



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 44 CASE NO. 113C TYPE OF ACCIDENT Car-car/Rear-end impact

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

Vehicle one and Vehicle two are westbound on 4-lane city street. V2 stops to turn left. V1 impacts rear of V2 at approximately 45 mph without braking. V2 rotates CCW 180° and comes to rest in eastbound lane. V1 remains in lane of impact.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	compact	84/Datsun/Maxima	F	severe	none
2	sub-compact	85/Ford/EXP	B	severe	glazing/door frame structure

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	driver	FL	None	face	abrasion	2	windshield
2	driver	FL	L&S	face	lacerations	1	flying glass
2	pass.	FR	L&S	abdomen	kidney contusion	2	broom-stick thru seat

DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. 44

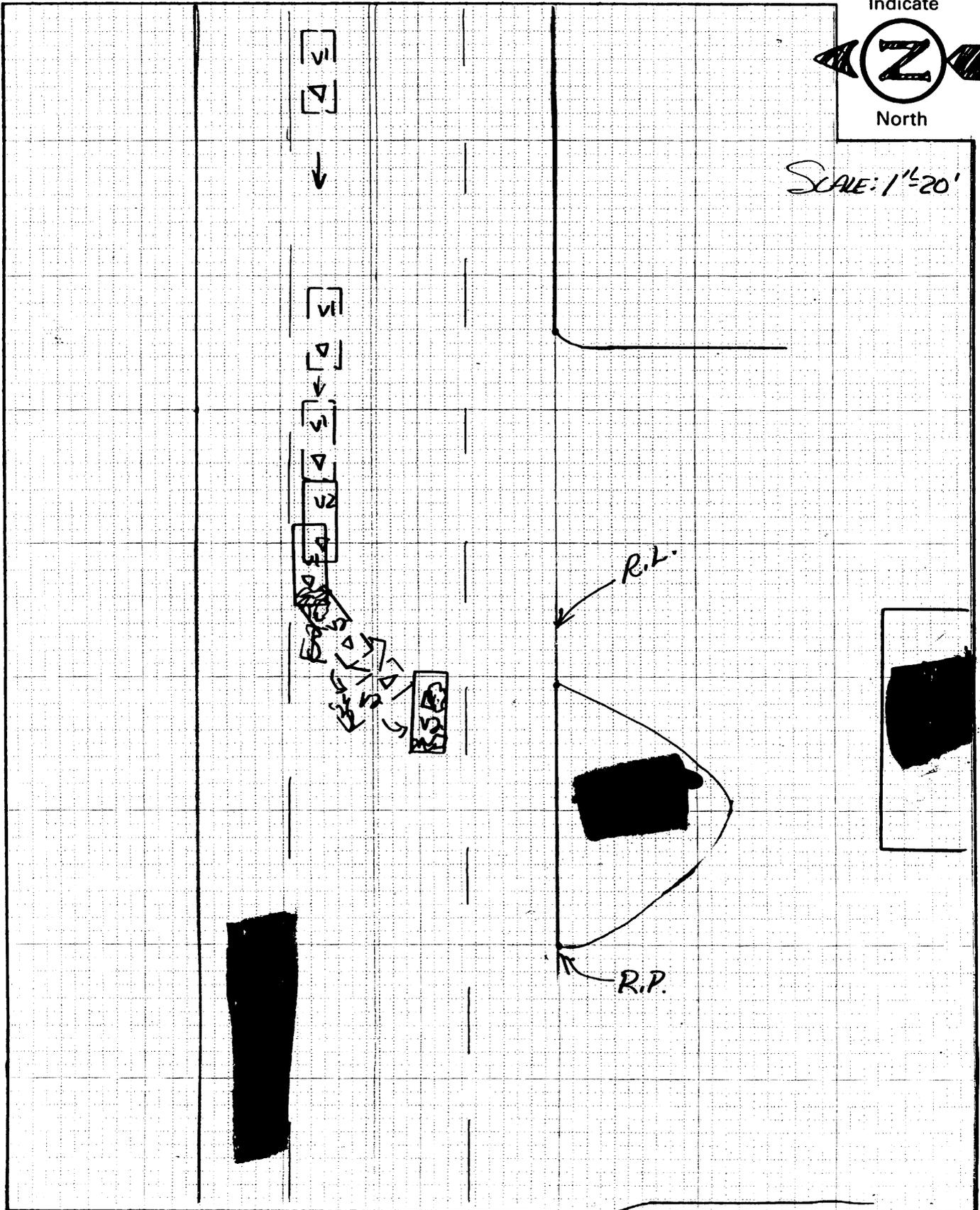
Case Number - Stratum 113C

Indicate



North

SCALE: 1" = 20'





EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>44</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1130</u>	

VEHICLE IDENTIFICATION

VIN <u>JN1HU0ISXET</u> XXXXXXXXXX	Model Year <u>84</u>
Vehicle Make (specify): <u>NISSAN</u>	Vehicle Model (specify): <u>MAXIMA</u>

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
1	BEGINS 2" R C.L. → FE B.C.	ENTIRE F. BUMPER

CRUSH PROFILE

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

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

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

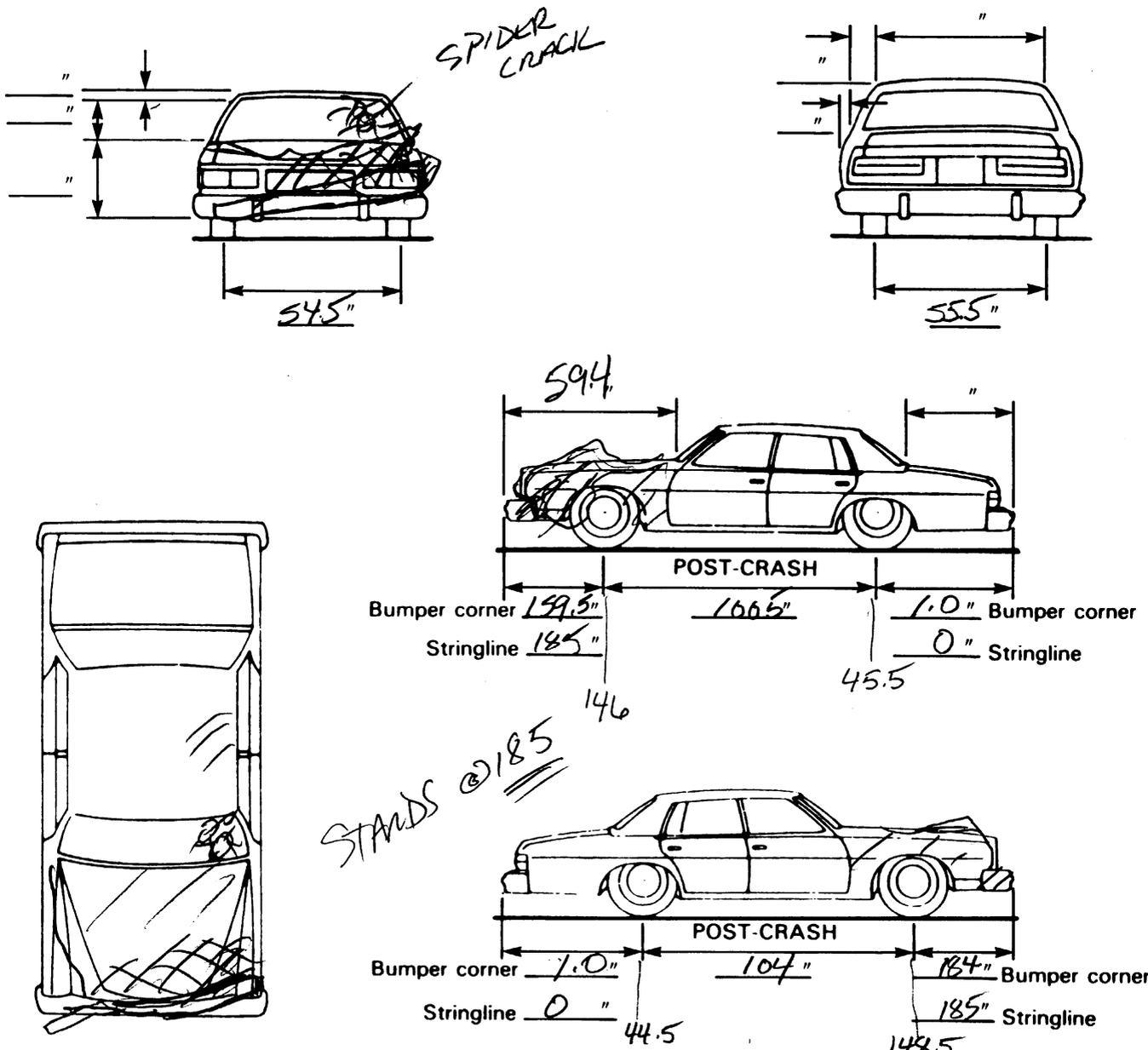
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	F. BUMPER	33"	C-1	57.5							
	MEAS CRUSH				22.5	13.5	7.5	3.75	2.1	1.5	
	F.S. SPACE				3.75	3.0	.5	.5	1.0	3.75	-0-
	ADJ. CRUSH				18.75	10.5	7.0	3.25	1.1	0	
	ADJ. FOR CRUSH (-1.7)				17.05	9.8	5.3	1.55	0	0	-0-
	STANDS @ 18.5										

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	<u>103.4</u>	(For locked front wheels or displaced rear axles only)	
RF <u>2</u>	RF <u>2</u>	Overall Length	<u>183.3</u>	RF ± <u> </u> °	
LF <u>1</u>	LF <u>2</u>	Maximum Width	<u>65.2</u>	LF ± <u>05</u> °	
RR <u>2</u>	RR <u>2</u>	Curb Weight	<u>2880</u>	RR ± <u> </u> °	
LR <u>2</u>	LR <u>2</u>	Average Track	<u>54.7/539</u>	LR ± <u> </u> °	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	<u>36.6</u>	Within ±5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Rear Overhang	<u>43.3</u>	DRIVE WHEELS	
		Engine Size: cyl./ displ.	<u>6/2.4L</u>	<input checked="" type="checkbox"/> FWD	<input checked="" type="checkbox"/> RWD
		Undeformed End Width	<u>62"</u>	Approximate Cargo Weight <u> </u>	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on 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.



1. Primary Sampling Unit Number 44
 2. Case Number – Stratum L13C
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

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

(99) Unknown

Door, Tailgate Or Hatch Opening

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

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

(9) Unknown

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

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

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

Door, Tailgate, or Hatch Came Open During Collision

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

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
 20. BL 0 21. Roof 8 22. Other 0

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

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

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

(9) Unknown

Window Precrash Glazing Status

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

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

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

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

LOCATION OF INTRUSION

Front Seat

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

Second Seat

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

Third Seat

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

Fourth Seat

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

(98) Other enclosed area (specify): _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (11) Side panel/kickpanel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify): _____

NONE SEEN

Exterior Components

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

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (9) Unknown

DOMINANT CRUSH DIRECTION

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

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement



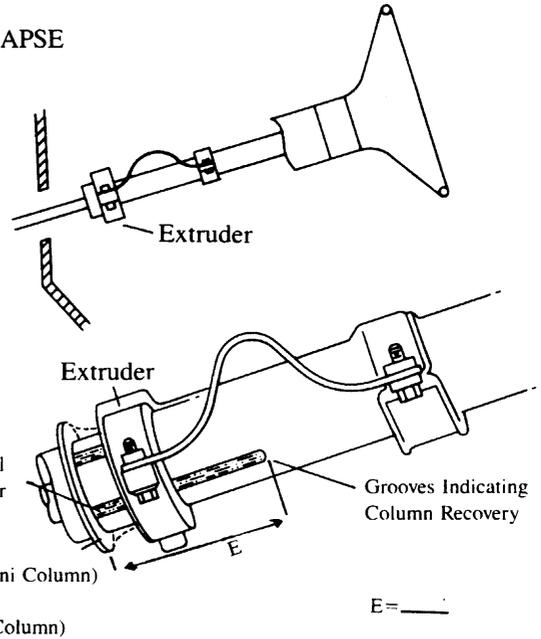
SHEAR CAPSULE



Left —

Right — V = _____"

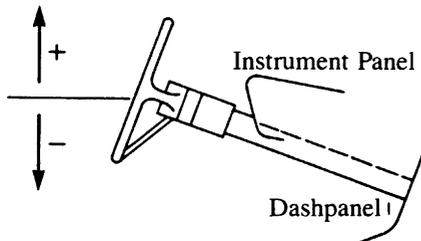
Direction and Magnitude of Steering Column Movement



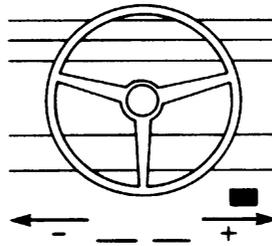
Extruder Retainer (Mini Column) or Flared Tube (Mod Column)

STEERING COLUMN MOVEMENT

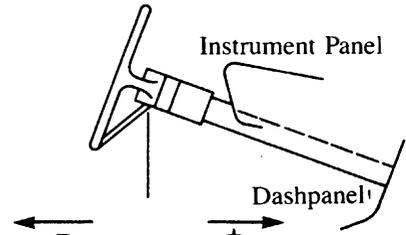
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL		-		=	
LATERAL		-		=	
LONGITUDINAL		-		=	

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGED VALUE	=	DEFORMATION
	-		=	
	-		=	

STEERING COLUMN

87. Steering Column Type 2

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

(9) Unknown

88. Steering Column Collapse Due to Occupant Loading 00

Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

- (00) No movement, compression, or collapse
- (01-49) Actual measured value
- (50) 50 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
- (82) ≥ 1 inch but < 2 inches
- (83) ≥ 2 inches but < 4 inches
- (84) ≥ 4 inches but < 6 inches
- (85) ≥ 6 inches but < 8 inches
- (86) Greater than or equal to 8 inches

(97) Apparent movement, value undetermined or cannot be measured or estimated

- (98) Nonspecified type column
- (99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement ⊕ 00

90. Lateral Movement ⊕ 00

91. Longitudinal Movement ⊕ 00

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (+00) No Steering column movement
- (±01 – ±49) Actual measured value
- (±50) 50 inches or greater

Estimated movement from observation

- (±81) ≥ 1 inch but < 3 inches
- (±82) ≥ 3 inches but < 6 inches
- (±83) ≥ 6 inches but < 12 inches
- (±84) ≥ 12 inches

(__97) Apparent movement > 1 inch but cannot be measured or estimated

(__99) Unknown

92. Steering Rim/Spoke Deformation 0

Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

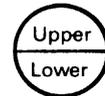
Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 096,000

09586 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
- (001) Less than 1,500 miles
- (300) 299,500 miles or more
- (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact 1

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

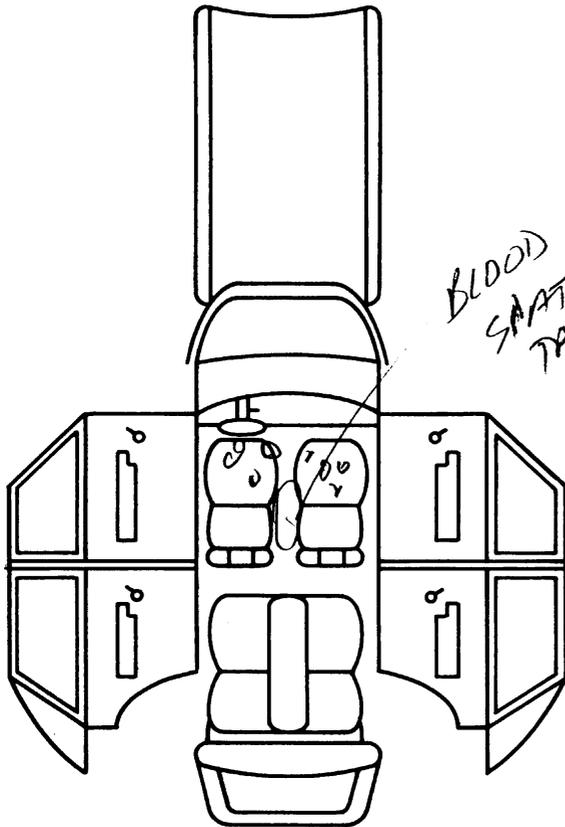
96. Knee Bolsters Deformed from Occupant Contact 8

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

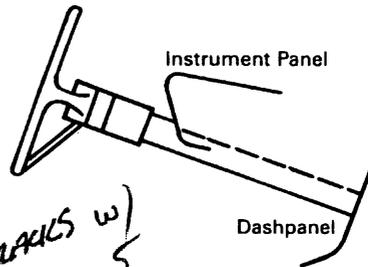
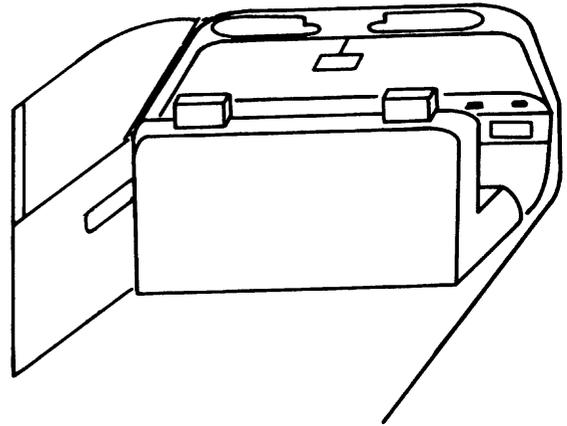
97. Did Glove Compartment Door Open During Collision(s) 0

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

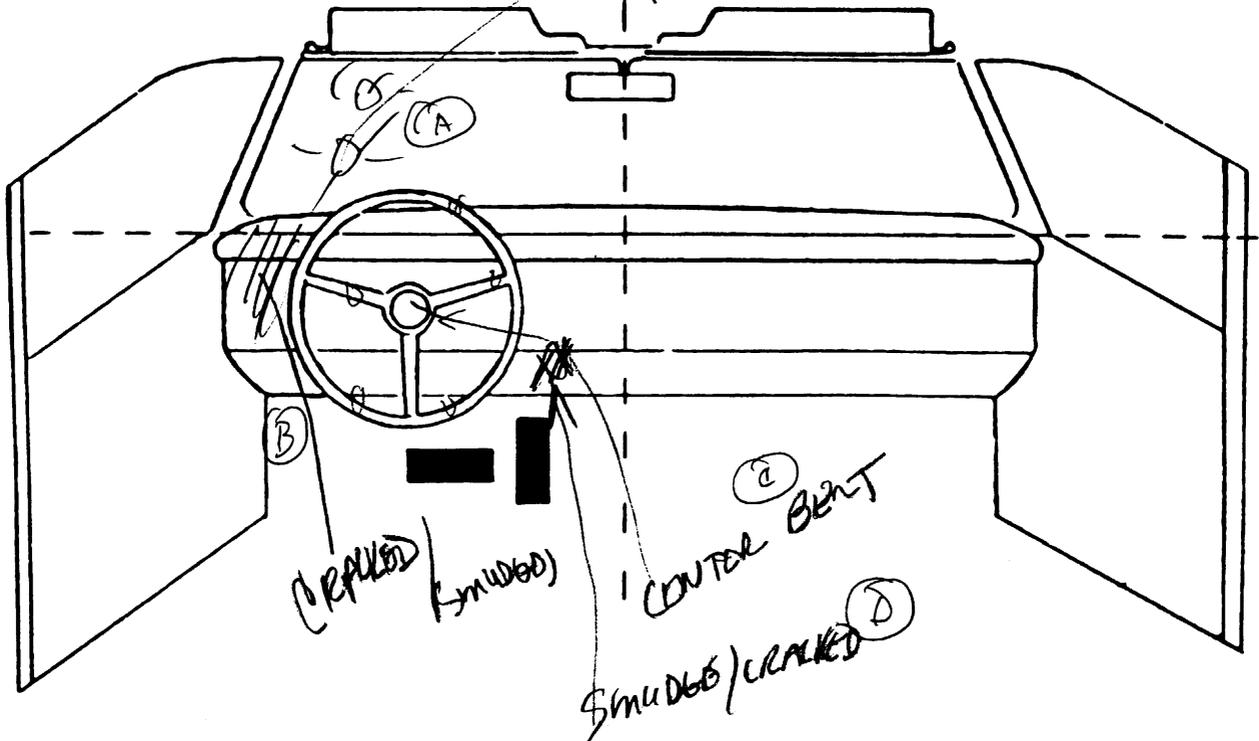
VEHICLE INTERIOR SKETCHES



BLOOD
SPATTERS
THROUGHOUT
CAR



SPIDER CRACKS w/
HAIR / TISSUE



(CRACKED / SMUDGES)

② CENTER BENT

SMUDGES / CRACKED ③

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	1	HEAD	SPIDER CRACK/HAIR/TISSUE	1
B	09	1	L KNEE	CRACKED & SMUDGED	1
C	05	1	CHEST?	CENTER HUB GONE	3
D	09	1	R KNEE	CRACKED W/SMUDGE	3
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

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

- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

RIGHT SIDE

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

ROOF

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

FLOOR

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

REAR

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air cushion
- (46) Other occupants (specify): _____
- (47) Interior loose objects

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
F I R S T	Availability			
	Function			
	Failure			

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

Did Automatic (Passive) Restraint Fail

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	00	04
	Failure Modes	1	0	1
SECOND	Availability	3	3	3
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

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

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Manual belt failure(s) (encode all that apply above)
 - [A] Torn webbing (stretched webbing not included)
 - [B] Broken buckle or latchplate
 - [C] Upper anchorage separated
 - [D] Other anchorage separated (specify):

 - [E] Broken retractor
 - [F] Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

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

 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used
- 2. Child Safety Seat Orientation**
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (03) Other orientation (specify):

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

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

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

- 3. Child Safety Seat Harness Usage**
- 4. Child Safety Seat Shield Usage**
- 5. Child Safety Seat Tether Usage**
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat
 - Not Designed with Harness/Shield/Tether
 - (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used
 - Designed with Harness/Shield/Tether
 - (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used
 - Unknown if Designed with Harness/Shield/Tether
 - (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used
- 6. Child Safety Seat Make/Model**
(Specify make/model and occupant number)
- _____
- _____
- _____
- _____

HEAD RESTRAINTS/SEAT EVALUATION

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

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

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (This Occupant Position)

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

Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat performance failure(s)
(Encode all that apply)
- [A] Seat adjusters failed
- [B] Seat back folding locks failed
- [C] Seat tracks failed
- [D] Seat anchors failed
- [E] Deformed by impact of passenger from rear
- [F] Deformed by impact of passenger from front
- [G] Deformed by own inertial forces
- [H] Deformed by passenger compartment intrusion (specify): _____
- [I] Other (specify): _____
- (9) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

Occupant Number						
Ejection						
Ejection Area						
Ejection Medium						
Medium Status						

Ejection

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

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>44</u>	3. Vehicle Number <u>01</u>
2. Case Number – Stratum <u>1130</u>	4. Occupant Number <u>01</u>

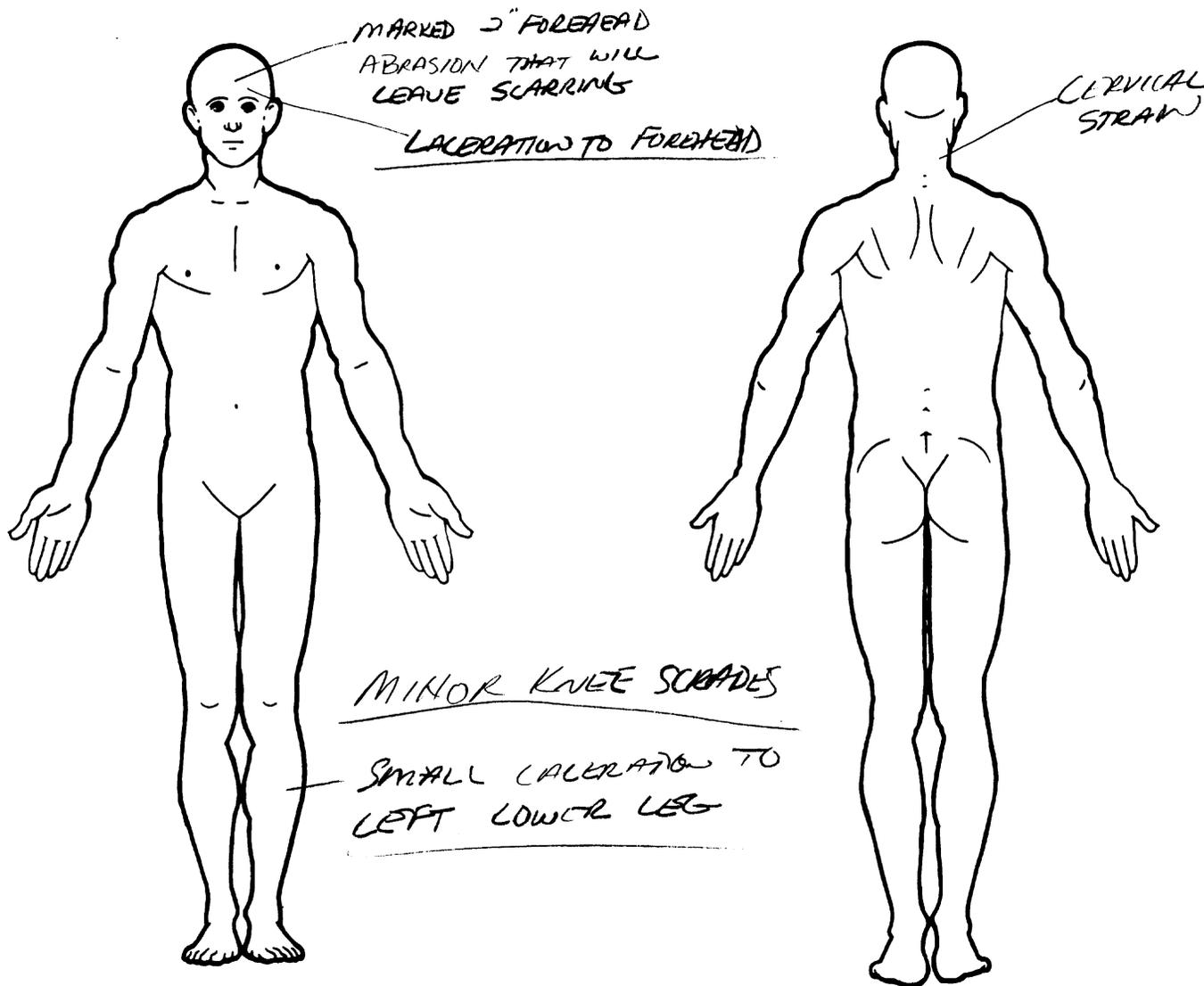
INJURY DATA

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

	Source of Injury Data	O.I.C. – A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>F</u>	7. <u>S</u>	8. <u>A</u>	9. <u>I</u>	10. <u>2</u>	11. <u>01</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>F</u>	17. <u>S</u>	18. <u>L</u>	19. <u>I</u>	20. <u>1</u>	21. <u>01</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>N</u>	27. <u>P</u>	28. <u>T</u>	29. <u>M</u>	30. <u>1</u>	31. <u>01</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>K</u>	37. <u>U</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>09</u>	42. <u>2</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>3</u>	46. <u>L</u>	47. <u>L</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>09</u>	52. <u>2</u>	53. <u>1</u>	54. <u>00</u>
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___
16th	155. ___	156. ___	157. ___	158. ___	159. ___	160. ___	161. ___	162. ___	163. ___	164. ___
17th	165. ___	166. ___	167. ___	168. ___	169. ___	170. ___	171. ___	172. ___	173. ___	174. ___
18th	175. ___	176. ___	177. ___	178. ___	179. ___	180. ___	181. ___	182. ___	183. ___	184. ___
19th	185. ___	186. ___	187. ___	188. ___	189. ___	190. ___	191. ___	192. ___	193. ___	194. ___
20th	195. ___	196. ___	197. ___	198. ___	199. ___	200. ___	201. ___	202. ___	203. ___	204. ___

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

(27) Other left side object (specify): _____

RIGHT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air cushion
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

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 severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

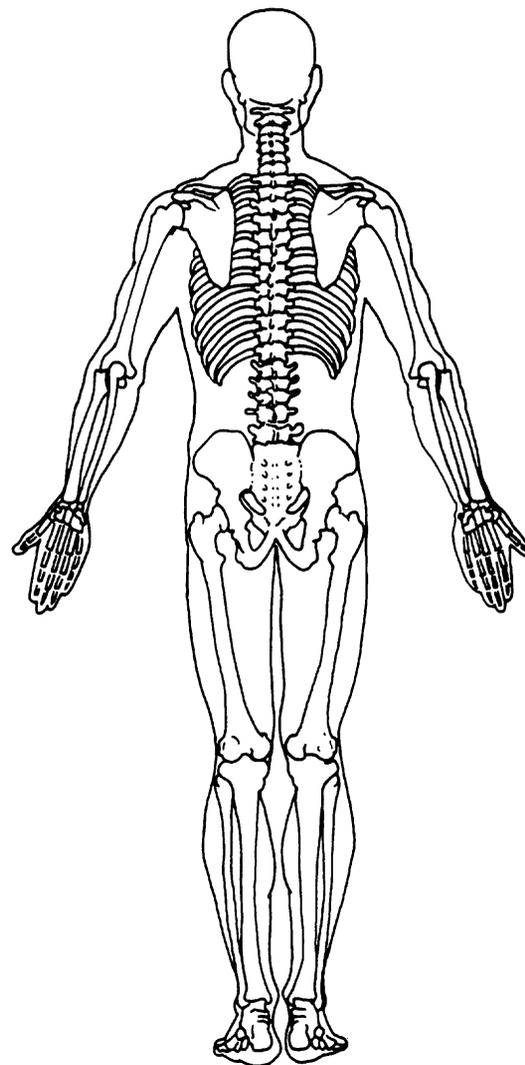
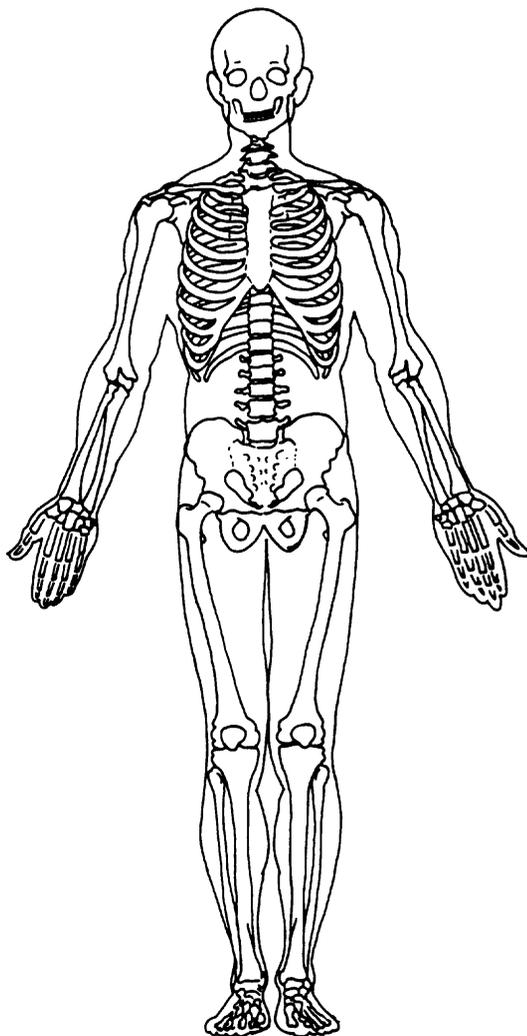
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

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

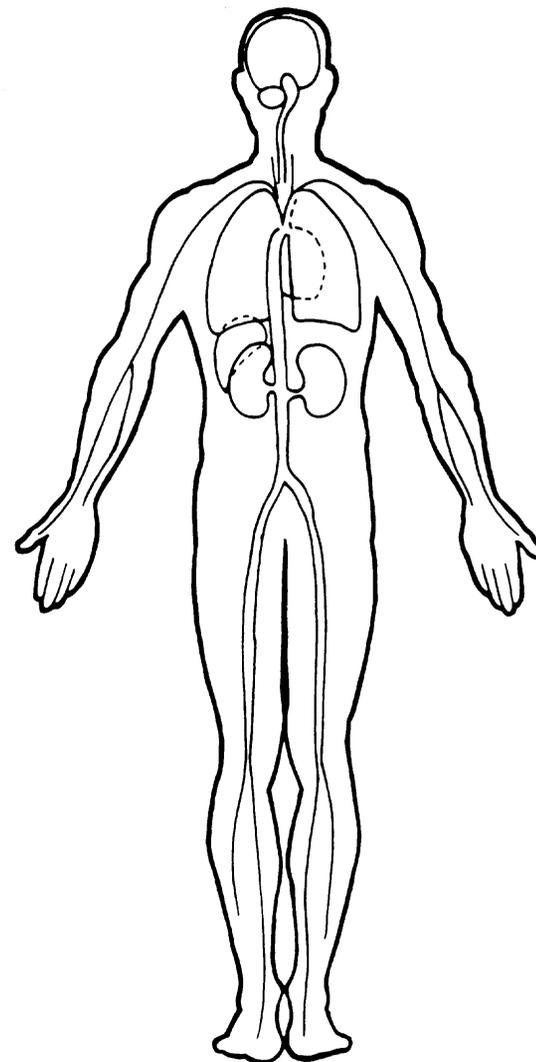
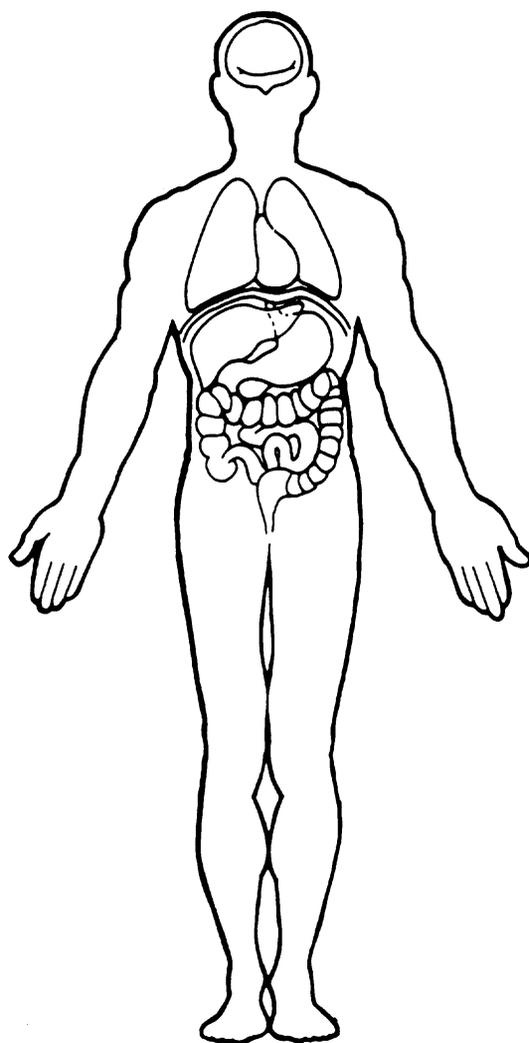
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>44</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>113C</u>	

VEHICLE IDENTIFICATION

VIN <u>1FAEP018XFW</u> XXXXXXXXXX	Model Year <u>85</u>
Vehicle Make (specify): <u>FORD</u>	Vehicle Model (specify): <u>EXP-TURBO</u>

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
1	BEGNS 11" L.C.L. → BR BC.	REAR BUMPER
2		

CRUSH PROFILE

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

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

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

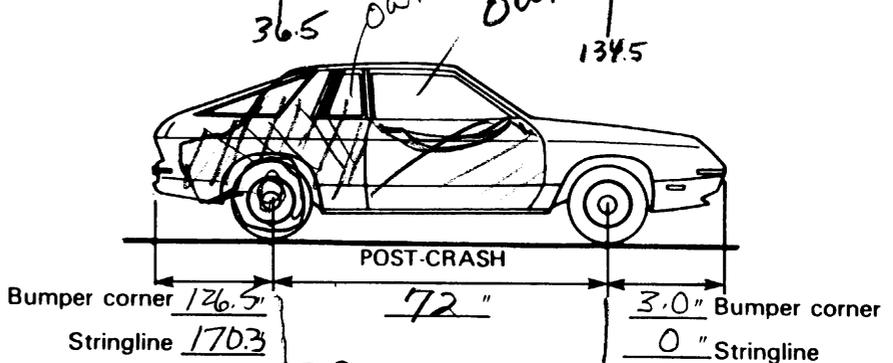
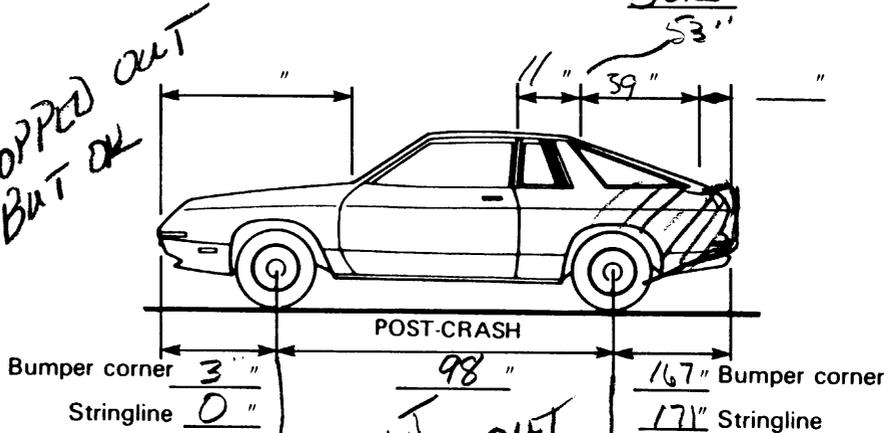
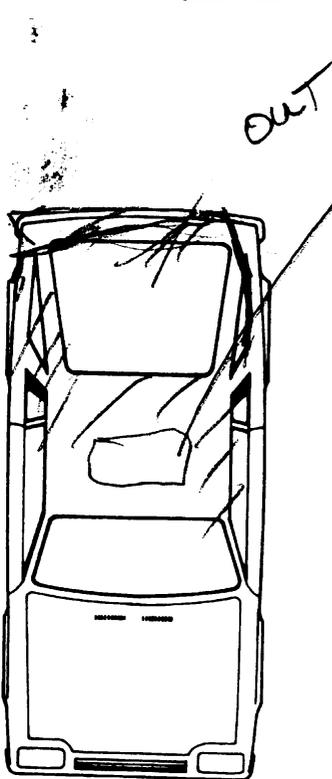
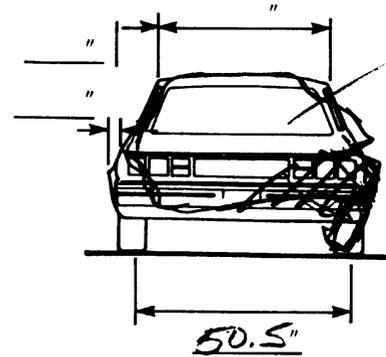
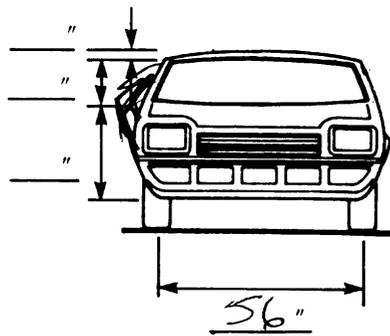
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	R. BUMPER		C-6	42.5							
	MENS CRUSH				3.0	10.5	19.75	29.75	38.25	42.25	
	F SPACE				.5	0	0	0	0	.5	-0-
	ACTUAL CRUSH				2.5	10.5	19.75	29.75	38.25	41.75	-0-

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>1</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>94.2</u> Overall Length <u>170.3</u> Maximum Width <u>65.9</u> Curb Weight <u>2212</u> Average Track <u>54.7/56</u> Front Overhang <u>38.6</u> Rear Overhang <u>37.8</u> Engine Size: cyl./ displ. <u>4CYL/1.6L</u> Undeformed End Width <u>63"</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u> </u> ° LF ± <u> </u> ° RR <u>0</u> / <u>10</u> ° LR <u>0</u> / <u>10</u> ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on 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.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

- | | |
|---|---|
| 01-30 – Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn – rollover | (59) Building |
| (32) Fire or explosion | (60) Ditch or Culvert |
| (33) Jackknife | (61) Ground |
| (34) Other intraunit damage (specify): | (62) Fire hydrant |
| _____ | (63) Curb |
| (35) Noncollision injury | (64) Bridge |
| (38) Other noncollision (specify): | (68) Other fixed object (specify): |
| _____ | _____ |
| (39) Noncollision – details unknown | (69) Unknown fixed object |
| Collision with Fixed Object | Collision With Nonfixed Object |
| (41) Tree (≤4 inches in diameter) | (71) Motor vehicle not in transport |
| (42) Tree (>4 inches in diameter) | (72) Pedestrian |
| (43) Shrubbery or bush | (73) Cyclist or cycle |
| (44) Embankment | (74) Other nonmotorist or conveyance (specify): |
| _____ | _____ |
| (45) Breakaway pole or post (any diameter) | (75) Vehicle occupant |
| Nonbreakaway Pole or Post | (76) Animal |
| (50) Pole or post (≤4 inches in diameter) | (77) Train |
| (51) Pole or post (>4 but ≤12 inches in diameter) | (78) Trailer, disconnected in transport |
| (52) Pole or post (>12 inches in diameter) | (88) Other nonfixed object (specify): |
| (53) Pole or post (diameter unknown) | _____ |
| _____ | (89) Unknown nonfixed object |
| (54) Concrete traffic barrier | (98) Other event (specify): |
| (55) Impact attenuator | _____ |
| (56) Other traffic barrier (specify): | (99) Unknown event or object |
| _____ | _____ |

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	180	00	B	Z	E	W	04
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RIGHT NOT SHIFTED



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 44
 2. Case Number—Stratum 113C
 3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 98

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield
 (02) Door (side) — ③ SILL - BOWED OUT
 (03) Door/hatch (rear)
 (04) Roof
 (05) Roof glass
 (06) Side window
 (07) Rear window
 (08) Roof and roof glass
 (09) Windshield and door (side)
 (10) Windshield and roof
 (11) Side and rear window
 (98) Other combination of above (specify):
RDOR/BACKLIGHT/SIDE WINDOWS/OTHER R WINDOW/T
 (99) Unknown ROOF GLASS

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 3 7. LR 0 8. RR 0 9. TG/H 2

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

 (9) Unknown

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

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 4

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

Door, Tailgate, or Hatch Came Open During Collision

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

 (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 6 18. LR 0 19. RR 0
 20. BL 6 21. Roof 4 22. Other 6-RR

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

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 9 26. LR 0 27. RR 0
 28. BL 0 29. Roof 0 30. Other 0

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

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

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

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

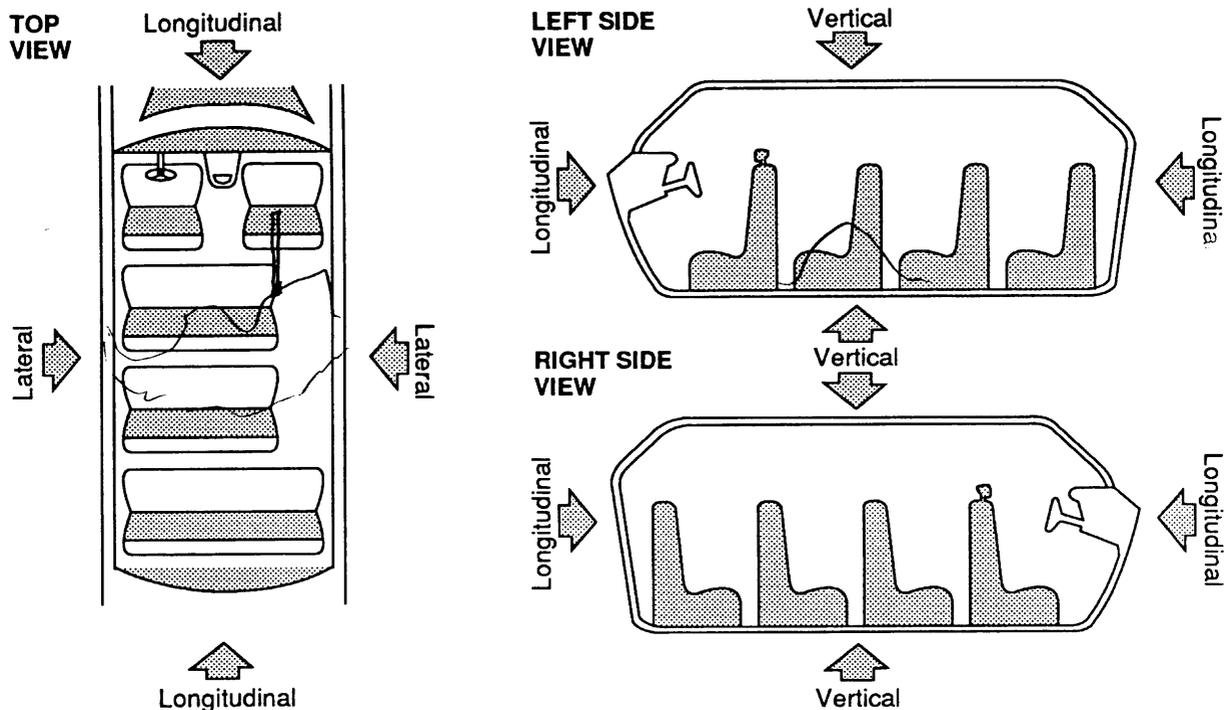
 (9) Unknown

Window Precrash Glazing Status

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

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

INTRUSION WORK SHEET



INTRUDED COMPONENT	LOCATION OF INTRUSION	DOMINANT CRUSH DIRECTION	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION
REAR PLATFORM	OTHER	VERT	0	-	11	=	11
L. SEAT BACK	OTHER	LONG.	33	-	46	=	13
R. SIDE SLIPPER	OTHER	CAT	21	-	16	=	5
REAR CARPETING	OTHER	VERT	-	-	-	=	-
STICK	13	LONG.	0	-	6.5	=	6.5
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	
				-		=	

SPAN

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>98</u>	48. <u>19</u>	49. <u>4</u>	50. <u>2</u>
2nd	51. <u>98</u>	52. <u>17</u>	53. <u>3</u>	54. <u>1</u>
3rd	55. <u>13</u>	56. <u>26</u>	57. <u>3</u>	58. <u>2</u>
4th	59. <u>98</u>	60. <u>25</u>	61. <u>2</u>	62. <u>3</u>
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION**Front Seat**

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

Second Seat

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

Third Seat

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

Fourth Seat

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

(98) Other enclosed area (specify):

OPEN AREA BEHIND SEAT

(99) Unknown

INTRUDING COMPONENT**Interior Components**

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (11) Side panel/kickpanel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan - REAR
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface /
- (26) Other interior component (specify):
STICK CARRIED IN BACK

Exterior Components

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

MAGNITUDE OF INTRUSION

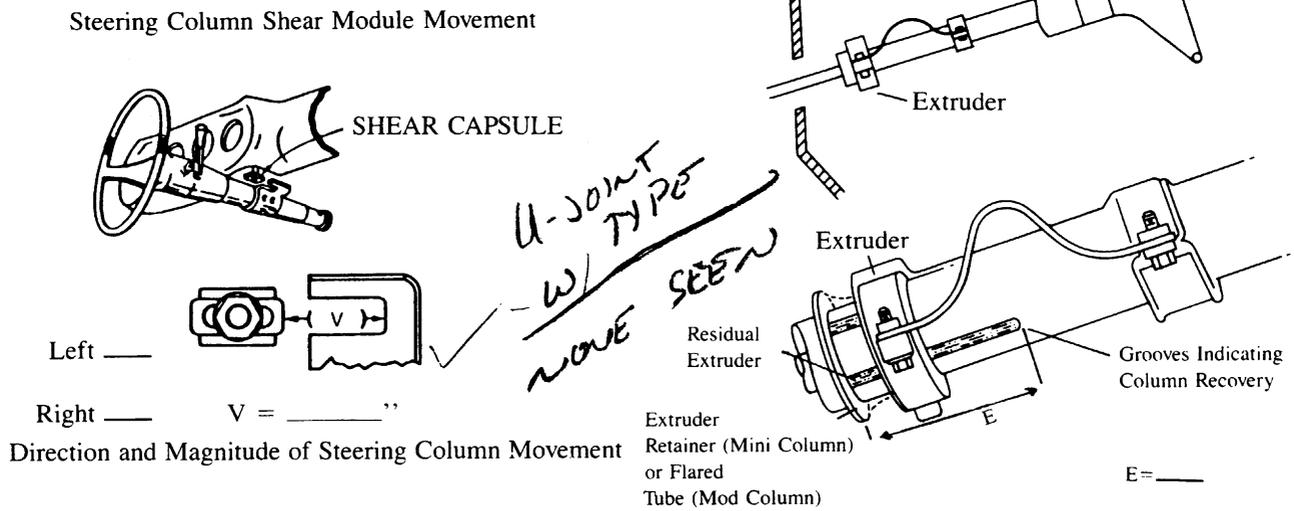
- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (9) Unknown

DOMINANT CRUSH DIRECTION

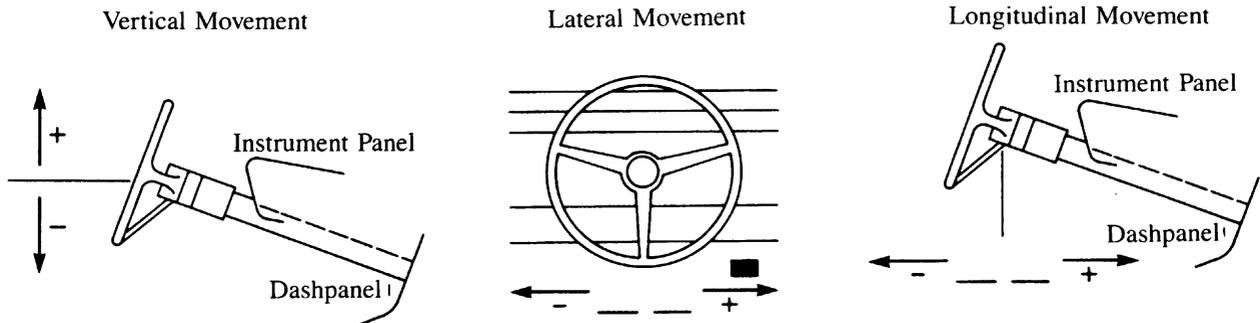
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE



STEERING COLUMN MOVEMENT



	COMPARISON VALUE	-	DAMAGED VALUE	=	MOVEMENT
VERTICAL		-	0	=	
LATERAL		-	0	=	
LONGITUDINAL		-		=	

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGED VALUE	=	DEFORMATION
	-	0	=	
	-		=	

STEERING COLUMN

87. Steering Column Type 2

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

(9) Unknown

88. Steering Column Collapse Due to Occupant Loading 00

Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

- (00) No movement, compression, or collapse
- (01-49) Actual measured value
- (50) 50 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
- (82) ≥ 1 inch but < 2 inches
- (83) ≥ 2 inches but < 4 inches
- (84) ≥ 4 inches but < 6 inches
- (85) ≥ 6 inches but < 8 inches
- (86) Greater than or equal to 8 inches

- (97) Apparent movement, value undetermined or cannot be measured or estimated
- (98) Nonspecified type column
- (99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement ⊕ 00

90. Lateral Movement ⊕ 00

91. Longitudinal Movement ⊕ 00

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (+ 00) No Steering column movement
- (± 01 – ± 49) Actual measured value
- (± 50) 50 inches or greater

Estimated movement from observation

- (± 81) ≥ 1 inch but < 3 inches
- (± 82) ≥ 3 inches but < 6 inches
- (± 83) ≥ 6 inches but < 12 inches
- (± 84) ≥ 12 inches

- (— 97) Apparent movement > 1 inch but cannot be measured or estimated
- (— 99) Unknown

92. Steering Rim/Spoke Deformation 0

Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

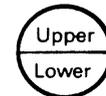
Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 071,000

71179 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
- (001) Less than 1,500 miles
- (300) 299,500 miles or more
- (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact 0

- (0) No *WAS PRIOR PER DRIVER TO GLOVE BOX*
- (1) Yes
- (9) Unknown

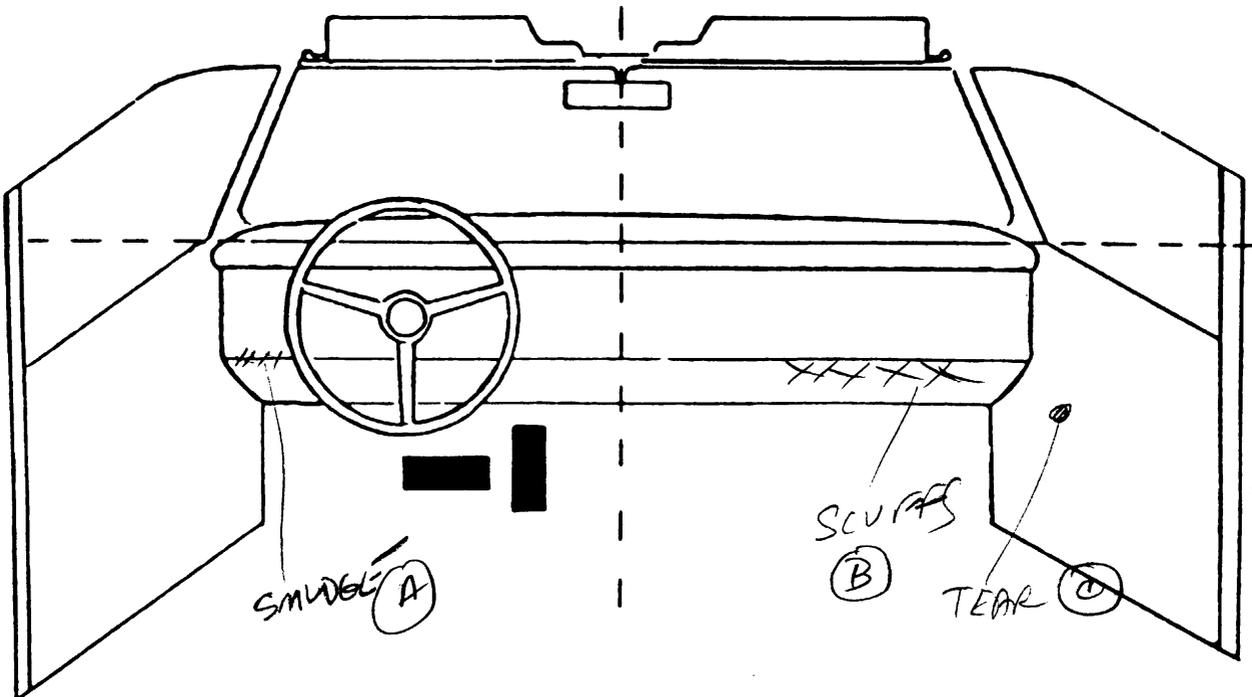
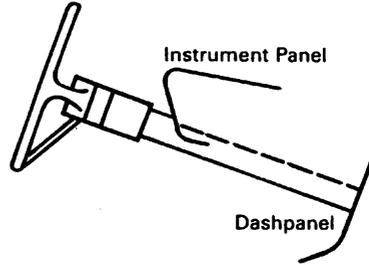
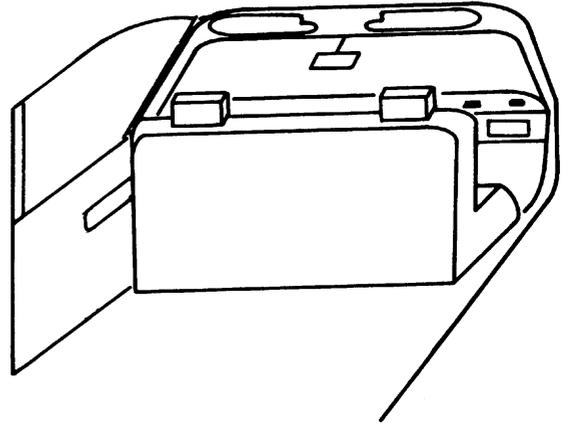
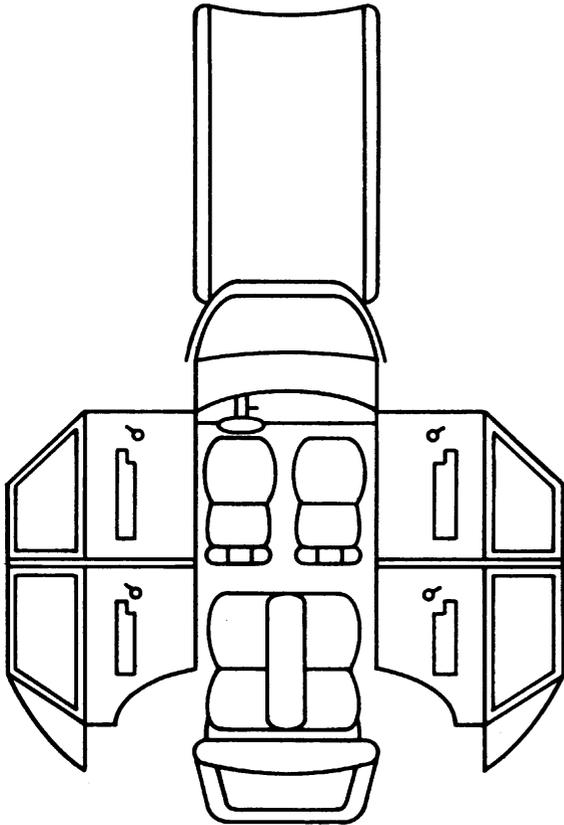
96. Knee Bolsters Deformed from Occupant Contact 8

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

97. Did Glove Compartment Door Open During Collision(s) 0

- (0) No *— PRIOR PER DRIVER*
- (1) Yes
- (8) Not present
- (9) Unknown

VEHICLE INTERIOR SKETCHES



POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	1	Knee?	SCUFFS	2
B	11	2	Knee?	SCUFFS	2
C	30	2	Arm?	TEAR	3
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

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

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

RIGHT SIDE

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

ROOF

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

FLOOR

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

REAR

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air cushion
- (46) Other occupants (specify): _____
- (47) Interior loose objects

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

		Left	Center	Right
F I R S T	Availability			
	Function			
	Failure			

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

Did Automatic (Passive) Restraint Fail

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	00	04
	Failure Modes	1	0	1
SECOND	Availability	/		
	Use	/		
	Failure Modes	/		
THIRD	Availability	/		
	Use	/		
	Failure Modes	/		
OTHER	Availability	/		
	Use	/		
	Failure Modes	/		

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

(08) Other belt used (specify):

- _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):
- _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Manual belt failure(s) (encode all that apply above)
- [A] Torn webbing (stretched webbing not included)
- [B] Broken buckle or latchplate
- [C] Upper anchorage separated
- [D] Other anchorage separated (specify):

- _____
- [E] Broken retractor
- [F] Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____</p> <p>(8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation (specify): _____</p> <p>(04) Unknown orientation Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____</p> <p>(19) Unknown orientation Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____</p> <p>(29) Unknown orientation (99) Unknown if child safety seat used</p>	<p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage</p> <p>Note: Options Below Are Used for Variables 3-5.</p> <p>(00) No child safety seat Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed with Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown if Designed with Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	2B	00	1
SECOND	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (This Occupant Position)

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

Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat performance failure(s)
(Encode all that apply)
 - [A] Seat adjusters failed
 - [B] Seat back folding locks failed
 - [C] Seat tracks failed
 - [D] Seat anchors failed
 - [E] Deformed by impact of passenger from rear
 - [F] Deformed by impact of passenger from front
 - [G] Deformed by own inertial forces
 - [H] Deformed by passenger compartment intrusion (specify): _____
- [I] Other (specify): _____
- (9) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

Occupant Number						
Ejection						
Ejection Area						
Ejection Medium						
Medium Status						

Ejection

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

Ejection Area

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

(7) Roof

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

- (9) Unknown

Ejection Medium

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

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 44 3. Vehicle Number 02
2. Case Number - Stratum 1130 4. Occupant Number 01

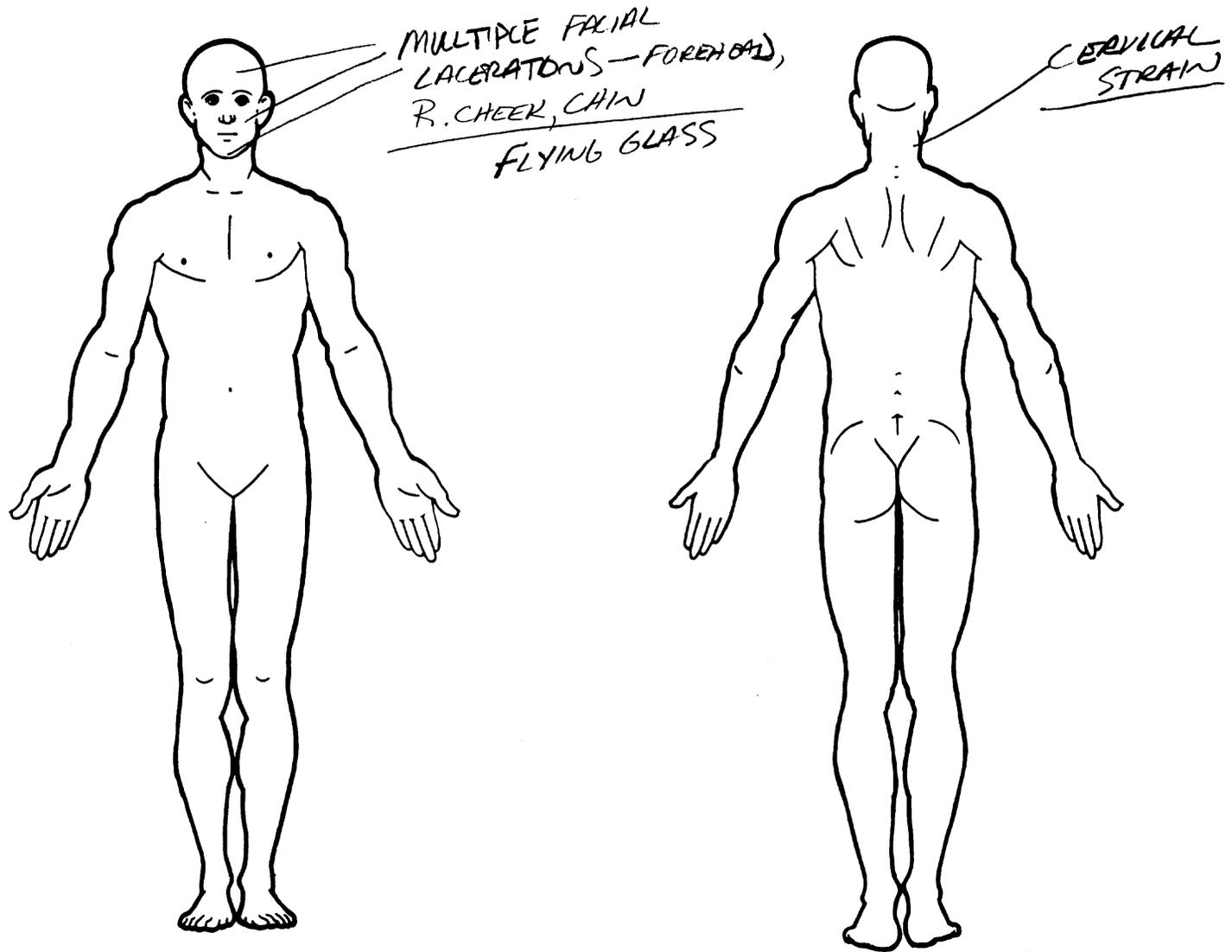
INJURY DATA

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

	Source of Injury Data	O.I.C. - A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>F</u>	7. <u>W</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>91</u>	12. <u>1</u>	13. <u>3</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>N</u>	17. <u>P</u>	18. <u>I</u>	19. <u>M</u>	20. <u>1</u>	21. <u>92</u>	22. <u>1</u>	23. <u>3</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>K</u>	27. <u>R</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>04</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>7</u>	36. <u>W</u>	37. <u>R</u>	38. <u>L</u>	39. <u>I</u>	40. <u>1</u>	41. <u>91</u>	42. <u>1</u>	43. <u>3</u>	44. <u>00</u>
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___
16th	155. ___	156. ___	157. ___	158. ___	159. ___	160. ___	161. ___	162. ___	163. ___	164. ___
17th	165. ___	166. ___	167. ___	168. ___	169. ___	170. ___	171. ___	172. ___	173. ___	174. ___
18th	175. ___	176. ___	177. ___	178. ___	179. ___	180. ___	181. ___	182. ___	183. ___	184. ___
19th	185. ___	186. ___	187. ___	188. ___	189. ___	190. ___	191. ___	192. ___	193. ___	194. ___
20th	195. ___	196. ___	197. ___	198. ___	199. ___	200. ___	201. ___	202. ___	203. ___	204. ___

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

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

RIGHT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air cushion
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Contusion
- (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 severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

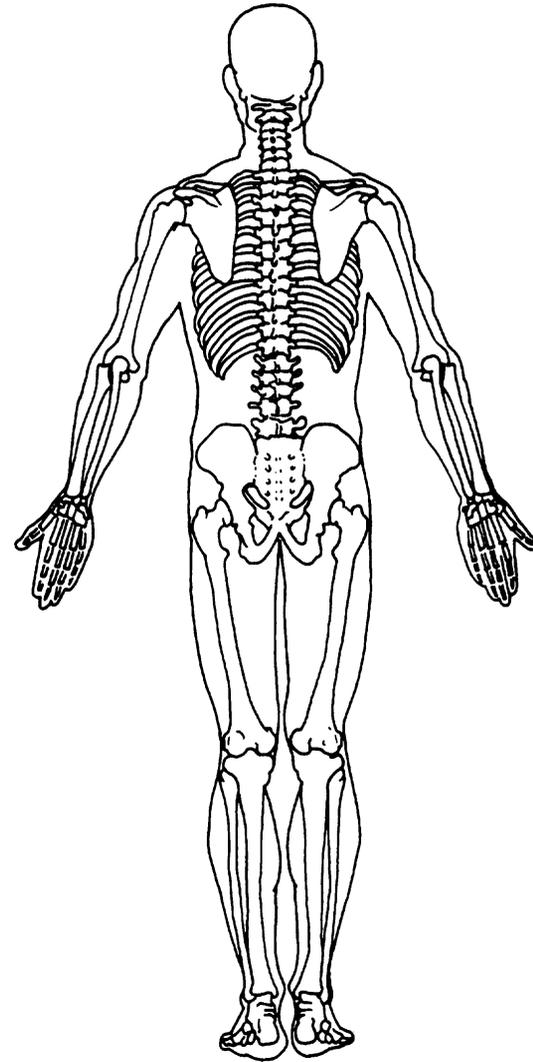
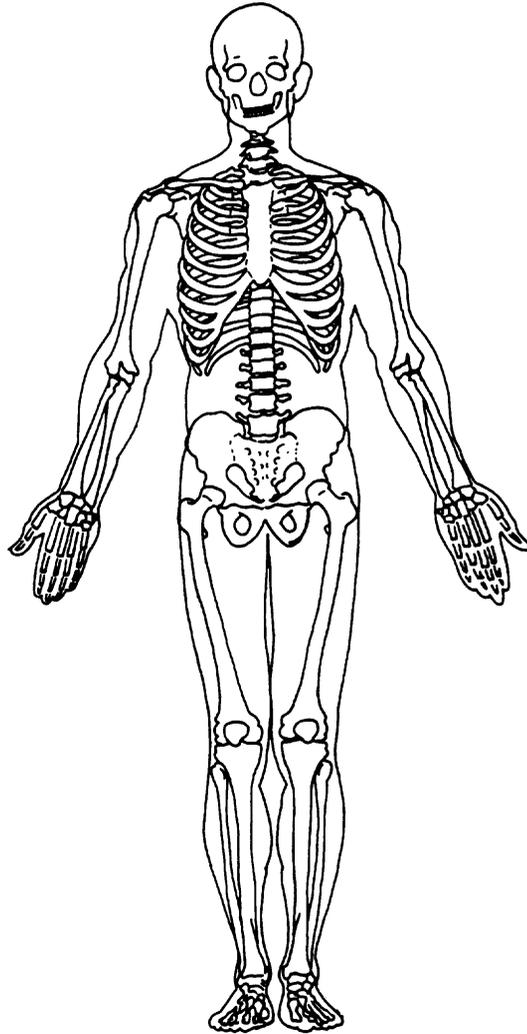
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

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

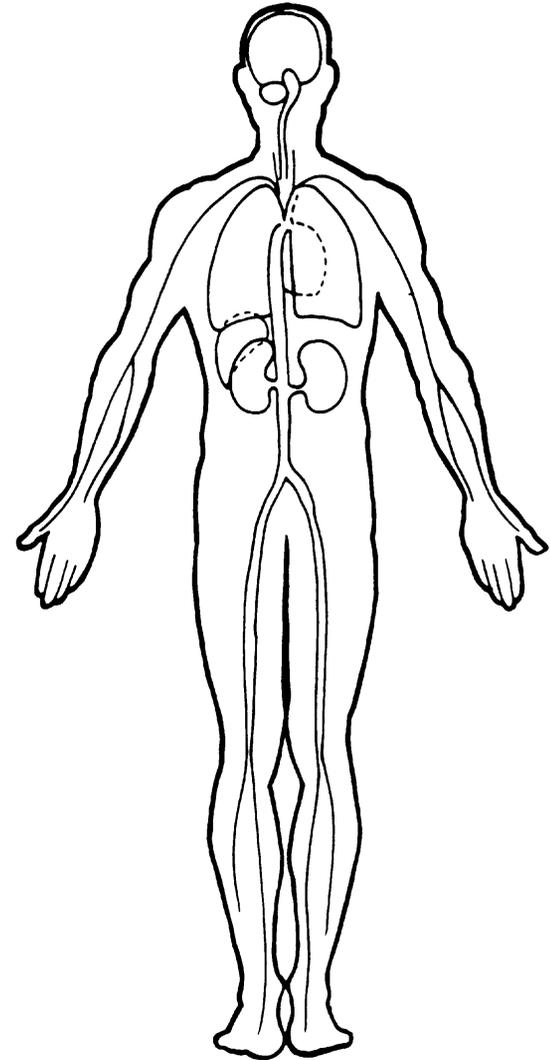
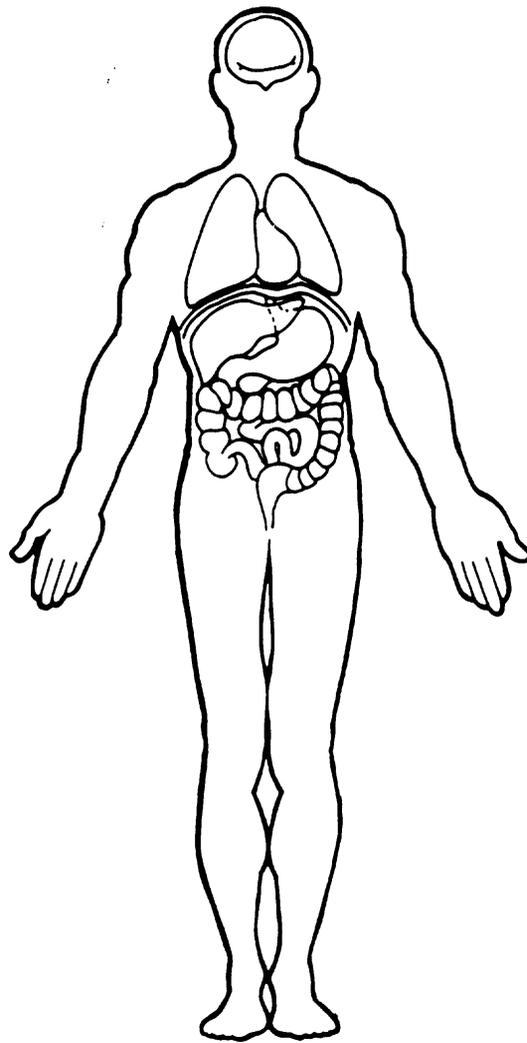
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>44</u>	3. Vehicle Number <u>02</u>
2. Case Number—Stratum <u>113C</u>	4. Occupant Number <u>02</u>

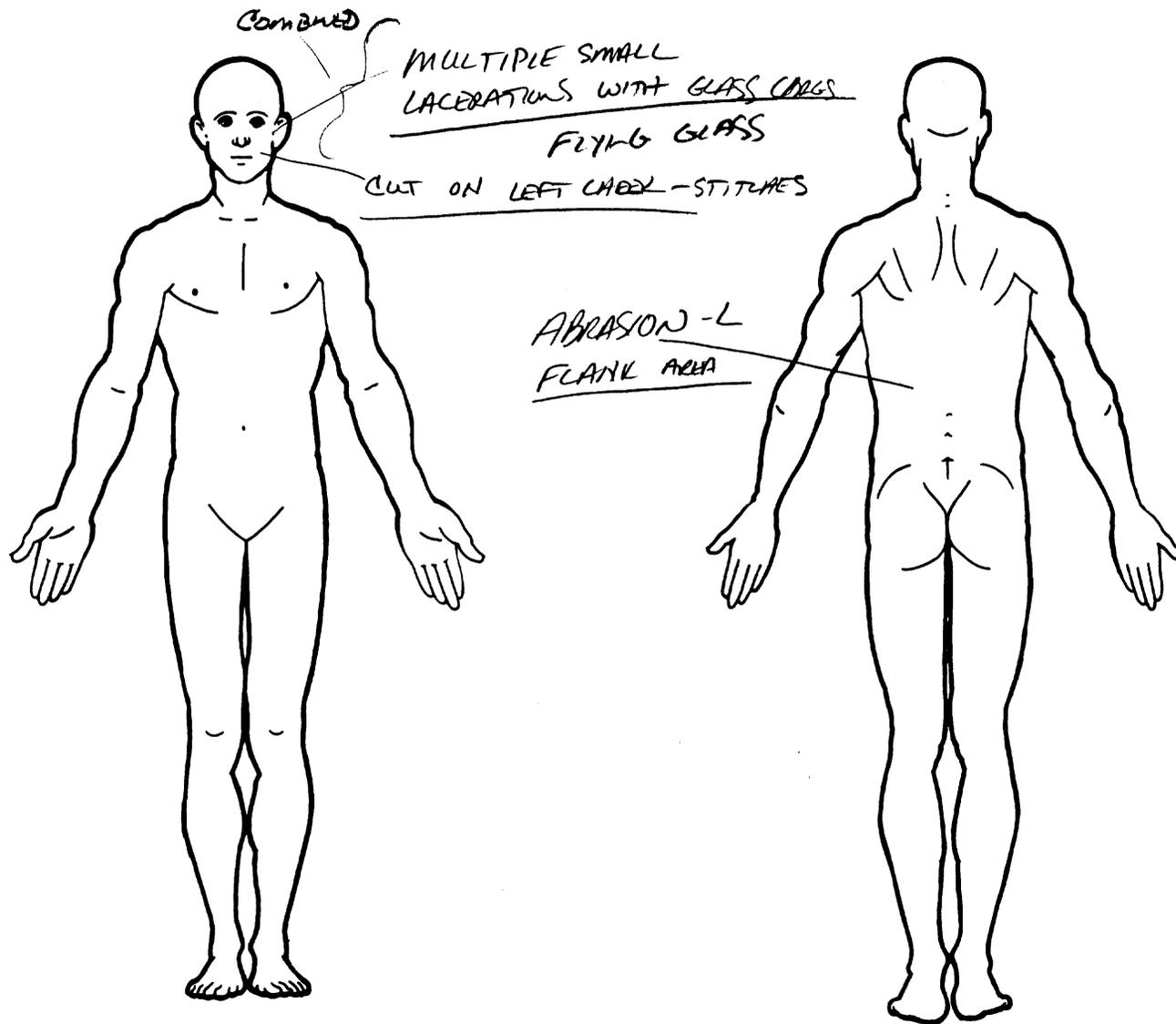
INJURY DATA

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

	Source of Injury Data	O.I.C. — A.I.S.				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>3</u>	6. <u>M</u>	7. <u>L</u>	8. <u>C</u>	9. <u>K</u>	10. <u>2</u>	11. <u>49</u>	12. <u>1</u>	13. <u>1</u>	14. <u>03</u>
2nd	15. <u>3</u>	16. <u>P</u>	17. <u>L</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>49</u>	22. <u>1</u>	23. <u>1</u>	24. <u>03</u>
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>W</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>91</u>	32. <u>1</u>	33. <u>3</u>	34. <u>00</u>
4th	35. <u>7</u>	36. <u>Q</u>	37. <u>L</u>	38. <u>S</u>	39. <u>J</u>	40. <u>1</u>	41. <u>97</u>	42. <u>9</u>	43. <u>7</u>	44. <u>00</u>
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___
16th	155. ___	156. ___	157. ___	158. ___	159. ___	160. ___	161. ___	162. ___	163. ___	164. ___
17th	165. ___	166. ___	167. ___	168. ___	169. ___	170. ___	171. ___	172. ___	173. ___	174. ___
18th	175. ___	176. ___	177. ___	178. ___	179. ___	180. ___	181. ___	182. ___	183. ___	184. ___
19th	185. ___	186. ___	187. ___	188. ___	189. ___	190. ___	191. ___	192. ___	193. ___	194. ___
20th	195. ___	196. ___	197. ___	198. ___	199. ___	200. ___	201. ___	202. ___	203. ___	204. ___

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

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

RIGHT SIDE

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
- (84) Ground
- (85) Other vehicle or object (specify): _____

NONCONTACT INJURY

- (86) Unknown vehicle or object
- (87) Injured, unknown source
- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

INJURY SOURCE

FRONT

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air cushion
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): STICK FROM BACK SEAT

ROOF

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

FLOOR

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

REAR

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

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 severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

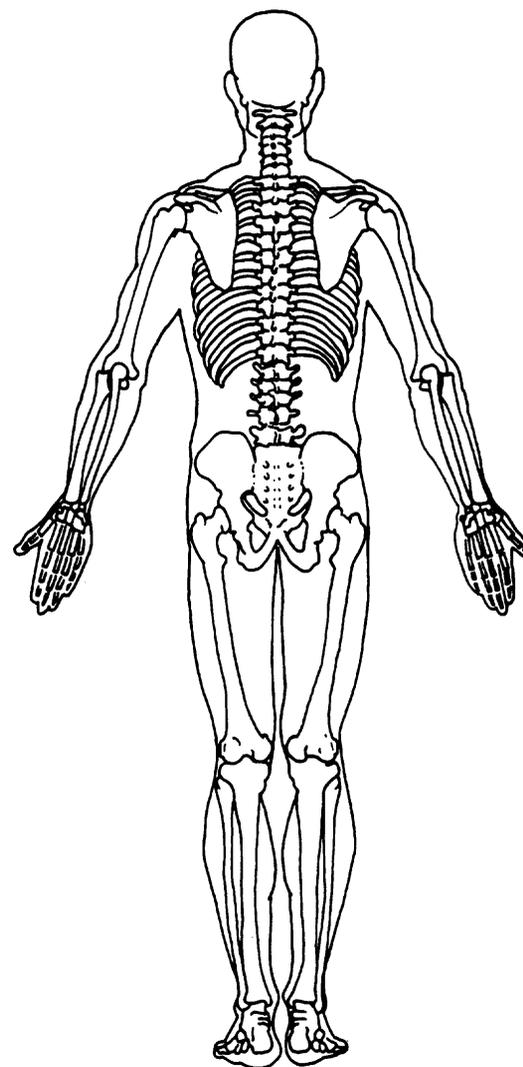
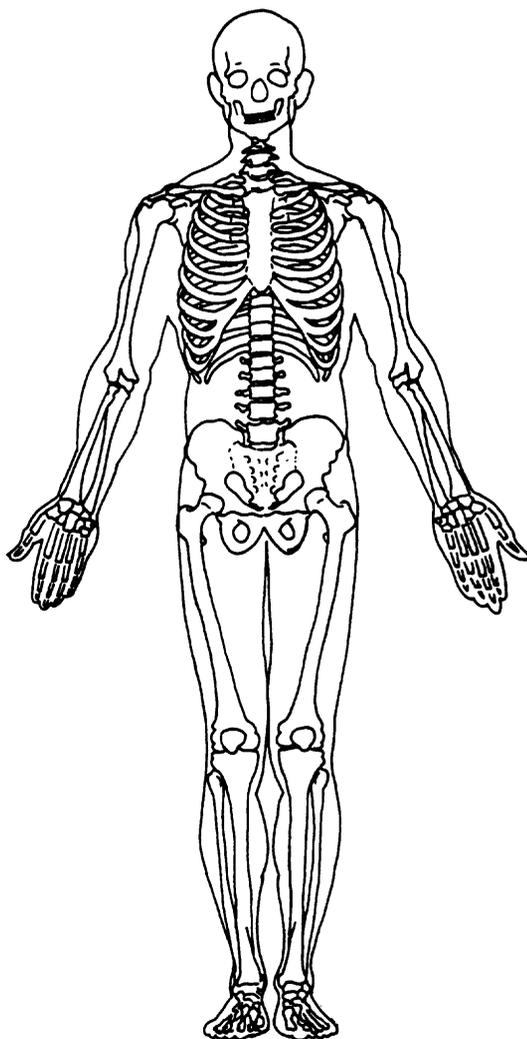
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

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

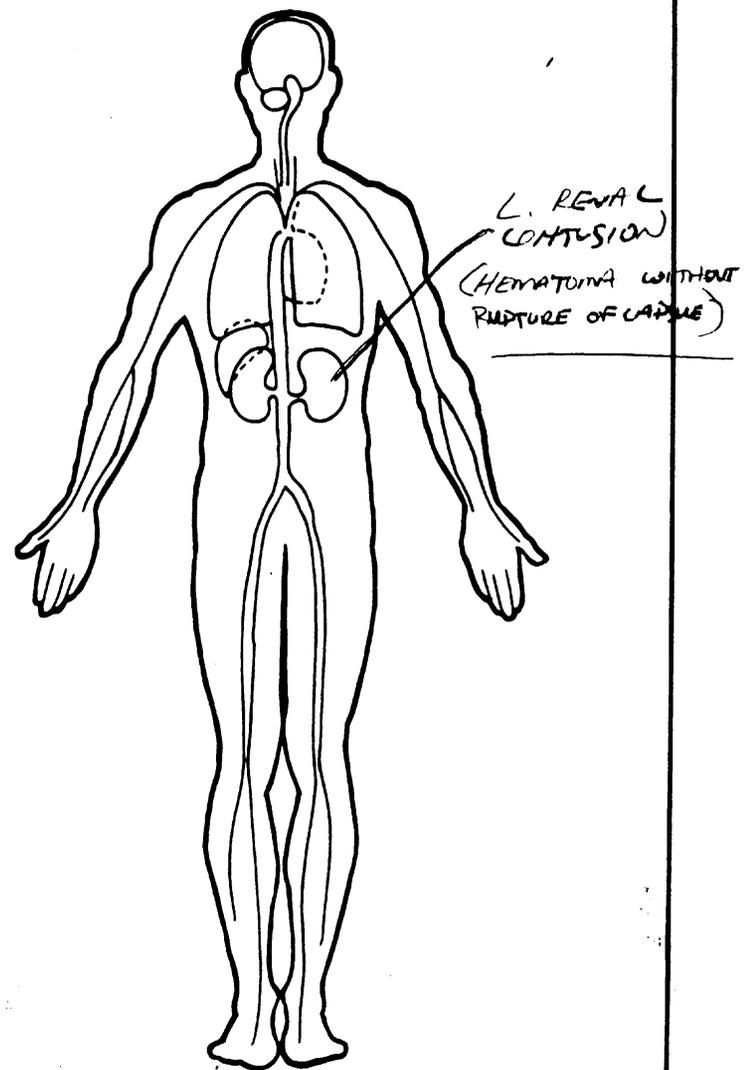
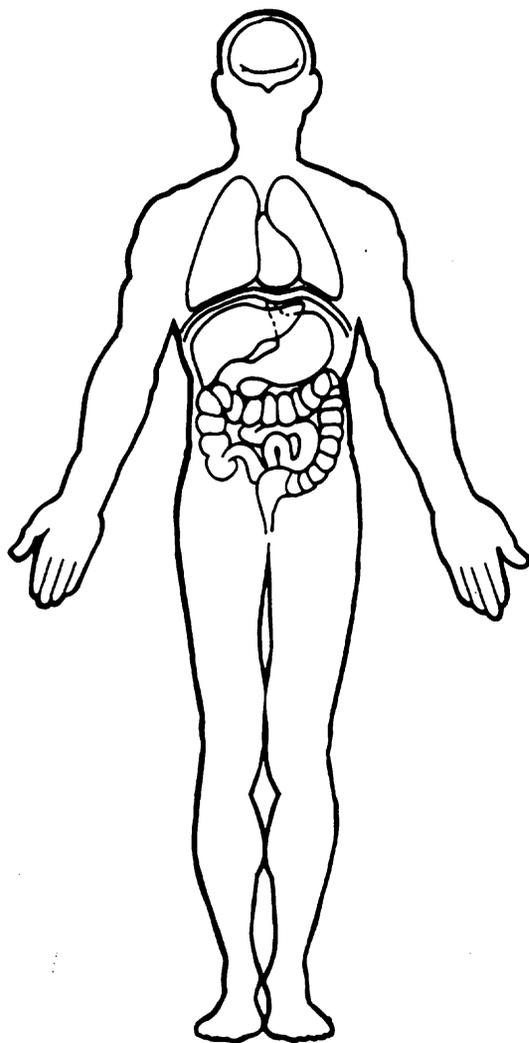
OFFICIAL INJURY DATA – SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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



CRASHPC PROGRAM SUMMARY

Identifying Title <u>44</u> Primary Sampling Unit	<u>113C</u> Case No. - Stratum	<u>01</u> Accident Event Sequence No.	<u>88</u> Date (mm dd yy)
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CRASHPC Vehicle Identification				
Vehicle 1	<u>84</u> Year	<u>DATSON</u> Make	<u>MAXIMA-4DR</u> Model	<u>1</u> NASS Veh. No.
Vehicle 2	<u>85</u> Year	<u>FORD</u> Make	<u>EXP</u> Model	<u>2</u> NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1				VEHICLE 2			
Size			<u>3</u>	Size			<u>1</u>
Weight	<u>2880</u>	+ <u>172</u>	+ - = <u>3052</u>	Weight	<u>2212</u>	+ <u>430</u>	+ - = <u>2642</u>
	Curb	Occupant(s)	Cargo		Curb	Occupant(s)	Cargo
CDC		<u>12</u>	<u>FYEW2</u>	CDC		<u>06</u>	<u>BDEW4</u>
PDOF			<u>-10</u>	PDOF			<u>180</u>
Stiffness			<u>3</u>	Stiffness			<u>1</u>

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1			VEHICLE 2		
Rest Position			Rest Position		
X	_____	_____	X	_____	_____
Y	_____	_____	Y	_____	_____
PSI	_____	_____	PSI	_____	_____
Impact Position			Impact Position		
X	_____	_____	X	_____	_____
Y	_____	_____	Y	_____	_____
PSI	_____	_____	PSI	_____	_____
Slip Angle	_____	_____	Slip Angle	_____	_____

VEHICLE MOTION

Sustained Contact No Yes

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

FRICITION INFORMATION

TRAJECTORY INFORMATION

Coefficient of Friction . ____ ____ ____
 Rolling Resistance Option ____

Vehicle 1 Rolling Resistance
 LF ____ . ____ ____ RF ____ . ____ ____
 LR ____ . ____ ____ RR ____ . ____ ____

Vehicle 2 Rolling Resistance
 LF ____ . ____ ____ RF ____ . ____ ____
 LR ____ . ____ ____ RR ____ . ____ ____

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

Vehicle 1 Steer Angles
 LF ____ ____ ____ RF ____ ____ ____
 LR ____ ____ ____ RR ____ ____ ____

Vehicle 2 Steer Angles
 LF ____ ____ ____ RF ____ ____ ____
 LR ____ ____ ____ RR ____ ____ ____

Terrain Boundary [] No [] Yes

First Point
 X ____ ____ ____ . ____ Y ____ ____ ____ . ____

Second Point
 X ____ ____ ____ . ____ Y ____ ____ ____ . ____

Secondary Friction Coefficient . ____ ____ ____

DAMAGE INFORMATION

	VEHICLE 1		VEHICLE 2
Damage Length	____ <u>62</u> . ____	Damage Length	____ <u>063</u> . <u>0</u>
Crush Depths	C1 <u>17</u> . <u>05</u> C2 <u>8</u> . <u>8</u> C3 <u>5</u> . <u>3</u> C4 <u>1</u> . <u>55</u> C5 <u>0</u> . <u>0</u> C6 <u>0</u> . <u>0</u>	Crush Depths	C1 <u>2</u> . <u>5</u> C2 <u>10</u> . <u>5</u> C3 <u>19</u> . <u>75</u> C4 <u>29</u> . <u>75</u> C5 <u>38</u> . <u>25</u> C6 <u>41</u> . <u>75</u>
Damage Offset	<u>0</u> ____ <u>00</u> . <u>0</u>	Damage Offset	<u>0</u> ____ <u>0</u> . ____

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

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

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

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

ERROR SUMMARY SCREEN

1986

CURRENT VERSION: 1.13

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

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

TITLE
44 113C

GENERAL INFORMATION

VEHICLE 1	
SIZE	3
WEIGHT	3052.
CDC	12FYEW2
PDOF	-10.00
STIFFNESS	3
CANCEL	ACCEPT

VEHICLE 2	
SIZE	1
WEIGHT	2642.
CDC	06BDEW4
PDOF	180.0
STIFFNESS	1
CANCEL	ACCEPT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

44 113C

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	25.7	-25.3	4.5	-10.0
	VEH #2	29.6	29.6	.0	-180.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 20038.2 FT-LB VEH#2:128795.6 FT-LB

PRESS ANY KEY TO CONTINUE

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

44 113C

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	25.7	-25.3	4.5	-10.0
	VEH #2	29.6	29.6	.0	-180.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 20038.2 FT-LB VEH#2:128795.6 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT T VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
WEIGHT----- 3052.0 LBS.
CDC-----12FYEW2
L----- 62.0 IN.
C1----- 17.0 IN.
C2----- 8.8 IN.
C3----- 5.3 IN.
C4----- 1.5 IN.
C5----- .0 IN.
C6----- .0 IN.
D----- .0
RHD----- 1.00 *
ANG----- -10.0 DEG.
D'----- -17.2 IN.

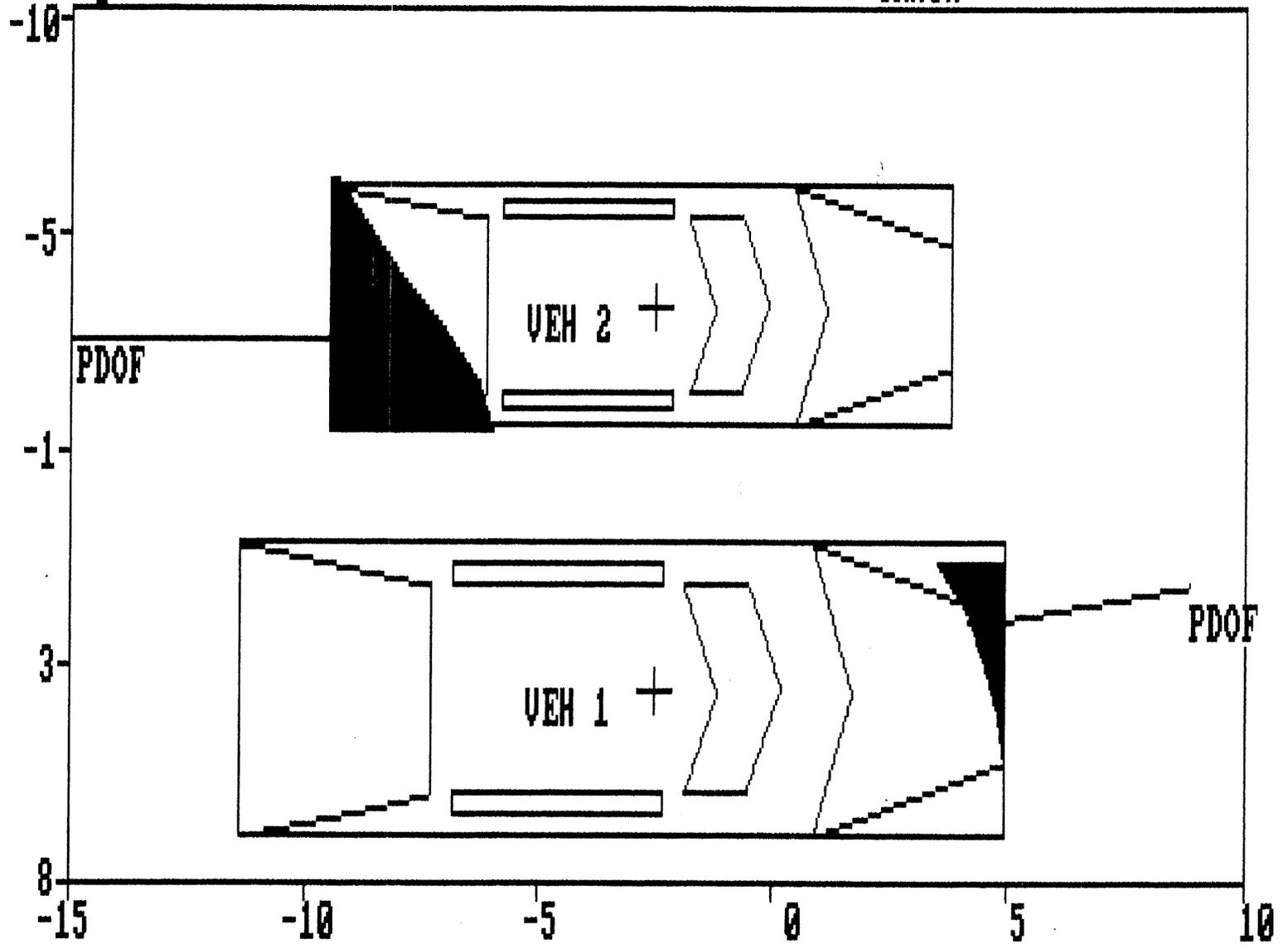
TYPE-----CATEGORY 1
WEIGHT----- 2642.0 LBS.
CDC-----068DEW4
L----- 63.0 IN.
C1----- 2.5 IN.
C2----- 10.5 IN.
C3----- 19.8 IN.
C4----- 29.8 IN.
C5----- 38.3 IN.
C6----- 41.8 IN.
D----- .0
RHD----- 1.00 *
ANG----- 180.0 DEG.
D'----- 9.3 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	45.1	IN.
B1	=	55.5	IN.	B2	=	48.1	IN.
TR1	=	58.9	IN.	TR2	=	51.1	IN.
I1	=	26377.7	LB-SEC**2-IN	I2	=	13780.2	LB-SEC**2-IN
M1	=	7.936	LB-SEC**2/IN	M2	=	6.869	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	76.0	IN.
XR1	=	-106.4	IN.	XR2	=	-83.8	IN.
YS1	=	36.3	IN.	YS2	=	30.4	IN.

Printing Picture:

CRASH



DAMAGE DESCRIPTION



PSU 44-113C (1988) #1



PSU 44-113C (1988) #2



PSU 44-113C (1986) #3



PSU 44-113C (1968) #4



PSU 44-113C (1988) #5



PSU 44-113C (1988) #6



PSU 44-113C (1988) #7
Best Available



PSU 44-113C (1986) #8
Best Available



PSU 44-113C (1988) #9
Best Available



PSU 44-113C (1988) #10
Best Available



PSU 44-113C (1988) #11



PSU 44-113C (1988) #12



PSU 44-113C (1988) #13
Best Available



**PSU 44-113C (1988) #14
Best Available**



PSU 44-113C (1988) #15



PSU 44-113C (1988) #16



PSU 44-113C (1988) #17



PSU 44-113C (1988) #18
Best Available



PSU 44-113C (1986) #19
Best Available



PSU 44-113C (1988) #20
Best Available



PSU 44-113C (1988) #21



PSU 44-113C (1988) #22
Best Available



PSU 44-113C (1988) #23



PSU 44-113C (1988) #24



PSU 44-113C (1988) #25



PSU 44-113C (1988) #26



PSU 44-113C (1988) #27



PSU 44-113C (1988) #28



PSU 44-113C (1988) #29



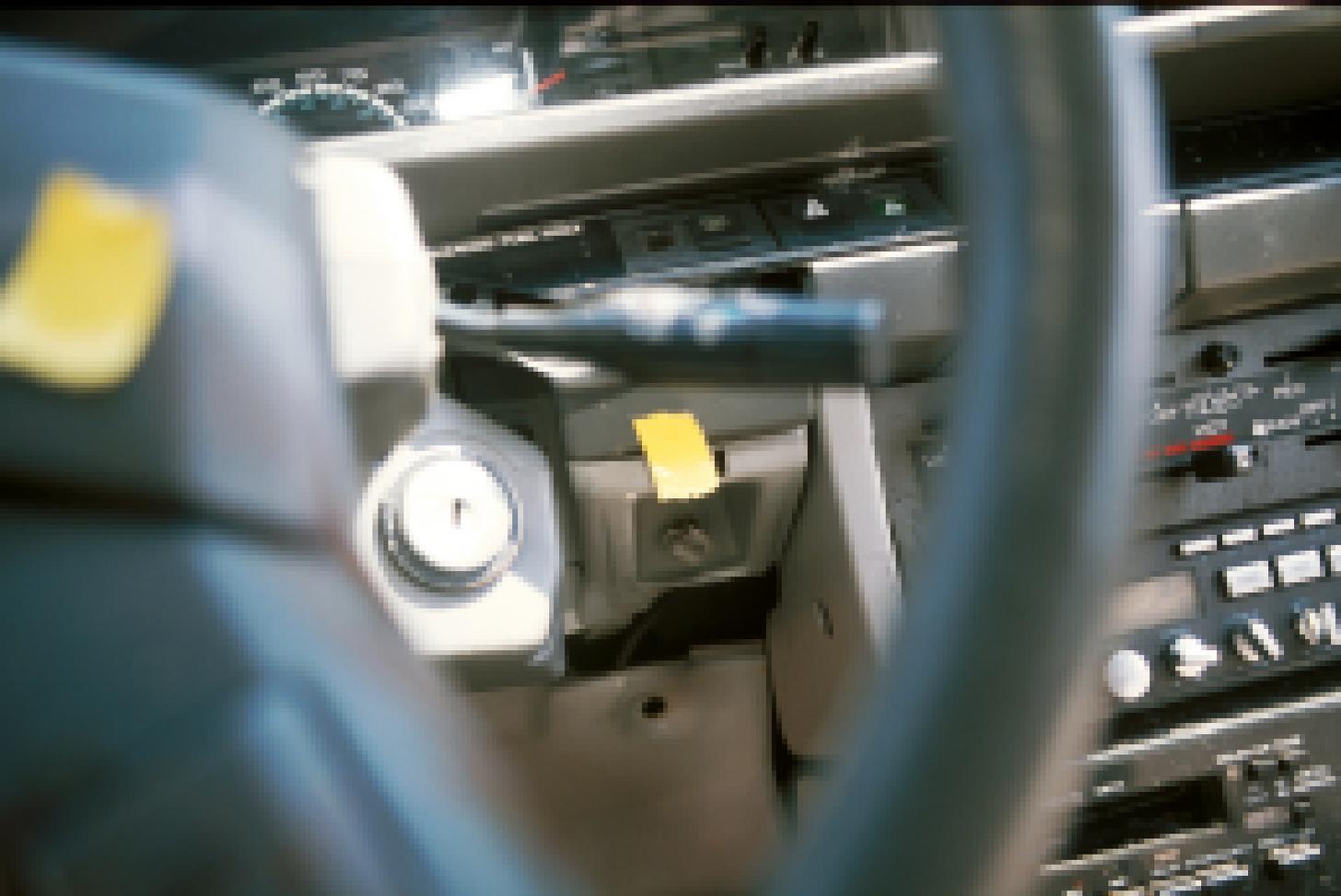
PSU 44-113C (1988) #30



PSU 44-113C (1988) #31



PSU 44-113C (1968) #32



PSU 44-113C (1988) #33



PSU 44-113C (1988) #34



PSU 44-113C (1988) #35



PSU 44-113C (1988) #36



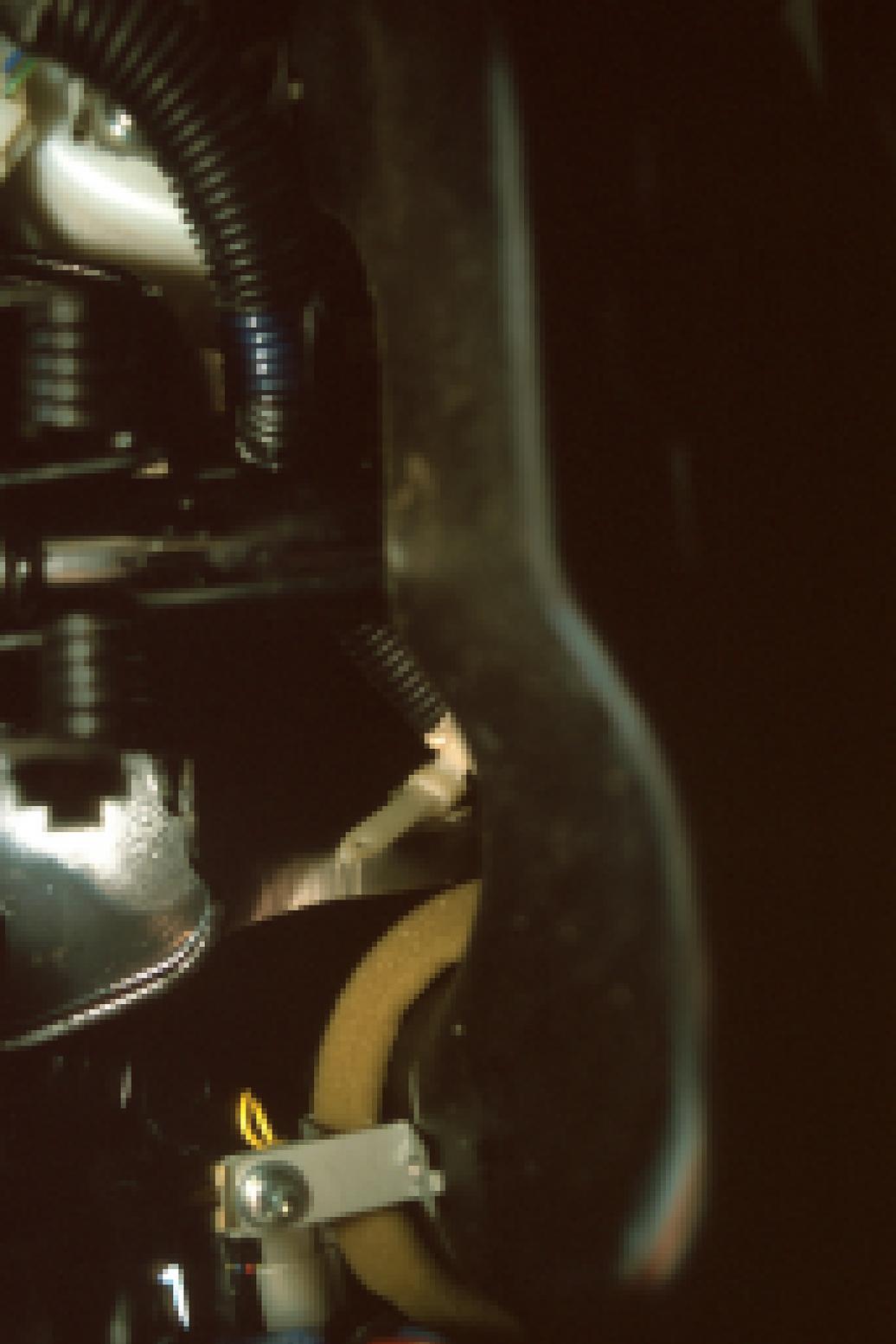
PSU 44-113C (1988) #37



PSU 44-113C (1988) #38



PSU 44-113C (1988) #39



PSU 44-113C (1988) #40



PSU 44-113C (1988) #41
Best Available



PSU 44-113C (1988) #42
Best Available



**PSU 44-113C (1988) #43
Best Available**



**PSU 44-113C (1988) #44
Best Available**



PSU 44-113C (1988) #45



PSU 44-113C (1988) #46



**PSU 44-113C (1988) #47
Best Available**



PSU 44-113C (1988) #48



PSU 44-113C (1988) #49



PSU 44-113C (1988) #50



**PSU 44-113C (1988) #51
Best Available**



PSU 44-113C (1988) #52



PSU 44-113C (1988) #53
Best Available



PSU 44-113C (1988) #54
Best Available



PSU 44-113C (1988) #55
Best Available



PSU 44-113C (1988) #56
Best Available



PSU 44-113C (1988) #57
Best Available



PSU 44-113C (1968) #58
Best Available



PSU 44-113C (1988) #59



PSU 44-113C (1988) #60



PSU 44-113C (1988) #61



PSU 44-113C (1988) #62



PSU 44-113C (1988) #63



PSU 44-113C (1988) #64



PSU 44-113C (1988) #65



PSU 44-113C (1988) #66



PSU 44-113C (1988) #67



PSU 44-113C (1988) #68



PSU 44-113C (1988) #69



PSU 44-113C (1988) #70



PSU 44-113C (1988) #71



PSU 44-113C (1968) #72



PSU 44-113C (1988) #73



PSU 44-113C (1988) #74



PSU 44-113C (1988) #75



PSU 44-113C (1988) #78