



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

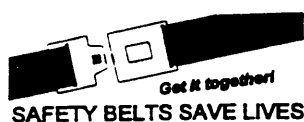
Dear Crash Data Researchers/Users:

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.

*** ** *



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



CASE SUMMARY

PSU 12 CASE NO. 072A TYPE OF ACCIDENT car-ran off road

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

V1 northbound on a 3 lane, 1 way roadway, v1 left the roadway to the right to strike a sign post. The vehicle was damaged severely and was towed from the scene, the driver and lone occupant suffered fatal injuries.

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	compact	1991 Chrysler Lebaron convertible	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	left front	lap, shoulder	<i>pelvis</i>	<i>fracture</i>	<i>3</i>	<i>floor pan indirect</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

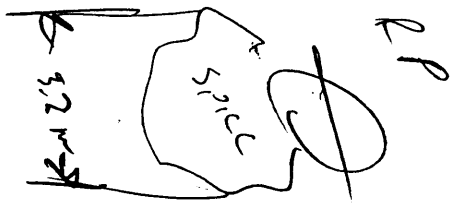
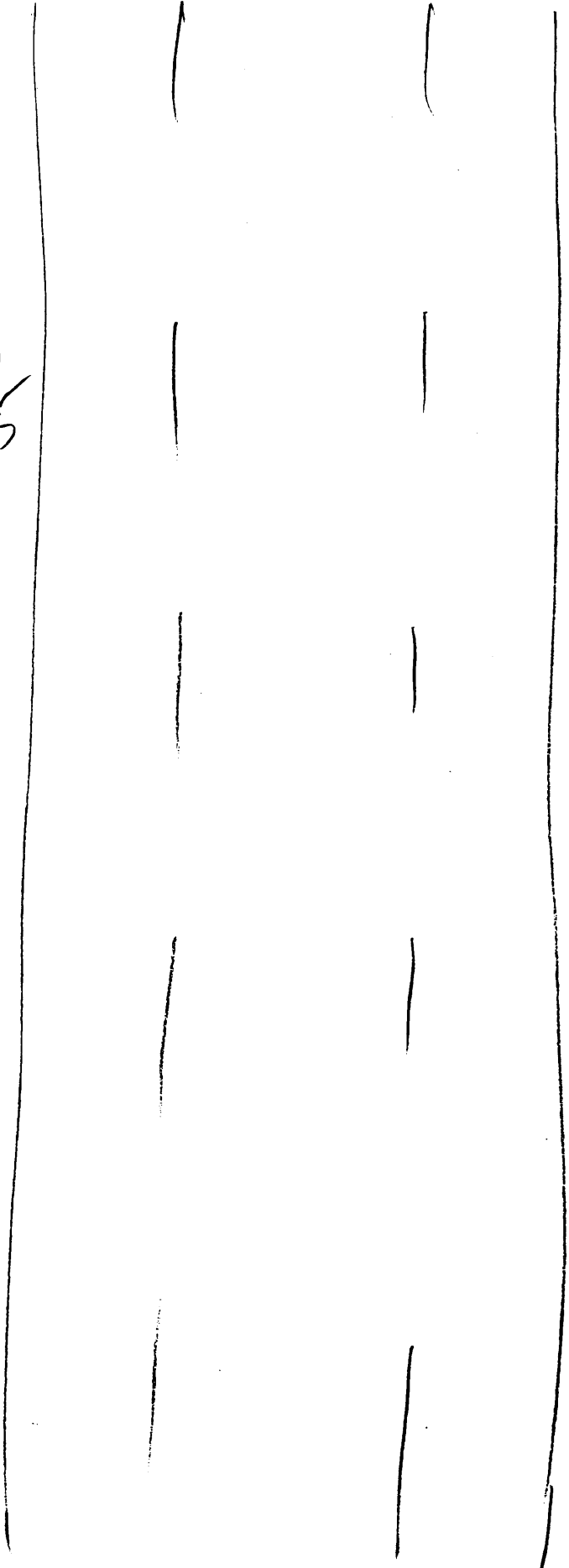
Abbreviated Injury Scale

- (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



[Redacted]
 31 am
 1 mi
 depth
 stop .0
 52 65

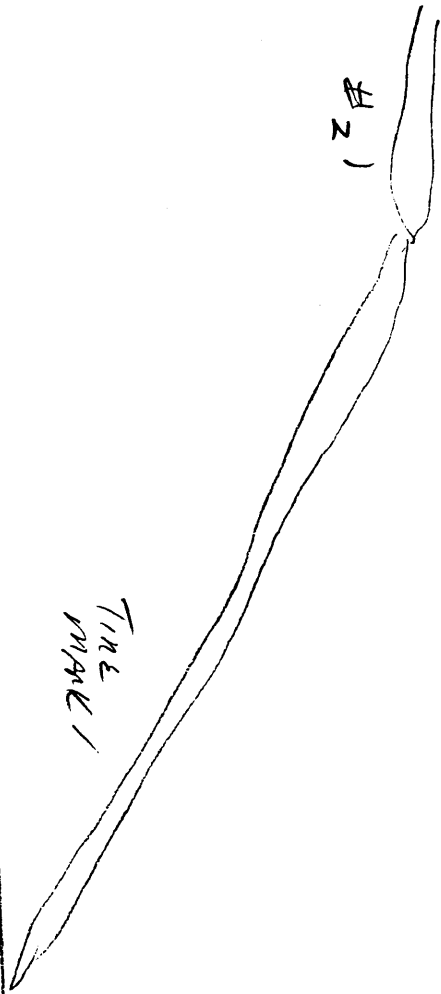


O
 gauge #3

#2



TIME
 MAKE 1





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National Highway Traffic Safety
Administration

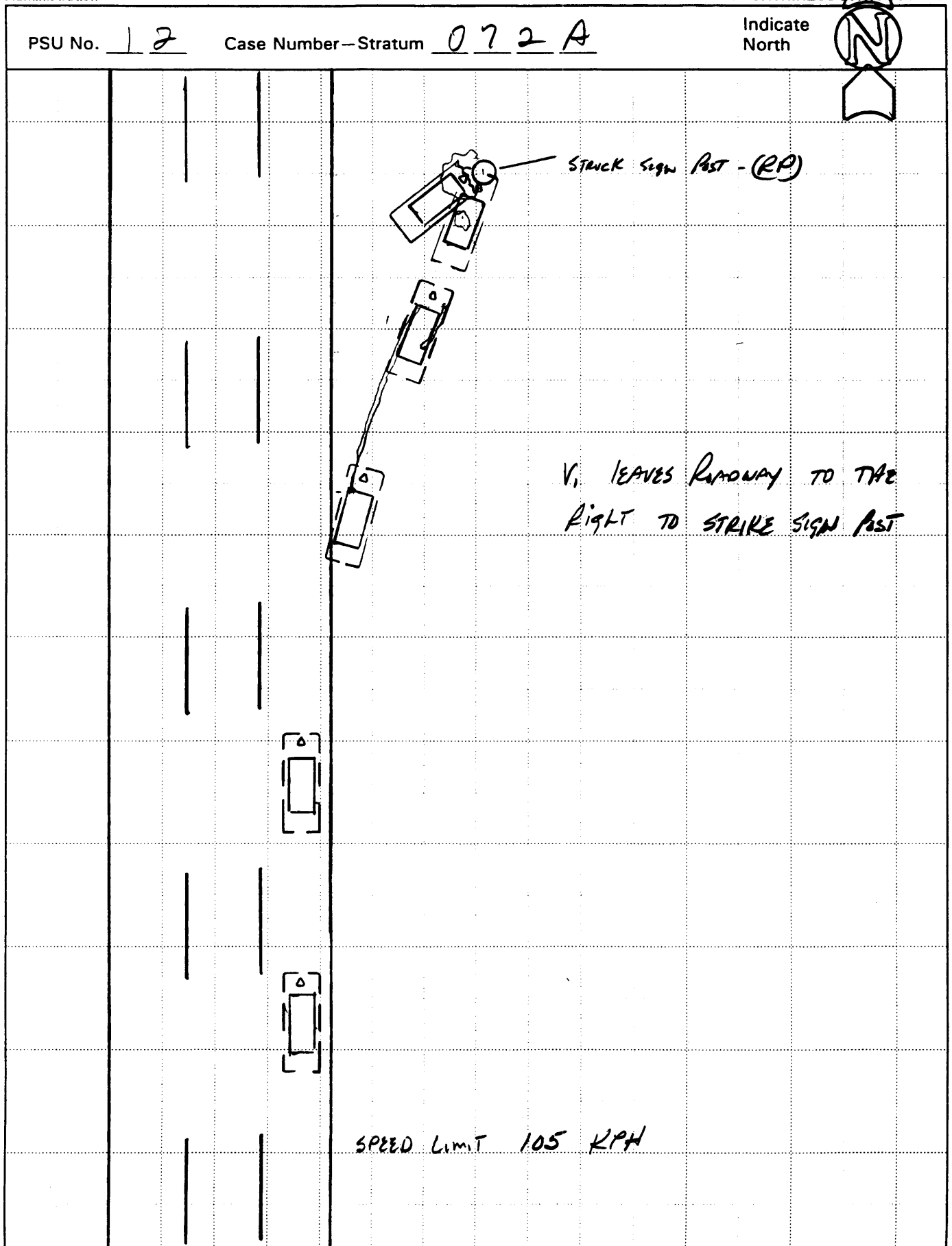
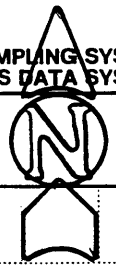
ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 12

Case Number—Stratum 072A

Indicate
North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 12 Case Number—Stratum 072A

ACCIDENT COLLISION DIAGRAM		CRASH DATA																								
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> • approximate vehicle orientation at impact and final rest • applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) • applicable traffic controls (e.g., speed limit) • north arrow placed on diagram • sketch required <p style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>	<p style="text-align: center;">LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> • document reference point and reference line relative to physical features present at the scene • scaled documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">VEH. #1</th> <th style="width: 10%;">VEH. #2</th> <th style="width: 10%;">VEH. #3</th> </tr> </thead> <tbody> <tr> <td>Heading Angle</td> <td><u>99.5</u></td> <td>___</td> <td>___</td> </tr> <tr> <td>Surface Type</td> <td><u>BIT</u></td> <td>___</td> <td>___</td> </tr> <tr> <td>Surface Condition</td> <td><u>WET</u></td> <td>___</td> <td>___</td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td><u>9/21</u></td> <td>___</td> <td>___</td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		VEH. #1	VEH. #2	VEH. #3	Heading Angle	<u>99.5</u>	___	___	Surface Type	<u>BIT</u>	___	___	Surface Condition	<u>WET</u>	___	___	Grade (v/h) Measurement (between impact and final rest)	<u>9/21</u>	___	___	Grade (v/h) Measurement (at location of rollover initiation)	___	___	___
	VEH. #1	VEH. #2	VEH. #3																							
Heading Angle	<u>99.5</u>	___	___																							
Surface Type	<u>BIT</u>	___	___																							
Surface Condition	<u>WET</u>	___	___																							
Grade (v/h) Measurement (between impact and final rest)	<u>9/21</u>	___	___																							
Grade (v/h) Measurement (at location of rollover initiation)	___	___	___																							

Reference Point: STRUCK SIGN POLE Reference line: EAST ROAD EDGE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
BEG TIRE MARK	15.7 S	1 E
BEG GOUGE #1	8.6	4.3
END TIRE MARK / BEG GOUGE #2	6.1	4.1
END GOUGE #1	6.1	5.4
GOUGE #3	2	6.5
STRUCK SIGN POST	0	
SPILL FINAL REST	0	6.2
END GOUGE #2	3.5	5.0
* R P 8 METER DIA	0	7.4



ACCIDENT FORM

1. Primary Sampling Unit Number 12
2. Case Number - Stratum 072A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) [REDACTED] / [REDACTED] / 94
5. Time of Accident 0005
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. ___ SS15 Administrative Use 0
7. ___ SS16 Pedestrian Crash Data Study 0
8. ___ SS17 Impact Fires 0
9. ___ SS18 _____ 0
10. ___ 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>02</u>	15. <u>F</u>	16. <u>52</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

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 01

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

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

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,360
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = 1,357 kgs
 Source: 1991
- 20. Vehicle Cargo Weight 0,000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

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

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

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

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

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
- 23. Post Collision Condition of Tree or Pole (For Highest Delta V) 1
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
- 27. Heading Angle For This Vehicle 998
 - 28. Heading Angle For Other Vehicle 998

Category	Configuration	ACCIDENT TYPES (Includes Intent)											
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN							
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN							
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN						
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 26, 28, 27	24 DECEL. 29, 30, 31	25 SPECIFICS OTHER	26 SPECIFICS OTHER	27 SPECIFICS OTHER	28 SPECIFICS OTHER	29 SPECIFICS OTHER	30 SPECIFICS OTHER	31 SPECIFICS OTHER	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 SPECIFICS OTHER	39 SPECIFICS OTHER	40 SPECIFICS OTHER	41 SPECIFICS OTHER	(EACH - 42) SPECIFICS OTHER	(EACH - 43) SPECIFICS UNKNOWN		
	F Sideswipe Angle	44 SPECIFICS OTHER	45 SPECIFICS OTHER	46 SPECIFICS OTHER	47 SPECIFICS OTHER	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN						
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 SPECIFICS OTHER	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN								
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 SPECIFICS OTHER	59 SPECIFICS OTHER	60 SPECIFICS OTHER	61 SPECIFICS OTHER	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN		
	I Sideswipe Angle	64 LATERAL MOVE	65 SPECIFICS OTHER	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN								
IV Change Trafficway Vehicle Turning	J Turn Across Path	69 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 SPECIFICS OTHER	72 SPECIFICS OTHER	73 SPECIFICS OTHER	74 SPECIFICS OTHER	75 SPECIFICS OTHER	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN			
	K Turn Into Path	76 TURN INTO SAME DIRECTION	77 SPECIFICS OTHER	78 SPECIFICS OTHER	79 SPECIFICS OTHER	80 TURN INTO OPPOSITE DIRECTIONS	81 SPECIFICS OTHER	82 SPECIFICS OTHER	(EACH - 84) SPECIFICS OTHER	(EACH - 85) SPECIFICS UNKNOWN			
V Intersecting Paths (Vehicle Damage)	L Straight Paths	87 SPECIFICS OTHER	88 SPECIFICS OTHER	(EACH - 89) SPECIFICS OTHER	(EACH - 90) 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) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

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

Nonbreakaway Pole or Post

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

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

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

-
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (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 ___ ___ . ___ inches x 2.54 = ___ ___ ___ cm

Overall Length ___ ___ . ___ inches x 2.54 = ___ ___ ___ cm

Maximum Width ___ ___ . ___ inches x 2.54 = ___ ___ ___ cm

Curb Weight ___ ___, ___ ___ ___ 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

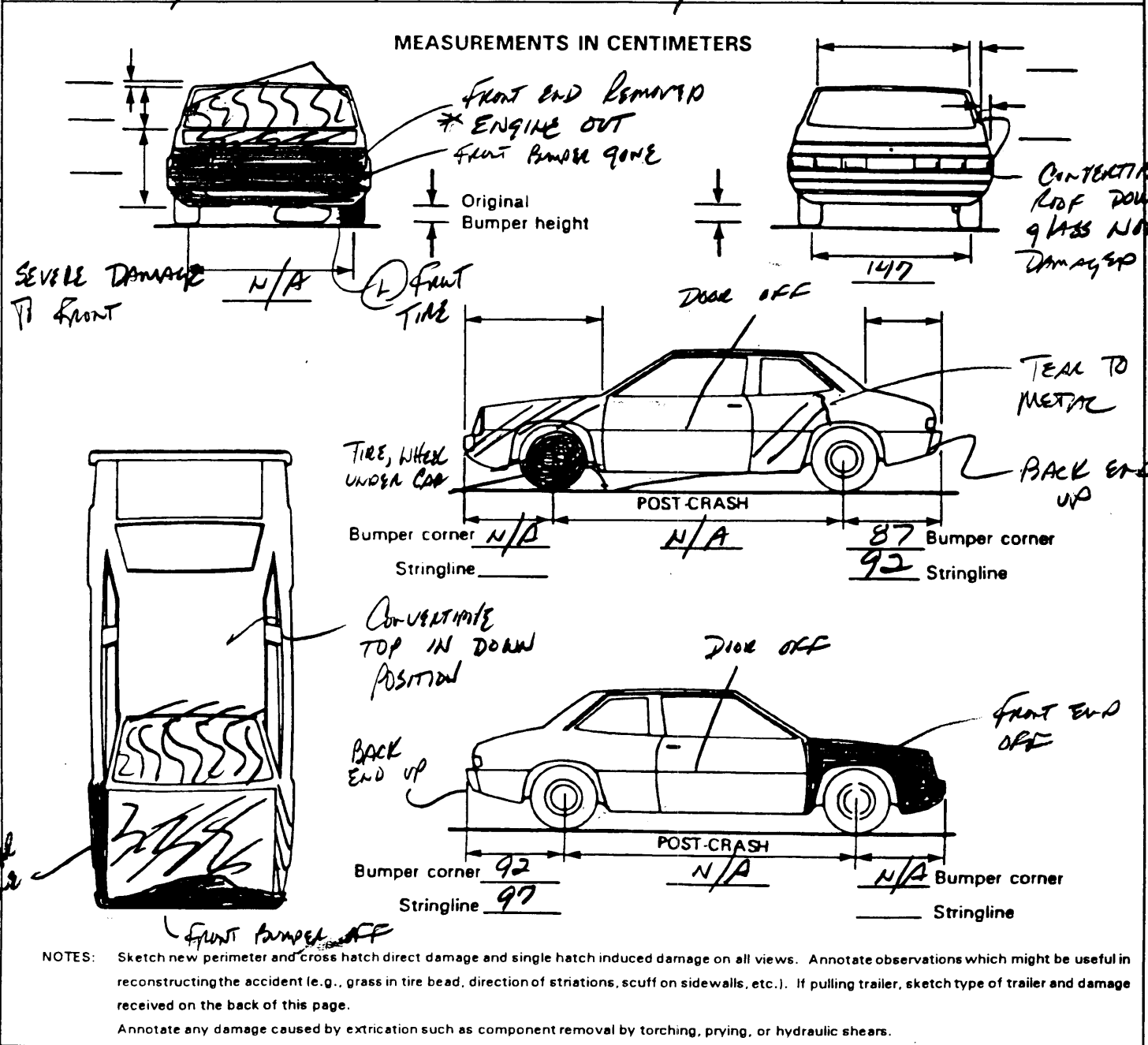
Undeformed End Width ___ ___ . ___ inches x 2.54 = ___ ___ ___ cm

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

 ___ ___ ___ CID x .0164 = ___ . ___ L

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>9</u> LF <u>9</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</u> LF <u>7</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>255</u> cm Overall Length <u>470</u> cm Maximum Width <u>174</u> cm Curb Weight <u>1357</u> kg Average Track <u>146</u> cm Front Overhang <u>98</u> cm Rear Overhang <u>100</u> cm Undeformed End Width <u>150</u> cm Engine Size: cyl./displ. <u>V6/3.0</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p> <hr/> <p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>0</u> kg</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		



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>52</u>	6. <u>99</u>	7. <u>9</u>	8. <u>9</u>	9. <u>9</u>	10. <u>9</u>	11. <u>99</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 ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

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

28. Original Wheelbase 255
 _____ Code to the nearest centimeter
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 0

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence 0

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire 0

- (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

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location 4

35. Fuel Tank-2 Location 0

- (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

36. Fuel Tank-1 Filler Cap Location 3

37. Fuel Tank-2 Filler Cap Location 0

- (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

38. Fuel Tank-1 Damage 1

39. Fuel Tank-2 Damage 0

- (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>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>0</u> (0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p>(9) Unknown _____</p> <p>42. Fuel Type-1 <u>01</u></p> <p>43. Fuel Type-2 <u>00</u></p> <p><i>Single Fuel Type</i></p> <p>(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): _____</p> <p>_____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>_____</p> <p>(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u> (0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*** 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

GLAZING

1. Primary Sampling Unit Number 12
2. Case Number - Stratum 072A
3. Vehicle Number 01

Glazing Damage from Impact Forces

15. WS 24 16. LF 6 17. RF 6 18. LR 6 19. RR 6
20. BL 0 21. Roof 2 22. Other 0

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

INTEGRITY

4. Passenger Compartment Integrity 26
(00) No integrity loss 12

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):
WS, LF, RF, RR
- (99) Unknown

Glazing Damage from Occupant Contact

23. WS 9 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

Door, Tailgate or Hatch Opening

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

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

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

10. LF 9 11. RF 9 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

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

Type of Window/Windshield Glazing

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

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

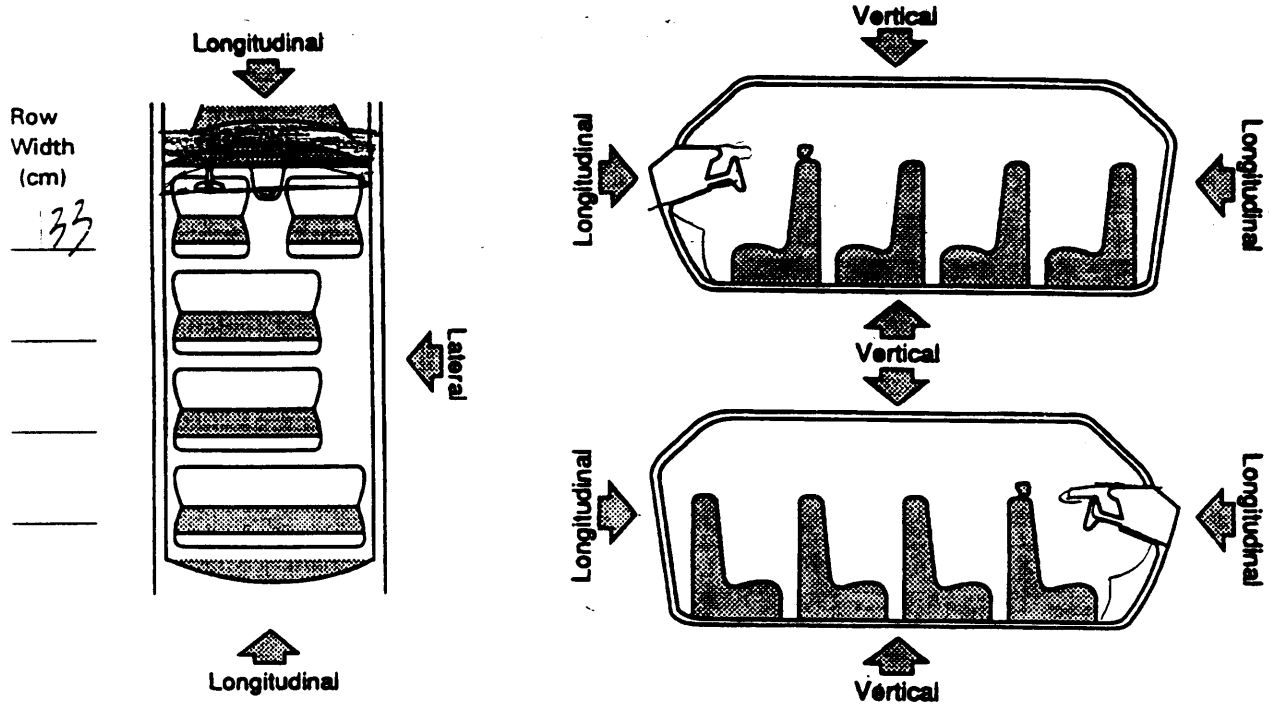
Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	IP	117	94	18	long 5
12	IP	100	96	4	long 6
13	IP	118	87	25	long 4
11	Floor	168	85	76	long 2
2	Floor	160	83	77	long 1
13	Floor	160	90	70	long 3

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>12</u>	48. <u>17</u>	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>17</u>	53. <u>6</u>	54. <u>2</u>
3rd	55. <u>13</u>	56. <u>17</u>	57. <u>6</u>	58. <u>2</u>
4th	59. <u>13</u>	60. <u>04</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>11</u>	64. <u>02</u>	65. <u>3</u>	66. <u>2</u>
6th	67. <u>12</u>	68. <u>03</u>	69. <u>1</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>

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

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

MAGNITUDE OF INTRUSION

- (1) ≥ 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
4	-	0	=	4
	-		=	
	-		=	
	-		=	

STEERING Column IS NO LONGER IN PLACE
REMOVED BY RESCUE ? OR OFF DUE TO
DAMAGE

STEERING COLUMN

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

 (9) Unknown

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

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

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

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

92. Steering Rim/Spoke Deformation 04
 _____ Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

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

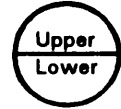
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 097,000
 _____ 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

60020 miles X 1.6093 = 96,599 kilometers

Source: _____

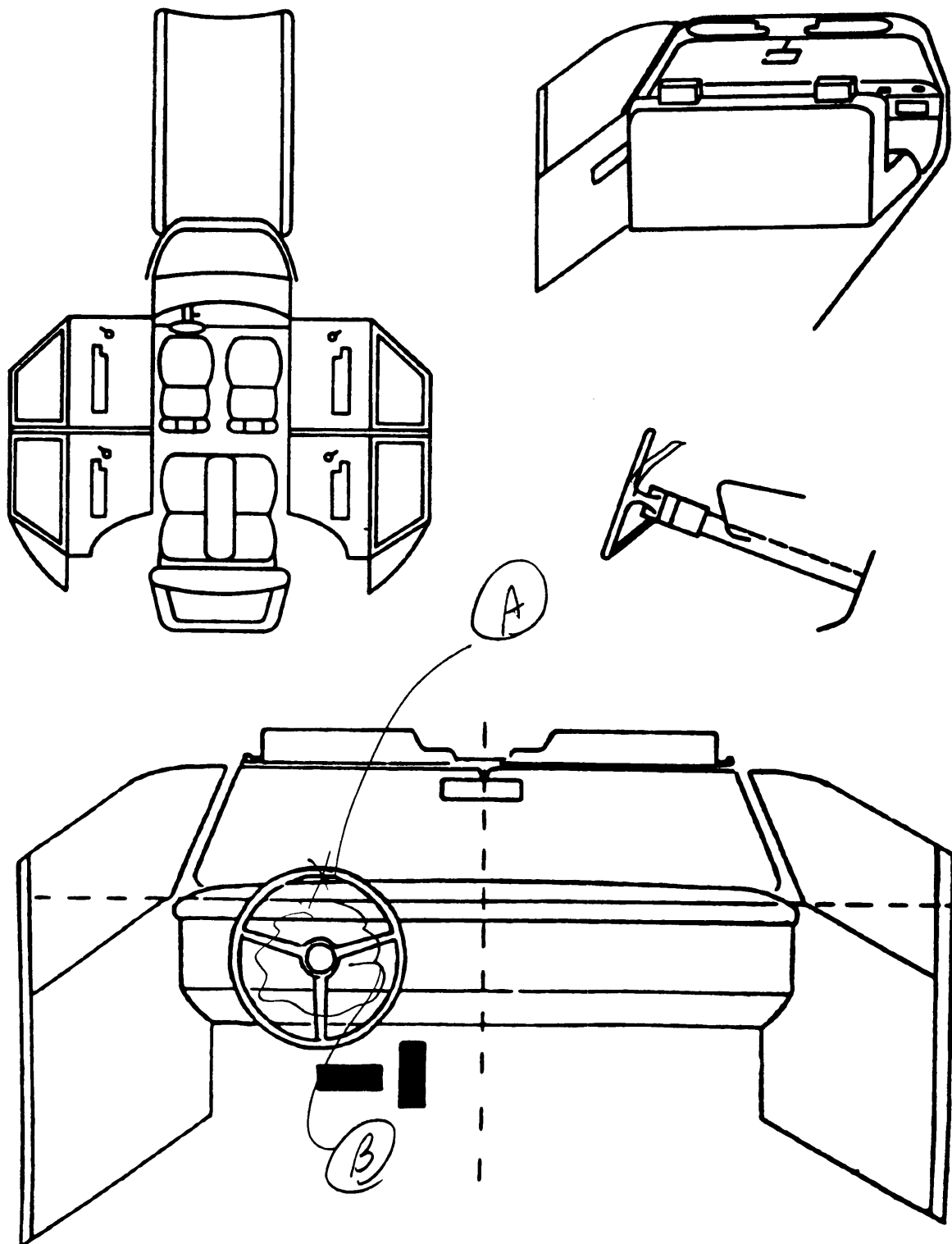
95. Instrument Panel Damage from Occupant Contact? 9
 (0) No
 (1) Yes *IT BODY*
 (9) Unknown *DAMAGED BY INTRUSION*

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

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	D4	01	CHEST	Deform	1
B	Air Bag	01	FACE	Blood	1
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

- (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**
- (29) Right side interior surface, excluding hardware or armrests
 - (30) Right side hardware or armrest
 - (31) Right A (A1/A2)-pillar
 - (32) Right B-pillar
 - (33) Other right pillar (specify): _____
 - (34) Right side window glass or frame
 - (35) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
 - (36) Other right side object (specify): _____
 - (37) Right side window sill

- (38) Other occupants (specify): _____
 - (39) Interior loose objects
 - (40) Child safety seat (specify): _____
 - (41) Other interior object (specify): _____
- ROOF**
- (42) Front header
 - (43) Rear header
 - (44) Roof left side rail
 - (45) Roof right side rail
 - (46) Roof or convertible top
- FLOOR**
- (47) Floor (including toe pan)
 - (48) Floor or console mounted transmission lever, including console
 - (49) Parking brake handle
 - (50) Foot controls including parking brake
- REAR**
- (51) Backlight (rear window)
 - (52) Backlight storage rack, door, etc.
 - (53) Other rear 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

- 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)

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	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

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

Non-functional

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

Automatic (Passive) Belt System Use

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

Automatic (Passive) Belt System Type

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

Proper Use of Automatic (Passive) Belt System

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

Automatic Belt Used Improperly

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

Automatic (Passive) Belt Failure Modes During Accident

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	* 04	00	04
	Used in this crash?	YES	0	NO
	Proper Use	1	0	0
	Failure Modes		0	0
SECOND	Availability	3	0	3
	Evidence of usage	00	00	00
	Used in this crash?	NO	0	NO
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

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

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 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

* CWT BY RESCUE

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

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

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

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

- (19) Unknown orientation

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

- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

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

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

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

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

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

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	8	00	8
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed _____
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____

(8) Other (specify):

Deformed from components being placed

(9) Unknown *in back seat*

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown _____

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

EJECTION/ENTRAPMENT DATA

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

Ejection

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

Ejection Area

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

(7) Roof

(8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism:

Churn on IP POSSIBLE ENTRAPMENT BY STEERING

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 072A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 46
 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 1
 (1) Male
 (2) Female
 (9) Unknown

7. Occupant's Height 183
~~999~~
 Code actual height to the nearest centimeter.
 (999) Unknown
 ~ 72 inches X 2.54 = 183 centimeters
 MEDICAL

8. Occupant's Weight 118
~~999~~
 Code actual weight to the nearest kilogram.
 (999) Unknown
 ~ 260 pounds X .4536 = 118 kilograms
 MEDICAL

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 4

- (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) 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) 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 4

- (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) 8
- (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): Deformed by Contact from Components
 - (9) Unknown IN BACK SEAT

CHILD SAFETY SEAT

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

 (998) Unknown make/model
 (999) Unknown if child safety seat used

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

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

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

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

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 96

41. 2nd Medically Reported Cause of Death 00

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):
- Hypovolemia - blood loss
- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 12

- 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):
- Unknown if belt used

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? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): 4 UNITS
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ 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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>12</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>072A</u>	4. Occupant Number <u>01</u>

INJURY DATA

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

Source of Injury Data	A.I.S. - 90						Injury Aspect	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						
<i>blunt abdominal trauma</i>	5. <u>3</u>	6. <u>5</u>	7. <u>1</u>	8. <u>50</u>	9. <u>99</u>	10. <u>7</u>	11. <u>0</u>	12. <u>97</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>
<i>hand bruising</i>	16. <u>3</u>	17. <u>7</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>3</u>	23. <u>09</u>	24. <u>2</u>	25. <u>1</u>	26. <u>05</u>
<i>knee laceration</i>	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>10</u>	35. <u>2</u>	36. <u>1</u>	37. <u>06</u>
<i>ankle laceration</i>	38. <u>3</u>	39. <u>8</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>56</u>	46. <u>1</u>	47. <u>1</u>	48. <u>02</u>
<i>multiple abrasions</i>	49. <u>3</u>	50. <u>9</u>	51. <u>9</u>	52. <u>02</u>	53. <u>00</u>	54. <u>1</u>	55. <u>0</u>	56. <u>97</u>	57. <u>9</u>	58. <u>7</u>	59. <u>99</u>
<i>multiple contusions</i>	60. <u>3</u>	61. <u>9</u>	62. <u>9</u>	63. <u>04</u>	64. <u>00</u>	65. <u>1</u>	66. <u>0</u>	67. <u>97</u>	68. <u>9</u>	69. <u>7</u>	70. <u>99</u>
<i>3 ribs fx</i>	71. <u>3</u>	72. <u>4</u>	73. <u>5</u>	74. <u>02</u>	75. <u>20</u>	76. <u>2</u>	77. <u>2</u>	78. <u>04</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
<i>hand fx</i>	82. <u>3</u>	83. <u>7</u>	84. <u>5</u>	85. <u>18</u>	86. <u>00</u>	87. <u>2</u>	88. <u>1</u>	89. <u>09</u>	90. <u>2</u>	91. <u>1</u>	92. <u>05</u>
<i>acetabular comminuted fx</i>	93. <u>3</u>	94. <u>8</u>	95. <u>5</u>	96. <u>26</u>	97. <u>04</u>	98. <u>3</u>	99. <u>1</u>	100. <u>56</u>	101. <u>1</u>	102. <u>2</u>	103. <u>02</u>
<i>ankle fx</i>	104. <u>3</u>	105. <u>8</u>	106. <u>5</u>	107. <u>20</u>	108. <u>00</u>	109. <u>2</u>	110. <u>1</u>	111. <u>56</u>	112. <u>1</u>	113. <u>1</u>	114. <u>02</u>

OCCUPANT INJURY DATA

④ *ankle*

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					
11th	<u>3</u>	<u>8</u>	<u>5</u>	<u>20</u>	<u>00</u>	<u>2</u>	<u>2</u>	<u>56</u>	<u>1</u>	<u>1</u>	<u>02</u>
12th	<u>3</u>	<u>8</u>	<u>5</u>	<u>30</u>	<u>00</u>	<u>3</u>	<u>5</u>	<u>56</u>	<u>2</u>	<u>2</u>	<u>02</u>
13th	---	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---	---

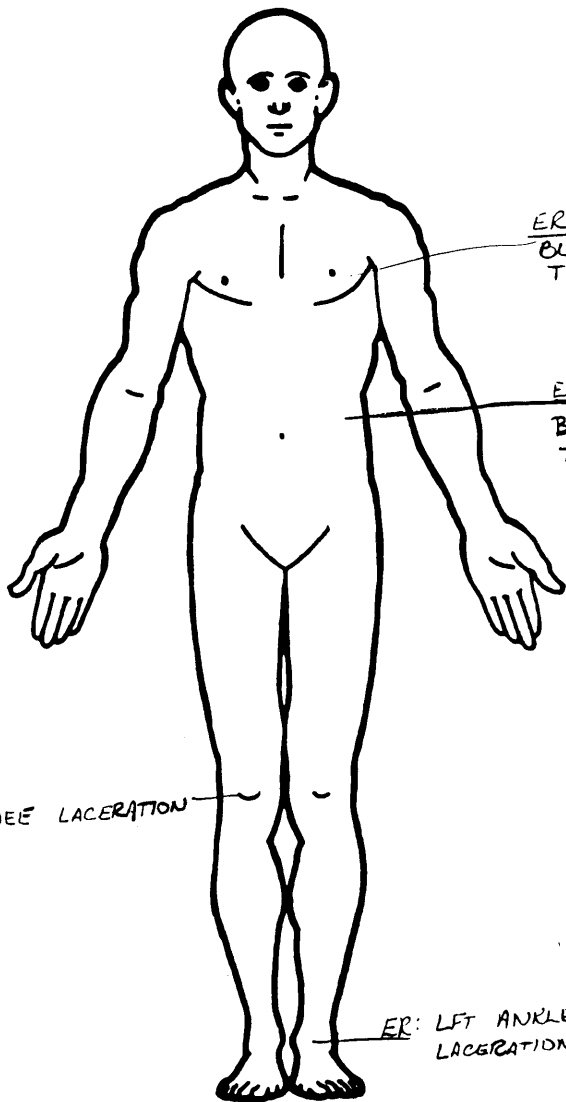
symphysis pubis separation

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: PT LOST MULTIPLE LITERS OF BLOOD
ER: PT TRAPPED IN VEHICLE W/ DASH & ENGINE ON TOP OF PATIENT

ER:
MULTIPLE ABRASIONS
& CONTUSIONS UNSPECIFIED

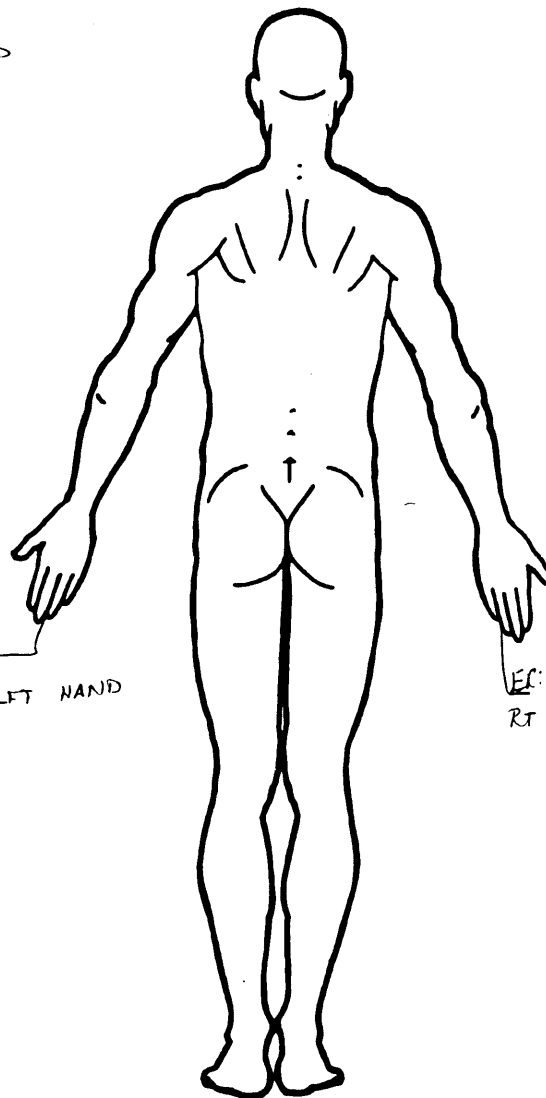


ER
BLUNT CHEST
TRAUMA

ER
BLUNT ABDOMINAL
TRAUMA W/
HEMOPERITONEUM

ER:
RT KNEE LACERATION
6"

ER: LFT ANKLE
LACERATION



ER:
BRUISING LFT HAND

ER: BRUISING DORSAL
RT HAND

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

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

Head - LOC

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

Spine

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

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

Level of Injury

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

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

Abbreviated Injury Scale

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

Aspect

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

ER:

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = NR

Glasgow Coma Scale Score

GCSS = NR

unresponsive in ER

Units of Blood Given

Units = 4

Arterial Blood Gases

pH =

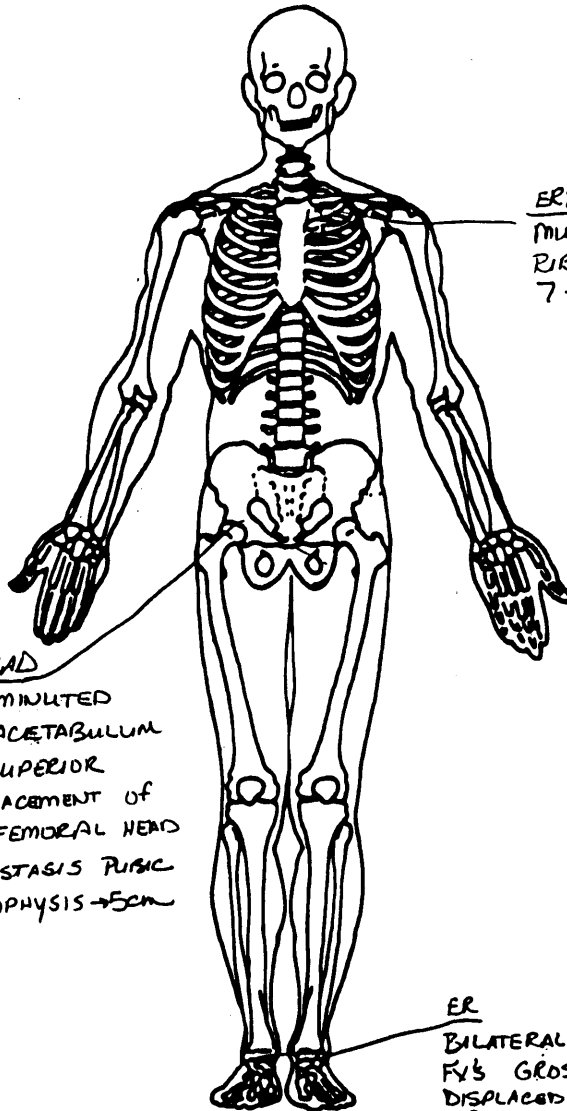
PO₂ =

PCO₂ =

HCO₃ =

Not Reported

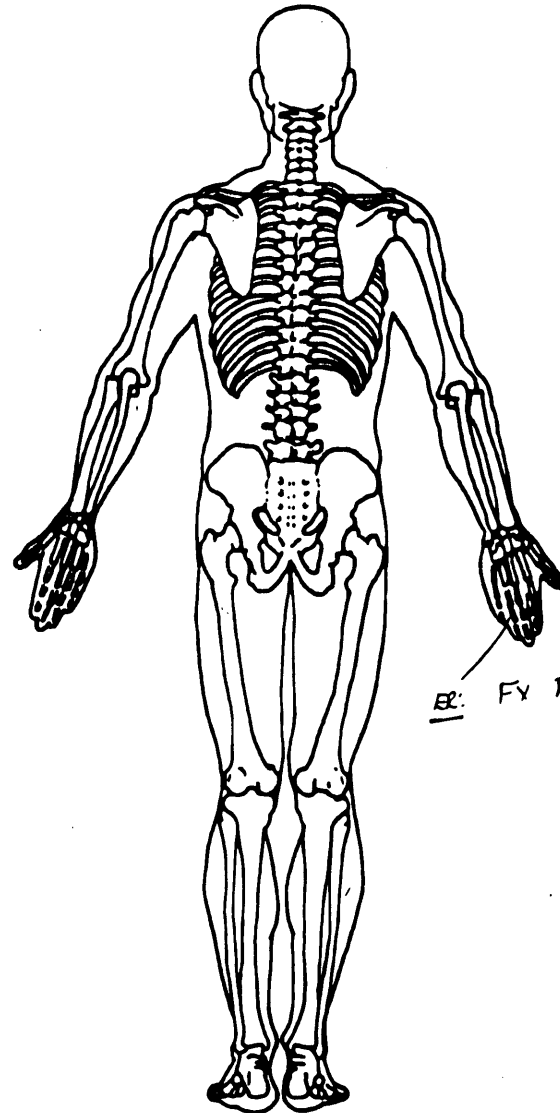
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



ER/RAD
MULTIPLE LFT
RIB FX'S
7th, 8th, 10th

ER/RAD
COMMINUTED
RT ACETABULUM
w/ SUPERIOR
DISPLACEMENT OF
RT FEMORAL HEAD
+ DIASTASIS PUBIC
SYMPHYSIS → 5cm

ER
BILATERAL ANKLE
FX'S GROSSLY
DISPLACED w/ INVERSION
OF BOTH FEET

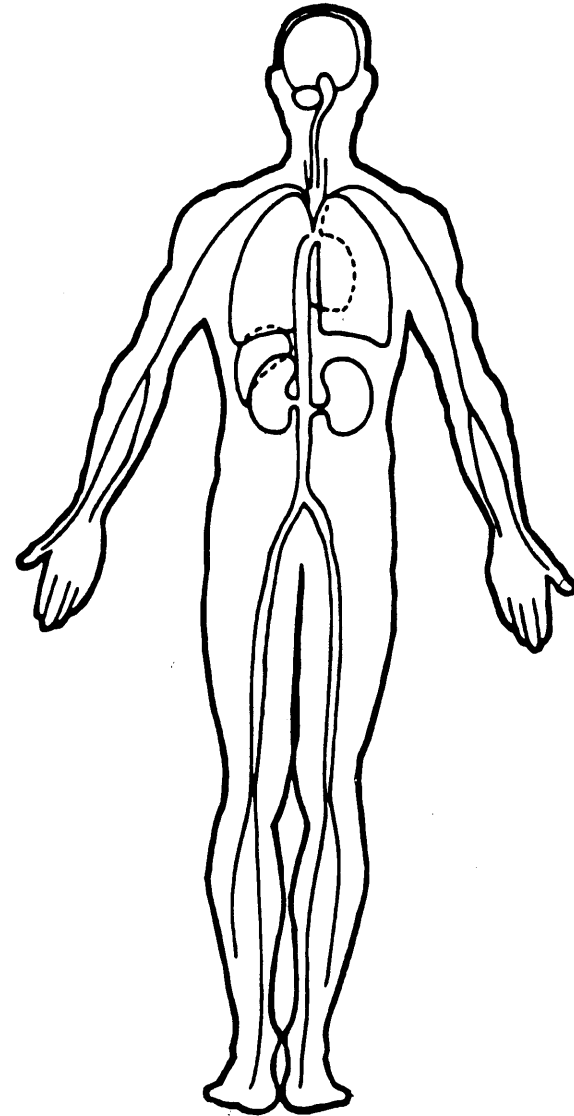
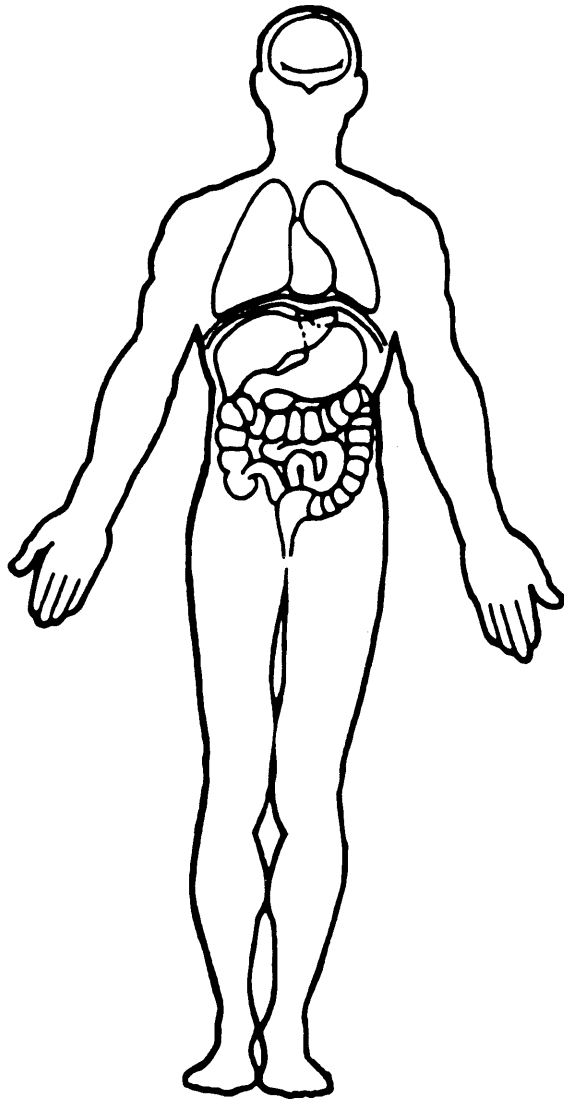


ER: FX RT HAND

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.)

ER: ORIGINALLY CONSCIOUS -





2nd
UPDATE FORM

<p>1. Primary Sampling Unit Number <u>12</u></p> <p>2. Case Number — Stratum <u>072A</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="margin-top: 20px;">AUT 0 [REDACTED] 1994 ER PDS</p>	<p>Driver or Occupant Name: [REDACTED]</p> <p>Address: _____</p> <p>_____</p> <p>Other Information: _____</p> <p>_____</p> <p style="text-align: center; font-size: small;">(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	[REDACTED]	[REDACTED]	<u>1 94</u>
OAL09. Date Official Medical Data Obtained	[REDACTED]	[REDACTED]	<u>94</u>
OAL16. Injury Treatment Status	<u>2</u>	<u>2</u>	
OAL17. Injury Information			
<u>Official</u>			
a. Autopsy (invasive examination)	B	<u>06</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	_____	_____
f. Radiographic record(s) (X-ray, CT scan)	B	<u>06</u>	<u>11</u>
g. History and physical examination and/or consultation records	B	_____	_____
h. Emergency room records (includes nurses' notes)	B	<u>06</u>	<u>11</u>
j. Private physician	B	_____	_____
<u>Unofficial</u>			
k. Lay coroner	B	_____	_____
l. EMS record	B	_____	_____
m. Interviewee	B	_____	_____
n. Other source (specify): _____	B	_____	B _____
o. Police report	B	_____	B _____
OAL18. Medical Facility Code			<u>04</u> <u>04</u>
GV12. Alcohol Test Results For Driver			_____
GV39. Other Drug Specimen Test Type For Driver			_____



PSU 12-072A (1994) #1



PSU 12-072A (1994) #2



PSU 12-072A (1994) #3



PSU 12-072A (1994) #4



PSU 12-072A (1994) #5



PSU 12-072A (1994) #6



PSU 12-072A (1994) #7



PSU 12-072A (1994) #8



PSU 12-072A (1994) #9



RSU 12-072A (1994) #10



PSU 12-072A (1994) #11



PSU 12-072A (1994) #12



PSU 12-072A (1994) #13



PSU 12-072A (1994) #14



PSU 12-072A (1994) #15



PSU 12-072A (1994) #16



PSU 12-072A (1994) #17



PSU 12-072A (1994) #18



PSU 12-072A (1994) #19



PSU 12-072A (1984) #20



PSU 12-072A (1994) #21



PSU 12-072A (1994) #22



PSU 12-072A (1994) #23



PSU 12-072A (1994) #24



PSU 12-072A (1994) #25



PSU 12-072A (1994) #26



PSU 12-072A (1994) #27



PSU 12-072A (1994) #28



PSU 12-072A (1994) #29
Best Available



PSU 12-072A (1994) #30



PSU 12-072A (1994) #31



PSU 12-072A (1994) #32
Best Available



**PSU 12-072A (1994) #33
Best Available**



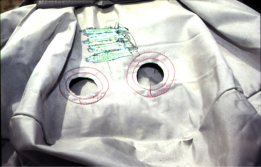
PSU 12-072A (1994) #34
Best Available



PSU 12-072A (1894) #35



PSU 12-072A (1994) #36



PSU 12-072A (1994) #37



PSU 12-072A (1994) #38



PSU 12-072A (1994) #39



PSU 12-072A (1994) #40



PSU 12-072A (1994) #41



PSU 12-072A (1994) #42



PSU 12-072A (1994) #43



PSU 12-072A (1994) #44



PSU 12-072A (1994) #45



PSU 12-072A (1994) #46