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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U.S. Department of Transportation

National Highway Traffic Safety Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 72 CASE NO. 078K TYPE OF ACCIDENT One Car/Left roadside departure with a 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.)

Vehicle #1 was southbound in lane 3 of an 8 lane divided expressway. Vehicle #1 lost control and departed the roadway to the left impacting a concrete traffic barrier with the front of vehicle #1. Vehicle #1 rebounded and crossed over to the right roadside impacting the right roadside with the front of vehicle #1. Vehicle #1 then rolled over to the left multiple times ejecting V101 and V103. Vehicle #1 came to final rest on its right side. Vehicle #1 was towed from the scene and all three vehicle #1 occupants were transported to the hospital.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
01	Fullsize	88/Buick/LeSabre 4 Door Sedan	Front	Severe	Left Front door failed & opened during rollover resulting in front left GM type 3 Pt. passive belt failure and V101 ejection.

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
01	Driver	Front Lt.	Passive 3 Pt belt Used & failed	Mouth-teeth	avulsion	1	Ground
01	Passenger	Front Rt.	Passive 3 Pt. Belt used	Unk.	abrasion	1	seat belt
01	Passenger	Rear Rt.	No Manual 3 Pt. Belts used	head	abrasion	1	GROUND

Body Region

Abdomen
Ankle—foot
Arm (upper)
Back-thoracolumbar spine
Chest
Elbow
Face
Forearm
Head—skull
Knee
Leg (lower)
Lower limbs(s) (whole or unknown part)
Neck—cervical spine
Pelvic—hip
Shoulder
Thigh
Upper limb(s) (whole or unknown part)
Whole body
Wrist—hand
Brain
Ears
Eye
Heart
Kidneys
Liver
Mouth
Noise
Pulmonary—lungs
Spleen
Thyroid, other endocrine gland
Vertebrae

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush
Detachment, separation
Dislocation
Fracture
Fracture and dislocation
Laceration
Other
Perforation, puncture
Rupture
Sprain
Strain
Total severance, transection
Unknown

Abbreviated Injury Scale

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

DO NOT SANITIZE THIS FORM

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

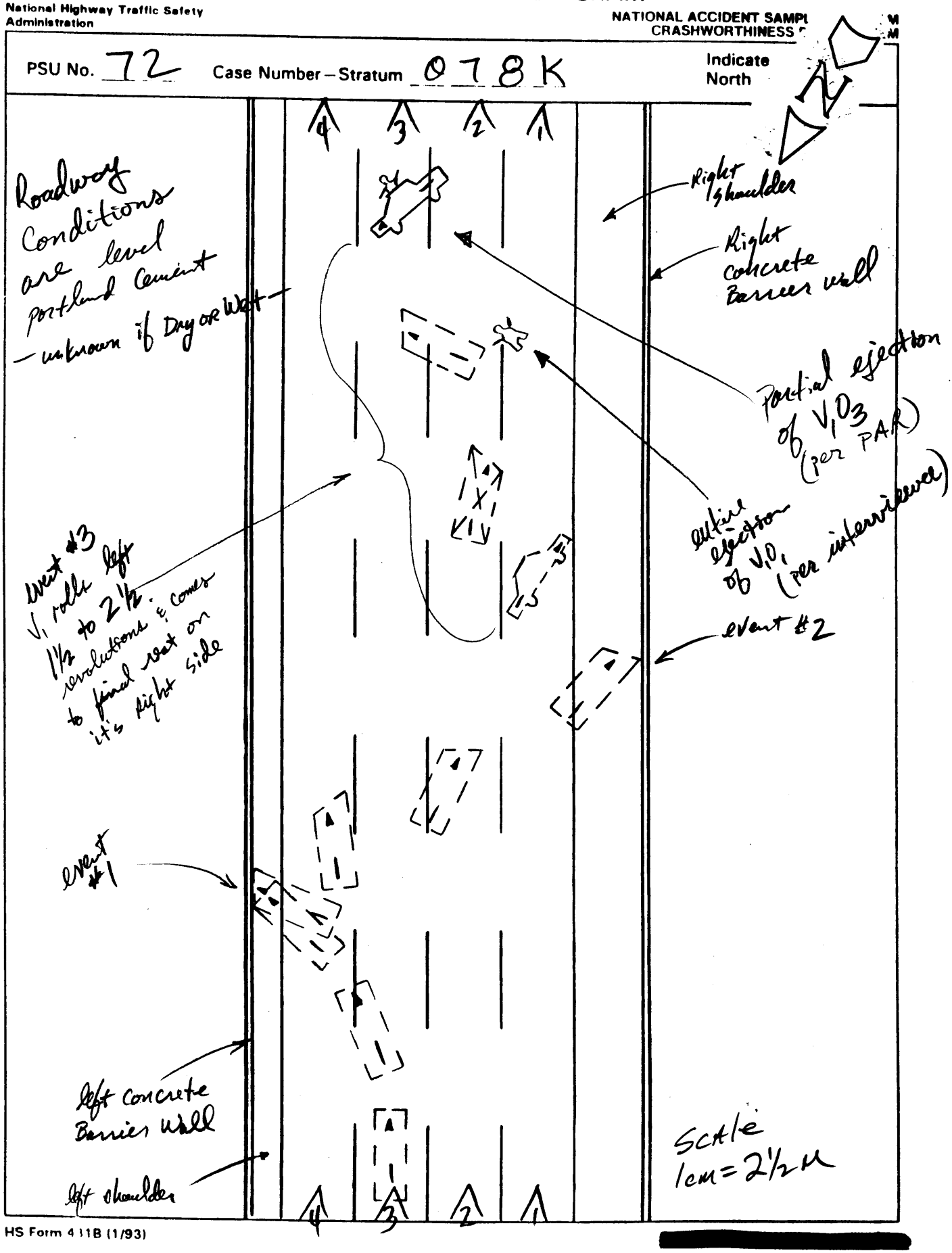
ACCIDENT COLLISION DIAGRAM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPL
CRASHWORTHINESS

PSU No. 72 Case Number – Stratum 078K

Indicate North



HS Form 431B (1/93)

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 72

Case Number—Stratum 72-078K-V1

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

* approximate vehicle orientation at impact and final rest
* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
* applicable traffic controls (e.g., speed limit)
* north arrow placed on diagram
* sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when physical evidence is present:

* document reference point and reference line relative to physical features present at the scene
* scale documentation of all accident induced physical evidence
* scaled documentation of all roadside objects contacted
* roadway surface type and condition of applicable roadways
* grade measurements for all applicable roadways and at location of rollover initiation
* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  a) physical evidence, or
  b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	100°		
Surface Type	Concrete		
Surface Condition	wet		
Grade (v/h) Measurement (between impact and final rest)	Lvl		
Grade (v/h) Measurement (at location of rollover initiation)	Lvl		

Reference Point: No Evidence Found

Reference line:

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

HS Form 431A (1/93)

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 72
2. Case Number - Stratum: 078K

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 01
4. Date of Accident (Month,Day,Year): ____ ____ ____ ____ 9 3
5. Time of Accident: 0425

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS14 Fatal AOPS: 0
7. ___SS15 Administrative Use: 0
8. ___SS16 _____: 0
9. ___SS17 _____: 0
10. ___SS18 _____: 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 03

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. 01	13. 01	14. 04	15. F	16. 54	17. 00	18. 0
19. 02	20. 01	21. 04	22. R	23. 54	24. 00	25. 0
26. 03	27. 01	28. 04	29. T	30. 31	31. 00	32. N
33. 04	34. ___	35. ___	36. ___	37. ___	38. ___	39. ___
40. 05	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___

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

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(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 (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

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

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

_____

(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

_____

(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

_____

(89) Unknown nonfixed object

(98) Other event (specify):

_____

(99) Unknown event or object

PSU 72-078K V-01

OCCUPANT RELATED

16. Driver Presence in Vehicle — 1
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle — 03
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted — 03

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight — 1480
    148 Code weight to nearest 10 kilograms.
    (045) Less than 450 kilograms
    (610) 6,100 kilograms or more
    (999) Unknown
    3256 lbs X .4536 = 1477 kgs
    Source: _____

20. Vehicle Cargo Weight — 0000
    0 Code weight to nearest 10 kilograms.
    (000) Less than 5 kilograms
    (450) 4,500 kilograms or more
    (999) Unknown
    0 lbs X .4536 = 0 kgs

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

24. Rollover — 4
    (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):
    1¼ to 2¼ complete revolutions came to final rest on right side
    (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    (9) Rollover (overturn), details 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

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 — 998

28. Heading Angle For Other Vehicle — 998

PSU 72-078K V-01

OTHER DATA

56. Driver's Zip Code ____ ____ ____ ____ ____

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 2
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify): _____
(9) Unknown

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

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 3
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify): _____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 1
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 31

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 8
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): centerpoint tow
(8) Non-contact rollover forces (specify): _____
(9) Unknown

63. Direction of Initial Roll 2
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

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

per PAR

PSU 72-078K V-01

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

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

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

_____

(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(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

U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 72
2. Case Number - Stratum: 078C
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

VIN: 1G4HP543XJH_____ Model Year: 88

Vehicle Make (specify): BUICK

Vehicle Model (specify): LeSabre CUSTOM 4DR
Moto belts

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
01	Front Bumper Corner to Corner	Front bumper Corner to Corner
02	Rt. Front Bumper Corner ends 90 Forward of Rt. Front Axle	Rt. Front Bumper Corner ends 89 Forward of Rt. Front Axle
03	Top Sfc & both sides	end to end and Rail to Rail

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
01	Front bumper	170	92	144	92	72	56	45	33	27	0
01	Freespace		7		7	3	1	1	3	7	
01	Resultant		85		85	69	55	44	30	20	
02	Right Front Axle	13	6	14	←		N/A			→	237
02	Freespace										
02	Resultant										
03	Top Sfc	130	33	480	←		N/A			→	0
03	Freespace		0								
03	Resultant		33								

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

	a. Rotation physically restricted	b. Tire deflated
RF	2	1
LF	1	1
RR	2	9
LR	2	1

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

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	281	cm
Overall Length	499	cm
Maximum Width	184	cm
Curb Weight	1477	kg
Average Track	153	cm
Front Overhang	110	cm
Rear Overhang	108	cm
Undeformed End Width	171	cm
Engine Size: cyl./displ.	V-6 ; 3.8	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ ___ o
LF ⊕ 1 5 o
RR ± ___ ___ o
LR ± ___ ___ o

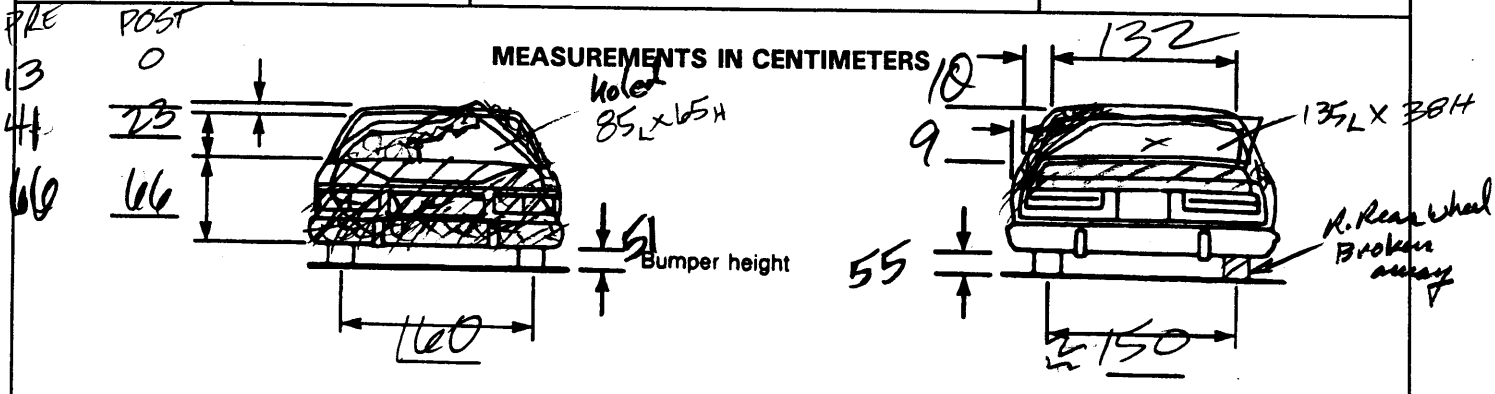
Within ± 5 degrees

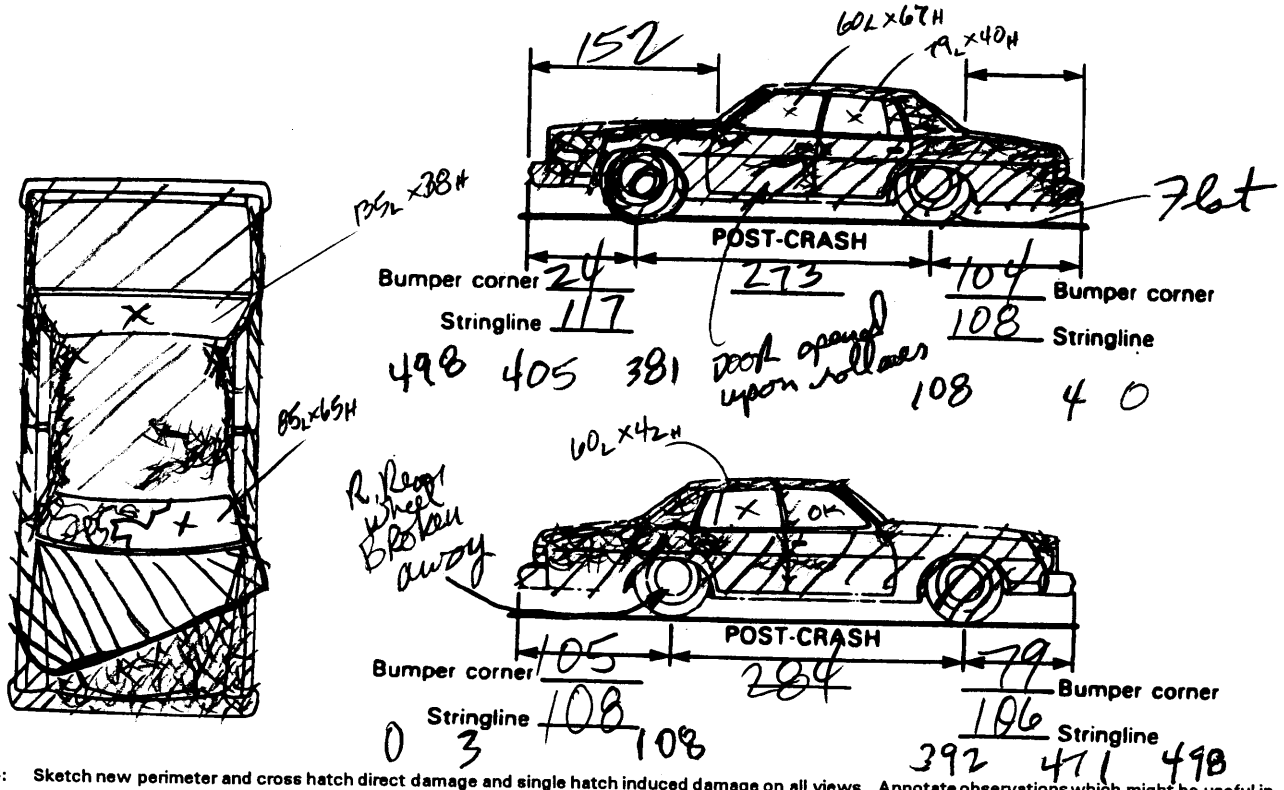
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight <5 kg

MEASUREMENTS IN CENTIMETERS





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

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

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 (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (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
01	54	350	— —	F	D	E	W	03
02	54	050	— —	R	F	E	S	01
03	31	— — —	— —	T	D	D	O	04
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —
— —	— —	— — —	— —	—	—	—	—	— —

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 12
2. Case Number - Stratum: 018C
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 (back door)
   (04) Roof
   (05) Roof glass
   (06) Side window
   (07) Rear window (backlight)
   (08) Roof and roof glass
   (09) Windshield and door (side)
   (10) Windshield and roof
   (11) Side and rear window (side window and backlight)
   (12) Windshield and side window
   (13) Door and side window
   (98) Other combination of above (specify): 01+02+06+07
   (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 2 6. RF 3 7. LR 3 8. RR 3 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 Ø

10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

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

   Door, Tailgate or Hatch Came Open During Collision
   (1) Door operational (no damage)
   (2) Latch/striker failure due to damage
   (3) Hinge failure due to damage
   (4) Door structure failure due to damage
   (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
   (6) Latch/striker and hinge failure due to damage
   (8) Other failure (specify): _____
   (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 0 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

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 2

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

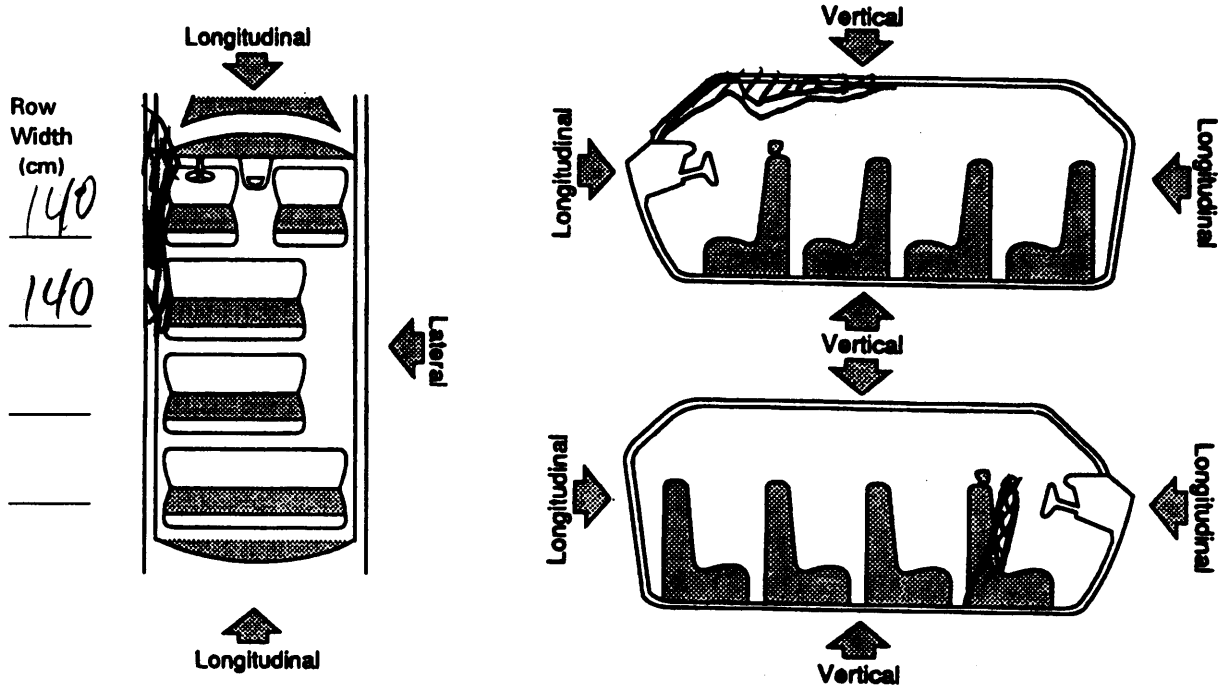
Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION	
11	A-Piller	70	–	45	=	25	lat	2
11	B-Piller	70	–	51	=	19	lat	6
21	B-Piller	70	–	50	=	20	lat	4
21	C-Piller	70	–	62	=	8	lat	9
11	Roof Side Rail	90	–	71	=	19	Vert	7
21	" " "	90	–	70	=	20	"	5
11	Roof	99	–	73	=	26	"	1
12	"	99	–	100	=	0	"	
13	"	99	–	98	=	1	"	
21	Roof	94	–	71	=	23	"	3
22	"	94	–	90	=	04	"	10
23	"	94	–	94	=	0	"	
13	Front seat back	80	–	61	=	19	long	8
			–		=			
			–		=			

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 11	48. 12	49. 3	50. 1
2nd	51. 11	52. 06	53. 3	54. 3
3rd	55. 21	56. 12	57. 3	58. 1
4th	59. 21	60. 07	61. 3	62. 3
5th	63. 21	64. 13	65. 3	66. 1
6th	67. 11	68. 07	69. 3	70. 3
7th	71. 11	72. 13	73. 3	74. 1
8th	75. 13	76. 19	77. 3	78. 2
9th	79. 21	80. 08	81. 2	82. 3
10th	83. 22	84. 12	85. 1	86. 1

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

- (97) Catastrophic
- (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 (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (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 door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

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

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

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
No deformation	—		=	0.0
	—		=	
	—		=	

STEERING COLUMN

87. Steering Column Type — 1
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

92. Steering Rim/Spoke Deformation — 0 0
_____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation — 0 0 0
(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 — 1 2 3 000
123 kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

76591 miles X 1.6093 = 123258 kilometers
Source: odometer

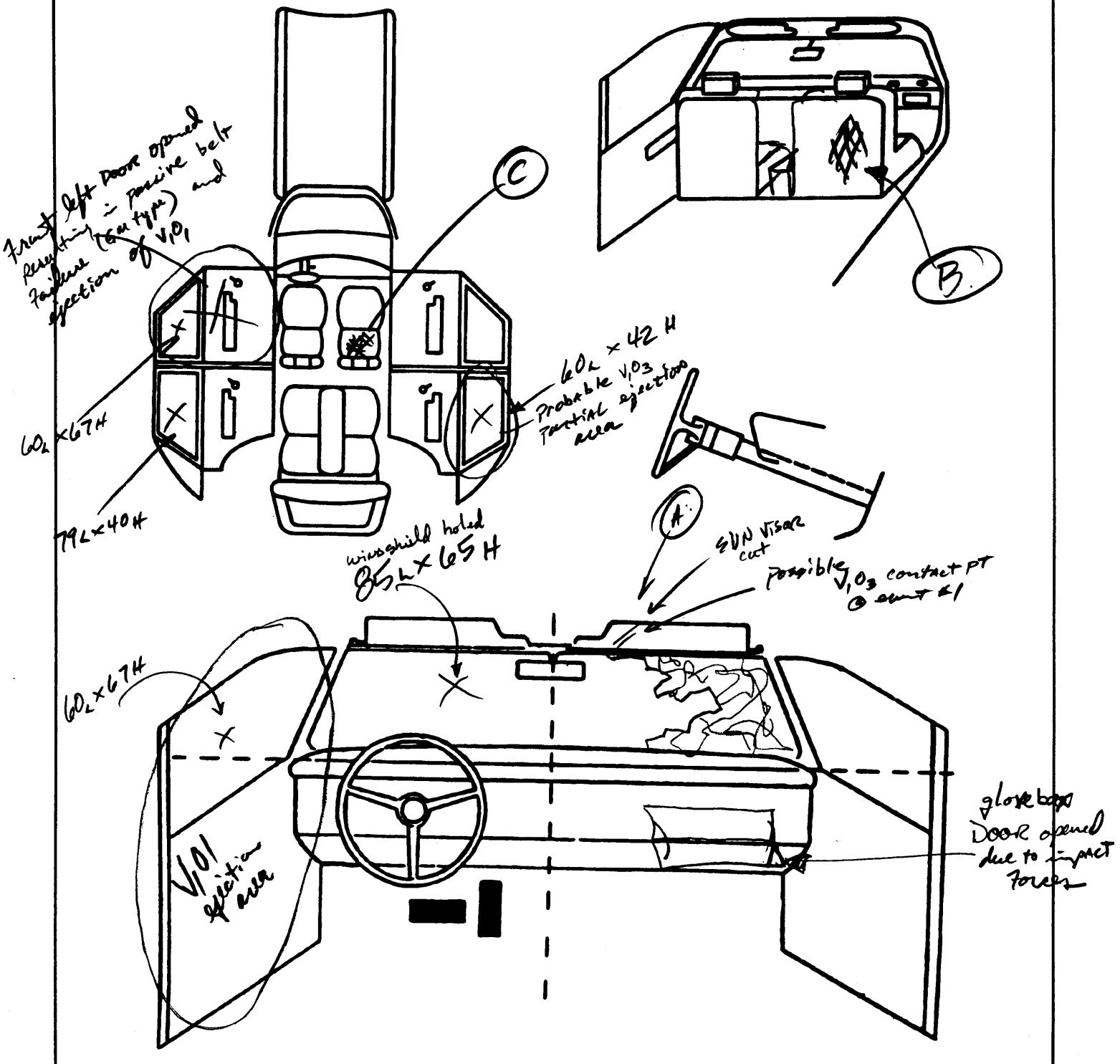
95. Instrument Panel Damage from Occupant Contact? — 8
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? — 1
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	07	03	Head	cut	3
B	40	03	TORSO	Scuffed, & moved forward	1
C	40	02	BACK	intruded From Rear	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):_____
- (19) Other front object (specify):

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-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 (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

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 (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (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):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
FIRST	Availability/Function	9	9
	Deployment		
	Failure		

Air Bag System Availability/Function
- (0) Not equipped/not available
- (1) Air bag

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

Air Bag System Deployment
- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	2	2
	Use	1	1
	Type	1	1
	Proper Use	1	1
	Failure Modes	5	1

Automatic (Passive) Belt System Availability/Function
- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type
- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System
- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): * Front left Door opened
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

* Front left Door is the lower anchorage for the GM type 3pt Passive belt

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant 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	0	3	0
	Use	00	00	00
	Failure Modes	0	0	0
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability
- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed
- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

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 Uasge						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

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

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

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

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

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

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

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

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

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

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

   - (99) Unknown if child safety seat used

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

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	Seat Performance	1	1	5
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

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., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed specify: _____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [ ] Yes [✓]

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

V1O1 was ejected out the front left door which failed during the multiple rollover phase of the accident

V1O3 was partially ejected out the shattered right rear window

Occupant Number	01	02	03			
Ejection	1	0	1			
(Note on Vehicle Interior Sketch) Ejection Area	2	0	5			
Ejection Medium	1	0	4			
Medium Status	2	0	2			

Ejection
(1) Complete ejection
(1) 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): Right rear window area
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed — shattered upon rollover
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 72
2. Case Number - Stratum: 078K
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 21
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

6. Occupant's Sex: 1
   (1) Male
   (2) Female
   (9) Unknown

7. Occupant's Height: 178
   Code actual height to the nearest centimeter.
   (999) Unknown
   70 inches X 2.54 = 178 centimeters

8. Occupant's Weight: 079
   Code actual weight to the nearest kilogram.
   (999) Unknown
   175 pounds X .4536 = 79.4 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

EJECTION/ENTRAPMENT

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

13. Ejection Area 2
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium 1
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) 2
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. 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

19. Proper Use of Manual (Active) Belts
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure?
(0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify):

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — 3
    (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

26. Seat Type (this Occupant Position) — 04
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position) — 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (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
(950) Built-in child safety seat
(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 01

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

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 3
(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 02
(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 10
_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00
_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (includes fatal ruled disease) (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 04
_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 2
    (0) Not equipped/not available
    (1) 2 point automatic belts
    (2) 3 point automatic belts
    (3) Automatic belts - type unknown

    Non-functional
    (4) Automatic belts destroyed or rendered inoperative
    (9) Unknown

45. Automatic (Passive) Belt System Use — 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Automatic belt in use
    (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
    (3) Automatic belt use unknown
    (9) Unknown

46. Automatic (Passive) Belt System Type — 1
    (0) Not equipped/not available
    (1) Non-motorized system
    (2) Motorized system
    (9) Unknown

47. Proper Use of Automatic (Passive Belt System — 1
    (0) Not equipped/not available/not used
    (1) Automatic belt used properly
    (2) Automatic belt used properly with child safety seat

    Automatic Belt Used Improperly
    (3) Automatic shoulder belt worn under arm
    (4) Automatic shoulder belt worn behind back
    (5) Automatic belt worn around more than one person
    (6) Lap portion of automatic belt worn on abdomen
    (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
    (8) Other improper use of automatic belt system (specify): _____
    (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — 5
    (0) Not equipped/not available/not in use
    (1) No automatic belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify): Front left Door opened — Door is lower belt anchorage
    (6) Broken retractor
    (7) Combination of above (specify):
    (8) Other automatic belt failure (specify): _____
    (9) Unknown

49. Seat Orientation (this Occupant Position) — 1
    (0) Occupant not seated or no seat
    (1) Forward facing seat
    (2) Rear facing seat
    (3) Side facing seat (inward)
    (4) Side facing seat (outward)
    (8) Other (specify): _____
    (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — 15
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? — 1
    (1) No - blood not given
    (2) Yes - blood given (specify units): _____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO_3 — 01
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [✓] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [✓]

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	72	3. Vehicle Number	01
2. Case Number - Stratum	078 K	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.

	Source of Injury Data	O.I.C.-A.I.S Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
2nd	16. 3	17. 7	18. 9	19. 02	20. 02	21. 1	22. 3	23. 84	24. 1	25. 1	26. 00
3rd	27. 3	28. 2	29. 5	30. 14	31. 06	32. 1	33. 8	34. 84	35. 1	36. 1	37. 00
4th	38. 3	39. 8	40. 9	41. 02	42. 02	43. 1	44. 3	45. 84	46. 1	47. 1	48. 00
5th	49. 3	50. 1	51. 9	52. 02	53. 02	54. 1	55. 5	56. 84	57. 1	58. 1	59. 00
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

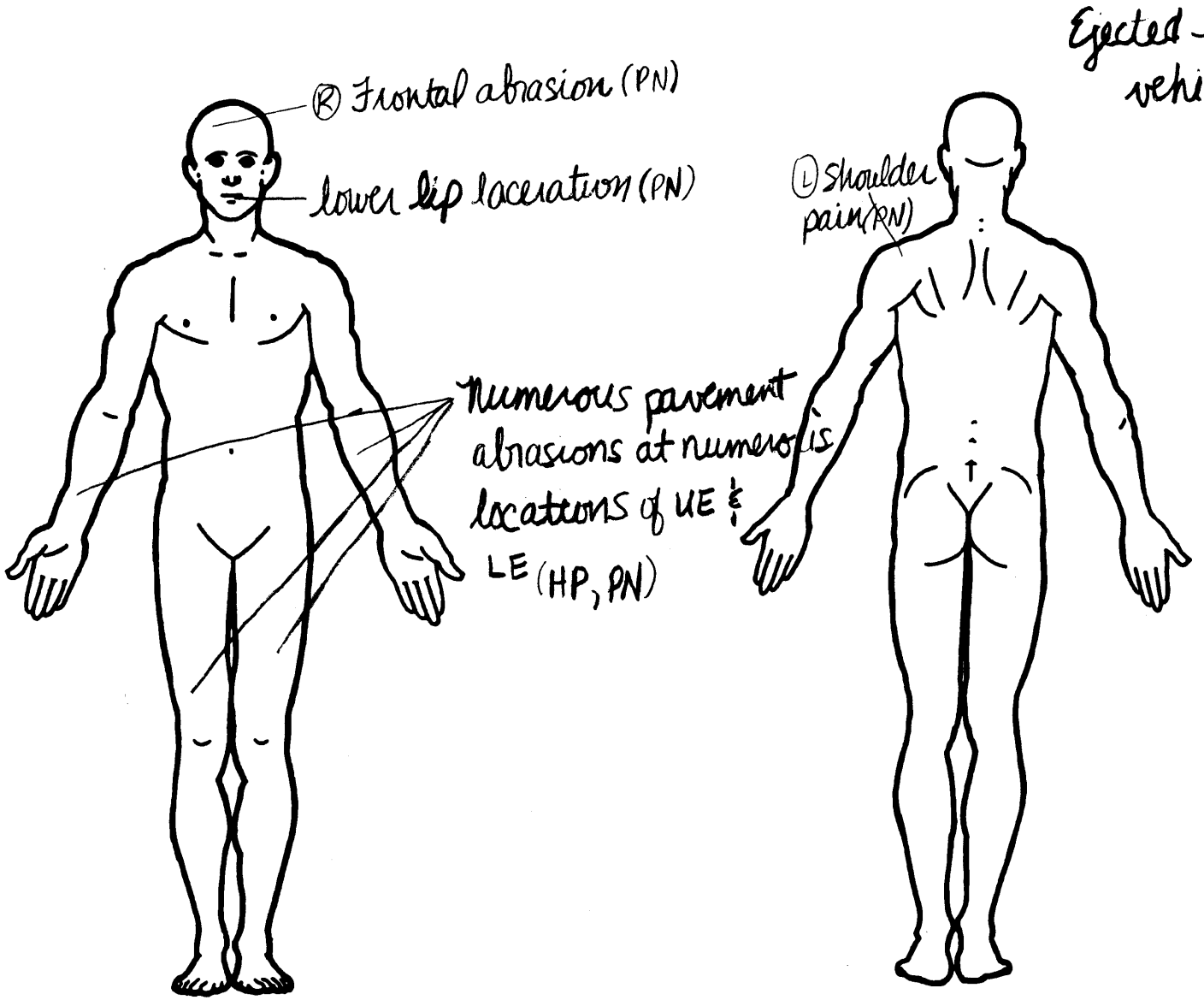
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

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 Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital/ medical records
(2) Hospital/medical records other than emergency room (e.g., 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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):

_____

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

_____

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):

_____

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):_____
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(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):_____
(93) Air bag exhaust gases
(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

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

supposedly restrained (PN)

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

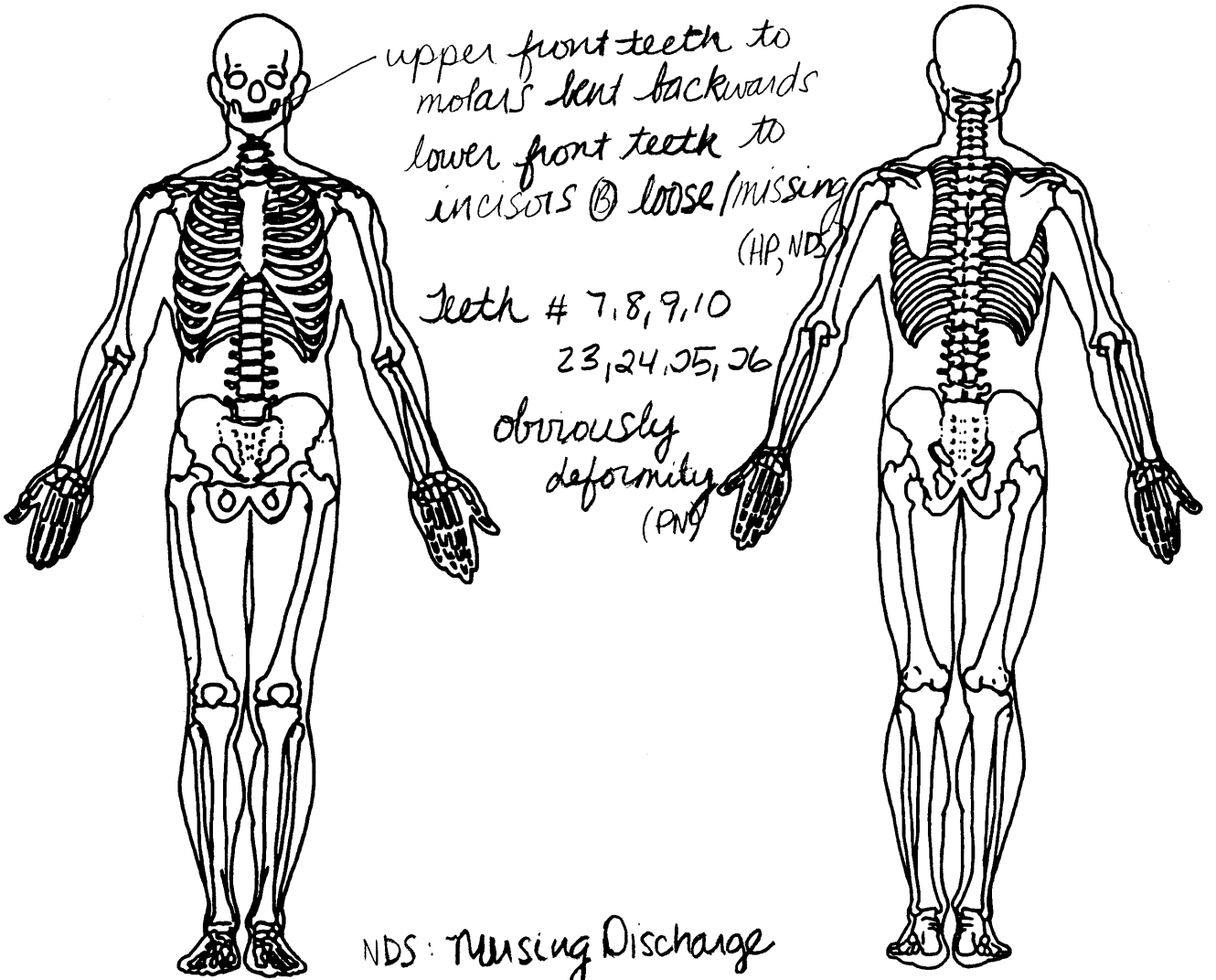
pH = __.__

PO_2 = ____

PCO_2 ____

HCO_3 ____

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



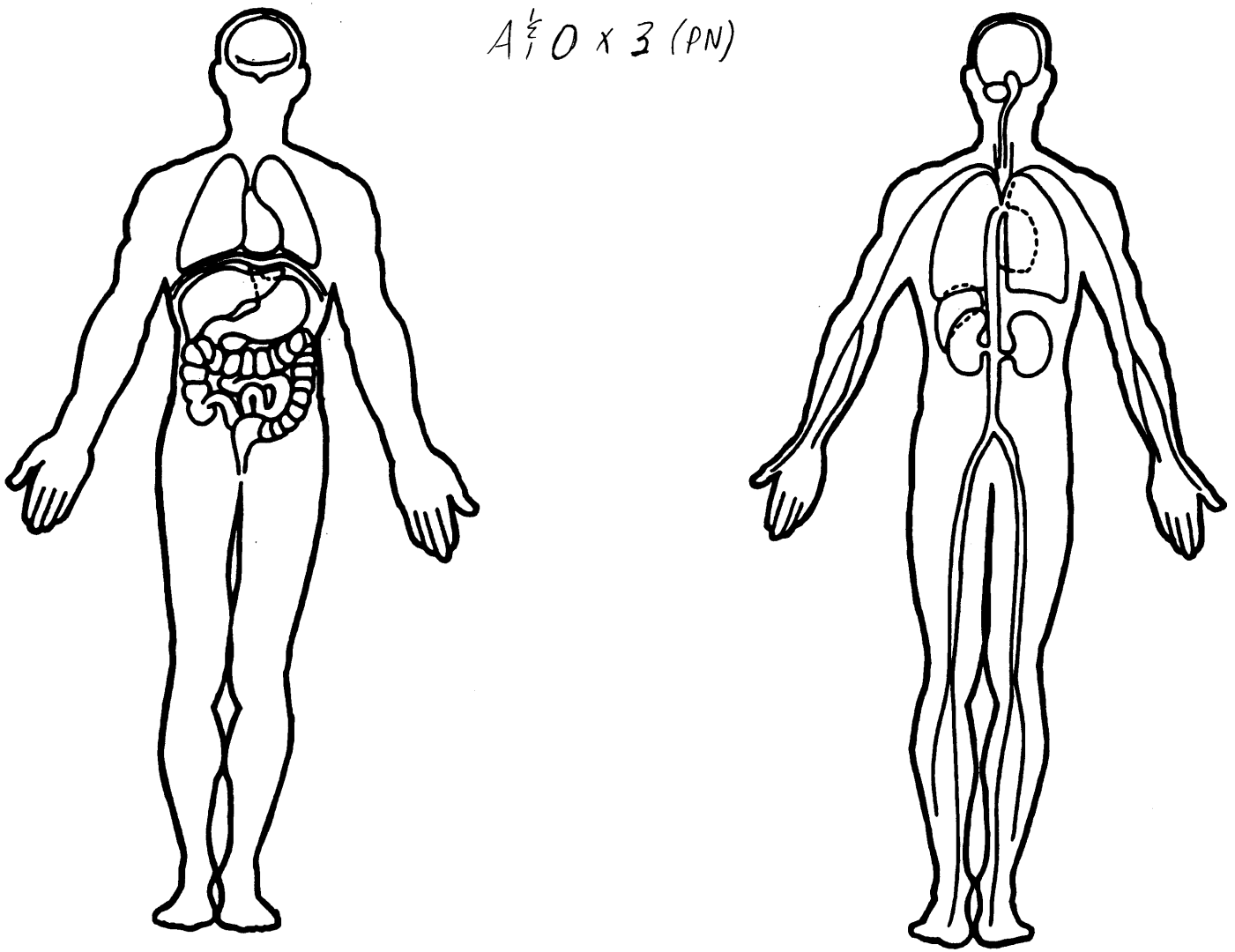
NDS: Nursing Discharge Summary

OFFICIAL INJURY DATA — INTERNAL INJURIES

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

Ø LOC (HP, PN)

A½O x 3 (PN)



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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 72
2. Case Number - Stratum: 078K
3. Vehicle Number: 01
4. Occupant Number: 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 22
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

6. Occupant's Sex: 2
   (1) Male
   (2) Female
   (9) Unknown

7. Occupant's Height: 168
   Code actual height to the nearest centimeter.
   (999) Unknown
   66 inches X 2.54 = 167.6 centimeters

8. Occupant's Weight: 073
   Code actual weight to the nearest kilogram.
   (999) Unknown
   160 pounds X .4536 = 72.6 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

EJECTION/ENTRAPMENT

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

13. Ejection Area
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact)
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability
    (0) None available
    (1) Belt removed/destroyed
    (2) Shoulder belt
    (3) Lap belt
    (4) Lap and shoulder belt
    (5) Belt available—type unknown

    Integral Belt Partially Destroyed
    (6) Shoulder belt (lap belt destroyed/removed)
    (7) Lap belt (shoulder belt destroyed/removed)

    (8) Other belt (specify): _____
    (9) Unknown

18. 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

19. Proper Use of Manual (Active) Belts
    (0) None used or not available
    (1) Belt used properly
    (2) Belt used properly with child safety seat

    Belt Used Improperly
    (3) Shoulder belt worn under arm
    (4) Shoulder belt worn behind back or seat
    (5) Belt worn around more than one person
    (6) Lap belt worn on abdomen
    (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
    (8) Other improper use of manual belt system (specify): _____
    (9) Unknown

20. Manual (Active) Belt Failure Modes During Accident
    (0) No manual belt used
    (1) No manual belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify): _____
    (6) Broken retractor
    (7) Combination of above (specify): _____
    (8) Other manual belt failure (specify): _____
    (9) Unknown

21. Air Bag System Availability/Function
    (0) Not equipped/not available
    (1) Air bag

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

22. Air Bag System Deployment
    (0) Not equipped/not available
    (1) Air bag deployed during accident (as a result of impact)
    (2) Air bag deployed inadvertently just prior to accident
    (3) Air bag deployed, accident sequence undetermined
    (4) Nondeployed
    (5) Unknown if deployed
    (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
    (9) Unknown

23. Are There Indications of Air Bag System Failure?
    (0) Not equipped/not available
    (1) No
    (2) Yes (specify): _____
    (9) Unknown

    Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use
    (0) None used
    (1) Police did not indicate restraint use
    (2) Shoulder belt
    (3) Lap belt
    (4) Lap and shoulder belt
    (5) Belt used, type not specified
    (6) Child safety seat
    (7) Other or automatic restraint (specify): _____
    (8) Restrained, type unknown
    (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3
    (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

26. Seat Type (this Occupant Position) 04
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position) 5
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant from Rear
    (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
(950) Built-in child safety seat
(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

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):
_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):
_____
(9) Unknown

37. Hospital Stay 00

(00) Not Hospitalized
____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 99

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 02

____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 2
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use — 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type — 1
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive Belt System — 1
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
(8) Other improper use of automatic belt system (specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — 1
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

49. Seat Orientation (this Occupant Position) — 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
(9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — 02
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? — 1
(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO_3 — 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [✓] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [✓]

U.S. Department of Transportation

National Highway Traffic Safety Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	72	3. Vehicle Number	01
2. Case Number - Stratum	078K	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 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 4	7. 9	8. 02	9. 02	10. 1	11. 9	12. 41	13. 3	14. 1	15. 00
2nd	16. 7	17. 8	18. 5	19. 02	20. 06	21. 1	22. 9	23. 56	24. 3	25. 1	26. 00
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

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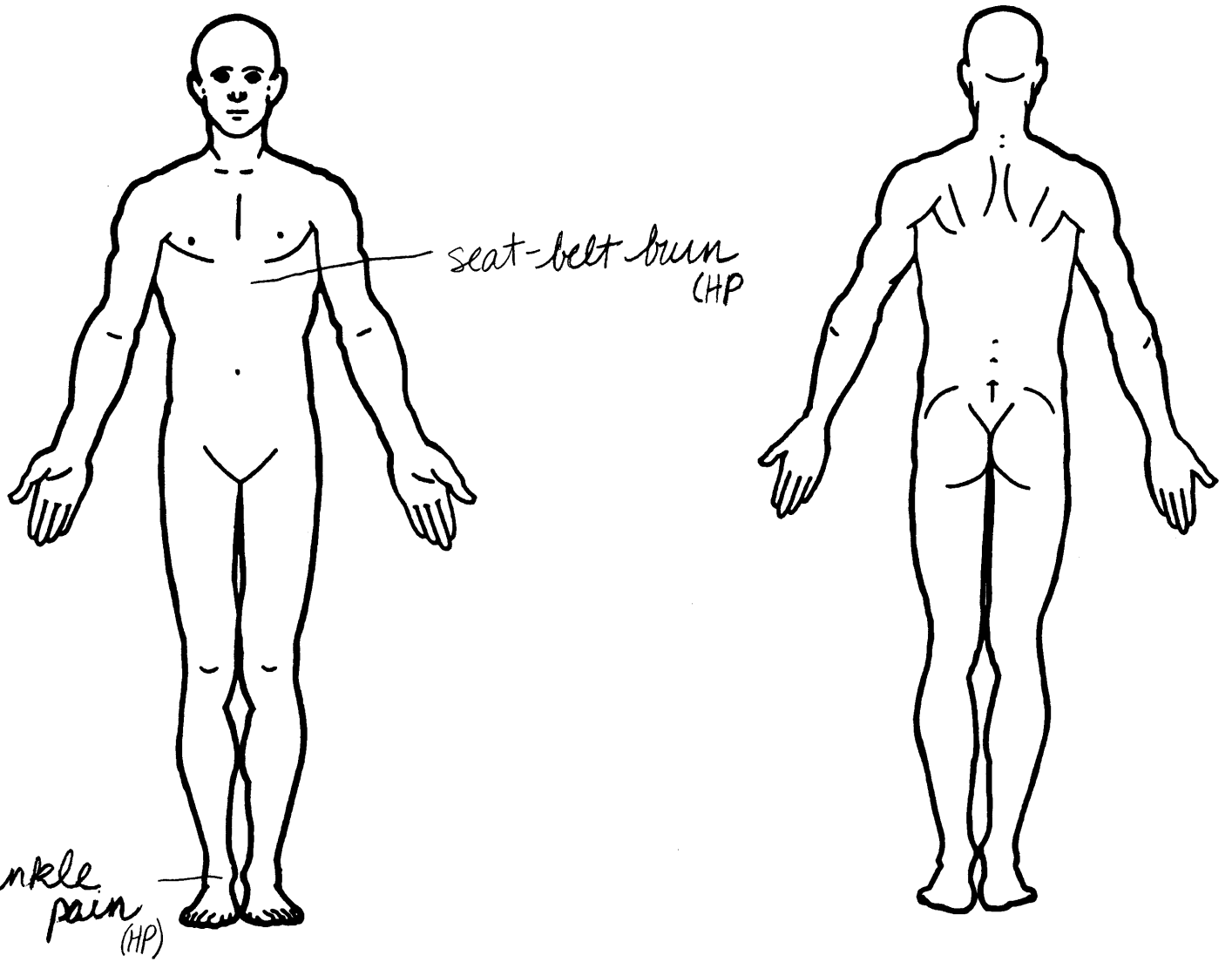
OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S Body Region	O.I.C.-A.I.S Type of Anatomic Structure	O.I.C.-A.I.S Specific Anatomic Structure	O.I.C.-A.I.S Level of Injury	O.I.C.-A.I.S A.I.S. Severity	O.I.C.-A.I.S Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	—	—	—	— —	— —	—	—	— —	—	—	— —
12th	—	—	—	— —	— —	—	—	— —	—	—	— —
13th	—	—	—	— —	— —	—	—	— —	—	—	— —
14th	—	—	—	— —	— —	—	—	— —	—	—	— —
15th	—	—	—	— —	— —	—	—	— —	—	—	— —
16th	—	—	—	— —	— —	—	—	— —	—	—	— —
17th	—	—	—	— —	— —	—	—	— —	—	—	— —
18th	—	—	—	— —	— —	—	—	— —	—	—	— —
19th	—	—	—	— —	— —	—	—	— —	—	—	— —
20th	—	—	—	— —	— —	—	—	— —	—	—	— —
21st	—	—	—	— —	— —	—	—	— —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— —	—	—	— —
24th	—	—	—	— —	— —	—	—	— —	—	—	— —
25th	—	—	—	— —	— —	—	—	— —	—	—	— —

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital/ medical records
(2) Hospital/medical records other than emergency room (e.g., 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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(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):
(93) Air bag exhaust gases
(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

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

pH = __.__

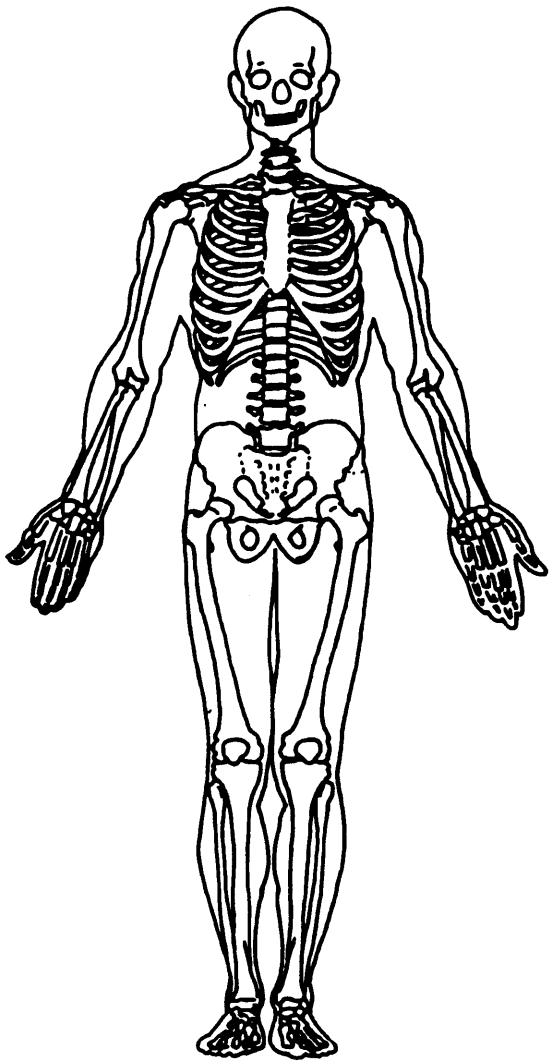
PO_2 = ____

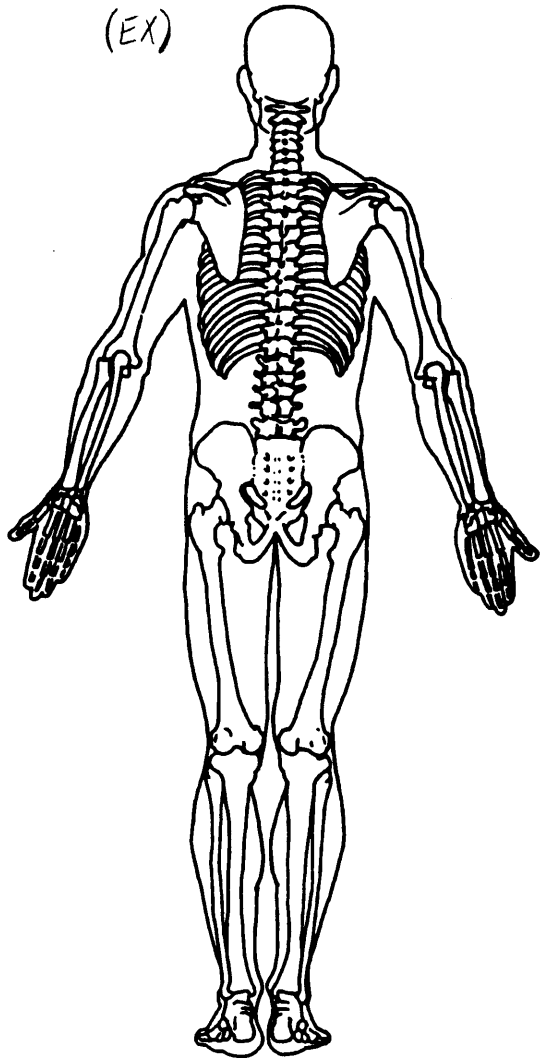
PCO_2 ____

HCO_3 ____

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

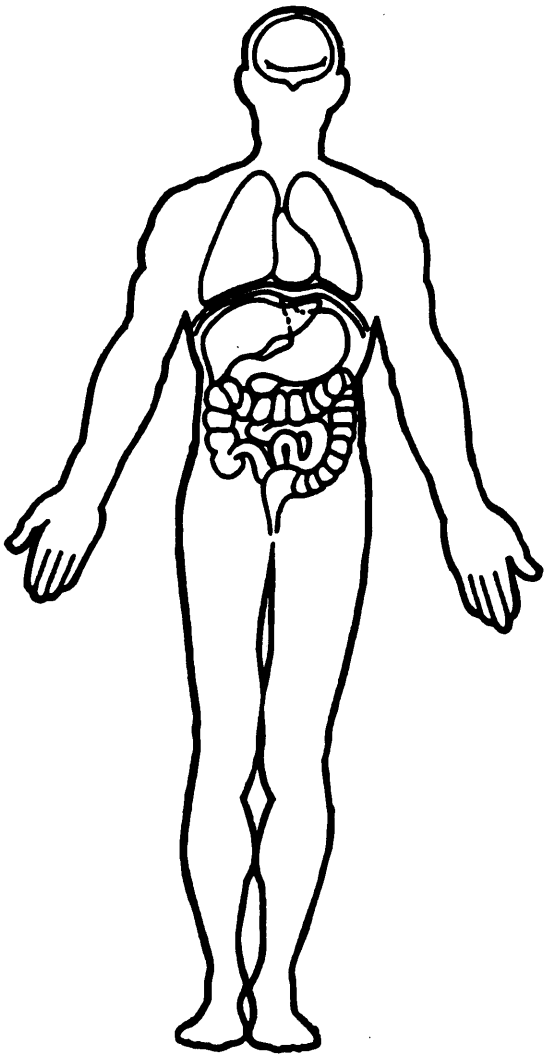
X-Ray: chest } normal
ankle }
(EX)

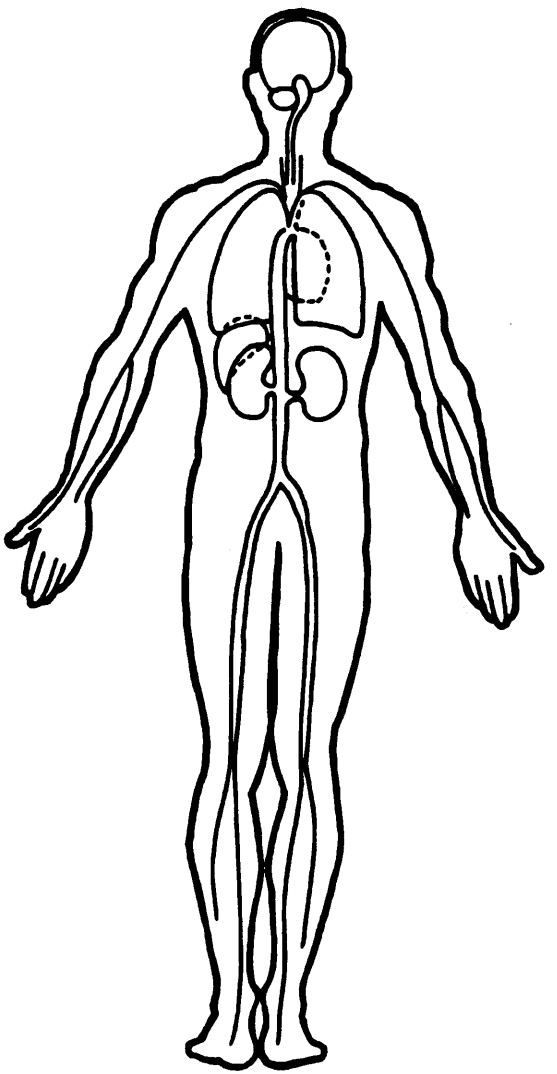




OFFICIAL INJURY DATA —INTERNAL INJURIES

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





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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 72
2. Case Number - Stratum: 078K
3. Vehicle Number: 01
4. Occupant Number: 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 26
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

6. Occupant's Sex: 1
   (1) Male
   (2) Female
   (9) Unknown

7. Occupant's Height: 183
   Code actual height to the nearest centimeter.
   (999) Unknown
   72 inches X 2.54 = 183 centimeters

8. Occupant's Weight: 082
   Code actual weight to the nearest kilogram.
   (999) Unknown
   180 pounds X .4536 = 081.65 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position: 23

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

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

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

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

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

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

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

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

EJECTION/ENTRAPMENT

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

13. Ejection Area — 5
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium — 4
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify): Right Rear window area
    (5) Integral structure
    (8) Other medium (specify):_____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) — 2
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment — 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. 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

19. Proper Use of Manual (Active) Belts
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____

(6) Broken retractor
(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure?
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position: 0
    (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

26. Seat Type (this Occupant Position): 03
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

27. Seat Performance (this Occupant Position): 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed
    (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
(950) Built-in child safety seat
(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

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 3
(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):
_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):
_____
(9) Unknown

37. Hospital Stay 02
(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 99
_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00
_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 03
_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

0

45. Automatic (Passive) Belt System Use
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
(9) Unknown

0

46. Automatic (Passive) Belt System Type
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

0

47. Proper Use of Automatic (Passive Belt System
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
(9) Unknown

0

48. Automatic (Passive) Belt Failure Modes During Accident
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

0

49. Seat Orientation (this Occupant Position)
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

1

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

02

51. Was the Occupant Given Blood?
(1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

1

try 9 and 2 see what happens

52. Arterial Blood Gases (ABG) – HCO_3
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

01

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [✓] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [✓]

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	72	3. Vehicle Number	01
2. Case Number - Stratum	078K	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 ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 1	7. 9	8. 02	9. 02	10. 1	11. 1	12. 84	13. 1	14. 1	15. 00
2nd	16. 3	17. 1	18. 9	19. 04	20. 02	21. 1	22. 5	23. 84	24. 1	25. 1	26. 00
3rd	27. 3	28. 1	29. 6	30. 04	31. 10	32. 2	33. 0	34. 84	35. 1	36. 1	37. 00
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

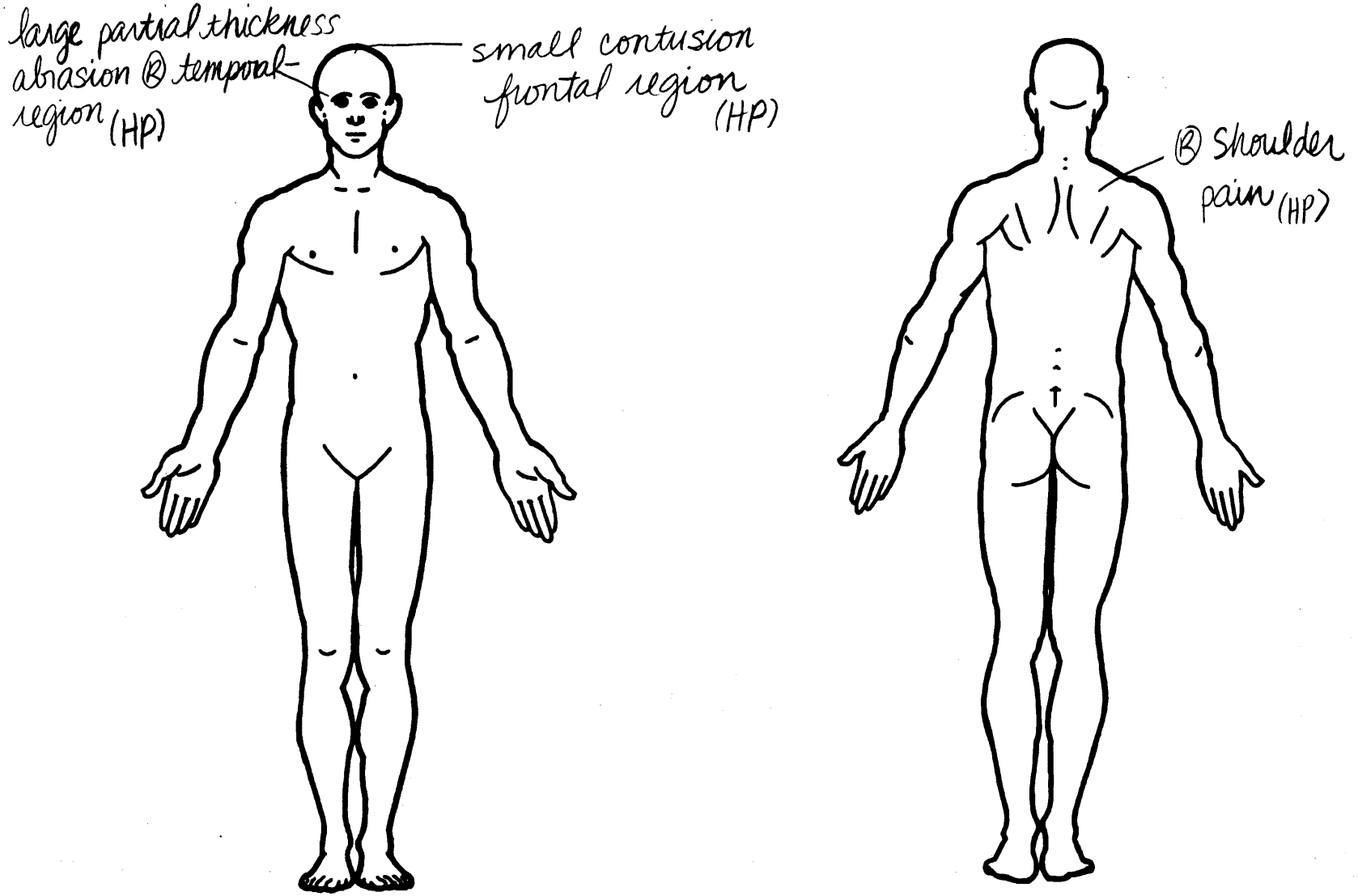
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S Body Region	O.I.C.-A.I.S Type of Anatomic Structure	O.I.C.-A.I.S Specific Anatomic Structure	O.I.C.-A.I.S Level of Injury	O.I.C.-A.I.S A.I.S. Severity	O.I.C.-A.I.S Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

(1) Autopsy records with or without hospital/ medical records
(2) Hospital/medical records other than emergency room (e.g., 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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):

_____

LEFT SIDE

(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

_____

(28) Left side window sill

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-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 (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):

_____

(38) Right side window sill

INTERIOR

(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):_____
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(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):_____
(93) Air bag exhaust gases
(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

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

√ No (ER)

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = ____

Arterial Blood Gases

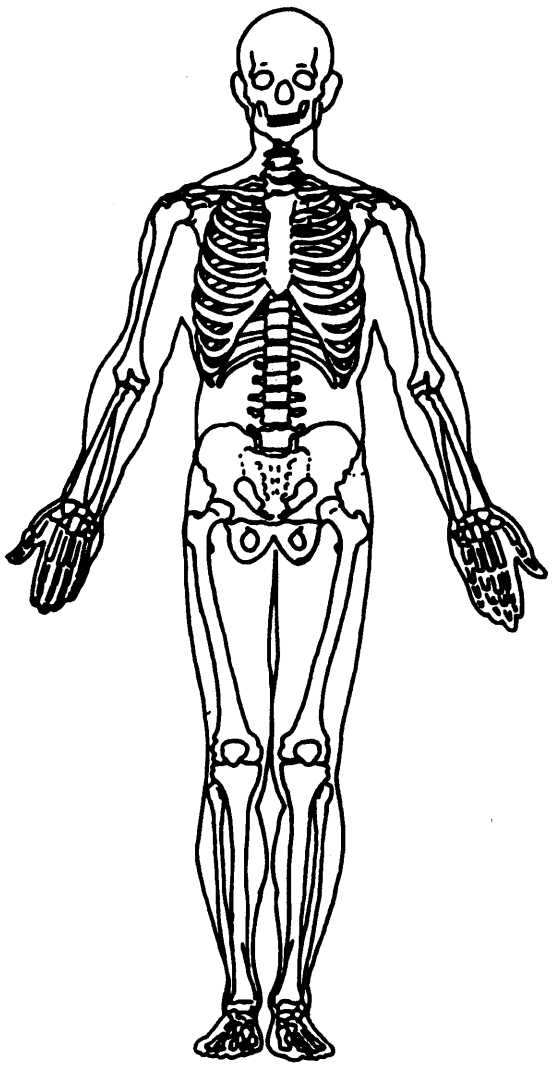
pH = _.__

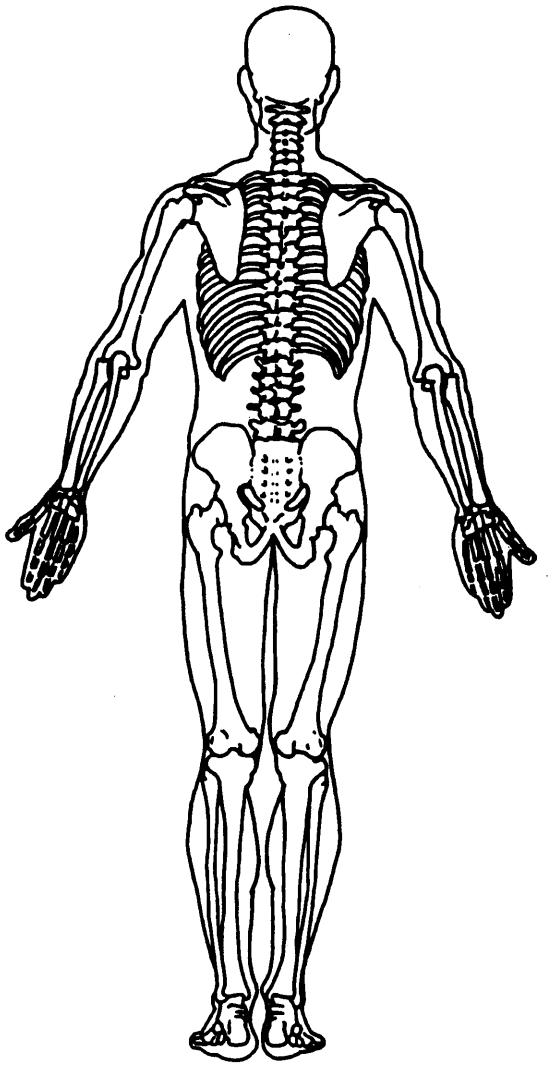
PO_2 = ____

PCO_2 ____

HCO_3 ____

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





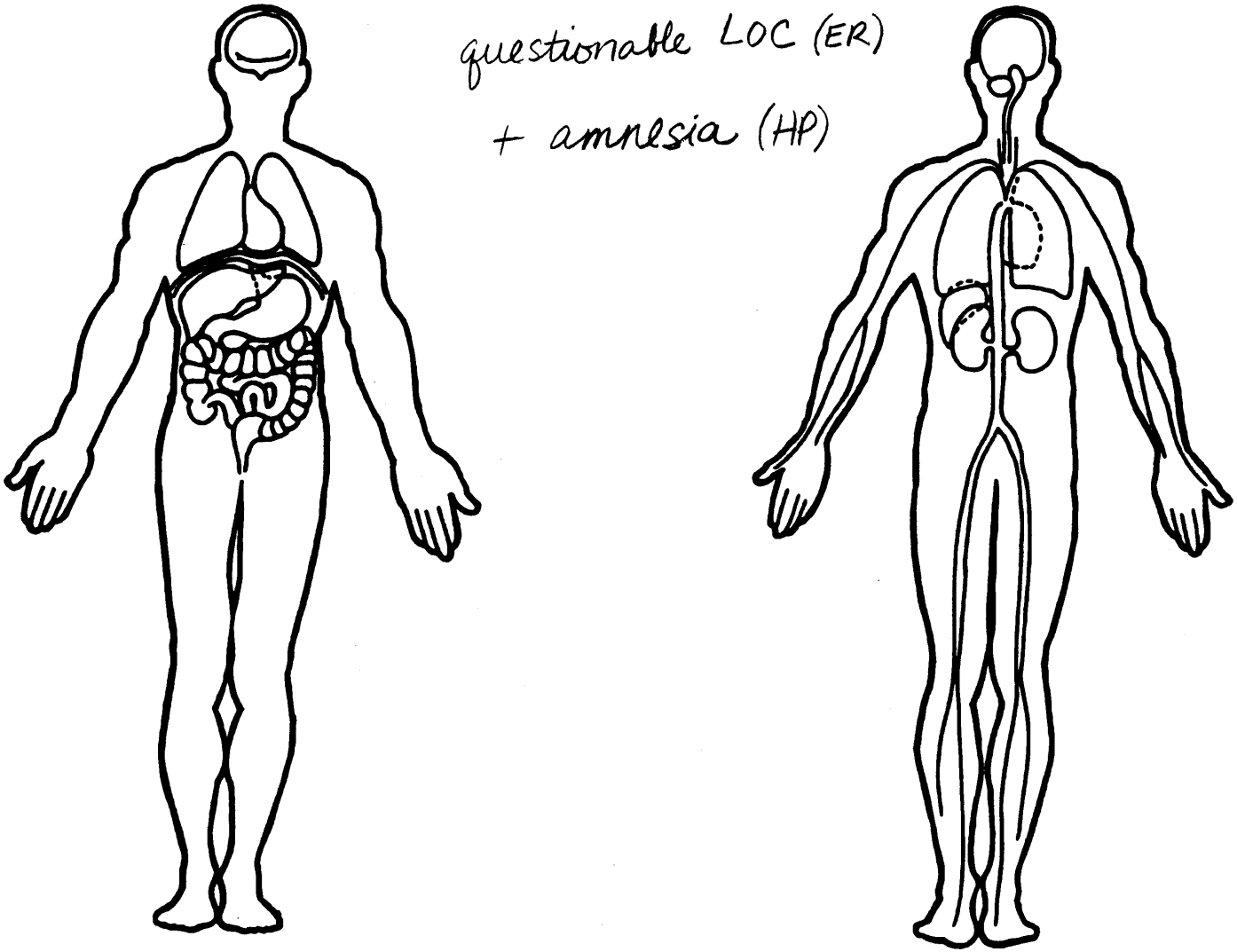
OFFICIAL INJURY DATA —INTERNAL INJURIES

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

awake, Orient x 3 (ER)

questionable LOC (ER)

+ amnesia (HP)



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

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
72	078K	01	93

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1988	Buick	LeSabre 4DR	01
Vehicle 2		SAE	BARRIER	

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	4	11
Weight	1477 (Curb) + 234 (Occupant(s)) + 0 (Cargo) = 1711 kg	____ (Curb) + ____ (Occupant(s)) + ____ (Cargo) = ____ kg
CDC	12FDEW3	
PDOF (-180 to +180)	0010 °	± ____ °
Stiffness	9	

SCENE INFORMATION

Rest and Impact Positions [ ] No, *Go To Damage Information* [ ] Yes

		VEHICLE 1	VEHICLE 2
Rest Position	X	____.____ m	____.____ m
	Y	____.____ m	____.____ m
	PSI	____ °	____ °
Impact Position	X	____.____ m	____.____ m
	Y	____.____ m	____.____ m
	PSI	____ °	____.____ °
Slip Angle(-180 to +180)		____ °	____ °

VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

		VEHICLE 1	VEHICLE 2
Skidding (Rotation)		[ ] No [ ] Yes	[ ] No [ ] Yes
Skidding Stop Before Rest		[ ] No [ ] Yes	[ ] No [ ] Yes
End of Rotation Position	X	____.____ m	____.____ m
	Y	____.____ m	____.____ m
	PSI	____ °	____ °
Curved Path		[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path	X	____.____ m	____.____ m
	Y	____.____ m	____.____ m
Rotation Direction		[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation >360°		[ ] No [ ] Yes	[ ] No [ ] Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction . ___ ___ ___

Rolling Resistance Option ___

Vehicle 1 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

Vehicle 2 Rolling Resistance

LF ___ . ___ ___ RF ___ . ___ ___

LR ___ . ___ ___ RR ___ . ___ ___

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF ___ ___ ___ ° RF ___ ___ ___ °

LR ___ ___ ___ ° RR ___ ___ ___ °

Vehicle 2 Steer Angles

LF ___ ___ ___ ° RF ___ ___ ___ °

LR ___ ___ ___ ° RR ___ ___ ___ °

Terrain Boundary [ ] No [ ] Yes

First Point

X ___ ___ ___ . ___ m Y ___ ___ ___ . ___ m

Second Point

X ___ ___ ___ . ___ m Y ___ ___ ___ . ___ m

Secondary Coefficient of Friction . ___ ___ ___

DAMAGE INFORMATION

		VEHICLE 1	VEHICLE 2
Damage Length	L	171 cm	N/A cm
Crush Depths	C_1	085 cm	___ cm
	C_2	069 cm	___ cm
	C_3	055 cm	___ cm
	C_4	044 cm	___ cm
	C_5	030 cm	___ cm
	C_6	020 cm	___ cm
Damage Offset	D ±	000 cm	± ___ cm

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

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

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

TITLE
CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICLE #1	
SIZE	4
WEIGHT	1711.
CDC	12FDEW3
PDOF	-10.00
STIFFNESS	9
CANCEL	ACCEPT

VEHICLE #2	
SIZE	11
WEIGHT	1000000.
CDC	
PDOF	
STIFFNESS	
CANCEL	ACCEPT

METRIC INPUT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

	SPEED CHANGE (DAMAGE)
VEHICLE #1	
TOTAL	45 KPH (28 MPH)
LONGITUDINAL	-44 KPH (-28 MPH)
LATITUDINAL	8 KPH (5 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED = 137771 JOULES (101601 FT-LB)	
VEHICLE #2	
TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

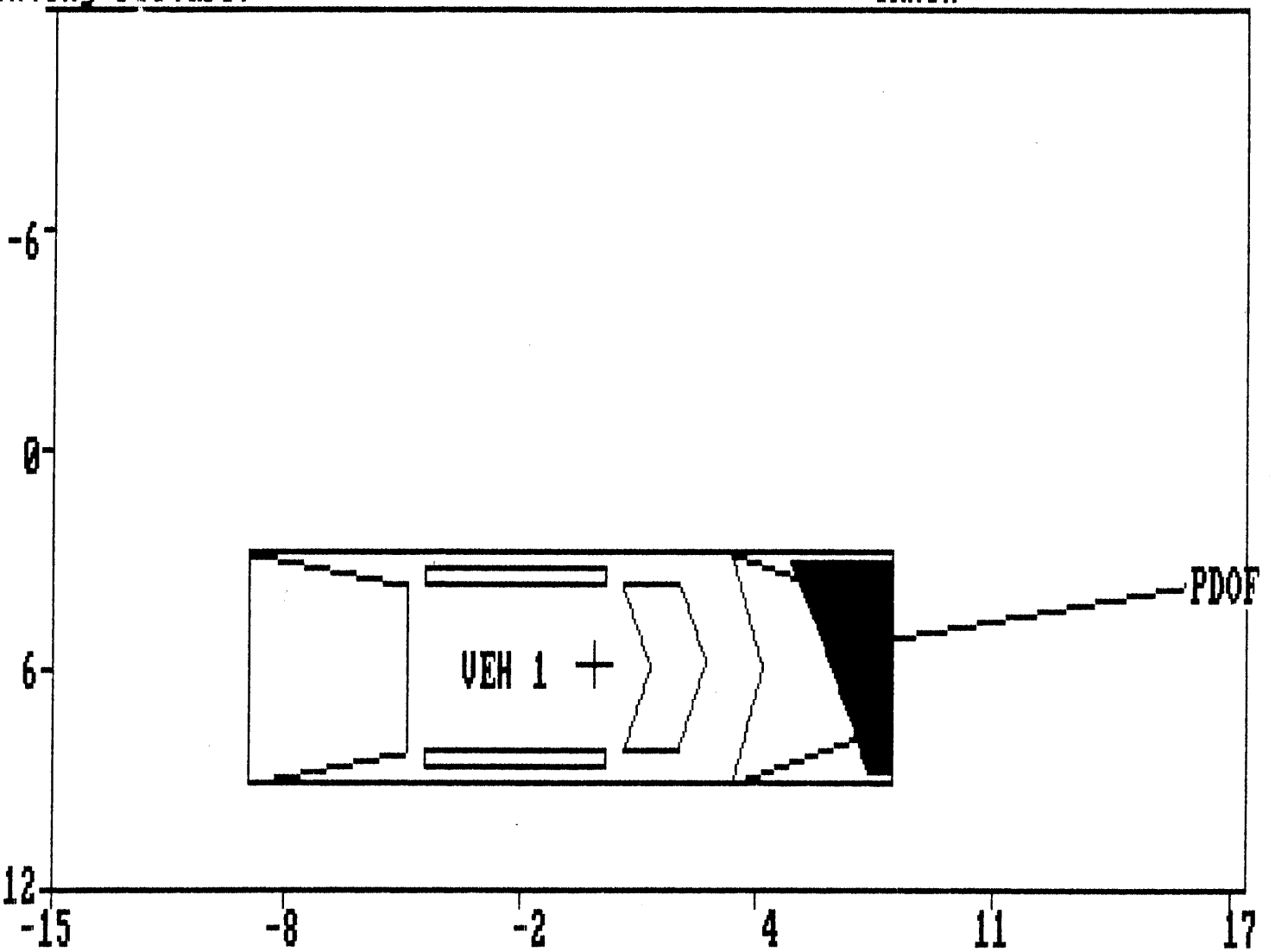
PRESS ANY KEY TO CONTINUE

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

	SPEED CHANGE (DAMAGE)
VEHICLE #1	
TOTAL	45 KPH (28 MPH)
LONGITUDINAL	-44 KPH (-28 MPH)
LATITUDINAL	8 KPH (5 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED = 137771 JOULES (101601 FT-LB)	
VEHICLE #2	
TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

Printing Picture: CRASH



DAMAGE DESCRIPTION

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	4	11
STIFFNESS CATEGORY	9	0
VEHICLE WEIGHT	1711 KGS (3772 LBS)	****** KGS (2204586 LBS) *
CDC	12FDEW3	BARRIER
PDOF ANGLE	-10 DEGREES	0 DEGREES *
CRUSH LENGTH	171 CM. (67 IN.)	0 CM. (0 IN.) *
C1	85 CM. (33 IN.)	0 CM. (0 IN.) *
C2	69 CM. (27 IN.)	0 CM. (0 IN.) *
C3	55 CM. (22 IN.)	0 CM. (0 IN.) *
C4	44 CM. (17 IN.)	0 CM. (0 IN.) *
C5	30 CM. (12 IN.)	0 CM. (0 IN.) *
C6	20 CM. (8 IN.)	0 CM. (0 IN.) *
D	0 CM. (0 IN.)	0 CM. (0 IN.) *
D'	-18 CM. (-7 IN.)	0 CM. (0 IN.) *

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	139 CM. (55 IN.)	127 CM. (50 IN.)
CG TO REAR AXLE	150 CM. (59 IN.)	127 CM. (50 IN.)
TRACK	157 CM. (62 IN.)	127 CM. (50 IN.)
CG TO FRONT OF VEH	251 CM. (99 IN.)	127 CM. (50 IN.)
CG TO REAR OF VEH	-290 CM. (-114 IN.)	-127 CM. (-50 IN.)
CG TO SIDE OF VEH	98 CM. (39 IN.)	127 CM. (50 IN.)
MOMENT OF INERTIA	16643 KGS (36691 LBS)	****** KGS (******* LBS)
VEHICLE MASS	4 KGS (10 LBS)	2600 KGS (5732 LBS)

1

PSU72 1993 ACCIDENT FORM
CASE 078K

IDENTIFICATION
3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) 93
5. Time of Accident (military time) 0425

SPECIAL STUDIES - INDICATORS
6. SS14 0 7. SS15 0 8. SS16 0 9. SS17 0 10. SS18 0

NUMBER OF EVENTS
11. Number of Recorded Events in This Accident 03
01

PSU72 1993 ACCIDENT FORM
CASE 078K

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. F	016. 54	017. 00	018. 0
019. 02	020. 01	021. 04	022. R	023. 54	024. 00	025. 0
026. 03	027. 01	028. 04	029. T	030. 31	031. 00	032. N

011
INTRA ERRORS

01********** NO ERRORS **********
001

PSU72 1993 GENERAL VEHICLE FORM
CASE 078K
VEHICLE 01

VEHICLE IDENTIFICATION

4.	Model Year	88	5.	Make	18
6.	Model	002	7.	Body Type	04
8.	VIN	1G4HP543XJH			

OFFICIAL RECORDS

9.	Police Reported Disposition	1	10.	Police Reported Travel Speed	999
11.	Police Rep. Alcohol Presence	1	12.	Alcohol Test Result for Driver	96

ACCIDENT RELATED

13.	Speed Limit	072	14.	Attempted Avoid. Maneuver	06
15.	Accident Type	07			

OCCUPANT RELATED

16.	Driver Presence in Vehicle	1	17.	No. Occupants This Vehicle	03
18.	No. Occupant Forms Submitted	03			

VEHICLE WEIGHT ITEMS

19.	Vehicle Curb Weight	148	20.	Vehicle Cargo Weight	000

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	998	28.	Heading Angle Other Vehicle	998

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

29.	Basis for Total Delta V	1

COMPUTER GENERATED DELTA V

30.	Total Delta V	045
31.	Longitudinal Component of Delta V	-044
32.	Lateral Component of Delta V	+008
33.	Energy Absorption	1378
34.	Confidence in Reconstruction Program Results	1
35.	Type of Vehicle Inspection	1
36.	Is this an AOPS vehicle?	1

37. Police Reported Drug Presence 0
38. Police Reported Drug Evaluation Classification 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

OTHER DATA
56. Driver's Zip Code
57. Driver's Race/Ethnic Origin 2
58. Vehicle Special Use 0

ROLLOVER DATA
59. Rollover Initiation Type 3
60. Location of Rollover Initiation 1
61. Rollover Initiation Object Contacted 31
62. Location on Vehicle Where Initial Principal Tripping Force Applied 8
63. Direction of Initial Roll 2

PRECRASH DATA
64. Pre-Event Movement (Prior to Recognition of Critical Event) 14
65. Initial Critical (Precrash) Event 06
66. Precrash Stability After 1
67. Precrash Directional Consequences 4
011
INTRA ERRORS

OGG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V G
V29 should GG0422 equal 4 or 5.

01

PSU72
CASE 078K
VEHICLE 01

1993 EXTERIOR VEHICLE FORM

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. 01	5. 54	6. 12	7. F	8. D	9. E	10. W	11. 03

SECOND HIGHEST DELTA "V"

12. 03	13. 31	14. 00	15. T	16. D	17. D	18. O	19. 04

CRUSH PROFILE IN CENTIMETERS

HIGHEST DELTA "V"

20.	21.	C1	C2	C3	C4	C5	C6	22.
L		C1	C2	C3	C4	C5	C6	+/-D
171		085	069	055	044	030	020	000

SECOND HIGHEST DELTA "V"

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

26.	CDCs Documented but not coded	0
27.	Researchers Assess. Veh. Disp.	1
28.	Original Wheelbase	281

29.	Is this a Multi-staged Manufactured Vehicle and/or a Certified Altered Vehicle?	0
30.	Fire Occurrence	0
31.	Origin of Fire	0
32.	Type of Fuel Tank	1

011
INTRA ERRORS

01********** NO ERRORS **********
001

PSU72 1993 INTERIOR VEHICLE FORM
CASE 078K
VEHICLE 01

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

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

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

10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 0 18. LR 6 19. RR 6
20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact

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

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 2

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 1		

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 12	49. 3	50. 1
51. 11	52. 06	53. 3	54. 3
55. 21	56. 12	57. 3	58. 1
59. 21	60. 07	61. 3	62. 3
63. 21	64. 13	65. 3	66. 1
67. 11	68. 07	69. 3	70. 3
71. 11	72. 13	73. 3	74. 1
75. 13	76. 19	77. 3	78. 2
79. 21	80. 08	81. 2	82. 3
83. 22	84. 12	85. 1	86. 1

STEERING COLUMN

87. Steering Column Type	1		
88. Blank		89. Blank	
90. Blank		91. Blank	
92. Steering Rim/Spoke Deform	00	93. Location of Rim/Spoke Deform	00

INSTRUMENT PANEL

94. Odometer Reading	123,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	1

011

INTRA ERRORS

OCC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENIN
G ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZO
NE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV0
7 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

CC0541 2 ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
CC0542 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

01

PSU72 1993 OCCUPANT ASSESSMENT FORM
CASE 078K
VEHICLE 01 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age	21	6. Sex	1	7. Height	178
8. Weight	079	9. Role	1		

OCCUPANT'S SEATING

10. Seat Position	11	11. Posture	0

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM EVALUATION

17. Belt System Availability	0	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Are There Indications of Air Bag System Failure?	0	24. Police Reported Restraint Use	9

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at this Position	3
26. Seat Type	04
27. Seat Performance	1

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

01

PSU72 1993 OCCUPANT ASSESSMENT FORM
CASE 078K
VEHICLE 01 OCCUPANT 02

OCCUPANT'S CHARACTERISTICS

5. Age	22	6. Sex	2	7. Height	168
8. Weight	073	9. Role	2		

OCCUPANT'S SEATING

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 EVALUATION

17. Belt System Availability	0	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Are There Indications of Air Bag System Failure?	0	24. Police Reported Restraint Use	9

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at this Position	3
26. Seat Type	04
27. Seat Performance	5

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)	3
35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	1
37. Hospital Stay	02
38. Working Days Lost	10

CAUSE OF DEATH (Completed by Zone Center)

39. Time to Death
40. Cause #1
41. Cause #2
42. Cause #3
43. Number of Recorded Injuries

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	2
45. Automatic (Passive) Belt System Use	1
46. Automatic (Passive) Belt System Type	1
47. Proper Use of Automatic (Passive) Belt System	1
48. Automatic (Passive) Belt System Failure Mode	5
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA (Completed by Zone Center)

50. Glasgow Coma Scale (GCS) Score
51. Was the Occupant Given Blood?
52. Arterial Blood Gases (ABG) - HCO3

011

INTRA ERRORS

OHH1271 2 ******* THIS CASE SHOWS EJECTION WITH RESTRAINT USEAG
E. ****** HH1272 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR Z
ONE ****** HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA
18 does not HH1274 equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
HH1275 or AUTOMATIC BELT USE OA45 does not equal 0).

HH1291 2 ***** THIS CASE SHOWS A POSSIBLE BELT FAILURE. ******
HH1292 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1293 MANUAL FAILURE MODE OA20 equals 2-8 or AUTOMATIC BELT FAILURE
HH1294 MODE OA48 equals 2-8.

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

CAUSE OF DEATH (Completed by Zone Center)

39. Time to Death
40. Cause #1
41. Cause #2
42. Cause #3
43. Number of Recorded Injuries

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	2
45. Automatic (Passive) Belt System Use	1
46. Automatic (Passive) Belt System Type	1
47. Proper Use of Automatic (Passive) Belt System	1
48. Automatic (Passive) Belt System Failure Mode	1
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA (Completed by Zone Center)

50. Glasgow Coma Scale (GCS) Score
51. Was the Occupant Given Blood?
52. Arterial Blood Gases (ABG) - HCO3

011

INTRA ERRORS

01********** NO ERRORS **********

001

PSU72 1993 OCCUPANT ASSESSMENT FORM
CASE 078K
VEHICLE 01 OCCUPANT 03

OCCUPANT'S CHARACTERISTICS

5. Age	26	6. Sex	1	7. Height	183
8. Weight	082	9. Role	2		

OCCUPANT'S SEATING

10. Seat Position	23	11. Posture	0

EJECTION/ENTRAPMENT

12. Ejection	2	13. Ejection Area	5	14. Ejection Medium	4
15. Medium Status	2	16. Entrapment	0		

RESTRAINT SYSTEM 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	0	22. Air Bag Deployment	0
23. Are There Indications of Air Bag System Failure?	0	24. Police Reported Restraint Use	9

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at this Position	0
26. Seat Type	03
27. Seat Performance	1

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)	3
35.	Treatment - Mortality	3
36.	Type of Med. Facility (Initial)	1
37.	Hospital Stay	02
38.	Working Days Lost	99

CAUSE OF DEATH (Completed by Zone Center)

39.	Time to Death
40.	Cause #1
41.	Cause #2
42.	Cause #3
43.	Number of Recorded Injuries

AUTOMATIC BELT SYSTEM

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
49.	Seat Orientation (this Occupant Position)	1

TRAUMA DATA (Completed by Zone Center)

50.	Glasgow Coma Scale (GCS) Score
51.	Was the Occupant Given Blood?
52.	Arterial Blood Gases (ABG) - HCO3

011
INTRA ERRORS

01********** NO ERRORS **********

001
INTER ERRORS

01********** NO ERRORS **********

0

CASE 078K
CURRENT VERSION: 6.01

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	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	2	Y
Occupant Assesment	0	0	2	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	5	

Zone 3 (1)
93

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480000004009989981045-044+0081378111
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GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

CC0541 2 ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
CC0542 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

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).

HH1291 2 ***** THIS CASE SHOWS A POSSIBLE BELT FAILURE. ******
HH1292 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1293 MANUAL FAILURE MODE OA20 equals 2-8 or AUTOMATIC BELT FAILURE
HH1294 MODE OA48 equals 2-8.

CASE 078K
CURRENT VERSION: 6.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	0	0	1	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	2	N
Occupant Assesment	0	0	2	N
Occupant Interior	0	0	0	N
Total Inter Errors		0	0	
Total Case Errors	0	0	5	

Zone 3 (2)
93

```
72078K00000011     936.0100000000000104250000003     93     93          93001837000
002000000003674
72078K00010012     936.0110000000000104F54000
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72078K00030012     936.0110000000000104T3100N
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48000000400998998104 5-044+0081378111
72078K01000022       6.01 0000000000000000000000000000       20313182140614
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72078K01010051       6.01 0000000002111780791110121200000000093041000000000000331
021000000000042111511510 1
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009900000000022111110210 1
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```

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

CC0541 2 ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
CC0542 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

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).

HH1291 2 ***** THIS CASE SHOWS A POSSIBLE BELT FAILURE. ******
HH1292 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1293 MANUAL FAILURE MODE OA20 equals 2-8 or AUTOMATIC BELT FAILURE
HH1294 MODE OA48 equals 2-8.

OCCUPANT INJURY Vehicle: 1 Occupant: 2

INTRA ERRORS

TT0021 1 BODY REGION OI06(n), TYPE OF STRUCTURE OI07(n), SPECIFIC
TT0022 STRUCTURE OI08(n), LEVEL OF INJURY OI09(n), A.I.S. SEVERITY
TT0023 OI10(n), and ASPECT OI11(n) are inconsistent. Please see your
TT0024 current Injury Coding Manual.

CASE 078K
CURRENT VERSION: 6.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	0	0	1	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	2	N
Occupant Assesment	0	0	2	N
Occupant Interior	0	1	0	N
Total Inter Errors		0	0	
Total Case Errors	0	1	5	

Zone 3
93

```
72078K00000011     936.0100000000000104250000003     93     93     93     93001837000
002000000003674
72078K00010012     936.0110000000000104F54000
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48000000400998998104 5-044400813761 11
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000                          012810001
72078K01000041       6.01 0000000000982333020000360866860000000012022202120221 01
72078K01000042       6.01 0000000000111231110633211231210733211331110733111331131 9
32210823221211 1                 0000123081
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72078K01030361       6.01 0000000000316041020841100
72078K99999999900000000000000000000000000000000000010000000000000000020000000020000
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```

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

CC0541 2 ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
CC0542 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

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).

HH1291 2 ***** THIS CASE SHOWS A POSSIBLE BELT FAILURE. ******
HH1292 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1293 MANUAL FAILURE MODE OA20 equals 2-8 or AUTOMATIC BELT FAILURE
HH1294 MODE OA48 equals 2-8.

CASE 078K
CURRENT VERSION: 6.01

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	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	2	Y
Occupant Assesment	0	0	2	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	5	

Zone 3
93

```
72078K00000011     936.0200000000000104250000003     93     93     93     93001837000
002000000003674
72078K00010012     936.0210000000000104F54000
72078K00020012     936.0210000000000104R54000
72078K00030012     936.0210000000000104T3100N
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480000004009989981045-044+0081378111
72078K01000022       6.02 0000000000000000000000000000      20313182140614
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72078K01030361       6.02 000000000316041020841100
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```

GENERAL VEHICLE Vehicle: 1

BEST AVAILABLE

INTRA ERRORS

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

INTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

CC0541 2 ********** THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
CC0542 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23
CC0544 equals 3 or 5.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1271 2 ******* THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. ******
HH1272 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1273 EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA18 does
HH1274 not equal 00, 01 or 99) or (AIR BAG DEPLOYMENT OA22 does not
HH1275 equal 0, 4 or 9) or (AUTOMATIC BELT USE OA45 does not equal 0, 2
HH1276 or 9)).

HH1291 2 ***** THIS CASE SHOWS A POSSIBLE BELT FAILURE. ******
HH1292 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1293 MANUAL FAILURE MODE OA20 equals 2-8 or AUTOMATIC BELT FAILURE
HH1294 MODE OA48 equals 2-8.

OCCUPANT INJURY Vehicle: 1 Occupant: 2

INTRA ERRORS

TT0541 2 ****** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ******
TT0542 ****** FOR AN AIS-2 (OR GREATER) INJURY. ******
TT0543 ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA ******
TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

BEST AVAILABLE

CASE 078K
CURRENT VERSION: 6.02

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	0	0	1	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	2	Y
Occupant Assesment	0	0	2	N
Occupant Interior	0	0	1	N
Total Inter Errors		0	0	
Total Case Errors	0	0	6	

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

BEST AVAILABLE

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number - 72 Case Number Stratum 72-078K-V1

Slide No.	Vehicle No.	Direction of View	Description of Slide Subject Matter
1-9	V1	S	Approach Views
—	V1	—	Scene Evidence
10-12	V1	N	Look Back Views
13-26	V1	EXTERIOR	Front Views Front Plane Damage event #1
27	V1		Front Left 45°
27-35	V1		Left Side
33-35	V1		Back Left 45°
36-38	V1		Back Views
39-40	V1		Back Right 45°
39-46	V1		Right Side
45-46	V1		Right Front 45°
47	V1		Top Views
48-49	V1	INTERIOR	In Left Front Door
50-52	V1		Steering Column Views
53-54	V1		Seat Area 11
	V1		Contact Points
55-56	V1		Seat Area 12
	V1		Contact Points
57-60	V1		Seat Area 13
	V1		Contact Points
61-62	V1		In Right Front Door
63	V1		In Left Rear Door
63-65	V1		Seat Area 21, 22, 23
64-65	V1		In Right Rear Door
66-68	V1		Forward compart area views from rear seat area

PSU 72-078K (1993) #1

PSU 72-078K (1993) #2

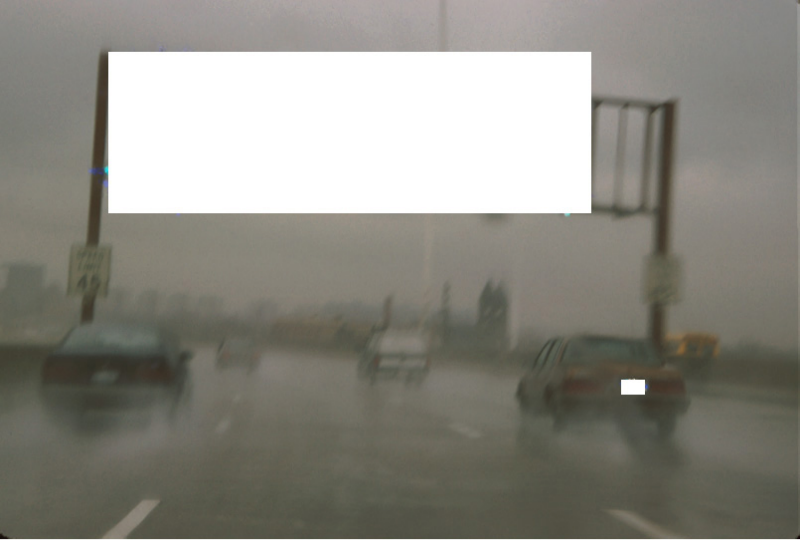
PSU 72-078K (1993) #3

PSU 72-078K (1993) #4

PSU 72-078K (1993) #5

PSU 72-078K (1993) #6

PSU 72-078K (1993) #7



PSU 72-078K (1993) #8

PSU 72-078K (1993) #9

PSU 72-078K (1993) #10

PSU 72-078K (1993) #11

PSU 72-078K (1993) #12

PSU 72-078K (1993) #13
Best Available

PSU 72-078K (1993) #14

PSU 72-078K (1993) #15
Best Available

PSU 72-078K (1993) #16
Best Available

PSU 72-078K (1993) #17
Best Available

PSU 72-078K (1993) #18

PSU 72-078K (1993) #19
Best Available

PSU 72-078K (1993) #20
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PSU 72-078K (1993) #22
Best Available

PSU 72-078K (1993) #23

PSU 72-078K (1993) #24
Best Available

PSU 72-078K (1993) #25
Best Available

PSU 72-078K (1993) #26
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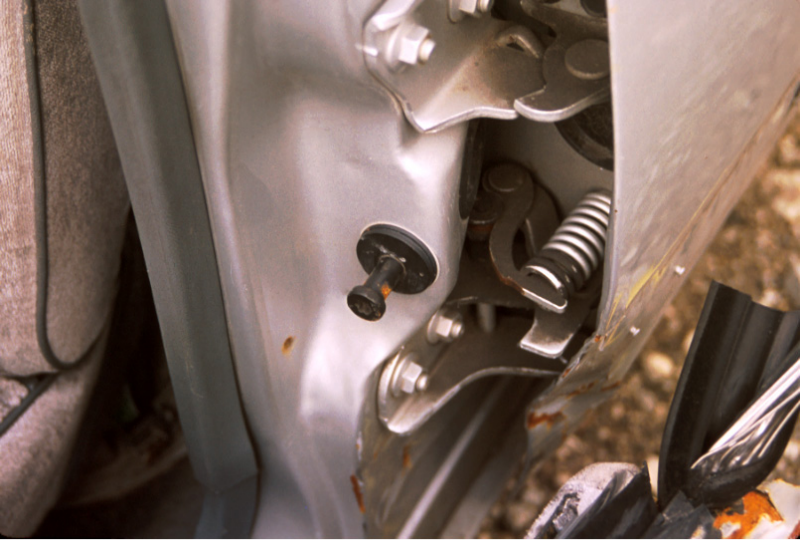
PSU 72-078K (1993) #28

PSU 72-078K (1993) #29
Best Available



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PSU 72-078K (1993) #31
Best Available

PSU 72-078K (1993) #32

PSU 72-078K (1993) #33
Best Available

PSU 72-078K (1993) #34

PSU 72-078K (1993) #35
Best Available

PSU 72-078K (1993) #36
Best Available

PSU 72-078K (1993) #37

PSU 72-078K (1993) #38
Best Available

PSU 72-078K (1993) #39
Best Available

PSU 72-078K (1993) #40
Best Available

PSU 72-078K (1993) #41
Best Available

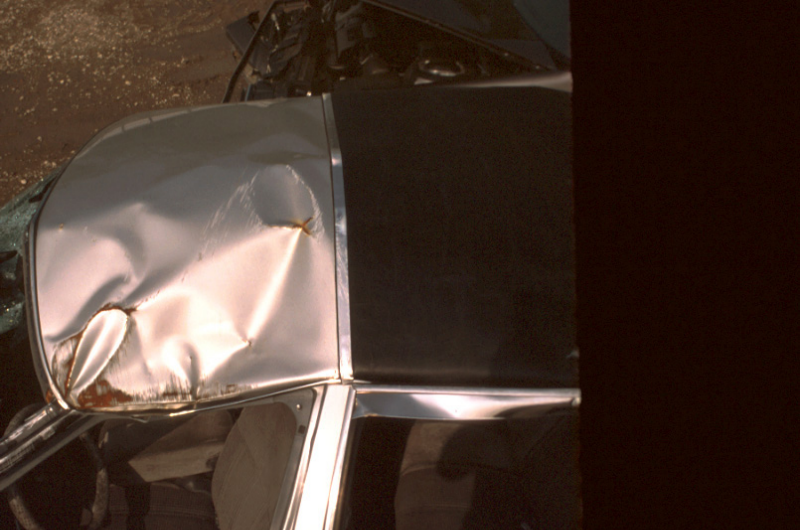
PSU 72-078K (1993) #42
Best Available

PSU 72-078K (1993) #43
Best Available

PSU 72-078K (1993) #44
Best Available

PSU 72-078K (1993) #45
Best Available

PSU 72-078K (1993) #46
Best Available



PSU 72-078K (1993) #47
Best Available

PSU 72-078K (1993) #48

PSU 72-078K (1993) #49

PSU 72-078K (1993) #50

PSU 72-078K (1993) #51

PSU 72-078K (1993) #52

PSU 72-078K (1993) #53

PSU 72-078K (1993) #54

PSU 72-078K (1993) #55

PSU 72-078K (1993) #56

PSU 72-078K (1993) #57

PSU 72-078K (1993) #58

PSU 72-078K (1993) #59

PSU 72-078K (1993) #60

PSU 72-078K (1993) #61

PSU 72-078K (1993) #62

PSU 72-078K (1993) #63

PSU 72-078K (1993) #64

PSU 72-078K (1993) #65

PSU 72-078K (1993) #66

PSU 72-078K (1993) #67

PSU 72-078K (1993) #68