



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



# CASE SUMMARY

PSU 11 CASE NO. 150A TYPE OF ACCIDENT Single vehicle, head on into a tree.

## 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 one was travelling northbound on a well travelled two lane rural road. Vehicle one left the road way and struck a tree head on.

The driver was fatally injured, the passenger, in a car seat, received A injuries and was hospitalized.

## 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	Sub-Compact	92/Plymouth/Sundance	Front	Severe	None

DO NOT SANITIZE THIS FORM

**C. PERSON PROFILE(S)**

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	Driver	LF	Air Bag	<i>heart</i>	<i>rupture</i>	<i>5</i>	<i>Probable Deployed Airbag</i>
1	Pass.	RF	Child Seat L&S	<i>skull</i>	<i>fracture</i>	<i>2</i>	<i>Probable Backrest of Child Car Seat</i>

**Body Region**

Abdomen  
Ankle-foot  
Arm (upper)  
Back-thoracolumbar spine  
Brain  
Chest  
Ears  
Eye  
Elbow  
Face  
Forearm  
Head-skull  
Heart  
Kidneys  
Knee  
Leg (lower)  
Liver  
Lower limbs(s) (whole or unknown part)  
Mouth  
Neck-cervical spine  
Nose

Pelvic-hip  
Pulmonary-lungs  
Shoulder  
Spleen  
Thigh  
Thyroid, other endocrine gland  
Upper limb(s) (whole or unknown part)  
Vertebrae  
Whole body  
Wrist-hand

**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 FORM

1. Primary Sampling Unit Number 11  
2. Case Number - Stratum 150A

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01  
4. Date of Accident (Month,Day,Year) [REDACTED] / 9 4  
5. Time of Accident 0755

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. 0 SS15 Administrative Use 0
- 7. 0 SS16 Pedestrian Crash Data Study 0
- 8. 0 SS17 Impact Fires 0
- 9. 0 SS18 \_\_\_\_\_ 0
- 10. 0 SS19 \_\_\_\_\_ 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. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>42</u>	17. <u>00</u>	18. <u>0</u>
19. <u>02</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 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

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

### TDC APPLICABLE VEHICLES

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

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) – Vehicle Number

#### Noncollision

- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):  
\_\_\_\_\_

(35) Noncollision injury

(38) Other noncollision (specify):  
\_\_\_\_\_

(39) Noncollision – details unknown

#### Collision With Fixed Object

- (41) Tree (≤ 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

(79) Object fell from vehicle 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

# ACCIDENT COLLISION DIAGRAM

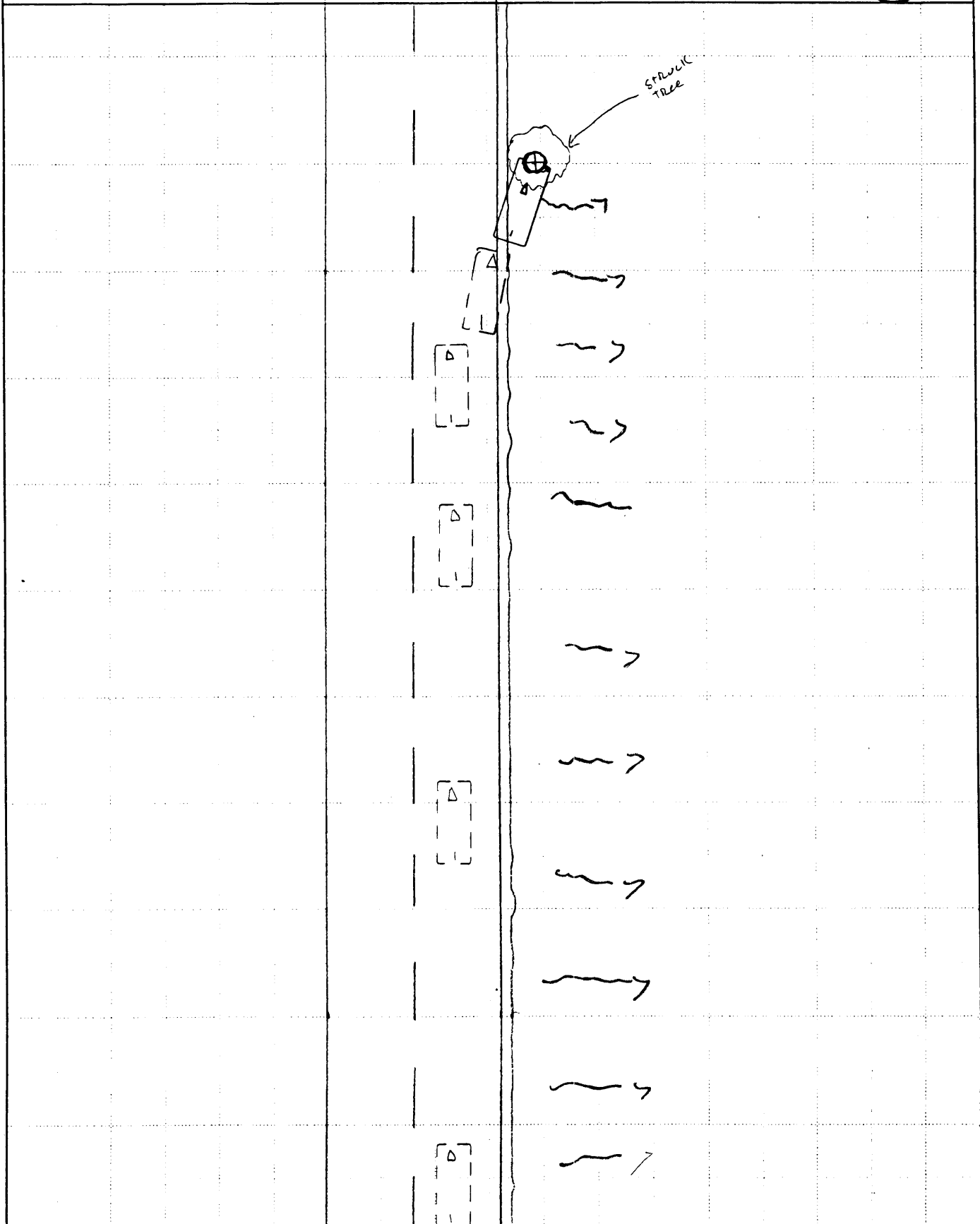
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

Case Number - Stratum 150A

1/250

Indicate North





# ACCIDENT COLLISION DIAGRAM

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

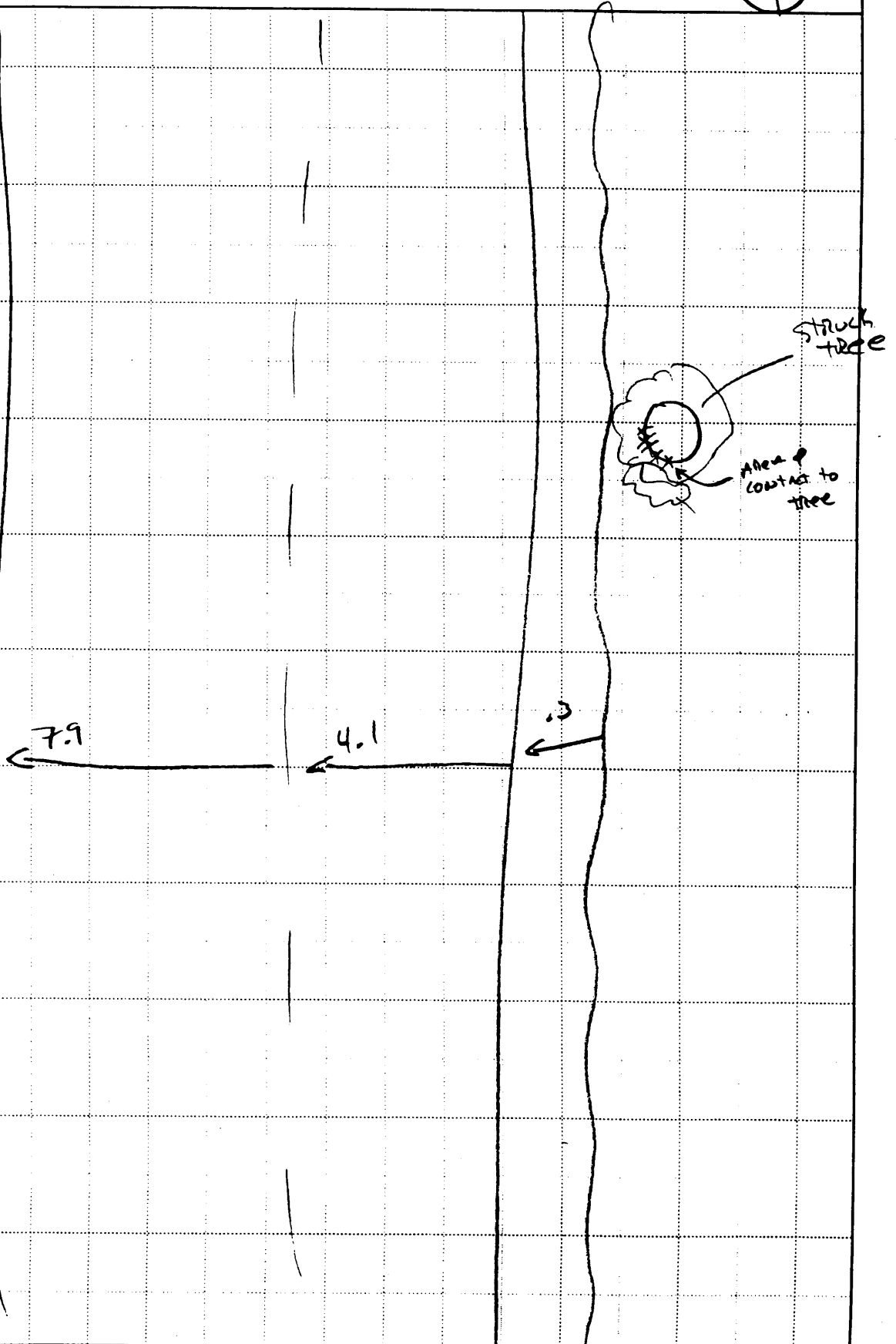
Case Number—Stratum 150A

~~11~~/94

Indicate North



Note: There are two fluid spills in street but these are post impact  
Also: In picture there is a shadow of a cable line as it follows north of  
vehicle (i.e. looks like a skid) But obviously is not.











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

**OTHER DATA**

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) 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

00

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

0

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

63. Direction of Initial Roll

0

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

**PRECRASH DATA**

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

01

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

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

### Noncollision

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

### Collision With Fixed Object

- (41) Tree ( $\leq$  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 ( $\leq$  10 cm in diameter)
- (51) Pole or post ( $>$  10 cm but  $\leq$  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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- 
- (89) Unknown nonfixed object

- (98) Other event (specify):

- 
- (99) Unknown event or object



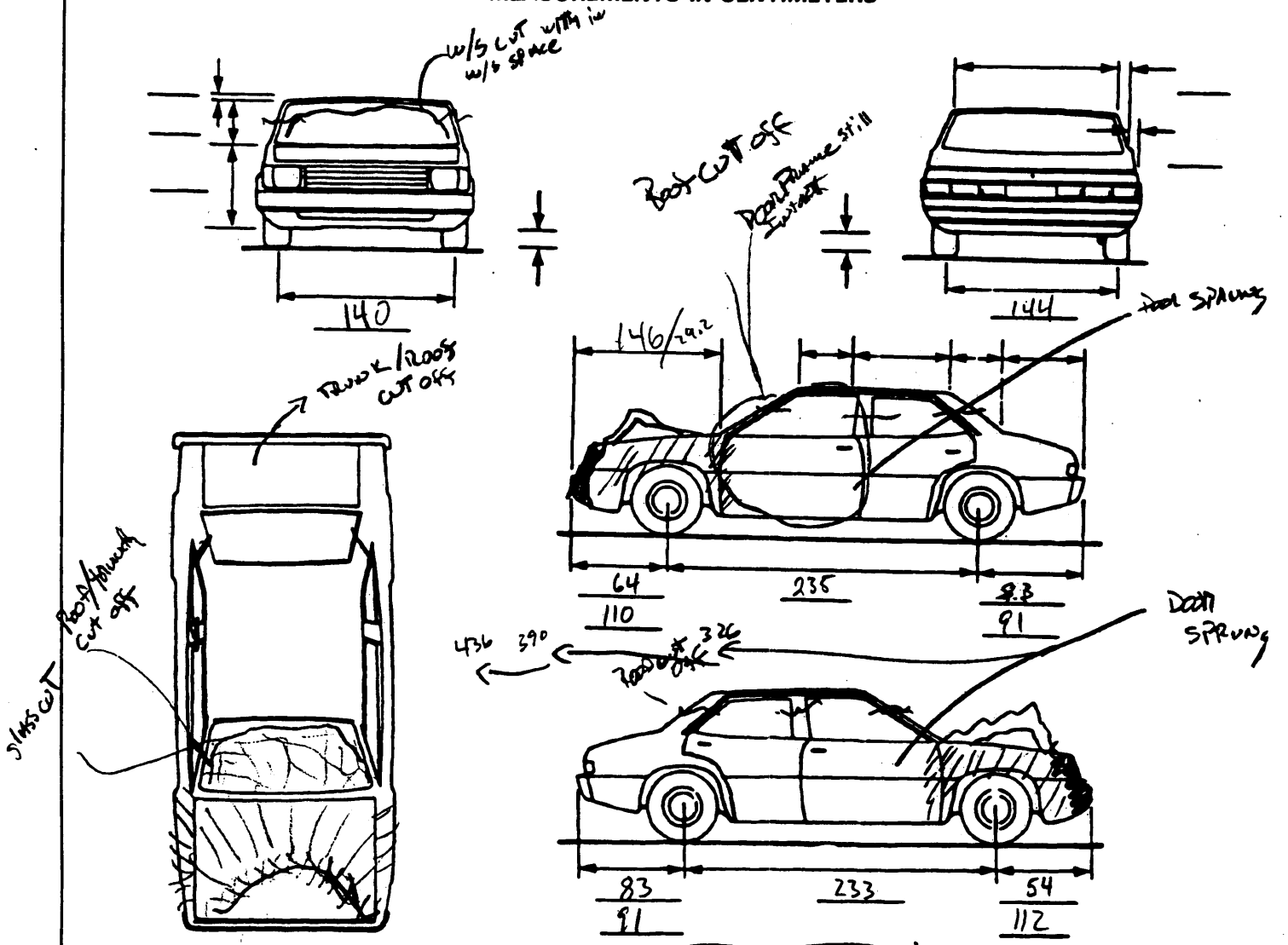
# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	97	_____ . _____	inches	x 2.54	=	_____ . _____	cm
Overall Length	171.7	_____ . _____	inches	x 2.54	=	_____ . _____	cm
Maximum Width	67.3	_____ . _____	inches	x 2.54	=	_____ . _____	cm
Curb Weight	2615	_____, _____	pounds	x .4536	=	_____, _____	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	=	_____ . _____	L

### VEHICLE DAMAGE SKETCH

<p><b>TIRE - WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted      b. Tire deflated</p> <p>RF <u>1</u>                                      RF <u>1</u>          LF <u>2</u>                                      LF <u>1</u>          RR <u>2</u>                                      RR <u>1</u>          LR <u>2</u>                                      LR <u>1</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>246</u> cm          Overall Length <u>436</u> cm          Maximum Width <u>171</u> cm          Curb Weight <u>1186</u> kg          Average Track <u>142</u> cm          Front Overhang <u>99</u> cm          Rear Overhang <u>91</u> cm          Undeformed End Width <u>146</u> cm          Engine Size: cyl./displ. <u>2.5</u> <u>4</u> cyl. L</p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>00</u> °          LF ± <u>   </u> °          RR ± <u>   </u> °          LR ± <u>   </u> °</p> <p>Within ± 5 degrees</p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual      <input checked="" type="checkbox"/> Automatic</p>	<p><b>DRIVE WHEELS</b></p> <p><input checked="" type="checkbox"/> FWD    <input type="checkbox"/> RWD    <input type="checkbox"/> 4WD</p>	
		<p>Approximate Cargo Weight <u>0</u> kg</p>

**MEASUREMENTS IN CENTIMETERS**



**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.





**COLLISION DEFORMATION CLASSIFICATION**

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>42</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

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

**CRUSH PROFILE IN CENTIMETERS**

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ±D
<u>148</u>	<u>042</u>	<u>064</u>	<u>084</u>	<u>084</u>	<u>076</u>	<u>058</u>	<u>+0006</u>

Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Are CDCs Documented but Not Coded on The Automated File?  
 (0) No  
 (1) Yes

0

27. Researcher's Assessment of Vehicle Disposition  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

1

28. Original Wheelbase \_\_\_\_\_ Code to the nearest centimeter (999) Unknown

246

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications                  (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____                  (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>4</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank                  (1) Aft of center of the rear wheels (rear axle) centered                  (2) Aft of center of the rear wheels (rear axle) left side                  (3) Aft of center of the rear wheels (rear axle) right side                  (4) Forward of center of the rear wheels (rear axle) centered                  (5) Forward of center of the rear wheels (rear axle) left side                  (6) Forward of center of the rear wheels (rear axle) right side                  (7) Over center of the rear wheels (rear axle)                  (8) Other (specify): _____                  (9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred                  (1) Minor                  (2) Major                  (9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank                  (1) On back plane                  (2) Aft of center of the rear wheels (rear axle) on left side plane                  (3) Aft of center of the rear wheels (rear axle) on right side plane                  (4) Forward of center of the rear wheels (rear axle) on left side plane                  (5) Forward of center of the rear wheels (rear axle) on right side plane                  (6) Over the center of the rear wheels (rear axle) on left side plane                  (7) Over the center of the rear wheels (rear axle) on right side plane                  (8) Other (specify): _____                  (9) Unknown</p>
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire                  (1) Vehicle exterior (front, side, back, top)                  (2) Exhaust system                  (3) Fuel tank (and other fuel retention system parts)                  (4) Engine compartment                  (5) Cargo/trunk compartment                  (6) Instrument panel                  (7) Passenger compartment area                  (8) Other location (specify): _____                  (9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank                  (1) No damage to fuel tank                  (2) Deformed, no seam failure                  (3) Deformed, with a seam failure                  (4) Punctured                  (5) Lacerated (ripped)                  (6) Abraded (scraped)                  (7) Filler neck separation from the fuel tank                  (8) Other damage (specify): _____                  (9) Unknown</p>
<p>32. Type of Fuel Tank-1 <u>1</u></p>	
<p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle)                  (1) Metallic                  (2) Non-metallic                  (9) Unknown</p>	

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage 0

(0) No fuel tank  
(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank  
(3) Filler neck  
(4) Cap  
(5) Lines/pump/filter  
(6) Vent/emission recovery  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

42. Fuel Type-1 01

43. Fuel Type-2 00

*Single Fuel Type*

(00) No fuel tank  
(01) Gasoline  
(02) Diesel  
(03) CNG (Compressed Natural Gas)  
(04) LPG (Liquid Petroleum Gas) also known as Propane  
(05) LNG (Liquid Natural Gas)  
(06) Methanol (M100 or M85)  
(07) Ethanol (E100 or E85)  
(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery  
(11) Nickel-Iron Battery  
(12) Nickel-Cadmium Battery  
(13) Sodium Metal Chloride Battery  
(14) Sodium Sulfur Battery  
(18) Other (Specify): \_\_\_\_\_  
(98) Other Hybrid (specify): \_\_\_\_\_  
(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage

(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):  
 Type of tank \_\_\_\_\_  
 Tank location \_\_\_\_\_  
 Filler cap location \_\_\_\_\_  
 Tank damage \_\_\_\_\_  
 Location of leakage \_\_\_\_\_  
 Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

\_\_\_\_\_

\* Vehicle struck large tree  
HEAD ON,

\* Vehicle/scene/Interview  
Completed before case selection

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



# INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 11  
 2. Case Number - Stratum 150A  
 3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 99  
 (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

*Roof was cut off BUT IT DOES NOT APPEAR AS THOUGH THERE WAS INTEGRITY LOSS*

Door, Tailgate or Hatch Opening

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

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

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 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 9 18. LR 0 19. RR 0  
 20. BL 9 21. Roof 8 22. Other 8

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

*AI. Inspected on window and CUT/BROKEN BUT THIS IS POST IMPACT... THIS IS EXTRINSIC*

*Only window intact is LF*

Glazing Damage from Occupant Contact

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

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

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

Type of Window/Windshield Glazing

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

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

Window Precrash Glazing Status

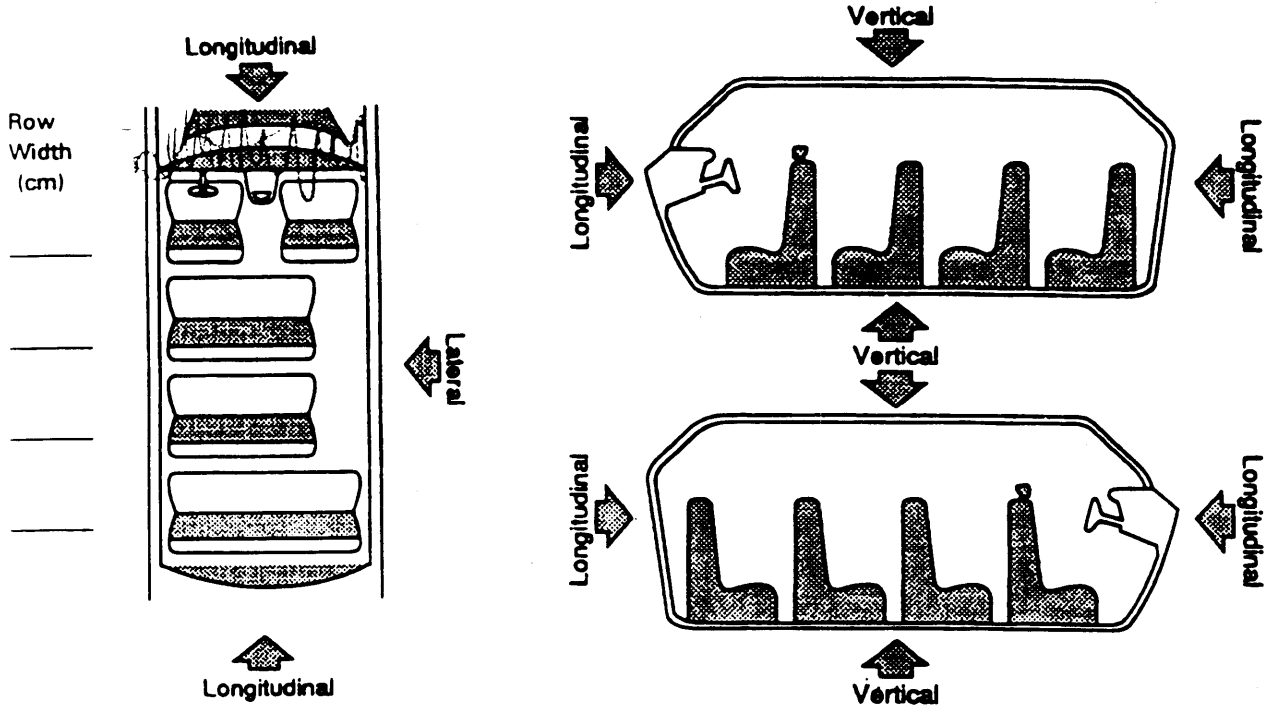
39. WS 1 40. LF 0 41. RF 2 42. LR 0 43. RR 0  
 44. BL 1 45. Roof 0 46. Other 0

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

*THINK CUT BUT NO CRACK FAILURE*

# INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	TOE PAN	145	125	= 20	LONG
11	DASH	100	89	= 11	
11	Steering wheel	88	80	= 8	
12	DASH	100	90	= 10	
13	TOE PAN	145	120	= 25	
13	DASH	100	100	= 0	"
12	TOE PAN	130	122	= 8	"
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	

**OCCUPANT AREA INTRUSION**

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

**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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>05</u>	49. <u>3</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>05</u>	53. <u>3</u>	54. <u>2</u>
3rd	55. <u>11</u>	56. <u>02</u>	57. <u>2</u>	58. <u>2</u>
4th	59. <u>12</u>	60. <u>03</u>	61. <u>2</u>	62. <u>2</u>
5th	63. <u>12</u>	64. <u>05</u>	65. <u>2</u>	66. <u>2</u>
6th	67. <u>11</u>	68. <u>01</u>	69. <u>2</u>	70. <u>2</u>
7th	71. <u>   </u>	72. <u>   </u>	73. <u>   </u>	74. <u>   </u>
8th	75. <u>   </u>	76. <u>   </u>	77. <u>   </u>	78. <u>   </u>
9th	79. <u>   </u>	80. <u>   </u>	81. <u>   </u>	82. <u>   </u>
10th	83. <u>   </u>	84. <u>   </u>	85. <u>   </u>	86. <u>   </u>

**LOCATION OF INTRUSION**

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

**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

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify):

(9) Unknown

1

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

92. Steering Rim/Spoke Deformation

- 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

08

93. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

07

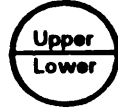
Quarter Sections

- (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

0 6 2,000

\_\_\_\_\_ 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

38 318 miles x 1.6093 = 61,665 kilometers

Source: \_\_\_\_\_

95. Instrument Panel Damage from Occupant Contact?

- (0) No
- (1) Yes
- (9) Unknown

1

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

1

97. Did Glove Compartment Door Open During Collision(s)?

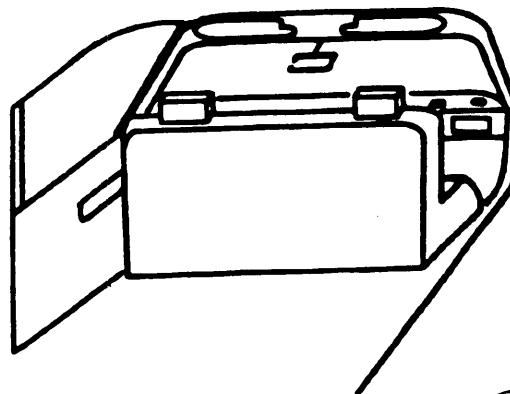
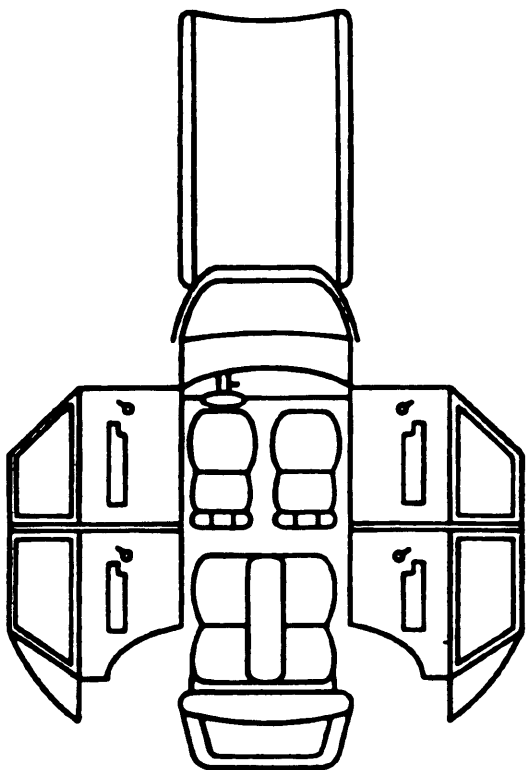
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

0/9

at time of Impact it was broken open. But this may be Post Impact Extrication of passenger

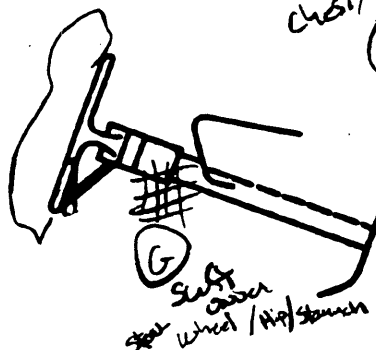
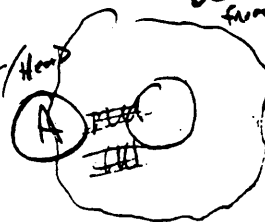
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



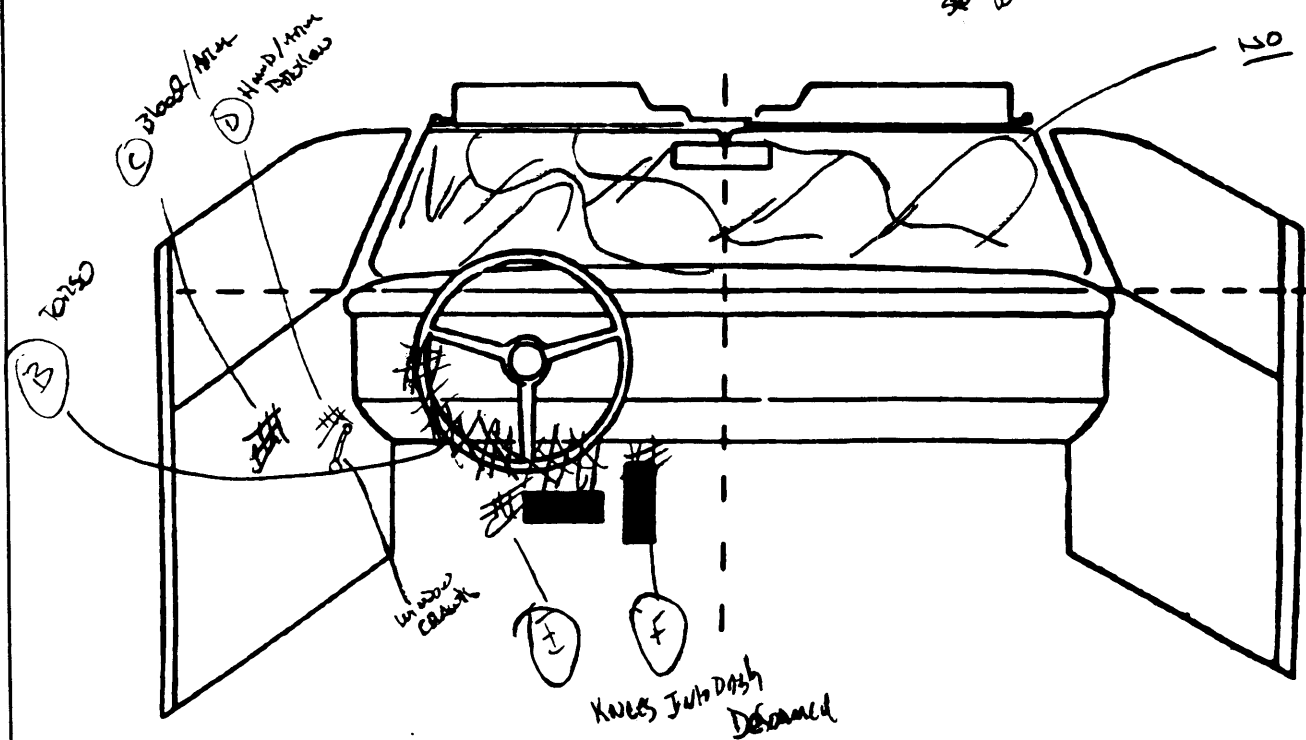
There are other marks that they appear to be "not" from him.

Chest/Hand



G Seat under wheel / Hip/steering

NO w/s CONTACT



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	45	1	Head	Scuff	1
B	04	1	Hand/Arm	Scuff/Bent	1
C	20	1	Arm	Blood	1
D	20	1	Hand/Arm	Broken	1
E	09	1	L Knee	Deformed	1
F	09	1	(R) Knee	Deformed	1
G	07	1	Hip/ABA	Scuff	1
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	1	0
	Deployment	1	0
	Failure	1	0

**Air Bag System Availability/Function**

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

**Air Bag System Deployment**

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

**Are There Indications of Air Bag System Failure?**

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

### AUTOMATIC BELTS

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

**Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**Automatic (Passive) Belt System Use**

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

**Automatic (Passive) Belt System Type**

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

**Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**

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

**MANUAL RESTRAINTS**

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

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

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

*careful inspection / took many pictures*

*\*NOTE ALL L/S Belts cut*

		Left	Center	Right
FIRST	Availability	4		4
	Evidence of usage	04		14
	Used in this crash?	00		14
	Proper Use	00		2
	Failure Modes	00		1
SECONDS	Availability	4	3	4
	Evidence of usage	04	03	04
	Used in this crash?	—	—	—
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

*child in safety seat HERE*

*By EMS Examination*

**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

**Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of manual belt system (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	2					
1. Type of Child Safety Seat	1					
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	11					
5. Child Safety Seat Tether Usage	11					
6. Child Safety Seat Make/Model	112	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)**

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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 Occupant Assessment Form.

**EJECTION**    No     Yes [  ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<p><b>Ejection</b></p> <p>(1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown</p> <p><b>Ejection Area</b></p> <p>(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear</p>	<p>(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p> <p><b>Ejection Medium</b></p> <p>(1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____</p>	<p>(5) Integral structure (8) Other medium (specify): _____</p> <p>(9) Unknown</p> <p><b>Medium Status (Immediately Prior to Impact)</b></p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p>
--	--	--

**ENTRAPMENT**    No [  ]    Yes [  ]

Describe entrapment mechanism: wheel / steering column; dash

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 11  
 2. Case Number - Stratum 150A  
 3. Vehicle Number 01  
 4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 23  
 Code actual age at time of accident.  
 (00) Less than one year old (specify by month):  
 (97) 97 years and older \_\_\_\_\_  
 (99) Unknown

6. Occupant's Sex 2  
 (1) Male  
 (2) Female  
 (9) Unknown

7. Occupant's Height 160  
 Code actual height to the nearest centimeter.  
 (999) Unknown  
63 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 057  
 Code actual weight to the nearest kilogram.  
 (999) Unknown  
125 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 1  
 (1) Driver  
 (2) Passenger  
 (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
 (11) Left side  
 (12) Middle  
 (13) Right side  
 (14) Other (specify): \_\_\_\_\_  
 (15) On or in the lap of another occupant

*Second Seat*  
 (21) Left side  
 (22) Middle  
 (23) Right side  
 (24) Other (specify): \_\_\_\_\_  
 (25) On or in the lap of another occupant

*Third Seat*  
 (31) Left side  
 (32) Middle  
 (33) Right side  
 (34) Other (specify): \_\_\_\_\_  
 (35) On or in the lap of another occupant

*Fourth Seat*  
 (41) Left side  
 (42) Middle  
 (43) Right side  
 (44) Other (specify): \_\_\_\_\_  
 (45) On or in the lap of another occupant

(97) In or on unenclosed area  
 (98) Other seat (specify): \_\_\_\_\_  
 (99) Unknown

11. Occupant's Posture 9  
 (0) Normal posture

*Abnormal posture*  
 (1) Kneeling or standing on seat  
 (2) Lying on or across seat  
 (3) Kneeling, standing or sitting in front of seat  
 (4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
 (5) Sitting on a console  
 (6) Lying back in a reclined seat position  
 (7) Bracing with feet or hands on a surface in front of seat  
 (8) Other abnormal posture (specify): \_\_\_\_\_  
 (9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 1

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
  - (1) Entrapped
  - (9) Unknown

**RESTRAINT SYSTEM EVALUATION**

17. Manual (Active) Belt System Availability 4

- (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

18. Manual (Active) Belt System Use 0 0

(00) None used, not available, or belt removed/destroyed

(01) Inoperative (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

19. Proper Use of Manual (Active) Belts 0

(0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

*Belt Used Improperly*

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0

(0) No manual belt used

(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

21. Air Bag System Availability/Function 1

(0) Not equipped/not available

(1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

(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

23. Are There Indications of Air Bag System Failure? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

(0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (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) 02

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

27. Seat Performance (this Occupant Position) 7

- (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 track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify):  
SEVERE FWD. IMPACT (INTRUSION) ALSO UNBELTED DRIVER
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**CHILD SAFETY SEAT**

28. Child Safety Seat Make/Model 0 0 0  
 (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 0 0  
 (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 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0

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

**INJURY CONSEQUENCES**

34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 62

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7**

**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**

39. Time to Death 03

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 05

41. 2nd Medically Reported Cause of Death 04

42. 3rd Medically Reported Cause of Death 00

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for This Occupant 16

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**

44. Automatic (Passive) Belt System Availability/Function 0

- (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

45. Automatic (Passive) Belt System Use 0

- (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) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

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

47. Proper Use of Automatic (Passive) Belt System 0

- (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

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (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

49. Seat Orientation (this Occupant Position) 1

- (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

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- Other (specify):
- PAR
- [ ] Unknown if belt used

VI Indicates non-use

PAR

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO  YES [ ]

UPDATE CANDIDATE?

NO [ ] YES

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
51. Was the Occupant Given Blood? 2  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): 7 UNITS  
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt 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 11

3. Vehicle Number 01

2. Case Number - Stratum 150A

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	A.I.S. - 90						Injury Source	Injury 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					
<i>Ⓟ Right Sacrum</i> 1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>76</u>	9. <u>00</u>	10. <u>1</u>	11. <u>1</u>	12. <u>45</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
<i>open Ⓛ Abdominal fx</i> 2nd	16. <u>3</u>	17. <u>8</u>	18. <u>5</u>	19. <u>34</u>	20. <u>04</u>	21. <u>2</u>	22. <u>2</u>	23. <u>09</u>	24. <u>2</u>	25. <u>1</u>	26. <u>03</u>
<i>Ⓟ femur fx</i> 3rd	27. <u>2</u>	28. <u>8</u>	29. <u>5</u>	30. <u>18</u>	31. <u>00</u>	32. <u>3</u>	33. <u>1</u>	34. <u>09</u>	35. <u>2</u>	36. <u>1</u>	37. <u>03</u>
<i>heart effusion contusion</i> 4th	38. <u>3</u>	39. <u>4</u>	40. <u>4</u>	41. <u>10</u>	42. <u>06</u>	43. <u>4</u>	44. <u>4</u>	45. <u>45</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
<i>ruptured aortic appendage</i> Ⓟ 5th	49. <u>2</u>	50. <u>4</u>	51. <u>4</u>	52. <u>10</u>	53. <u>12</u>	54. <u>5</u>	55. <u>4</u>	56. <u>45</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
<i>(+XOC)</i> 6th	60. <u>3</u>	61. <u>1</u>	62. <u>6</u>	63. <u>04</u>	64. <u>06</u>	65. <u>2</u>	66. <u>0</u>	67. <u>45</u>	68. <u>3</u>	69. <u>1</u>	70. <u>00</u>
<i>chest abrasions</i> 7th	71. <u>2</u>	72. <u>4</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>1</u>	77. <u>0</u>	78. <u>45</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
<i>abdominal abrasions</i> 8th	82. <u>2</u>	83. <u>5</u>	84. <u>9</u>	85. <u>02</u>	86. <u>02</u>	87. <u>1</u>	88. <u>0</u>	89. <u>45</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
<i>face abrasions</i> 9th	93. <u>2</u>	94. <u>2</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>0</u>	100. <u>45</u>	101. <u>3</u>	102. <u>1</u>	103. <u>00</u>
<i>face contusions</i> 10th	104. <u>2</u>	105. <u>2</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>0</u>	111. <u>45</u>	112. <u>3</u>	113. <u>1</u>	114. <u>00</u>



# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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.)  
ER: AIRBAG DEPLOYMENT → ENTIRE DASHBOARD REPORTEDLY LOCKING LEGS INTO VEHICLE

ER:

RT UPPER  
EYELID 4 1.5cm  
LACERATION

ME:

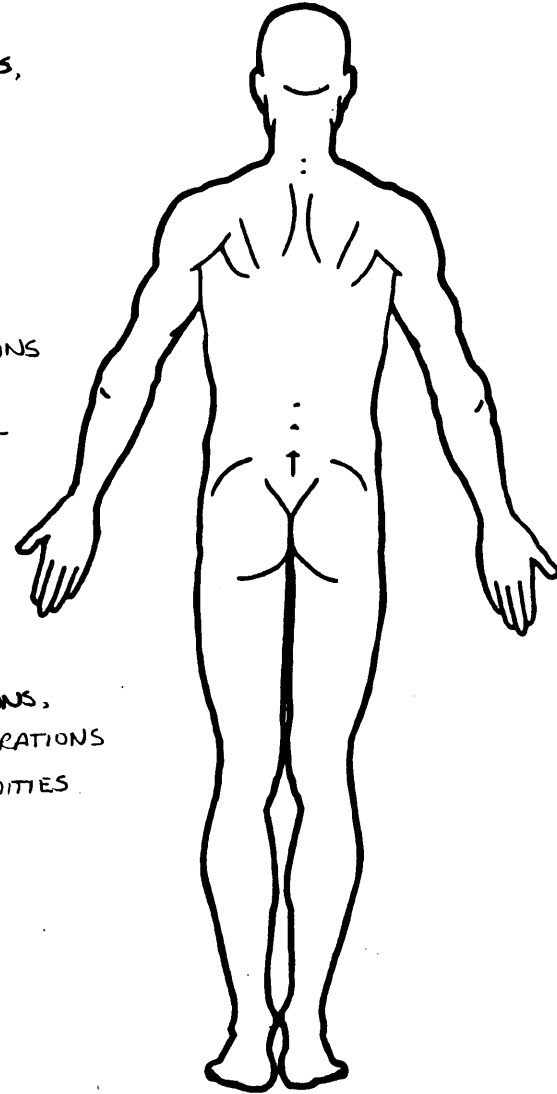
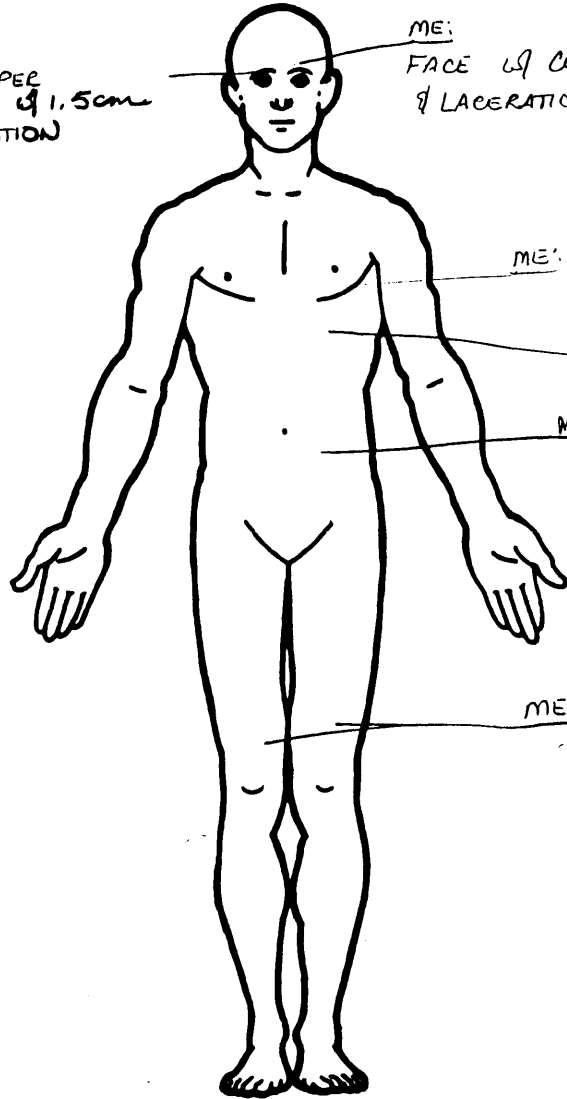
FACE w/ CONTUSIONS, ABRASIONS,  
& LACERATIONS

ME: BLUNT CHEST  
TRAUMA

ME: CHEST ABRASIONS

ME: ABDOMINAL WALL  
ABRASIONS

ME: MULTIPLE ABRASIONS,  
CONTUSIONS, & LACERATIONS  
OF LOWER EXTREMITIES



## 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

- (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

## 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): \_\_\_\_\_

## 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

ME / ER:

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 7  
5 UNITS PRBC  
2 UNITS FRESH  
FRODO'S FLASH

Arterial Blood Gases

pH =

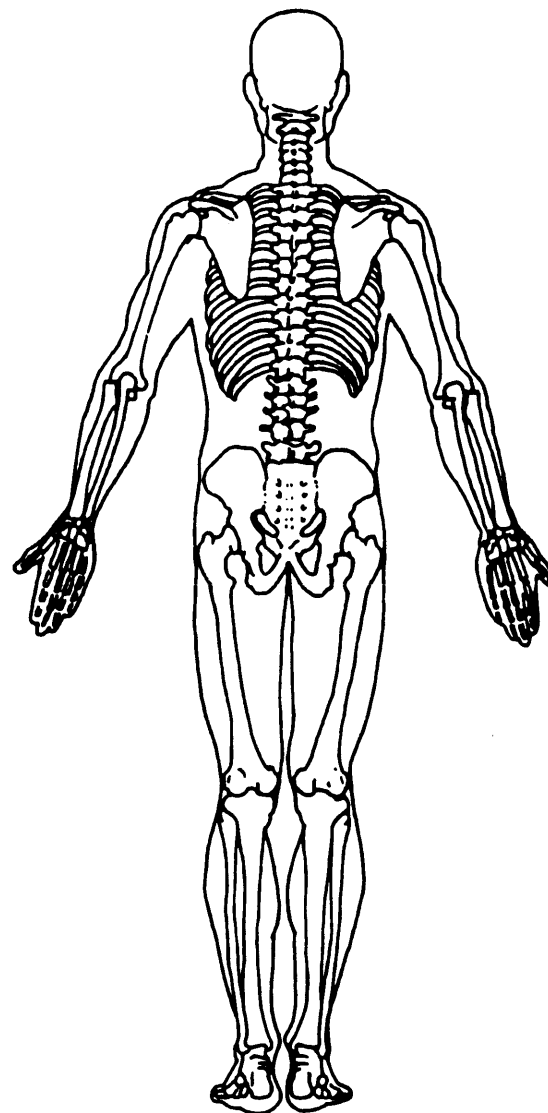
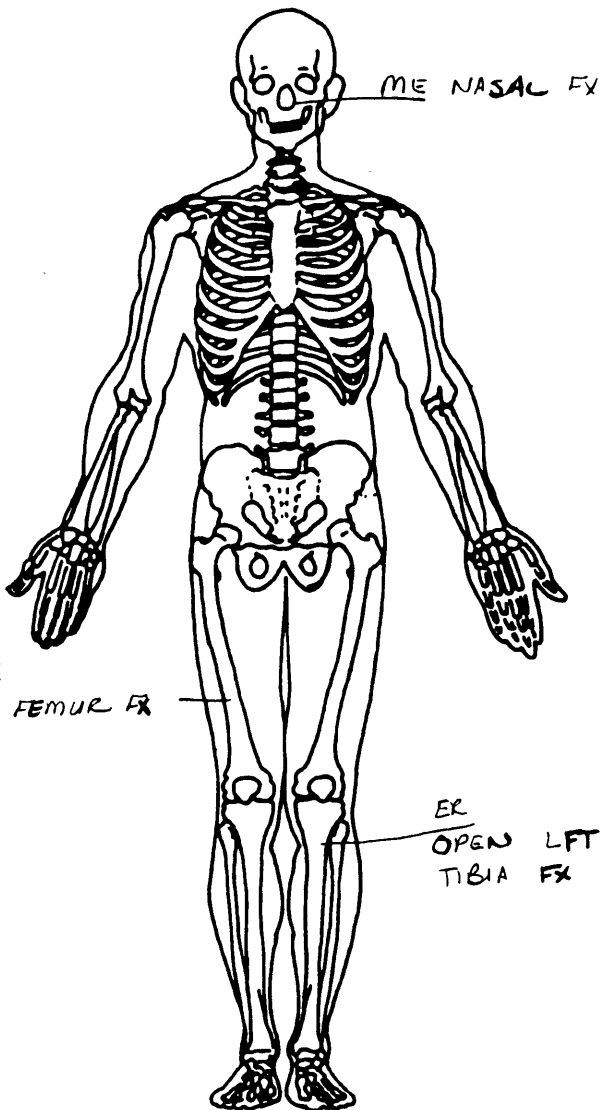
PO<sub>2</sub> =

PCO<sub>2</sub> =

HCO<sub>3</sub> =

NOT RECORDED

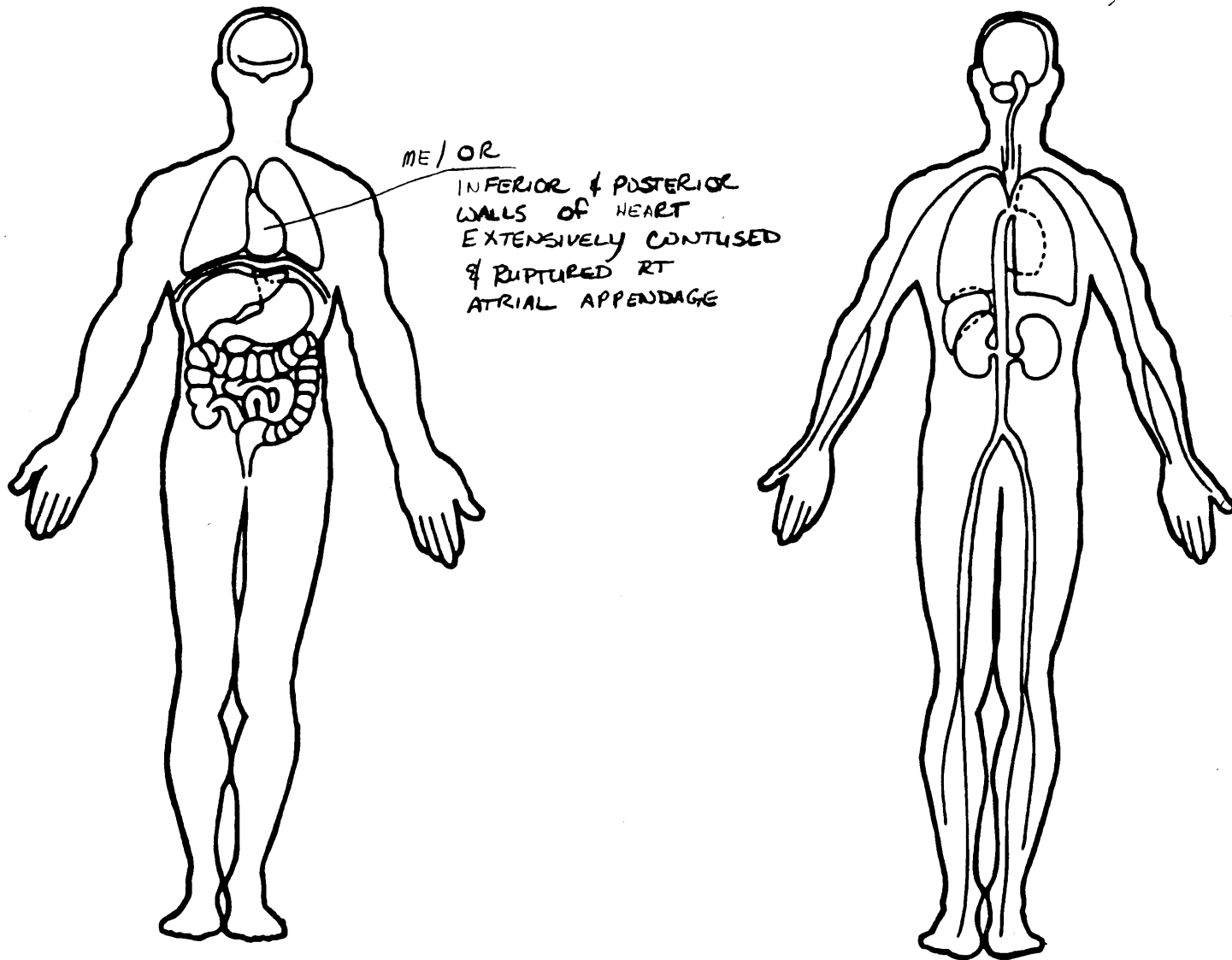
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)

EX: (+) LOSS OF CONSCIOUSNESS



# UPDATE FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 150A

3. Vehicle Number 01

4. Occupant Number 01

Driver or Occupant Name: [REDACTED]

Address: [REDACTED] Rd.

Other Information: \_\_\_\_\_

*(Sanitize this section prior to Update submission.)*

## STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	<u>[REDACTED]</u>	<u>94</u>
OAL09. Date Official Medical Data Obtained	____/____/____	____/____/____
OAL16. Injury Treatment Status	____	____
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	B <u>08</u>	____
b. Post-ER medical record which includes information about death based on non-invasive examination	B <u>08</u>	____
c. Admission record/summary or admission/discharge face sheet	B ____	____
d. Discharge summary	B ____	____
e. Operative report	B <u>08</u>	<u>011</u>
f. Radiographic record(s) (X-ray, CT scan)	B ____	<u>011</u>
g. History and physical examination and/or consultation records	B <del>08</del>	____
h. Emergency room records (includes nurses' notes)	B <u>04</u>	<u>011</u>
j. Private physician	B ____	____
<u>Unofficial</u>		
k. Lay coroner	B <u>04</u>	____
l. EMS record	B <u>04</u>	____
m. Interviewee	B ____	____
n. Other source (specify):	B ____	B ____
o. Police report	B ____	B ____

OAL18. Medical Facility Code 02

GV12. Alcohol Test Results For Driver \_\_\_\_\_

GV39. Other Drug Specimen Test Type For Driver \_\_\_\_\_

**UPDATE FORM**

<p>1. Primary Sampling Unit Number <u>11</u></p> <p>2. Case Number — Stratum <u>LSOA</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: center; font-weight: bold;">RECEIVED  1995</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center; font-style: italic;">(Sanitize this section prior to Update submission.)</p>
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STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION	
OAL08. Date Official Medical Data Requested			<u>94</u>
OAL09. Date Official Medical Data Obtained			<u>95</u>
OAL16. Injury Treatment Status	—	—	
OAL17. Injury Information			
<u>Official</u>			
a. Autopsy (invasive examination)	<u>B</u>	—	
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	<u>011</u>	
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	—	
d. Discharge summary	<u>B</u>	—	
e. Operative report	<u>B</u>	—	
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>	—	
g. History and physical examination and/or consultation records	<u>B</u>	—	
h. Emergency room records (includes nurses' notes)	<u>B</u>	—	
j. Private physician	<u>B</u>	—	
<u>Unofficial</u>			
k. Lay coroner	<u>B</u>	—	
l. EMS record	<u>B</u>	—	
m. Interviewee	<u>B</u>	—	
n. Other source (specify): _____	<u>B</u>	<u>B</u>	
o. Police report	<u>B</u>	<u>B</u>	
OAL18. Medical Facility Code	—	—	<u>07</u>
GV12. Alcohol Test Results For Driver	—	—	
GV39. Other Drug Specimen Test Type For Driver	—	—	





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 150A

3. Vehicle Number 01

4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 00  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
7 months A  
(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown

7. Occupant's Height 061  
Code actual height to the nearest centimeter.  
(999) Unknown  
24 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 008  
Code actual weight to the nearest kilogram.  
(999) Unknown  
17 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

*Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant

*Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant

*Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant

(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture 0  
(0) Normal posture

*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
  - (1) Entrapped
  - (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (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 \_\_\_\_\_

18. Manual (Active) Belt System Use 1 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (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

19. Proper Use of Manual (Active) Belts 2

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (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 \_\_\_\_\_

21. Air Bag System Availability/Function 0

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

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 0

- (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

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 6

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown

(9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (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 2

- (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 (specify): \_\_\_\_\_
- (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 1 1 2  
 (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 1  
 (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 0 1  
 (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 1 2

32. Child Safety Seat Shield Usage 1 1

33. Child Safety Seat Tether Usage 1 1

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

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay 07  
08

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for This Occupant 05

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**

44. Automatic (Passive) Belt System Availability/Function 0

- (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

45. Automatic (Passive) Belt System Use 0

- (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) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

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

47. Proper Use of Automatic (Passive) Belt System 0

- (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

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (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

49. Seat Orientation (this Occupant Position) 1

- (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

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify):  
PAR
- Unknown if belt used

VI Indicates OSI  
PAR " "  
OI " "

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO  YES

UPDATE CANDIDATE?

NO  YES

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 02  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
51. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 20  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination +  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used





# OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>11</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>150A</u>	4. Occupant Number <u>02</u>

## INJURY DATA

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

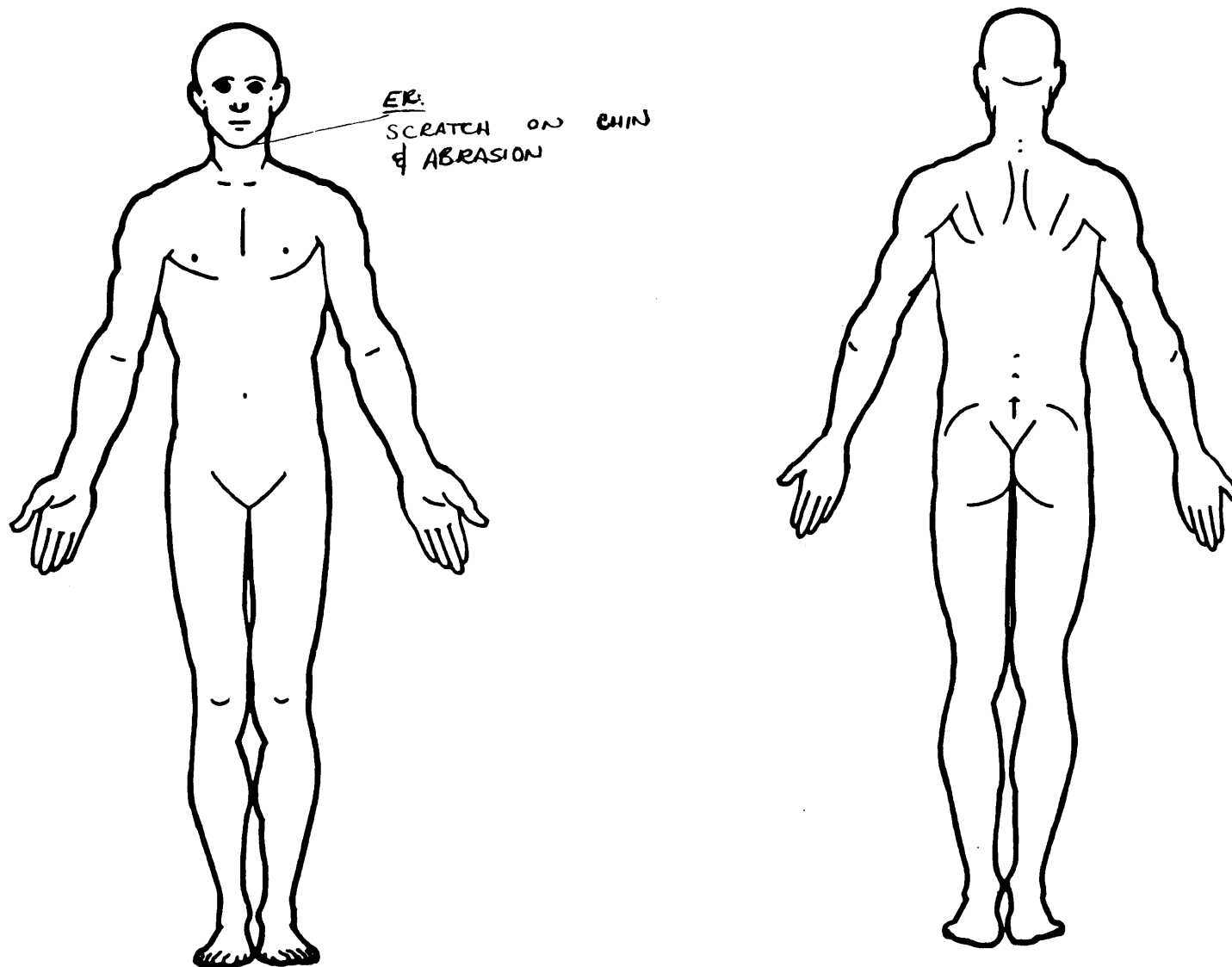
*Occupant skull fracture*  
*fracture*  
*chin abrasion*  
*chin scratch*  
*CHI discharge*

Source of Injury Data	A.I.S. - 90							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	Injury Source			
5. <u>2</u>	6. <u>1</u>	7. <u>5</u>	8. <u>04</u>	9. <u>02</u>	10. <u>2</u>	11. <u>6</u>	12. <u>48</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
16. <u>2</u>	17. <u>8</u>	18. <u>5</u>	19. <u>18</u>	20. <u>16</u>	21. <u>2</u>	22. <u>2</u>	23. <u>48</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>8</u>	34. <u>40</u>	35. <u>3</u>	36. <u>1</u>	37. <u>00</u>
38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>8</u>	45. <u>40</u>	46. <u>3</u>	47. <u>1</u>	48. <u>00</u>
49. <u>2</u>	50. <u>1</u>	51. <u>6</u>	52. <u>06</u>	53. <u>02</u>	54. <u>2</u>	55. <u>0</u>	56. <u>48</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>



# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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.)



**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): Backrest of Seat 1
- (49) Other interior object (specify): BT SIDE of CAR SEAT →

**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	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	<u>Whole Area</u>	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(08) Skin - Laceration		(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion	<u>Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02</u>	(5) Critical injury
(6) Spine	(10) Amputation		(6) Maximum (untreatable)
(7) Upper Extremity	(20) Burn	<b>Level of Injury</b>	(7) Injured, unknown severity
(8) Lower Extremity	(30) Crush	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	
(9) Unspecified	(40) Degloving		<b>Aspect</b>
	(50) Injury - NFS		(1) Right
	(90) Trauma, other than mechanical		(2) Left
<b>Type of Anatomic Structure</b>	<u>Head - LOC</u>		(3) Bilateral
(1) Whole Area	(02) Length of LOC		(4) Central
(2) Vessels	(04, 06, 08) Level of Consciousness		(5) Anterior
(3) Nerves	(10) Concussion		(6) Posterior
(4) Organs (includes muscles/ligaments)			(7) Superior
(5) Skeletal (includes joints)			(8) Inferior
(6) Head - LOC			(9) Unknown
(9) Skin			(0) Whole region

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.

ER:

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

IN CAR SEAT

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

GCSS = \_\_\_\_\_

Units of Blood Given

Units = \_\_\_\_\_

Arterial Blood Gases

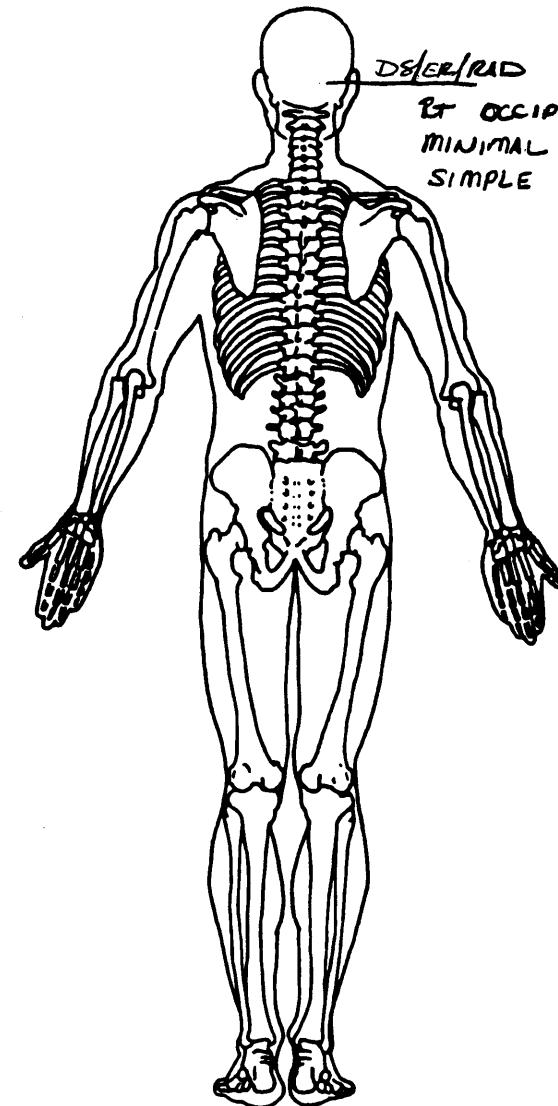
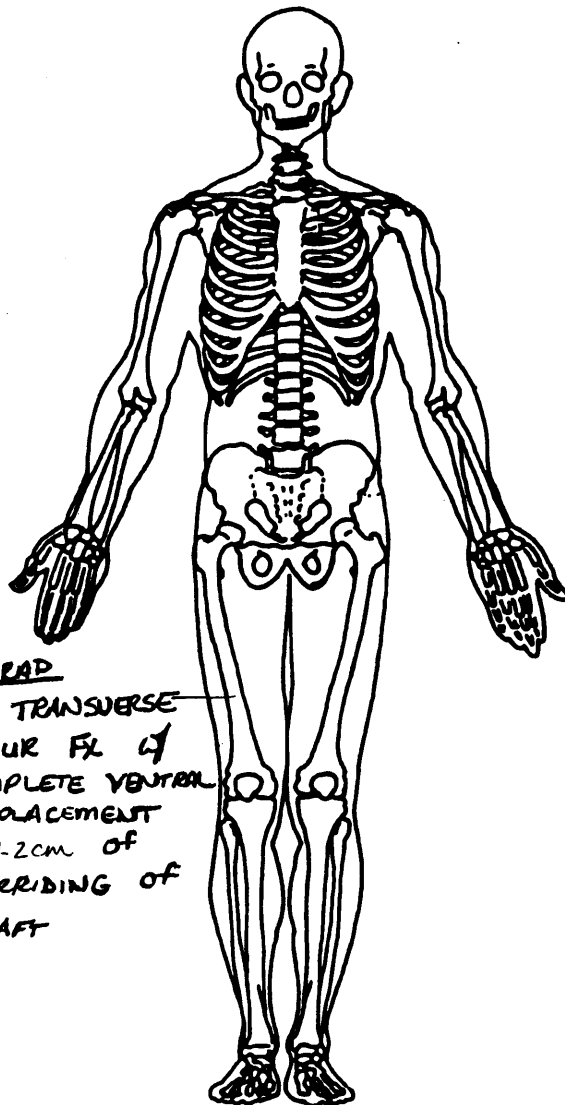
pH = 7.36

PO<sub>2</sub> = 229

PCO<sub>2</sub> = 34

HCO<sub>3</sub> = 20

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.)



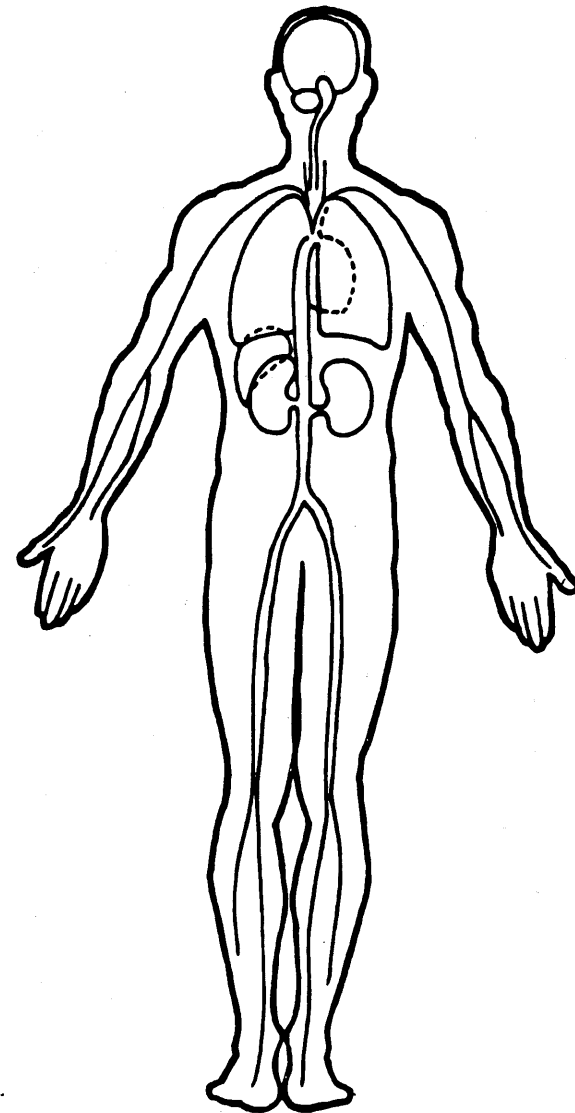
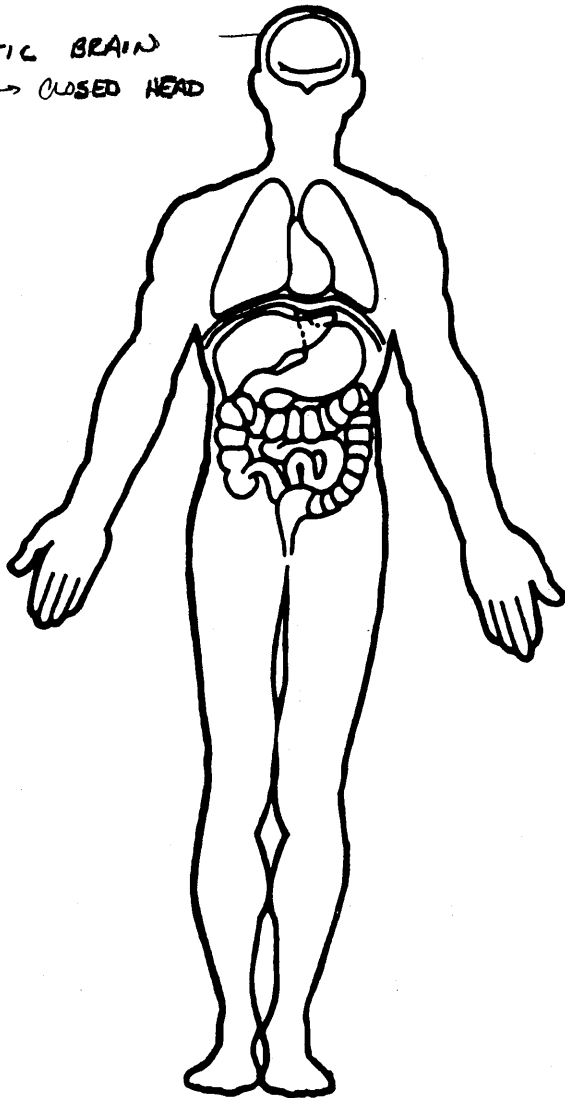
# OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)

DS/ER: PT LETHARGIC AT SCENE

DS/ER:

TRAUMATIC BRAIN  
INJURY → CLOSED HEAD  
INJURY





# UPDATE FORM

1. Primary Sampling Unit Number	<u>11</u>	Driver or Occupant Name: <u>[REDACTED]</u>
2. Case Number — Stratum	<u>150A</u>	Address: <u>[REDACTED] RQ</u>
3. Vehicle Number	<u>01</u>	
4. Occupant Number	<u>02</u>	Other Information: _____

RECEIVED [REDACTED] 1995

*(Sanitize this section prior to Update submission.)*

## STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	<u>94</u>
OAL09. Date Official Medical Data Obtained	[REDACTED]	<u>95</u>
OAL16. Injury Treatment Status	___	___
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	<u>B</u> ___	___
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> ___	___
c. Admission record/summary or admission/discharge face sheet	<u>B</u> ___	___
d. Discharge summary	<u>B</u> <u>08</u>	<u>011</u>
e. Operative report	<u>B</u> ___	___
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u> <u>08</u>	<u>011</u>
g. History and physical examination and/or consultation records	<u>B</u> <u>08</u>	<u>011</u>
h. Emergency room records (includes nurses' notes)	<u>B</u> <u>08</u>	<u>011</u>
j. Private physician	<u>B</u> ___	___
<u>Unofficial</u>		
k. Lay coroner	<u>B</u> ___	___
l. EMS record	<u>B</u> ___	___
m. Interviewee	<u>B</u> ___	___
n. Other source (specify): _____	<u>B</u> ___	<u>B</u> ___
o. Police report	<u>B</u> ___	<u>B</u> ___
OAL18. Medical Facility Code	___	<u>01</u>
GV12. Alcohol Test Results For Driver	___	___
GV39. Other Drug Specimen Test Type For Driver	___	___



# CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Identifying Title <u>11</u>	<u>150A</u>	<u>01</u>	<u>94</u>
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

CRASHPC Vehicle Identification				
Vehicle 1	<u>92</u>	<u>Plymouth</u>	<u>Sundance RS (Duster)</u>	
Vehicle 2				
	Year	Make	Model	NASS Veh. No.

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>2</u>	Size	_____
Weight	<u>1176</u> + <u>64</u> + <u>0</u> = <u>1250</u> kg	Weight	_____ kg
	Curb Occupant(s) Cargo		Curb Occupant(s) Cargo
CDC	<u>12 F D E W 3</u>	CDC	_____
PDOF (-180 to +180)	<u>+ 000</u> °	PDOF (-180 to +180)	<u>+</u> _____ °
Stiffness	<u>9</u>	Stiffness	_____

## SCENE INFORMATION

Rest and Impact Positions <input type="checkbox"/> No, Go To Damage Information <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Rest Position	X _____ m Y _____ m PSI _____ °	Rest Position	X _____ m Y _____ m PSI _____ °
Impact Position	X _____ m Y _____ m PSI _____ °	Impact Position	X _____ m Y _____ m PSI _____ °
Slip Angle(-180 to +180)	_____ °	Slip Angle (-180 to +180)	_____ °

## VEHICLE MOTION

Sustained Contact <input type="checkbox"/> No <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X _____ m Y _____ m PSI _____ °	End of Rotation Position	X _____ m Y _____ m PSI _____ °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X _____ m Y _____ m	Point on Path	X _____ m Y _____ m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes



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

FRICTION INFORMATION	TRAJECTORY INFORMATION
Coefficient of Friction _____ Rolling Resistance Option _____  Vehicle 1 Rolling Resistance LF _____      RF _____ LR _____      RR _____  Vehicle 2 Rolling Resistance LF _____      RF _____ LR _____      RR _____	Trajectory Data <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If No, Go To Damage Information</i>  Vehicle 1 Steer Angles LF _____ °      RF _____ ° LR _____ °      RR _____ °  Vehicle 2 Steer Angles LF _____ °      RF _____ ° LR _____ °      RR _____ °  Terrain Boundary <input type="checkbox"/> No <input type="checkbox"/> Yes  First Point X _____ m                  Y _____ m Second Point X _____ m                  Y _____ m Secondary Coefficient of Friction _____

**DAMAGE INFORMATION**

VEHICLE 1	VEHICLE 2
Damage Length      L <u>148</u> cm	Damage Length      L    _____ cm
Crush Depths C <sub>1</sub> <u>042</u> cm C <sub>2</sub> <u>064</u> cm C <sub>3</sub> <u>084</u> cm C <sub>4</sub> <u>084</u> cm C <sub>5</sub> <u>076</u> cm C <sub>6</sub> <u>058</u> cm	Crush Depths C <sub>1</sub> _____ cm C <sub>2</sub> _____ cm C <sub>3</sub> _____ cm C <sub>4</sub> _____ cm C <sub>5</sub> _____ cm C <sub>6</sub> _____ cm
Damage Offset      D <u>± 006</u> cm	Damage Offset      D <u>±</u> _____ cm

**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.	

SUMMARY OF CRASHPC RESULTS USING DAMAGE

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CRASH3 RECONSTRUCTION

SPEED CHANGE  
(DAMAGE)

VEHICLE #1

TOTAL                   61 KPH ( 38 MPH)  
LONGITUDINAL           -61 KPH ( -38 MPH)  
LATITUDINAL            0 KPH (  0 MPH)  
PDOF ANGLE             0 DEGREES  
ENERGY DISSIPATED = 182804 JOULES ( 134811 FT-LB)

VEHICLE #2

TOTAL                   0 KPH (  0 MPH)  
LONGITUDINAL           0 KPH (  0 MPH)  
LATITUDINAL           0 KPH (  0 MPH)  
PDOF ANGLE             0 DEGREES  
ENERGY DISSIPATED =     0 JOULES (     0 FT-LB)

DAMAGE DATA  
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	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	2	11
STIFFNESS CATEGORY	9	0
VEHICLE WEIGHT	1250 KGS ( 2756 LBS)	***** KGS (2204586 LBS) *
CDC	12FDEW3	BARRIER
PDOF ANGLE	0 DEGREES	0 DEGREES *
CRUSH LENGTH	148 CM. ( 58 IN.)	0 CM. ( 0 IN.) *
C1	42 CM. ( 17 IN.)	0 CM. ( 0 IN.) *
C2	64 CM. ( 25 IN.)	0 CM. ( 0 IN.) *
C3	84 CM. ( 33 IN.)	0 CM. ( 0 IN.) *
C4	84 CM. ( 33 IN.)	0 CM. ( 0 IN.) *
C5	76 CM. ( 30 IN.)	0 CM. ( 0 IN.) *
C6	58 CM. ( 23 IN.)	0 CM. ( 0 IN.) *
D	-6 CM. ( -2 IN.)	0 CM. ( 0 IN.) *
D'	-3 CM. ( -1 IN.)	0 CM. ( 0 IN.) *

(\* INDICATES DEFAULT VALUE)

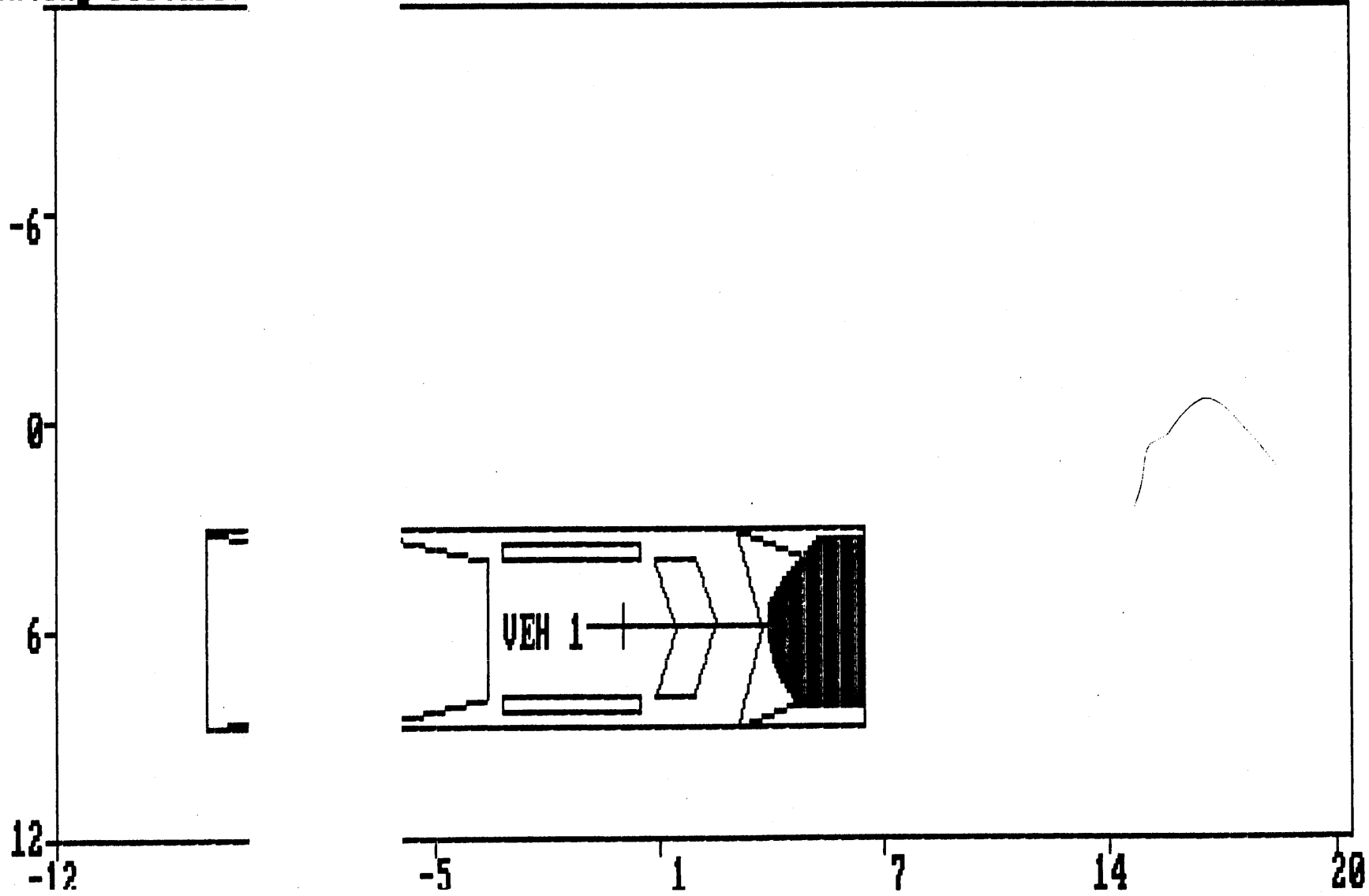
DIMENSIONS AND INERTIAL PROPERTIES

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	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	118 CM. ( 46 IN.)	127 CM. ( 50 IN.)
CG TO REAR AXLE	127 CM. ( 50 IN.)	127 CM. ( 50 IN.)
TRACK	139 CM. ( 55 IN.)	127 CM. ( 50 IN.)
CG TO FRONT OF VEH	212 CM. ( 83 IN.)	127 CM. ( 50 IN.)
CG TO REAR OF VEH	-233 CM. ( -92 IN.)	-127 CM. ( -50 IN.)
CG TO SIDE OF VEH	85 CM. ( 34 IN.)	127 CM. ( 50 IN.)
MOMENT OF INERTIA	9591 KGS ( 21144 LBS)	***** KGS (***** LBS)
VEHICLE MASS	3 KGS ( 7 LBS)	2600 KGS ( 5732 LBS)

Printing Picture:

SHERRY



OCCUPANT INJURY Vehicle: 1 Occupant: 1

11

INTRA ERRORS

E SHOWS A RESTRAINT AS THE INJURY SOURCE	*****	OTT0541	2	*****	THIS CAS
OR AN AIS-2 (OR GREATER) INJURY.	*****	TT0542		*****	F
ACCURATE AND COMPLETED DOCUMENTS & DATA	*****	TT0543		*****	CHECK FOR
12(n) equals 41, 42, 43 or 45 and A.I.S.		TT0544			INJURY SOURCE OI
equals 2-6.		TT0545			SEVERITY OI10(n)

TT0541	2	*****	THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		*****	FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		*****	CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544			INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545			SEVERITY OI10(n) equals 2-6.	

TT0541	2	*****	THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		*****	FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		*****	CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544			INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545			SEVERITY OI10(n) equals 2-6.	

01 INTER ERRORS

T EV11	OEHO011	2	If TREATMENT DA35 equals 1, then 1st DEFORMATION EXTEN
	EH0012		should be greater than 03. GV=01 DA=01

PSU11 ERROR SUMMARY SCREEN  
CASE 150A  
CURRENT VERSION: 7.03

03/95

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	0	Y
Occupant Interior	0	0	3	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	4	







INTRA ERRORS

TT0541 2 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
 TT0542 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
 TT0543 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
 TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.  
 TT0545 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
 TT0542 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
 TT0543 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
 TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.  
 TT0545 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
 TT0542 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*

TT0543 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
 TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.  
 TT0545 SEVERITY OI10(n) equals 2-6.

INTER ERRORS

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

PSU11 ERROR SUMMARY SCREEN  
 CASE 150A  
 CURRENT VERSION: 7.04

██████████/95

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	0	0	0	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	0	N
Occupant Assesment	0	0	0	N
Occupant Interior	0	0	3	N
Total Inter Errors		0	1	
Total Case Errors	0	0	4	







PSU 11-150A (1994) #1



PSU 11-150A (1994) #2



PSU 11-150A (1994) #3



PSU 11-150A (1994) #4



PSU 11-150A (1994) #5





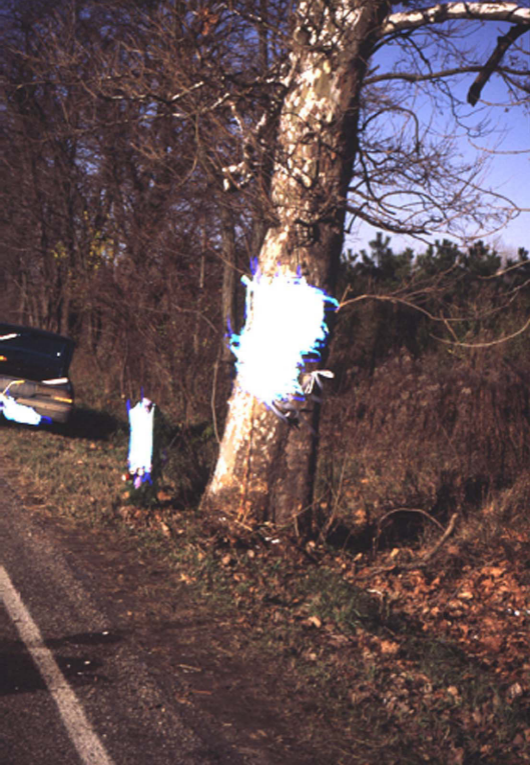
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PSU 11-150A (1994) #7



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PSU 11-150A (1994) #9



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PSU 11-150A (1994) #11



PSU 11-150A (1994) #12



PSU 11-150A (1994) #13





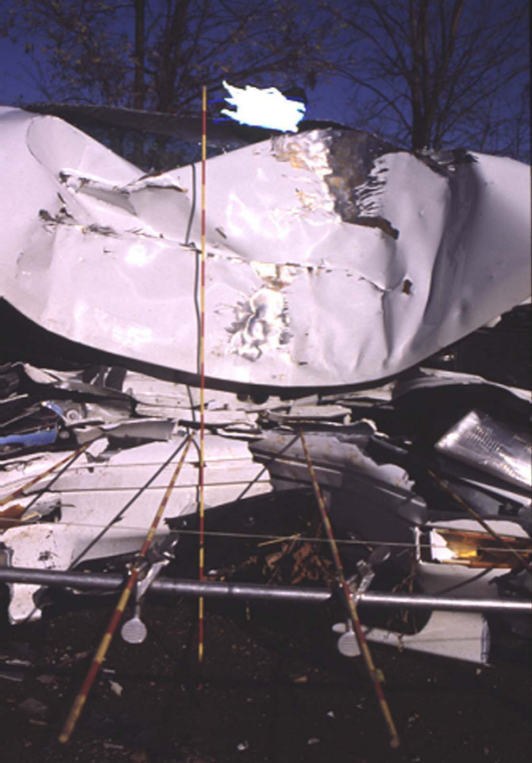
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PSU 11-150A (1994) #15  
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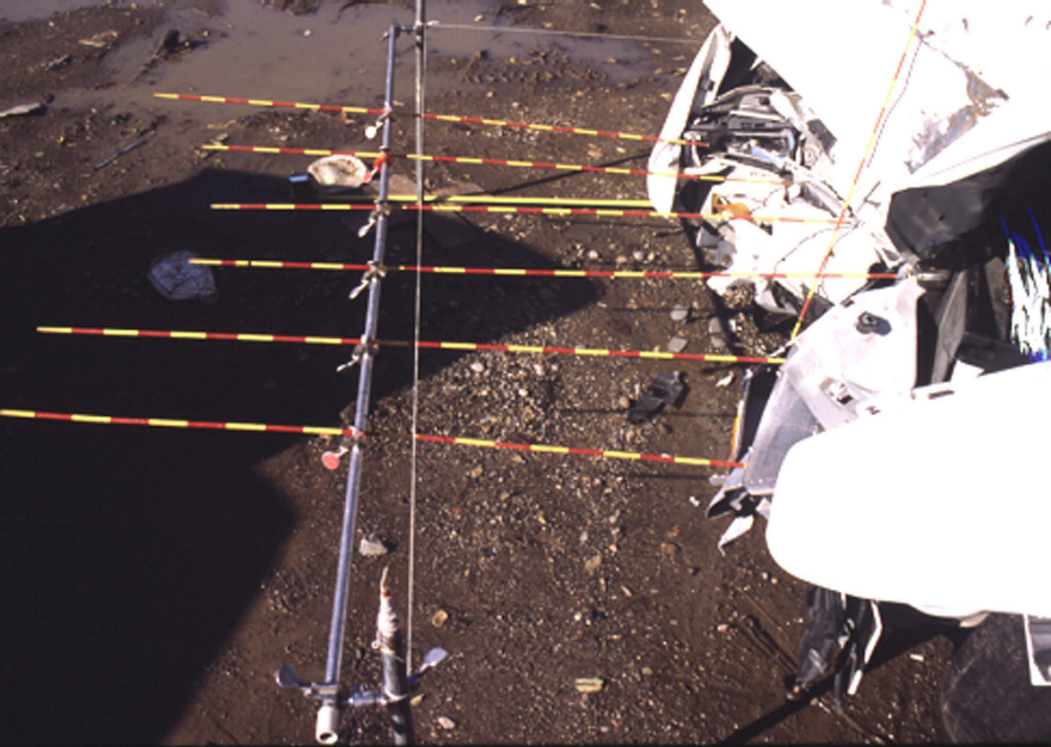
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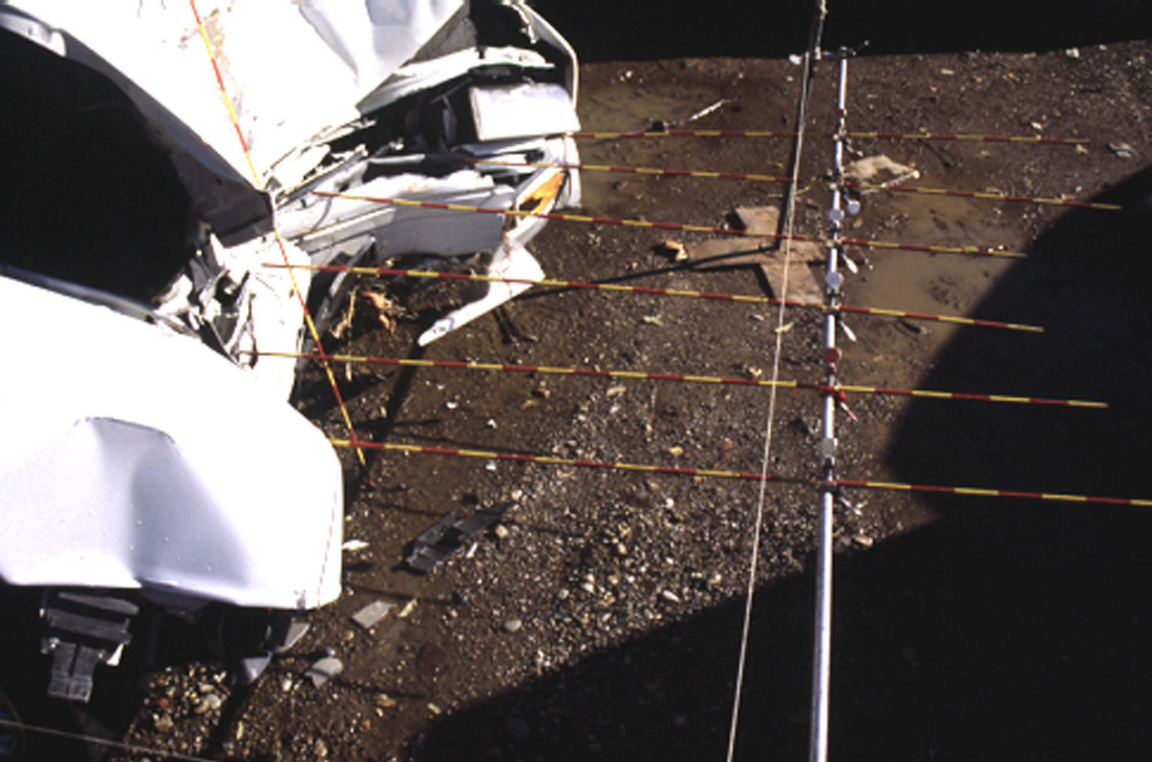
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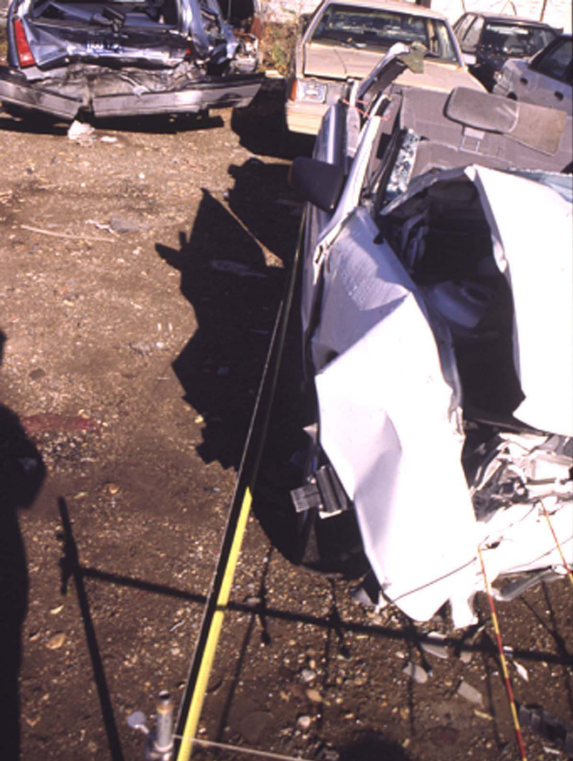


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PSU 11-150A (1994) #22  
BEST AVAILABLE



PSU 11-150A (1994) #23  
BEST AVAILABLE



PSU 11-150A (1994) #24  
BEST AVAILABLE



PSU 11-150A (1994) #25  
Best Available



PSU 11-150A (1994) #26  
Best Available



PSU 11-150A (1994) #27  
Best Available



PSU 11-150A (1994) #28  
Best Available



PSU 11-150A (1994) #29  
Best Available





PSU 11-150A (1994) #30  
Best Available



PSU 11-150A (1994) #31  
Best Available



PSU 11-150A (1994) #32  
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PSU 11-150A (1994) #33  
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PSU 11-150A (1994) #34  
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PSU 11-150A (1994) #35  
Best Available



PSU 11-150A (1994) #36  
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PSU 11-150A (1994) #37  
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PSU 11-150A (1994) #38  
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PSU 11-150A (1994) #39  
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PSU 11-150A (1994) #40  
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PSU 11-150A (1994) #41  
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PSU 11-150A (1994) #42  
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PSU 11-150A (1994) #43  
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PSU 11-150A (1994) #44  
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PSU 11-150A (1994) #45  
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PSU 11-150A (1994) #46  
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PSU 11-150A (1994) #47  
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PSU 11-150A (1994) #48  
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PSU 11-150A (1994) #49  
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PSU 11-150A (1994) #51  
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PSU 11-150A (1994) #52  
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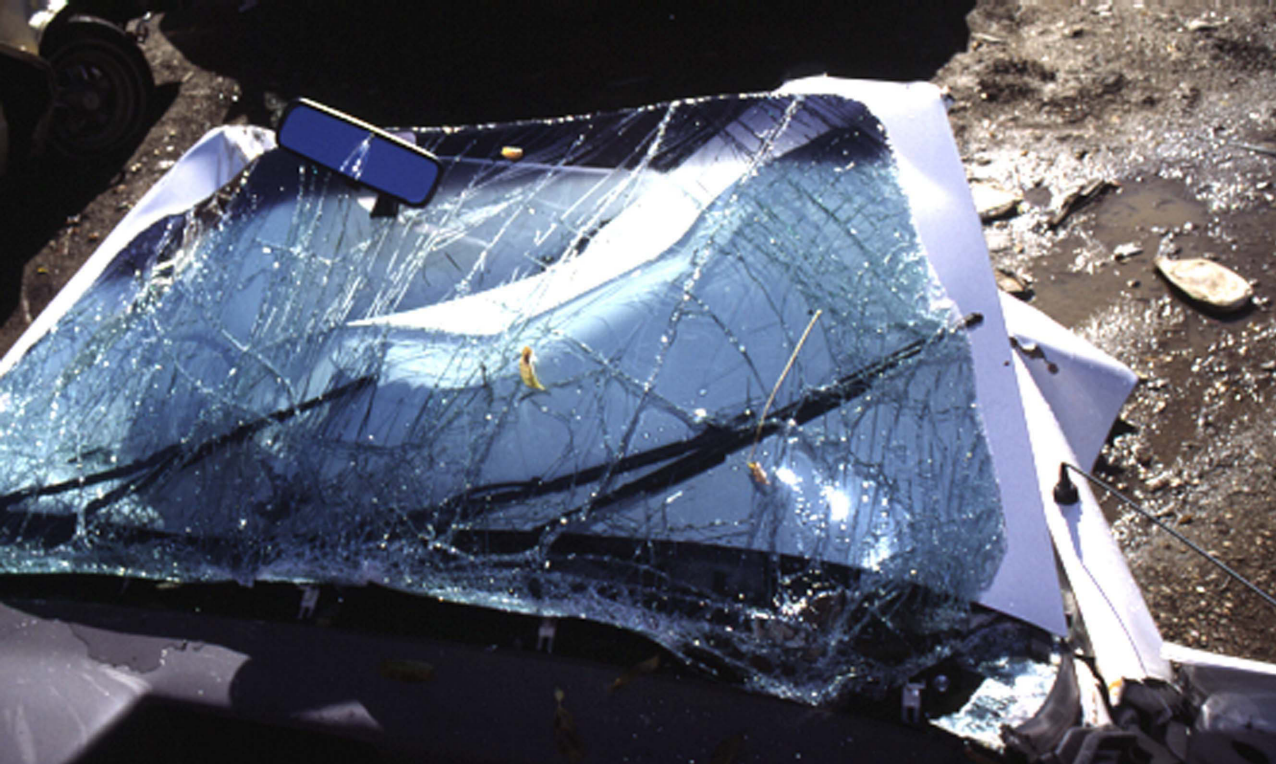


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PSU 11-150A (1994) #54  
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PSU 11-150A (1994) #55  
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PSU 11-150A (1994) #56  
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PSU 11-150A (1994) #57  
Best Available

PSU NUMBER

11

CASE NUMBER

150A

# SLIDES

*THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS  
CASE:*

SLIDE NUMBER (S)

# 58



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PSU 11-150A (1994) #60  
Best Available



PSU 11-150A (1994) #61  
Best Available

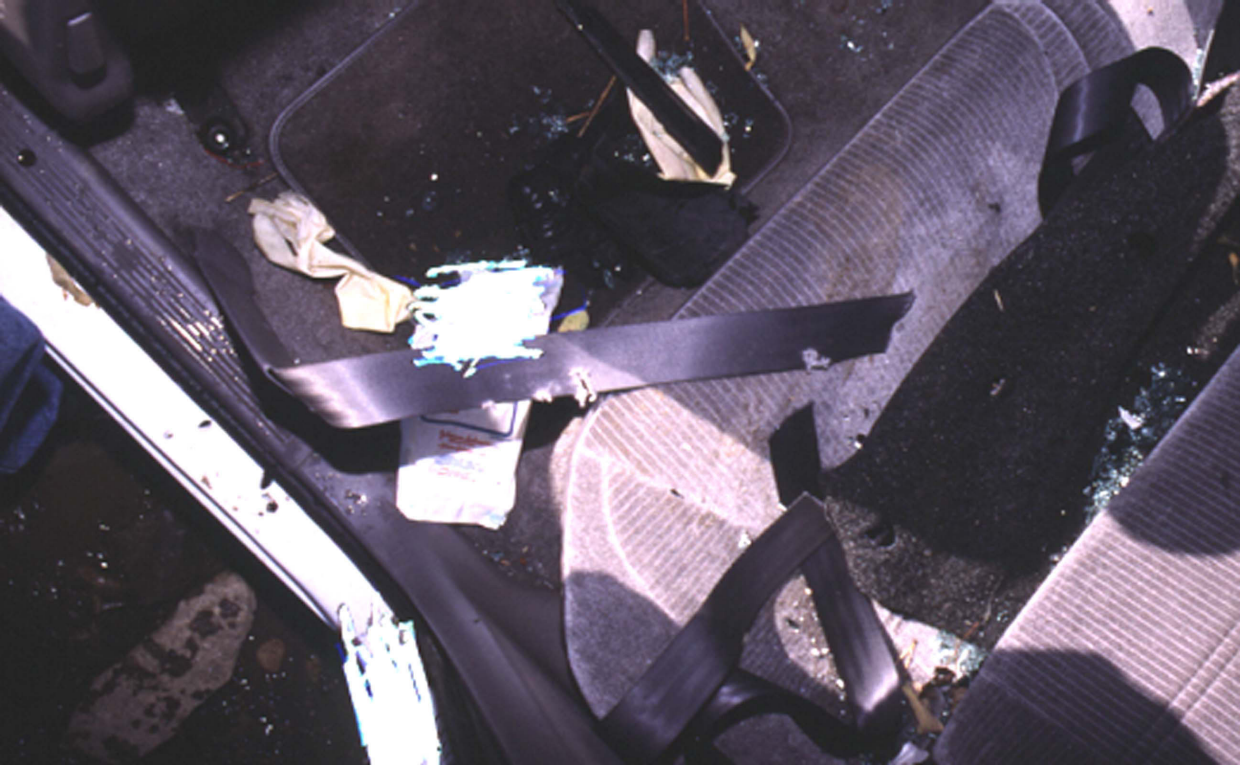




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PSU 11-150A (1994) #63  
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PSU 11-150A (1994) #64  
Best Available



PSU 11-150A (1994) #65  
Best Available



PSU 11-150A (1994) #66  
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PSU 11-150A (1994) #67  
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PSU 11-150A (1994) #68  
Best Available



PSU 11-150A (1994) #69  
Best Available





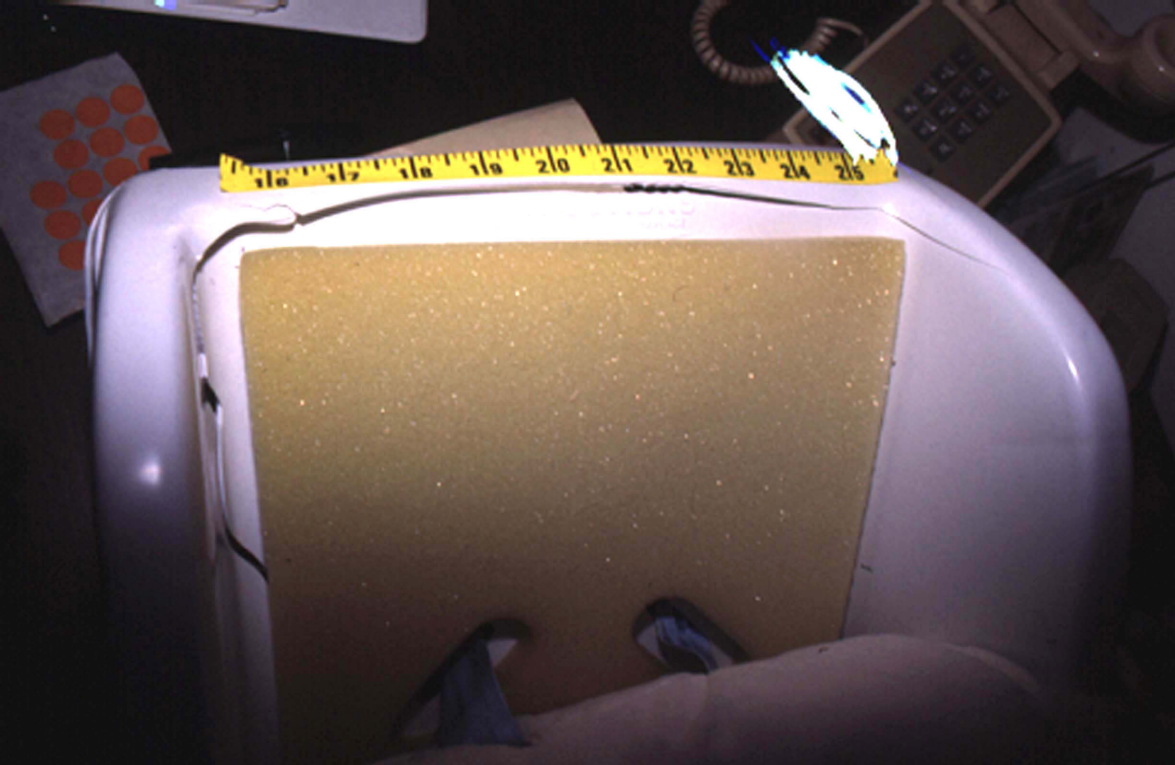
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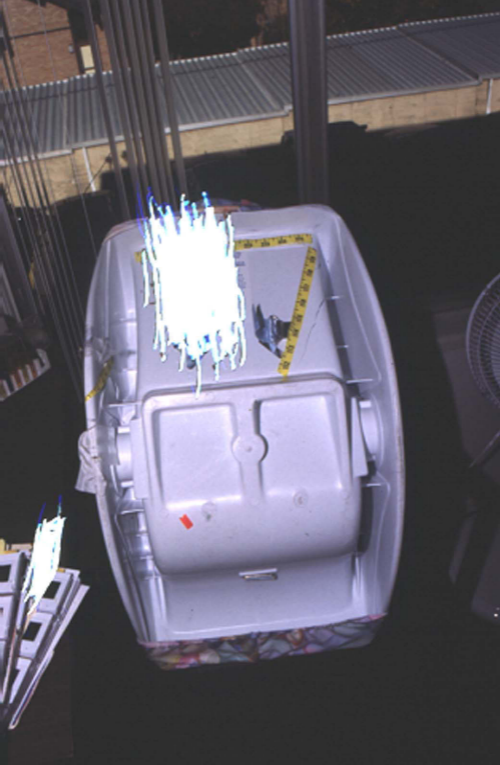
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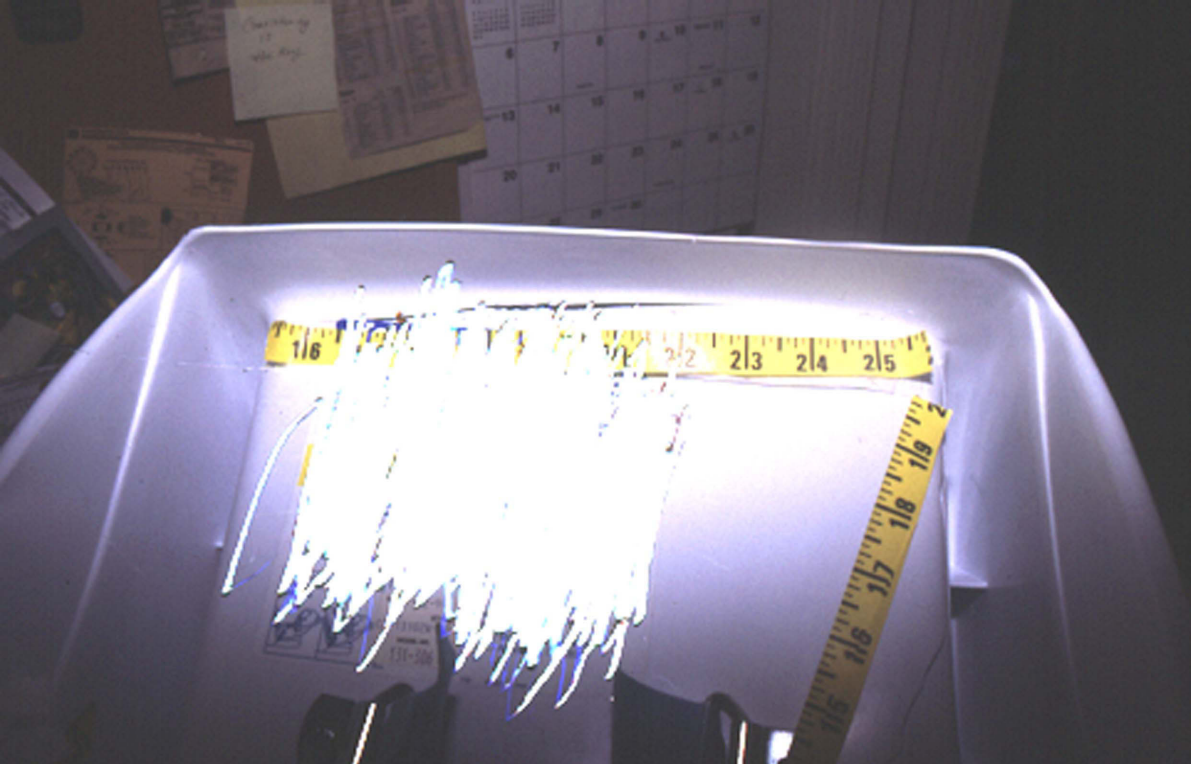
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PSU 11-150A (1994) #73  
Best Available



PSU 11-150A (1994) #74  
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PSU 11-150A (1994) #75  
Best Available



PSU 11-150A (1994) #76  
Best Available



**PSU 11-150A (1994) #77**  
**Best Available**





PSU 11-150A (1994) #78  
Best Available