



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. 200j TYPE OF ACCIDENT 3 car/intersection

**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 westbound on a 4 lane 2 way asphalt roadway entering the intersection at the same time north bound vehicle 2 was crossing through throwing vehicle 2 into stopped southbound vehicle 3. vehicle 1 then continued through the intersection onto the north curb. Vehicle 1 driver fled on foot and the driver of vehicle 2 was transported for treatment of injuries. Vehicle 1 and 2 were towed while 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	Fullsize	1988 Buick LeSabre	front	moderate	none
2	Subcompact	1990 Honda Civic	right	severe	none
3	Intermediate	1989 Lincoln Continental	front	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	unk	<i>not injured</i>	—	—	—
2	driver	left front	auto lap shoulder	<i>liver</i>	<i>laceration</i>	<i>2</i>	<i>④ side restraint</i>

**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**

12-2005



██████████ Ave

4 lane 2 way.  
curbed  
straight  
SB slope  
-3/71  
asphalt  
speed 30

██████████ Ave.

██████████ ██████████

4 lane 2 way  
curbed  
straight  
slope 0  
speed 30

just  
Ⓜ turn

lane  
30' long

Cement  
median



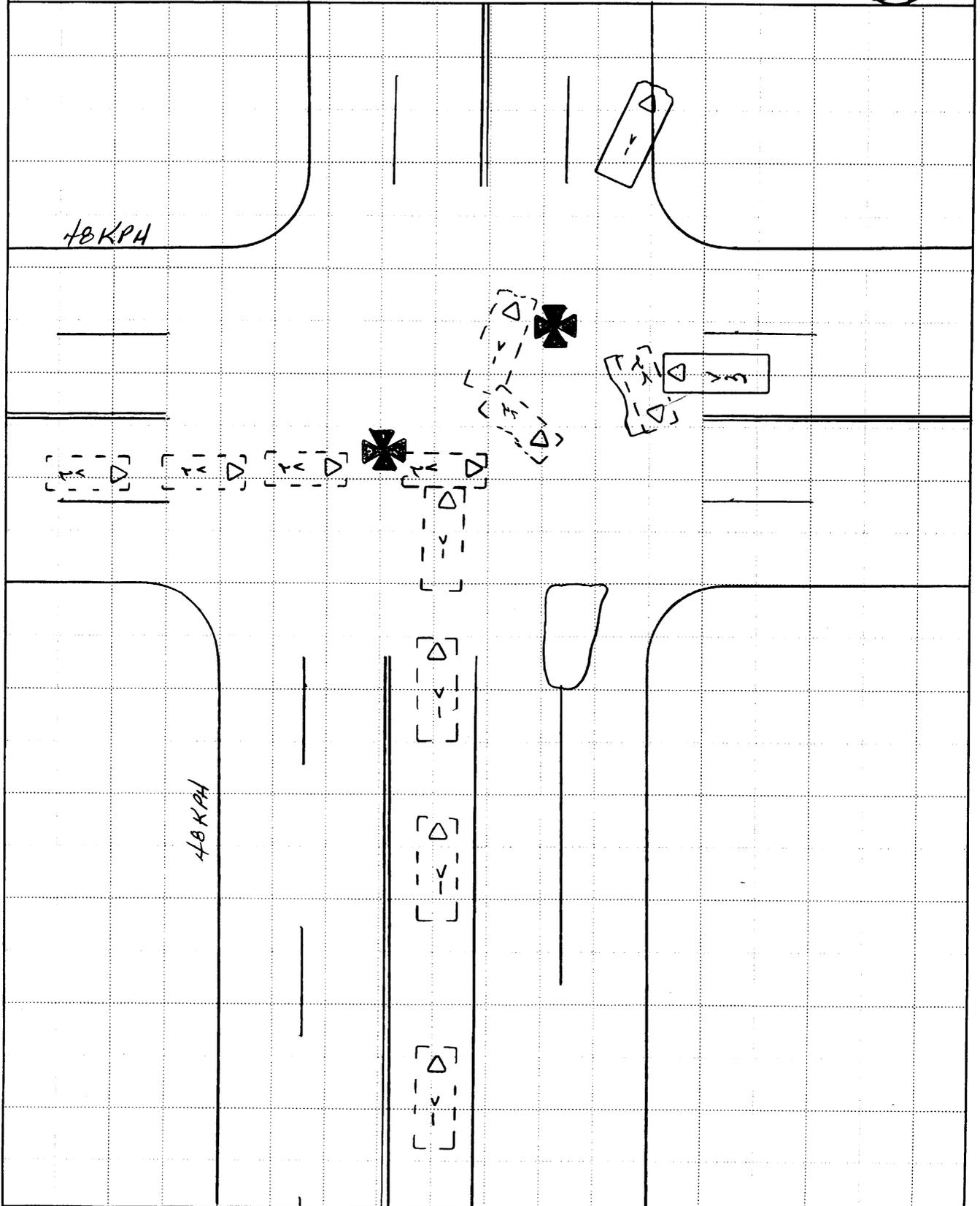


# ACCIDENT COLLISION DIAGRAM

PSU No. 12

Case Number—Stratum 200J

Indicate  
North









# ACCIDENT FORM

1. Primary Sampling Unit Number 12  
2. Case Number - Stratum 200J

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 03  
4. Date of Accident (Month,Day,Year) ███/███/94  
5. Time of Accident 0652  
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. 0 SS17 Impact Fires 0  
9. 0 SS18 \_\_\_\_\_ 0  
10. 0 SS19 \_\_\_\_\_ 0

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02  
Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

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

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

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

*Last event on PAR is excluded per conversation w/ [redacted] - June 1*

## CODES FOR CLASS OF VEHICLE

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

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

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

### TDC APPLICABLE VEHICLES

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

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- 
- (35) Noncollision injury
  - (38) Other noncollision (specify):

- 
- (39) Noncollision — details unknown

### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

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

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

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

- 
- (69) Unknown fixed object

### Collision with Nonfixed Object

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

- 
- (75) Vehicle occupant
  - (76) Animal
  - (77) Train
  - (78) Trailer, disconnected in transport
  - (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 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 1480  
1477 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
  
3,256 lbs X .4536 = 1477 kgs  
 Source: \_\_\_\_\_
- 20. Vehicle Cargo Weight 0000  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0  
  
 (0) No override/underride, or not an end-to-end impact  
  
*Override (see specific CDC)*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
*Underride (see specific CDC)*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
 (7) Medium/heavy truck or bus override  
 (9) Unknown

**RECONSTRUCTION DATA**

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

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

- Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown
- 27. Heading Angle For This Vehicle 271
  - 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	22 SLOWER 24, 25, 27	24 DECCEL. 26, 28, 31	25 AVOID COLLISION WITH VEH.	26 AVOID COLLISION WITH VEH.	27 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH VEH.	29 AVOID COLLISION WITH VEH.	30 AVOID COLLISION WITH VEH.	31 AVOID COLLISION WITH VEH.	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 CONTROL/ TRACTION LOSS	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	45	46	47	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN						
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN								
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 CONTROL/ TRACTION LOSS	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	77 TURN INTO SAME DIRECTION	78 TURN INTO SAME DIRECTION	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	88	(EACH - 89) SPECIFICS OTHER	(EACH - 91) SPECIFICS 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							

**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

0 0

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)

0 1

- (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



# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>12</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>200J</u>	<u>952 114B</u>

## VEHICLE IDENTIFICATION

VIN 1G4HP54C8JH [REDACTED] Model Year 88  
 Vehicle Make (specify): Buick Vehicle Model (specify): Le Sabre

## LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>1</u>	<u>beg. of D goes across to front corner</u>	<u>whole front bumper</u>
<u>2</u>	<u>beg. of B near bumper corner</u>	<u>beg. 57cm of D near corner</u>
	<u>Card set @ 99cm from veh.</u>	<u>OAL</u>

## 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 <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
<u>1</u>	<u>front bumper</u>	<u>146</u>	<u>65</u>	<u>146</u>	<u>29</u>	<u>24</u>	<u>25</u>	<u>27</u>	<u>32</u>	<u>65</u>	<u>0</u>
	<u>free space</u>		<u>8</u>		<u>8</u>	<u>4</u>	<u>2</u>	<u>2</u>	<u>4</u>	<u>8</u>	
	<u>result</u>		<u>57</u>		<u>21</u>	<u>20</u>	<u>23</u>	<u>25</u>	<u>28</u>	<u>57</u>	
			<sup>to C6</sup>								
<u>* 2</u>	<u>rear bumper</u>	<u>39</u>	<u>19</u>	<u>108</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>9</u>	<u>13</u>	<u>12</u>	<u>+</u>
	<u>free space</u>		<u>6</u>		<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>6</u>	
	<u>result</u>										
<u>* 3</u>	<u>excluded due to stabilization of accident event</u>										

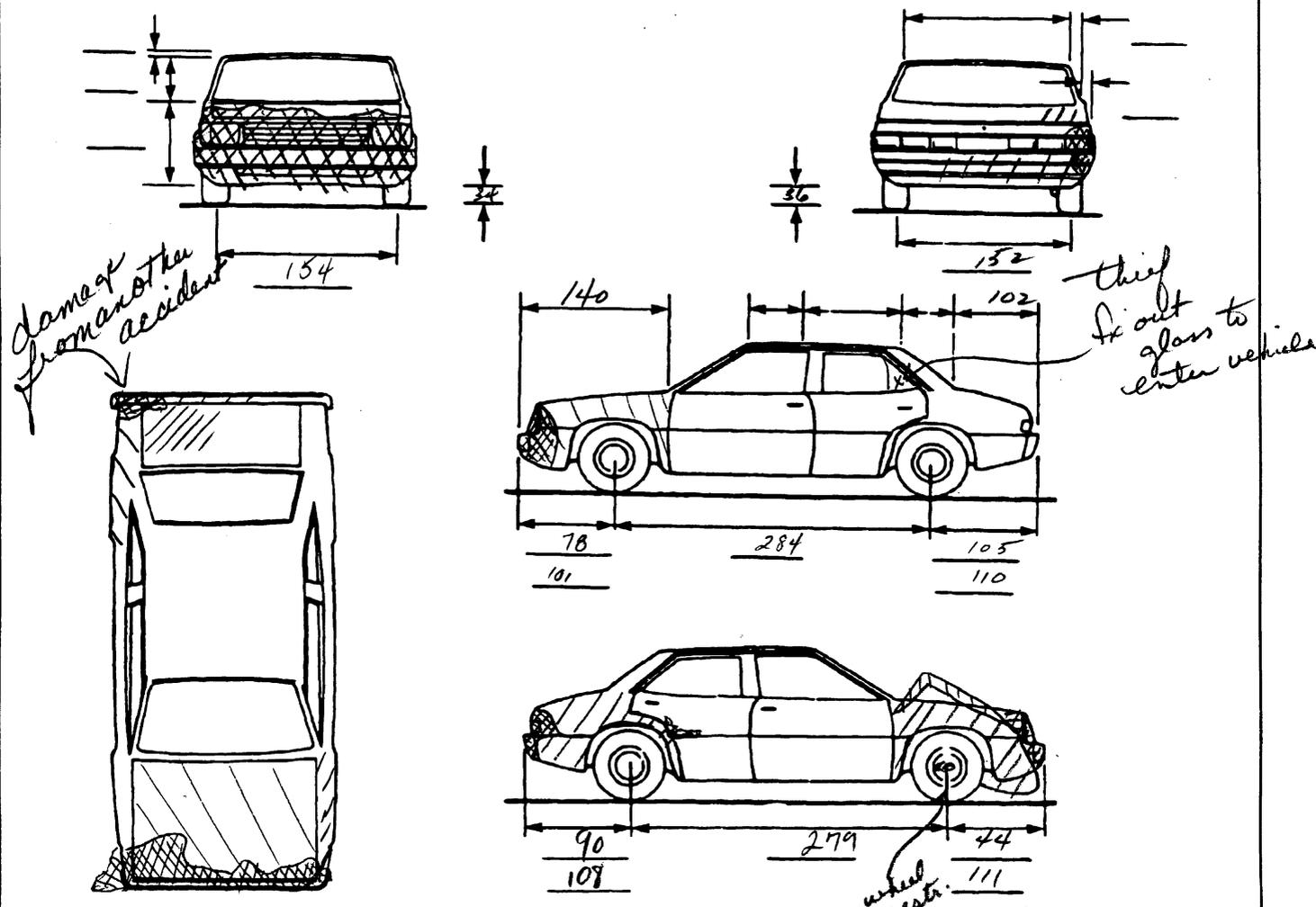
# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>110.8</u>	inches x 2.54 =	_____ cm
Overall Length	<u>196.5</u>	inches x 2.54 =	_____ cm
Maximum Width	<u>72.4</u>	inches x 2.54 =	_____ cm
Curb Weight	<u>3,256</u>	pounds x .4536 =	____,____ kg
Average Track	<sup>60.3</sup> <sub>59.8</sub> _____	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

### VEHICLE DAMAGE SKETCH

<p><b>TIRE—WHEEL DAMAGE</b></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>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>281</u> cm</p> <p>Overall Length <u>499</u> cm</p> <p>Maximum Width <u>184</u> cm</p> <p>Curb Weight <u>1477</u> kg</p> <p>Average Track <u>153</u> cm</p> <p>Front Overhang <u>108</u> cm</p> <p>Rear Overhang <u>110</u> cm</p> <p>Undeformed End Width <u>167</u> cm</p> <p>Engine Size: cyl./displ. <u>V6/3.8L</u> L</p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>0</u> ° LF ± <u>0</u> ° RR ± <u>   </u> ° LR ± <u>   </u> °</p> <p>Within ± 5 degrees</p> <hr/> <p><b>DRIVE WHEELS</b></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>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual   <input checked="" type="checkbox"/> Automatic</p>		

**MEASUREMENTS IN CENTIMETERS**



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

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



### 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. <sup>70</sup> <u>LR</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

WAS CRASH CHARGE  
1st Review:       
2nd Review:     

**Second Highest Delta "V"**

12. <u>    </u>	13. <u>    </u>	14. <u>    </u>	15. <u>    </u>	16. <u>    </u>	17. <u>    </u>	18. <u>    </u>	19. <u>    </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. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>167</u>	<u>021</u>	<u>020</u>	<u>023</u>	<u>025</u>	<u>028</u>	<u>057</u>	<u>+ 000</u>

**Second Highest Delta "V"**

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

26. Are CDCs Documented but Not Coded on The Automated File? <u>0</u> (0) No (1) Yes	27. Researcher's Assessment of Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	28. Original Wheelbase <u>281</u> Code to the nearest centimeter (999) Unknown
$\underline{110.8} \text{ inches} \times 2.54 = \underline{281} \text{ centimeters}$		

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?                  (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><u>0</u></p>	<p>34. Fuel Tank-1 Location <span style="float: right;"><u>4</u></span>                  35. Fuel Tank-2 Location <span style="float: right;"><u>0</u></span>                  (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 <span style="float: right;"><u>0</u></span>                  (0) No fire                   Yes, fire occurred                  (1) Minor                  (2) Major                  (9) Unknown</p>	<p><u>0</u></p>	<p>36. Fuel Tank-1 Filler Cap Location <span style="float: right;"><u>2</u></span>                  37. Fuel Tank-2 Filler Cap Location <span style="float: right;"><u>0</u></span>                  (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 <span style="float: right;"><u>0</u></span>                  (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><u>0</u></p>	<p>38. Fuel Tank-1 Damage <span style="float: right;"><u>1</u></span>                  39. Fuel Tank-2 Damage <span style="float: right;"><u>0</u></span>                  (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 <span style="float: right;"><u>1</u></span></p>	<p><u>1</u></p>	
<p>33. Type of Fuel Tank-2 <span style="float: right;"><u>0</u></span>                  (0) No fuel tank (electrical vehicle)                  (1) Metallic                  (2) Non-metallic                  (9) Unknown</p>	<p><u>0</u></p>	

<p>40. Location of Fuel System-1 Leakage <span style="float:right"><u>  1  </u></span></p> <p>41. Location of Fuel System-2 Leakage <span style="float:right"><u>  6  </u></span></p> <p>(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>42. Fuel Type-1 <span style="float:right"><u>  0  </u> <u>  1  </u></span></p> <p>43. Fuel Type-2 <span style="float:right"><u>  0  </u> <u>  0  </u></span></p> <p><i>Single Fuel Type</i></p> <p>(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): _____</p> <p>_____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>_____</p> <p>(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <span style="float:right"><u>  0  </u></span></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):</p> <p>Type of tank _____                  Tank location _____                  Filler cap location _____                  Tank damage _____                  Location of leakage _____                  Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p>
<p><b>COMMENTS</b></p> <p>_____</p>	

\*\*\* 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 200J  
3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 00  
(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 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

### Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

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

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

Door, Tailgate or Hatch Came Open During Collision

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

## GLAZING

### Glazing Damage from Impact Forces

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

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

### Glazing Damage from Occupant Contact

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

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

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

### Type of Window/Windshield Glazing

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

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

### Window Pre-crash Glazing Status

39. WS 1 40. LF 0 41. RF 0 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



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

**INTRUDING COMPONENT**

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): \_\_\_\_\_

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

*Exterior Components*

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

**LOCATION OF INTRUSION**

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

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

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

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

- (97) Catastrophic
- (98) Other enclosed area (specify) \_\_\_\_\_

- (99) Unknown

*Chove*

**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

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): by thief  
 (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  
 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

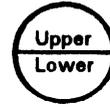
*Quarter Sections*

- (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 268,000  
268,325 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

166.734 miles X 1.6093 = 268.325 kilometers

Source: odometer

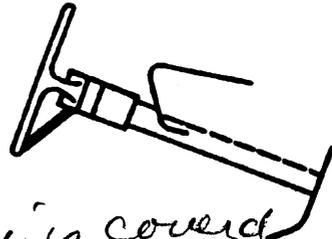
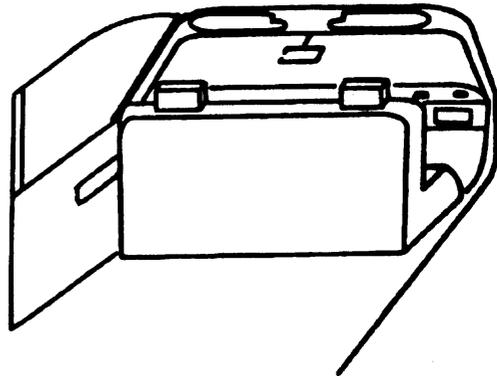
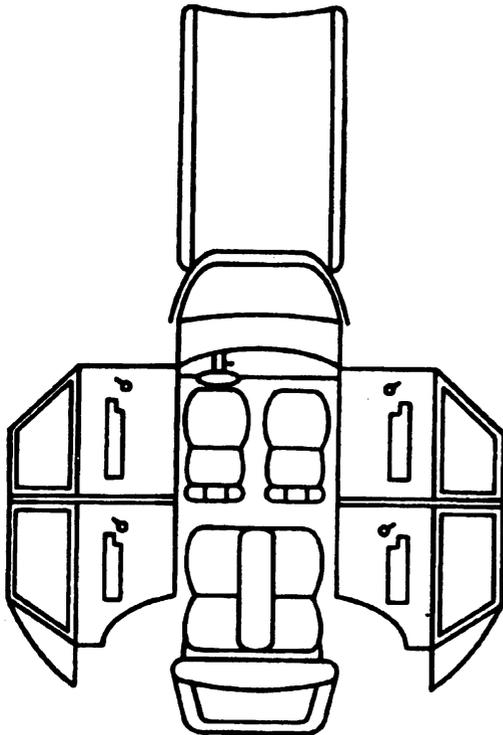
95. Instrument Panel Damage from Occupant Contact? 0  
 (0) No  
 (1) Yes  
 (9) Unknown

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

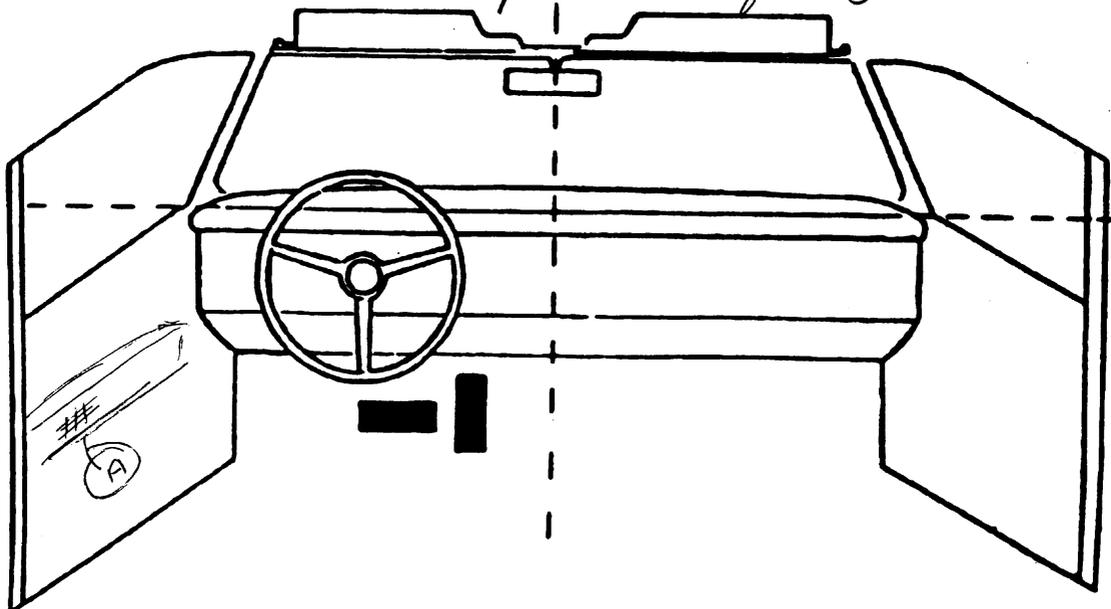
97. Did Glove Compartment Door Open During Collision(s)? 0  
 (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



*interior is covered  
w/ silver fingerprint powd.*



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	21	01	LTORSO	DEFORMED	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

**CODES FOR INTERIOR COMPONENTS**

**FRONT**

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

**LEFT SIDE**

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_
- (28) Left side window sill

**RIGHT SIDE**

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_
- (38) Right side window sill

**INTERIOR**

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

- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

**ROOF**

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

**FLOOR**

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

**REAR**

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

**CONFIDENCE LEVEL OF CONTACT POINT**

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## AUTOMATIC RESTRAINTS

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

### AIR BAGS

		Left	Right
F I R S T	Availability/Function	0	0
	Deployment		
	Failure		

**Air Bag System Availability/Function**

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment**

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

**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	1?	2
	Type	1	0
	Proper Use	1	0
	Failure Modes	1	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	03	00
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
SECOND	Availability	4	3	4
	Evidence of usage	04	03	04
	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.

<b>Occupant Number</b>						
<b>1. Type of Child Safety Seat</b>						
<b>2. Child Safety Seat Orientation</b>						
<b>3. Child Safety Seat Harness Usage</b>						
<b>4. Child Safety Seat Shield Usage</b>						
<b>5. Child Safety Seat Tether Usage</b>						
<b>6. Child Safety Seat Make/Model</b>	<b>Specify Below for Each Child Safety Seat</b>					

- 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):  
 \_\_\_\_\_

- 2. Child Safety Seat Orientation**  
 (00) No child safety seat  
**Designed for Rear Facing for This Age/Weight**  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):  
 \_\_\_\_\_  
 (09) Unknown orientation

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

- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight**  
 (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):  
 \_\_\_\_\_  
 (29) Unknown orientation

- (99) Unknown if child safety seat used

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEAD RESTRAINTS/SEAT EVALUATION**

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	1	0	0
	Seat Orientation	1	0	0
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	0	0	0
	Seat Orientation	0	0	0
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

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

**Seat Performance (this Occupant Position)**

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

**Seat Orientation (this Occupant Position)**

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

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

\_\_\_\_\_

**EJECTION/ENTRAPMENT DATA**

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

**EJECTION**      No [  ]      Yes [  ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Ejection**

- (1) Complete ejection
- (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 200J
- 3. Vehicle Number 01
- 4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 99  
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) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 

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

14. Ejection Medium 

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 

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

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 0

- (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 0 0

- (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 1

- (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) 06

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

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (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 CONSEQUENCES**34. Injury Severity (Police Rating) 0

- (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

- \_\_\_\_\_ 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 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 1st Review
- (1) Automatic belt in use 2nd Review
- (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 A

- (0) Not equipped/not available/not used or rendered inoperative
- (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) +

- (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 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  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  00  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the  $\text{HCO}_3$   
 (96) ABGs reported,  $\text{HCO}_3$  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

PSU NUMBER	<u>12</u>
CASE NUMBER	<u>200J</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>01</u>

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) \_\_\_\_\_

**OCCUPANT RELATED**

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

- 24. Rollover 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 1,000  
965 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
  
2,127 lbs X .4536 = 965 kgs  
 Source: [REDACTED]
- 20. Vehicle Cargo Weight 0000  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0  
  
 (0) No override/underride, or not an end-to-end impact  
  
*Override (see specific CDC)*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
*Underride (see specific CDC)*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
 (7) Medium/heavy truck or bus override  
 (9) Unknown

**RECONSTRUCTION DATA**

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

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

- Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown
- 27. Heading Angle For This Vehicle 000
  - 28. Heading Angle For Other Vehicle 271

Category	Configuration	ACCIDENT TYPES (Includes Intent)											
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN							
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN							
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN						
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 24, 25, 27	24 DECEL. 26, 30, 31	25 AVOID COLLISION WITH VEH.	26 AVOID COLLISION WITH OBJECT	27 AVOID COLLISION WITH OBJECT	28 AVOID COLLISION WITH OBJECT	29 AVOID COLLISION WITH OBJECT	30 AVOID COLLISION WITH OBJECT	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 CONTROL/TRACTION LOSS	37 CONTROL/TRACTION LOSS	38 AVOID COLLISION WITH VEH.	39 AVOID COLLISION WITH OBJECT	40 AVOID COLLISION WITH OBJECT	41 AVOID COLLISION WITH OBJECT	(EACH - 42) SPECIFICS OTHER	(EACH - 43) SPECIFICS UNKNOWN		
	F Sideswipe Angle	44	45	46	47	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN						
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN								
	H Forward Impact	54 CONTROL/TRACTION LOSS	55 CONTROL/TRACTION LOSS	56 CONTROL/TRACTION LOSS	57 CONTROL/TRACTION LOSS	58 AVOID COLLISION WITH VEH.	59 AVOID COLLISION WITH OBJECT	60 AVOID COLLISION WITH OBJECT	61 AVOID COLLISION WITH OBJECT	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN		
	I Sideswipe Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN								
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME 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	77 TURN INTO SAME DIRECTION	78 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	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	88	(EACH - 89) SPECIFICS OTHER	(EACH - 90) SPECIFICS UNKNOWN								
VI Miscellaneous	M Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	96 Other Accident Type	98 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



# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>12</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>200J</u>	<u>95 21140</u>

## VEHICLE IDENTIFICATION

VIN 2HGED6451LH XXXXXXXXXX Model Year 90

Vehicle Make (specify): Honda Vehicle Model (specify): Civic

## LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>1</u>	<u>beg. 7cm ahead (R) rear axle</u>	<u>beg. 20 cm behind (R) front axle</u>
<u>2</u>	<u>beg. 29 cm ahead (R) rear axle</u>	<u>beg. 10 cm ahead (L) rear axle</u>
	<u>cord set @ 84 cm from center of veh.</u>	

## 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.

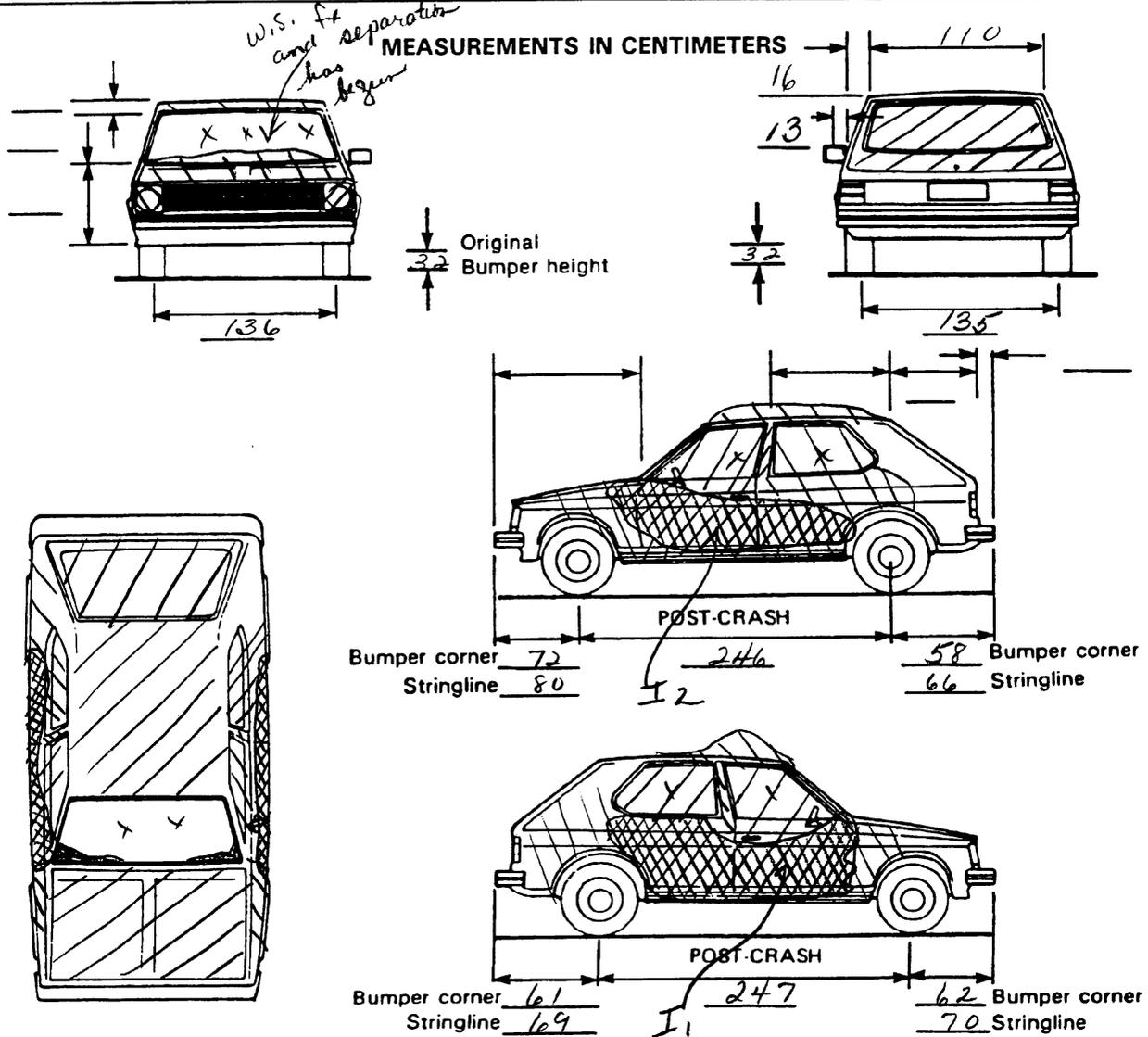
Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	MAX	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush									
<u>2</u>	<u>(L) lower panel</u>	<u>190</u>	<u>48</u>	<u>211</u>	<u>4</u>	<u>21</u>	<u>32</u>	<u>44</u>		<u>28</u>	<u>7</u>	<u>-30</u>
			<u>1</u>		<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>	<u>2</u>	
			<u>47</u>		<u>2</u>	<u>20</u>	<u>31</u>	<u>43</u>		<u>27</u>	<u>5</u>	
<u>1</u>	<u>(R) midpanel</u>	<u>192</u>	<u>53</u>	<u>275</u>	<u>3</u>	<u>31</u>	<u>53</u>	<u>42</u>		<u>35</u>	<u>5</u>	<u>+29</u>
			<u>1</u>		<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>	<u>2</u>	
			<u>52</u>		<u>3</u>	<u>30</u>	<u>52</u>	<u>41</u>		<u>34</u>	<u>3</u>	



### VEHICLE DAMAGE SKETCH

<p><b>TIRE—WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted      b. Tire deflated</p> <p>RF <u>9</u>      RF <u>9</u>          LF <u>9</u>      LF <u>9</u>          RR <u>9</u>      RR <u>9</u>          LR <u>9</u>      LR <u>9</u></p> <p><i>Salvaged</i></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>250</u> cm          Overall Length <u>399</u> cm          Maximum Width <u>168</u> cm          Curb Weight <u>965</u> kg          Average Track <u>145</u> cm          Front Overhang <u>80</u> cm          Rear Overhang <u>69</u> cm          Undeformed End Width <u>157</u> cm          Engine Size: cyl./displ. <u>4</u> L</p>	<p><b>WHEEL STEER ANGLES</b>          (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °          LF ± _____ °          RR ± _____ °          LR ± _____ °</p> <p>Within ± 5 degrees</p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual    <input checked="" type="checkbox"/> Automatic</p>	<p><b>DRIVE WHEELS</b></p> <p><input checked="" type="checkbox"/> FWD    <input type="checkbox"/> RWD    <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>0</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>01</u>	6. <u>01</u> <u>02</u>	7. <u>R</u>	8. <u>P</u>	9. <u>A</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>03</u>	14. <u>09</u>	15. <u>L</u>	16. <u>D</u>	17. <u>E</u>	18. <u>W</u>	19. <u>03</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 <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ±D
<u>275</u>	<u>003</u>	<u>030</u>	<u>052</u>	<u>041</u>	<u>034</u>	<u>003</u>	<u>⊕029</u>

Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ±D
<u>211</u>	<u>002</u>	<u>020</u>	<u>031</u>	<u>043</u>	<u>027</u>	<u>005</u>	<u>⊕030</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 Code to the nearest centimeter (999) Unknown

250

98.4 inches X 2.54 = 250 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>4</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>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>36. Fuel Tank-1 Filler Cap Location <u>4</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>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>	
	<p>38. Fuel Tank-1 Damage <u>1</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>

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 200 J  
 3. Vehicle Number 02

## INTEGRITY

4. Passenger Compartment Integrity 06  
 (00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):  
\_\_\_\_\_
- (99) Unknown

### Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 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 6 17. RF 6 18. LR 6 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 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0  
 28. BL 0 29. Roof 0 30. Other 0

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

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

### Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 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

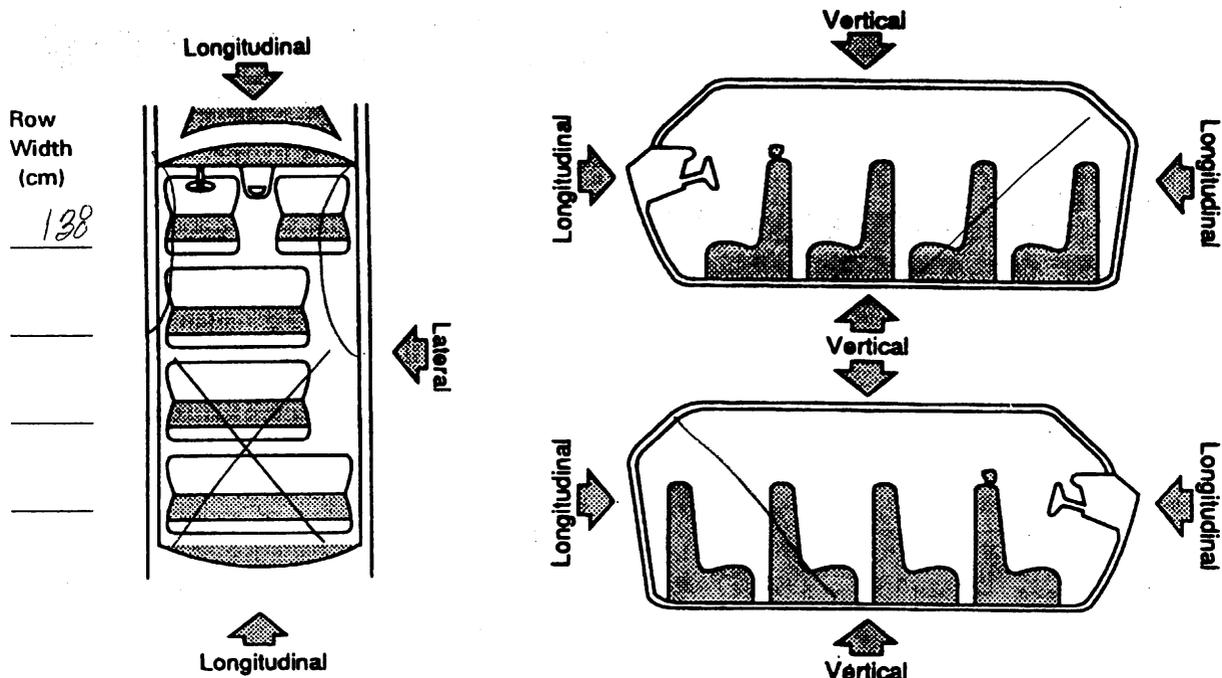
### Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 2 43. RR 2  
 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	A pillar	96	48	= 48	/at.	
11	door panel	96	35	= 61		
11	sill	92	40	= 52		
21	B pillar	96	45	= 51		
21	side panel	96	36	= 60		
11	roof rail	92	45	= 47		
21	roof rail	92	34	= 58		
11	R front seat	46	18	= 28		
12	R front seat	46	32	= 14		
13	door panel	96	33	= 63		
13	sill	92	32	= 60		
23	B pillar	96	23	= 73		
23	side panel	96	30	= 66		
13	A pillar	96	48	= 48		
		-		=		

Document no more than the 15 most severe intrusions

# 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.)

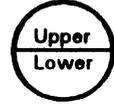
89. Blank X X X  
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

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  
 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 117,000  
116,549 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  
72,422 miles X 1.6093 = 116,549 kilometers  
 Source: odometer

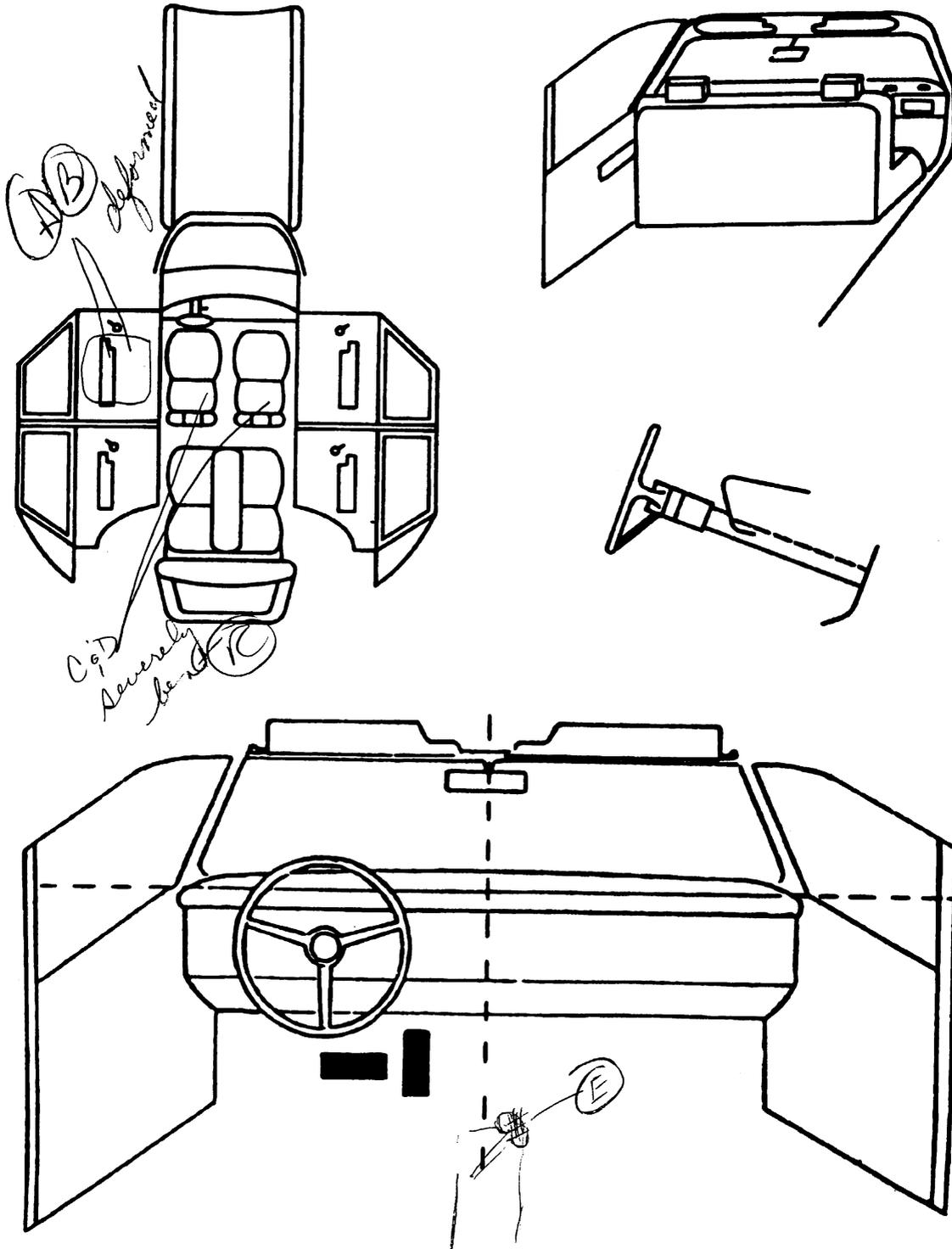
95. Instrument Panel Damage from Occupant Contact? 0  
 (0) No  
 (1) Yes  
 (9) Unknown

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)? 8  
 (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	21	1	(L) side	deformed	1
B	20	1	(L) side	deformed	1
C	40	1	(R) side	severely bent (R)	1
D	40	1	(R) side	" " "	1
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
<b>F I R S T</b>	Availability/Function	○	○
	Deployment	○	○
	Failure	○	○

**Air Bag System Availability/Function**

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
\_\_\_\_\_
- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment**

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

**Are There Indications of Air Bag System Failure?**

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

### AUTOMATIC BELTS

		Left	Right
<b>F I R S T</b>	Availability/Function	2	2
	Use	1	2
	Type	1	0
	Proper Use	1	0
	Failure Modes	1	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	4	0	4
	Evidence of usage	99	00	04
	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.

<b>Occupant Number</b>						
<b>1. Type of Child Safety Seat</b>						
<b>2. Child Safety Seat Orientation</b>						
<b>3. Child Safety Seat Harness Usage</b>						
<b>4. Child Safety Seat Shield Usage</b>						
<b>5. Child Safety Seat Tether Usage</b>						
<b>6. Child Safety Seat Make/Model</b>	<b>Specify Below for Each Child Safety Seat</b>					

- 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
<b>F I R S T</b>	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	6	0	6
	Seat Orientation	1	0	1
<b>S E C O N D</b>	Head Restraint Type/Damage	0	0	0
	Seat Type	04	00	04
	Seat Performance	6	0	6
	Seat Orientation	1	0	1
<b>T H I R D</b>	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
<b>O T H E R</b>	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other Specify: \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

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

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): *3:2 doors pushed seats into each other*
- (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 200J  
 3. Vehicle Number 02  
 4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 34  
 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 163  
 Code actual height to the nearest centimeter.  
 (999) Unknown  
64 inches X 2.54 = 163 centimeters

8. Occupant's Weight 058  
 Code actual weight to the nearest kilogram.  
 (999) Unknown  
128 pounds X .4536 = 058 kilograms

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

## OCCUPANT'S SEATING

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

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

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

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

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

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

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

## EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

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

## RESTRAINT SYSTEM EVALUATION

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 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 Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position)

02

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

27. Seat Performance (this Occupant Position)

6

- (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): D/R doors pushed seats into ea. other
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**CHILD SAFETY SEAT**

28. Child Safety Seat Make/Model   0     0     0    
 (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   0     0    
 (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   0     0  

32. Child Safety Seat Shield Usage   0     0  

33. Child Safety Seat Tether Usage   0     0  

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether  
 added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market  
 harness/shield/tether added  
 (09) Unknown if harness/shield/tether  
 added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

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

35. Treatment - Mortality 3

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

*Nonfatal*

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

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

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

37. Hospital Stay 06

- (00) Not Hospitalized
- 6 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 38

- 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 08

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

**AUTOMATIC BELT SYSTEM**

44. Automatic (Passive) Belt System Availability/ Function 2

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

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

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 1

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

47. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

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

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

48. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

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

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

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

- (9) Unknown

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? 9  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 19  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> 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>200J</u>	4. Occupant Number <u>01</u>

## INJURY DATA

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

Source of Injury Data	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	Injury Source				
<i>upper torso</i>	<i>Closed head injury</i>										
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>04</u>	9. <u>10</u>	10. <u>2</u>	11. <u>0</u>	12. <u>26</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
<i>liver laceration</i>											
2nd	16. <u>2</u>	17. <u>5</u>	18. <u>4</u>	19. <u>18</u>	20. <u>22</u>	21. <u>2</u>	22. <u>1</u>	23. <u>21</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
<i>spleen lac</i>											
3rd	27. <u>2</u>	28. <u>5</u>	29. <u>4</u>	30. <u>42</u>	31. <u>22</u>	32. <u>2</u>	33. <u>2</u>	34. <u>21</u>	35. <u>1</u>	36. <u>1</u>	37. <u>04</u>
①	<i>kidney lac</i>										
4th	38. <u>2</u>	39. <u>5</u>	40. <u>4</u>	41. <u>16</u>	42. <u>22</u>	43. <u>2</u>	44. <u>2</u>	45. <u>21</u>	46. <u>1</u>	47. <u>1</u>	48. <u>04</u>
②	<i>face abrasion</i>										
5th	49. <u>3</u>	50. <u>2</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>44</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
③	<i>shoulder cont</i>										
6th	60. <u>2</u>	61. <u>7</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>20</u>	68. <u>1</u>	69. <u>1</u>	70. <u>04</u>
<i>Chest cont</i>											
7th	71. <u>2</u>	72. <u>4</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>4</u>	78. <u>41</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
<i>upper abdomen cont</i>	<i>upper abdomen cont</i>										
8th	82. <u>2</u>	83. <u>5</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>7</u>	89. <u>41</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>



OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

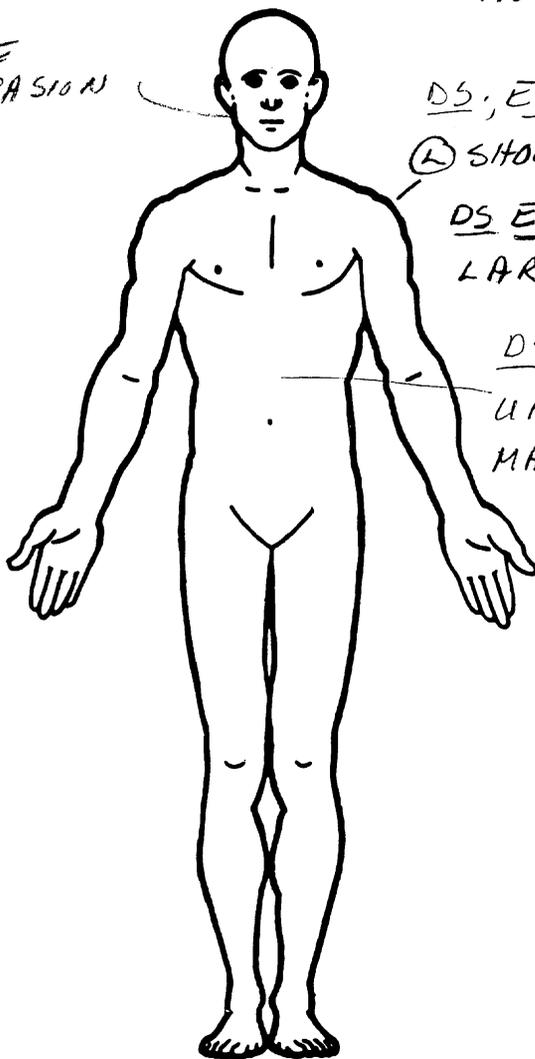
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

DS CLOSED HEAD INJURY; ⊕LOC; NO RECOLLECTION OF ACCIDENT

DS MULTIPLE CONTUSIONS OF TRUNK

ER

Ⓡ FACE  
ABRASION



DS, ER

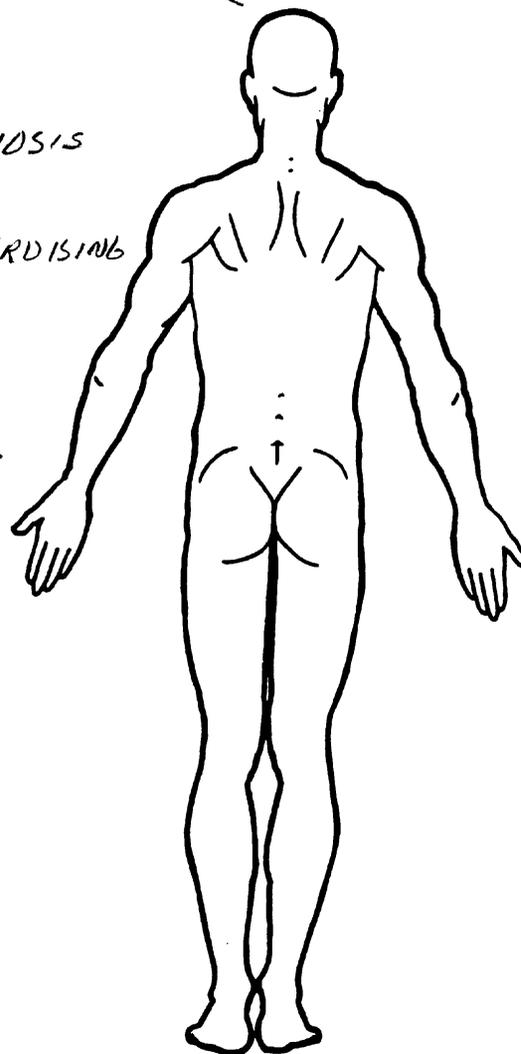
Ⓛ SHOULDER ECCHYMOSIS

DS, ER

LARGE AREA OF BRUISING  
SEAT BELT

DS, ER

UPPER ABDOMEN  
MARKED BRUISING



**SOURCE OF INJURY DATA**

**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

**UNOFFICIAL**

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

**INJURY SOURCE**

**FRONT**

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

**LEFT SIDE**

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

**RIGHT SIDE**

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

**INTERIOR**

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

**ROOF**

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

**FLOOR**

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

**REAR**

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

**EXTERIOR OF OCCUPANT'S VEHICLE**

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

**EXTERIOR OF OTHER MOTOR VEHICLE**

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

**OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

**NONCONTACT INJURY**

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

**INJURY SOURCE CONFIDENCE LEVEL**

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

**DIRECT/INDIRECT INJURY**

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

**OCCUPANT INJURY CLASSIFICATION**

**Body Region**

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

**Type of Anatomic Structure**

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

**Specific Anatomic Structure**

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

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

**Spine**

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

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

**Level of Injury**

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

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

**Abbreviated Injury Scale**

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

**Aspect**

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

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = NR

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = NR

Arterial Blood Gases

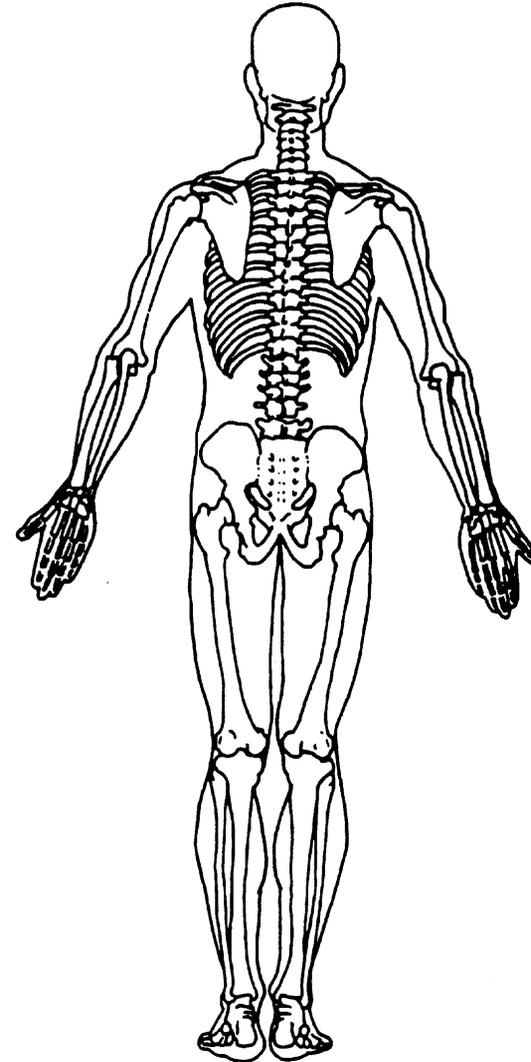
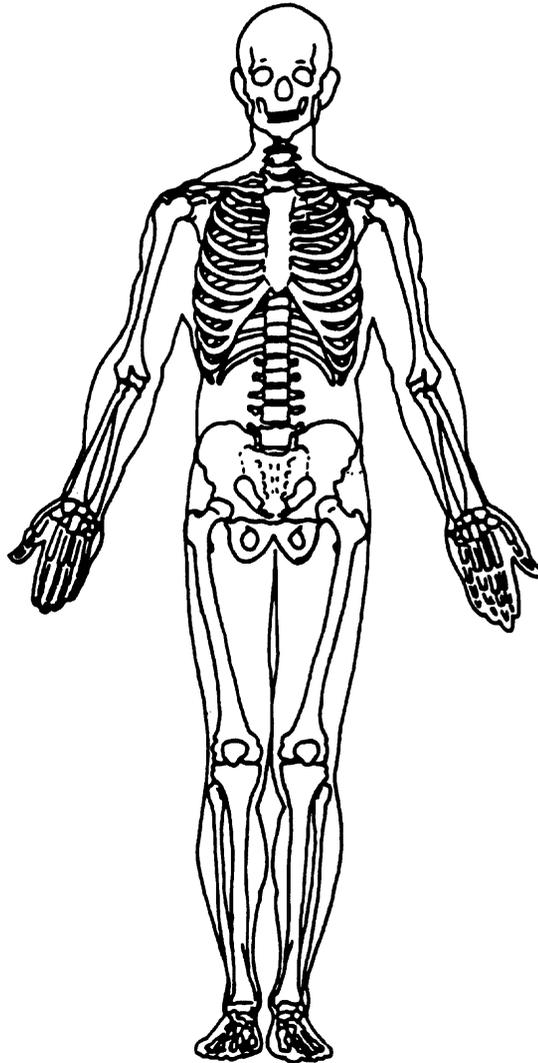
pH = 7

PO<sub>2</sub> = 7

PCO<sub>2</sub> = 7

HCO<sub>3</sub> = 19

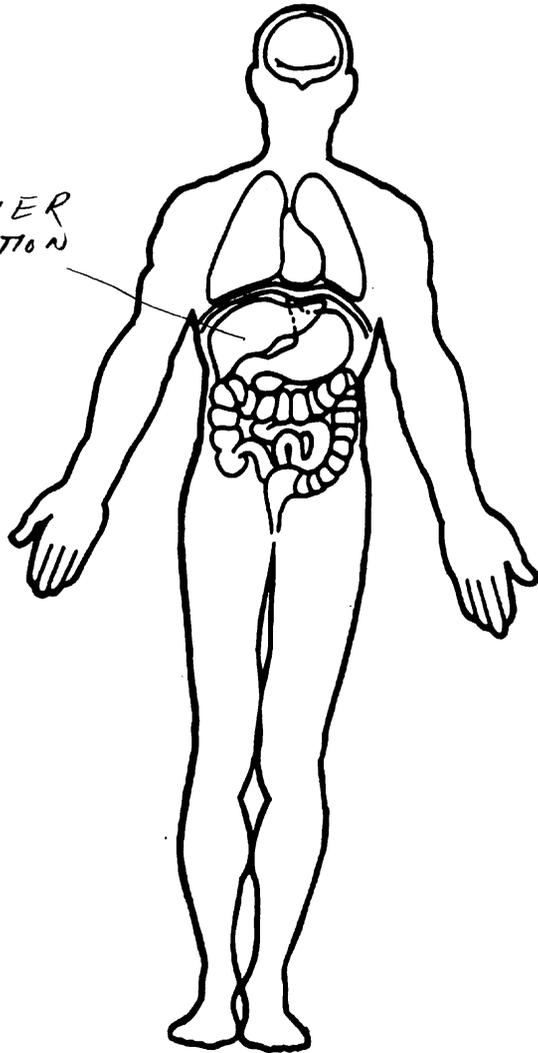
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — INTERNAL INJURIES

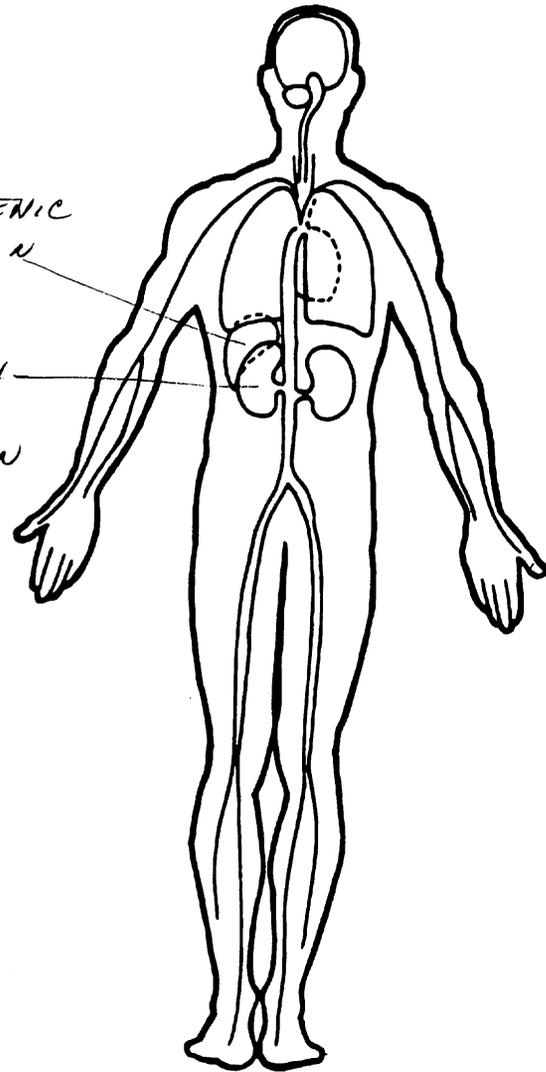
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

DS  
MILD LIVER  
LACERATION



DS  
SMALL SPLENIC  
LACERATION

DS  
Ⓟ KIDNEY  
SMALL  
LACERATION



**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 1,650  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
  
3,635 lbs X .4536 = 1,649 kgs  
 Source: \_\_\_\_\_
- 20. Vehicle Cargo Weight 0000  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0  
  
 (0) No override/underride, or not an end-to-end impact  
  
*Override (see specific CDC)*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
*Underride (see specific CDC)*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):  
 \_\_\_\_\_  
  
 (7) Medium/heavy truck or bus override  
 (9) Unknown

**RECONSTRUCTION DATA**

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

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

- Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown
- 27. Heading Angle For This Vehicle 180
  - 28. Heading Angle For Other Vehicle 068

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 23, 26, 27	24 DECEL. 25, 26, 27	28 DECEL. 29, 30, 31	30 SPECIFICS OTHER	31 SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/TRACTION LOSS	36 CONTROL/TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	35 SPECIFICS OTHER	37, 39, 41 SPECIFICS UNKNOWN
	F Sideswipe Angle	44	45	46	47	(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	55 SPECIFICS OTHER	57, 59, 61 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	71 INITIAL SAME DIRECTIONS	73	72	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	77 TURN INTO SAME DIRECTION	78	80 TURN INTO OPPOSITE DIRECTIONS	81	83	(EACH - 84) SPECIFICS OTHER
V Intersecting Paths (Vehicle Damage)	L Straight Paths	87	88	(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

**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)

04

- (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

12

CASE NUMBER

200J

VEHICLE NUMBER

03

# 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>200J</u>
VEHICLE NUMBER	<u>03</u>

# 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>200J</u>
VEHICLE NUMBER	<u>D3</u>
OCCUPANT NUMBER	<u>D1</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>200J</u>
VEHICLE NUMBER	<u>D3</u>
OCCUPANT NUMBER	<u>D1</u>

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) \_\_\_\_\_



# CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Identifying Title  
12 200J 01 95  
 Primary Case No.-Stratum Accident Event Date (Month, day, year) of Run  
 Sampling Unit Sequence No.

CRASHPC Vehicle Identification

Vehicle 1	<u>1988</u>	<u>Buick</u>	<u>Le Sabre</u>	<u>1</u>
Vehicle 2	<u>1990</u>	<u>Honda</u>	<u>Civic</u>	<u>2</u>
	Year	Make	Model	NASS Veh. No.

## GENERAL INFORMATION

VEHICLE 1			VEHICLE 2		
Size	<u>4</u>		Size	<u>1</u>	
Weight			Weight		
<u>1477</u> + <u>77</u> + <u>0</u> = <u>1554</u> kg			<u>965</u> + <u>58</u> + <u>0</u> = <u>1023</u> kg		
Curb Occupant(s) Cargo			Curb Occupant(s) Cargo		
CDC	<u>70 F D E W 3</u>		CDC	<u>02 R P A W 3</u>	
PDOF (-180 to +180)	<u>+0</u>		PDOF (-180 to +180)	<u>01</u>	<u>070</u>
Stiffness	<u>609</u>		Stiffness	<u>0301</u>	

*avg. per manual*

## SCENE INFORMATION

Rest and Impact Positions  No, Go To Damage Information  Yes

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

## VEHICLE MOTION

Sustained Contact  No  Yes

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

**FRICITION INFORMATION**

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

**TRAJECTORY INFORMATION**

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary [ ] No [ ] Yes

First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

VEHICLE 1

VEHICLE 2

Damage Length L 167 cm

Damage Length L 275 cm

Crush Depths C<sub>1</sub> 21 cm

Crush Depths C<sub>1</sub> 3 cm

C<sub>2</sub> 20 cm

C<sub>2</sub> 30 cm

C<sub>3</sub> 23 cm

C<sub>3</sub> 52 cm

C<sub>4</sub> 25 cm

C<sub>4</sub> 41 cm

C<sub>6</sub> 28 cm

C<sub>6</sub> 34 cm

C<sub>6</sub> 57 cm

C<sub>6</sub> 3 cm

Damage Offset D ± 000 cm

Damage Offset D ⊖ 29 cm

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

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

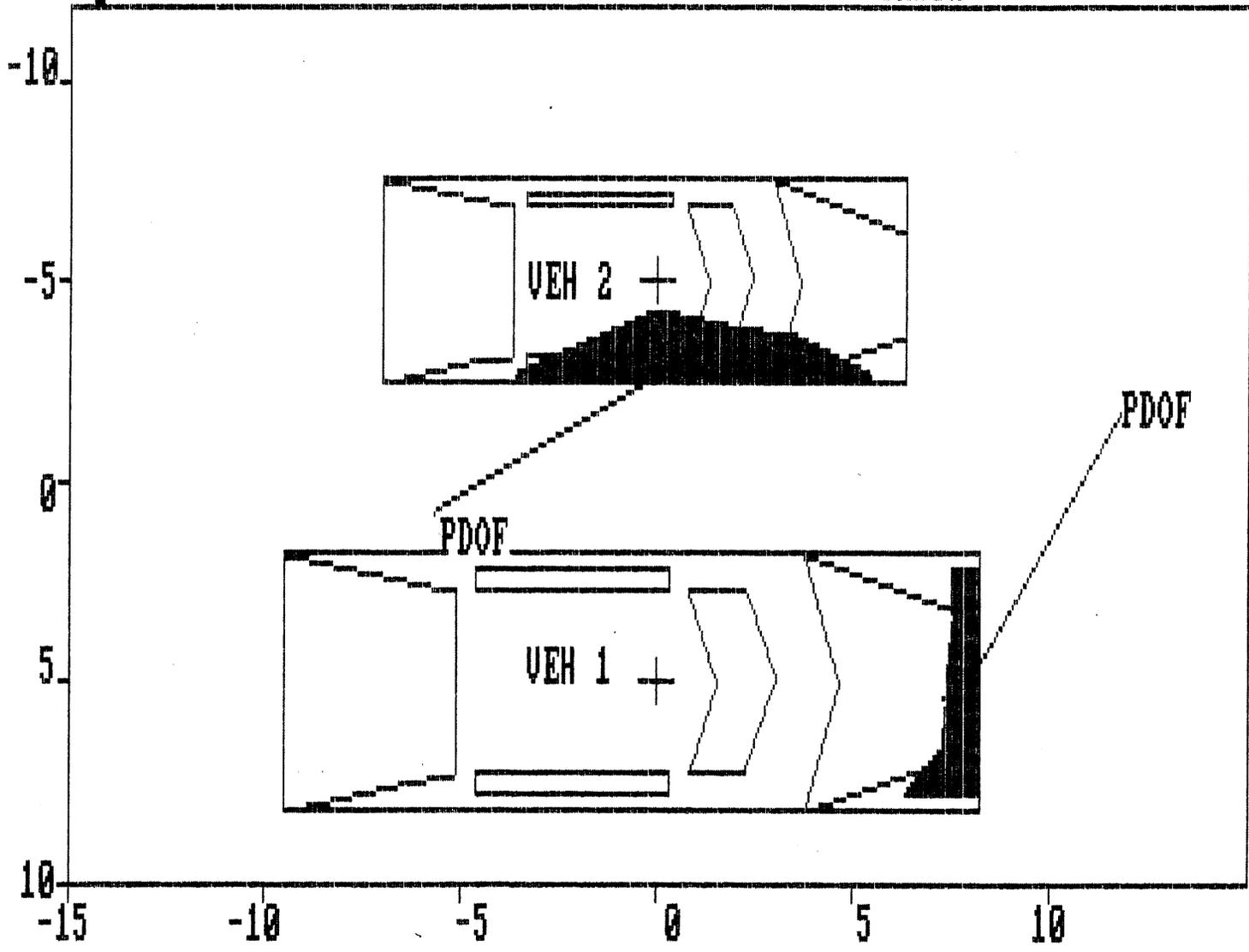
VIN: \_\_\_\_\_

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.

Printing Picture:

CRASH



DAMAGE DESCRIPTION

```

: INPUT          CALCULATE  TRAJECTORY  OUTPUT          GRAPHICS  EXIT          :
#####<

```

SUMMARY OF CRASHPC RESULTS USING DAMAGE

---

12 200J Z.C.RERUN

SPEED CHANGE  
(DAMAGE)

VEHICLE #1  
TOTAL 29 KPH ( 18 MPH)  
LONGITUDINAL -15 KPH ( -9 MPH)  
LATITUDINAL 25 KPH ( 16 MPH)  
PDOF ANGLE -60 DEGREES  
ENERGY DISSIPATED = 121517 JOULES ( 89615 FT-LB)

VEHICLE #2  
TOTAL 44 KPH ( 28 MPH)  
LONGITUDINAL -38 KPH ( -24 MPH)  
LATITUDINAL -22 KPH ( -14 MPH)  
PDOF ANGLE 30 DEGREES  
ENERGY DISSIPATED = 110127 JOULES ( 81214 FT-LB)

PRESS ANY KEY TO CONTINUE

```

: INPUT          CALCULATE  TRAJECTORY  OUTPUT          GRAPHICS  EXIT          :
#####<

```

DAMAGE DATA

---

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	4	1
STIFFNESS CATEGORY	9	1
VEHICLE WEIGHT	1554 KGS ( 3426 LBS)	1023 KGS ( 2255 LBS)
CDC	10FDEW3	01RPAW3
PDOF ANGLE	-60 DEGREES	30 DEGREES
CRUSH LENGTH	167 CM. ( 66 IN.)	275 CM. ( 108 IN.)
C1	21 CM. ( 8 IN.)	3 CM. ( 1 IN.)
C2	20 CM. ( 8 IN.)	30 CM. ( 12 IN.)
C3	23 CM. ( 9 IN.)	52 CM. ( 20 IN.)
C4	25 CM. ( 10 IN.)	41 CM. ( 16 IN.)
C5	28 CM. ( 11 IN.)	34 CM. ( 13 IN.)
C6	57 CM. ( 22 IN.)	3 CM. ( 1 IN.)
D	0 CM. ( 0 IN.)	29 CM. ( 11 IN.)
D'	13 CM. ( 5 IN.)	29 CM. ( 11 IN.)

(\* INDICATES DEFAULT VALUE)  
PRESS ANY KEY TO CONTINUE

#####<

DIMENSIONS AND INERTIAL PROPERTIES

---

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	139 CM. ( 55 IN.)	115 CM. ( 45 IN.)
CG TO REAR AXLE	150 CM. ( 59 IN.)	122 CM. ( 48 IN.)
TRACK	157 CM. ( 62 IN.)	130 CM. ( 51 IN.)
CG TO FRONT OF VEH	251 CM. ( 99 IN.)	193 CM. ( 76 IN.)
CG TO REAR OF VEH	-290 CM. (-114 IN.)	-213 CM. (-84 IN.)
CG TO SIDE OF VEH	98 CM. ( 39 IN.)	77 CM. ( 30 IN.)
MOMENT OF INERTIA	15116 KGS ( 33324 LBS)	5336 KGS ( 11763 LBS)
VEHICLE MASS	4 KGS ( 9 LBS)	3 KGS ( 6 LBS)

PRESS ANY KEY TO CONTINUE



GENERAL VEHICLE Vehicle: 1

11

INTRA ERRORS

1-4, then MODEL YEAR GV04 should

OGG0961 2 If ADPS VEHICLE GV36 equals  
GG0962 equal 89-98.

0

PSU12

ERROR SUMMARY SCREEN

██████████/95

CASE 200J

CURRENT VERSION: 7.03

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





PSU 12-200J (1994) #1



PSU 12-200J (1994) #2



PSU 12-200J (1994) #3



PSU 12-200J (1994) #4



PSU 12-200J (1994) #5



PSU 12-200J (1994) #6



PSU 12-200J (1994) #7



PSU 12-200J (1994) #8



PSU 12-200J (1994) #9



PSU 12-200J (1994) #10



PSU 12-200J (1994) #11



PSU 12-200J (1994) #12



PSU 12-200J (1994) #13



PSU 12-200J (1994) #14



PSU 12-200J (1994) #15



**PSU 12-200J (1994) #16**  
**Best Available**



PSU 12-200J (1994) #17



PSU 12-200J (1994) #18  
Best Available



PSU 12-200J (1994) #19



PSU 12-200J (1994) #20



**PSU 12-200J (1994) #21**  
**Best Available**



**PSU 12-200J (1994) #22**  
**Best Available**



**PSU 12-200J (1994) #23**  
**Best Available**



**PSU 12-200J (1994) #24**  
**Best Available**



PSU 12-200J (1994) #25



**PSU 12-200J (1994) #26**  
**Best Available**



**PSU 12-200J (1994) #27**  
**Best Available**



**PSU 12-200J (1994) #28**  
**Best Available**



PSU 12-200J (1994) #29



PSU 12-200J (1994) #30



PSU 12-200J (1994) #31



PSU 12-200J (1994) #32



PSU 12-200J (1994) #33



PSU 12-200J (1994) #34



FSU 12-200J (1994) #35



PSU 12-200J (1994) #36



PSU 12-200J (1994) #37



PSU 12-200J (1994) #38



PSU 12-200J (1994) #39



**PSU 12-200J (1994) #40**



PSU 12-200J (1994) #41



PSU 12-200J (1994) #42



PSU 12-200J (1994) #43



PSU 12-200J (1994) #44



PSU 12-200J (1994) #45



**PSU 12-200J (1994) #46**



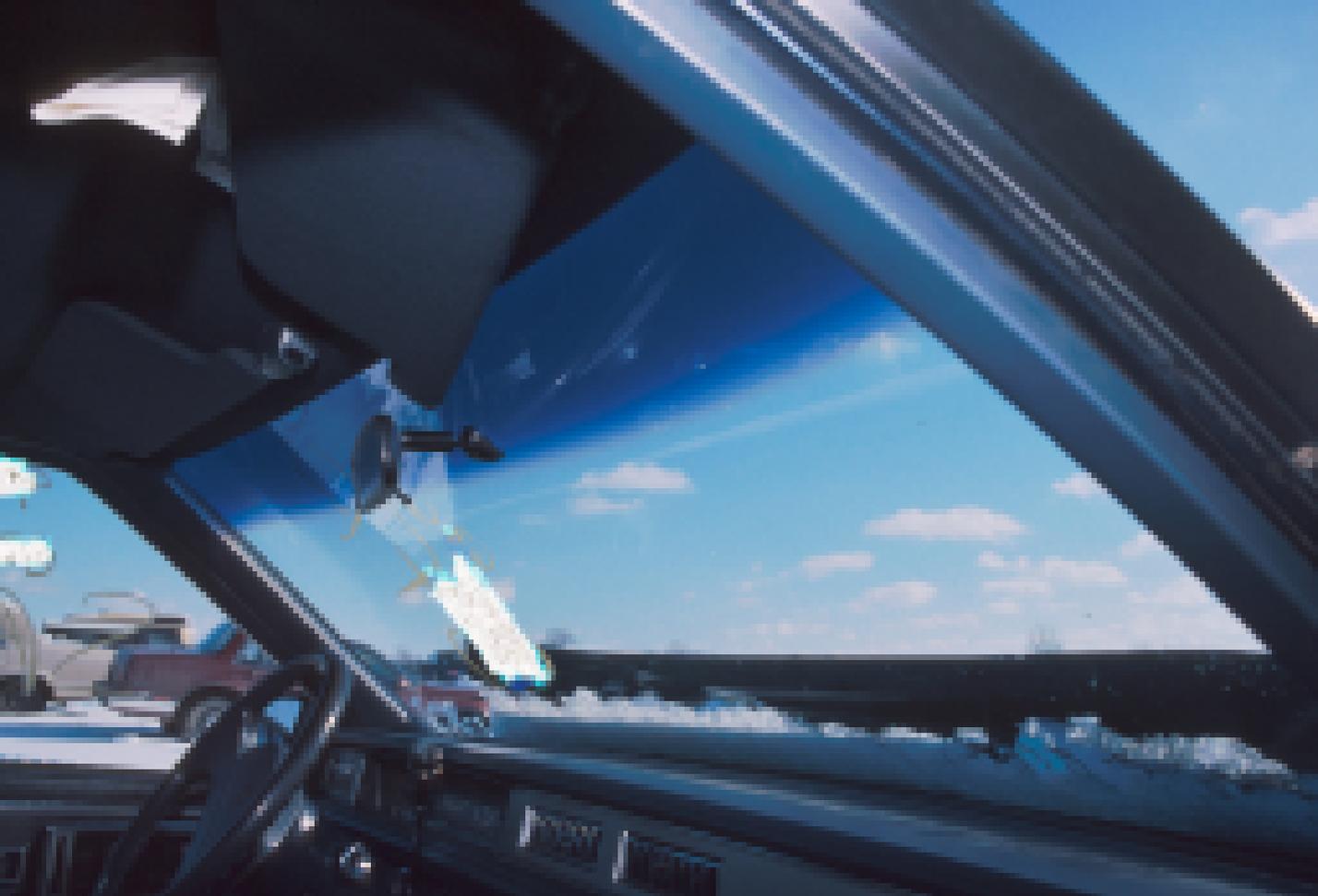
FSU 12-200J (1994) #47



PSU 12-200J (1994) #48



PSU 12-200J (1994) #49



PSU 12-200J (1994) #50



PSU 12-200J (1994) #51



PSU 12-200J (1994) #52



PSU 12-200J (1994) #53



PSU 12-200J (1994) #54



PSU 12-200J (1994) #55



PSU 12-200J (1994) #56



PSU 12-200J (1994) #57



PSU 12-200J (1994) #58



PSU 12-200J (1994) #59



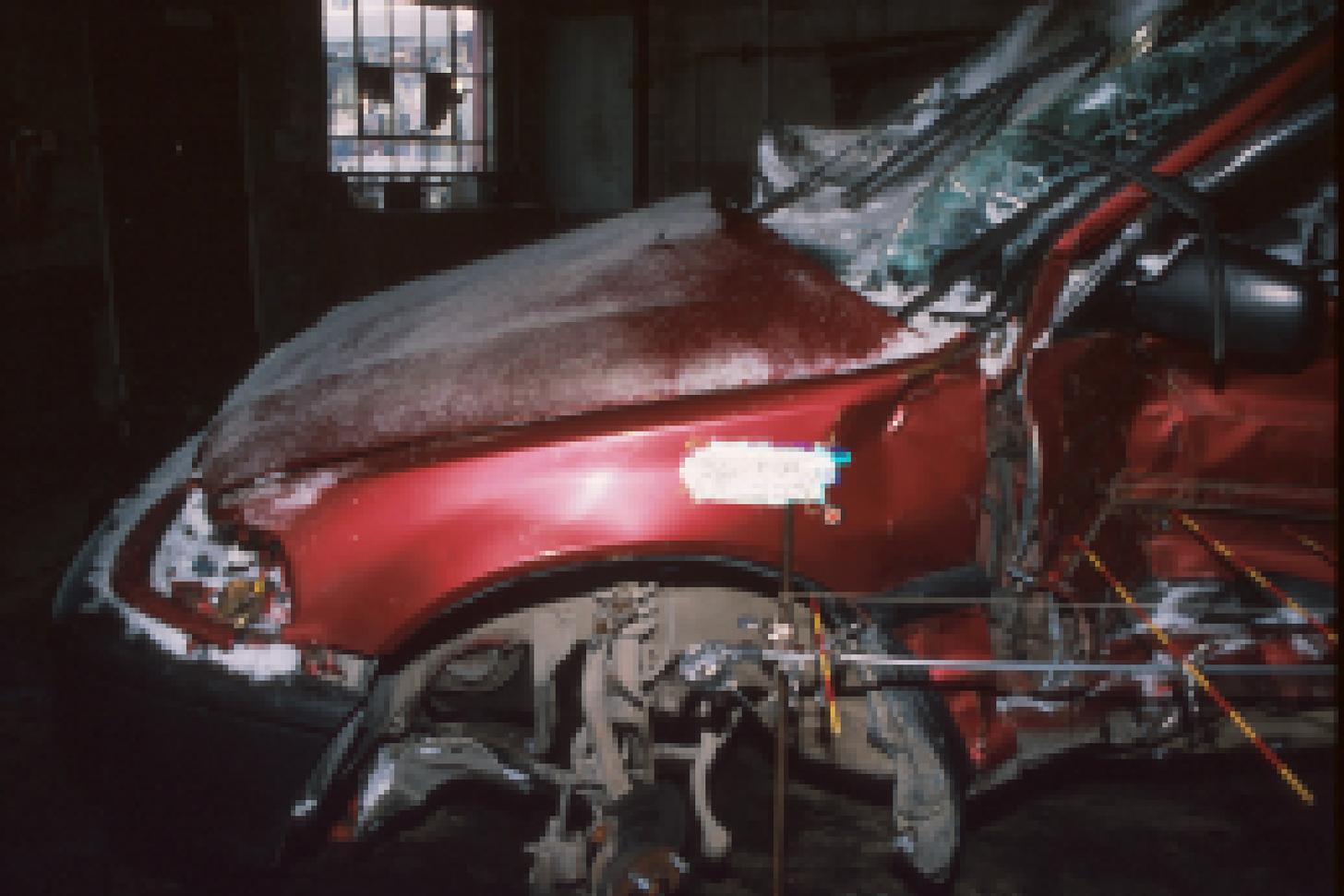
PSU 12-200J (1994) #60



PSU 12-200J (1994) #61



FSU 12-200J (1994) #62



PSU 12-200J (1994) #63



PSU 12-200J (1994) #64



PSU 12-200J (1994) #65



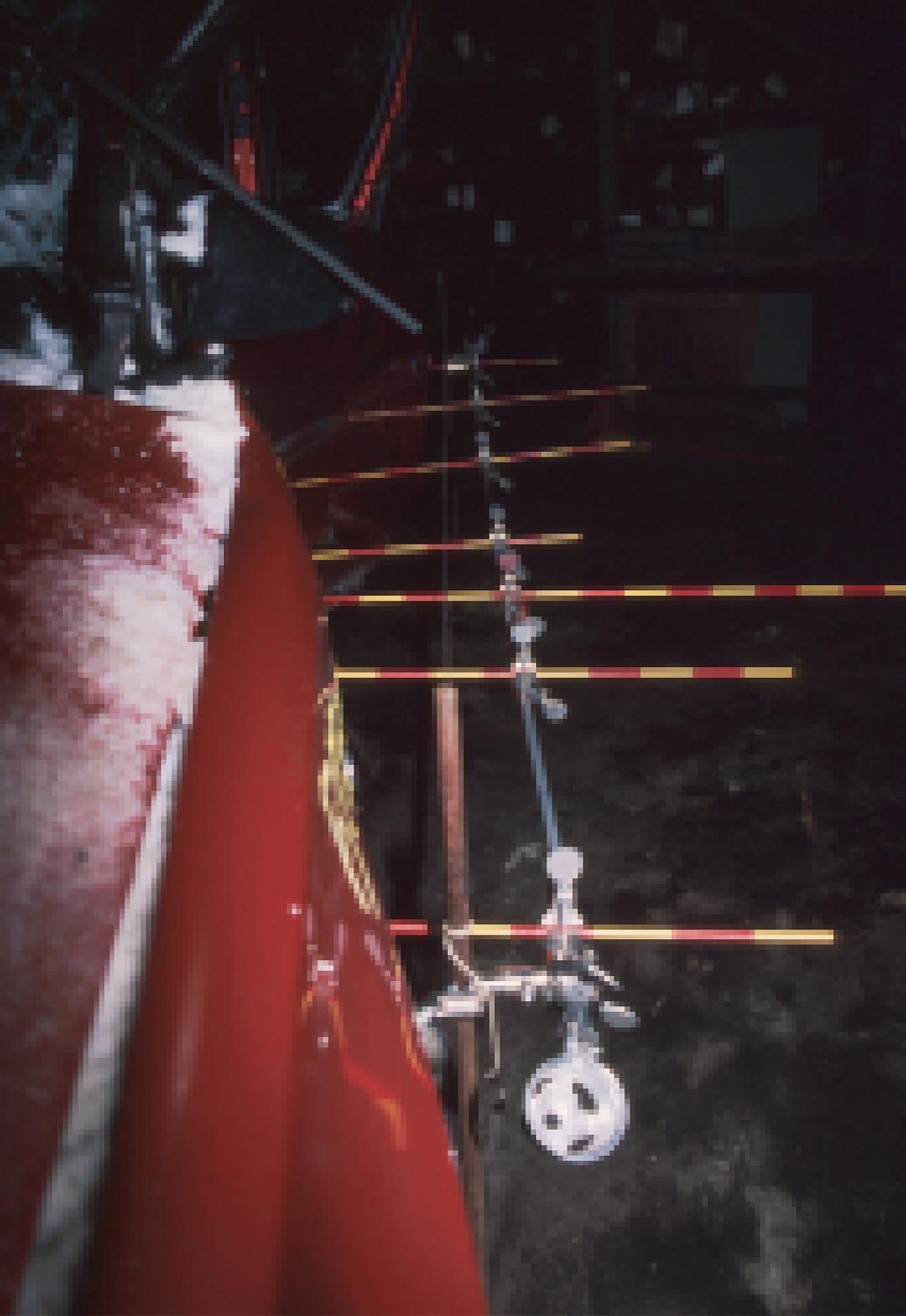
PSU 12-200J (1994) #66



PSU 12-200J (1994) #67



PSU 12-200J (1994) #68



PSU 12-200J (1994) #69



PSU 12-200J (1994) #70



PSU 12-200J (1994) #71



PSU 12-200J (1994) #72



PSU 12-200J (1994) #73



PSU 12-200J (1994) #74



FSU 12-200J (1994) #75



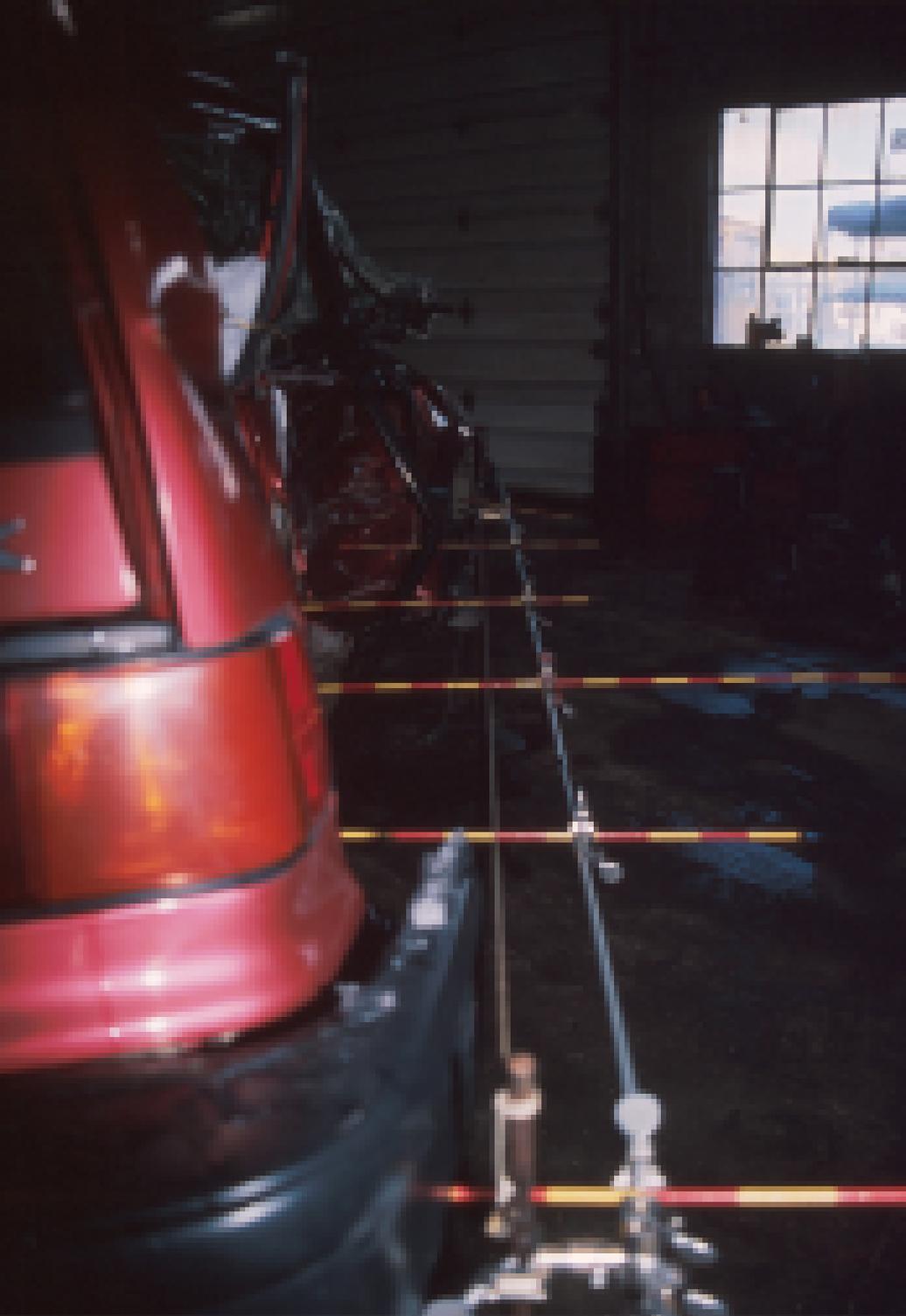
PSU 12-200J (1994) #76



PSU 12-200J (1994) #77



FSU 12-200J (1994) #78



PSU 12-200J (1994) #79



PSU 12-200J (1994) #80



PSU 12-200J (1994) #81



**PSU 12-200J (1994) #82**



PSU 12-200J (1994) #83



PSU 12-200J (1994) #84



FSU 12-200J (1994) #85



PSU 12-200J (1994) #86



PSU 12-200J (1994) #87



PSU 12-200J (1994) #88



PSU 12-200J (1994) #89



PSU 12-200J (1994) #90



**PSU 12-200J (1994) #91**



PSU 12-200J (1994) #92



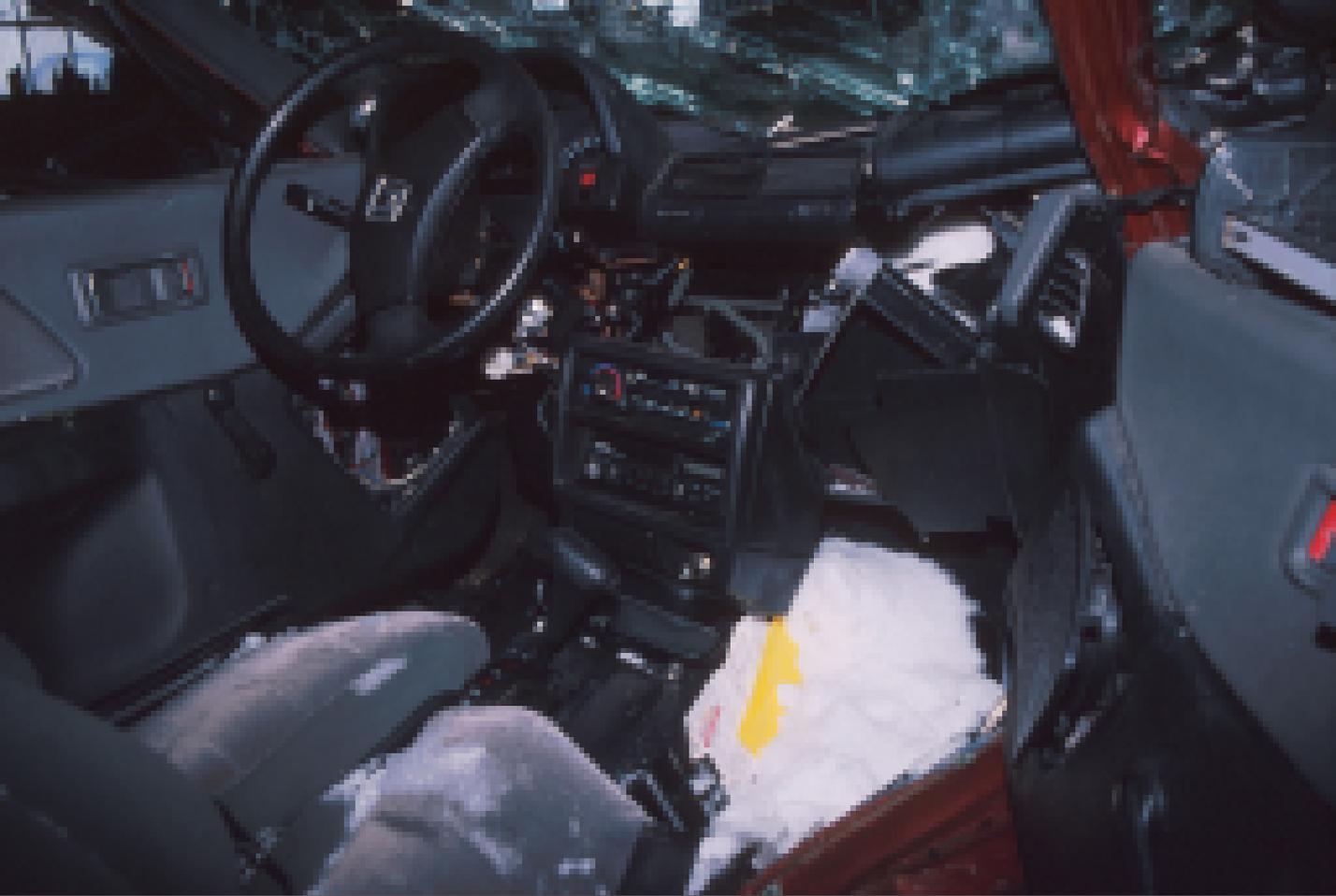
**PSU 12-200J (1994) #93**



PSU 12-200J (1994) #94



PSU 12-200J (1994) #95



PSU 12-200J (1994) #96



**PSU 12-200J (1994) #97**



**PSU 12-200J (1994) #98**



PSU 12-200J (1994) #99



PSU 12-200J (1994) #100



PSU 12-200J (1994) #101