



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 79 CASE NO. 059A TYPE OF ACCIDENT single car - roll over

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.)

Veh travelling NB on an Interstate began a clockwise spin and ran off the right side of the road -- landing with its left side. Veh then rolled 2 quarter turns down a steep embankment striking small trees and a chain link fence. final rest was on its top across another street adjacent to the interstate.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Intermediate	85/mercedes/190E	all	major	none

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	drv	front left	none	head	lacer	1	windshield
1	pass	front right	none	face	contusions	1	inst. panel
1	pass	back left	unk	skull	fx	4	interior roof
1	pass	back right	none	skull	fx	4	ground

DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING
CRASHWORTHINESS DATA

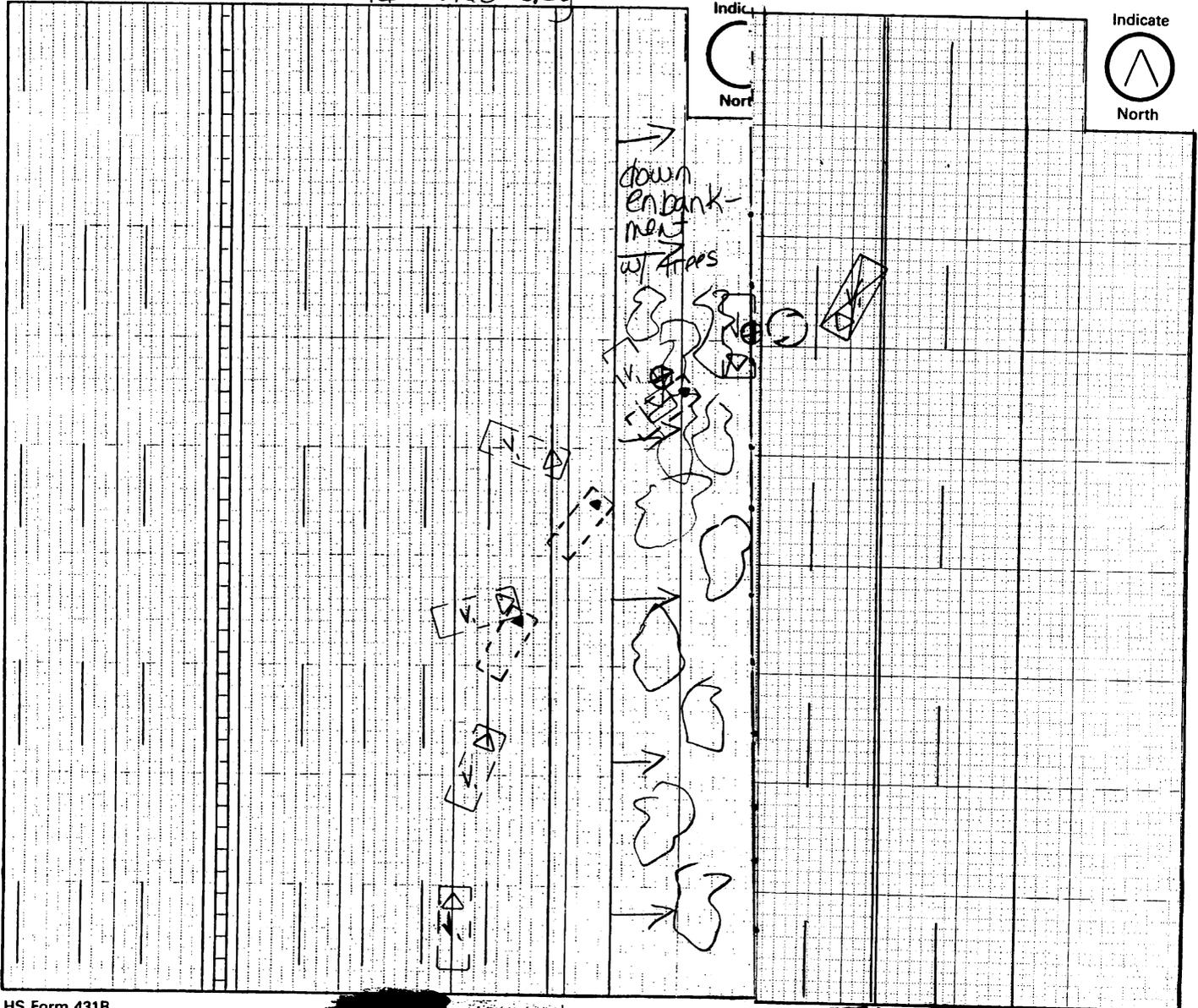
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

COLLISION DIAGRAM

PSU No. 79

Case Number - Stratum 059A *rb lanes only*





EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>79</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum _____	

VEHICLE IDENTIFICATION

VIN WDBDA24C7FF [REDACTED] Model Year 85
 Vehicle Make (specify): Mercedes Vehicle Model (specify): 190 E.

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
<u>3</u>	<u>all</u>	<u>all veh</u>
<u>1</u>	<u>all left</u>	<u>all left</u>
<u>2</u>	<u>unk fence impact</u>	

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.

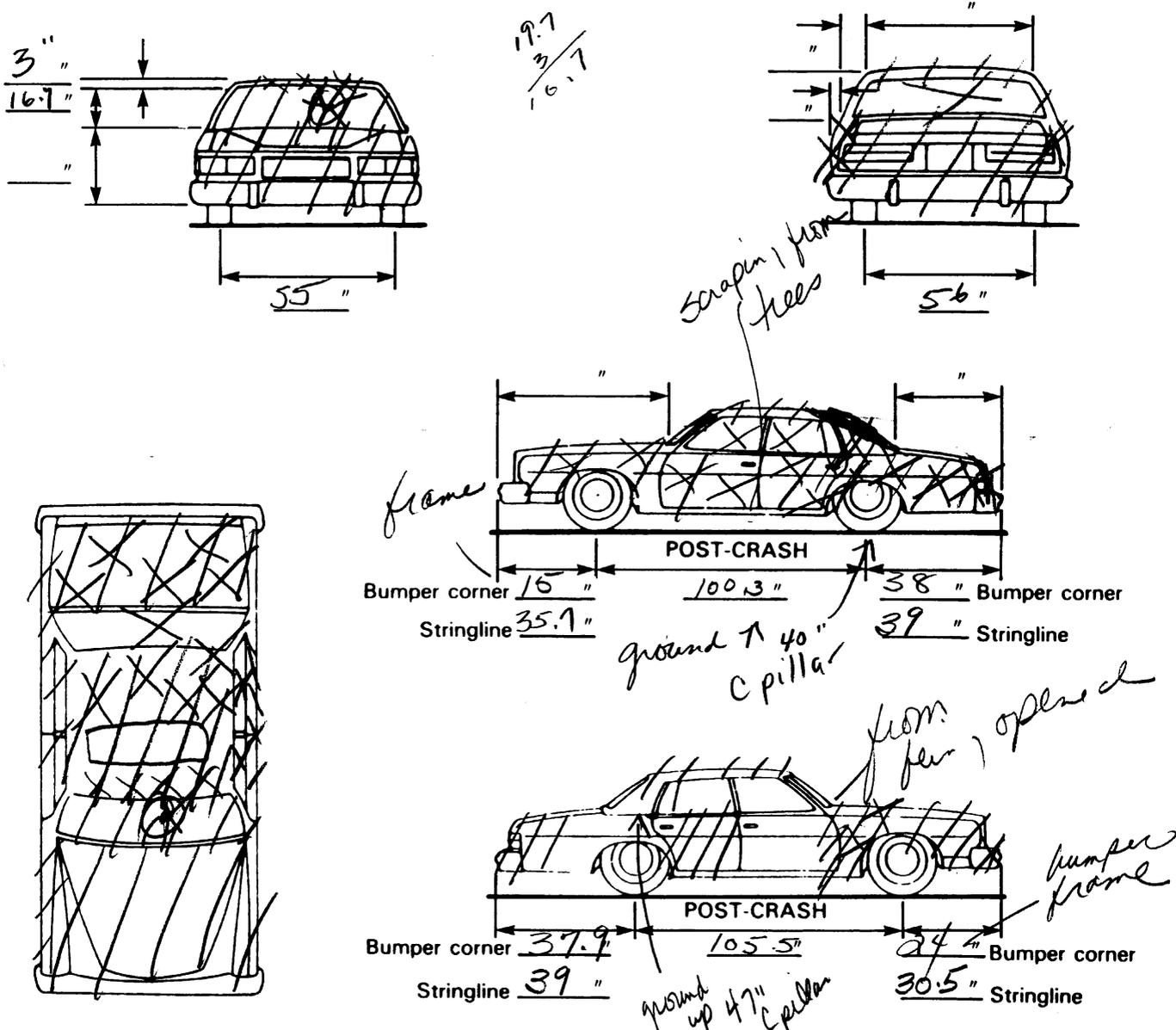
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile. *C pillar side*

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								
<u>3</u>	<u>Top</u>		<u>7"</u>								<u>0</u>
<u>1</u>	<u>left - all</u>		<u>tree</u>								
<u>2</u>	<u>- impact w/ fence</u>										

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>1</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>104.9</u> Overall Length <u>175</u> Maximum Width _____ Curb Weight <u>copy ?? 2655</u> Average Track <u>bad 55.5</u> Front Overhang _____ Rear Overhang <u>39</u> Engine Size: cyl./ displ. <u>4 2.3/140.3</u> Undeformed End Width _____		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° LR ± <u>0</u> ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>0</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.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30 – Vehicle Number

Noncollision

(31) Overturn – rollover

(32) Fire or explosion

(33) Jackknife

(34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision with Fixed Object

(41) Tree (≤4 inches in diameter)

(42) Tree (>4 inches in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤4 inches in diameter)

(51) Pole or post (>4 but ≤12 inches in diameter)

(52) Pole or post (>12 inches in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or Culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision With Nonfixed Object

(71) Motor vehicle not in transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance (specify):

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (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
03	31	000000	00	I	YD	AD	O	04
01	41	43? non-horiz 870	00	LF	D	A	W	01
02	57	000	00	LF	9D	9E	9W	991
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---

03

rest



1. Primary Sampling Unit Number 79

2. Case Number – Stratum 059A

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 98

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (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):

2-6-7

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 1 7. LR 3 8. RR 2 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 4 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 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0

20. BL 6 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 1

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 2 33. RF 0 34. LR 2 35. RR 2

36. BL 2 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):

does not indicate AS-3 tinted

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 2 43. RR 2

44. BL 1 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

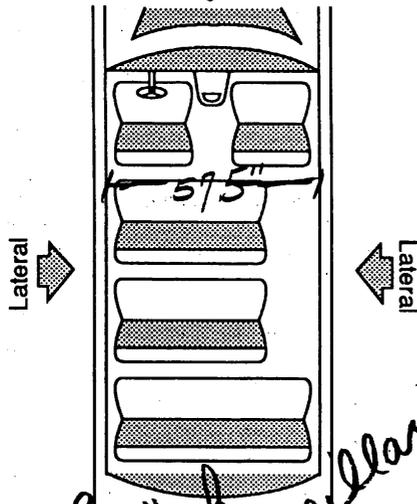
(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET

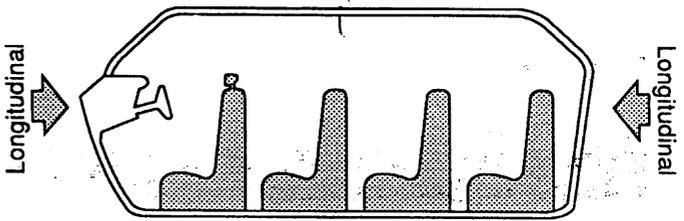
TOP VIEW

Longitudinal



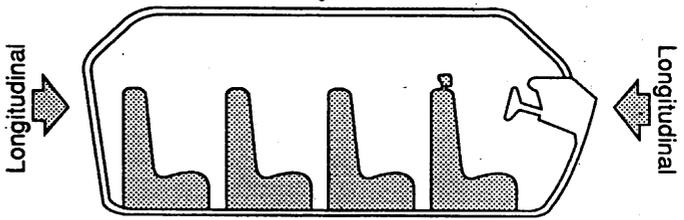
LEFT SIDE VIEW

Vertical



RIGHT SIDE VIEW

Vertical



$$\frac{7.9}{1.5} = 5.27$$

$$\frac{17.1}{59.5} = 0.287$$

stands out 4" near of B pillar

INTRUDED COMPONENT	LOCATION OF INTRUSION	DOMINANT CRUSH DIRECTION	COMPARISON VALUE	INTRUDED VALUE	= INTRUSION
<i>C pillar</i>	<i>23</i>	<i>lat</i>	<i>18.1</i>	<i>15.</i>	<i>= 3.1</i>
<i>- -</i>	<i>23</i>	<i>vert</i>	<i>12</i>	<i>9.2</i>	<i>= 2.8 X</i>
<i>Bl frame</i>	<i>21</i>	<i>vert</i>	<i>12</i>	<i>8</i>	<i>= 4</i>
<i>✓</i>	<i>22</i>	<i>↓</i>	<i>12</i>	<i>7.5</i>	<i>= 4.5</i>
<i>✓</i>	<i>23</i>	<i>↓</i>	<i>12</i>	<i>12</i>	<i>= 0 X</i>
<i>back door w/ frame</i>	<i>21</i>	<i>vert</i>	<i>18</i>	<i>14.</i>	<i>= 4</i>
<i>roof</i>	<i>21</i>	<i>vert</i>	<i>16</i>	<i>12</i>	<i>= 4</i>
	<i>22</i>	<i>↓</i>	<i>16</i>	<i>11.5</i>	<i>= 4.5</i>
	<i>23</i>	<i>↓</i>	<i>16</i>	<i>16</i>	<i>= 0 X</i>
<i>WS/ seat</i>					<i>=</i>
<i>back seat</i>					<i>=</i>
					<i>=</i>
					<i>=</i>

(6)
(3) ✓
(1) ✓
(5)
(4) ✓
(2) ✓

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>22</u>	48. <u>18</u>	49. <u>2</u>	50. <u>1</u>
2nd	51. <u>22</u>	52. <u>12</u>	53. <u>2</u>	54. <u>1</u>
3rd	55. <u>21</u>	56. <u>18</u>	57. <u>2</u>	58. <u>1</u>
4th	59. <u>21</u>	60. <u>12</u>	61. <u>2</u>	62. <u>1</u>
5th	63. <u>21</u>	64. <u>16</u>	65. <u>2</u>	66. <u>1</u>
6th	67. <u>23</u>	68. <u>08</u>	69. <u>2</u>	70. <u>3</u>
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): _____

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



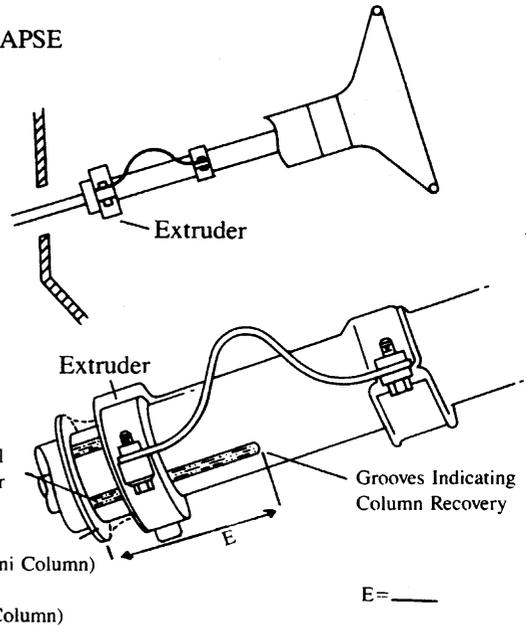
SHEAR CAPSULE



Left —

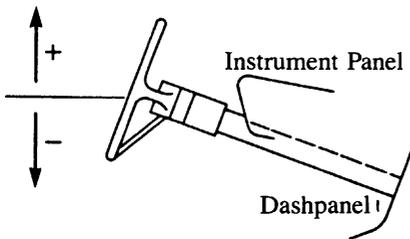
Right — $V = \text{_____}$ "

Direction and Magnitude of Steering Column Movement

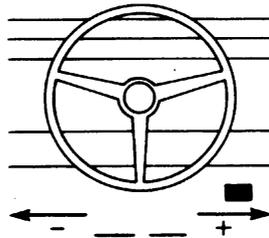


STEERING COLUMN MOVEMENT

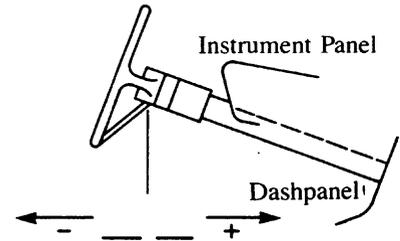
Vertical Movement



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

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

1

(9) Unknown

88. Steering Column Collapse Due to Occupant Loading

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

00

See slides

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
- 00

90. Lateral Movement

+ 00
- 00

91. Longitudinal Movement

+ 00
- 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

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

0

93. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

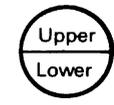
Quarter Sections

- (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

55220 miles – Code mileage to the nearest 1,000 miles

255,000

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

Source: Same

95. Instrument Panel Damage from Occupant Contact

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

1

96. Knee Bolsters Deformed from Occupant Contact

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

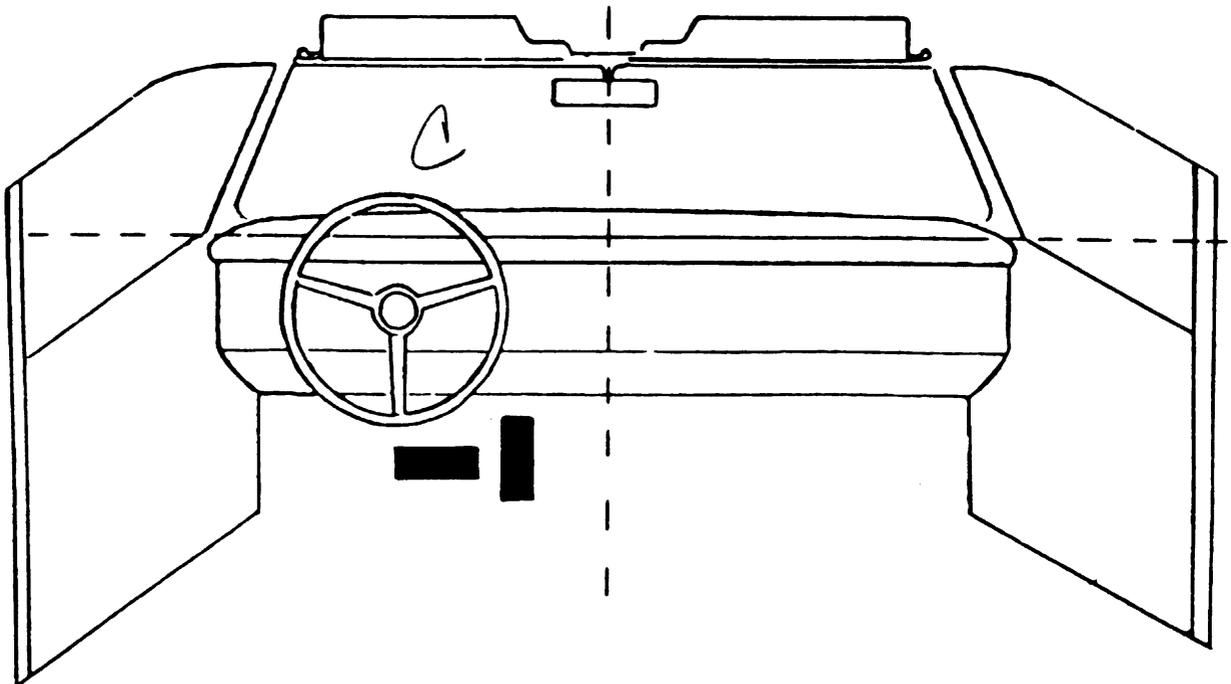
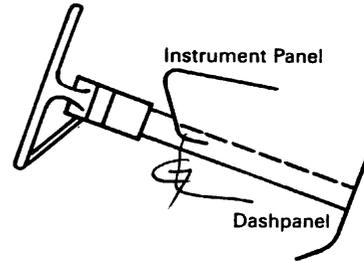
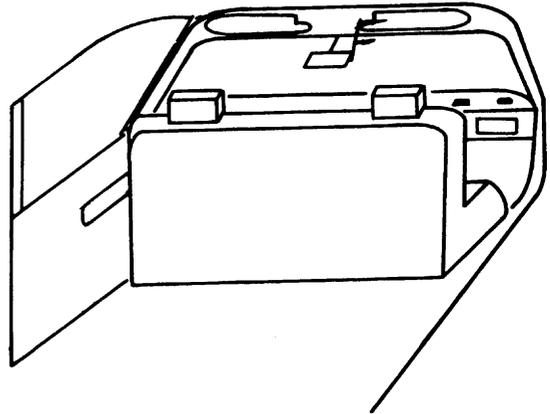
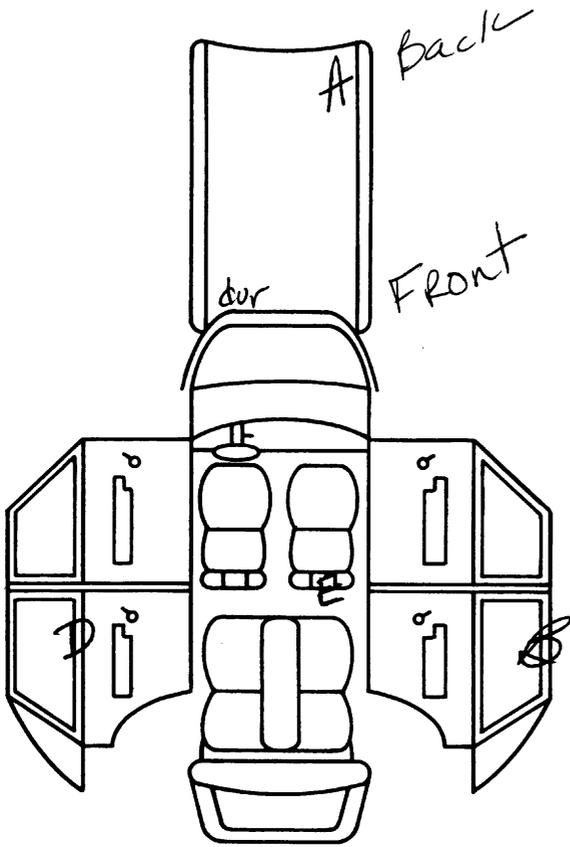
8

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

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

0

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 54	Roof	23	head	embedded glass blood	1
B 30	pass door	23	head	embedded knee shin blood	1
C 01	WS	11	head	spider web	1
D 20	pass door	21		Went (possible induced)	3
E 44	pass head rest	23	-	deformed	1
F 50	WS header	13	-	embedded glass blood	1
G 09	Left knee dash	11		Scuffing	1
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	0	04
	Failure Modes	1		1
SECOND	Availability	4	3	4
	Use	04	00	04
	Failure Modes	1	1	1
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					

<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>
--	--

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	4
	Seat Type	01	00	01
	Seat Performance	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	2-H	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):

C-pillar-lat

[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	03 21 ^{seat}	04 23 ^{seat position}				
Ejection	2	1				
Ejection Area	6	6				
Ejection Medium	3	3				
Medium Status	2	2				

Ejection

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

Ejection Area

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

(7) Roof

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

- (9) Unknown

Ejection Medium

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

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 79 3. Vehicle Number 01
 2. Case Number - Stratum 059A 4. Occupant Number 01

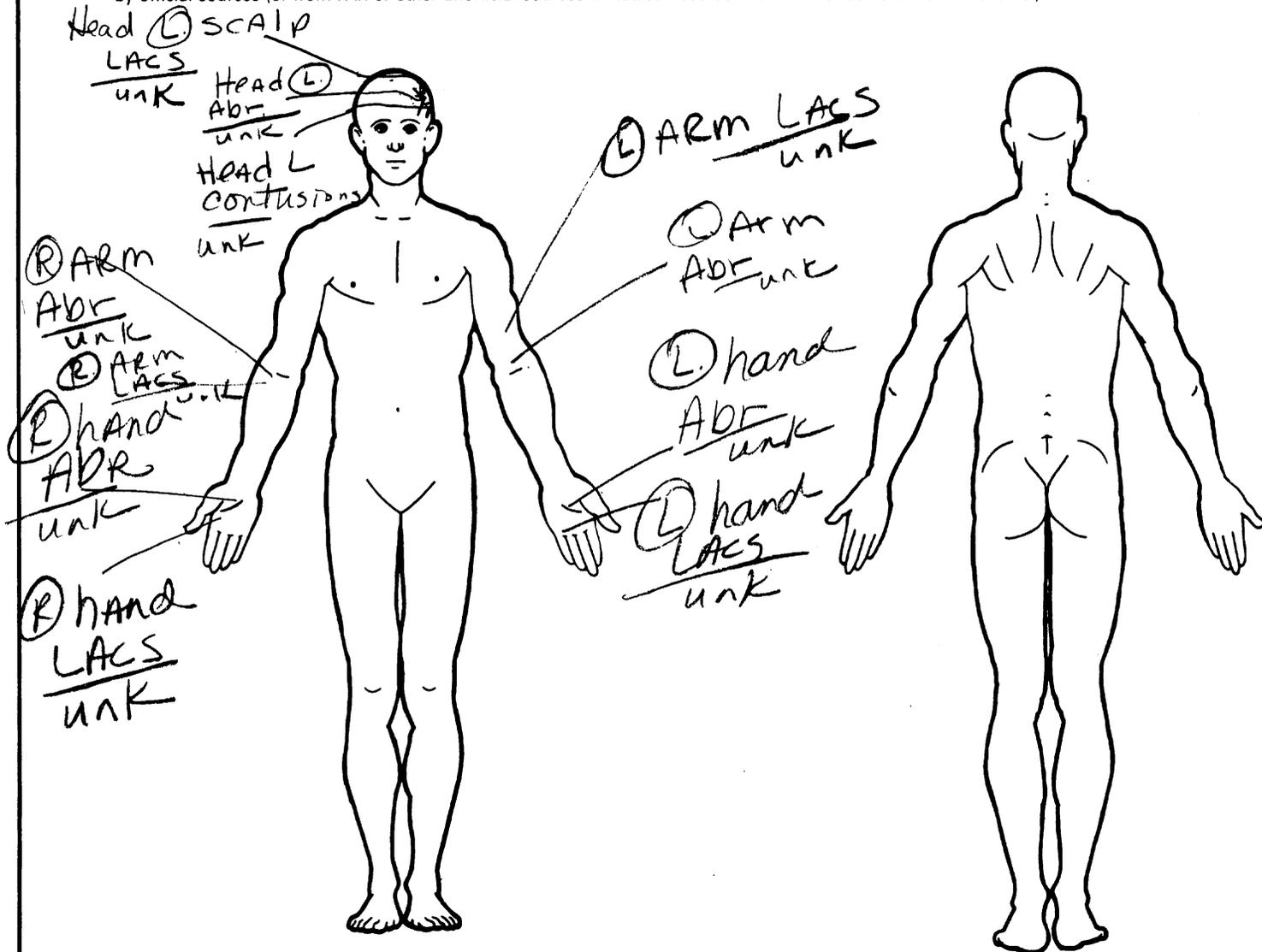
INJURY DATA

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>9</u>	6. <u>H</u>	7. <u>L</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>01</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>9</u>	16. <u>H</u>	17. <u>L</u>	18. <u>C</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>9</u>	26. <u>H</u>	27. <u>L</u>	28. <u>A</u>	29. <u>I</u>	30. <u>1</u>	31. <u>01</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>9</u>	36. <u>W</u>	37. <u>L</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. <u>9</u>	46. <u>W</u>	47. <u>R</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>91</u>	52. <u>1</u>	53. <u>3</u>	54. <u>00</u>
6th	55. <u>9</u>	56. <u>W</u>	57. <u>L</u>	58. <u>L</u>	59. <u>I</u>	60. <u>1</u>	61. <u>91</u>	62. <u>1</u>	63. <u>3</u>	64. <u>00</u>
7th	65. <u>9</u>	66. <u>W</u>	67. <u>R</u>	68. <u>A</u>	69. <u>I</u>	70. <u>1</u>	71. <u>91</u>	72. <u>1</u>	73. <u>3</u>	74. <u>00</u>
8th	75. <u>9</u>	76. <u>X</u>	77. <u>L</u>	78. <u>L</u>	79. <u>I</u>	80. <u>1</u>	81. <u>91</u>	82. <u>1</u>	83. <u>3</u>	84. <u>00</u>
9th	85. <u>9</u>	86. <u>X</u>	87. <u>R</u>	88. <u>A</u>	89. <u>I</u>	90. <u>1</u>	91. <u>91</u>	92. <u>1</u>	93. <u>3</u>	94. <u>00</u>
10th	95. <u>9</u>	96. <u>X</u>	97. <u>L</u>	98. <u>A</u>	99. <u>I</u>	100. <u>1</u>	101. <u>91</u>	102. <u>1</u>	103. <u>3</u>	104. <u>00</u>
11th	105. <u>9</u>	106. <u>X</u>	107. <u>R</u>	108. <u>L</u>	109. <u>I</u>	110. <u>1</u>	111. <u>91</u>	112. <u>1</u>	113. <u>3</u>	114. <u>00</u>
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

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

NONCONTACT INJURY

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

- (97) Injured, unknown source

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): _____

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

Aspect of Injury

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

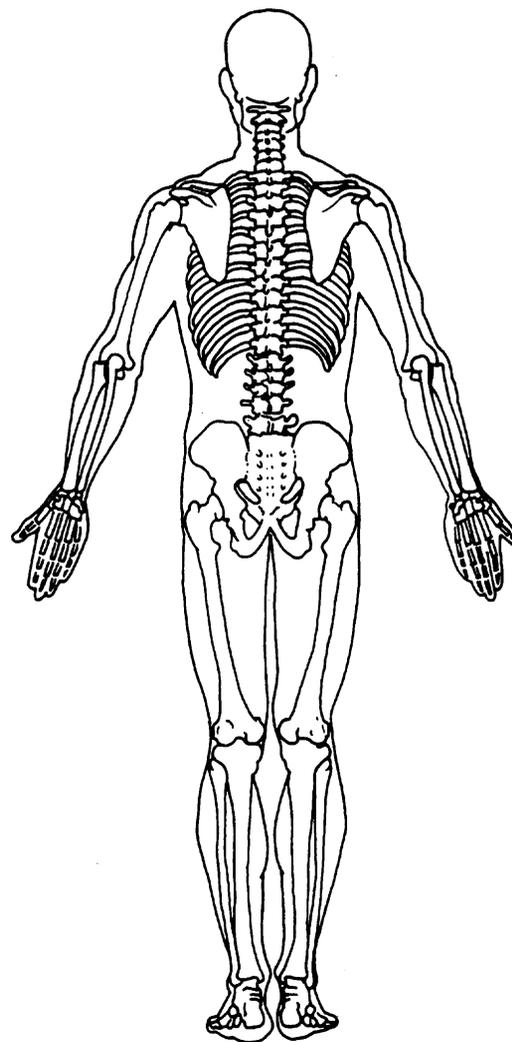
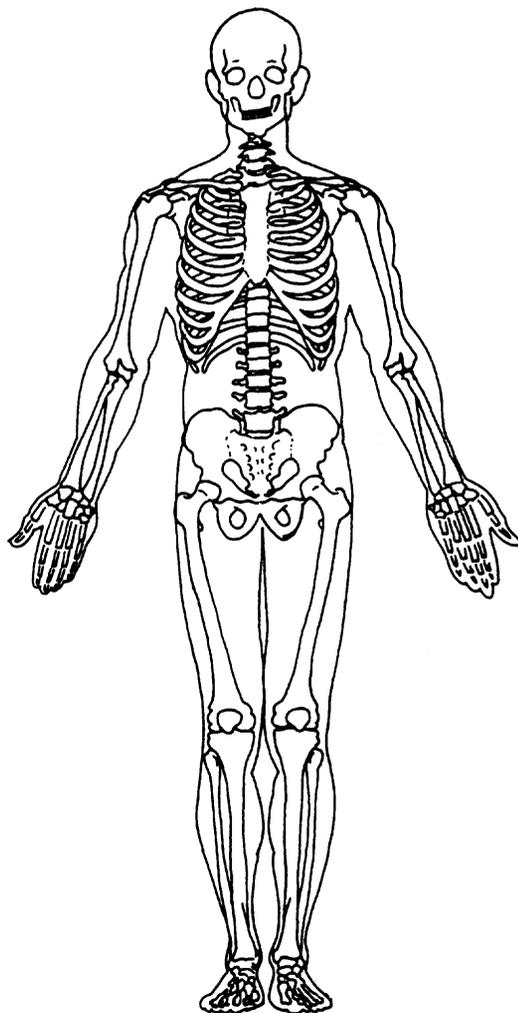
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

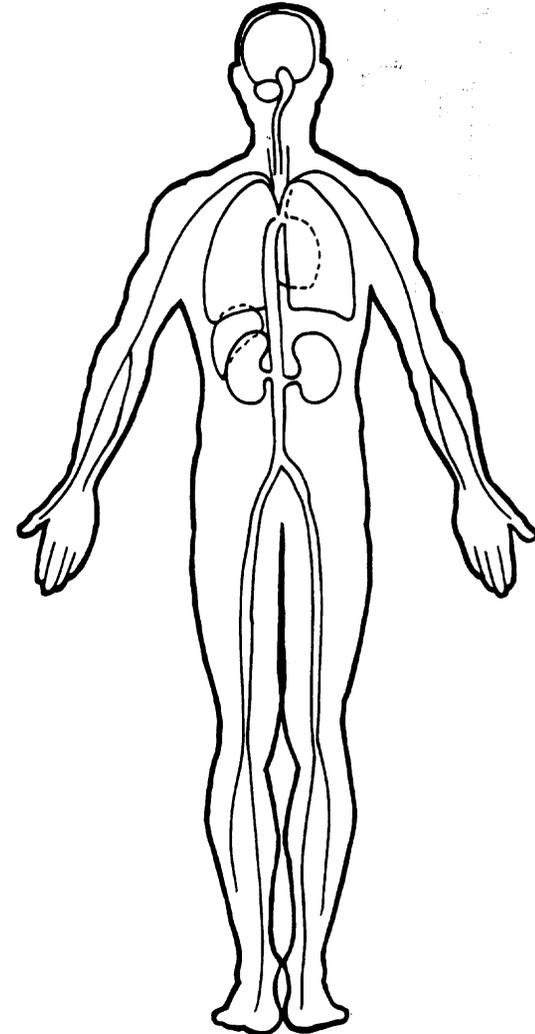
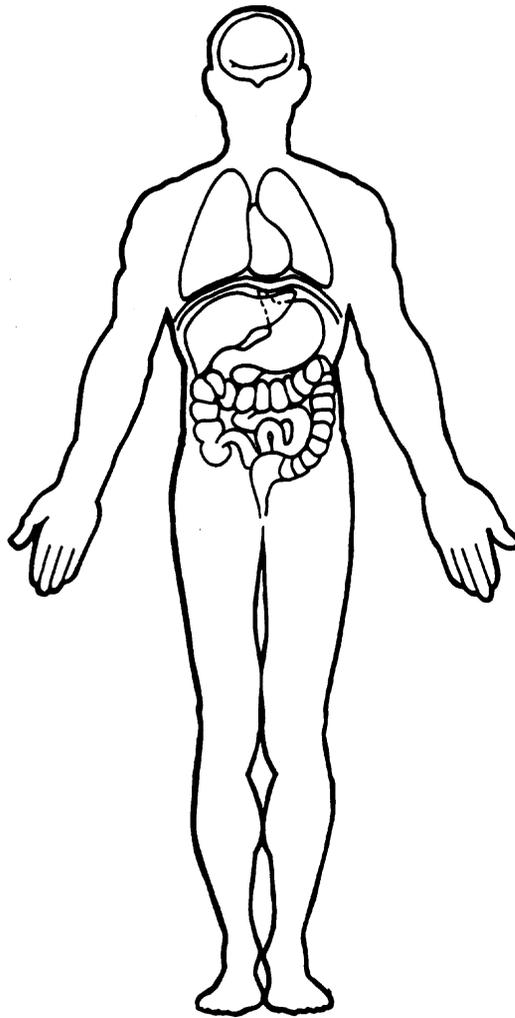
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





UPDATE FORM

1. Primary Sampling Unit Number
2. Case Number – Stratum
3. Vehicle Number
4. Occupant Number

79
059A
01
01

1986

Driver or Occupant Name: _____

Address: _____

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

O.I.C. – A.I.S.

Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
1st	5. P	6. H	7. L	8. L	9. I	10. 1	11. 01	12. 1	13. 1	14. 00
2nd	15. —	16. H	17. L	18. C	19. —	20. —	21. 01	22. —	23. —	24. —
3rd	25. —	26. H	27. L	28. A	29. —	30. —	31. 01	32. —	33. —	34. —
4th	35. —	36. W	37. C	38. L	39. —	40. —	41. 91	42. —	43. —	44. —
5th	45. —	46. W	47. R	48. A	49. —	50. —	51. —	52. —	53. —	54. —
6th	55. —	56. W	57. L	58. L	59. —	60. —	61. —	62. —	63. —	64. —
7th	65. —	66. W	67. R	68. A	69. —	70. —	71. —	72. —	73. —	74. —
8th	75. —	76. X	77. L	78. L	79. —	80. —	81. —	82. —	83. —	84. —
9th	85. —	86. X	87. R	88. A	89. —	90. —	91. —	92. —	93. —	94. —
10th	95. —	96. X	97. L	98. A	99. —	100. —	101. —	102. —	103. —	104. —

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	119	97	OA35. Treatment – Mortality	04	04
OA05. Occupant's Age	25	25	OA36. Type of Medical Facility (for Initial Treatment)		1
OA06. Occupant's Sex	1	1	OA37. Hospital Stay	00	00
OA07. Occupant's Height	69	69	OA38. Working Days Lost	99	99
OA08. Occupant's Weight	150	150	OA39. Time to Death	00	00
OA17. Manual (Active) Belt System Availability	4	4	OA40. 1st Medically Reported Cause of Death	00	00
OA18. Manual (Active) Belt System Use	00	00	OA41. 2nd Medically Reported Cause of Death	00	00
OA21. Automatic (Passive) Restraint System Availability	0	0	OA42. 3rd Medically Reported Cause of Death	00	00
OA22. Automatic (Passive) Restraint Function	0	0	OA43. Number of Recorded Injuries for This Occupant	11	08

INJURY DATA

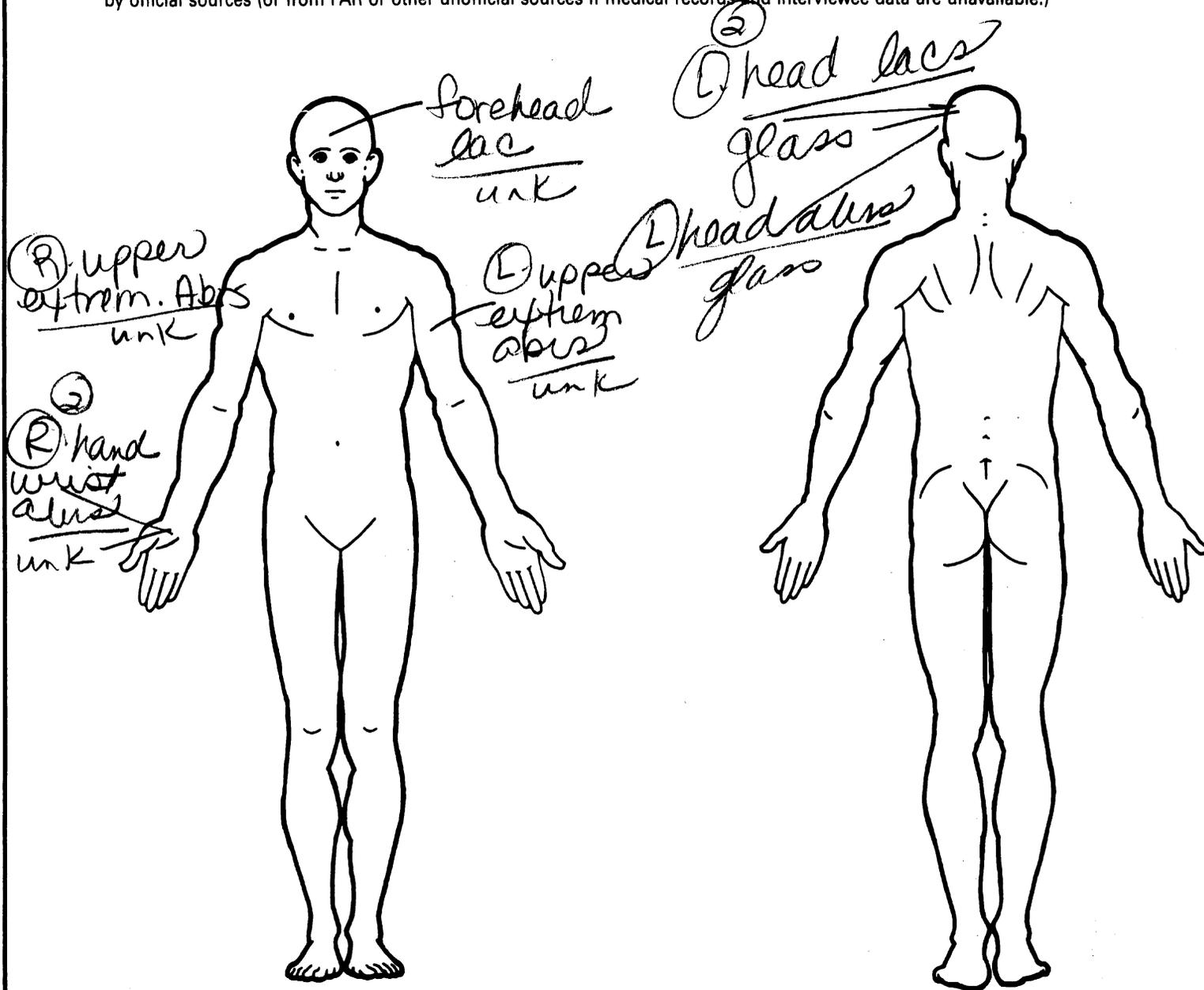
Record below the actual injuries sustained by this occupant that were identified from the unofficial and official sources prior to initial case submission and from subsequently acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	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>H</u>	7. <u>L</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>01</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>H</u>	17. <u>L</u>	18. <u>⓪^c</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>H</u>	27. <u>L</u>	28. <u>A</u>	29. <u>I</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>W</u>	37. <u>R</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>91</u>	42. <u>1</u>	43. <u>2</u>	44. <u>00</u>
5th	45. <u>3</u>	46. <u>W</u>	47. <u>R</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>91</u>	52. <u>1</u>	53. <u>3</u>	54. <u>00</u>
6th	55. <u>3</u>	56. <u>X</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>91</u>	62. <u>1</u>	63. <u>3</u>	64. <u>00</u>
7th	65. <u>3</u>	66. <u>X</u>	67. <u>L</u>	68. <u>A</u>	69. <u>I</u>	70. <u>1</u>	71. <u>91</u>	72. <u>1</u>	73. <u>3</u>	74. <u>00</u>
8th	75. <u>3</u>	76. <u>F</u>	77. <u>S</u>	78. <u>L</u>	79. <u>I</u>	80. <u>1</u>	81. <u>97</u>	82. <u>9</u>	83. <u>7</u>	84. <u>99</u>
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. ___

If greater than 20 injuries, code additional on Occupant Injury Data Supplement.

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): _____

- (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

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): _____

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

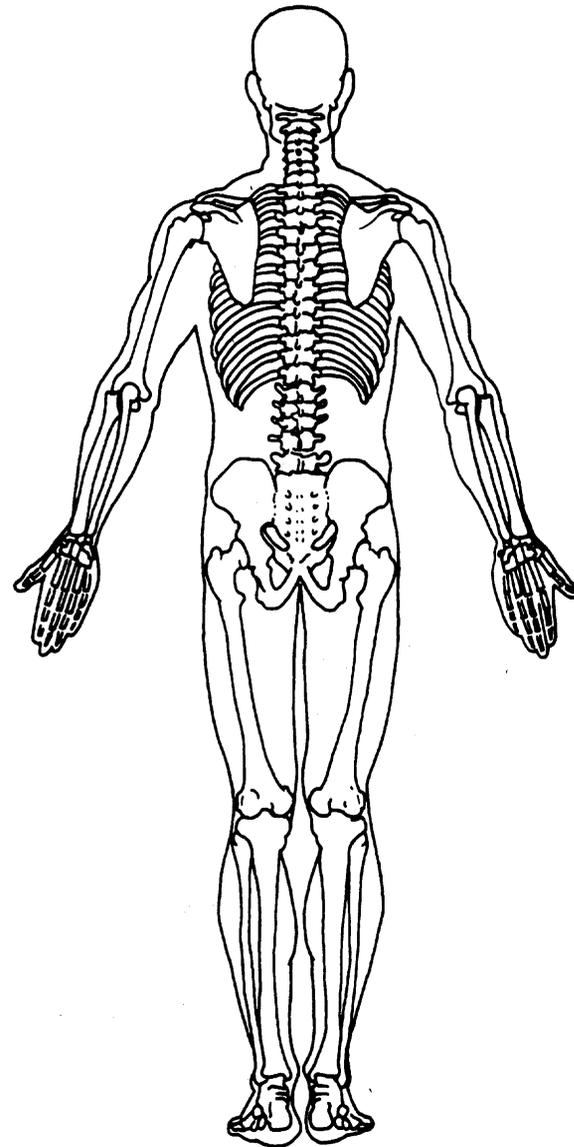
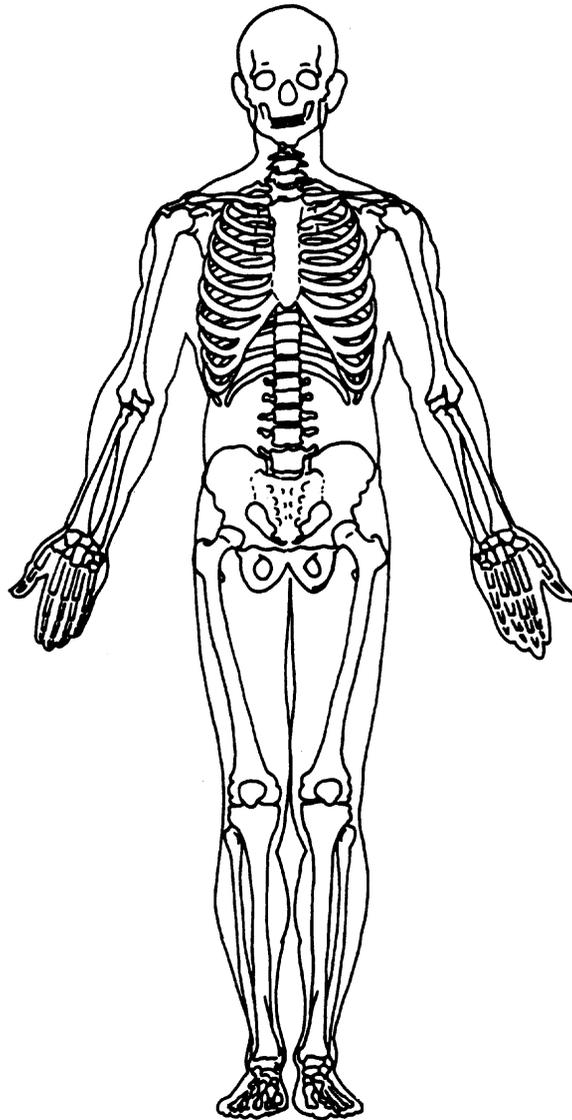
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

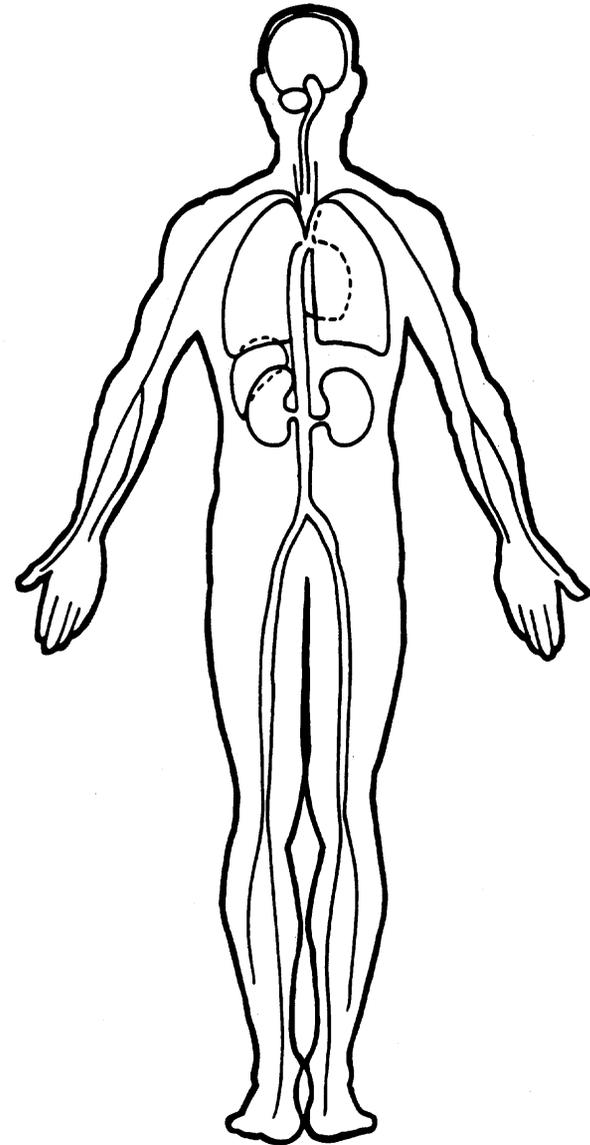
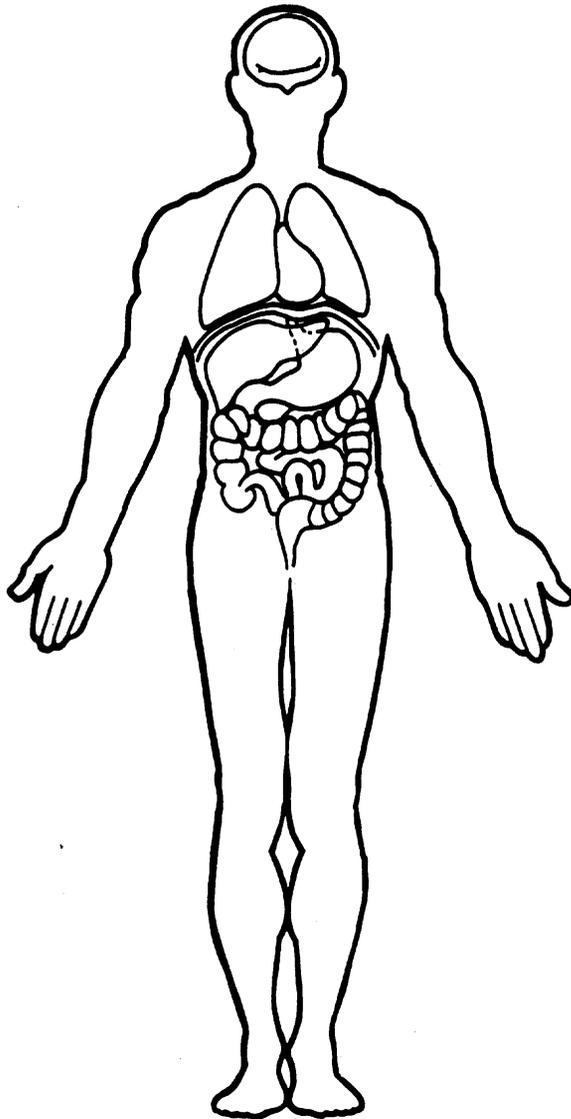
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>79</u> 2. Case Number—Stratum <u>059A</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>02</u>
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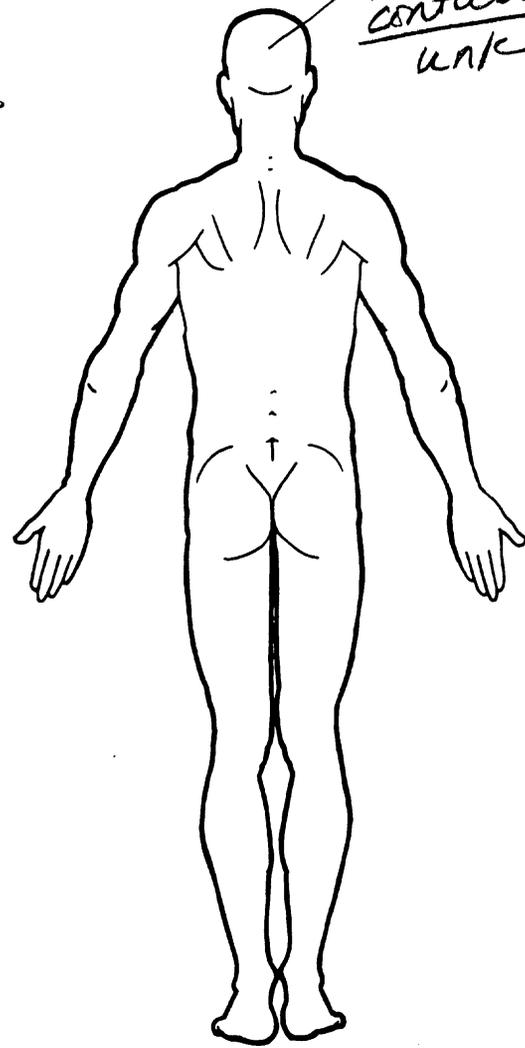
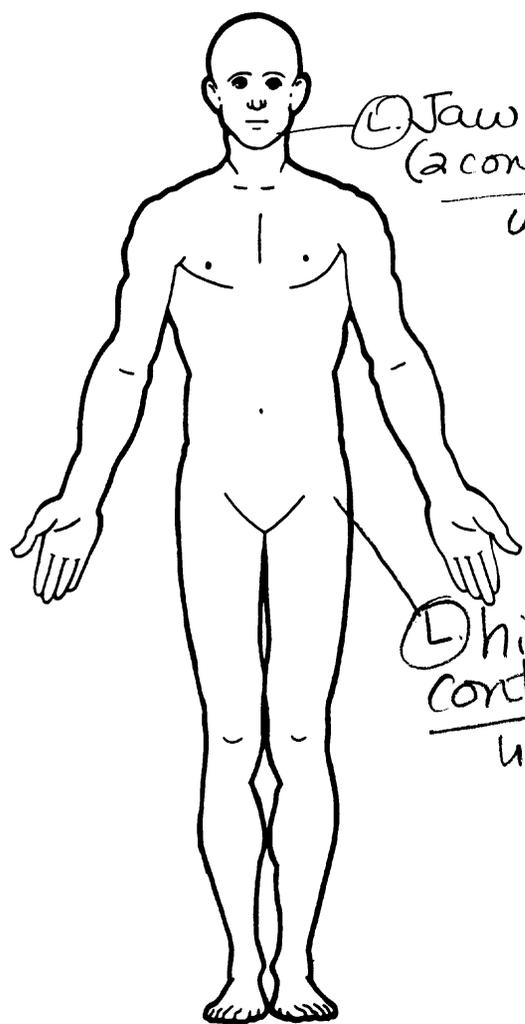
INJURY DATA

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>9</u>	6. <u>E</u>	7. <u>L</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>09</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>	
2nd	15. <u>9</u>	16. <u>E</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>09</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>	
3rd	25. <u>9</u>	26. <u>H</u>	27. <u>P</u>	28. <u>C</u>	29. <u>I</u>	30. <u>L</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>00</u>	
4th	35. <u>9</u>	36. <u>B</u>	37. <u>I</u>	38. <u>U</u>	39. <u>U</u>	40. <u>1</u>	41. <u>97</u>	42. <u>9</u>	43. <u>7</u>	44. <u>00</u>	
5th	45. <u>9</u>	46. <u>P</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</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

(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

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

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

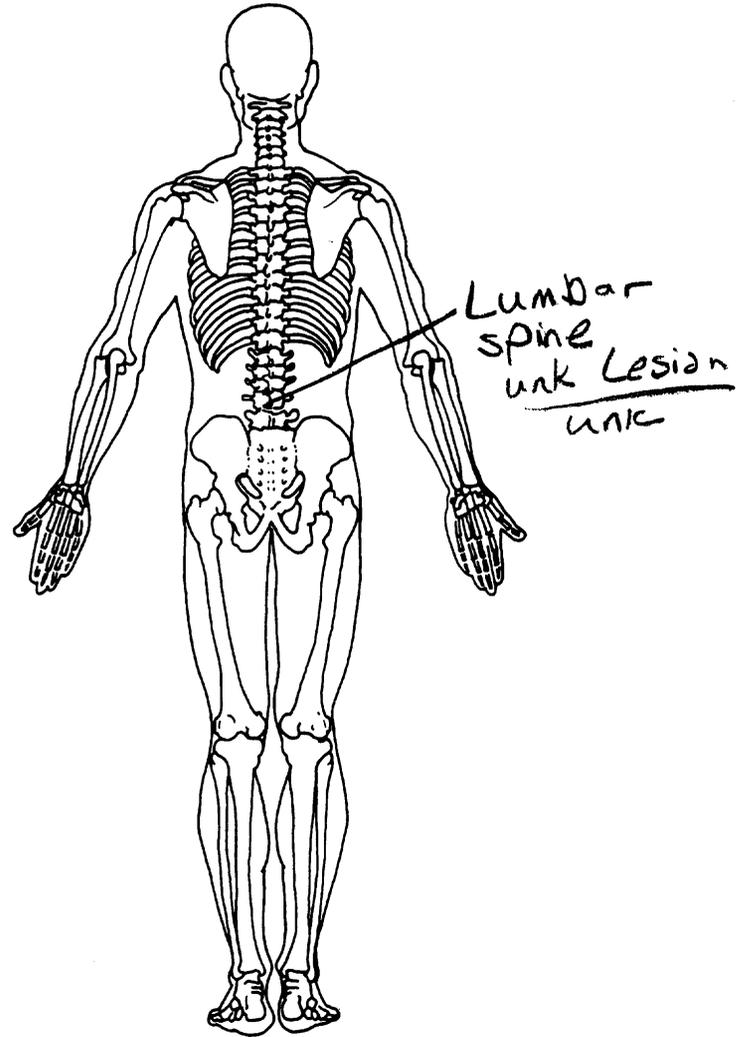
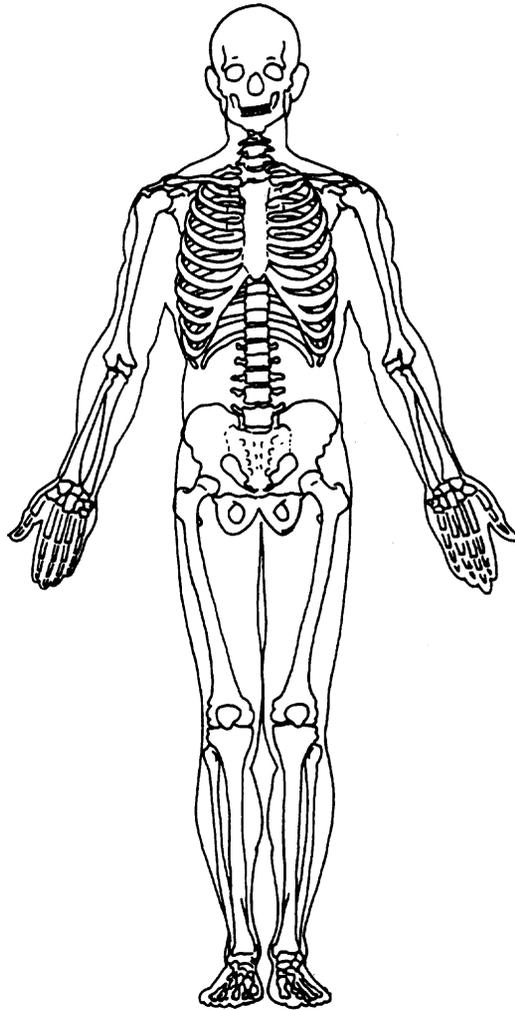
(V) Vertebrae

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

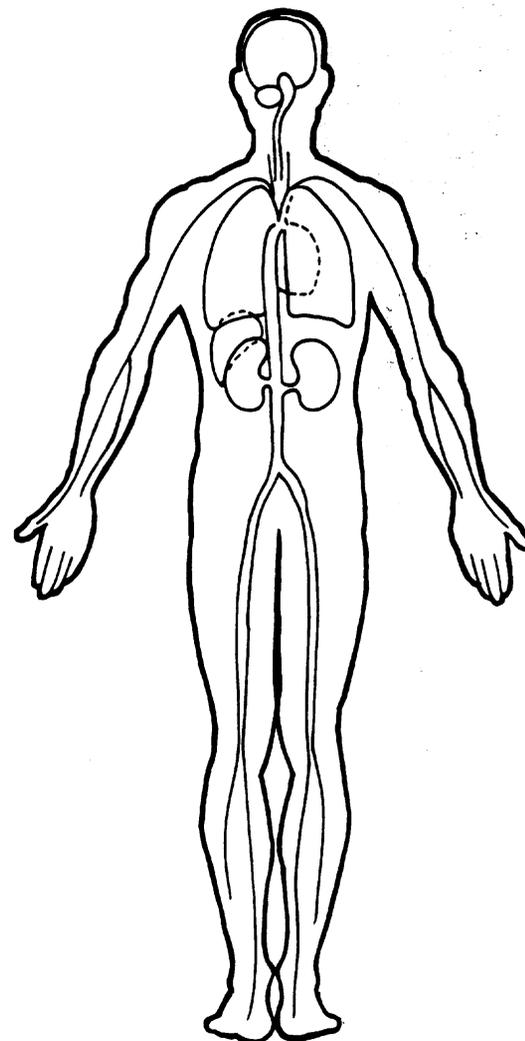
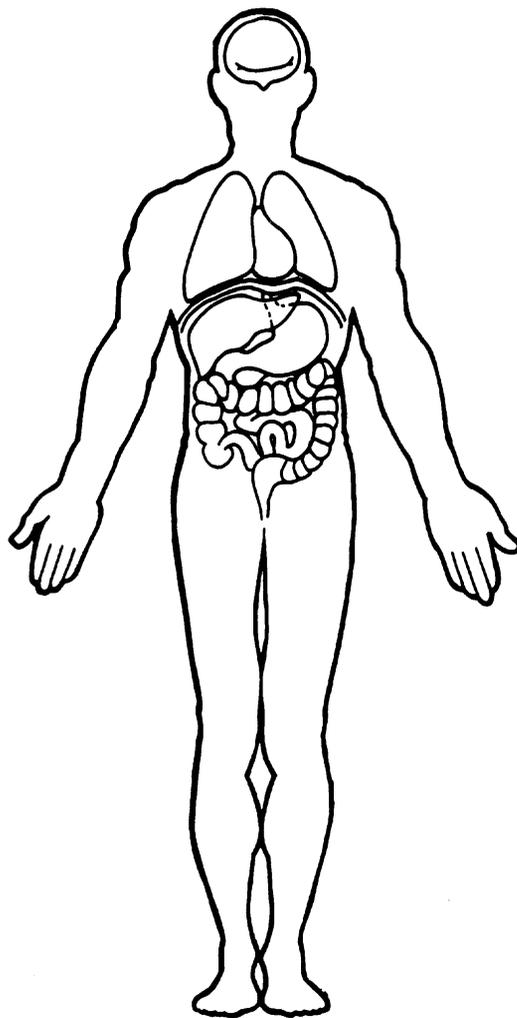
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





UPDATE FORM

1. Primary Sampling Unit Number	<u>79</u>	Driver or Occupant Name	[REDACTED]
2. Case Number - Stratum	<u>05 9A</u>	Address:	[REDACTED]
3. Vehicle Number	<u>01</u>	Other Information:	[REDACTED]
4. Occupant Number	<u>02</u>		

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	O.I.C. - A.I.S.										Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source						
1st	5. <u>9</u>	6. <u>F</u>	7. <u>L</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>09</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>			
2nd	15. <u>9</u>	16. <u>F</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>09</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>			
3rd	25. <u>9</u>	26. <u>H</u>	27. <u>P</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>00</u>			
4th	35. <u>9</u>	36. <u>B</u>	37. <u>I</u>	38. <u>L</u>	39. <u>U</u>	40. <u>1</u>	41. <u>97</u>	42. <u>9</u>	43. <u>7</u>	44. <u>20</u>			
5th	45. <u>9</u>	46. <u>P</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</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. ___			

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>97</u>	<u>12</u>	OA35. Treatment - Mortality	<u>03</u>	<u>03</u>
OA05. Occupant's Age	<u>25</u>	<u>25</u>	OA36. Type of Medical Facility (for Initial Treatment)		<u>1</u>
OA06. Occupant's Sex	<u>99</u>	<u>99</u>	OA37. Hospital Stay	<u>99</u>	<u>07</u>
OA07. Occupant's Height	<u>99</u>	<u>99</u>	OA38. Working Days Lost	<u>99</u>	<u>99</u>
OA08. Occupant's Weight	<u>999</u>	<u>130</u>	OA39. Time to Death	<u>00</u>	<u>00</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	<u>4</u>	OA40. 1st Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA18. Manual (Active) Belt System Use	<u>00</u>	<u>00</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA21. Automatic (Passive) Restraint System Availability	<u>0</u>	<u>0</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA22. Automatic (Passive) Restraint Function	<u>0</u>	<u>0</u>	OA43. Number of Recorded Injuries for This Occupant	<u>05</u>	<u>02</u>

INJURY DATA

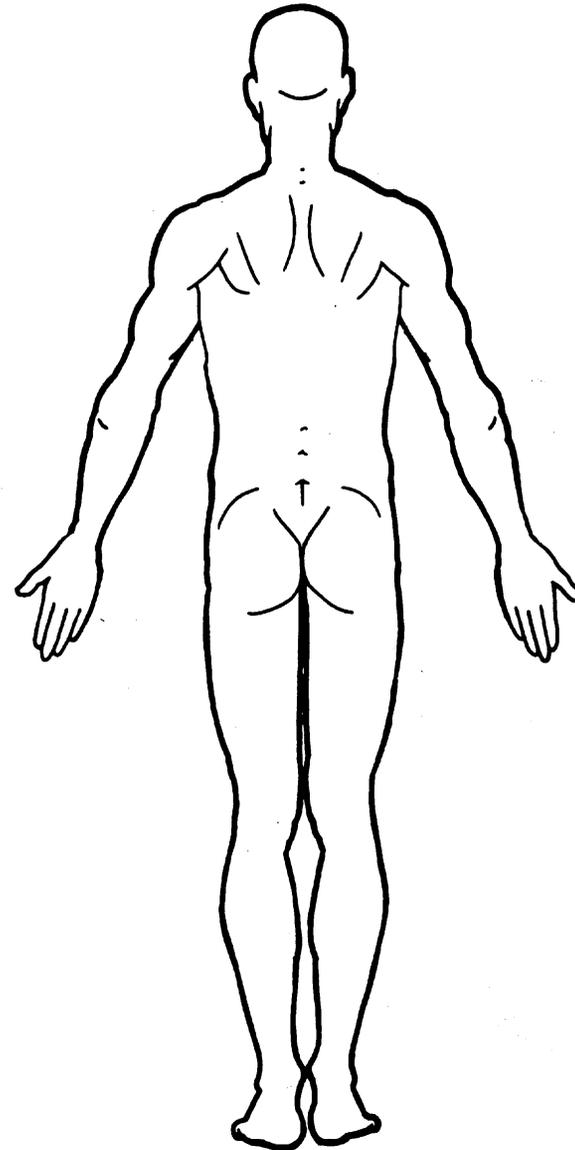
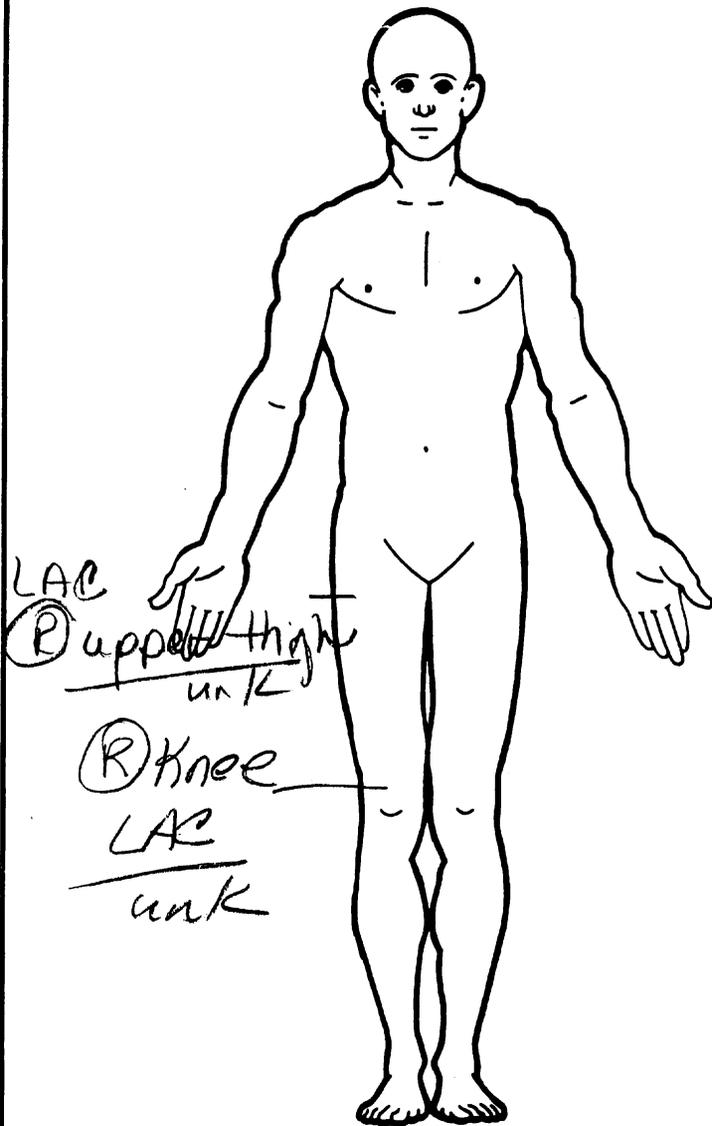
Record below the actual injuries sustained by this occupant that were identified from the unofficial and official sources prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	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>R</u>	7. <u>R</u>	8. <u>L</u>	9. <u>I</u>	10. <u>I</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>I</u>	17. <u>R</u>	18. <u>L</u>	19. <u>I</u>	20. <u>I</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>U</u>	28. <u>C</u>	29. <u>m</u>	30. <u>I</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>00</u>
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
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. ___

If greater than 20 injuries, code additional on Occupant Injury Data Supplement.

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): _____

(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

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): _____

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

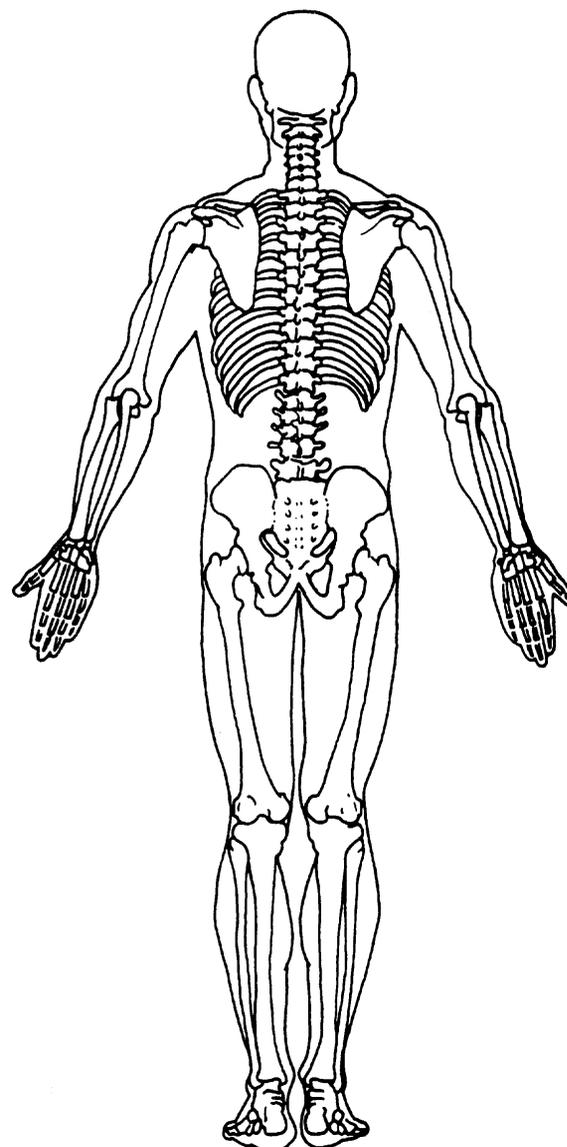
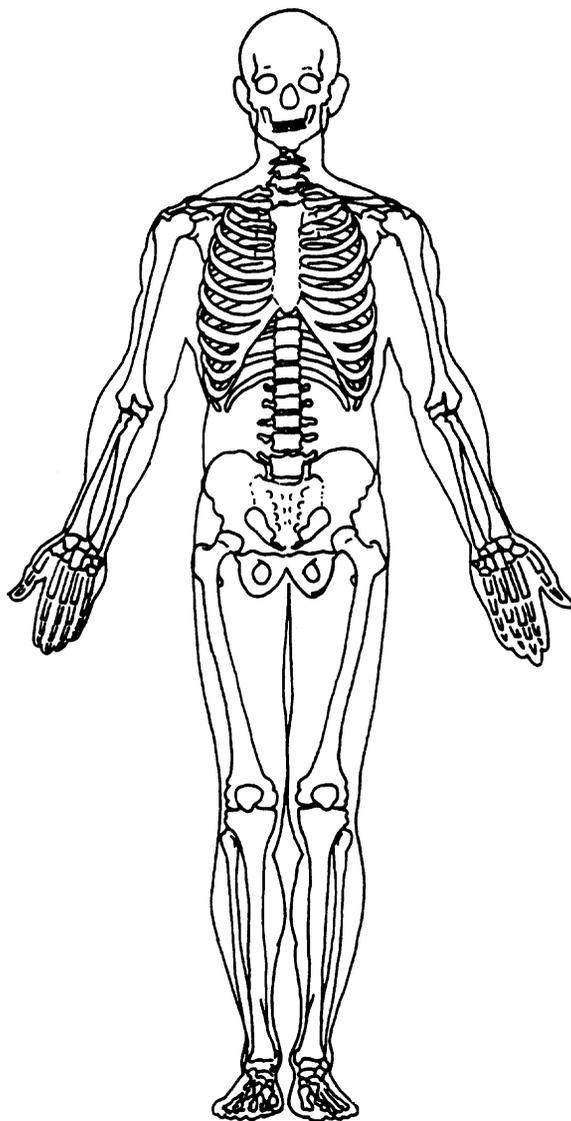
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

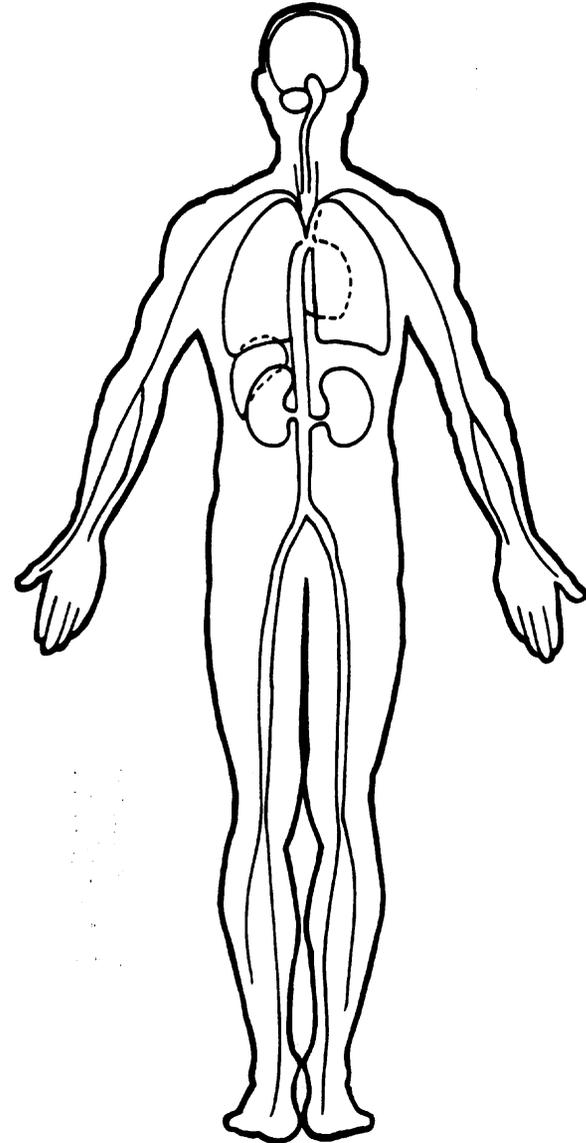
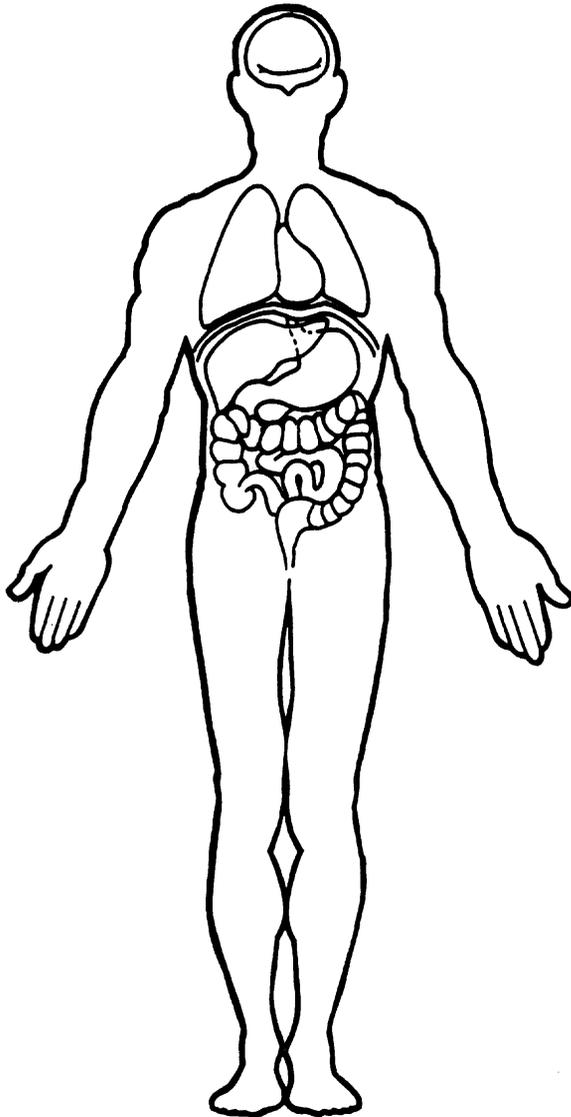
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	79	3. Vehicle Number	01
2. Case Number - Stratum	059A	4. Occupant Number	03

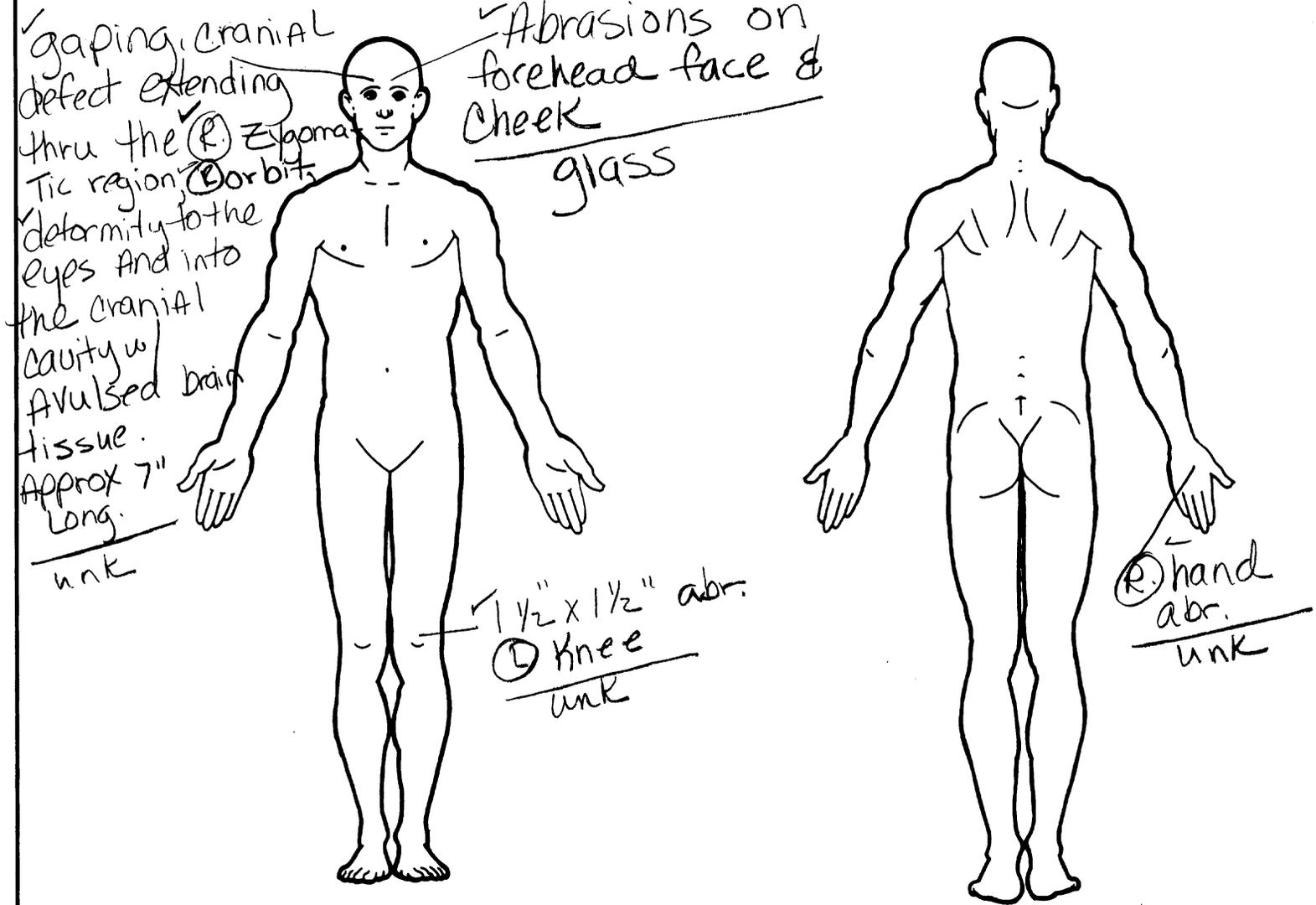
INJURY DATA

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.

	O.I.C. - A.I.S.							Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			
1st	5. <u>D2</u>	6. <u>E</u>	7. <u>R</u>	8. <u>F</u>	9. <u>S</u>	10. <u>3</u>	11. <u>84</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>D2</u>	16. <u>F</u>	17. <u>R</u>	18. <u>W</u>	19. <u>S</u>	20. <u>1</u>	21. <u>91</u>	22. <u>9</u>	23. <u>7</u>	24. <u>00</u>
3rd	25. <u>D2</u>	26. <u>F</u>	27. <u>C</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>00</u>
4th	35. <u>D2</u>	36. <u>F</u>	37. <u>W</u>	38. <u>A</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. <u>D2</u>	46. <u>K</u>	47. <u>L</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>00</u>
6th	55. <u>D2</u>	56. <u>W</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>97</u>	62. <u>9</u>	63. <u>7</u>	64. <u>00</u>
7th	65. <u>D2</u>	66. <u>H</u>	67. <u>PA</u>	68. <u>F</u>	69. <u>S</u>	70. <u>4</u>	71. <u>54</u>	72. <u>1</u>	73. <u>1</u>	74. <u>02</u>
8th	75. <u>Z</u>	76. <u>F</u>	77. <u>R</u>	78. <u>F</u>	79. <u>S</u>	80. <u>2</u>	81. <u>97</u>	82. <u>9</u>	83. <u>7</u>	84. <u>00</u>
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

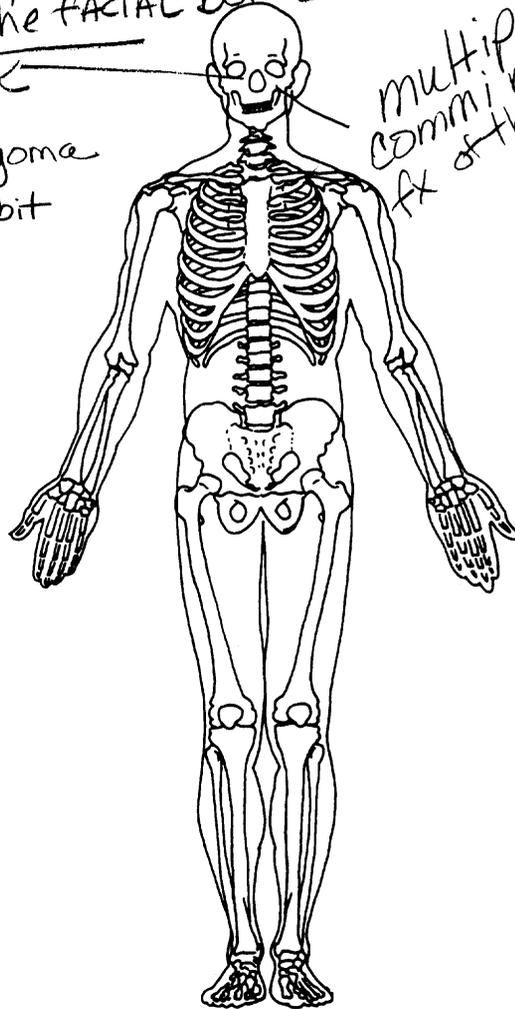
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Multiple comminuted fx
of the FACIAL bones

unk

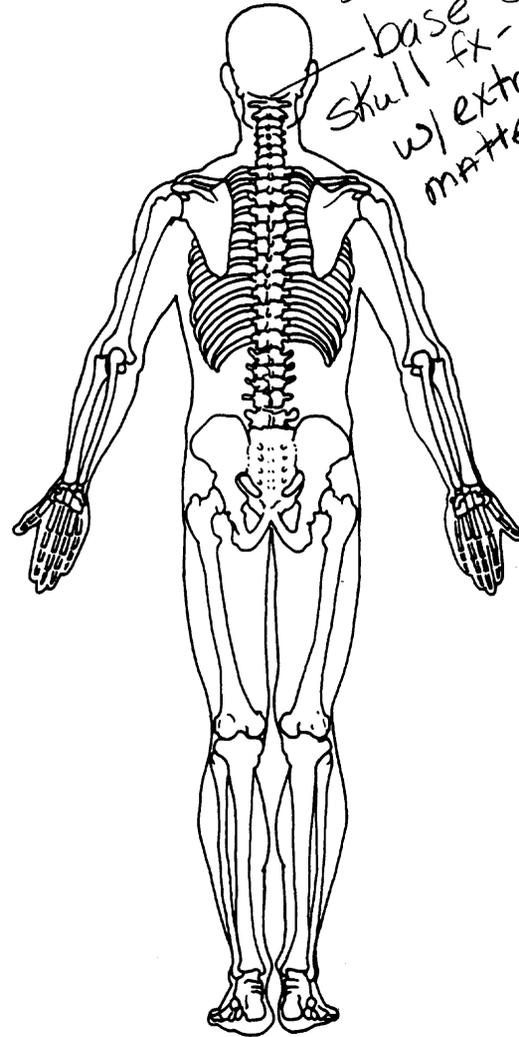
Ⓟ Zygoma

Ⓟ Orbit



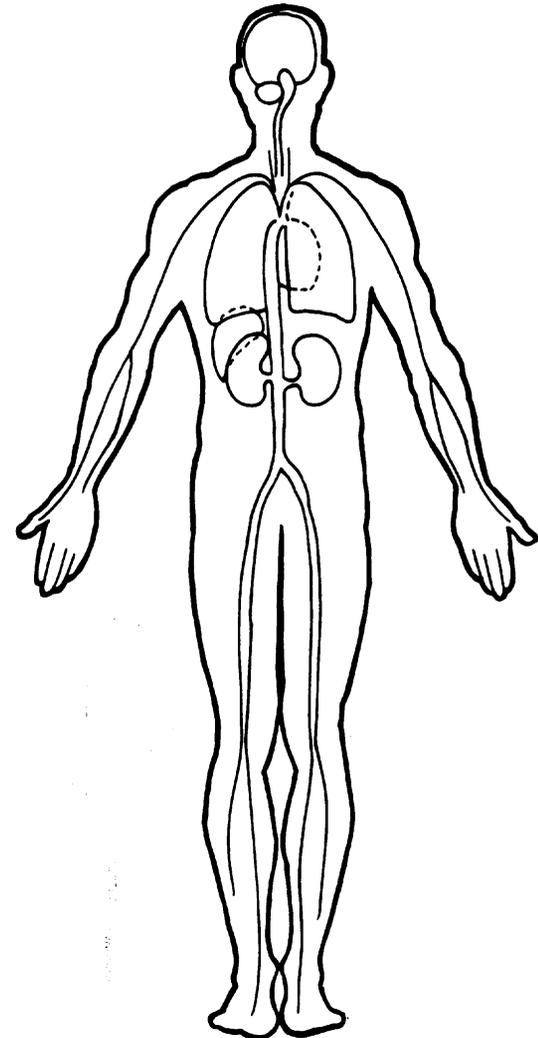
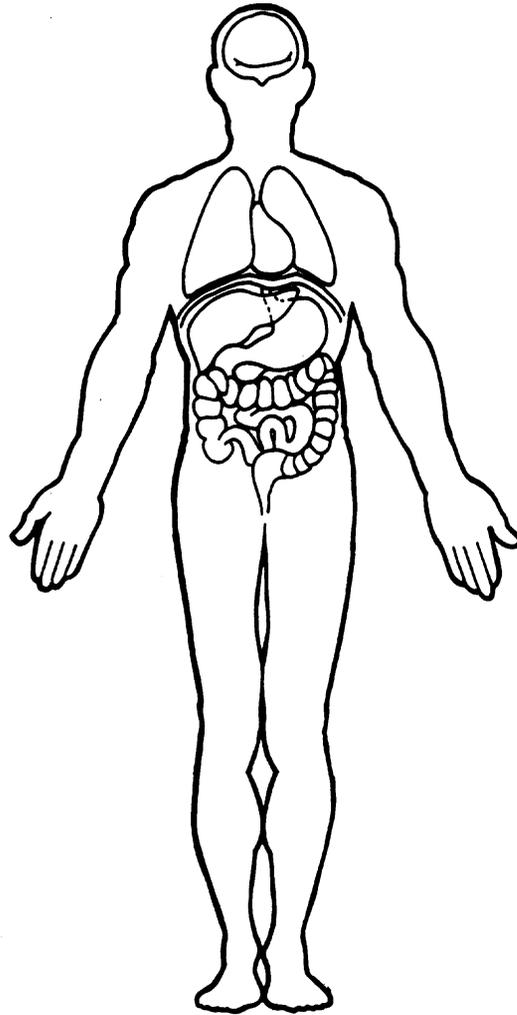
Multiple
comminuted-
fx of the CALVARIUM

base of
skull fx - comminuted
w/ extruded brain
matter



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 79 3. Vehicle Number 01
2. Case Number - Stratum 059A 4. Occupant Number 04

INJURY DATA

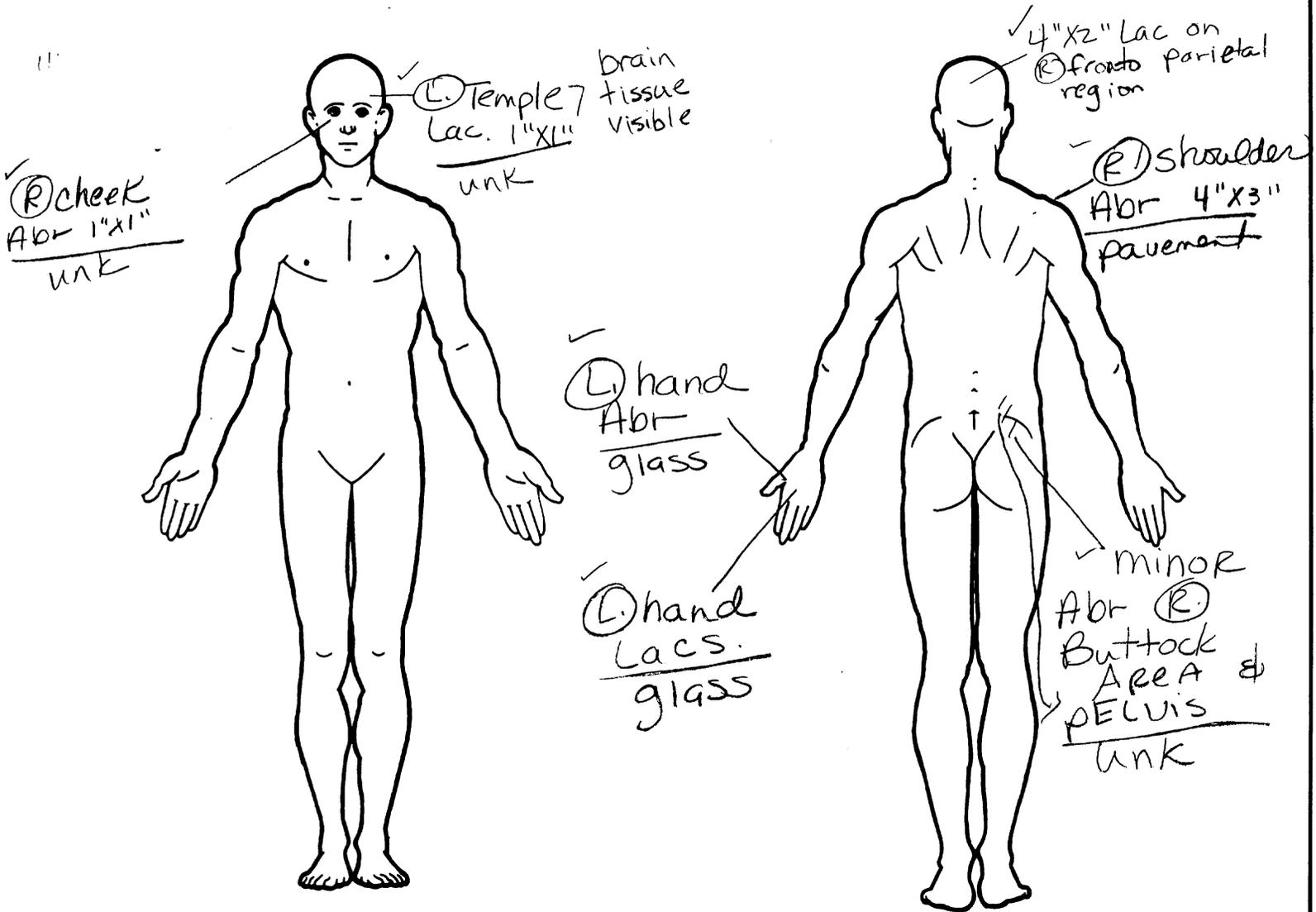
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than twenty injuries have been documented, encode the balance on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

	O.I.C. - A.I.S.						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>D²</u>	6. <u>H</u>	7. <u>P</u>	8. <u>R</u>	9. <u>F</u>	10. <u>S</u>	11. <u>84</u>	12. <u>L</u>	13. <u>L</u>	14. <u>00</u>
2nd	15. <u>L</u>	16. <u>H</u>	17. <u>P</u>	18. <u>L</u>	19. <u>I</u>	20. <u>Z</u>	21. <u>84</u>	22. <u>L</u>	23. <u>L</u>	24. <u>00</u>
3rd	25. <u>L</u>	26. <u>H</u>	27. <u>L</u>	28. <u>L</u>	29. <u>I</u>	30. <u>Z</u>	31. <u>84</u>	32. <u>L</u>	33. <u>L</u>	34. <u>00</u>
4th	35. <u>D²</u>	36. <u>F</u>	37. <u>R</u>	38. <u>A</u>	39. <u>I</u>	40. <u>L</u>	41. <u>84</u>	42. <u>L</u>	43. <u>L</u>	44. <u>00</u>
5th	45. <u>D²</u>	46. <u>W</u>	47. <u>L</u>	48. <u>A</u>	49. <u>I</u>	50. <u>L</u>	51. <u>91</u>	52. <u>L</u>	53. <u>3</u>	54. <u>00</u>
6th	55. <u>D²</u>	56. <u>W</u>	57. <u>L</u>	58. <u>L</u>	59. <u>I</u>	60. <u>L</u>	61. <u>91</u>	62. <u>L</u>	63. <u>3</u>	64. <u>00</u>
7th	65. <u>D²</u>	66. <u>S</u>	67. <u>R</u>	68. <u>A</u>	69. <u>I</u>	70. <u>L</u>	71. <u>84</u>	72. <u>L</u>	73. <u>L</u>	74. <u>00</u>
8th	75. <u>D²</u>	76. <u>P</u>	77. <u>P</u>	78. <u>A</u>	79. <u>I</u>	80. <u>L</u>	81. <u>84</u>	82. <u>L</u>	83. <u>L</u>	84. <u>00</u>
9th	85. <u>D²</u>	86. <u>H</u>	87. <u>L</u>	88. <u>F</u>	89. <u>S</u>	90. <u>4</u>	91. <u>84</u>	92. <u>L</u>	93. <u>L</u>	94. <u>00</u>
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. ___

delete
delete

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

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

NONCONTACT INJURY

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

(97) Injured, unknown source

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): _____

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

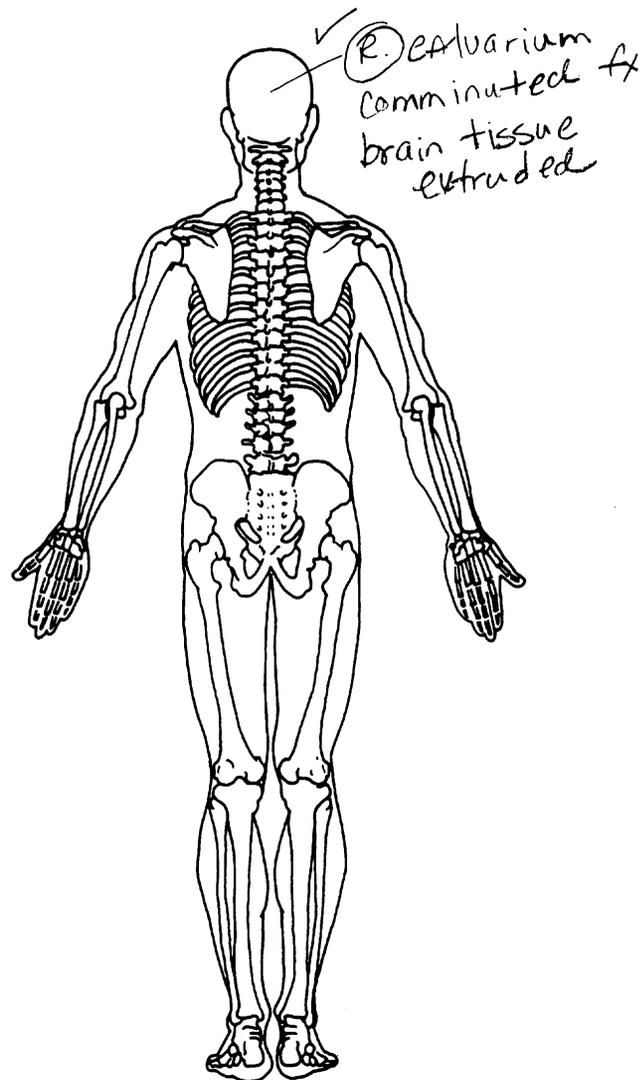
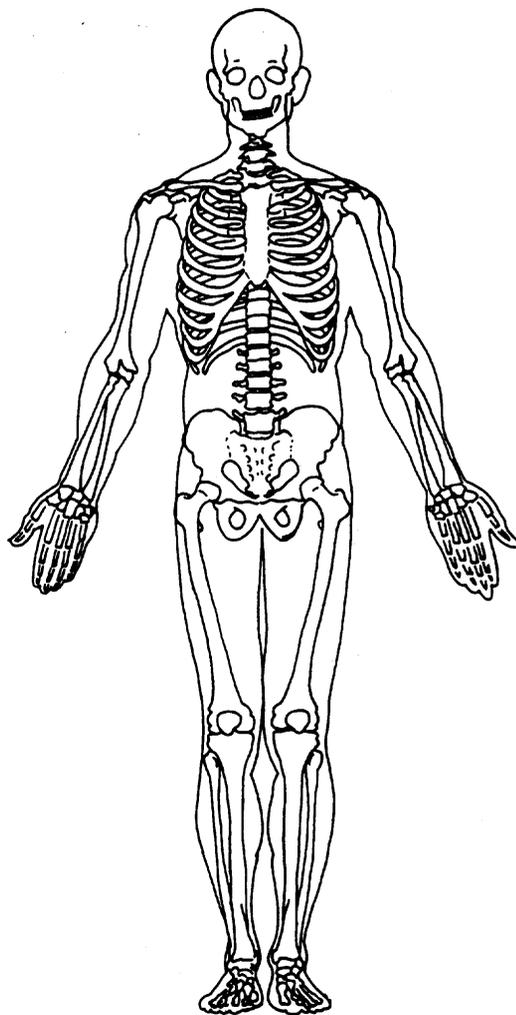
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

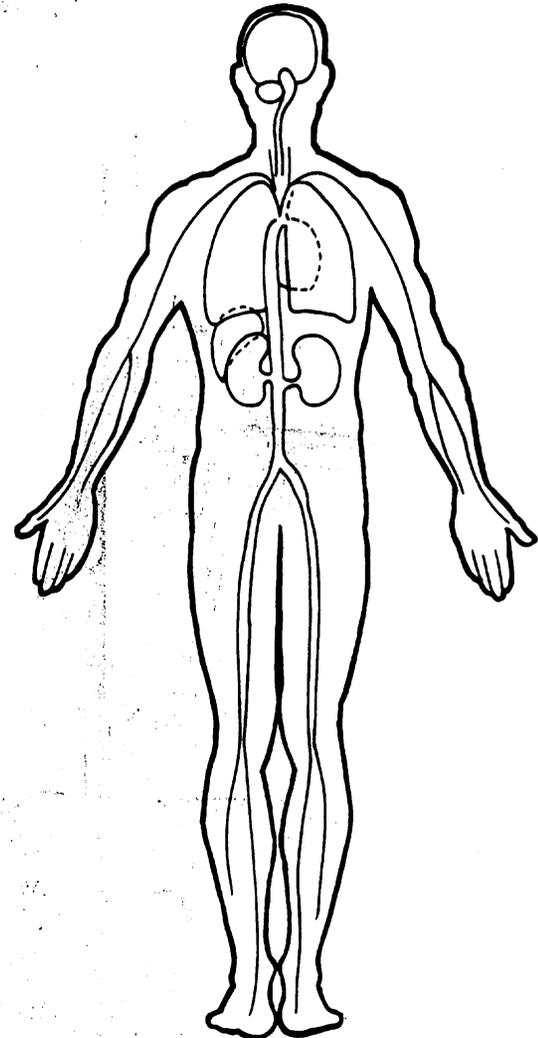
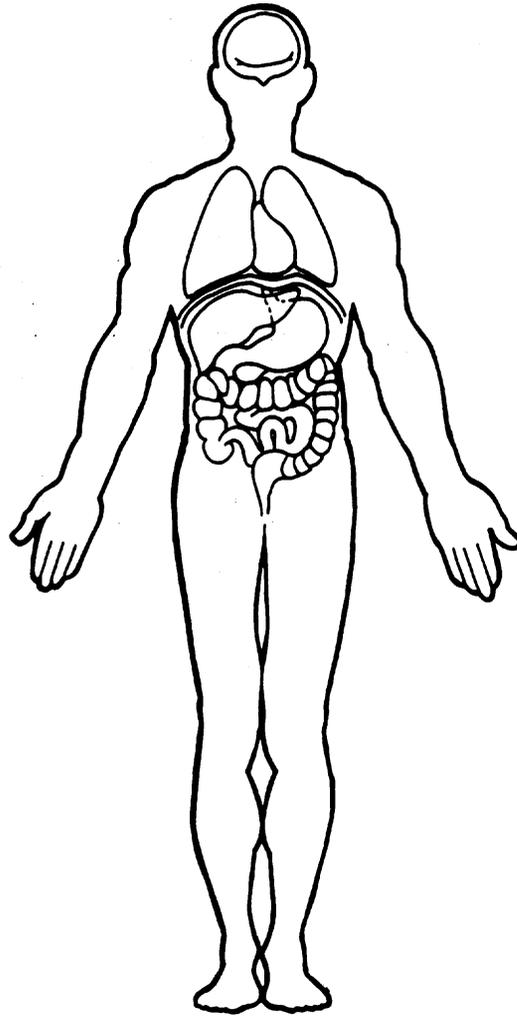
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)



1988 ACCIDENT FORM

1. PSU Number 79

2. Case Number 059A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date  788 5. Accident Time 0145

SPECIAL STUDIES INDICATORS

6. WINDSHIELD 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 03

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 03	015. L	016. 41	017. 00	018. 0
019. 02	020. 01	021. 03	022. 9	023. 57	024. 00	025. 0
026. 03	027. 01	028. 03	029. N	030. 31	031. 00	032. N

1988 GENERAL VEHICLE FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 85 5. Make 42
 6. Model 039 7. Body Type 04
 8. VIN WDBDA34C7FF

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
 11. Police Rep. Alcohol/Drug Pres. 1 12. Alcohol Test Result for Driver 97

ACCIDENT RELATED

13. Speed Limit 55 14. Attempted Avoid. Manuever 01
 15. Accident Type 02

1988 GENERAL VEHICLE FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 04
 18. No. Occupant Forms Submitted 04

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 027 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 0
 23. Post Col. Cond. of Tree/Pole 0 24. Rollover 2

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 997 28. Heading Angle Other Vehicle 997
 29. Basis for Total Delta V 5

1988 GENERAL VEHICLE FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

COMPUTER GENERATED DELTA V

30. Total Delta V 99
 31. Longitudinal Component of Delta V 99
 32. Lateral Component of Delta V 99
 33. Energy Absorption 9999
 34. Confidence in Reconstruction Program Results 0
 35. Type of Vehicle Inspection 1

1988 VEHICLE EXTERIOR FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
 HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or Lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 03	5. 31	6. 00	7. T	8. D	9. Y	10. 0	11. 03

SECOND HIGHEST DELTA "V"

12. 01	13. 41	14. 09	15. L	16. D	17. A	18. W	19. 01
--------	--------	--------	-------	-------	-------	-------	--------

1988 VEHICLE EXTERIOR FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

CRUSH PROFILE
 HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
-------	--------	----	----	----	----	----	----------

SECOND HIGHEST DELTA "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. +/-D
-------	--------	----	----	----	----	----	----------

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 104.9

1988 VEHICLE INTERIOR FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

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

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

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

1988 VEHICLE INTERIOR FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01

GLAZING

Glazing Damage

15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0
20. BL 6 21. Roof 8 22. Other 0

Glazing Damage from Occupant Contact

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

1988 VEHICLE INTERIOR FORM

- 1. FSU Number 79
- 2. Case Number 059A
- 3. Vehicle Number 01

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Pre-crash Glazing Status

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

1988 VEHICLE INTERIOR FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 22	48. 18	49. 2	50. 1
51. 22	52. 12	53. 2	54. 1
55. 21	56. 18	57. 2	58. 1
59. 21	60. 12	61. 2	62. 1
63. 21	64. 16	65. 2	66. 1
67. 23	68. 08	69. 2	70. 3
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

1988 VEHICLE INTERIOR FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01

STEERING COLUMN

87. Steering Column Type	1	88. Steering Column Collapse	00
89. Vertical Movement(+/-)	00	90. Lateral Movement(+/-)	00
91. Longitudinal Movement(+/-)	00	92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	055,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 25 6. Sex 1 7. Height 69 8. Weight 150 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 01

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 21. Restraint System Availability 0 22. Restraint Function 0
 23. Did Restraint Fail 0 24. Police Reported Restraint Use 0
 25. Head Restraint Type/Damage by Occupant at this Position 3
 26. Seat Type 01 27. Seat Performance 1

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 01

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 01

INJURY CONSEQUENCES

34. Severity (Police Rating) 2 35. Treatment - Mortality 4
 36. Type of Med. Facility (Initial) 1 37. Hospital Stay 00
 38. Working Days Lost 99 39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
 43. Number of Recorded Injuries 11

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 79
 2. CASE NUMBER 059A
 3. VEHICLE NUMBER 01
 4. OCCUFANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	ORGAN	SYSTEM A.I.S.	INJURY SEVERITY	INJURY SOURCE	INJURY CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	9	H	L	L	I	1	01	1	1	00
02.	9	H	L	C	I	1	01	1	1	00
03.	9	H	L	A	I	1	01	1	1	00
04.	9	W	L	L	I	1	91	1	3	00
05.	9	W	R	A	I	1	91	1	3	00
06.	9	W	L	L	I	1	91	1	3	00
07.	9	W	R	A	I	1	91	1	3	00
08.	9	X	L	L	I	1	91	1	3	00
09.	9	X	R	A	I	1	91	1	3	00
10.	9	X	L	A	I	1	91	1	3	00
11.	9	X	R	L	I	1	91	1	3	00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 25 6. Sex 2 7. Height 99 8. Weight 999 9. Role 2
 10. Seat Position 13 11. Posture 1

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
 15. Medium Status 0 16. Entrapment 0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 02

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Restraint System Availability	0	22. Restraint Function	0
23. Did Restraint Fail	0	24. Police Reported Restraint Use	0
25. Head Restraint Type/Damage by Occupant at this Position			4
26. Seat Type	01	27. Seat Performance	1

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 02

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model	000
29. Type of Child Safety Seat	0
30. Orientation	00
31. Harness	00
32. Shield	00
33. Tether	00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 02

INJURY CONSEQUENCES

34. Severity (Police Rating)	3	35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	99
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	05				

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 059A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 02

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY		OCC. AREA INTR. NO.	
							CONFID. LEVEL	DIR./ INJURY		
01.	9	F	L	C	I	1	09	1	1	00
02.	9	F	L	C	I	1	09	1	1	00
03.	9	H	P	C	I	1	97	9	7	00
04.	9	B	I	U	U	1	97	9	7	00
05.	9	P	L	C	I	1	97	9	7	00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

- | | | | | |
|----------------------|---------------|--------------|---------------|-----------|
| 5. Age 25 | 6. Sex 1 | 7. Height 72 | 8. Weight 205 | 9. Role 2 |
| 10. Seat Position 21 | 11. Posture 9 | | | |

EJECTION/ENTRAPMENT

- | | | |
|---------------------|---------------------|-----------------------|
| 12. Ejection 2 | 13. Ejection Area 6 | 14. Ejection Medium 3 |
| 15. Medium Status 2 | 16. Entrapment 0 | |

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 03

RESTRAINT SYSTEM AND SEAT EVALUATION

- | | |
|---|--|
| 17. Belt System Availability 4 | 18. Belt System Use 00 |
| 19. Proper Use of Belt 0 | 20. Belt Failure Modes During Impact 0 |
| 21. Restraint System Availability 0 | 22. Restraint Function 0 |
| 23. Did Restraint Fail 0 | 24. Police Reported Restraint Use 2 |
| 25. Head Restraint Type/Damage by Occupant at this Position 0 | |
| 26. Seat Type 03 | 27. Seat Performance 2 |

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 03

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
 29. Type of Child Safety Seat 0
 30. Orientation 00
 31. Harness 00
 32. Shield 00
 33. Tether 00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
 2. Case Number 059A
 3. Vehicle Number 01
 4. Occupant Number 03

INJURY CONSEQUENCES

34. Severity (Police Rating) 4 35. Treatment - Mortality 1
 36. Type of Med. Facility (Initial) 0 37. Hospital Stay 00
 38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 07 41. Cause #2 00 42. Cause #3 00
 43. Number of Recorded Injuries 07

HH0581 2 If MANUAL BELT USE DA18 equals 00 or 01, then REPORTED RESTRAINT
 HH0582 USE DA24 should equal 0, 1 or 9.

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 059A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 03

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY		OCC. AREA INTR. NO.	
							CONFID. LEVEL	DIR./ INDIR. INJURY		
01.	1	F	R	F	S	3	84	1	1	00
02.	1	F	R	U	D	1	97	9	7	00
03.	1	F	C	L	I	1	97	9	7	00
04.	1	F	W	A	I	1	91	1	3	00
05.	1	K	L	A	I	1	97	9	7	00
06.	1	W	R	A	I	1	97	9	7	00
07.	1	H	P	F	S	4	54	1	1	02

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Age 20 6. Sex 2 7. Height 65 8. Weight 120 9. Role 2
 10. Seat Position 23 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 1 13. Ejection Area 6 14. Ejection Medium 3
 15. Medium Status 2 16. Entrapment 0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 04

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	19. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Restraint System Availability	0	22. Restraint Function	0
23. Did Restraint Fail	0	24. Police Reported Restraint Use	9
25. Head Restraint Type/Damage by Occupant at this Position			0
26. Seat Type	03	27. Seat Performance	1

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 04

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
29. Type of Child Safety Seat 0
30. Orientation 00
31. Harness 00
32. Shield 00
33. Tether 00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 059A
3. Vehicle Number 01
4. Occupant Number 04

INJURY CONSEQUENCES

34. Severity (Police Rating) 4 35. Treatment - Mortality 1
36. Type of Med. Facility (Initial) 0 37. Hospital Stay 00
38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 09 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 09

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 059A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 04

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY		OCC. AREA INTR. NO.	
							CONFID. LEVEL	DIR./ INDIR. INJURY		
01.	1	H	P	F	S	3	84	1	1	00
02.	1	H	P	L	I	2	84	1	1	00
03.	1	H	L	L	I	2	84	1	1	00
04.	1	F	R	A	I	1	84	1	1	00
05.	1	W	L	A	I	1	91	1	3	00
06.	1	W	L	L	I	1	91	1	3	00
07.	1	S	R	A	I	1	84	1	1	00
08.	1	P	P	A	I	1	84	1	1	00
09.	1	H	L	F	S	4	84	1	1	00

EH0011 2 If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11
 EH0012 should be greater than 03.
 VEH NUM = 01 OCCUPANT NUM = 03

EH0011 2 If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11
 EH0012 should be greater than 03.
 VEH NUM = 01 OCCUPANT NUM = 04

1988 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1988

CURRENT VERSION: 1.12

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	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	3	

ERROR SUMMARY SCREEN

1989

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	1	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	3	



PSU 79-059A (1988) #1



PSU 79-059A (1988) #2



PSU 79-059A (1988) #3



PSU 79-059A (1988) #4



PSU 79-059A (1988) #5



PSU 79-059A (1988) #6



PSU 79-059A (1988) #7



PSU 79-059A (1988) #8



PSU 79-059A (1988) #9



FSU 79-059A (1988) #10



PSU 79-059A (1988) #11



PSU 79-059A (1988) #12



PSU 79-059A (1988) #13



PSU 79-059A (1988) #14



PSU 79-059A (1988) #15



PSU 79-059A (1988) #16



PSU 79-059A (1988) #17



PSU 79-059A (1988) #18



PSU 79-059A (1988) #19



PSU 79-059A (1988) #20



PSU 79-059A (1988) #21



PSU 79-059A (1988) #22



PSU 79-059A (1988) #23



PSU 79-059A (1988) #24



PSU 79-059A (1988) #25



PSU 79-059A (1988) #26



PSU 79-059A (1988) #27



PSU 79-059A (1988) #28



PSU 79-059A (1988) #29



PSU 79-059A (1988) #30



PSU 79-059A (1988) #31



PSU 79-059A (1988) #32



PSU 79-059A (1988) #33



PSU 79-059A (1988) #34



PSU 79-059A (1988) #35



PSU 79-059A (1988) #36



PSU 79-059A (1988) #37



PSU 79-059A (1988) #38



PSU 79-059A (1988) #39



PSU 79-059A (1988) #40



PSU 79-059A (1988) #41



PSU 79-059A (1988) #42



PSU 79-059A (1988) #43



PSU 79-059A (1988) #44



PSU 79-059A (1988) #45



PSU 79-059A (1988) #46



PSU 79-059A (1988) #47



PSU 79-059A (1988) #48



PSU 79-059A (1988) #49



PSU 79-059A (1988) #50



PSU 79-059A (1988) #51



PSU 79-059A (1988) #52



PSU 79-059A (1988) #53



PSU 79-059A (1988) #54



PSU 79-059A (1988) #55



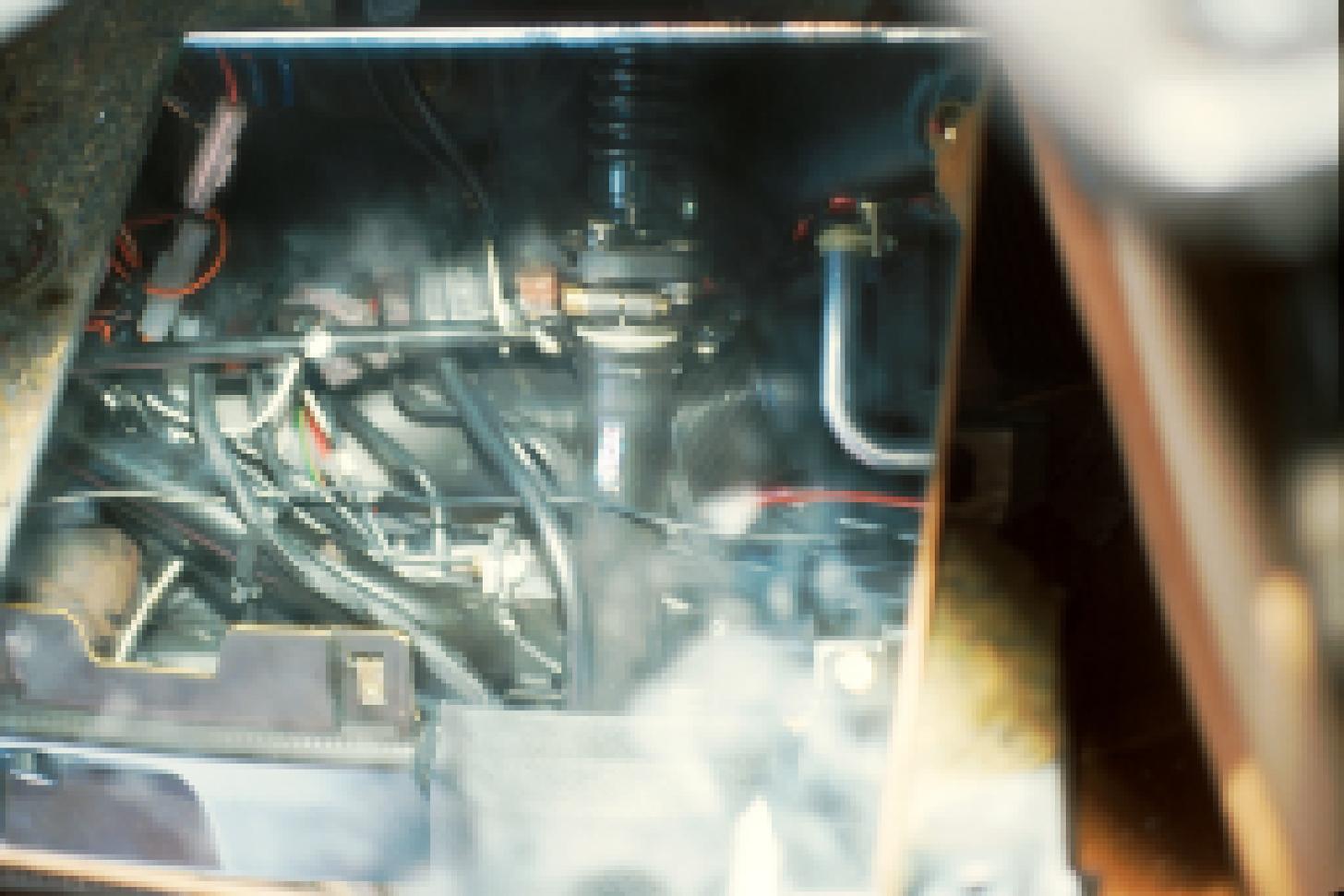
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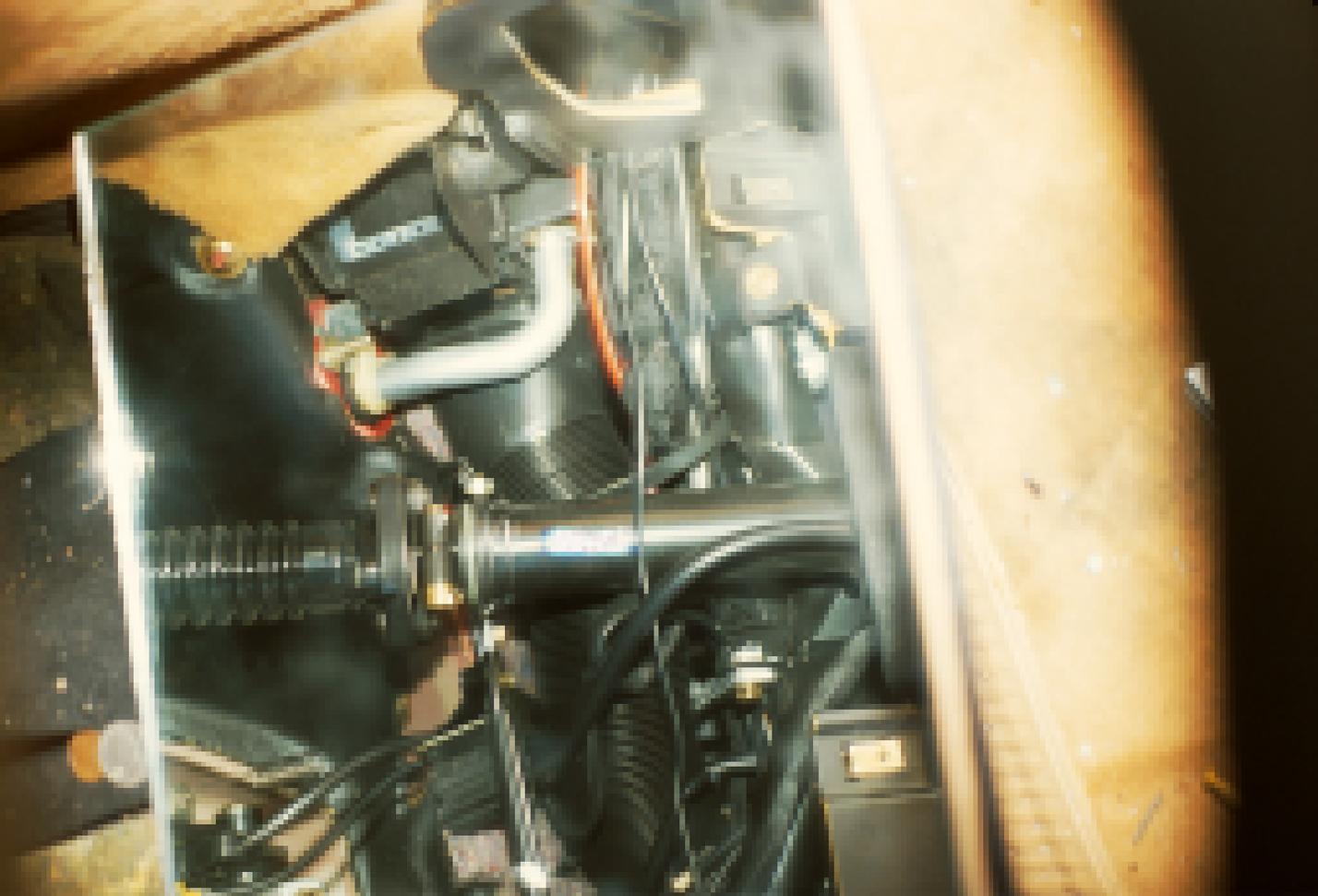
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PSU 79-059A (1988) #58



PSU 79-059A (1988) #59



PSU 79-059A (1988) #60