



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



CASE SUMMARY

PSU 11 CASE NO. 179A 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.)

PSU11 1995 Case Summary Form
CASE 179A
TYPE OF ACCIDENT: VEHICLE OFF ROAD LEFT.

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was travelling east on a two lane, heavily travelled, rural roadway. Vehicle one left the roadway to the left. Vehicle one struck several trees (6). Vehicle one struck three trees with its right, leading, side, then spun and hit the final trees with its left.

The driver was fatally injured. The vehicle was towed.

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	

PSU11 1995 Case Summary Form
CASE 179A
TYPE OF ACCIDENT: VEHICLE OFF ROAD LEFT.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Damage Plane	Severity Descr.	Component Failure
1	Compact PU	93/Ford/Ranger	Left	Severe	None

DO NOT SANITIZE THIS FORM



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

ACCIDENT COLLISION DIAGRAM

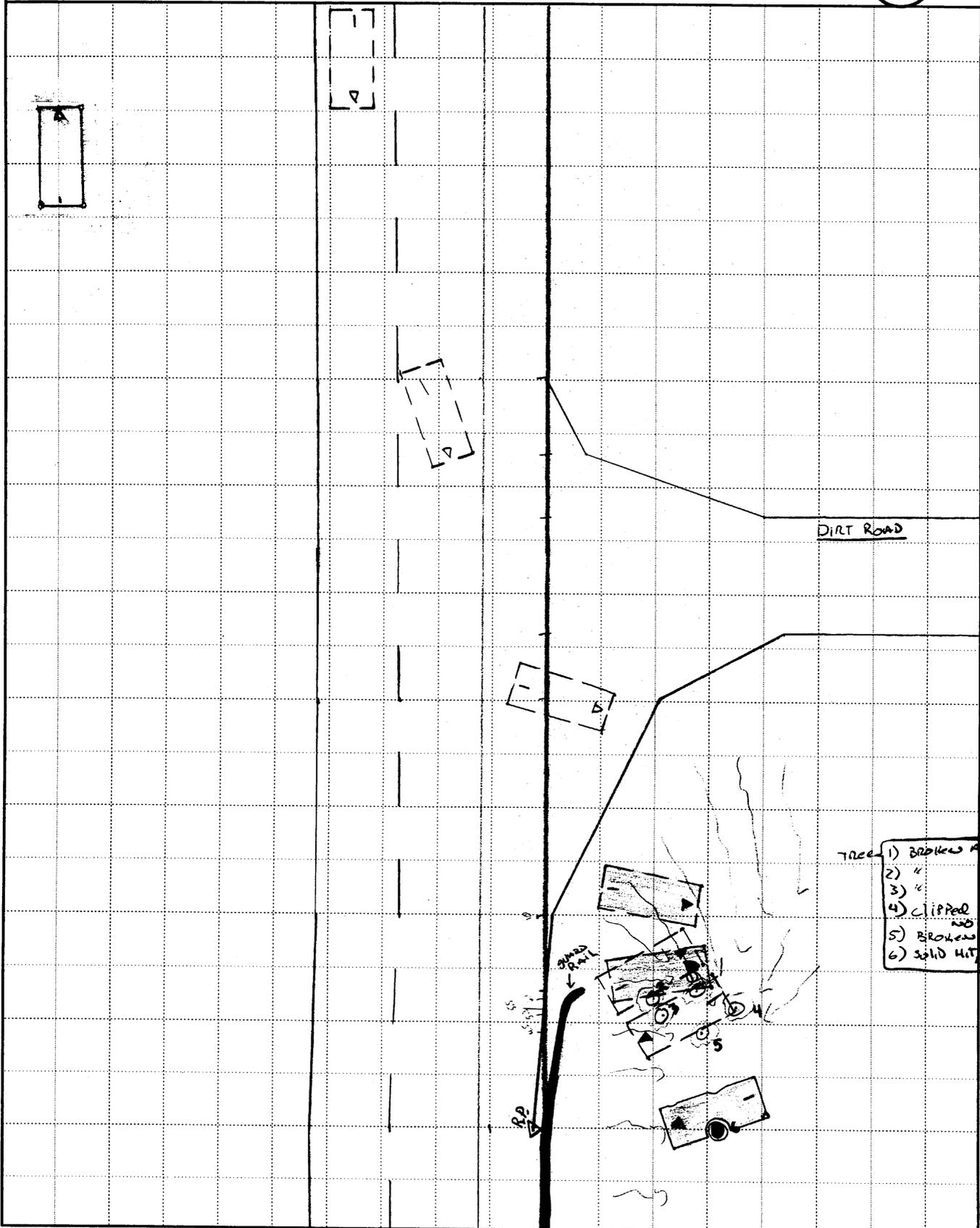
BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

Case Number—Stratum 179A

Indicate
North





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

ACCIDENT COLLISION DIAGRAM

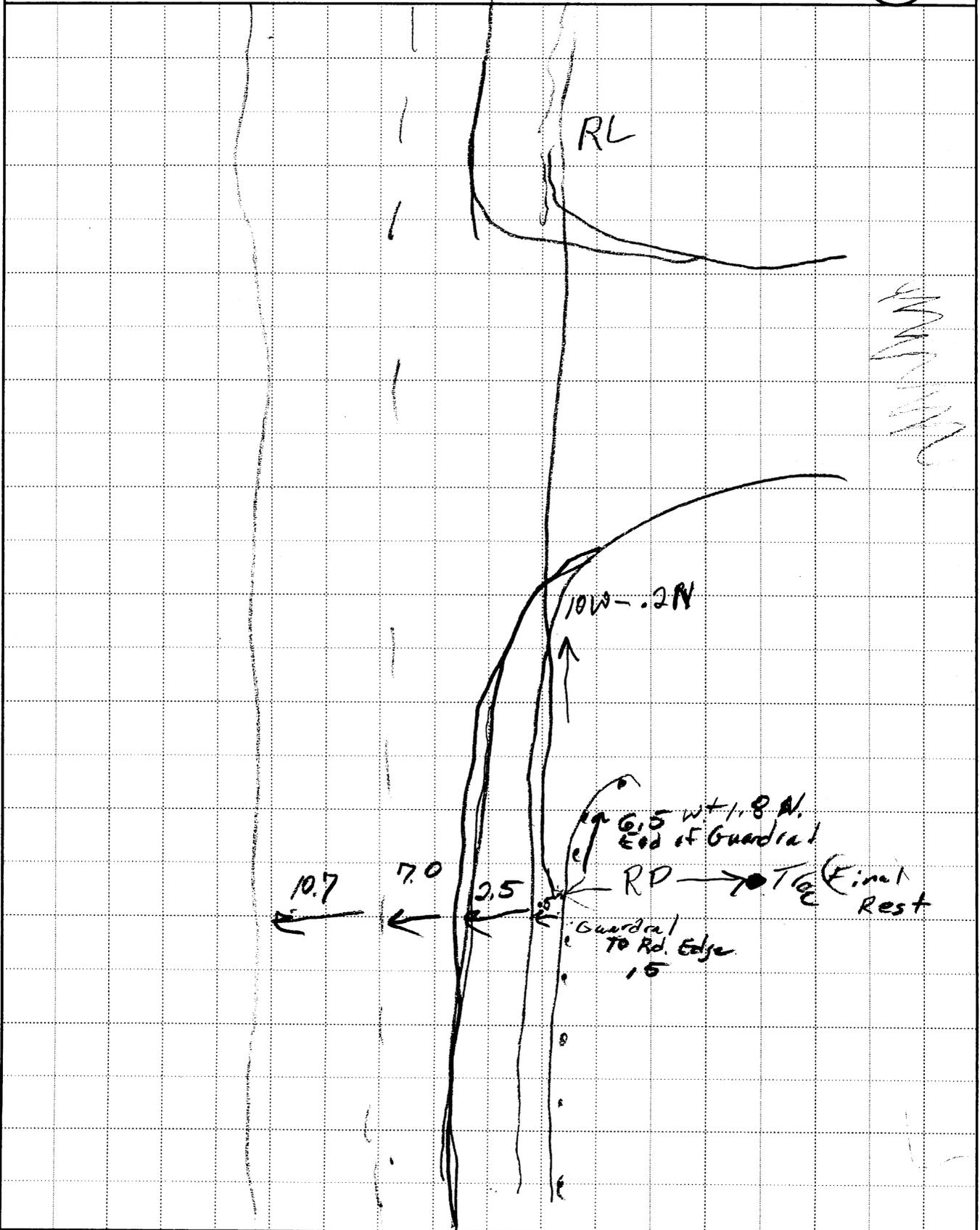
BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

Case Number - Stratum 179A /96

Indicate North



[Handwritten scribbles]



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 11

Case Number—Stratum 179A

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- * all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- * all traffic controls (e.g., speed limit)
- * north arrow placed on diagram
- * roadway surface type and condition of applicable roadways
- * grade measurements for all applicable roadways and at location of rollover initiation
- * roadway curvature

Document vehicle dynamics including:

- * reference point and reference line relative to physical features present at the scene
- * scaled documentation of all accident induced physical evidence
- * scaled documentation of all roadside objects contacted
- * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>99E</u>	_____	_____
Surface Type	<u>BIT</u>	_____	_____
Surface Condition	<u>Slippery</u>	_____	_____
Coefficient of Friction	<u>1/42</u>	_____	_____
Grade (v/h) Measurement (between impact and final rest)	<u>Roadway</u>	<u>1/42</u>	<u>Downhill</u>
Grade (v/h) Measurement (at location of rollover initiation)	<u>Dier Hill is ~ 30%</u>	_____	_____

Reference Point: FRP (STROCK TREE)

Reference line: W R.E.

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>Road (RE/WL/ML/WL)</u>	<u>10 W</u>	<u>2 N / 25 / 6.6E / 10.5 S</u>
<u>" " " " "</u>	<u>20 W</u>	<u>5.2 N / 6.75 / 10.5 S</u>
<u>" " "</u>	<u>23 W</u>	<u>11.0 N</u>
<u>" " "</u>	<u>28.5 W</u>	<u>10.0 N</u>
<u>" " "</u>	<u>31.5 W</u>	<u>1.8 N</u>
<u>" " Rd Edge</u>	<u>35 W</u>	<u>0</u>
<u>WL, center, 5 white line</u>	<u>35 W</u>	<u>3.0 S / 6.75 / 10.5 S</u>
<u>Tree 1</u>	<u>10.0 W</u>	<u>7.0 N</u>
<u>2</u>	<u>6.1 W</u>	<u>5.0 N</u>
<u>3</u>	<u>5.3 W</u>	<u>5.5 N</u>
<u>4</u>	<u>5.5 W</u>	<u>8.8 N</u>
<u>5</u>	<u>4.5 W</u>	<u>9.3 N</u>
<u>0</u>	<u>0</u>	<u>9.8 N</u>

CODES FOR CLASS OF VEHICLE

- | | |
|--|---|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(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) | (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)

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|--|---|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (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): _____ | (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 |
|--|---|

National Accident Sampling System-Crashworthiness Data System: Accident Form

ACCIDENT EVENTS SUPPLEMENT

1. Primary Sampling Unit Number 11
 2. Case Number—Stratum 179A

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
47. <u>0 6</u>	48. <u>01</u>	49. <u>30</u>	50. <u>L</u>	51. <u>42</u>	52. <u>00</u>	53. <u>0</u>
54. <u>0 7</u>	55. _____	56. _____	57. _____	58. _____	59. _____	60. _____
61. <u>0 8</u>	62. _____	63. _____	64. _____	65. _____	66. _____	67. _____
68. <u>0 9</u>	69. _____	70. _____	71. _____	72. _____	73. _____	74. _____
75. <u>1 0</u>	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____
82. <u>1 1</u>	83. _____	84. _____	85. _____	86. _____	87. _____	88. _____
89. <u>1 2</u>	90. _____	91. _____	92. _____	93. _____	94. _____	95. _____
96. <u>1 3</u>	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____
103. <u>1 4</u>	104. _____	105. _____	106. _____	107. _____	108. _____	109. _____
110. <u>1 5</u>	111. _____	112. _____	113. _____	114. _____	115. _____	116. _____
117. <u>1 6</u>	118. _____	119. _____	120. _____	121. _____	122. _____	123. _____
124. <u>1 7</u>	125. _____	126. _____	127. _____	128. _____	129. _____	130. _____
131. <u>1 8</u>	132. _____	133. _____	134. _____	135. _____	136. _____	137. _____
138. <u>1 9</u>	139. _____	140. _____	141. _____	142. _____	143. _____	144. _____
145. <u>2 0</u>	146. _____	147. _____	148. _____	149. _____	150. _____	151. _____

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 0
 (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 2
 (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 3

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

26. Light Conditions 1

- (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 0

- (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 0

- (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 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? 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 1,320
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1,324 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
 _____ lbs X .4536 = _____ 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 (≤ 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

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase _____ inches x 2.54 = _____ cm

Overall Length _____ inches x 2.54 = _____ cm

Maximum Width _____ inches x 2.54 = _____ cm

Curb Weight _____, _____ pounds x .4536 = _____, _____ kg

Average Track _____ inches x 2.54 = _____ cm

Front Overhang _____ inches x 2.54 = _____ cm

Rear Overhang _____ inches x 2.54 = _____ cm

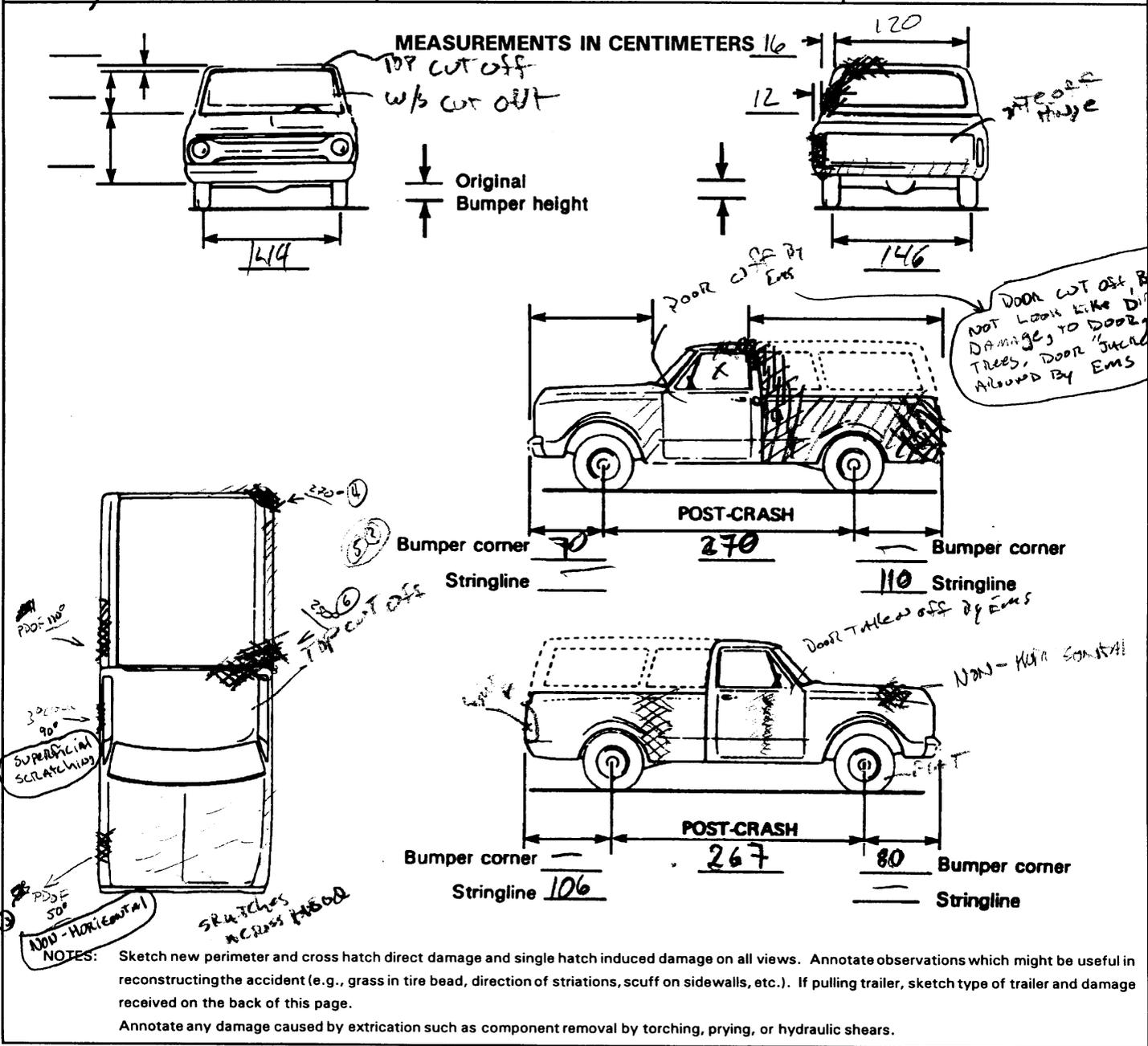
Undeformed End Width _____ inches x 2.54 = _____ cm

Engine Size: cyl./displ. _____ cc x .001 = _____ L

 _____ CID x .0164 = _____ L

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>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>274</u> cm</p> <p>Overall Length <u>460</u> cm</p> <p>Maximum Width <u>176</u> cm</p> <p>Curb Weight <u>1324</u> kg</p> <p>Average Track <u>145</u> cm</p> <p>Front Overhang <u>85</u> cm</p> <p>Rear Overhang <u>101</u> cm</p> <p>Undeformed End Width <u>N/A</u> cm</p> <p>Engine Size: cyl./displ. <u>2-3</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p> <hr/> <p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>0</u> kg</p>
<p>TYPE OF TRANSMISSION</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		



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>06</u>	5. <u>42</u>	6. <u>08</u>	7. <u>L</u>	8. <u>Z</u>	9. <u>A</u>	10. <u>W</u>	11. <u>05</u>

Second Highest Delta "V"

12. <u>04</u>	13. <u>42</u>	14. <u>09</u>	15. <u>L</u>	16. <u>B</u>	17. <u>E</u>	18. <u>W</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

Blanks

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>050</u>	<u>040</u>	<u>051</u>	<u>061</u>	<u>065</u>	<u>063</u>	<u>085</u>	<u>0023</u>

MASS CENTER CHARGE
1st Review: IC
2nd Review: _____

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.) 998
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

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

27. Direct Damage Width
(For highest severity impact) 054
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

29. Original Average Track Width 145
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 1
 (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

35. Location of Fuel Tank-1 Filler Cap 4
0
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 NO
38. Type of Fuel Tank-2 NO
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic *Plastic*
 (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 NO
40. Location of Fuel Tank-2 NO
 (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 0
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

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

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>0</u></p> <p>(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u>01</u></p> <p>46. Fuel Type-2 <u>00</u></p> <p><i>Single Fuel Type</i></p> <p>(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p>_____ <i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>_____ (99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p><u>THE LINE FROM THE EXTERIOR (FILLER CAP)</u> <u>TO TANK IS BROKEN OPEN, NO</u> <u>APPARENT LEAKAGE.</u></p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 11
 2. Case Number - Stratum 179A
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 11
 (00) No integrity loss

Yes, Integrity Was Lost Through

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

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 9. TG/H 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 0 19. RR 0
 20. BL 2 21. Roof 0 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

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 0 27. RR 0
 28. BL 2 29. Roof 0 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 *windshld rolled down*

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

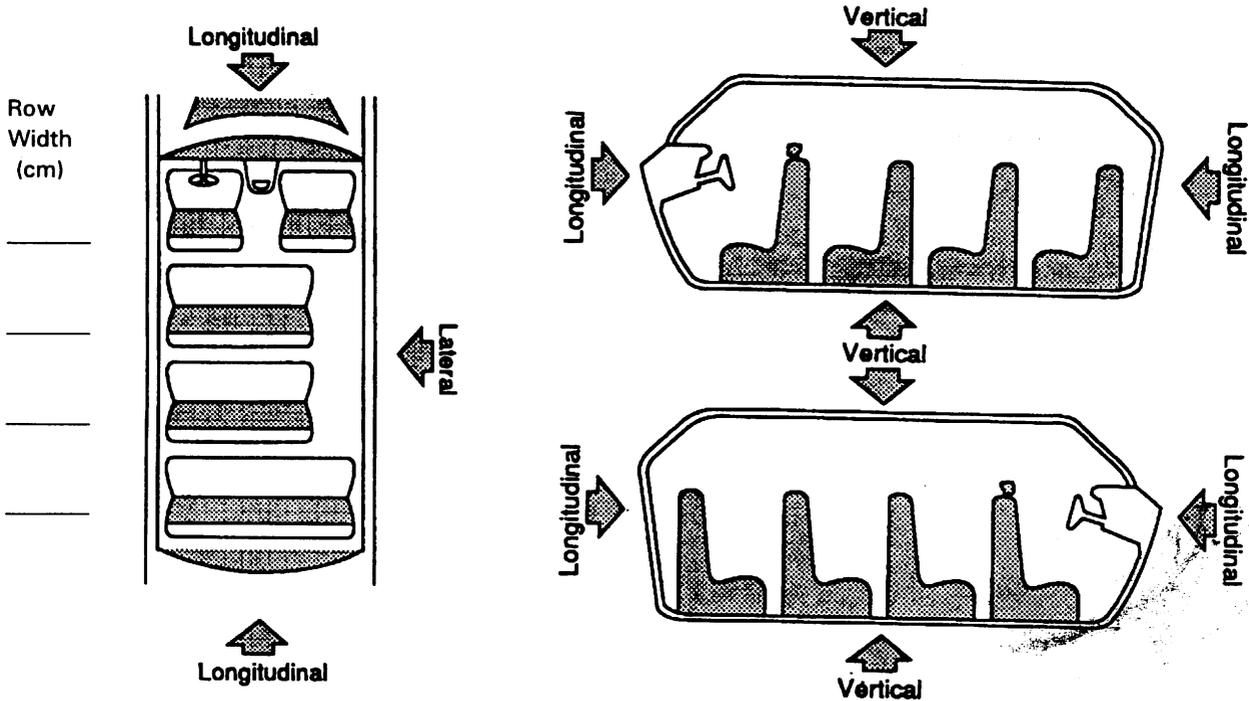
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 0 43. RR 0
 44. BL 1 45. Roof 0 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	
11	Pillar	96	30	=	66 +	Low
11	Back Light Headrest			=	24 x	Low
12	" "			=	19 +	Low
11	Back Light	100	36	=	64 +	Low
12	" "	100	60	=	40 +	Low
11	Seat into 12			=	20 +	LAT
11	Door			=	27 +	LAT
11	Bill			=	27 +	LAT
				=		
				=		
				=		
				=		
				=		
				=		
				=		
				=		

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>1 1</u>	48. <u>07</u> Backlight	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>1 1</u>	52. <u>27</u> Backlight	53. <u>6</u>	54. <u>2</u>
3rd	55. <u>1 2</u>	56. <u>27</u>	57. <u>4</u>	58. <u>2</u>
4th	59. <u>1 1</u>	60. <u>1 1</u>	61. <u>3</u>	62. <u>3</u>
5th	63. <u>1 1</u>	64. <u>18</u>	65. <u>3</u>	66. <u>3</u>
6th	67. <u>1 1</u>	68. <u>19</u> Into 12	69. <u>3</u>	70. <u>2</u>
7th	71. <u>1 1</u>	72. <u>25</u>	73. <u>3</u>	74. <u>2</u>
8th	75. <u>1 2</u>	76. <u>19</u>	77. <u>3</u>	78. <u>3</u>
9th	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>
10th	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </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

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

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

	—		=	
	—		=	
	—		=	
	—		=	

STEERING COLUMN

INSTRUMENT PANEL

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

88. Tilt Steering Column Adjustment 0
 (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 07
 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 05
 (00) No steering rim deformation

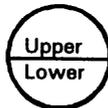
Quarter Sections

- (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 057,000
 _____ 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
35131 miles X 1.6093 = 56,536 kilometers

Source: _____

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

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

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

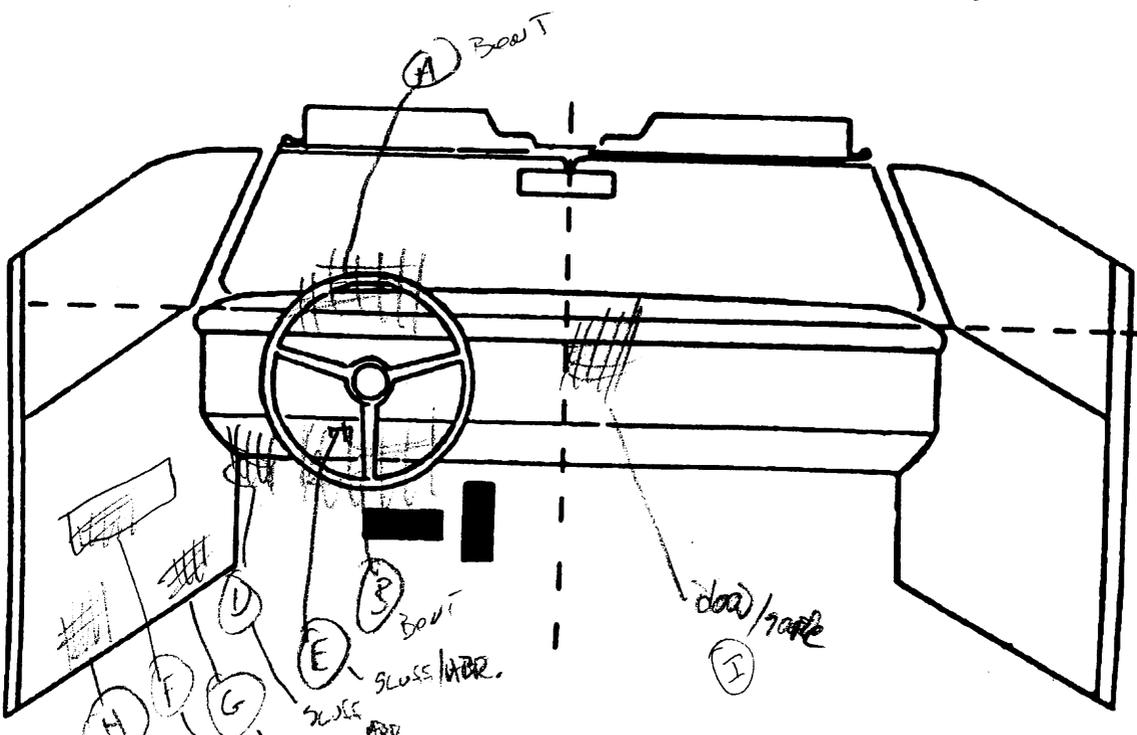
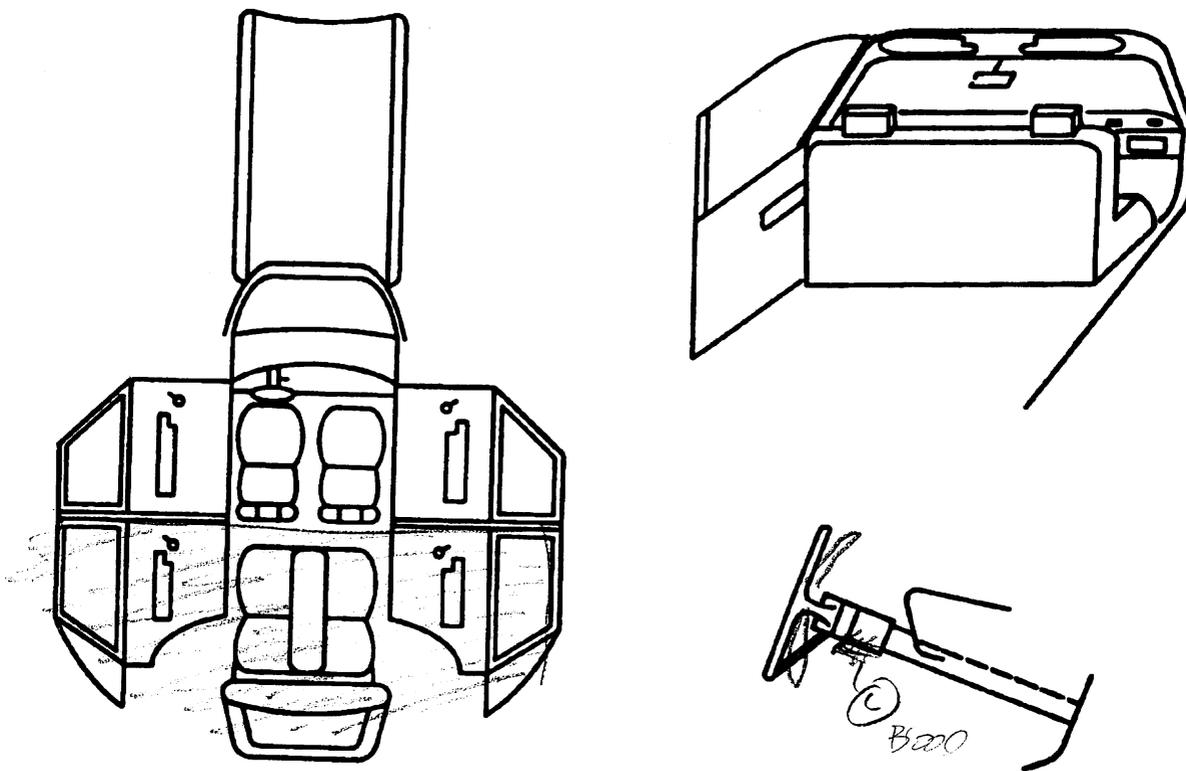
96. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

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	004	1	HEAD	BowT	1
B	004	1	ABDOMEN	BowT	1
C	007	1	WHEEL	Blood	1
D	010	1	KNEE	SLUFF / IMPRESSION	1
E	010	1	KNEE	" "	1
F	052	1	HIP / THRO	" "	1
G	051	1	" "	Blood	1
H	051	1	" "	Blood	1
I	011	1	UPR / THRO	Blood Gone	1
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): _____

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	4	3	4
	Evidence of usage	04	03	04
	Used in this crash?	04	00	00
	Proper Use	1	0	0
	Failure Modes	1	0	0
	Anchorage Adjustment	1	0	1
S E C O N D	Availability	 	 	
	Evidence of usage	 	 	
	Used in this crash?	 	 	
	Proper Use	 	 	
	Failure Modes	 	 	
	Anchorage Adjustment	 	 	
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			
	Deployment			
	Failure			

<p>Air Bag System Availability/Function</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled (9) Unknown</p> <p>Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>	<p>Frontal Air Bag System Deployment (This Occupant Position)</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, 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</p>	<p>Air Bag(s) Deployment, <i>Other</i> Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an <i>"other"</i> 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>
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AUTOMATIC BELTS

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

<p>Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown</p> <p>Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>	<p>Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of automatic belt system (specify): _____ (9) Unknown</p>	<p>Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): _____ (8) Other automatic belt failure (specify): _____ (9) Unknown</p>
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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?

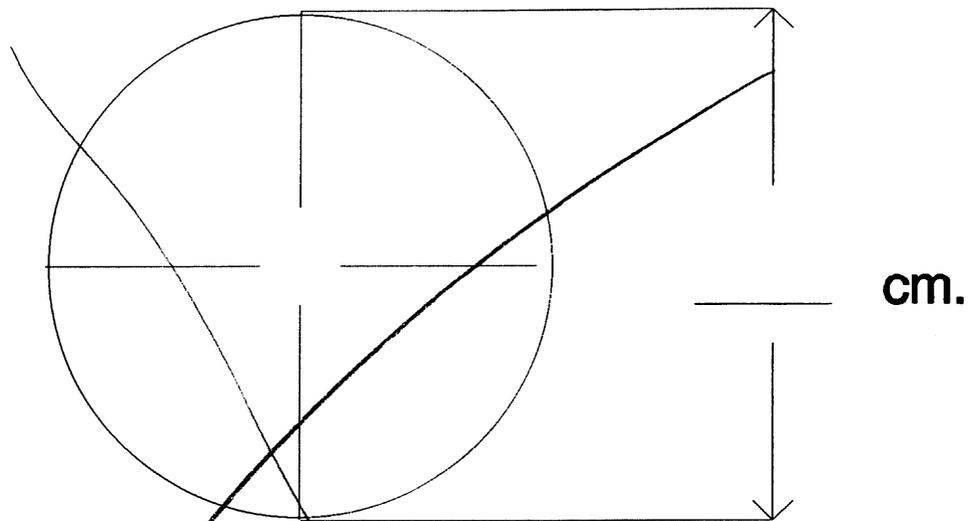
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

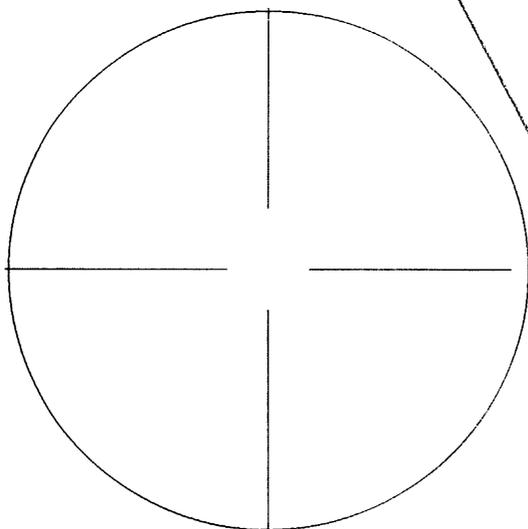
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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

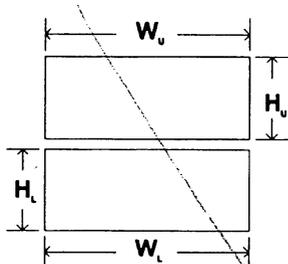
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

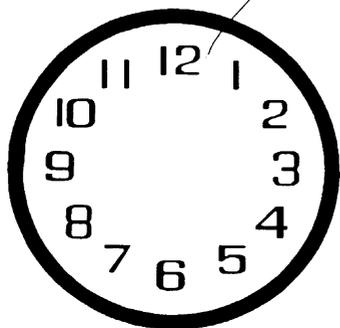
height (H_l) _____



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

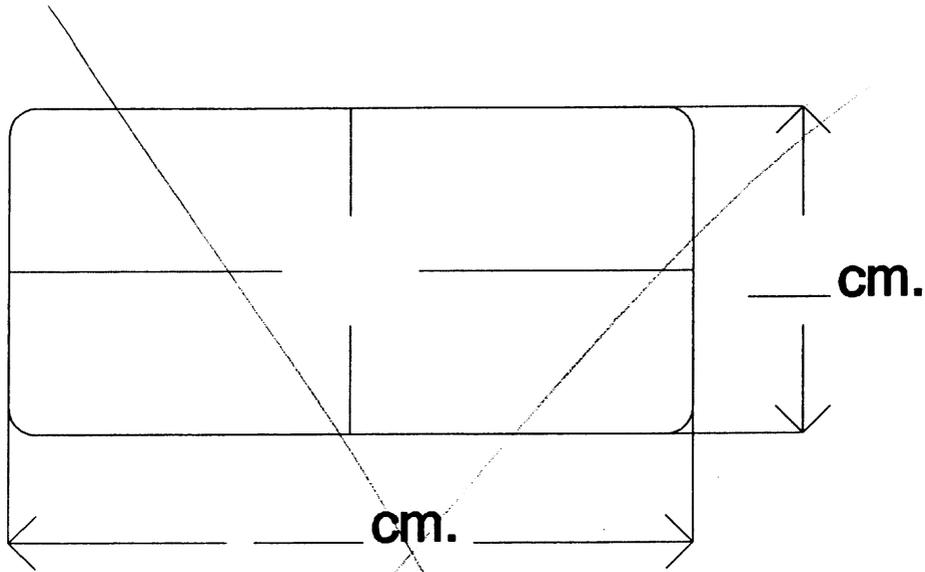
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

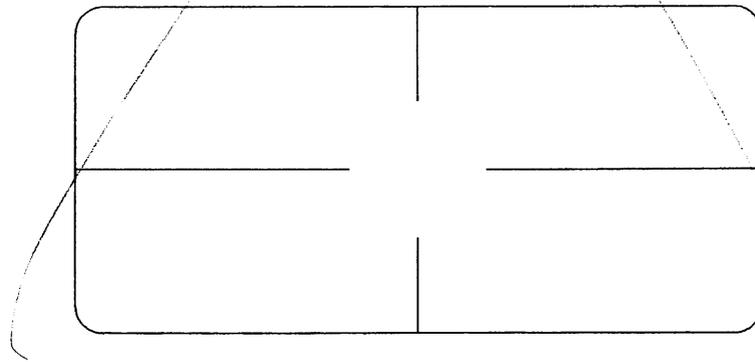


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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



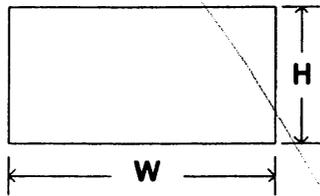
PASSENGER AIR BAG SKETCHES (Cont'd)

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

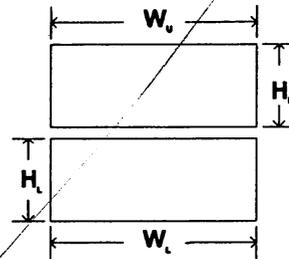
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

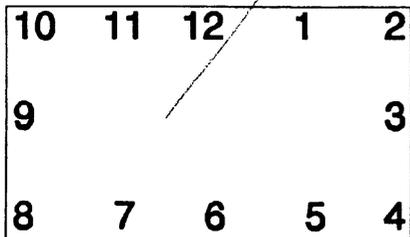
height (H_L) _____



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.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1	0	1
	Seat Type	06	06	06
	Seat Performance	6	6	1
	Seat Orientation	1	1	1
	Seat Track Position	6	6	6
	Seat Back Incline Pre/Post Impact	25	01	24
S E C O N D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
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			

Severe
Left side
Intrusion
Deformed

**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

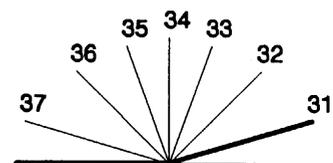
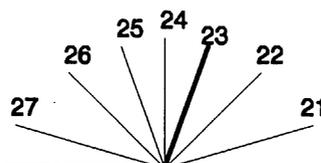
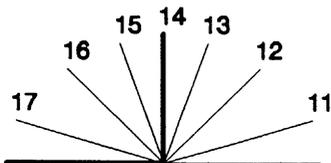
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

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					

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 []

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

POSSIBLE PARTIAL THROUGH LF OR BACKLIGHT / ALTHOUGH IN MY OPINION I DON'T THINK IT HAPPENED.

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

OCCUPANT'S SEATING

1. Primary Sampling Unit Number 11
2. Case Number - Stratum 179A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 18
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 999
Code actual height to the nearest
centimeter.
(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999)Unknown

_____ pounds X .4536 = _____ kilograms

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

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

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

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

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

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

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

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

EJECTION/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 2

- (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 04

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

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

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

20. Proper Use of Manual (Active) Belts 1

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

Belt Used Improperly

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

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

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (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>	<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 <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>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): _____ [] Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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 +
 (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 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) 06
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) 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 6
 (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 25
 (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

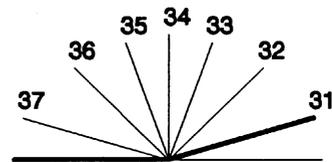
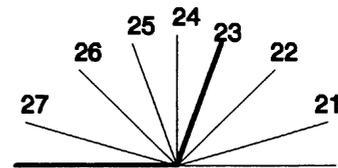
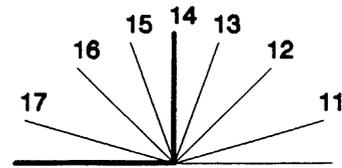
Slightly reclined prior to impact

- (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) 6

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

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

62. Treatment - Mortality 1

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

Nonfatal

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

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

63. Type Of Medical Facility (for Initial Treatment) 2

- (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 62

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

STOP 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 02
 _____ 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 11 99
68. 2nd Medically Reported Cause of Death 03 00
69. 3rd Medically Reported Cause of Death 04 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 13
05
 _____ 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 03
 (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? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): 2 UNITS
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 18
 (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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u> 11 </u>	3. Vehicle Number <u> 01 </u>
2. Case Number - Stratum <u> 179A </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.

Steered
 1st
 2nd
 3rd
 4th
 5th
 6th
 7th
 8th
 9th
 10th
 multiple
 low

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					
5th	6. 4	7. 9	8. 04	9. 02	10. 1	11. 4	12. 004 ^G	13. 3	14. 1	15. 00	
2nd	16. 3	17. 8	18. 9	19. 04	20. 02	21. 1	22. 3	23. 152	24. 2	25. 1	26. 00
3rd	27. 2	28. 4	29. 5	30. 02	31. 60	32. 4	33. 2	34. 051	35. 2	36. 1	37. 04
4th	38. 2	39. 8	40. 5	41. 18	42. 14	43. 3	44. 1	45. 010	46. 2	47. 1	48. 00
5th	49. 5	50. 1	51. 6	52. 08	53. 24	54. 5	55. 0	56. 054	57. 2	58. 1	59. 01
6th	60. 2	61. 8	62. 5	63. 30	64. 00	65. 3	66. 5	67. 051	68. 2	69. 1	70. 04
7th	71. 2	72. 6	73. 5	74. 06	75. 20	76. 2	77. 8	78. 051	79. 3	80. 1	81. 04
8th	82. 2	83. 6	84. 5	85. 06	86. 20	87. 2	88. 8	89. 051	90. 3	91. 1	92. 04
9th	93. 2	94. 5	95. 4	96. 18	97. 20	98. 2	99. 1	100. 051	101. 2	102. 1	103. 04
10th	104. 2	105. 4	106. 4	107. 14	108. 30	109. 3	110. 2	111. 051	112. 2	113. 1	114. 04

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> <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.	
	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	
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
<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):

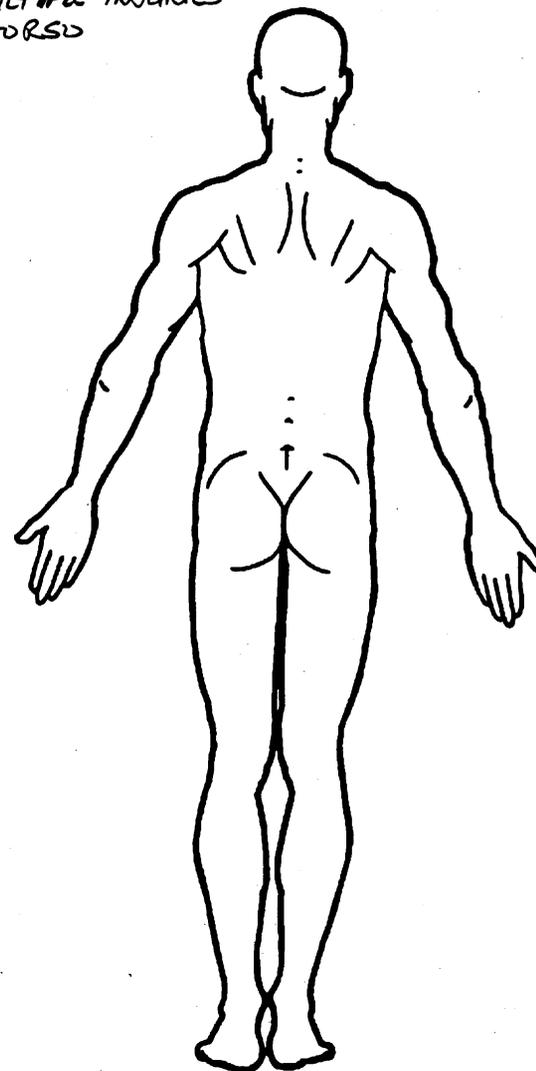
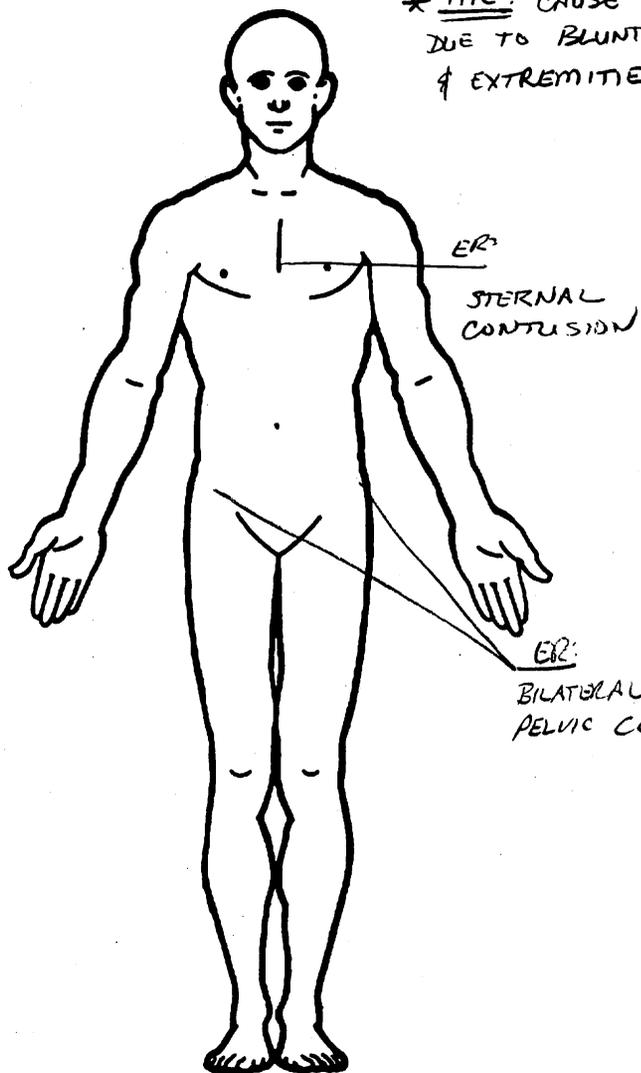
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)

ER: PROLONGED EXTRICATION ~1-1 1/2 hrs

* ME: CAUSE OF DEATH: MULTIPLE INJURIES
DUE TO BLUNT IMPACT TO TORSO
& EXTREMITIES



ER:

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?
UNKNOWN
___ No
___ Yes

Blood Alcohol
Level (mg/dl)
BAL = ___

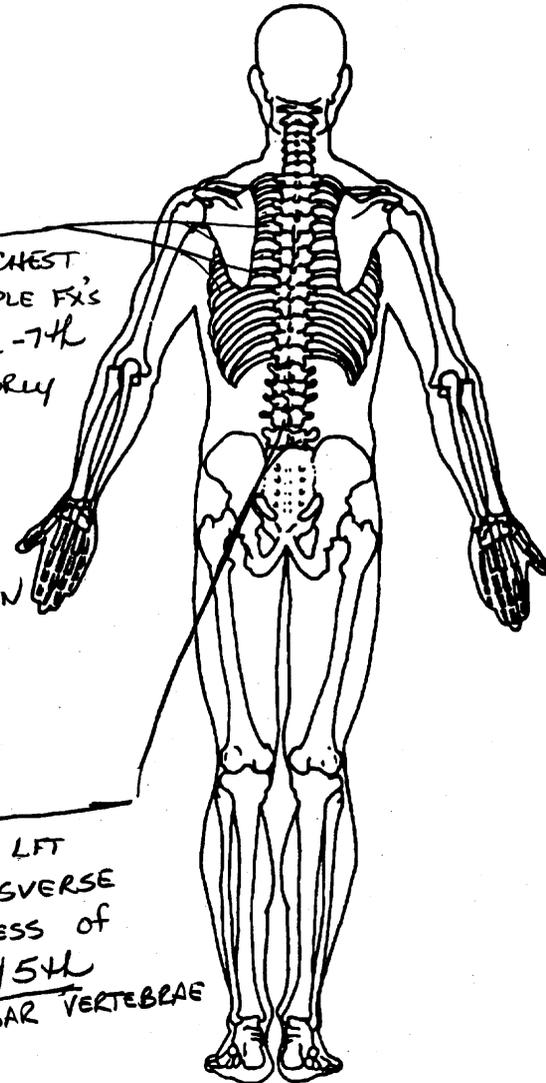
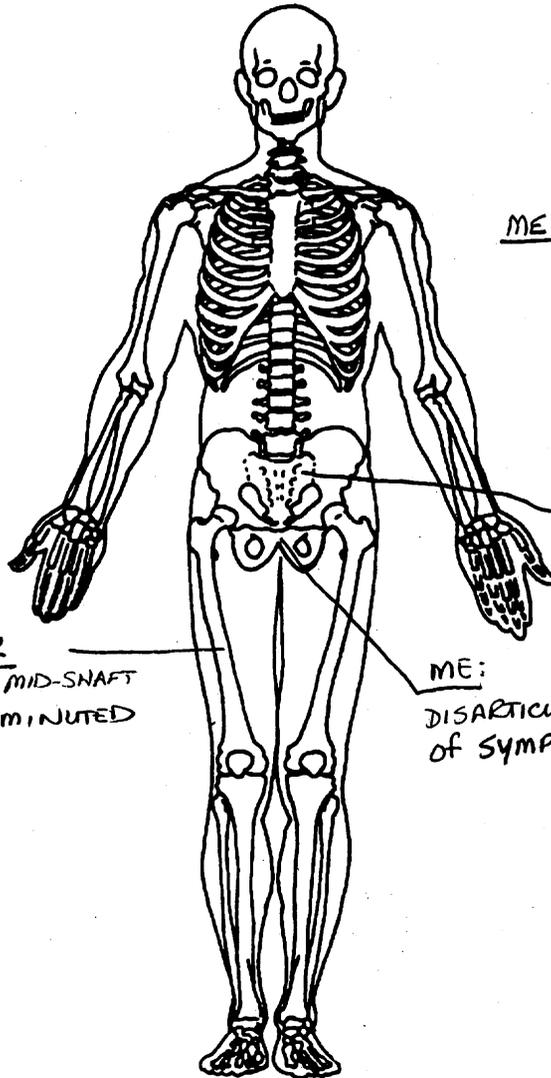
NOT RECORDED

Glasgow Coma
Scale Score
GCSS = 3

Units of Blood
Given
Units = 2

Arterial Blood
Gases
pH = 6.73
PO₂ = 14
PCO₂ 133
HCO₃ 18

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.)



ME/ER:
LFT FLAIL CHEST
DUE TO MULTIPLE FX'S
LATERALLY 4th-7th
FX'S & POSTERIORLY
4th-7th

ME:
LFT SACRO-ILIAC
JOINT w/
DISARTICULATION
(NOT CODEABLE)

ME:
DISARTICULATION
of SYMPHYSIS PUBIS

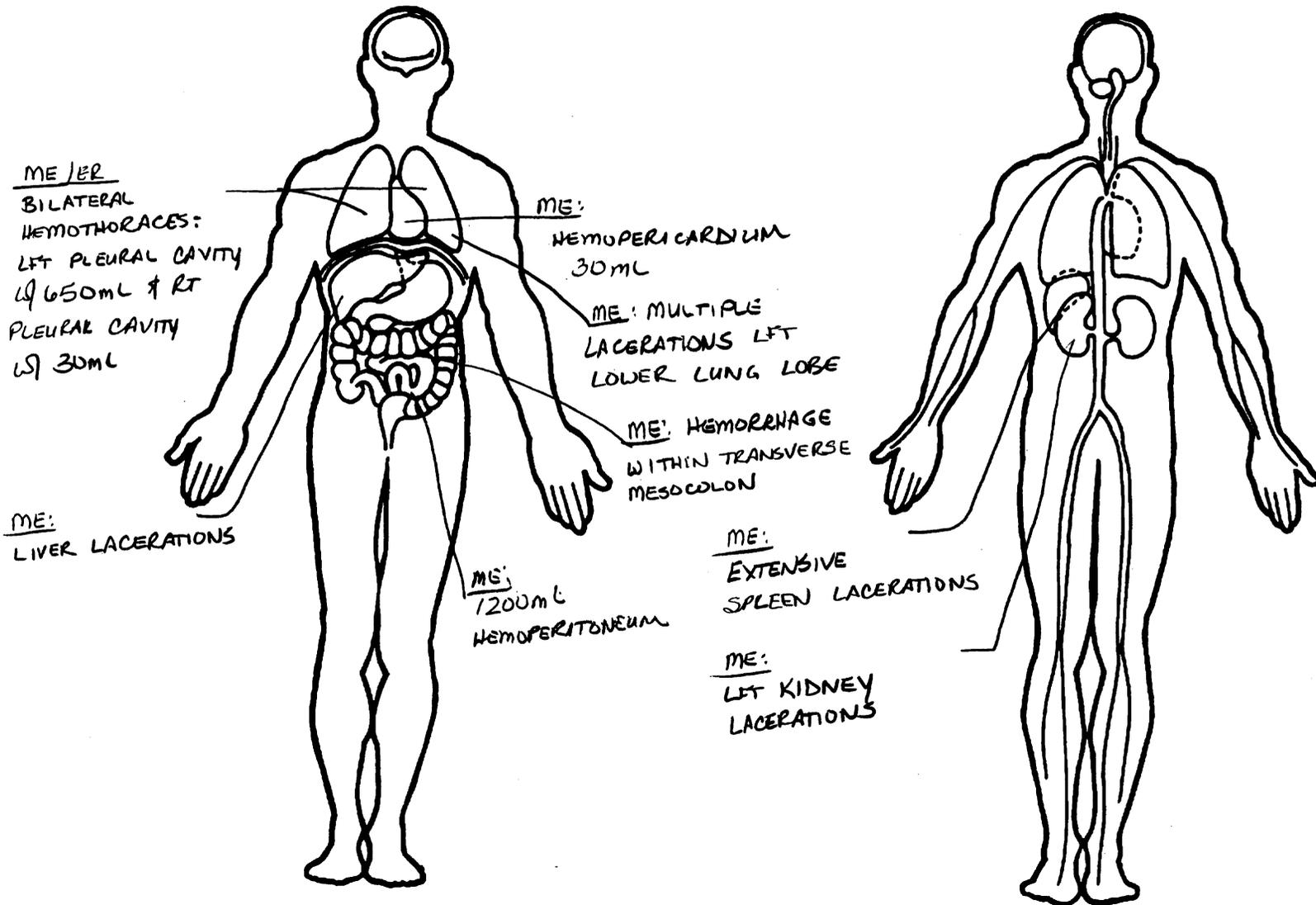
ME:
FX'S LFT
TRANSVERSE
PROCESS of
4th & 5th
LUMBAR VERTEBRAE

ME/ER
RT MID-SHAFT
COMMUNICATED
FX

OFFICIAL INJURY DATA – INTERNAL INJURIES

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

ER; PUPILS FIXED & DILATED – TRAUMATIC ARREST AT SCENE
INITIALLY BREATHING AT SCENE – NO RESPONSE TO STIMULI of ANY TYPE





UPDATE FORM

1. Primary Sampling Unit Number 11

2. Case Number — Stratum L79A

3. Vehicle Number 01

4. Occupant Number 01

RECEIVED [redacted] 1996

Driver or Occupant Name: _____

Address: _____

Other Information: _____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[redacted]	<u>96</u>
OAL09. Date Official Medical Data Obtained	[redacted]	<u>96</u>
OAL16. Injury Treatment Status	___	___
OAL17. Injury Information		
Official		
a. Autopsy (invasive examination)	B ___	<u>08</u>
b. Post-ER medical record which includes information about death based on non-invasive examination	B <u>08</u>	<u>11</u>
c. Admission record/summary or admission/discharge face sheet	B ___	___
d. Discharge summary	B ___	___
e. Operative report	B ___	___
f. Radiographic record(s) (X-ray, CT scan)	B ___	___
g. History and physical examination and/or consultation records	B ___	<u>011</u>
h. Emergency room records (includes nurses' notes)	B ___	<u>011</u>
j. Private physician	B ___	___
Unofficial		
k. Lay coroner	B ___	___
l. EMS record	B ___	<u>011</u>
m. Interviewee	B ___	___
n. Other source (specify): _____	B ___	B ___
o. Police report	B ___	B ___

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code	<u>02</u>	___
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	___	___



1. Primary Sampling Unit Number 11
 2. Case Number — Stratum 179A
 3. Vehicle Number 01
 4. Occupant Number 01

RECEIVED [REDACTED] 1996

Driver or Occupant Name: _____
 Address: _____

 Other Information: _____

(Sanitize this section prior to Update submission.)

STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	<u>196</u>
OAL09. Date Official Medical Data Obtained	[REDACTED]	<u>196</u>
OAL16. Injury Treatment Status	___	___
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	<u>B</u> ___	<u>012</u>
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> ___	___
c. Admission record/summary or admission/discharge face sheet	<u>B</u> ___	___
d. Discharge summary	<u>B</u> ___	___
e. Operative report	<u>B</u> ___	___
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u> ___	___
g. History and physical examination and/or consultation records	<u>B</u> ___	___
h. Emergency room records (includes nurses' notes)	<u>B</u> ___	___
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> ___

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code	___	<u>97</u>
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	___	___



CDC Only
CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

11 Primary Sampling Unit 179A Case No.-Stratum 06 Accident Event Sequence No. [REDACTED] 96 Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1 93 Ford Ranger 1

Vehicle 2 _____ _____ _____ 11

Year Make Model NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>3</u>	Size	<u>11</u>
Weight	<u>1324 + 70 + 0 = 1394</u> kg	Weight	_____ kg
CDC	<u>08LZAW5</u>	CDC	_____
PDOF (-180 to +180)	<u>± 130</u> °	PDOF (-180 to +180)	± _____ °
Stiffness	<u>3</u>	Stiffness	_____

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information 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 No Yes

VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X _____ m 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

Coefficient of Friction _____
 Rolling Resistance Option _____

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

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

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes
If No, Go To Damage Information

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

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

Terrain Boundary [] No [] Yes

First Point
 X _____ m Y _____ m

Second Point
 X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

	VEHICLE 1		VEHICLE 2
Damage Length	L <u>050</u> cm		L _____ cm
Crush Depths	C ₁ <u>040</u> cm		C ₁ _____ cm
	C ₂ <u>051</u> cm		C ₂ _____ cm
	C ₃ <u>061</u> cm		C ₃ _____ cm
	C ₄ <u>065</u> cm		C ₄ _____ cm
	C ₅ <u>063</u> cm		C ₅ _____ cm
	C ₆ <u>085</u> cm		C ₆ _____ cm
Damage Offset	D <u>023</u> cm		D ± _____ cm

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

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

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

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

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT
 ~~~~~

SUMMARY OF CRASHPC RESULTS USING DAMAGE

11 179A Z.C. RERUN IMP. 6 C.D.C. ONLY

SPEED CHANGE  
(DAMAGE)

VEHICLE #1  
 TOTAL 65 KPH ( 41 MPH)  
 LONGITUDINAL 42 KPH ( 26 MPH)  
 LATITUDINAL 50 KPH ( 31 MPH)  
 PDOF ANGLE -130 DEGREES  
 ENERGY DISSIPATED = 242377 JOULES ( 178744 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)

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT  
 ~~~~~

PRESS ANY KEY TO CONTINUE

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	11
STIFFNESS CATEGORY	3	0
VEHICLE WEIGHT	1394 KGS (3073 LBS)	***** KGS (2204586 LBS) *
CDC	08LZAW5	BARRIER
PDOF ANGLE	-130 DEGREES	0 DEGREES *
CRUSH LENGTH	0 CM. (0 IN.) *	0 CM. (0 IN.) *
C1	0 CM. (0 IN.) *	0 CM. (0 IN.) *
C2	0 CM. (0 IN.) *	0 CM. (0 IN.) *
C3	0 CM. (0 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.) *
D	0 CM. (0 IN.) *	0 CM. (0 IN.) *
D'	-100 CM. (-39 IN.) *	0 CM. (0 IN.) *

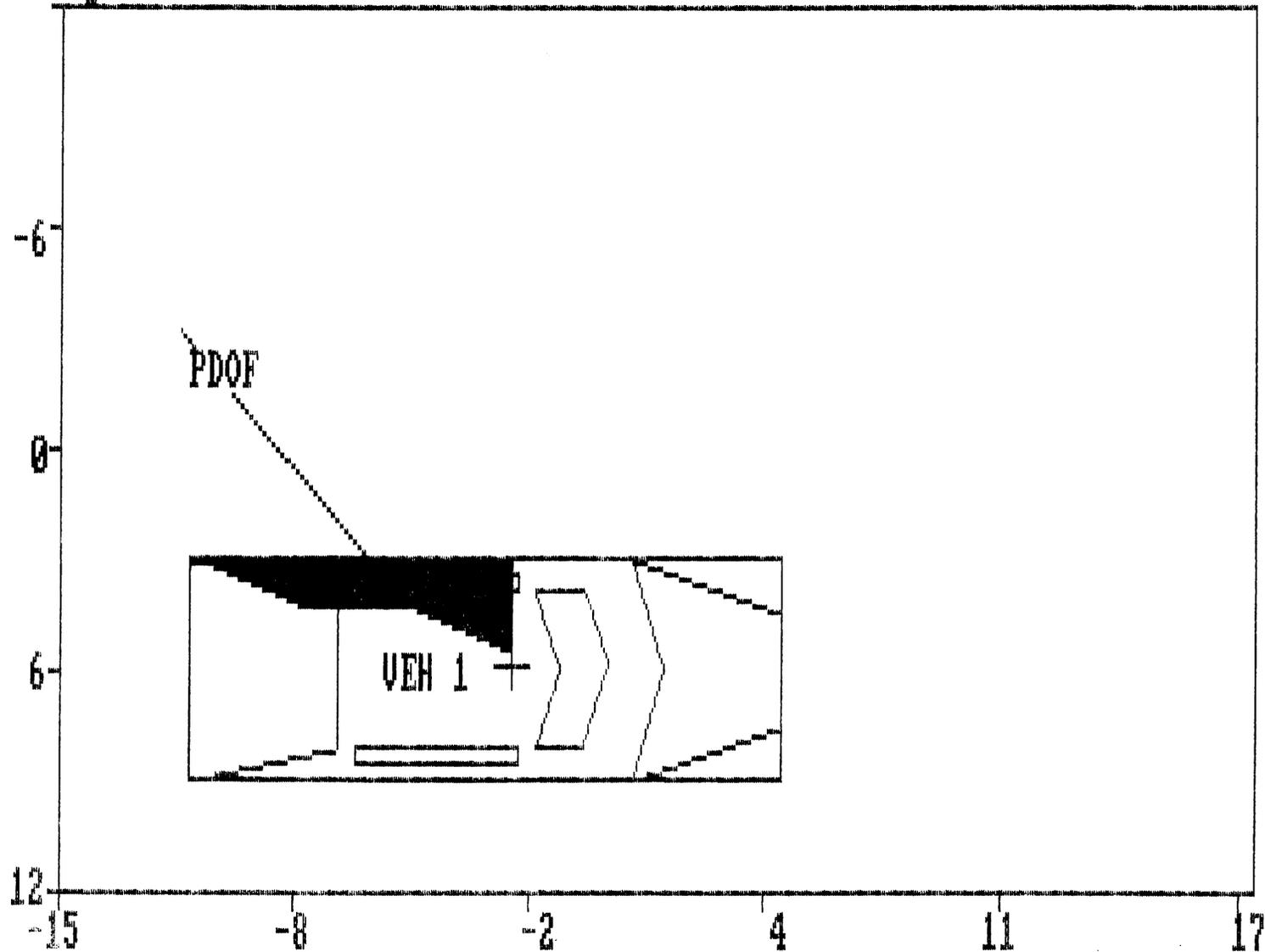
(* INDICATES DEFAULT VALUE)
 PRESS ANY KEY TO CONTINUE

DIMENSIONS AND INERTIAL PROPERTIES

BEST AVAILABLE

	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	12048 KGS (26561 LBS)	***** KGS (***** LBS)
VEHICLE MASS	4 KGS (8 LBS)	2600 KGS (5732 LBS)

PRESS ANY KEY TO CONTINUE



DAMAGE DESCRIPTION

FSU11
CASE 179A
CURRENT VERSION: 8.05

ERROR SUMMARY SCREEN

96

	NUMBER OF	NUMBER OF	NUMBER OF	VERSION
		LEVEL 1	LEVEL 2	NUMBER
FORM NAME	DOLLAR SIGNS	ERRORS	ERRORS	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	0	
Total Case Errors	0	0	0	

PGU11
CASE 179A
CURRENT VERSION: 5.05

ERROR SUMMARY SCREEN

██████████/96

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	0	
Total Case Errors	0	0	0	



PSU 11-179A(1995)#1



PSU 11-178A (1995) #2



PSU 11-179A (1985) #3



PSU 11-179A (1995) #4



PSU 11-179A (1995) #5



PSU 11-179A (1995) #6



PSU 11-179A (1995) #7



PSU 11-179A (1995) #8



PSU 11-179A (1995) #9



PSU 11-179A (1995) #10



PSU 11-179A (1995) #11



PSU 11-179A (1995) #12



PSU 11-179A (1995) #13



PSU 11-179A (1995) #14



PSU 11-179A (1995) #15



PSU 11-179A (1995) #16



PSU 11-179A(1995)#17



PSU 11-179A (1985) #18



PSU 11-179A (1985) #19



PSU 11-179A (1995) #20



PSU 11-179A (1995) #21



PSU 11-179A (1995) #22



PSU 11-179A (1995) #23



PSU 11-179A (1995) #24



PSU 11-179A (1995) #25



PSU 11-179A (1895) #26



PSU 11-179A (1995) #27



PSU 11-179A (1995) #20



PSU 11-179A (1895) #29



PSU 11-179A (1995) #30



PSU 11-179A (1996) #31



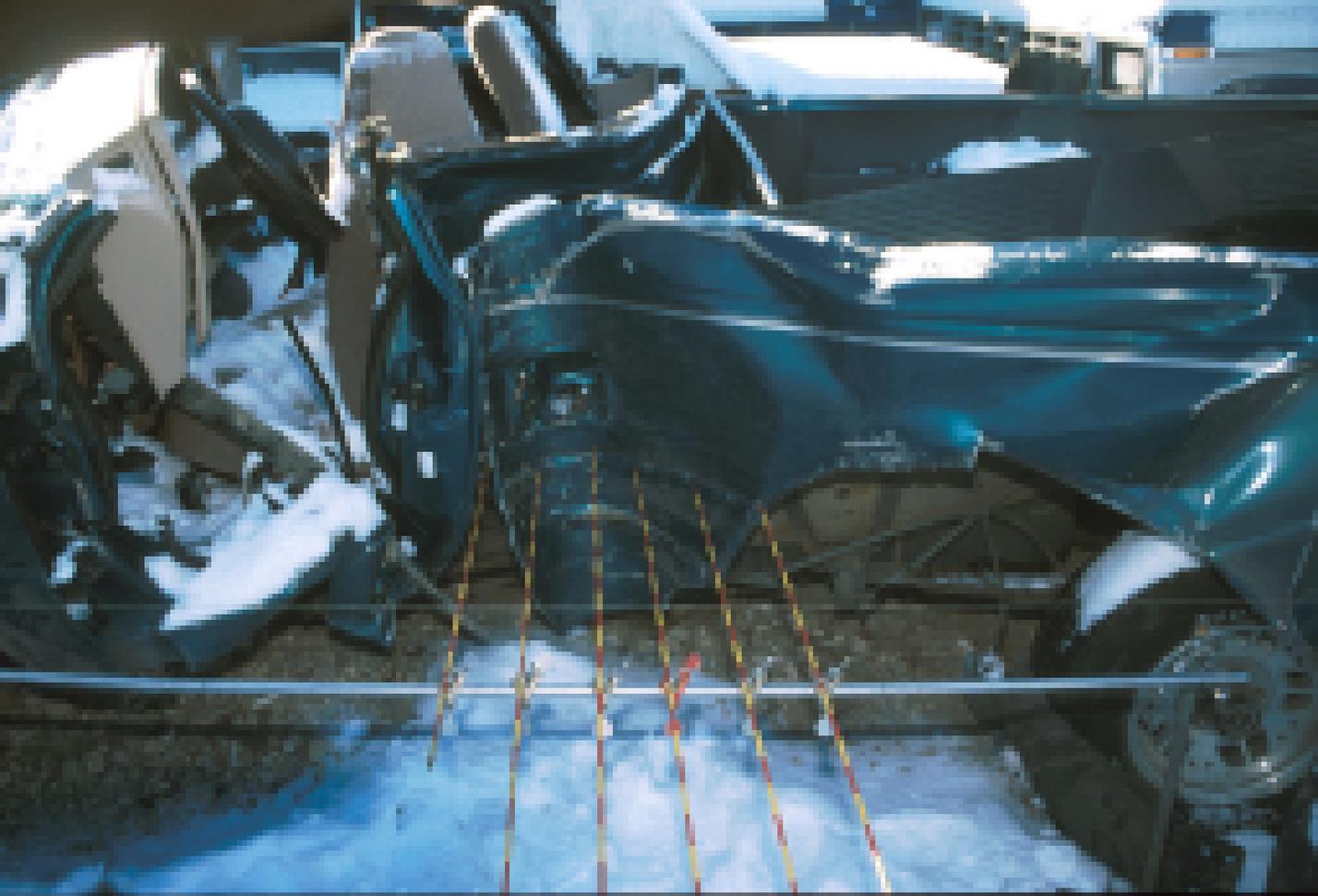
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PSU 11-179A (1995) #33



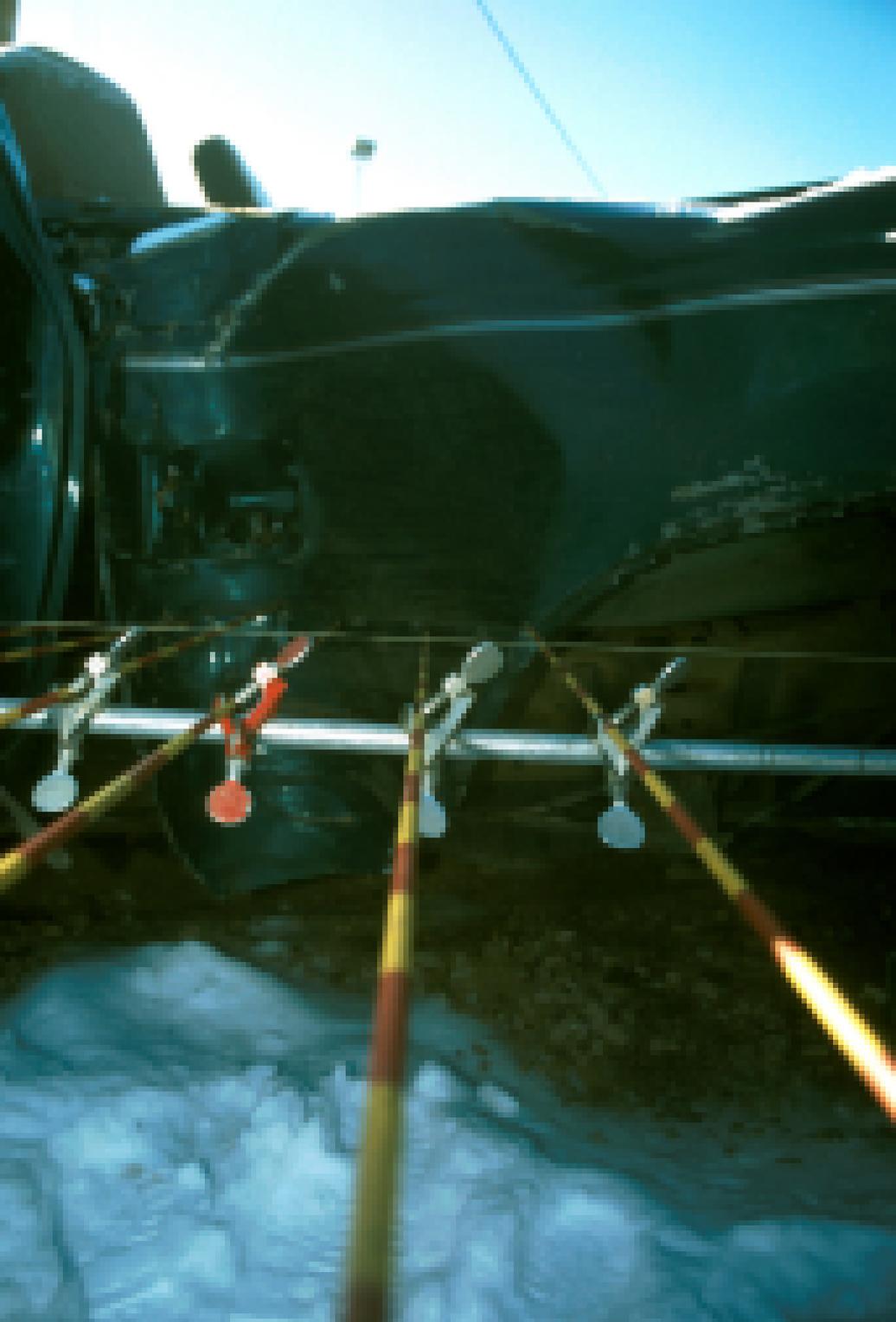
PSU 11-179A (1995) #34



PSU 11-179A (1995) #35



PSU 11-179A (1995) #36



PSU 11-179A (1995) #37



PSU 11-179A(1985) #38



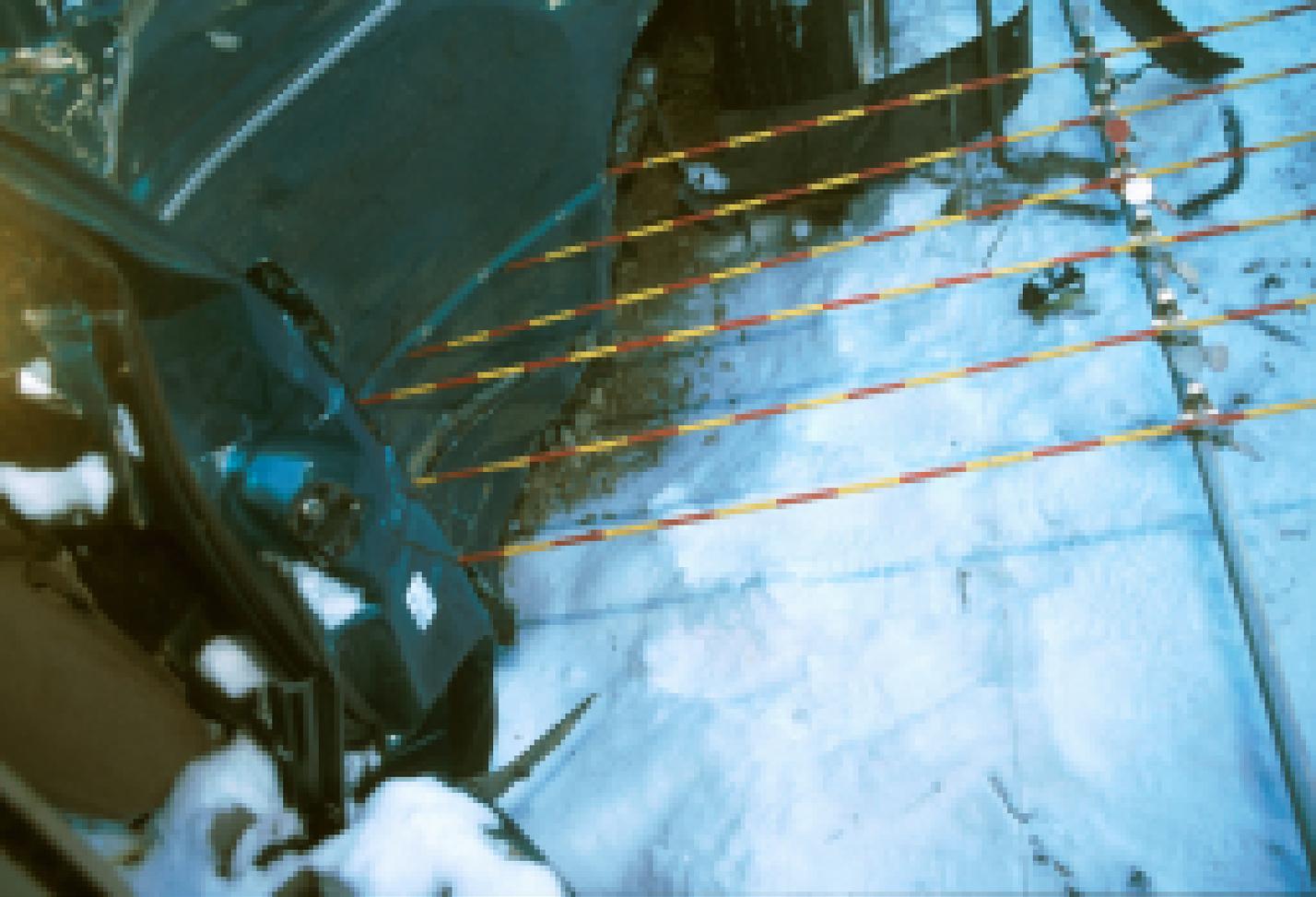
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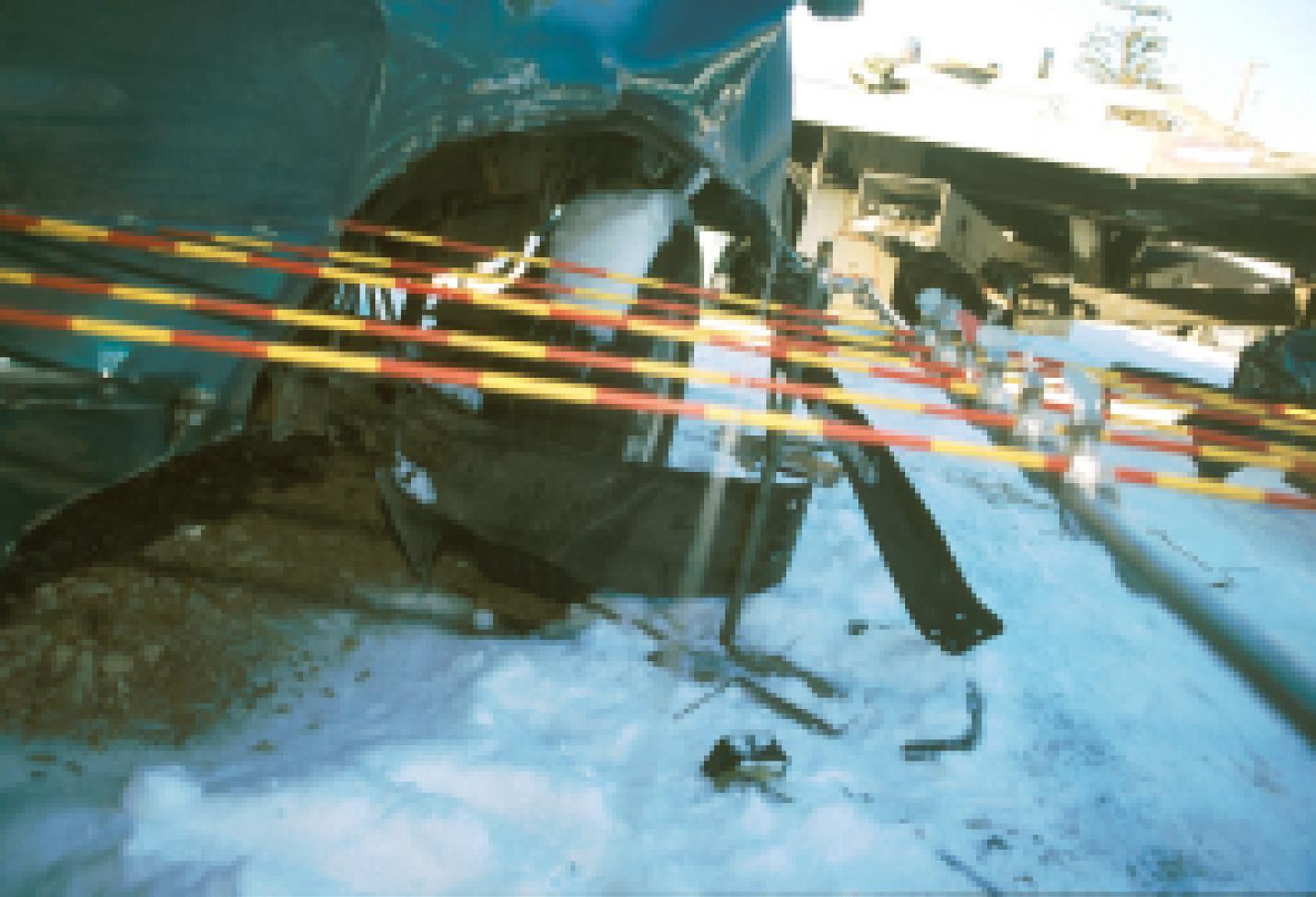
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PSU 11-179A (1995) #41



PSU 11-179A (1995) #42



PSU 11-179A (1995) #43



PSU 11-179A (1995) #44



PSU 11-179A (1995) #45



PSU 11-179A (1995) #46



PSU 11-179A (1985) #47



PSU 11-179A (1995) #48



PSU 11-179A (1995) #49



PSU 11-179A (1985) #50



PSU 11-179A (1995) #51



PSU 11-179A (1985) #52



PSU 11-179A (1995) #53



PSU 11-179A (1995) #54



PSU 11-179A (1985) #55



PSU 11-179A (1995) #56



PSU 11-179A (1995) #57



PSU 11-179A (1995) #58



PSU 11-179A (1995) #59



PSU 11-179A (1995) #60



PSU 11-179A(1995) #61



PSU 11-179A (1995) #62



PSU 11-179A (1995) #63



PSU 11-179A (1995) #64



PSU 11-179A (1995) #65



PSU 11-179A (1995) #68



PSU 11-179A (1995) #67



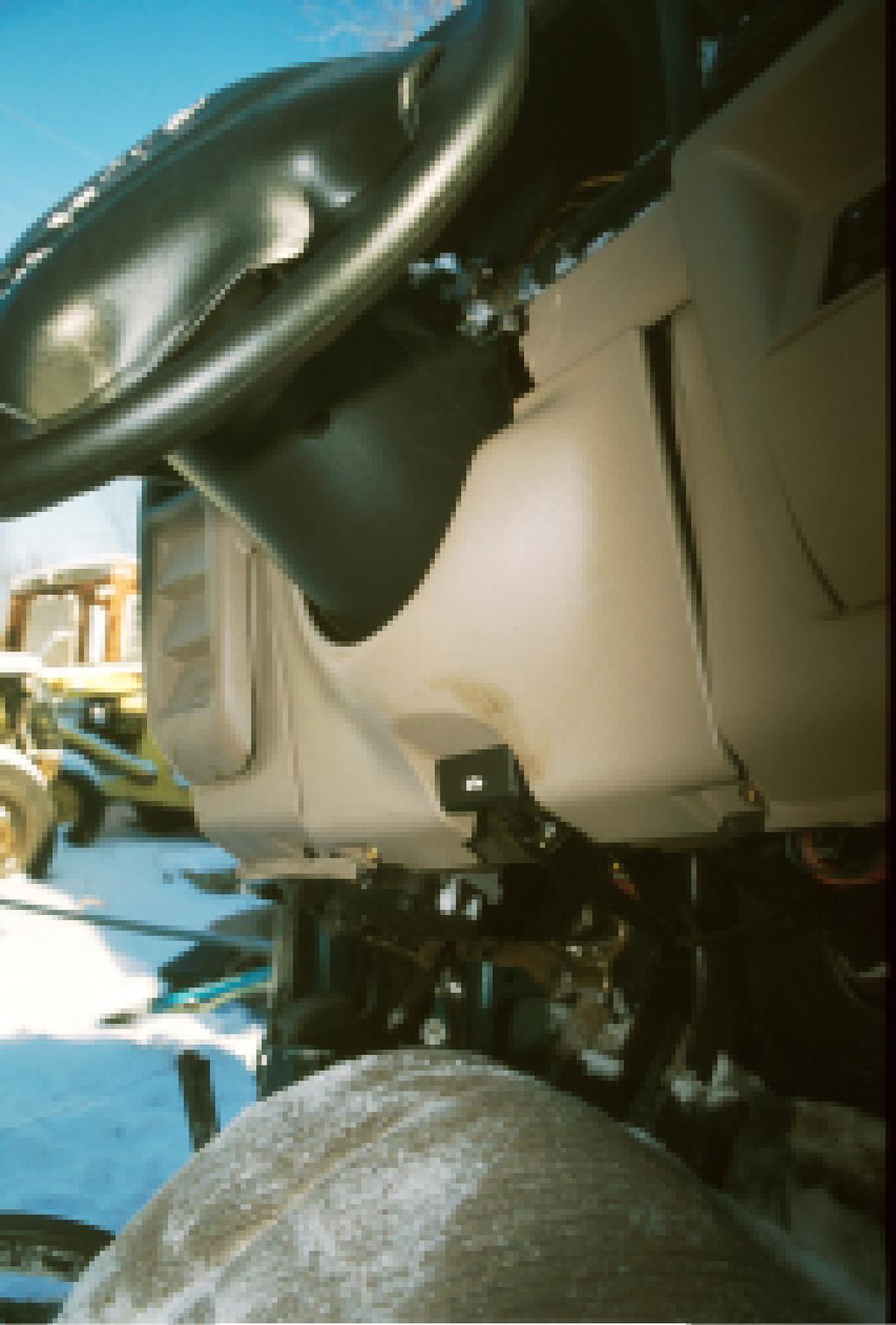
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PSU 11-179A (1995) #69



PSU 11-179A(1985)#70



PSU 11-179A (1985) #71



PSU 11-179A (1995) #72



PSU 11-179A (1985) #73



PSU 11-178A (1995) #74



PSU 11-179A (1995) #75



PSU 11-179A (1995) #76



PSU 11-179A (1995) #77



PSU 11-179A (1995) #78



PSU 11-179A (1995) #79



PSU 11-179A (1995) #80



PSU 11-178A (1995) #81



PSU 11-179A (1995) #82



PSU 11-179A (1995) #63



PSU 11-179A (1995) #84



PSU 11-179A (1995) #85



PSU 11-179A (1995) #86



PSU 11-179A (1995) #87



PSU 11-179A (1985) #88