



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 81 CASE NO. 199A TYPE OF ACCIDENT Single Car - Rollover

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

Vehicle #1 traveling westbound exited the freeway to an exit ramp, entered a right curve, lost control and rolled 1½ times. Vehicle #1 came to rest on its top with the driver partially ejected and his head pinned under the vehicle. Vehicle #1 was towed due to damage.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Fullsize	1992 Lexus LS 400 4 door	Top	Severe	Unknown

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Front Left	Air Bag 3 pt. Man Belt BELT NOT USED	Head	CRUSH Unknown	6	Roof (EXTERIOR) Follow up Report
1	Passenger	Front Right	3 pt. Man Belt	Head	Unknown	?	Unknown

DO NOT SANITIZE THIS FORM



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

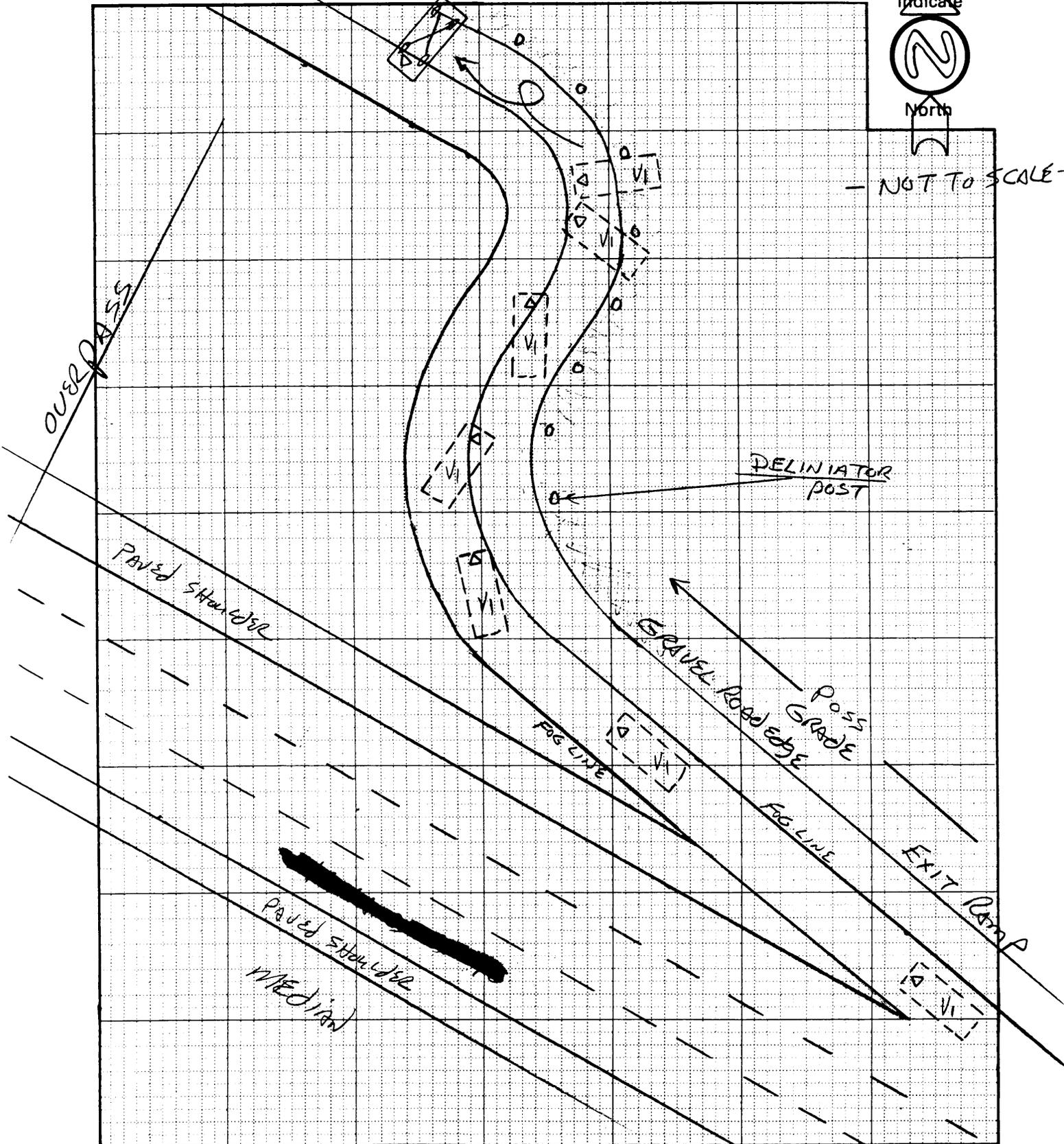
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. 81
Case Number - Stratum 199A



- NOT TO SCALE -





ACCIDENT FORM

1. Primary Sampling Unit Number 81
2. Case Number - Stratum 199A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) 9 1
5. Time of Accident 2355
Code reported military time of accident.
NOTE: Midnight - 2400
Unknown - 9999

SPECIAL STUDIES INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS12 Not Active 0
7. ___SS13 Not Active 0
8. ___SS14 _____ 1
9. ___SS15 _____ 0
10. ___SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident

NHTS Coding Ctr.
1st Pass 03
2nd Pass 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>04</u>	15. <u>9</u>	16. <u>31</u>	17. <u>00</u>	18. <u>N</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>04</u>	22. <u>9</u>	23. <u>50</u>	24. <u>00</u>	25. <u>0</u>
26. <u>0 3</u>	27. <u>01</u>	28. <u>04</u>	29. <u>9</u>	30. <u>50</u>	31. <u>00</u>	32. <u>0</u>
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 ")
- (02) Compact (wheelbase = 100 " - 104 ")
- (03) Intermediate (wheelbase = 105 " - 109 ")
- (04) Full size (wheelbase = 110 " - 114 ")
- (05) Largest (wheelbase ≥ 115 ")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | CDC APPLICABLE
AND
OTHER VEHICLES | TDC APPLICABLE
VEHICLES |
|---|--|
| (0) Not a motor vehicle | (0) Not a motor vehicle |
| (N) Noncollision | (N) Noncollision |
| (F) Front | (F) Front |
| (R) Right side | (R) Right side |
| (L) Left side | (L) Left side |
| (B) Back | (B) Back of unit with cargo area (rear of trailer or straight truck) |
| (T) Top | (D) Back (rear of tractor) |
| (U) Undercarriage | (C) Rear of cab |
| (9) Unknown | (V) Front of cargo area |
| | (T) Top |
| | (U) Undercarriage |
| | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| <p>(01-30) – Vehicle number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn – rollover (32) Fire or explosion (33) Jackknife (34) Other intraunit damage (specify):
_____ <p>(35) Noncollision injury</p> <p>(38) Other noncollision (specify):
_____</p> <p>(39) Noncollision – details unknown</p> <p>Collision with Fixed Object</p> <ul style="list-style-type: none"> (41) Tree (≤ 4 inches in diameter) (42) Tree (> 4 inches in diameter) (43) Shrubbery or bush (44) Embankment <p>(45) Breakaway pole or post (any diameter)</p> <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (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) <ul style="list-style-type: none"> (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (specify):
_____ | <ul style="list-style-type: none"> (57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify):
_____ <p>(69) Unknown fixed object</p> <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (71) Motor vehicle not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance (specify):
_____ <ul style="list-style-type: none"> (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (88) Other nonfixed object (specify):
_____ <p>(89) Unknown nonfixed object</p> <p>(98) Other event (specify):
_____</p> <p>(99) Unknown event or object</p> |
|---|--|

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 02

- 4
- 24. Rollover
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)
- (1) Rollover, 1 quarter turn only
 - (2) Rollover, 2 quarter turns
 - (3) Rollover, 3 quarter turns
 - (4) Rollover, 4 or more quarter turns (specify):
PAR SAY 6 QUARTER TURNS
 - (5) Rollover - end-over-end (i.e., primarily about the lateral axis)
 - (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 03800
3759 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 lbs or more
 (999) Unknown
 Source:
- 20. Vehicle Cargo Weight 0000
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 lbs or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this vehicle) 0
 - 26. Rear Override/Underride (this vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)
- (1) 1st CDC
 - (2) 2nd CDC
 - (3) Other not automated CDC (specify):

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

 - (7) Medium/heavy truck or bus override
 - (9) Unknown

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

- 27. Heading Angle for This Vehicle 997
- 28. Heading Angle for Other Vehicle 997

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 28, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH VEH., PED., ANIM.	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 45 47	46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I. Sideswipe/Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	77 78	79 78	81 80	83 82	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 86	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN			
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

PSU NUMBER 81
CASE NUMBER 199A
VEHICLE NUMBER 01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER 81
CASE NUMBER 199A
VEHICLE NUMBER 01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

26. Seat Type (This Occupant Position) 99
 (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

27. Seat Performance (This Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

30. Child Safety Seat Orientation 00
 (00) No child safety seat

 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

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

 (19) Unknown orientation

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

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00
 32. Child Safety Seat Shield Usage 00
 33. Child Safety Seat Tether Usage 00
 Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

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

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

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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 81 3. Vehicle Number 01
2. Case Number - Stratum 199A 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 ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

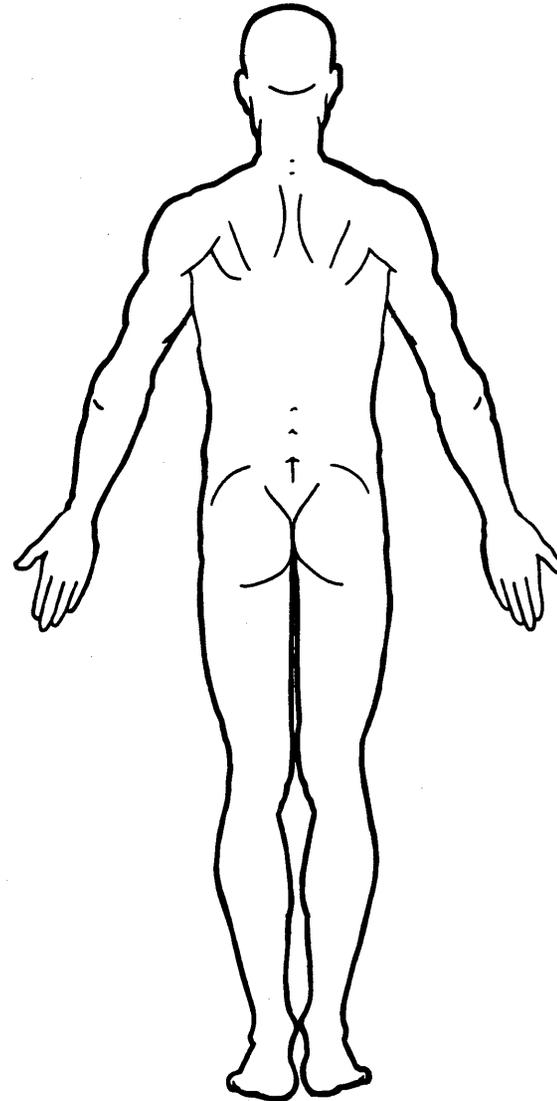
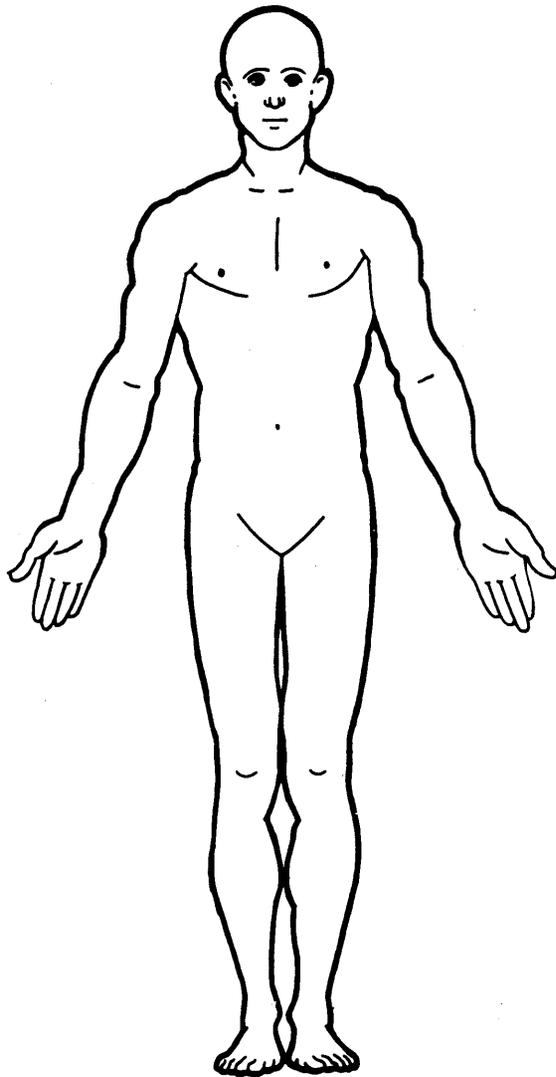
	O.I.C. - A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>9</u>	6. <u>H</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
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. ___

OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	---	—	—	---
12th	—	—	—	—	—	—	---	—	—	---
13th	—	—	—	—	—	—	---	—	—	---
14th	—	—	—	—	—	—	---	—	—	---
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---

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): ROOF OR ROOF SIDE RAIL
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
 - (84) Ground
 - (85) Other vehicle or object (specify): _____
 - (86) Unknown vehicle or object
- ### NONCONTACT INJURY
- (90) Fire in vehicle
 - (91) Flying glass
 - (92) Other noncontact injury source (specify): _____
 - (97) Injured, unknown source

INJURY SOURCE

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 bag
- (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
- (B) Bilateral (rib fracture only)
- (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

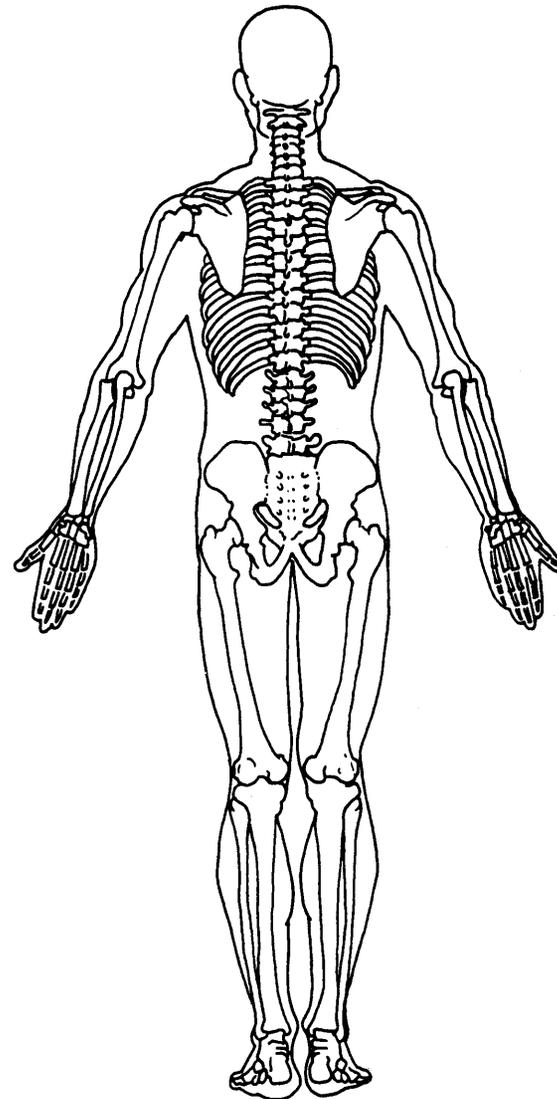
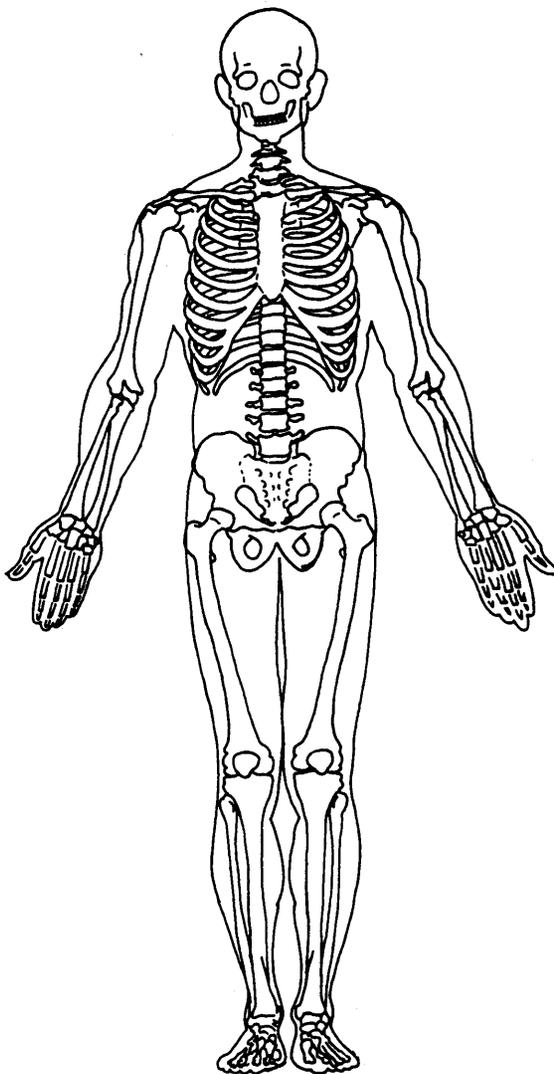
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

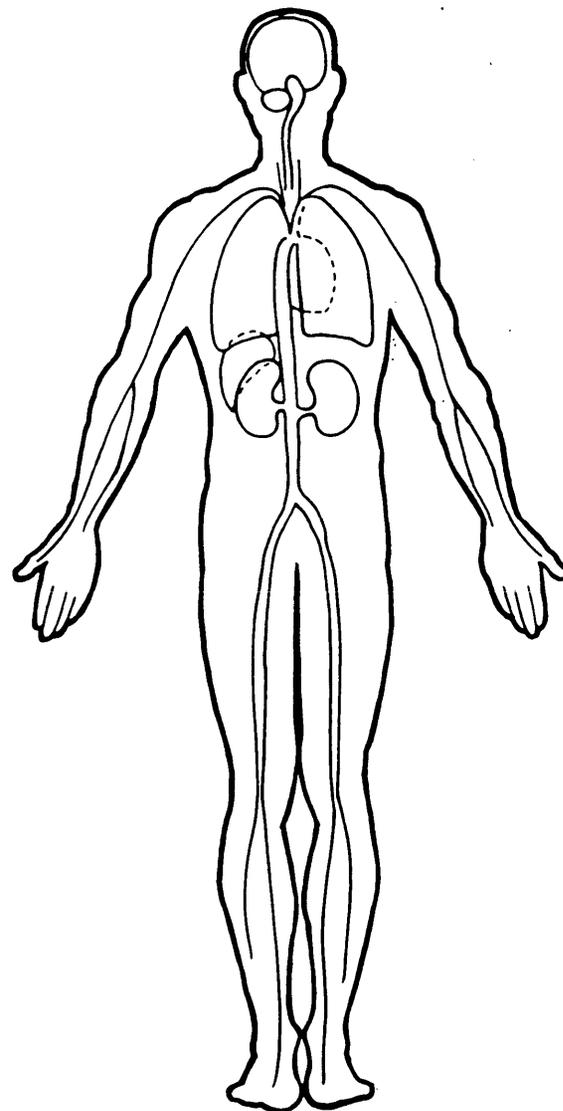
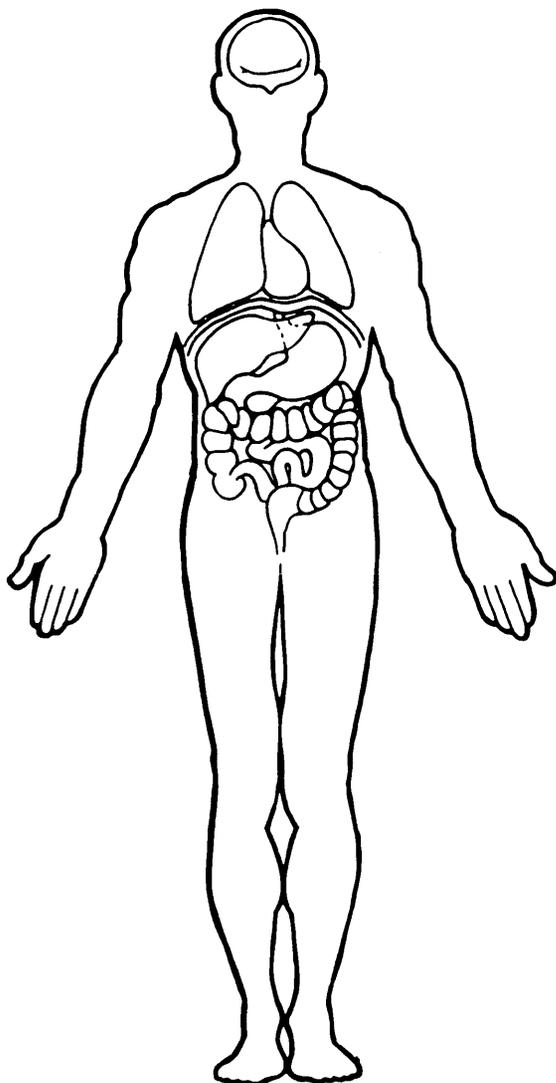
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)



INJURY DATA CODED ON INITIAL SUBMISSION

	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. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
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. ___

NOTE: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official 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>1</u>	6. <u>N</u>	7. <u>A</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>67</u>	12. <u>3</u>	13. <u>1</u>	14. <u>99</u>
<div style="display: flex; justify-content: space-between; font-size: small;"> HASS Coding Cont. 1st Row 3 A 2nd Row 3 </div>										
2nd	15. <u>1</u>	16. <u>E</u>	17. <u>E</u>	18. <u>R</u>	19. <u>D</u>	20. <u>5</u>	21. <u>67</u>	22. <u>3</u>	23. <u>1</u>	24. <u>99</u>
3rd	25. <u>1</u>	26. <u>H</u>	27. <u>W</u>	28. <u>N</u>	29. <u>W</u>	30. <u>6</u>	31. <u>67</u>	32. <u>3</u>	33. <u>1</u>	34. <u>99</u>
4th	35. <u>1</u>	36. <u>F</u>	37. <u>U</u>	38. <u>F</u>	39. <u>S</u>	40. <u>2</u>	41. <u>67</u>	42. <u>3</u>	43. <u>1</u>	44. <u>99</u>
5th	45. <u>1</u>	46. <u>F</u>	47. <u>I</u>	48. <u>F</u>	49. <u>S</u>	50. <u>2</u>	51. <u>67</u>	52. <u>3</u>	53. <u>1</u>	54. <u>99</u>
<div style="display: flex; justify-content: space-between; font-size: small;"> H S Coding Cont. 1st Row 3 A 2nd Row 3 </div>										
	55. <u>1</u>	56. <u>H</u>	57. <u>L</u>	58. <u>U</u>	59. <u>B</u>	60. <u>5</u>	61. <u>67</u>	62. <u>3</u>	63. <u>1</u>	64. <u>99</u>
<div style="display: flex; justify-content: space-between; font-size: small;"> B S Coding Cont. 1st Row 3 A 2nd Row 3 </div>										
7th	65. <u>1</u>	66. <u>H</u>	67. <u>I</u>	68. <u>L</u>	69. <u>B</u>	70. <u>6</u>	71. <u>67</u>	72. <u>3</u>	73. <u>1</u>	74. <u>99</u>
8th	75. <u>1</u>	76. <u>W</u>	77. <u>R</u>	78. <u>A</u>	79. <u>I</u>	80. <u>1</u>	81. <u>84</u>	82. <u>3</u>	83. <u>1</u>	84. <u>99</u>
9th	85. <u>1</u>	86. <u>W</u>	87. <u>L</u>	88. <u>A</u>	89. <u>I</u>	90. <u>1</u>	91. <u>84</u>	92. <u>3</u>	93. <u>1</u>	94. <u>99</u>
10th	95. <u>1</u>	96. <u>W</u>	97. <u>L</u>	98. <u>C</u>	99. <u>I</u>	100. <u>1</u>	101. <u>84</u>	102. <u>3</u>	103. <u>1</u>	104. <u>99</u>

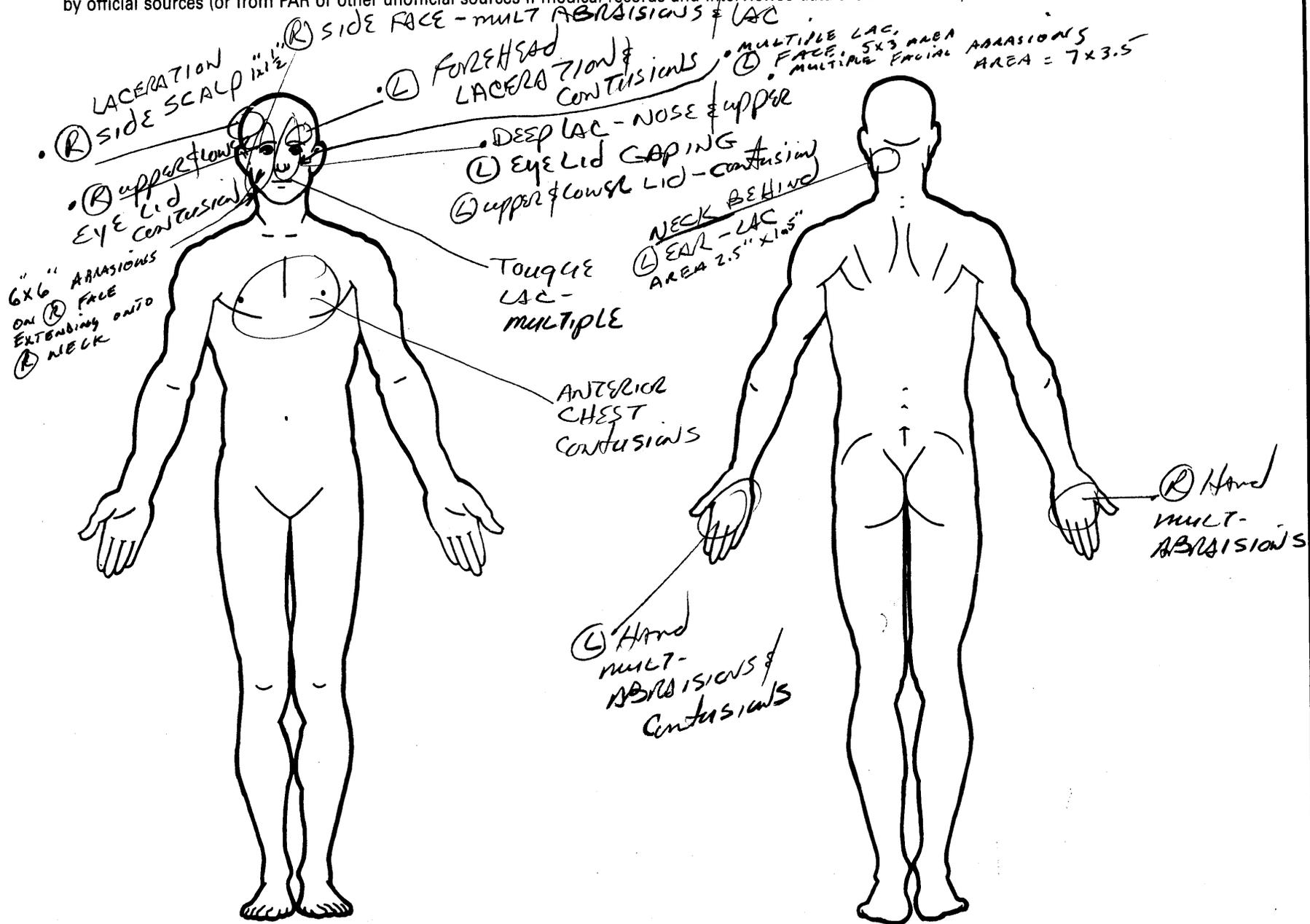
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA

	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				
11th	<u>I</u>	<u>C</u>	<u>C</u>	<u>C</u>	<u>I</u>	<u>I</u>	<u>26²</u>	<u>3</u>	<u>1</u>	<u>99</u>
12th	<u>I</u>	<u>N</u>	<u>P</u>	<u>L</u>	<u>I</u>	<u>I</u>	<u>26²</u>	<u>3</u>	<u>1</u>	<u>99</u>
13th	<u>I</u>	<u>H</u>	<u>R</u>	<u>L</u>	<u>I</u>	<u>I</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
NASS Cong Chg 1st Rev 3 A 2nd Rev 3	<u>I</u>	<u>F</u>	<u>W</u> <u>E</u>	<u>L</u>	<u>I</u>	<u>2</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
NASS Cong Chg 1st Rev 3 A 2nd Rev 3	<u>I</u>	<u>F</u>	<u>S</u>	<u>L</u>	<u>I</u>	<u>I</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
16th	<u>I</u>	<u>F</u>	<u>S</u>	<u>C</u>	<u>I</u>	<u>I</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
17th	<u>I</u>	<u>F</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>I</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
NASS Cong Chg 1st Rev 3 A 2nd Rev 3	<u>I</u>	<u>F</u>	<u>R</u>	<u>L</u>	<u>I</u>	<u>I</u>	<u>67</u>	<u>3</u>	<u>1</u>	<u>99</u>
18th	<u>I</u>	<u>F</u>	<u>I</u>	<u>L</u>	<u>D</u>	<u>I</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>99</u>
19th	<u>I</u>	<u>F</u>	<u>R</u>	<u>C</u>	<u>O</u>	<u>I</u>	<u>84</u>	<u>3</u>	<u>1</u>	<u>99</u>
20th	<u>I</u>	<u>F</u>	<u>L</u>	<u>L</u>	<u>O</u>	<u>I</u>	<u>84</u>	<u>3</u>	<u>1</u>	<u>99</u>
21st	<u>I</u>	<u>F</u>	<u>L</u>	<u>C</u>	<u>O</u>	<u>I</u>	<u>84</u>	<u>3</u>	<u>1</u>	<u>99</u>
22nd	<u>I</u>	<u>F</u>	<u>L</u>	<u>C</u>	<u>O</u>	<u>I</u>	<u>84</u>	<u>3</u>	<u>1</u>	<u>99</u>
23rd	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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): ROOF
- (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 bag
- (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
- (B) Bilateral (rib fracture only).
- (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

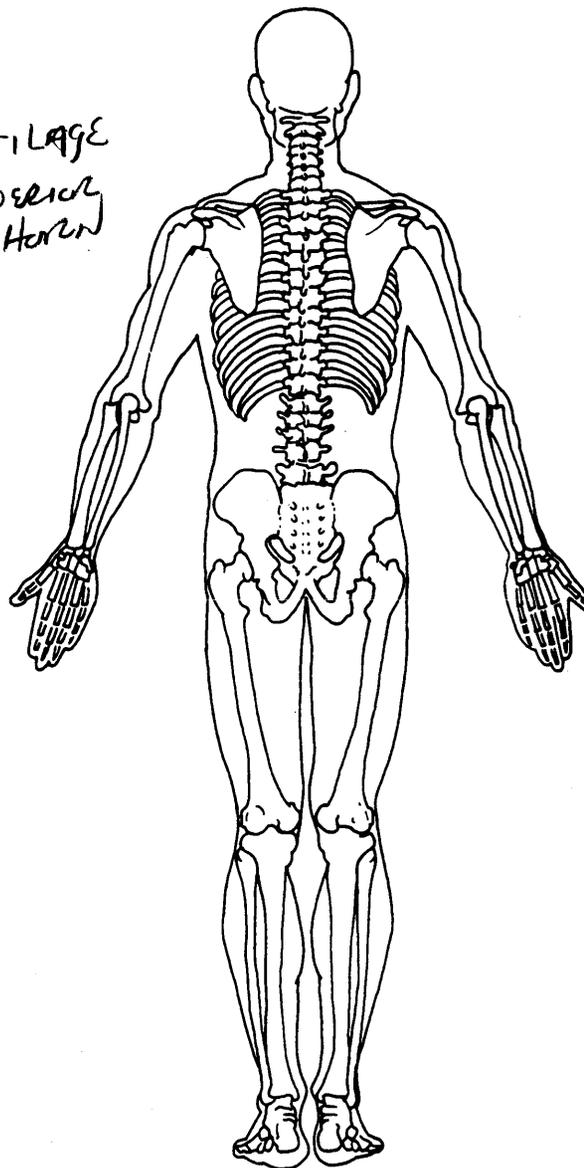
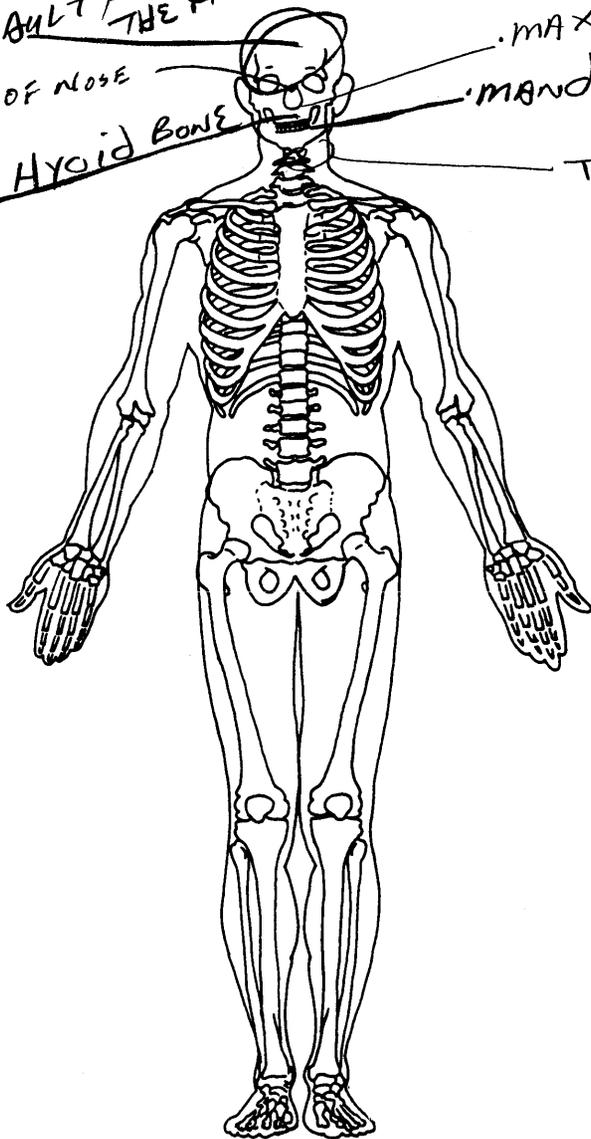
Abbreviated Injury Scale

- (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

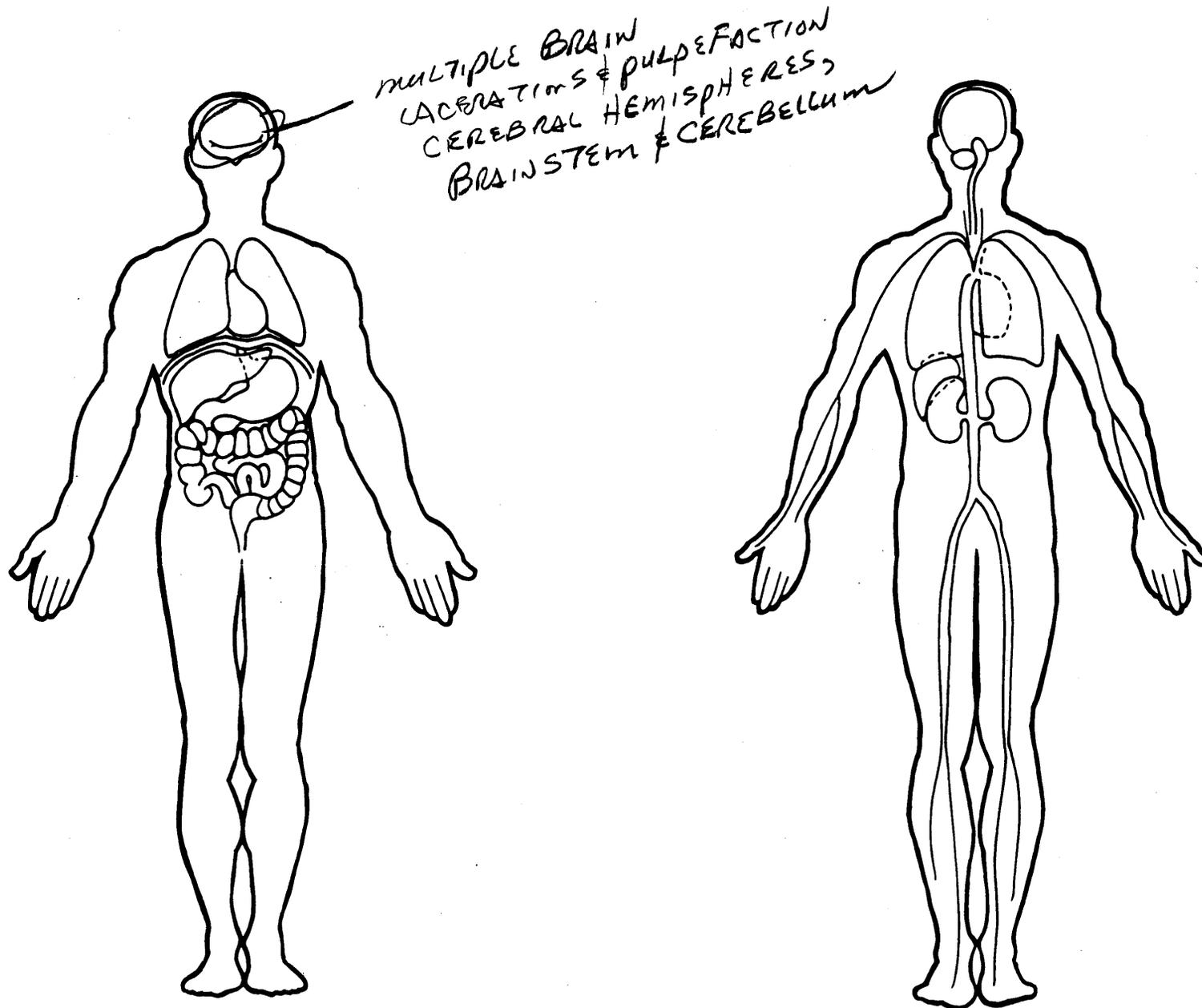
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

MULTIPLE SKULL FX INCLUDING VAULT & BASE INCLUDING THE FRONTAL & PARIETAL BONES > MASSIVE FX'S ALL AREAS
• FX BRIDGE OF NOSE
• FX (L) HYOID BONE
• MAXILLA FX'S
• MANDIBLE FX'S
• THYROID CARTILAGE FX - (L) SUPERIOR HORN



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.)



26. Seat Type (This Occupant Position) 99
 (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

27. Seat Performance (This Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

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

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

30. Child Safety Seat Orientation 00
 (00) No child safety seat

 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

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

 (19) Unknown orientation

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

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00
 32. Child Safety Seat Shield Usage 00
 33. Child Safety Seat Tether Usage 00
 Note: Options below applicable to Variables OA31-OA33.
 (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



US Department of Transportation
National Highway Traffic Safety
Administration

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

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 81 3. Vehicle Number 01
2. Case Number—Stratum 199A 4. Occupant Number 02

INJURY DATA

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

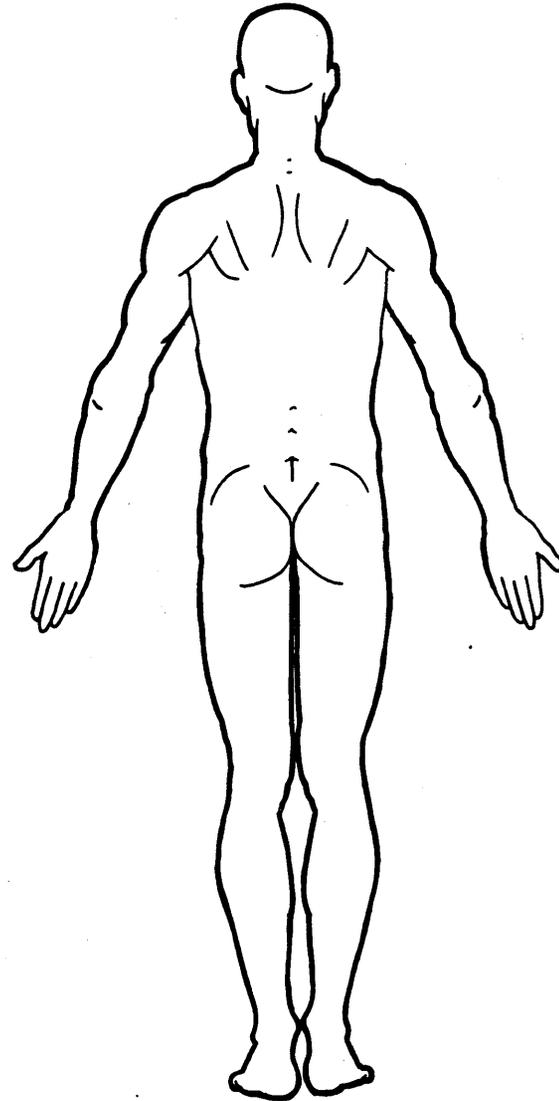
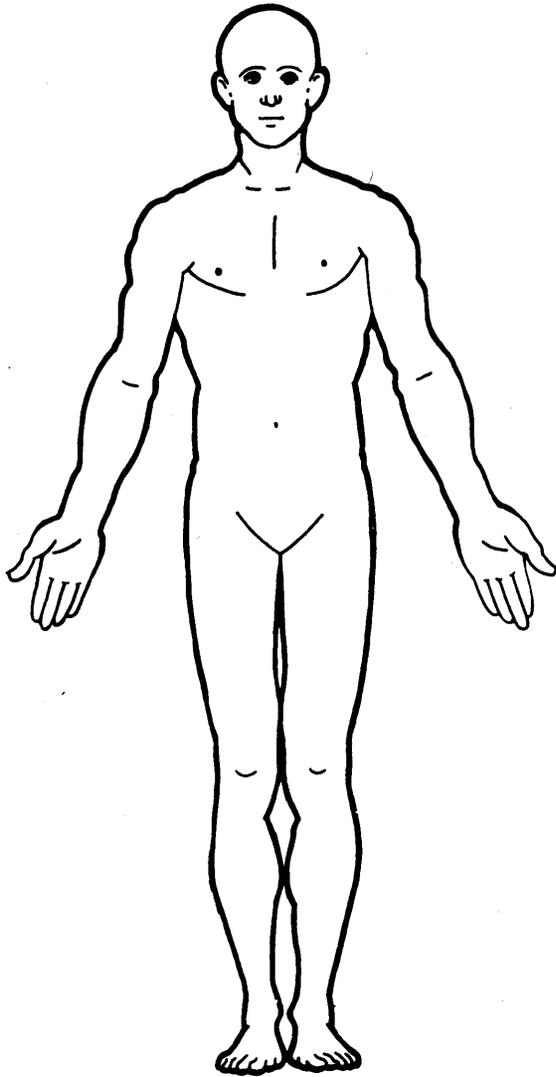
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>9</u>	6. <u>H</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
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. ___

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.				System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion							
11th	—	—	—	—	—	—	---	—	—	---	
12th	—	—	—	—	—	—	---	—	—	---	
13th	—	—	—	—	—	—	---	—	—	---	
14th	—	—	—	—	—	—	---	—	—	---	
15th	—	—	—	—	—	—	---	—	—	---	
16th	—	—	—	—	—	—	---	—	—	---	
17th	—	—	—	—	—	—	---	—	—	---	
18th	—	—	—	—	—	—	---	—	—	---	
19th	—	—	—	—	—	—	---	—	—	---	
20th	—	—	—	—	—	—	---	—	—	---	
21st	—	—	—	—	—	—	---	—	—	---	
22nd	—	—	—	—	—	—	---	—	—	---	
23rd	—	—	—	—	—	—	---	—	—	---	

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 bag
- (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 |
| (B) | Bilateral (rib fracture only). |
| (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

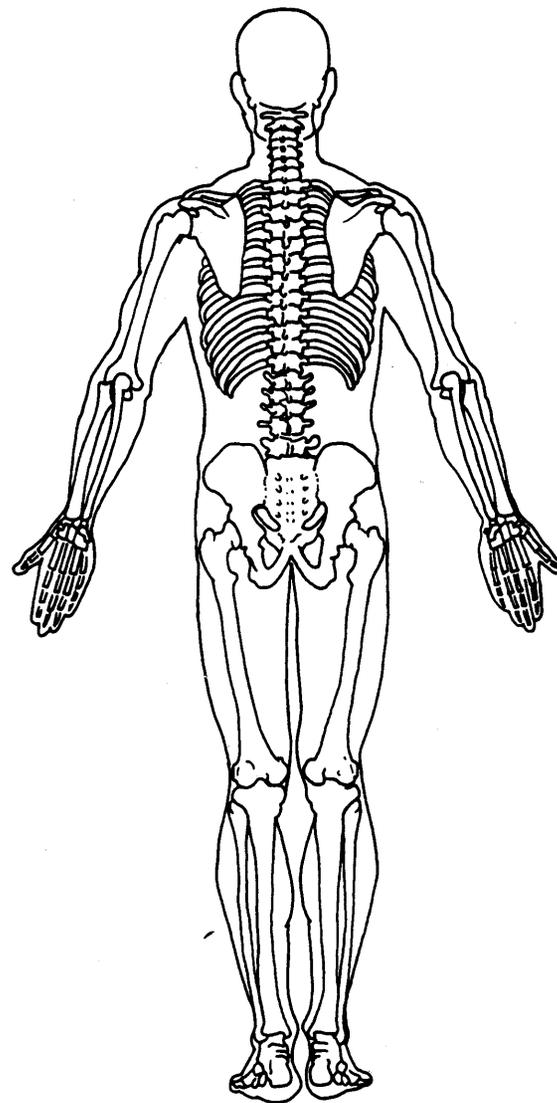
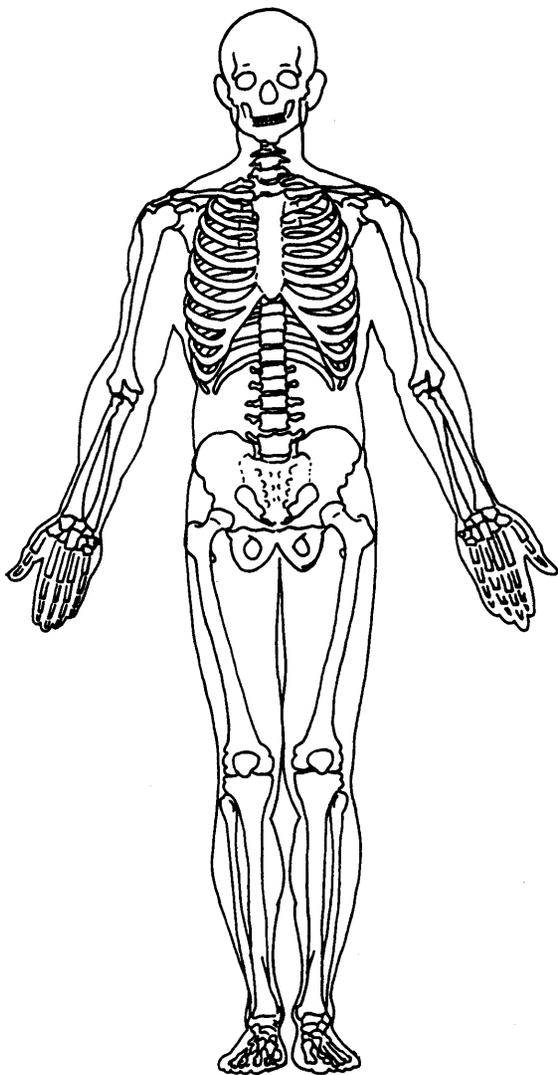
- | | |
|-----|--------------------------------|
| (J) | Joints |
| (K) | Kidneys |
| (L) | Liver |
| (M) | Muscles |
| (N) | Nervous system |
| (P) | Pulmonary-lungs |
| (R) | Respiratory |
| (S) | Skeletal |
| (C) | Spinal cord |
| (Q) | Spleen |
| (T) | Thyroid, other endocrine gland |
| (G) | Urogenital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

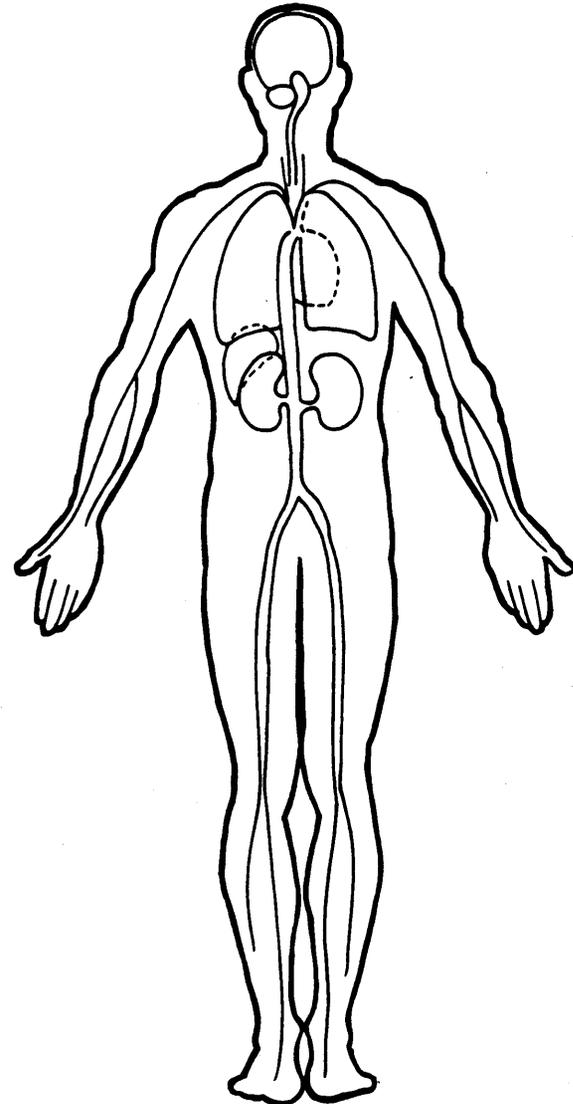
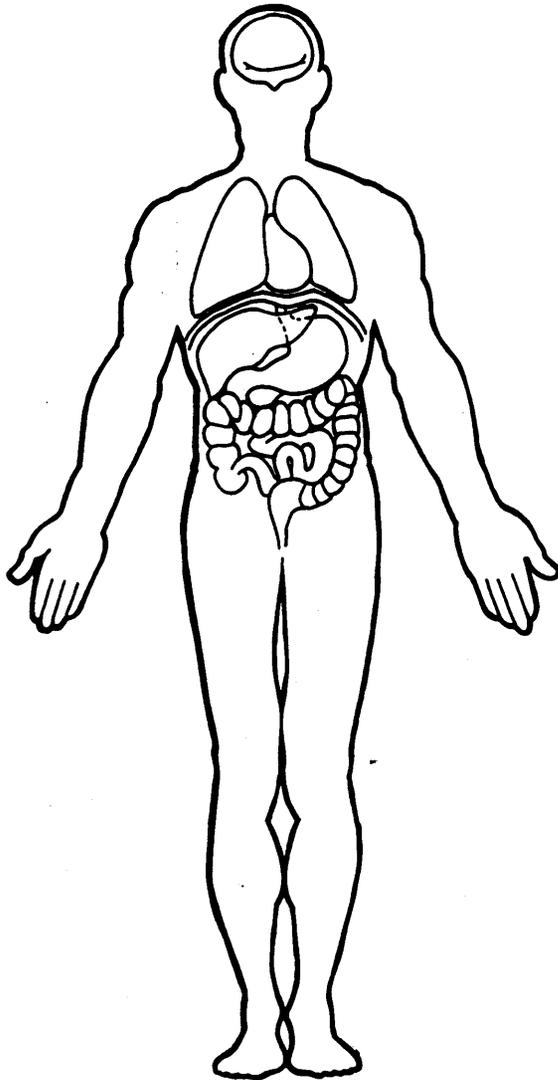
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)

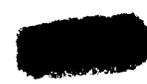


OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)



NO MORE INTER ERRORS - PRESS ENTER

 ERKOK
ACC FORM

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
 HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 HH1273 EJECTION DA12 is equal to 1-3 and (MANUAL BELT USE DA18 does not
 HH1274 equal 00 or AIR BAG DEPLOYMENT DA22 does not equal 0
 HH1275 or AUTOMATIC BELT USE DA45 does not equal 0).

HH1281 2 ***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
 HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 HH1283 AIR BAG AVAILABILITY/FUNCTION DA21 equals 1-3.

NO MORE INTRA ERRORS - PRESS ENTER

1991 ACCIDENT FORM

1. PSU Number 81 2. Case Number 199A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date /91 5. Accident Time 2355

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

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. 04	015. 9	016. 31	017. 00	018. N

1991 GENERAL VEHICLE FORM

1. PSU Number 81
2. Case Number 199A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 92
5. Make 59
6. Model 032
7. Body Type 04
8. VIN JT8UF11E4N0

OFFICIAL RECORDS

9. Police Reported Disposition 1
10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 1
12. Alcohol Test Result for Driver 13

ACCIDENT RELATED

13. Speed Limit 55
14. Attempted Avoid. Manuever 99
15. Accident Type 02

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
17. No. Occupants This Vehicle 02
18. No. Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 038
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 4

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

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 0
36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence 0
38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception	Specimen Test
	Test Results	Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

1991 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 81
- 2. Case Number 199A
- 3. Vehicle Number 01
- 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

- 5. Age 31 6. Sex 1 7. Height 72 8. Weight 180 9. Role 1
- 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

- 12. Ejection 2 13. Ejection Area 2 14. Ejection Medium 4
- 15. Medium Status 9 16. Entrapment 0

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. Air Bag Availability 1 22. Air Bag Deployment 4
- 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 0
- 25. Head Restraint Type/Damage by Occupant at this Position 9
- 26. Seat Type 99 27. Seat Performance 9

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

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	99	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	01				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION DA12 is equal to 1-3 and (MANUAL BELT USE DA18 does not
HH1274 equal 00 or AIR BAG DEPLOYMENT DA22 does not equal 0
HH1275 or AUTOMATIC BELT USE DA45 does not equal 0).

HH1281 2 ***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION DA21 equals 1-3.

 1991 OCCUPANT INJURY FORM

1. PSU NUMBER 81
2. CASE NUMBER 199A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	ORGAN	SYSTEM A.I.S. SEVERITY	INJURY SOURCE	INJURY CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	9	H	U	U	U	7	97	9 7	99

1991 OCCUPANT ASSESSMENT FORM

- 1. PSU Number 81
- 2. Case Number 199A
- 3. Vehicle Number 01
- 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

- 5. Age 31 6. Sex 1 7. Height 72 8. Weight 210 9. Role 2
- 10. Seat Position 13 11. Posture 0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Belt System Availability 4 18. Belt System Use 04
- 19. Proper Use of Belt 1 20. Belt Failure Modes During Impact 9
- 21. Air Bag Availability 0 22. Air Bag Deployment 0
- 23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 4
- 25. Head Restraint Type/Damage by Occupant at this Position 9
- 26. Seat Type 99 27. Seat Performance 9

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

INJURY CONSEQUENCES

- 34. Severity (Police Rating) 2 35. Treatment - Mortality 3
- 36. Type of Med. Facility (Initial) 1 37. Hospital Stay 01
- 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 01

- 44. Automatic (Passive) Belt System Availability/Function 0
- 45. Automatic (Passive) Belt System Use 0
- 46. Automatic (Passive) Belt System Type 0
- 47. Proper Use of Automatic (Passive) Belt System 0
- 48. Automatic (Passive) Belt System Failure Mode 0

1991 OCCUPANT INJURY FORM

- 1. PSU NUMBER 81
- 2. CASE NUMBER 199A
- 3. VEHICLE NUMBER 01
- 4. OCCUPANT NUMBER 02

INJURY DATA

SOURCE OF INJURY DATA	REGION	ASPECT	BODY	SYSTEM	A.I.S.	INJURY SEVERITY	INJURY SOURCE	CONFID. LEVEL	INDIR. INJURY	OCC. AREA INTR. NO.		
01.	9		H		U	U	U	7	97	9	7	99

NO MORE INTER ERRORS - PRESS ENTER

ERROR
ACC FORM

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
 HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18 does not
 HH1274 equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
 HH1275 or AUTOMATIC BELT USE OA45 does not equal 0).

HH1281 2 ***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
 HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
 HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

NO MORE INTRA ERRORS - PRESS ENTER

1991 ACCIDENT FORM

1. PSU Number 81 2. Case Number 199A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [REDACTED]/91 5. Accident Time 2355

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

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. 04	015. 9	016. 31	017. 00	018. N

1991 GENERAL VEHICLE FORM

1. PSU Number 81
2. Case Number 199A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 92 5. Make 59
6. Model 032 7. Body Type 04
8. VIN JT8UF11E4N0 [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 1 12. Alcohol Test Result for Driver 13

ACCIDENT RELATED

13. Speed Limit 55 14. Attempted Avoid. Manuever 99
15. Accident Type 02

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 02
18. No. Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 038 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 4

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

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 0
36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence 0
38. Police Observation/Perception Test Type for Driver 0
39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

1991 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 4.03

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

1991 ACCIDENT FORM

1. PSU Number 81

2. Case Number 199A

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [REDACTED] 91 5. Accident Time 2355

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 1 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. 04	015. 9	016. 50	017. 00	018. 0
019. 02	020. 01	021. 04	022. 9	023. 50	024. 00	025. 0
026. 03	027. 01	028. 04	029. 9	030. 31	031. 00	032. N

 1991 OCCUPANT ASSESSMENT FORM

1. PSU Number 81
 2. Case Number 199A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 31 6. Sex 1 7. Height 71 8. Weight 220 9. Role 1
 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 2 13. Ejection Area 2 14. Ejection Medium 4
 15. Medium Status 9 16. Entrapment 0

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. Air Bag Availability 1 22. Air Bag Deployment 4
 23. Did Air Bag Fail? 1 24. Police Reported Restraint Use 0
 25. Head Restraint Type/Damage by Occupant at this Position 9
 26. Seat Type 99 27. Seat Performance 9

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

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	03	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	18				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0

HH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18 does not
HH1274 equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
HH1275 or AUTOMATIC BELT USE OA45 does not equal 0).

HH1281 2 ***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1283 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.

1991 OCCUPANT INJURY FORM

- 1. PSU NUMBER 81
- 2. CASE NUMBER 199A
- 3. VEHICLE NUMBER 01
- 4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA		BODY REGION ASPECT		SYSTEM A.I.S. LESION ORGAN		A.I.S. SEVERITY	INJURY SOURCE	CONFID. LEVEL	DIR./INDIR. INJURY	OCC. AREA INTR. NO.
01.	1	N	A	F	S	2	67	3	1	99
02.	1	N	A	F	R	3	67	3	1	99
03.	1	H	W	N	W	6	67	3	1	99
04.	1	F	U	F	S	2	67	3	1	99
05.	1	F	I	F	S	2	67	3	1	99
06.	1	W	R	A	I	1	84	3	1	99
07.	1	W	L	A	I	1	84	3	1	99

08.	1	W	L	C	I	1	84	3	1	99
09.	1	C	C	C	I	1	26	3	1	99
10.	1	N	P	L	I	1	26	3	1	99
11.	1	H	R	L	I	1	67	3	1	99
12.	1	F	W	L	I	2	67	3	1	99
13.	1	F	S	C	I	1	67	3	1	99
14.	1	F	R	A	I	1	67	3	1	99
15.	1	F	I	L	D	1	97	9	7	99
16.	1	F	R	C	O	1	84	3	1	99
17.	1	F	L	L	O	1	84	3	1	99
18.	1	F	L	C	O	1	84	3	1	99

ERROR SUMMARY SCREEN

██████████ 1992

CURRENT VERSION: 4.03

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Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	2	Y
<hr/>				
Occupant Injury	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	



PSU 81-199A(1991) #1
Best Available



PSU 81-199A(1991) #2
Best Available



PSU 81-199A(1991) #3
Best Available



PSU 81-199A(1991) #4
Best Available



PSU 81-199A(1991) #5
Best Available



PSU 81-199A(1991) #6
Best Available



PSU 81-199A(1991) #7
Best Available



PSU 81-199A(1991) #8
Best Available



PSU 81-199A(1991) #9
Best Available



**PSU 81-199A(1991) #10
Best Available**