3 A
2nd Rev 3 - 02
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>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>R</u>	16. <u>54</u>	17. <u>00</u>	18. <u>0</u>
19. <u>02</u>	20. <u>01</u>	21. <u>01</u>	22. <u>L</u>	23. <u>51</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. <u>01</u>	28. <u>01</u>	29. <u>U</u>	30. <u>54</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (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

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 03,500
3474 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

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 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 6
 (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 998
28. Heading Angle For Other Vehicle 998

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 24, 25, 26, 27	26 DECEL. 28, 29, 30, 31	30 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	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 45, 46, 47	(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	71 INITIAL SAME DIRECTIONS	73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	77 76	79 78	81 80	83 82	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN			
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type	99 Unknown Accident Type	00 No Impact		

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 L

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

58. Vehicle Special Use (This Trip) 0

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

ROLLOVER DATA

If GV07 (Body Type) \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

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

60. Location of Rollover Initiation 0

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted 0062. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

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

63. Direction of Initial Roll 0

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

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 13

- (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>49</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>157A</u>	

VEHICLE IDENTIFICATION

VIN JN1CZ24H5MX XXXXXXXXXX Model Year 91
 Vehicle Make (specify): NISSAN Vehicle Model (specify): 300ZX

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field-L
1	BEGINS AT RE CORNER	ENTIRE RIGHT SIDE
2	STARTS 34" FLT OF REAR AXLE	STARTS 2" FROT OF REAR AXLE

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

UNABLE TO GET STANDS BACK FAR ENOUGH BECAUSE OF WALL.

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.

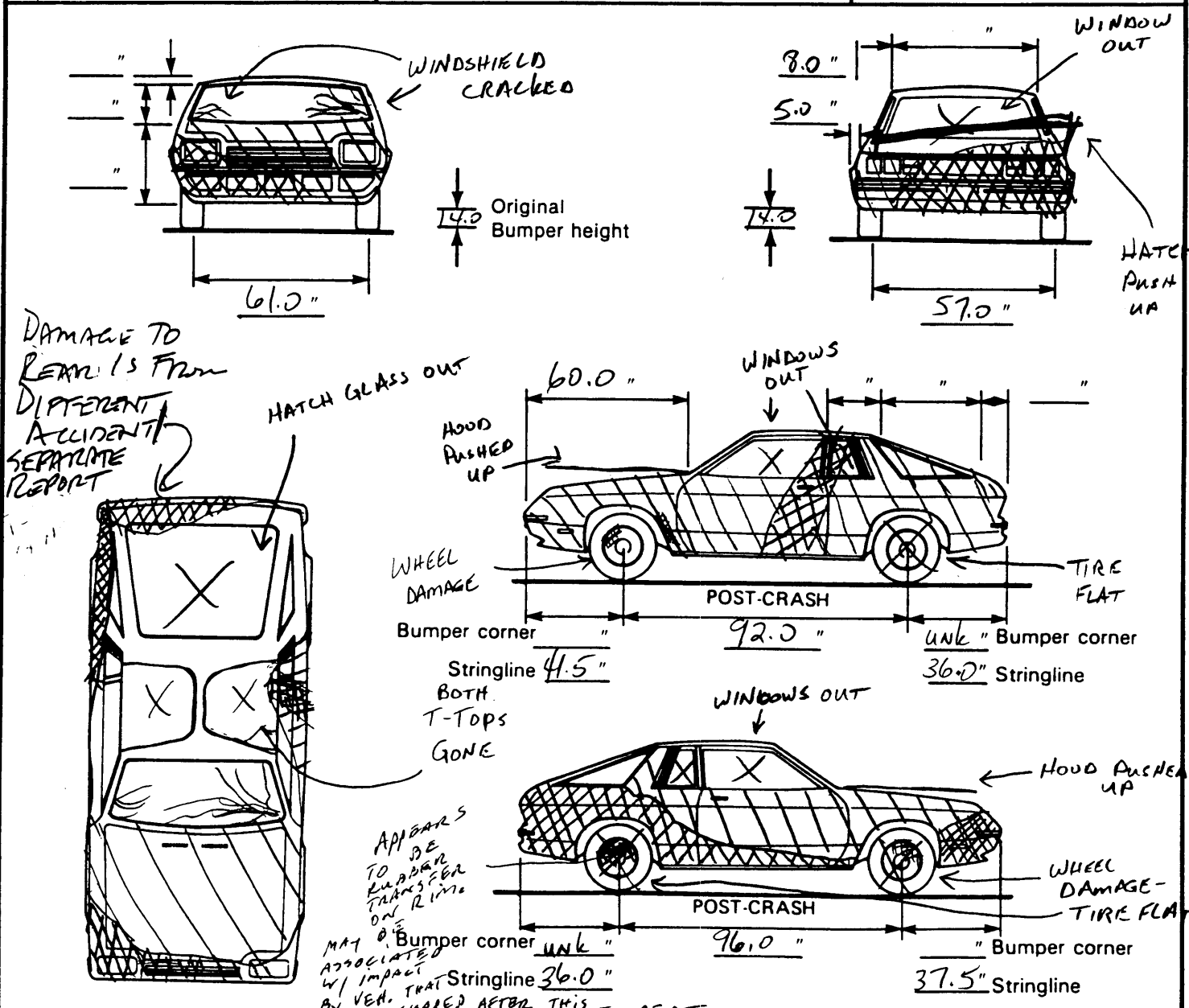
Use as many lines/columns as necessary to describe each damage profile.

DOES NOT APPEAR TO BE CRUSH AT C1, C2 or C3 BASED ON APPEARANCE OF DAMAGE.

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								
1	FRONT	30.0	C ₆	44.5	7.7	4.0	3.0	3.5	5.5	9.0	-8.0
	FREESPACE				5.0	2.5	.5	.5	2.5	5.0	
	ADJUSTMENT				+2.0	+2.0	+2.0	+2.0	+2.0	+2.0	
	RESULTANT										
BEST ESTIMATE OF CRUSH THROUGH FRONT BUMPER	BACK	42.0	C ₅	53.0	10.0	9.0	12.0	14.0	15.5	6.5	+5.0
	FREESPACE										
	ADJUSTMENT										
	RESULTANT										
2	LEFT	14.0		65.0	0	4.5	19.0	10.5	4.0	0	74.0
					2.0	2.0	2.0	2.0	2.0	2.0	
				45.0	0	2.5	17.0	8.5	2.0	0	

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>1</u> LR <u>1</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>96.5</u> Overall Length <u>169.5</u> Maximum Width <u>70.5</u> Curb Weight <u>3,471</u> Average Track <u>60.1</u> (F 58.9, R 61.2) Front Overhang <u>37.0</u> Rear Overhang <u>36.0</u> Engine Size: cyl./ displ. <u>V6 Turbo/3.43/327</u> Undeformed End Width <u>62.0</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u>0 0</u> ° LF ± <u>- -</u> ° RR ± <u>0 0</u> ° LR ± <u>0 0</u> ° Within ±5 degrees.	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0</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 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.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 49
 2. Case Number - Stratum 157A
 3. Vehicle Number 01

INTEGRITY

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

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side) - RIGHT
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass - T-TOPS
- (06) Side window - RIGHT; LEFT
- (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 2 7. LR 0 8. RR 0 9. TG/H 2

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

(9) Unknown

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 6 18. LR 8 19. RR 8
 20. BL 6 21. Roof 9 22. Other 6

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

Glazing Damage from Occupant Contact

23. WS 0 24. LF 9 25. RF 9 26. LR 0 27. RR 0
 28. BL 0 29. Roof 9 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 3 33. RF 3 34. LR 0 35. RR 0
 36. BL 3 37. Roof 9 38. Other 3

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

(9) Unknown

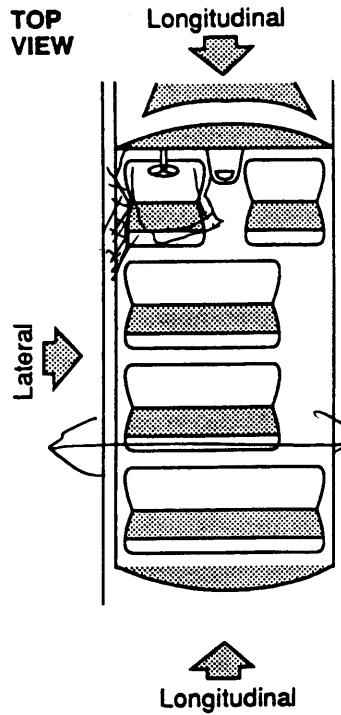
Window Precrash Glazing Status

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

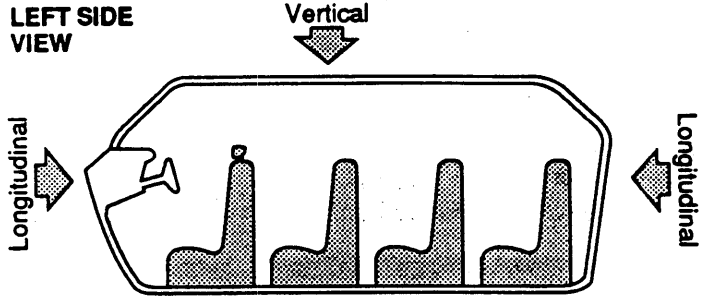
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

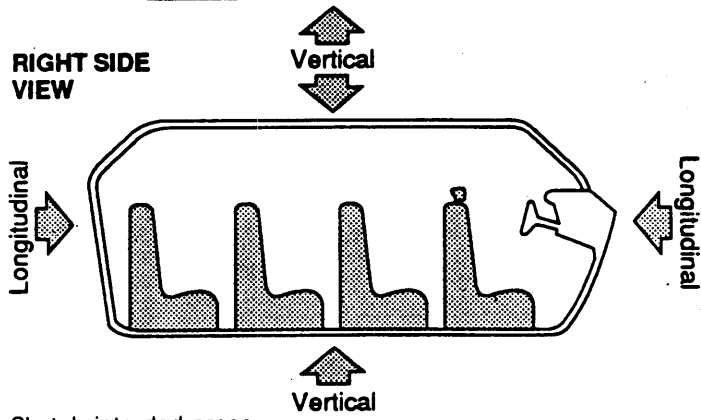
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	SILL	54.0	-	39.0	=	15.0 3	LAT
11	B-PILLAR	52.0	-	39.0	=	13.0 4	1
11	SEAT CUSHION	52.0	-	36.0	=	16.0 2	1
11	SEAT BACK	52.0	-	32.0	=	20.0 1	1
12	CONSOLE	27.0	-	25.0	=	2.0 7	1
11	ROOF	23.0	-	18.0	=	5.0 6	VERT
98-21	SIDE PANEL	52.0	-	49.0	=	3.0 X	LAT
11	DOOR PANEL	UNKNOWN	-	PULLED OUT BY WRECKER	=	1	1
98-23	SIDE PANEL	52.0	-	48.0	=	4.0 X	1
98-21	HATCH PANEL	41.0	-	35.0	=	6.0 5	LONG
98-22	1 1	41.0	-	36.0	=	5.0 X	1
98-23	1 1	41.0	-	37.0	=	4.0 X	1
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

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

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
--	-----------------------	---------------------	------------------------	--------------------------

1st 47. 1 1 48. 1 9 49. 5 50. 3

2nd 51. 1 1 52. 2 4 53. 4 54. 3

3rd 55. 1 1 56. 1 7 57. 4 58. 3

4th 59. 1 1 60. 07 61. 4 62. 3

5th 63. ~~2 1~~ ⁹⁸ 64. 9 8 65. 3 66. 2

6th 67. 1 1 68. 1 2 69. 2 70. 1

7th 71. 1 2 72. 2 6 73. 1 74. 3

8th 75. 1 2 76. 1 9 77. 2 78. 3

9th 79. 1 1 80. 3 2 81. 4 82. 3

10th 83. _____ 84. _____ 85. _____ 86. _____

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):
CONSOLE
- (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): LIGHT POLE
- (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) BEHIND CARGO AREA
- (99) Unknown FRONT SEATS

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

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 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

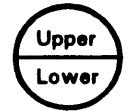
Quarter Sections

- (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 018,000
17,647 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: _____

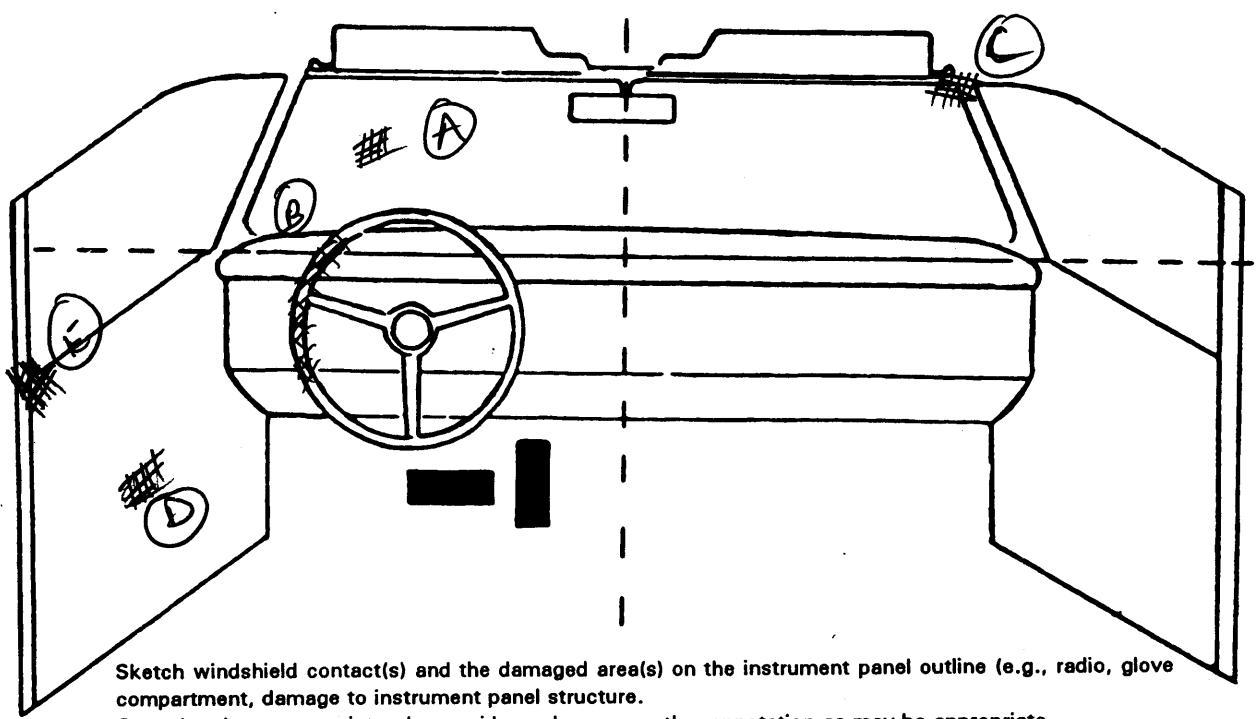
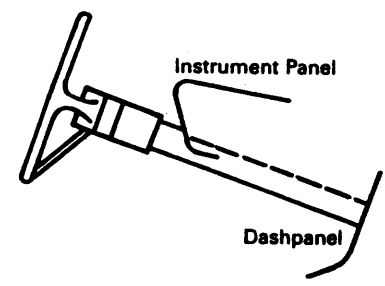
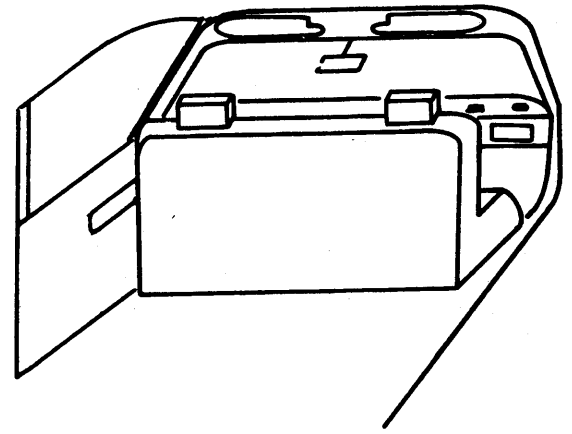
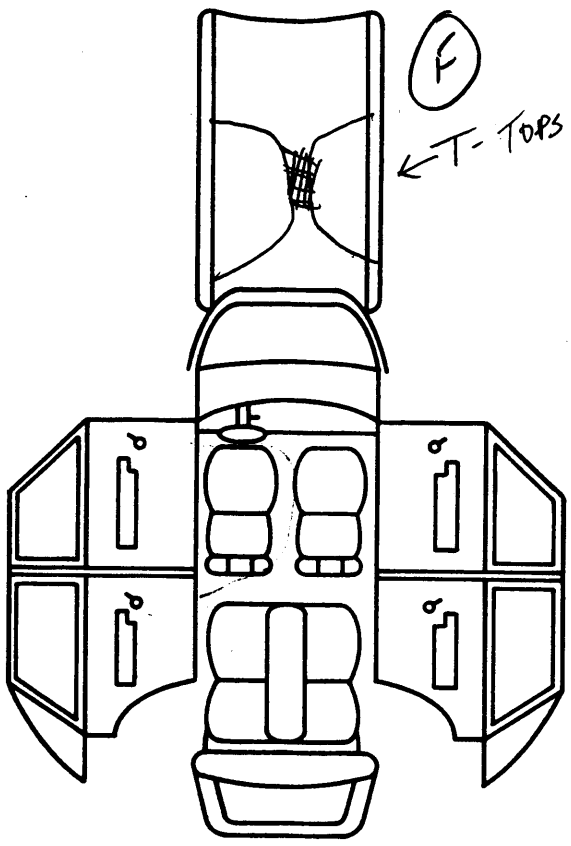
95. Instrument Panel Damage from Occupant Contact? 9
 (0) No
 (1) Yes
 (9) Unknown

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

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	01	HEAD	SMUDGE ON WINDSHIELD	1
B	04	01	TURSO	CLOTH TRANSFERS	1
C	32	02	UWH	CLOTH TRANSFER	2
D	21	01	UNK	CLOTH TRANSFER - SMUDGE	2
E	43	01	unk	CLOTH TRANSFER	2
F	54	01	UNK		
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): UPPER SEAT BELT ATTACHMENT
- (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
T-TOP - CENTER

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	1	0
	Deployment	1	0
	Failure	1	0

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

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

Air Bag System Deployment
 (0) Not equipped/not available
 (1) Air bag deployed during accident (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	2	2
	Use	2	2
	Type	1	1
	Proper Use	0	0
	Failure Modes	0	0

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

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

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

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

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

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

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

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The 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			
	Use			
	Failure Modes			
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	02	00	02
	Seat Performance	6	0	1
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

COMPLETE EJECTION - CLOTH TRANSFERS ON DOOR, etc.

Occupant Number	01					
Ejection	1					
(Note on Vehicle Interior Sketch) Ejection Area	7					
Ejection Medium	8					
Medium Status	9					

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

- Ejection Area**
- (1) Windshield
 - (2) Left front
 - (3) Right front
 - (4) Left rear
 - (5) Right rear
 - (6) Rear

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify):
- (9) Unknown

- Ejection Medium**
- (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):
- T-TOP
- (9) Unknown

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 02
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 6
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): Door Panel Intruded
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight*
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation

- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

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

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

- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>49</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>157A</u>	4. Occupant Number <u>DL</u>

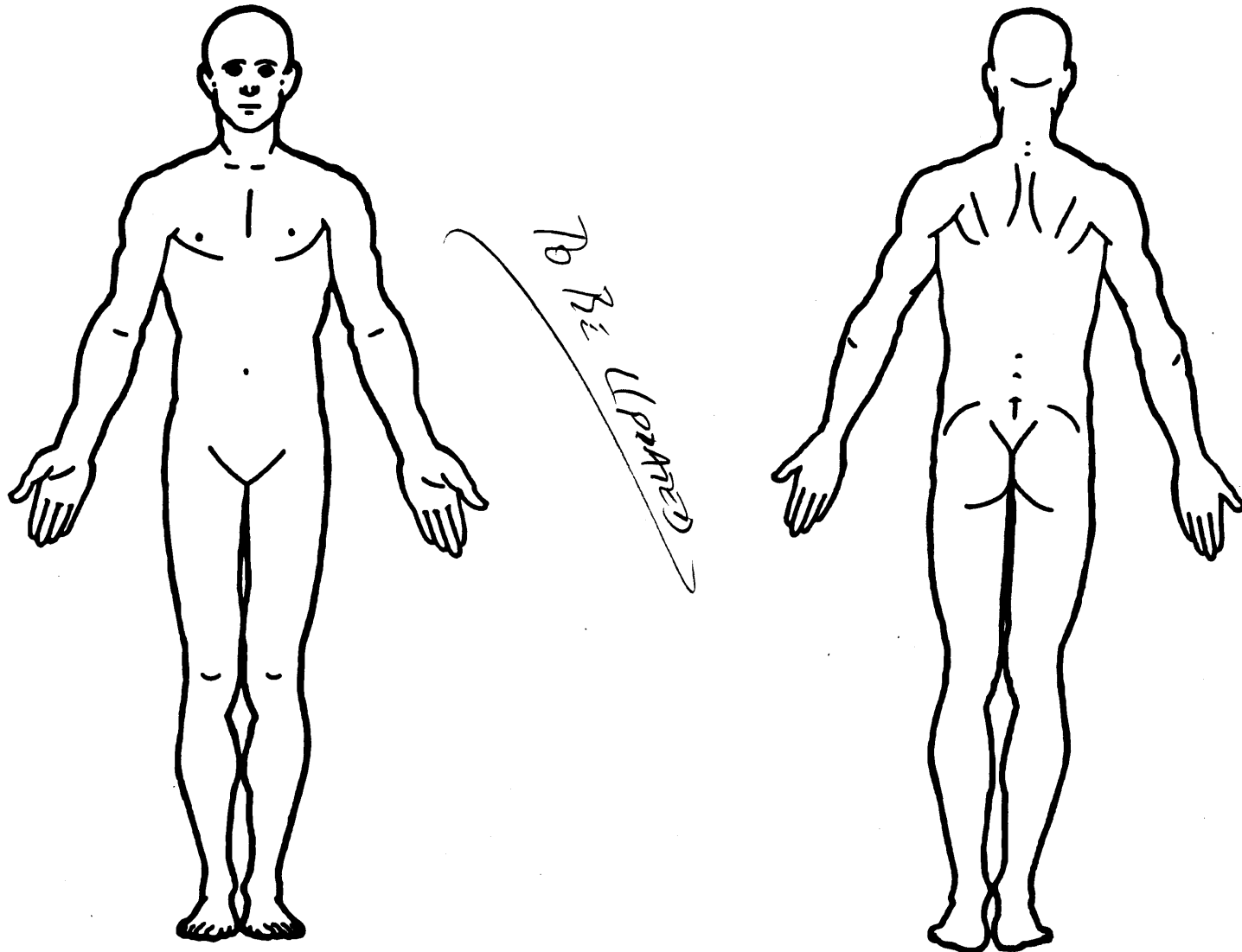
INJURY DATA

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>9</u>	6. <u>H</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
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. ___

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 = 16

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

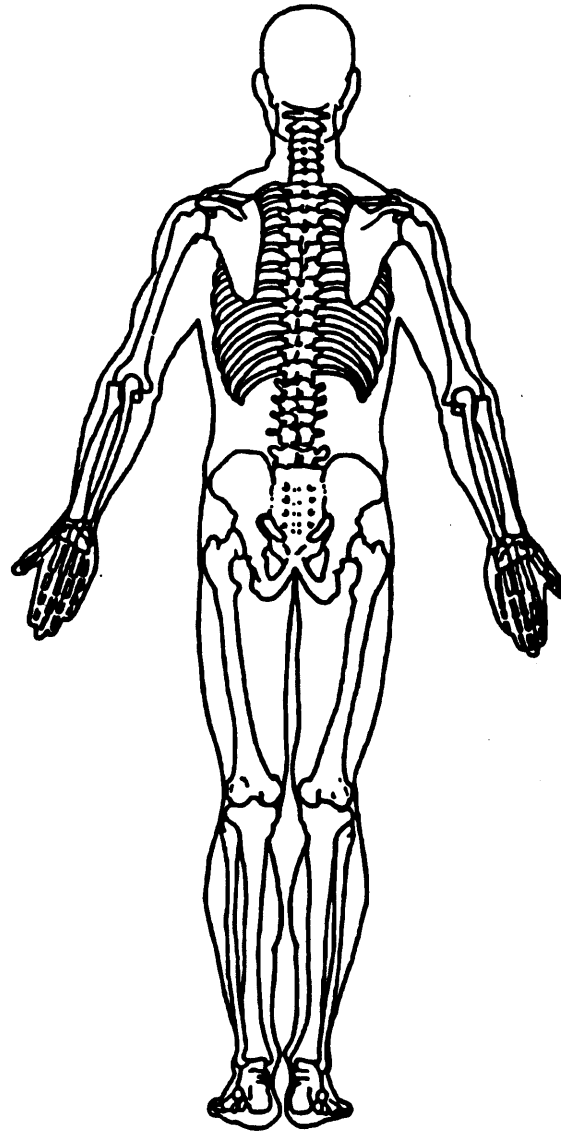
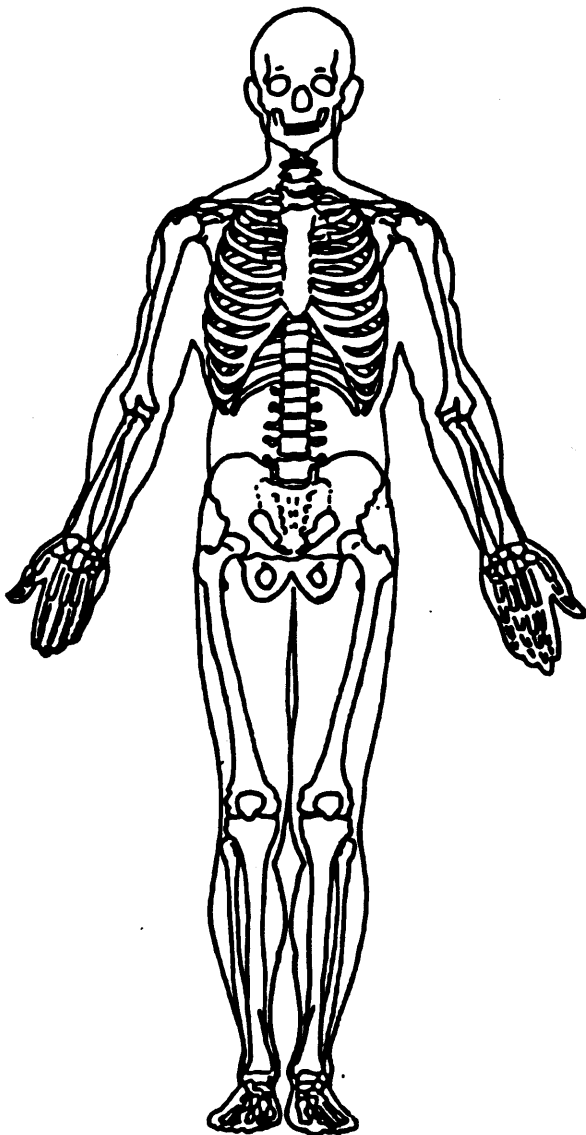
pH =

PO₂ =

PCO₂ =

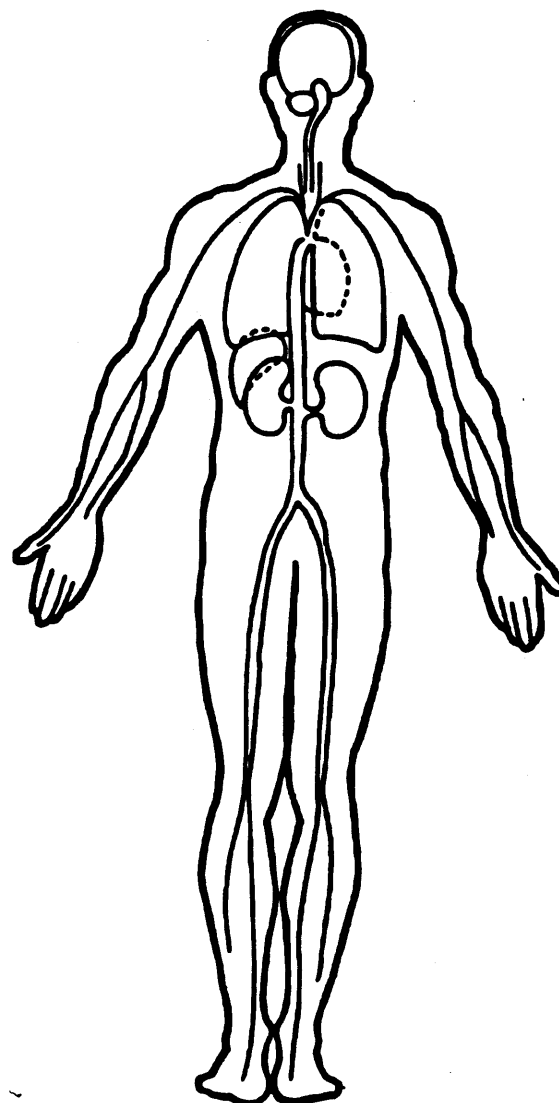
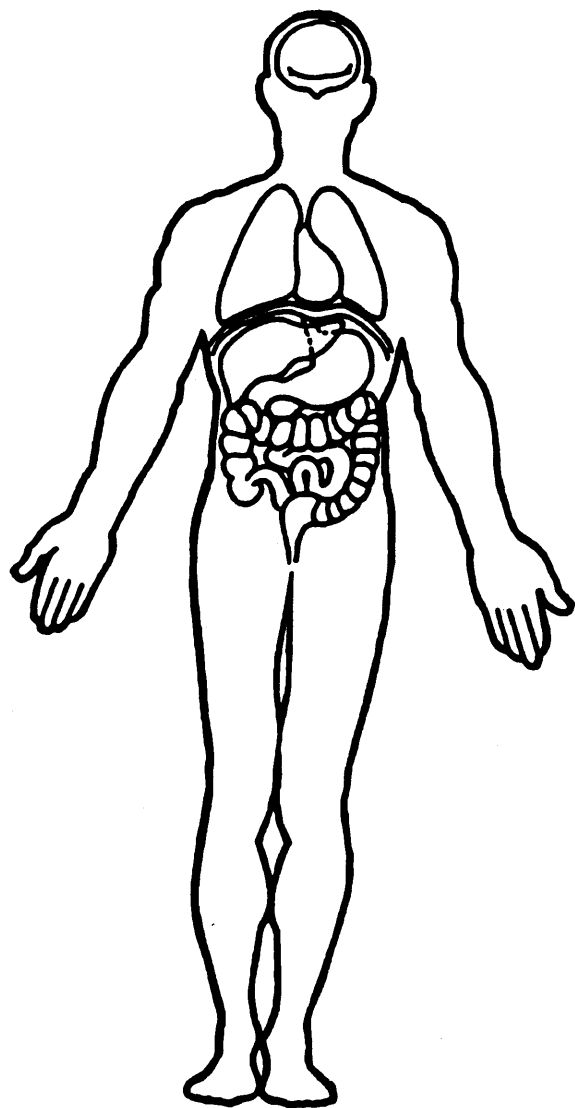
HCO₃ =

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.)



49-157A
VI 01

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

OCCUPANT INJURY DATA 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					
26	L	W	L	L	I	1	84	2	1	00
27	L	B	V	A	I	1	84	2	L	00
28	L	B	U	C	I	1	84	2	1	00
29	L	T	L	L	I	1	84	2	L	00
30	L	I	L	A	I	1	84	2	L	00
31	L	T	R	A	I	1	84	2	L	00
32	L	T	R	L	I	1	84	2	1	00
---	---	---	---	---	---	---	---	---	---	---
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UPDATE FORM

1. Primary Sampling Unit Number	<u>49</u>	Driver or Occupant Name: <u>[REDACTED]</u>
2. Case Number - Stratum	<u>157A</u>	Address: <u>[REDACTED]</u>
3. Vehicle Number	<u>01</u>	
4. Occupant Number	<u>01</u>	Other Information: _____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>16</u>	---	OA21. Air Bag System Availability/Function	<u>1</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>1</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>1</u>	---
GV42.-GV43. Depressant Drug	<u>11</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---
GV44.-GV45. Stimulant Drug	<u>11</u>	---	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>11</u>	---	OA38. Working Days Lost	<u>02</u>	---
GV48.-GV49. Cannabinoid Drug	<u>11</u>	---	OA39. Time to Death	<u>01</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>11</u>	---	OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>02</u>
GV52.-GV53. Inhalant Drug	<u>11</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>09</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>	<u>15</u>
GV56. Driver's Zip Code	<u>[REDACTED]</u>	---	OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	<u>32</u>
GV57. Driver's Race/Ethnic Origin	<u>1</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>2</u>	---
OA05. Occupant's Age	<u>22</u>	---	OA45. Automatic (Passive) Belt System Use	<u>2</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	<u>01</u>
OA07. Occupant's Height	<u>70</u>	<u>66</u>	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>150</u>	<u>182</u>	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>0</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	1	—			
OAL13. Injury Information					
Official					
a. Autopsy (invasive examination)	B 08	111			
b. Post-ER medical record which includes information about death based on non-invasive examination	B	—			
c. Admission record/summary or admission/discharge face sheet	B	—			
d. Discharge summary	B	—			
e. Operative report	B	—			
f. Radiographic record(s) post ER visit	B	—			
g. History and physical examination and/or consultation records	B	—			
h. Emergency room records	B	—			
i. Radiographic record(s) associated with ER visit	B	—			
j. Private physician	B	—			
Unofficial					
k. Lay coroner	B	—			
l. EMS record	B	—			
m. Interviewee	B	—			
n. Other source (specify):	B	B			
o. Police report	B 11	B			
OAL14. Medical Facility Code				09	
OIL07. Date Official Medical Data Obtained				1/17/73	

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

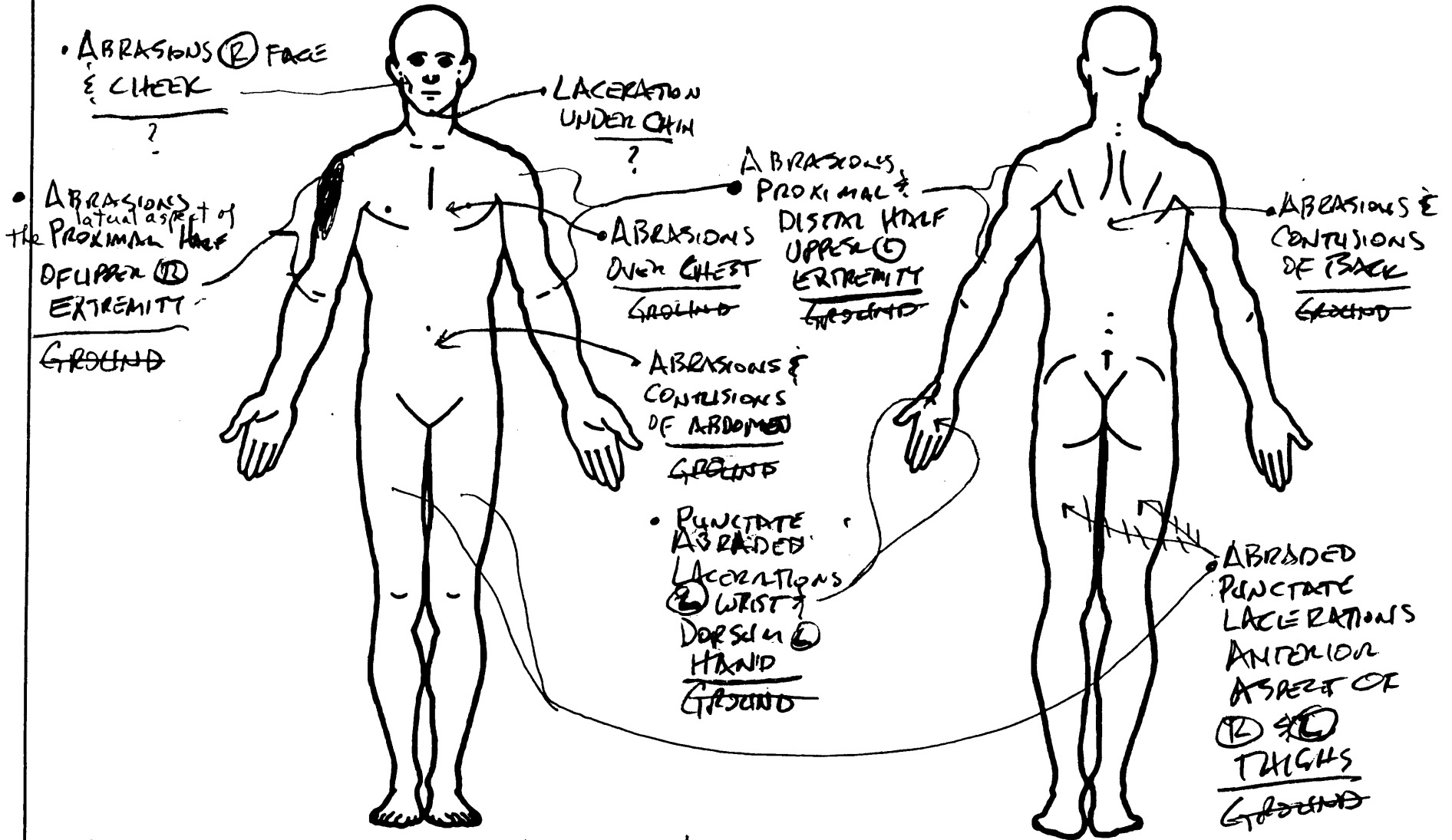
OCCUPANT INJURY DATA

Source of Injury Date	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
11th	<u>L</u>	<u>P</u>	<u>U</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>99</u>
12th	<u>L</u>	<u>N</u>	<u>P</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>84</u>	<u>2</u>	<u>2</u>	<u>00</u>
13th	<u>L</u>	<u>B</u>	<u>S</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>84</u>	<u>2</u>	<u>2</u>	<u>00</u>
14th	<u>L</u>	<u>B</u>	<u>S</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>84</u>	<u>2</u>	<u>2</u>	<u>00</u>
15th	<u>L</u>	<u>C</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>4</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
16th	<u>L</u>	<u>S</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>2</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
17th	<u>L</u>	<u>I</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>3</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>99</u>
18th	<u>L</u>	<u>I</u>	<u>L</u>	<u>F</u>	<u>S</u>	<u>3</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>99</u>
19th	<u>L</u>	<u>X</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
20th	<u>L</u>	<u>E</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
21st	<u>L</u>	<u>A</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
22nd	<u>L</u>	<u>E</u>	<u>I</u>	<u>L</u>	<u>I</u>	<u>1</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>99</u>
23rd	<u>L</u>	<u>C</u>	<u>U</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
24th	<u>L</u>	<u>M</u>	<u>U</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>
25th	<u>L</u>	<u>M</u>	<u>U</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>84</u>	<u>2</u>	<u>1</u>	<u>00</u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Autopsy

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



Cause of Death: Multiple blunt force injuries

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Medical 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): _____

- (36) 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 = 116

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

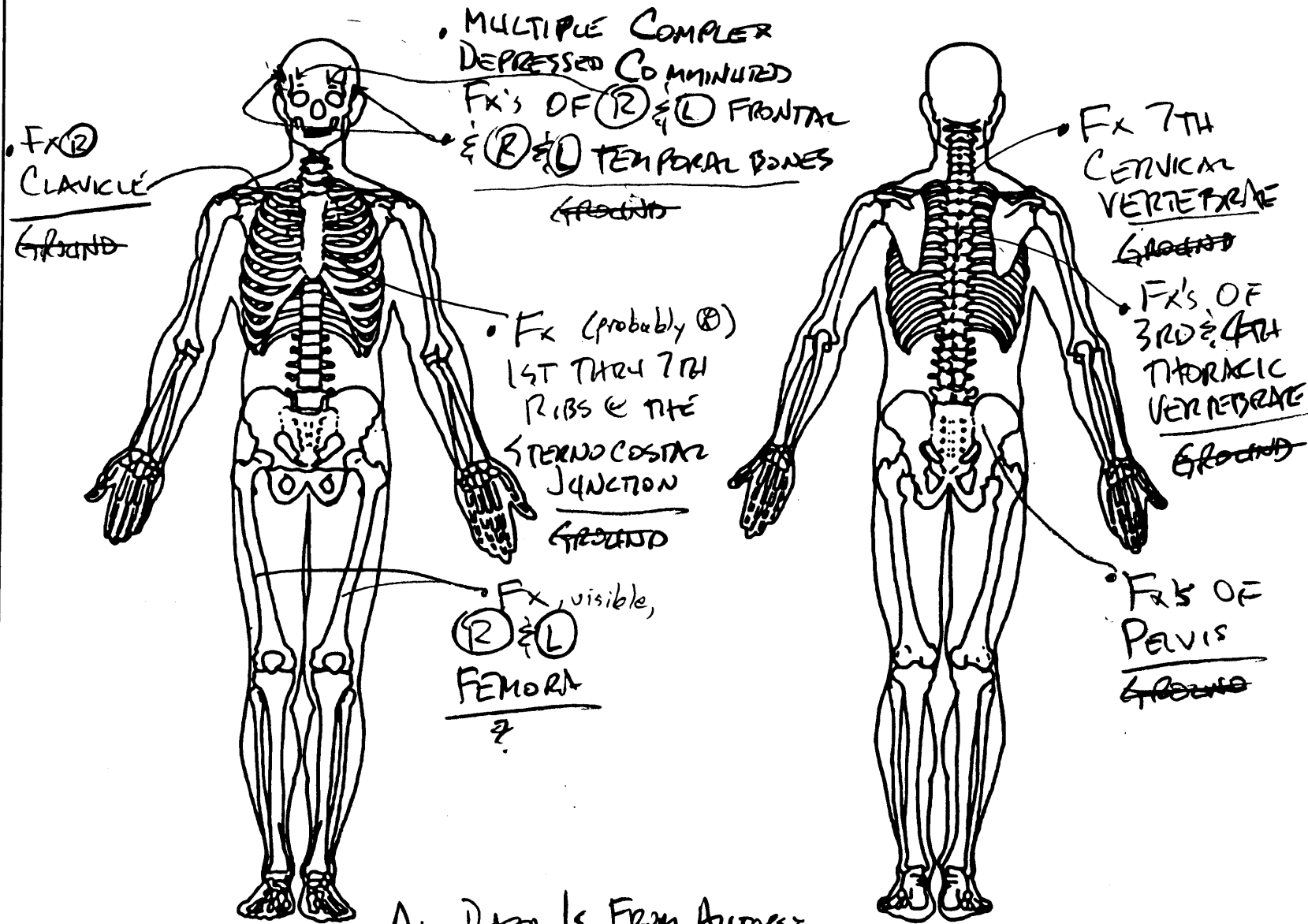
pH =

PO₂ =

PCO₂ =

HCO₃ =

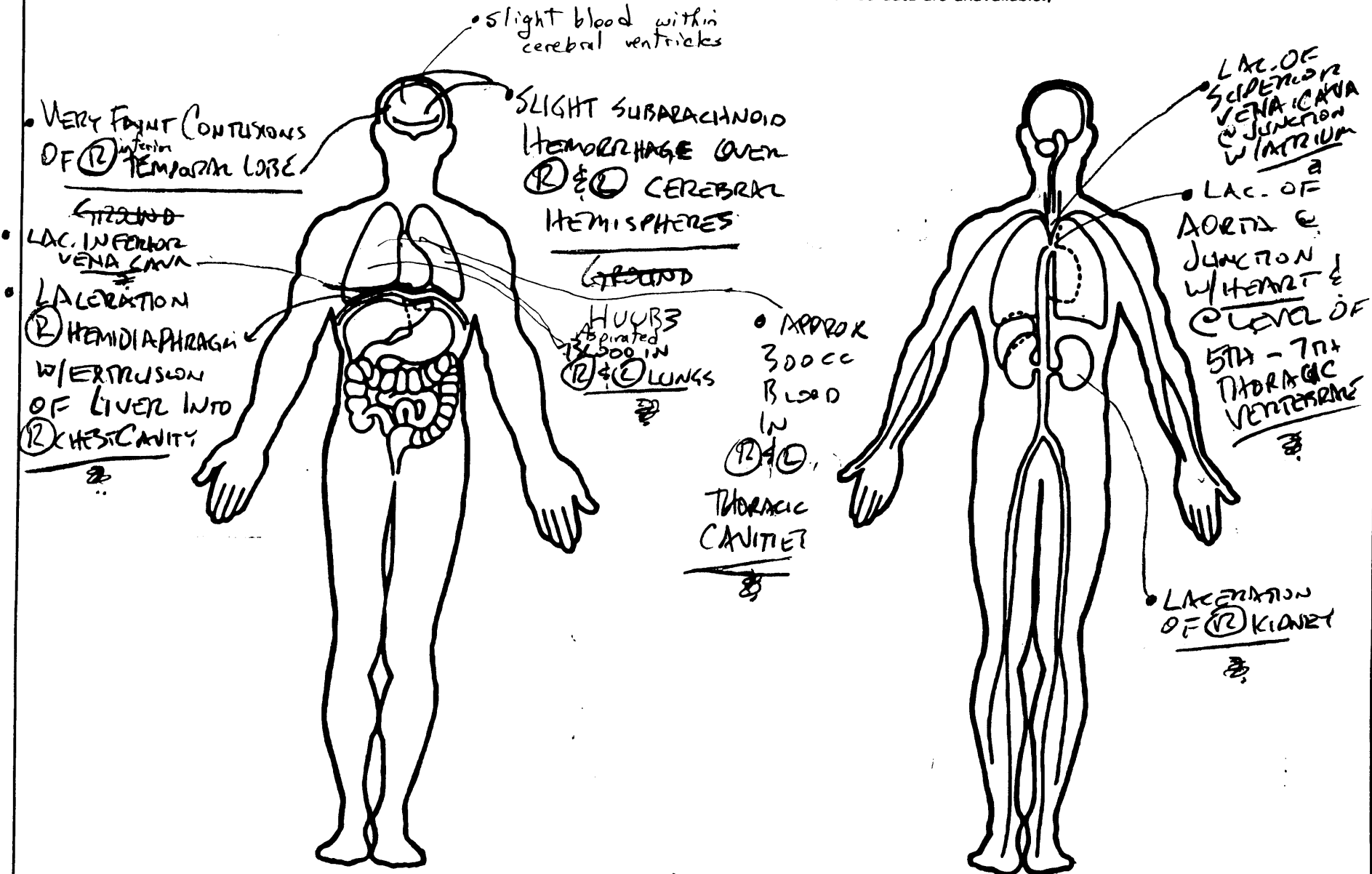
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



All Data Is From Autopsy

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.)



All Data Is From Autopsy

- + #RCB-3 Contusions anterior, inferior (R) temporal lobe
- / HWUB-3 Slight subarachnoid hemorrhage over (R) + (L) cerebral hemispheres + slight bleed in ventricles
- / CCLA-4 Laceration of aorta @ junction with heart + @ level of 5th - 7th thoracic vertebrae
- / CCLA-3 Laceration of superior vena cava @ junction with atrium
- ✓ MSLA-3 Laceration of inferior vena cava @ unknown location
- ✓ MRLK-2 Laceration (R) kidney
- ✓ MSLR-3 Laceration (R) hemidiaphragm allowing liver intrusion
- ✓ HRFS-3 } Multiple complex depressed comminuted skull fractures
- / #LFS-3 } of (R) + (L) frontal + (R) + (L) temporal bones
- ✓ HAFS-3 }
- ✓ SRFS-2 Fractured (R) clavicle
- / NPFS-2 Fracture C7
- ✓ BSFS-2 Fracture T3
- ✓ BSFS-2 Fracture T4
- ✓ CRFS-4 Fracture ribs 1-7 @ sternocostal junction, probably (R) with 300 cc bleed in (R) + (L) pleural cavities
- ✓ PuFS-2 Fractured pelvis
- ✓ TRFS-3 Fractured (R) femur
- ✓ TLFS-3 Fractured (L) femur
- ✓ FRAI-1 Abrasions (R) face + cheek
- ✓ FILI-1 Laceration under chin
- ✓ ARAI-1 Abrasions (R) upper arm
- ✓ XLAI-1 or } Abrasions proximal + distal 1/2 upper (L) extremity,
- X^S ALAI-1 } (L) wrist + dorsum (L) hand
- W LAI-1 }
- ✓ WLLI-1 Lacerations (L) wrist + dorsum (L) hand
- ✓ CUAI-1 Abrasions over chest
- ✓ MUAI-1 Abrasions over abdomen

- ✓ MUCI-1 Contusions over abdomen
- ✓ BUAI-1 Abrasions of back
- ✓ BUCI-1 Contusions of back
- ✓ TLLI-1 Lacerations anterior ⊙ thigh
- ✓ TRAI-1 Lacerations anterior ⊙ thigh
- ✓ TLAI-1 Abrasions? ⊙ thigh
- ✓ TRAI-1 Abrasions? ⊙ thigh

26. Seat Type (this Occupant Position) 02

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

(10) Box mounted seat (i.e., van type)
 (99) Unknown

27. Seat Performance (this Occupant Position) 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



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>49</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>157A</u>	4. Occupant Number <u>02</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>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>5</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
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. ___

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

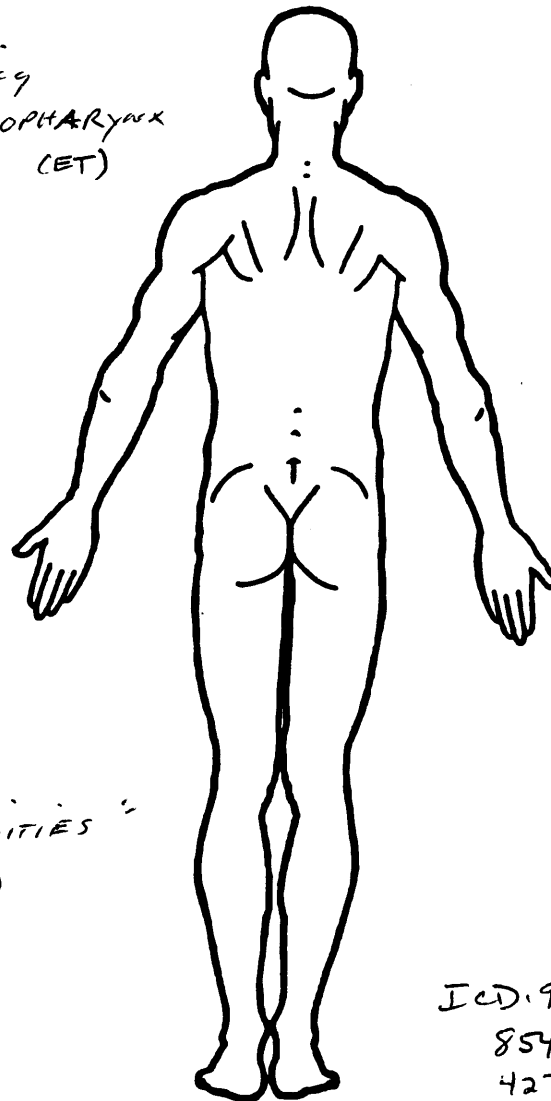
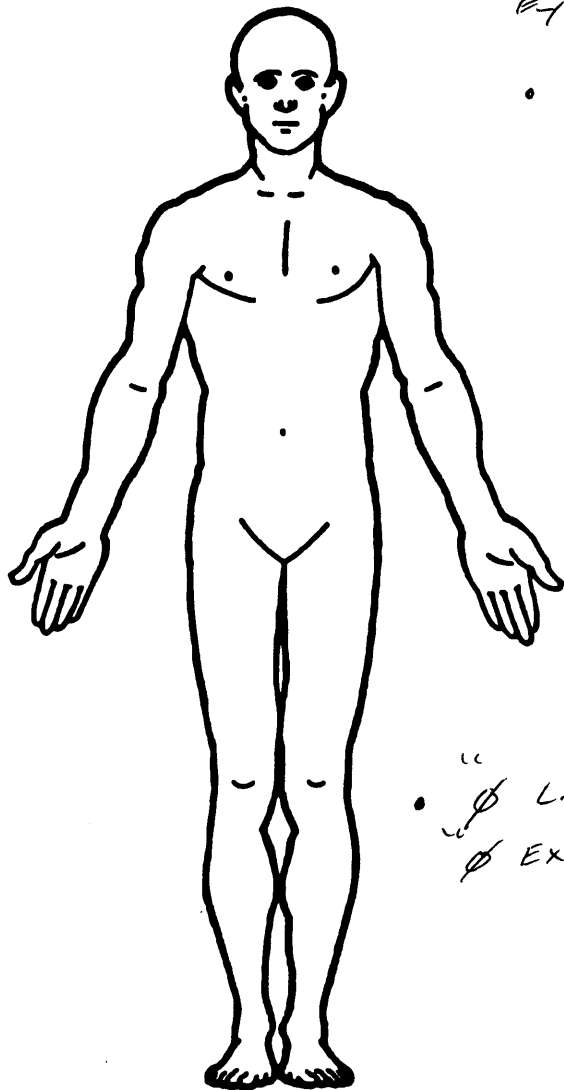
unrestrained front seat passenger (ET)

• Driver ejected + Dead on scene (ET)

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.)

• "RACCOON" EYES (EU, ET)

• BLOOD STREAMING FROM NASAL/OPHTHALMORRHOEA (ET)



• "LAC₂ NOTED" EXTREMITY DEFORMITIES (ET)

ICD: 9CM
854.03
427.5

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.J.C. Body Region

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

Aspect of Injury

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

Lesion

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

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

System/Organ

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

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No (EN)

Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = 3
(ED)

Units of Blood Given

Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____

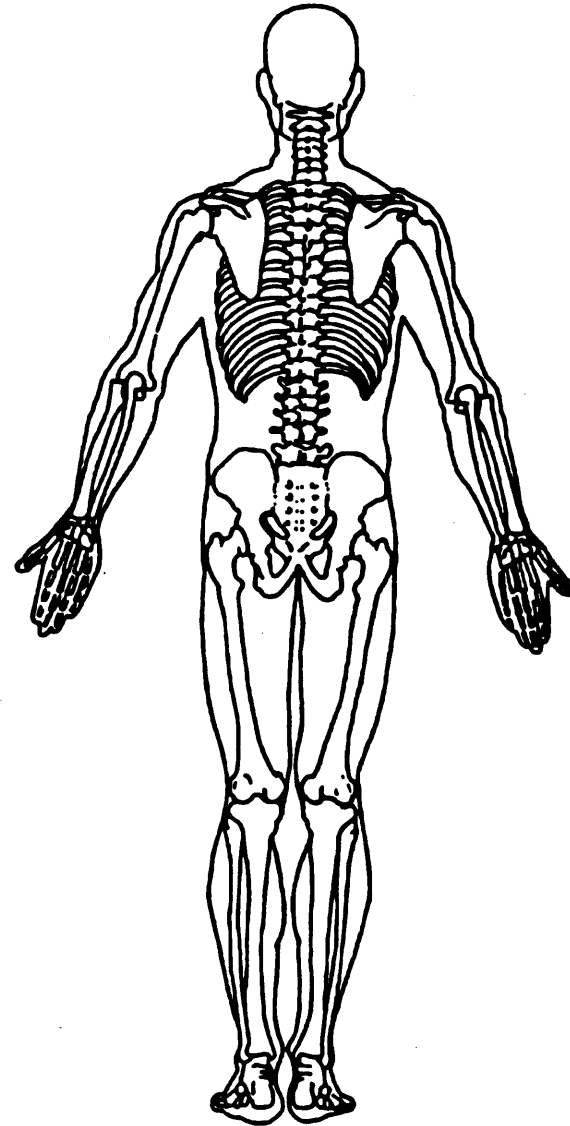
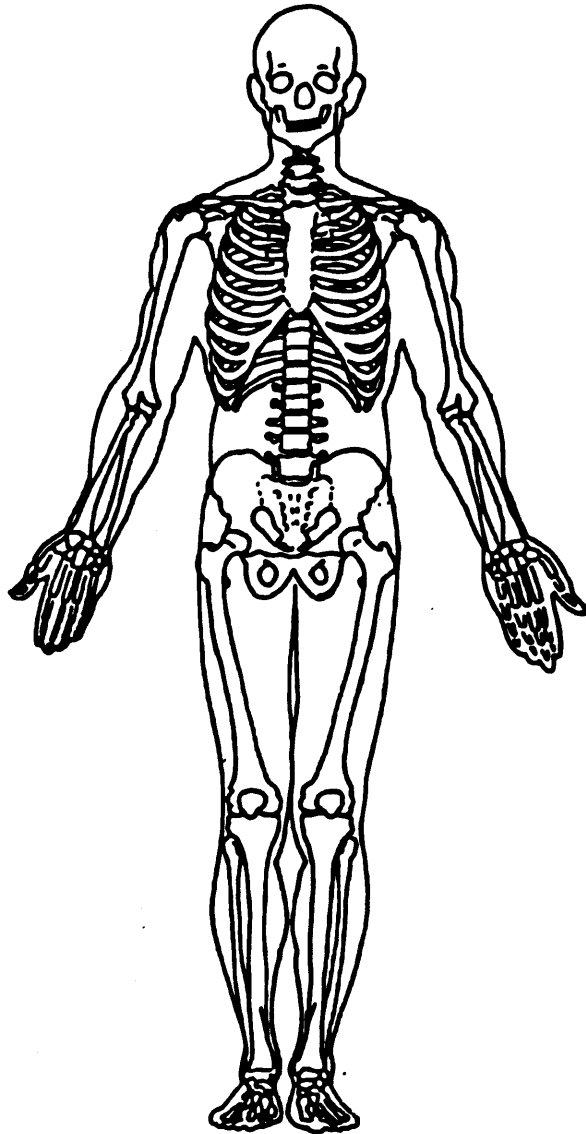
PCO₂ = _____

HCO₃ = _____

Pronounced dead
@ 0406
(EN)

120 lbs.
(EN)

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.)



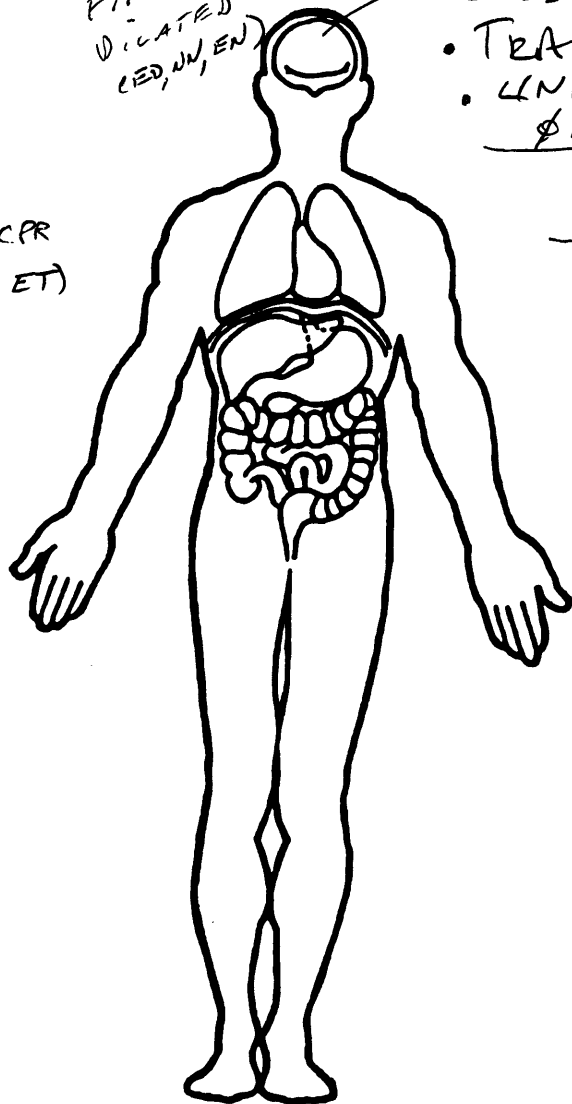
OFFICIAL INJURY DATA - INTERNAL INJURIES

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.)

• PUPILS
FIXED AND
DILATED
(CED, UN, EN)

• CLOSED HEAD INJURY (CED)
• TRAUMATIC DEATH (CED)
• UNRESPONSIVE @ SCENE (ET)
\$ MAE

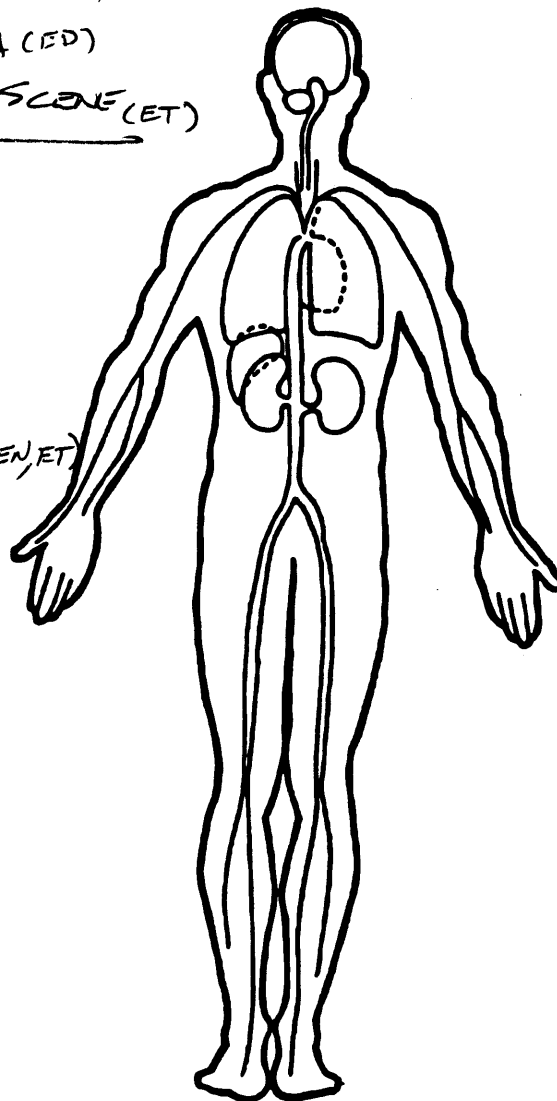
Traumatic CPR
@ scene (CED, ET)



?
ER

Abdomen distended
+ not soft (CED, AN, EN, ET)

peritoneal lavage
(CED)





UPDATE FORM

<p>1. Primary Sampling Unit Number <u>49</u></p> <p>2. Case Number – Stratum <u>157A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p>	<p>Driver or Occupant Name: <u>[REDACTED]</u></p> <p>Address: <u>Autopsy</u></p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
---	--

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	---	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	---	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	---	---	OA35. Treatment - Mortality	<u>1</u>	---
GV42.-GV43. Depressant Drug	---	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
GV44.-GV45. Stimulant Drug	---	---	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	---	---	OA38. Working Days Lost	<u>62</u>	---
GV48.-GV49. Cannabinoid Drug	---	---	OA39. Time to Death	<u>02</u>	<u>01</u>
GV50.-GV51. Phencyclidine (PCP)	---	---	OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>01</u>
GV52.-GV53. Inhalant Drug	---	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>02</u>
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	---	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	---	---	OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	<u>07</u>
GV57. Driver's Race/Ethnic Origin	---	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>2</u>	---
OA05. Occupant's Age	<u>21</u>	---	OA45. Automatic (Passive) Belt System Use	<u>2</u>	---
OA06. Occupant's Sex	<u>2</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>03</u>	---
OA07. Occupant's Height	<u>65</u>	<u>65</u>	OA51. Was the Occupant Given Blood?	<u>1</u>	---
OA08. Occupant's Weight	<u>110</u>	<u>124</u>	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	---
OA17. Manual (Active) Belt System Availability	<u>0</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	L	---	h. Emergency room records	B 11	---
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B 11	---
<u>Official</u>			j. Private physician	B	---
a. Autopsy (invasive examination)	B 08	NA	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	B	111	k. Lay coroner	B	---
c. Admission record/summary or admission/discharge face sheet	B	---	l. EMS record	B	---
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	---	OAL14. Medical Facility Code	06	89
			OIL07. Date Official Medical Data Obtained	[REDACTED]	1/3

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

Noninvasive Exam by Medical Examiner

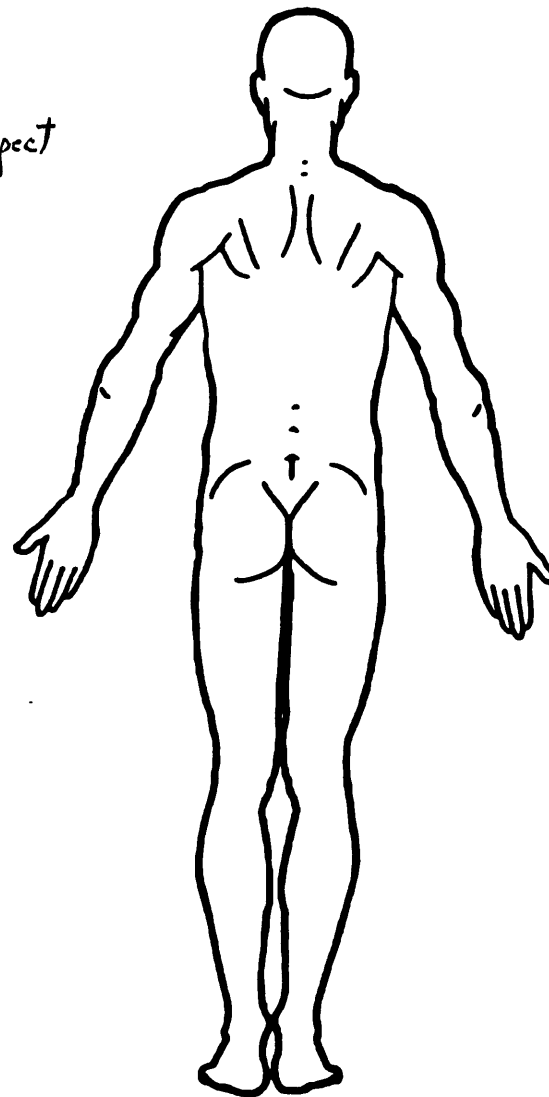
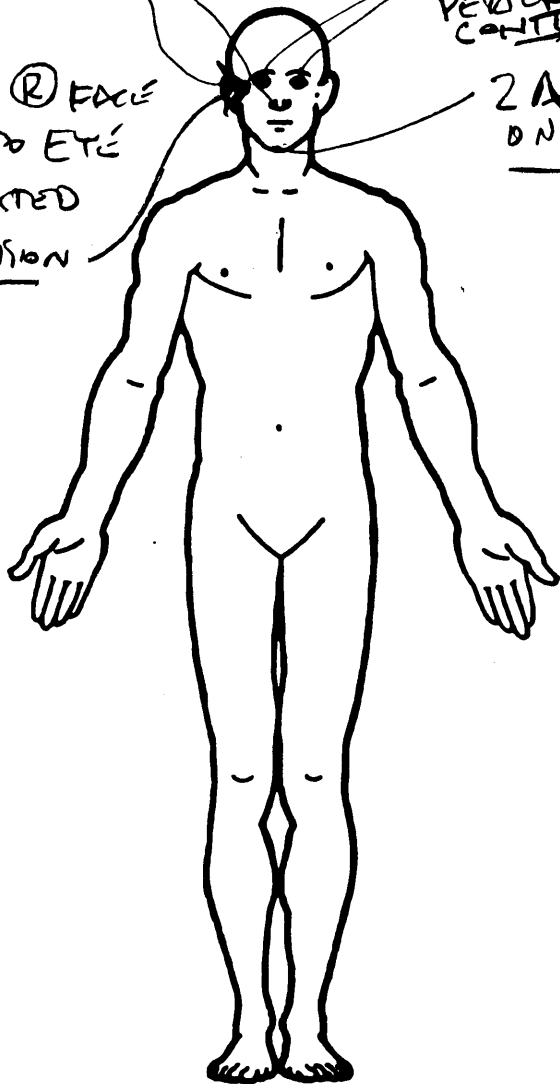
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Blood in nose +
Ⓡ car

BILATERAL
PERIORBITAL
CONTUSIONS

• ABRASION Ⓡ FACE
LATERAL TO EYE
w/ ASSOCIATED
3CM CONTUSION

2 ABRASIONS
ON CITRUS, inferior aspect



Cause of Death: craniocerebral + cervical trauma

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) LIGHT POLE
- (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 = 15

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

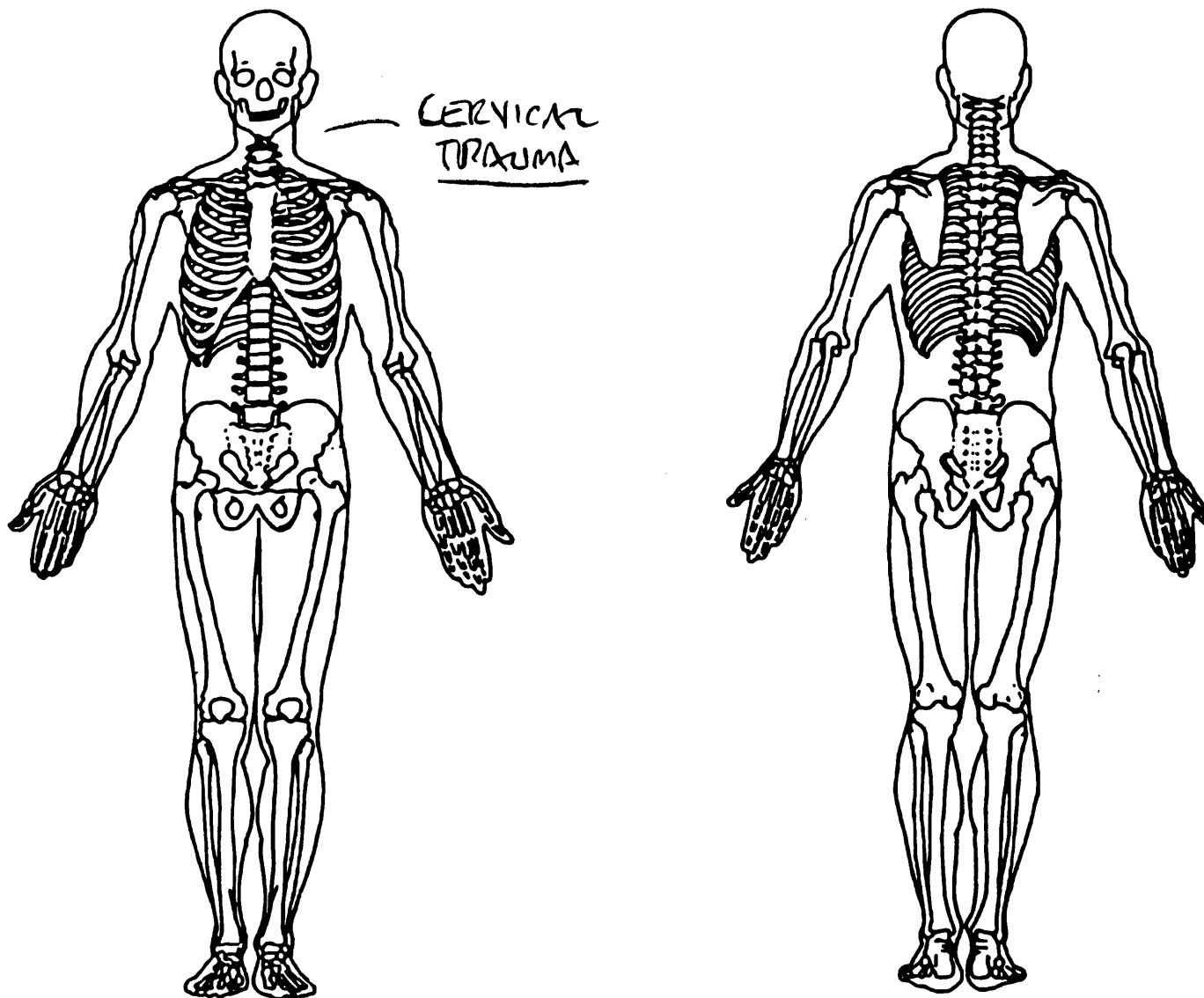
pH = _____

PO₂ = _____

PCO₂ = _____

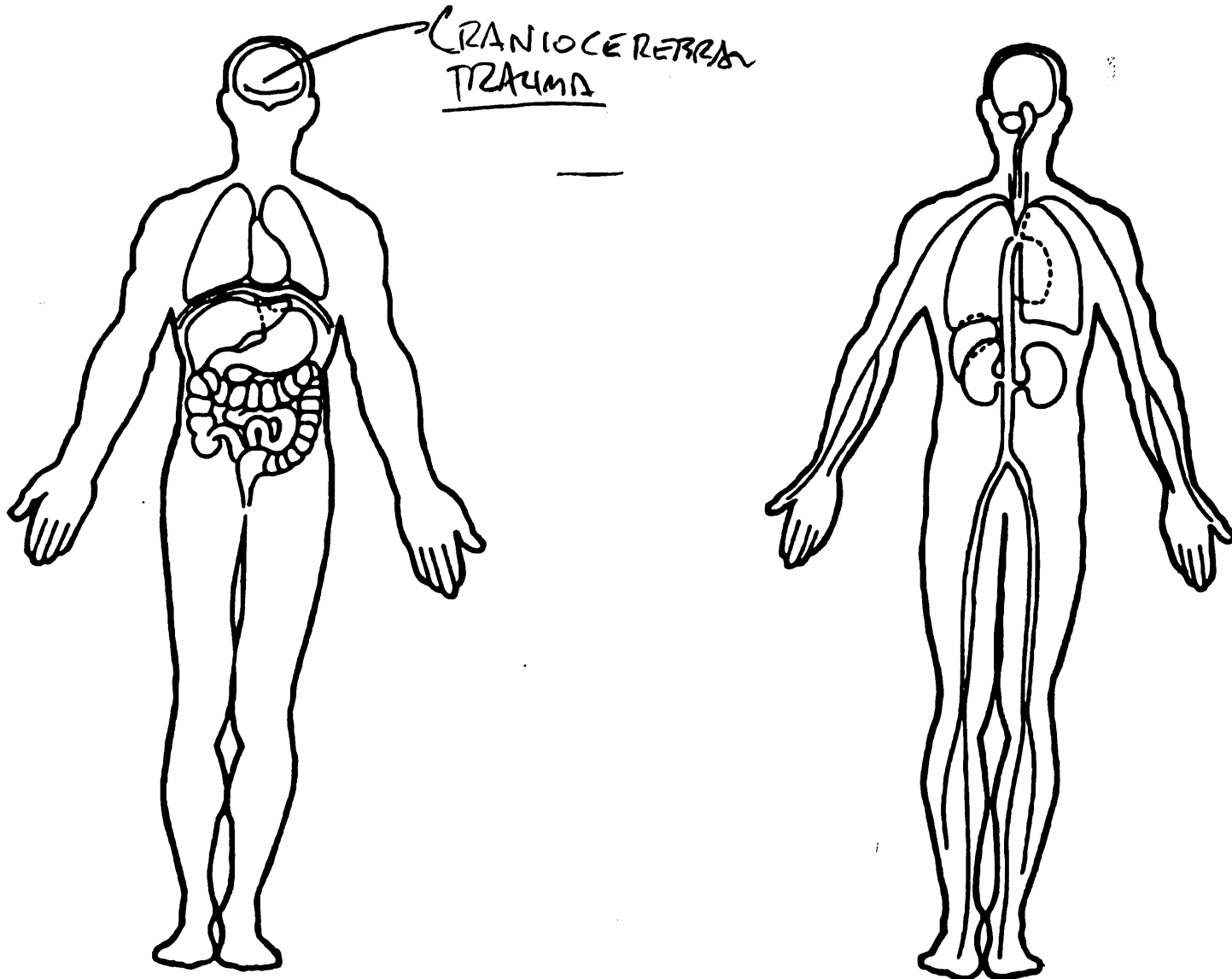
HCO₃ = _____

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.)



PSU49
CASE 157A

1992 ACCIDENT FORM

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) [REDACTED] /92
5. Time of Accident (military time) 0233

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 1 9. SS15 0 10. SS16 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02
01

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. 01	015. R	016. 54	017. 00	018. 0
019. 02	020. 01	021. 01	022. L	023. 51	024. 00	025. 0

011

INTRA ERRORS

01***** NO ERRORS *****

001

PSU49
CASE 157A
VEHICLE 01

1992 GENERAL VEHICLE FORM

VEHICLE IDENTIFICATION

4. Model Year	91	5. Make	35
6. Model	034	7. Body Type	03
8. VIN	JN1CZ24H5M		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	1	12. Alcohol Test Result for Driver	16

ACCIDENT RELATED

13. Speed Limit	55	14. Attempted Avoid. Maneuver	99
15. Accident Type	07		

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	035	20. Vehicle Cargo Weight	00
-------------------------	-----	--------------------------	----

RECONSTRUCTION DATA

21. Towed Trailing Unit	0	22. Trajectory Data Documented	0
23. Post Col. Cond. of Tree/Pole	6	24. Rollover	0

OVERRIDE/UNDERRIDE (this vehicle)

25. Front Override/Underride	0	26. Rear Override/Underride	0
------------------------------	---	-----------------------------	---

~~HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V~~

27. Heading Angle This Vehicle	998	28. Heading Angle Other Vehicle	998
---	----------------	--	----------------

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

29. Basis for Total Delta V 5

COMPUTER GENERATED DELTA V

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

37. Police Reported 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 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 Recognition of Critical Event) 13 65. Initial Critical (Precrash) Event 06
 66. Precrash Stability After 011 9 67. Precrash Directional Consequences 9

INTRA ERRORS

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

15. WS 2 16. LF 6 17. RF 6 18. LR 8 19. RR 8
20. BL 6 21. Roof 9 22. Other 6

Glazing Damage from Occupant Contact

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 1 32. LF 3 33. RF 3 34. LR 0 35. RR 0
36. BL 3 37. Roof 9 38. Other 3

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 19	49. 5	50. 3
51. 11	52. 24	53. 4	54. 3
55. 11	56. 17	57. 4	58. 3
59. 11	60. 07	61. 4	62. 3
63. 21	64. 98	65. 3	66. 2
67. 11	68. 12	69. 2	70. 1
71. 12	72. 26	73. 1	74. 3
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	1	88. Blank	
89. Blank		90. Blank	
91. Blank		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	018,000	95. Instrument Panel Damage	9
96. Knee Bolsters Deformed	0	97. Glove Door Open	1
011			

INTRA ERRORS

G ***** OCC0531 2 ***** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENI
 NE ***** CC0532 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR Z
 7 equals 2 CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV
 CC0534 or IV08 equals 2 or IV09 equals 2.

01***** NO ERRORS *****

001

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 02	5. 51	6. 00	7. L	8. P	9. A	10. W	11. 03

SECOND HIGHEST DELTA "V"

12. 01	13. 54	14. 04	15. R	16. D	17. E	18. W	19. 03
--------	--------	--------	-------	-------	-------	-------	--------

CRUSH PROFILE

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
065	00	03	17	09	02	00	-014

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	0965

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

011
INTRA ERRORS

01***** NO ERRORS *****

001

OCCUPANT'S CHARACTERISTICS

5. Age	21	6. Sex	2	7. Height	65	8. Weight	110
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	0	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	02
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)	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	02

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	99
41. Cause #2	00
42. Cause #3	00
43. Number of Recorded Injuries	01

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	2
45. Automatic (Passive) Belt System Use	2
46. Automatic (Passive) Belt System Type	1
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	03
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01
011	

INTRA ERRORS

01***** NO ERRORS *****

001

PSU49
CASE 157A
VEHICLE 01 OCCUPANT 02

1992 OCCUPANT INJURY FORM

INJURY DATA

Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confid. Level	Dir./ Indir. Injury	Occ. Area Intr. No.
01. 3	H	W	K	B	5	97	9	7	99

011
INTRA ERRORS

01***** NO ERRORS *****

001
INTER ERRORS

t LONGITUDINAL LOCATION EV08 equals P and at least one 1st
E DATA C EV21(n) is greater than 12, then LOCATION
SION IV47 should not equal blank. GV=01

OEC0041 2 If 1s
EC0042 DAMAG
EC0043 INTRU

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

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=02

PSU49 1992 OCCUPANT ASSESSMENT FORM
CASE 157A
VEHICLE 01 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age	22	6. Sex	1	7. Height	70	8. Weight	150
9. Role	1	10. Seat Position	11	11. Posture	9		

EJECTION/ENTRAPMENT

12. Ejection	1	13. Ejection Area	2	14. Ejection Medium	4
15. Medium Status	2	16. Entrapment	0		

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	0	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Air Bag Availability	1	22. Air Bag Deployment	1
23. Did Air Bag Fail?	1	24. Police Reported Restraint Use	0
25. Head Restraint Type/Damage by Occupant at this Position	3	26. Seat Type	02
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) 0
 37. Hospital Stay 00
 38. Working Days Lost 62
 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99
 41. Cause #2 00
 42. Cause #3 00
 43. Number of Recorded Injuries 01

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function 2
 45. Automatic (Passive) Belt System Use 2
 46. Automatic (Passive) Belt System Type 1
 47. Proper Use of Automatic (Passive) Belt System 0
 48. Automatic (Passive) Belt System Failure Mode 0
 49. Seat Orientation (this Occupant Position) 1

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 01
 51. Was the Occupant Given Blood? 1
 52. Arterial Blood Gases (ABG) - HCO3 01
 011

INTRA ERRORS

E. ***** OHH1271 (2) ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAG
 ONE ***** HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR Z
 18 does not HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA
 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.

HH2001 1 If AIR BAG FUNCTION OA21 equals 1-3, then AUTOMATIC BELT
 HH2002 AVAILABILITY OA44 should equal 0.

PSU49
CASE 157A
VEHICLE 01 OCCUPANT 01

1992 OCCUPANT INJURY FORM

INJURY DATA

Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confid. Level	Dir./ Indir. Injury	Occ. Area Intr. No.
01. 9	H	U	U	U	7	97	9	7	99

011
INTRA ERRORS

01***** NO ERRORS *****

001

INTRA ERRORS

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

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

HH2001 1 If AIR BAG FUNCTION OA21 equals 1-3, then AUTOMATIC BELT
 HH2002 AVAILABILITY OA44 should equal 0.

HH1831 1 If RECORDED INJURIES OA43 equals 01-96, then GLASGOW SCORE OA50
 HH1832 must equal 01-15.

HH1881 1 If ABG BICARBONATE OA52 equals 97, then RECORDED INJURIES OA43
 HH1882 must equal 97.

BAD EDIT CHECK? Yes!

PSU49
CASE 157A
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	1	Y
Occupant Assesment	0	1	2	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	3	
Total Case Errors	0	1	6	

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

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

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. *****
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 INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

HH2001 2 If AIR BAG FUNCTION OA21 equals 1-3, then AUTOMATIC BELT
HH2002 AVAILABILITY OA44 should equal 0.

INTER ERRORS

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

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=02

HT0171 2 If 2nd CAUSE OF DEATH OA41 equals 01-96, then BODY REGION
HT0172 OI06(OA41), SYSTEM/ORGAN OI09(OA41) and A.I.S. SEVERITY
HT0173 OI10(OA41) should be related according to Table A-13.
HT0174 GV=01 OA=02 OI=02

PSU49
CASE 157A
CURRENT VERSION: 5.04

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	1	Y
Occupant Assesment	0	0	3	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	3	
Total Case Errors	0	0	7	

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

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

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. *****
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 INDICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

HH2001 2 If AIR BAG FUNCTION OA21 equals 1-3, then AUTOMATIC BELT
HH2002 AVAILABILITY OA44 should equal 0.

INTER ERRORS

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

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=02

HT0171 2 If 2nd CAUSE OF DEATH OA41 equals 01-96, then BODY REGION
HT0172 OI06(OA41), SYSTEM/ORGAN OI09(OA41) and A.I.S. SEVERITY
HT0173 OI10(OA41) should be related according to Table A-13.
HT0174 GV=01 OA=02 OI=02

PSU49
CASE 157A
CURRENT VERSION: 5.04

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	1	Y
Occupant Assessment	0	0	3	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	3	
Total Case Errors	0	0	7	

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

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

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.

HH2001 1 If AIR BAG FUNCTION OA21 equals 1-3, then AUTOMATIC BELT
HH2002 AVAILABILITY OA44 should equal 0.

INTER ERRORS

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

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=02

HT0171 2 If 2nd CAUSE OF DEATH OA41 equals 01-96, then BODY REGION
HT0172 OI06(OA41), SYSTEM/ORGAN OI09(OA41) and A.I.S. SEVERITY
HT0173 OI10(OA41) should be related according to Table A-13.
HT0174 GV=01 OA=02 OI=02

PSU49
CASE 157A
CURRENT VERSION: 5.04

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	1	N
Occupant Assesment	0	1	2	N
Occupant Interior	0	0	0	N
Total Inter Errors		0	3	
Total Case Errors	0	1	6	
Total Case Errors	0	1	6	



SLIDE INDEX

Primary Sampling Unit Number 49

Case Number - Stratum 157A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-7	1	N	Pre-impact travel path of V1 (V1 NOT IN LANE FROM WHICH PHOTOS TAKEN. APPEARS V1 WAS OUTSIDE LANE)
8-9	1	N	V1 yaws into impact with concrete median barrier (impact #1) and street light pole (impact #2)
10-11	1	N	V1 continues on to final rest
12	1	S	Opposite view from beyond final rest
13-15	1	W	Views of impact area with wall and pole
16-20	1		Frontal views of damage to front from impact with concrete median barrier (impact #1) - this impact was originally thought to be a frontal impact, but later determined to be a right side impact after visiting the accident site - vehicle was unavailable for further measurements after this
21-24	1		Views of damage to left side from impact with street light pole (impact #2) - door was pried open later
25-30	1		Rear views of damage from impact with another vehicle which occurred after V1 had come to final rest and was reported on a separate police accident report - not a part of this case
30-35	1		Right side views of additional damage from impact with the concrete median barrier (impact #1)
36-38	1		Views of damage to wheels
36-38	1		Views of damage to wheels
39-40	1		Views of hatch latch/striker failure due to damage
41- 40	1		Interior views showing possible occupant contact points



PSU 49-157A (1992) #1



PSU 49-157A (1992) #2



PSU 49-157A (1992) #3



PSU 49-157A (1992) #4



PSU 49-157A (1992) #5



PSU 49-157A (1992) #6



PSU 49-157A (1992) #7



PSU 49-157A (1992) #8



PSU 49-157A (1992) #9



PSU 49-157A (1992) #10



PSU 49-157A (1992) #11



PSU 49-157A (1992) #12



PSU 49-157A (1992) #13



PSU 49-157A (1992) #14



PSU 49-157A (1992) #15



PSU 49-157A (1992) #16
Best Available



PSU 49-157A (1992) #17
Best Available



PSU 49-157A (1992) #18
Best Available



PSU 49-157A (1992) #19
Best Available



PSU 49-157A (1992) #20
Best Available



PSU 49-157A (1992) #21
Best Available



PSU 49-157A (1992) #22
Best Available



PSU 49-157A (1992) #23

Best Available



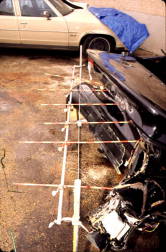
**PSU 49-157A (1992) #24
Best Available**



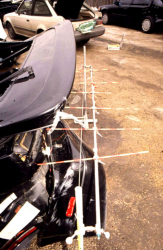
PSU 49-157A (1992) #25
Best Available



PSU 49-157A (1992) #26



**PSU 49-157A (1992) #27
Best Available**



PSU 49-157A (1992) #28
Best Available



PSU 49-157A (1992) #29
Best Available



PSU 49-157A (1992) #30
Best Available



PSU 49-157A (1992) #31
Best Available



PSU 49-157A (1992) #32



**PSU 49-157A (1992) #33
Best Available**



PSU 49-157A (1992) #34



PSU 49-157A (1992) #35



PSU 48-157A (1992) #36



PSU 49-157A (1992) #37



PSU 49-157A (1992) #38



PSU 49-157A (1992) #39
Best Available



PSU 49-157A (1992) #40



PSU 49-157A (1992) #41



PSU 49-157A (1992) #42



PSU 49-157A (1992) #43



PSU 49-157A (1992) #44



PSU 49-157A (1992) #45



PSU 49-157A (1992) #46



PSU 49-157A (1992) #47



PSU 49-157A (1992) #48



PSU 49-157A (1992) #49



PSU 49-157A (1992) #50



PSU 49-157A (1992) #51



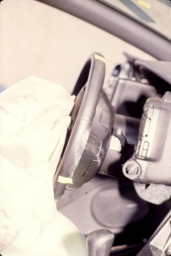
PSU 49-157A (1992) #52
Best Available



PSU 49-157A (1992) #53



PSU 49-157A (1992) #54



PSU 49-157A (1992) #55



PSU 49-157A (1992) #56



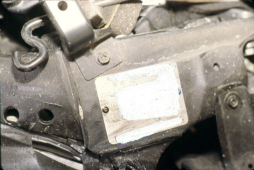
PSU 49-157A (1992) #57



PSU 49-157A (1992) #58



PSU 49-157A (1992) #59



PSU 49-157A (1992) #60