



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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

CASE SUMMARY

PSU 41 CASE NO. 0694 TYPE OF ACCIDENT Car - Tree (Head - On)

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

See printout.

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	

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

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

PSU41

1995 Case Summary Form

CASE 069A

TYPE OF ACCIDENT: ~~CAR TREE (HEAD-ON)~~

car/car - acute angle

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was traveling north in the second lane of a four lane undivided roadway, with a center curb median. Vehicle two was traveling north in the same lane directly in front of Vehicle one. As Vehicle two entered a four leg intersection Vehicle one swerved left attempting to pass Vehicle two on the left side. As Vehicle one swerved right to return to original lane, Vehicle one's right side sideswiped Vehicle two's left side. Vehicle one rotated clockwise and began skidding laterally in a northwesterly direction. Vehicle one continued onto the center curb median. Vehicle one's front impacted a tree in the median. Vehicle one bounced into a north easterly direction, rotating counterclockwise. Vehicle one came to final rest across both north bound lanes, facing in a southwesterly direction. During this rotation the driver of Vehicle one was ejected through the rear hatch coming to final rest in the north bound first lane. Vehicle one developed an engine fire after impacting the tree. Vehicle two, while avoiding a second collision with Vehicle one, swerved left onto the center curb median. Vehicle two continued across the median in a northwesterly direction. Vehicle two came to rest facing north in second south bound lane. The driver of Vehicle one was pronounced dead at the scene. The passenger of Vehicle one was transported to the hospital emergency room and released.

01

PSU41

1995 Case Summary Form

CASE 069A

TYPE OF ACCIDENT: CAR - TREE (HEAD-ON)

B. VEHICLE PROFILE(S)

V e h. No	Class of Vehicle	Year/Make/ Model	Damage Plane	Severity Descr.	Component Failure
1	Subcompact	1994/Dodge/Stealth, 3 Dr. Hatchback	Front	Severe	<i>airbag tears abrasions</i>
2 01	Subcompact	1986/Honda/Civic, CRX	Left	Light	<i>unknown</i>

PSU41

1995 Case Summary Form

CASE 069A

TYPE OF ACCIDENT: CAR - TREE (HEAD-ON)

C. PERSON PROFILE(S)

V	e	h.	No	Person Role	Seat Positon	Restraint Use	Body Region	Injury Type	A I S	Injury Source
			1	Driver	Front/Left	Airbag	heart	laceration	5	steering wheel hub
			1	Pass.	Front/Right	3 Pt. Man./ Airbag	arm	Fracture	2	console mounted transmission level.

0

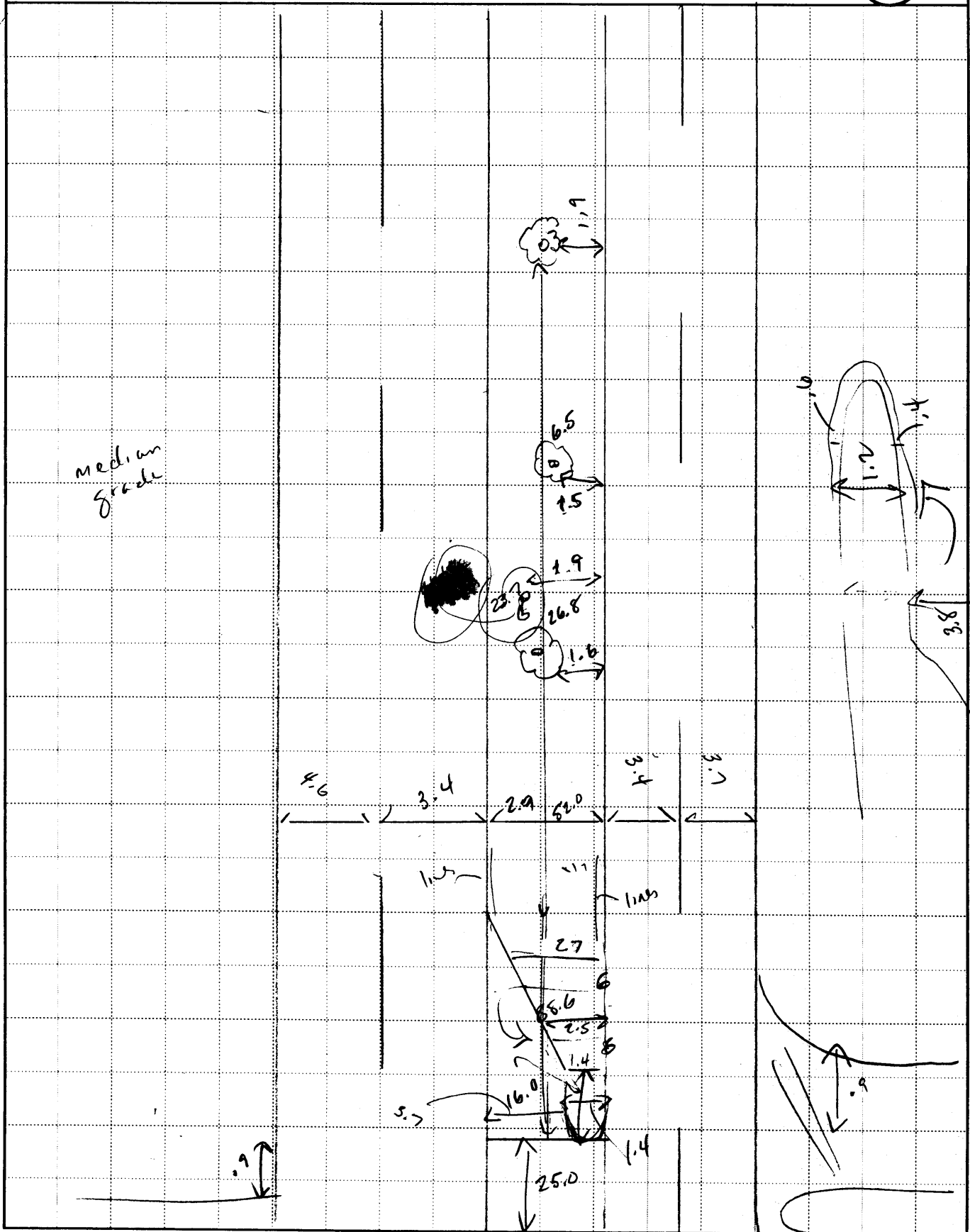


ACCIDENT COLLISION DIAGRAM

PSU No. 41

Case Number - Stratum 069A

Indicate North



69.4
3.08

3.0
3.8

5.7
1.6

11

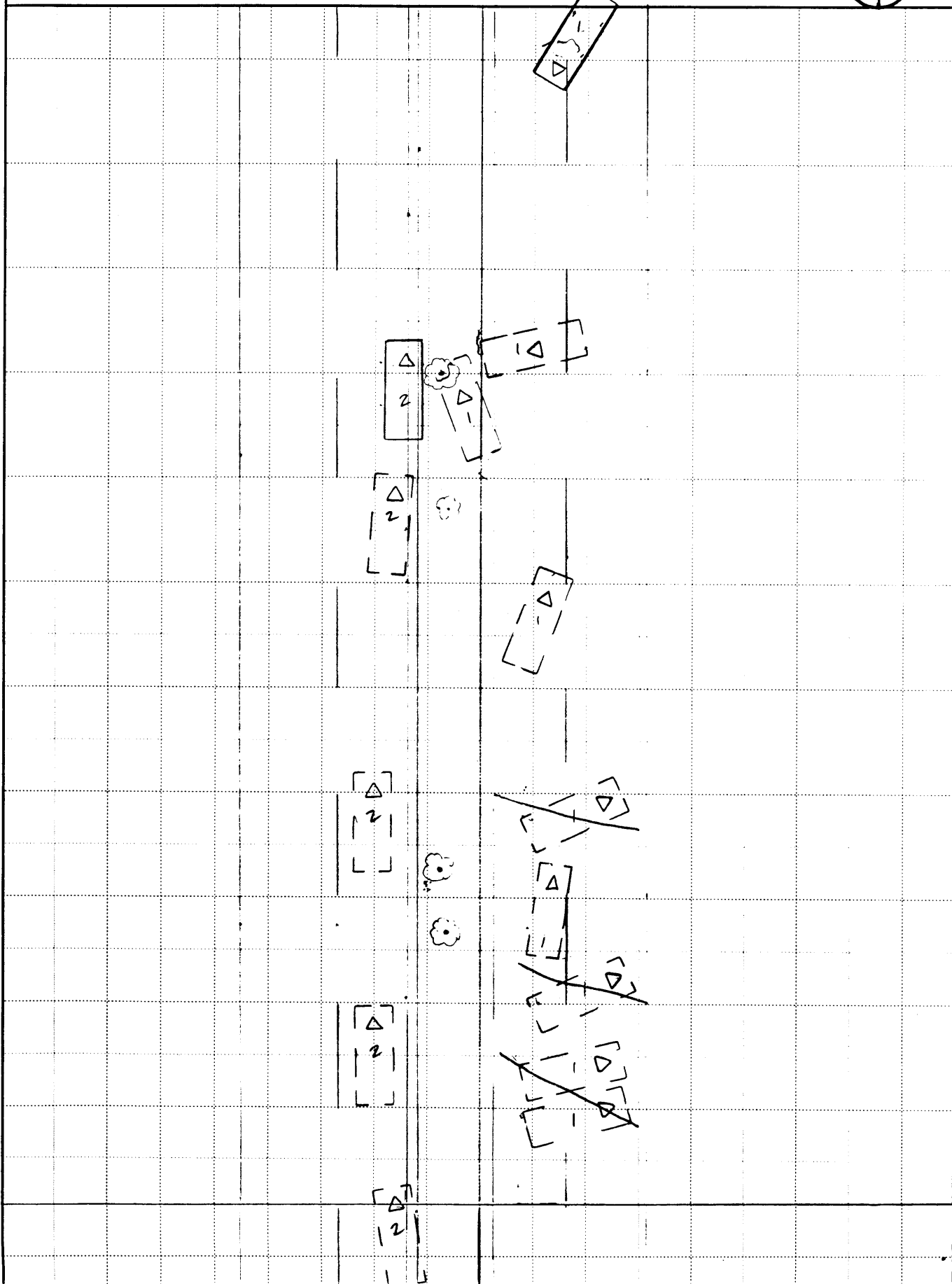


ACCIDENT COLLISION DIAGRAM

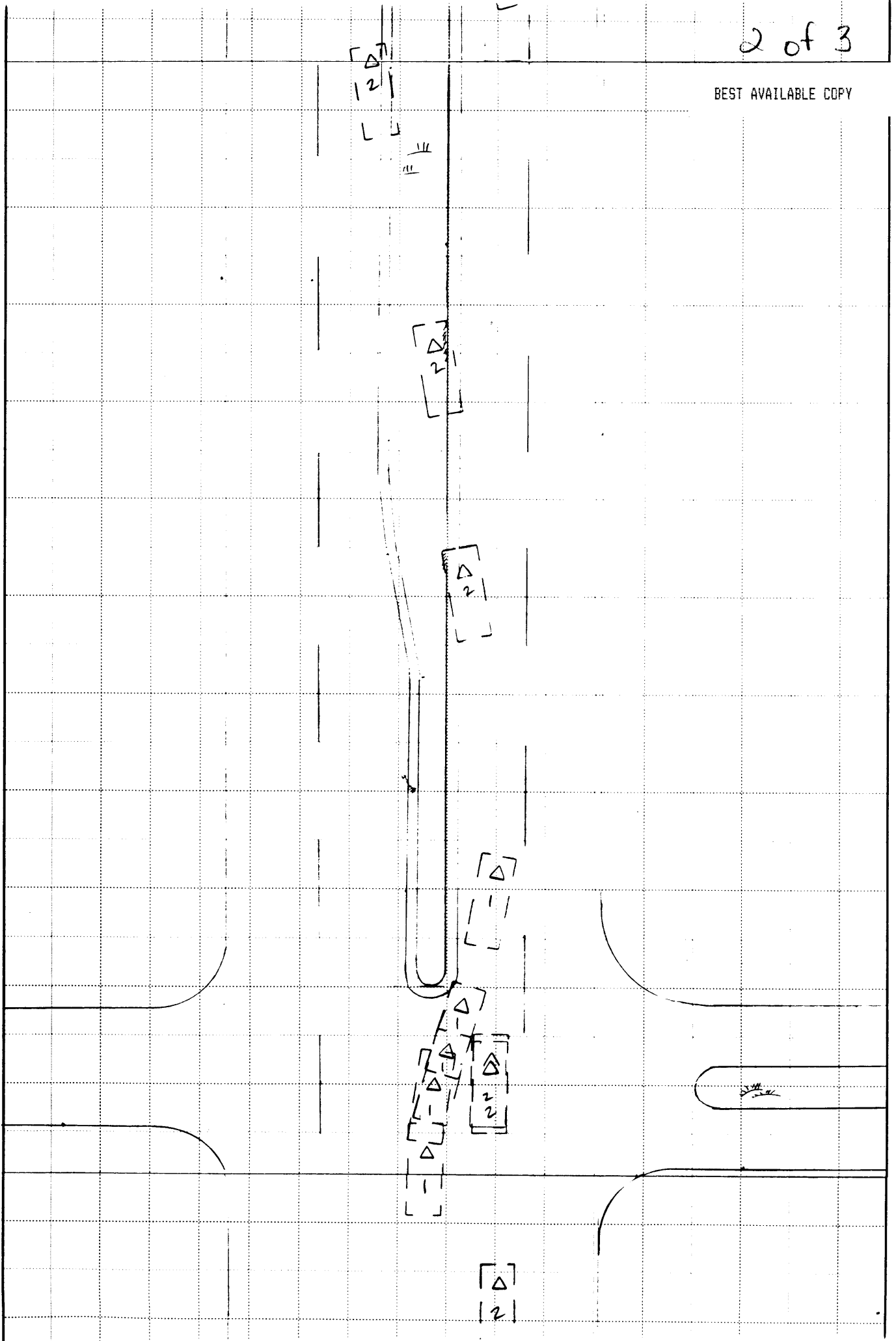
PSU No. 41

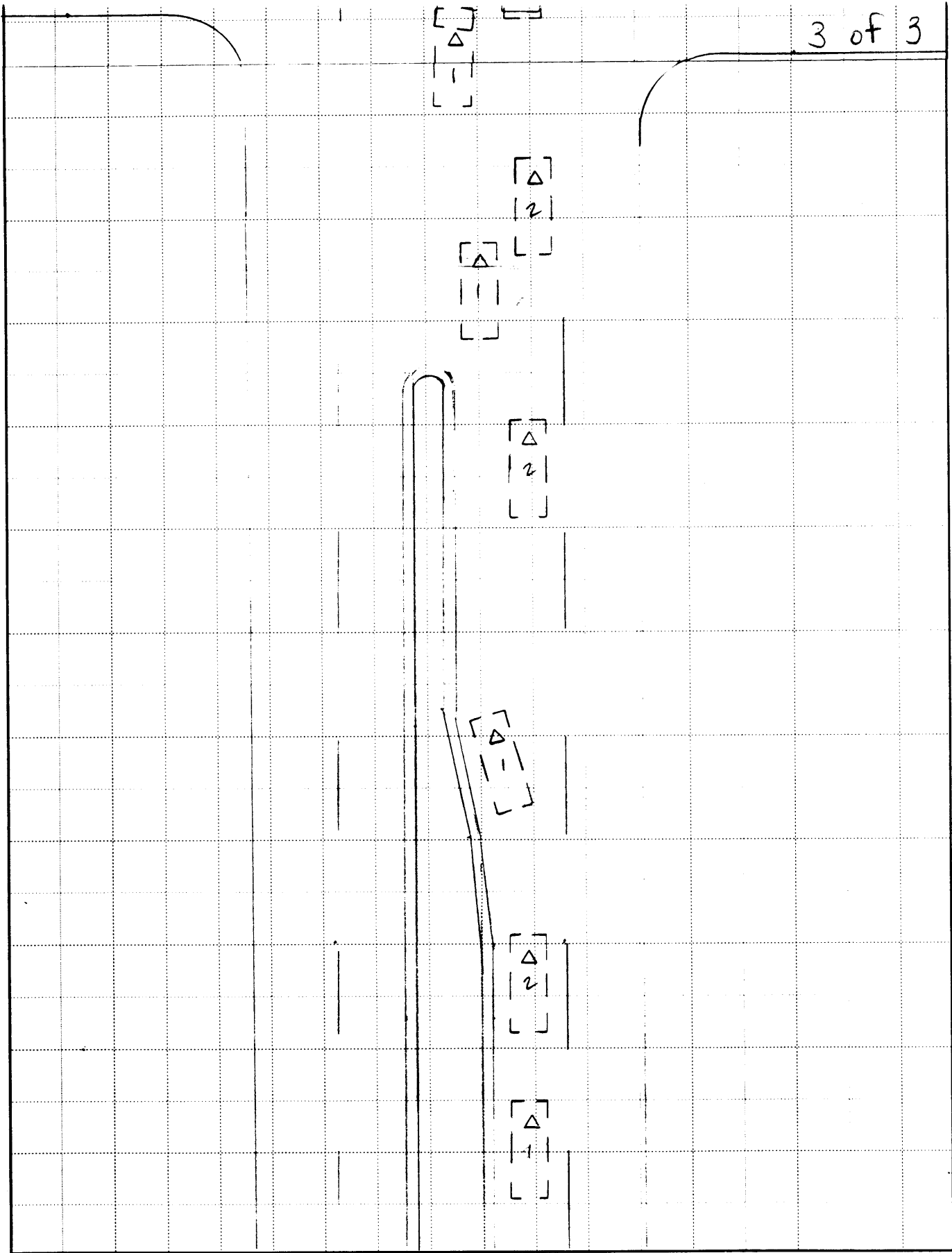
Case Number—Stratum 069A

Indicate
North



BEST AVAILABLE COPY



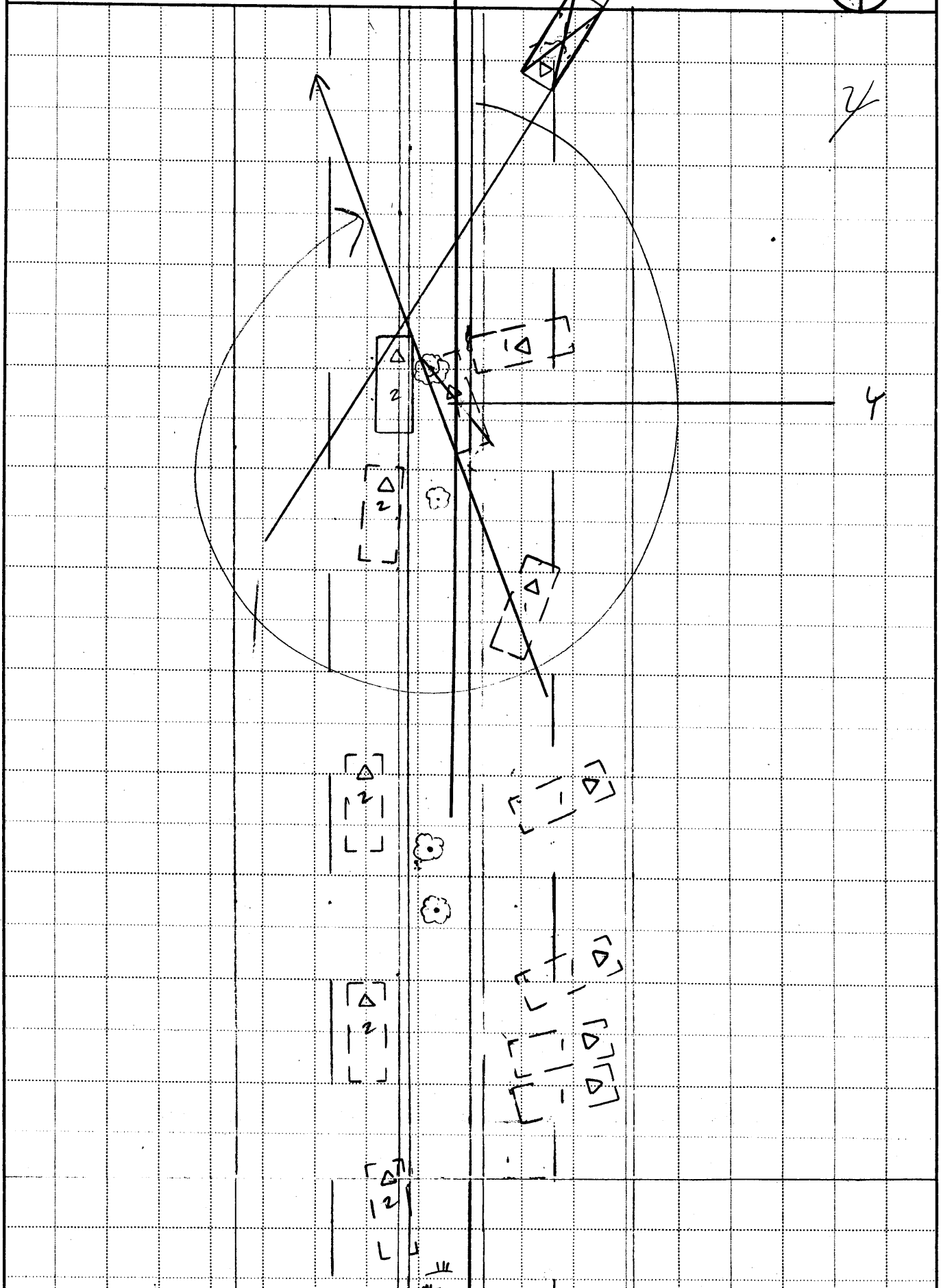


ACCIDENT COLLISION DIAGRAM

PSU No. 41

Case Number—Stratum 0 6 9 A

Indicate
North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 41

Case Number—Stratum 069A

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- * all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- * all traffic controls (e.g., speed limit)
- * north arrow placed on diagram
- * roadway surface type and condition of applicable roadways
- * grade measurements for all applicable roadways and at location of rollover initiation
- * roadway curvature

Document vehicle dynamics including:

- * 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
- * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence; or
 - b) reconstructed accident dynamics

Impact I

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>10°</u>	<u>0°</u>	<u>-</u>
Surface Type	<u>Bit</u>	<u>Bit.</u>	<u>-</u>
Surface Condition	<u>Dry</u>	<u>Dry</u>	<u>-</u>
Coefficient of Friction	<u>.6</u>	<u>.6</u>	<u>-</u>
Grade (v/h) Measurement (between impact and final rest)	<u>0.0</u>	<u>0.0</u>	<u>-</u>
Grade (v/h) Measurement (at location of rollover initiation)	<u>N/A</u>	<u>N/A</u>	<u>-</u>
Pre-crash	<u>3.8°</u>	<u>3.8°</u>	<u>-</u>

Reference Point: Northern Tree (Impacted)
88.6 meters from beginning of Island (Median)

Reference line: the West Curb edge of the
Northbound N/S Roadway.

Tree Diameter 35 cm	Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
✓	R.L	1.9 W	0
✓	R.P	0	1.9 E
✓	Begin 1/2 Skid .VI Police Evidence	36.5 S	2.0 E
✓	1/2 Skid ④ VI	26.8 S	2.3 E
✓	1/2 Skid ③ VI	21.4 S	2.0 E
✓	1/2 Skid ④ VI	26.8 S	2.7 E
✓	1/2 Skid ③ VI	21.9 S	2.6 E
✓	1/2 Skid ② VI	17.2 S	1.9 E
✓	1/2 Skid ② VI	17.2 S	2.5 E
✓	1/2 Skid. Begin R/F Curb	55.9 S	0
✓	1/2 Skid End. R/F Curb	54.0 S	0
✓	Undercarriage Begin / End. (V2)	NON-RELATED	
✓	Skid (Sensor) Begin / End. (V2)		
✓	1/2 Skid ①	5.7 S	1.2 E



ACCIDENT FORM

1. Primary Sampling Unit Number 41
2. Case Number - Stratum 069A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month,Day,Year) ███/███/95
5. Time of Accident 2337
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-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
(Data for this special study available in a separate file.)
8. SS17 Impact Fires 1
9. SS18 Unsafe Driver Actions 0
10. SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03
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 in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>R</u>	16. <u>02</u>	17. <u>01</u>	18. <u>K9</u>
19. <u>02</u>	20. <u>01</u>	21. <u>01</u>	22. <u>F</u>	23. <u>42</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. <u>01</u>	28. <u>01</u>	29. <u>N</u>	30. <u>33</u>	31. <u>00</u>	32. <u>N</u>
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

- | | |
|--|---|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 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
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,500 kgs GVWR)
(16) Utility station wagon (≤ 4,500 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,500 kgs GVWR)
(21) Large van (≤ 4,500 kgs GVWR)
(24) Van Based school bus (≤ 4,500 kgs GVWR)
(28) Other van type (≤ 4,500 kgs GVWR)
(29) Unknown van type (≤ 4,500 kgs GVWR)
(30) Compact pickup truck (≤ 4,500 kgs GVWR) | (31) Large pickup truck (≤ 4,500 kgs GVWR)
(38) Other pickup truck (≤ 4,500 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)
(45) Other light truck (≤ 4,500 kgs GVWR)
(48) Unknown light truck type (≤ 4,500 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(> 4,500 kgs GVWR)
(58) Other bus (> 4,500 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,500 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) 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 (excludes end-over-end)
(32) Rollover – end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) 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
(70) Passenger car, light truck, van, or other vehicle
not in-transport
(71) Medium/heavy truck or bus 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 |
|---|---|

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify)

(5) _____
Unknown type of junction

(9) Unknown

20. Trafficway Flow 1
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 3
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 1
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1
(1) Level
(2) Uphill grade (>2%)
(3) Hill crest
(4) Downhill grade (>2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2
(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1
(1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 3
(1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 0
(0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 5
(0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): 35 mph Speed Limit

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2
(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

VI

OCCUPANT RELATED

- 37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 38. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 39. Number of Occupant Forms Submitted 0 2

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 1,390
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3,064 lbs X .4536 = 1,390 kgs

Source: _____

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

Source: _____

ROLLOVER DATA

- 45. Rollover 0 0
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 0 0
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
- 47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
- 48. Rollover Initiation Object Contacted 0 0
 (Note: Applicable codes on back of page)
- 49. 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): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown

- 50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- | | |
|--|--|
| <p>(00) No rollover
(01-30) — Vehicle Number</p> <p>Noncollision
(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife</p> <p>Collision With Fixed Object
(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment</p> <p>(45) Breakaway pole or post (any diameter)</p> <p>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)</p> <p>(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____</p> | <p>(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____</p> <p>(69) <u>Unknown fixed object</u></p> <p>Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):
_____</p> <p>(89) <u>Unknown nonfixed object</u></p> <p>(98) Other event (specify):
_____</p> <p>(99) <u>Unknown event or object</u></p> |
|--|--|



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>41</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>069A</u>	

VEHICLE IDENTIFICATION

VIN JB3AM44H2RY XXXXXXXXXX Model Year 94

Vehicle Make (specify): Dodge Vehicle Model (specify): Stealth Hatchback

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	85cm aft of R/R axle	Same as Direct	94cm forward of R/R axle
(01A)(01B)(02A)	R/F Wheel, R/R Wheel, L/F Wheel	Same as Direct	
02	L/F Bumper Chr 54cm across	L/F Bumper Corners to R/F Bump Chr.	C2

CRUSH PROFILE IN CENTIMETERS

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

Possibility: (Driver Ejected) - from hatch

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

- Hatch came open upon impact with tree, Driver ejected

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01	Middle	274	8	274	11	5	7	7	10	8	+57
01	Free space				6	0	2	1	4	2	
01	Stringline Adj st - Plastic moulding				-5	-5	-5	-5	-5	-5	
01	Resultant		2		0	0	0	1	1	1	+57
01	Note:	C2 and C3 - projected to R/R fender									
02	Front Bumper	54	152	81	148	152	122	90	64	46	-45
02	Free space		5		14	5	0	0	5	14	
02	Resultant	54	147	81	134	147	122	90	59	32	-45
		PART OF IMPACT ONE									
(01A)	R/F Wheel	Side swiping damage - part of impact (1)									
(01B)	R/R Wheel	- Part of Right Side - side swiping damage - caused by other vehicle									
		Part of Impact #2									
(02A)	L/F Wheel	12	hub width 12		Curb impact, ground skidding						

ORIGINAL SPECIFICATIONS WORK SHEET

2 door

Wheelbase	<u>97.2</u>	inches	x 2.54	=	<u>247</u>	cm
Overall Length	<u>178.9</u>	inches	x 2.54	=	<u>454</u>	cm
Maximum Width	<u>72.4</u>	inches	x 2.54	=	<u>184</u>	cm
Curb Weight	<u>3,064</u>	pounds	x .4536	=	<u>1,390</u>	kg
Average Track	<u>61.8</u>	inches	x 2.54	=	<u>157</u>	cm
Front Overhang	<u> </u>	inches	x 2.54	=	<u> </u>	cm
Rear Overhang	<u> </u>	inches	x 2.54	=	<u> </u>	cm
Undeformed End Width	<u> </u>	inches	x 2.54	=	<u> </u>	cm
Engine Size: cyl./displ.	<u> </u>	cc	x .001	=	V-6 <u>3.0</u>	L
	<u> </u>	CID	x .0164	=	<u> </u>	L

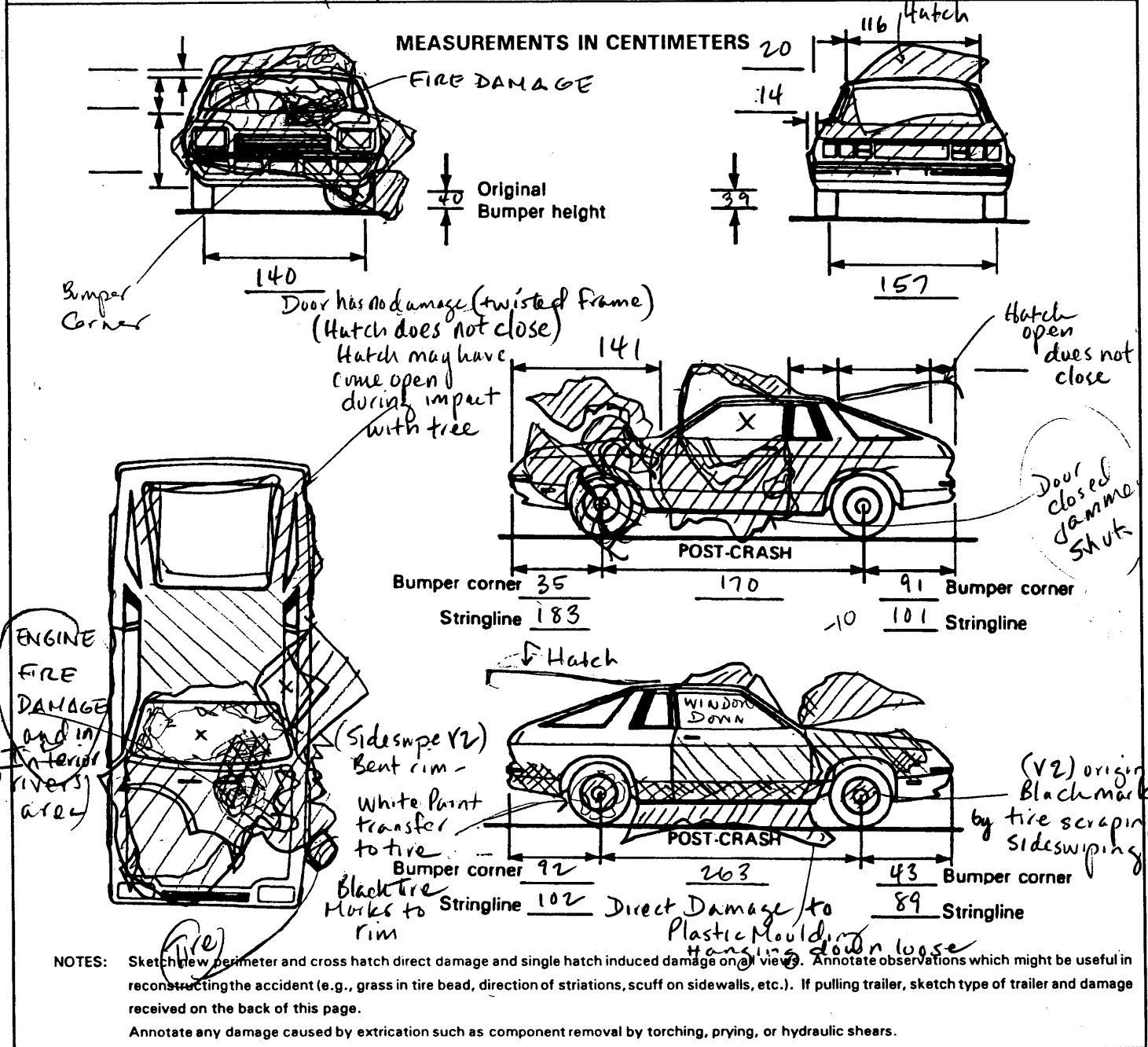
RT (AWD) 2 door

X DL 180.3 458
 X CW 3197 1722

61.4
62.2
 123.6

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>1</u> LF <u>1</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>247</u> cm Overall Length <u>454</u> cm Maximum Width <u>184</u> cm Curb Weight <u>1390</u> kg Average Track <u>157</u> cm Front Overhang <u>106</u> cm Rear Overhang <u>101</u> cm Undeformed End Width <u>146</u> cm Engine Size: cyl./displ. <u>V-6, 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± <u>25</u> ° -25 RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>left</i>				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u> </u> kg	



CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn - rollover (excludes end-over-end)
- (32) Rollover - end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____

- (36) 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

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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

#3 = FIRE

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	000	00	R	D	E	S	01
		10						
PART OF IMPACT ONE								
01A	02	000	00	R	F	W	N	01
01B	02	000	00	R	B	W	N	01
02a	63	000	00	L	F	W	N	01
(PART OF IMPACT TWO)								
02	42	000	80	F	Y	E	W	06

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>02</u>	5. <u>42</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>06</u>

Second Highest Delta "V"

12. <u>01</u>	13. <u>02</u>	14. <u>12</u>	15. <u>R</u>	16. <u>D</u>	17. <u>E</u>	18. <u>S</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

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
<u>146</u>	<u>134</u>	<u>147</u>	<u>122</u>	<u>090</u>	<u>059</u>	<u>032</u>	<u>045</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
<u>274</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>001</u>	<u>001</u>	<u>001</u>	<u>057</u>

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 146
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) 054
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 247
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
97.2 inches X 2.54 = 247 centimeters

29. Original Average Track Width 157
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
61.8 inches X 2.54 = 157 centimeters

		FUEL SYSTEM	
<p>30. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes</p>	<p><u>0</u></p>	<p>35. Location of Fuel Tank-1 Filler Cap</p>	<p><u>3</u> <u>0</u></p>
<p>31. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p>	<p><u>1</u></p>	<p>36. Location of Fuel Tank-2 Filler Cap (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><u>0</u></p>
<p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (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</p>	<p><u>0</u></p>	<p>37. Type of Fuel Tank-1</p>	<p><u>1</u></p>
FIRE OCCURRENCE		<p>38. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p><u>0</u></p>
<p>33. Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	<p><u>1</u></p>	<p>39. Location of Fuel Tank-1</p>	<p><u>1</u></p>
<p>34. Origin of Fire (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 style="margin-left: 40px;">* Fire occurred directly in front of Driver's position behind steering wheel - see photos</p> <p style="margin-left: 40px;">(Perhaps Battery Involved)</p>	<p><u>4</u></p>	<p>40. Location of Fuel Tank-2 (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><u>0</u></p>
		<p>41. Damage to Fuel Tank-1</p>	<p><u>1</u></p>
		<p>42. Damage to Fuel Tank-2 (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><u>0</u></p>

43. Leakage Location of Fuel System-1 (9)

44. Leakage Location of Fuel System-2 0

(0) No fuel tank

(1) No fuel leakage *Fire cause perhaps*

Primary Area Of Leakage

(2) Tank *fuel injection*

(3) Filler neck *lines into engine*

(4) Cap *damaged - together*

(5) Lines/pump/filter *with heat of*

(6) Vent/emission recovery *engine may have*

(8) Other (specify): *caused fire*

(9) Unknown *during impact*

with tree.

45. Fuel Type-1 0 1

46. Fuel Type-2 0 0

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

47. 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

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 41
 2. Case Number - Stratum 0696
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 98
 (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):
Hatchback came open, Windshield, Sidewindow
- (99) Unknown

Driver ejected either thru hatch (rear seat deformation) or side window or windshield (Windshield unlikely)

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
Driver Ejected perhaps
- (9) Unknown
Hatchback came open during collision with tree.

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 2

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

Door, Tailgate or Hatch Came Open During Collision

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

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
 20. BL 2 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 4 26. LR 1 27. RR 1
 28. BL 1 29. Roof 0 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

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

- (0) No glazing
- (1) 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
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

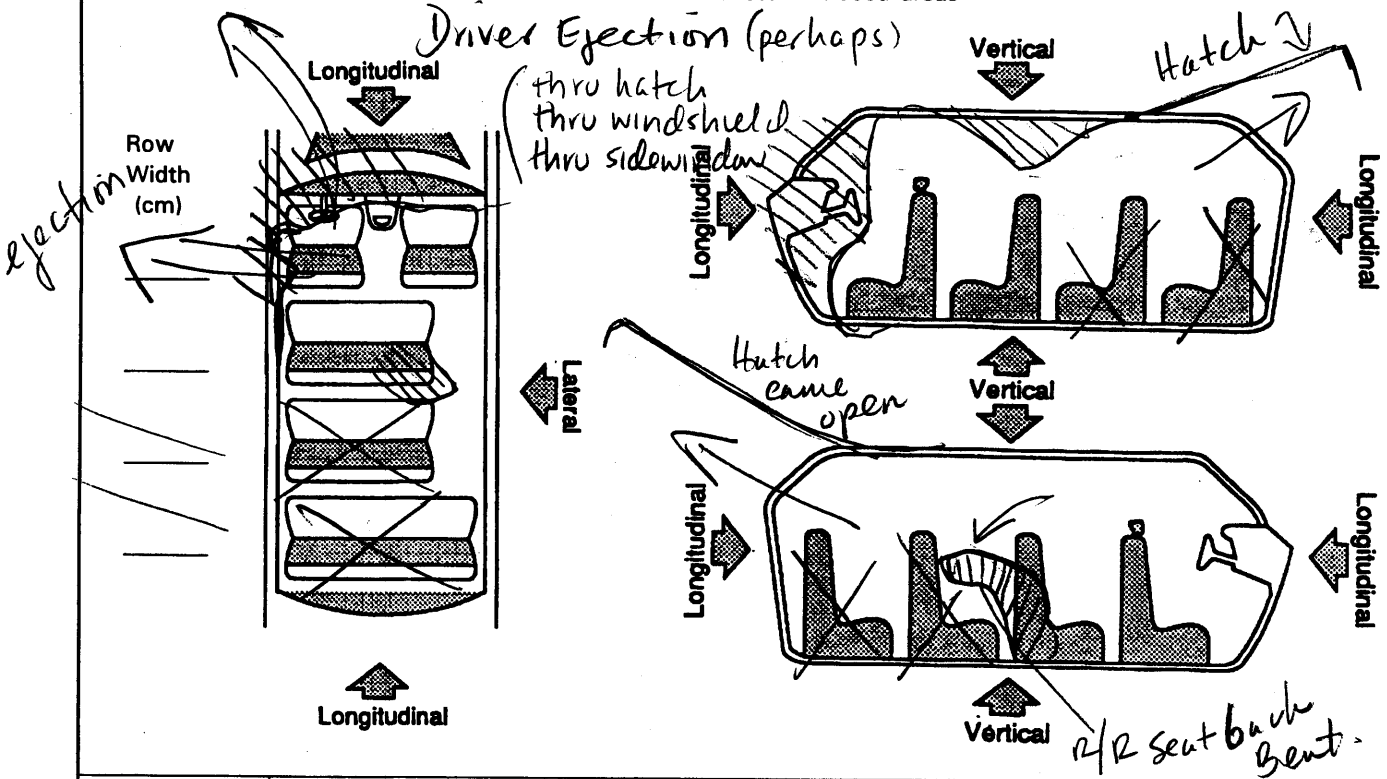
39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
 44. BL 1 45. Roof 0 46. Other 0

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

Airbag damage to windshield

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	left instrument panel	88	61	27	4	longitud.
11	Door Panel	0	14	14	7	lateral
11	Steering Assembly	0	10	10	10	long
11	A Pillar	118	73	45	2	long
13	Windshield Header	55	49	6		long
11	Roof	0	22	22	5	Vert
11	Roof Side Rail	0	20	20	6	Vert.
11	Toe Pan	32	21	11	9	long
11	Side Panel ^{before} A Pillar	0	12	12	8	lat
11	Seat Cushion	0	9	9		Vertical
98	R/R Seat Back	0	48	48		longitud.
11	Windshield	0	29	29	0	Vertical

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>98</u>	48. <u>21</u>	49. <u>5</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>06</u>	53. <u>4</u>	54. <u>2</u>
3rd	55. <u>11</u>	56. <u>15</u>	57. <u>3</u>	58. <u>1</u>
4th	59. <u>11</u>	60. <u>02</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>11</u>	64. <u>13</u>	65. <u>3</u>	66. <u>1</u>
6th	67. <u>11</u>	68. <u>10</u>	69. <u>2</u>	70. <u>3</u>
7th	71. <u>11</u>	72. <u>05</u>	73. <u>2</u>	74. <u>2</u>
8th	75. <u>11</u>	76. <u>01</u>	77. <u>2</u>	78. <u>2</u>
9th	79. <u>11</u>	80. <u>25</u>	81. <u>1</u>	82. <u>1</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) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Please note:
Are melted roof lining - bent, deformed, because of heat.

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

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

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

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

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

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

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

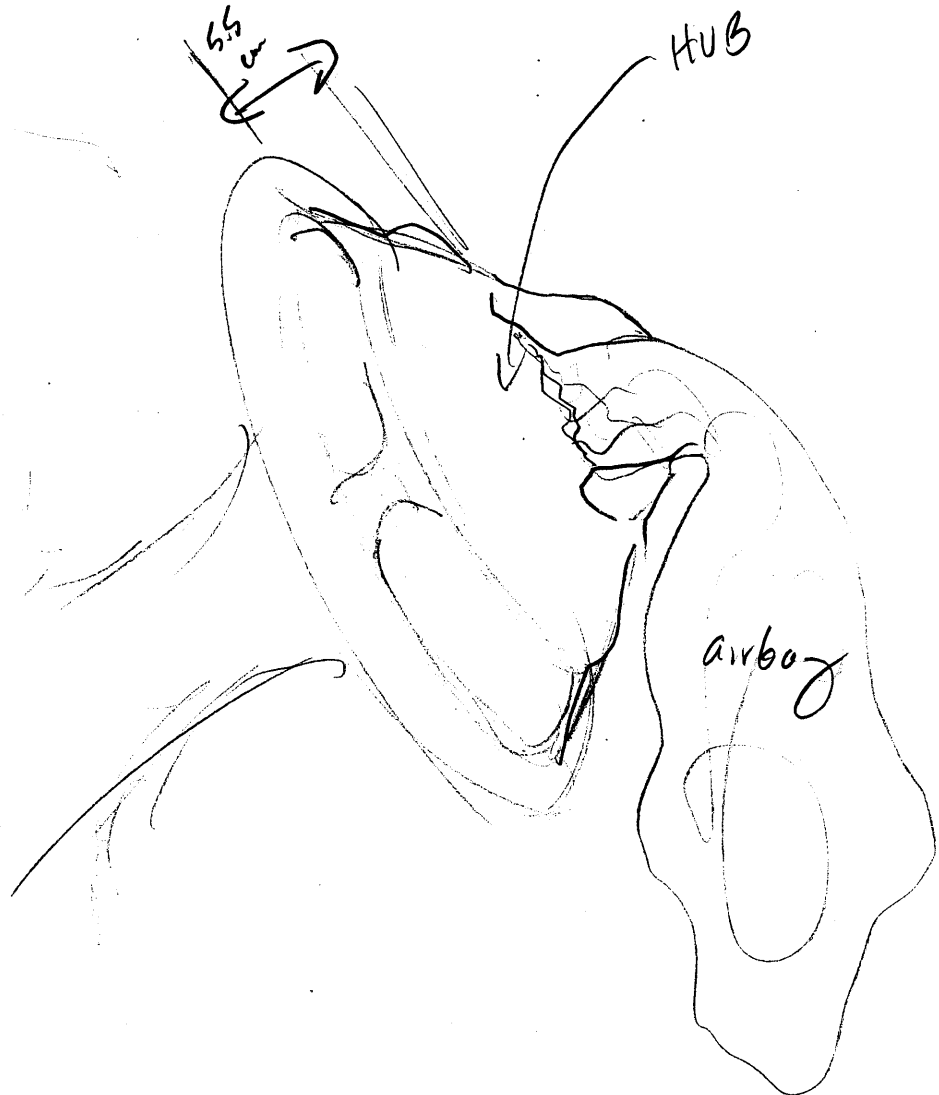
COMPARISON VALUE - DAMAGE VALUE = DEFORMATION

- =

0 - 5.5 cm = 5.5

- Rim Pushed =

- Backwards =



STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 1

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

88. Tilt Steering Column Adjustment 0

- (0) No tilt steering column
- (1) Full up
- (2) Between full up and center
- (3) Center
- (4) Between center and full down
- (5) Full down
- (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
- (1) Full back
- (2) Between full back and midpoint
- (3) Midpoint
- (4) Between midpoint and full forward
- (5) Full forward
- (9) Unknown

90. Steering Rim/Spoke Deformation 0 5

- Code actual measured
- deformation to the nearest centimeter
- (00) No steering rim deformation
- (01-14) Actual measured value in centimeters
- (15) 15 centimeters or more
- (98) Observed deformation cannot be measured
- (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 9

- (00) No steering rim deformation

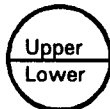
Quarter Sections

- (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



92. Odometer Reading 0 22,000

- _____ 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
- 3,527 miles X 1.6093 = 21,769 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 1

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

94. Type of Knee Bolster Covering 1

- (0) No knee bolster
- (1) Padded
- (2) Rigid plastic
- (8) Other (specify): _____
- (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 2

- (0) No knee bolster
- (1) No deformation
- (2) Yes - deformation
- (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2

- (0) No glove compartment door
- (1) No - door did not open
- (2) Yes - door opened
- (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0

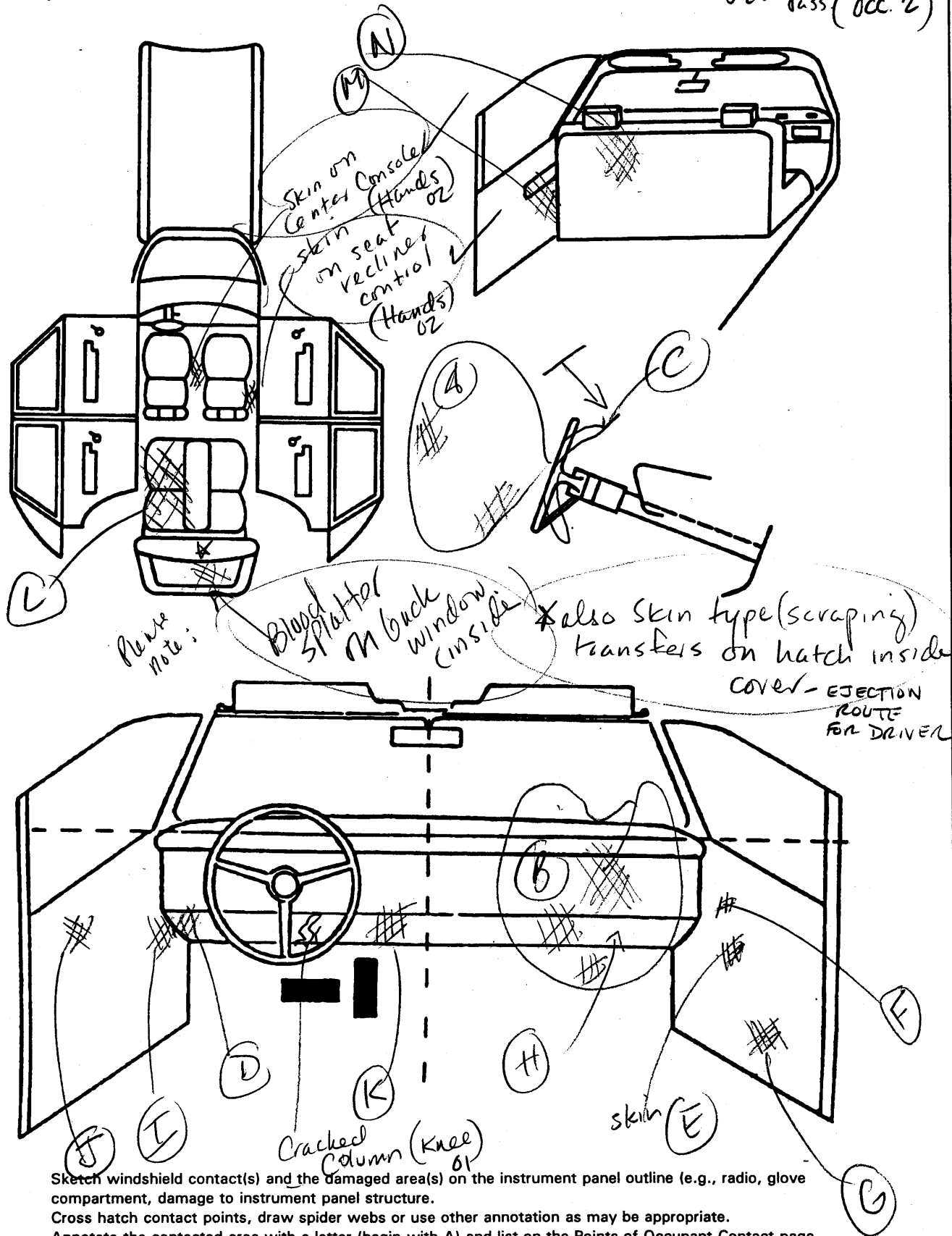
- (0) No adaptive driving equipment
- (1) Adaptive driving equipment installed (Check all that apply.)
 - [] Hand controls for braking/acceleration
 - [] Steering control devices (attached to OEM steering wheel)
 - [] Steering knob attached to steering wheel
 - [] Low effort power steering (unit or device)
 - [] Replacement steering wheel (i.e., reduced diameter)
 - [] Joy-stick steering controls
 - [] Wheelchair tie-downs
 - [] Modification to seat belts (specify): _____
 - [] Additional or relocated switches (specify): _____
 - [] Raised roof
 - [] Wall-mounted head rest (used behind wheelchair)
 - [] Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

01 - Driver
02 - Pass (Occ. 2)



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	170	1	Head	Blood, Black Dots (Skin particles)	1
B	180	2	Head	Makeup, Blood, Black Oil	1
C	004	1	Chest	Seat Deformed backwards	1
D	010	1	Knee	Skin Scuff, bent	1
E	101	2	Hand	Skin, piece of it	1
F	102	2	Finger	Oily transfer, Blood fingerprint	2
G	101	2	Elbow	Skin transfer	3
H	185	2	Knee	Knee bolster bend	1
I	051	1	Knee	Skin transfer	1
J	051	1	Arm	Skin transfer	1
K	011	1	Knee	Bent - Bolster	1
L	151	1	Knock	Skin Transfer	1
M	151	1	Arms	Skin burns	1
N	151	1	Arms	Skin Transfer	1

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object, (specify): _____
- (019) Other front object (specify): _____

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (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
F I R S T	Availability	4	/	4
	Evidence of usage	4	/	4
	Used in this crash?	0	/	4
	Proper Use	0	/	1
	Failure Modes	0	/	1
	Anchorage Adjustment	1	/	1
S E C O N D	Availability	4	/	4
	Evidence of usage	4	/	4
	Used in this crash?	0	/	0
	Proper Use	0	/	0
	Failure Modes	0	/	0
	Anchorage Adjustment	1	/	1
O T H E R	Availability	/	/	/
	Evidence of usage	/	/	/
	Used in this crash?	/	/	/
	Proper Use	/	/	/
	Failure Modes	/	/	/
	Anchorage Adjustment	/	/	/

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

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

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 Front	Right Front	Other
F I R S T	Availability/Function	1	1	0
	Deployment	1	1	0
	Failure	1	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

Are There Indications of Air Bag System Failure? (This Occupant Position)

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

Frontal Air Bag System Deployment (This Occupant Position)

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

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (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

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger 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.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	(89) 3 cuts, (tear and abrasions)	6
Source of air bag damage	(5) or windshield damage	5
Air bag tethered?	2 (TWO)	1
Air bag have vent ports?	2 (TWO)	2 (TWO)
Other occupant contact air bag?	3	3
Occupant wearing eyewear?	4	4

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded



(88) Other damage (specify): _____

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

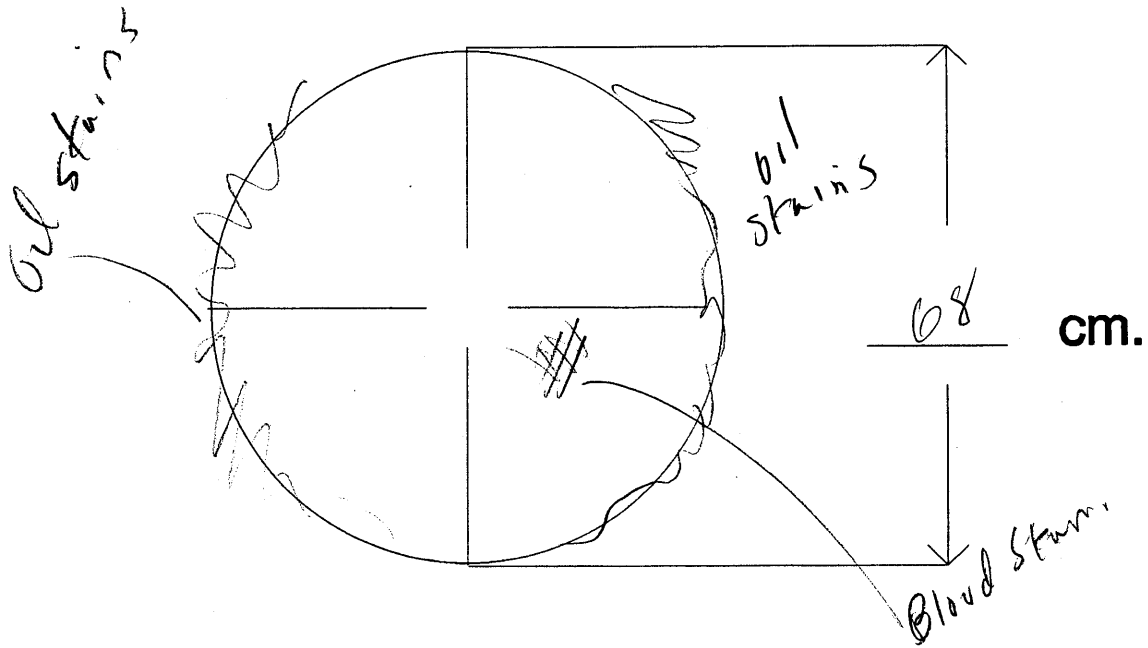
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

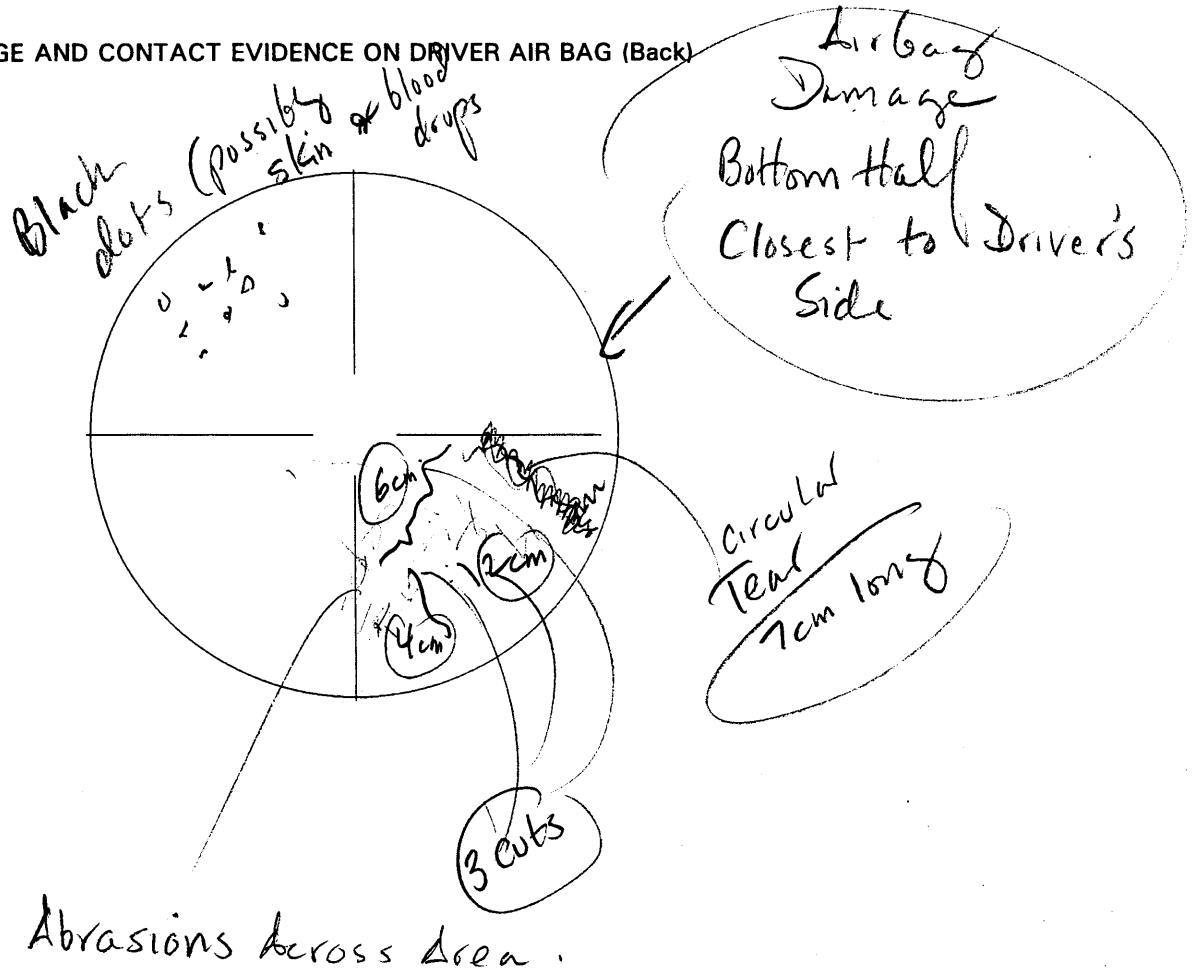
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE, (DOUBLE)

a. Upper Flap

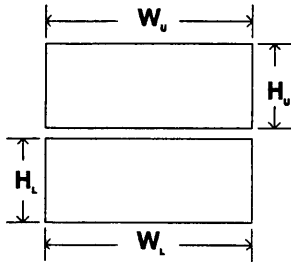
width (W_u) 16

height (H_u) 7

b. Lower Flap

width (W_l) 16

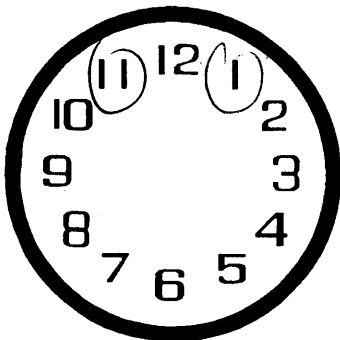
height (H_l) 6



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

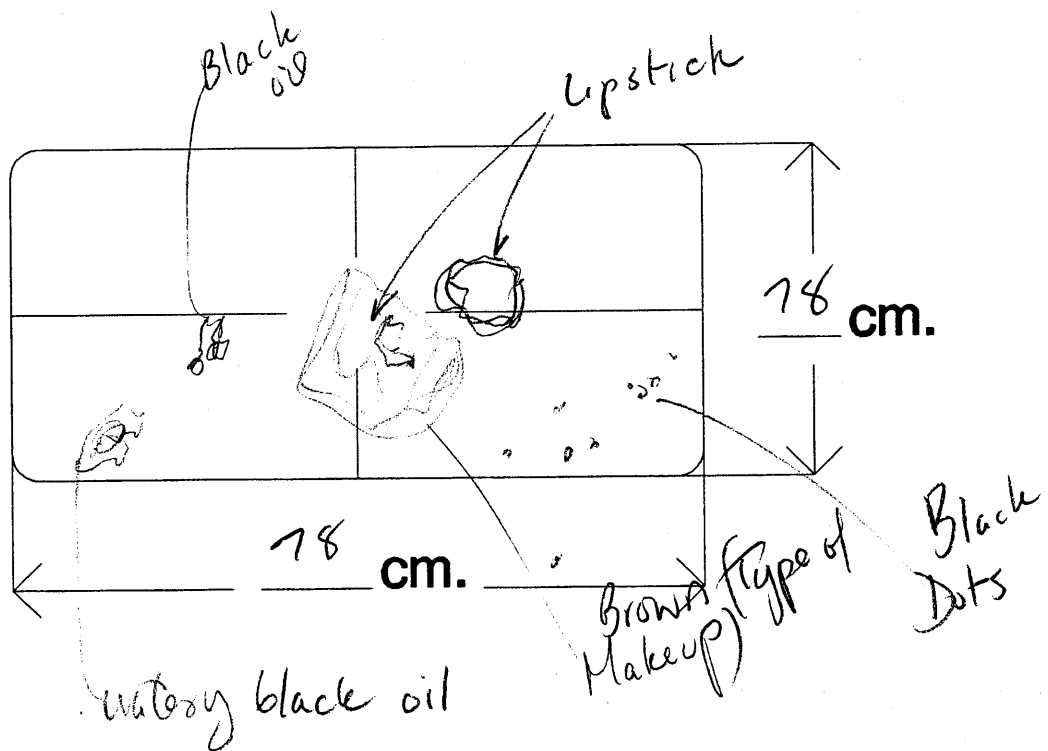
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

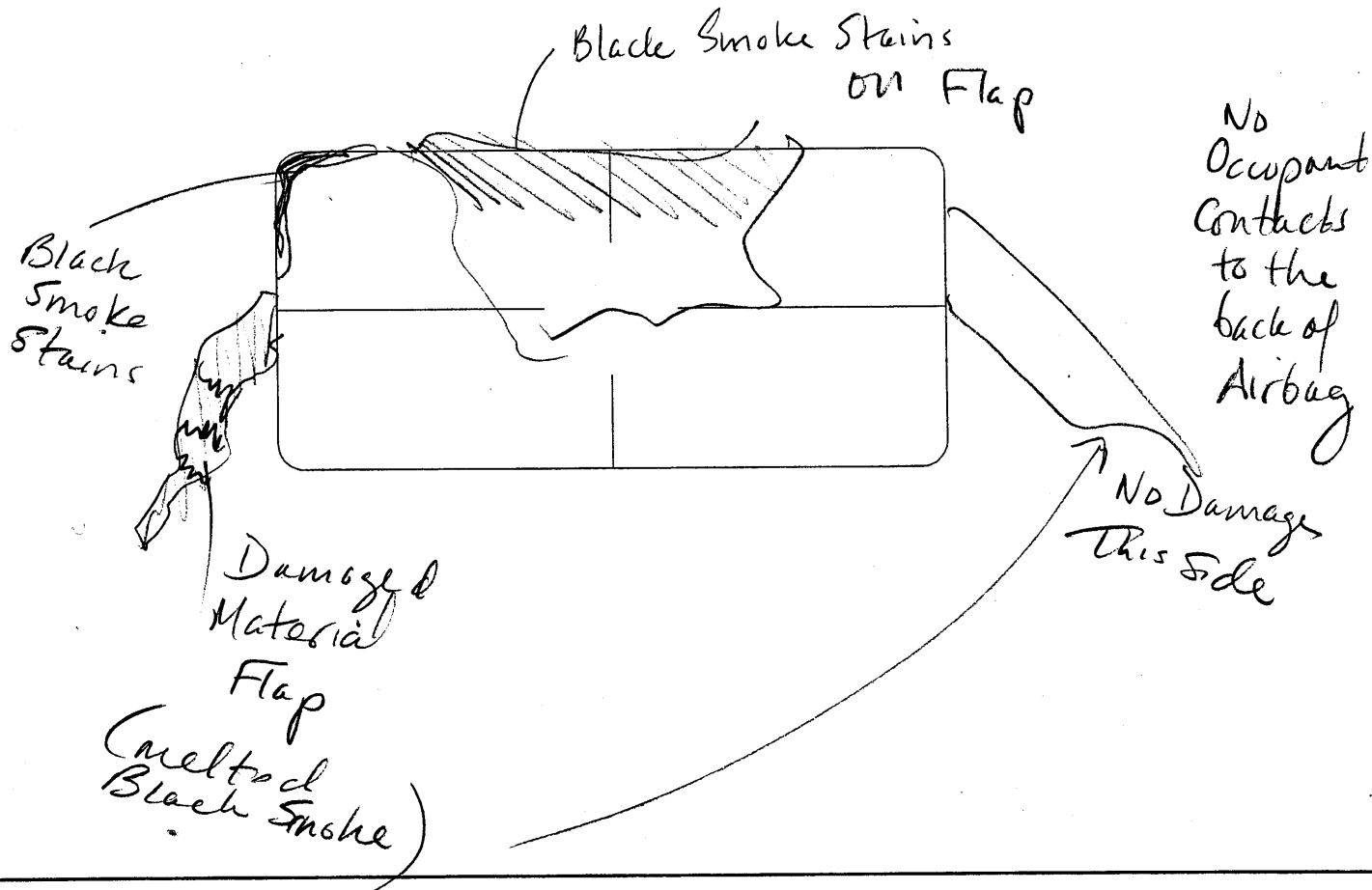


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



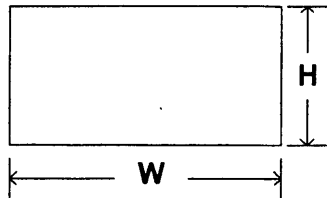
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) 36

height (H) 19



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

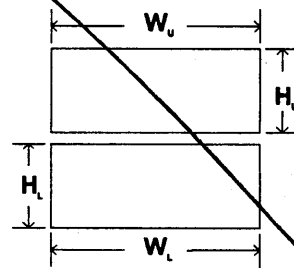
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

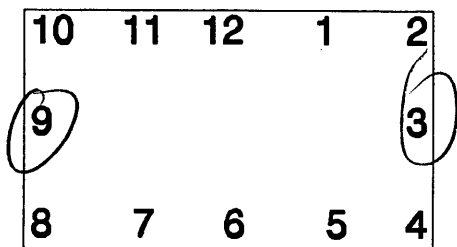
height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

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
F I R S T	Head Restraint Type/Damage	3	/	3
	Seat Type	2	/	2
	Seat Performance	1	/	1
	Seat Orientation	1	/	1
	Seat Track Position	5	/	5
	Seat Back Incline Pre/Post Impact	23	/	23
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	7	7	7
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	1	1	1
T H I R D	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
	Seat Track Position	/	/	/
	Seat Back Incline Pre/Post Impact	/	/	/
O T H E R	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
	Seat Track Position	/	/	/
	Seat Back Incline Pre/Post Impact	/	/	/

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

HEAD RESTRAINTS/SEAT EVALUATION

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): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

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

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 - (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
 - (3) Seat between forward most and middle track positions
 - (4) Seat at middle track position
 - (5) Seat between middle and rear most track positions
 - (6) Seat at rear most track position
 - (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

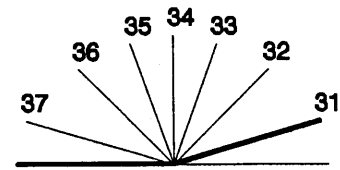
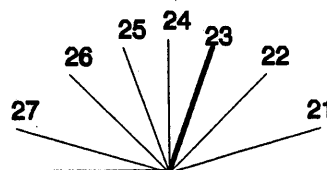
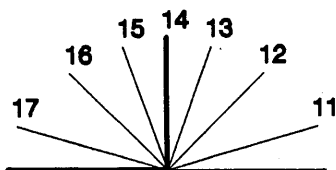
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

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

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	0					
2. Child Safety Seat Orientation	00					
3. Child Safety Seat Harness Usage	00					
4. Child Safety Seat Shield Usage	00					
5. Child Safety Seat Tether Usage	00					
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)

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):

Driver completely ejected -
 First Choice (1) Hatch came open (blood on back right)
 (= Back right seat back deformed - pushed back
 (heavy force required.) skin transfers across back seats.
 Second Ch. (2) Driver's side window disintegrated
 or perhaps

Occupant Number	1	Third (3) thru windshield				
Ejection	1		Although no occupant contacts found around the side window frame of windshield frame.			
(Note on Vehicle Interior Sketch) Ejection Area	see above					
Ejection Medium	1	Hatch back trunk				
Medium Status	2					

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: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 4 1
 2. Case Number - Stratum 0 6 9 A
 3. Vehicle Number 0 1
 4. Occupant Number 0 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 3 6
 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-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (9) Unknown

7. Occupant's Height 1 8 0
 Code actual height to the nearest centimeter.
 (999) Unknown
71 inches X 2.54 = 180 centimeters

8. Occupant's Weight 0 8 6
 Code actual weight to the nearest kilogram.
 (999)Unknown
190 pounds X .4536 = 86.1 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1
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

Passenger believes
driver was ejected out
of driver's side window.

Researcher conclusion
(upon inspection of vehicle
Driver ejected from
hatch.

EJECTION/ENTRAPMENT

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

13. Ejection Area 6
 (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

Ejection after 2nd impact

14. Ejection Medium 1
 (0) No ejection
 (1) Door/match/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) 2
 (0) No ejection
 (1) Open
 (2) Closed
 (3) Integral structure
 (9) Unknown

16. Entrapment 0
 (0) Not entrapped/exit not inhibited
 (1) Entrapped/pinned - mechanically restrained
 (2) Could not exit vehicle due to jammed doors, fire, etc.
 (specify): _____
 (9) Unknown

17. Occupant Mobility 5
 (0) Occupant fatal before removed from vehicle
 (1) Removed from vehicle while unconscious or disoriented
 (2) Removed from vehicle due to injuries
 (3) Exited vehicle with some assistance
 (4) Exited vehicle under own power
 (5) Occupant fully ejected
 (9) Unknown

BELT SYSTEM FUNCTION

18. 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

19. 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

20. 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

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

- (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

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. 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

24. 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

25. Automatic (Passive) Belt System Type 0

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

26. 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

27. 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

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0
 (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2
 (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "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

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1
 (0) Not equipped/not available
 (1) Air bag
Non-functional
 (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1
 (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
 (0) Not equipped/not available
 (1) Air bag
Non-functional
 (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown
Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
Cuts, Tear, Abrasions
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9
 (0) Not equipped/not available.
 (1) No previous accidents

 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 8
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 02
 (00) Not equipped/not available
62 Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 6 7
 (000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (996) Deployment, unknown longitudinal Delta V
 (997) Not deployed
 (998) Unknown if deployed
 (999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 8 8
 (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):
Cut, Torn and Abraded.
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 8 8
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
Perhaps cut during tow service
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged *removal,*
 (97) Not deployed *perhaps*
 (98) Unknown if deployed *cut during windshield*
 (99) Unknown *destruction, during impact & subsequent ejection of driver thru hatch.*
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
Two
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
Two
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 4 B
 (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
50. 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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 5
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 2 3

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

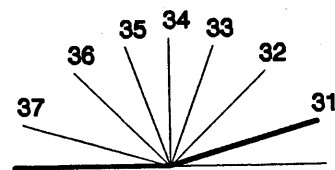
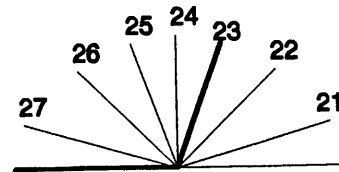
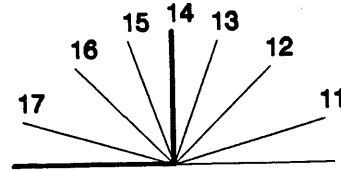
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



54. 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): 5 & 6 (LF door intrusion)
- (8) Other (specify): _____
- (9) Unknown

7

CHILD SAFETY SEAT

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. 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

58. Child Safety Seat Harness Usage 0 0

 59. Child Safety Seat Shield Usage 0 0

 60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.
 (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 CONSEQUENCES61. 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

62. 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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (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

64. Hospital Stay 0 0

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

65. Working Days Lost 6 2

- _____ 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 WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 01
 _____ 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

67. 1st Medically Reported Cause of Death 10

68. 2nd Medically Reported Cause of Death 13

69. 3rd Medically Reported Cause of Death 04

_____ 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

70. Number of Recorded Injuries for This Occupant 22

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

TRAUMA DATA

71. 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

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. 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

74. 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>41</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>069A</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 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>Scalp lacer</i> 1st	5. <u>1</u>	6. <u>1</u>	7. <u>9</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>015</u>	13. <u>3</u>	14. <u>1</u>	15. <u>02</u>
<i>Forehead abt</i> 2nd	16. <u>1</u>	17. <u>2</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>7</u>	23. <u>015</u>	24. <u>3</u>	25. <u>1</u>	26. <u>02</u>
<i>Neck lacer</i> 3rd	27. <u>1</u>	28. <u>3</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>5</u>	34. <u>015</u>	35. <u>2</u>	36. <u>1</u>	37. <u>02</u>
<i>basal skull FX</i> 4th	38. <u>1</u>	39. <u>1</u>	40. <u>5</u>	41. <u>02</u>	42. <u>06</u>	43. <u>4</u>	44. <u>8</u>	45. <u>202</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
<i>Subarachnoid hemorrhage</i> 5th	49. <u>1</u>	50. <u>1</u>	51. <u>4</u>	52. <u>04</u>	53. <u>66</u>	54. <u>3</u>	55. <u>6</u>	56. <u>202</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
<i>ca FX</i> 6th	60. <u>1</u>	61. <u>6</u>	62. <u>5</u>	63. <u>02</u>	64. <u>16</u>	65. <u>2</u>	66. <u>6</u>	67. <u>202</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
<i>chest abras</i> 7th	71. <u>1</u>	72. <u>4</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>551</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
<i>pericardium lacer</i> 8th	82. <u>1</u>	83. <u>4</u>	84. <u>4</u>	85. <u>16</u>	86. <u>02</u>	87. <u>2</u>	88. <u>4</u>	89. <u>005</u>	90. <u>3</u>	91. <u>1</u>	92. <u>00</u>
<i>chest lacer</i> 9th	93. <u>1</u>	94. <u>4</u>	95. <u>9</u>	96. <u>06</u>	97. <u>02</u>	98. <u>1</u>	99. <u>2</u>	100. <u>005</u>	101. <u>3</u>	102. <u>1</u>	103. <u>00</u>
<i>heart lacer</i> 10th	104. <u>1</u>	105. <u>4</u>	106. <u>4</u>	107. <u>10</u>	108. <u>12</u>	109. <u>5</u>	110. <u>4</u>	111. <u>005</u>	112. <u>3</u>	113. <u>1</u>	114. <u>00</u>

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<p><u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.</p> <p>The exceptions to this rule apply to:</p> <p><u>Whole Area</u> (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</p> <p><u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion</p> <p><u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar</p>	<p>Specific injuries are assigned consecutive two-digit numbers beginning with 02.</p> <p>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.</p> <p>Abbreviated Injury Scale</p> <p>(1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity</p>	<p>(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region</p>
(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			

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<p><u>OFFICIAL RECORDS</u></p> <p>(1) Autopsy records with or without hospital/medical records</p> <p>(2) Hospital/medical records other than emergency room (e.g., discharge summary)</p> <p>(3) Emergency room records only (including associated X-rays or other lab reports)</p> <p>(4) Private physician, walk-in or emergency clinic</p> <p><u>UNOFFICIAL RECORDS</u></p> <p>(5) Lay coroner report</p> <p>(6) E.M.S. personnel</p> <p>(7) Interviewee</p> <p>(8) Other source (specify): _____</p> <p>(9) Police</p>	<p>(1) Certain (2) Probable (3) Possible (9) Unknown</p>	<p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

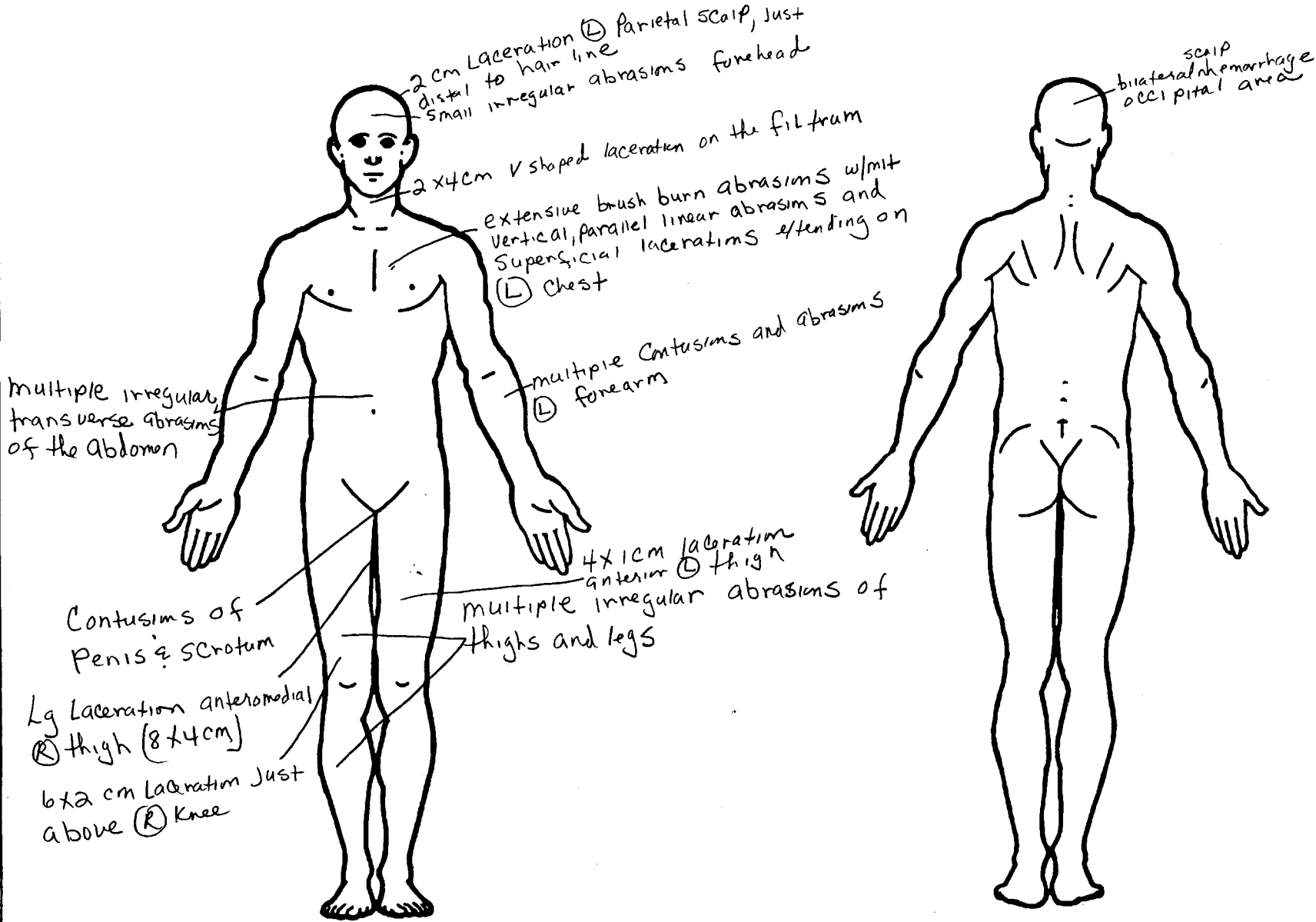
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

RC - Please include Forward Trunk Hatch Pillar Support

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.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0.12g

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

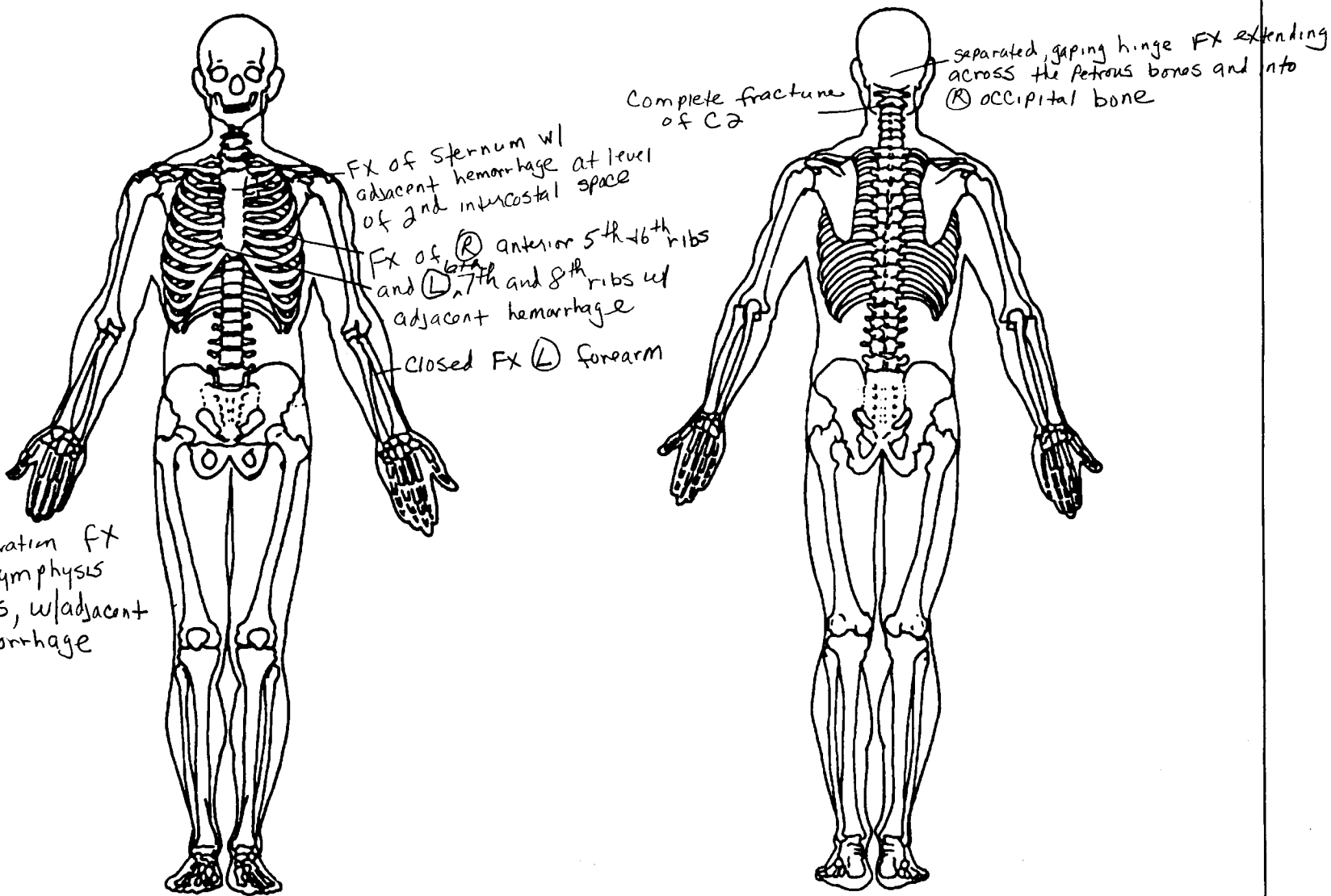
pH =

PO₂ =

PCO₂ =

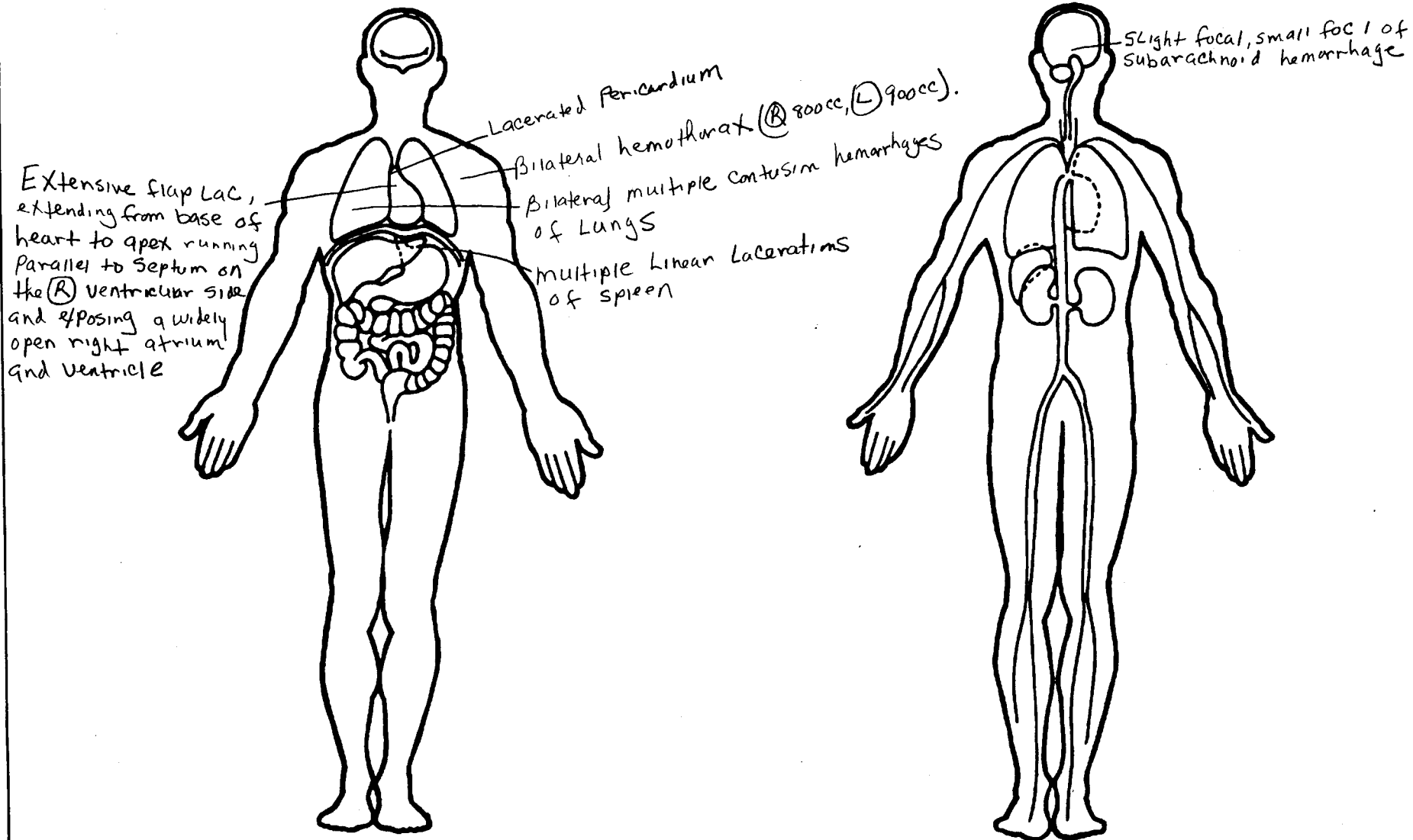
HCO₃ =

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.)





UPDATE FORM

1. Primary Sampling Unit Number	<u>41</u>	Driver or Occupant Name:	[REDACTED]
2. Case Number — Stratum	<u>0694</u>	Address:	[REDACTED]
3. Vehicle Number	<u>01</u>		[REDACTED]
4. Occupant Number	<u>1995 01</u>	Other Information:	_____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	[REDACTED] 95	OAL18. Medical Facility Code	<u>03</u>	_____
OAL09. Date Official Medical Data Obtained	[REDACTED]	[REDACTED] 95	GV14. Alcohol Test Results For Driver	<u>96</u>	_____
OAL16. Injury Treatment Status	<u>2</u>	_____	GV16. Other Drug Specimen Test Type For Driver	<u>0</u>	_____
OAL17. Injury Information			OA05. Occupant's Age	<u>36</u>	_____
<u>Official</u>			OA06. Occupant's Sex	<u>1</u>	_____
a. Autopsy (invasive examination)	<u>B</u>	<u>08 011</u>	OA07. Occupant's Height	<u>999</u>	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	_____	OA08. Occupant's Weight	<u>999</u>	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	_____	OA61. Treatment-Mortality	<u>1</u>	_____
d. Discharge summary	<u>B</u>	_____	OA62. Type of Medical Facility (for Initial Treatment)	<u>2</u>	_____
e. Operative report	<u>B</u>	_____	OA63. Hospital Stay	<u>62</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>			

OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number 4 1
2. Case Number - Stratum 0 6 9 A
3. Vehicle Number 0 1
4. Occupant Number 0 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 4 0
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-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 1 6 8
Code actual height to the nearest
centimeter.
(999) Unknown

66 inches X 2.54 = 1 6 8 centimeters

8. Occupant's Weight 0 5 4
Code actual weight to the nearest
kilogram.
(999)Unknown

1 2 0 pounds X .4536 = 5 4 . 4 kilograms

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

10. Occupant's Seat Position 1 3
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

15. Medium Status (Immediately Prior To Impact)

0

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

16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, 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

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. 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
19. Manual (Active) Belt System Use 04
- (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
20. Proper Use of Manual (Active) Belts 1
- (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
21. Manual (Active) Belt Failure Modes During Accident 1
- (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
22. Shoulder Belt Upper Anchorage Adjustment 1
- (0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
 (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment
23. 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
24. 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
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown
26. 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
27. 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

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>5</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used _____ _____ _____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present: _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p> <p><i>Blackened from fire smoke (melted slightly)</i></p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 9

- (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 2

- (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 6 7

- (_000) Not equipped/not available
 Code the value of the delta V for the impact that initiated the air bag deployment
 (_996) Deployment, unknown longitudinal Delta V
 (_997) Not deployed
 (_998) Unknown if deployed
 (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 06

- (00) Not equipped/not available *note*
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): *Melted Slightly 'Blackened from Smoke of Fire'*
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged 05
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
Two
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. 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
50. 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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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):

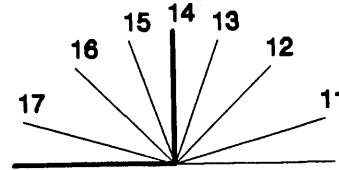
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2 3

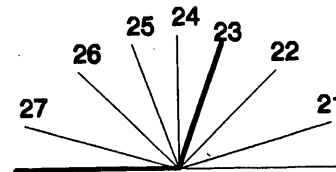
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

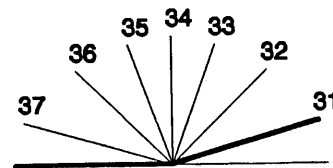
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. 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

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. 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

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(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

61. 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

62. Treatment - Mortality 4

- (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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (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

64. Hospital Stay 0 0

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

65. Working Days Lost 9 9

- 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 WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER.**INJURY CONSEQUENCES**

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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

70. Number of Recorded Injuries for This Occupant 01

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

TRAUMA DATA

71. 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

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. 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

74. 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>4L</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>069A</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.

	A.I.S. - 90					A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury						
<i>adm</i> 1st	5. <u>7</u>	6. <u>7</u>	7. <u>5</u>	8. <u>18</u>	9. <u>00</u>	10. <u>2</u>	11. <u>2</u>	12. <u>252</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___	26. ___
3rd	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___	37. ___
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___	48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	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.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		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	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (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 <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

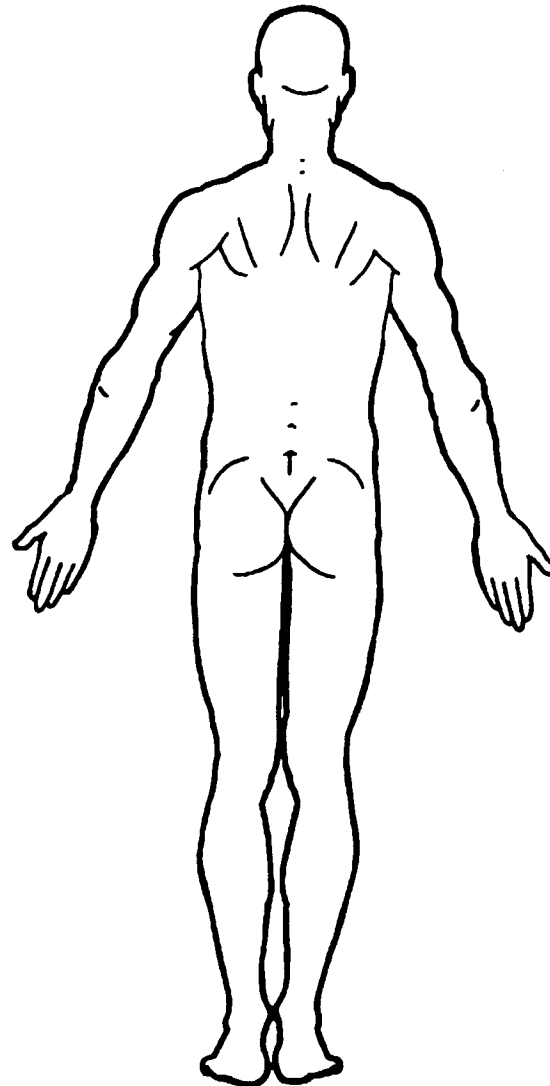
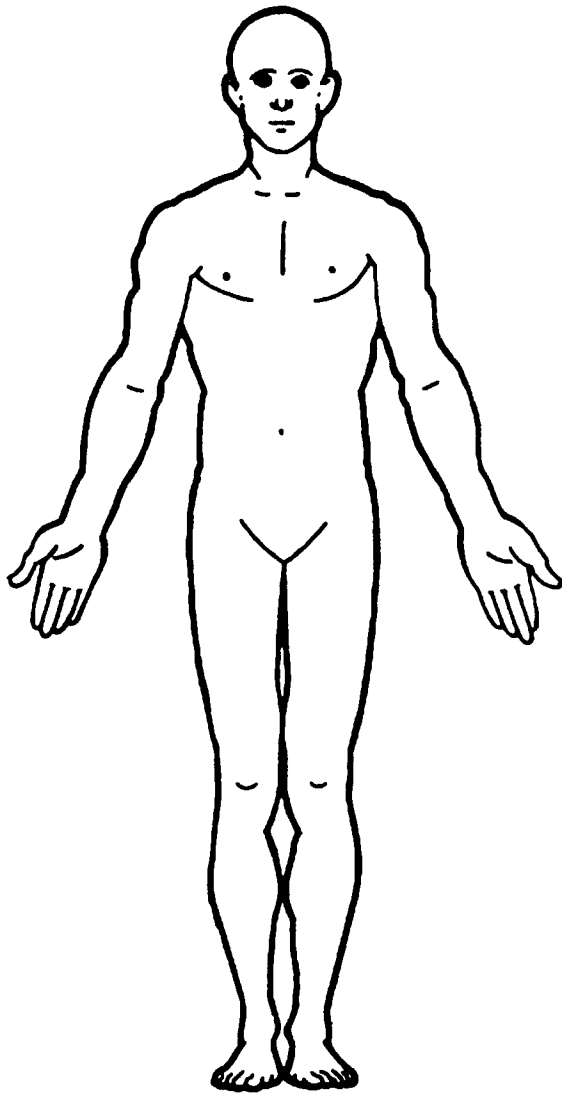
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

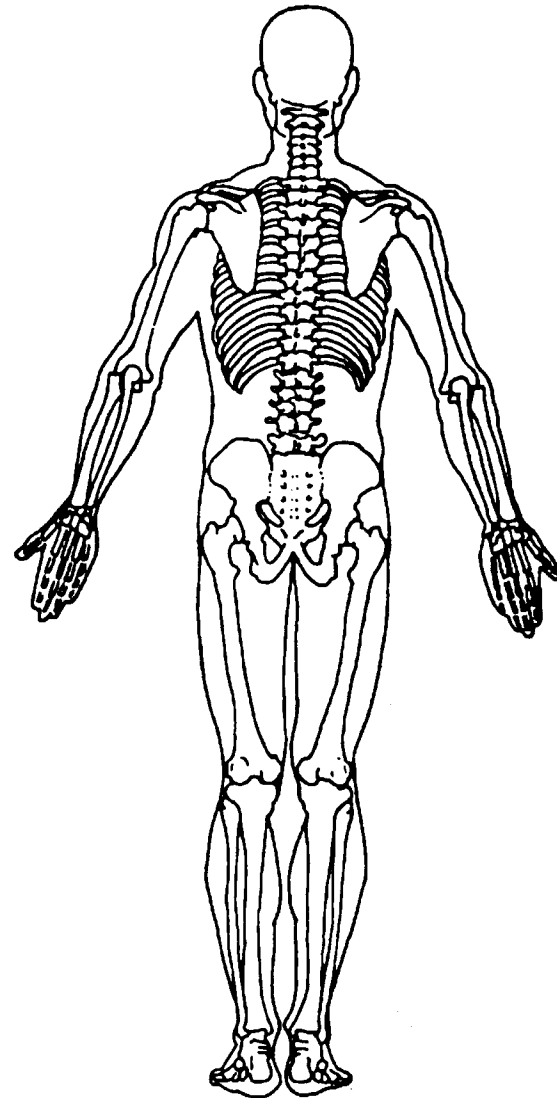
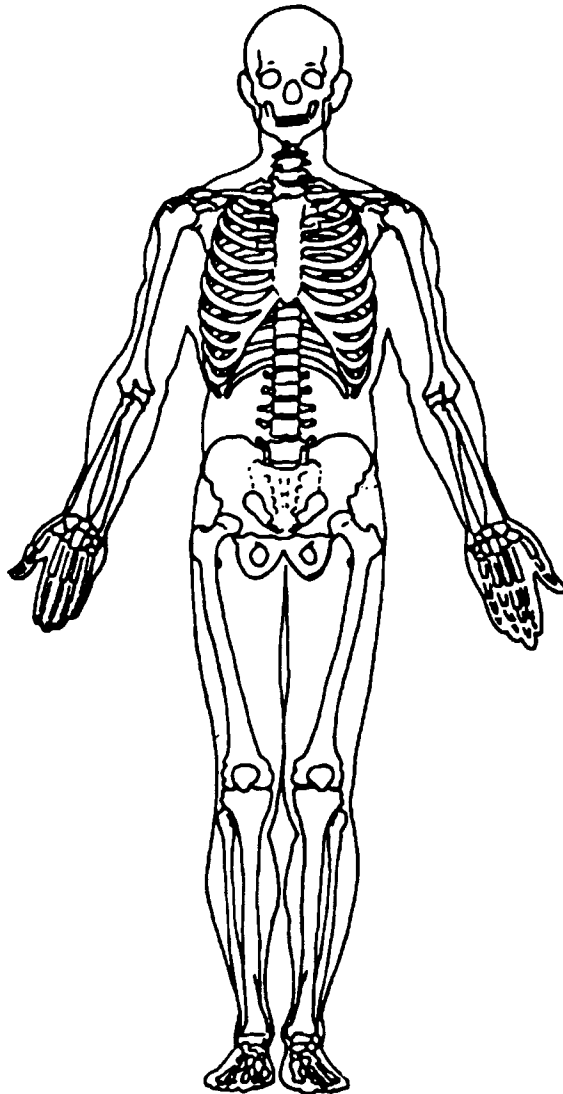
pH = ____

PO₂ = ____

PCO₂ = ____

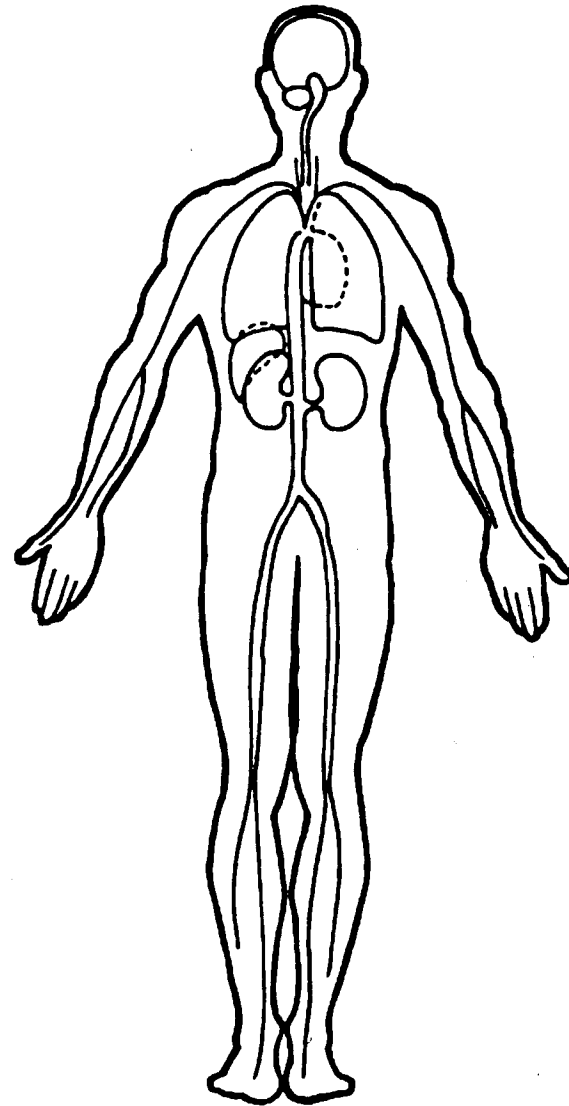
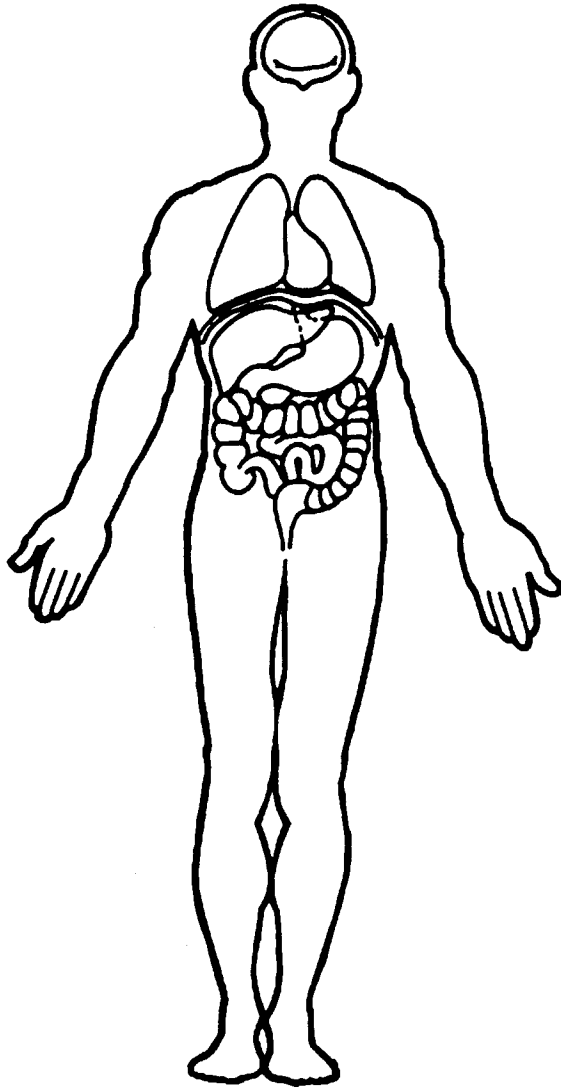
HCO₃ = ____

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.)



PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____
- (5) Unknown type of junction
- (9) Unknown

20. Trafficway Flow 1
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 3
- (1) One
 - (2) Two
 - (3) Three
 - (4) Four
 - (5) Five
 - (6) Six
 - (7) Seven or more
 - (9) Unknown

22. Roadway Alignment 1
- (1) Straight
 - (2) Curve right
 - (3) Curve left
 - (9) Unknown

23. Roadway Profile 1
- (1) Level
 - (2) Uphill grade (> 2%)
 - (3) Hill crest
 - (4) Downhill grade (> 2%)
 - (5) Sag
 - (9) Unknown

24. Roadway Surface Type 2
- (1) Concrete
 - (2) Bituminous (asphalt)
 - (3) Brick or block
 - (4) Slag, gravel, or stone
 - (5) Dirt
 - (8) Other (specify): _____
 - (9) Unknown

25. Roadway Surface Condition 1
- (1) Dry
 - (2) Wet
 - (3) Snow or slush
 - (4) Ice
 - (5) Sand, dirt, or oil
 - (8) Other (specify): _____
 - (9) Unknown

26. Light Conditions 3
- (1) Daylight
 - (2) Dark
 - (3) Dark, but lighted
 - (4) Dawn
 - (5) Dusk
 - (9) Unknown

27. Atmospheric Conditions 0
- (0) No adverse atmospheric-related driving conditions
 - (1) Rain
 - (2) Sleet/hail
 - (3) Snow
 - (4) Fog
 - (5) Rain and fog
 - (6) Sleet and fog
 - (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 - (9) Unknown

28. Traffic Control Device 5
- (0) No traffic control(s)
 - (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): 35 mph Speed Limit
- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____
- (9) Unknown

29. Traffic Control Device Functioning 2
- (0) No traffic control device
 - (1) Traffic control device not functioning (specify): _____
 - (2) Traffic control device functioning properly
 - (9) Unknown

OCCUPANT RELATED

- 37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 38. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants
 for this vehicle
 (97) 97 or more
 (99) Unknown
- 39. Number of Occupant Forms Submitted 0 0

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic
 (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if
 deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First
 Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of
 impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event
 during accident sequence (e.g., fire,
 explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 0, 8 3 0
 Code weight to nearest
 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
1, 8 1 9 lbs X .4536 = 0, 8 2 5 kgs

Source: _____

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

Source: _____

ROLLOVER DATA

- 45. Rollover 0 0
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 Rollover, 17 or more quarter turns
 (specify):
 (98) Rollover--end-over-end (i.e., primarily
 about the lateral axis)
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 0 0
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify):
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
- 47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
- 48. Rollover Initiation Object Contacted 0 0
 (Note: Applicable codes on back of page)
- 49. 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):
 (6) Non-contact rollover forces (specify):
 (8) Rollover--end-over-end
 (9) Unknown

- 50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal
 axis
 (2) Roll left - primarily about the longitudinal
 axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) 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

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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 _____

PSU NUMBER	<u>41</u>
CASE NUMBER	<u>069A</u>
VEHICLE NUMBER	<u>02</u>

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER

41

CASE NUMBER

069A

VEHICLE NUMBER

02

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title <u>41</u>	<u>069A</u>	<u>02</u>	<u>11/15/95</u>
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

CRASHPC Vehicle Identification	<u>1994</u>	<u>Podge</u>	<u>Steath</u>	<u>1</u>
Vehicle 1	Year	Make	Model	NASS Veh. No.
Vehicle 2				

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>2</u>	Size	<u>11</u>
Weight	<u>1390 + 140 + 0 = 1530</u> kg	Weight	<u>impact w/ tree</u> kg
	Curb Occupant(s) Cargo		Curb Occupant(s) Cargo
CDC	<u>12 F Y E w 6</u>	CDC	
PDOF (-180 to +180)	<u>± 000°</u>	PDOF (-180 to +180)	<u>±</u> °
Stiffness	<u>2</u>	Stiffness	

SCENE INFORMATION

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

VEHICLE 1		VEHICLE 2	
Rest Position	X <u>17.8</u> m Y <u>5.2</u> m PSI <u>211</u> °	Rest Position	X <u>3</u> m Y <u>-2</u> m PSI
Impact Position	X <u>0.0</u> m Y <u>0.0</u> m PSI <u>340</u> °	Impact Position	X Y PSI
Slip Angle(-180 to +180)	<u>000</u> °	Slip Angle (-180 to +180)	

VEHICLE MOTION

Sustained Contact No [] Yes

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

FRICITION INFORMATION **TRAJECTORY INFORMATION**

Coefficient of Friction 0.75
 Rolling Resistance Option 1

Vehicle 1 Rolling Resistance
 LF 1.00 RF 0.02
 LR 0.20 RR 0.20

~~Vehicle 2 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____~~

Trajectory Data [] No [] Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles
 LF 345 ° RF 000 °
 LR 000 ° RR 000 °

~~Vehicle 2 Steer Angles
 LF _____ ° RF _____ °
 LR _____ ° RR _____ °~~

Terrain Boundary [] No [] Yes

First Point
 X _____ m Y _____ m
 Second Point
 X _____ m Y _____ m
 Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1
 Damage Length L 146 cm
 Crush Depths C₁ 134 cm
 C₂ 147 cm
 C₃ 122 cm
 C₄ 090 cm
 C₅ 059 cm
 C₆ 032 cm
 Damage Offset D ⁺ 045 cm

~~VEHICLE 2
 Damage Length L _____ cm
 Crush Depths C₁ _____ cm
 C₂ _____ cm
 C₃ _____ cm
 C₄ _____ cm
 C₅ _____ cm
 C₆ _____ cm
 Damage Offset D ⁺ _____ 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.



CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

Identifying Title	<u>41</u>	<u>069A</u>	<u>0</u>	<u>[REDACTED]</u>	<u>95</u>
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run		

CRASHPC Vehicle Identification	<u>1994</u>	<u>Dodge</u>	<u>Stealth, 3dr Hatch</u>	<u>1</u>
Vehicle 1	<u>Tree-Immorable Barrier (Non Yielding)</u>			
Vehicle 2	Year	Make	Model	NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1			VEHICLE 2		
Size	<u>2</u>		Size	<u>11</u>	
Weight	<u>1390 + 140 + 0 = 1530</u> kg		Weight		
	Curb Occupant(s) Cargo			Curb Occupant(s) Cargo	
CDC	<u>1 2 F Y E W 6</u>		CDC		
PDOF (-180 to +180)	<u>+ 0 0 0</u> °		PDOF (-180 to +180)	<u>±</u> °	
Stiffness	<u>2</u>		Stiffness		

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1			VEHICLE 2		
Rest Position	X	_____ m	Rest Position	X	_____ m
	Y	_____ m		Y	_____ m
	PSI	_____ °		PSI	_____ °
Impact Position	X	_____ m	Impact Position	X	_____ m
	Y	_____ m		Y	_____ m
	PSI	_____ °		PSI	_____ °
Slip Angle(-180 to +180)		_____ °	Slip Angle (-180 to +180)		_____ °

VEHICLE MOTION

Sustained Contact No 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	End of Rotation Position	X	_____ m
	Y	_____ m		Y	_____ m
	PSI	_____ °		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	Point on Path	X	_____ m
	Y	_____ 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	

FRICITION INFORMATION

Coefficient of Friction _____
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data No Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles
 LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Vehicle 2 Steer Angles
 LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Terrain Boundary No 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>1 4 6</u> cm	L _____ cm
Crush Depths	C ₁ <u>1 3 4</u> cm	C ₁ <u>35 cm width</u> cm
	C ₂ <u>1 4 7</u> cm	C ₂ _____ cm
	C ₃ <u>1 2 2</u> cm	C ₃ <u>Full</u> cm
	C ₄ <u>0 9 0</u> cm	C ₄ _____ cm
	C ₅ <u>0 5 9</u> cm	C ₅ <u>non yielding</u> cm
	C ₆ <u>0 3 2</u> cm	C ₆ _____ cm
Damage Offset	D <u>0 4 5</u> cm	D ± _____ 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.

WARNING

SEPARATION VELOCITIES ALONG PDOF ARE NOT COMPATIBLE ACCORDING TO ASSUMPTION OF A COMMON VELOCITY AT THE DAMAGE AREA CENTROIDS.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

p-41 069a impact 2

	SPEED CHANGE (DAMAGE)	IMPACT SPEED (DAMAGE AND SPINOUT)
VEHICLE #1		
TOTAL	67 KPH (42 MPH)	96 KPH (60 MPH)
LONGITUDINAL	-67 KPH (-42 MPH)	96 KPH (60 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	319337 JOULES (235500 FT-LB)	
VEHICLE #2		
TOTAL	0 KPH (0 MPH)	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)	

SUMMARY OF CRASHPC RESULTS USING TRAJECTORY

p-41 069a impact 2

	SPEED CHANGE (DAMAGE)	IMPACT SPEED (DAMAGE AND TRAJECTORY)
VEHICLE #1		
TOTAL	67 KPH (42 MPH)	96 KPH (60 MPH)
LONGITUDINAL	-67 KPH (-42 MPH)	96 KPH (60 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	319337 JOULES (235500 FT-LB)	
VEHICLE #2		
TOTAL	0 KPH (0 MPH)	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)	

SCENE INFORMATION

	VEHICLE #1	VEHICLE #2
IMPACT X-POSITION	.0 M. (.0 FT.)	3.0 M. (9.8 FT.)
IMPACT Y-POSITION	.0 M. (.0 FT.)	-2.0 M. (-6.6 FT.)
IMPACT HEADING ANGLE	340 DEGREES	0 DEGREES
REST X-POSITION	17.8 M. (58.4 FT.)	3.0 M. (9.8 FT.)
REST Y-POSITION	5.2 M. (17.1 FT.)	-2.0 M. (-6.6 FT.)
REST HEADING ANGLE	211 DEGREES	0 DEGREES
END-ROTATION X-POSITION	.0 M. (.0 FT.)	
END-ROTATION Y-POSITION	.0 M. (.0 FT.)	
END-ROTATION HEADING ANGLE	340 DEGREES	
SIDE-SLIP ANGLE	0 DEGREES	0 DEGREES
DIRECTION OF ROTATION	CCW	NONE
AMOUNT OF ROTATION	<360	<360

COLLISION AND SEPARATION

	VEHICLE #1	VEHICLE #2
COLLISION		
IMPACT X-POSITION	.0 M. (.0 FT.)	3.0 M. (9.8 FT.)
IMPACT Y-POSITION	.0 M. (.0 FT.)	-2.0 M. (-6.6 FT.)
IMPACT HEADING ANGLE	340 DEGREES	0 DEGREES
SEPARATION (USING SPINOUT)		
US	29 KPH (18 MPH)	0 KPH (0 MPH)
VS	21 KPH (13 MPH)	0 KPH (0 MPH)
PSISD	0 DEG/SEC	0 DEG/SEC

TRAJECTORY SIMULATION RESULTS

SIMULATION TIME =	5.000 SECONDS	INTEGRATION STEP =	.050 SECONDS
	VEHICLE #1		VEHICLE #2
NUMBER OF ITERATIONS	1		0
BEST ITERATION	1		0
ERROR	1.336		.000
PREDICTED REST POSITION			
X	.0 M. (.0 FT.)		.0 M. (.0 FT.)
Y	.0 M. (.0 FT.)		.0 M. (.0 FT.)
ANGLE	0 DEGREES		0 DEGREES
SCENE REST POSITION			
X	17.8 M. (58.4 FT.)		3.0 M. (9.8 FT.)
Y	5.2 M. (17.1 FT.)		-2.0 M. (-6.6 FT.)
ANGLE	211 DEGREES		0 DEGREES
RESIDUAL LINEAR VELOCITY	0 KPH (0 MPH)		0 KPH (0 MPH)
RESIDUAL ANGULAR VELOCITY	.00 DEG/SEC		.00 DEG/SEC

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	2	11
STIFFNESS CATEGORY	2	0
VEHICLE WEIGHT	1530 KGS (3373 LBS)	***** KGS (2204586 LBS) *
CDC	12FYEW6	BARRIER
PDOF ANGLE	0 DEGREES	0 DEGREES *
CRUSH LENGTH	146 CM. (57 IN.)	0 CM. (0 IN.) *
C1	134 CM. (53 IN.)	0 CM. (0 IN.) *
C2	147 CM. (58 IN.)	0 CM. (0 IN.) *
C3	122 CM. (48 IN.)	0 CM. (0 IN.) *
C4	90 CM. (35 IN.)	0 CM. (0 IN.) *
C5	- 59 CM. (23 IN.)	0 CM. (0 IN.) *
C6	32 CM. (13 IN.)	0 CM. (0 IN.) *
D	-45 CM. (-18 IN.)	0 CM. (0 IN.) *
D'	-60 CM. (-24 IN.)	0 CM. (0 IN.) *

(* INDICATES DEFAULT VALUE)

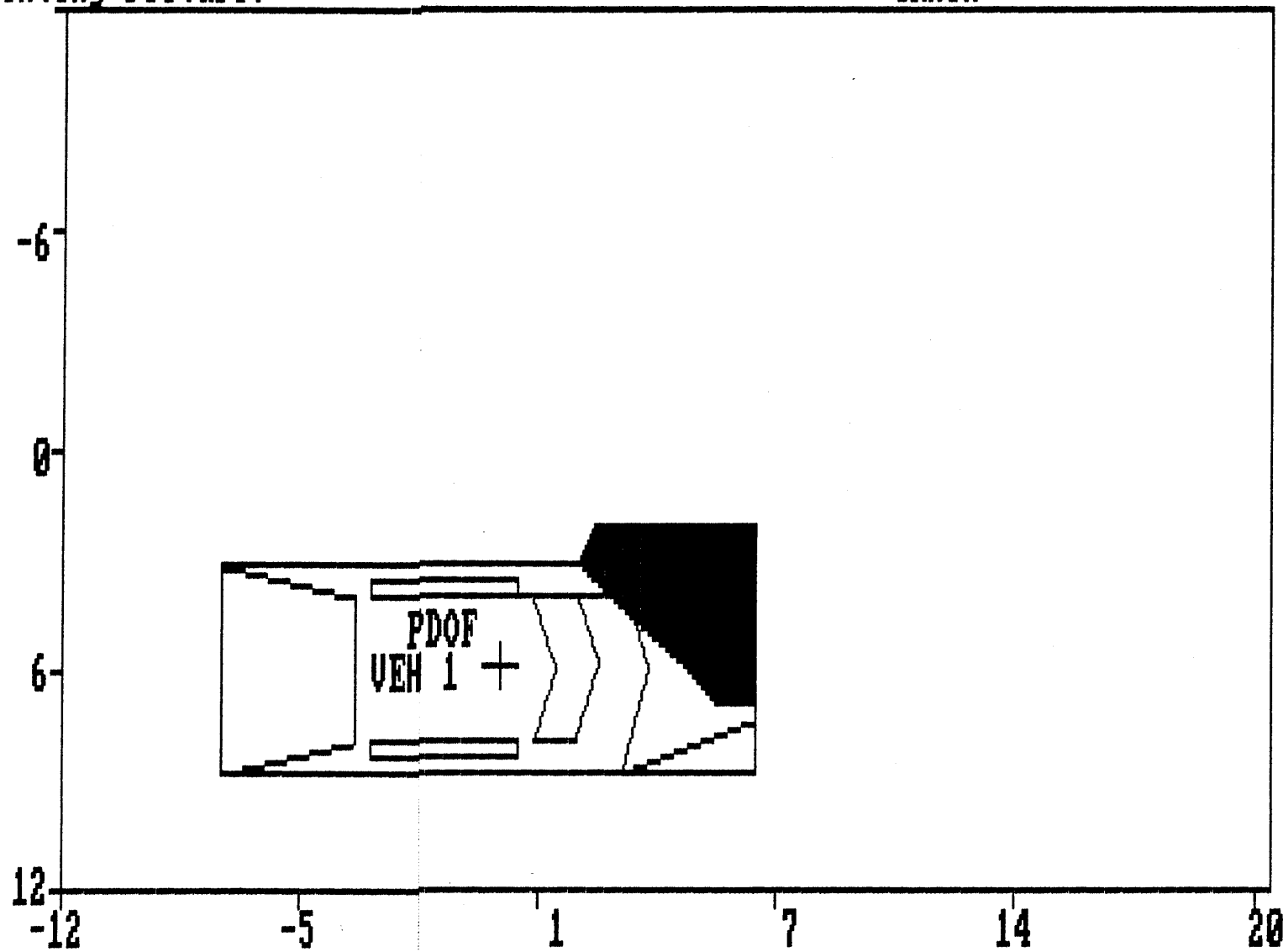
DIMENSIONS AND INERTIAL PROPERTIES

	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	11740 KGS (25881 LBS)	***** KGS (***** LBS)
VEHICLE MASS	4 KGS (9 LBS)	2600 KGS (5732 LBS)
ROLLING RESISTANCE		
LEFT FRONT WHEEL	1.00	.00
RIGHT FRONT WHEEL	.02	.00
LEFT REAR WHEEL	.20	.00
RIGHT REAR WHEEL	.20	.00

Printing Picture:

CRASH

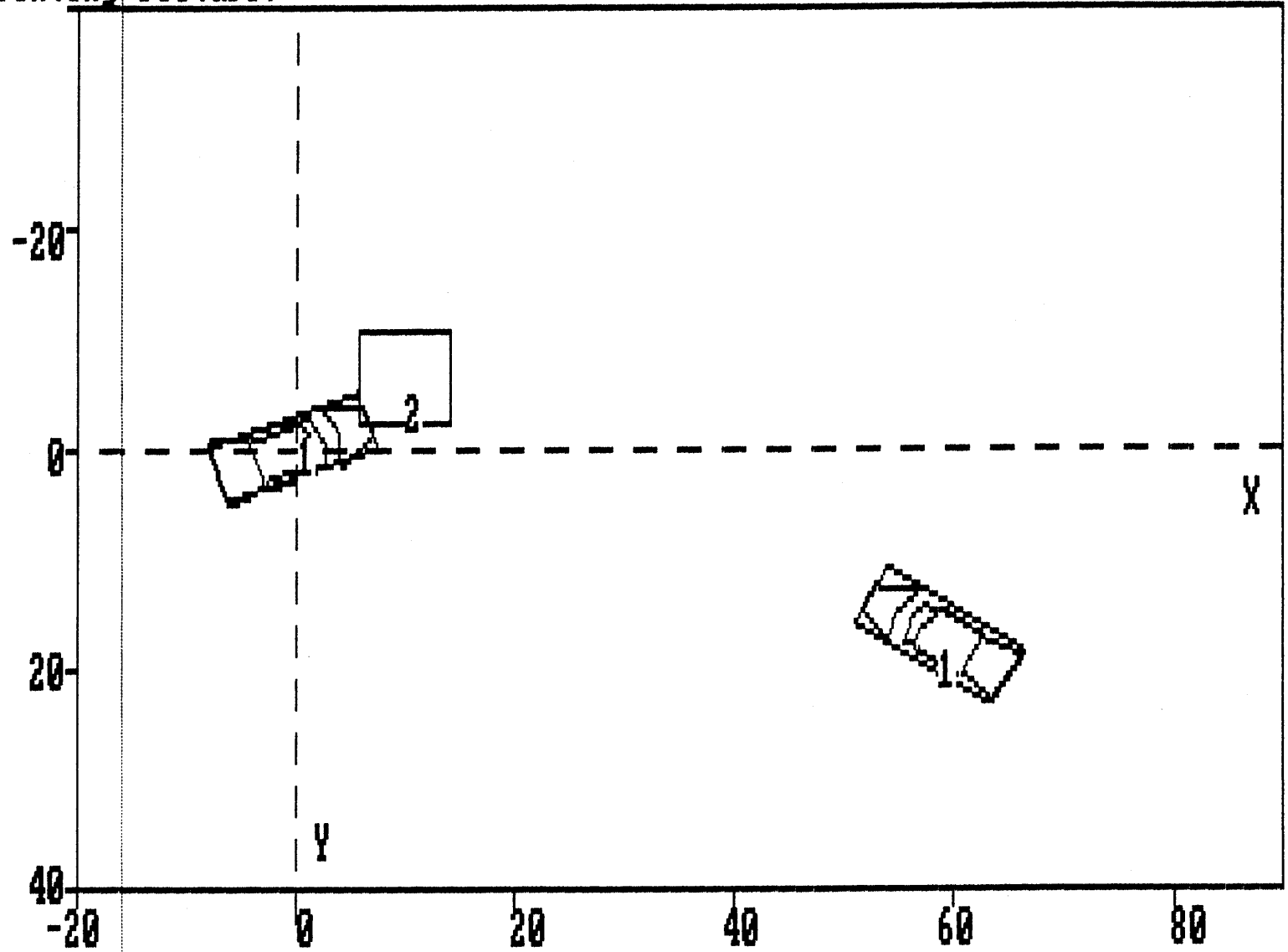
DAMAGE DESCRIPTION



DAMAGE DESCRIPTION

Printing Picture:

CRASH



SCENE DESCRIPTION

COEFFICIENT OF FRICTION = .75

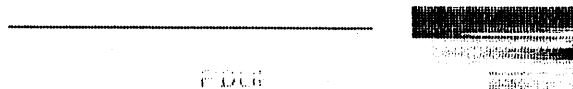
BEST AVAILABLE COPY

ENTER to Continue; P to Print Picture:

CRASH

-6

0



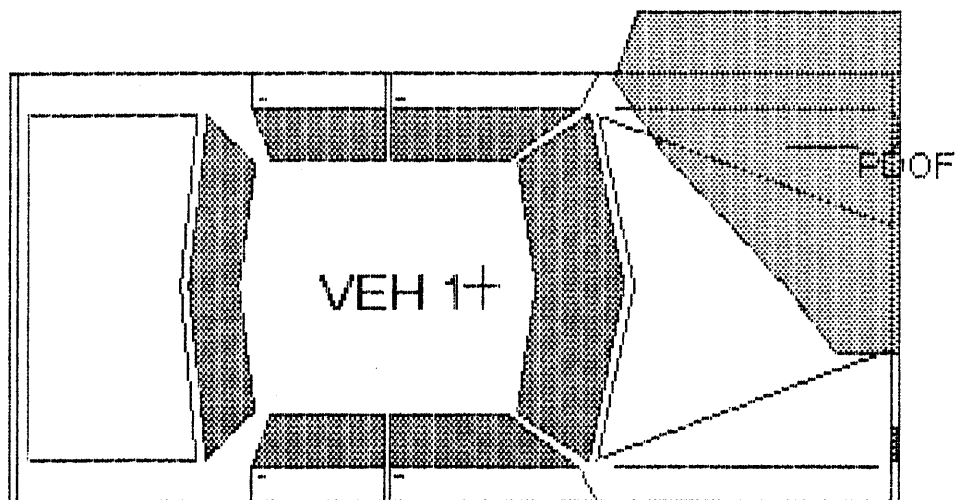
Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	----- Yes	----- Yes
Crush Length	146.0 cm (57 in)	0.0 cm (0 in)
C1	134.0 cm (53 in)	0.0 cm (0 in)
C2	147.0 cm (58 in)	0.0 cm (0 in)
C3	122.0 cm (48 in)	0.0 cm (0 in)
C4	90.0 cm (35 in)	0.0 cm (0 in)
C5	59.0 cm (23 in)	0.0 cm (0 in)
C6	32.0 cm (13 in)	0.0 cm (0 in)
D	-44.7 cm (-18 in)	0.0 cm (0 in)
D'	-59.8 cm (-24 in)	0.0 cm (0 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
	-----	-----
Length	454.0 cm (179 in)	0.0 cm (0 in)
Width	184.0 cm (72 in)	0.0 cm (0 in)
Wheelbase	247.0 cm (97 in)	254.0 cm (100 in)
Weight	1390 kas (3064 lbs)	453592 kas (999999 lbs)
CG to Front of Veh	211.6 cm (83 in)	127.0 cm (50 in)
Engine Displacement	3.0 liters	0.0 liters
Moment of Inertia bs)	258836 kas (22910 lbs)	29375740821 kas (2600101632 1
Vehicle Mass	1390 kas (8.0 lb-s ² /in)	453515 kas (2600.1 lb-s ² /in)

1994 DODGE Stealth



41 069A ZC RLIN 1995

Summary of Results Using Damage

41 069A ZC RUN

Speed Change
(Damage)

Vehicle #1

Total 71 km/h (44 mph)
 Longitudinal -71 km/h (-44 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 323295 Joules (238419 Ft-Lb)
 Barrier Equivalent Speed = 70.9 km/h (44.0 mph)
 Calculated using crush coefficients entered by the user.

Vehicle #2

Total 0 km/h (0 mph)
 Longitudinal 0 km/h (0 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 0 Joules (0 Ft-Lb)
 Barrier Equivalent Speed = 0.0 km/h (0.0 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1994	1900
Make	DODGE	
Model	Stealth	
CDC	12FYEW6	BARRIER
Side Damaged	F	
PODF Angle	0 °	0 °
Heading Angle	0 °	0 °

Calculation method:	Vehicle's Crush Coeff.	Size and Stiffness
Size Category	**	11
Stiffness Category	**	11
Vehicle Weight	**	453592 kg (999999 lbs)
d0 crush coeff.	87.52 sort(N)	***** sort(N)
d1 crush coeff.	5.46 sort(N)/cm	***** sort(N)/cm

41069A00000011 958.0500000000000223370010003 95 95 95 95010701000
00114200001222120 0605
41069A00010012 958.0510000000000101R02019
41069A00020012 958.0510000000000101F42000
41069A00030012 958.0510000000000101N3300N
41069A01000021 8.05 000000000940703903JB3AM44H2RY 0199905610101 12
1311213052990611991146
41069A01000022 8.05 000000000102021601390000000000000099899800101067-067 00
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1311213052990160049145
41069A02000022 8.05 000000000102000000830000000000000018001000000999 999 99
999999999099990
41069A000000066 8.05 000000000CAR /CAR ACUTE ANGLE
41069A000000171 8.05 000000000 Vehicle one was traveling north in the second
lane of a four lane undivided
41069A000000271 8.05 000000000 roadway, with a center curb median. Vehicle
one was traveling north in
41069A000000371 8.05 000000000 the same lane directly in front of Vehicle one
near. As Vehicle two entered
41069A000000471 8.05 000000000 a four leg intersection Vehicle one swerved
left attempting to pass Vehicle
41069A000000571 8.05 000000000 two on the left side. As Vehicle one swerved
right to return to original
41069A000000671 8.05 000000000 lane, Vehicle one's right side sideswiped Vehicle
two's left side. Vehicle
41069A000000771 8.05 000000000 one rotated clockwise and began skidding laterally
in a northwesterly

EXTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

EE1211 2 ***** THIS IS A SPECIAL INTEREST CASE FOR NHTSA *****

EE1212 ***** THIS CASE SHOWS A VEHICLE FIRE. *****
EE1213 FIRE OCCURRENCE EV33 equals 1 or 2.

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

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

CC0541 2 ***** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. *****
CC0542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
CC0543 GLAZING WINDSHIELD IV31 equals 3 or 5 or CONTACT WINDSHIELD IV39
CC0544 equals 4 or 6.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA19 does
HH1274 not equal 00, 01 or 99) or
HH1275 (FRONTAL AIR BAG SYSTEM DEPLOYMENT OA31 does not equal 0, 7 or
HH1276 9) or (AUTOMATIC BELT USE OA24 does not equal 0, 2 or 9)).

HH1981 2 ***** THIS CASE SHOWS A POSSIBLE AIR BAG FAILURE *****
HH1982 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1983 ***** AND NHTSA HEADQUARTERS AT [REDACTED] *****
HH1984 DID AIR BAG FAIL OA34 equals 2.

HH3691 2 If SEAT BACK INCLINE OA53 equals 14, 23, or 31, then SEAT
HH3692 PERFORMANCE OA54 should equal 1.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 2

INTRA ERRORS

HH2961 2 If DAMAGE AIR BAG OA43 equals 02-95, then DID AIR BAG FAIL OA34
HH2962 should equal 2.

PSU41
CASE 069A
CURRENT VERSION: 8.05

ERROR SUMMARY SCREEN

96

	NUMBER OF	NUMBER OF	VERSION	
FORM NAME	NUMBER OF DOLLAR SIGNS	LEVEL 1 ERRORS	LEVEL 2 ERRORS	NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	1	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	4	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	7	



SLIDE INDEX

Primary Sampling Unit Number 4 1

Case Number—Stratum 0 6 9 A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-8	1&2	North	Approach V1 & V2
9-11	1	North	Approach V1
12	1	N/E	Approach V-1
13-15	1&2	North	Approach V-1 & V-2
16-36	1	North	Approach V-1
37	1	West	Approach V-1
38-50	1	N/E	Approach V-1
51	1	East	Perpendicular View Final Rest V-1
52	1	West	Perpendicular View Final Rest V-1
53-55	!	S/W	Lookback V-1
56-62	1	South	Lookback V-1
63-70	2	North	Approach V-2
71	2	West	Close-up Approach V-2
72-80	2	South	Approach V-2
81	2	West	Perpendicular View Final Rest V-2
82	2	East	Perpendicular View Final Rest V-2
83-87	2	South	Lookback V-2
88	1&2	S/E	Scene Overview
89	1&2	S/W	Scene Overview
90-111	1		Exterior V-1
112-126	1		Ejection - Hatch. Exterior V-1
127-193	1		Exterior V-1
194-200	1		Interior V-1
201-11	1		Driver's Side Airbag Damage
212-82	1		Interior V-1
283-305	1		Possible Driver Ejection (Hatch)
306-12	1		Interior V-1

over..



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PSU 41-089A (1995) #3



PSU 41-069A (1995) #4
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PSU 41-069A (1995) #5



PSU 41-069A (1995) #6



PSU 41-089A (1995) #7



PSU 41-069A (1995) #8



PSU 41-069A (1995) #9



PSU 41-069A (1995) #10



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PSU 41-069A (1995) #12
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PSU 41-089A (1995) #14



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PSU 41-069A (1995) #16



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PSU 41-069A (1995) #36



PSU 41-069A (1995) #37



PSU 41-089A (1995) #38



PSU 41-069A (1995) #39



PSU 41-069A (1995) #40



PSU 41-069A (1995) #41



PSU 41-069A (1995) #42



PSU 41-069A (1995) #43



PSU 41-069A (1995) #44



PSU 41-069A (1995) #45



PSU 41-069A (1995) #46



PSU 41-089A (1995) #47



PSU 41-089A (1995) #48



PSU 41-069A (1995) #49



PSU 41-068A (1995) #50



PSU 41-069A (1995) #51



PSU 41-069A (1995) #52



PSU 41-069A (1995) #53



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PSU 41-069A (1995) #63



PSU 41-069A (1995) #64



PSU 41-069A (1995) #65



PSU 41-089A (1995) #66



PSU 41-089A (1995) #67



PSU 41-069A (1995) #68



PSU 41-069A (1995) #69



PSU 41-069A (1995) #70



PSU 41-069A (1995) #71



PSU 41-069A (1995) #72



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PSU 41-069A (1995) #89
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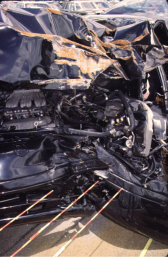
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PSU 41-069A (1995) #93
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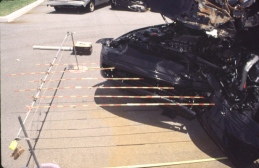
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PSU 41-069A (1995) #95
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PSU 41-069A (1995) #96
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PSU 41-069A (1995) #97
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PSU 41-069A (1995) #99
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PSU 41-069A (1995) #99
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**PSU 41-069A (1995) #100
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PSU 41-069A (1995) #102

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PSU 41-069A (1995) #105
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PSU 41-069A (1995) #106
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PSU 41-069A (1995) #107
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PSU 41-069A (1995) #108
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PSU 41-068A (1995) #109
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PSU 41-069A (1995) #110
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PSU 41-069A (1995) #111

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PSU 41-069A (1995) #112
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PSU 41-069A (1995) #113

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PSU 41-069A (1995) #114
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PSU 41-069A (1995) #115



PSU 41-069A (1995) #116



PSU 41-069A (1995) #117



PSU 41-069A (1995) #118



PSU 41-069A (1995) #119



PSU 41-069A (1995) #120



**PSU 41-069A (1995) #121
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PSU 41-069A (1995) #122
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PSU 41-069A (1995) #123
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PSU 41-069A (1995) #125



PSU 41-069A (1995) #126
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PSU 41-068A (1995) #127



PSU 41-069A (1995) #128
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PSU 41-069A (1995) #134
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PSU 41-068A (1995) #135
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PSU 41-0689A (1995) #138
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PSU 41-069A (1995) #137
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PSU 41-089A (1995) #139



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PSU 41-069A (1995) #140



PSU 41-069A (1995) #141
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PSU 41-069A (1996) #142



PSU 41-069A (1995) #143



PSU 41-069A (1995) #144
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PSU 41-069A (1995) #145



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PSU 41-069A (1995) #168



PSU 41-069A (1995) #169



PSU 41-089A (1995) #170



PSU 41-069A (1995) #171



PSU 41-069A (1995) #172



PSU 41-069A (1985) #173



PSU 41-069A (1995) #174



PSU 41-069A (1995) #175



PSU 41-069A (1995) #176



PSU 41-069A (1995) #177



PSU 41-069A (1985) #178



PSU 41-069A (1995) #179



PSU 41-069A (1995) #180



PSU 41-089A (1995) #181



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PSU 41-069A (1995) #194

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PSU 41-069A (1995) #195



PSU 41-069A (1995) #196



PSU 41-069A (1995) #197



PSU 41-089A (1995) #199



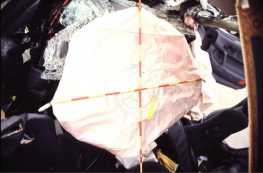
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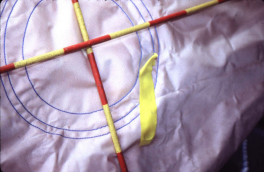
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PSU 41-089A (1995) #202



PSU 41-068A (1995) #203



PSU 41-069A (1995) #204



PSU 41-069A (1995) #205
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PSU 41-069A (1995) #206
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PSU 41-069A (1995) #210



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PSU 41-069A (1995) #212



PSU 41-069A (1995) #213



PSU 41-069A (1985) #214



PSU 41-069A (1995) #215



PSU 41-069A (1995) #216



PSU 41-069A (1995) #217



PSU 41-069A (1995) #218



PSU 41-069A (1995) #219



PSU 41-069A (1995) #220



PSU 41-069A (1995) #221



PSU 41-060A (1995) #222



PSU 41-069A (1995) #223



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FSU 41-069A (1995) #229
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PSU 41-069A (1995) #232
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PSU 41-069A (1995) #233
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PSU 41-089A (1995) #234
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PSU 41-069A (1995) #237
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PSU 41-069A (1995) #239
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PSU 41-069A (1995) #240
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PSU 41-069A (1995) #241

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PSU 41-069A (1995) #242

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FSU 41-068A (1985) #243
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PSU 41-069A (1995) #244
Best Available



PSU 41-069A (1995) #245



PSU 41-069A (1985) #246
Best Available



PSU 41-069A (1995) #247
Best Available



PSU 41-069A (1995) #248



PSU 41-069A (1995) #249



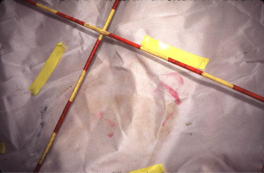
PSU 41-069A (1995) #250



PSU 41-089A (1995) #251



PSU 41-069A (1995) #252



PSU 41-069A (1995) #253



FSU 41-069A (1995) #254
Best Available



PSU 41-069A (1995) #255



PSU 41-089A (1995) #258



PSU 41-089A (1995) #257



PSU 41-089A (1995) #258



PSU 41-069A (1995) #259



PSU 41-089A (1995) #260



PSU 41-089A (1995) #261



PSU 41-069A (1995) #262



PSU 41-069A (1995) #263



PSU 41-069A (1995) #264



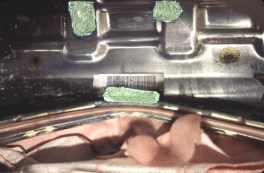
PSU 41-069A (1995) #265



PSU 41-069A (1995) #266



PSU 41-069A (1995) #267



PSU 41-069A (1995) #268



PSU 41-069A (1995) #269



PSU 41-089A (1995) #270



PSU 41-068A (1995) #271
Best Available



PSU 41-069A (1995) #272



PSU 41-069A (1995) #273
Best Available



PSU 41-069A (1995) #274



PSU 41-089A (1996) #275



PSU 41-069A (1995) #276



PSU 41-089A (1995) #277



PSU 41-069A (1995) #278



PSU 41-069A (1995) #279



FSU 41-069A (1995) #280



PSU 41-069A (1995) #281



PSU 41-069A (1995) #282



PSU 41-069A (1995) #263



PSU 41-069A (1995) #284



PSU 41-069A (1995) #285



PSU 41-069A (1995) #286



PSU 41-069A (1995) #287



PSU 41-069A (1995) #288



PSU 41-069A (1995) #289



PSU 41-069A (1995) #290



PSU 41-069A (1995) #291



FSU 41-06BA (1995) #292



PSU 41-068A (1995) #293



PSU 41-069A (1995) #294



PSU 41-069A (1995) #295



PSU 41-069A (1995) #296



PSU 41-069A (1995) #297



PSU 41-069A (1995) #298



PSU 41-069A (1995) #299



PSU 41-089A (1995) #300



PSU 41-089A (1995) #301



PSU 41-069A (1995) #302



PSU 41-069A (1995) #303



PSU 41-069A (1995) #304



PSU 41-069A (1995) #305



PSU 41-069A (1995) #306



PSU 41-089A (1995) #307



PSU 41-069A (1995) #308



PSU 41-069A (1995) #309



PSU 41-069A (1995) #310



PSU 41-069A (1995) #311



PSU 41-069A (1995) #312



PSU 41-069A (1995) #313



PSU 41-069A (1995) #314



PSU 41-069A (1995) #315



PSU 41-089A (1995) #316



PSU 41-069A (1995) #317



PSU 41-069A (1995) #318



PSU 41-089A (1995) #319



PSU 41-069A (1995) #320