U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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NATIONAL ACCIDENT SAMPLING SYSTEM CONTINUOUS SAMPLING SYSTEM

SUMMARY OF CASE

PSU NO. P52/243B MONTH/YR OF ACCIDENT [redacted]/85

VEHICLE PROFILES

NO.	TYPE	YEAR	MAKE	MODEL	DAMAGE
1	LT TRUCK	78	FORD	F100	MINOR SCRATCHES TO REAR BUMPER.
2	PASS CAR	85	PONTIAC	SUNBIRD	SCRATCHES TO FRONT AND REAR BUMPER.
3	PASS CAR	79	PONTIAC	BONNEVILLE	EAD FRONT BUMPER STROKE AND SLIGHT RESIDUAL CRUSH TO REAR BUMPER.
4	PASS CAR	82	FORD	ESCORT	MODERATE FRONTAL DAMAGE WITH SEVERE REAR DAMAGE.
5	PASS CAR	74	TOYOTA	CELICA	MODERATE FRONTAL DAMAGE.

PERSON PROFILES

ROLE	RESTRAINT USE	VIOLATIONS CHARGED	MAXIMUM INJURY AIS	BODY AREA	NATURE
DRIVER V1	NONE	NONE	NONE		NA
OCC#2,3 & 4	NONE	NONE	NONE		NA
DRIVER V2	LAP & SHOULDER	NONE	NONE		NA
OCC#2-V2	LAP & SHOULDER	NONE	NONE		NA
DRIVER V3	NONE	NONE	1	NECK	STRAIN
OCC#2-V3	NONE	NONE	1	NECK	STRAIN
DRIVER V4	NONE	NONE	1	CHEST	CONTUSION
OCC#2-V4	NONE	NONE	1	NECK	STRAIN

PERSON PROFILES (CONTINUED)

DRIVER V5	NONE	NONE	1	FACE	CONTUSION
OCC#2-V5	NONE	NONE	2	WRIST	FRACTURE
OCC#3-V5	NONE	NONE	NONE		NA
OCC#4-V5	NONE	NONE	2	CHEEK	FRACTURE

NARRATIVE DESCRIPTION OF THE ACCIDENT (paths of vehicles, location and nature of collision(s), post-crash trajectories and other factors)

VEHICLES 1-4 HAD STOPPED IN TRAFFIC WAITING ON A RED LIGHT. VEHICLE 5 FAILED TO STOP, STRIKING V4 IN REAR FORCING V4 INTO V3, V3 INTO V2, AND V2 INTO V1. ALL VEHICLES REMAINED IN ROADWAY.

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National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

BEST AVAILABLE

Accident Collision Diagram

Primary Sampling Unit Number 5 2

Case Number 2 4 3 B

Reference Point: South end of flair to entrance to [redacted]

Reference Line: west edge of [redacted]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Approx 1st POI	26° S	6° E

Delete Street Names After Case Review

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National Highway Traffic Safety Administration

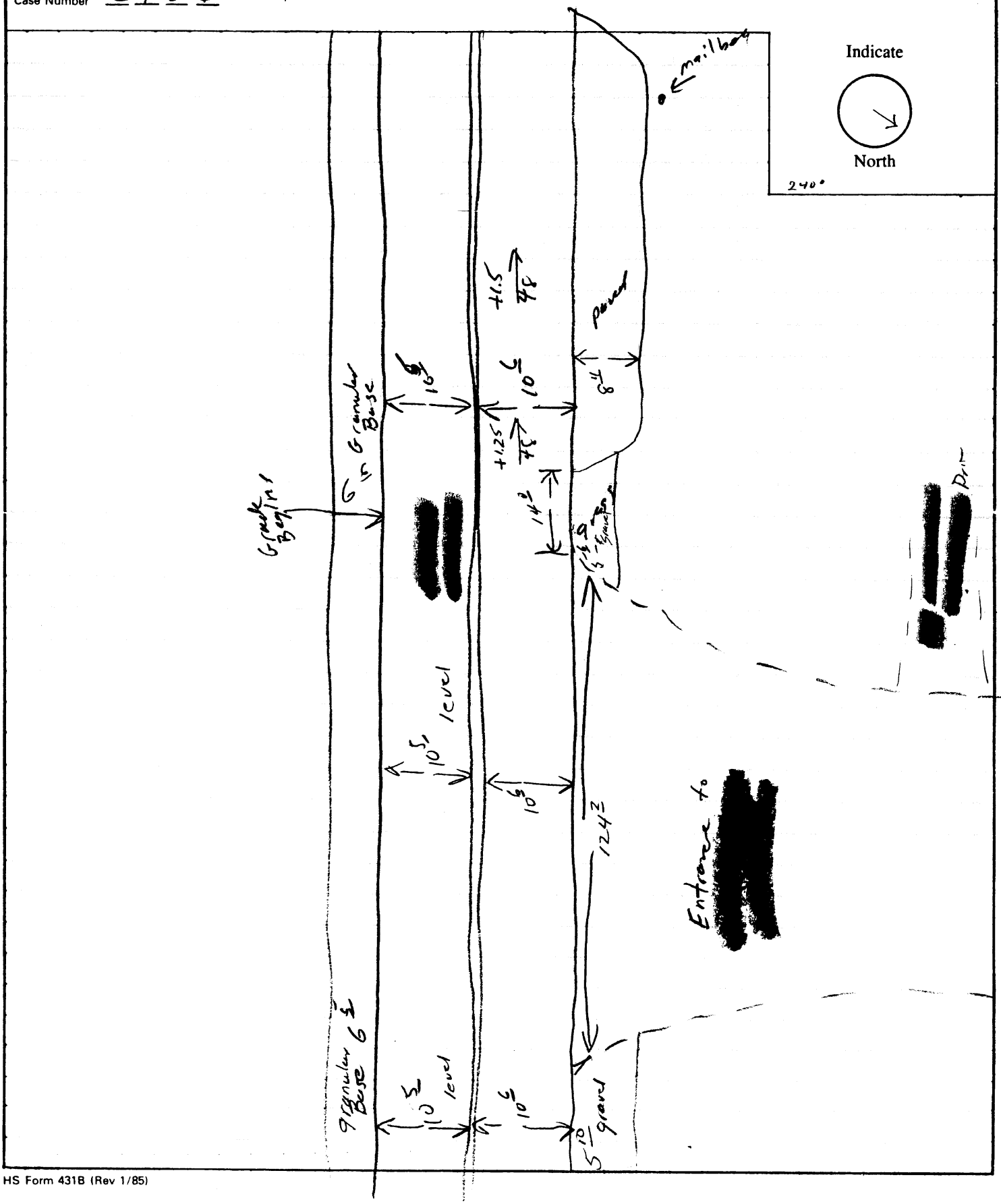
NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

PSU No. 52

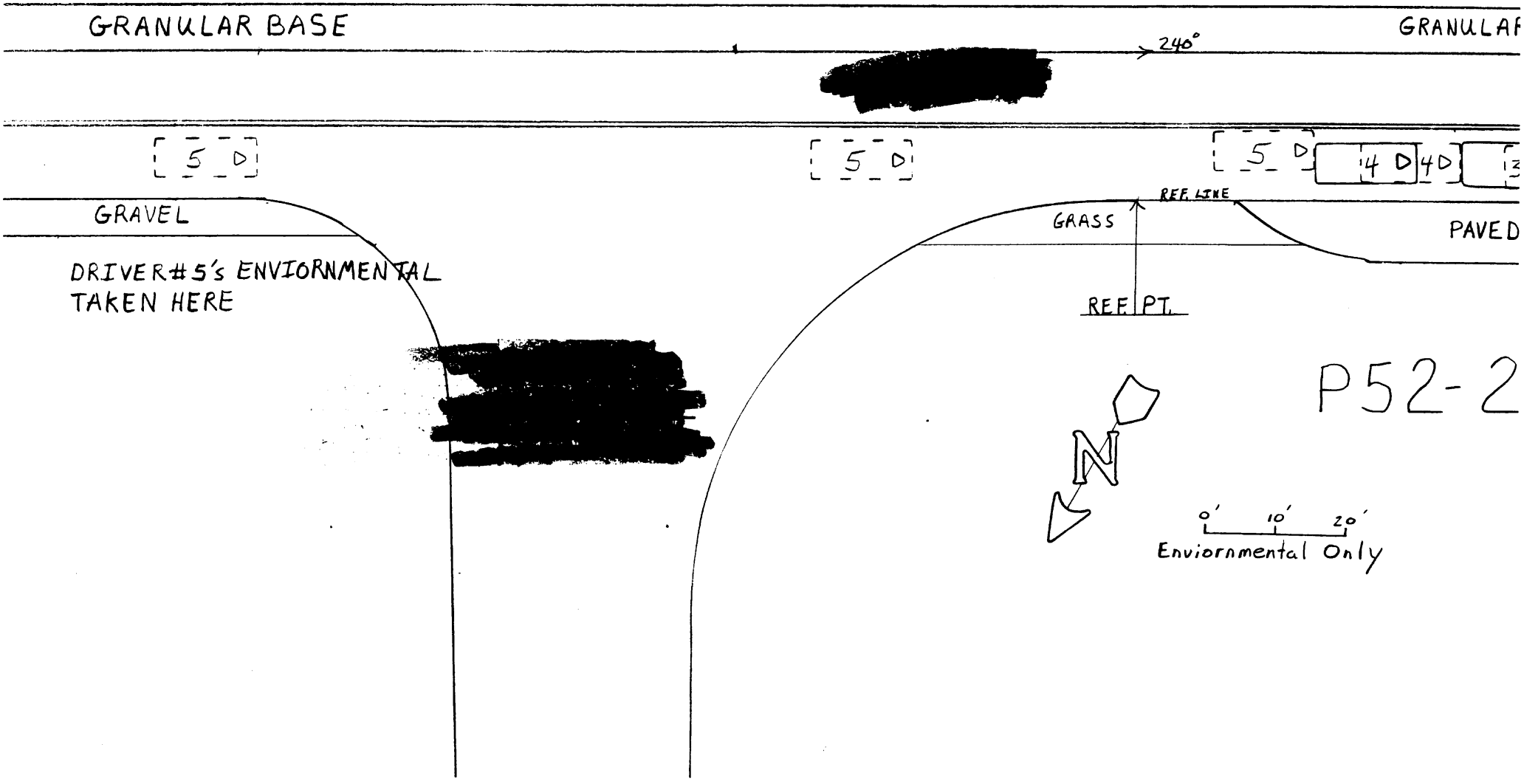
Case Number 243B

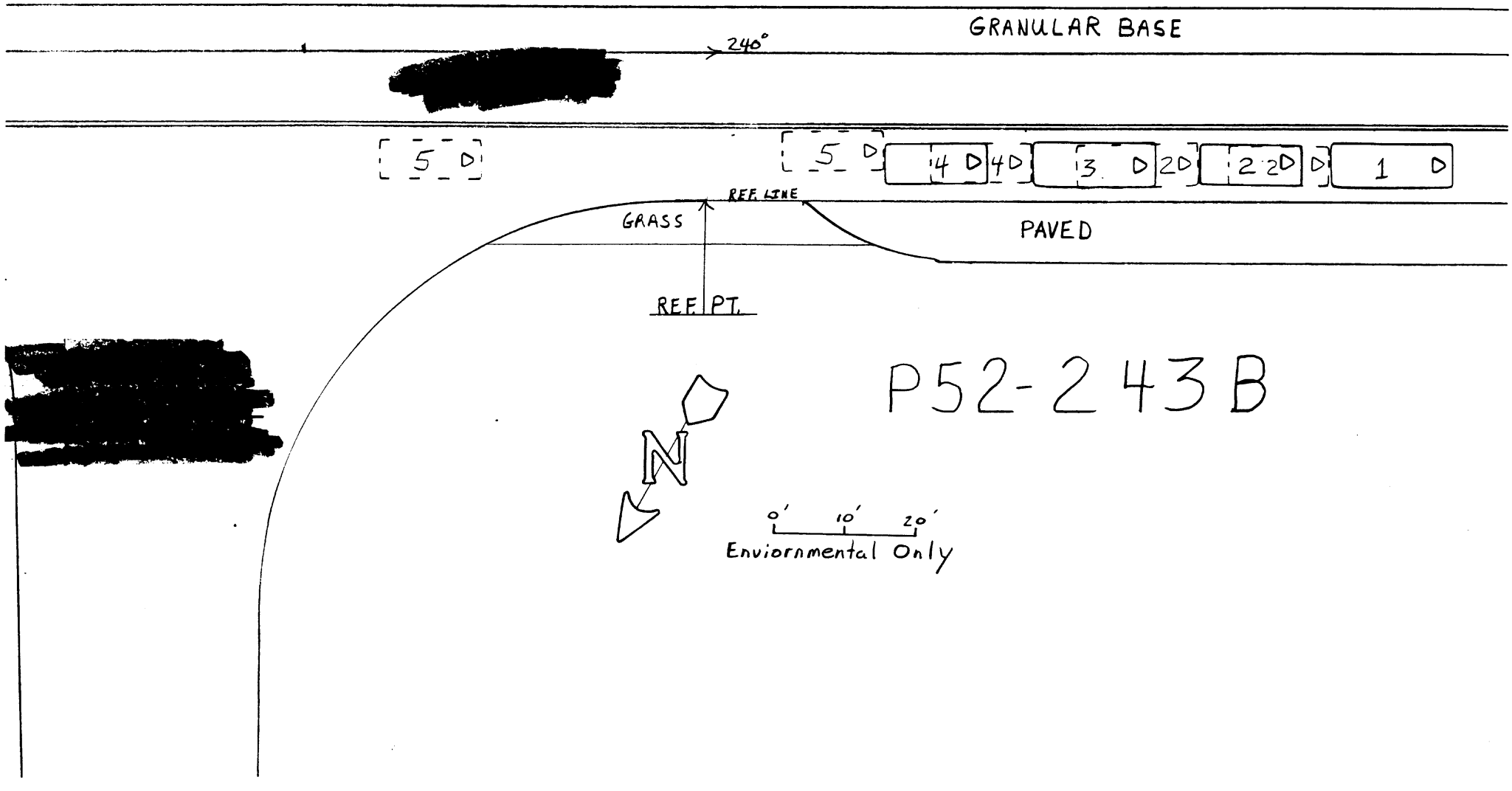
ACCIDENT COLLISION DIAGRAM



Delete Street Names After Case Review

HS Form 431B (Rev 1/85)


GRANULAR BASE
GRANULAR
240°
[redacted]
5 D
5 D
5 D
4 D
4 D
REF. LINE
GRAVEL
GRASS
PAVED
DRIVER#5's ENVIORNMENTAL
TAKEN HERE
REF. PT.
[redacted]
P52-2
N
0'
10'
20'
Enviornmental Only


GRANULAR BASE
240°
[redacted]
5 D
5 D
4 D
4D
3 D
2D
2 2D
D
1 D
REF. LINE
GRASS
PAVED
REF. PT.
[redacted]
N
0' 10' 20'
Enviornmental Only

P52-243B

PSU NUMBER 52

CASE NUMBER 243B

ACCIDENT COLLISION MEASUREMENT TABLE

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

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Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 24	Bowing: B1 _____ X1 _____
Corner shift: A1 _____	B2 _____ X2 _____
A2 _____	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
<4 inches ✓	
≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
4	Rear Bumper	21	NO CRUSH	21	0	0	0	0	0	0	-.5

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

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

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

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DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted
RF 2
LF 2
RR 2
LR 2

b. Tire deflated
RF 2
LF 2
RR 2
LR 2

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

TYPE OF TRANSMISSION

✓ Manual ___ Automatic

Average Track: ___
Maximum Width: 79.6
Curb Weight: 3314
Overall Length: 189.2
Wheel Base: 117
Engine Size: cyl. 8
displ. ___

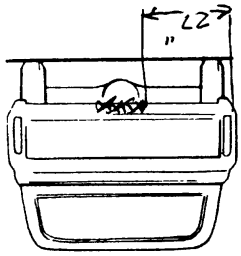
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

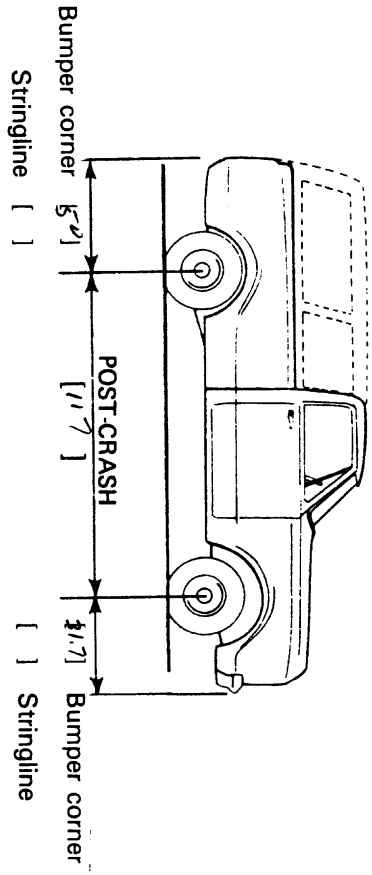
RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °

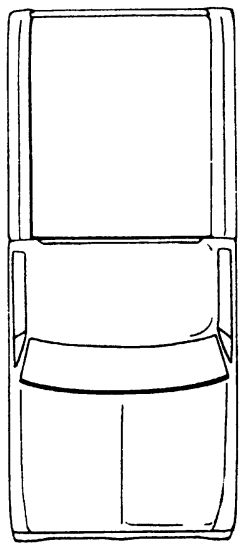
Within ± 5 degrees

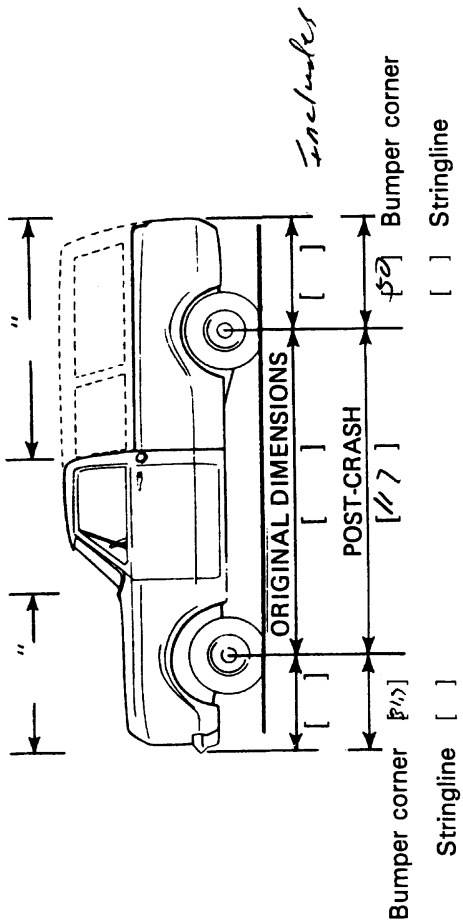
3214 6cyl
100 8cyl
3314

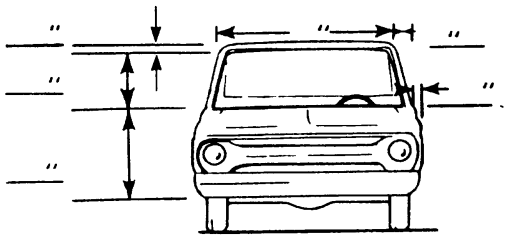
Only screwdriver
21" diameter = 21"











Note: 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 sidewall, 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.
If the vehicle contacted a pedestrian, complete page 6R.

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OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle
Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (<6 inches in diameter)
(33) Tree (>6 inches in diameter)
Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____
Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	02	180	60	B	C	L	W	01	4
2									
3									
4									
5									
6									
7									

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

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RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	2	3							
	Indication of Usage	0	0	0							
AUTOMATIC	Availability	0	0	0							
	Function	0	0	0							

Manual Restraint System
-Availability-
____ (0) None available
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat (designed without tether or unknown design)
____ (6) Child safety seat (designed with tether - tether not used) (specify): _____
____ (7) Child safety seat (designed with tether - tether used)
____ (8) Restraint available - type unknown or other (specify): _____
____ (9) Unknown

Manual Restraint System
-Indication of Usage
____ (0) None used
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat - car lap belt used properly
____ (6) Child safety seat - car lap belt used improperly (specify): _____
____ (7) Child safety seat - unknown if car lap belt used properly
____ (8) Restraint used - type unknown or other (specify): _____
____ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
____ (0) Not equipped
____ (1) Airbag
____ (2) Airbag disconnected
____ (3) Airbag not reinstalled
____ (4) Two point automatic belts
____ (5) Three point automatic belts
____ (6) Automatic belts destroyed or rendered inoperable
____ (9) Unknown

Infant or Child Restraint Make/Model
_____

Type of Infant or Child Restraint
____ (0) No infant or child restraint
____ (1) Infant seat
____ (2) Child seat
____ (3) Convertible seat
____ (4) Booster seat
____ (7) Other type seat (specify): _____
____ (8) Unknown type restraint
____ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
____ (0) Not equipped
____ (1) Automatic belt in use
____ (2) Automatic belt not in use
____ (3) Deployed airbag
____ (4) Non-deployed airbag
____ (9) Unknown

Infant or Child Seat Orientation
____ (0) No infant or child seat
____ (1) Rear facing
____ (2) Forwarding facing
____ (7) Other orientation (specify): _____
____ (8) Unknown orientation
____ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
____ (0) No infant or child restraint
____ (1) Harness/shield used
____ (2) Harness/shield not used
____ (8) Unknown harness/shield usage
____ (9) Unknown if restraint available

*Specify the Other Position or Unit referenced: _____

INDICATIONS OF EJECTION
✓ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area
____ Windshield
____ Left front
____ Right front
____ Left rear
____ Right rear
____ Rear
____ Roof
____ Other area (e.g., sidecar, back of pickup, etc.)
____ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Operable windows
____ Roll down type
____ Hinged typed
____ Sliding type
____ Other type window

Medium Status
____ Open
____ Separation
____ Closed, closed when damaged
____ Integral structure ripped opened
____ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

NONE

FRONT
____ Windshield
____ Mirror
____ Sunvisor
____ Steering wheel rim
____ Steering wheel hub/spoke
____ Steering wheel (combination of rim/hub/spoke)
____ Steering column, transmission selector lever, other attachment
____ Add on equipment (e.g., CB, tape deck, air conditioner)
____ Left instrument panel and below
____ Center instrument panel and below
____ Right instrument panel and below
____ Other front object

SIDE
____ Side interior surface, excluding hardware or armrests
____ Side hardware or armrest
____ A pillar
____ B pillar
____ Other pillar
____ Window glass or frame
____ Other side object

INTERIOR
____ Seat, back support
____ Belt restraint system
____ Head restraint system
____ Air cushion
____ Other occupants
____ Interior loose objects
____ Other interior object

ROOF
____ Front header
____ Rear header
____ Roof side rails
____ Roof or convertible top

FLOOR
____ Floor
____ Floor or console mounted transmission lever, including console
____ Parking brake handle
____ Foot controls including parking brake

REAR
____ Backlight (rear window)
____ Backlight storage rack, door, etc.
____ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
____ Hood
____ Outside hardware (e.g., outside mirror, antenna)
____ Other exterior surface or tires
____ Unknown exterior objects

CYCLE
____ Handle bars or attachments
____ Frame or suspension component or fender
____ Seat
____ Foot pedal, foot rest, foot pegs
____ Wheel or tire
____ Engine or transmission
____ Gas tank, gas tank filling cap or neck
____ Other cycle part

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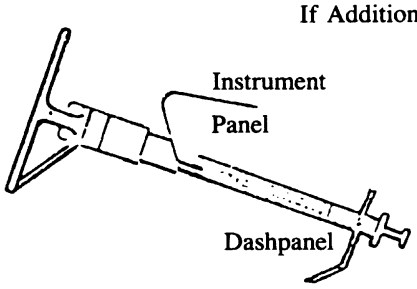
VEHICLE INTERIOR

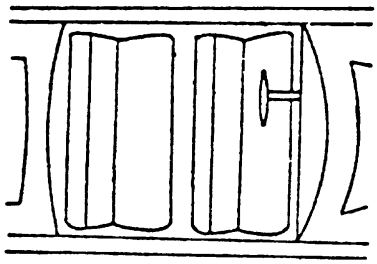
POINTS OF OCCUPANT CONTACT

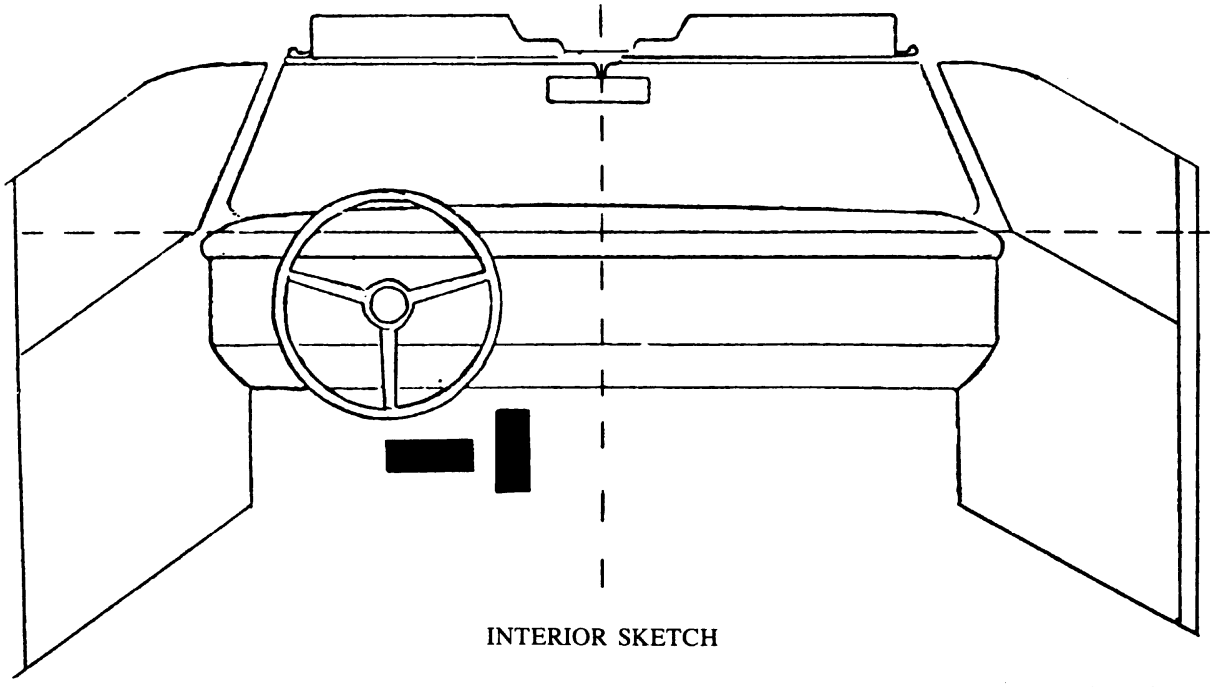
CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A			1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contacts Points, Continue on Reverse Side



None visible





INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

P52- 243 B

PSU/Case Number _ _ _ _ _ _
Vehicle Number OT

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ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

✓ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

✓ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

INFORMATION SOURCE:

PSU/Case Number P52- 243 B
Vehicle Number DT

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

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PRE-CRASH

Direction of Travel

- ___ North
- ___ East
- ✓ South
- ___ West
- ___ Northeast
- ___ Southeast
- ___ Northwest
- ___ Southwest
- ___ Not applicable
- ___ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- ___ 2nd lane
- ___ 3rd lane
- ___ 4th lane
- ___ 5th or additional lane
- ___ On shoulder
- ___ On trafficway
- ___ Off road
- ___ Outside trafficway
- ___ Not applicable
- ___ Unknown

[1] Object Contacted
- (✓) Motor vehicle
- (0) Guardrail
- (1) Ditch
- (2) Ground
- (3) Tree
- (4) Pole
- (5) Sign
- (6) Pedacyclist
- (7) Pedestrian
- (8) Other:___
- (9) Unknown

[2] Vehicle Impact Location
- (1) Front
- (2) Right side
- (3) Rear
- (4) Left side
- (5) Top
- (6) Undercarriage
- (7) Other:___
- (8) Not applicable
- (9) Unknown

[3] Vehicle Orientation
- (1) Tracking, no skidding (includes controlled turn)
- (2) Tracking, skidding
- (3) Rotated clockwise to path of travel
- (4) Rotated counterclockwise to path of travel
- (5) Rolling over
- (6) Jackknifed
- (7) Other: Stopped
- (8) Not applicable
- (9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? ___ Unknown, ✓ No, ___ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	5	1	9	4	3	7
2	2	✓	4	1	1	3	3	7
3	3	✓	3	1	1	2	3	7
4	4	✓	2	1	1	1	3	7
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—

POST-CRASH

Final Rest Position

- ✓ On roadway
- ___ On shoulder
- ___ In parking lane
- ___ In median
- ___ Off road (beyond shoulder area)
- ___ Other: ___
- ___ Not applicable
- ___ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- ___ Braking
- ___ Steering left
- ___ Steering right
- ___ Braking and steering left
- ___ Braking and steering right
- ___ Acceleration followed by braking
- ___ Acceleration followed by braking and steering
- ___ Releasing brake
- ___ Other: ___
- ___ Not applicable
- ___ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

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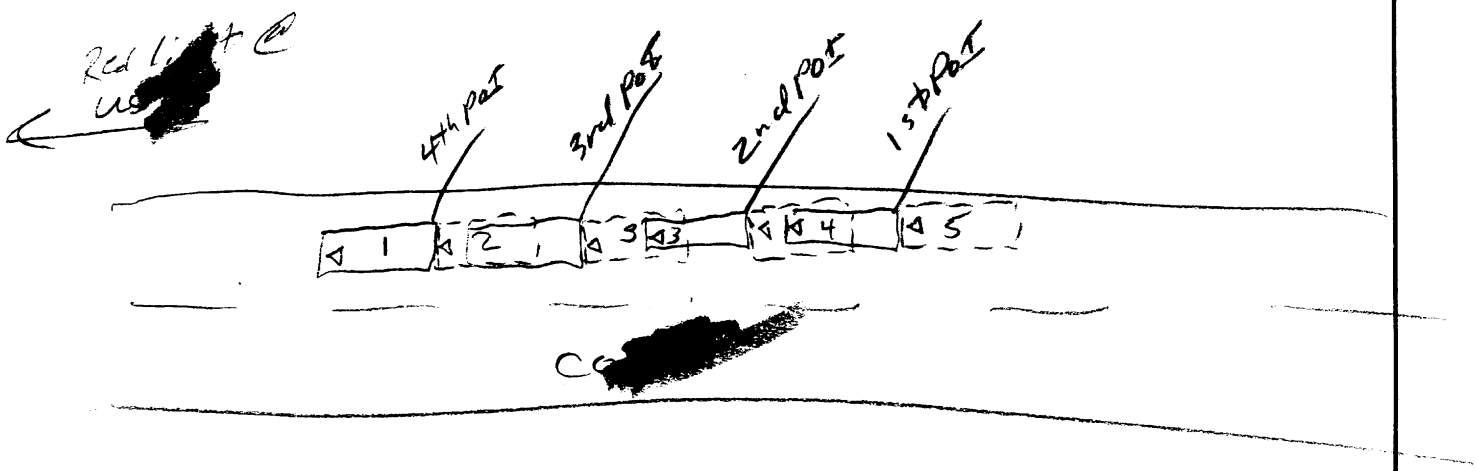
ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: 700 lbs.

Describe: ladders, ladder rack, & tools

Hazardous cargo in vehicle? ☐ No ☐ Yes If yes, specify: _____

Present location of vehicle (if not yet inspected)? _____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

ACCIDENT TYPES (Includes Intent)

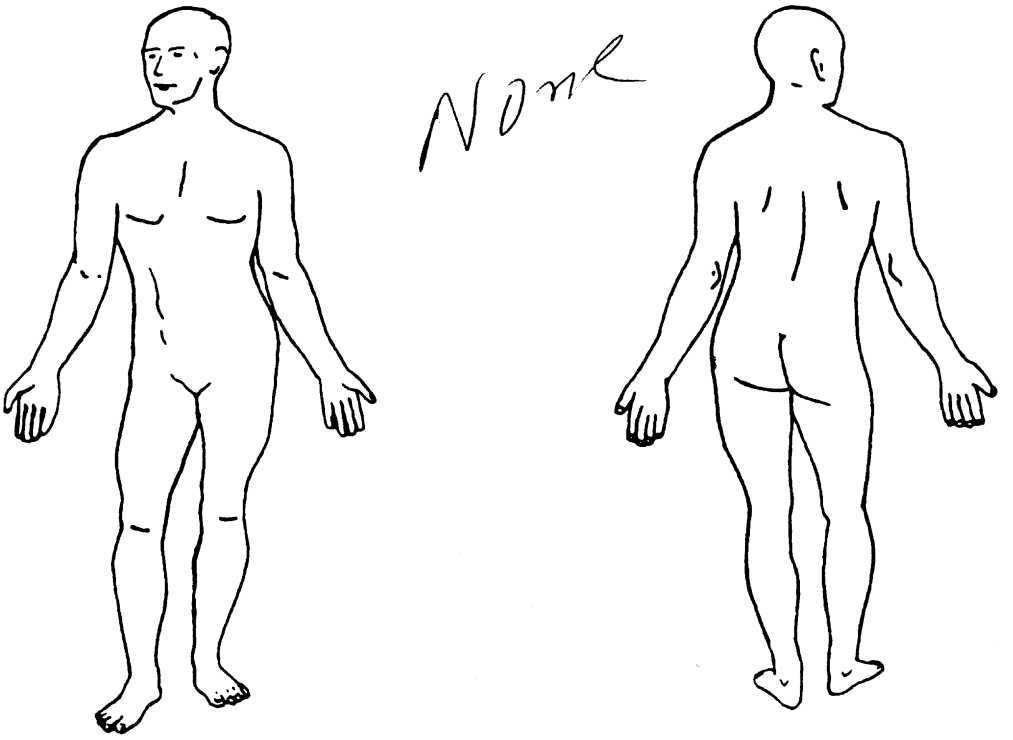
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	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, 21, 22, 23 STOPPED 21, 22, 23	24, 25, 26, 27 SLOWER 25, 26, 27	28, 29, 30, 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS UNKNOWN	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34, 35 CONTROL/ TRACTION LOSS	36, 37 CONTROL/ TRACTION LOSS	38, 39 AVOID COLLISION WITH VEH.	40, 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	44, 45	(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50, 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64, 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	70, 71 INITIAL SAME DIRECTIONS	72, 73	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76, 77 TURN INTO SAME DIRECTION	78, 79 TURN INTO SAME DIRECTION	80, 81 TURN INTO OPPOSITE DIRECTIONS	82, 83 TURN INTO OPPOSITE DIRECTIONS	(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			

NCI

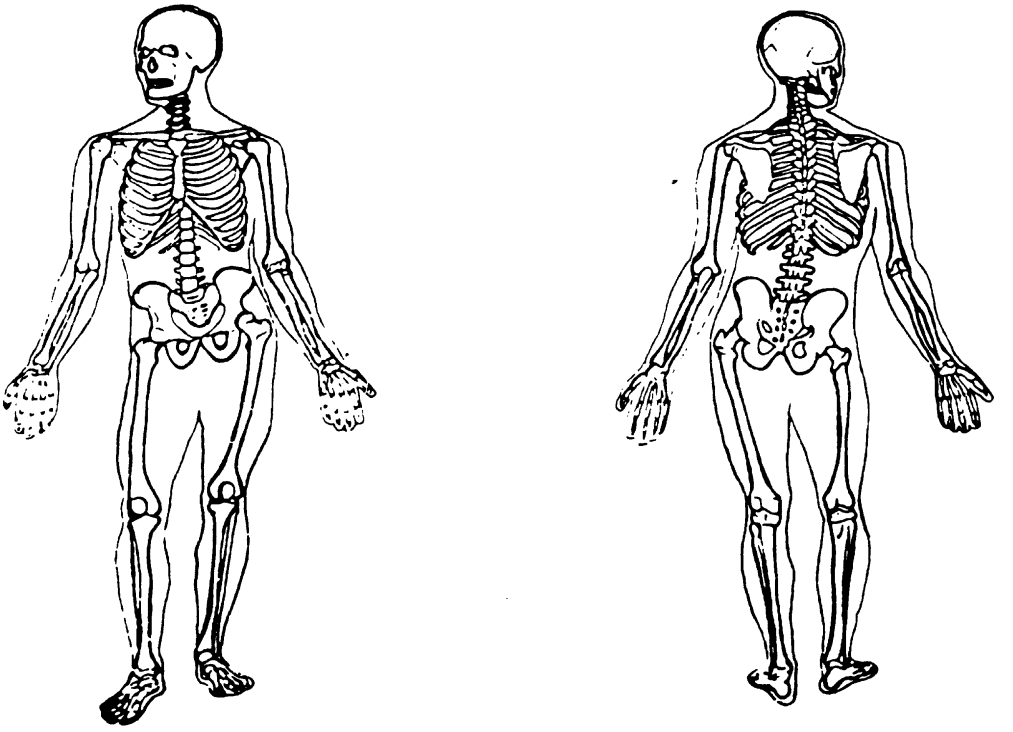
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



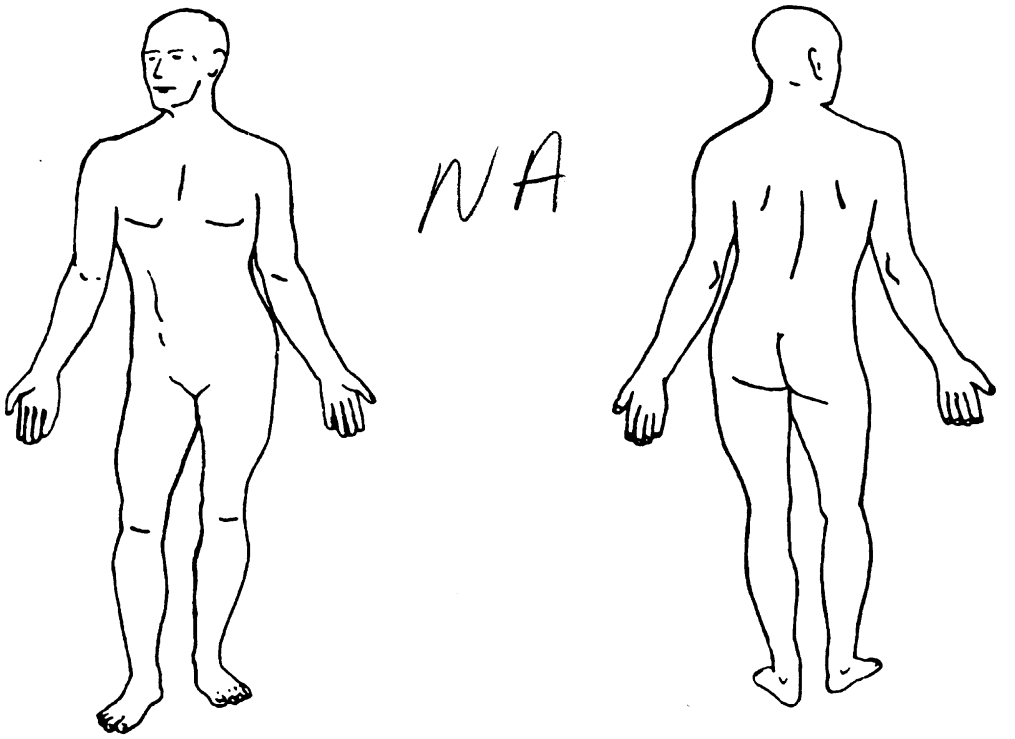
Collection Section

NCI

OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



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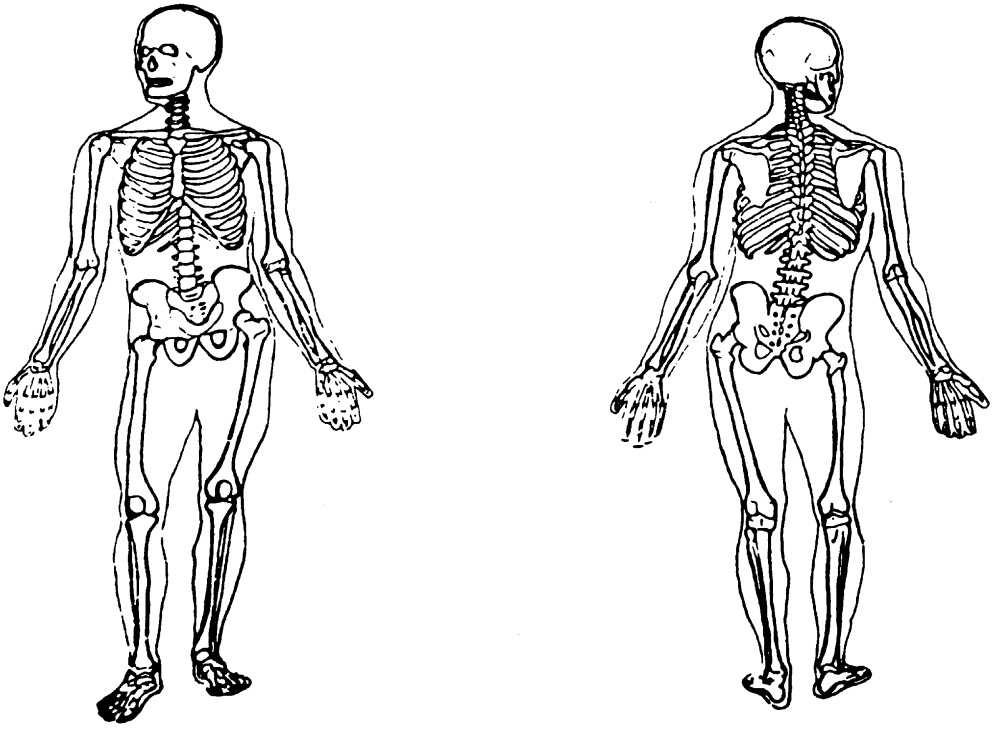

Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

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3									
4									
5									
6									
7									
8									
9									
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(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
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System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
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(N) Nervous system
(P) Pulmonary - lungs
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(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
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Abbreviated Injury Scale

(1) Minor injury
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(3) Severe injury
(4) Serious injury
(5) Critical injury
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(0) Not injured
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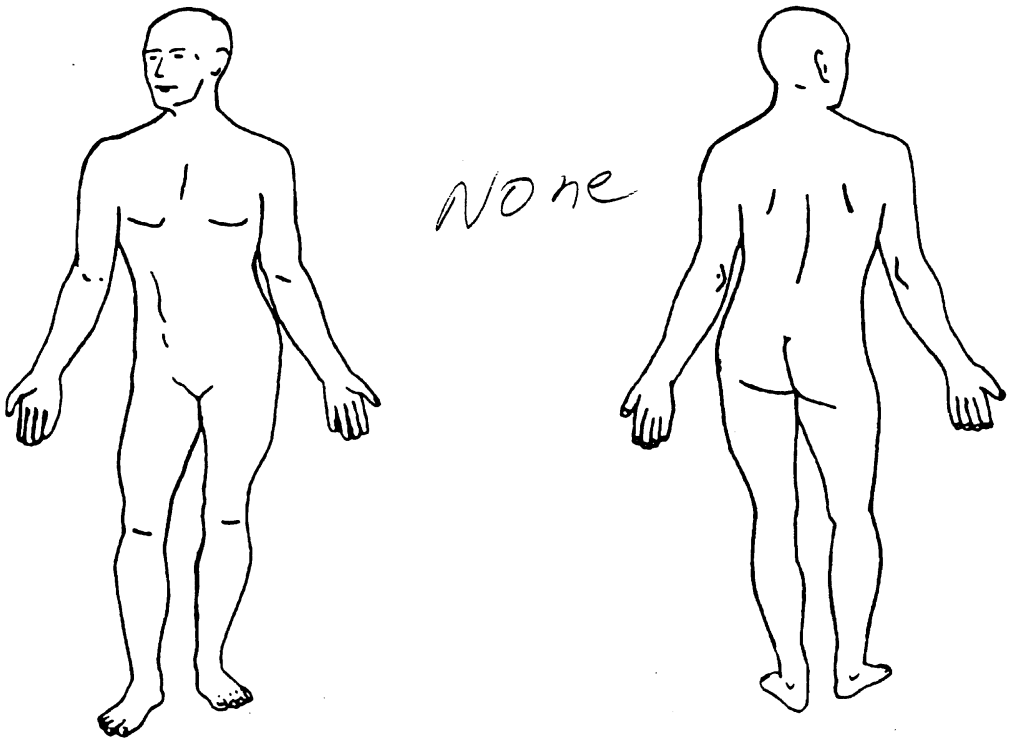
NCI

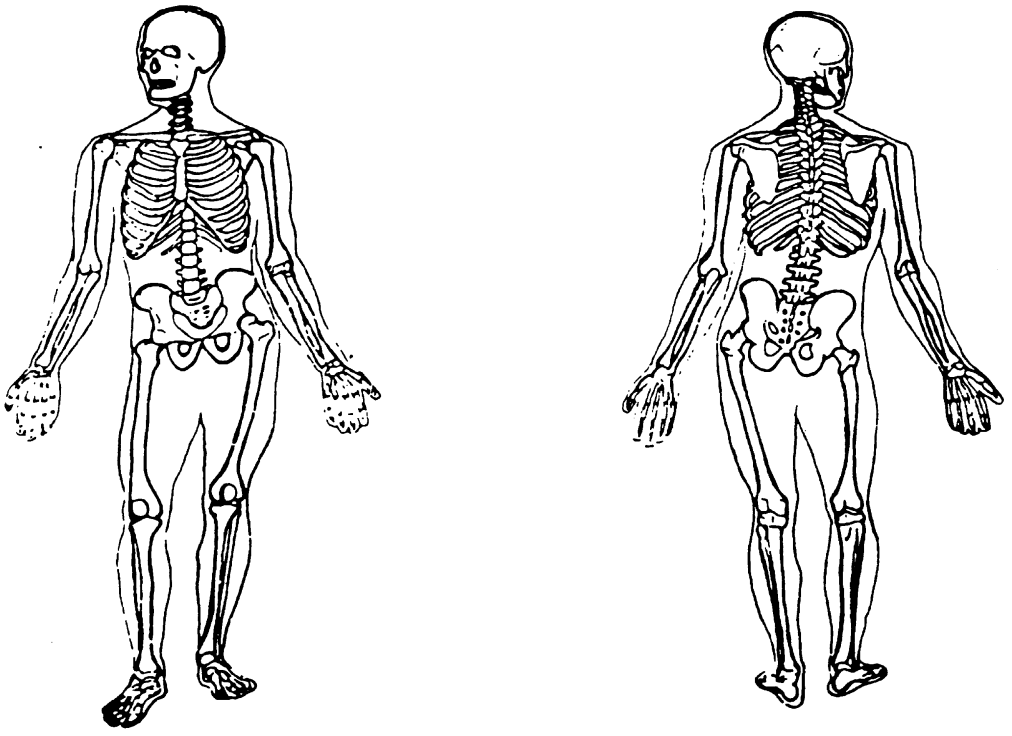
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Collection Section

NCI

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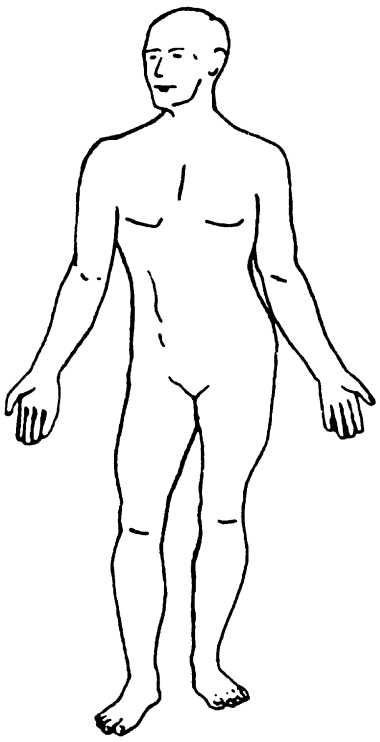
Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



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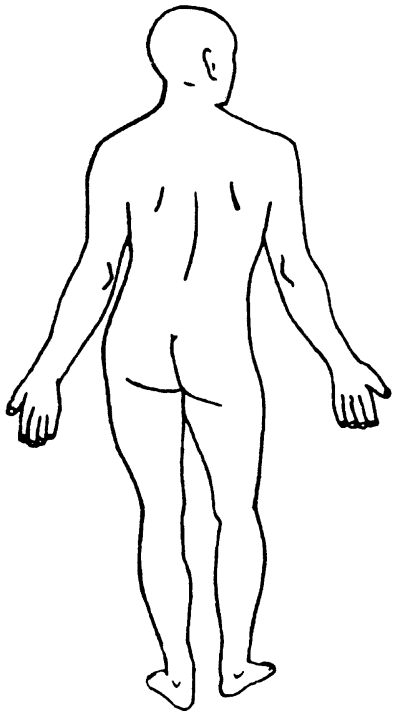

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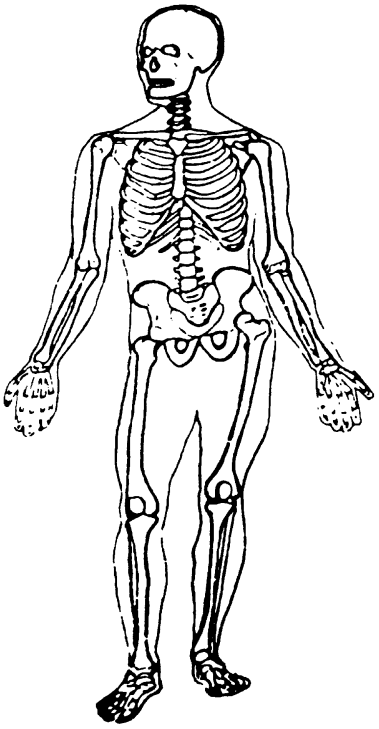

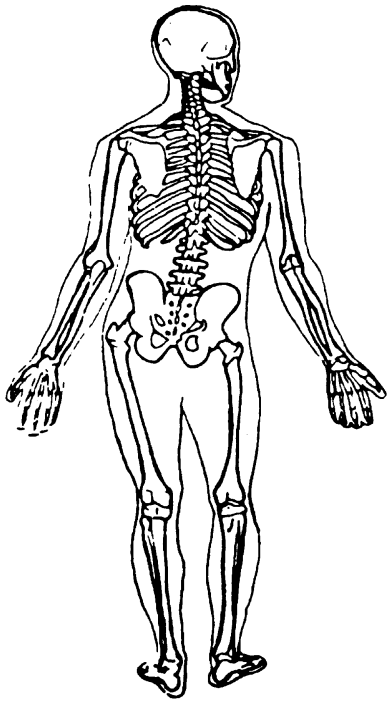

Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

P52-243 B

PSU/Case Number ___ ___ ___ ___ ___ ___

Vehicle No.: 1
Occupant No.: 2

NCI

OCCUPANT INJURY CLASSIFICATION

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(P) Pelvic - hip
(S) Shoulder
(T) Thigh
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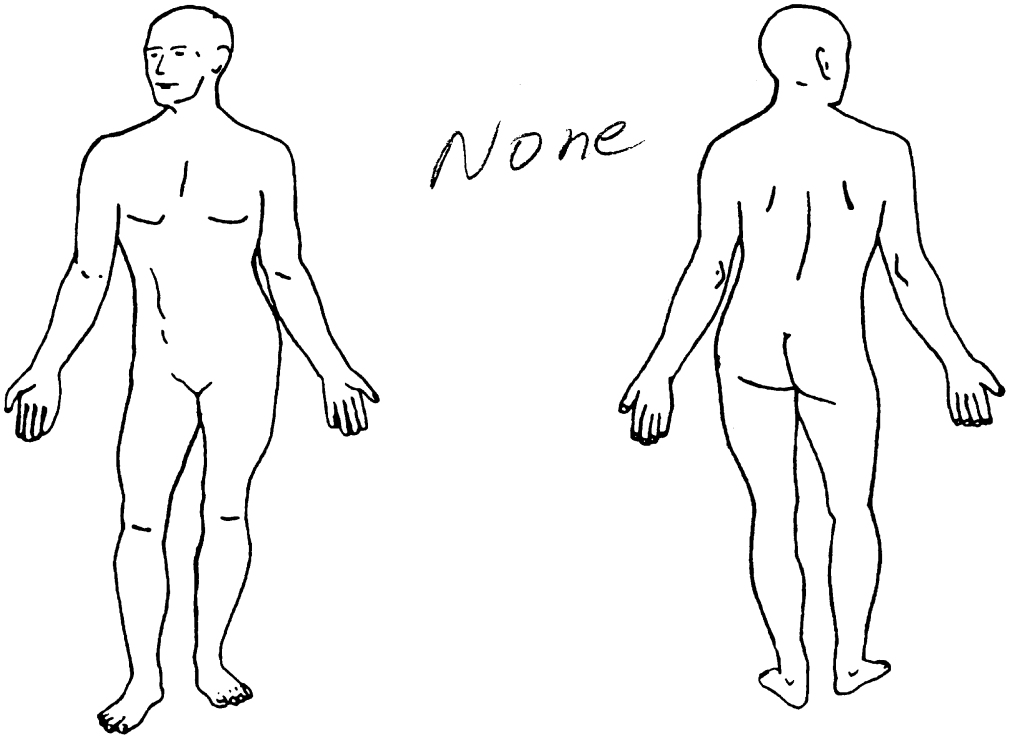

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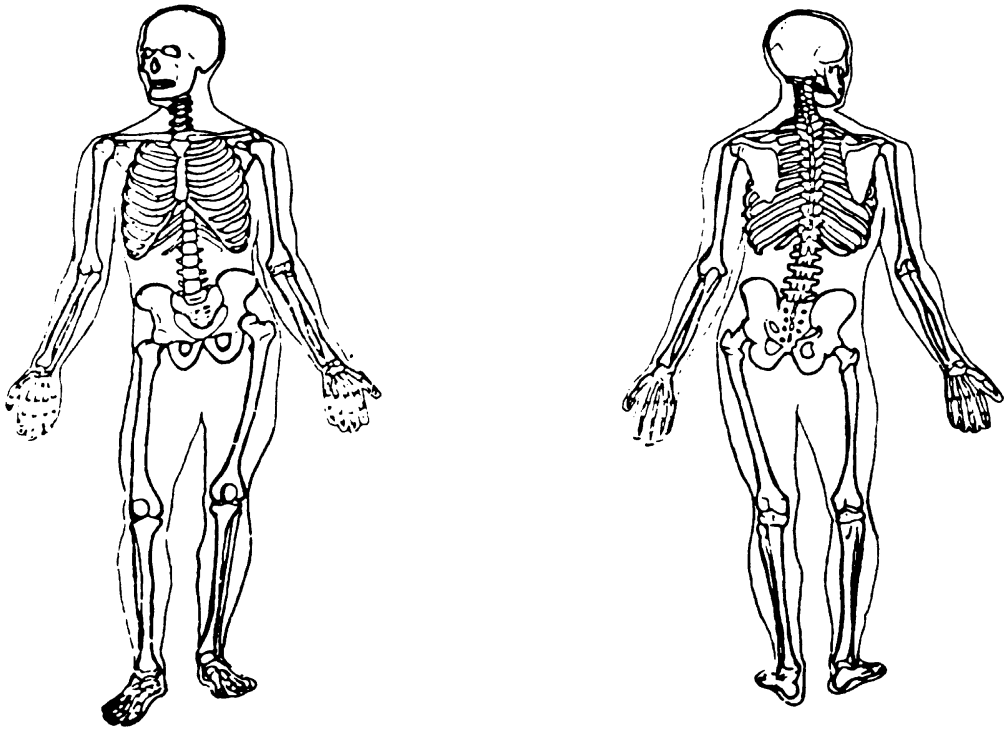

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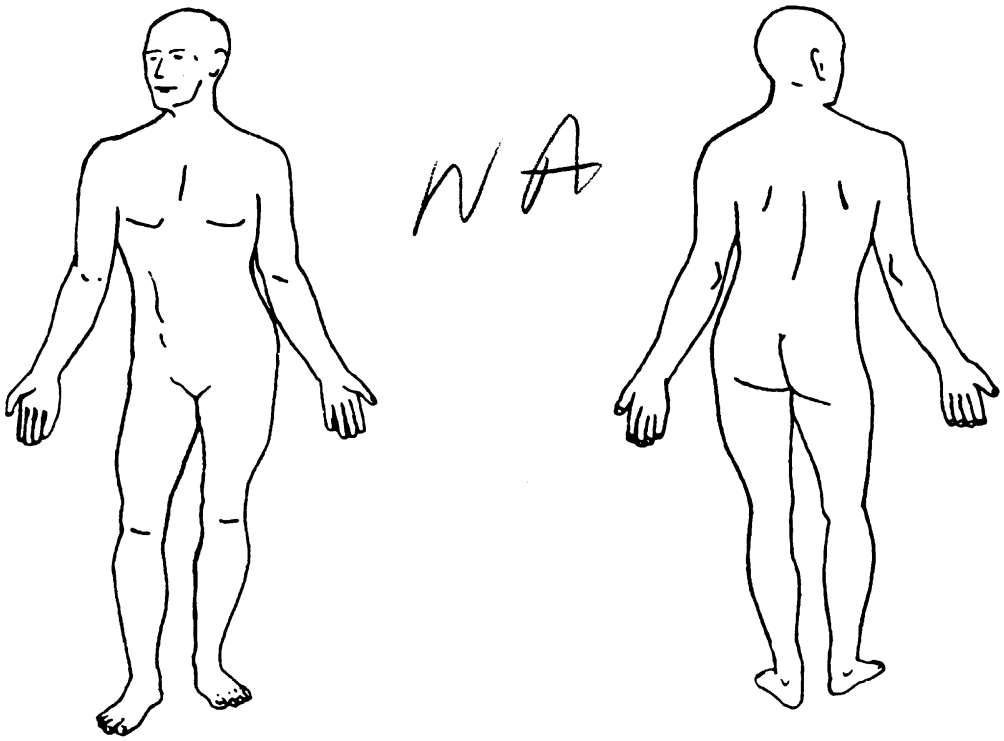

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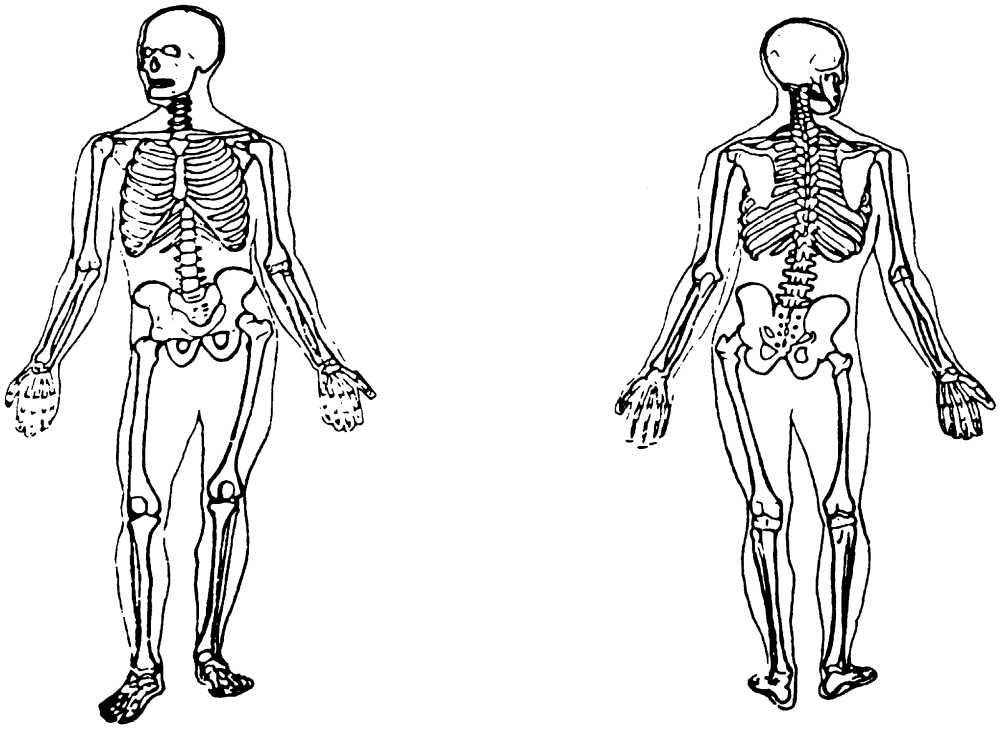

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PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

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NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

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(F) Fracture
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NCI

INJURY DATA FROM INTERVIEWEE

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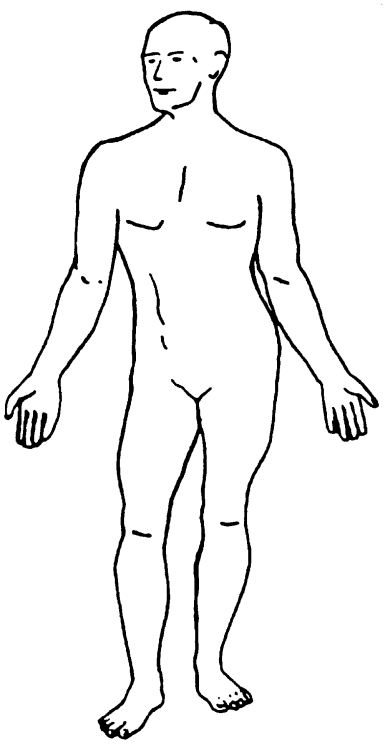
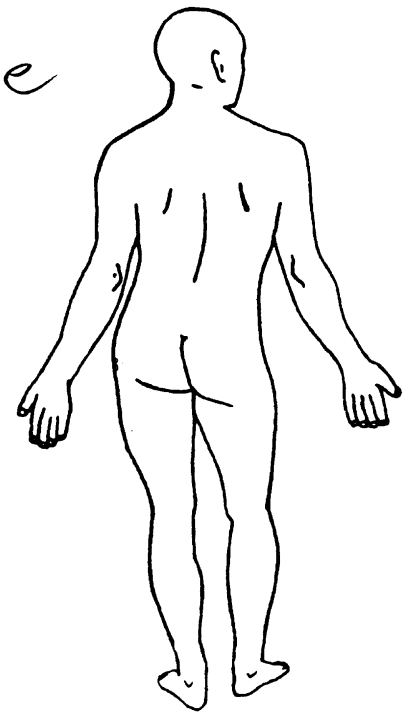
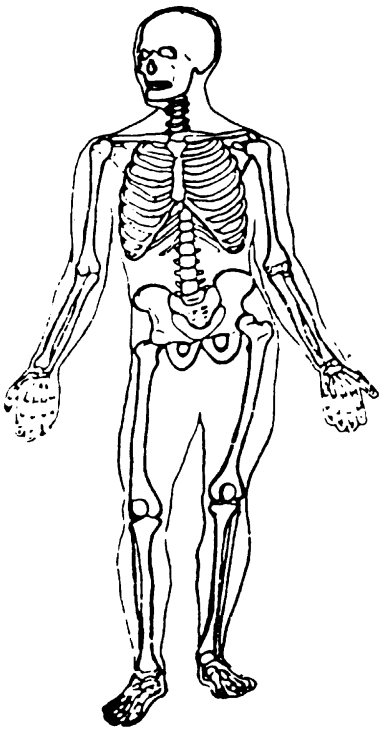
Soft Tissue Injuries

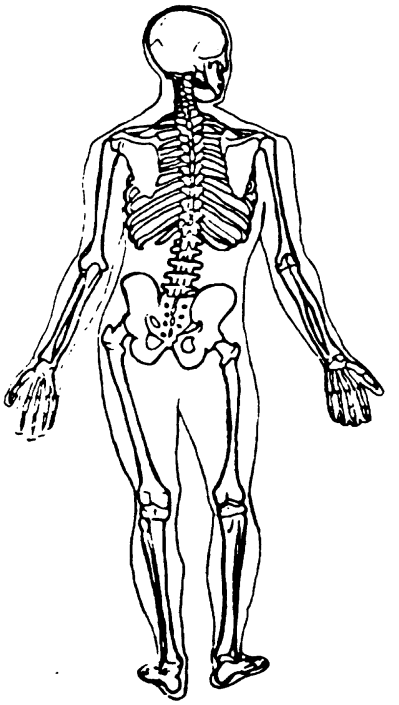


None



Skeletal Injuries





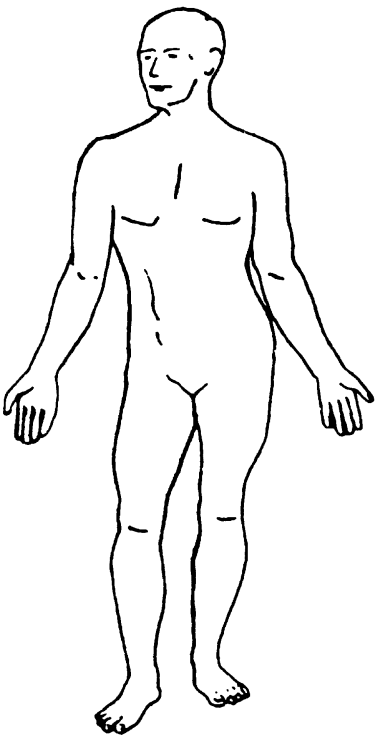
Collection Section

NCI

OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



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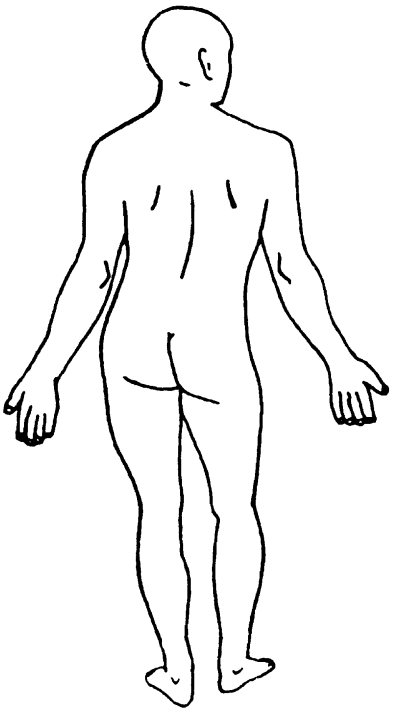
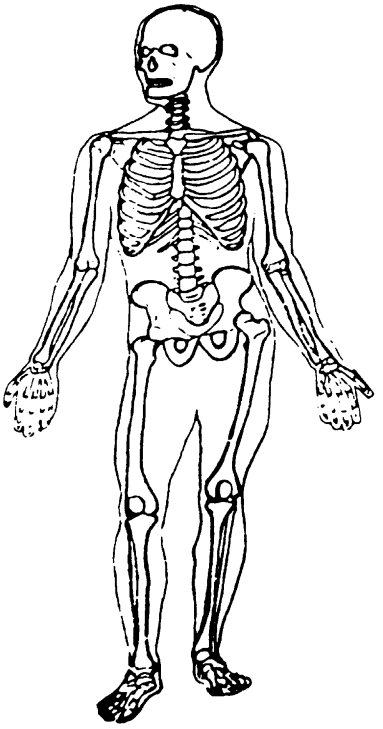
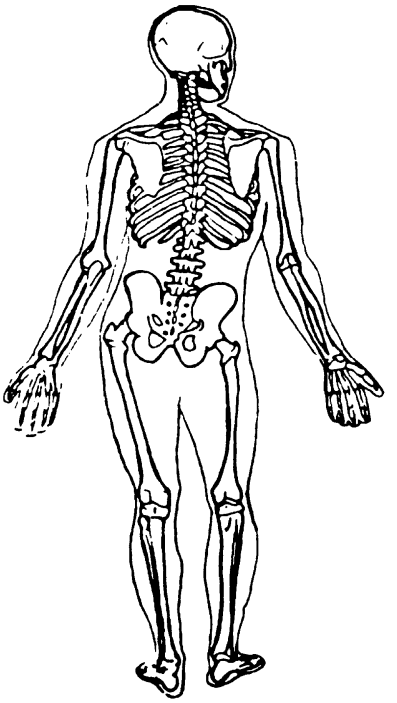


Skeletal Injuries





Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.: _____

Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ___ Unknown, ___ No, ___ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

NCI

Complete When Applicable	
End Damage → FRONT	Side Damage
Undeformed end width 55" REAR =57	Bowing: B1 _____ X1 _____
Corner shift: A1 _____	B2 _____ X2 _____
A2 _____	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
<4 inches _____	
≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
	REAR BUMPER	35"	1/2"	35	NONE						+6.5
	BUMPER FRONT	55"		55	NONE						0

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

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

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

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted

RF 2
LF 2
RR 2
LR 2

b. Tire deflated

RF 2
LF 2
RR 2
LR 2

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

TYPE OF TRANSMISSION

___Manual ✓ Automatic

Average Track: ___
Maximum Width: 68.6
Curb Weight: 2431
Overall Length: 175.9
Wheel Base: 101.2
Engine Size: cyl. ___
displ. ___

WHEEL STEER ANGLES

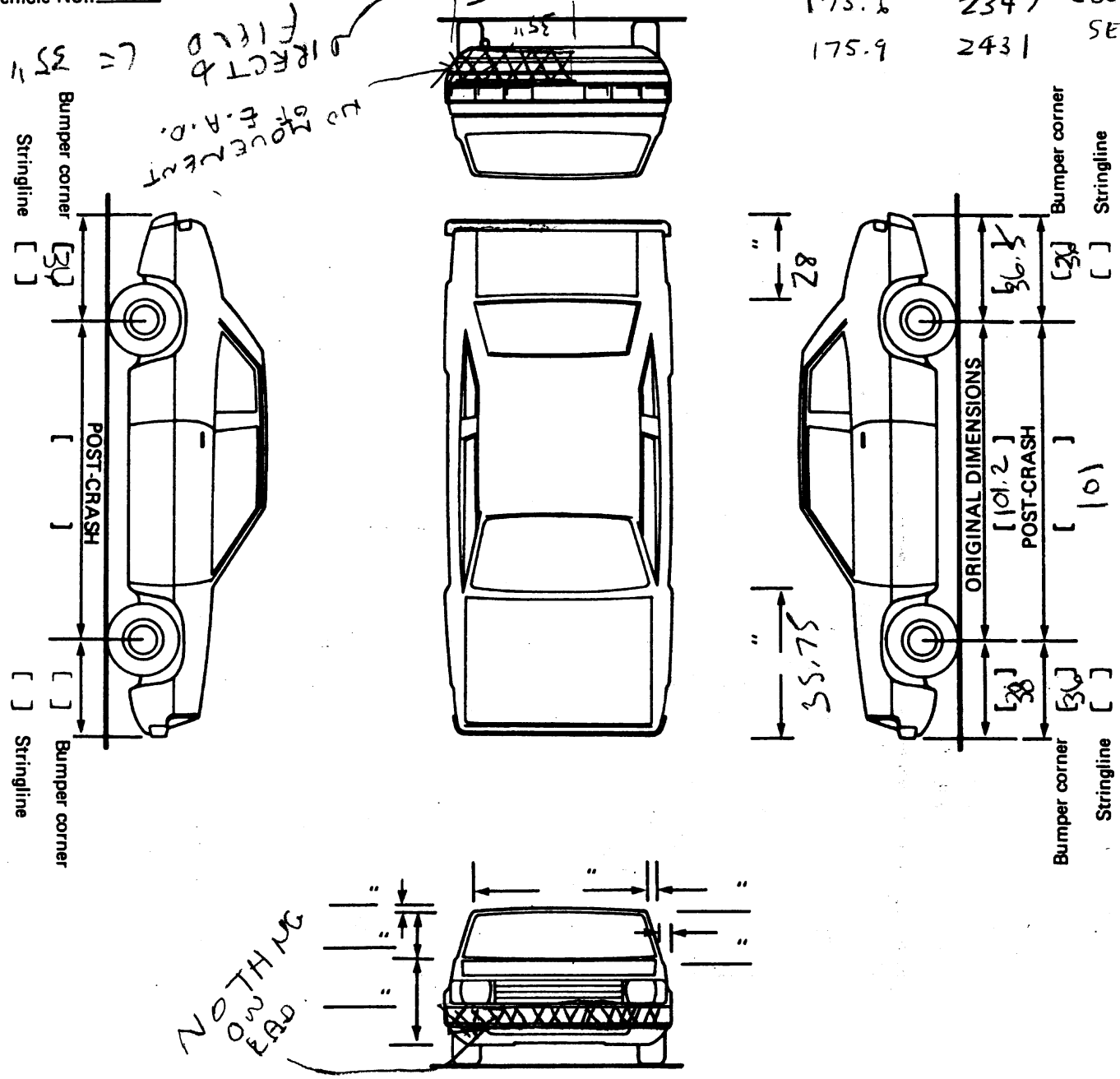
(For locked front wheels or displaced rear axles only)

RF ±___ ___°
LF ±___ ___°
RR ±___ ___°
LR ±___ ___°

Within ± 5 degrees

Vehicle No.: 2

173.6 2347 COUPE
175.9 2431 SEDAN



Note: 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 sidewall, etc.)
If pulling trailer sketch type of trailer and damage received on the back of page 3.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete the back of this page.

NCI

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle

Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (<6 inches in diameter)
(33) Tree (>6 inches in diameter)

Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____

Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	03	180	00	B	Z	L	W	01	3
2	01	360	00	F	D	L	W	01	4
3									
4									
5									
6									
7									

P52- 243 B

PSU/Case Number _ _ _ _ _ _
Vehicle Number 02

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Avail-ability	3		3	2		2				
	Indication of Usage	9		9	9		9				
AUTO-MATIC	Avail-ability	0		0	0		0				
	Function	0		0	0		0				

Manual Restraint System
-Availability-
____ (0) None available
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat (designed without tether or unknown design)
____ (6) Child safety seat (designed with tether - tether not used) (specify): _____
____ (7) Child safety seat (designed with tether - tether used)
____ (8) Restraint available - type unknown or other (specify): _____
____ (9) Unknown

Manual Restraint System
-Indication of Usage
____ (0) None used
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat - car lap belt used properly
____ (6) Child safety seat - car lap belt used improperly (specify): _____
____ (7) Child safety seat - unknown if car lap belt used properly
____ (8) Restraint used - type unknown or other (specify): _____
____ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
____ (0) Not equipped
____ (1) Airbag
____ (2) Airbag disconnected
____ (3) Airbag not reinstalled
____ (4) Two point automatic belts
____ (5) Three point automatic belts
____ (6) Automatic belts destroyed or rendered inoperable
____ (9) Unknown

Infant or Child Restraint Make/Model
_____

Type of Infant or Child Restraint
____ (0) No infant or child restraint
____ (1) Infant seat
____ (2) Child seat
____ (3) Convertible seat
____ (4) Booster seat
____ (7) Other type seat (specify): _____
____ (8) Unknown type restraint
____ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
____ (0) Not equipped
____ (1) Automatic belt in use
____ (2) Automatic belt not in use
____ (3) Deployed airbag
____ (4) Non-deployed airbag
____ (9) Unknown

Infant or Child Seat Orientation
____ (0) No infant or child seat
____ (1) Rear facing
____ (2) Forwarding facing
____ (7) Other orientation (specify): _____
____ (8) Unknown orientation
____ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
____ (0) No infant or child restraint
____ (1) Harness/shield used
____ (2) Harness/shield not used
____ (8) Unknown harness/shield usage
____ (9) Unknown if restraint available

Doors locked

*Specify the Other Position or Unit referenced: _____

INDICATIONS OF EJECTION

____ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area
____ Windshield
____ Left front
____ Right front
____ Left rear
____ Right rear
____ Rear
____ Roof
____ Other area (e.g., sidecar, back of pickup, etc.)
____ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Operable windows
____ Roll down type
____ Hinged typed
____ Sliding type
____ Other type window

Medium Status
____ Open
____ Separation
____ Closed, closed when damaged
____ Integral structure ripped opened
____ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT
____ Windshield
____ Mirror
____ Sunvisor
____ Steering wheel rim
____ Steering wheel hub/spoke
____ Steering wheel (combination of rim/hub/spoke)
____ Steering column, transmission selector lever, other attachment
____ Add on equipment (e.g., CB, tape deck, air conditioner)
____ Left instrument panel and below
____ Center instrument panel and below
____ Right instrument panel and below
____ Other front object

NONE VISIBLE

SIDE
____ Side interior surface, excluding hardware or armrests
____ Side hardware or armrest
____ A pillar
____ B pillar
____ Other pillar
____ Window glass or frame
____ Other side object

INTERIOR
____ Seat, back support
____ Belt restraint system
____ Head restraint system
____ Air cushion
____ Other occupants
____ Interior loose objects
____ Other interior object

ROOF
____ Front header
____ Rear header
____ Roof side rails
____ Roof or convertible top

FLOOR
____ Floor
____ Floor or console mounted transmission lever, including console
____ Parking brake handle
____ Foot controls including parking brake

REAR
____ Backlight (rear window)
____ Backlight storage rack, door, etc.
____ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
____ Hood
____ Outside hardware (e.g., outside mirror, antenna)
____ Other exterior surface or tires
____ Unknown exterior objects

CYCLE
____ Handle bars or attachments
____ Frame or suspension component or fender
____ Seat
____ Foot pedal, foot rest, foot pegs
____ Wheel or tire
____ Engine or transmission
____ Gas tank, gas tank filling cap or neck
____ Other cycle part

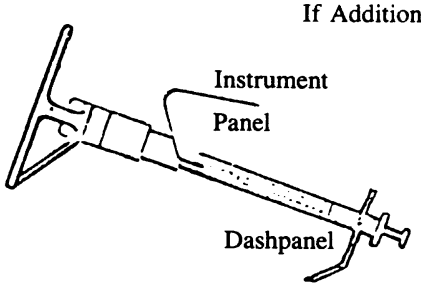
NCI

VEHICLE INTERIOR

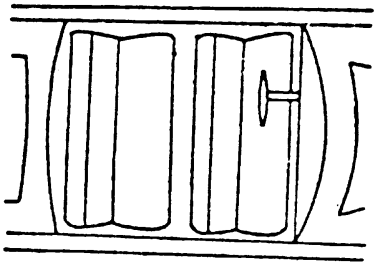
POINTS OF OCCUPANT CONTACT

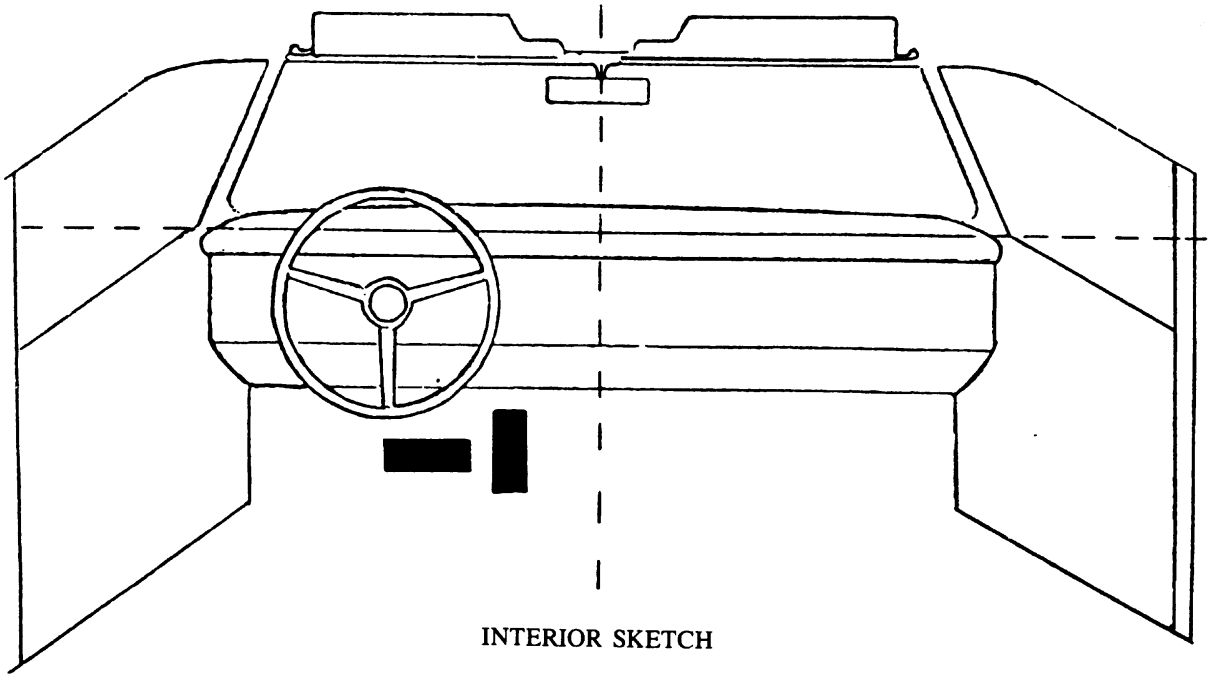
CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A			1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contacts Points, Continue on Reverse Side



NONE
JISLE





INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

P52-243 B

PSU/Case Number
Vehicle Number 02

NCI

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

✓ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

INFORMATION SOURCE: Driver

P52-243 B

PSU/Case Number
Vehicle Number 02

NCI

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

PRE-CRASH

Direction of Travel

- __ North
- __ East
- ✓ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
- (✓) Motor vehicle
- (0) Guardrail
- (1) Ditch
- (2) Ground
- (3) Tree
- (4) Pole
- (5) Sign
- (6) Pedacyclist
- (7) Pedestrian
- (8) Other:
- (9) Unknown

[2] Vehicle Impact Location
- (1) Front
- (2) Right side
- (3) Rear
- (4) Left side
- (5) Top
- (6) Undercarriage
- (7) Other:
- (8) Not applicable
- (9) Unknown

[3] Vehicle Orientation
- (1) Tracking, no skidding (includes controlled turn)
- (2) Tracking, skidding
- (3) Rotated clockwise to path of travel
- (4) Rotated counterclockwise to path of travel
- (5) Rolling over
- (6) Jackknifed
- (7) Other: Stomped
- (8) Not applicable
- (9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, ✓ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	3	✓	2	3	7	3	—	—
2	4	✓	2	1	9	1	3	7
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—

POST-CRASH

Final Rest Position

- __ On roadway
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other:
- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other:
- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

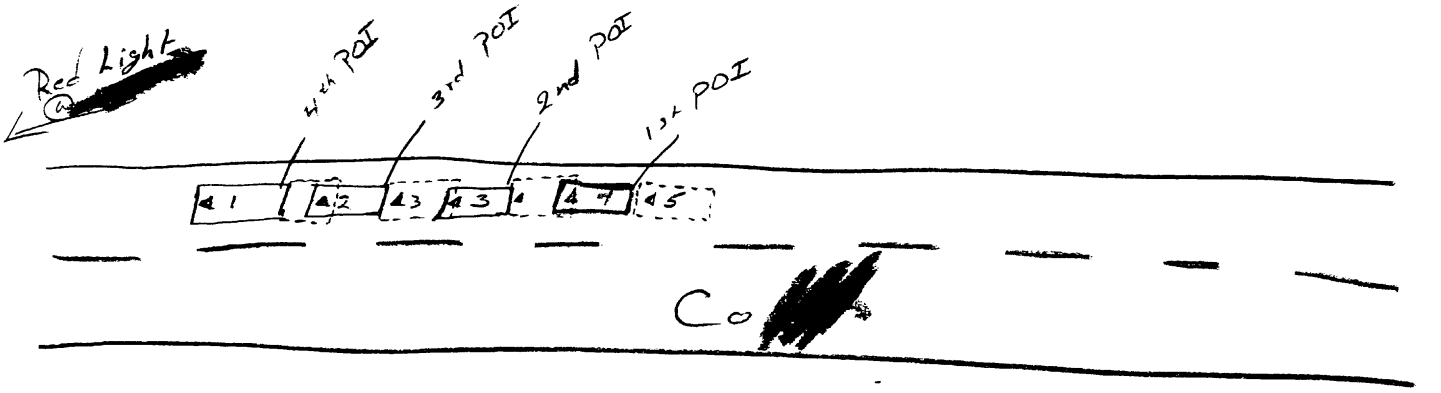
If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

NCI

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: None lbs.

Describe: _____

Hazardous cargo in vehicle? ☑ No ☐ Yes If yes, specify: _____

Present location of vehicle (if not yet inspected)? _____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

ACCIDENT TYPES (Includes Intent)

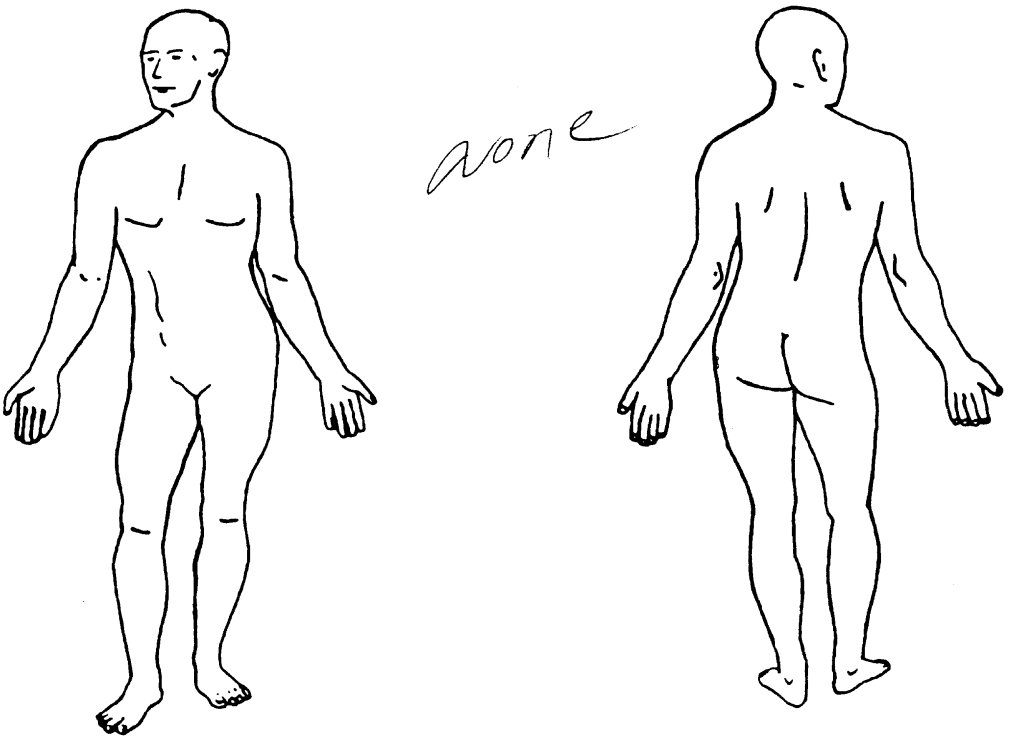
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	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, 22, 21, 23 STOPPED 21, 22, 23	24, 26, 25, 27 SLOWER 25, 26, 27	28, 30, 29, 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS UNKNOWN	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34, 35 CONTROL/ TRACTION LOSS	36, 37 CONTROL/ TRACTION LOSS	38, 39 AVOID COLLISION WITH VEH.	40, 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	44, 45	(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50, 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64, 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	71, 70 INITIAL SAME DIRECTIONS	73, 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76, 77 TURN INTO SAME DIRECTION	79, 78 TURN INTO SAME DIRECTION	80, 81 TURN INTO OPPOSITE DIRECTIONS	83, 82 TURN INTO OPPOSITE DIRECTIONS	(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			

NCI

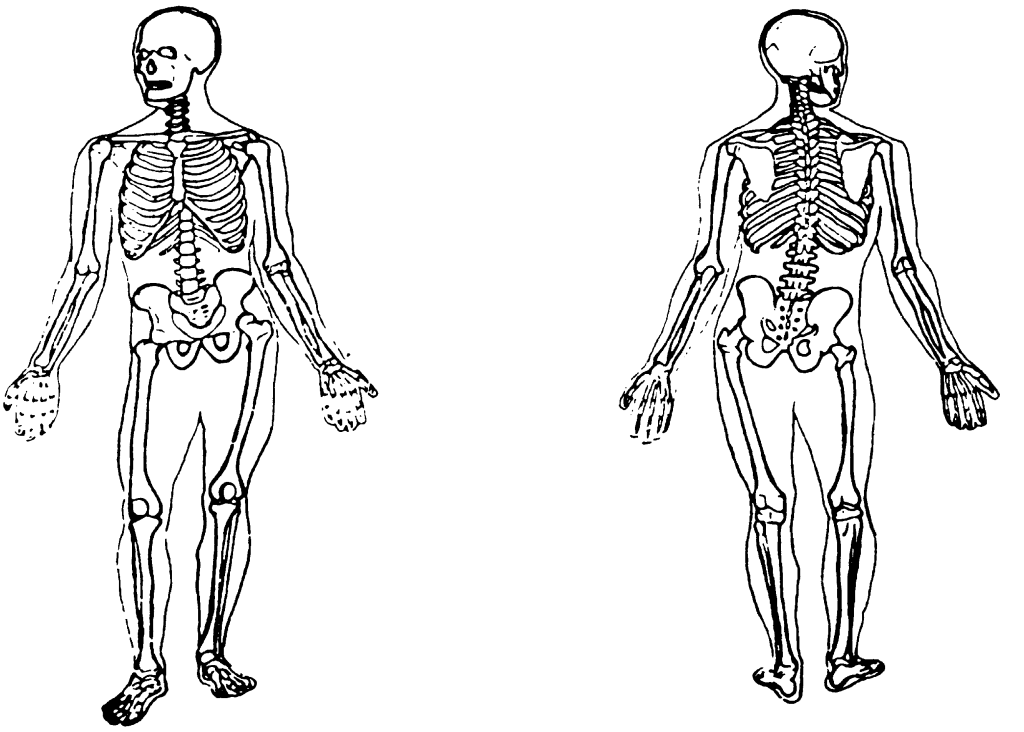
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



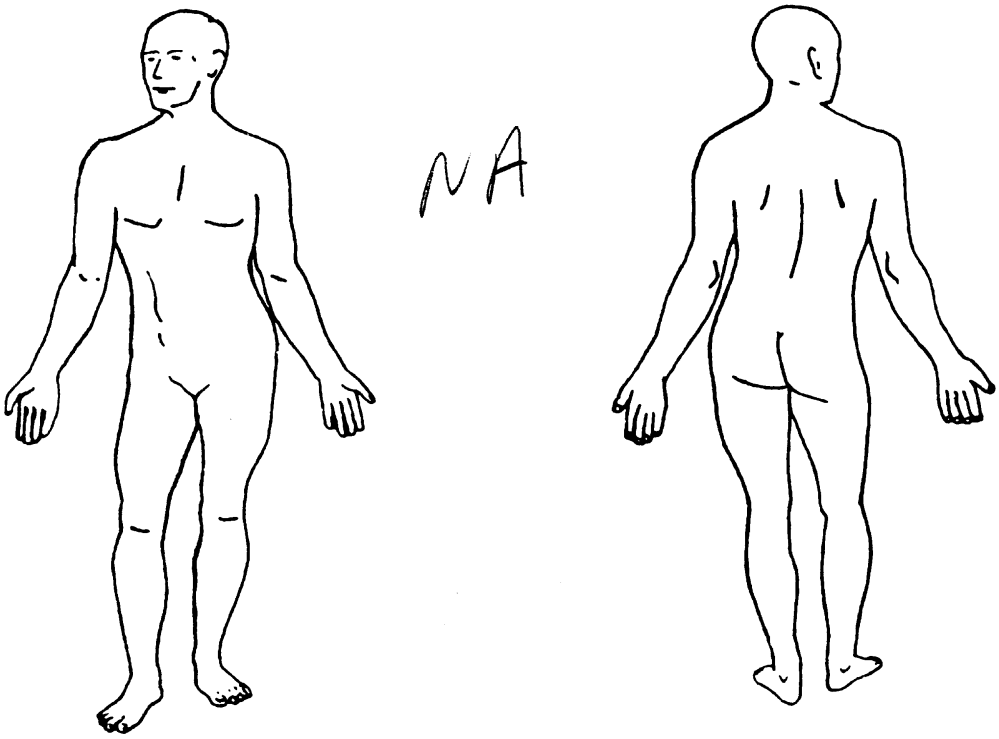
Collection Section

NCI

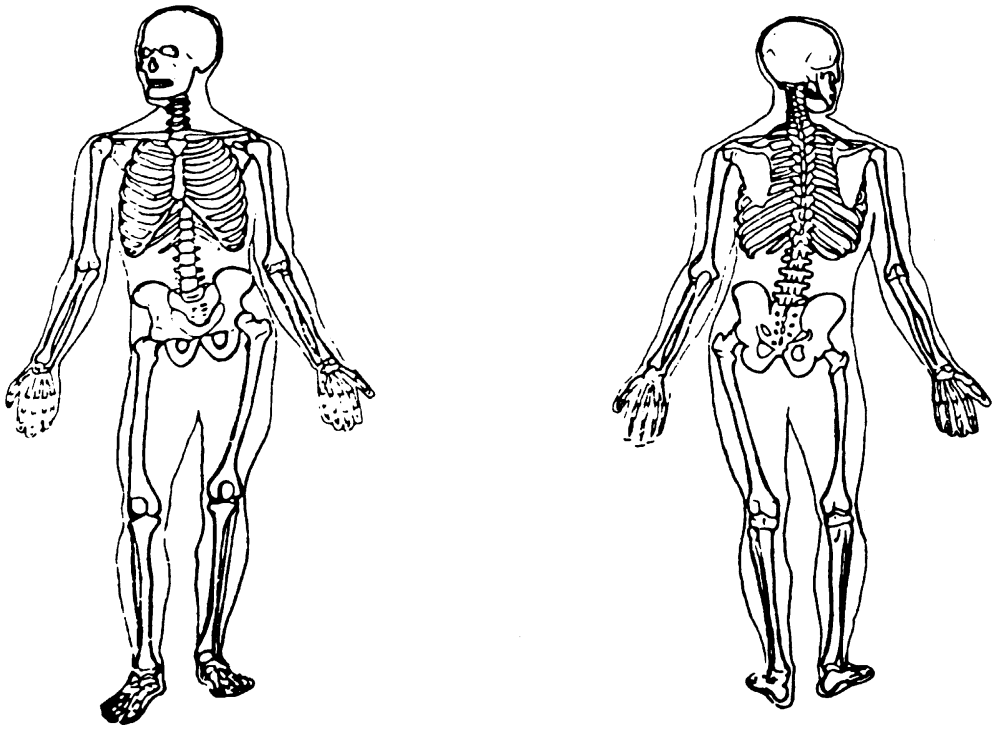
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.: _____

Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ✓ No, ____ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

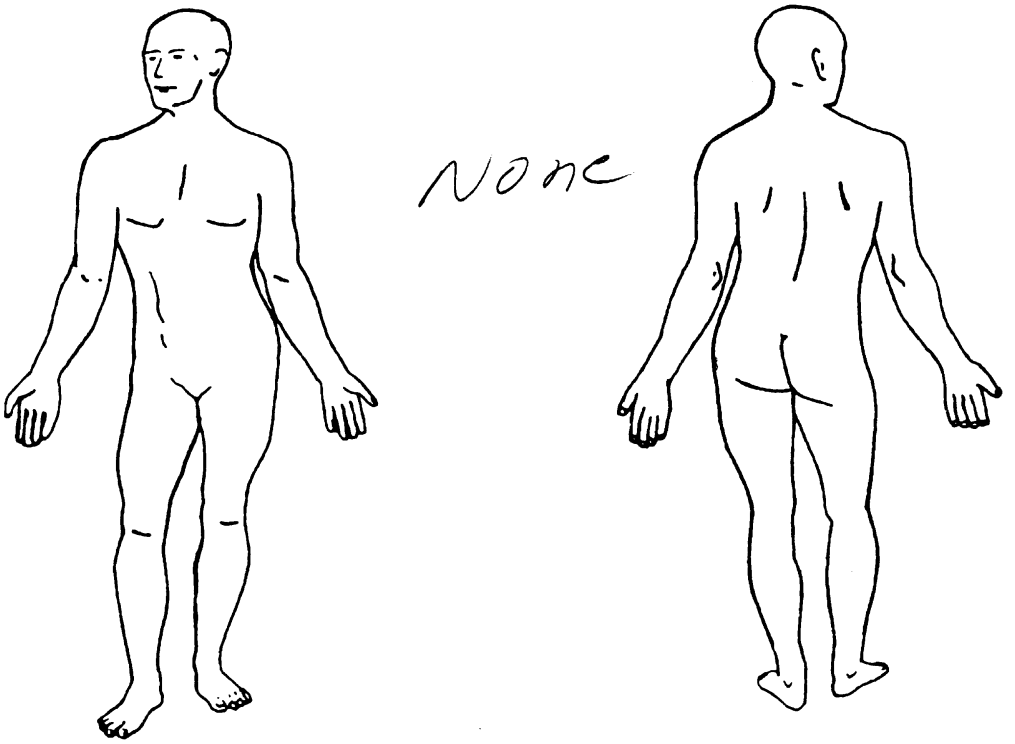
(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

NCI

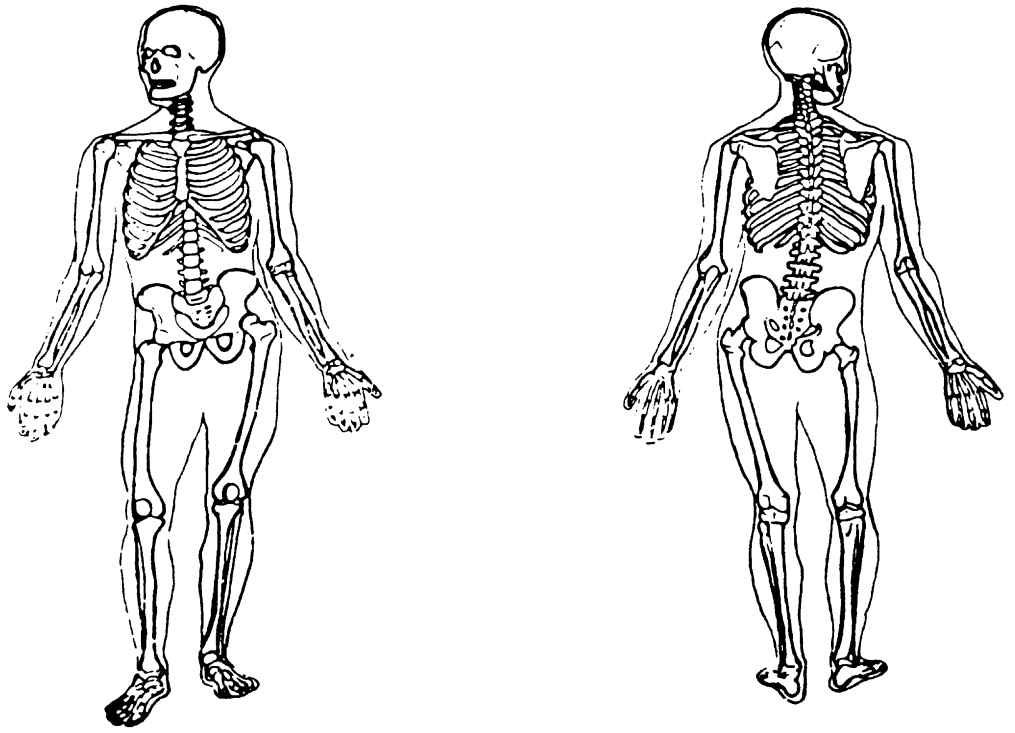
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



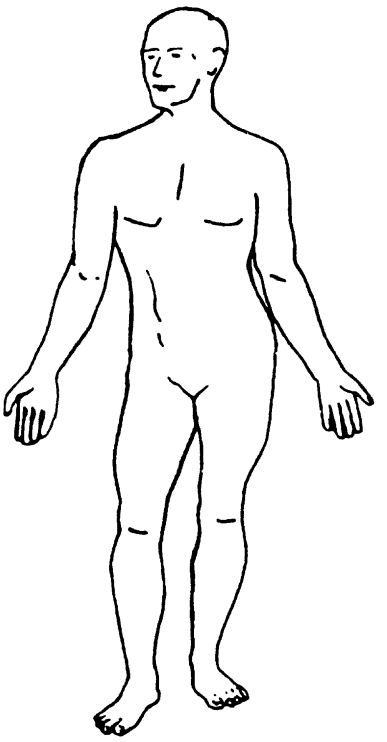
Collection Section

NCI

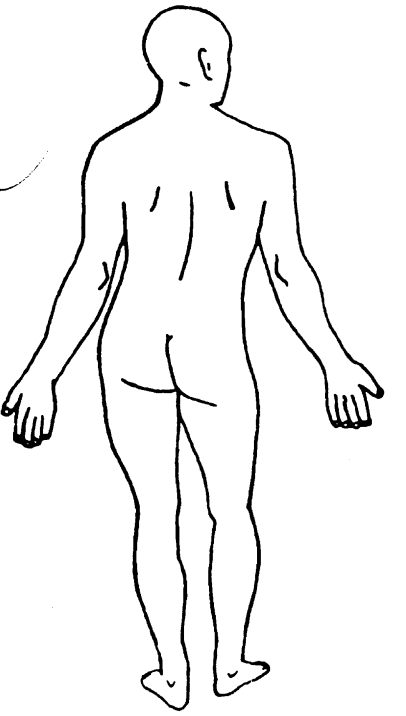
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

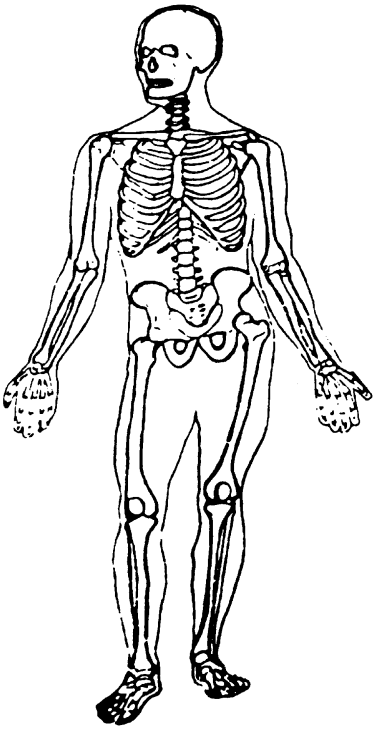
Soft Tissue Injuries

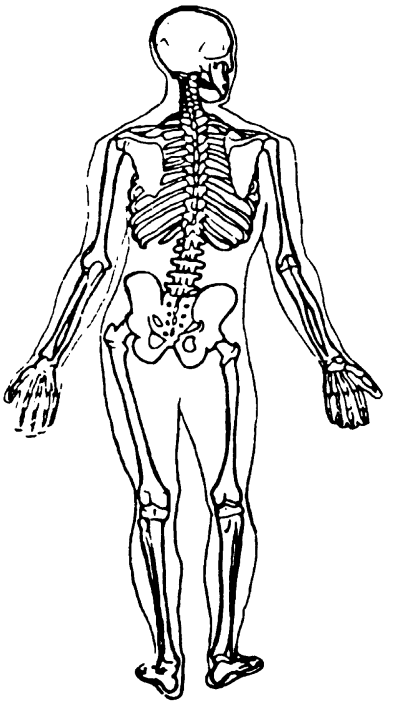


NA
none



Skeletal Injuries





Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

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	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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(09) Police
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I.S.S. Body Region

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(2) Face
(3) Chest
(4) Abdominal or pelvic contents
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(0) Not injured
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O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
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Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
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(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
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(9) Unknown if injured

System/Organ

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(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

NCI

Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 72.0 Rear / 74.0 Front	Bowing: B1 _____ X1 _____
Corner shift: A1 0	B2 _____ X2 _____
A2 0	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
<4 inches ✓	
≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Rear Bumper	45.0	2.75	70.25	2.75	1.5	1.25	1.0	0.65	1.5	
	Adjust	0	1.75	0	1.75	0.75	0.6	0.6	0.75	1.75	
1	Final	45	1	70.25	1	.75	.65	.4	0	0	0
2	Front Bumper	36	NO CRUSH EAD strake only		2	2					0

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

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

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

14.5

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

P52-243 B

PSU/Case Number _____
Vehicle Number 03

NATIONAL ACCIDENT SAMPLING SYSTEM — CONTINUOUS SAMPLING SUBSYSTEM
VEHICLE

NCI

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted		b. Tire deflated	
RF	2	RF	2
LF	2	LF	2
RR	2	RR	2
LR	2	LR	2

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

TYPE OF TRANSMISSION

___Manual ✓Automatic

Average Track: _____
Maximum Width: 76.4
Curb Weight: 3717.3
Overall Length: 214.3
Wheel Base: 116
Engine Size: cyl. 8
displ. 301

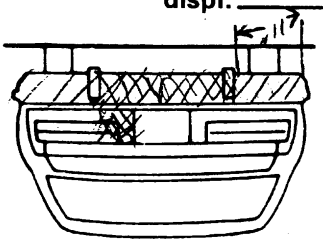
WHEEL STEER ANGLES

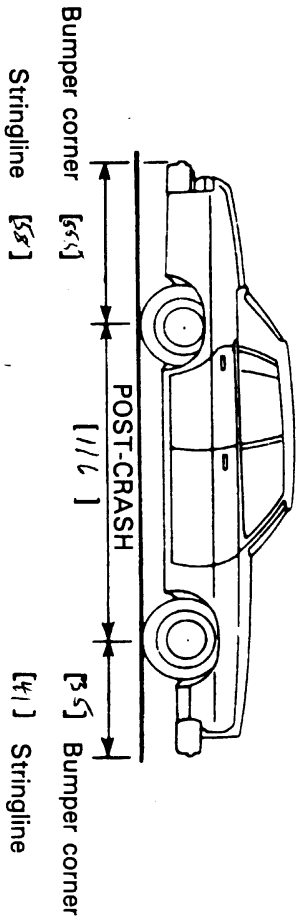
(For locked front wheels or displaced rear axles only)

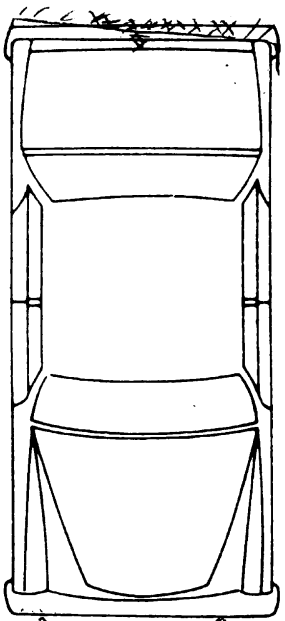
RF ± ____ ____°
LF ± ____ ____°
RR ± ____ ____°
LR ± ____ ____°

Within ±5 degrees

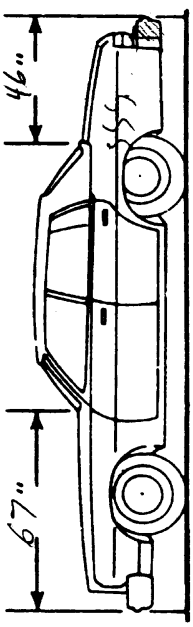
3617.3 V6
100 V8
3717.3

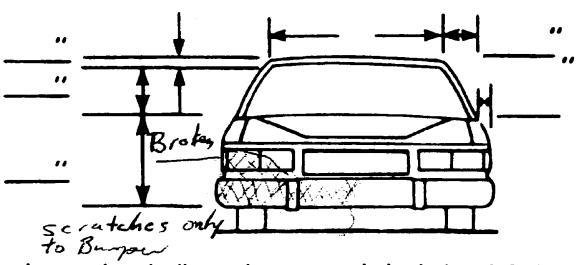






2" E.A.D Stroke
2 E.A.D. STROKE
Bumper has bumper stroke only





Note: 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 sidewall, 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.
If the vehicle contacted a pedestrian, complete page 6R.

NCI

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle

Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (<6 inches in diameter)
(33) Tree (>6 inches in diameter)

Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____

Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	04	180	00	B	D	E	W	01	2
2	02	360	00	F	Z	E	W	01	3
3									
4									
5									
6									
7									

P52- 243 B

PSU/Case Number _____
Vehicle Number 03

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	9	9	9	9	9	9				
	Indication of Usage	9	9	9	9	9	9				
AUTOMATIC	Availability	0	0	0							
	Function	0	0	0							

Manual Restraint System
-Availability-
____ (0) None available
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat (designed without tether or unknown design)
____ (6) Child safety seat (designed with tether - tether not used) (specify): _____
____ (7) Child safety seat (designed with tether - tether used)
____ (8) Restraint available - type unknown or other (specify): _____
____ (9) Unknown

Manual Restraint System
-Indication of Usage
____ (0) None used
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat - car lap belt used properly
____ (6) Child safety seat - car lap belt used improperly (specify): _____
____ (7) Child safety seat - unknown if car lap belt used properly
____ (8) Restraint used - type unknown or other (specify): _____
____ (9) Unknown

Doors locked

Automatic (Passive) Restraint System
-Availability-
____ (0) Not equipped
____ (1) Airbag
____ (2) Airbag disconnected
____ (3) Airbag not reinstalled
____ (4) Two point automatic belts
____ (5) Three point automatic belts
____ (6) Automatic belts destroyed or rendered inoperable
____ (9) Unknown

Infant or Child Restraint Make/Model
_____

Type of Infant or Child Restraint
____ (0) No infant or child restraint
____ (1) Infant seat
____ (2) Child seat
____ (3) Convertible seat
____ (4) Booster seat
____ (7) Other type seat (specify): _____
____ (8) Unknown type restraint
____ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
____ (0) Not equipped
____ (1) Automatic belt in use
____ (2) Automatic belt not in use
____ (3) Deployed airbag
____ (4) Non-deployed airbag
____ (9) Unknown

Infant or Child Seat Orientation
____ (0) No infant or child seat
____ (1) Rear facing
____ (2) Forwarding facing
____ (7) Other orientation (specify): _____
____ (8) Unknown orientation
____ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
____ (0) No infant or child restraint
____ (1) Harness/shield used
____ (2) Harness/shield not used
____ (8) Unknown harness/shield usage
____ (9) Unknown if restraint available

*Specify the Other Position or Unit referenced: _____

INDICATIONS OF EJECTION

____ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area
____ Windshield
____ Left front
____ Right front
____ Left rear
____ Right rear
____ Rear
____ Roof
____ Other area (e.g., sidecar, back of pickup, etc.)
____ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Operable windows
____ Roll down type
____ Hinged typed
____ Sliding type
____ Other type window

Medium Status
____ Open
____ Separation
____ Closed, closed when damaged
____ Integral structure ripped opened
____ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

None visible

FRONT
____ Windshield
____ Mirror
____ Sunvisor
____ Steering wheel rim
____ Steering wheel hub/spoke
____ Steering wheel (combination of rim/hub/spoke)
____ Steering column, transmission selector lever, other attachment
____ Add on equipment (e.g., CB, tape deck, air conditioner)
____ Left instrument panel and below
____ Center instrument panel and below
____ Right instrument panel and below
____ Other front object

SIDE
____ Side interior surface, excluding hardware or armrests
____ Side hardware or armrest
____ A pillar
____ B pillar
____ Other pillar
____ Window glass or frame
____ Other side object

INTERIOR
____ Seat, back support
____ Belt restraint system
____ Head restraint system
____ Air cushion
____ Other occupants
____ Interior loose objects
____ Other interior object

ROOF
____ Front header
____ Rear header
____ Roof side rails
____ Roof or convertible top

FLOOR
____ Floor
____ Floor or console mounted transmission lever, including console
____ Parking brake handle
____ Foot controls including parking brake

REAR
____ Backlight (rear window)
____ Backlight storage rack, door, etc.
____ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
____ Hood
____ Outside hardware (e.g., outside mirror, antenna)
____ Other exterior surface or tires
____ Unknown exterior objects

CYCLE
____ Handle bars or attachments
____ Frame or suspension component or fender
____ Seat
____ Foot pedal, foot rest, foot pegs
____ Wheel or tire
____ Engine or transmission
____ Gas tank, gas tank filling cap or neck
____ Other cycle part

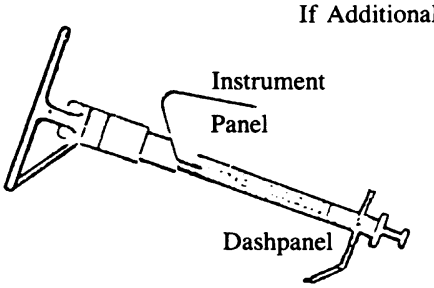
NCI

VEHICLE INTERIOR

POINTS OF OCCUPANT CONTACT

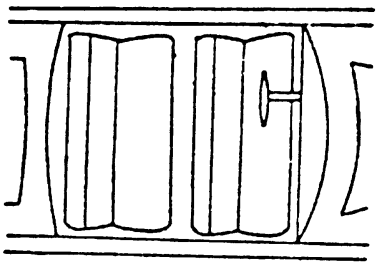
CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A			1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

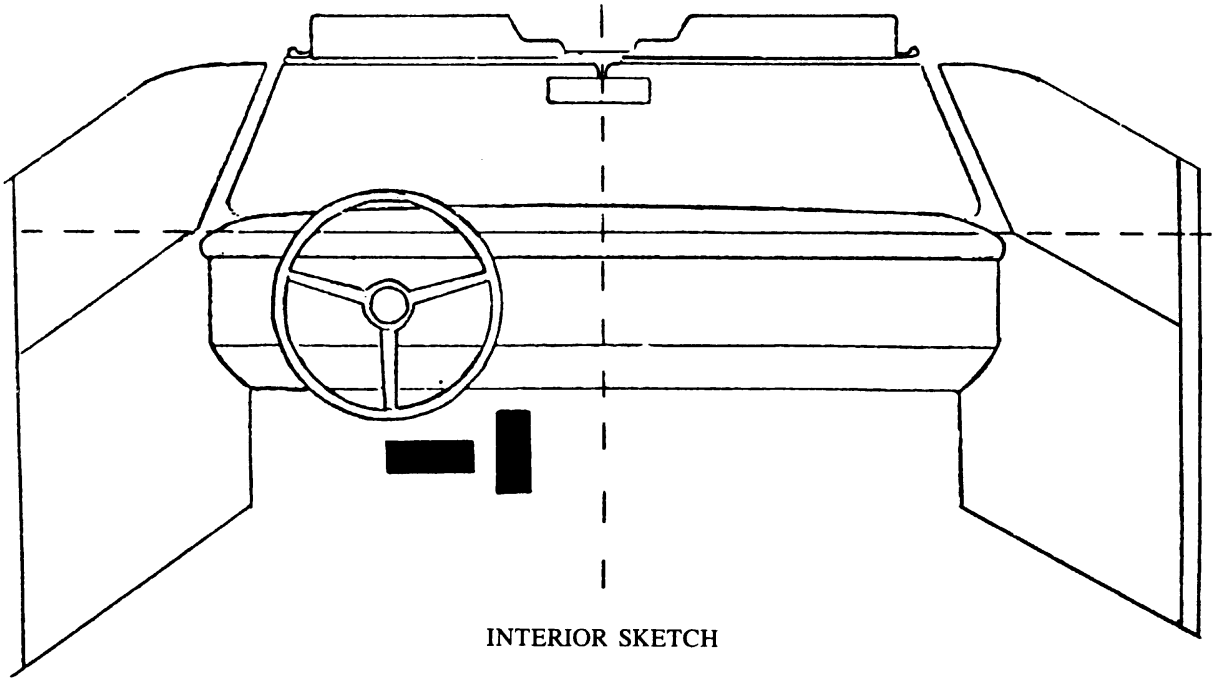
If Additional Contacts Points, Continue on Reverse Side



None visible

Doors locked





INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

NCI

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

/ Stopped — Less than 5 m.p.h.

____ Actual speed (in increments)

— Not applicable — Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

/ Stopped — Less than 5 m.p.h.

____ Actual speed (in increments)

— Not applicable — Unknown

INFORMATION SOURCE: Driver

P52-243 B

PSU/Case Number
Vehicle Number 03

NCI

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

PRE-CRASH

Direction of Travel

- __ North
- ✓ East
- __ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other:
(9) Unknown

[2] Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other:
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other: Stopped
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, ✓ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	5	1	2	4	3	7
2	2	✓	4	1	1	3	3	7
3	3	✓	3	1	1	2	3	7
4	4	✓	2	1	1	1	3	7
5	__	__	__	__	__	__	__	__
6	__	__	__	__	__	__	__	__

POST-CRASH

Final Rest Position

- ✓ On roadway
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other:
- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other:
- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

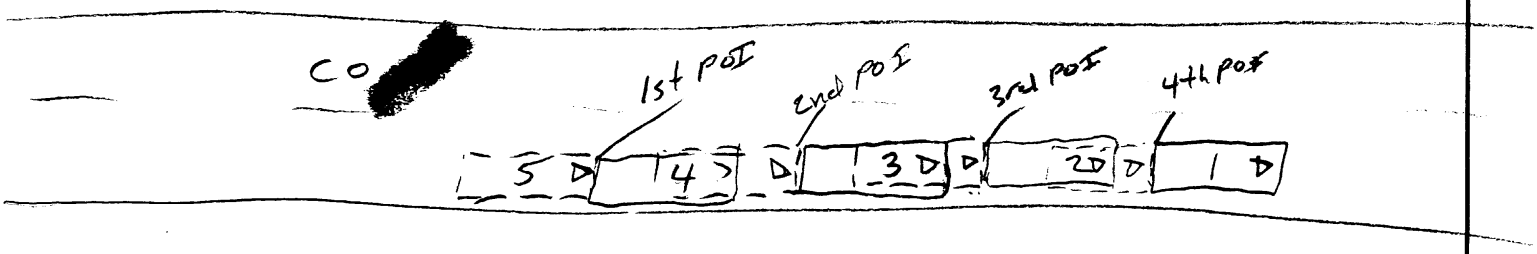
If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

NCI

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: NO lbs.

Describe: NO

Hazardous cargo in vehicle? ☐ No ☐ Yes If yes, specify: _____

Present location of vehicle (if not yet inspected)? Res.

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

ACCIDENT TYPES (Includes Intent)

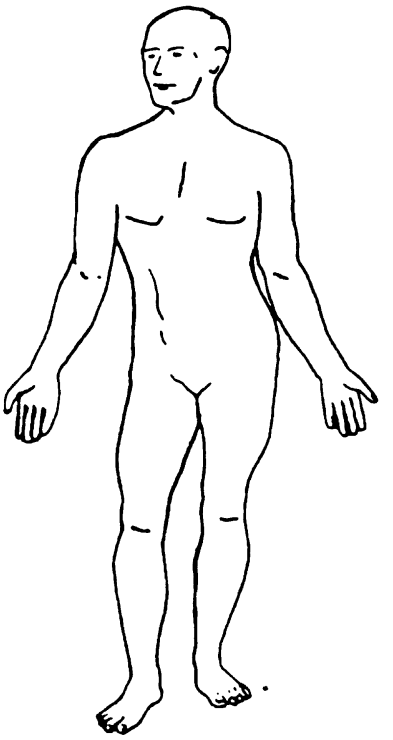
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	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, 21, 22, 23 STOPPED 21, 22, 23	24, 25, 26, 27 SLOWER 25, 26, 27	28, 29, 30, 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS UNKNOWN	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34, 35 CONTROL/ TRACTION LOSS	36, 37 CONTROL/ TRACTION LOSS	38, 39 AVOID COLLISION WITH VEH.	40, 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER / (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	44, 45	(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN		
III. Same Trafficway Opposite Direction	G. Head-On	50, 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER / (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64, 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	70, 71 INITIAL SAME DIRECTIONS	72, 73	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	76, 77 TURN INTO SAME DIRECTION	78, 79	80, 81 TURN INTO OPPOSITE DIRECTIONS	82, 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		

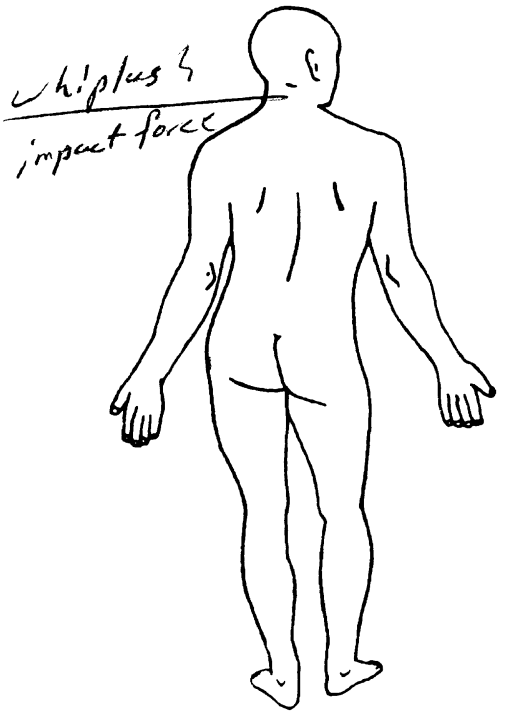
NCI

INJURY DATA FROM INTERVIEWEE

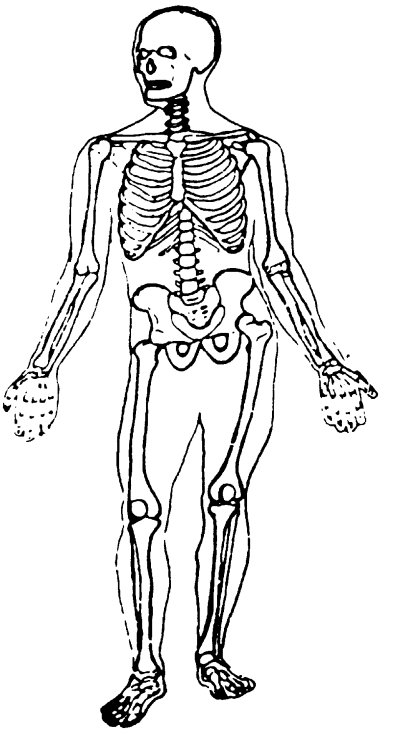
Indicate the *Nature, Location,* and injury *Source* of all injuries.

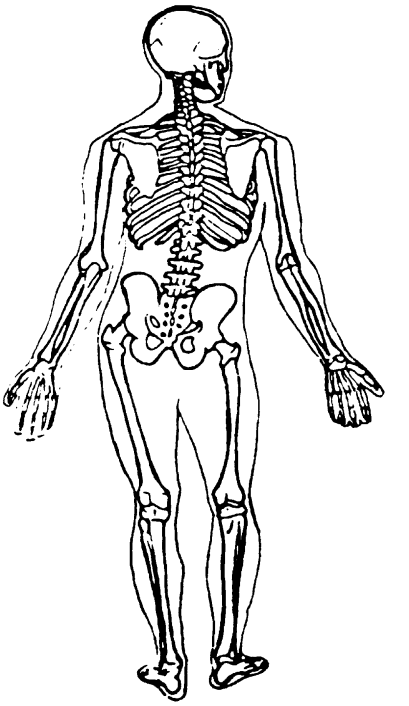
Soft Tissue Injuries





Skeletal Injuries





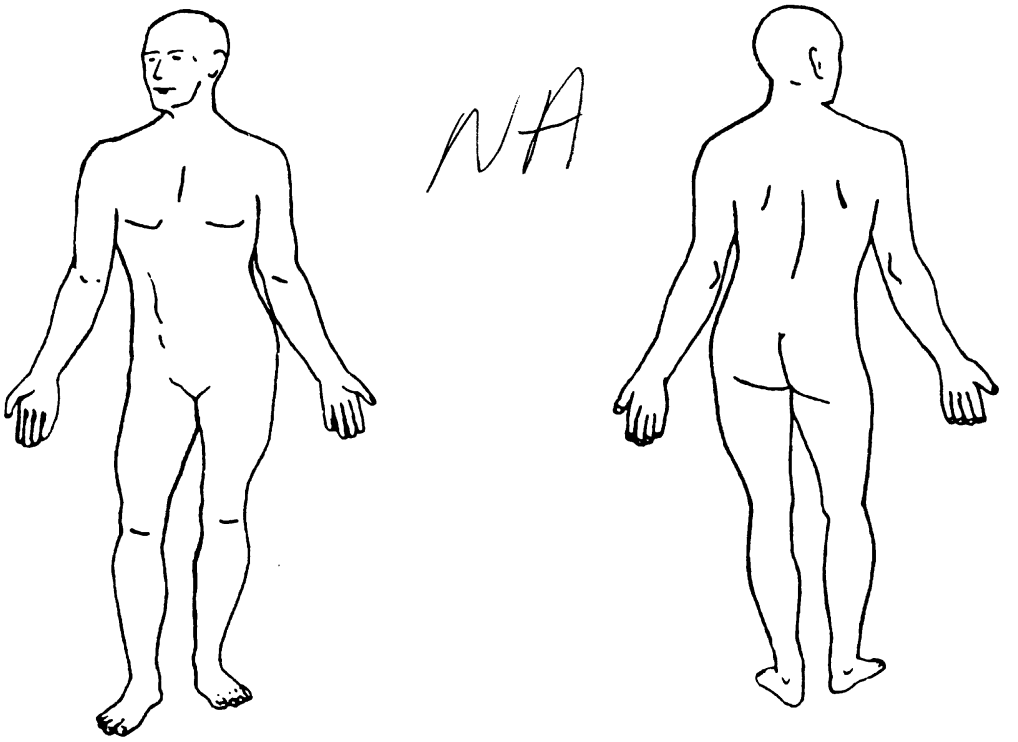
Collection Section

NCI

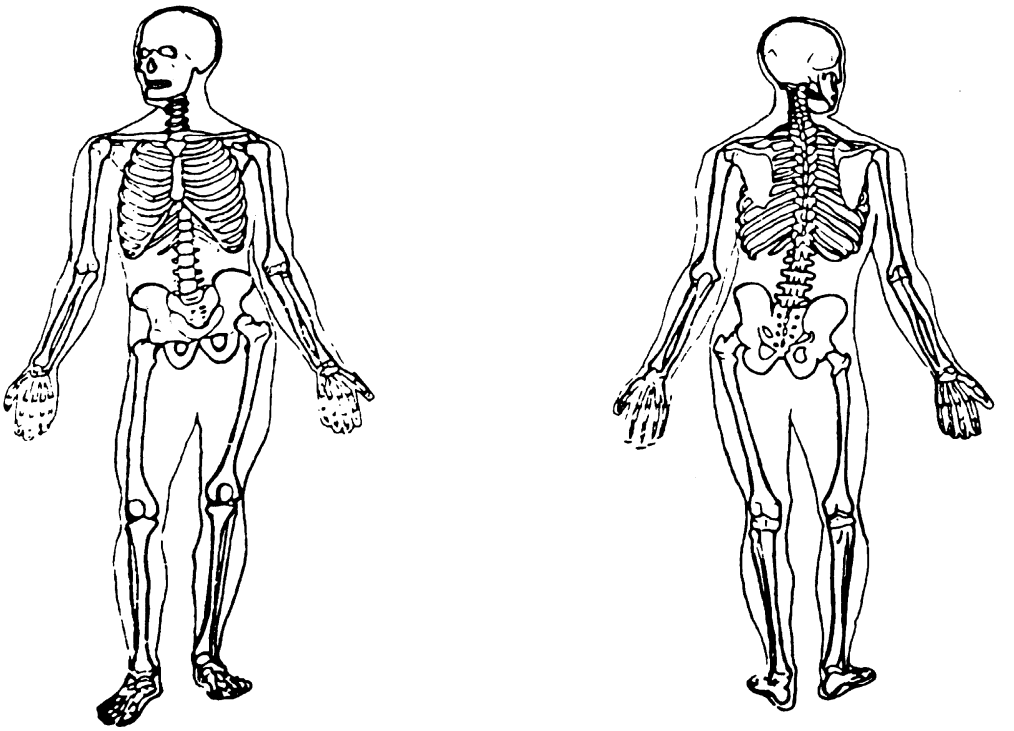
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.: _____

Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ✓ No, ____ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	L	N	P	T	M	1	90	3	07
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
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Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
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NCI

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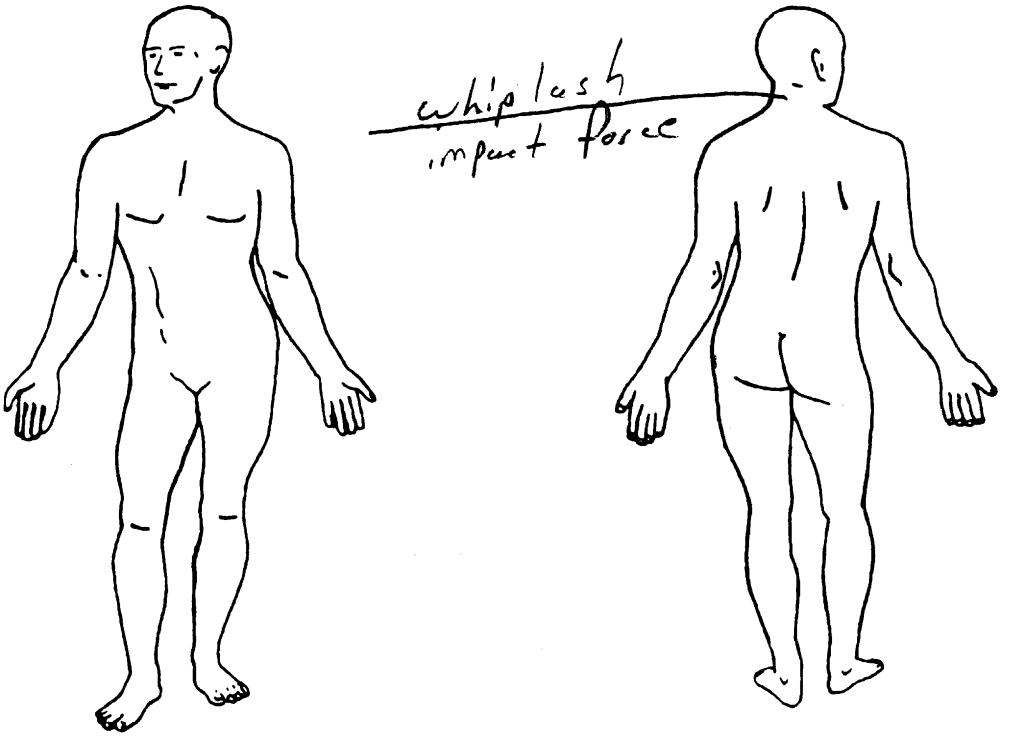

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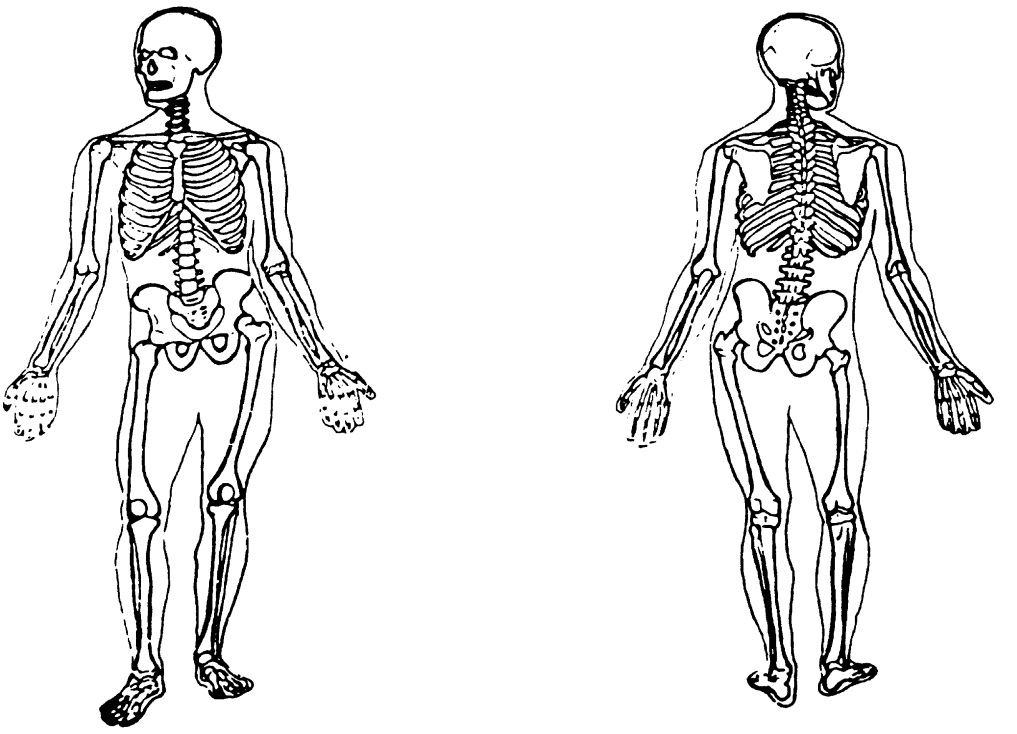

Collection Section

NCI

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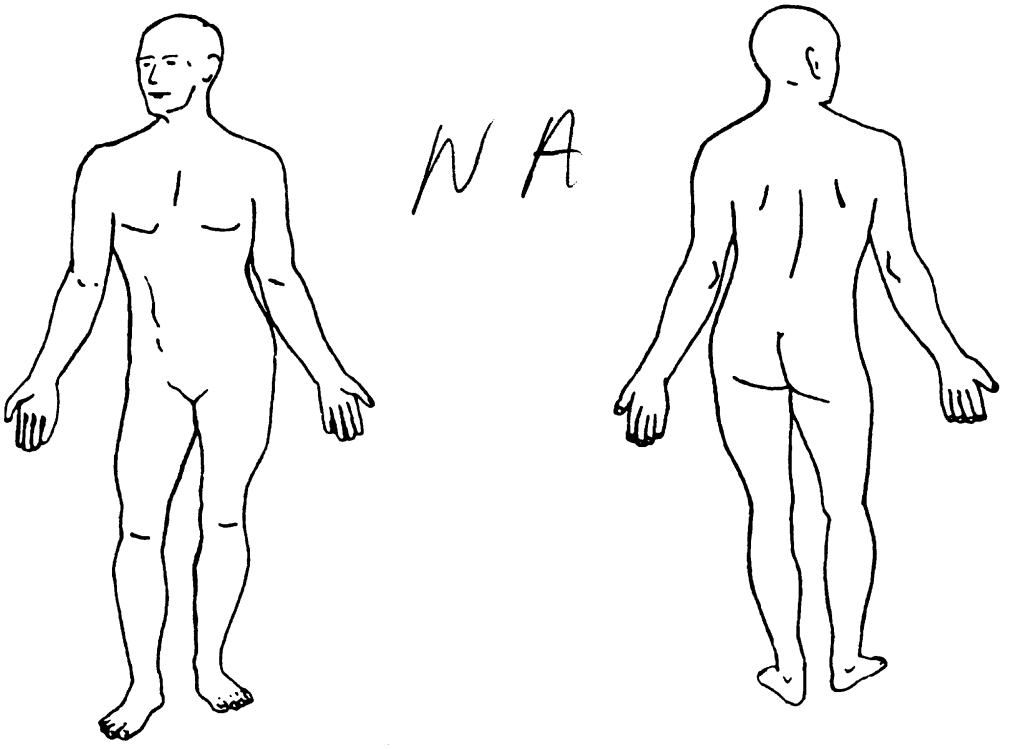

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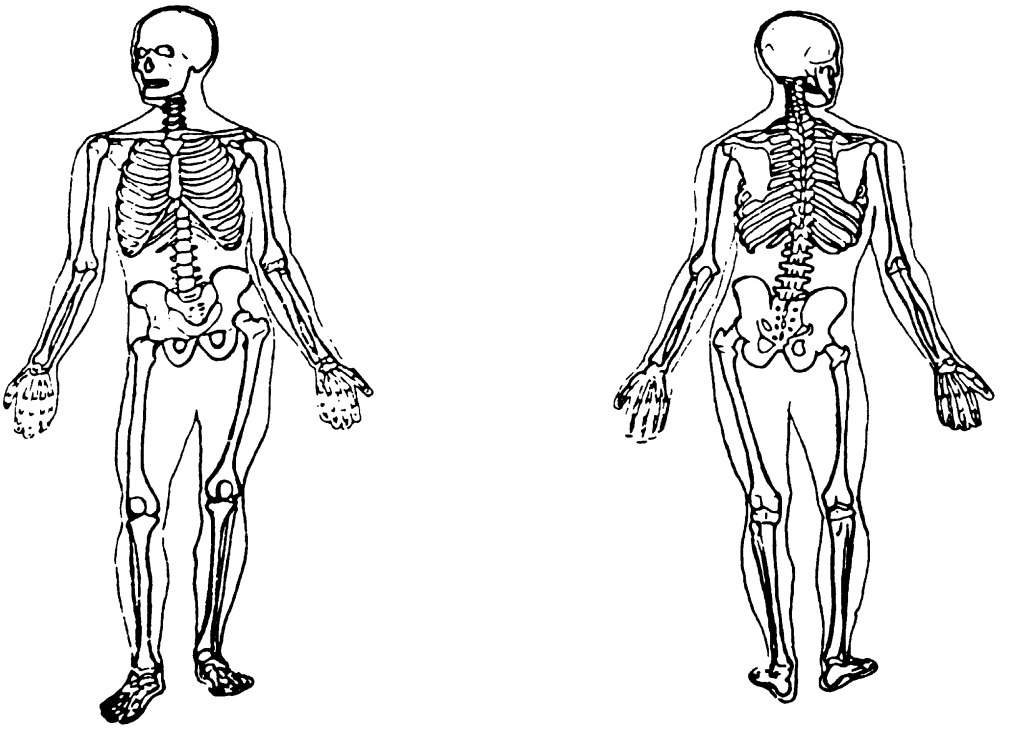

Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

P52-243 B

PSU/Case Number ___ ___ ___ ___ ___ ___

Vehicle No.: 3
Occupant No.: 2

NCI

OCCUPANT INJURY CLASSIFICATION

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(C) Chest
(E) Elbow
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(Y) Lower limb(s) (whole or unknown part)
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(P) Pelvic - hip
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(T) Thigh
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(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
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Lesion

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(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
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(O) Other
(P) Perforation, puncture
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(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
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(C) Spinal cord
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(0) Not injured
(9) Unknown if injured

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

NCI

Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 58 Front / 61 Rear	Bowing: B1 _____ X1 _____
Corner shift: A1 0	B2 _____ X2 _____
A2 0	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
<4 inches _____	
≥4 inches _____	

Adjustments taken from undamaged Escort.

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
R	Front Bumper	29	4.75	58	2	.38	.8	.5	1.75	4.75	0
0	Adjust	0	2	0	2	.38	0	0	.38	2	
2	Final	29	2.75	58	0	0	.8	.5	1.37	2.75	0
1	Rear Bumper	46.5	29.25	58.5	14	16.9	21	23.25	26.5	29.25	0
	Adjust	0	1	0	1	.5	.38	.38	.5	1	
1	Final	46.5	28.25	58.5	13	16.4	20.62	22.87	26	28.25	0

2.25" stroke each side

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

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

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

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

P52-243 B

PSU/Case Number
Vehicle Number 04

NATIONAL ACCIDENT SAMPLING SYSTEM—CONTINUOUS SAMPLING SUBSYSTEM
VEHICLE

NCI

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted
RF 2
LF 2
RR 2
LR 1

b. Tire deflated
RF 2
LF 2
RR 2
LR 2

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

TYPE OF TRANSMISSION

✓ Manual ___ Automatic

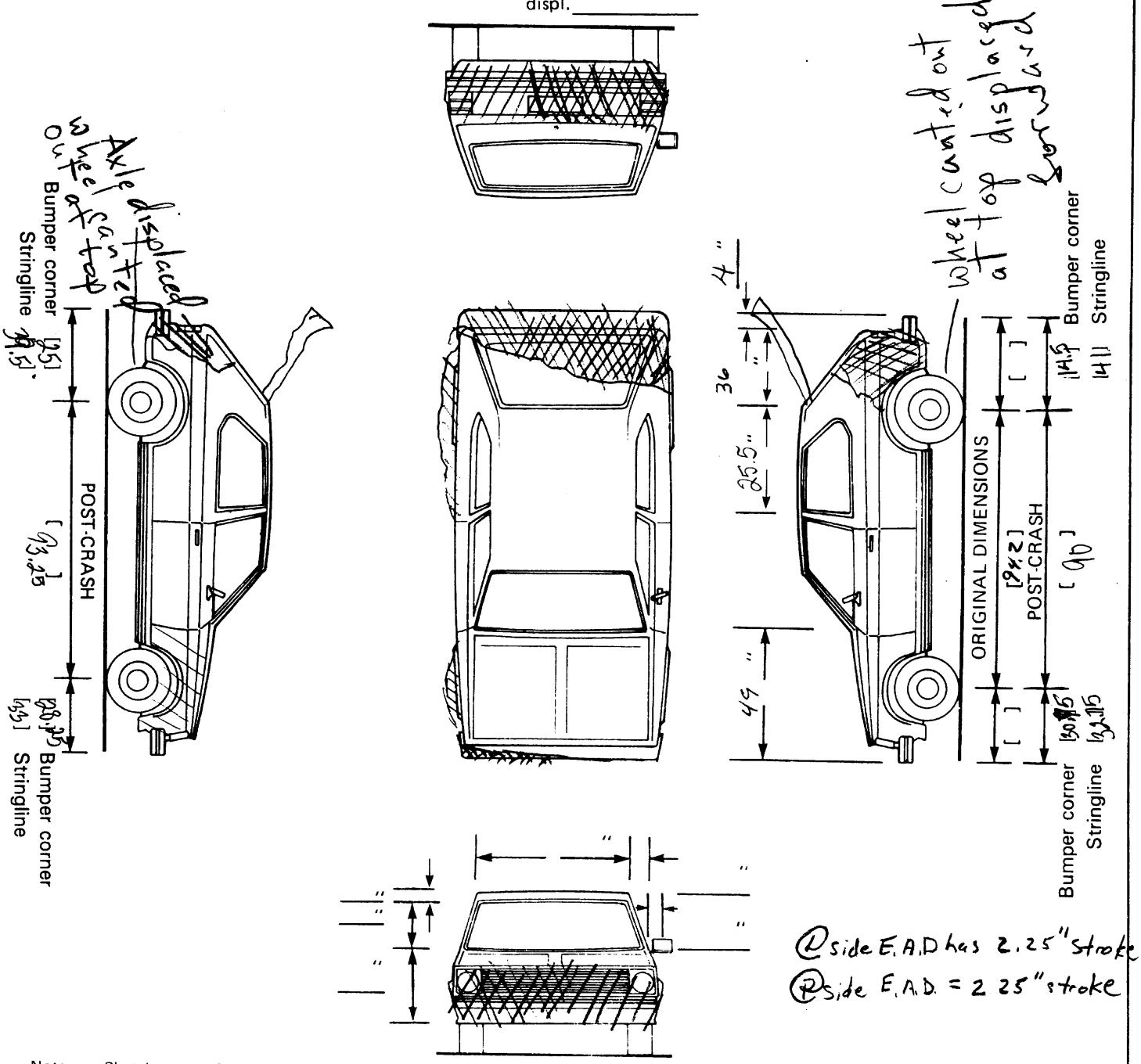
Average Track: 55.3
Maximum Width: 65.9
Curb Weight: 2011
Overall Length: 163.9
Wheel Base: 94.2
Engine Size: cyl. 4
displ.

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ °
LF ± ___ °
RR ± 1 0 °
LR ± 0 0 °

Within ± 5 degrees



L side E.A.D has 2.25" stroke
R side E.A.D. = 2.25" stroke

Note: 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 sidewall, 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.
If the vehicle contacted a pedestrian, complete page 6R.

NCI

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle

Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (<6 inches in diameter)
(33) Tree (>6 inches in diameter)

Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____

Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	05	180	00	B	D	E	W	06	1
2	03	000	00	F	2	E	W	01	2
3									
4									
5									
6									
7									

P52-243 B

PSU/Case Number _____
Vehicle Number 04

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	Ø	3	2	Ø	2				
	Indication of Usage	Ø	Ø	Ø	Ø	Ø	Ø				
AUTOMATIC	Availability	Ø									
	Function	Ø									

Manual Restraint System
-Availability-
____ (0) None available
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat (designed without tether or unknown design)
____ (6) Child safety seat (designed with tether - tether not used) (specify): _____
____ (7) Child safety seat (designed with tether - tether used)
____ (8) Restraint available - type unknown or other (specify): _____
____ (9) Unknown

Manual Restraint System
-Indication of Usage
____ (0) None used
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat - car lap belt used properly
____ (6) Child safety seat - car lap belt used improperly (specify): _____
____ (7) Child safety seat - unknown if car lap belt used properly
____ (8) Restraint used - type unknown or other (specify): _____
____ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
____ (0) Not equipped
____ (1) Airbag
____ (2) Airbag disconnected
____ (3) Airbag not reinstalled
____ (4) Two point automatic belts
____ (5) Three point automatic belts
____ (6) Automatic belts destroyed or rendered inoperable
____ (9) Unknown

Infant or Child Restraint Make/Model
_____

Type of Infant or Child Restraint
____ (0) No infant or child restraint
____ (1) Infant seat
____ (2) Child seat
____ (3) Convertible seat
____ (4) Booster seat
____ (7) Other type seat (specify): _____
____ (8) Unknown type restraint
____ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
____ (0) Not equipped
____ (1) Automatic belt in use
____ (2) Automatic belt not in use
____ (3) Deployed airbag
____ (4) Non-deployed airbag
____ (9) Unknown

Infant or Child Seat Orientation
____ (0) No infant or child seat
____ (1) Rear facing
____ (2) Forwarding facing
____ (7) Other orientation (specify): _____
____ (8) Unknown orientation
____ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
____ (0) No infant or child restraint
____ (1) Harness/shield used
____ (2) Harness/shield not used
____ (8) Unknown harness/shield usage
____ (9) Unknown if restraint available

*Specify the Other Position or Unit referenced: _____

INDICATIONS OF EJECTION

✓ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area
____ Windshield
____ Left front
____ Right front
____ Left rear
____ Right rear
____ Rear
____ Roof
____ Other area (e.g., sidecar, back of pickup, etc.)
____ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Operable windows
____ Roll down type
____ Hinged typed
____ Sliding type
____ Other type window

Medium Status
____ Open
____ Separation
____ Closed, closed when damaged
____ Integral structure ripped opened
____ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT
✓ Windshield
____ Mirror
____ Sunvisor
____ Steering wheel rim
____ Steering wheel hub/spoke
____ Steering wheel (combination of rim/hub/spoke)
____ Steering column, transmission selector lever, other attachment
____ Add on equipment (e.g., CB, tape deck, air conditioner)
____ Left instrument panel and below
____ Center instrument panel and below
____ Right instrument panel and below
____ Other front object

SIDE
____ Side interior surface, excluding hardware or armrests
____ Side hardware or armrest
____ A pillar
____ B pillar
____ Other pillar
____ Window glass or frame
____ Other side object

INTERIOR
✓ Seat, back support
____ Belt restraint system
____ Head restraint system
____ Air cushion
____ Other occupants
____ Interior loose objects
____ Other interior object

ROOF
____ Front header
____ Rear header
____ Roof side rails
____ Roof or convertible top

FLOOR
____ Floor
____ Floor or console mounted transmission lever, including console
____ Parking brake handle
____ Foot controls including parking brake

REAR
____ Backlight (rear window)
____ Backlight storage rack, door, etc.
____ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
____ Hood
____ Outside hardware (e.g., outside mirror, antenna)
____ Other exterior surface or tires
____ Unknown exterior objects

CYCLE
____ Handle bars or attachments
____ Frame or suspension component or fender
____ Seat
____ Foot pedal, foot rest, foot pegs
____ Wheel or tire
____ Engine or transmission
____ Gas tank, gas tank filling cap or neck
____ Other cycle part

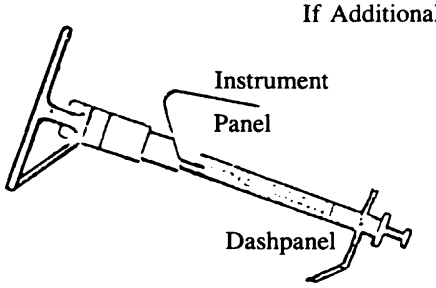
NCI

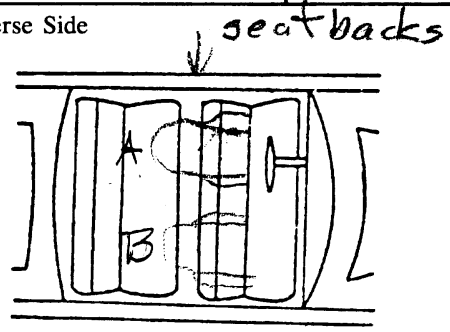
VEHICLE INTERIOR

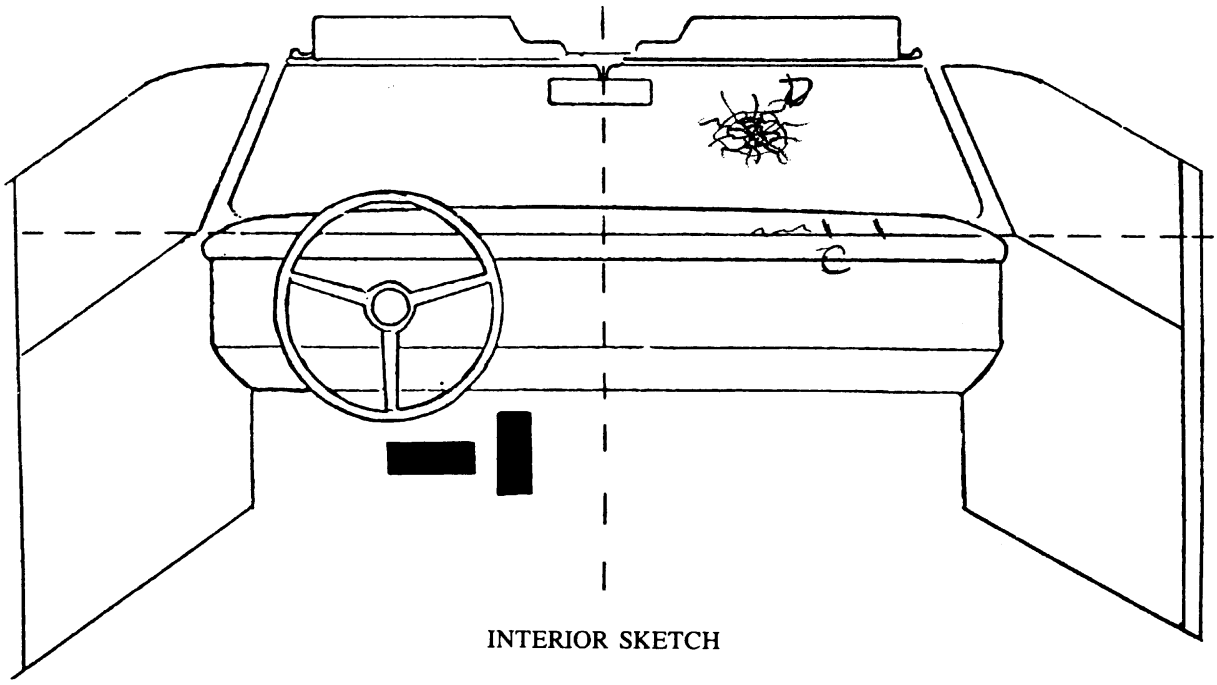
POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	Seatback (L)	Seatback deformed rearward	(1) 2
B	" (R)	" "	(1) 2
C	Instr Panel (R)	Cracked scuffed	(1) 2
D	Windshield	Cracked, Hair	(1) 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contacts Points, Continue on Reverse Side







INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

P52-243 B

PSU/Case Number _ _ _ _ _ _
Vehicle Number 04

NCI

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete after Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

✓ Stopped ___ Less than 5 m.p.h.

___ Actual speed (in increments)

___ Not applicable ___ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

✓ Stopped ___ Less than 5 m.p.h.

___ Actual speed (in increments)

___ Not applicable ___ Unknown

INFORMATION SOURCE: Driver

NCI

PRE-CRASH

Direction of Travel

- __ North
- __ East
- ✓ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
- (✓) Motor vehicle
- (0) Guardrail
- (1) Ditch
- (2) Ground
- (3) Tree
- (4) Pole
- (5) Sign
- (6) Pedacyclist
- (7) Pedestrian
- (8) Other:_____
- (9) Unknown

[2] Vehicle Impact Location
- (1) Front
- (2) Right side
- (3) Rear
- (4) Left side
- (5) Top
- (6) Undercarriage
- (7) Other:_____
- (8) Not applicable
- (9) Unknown

[3] Vehicle Orientation
- (1) Tracking, no skidding (includes controlled turn)
- (2) Tracking, skidding
- (3) Rotated clockwise to path of travel
- (4) Rotated counterclockwise to path of travel
- (5) Rolling over
- (6) Jackknifed
- (7) Other: Stopped
- (8) Not applicable
- (9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, ✓ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	4	3	7	5	1	2
2	2	✓	4	1	1	3	3	7
3	3	✓	3	1	1	2	3	7
4	4	✓	2	1	1	1	3	7
5	__	__	__	__	__	__	__	__
6	__	__	__	__	__	__	__	__

POST-CRASH

Final Rest Position

- ✓ On roadway
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other: _____
- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other: _____
- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

_____

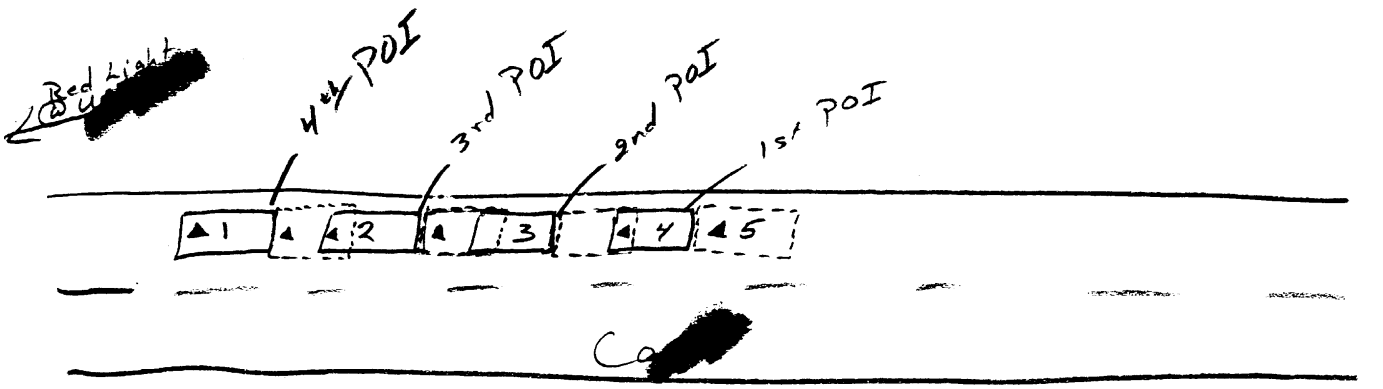
_____

NCI

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: 0 lbs.

Describe: _____

Hazardous cargo in vehicle? ☑ No ☐ Yes If yes, specify: _____

Present location of vehicle (if not yet inspected)? _____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

ACCIDENT TYPES (Includes Intent)

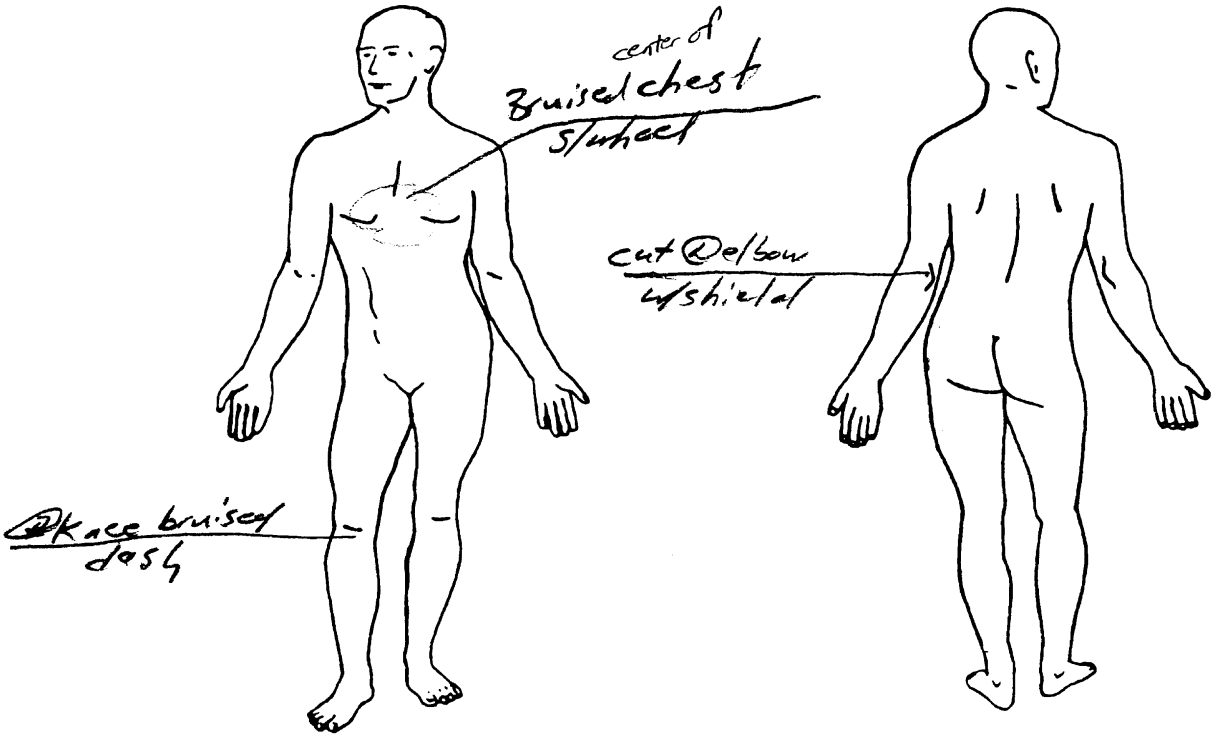
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	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, 22, 21, 23 STOPPED 21, 22, 23	24, 26, 25, 27 SLOWER 25, 26, 27	28, 30, 29, 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS UNKNOWN	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34, 35 CONTROL/ TRACTION LOSS	36, 37 CONTROL/ TRACTION LOSS	38, 39 AVOID COLLISION WITH VEH.	40, 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	44, 45	(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50, 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54, 55 CONTROL/ TRACTION LOSS	56, 57 CONTROL/ TRACTION LOSS	58, 59 AVOID COLLISION WITH VEH.	60, 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64, 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68, 69 INITIAL OPPOSITE DIRECTIONS	71, 70 INITIAL SAME DIRECTIONS	73, 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76, 77 TURN INTO SAME DIRECTION	79, 78 TURN INTO SAME DIRECTION	80, 81 TURN INTO OPPOSITE DIRECTIONS	83, 82 TURN INTO OPPOSITE DIRECTIONS	(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			

NCI

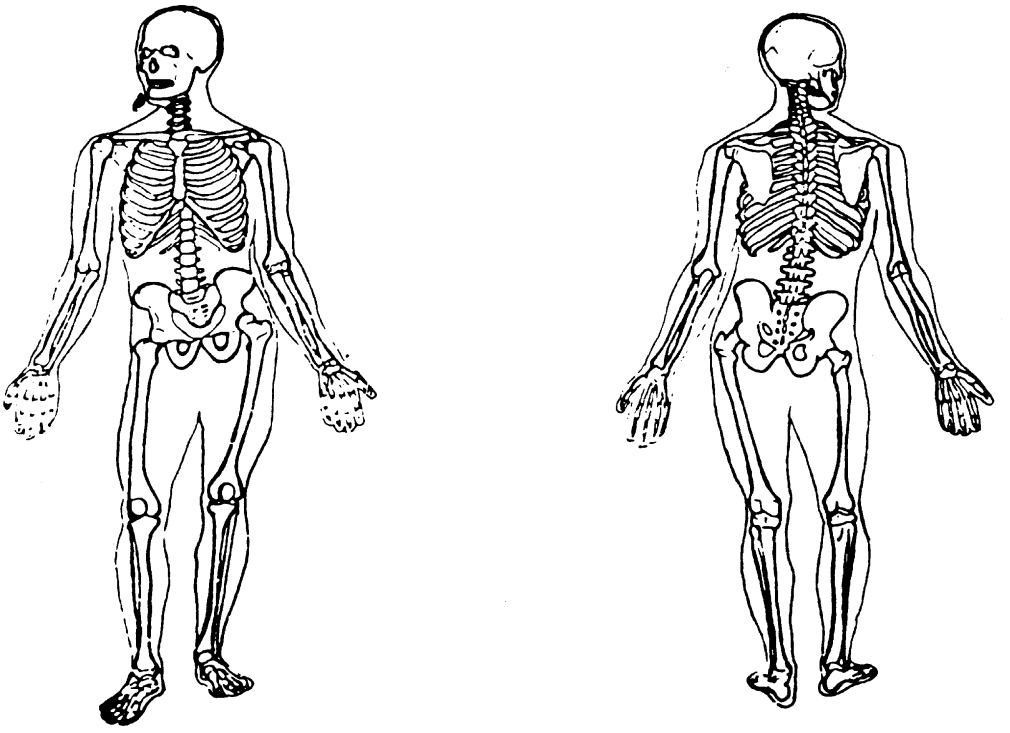
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Collection Section

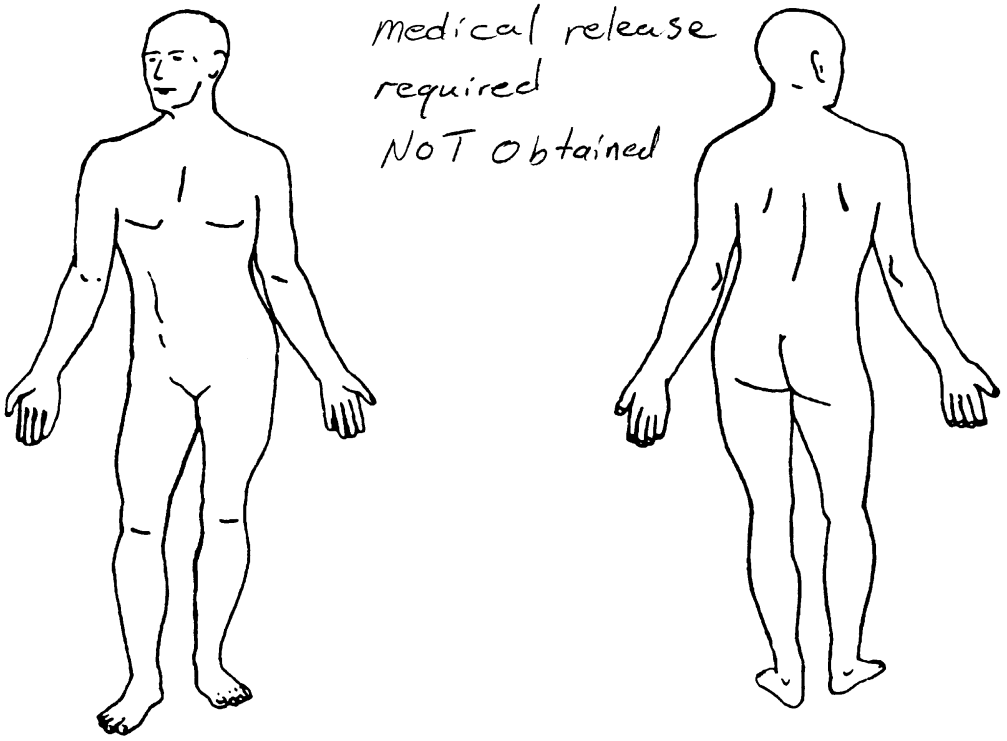
NCI

OFFICIAL INJURY DATA

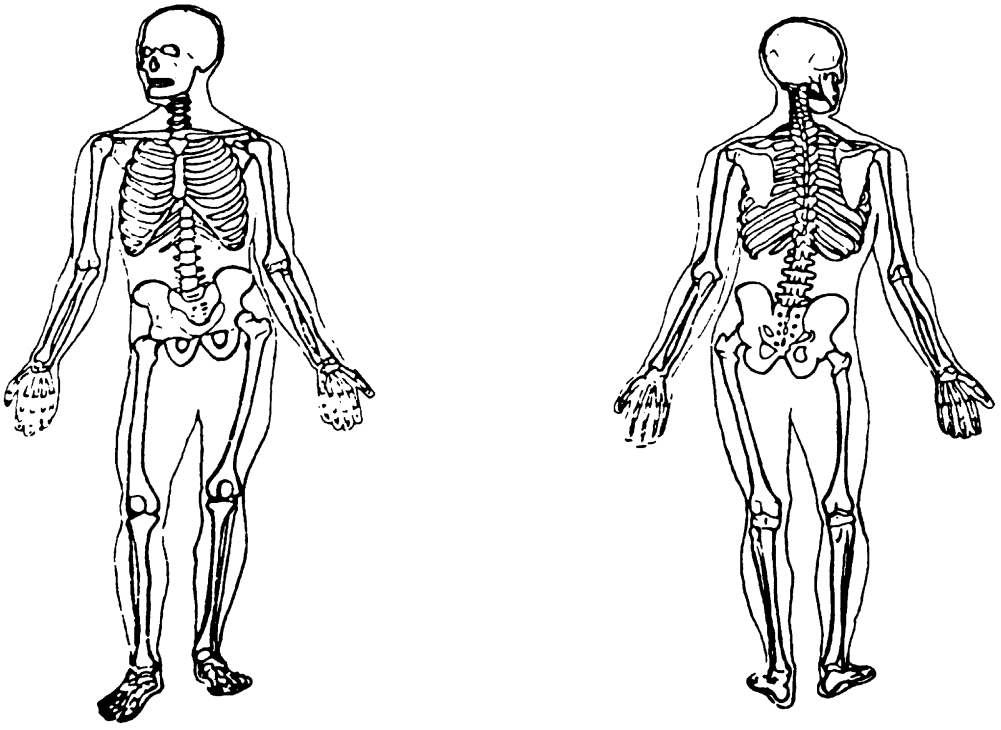
Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries

medical release required NOT Obtained



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ___ Unknown, ✓ No, ___ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	6	C	C	C	I	1	04	1	07
2	6	E	L	L	I	1	90	3	07
3	6	K	R	C	I	1	09	1	07
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

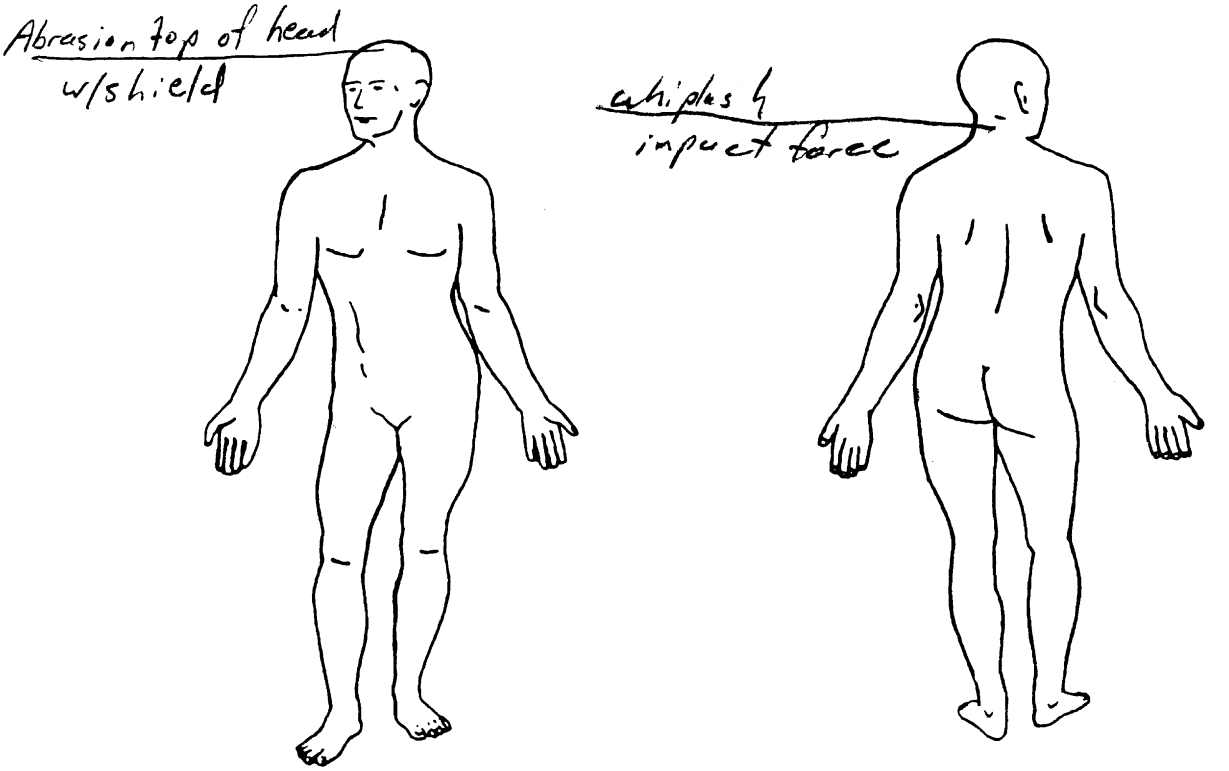
(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

NCI

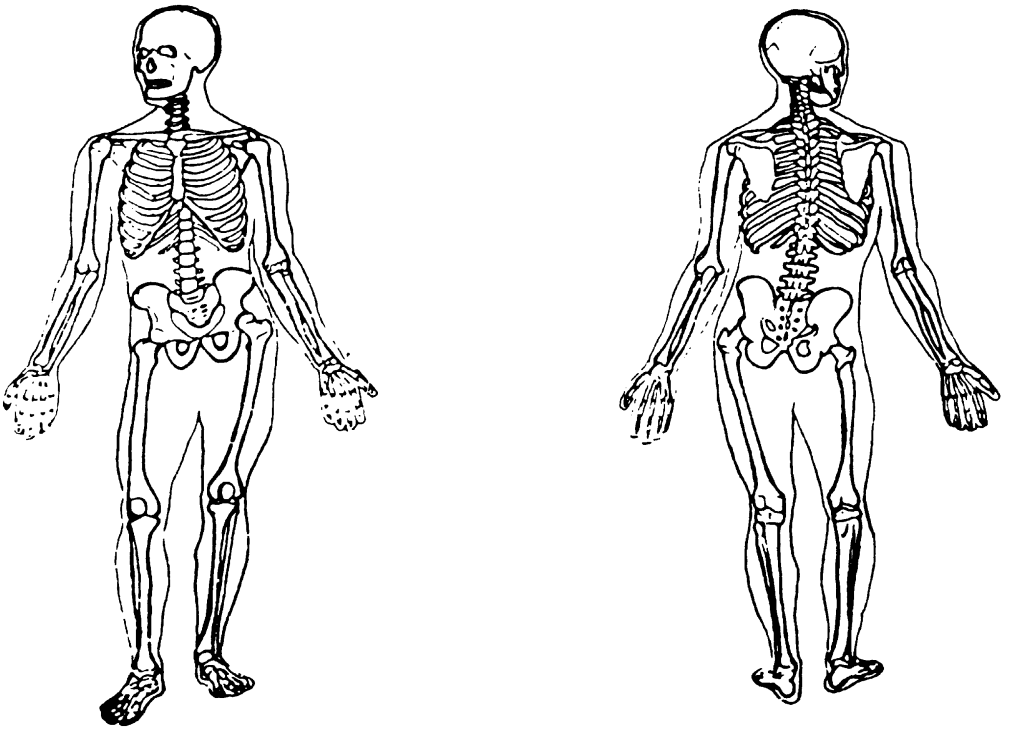
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



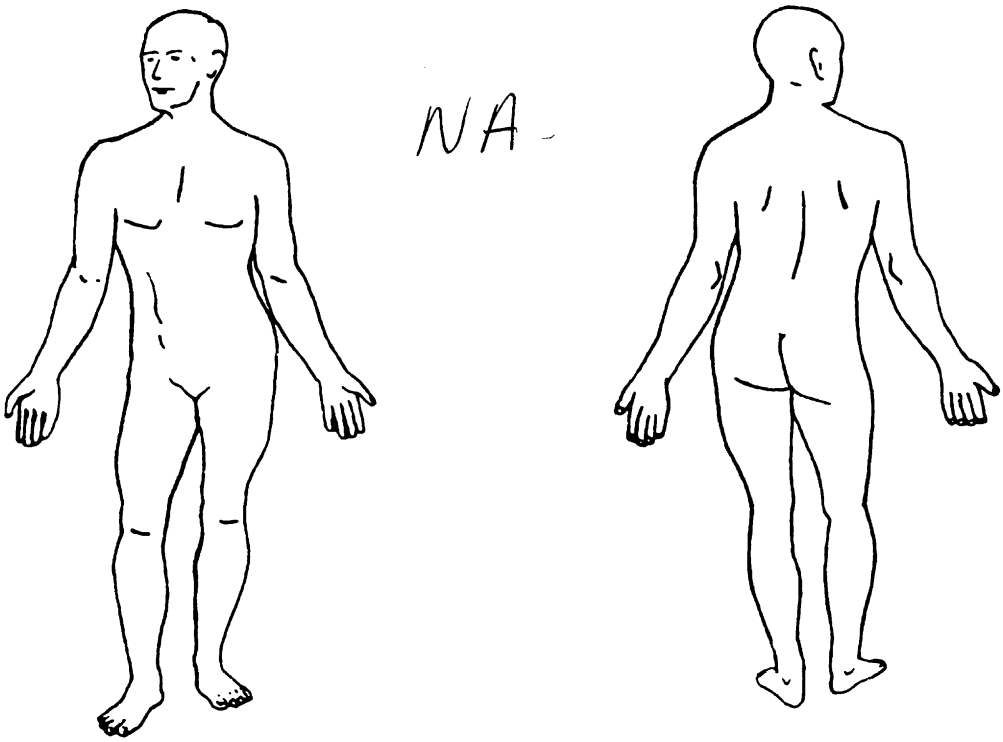
Collection Section

NCI

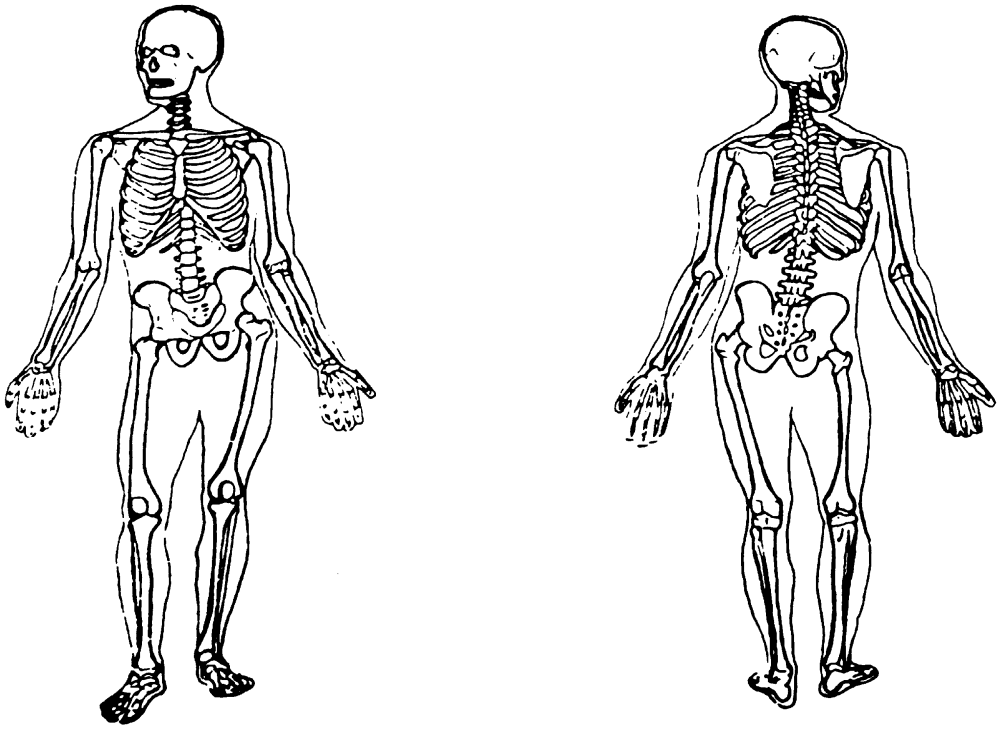
OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ✓ No, ____ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	1	N	P	T	M	1	90	3	07
2	6	H	S	A	F	1	01	1	07
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

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Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 52	Bowing: B1 _____ X1 _____
Corner shift: A1 0	B2 _____ X2 _____
A2 0	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
<4 inches ✓	
≥4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Front Bumper	44	15	52.5	4.5	7.25	9.75	10.75	5	15	0
	Adjust	0	7	0	2.7	5.5	5	5	0	7	
1	Final	44	8	52.5	0	1.75	4.75	5.75	5	8	0

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

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

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

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted
RF 2
LF 2
RR 2
LR 2

b. Tire deflated
RF 2
LF 2
RR 2
LR 2

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

TYPE OF TRANSMISSION

✓ Manual ___ Automatic

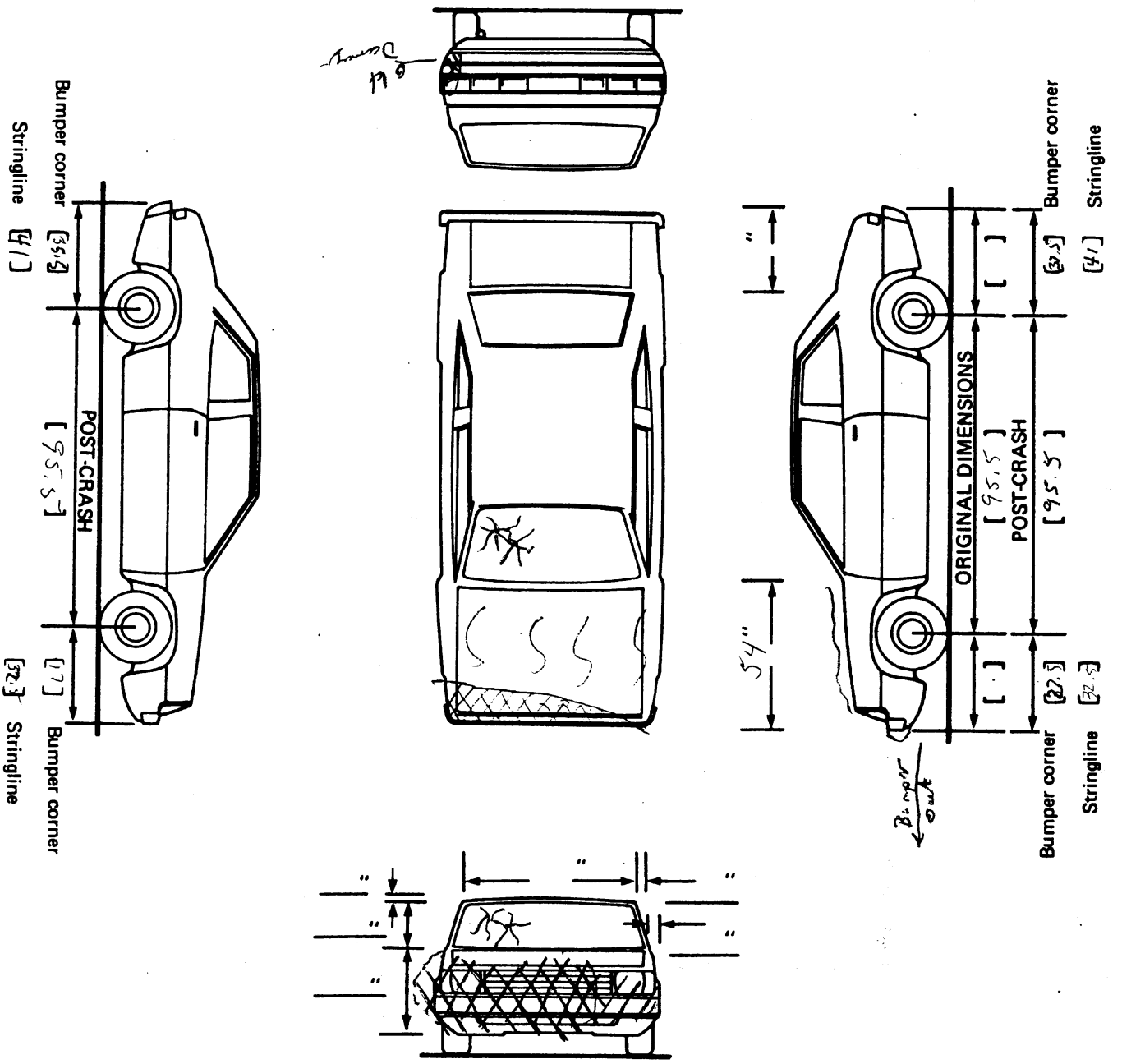
Average Track: 50.5
Maximum Width: 63.0
Curb Weight: 2425
Overall Length: 169.2
Wheel Base: 95.5
Engine Size: cyl. 4
displ. ___

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

RF ±___ ___°
LF ±___ ___°
RR ±___ ___°
LR ±___ ___°

Within ± 5 degrees

Vehicle No.: 5



Note: 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 sidewall, etc.)
If pulling trailer sketch type of trailer and damage received on the back of page 3.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete the back of this page.

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OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle

Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (<6 inches in diameter)
(33) Tree (>6 inches in diameter)

Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____

Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	04	360	00	F	D	E	W	01	1
2									
3									
4									
5									
6									
7									

P52- 243 B

PSU/Case Number _____
Vehicle Number 05

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	0	X	0	2	X	2				
	Indication of Usage	0	X	0	0	X	0				
AUTOMATIC	Availability										
	Function										

Manual Restraint System
-Availability-
____ (0) None available
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat (designed without tether or unknown design)
____ (6) Child safety seat (designed with tether - tether not used) (specify): _____
____ (7) Child safety seat (designed with tether - tether used)
____ (8) Restraint available - type unknown or other (specify): _____
____ (9) Unknown

Manual Restraint System
-Indication of Usage
____ (0) None used
____ (1) Shoulder belt
____ (2) Lap belt
____ (3) Lap and shoulder belt
____ (4) Motorcycle helmet
____ (5) Child safety seat - car lap belt used properly
____ (6) Child safety seat - car lap belt used improperly (specify): _____
____ (7) Child safety seat - unknown if car lap belt used properly
____ (8) Restraint used - type unknown or other (specify): _____
____ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
____ (0) Not equipped
____ (1) Airbag
____ (2) Airbag disconnected
____ (3) Airbag not reinstalled
____ (4) Two point automatic belts
____ (5) Three point automatic belts
____ (6) Automatic belts destroyed or rendered inoperable
____ (9) Unknown

Automatic (Passive) Restraint System
-Function-
____ (0) Not equipped
____ (1) Automatic belt in use
____ (2) Automatic belt not in use
____ (3) Deployed airbag
____ (4) Non-deployed airbag
____ (9) Unknown

Infant or Child Restraint Make/Model
_____

Type of Infant or Child Restraint
____ (0) No infant or child restraint
____ (1) Infant seat
____ (2) Child seat
____ (3) Convertible seat
____ (4) Booster seat
____ (7) Other type seat (specify): _____
____ (8) Unknown type restraint
____ (9) Unknown if restraint available

Infant or Child Seat Orientation
____ (0) No infant or child seat
____ (1) Rear facing
____ (2) Forwarding facing
____ (7) Other orientation (specify): _____
____ (8) Unknown orientation
____ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
____ (0) No infant or child restraint
____ (1) Harness/shield used
____ (2) Harness/shield not used
____ (8) Unknown harness/shield usage
____ (9) Unknown if restraint available

Both lap & shoulder belts malfunctioning cannot pull belts out of retractor

*Specify the Other Position or Unit referenced: _____

INDICATIONS OF EJECTION

✓ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area
____ Windshield
____ Left front
____ Right front
____ Left rear
____ Right rear
____ Rear
____ Roof
____ Other area (e.g., sidecar, back of pickup, etc.)
____ Unknown

Ejection Medium
____ Door (side)
____ Door (rear)
____ Open roof structure
____ Fixed windows
____ Other medium type
____ Unknown

Operable windows
____ Roll down type
____ Hinged typed
____ Sliding type
____ Other type window

Medium Status
____ Open
____ Separation
____ Closed, closed when damaged
____ Integral structure ripped opened
____ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT
____ Windshield
____ Mirror
____ Sunvisor
____ Steering wheel rim
____ Steering wheel hub/spoke
____ Steering wheel (combination of rim/hub/spoke)
____ Steering column, transmission selector lever, other attachment
____ Add on equipment (e.g., CB, tape deck, air conditioner)
____ Left instrument panel and below
____ Center instrument panel and below
____ Right instrument panel and below
____ Other front object

SIDE
____ Side interior surface, excluding hardware or armrests
____ Side hardware or armrest
____ A pillar
____ B pillar
____ Other pillar
____ Window glass or frame
____ Other side object

INTERIOR
____ Seat, back support
____ Belt restraint system
____ Head restraint system
____ Air cushion
____ Other occupants
____ Interior loose objects
____ Other interior object

ROOF
____ Front header
____ Rear header
____ Roof side rails
____ Roof or convertible top

FLOOR
____ Floor
____ Floor or console mounted transmission lever, including console
____ Parking brake handle
____ Foot controls including parking brake

REAR
____ Backlight (rear window)
____ Backlight storage rack, door, etc.
____ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
____ Hood
____ Outside hardware (e.g., outside mirror, antenna)
____ Other exterior surface or tires
____ Unknown exterior objects

CYCLE
____ Handle bars or attachments
____ Frame or suspension component or fender
____ Seat
____ Foot pedal, foot rest, foot pegs
____ Wheel or tire
____ Engine or transmission
____ Gas tank, gas tank filling cap or neck
____ Other cycle part

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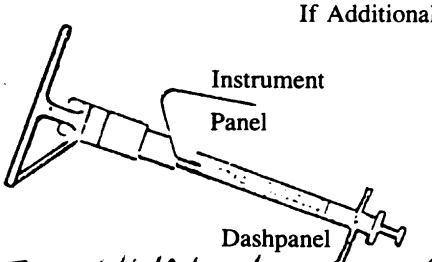
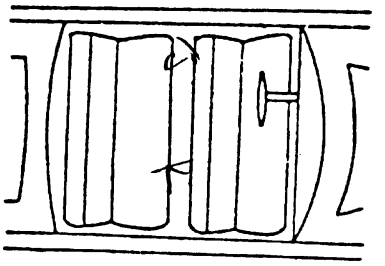
VEHICLE INTERIOR

POINTS OF OCCUPANT CONTACT

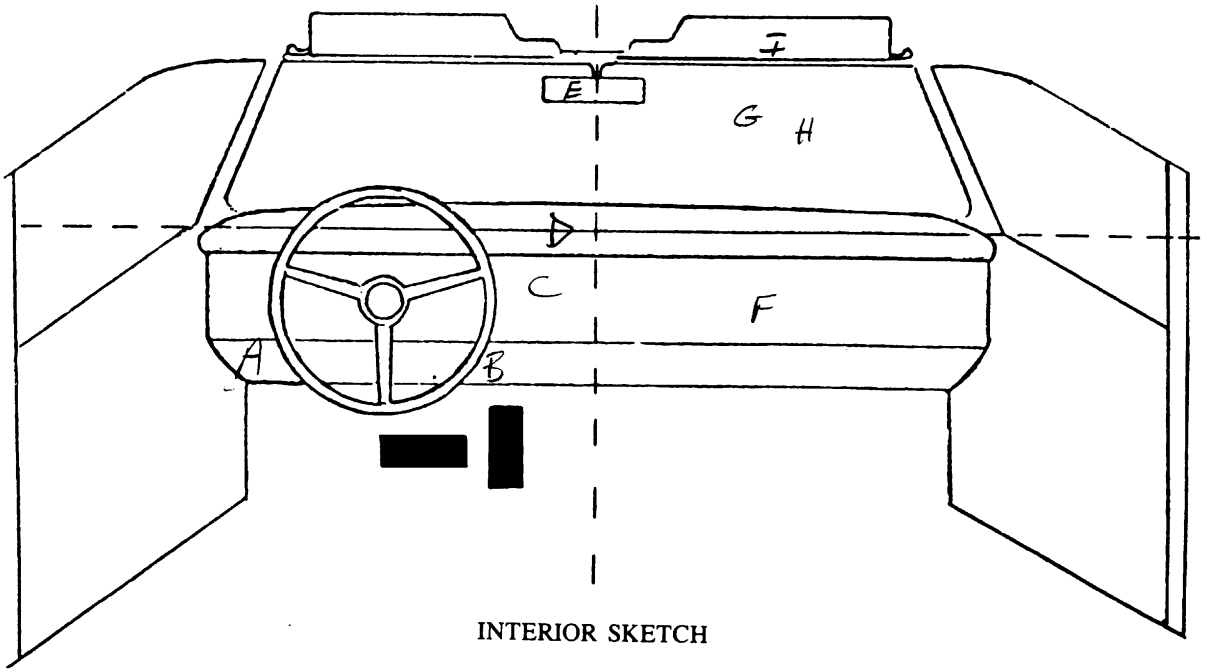
CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	dash	Broken	(1) 2
B	switch	Bent	(1) 2
C	Dash	Cracked	(1) 2
D	"	" "	(1) 2
E	mirror	Broken off & Cracked	(1) 2
F	Glove Box	scuffed	(1) 2
G	w/shield	Broken	(1) 2
H	" "	" "	(1) 2

If Additional Contacts Points, Continue on Reverse Side





I w/shield header scuffed w/ hair stuck (1) 2
J seat back Bent forward
K seat back " " (1) 2



INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain – 1; and possible – 2.

PSU/Case Number P52-243 B
Vehicle Number 05

NCI

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

__ Stopped __ Less than 5 m.p.h.

55 Actual speed (in increments)

__ Not applicable __ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

__ Stopped __ Less than 5 m.p.h.

45 Actual speed (in increments)

__ Not applicable __ Unknown

INFORMATION SOURCE: Driver

PSU/Case Number ~~P52-243-B~~
Vehicle Number 05

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

NCI

PRE-CRASH

Direction of Travel

- __ North
- __ East
- ✓ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other:_____
(9) Unknown

[2] Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other:_____
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other: Stopped
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, ✓ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	5	1	2	4	3	7
2	2	✓	4	1	1	3	3	7
3	3	✓	3	1	1	2	3	7
4	4	✓	2	1	1	1	3	7
5	__	__	__	__	__	__	__	__
6	__	__	__	__	__	__	__	__

POST-CRASH

Final Rest Position

- ✓ On roadway
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other: _____
- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other: _____
- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

_____

_____

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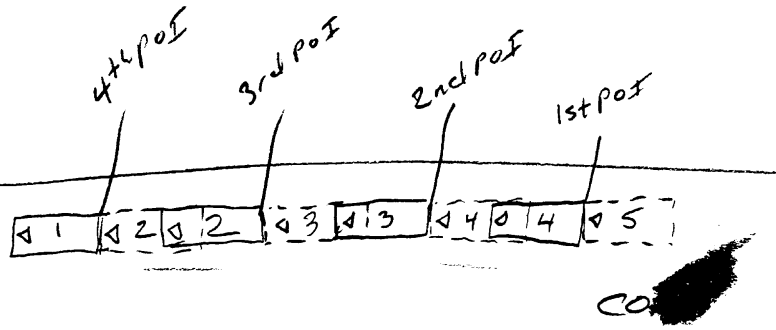
ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: none lbs.

Describe: NA

Hazardous cargo in vehicle? ☑ No ☐ Yes If yes, specify: _____

Present location of vehicle (if not yet inspected)? Inspected

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

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 22 21 23 STOPPED 21, 22, 23	24 26 25 27 SLOWER 25, 26, 27	28 30 29 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS UNKNOWN	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34 35 CONTROL/ TRACTION LOSS	36 37 CONTROL/ TRACTION LOSS	38 39 AVOID COLLISION WITH VEH.	40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	44 45	(EACH • 46) SPECIFICS OTHER	(EACH • 47) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 55 CONTROL/ TRACTION LOSS	56 57 CONTROL/ TRACTION LOSS	58 59 AVOID COLLISION WITH VEH.	60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	71 70 INITIAL SAME DIRECTIONS	73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	77 76 TURN INTO SAME DIRECTION	79 78	81 80 TURN INTO OPPOSITE DIRECTIONS	83 82	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 86	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			

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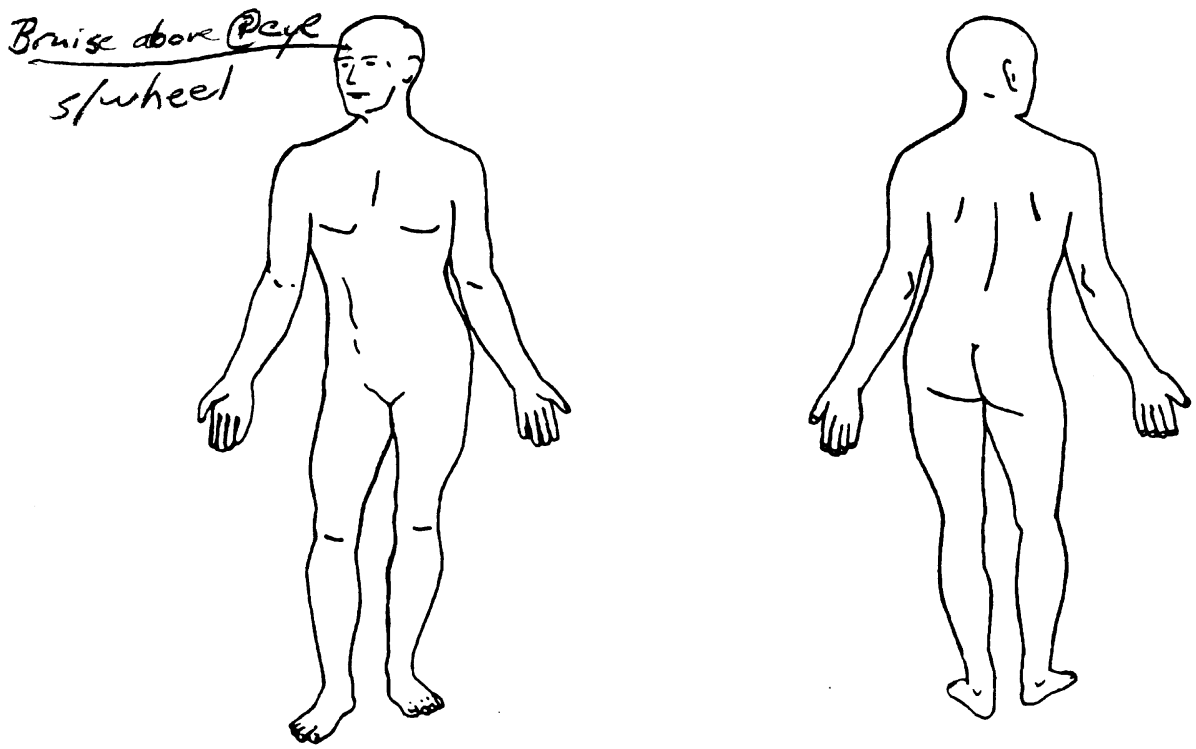
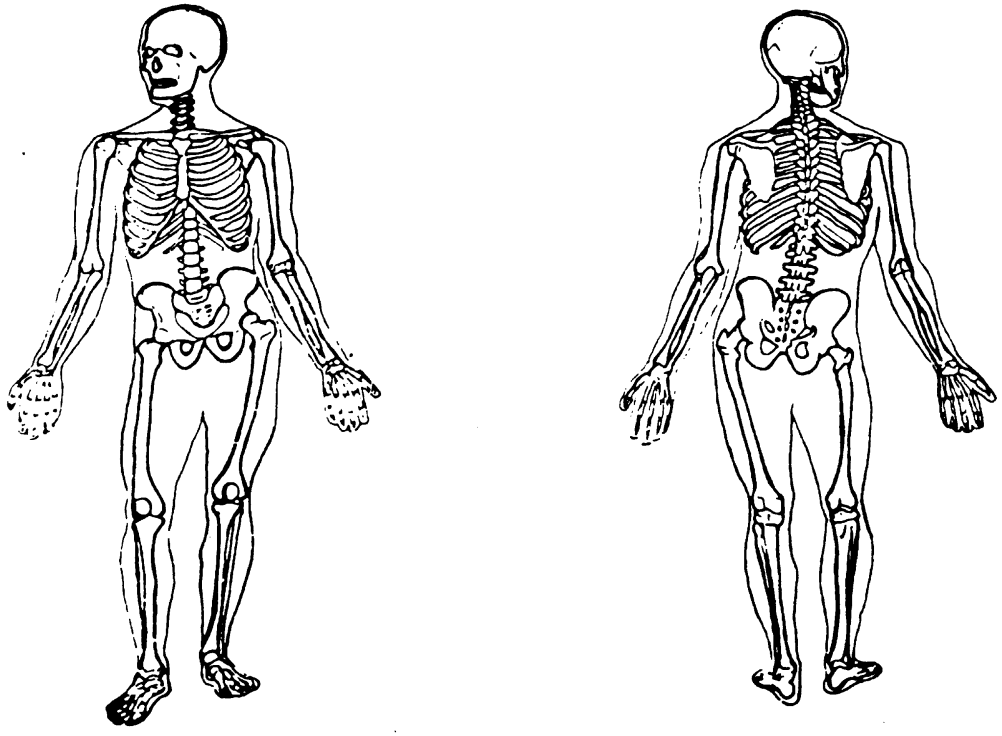
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Collection Section

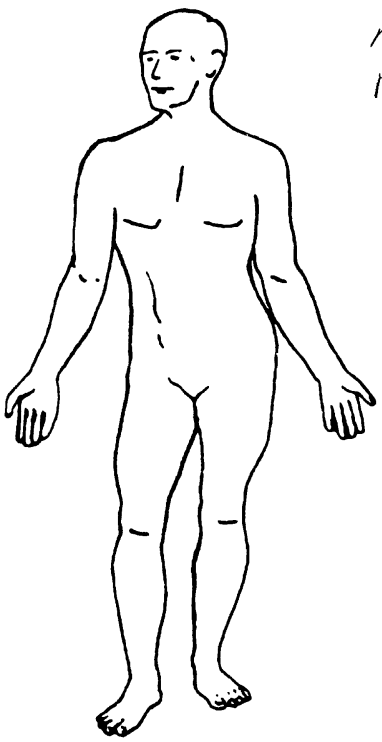
NCI

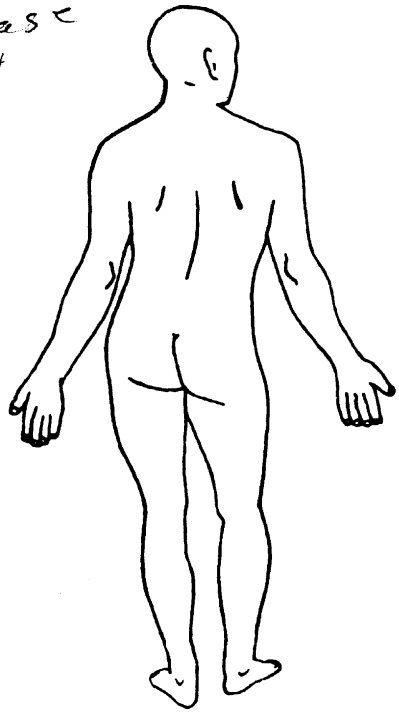
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

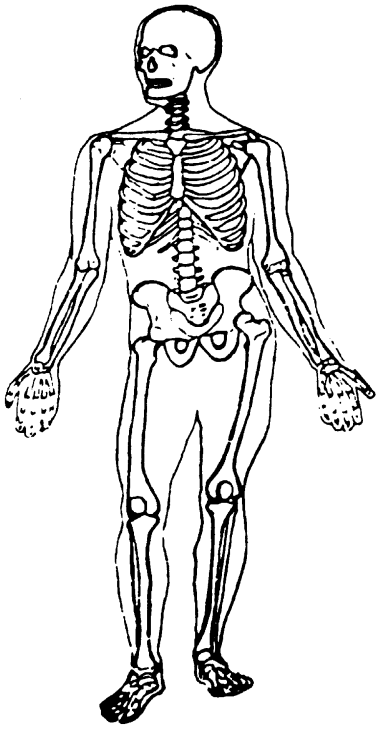
Soft Tissue Injuries

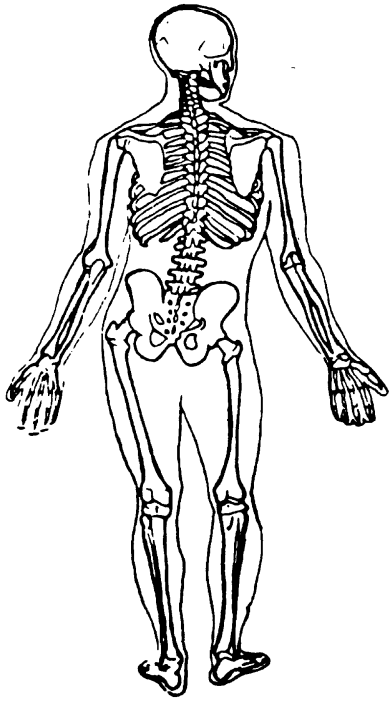
medical release required not obtained





Skeletal Injuries





Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ___ Unknown, ✓ No, ___ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	6	F	S	C	I	1	04	1	07
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

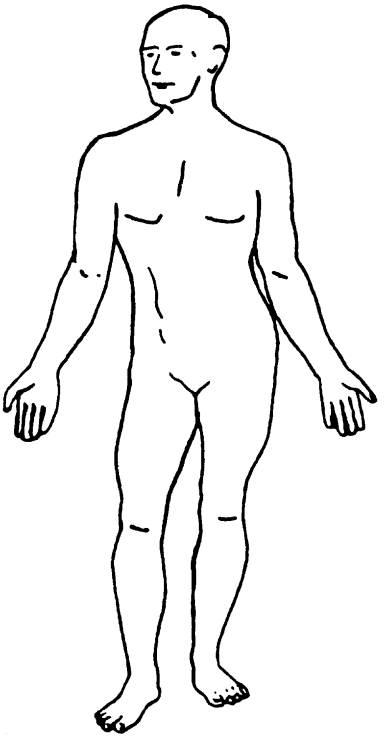
(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

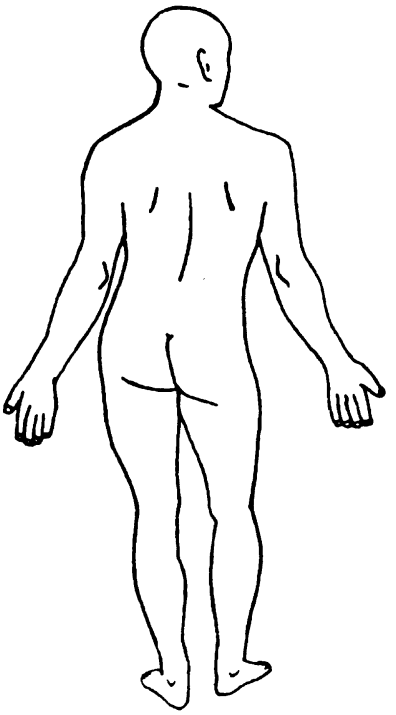
NCI

INJURY DATA FROM INTERVIEWEE

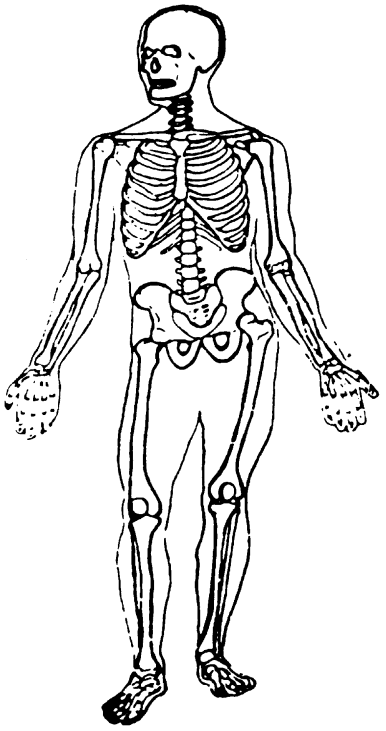
Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

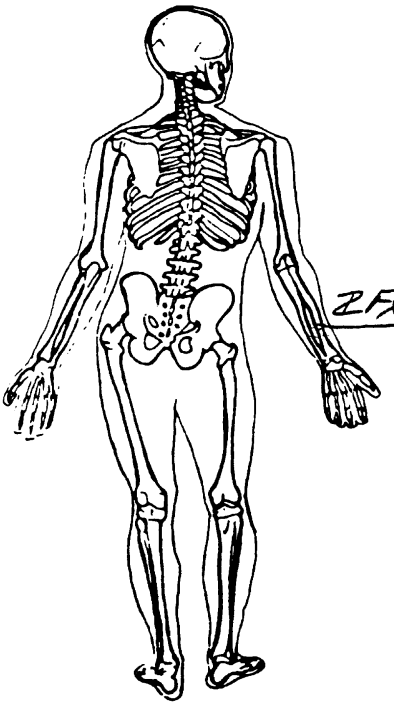
Soft Tissue Injuries





Skeletal Injuries





2 Fx's in @ wrist
dash

Collection Section

NCI

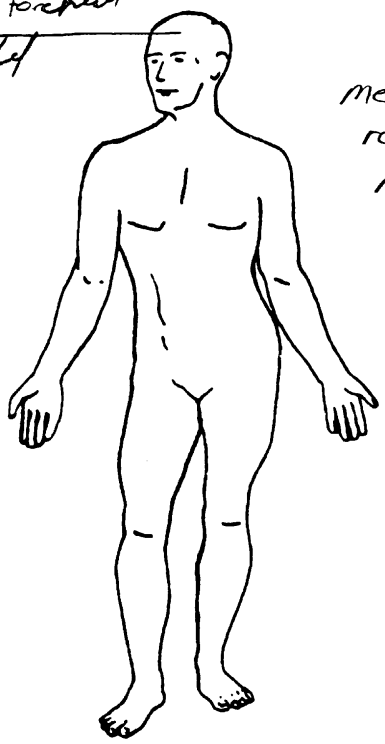
OFFICIAL INJURY DATA

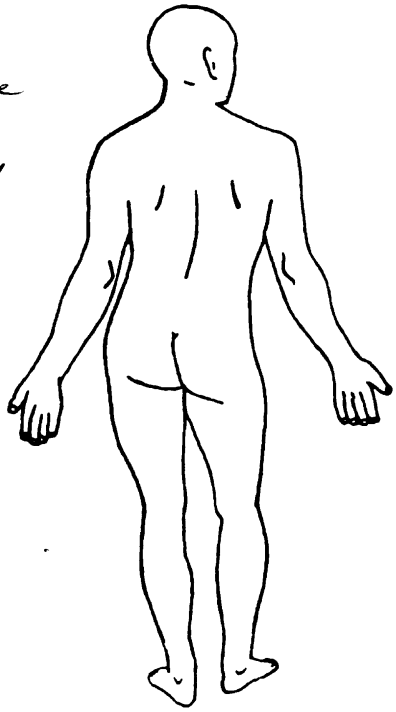
Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries

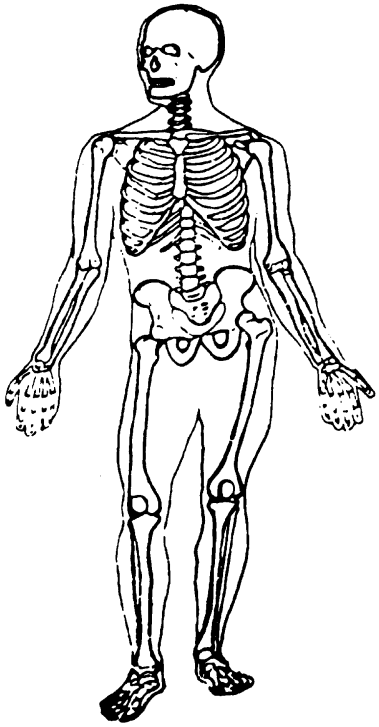
contusion to forehead
w/shield

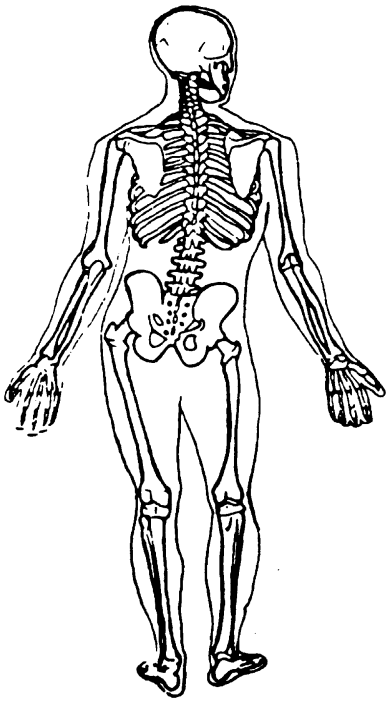
medical release
required
Not obtained





Skeletal Injuries





Write additional medical record injury information on reverse of this page.

PSU/Case Number ___ ___ ___ ___ ___ ___

Vehicle No.: _____

Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

P52-243 B

PSU/Case Number ___ ___ ___ ___ ___ ___

Vehicle No.: 5
Occupant No.: 2

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

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	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	5	W	R	F	S	2	11	2	07
2	5	W	R	E	S	2	11	2	07
3	6	F	S	C	I	1	01	1	07
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

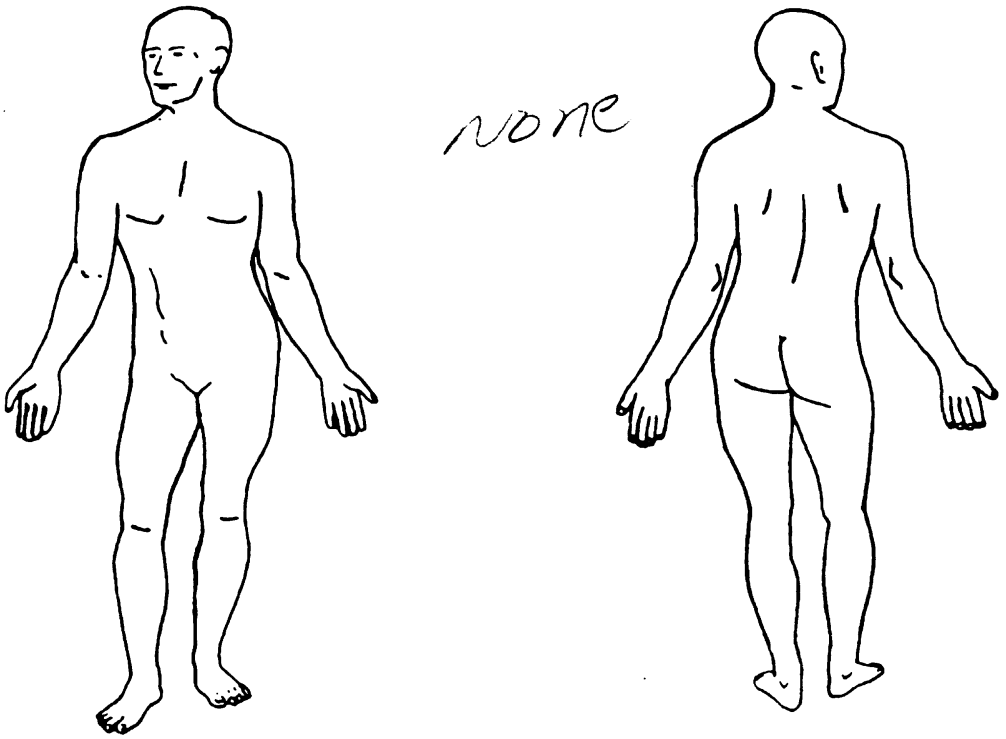
(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

NCI

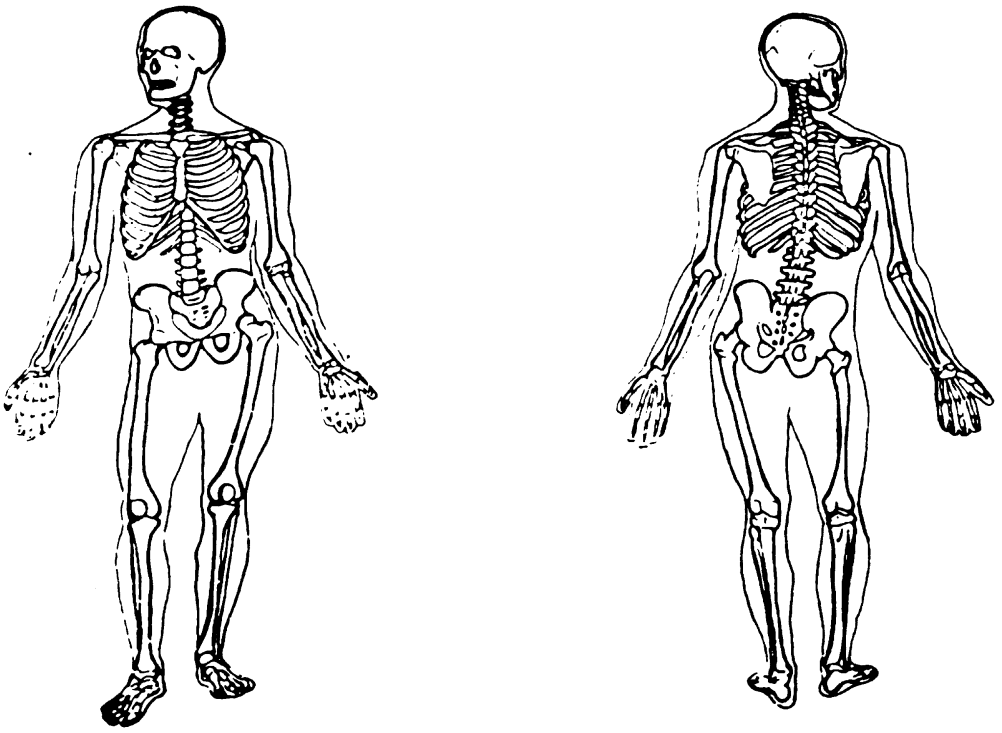
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



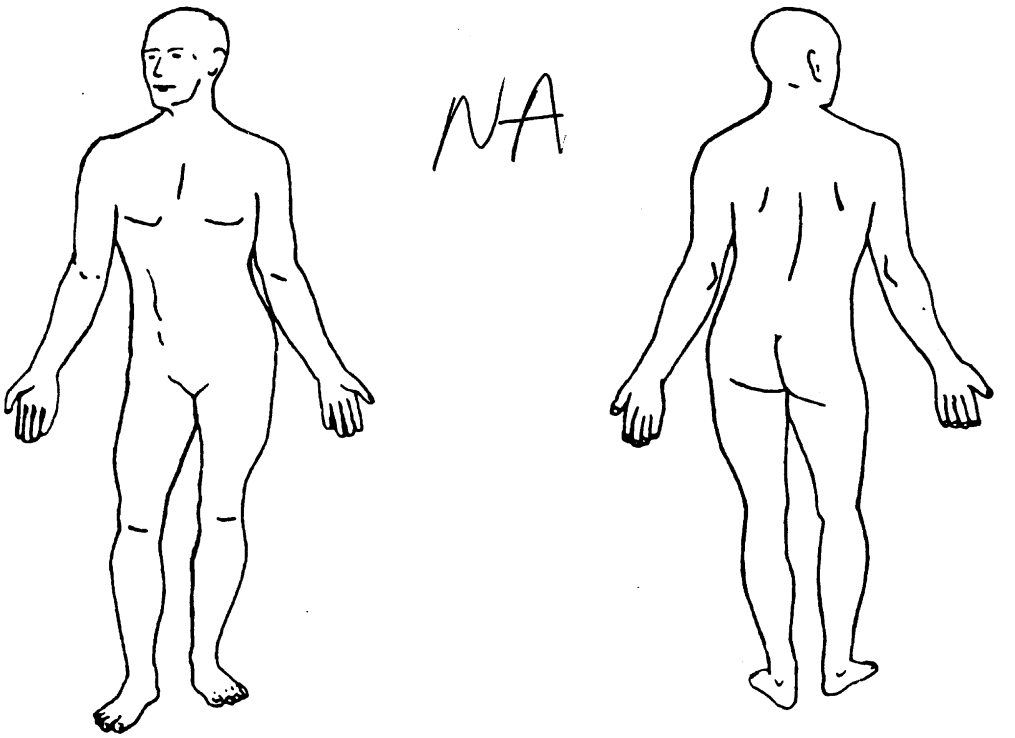
Collection Section

NCI

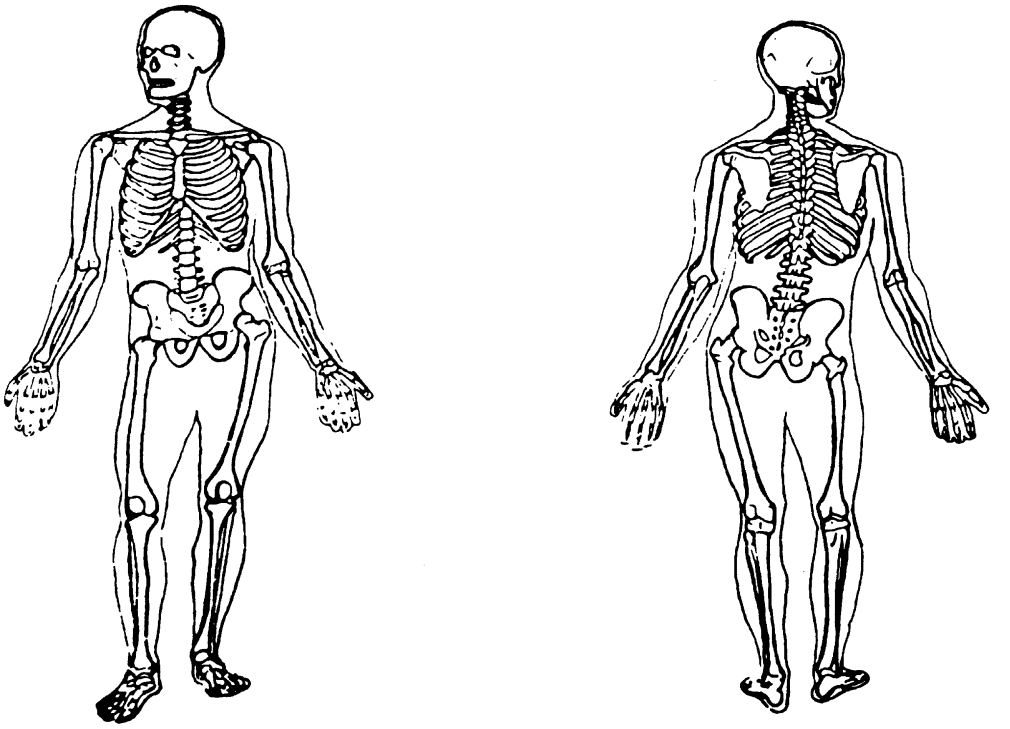
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

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1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
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(09) Police
(99) Unknown if injured
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I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
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(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
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Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
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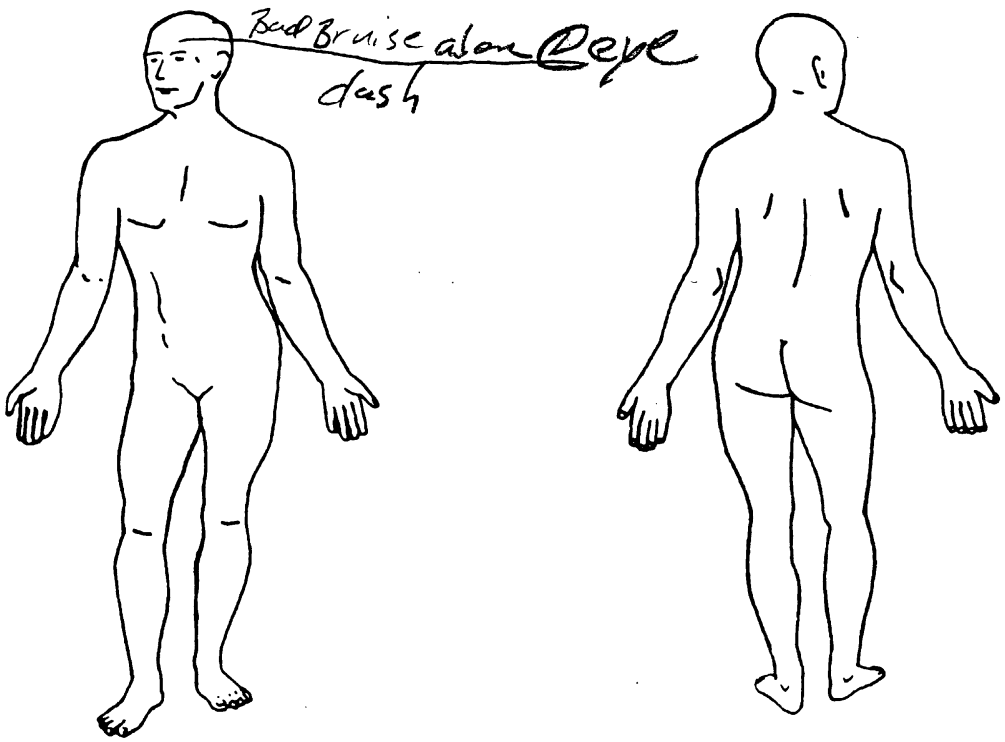
(0) Not injured
(9) Unknown if injured

NCI

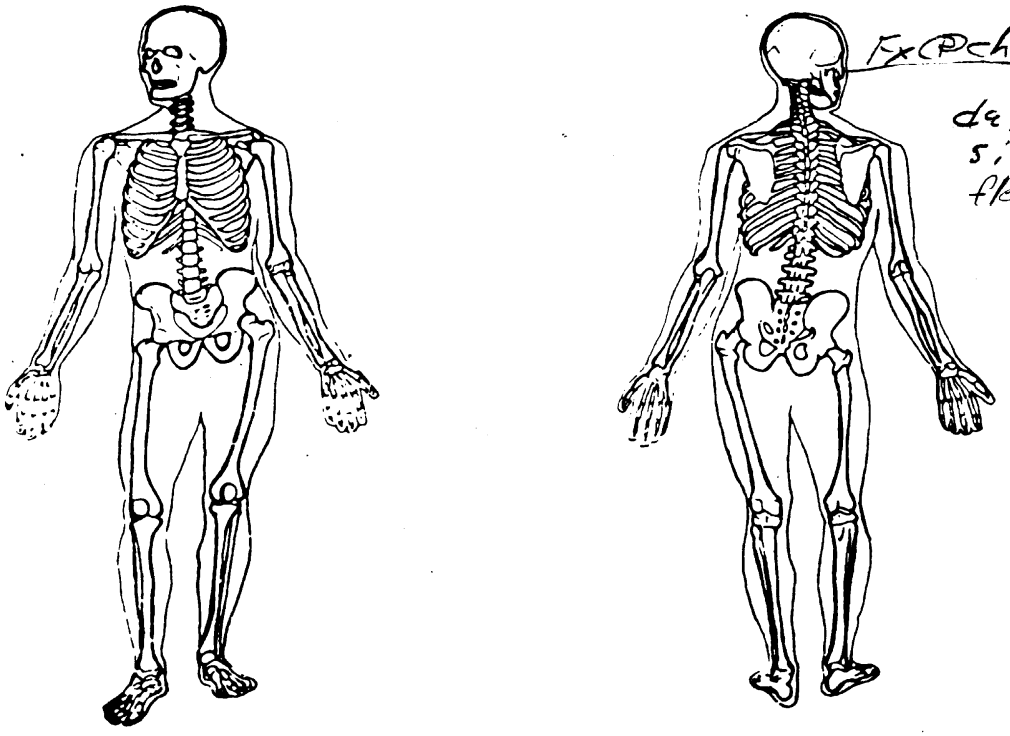
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



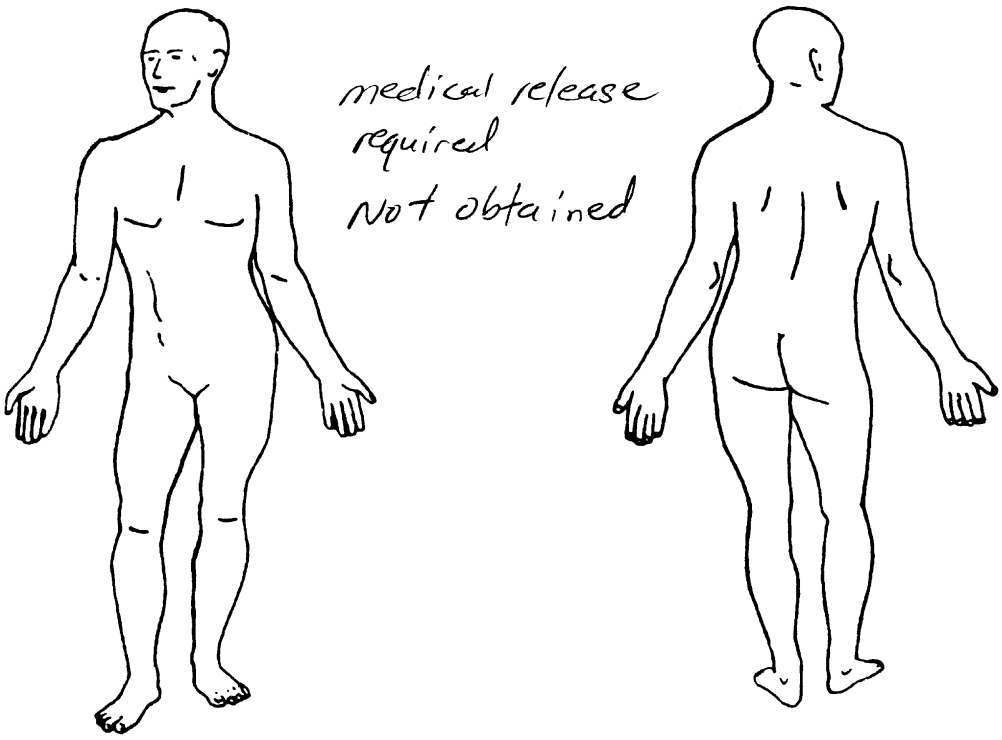
Collection Section

NCI

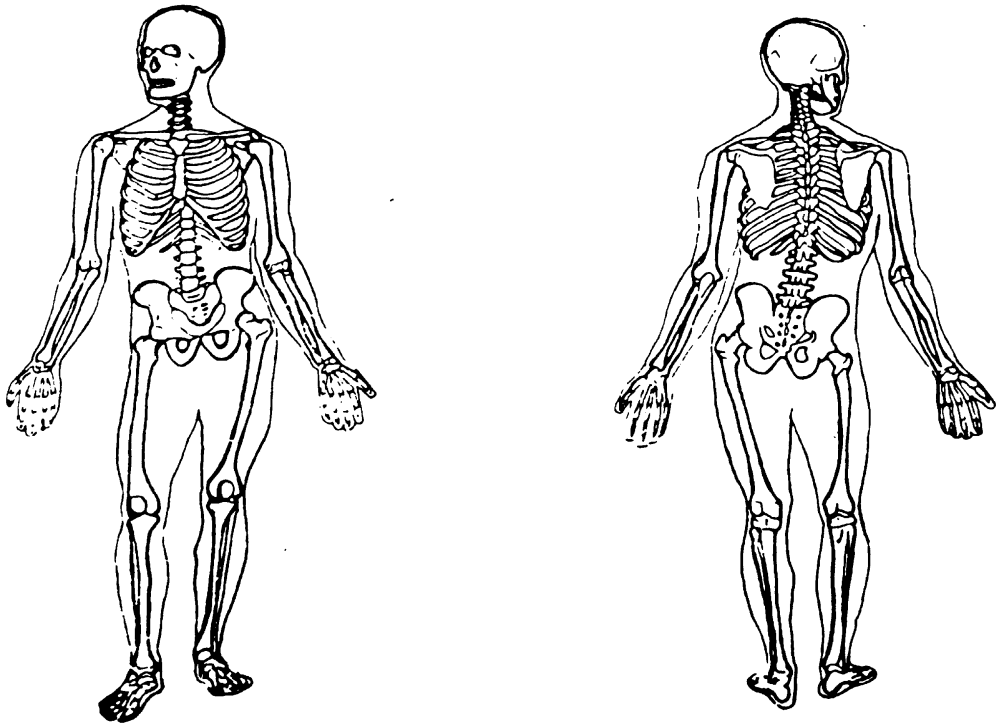
OFFICIAL INJURY DATA

Indicate the *Nature, Location,* and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____

Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

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3									
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5									
6									
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9									
10									

Source of Data

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I.S.S. Body Region

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(2) Face
(3) Chest
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(5) Extremities or pelvic girdle
(6) General (external)
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O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
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(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
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Lesion

(A) Abrasion
(M) Amputation
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(D) Dislocation
(F) Fracture
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(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
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(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

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

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

This form presents the CRASH Program summary information for traffic units numbered: NASS

	Vehicle No	Make	Model
First Vehicle	2	Pontiac Sun.	85
Second Vehicle	1	Ford F100	78

Primary Sampling Unit Number: 52

Case Number – Stratification: 243 B

Common Impact Number: 04

2. VEHICLE CLASS WEIGHT?
   Veh #1 Class Weight: Occupant 365 + Cargo 07 + Curb 2431 — 2296 (2)
   Veh #2 Class Weight: 555 + 700 + 3314 — 4609 (4)

3. Veh #1 CDC: 12EDLW1
   PDOF: ± 360

4. Veh #2 CDC: 06BCLW1
   PDOF: ± 180

5. VEHICLE STIFFNESS?
   Veh #1: 2
   Veh #2: 8

6. KNOWLEDGE of REST and IMPACT POSITIONS?
   ✓ No – skip to 38. – Damage Dimensions
   ____ Yes:

7. REST
   Veh #1 X ___.___
   Y ___.___
   ψ ___.___
   Veh #2 X ___.___
   Y ___.___
   ψ ___.___

8. IMPACT
   Veh #1 X ___.___
   Y ___.___
   ψ ___.___
   Veh #2 X ___.___
   Y ___.___
   ψ ___.___

9. Slip angles PRIOR to impact?
   ____ No – skip to 11.
   ____ Yes

10. Slip angles
    Veh #1 ±___
    Veh #2 ±___

11. SUSTAINED CONTACT?
    ____ No
    ____ Yes

12. SKIDDING of Vehicle One?
    ____ No – skip to 15.
    ____ Yes:

13. Did SKIDDING stop prior to final rest?
    ____ No – skip to 15.
    ____ Yes:

14. Location
    X ___.___
    Y ___.___
    ψ ___.___

15. Was Vehicle One's PATH CURVED?
    ____ No – skip to 17.
    ____ Yes:

16. Point on Path
    X ___.___
    Y ___.___

17. ROTATION DIRECTION of Vehicle One?
    ____ None – skip to 19.
    ____ Clockwise:
    ____ Counterclockwise:

18. More than 360 degrees?
    ____ No
    ____ Yes

19. SKIDDING OF Vehicle Two?
    ____ No – skip to 22.
    ____ Yes:

20. Did SKIDDING stop prior to final rest?
    ____ No – skip to 22.
    ____ Yes:

21. Location
    X ___.___
    Y ___.___
    ψ ___.___

22. Was Vehicle Two's PATH CURVED?
    ____ No – skip to 24.
    ____ Yes:

23. Point on Path
    X ___.___
    Y ___.___

24. ROTATION DIRECTION of Vehicle Two?
    ____ None – skip to 26.
    ____ Clockwise:
    ____ Counterclockwise:

25. More than 360 degrees
    ____ No
    ____ Yes

26. Tire-Ground FRICTION? ___.___

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. ROLLING RESISTANCES for Individual Wheels — Veh #1 RF ___.__ ; LF ___.__ ; RR ___.__ ; LR ___.__

29. ROLLING RESISTANCES for Individual Wheels — Veh #2 RF ___.__ ; LF ___.__ ; RR ___.__ ; LR ___.__

OR

(2) Longitudinal Deceleration

30. Veh #1 ___.__

31. Veh #2 ___.__

32. TRAJECTORY SIMULATION?

____ No – skip to 38.
____ Yes: Steer angles?

33. STEER ANGLES — Veh #1 RF ___ ; LF ___ ; RR ___ ; LR ___

34. STEER ANGLES — Veh #2 RF ___ ; LF ___ ; RR ___ ; LR ___

35. TERRAIN BOUNDARY?

____ No – skip to 38.
____ Yes: Boundary Points?

36. BOUNDARY POINTS — XBP1 ___.__ ; YBP1 ___.__ ; XBP2 ___.__ ; YBP2 ___.__

37. SECONDARY FRICTION COEFFICIENT? ___.__

38. Are DAMAGE DIMENSIONS Known?

✓ No – PROGRAM COMPLETED!
✓ Yes: Dimensions in Inches

39. Side damage
42. End damage — Veh #1 L 550

40. Side damage
43. End damage — C_1 00 ; C_2 00 ; C_3 ___ ; C_4 ___ ; C_5 ___ ; C_6 ___

41. Side damage
44. End damage — D± 00

45. Side damage
48. End damage — Veh #2 L 210

46. Side damage
49. End damage — C_1 00 ; C_2 00 ; C_3 ___ ; C_4 ___ ; C_5 ___ ; C_6 ___

47. Side damage
50. End damage — D± 05

If this Common Impact was with a Motor Vehicle *Not in Transport*, fill in the information below.

Model Year: _____ Make: _____

Curb Weight: _____ lbs Model: _____

Cargo Weight: _____ lbs

Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

Delete sequential production number portion of VIN after case review

```
(ANSWER YES OR NO)
>N


 1. TITLE?
>P52.243B.FOURTH IMPACT


 2. CLASS/WEIGHTS?
>2 2796 4 4609


 3. CDC/PDOF # 1?
>12FDLW1


 4. CDC/PDOF # 2?
>06BCLW1


 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>2 8


 6. REST & IMPACT? (Y OR N)
>N
```

```
38. DAMAGE DIMENSIONS? (Y OR N)
>Y


42. END DAMAGE WIDTH #1
>55


43. END DAMAGE DEPTH #1
>.10.1 0.1

**** SYNTAX ERROR ****
CHECK # OF ENTRIES,  ILLEGAL CHARACTERS, ETC.



43. END DAMAGE DEPTH #1
>0.1 0.1


44. END DAMAGE MIDPOINT OFFSET #1
>0


48. END DAMAGE WIDTH #2
>21


49. END DAMAGE DEPTH #2
>0.1 0.1


50. END DAMAGE MIDPOINT OFFSET # 2
>-0.5


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


            S U M M A R Y   O F   C R A S H 3   R E S U L T S





P52.243B.FOURTH IMPACT


    SPEED CHANGE (DAMAGE)
            TOTAL          LONG.          LAT.           ANG.
VEH#1     7.3 MPH      -7.3 MPH       0.0 MPH      -0.0 DEG.
VEH#2     4.4 MPH       4.4 MPH      -0.0 MPH     180.0 DEG.

ENERGY DISSIPATED BY DAMAGE  VEH#1   3686.2 FT-LB  VEH#2   4213.5 FT-LB



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


            S U M M A R Y   O F   C R A S H 3   R E S U L T S




P52.243B.FOURTH IMPACT
```

VEHICLE # 1

IMPACT SPEED MPH	SPEED CHANGE MPH				BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		7.3	-7.3	0.0	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED MPH		SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		4.4	4.4	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE---------	CATEGORY 2		TYPE---------	CATEGORY 4	
WEIGHT------	2796.0 LBS.		WEIGHT------	4609.0 LBS.	
CDC----------	12FDLW1		CDC----------	06BCLW1	
L----------	55.0 IN.		L----------	21.0 IN.	
C1----------	0.1 IN.		C1----------	0.1 IN.	
C2----------	0.1 IN.		C2----------	0.1 IN.	
C3----------	0.0 IN.		C3----------	0.0 IN.	
C4----------	0.0 IN.		C4----------	0.0 IN.	
C5----------	0.0 IN.		C5----------	0.0 IN.	
C6----------	0.0 IN.		C6----------	0.0 IN.	
D----------	0.0		D----------	-0.5	
RHO----------	1.00	*	RHO----------	1.00	*
ANG----------	-0.1 DEG.	*	ANG----------	180.0 DEG.	*
D'----------	0.0 IN.		D'----------	-0.5 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3 INCHES	A2	=	54.7 INCHES
B1	=	50.1 INCHES	B2	=	59.2 INCHES
TR1	=	54.6 INCHES	TR2	=	61.8 INCHES
I1	=	21353.5 LB-SEC**2-IN	I2	=	44622.8 LB-SEC**2-IN
M1	=	7.236 LB-SEC**2/IN	M2	=	11.928 LB-SEC**2/IN
XF1	=	83.3 INCHES	XF2	=	98.8 INCHES
XR1	=	-91.6 INCHES	XR2	=	-114.0 INCHES
YS1	=	33.6 INCHES	YS2	=	38.5 INCHES

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>E

CRASH PROGRAM COMPLETED.

SUMMARY OF ERRORS FOR THIS JOB	ERROR NUMBER	NUMBER OF ERRORS
	209	2

>LOGOFF
CONNECT= 00:19:37 APPROX CSU=89.21
RDR= 000000 PUN= 000000 PRT= 000000
LOGOFF AT 13:53:28 EDT [redacted]85

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

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

This form presents the CRASH Program summary information for traffic units numbered: NASS

	Vehicle No.	Make	Model
First Vehicle	3	Pontiac	79
Second Vehicle	2	Pontiac Jun	85

Primary Sampling Unit Number: 52

Case Number – Stratification: 243 B

Common Impact Number: 03

2. VEHICLE CLASS WEIGHT?
   Veh #1 Class Weight: Occupant 215 + Cargo 0 + Curb 3717 — 3932 — 4
   Veh #2 Class Weight: 365 + 0 + 2431 — 2796 — 2

3. Veh #1 CDC: 12FZEW1
   PDOF: ± 360

4. Veh #2 CDC: 06BZLW1
   PDOF: ± 180

5. VEHICLE STIFFNESS?
   Veh #1: 4
   Veh #2: 2

6. KNOWLEDGE of REST and IMPACT POSITIONS?
   ✓ No – skip to 38. – Damage Dimensions
   ____ Yes:

7. REST
   Veh #1 X ___.___
   Y ___.___
   ψ ___.___
   Veh #2 X ___.___
   Y ___.___
   ψ ___.___

8. IMPACT
   Veh #1 X ___.___
   Y ___.___
   ψ ___.___
   Veh #2 X ___.___
   Y ___.___
   ψ ___.___

9. Slip angles PRIOR to impact?
   ____ No – skip to 11.
   ____ Yes

10. Slip angles
    Veh #1 ±___
    Veh #2 ±___

11. SUSTAINED CONTACT?
    ____ No
    ____ Yes

12. SKIDDING of Vehicle One?
    ____ No – skip to 15.
    ____ Yes:

13. Did SKIDDING stop prior to final rest?
    ____ No – skip to 15.
    ____ Yes:

14. Location
    X ___.___
    Y ___.___
    ψ ___.___

15. Was Vehicle One's PATH CURVED?
    ____ No – skip to 17.
    ____ Yes:

16. Point on Path
    X ___.___
    Y ___.___

17. ROTATION DIRECTION of Vehicle One?
    ____ None – skip to 19.
    ____ Clockwise:
    ____ Counterclockwise:

18. More than 360 degrees?
    ____ No
    ____ Yes

19. SKIDDING OF Vehicle Two?
    ____ No – skip to 22.
    ____ Yes:

20. Did SKIDDING stop prior to final rest?
    ____ No – skip to 22.
    ____ Yes:

21. Location
    X ___.___
    Y ___.___
    ψ ___.___

22. Was Vehicle Two's PATH CURVED?
    ____ No – skip to 24.
    ____ Yes:

23. Point on Path
    X ___.___
    Y ___.___

24. ROTATION DIRECTION of Vehicle Two?
    ____ None – skip to 26.
    ____ Clockwise:
    ____ Counterclockwise:

25. More than 360 degrees
    ____ No
    ____ Yes

26. Tire-Ground FRICTION? ___.___

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. ROLLING RESISTANCES for Individual Wheels — Veh #1 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

29. ROLLING RESISTANCES for Individual Wheels — Veh #2 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

OR

(2) Longitudinal Deceleration

30. Veh #1 ___.___
31. Veh #2 ___.___

32. TRAJECTORY SIMULATION?

____ No – skip to 38.
____ Yes: Steer angles?

33. STEER ANGLES — Veh #1 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

34. STEER ANGLES — Veh #2 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

35. TERRAIN BOUNDARY?

____ No – skip to 38.
____ Yes: Boundary Points?

36. BOUNDARY POINTS — XBP1 ___ ___ ___.___ ; YBP1 ___ ___ ___.___ ; XBP2 ___ ___ ___.___ ; YBP2 ___ ___ ___.___

37. SECONDARY FRICTION COEFFICIENT? ___.___

38. Are DAMAGE DIMENSIONS Known?

✓ No – PROGRAM COMPLETED!
✓ Yes: Dimensions in Inches

39. Side damage
42. End damage — Veh #1 L 74.0

40. Side damage
43. End damage — C_1 2.0; C_2 2.0; C_3 ___.___; C_4 ___.___; C_5 ___.___; C_6 ___.___

41. Side damage
44. End damage — D± 0.0

45. Side damage
48. End damage — Veh #2 L 57.0

46. Side damage
49. End damage — C_1 0.0; C_2 0.0; C_3 ___.___; C_4 ___.___; C_5 ___.___; C_6 ___.___

47. Side damage
50. End damage — D± 6.5

If this Common Impact was with a Motor Vehicle *Not in Transport*, fill in the information below.

Model Year: _____ Make: _____

Curb Weight: _____ lbs Model: _____

Cargo Weight: _____ lbs

Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

Delete sequential production number portion of VIN after case review

[redacted]

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N


 1. TITLE?
>P52.243B.THIRD IMPACT


 2. CLASS/WEIGHTS?
>4 3932 2 2796


 3. CDC/PDOF # 1?
>12FZEW1


 4. CDC/PDOF # 2?
>06BZELW1


**** ILLEGAL CDC ****     CHECK COLUMN 6
```

```
 4. CDC/PDOF # 2?
>06BZLW1

 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>4 2

 6. REST & IMPACT? (Y OR N)
>N

38. DAMAGE DIMENSIONS? (Y OR N)
>Y

42. END DAMAGE WIDTH #1
>74

43. END DAMAGE DEPTH #1
>2 2

44. END DAMAGE MIDPOINT OFFSET #1
>0

48. END DAMAGE WIDTH #2
>57

49. END DAMAGE DEPTH #2
>0 0

50. END DAMAGE MIDPOINT OFFSET # 2
>+6.5


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
IH0209I IBCOM - PROGRAM INTERRUPT (P) - DIVIDE CHECK OLD PSW IS  FFE0000F820220F
E . REGISTER CONTAINED   00000000

TRACEBACK  ROUTINE  CALLED FROM ISN   REG.  14   REG.  15   REG.   0   REG.   1

           DAMAGE                     42023C18   00020A60   00000001   00000000

           MAIN                       004615EE   000236A8   00000006   0D00CCF0

ENTRY POINT=  000236A8

STANDARD FIXUP TAKEN , EXECUTION CONTINUING

IH0209I IBCOM - PROGRAM INTERRUPT (P) - DIVIDE CHECK OLD PSW IS  FFE0000F820221A
A . REGISTER CONTAINED   00000000

TRACEBACK  ROUTINE  CALLED FROM ISN   REG.  14   REG.  15   REG.   0   REG.   1

           DAMAGE                     42023C18   00020A60   00000001   00000000

           MAIN                       004615EE   000236A8   00000006   0D00CCF0

ENTRY POINT=  000236A8

STANDARD FIXUP TAKEN , EXECUTION CONTINUING


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>$


**** BACKSPACE NOT ALLOWED FOR THIS QUESTION ****


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N
```

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.243B.THIRD IMPACT

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	8.9 MPH	-8.9 MPH	0.0 MPH	-0.0 DEG.
VEH#2	12.5 MPH	12.5 MPH	-0.0 MPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 16360.8 FT-LB VEH#2 8903.4 FT-LB

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>R

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N

QUESTION NUMBERS?
>49

49. END DAMAGE DEPTH #2
>0.1 0.1

                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N
```

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.243B.THIRD IMPACT

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	8.9 MPH	-8.9 MPH	0.0 MPH	-0.0 DEG.
VEH#2	12.6 MPH	12.6 MPH	-0.0 MPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 16360.8 FT-LB VEH#2 9089.8 FT-LB

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>R

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N

QUESTION NUMBERS?
>49

49. END DAMAGE DEPTH #2
>1 1

                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N
```

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.243B.THIRD IMPACT

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	9.2 MPH	-9.2 MPH	0.0 MPH	-0.0 DEG.
VEH#2	13.0 MPH	13.0 MPH	-0.0 MPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 16360.8 FT-LB VEH#2 10854.9 FT-LB

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>R

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N

QUESTION NUMBERS?
>49

49. END DAMAGE DEPTH #2
>..1 .1

**** SYNTAX ERROR ****
CHECK # OF ENTRIES, ILLEGAL CHARACTERS, ETC.

49. END DAMAGE DEPTH #2
>0.1 0.1

CRASH INPUT COMPLETED
THANK YOU VERY MUCH

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.243B.THIRD IMPACT

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	8.9 MPH	-8.9 MPH	0.0 MPH	-0.0 DEG.
VEH#2	12.6 MPH	12.6 MPH	-0.0 MPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 16360.8 FT-LB VEH#2 9089.8 FT-LB

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.243B.THIRD IMPACT

VEHICLE # 1

IMPACT SPEED MPH		SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		8.9	-8.9	0.0	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED MPH		SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		12.6	12.6	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE--------	CATEGORY 4		TYPE--------	CATEGORY 2	
WEIGHT------	3932.0 LBS.		WEIGHT------	2796.0 LBS.	
CDC---------	12FZEW1		CDC---------	06BZLW1	
L----------	74.0 IN.		L----------	57.0 IN.	
C1----------	2.0 IN.		C1----------	0.1 IN.	
C2----------	2.0 IN.		C2----------	0.1 IN.	
C3----------	0.0 IN.		C3----------	0.0 IN.	
C4----------	0.0 IN.		C4----------	0.0 IN.	
C5----------	0.0 IN.		C5----------	0.0 IN.	
C6----------	0.0 IN.		C6----------	0.0 IN.	
D----------	0.0		D----------	6.5	
RHO---------	1.00	*	RHO---------	1.00	*
ANG---------	-0.1 DEG.	*	ANG---------	180.0 DEG.	*
D'----------	0.0 IN.		D'----------	6.5 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	54.7 INCHES	A2	=	46.3 INCHES
B1	=	59.2 INCHES	B2	=	50.1 INCHES
TR1	=	61.8 INCHES	TR2	=	54.6 INCHES
I1	=	38068.4 LB-SEC**2-IN	I2	=	21353.5 LB-SEC**2-IN
M1	=	10.176 LB-SEC**2/IN	M2	=	7.236 LB-SEC**2/IN
XF1	=	98.8 INCHES	XF2	=	83.3 INCHES
XR1	=	-114.0 INCHES	XR2	=	-91.6 INCHES
YS1	=	38.5 INCHES	YS2	=	33.6 INCHES

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?

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

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

This form presents the CRASH Program summary information for traffic units numbered:

	NASS Vehicle No.	Make	Model
First Vehicle	4	Ford Escort	82
Second Vehicle	3	Pontiac Bon.	79

Primary Sampling Unit Number: 52

Case Number – Stratification: 243 B

Common Impact Number: 02

2. VEHICLE CLASS WEIGHT?

		Occupant	Cargo	Curb	
Veh #1	Class				1
	Weight:	335 +	0 +	2011	2346
Veh #2	Class				4
	Weight:	215 +	0 +	3717	3932

3. Veh #1 CDC 12FZEW1
PDOF ± 360

4. Veh #2 CDC 06BDEW1
PDOF ± 180

5. VEHICLE STIFFNESS?
Veh #1 9
Veh #2 4

6. KNOWLEDGE of REST and IMPACT POSITIONS?
✓ No – skip to 38. – Damage Dimensions
___ Yes:

7. REST
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

8. IMPACT
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

9. Slip angles PRIOR to impact?
___ No – skip to 11.
___ Yes

10. Slip angles
Veh #1 ±___
Veh #2 ±___

11. SUSTAINED CONTACT?
___ No
___ Yes

12. SKIDDING of Vehicle One?
___ No – skip to 15.
___ Yes:

13. Did SKIDDING stop prior to final rest?
___ No – skip to 15.
___ Yes:

14. Location
X ___.___
Y ___.___
ψ ___.___

15. Was Vehicle One's PATH CURVED?
___ No – skip to 17.
___ Yes:

16. Point on Path
X ___.___
Y ___.___

17. ROTATION DIRECTION of Vehicle One?
___ None – skip to 19.
___ Clockwise:
___ Counterclockwise:

18. More than 360 degrees?
___ No
___ Yes

19. SKIDDING OF Vehicle Two?
___ No – skip to 22.
___ Yes:

20. Did SKIDDING stop prior to final rest?
___ No – skip to 22.
___ Yes:

21. Location
X ___.___
Y ___.___
ψ ___.___

22. Was Vehicle Two's PATH CURVED?
___ No – skip to 24.
___ Yes:

23. Point on Path
X ___.___
Y ___.___

24. ROTATION DIRECTION of Vehicle Two?
___ None – skip to 26.
___ Clockwise:
___ Counterclockwise:

25. More than 360 degrees
___ No
___ Yes

26. Tire-Ground FRICTION? ___.___

National Accident Sampling System — Continuous Sampling Subsystem: CRASH Program Summary

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. ROLLING RESISTANCES for Individual Wheels — Veh #1 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

29. ROLLING RESISTANCES for Individual Wheels — Veh #2 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

OR

(2) Longitudinal Deceleration

30. Veh #1 ___.___

31. Veh #2 ___.___

32. TRAJECTORY SIMULATION?

____ No – skip to 38.
____ Yes: Steer angles?

33. STEER ANGLES — Veh #1 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

34. STEER ANGLES — Veh #2 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

35. TERRAIN BOUNDARY?

____ No – skip to 38.
____ Yes: Boundary Points?

36. BOUNDARY POINTS — XBP1 ___ ___ ___.___ ; YBP1 ___ ___ ___.___ ; XBP2 ___ ___ ___.___ ; YBP2 ___ ___ ___.___

37. SECONDARY FRICTION COEFFICIENT? ___.___

38. Are DAMAGE DIMENSIONS Known?

___ No – PROGRAM COMPLETED!
✓ Yes: Dimensions in Inches

39. Side damage
42. End damage — Veh #1 L 580.0

40. Side damage
43. End damage — C_1 0.0; C_2 0.0; C_3 0.8; C_4 0.5; C_5 1.4; C_6 2.8

41. Side damage
44. End damage — D± 0.0

45. Side damage
48. End damage — Veh #2 L 72.0

46. Side damage
49. End damage — C_1 1.0; C_2 0.8; C_3 0.7; C_4 0.4; C_5 0.0; C_6 0.0

47. Side damage
50. End damage — D± 0.0

If this Common Impact was with a Motor Vehicle *Not in Transport*, fill in the information below.

Model Year: _____ Make: _____

Curb Weight: _____ lbs Model: _____

Cargo Weight: _____ lbs

Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

Delete sequential production number portion of VIN after case review

[redacted]

```
>N

 1. TITLE?
>P52..SECOND243B..SECOND IMPACT

 2. CLASS/WEIGHTS?
>1 2346 4 3932

 3. CDC/PDOF # 1?
>12FZEW1

 4. CDC/PDOF # 2?
>06BDEW1

 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>9 4

 6. REST & IMPACT? (Y OR N)
>N

38. DAMAGE DIMENSIONS? (Y OR N)
>Y

42. END DAMAGE WIDTH #1
>58

43. END DAMAGE DEPTH #1
>0 0 0.8 0.5 1.4 2.8

44. END DAMAGE MIDPOINT OFFSET #1
>0

48. END DAMAGE WIDTH #2
>72

49. END DAMAGE DEPTH #2
>1 0.8 0.7 0.4 0 0

50. END DAMAGE MIDPOINT OFFSET # 2
>0

                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


            S U M M A R Y   O F   C R A S H 3   R E S U L T S





P52..SECOND243B..SECOND IMPACT


    SPEED CHANGE (DAMAGE)
          TOTAL          LONG.          LAT.           ANG.
VEH#1   17.5 MPH     -17.5 MPH       0.0 MPH      -0.0 DEG.
VEH#2   10.4 MPH      10.4 MPH      -0.0 MPH     180.0 DEG.

ENERGY DISSIPATED BY DAMAGE  VEH#1  10527.5 FT-LB  VEH#2  30956.4 FT-LB



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


            S U M M A R Y   O F   C R A S H 3   R E S U L T S





P52..SECOND243B..SECOND IMPACT
```

VEHICLE # 1

IMPACT SPEED MPH	SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
	17.5	-17.5		0.0	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED MPH	SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		10.4	10.4	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE---------	CATEGORY 1		TYPE---------	CATEGORY 4	
WEIGHT------	2346.0 LBS.		WEIGHT------	3932.0 LBS.	
CDC----------	12FZEW1		CDC----------	06BDEW1	
L----------	58.0 IN.		L----------	72.0 IN.	
C1----------	0.0 IN.		C1----------	1.0 IN.	
C2----------	0.0 IN.		C2----------	0.8 IN.	
C3----------	0.8 IN.		C3----------	0.7 IN.	
C4----------	0.5 IN.		C4----------	0.4 IN.	
C5----------	1.4 IN.		C5----------	0.0 IN.	
C6----------	2.8 IN.		C6----------	0.0 IN.	
D----------	0.0		D----------	0.0	
RHO----------	1.00	*	RHO----------	1.00	*
ANG----------	-0.1 DEG.	*	ANG----------	180.0 DEG.	*
D'----------	14.1 IN.		D'----------	-14.6 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	45.1 INCHES	A2	=	54.7 INCHES
B1	=	48.1 INCHES	B2	=	59.2 INCHES
TR1	=	51.1 INCHES	TR2	=	61.8 INCHES
I1	=	12179.3 LB-SEC**2-IN	I2	=	38068.4 LB-SEC**2-IN
M1	=	6.071 LB-SEC**2/IN	M2	=	10.176 LB-SEC**2/IN
XF1	=	76.0 INCHES	XF2	=	98.8 INCHES
XR1	=	-83.8 INCHES	XR2	=	-114.0 INCHES
YS1	=	30.4 INCHES	YS2	=	38.5 INCHES

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

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

This form presents the CRASH Program summary information for traffic units numbered:

	NASS Vehicle No.	Make	Model
First Vehicle	5	Toyota	Celica 74
Second Vehicle	4	Ford	Escort 82

Primary Sampling Unit Number: 52

Case Number – Stratification: 243 B

Common Impact Number: 01

2. VEHICLE CLASS WEIGHT?

	Class	Occupant	Cargo	Curb	Weight
Veh #1	2	575	0	2425	3000
Veh #2	1	335	0	2011	2346

3. Veh #1 CDC 12FDEW1
PDOF ±360

4. Veh #2 CDC 06BDEW6
PDOF ±180

5. VEHICLE STIFFNESS?
Veh #1 2
Veh #2 1

6. KNOWLEDGE of REST and IMPACT POSITIONS?
✓ No – skip to 38. – Damage Dimensions
___ Yes:

7. REST
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

8. IMPACT
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

9. Slip angles PRIOR to impact?
___ No – skip to 11.
___ Yes

10. Slip angles
Veh #1 ±___
Veh #2 ±___

11. SUSTAINED CONTACT?
___ No
___ Yes

12. SKIDDING of Vehicle One?
___ No – skip to 15.
___ Yes:

13. Did SKIDDING stop prior to final rest?
___ No – skip to 15.
___ Yes:

14. Location
X ___.___
Y ___.___
ψ ___.___

15. Was Vehicle One's PATH CURVED?
___ No – skip to 17.
___ Yes:

16. Point on Path
X ___.___
Y ___.___

17. ROTATION DIRECTION of Vehicle One?
___ None – skip to 19.
___ Clockwise:
___ Counterclockwise:

18. More than 360 degrees?
___ No
___ Yes

19. SKIDDING OF Vehicle Two?
___ No – skip to 22.
___ Yes:

20. Did SKIDDING stop prior to final rest?
___ No – skip to 22.
___ Yes:

21. Location
X ___.___
Y ___.___
ψ ___.___

22. Was Vehicle Two's PATH CURVED?
___ No – skip to 24.
___ Yes:

23. Point on Path
X ___.___
Y ___.___

24. ROTATION DIRECTION of Vehicle Two?
___ None – skip to 26.
___ Clockwise:
___ Counterclockwise:

25. More than 360 degrees
___ No
___ Yes

26. Tire-Ground FRICTION? ___.___

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. ROLLING RESISTANCES for Individual Wheels — Veh #1 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

29. ROLLING RESISTANCES for Individual Wheels — Veh #2 RF ___.___ ; LF ___.___ ; RR ___.___ ; LR ___.___

OR

(2) Longitudinal Deceleration

30. Veh #1 ___.___
31. Veh #2 ___.___

32. TRAJECTORY SIMULATION?

____ No – skip to 38.
____ Yes: Steer angles?

33. STEER ANGLES — Veh #1 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

34. STEER ANGLES — Veh #2 RF ___ ___ ; LF ___ ___ ; RR ___ ___ ; LR ___ ___

35. TERRAIN BOUNDARY?

____ No – skip to 38.
____ Yes: Boundary Points?

36. BOUNDARY POINTS — XBP1 ___ ___ ___.___ ; YBP1 ___ ___ ___.___ ; XBP2 ___ ___ ___.___ ; YBP2 ___ ___ ___.___

37. SECONDARY FRICTION COEFFICIENT? ___.___

38. Are DAMAGE DIMENSIONS Known?

___✓___ No – PROGRAM COMPLETED!
___✓___ Yes: Dimensions in Inches

39. Side damage
42. End damage — Veh #1 L 52.0

40. Side damage
43. End damage — C_1 0.0; C_2 1.75; C_3 4.75; C_4 5.75; C_5 5.0; C_6 8.0

41. Side damage
44. End damage — D± 0.0

45. Side damage
48. End damage — Veh #2 L 61.0

46. Side damage
49. End damage — C_1 13.0; C_2 16.4; C_3 20.6; C_4 22.9; C_5 26.0; C_6 28.3

47. Side damage
50. End damage — D± 0.0

If this Common Impact was with a Motor Vehicle *Not in Transport,* fill in the information below.

Model Year: _____ Make: _____

Curb Weight: _____ lbs Model: _____

Cargo Weight: _____ lbs

Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

Delete sequential production number portion of VIN after case review

[redacted]

```
   !!!!!!!!
LOGMSG - 12:49:42 EDT [redacted]/85
** PLEASE TYPE NEWS MEMO 281 - GDDM IMPACTS ON CTS APPLICATIONS **
**                            REVISED [redacted] 1985 **
** PLEASE TYPE NEWS MEMO 280 - GDDM RELEASE 4 AVAILABLE REVISED **
**                            [redacted] **
LOGON AT 13:33:50 EDT [redacted]/85 LINE 0C4 (3-1-080)
CMS/SP REL 3 [redacted]/85 V014
D (292) R/O
MAIL WAITING.
DASD 292 DETACHED
R;


SESSION
TIME IS 13:34:00 EDT [redacted]/85
CONNECT= 00:00:10 APPROX CSU=3.31
R;

[redacted]-85  1985 NASS MDE VERSION 8.2 ACTIVATED
[redacted]-85  CONTINUOUS SAMPLING SYSTEM ACTIVATED
```

```
>CRASH
TERM OUTPUT OFF
TERM OUTPUT OFF



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N


 1. TITLE?
>P52.FIRST IMPACT


 2. CLASS/WEIGHTS?
>2 3000 1 2346


 3. CDC/PDOF # 1?
>12FDEW1


 4. CDC/PDOF # 2?
>06BDEW6


 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>2 1


 6. REST & IMPACT? (Y OR N)
>N
```

```
38. DAMAGE DIMENSIONS? (Y OR N)
>Y


42. END DAMAGE WIDTH #1
>52


43. END DAMAGE DEPTH #1
>0 1.75 4.75 5.75 5 8


44. END DAMAGE MIDPOINT OFFSET #1
>0


48. END DAMAGE WIDTH #2
>61


49. END DAMAGE DEPTH #2
>13 16.4 20.6 22.9 26 28.3


50. END DAMAGE MIDPOINT OFFSET # 2
>0


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N

S U M M A R Y O F C R A S H 3 R E S U L T S

P52.FIRST IMPACT

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	21.3 MPH	-21.3 MPH	0.0 MPH	-0.0 DEG.
VEH#2	27.2 MPH	27.2 MPH	-0.0 MPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 10244.1 FT-LB VEH#2 94447.3 FT-LB

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


            S U M M A R Y   O F   C R A S H 3   R E S U L T S


P52.FIRST IMPACT
```

VEHICLE # 1

IMPACT SPEED MPH	SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		21.3	-21.3	0.0	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED MPH	SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		27.2	27.2	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE---------	CATEGORY 2		TYPE---------	CATEGORY 1	
WEIGHT------	3000.0 LBS.		WEIGHT------	2346.0 LBS.	
CDC----------	12FDEW1		CDC----------	06BDEW6	
L----------	52.0 IN.		L----------	61.0 IN.	
C1----------	0.0 IN.		C1----------	13.0 IN.	
C2----------	1.7 IN.		C2----------	16.4 IN.	
C3----------	4.7 IN.		C3----------	20.6 IN.	
C4----------	5.7 IN.		C4----------	22.9 IN.	
C5----------	5.0 IN.		C5----------	26.0 IN.	
C6----------	8.0 IN.		C6----------	28.3 IN.	
D----------	0.0		D----------	0.0	
RHO----------	1.00	*	RHO----------	1.00	*
ANG----------	-0.1 DEG.	*	ANG----------	180.0 DEG.	*
D'----------	6.9 IN.		D'----------	3.7 IN.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3 INCHES	A2	=	45.1 INCHES
B1	=	50.1 INCHES	B2	=	48.1 INCHES
TR1	=	54.6 INCHES	TR2	=	51.1 INCHES
I1	=	22911.5 LB-SEC**2-IN	I2	=	12179.3 LB-SEC**2-IN
M1	=	7.764 LB-SEC**2/IN	M2	=	6.071 LB-SEC**2/IN
XF1	=	83.3 INCHES	XF2	=	76.0 INCHES
XR1	=	-91.6 INCHES	XR2	=	-83.8 INCHES
YS1	=	33.6 INCHES	YS2	=	30.4 INCHES

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A

WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)

1. PSU: 52 2. Case #: 243B 3. Record #: 1 - ACCIDENT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Type of Case 1
9. Final Stratification ..... P 10. Number of Vehicle Forms ... 05
11. Number of Pedestrian Forms 00 12. First Harmful Event 13
13. Manner of Collision ..... 1 14. Relation to Roadway 1

---------- AMBIENT CONDITIONS ----------

15. Time ..... 07:44 16. Light Conditions 1
17. Atmospheric Conditions ..... 1 18. Relation to Junction 06
19. Interchange Geometry ..... 0 20. Occurence in School Zone ... 0
21. School Bus Related ..... 0 22. Right/Left Turn on Red 0

---------- ENVIRONMENTAL DATA ----------

23. Environmental Data 05

---------- SPECIAL STUDIES - INDICATORS ----------

24. SS8-Longitudinal Barrier ... 0 25. SS9-Crash Cushion 0
26. SS12-Pre-Crash 0 27. SS13 0
28. SS14 ..... 0 29. SS15 0

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Type of Case 1
9. Date Sampled ..... [redacted]/85 10. Field Work Date ..... [redacted]/85
11. Completing Person ..... 1 12. Accident Diagram Status 2
13. Date Case Released .. / / 14. Case Status 1
15. Special Studies Included -
SS7 0 SS8 0 SS9 0 SS10 0 SS11 0 SS12 0 SS13 0 SS14 0

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : 08/28/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Number of Occupant Forms .. 04 9. Vehicle Role 2
10. Manner of Leaving Scene .... 1 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 78 13. Vehicle Make 12
14. Vehicle Model ..... 73 15. Registration of Vehicle 1
16. V.I.N. ..... F10GN[redacted] 17. Body Type 50
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 30

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 1
26. Override/Underride ..... 0 27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 41. Object Contacted 02
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . C 45. Specific Vert/Lat Location . L
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 4

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 50. Object Contacted .....
51. Direction of Force ..... 52. Deformation Location .....
53. Specific Long/Lat Location . 54. Specific Vert/Lat Location .
55. Type of Damage Distribution 56. Deformation Extent Guide ..
57. Event Number (in Accident) .

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0021
59. C1 .. 000 C2 .. 000 C3 .. 000 C4 .. 000 C5 .. 000 C6 .. 000
60. +/- D ..... - 001

---------- Second Highest Delta "V" ----------

61. L .....
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..
63. +/- D .....

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 066 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 033
85. Vehicle Cargo Weight 007
86. Source of Cargo Weight 2

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 04
89. +/- Longitudinal Component of Delta "V" ..... + 04
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0042

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 01
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 0
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 01
8. Number of Occupants 04
9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 61
11. Estimated Mileage 020
12. Total Mileage All Vehicles 300
13. Driver Education 0
14. Time Since Last Training ... 0
15. Frequency Driving Road 5

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0
17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type 98
20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00
23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0
25. Alcohol Test Result 96
26. Driver License Status 6
27. Driver License Type 3
28. Driver License Restrictions 1
29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations 0
31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9
33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes 2
38. Lane Width 10.5
39. Median Type 0
40. Median Width 00
41. Access Control 3
42. Trafficway Flow 0
43. Left Shoulder Type 4
44. Right Shoulder Type 2
45. Roadway Alignment 1
46. Cross Slope 2
47. +/- Superelevation 98
48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03
50. Roadway Profile 2
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 40
54. Restriction of Roadway 0
55. Traffic Control Device 01
56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ... 1
7. Vehicle Number 01

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01
9. Type of Interview Obtained . 4
10. Source of Driver Data 2
11. Result 12
12. Date Interview Cmpltd [redacted]85
13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 01
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age 27
10. Occupant Sex 1
11. Occupant Height 72
12. Occupant Weight 130
13. Occupant Role 1
14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment 0
16. Ejection 0
17. Ejection Area 0
18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality 0
21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00
24. Type of Child Restraint 0
25. Child Seat Orientation 0
26. Child Restraint Use 0
27. Manual Restraint Available . 3
28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0
30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity 0
80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 01
8. Occupant Number 01
9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1
11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85
13. Completing Person 1
14. Source of Interview Data ... 2
15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 31 10. Occupant Sex 1
11. Occupant Height ..... 67 12. Occupant Weight 175
13. Occupant Role ..... 2 14. Occupant Seat Position 02

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number 03

OCCUPANT INTERVIEW

9. Occupant Age ..... 24 10. Occupant Sex 1
11. Occupant Height ..... 68 12. Occupant Weight 130
13. Occupant Role ..... 2 14. Occupant Seat Position 10

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number ..... 03 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number 04

OCCUPANT INTERVIEW

9. Occupant Age ..... 24 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 160
13. Occupant Role ..... 2 14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number ..... 04 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Number of Occupant Forms .. 02 9. Vehicle Role 3
10. Manner of Leaving Scene .... 1 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 85 13. Vehicle Make 22
14. Vehicle Model ..... 12 15. Registration of Vehicle 1
16. V.I.N. ..... 1G2JB2707F[redacted] 17. Body Type 02
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 2
26. Override/Underride ..... 0 27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 41. Object Contacted 03
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . Z 45. Specific Vert/Lat Location . L
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 3

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 01
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . D 54. Specific Vert/Lat Location . L
55. Type of Damage Distribution W 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 4

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0057
59. C1 .. 000 C2 .. 000 C3 .. C4 .. C5 .. C6 ..
60. +/- D ..... + 007

---------- Second Highest Delta "V" ----------

61. L 0055
62. C1 .. 000 C2 .. 000 C3 .. C4 .. C5 .. C6 ..
63. +/- D ..... + 000

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 002 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 024
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 13
89. +/- Longitudinal Component of Delta "V" ..... + 13
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0091

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... 1
7. Vehicle Number 02
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . 09/10/85
10. Completing Person 4
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 2
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 02
8. Number of Occupants 02
9. Driver Presence 1

DRIVER INTERVIEW

10. Months Exper. This Class .. 34
11. Estimated Mileage 017
12. Total Mileage All Vehicles 150
13. Driver Education 1
14. Time Since Last Training ... 2
15. Frequency Driving Road 1

TRUCK/BUS OPERATIONS

16. Type of Operation or Carrier 0
17. Federal Safety Regulated ... 0
18. Driver's Classification 0

ACCIDENT PRE-CRASH INFORMATION

19. Accident Type 98
20. Attempted Maneuver 01

INVESTIGATOR DETERMINED

21. Driver Related Factors 01

OFFICIAL RECORDS

22. 1st Violation This Driver . 00
23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0
25. Alcohol Test Result 96
26. Driver License Status 6
27. Driver License Type 3
28. Driver License Restrictions 0
29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations 0
31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9
33. Prev. Recorded Accidents ... 9

ADMINISTRATIVE ITEMS

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 14

ENVIRONMENTAL DATA

37. Number of Travel Lanes 2
38. Lane Width 10.5
39. Median Type 0
40. Median Width 00
41. Access Control 3
42. Trafficway Flow 0
43. Left Shoulder Type 4
44. Right Shoulder Type 2
45. Roadway Alignment 1
46. Cross Slope 2
47. +/- Superelevation 98
48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03
50. Roadway Profile 2
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 40
54. Restriction of Roadway 0
55. Traffic Control Device 01
56. Traffic Device Functioning . 3
57. Designated Truck System 0

INVESTIGATOR DETERMINED

58. Environment Related Factors 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 02

DRIVER INTERVIEW

8. Driver's Occupant Number .. 01
9. Type of Interview Obtained . 4
10. Source of Driver Data 2
11. Result 12
12. Date Interview Cmpltd [redacted]85
13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 17 10. Occupant Sex 1
11. Occupant Height ..... 76 12. Occupant Weight 185
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 3
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 02 OF VEHICLE 02

ERROR MESSAGE	LEVEL	REF#
Given OCCUPANT AGE (009) and OCCUPANT SEX (010), OCCUPANT HEIGHT (011) is questionable. See Table A1.	2	0001

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number 02

---------- OCCUPANT INTERVIEW ----------

* 9. Occupant Age ..... 16 *10. Occupant Sex 1
*11. Occupant Height ..... 77 12. Occupant Weight 180
13. Occupant Role ..... 2 14. Occupant Seat Position 03

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 3
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Number of Occupant Forms .. 02 9. Vehicle Role 3
10. Manner of Leaving Scene..... 1 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 79 13. Vehicle Make 22
14. Vehicle Model ..... 02 15. Registration of Vehicle 1
16. V.I.N. ..... 2N69Y9P[redacted] 17. Body Type 04
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 06

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 2 4 3
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 0
26. Override/Underride ..... 0 27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 41. Object Contacted 04
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 2

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 02
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . Z 54. Specific Vert/Lat Location . E
55. Type of Damage Distribution W 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 3

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0072
59. C1 .. 001 C2 .. 001 C3 .. 001 C4 .. 000 C5 .. 000 C6 .. 000
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L 0074
62. C1 .. 002 C2 .. 002 C3 .. C4 .. C5 .. C6 ..
63. +/- D ..... + 000

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 106 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 037
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 10
89. +/- Longitudinal Component of Delta "V" ..... + 10
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0310

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... 1
7. Vehicle Number 03
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Number of Occupants ..... 02 9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 26 11. Estimated Mileage 030
12. Total Mileage All Vehicles 050 13. Driver Education 1
14. Time Since Last Training ... 2 15. Frequency Driving Road 1

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type ..... 98 20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 6 27. Driver License Type 3
28. Driver License Restrictions 1 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9 33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes ..... 2 38. Lane Width 10.5
39. Median Type ..... 0 40. Median Width 00
41. Access Control ..... 3 42. Trafficway Flow 0
43. Left Shoulder Type ..... 4 44. Right Shoulder Type 2
45. Roadway Alignment ..... 1 46. Cross Slope 2
47. +/- Superelevation ..... 98 48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03 50. Roadway Profile 2
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 40 54. Restriction of Roadway 0
55. Traffic Control Device .... 01 56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01 9. Type of Interview Obtained . 4
10. Source of Driver Data ..... 2 11. Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 17 10. Occupant Sex 2
11. Occupant Height ..... 70 12. Occupant Weight 130
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 14 10. Occupant Sex 2
11. Occupant Height ..... 59 12. Occupant Weight 085
13. Occupant Role ..... 2 14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - VEHICLE FORM 04

ERROR MESSAGE	LEVEL	REF#
If an ACCIDENT SEQUENCE (V48,V57) equals 1, then the corresponding OBJECT CONTACTED (V41,V50) and FIRST HARMFUL EVENT (A12) should agree with Table A9.	2	AV07

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 04
8. Number of Occupant Forms .. 02 9. Vehicle Role 3
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 82 13. Vehicle Make 12
14. Vehicle Model ..... 13 15. Registration of Vehicle 1
16. V.I.N. ..... 1FABP05[redacted] 17. Body Type 03
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 1 1 3
21. Second Tire 2 1 4
22. Third Tire 2 4 4
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 0
26. Override/Underride ..... 0 27. Rear Turn Signal Color 2

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 *41. Object Contacted 05
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 06
*48. Event Number (in Accident) . 1

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 03
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . Z 54. Specific Vert/Lat Location . E
55. Type of Damage Distribution W 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 2

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0061
59. C1 .. 013 C2 .. 016 C3 .. 021 C4 .. 023 C5 .. 026 C6 .. 028
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L 0058
62. C1 .. 000 C2 .. 000 C3 .. 001 C4 .. 001 C5 .. 001 C6 .. 003
63. +/- D ..... + 000

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 041 67. Passenger Comp. Integrity .. 7

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 020
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 27
89. +/- Longitudinal Component of Delta "V" ..... + 27
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 0944

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 04
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Number of Occupants ..... 02 9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 18 11. Estimated Mileage 010
12. Total Mileage All Vehicles 100 13. Driver Education 1
14. Time Since Last Training ... 1 15. Frequency Driving Road 1

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type ..... 21 20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 6 27. Driver License Type 3
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9 33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes ..... 2 38. Lane Width 10.5
39. Median Type ..... 0 40. Median Width 00
41. Access Control ..... 3 42. Trafficway Flow 0
43. Left Shoulder Type ..... 4 44. Right Shoulder Type 2
45. Roadway Alignment ..... 1 46. Cross Slope 2
47. +/- Superelevation ..... 98 48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03 50. Roadway Profile 2
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 40 54. Restriction of Roadway 0
55. Traffic Control Device .... 01 56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01 9. Type of Interview Obtained . 4
10. Source of Driver Data ..... 2 11. Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 16 10. Occupant Sex 1
11. Occupant Height ..... 74 12. Occupant Weight 185
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. C	32. C	33. C	34. I	35. 1	36. 04	37. 1	38. 07
2nd	39. E	40. L	41. L	42. I	43. 1	44. 90	45. 3	46. 07
3rd	47. K	48. R	49. C	50. I	51. 1	52. 09	53. 1	54. 07
4th	55. O	56. O	57. O	58. O	59. O	60. 00	61. O	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd[redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number 02

---------- OCCUPANT INTERVIEW ----------

9. Occupant Age ..... 18 10. Occupant Sex 1
11. Occupant Height ..... 76 12. Occupant Weight 150
13. Occupant Role ..... 2 14. Occupant Seat Position 03

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. H	40. S	41. A	42. I	43. 1	44. 01	45. 1	46. 07
3rd	47. 0	48. 0	49. 0	50. 0	51. 0	52. 00	53. 0	54. 00
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - VEHICLE FORM 05

ERROR MESSAGE	LEVEL	REF#
If an ACCIDENT SEQUENCE (V48,V57) equals 1, then the corresponding OBJECT CONTACTED (V41,V50) and FIRST HARMFUL EVENT (A12) should agree with Table A9.	2	AV07

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Number of Occupant Forms .. 04 9. Vehicle Role 1
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 74 13. Vehicle Make 49
14. Vehicle Model ..... 33 15. Registration of Vehicle 1
16. V.I.N. ..... RA2[redacted] 17. Body Type 02
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 0
26. Override/Underride ..... 0 27. Rear Turn Signal Color 2

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 *41. Object Contacted 04
42. Direction of Force ..... 12 43. Deformation Location ..... F
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
*48. Event Number (in Accident) . 1

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 50. Object Contacted .....
51. Direction of Force ..... 52. Deformation Location .....
53. Specific Long/Lat Location . 54. Specific Vert/Lat Location .
55. Type of Damage Distribution 56. Deformation Extent Guide ..
57. Event Number (in Accident) .

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0052
59. C1 .. 000 C2 .. 002 C3 .. 005 C4 .. 006 C5 .. 005 C6 .. 008
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L .....
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..
63. +/- D .....

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 129 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 1
80. Role of Other Vehicle 3
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 024
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 21
89. +/- Longitudinal Component of Delta "V" ..... - 21
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 0102

POLICE REPORT

92. Reported Speed 65

LOG

6. Investigator I.D. Number ... 1
7. Vehicle Number 05
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 0
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 05
8. Number of Occupants 04
9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 30
11. Estimated Mileage 350
12. Total Mileage All Vehicles 300
13. Driver Education 1
14. Time Since Last Training ... 2
15. Frequency Driving Road 1

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0
17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type 20
20. Attempted Maneuver 03

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 03

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00
23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0
25. Alcohol Test Result 96
26. Driver License Status 6
27. Driver License Type 3
28. Driver License Restrictions 0
29. Prev. Speeding Convictions . 1
30. Prev. Moving Violations 0
31. Prev. Driving/Intoxicated .. 9
32. Prev. Recorded Suspensions . 9
33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes 2
38. Lane Width 10.5
39. Median Type 0
40. Median Width 00
41. Access Control 3
42. Trafficway Flow 0
43. Left Shoulder Type 4
44. Right Shoulder Type 3
45. Roadway Alignment 1
46. Cross Slope 2
47. +/- Superelevation 98
48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 00
50. Roadway Profile 1
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 40
54. Restriction of Roadway 0
55. Traffic Control Device 01
56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 05

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01
9. Type of Interview Obtained . 4
10. Source of Driver Data 2
11. Result 12
12. Date Interview Cmpltd [redacted]85
13. Completing Person 1
14. Reason No Driver Record 1

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 01 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (O14) equals 01, then MANUAL RESTRAINT AVAILABILITY (O27) should equal 3 or 8.	2	OV12

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number 01

---------- OCCUPANT INTERVIEW ----------

9. Occupant Age ..... 17 10. Occupant Sex 1
11. Occupant Height ..... 73 12. Occupant Weight 170
13. Occupant Role ..... 1 *14. Occupant Seat Position 01

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. S	33. C	34. I	35. 1	36. 04	37. 1	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 02 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (014) equals 03, then MANUAL RESTRAINT AVAILABILITY (027) should equal 3.	2	OV13

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number 02

---------- OCCUPANT INTERVIEW ----------

9. Occupant Age ..... 15 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 145
13. Occupant Role ..... 2 *14. Occupant Seat Position 03

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. W	32. R	33. F	34. S	35. 2	36. 11	37. 2	38. 07
2nd	39. W	40. R	41. F	42. S	43. 2	44. 11	45. 2	46. 07
3rd	47. F	48. S	49. C	50. I	51. 1	52. 01	53. 1	54. 07
4th	55. 0	56. 0	57. 0	58. 0	59. 0	60. 00	61. 0	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 3 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number 03

---------- OCCUPANT INTERVIEW ----------

9. Occupant Age ..... 14 10. Occupant Sex 2
11. Occupant Height ..... 64 12. Occupant Weight 105
13. Occupant Role ..... 2 14. Occupant Seat Position 04

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number ..... 03 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 04 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (014) equals 02 or 04-06, then MANUAL RESTRAINT AVAILABILITY (027) should equal 2 or 5-8.	2	OV11

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number 04

OCCUPANT INTERVIEW

9. Occupant Age ..... 14 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 155
13. Occupant Role ..... 2 *14. Occupant Seat Position 05

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 3 21. Hospital Stay 01
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. R	33. F	34. S	35. 2	36. 10	37. 1	38. 07
2nd	39. F	40. S	41. C	42. I	43. 1	44. 10	45. 1	46. 07
3rd	47. 0	48. 0	49. 0	50. 0	51. 0	52. 00	53. 0	54. 00
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 3 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number ..... 04 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 02

1. PSU: 52 2. Case #: 243B 3. Record #: 1 - ACCIDENT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted]
7. Type of Case 1
9. Final Stratification ..... P
10. Number of Vehicle Forms ... 05
11. Number of Pedestrian Forms 00
12. First Harmful Event 13
13. Manner of Collision 1
14. Relation to Roadway 1

---------- AMBIENT CONDITIONS ----------

15. Time 07:44
16. Light Conditions 1
17. Atmospheric Conditions 1
18. Relation to Junction 06
19. Interchange Geometry 0
20. Occurence in School Zone ... 0
21. School Bus Related 0
22. Right/Left Turn on Red 0

---------- ENVIRONMENTAL DATA ----------

23. Environmental Data 05

---------- SPECIAL STUDIES - INDICATORS ----------

24. SS8-Longitudinal Barrier ... 0
25. SS9-Crash Cushion 0
26. SS12-Pre-Crash 0
27. SS13 0
28. SS14 0
29. SS15 0

---------- LOG ----------

6. Investigator I.D. Number ... [redacted]
7. Type of Case 1
9. Date Sampled ..... [redacted]/85
10. Field Work Date ..... [redacted]85
11. Completing Person 1
12. Accident Diagram Status 2
13. Date Case Released .. [redacted]/85
14. Case Status 1
15. Special Studies Included -
SS7 0 SS8 0 SS9 0 SS10 0 SS11 0 SS12 0 SS13 0 SS14 0

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 01
8. Number of Occupant Forms .. 04
9. Vehicle Role 2
10. Manner of Leaving Scene 1
11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year 78
13. Vehicle Make 12
14. Vehicle Model 73
15. Registration of Vehicle 1
16. V.I.N. ..... F10GM[redacted]
17. Body Type 50
18. Towed Trailing Unit 0
19. Seating Cap./Truck Voc. ... 30

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left 1
25. Right 1
26. Override/Underride 0
27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit 0
30. First Trailer 0
31. Second Trailer 0
32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer 0
34. Second Trailer 0
35. Third Trailer 0
36. Maximum Overall Width 000
37. Maximum Overall Length ... 000
38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1
41. Object Contacted 02
42. Direction of Force 06
43. Deformation Location ..... B
44. Specific Long/Lat Location . C
45. Specific Vert/Lat Location . L
46. Type of Damage Distribution W
47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 4

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle)
50. Object Contacted .....
51. Direction of Force .....
52. Deformation Location .....
53. Specific Long/Lat Location .
54. Specific Vert/Lat Location .
55. Type of Damage Distribution
56. Deformation Extent Guide ..
57. Event Number (in Accident) .

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0021
59. C1 .. 000 C2 .. 000 C3 .. 000 C4 .. 000 C5 .. 000 C6 .. 000
60. +/- D ..... - 001

---------- Second Highest Delta "V" ----------

61. L .....
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..
63. +/- D .....

---

64. More Than Two CDC/TDC's 1
65. Special Use (this Trip) 0
66. Odometer Reading 066
67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 033
85. Vehicle Cargo Weight 007
86. Source of Cargo Weight 2

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 04
89. +/- Longitudinal Component of Delta "V" ..... + 04
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0042

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... 1
7. Vehicle Number 01
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 0
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... 1 7. Vehicle Number 01
8. Number of Occupants ..... 04 9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 61 11. Estimated Mileage 020
12. Total Mileage All Vehicles 300 13. Driver Education 0
14. Time Since Last Training ... 0 15. Frequency Driving Road 5

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type ..... 98 20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 6 27. Driver License Type 3
28. Driver License Restrictions 1 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9 33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes ..... 2 38. Lane Width 10.5
39. Median Type ..... 0 40. Median Width 00
41. Access Control ..... 3 42. Trafficway Flow 0
43. Left Shoulder Type ..... 4 44. Right Shoulder Type 2
45. Roadway Alignment ..... 1 46. Cross Slope 2
47. +/- Superelevation ..... 98 48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03 50. Roadway Profile 2
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 40 54. Restriction of Roadway 0
55. Traffic Control Device .... 01 56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01 9. Type of Interview Obtained . 4
10. Source of Driver Data ..... 2 11. Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... 1 7. Vehicle Number 01
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 27 10. Occupant Sex 1
11. Occupant Height ..... 72 12. Occupant Weight 130
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 01
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd[redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 31 10. Occupant Sex 1
11. Occupant Height ..... 67 12. Occupant Weight 175
13. Occupant Role ..... 2 14. Occupant Seat Position 02

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3, 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 01
8. Occupant Number 03

OCCUPANT INTERVIEW

9. Occupant Age ..... 24 10. Occupant Sex 1
11. Occupant Height ..... 68 12. Occupant Weight 130
13. Occupant Role ..... 2 14. Occupant Seat Position 10

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 01
8. Occupant Number ..... 03 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number 04

OCCUPANT INTERVIEW

9. Occupant Age ..... 24 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 160
13. Occupant Role ..... 2 14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 01
8. Occupant Number ..... 04 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Number of Occupant Forms .. 02 9. Vehicle Role 3
10. Manner of Leaving Scene .... 1 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 85 13. Vehicle Make 22
14. Vehicle Model ..... 12 15. Registration of Vehicle 1
16. V.I.N. ..... 1G2JB2707F[redacted] 17. Body Type 02
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 2
26. Override/Underride ..... 0 27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 41. Object Contacted 03
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . Z 45. Specific Vert/Lat Location . L
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 3

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 01
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . D 54. Specific Vert/Lat Location . L
55. Type of Damage Distribution W 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 4

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0057
59. C1 .. 000 C2 .. 000 C3 .. C4 .. C5 .. C6 ..
60. +/- D ..... + 007

---------- Second Highest Delta "V" ----------

61. L 0055
62. C1 .. 000 C2 .. 000 C3 .. C4 .. C5 .. C6 ..
63. +/- D ..... + 000

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 002 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 024
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 13
89. +/- Longitudinal Component of Delta "V" ..... + 13
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0091

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... 1
7. Vehicle Number 02
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 4
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 2
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ..[redacted] 7. Vehicle Number 02
8. Number of Occupants ..... 02 9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 34 11. Estimated Mileage 017
12. Total Mileage All Vehicles 150 13. Driver Education 1
14. Time Since Last Training ... 2 15. Frequency Driving Road 1

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type ..... 98 20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 6 27. Driver License Type 3
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9 33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes ..... 2 38. Lane Width 10.5
39. Median Type ..... 0 40. Median Width 00
41. Access Control ..... 3 42. Trafficway Flow 0
43. Left Shoulder Type ..... 4 44. Right Shoulder Type 2
45. Roadway Alignment ..... 1 46. Cross Slope 2
47. +/- Superelevation ..... 98 48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03 50. Roadway Profile 2
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 40 54. Restriction of Roadway 0
55. Traffic Control Device .... 01 56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 02

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01 9. Type of Interview Obtained . 4
10. Source of Driver Data ..... 2 11. Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 02
8. Occupant Number 01

---------- OCCUPANT INTERVIEW ----------

9. Occupant Age ..... 17 10. Occupant Sex 1
11. Occupant Height ..... 76 12. Occupant Weight 185
13. Occupant Role ..... 1 14. Occupant Seat Position 01

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 3
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 02
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 02 OF VEHICLE 02

ERROR MESSAGE	LEVEL	REF#
Given OCCUPANT AGE (009) and OCCUPANT SEX (010), OCCUPANT HEIGHT (011) is questionable. See Table A1.	2	0001

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number 02

---------- OCCUPANT INTERVIEW ----------

* 9. Occupant Age ..... 16 *10. Occupant Sex 1
*11. Occupant Height ..... 77 12. Occupant Weight 180
13. Occupant Role ..... 2 14. Occupant Seat Position 03

---------- INVESTIGATOR DETERMINED ----------

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

---------- INTERVIEW AND OFFICIAL SOURCES ----------

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

---------- INVESTIGATOR DETERMINED ----------

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 3
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

---------- INJURY CLASSIFICATION ----------

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

---------- OFFICIAL RECORDS ----------

79. Injury Severity ..... 0 80. Time to Death 00

---------- LOG ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 02
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 03
8. Number of Occupant Forms .. 02
9. Vehicle Role 3
10. Manner of Leaving Scene 1
11. Hit and Run Involvement 0

EXTERIOR ITEMS

12. Vehicle Model Year 79
13. Vehicle Make 22
14. Vehicle Model 02
15. Registration of Vehicle 1
16. V.I.N. ..... 2N69[redacted]
17. Body Type 04
18. Towed Trailing Unit 0
19. Seating Cap./Truck Voc. ... 06

Tire Condition: Axle, Tire, Condition

20. First Tire	2	4	3
21. Second Tire	0	0	0
22. Third Tire	0	0	0
23. Fourth Tire	0	0	0

Type of Outside Mirror

24. Left 1
25. Right 0
26. Override/Underride 0
27. Rear Turn Signal Color 1

MEDIUM/HEAVY TRUCK AND BUS DATA

28. Cab Configuration 0

Number of Axles

29. Power Unit 0
30. First Trailer 0
31. Second Trailer 0
32. Third Trailer 0

Length of Trailing Units

33. First Trailer 0
34. Second Trailer 0
35. Third Trailer 0
36. Maximum Overall Width 000
37. Maximum Overall Length ... 000
38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

DEFORMATION CLASSIFICATION

Highest Delta "V"

40. Event Number (this Vehicle) 1
41. Object Contacted 04
42. Direction of Force 06
43. Deformation Location ..... B
44. Specific Long/Lat Location . D
45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W
47. Deformation Extent Guide .. 01
48. Event Number (in Accident) . 2

Second Highest Delta "V"

49. Event Number (this Vehicle) 2
50. Object Contacted 02
51. Direction of Force 12
52. Deformation Location ..... F
53. Specific Long/Lat Location . Z
54. Specific Vert/Lat Location . E
55. Type of Damage Distribution W
56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 3

CRUSH PROFILE

Highest Delta "V"

58. L 0072
59. C1 .. 001 C2 .. 001 C3 .. 001 C4 .. 000 C5 .. 000 C6 .. 000
60. +/- D ..... + 000

Second Highest Delta "V"

61. L 0074
62. C1 .. 002 C2 .. 002 C3 .. C4 .. C5 .. C6 ..
63. +/- D ..... + 000

64. More Than Two CDC/TDC's 1
65. Special Use (this Trip) 0
66. Odometer Reading 106
67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 037
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 10
89. +/- Longitudinal Component of Delta "V" ..... + 10
90. +/- Lateral Component of Delta "V" ..... - 00
91. Energy Absorption 0310

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 03
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 03
8. Number of Occupants 02
9. Driver Presence 1

DRIVER INTERVIEW

10. Months Exper. This Class .. 26
11. Estimated Mileage 030
12. Total Mileage All Vehicles 050
13. Driver Education 1
14. Time Since Last Training ... 2
15. Frequency Driving Road 1

TRUCK/BUS OPERATIONS

16. Type of Operation or Carrier 0
17. Federal Safety Regulated ... 0
18. Driver's Classification 0

ACCIDENT PRE-CRASH INFORMATION

19. Accident Type 98
20. Attempted Maneuver 01

INVESTIGATOR DETERMINED

21. Driver Related Factors 01

OFFICIAL RECORDS

22. 1st Violation This Driver . 00
23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0
25. Alcohol Test Result 96
26. Driver License Status 6
27. Driver License Type 3
28. Driver License Restrictions 1
29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations 0
31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9
33. Prev. Recorded Accidents ... 9

ADMINISTRATIVE ITEMS

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 14

ENVIRONMENTAL DATA

37. Number of Travel Lanes 2
38. Lane Width 10.5
39. Median Type 0
40. Median Width 00
41. Access Control 3
42. Trafficway Flow 0
43. Left Shoulder Type 4
44. Right Shoulder Type 2
45. Roadway Alignment 1
46. Cross Slope 2
47. +/- Superelevation 98
48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03
50. Roadway Profile 2
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 40
54. Restriction of Roadway 0
55. Traffic Control Device 01
56. Traffic Device Functioning . 3
57. Designated Truck System 0

INVESTIGATOR DETERMINED

58. Environment Related Factors 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 03

DRIVER INTERVIEW

8. Driver's Occupant Number .. 01
9. Type of Interview Obtained . 4
10. Source of Driver Data 2
11. Result 12
12. Date Interview Cmpltd [redacted]/85
13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 17 10. Occupant Sex 2
11. Occupant Height ..... 70 12. Occupant Weight 130
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 00

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 14 10. Occupant Sex 2
11. Occupant Height ..... 59 12. Occupant Weight 085
13. Occupant Role ..... 2 14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 03
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 4
80. Role of Other Vehicle 1
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 020
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 27
89. +/- Longitudinal Component of Delta "V" ..... + 27
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 0944

POLICE REPORT

92. Reported Speed 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 04
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 1
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

PSU: 52 Case#: 243B Error Messages - VEHICLE FORM 04

ERROR MESSAGE	LEVEL	REF#
If an ACCIDENT SEQUENCE (V48,V57) equals 1, then the corresponding OBJECT CONTACTED (V41,V50) and FIRST HARMFUL EVENT (A12) should agree with Table A9.	2	AV07

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 04
8. Number of Occupant Forms .. 02 9. Vehicle Role 3
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 82 13. Vehicle Make 12
14. Vehicle Model ..... 13 15. Registration of Vehicle 1
16. V.I.N. ..... 1FABP05[redacted] [redacted]. Body Type 03
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire	1	1	3
21. Second Tire	2	1	4
22. Third Tire	2	4	4
23. Fourth Tire	0	0	0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 0
26. Override/Underride ..... 0 27. Rear Turn Signal Color 2

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 *41. Object Contacted 05
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 06
*48. Event Number (in Accident) . 1

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 03
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . Z 54. Specific Vert/Lat Location . E
55. Type of Damage Distribution W 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 2

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0061
59. C1 .. 013 C2 .. 016 C3 .. 021 C4 .. 023 C5 .. 026 C6 .. 028
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L 0058
62. C1 .. 000 C2 .. 000 C3 .. 001 C4 .. 001 C5 .. 001 C6 .. 003
63. +/- D ..... + 000

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 041 67. Passenger Comp. Integrity .. 7

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ..[redacted] 7. Vehicle Number 04
8. Number of Occupants ..... 02 9. Driver Presence 1

---------- DRIVER INTERVIEW ----------

10. Months Exper. This Class .. 18 11. Estimated Mileage 010
12. Total Mileage All Vehicles 100 13. Driver Education 1
14. Time Since Last Training ... 1 15. Frequency Driving Road 1

---------- TRUCK/BUS OPERATIONS ----------

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

---------- ACCIDENT PRE-CRASH INFORMATION ----------

19. Accident Type ..... 21 20. Attempted Maneuver 01

---------- INVESTIGATOR DETERMINED ----------

21. Driver Related Factors 01

---------- OFFICIAL RECORDS ----------

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 6 27. Driver License Type 3
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 9 33. Prev. Recorded Accidents ... 9

---------- ADMINISTRATIVE ITEMS ----------

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 14

---------- ENVIRONMENTAL DATA ----------

37. Number of Travel Lanes ..... 2 38. Lane Width 10.5
39. Median Type ..... 0 40. Median Width 00
41. Access Control ..... 3 42. Trafficway Flow 0
43. Left Shoulder Type ..... 4 44. Right Shoulder Type 2
45. Roadway Alignment ..... 1 46. Cross Slope 2
47. +/- Superelevation ..... 98 48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 03 50. Roadway Profile 2
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 40 54. Restriction of Roadway 0
55. Traffic Control Device .... 01 56. Traffic Device Functioning . 3
57. Designated Truck System 0

---------- INVESTIGATOR DETERMINED ----------

58. Environment Related Factors 00

---------- LOG ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04

---------- DRIVER INTERVIEW ----------

8. Driver's Occupant Number .. 01 9. Type of Interview Obtained . 4
10. Source of Driver Data ..... 2 11. Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Reason No Driver Record 1

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 16 10. Occupant Sex 1
11. Occupant Height ..... 74 12. Occupant Weight 185
13. Occupant Role ..... 1 14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. C	32. C	33. C	34. I	35. 1	36. 04	37. 1	38. 07
2nd	39. E	40. L	41. L	42. I	43. 1	44. 90	45. 3	46. 07
3rd	47. K	48. R	49. C	50. I	51. 1	52. 09	53. 1	54. 07
4th	55. O	56. O	57. O	58. O	59. O	60. 00	61. O	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 18 10. Occupant Sex 1
11. Occupant Height ..... 76 12. Occupant Weight 150
13. Occupant Role ..... 2 14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 3 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. N	32. P	33. T	34. M	35. 1	36. 90	37. 3	38. 07
2nd	39. H	40. S	41. A	42. I	43. 1	44. 01	45. 1	46. 07
3rd	47. 0	48. 0	49. 0	50. 0	51. 0	52. 00	53. 0	54. 00
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 04
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - VEHICLE FORM 05

ERROR MESSAGE	LEVEL	REF#
If an ACCIDENT SEQUENCE (V48,V57) equals 1, then the corresponding OBJECT CONTACTED (V41,V50) and FIRST HARMFUL EVENT (A12) should agree with Table A9.	2	AV07

1. PSU: 52 2. Case #: 243B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Number of Occupant Forms .. 04 9. Vehicle Role 1
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 74 13. Vehicle Make 49
14. Vehicle Model ..... 33 15. Registration of Vehicle 1
16. V.I.N. ..... RA2[redacted] 17. Body Type 02
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 04

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 0 0 0
21. Second Tire 0 0 0
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 0
26. Override/Underride ..... 0 27. Rear Turn Signal Color 2

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 *41. Object Contacted .....`04
42. Direction of Force ..... 12 43. Deformation Location ..... F
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 01
*48. Event Number (in Accident) . 1

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 50. Object Contacted .....
51. Direction of Force ..... 52. Deformation Location .....
53. Specific Long/Lat Location . 54. Specific Vert/Lat Location .
55. Type of Damage Distribution 56. Deformation Extent Guide ..
57. Event Number (in Accident) .

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0052
59. C1 .. 000 C2 .. 002 C3 .. 005 C4 .. 006 C5 .. 005 C6 .. 008
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L .....
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..
63. +/- D .....

---

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 129 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 0
77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role 1
80. Role of Other Vehicle 3
81. Rollover 0
82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight 024
85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 0

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1
88. Total Delta "V" 21
89. +/- Longitudinal Component of Delta "V" ..... - 21
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 0102

POLICE REPORT

92. Reported Speed 65

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 05
8. Reason No Vehicle Reg. Recs. 0
9. Date Veh. Inspected . [redacted]/85
10. Completing Person 1
11. Reason Inspection Not Comp. 01
12. Reason Total Delta "V" Unk. 01
13. Confidence in Recon. Results 1
14. Recon. Program Output 0
15. Most Severe Impact Data ... 05
16. Safety Bulletin Submission . 0

1. PSU: 52 2. Case #: 243B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 05
8. Number of Occupants 04
9. Driver Presence 1

DRIVER INTERVIEW

10. Months Exper. This Class .. 30
11. Estimated Mileage 350
12. Total Mileage All Vehicles 300
13. Driver Education 1
14. Time Since Last Training ... 2
15. Frequency Driving Road 1

TRUCK/BUS OPERATIONS

16. Type of Operation or Carrier 0
17. Federal Safety Regulated ... 0
18. Driver's Classification 0

ACCIDENT PRE-CRASH INFORMATION

19. Accident Type 20
20. Attempted Maneuver 03

INVESTIGATOR DETERMINED

21. Driver Related Factors 03

OFFICIAL RECORDS

22. 1st Violation This Driver . 00
23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0
25. Alcohol Test Result 96
26. Driver License Status 6
27. Driver License Type 3
28. Driver License Restrictions 0
29. Prev. Speeding Convictions . 1
30. Prev. Moving Violations 0
31. Prev. Driving/Intoxicated .. 9
32. Prev. Recorded Suspensions . 9
33. Prev. Recorded Accidents ... 9

ADMINISTRATIVE ITEMS

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 14

ENVIRONMENTAL DATA

37. Number of Travel Lanes 2
38. Lane Width 10.5
39. Median Type 0
40. Median Width 00
41. Access Control 3
42. Trafficway Flow 0
43. Left Shoulder Type 4
44. Right Shoulder Type 3
45. Roadway Alignment 1
46. Cross Slope 2
47. +/- Superelevation 98
48. Degree of Curvature 00.0
49. +/- Grade Measurement ... + 00
50. Roadway Profile 1
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 40
54. Restriction of Roadway 0
55. Traffic Control Device 01
56. Traffic Device Functioning . 3
57. Designated Truck System 0

INVESTIGATOR DETERMINED

58. Environment Related Factors 00

LOG

6. Investigator I.D. Number ... [redacted]
7. Vehicle Number 05

DRIVER INTERVIEW

8. Driver's Occupant Number .. 01
9. Type of Interview Obtained . 4
10. Source of Driver Data 2
11. Result 12
12. Date Interview Cmpltd [redacted]/85
13. Completing Person 1
14. Reason No Driver Record 1

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 01 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (O14) equals 01, then MANUAL RESTRAINT AVAILABILITY (O27) should equal 3 or 8.	2	OV12

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 17 10. Occupant Sex 1
11. Occupant Height ..... 73 12. Occupant Weight 170
13. Occupant Role ..... 1 *14. Occupant Seat Position 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. S	33. C	34. I	35. 1	36. 04	37. 1	38. 07
2nd	39. 0	40. 0	41. 0	42. 0	43. 0	44. 00	45. 0	46. 00
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number ..... 01 9. Is This Occupant a Driver .. 1
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 02 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (014) equals 03, then MANUAL RESTRAINT AVAILABILITY (027) should equal 3.	2	OV13

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 15 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 145
13. Occupant Role ..... 2 *14. Occupant Seat Position 03

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. W	32. R	33. F	34. S	35. 2	36. 11	37. 2	38. 07
2nd	39. W	40. R	41. F	42. S	43. 2	44. 11	45. 2	46. 07
3rd	47. F	48. S	49. C	50. I	51. 1	52. 01	53. 1	54. 07
4th	55. 0	56. 0	57. 0	58. 0	59. 0	60. 00	61. 0	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 3 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number ..... 02 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]85 13. Completing Person 1
14. Source of Interview Data ... 2 15. Reason No Medical Data 02

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number 03

OCCUPANT INTERVIEW

9. Occupant Age ..... 14 10. Occupant Sex 2
11. Occupant Height ..... 64 12. Occupant Weight 105
13. Occupant Role ..... 2 14. Occupant Seat Position 04

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 0 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 0 80. Time to Death 00

LOG

6. Investigator I.D. Number ...[redacted] 7. Vehicle Number 05
8. Occupant Number ..... 03 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 00

PSU: 52 Case#: 243B Error Messages - OCCUPANT FORM 04 OF VEHICLE 05

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-06 and MODEL YEAR (V12) is greater than 67 but not 99 and OCCUPANT SEAT POSITION (014) equals 02 or 04-06, then MANUAL RESTRAINT AVAILABILITY (027) should equal 2 or 5-8.	2	OV11

1. PSU: 52 2. Case #: 243B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 08.1 Accident Date : [redacted]/85

IDENTIFICATION

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number 04

OCCUPANT INTERVIEW

9. Occupant Age ..... 14 10. Occupant Sex 1
11. Occupant Height ..... 69 12. Occupant Weight 155
13. Occupant Role ..... 2 *14. Occupant Seat Position 05

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 3 21. Hospital Stay 01
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
*27. Manual Restraint Available . 0 28. Manual Restraint Use 0
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. R	33. F	34. S	35. 2	36. 10	37. 1	38. 07
2nd	39. F	40. S	41. C	42. I	43. 1	44. 10	45. 1	46. 07
3rd	47. 0	48. 0	49. 0	50. 0	51. 0	52. 00	53. 0	54. 00
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 3 80. Time to Death 00

LOG

6. Investigator I.D. Number ... [redacted] 7. Vehicle Number 05
8. Occupant Number ..... 04 9. Is This Occupant a Driver .. 0
10. Last Contact Attempt Manner 1 11. Last Contact Attempt Result 12
12. Date Interview Cmpltd [redacted]/85 13. Completing Person 1
14. Source of Interview Data ... 3 15. Reason No Medical Data 02

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CASE NO. 243B

#1-3	LOOKING IN DIRECTION OF TRAVEL FOR ALL VEHICLES. THESE PHOTOS ARE TAKEN IN AREA WHERE DRIVER #5's ENVIROMENTAL DATA WAS TAKEN.
#4-8	CONTINUING IN DIRECTION OF TRAVEL FOR ALL VEHICLES, LARGE CONE MARKS APPROXIMATE LOCATION OF FIRST IMPACT (ACTUAL POI IS IN ROADWAY).
#9-11	LOOKING OPPOSITE DIRECTION OF TRAVEL FOR ALL VEHICLES.
#12-24	EXTERIOR OF VEHICLE #5.
	NOTE - IF YOU HAVE ANY QUESTIONS CONCERNING WHY SOME OF THE YELLOW ENDS OF RODS ARE AGAINST BUMPER, ASK PETE PFEIFFER.
#25-28	LF, LR, RR AND RF TIRES RESPECTIVELY FOR V5.
#29-36	INTERIOR OF VEHICLE #5.
#37-57	EXTERIOR OF VEHICLE #4.
#58-62	LF, LR, RR, RR AND RF TIRES RESPECTIVELY FOR V4.
#63-72	INTERIOR OF VEHICLE #4.
#73-86	EXTERIOR OF VEHICLE #3.
#87-90	LF, LR, RR AND RF TIRES RESPECTIVELY FOR V3.
#91-93	INTERIOR OF VEHICLE #3. NOTE - DOORS WERE LOCKED AND PHOTOS WERE MADE THROUGH WINDOW.
#94-108	EXTERIOR OF VEHICLE #2.
#109-112	LF, LR, RR AND RF TIRES RESPECTIVELY FOR V2.
#113-115	INTERIOR OF VEHICLE #2. NOTE - DOORS WERE LOCKED AND PHOTOS WERE MADE THROUGH WINDOW.
#116-125	EXTERIOR OF VEHICLE #1.
#126-129	LF, LR, RR AND RF TIRES RESPECTIVELY FOR V1.
#130-135	INTERIOR OF VEHICLE #1.

PSU 52-243B (1985) #1

PSU 52-243B (1985) #2

PSU 52-243B (1985) #3

PSU 52-243B (1985) #4

PSU 52-243B (1985) #5

PSU 52-243B (1985) #6

PSU 52-243C (1985) # 7

PSU 52-243B (1985) #8

PSU 52-243B (1985) #9

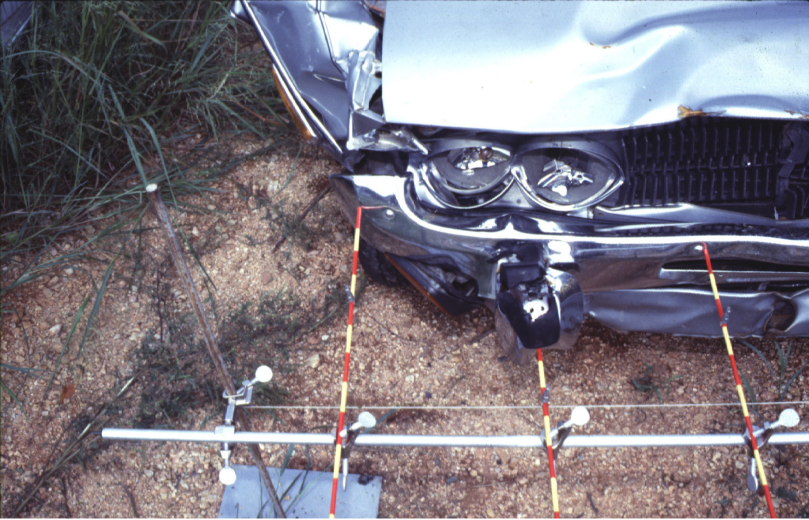
PSU 52-243B (1985) #10

PSU 52-243B (1985) #11

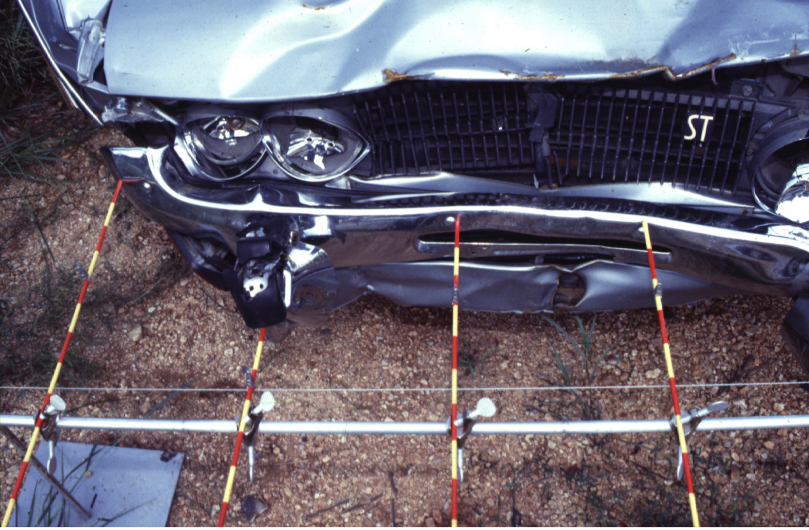
PSU 52-243B (1985) #12

PSU 52-243B (1985) #13

PSU 52-243B (1985) #14



PSU 52-243B (1985) #15



PSU 52-243B (1985) #16

PSU 52-243B (1985) #17

PSU 52-243B (1985) #18

PSU 52-243B (1985) #19

PSU 52-243B (1985) #20

PSU 52-243B (1985) #21

PSU 52-243B (1985) #22

PSU 52-243B (1985) #23

PSU 52-243B (1985) #24

PSU 52-243B (1985) #25

PSU 52-243B (1985) #26

PSU 52-243B (1985) #27

PSU 52-243B (1985) #28

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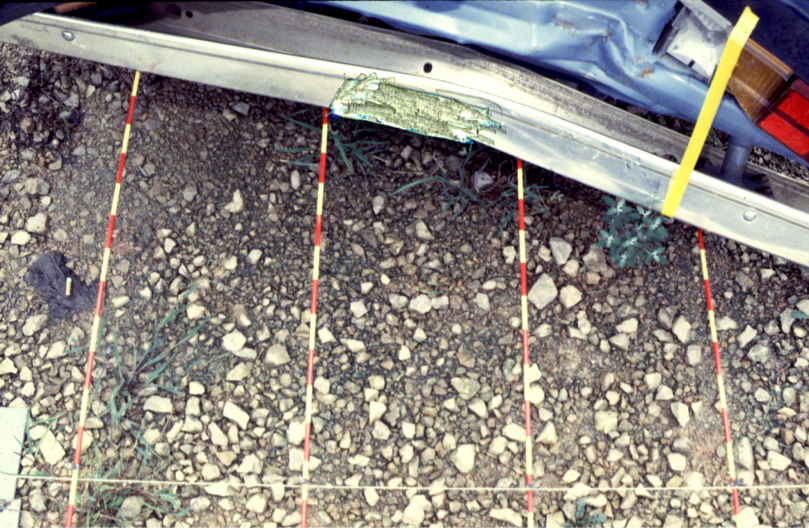

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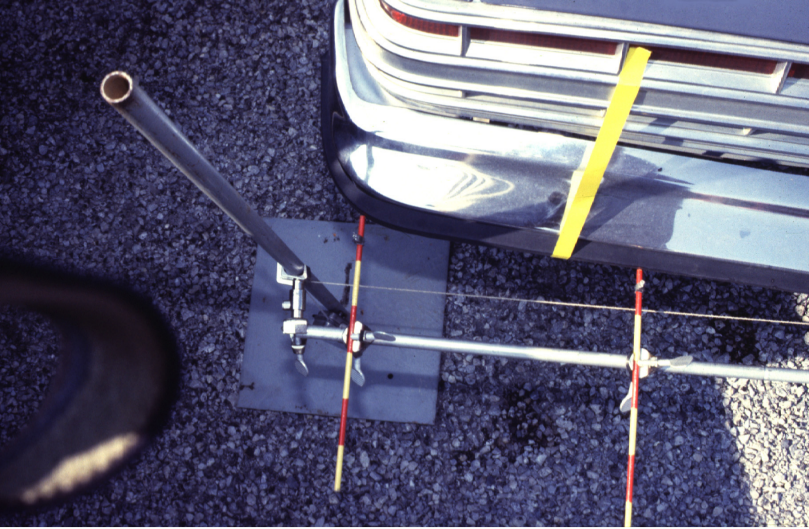

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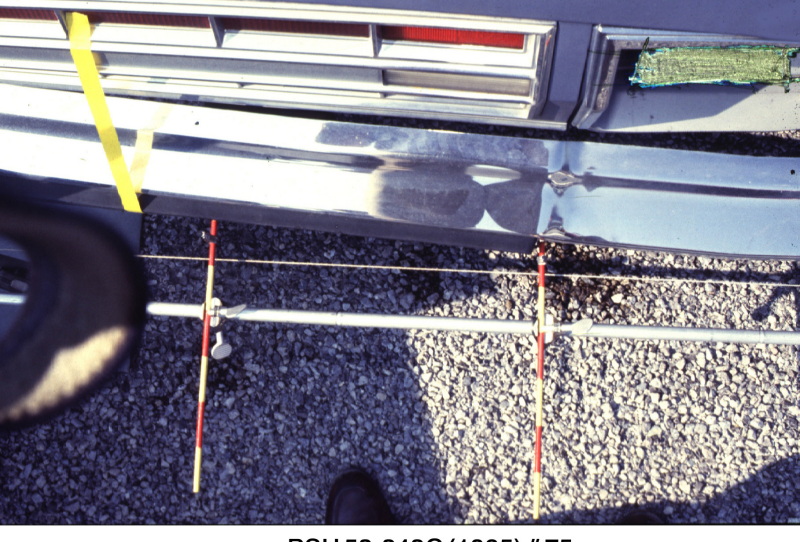

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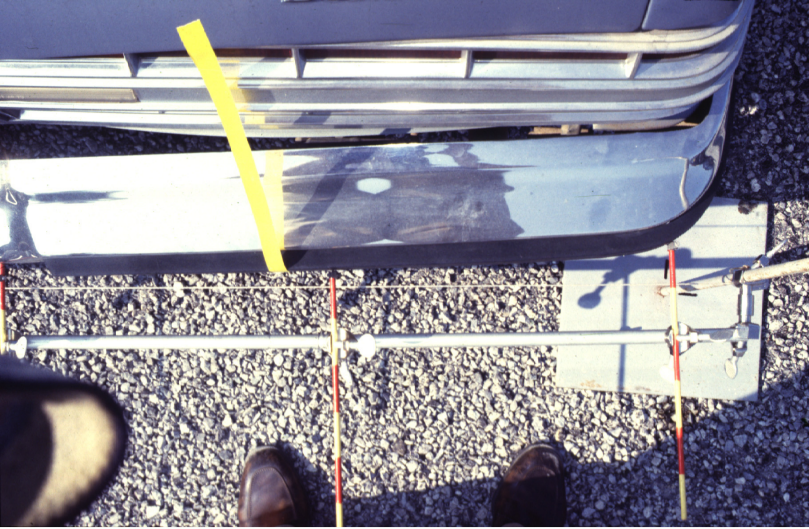

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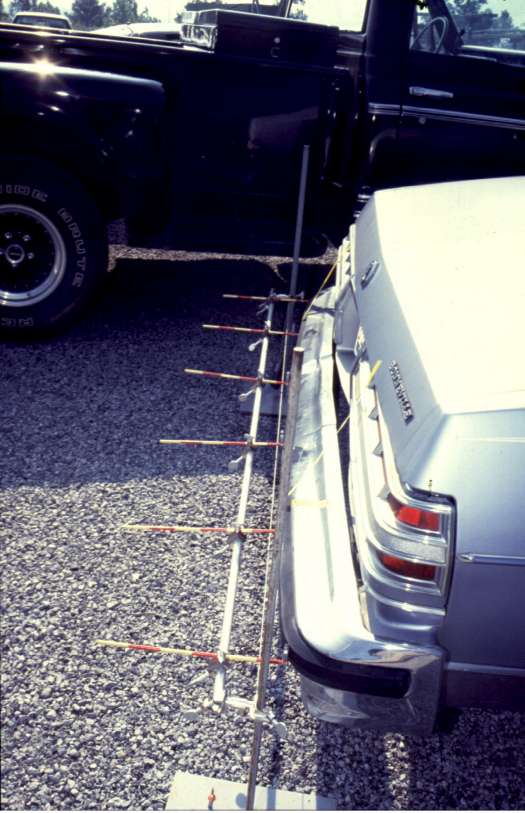

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PSU 52-243B (1985) #89

PSU 52-243B (1985) #90

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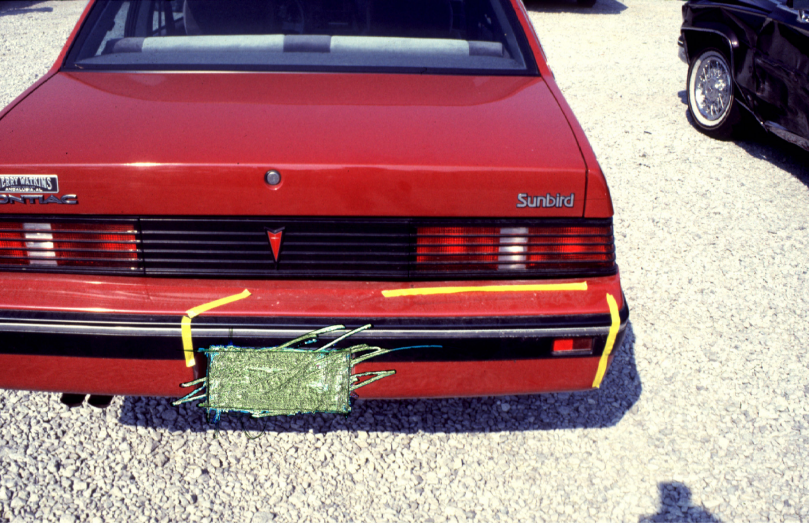
PSU 52-243B (1985) #94



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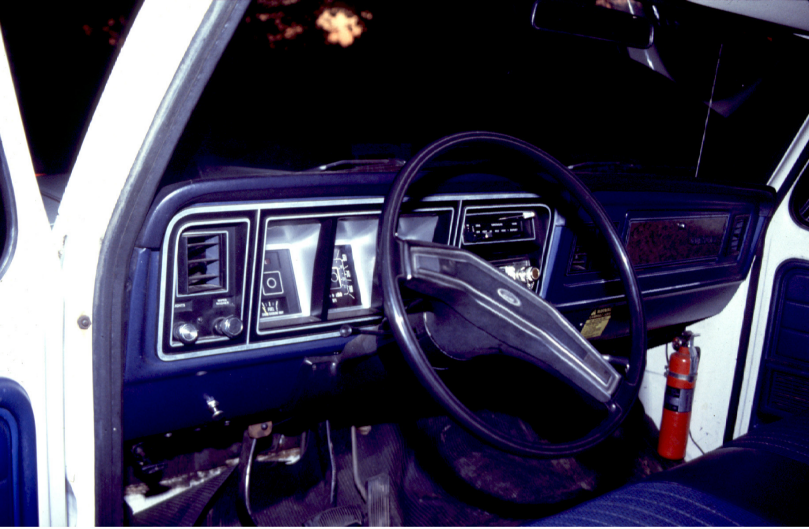
PSU 52-243B (1985) #130



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PSU 52-243B (1985) #135