



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

car/car - right angle

PSU 09 CASE NO. 166K TYPE OF ACCIDENT ~~TWO CARS~~; FRONT TO SIDE IMPACT

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

VEHICLE ONE WAS TRAVELING EAST BOUND ON A THREE LANE DIVIDED ROADWAY (WITH POSITIVE BARRIER) APPROACHING AN INTERSECTION. VEHICLE TWO WAS TRAVELING SOUTH ON A THREE LANE DIVIDED ROADWAY (WITH POSITIVE BARRIER) APPROACHING THE SAME INTERSECTION AS VEHICLE ONE. BOTH VEHICLES ENTER THE INTERSECTION. VEHICLE ONE'S FRONT IMPACTS VEHICLE TWO'S RIGHT SIDE. VEHICLE TWO CONTINUES AND IMPACTS FOUR OR MORE SAND FILLED BARRELS WITH ITS FRONT. VEHICLE TWO COMES TO REST AGAINST THE END OF A CONCRETE JERSEY WALL WITH ITS RIGHT SIDE. VEHICLE ONE ROTATES CLOCKWISE STRIKING VEHICLE ONE'S BACK BUMPER WITH ITS LEFT REAR CORNER AND COMES TO REST SOUTH OF THE INTERSECTION IN THE SOUTH BOUND LANES FACING NORTH. (CONT)

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B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
01	INTERMEDIATE	1994/CADILLAC/ELDORADO	FRONT	SEVERE	NONE
02	COMPACT	1989/HONDA/ACCORD	RIGHT	SEVERE	RT FRONT SEAT BACK

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
01	DRIVER	LF-FRONT	LAP + SHOULDER + AIR BAG				
02	DRIVER	LF FRONT	NONE				
	PASS.	RT FRONT	NONE				
	PASS.	LF-REAR	NONE				
	PASS.	RT-REAR	NONE				

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



CASE SUMMARY

PSU 09 CASE NO. 166K TYPE OF ACCIDENT _____

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.)(CONT.)

ALL FOUR OCCUPANTS OF VEHICLE TWO ARE TRANSPORTED. THE DRIVER OF VEHICLE ONE IS REPORTED INJURED, BUT IS NOT TRANSPORTED. BOTH VEHICLES ARE TOWED DUE TO DAMAGE.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	

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

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

PSU09

1995 Case Summary Form

CASE 166K

TYPE OF ACCIDENT: TWO CARS; FRONT TO SIDE IMPACT

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was traveling eastbound on a three lane divided roadway (with a positive barrier) approaching an intersection. Vehicle two was traveling south on a three lane divided roadwa (with a positive barrier) approaching the same intersection as vehicle one. Both vehicles enter the intersection. Vehicle one's front plane impacts vehicle two's right side. Vehicle two continues on and impacts four or more sand-filled barrels with it's front plane. Vehicle two comes to rest against the end of a concrete "jersey" wall with it's right side. Vehicle one rotates clockwise striking vehicle one's back bumper with it's left rear corner (second impact event: vehicle two's bumper is merely scraped). Vehicle one comes to rest south of the intersection in the southbound lanes facing north. All four occupants of vehicle two are transported. The driver of vehicle one is reported injured, but, is not transported. Both vehicles are towed due to damage.

01

PSU09

1995 Case Summary Form

CASE 166K

TYPE OF ACCIDENT: TWO CARS; FRONT TO SIDE IMPACT

B. VEHICLE PROFILE(S)

Vehicle No	Class of Vehicle	Year/Make/Model	Damage Plane	Severity Descr.	Component Failure
01	Intermediate	1994/Cadillac/El Dorado	front	severe	none
02	Compact	1989/Honda/Accord	right	severe	Rt Front seat back

PSU09

1995 Case Summary Form

CASE 166K

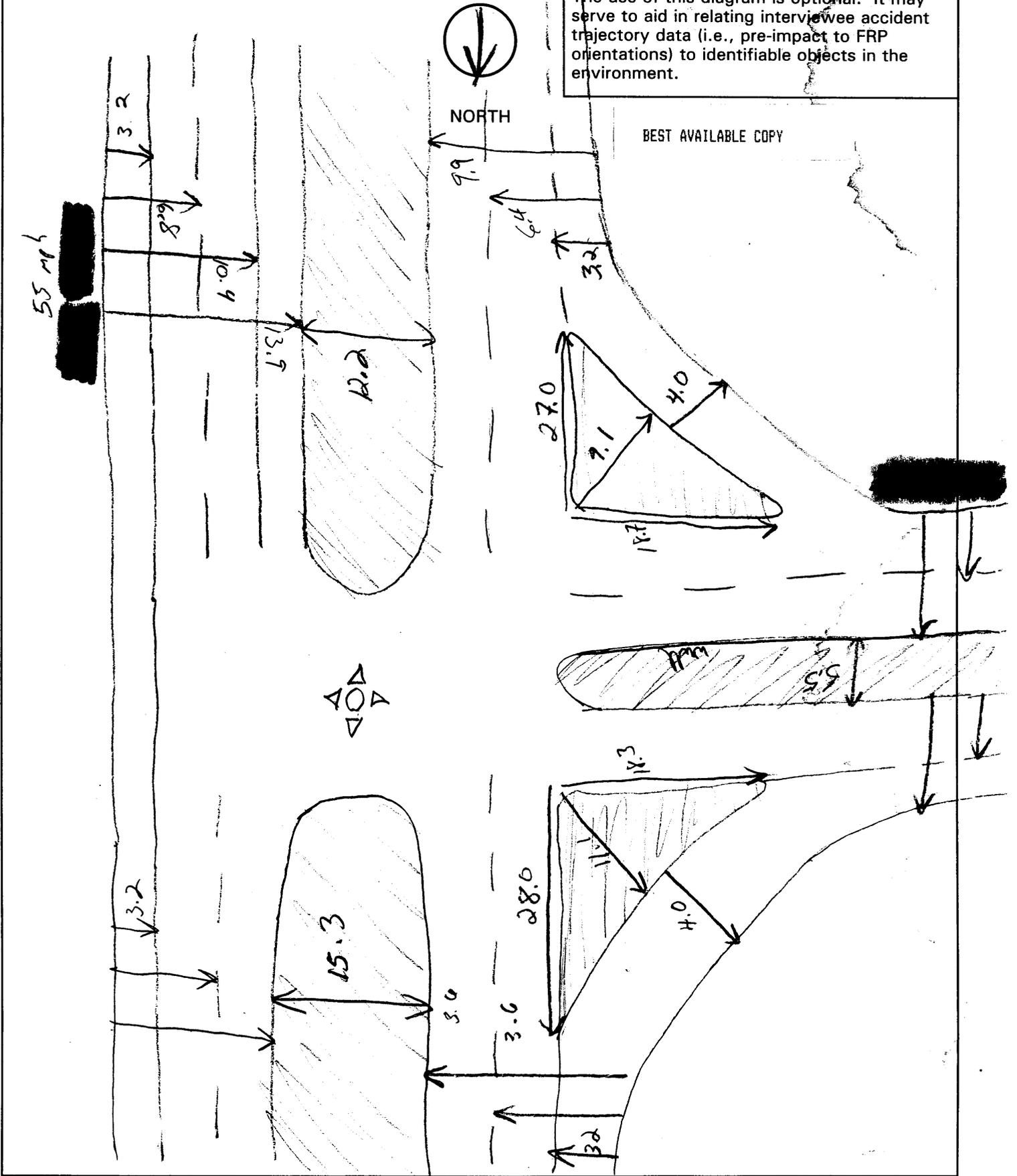
TYPE OF ACCIDENT: TWO CARS; FRONT TO SIDE IMPACT

C. PERSON PROFILE(S)

V	Person	Seat	Restraint	Body	Injury	A	Injury
e	Role	Position	Use	Region	Type	I	Source
No						S	
01	driver	lf-front	Lap & Shoulder & Air Bag		Chest Contusion	1	airbag
02	driver	lf-front	none	face	fracture	3	windshield/A-pulver
	pass.	rt-front	none	brain	concussion	3	② window/home
	pass.	lf-rear	none	face	lacerations	1	flying glass
	pass.	rt-rear	none	foot	laceration	1	seat back

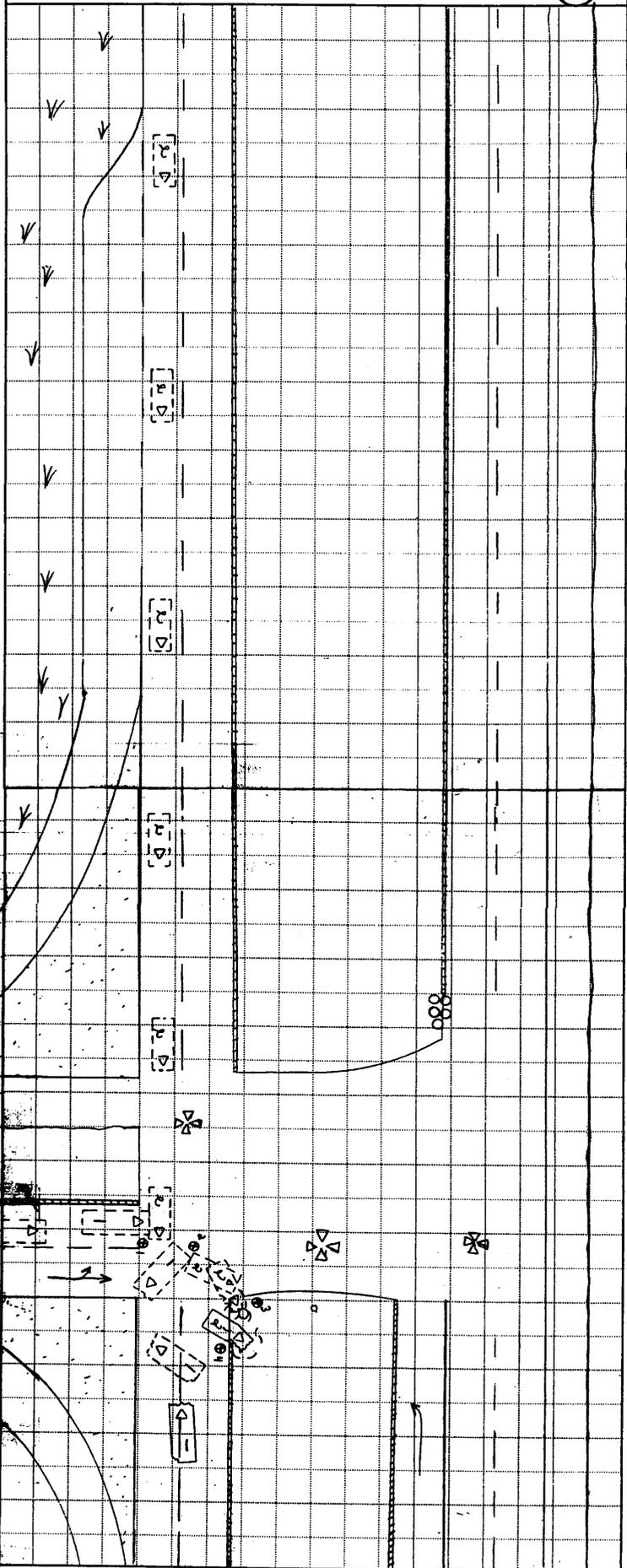
ACCIDENT DIAGRAM

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

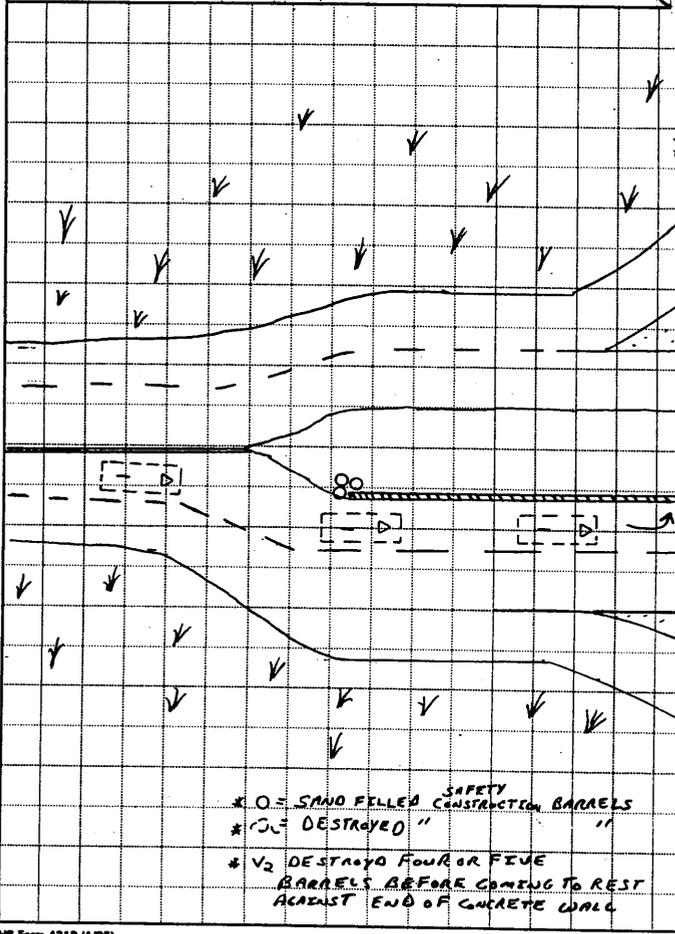


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PSU No. 09 Case Number—Stratum 166K Indicate North



PSU No. 09 Case Number—Stratum 166K Indicate North



- * O = SAND FILLED SAFETY CONSTRUCTION BARRELS
- * V = DESTROYED "
- * X = DESTROYED FOUR OR FIVE BARRELS BEFORE COMING TO REST AGAINST END OF CONCRETE WALL



ACCIDENT FORM

1. Primary Sampling Unit Number 09
2. Case Number - Stratum 166K

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) / / 95
5. Time of Accident 0650
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0
7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)
8. SS17 Impact Fires 0
9. SS18 Unsafe Driver Actions 0
10. SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 05
04
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 in the right columns.

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>01</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>R</u>
19. <u>02</u>	20. <u>01</u>	21. <u>03</u>	22. <u>L</u>	23. <u>02</u>	24. <u>02</u>	25. <u>R</u>
26. <u>03</u>	27. <u>02</u>	28. <u>02</u>	29. <u>F</u>	30. <u>56</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. <u>02</u>	35. <u>02</u>	36. <u>R</u>	37. <u>54</u>	38. <u>00</u>	39. <u>0</u>
40. <u>05</u>	41. <u>02</u>	42. <u>02</u>	43. <u>B</u>	44. <u>99</u>	45. <u>99</u>	46. <u>9</u>

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

CODES FOR CLASS OF VEHICLE

- | | |
|--|--|
| <ul style="list-style-type: none"> (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 (14) Compact utility vehicle (15) Large utility vehicle (≤ 4,500 kgs GVWR) (16) Utility station wagon (≤ 4,500 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,500 kgs GVWR) (21) Large van (≤ 4,500 kgs GVWR) (24) Van Based school bus (≤ 4,500 kgs GVWR) (28) Other van type (≤ 4,500 kgs GVWR) (29) Unknown van type (≤ 4,500 kgs GVWR) (30) Compact pickup truck (≤ 4,500 kgs GVWR) | <ul style="list-style-type: none"> (31) Large pickup truck (≤ 4,500 kgs GVWR) (38) Other pickup truck (≤ 4,500 kgs GVWR) (39) Unknown pickup truck type (≤ 4,500 kgs GVWR) (45) Other light truck (≤ 4,500 kgs GVWR) (48) Unknown light truck type (≤ 4,500 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based)(> 4,500 kgs GVWR) (58) Other bus (> 4,500 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,500 kgs GVWR) (67) Tractor without trailer (68) Tractor-trailer(s) (78) Unknown medium/heavy truck type (79) Unknown light/medium/heavy truck type (80) Motored cycle (90) Other vehicle (99) Unknown |
|--|--|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| <p>CDS APPLICABLE AND OTHER VEHICLES</p> | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front | <ul style="list-style-type: none"> (R) Right side (L) Left side (B) Back | <ul style="list-style-type: none"> (T) Top (U) Undercarriage (9) Unknown |
| <p>TDC APPLICABLE VEHICLES</p> | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side | <ul style="list-style-type: none"> (L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor) | <ul style="list-style-type: none"> (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|--|--|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify): _____ (36) Noncollision injury _____ (38) Other noncollision (specify): _____ (39) Noncollision — details unknown _____ <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> (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) <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (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): <u>SAND FILLED BARRELS 4 OR MORE</u>) | <ul style="list-style-type: none"> (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 _____ <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (70) Passenger car, light truck, van, or other vehicle not in-transport (71) Medium/heavy truck or bus 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 _____ |
|--|--|

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related
Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction
 (9) Unknown

20. Trafficway Flow 2
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 3
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 4
 (1) Level
 (2) Uphill grade (>2%)
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 4
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)
Regulatory
 (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

09-166K
V01

OCCUPANT RELATED

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

- 39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 1.730
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3,818 lbs X .4536 = 1.732 kgs

Source: _____

- 44. Vehicle Cargo Weight 000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
0000 lbs X .4536 = 0000 kgs
 Source: _____

ROLLOVER DATA

- 45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
- 47. 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
 (8) Rollover--end-over-end
 (9) Unknown
- 48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
- 49. 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): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
- 50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

- (31) Turn-over – fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) 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

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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>09</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>166K</u>	

VEHICLE IDENTIFICATION

VIN 1G6ET1295RU XXXXXXXXXX Model Year 94
 Vehicle Make (specify): CADILLAC Vehicle Model (specify): EL DORADO

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	Location of Max Crush
01	ACROSS ENTIRE FRONT PLANE 183cm.	FRONT BUMPER	C ₃
02	LEFT REAR CORNR 17cm ^{→ up}	LFT CORNR TO 17CM UP	C ₁ 16cm

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 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								
01	FRONT	183	71	102.5	53	70	71	66	59	50	00
	FS STNG EXTEN	160	6		6	6	6	6	6	6	
	FS Bump crsh		5		5	5	5	5	5	5	
	FS Bump TAPER		1		6	3	1	1	3	6	
	ACTUAL	183 160	59	102.5	36	56	59	54	45	33	00
02	LFT REAR CORNER	17	16	17	16	10.5	5.5	0			237.5
	SIDE LFT										

ORIGINAL SPECIFICATIONS WORK SHEET

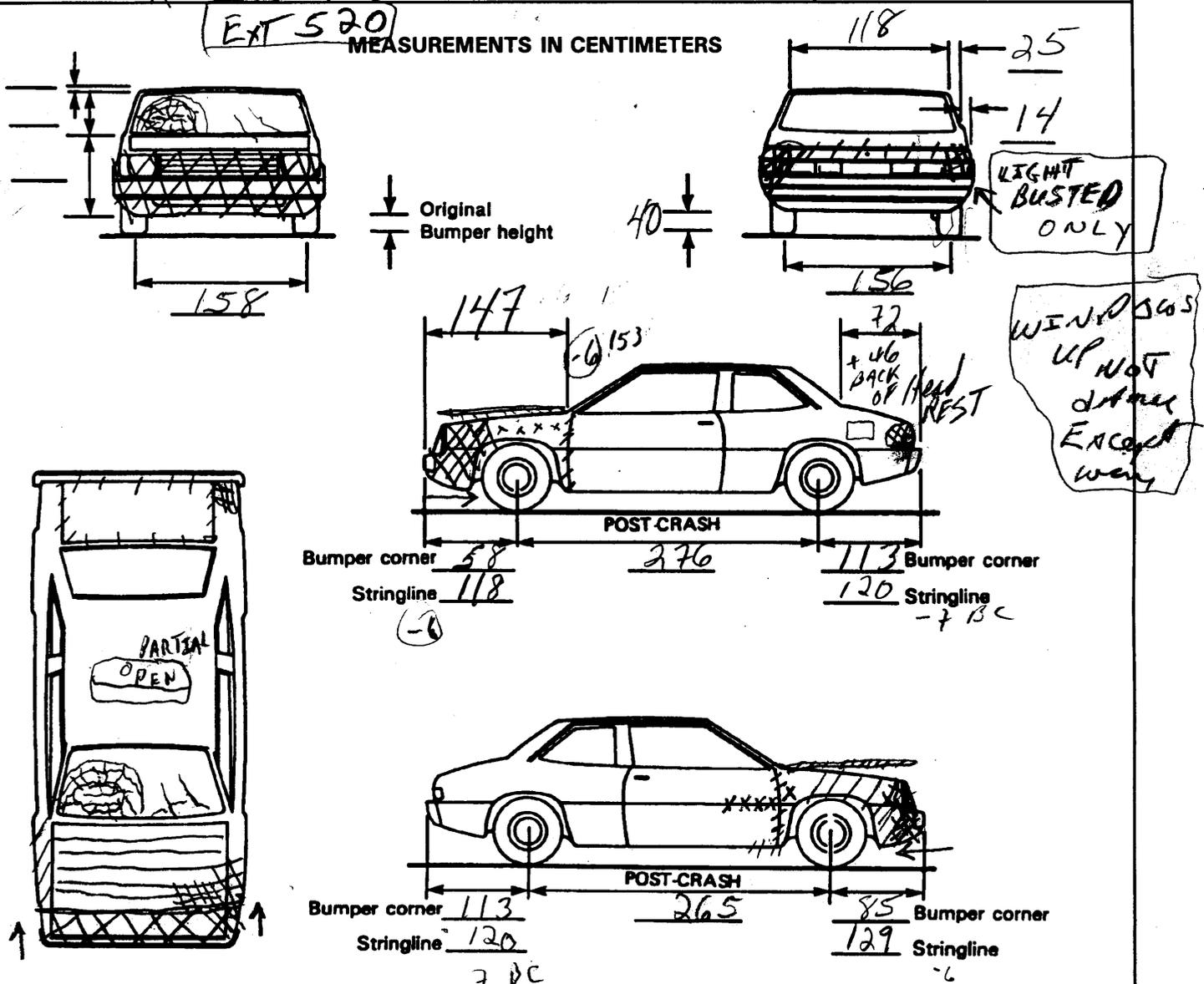
Wheelbase	<u>108.0</u>	inches	x 2.54	=	<u>274</u>	cm
Overall Length	<u>202.2</u>	inches	x 2.54	=	<u>514</u>	cm
Maximum Width	<u>75.5</u>	inches	x 2.54	=	<u>192</u>	cm
Curb Weight	<u>3,818</u>	pounds	x .4536	=	<u>1,732</u>	kg
Average Track	<u>60.9</u>	inches	x 2.54	=	<u>155</u>	cm
Front Overhang	_____	inches	x 2.54	=	_____	cm
Rear Overhang	_____	inches	x 2.54	=	_____	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	_____	L
	<u>4.6</u>	CID	x .0164	=	_____	L

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>274</u> cm</p> <p>Overall Length <u>514</u> cm</p> <p>Maximum Width <u>192</u> cm</p> <p>Curb Weight <u>1,732</u> kg</p> <p>Average Track <u>155</u> cm</p> <p>Front Overhang <u>119cm</u> cm</p> <p>Rear Overhang <u>121cm</u> cm</p> <p>Undeformed End Width <u>~ 160</u> cm</p> <p>Engine Size: cyl./displ. <u>V-8 / 4.6L</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>0 0</u> ° LF ± <u>0 0</u> ° RR ± <u>0 0</u> ° LR ± <u>0 0</u> °</p> <p>Within ± 5 degrees</p> <hr/> <p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>00</u> kg</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

EXT 520

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.

Left Rear CRNR

BEST AVAILABLE COPY

16 cm count From side

4.5 cm count From Rear

Req 18.5 cm Rear left CR → RIGHT

Req 17 cm Side left CR → UP

Left side
Left Rear corner

$$\begin{array}{r} 102.5 \\ 102.5 \\ \hline 205.0 \end{array}$$

$$\begin{array}{r} 11 \\ 11 \\ \hline 22 \end{array}$$

$$\begin{array}{r} 396 \\ 120 \\ \hline 276 \end{array}$$

$$\begin{array}{r} 118 \\ 124 \\ \hline 242 \\ 396 \\ \hline 638 \\ 110 \\ \hline 748 \\ 385 \\ \hline 1133 \end{array}$$

$$\begin{array}{r} 110 \\ 396 \\ \hline 506 \\ 110 \\ \hline 616 \end{array}$$

$$\begin{array}{r} 129 \\ 135 \\ \hline 264 \\ 385 \\ \hline 649 \\ 11 \\ \hline 660 \end{array}$$

$$\begin{array}{r} 385 \\ 120 \\ \hline 505 \\ 165 \\ \hline 670 \end{array}$$

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>11</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u>02</u>	13. 02 ⁹⁹	14. 07 ⁰⁹	15. <u>L</u>	16. <u>B</u>	17. <u>M</u>	18. <u>E</u>	19. 02 ⁰³
---------------	---------------------------------	---------------------------------	--------------	--------------	--------------	--------------	---------------------------------

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>161</u>	<u>036</u>	<u>056</u>	<u>059</u>	<u>054</u>	<u>045</u>	<u>033</u>	<u>+000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
<u>017</u>	<u>016</u>	<u>011</u>	<u>006</u>	<u>000</u>			<u>+0238</u>

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 161
 Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width (For highest severity impact) 183
 Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 274
 Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
108.0 inches X 2.54 = 274 centimeters

29. Original Average Track Width 155
 Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
60.9 inches X 2.54 = 155 centimeters

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

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

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

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

FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap 2

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

37. Type of Fuel Tank-1 2

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

FIRE OCCURRENCE

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

34. Origin of Fire 0
 (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

39. Location of Fuel Tank-1 4

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

41. Damage to Fuel Tank-1 1

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



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 166K
 3. Vehicle Number 01

INTEGRITY

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

Yes, Integrity Was Lost Through

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

 (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RRO 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. RRO 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

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RRO 2
 20. BL 2 21. Roof 9 22. Other 0

- (0) No glazing
 (1) AS-1 - Laminated
 (2) AS-2 - Tempered
 (3) AS-3 - Tempered-tinted (original)
 (4) AS-2 - Tempered-with after market tint
 (5) AS-3 - Tempered-tinted (with additional after market tint)
 (6) AS-14 - Glass/Plastic
 (7) Glazing removed prior to accident
 (8) Other (specify):

 (9) Unknown
- electrical controls CAN NOT MOVE TO DETERMINE AS RATING*

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RRO 1
 28. BL 1 29. Roof 3 30. Other 0

- (0) No glazing
 (1) Fixed
 (2) Closed
 (3) Partially opened
 (4) Fully opened
 (7) Glazing removed prior to accident
 (9) Unknown

Glazing Damage from Impact Forces

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

- (0) No glazing
 (1) 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
 (9) Unknown if damaged
- ALSO CRACKED BY FLAY*
Set 13 over

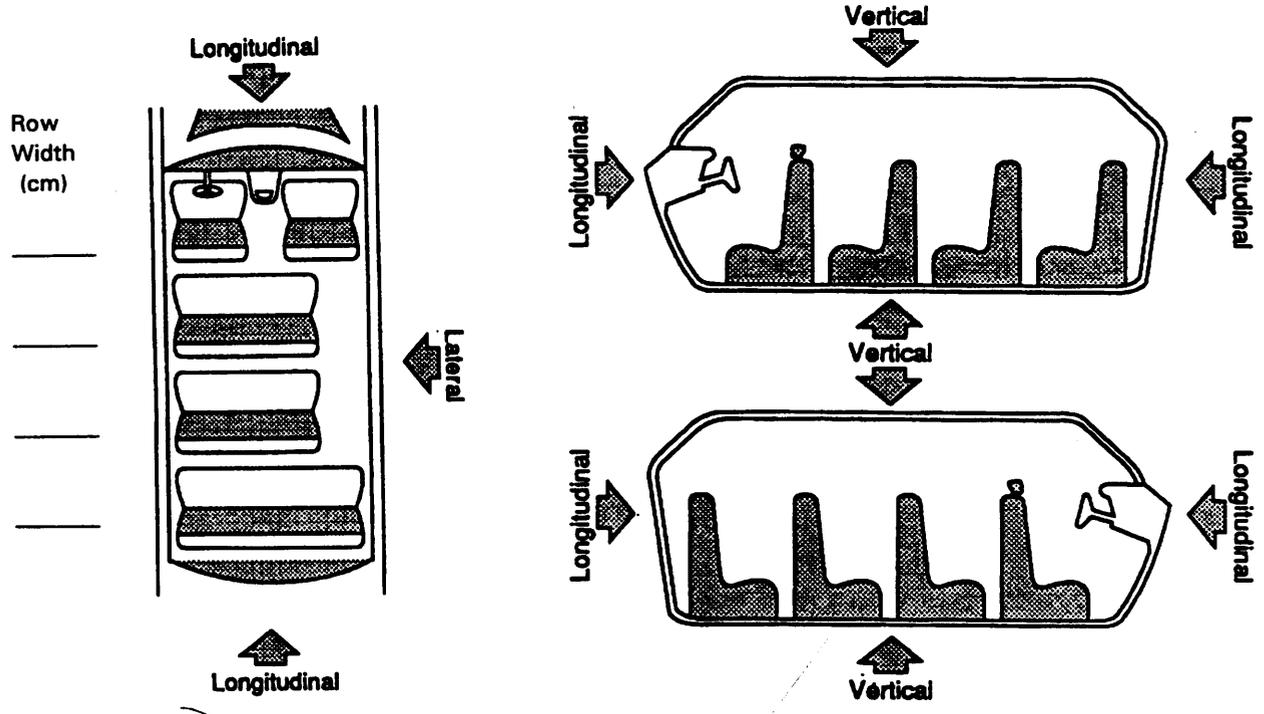
Glazing Damage from Occupant Contact

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	= INTRUSION	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	
				=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

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

INTRUDING COMPONENT

Interior Components

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

Exterior Components

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

LOCATION OF INTRUSION

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

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

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

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

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

- (99) Unknown

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

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

--	--	--	--	--

STEERING COLUMN

INSTRUMENT PANEL

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

88. Tilt Steering Column Adjustment 3
 (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0
 (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

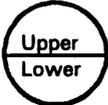
90. Steering Rim/Spoke Deformation 0 0
 _____ Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 0
 (00) No steering rim deformation

Quarter Sections
 (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



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




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

92. 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

ELECTRONIC DASH CANNOT DETERMINE

_____ miles X 1.6093 = _____ kilometers

Source: _____

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

94. Type of Knee Bolster Covering 1
 (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1
 (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

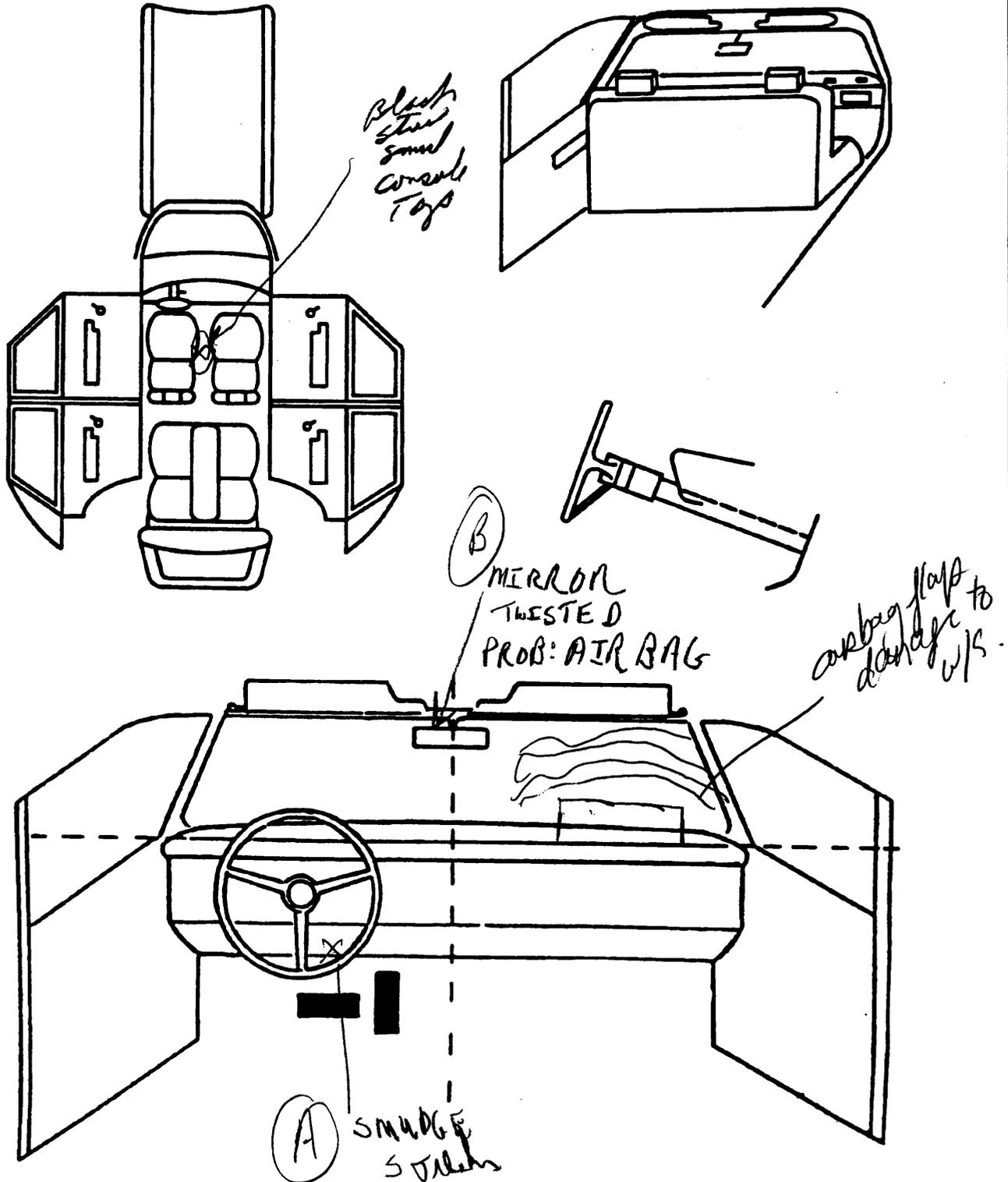
96. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0
 (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 Hand controls for braking/acceleration
 Steering control devices (attached to OEM steering wheel)
 Steering knob attached to steering wheel
 Low effort power steering (unit or device)
 Replacement steering wheel (i.e., reduced diameter)
 Joy-stick steering controls
 Wheelchair tie-downs
 Modification to seat belts (specify): _____
 Additional or relocated switches (specify): _____
 Raised roof
 Wall-mounted head rest (used behind wheelchair)
 Other adaptive device (specify): _____

(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	010	01	RT. Knee	SMUDGE / STREAKS	2
B	002	01	HEAD	MIRROR TWISTED	3
C	163	01	RT ARM	CENTER CONSOLE SMUDGE	3
D				STREAK ON TOP OF	
E				CONSOLE position 12	
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object, (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): console

AIR BAG

- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (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	14	X	4
	Evidence of usage	04		04
	Used in this crash?	00		0
	Proper Use	0		0
	Failure Modes	0		0
	Anchorage Adjustment	1		1
S E C O N D	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	06
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

Manual (Active) Belt System Use

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

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

Proper Use of Manual (Active) Belts

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

Belt Used Improperly

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

Manual (Active) Belt Failure Modes During Accident

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

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

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

Air Bag System Availability/Function

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

Non-functional

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

Are There Indications of Air Bag System Failure? (This Occupant Position)

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

Frontal Air Bag System Deployment (This Occupant Position)

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

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

AUTOMATIC BELTS

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

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

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* 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.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	1	1
Air bag have vent ports?	2/2	2/2
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	4	1

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

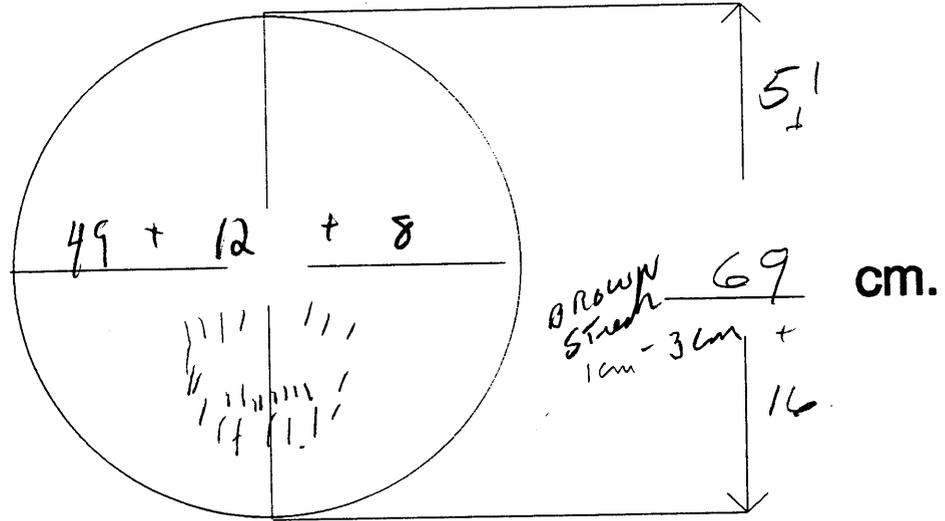
Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

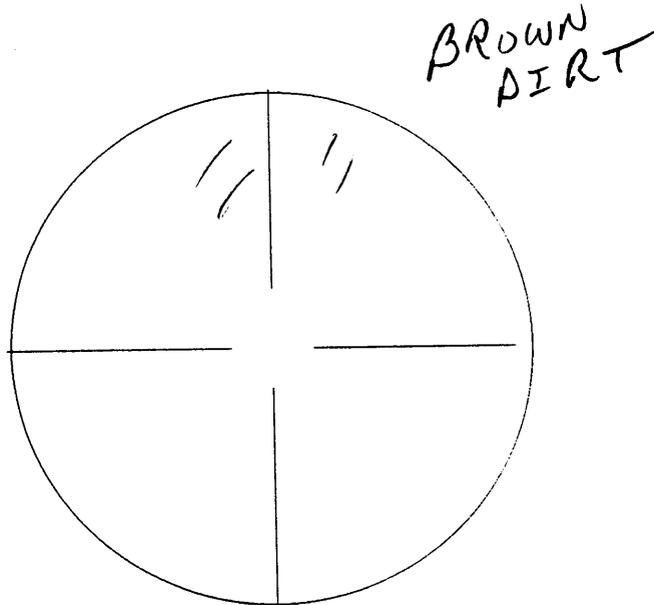
ASK
at Entrance

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

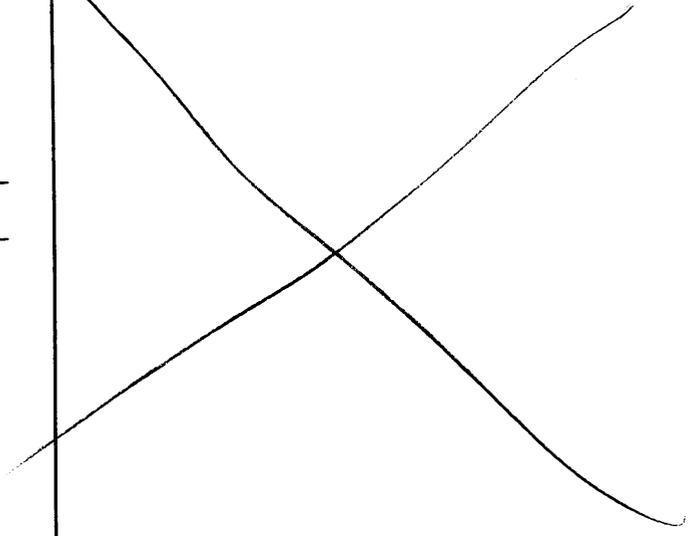
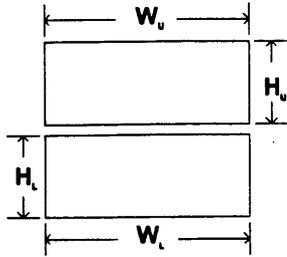
b. Lower Flap

width (W_u) _____

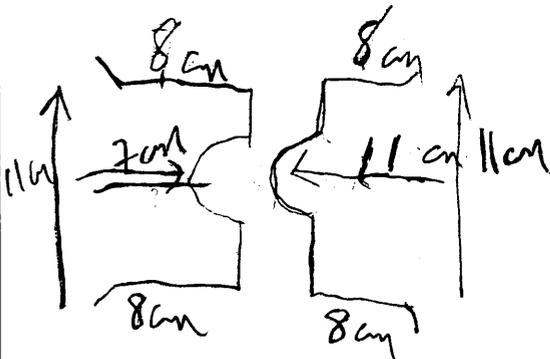
width (W_l) _____

height (H_u) _____

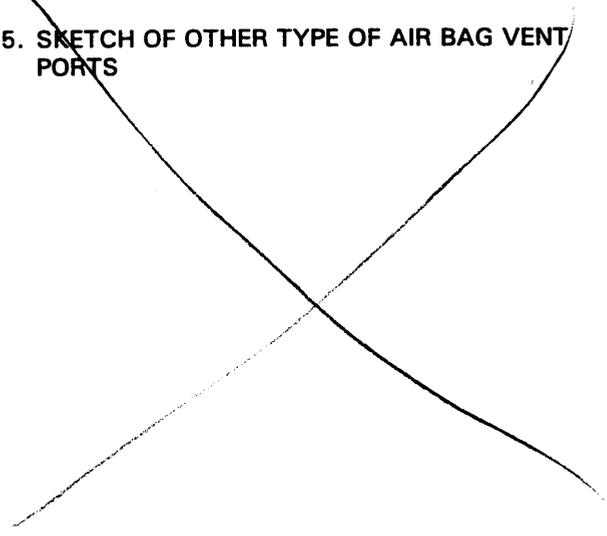
height (H_l) _____



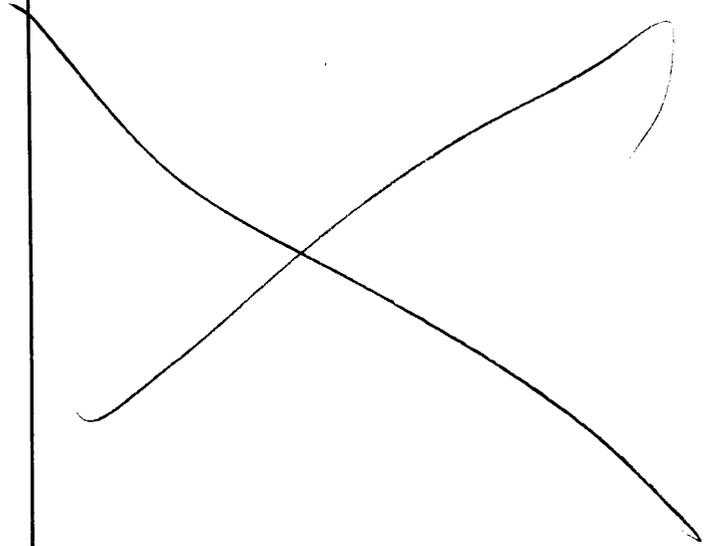
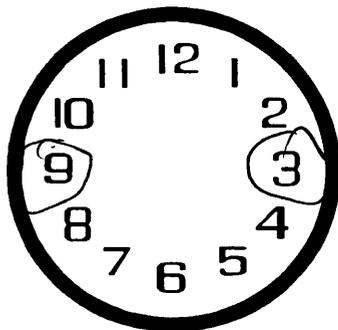
4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE



5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

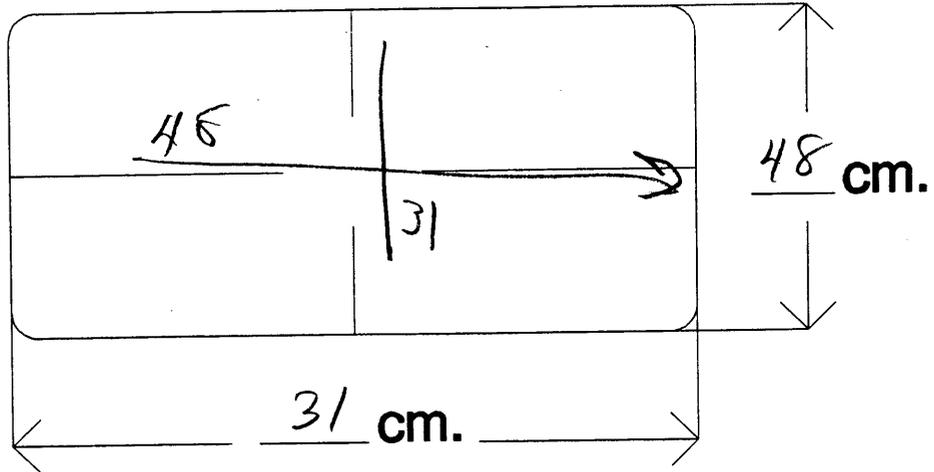


6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

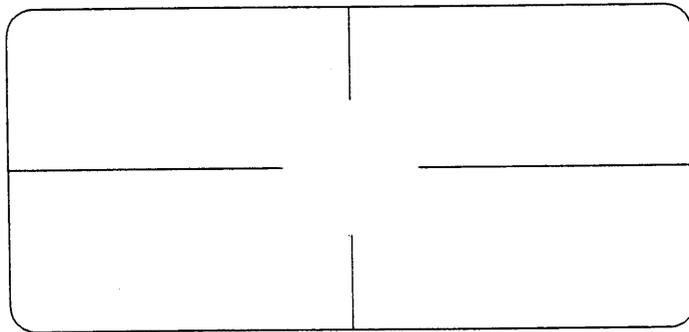


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

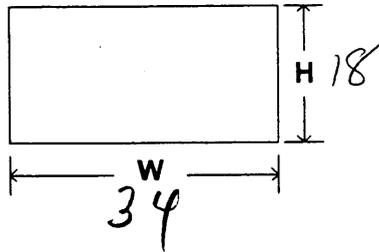


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) 34
height (H) 18



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

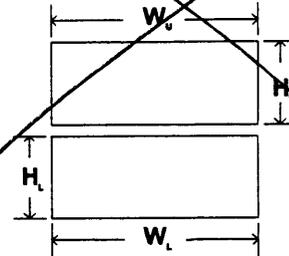
b. Lower Flap

width (W_U) _____

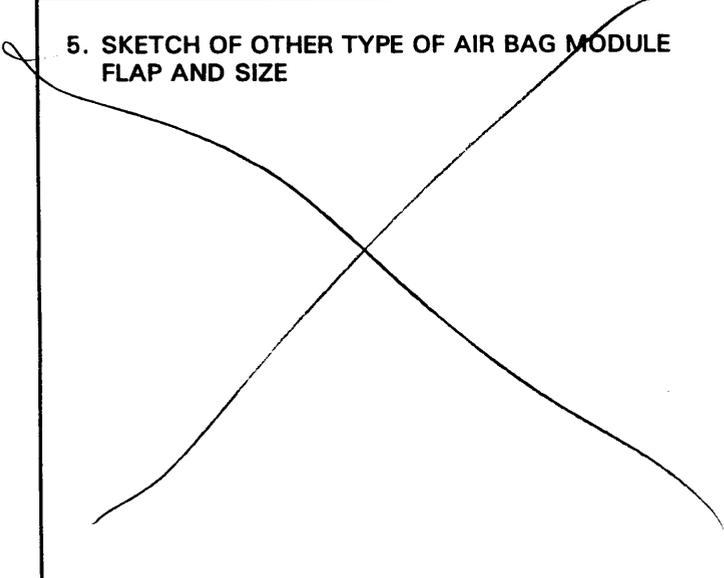
width (W_L) _____

height (H_U) _____

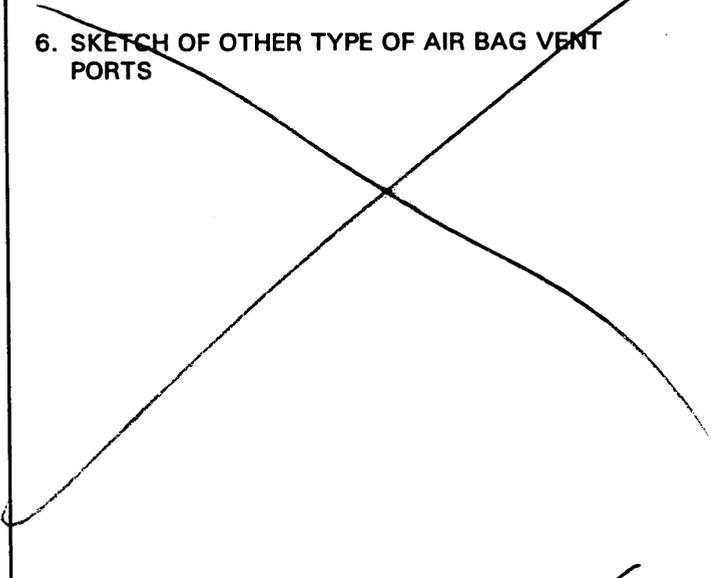
height (H_L) _____



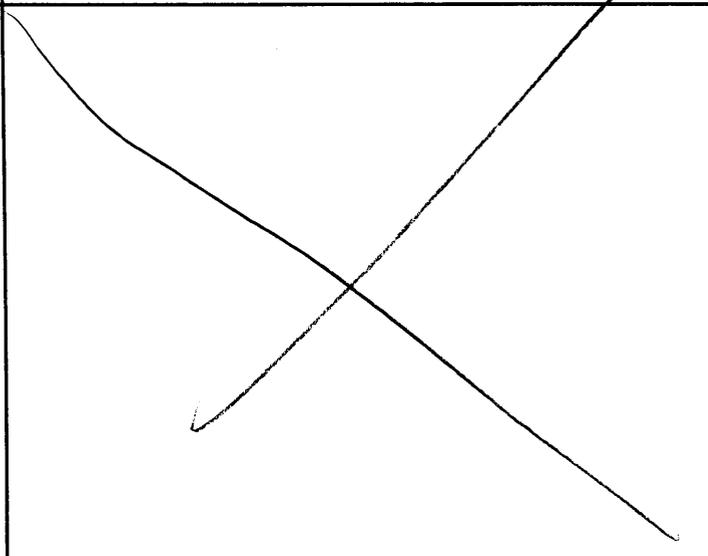
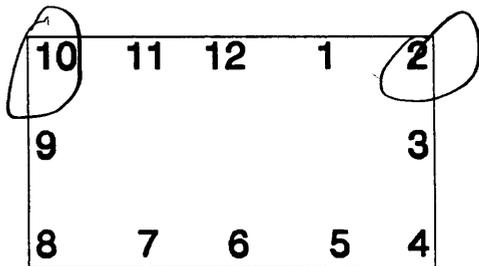
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE



6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

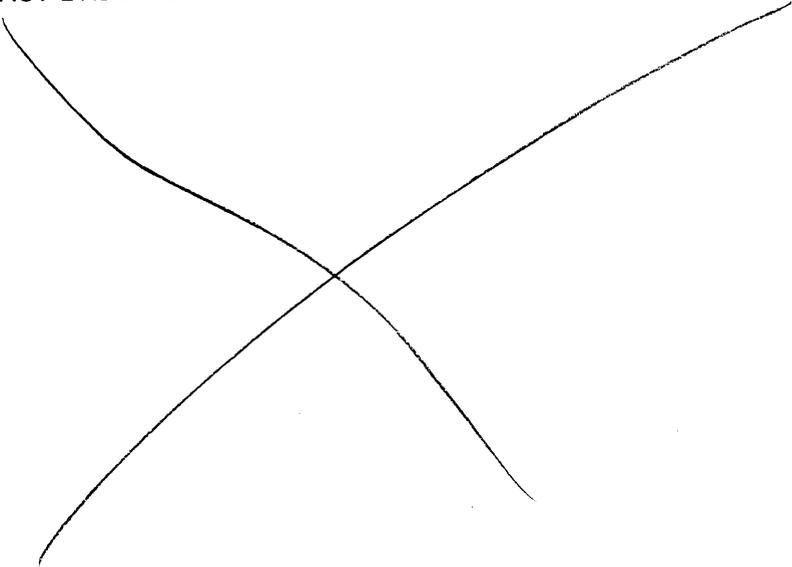


7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

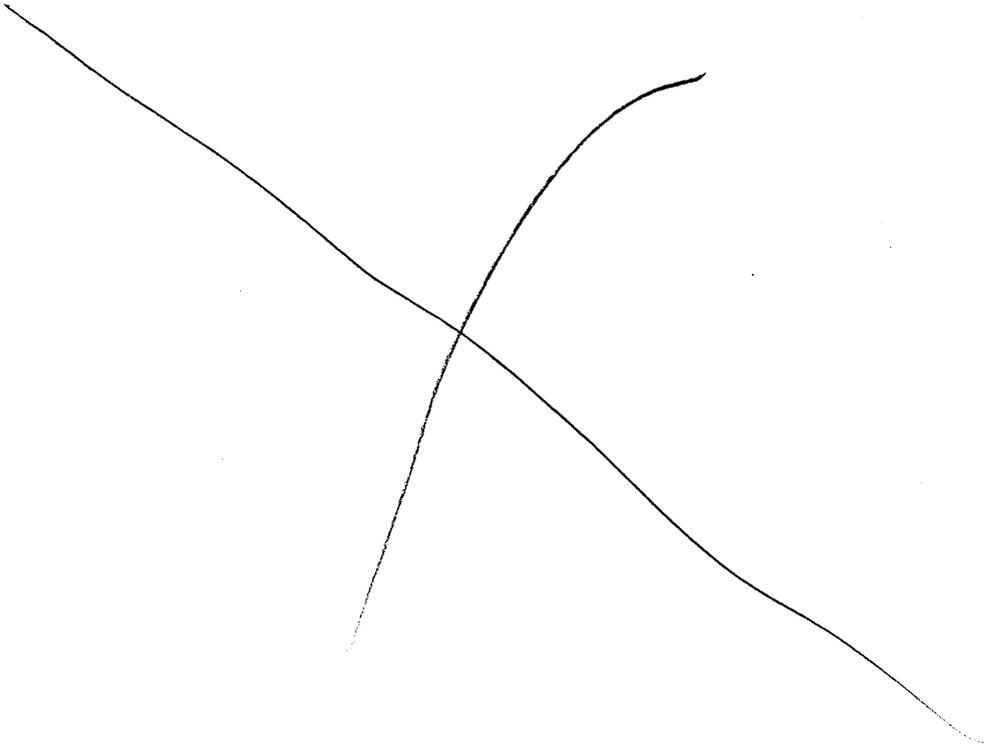


"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

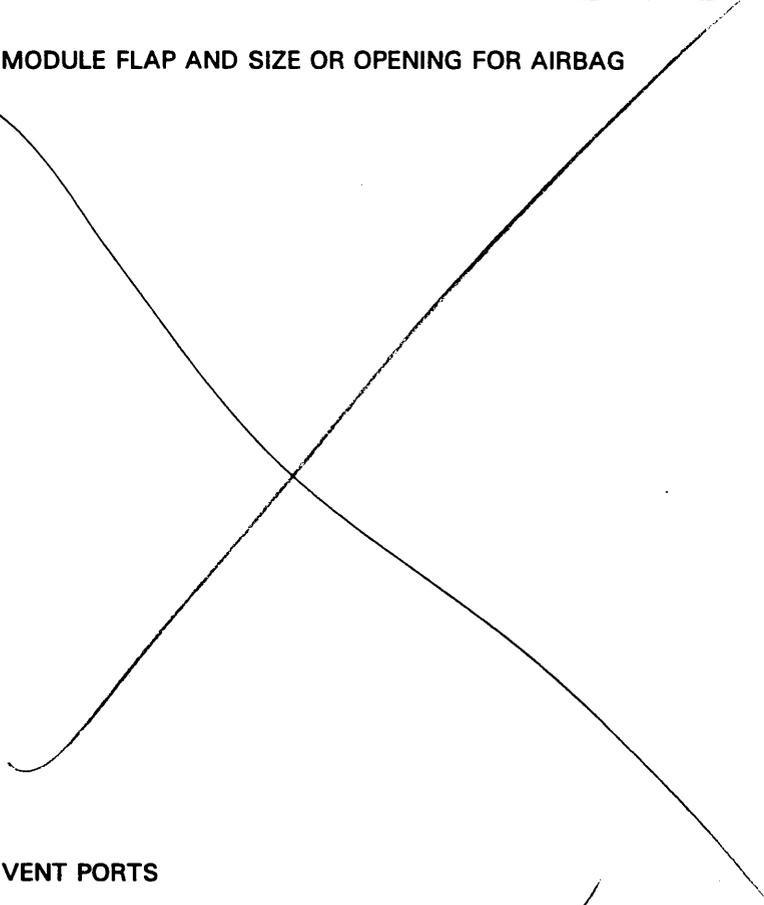


2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

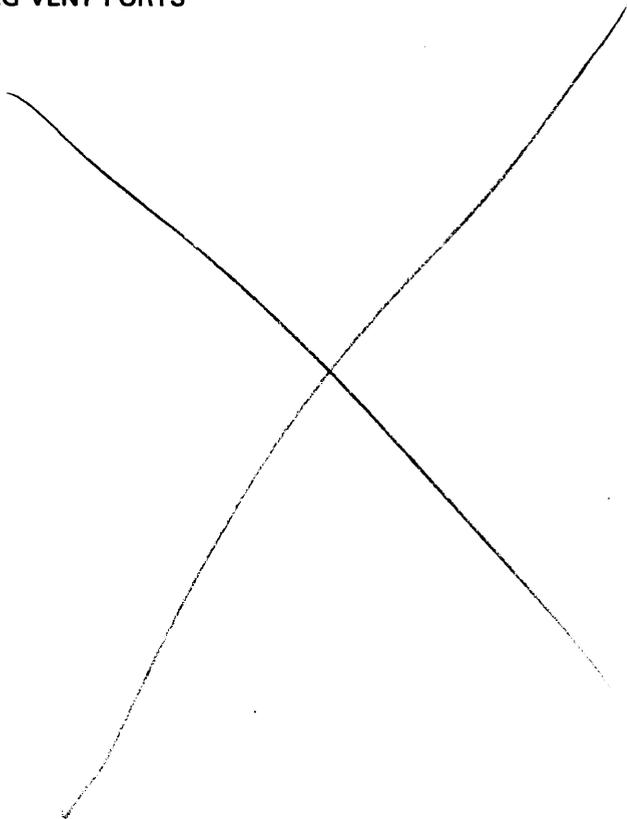


"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG



4. SKETCH AIR BAG VENT PORTS



HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	Center	3
	Seat Type	02		02
	Seat Performance	9 <i>elute seat</i>		9 <i>elute seat</i>
	Seat Orientation	1		1
	Seat Track Position	9		9
	Seat Back Incline Pre/Post Impact	9		9
S E C O N D	Head Restraint Type/Damage	1	0	1
	Seat Type	03	03	03
	Seat Performance	0	0	0
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	01	01	01
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

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

HEAD RESTRAINTS/SEAT EVALUATION

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

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 - (1) Non-adjustable seat track
- Adjustable Seat Track**
- (2) Seat at forward most track position
 - (3) Seat between forward most and middle track positions
 - (4) Seat at middle track position
 - (5) Seat between middle and rear most track positions
 - (6) Seat at rear most track position
 - (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

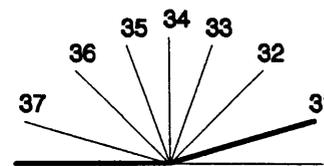
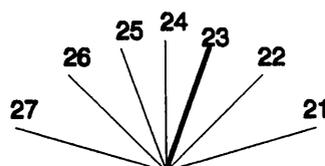
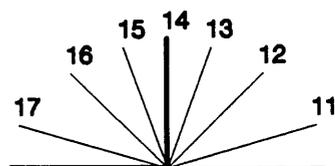
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

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

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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Type of Child Safety Seat</p> <p>(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</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat</p> <p>Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation</p> <p>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</p> <p>(99) Unknown if child safety seat used</p> <p>3. Child Safety Seat Harness Usage</p> </div> <div style="width: 48%;"> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5. (00) No child safety seat</p> <p>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</p> <p>Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>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</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>						

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes []

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

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

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

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

(7) Roof

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

(9) Unknown

Ejection Medium

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

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 166K
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 55
 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-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (9) Unknown

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

8. Occupant's Weight 064
 Code actual weight to the nearest
 kilogram.
 (999)Unknown
140 pounds X .4536 = 064 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

EJECTION/ENTRAPMENT

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

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

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

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

16. Entrapment 0
 (0) Not entrapped/exit not inhibited
 (1) Entrapped/pinned - mechanically restrained
 (2) Could not exit vehicle due to jammed doors,
 fire, etc.
 (specify): _____
 (9) Unknown

17. Occupant Mobility 3
 (0) Occupant fatal before removed from
 vehicle
 (1) Removed from vehicle while unconscious or
 disoriented
 (2) Removed from vehicle due to injuries
 (3) Exited vehicle with some assistance
 (4) Exited vehicle under own power
 (5) Occupant fully ejected
 (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use ~~00~~
99

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

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

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

20. Proper Use of Manual (Active) Belts 9p

- (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 _____

21. Manual (Active) Belt Failure Modes During Accident 7p

- (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 _____

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

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

Non-functional

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

24. Automatic (Passive) Belt System Use 0

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

25. Automatic (Passive) Belt System Type 0

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

26. 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 _____

27. 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 _____

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>1</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

- + 0027
- 031
 (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (_996) Deployment, unknown longitudinal Delta V
 (_997) Not deployed
 (_998) Unknown if deployed
 (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

- (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
0
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. 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
50. 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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Electric Control INOPERABLE
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

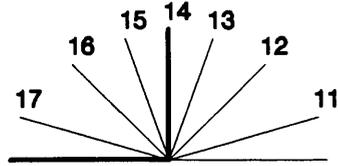
53. Seat Back Incline Prior and Post Impact 99

- (00) Occupant not seated or no seat
- (01) Not adjustable

*electric control
INOPERABLE*

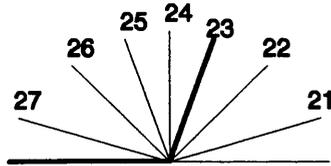
Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



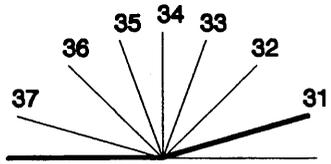
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

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

*9 electric CONTROLS
INOPERABLE*

CHILD SAFETY SEAT

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. 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

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.
 (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

61. Injury Severity (Police Rating) 2

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

62. Treatment - Mortality 6

- (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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (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

64. 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

65. Working Days Lost 99

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

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. 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
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 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
70. 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

71. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. 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>09</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>166K</u>	4. Occupant Number <u>01</u>

INJURY DATA

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

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
<i>head cont</i>											
1st	5. <u>7</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>5</u>	12. <u>059</u>	13. <u>3</u>	14. <u>1</u>	15. <u>60</u>
<i>head cont</i>											
2nd	16. <u>7</u>	17. <u>1</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>6</u>	23. <u>155</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
<i>mouth lacer</i>											
3rd	27. <u>7</u>	28. <u>2</u>	29. <u>4</u>	30. <u>32</u>	31. <u>04</u>	32. <u>1</u>	33. <u>8</u>	34. <u>170</u>	35. <u>2</u>	36. <u>1</u>	37. <u>60</u>
<i>chest cont</i>											
4th	38. <u>7</u>	39. <u>4</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>4</u>	45. <u>170</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
<i>hand cont</i>											
5th	49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>170</u>	57. <u>2</u>	58. <u>1</u>	59. <u>60</u>
<i>hand cont</i>											
6th	60. <u>7</u>	61. <u>7</u>	62. <u>9</u>	63. <u>06</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>60</u>
<i>sternum cont</i>											
7th	71. <u>7</u>	72. <u>4</u>	73. <u>5</u>	74. <u>08</u>	75. <u>02</u>	76. <u>1</u>	77. <u>4</u>	78. <u>170</u>	79. <u>2</u>	80. <u>1</u>	81. <u>60</u>
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	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.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	(0) Whole region		
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion	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	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	Head - LOC		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	Spine		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (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 RECORDS

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

CONFIDENCE LEVEL

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

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

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____

- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

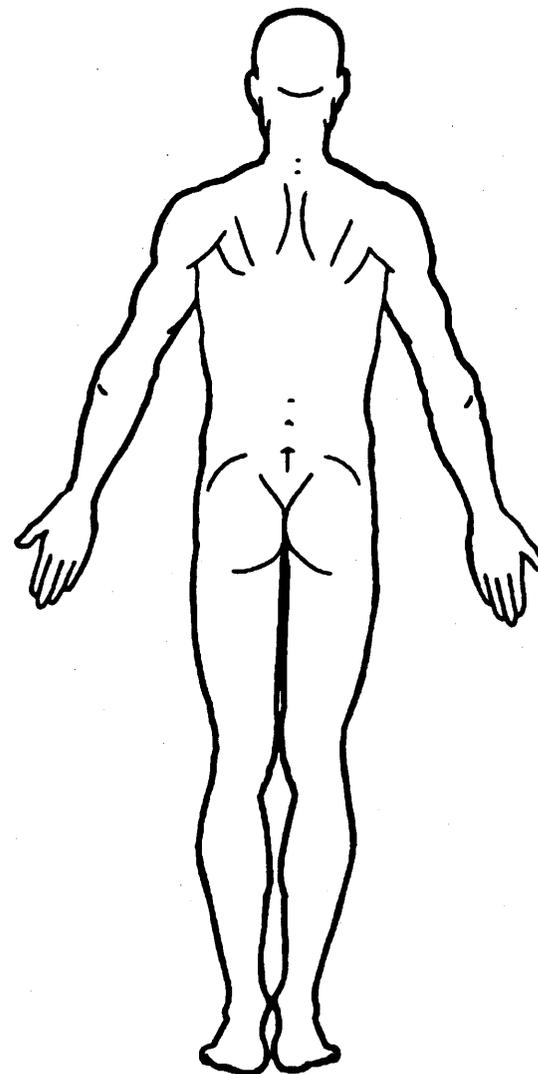
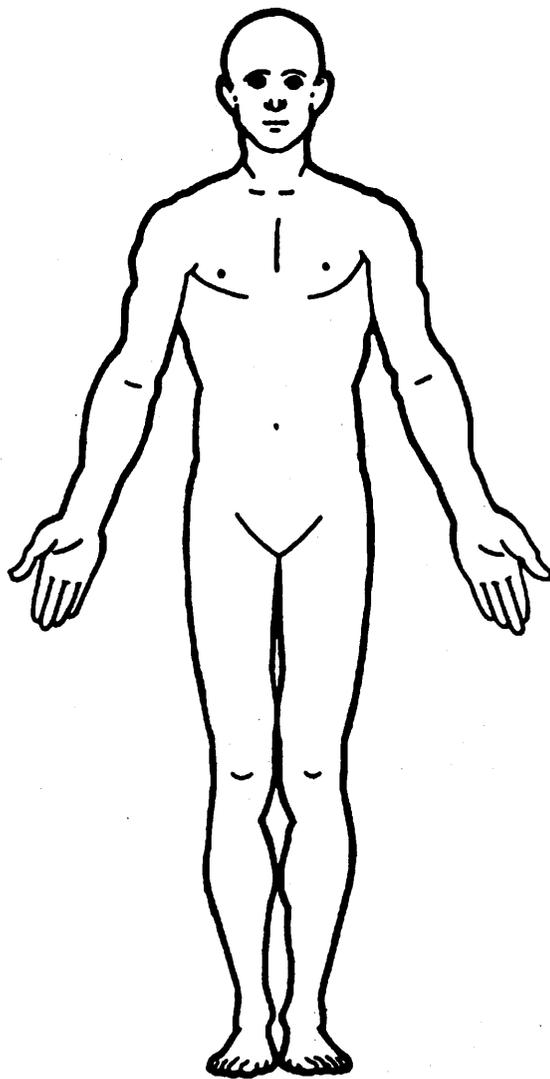
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Arterial Blood
Gases

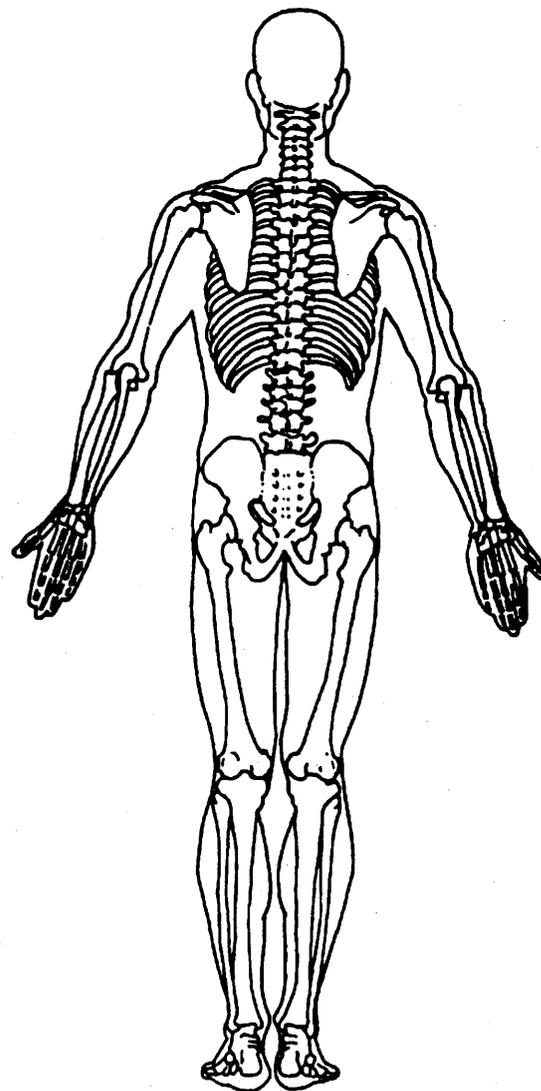
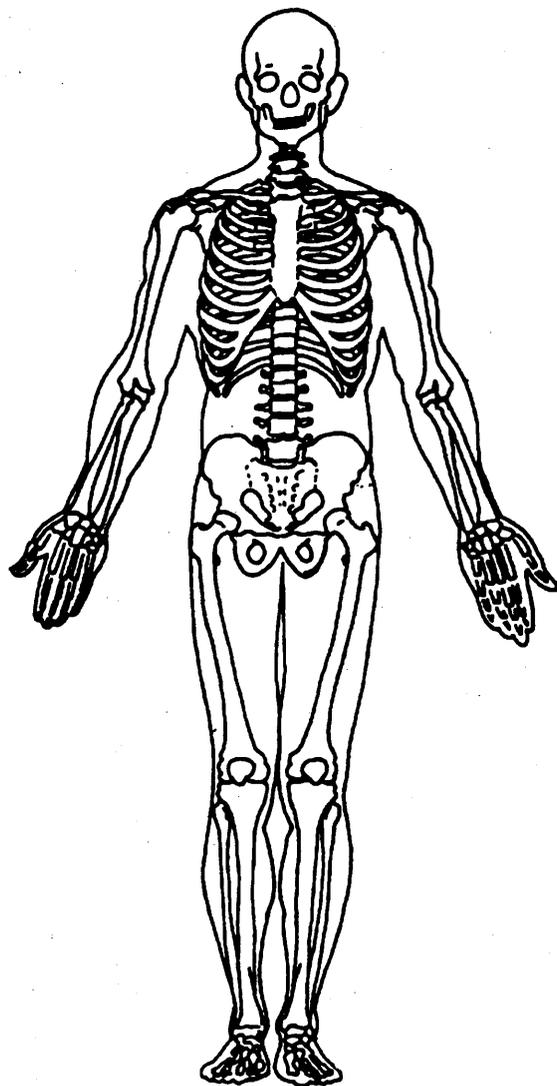
pH = ____

PO₂ = _____

PCO₂ _____

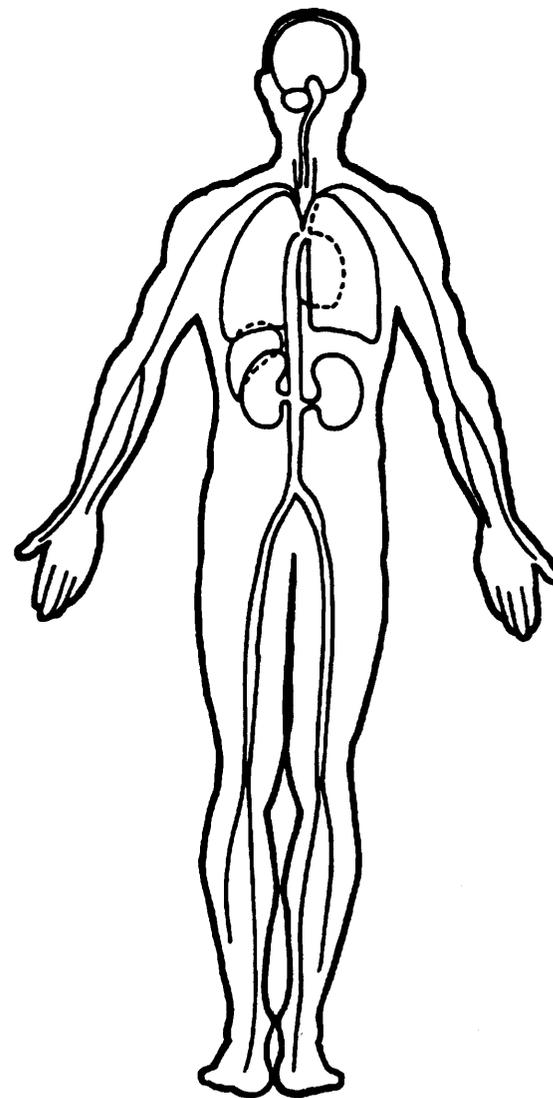
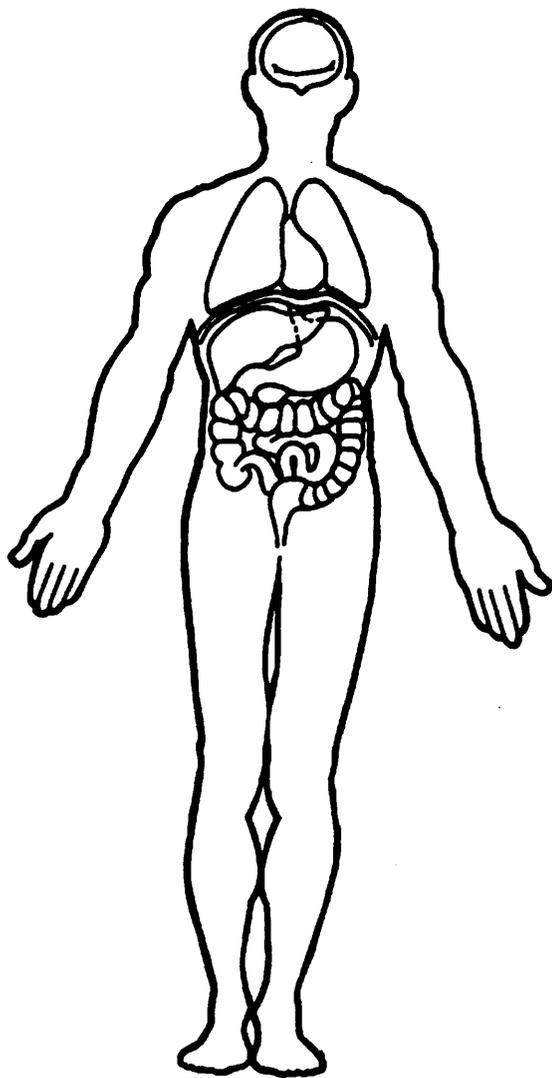
HCO₃ _____

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
(0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

(2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

(5) _____
Unknown type of junction

(9) Unknown

20. Trafficway Flow 2
(0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 3

(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 1

(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1

(1) Level
(2) Uphill grade (>2%)
(3) Hill crest
(4) Downhill grade (>2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2

(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1

(1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 4

(1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions 0

(0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device 1

(0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

(2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

OCCUPANT RELATED

- 37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 38. Number of Occupants This Vehicle 04
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 39. Number of Occupant Forms Submitted 04

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown
 Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 1,130
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,300 lbs X .4536 = 1,134 kgs
 Source: _____

- 44. Vehicle Cargo Weight 0,000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
0 lbs X .4536 = 0 kgs
 Source: _____

ROLLOVER DATA

- 45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
- 47. 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
 (8) Rollover--end-over-end
 (9) Unknown
- 48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
- 49. 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): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
- 50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) 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

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>166</u>	

VEHICLE IDENTIFICATION

VIN J H M C A 5 6 3 6 K C [REDACTED] Model Year 89
 Vehicle Make (specify): HONDA Vehicle Model (specify): ACCORD 4DR

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	RIGHT SIDE RTFCORNER EXTENDS BACK 228cm	RIGHT SIDE RTCORNER EXTD BACK 236.5	C5

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).

114 Extends

114

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.

Measurements taken out - DO NOT appear accurate. Foreground impact # 4

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								
01	RIGHT	228	58	236.5	30	30.5	28	50.5	58	45	+21
	Free space Bn		-8		-1	0	-1	-4	-8	-13	
	Free SILL		28.5		-28.5	28.5	28.5	28.5	28.5	28.5	
	STCG EXTEND										
	ACTUAL	228	21.5	236.5	15	2.5	-1.5	18	21.5	3.5	+21
02	REAR	SCRAPE ONLY			LEFT REAR CORNER			EXTD S			
								61cm	RHT.		
03	FRONT	147		147	ACROSS-ENTIRE FRONT						
					MINOR DENTS + SCRATCHES						
					SAND + YELLOW PLASTIC						
04	RIGHT	CONCRETE BARRIER CANNOT SEPERATE DAMAGE FROM 01 EVENT									

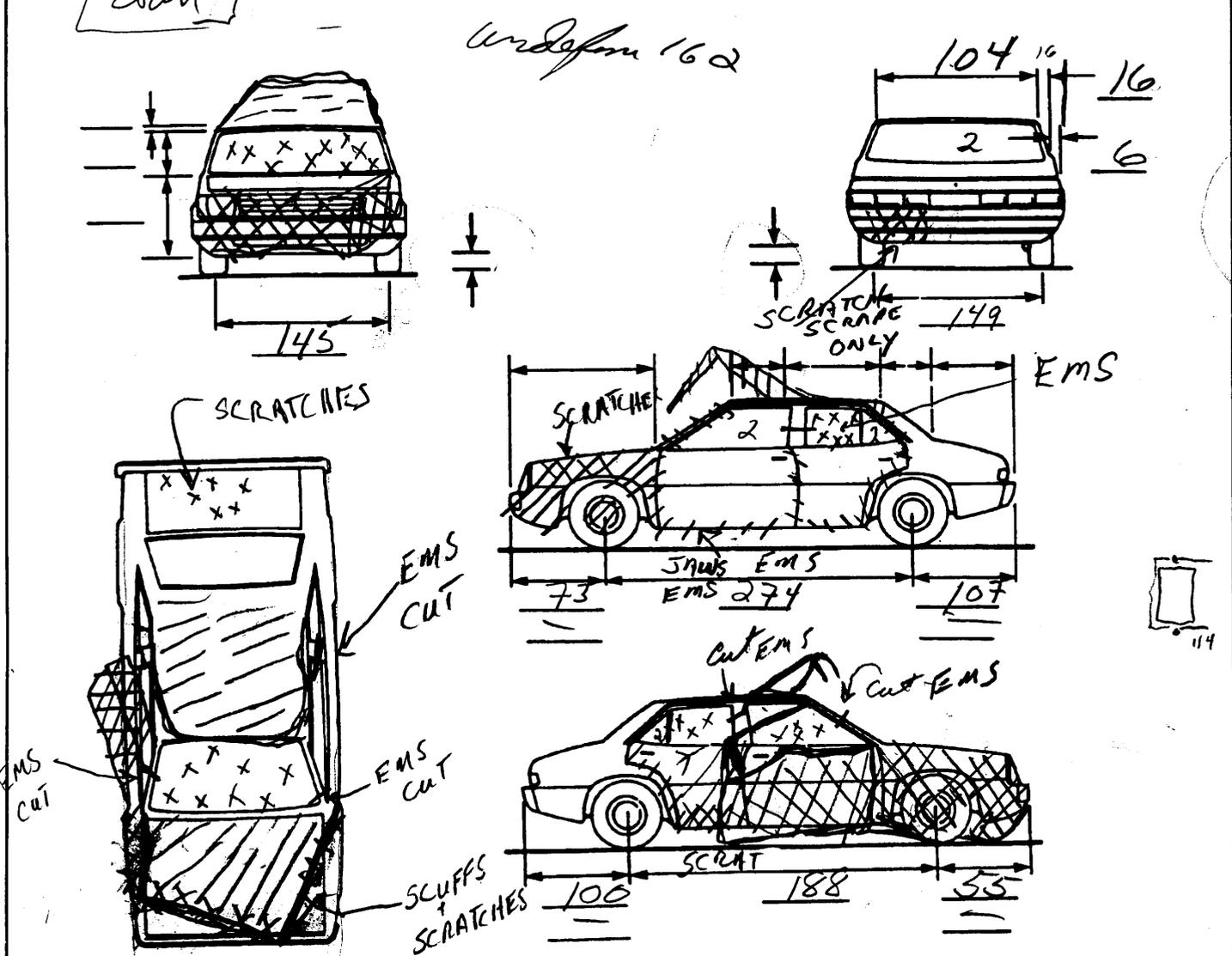
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>102.4</u> inches	x 2.54	=	<u>260</u> cm
Overall Length	<u>179.1</u> inches	x 2.54	=	<u>455</u> cm
Maximum Width	<u>67.4</u> inches	x 2.54	=	<u>171</u> cm
Curb Weight	<u>2,500</u> pounds	x .4536	=	<u>1,134</u> kg
Average Track	<u>58.2</u> inches	x 2.54	=	<u>148</u> cm
Front Overhang	_____ inches	x 2.54	=	_____ cm
Rear Overhang	_____ inches	x 2.54	=	_____ cm
Undeformed End Width	<u>162.</u> inches	x 2.54	=	<u>162</u> cm
Engine Size: cyl./displ.	_____ cc	x .001	=	_____ L
	<u>I-4</u> CID	x .0164	=	_____ L

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>1</u> LF <u>1</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>260</u> cm</p> <p>Overall Length <u>455</u> cm</p> <p>Maximum Width <u>171</u> cm</p> <p>Curb Weight <u>1,134</u> kg</p> <p>Average Track <u>148</u> cm</p> <p>Front Overhang _____ cm</p> <p>Rear Overhang _____ cm</p> <p>Undeformed End Width _____ cm</p> <p>Engine Size: cyl./displ. <u>I-4</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF \pm <u>10.5</u> °</p> <p>LF \pm <u>17.0</u> °</p> <p>RR \pm <u>0.0</u> °</p> <p>LR \pm <u>0.0</u> °</p> <p>Within \pm 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT \geq 10 CM</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>0</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.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn – rollover (excludes end-over-end)
- (32) Rollover—end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify):

- (36) 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):

U 20
d 40
R 60
← 80

- (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

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus 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

long vert late

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	60-75 20	R	Y	E	W
02	0199 999	00	B	Y	L	W
03	56	025	F	D	E	W
04	54	999	R	9	E	N

SCRAPED ONLY

0203

01 No crash

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. 02 <u>02</u>	7. <u>R</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. 02 <u>03</u>

Second Highest Delta "V"

12. <u>04</u>	13. <u>54</u>	14. <u>99</u>	15. <u>7</u>	16. <u>Y</u>	17. <u>9</u>	18. <u>9</u>	19. <u>99</u>
12. 03	13. 56	14. 12	15. F	16. 0	17. E	18. W	19. 01

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>237</u>	<u>001</u>	<u>003</u>	<u>000</u>	<u>018</u>	<u>022</u>	<u>004</u>	<u>021</u>

delete

Second Highest Delta "V"

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

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown
998

27. Direct Damage Width
(For highest severity impact)
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown
228

28. Original Wheelbase
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
102.4 inches X 2.54 = 260 centimeters
260

29. Original Average Track Width
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
58.2 inches X 2.54 = 148 centimeters
148

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

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

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

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

FIRE OCCURRENCE

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

34. Origin of Fire 0
 (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

FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap 2

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

37. Type of Fuel Tank-1 6

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

39. Location of Fuel Tank-1 4

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

41. Damage to Fuel Tank-1 1

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



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 166K
 3. Vehicle Number 02

INTEGRITY

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

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 3 8. RR 3 9. TG/H 0

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

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
 20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2
 28. BL 1 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 6 34. LR 1 35. RR 6
 36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) 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
- (9) Unknown if damaged

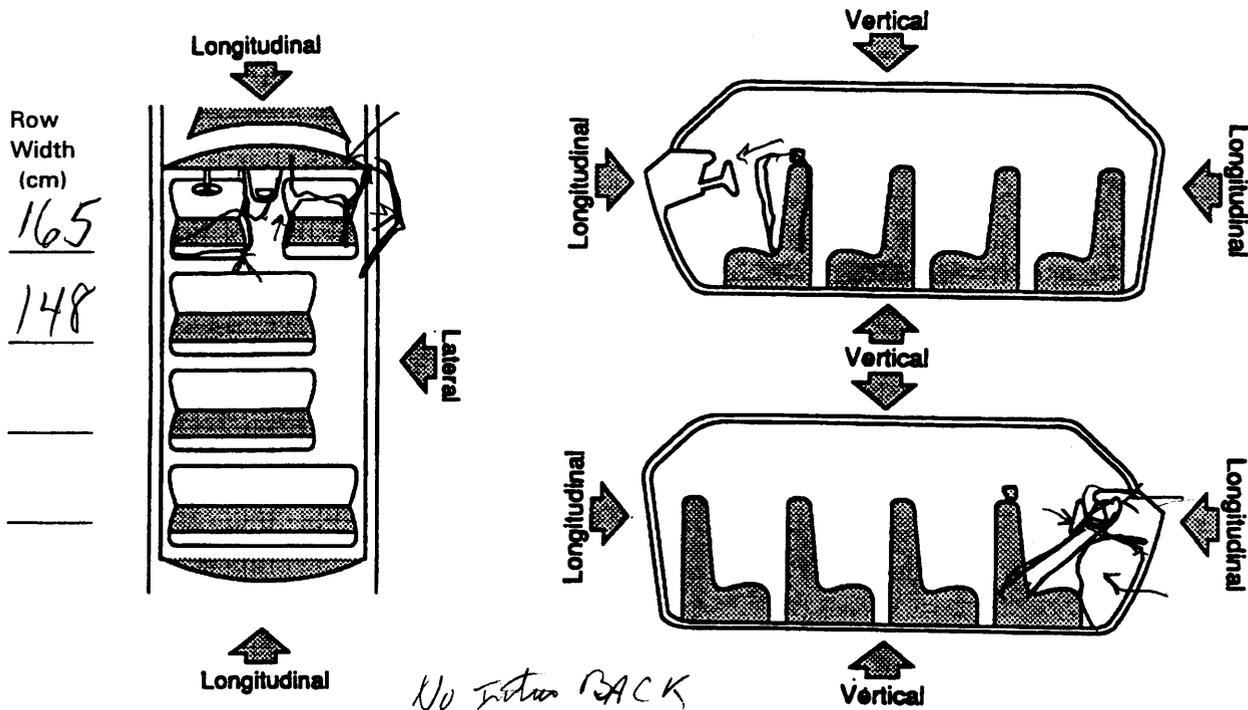
Glazing Damage from Occupant Contact

39. WS 3 40. LF 1 41. RF + 42. LR 1 43. RR +
 44. BL 1 45. Roof 0 46. Other 1

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

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	TOE PAN	26	35	9 (6)	LONG
11	FLR PAN	0	12	12 (5)	Vert ↑
11	SEAT BACK	0	6	6 (7)	LONG ←
11	ENTER CONSOLE	0	6	6 (9)	LONG/LAT
12	anticonal	0	6	6 (9)	LONG
13	Inst. Grnd	0	14	14 (4)	LONG
13	TOE PAN	0	28	28 (3)	LONG
13	FLR PAN	54	48	6 (10)	Vert ←
13	side PANEL	73	23	50 (1)	LAT
13	Gun shell card	0	5	5 (10)	LAT
13	SEAT BACK	0	38	38 (2)	LONG ←
13	ACILLAR	?	EMS OUT		

OCCUPANT AREA INTRUSION

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

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>10</u>	49. <u>5</u>	50. <u>3</u> ✓
2nd	51. <u>13</u>	52. <u>21</u>	53. <u>4</u>	54. <u>2</u>
3rd	55. <u>13</u>	56. <u>05</u>	57. <u>3</u>	58. <u>2</u>
4th	59. <u>13</u>	60. <u>04</u>	61. <u>2</u>	62. <u>2</u>
5th	63. <u>11</u>	64. <u>18</u>	65. <u>2</u>	66. <u>1</u>
6th	67. <u>11</u>	68. <u>05</u>	69. <u>2</u>	70. <u>2</u>
7th	71. <u>11</u>	72. <u>20</u>	73. <u>1</u>	74. <u>2</u>
8th	75. <u>11</u>	76. <u>03</u>	77. <u>1</u>	78. <u>2</u>
9th	79. <u>12</u>	80. <u>03</u>	81. <u>1</u>	82. <u>2</u>
10th	83. <u>13</u>	84. <u>18</u>	85. <u>1</u>	86. <u>1</u>

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) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

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

-

=

-

=

-

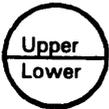
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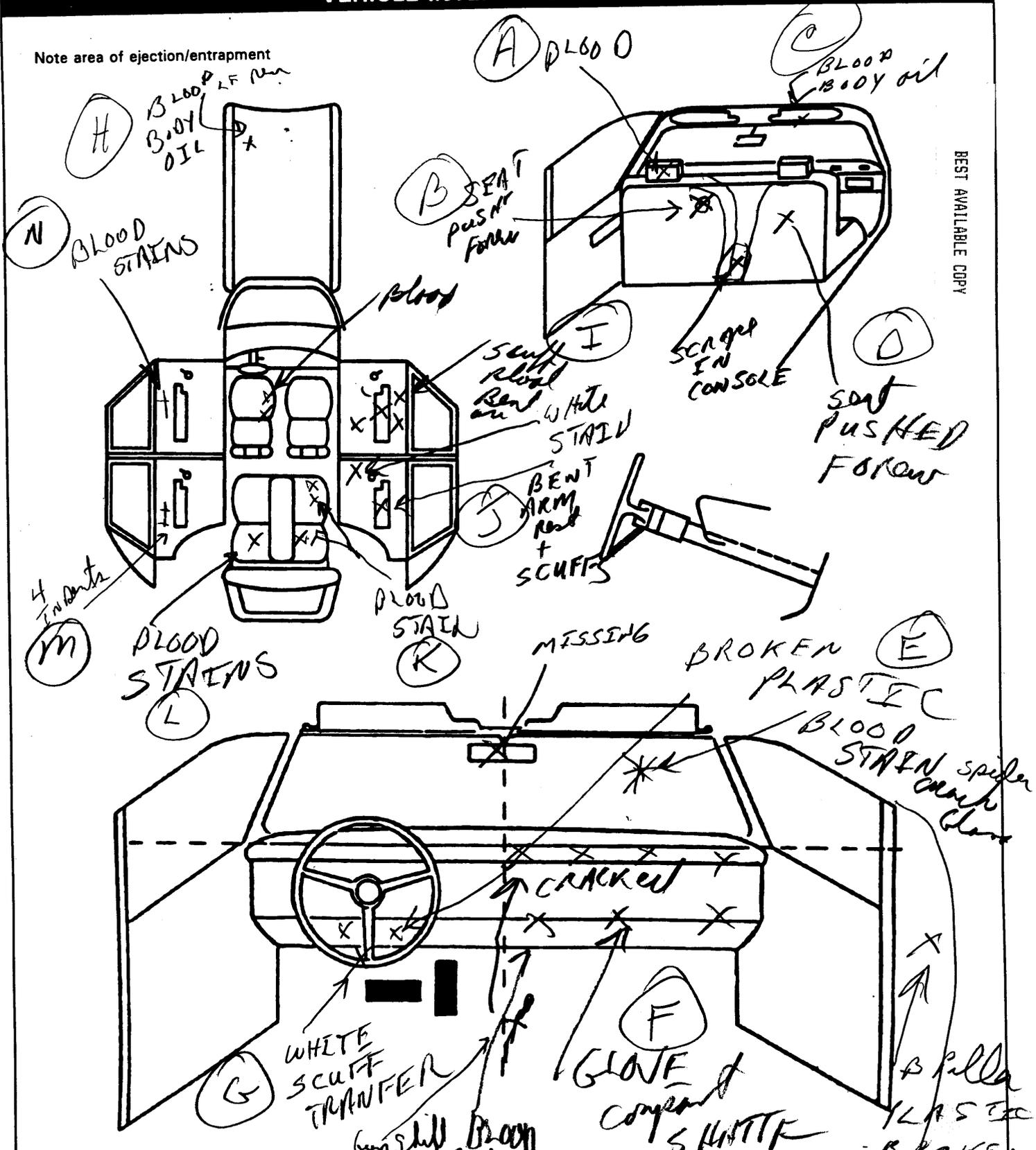
STEERING COLUMN	INSTRUMENT PANEL
<p>87. Steering Column Type <u>1</u> (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): _____ (9) Unknown</p> <p>88. Tilt Steering Column Adjustment <u>0</u> (0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown</p> <p>89. Telescoping Steering Column Adjustment <u>0</u> (0) No telescoping steering column (1) Full back (2) Between full back and midpoint (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown</p> <p>90. Steering Rim/Spoke Deformation <u>00</u> _____ 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</p> <p>91. Location of Steering Rim/Spoke Deformation <u>00</u> (00) No steering rim deformation</p> <p><i>Quarter Sections</i> (01) Section A (02) Section B (03) Section C (04) Section D</p> <p><i>Half Sections</i> (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</p>	<p>92. Odometer Reading <u>220,000</u> _____ 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 <u>136.591</u> miles X 1.6093 = <u>219.816</u> kilometers Source: _____</p> <p>93. Instrument Panel Damage from Occupant Contact? <u>1</u> (0) No (1) Yes (9) Unknown</p> <p>94. Type of Knee Bolster Covering <u>0</u> (0) No knee bolster (1) Padded (2) Rigid plastic (8) Other (specify): _____ (9) Unknown</p> <p>95. Knee Bolsters Deformed from Occupant Contact? <u>0</u> (0) No knee bolster (1) No deformation (2) Yes - deformation (9) Unknown</p> <p>96. Did Glove Compartment Door Open During Collision(s)? <u>1</u> (0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown</p> <p>97. Adaptive (Assistive) Driving Equipment <u>0</u> (0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.) <input type="checkbox"/> Hand controls for braking/acceleration <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) <input type="checkbox"/> Steering knob attached to steering wheel <input type="checkbox"/> Low effort power steering (unit or device) <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) <input type="checkbox"/> Joy-stick steering controls <input type="checkbox"/> Wheelchair tie-downs <input type="checkbox"/> Modification to seat belts (specify): _____ <input type="checkbox"/> Additional or relocated switches (specify): _____ <input type="checkbox"/> Raised roof <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) <input type="checkbox"/> Other adaptive device (specify): _____ (9) Unknown</p>



VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

BEST AVAILABLE COPY



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	155	#3	HANDS/HEAD	Seat pushed FORWARD/ALSO	1
B	151	#3	CHEST	SEAT PUSHED FORWARD	1
C	003	#2	HEAD	BLOOD/BODY OIL	1
D	151	#4	CHEST	SEAT BROKEN FORWARD	1
E	001	#2	HEAD	BLOOD/SPIDER CRACK	1
F	013	#2	CHEST	GLOVE COMPARTMENT SHATTERED	2
G	004	#1	BODY/CHEST	WHITE SCUFF	1
H	205	#1	HEAD	BLOOD/BODY OIL	2
I	102	#2	ARM/CHEST	SCUFF/BLOOD/BENT ARMREST	1
J	102	#4	ARM	SCUFFS/BENT ARMREST	2
K	151	#4	ARM/LEG	BLOOD STAINS	3
L	151	#3	?	BLOOD STAINS	3
M	051	#3	ARM	4 INDENTATIONS	3
N	051	#1	?	BLOOD STAINS	3

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object, (specify): _____
- (019) Other front object (specify): _____

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____
- ROOF**
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (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 Front	Right Front	Other
FIRST	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

Are There Indications of Air Bag System Failure? (This Occupant Position)

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

Frontal Air Bag System Deployment (This Occupant Position)

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

Air Bag(s) Deployment, *Other* Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an *other* air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

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

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* 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.

	Driver	Passenger
Type of air bag?		
Flaps open at tear points?		
Flaps damaged?		
Air bag damaged?		
Source of air bag damage		
Air bag tethered?		
Air bag have vent ports?		
Other occupant contact air bag?		
Occupant wearing eyewear?		

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify): _____
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

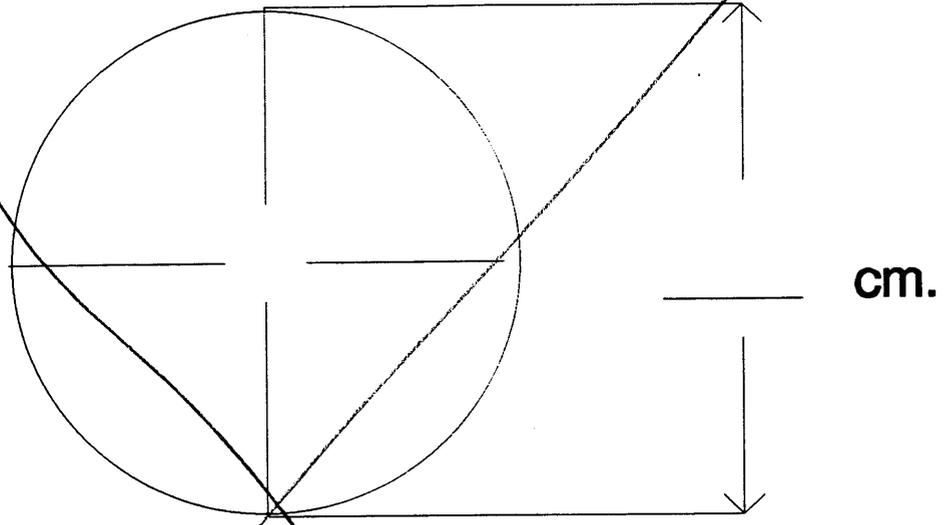
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

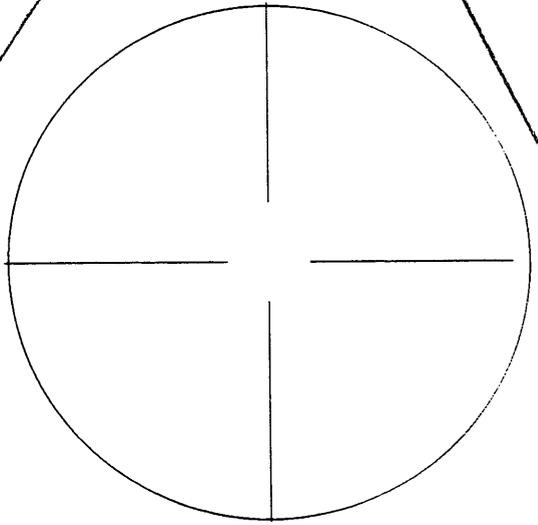
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



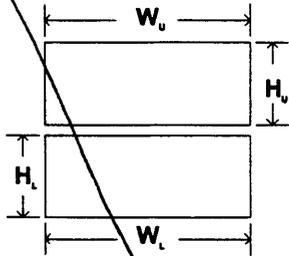
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

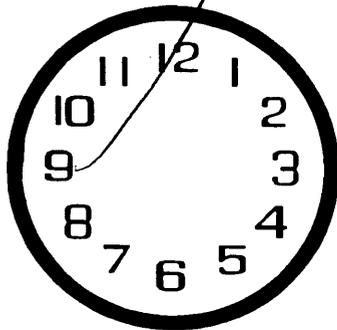
- a. Upper Flap b. Lower Flap
width (W_u) _____ width (W_l) _____
height (H_u) _____ height (H_l) _____



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

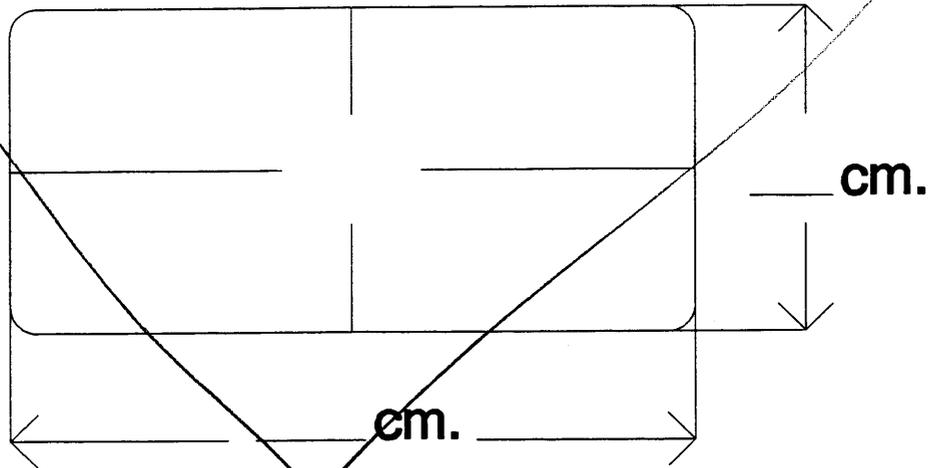
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

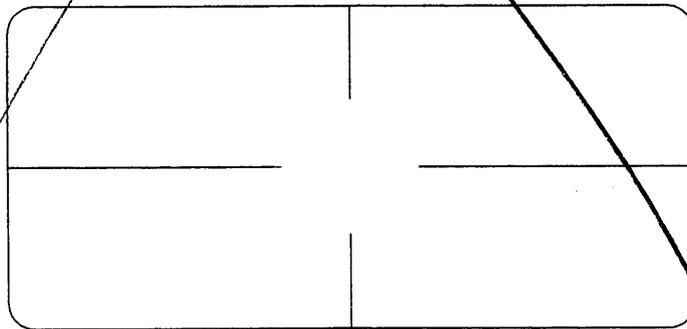


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



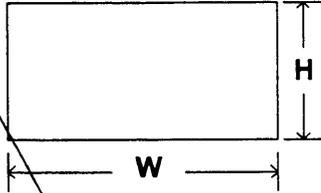
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

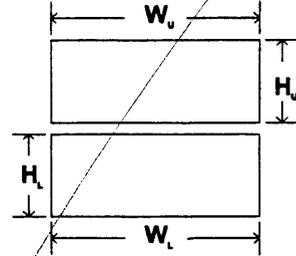
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

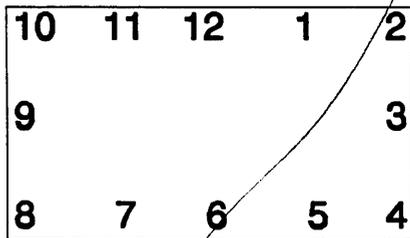
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

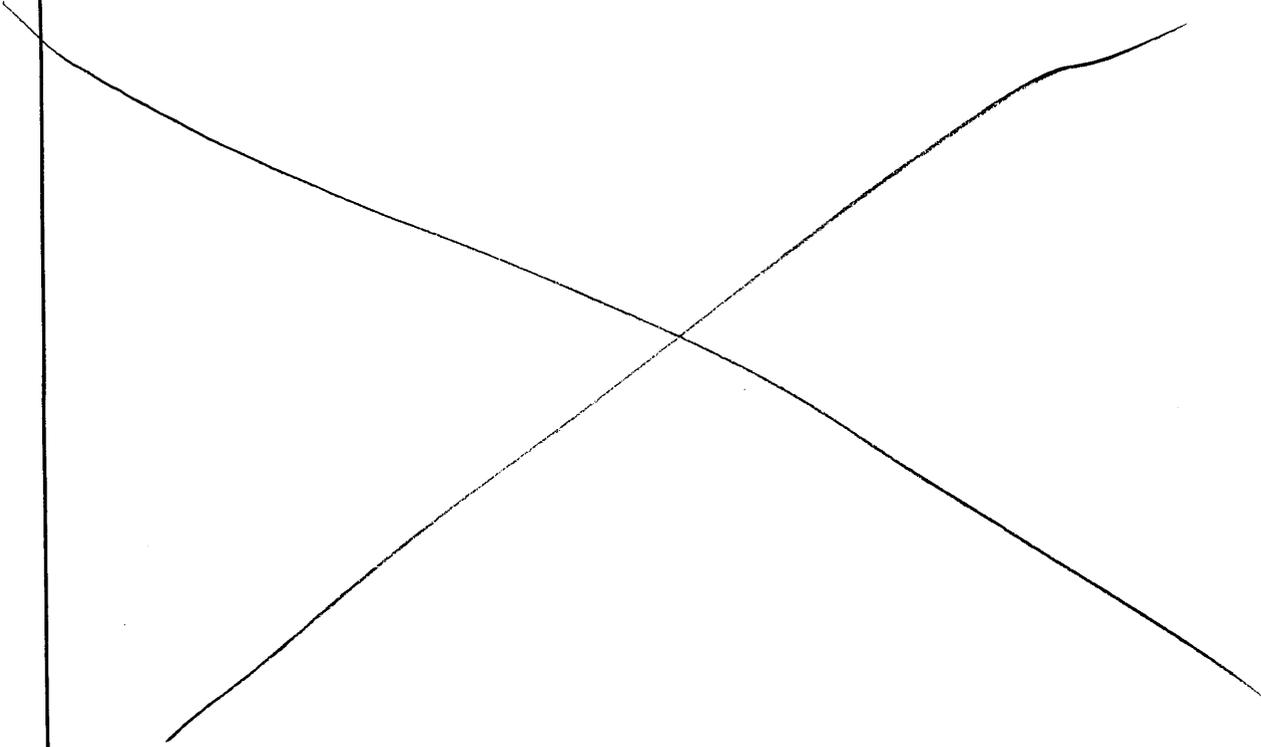
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

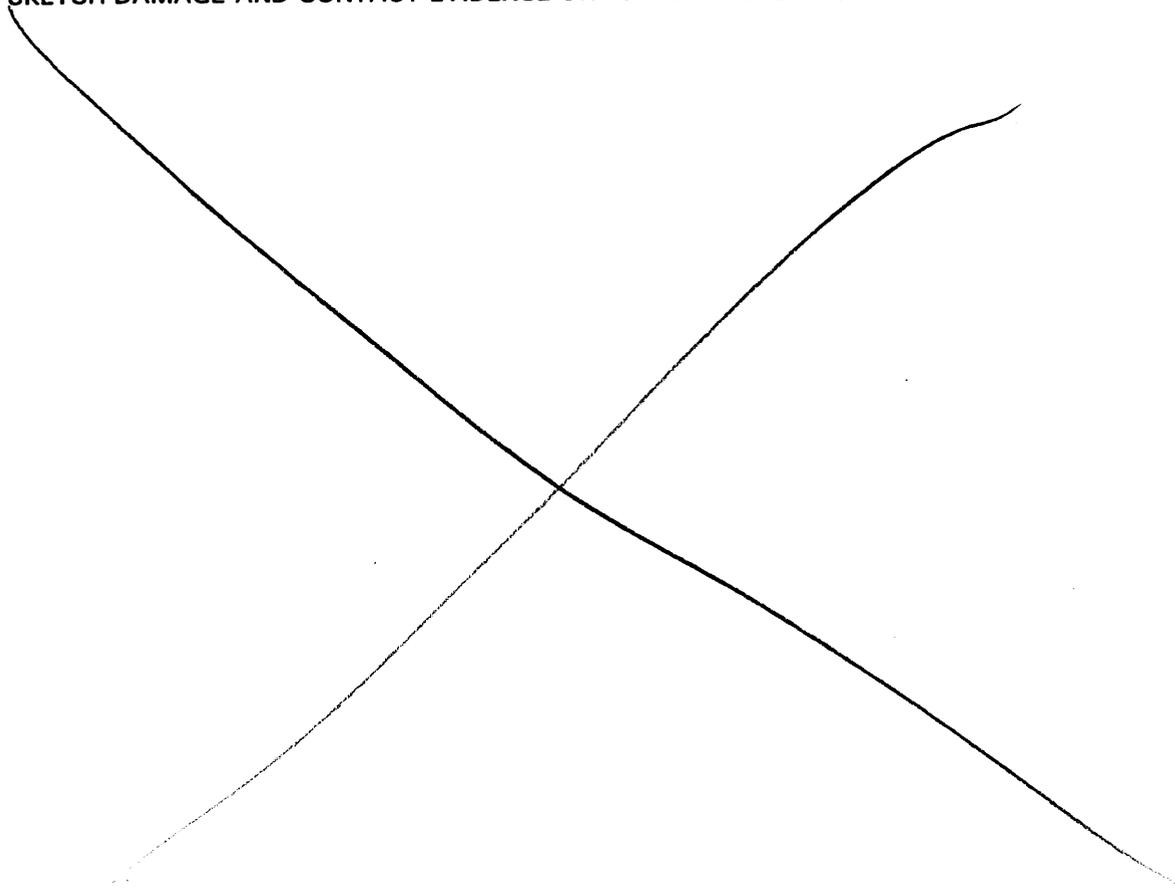


"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)



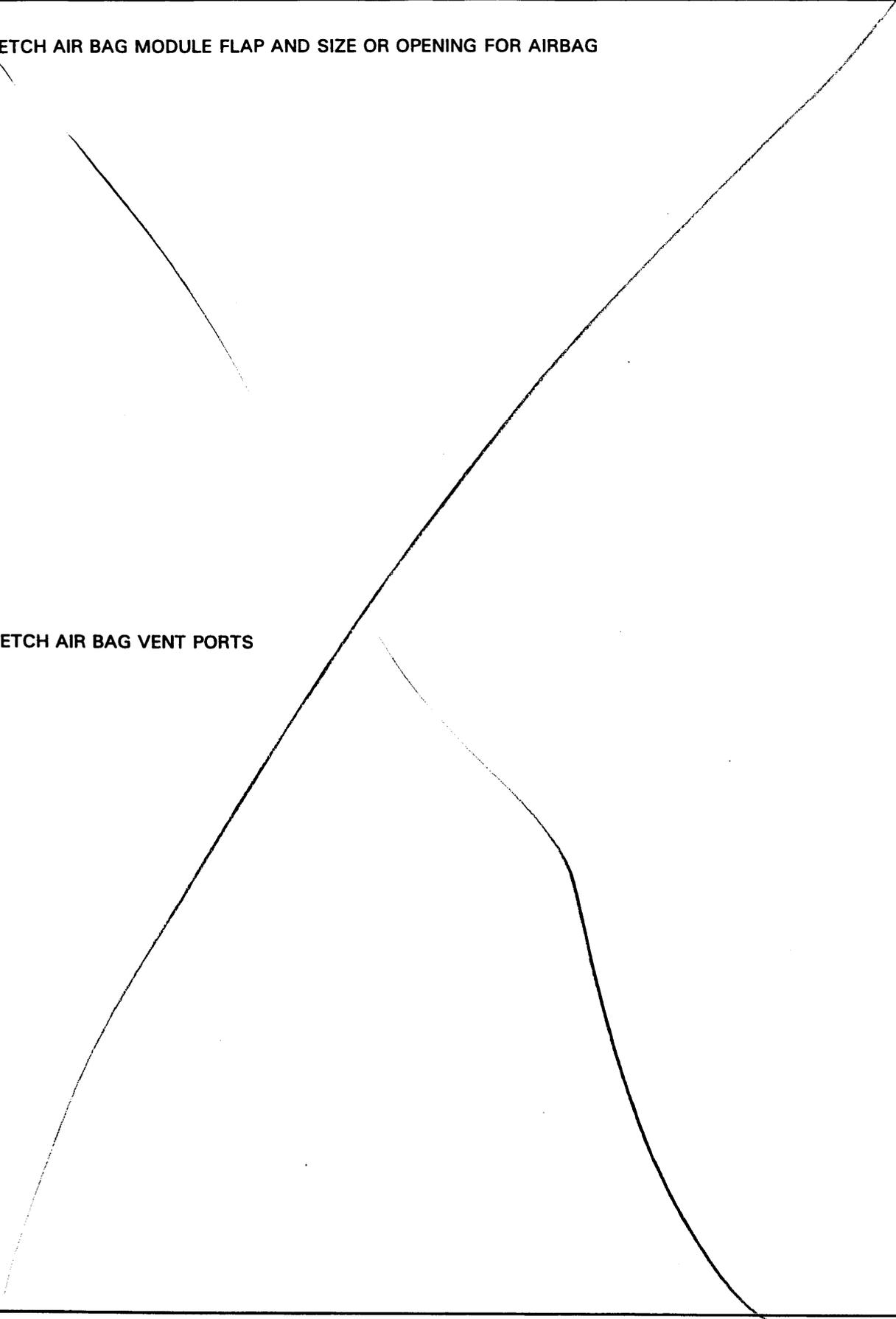
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)



"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS



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.

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		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	X	3
	Seat Type	01		01
	Seat Performance	5		7
	Seat Orientation	1		1
	Seat Track Position	3		9
	Seat Back Incline Pre/Post Impact	15		99
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	03	03	03
	Seat Performance	1	0	1
	Seat Orientation	1	1	1
	Seat Track Position	01	01	01
	Seat Back Incline Pre/Post Impact	01	01	01
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

INTENSIVE OCCUPANT CONTACT

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

HEAD RESTRAINTS/SEAT EVALUATION

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): SEAT BACK Folding Locks
- (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

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 - (1) Non-adjustable seat track
- Adjustable Seat Track**
- (2) Seat at forward most track position
 - (3) Seat between forward most and middle track positions
 - (4) Seat at middle track position
 - (5) Seat between middle and rear most track positions
 - (6) Seat at rear most track position
 - (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

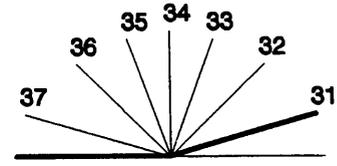
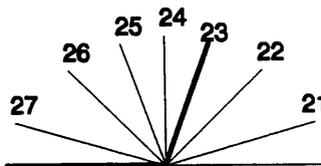
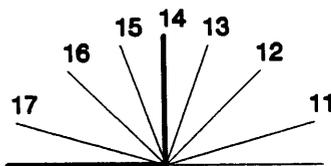
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

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

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)

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 [X]

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

POSSIBLE RT FRONT PASS EJECTION THRU SHATTERED RT FRONT WINDOW. BLOOD MARKS ON OUTSIDE OF DOOR. EMS @ SCENE STATED ASK @ INTERVIEW * OCCUPANTS HEAD LAYING ON OR NEAR WINDOW SILL.

Occupant Number	2	4				
Ejection	POSS 3	POSS 3				
(Note on Vehicle Interior Sketch) Ejection Area	3	5				
Ejection Medium	4 door 4 seat	4 door 4 seat				
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):

- (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 [X]

Describe entrapment mechanism: Front Seat Passenger
intrusion seat failure
seat back failure

Component(s): Seat BACK / DASH FLR PAN TO E PAN
Glove compartment.

(Note in vehicle interior diagram)

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OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 166K
 3. Vehicle Number 02
 4. Occupant Number 01

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

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 19
 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 L
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (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 185
 Code actual height to the nearest centimeter.
 (999) Unknown
73 inches X 2.54 = 185 centimeters

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

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

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

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

11. Occupant's Posture 0
 (0) Normal posture
Abnormal posture
 (1) Kneeling or standing on seat
 (2) Lying on or across seat
 (3) Kneeling, standing or sitting in front of seat
 (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
 (5) Sitting on a console
 (6) Lying back in a reclined seat position
 (7) Bracing with feet or hands on a surface in front of seat
 (8) Other abnormal posture (specify): _____
 (9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors,
fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from
vehicle
- (1) Removed from vehicle while unconscious or
disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use 0 0

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

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

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

20. 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 _____

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

- (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 _____

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

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

Non-functional

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

24. Automatic (Passive) Belt System Use 0

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

25. Automatic (Passive) Belt System Type 0

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

26. 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 _____

27. 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 _____

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 0</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function 0</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 6</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 6</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. 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
50. Seat Type (this Occupant Position) 01
- (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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 3
- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 15

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

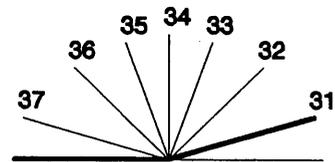
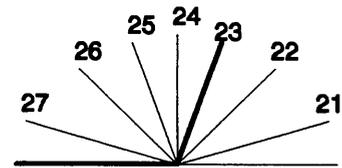
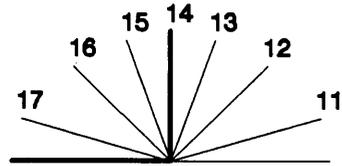
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

(99) Unknown



54. Seat Performance (this Occupant Position) 5

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

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. 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

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA58-OA60.

(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 CONSEQUENCES61. 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

62. 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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. 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 02

64. Hospital Stay 03

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

65. Working Days Lost 12

- _____ 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 WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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

70. Number of Recorded Injuries for This Occupant 11
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. 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

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

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

BELT USE DETERMINATION

74. 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>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>166K</u>	4. Occupant Number <u>01</u>

INJURY DATA

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

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Injury Source	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
① orbit	5. <u>2</u>	6. <u>2</u>	7. <u>5</u>	8. <u>12</u>	9. <u>04</u>	10. <u>3</u>	11. <u>1</u>	12. <u>016</u>	13. <u>1</u>	14. <u>1</u>	15. <u>97</u>
① eye cont	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>74</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>016</u>	24. <u>1</u>	25. <u>1</u>	26. <u>97</u>
① forehead lac	27. <u>2</u>	28. <u>2</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>7</u>	34. <u>001</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
① wrist abr	38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>012</u>	46. <u>3</u>	47. <u>1</u>	48. <u>04</u>
① hand lac	49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>001</u>	57. <u>3</u>	58. <u>1</u>	59. <u>00</u>
① thigh lac	60. <u>7</u>	61. <u>8</u>	62. <u>9</u>	63. <u>06</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>252</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
① nose lac	71. <u>2</u>	72. <u>2</u>	73. <u>9</u>	74. <u>06</u>	75. <u>02</u>	76. <u>1</u>	77. <u>4</u>	78. <u>001</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
① face lac	82. <u>2</u>	83. <u>2</u>	84. <u>9</u>	85. <u>06</u>	86. <u>02</u>	87. <u>1</u>	88. <u>1</u>	89. <u>001</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
① mouth lac	93. <u>2</u>	94. <u>2</u>	95. <u>4</u>	96. <u>32</u>	97. <u>04</u>	98. <u>1</u>	99. <u>8</u>	100. <u>001</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>
① skull l4	104. <u>2</u>	105. <u>1</u>	106. <u>5</u>	107. <u>02</u>	108. <u>00</u>	109. <u>3</u>	110. <u>8</u>	111. <u>016</u>	112. <u>1</u>	113. <u>1</u>	114. <u>97</u>

OCCUPANT INJURY DATA

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				
11th	2	1	04	99	1	0	016	1	1	97
12th	---	---	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---

Closed head inj

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	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.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		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	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (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 <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

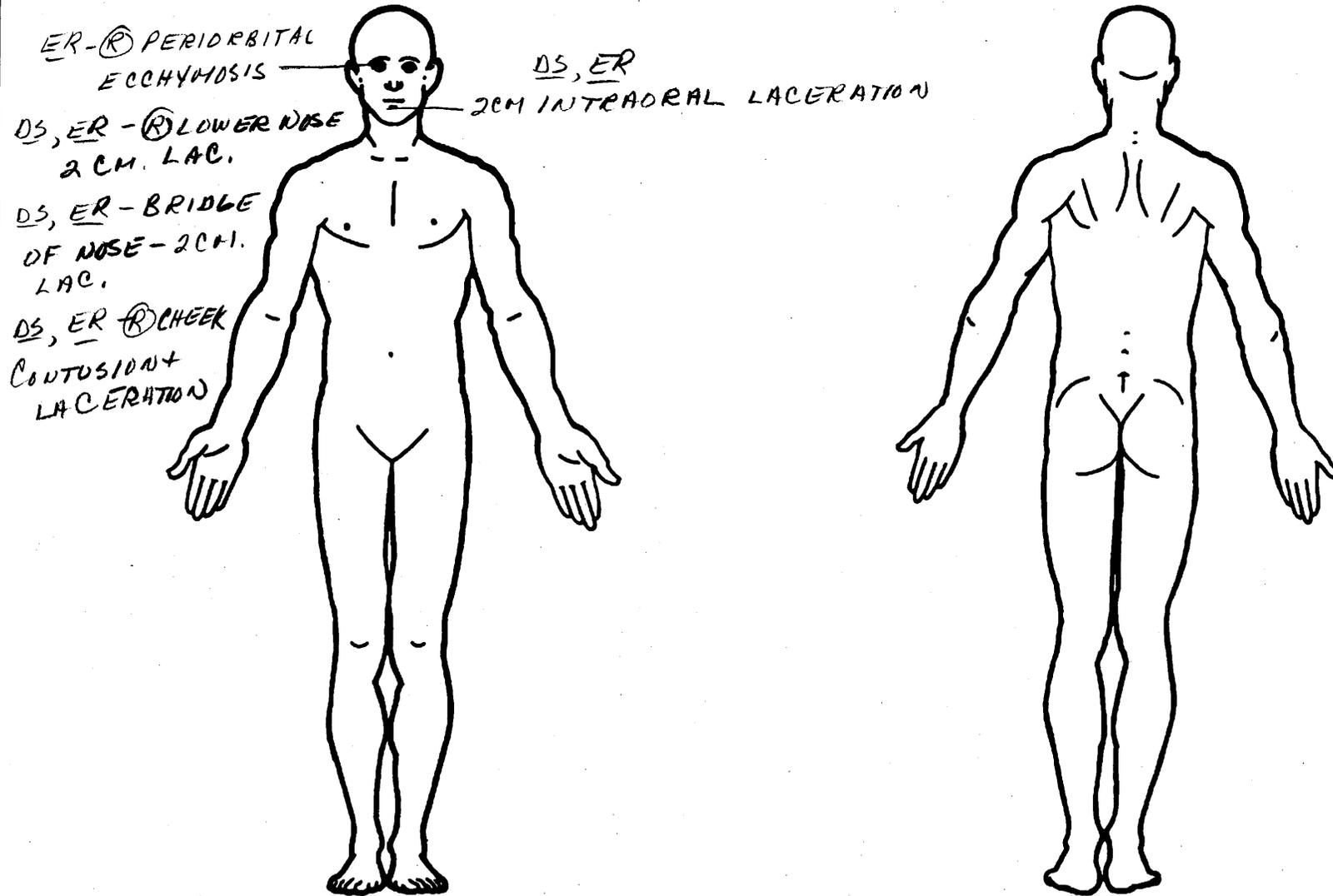
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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

ER, DS - CLOSED HEAD INJURY (?) LOC



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = NR

Glasgow Coma Scale Score

GCSS = 15

CNII-III

intact

Units of Blood Given

Units = NR

Arterial Blood Gases

pH = _____

PO₂ = _____

PCO₂ = _____

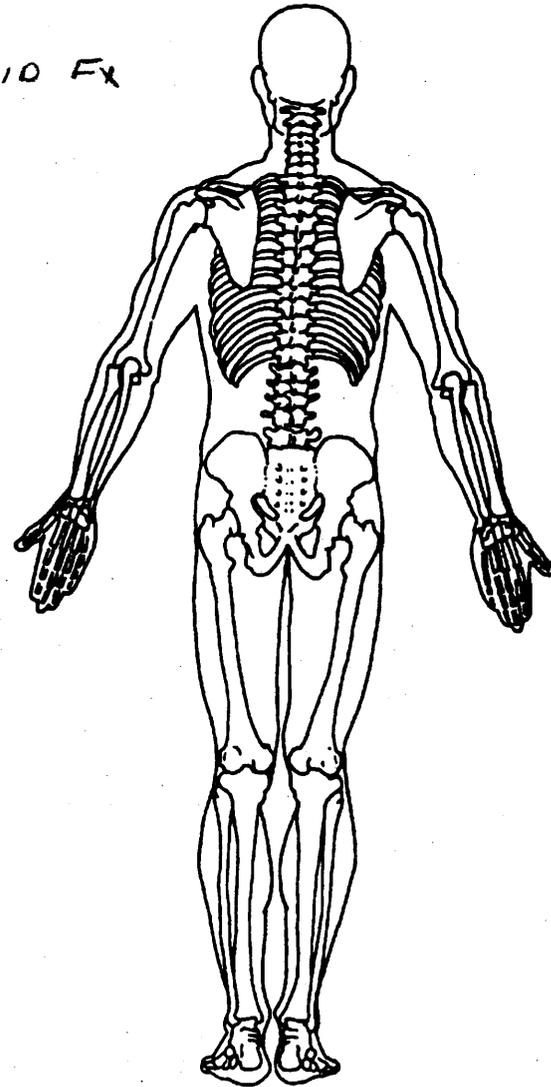
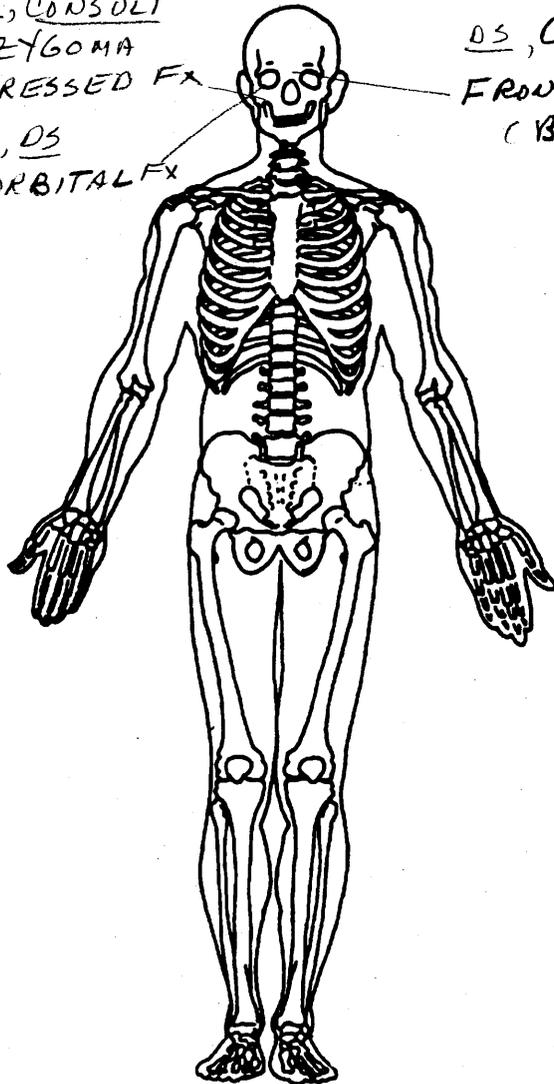
HCO₃ = _____

no record

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

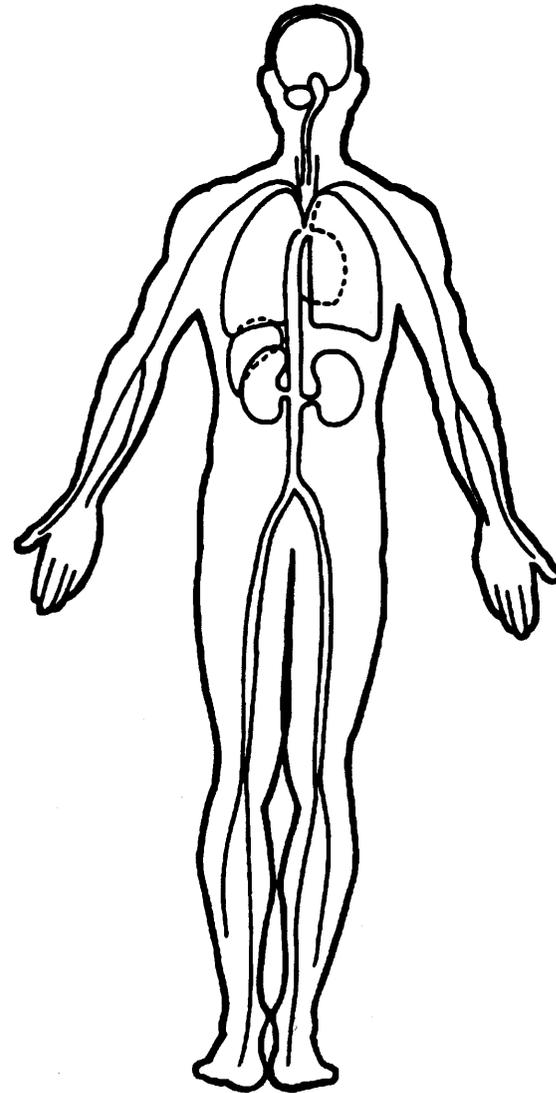
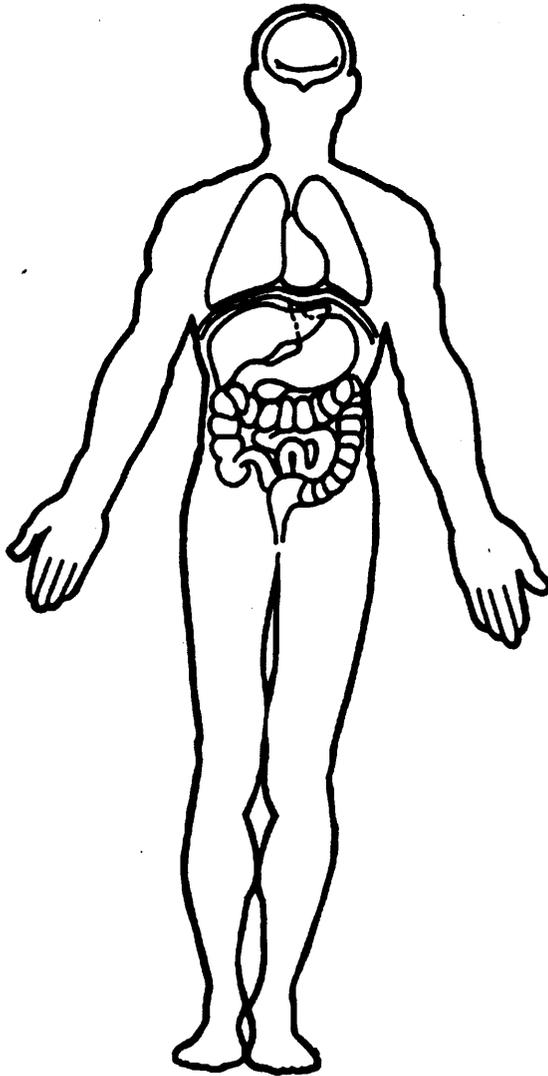
DS, CONSULT
 (R) ZYGOMA
 DEPRESSED FX
ER, DS
 (R) ORBITAL FX

DS, CONSULT, OR
 FRONTAL ETHMOID FX
 (BASE)



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.)



UPDATE FORM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name	[REDACTED]
2. Case Number — Stratum	<u>166K</u>	Address:	[REDACTED]
3. Vehicle Number	<u>02</u>		[REDACTED]
4. Occupant Number	<u>01</u>	Other Information:	_____

RECEIVED [REDACTED] 1996

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	[REDACTED] 96	OAL18. Medical Facility Code	_____	Balto Shelk
OAL09. Date Official Medical Data Obtained	[REDACTED]	[REDACTED] 96	GV14. Alcohol Test Results For Driver	_____	_____
OAL16. Injury Treatment Status	_____	_____	GV16. Other Drug Specimen Test Type For Driver	_____	_____
OAL17. Injury Information			OA05. Occupant's Age	_____	_____
<u>Official</u>			OA06. Occupant's Sex	_____	_____
a. Autopsy (invasive examination)	B _____	_____	OA07. Occupant's Height	_____	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	B _____	_____	OA08. Occupant's Weight	_____	_____
c. Admission record/summary or admission/discharge face sheet	B _____	_____	OA61. Treatment-Mortality	_____	_____
d. Discharge summary	B _____	11	OA62. Type of Medical Facility (for Initial Treatment)	_____	_____
e. Operative report	B _____	11	OA63. Hospital Stay	_____	_____
f. Radiographic record(s) (X-ray, CT scan)	B _____	_____			
g. History and physical examination and/or consultation records	B _____	11			
h. Emergency room records (includes nurses' notes)	B _____	11			
j. Private physician	B _____	_____			
<u>Unofficial</u>					
k. Lay coroner	B _____	_____			
l. EMS record	B _____	_____			
m. Interviewee	B _____	_____			
n. Other source (specify):	B _____	B _____			
o. Police report	B _____	B _____			



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 146K
 3. Vehicle Number 02
 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 21
 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 1
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (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 165
 Code actual height to the nearest
 centimeter.
 (999) Unknown
65 inches X 2.54 = 165 centimeters

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

8. Occupant's Weight 061
 Code actual weight to the nearest
 kilogram.
 (999)Unknown
135 pounds X .4536 = 061 kilograms

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 2

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

14. Ejection Medium 4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):
Shattered RF-Front window
- (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 1

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries ↑ INCLUDE #1
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 7
- (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 _____
19. 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 _____
20. 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 _____
21. Manual (Active) Belt Failure Modes During Accident 0
- (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 _____
22. Shoulder Belt Upper Anchorage Adjustment 1
- (0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
 (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown
- Non-functional*
 (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
 (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown
26. 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 _____
27. 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 _____

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown" _____</p> <p>29. Police Reported Air Bag Availability/Function <u>0</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown" _____</p> <hr/> <p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input checked="" type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown _____</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0
 (0) Not equipped/not available
 (1) No previous accidents
 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 0
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 0
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000
 (_000) Not equipped/not available.
Code the value of the delta V for the impact that initiated the air bag deployment
 (_996) Deployment, unknown longitudinal Delta V
 (_997) Not deployed
 (_998) Unknown if deployed
 (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 00
 (00) Not equipped/not available
 (01) Not damaged
 Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. 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
50. Seat Type (this Occupant Position) 01
 (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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 99
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

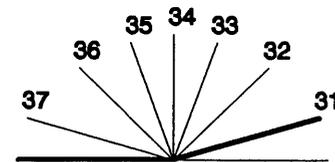
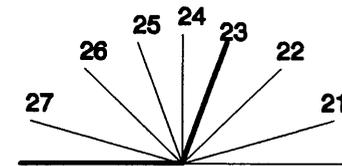
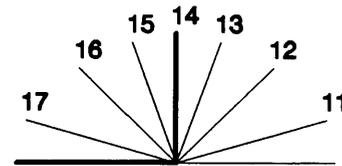
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

(99) Unknown



54. Seat Performance (this Occupant Position) 7

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

INJURY CONSEQUENCES

61. 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

62. 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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. 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 15

64. Hospital Stay 99

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

65. Working Days Lost 99

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

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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

70. Number of Recorded Injuries for This Occupant 12
 Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 04
 (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

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

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

BELT USE DETERMINATION

74. 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>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>166K</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 Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
<i>Concussion</i>											
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>04</u>	10. <u>4</u>	11. <u>0</u>	12. <u>109</u>	13. <u>2</u>	14. <u>1</u>	15. <u>97</u>
<i>(R) eyebrow lac</i>											
2nd	16. <u>2</u>	17. <u>2</u>	18. <u>9</u>	19. <u>06</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>109</u>	24. <u>2</u>	25. <u>1</u>	26. <u>97</u>
<i>(R) eye lac</i>											
3rd	27. <u>2</u>	28. <u>2</u>	29. <u>9</u>	30. <u>76</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>109</u>	35. <u>2</u>	36. <u>1</u>	37. <u>97</u>
<i>(R) cheek lac</i>											
4th	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>109</u>	46. <u>2</u>	47. <u>1</u>	48. <u>97</u>
<i>lip lac</i>											
5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>8</u>	56. <u>109</u>	57. <u>2</u>	58. <u>1</u>	59. <u>97</u>
<i>lower lac</i>											
6th	60. <u>2</u>	61. <u>5</u>	62. <u>4</u>	63. <u>18</u>	64. <u>20</u>	65. <u>2</u>	66. <u>1</u>	67. <u>101</u>	68. <u>1</u>	69. <u>1</u>	70. <u>01</u>
<i>lower hematoma</i>											
7th	71. <u>2</u>	72. <u>5</u>	73. <u>4</u>	74. <u>18</u>	75. <u>14</u>	76. <u>3</u>	77. <u>1</u>	78. <u>101</u>	79. <u>1</u>	80. <u>1</u>	81. <u>01</u>
<i>(R) femur ft</i>											
8th	82. <u>2</u>	83. <u>8</u>	84. <u>5</u>	85. <u>18</u>	86. <u>08</u>	87. <u>3</u>	88. <u>1</u>	89. <u>101</u>	90. <u>1</u>	91. <u>1</u>	92. <u>01</u>
<i>(R) hip abn</i>											
9th	93. <u>3</u>	94. <u>8</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>1</u>	100. <u>101</u>	101. <u>1</u>	102. <u>1</u>	103. <u>01</u>
<i>(R) shin cont</i>											
10th	104. <u>3</u>	105. <u>8</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>1</u>	111. <u>101</u>	112. <u>2</u>	113. <u>1</u>	114. <u>01</u>

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<p><u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.</p> <p>The exceptions to this rule apply to:</p> <p><u>Whole Area</u> (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</p> <p><u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion</p> <p><u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar</p>	<p>Specific injuries are assigned consecutive two-digit numbers beginning with 02.</p> <p>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.</p> <p>Abbreviated Injury Scale</p> <p>(1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity</p>	<p>(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region</p>
(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			

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<p><u>OFFICIAL RECORDS</u></p> <p>(1) Autopsy records with or without hospital/medical records</p> <p>(2) Hospital/medical records other than emergency room (e.g., discharge summary)</p> <p>(3) Emergency room records only (including associated X-rays or other lab reports)</p> <p>(4) Private physician, walk-in or emergency clinic</p> <p><u>UNOFFICIAL RECORDS</u></p> <p>(5) Lay coroner report</p> <p>(6) E.M.S. personnel</p> <p>(7) Interviewee</p> <p>(8) Other source (specify): _____</p> <p>(9) Police</p>	<p>(1) Certain (2) Probable (3) Possible (9) Unknown</p>	<p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____

- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____

- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

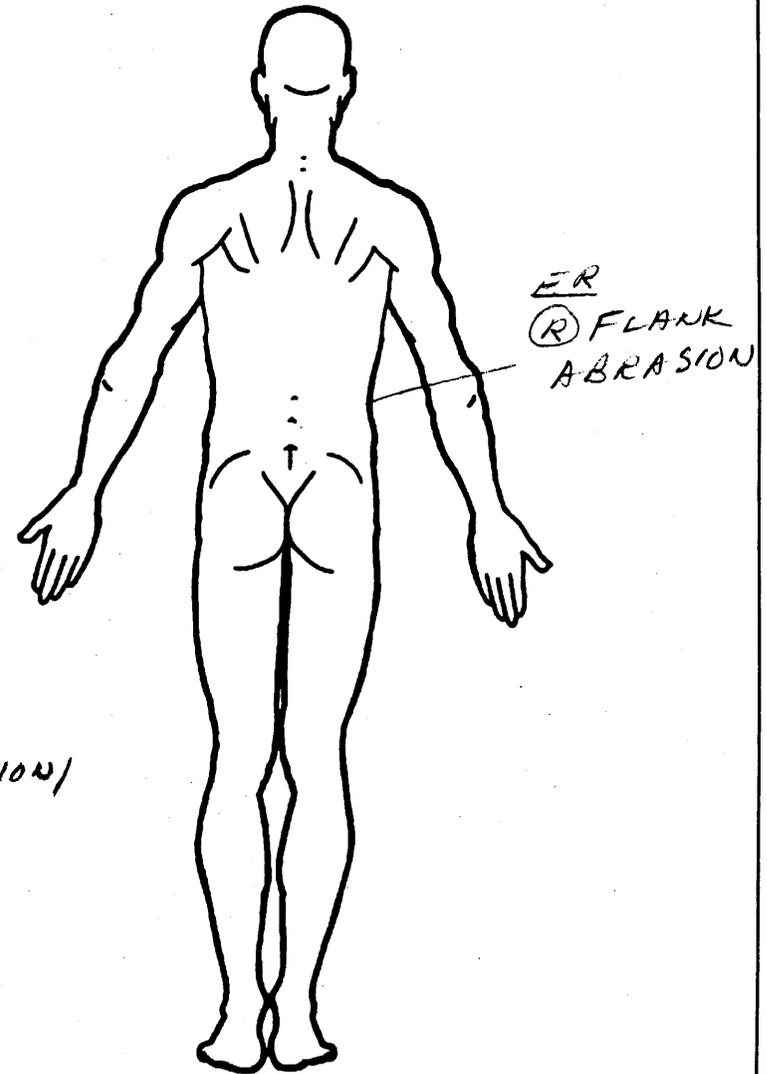
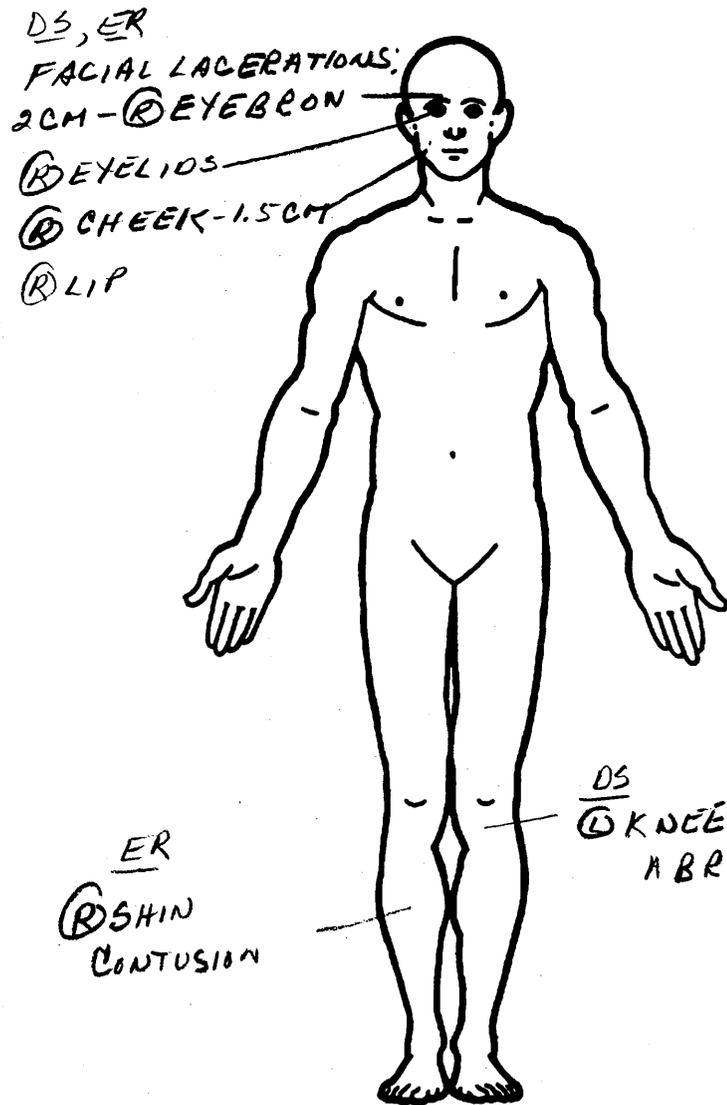
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = 04

Units of Blood Given

Units = NR

Arterial Blood Gases

pH =

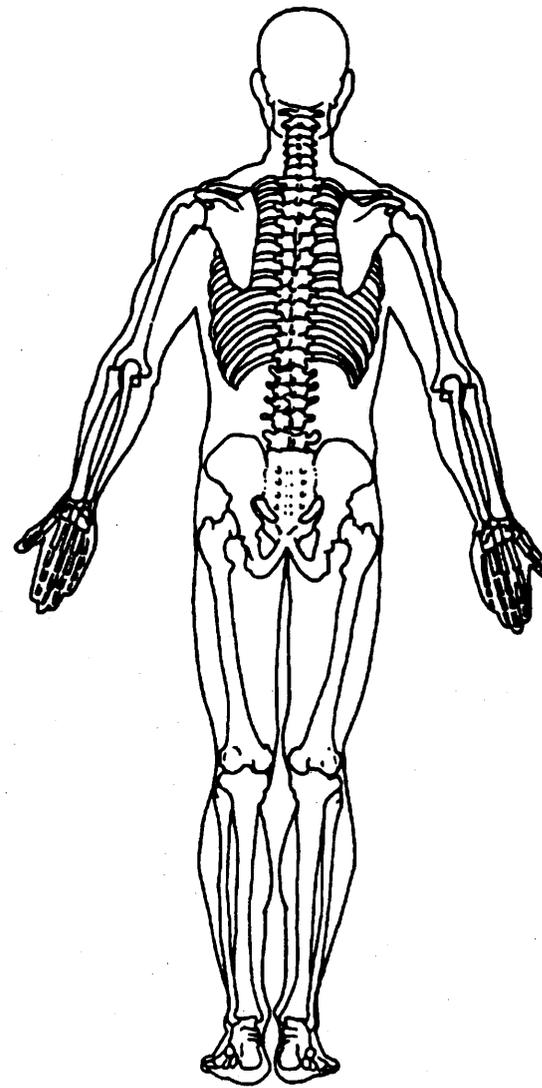
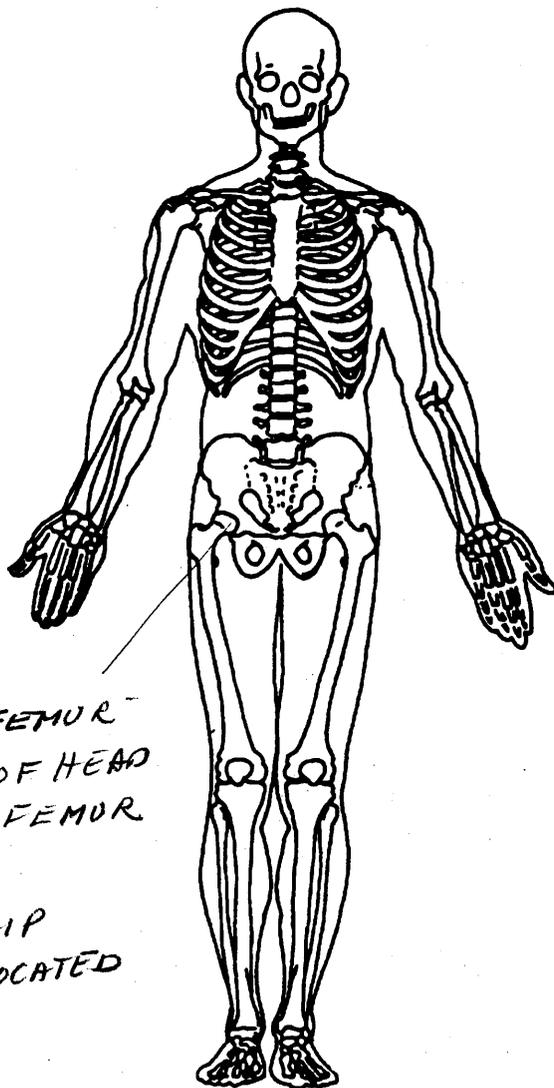
PO₂ =

PCO₂ =

HCO₃ =

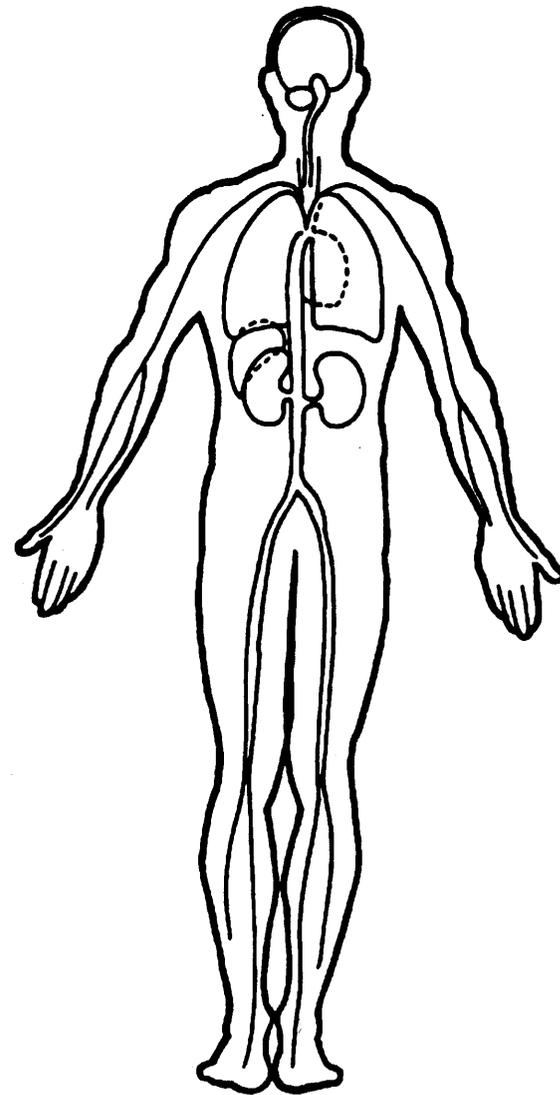
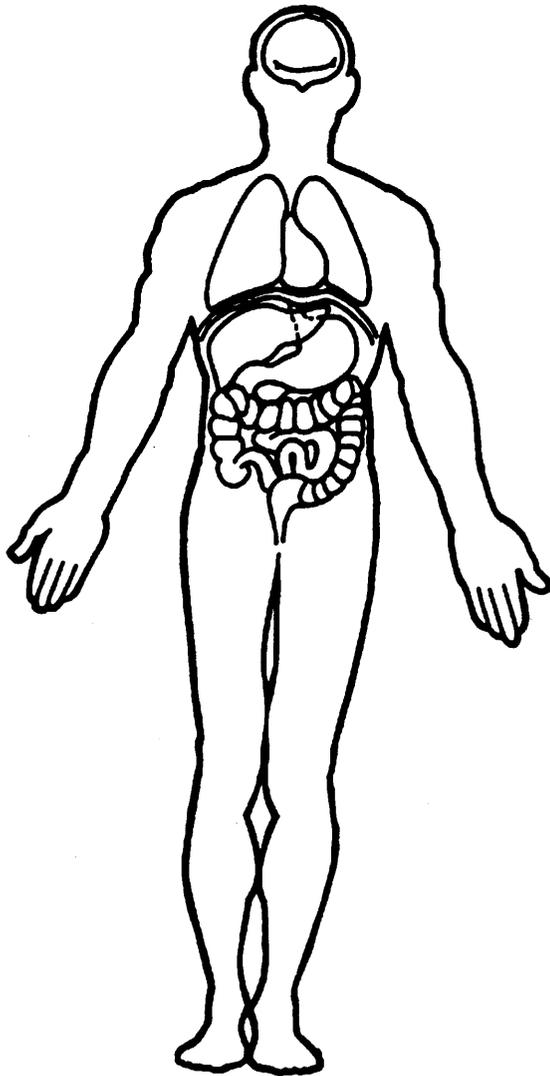
no
record

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.)





UPDATE FORM

1. Primary Sampling Unit Number 09
 2. Case Number — Stratum 166K
 3. Vehicle Number 02
 4. Occupant Number 02

RECEIVED [REDACTED] 1996

Driver or Occupant Name: [REDACTED]
 Address: [REDACTED]
 Other Information: _____

 (Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	96
OAL09. Date Official Medical Data Obtained	[REDACTED]	96
OAL16. Injury Treatment Status	___	___
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	B ___	___
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___
c. Admission record/summary or admission/discharge face sheet	B ___	11
d. Discharge summary	B ___	11
e. Operative report	B ___	___
f. Radiographic record(s) (X-ray, CT scan)	B ___	___
g. History and physical examination and/or consultation records	B ___	11
h. Emergency room records (includes nurses' notes)	B ___	11
j. Private physician	B ___	___
<u>Unofficial</u>		
k. Lay coroner	B ___	___
l. EMS record	B ___	11
m. Interviewee	B ___	___
n. Other source (specify): _____	B ___	B ___
o. Police report	B ___	B ___

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code	___	01
GV14. Alcohol Test Results For Driver	___	___
GV16. Other Drug Specimen Test Type For Driver	___	___
OA05. Occupant's Age	___	___
OA06. Occupant's Sex	___	___
OA07. Occupant's Height	___	___
OA08. Occupant's Weight	___	___
OA61. Treatment-Mortality	___	___
OA62. Type of Medical Facility (for Initial Treatment)	___	___
OA63. Hospital Stay	___	___



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 166K
 3. Vehicle Number 02
 4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 20
 Code actual age at time of accident.
 (00) Less than one year old (specify by month): _____
 (97) 97 years and older _____
 (99) Unknown

6. Occupant's Sex 1
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (9) Unknown

7. Occupant's Height 170
 Code actual height to the nearest
 centimeter.
 (999) Unknown
67 inches X 2.54 = 170 centimeters

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

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

OCCUPANT'S SEATING

10. Occupant's Seat Position 21
Front Seat
 (11) Left side
 (12) Middle
 (13) Right side
 (14) Other (specify): _____
 (15) On or in the lap of another occupant

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

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

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

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

11. Occupant's Posture 9
 (0) Normal posture

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

EJECTION/ENTRAPMENT

12. Ejection

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

0

13. Ejection Area

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

0

14. Ejection Medium

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

0

15. Medium Status (Immediately Prior To Impact)

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

0

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

9

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

9

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. 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 _____

20. 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 _____

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

- (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 _____

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

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

Non-functional

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

24. Automatic (Passive) Belt System Use 0

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

25. Automatic (Passive) Belt System Type 0

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

26. 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 _____

27. 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 _____

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 3</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function 0</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0
 (0) Not equipped/not available.
 (1) No previous accidents
 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 0
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 0
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 0 0
 (-_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (-_996) Deployment, unknown longitudinal Delta V
 (-_997) Not deployed
 (-_998) Unknown if deployed
 (-_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 0 0
 (00) Not equipped/not available
 (01) Not damaged
 Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
- (00) Not equipped/not available
(01) Not damaged
(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle
(06) Thermal burns
(07) Rescue or emergency efforts
(88) Other damage source (specify):

(95) Damaged, unknown source
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown
45. Was The Air Bag Tethered? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
46. Did The Air Bag Have Vent Ports? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
- (0) Not equipped/not available
(1) No
(2) Eyeglasses/sunglasses
(3) Contact lenses
(4) Deployed, unknown if eyewear worn
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify):

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

(99) Unknown
51. 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):

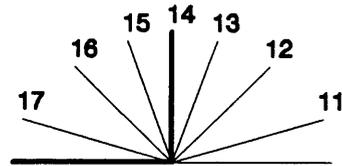
(9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
- (0) Occupant not seated or no seat
(1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
(3) Seat between forward most and middle track positions
(4) Seat at middle track position
(5) Seat between middle and rear most track positions
(6) Seat at rear most track position
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 01
 (00) Occupant not seated or no seat
 (01) Not adjustable

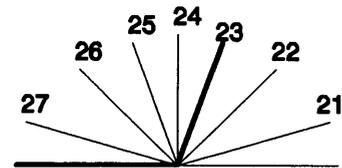
Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



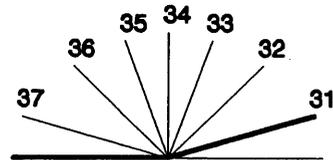
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



(99) Unknown

54. 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

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. 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

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.

(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 CONSEQUENCES61. 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

62. Treatment - Mortality 8

- (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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. 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

64. Hospital Stay 99

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

65. Working Days Lost 99

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

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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

70. Number of Recorded Injuries for This Occupant 03

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

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

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

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

BELT USE DETERMINATION

74. 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>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>166K</u>	4. Occupant Number <u>03</u>

INJURY DATA

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

Source of Injury Data	A.I.S. - 90							Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
1st <i>face lac</i>	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>602</u>	13. <u>2</u>	14. <u>3</u>	15. <u>60</u>
2nd <i>hand lac</i>	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>06</u>	20. <u>02</u>	21. <u>1</u>	22. <u>3</u>	23. <u>602</u>	24. <u>2</u>	25. <u>3</u>	26. <u>00</u>
3rd <i>rib cont</i>	27. <u>7</u>	28. <u>4</u>	29. <u>5</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>60</u>
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___	48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> 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.	(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	(1) Minor Injury
(2) Vessels	(04) Skin - Contusion		(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (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 <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
 - (202) Rear header
 - (203) Roof left side rail
 - (204) Roof right side rail
 - (205) Roof or convertible top
- ### FLOOR
- (251) Floor (including toe pan)
 - (252) Floor or console mounted transmission lever, including console
 - (253) Parking brake handle
 - (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

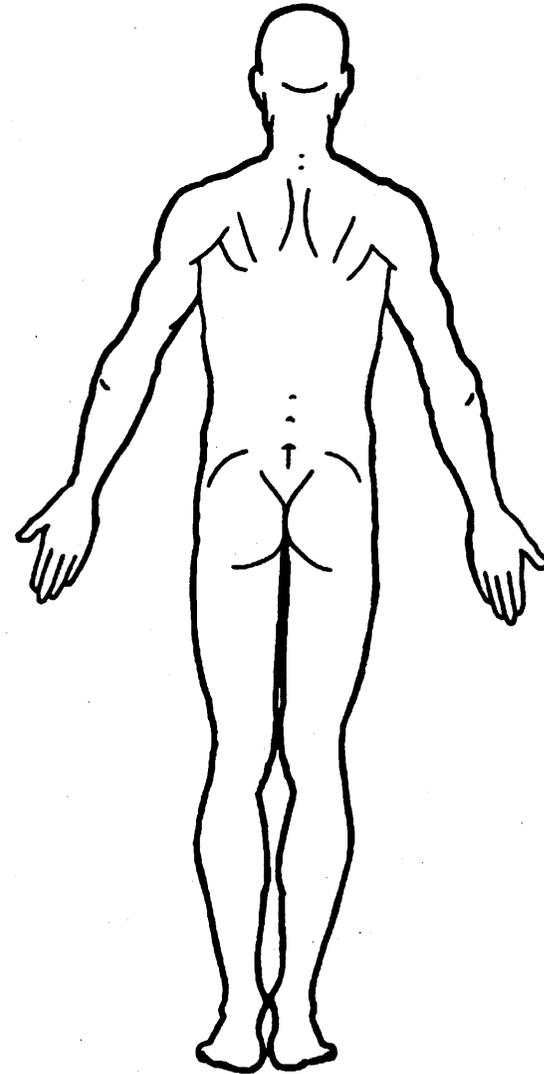
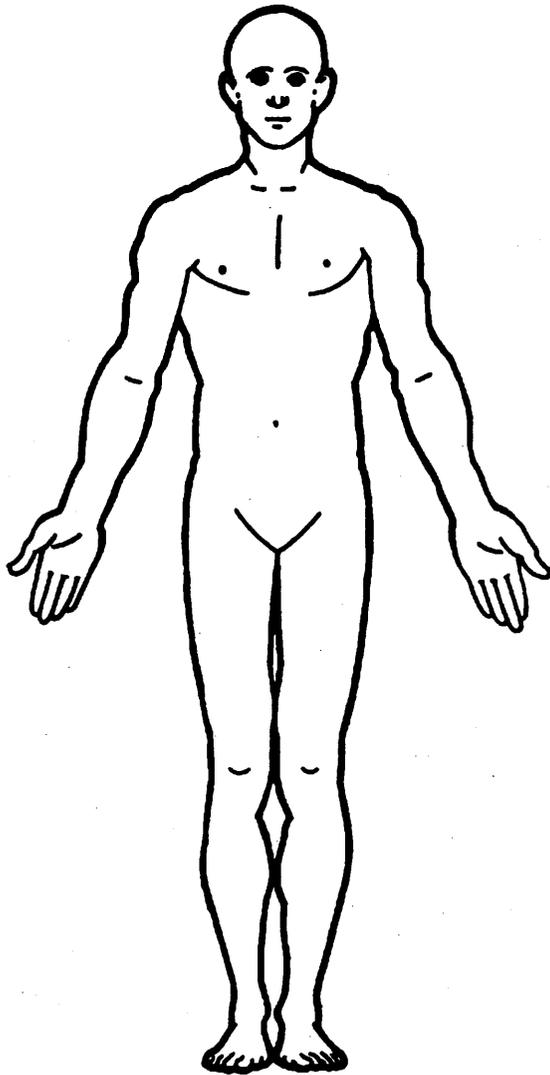
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

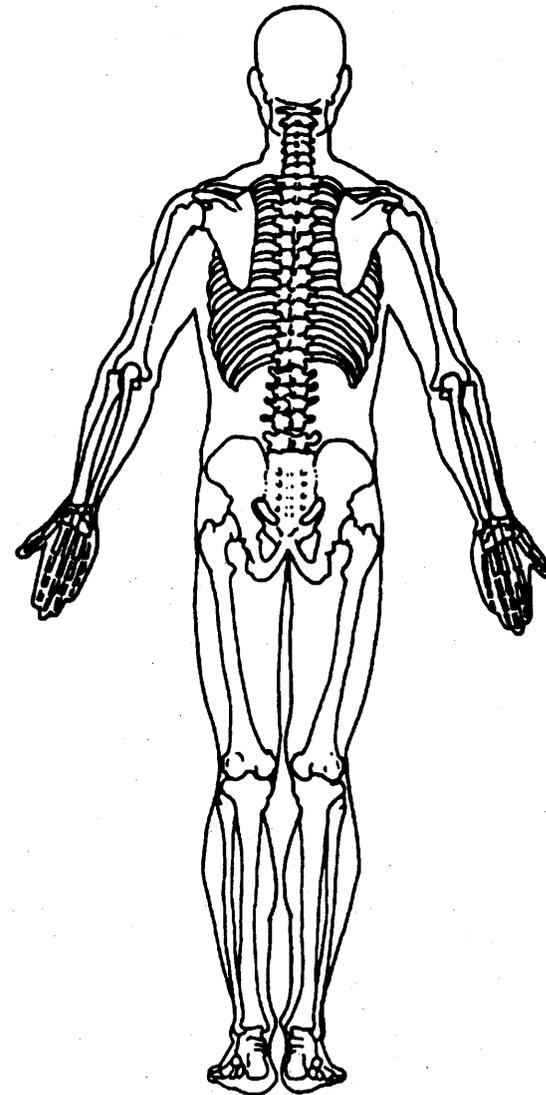
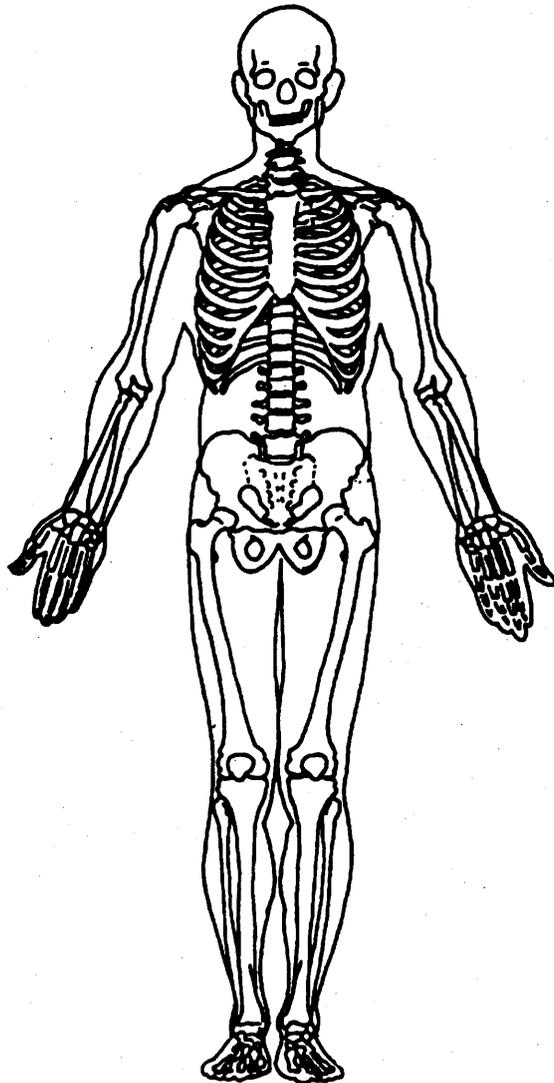
pH = ____

PO₂ = ____

PCO₂ ____

HCO₃ ____

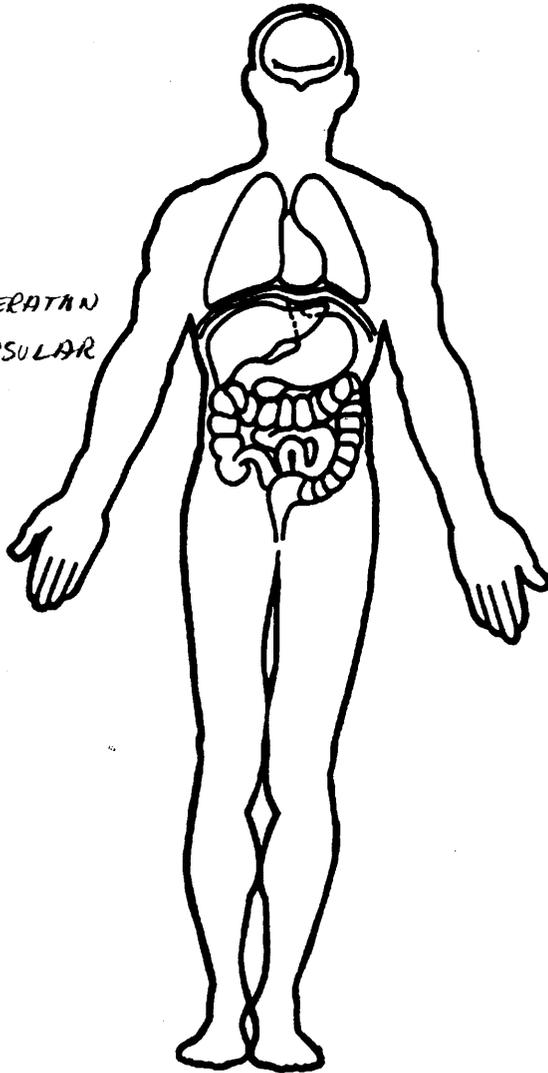
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



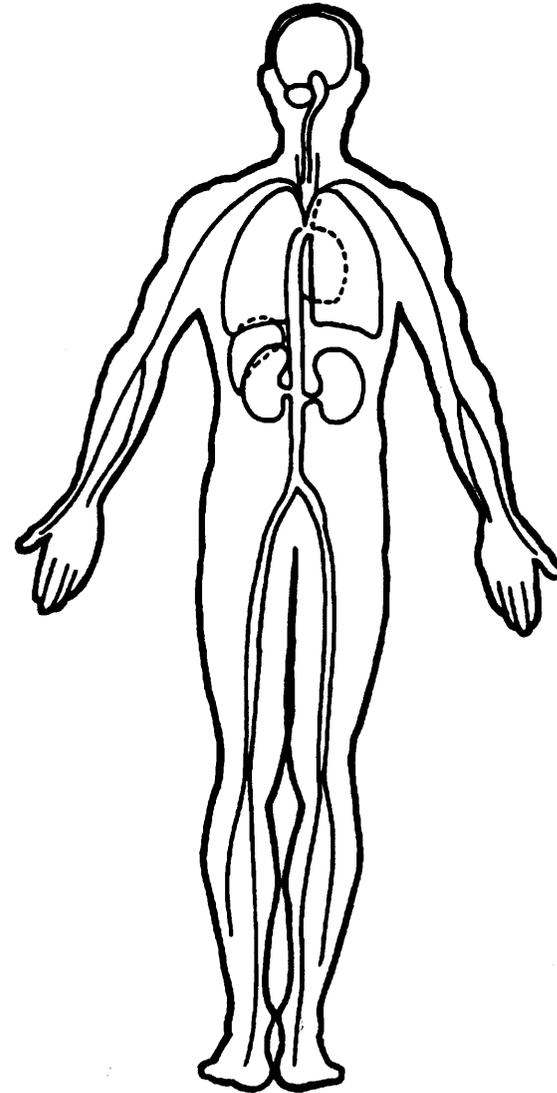
OFFICIAL INJURY DATA — INTERNAL INJURIES

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

DS, ER; CLOSED HEAD INJURY; CONCUSSION; CONSCIOUS BUT NOT ORIENTED IN ER; STILL NOT ORIENTED TO TIME + PLACE 15 DAYS LATER AT DISCHARGE



DS
LIVER LACERATION
W/ SUBCAPSULAR
HEMATOMA





OCCUPANT ASSESSMENT FORM

- 1. Primary Sampling Unit Number 09
- 2. Case Number - Stratum 166K
- 3. Vehicle Number 02
- 4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 20
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown *per PAR*

- 6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

- 7. Occupant's Height 170
Code actual height to the nearest centimeter.
(999) Unknown
67 inches X 2.54 = 170 centimeters 075

- 8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999)Unknown
165 pounds X .4536 = 075 kilograms

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

OCCUPANT'S SEATING

- 10. Occupant's Seat Position 23
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

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

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

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 9

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 0 0
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. 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
21. Manual (Active) Belt Failure Modes During Accident 0
- (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

22. Shoulder Belt Upper Anchorage Adjustment 1
- (0) No shoulder belt
 - (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. 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
27. 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

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 3</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) <u>Police indicated "unknown"</u></p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) <u>Air bag not reinstalled</u> (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function 0</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input checked="" type="checkbox"/> Vehicle inspection <input checked="" type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> <u>Unknown if belt used</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) <u>Air bag not reinstalled</u> (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) <u>Unknown</u></p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0
 (0) Not equipped/not available
 (1) No previous accidents

 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 0
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 0
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 600
 (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (_996) Deployment, unknown longitudinal Delta V
 (_997) Not deployed
 (_998) Unknown if deployed
 (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 00
 (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____

 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

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

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 01
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

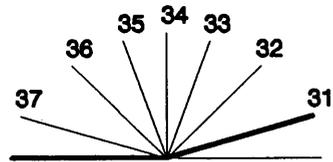
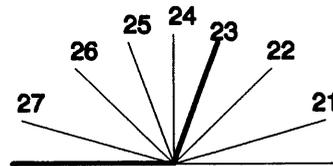
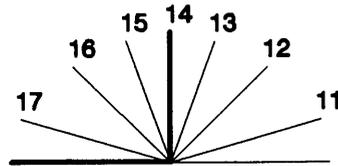
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

(99) Unknown



54. 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

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(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 CONSEQUENCES61. 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

62. Treatment - Mortality 38

- (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
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. 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 0164. Hospital Stay 99

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

65. Working Days Lost 99

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

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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

70. 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

71. 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

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

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

BELT USE DETERMINATION

74. 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>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>166K</u>	4. Occupant Number <u>04</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 Confidence Level	Injury Source	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
<i>Closed Head Injury</i>											
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>04</u>	9. <u>06</u>	10. <u>2</u>	11. <u>0</u>	12. <u>151</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
(B) <i>cheek abr</i>											
2nd	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>151</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
(L) <i>scalp lac</i>											
3rd	27. <u>3</u>	28. <u>1</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
(L) <i>face lac</i>											
4th	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>06</u>	42. <u>00</u>	43. <u>1</u>	44. <u>2</u>	45. <u>151</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
<i>chin lac</i>											
5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>8</u>	56. <u>151</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
(B) <i>shoulder lac</i>											
6th	60. <u>3</u>	61. <u>7</u>	62. <u>9</u>	63. <u>06</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>101</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
(L) <i>shoulder abr</i>											
7th	71. <u>3</u>	72. <u>7</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>151</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90					Aspect	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					
11th	---	---	---	-----	-----	---	-----	---	---	-----	
12th	---	---	---	-----	-----	---	-----	---	---	-----	
13th	---	---	---	-----	-----	---	-----	---	---	-----	
14th	---	---	---	-----	-----	---	-----	---	---	-----	
15th	---	---	---	-----	-----	---	-----	---	---	-----	
16th	---	---	---	-----	-----	---	-----	---	---	-----	
17th	---	---	---	-----	-----	---	-----	---	---	-----	
18th	---	---	---	-----	-----	---	-----	---	---	-----	
19th	---	---	---	-----	-----	---	-----	---	---	-----	
20th	---	---	---	-----	-----	---	-----	---	---	-----	
21st	---	---	---	-----	-----	---	-----	---	---	-----	
22nd	---	---	---	-----	-----	---	-----	---	---	-----	
23rd	---	---	---	-----	-----	---	-----	---	---	-----	
24th	---	---	---	-----	-----	---	-----	---	---	-----	
25th	---	---	---	-----	-----	---	-----	---	---	-----	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	<u>Vessels, Nerves, Organs.</u>	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.	
	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		
	The exceptions to this rule apply to:		
	<u>Whole Area</u>		
	(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		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		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	

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (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 RECORDS

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

CONFIDENCE LEVEL

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

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

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):

- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):

- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):

- (155) Head restraint system
- (160) Other occupants (specify):

- (161) Interior loose objects
- (162) Child safety seat (specify):

- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)

- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):

- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):

- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):

- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):

- (599) Unknown vehicle or object

NONCONTACT INJURY

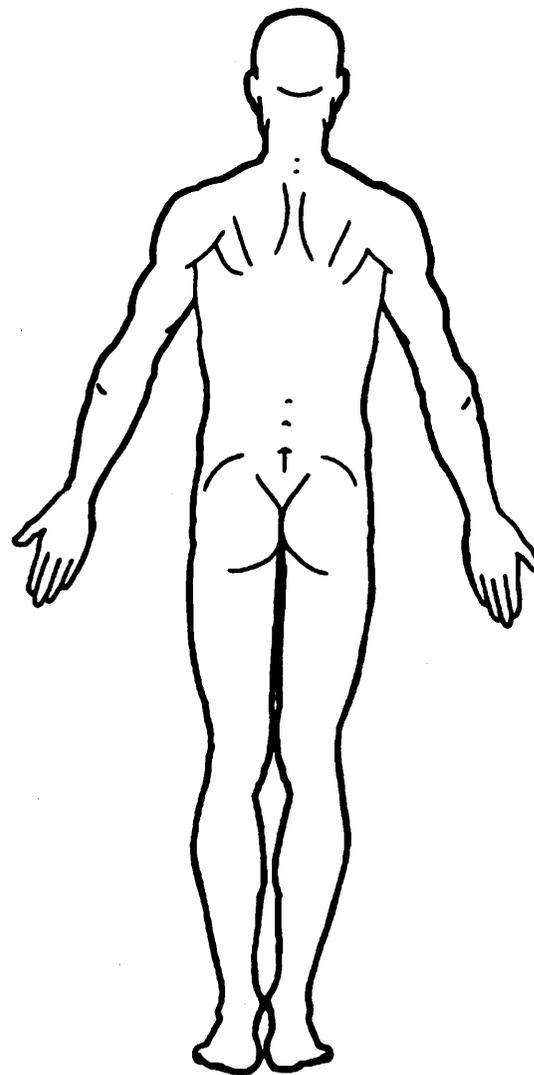
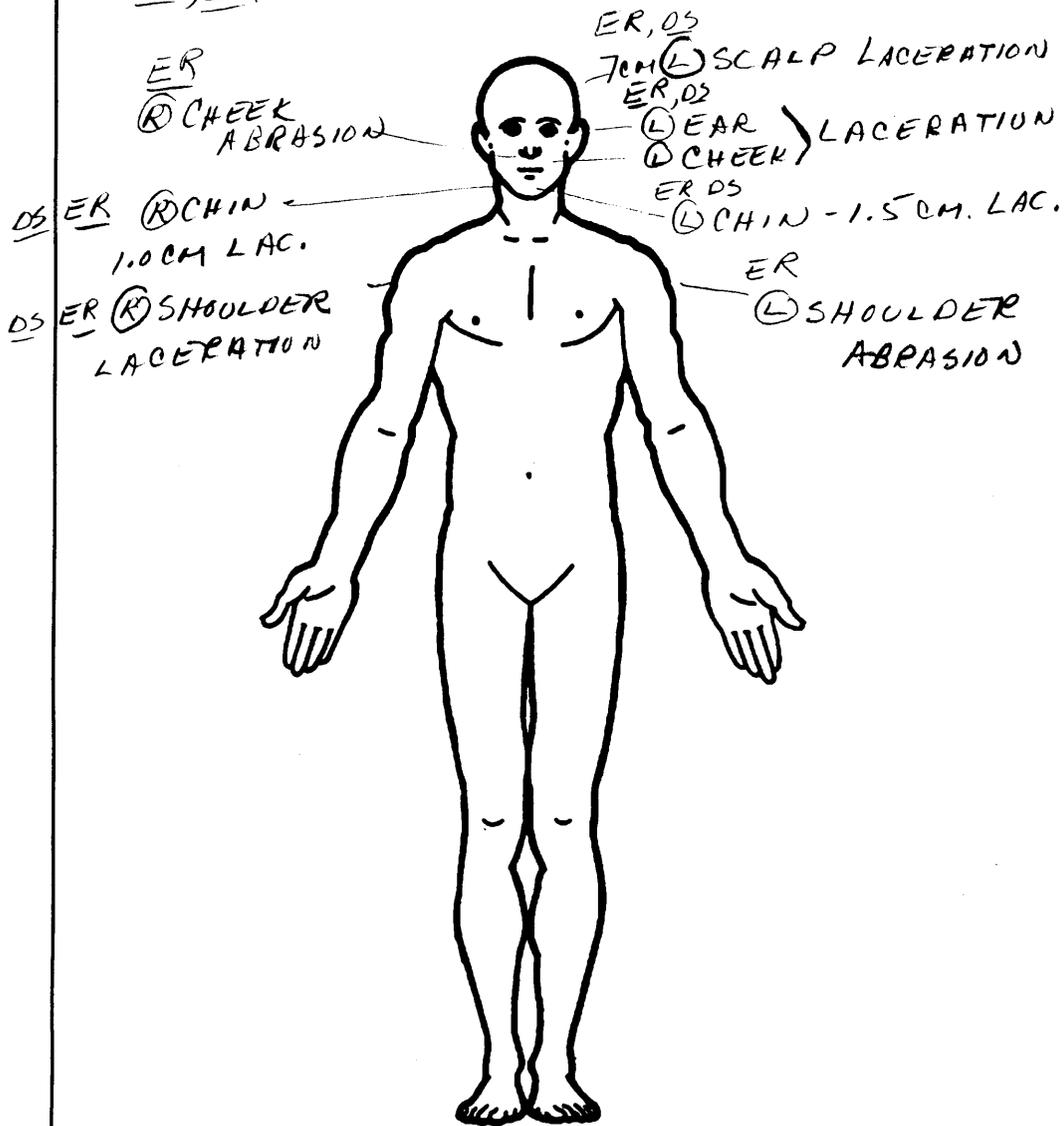
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):

- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)

OS, ER CLOSED HEAD INJURY, ⊕ LOC



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No *NR*
 Yes

Blood Alcohol Level (mg/dl)

BAL = *NR*

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

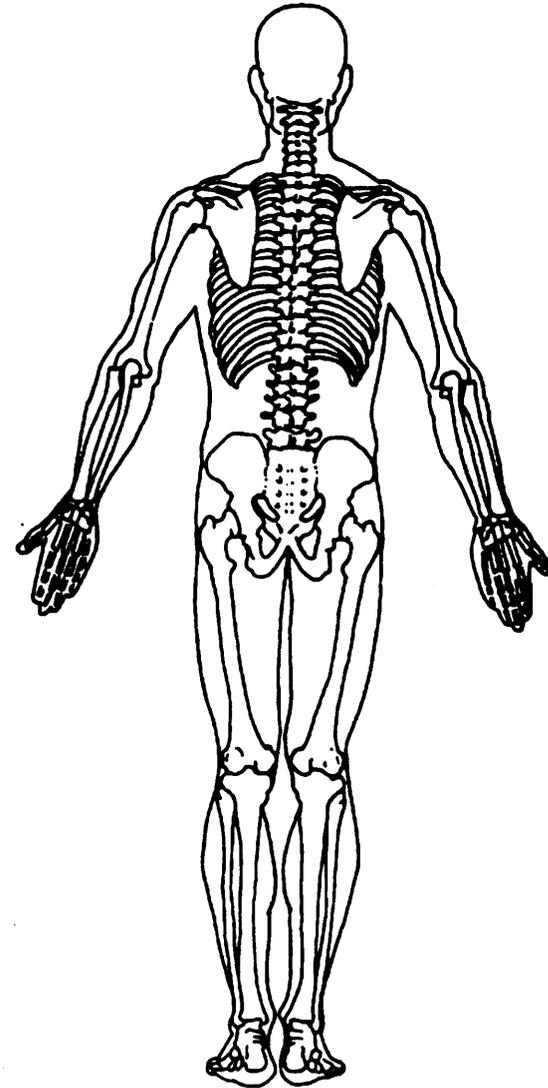
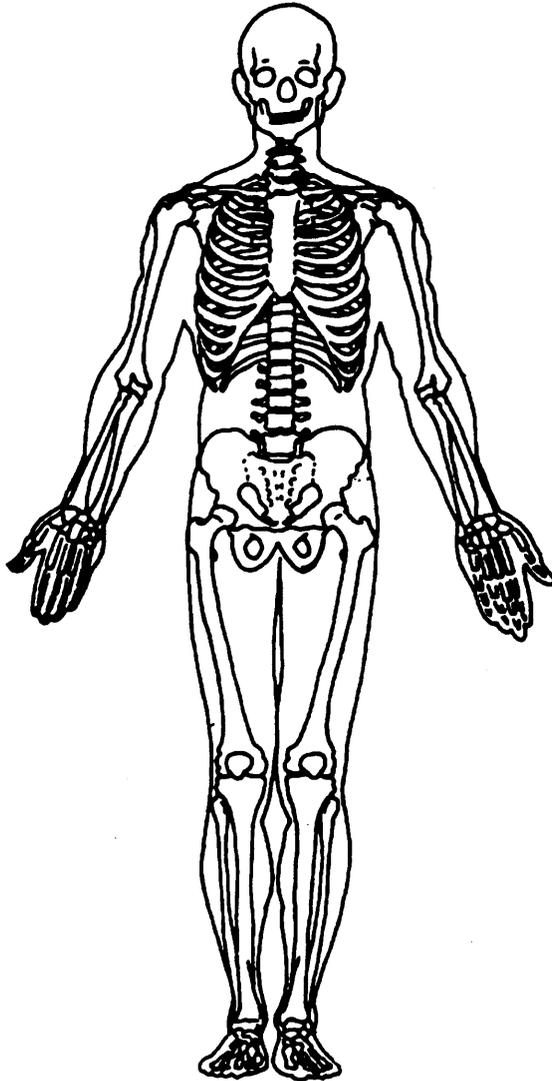
Units = 0

Arterial Blood Gases

pH =
PO₂ =
PCO₂ =
HCO₃ =

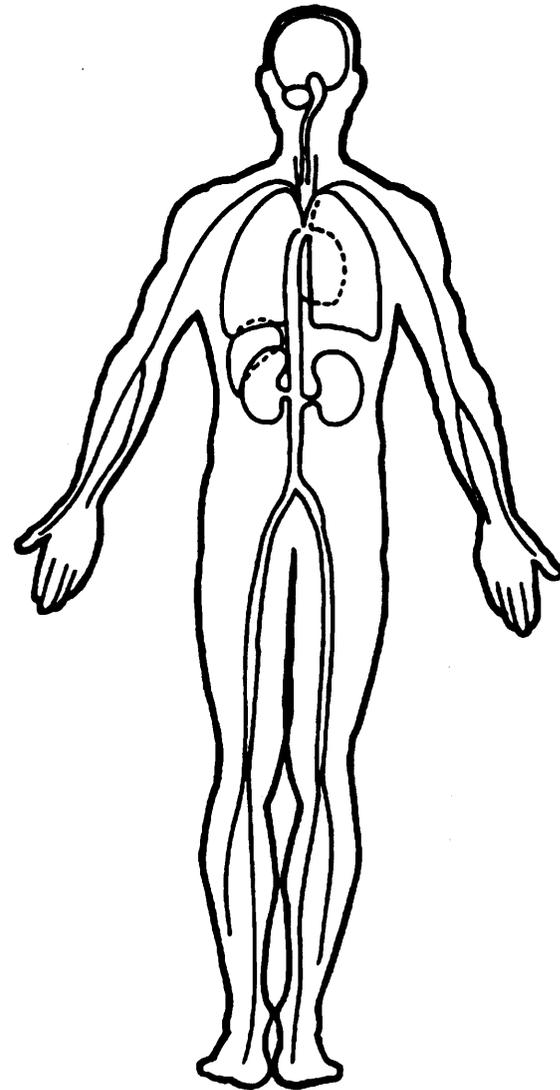
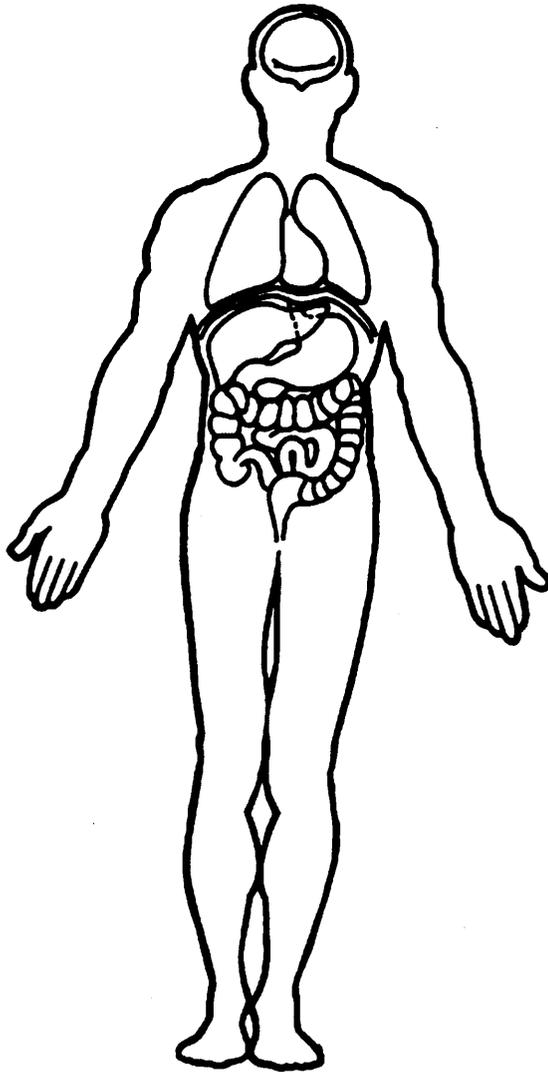
no record

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.)





UPDATE FORM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name:	[REDACTED]
2. Case Number — Stratum	<u>166K</u>	Address:	[REDACTED]
3. Vehicle Number	<u>02</u>		[REDACTED]
4. Occupant Number	<u>04</u>	Other Information:	_____

RECEIVED [REDACTED] 1996

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	<u>96</u>	OAL18. Medical Facility Code	_____	<u>Baldwin</u>
OAL09. Date Official Medical Data Obtained	[REDACTED]	<u>96</u>	GV14. Alcohol Test Results For Driver	_____	_____
OAL16. Injury Treatment Status	_____	_____	GV16. Other Drug Specimen Test Type For Driver	_____	_____
OAL17. Injury Information			OA05. Occupant's Age	_____	_____
<u>Official</u>			OA06. Occupant's Sex	_____	_____
a. Autopsy (invasive examination)	<u>B</u> _____	_____	OA07. Occupant's Height	_____	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> _____	_____	OA08. Occupant's Weight	_____	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u> _____	<u>11</u>	OA61. Treatment-Mortality	_____	_____
d. Discharge summary	<u>B</u> _____	<u>H</u>	OA62. Type of Medical Facility (for Initial Treatment)	_____	_____
e. Operative report	<u>B</u> _____	_____	OA63. Hospital Stay	_____	_____
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u> _____	_____			
g. History and physical examination and/or consultation records	<u>B</u> _____	_____			
h. Emergency room records (includes nurses' notes)	<u>B</u> _____	<u>11</u>			
j. Private physician	<u>B</u> _____	_____			
<u>Unofficial</u>					
k. Lay coroner	<u>B</u> _____	_____			
l. EMS record	<u>B</u> _____	_____			
m. Interviewee	<u>B</u> _____	_____			
n. Other source (specify):	<u>B</u> _____	<u>B</u> _____			
o. Police report	<u>B</u> _____	<u>B</u> _____			



SMASH PROGRAM SUMMARY
(All Measurements in Metric)

Identifying Title 09 166K 01 [REDACTED], 96
PSU Case No.-Stratum Sequence No. Date (month,day,year) of Run

Vehicle 1 GENERAL VEHICLE INFORMATION Vehicle 2

Year	<u>1994</u>	Year	<u>1989</u>
Make	<u>Oldsmobile</u>	Make	<u>HONDA</u>
Model	<u>Oldsmobile</u>	Model	<u>accord</u>
Body Style	<u>2D</u>	Body Style	<u>4D</u>
NASS Veh. No.	<u>1</u>	NASS Veh. No.	<u>2</u>
CDC	<u>11FD2W3</u>	CDC	<u>02R4EW3</u>
Damaged Side (Missing Veh. Only)		Damaged Side (Missing Veh. Only)	
PDOF	<u>540</u> °	PDOF	<u>160</u> °
HDG Angle	<u>90</u> °	HDG Angle	<u>180</u> °

Vehicle 1 VEHICLE SPECIFICATIONS Vehicle 2

Wheelbase	<u>274</u>	Wheelbase	<u>260</u>
OAL	<u>514</u>	OAL	<u>4655</u>
OAW	<u>192</u>	OAW	<u>171.2</u>
Weight:		Weight:	
<u>1730</u> + <u>0</u> + <u>64</u> = <u>1796</u> kg		<u>1134</u> + <u>0</u> + <u>285</u> = <u>1419</u> kg	
Curb Cargo Occupants		Curb Cargo Occupants	
Engine Displacement	<u>4.6</u>	Engine Displacement	<u>2</u>
Drive System	<u>FWD</u>	Drive System	<u>FWD</u>
Size	<u>3</u>	Size	<u>3</u>
Stiffness	<u>9</u>	Stiffness	<u>3</u>

Vehicle 1 DAMAGE INFORMATION Vehicle 2

Damage Known?	<u>YES</u>	Damage Known?	<u>NO</u>
Damage Length	<u>161</u> cm	Damage Length	_____ cm
Damage Offset	<u>0</u> cm	Damage Offset	<u>±</u> _____ cm
Crush Depth:		Crush Depth:	
C1	<u>56</u> cm	C1	_____ cm
C2	<u>56</u> cm	C2	_____ cm
C3	<u>59</u> cm	C3	_____ cm
C4	<u>54</u> cm	C4	_____ cm
C5	<u>45</u> cm	C5	_____ cm
C6	<u>33</u> cm	C6	_____ cm

Summary of Results Using Damage

smash impact 1 zone generated

Speed Change
(ROLDMISS)

Vehicle #1

Total 41 km/h (26 mph)
 Longitudinal -31 km/h (-20 mph)
 Latitudinal 26 km/h (16 mph)
 PDOF Angle -40 °
 Energy Dissipated = 144456 Joules (106531 Ft-Lb)
 Barrier Equivalent Speed = 35.1 km/h (21.8 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 52 km/h (32 mph)
 Longitudinal -26 km/h (-16 mph)
 Latitudinal -45 km/h (-28 mph)
 PDOF Angle 60 °
 Energy Dissipated = 225660 Joules (166416 Ft-Lb)
 Barrier Equivalent Speed = 59.3 km/h (36.8 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1 -----	Vehicle #2 -----
Year	1994	1989
Make	Cadillac	Honda
Model	Eldorado Tourino	Accord
CDC	11FDEW3	02RYEW3
Side Damaged	F	R
PDof Angle	-40 °	60 °
Heading Angle	90 °	180 °
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	3	3
Stiffness Category	9	3
Vehicle Weight	1790 kgs (3946 lbs)	1419 kgs (3128 lbs)

Damage Information

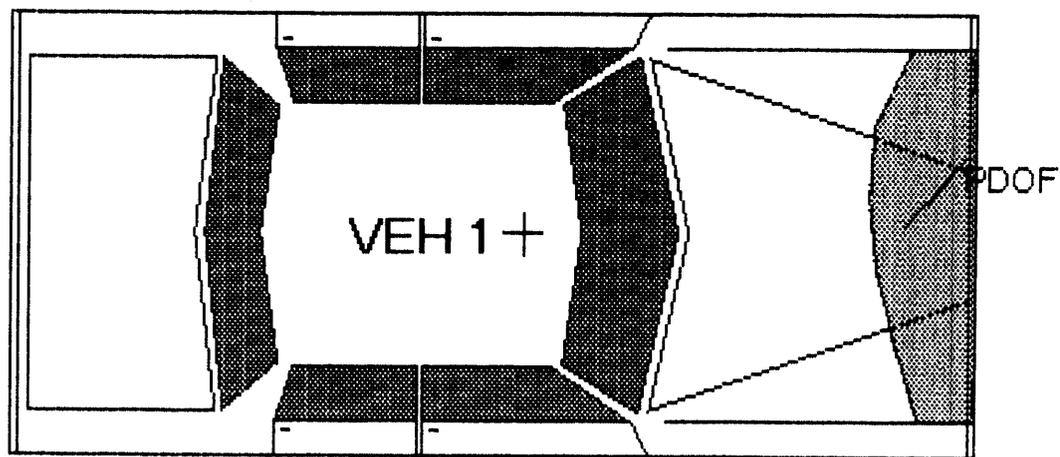
Vehicle Damage Known	Vehicle #1	Vehicle #2
	----- Yes	----- No
Crush Length	161.0 cm (63 in)	0.0 cm (0 in)
C1	36.0 cm (14 in)	0.0 cm (0 in)
C2	56.0 cm (22 in)	0.0 cm (0 in)
C3	59.0 cm (23 in)	0.0 cm (0 in)
C4	54.0 cm (21 in)	0.0 cm (0 in)
C5	45.0 cm (18 in)	0.0 cm (0 in)
C6	33.0 cm (13 in)	0.0 cm (0 in)
D	0.0 cm (0 in)	0.0 cm (0 in)
D'	-2.9 cm (-1 in)	114.0 cm (45 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
	-----	-----
Length	513.6 cm (202 in)	456.5 cm (180 in)
Width	191.8 cm (76 in)	171.2 cm (67 in)
Wheelbase	274.3 cm (108 in)	260.0 cm (102 in)
Weight	1790 kas (3946 lbs)	1419 kas (3128 lbs)
CG to Front of Veh	228.1 cm (90 in)	228.1 cm (90 in)
Engine Displacement	4.6 liters	2.0 liters
Moment of Inertia	426692 kas (37767 lbs)	267350 kas (23664 lbs)
Vehicle Mass	1790 kas (10.3 lb-s ² /in)	1419 kas (8.1 lb-s ² /in)

1989 Honda Accord
Vehicle number 2 is missing.

1994 Cadillac Eldorado Touring



smash impact zone generated
1996

PSU NUMBER
CASE NUMBER
ACCIDENT EVENT SEQUENCE NUMBER

09
166K
N/A

OLDMISS PROGRAM SUMMARY

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER(S) _____



CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title <u>09</u> Primary Sampling Unit	<u>166K</u> Case No.-Stratum	<u>02</u> Accident Event Sequence No.	<u>96</u> Date (Month, day, year) of Run
---	---------------------------------	--	---

CRASHPC Vehicle Identification	Vehicle 1 <u>1994</u> Year	<u>CADILLAC</u> Make	<u>EL DORADO</u> Model	<u>01</u> NASS Veh. No.
	Vehicle 2	<u>BARREER TEST</u>		

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>3</u>	Size	<u>11</u>
Weight	<u>1732 + 64 + 0 = 1796</u> kg	Weight	_____ kg
CDC	<u>07L BME 02</u>	CDC	_____
PDOF (-180 to +180)	<u>09L BNE 3 + 35°</u>	PDOF (-180 to +180)	± _____ °
Stiffness	<u>270 3</u> <u>-70</u>	Stiffness	_____

SCENE INFORMATION

Rest and Impact Positions <input type="checkbox"/> No, Go To Damage Information <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Rest Position	X _____ m Y _____ m PSI _____ °	Rest Position	X _____ m Y _____ m PSI _____ °
Impact Position	X _____ m Y _____ m PSI _____ °	Impact Position	X _____ m Y _____ m PSI _____ °
Slip Angle(-180 to +180)	_____ °	Slip Angle (-180 to +180)	_____ °

VEHICLE MOTION

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

FRICITION INFORMATION **TRAJECTORY INFORMATION**

Coefficient of Friction _____
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance
 LF _____ RF _____
 LR _____ RR _____

Trajectory Data No Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles
 LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Vehicle 2 Steer Angles
 LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Terrain Boundary No Yes

First Point
 X _____ m Y _____ m

Second Point
 X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

	VEHICLE 1		VEHICLE 2
Damage Length	L <u>017</u> cm		L _____ cm
Crush Depths	C ₁ <u>016</u> cm		C ₁ _____ cm
	C ₂ <u>011</u> cm		C ₂ _____ cm
	C ₃ <u>006</u> cm		C ₃ _____ cm
	C ₄ <u>000</u> cm		C ₄ _____ cm
	C ₆ _____ cm		C ₆ _____ cm
	C ₆ _____ cm		C ₆ _____ cm
Damage Offset	D <u>238</u> cm		D <u>±</u> _____ cm

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

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

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

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

SUMMARY OF CRASHPC RESULTS USING DAMAGE

barrier v1 impac 2 2nd highest delta v zone generated

	SPEED CHANGE (DAMAGE)	
VEHICLE #1		
TOTAL	2 KPH (1 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	2 KPH (1 MPH)
PDOF ANGLE		-90 DEGREES
ENERGY DISSIPATED =	931 JOULES (687 FT-LB)
VEHICLE #2		
TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE		0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

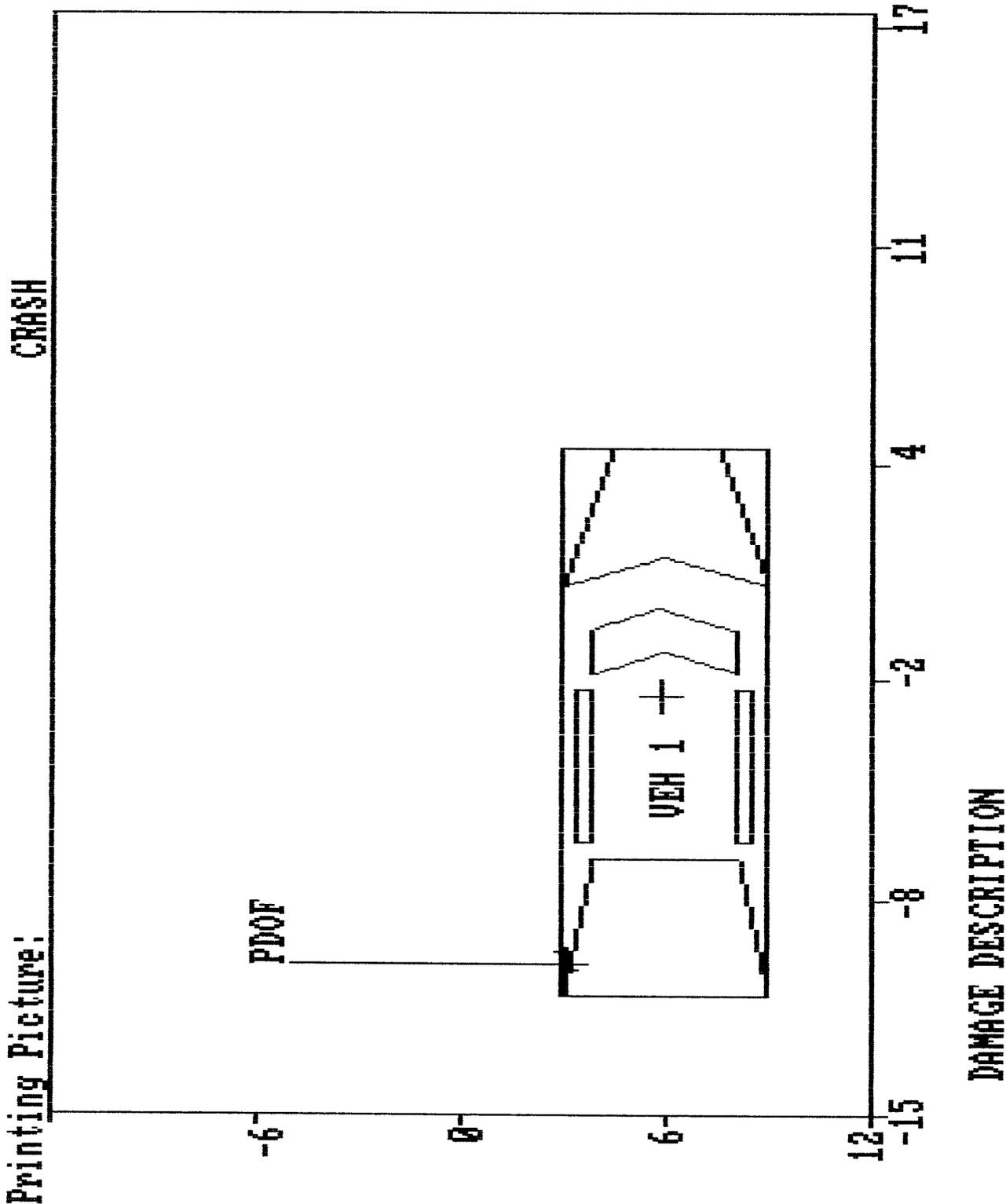
DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	11
STIFFNESS CATEGORY	3	0
VEHICLE WEIGHT	1796 KGS (3959 LBS)	***** KGS (2204586 LBS) *
CDC	09 L BME3	BARRIER
PDOF ANGLE	-90 DEGREES	0 DEGREES *
CRUSH LENGTH	17 CM. (7 IN.)	0 CM. (0 IN.) *
C1	16 CM. (6 IN.)	0 CM. (0 IN.) *
C2	11 CM. (4 IN.)	0 CM. (0 IN.) *
C3	6 CM. (2 IN.)	0 CM. (0 IN.) *
C4	0 CM. (0 IN.)	0 CM. (0 IN.) *
C5	0 CM. (0 IN.)	0 CM. (0 IN.) *
C6	0 CM. (0 IN.)	0 CM. (0 IN.) *
D1	-238 CM. (-94 IN.)	0 CM. (0 IN.) *
D2	-241 CM. (-95 IN.)	0 CM. (0 IN.) *

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1		VEHICLE #2
CG TO FRONT AXLE	130 CM. (51 IN.)		127 CM. (50 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)		127 CM. (50 IN.)
TRACK	150 CM. (59 IN.)		127 CM. (50 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)		127 CM. (50 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)		-127 CM. (-50 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)		127 CM. (50 IN.)
MOMENT OF INERTIA	15522 KGS (34220 LBS)		***** KGS (***** LBS)
VEHICLE MASS	5 KGS (10 LBS)		2600 KGS (5732 LBS)



09166K00000011 958.0500000000000206500000005 96 96 96 96010191000
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09166K00010012 958.0510000000000103F0202R
09166K00020012 958.0510000000000103L99999
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09166K02020461 8.05 0000000002290602111092197

11

INTER ERRORS

p) are
 OI15(p)

OCT0111 2 If INTRUDING COMPONENT IV48(n) and INJURY SOURCE OI12(
 CT0112 related as shown in Table A-15, then INTRUSION NUMBER
 CT0113 should not be 00. GV=02 OA=04 OI=06

01

PSU09

ERROR SUMMARY SCREEN

96

CASE 166K

CURRENT VERSION: 8.05

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

0

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09166K02020661	8.05	0000000002541820211011101
09166K02020761	8.05	0000000002541814311011101
09166K02020861	8.05	0000000002851808311011101
09166K02020961	8.05	0000000003890202111011101
09166K02021061	8.05	0000000003890402111012101
09166K02021161	8.05	0000000003890202120122104
09166K02021261	8.05	0000000003890602120122104
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09166K02040661	8.05	0000000003790602111012100
09166K02040761	8.05	0000000003790202121512100

09166K00000066 8.05 000000000TWO CARS; FRONT TO SIDE IMPACT
09166K00000171 8.05 000000000Vehicle one was traveling eastbound on a three
lane divided roadway(with a
09166K00000271 8.05 000000000positive barrier) approaching an intersection.
Vehicle two was traveling
09166K00000371 8.05 000000000south on a three lane divided roadwa(with a po
sitive barrier) approaching the
09166K00000471 8.05 000000000same intersection as vehicle one. Both vehicl
es enter the intersection.
09166K00000571 8.05 000000000Vehicle one's front plane impacts vehicle two'
s right side. Vehicle two
09166K00000671 8.05 000000000continues on and impacts four or more sand- fi
lled barrels with it's front
09166K00000771 8.05 000000000plane. Vehicle two comes to rest against the
end of a concrete "jersey" wall
09166K00000871 8.05 000000000with it's right side. Vehicle one rotates clo
ckwise striking vehicle one's
09166K00000971 8.05 000000000back bumper with it's left rear corner(second
impact event: vehicle two's
09166K00001071 8.05 000000000bumper is merely scraped). Vehicle one comes
to rest south of the
09166K00001171 8.05 000000000intersection in the southbound lanes facing no
rth. All four occupants of
09166K00001271 8.05 000000000vehicle two are transported. The driver of ve
hicle one is reported injured,
09166K00001371 8.05 000000000but, is not transported. Both vehicles are to
wed due to damage.
09166K00001471 8.05 000000000

09166K00001571 8.05 000000000



SLIDE INDEX

Primary Sampling Unit Number 09

Case Number - Stratum 166K

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-6	1	E	APPROACH OF V ₁
7	1	W	LOOKBACK V ₁
8-12	2	S	APPROACH OF V ₂ TO IMPACT
13	2	S	APPROACH TO IMPACT #2 + #3 FOR V ₂
14	2	N	LOOKBACK V ₂
15	-	-	DESTROYED BARRIERS #3 IMPACT V ₂
16	-	-	CONCRETE JERSEY WALL. POSS. #4 IMPACT FOR V ₂
17-36	1	-	EXTERIOR V _{e1}
37-57	1	-	INTERIOR
58-60	1	-	CONTACT POINTS (POSS.) V ₁
61-79	2	-	EXTERIOR V ₂
80-81	2	-	BLOOD STAIN OUTSIDE RT FRONT DOOR POSS. PARTIAL EJECTION.
82-98	2	-	INTERIOR V ₂
99-122	2	-	OCCUPANT CONTACT PTS
123-126	2	-	INTRUSIONS
127-128	2	-	LF - FRONT SEAT BACK BACK DEFORMED @ SEAT BACK LOCK/PIVOTS BY OCC CONTACT AND/OR INTRUSION
129	2	-	SEAT BELT ABRAISON / # NO SEAT BELT WORN.
130-131	2	-	RT FRONT SEAT BACK FAILURE DUE TO OCCUPANT CONTACT AND/OR INTRUSION



PSU 09-166K (1995) #1



PSU 09-166K (1995) #2



PSU 09-168K (1995) #3



PSU 09-166K (1995) #4



PSU 09-166K (1995) #5



PSU 09-166K (1995) #6



PSU 09-166K (1995) #7



PSU 09-166K (1995) #8



PSU 09-166K (1995) #9



PSU 09-166K (1995) #10



PSU 09-166K (1995) #11



PSU 09-166K (1995) #12



PSU 09-166K (1995) #13



PSU 09-166K (1995) #14



PSU 09-166K (1995) #15



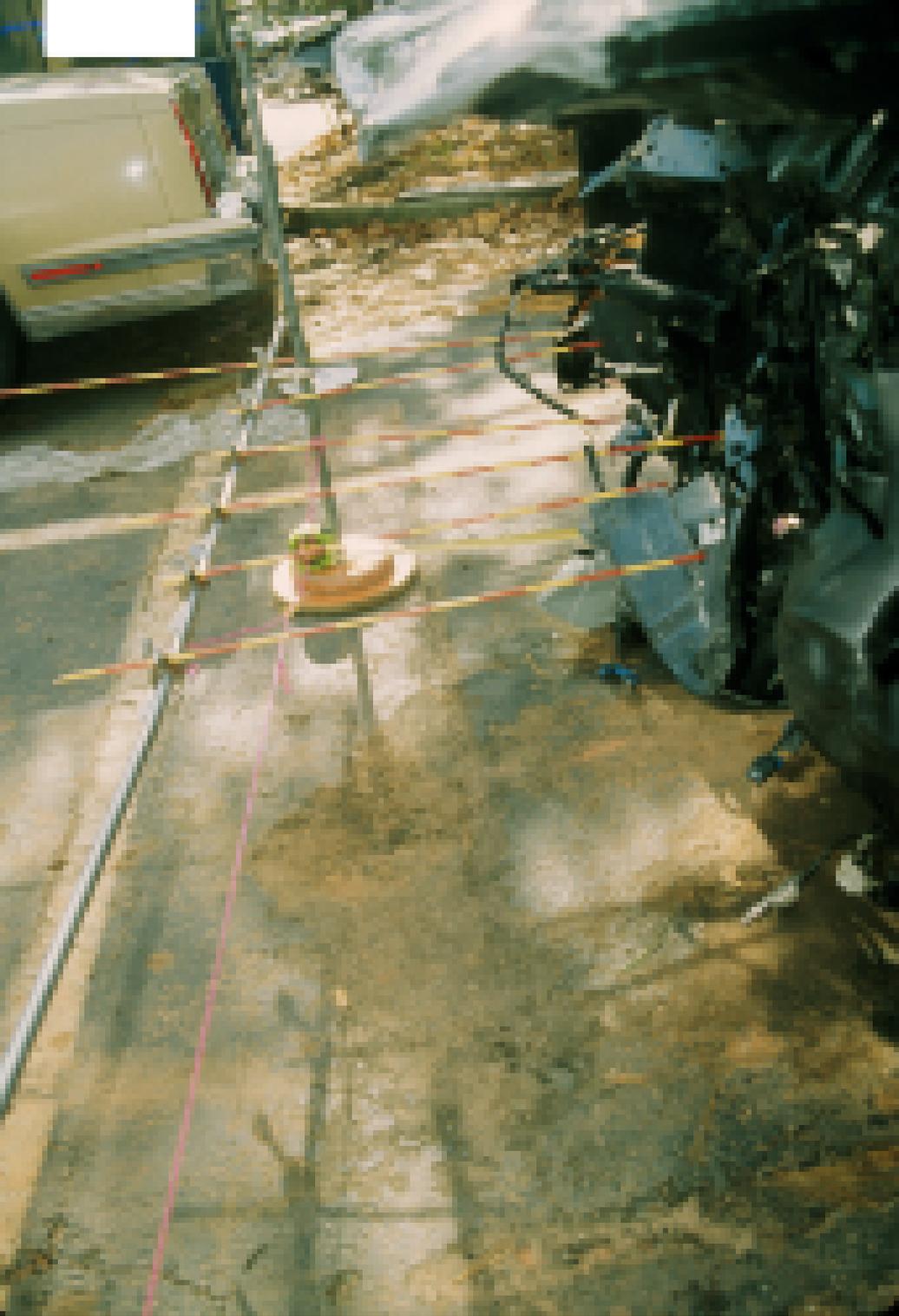
PSU 09-166K (1995) #16



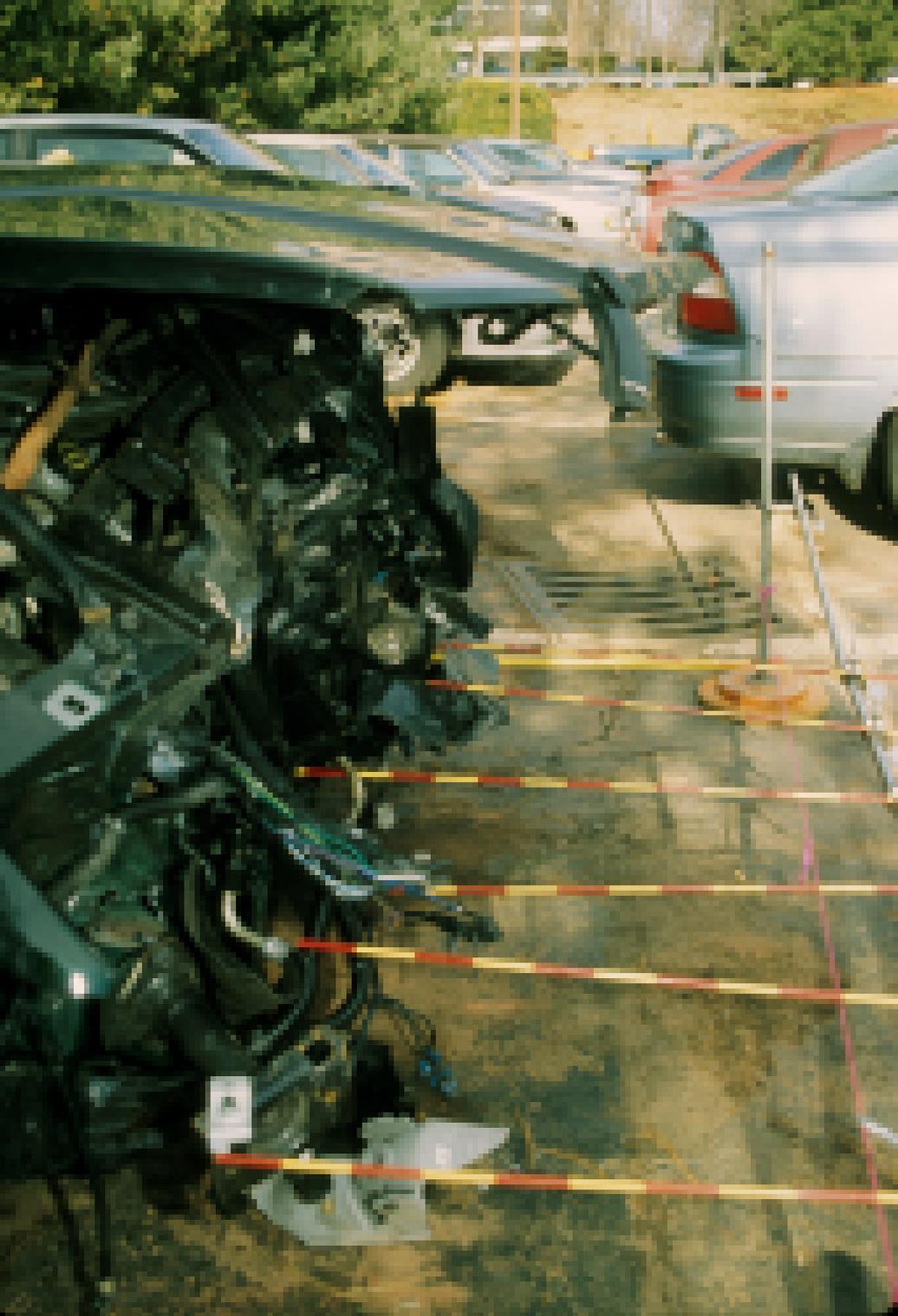
PSU 09-166K (1995) #17
Best Available



PSU 09-166K (1995) #18
Best Available



PSU 09-166K (1995) #19



PSU 09-166K (1995) #20
Best Available



PSU 09-166K (1995) #21
Best Available



PSU 09-166K (1995) #22
Best Available



PSU 09-166K (1985) #23

Best Available



PSU 09-166K (1995) #24
Best Available



PSU 09-166K (1995) #25



PSU 09-166K (1995) #26
Best Available



PSU 09-166K (1995) #27



PSU 09-166K (1995) #28



PSU 09-166K (1995) #29



PSU 09-166K (1995) #30
Best Available



PSU 09-166K (1995) #31
Best Available



PSU 09-166K (1995) #32
Best Available



PSU 09-166K (1995) #33
Best Available



PSU 09-166K (1995) #34
Best Available



PSU 09-166K (1995) #35
Best Available



PSU 09-166K (1995) #36
Best Available



PSU 09-166K (1995) #37



PSU 09-166K (1995) #38



PSU 09-166K (1995) #39
Best Available



PSU 09-166K (1995) #40



PSU 09-166K (1995) #41



PSU 09-168K (1995) #42



PSU 09-168K (1995) #43



PSU 09-106K (1995) #44



PSU 09-166K (1995) #45



PSU 09-166K (1995) #46



PSU 09-186K (1995) #47



PSU 09-166K (1995) #48



PSU 09-166K (1995) #49



PSU 09-166K (1996) #50



PSU 09-166K (1995) #51



PSU 09-166K (1995) #52



PSU 09-166K (1995) #53



PSU 09-166K (1995) #54



PSU 09-166K (1995) #55



PSU 09-166K (1995) #56



PSU 09-166K (1995) #57



PSU 09-166K (1995) #58



PSU 09-166K (1996) #59



PSU 09-166K (1995) #60



PSU 09-166K (1995) #61



PSU 09-166K (1995) #62
Best Available



PSU 09-166K (1995) #63
Best Available



PSU 09-166K (1995) #64
Best Available



PSU 09-166K (1995) #65

Best Available



PSU 09-166K (1995) #66

Best Available



PSU 09-166K (1995) #67
Best Available



PSU 09-166K (1995) #68
Best Available



PSU 09-166K (1995) #69
Best Available



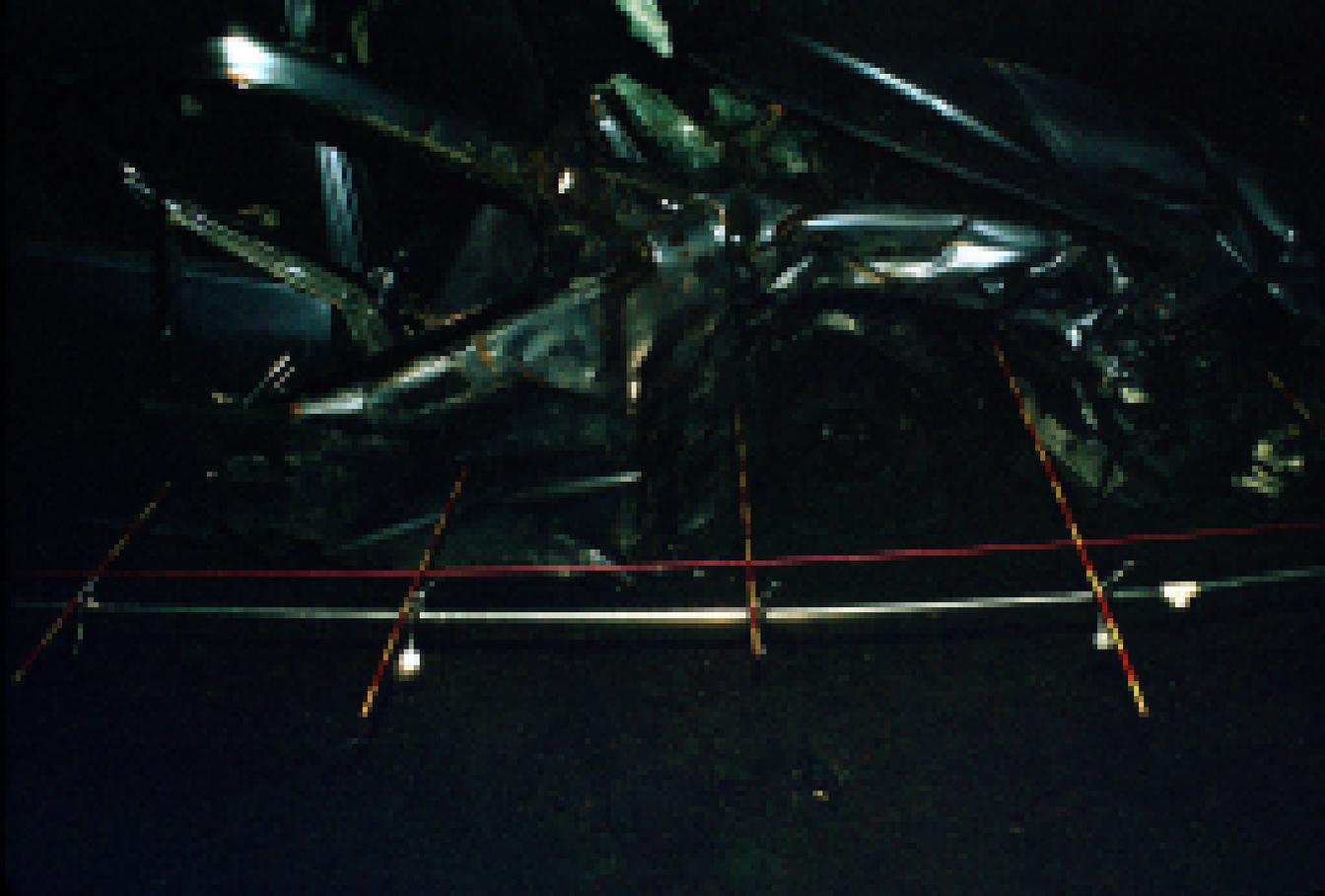
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Best Available



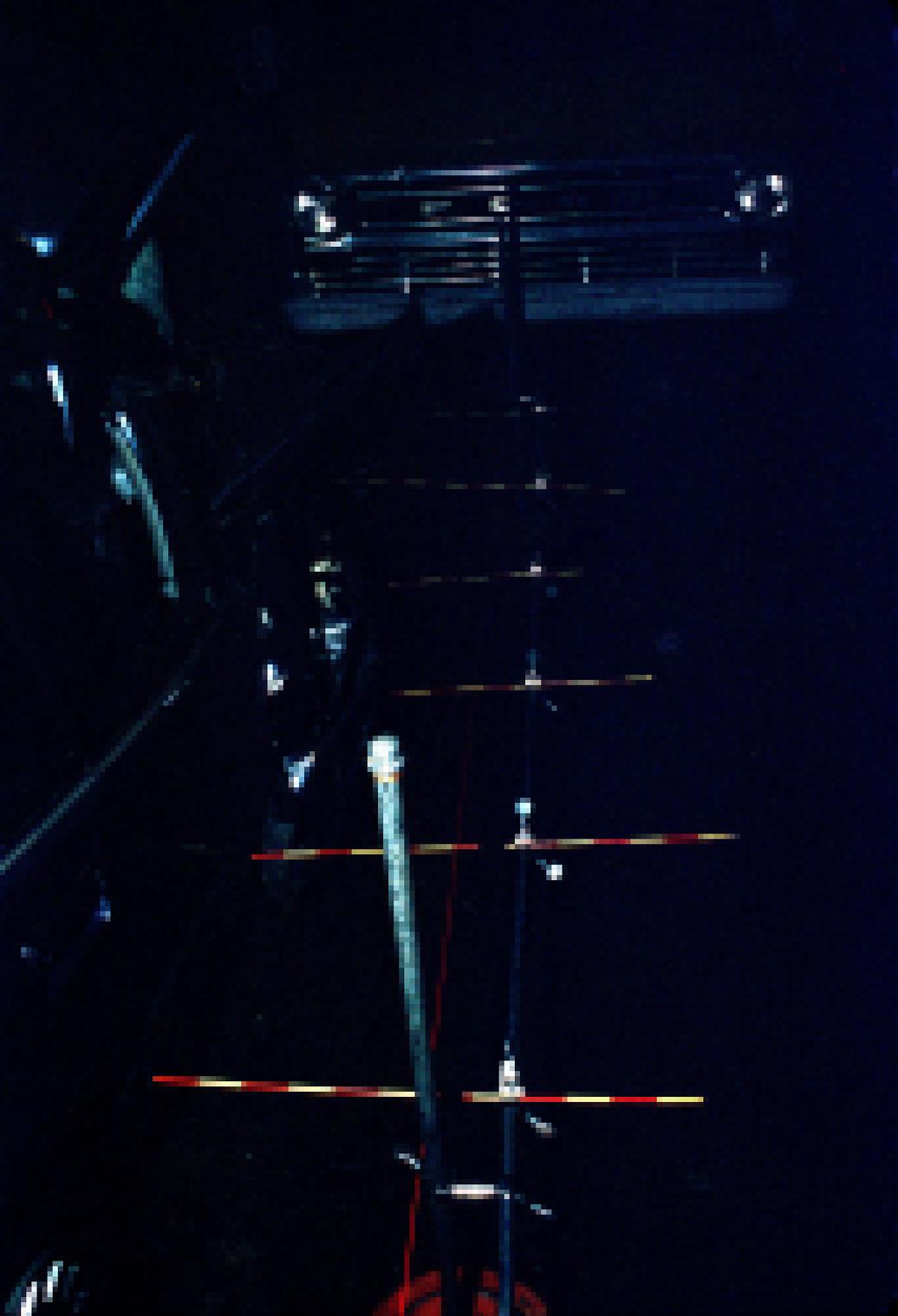
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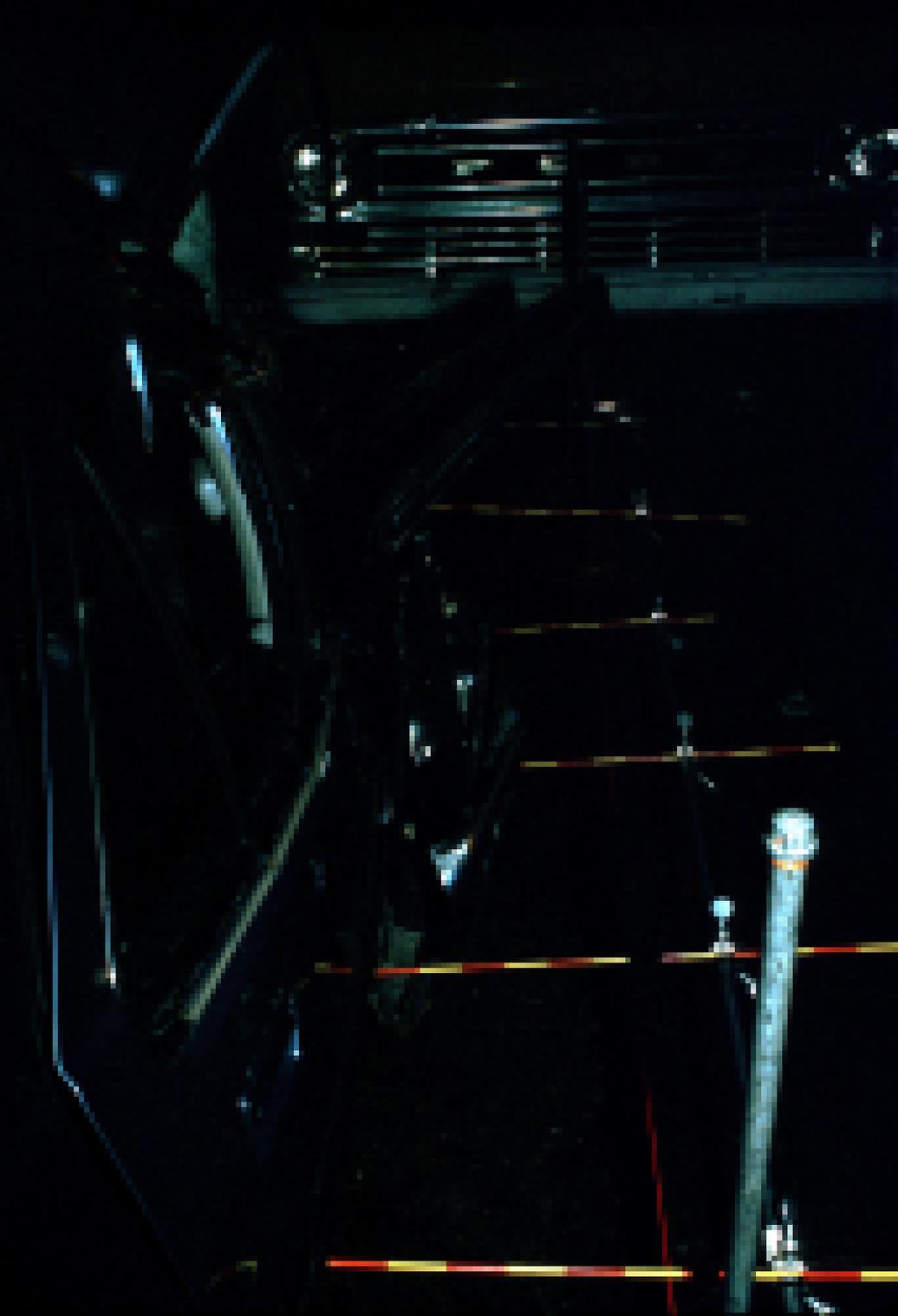
PSU 09-166K (1995) #72
Best Available



PSU 09-166K (1995) #73
Best Available



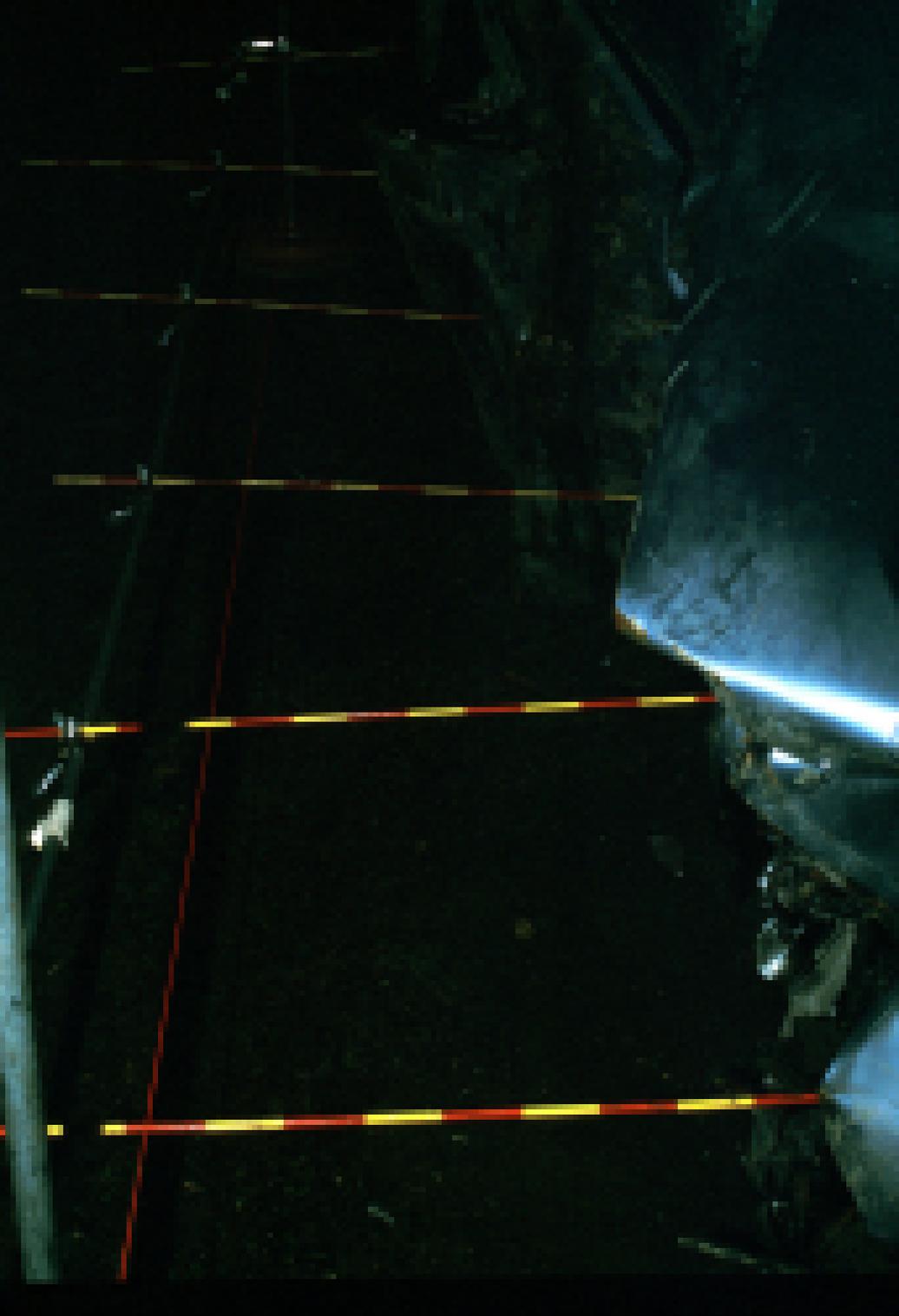
PSU 09-166K (1995) #74
Best Available



PSU 09-166K (1995) #75
Best Available



PSU 09-166K (1995) #76
Best Available



PSU 09-166K (1995) #77
Best Available



PSU 09-166K (1995) #78
Best Available



PSU 09-166K (1995) #79
Best Available



PSU 09-166K (1995) #80



PSU 09-166K (1995) #81



PSU 09-166K (1995) #82



PSU 09-166K (1995) #83



PSU 09-166K (1995) #84



PSU 09-166K (1995) #85



PSU 09-166K (1995) #86



PSU 09-166K (1995) #87



PSU 09-106K (1995) #88



PSU 09-166K (1995) #89



PSU 09-166K (1995) #90



PSU 09-166K (1995) #91



PSU 09-166K (1995) #92



PSU 09-166K (1995) #93



PSU 09-166K (1995) #94



PSU 09-168K (1995) #95



PSU 09-166K (1995) #96



PSU 09-168K (1995) #97



PSU 09-106K (1995) #98



PSU 09-168K (1995) #99



PSU 09-166K (1995) #100



PSU 08-166K (1995) #101



PSU 09-166K (1995) #102



PSU 09-166K (1995) #103



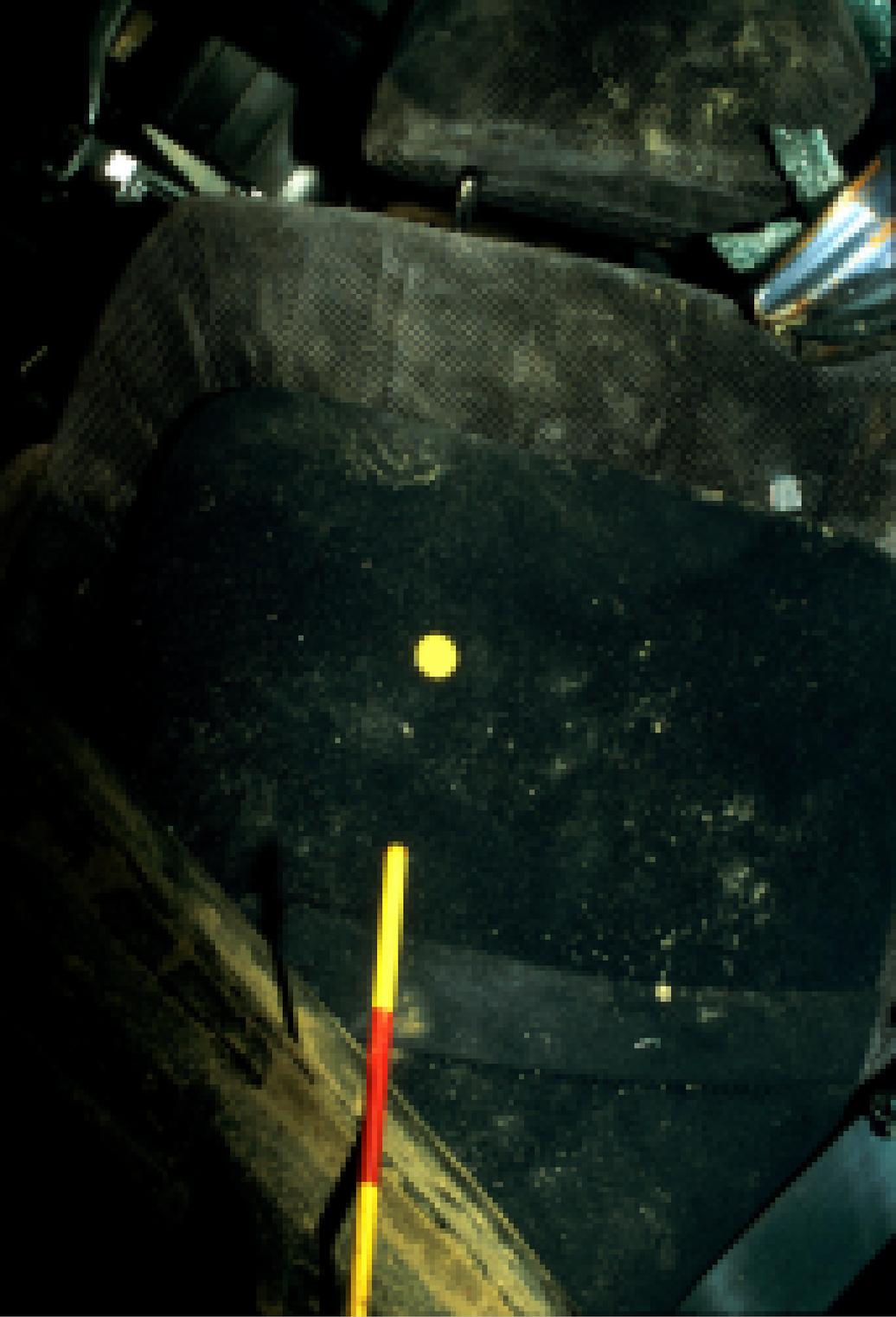
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PSU 09-168K (1995) #107



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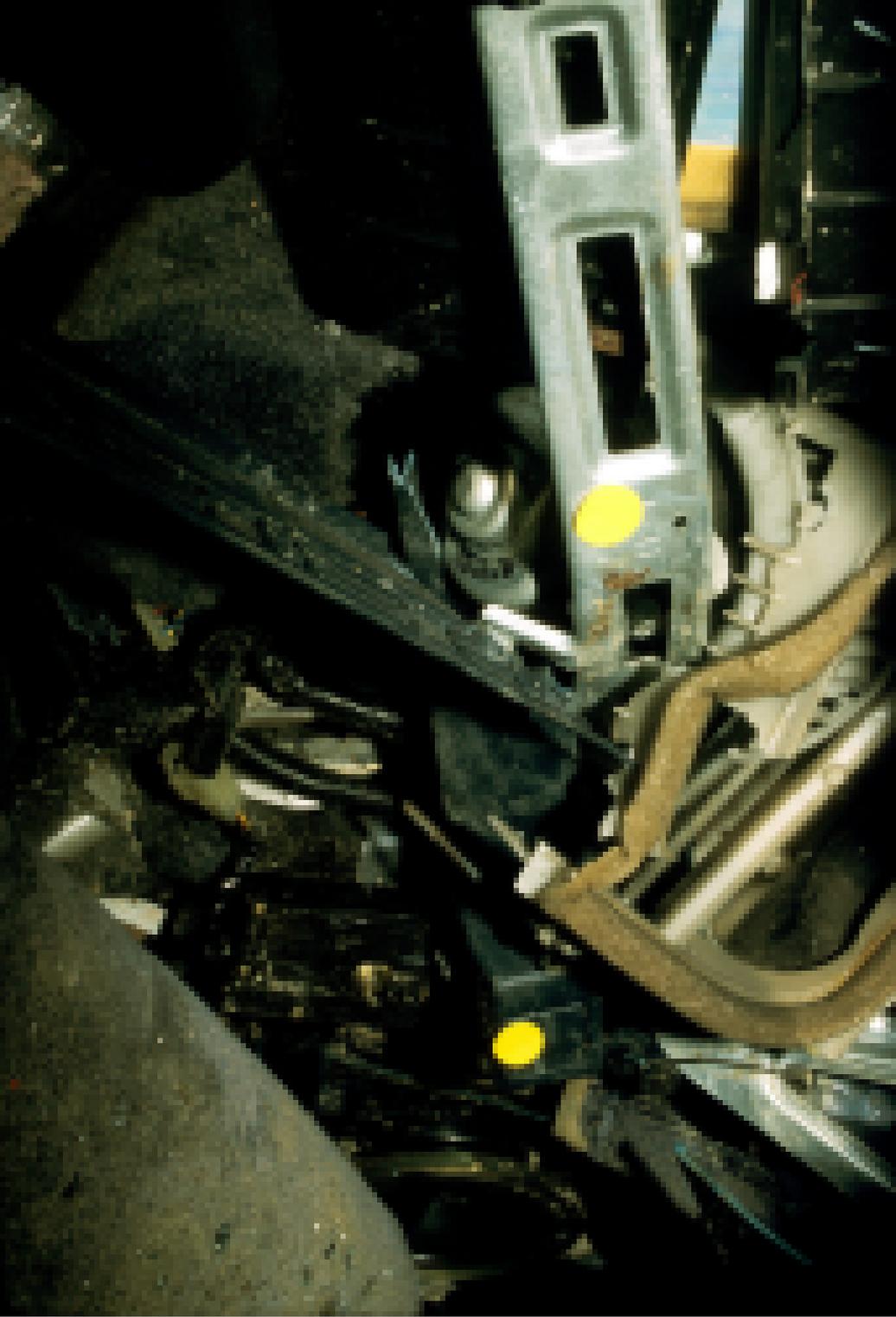
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PSU 09-186K (1995) #110



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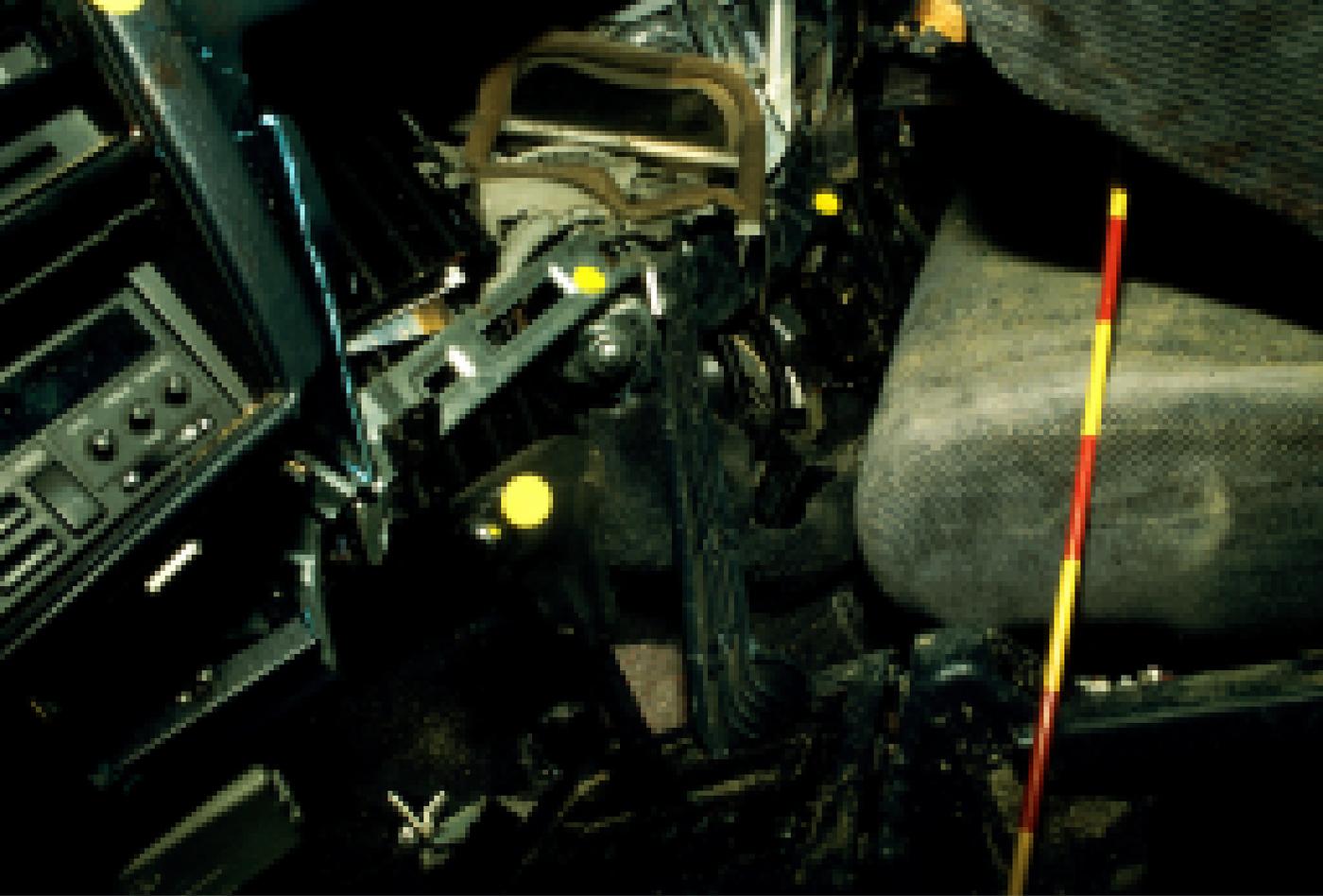
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PSU 09-166K (1995) #113



PSU 09-166K (1995) #114



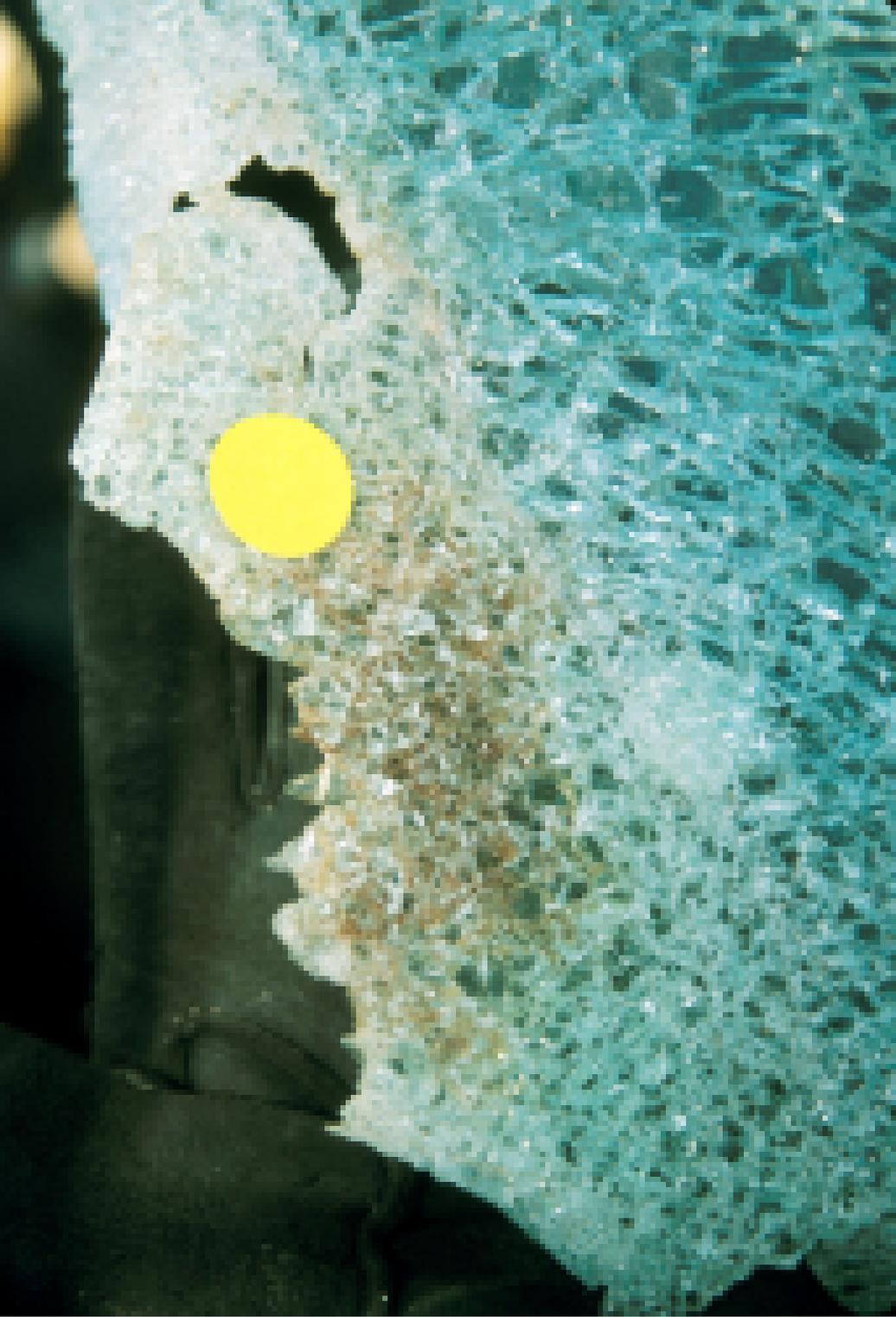
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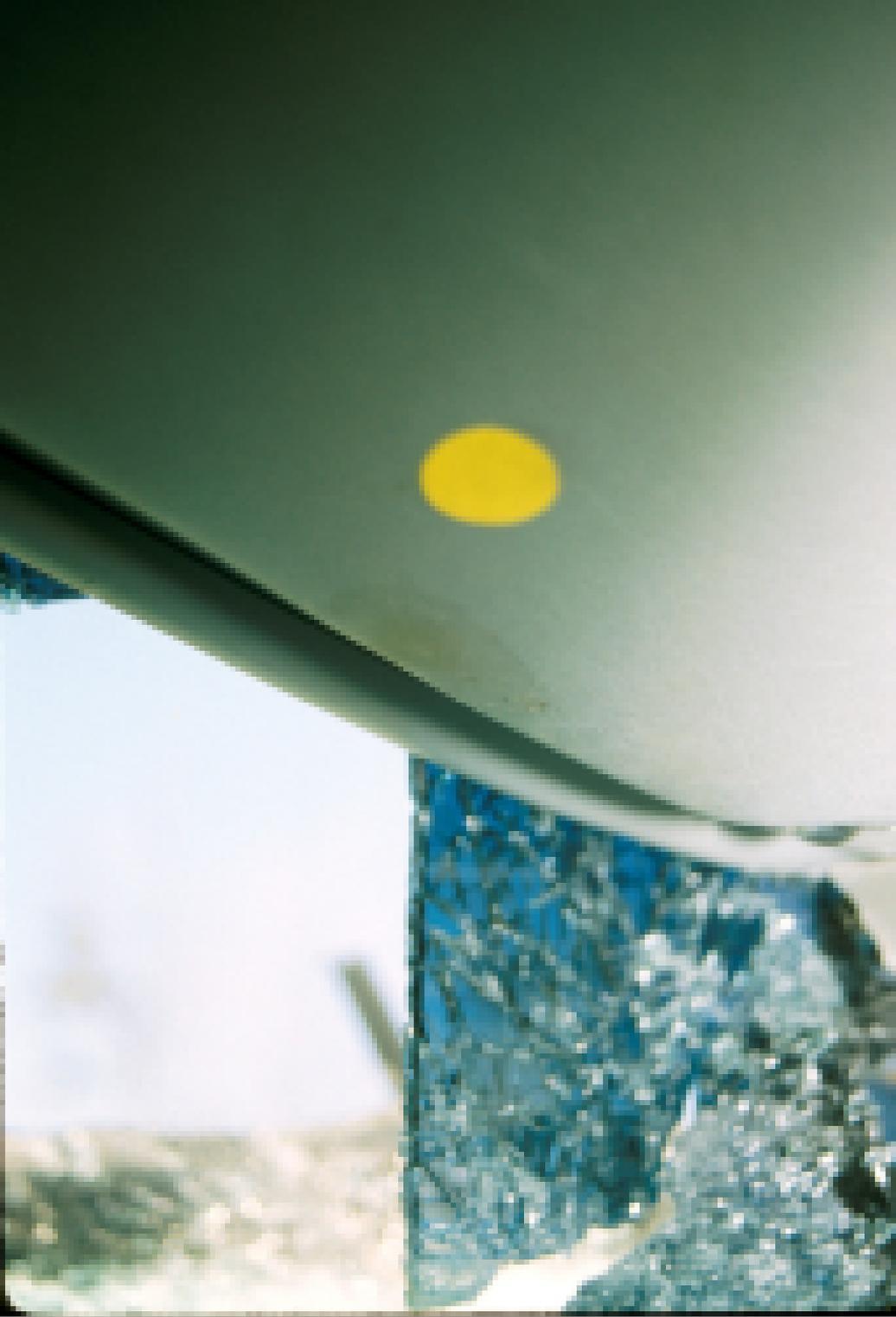
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PSU 09-168K (1995) #117



PSU 09-166K (1995) #118



PSU 09-166K (1995) #119



PSU 09-168K (1995) #120



PSU 09-186K.(1995) #121



PSU 09-166K (1995) #122



PSU 09-166K (1995) #123



PSU 09-166K (1995) #124



PSU 09-166K (1995) #125



PSU 09-166K (1995) #126



PSU 09-168K (1995) #127



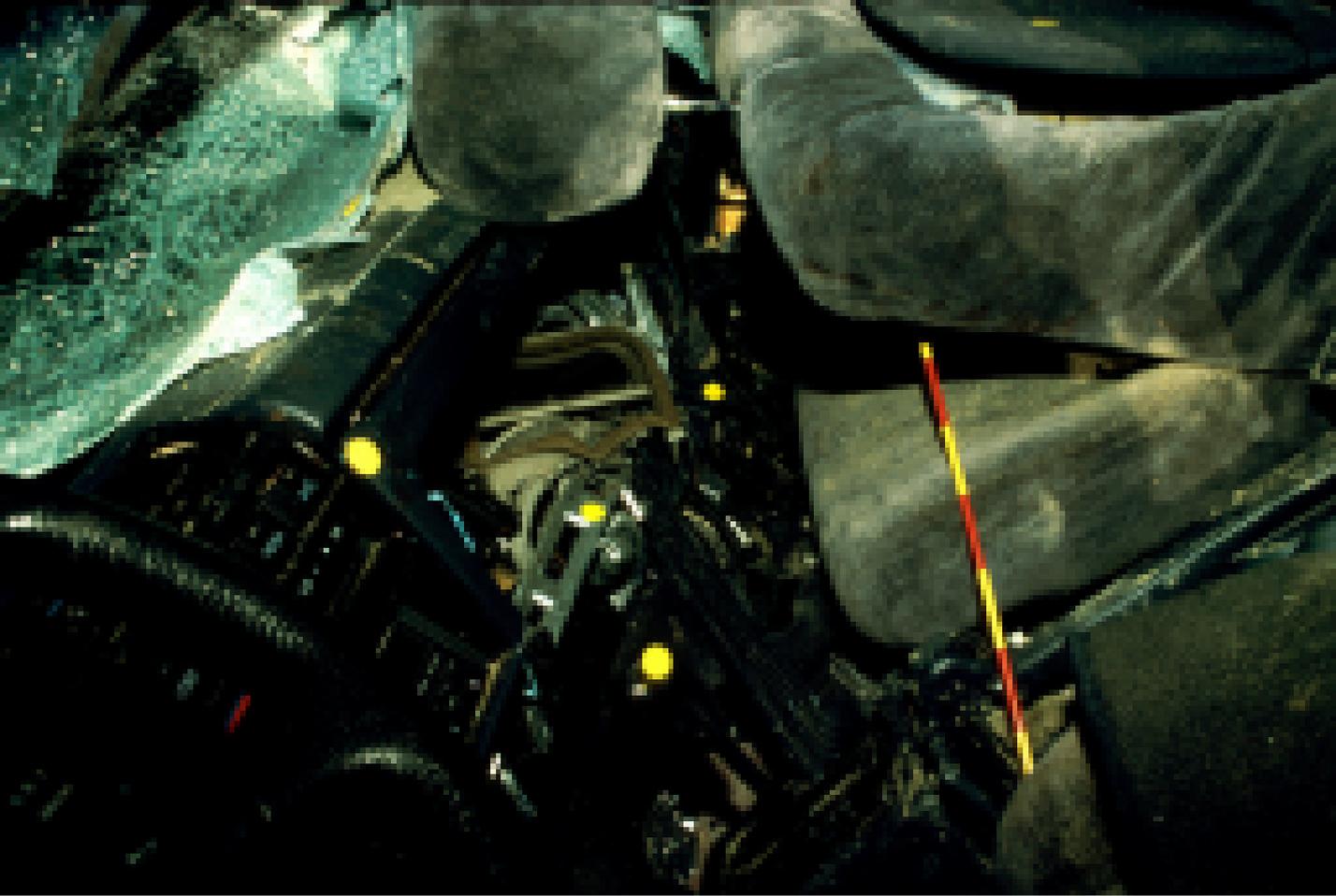
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PSU 09-166K (1995) #129



PSU 09-168K (1995) #130



PSU 09-166K (1995) #131