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.

*** *** ***

Get it together!

SAFETY BELTS SAVE LIVES

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

CASE SUMMARY

PSU 11   CASE NO. 112A   TYPE OF ACCIDENT Car / Tractor trailer- head on

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.)

Vehicle 1 was westbound on a two lane rural roadway entering a curve. Vehicle 2

a semi tractor trailer, was eastbount in the right lane also entering a curve.

Vehicle 1 crossed the left center line and contacted vehicle2 head on. The driver

of vehicle 1 was dead on scene.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
1	Intermediate	90/ Mercury/ Sable	front	severe	none
2	Tractor trailer	93/ Ford/ Tractor	front	Unknown	Unknown

DO NOT SANITIZE THIS FORM

HS Form 434A (1/93)

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	driver	front left	lap &shoulder + Air bag	Femur	Fracture	3	ⓛ INSTRUMENT PANEL AND BELOW
~~2~~	~~driver~~	~~front left~~	~~Unk~~				

Body Region

Abdomen
Ankle—foot
Arm (upper)
Back-thoracolumbar spine
Chest
Elbow
Face
Forearm
Head—skull
Knee
Leg (lower)
Lower limbs(s) (whole or unknown part)
Neck—cervical spine
Pelvic—hip
Shoulder
Thigh
Upper limb(s) (whole or unknown part)
Whole body
Wrist—hand

Brain
Ears
Eye
Heart
Kidneys
Liver
Mouth
Noise
Pulmonary—lungs
Spleen
Thyroid, other endocrine gland
Vertebrae

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush
Detachment, separation

Dislocation
Fracture
Fracture and dislocation
Laceration
Other
Perforation, puncture
Rupture
Sprain
Strain
Total severance, transection
Unknown

Abbreviated Injury Scale

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

DO NOT SANITIZE THIS FORM

ACCIDENT COLLISION DIAGRAM

U.S. Department of Transportation

National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 1 1   Case Number – Stratum 1 1 2 A   1/250   Indicate North

POI gouge

RP

RP

gravel

shoulder

EAST
BOUND
LANE

WEST
BOUND
LANE

shoulder

gravel

Scale: 1 centimeter = 1 meter - (1/100) HS Form 431B (1/93)
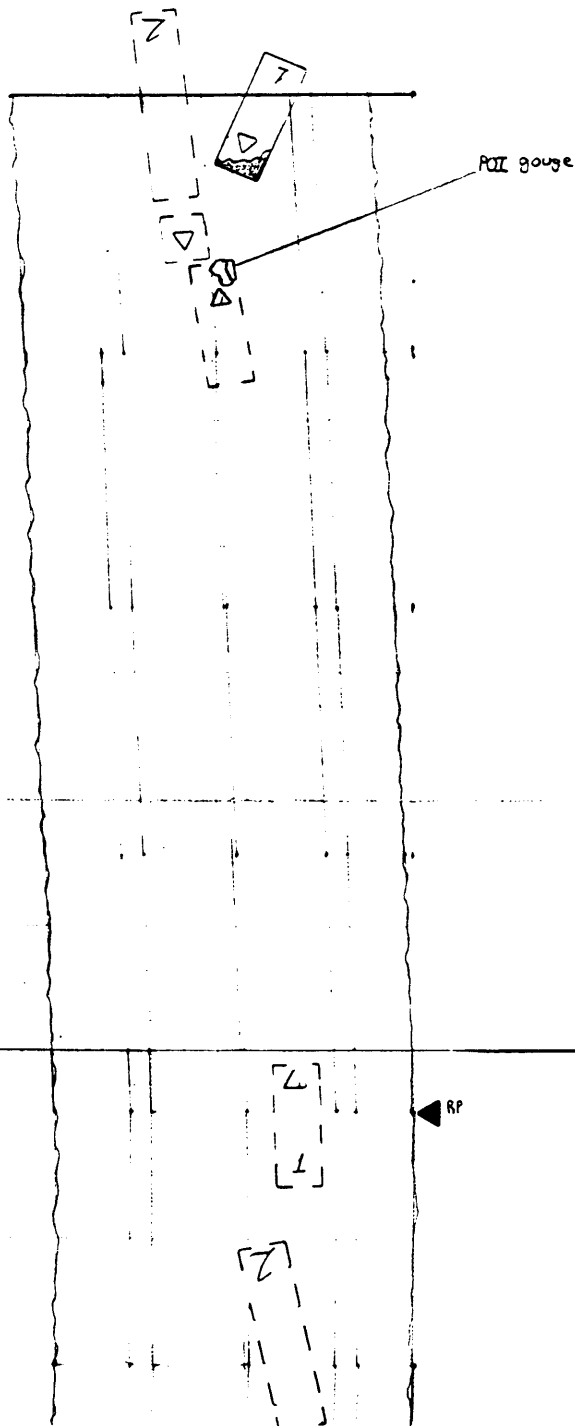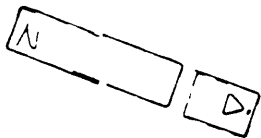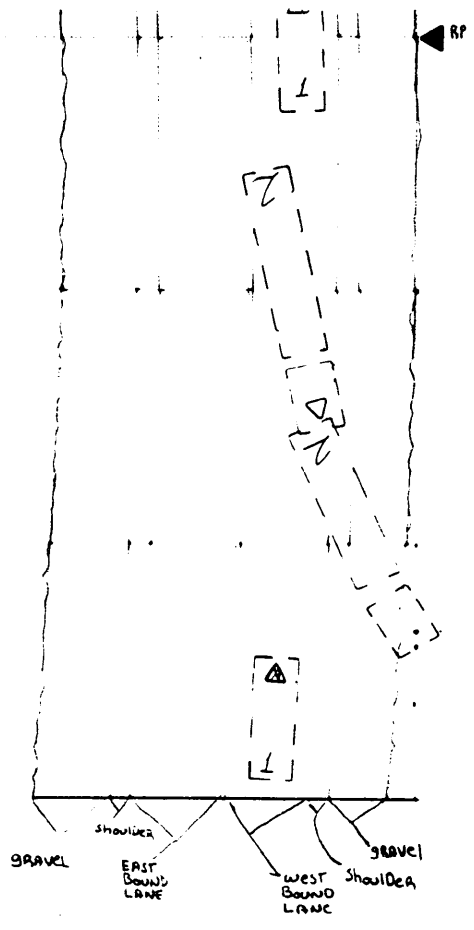
rm 431B (1/93)

U.S. Department of Transportation

National Highway Traffic Safety
Administration

PSU No. _1_ _1_   Case Number—Stratum _1_ _1_ _2_ _A_

Indicate
North
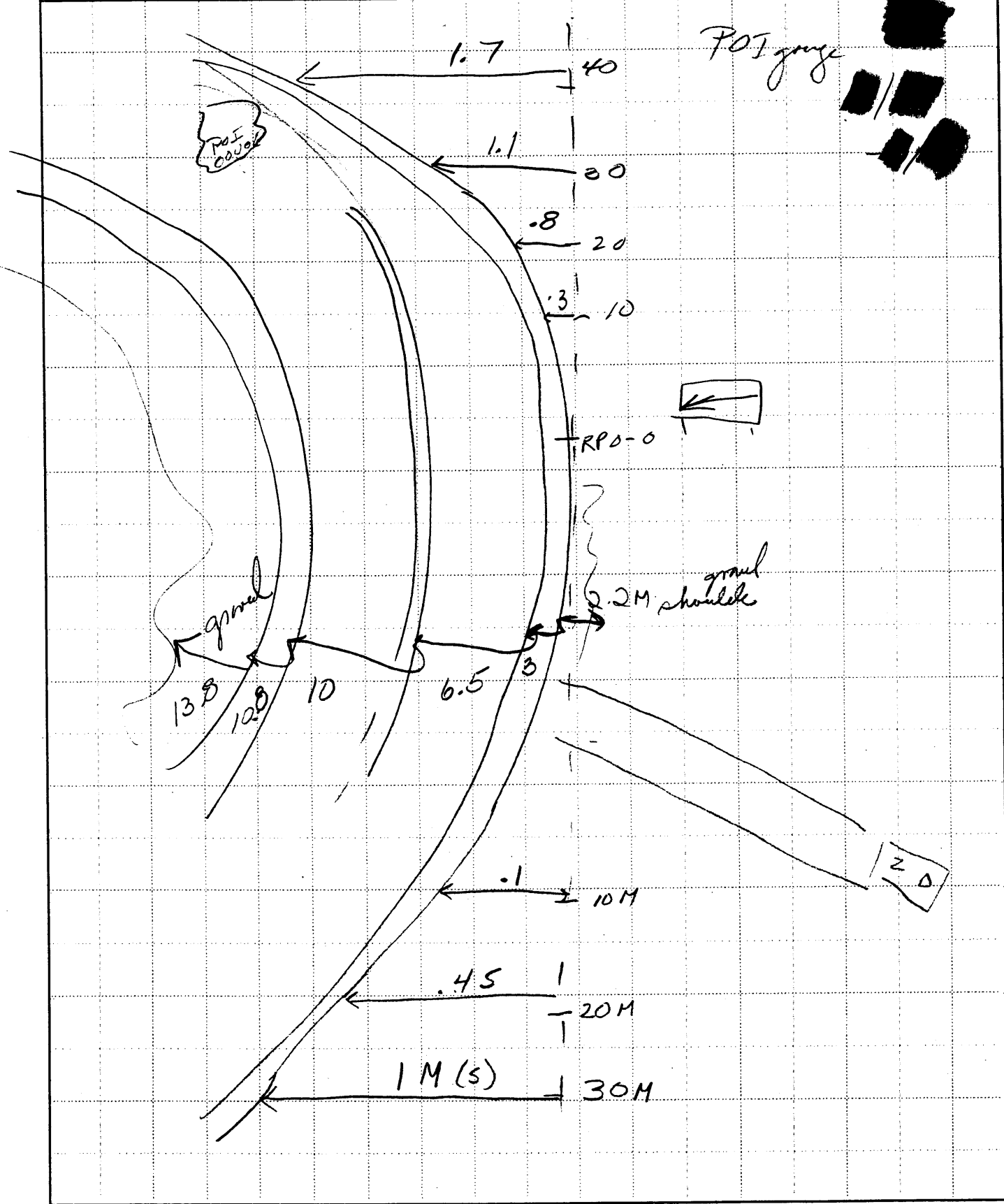
ACCIDENT COLLISION
MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number _1 1_

Case Number—Stratum _1_ _1_ _2_ _A_

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

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

* approximate vehicle orientation at impact
  and final rest

* applicable road/roadway delineation (e.g.,
  curbs/edge lines, lane markings, median
  markings, pavement markings, etc.)

* applicable traffic controls (e.g., speed
  limit)

* north arrow placed on diagram

* sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above,
the following must be accomplished when

LEVEL II (Cont'd)
physical evidence is present:

* document reference point and reference
  line relative to physical features present
  at the scene

* scale documentation of all accident
  induced physical evidence

* scaled documentation of all roadside
  objects contacted

* roadway surface type and condition of
  applicable roadways

* grade measurements for all applicable
  roadways and at location of rollover
  initiation

* scaled representations of the vehicle(s) at
  pre-impact, impact, and final rest based
  upon either:

  a) physical evidence, or

  b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	B.rm		⟋
Surface Type	Bitum	⟋	
Surface Condition	Rain		⟋
Grade (v/h) Measurement (between impact and final rest)	+2/48	-2/41	
Grade (v/h) Measurement (at location of rollover initiation)			

Reference Point: _Curve sug nto RL_

Reference line: _N line laid out to_
straighten out curve

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
POI gouge	33 W	7.45
V₂ departs roadway LF	23.5 E	.9 N
RF	26.4	0
FRP V₂ of in field		
RF	34 E	33.3 N
LF	34 E	33.3 N

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

ACCIDENT FORM

1. Primary Sampling Unit Number   _11_

2. Case Number - Stratum   _11 2 4_

IDENTIFICATION

3. Number of General Vehicle Forms Submitted   _02_

4. Date of Accident (Month, Day, Year)   ▮▮ / ▮▮ / 9 3

5. Time of Accident   _1 5 4 5_

Code reported military time of accident.

NOTE: Midnight = 2400
        Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ✓ SS14   Fatal AOPS   _1_

7. ___ SS15   Administrative Use   _0_

8. ___ SS16 _____   _0_

9. ___ SS17 _____   _0_

10. ___ SS18 _____   _0_

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident   _01_

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

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

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

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs 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 (≤ 10 cm in diameter)
   (42) Tree (> 10 cm in diameter)
   (43) Shrubbery or bush
   (44) Embankment

   (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
   (50) Pole or post (≤ 10 cm in diameter)
   (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
   (52) Pole or post (> 30 cm 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

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form   **Page 2**

OCCUPANT RELATED

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

17. Number of Occupants This Vehicle   *0 1*
   (00-96) Code actual number of occupants
        for this vehicle
   (97) 97 or more
   (99) Unknown

18. Number of Occupant Forms Submitted   *0 1*

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight   *1, 4 2* 0
   142 Code weight to nearest
        10 kilograms.
   (045) Less than 450 kilograms
   (610) 6,100 kilograms or more
   (999) Unknown

   __ __,__ __ __ lbs X .4536 = __,__ __ __ kgs

   Source: ████████████████

20. Vehicle Cargo Weight   *0, 0 0* 0
   ____ Code weight to nearest
        10 kilograms.
   (000) Less than 5 kilograms
   (450) 4,500 kilograms or more
   (999) Unknown

   __ __,__ __ lbs X .4536 = __,__ __ __ kgs

RECONSTRUCTION DATA

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

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

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

24. Rollover   ⊘
   (0) 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 3*

26. Rear Override/Underride (this Vehicle)   ——

   (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   *2 6 0*

28. Heading Angle For Other Vehicle   *0 8 2*

OTHER DATA

56. Driver's Zip Code ▓▓▓▓▓▓▓

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

57. Driver's Race/Ethnic Origin   1
    (0) Driver not present
    (1) White (non-Hispanic)
    (2) Black (non-Hispanic)
    (3) White (Hispanic)
    (4) Black (Hispanic)
    (5) American Indian, Eskimo or Aleut
    (6) Asian or Pacific Islander
    (8) Other (specify):

    _____
    (9) Unknown

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

ROLLOVER DATA

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

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

    _____
    (9) Unknown rollover initiation type

60. Location of Rollover Initiation   0

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

61. Rollover Initiation Object Contacted   o 0

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

    (0) No rollover
    (1) Wheels/tires
    (2) Side plane
    (3) End plane
    (4) Undercarriage
    (5) Other location on vehicle (specify):

    _____
    (8) Non-contact rollover forces (specify):

    _____
    (9) Unknown

63. Direction of Initial Roll   0

    (0) No rollover
    (1) Roll right - primarily about the longitudinal axis
    (2) Roll left - primarily about the longitudinal axis

    (5) End-over-end (i.e., primarily about the lateral axis)
    (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to   1 3
    Recognition of Critical Event)

    (01) Going straight
    (02) Slowing or stopping in traffic lane
    (03) Starting in traffic lane
    (04) Stopped in traffic lane
    (05) Passing or overtaking another vehicle
    (06) Disabled or parked in travel lane
    (07) Leaving a parking position
    (08) Entering a parking position
    (09) Turning right
    (10) Turning left
    (11) Making a U-turn
    (12) Backing up (other than for parking position)
    (13) Negotiating a curve
    (14) Changing lanes
    (15) Merging
    (16) Successful avoidance maneuver to a previous
         critical event
    (97) Other (specify):

    _____
    (98) No driver present
    (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

Collision With Fixed Object
  (41) Tree (≤ 10 cm in diameter)
  (42) Tree (> 10 cm in diameter)
  (43) Shrubbery or bush
  (44) Embankment

  (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
  (50) Pole or post (≤ 10 cm in diameter)
  (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
  (52) Pole or post (> 30 cm in diameter)
  (53) Pole or post (diameter unknown)

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

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

_____
(69) Unknown fixed object

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

_____
(89) Unknown nonfixed object

(98) Other event (specify):

_____
(99) Unknown event or object

EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number	_1 1_	3. Vehicle Number _0 1_
2. Case Number - Stratum	_1 1 2 A_	

VEHICLE IDENTIFICATION

VIN _1 M E C M 5 0 U 4 L_ ▮▮▮▮▮▮▮▮ Model Year _9 0_

Vehicle Make (specify): _Mercury_   Vehicle Model (specify): _Sable_

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Begins Front Left	Entire Front

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Front Bump	≤125	104	112	104	82	68	45	25	8	
	Free Space		8		8	4	1	1	4	8	
	Result	125	96	112	96	78	67	44	21	0	-14

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase   _1 0 6_._ _ inches x 2.54 = _2 6 9_ cm

Overall Length   _1 9 2_._2_ inches x 2.54 = _4 8 8_ cm

Maximum Width   _ 7 0_._8_ inches x 2.54 = _1 8 0_ cm

Curb Weight   _ 3,1 3 1_ pounds x .4536 = _1,4 2 0_ kg

Average Track   _ _ _._ _ inches x 2.54 = _ _ _ cm

Front Overhang   _ _ _._ _ inches x 2.54 = _ _ _ cm

Rear Overhang   _ _ _._ _ inches x 2.54 = _ _ _ cm

Undeformed End Width   _ _ _._ _ inches x 2.54 = _ _ _ cm

Engine Size: cyl./displ. _ _ _ _ cc   x .001 = _._ L

   _ _ _ CID   x .0164 = _3_._0_ L

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form   Page 2

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE
a. Rotation physically restricted   b. Tire deflated

	a		b
RF	2	RF	2
LF	1	LF	1
RR	2	RR	2
LR	2	LR	2

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

TYPE OF TRANSMISSION

☐ Manual   ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	269	cm
Overall Length	488	cm
Maximum Width	180	cm
Curb Weight	1420	kg
Average Track	152	cm
Front Overhang	104	cm
Rear Overhang	115	cm
Undeformed End Width	152	cm
Engine Size: cyl./displ.	V-6 / 3.0	L

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

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

Within ± 5 degrees

DRIVE WHEELS

☑ FWD   ☐ RWD   ☐ 4WD

Approximate Cargo Weight ___0___ kg

MEASUREMENTS IN CENTIMETERS

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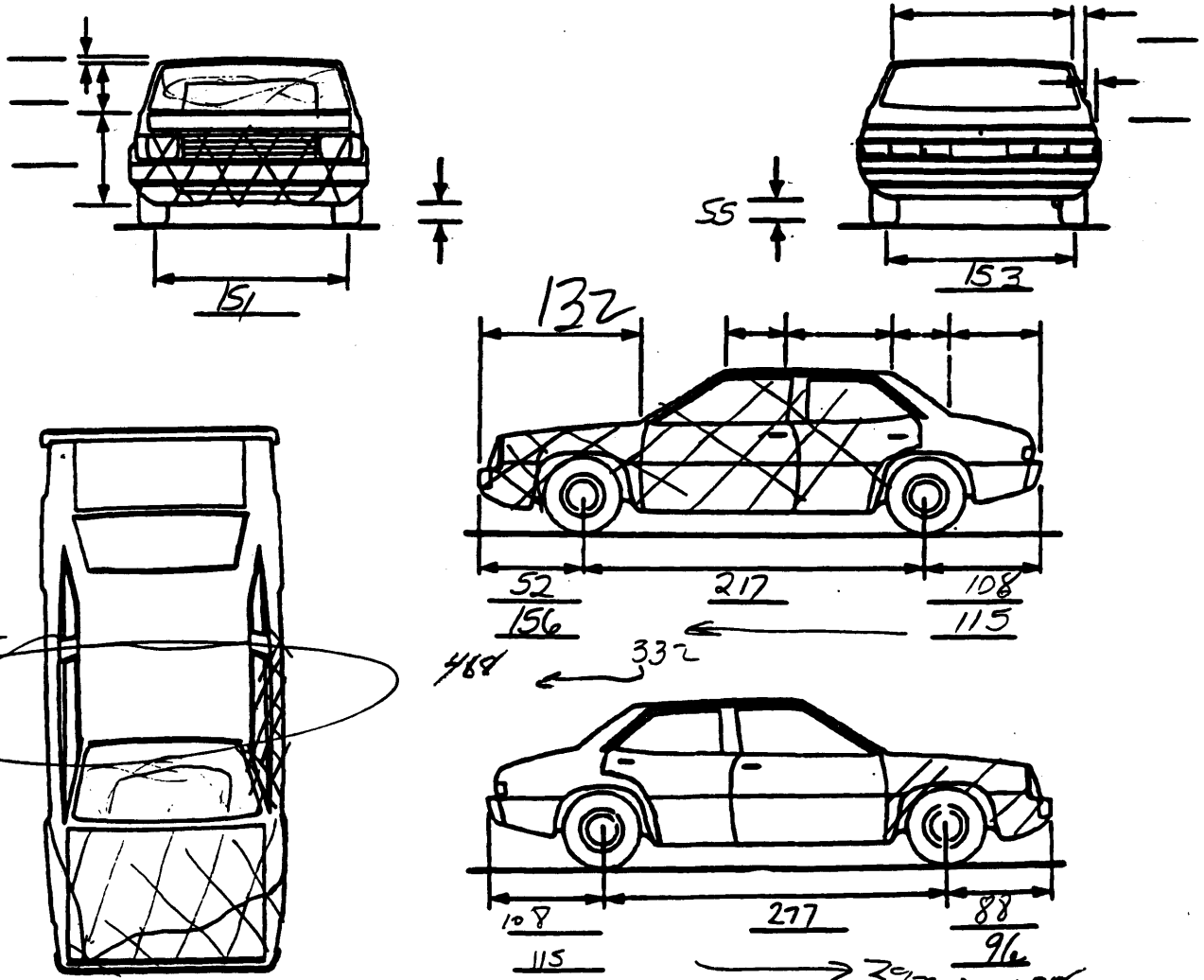
NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer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

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 (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm 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	360	00	F	D	A	W	02

1. Primary Sampling Unit Number   _1_ _1_

2. Case Number - Stratum   _1_ _1_ _2_ _A_

3. Vehicle Number   _0_ _1_

INTEGRITY

4. Passenger Compartment Integrity   _9_ _8_

    (00) No integrity loss

    Yes, Integrity Was Lost Through
    (01) Windshield
    (02) Door (side)
    (03) Door/hatch (back door)
    (04) Roof   *Windshield*
    (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 _3_ 8. RR _3_ 9. TG/H _0_

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

    _____

    (9) Unknown

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

10. LF _0_ 11. RF _0_ 12. LR _0_ 13. RR _0_ 14. TG/H _0_

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

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

    _____

    (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS _3_ 16. LF _6_ 17. RF _0_ 18. LR _6_ 19. RR _0_

20. BL _0_ 21. Roof _8_ 22. Other _0_

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

Glazing Damage from Occupant Contact

23. WS _1_ 24. LF _0_ 25. RF _0_ 26. LR _0_ 27. RR _0_

28. BL _0_ 29. Roof _0_ 30. Other _0_

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

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

Type of Window/Windshield Glazing

31. WS _1_ 32. LF _2_ 33. RF _0_ 34. LR _2_ 35. RR _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   *AS-2*
    (3) AS-3 — Tempered-tinted
    (4) AS-14 — Glass/Plastic
    (8) Other (specify):
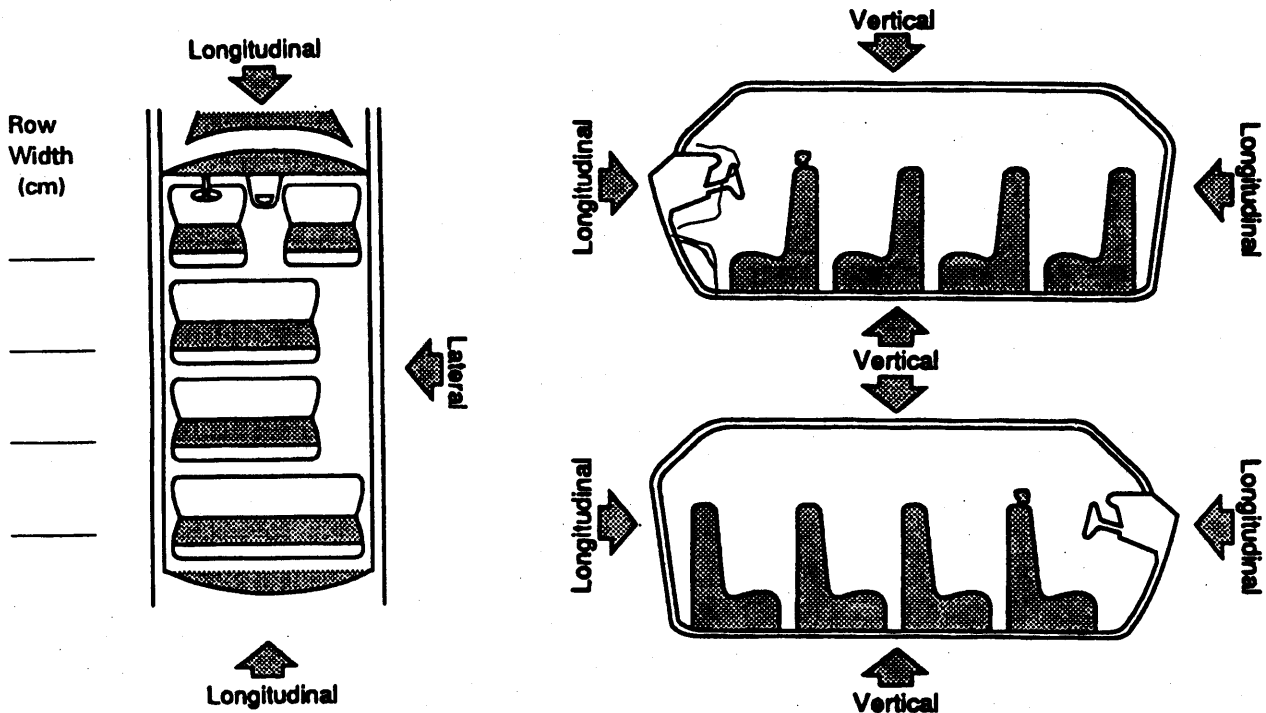
    _____

    (9) Unknown

Window Precrash Glazing Status

39. WS _1_ 40. LF _2_ 41. RF _0_ 42. LR _2_ 43. RR _0_

44. BL _0_ 45. Roof _0_ 46. Other _0_

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

INTRUSION WORKSHEET
Note: Sketch intruded areas

Row
Width
(cm)

_____

_____

_____

_____

LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION
11	Toepan	90	–	68	= 22	LONG
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	

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. 11	48. 05	49. 3	50. 2
2nd	51. 99	52. 99	53. 9	54. 9
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.

[illegible] CHANGE
1st Review IG
2nd Review

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-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 (A2)-pillar
- (28) Side panel - rear of the A (A2)-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) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

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

STEERING COLUMN

87. Steering Column Type   *Z*
(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
1988-93 CDS.

89. Blank   **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

90. Blank   **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

91. Blank   **X X X**
(This variable is left blank
so that numbering consistency
can be maintained with the
1988-93 CDS.

92. Steering Rim/Spoke Deformation   /5
_____Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

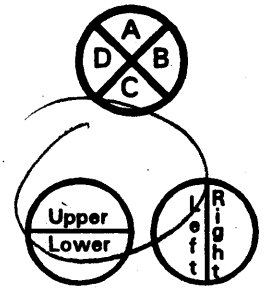**93. Location of Steering Rim/Spoke**   *05*
Deformation
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke

(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading   *O 3 4* ,000

34,050 kilometers—Code to the
nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

_21,158_ miles X 1.6093 = _34,050_ kilometers

Source: ▓▓▓▓▓▓▓ ▓▓ /93

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

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

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

VEHICLE INTERIOR SKETCHES

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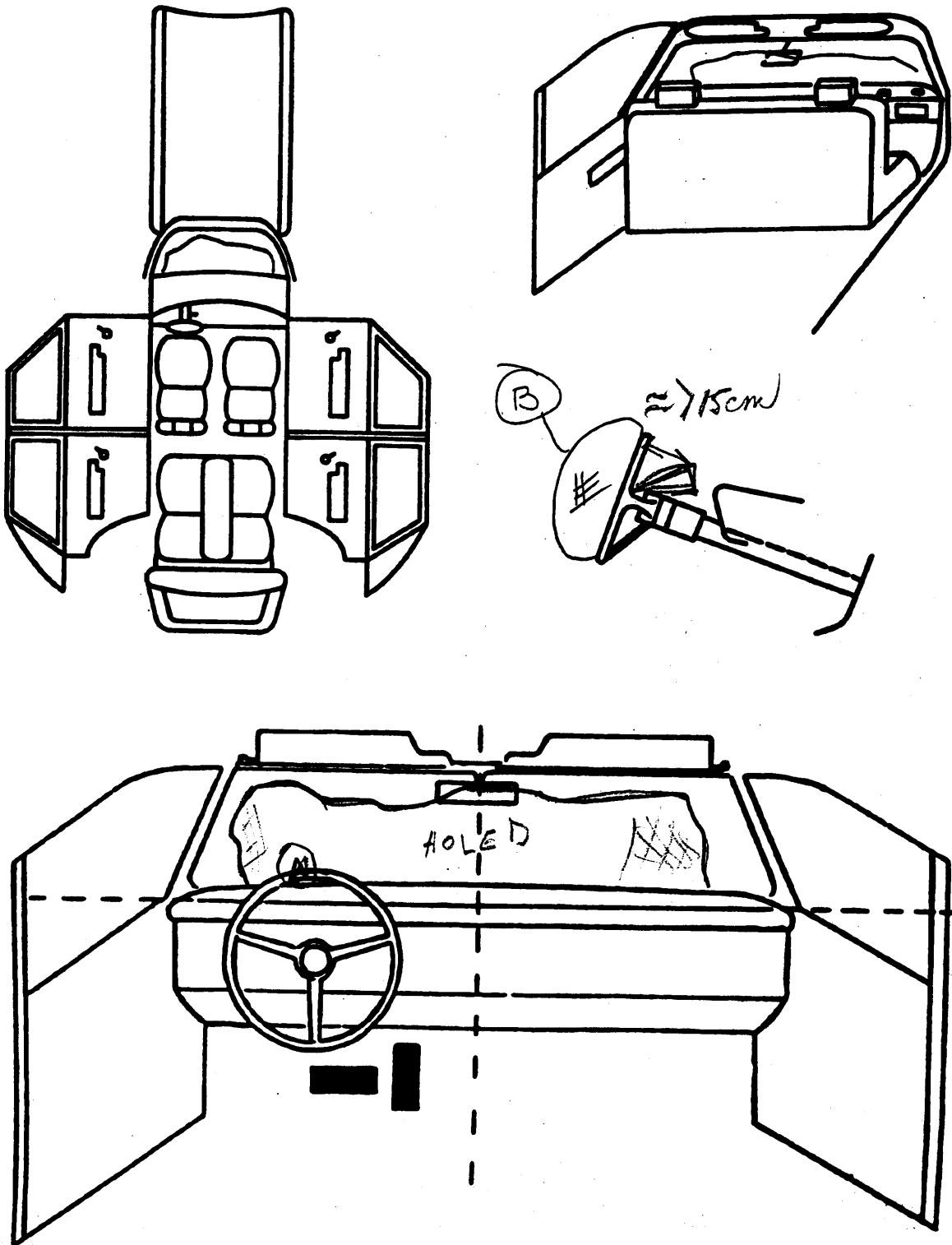
Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	O4	1	U.TORSO	Rim bent	1
B	45	1	U.TORSO	BLOOD OCC.TRAJECTORY	1
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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):
_____

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify):
_____
(47) Interior loose objects
(48) Child safety seat (specify):
_____
(49) Other interior object (specify):
_____

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

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

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

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

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

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

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

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

AUTOMATIC BELTS

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

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

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

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

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

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

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

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
F I R S T	Availability	4	3	4
	Use	04	60	00
	Failure Modes	0	0	0
S E C O N D	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

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

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

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

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

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. **Type of Child Safety Seat**

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

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

2. **Child Safety Seat Orientation**

   (00) No child safety seat

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

   _____
   (09) Unknown orientation

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

   _____
   (19) Unknown orientation

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

   _____
   (29) Unknown orientation

   (99) Unknown if child safety seat used

3. **Child Safety Seat Harness Usage**

4. **Child Safety Seat Shield Usage**

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

   (00) No child safety seat

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

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

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

   (99) Unknown if child safety seat used

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

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	6	6	1
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	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) 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

Seat Performance (this Occupant Position)

(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 specify:_____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify) Door / Toyota
(7) Combination of above (specify):
_____
(8) Other (specify):
_____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or 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 [X]　　Yes [ ]
Describe indications of ejection and body parts involved in partial ejection(s):

_____
_____
_____
_____
_____

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area		NONE				
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 [X]　　Yes [ ]
Describe entrapment mechanism: _____
_____
_____
_____
_____
_____

Component(s):_____
_____
(Note in vehicle interior diagram)

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant   _3_
    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

26. Seat Type (this Occupant Position)   _0 6_
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify):

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

27. Seat Performance (this Occupant Position)   _6_
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion
         (specify): _Door / Tor par_

    (7) Combination of above (specify):

    (8) Other (specify):

    (9) Unknown

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

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

INJURY DATA

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

| Source of Injury Data | O.I.C.-A.I.S | | | | | | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. 2	6. 8	7. 5	8. 18	9. 00	10. 3	11. 1	12. 09	13. 1	14. 1	15. 0D
2nd	16. 2	17. 8	18. 5	19. 18	20. 00	21. 3	22. 2	23. 09	24. 1	25. 1	26. 0D
3rd	27. 2	28. 1	29. 1	30. 50	31. 99	32. 7	33. 0	34. 13	35. 2	36. 1	37. 00
4th	38. 2	39. 8	40. 5	41. 16	42. 05	43. 2	44. 1	45. 56	46. 1	47. 1	48. 01
5th	49. 2	50. 8	51. 5	52. 16	53. 05	54. 2	55. 2	56. 5L	57. 1	58. 1	59. 01
6th	60. 7	61. 4	62. 9	63. 04	64. 02	65. 1	66. 9	67. 45	68. 2	69. 1	70. 00
7th	71. 7	72. 4	73. 9	74. 06	75. 02	76. 1	77. 2	78. 16	79. 3	80. 1	81. 00
8th	82. 7	83. 7	84. 5	85. 20	86. 02	87. 2	88. 1	89. 09	90. 2	91. 1	92. 00
9th	93. __	94. __	95. __	96. ___	97. ___	98. __	99. __	100. ___	101. __	102. __	103. ___
10th	104. __	105. __	106. __	107. ___	108. ___	109. __	110. __	111. ___	112. __	113. __	114. ___

HS Form 433B (1/93)

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			O.I.C.-A.I.S								
11th	—	—	—	— —	— —	—	—	— —	— —	—	— —
12th	—	—	—	— —	— —	—	—	— —	— —	—	— —
13th	—	—	—	— —	— —	—	—	— —	— —	—	— —
14th	—	—	—	— —	— —	—	—	— —	— —	—	— —
15th	—	—	—	— —	— — —	—	—	— —	— —	—	— —
16th	—	—	—	— —	— —	—	—	— —	— —	—	— —
17th	—	—	—	— —	— —	—	—	— —	— —	—	— —
18th	—	—	—	— —	— —	—	—	— —	— —	—	— —
19th	—	—	—	— —	— —	—	—	— —	— —	—	— —
20th	—	—	—	— —	— —	—	—	— —	— —	—	— —
21st	—	—	—	— —	— —	—	—	— —	— —	—	— —
22nd	—	—	—	— —	— —	—	—	— —	— —	—	— —
23rd	—	—	—	— —	— —	—	—	— —	— —	—	— —
24th	—	—	—	— —	— —	—	—	— —	— —	—	— —
25th	—	—	—	— —	— —	—	—	— —	— —	—	— —

Indicate the Location, Specific Anatomic Structure, 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.)

Severe blow to Chest
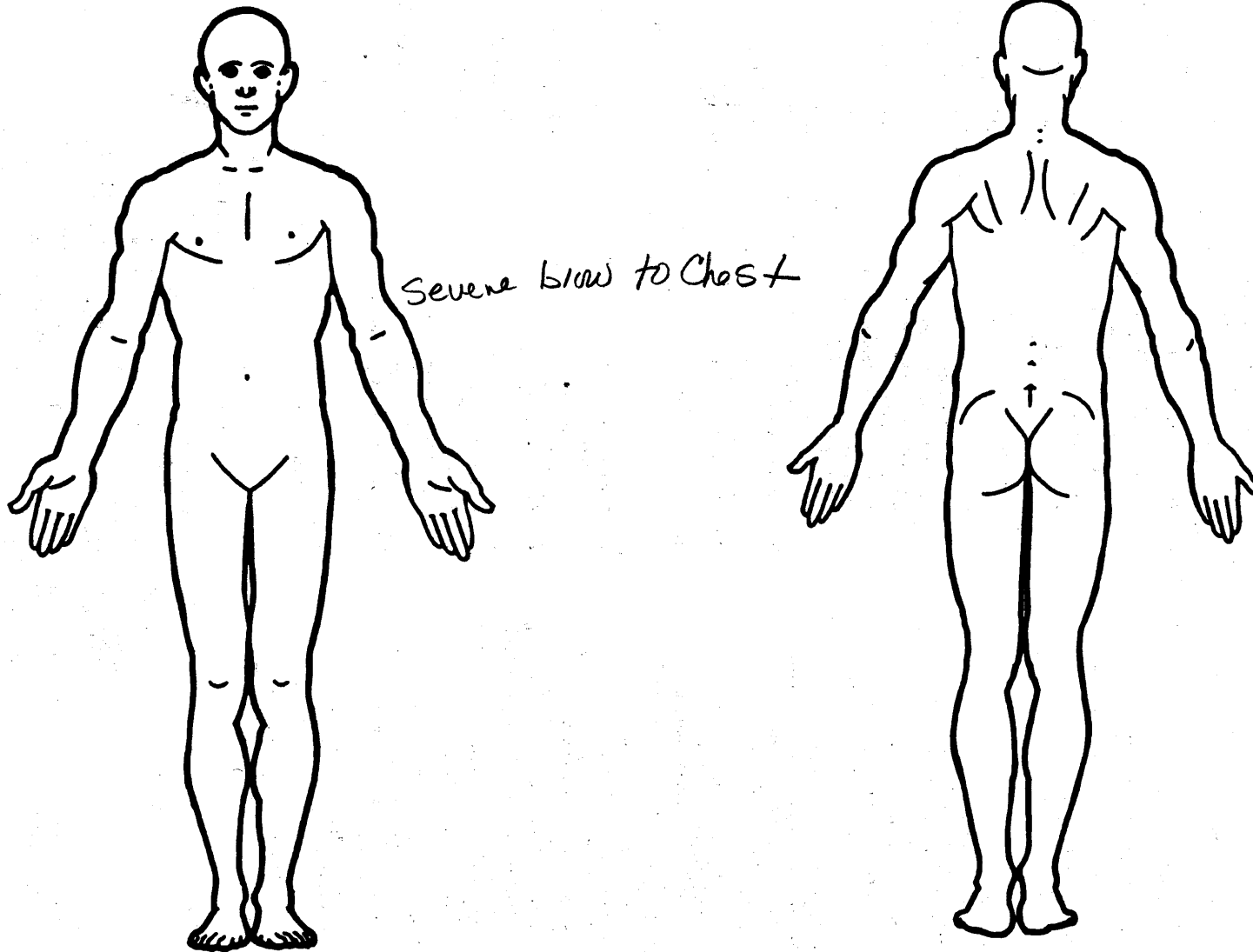
SOURCE OF INJURY DATA
OFFICIAL
(1) Autopsy records with or without hospital/ medical records
(2) Hospital/medical records other than emergency room (e.g., discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

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

(9) Police

INJURY SOURCE
FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(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

Body Region
(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure
(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

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

Aspect
(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = $\emptyset$

Glasgow Coma Scale Score

GCSS = ___

Units of Blood Given

Units = ___

Arterial Blood Gases

pH = ___

PO_2 = ___

PCO_2 ___

HCO_3 ___

Indicate the Location, Specific Anatomic Structure, 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.)

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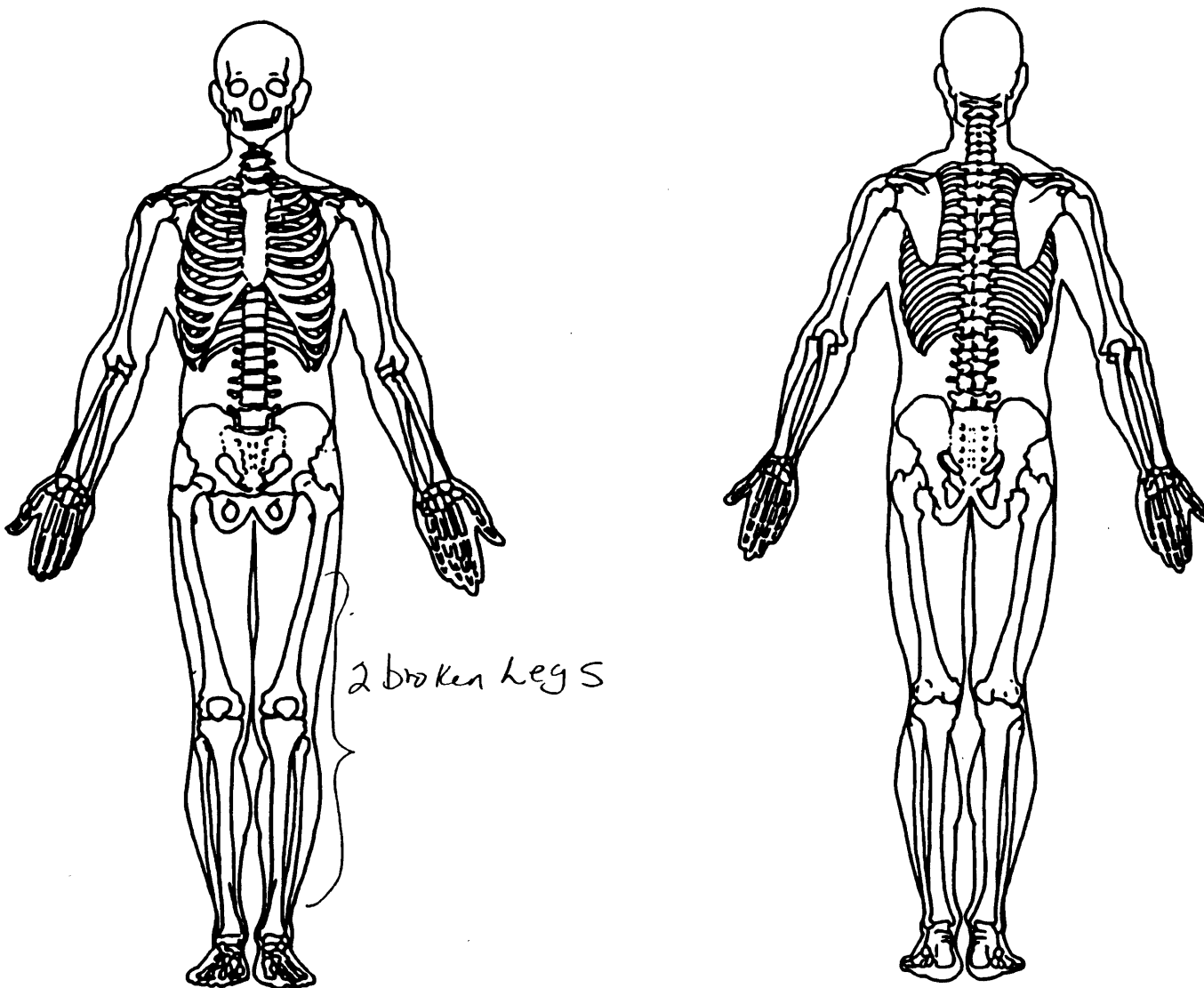
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Closed Head Injury blood and CSF from both ears

U.S. Department of Transportation

National Highway Traffic Safety
Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number   _1_1_

2. Case Number — Stratum   _1_1_ _2_A_

3. Vehicle Number   _0_1_

4. Occupant Number   _0_1_

████ 1993   M E Report

Driver or Occupant Name: ████████ ████████

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	███ / ███ / 93	
OAL09. Date Official Medical Data Obtained	███ / ███ / 93	
OAL16. Injury Treatment Status	—	—

OAL18. Medical Facility Code   _0_2_ _0_2_

OAL17. 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 __ __   __ __ __

i. Radiographic record(s) associated with ER visit   B __ __   __ __ __

j. Private physician   B __ __   __ __ __

Unofficial

k. Lay coroner   B 0 8   __ 1 1

l. EMS record   B __ __   __ __ __

m. Interviewee   B 1 1   __ 1 1

n. Other source (specify):   B __ __   B __ __
_____

o. Police report   B __ __   B __ __

HS Form 433C (Rev. 1/93)

PSU 11-112A
V O2

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form Page 2

OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted ___ ___

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight ___,___ ___ 0
___ Code weight to nearest
10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

___ ___,___ ___ ___ lbs X .4536 = ___,___ ___ ___ kgs

Source: _____

20. Vehicle Cargo Weight ___,___ ___ 0
___ Code weight to nearest
10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

___ ___,___ ___ ___ lbs X .4536 = ___,___ ___ ___ kgs

RECONSTRUCTION DATA

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

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

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

24. Rollover ___
(0) 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) ___

26. Rear Override/Underride (this Vehicle) ___

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

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

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

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 0 8 2

28. Heading Angle For Other Vehicle 2 6 0

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin   *9*
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):

_____
(9) Unknown

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

ROLLOVER DATA

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

59. Rollover Initiation Type   ____
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):

_____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation   ____

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

61. Rollover Initiation Object Contacted   ____ 2

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

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

_____
(8) Non-contact rollover forces (specify):

_____
(9) Unknown

63. Direction of Initial Roll   ____

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis

(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to   *13*
Recognition of Critical Event)

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):

_____
(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

Collision With Fixed Object
    (41) Tree (≤ 10 cm in diameter)
    (42) Tree (> 10 cm in diameter)
    (43) Shrubbery or bush
    (44) Embankment

    (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
    (50) Pole or post (≤ 10 cm in diameter)
    (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
    (52) Pole or post (> 30 cm in diameter)
    (53) Pole or post (diameter unknown)

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

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

_____

(69) Unknown fixed object

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

_____

(89) Unknown nonfixed object

(98) Other event (specify):

_____

(99) Unknown event or object

PSU Number   <u>II</u>

Case Number   <u>112A</u>

Vehicle Number   <u>02</u>

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑   Entire Form

[]   Page Number (s)   _____

PSU Number   <u>11</u>

Case Number   <u>112A</u>

Vehicle Number   <u>02</u>

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑   Entire Form

[]   Page Number (s) _____

PSU Number   11

Case Number   112A

Vehicle Number   02

Occupant Number   01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

PSU Number   11

Case Number   112A

Vehicle Number   02

Occupant Number   01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☑ Entire Form

[] Page Number (s) _____

11112A00000011████936.020000000000215451000001███93██93██93██93040149000
00100000040149
11112A00010012███936.021000000000103F0224F
11112A01000021   6.02 000000009014017041MECM50U4LB███████1999700089995010101 1
420000000002600824999 999 9999999011
11112A01000022   6.02 0000000007399999999999999999████0000000131099
11112A01000031   6.02 00000000010212FDAW07   152096078067044021000-
014   012690001
11112A01000041   6.02 0000000009833330000036060080900000001202000012020000
11112A01000042   6.02 00000000011053299999 9
            2   1505034100
11112A01010051   6.02 00000000034117306411190000404911114306600000000000410
00620199000080000101101
11112A01010161   6.02 000000000285180031091100
11112A01010261   6.02 000000000285180032091100
11112A01010361   6.02 000000000211509970732100
11112A01010461   6.02 000000000285160521561101
11112A01010561   6.02 000000000285160522561101
11112A01010661   6.02 000000000749040219452100
11112A01010761   6.02 000000000749060212163100
11112A01010861   6.02 000000000775200221092100
11112A02000021   6.02 000000009323881684V1VBBLF0FN65736019999990899951

11112A02000022   6.02 0000000073999999999999999990000190   136299
11112A999999990000000000000000000000000000000000010000000000000000010000000010000
00001000000000

INTERIOR VEHICLE Vehicle: 1
                                 11
                          INTRA ERRORS

                                    OCC0541   2   ********* THIS CASE SHOWS A
  POSSIBLE HOLED WINDSHIELD. ********   CC0542   ****** CHECK YOUR DATA AND
IF CORRECT, NOTIFY YOUR ZONE ******   CC0543   GLAZING WINDSHIELD IV15 equ
als 3 or 5 or CONTACT COMPONENT IV23   CC0544   equals 3 or 5.

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

                                    OHH1281   2   ******** TH
IS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****   HH1282   ****** CHEC
K YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *******   HH1283   AIR BAG AVA
ILABILITY/FUNCTION OA21 equals 1-3.

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

                                    OTT0541   2   ******   THIS CA
SE SHOWS A RESTRAINT AS THE INJURY SOURCE ******   TT0542   ******
FOR AN AIS-2 (OR GREATER) INJURY.   ******   TT0543   ****** CHECK FO
R ACCURATE AND COMPLETED DOCUMENTS & DATA ******   TT0544   INJURY SOURCE O
I12(n) equals 41, 42, 43 or 45 and A.I.S.   TT0545   SEVERITY OI10(n
) is greater than 1.

O
  GENERAL VEHICLE Vehicle: 2
                                 11
                          INTRA ERRORS
_____

                                    OGG2251   2   If ACCIDENT TYPE GV15 equal
s 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.

O

CASE 112A
CURRENT VERSION: 6.02

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	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	1	Y
Occupant Assesment	0	0	1	Y
Occupant Interior	0	0	1	Y
Total Inter Errors		0	0	
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 __1 1__   Case Number—Stratum __1 1 2 1__

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-5	1	West	Vehicle Approach
6-7	1	W	Point of impact
8-9	2	E	Approach - POI
10	2	W	look back
11-13	2	N-E	Post impact travel
14-16	2	N-E	final rest
17-30	1		final rest V₁ (on Sae)
31-46	1-L		Additional
47-62	1		V₁ Exterior
63-64	1		Roof (foled by Paramedics)
65-77	1		Vehicle Interior
41-60			missing
—			

HS Form 434B (1/93)

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

PSU 11-112A (1993) #1

PSU 11-112A (1993) #2

PSU 11-112A (1993) #3

PSU 11-112A (1993) #4

PSU 11-112A (1993) #5

PSU 11-112A (1993) #6

PSU 11-112A (1993) #7

PSU 11-112A (1993) #8

PSU 11-112A (1993) #10

PSU 11-112A (1993) #11

PSU 11-112A (1993) #12

PSU 11-112A (1993) #13

PSU 11-112A (1993) #14

PSU 11-112A (1993) #15
Best Available

PSU 11-112A (1993) #16
Best Available

PSU 11-112A (1993) #17
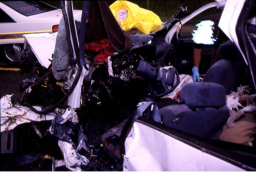Best Available

PSU 11-112A (1993) #18
Best Available

PSU 11-112A (1993) #19
Best Available

PSU 11-112A (1993) #20
Best Available

PSU 11-112A (1993) #21
Best Available

PSU 11-112A (1993) #22
Best Available

PSU 11-112A (1993) #23
Best Available

PSU 11-112A (1993) #24
Best Available

PSU 11-112A (1993) #25
Best Available

PSU 11-112A (1993) #26
Best Available

PSU 11-112A (1993) #27
Best Available

PSU 11-112A (1993) #28
Best Available

PSU 11-112A (1993) #29
Best Available

PSU 11-112A (1993) #30
Best Available

PSU 11-112A (1993) #31
Best Available

PSU 11-112A (1993) #32
Best Available

PSU 11-112A (1993) #33
Best Available

PSU 11-112A (1993) #34
Best Available

PSU 11-112A (1993) #35
Best Available

PSU 11-112A (1993) #36

PSU 11-112A (1993) #37

PSU 11-112A (1993) #38
Best Available

PSU 11-112A (1993) #39
Best Available

PSU 11-112A (1993) #40
Best Available

PSU Number   11

Case Number   112 A

SLIDES

The following slides are not included in this case:

Slide Number (s)   #41-60

PSU 11-112A (1993) #61
Best Available

PSU 11-112A (1993) #62
Best Available

PSU 11-112A (1993) #63
Best Available

PSU 11-112A (1993) #64
Best Available

PSU 11-112A (1993) #65
Best Available

PSU 11-112A (1993) #66
Best Available

PSU 11-112A (1993) #67
Best Available

PSU 11-112A (1993) #68
Best Available

PSU 11-112A (1993) #69
Best Available

PSU 11-112A (1993) #70
Best Available

PSU 11-112A (1993) #71
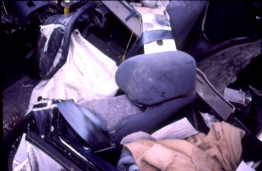Best Available

PSU 11-112A (1993) #72
Best Available

PSU 11-112A (1993) #73
Best Available

PSU 11-112A (1993) #74
Best Available

PSU 11-112A (1993) #76
Best Available