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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 73 CASE NO. 013C TYPE OF ACCIDENT Car/Car - Right angle

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

V1 was heading south on a residential street and struck V2 at an intersection with the front end of the vehicle. V2 sustained damage to the left side passenger area from the impact. V1 rotated off impact counter-clockwise off the roadway into a yard 180 degrees to final rest. V1 continued tracking off the roadway in the same yard until impacting the corner of a house with the front end (final rest). The driver of V2 expired at the hospital. The occupants of V1 were transported and released. Both vehicles were towed from the scene.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	Intermediate	85/Chevrolet/Celebrity Station wagon	Front	Severe	None
02	Full size	91/Oldsmobile/98	Left	Severe	None

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	Driver	Front left	None	Face	Laceration	1	Steering wheel rim
01	Passenger	Front right	None	Forehead	Contusion	1	Dashboard
02	Driver	Front left	Unknown	~~Fatal, details unknown~~ Aorta	Laceration	4	Side Door surface

DO NOT SANITIZE THIS FORM

HS Form 434A (1/92)

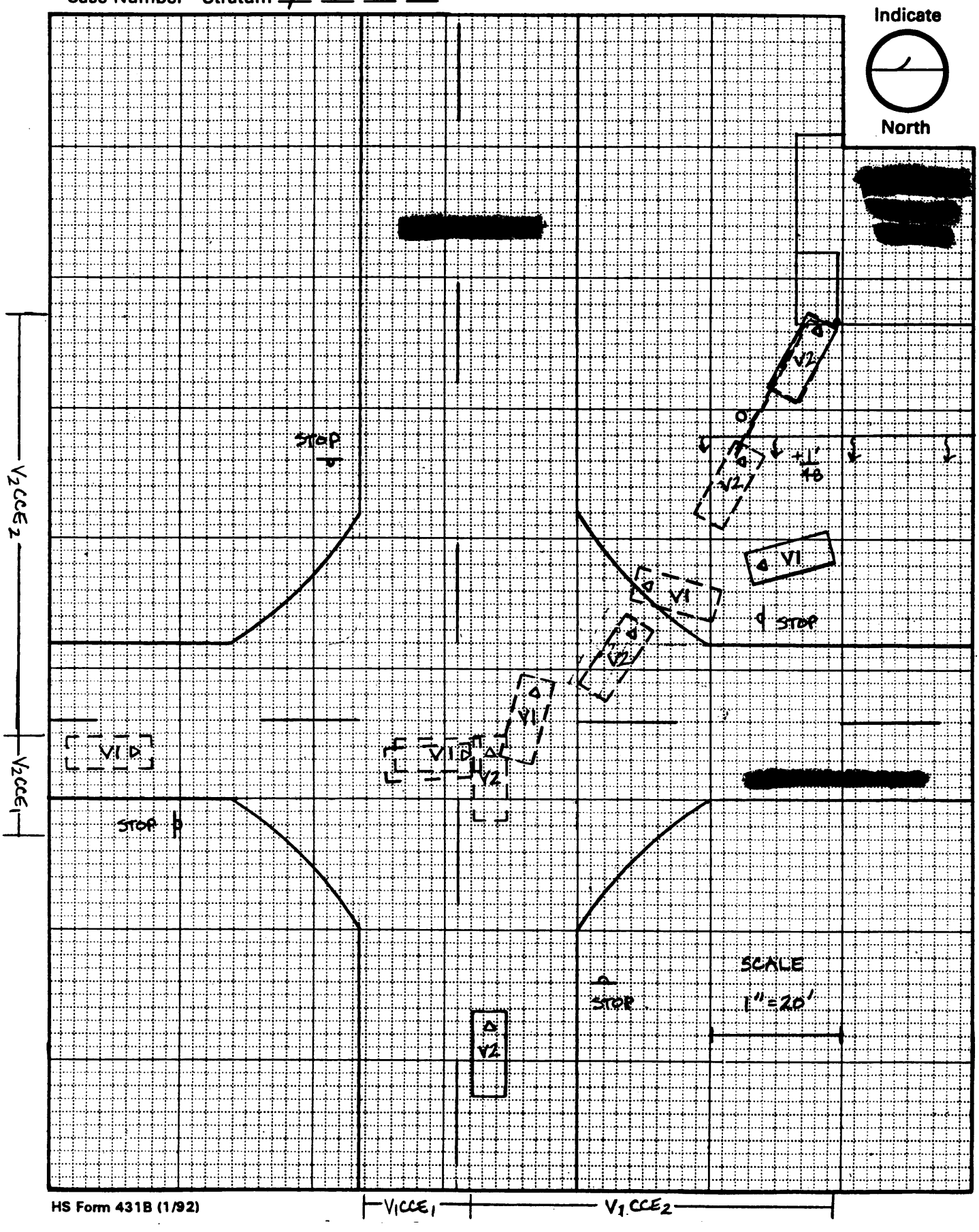
U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. 73

Case Number–Stratum 01 3 C



HS Form 431B (1/92)

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 73 | Case Number—Stratum 0130

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

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

LEVEL II
PHYSICAL EVIDENCE PRESENT

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

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

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	180°	90°	—
Surface Type	POLISHED BLACKTOP		—
Surface Condition	WET		—
Grade (v/h) Measurement (between impact and final rest)	LEVEL	LEVEL TO +1'/48"	—
Grade (v/h) Measurement (at location of rollover initiation)			

Reference Point: STOP SIGN ON SE CORNER [redacted] Reference line: SOUTH EDGE OF [redacted] (RP 28' SOUTH OF RL)

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
— HOUSE	49' E	33' S
— GOUGES ON EDGE OF PORCH		
4.5' LONG.		
START 1.3' IN FROM CORNER		
6.3' EDGE IS PORCH TO		
CORNER OF HOUSE		
ALSO DAMAGE OF CORNER OF		
HOUSE		
[redacted]		
33' WIDE		
18' EASTBOUND LANE		
[redacted]		
24' WIDE (LANES 12')		

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RUTTING (STARTS)	29.5' E	24' S
(ENDS) - 1' IN FRONT		
CORNER OF PORCH		
TREE	35' E	25' S

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number - Stratum: 0 1 3 C

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month, Day, Year): [redacted] / [redacted] / 92
5. Time of Accident: 1420

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: 0 (NASS Coding Chg 1st Rev 3 H 2nd Rev 3 G)
9. ___ SS15 _____: 0
10. ___ SS16 _____: 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 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. 01	13. 01	14. 03	15. F	16. 02	17. 04	18. L
19. 02	20. 02	21. 04	22. F	23. 59 (68)	24. 00	25. 0
26. 03	27. ___	28. ___	29. ___	30. ___ (NASS Coding Chg 1st Rev 3 C 2nd Rev 3 ___)	31. ___	32. ___
33. 04	34. ___	35. ___	36. ___	37. ___	38. ___	39. ___
40. 05	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

TDC APPLICABLE VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back of unit with cargo area (rear of trailer or straight truck)
(D) Back (rear of tractor)
(C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

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

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

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)
(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify): _____
(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): PORCH AND CORNER OF HOUSE
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object
(98) Other event (specify): _____
(99) Unknown event or object

OCCUPANT RELATED

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

17. Number of Occupants This Vehicle: 02
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted: 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 03,000
    3041 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown
    Source: [redacted] "85"

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

RECONSTRUCTION DATA

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

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

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

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

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

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

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

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

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

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

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

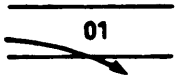
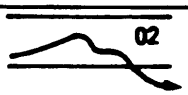
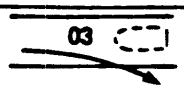
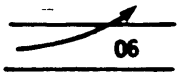
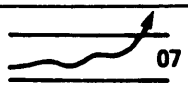
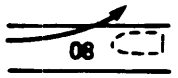
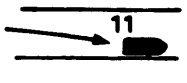
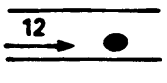
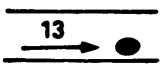
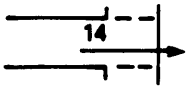
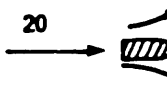
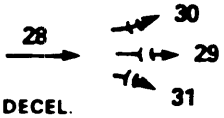
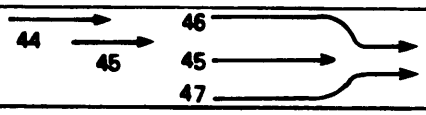
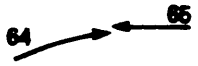
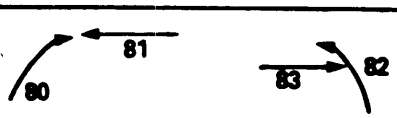
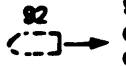
Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

NASS Coding Chg 1st Rev 3 C 2nd Rev 3 _

27. Heading Angle For This Vehicle: 175 → 180

28. Heading Angle For Other Vehicle: 090

PSU 73-013C V-01

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

OTHER DATA

56. Driver's Zip Code [redacted]

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

57. Driver's Race/Ethnic Origin 2
(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) Ø
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

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

59. Rollover Initiation Type Ø
(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 Ø
(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 ØØ

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied Ø
(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 Ø
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) ~~Ø1~~ Ø3
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

PSU 73-013C V-01

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

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

(45) Breakaway pole or post (any diameter)

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

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

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

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

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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number - Stratum: 0130
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

VIN: 1G1AW35R2F[redacted] Model Year: 85

Vehicle Make (specify): CHEVROLET Vehicle Model (specify): CELEBRITY WAGON

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
01	STARTS AT LF CORNER	ACROSS WHOLE BUMPER

CRUSH PROFILE

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
		Width (CDC)	Max Crush								
01	FRONT BUMPER	63"	17"	57.5	11.8	11.5	13.25	16.5	11	9.8	0
			0		-1	-.5	0	0	-.5	-1	
			17"		10.5	11	13.25	16.5	10.5	8.5	
			BETWEEN								
			C3 & C4								

73-013C VI 2f

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	104.9
Overall Length	188.3
Maximum Width	69.3
Curb Weight	3,116-78
Average Track	57.85
Front Overhang	40.5
Rear Overhang	45.3
Engine Size: cyl./ displ.	2.5L-L4
Undeformed End Width	62" REAR

191 DIESEL V-6 58.7 57

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± 00 °
LF ± 00 °
RR ± 00 °
LR ± 00 °

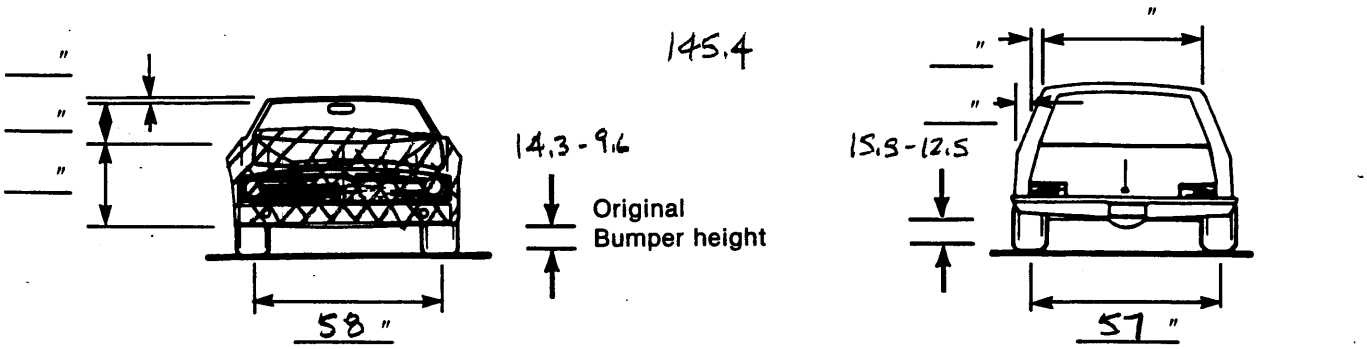
(L4)

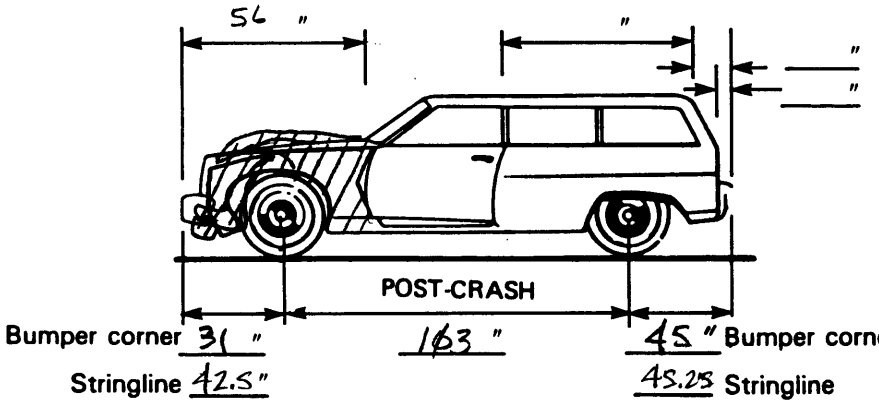
Within ±5 degrees

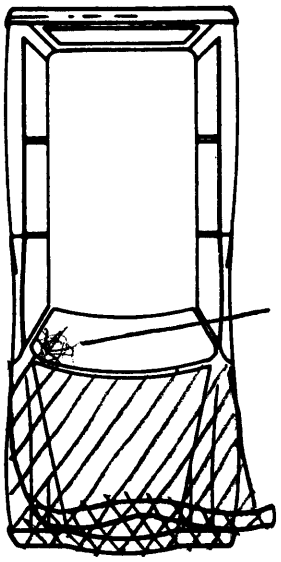
DRIVE WHEELS

☑ FWD ☐ RWD ☐ 4WD

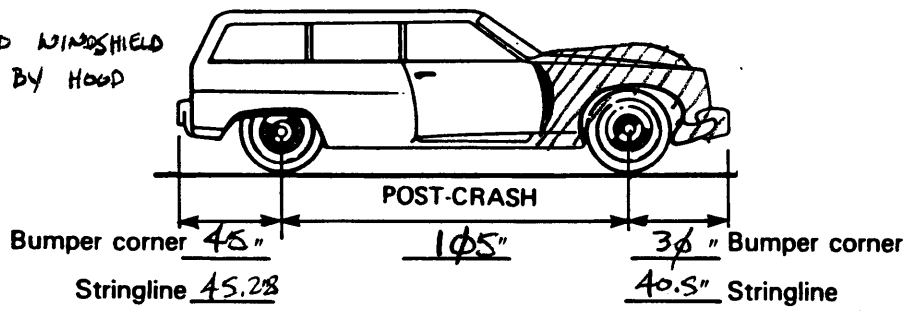
Approximate Cargo Weight ~50 LBS.







CRACKED WINDSHIELD CAUSED BY HOOD



FRAME SHIFT L4"

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

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

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	029	00	F	D	E	W	02

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 73
2. Case Number - Stratum 013 C
3. Vehicle Number 01

INTEGRITY

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

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

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

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

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

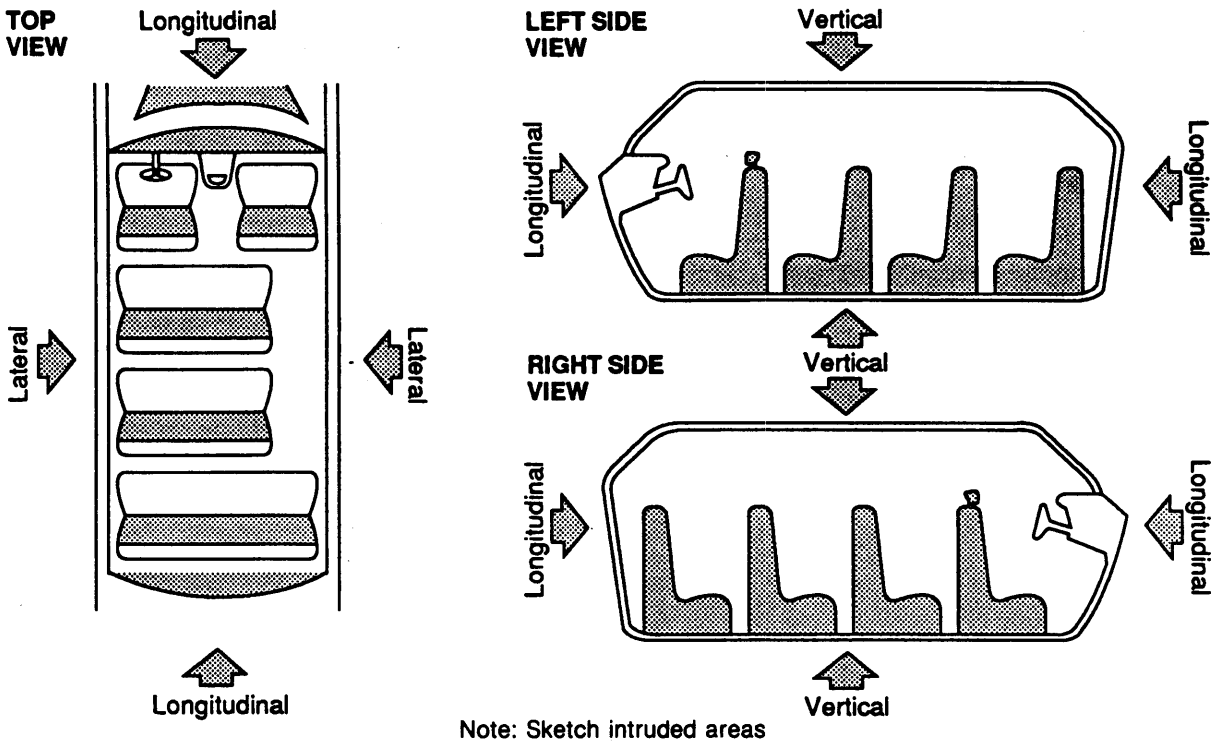
(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify):
_____
(9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11-13	TOE PAN	21	–	21	=	Ø	LONG.
11-13	DASH	34	–	34	=	Ø	"
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

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

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

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

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
NONE	—		=	
	—		=	
	—		=	
	—		=	

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.

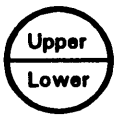
91. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

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 077,000
74,763 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown

Source: [redacted]

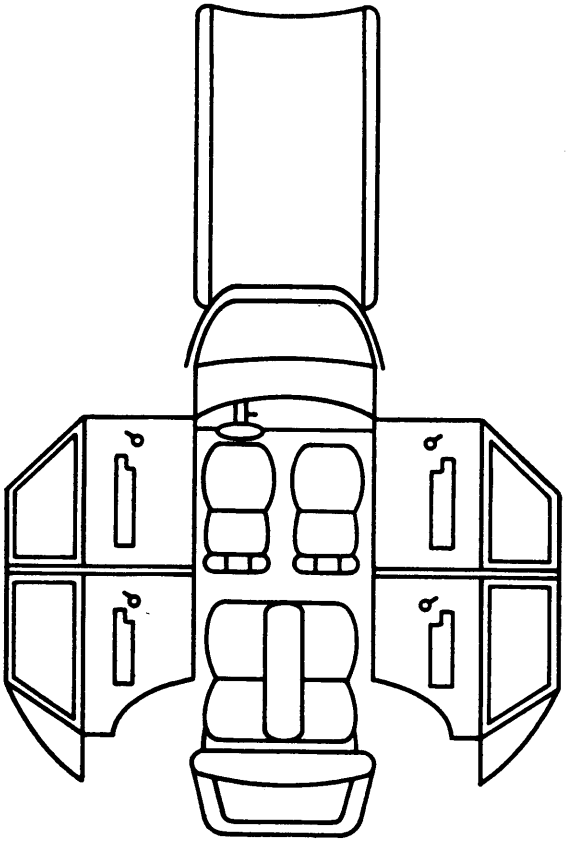
95. Instrument Panel Damage from Occupant Contact? 0
(0) No
(1) Yes
(9) Unknown

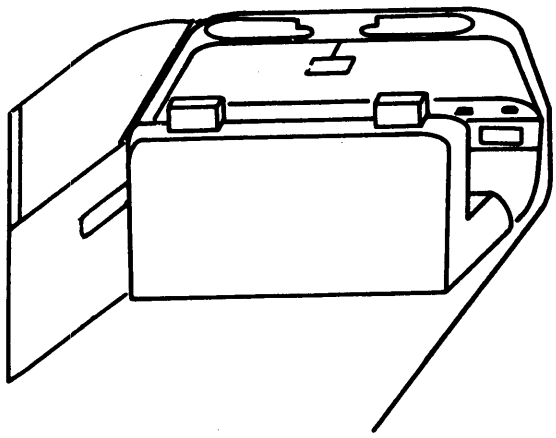
96. Knee Bolsters Deformed from Occupant Contact? 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

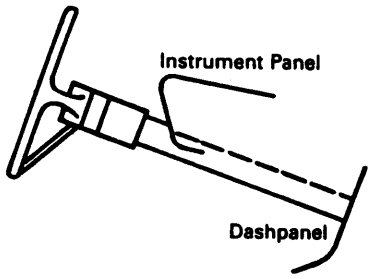
97. Did Glove Compartment Door Open During Collision(s)? 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

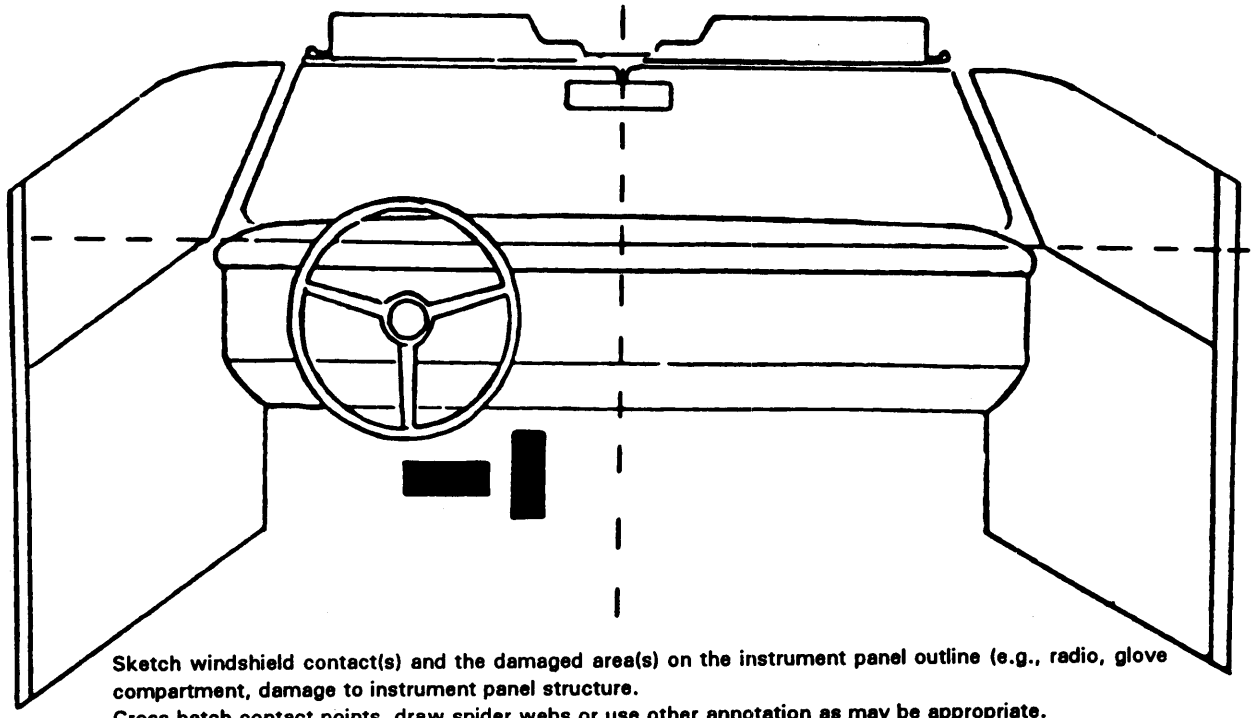
Note area of ejection/entrapment







—NO VISUAL PHYSICAL EVIDENCE



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.

93-013C
VI

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					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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

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

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

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

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

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

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

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

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

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	ϕ	ϕ
	Use	ϕ	ϕ
	Type	ϕ	ϕ
	Proper Use	ϕ	ϕ
	Failure Modes	ϕ	ϕ

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

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

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

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

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

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

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
SECOND	Availability	9	9	9
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

Manual (Active) Belt System Use

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

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

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

2. Child Safety Seat Orientation
   - (00) No child safety seat

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

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

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

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.
   - (00) No child safety seat

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

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

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

   - (99) Unknown if child safety seat used

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

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	Ø	3
	Seat Type	Ø3	Ø3	Ø3
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	Ø	Ø	Ø
	Seat Type	Ø5	Ø5	Ø5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [✓] Yes [ ]

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

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

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

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

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

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

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

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

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

CHILD SAFETY SEAT

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

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

30. Child Safety Seat Orientation 00
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00
32. Child Safety Seat Shield Usage 00
33. Child Safety Seat Tether Usage 00
Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

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

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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	73	3. Vehicle Number	01
2. Case Number - Stratum	013C	4. Occupant Number	01

INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. F	7. I	8. L	9. I	10. 1	11. 04	12. 1	13. 1	14. 00
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.

HS Form 433B (1/92)

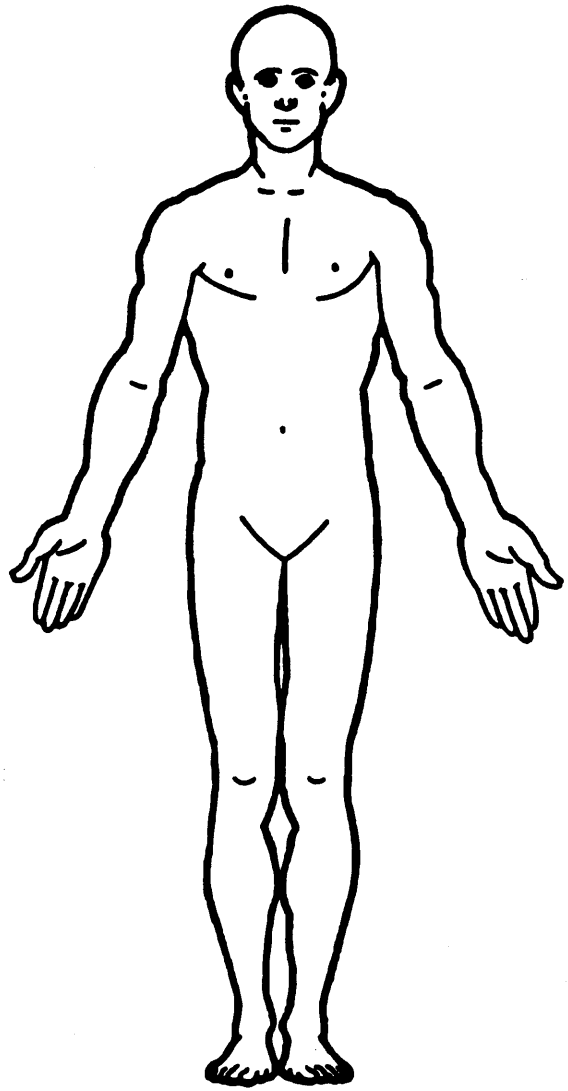
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

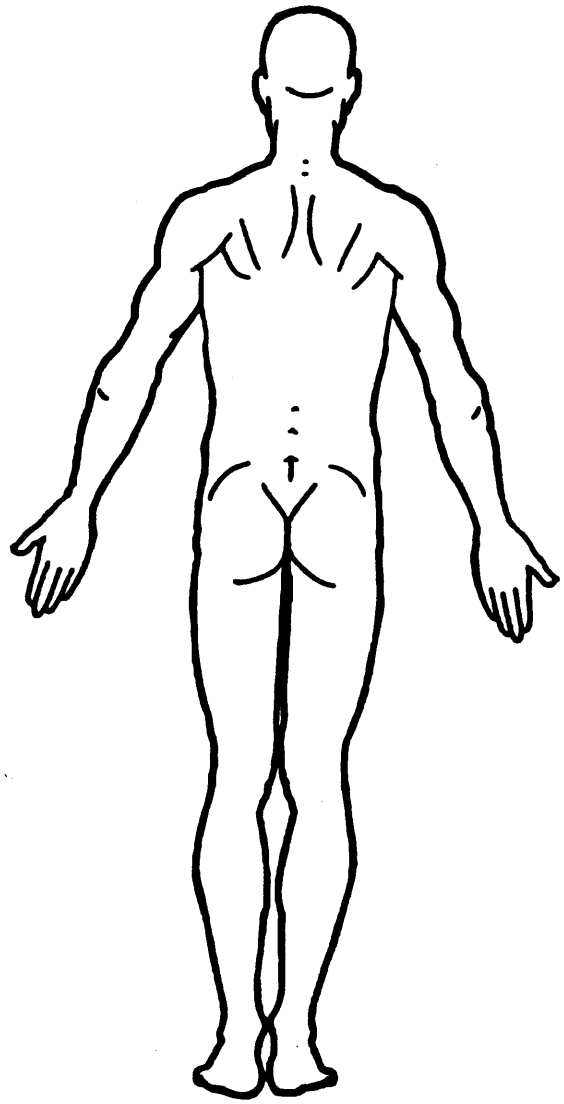
OCCUPANT INJURY DATA

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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





SOURCE OF INJURY DATA

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

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

(9) Police

INJURY SOURCE

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

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

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

(28) Left side window sill

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

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

(38) Right side window sill

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

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

(49) Other interior object (specify):

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

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

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

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

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

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

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

(83) Unknown exterior of other motor vehicle

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

(86) Unknown vehicle or object

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☑ No

☐ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

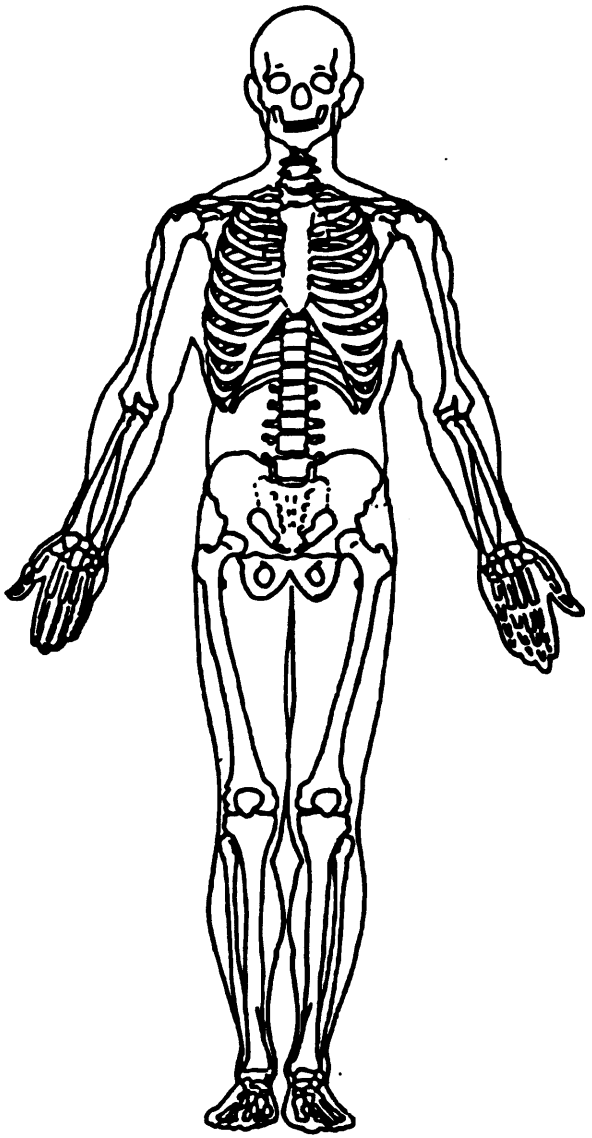
pH = __.__

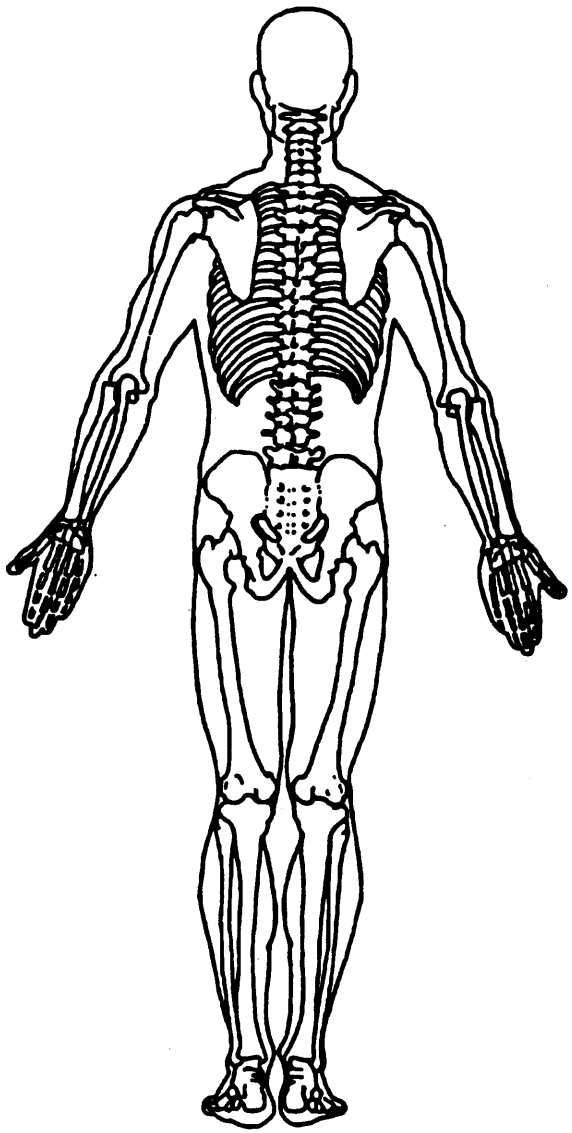
PO_2 = ____

PCO_2 ____

HCO_3 ____

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

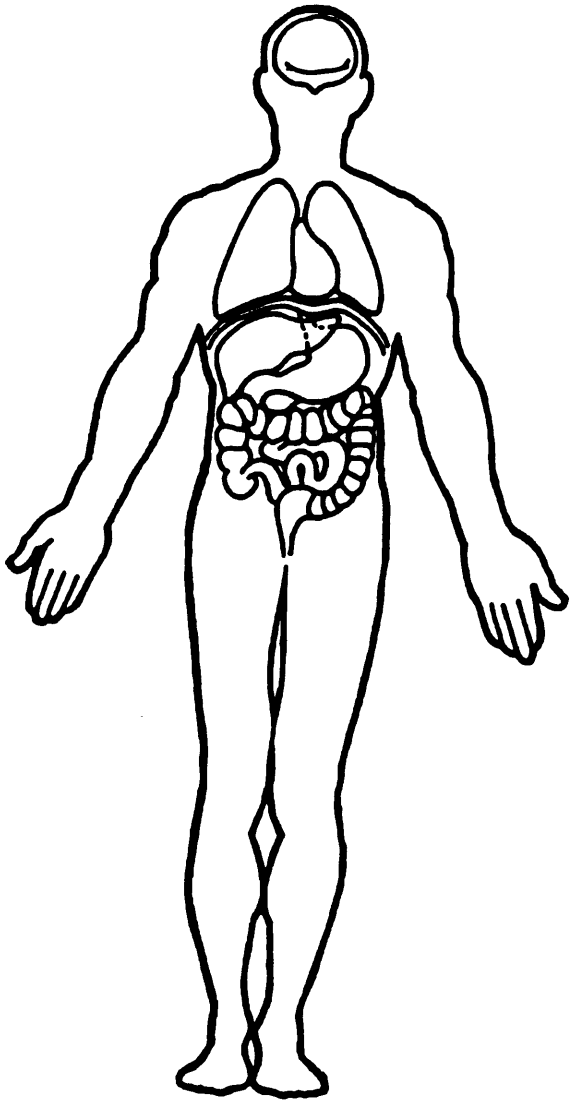


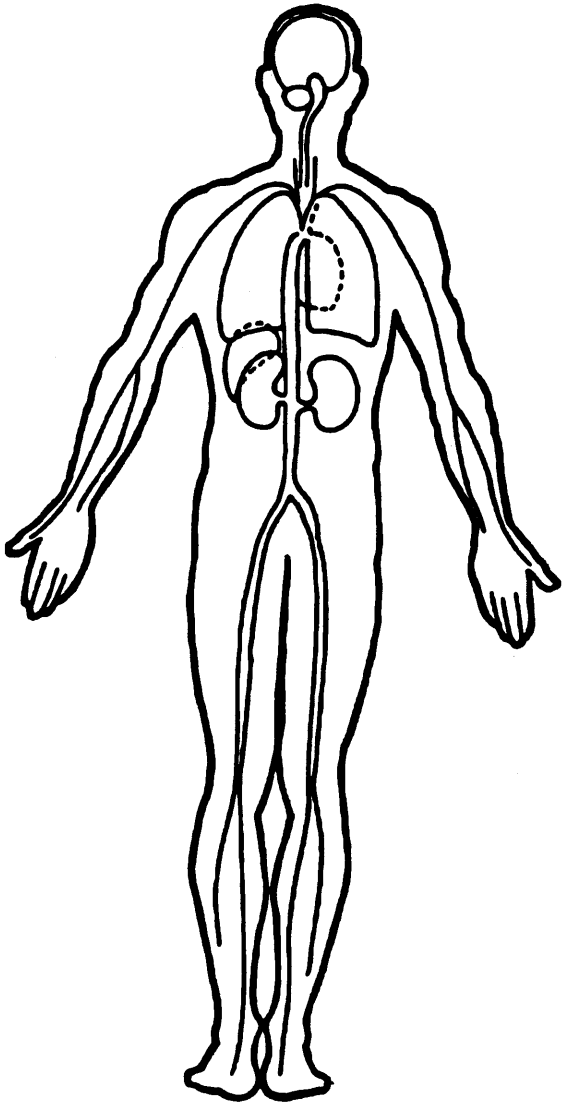


73-013C

OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number — Stratum: 0130
3. Vehicle Number: 01
4. Occupant Number [redacted]: 01

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	96	
GV39.	Other Drug Specimen Test Type for Driver	0	
GV40.-GV41.	Narcotic Drug	00	
GV42.-GV43.	Depressant Drug	00	
GV44.-GV45.	Stimulant Drug	00	
GV46.-GV47.	Hallucinogen Drug	00	
GV48.-GV49.	Cannabinoid Drug	00	
GV50.-GV51.	Phencyclidine (PCP)	00	
GV52.-GV53.	Inhalant Drug	00	
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	00	
GV56.	Driver's Zip Code	[redacted]	
GV57.	Driver's Race/Ethnic Origin	2	
OA05.	Occupant's Age	83	
OA06.	Occupant's Sex	1	
OA07.	Occupant's Height	64	
OA08.	Occupant's Weight	140	
OA17.	Manual (Active) Belt System Availability	4	
OA18.	Manual (Active) Belt System Use	00	

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	0	
OA22.	Air Bag System Deployment	0	
OA35.	Treatment - Mortality	4	
OA36.	Type of Medical Facility (for Initial Treatment)	1	
OA37.	Hospital Stay	00	
OA38.	Working Days Lost	97	
OA39.	Time to Death	00	
OA40.	1st Medically Reported Cause of Death	00	
OA41.	2nd Medically Reported Cause of Death	00	
OA42.	3rd Medically Reported Cause of Death	00	
OA43.	Number of Recorded Injuries for This Occupant	01	
OA44.	Automatic (Passive) Belt System Availability/Function	0	
OA45.	Automatic (Passive) Belt System Use	0	
OA50.	Glasgow Coma Scale (GCS) Score	02	
OA51	Was the Occupant Given Blood?	9	1
OA52.	Arterial Blood Gases (ABG) - HCO_3	01	
____.	_____	____	____
____.	_____	____	____

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B ___ ___	___ ___ ___
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___ ___	___ ___ ___
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 08	111
i. Radiographic record(s) associated with ER visit	B ___ ___	___ ___ ___
j. Private physician	B ___ ___	___ ___ ___
Unofficial		
k. Lay coroner	B ___ ___	___ ___
l. EMS record	B ___ ___	111
m. Interviewee	B ___ ___	___ ___
n. Other source (specify): _____	B ___ ___	B ___ ___
o. Police report	B ___ ___	B ___ ___
OAL14. Medical Facility Code	03	03
OIL07. Date Official Medical Data Obtained	[redacted]	[redacted] 92

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. F	7. I	8. L	9. I	10. 1	11. 04	12. 1	13. 1	14. 00
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.

73-013C
V101

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. 3	6. F	7. I	8. L	9. I	10. 1	11. 04	12. 1	13. 1	14. 00
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.

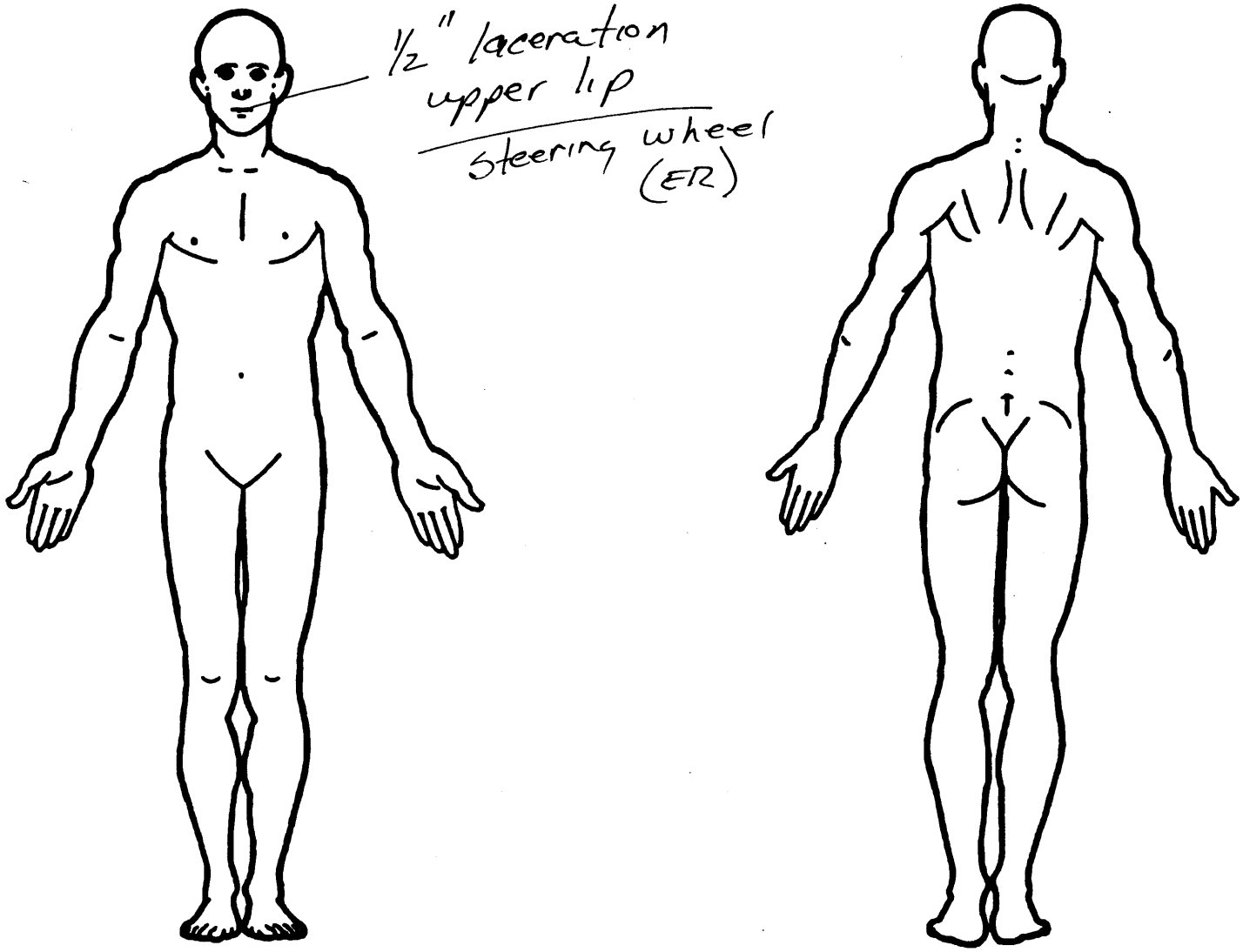
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



13-0130

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

_____

(9) Police

INJURY SOURCE

FRONT

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

_____

LEFT SIDE

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

_____

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

_____

(28) Left side window sill

RIGHT SIDE

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

_____

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

_____

(38) Right side window sill

INTERIOR

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

_____

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

_____

(49) Other interior object (specify):

_____

ROOF

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

FLOOR

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

REAR

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

_____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

_____

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

_____

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

_____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(84) Ground
(85) Other vehicle or object (specify)

_____

(86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

✓ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

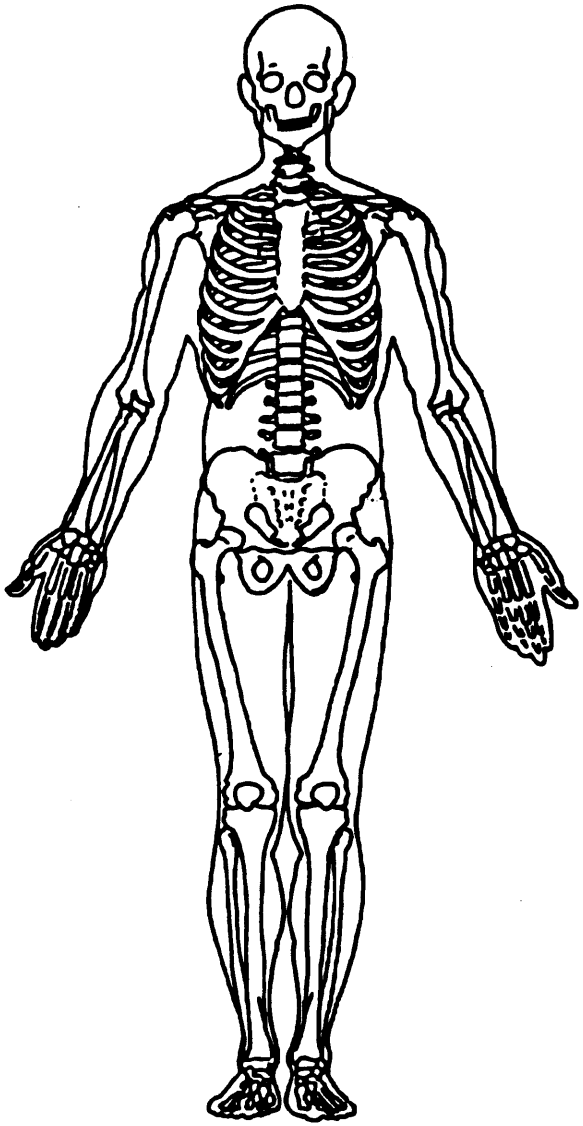
pH = __.__

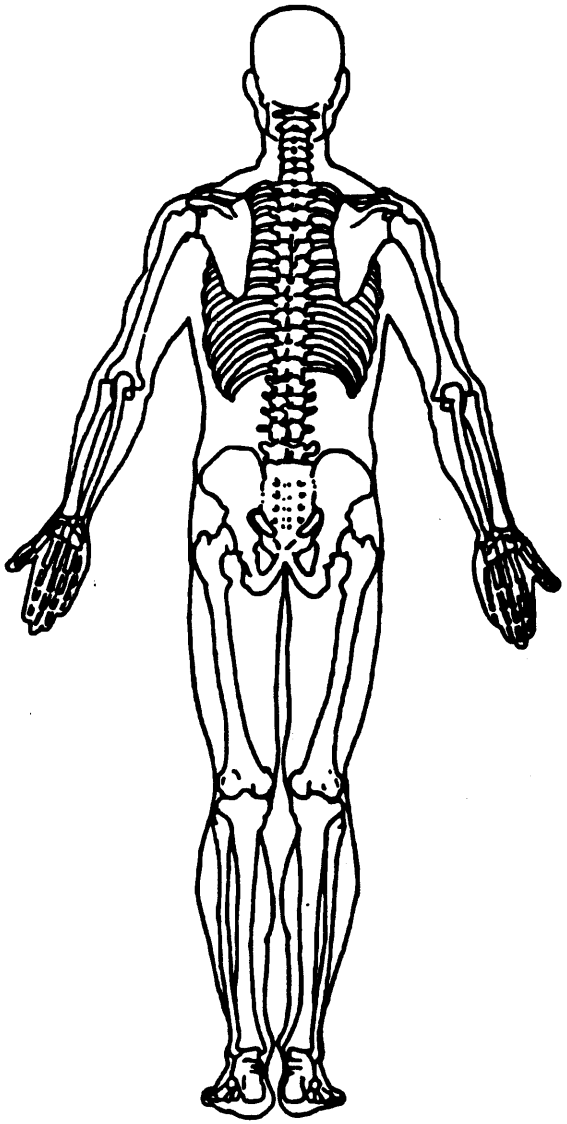
PO_2 = ____

PCO_2 ____

HCO_3 ____

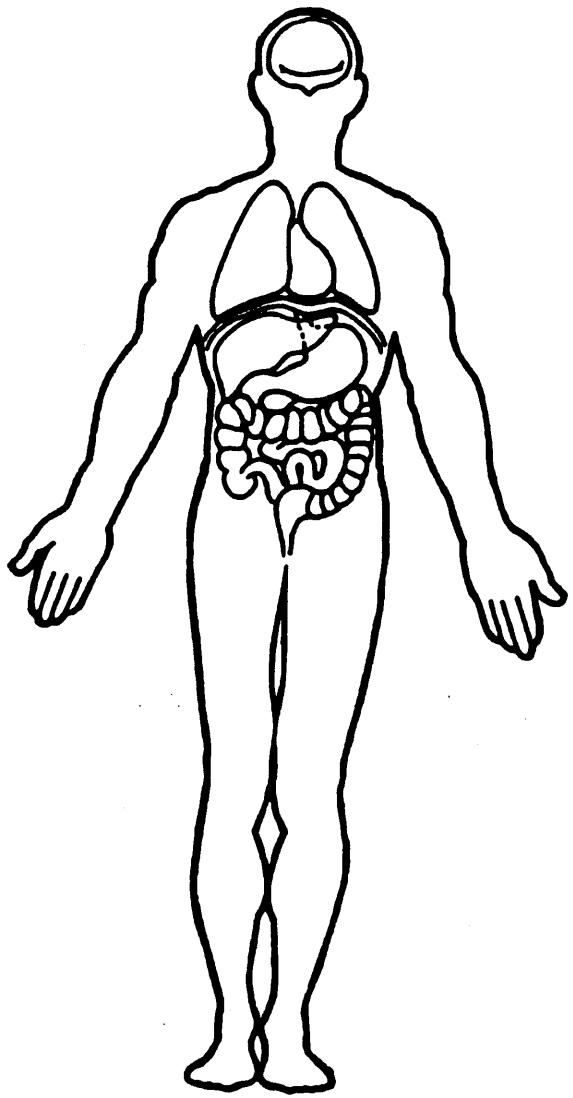
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

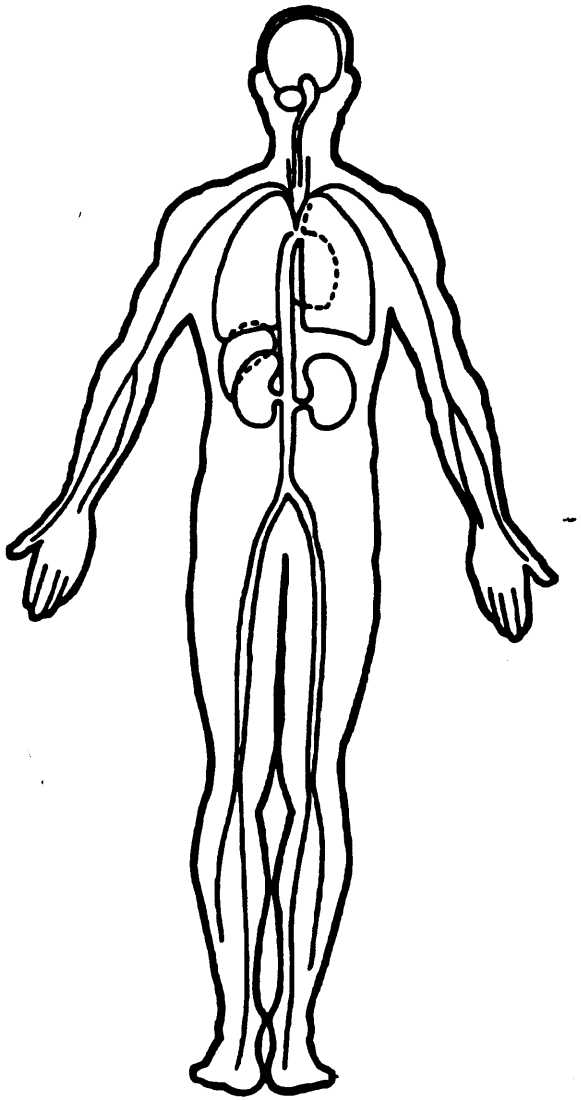




OFFICIAL INJURY DATA —INTERNAL INJURIES

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.)





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

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

CHILD SAFETY SEAT

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

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

30. Child Safety Seat Orientation 00
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00
32. Child Safety Seat Shield Usage 00
33. Child Safety Seat Tether Usage 00
Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number	73	3. Vehicle Number	01
2. Case Number - Stratum	013C	4. Occupant Number	02

INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. E	7. S	8. C	9. I	10. 1	11. 11	12. 1	13. 1	14. 00
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.

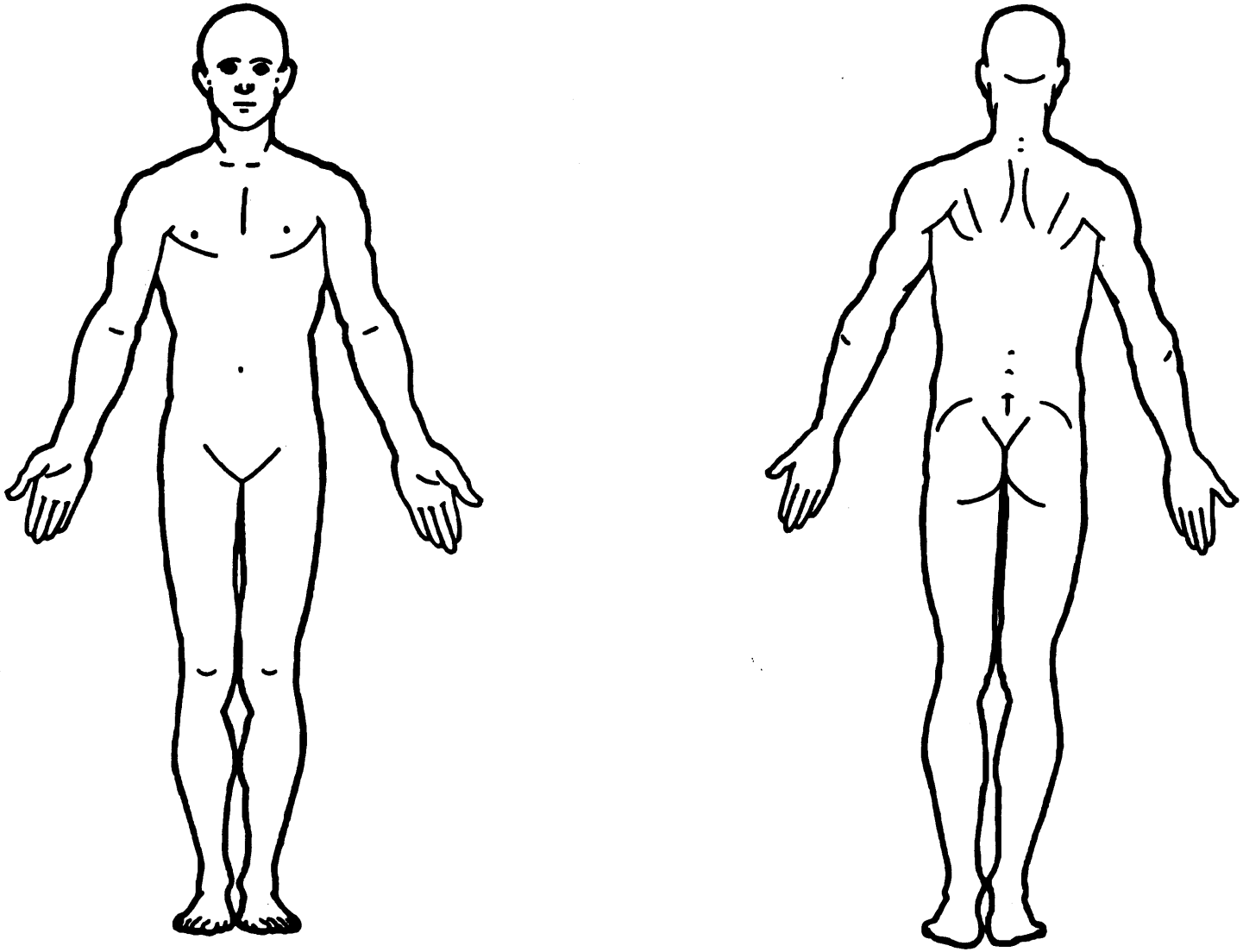
OCCUPANT INJURY DATA

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

13-0130

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., dishcarge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

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

_____

(9) Police

INJURY SOURCE

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

_____

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

_____

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

_____

(28) Left side window sill

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

_____

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

_____

(38) Right side window sill

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

_____

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

_____

(49) Other interior object (specify):

_____

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

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

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

_____

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

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

_____

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

_____

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

_____

(83) Unknown exterior of other motor vehicle

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

_____

(86) Unknown vehicle or object

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

✓ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

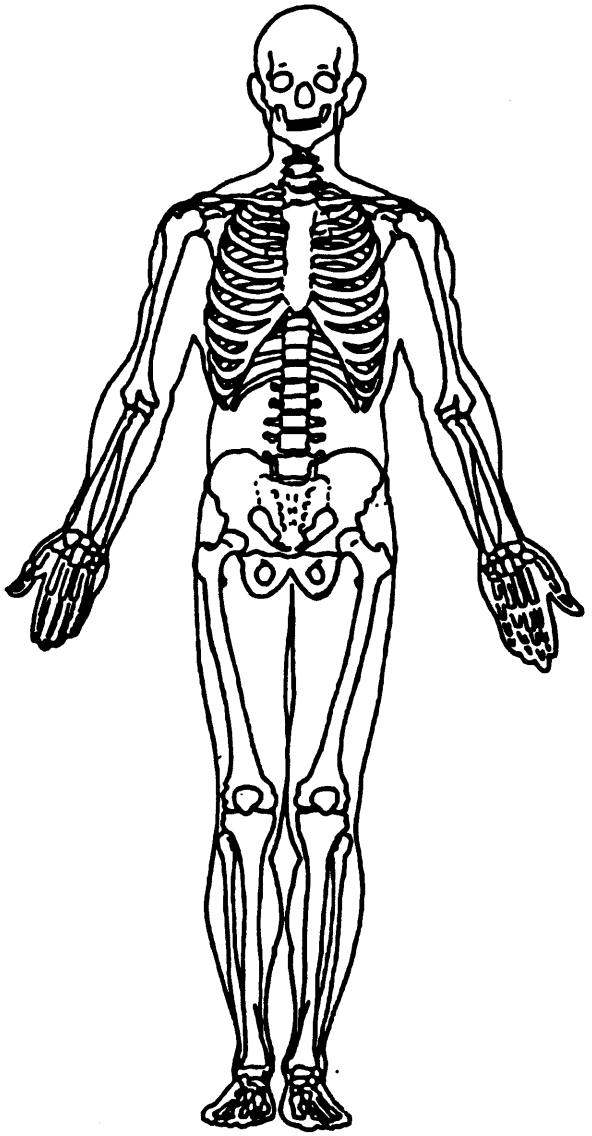
pH = __.__

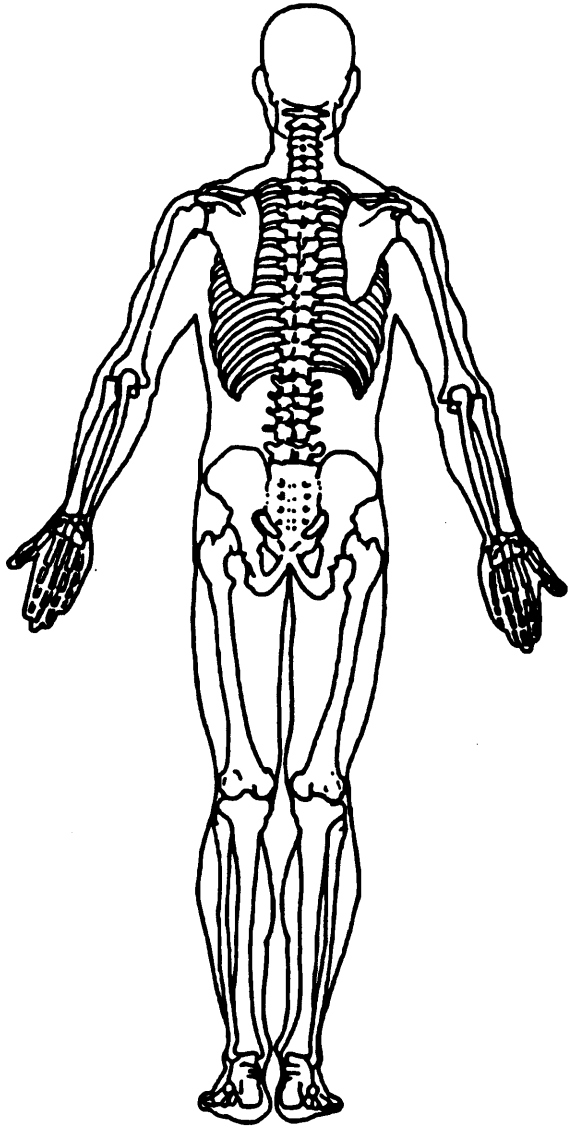
PO_2 = ____

PCO_2 ____

HCO_3 ____

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





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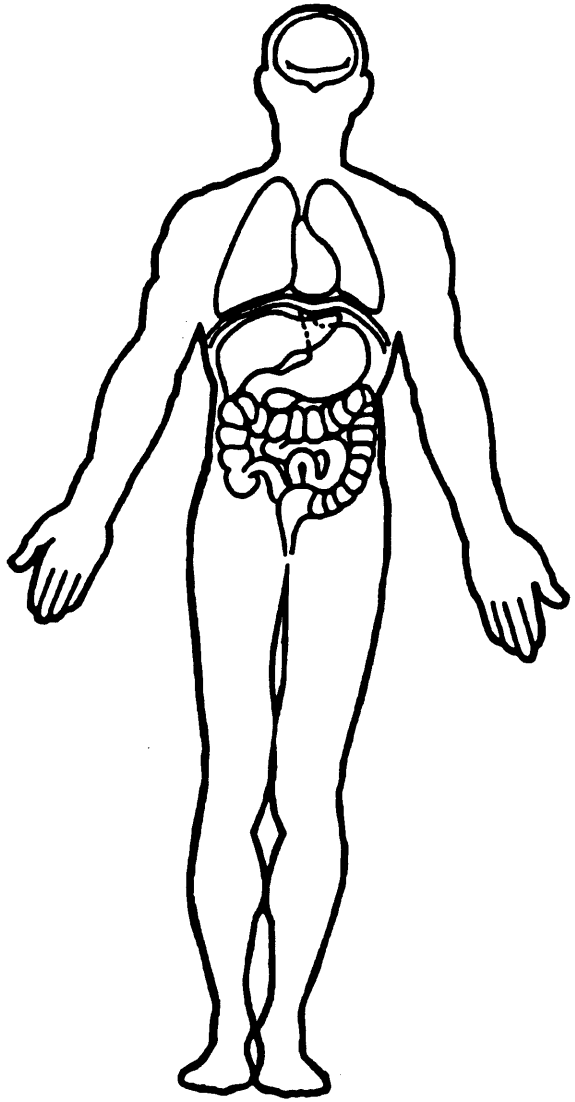
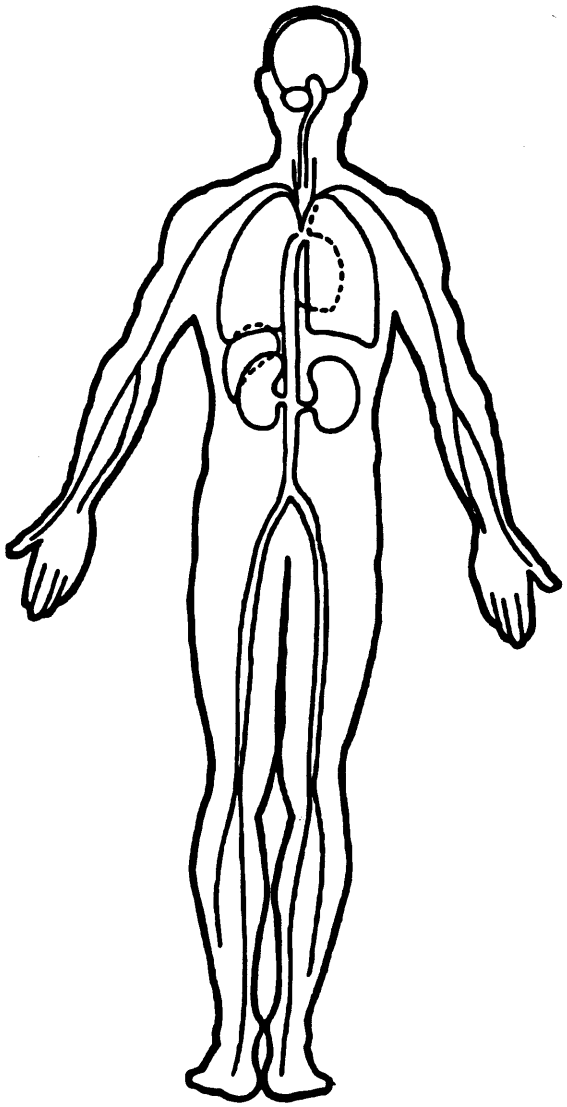
OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number – Stratum: 0 1 3 C
3. Vehicle Number: 0 1
4. Occupant Number: [redacted]1992 0 2

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	96	
GV39.	Other Drug Specimen Test Type for Driver	0	
GV40.-GV41.	Narcotic Drug	00	
GV42.-GV43.	Depressant Drug	00	
GV44.-GV45.	Stimulant Drug	00	
GV46.-GV47.	Hallucinogen Drug	00	
GV48.-GV49.	Cannabinoid Drug	00	
GV50.-GV51.	Phencyclidine (PCP)	00	
GV52.-GV53.	Inhalant Drug	00	
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	00	
GV56.	Driver's Zip Code	[redacted]	
GV57.	Driver's Race/Ethnic Origin	2	
OA05.	Occupant's Age	65	
OA06.	Occupant's Sex	2	
OA07.	Occupant's Height	62	
OA08.	Occupant's Weight	160	
OA17.	Manual (Active) Belt System Availability	4	
OA18.	Manual (Active) Belt System Use	00	

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	0	
OA22.	Air Bag System Deployment	0	
OA35.	Treatment - Mortality	4	
OA36.	Type of Medical Facility (for Initial Treatment)	1	
OA37.	Hospital Stay	00	
OA38.	Working Days Lost	97	
OA39.	Time to Death	00	
OA40.	1st Medically Reported Cause of Death	00	
OA41.	2nd Medically Reported Cause of Death	00	
OA42.	3rd Medically Reported Cause of Death	00	
OA43.	Number of Recorded Injuries for This Occupant	01	03
OA44.	Automatic (Passive) Belt System Availability/Function	0	
OA45.	Automatic (Passive) Belt System Use	0	
OA50.	Glasgow Coma Scale (GCS) Score	02	
OA51	Was the Occupant Given Blood?	9	1
OA52.	Arterial Blood Gases (ABG) - HCO_3	01	
____.	_____	____	____
____.	_____	____	____

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B ___	___
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___
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 08	111
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 ___	B ___
OAL14. Medical Facility Code	03	03
OIL07. Date Official Medical Data Obtained	[redacted]	92

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. F	7. 5	8. C	9. I	10. 1	11. 11	12. 1	13. 1	14. 00
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.

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INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 3	6. E	7. S	8. C	9. I	10. 1	11. 11	12. 1	13. 1	14. ØØ
2nd	15. 3	16. P	17. R	18. C	19. I	20. 1	21. 3Ø	22. 3	23. 1	24. ØØ
3rd	25. 3	26. N	27. P	28. I	29. M	30. 1	31. 11	32. 1	33. 2	34. ØØ
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.

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

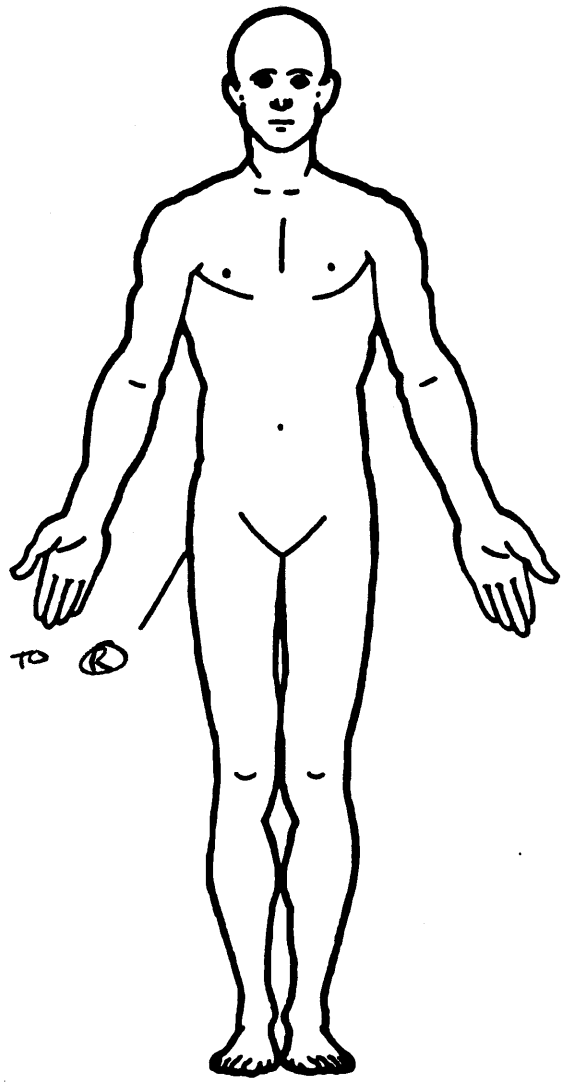
OCCUPANT INJURY DATA

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

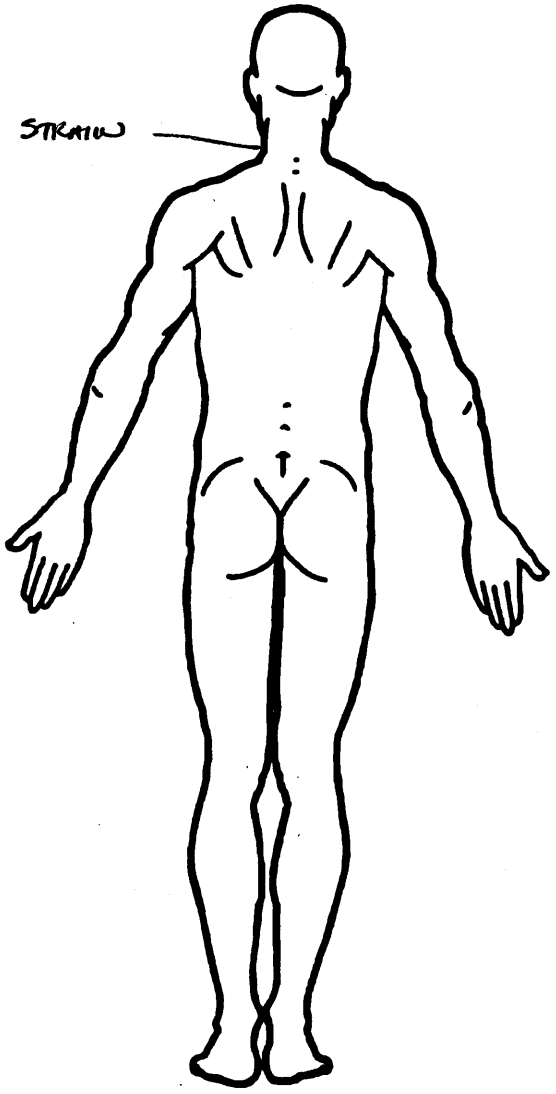
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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

All injuries
* ER REPORT



- CONTUSION TO (R) HIP



- CERVICAL STRAIN

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SOURCE OF INJURY DATA

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

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

(9) Police

INJURY SOURCE

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

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

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

(28) Left side window sill

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

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

(38) Right side window sill

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

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

(49) Other interior object (specify):

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

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

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

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

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

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

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

(83) Unknown exterior of other motor vehicle

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

(86) Unknown vehicle or object

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

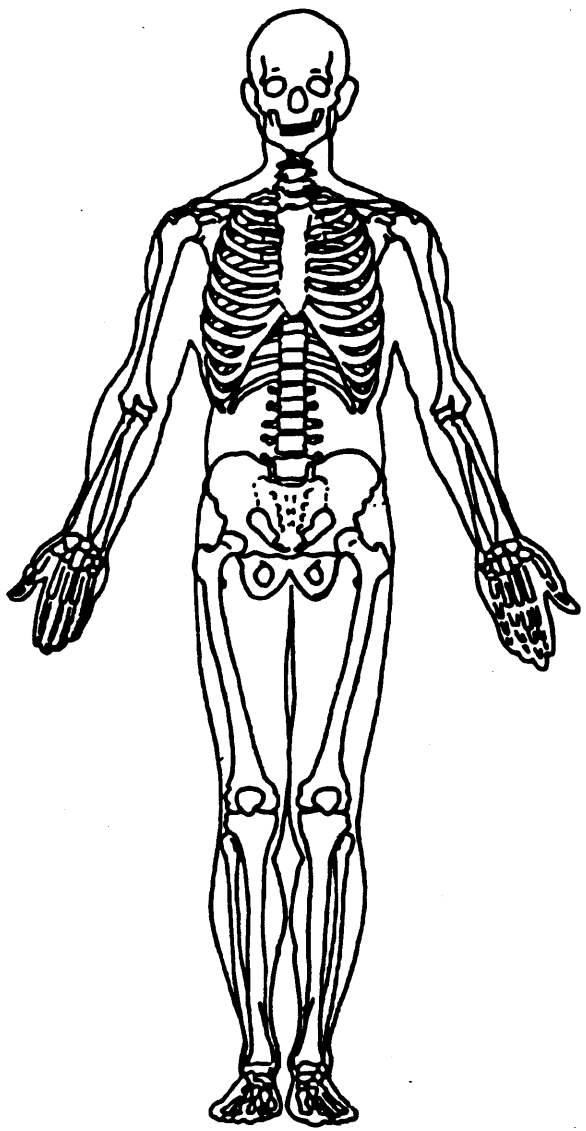
pH = __.__

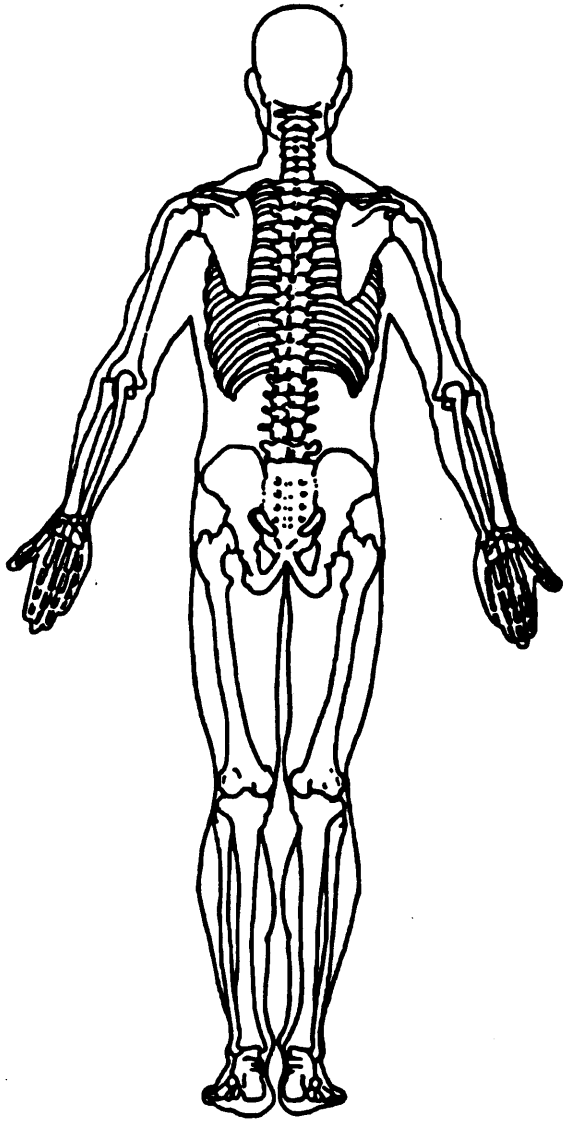
PO_2 = ____

PCO_2 ____

HCO_3 ____

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





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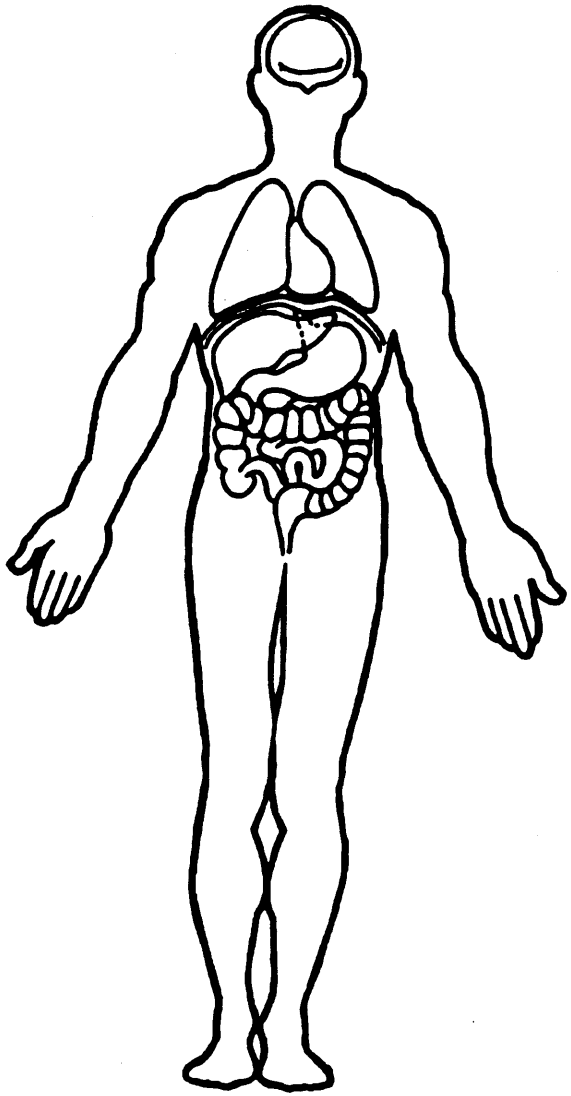
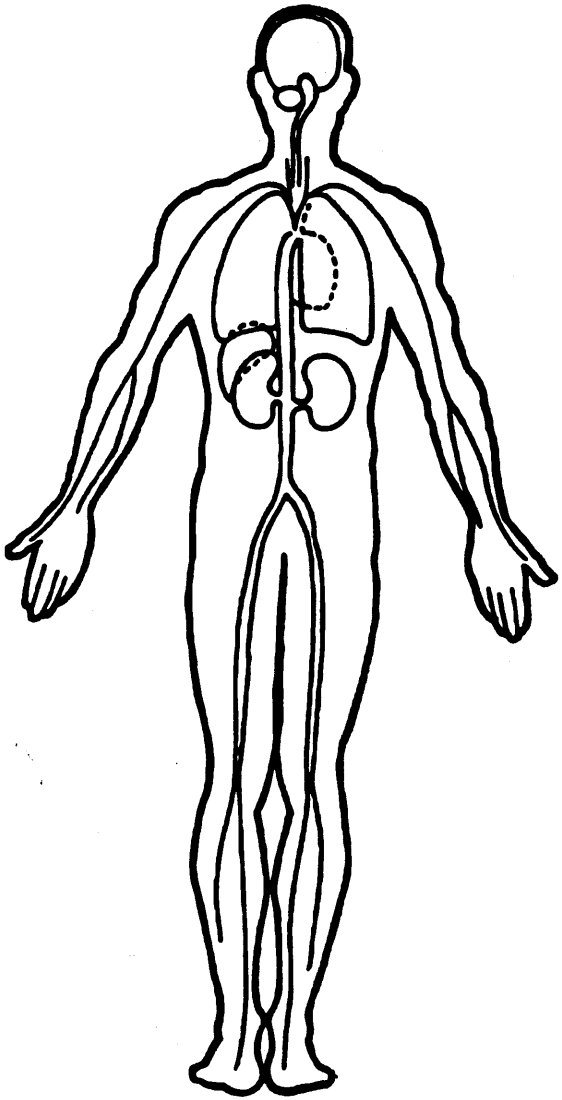
OFFICIAL INJURY DATA —INTERNAL INJURIES

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





OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted: 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 03,600
    3606 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown
    Source: [redacted] "91"

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

RECONSTRUCTION DATA

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

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

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

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

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

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

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

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

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

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

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle: 090

28. Heading Angle For Other Vehicle: ~~180~~ 175

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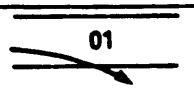
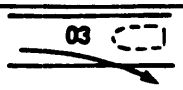
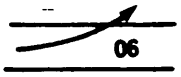
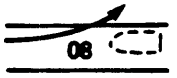
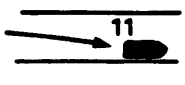
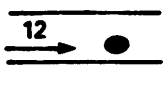
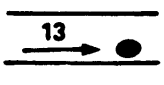
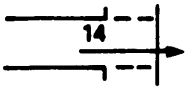
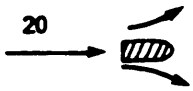
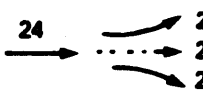
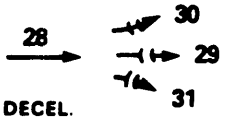
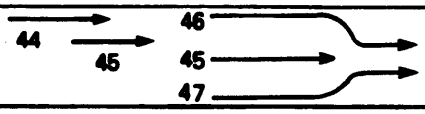
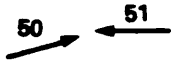
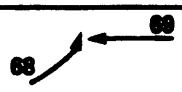
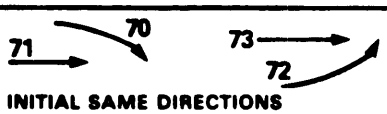
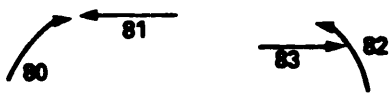
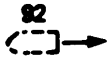
Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION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

OTHER DATA

56. Driver's Zip Code [redacted]

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

57. Driver's Race/Ethnic Origin 9 2
(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

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2nd Rev 3 _

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

ROLLOVER DATA

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

59. Rollover Initiation Type Ø
(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 Ø
(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 ØØ

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied Ø
(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 Ø
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) Ø1 03
(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

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2nd Rev 3 _

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CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

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

(45) Breakaway pole or post (any diameter)

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

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

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

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

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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number - Stratum: 0130
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN 1G3CW53L6M[redacted] Model Year 91

Vehicle Make (specify): OLDSMOBILE Vehicle Model (specify): 98 REGENCY BROUGHAM

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
01	STARTS 11" REAR OF LF AXLE	STARTS 15" REAR OF LF AXLE

CRUSH PROFILE

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
01	(R) SIDE PANEL	47"	23.5"	75"	0	7.5	13.75	23	12.8	5.75	+20
			0		0	0	0	0	0	0	
			23.5"		0	7.8	13.78	23	12.5	5.75	
			BETWEEN								
			C3 + C4								

HS Form 435A (Rev. 1/92)

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	110.8
Overall Length	205.8
Maximum Width	74.6
Curb Weight	Regency Elite 3606 / Touring 3,689
Average Track	60.5 / 60.2
Front Overhang	45.2 - 43
Rear Overhang	49.7 - 42.5
Engine Size: cyl./ displ.	3.8L-V6-FI
Undeformed End Width	65" FRONT

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

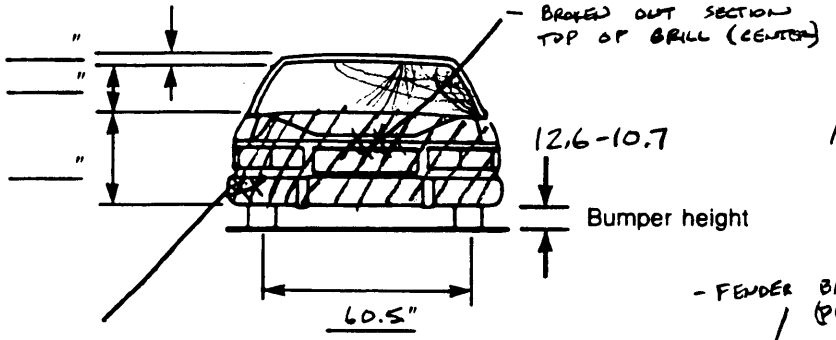
RF ± 0 0 °
LF ± 0 0 °
RR ± 0 0 °
LR ± 0 0 °

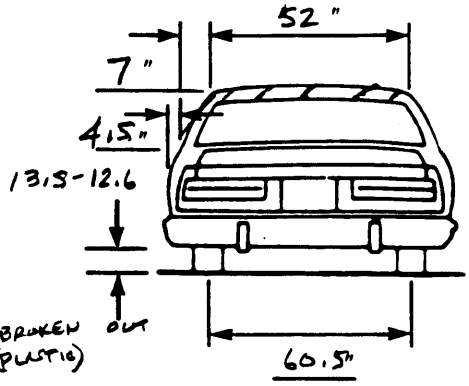
Within ±5 degrees

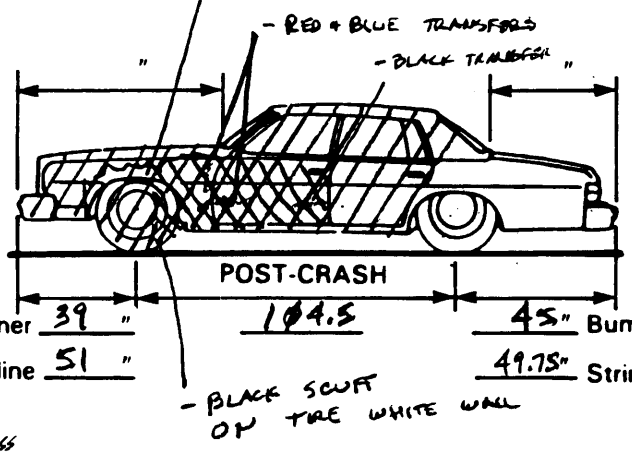
DRIVE WHEELS

☑ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight 450 LBS.

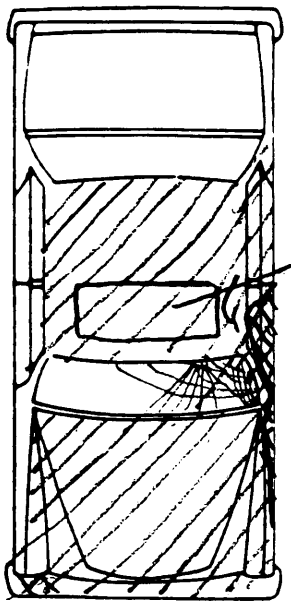


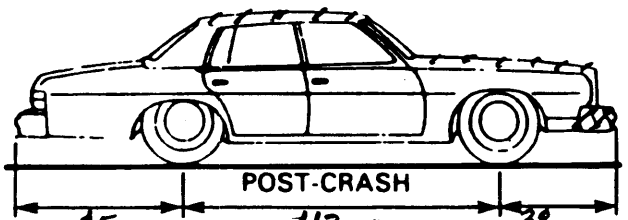




Bumper corner 39" 104.5" 45" Bumper corner

Stringline 51" 49.75" Stringline





Bumper corner 45" 112" 38" Bumper corner

Stringline 49.75 45.25 Stringline

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

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

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	299	00	L	Y	E	W	04

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 73
2. Case Number - Stratum 0130
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06
(00) No integrity loss

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

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

(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 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

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

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

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

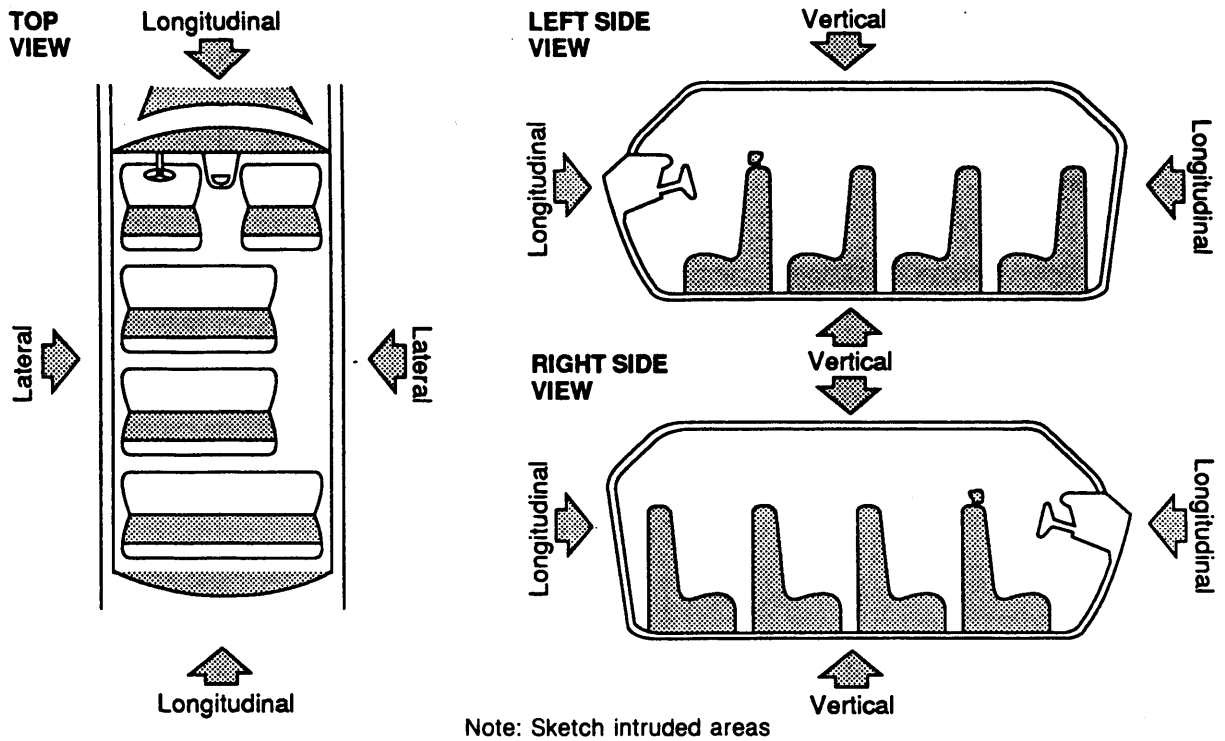
(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	A-PILLAR	28	–	27	=	1"	LAT.
11	KICK PANEL	25	–	23.5	=	1.5"	〃
11	DASH	28	–	25	=	(10) 3"	〃
11	FLOOR SILL	28	–	22	=	(7) 6"	〃
11	SEAT CUSHION	27	–	12.5	=	(1) 14.5"	〃
11	SEAT BACK	27	–	16	=	(4) 11"	〃
11	ROOF EDGE	23.5	–	20	=	(9) 3.5"	〃
11	DOOR	27	–	12.5	=	(2) 14.5"	〃
~~11~~	~~DOOR SILL~~	~~29~~	~~–~~	~~19~~	=	~~12"~~	~~〃~~
21	B-PILLAR	27	–	16	=	(3) 11"	〃
21	DOOR	27	–	20	=	(6) 7"	〃
~~21~~	~~DOOR SILL~~	~~29~~	~~–~~	~~18~~	=	~~11"~~	~~〃~~
21	ROOF EDGE	23.5	–	20.5	=	3"	〃
21	SEAT CUSHION	26.5	–	22.25	=	(8) 4.25"	〃
21	FLOOR SILL	28	–	19	=	(5) 9"	〃
21	SEAT BACK	28	–	25.5	=	2.5"	〃

Document no more than the 15 most severe intrusions

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OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 11	48. 24	49. 4	50. 3
2nd	51. 11	52. 10	53. 4	54. 3
		NASS Cdng Chg 1st Rev 8 C: 07	2nd Rev 8 _	
3rd	55. 11	56. 26	57. 4	58. 3
	NASS Cdng Chg 1st Rev 8 C: 21	17	NASS Cdng Chg 1st Rev 8 C	2nd Rev 8 _
4th	59. 11	60. 19	61. 3	62. 3
	NASS Cdng Chg 1st Rev 8 C: 21	2nd Rev 8 _		
5th	63. 21	64. 07	65. 3	66. 3
		10	NASS Cdng Chg 1st Rev 8 C	2nd Rev 8 _
6th	67. 21	68. 26	69. 3	70. 3
	NASS Cdng Chg 1st Rev 8 C: 11	2nd Rev 8 _		
7th	71. 21	72. 17	73. 3	74. 3
		24	NASS Cdng Chg 1st Rev 8 C	2nd Rev 8 _
8th	75. 21	76. 10	77. 3	78. 3
		13	NASS Cdng Chg 1st Rev 8 C	2nd Rev 8 _
9th	79. 11	80. 17	81. 3	82. 3
	NASS Cdng Chg 1st Rev 8 C: 11	02	NASS Cdng Chg 1st Rev 8 C	2nd Rev 8 _
10th	83. 21	84. 24	85. 2	86. 3

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

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

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE		—	DAMAGE VALUE	=	DEFORMATION
LAT.	15.8	—	16	=	.5" →
VERT.	17	—	17	=	Ø
LONG.	19	—	19	=	Ø
		—		=	

STEERING COLUMN

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

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

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

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

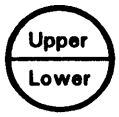
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

92. Steering Rim/Spoke Deformation — 1
18 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 — 06
(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 — 06,000
5522 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown

Source: [redacted]

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

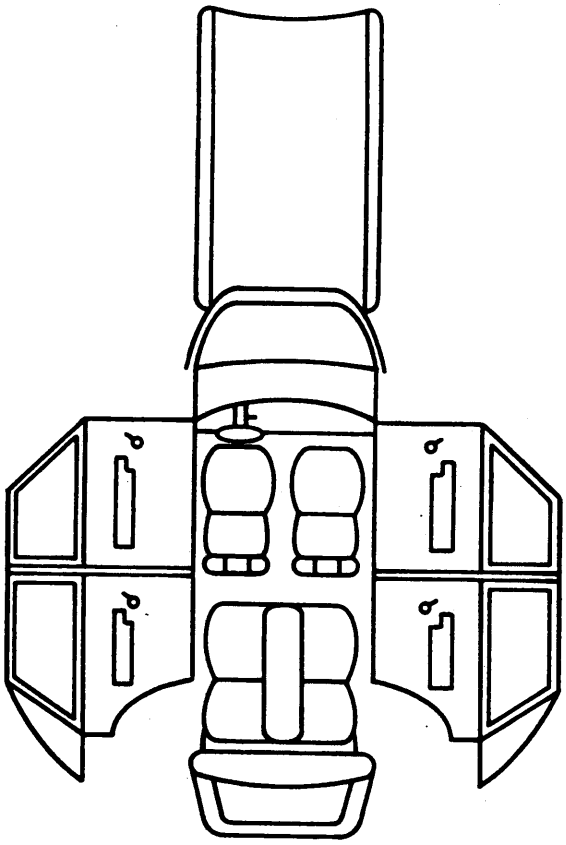
96. Knee Bolsters Deformed from Occupant Contact? — 0 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

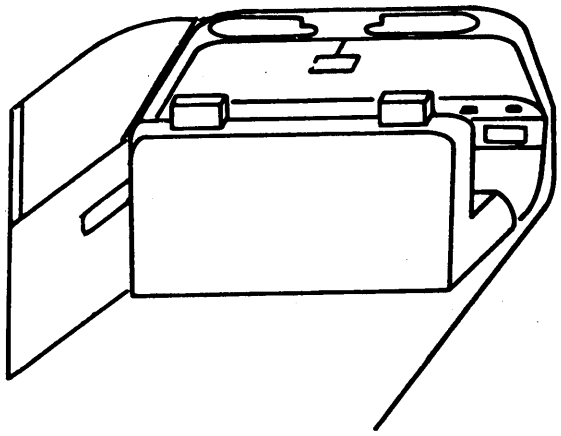
NASS Coding Chg
1st Rev 3 C
2nd Rev 3 _

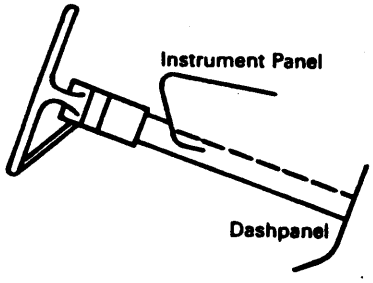
97. Did Glove Compartment Door Open During Collision(s)? — 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

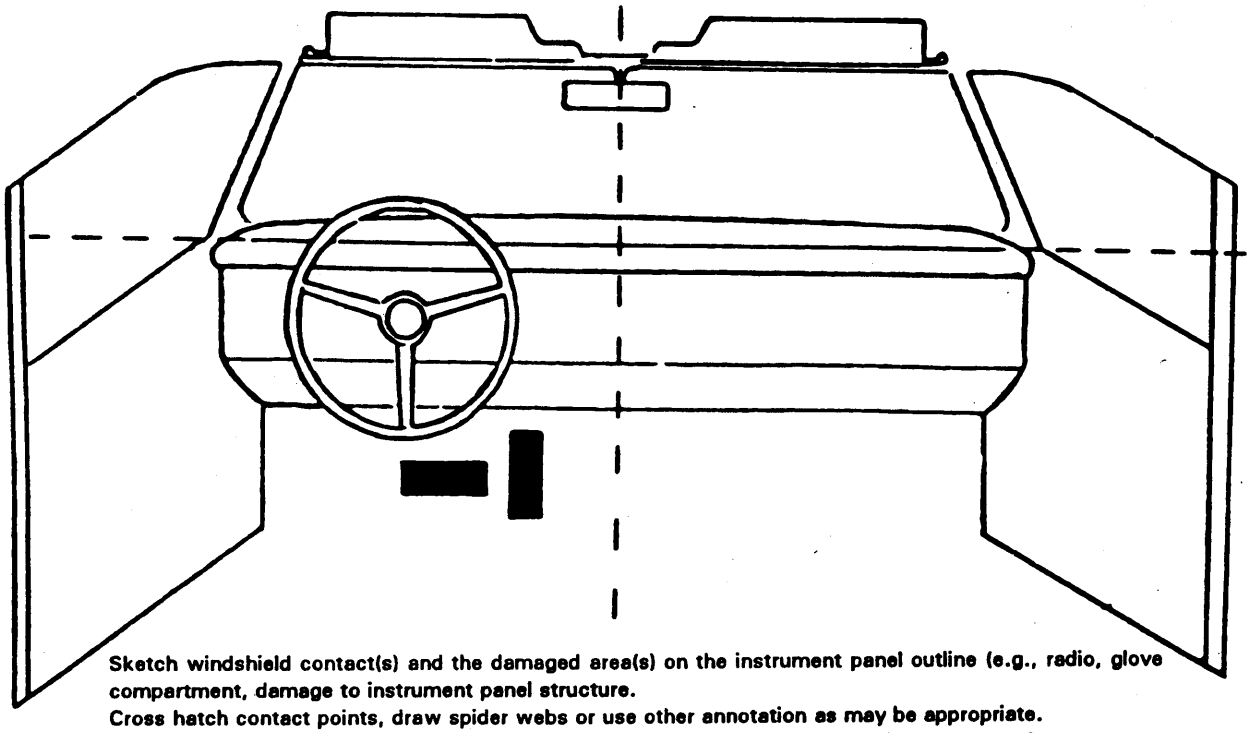
Note area of ejection/entrapment







- NO VISIABLE PHYSICAL EVIDENCE



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					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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

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

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

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

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

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

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

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

F		Left	Right
I	Availability/Function	1	Ø
R	Deployment	4	Ø
S	Failure	1	Ø
T			

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	Availability/Function	Ø	Ø
I	Use	Ø	Ø
R	Type	Ø	Ø
S	Proper Use	Ø	Ø
T	Failure Modes	Ø	Ø

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

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

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

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

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

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

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	ØØ	ØØ	ØØ
	Failure Modes	Ø	Ø	Ø
SECOND	Availability	4	3	4
	Use	ØØ	ØØ	ØØ
	Failure Modes	Ø	Ø	Ø
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

Manual (Active) Belt System Use

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

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

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

2. Child Safety Seat Orientation
   - (00) No child safety seat

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

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

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

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.
   - (00) No child safety seat

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

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

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

   - (99) Unknown if child safety seat used

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

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

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EJECTION/ENTRAPMENT DATA

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

EJECTION No [✓] Yes [ ]

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

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

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

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

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

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

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 04
(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): INTRUSION THROUGH DRIVER'S DOOR AREA
(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

PSU NUMBER 73

CASE NUMBER 013C

VEHICLE NUMBER 02

OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

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

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 73
2. Case Number – Stratum: 0130
3. Vehicle Number: 02
4. Occupant Number: 01
[redacted] 1992

Driver or Occupant Name: _____
Address: _____
_____
Other Information: _____
_____
(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

		INITIAL SUBMISSION	UPDATED INFORMATION
GV12.	Alcohol Test Result Result for Driver	00	
GV39.	Other Drug Specimen Test Type for Driver	0	
GV40.-GV41.	Narcotic Drug	00	
GV42.-GV43.	Depressant Drug	00	
GV44.-GV45.	Stimulant Drug	00	
GV46.-GV47.	Hallucinogen Drug	00	
GV48.-GV49.	Cannabinoid Drug	00	
GV50.-GV51.	Phencyclidine (PCP)	00	
GV52.-GV53.	Inhalant Drug	00	
GV54.-GV55.	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	00	
GV56.	Driver's Zip Code	[redacted]	
GV57.	Driver's Race/Ethnic Origin	2	
OA05.	Occupant's Age	62	
OA06.	Occupant's Sex	1	
OA07.	Occupant's Height	99	73
OA08.	Occupant's Weight	180	210
OA17.	Manual (Active) Belt System Availability	4	
OA18.	Manual (Active) Belt System Use	99	

		INITIAL SUBMISSION	UPDATED INFORMATION
OA21.	Air Bag System Availability/Function	1	
OA22.	Air Bag System Deployment	4	
OA35.	Treatment - Mortality	1	
OA36.	Type of Medical Facility (for Initial Treatment)	1	
OA37.	Hospital Stay	00	
OA38.	Working Days Lost	62	
OA39.	Time to Death	01	
OA40.	1st Medically Reported Cause of Death	99	01
OA41.	2nd Medically Reported Cause of Death	00	02
OA42.	3rd Medically Reported Cause of Death	00	03
OA43.	Number of Recorded Injuries for This Occupant	97	06
OA44.	Automatic (Passive) Belt System Availability/Function	0	
OA45.	Automatic (Passive) Belt System Use	0	
OA50.	Glasgow Coma Scale (GCS) Score	97	01
OA51	Was the Occupant Given Blood?	9	1
OA52.	Arterial Blood Gases (ABG) - HCO_3	97	01
___.	_____	___	___
___.	_____	___	___

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___
OAL13. Injury Information		
Official		
a. Autopsy (invasive examination)	B Ø8	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 ___	B ___
OAL14. Medical Facility Code	1Ø	1Ø
OIL07. Date Official Medical Data Obtained	[redacted]	92

INJURY DATA CODED ON INITIAL SUBMISSION

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

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

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INJURY DATA

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

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

1st Rev 3 C
2nd Rev 3

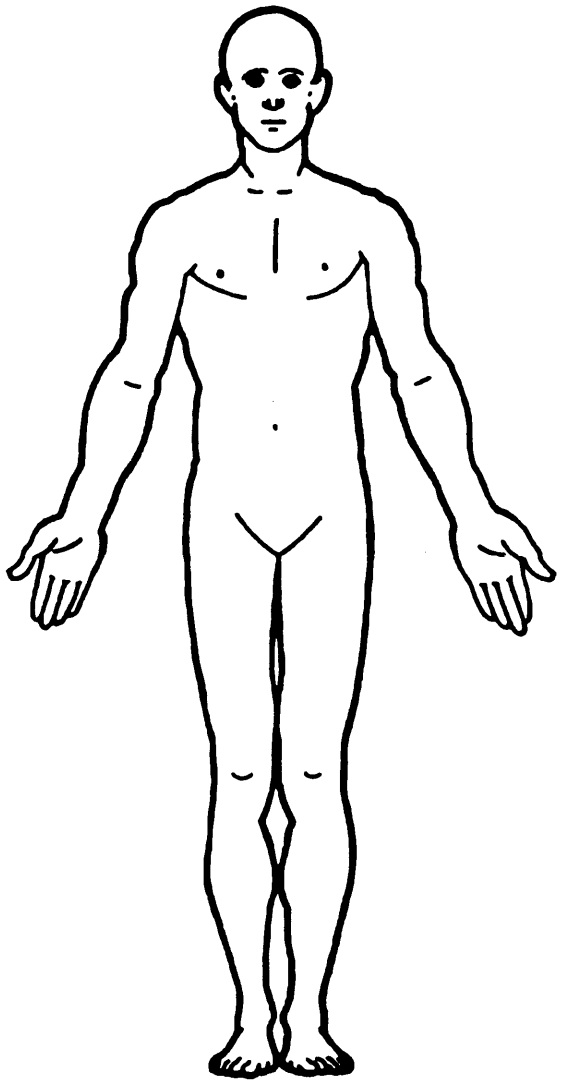
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

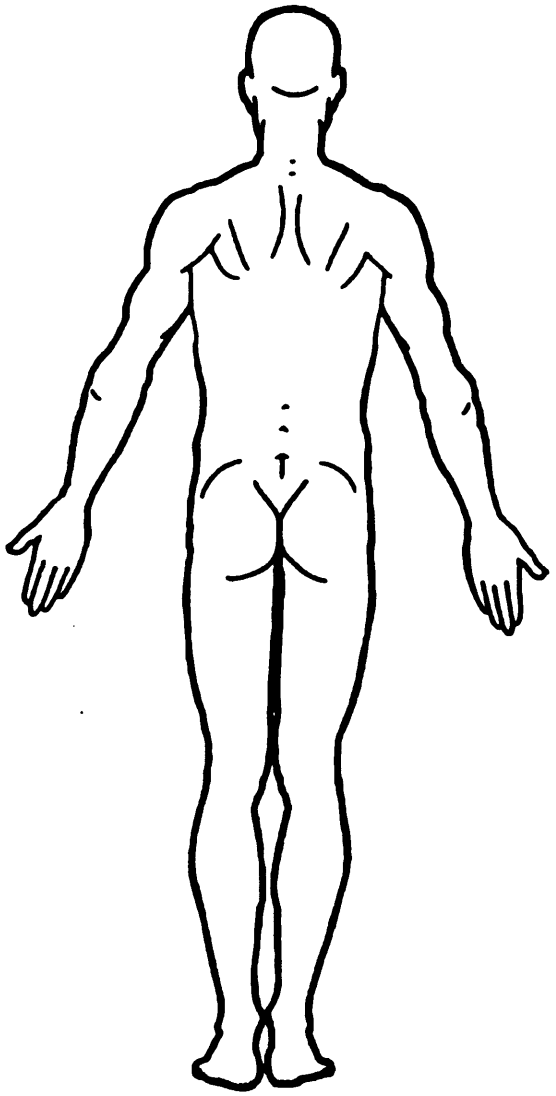
OCCUPANT INJURY DATA

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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





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SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

_____

(9) Police

INJURY SOURCE

FRONT

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

_____

LEFT SIDE

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

_____

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

_____

(28) Left side window sill

RIGHT SIDE

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

_____

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

_____

(38) Right side window sill

INTERIOR

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

_____

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

_____

(49) Other interior object (specify):

_____

ROOF

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

FLOOR

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

REAR

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

_____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

_____

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

_____

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

_____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(84) Ground
(85) Other vehicle or object (specify)

_____

(86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

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

Lesion

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

System/Organ

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

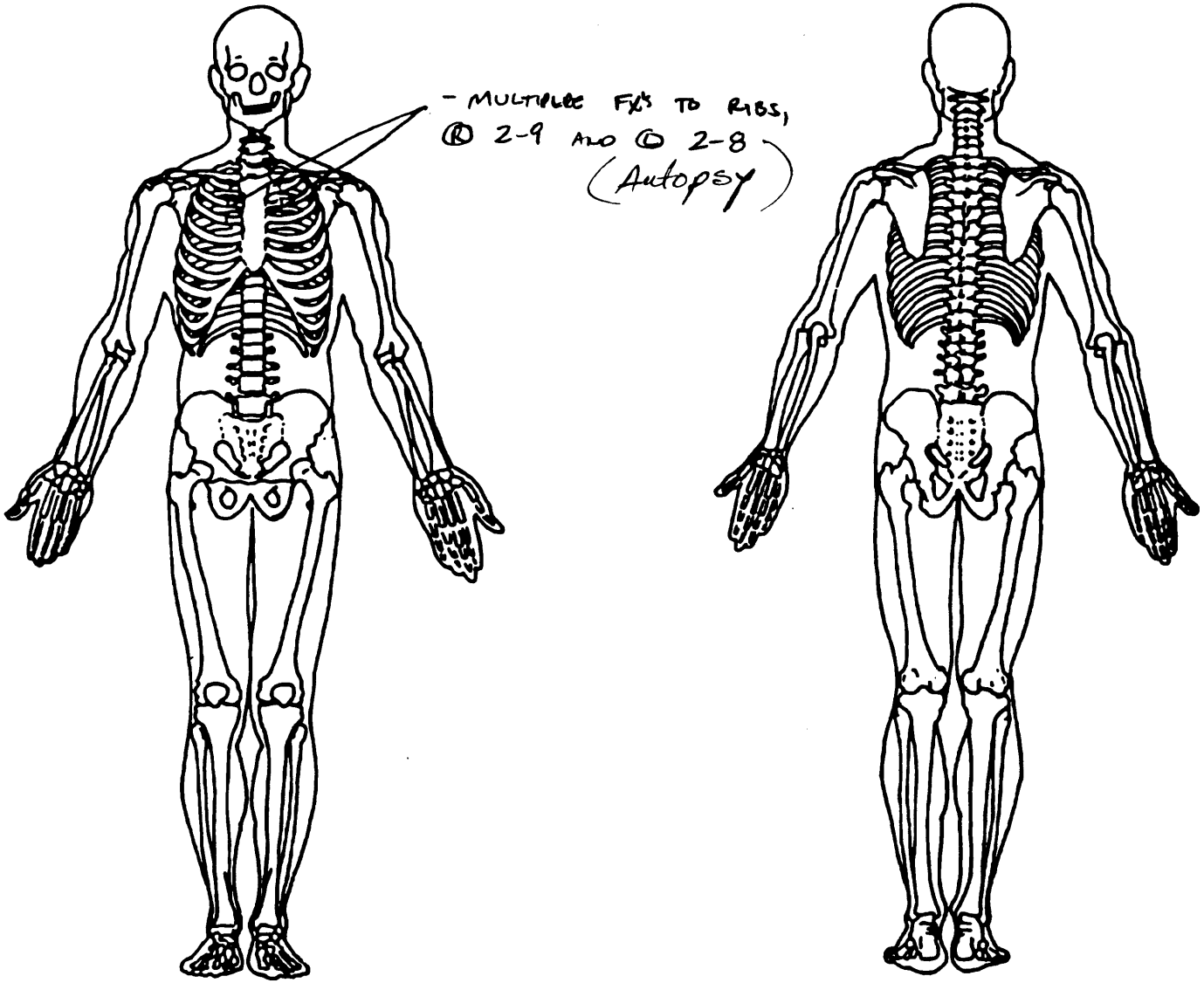
pH = __.__

PO_2 = ____

PCO_2 ____

HCO_3 ____

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



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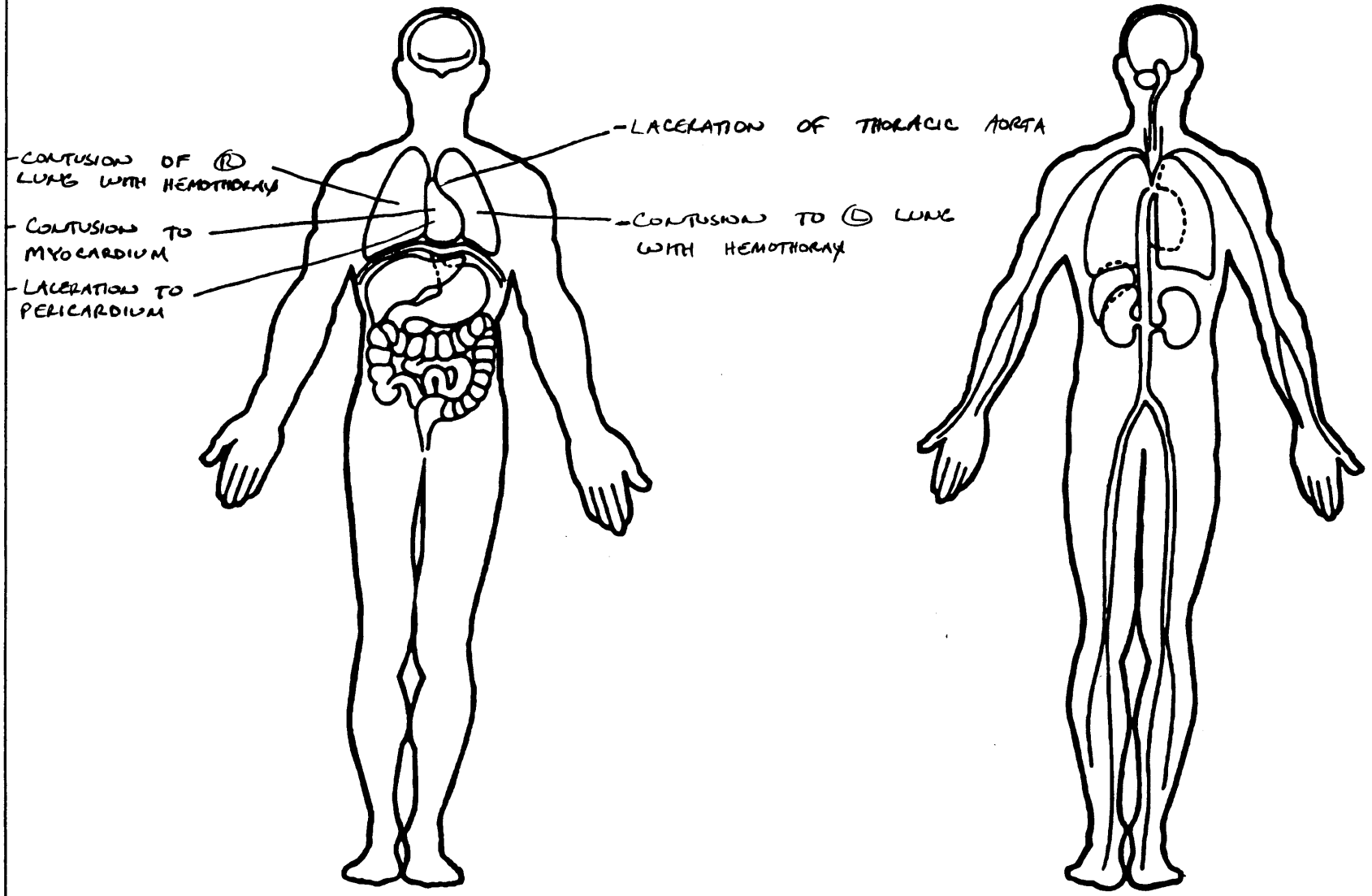
OFFICIAL INJURY DATA —INTERNAL INJURIES

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

* AUTOPSY REPORT



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

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

73	013C	01	[redacted] 92
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1985	CHEVY	CELEBRITY WAGON	01
Vehicle 2	1991	OLDS	98	02

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	3	4
Weight	3041 (Curb) + 300 (Occupant(s)) + 0 (Cargo) = 3341	3604 (Curb) + 180 (Occupant(s)) + 0 (Cargo) = 3786
CDC	01FDEW2	10LYEW4
PDOF	09	-41 +299
Stiffness	9	4

SCENE INFORMATION

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

	VEHICLE 1	VEHICLE 2
Rest Position		
X		
Y		
PSI		
Impact Position		
X		
Y		
PSI		
Slip Angle		

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

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

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

FRICTION INFORMATION

Coefficient of Friction ___ ___ ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LF ___ . ___ ___ RF ___ . ___ ___

Vehicle 2 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LF ___ . ___ ___ RF ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LF ___ ___ ___ RF ___ ___ ___

Vehicle 2 Steer Angles

LF ___ ___ ___ RF ___ ___ ___

LF ___ ___ ___ RF ___ ___ ___

Terrain Boundary [ ] No [ ] Yes

First Point

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

Second Point

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

Secondary Coefficient of Friction . ___ ___ ___

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage Length	062.00	75.00
Crush Depths C1	10.50	00.00
C2	11.00	7.50
C3	13.25	13.75
C4	16.50	23.00
C5	10.50	12.50
C6	08.50	08.75
Damage Offset	± 000.00	∓ 020.00

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

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

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

TITLE

CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICLE 1	
SIZE	3
WEIGHT	3341.
CDC	01FDEW2
PDOF	29.00
STIFFNESS	9
CANCEL	ACCEPT

VEHICLE 2	
SIZE	4
WEIGHT	3786.
CDC	10LYEW4
PDOF	-61.00
STIFFNESS	4
CANCEL	ACCEPT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE INFORMATION

VEHICLE #1	
DAMAGE LENGTH	62.00
CRUSH DEPTHS	
C1	10.50
C2	11.00
C3	13.25
C4	16.50
C5	10.50
C6	8.500
DAMAGE OFFSET	.000
CANCEL	ACCEPT

VEHICLE #2	
DAMAGE LENGTH	75.00
CRUSH DEPTHS	
C1	.000
C2	7.500
C3	13.75
C4	23.00
C5	12.50
C6	5.750
DAMAGE OFFSET	20.00
CANCEL	ACCEPT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	20.7	-18.1	-10.0	29.0
	VEH #2	18.3	-8.9	16.0	-61.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 62505.6 FT-LB VEH#2: 52272.6 FT-LB

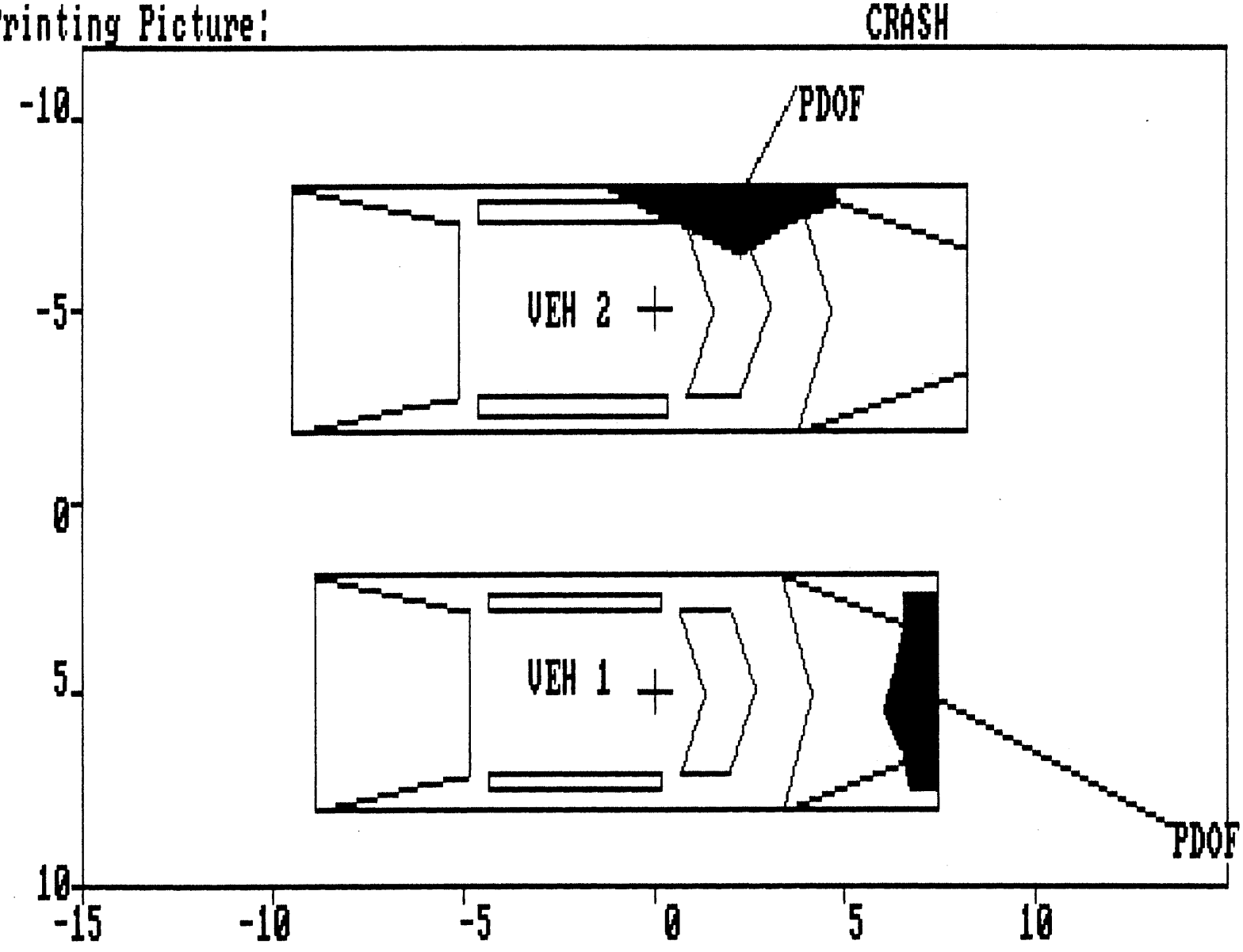
SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 3		TYPE	CATEGORY 4	
STIFFNESS	CATEGORY 9		STIFFNESS	CATEGORY 4	
WEIGHT	3341.0 LBS.		WEIGHT	3786.0 LBS.	
CDC	01FDEW2		CDC	10LYEW4	
L	62.0 IN.		L	75.0 IN.	
C1	10.5 IN.		C1	.0 IN.	
C2	11.0 IN.		C2	7.5 IN.	
C3	13.3 IN.		C3	13.8 IN.	
C4	16.5 IN.		C4	23.0 IN.	
C5	10.5 IN.		C5	12.5 IN.	
C6	8.5 IN.		C6	5.8 IN.	
D	.0		D	20.0	
RHO	1.00	*	RHO	1.00	*
ANG	29.0 DEG.		ANG	-61.0 DEG.	
D'	-.3 IN.		D'	24.6 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	54.7	IN.
B1	=	55.5	IN.	B2	=	59.2	IN.
TR1	=	58.9	IN.	TR2	=	61.8	IN.
I1	=	28875.4	LB-SEC**2-IN	I2	=	36826.4	LB-SEC**2-IN
M1	=	8.687	LB-SEC**2/IN	M2	=	9.844	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	98.8	IN.
XR1	=	-106.4	IN.	XR2	=	-114.0	IN.
YS1	=	36.3	IN.	YS2	=	38.5	IN.

Printing Picture:



DAMAGE DESCRIPTION

1992 ACCIDENT FORM

1. PSU Number 73 2. Case Number 013C

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/92 5. Accident Time 1420

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. F	016. 02	017. 04	018. L
019. 02	020. 02	021. 04	022. F	023. 68	024. 00	025. 0

****

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year	85	5. Make	20
6. Model	017	7. Body Type	06
8. VIN	1G1AW35R2[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	30	14. Attempted Avoid. Manuever	03
15. Accident Type	88		

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

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

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	180	28. Heading Angle Other Vehicle	090
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	21
31. Longitudinal Component of Delta V	-18
32. Lateral Component of Delta V	-10
33. Energy Absorption	0625
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0
37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code [redacted]
57. Driver's Race/Ethnic Origin 2
58. Vehicle Special Use (This Trip) 0

ROLLOVER DATA

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01
65. Initial Critical (Precrash) Event 17
66. Precrash Stability After Avoidance Maneuver 4
67. Precrash Directional Consequences Corrective Action 4

****

1992 VEHICLE EXTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

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

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
L		11	11	13	17	11	09		000
062									

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp.

28. Original Wheelbase 104.9

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

****

1992 VEHICLE INTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 00

Door, Tailgate or Hatch opening
5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

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

Glazing Damage from Occupant Contact
23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

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

OCCUPANT AREA INTRUSION

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

STEERING COLUMN

87. Steering Column Type	1	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	077,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 83 6. Sex 1 7. Height 64 8. Weight 140 9. Role 1
10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	3
25. Head Restraint Type/Damage by Occupant at this Position			3
26. Seat Type	03	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)	3	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	00
38. Working Days Lost	97	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

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

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	01

****

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 73
2. CASE NUMBER 013C
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

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.	7	F	I	L	I	1	04	1	1	00

****

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 65 6. Sex 2 7. Height 62 8. Weight 160 9. Role 2
10. Seat Position 13 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 3
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 03 27. Seat Performance 1

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 1 35. Treatment - Mortality 4
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

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

44. Automatic (Passive) Belt System Availability/Function 0
45. Automatic (Passive) Belt System Use 0
46. Automatic (Passive) Belt System Type 0
47. Proper Use of Automatic (Passive) Belt System 0
48. Automatic (Passive) Belt System Failure Mode 0
49. Seat Orientation (this Occupant Position) 1
50. Glasgow Coma Scale (GCS) Score 02
51. Was the Occupant Given Blood? 9
52. Arterial Blood Gases (ABG) - HCO3 01

****

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 73
2. CASE NUMBER 013C
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 02

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. 7	F	S	C	I	1	11	1	1	00

****

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year	91	5. Make	21
6. Model	003	7. Body Type	04
8. VIN	1G3CW53[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	00

ACCIDENT RELATED

13. Speed Limit	30	14. Attempted Avoid. Manuever	01
15. Accident Type	89		

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	036	20. Vehicle Cargo Weight	00

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	090	28. Heading Angle Other Vehicle	180
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	18
31. Longitudinal Component of Delta V	-09
32. Lateral Component of Delta V	+16
33. Energy Absorption	0523
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	1

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code [redacted] 57. Driver's Race/Ethnic Origin 2
58. Vehicle Special Use (This Trip) 0

ROLLOVER DATA

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

PRECRASH DATA

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

****

1992 VEHICLE EXTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 01	6. 10	7. L	8. Y	9. E	10. W	11. 04

SECOND HIGHEST DELTA "V"

12. 02	13. 68	14. 12	15. F	16. D	17. E	18. W	19. 01

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.
L		00	08	14	23	13	06	+/-D
075								+020

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0

27. Researchers Assess. Veh. Disp.

28. Original Wheelbase 110.8

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

****

1992 VEHICLE INTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

INTEGRITY
4. Passenger Compartment 06

Door, Tailgate or Hatch opening
5. LF 3 6. RF 3 7. LR 1 8. RR 1 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

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

Glazing Damage from Occupant Contact
23. WS 0 24. LF 9 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 24	49. 4	50. 3
51. 11	52. 10	53. 4	54. 3
55. 11	56. 26	57. 4	58. 3
59. 11	60. 19	61. 3	62. 3
63. 21	64. 07	65. 3	66. 3
67. 21	68. 26	69. 3	70. 3
71. 21	72. 17	73. 3	74. 3
75. 21	76. 10	77. 3	78. 3
79. 11	80. 17	81. 3	82. 3
83. 21	84. 24	85. 2	86. 3

STEERING COLUMN

87. Steering Column Type 2
88. Steering Column Collapse
89. Vertical Movement(+/-)
90. Lateral Movement(+/-)
91. Longitudinal Movement(+/-)
92. Steering Rim/Spoke Deform 1
93. Location of Rim/Spoke Deform 06

INSTRUMENT PANEL

94. Odometer Reading 006,000
95. Instrument Panel Damage 0
96. Knee Bolsters Deformed 8
97. Glove Door Open 0

****

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 62 6. Sex 1 7. Height 99 8. Weight 180 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 1 22. Air Bag Deployment 4
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 04 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) 3 35. Treatment - Mortality 1
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

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

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

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

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HT0051   2  If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052      OI10(n) should be 2-7.
            VEH NUM = 02      OCCUPANT NUM = 01
```

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

[redacted]

CURRENT VERSION: 5.01

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

Zone 3 [redacted]92 (1)

1992 ACCIDENT FORM

1. PSU Number 73 2. Case Number 013C

IDENTIFICATION
3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/92 5. Accident Time 1420

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. F	016. 02	017. 04	018. L
019. 02	020. 02	021. 04	022. F	023. 59	024. 00	025. 0

****

AE0091 1 If a SEQUENCE AC12(n) equals 2nd ACCIDENT SEQUENCE EV12 and
AE0092 VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 2nd
AE0093 OBJECT CONTACTED EV13 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 02

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year	85	5. Make	20
6. Model	017	7. Body Type	06
8. VIN	1G1AW35R2F[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	30	14. Attempted Avoid. Manuever	03
15. Accident Type	88		

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

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

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 175 28. Heading Angle Other Vehicle 090
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V	21
31. Longitudinal Component of Delta V	-18
32. Lateral Component of Delta V	-10
33. Energy Absorption	0625
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0
37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code [redacted]
57. Driver's Race/Ethnic Origin 2
58. Vehicle Special Use (This Trip) 0

ROLLOVER DATA

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01
65. Initial Critical (Precrash) Event 17
66. Precrash Stability After Avoidance Maneuver 2
67. Precrash Directional Consequences Corrective Action 1

****

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 91
5. Make 21
6. Model 003
7. Body Type 04
8. VIN 1G3CW53[redacted]

OFFICIAL RECORDS

9. Police Reported Disposition 1
10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 0
12. Alcohol Test Result for Driver 00

ACCIDENT RELATED

13. Speed Limit 30
14. Attempted Avoid. Manuever 01
15. Accident Type 89

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 036
20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 090
28. Heading Angle Other Vehicle 175
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 18
31. Longitudinal Component of Delta V -09
32. Lateral Component of Delta V +16
33. Energy Absorption 0523
34. Confidence in Reconstruction Program Results 1
35. Type of Vehicle Inspection 1

36. Is this an AOPS vehicle? 1

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

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

ROLLOVER DATA

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 03
65. Initial Critical (Precrash) Event 66
66. Precrash Stability After Avoidance Maneuver 0
67. Precrash Directional Consequences Corrective Action 0

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

****

1992 VEHICLE INTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

INTEGRITY
4. Passenger Compartment 06

Door, Tailgate or Hatch opening

---

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

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

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

Glazing Damage from Occupant Contact
23. WS 0 24. LF 9 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 24	49. 4	50. 3
51. 11	52. 10	53. 4	54. 3
55. 11	56. 07	57. 4	58. 3
59. 21	60. 17	61. 3	62. 3
63. 11	64. 07	65. 3	66. 3
67. 21	68. 10	69. 3	70. 3
71. 11	72. 17	73. 3	74. 3
75. 21	76. 24	77. 3	78. 3
79. 11	80. 13	81. 3	82. 3
83. 11	84. 02	85. 2	86. 3

STEERING COLUMN

87. Steering Column Type 2
88. Steering Column Collapse
89. Vertical Movement(+/-)
90. Lateral Movement(+/-)
91. Longitudinal Movement(+/-)
92. Steering Rim/Spoke Deform 1
93. Location of Rim/Spoke Deform 06

INSTRUMENT PANEL

94. Odometer Reading 006,000
95. Instrument Panel Damage 0
96. Knee Bolsters Deformed 8
97. Glove Door Open 0

CC0651 1 If LOCATION INTRUSION IV47(m) does not equal 99 or blank and
CC0652 INTRUDING COMPONENT IV48(m) equals 01-25, 27, 28, 30 or 33 and
CC0653 IV47 (m+n) equals IV47(m), then IV48 (m+n) must not equal
CC0654 IV48(m).

****

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 02

Zone 3
[redacted]92 (2)

1992 VEHICLE INTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

INTEGRITY
4. Passenger Compartment 06

Door, Tailgate or Hatch opening
5. LF 3 6. RF 3 7. LR 1 8. RR 1 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

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

Glazing Damage from Occupant Contact
23. WS 0 24. LF 9 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 2 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 24	49. 4	50. 3
51. 11	52. 10	53. 4	54. 3
55. 11	56. 07	57. 4	58. 3
59. 21	60. 17	61. 3	62. 3
63. 21	64. 07	65. 3	66. 3
67. 21	68. 10	69. 3	70. 3
71. 11	72. 17	73. 3	74. 3
75. 21	76. 24	77. 3	78. 3
79. 11	80. 13	81. 3	82. 3
83. 11	84. 02	85. 2	86. 3

STEERING COLUMN

87. Steering Column Type 2
88. Steering Column Collapse
89. Vertical Movement(+/-)
90. Lateral Movement(+/-)
91. Longitudinal Movement(+/-)
92. Steering Rim/Spoke Deform 1
93. Location of Rim/Spoke Deform 06

INSTRUMENT PANEL

94. Odometer Reading 006,000
95. Instrument Panel Damage 0
96. Knee Bolsters Deformed 8
97. Glove Door Open 0

****

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 02

Zone 3
[redacted] 92 O

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 83 6. Sex 1 7. Height 64 8. Weight 140 9. Role 1
10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 3
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 03 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) 3 35. Treatment - Mortality 4
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

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

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

50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 65 6. Sex 2 7. Height 62 8. Weight 160 9. Role 2
10. Seat Position 13 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4
18. Belt System Use 00
19. Proper Use of Belt 0
20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0
22. Air Bag Deployment 0
23. Did Air Bag Fail? 0
24. Police Reported Restraint Use 3
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 03
27. Seat Performance 1

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 1
35. Treatment - Mortality 4
36. Type of Med. Facility (Initial) 1
37. Hospital Stay 00
38. Working Days Lost 97
39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00
41. Cause #2 00
42. Cause #3 00

43. Number of Recorded Injuries 01

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

Zone 3 [redacted]-92 ⊕

1992 ACCIDENT FORM

1. PSU Number 73 2. Case Number 013C

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/[redacted]/92 5. Accident Time 1420

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. F	016. 02	017. 04	018. L
019. 02	020. 02	021. 04	022. F	023. 59	024. 00	025. 0

****

AE0091 1 If a SEQUENCE AC12(n) equals 2nd ACCIDENT SEQUENCE EV12 and
AE0092 VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 2nd
AE0093 OBJECT CONTACTED EV13 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 02

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 85
5. Make 20
6. Model 017
7. Body Type 06
8. VIN 1G1AW35R2F[redacted]

OFFICIAL RECORDS

9. Police Reported Disposition 1
10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 0
12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 30
14. Attempted Avoid. Manuever 03
15. Accident Type 88

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

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

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 175 28. Heading Angle Other Vehicle 090
29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V	21
31. Longitudinal Component of Delta V	-18
32. Lateral Component of Delta V	-10
33. Energy Absorption	0625
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	0

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

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

56. Driver's Zip Code [redacted] 57. Driver's Race/Ethnic Origin 2
58. Vehicle Special Use (This Trip) 0

ROLLOVER DATA

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 03 65. Initial Critical (Precrash) Event 17

66. Precrash Stability After Avoidance Maneuver 2

67. Precrash Directional Consequences Corrective Action 1

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

****

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 83 6. Sex 1 7. Height 64 8. Weight 140 9. Role 1
10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 3
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 03 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) 3 35. Treatment - Mortality 4
36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
38. Working Days Lost 97 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00

43. Number of Recorded Injuries 01

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 73
2. CASE NUMBER 013C
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

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	F	I	L	I	1	04	1	1	00

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 0130
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 65 6. Sex 2 7. Height 62 8. Weight 160 9. Role 2
10. Seat Position 13 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 3
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 03 27. Seat Performance 1

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating)	1	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	00
38. Working Days Lost	97	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00	41. Cause #2 00	42. Cause #3 00
43. Number of Recorded Injuries 03		

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 73
2. CASE NUMBER 013C
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 02

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	F	S	C	I	1	11	1	1	00
02.	3	P	R	C	I	1	30	3	1	00
03.	3	N	P	T	M	1	11	1	2	00

****

HT0051 2 If TREATMENT 0A35 equals 1, then at least one A.I.S. SEVERITY
HT0052 0I10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 GENERAL VEHICLE FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year	91	5. Make	21
6. Model	003	7. Body Type	04
8. VIN	1G3CW53L[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	00

ACCIDENT RELATED

13. Speed Limit	30	14. Attempted Avoid. Manuever	01
15. Accident Type	89		

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	036	20. Vehicle Cargo Weight	00

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)
25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	090	28. Heading Angle Other Vehicle	175
29. Basis for Total Delta V	1		

COMPUTER GENERATED DELTA V

30. Total Delta V	18
31. Longitudinal Component of Delta V	-09
32. Lateral Component of Delta V	+16

33. Energy Absorption	0523
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an AOPS vehicle?	1
37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

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

OTHER DATA

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

ROLLOVER DATA

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 03
65. Initial Critical (Precrash) Event 66
66. Precrash Stability After Avoidance Maneuver 0
67. Precrash Directional Consequences Corrective Action 0

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

****

1992 VEHICLE INTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment 06

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

Glazing Damage from Occupant Contact

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 24	49. 4	50. 3
51. 11	52. 10	53. 4	54. 3
55. 11	56. 07	57. 4	58. 3
59. 21	60. 17	61. 3	62. 3
63. 21	64. 07	65. 3	66. 3
67. 21	68. 10	69. 3	70. 3
71. 11	72. 17	73. 3	74. 3
75. 21	76. 24	77. 3	78. 3
79. 11	80. 13	81. 3	82. 3
83. 11	84. 02	85. 2	86. 3

STEERING COLUMN

87. Steering Column Type	2	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	1
93. Location of Rim/Spoke Deform	06		

INSTRUMENT PANEL

94. Odometer Reading	006,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

****

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 02

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 62 6. Sex 1 7. Height 73 8. Weight 210 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 1 22. Air Bag Deployment 4
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 04 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)	3	35. Treatment - Mortality	1
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	00
38. Working Days Lost	62	39. Time to Death	01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 01 41. Cause #2 02 42. Cause #3 03
43. Number of Recorded Injuries 06

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

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.

HH1781 1 If GLASGOW SCORE OA50 equals 01, then MEDICAL FACILITY OA36 must
HH1782 equal 0.

****

HT0051 2 If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY
HT0052 OI10(n) should be 2-7.
VEH NUM = 02 OCCUPANT NUM = 01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 73
2. CASE NUMBER 013C
3. VEHICLE NUMBER 02
4. OCCUPANT NUMBER 01

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.	1	C	C	L	A	4	20	2	1	02
02.	1	C	R	C	P	3	20	2	1	02
03.	1	C	L	C	P	3	20	2	1	02
04.	1	C	B	F	S	4	20	2	1	00
05.	1	C	C	L	H	4	20	2	1	00
06.	1	C	C	C	H	4	20	2	1	00

****

1992 ACCIDENT FORM

1. PSU Number 73 2. Case Number 013C

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [redacted]/92 5. Accident Time 1420

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 02

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. F	016. 02	017. 04	018. L
019. 02	020. 02	021. 04	022. F	023. 59	024. 00	025. 0

****

AE0091 1 If a SEQUENCE AC12(n) equals 2nd ACCIDENT SEQUENCE EV12 and
AE0092 VEHICLE NUMBER EV03 equals VEHICLE NUMBER AC13(n), then 2nd
AE0093 OBJECT CONTACTED EV13 must equal OBJECT CONTACTED AC16(n).
VEH NUM = 02

Zone 3
[redacted]92

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

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73013C00010012[redacted]925.01100000000000103F0204L
73013C00020012[redacted]925.01100000000000204F59000
73013C01000021 5.01 00000100085200170 61G1AW35R2F[redacted]1990963003881020203 0
0000000175090121-18-100625110
73013C01000022 5.01 00000100000000000000000000[redacted]20000000031721
73013C01000031 5.01 000000000010201FDEW02 062111113171109 000
0110490001
73013C01000041 5.01 00000000000111111000002000008000000000100000001000000 0
73013C01000042 5.01 000000000
1 000077080
73013C01010051 5.01 00000000083164140111000000400000003303100000000000034 10
0970000000001000001021 01
73013C01010161 5.01 0000000003FILI1041100
73013C01020051 5.01 00000000065262160213000000400000003303100000000000014 10
0970000000003000001021 01
73013C01020161 5.01 0000000003FSCI1111100
73013C01020261 5.01 0000000003PRCI1303100
73013C01020361 5.01 0000000003NPTM1111200
73013C02000021 5.01 00000100091210030 41G3CW53L6M[redacted]9199000300189101010 36
0000000009017511 8-09+160523111
73013C02000022 5.01 00000100000000000000000000[redacted]90000000036600
73013C02000031 5.01 00000000001011 0LYEW04025912FDEW0107500081423130 6+020
0111080001
73013C02000041 5.01 00000000006331100000026000000090000001200000012000000
73013C02000042 5.01 00000000011244311104311074321173321073321103311173321 24
331113331102232 106006080
73013C02010051 5.01 00000100062173210111900000499991410304600000000000031 00
0620101020306000001011 01
73013C02010161 5.01 0000000001CCLA4202102
73013C02010261 5.01 0000000001CRCP3202102
73013C02010361 5.01 0000000001CLCP3202102
73013C02010461 5.01 0000000001CBFS4202100
73013C02010561 5.01 0000000001CCLH4202100
73013C02010661 5.01 0000000001CCCH4202100
73013C8888888801179 25.01100000000YY0202YYY0101Y0000000000000000000000000000000 0
00000000
73013C9999999901179 25.01100000000000000000000000020000000000000000000000010030000 0
00000000000000

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 02

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted], 1992

CURRENT VERSION: 5.01

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

Zone 3
[redacted]-92 (5)

1992 VEHICLE EXTERIOR FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02

COLLISION DEFORMATION CLASSIFICATION
HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 01	6. 10	7. L	8. Y	9. E	10. W	11. 04

SECOND HIGHEST DELTA "V"

12. 02	13. 59	14. 12	15. F	16. D	17. E	18. W	19. 01

CRUSH PROFILE
HIGHEST DELTA "V"

20.	21. C1	C2	C3	C4	C5	C6	22. +/-D
L 075	00	08	14	23	13	06	+020

SECOND HIGHEST DELTA "V"

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

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

28. Original Wheelbase 110.8

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

****

EC0061 2 If MORE CDC'S EV26 equals 0 and 1st VERTICAL LOCATION EV09
EC0062 equals W, L or E and 2nd VERTICAL LOCATION EV17 equals W, L or
EC0063 E, then INTRUDING COMPONENT IV48(n) should not equal 12-16 or
EC0064 18.
VEH NUM = 02

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

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.

HH1781 1 If GLASGOW SCORE OA50 equals 01, then MEDICAL FACILITY OA36 must
HH1782 equal 0.

NO MORE INTRA ERRORS - PRESS ENTER

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 73
2. Case Number 013C
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age	62	6. Sex	1	7. Height	73	8. Weight	210	9. Role	1		
10. Seat Position		11		11. Posture	9						

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	99
19. Proper Use of Belt	9	20. Belt Failure Modes During Impact	9
21. Air Bag Availability	1	22. Air Bag Deployment	4
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	04	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)	3	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 01 41. Cause #2 02 42. Cause #3 03

43. Number of Recorded Injuries 06

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

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.

****

Zone 3 ©
[redacted]-93

```
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                1             000077080
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73013C02000041       5.04 000000000063311000000260000000900000012000000012000000
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331113331102232              106006000
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73013C02010261       5.04 0000000001CRCP3202102
73013C02010361       5.04 0000000001CLCP3202102
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73013C02010561       5.04 0000000001CCLH4202100
73013C02010661       5.04 0000000001CCCH4202100
73013C99999999000000000000000000000000000000000000000000000000000000000000000000000000000000000
00000000000000
```

ACCIDENT

INTRA ERRORS

AA0311 1 If FATAL AOPS AC08 equals 1, then CASE AC02(4) must equal A.

Not a fatal AOPS AC08=0
PAR didn't list person as dead

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

GENERAL VEHICLE Vehicle: 2

INTRA ERRORS

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

INTRA ERRORS

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.

INTER ERRORS

MM0091 2 If FATAL AOPS AC08 equals 1, then there should exist a vehicle m
MM0092 and an occupant n such that AOPS VEHICLE GV36(m)=1 and VEHICLE
MM0093 NUMBER GV03(m) equals VEHICLE NUMBER OA03(n) and POLICE SEVERITY
MM0094 OA34(n) equals 4.

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

PSU73 ERROR SUMMARY SCREEN [redacted]/93
CASE 013C
CURRENT VERSION: 5.04

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

Zone 3

[redacted]93

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331113331102232 106006000
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73013C02010361 5.04 0000000001CLCP3202102
73013C02010461 5.04 0000000001CBFS4202100
73013C02010561 5.04 0000000001CCLH4202100
73013C02010661 5.04 0000000001CCCH4202100
73013C9999999900000000000000000000000000000000000020000000000000000000000000000010000
000000000000001

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should
GG2253 equal 01.

GENERAL VEHICLE Vehicle: 2

INTRA ERRORS

GG2251 2 If ACCIDENT TYPE GV15 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
GG2252 73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV64 should

GG2253 equal 01.

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

INTRA ERRORS

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.

INTER ERRORS

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

PSU73 ERROR SUMMARY SCREEN [redacted]/93
CASE 013C
CURRENT VERSION: 5.04

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

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 73 Case Number–Stratum 013C

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-3	01	SOUTH	HEADING ANGLE OF V1 TO IMPACT AT INTERSECTION
4-6	01	SE	V1 ROTATES OFF IMPACT COUNTER-CLOCKWISE OFF ROADWAY TO FRP IN YARD.
7	01	DOWN	HUB CAP FROM V1
8	01	NORTH	LOOKING BACK THROUGH APPROXIMITE FRP.
9	01	NORTH	OPPOSITE DIRECTION OF INTENDED HEADING
10-12	02	EAST	HEADING ANGLE OF V2 TO IMPACT
13-20	02	SE	V2's POST-IMPACT TRAJECTORY OFF ROADWAY, THROUGH YARD STRIKING THE PORCH AND CORNER OF VACANT HOME.
21	02	NW	LOOKING BACK THROUGH FRP.
22-40	01		EXTERIOR VIEWS AND DAMAGE, HOOD REMOVED FROM VEHICLE (# 24-25) HOOD FORCED INTO WINDSHIELD UPON IMPACT (#40).
41-56	01		INTERIOR VIEWS (VEHICLE FILLED WITH GARBAGE). NO INTRUSIONS ON CONTACTS
~~57-58~~			~~VID AND PLATE~~
59-81	02		EXTERIOR VIEWS AND DAMAGE
82-	02		INTERIOR VIEWS AND INTRUSIONS THROUGH LEFT PASSENGER SIDE OF VEHICLE.
83-~~115~~ 113	02		Interior
#NOTE: Remove	Slides 57		58 for sanitization

US Form 424B (1/82)

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

PSU 73-013C (1992) #1

PSU 73-013C (1992) #2

PSU 73-013C (1992) #3

PSU 73-013C (1992) #4

PSU 73-013C (1992) #5

PSU 73-013C (1992) #6

PSU 73-013C (1992) #7

PSU 73-013C (1992) #8

PSU 73-013C (1992) #9

PSU 73-013C (1992) #10

PSU 73-013C (1992) #11

PSU 73-013C (1992) #12

PSU 73-013C (1992) #13

PSU 73-013C (1992) #14

PSU 73-013C (1992) #15

PSU 73-013C (1992) #16

PSU 73-013C (1992) #17

PSU 73-013C (1992) #18

PSU 73-013C (1992) #19

PSU 73-013C (1992) #20

PSU 73-013C (1992) #21

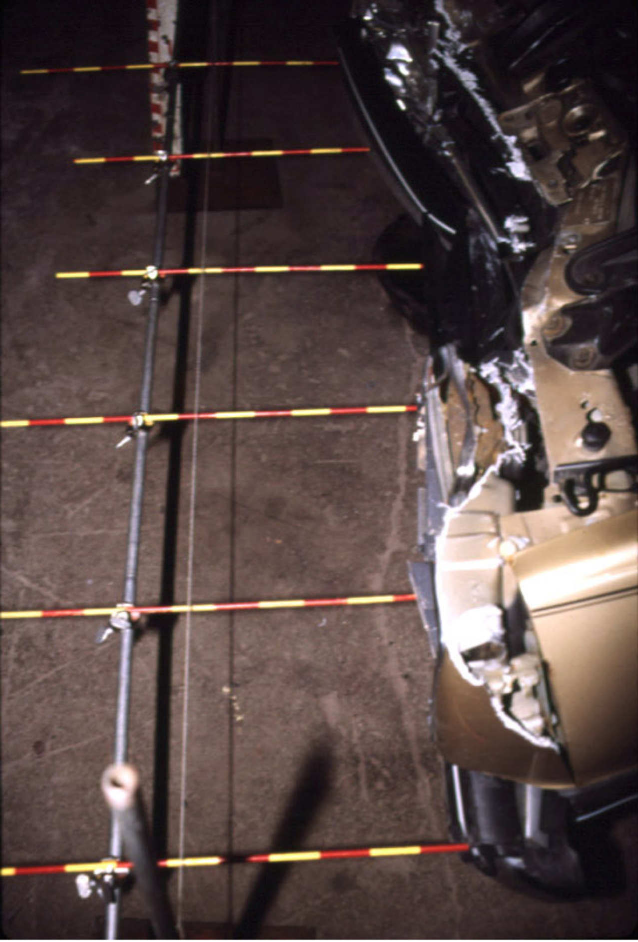
PSU 73-013C (1992) #22

PSU 73-013C (1992) #23

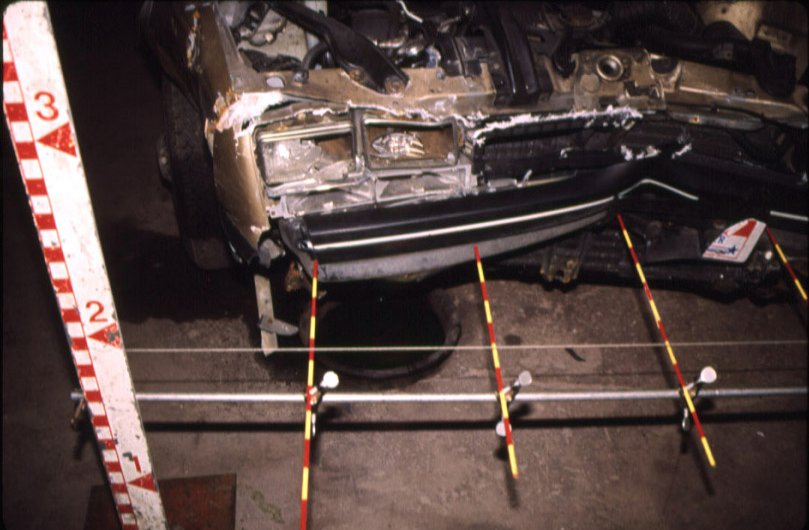
PSU 73-013C (1992) #24

PSU 73-013C (1992) #25

PSU 73-013C (1992) #26

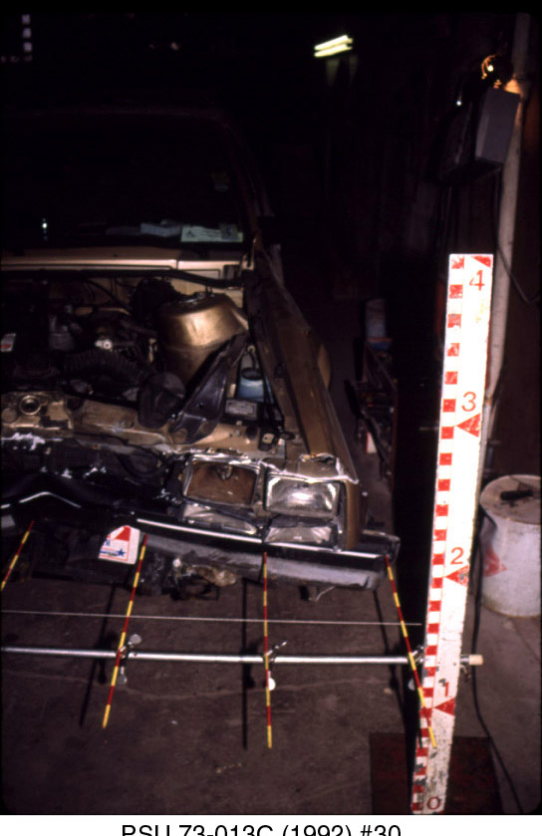


PSU 73-013C (1992) #27



PSU 73-013C (1992) #28

PSU 73-013C (1992) #29



PSU 73-013C (1992) #30

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PSU 73-013C (1992) #34

PSU 73-013C (1992) #35

PSU 73-013C (1992) #36

PSU 73-013C (1992) #37

PSU 73-013C (1992) #38

PSU 73-013C (1992) #39

PSU 73-013C (1992) #40

PSU 73-013C (1992) #41

PSU 73-013C (1992) #42

PSU 73-013C (1992) #43

PSU 73-013C (1992) #44

PSU 73-013C (1992) #45

PSU 73-013C (1992) #46

PSU 73-013C (1992) #47

PSU 73-013C (1992) #48

PSU 73-013C (1992) #49

PSU 73-013C (1992) #50

PSU 73-013C (1992) #51

PSU 73-013C (1992) #52

PSU 73-013C (1992) #53

PSU 73-013C (1992) #54

PSU 73-013C (1992) #55

PSU 73-013C (1992) #56

PSU NUMBER 73

CASE NUMBER 013C

SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER (S) #57, #58

PSU 73-013C (1992) #59

PSU 73-013C (1992) #60

PSU 73-013C (1992) #61

PSU 73-013C (1992) #62

PSU 73-013C (1992) #63

PSU 73-013C (1992) #64

PSU 73-013C (1992) #65

PSU 73-013C (1992) #66

PSU 73-013C (1992) #67

PSU 73-013C (1992) #68

PSU 73-013C (1992) #69

PSU 73-013C (1992) #70

PSU 73-013C (1992) #71

PSU 73-013C (1992) #72

PSU 73-013C (1992) #73

PSU 73-013C (1992) #74

PSU 73-013C (1992) #75

PSU 73-013C (1992) #76

PSU 73-013C (1992) #77

PSU 73-013C (1992) #78

PSU 73-013C (1992) #79

PSU 73-013C (1992) #80

PSU 73-013C (1992) #81

PSU 73-013C (1992) #82

PSU 73-013C (1992) #83

PSU 73-013C (1992) #84

PSU 73-013C (1992) #85

PSU 73-013C (1992) #86

PSU 73-013C (1992) #87

PSU 73-013C (1992) #88

PSU 73-013C (1992) #89

PSU 73-013C (1992) #90

PSU 73-013C (1992) #91

PSU 73-013C (1992) #92

PSU 73-013C (1992) #93

PSU 73-013C (1992) #94

PSU 73-013C (1992) #95

PSU 73-013C (1992) #96

PSU 73-013C (1992) #97

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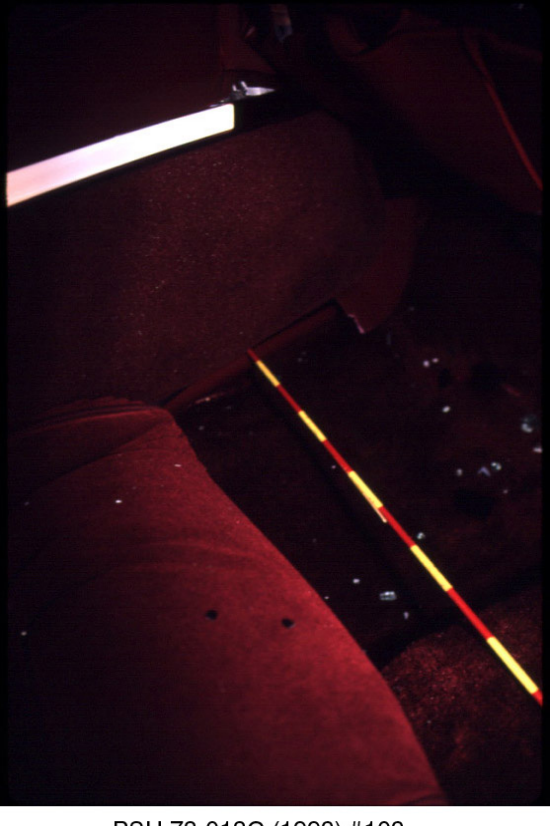
PSU 73-013C (1992) #99

PSU 73-013C (1992) #100

PSU 73-013C (1992) #101



PSU 73-013C (1992) #102

PSU 73-013C (1992) #103

PSU 73-013C (1992) #104

PSU 73-013C (1992) #105

PSU 73-013C (1992) #106

PSU 73-013C (1992) #107

PSU 73-013C (1992) #108

PSU 73-013C (1992) #109

PSU 73-013C (1992) #110

PSU 73-013C (1992) #111

PSU 73-013C (1992) #112

PSU 73-013C (1992) #113