



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 43 CASE NO. 069J TYPE OF ACCIDENT TRACTOR - TRAILER - MINIVAN: 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 ATTACHED

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

PSU43

1996 Case Summary Form

CASE 069J

TYPE OF ACCIDENT: TRACTOR TRAILER-CAR: HEAD-ON

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

V1 & V2 were traveling in opposite directions on a 2-lane undivided road. The front of V1 impacted the front of V2. Subsequently, V2 was pushed off the road and struck a tree with its right side. Both vehicles were towed due to damage. Driver V1 sustained "C" injuries. Driver V2 sustained "K" injuries.
01

PSU43

1996 Case Summary Form

CASE 069J

TYPE OF ACCIDENT: TRACTOR TRAILER-CAR: HEAD-ON

B. VEHICLE PROFILE(S)

| V e h. No | Class of Vehicle | Year/Make/ Model | Most Severe Damage Based on Vehicle Inspection | | |
|--------------------|---------------------|-------------------------|---|--------------------|----------------------|
| | | | Damage Plane | Severity Descr. | Component Failure |
| 1 | Tractor-Trailer | 1984 Unknown | Front | Unknown | Unknown |
| 2 | Minivan | 1994 Chevrolet Astro | Front | Severe | None |

01

PSU43

1996 Case Summary Form

CASE 069J

TYPE OF ACCIDENT: TRACTOR TRAILER-CAR: HEAD-ON

C. PERSON PROFILE(S)

Most Severe Injury
(TO BE COMPLETED BY ZONE CENTER)

| Vehicle No | Person Role | Seat Position | Restraint Use | Body Region | Injury Type | Most Severe Injury | |
|------------|-------------|---------------|---------------------------------|-------------------------------|-------------|--------------------|---------------|
| | | | | | | A I S | Injury Source |
| 2 | Driver | F/L | Lap & Shldr Air Bag Deployed | brain other (shear injury) | 5 | steering wheel | |

0



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

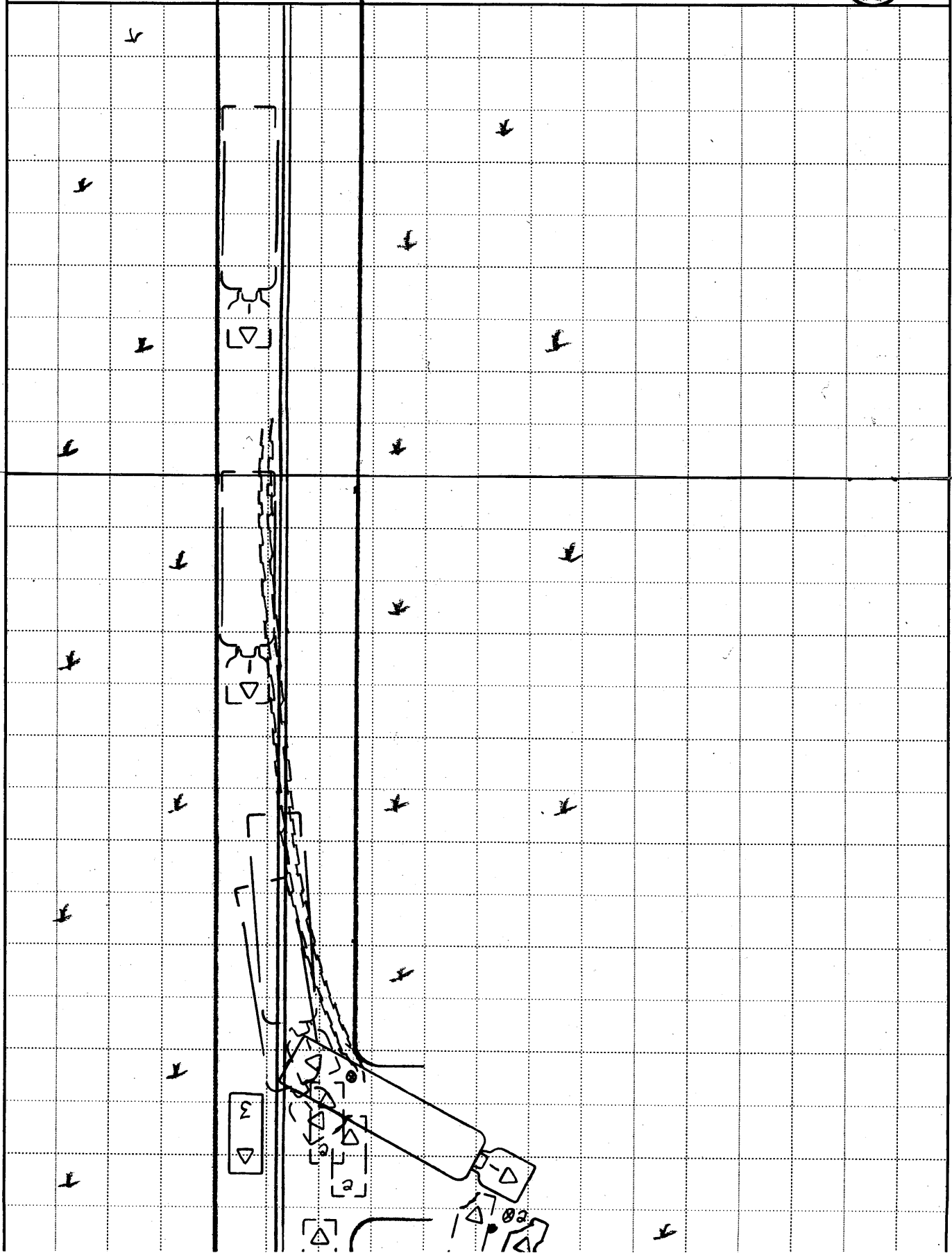
ACCIDENT COLLISION DIAGRAM

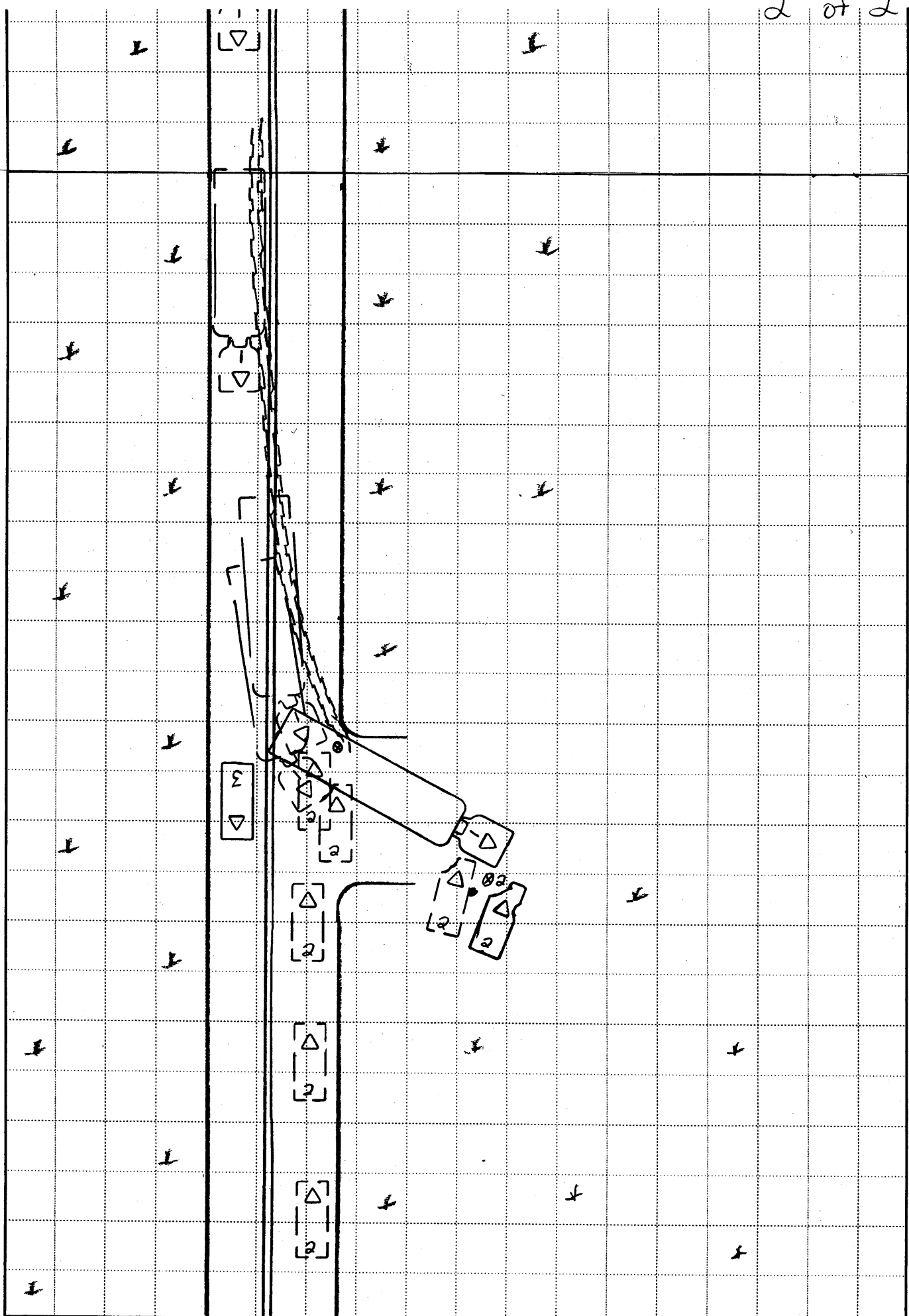
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 43

Case Number - Stratum 069J

Indicate North







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

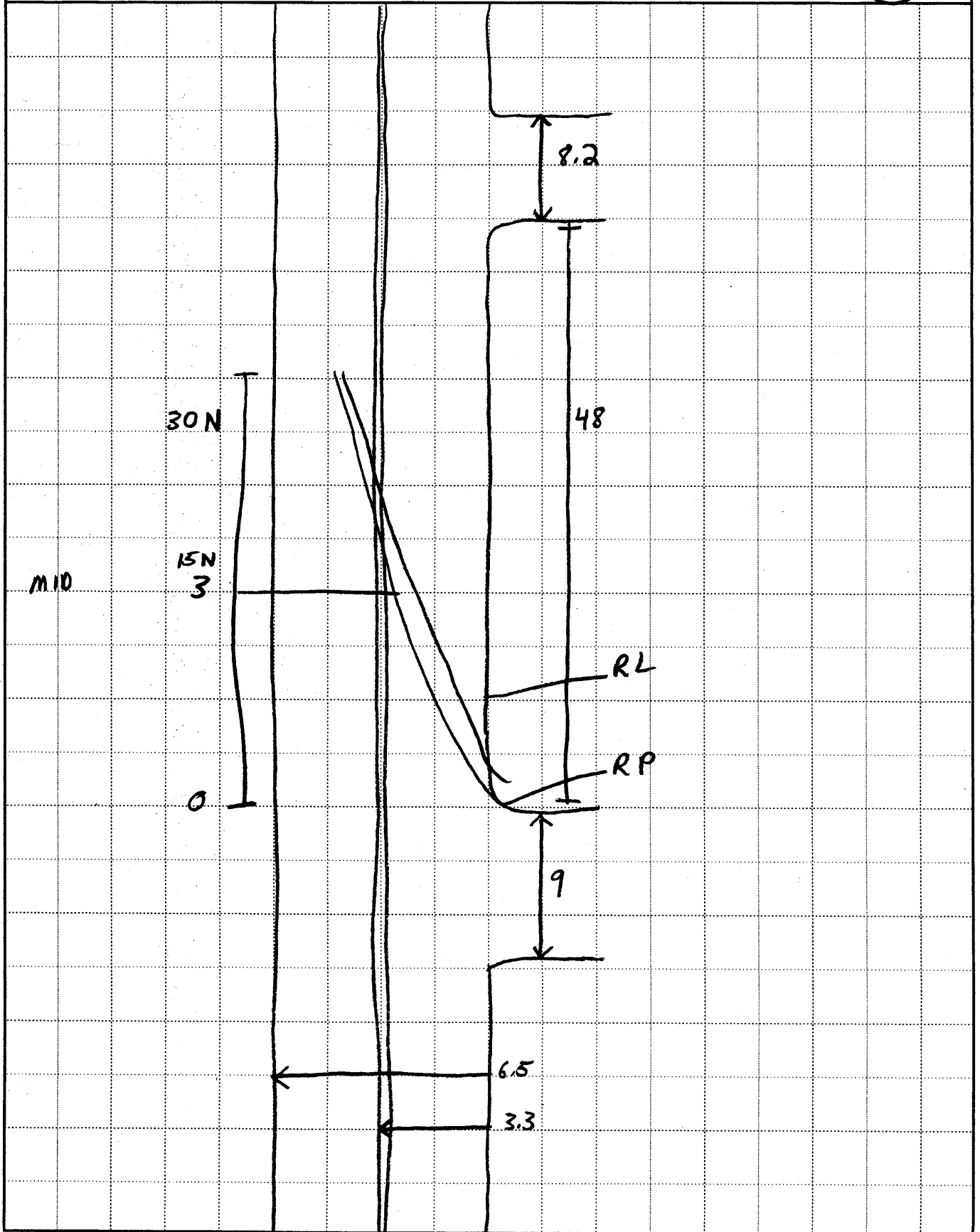
ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 43

Case Number—Stratum 069J

Indicate
North





ACCIDENT FORM

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 069J

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
 4. Date of Accident (Month, Day, Year) / / 96
 5. Time of Accident 1347
 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 0
 9. SS18 Unsafe Driver Actions 0
 10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02
 Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object 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>78</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>20</u> | 18. <u>F</u> |
| 19. <u>02</u> | 20. <u>02</u> | 21. <u>20</u> | 22. <u>R</u> | 23. <u>42</u> | 24. <u>00</u> | 25. <u>0</u> |
| 26. <u>03</u> | 27. <u> </u> | 28. <u> </u> | 29. <u> </u> | 30. <u> </u> | 31. <u> </u> | 32. <u> </u> |
| 33. <u>04</u> | 34. <u> </u> | 35. <u> </u> | 36. <u> </u> | 37. <u> </u> | 38. <u> </u> | 39. <u> </u> |
| 40. <u>05</u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> |

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 (≤ 4,536 kgs GVWR) (16) Utility station wagon (≤ 4,536 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,536 kgs GVWR) (21) Large van (≤ 4,536 kgs GVWR) (24) Van Based school bus (≤ 4,536 kgs GVWR) (28) Other van type (≤ 4,536 kgs GVWR) (29) Unknown van type (≤ 4,536 kgs GVWR) (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (31) Large pickup truck (≤ 4,536 kgs GVWR) (38) Other pickup truck (≤ 4,536 kgs GVWR) (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) (45) Other light truck (≤ 4,536 kgs GVWR) (48) Unknown light truck type (≤ 4,536 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based)(> 4,536 kgs GVWR) (58) Other bus (> 4,536 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,536 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 |
|---|--|



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 0695
 3. Vehicle Number 01

12. Speed Limit 089
 (000) No statutory limit
 Code posted or statutory speed limit in kmph
 (999) Unknown
55 mph X 1.6093 = 89 kmph

VEHICLE IDENTIFICATION

4. Vehicle Model Year 99
 Code the last two digits of the model year
 (99) Unknown

13. Police Reported Alcohol Presence For Driver 0
 (0) No alcohol present
 (1) Yes alcohol present
 (7) Not reported
 (8) No driver present
 (9) Unknown

5. Vehicle Make (specify): 99
VIN ON PAR
 Applicable codes are found in your
 NASS Data Collection, Coding and IS FOR THE
 Editing Manual. TRAILER NOT TRUCK.
 (99) Unknown

14. Alcohol Test Result For Driver 96
 Code actual value (decimal implied
 before first digit—0.xx)
 (95) Test refused
 (96) None given
 (97) AC test performed, results unknown
 (98) No driver present
 (99) Unknown

6. Vehicle Model (specify): 899
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (999) Unknown

Source: POLICE REPORT

7. Body Type 78
 Note: Applicable codes may be found on
 the back of this page.

15. Police Reported Other Drug Presence For Driver 0
 (0) No other drug(s) present
 (1) Yes other drug(s) present
 (7) Not reported
 (8) No driver present
 (9) Unknown

8. Vehicle Identification Number
9999999999999999
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nines

16. Other Drug Specimen Test Result For Driver 0
 (0) No specimen test given
 (1) Drug(s) not found in specimen
 (2) Drug(s) found in specimen, (specify):
 (3) Specimen test given, results unknown or not
 obtained
 (8) No driver present
 (9) Unknown if specimen test given

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

17. Driver's Zip Code [REDACTED]
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99998) No driver present
 (99999) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

18. Driver's Race/Ethnic Origin 9
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (7) Other (specify):
 (8) No driver present
 (9) Unknown

11. Police Reported Travel Speed 089
 Code to the nearest kmph (NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown
55 mph X 1.6093 = 89 kmph

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

| PRECRASH ENVIRONMENTAL DATA | |
|---|---|
| <p>19. Relation To Interchange Or Junction <u>0</u></p> <p>(0) Non-interchange area and non-junction (1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related (3) Driveway, alley access related (4) Other junction (specify) _____</p> <p>(5) Unknown type of junction</p> <p>(9) Unknown</p> | <p>25. Roadway Surface Condition <u>1</u></p> <p>(1) Dry (2) Wet (3) Snow or slush (4) Ice (5) Sand, dirt, or oil (8) Other (specify): _____ (9) Unknown</p> |
| <p>20. Trafficway Flow <u>0</u></p> <p>(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</p> | <p>26. Light Conditions <u>1</u></p> <p>(1) Daylight (2) Dark (3) Dark, but lighted (4) Dawn (5) Dusk (9) Unknown</p> |
| <p>21. Number Of Travel Lanes <u>2</u></p> <p>(1) One (2) Two (3) Three (4) Four (5) Five (6) Six (7) Seven or more (9) Unknown</p> | <p>27. Atmospheric Conditions <u>0</u></p> <p>(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</p> |
| <p>22. Roadway Alignment <u>1</u></p> <p>(1) Straight (2) Curve right (3) Curve left (9) Unknown</p> | <p>28. Traffic Control Device <u>0</u></p> <p>(0) No traffic control(s) (1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign (3) Yield sign (4) School zone sign (5) Other regulatory sign (specify): _____</p> <p>(6) Warning sign (not RR crossing) (7) Unknown sign (8) Miscellaneous/other controls including RR controls (specify): _____ (9) Unknown</p> |
| <p>23. Roadway Profile <u>1</u></p> <p>(1) Level (2) Uphill grade (>2%) (3) Hill crest (4) Downhill grade (>2%) (5) Sag (9) Unknown</p> | <p>29. Traffic Control Device Functioning <u>0</u></p> <p>(0) No traffic control device (1) Traffic control device not functioning (specify): _____</p> <p>(2) Traffic control device functioning properly (9) Unknown</p> |
| <p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete (2) Bituminous (asphalt) (3) Brick or block (4) Slag, gravel, or stone (5) Dirt (8) Other (specify): _____ (9) Unknown</p> | |

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 9 9
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) RT 17
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event LO
THIS VEHICLE LOSS OF CONTROL DUE TO: 50
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 99

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 2

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 50

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

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

OCCUPANT RELATED

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

AIR BAG RELATED

40. Is this an AOPS Vehicle? _____
 (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) 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) 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
 _____ Code weight to nearest
 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

44. Vehicle Cargo Weight _____ 0
 _____ Code weight to nearest
 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover _____
 (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 _____
 (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) 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 _____
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal
 Tripping Force Is Applied _____
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll _____
 (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 (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

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

Nonbreakaway Pole or Post

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

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

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

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (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 _____

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) _____
52. Rear Override/Underride (this Vehicle) _____
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07= 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07= 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) _____
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
53. Heading Angle For This Vehicle _____
54. Heading Angle For Other Vehicle _____

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

RECONSTRUCTION DATA

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

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest

 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)
 (NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
 _____ +
 _____ -
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)
 (NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V Highest
 _____ +
 _____ -
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)
 (NOTE: __000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption Highest
 _____, _____ 0 0
 _____ Nearest 100 joules (highest)
 _____ Nearest 100 joules (secondary)
 (NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest

 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)
 (NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
 Results (For Highest Delta V) _____
 (0) No reconstruction
 (1) Collision fits model — results appear
 reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear
 reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest

 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)
 (NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

| ESTIMATED DELTA V | INSPECTION TYPE |
|---|--|
| <p>66. Estimated Highest Delta V (Researcher Determined) _____</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p> | <p>67. Type of Vehicle Inspection _____</p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> <p style="text-align: center;">DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number _____</p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p> |

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), *****

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

43
069J
01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER 43
CASE NUMBER 069J
VEHICLE NUMBER 01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 069J
 3. Vehicle Number 02


12. Speed Limit 089
 (000) No statutory limit
 Code posted or statutory speed limit in kmph
 (999) Unknown
55 mph X 1.6093 = 89 kmph

VEHICLE IDENTIFICATION

4. Vehicle Model Year 94
 Code the last two digits of the model year
 (99) Unknown
 5. Vehicle Make (specify): 20
CHEVROLET
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown
 6. Vehicle Model (specify): 441
ASTROVAN
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (999) Unknown

13. Police Reported Alcohol Presence For Driver 0
 (0) No alcohol present
 (1) Yes alcohol present
 (7) Not reported
 (8) No driver present
 (9) Unknown


14. Alcohol Test Result For Driver 96
 Code actual value (decimal implied
 before first digit—0.xx)
 (95) Test refused
 (96) None given
 (97) AC test performed, results unknown
 (98) No driver present
 (99) Unknown
 Source: POLICE REPORT

7. Body Type 20
 Note: Applicable codes may be found on
 the back of this page.
 8. Vehicle Identification Number
1GCDM15Z6RB 
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nines

15. Police Reported Other Drug Presence For Driver 0
 (0) No other drug(s) present
 (1) Yes other drug(s) present
 (7) Not reported
 (8) No driver present
 (9) Unknown

16. Other Drug Specimen Test Result For Driver 0
 (0) No specimen test given
 (1) Drug(s) not found in specimen
 (2) Drug(s) found in specimen, (specify):
 (3) Specimen test given, results unknown or not
 obtained
 (8) No driver present
 (9) Unknown if specimen test given

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

17. Driver's Zip Code 
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99998) No driver present
 (99999) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
 11. Police Reported Travel Speed 060
 Code to the nearest kmph (NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown
37 mph X 1.6093 = 60 kmph

18. Driver's Race/Ethnic Origin 1
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (7) Other (specify): _____
 (8) No driver present
 (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (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 0
 (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 2
 (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 1
 (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 0
 (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): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

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

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 9 9
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 6 2
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver

9 9

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

PER
PAR2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

51

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

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

OCCUPANT RELATED

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

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 2
 (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 1,850
 _____ Code weight to nearest
 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
4,074 lbs X .4536 = 1,848 kgs

Source: 1994 _____

44. Vehicle Cargo Weight 0,000
 _____ Code weight to nearest
 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 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

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

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

Nonbreakaway Pole or Post

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

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

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

- (69) Unknown fixed object

Collision with Nonfixed Object

- (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

VERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 752. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 27054. Heading Angle For Other Vehicle 090**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted < 45 degrees

(4) Tilted ≥ 45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 04

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

 _____(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
9 9 9
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
 + 9 9 9
 - _____
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V Highest
 + 9 9 9
 - _____
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption Highest
9 9 9 . 9 0 0
 _____ Nearest 100 joules (highest)
 _____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest
9 9 9
 _____ Nearest kmph (highest)
 _____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) 1
 (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest
0 4 2
41.7 Nearest kmph (highest)
8.1 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

Results appear low

| ESTIMATED DELTA V | INSPECTION TYPE |
|--|--|
| <p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe</p> <p>(9) Unknown</p> | <p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p> <p style="text-align: center;">DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>01</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p> |

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
 OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



EXTERIOR VEHICLE FORM

| | |
|---|-----------------------------|
| 1. Primary Sampling Unit Number <u>43</u> | 3. Vehicle Number <u>02</u> |
| 2. Case Number - Stratum <u>069J</u> | |

VEHICLE IDENTIFICATION

VIN 1GCDM15Z6RB XXXXXXXXXX Model Year 94

Vehicle Make (specify): CHEVROLET Vehicle Model (specify): ASTROVAN

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point 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 | 97 CM R OF LF BUMPER CORNER EXTENDS LEFT | ENTIRE FRONT BUMPER | C ¹ |
| 02 | 67CM BEHIND RF AXLE EXTENDS | 32CM BEHIND RF AXLE EXTENDS BACK | C ⁴ |

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

| Specific Impact Number | Plane of Impact C-Measurements | Direct Damage | | Field L | C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | ±D |
|------------------------|--------------------------------|---------------|-----------|---------|----------------|----------------|----------------|----------------|----------------|----------------|-----|
| | | Width (CDC) | Max Crush | | | | | | | | |
| 01 | BUMPER | 97 | 30 | 157 | 30 | 25 | 30 | 19 | 10 | 8 | -53 |
| 01 | FREESPACE | 97 | 0 | 157 | -7 | 0 | 0 | 0 | 0 | -7 | -53 |
| 01 | RESULTANT | 97 | 30 | 157 | 23 | 25 | 30 | 19 | 10 | 1 | -53 |
| 01 | GRILLE | 97 | 130 | 157 | 130 | 122 | 60 | 29 | 24 | 22 | |
| 01 | FREESPACE | 97 | -18 | 157 | -18 | -18 | -18 | -18 | -18 | -18 | |
| 01 | RESULTANT | 97 | 112 | 157 | 112 | 104 | 42 | 11 | 6 | 4 | |
| 02 | R-PLANE | 25 | 15 | 96 | 1 | 5 | 11 | 13 | 7 | 0 | +61 |
| 02 | FREESPACE | 25 | -2 | 96 | -2 | -2 | -2 | -2 | -2 | -2 | +61 |
| 02 | RESULTANT | 25 | 13 | 96 | 0 | 3 | 9 | 11 | 5 | 0 | +61 |
| 01 | AVERAGE | | | | 67 | 64 | 30 | 19 | 10 | 1 | -53 |

ORIGINAL SPECIFICATIONS WORK SHEET

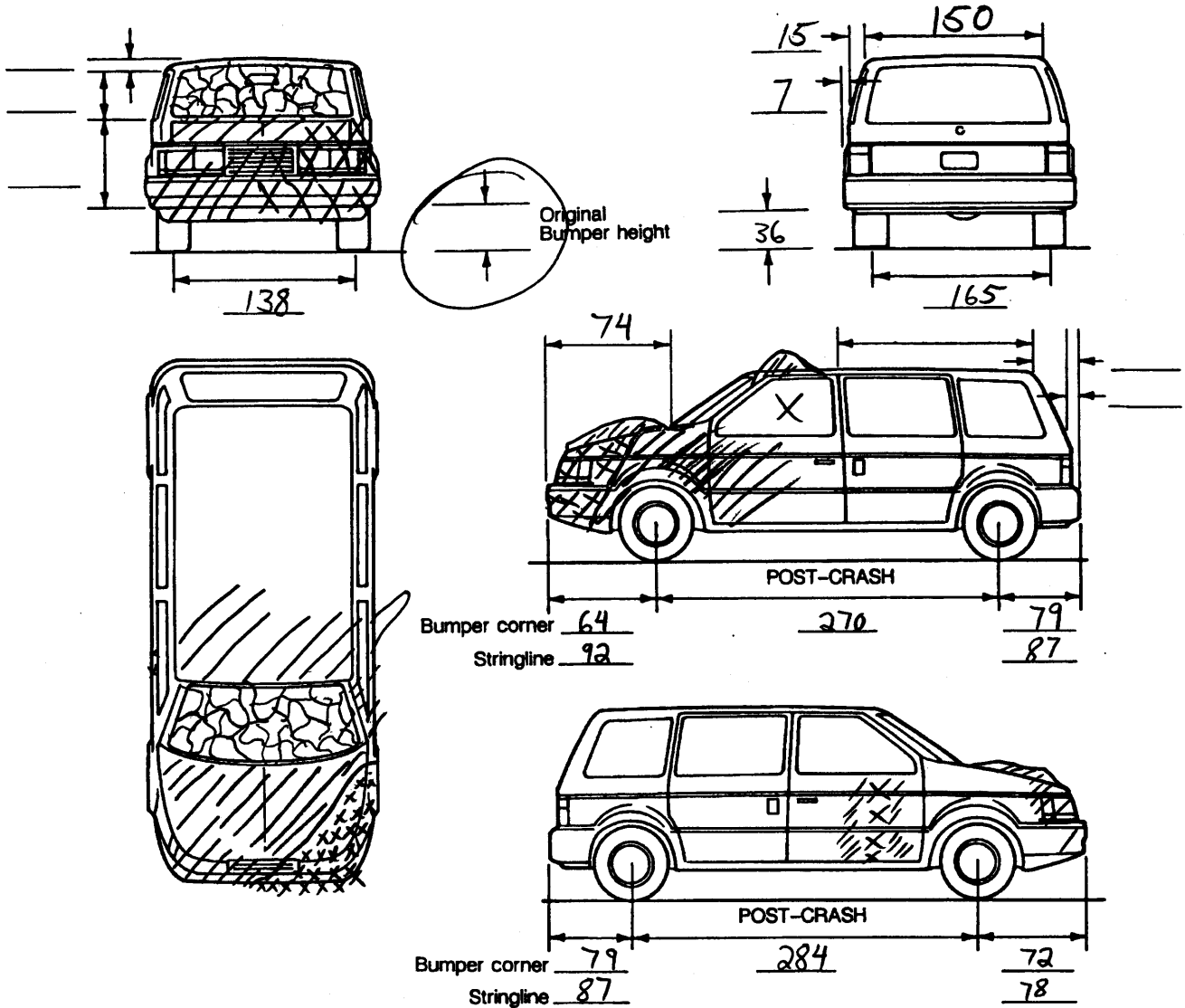
| | | | | | | |
|--------------------------|--------------|--------|---------|---|-------------|----|
| Wheelbase | <u>111.0</u> | inches | x 2.54 | = | <u>282</u> | cm |
| Overall Length | <u>176.8</u> | inches | x 2.54 | = | <u>449</u> | cm |
| Maximum Width | <u>77.5</u> | inches | x 2.54 | = | <u>197</u> | cm |
| Curb Weight | <u>4074</u> | pounds | x .4536 | = | <u>1848</u> | kg |
| Average Track | _____ | inches | x 2.54 | = | _____ | cm |
| Front Overhang | _____ | inches | x 2.54 | = | _____ | cm |
| Rear Overhang | _____ | inches | x 2.54 | = | _____ | cm |
| Undeformed End Width | _____ | inches | x 2.54 | = | _____ | cm |
| Engine Size: cyl./displ. | _____ | cc | x .001 | = | _____ | L |
| | _____ | CID | x .0164 | = | <u>4.3</u> | L |

186.8 = 474

VEHICLE DAMAGE SKETCH

| | | |
|--|---|---|
| <p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>1</u> LF <u>1</u> RR <u>2</u> LR <u>1</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p> | <p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>282</u> cm</p> <p>Overall Length <u>449</u> cm</p> <p>Maximum Width <u>197</u> cm</p> <p>Curb Weight <u>1848</u> kg</p> <p>Average Track _____ cm</p> <p>Front Overhang _____ cm</p> <p>Rear Overhang _____ cm</p> <p>Undeformed End Width <u>170</u> cm</p> <p>Engine Size: cyl./displ. <u>4.3</u> L</p> | <p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>-</u> <u>-</u> °</p> <p>LF ± <u>+</u> <u>5</u> °</p> <p>RR ± <u>-</u> <u>-</u> °</p> <p>LR ± <u>-</u> <u>-</u> °</p> <p>Within ± 5 degrees</p> |
| <p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> |
| | | <p>Approximate Cargo Weight <u>0</u> kg</p> |

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|--------------------------------|------------------|----------------------------|--------------------------|--------------------------------------|----------------------------------|---------------------------------|------------------------|
| 4. <u>01</u> | 5. <u>01</u> | 6. <u>12</u> | 7. <u>F</u> | 8. <u>Y</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>05</u> |

Second Highest Delta "V"

| | | | | | | | |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>02</u> | 13. <u>42</u> | 14. <u>03</u> | 15. <u>R</u> | 16. <u>P</u> | 17. <u>E</u> | 18. <u>W</u> | 19. <u>02</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>170</u> | <u>067</u> | <u>064</u> | <u>030</u> | <u>019</u> | <u>010</u> | <u>001</u> | ⁺ <u>053</u> |

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ±D |
|------------|--------------------|----------------|----------------|----------------|----------------|----------------|----------------------------|
| <u>096</u> | <u>000</u> | <u>003</u> | <u>009</u> | <u>011</u> | <u>005</u> | <u>000</u> | ⁺ <u>061</u> |

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 170
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) 097
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 282
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
111.0 inches X 2.54 = 282 centimeters

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

FUEL SYSTEM

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

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

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap 4
 36. Location of Fuel Tank-2 Filler Cap 0
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown

37. Type of Fuel Tank-1 1
 38. Type of Fuel Tank-2 0
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire

 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

34. Origin of Fire 0
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

39. Location of Fuel Tank-1 5
 40. Location of Fuel Tank-2 0
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

41. Damage to Fuel Tank-1 1
 42. Damage to Fuel Tank-2 0
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 0695
 3. Vehicle Number 02

INTEGRITY

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

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

- (99) Unknown

Door, Tailgate or Hatch Opening

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

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

- (9) Unknown

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

- (9) Unknown

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 0 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 2 26. LR 0 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 2 32. LF 6 33. RF 6 34. LR 0 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

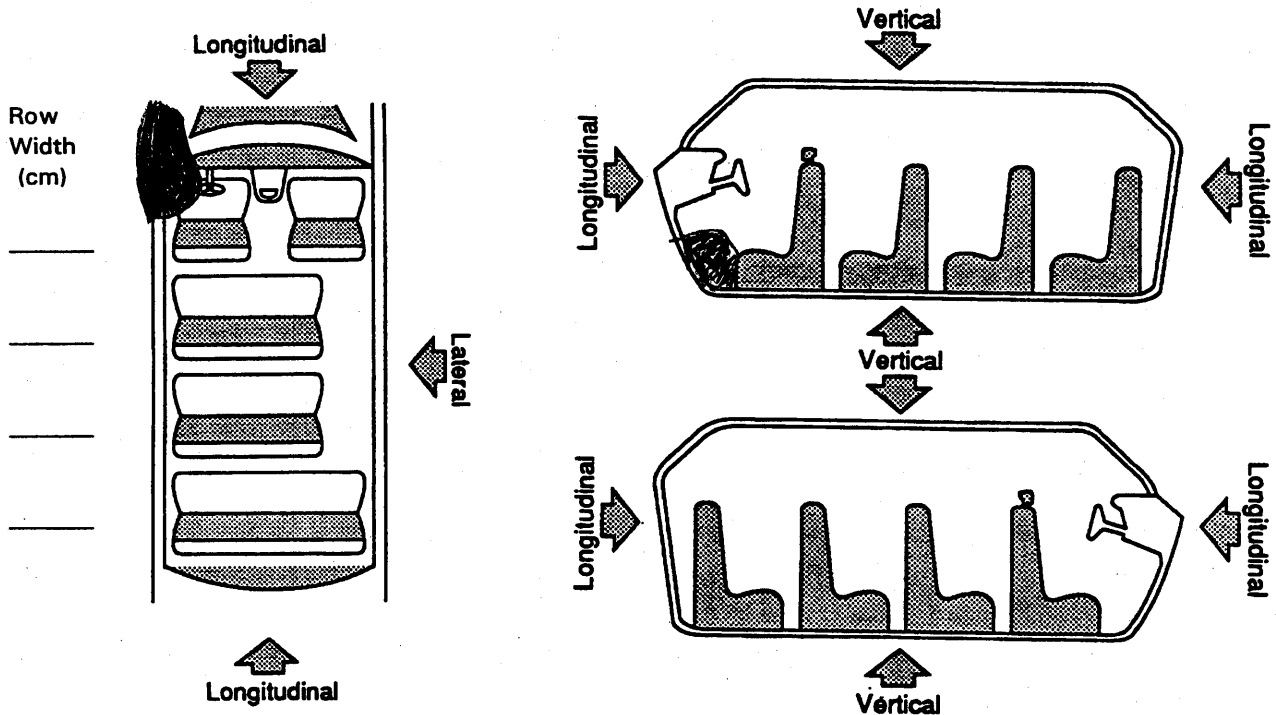
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 0 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

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) | | | | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|----------------|---|-----------|--------------------------|
| | | COMPARISON VALUE | INTRUDED VALUE | = | INTRUSION | |
| FL | FLOOR PAN | 0 | 7 | = | 7 | VERTICAL |
| FL | TOE PAN | 72 | 25 | = | 47 | LONGITUDINAL |
| FL | INSTRUMENT PANEL | 63 | 23 | = | 40 | LONGITUDINAL |
| FL | A-PILLAR | 0 | 25 | = | 25 | LATERAL |
| FM | INSTRUMENT PANEL | 63 | 35 | = | 28 | LONGITUDINAL |
| FR | INSTRUMENT PANEL | 63 | 42 | = | 21 | LONGITUDINAL |
| | STEERING ASSEMBLY | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |
| | | | | = | | |

OCCUPANT AREA INTRUSION

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

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) 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): _____

Exterior Components

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st | 47. <u>1 1</u> | 48. <u>0 5</u> | 49. <u>5</u> | 50. <u>2</u> |
| 2nd | 51. <u>1 1</u> | 52. <u>0 2</u> | 53. <u>4</u> | 54. <u>2</u> |
| 3rd | 55. <u>1 2</u> | 56. <u>0 3</u> | 57. <u>3</u> | 58. <u>2</u> |
| 4th | 59. <u>1 1</u> | 60. <u>0 6</u> | 61. <u>3</u> | 62. <u>3</u> |
| 5th | 63. <u>1 3</u> | 64. <u>0 4</u> | 65. <u>3</u> | 66. <u>2</u> |
| 6th | 67. <u>1 1</u> | 68. <u>1 8</u> | 69. <u>1</u> | 70. <u>1</u> |
| 7th | 71. <u>9 9</u> | 72. <u>9 9</u> | 73. <u>9</u> | 74. <u>9</u> |
| 8th | 75. <u> </u> | 76. <u> </u> | 77. <u> </u> | 78. <u> </u> |
| 9th | 79. <u> </u> | 80. <u> </u> | 81. <u> </u> | 82. <u> </u> |
| 10th | 83. <u> </u> | 84. <u> </u> | 85. <u> </u> | 86. <u> </u> |

LOCATION OF INTRUSION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

0

—

4

=

4

—

=

—

=

—

=

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 04

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

91. Location of Steering Rim/Spoke Deformation 05

- (00) No steering rim deformation

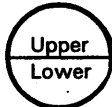
Quarter Sections

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



Half Sections

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



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

92. Odometer Reading 023,000

- _____ 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
- 14,091 miles X 1.6093 = 22,676 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 1

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

94. Type of Knee Bolster Covering 2

- (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

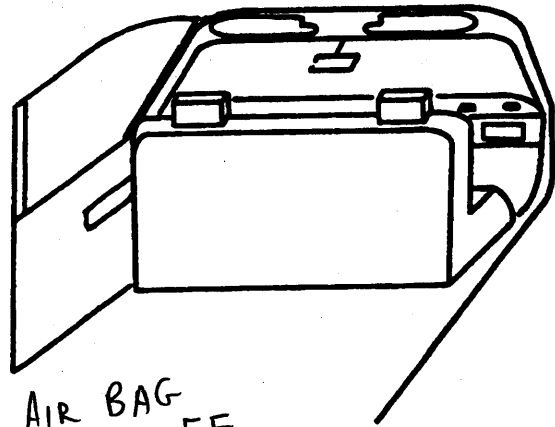
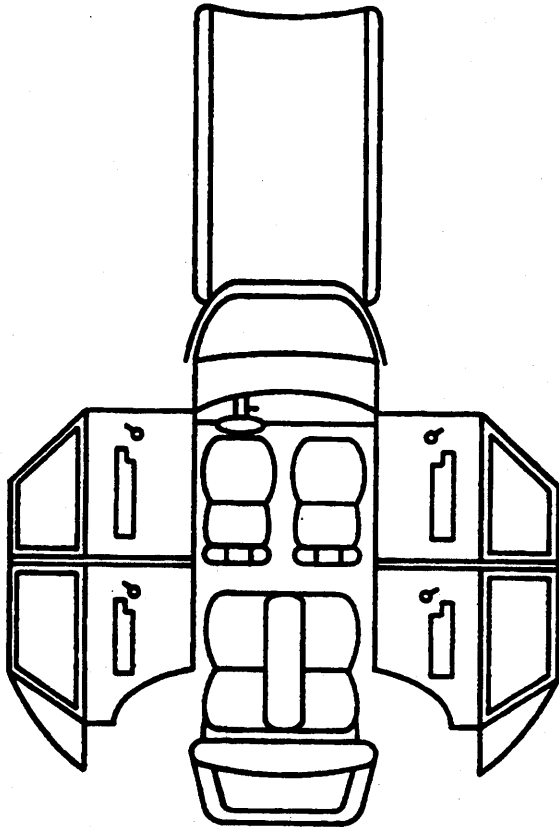
97. Adaptive (Assistive) Driving Equipment 0

- (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): _____

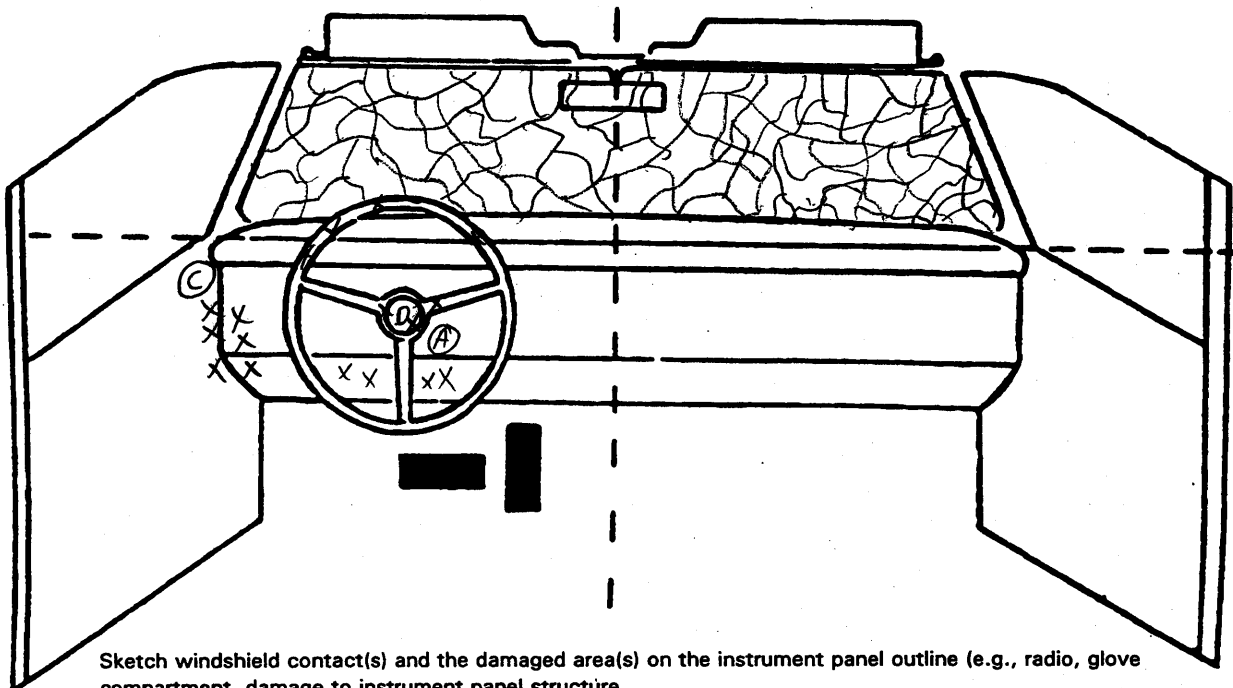
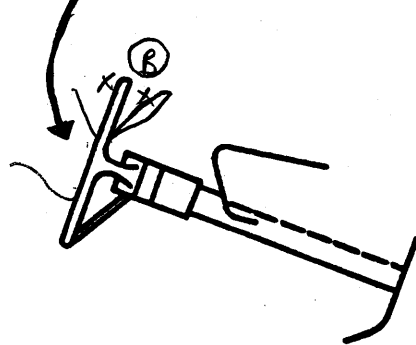
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



AIR BAG
CUT OFF



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 | 010 | 1 | KNEES | SCRATCHES & DEFORMED PANEL | 2 |
| B | 004 | 1 | CHEST | RIM BENT | 2 |
| C | 051 | 1 | LEGS | SCRATCHES & DEFORMATION | 3 |
| D | 005 | 1 | CHEST | HUB SCRATCHED & DEFORMED | 2 |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

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., tapedeck, 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
- (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 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

| | | Left | Center | Right |
|--|------------------------|------|--------|-------|
| F I R S T | A-Availability | 4 | / | 4 |
| | B-Evidence of usage | 04 | / | 04 |
| | C-Used in this crash? | 04 | / | 04 |
| | D-Proper Use | 1 | / | 1 |
| | E-Failure Modes | 1 | / | 1 |
| | F-Anchorage Adjustment | 2 | / | 2 |
| S E C O N D | A-Availability | / | / | / |
| | B-Evidence of usage | / | / | / |
| | C-Used in this crash? | / | / | / |
| | D-Proper Use | / | / | / |
| | E-Failure Modes | / | / | / |
| | F-Anchorage Adjustment | / | / | / |
| O T H E R | A-Availability | / | / | / |
| | B-Evidence of usage | / | / | / |
| | C-Used in this crash? | / | / | / |
| | D-Proper Use | / | / | / |
| | E-Failure Modes | / | / | / |
| | F-Anchorage Adjustment | / | / | / |

A-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

B/C-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

D-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

E-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

F-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

| | | Frontal Air Bags--Left Front | Frontal Air Bags-Right Front | Other Air Bag |
|-----------------------|-----------------------|------------------------------|------------------------------|---------------|
| F I R S T | Availability/Function | 1 | 0 | 0 |
| | Deployment | 1 | 0 | 0 |
| | Failure | 1 | 0 | 0 |

Air Bag System Availability/Function

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

Non-functional

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

**Air Bag System Deployment
(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

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

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

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-------------------------|------|-------|
| F I R S T | A-Availability/Function | 0 | 0 |
| | B-Use | 0 | 0 |
| | C-Type | 0 | 0 |
| | D-Proper Use | 0 | 0 |
| | E-Failure Modes | 0 | 0 |

A-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

B-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

C-Automatic (Passive) Belt System Type

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

D-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

E-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 |
|-----------------------------------|--------|-----------|
| A-Type of air bag? | 1 | 0 |
| B-Flaps open at tear points? | 2 | 0 |
| C-Flaps damaged? | 1 | 0 |
| D-Air bag damaged? | 96 | 00 |
| E-Source of air bag damage | 96 | 00 |
| F-Air bag tethered? | 3 | 0 |
| G-Air bag have vent ports? | 3 | 0 |
| H-Other occupant contact air bag? | 1 | 0 |
| I-Occupant wearing eyewear? | 3 | 0 |

A-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

B-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

C-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

D-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

E-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

F-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

G-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

H-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

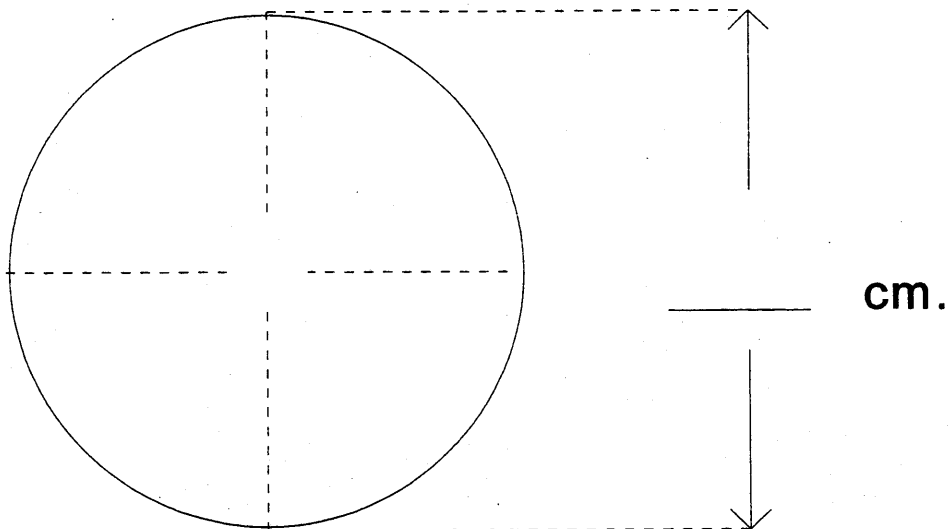
I-Was This Occupant Wearing Eye-wear?

- (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

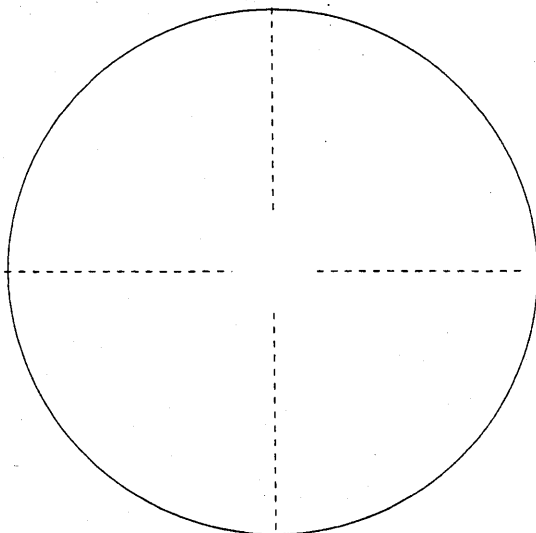
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

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

AIR BAG MISSING



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

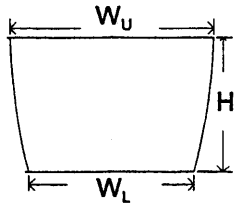


DRIVER AIR BAG SKETCHES (Cont'd)

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

width (W_U) _____ width (W_L) _____

height (H) _____

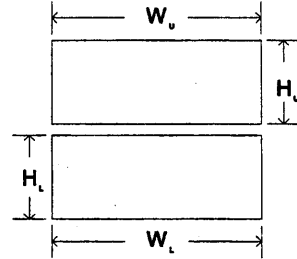


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) 20 width (W_L) 20

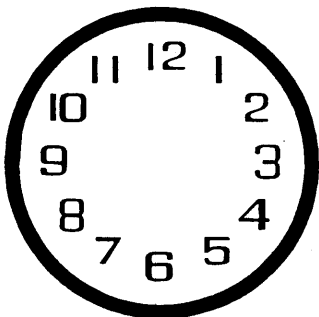
height (H_U) 6.5 height (H_L) 4.5



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

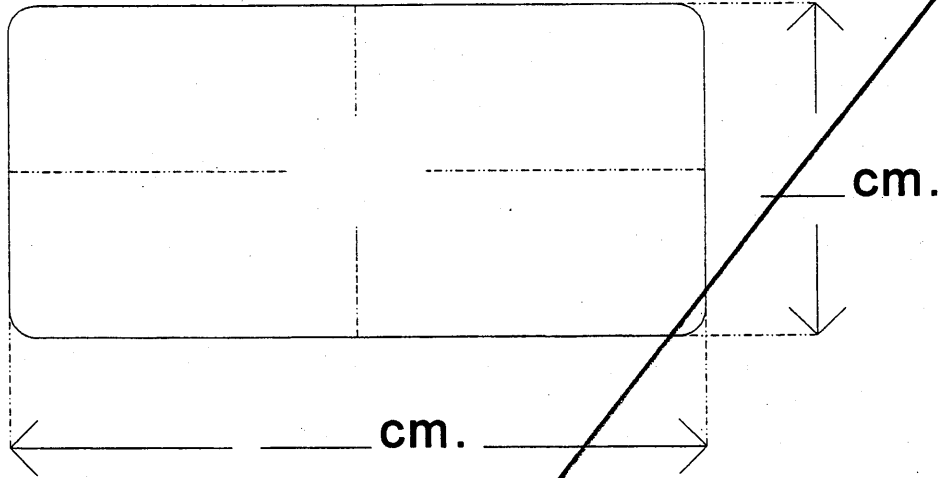
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

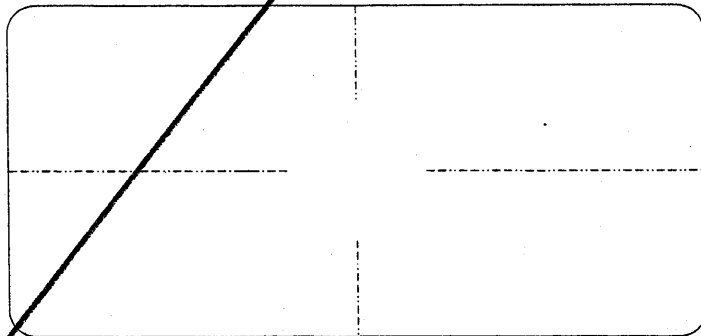


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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

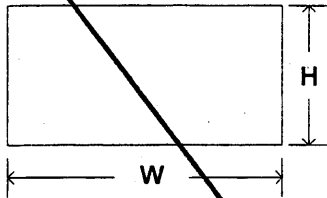


PASSENGER AIR BAG SKETCHES (Cont'd)

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

width (W) _____

height (H) _____



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

a. Upper Flap

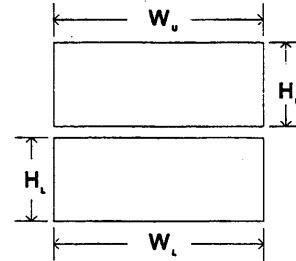
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

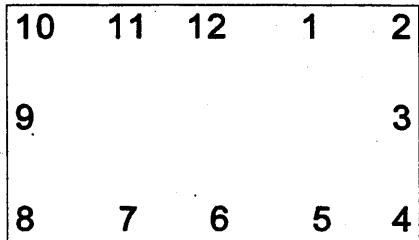
height (H_l) _____



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

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

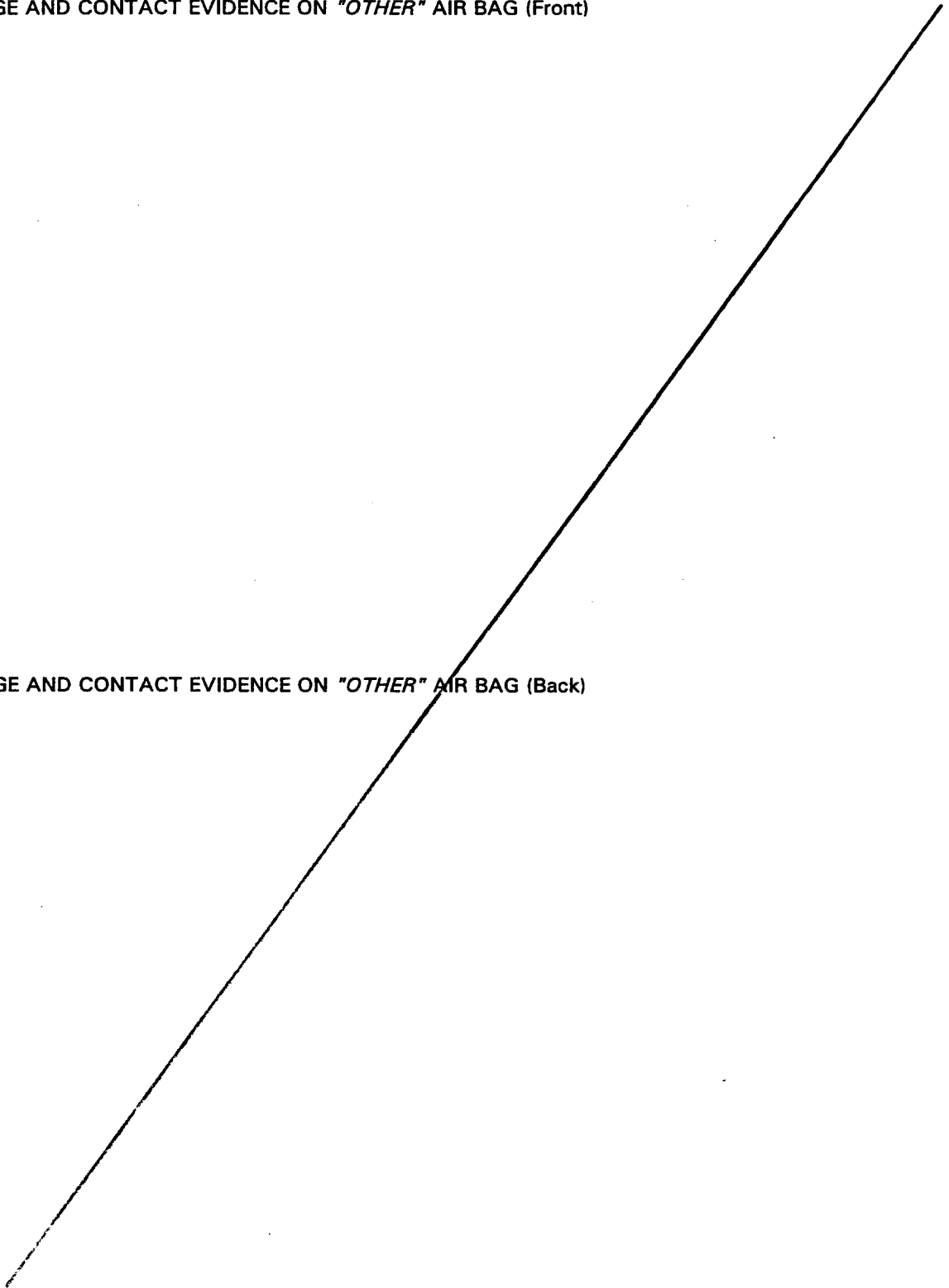
7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

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

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 | A-Head Restraint Type/Damage | 1 | / | 1 |
| | B-Seat Type | 01 | / | 01 |
| | C-Seat Orientation | 1 | / | 1 |
| | D-Seat Track Position | 4 | / | 4 |
| | E-Seat Back Incline Pre/Post Impact | 13 | / | 14 |
| | F-Seat Performance | 5 | / | 1 |
| S E C O N D | A-Head Restraint Type/Damage | / | / | / |
| | B-Seat Type | / | / | / |
| | C-Seat Orientation | / | / | / |
| | D-Seat Track Position | / | / | / |
| | E-Seat Back Incline Pre/Post Impact | / | / | / |
| | F-Seat Performance | / | / | / |
| T H I R D | A-Head Restraint Type/Damage | / | / | / |
| | B-Seat Type | / | / | / |
| | C-Seat Orientation | / | / | / |
| | D-Seat Track Position | / | / | / |
| | E-Seat Back Incline Pre/Post Impact | / | / | / |
| | F-Seat Performance | / | / | / |
| O T H E R | A-Head Restraint Type/Damage | / | / | / |
| | B-Seat Type | / | / | / |
| | C-Seat Orientation | / | / | / |
| | D-Seat Track Position | / | / | / |
| | E-Seat Back Incline Pre/Post Impact | / | / | / |
| | F-Seat Performance | / | / | / |

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

HEAD RESTRAINTS/SEAT EVALUATION

A-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

B-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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): _____
 (99) Unknown

C-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

D-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

E-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

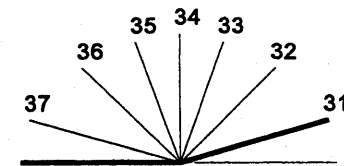
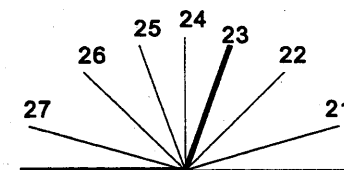
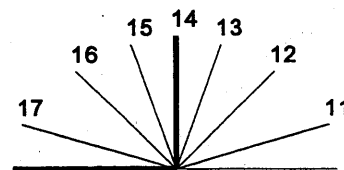
Completely reclined prior to impact

- (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

F-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

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

1. Type of Child Safety Seat

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

2. Child Safety Seat Orientation

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

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

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

3. Child Safety Seat Harness Usage

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

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

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

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

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

Ejection

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

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 0695
 3. Vehicle Number 02
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 28
 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 168
 Code actual height to the nearest
 centimeter.
 (999) Unknown
66 inches X 2.54 = 168 centimeters

8. Occupant's Weight 061
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
135 pounds X .4536 = 61 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

EJECTION/ENTRAPMENT

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

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 9
 (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 9
 (0) Occupant fatal before removed from
 vehicle
 (1) Removed from vehicle while unconscious or
 not oriented to time or place
 (2) Removed from vehicle due to perceived
 serious injuries
 (3) Exited vehicle with some assistance
 (4) Exited vehicle under own power
 (5) Occupant fully ejected
 (8) Removed from vehicle for other reasons
 (specify): _____
 (9) Unknown

BELT SYSTEM FUNCTION

- | | |
|--|--|
| <p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____</p> <p>(9) <u>Unknown</u></p> | <p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>2</u></p> <p>(0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i> (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</p> |
| <p>19. Manual (Active) Belt System Use <u>04</u></p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) <u>Shoulder belt</u> (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): _____</p> <p>(12) <u>Shoulder belt used with child safety seat</u> (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): _____</p> <p>(99) Unknown if belt used</p> | <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(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): _____</p> <p>(3) Automatic belt use unknown (9) Unknown</p> |
| <p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (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): _____</p> <p>(8) <u>Other improper use of manual belt system (specify): _____</u></p> <p>(9) <u>Unknown</u></p> | <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (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): _____</p> <p>(8) <u>Other improper use of automatic belt system (specify): _____</u></p> <p>(9) Unknown</p> |
| <p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(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): _____</p> <p>(6) <u>Broken retractor</u> (7) Combination of above (specify): _____</p> <p>(8) <u>Other manual belt failure (specify): _____</u></p> <p>(9) <u>Unknown</u></p> | <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(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): _____</p> <p>(6) <u>Broken retractor</u> (7) Combination of above (specify): _____</p> <p>(8) <u>Other automatic belt failure (specify): _____</u></p> <p>(9) <u>Unknown</u></p> |

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (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.

- 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) 1

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

- (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 1

- (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 + 9 9 6
-

- (_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? 9 6

- (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

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 9 6
 (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
45. Was The Air Bag Tethered? 3
 (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? 3
 (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
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (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 air bag equipped/air bag 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 1
 (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 1
 (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 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

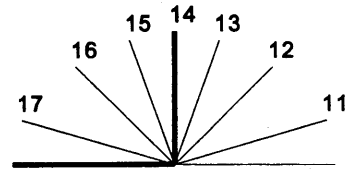
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 1 3
 (00) Occupant not seated or no seat
 (01) Not adjustable

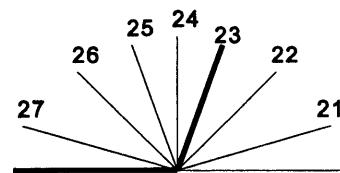
Upright prior to impact

- (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



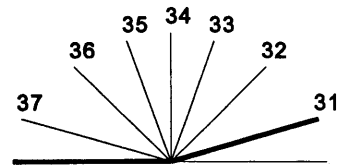
Slightly reclined prior to impact

- (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) 5
 (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 0 059. Child Safety Seat Shield Usage 0 060. 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 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 *PER INTERVIEW* 12

- (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 62

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

EMERGENCY RESPONSE INFORMATION

EMS Notification

- (1) Not notified
- (2) Notified
- (9) Unknown

2
ROAD VEHICLE
1
AIR VEHICLE

EMS Type

- (01) Fire department
- (02) Rescue squad
- (03) Police department
- (04) Trauma unit
- (05) Disaster unit
- (06) Ambulance service unit
- (07) Hospital
- (08) Mortuaries/funeral homes
- (98) Other, specify: _____
- (99) Unknown

| | |
|--------------|-------------------|
| FIRST UNIT | TRANSPORTING UNIT |
| <u>99</u> | <u>06</u> |
| ROAD VEHICLE | ROAD VEHICLE |
| _____ | _____ |
| AIR VEHICLE | AIR VEHICLE |

EMS Notification Time (first unit) (9999) Unknown

9999
ROAD VEHICLE
_____ AIR VEHICLE

EMS Arrival Time (first unit) (9998) EMS cancelled or did not arrive (9999) Unknown

9999
ROAD VEHICLE
_____ AIR VEHICLE

EMS Departure Time To Treatment Facility (transporting unit) (9997) EMS arrived, provided treatment, but did not transport

9999
ROAD VEHICLE
_____ AIR VEHICLE

(9998) EMS arrived, but was not used (9999) Unknown

EMS Care

- (01) No care administered
- (02) First aid
- (03) Resuscitation
- (04) CPR
- (05) Emergency cardiac care
- (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
- (07) Emergency burn care
- (08) Combination of above, specify: _____
- (98) Other, specify: _____
- (99) Unknown

| | |
|--------------|------------------|
| ON-SCENE | DURING TRANSPORT |
| <u>99</u> | <u>99</u> |
| ROAD VEHICLE | ROAD VEHICLE |
| _____ | _____ |
| AIR VEHICLE | AIR VEHICLE |

EMS Arrival Time At Treatment Facility (9999) Unknown

9999
ROAD VEHICLE
_____ AIR VEHICLE

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 42

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 0168. 2nd Medically Reported Cause of Death 0569. 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 10

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. 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? 9

- (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 DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



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

OCCUPANT INJURY FORM

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

| | |
|---|------------------------------|
| 1. Primary Sampling Unit Number <u>43</u> | 3. Vehicle Number <u>02</u> |
| 2. Case Number - Stratum <u>069J</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 | Body Region | A.I.S. - 90 | | | | | | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number | | |
|-------------------------------------|-------------|----------------------------|-----------------------------|-----------------|-----------------|----------------|---------------|--------------------------------|------------------------|--------------------------------|---------------|----------------|
| | | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | | | | | |
| <i>head injury to base of skull</i> | 1st | 5. <u>2</u> | 6. <u>1</u> | 7. <u>4</u> | 8. <u>02</u> | 9. <u>06</u> | 10. <u>5</u> | 11. <u>8</u> | 12. <u>603</u> | 13. <u>3</u> | 14. <u>3</u> | 15. <u>00</u> |
| <i>closed distal femur H</i> | 2nd | 16. <u>2</u> | 17. <u>8</u> | 18. <u>5</u> | 19. <u>18</u> | 20. <u>00</u> | 21. <u>3</u> | 22. <u>2</u> | 23. <u>010</u> | 24. <u>3</u> | 25. <u>1</u> | 26. <u>02</u> |
| <i>ankle H</i> | 3rd | 27. <u>2</u> | 28. <u>8</u> | 29. <u>5</u> | 30. <u>20</u> | 31. <u>00</u> | 32. <u>2</u> | 33. <u>1</u> | 34. <u>251</u> | 35. <u>3</u> | 36. <u>1</u> | 37. <u>01</u> |
| <i>patella H</i> | 4th | 38. <u>2</u> | 39. <u>8</u> | 40. <u>5</u> | 41. <u>24</u> | 42. <u>00</u> | 43. <u>2</u> | 44. <u>2</u> | 45. <u>010</u> | 46. <u>3</u> | 47. <u>1</u> | 48. <u>02</u> |
| <i>sm. thalamic bleed</i> | 5th | 49. <u>2</u> | 50. <u>1</u> | 51. <u>4</u> | 52. <u>02</u> | 53. <u>10</u> | 54. <u>5</u> | 55. <u>8</u> | 56. <u>603</u> | 57. <u>3</u> | 58. <u>3</u> | 59. <u>00</u> |
| <i>diffuse mild edema</i> | 6th | 60. <u>2</u> | 61. <u>1</u> | 62. <u>4</u> | 63. <u>04</u> | 64. <u>54</u> | 65. <u>3</u> | 66. <u>6</u> | 67. <u>603</u> | 68. <u>3</u> | 69. <u>3</u> | 70. <u>00</u> |
| <i>hematoma back of head</i> | 7th | 71. <u>2</u> | 72. <u>1</u> | 73. <u>9</u> | 74. <u>04</u> | 75. <u>02</u> | 76. <u>1</u> | 77. <u>6</u> | 78. <u>151</u> | 79. <u>2</u> | 80. <u>1</u> | 81. <u>00</u> |
| <i>thigh bruise</i> | 8th | 82. <u>2</u> | 83. <u>8</u> | 84. <u>9</u> | 85. <u>04</u> | 86. <u>02</u> | 87. <u>1</u> | 88. <u>1</u> | 89. <u>010</u> | 90. <u>3</u> | 91. <u>1</u> | 92. <u>02</u> |
| <i>forearm & hand bruise</i> | 9th | 93. <u>2</u> | 94. <u>7</u> | 95. <u>9</u> | 96. <u>04</u> | 97. <u>02</u> | 98. <u>1</u> | 99. <u>2</u> | 100. <u>053</u> | 101. <u>3</u> | 102. <u>1</u> | 103. <u>04</u> |
| <i>bruise on shins abrasions</i> | 10th | 104. <u>2</u> | 105. <u>8</u> | 106. <u>9</u> | 107. <u>02</u> | 108. <u>02</u> | 109. <u>1</u> | 110. <u>3</u> | 111. <u>010</u> | 112. <u>3</u> | 113. <u>1</u> | 114. <u>02</u> |

OCCUPANT INJURY CLASSIFICATION

| Body Region | Specific Anatomic Structure | Level of Injury | Aspect |
|---|---|--|------------------|
| (1) Head | | Specific injuries are assigned consecutive two-digit numbers beginning with 02. | (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 |
| | | | (0) Whole region |
| | <u>Vessels, Nerves, Organs, Bones, Joints</u> 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. | |
| | The exceptions to this rule apply to: | | |
| 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 | Abbreviated Injury Scale | |
| | (50) Injury - NFS | (1) Minor Injury | |
| | (90) Trauma, other than mechanical | (2) Moderate Injury | |
| | | (3) Serious Injury | |
| | | (4) Severe Injury | |
| | | (5) Critical Injury | |
| | | (6) Maximum (untreatable) | |
| | | (7) Injured, unknown severity | |
| | <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 | | |

| 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</p> <p>(2) Probable</p> <p>(3) Possible</p> <p>(9) Unknown</p> | <p>(1) Direct contact injury</p> <p>(2) Indirect contact injury</p> <p>(3) Noncontact injury</p> <p>(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): _____

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

ME:

Restrained?

No
 Yes

Blood Alcohol Level (mg/dl)

BAL = \emptyset

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

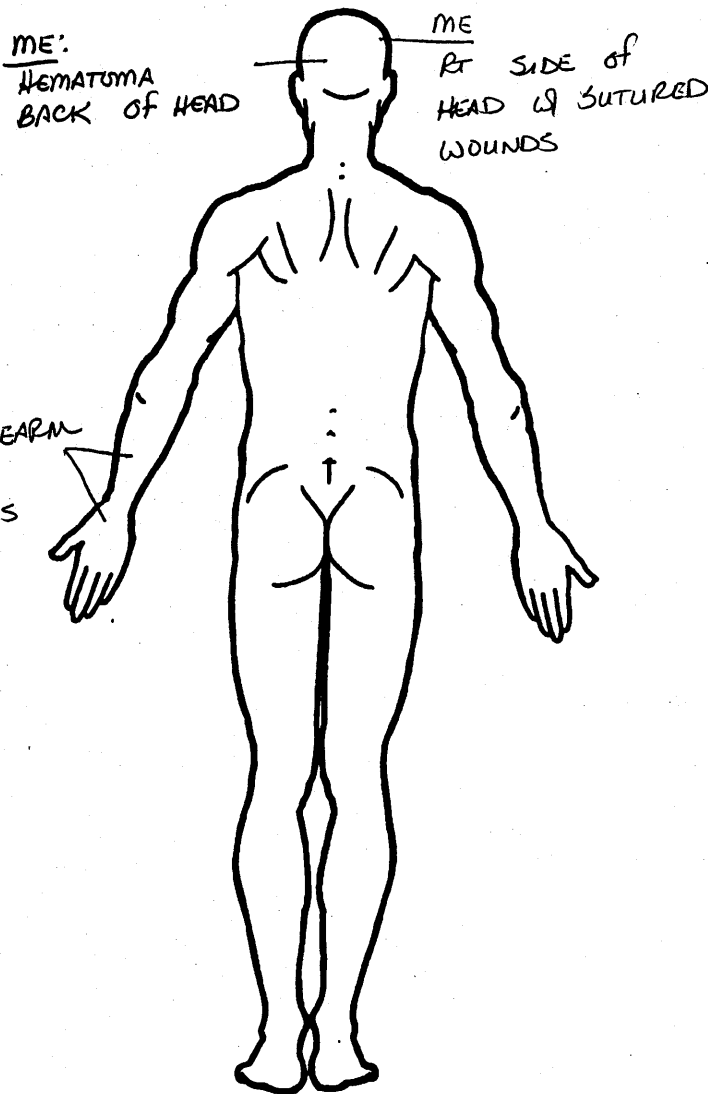
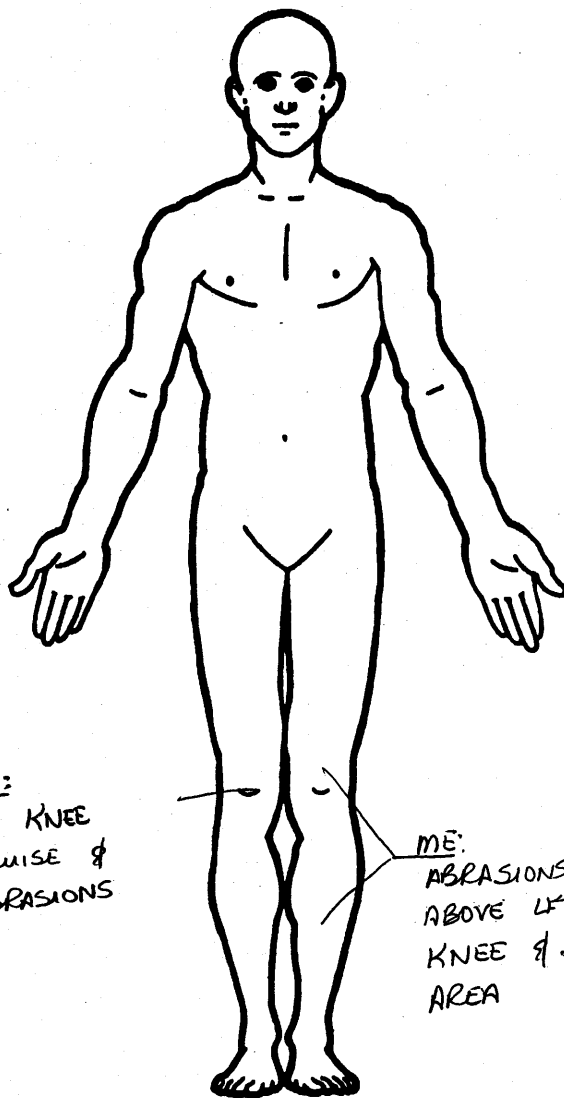
HCO₃ =

NOT RECORDED

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

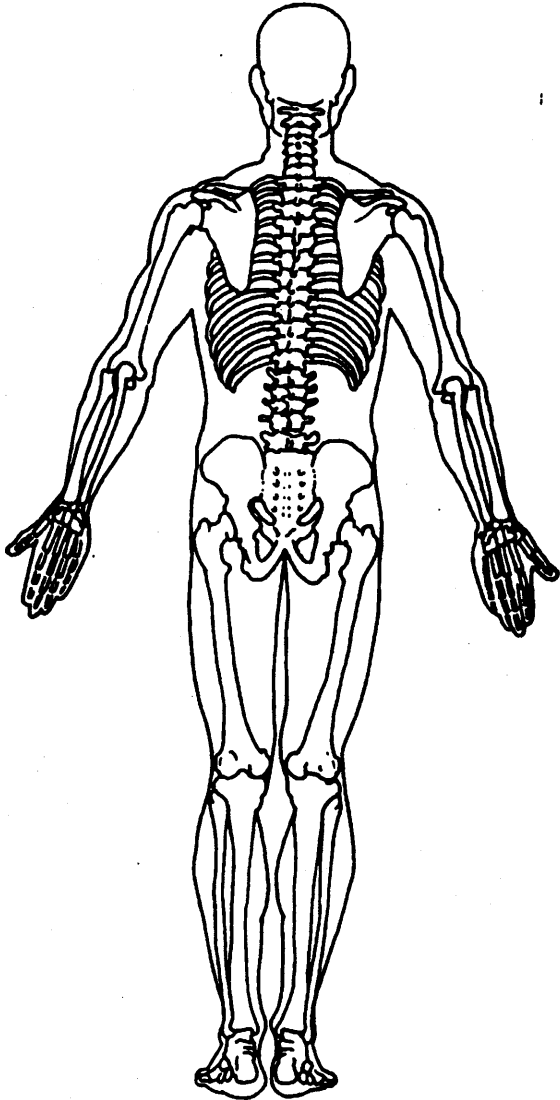
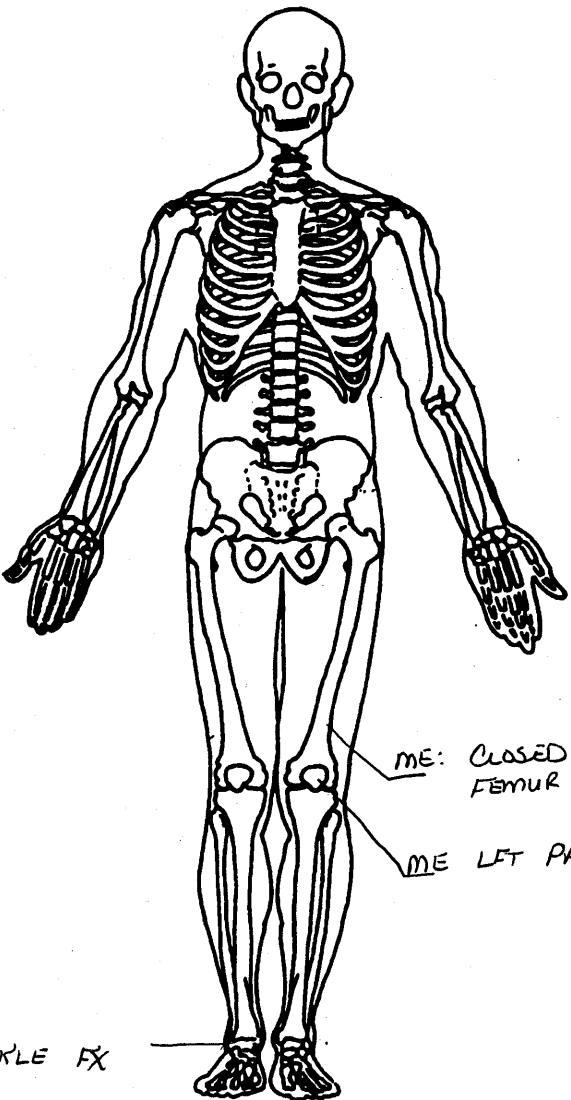
ME: (+) AIR BAG

ME: PT UNRESPONSIVE TO VERBAL COMMANDS & COMBATIVE TO PAINFUL STIMULI



OFFICIAL INJURY DATA — SKELETAL 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.)

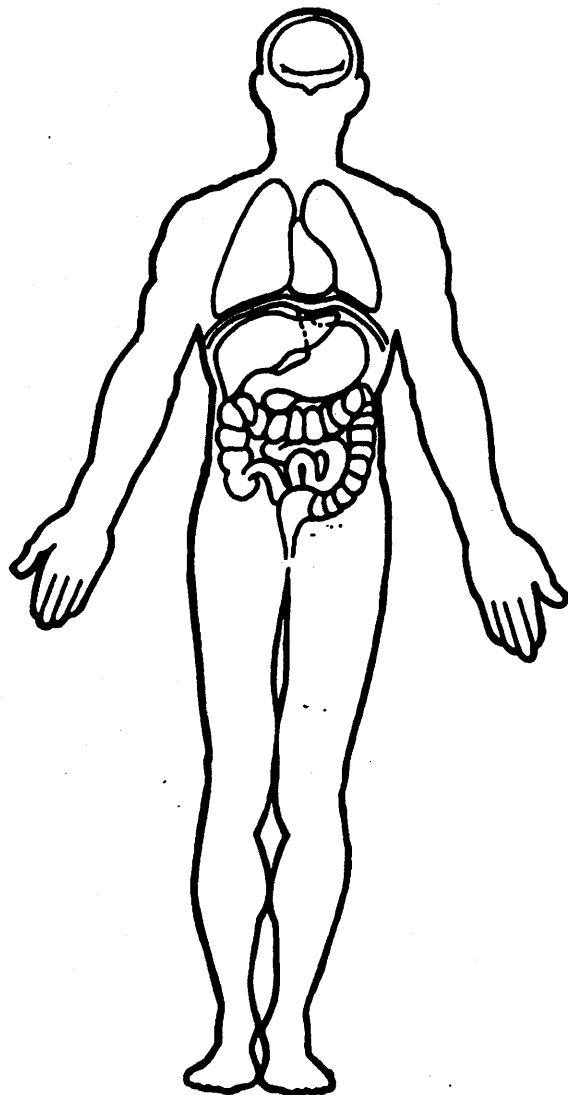


ME:
RT ANKLE FX

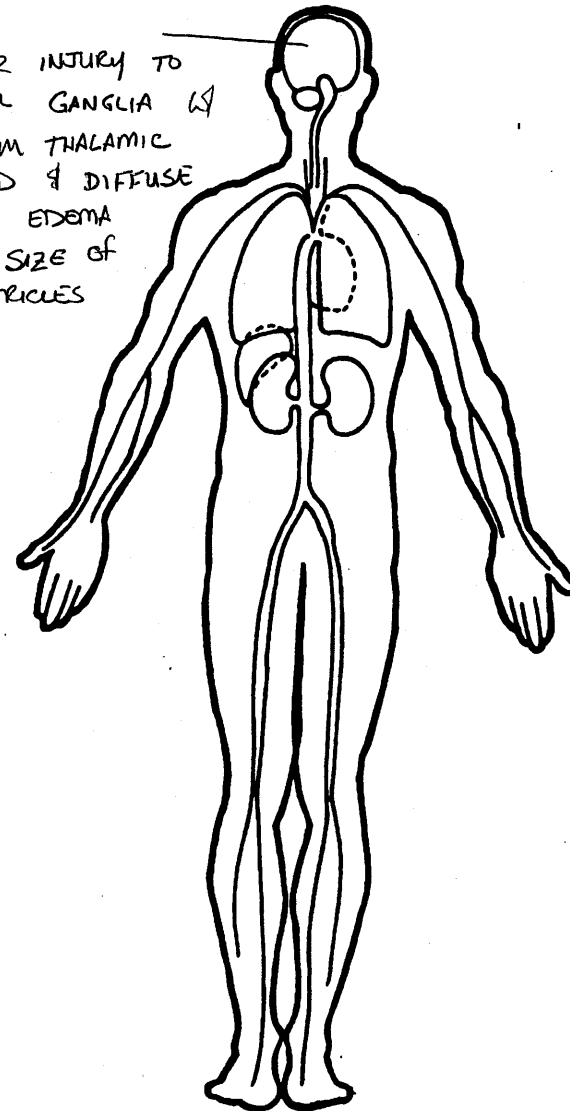
ME: CLOSED DISTAL
FEMUR FX
ME LET PATELLA FX

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.)



ME:
SHEAR INJURY TO
BASAL GANGLIA w/
A SM THALAMIC
BLEED & DIFFUSE
MILD EDEMA
w/ ↓ SIZE OF
VENTRICLES



UPDATE FORM

1. Primary Sampling Unit Number 43
 2. Case Number - Stratum 069J
 3. Vehicle Number 0201
 4. Occupant Number 01

RECEIVED [REDACTED] 1996

Driver or Occupant Name: [REDACTED]
 Address: [REDACTED]
 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] 96 | OAL18. Medical Facility Code | 97 | 97 |
| OAL09. Date Official Medical Data Obtained | [REDACTED] | [REDACTED] 96 | GV14. Alcohol Test Results For Driver | --- | --- |
| OAL16. Injury Treatment Status | --- | --- | GV16. Other Drug Specimen Test Type For Driver | --- | --- |
| OAL17. Injury Information | | | OA05. Occupant's Age | --- | --- |
| <u>Official</u> | | | OA06. Occupant's Sex | --- | --- |
| a. Autopsy (invasive examination) | B | --- | OA07. Occupant's Height | --- | --- |
| b. Post-ER medical record which includes information about death based on non-invasive examination | B | 11 | OA08. Occupant's Weight | --- | --- |
| c. Admission record/summary or admission/discharge face sheet | B | --- | OA61. Treatment-Mortality | --- | --- |
| d. Discharge summary | B | --- | OA62. Type of Medical Facility (for Initial Treatment) | --- | --- |
| e. Operative report | B | --- | OA63. Hospital Stay | --- | --- |
| f. Radiographic record(s) (X-ray, CT scan) | B | --- | | | |
| g. History and physical examination and/or consultation records | B | --- | | | |
| h. Emergency room records (includes nurses' notes) | B | --- | | | |
| j. Private physician | B | --- | | | |
| <u>Unofficial</u> | | | | | |
| k. Lay coroner | B | --- | | | |
| l. EMS record | B | --- | | | |
| m. Interviewee | B | --- | | | |
| n. Other source (specify): | B | B | | | |
| o. Police report | B | B | | | |



SMASH PROGRAM SUMMARY

(All Measurements in Metric)

Identifying Title

43
Primary Sampling Unit

069J
Case No.-Stratum

01
Accident Event Sequence No.

 / / 96
Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number 02
Year 1994
Make CHEVROLET
Model ASTROVAN
Body Style VN
CDC 12 F Y E W 5
PDOF ± 350 °
Heading Angle ± 270 °

VEHICLE 2

NASS Vehicle Number _____
Year _____
Make _____
Model _____
Body Style _____
CDC BARRIER
PDOF ± _____ °
Heading Angle ± _____ °

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase 282 cm
Overall Length 449 cm
Overall Width 197 cm
Weight 1848 + 61 + 0 = 1909 kg
Curb Occupant(s) Cargo
Engine Displacement 4.3 L
Drive System FWO
Size 7
Stiffness 7

VEHICLE 2

Wheelbase _____ cm
Overall Length _____ cm
Overall Width _____ cm
Weight _____ kg
Curb Occupant(s) Cargo
Engine Displacement _____ L
Drive System _____
Size _____
Stiffness _____

DAMAGE INFORMATION

VEHICLE 1

Damage Known? Y
Damage Length 170 cm
Damage Offset 053 cm
Crush Depth:
C1 067 cm
C2 064 cm
C3 030 cm
C4 019 cm
C5 010 cm
C6 001 cm

VEHICLE 2

Damage Known? _____
Damage Length _____ cm
Damage Offset ± _____ cm
Crush Depth:
C1 _____ cm
C2 _____ cm
C3 _____ cm
C4 _____ cm
C5 _____ cm
C6 _____ cm

SCENE INFORMATION

Rest and Impact Positions No Yes

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

VEHICLE MOTION

| VEHICLE 1 | | VEHICLE 2 | |
|---------------------------|--|---------------------------|--|
| Sustained Contact | <input type="checkbox"/> No <input type="checkbox"/> Yes | Sustained Contact | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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 | X _____ m | End of Rotation | X _____ m |
| Position | Y _____ m | Position | Y _____ m |
| | Heading Angle _____ ° | | Heading Angle _____ ° |
| Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes | Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Point on Path | X _____ m Y _____ m | Point on Path | X _____ m Y _____ m |
| Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW | Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW |
| Rotation >360° | <input type="checkbox"/> No <input type="checkbox"/> Yes | Rotation >360° | <input type="checkbox"/> No <input type="checkbox"/> Yes |

FRICITION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option 1

| Vehicle 1 Rolling Resistance | Vehicle 2 Rolling Resistance |
|------------------------------|------------------------------|
| LF _____ | LF _____ |
| RF _____ | RF _____ |
| LR _____ | LR _____ |
| RR _____ | RR _____ |

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

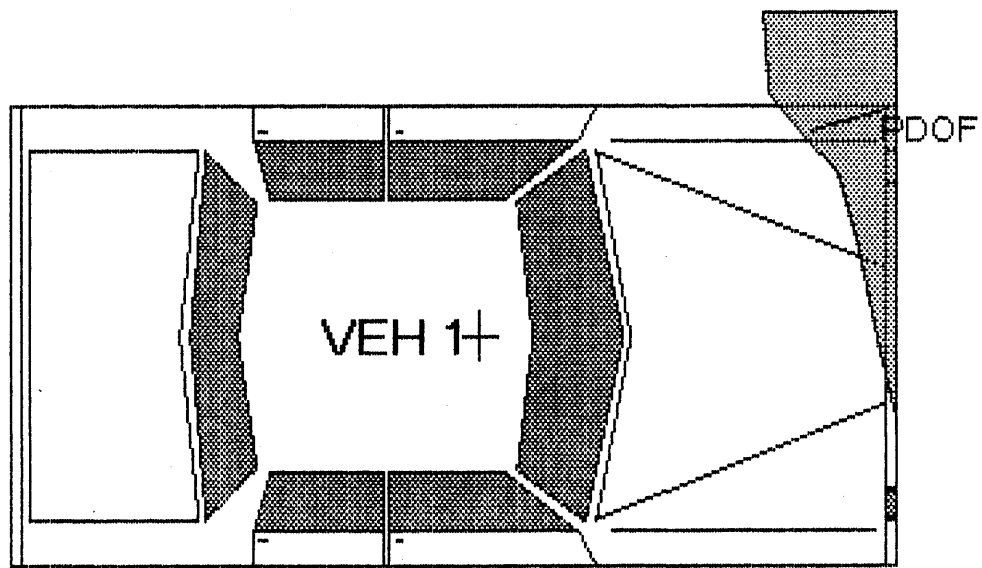
Model: _____

VIN: _____

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

Complete and ATTACH the appropriate damage sketch and dimensions to the form.

1994 Chevrolet Astro



Summary of Results Using Damage

PSU 43 CASE 069J BARRIER TEST V2 EVENT 1

Speed Change
(Damage)

Vehicle #1

Total 42 km/h (26 mph)
 Longitudinal -41 km/h (-26 mph)
 Latitudinal 7 km/h (5 mph)
 PDOF Angle -10 °
 Energy Dissipated = 152027 Joules (112114 Ft-Lb)
 Barrier Equivalent Speed = 41.7 km/h (25.9 mph)
 Calculated using size and stiffness categories.

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 | Chevrolet | |
| Model | Astro | |
| CDC | 12FYEW5 | BARRIER |
| Side Damaged | F | |
| PDOF Angle | 350 ° | 0 ° |
| Heading Angle | 270 ° | 0 ° |

| Calculation method: | Size and Stiffness | Size and Stiffness |
|---------------------|----------------------|--------------------------|
| Size Category | 7 | 11 |
| Stiffness Category | 7 | 11 |
| Vehicle Weight | 1909 kgs (4209 lbs) | 453592 kgs (999999 lbs) |

Damage Information

| Vehicle Damage Known | Vehicle #1 | | Vehicle #2 | |
|----------------------|--------------------|-----|----------------|-----|
| | | Yes | | Yes |
| Crush Length | 170.0 cm (67 in) | | 0.0 cm (0 in) | |
| D1 | 67.0 cm (26 in) | | 0.0 cm (0 in) | |
| D2 | 64.0 cm (25 in) | | 0.0 cm (0 in) | |
| D3 | 30.0 cm (12 in) | | 0.0 cm (0 in) | |
| D4 | 19.0 cm (7 in) | | 0.0 cm (0 in) | |
| D5 | 10.0 cm (4 in) | | 0.0 cm (0 in) | |
| D6 | 1.0 cm (0 in) | | 0.0 cm (0 in) | |
| D7 | -52.9 cm (-21 in) | | 0.0 cm (0 in) | |
| | -87.1 cm (-34 in) | | 0.0 cm (0 in) | |

Vehicle Dimensions

| | Vehicle #1 | Vehicle #2 |
|---------------------|--|---|
| Length | 449.0 cm (177 in) | 0.0 cm (0 in) |
| Width | 197.0 cm (78 in) | 0.0 cm (0 in) |
| Wheelbase | 282.0 cm (111 in) | 254.0 cm (100 in) |
| Weight | 1909 kgs (4209 lbs) | 453592 kgs (999999 lbs) |
| CG to Front of Veh | 192.0 cm (76 in) | 127.0 cm (50 in) |
| Engine Displacement | 4.3 liters | 0.0 liters |
| Moment of Inertia | 347694 kgs (30775 lbs) | 29375740821 kgs (2600101632 lbs) |
| Vehicle Mass | 1909 kgs (10.9 lb-s ² /in) | 453515 kgs (2600.1 lb-s ² /in) |



SMASH PROGRAM SUMMARY

(All Measurements in Metric)

Identifying Title

43

Primary Sampling Unit

0695

Case No.-Stratum

02

Accident Event Sequence No.

 / / 96

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

VEHICLE 2

NASS Vehicle Number 02
Year 1994
Make CHEVROLET
Model ASTROVAN
Body Style VN
CDC 03 R P E N 2
PDOF \pm 090 °
Heading Angle \pm 270 °

NASS Vehicle Number _____
Year _____
Make _____
Model _____
Body Style _____
CDC _____
PDOF \pm _____ °
Heading Angle \pm _____ °

VEHICLE SPECIFICATIONS

VEHICLE 1

VEHICLE 2

Wheelbase 282 cm
Overall Length 449 cm
Overall Width 197 cm
Weight 1848 + 61 + 0 = 1909 kg
Curb Occupant(s) Cargo
Engine Displacement 4.3 L
Drive System FW0
Size 7
Stiffness 7

Wheelbase _____ cm
Overall Length _____ cm
Overall Width _____ cm
Weight _____ kg
Curb Occupant(s) Cargo
Engine Displacement _____ L
Drive System _____
Size _____
Stiffness _____

DAMAGE INFORMATION

VEHICLE 1

VEHICLE 2

Damage Known? Y
Damage Length 096 cm
Damage Offset 0061 cm
Crush Depth: C1 000 cm
C2 003 cm
C3 009 cm
C4 011 cm
C5 005 cm
C6 000 cm

Damage Known? _____
Damage Length _____ cm
Damage Offset \pm _____ cm
Crush Depth: C1 _____ cm
C2 _____ cm
C3 _____ cm
C4 _____ cm
C5 _____ cm
C6 _____ cm

SCENE INFORMATION

Rest and Impact Positions No Yes

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

VEHICLE MOTION

| VEHICLE 1 | | VEHICLE 2 | |
|---------------------------|--|---------------------------|--|
| Sustained Contact | <input type="checkbox"/> No <input type="checkbox"/> Yes | Sustained Contact | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 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 | X _____ m | End of Rotation | X _____ m |
| Position | Y _____ m | Position | Y _____ m |
| | Heading Angle _____ ° | | Heading Angle _____ ° |
| Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes | Curved Path | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Point on Path | X _____ m Y _____ m | Point on Path | X _____ m Y _____ m |
| Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW | Rotation Direction | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW |
| Rotation >360° | <input type="checkbox"/> No <input type="checkbox"/> Yes | Rotation >360° | <input type="checkbox"/> No <input type="checkbox"/> Yes |

FRICITION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option 1

| Vehicle 1 Rolling Resistance | Vehicle 2 Rolling Resistance |
|------------------------------|------------------------------|
| LF _____ | LF _____ |
| RF _____ | RF _____ |
| LR _____ | LR _____ |
| RR _____ | RR _____ |

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

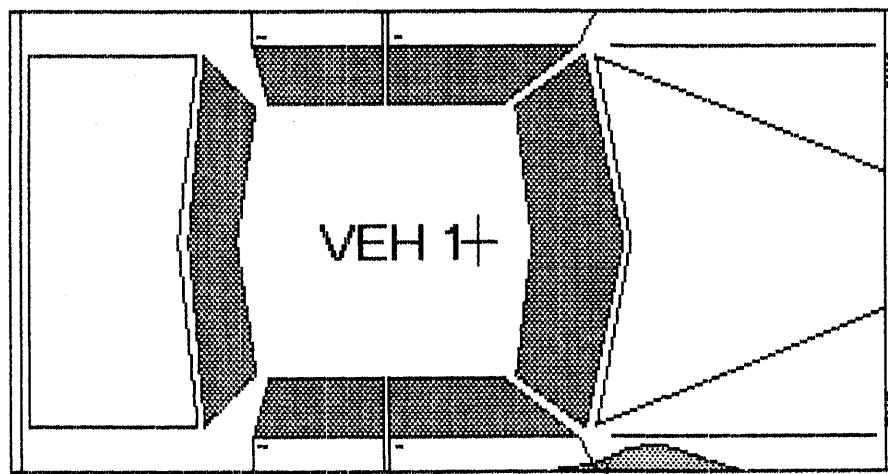
Model: _____

VIN: _____

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

Complete and ATTACH the appropriate damage sketch and dimensions to the form.

1994 Chevrolet Astro



PDOF

Summary of Results Using Damage

PSU 43 CASE 069J BARRIER TEST FOR V2 EVENT 2

Speed Change
(Damage)

Vehicle #1

| | |
|--------------------------|-----------------------------|
| Total | 8 km/h (5 mph) |
| Longitudinal | 0 km/h (0 mph) |
| Latitudinal | -8 km/h (-5 mph) |
| PDOF Angle | 90 ° |
| Energy Dissipated | = 6000 Joules (4425 Ft-Lb) |
| Barrier Equivalent Speed | = 8.1 km/h (5.1 mph) |

Calculated using size and stiffness categories.

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 | Chevrolet | |
| Model | Astro | |
| CDC | 03RPEW2 | BARRIER |
| Side Damaged | R | |
| PDOF Angle | 90 ° | 0 ° |
| Heading Angle | 270 ° | 0 ° |

| Calculation method: | Size and Stiffness | Size and Stiffness |
|---------------------|----------------------|--------------------------|
| Size Category | 7 | 11 |
| Stiffness Category | 7 | 11 |
| Vehicle Weight | 1909 kgs (4209 lbs) | 453592 kgs (999999 lbs) |

Damage Information

| Vehicle Damage Known | Vehicle #1 | | Vehicle #2 | |
|----------------------|------------------|-----|----------------|-----|
| | | Yes | | Yes |
| Crush Length | 96.0 cm (38 in) | | 0.0 cm (0 in) | |
| Cl | 0.0 cm (0 in) | | 0.0 cm (0 in) | |
| Cl | 3.0 cm (1 in) | | 0.0 cm (0 in) | |
| Cl | 9.0 cm (4 in) | | 0.0 cm (0 in) | |
| Cl | 11.0 cm (4 in) | | 0.0 cm (0 in) | |
| Cl | 5.0 cm (2 in) | | 0.0 cm (0 in) | |
| Cl | 0.0 cm (0 in) | | 0.0 cm (0 in) | |
| Cl | 61.0 cm (24 in) | | 0.0 cm (0 in) | |
| Cl | 63.7 cm (25 in) | | 0.0 cm (0 in) | |

Vehicle Dimensions

| | Vehicle #1 | Vehicle #2 |
|---------------------|----------------------------|----------------------------------|
| Length | 449.0 cm (177 in) | 0.0 cm (0 in) |
| Width | 197.0 cm (78 in) | 0.0 cm (0 in) |
| Wheelbase | 282.0 cm (111 in) | 254.0 cm (100 in) |
| Weight | 1909 kgs (4209 lbs) | 453592 kgs (999999 lbs) |
| CG to Front of Veh | 192.0 cm (76 in) | 127.0 cm (50 in) |
| Engine Displacement | 4.3 liters | 0.0 liters |
| Moment of Inertia | 347694 kgs (30775 lbs) | 29375740821 kgs (2600101632 lbs) |
| Vehicle Mass | 1909 kgs (10.9 lb-s^2/in) | 453515 kgs (2600.1 lb-s^2/in) |

INTER ERRORS

AH0061 2 If CASE AC02(4) equals C, D, E, F, J or K, then at least one
 AH0062 TREATMENT OA62 should equal 3 or 4.

GC0361 2 If BODY TYPE GV07 equals 04-06, 14-16, 20, 21 or 24, then TYPE
 GC0362 LEFT REAR IV18 should not equal 0. GV=02

PSU43

ERROR SUMMARY SCREEN

██████████/96

CASE 069J

CURRENT VERSION: 9.00

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



PSU 43-068J (1996) #1



PSU 43-069J (1996) #2



FSU 43-089J (1996) #3



PSU 43-089J (1996) #4



PSU 43-069J (1996) #5



PSU 43-069J (1996) #6



PSU 43-069J (1996) #7



PSU 43-069J (1996) #8



PSU 43-069J (1996) #9



PSU 43-069J (1996) #10



PSU 43-069J (1996) #11



PSU 43-069J (1996) #12



PSU 43-088J (1996) #13



PSU 43-069J (1996) #14



PSU 43-069J (1996) #15



PSU 43-069J (1996) #16



PSU 43-069J (1996) #17



PSU 43-069J (1996) #18



PSU 43-069J (1996) #19



PSU 43-089J (1996) #20



PSU 43-069J (1996) #21



PSU 43-069J (1996) #22



PSU 43-069J (1996) #23



PSU 43-069J (1996) #24



PSU 43-069J (1996) #25



PSU 43-089J (1996) #26



PSU 43-069J (1996) #27



PSU 43-069J (1996) #28



PSU 43-069J (1996) #29



PSU 43-089J (1998) #30



PSU 43-069J (1996) #31



PSU 43-069J (1996) #32



PSU 43-088J (1996) #33



PSU 43-069J (1996) #34



PSU 43-069J (1996) #35



PSU 43-089J (1996) #36



PSU 43-069J (1996) #37



PSU 43-069J (1996) #38
Best Available



PSU 43-089J (1996) #39



PSU 43-069J (1996) #40



PSU 43-069J (1996) #41



PSU 43-069J (1996) #42



PSU 43-069J (1996) #43



PSU 43-069J (1996) #44



PSU 43-069J (1996) #45



PSU 43-069J (1996) #46



PSU 43-069J (1996) #47



PSU 43-069J (1996) #48



PSU 43-068J (1996) #49



PSU 43-069J (1996) #50



PSU 43-069J (1996) #51



PSU 43-068J (1996) #52



PSU 43-069J (1996) #53



PSU 43-069J (1996) #54



PSU 43-069J (1996) #55



PSU 43-069J (1996) #56



PSU 43-069J (1996) #57



PSU 43-069J (1996) #58



PSU 43-069J (1996) #59



PSU 43-069J (1996) #60



PSU 43-089J (1996) #81



PSU 43-069J (1996) #62



PSU 43-069J (1996) #63



PSU 43-089J (1998) #64



PSU 43-069J (1996) #65



PSU 43-069J (1996) #66



PSU 43-069J (1996) #67



PSU 43-068J (1996) #68