



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 12 CASE NO. 025B TYPE OF ACCIDENT 4VEHICLE / DOUBLE FATALITY

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 on a 4 lane 2 way roadway and had been in a previous accident and continued on to cross the roadway into oncoming traffic where 3 other vehicles came into contact with eachother and as a result, driver 2 was fatally injured and the dirver of vehicle 1 died after hospitalization. Others wer treated and released. Vehicle 1, 2 and 4 were towed. Vehicle 3 was driveable.

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 | Passenger Van | 1991 Dodge Caravan | front | severe | none |
| 2 | Compact | 1987 Pontiac Grand Am | front | severe | none |
| 3 | Compact | 1987 Chrysler LeBaron | front | unk | unk |
| 4 | Passenger Van | 1986 GMC Van | right | unk | unk |

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 |
| 1 | driver | left front | airbag L&S | Hip | fracture | 3 | Med Instrument Panel |
| 2 | Driver | left front | not used | lung | contusions | 4 | Steering Wheel Rein |
| 4 | Driver | Left front | lapshoulder | no injury | | | |

Body Region

Abdomen
Ankle—foot
Arm (upper)
Back-thoracolumbar spine
Brain
Chest
Ears
Eye
Elbow
Face
Forearm
Head—skull
Heart
Kidneys
Knee
Leg (lower)
Liver
Lower limbs(s) (whole or unknown part)
Mouth
Neck—cervical spine
Nose

Pelvic—hip
Pulmonary—lungs
Shoulder
Spleen
Thigh
Thyroid, other endocrine gland
Upper limb(s) (whole or unknown part)
Vertebrae
Whole body
Wrist—hand

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

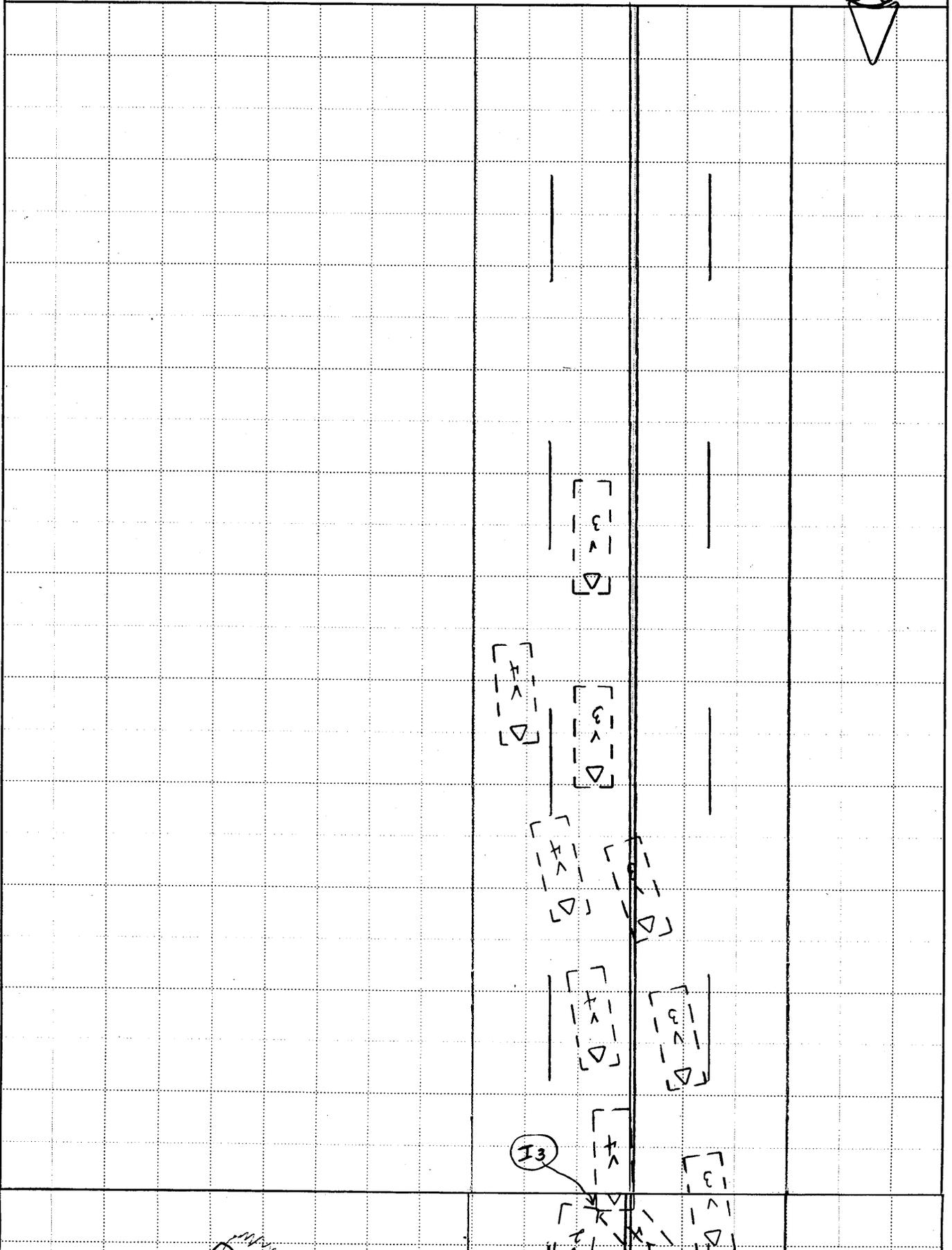
1 of 2

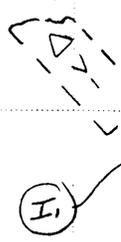
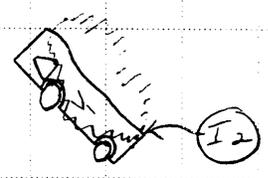
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 12

Case Number—Stratum 025B

Indicate
North

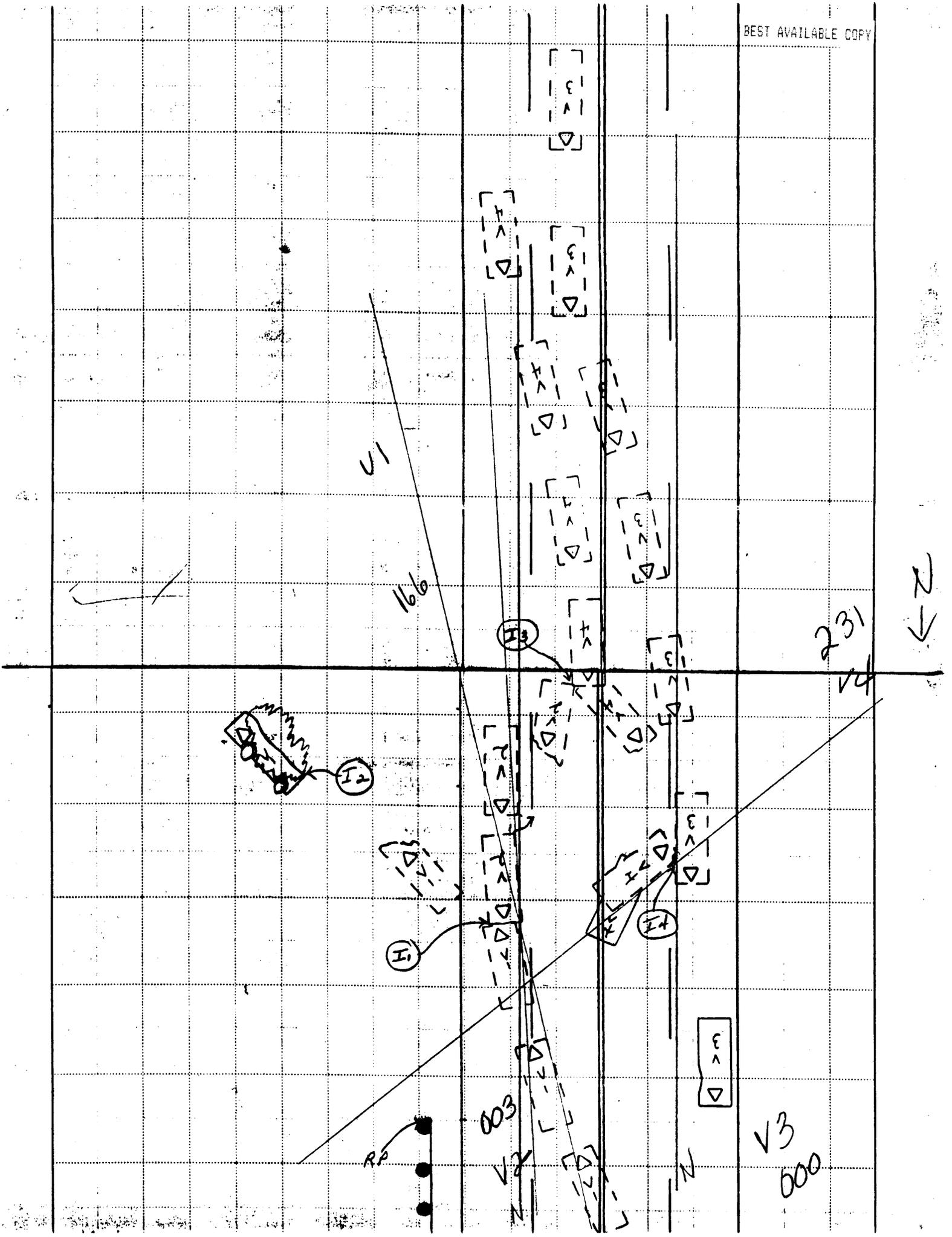




Note: V1 had just
 been involved in
 a hit & run accident
 with airbag deployment.

RL

72 KPH





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 12

Case Number - Stratum 025B

| 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 (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 • scaled 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>VEH. #1 VEH. #2 VEH. #3</p> | <p style="text-align: right;"><u>v #4</u></p> |
| <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>Heading Angle <u>166</u> <u>003</u> <u>000</u> <u>231</u></p> <p>Surface Type <u>Asphalt Concrete</u> <u>Asphalt Concrete</u> <u>Concrete</u></p> <p>Surface Condition <u>Wet</u> <u>Wet</u> <u>Wet</u> <u>Wet</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>0/1</u> <u>0/1</u> <u>0/1</u> <u>0/1</u></p> <p>Grade (v/h) Measurement (at location of rollover initiation) _____ _____ _____</p> | |

Reference Point: S. most pt. of long barrier Reference line: E Rd edge
3/10 m S of [redacted] 8 M E of [redacted] edge

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---|---|--|
| <u>B FR spill in field</u> | <u>18.6 S</u> | <u>9</u> |
| <u>E FR " " "</u> | <u>22.9 S</u> | <u>11.2</u> |
| | | |
| | | |
| <u>There had been a previous acc. which had inflated the bag in v1.</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



ACCIDENT FORM

1. Primary Sampling Unit Number 12
2. Case Number - Stratum 025B

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 04
4. Date of Accident (Month, Day, Year) 19 4
5. Time of Accident 1748
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. 0 SS15 Administrative Use 0
7. 0 SS16 Pedestrian Crash Data Study 0
8. 1 SS17 Impact Fires 1
9. 0 SS18 _____ 0
10. 0 SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 05
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

| Accident Event Sequence Number | Vehicle Number | Class Of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class Of Vehicle | General Area of Damage |
|--------------------------------|----------------|------------------|------------------------|------------------------------------|------------------|------------------------|
| 12. <u>0 1</u> | 13. <u>01</u> | 14. <u>13</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>02</u> | 18. <u>F</u> |
| 19. <u>0 2</u> | 20. <u>01</u> | 21. <u>13</u> | 22. <u>R</u> | 23. <u>31</u> | 24. <u>00</u> | 25. <u>N</u> |
| 26. <u>0 3</u> | 27. <u>02</u> | 28. <u>02</u> | 29. <u>B</u> | 30. <u>03</u> | 31. <u>02</u> | 32. <u>F</u> |
| 33. <u>0 4</u> | 34. <u>03</u> | 35. <u>02</u> | 36. <u>R</u> | 37. <u>04</u> | 38. <u>13</u> | 39. <u>R</u> |
| 40. <u>0 5</u> | 41. <u>01</u> | 42. <u>13</u> | 43. <u>N</u> | 44. <u>32</u> | 45. <u>00</u> | 46. <u>N</u> |

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
- (79) Object fell from vehicle 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 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 1
 (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 1,440
1438 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3170 lbs X .4536 = 1,438 kgs
 Source: 1991 
- 20. Vehicle Cargo Weight 0,010
14 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

30 lbs X .4536 = 14 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 166
 - 28. Heading Angle For Other Vehicle 003

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | | | | | |
|--|----------------------------|-----------------------------------|-----------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| I Single Driver | A Right Roadside Departure | 01 DRIVE OFF ROAD | 02 CONTROL/ TRACTION LOSS | 03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN | | | | | |
| | B Left Roadside Departure | 06 DRIVE OFF ROAD | 07 CONTROL/ TRACTION LOSS | 08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN | | | | | |
| | C Forward Impact | 11 PARKED VEH. | 12 STA. OBJECT | 13 PEDESTRIAN/ ANIMAL | 14 END DEPARTURE | 15 SPECIFICS OTHER | 16 SPECIFICS UNKNOWN | | | | |
| II Same Trafficway Same Direction | D Rear-End | 20 STOPPED 21, 22, 23 | 24 SLOWER 25, 26, 27 | 28 DECEL. 29, 30, 31 | 30 AVOID COLLISION WITH VEH. | 31 AVOID COLLISION WITH OBJECT | (EACH - 32) SPECIFICS OTHER | (EACH - 33) SPECIFICS UNKNOWN | | | |
| | E Forward Impact | 34 CONTROL/ TRACTION LOSS | 35 CONTROL/ TRACTION LOSS | 36 AVOID COLLISION WITH VEH. | 37 AVOID COLLISION WITH VEH. | 38 AVOID COLLISION WITH VEH. | 39 AVOID COLLISION WITH VEH. | 40 AVOID COLLISION WITH VEH. | 41 AVOID COLLISION WITH VEH. | (EACH - 42) SPECIFICS OTHER | (EACH - 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle | 44 LATERAL MOVE | 45 LATERAL MOVE | 46 LATERAL MOVE | 47 LATERAL MOVE | (EACH - 48) SPECIFICS OTHER | (EACH - 49) SPECIFICS UNKNOWN | | | | |
| III Same Trafficway Opposite Direction | G Head-On | 50 LATERAL MOVE | 51 LATERAL MOVE | (EACH - 52) SPECIFICS OTHER | (EACH - 53) SPECIFICS UNKNOWN | | | | | | |
| | H Forward Impact | 54 CONTROL/ TRACTION LOSS | 55 CONTROL/ TRACTION LOSS | 56 AVOID COLLISION WITH VEH. | 57 AVOID COLLISION WITH VEH. | 58 AVOID COLLISION WITH VEH. | 59 AVOID COLLISION WITH VEH. | 60 AVOID COLLISION WITH VEH. | 61 AVOID COLLISION WITH VEH. | (EACH - 62) SPECIFICS OTHER | (EACH - 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle | 64 LATERAL MOVE | 65 LATERAL MOVE | (EACH - 66) SPECIFICS OTHER | (EACH - 67) SPECIFICS UNKNOWN | | | | | | |
| IV Change Trafficway Vehicle Turning | J Turn Across Path | 68 INITIAL OPPOSITE DIRECTIONS | 69 INITIAL OPPOSITE DIRECTIONS | 70 INITIAL SAME DIRECTIONS | 71 INITIAL SAME DIRECTIONS | 72 INITIAL SAME DIRECTIONS | 73 INITIAL SAME DIRECTIONS | (EACH - 74) SPECIFICS OTHER | (EACH - 75) SPECIFICS UNKNOWN | | |
| | K Turn Into Path | 76 TURN INTO SAME DIRECTION | 77 TURN INTO SAME DIRECTION | 78 TURN INTO OPPOSITE DIRECTIONS | 79 TURN INTO OPPOSITE DIRECTIONS | 80 TURN INTO OPPOSITE DIRECTIONS | 81 TURN INTO OPPOSITE DIRECTIONS | 82 TURN INTO OPPOSITE DIRECTIONS | (EACH - 84) SPECIFICS OTHER | (EACH - 85) SPECIFICS UNKNOWN | |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths | 87 STRAIGHT PATHS | 88 STRAIGHT PATHS | (EACH - 89) SPECIFICS OTHER | (EACH - 90) SPECIFICS OTHER | (EACH - 91) SPECIFICS UNKNOWN | | | | | |
| VI Miscellaneous | M Backing Etc. | 92 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 98 Other Accident Type 99 Unknown Accident Type 00 No Impact | | | | | | | |

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

- (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) 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

61. Rollover Initiation Object Contacted

61 3+

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

1 8

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify):

NRSS CODING CHART
1st Review: 1G
2nd Review:

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

1

- (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)

97

- (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

veh. had just H/R and lost control causing this accident.

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

1 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

NRSS CODING CHART
1st Review: 1G
2nd Review:

60. Location of Rollover Initiation

4

- (0) No rollover
- (1) On roadway
- (2) On shoulder—paved
- (3) On shoulder—unpaved
- (4) On roadside or divided trafficway median
- (9) 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
- (79) Object fell from vehicle 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>12</u> | 3. Vehicle Number <u>01</u> |
| 2. Case Number - Stratum <u>025 B</u> | <u>94D 1302</u> |

VEHICLE IDENTIFICATION

VIN 2B4GK45R1MR [REDACTED] Model Year 91
 Vehicle Make (specify): Dodge Vehicle Model (specify): Caravan SE

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 | whole front | whole front |
| 2 | rollover @ side | |
| ① cord set @ 447cm - veh. OAL | | |

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 | MAX C ₆ | ±D |
|------------------------|--|---------------|-----------|---------|----------------|----------------|----------------|----------------|----------------|--------------------|----|
| | | Width (CDC) | Max Crush | | | | | | | | |
| 1 | front bumper | 39 | 167 | 59.5 | 39 | 63 | 109 | 124 | 133 | 167 | 0 |
| | free space | | 15 | | 15 | 8 | 4 | 4 | 8 | 15 | |
| | result | | 152 | | 24 | 55 | 105 | 120 | 125 | 152 | |
| 2 | rollover | 170 | 4 | | | | | | | | |
| 1 | Note: Front impact has had 2 impacts, one from a previous accident and the impact which is measured and detailed herein. This information was acquired from other police sources and interview statements. | | | | | | | | | | |

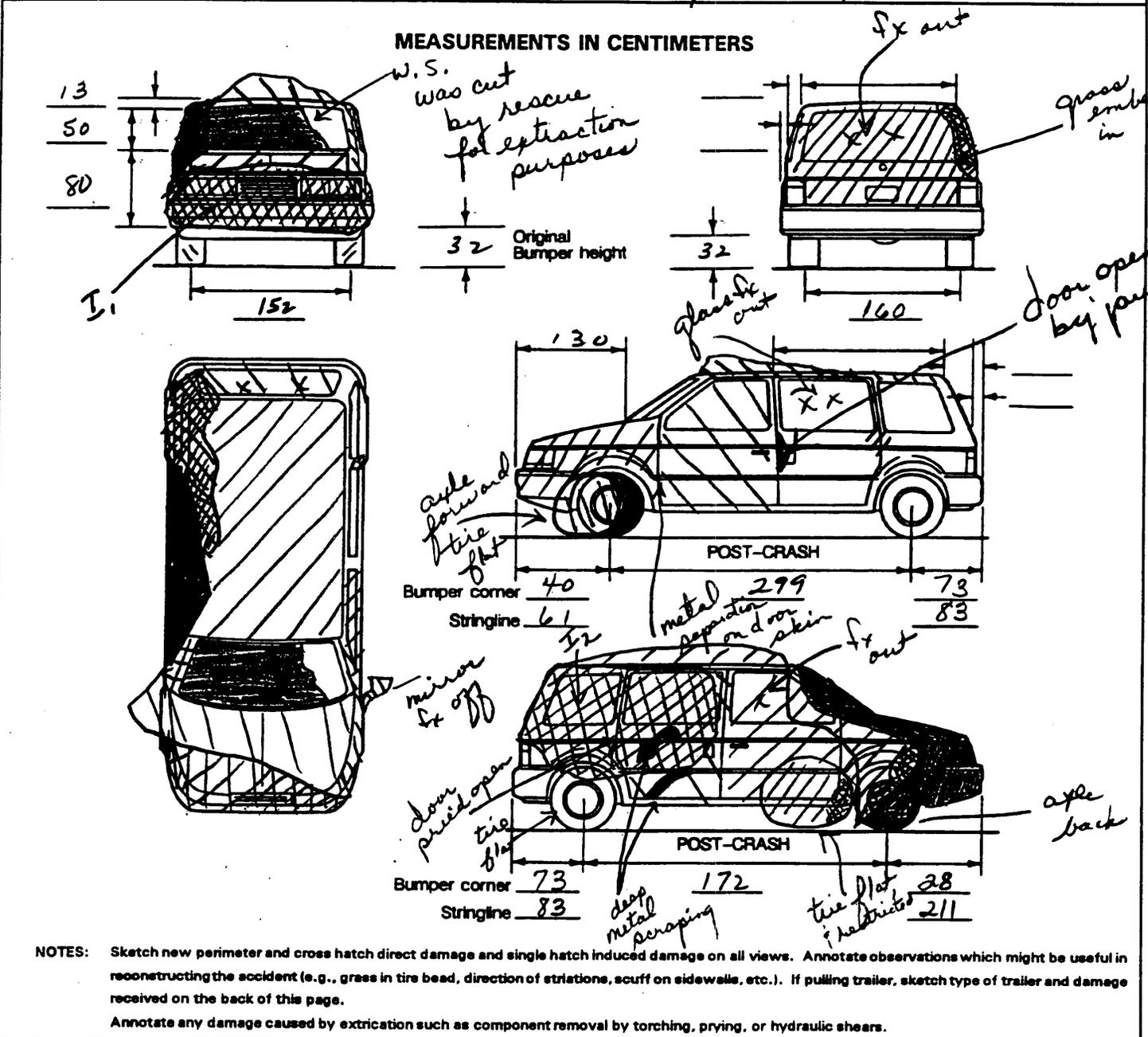
ORIGINAL SPECIFICATIONS WORK SHEET

| | | | | | |
|--------------------------|----------------------------------|--------|---------|---|---------------------------|
| Wheelbase | <u> 1 1 2 .</u> <u> 0 </u> | inches | x 2.54 | = | <u> 2 8 4 </u> cm |
| Overall Length | <u> 1 7 5 .</u> <u> 9 </u> | inches | x 2.54 | = | <u> 4 4 7 </u> cm |
| Maximum Width | <u> 7 2 0 </u> | inches | x 2.54 | = | <u> 1 8 3 </u> cm |
| Curb Weight | <u> 3, 1 7 0 </u> | pounds | x .4536 | = | <u> 1, 4 3 8 </u> kg |
| Average Track | _ _ . _ | inches | x 2.54 | = | _ _ _ cm |
| Front Overhang | _ _ . _ | inches | x 2.54 | = | _ _ _ cm |
| Rear Overhang | _ _ . _ | inches | x 2.54 | = | _ _ _ cm |
| Undeformed End Width | _ _ . _ | inches | x 2.54 | = | _ _ _ cm |
| Engine Size: cyl./displ. | _ _ _ _ | cc | x .001 | = | _ . _ L |
| | _ _ _ _ | CID | x .0164 | = | _ . _ L |

height 64.6

VEHICLE DAMAGE SKETCH

| | | |
|--|--|---|
| <p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>1</u> LF <u>1</u> RR <u>1</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p> | <p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>284</u> cm</p> <p>Overall Length <u>447</u> cm</p> <p>Maximum Width <u>183</u> cm</p> <p>Curb Weight <u>1438</u> kg</p> <p>Average Track _____ cm</p> <p>Front Overhang _____ cm</p> <p>Rear Overhang _____ cm</p> <p>Undeformed End Width <u>174</u> cm</p> <p>Engine Size: cyl./displ. <u>V6/3.3</u> L</p> | <p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF @ <u>20</u> °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within ± 5 degrees</p> |
| <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>14</u> kg</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.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|--------------------------------|------------------|----------------------------|--------------------------|--------------------------------------|----------------------------------|---------------------------------|------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>72</u> | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>06</u> |

Second Highest Delta "V"

| | | | | | | | |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>02</u> | 13. <u>31</u> | 14. <u>00</u> | 15. <u>R</u> | 16. <u>Z</u> | 17. <u>A</u> | 18. <u>0</u> | 19. <u>01</u> |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

| 20. L | 21. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 22. ±D |
|------------|--------------------|----------------|----------------|----------------|----------------|----------------|-------------|
| <u>174</u> | <u>024</u> | <u>055</u> | <u>105</u> | <u>120</u> | <u>125</u> | <u>152</u> | <u>+000</u> |

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ±D |
|-------|--------------------|----------------|----------------|----------------|----------------|----------------|----------------------|
| --- | --- | --- | --- | --- | --- | --- | <u>+</u> <u>-</u> |

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase 284
284 Code to the nearest centimeter
(999) Unknown

112.0 inches X 2.54 = 284 centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

30. Fire Occurrence 1
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

31. Origin of Fire 4
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 6
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

34. Fuel Tank-1 Location 4

35. Fuel Tank-2 Location 0
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

36. Fuel Tank-1 Filler Cap Location 4

37. Fuel Tank-2 Filler Cap Location 0
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown

38. Fuel Tank-1 Damage 2

39. Fuel Tank-2 Damage 0
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 0258
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 11
 (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 0 8. RR 3 9. TG/H 3

- (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 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 9 24. LF 1 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 2 33. RF 2 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

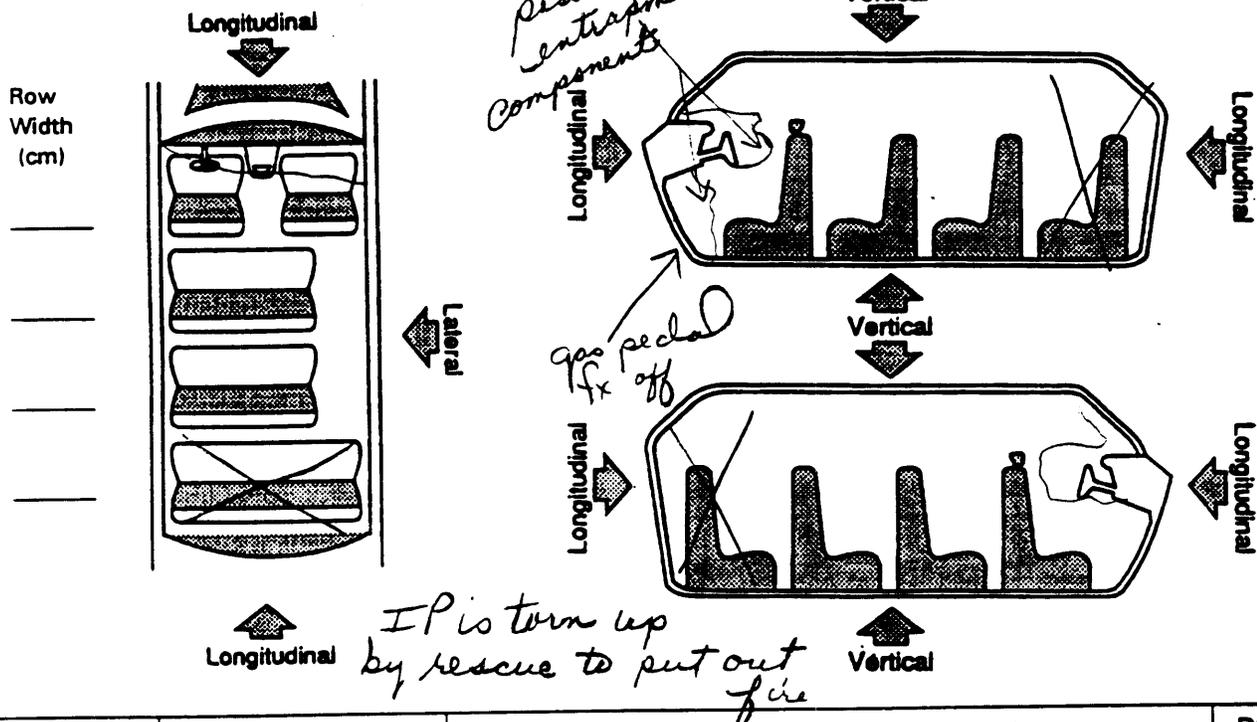
Window Precrash Glazing Status

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

- (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 | |
| 11 | IP | 70 | - 54 | = 16 | long 4 |
| 11 | column | 58 | - 42 | = 16 | long 5 |
| 11 | floor pan | 97 | - 72 | = 25 | long 2 |
| 11 | brake pedal | 0 | - 24 | = 24 | long 3 |
| 13 | w.s. header | 60 | - 46 | = 14 | long 6 |
| 1B | IP | 70 | - 22 | = 48 | long 1 |
| 13 | A pillar | 78 | - 37 | = / | long / |
| 13 | B pillar | 102 | - 68 | = / | long / |
| 13 | roof header | 60 | - 46 | = 64 | long 7 |
| | | | | = | |
| | Intrusions into occupant space | | | = 12 | |
| 11 | driver's seat | | | = | long |
| | | | | = | |
| | | | | = | |

OCCUPANT AREA INTRUSION

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

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): ✓
brake pedal
- (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

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st | 47. <u>13</u> | 48. <u>04</u> | 49. <u>5</u> | 50. <u>2</u> |
| 2nd | 51. <u>11</u> | 52. <u>17</u> | 53. <u>3</u> | 54. <u>2</u> |
| 3rd | 55. <u>11</u> | 56. <u>26</u> | 57. <u>3</u> | 58. <u>2</u> |
| 4th | 59. <u>11</u> | 60. <u>02</u> | 61. <u>3</u> | 62. <u>2</u> |
| 5th | 63. <u>11</u> | 64. <u>01</u> | 65. <u>3</u> | 66. <u>2</u> |
| 6th | 67. <u>13</u> | 68. <u>15</u> | 69. <u>2</u> | 70. <u>2</u> |
| 7th | 71. <u>13</u> | 72. <u>13</u> | 73. <u>2</u> | 74. <u>2</u> |
| 8th | 75. <u>99</u> | 76. <u>99</u> | 77. <u>9</u> | 78. <u>9</u> |
| 9th | 79. _____ | 80. _____ | 81. <u>Review</u> | 82. _____ |
| 10th | 83. _____ | 84. _____ | 85. _____ | 86. _____ |

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> |
|--|---|

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE - DAMAGE VALUE = DEFORMATION

10

-

10

=

0

-

=

-

=

-

=

STEERING COLUMN

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

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

92. Steering Rim/Spoke Deformation 00
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 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 060,000

59,971 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

37,265 miles x 1.6093 = 59,971 kilometers

Source: [REDACTED]

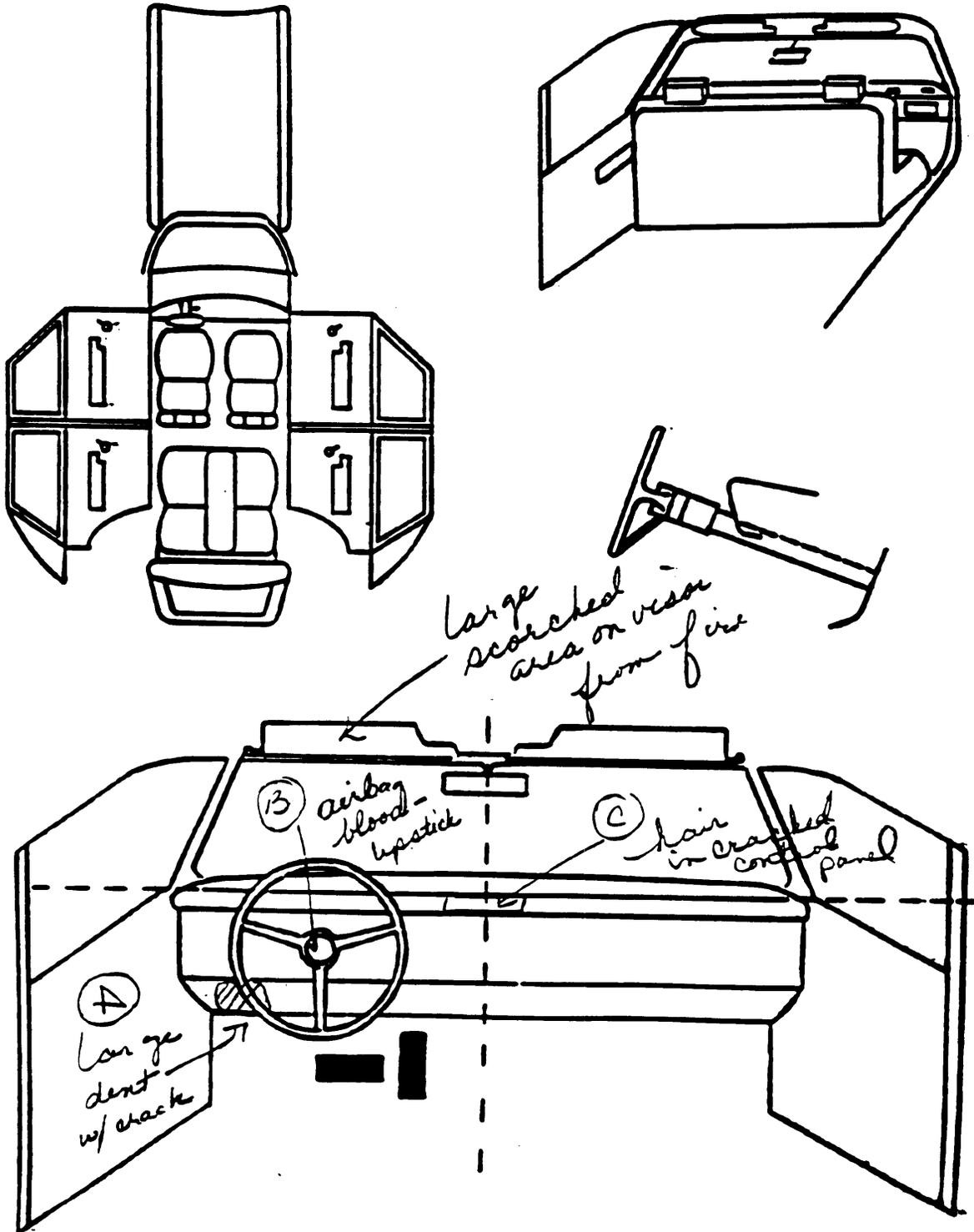
95. Instrument Panel Damage from Occupant Contact? 1
 (0) No
 (1) Yes
 (9) Unknown

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)? 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 | 09 | 1 | DLeg | Large dent w/ crack | 1 |
| B | 45 | 1 | face | blood - lipstick | 1 |
| C | 10 | 1 | head | hair in cracked control panel | 32 |
| 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 | 1 | 0 |
| | Deployment | 3 <i>H/R previous accident</i> | 0 |
| | Failure | 1 | 0 |

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

Are There Indications of Air Bag System Failure?

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

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | 0 | 0 |
| | Use | 0 | 0 |
| | Type | 0 | 0 |
| | Proper Use | 0 | 0 |
| | Failure Modes | 0 | 0 |

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

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 |
|----------------------------|---------------------|------|--------|-------|
| F I R S T | Availability | 4 | 0 | 4 |
| | Evidence of usage | 04 | 00 | 04 |
| | Used in this crash? | 1 | 00 | 00 |
| | Proper Use | 1 | 00 | 00 |
| | Failure Modes | 1 | 00 | 00 |
| S E C O N D | Availability | 4 | 00 | 4 |
| | Evidence of usage | 04 | 00 | 04 |
| | Used in this crash? | 0 | 00 | 00 |
| | Proper Use | 00 | 00 | 00 |
| | Failure Modes | 00 | 00 | 04 |
| O T H E R | Availability | 4 | 00 | 4 |
| | Evidence of usage | 00 | 00 | 00 |
| | Used in this crash? | 00 | 00 | 00 |
| | Proper Use | 00 | 00 | 00 |
| | Failure Modes | 00 | 00 | 00 |

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

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

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 | 1 | 0 | 1 |
| | Seat Type | 10 | 00 | 10 |
| | Seat Performance | 4 <i>pinned</i> | 0 | 6 |
| | Seat Orientation | 1 | 0 | 1 |
| SECOND | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 05 | 05 | 05 |
| | Seat Performance | 0 | 0 | 0 |
| | Seat Orientation | 1 | 1 | 1 |
| THIRD | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 05 | 00 | 05 |
| | Seat Performance | 0 | 0 | 0 |
| | Seat Orientation | 1 | 0 | 1 |
| 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): *pushed seat up: back-pinning*
- (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
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: column + IP may have been intruded to the point that the chest/legs were entrapped.

Component(s): Column + IP

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 025B
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 66
 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 165
 Code actual height to the nearest centimeter.
 (999) Unknown
65 inches X 2.54 = 165 centimeters

8. Occupant's Weight 073
 Code actual weight to the nearest kilogram.
 (999) Unknown
160 pounds X .4536 = 073 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 9
 (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 1

- (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 4

- (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 04

- (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 1

- (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 1

- (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 1

- (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 3

- (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? 1

- (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 4

- (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 1

- (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) 10

- (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) 4

- (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 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 CONSEQUENCES34. 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 1 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 23
29

- (00) Not Hospitalized
- 2 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

- unk. 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 53

- 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 9941. 2nd Medically Reported Cause of Death 0042. 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
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
- (97) Other result (includes fatal ruled disease) (specify):
- (99) Unknown

43. Number of Recorded Injuries for This Occupant 14

- 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
 (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 0
 (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 0
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0
 (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 0
 (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

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify): _____
- Unknown if belt used

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

UPDATE CANDIDATE? NO YES

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 15
 (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? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units) 13
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 22
 (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

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|---|------------------------------|
| 1. Primary Sampling Unit Number <u>12</u> | 3. Vehicle Number <u>01</u> |
| 2. Case Number - Stratum <u>025B</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 Date | A.I.S. - 90 | | | | | | Injury Source | Injury 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 | | | | |
| (R) Femur (Hip) Fx 1st | 5. <u>1</u> | 6. <u>8</u> | 7. <u>5</u> | 8. <u>18</u> | 9. <u>10</u> | 10. <u>3</u> | 11. <u>1</u> | 12. <u>10</u> | 13. <u>1</u> | 14. <u>1</u> | 15. <u>00</u> |
| Femur (distal) (Knee) (R) Fx 2nd | 16. <u>1</u> | 17. <u>8</u> | 18. <u>5</u> | 19. <u>18</u> | 20. <u>22</u> | 21. <u>3</u> | 22. <u>1</u> | 23. <u>10</u> | 24. <u>1</u> | 25. <u>1</u> | 26. <u>00</u> |
| Femur (above knee) (L) Fx 3rd | 27. <u>1</u> | 28. <u>8</u> | 29. <u>5</u> | 30. <u>18</u> | 31. <u>22</u> | 32. <u>3</u> | 33. <u>2</u> | 34. <u>09</u> | 35. <u>1</u> | 36. <u>1</u> | 37. <u>04</u> |
| Rib (R) Fxs 4th | 38. <u>1</u> | 39. <u>4</u> | 40. <u>5</u> | 41. <u>02</u> | 42. <u>20</u> | 43. <u>2</u> | 44. <u>1</u> | 45. <u>10</u> | 46. <u>2</u> | 47. <u>1</u> | 48. <u>00</u> |
| Metacarpal dislocated (R) hand 5th | 49. <u>2</u> | 50. <u>7</u> | 51. <u>5</u> | 52. <u>04</u> | 53. <u>04</u> | 54. <u>1</u> | 55. <u>1</u> | 56. <u>10</u> | 57. <u>1</u> | 58. <u>1</u> | 59. <u>00</u> |
| Wng contusion 6th | 60. <u>1</u> | 61. <u>4</u> | 62. <u>4</u> | 63. <u>14</u> | 64. <u>02</u> | 65. <u>3</u> | 66. <u>9</u> | 67. <u>10</u> | 68. <u>2</u> | 69. <u>1</u> | 70. <u>00</u> |
| Lip + chin contusion 7th | 71. <u>3</u> | 72. <u>2</u> | 73. <u>9</u> | 74. <u>04</u> | 75. <u>02</u> | 76. <u>1</u> | 77. <u>8</u> | 78. <u>04</u> | 79. <u>1</u> | 80. <u>1</u> | 81. <u>05</u> |
| neck contusion 8th | 82. <u>3</u> | 83. <u>3</u> | 84. <u>9</u> | 85. <u>04</u> | 86. <u>02</u> | 87. <u>1</u> | 88. <u>9</u> | 89. <u>04</u> | 90. <u>1</u> | 91. <u>1</u> | 92. <u>05</u> |
| forearm cont. (R) 9th | 93. <u>1</u> | 94. <u>7</u> | 95. <u>9</u> | 96. <u>04</u> | 97. <u>02</u> | 98. <u>1</u> | 99. <u>1</u> | 100. <u>04</u> | 101. <u>1</u> | 102. <u>1</u> | 103. <u>05</u> |
| hand laceration (L) 10th | 104. <u>3</u> | 105. <u>7</u> | 106. <u>9</u> | 107. <u>06</u> | 108. <u>10</u> | 109. <u>1</u> | 110. <u>2</u> | 111. <u>09</u> | 112. <u>1</u> | 113. <u>1</u> | 114. <u>04</u> |

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.)

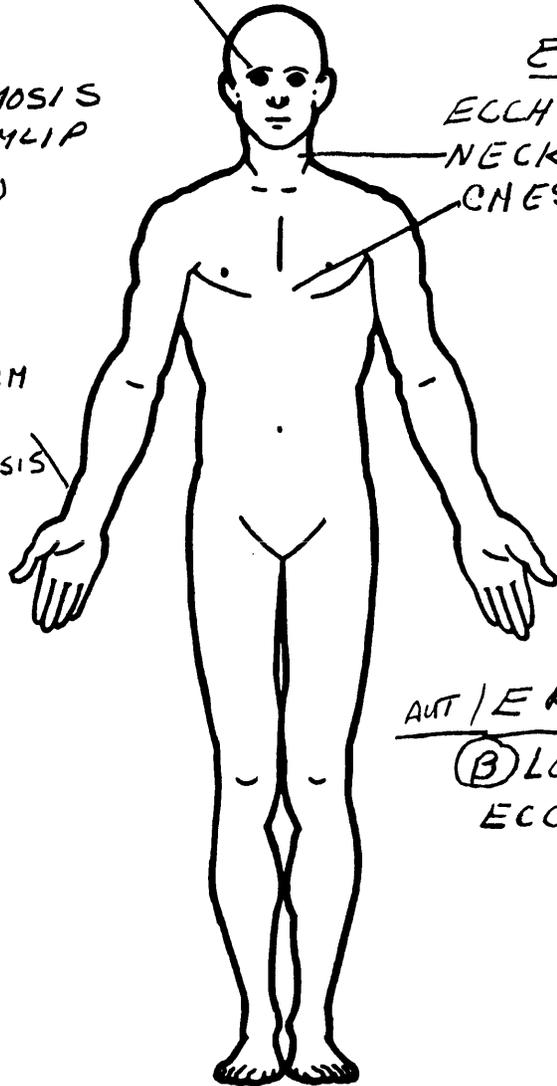
AUT: RT EYE ECCHYMOOSIS

ER
ECCHYMOOSIS
BOTTOM LIP
+
CHIN

ER
ECCHYMOOSIS
NECK
CHEST

AUT / ER

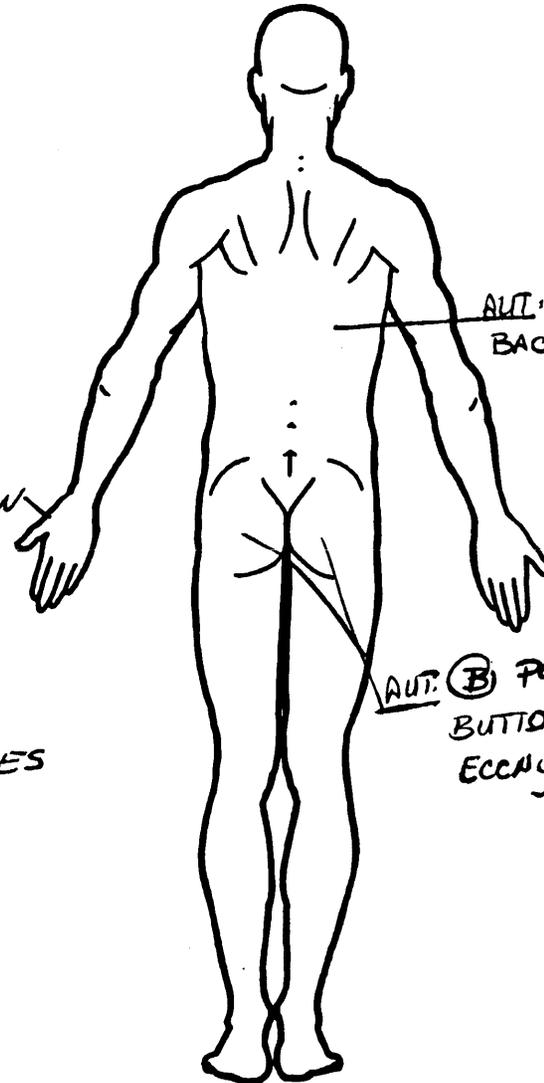
(R) FOREARM
+
HAND
ECCHYMOOSIS



ER
(L) HAND
LACERATION

AUT / ER

(B) LOWER EXTREMITIES
ECCHYMOOSIS



AUT: RT POSTERIOR
BACK ECCHYMOOSIS

AUT: (B) PORTIONS OF
BUTTOCKS w/
ECCHYMOOSIS

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) Interviewees
- (8) Other source (specify): _____
- (9) Police

- (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): deflated Air Bag

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

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): _____

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 = NR

Glasgow Coma Scale Score

GCSS = 15

A+O x 3

Units of Blood Given

Units = +13

Arterial Blood Gases

pH = 7.3

PO₂ = 59

PCO₂ = 40

HCO₃ = 21.5

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.)

AUT/RAD

RIB FXs

Ⓡ 8+9+L

DS:OR

Ⓡ META-CARPAL DISLOCATION

AUT/RAD/BS OR

COMMINUTED

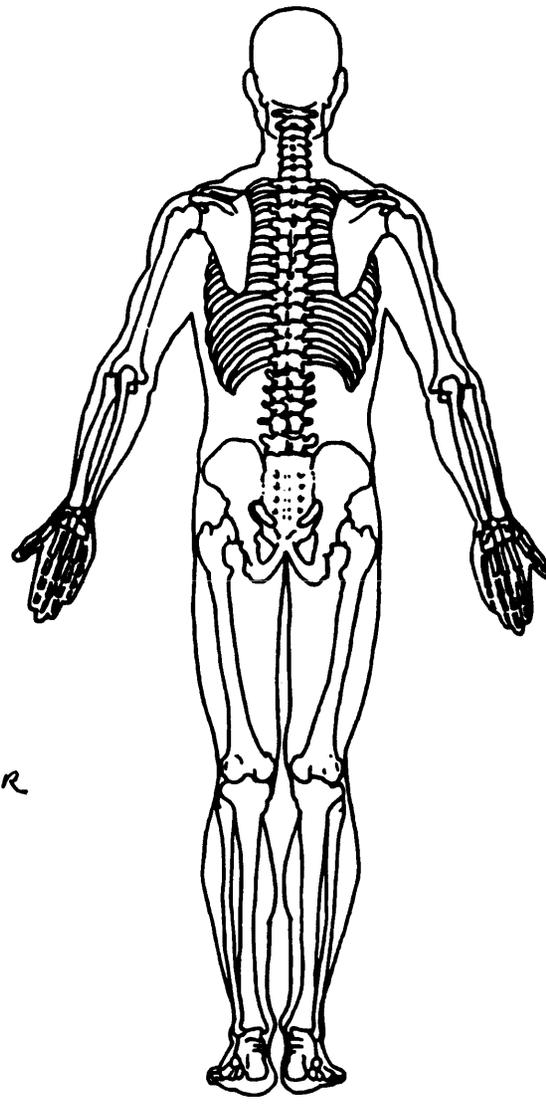
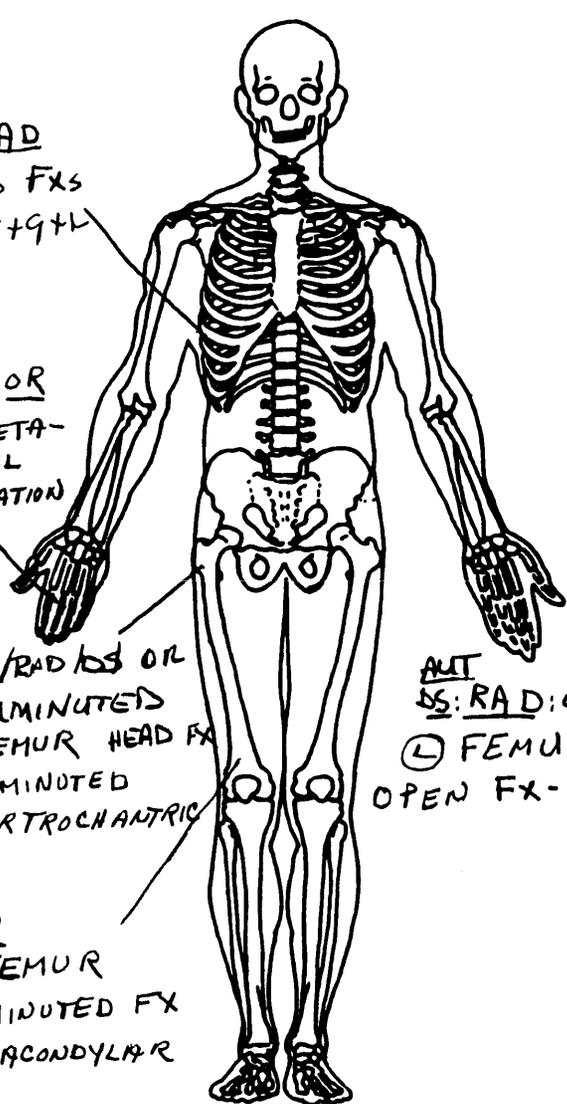
Ⓡ FEMUR HEAD FX
 † COMMINUTED
 INTERTROCHANTRIC
 FX

RAD

Ⓡ FEMUR
 COMMINUTED FX
 SUPRACONDYLAR

AUT
 BS:RAD:OR

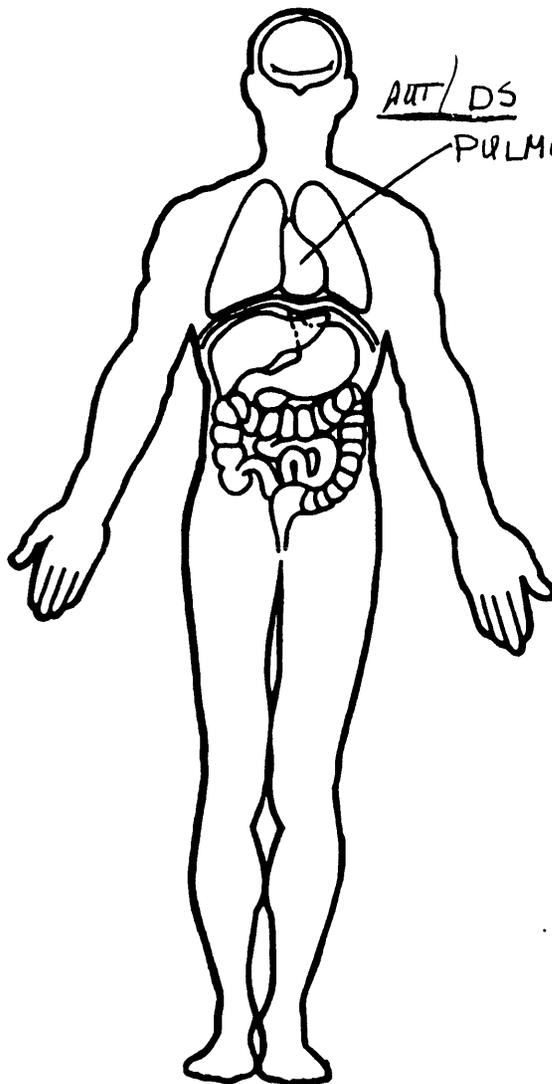
Ⓛ FEMUR
 OPEN FX - SUPRACONDYLAR



OFFICIAL INJURY DATA – INTERNAL INJURIES

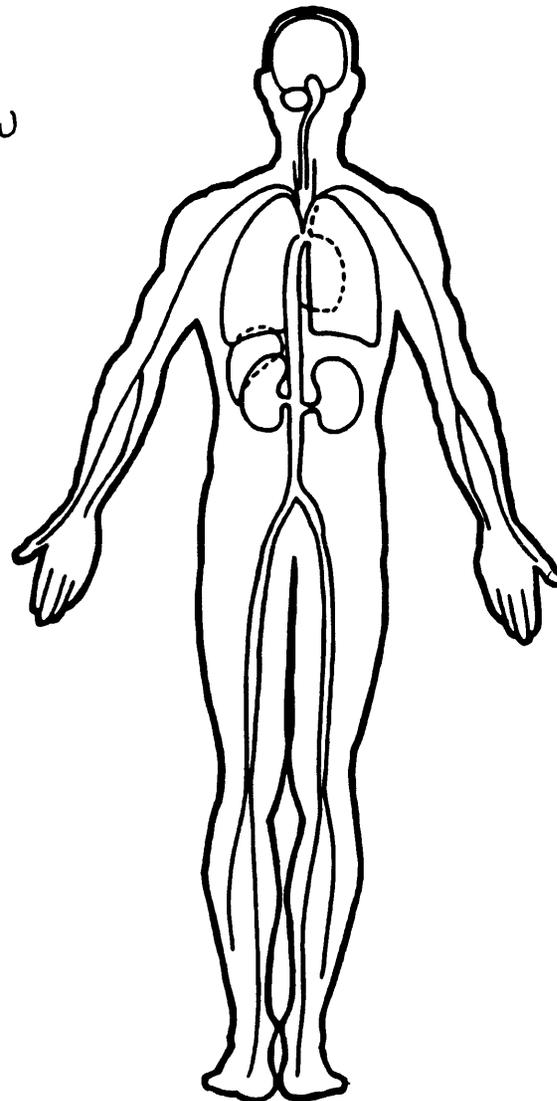
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER: ~~R~~ LOC



AUT/DS

PULMONARY CONTUSION



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 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 1,100
 1096 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

2,417 lbs X .4536 = 1,096 kgs
 Source: 1987 _____
- 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

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 9

 (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 003
 - 28. Heading Angle For Other Vehicle 166

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | |
|--|----------------------------|-----------------------------------|-------------------------------------|--|-----------------------------------|-------------------------------|---------------------------------|
| I Single Driver | A Right Roadside Departure | 01 DRIVE OFF ROAD | 02 CONTROL/TRACTION LOSS | 03 AVOID COLLISION WITH VEH.. PED.. ANIM. | 04 SPECIFCS OTHER | 05 SPECIFCS UNKNOWN | |
| | B Left Roadside Departure | 06 DRIVE OFF ROAD | 07 CONTROL/TRACTION LOSS | 08 AVOID COLLISION WITH VEH.. PED.. ANIM. | 09 SPECIFCS OTHER | 10 SPECIFCS UNKNOWN | |
| | C Forward Impact | 11 PARKED VEH. | 12 STA. OBJECT | 13 PEDESTRIAN/ANIMAL | 14 END DEPARTURE | 15 SPECIFCS OTHER | 16 SPECIFCS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End | 20 STOPPED 21, 22, 23 | 24 SLOWER 25, 26, 27 | 28 DECEL. 29, 30, 31 | 30 AVOID COLLISION WITH VEH. | (EACH - 32) SPECIFCS OTHER | (EACH - 33) SPECIFCS UNKNOWN |
| | E Forward Impact | 34 CONTROL/TRACTION LOSS | 36 CONTROL/TRACTION LOSS | 38 AVOID COLLISION WITH VEH. | 40 AVOID COLLISION WITH OBJECT | (EACH - 42) SPECIFCS OTHER | (EACH - 43) SPECIFCS UNKNOWN |
| | F Sideswipe Angle | 44, 45, 46, 47 | | | | (EACH - 48) SPECIFCS OTHER | (EACH - 49) SPECIFCS UNKNOWN |
| III Same Trafficway Opposite Direction | G Head-On | 50 LATERAL MOVE | | | | (EACH - 62) SPECIFCS OTHER | (EACH - 63) SPECIFCS UNKNOWN |
| | H Forward Impact | 54 CONTROL/TRACTION LOSS | 56 CONTROL/TRACTION LOSS | 58 AVOID COLLISION WITH VEH. | 60 AVOID COLLISION WITH OBJECT | (EACH - 62) SPECIFCS OTHER | (EACH - 63) SPECIFCS UNKNOWN |
| | I Sideswipe Angle | 64 LATERAL MOVE | | | | (EACH - 66) SPECIFCS OTHER | (EACH - 67) SPECIFCS UNKNOWN |
| IV Change Trafficway Vehicle Turning | J Turn Across Path | 68 INITIAL OPPOSITE DIRECTIONS | 71 INITIAL SAME DIRECTIONS | | | (EACH - 74) SPECIFCS OTHER | (EACH - 75) SPECIFCS UNKNOWN |
| | K Turn Into Path | 77 TURN INTO SAME DIRECTION | 79 TURN INTO OPPOSITE DIRECTIONS | | | (EACH - 84) SPECIFCS OTHER | (EACH - 85) SPECIFCS UNKNOWN |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths | 87 | 88 | | | (EACH - 90) SPECIFCS OTHER | (EACH - 91) SPECIFCS UNKNOWN |
| VI Miscellaneous | M Backing Etc. | 82 BACKING VEH. | 83 OTHER VEH. OR OBJECT | | | 98 Other Accident Type | 99 Unknown Accident Type |
| | | | | | | 00 No Impact | |

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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

-
- (89) Unknown nonfixed object

- (98) Other event (specify):

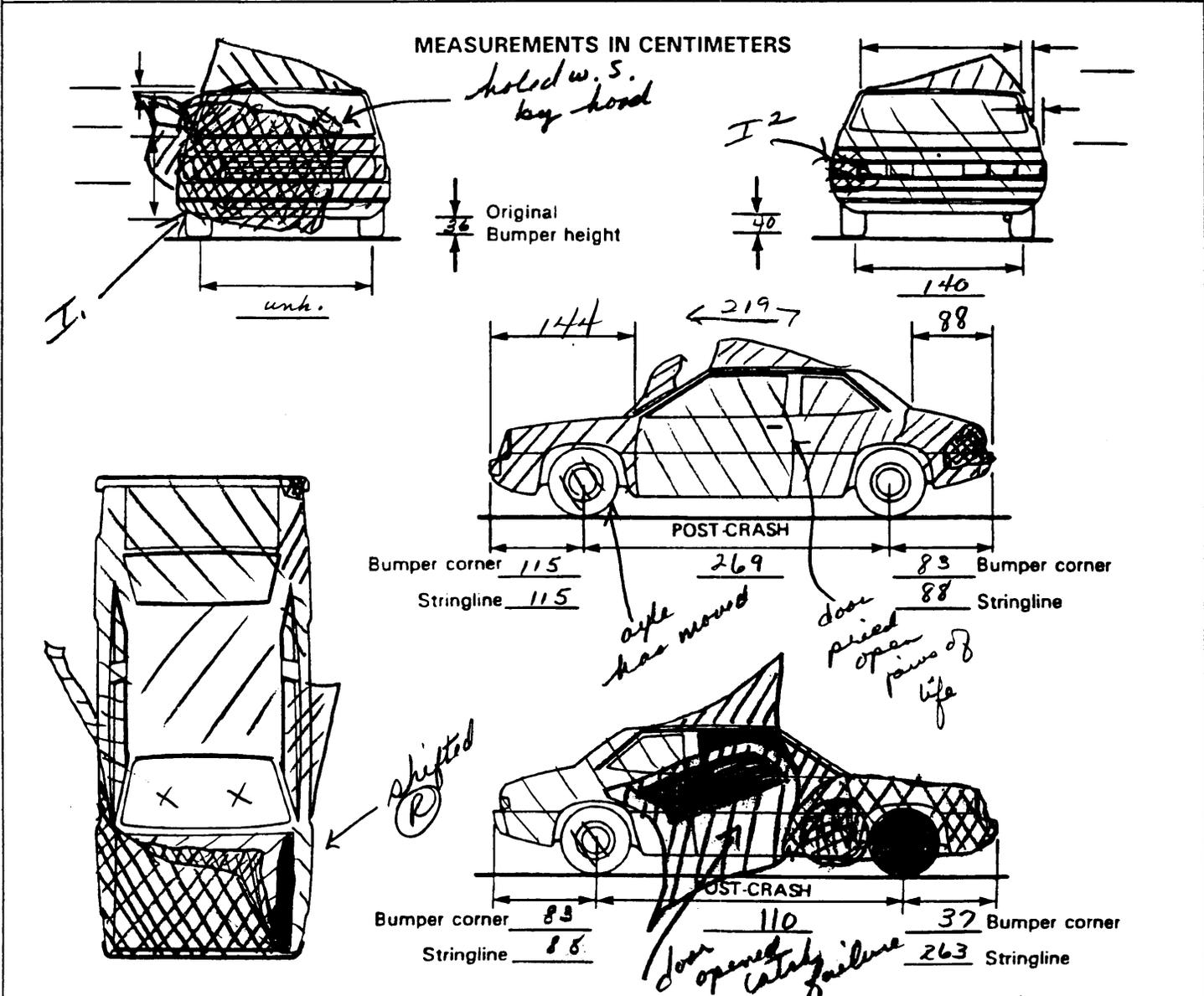
-
- (99) Unknown event or object

ORIGINAL SPECIFICATIONS WORK SHEET

| | | | | | | |
|--------------------------|---|--------|---------|---|---------------------------------------|----|
| Wheelbase | <u>1</u> <u>0</u> <u>3</u> . <u>4</u> | inches | x 2.54 | = | <u>2</u> <u>6</u> <u>3</u> | cm |
| Overall Length | <u>1</u> <u>7</u> <u>7</u> . <u>5</u> | inches | x 2.54 | = | <u>4</u> <u>5</u> <u>1</u> | cm |
| Maximum Width | <u> </u> <u>6</u> <u>6</u> . <u>9</u> | inches | x 2.54 | = | <u>1</u> <u>7</u> <u>0</u> | cm |
| Curb Weight | <u> </u> <u>2</u> , <u>4</u> <u>7</u> <u>9</u> | pounds | x .4536 | = | <u>1</u> , <u>0</u> <u>9</u> <u>6</u> | kg |
| Average Track | <u> </u> <u>5</u> <u>5</u> . <u>3</u> | inches | x 2.54 | = | <u>1</u> <u>4</u> <u>0</u> | cm |
| Front Overhang | <u> </u> <u> </u> <u> </u> . <u> </u> | inches | x 2.54 | = | <u> </u> <u> </u> <u> </u> | cm |
| Rear Overhang | <u> </u> <u> </u> <u> </u> . <u> </u> | inches | x 2.54 | = | <u> </u> <u> </u> <u> </u> | cm |
| Undeformed End Width | <u> </u> <u> </u> <u> </u> . <u> </u> | inches | x 2.54 | = | <u> </u> <u> </u> <u> </u> | cm |
| Engine Size: cyl./displ. | <u> </u> <u> </u> <u> </u> <u> </u> | cc | x .001 | = | <u> </u> . <u> </u> | L |
| | <u> </u> <u> </u> <u> </u> | CID | x .0164 | = | <u> </u> . <u> </u> | L |

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>1</u></td> <td>RF <u>1</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>1</u> | RF <u>1</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> <table style="width:100%;"> <tr> <td>Wheelbase</td> <td><u>263</u></td> <td>cm</td> </tr> <tr> <td>Overall Length</td> <td><u>451</u></td> <td>cm</td> </tr> <tr> <td>Maximum Width</td> <td><u>170</u></td> <td>cm</td> </tr> <tr> <td>Curb Weight</td> <td><u>1096</u></td> <td>kg</td> </tr> <tr> <td>Average Track</td> <td><u>140</u></td> <td>cm</td> </tr> <tr> <td>Front Overhang</td> <td><u>100</u></td> <td>cm</td> </tr> <tr> <td>Rear Overhang</td> <td><u>88</u></td> <td>cm</td> </tr> <tr> <td>Undeformed End Width</td> <td><u>150</u></td> <td>cm</td> </tr> <tr> <td>Engine Size: cyl./displ.</td> <td><u>4/2.5</u></td> <td>L</td> </tr> </table> | Wheelbase | <u>263</u> | cm | Overall Length | <u>451</u> | cm | Maximum Width | <u>170</u> | cm | Curb Weight | <u>1096</u> | kg | Average Track | <u>140</u> | cm | Front Overhang | <u>100</u> | cm | Rear Overhang | <u>88</u> | cm | Undeformed End Width | <u>150</u> | cm | Engine Size: cyl./displ. | <u>4/2.5</u> | L | <p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <table style="width:100%;"> <tr> <td>RF Φ</td> <td><u>35</u></td> <td>o</td> </tr> <tr> <td>LF \pm</td> <td>_____</td> <td>o</td> </tr> <tr> <td>RR \pm</td> <td>_____</td> <td>o</td> </tr> <tr> <td>LR \pm</td> <td>_____</td> <td>o</td> </tr> </table> <p>Within ± 5 degrees</p> <hr/> <p style="text-align: center;">DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>0</u> kg</p> | RF Φ | <u>35</u> | o | LF \pm | _____ | o | RR \pm | _____ | o | LR \pm | _____ | o |
| RF <u>1</u> | RF <u>1</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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wheelbase | <u>263</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Length | <u>451</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Width | <u>170</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Curb Weight | <u>1096</u> | kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Track | <u>140</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front Overhang | <u>100</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rear Overhang | <u>88</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Undeformed End Width | <u>150</u> | cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engine Size: cyl./displ. | <u>4/2.5</u> | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RF Φ | <u>35</u> | o | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LF \pm | _____ | o | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR \pm | _____ | o | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LR \pm | _____ | o | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|--------------------------------|------------------|----------------------------|--------------------------|--------------------------------------|----------------------------------|---------------------------------|------------------------|
| 4. <u>01</u> | 5. <u>01</u> | 6. <u>71</u> | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>06</u> |

NEED CHANGING ENERGY
1st Review: 1G
2nd Review: _____

Second Highest Delta "V"

| | | | | | | | |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>03</u> | 13. <u>03</u> | 14. <u>06</u> | 15. <u>B</u> | 16. <u>L</u> | 17. <u>E</u> | 18. <u>A</u> | 19. <u>01</u> |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

Blanks

| 20. L | 21. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 22. ±D |
|------------|--------------------|----------------|----------------|----------------|----------------|----------------|------------|
| <u>150</u> | <u>140</u> | <u>143</u> | <u>154</u> | <u>182</u> | <u>183</u> | <u>213</u> | <u>000</u> |

NEED CHANGING ENERGY
1st Review: 1G
2nd Review: _____

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ±D |
|-------|--------------------|----------------|----------------|----------------|----------------|----------------|--------|
| --- | --- | --- | --- | --- | --- | --- | --- |

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase 263
263 Code to the nearest centimeter
(999) Unknown

103.4 inches X 2.54 = 263 centimeters

| | |
|--|--|
| <p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ _____ _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p> | <p>34. Fuel Tank-1 Location <u>6</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> |
| <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p> | <p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> |
| <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> | <p>38. Fuel Tank-1 Damage <u>2</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p> |
| <p>32. Type of Fuel Tank-1 <u>1</u></p> | |
| <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> | |

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage 0
 (0) No fuel tank
 (1) No fuel leakage

Primary Area Of Leakage
 (2) Tank
 (3) Filler neck
 (4) Cap
 (5) Lines/pump/filter
 (6) Vent/emission recovery
 (8) Other (specify): _____
 (9) Unknown _____

42. Fuel Type-1 01

43. Fuel Type-2 00

Single Fuel Type
 (00) No fuel tank
 (01) Gasoline
 (02) Diesel
 (03) CNG (Compressed Natural Gas)
 (04) LPG (Liquid Petroleum Gas) also known as Propane
 (05) LNG (Liquid Natural Gas)
 (06) Methanol (M100 or M85)
 (07) Ethanol (E100 or E85)
 (08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles
 (10) Lead Acid Battery
 (11) Nickel-Iron Battery
 (12) Nickel-Cadmium Battery
 (13) Sodium Metal Chloride Battery
 (14) Sodium Sulfur Battery
 (18) Other (Specify): _____
 (98) Other Hybrid (specify): _____
 (99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0
 (0) No (one or two tanks only)

Yes - More Than Two Tanks
 (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
 (2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
 (3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
 Type of tank _____
 Tank location _____
 Filler cap location _____
 Tank damage _____
 Location of leakage _____
 Type of fuel _____
 (9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
 (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 0258
 3. Vehicle Number 02

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):
(R) door, w. S. sideglass
- (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 2 7. LR 0 8. RR 0 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 2 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 6 18. LR 0 19. RR 6
 20. BL 0 21. Roof 8 22. Other 8

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 0 35. RR 2
 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

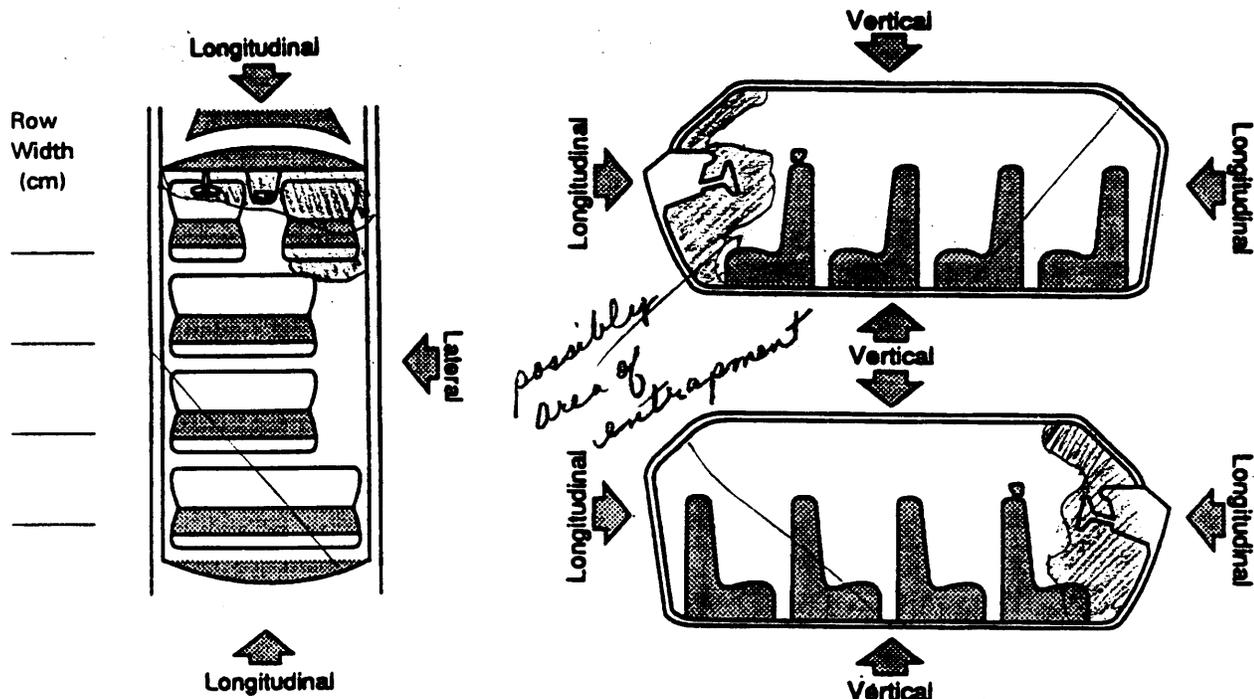
Window Pre-crash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 0 43. RR 1
 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 | |
| 11 | IP | 98 | 68 | = | 30 | long. |
| 13 | IP | 98 | 20 | = | 78 | ↓ |
| 11 | floor pan | 142 | 108 | = | 34 | |
| 13 | floor pan | 142 | 48 | = | 94 | |
| 13 | w.s. header | 77 | 47 | = | 30 | |
| 13 | A pillar | - | 17 | = | - | |
| 23 | B pillar | - | 4 | = | - | |
| 23 | (12) seatback | 0 | 7 | = | 7 | |
| 11 | w.s. | 92 | 82 | = | 10 | |
| 13 | w.s. | 92 | 54 | = | 38 | |
| | | - | | = | | |
| | Intrusions into occupant space #12 not documented | | | = | | |
| | | - | | = | | |
| | | - | | = | | |

National Accident Sampling System-Crashworthiness Data System: Interior Vehicle Form

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>17</u> | 49. <u>6</u> | 50. <u>2</u> |
| 2nd | 51. <u>13</u> | 52. <u>04</u> | 53. <u>6</u> | 54. <u>2</u> |
| 3rd | 55. <u>13</u> | 56. <u>14</u> | 57. <u>4</u> | 58. <u>2</u> |
| 4th | 59. <u>11</u> | 60. <u>17</u> | 61. <u>4</u> | 62. <u>2</u> |
| 5th | 63. <u>11</u> | 64. <u>02</u> | 65. <u>4</u> | 66. <u>2</u> |
| 6th | 67. <u>13</u> | 68. <u>15</u> | 69. <u>4</u> | 70. <u>2</u> |
| 7th | 71. <u>11</u> | 72. <u>14</u> | 73. <u>2</u> | 74. <u>2</u> |
| 8th | 75. <u>23</u> | 76. <u>19</u> | 77. <u>1</u> | 78. <u>2</u> |
| 9th | 79. <u>99</u> | 80. <u>99</u> | 81. <u>9</u> | 82. <u>9</u> |
| 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

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

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

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

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

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

- (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 |
|------------------|---|--------------|---|-------------|
| 9 | - | 21 | = | 12 |
| | - | | = | |
| | - | | = | |
| | - | | = | |

Large empty rectangular area for additional data or notes.

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 1988-94 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

92. Steering Rim/Spoke Deformation 12
12 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 06
 (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 999,000

unk 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

_____ miles X 1,000 = _____ kilometers

Source: _____

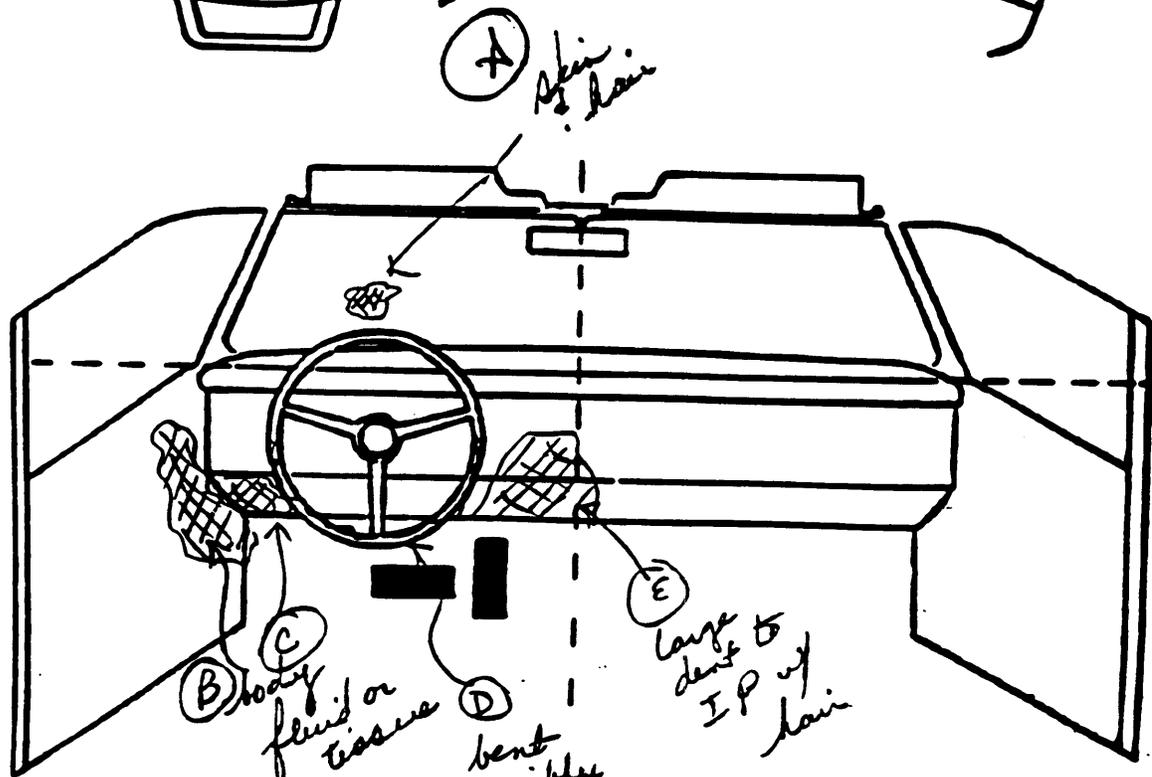
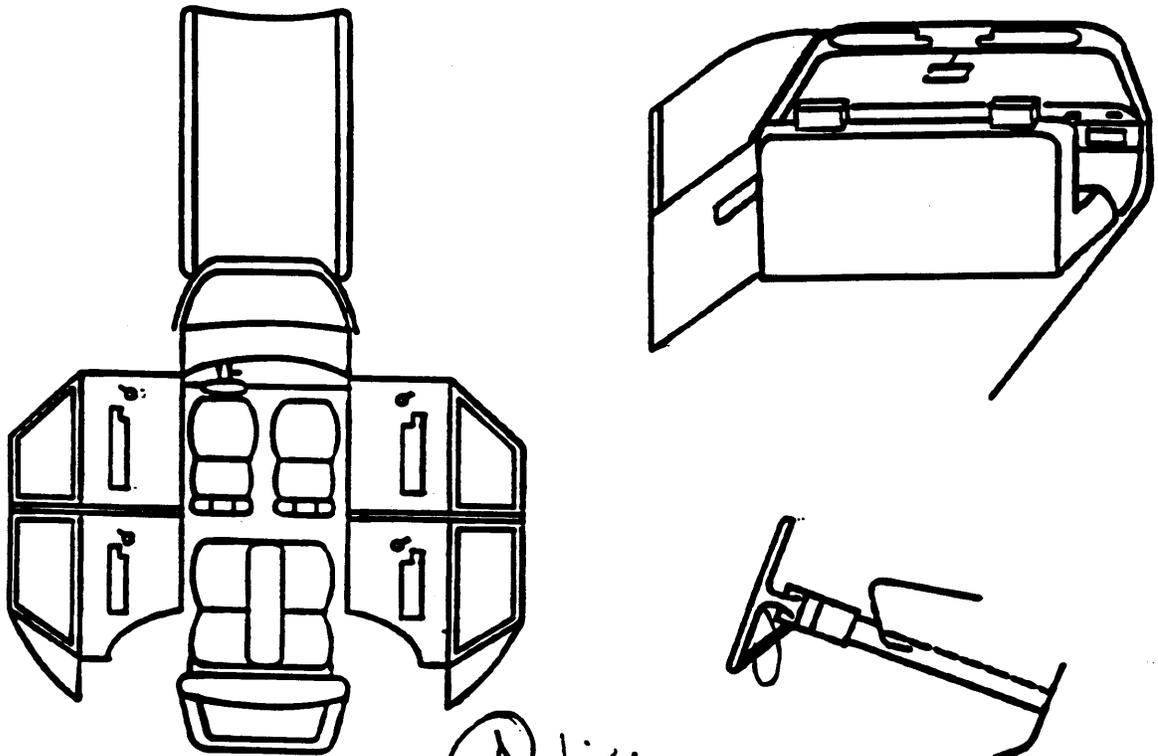
95. Instrument Panel Damage from Occupant Contact? L
 (0) No
 (1) Yes
 (9) Unknown

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 | 01 | 1 | head | skin, hair | 1 |
| B | 20 | 1 | unk | body fluid or tissue | 2 |
| C | 09 | 1 | unk | " " " " | 2 |
| D | 04 | 1 | torso | dent, possibly <i>to</i> off | 1 |
| E | 10 | 1 | head? | large dent w/ hair | 1 |
| 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 | 0 | 0 |
| | Deployment | 0 | 0 |
| | Failure | 0 | 0 |

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

Are There Indications of Air Bag System Failure?

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

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | 2 | 2 |
| | Use | 2 | 2 |
| | Type | 1 | 1 |
| | Proper Use | 0 | 0 |
| | Failure Modes | 0 | 0 |

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

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 | 0 | 0 | 0 |
| | Evidence of usage | 00 | 00 | 00 |
| | Used in this crash? | 0 | 0 | 0 |
| | Proper Use | 0 | 0 | 0 |
| | Failure Modes | 0 | 0 | 0 |
| SECOND | Availability | 3 | 3 | 3 |
| | Evidence of usage | 99 | 99 | 99 |
| | Used in this crash? | 0 | 0 | 0 |
| | Proper Use | 0 | 0 | 0 |
| | Failure Modes | 0 | 0 | 0 |
| OTHER | Availability | | | |
| | Evidence of usage | | | |
| | Used in this crash? | | | |
| | Proper 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

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

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 |
|--|----------------------------|------|--------|-------|
| F I R S T | Head Restraint Type/Damage | 3 | 0 | 3 |
| | Seat Type | 02 | 00 | 02 |
| | Seat Performance | 7 | 0 | 6 |
| | Seat Orientation | 1 | 0 | 1 |
| S E C O N D | Head Restraint Type/Damage | 1 | 0 | 0 |
| | Seat Type | 03 | 03 | 03 |
| | Seat Performance | 0 | 0 | 0 |
| | Seat Orientation | 1 | 1 | 1 |
| T H I R D | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |
| O T H E R | 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): (R) intrusion twisted & smashed seat
- (7) Combination of above (specify): 5, 6
- (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
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 0258
 3. Vehicle Number 02
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 47
 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 173
~~999~~
 Code actual height to the nearest centimeter.
 (999) Unknown
68 inches X 2.54 = 173 centimeters

8. Occupant's Weight 068
~~999~~
 Code actual weight to the nearest kilogram.
 (999) Unknown
150 pounds X .4536 = 068 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 9
 (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

17. Manual (Active) Belt System Availability 0

- (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

- (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

- (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

- (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

- (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

- (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

- (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

- (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)

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)

7

- (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 track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): R intrusion twisted
i. smashed seat
- (7) Combination of above (specify):
596
- (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) 4

- (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 1

- (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) OX

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital DOA
- (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
- 0 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 62

- DOA 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 01

- 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 01

41. 2nd Medically Reported Cause of Death 02

42. 3rd Medically Reported Cause of Death 06

- 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
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 26

- 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 2

- (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 0

- (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 0

- (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

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 01
 (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

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT INJURY FORM

| | |
|---|------------------------------|
| 1. Primary Sampling Unit Number <u>12</u> | 3. Vehicle Number <u>02</u> |
| 2. Case Number - Stratum <u>025B</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.

cervical
 sub-arachnoid hemorrhage
 (B)
 lung
 (R)
 lung
 liver
 (R)
 kidney
 adrenal
 gland
 (R)
 large
 bowel

| | Source of Injury Data | A.I.S. - 90 | | | | | | Injury Source | Injury 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>1</u> | 6. <u>1</u> | 7. <u>4</u> | 8. <u>04</u> | 9. <u>66</u> | 10. <u>3</u> | 11. <u>6</u> | 12. <u>01</u> | 13. <u>1</u> | 14. <u>1</u> | 15. <u>07</u> |
| 2nd | 16. <u>1</u> | 17. <u>4</u> | 18. <u>4</u> | 19. <u>14</u> | 20. <u>10</u> | 21. <u>4</u> | 22. <u>3</u> | 23. <u>04</u> | 24. <u>1</u> | 25. <u>1</u> | 26. <u>00</u> |
| 3rd | 27. <u>1</u> | 28. <u>4</u> | 29. <u>4</u> | 30. <u>14</u> | 31. <u>30</u> | 32. <u>3</u> | 33. <u>1</u> | 34. <u>04</u> | 35. <u>1</u> | 36. <u>1</u> | 37. <u>00</u> |
| 4th | 38. <u>1</u> | 39. <u>4</u> | 40. <u>2</u> | 41. <u>18</u> | 42. <u>04</u> | 43. <u>3</u> | 44. <u>4</u> | 45. <u>05</u> | 46. <u>1</u> | 47. <u>1</u> | 48. <u>00</u> |
| 5th | 49. <u>1</u> | 50. <u>4</u> | 51. <u>4</u> | 52. <u>18</u> | 53. <u>00</u> | 54. <u>2</u> | 55. <u>1</u> | 56. <u>05</u> | 57. <u>1</u> | 58. <u>1</u> | 59. <u>00</u> |
| 6th | 60. <u>1</u> | 61. <u>5</u> | 62. <u>4</u> | 63. <u>18</u> | 64. <u>26</u> | 65. <u>4</u> | 66. <u>1</u> | 67. <u>05</u> | 68. <u>1</u> | 69. <u>1</u> | 70. <u>00</u> |
| 7th | 71. <u>1</u> | 72. <u>5</u> | 73. <u>4</u> | 74. <u>42</u> | 75. <u>26</u> | 76. <u>4</u> | 77. <u>2</u> | 78. <u>05</u> | 79. <u>1</u> | 80. <u>1</u> | 81. <u>00</u> |
| 8th | 82. <u>1</u> | 83. <u>5</u> | 84. <u>4</u> | 85. <u>16</u> | 86. <u>26</u> | 87. <u>4</u> | 88. <u>1</u> | 89. <u>06</u> | 90. <u>1</u> | 91. <u>1</u> | 92. <u>00</u> |
| 9th | 93. <u>1</u> | 94. <u>5</u> | 95. <u>4</u> | 96. <u>02</u> | 97. <u>24</u> | 98. <u>2</u> | 99. <u>1</u> | 100. <u>06</u> | 101. <u>1</u> | 102. <u>1</u> | 103. <u>00</u> |
| 10th | 104. <u>1</u> | 105. <u>5</u> | 106. <u>4</u> | 107. <u>08</u> | 108. <u>10</u> | 109. <u>2</u> | 110. <u>8</u> | 111. <u>04</u> | 112. <u>1</u> | 113. <u>1</u> | 114. <u>00</u> |

OCCUPANT INJURY DATA

| | | A.I.S. - 90 | | | | | | Injury Source | | Direct/Indirect Injury | | Occupant Area |
|-----------------------|----------------------------------|----------------------------|-----------------------------|-----------------|-----------------|--------|---------------|------------------|------------------------|------------------------|--|---------------|
| Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Confidence Level | Direct/Indirect Injury | Intrusion Number | | |
| <i>small</i> 11th | <i>small confusion</i> 5 | 4 | 14 | 10 | 2 | 8 | 04 | 1 | 1 | 00 | | |
| 12th | 5 | 4 | 20 | 10 | 2 | 8 | 04 | 1 | 1 | 00 | | |
| Fx 13th | <i>dislocation T6 on T7</i> 6 | 5 | 04 | 16 | 2 | 7 | 06 | 2 | 1 | 00 | | |
| Fx 14th | 4 | 5 | 02 | 30 | 3 | 1 | 06 | 1 | 1 | 00 | | |
| Fx 15th | <i>tibia (below knee)</i> 8 | 5 | 34 | 06 | 2 | 1 | 09 | 1 | 1 | 05 | | |
| Fx 16th | <i>tibia shaft</i> 8 | 5 | 34 | 22 | 3 | 1 | 09 | 1 | 1 | 05 | | |
| Fx 17th | <i>fibula (below knee)</i> 8 | 5 | 16 | 06 | 2 | 1 | 09 | 1 | 1 | 05 | | |
| Fx 18th | <i>fibula (shaft)</i> 8 | 5 | 16 | 10 | 2 | 1 | 09 | 1 | 1 | 05 | | |
| 19th | <i>scalp emulsion</i> 1 | 1 | 9 | 08 | 1 | 5 | 01 | 1 | 1 | 07 | | |
| 20th | <i>head abrasion</i> 1 | 1 | 9 | 02 | 1 | 1 | 01 | 1 | 1 | 07 | | |
| 21st | <i>chin laceration</i> 1 | 2 | 9 | 06 | 1 | 8 | 01 | 1 | 1 | 07 | | |
| 22nd | <i>chin abrasion</i> 1 | 2 | 9 | 02 | 1 | 8 | 01 | 1 | 1 | 07 | | |
| 23rd | <i>clavicle abr</i> 1 | 7 | 9 | 02 | 1 | 2 | 04 | 2 | 1 | 00 | | |
| 24th | <i>hands abrasion</i> 1 | 7 | 9 | 02 | 1 | 3 | 09 | 2 | 1 | 05 | | |
| 25th | <i>leg abrasions</i> 1 | 8 | 9 | 02 | 1 | 1 | 09 | 2 | 1 | 05 | | |
| 26 | <i>hand laceration</i> 1 | 7 | 9 | 06 | 1 | 1 | 09 | 2 | 1 | 05 | | |

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.)

ALL INJURIES FROM AUTOPSY

MID FOREHEAD - V-SHADED
GAPING LACERATION; POINT
OF 'Y' IS IN MIDLINE JUST
ABOVE NOSE; RUNS ⊕ 6CM
AND ⊙ FOR 11CM. TOTALLY
AVULSES LARGE AREA OF
SCALP OFF SKULL

⊙ HEAD - 11 X 13CM
ABRASION

⊙ CHIN - 2CM
CURVILINEAR LACERATION
WITH ABRASED AREA -
3.5 X 1.5CM

⊙ LATERAL LEG -
MULTIPLE ABRASION FROM
UPPER THIGH TO MID-
TIBIAL AREA - EXTENSIVE
ABRASIONS ABOUT KNEE.

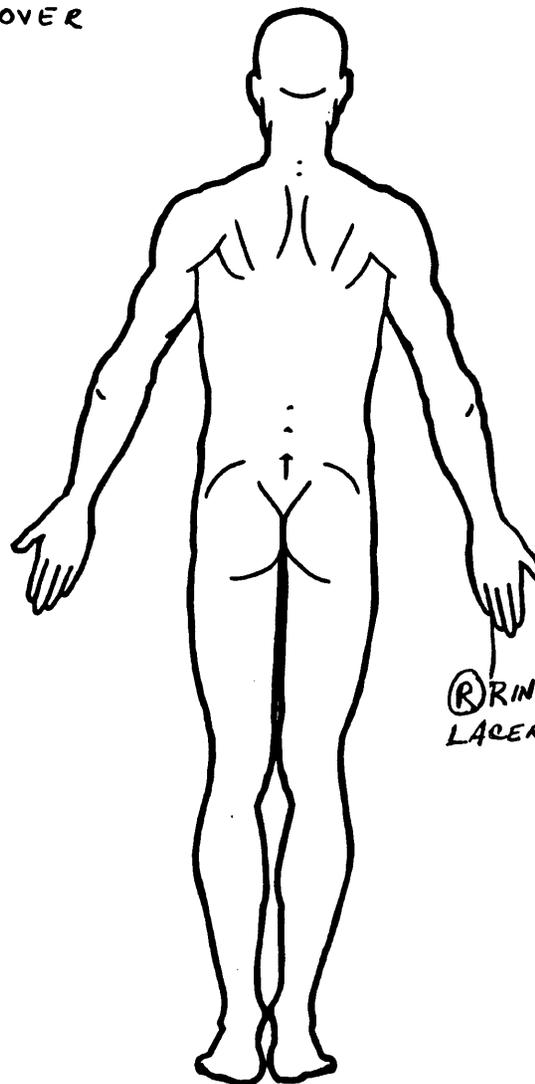
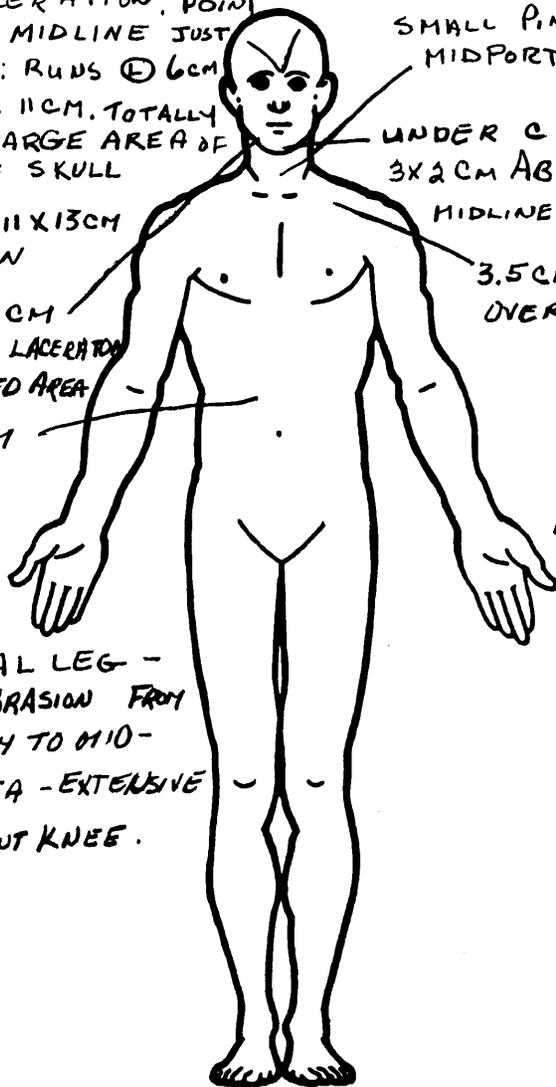
SMALL PINPOINT ABRASIONS OVER
MIDPORTION OF NECK

UNDER CHIN
3 X 2CM ABRASION -
MIDLINE TO ⊕

3.5CM LINEAR ABRASION
OVER ⊕ CLAVICLE

ABRASIONS -
BACK OF ⊕ HANDS

⊙ RING FINGER
LACERATION



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 **EMS**

Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____

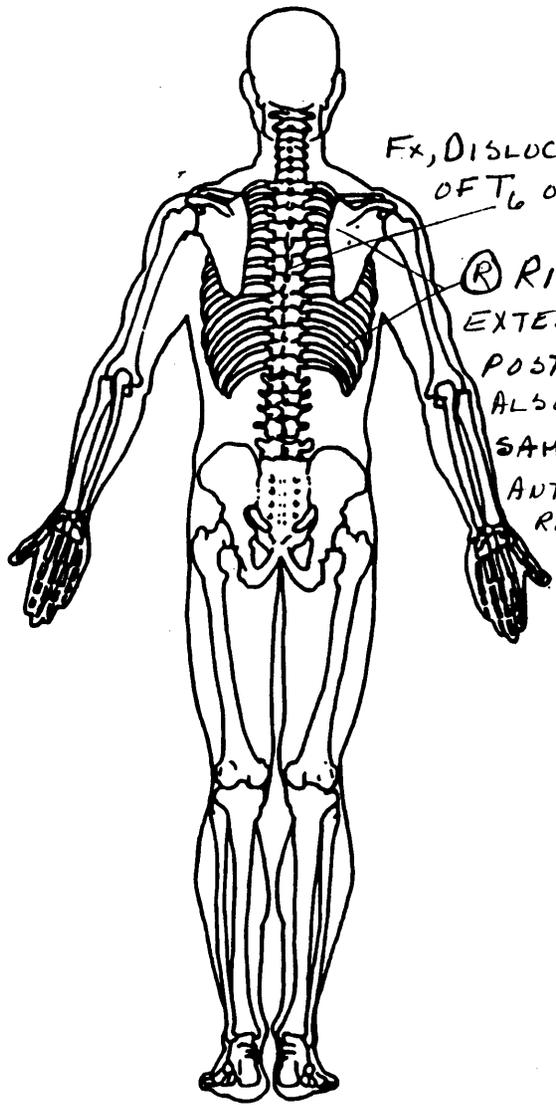
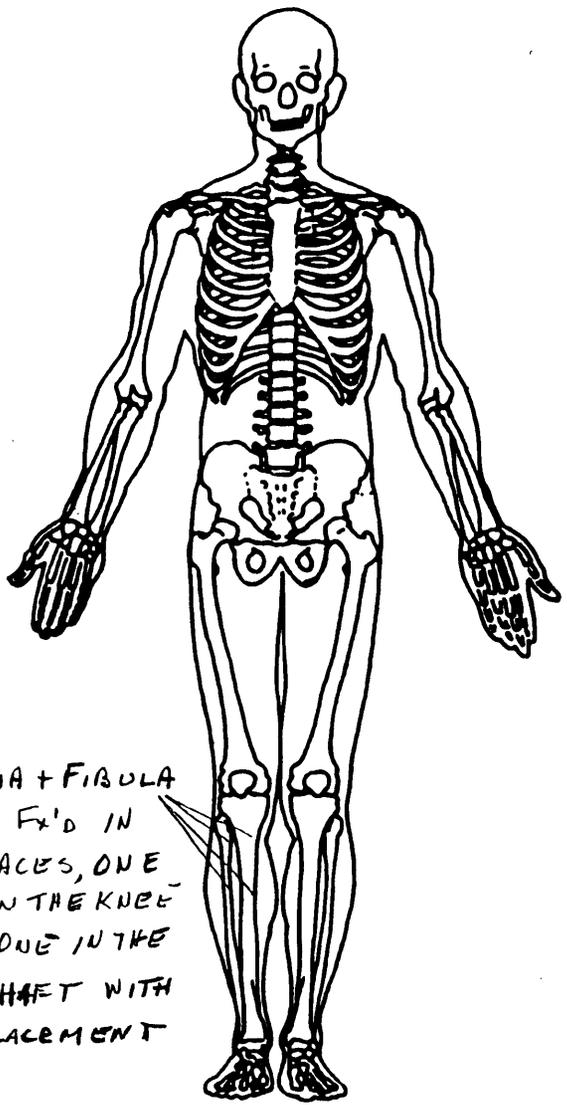
PCO₂ = _____

HCO₃ = _____

Not reported

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.)

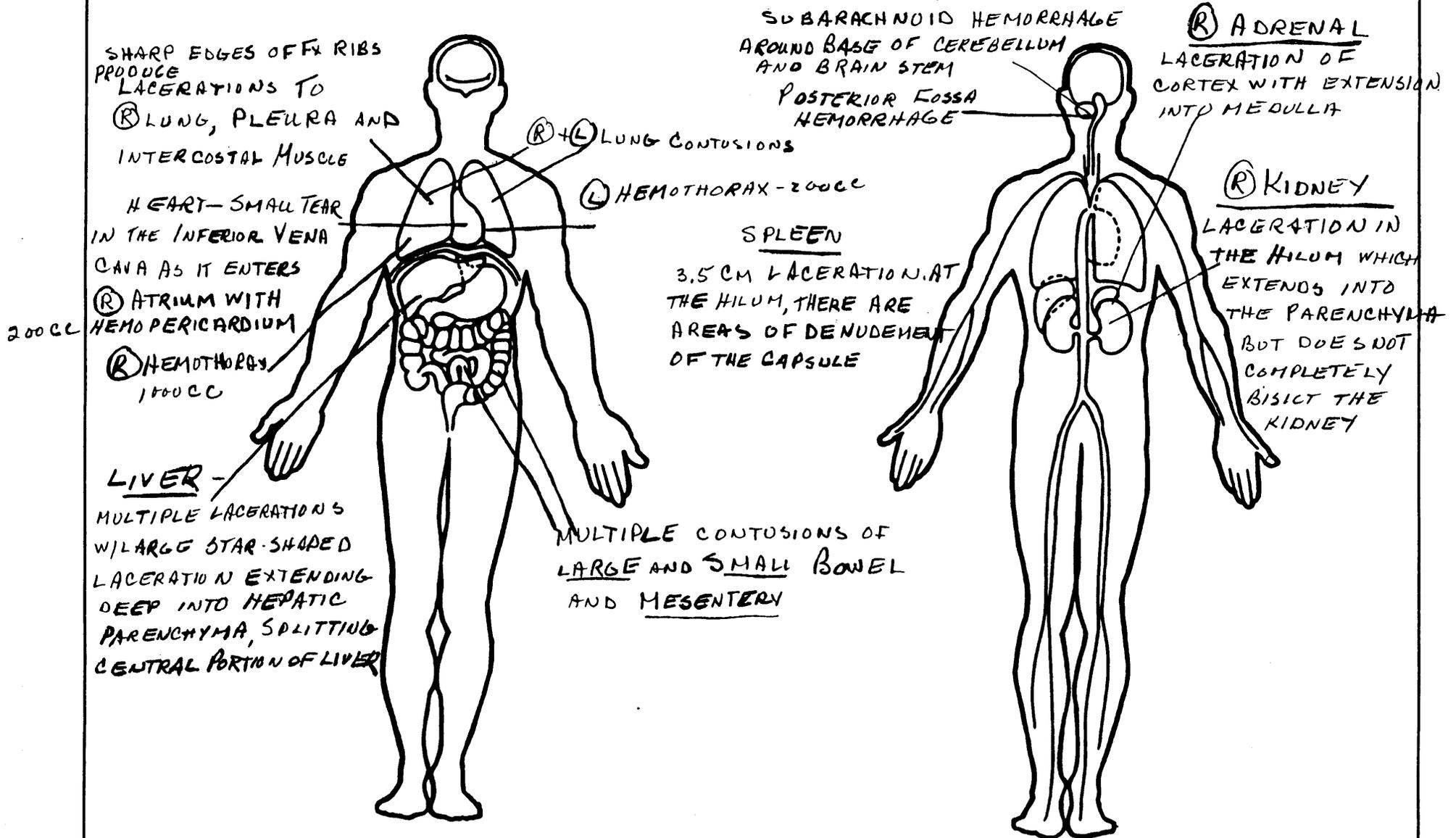
ALL INJURIES FROM AUTOPSY



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.)

ALL INJURIES FROM AUTOPSY





UPDATE FORM

| | | | |
|---------------------------------|-------------|--------------------------|-------|
| 1. Primary Sampling Unit Number | <u>12</u> | Driver or Occupant Name: | |
| 2. Case Number - Stratum | <u>025B</u> | Address: | _____ |
| 3. Vehicle Number | <u>02</u> | | _____ |
| 4. Occupant Number | <u>01</u> | Other Information: | _____ |

1994 ER EMS PUT

(Sanitize this section prior to Update submission.)

STATUS OF LOG INJURY INFORMATION

| | INITIAL SUBMISSION | UPDATED INFORMATION | |
|--|--------------------------------|---------------------|--|
| OAL08. Date Official Medical Data Requested | <u>1</u> / <u>1</u> / <u>1</u> | | OAL18. Medical Facility Code <u>07</u> |
| OAL09. Date Official Medical Data Obtained | | <u>194</u> | GV12. Alcohol Test Results For Driver _____ |
| OAL16. Injury Treatment Status | _____ | _____ | GV39. Other Drug Specimen Test Type For Driver _____ |
| OAL17. Injury Information | | | |
| <u>Official</u> | | | |
| a. Autopsy (invasive examination) | <u>B</u> _____ | <u>111</u> | |
| b. Post-ER medical record which includes information about death based on non-invasive examination | <u>B</u> _____ | _____ | |
| c. Admission record/summary or admission/discharge face sheet | <u>B</u> _____ | _____ | |
| d. Discharge summary | <u>B</u> _____ | _____ | |
| e. Operative report | <u>B</u> _____ | _____ | |
| f. Radiographic record(s) (X-ray, CT scan) | <u>B</u> _____ | _____ | |
| g. History and physical examination and/or consultation records | <u>B</u> _____ | _____ | |
| h. Emergency room records (includes nurses' notes) | <u>B</u> _____ | <u>11</u> | |
| j. Private physician | <u>B</u> _____ | _____ | |
| <u>Unofficial</u> | | | |
| k. Lay coroner | <u>B</u> _____ | _____ | |
| l. EMS record | <u>B</u> _____ | <u>11</u> | |
| m. Interviewee | <u>B</u> _____ | _____ | |
| n. Other source (specify): _____ | <u>B</u> _____ | <u>B</u> _____ | |
| o. Police report | <u>B</u> _____ | <u>B</u> _____ | |

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 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 9,990
 _____ Code weight to nearest
 10 kilograms. 1 25
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
 1st Review: 1G
 2nd Review: _____

2,757 lbs X .4536 = 1,251 kgs

Source: 1987 _____

20. Vehicle Cargo Weight 9,990
 _____ Code weight to nearest
 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ 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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 9
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 000
28. Heading Angle For Other Vehicle 231

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | |
|--|----------------------------|--|---|--|-----------------------------------|----------------------------------|----------------------------------|
| I Single Driver | A Right Roadside Departure | 01 DRIVE OFF ROAD | 02 CONTROL/ TRACTION LOSS | 03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN | |
| | B Left Roadside Departure | 06 DRIVE OFF ROAD | 07 CONTROL/ TRACTION LOSS | 08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN | |
| | C Forward Impact | 11 PARKED VEH. | 12 STA. OBJECT | 13 PEDESTRIAN/ ANIMAL | 14 END DEPARTURE | 15 SPECIFICS OTHER | 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End | 20 STOPPED 21, 22, 23 | 24 SLOWER 25, 26, 27 | 28 DECEL. 29, 30, 31 | 30 31 | (EACH - 32) SPECIFICS OTHER | (EACH - 33) SPECIFICS UNKNOWN |
| | E Forward Impact | 34 CONTROL/ TRACTION LOSS | 36 CONTROL/ TRACTION LOSS | 38 AVOID COLLISION WITH VEH. | 40 AVOID COLLISION WITH OBJECT | (EACH - 42) SPECIFICS OTHER | (EACH - 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle | 44 45 46 47 | 48 49 | (EACH - 48) SPECIFICS OTHER | (EACH - 49) SPECIFICS UNKNOWN | | |
| III Same Trafficway Opposite Direction | G Head-On | 50 51 LATERAL MOVE | (EACH - 52) SPECIFICS OTHER | (EACH - 53) SPECIFICS UNKNOWN | | | |
| | H Forward Impact | 54 CONTROL/ TRACTION LOSS | 56 CONTROL/ TRACTION LOSS | 58 AVOID COLLISION WITH VEH. | 60 AVOID COLLISION WITH OBJECT | (EACH - 62) SPECIFICS OTHER | (EACH - 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle | 64 65 LATERAL MOVE | (EACH - 66) SPECIFICS OTHER | (EACH - 67) SPECIFICS UNKNOWN | | | |
| IV Change Trafficway Vehicle Turning | J Turn Across Path | 68 69 INITIAL OPPOSITE DIRECTIONS | 70 71 INITIAL SAME DIRECTIONS | 72 73 | (EACH - 74) SPECIFICS OTHER | (EACH - 75) SPECIFICS UNKNOWN | |
| | K Turn Into Path | 76 77 78 TURN INTO SAME DIRECTION | 79 80 TURN INTO OPPOSITE DIRECTIONS | 81 82 | (EACH - 84) SPECIFICS OTHER | (EACH - 85) SPECIFICS UNKNOWN | |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths | 86 87 | 88 89 | (EACH - 90) SPECIFICS OTHER | (EACH - 91) SPECIFICS UNKNOWN | | |
| VI Miscellaneous | M Backing Etc. | 92 93 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 98 Other Accident Type 99 Unknown Accident Type 00 No Impact | | | |

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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

-
- (89) Unknown nonfixed object

- (98) Other event (specify):

-
- (99) Unknown event or object

| | |
|----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>025B</u> |
| VEHICLE NUMBER | <u>03</u> |

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

12
025B
03

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

| | |
|-----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>025B</u> |
| VEHICLE NUMBER | <u>03</u> |
| OCCUPANT NUMBER | <u>01</u> |

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

| | |
|-----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>025B</u> |
| VEHICLE NUMBER | <u>03</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 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 1558 Code weight to nearest 10 kilograms. 1,560
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3,434 lbs X .4536 = 1,558 kgs

Source: 1986 [REDACTED]

20. Vehicle Cargo Weight 9,990 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ kgs

VERRIDE/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 231

28. Heading Angle For Other Vehicle 000

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | |
|--|----------------------------|-----------------------------------|-------------------------------|--|-----------------------------------|--------------------------------|----------------------------------|
| I Single Driver | A Right Roadside Departure | 01 DRIVE OFF ROAD | 02 CONTROL/ TRACTION LOSS | 03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN | |
| | B Left Roadside Departure | 06 DRIVE OFF ROAD | 07 CONTROL/ TRACTION LOSS | 08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN | |
| | C Forward Impact | 11 PARKED VEH. | 12 STA. OBJECT | 13 PEDESTRIAN/ ANIMAL | 14 END DEPARTURE | 15 SPECIFICS OTHER | 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End | 20 STOPPED 21, 22, 23 | 24 SLOWER 25, 26, 27 | 28 DECEL. 29, 30, 31 | 30 AVOID COLLISION WITH VEH. | (EACH - 32) SPECIFICS OTHER | (EACH - 33) SPECIFICS UNKNOWN |
| | E Forward Impact | 34 CONTROL/ TRACTION LOSS | 36 CONTROL/ TRACTION LOSS | 38 AVOID COLLISION WITH VEH. | 40 AVOID COLLISION WITH OBJECT | (EACH - 42) SPECIFICS OTHER | (EACH - 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle | 44 45 | 46 45 47 | 48 45 | 49 | (EACH - 48) SPECIFICS OTHER | (EACH - 49) SPECIFICS UNKNOWN |
| III Same Trafficway Opposite Direction | G Head-On | 50 LATERAL MOVE | 51 | (EACH - 52) SPECIFICS OTHER | (EACH - 53) SPECIFICS UNKNOWN | | |
| | H Forward Impact | 54 CONTROL/ TRACTION LOSS | 56 CONTROL/ TRACTION LOSS | 58 AVOID COLLISION WITH VEH. | 60 AVOID COLLISION WITH OBJECT | (EACH - 62) SPECIFICS OTHER | (EACH - 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle | 64 LATERAL MOVE | 65 | (EACH - 66) SPECIFICS OTHER | (EACH - 67) SPECIFICS UNKNOWN | | |
| IV Change Trafficway Vehicle Turning | J Turn Across Path | 68 INITIAL OPPOSITE DIRECTIONS | 70 INITIAL SAME DIRECTIONS | 71 | 72 | (EACH - 74) SPECIFICS OTHER | (EACH - 75) SPECIFICS UNKNOWN |
| | K Turn Into Path | 76 TURN INTO SAME DIRECTION | 78 | 80 TURN INTO OPPOSITE DIRECTIONS | 82 | (EACH - 84) SPECIFICS OTHER | (EACH - 85) SPECIFICS UNKNOWN |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths | 87 | 88 | (EACH - 89) SPECIFICS OTHER | (EACH - 91) SPECIFICS UNKNOWN | | |
| VI Miscellaneous | M Backing Etc. | 92 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 98 Other Accident Type | 99 Unknown Accident Type | 00 No Impact | |

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

- (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) 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) 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) 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)

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 (\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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- (89) _____
Unknown nonfixed object

- (98) Other event (specify):

- (99) _____
Unknown event or object

| | |
|----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>025B</u> |
| VEHICLE NUMBER | <u>04</u> |

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

| | |
|----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>0253</u> |
| VEHICLE NUMBER | <u>04</u> |

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER 12
CASE NUMBER 025B
VEHICLE NUMBER V3
OCCUPANT NUMBER 01

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER

12

CASE NUMBER

025B

VEHICLE NUMBER

V3

OCCUPANT NUMBER

01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 12
 2. Case Number - Stratum 025B
 3. Vehicle Number 04
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 43
 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 999
 Code actual height to the nearest
 centimeter.
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
 _____ pounds X .4536 = _____ 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 9
 (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

17. Manual (Active) Belt System Availability 4

- (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 99

- (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 9

- (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 1

- (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

- (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

- (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

- (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 4

- (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

9

- (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)

99

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

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (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 CONSEQUENCES34. 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 0

- (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) 0

- (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

- unk 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 0041. 2nd Medically Reported Cause of Death 0042. 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
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant 00

- _____ 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

- (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 0

- (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 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (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 0

- (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) 9

- (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

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify): Police report
- Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

BELT USE DETERMINATION

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 00
 (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) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 00
 (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

53. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): Police report
 (9) Unknown if belt used

| | |
|-----------------|-------------|
| PSU NUMBER | <u>12</u> |
| CASE NUMBER | <u>025B</u> |
| VEHICLE NUMBER | <u>04</u> |
| OCCUPANT NUMBER | <u>01</u> |

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____



Identifying Title

12 025B 01 [REDACTED] 94

Primary Sampling Unit Case No. Stratum Accident Event Sequence No. Date (Month, day, year) of Run

CRASHPC Vehicle Identification

| | | | | |
|-----------|-------------|----------------|-------------------|---------------|
| Vehicle 1 | <u>1991</u> | <u>Dodge</u> | <u>Caravan SE</u> | <u>1</u> |
| Vehicle 2 | <u>1987</u> | <u>Pontiac</u> | <u>Grand Am</u> | <u>2</u> |
| | Year | Make | Model | NASS Veh. No. |

GENERAL INFORMATION

| | VEHICLE 1 | VEHICLE 2 |
|---------------------|------------------------------|------------------------------|
| Size | <u>4</u> | <u>3</u> |
| Weight | $1438 + 73 + 14 = 1525$ kg | $1096 + 79 + 0 = 1175$ kg |
| | Curb Occupant(s) Cargo | Curb Occupant(s) Cargo |
| CDC | <u>1 2 F D E W 6</u> | <u>1 1 F D E W 6</u> |
| PDOF (-180 to +180) | <u>0 - 10</u> ° | <u>0 - 20</u> ° |
| Stiffness | <u>7</u> | <u>9</u> |

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

| | VEHICLE 1 | VEHICLE 2 |
|---------------------------|---|---|
| Rest Position | X <u> </u> m Y <u> </u> m PSI <u> </u> ° | X <u> </u> m Y <u> </u> m PSI <u> </u> ° |
| Impact Position | X <u> </u> m Y <u> </u> m PSI <u> </u> ° | X <u> </u> m Y <u> </u> m PSI <u> </u> ° |
| Slip Angle (-180 to +180) | <u> </u> ° | <u> </u> ° |

VEHICLE MOTION

Sustained Contact No Yes

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

FRICION 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

Damage Length L 174 cm

Crush Depths C₁ 24 cm
 C₂ 55 cm
 C₃ 105 cm
 C₄ 120 cm
 C₅ 125 cm
 C₆ 152 cm

Damage Offset D ± 0 cm

VEHICLE 2

Damage Length L 150 cm

Crush Depths C₁ 110 cm
 C₂ 143 cm
 C₃ 154 cm
 C₄ 182 cm
 C₅ 183 cm
 C₆ 213 cm

Damage Offset D ± 0 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

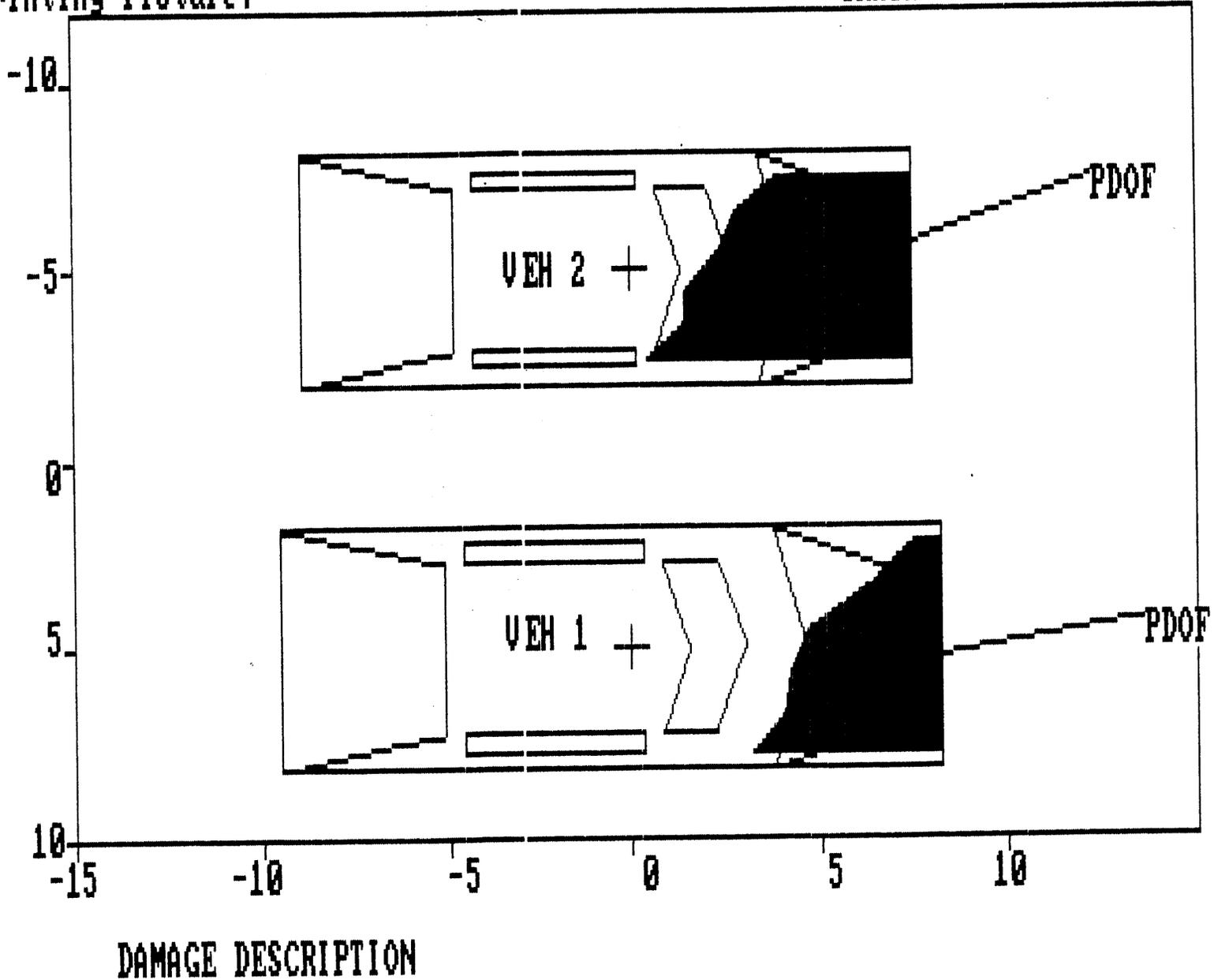
| | |
|-----------|---------|
| SIZE | 4 |
| WEIGHT | 1525. |
| CDC | 12FDEW6 |
| PDOF | -10.00 |
| STIFFNESS | 7 |
| CANCEL | ACCEPT |

VEHICLE #2

| | |
|-----------|---------|
| SIZE | 3 |
| WEIGHT | 1175. |
| CDC | 11FDEW6 |
| PDOF | -20.00 |
| STIFFNESS | 9 |
| CANCEL | ACCEPT |

Printing Picture:

CRASH



METRIC INPUT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE
(DAMAGE)

VEHICLE #1

TOTAL 108 KPH (67 MPH)
LONGITUDINAL -107 KPH (-66 MPH)
LATITUDINAL 19 KPH (12 MPH)
PDOF ANGLE -10 DEGREES
ENERGY DISSIPATED = 983373 JOULES (725201 FT-LB)

VEHICLE #2

TOTAL 140 KPH (87 MPH)
LONGITUDINAL -132 KPH (-82 MPH)
LATITUDINAL 48 KPH (30 MPH)
PDOF ANGLE -20 DEGREES
ENERGY DISSIPATED = 810918 JOULES (598022 FT-LB)

DAMAGE DATA

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|----------------------|----------------------|
| SIZE CATEGORY | 4 | 3 |
| STIFFNESS CATEGORY | 7 | 9 |
| VEHICLE WEIGHT | 1525 KGS (3362 LBS) | 1175 KGS (2590 LBS) |
| CDC | 12FDEW6 | 11FDEW6 |
| PDOF ANGLE | -10 DEGREES | -20 DEGREES |
| CRUSH LENGTH | 174 CM. (69 IN.) | 150 CM. (59 IN.) |
| C1 | 24 CM. (9 IN.) | 110 CM. (43 IN.) |
| C2 | 55 CM. (22 IN.) | 143 CM. (56 IN.) |
| C3 | 105 CM. (41 IN.) | 154 CM. (61 IN.) |
| C4 | 120 CM. (47 IN.) | 182 CM. (72 IN.) |
| C5 | 125 CM. (49 IN.) | 183 CM. (72 IN.) |
| C6 | 152 CM. (60 IN.) | 213 CM. (84 IN.) |
| D | 0 CM. (0 IN.) | 0 CM. (0 IN.) |
| D' | 18 CM. (7 IN.) | 7 CM. (3 IN.) |

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|------------------------|------------------------|
| CG TO FRONT AXLE | 139 CM. (55 IN.) | 130 CM. (51 IN.) |
| CG TO REAR AXLE | 150 CM. (59 IN.) | 141 CM. (56 IN.) |
| TRACK | 157 CM. (62 IN.) | 150 CM. (59 IN.) |
| CG TO FRONT OF VEH | 251 CM. (99 IN.) | 228 CM. (90 IN.) |
| CG TO REAR OF VEH | -290 CM. (-114 IN.) | -270 CM. (-106 IN.) |
| CG TO SIDE OF VEH | 98 CM. (39 IN.) | 92 CM. (36 IN.) |
| MOMENT OF INERTIA | 14834 KGS (32702 LBS) | 10155 KGS (22388 LBS) |
| VEHICLE MASS | 4 KGS (9 LBS) | 3 KGS (7 LBS) |

GENERAL VEHICLE Vehicle: 1

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11
INTRA ERRORS

then BASIS FOR DELTA V GV29 should

0660421 2
660422

If ROLLOVER GV24 equals 1-9,
equal 4 or 5.

0
EXTERIOR VEHICLE Vehicle: 1

11

INTRA ERRORS

should not exceed 150.

0EE0591 2 1st DAMAGE DATA C EV21(6)

0
GENERAL VEHICLE Vehicle: 2

11

INTRA ERRORS

1-4, then MODEL YEAR GV04 should

0660961 2
660962

If AOPS VEHICLE GV36 equals
equal 89-98.

0
INTERIOR VEHICLE Vehicle: 2

11

INTRA ERRORS

DOOR OR HATCH OR GATE OPENING *****
IF CORRECT, NOTIFY YOUR ZONE *****
s 2 or IV06 equals 2 or IV07 equals 2
quals 2.

OCC0531 2
CC0532
CC0533
CC0534

***** THIS CASE SHOWS A D
***** CHECK YOUR DATA AND
DOOR LEFT FRONT IV05 equal
or IV08 equals 2 or IV09 e

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.

0
OCCUPANT ASSESSMENT Vehicle: 4 Occupant: 1

11

INTRA ERRORS

EVERITY OA34 equals 2-4, then RECORDED INJURIES OA43
1 01-97.

OHH0961 2 If POLICE:S
HH0962 should equa

0

PSU12
CASE 025B
CURRENT VERSION: 7.00

ERROR SUMMARY SCREEN

██████/94

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| 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 | 2 | Y |
| Vehicle Exterior | 0 | 0 | 1 | Y |
| Vehicle Interior | 0 | 0 | 2 | Y |
| Occupant Assesment | 0 | 0 | 1 | Y |
| Occupant Interior | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 0 | |
| Total Case Errors | 0 | 0 | 6 | |

GENERAL VEHICLE Vehicle: 1

11

INTRA ERRORS

then BASIS FOR DELTA V GV29 should 0GG0421 2 If ROLLOVER GV24 equals 1-9,
GG0422 equal 4 or 5.

0
EXTERIOR VEHICLE Vehicle: 1

11

INTRA ERRORS

should not exceed 150. OEE0591 2 1st DAMAGE DATA C EV21(6)

0
OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

INTRA ERRORS

IS VEHICLE IS INDICATED AS HAVING AN AIRBAG. ***** OHH1281 2 ***** TH
K YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ***** HH1282 ***** CHEC
ILABILITY/FUNCTION OA21 equals 1-3. HH1283 AIR BAG AVA

0
INTERIOR VEHICLE Vehicle: 2

11

INTRA ERRORS

DOOR OR HATCH OR GATE OPENING ***** OCC0531 2 ***** THIS CASE SHOWS A D
IF CORRECT, NOTIFY YOUR ZONE ***** CC0532 ***** CHECK YOUR DATA AND
s 2 or IV06 equals 2 or IV07 equals 2 CC0533 DOOR LEFT FRONT IV05 equal
quals 2. CC0534 or IV08 equals 2 or IV09 e

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.

0
OCCUPANT ASSESSMENT Vehicle: 4 Occupant: 1

11

INTRA ERRORS

EVERITY OA34 equals 2-4, then RECORDED INJURIES OA43 OHH0961 2 If POLICE S
1 01-97. HH0962 should equa

0

CASE 025B

CURRENT VERSION: 7.00

BEST AVAILABLE COPY

| 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 | 1 | Y |
| Vehicle Interior | 0 | 0 | 2 | Y |
| Occupant Assessment | 0 | 0 | 2 | Y |
| Occupant Interior | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 0 | |
| Total Case Errors | 0 | 0 | 6 | |

12025B00000011 947.0400000000000417480010005 94 94 95 94021395000
001000000021395
12025B00010012 947.0410000000000113F0202F
12025B00020012 947.0410000000000113R3100N
12025B00030012 947.0410000000000202B0302F
12025B00040012 947.0410000000000302R0413R
12025B00050012 947.0410000000000113N3200N
12025B01000021 7.04 0000000009107442202B46K45RXMF 19990960729950101011
440010001001660036999 999 9999999011
12025B01000022 7.04 000000000700000000000000000000 10146111970899
12025B01000031 7.04 00000000010272FDEW06023100RZAD01174024055105120125152
000 01284014104040201001000
12025B01000041 7.04 00000000011330330000020666686910000001222220212222102
12025B01000042 7.04 0000000001304521117321126321102321101321315221313229999
99 2 0000060111
12025B01010051 7.04 0000000006621650731119000014041113141104000000000000311
23625399000014000001152221
12025B01010161 7.04 000000000185181031101100
12025B01010261 7.04 000000000185182231101100
12025B01010361 7.04 000000000185182232091104
12025B01010461 7.04 000000000145022021102100
12025B01010561 7.04 000000000275040411101100
12025B01010661 7.04 000000000144140239102100
12025B01010761 7.04 000000000329040218041105
12025B01010861 7.04 000000000339040219041105
12025B01010961 7.04 000000000179040211041105
12025B01011061 7.04 000000000379060012091104
12025B01011161 7.04 000000000189040213091104
12025B01011261 7.04 000000000169040211101100
12025B01011361 7.04 000000000189040213101100
12025B01011461 7.04 000000000129740211492100
12025B02000021 7.04 000000000872201802162NV14U7HD 19990960729951101011
100000000090031666999 999 9999999011
12025B02000022 7.04 000000000700000000000000000000 90000000016299
12025B02000031 7.04 00000000010171FDEW06030306BLEE01
01263000106030201001000
12025B02000041 7.04 00000000098120000200036606088200000001220200012201000
12025B02000042 7.04 0000000001317621304621314421117421102421315421114222319
12999999 2 1206999181
12025B02010051 7.04 00000000047117306811190000000000000003027000000000000410
00620101020626221001011011
12025B02010161 7.04 000000000114046636011107
12025B02010261 7.04 000000000144141043041100
12025B02010361 7.04 000000000144143031041100
12025B02010461 7.04 000000000142180434051100
12025B02010561 7.04 000000000144180021051100
12025B02010661 7.04 000000000154182641051100
12025B02010761 7.04 000000000154422642051100
12025B02010861 7.04 000000000154162641061100
12025B02010961 7.04 000000000154022421061100
12025B02011061 7.04 000000000154081028041100
12025B02011161 7.04 000000000154141028041100
12025B02011261 7.04 000000000154201028041100
12025B02011361 7.04 000000000165041627062100
12025B02011461 7.04 000000000145023031061100

12025B02011561 7.04 000000000185340621091105
12025B02011661 7.04 000000000185342231091105
12025B02011761 7.04 000000000185160621091105
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12025B02012061 7.04 000000000119020211011107
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12025B02012661 7.04 000000000179060011092105
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259990000900002316999 999 9999999000
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569990000002310006999 999 9999999000
12025B04000022 7.04 0000000007000000000000000000 ██████████ 90000000019800
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0099000000000000000009001008
12025B999999990020000000010000000020000000010000
00000000000000

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.

EXTERIOR VEHICLE Vehicle: 1

INTRA ERRORS

EE0591 2 1st DAMAGE DATA C EV21(6) should not exceed 150.

GENERAL VEHICLE Vehicle: 2

INTRA ERRORS

GG0961 2 If AOPS VEHICLE GV36 equals 1-4, then MODEL YEAR GV04 should
GG0962 equal 89-98.

INTERIOR VEHICLE Vehicle: 2

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: 4 Occupant: 1

INTRA ERRORS

HH0961 2 If POLICE SEVERITY OA34 equals 2-4, then RECORDED INJURIES OA43
HH0962 should equal 01-97.

FSU12
CASE 025B
CURRENT VERSION: 7.04

ERROR SUMMARY SCREEN

██████████-95

| 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 | 2 | Y |
| Vehicle Exterior | 0 | 0 | 1 | Y |
| Vehicle Interior | 0 | 0 | 2 | Y |
| Occupant Assesment | 0 | 0 | 1 | Y |
| Occupant Interior | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 0 | |
| Total Case Errors | 0 | 0 | 6 | |



SLIDE INDEX

Primary Sampling Unit Number 12

Case Number—Stratum 025B

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|-----------|-------------|----------------------|--|
| 1-9 | 1 | South | Veh. path of travel to impact, rollover and final rest area. |
| 10-13 | 1 | North | Opposite direction of travel from pre-impact, final rest areas |
| 14-17 | 2-4 | North | All lanes shown is path of travel to impact area for these vehicles |
| 18 | 2-4 | South | Opposite direction of travel |
| 19-30 | 1 | exterior | impact area with C measurements |
| 31-38 | 1 | exterior | induced damage w/ integrity loss shown |
| 39-46 | 1 | exterior | I 2 rollover damage shown |
| 47-52 | 1 | exterior | induced damage and extrication damage shown to (R) door |
| 53-56 | 1 | exterior | (R) side engine compartment fire |
| 57-81 | 1 | interior | Occupant contact points are highlighted w/ incremented tape. |
| 82-90 | 2 | exterior | C measurements taken @ I 1 |
| 91-92 | 2 | exterior | induced damage shown |
| 93-97 | 2 | exterior | I 2 - unable to measure due to tree and slope of ground |
| 98-102 | 2 | exterior | door opening shown |
| 103-104 | 2 | exterior | gas tank |
| 105-122 | 2 | interior | Occupant contact points shown, intrusion and integrity loss evident. |
| | | | |
| | | | |
| | | | |
| | | | |



FSU 12-025B (1994) #1



PSU 12-025B (1994) #2



PSU 12-025B (1994) #3



PSU 12-025B (1994) #4



PSU 12-025B (1994) #5



| PSU 12-025B (1994) #6



PSU 12-025B (1994) #7



PSU 12-025B (1994) #8



PSU 12-025B (1994) #9



PSU 12-025B (1994) #10



PSU 12-025B (1994) #11



PSU 12-025B (1994) #12



PSU 12-025B (1994) #13



PSU 12-025B (1994) #14



PSU 12-025B (1994) #15



PSU 12-025B (1994) #16



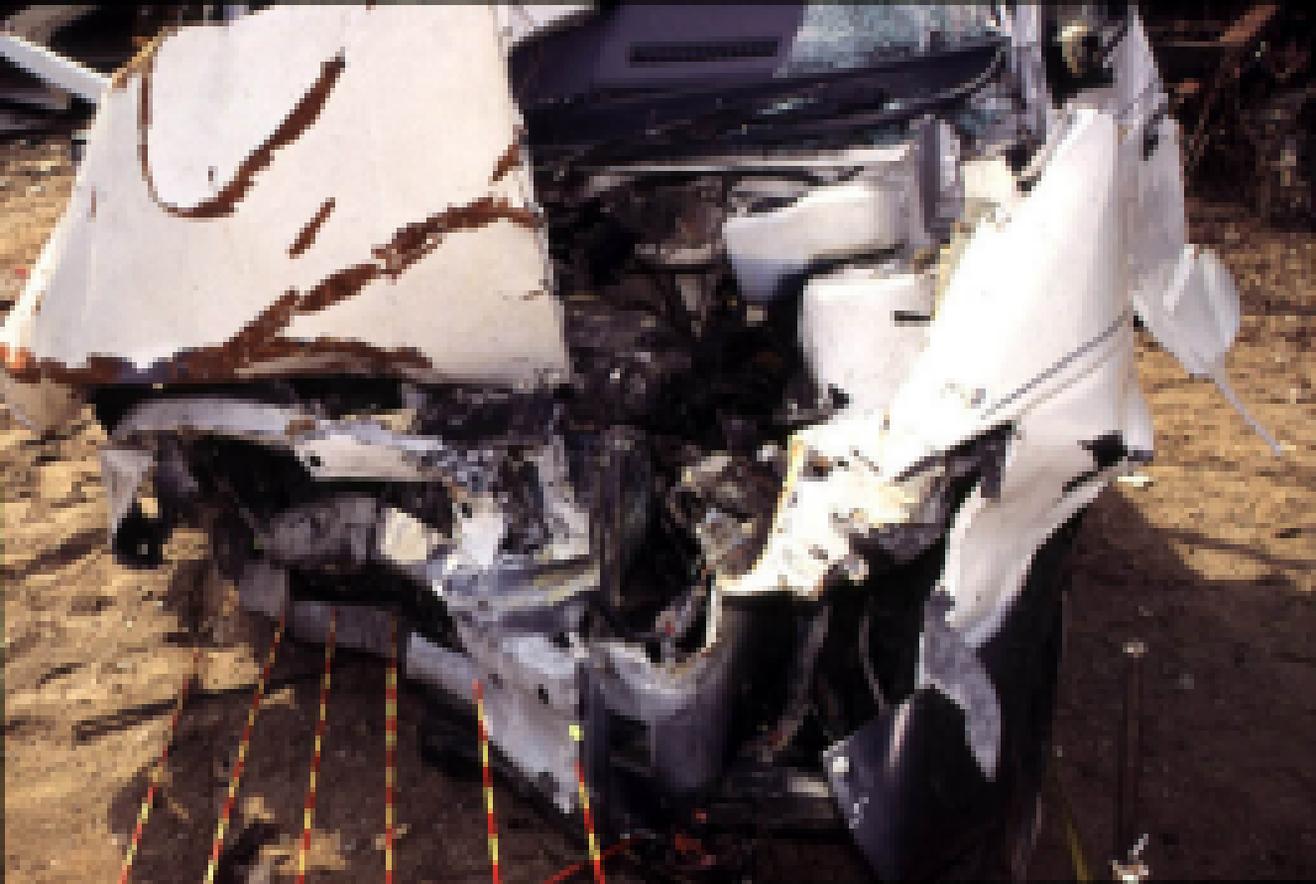
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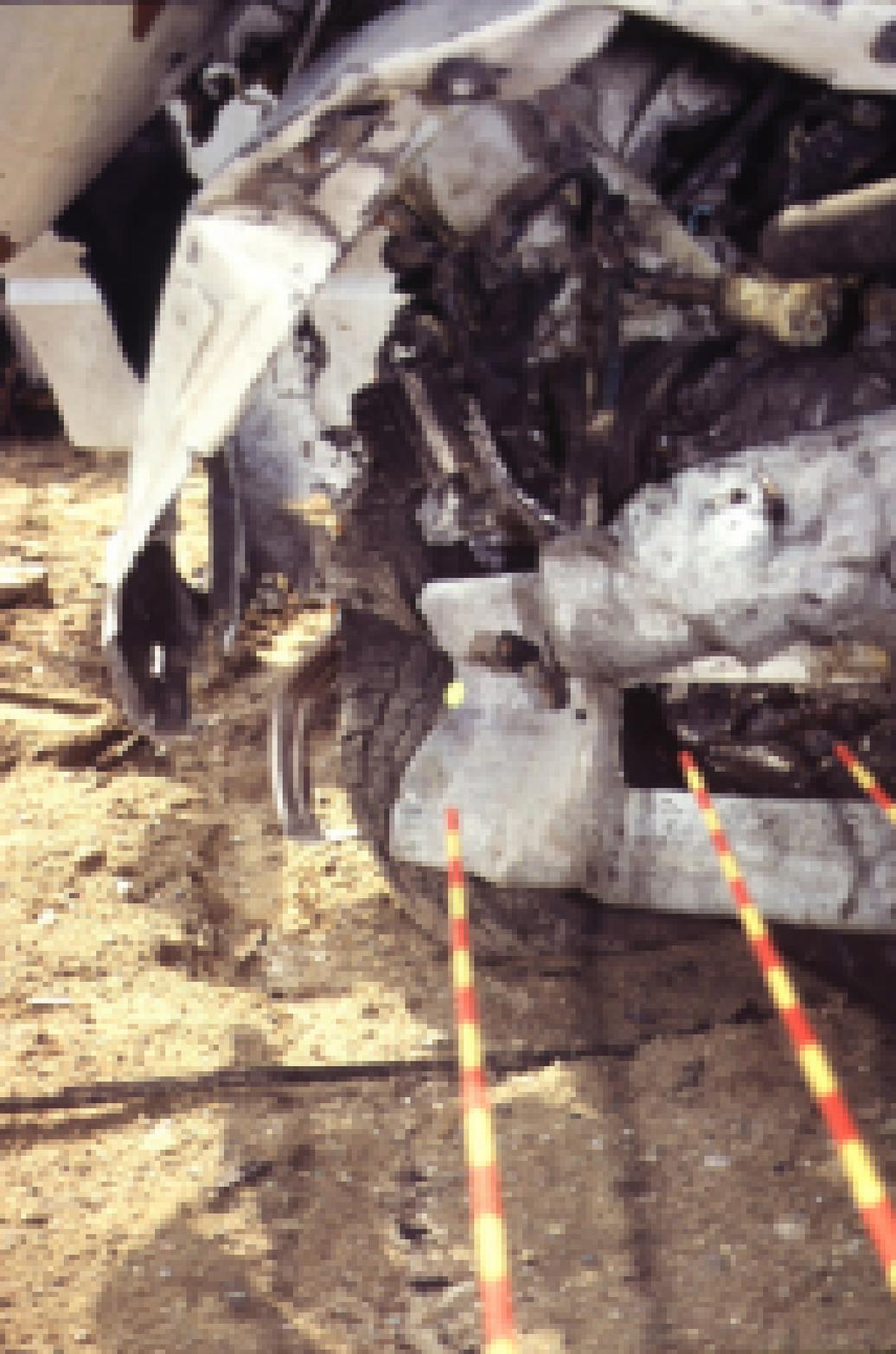
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**PSU 12-025B (1994) #21
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PSU 12-025B (1994) #23
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PSU 12-025B (1994) #24



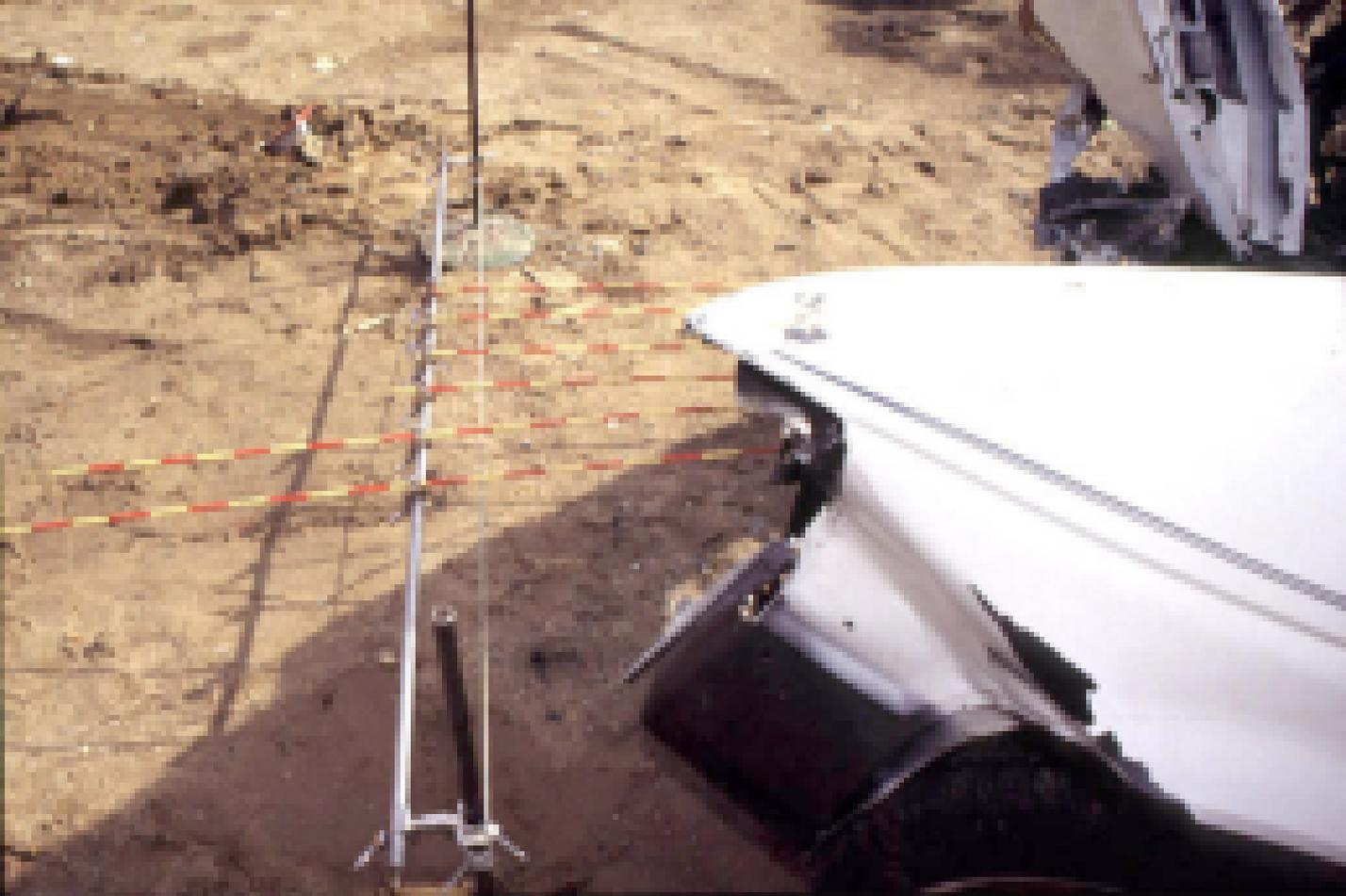
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PSU 12-025B (1994) #2B



PSU 12-025B (1994) #29
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PSU 12-025B (1994) #30
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**PSU 12-025B (1994) #31
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PSU 12-025B (1994) #32
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**PSU 12-025B (1994) #33
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PSU 12-025B (1994) #34
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**PSU 12-025B (1994) #35
Best Available**



PSU 12-025B (1994) #36
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PSU 12-025B (1994) #37
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PSU 12-025B (1994) #38

Best Available



PSU 12-025B (1994) #39
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PSU 12-025B (1994) #40
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PSU 12-025A (1994) #41



PSU 12-025B (1994) #42
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PSU 12-025B (1994) #43
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PSU 12-025B (1994) #44
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PSU 12-025B (1994) #45
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PSU 12-025B (1994) #46
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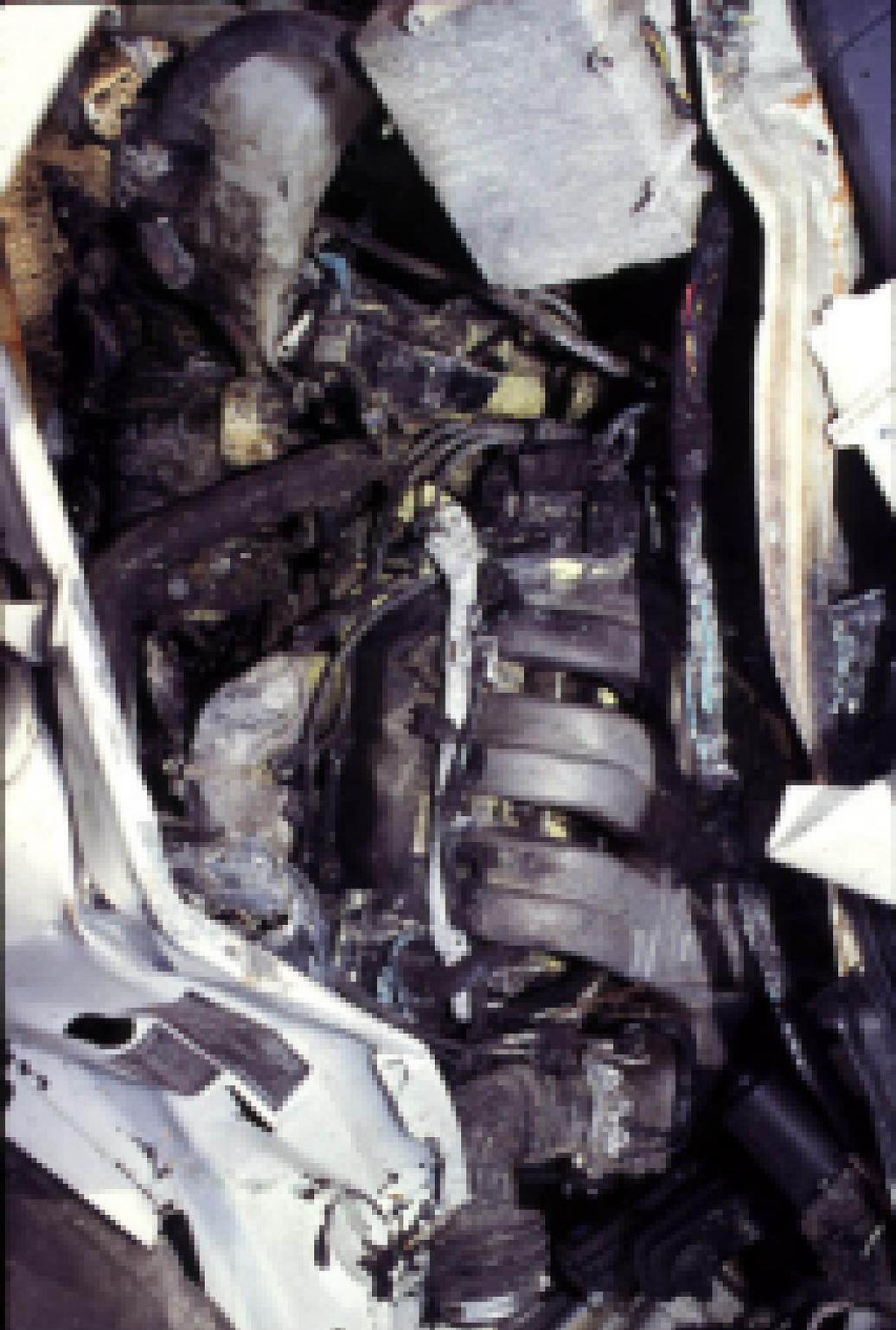
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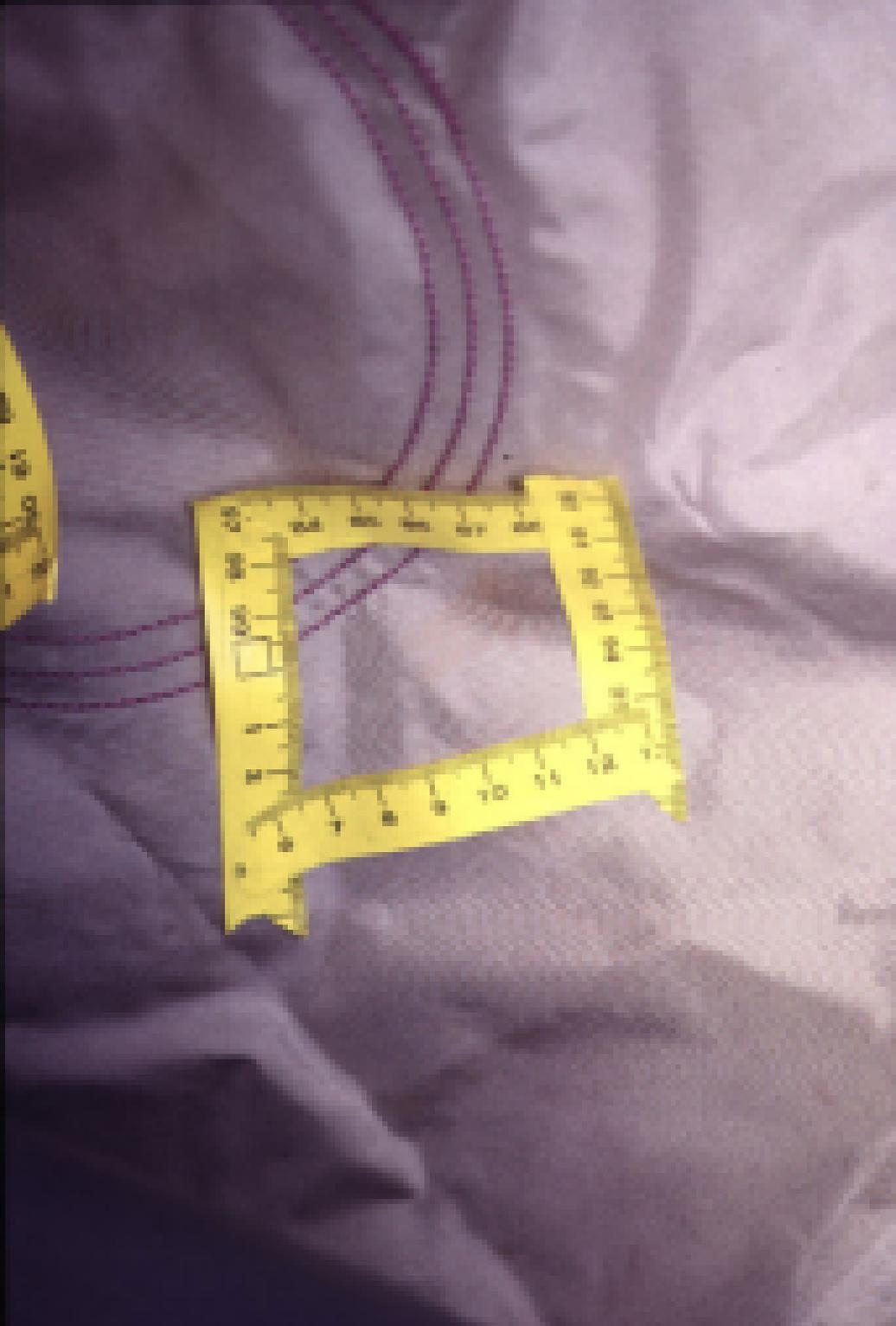
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PSU 12-025B (1994) #62
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PSU 12-025B (1994) #63
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PSU 12-025B (1994) #64
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PSU 12-025B (1994) #66
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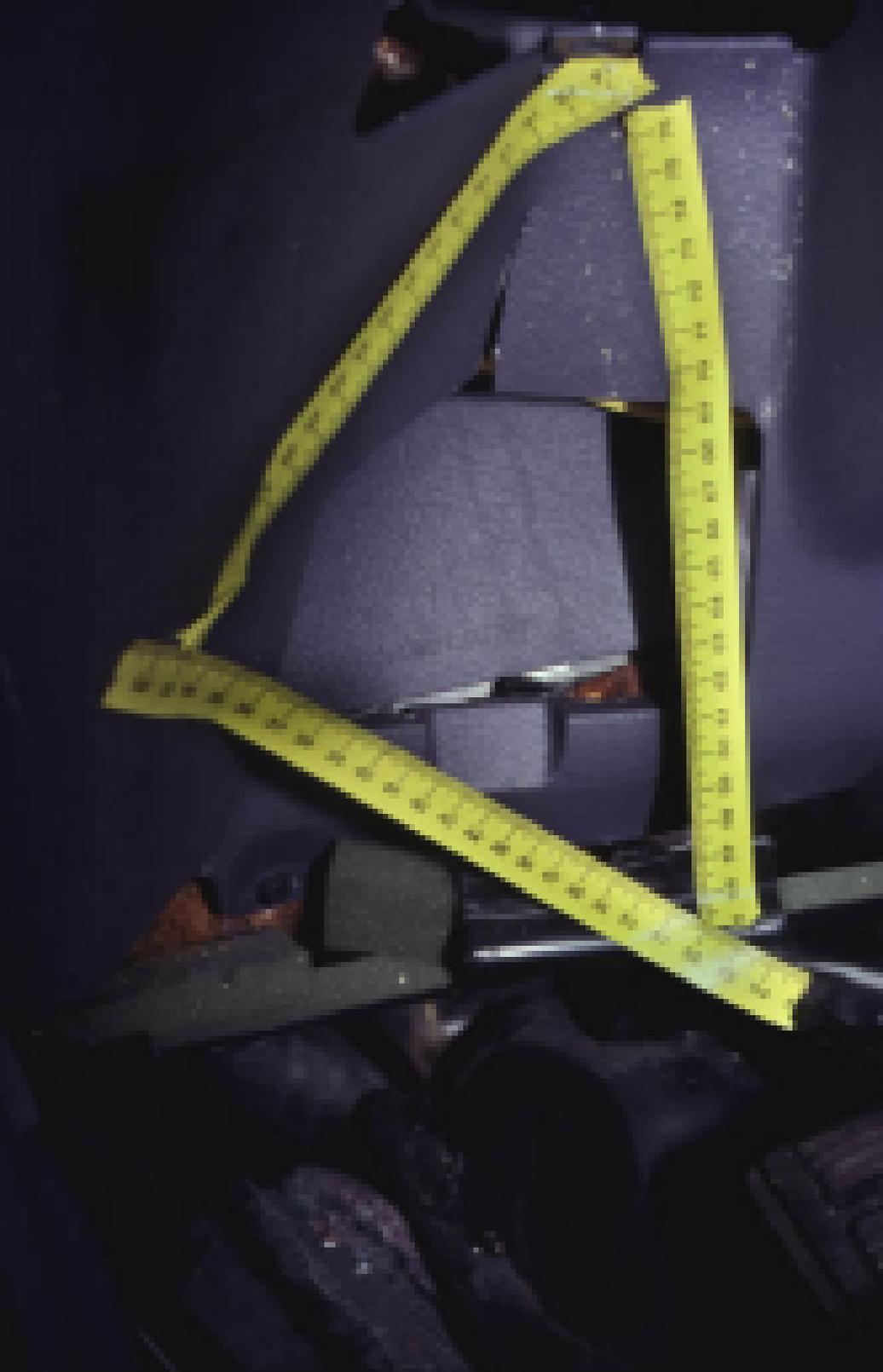
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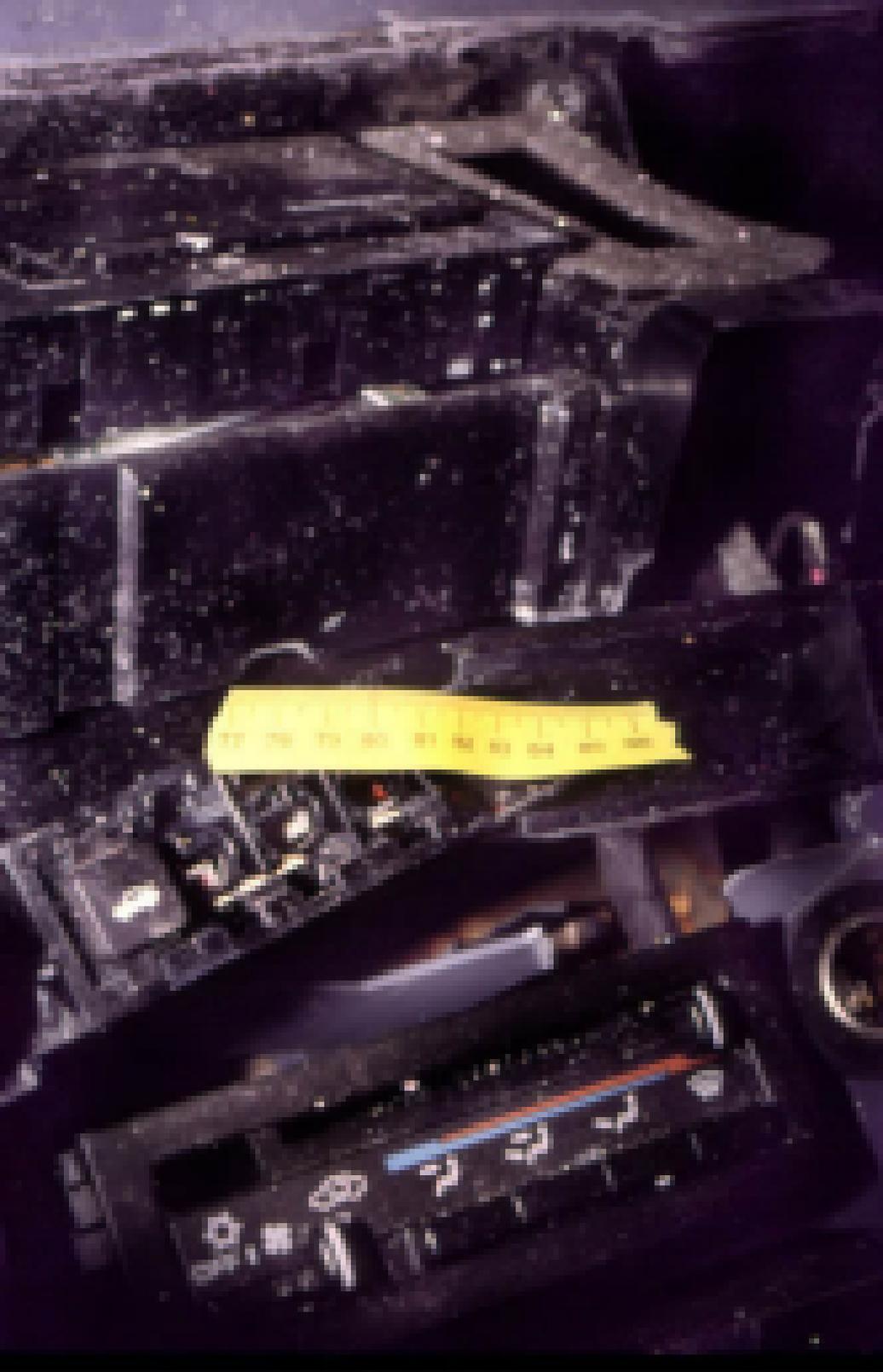
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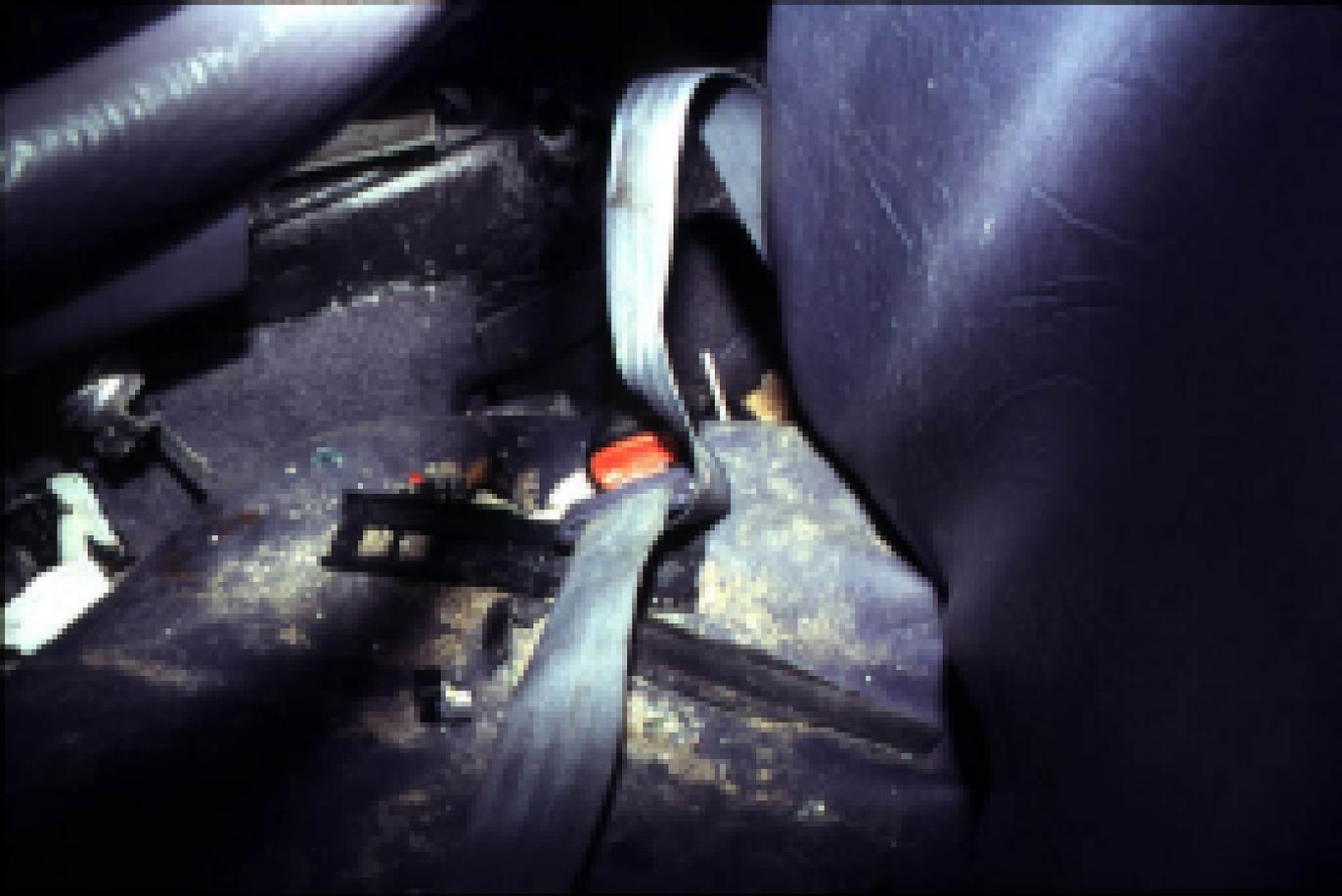
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**PSU 12-025B (1994) #75
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PSU 12-025B (1994) #76
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PSU 12-025B (1994) #77
Best Available



PSU 12-0258 (1994) #78
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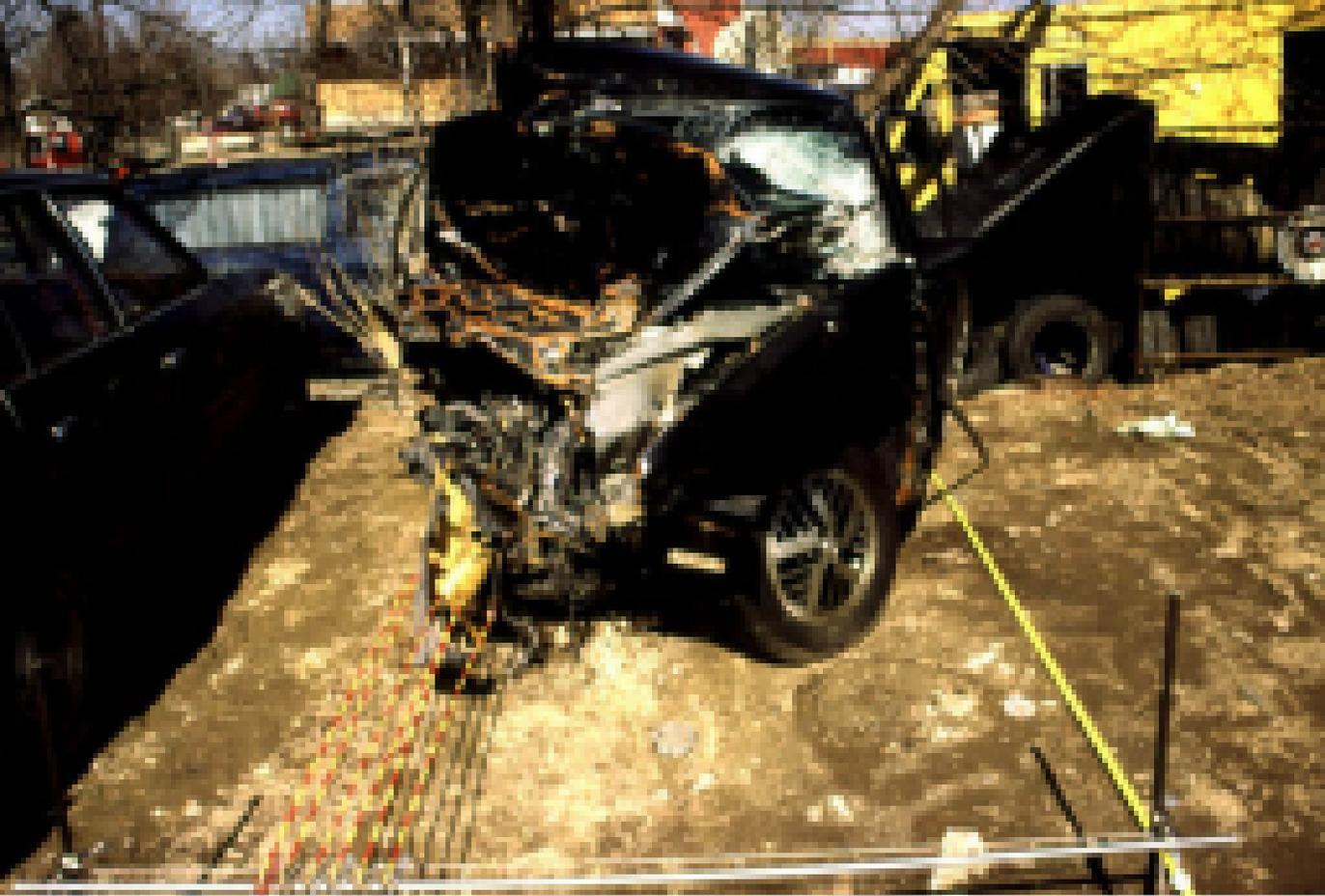
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PSU 12-025B (1994) #81
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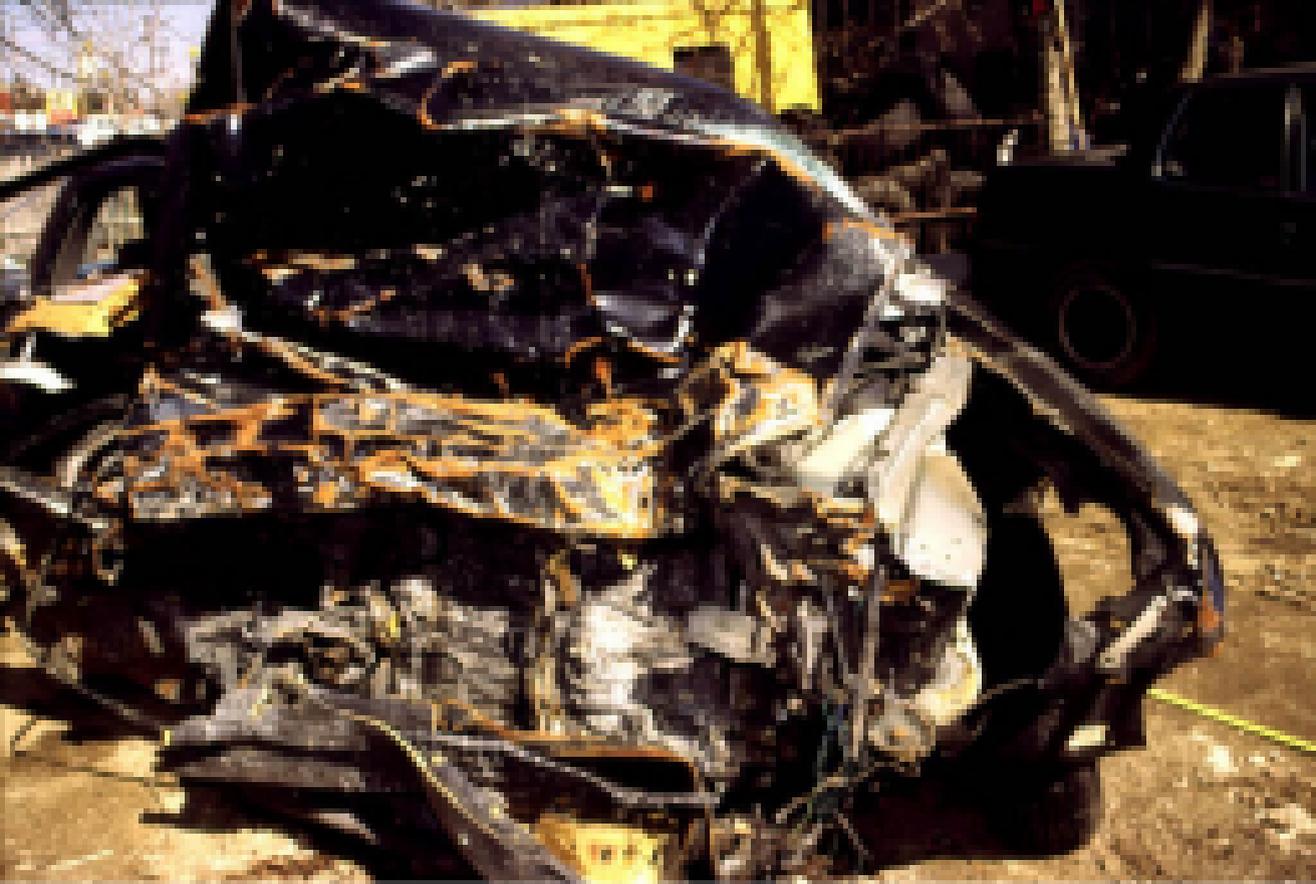


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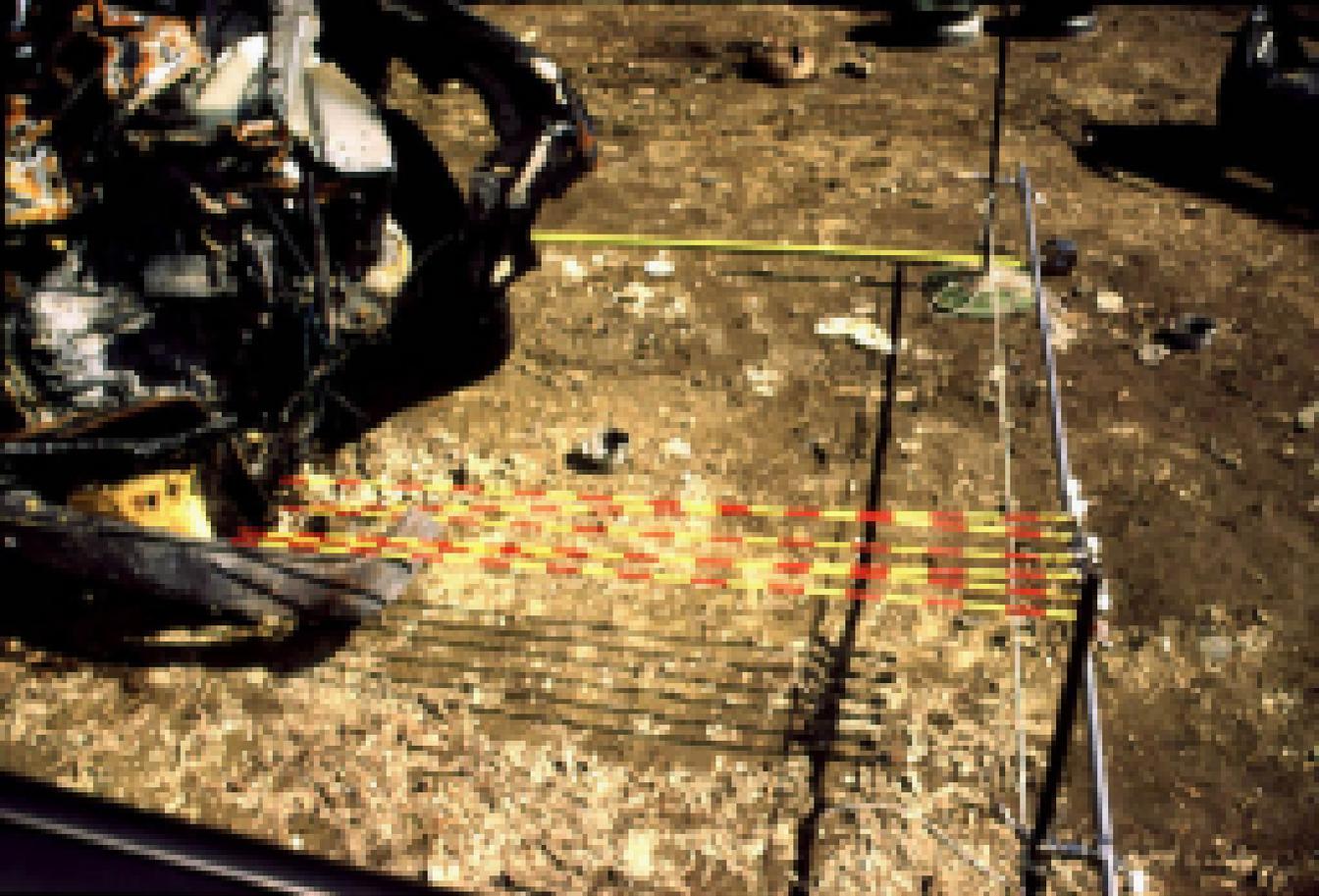
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PSU 12-025B (1994) #85
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PSU 12-025B (1994) #86
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PSU 12-025B (1994) #87
Best Available



**FSU 12-025B (1994) #68
Best Available**



PSU 12-025B (1994) #89
Best Available



PSU 12-026B (1994) #90
Best Available



PSU 12-025B (1994) #91
Best Available



PSU 12-025B (1994) #92
Best Available



FSU 12-025B (1994) #93
Best Available



PSU 12-025B (1994) #94
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PSU 12-025B (1994) #95
Best Available



PSU 12-025B (1994) #96
Best Available



PSJ 12-025B (1994) #97
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PSU 12-025B (1994) #98
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**PSU 12-025B (1994) #99
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PSU 12-025B (1994) #101
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PSU 12-025B (1994) #102
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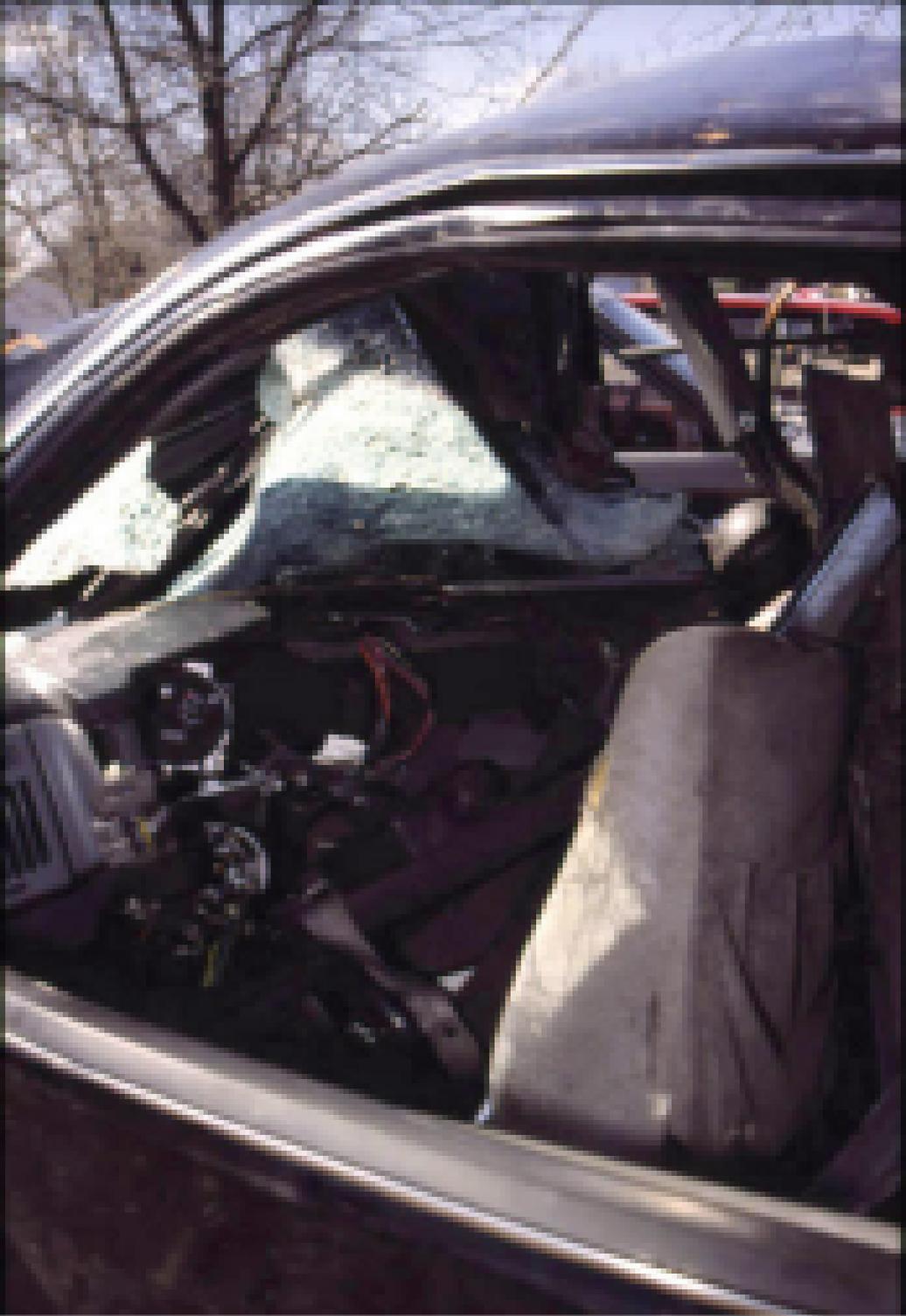
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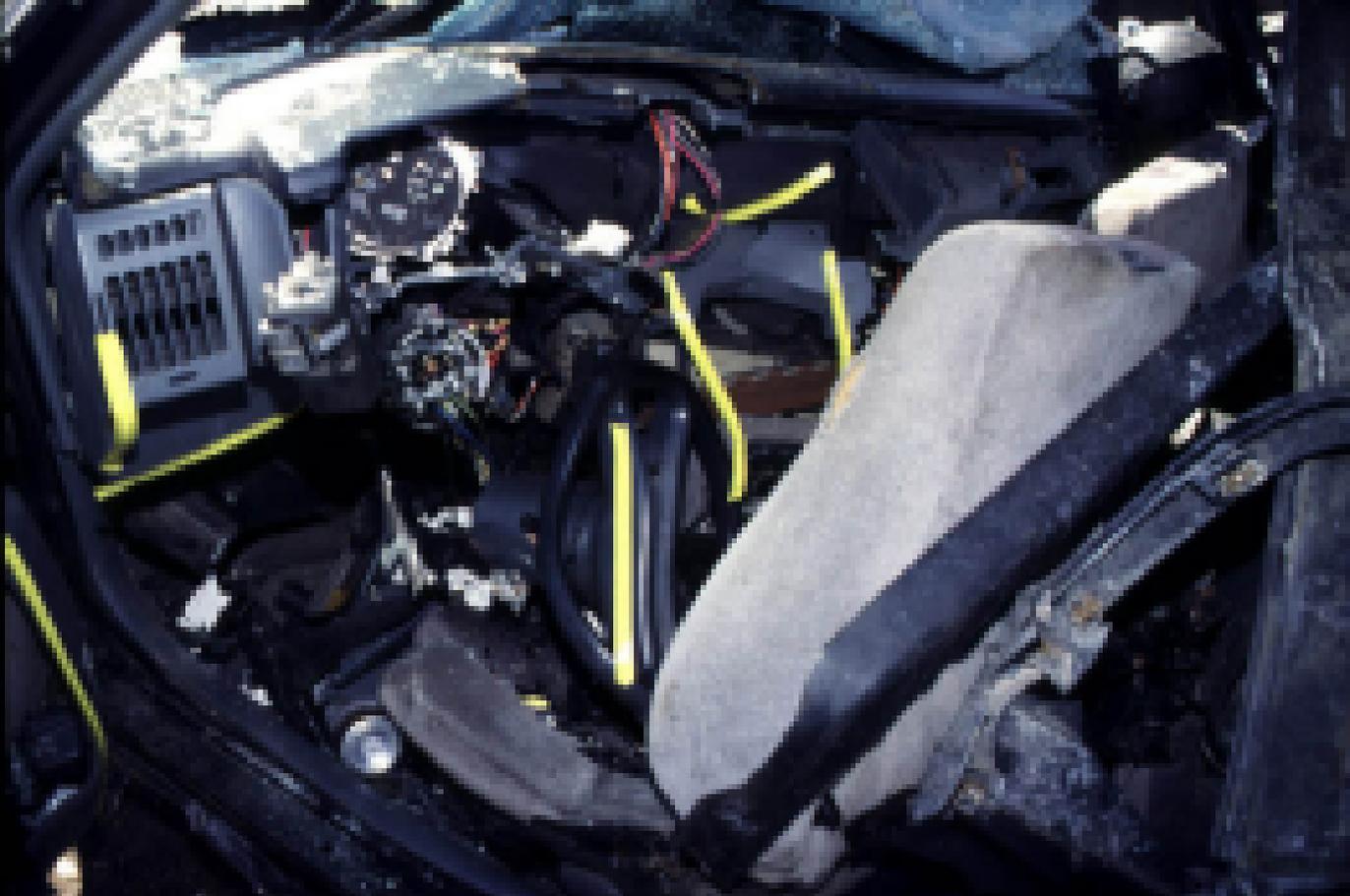
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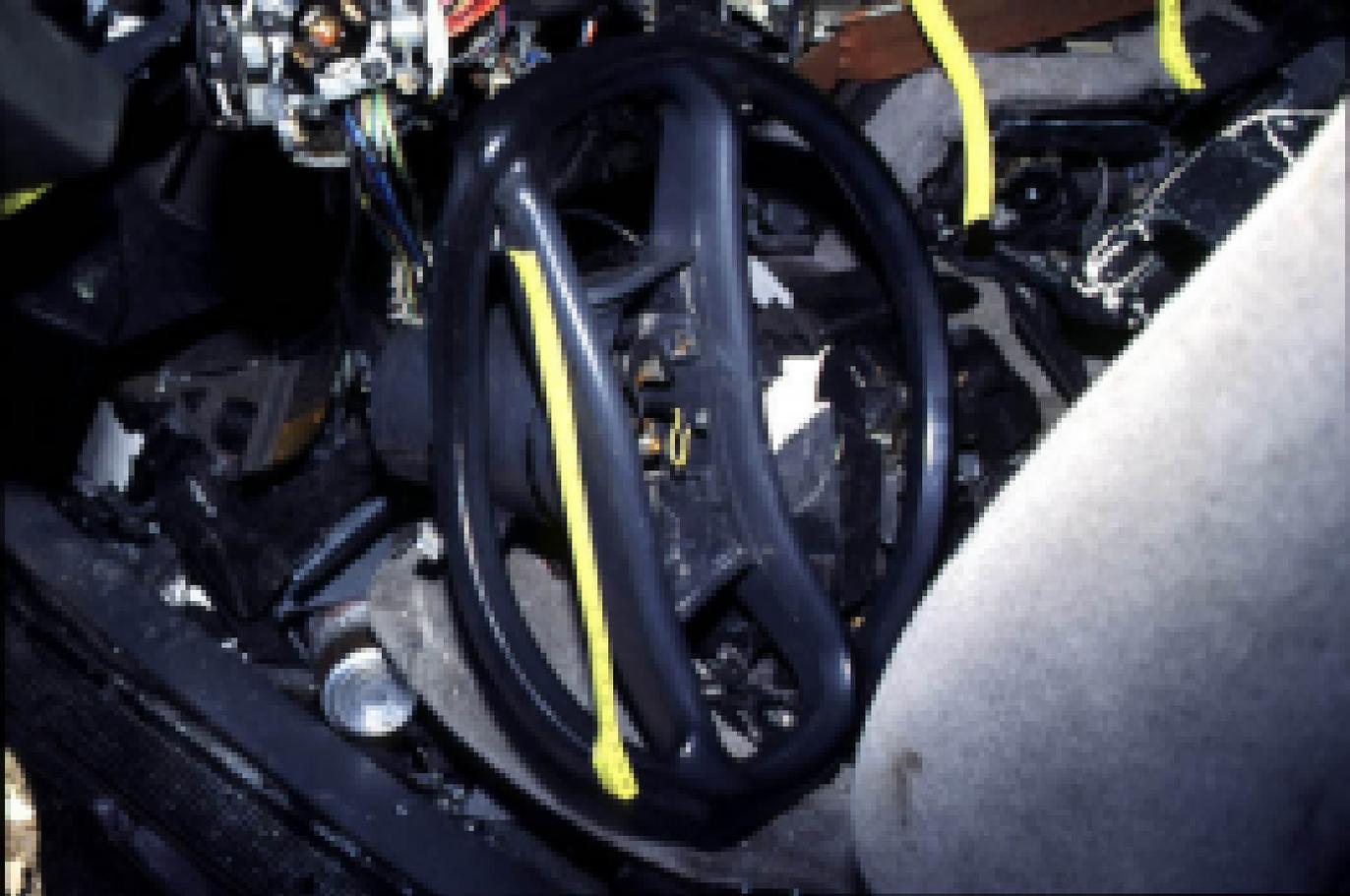
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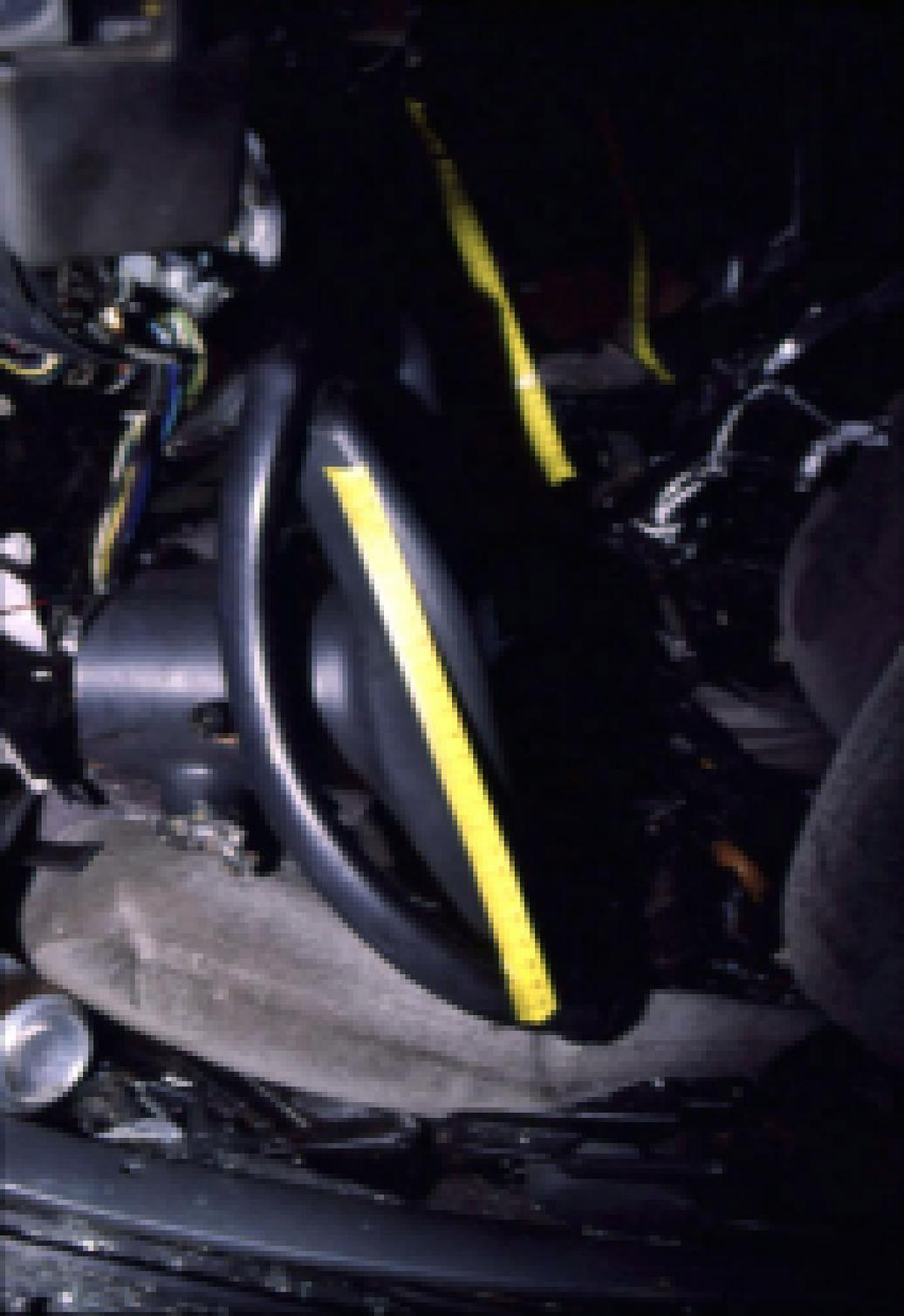
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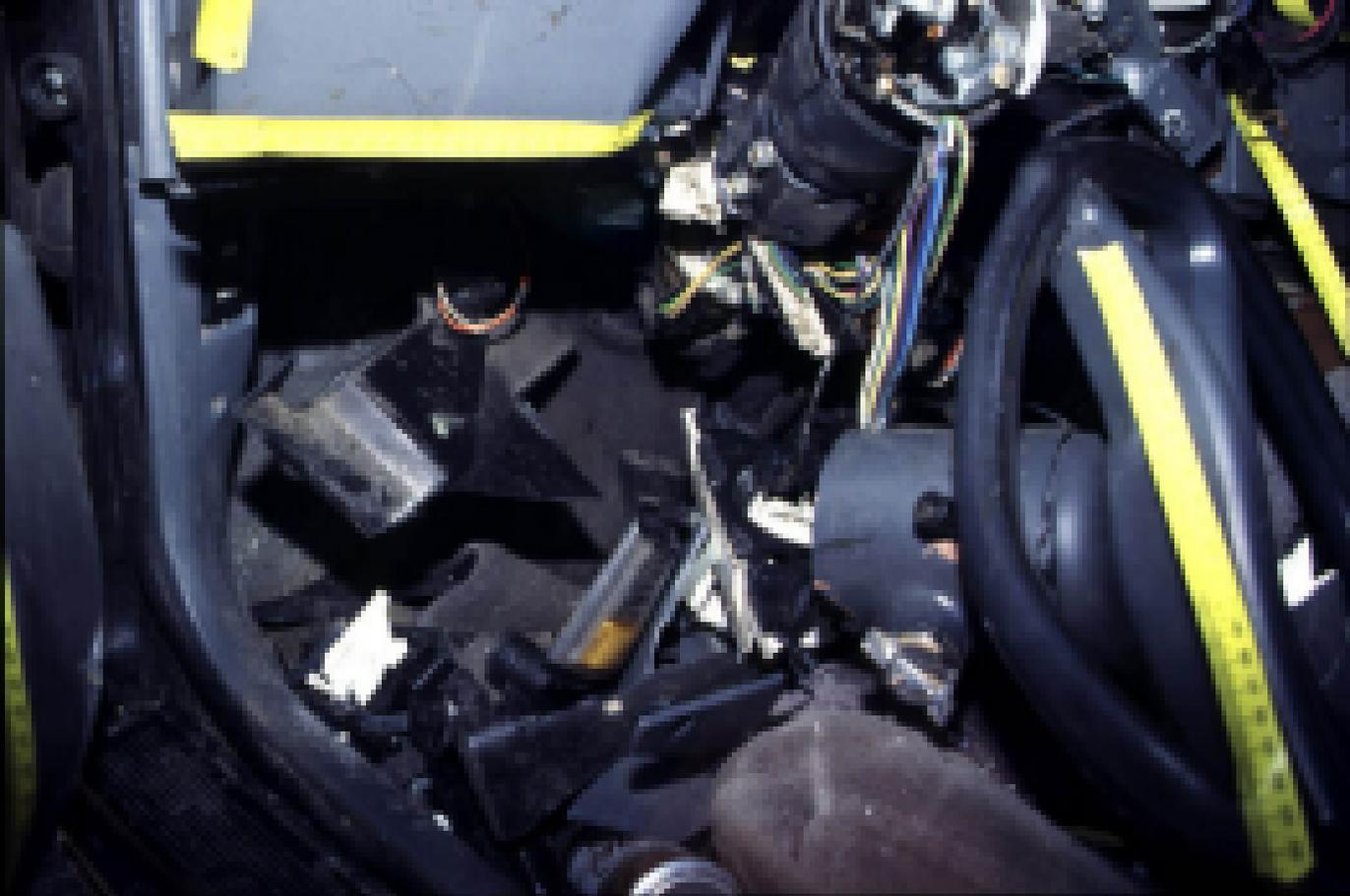
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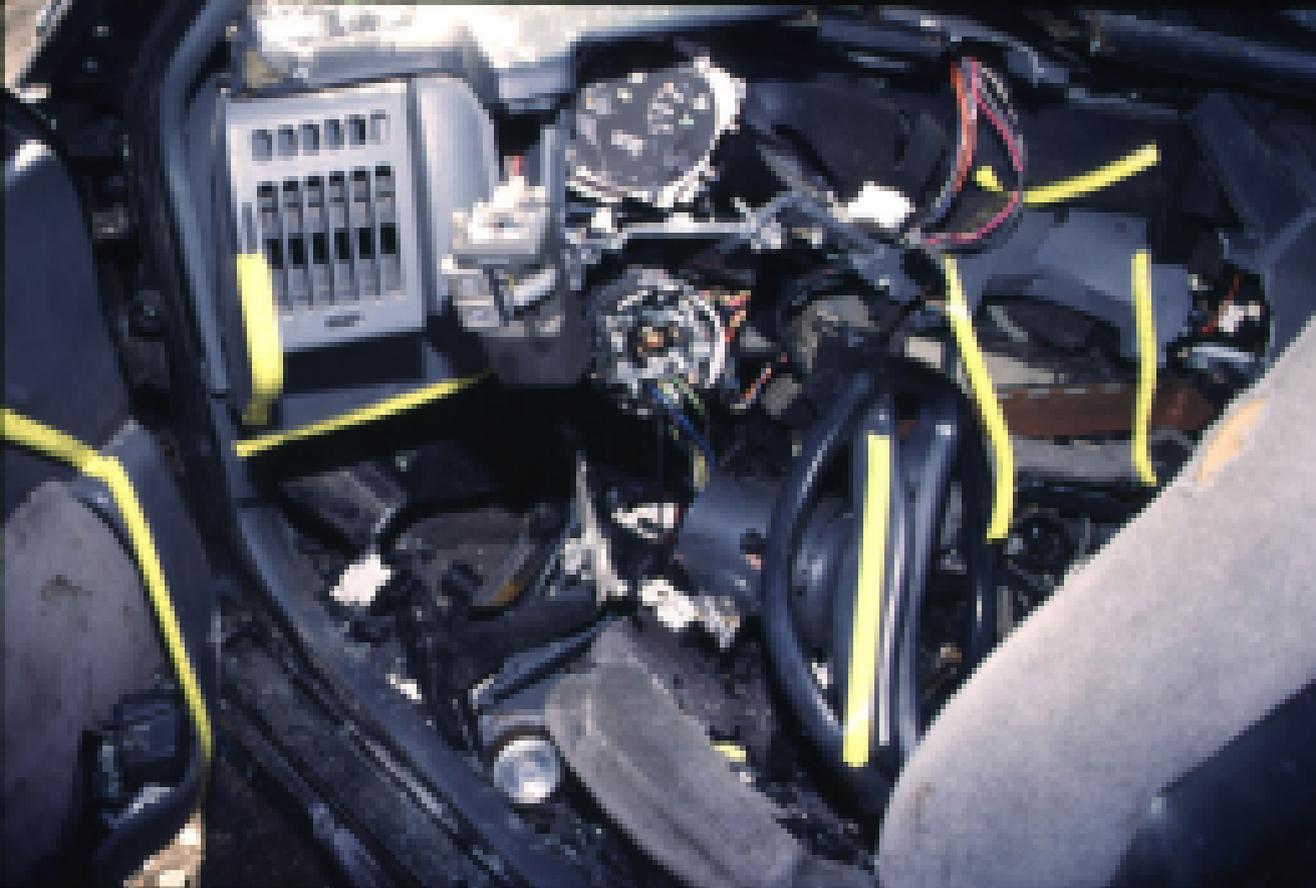
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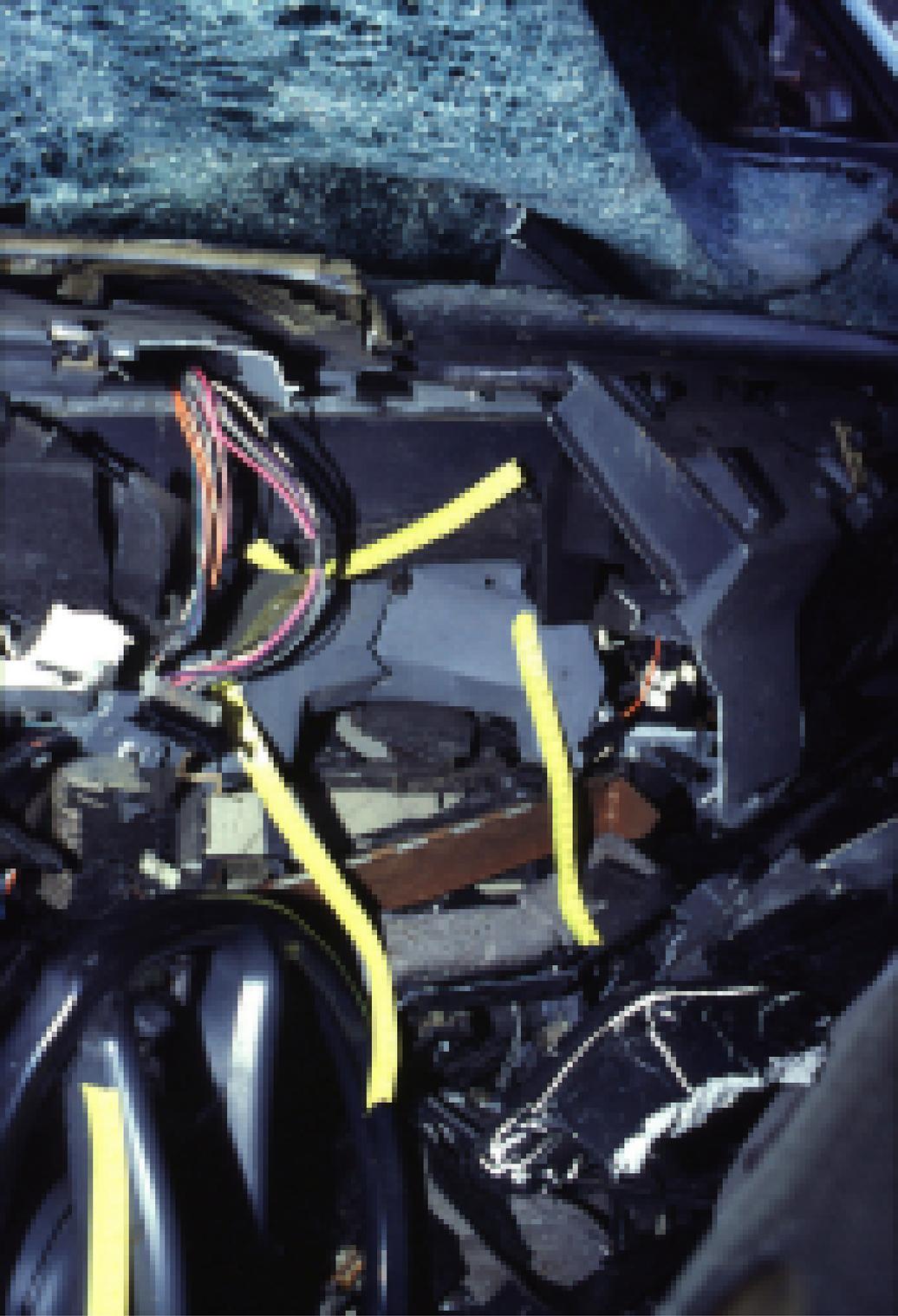
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PSU 12-025B (1994) #120
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PSU 12-025B (1994) #121
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PSU 12-025B (1994) #122
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