



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 81 CASE NO. 114E TYPE OF ACCIDENT Car/Car - Endswipe/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 stopped waiting to enter the roadway to turn left to eastbound from the north side of the roadway. Vehicle #2 was westbound approaching vehicle #1's location. Vehicle #2 passed by in the inside lane as vehicle #1 pulled out. Vehicle #1 struck the right rear wheel of vehicle #2, Causing vehicle #2 to strike the curb, rotate CW approximately 90° and roll over while moving westbound. Vehicle #2 came to rest facing eastbound in the westbound lanes. Vehicle #2 was towed due to damage.

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	
1	Compact	1988 Chevrolet Corsica 4 door	Front	Minor	None
2	Subcompact	1990 Volkswagen Jetta 4 door	Top	Severe	None

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

BEST AVAILABLE

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	Driver	Front Left	Lap&Shoulder				
2	Driver	Front Left	2 Pt. Shoulder Man. Lap Belt	FACE	CONTUSION	1	STEERING WHEEL

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



ACCIDENT COLLISION DIAGRAM

PSU No. 81

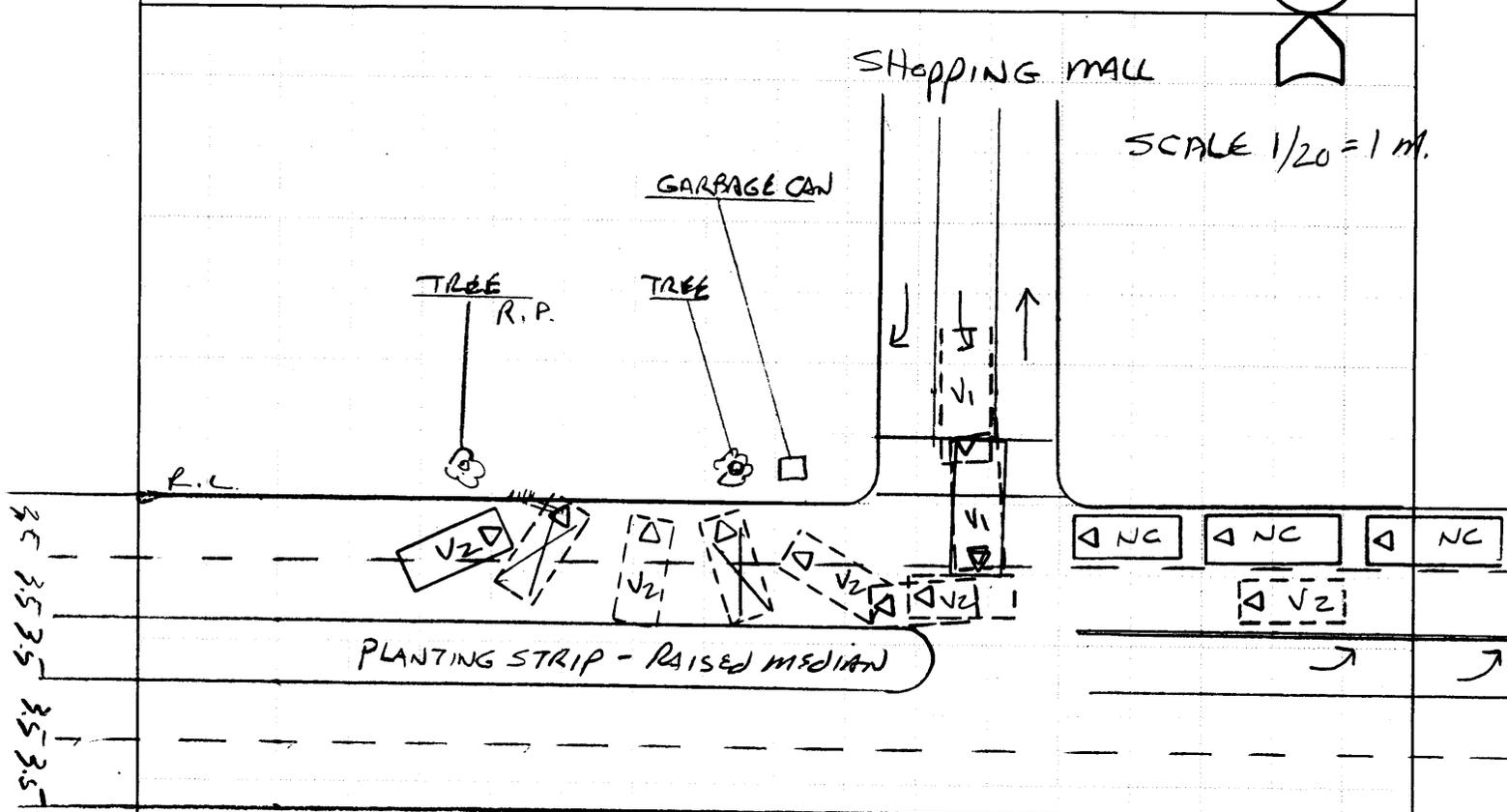
Case Number - Stratum 114 E

Indicate
North



SHOPPING MALL

SCALE 1/20 = 1 M.



3.5
3.5
3.5
3.5
3.5

- CURBS / SIDEWALKS -
- NO TRAFFIC CONTROL -
- LEVEL ROADWAY -



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 81

Case Number—Stratum 114E

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * 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 <p style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>	<p style="text-align: center;">LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> * 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: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p style="text-align: center;">VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>180° 270°</u></p> <p>Surface Type <u>BITUMINUS</u></p> <p>Surface Condition <u>- DRY -</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>LEVEL</u></p> <p>Grade (v/h) Measurement (at location of rollover initiation) <u>LEVEL</u></p>

Reference Point: TREE 3 m. N OF Reference line: NORTH CURB EDGE.
RL.

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RL	3 S	Ø
RP.	24 m W OF MAIL ENTRANCE	3 N
<u>1/2 CURB SCUFF MARKS</u>		
<u>BEGIN</u>	3.7 E	Ø
<u>END</u>	2.5 E	Ø
<u>SCUFF AT ROAD EDGE START</u>	5.5 E	.6 S.
<u>END</u>	3.4 E	Ø



ACCIDENT FORM

<p>1. Primary Sampling Unit Number <u>81</u></p> <p>2. Case Number - Stratum <u>114E</u></p>	<p style="text-align: center;">SPECIAL STUDIES - INDICATORS</p> <p>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.</p> <p>6. ___ SS14 Fatal AOPS <u>0</u></p> <p>7. ___ SS15 Administrative Use <u>0</u></p> <p>8. ___ SS16 _____ <u>0</u></p> <p>9. ___ SS17 _____ <u>0</u></p> <p>10. ___ SS18 _____ <u>0</u></p>
IDENTIFICATION	
<p>3. Number of General Vehicle Forms Submitted <u>02</u></p> <p>4. Date of Accident (Month,Day,Year) _____ <u>9 3</u></p> <p>5. Time of Accident <u>1405</u></p> <p>Code reported military time of accident.</p> <p>NOTE: Midnight = 2400 Unknown = 9999</p>	<p style="text-align: center;">NUMBER OF EVENTS</p> <p>11. Number of Recorded Events in This Accident <u>02</u></p> <p>Code the number of events which occurred in this accident.</p>

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>R</u>
19. <u>0 2</u>	20. <u>02</u>	21. <u>01</u>	22. <u>T</u>	23. <u>31</u>	24. <u>00</u>	25. <u>N</u>
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT 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

- (O) 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

- (O) 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

OCCUPANT RELATED

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

- 24. Rollover 0
 (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):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,270 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = 1,270 kgs

 Source: _____
- 20. Vehicle Cargo Weight 0,000 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

 (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

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

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

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
- 27. Heading Angle For This Vehicle 180
 - 28. Heading Angle For Other Vehicle 270

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 1

- (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 0

- (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 0

- (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 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify): _____
- (8) Non-contact rollover forces (specify): _____
- (9) Unknown

63. Direction of Initial Roll 0

- (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) 10

- (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

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 (\leq 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 (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 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

ORIGINAL SPECIFICATIONS WORK SHEET

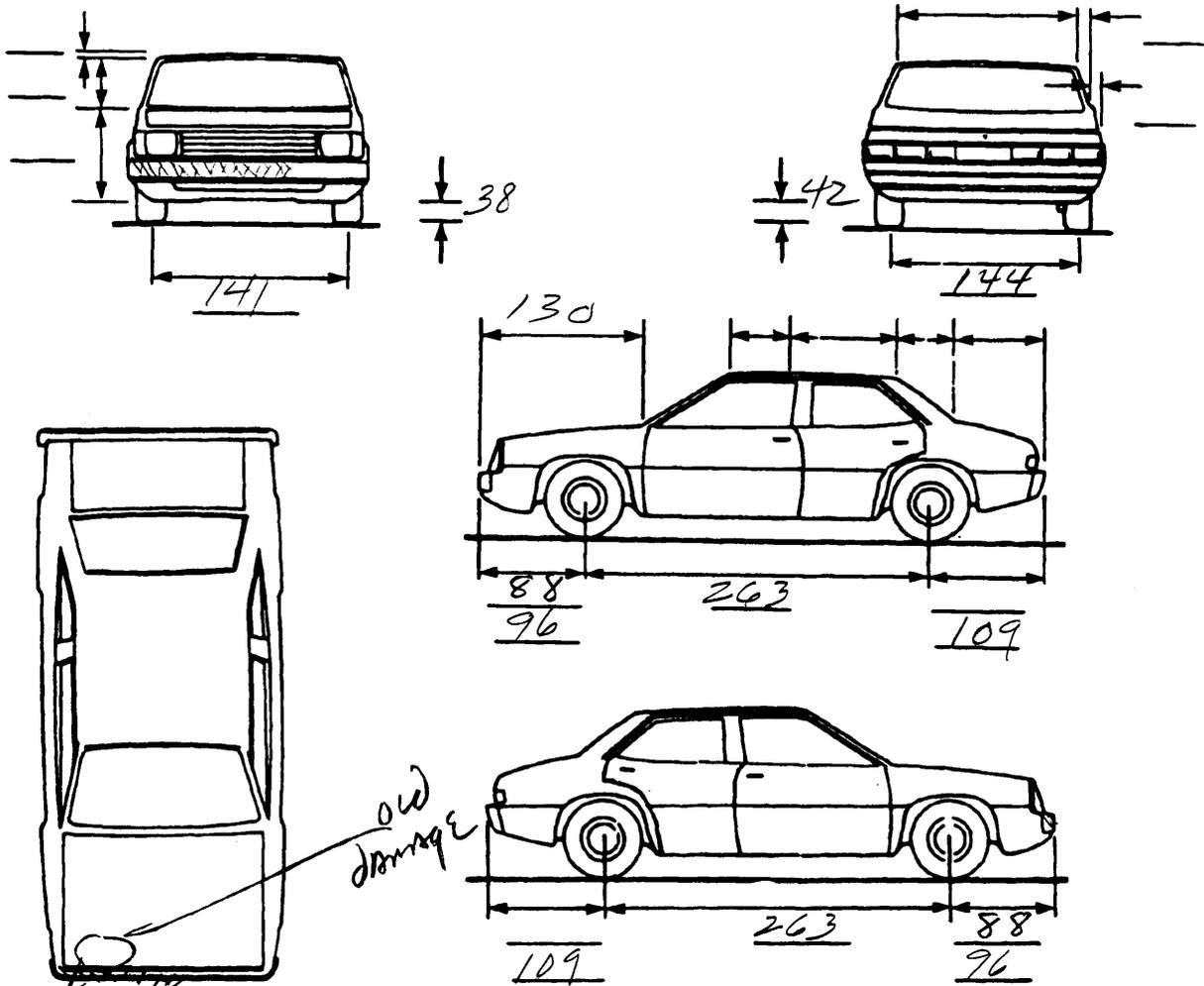
Wheelbase	_ <u>103.4</u> _	inches x 2.54 =	_ <u>263</u> _	cm
Overall Length	_ <u>183.4</u> _	inches x 2.54 =	_ <u>466</u> _	cm
Maximum Width	_ <u>68.0</u> _	inches x 2.54 =	_ <u>173</u> _	cm
Curb Weight	_ <u>2,800</u> _	pounds x .4536 =	_ <u>1,270</u> _	kg
Average Track	_ _ _ . _	inches x 2.54 =	_ _ _ _	cm
Front Overhang	_ _ _ . _	inches x 2.54 =	_ <u>96</u> _	cm
Rear Overhang	_ _ _ . _	inches x 2.54 =	_ <u>109</u> _	cm
Undeformed End Width	_ _ _ . _	inches x 2.54 =	_ _ _ _	cm
Engine Size: cyl./displ.	<u>L4</u> _ _ _	cc x .001 =	_ <u>2.0</u> _	L
	_ _ _	CID x .0164 =	_ . _ _	L

55.6 - 141
 56.5 - 144

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <table style="width:100%;"> <tr> <td>RF <u>2</u></td> <td>RF <u>2</u></td> </tr> <tr> <td>LF <u>2</u></td> <td>LF <u>2</u></td> </tr> <tr> <td>RR <u>2</u></td> <td>RR <u>2</u></td> </tr> <tr> <td>LR <u>2</u></td> <td>LR <u>2</u></td> </tr> </table> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	RF <u>2</u>	RF <u>2</u>	LF <u>2</u>	LF <u>2</u>	RR <u>2</u>	RR <u>2</u>	LR <u>2</u>	LR <u>2</u>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>263</u> cm</p> <p>Overall Length <u>466</u> cm</p> <p>Maximum Width <u>173</u> cm</p> <p>Curb Weight <u>1270</u> kg</p> <p>Average Track <u>143</u> cm</p> <p>Front Overhang <u>96</u> cm</p> <p>Rear Overhang <u>109</u> cm</p> <p>Undeformed End Width <u>138</u> cm</p> <p>Engine Size: cyl./displ. <u>4 2.0</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within ± 5 degrees</p>
RF <u>2</u>	RF <u>2</u>									
LF <u>2</u>	LF <u>2</u>									
RR <u>2</u>	RR <u>2</u>									
LR <u>2</u>	LR <u>2</u>									
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p>									
		<p>Approximate Cargo Weight <u>∅</u> kg</p>								

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.

PSU NUMBER 81
CASE NUMBER 114 E
VEHICLE NUMBER 01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER 81
CASE NUMBER 114E
VEHICLE NUMBER 01
OCCUPANT NUMBER 01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER	<u>81</u>
CASE NUMBER	<u>114E</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
- 17. Number of Occupants This Vehicle 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
- 18. Number of Occupant Forms Submitted 01

- 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):
complete ROLL UNKNOWN TIMES
(5) Rollover--end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,060
Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

_____ lbs X .4536 = 1,057 kgs
Source: _____

- 20. Vehicle Cargo Weight 0,000
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

_____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

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

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

RECONSTRUCTION DATA

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown
- 27. Heading Angle For This Vehicle 997
- 28. Heading Angle For Other Vehicle 997

B2481-114E
V-02

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 1

- (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): _____
- (8) Non-contact rollover forces (specify):
VEH REDIRECTED & ROLLED DUE TO
- (9) Unknown ANGLE OF WHEELS & CG

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) 01

- (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

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



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>81</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>114E</u>	

VEHICLE IDENTIFICATION

VIN WVWRA21G6LW Model Year 90
 Vehicle Make (specify): VW Vehicle Model (specify): Jetta 4DR

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
1	STARTS 35 CM BEHIND RR AXLE	SAME
2	ROUOVER	

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		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	RT SIDE ABOVE SILL	30	?	30	UNABLE TO	MEASURE					-143.5
2	ROUOVER	- COMPLETE ROLL									
		82 cm ACROSS THE WINDSHIELD HEADER (ROOF)									

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>97.3</u>	inches	x 2.54 =	<u>247</u>	cm
Overall Length	<u>171.7</u>	inches	x 2.54 =	<u>436</u>	cm
Maximum Width	<u>65.5</u>	inches	x 2.54 =	<u>166</u>	cm
Curb Weight	<u>2,331</u>	pounds	x .4536 =	<u>1,057</u>	kg
Average Track	_____.	inches	x 2.54 =	_____	cm
Front Overhang	_____.	inches	x 2.54 =	<u>86</u>	cm
Rear Overhang	_____.	inches	x 2.54 =	<u>109</u>	cm
Undeformed End Width	_____.	inches	x 2.54 =	_____	cm
Engine Size: cyl./displ.	<u>I-4</u>	cc	x .001 =	<u>1.8</u>	L
	_____	CID	x .0164 =	_____	L

56.3 - 143
56.0 - 142

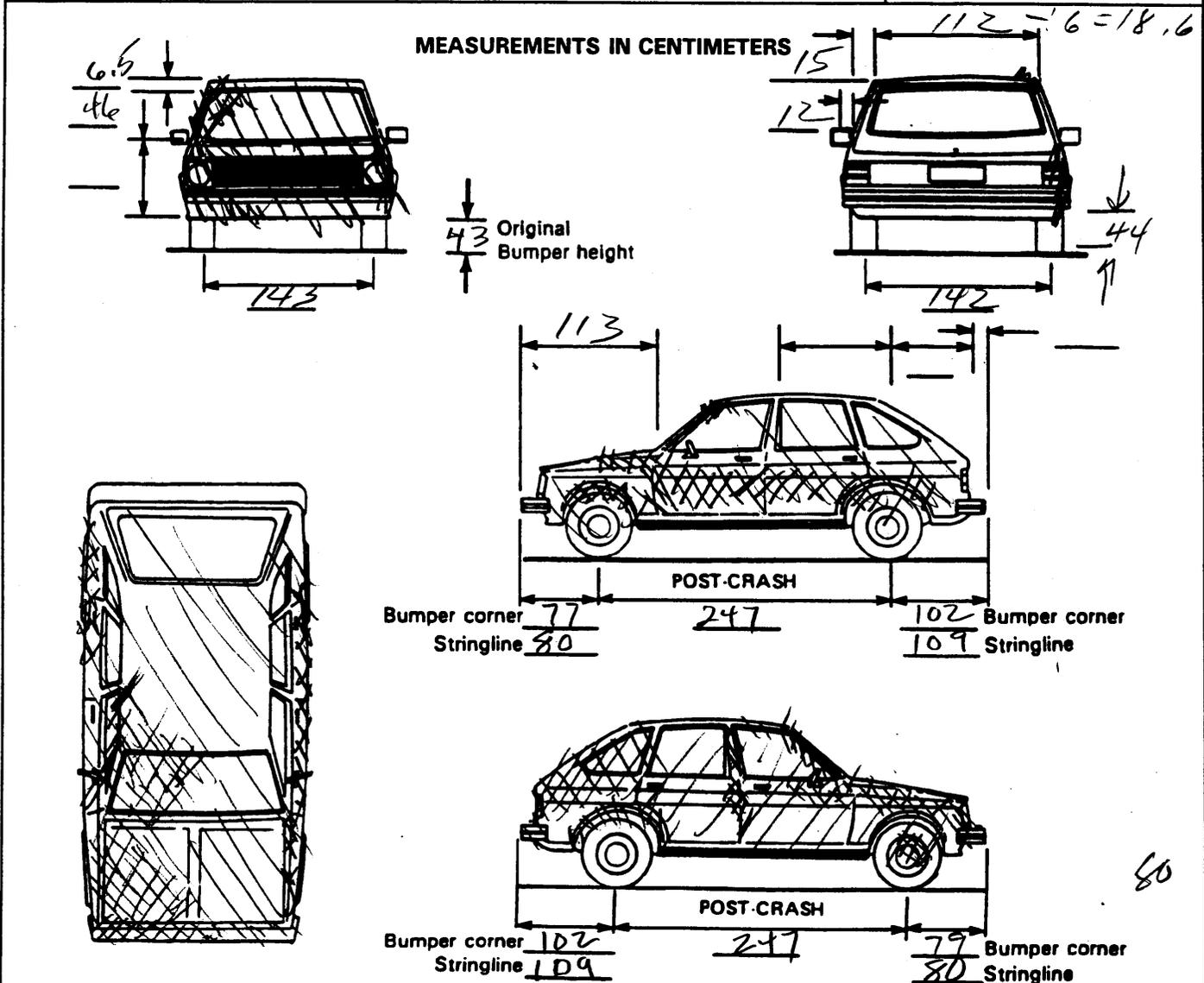
Impact #1 is contact with the RR wheel & tire. minor damage to rear wheel well, but unable to determine exact width - crush would be extent of one.

w/B = 123.5
D = 15

2 pt PASSIVE w/ manual LAP

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>247</u> cm</p> <p>Overall Length <u>436</u> cm</p> <p>Maximum Width <u>166</u> cm</p> <p>Curb Weight <u>1057</u> kg</p> <p>Average Track <u>143</u> cm</p> <p>Front Overhang <u>86</u> cm</p> <p>Rear Overhang <u>109</u> cm</p> <p>Undeformed End Width _____ cm</p> <p>Engine Size: cyl./displ. <u>4-1.8</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p> <hr/> <p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>∅</u> kg</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		



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.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 81
 2. Case Number - Stratum 114E
 3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06
 (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):
- (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 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 0

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

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

Door, Tailgate or Hatch Came Open During Collision

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

GLAZING

Glazing Damage from Impact Forces

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

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

Glazing Damage from Occupant Contact

23. WS 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 0

Type of Window/Windshield Glazing

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

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

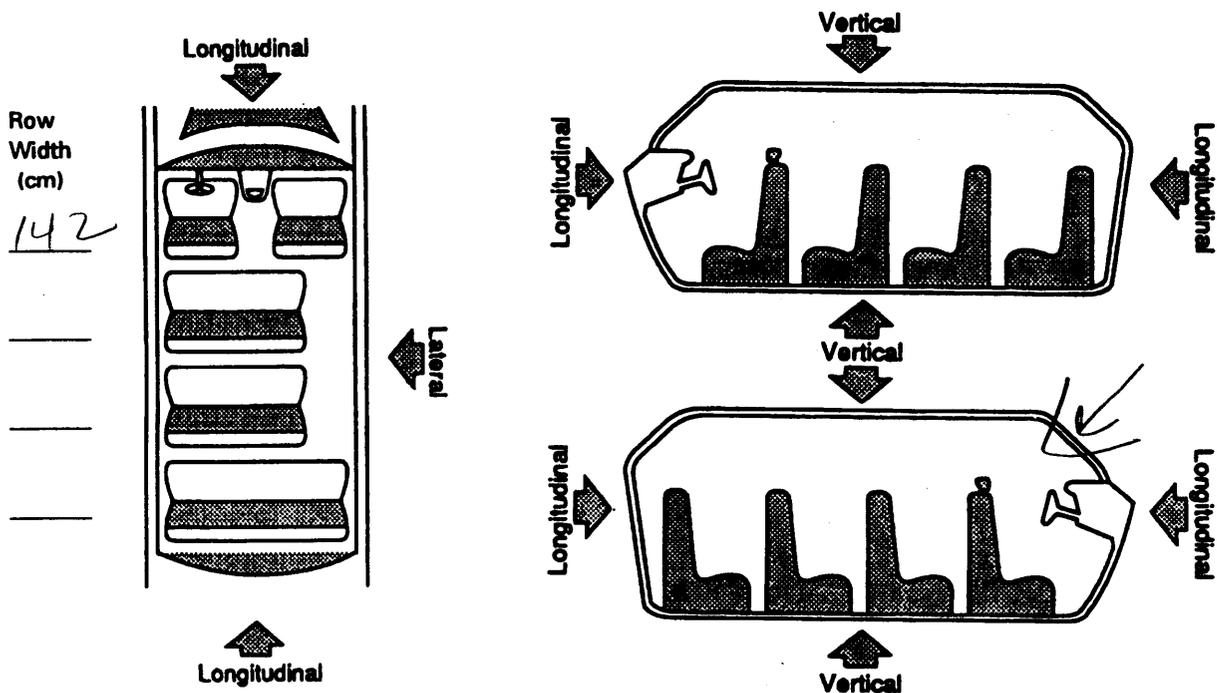
Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
13	Roof	73	65	8	VERT
	wind shield	11	11	11	?
	Header				

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. <u>13</u>	48. <u>15</u>	49. <u>2</u>	50. <u>1</u>
2nd	51. <u>13</u>	52. <u>12</u>	53. <u>2</u>	54. <u>1</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

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

LOCATION OF INTRUSION

- | | |
|--|---|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify) _____</p> <p>(99) Unknown</p> |
|--|---|

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
	—		=	
	—		=	
	—		=	
	—		=	

--	--	--	--	--

STEERING COLUMN

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

88. 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 00
 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 00
 (00) No steering rim deformation

Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 0 89,000

_____ 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

55.116 miles x 1.6093 = 88,698 kilometers

Source: INSPECTION

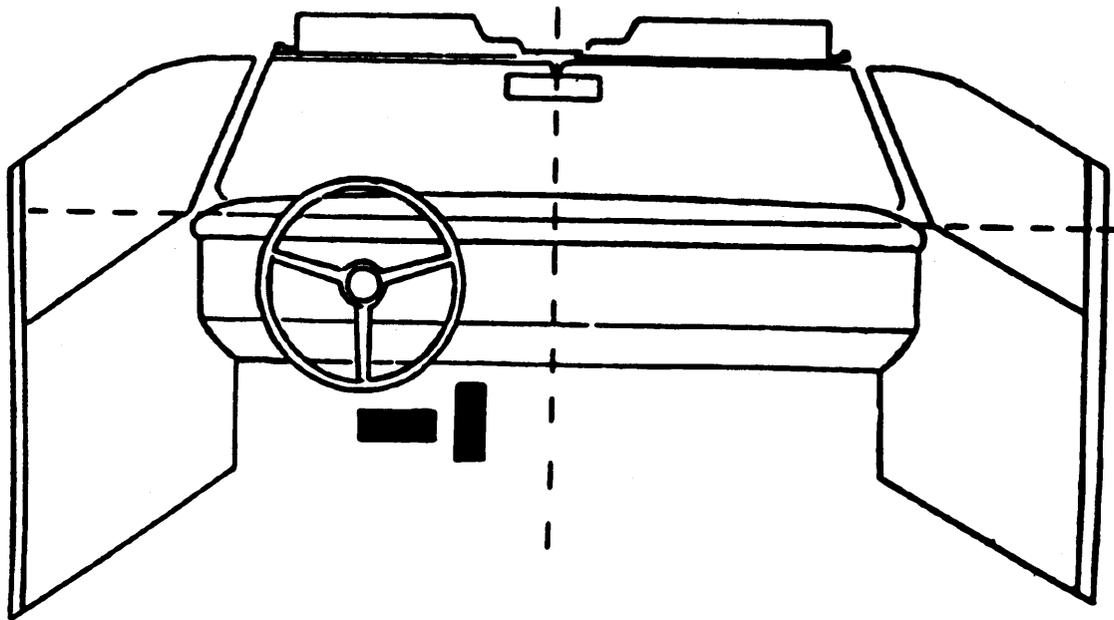
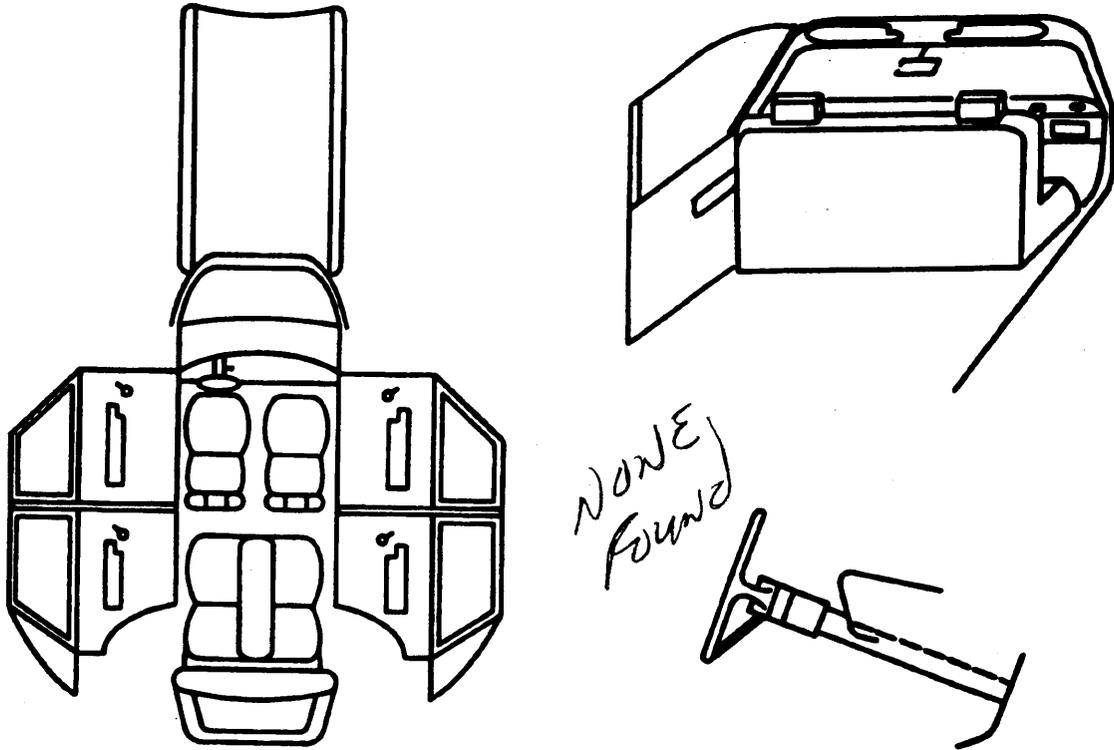
95. Instrument Panel Damage from Occupant Contact? 0
 (0) No
 (1) Yes
 (9) Unknown

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

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

VEHICLE INTERIOR SKETCHES

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.

FACIAL & SEAT BELT

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					
B					
C					
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
F I R S T	Availability/Function		
	Deployment		
	Failure		

<p>Air Bag System Availability/Function</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled (9) Unknown</p>	<p>Air Bag System Deployment</p> <p>(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</p>	<p>Did Air Bag System Fail?</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>
--	---	--

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	/	/
	Use	/	/
	Type	/	/
	Proper Use	/	/
	Failure Modes	/	/

<p>Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>Automatic (Passive) Belt System Use</p> <p>(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</p> <p>Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>	<p>Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (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</p>	<p>Automatic (Passive) Belt Failure Modes During Accident</p> <p>(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</p>
--	--	--

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 Occupant Assessment Form.

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

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

		Left	Center	Right
FIRST	Availability	3	0	3
	Use	03	00	03
	Failure Modes	1	0	1
SECOND	Availability	4	3	4
	Use	99	99	99
	Failure Modes	1	1	1
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 Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

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

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (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	02	00	02
	Seat Performance	1	0	1
	Seat Orientation	1	0	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 Occupant Assessment Form.

EJECTION No [] Yes []

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

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

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): _____

(5) Integral structure

- (8) Other medium (specify): _____

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 81
 2. Case Number - Stratum 114E
 3. Vehicle Number 02
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 58
 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 175
 Code actual height to the nearest centimeter.
 (999) Unknown
69 inches X 2.54 = 175 centimeters

8. Occupant's Weight 077
 Code actual weight to the nearest kilogram.
 (999) Unknown
170 pounds X .4536 = 077 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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

- (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

- (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

- (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

<p>17. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____ (9) Unknown _____</p>	<p>21. Air Bag System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>18. Manual (Active) Belt System Use <u>03</u></p> <p>(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): _____</p> <p>(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 _____</p>	<p>22. Air Bag System Deployment <u>0</u></p> <p>(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</p> <p>23. Are There Indications of Air Bag System Failure? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown _____</p>
<p>19. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (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): _____</p> <p>(8) Other improper use of manual belt system (specify): _____ (9) Unknown _____</p>	<p>Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts</p> <p>24. Police Reported Restraint Use <u>4</u></p> <p>(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): _____</p> <p>(8) Restrained, type unknown (9) Police indicated "unknown"</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(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): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____ (8) Other manual belt failure (specify): _____ (9) Unknown _____</p>	

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (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)

02

- (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) 1

- (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 00

- _____ 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 01

- _____ 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 1
 (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 02
 (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

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) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

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

UPDATE CANDIDATE? NO [] YES []



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>81</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>114E</u>	4. Occupant Number <u>01</u>

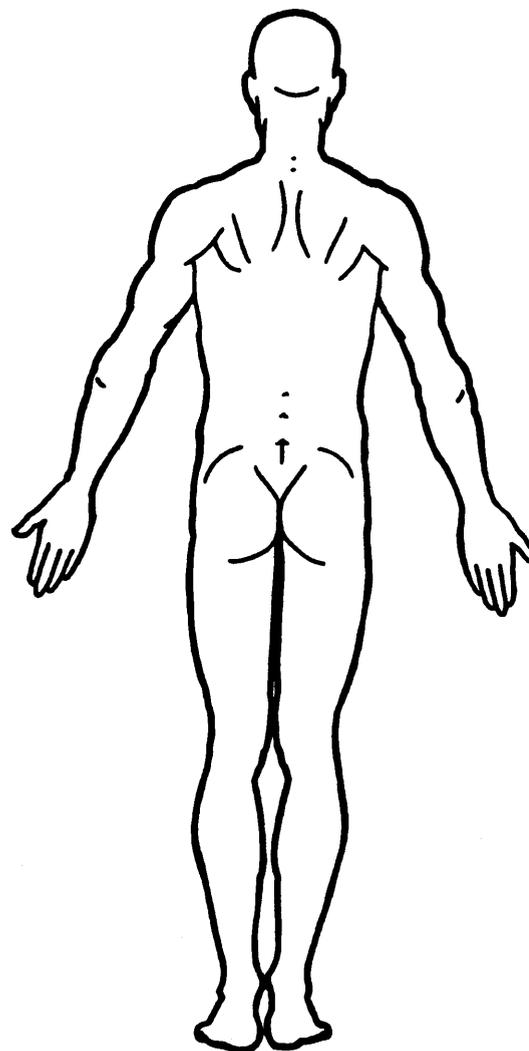
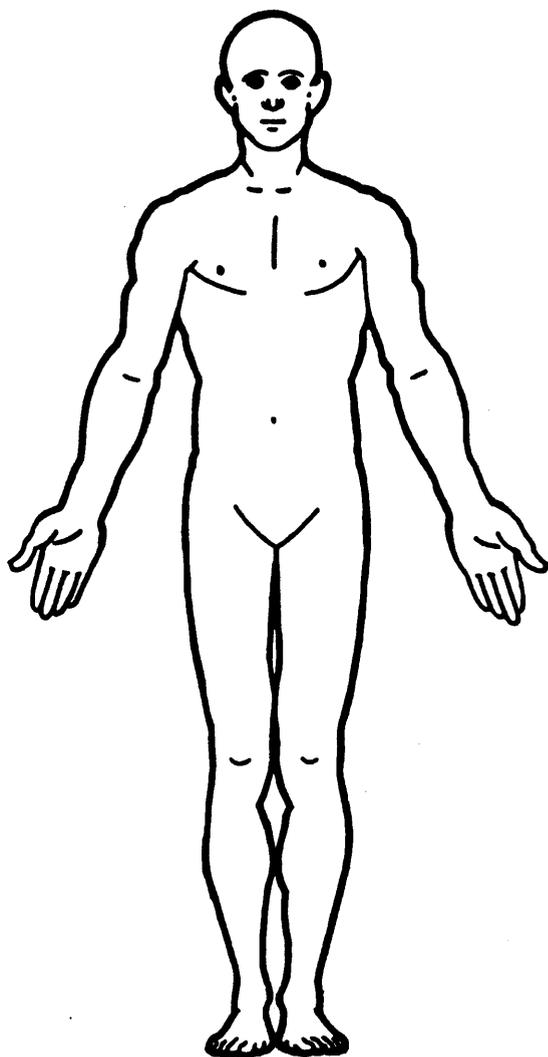
INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>0</u>	12. <u>06</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___	26. ___
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. ___

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
- (08) 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

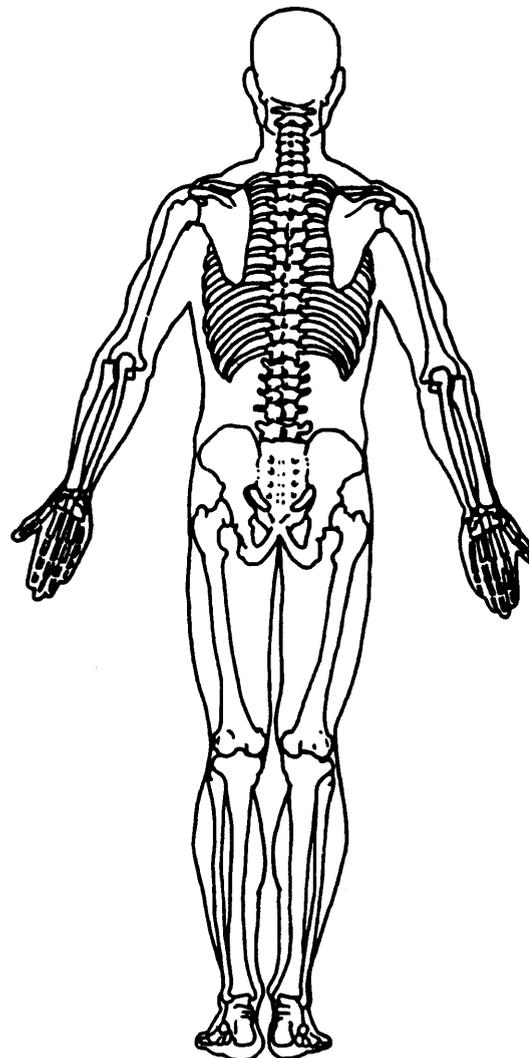
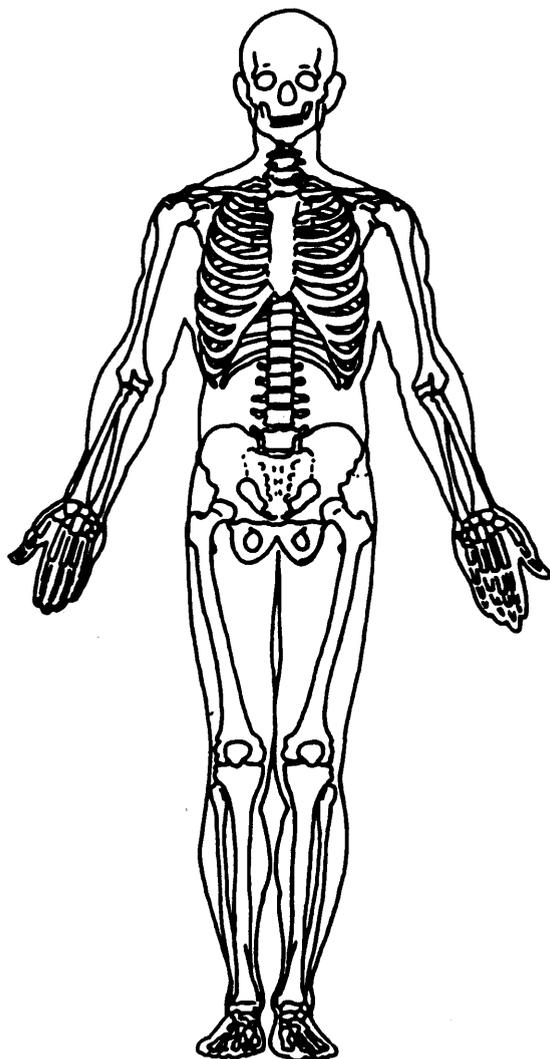
pH = _____

PO₂ = _____

PCO₂ _____

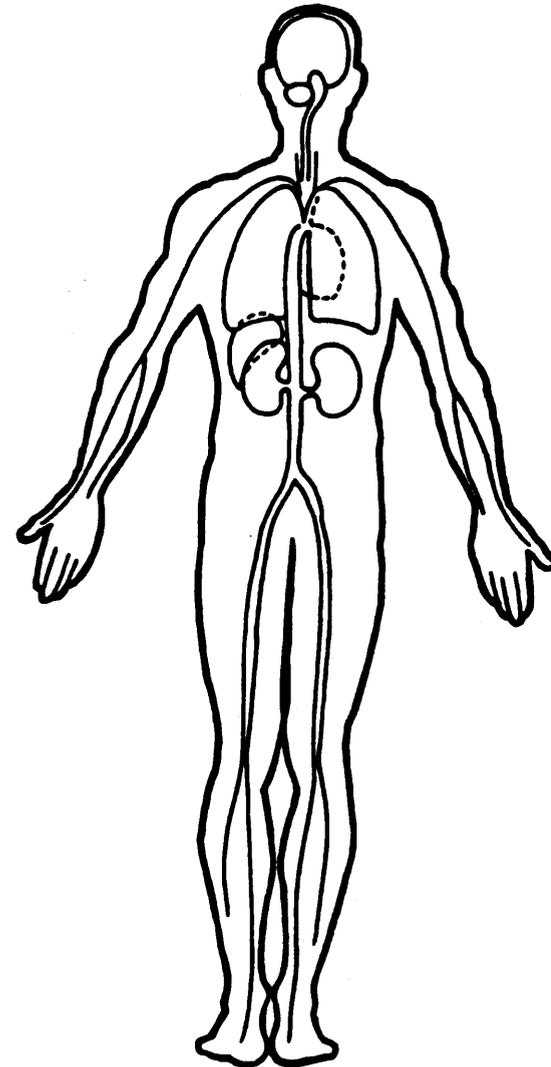
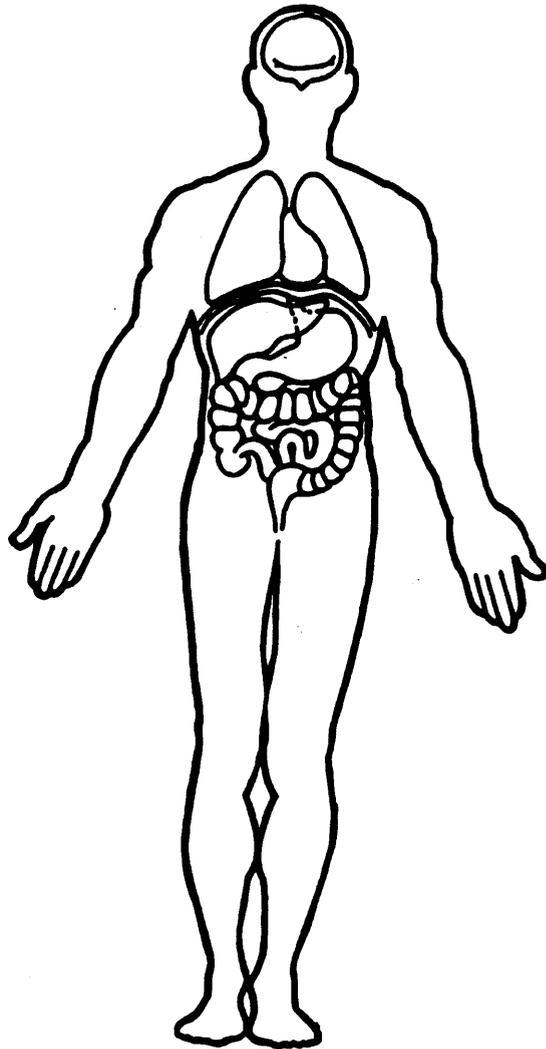
HCO₃ _____

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.)



PSU81
CASE 114E

1993 ACCIDENT FORM

IDENTIFICATION

3. Number of General Vehicle Forms Submitted	02
4. Date of Accident (Month, Day, Year)	93
5. Time of Accident (military time)	1405

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	02
01	

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 02	015. F	016. 02	017. 01	018. R
019. 02	020. 02	021. 01	022. T	023. 31	024. 00	025. N

011

INTRA ERRORS

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

001

VEHICLE IDENTIFICATION

4. Model Year	88	5. Make	20
6. Model	019	7. Body Type	04
8. VIN	1G1LT51W5JE		

OFFICIAL RECORDS

9. Police Reported Disposition	0	10. Police Reported Travel Speed	999
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	000	14. Attempted Avoid. Maneuver	02
15. Accident Type	82		

OCCUPANT RELATED

16. Driver Presence in Vehicle	1	17. No. Occupants This Vehicle	02
18. No. Occupant Forms Submitted	00		

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	127	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	0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0	26. R 0
---------	---------

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	180	28. Heading Angle Other Vehicle	270
--------------------------------	-----	---------------------------------	-----

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

29. Basis for Total Delta V	5
-----------------------------	---

COMPUTER GENERATED DELTA V

30. Total Delta V	999
31. Longitudinal Component of Delta V	999
32. Lateral Component of Delta V	999
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	2
36. Is this an ADPS vehicle?	0

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
 58. Vehicle Special Use 0

57. Driver's Race/Ethnic Origin 1

ROLLOVER DATA

59. Rollover Initiation Type 0
 61. Rollover Initiation Object Contacted 00
 63. Direction of Initial Roll 0

60. Location of Rollover Initiation 0
 62. Location on Vehicle Where Initial Principal Tripping Force Applied 0

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 10
 66. Precrash Stability After 011

65. Initial Critical (Precrash) Event 15
 67. Precrash Directional Consequences 1

INTRA ERRORS

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

001

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. 02	6. 09	7. F	8. Z	9. E	10. S	11. 01

SECOND HIGHEST DELTA "V"

12.	13.	14.	15.	16.	17.	18.	19.
-----	-----	-----	-----	-----	-----	-----	-----

CRUSH PROFILE IN CENTIMETERS

HIGHEST DELTA "V"

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

SECOND HIGHEST DELTA "V"

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

26. CDCs Documented but not coded	0
27. Researchers Assess. Veh. Disp.	0
28. Original Wheelbase	263

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

VEHICLE IDENTIFICATION

4. Model Year	90	5. Make	30
6. Model	040	7. Body Type	04
8. VIN	WVWRA21G6LW		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	999
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed/Limit	048	14. Attempted Avoid. Maneuver	01
15. Accident Type	83		

OCCUPANT RELATED

16. Driver Presence in Vehicle	1	17. No. Occupants This Vehicle	01
18. No. Occupant Forms Submitted	01		

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	106	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	997	28. Heading Angle Other Vehicle	997
--------------------------------	-----	---------------------------------	-----

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

29. Basis for Total Delta V	5
-----------------------------	---

COMPUTER GENERATED DELTA V

30. Total Delta V	999
31. Longitudinal Component of Delta V	999
32. Lateral Component of Delta V	999
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	2
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	1
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)	01	65. Initial Critical (Pre-crash) Event	72
66. Pre-crash Stability After 011	0	67. Pre-crash Directional Consequences	0

INTRA ERRORS

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

001

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.	02	5.	31	6.	00	7.	T	8.	Y	9.	D	10.	0	11.	03

SECOND HIGHEST DELTA "V"

12.	01	13.	01	14.	01	15.	R	16.	B	17.	E	18.	N	19.	01
-----	----	-----	----	-----	----	-----	---	-----	---	-----	---	-----	---	-----	----

CRUSH PROFILE IN CENTIMETERS

HIGHEST DELTA "V"

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

SECOND HIGHEST DELTA "V"

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

26.	CDCs Documented but not coded	0
27.	Researchers Assess. Veh. Disp.	1
28.	Original Wheelbase	247

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

INTEGRITY

4. Passenger Compartment 06

Door, Tailgate or Hatch opening

5. LF 3 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 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage from Impact Forces

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

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 0 33. RF 2 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 13	48. 15	49. 2	50. 1
51. 13	52. 12	53. 2	54. 1
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	2		
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	089,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	1	97. Glove Door Open	0
011			

INTRA ERRORS

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

001

OCCUPANT'S CHARACTERISTICS

5. Age 58 6. Sex 1 7. Height 175
8. Weight 077 9. Role 1

OCCUPANT'S SEATING

10. Seat Position 11 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 3 18. Belt System Use 03
19. Proper Use of Belt 1 20. Belt Failure Modes During Impact 1
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Are There Indications of 0 24. Police Reported Restraint Use 4
 Air Bag System Failure?

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage 3
 by Occupant at this Position
26. Seat Type 02
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)	1
35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	1
37. Hospital Stay	00
38. Working Days Lost	00

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	1
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

INTER ERRORS

01***** NO E

RRORS *****

0

PSUB1
CASE 114E
CURRENT VERSION: 6.02

ERROR SUMMARY SCREEN

93

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



PSU 01-114E (1993) #1



PSU 81-114E (1993) #2



PSU 81-114E (1993) #3



PSU 81-114E (1993) #4



PSU 81-114E (1993) #5



PSU 81-114E (1993) #6



PSU 81-114E (1993) #7



PSU 81-114E (1993) #8



PSU 81-114E (1993) #9



PSU 81-114E (1993) #10



PSU 81-114E (1993) #11



PSU 81-114E (1993) #12



PSU 81-114E (1993) #13



PSU 81-114E (1993) #14



PSU 81-114E (1993) #15



PSUB1-114E (1993) #16



PSU 81-114E (1993) #17



PSU 81-114E (1993) #18



PSU 81-114E (1993) #19



PSU 81-114E (1993) #20



PSU 81-114E (1993) #21



PSU 81-114E (1993) #22



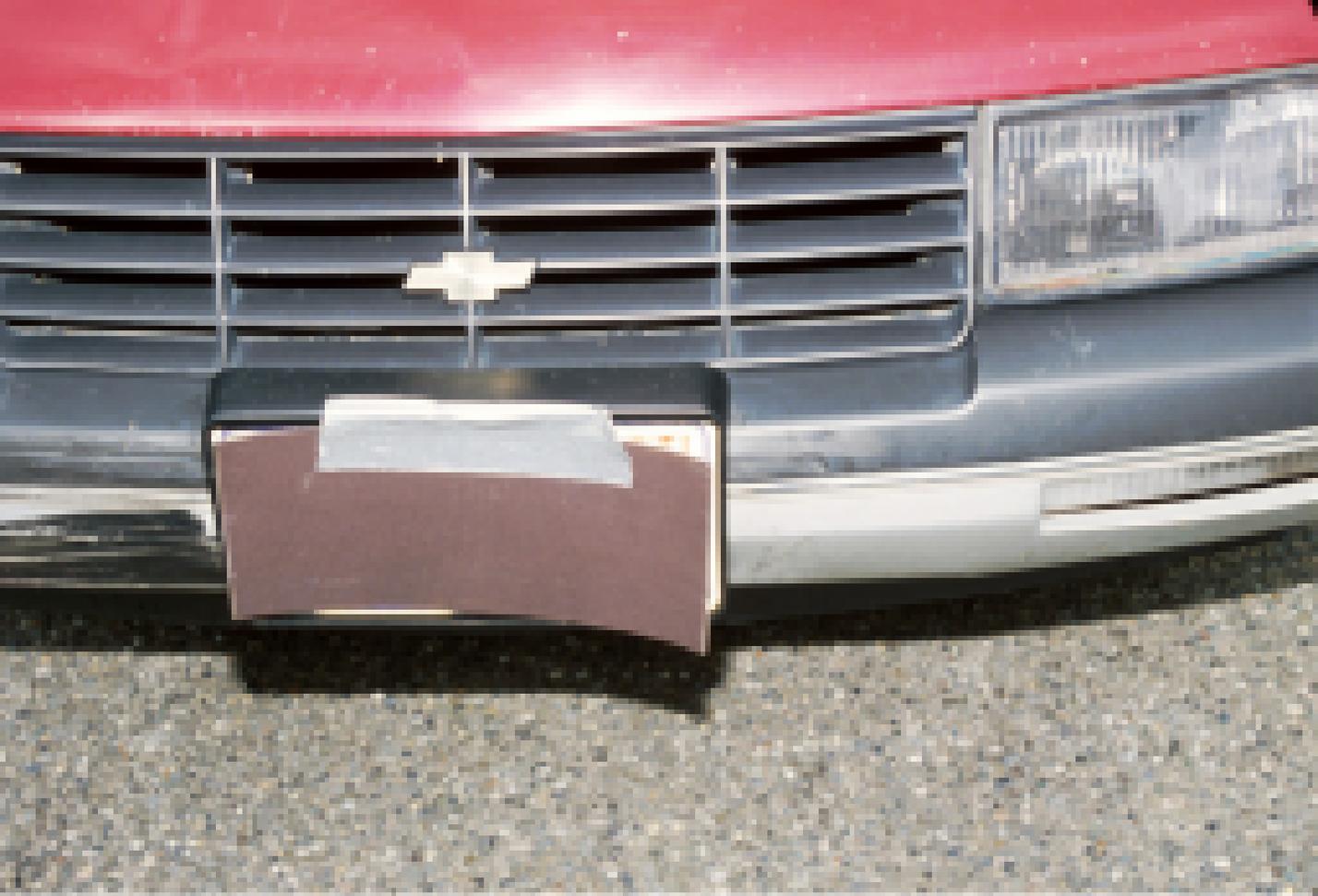
PSU 81-114E (1993) #23



PSU 81-114E (1993) #24



PSU 81-114E (1993) #25



PSU 81-114E (1993) #26



PSU 81-114E (1993) #27



PSU 81-114E (1993) #28



PSU 81-114E (1993) #29



PSU 81-114E (1993) #30



PSU 81-114E (1993) #31



PSU 81-114E (1993) #32



PSU 81-114E (1993) #33



PSU 81-114E (1983) #34



PSU 81-114E (1993) #35



PSU 81-114E (1993) #36



PSU 81-114E (1993) #37



PSU 81-114E (1993) #38



PSJ 81-114E (1993) #39



PSU 81-114E (1993) #40



PSU 81-114E (1993) #41



PSJ 81-114E (1993) #42



PSU 81-114E (1993) #43



PSJ 81-114E (1993) #44



PSU 81-114E (1993) #45



PSU 81-114E (1993) #48



PSU 81-114E (1993) #47



PSU 81-114E (1993) #48



PSU 81-114E (1993) #49



PSU 81-114E (1993) #50



PSU 81-114E (1993) #51