



U.S. Department
of Transportation

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

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 75 CASE NO. 125A TYPE OF ACCIDENT Vehicle rollover and angle with two
2 vehicles

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.)

V#1 was eastbound on a three lane left curve Interstate Highway in the left through lane. It was raining and the road was wet. D#1 lost control and rotated counter clockwise off the left side of the road into a grassy median. V#1 rolled onto the right side and continued across the median and rolled onto its top. V#1 entered the westbound left through lane and rolling onto the left side ejecting the right front passenger. At this time, V#2 which was westbound in the left through lane was hit by mud and rocks coming from V#1. V#2 pulled off to the left side of the roadway to final rest because the driver could not see. V#3 which was westbound in the middle lane was also hit by mud and rocks and V#1 while still on its left side, hit with its front to V#3's left side. At this time, D#1 was partially ejected. V#4 was westbound in the right through lane and was hit by V#1's front to the left side. V#1 then rolled back onto its top and came to rest facing northeast on a paved shoulder. V#3 and V#4 drove to final rest. V#1 was towed from scene. D#1 died at the scene and the occupant was hospitalized for six days.

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	Intermediate	91/Olds/Cutlass	Top	Severe	None
2	Compact Util	94/Chev/Blazer	L. Side	Light	None
3	Compact Util	90/Chev/Blazer	L. Side	Light	None
4	Subcompact/ Mini	88/Chev/Nova 76	L. Side	Unknown	Unknown

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	Lt. Front	Lap & Shoulder	HEAD	SKULL CRUSH	6	EXT. OF VEH (ROOF SIDE RAIL)
1	Passenger	Rt. Front	Lap & Shoulder	ARM	FRACTURE	3	GROUND

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 limb(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

Rain may be factor in fatal crash, as floods stall traffic, cave in roof, make for sorry, soggy Saturday

By [REDACTED]

[REDACTED] Staff Writer

Heavy rain flooded the historic [REDACTED] and caused a partial roof cave-in at the [REDACTED] on Saturday during a storm that pounded the mountains and the Front Range.

The storm swept into the state about midafternoon, triggering a multiple car wreck that closed [REDACTED] flooding underpasses along [REDACTED] and wreaking havoc throughout cities and towns.

Authorities said the weather may have been a factor in the death of a woman who died when the car she was driving ran off eastbound [REDACTED] near [REDACTED] rolled into the highway's west-bound lanes and collided with three other cars Saturday.

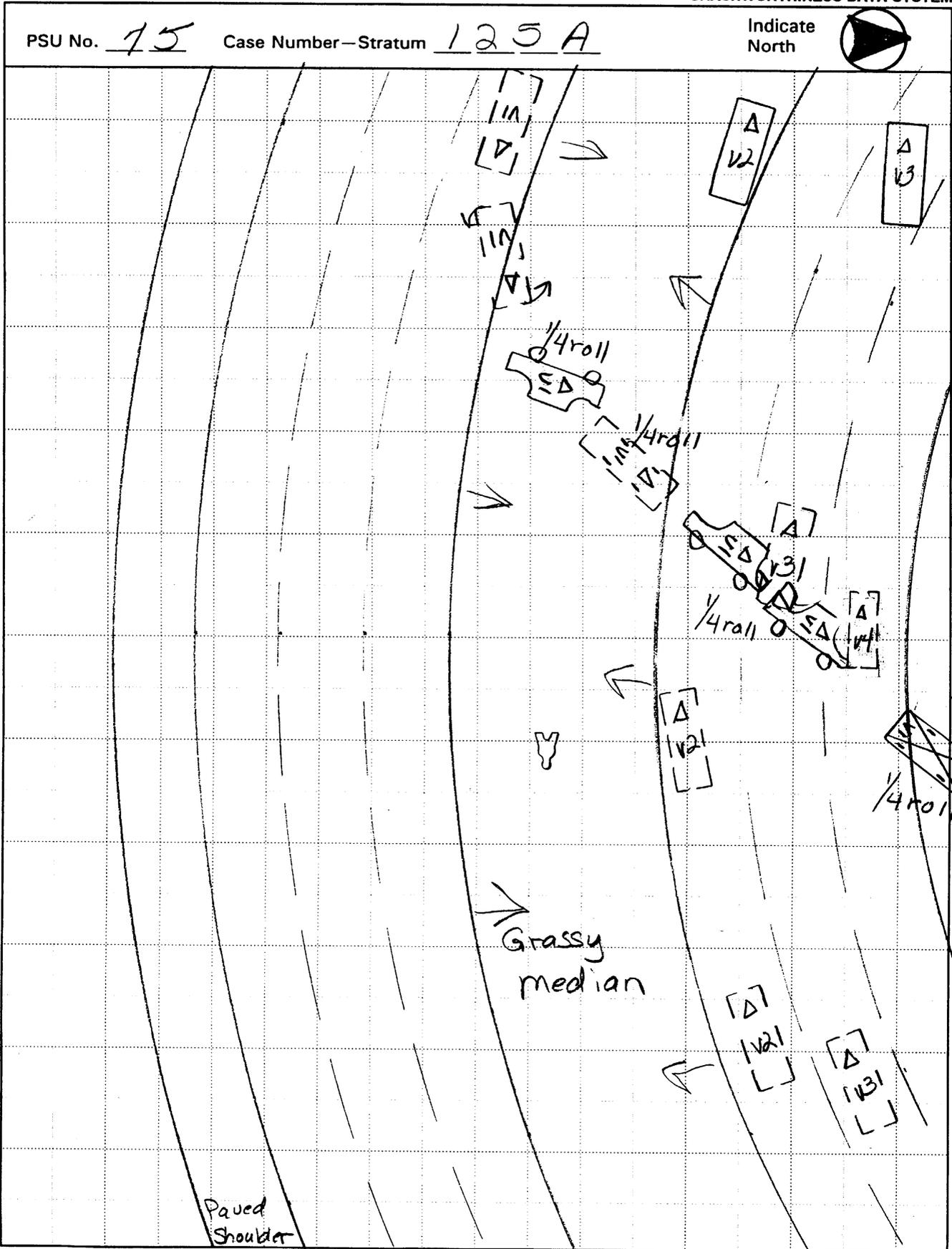
[REDACTED] Patrol troopers were investigating the accident, which left another woman in serious condition at [REDACTED] Saturday night.

Both women were thrown from the car. No other injuries were reported in the accident, which closed the road for two hours.

It was unclear late Saturday if there were any other serious injuries caused by the storm.



ACCIDENT COLLISION DIAGRAM





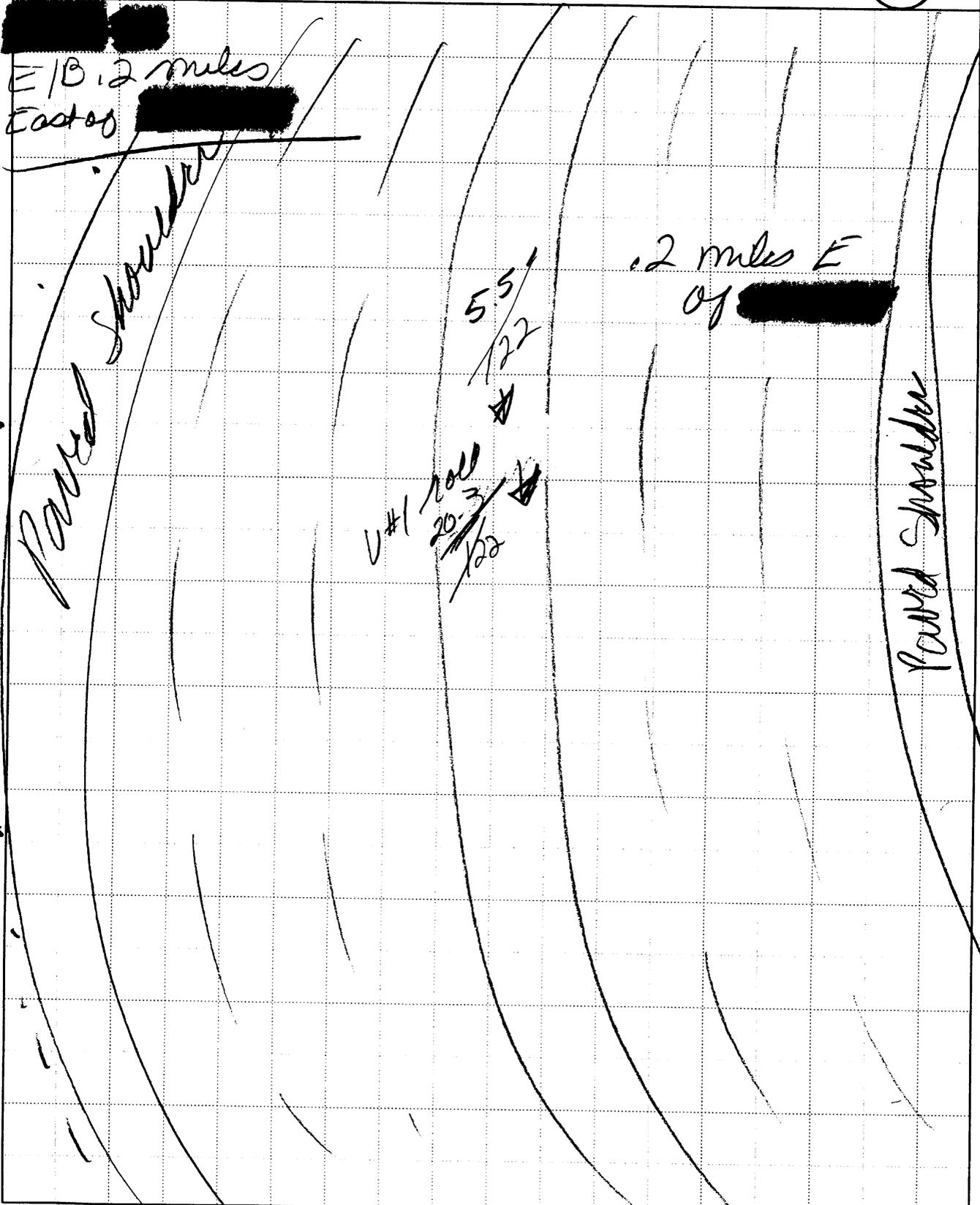
U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 75 Case Number - Stratum 125A

Indicate
North





ACCIDENT FORM

1. Primary Sampling Unit Number 75
2. Case Number - Stratum 125A

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.

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 04
4. Date of Accident (Month, Day, Year) 19 4
5. Time of Accident 1445
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

6. 0 SS15 Administrative Use
7. 0 SS16 Pedestrian Crash Data Study
8. 0 SS17 Impact Fires
9. 0 SS18 _____
10. 0 SS19 _____

NUMBER OF EVENTS

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

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>T</u>	16. <u>31</u>	17. <u>00</u>	18. <u>N</u> ✓
19. <u>0 2</u>	20. <u>02</u>	21. <u>11</u>	22. <u>L</u>	23. <u>88</u>	24. <u>00</u>	25. <u>0</u> ✓
26. <u>0 3</u>	27. <u>03</u>	28. <u>11</u>	29. <u>L</u>	30. <u>88</u>	31. <u>00</u>	32. <u>0</u> ✓
33. <u>0 4</u>	34. <u>01</u>	35. <u>03</u>	36. <u>⁹F</u>	37. <u>03</u>	38. <u>11</u>	39. <u>L</u>
40. <u>0 5</u>	41. <u>01</u>	42. <u>03</u>	43. <u>F</u>	44. <u>04</u>	45. <u>01</u>	46. <u>L</u>

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (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

mud & small rocks

OCCUPANT RELATED

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

- 24. Rollover 4
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):
RT side, Top, Lt side, Top
 (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 Code weight to nearest 10 kilograms. 1450
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3,187 lbs X .4536 = 1,446 kgs ^{+34 = 1480}
 Source: [redacted] *4400 lbs from weight log*
- 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 997
- 28. Heading Angle For Other Vehicle 997

Category	Configuration	ACCIDENT TYPES (Includes Intent)							
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN			
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN			
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN		
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 24, 25, 26, 27	24 DECEL. 28, 29, 30, 31	25 AVOID COLLISION WITH VEH.	26 AVOID COLLISION WITH OBJECT	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN	
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 AVOID COLLISION WITH VEH.	39 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	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN				
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 AVOID COLLISION WITH VEH.	59 AVOID COLLISION WITH OBJECT	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	64 LATERAL MOVE	65	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN				
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME DIRECTIONS	70	71	72	73	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	76 TURN INTO SAME DIRECTION	77	78	79 TURN INTO OPPOSITE DIRECTIONS	80	81	82	(EACH - 84) SPECIFICS OTHER
V Intersecting Paths (Vehicle Damage)	L Straight Paths	87	88	(EACH - 90) 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

31

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

8

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

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

- (9) Centrifugal
- (9) Unknown

63. Direction of Initial Roll

1

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

13

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) _____
 Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (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>75</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>125A</u>	

VEHICLE IDENTIFICATION

VIN 1G3WH14T0MP XXXXXXXXXX Model Year 91
 Vehicle Make (specify): Olds Vehicle Model (specify): Cutlass Supreme

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>at TOP</u>	<u>same</u>
<u>445</u>	<u>at (D) BC</u>	<u>same</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 ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>1</u>	<u>TOP</u>		<u>134.0 orig</u>								
			<u>112.5 to ground</u>								
	<u>TAU</u>		<u>21.5</u>								
<u>445</u>	<u>Front</u>	<u>17.5</u>	<u>0</u>	<u>17.5</u>							<u>-59</u>

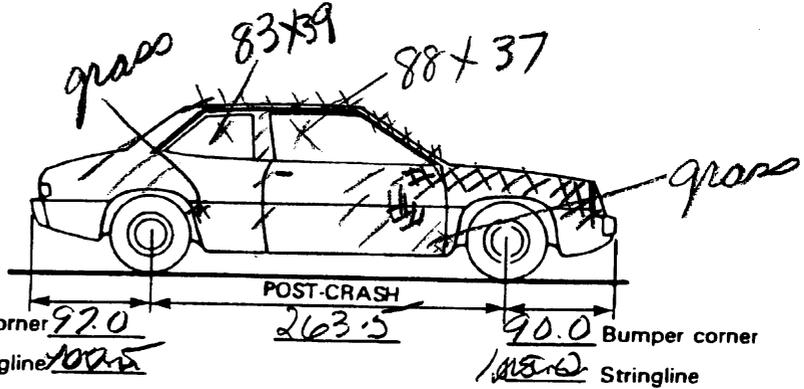
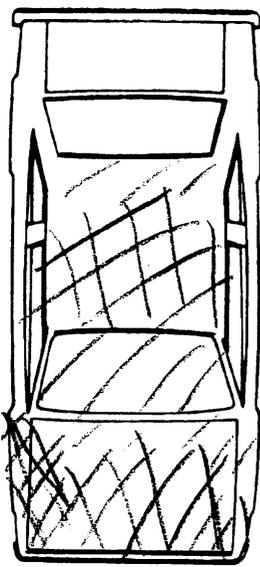
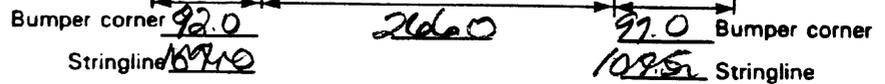
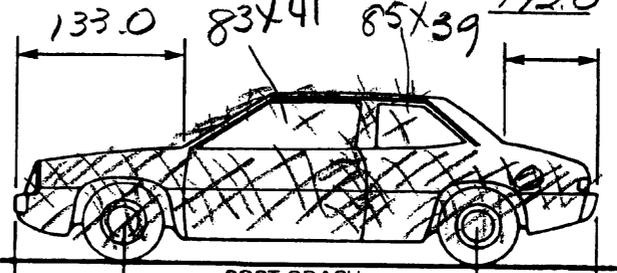
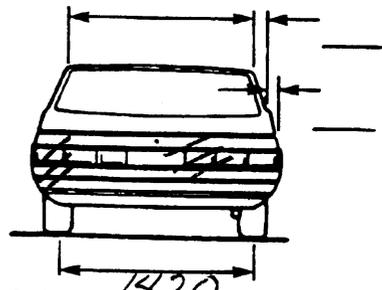
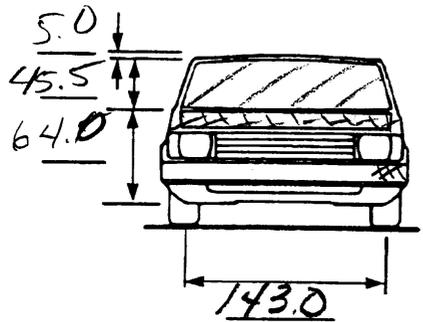
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>107.5</u> inches	x 2.54	=	<u>273</u> cm
Overall Length	<u>192.3</u> inches	x 2.54	=	<u>488</u> cm
Maximum Width	<u>71.0</u> inches	x 2.54	=	<u>180</u> cm
Curb Weight	<u>3187</u> pounds	x .4536	=	<u>1446</u> kg ^{+34 = 1480}
Average Track	(<u>58.75</u>) ^{59.5} _{58.0} <u>58.3</u> inches	x 2.54	=	<u>149</u> <u>148</u> cm
Front Overhang	_____ inches	x 2.54	=	<u>106</u> cm
Rear Overhang	_____ inches	x 2.54	=	<u>106</u> cm
Undeformed End Width	_____ inches	x 2.54	=	_____ cm
Engine Size: cyl./displ.	_____ <u>4</u> cc	x .001	=	_____ L
	_____ CID	x .0164	=	<u>2.2</u> L

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <table style="width:100%;"> <tr> <td>RF <u>2</u></td> <td>RF <u>1</u></td> </tr> <tr> <td>LF <u>2</u></td> <td>LF <u>1</u></td> </tr> <tr> <td>RR <u>2</u></td> <td>RR <u>2</u></td> </tr> <tr> <td>LR <u>2</u></td> <td>LR <u>1</u></td> </tr> </table> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	RF <u>2</u>	RF <u>1</u>	LF <u>2</u>	LF <u>1</u>	RR <u>2</u>	RR <u>2</u>	LR <u>2</u>	LR <u>1</u>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>273</u> cm</p> <p>Overall Length <u>488</u> cm</p> <p>Maximum Width <u>180</u> cm</p> <p>Curb Weight <u>1480</u> 1445 kg</p> <p>Average Track <u>149</u> <u>148</u> cm</p> <p>Front Overhang <u>106</u> cm</p> <p>Rear Overhang <u>106</u> cm</p> <p>Undeformed End Width <u>135.5</u> cm</p> <p>Engine Size: cyl./displ. <u>4 2.3</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within <u>± 5</u> degrees</p>
RF <u>2</u>	RF <u>1</u>									
LF <u>2</u>	LF <u>1</u>									
RR <u>2</u>	RR <u>2</u>									
LR <u>2</u>	LR <u>1</u>									
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight _____ kg</p>									

MEASUREMENTS IN CENTIMETERS



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

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

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>31</u>	6. <u>00</u>	7. <u>I</u>	8. <u>D</u>	9. <u>D</u>	10. <u>Ø</u>	11. <u>03</u>

Second Highest Delta "V"

12. ⁰⁵ <u>04</u>	13. ⁰⁴ <u>03</u>	14. <u>00</u>	15. <u>F</u>	16. <u>L</u>	17. <u>E</u>	18. <u>E</u>	19. <u>01</u>
-----------------------------	-----------------------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
							+ - -----

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
							+ - -----

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

0
X

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

273

107.5 inches X 2.54 = 273 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>1 8</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>2</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p>
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>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>
<p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	

40. Location of Fuel System-1 Leakage 1

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

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

42. Fuel Type-1 01

43. Fuel Type-2 00

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

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

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

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

COMMENTS

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



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 75
 2. Case Number - Stratum 125A
 3. Vehicle Number 01

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 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

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

- (9) Unknown

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

10. LF 0 11. RF 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 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 6 25. RF 6 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

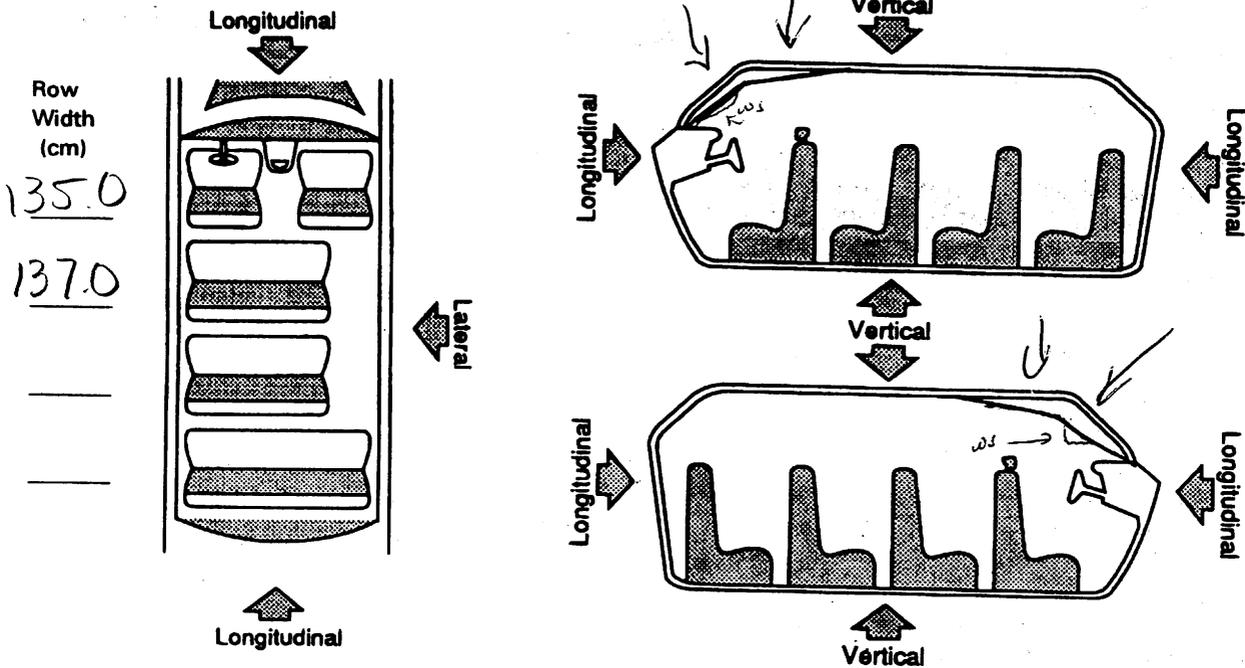
Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION	
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION		
11	W/S Header	78.0	68.0 <i>seat</i>	10.0 ✓	Vert	
12	" "	89.0	67.0 <i>crush</i>	22.0 ✓	↓	
13	" "	78.0	61.0 <i>seat</i>	17.0 ✓		
11	Roof	90.0	79.0 <i>seat</i>	11.0 ✓		
12	"	90.0	74.0 ↓ =	16.0 ✓		
13	"	90.0	72.0 ↓ =	18.0 ✓		
13	Side rail	79.0	64.0 ↓ =	15.0 ✓		
11	W/S 3" down	153.0	149.0 <i>to seat</i>	4.0 ✓		Long ⁿ
12	"	153.0	151.0	2.0		
13	"	153.0	144.0	9.0 ✓		↓
13	Door	71.0	71.0	0		Lat
		-	=			
		-	=			
		-	=			
		-	=			

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>12</u>	48. <u>15</u>	49. <u>3</u>	50. <u>1</u>
2nd	51. <u>13</u>	52. <u>12</u>	53. <u>3</u>	54. <u>1</u>
3rd	55. <u>13</u>	56. <u>15</u>	57. <u>3</u>	58. <u>1</u>
4th	59. <u>12</u>	60. <u>12</u>	61. <u>3</u>	62. <u>1</u>
5th	63. <u>13</u>	64. <u>13</u>	65. <u>3</u>	66. <u>1</u>
6th	67. <u>11</u>	68. <u>12</u>	69. <u>2</u>	70. <u>1</u>
7th	71. <u>11</u>	72. <u>15</u>	73. <u>2</u>	74. <u>1</u>
8th	75. <u>13</u>	76. <u>14</u>	77. <u>2</u>	78. <u>2</u>
9th	79. <u>11</u>	80. <u>14</u>	81. <u>1</u>	82. <u>2</u>
10th	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>

INTRUDING COMPONENT

Interior Components

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

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

Exterior Components

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

LOCATION OF INTRUSION

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

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

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

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

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

- (99) Unknown

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

Large empty rectangular area for recording data or notes.

STEERING COLUMN

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

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

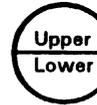
Quarter Sections

- (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 999,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
- (001) Less than 1,500 kilometers
- (500) 499,500 kilometers or more
- (999) Unknown

Electric no power

_____ miles X 1.6093 = _____ kilometers

Source: Vch

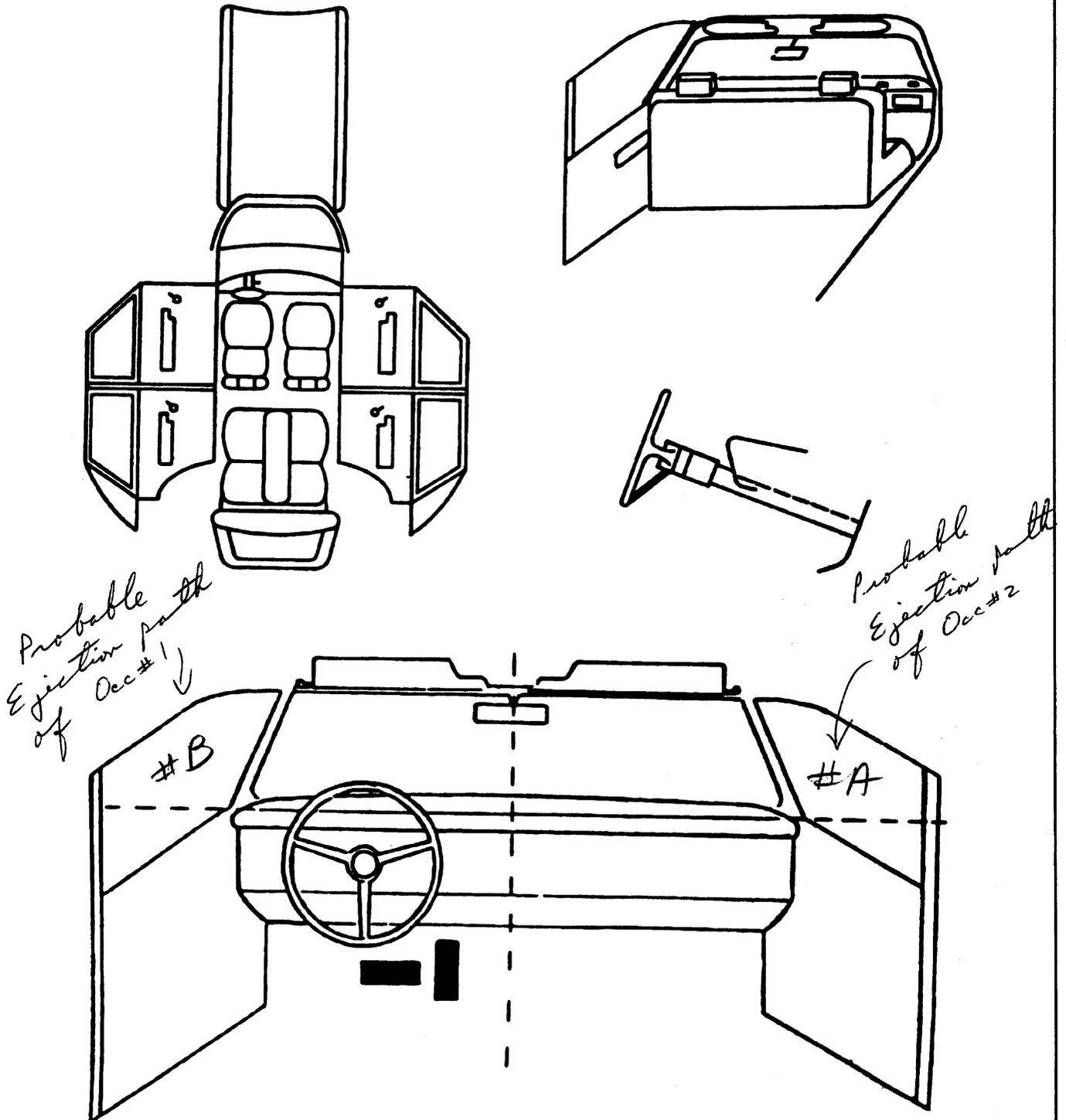
95. Instrument Panel Damage from Occupant Contact? 0
 (0) No
 (1) Yes
 (9) Unknown

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



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	35	02	Head	Broken	3
B	25	01	"	"	3
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

- (23) Left B-pillar
 - (24) Other left pillar (specify): _____
 - (25) Left side window glass or frame
 - (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 - (27) Other left side object (specify): _____
 - (28) Left side window sill
- RIGHT SIDE**
- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A (A1/A2)-pillar
 - (33) Right B-pillar
 - (34) Other right pillar (specify): _____
 - (35) Right side window glass or frame
 - (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
 - (37) Other right side object (specify): _____
 - (38) Right side window sill

INTERIOR

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

(46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

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

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

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 System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

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

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

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

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

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

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

- _____
- (09) Unknown orientation

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

- _____
- (19) Unknown orientation

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

- _____
- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

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

Not Designed with Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

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

- (99) Unknown if child safety seat used

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

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	1	0	1
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

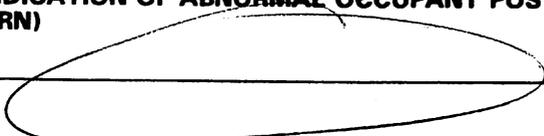
Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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



EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

Occupant Number	02	01				
Ejection	1	2				
(Note on Vehicle Interior Sketch) Ejection Area	3	2				
Ejection Medium	4 _a	4 _b				
Medium Status	2	2				

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):

roll down
a - RF window b - LF window

(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 75
 2. Case Number - Stratum 123A
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 54
 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 170
178
 Code actual height to the nearest centimeter.
 (999) Unknown
70.67 inches X 2.54 = 177.8 centimeters

8. Occupant's Weight 076
068
 Code actual weight to the nearest kilogram.
 (999) Unknown
150 pounds X .4536 = 68.04 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

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection 2

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

13. Ejection Area 2

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

14. Ejection Medium 4

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

15. Medium Status (Immediately Prior To Impact) 2

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

16. Entrapment 0

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

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 0

- (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 8

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

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

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

3

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

26. Seat Type (this Occupant Position)

02

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

27. Seat Performance (this Occupant Position)

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 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 4

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

35. Treatment - Mortality 1

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 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 62

- _____ 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 0 1

- _____ 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 9 641. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- _____ 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):
MASSIVE BRAIN DAMAGE / PARTIAL DECAPITATION

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

(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 3

- _____ 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): PAR
 Unknown if belt used

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

UPDATE CANDIDATE? NO [] YES []

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

BELT USE DETERMINATION

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 0 1
(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) - HCO_3 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

53. Primary Source of Belt Use Determination 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 75
2. Case Number - Stratum 1 2 5 A

3. Vehicle Number 01
4. Occupant Number 81

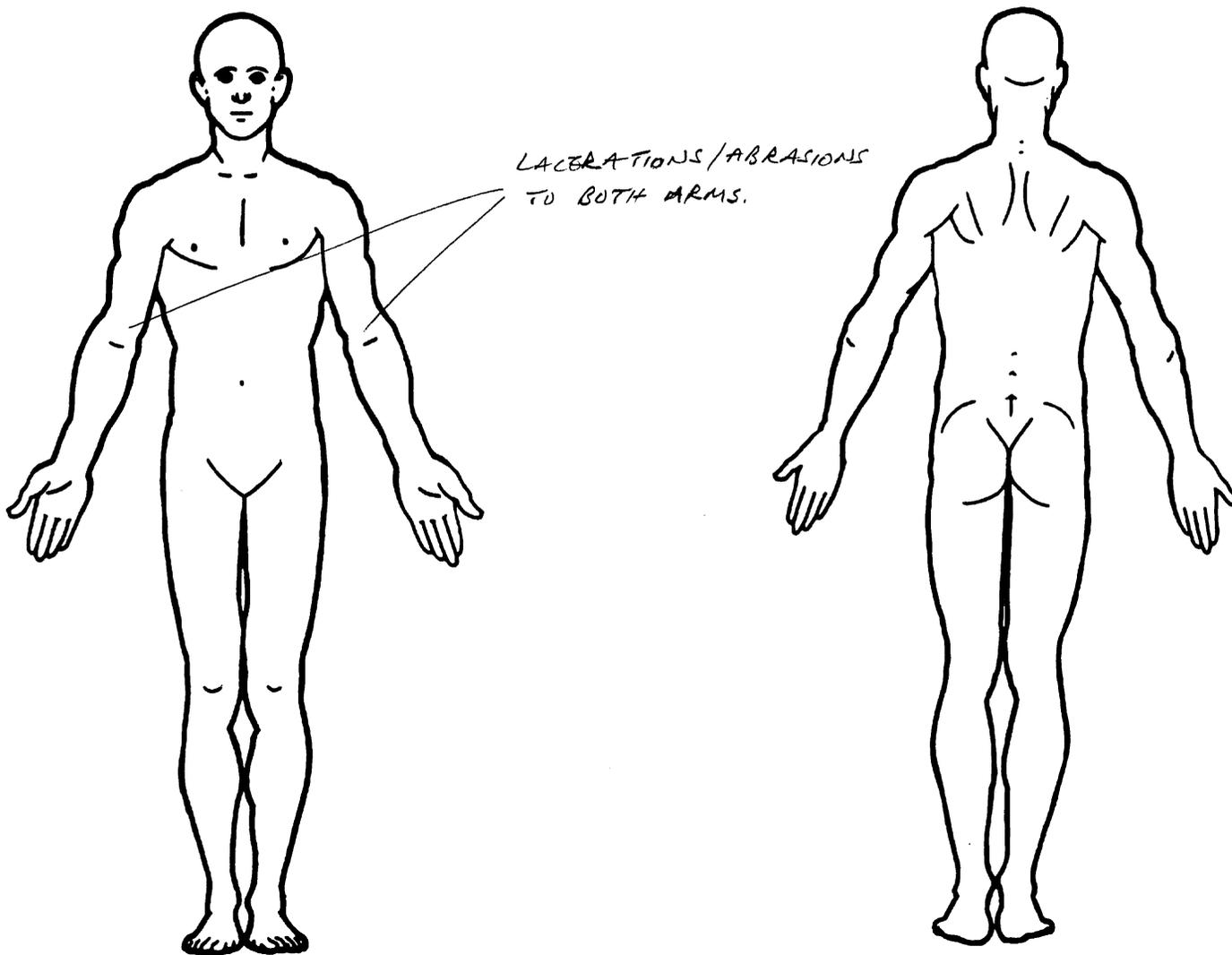
INJURY DATA

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 Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>5</u>	6. <u>1</u>	7. <u>1</u>	8. <u>30</u>	9. <u>00</u>	10. <u>6</u>	11. <u>0</u>	12. <u>67</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>5</u>	17. <u>7</u>	18. <u>9</u>	19. <u>06</u>	20. <u>00</u>	21. <u>1</u>	22. <u>3</u>	23. <u>20</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>5</u>	28. <u>7</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>3</u>	34. <u>20</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </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.)



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

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

OCCUPANT INJURY CLASSIFICATION

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

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

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

Spine

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

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

Level of Injury

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

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

Abbreviated Injury Scale

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

Aspect

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

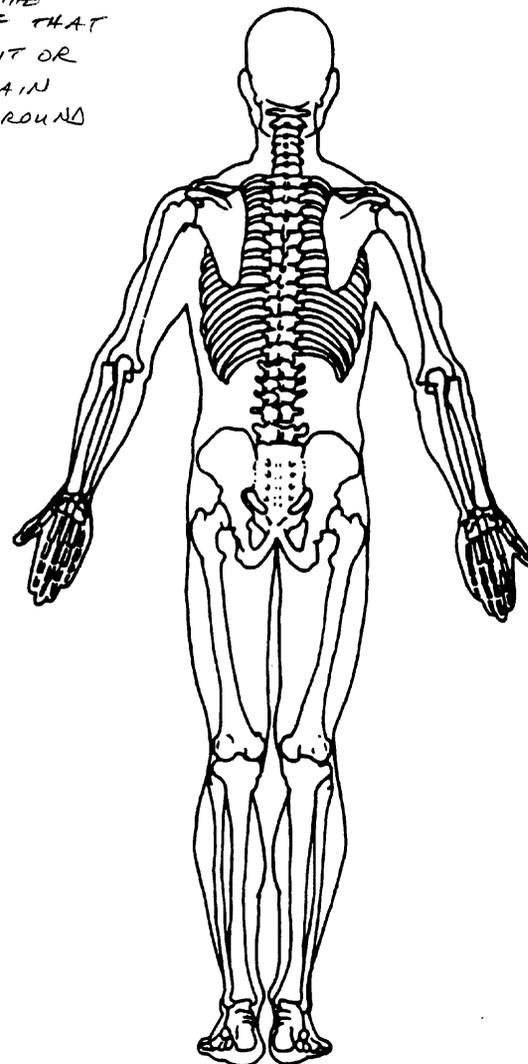
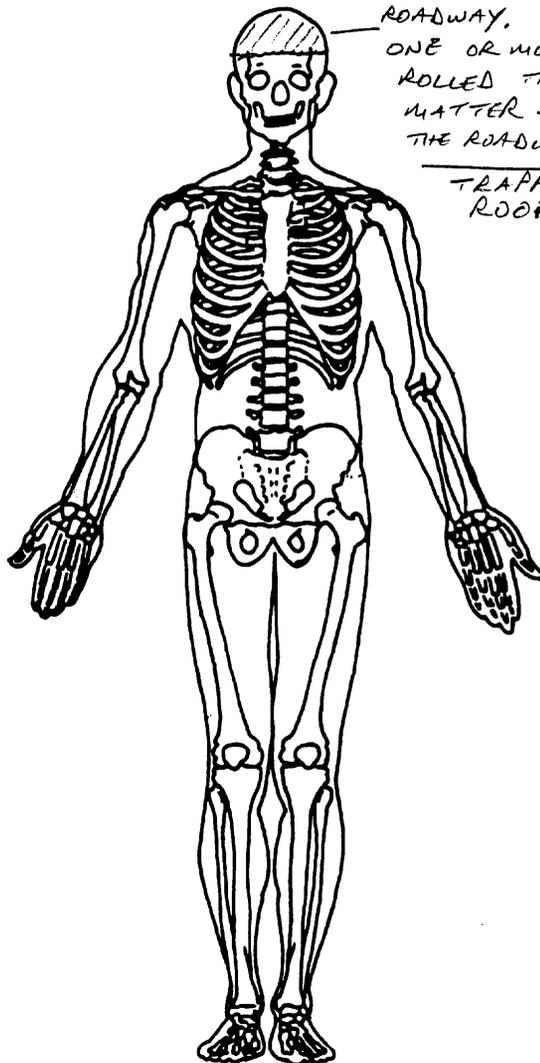
PCO₂ =

HCO₃ =

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

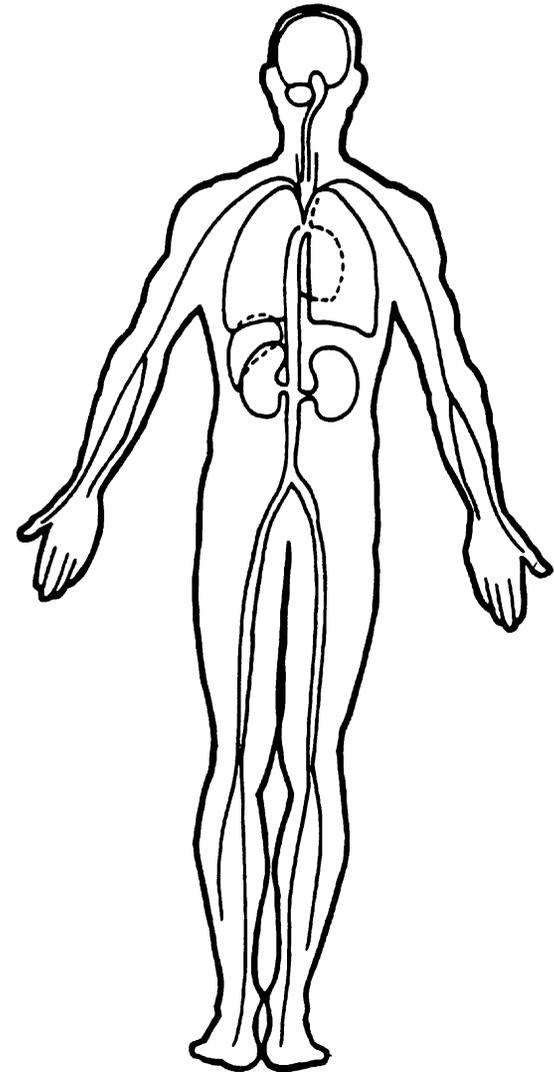
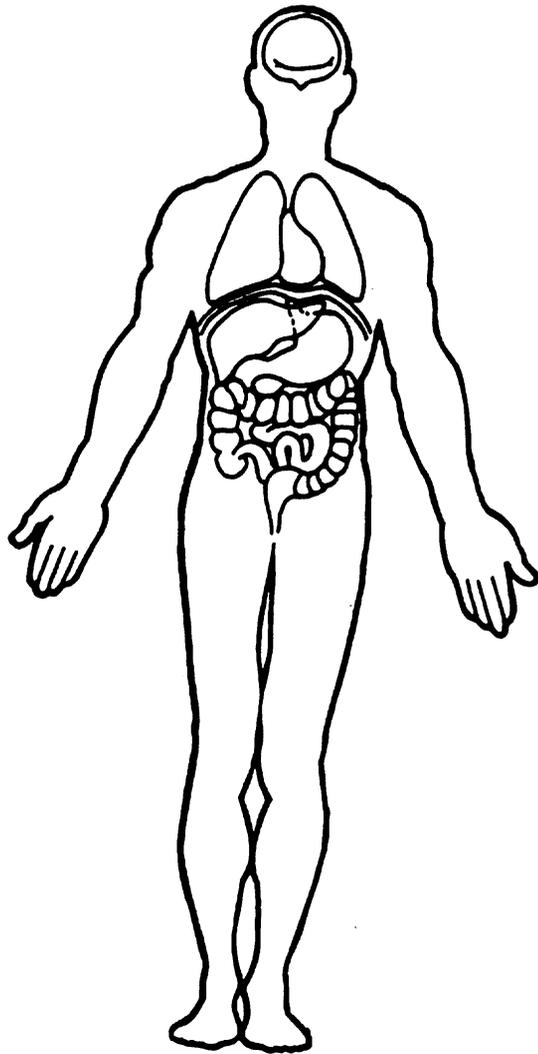
THE TOP HALF OF SUBJECTS HEAD WAS SHEARED OFF. THE SUBJECTS BRAIN WAS DEPOSITED ON THE ROADWAY. INDICATIONS ARE THAT ONE OR MORE VEHICLES HIT OR ROLLED THROUGH THE BRAIN MATTER SPREADING IT AROUND THE ROADWAY.

TRAPPED UNDER ROOF OF CAR



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.)





OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

1. Primary Sampling Unit Number 75
 2. Case Number - Stratum 125A
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S SEATING

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

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 75
 Code actual age at time of accident.
 (00) Less than one year old (specify by month): _____
 (97) 97 years and older
 (99) Unknown

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

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

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

7. Occupant's Height 142
 Code actual height to the nearest centimeter.
 (999) Unknown
56 inches X 2.54 = 142.24 centimeters

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

8. Occupant's Weight 079
 Code actual weight to the nearest kilogram.
 (999) Unknown
175 pounds X .4536 = 79.38 kilograms

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

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

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

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

13. Ejection Area 3
- (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

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

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

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 0

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

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

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

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

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

(9) Unknown _____

21. Air Bag System Availability/Function 0

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

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

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

23. Are There Indications of Air Bag System Failure? 0

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

(9) Unknown _____

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

24. Police Reported Restraint Use 0

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

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

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

3

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

26. Seat Type (this Occupant Position)

02

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

27. Seat Performance (this Occupant Position)

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 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: 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

BEST AVAILABLE

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
- _____ 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

97

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death

00

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

40. 1st Medically Reported Cause of Death

00

41. 2nd Medically Reported Cause of Death

00

42. 3rd Medically Reported Cause of Death

00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (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

07

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

AUTOMATIC BELT SYSTEM

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

Non-functional

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

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

DISCONNECTED

(3) Automatic belt use unknown
(9) Unknown

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

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

Automatic Belt Used Improperly

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

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

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

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

Check the Primary Source Used In Determining Belt Use.

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

Unknown if belt used

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

UPDATE CANDIDATE? NO [X] YES []

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

BELT USE DETERMINATION

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? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

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>75</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>125A</u>	4. Occupant Number <u>02</u>

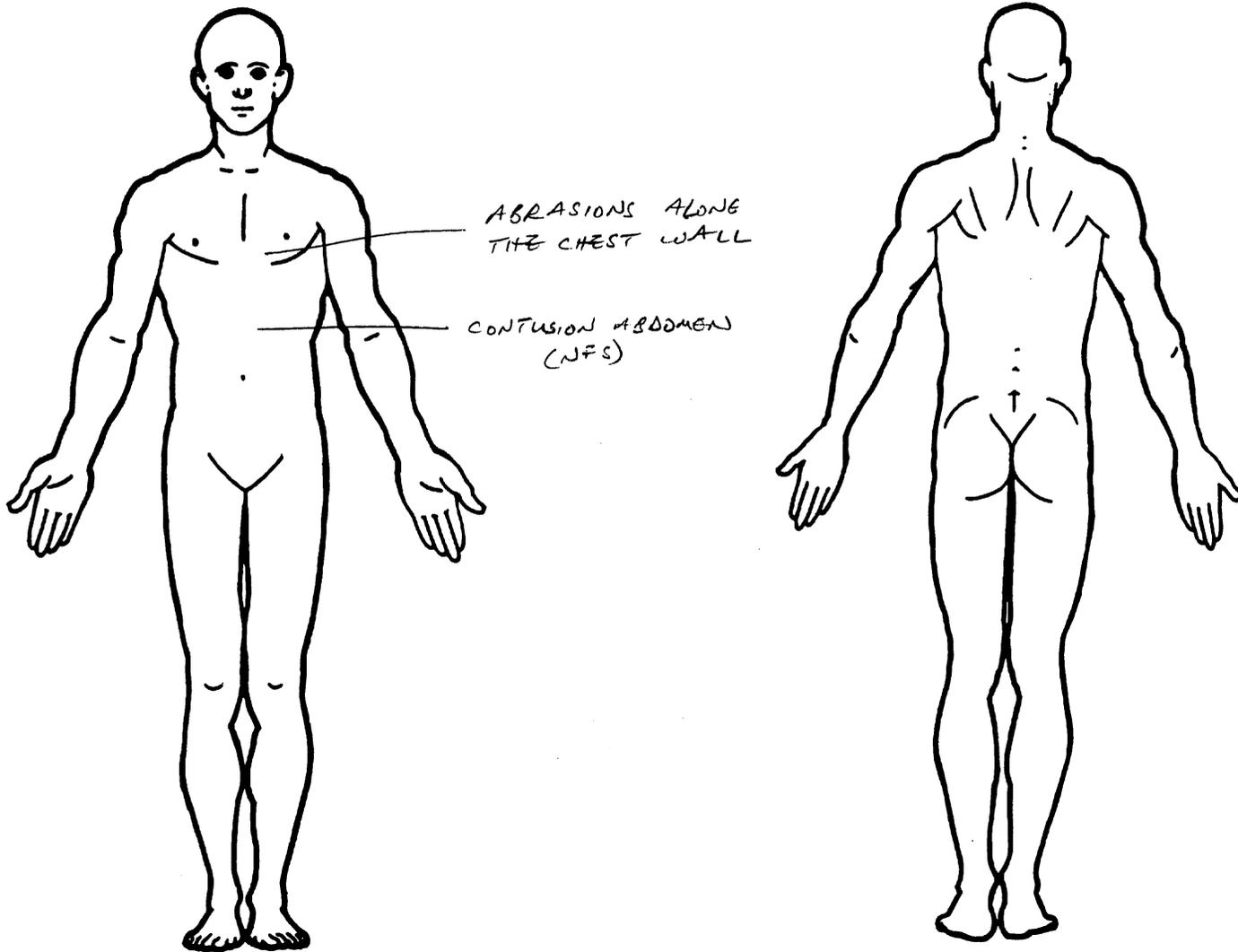
INJURY DATA

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 Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>2</u>	6. <u>4</u>	7. <u>5</u>	8. <u>02</u>	9. <u>20</u>	10. <u>2</u>	11. <u>2</u>	12. <u>84</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>2</u>	17. <u>7</u>	18. <u>5</u>	19. <u>28</u>	20. <u>00</u>	21. <u>2</u>	22. <u>1</u>	23. <u>84</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>2</u>	28. <u>7</u>	29. <u>5</u>	30. <u>32</u>	31. <u>04</u>	32. <u>3</u>	33. <u>1</u>	34. <u>84</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>2</u>	39. <u>4</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>9</u>	45. <u>84</u>	46. <u>1</u>	47. <u>1</u>	48. <u>60</u>
5th	49. <u>2</u>	50. <u>5</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>9</u>	56. <u>84</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u>7</u>	61. <u>8</u>	62. <u>9</u>	63. <u>06</u>	64. <u>00</u>	65. <u>1</u>	66. <u>3</u>	67. <u>84</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u>7</u>	72. <u>8</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>3</u>	78. <u>84</u>	79. <u>1</u>	80. <u>1</u>	81. <u>60</u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </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.)



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 = 0

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units =

Arterial Blood Gases

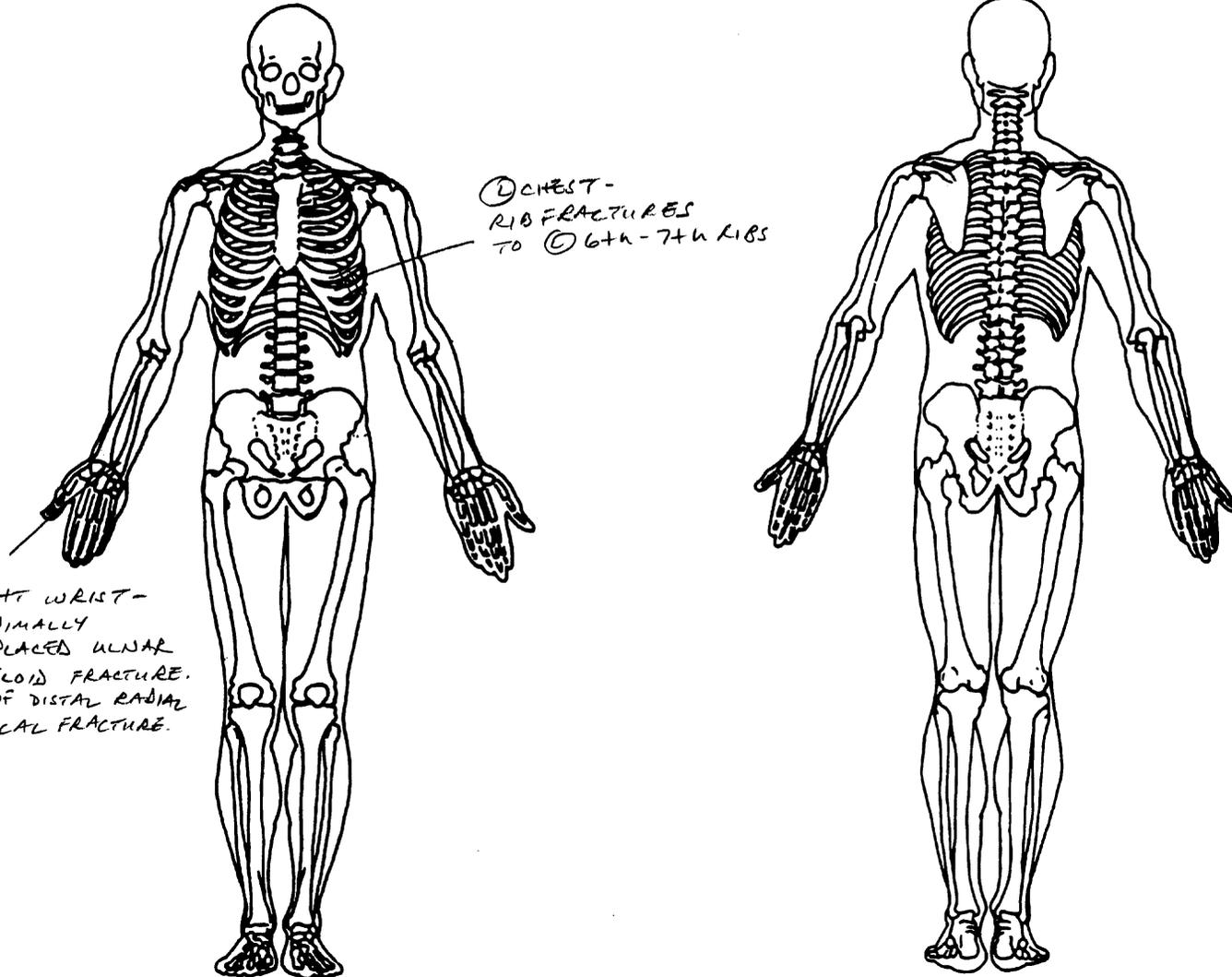
pH =

PO₂ =

PCO₂ =

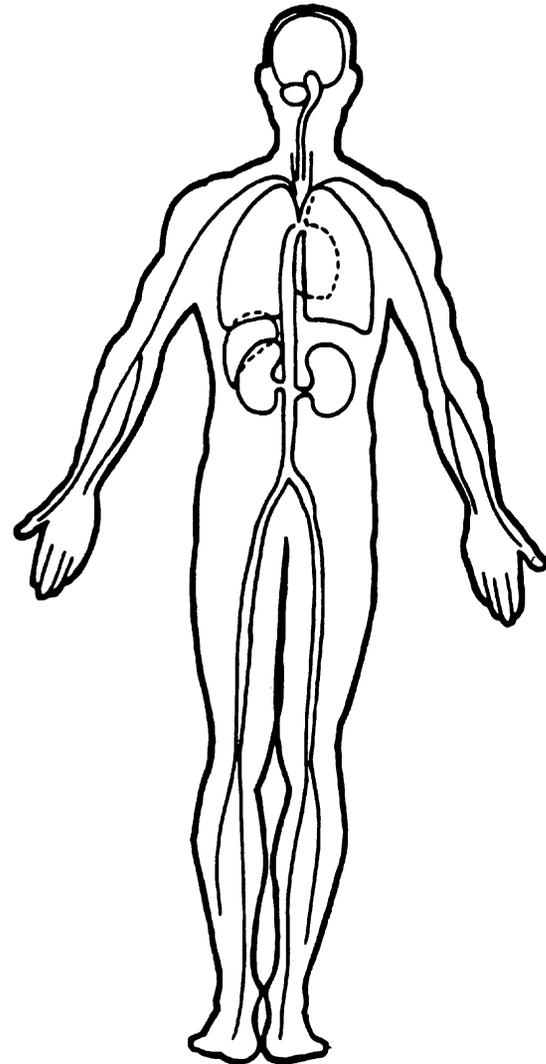
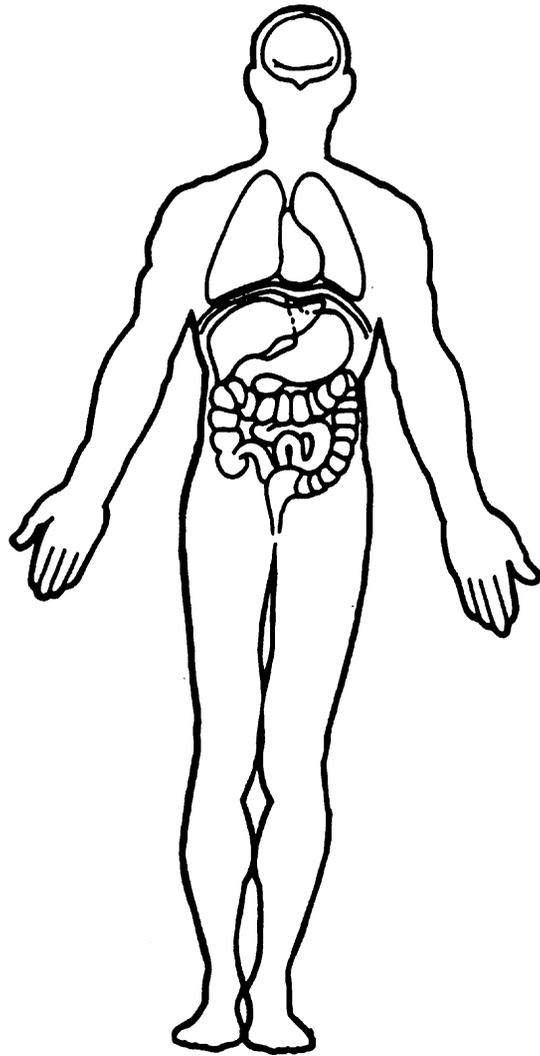
HCO₃ =

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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



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 1,730
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3,811 lbs X .4536 = 1,729 kgs
 Source: _____
- 20. Vehicle Cargo Weight OK → 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 998
 - 28. Heading Angle For Other Vehicle 998

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, 24, 27	24 DECEL. 25, 26, 31	25 SPECIFICS OTHER	26 SPECIFICS OTHER	27 SPECIFICS OTHER	28 SPECIFICS OTHER	29 SPECIFICS OTHER	30 SPECIFICS OTHER	31 SPECIFICS OTHER	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 SPECIFICS OTHER	39 SPECIFICS OTHER	40 SPECIFICS OTHER	41 SPECIFICS OTHER	(EACH - 42) SPECIFICS OTHER	(EACH - 43) SPECIFICS UNKNOWN		
	F Sideswipe Angle	44 SPECIFICS OTHER	45 SPECIFICS OTHER	46 SPECIFICS OTHER	47 SPECIFICS OTHER	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN						
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 SPECIFICS OTHER	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN								
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 SPECIFICS OTHER	59 SPECIFICS OTHER	60 SPECIFICS OTHER	61 SPECIFICS OTHER	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN		
	I Sideswipe Angle	64 LATERAL MOVE	65 SPECIFICS OTHER	(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 SPECIFICS OTHER	71 SPECIFICS OTHER	72 SPECIFICS OTHER	73 SPECIFICS OTHER	74 SPECIFICS OTHER	75 SPECIFICS OTHER	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN		
	K Turn Into Path	76 TURN INTO SAME DIRECTION	77 TURN INTO OPPOSITE DIRECTIONS	78 SPECIFICS OTHER	79 SPECIFICS OTHER	80 SPECIFICS OTHER	81 SPECIFICS OTHER	82 SPECIFICS OTHER	83 SPECIFICS OTHER	(EACH - 84) SPECIFICS OTHER	(EACH - 85) SPECIFICS UNKNOWN		
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 SPECIFICS OTHER	87 SPECIFICS OTHER	(EACH - 88) SPECIFICS OTHER	(EACH - 89) 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 [REDACTED]

- (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

OK
U

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

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

60. Location of Rollover Initiation 0

- (0) No rollover
- (1) On roadway
- (2) On shoulder—paved
- (3) On shoulder—unpaved
- (4) On roadside or divided trafficway median
- (9) Unknown

61. Rollover Initiation Object Contacted 00

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

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

63. Direction of Initial Roll 0

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 13

- (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

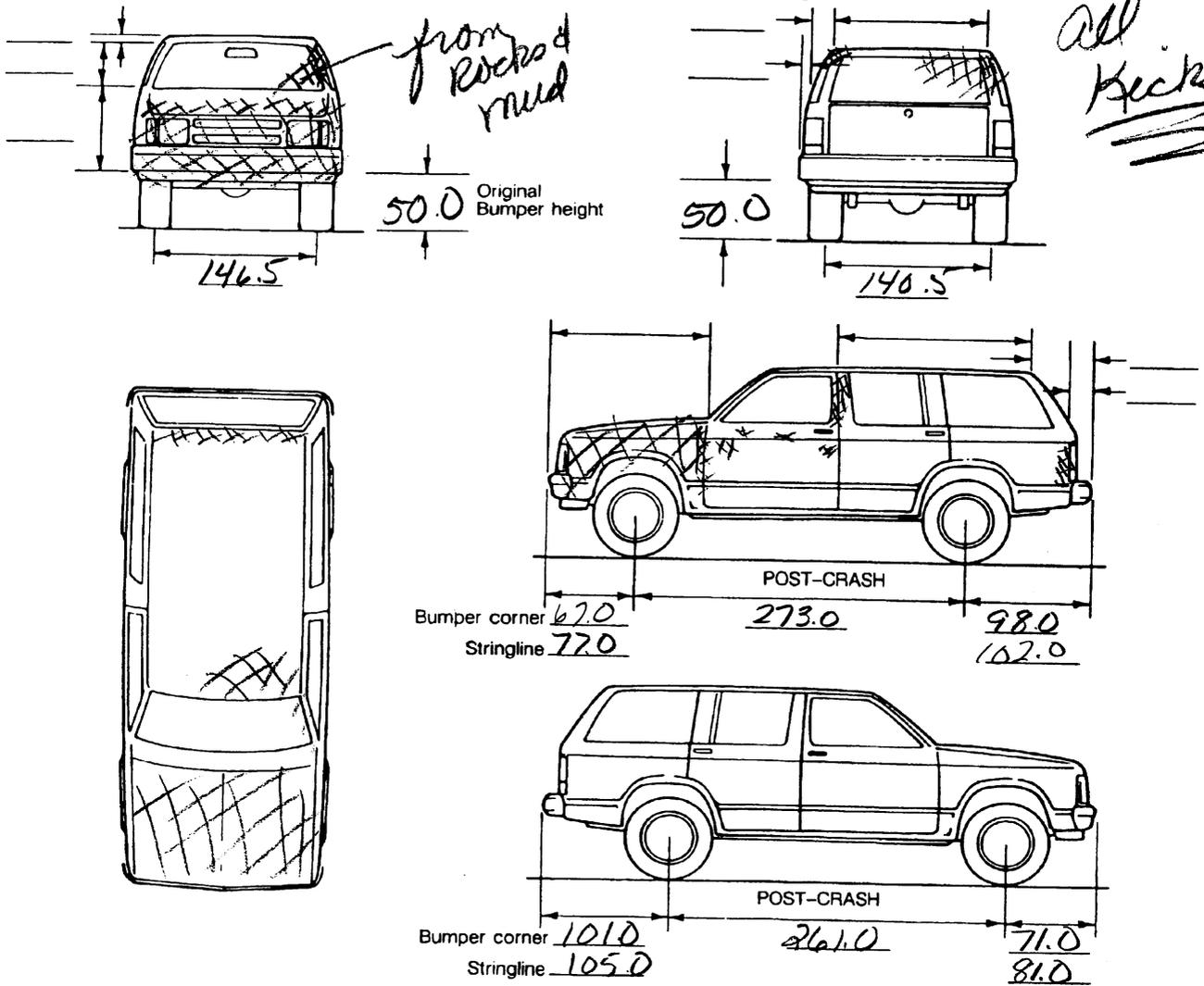
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>107.0</u> [✓]	inches	x 2.54	=	<u>272</u>	cm
Overall Length	<u>176.8</u> [✓]	inches	x 2.54	=	<u>449</u>	cm
Maximum Width	<u>65.4</u> [✓]	inches	x 2.54	=	<u>166</u>	cm
Curb Weight	<u>3,811</u> [✓]	pounds	x .4536	=	<u>1,729</u>	kg
Average Track	— — —	inches	x 2.54	=	— — —	cm
Front Overhang	<u>30.6</u>	inches	x 2.54	=	<u>78</u>	cm
Rear Overhang	<u>39.2</u>	inches	x 2.54	=	<u>100⁹⁹</u>	cm
Undeformed End Width	— — —	inches	x 2.54	=	— — —	cm
Engine Size: cyl./displ.	— — — <u>6</u>	cc	x .001	=	— — —	L
	— — —	CID	x .0164	=	<u>4.3</u>	L

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <p>RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>272</u> cm Overall Length <u>449</u> cm Maximum Width <u>166</u> cm Curb Weight <u>1729</u> kg Average Track <u>N/A</u> cm Front Overhang <u>78</u> <u>N/A</u> cm Rear Overhang <u>99</u> <u>N/A</u> cm Undeformed End Width <u>1545</u> cm Engine Size: cyl./displ. <u>6</u> <u>4.3</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees</p> <p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight _____ kg</p>
<p>TYPE OF TRANSMISSION</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.

<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>1</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>2</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p>
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>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>
<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>	

PSU NUMBER

75

CASE NUMBER

125A

VEHICLE NUMBER

02

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>02</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>02</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

0

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

- 24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1.690
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3729 lbs X .4536 = 1.691 kgs
 Source: _____
- 20. Vehicle Cargo Weight 0.300
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

1050 lbs X .4536 = 294.84 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 285
- 28. Heading Angle For Other Vehicle 040

Category	Configuration	ACCIDENT TYPES (Includes Intent)							
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN			
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN			
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN		
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 28, 29, 31	25 AVOID COLLISION WITH VEH.	26 AVOID COLLISION WITH OBJECT	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN	
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 AVOID COLLISION WITH VEH.	39 AVOID COLLISION WITH OBJECT	(EACH - 42) SPECIFICS OTHER	(EACH - 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	44 LATERAL MOVE	45 LATERAL MOVE	46 LATERAL MOVE	47 LATERAL MOVE	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN		
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN				
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 AVOID COLLISION WITH VEH.	59 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 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 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN			
VI Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	96 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)

13

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

- (31) Turn-over – fall-over
- (33) Jackknife

Collision With Fixed Object

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

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

Nonbreakaway Pole or Post

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

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

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

- (69) _____
Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- (89) _____
Unknown nonfixed object

- (98) Other event (specify):

- (99) _____
Unknown event or object

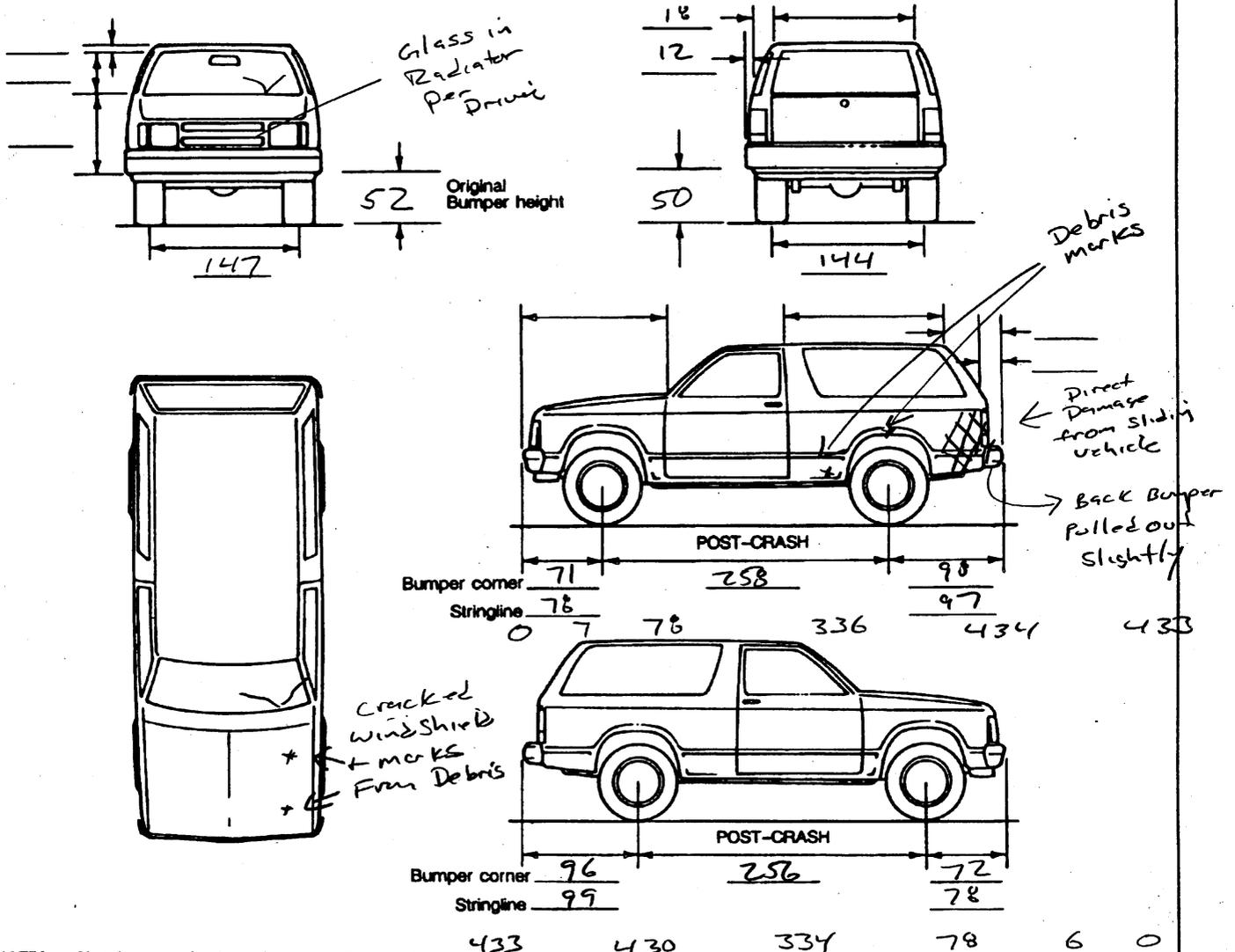
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>100.5</u> inches	x 2.54	=	<u>255</u> cm
Overall Length	<u>170.3</u> inches	x 2.54	=	<u>433</u> cm
Maximum Width	<u>65.4</u> inches	x 2.54	=	<u>166</u> cm
Curb Weight	<u>3,729</u> pounds	x .4536	=	<u>1,691</u> kg
Average Track	___ . ___ inches	x 2.54	=	___ . ___ cm
Front Overhang	<u>30.6</u> inches	x 2.54	=	<u>78</u> cm
Rear Overhang	<u>39.2</u> inches	x 2.54	=	<u>100</u> 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>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <p>RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>255</u> cm Overall Length <u>433</u> cm Maximum Width <u>166</u> cm Curb Weight <u>1691</u> kg Average Track <u>146</u> cm Front Overhang <u>78</u> cm Rear Overhang <u>100</u> cm Undeformed End Width <u>160</u> cm Engine Size: cyl./displ. <u>4.3L 06FC</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>400</u> <u>165</u> kg</p>	

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

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>04</u>	5. <u>01</u>	6. <u>00</u>	7. <u>L</u>	8. <u>B</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. <u>03</u>	13. <u>08</u>	14. <u>00</u>	15. <u>L</u>	16. <u>Z</u>	17. <u>E</u>	18. <u>S</u>	19. <u>01</u>
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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>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
							+ - -----

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</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

0

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

255

100.5 inches X 2.54 = 255 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>1</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>2</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.

PSU NUMBER

75

CASE NUMBER

125A

VEHICLE NUMBER

D3

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>03</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>D3</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 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 0.980
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,064 ship + 45kg = 936
45
 lbs X .4536 = 981 kgs

 Source: 4dr notchback 95.7w/B 4cy 1.6L
- 20. Vehicle Cargo Weight 9.990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

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 275
- 28. Heading Angle For Other Vehicle 040

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. 28, 30, 31	25 AVOID COLLISION WITH VEH.	26 AVOID COLLISION WITH OBJECT	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN	
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 AVOID COLLISION WITH VEH.	39 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 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 AVOID COLLISION WITH VEH.	59 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	76 TURN INTO SAME DIRECTION	77 TURN INTO SAME DIRECTION	78 TURN INTO OPPOSITE DIRECTIONS	79 TURN INTO OPPOSITE DIRECTIONS	80 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	82 TURN INTO OPPOSITE DIRECTIONS	(EACH - 84) SPECIFICS OTHER
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86	87	88	89	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	96 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)

13

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) _____
 Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (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

75

CASE NUMBER

125A

VEHICLE NUMBER

D4

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

75
125A
04

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>04</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER	<u>75</u>
CASE NUMBER	<u>125A</u>
VEHICLE NUMBER	<u>04</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

INTRA ERRORS

OHH1271 2 ***** THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. *****
HH1272 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
HH1273 EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA18 does
HH1274 not equal 00, 01 or 99) or (AIR BAG DEPLOYMENT OA22 does not
HH1275 equal 0, 4 or 9) or (AUTOMATIC BELT USE OA45 does not equal 0, 2
HH1276 or 9)).

01

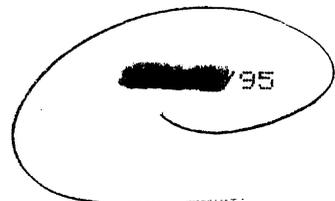
INTER ERRORS

OAG0031 2 If ACCIDENT TYPE GV15 equals 01-16, then VEHICLE FORMS AC03
AG0032 should equal 01. GV=01

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=01

PSU75
CASE 125A
CURRENT VERSION: 7.03

ERROR SUMMARY SCREEN



FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	0	0	0	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	0	N
Occupant Assessment	0	0	1	N
Occupant Interior	0	0	0	N
Total Inter Errors		0	2	
Total Case Errors	0	0	3	



Primary Sampling Unit Number 75

Case Number - Stratum 125A

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-2	1	East	Direction of travel
3	1	NE	Roll in median
4	1	"	Approx POI w/ U#2
5	1	"	Approx POI w/ U#3 & U#4
6-7	1	SW	Opposite direction of travel
8	1	West	" " " "
9-10	2	"	Direction of travel
11	2	"	Approx POI w/ U#1
12	2	East	Opposite direction of travel
13-14	3	West	Direction of travel
15	3	"	Approx POI w/ U#1
16	3	East	Opposite direction of travel
17	4	West	Direction of travel
18	4	"	Approx POI w/ U#1
19	4	East	Opposite direction of travel
20-42	1		Exterior
43-44	1		2 rear tire
45	1		⊙ front "
46	1		Filler cap
47	1		Gas tank
48-57	1		Front interior
58-59	1		Back "
60-68	2		Exterior
69	2		Filler cap
70	2		Gas tank
71-89	3		Exterior
90-91	3		Filler Cap / Gas tank



PSU 75-125A (1994) #1



PSU 75-125A (1994) #2



PSU 75-125A (1994) #3



PSU 75-125A (1994) #4



PSU 75-125A (1994) #5



PSU 75-125A (1994) #6



PSU 75-125A (1994) #7



PSU 75-125A (1994) #8
Best Available



PSU 75-125A (1994) #9



PSU 75-125A (1994) #10



PSU 75-125A (1994) #11



PSU 75-125A (1994) #12



PSU 75-125A (1994) #13



PSU 75-125A (1994) #14



PSU 75-125A (1994) #15



PSU 75-125A (1994) #16



PSU 75-125A (1994) #17



PSU 75-125A (1994) #18



PSU 75-125A (1994) #19



PSU 75-125A (1994) #20



PSU 75-125A (1994) #21



PSU 75-125A (1994) #22



PSU 75-125A (1994) #23



PSU 75-125A(1994) #24



PSU 75-125A (1994) #25



PSU 75-125A (1994) #26



PSU 75-125A (1994) #27



PSU 75-125A (1994) #28



PSU 75-125A (1994) #29



PSU 75-125A (1994) #30



PSU 75-125A (1994) #31



PSU 75-125A (1994) #32



PSU 75-125A (1994) #33



PSU 75-125A (1994) #34



PSU 75-125A (1994) #35



PSU 75-125A (1994) #36



PSU 75-125A (1994) #37



PSU 75-125A (1994) #38



PSU 75-125A (1994) #39



PSU 75-125A (1994) #40



PSU 75-125A (1994) #41
Best Available



PSU 75-125A (1994) #42



PSU 75-125A (1994) #43



PSU 75-125A (1994) #44



PSU 75-125A (1994) #45



PSU 75-125A (1994) #46



PSU 75-125A (1994) #47



PSU 75-125A (1994) #48



PSU 75-125A (1994) #48



PSU 75-125A (1994) #50



PSU 75-125A (1994) #51



PSU 75-125A (1994) #52



PSU 75-125A (1994) #53



PSU 75-125A (1994) #54



PSU 75-125A (1994) #55



PSU 75-125A (1994) #58



PSU 75-125A (1994) #57



PSU 75-125A (1994) #58



PSU 75-125A (1994) #59



PSU 75-125A (1994) #60



PSU 75-125A (1994) #61



PSU 75-125A (1994) #62



PSU 75-125A (1984) #63



PSU 75-125A (1994) #64



PSU 75-125A (1994) #65



PSU 75-125A (1994) #68



PSU 75-125A (1994) #67



PSU 75-125A (1994) #68



PSU 75-125A (1994) #69



PSU 75-125A (1994) #70



PSU 75-125A (1994) #71



PSU 75-125A(1994)#72



PSU 75-125A (1994) #73



PSU 75-125A (1994) #74



PSU 75-125A (1994) #75



PSU 75-125A (1994) #76



PSU 75-125A (1994) #77



PSU 75-125A (1994) #78



PSU 75-125A (1994) #79



PSU 75-125A (1994) #80



PSU 75-125A (1994) #81



PSU 75-125A (1994) #82



PSU 75-125A (1994) #83



PSU 75-125A (1994) #84



PSU 75-125A (1994) #85



PSU 75-125A (1994) #86



PSU 75-125A (1994) #87



PSU 75-125A (1994) #88



PSU 75-125A (1994) #89



PSU 75-125A (1994) #90



PSU 75-125A (1994) #91