



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 74 CASE NO. 128C TYPE OF ACCIDENT Muti vehicle/Muti event

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.)

See Attached

B. VEHICLE PROFILE(S)

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

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source

Body Region

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

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

Injury Type

Abrasion
 Amputation
 Avulsion
 Burn
 Concussion
 Contusion
 Crush
 Detachment, separation
 Dislocation

Fracture
 Fracture and dislocation
 Laceration
 Other
 Perforation, puncture
 Rupture
 Sprain
 Strain
 Total severance, transection
 Unknown

Abbreviated Injury Scale

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

DO NOT SANITIZE THIS FORM

PSU74

1996 Case Summary Form

CASE 128G

TYPE OF ACCIDENT: MUTI VEHICLES/MUTI EVENTS

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

VEHICLE 1 WAS HEADED NORTH ON A TWO LANE UNDIVIDED STREET. VEHICLE 2 WAS HEADED EAST ON A TWO LANE UNDIVIDED STREET. AS VEHICLE 2 ENTERED THE INTERSECTION, IT WAS STRUCK ON THE RIGHT SIDE BY THE FRONT OF VEHICLE 1. THE IMPACT CAUSED VEHICLE 2 TO ROTATE AND ROLLOVER. VEHICLE 3 WAS STOPPED FACING WEST, AND AS THE ACCIDENT OCCURRED, THE DRIVER OF VEHICLE 3 LET HIS VEHICLE ROLL BACKWARD TO AVOID THE COLLISION. VEHICLE 2 STRUCK THE FRONT SIDE OF VEHICLE 3 AS IT WAS ROLLING OVER. VEHICLE 1 WAS FACING NORTH AFTER THE ACCIDENT. VEHICLE 2 WAS FACING WEST AFTER THE ACCIDENT. VEHICLE 3 WAS FACING WEST AFTER THE ACCIDENT. VEHICLES 1 AND 2 WERE TOWED DUE TO DAMAGE. NO ONE WAS TRANSPORTED DUE TO INJURIES.

01

PSU74

1996 Case Summary Form

CASE 1286

TYPE OF ACCIDENT: MUTI VEHICLES/MUTI EVENTS

B. VEHICLE PROFILE(S)

V e h. No	Class of Vehicle	Year/Make/ Model	Most Severe Damage Based on Vehicle Inspection		
			Damage Plane	Severity Descr.	Component Failure
1	FULL SIZED	96/DODGE/INTREPID	FRONT	MODERATE	NONE
2	PICKUP	96/DODGE/RAM	RIGHT	MODERATE	NONE
3	PICKUP	94/FORD/PICKUP	UNKNOWN	UNKNOWN	UNKNOWN

01

PSU74

1996 Case Summary Form

CASE 128G

TYPE OF ACCIDENT: MUTI VEHICLES/MUTI EVENTS

C. PERSON PROFILE(S)

Most Severe Injury
(TO BE COMPLETED BY ZONE CENTER)

V e h. No	Person Role	Seat Positon	Restraint Use	Body Region	Injury Type	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)	
						A I S	Injury Source
1	DRIVER	L. FRONT	L & S AIRBAG	KNEE	CONTUSION	1	DASH
1	PASS.	L. REAR	CHILD REST		NO INJURY		
2	DRIVER	L. FRONT	L & S		NO INJURY		

0

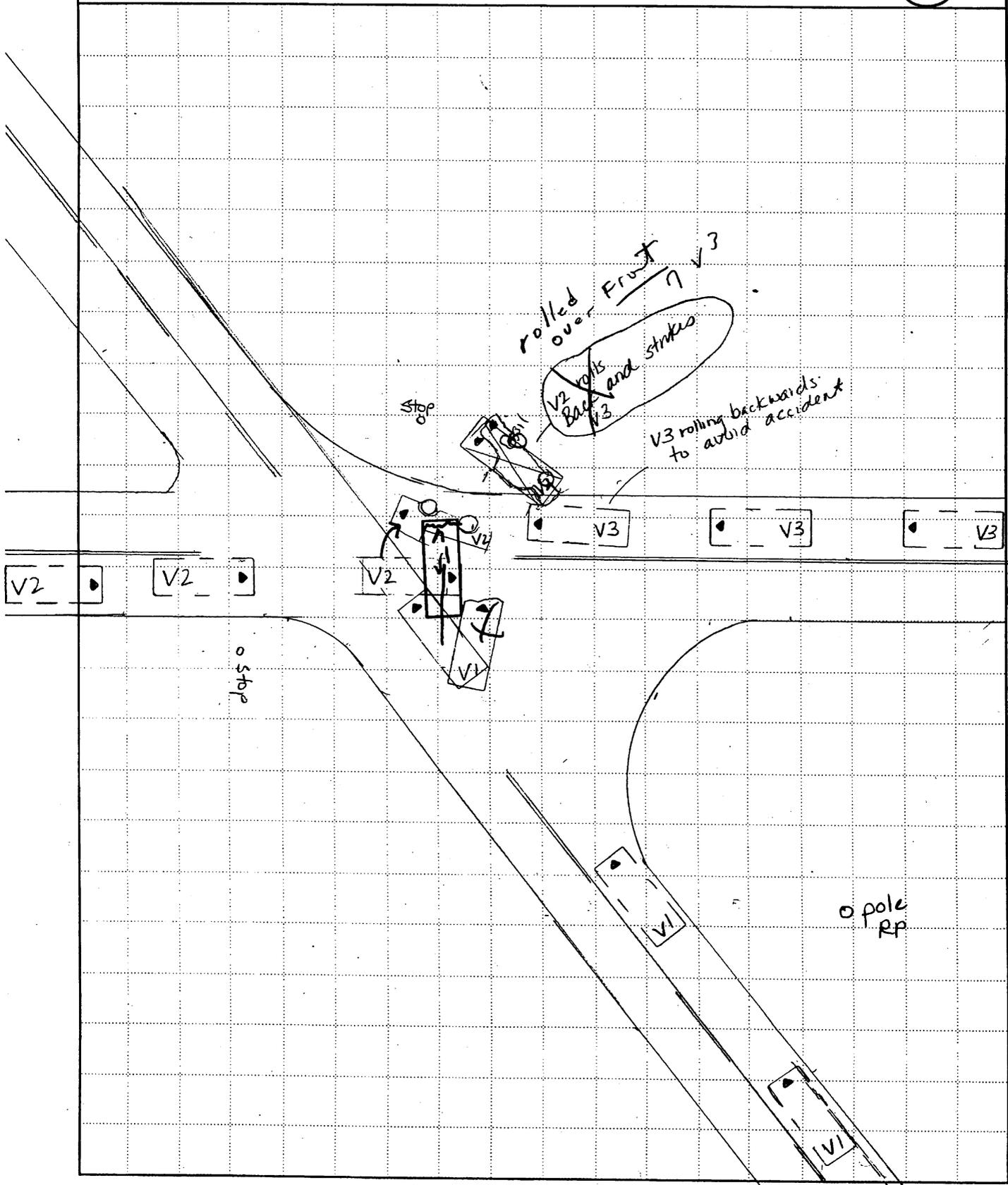


ACCIDENT COLLISION DIAGRAM

PSU No. 74

Case Number—Stratum 128G

Indicate North





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 74

Case Number - Stratum 1289

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., signs/signals, etc.)
- 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 (include measurement of precrash superelevation for each vehicle if applicable)

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>320</u>	<u>90</u>	<u> </u>
Surface Type	<u>Bit</u>	<u>Bit</u>	<u>Bit</u>
Surface Condition	<u>DM</u>	<u>DM</u>	<u>DM</u>
Coefficient of Friction	<u>.71</u>	<u>.71</u>	<u>.71</u>
Grade (v/h) Measurement (between impact and final rest)	<u>2/122</u>	<u>4/122</u>	<u>4/122</u>
Grade (v/h) Measurement (at location of rollover initiation)	<u> </u>	<u>4/122</u>	<u> </u>
Grade (v/h) Measurement (at pre-crash location)	<u>1/122</u>	<u>7/122</u>	<u>6/122</u>

Reference Point: Metal pole SE corner

Reference line: East edge of [redacted]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>VI skid RF Beg</u>	<u>17.3(S)</u>	<u>.7(W)</u>
<u>VI skid RF End</u>	<u>5.7(S)</u>	<u>.8(W)</u>
<u>Metal pole</u>	<u>∅</u>	<u>10.1(E)</u>
<u>oil + glass</u>	<u>2.6 from North edge of State</u>	<u>10.3(E)</u>



ACCIDENT FORM

1. Primary Sampling Unit Number 74

2. Case Number - Stratum 1286

SPECIAL STUDIES - INDICATORS

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

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 03

4. Date of Accident (Month,Day,Year) 19 6

5. Time of Accident 0650

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

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

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

CODES FOR CLASS OF VEHICLE

- | | |
|--|---|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,536 kgs GVWR)
(16) Utility station wagon (≤ 4,536 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,536 kgs GVWR)
(21) Large van (≤ 4,536 kgs GVWR)
(24) Van Based school bus (≤ 4,536 kgs GVWR)
(28) Other van type (≤ 4,536 kgs GVWR)
(29) Unknown van type (≤ 4,536 kgs GVWR)
(30) Compact pickup truck (≤ 4,536 kgs GVWR) | (31) Large pickup truck (≤ 4,536 kgs GVWR)
(38) Other pickup truck (≤ 4,536 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
(45) Other light truck (≤ 4,536 kgs GVWR)
(48) Unknown light truck type (≤ 4,536 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(> 4,536 kgs GVWR)
(58) Other bus (> 4,536 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,536 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 |
|--|---|

PRECRASH ENVIRONMENTAL DATA	
<p>19. Relation To Interchange Or Junction <u>2</u></p> <p>(0) Non-interchange area and non-junction (1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related (3) Driveway, alley access related (4) Other junction (specify) _____ (5) <u>Unknown type of junction</u> (9) Unknown</p>	<p>25. Roadway Surface Condition <u>+</u></p> <p>(1) Dry (2) Wet (3) Snow or slush (4) Ice (5) Sand, dirt, or oil (8) Other (specify): _____ (9) Unknown</p>
<p>20. Trafficway Flow <u>0</u></p> <p>(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</p>	<p>26. Light Conditions <u>4</u></p> <p>(1) Daylight (2) Dark (3) Dark, but lighted (4) Dawn (5) Dusk (9) Unknown</p>
<p>21. Number Of Travel Lanes <u>2</u></p> <p>(1) One (2) Two (3) Three (4) Four (5) Five (6) Six (7) Seven or more (9) Unknown</p>	<p>27. Atmospheric Conditions <u>0</u></p> <p>(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</p>
<p>22. Roadway Alignment <u>1</u></p> <p>(1) Straight (2) Curve right (3) Curve left (9) Unknown</p>	<p>28. Traffic Control Device <u>0</u></p> <p>(0) No traffic control(s) (1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(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</p>
<p>23. Roadway Profile <u>1</u></p> <p>(1) Level (2) Uphill grade (> 2%) (3) Hill crest (4) Downhill grade (> 2%) (5) Sag (9) Unknown</p>	<p>29. Traffic Control Device Functioning <u>0</u></p> <p>(0) No traffic control device (1) Traffic control device not functioning (specify): _____ (2) <u>Traffic control device functioning properly</u> (9) Unknown</p>
<p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete (2) Bituminous (asphalt) (3) Brick or block (4) Slag, gravel, or stone (5) Dirt (8) Other (specify): _____ (9) Unknown</p>	

OCCUPANT RELATED

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

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? +
 (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 1510
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3,318 lbs X .4536 = 1505 kgs
 Source: _____

- 44. Vehicle Cargo Weight 0000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 000 kgs
 Source: Vehicle

ROLLOVER DATA

- 45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
- 47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
- 48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
- 49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
- 50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
 (71) Medium/heavy truck or bus not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (79) Object fell from vehicle in-transport
 (88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>74</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1289</u>	

VEHICLE IDENTIFICATION

VIN 1B3HD46T1TF XXXXXXXXXX Model Year 96

Vehicle Make (specify): Dodge Vehicle Model (specify): Interpid

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Entire ft bumper	Entire ft bumper	C4

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space). 149
2/8

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	ft bump	149	C4	149	20.5	7	3	3	8.5	22	Ø
	free space				20.5	7	3	3	7	20.5	
						0	0	0	0	1.5	
1	Above bump	149	C4	149	48	51	55	58	54	63	
	free space				35	20	15	15	20	35	
						13	31	40	43	34	
	Average				6.5	15.5	20	21.5	17.8	14.8	

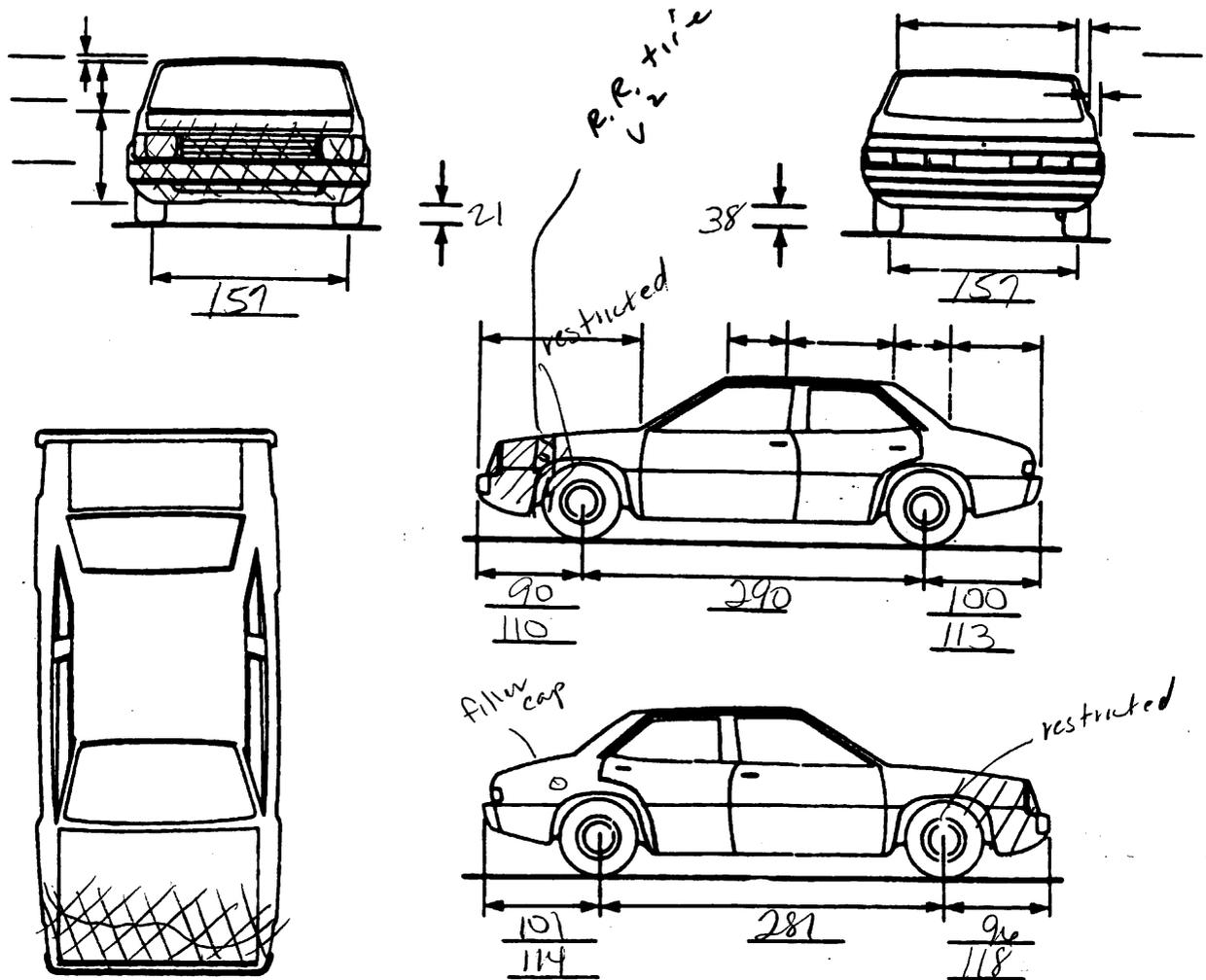
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>113.</u>	inches	x	2.54	=	<u>287</u>	cm
Overall Length	<u>201.8</u>	inches	x	2.54	=	<u>513</u>	cm
Maximum Width	<u>74.4</u>	inches	x	2.54	=	<u>189</u>	cm
Curb Weight	<u>3,318</u>	pounds	x	.4536	=	<u>1,505</u>	kg
Average Track	<u>62.</u>	inches	x	2.54	=	<u>157</u>	cm
Front Overhang	_____	inches	x	2.54	=	_____	cm
Rear Overhang	_____	inches	x	2.54	=	_____	cm
Undeformed End Width	_____	inches	x	2.54	=	_____	cm
Engine Size: cyl./displ.	<u>V6</u>	cc	x	.001	=	<u>3.3</u>	L
	_____	CID	x	.0164	=	_____	L

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <p>RF <u>1</u> RF <u>2</u> LF <u>1</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>287</u> cm Overall Length <u>513</u> cm Maximum Width <u>189</u> cm Curb Weight <u>1505</u> kg Average Track <u>157</u> cm Front Overhang <u>113</u> cm Rear Overhang <u>113</u> cm Undeformed End Width <u>160</u> cm Engine Size: cyl./displ. <u>V6 3.3</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u> </u> kg</p>	

MEASUREMENTS IN CENTIMETERS



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

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

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

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

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
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CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>140</u>	<u>007</u>	<u>016</u>	<u>020</u>	<u>022</u>	<u>018</u>	<u>015</u>	<u>+ 000</u>

Second Highest Delta "V"

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

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown
140

27. Direct Damage Width
(For highest severity impact)
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown
149

28. Original Wheelbase
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
113 inches X 2.54 = 287 centimeters

29. Original Average Track Width
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
62 inches X 2.54 = 157 centimeters

FUEL SYSTEM

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

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

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

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

- 35. Location of Fuel Tank-1 Filler Cap 3
- 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 1
 ?
- 38. Type of Fuel Tank-2 0
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

FIRE OCCURRENCE

- 33. Fire Occurrence 0
 (0) No fire

 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

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

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

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

43. Leakage Location of Fuel System-1 1

44. Leakage Location of Fuel System-2 0

(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

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

45. Fuel Type-1 01

46. Fuel Type-2 00

Single Fuel Type

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

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage

(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
 Type of tank _____
 Tank location _____
 Filler cap location _____
 Tank damage _____
 Location of leakage _____
 Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

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

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 24
 2. Case Number - Stratum 1289
 3. Vehicle Number 01

INTEGRITY

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

Yes, Integrity Was Lost Through

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

GLAZING

Type of Window/Windshield Glazing

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

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

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

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1
 36. BL 1 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 1 43. RR 1
 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

OCCUPANT AREA INTRUSION

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

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

INTRUDING COMPONENT

Interior Components

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

Exterior Components

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

LOCATION OF INTRUSION

- | | |
|--|---|
| <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
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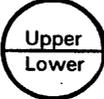
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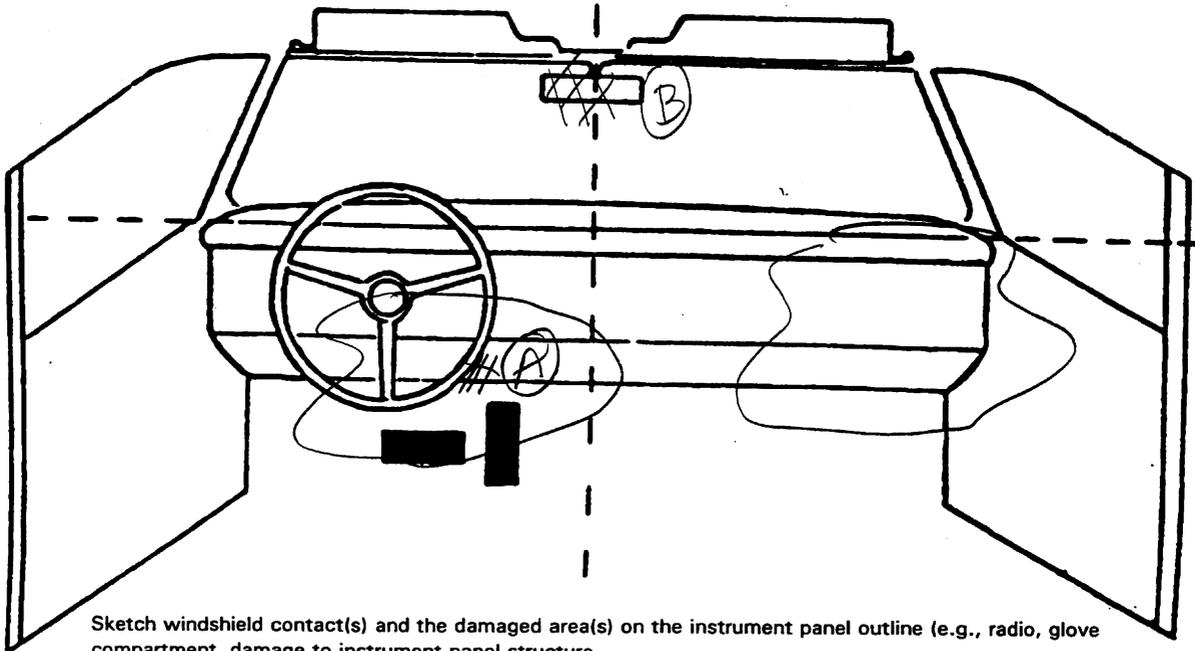
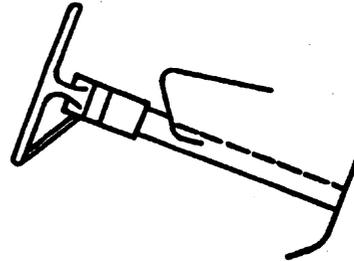
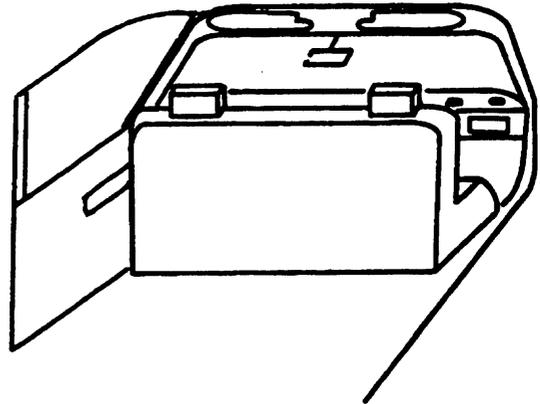
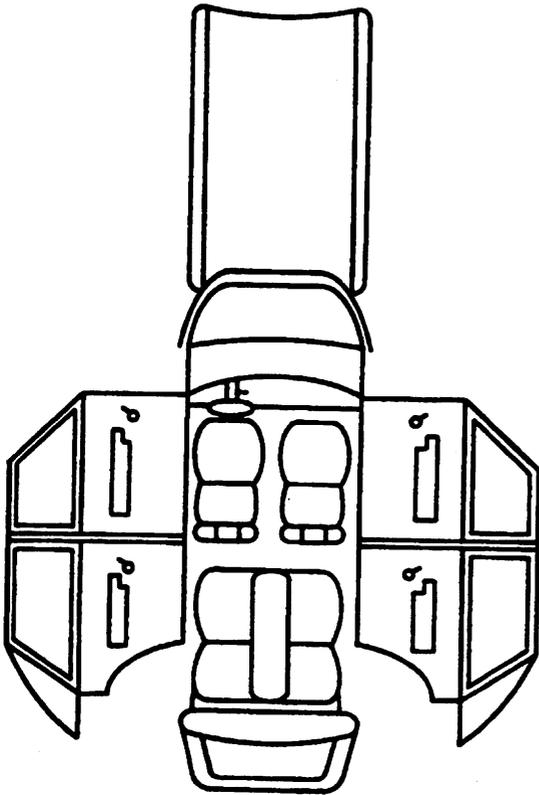
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STEERING COLUMN	INSTRUMENT PANEL
<p>87. Steering Column Type <u>2</u></p> <p>(1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): _____ (9) Unknown</p>	<p>92. Odometer Reading <u>018,000</u></p> <p>_____ kilometers Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown <u>10,913</u> miles X 1.6093 = <u>17,562</u> kilometers</p> <p>Source: <u>Vehicle</u></p>
<p>88. Tilt Steering Column Adjustment <u>3</u></p> <p>(0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown</p>	<p>93. Instrument Panel Damage from Occupant Contact? <u>0</u></p> <p>(0) No (1) Yes (9) Unknown</p>
<p>89. Telescoping Steering Column Adjustment <u>0</u></p> <p>(0) No telescoping steering column (1) Full back (2) Between full back and midpoint (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown</p>	<p>94. Type of Knee Bolster Covering <u>1</u></p> <p>(0) No knee bolster (1) Padded (2) Rigid plastic (8) Other (specify): _____ (9) Unknown</p>
<p>90. Steering Rim/Spoke Deformation <u>00</u></p> <p>_____ Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown</p>	<p>95. Knee Bolsters Deformed from Occupant Contact? <u>1</u></p> <p>(0) No knee bolster (1) No deformation (2) Yes - deformation (9) Unknown</p>
<p>91. Location of Steering Rim/Spoke Deformation <u>00</u></p> <p>(00) No steering rim deformation</p> <p><i>Quarter Sections</i> (01) Section A (02) Section B (03) Section C (04) Section D</p> <div style="display: flex; align-items: center; gap: 20px;">   </div> <p><i>Half Sections</i> (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke</p> <div style="display: flex; align-items: center; gap: 20px;">  </div> <p>(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown</p>	<p>96. Did Glove Compartment Door Open During Collision(s)? <u>1</u></p> <p>(0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown</p>
<p>97. Adaptive (Assistive) Driving Equipment <u>0</u></p> <p>(0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.)</p> <p><input type="checkbox"/> Hand controls for braking/acceleration <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) <input type="checkbox"/> Steering knob attached to steering wheel <input type="checkbox"/> Low effort power steering (unit or device) <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) <input type="checkbox"/> Joy-stick steering controls <input type="checkbox"/> Wheelchair tie-downs <input type="checkbox"/> Modification to seat belts (specify): _____</p> <p><input type="checkbox"/> Additional or relocated switches (specify): _____</p> <p><input type="checkbox"/> Raised roof <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) <input type="checkbox"/> Other adaptive device (specify): _____</p> <p>(9) Unknown</p>	<p>97. Adaptive (Assistive) Driving Equipment <u>0</u></p> <p>(0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.)</p> <p><input type="checkbox"/> Hand controls for braking/acceleration <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) <input type="checkbox"/> Steering knob attached to steering wheel <input type="checkbox"/> Low effort power steering (unit or device) <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) <input type="checkbox"/> Joy-stick steering controls <input type="checkbox"/> Wheelchair tie-downs <input type="checkbox"/> Modification to seat belts (specify): _____</p> <p><input type="checkbox"/> Additional or relocated switches (specify): _____</p> <p><input type="checkbox"/> Raised roof <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) <input type="checkbox"/> Other adaptive device (specify): _____</p> <p>(9) Unknown</p>

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	170	1	Face	make up	1
B	002	1	Hand	moved	2
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment(e.g., tapedeck, 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 11. If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	 	4
	B-Evidence of usage	4		0
	C-Used in this crash?	4		0
	D-Proper Use	1		0
	E-Failure Modes	1		0
	F-Anchorage Adjustment	4		4
SECOND	A-Availability	4	3	4
	B-Evidence of usage	4	0	0
	C-Used in this crash?	1	0	0
	D-Proper Use	2	0	0
	E-Failure Modes	1	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability	 	 	
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-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

B/C-Manual (Active) Belt System Use

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

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

D-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

E-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

F-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

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
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</p> <p>(9) Unknown</p> | <p>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>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> |
|--|--|---|

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

- | | | |
|--|--|---|
| <p>A-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>D-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): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____
(9) Unknown</p> | <p>E-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): _____</p> <p>(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown</p> |
| <p>B-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>C-Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown</p> | | |

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
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	81	81
E-Source of air bag damage	81	81
F-Air bag tethered?	2	2
G-Air bag have vent ports?	1	1
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

A-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

B-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

C-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

D-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

E-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

F-Was The Air Bag Tethered?

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

G-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

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

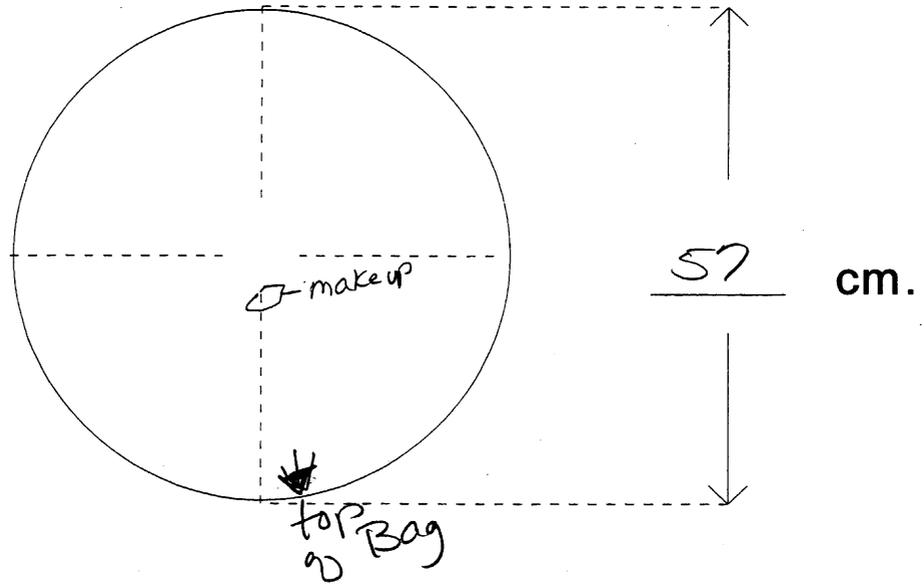
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

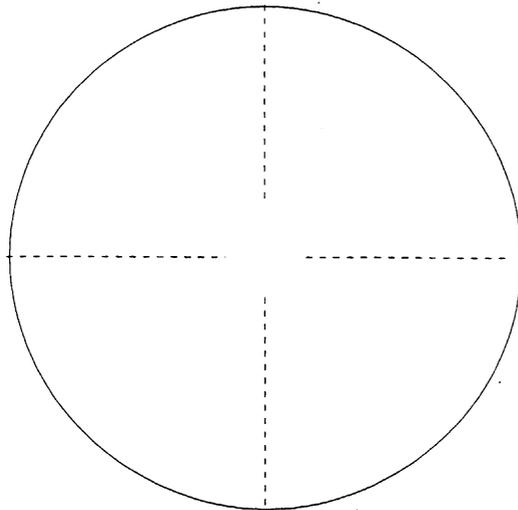
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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)

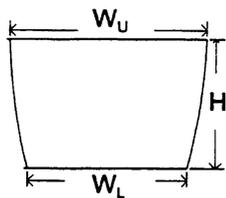


DRIVER AIR BAG SKETCHES (Cont'd)

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

width (W_U) _____ width (W_L) _____

height (H) _____



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

a. Upper Flap

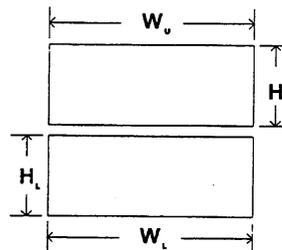
b. Lower Flap

width (W_U) 14

width (W_L) Me

height (H_U) 10

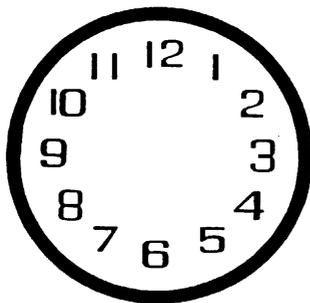
height (H_L) 15



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

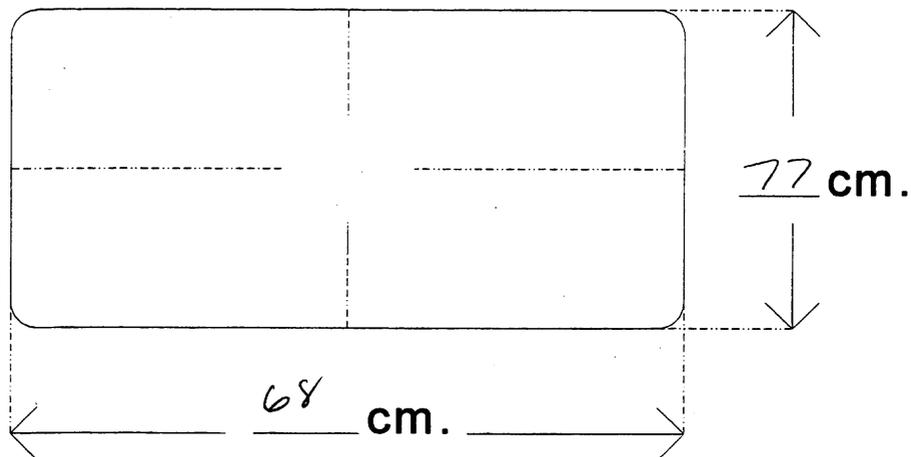
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

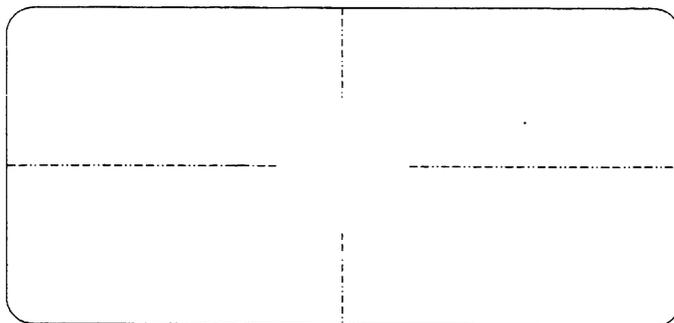


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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

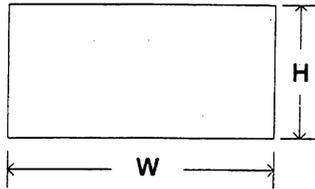


PASSENGER AIR BAG SKETCHES (Cont'd)

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

width (W) 35

height (H) 14



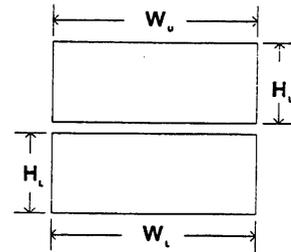
4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_u) _____ width (W_l) _____

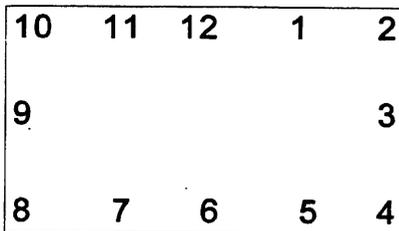
height (H_u) _____ height (H_l) _____



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

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

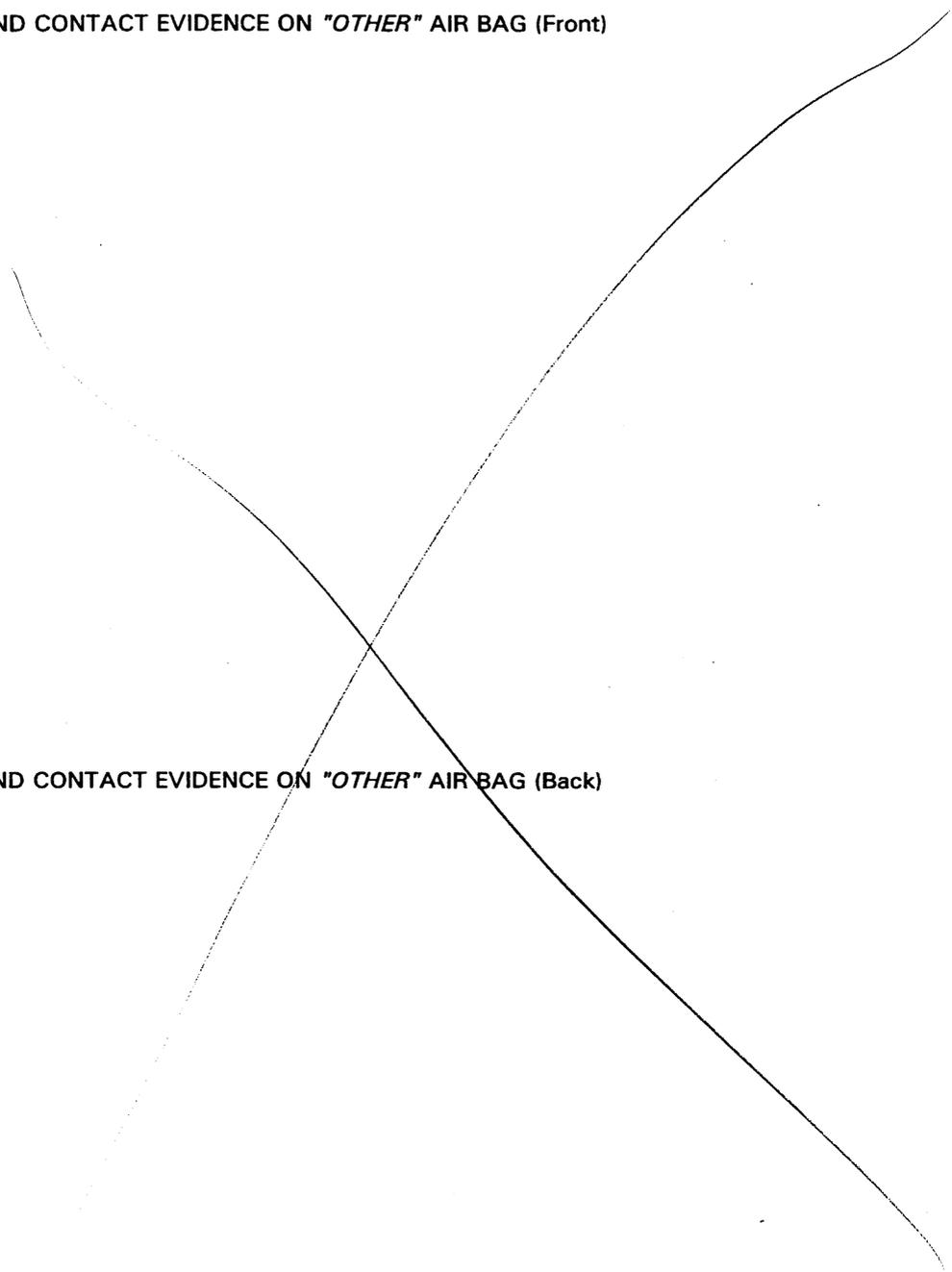
7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"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
FIRST	A-Head Restraint Type/Damage	3	Center	3
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	2		2
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	1	1	1
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage	Left	Center	Right
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage	Left	Center	Right
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

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

HEAD RESTRAINTS/SEAT EVALUATION

A-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

B-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) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-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

D-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

E-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

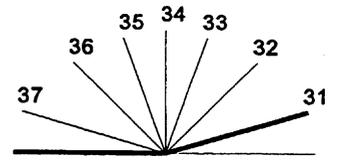
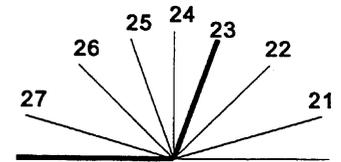
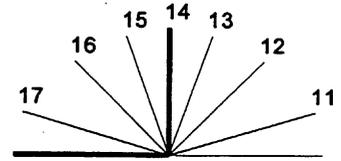
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

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

F-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



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

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):

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 on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 74
 2. Case Number - Stratum 128G
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 51
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):

 (97) 97 years and older
 (99) Unknown

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

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

8. Occupant's Weight 059
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
130 pounds X .4536 = 059 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

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

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability 4</p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment 4</p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position ✓</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use 04</p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function 0</p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use 0</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts 1</p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type 0</p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System 0</p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(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</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident L</p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>27. Automatic (Passive) Belt Failure Modes During Accident 0</p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

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

38. Air Bag Deployment Accident Event Sequence Number

- (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) 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) 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) 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) 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***HEAD RESTRAINT AND SEAT EVALUATION**

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

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

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

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

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

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag 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

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

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

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

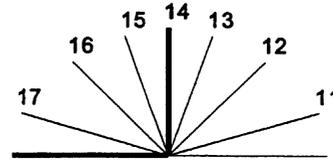
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between 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 23
 (00) Occupant not seated or no seat
 (01) Not adjustable

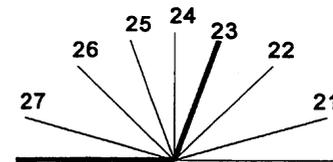
Upright prior to impact

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



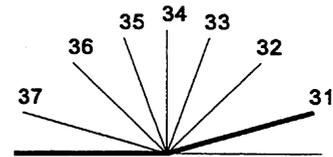
Slightly reclined prior to impact

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



Completely reclined prior to impact

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



(99) Unknown

54. Seat Performance (this Occupant Position) 1

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

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

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

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

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

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

61. Injury Severity (Police Rating) 1

- (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 0

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

Nonfatal

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

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

63. Type Of Medical Facility (for Initial Treatment) 0

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

- (9) Unknown

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 00

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

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

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

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01
 _____ 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 01
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

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

BELT USE DETERMINATION

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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>74</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1285</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.

	A.I.S. - 90										Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	
1st	5. <u>7</u>	6. <u>8</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>010</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___	26. ___
3rd	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___	37. ___
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___	48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

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.)

Restrained?

No

Yes

Blood Alcohol Level
(mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

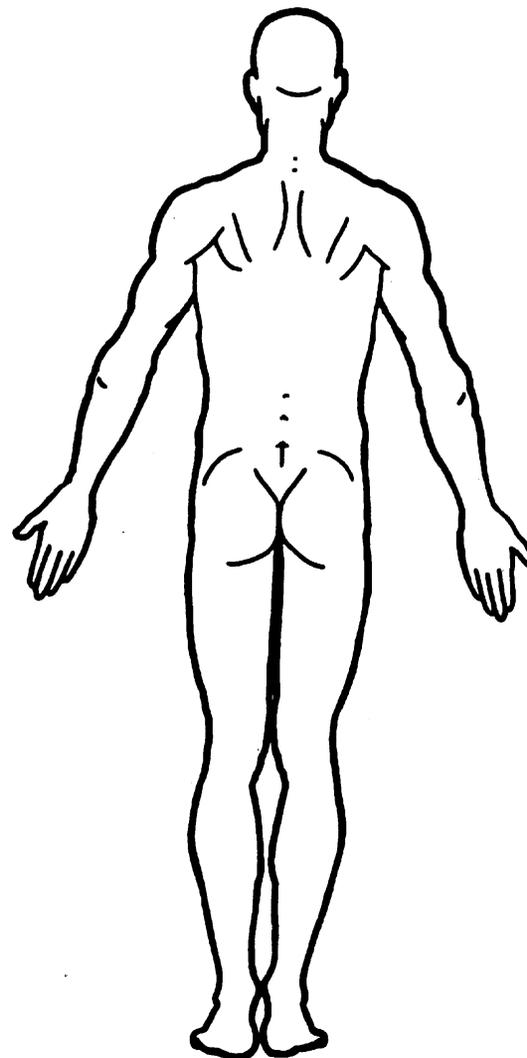
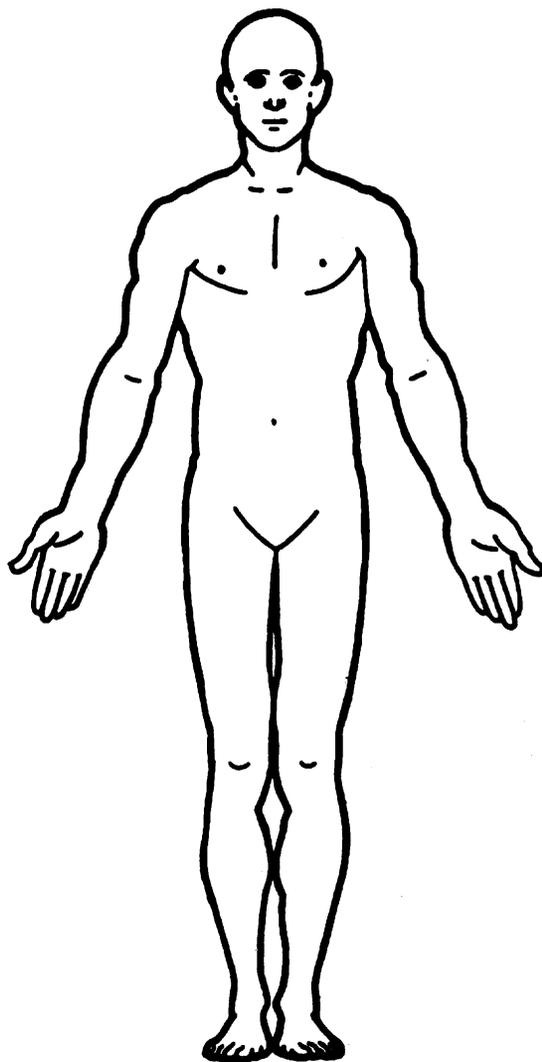
Arterial Blood Gases

pH = ____

PO₂ = _____

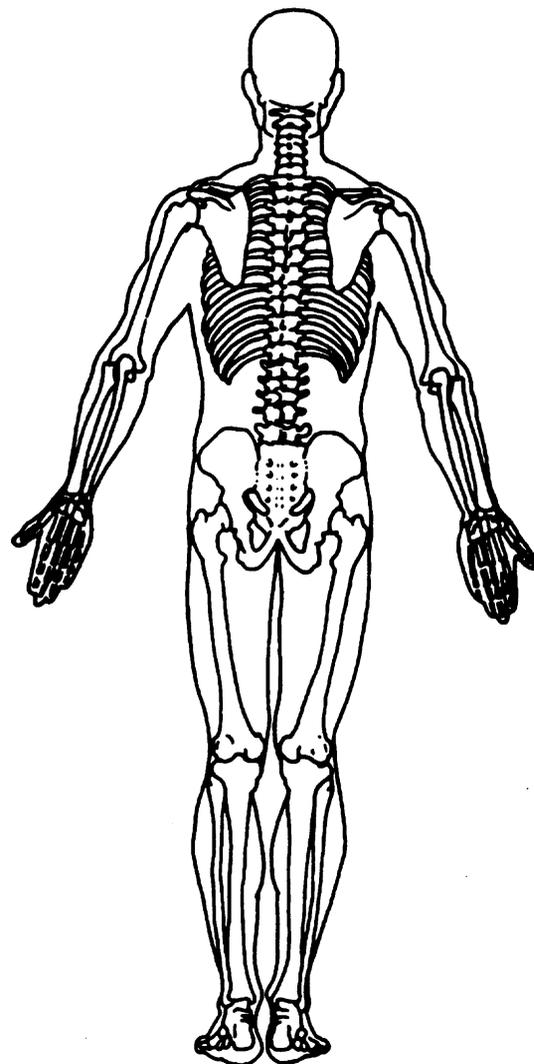
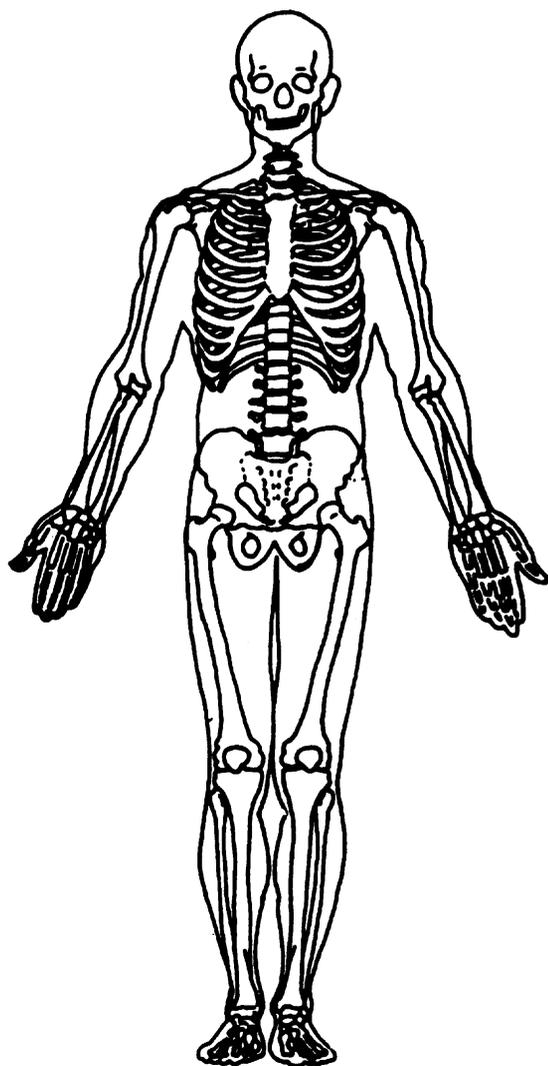
PCO₂ _____

HCO₃ _____



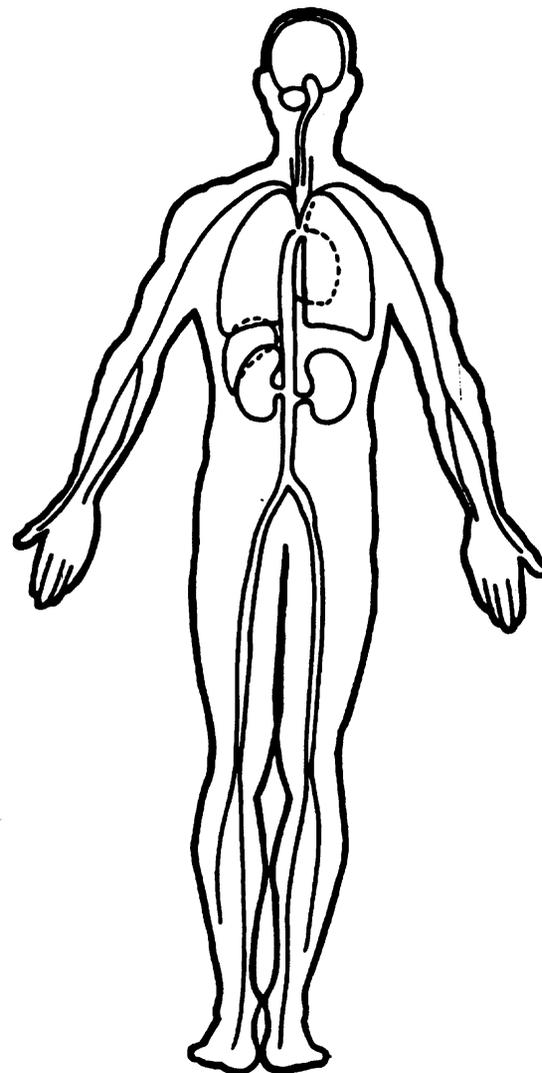
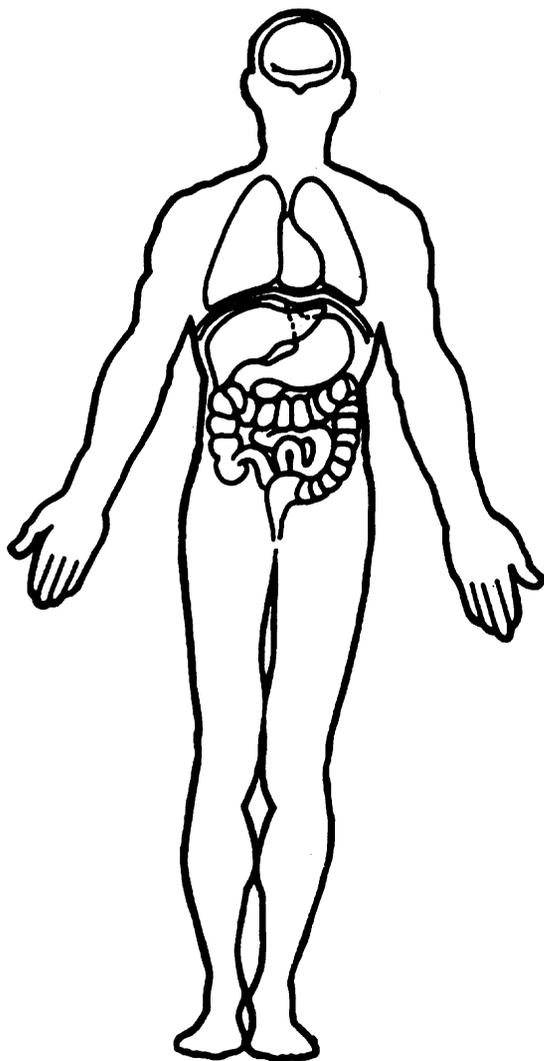
OFFICIAL INJURY DATA — SKELETAL INJURIES

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 74
 2. Case Number - Stratum 1286
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S SEATING

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

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 02
 Code actual age at time of accident.
 (00) Less than one year old (specify by month): _____
 (97) 97 years and older
 (99) Unknown

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

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

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

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

Fourth Seat
 (41) Left side
 (42) Middle
 (43) Right side
 (44) Other (specify): _____
 (45) On or in the lap of another occupant
 (97) In or on unenclosed area
 (98) Other seat (specify): _____
 (99) Unknown

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

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

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

17. Occupant Mobility 3

- (0) Occupant fatal before removed from
vehicle
- (1) Removed from vehicle while unconscious or
not oriented to time or place
- (2) Removed from vehicle due to perceived
serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (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 14
 (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 2
 (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. Manual Shoulder Belt Upper Anchorage Adjustment 1
 (0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual 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

28. Police Reported Belt Use 0
- (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"

29. Police Reported Air Bag Availability/Function 0
- (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"

Check the Primary Source Used In Determining Belt Use.

- Vehicle inspection
 - Official injury data
 - Driver/occupant interview
 - Other (specify):
- _____
- Unknown if belt used
- _____
- _____
- _____
- _____

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- _____
- (3) Air bag not reinstalled
 - (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0
- (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

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- _____
- (3) Air bag not reinstalled
 - (9) Unknown
- Specify type of "other" air bag present:*
- _____

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

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify):
- _____
- (9) Unknown

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 2
 (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
 (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
 (08) Other damage source (specify):

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

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

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

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag 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 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

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

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

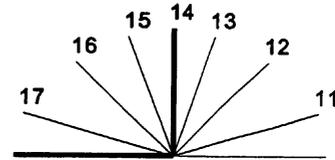
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between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

HEAD RESTRAINT AND SEAT EVALUATION *continued*

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

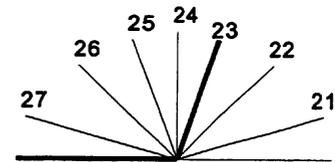
Upright prior to impact

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



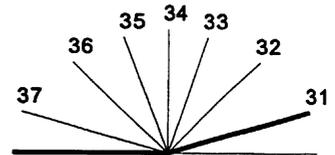
Slightly reclined prior to impact

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



Completely reclined prior to impact

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



54. Seat Performance (this Occupant Position) 1

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

INJURY CONSEQUENCES

61. Injury Severity (Police Rating) 0

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

62. Treatment - Mortality 0

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

Nonfatal

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

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

63. Type Of Medical Facility (for Initial Treatment) 0

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

(9) Unknown

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 97

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

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

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

(99) Unknown _____

70. Number of Recorded Injuries for This Occupant 00
 _____ 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 (at Medical Facility) 00
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

73. Arterial Blood Gases (ABG) - HCO₃ 00
 (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 L
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

PSU NUMBER	<u>74</u>
CASE NUMBER	<u>128G</u>
VEHICLE NUMBER	<u>D1</u>
OCCUPANT NUMBER	<u>D2</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

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

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

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

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

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

- 28. Traffic Control Device 2
- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____
- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____
- (9) Unknown

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

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown

38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 1
 (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 2,260
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown 745
4,875 lbs X .4536 = 2,256 kgs
 Source: _____

44. Vehicle Cargo Weight 0,000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 000 kgs
 Source: Vehicle

ROLLOVER DATA

45. Rollover 03
 (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 01 01
 (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 1
 (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 01
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 24
 (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 2 X
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
 (71) Medium/heavy truck or bus not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (79) Object fell from vehicle in-transport
 (88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>74</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>1289</u>	

VEHICLE IDENTIFICATION

VIN 3B7HF13Z2TG XXXXXXXXXX Model Year 96
 Vehicle Make (specify): Dodge Vehicle Model (specify): RAM 1500 EXT
OKB

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	51cm behind ft axle	1 behind ft axle	130 behind ft axle

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts. 247
2/4
49

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

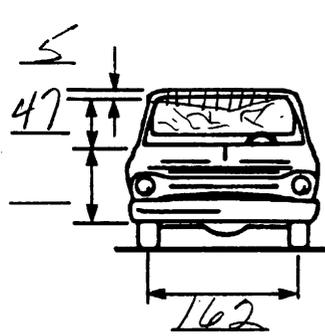
Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	Rt side	247	42	247	5	22	33.5	41.5	37	11	27
	free space		7		7	7	7	7	7	7	
			3.5		0	15	26.5	34.5	30	4	0
3	Rt side	20		20				cracked light			
2	Top	140	15								

ORIGINAL SPECIFICATIONS WORK SHEET

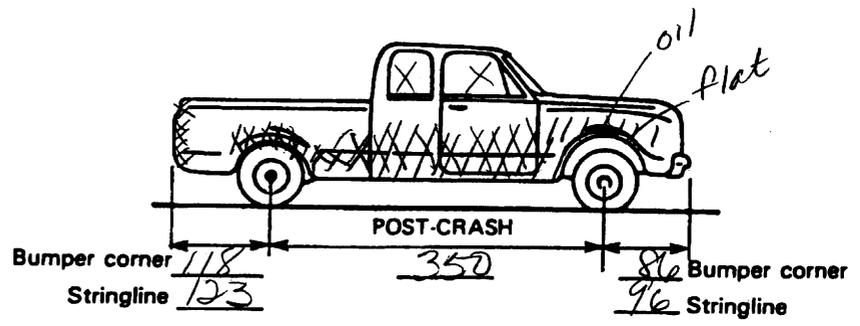
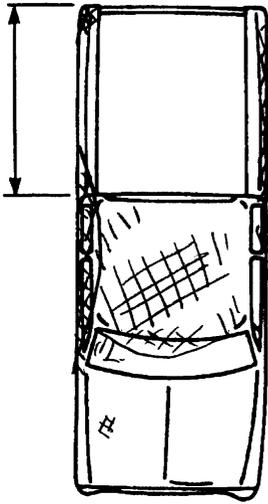
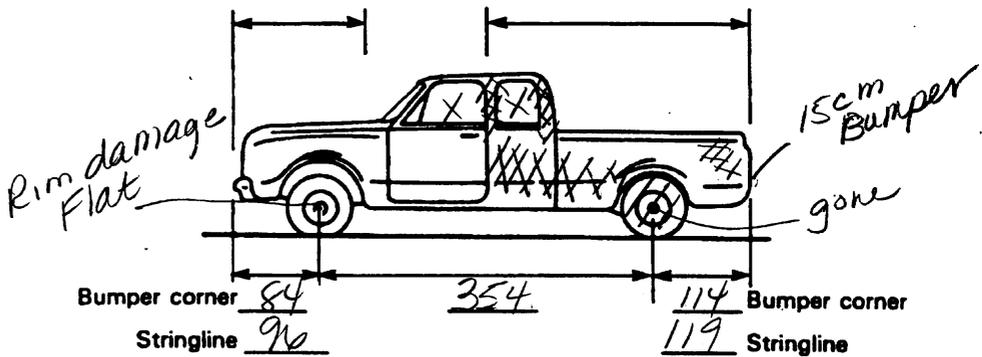
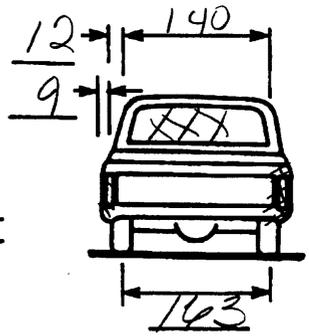
Wheelbase	<u>138.2</u>	inches	x 2.54	=	<u>352</u> cm
Overall Length	^{w/ Bump} <u>224.</u>	inches	x 2.54	=	<u>569</u> cm
Maximum Width	<u>79.3</u>	inches	x 2.54	=	<u>201</u> cm
Curb Weight	<u>4.825</u>	^{221 + 450} pounds	x .4536	=	<u>2256</u> kg
Average Track	<u>66.9</u>	inches	x 2.54	=	<u>170</u> cm
Front Overhang	<u>37.9</u>	inches	x 2.54	=	<u>96</u> cm
Rear Overhang	<u>47.5</u>	inches	x 2.54	=	<u>121</u> cm
Undeformed End Width	<u> </u>	inches	x 2.54	=	<u> </u> cm
Engine Size: cyl./displ.	<u>V8 5.9</u>	cc	x .001	=	<u>59</u> L
	<u> </u>	CID	x .0164	=	<u> </u> 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>1</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>352</u> cm</p> <p>Overall Length <u>569</u> cm</p> <p>Maximum Width <u>201</u> cm</p> <p>Curb Weight <u>2256</u> kg</p> <p>Average Track <u>170</u> cm</p> <p>Front Overhang <u>96</u> cm</p> <p>Rear Overhang <u>121</u> cm</p> <p>Undeformed End Width <u>190</u> cm</p> <p>Engine Size: cyl./displ. <u>V8 5.9</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>∅</u> kg</p>	



MEASUREMENTS IN CENTIMETERS



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

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

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

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

Second Highest Delta "V"

12. <u>02</u>	13. <u>31</u>	14. <u>00</u>	15. <u>T</u>	16. <u>D</u>	17. <u>D</u>	18. <u>0</u>	19. <u>03</u>
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CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>247</u>	<u>000</u>	<u>015</u>	<u>027</u>	<u>035</u>	<u>030</u>	<u>004</u>	<u>000</u> <u>027</u>

Second Highest Delta "V"

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

26. 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

27. Direct Damage Width
(For highest severity impact) 247
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 352
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
138.2 inches X 2.54 = 352 centimeters

29. Original Average Track Width 170
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
66.9 inches X 2.54 = 170 centimeters

30. Are CDCs Documented but Not Coded on The Automated File? 0 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

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire

 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

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

FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap 4
 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 CP
 38. Type of Fuel Tank-2 CP
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

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

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

43. Leakage Location of Fuel System-1 1

44. Leakage Location of Fuel System-2 0

(0) No fuel tank
 (1) No fuel leakage

Primary Area Of Leakage

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

45. Fuel Type-1 01

46. Fuel Type-2 00

Single Fuel Type

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

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery
 (11) Nickel-Iron Battery
 (12) Nickel-Cadmium Battery
 (13) Sodium Metal Chloride Battery
 (14) Sodium Sulfur Battery
 (18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage

(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
 Type of tank _____
 Tank location _____
 Filler cap location _____
 Tank damage _____
 Location of leakage _____
 Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

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

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 74
 2. Case Number - Stratum L289
 3. Vehicle Number 02

INTEGRITY

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

Yes, Integrity Was Lost Through

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

 (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 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 2 19. RR 2
 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 2 27. RR 2
 28. BL 1 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

31. WS 2 32. LF 6 33. RF 6 34. LR 6 35. RR 6
 36. BL 4 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

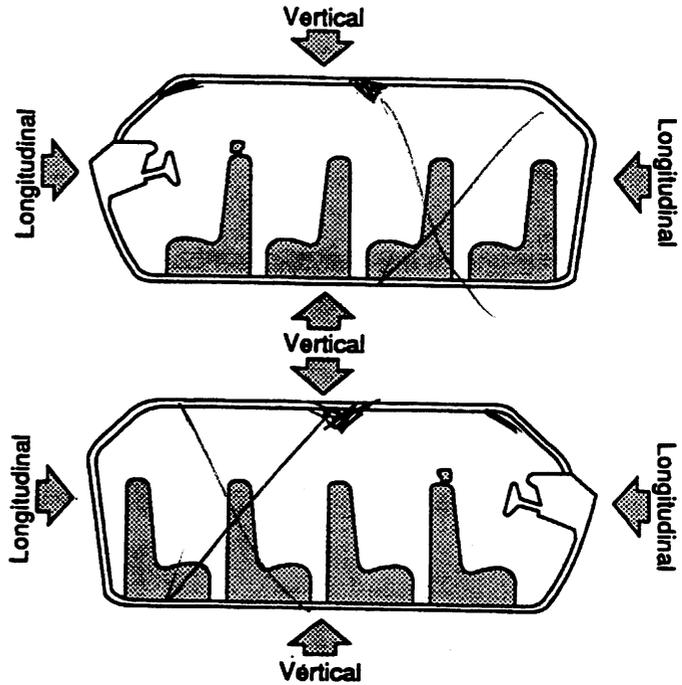
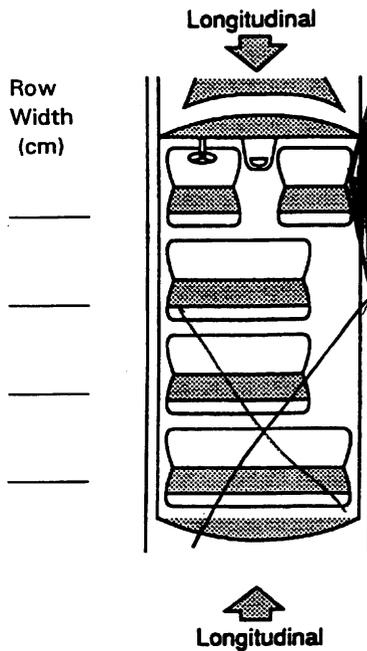
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
 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	
RR	B Pillar	79	- 61	= 18	CAT ✓
RF	Side panel forward	79	- 61	= 18	↓ ✓
RF	Door panel	80	- 60	= 20	↓ ✓
RR	Side panel rear	79	- 61	= 18	↓ ✓
RF	Roof	75	- 71	= 4	vert ✓
MF	Roof	75	- 58	= 17	↓ ✓
LF	Roof	75	- 74	= 1	↓ ✓
LB	Roof	75	- 61	= 14	↓ ✓
CB	Roof	75	- 50	= 25	↓ ✓
RB	Roof	75	- 66	= 9	↓ ✓
CF	Roof side rail	35	- 29	= 6	↓ ✓
RF	" "	80	- 69	= 11	↓ ✓
CF	Windshield			= 4 cm	vert ✓
RF	Floor pan	79	- 61	= 18	CAT ✓
RR	Floor pan	79	- 61	= 18	↓ ✓

RR Back light Headliner 33 - 27 = 6 vert

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>22</u>	48. <u>13</u>	49. <u>3</u>	50. <u>1</u>
2nd	51. <u>13</u>	52. <u>11</u>	53. <u>3</u>	54. <u>3</u>
3rd	55. <u>23</u>	56. <u>07</u>	57. <u>3</u>	58. <u>3</u>
4th	59. <u>13</u>	60. <u>10</u>	61. <u>3</u>	62. <u>3</u>
5th	63. <u>23</u>	64. <u>12</u>	65. <u>3</u>	66. <u>3</u>
6th	67. <u>13</u>	68. <u>18</u>	69. <u>3</u>	70. <u>3</u>
7th	71. <u>23</u>	72. <u>18</u>	73. <u>3</u>	74. <u>3</u>
8th	75. <u>12</u>	76. <u>13</u>	77. <u>3</u>	78. <u>1</u>
9th	79. <u>11</u>	80. <u>13</u>	81. <u>2</u>	82. <u>1</u>
10th	83. <u>13</u>	84. <u>14</u>	85. <u>2</u>	86. <u>1</u>

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) 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

—

=

—

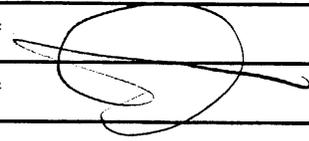
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STEERING COLUMN

INSTRUMENT PANEL

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

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

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

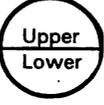
90. Steering Rim/Spoke Deformation 00
 Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

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

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



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




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

92. Odometer Reading 018,000
 _____ 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
10945 miles X 1.6093 = 17413 kilometers
 Source: Vehicle

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

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

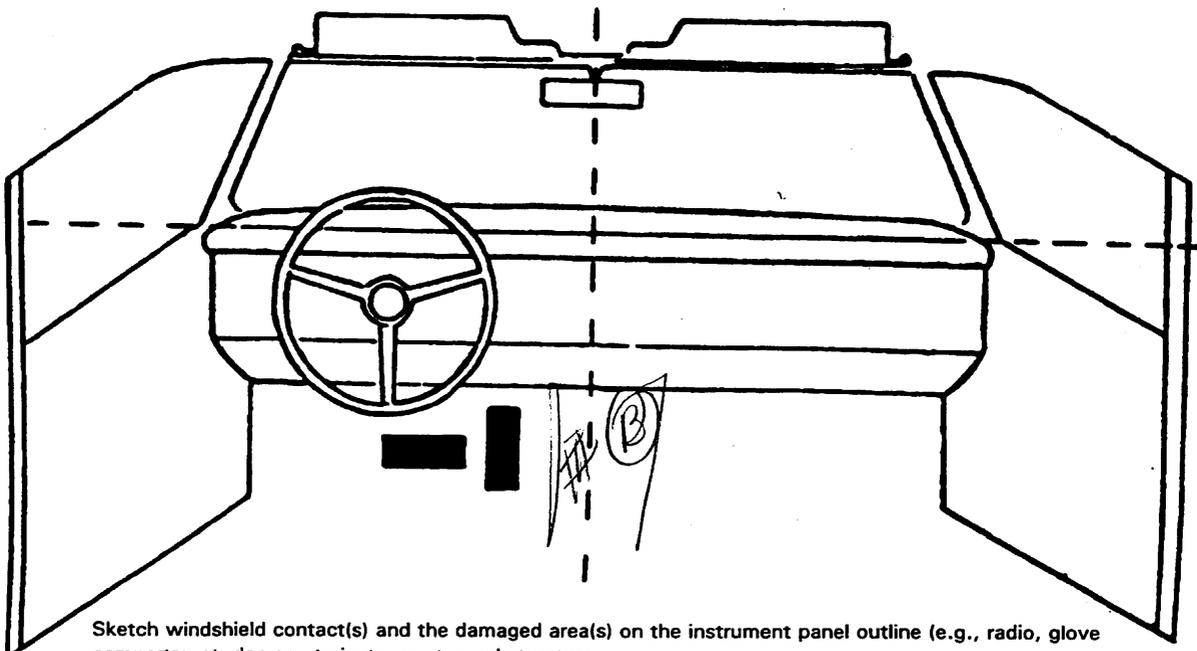
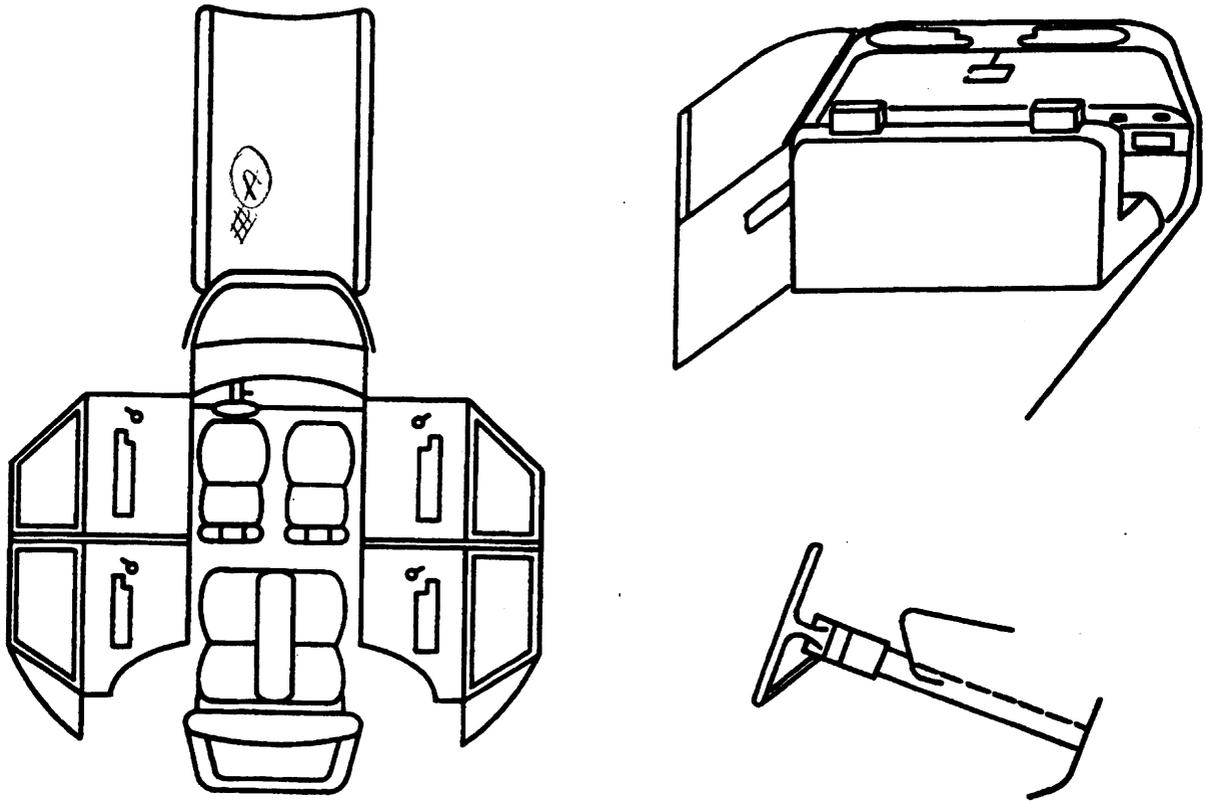
95. Knee Bolsters Deformed from Occupant Contact? 1
 (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2
 (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	201	1	Head	SCUFF	2
B	152	1	Chest	fiber	2
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

RIGHT SIDE

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

INTERIOR

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

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 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	4	3	4
	B-Evidence of usage	4	0	4
	C-Used in this crash?	4	0	0
	D-Proper Use	1	0	0
	E-Failure Modes	1	0	0
	F-Anchorage Adjustment	1	0	1
S E C O N D	A-Availability	4	3	4
	B-Evidence of usage	0	0	0
	C-Used in this crash?	0	0	0
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
O T H E R	A-Availability	 	 	
	B-Evidence of usage	 	 	
	C-Used in this crash?	 	 	
	D-Proper Use	 	 	
	E-Failure Modes	 	 	
	F-Anchorage Adjustment	 	 	

A-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

B/C-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

D-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

E-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

F-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

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
A-Type of air bag?	1	X
B-Flaps open at tear points?	1	
C-Flaps damaged?	93	
D-Air bag damaged?	93	
E-Source of air bag damage	93	
F-Air bag tethered?	1	
G-Air bag have vent ports?	1	
H-Other occupant contact air bag?	1	
I-Occupant wearing eyewear?	1	

A-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

B-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

C-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

D-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

E-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

F-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

G-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

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

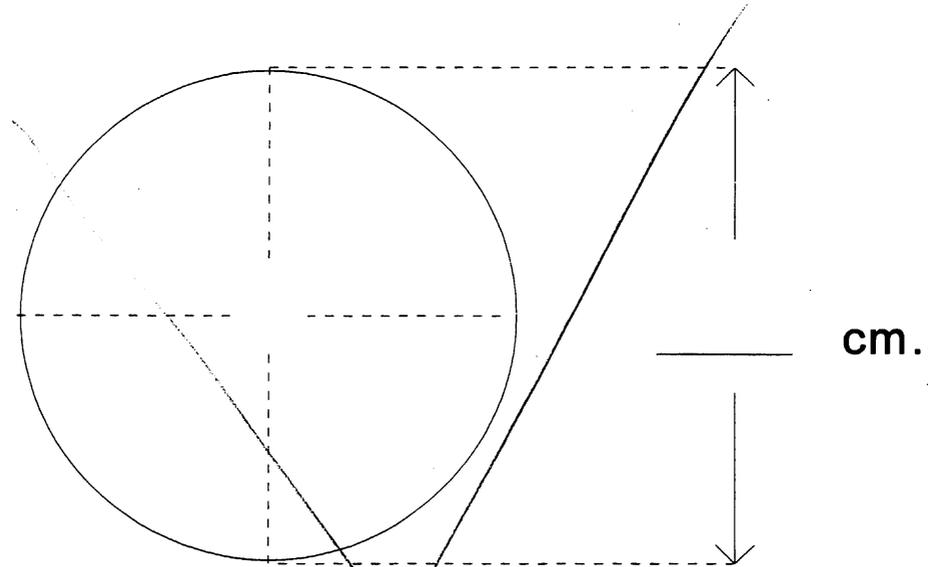
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

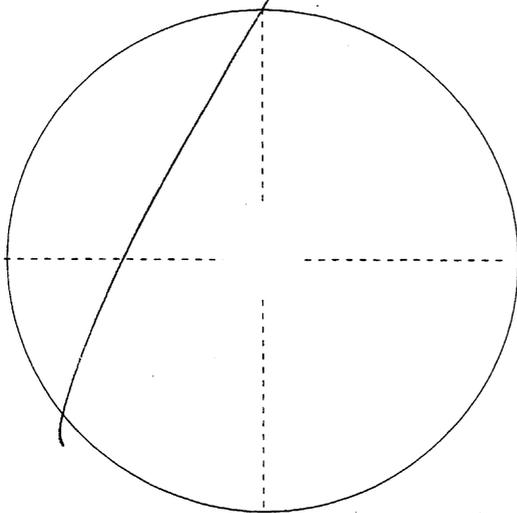
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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)

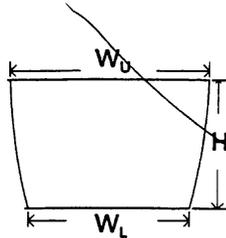


not deployed

DRIVER AIR BAG SKETCHES (Cont'd)

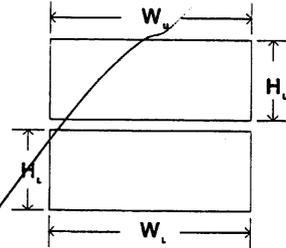
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____
 height (H) _____



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

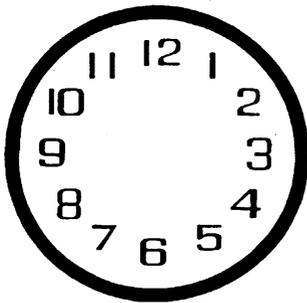
a. Upper Flap b. Lower Flap
 width (W_U) _____ width (W_L) _____
 height (H_U) _____ height (H_L) _____



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

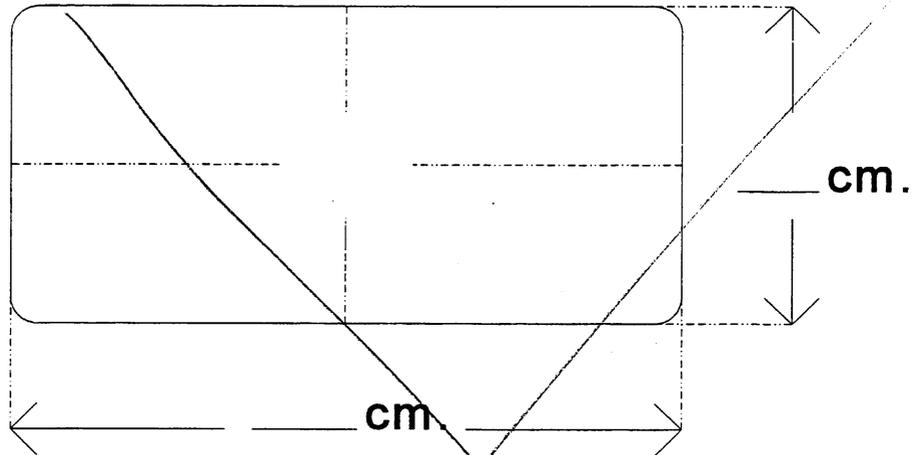
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

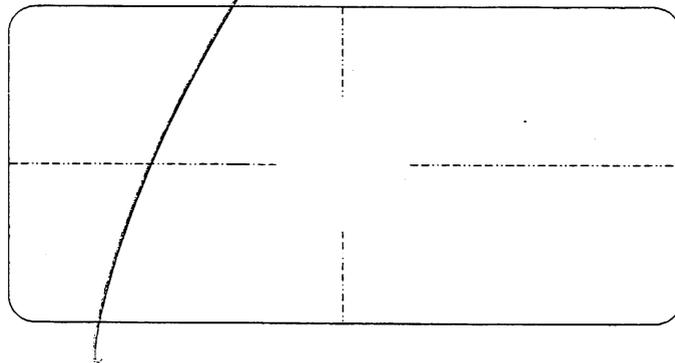


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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

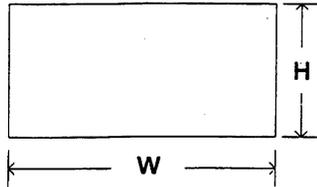


PASSENGER AIR BAG SKETCHES (Cont'd)

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

width (W) _____

height (H) _____



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

a. Upper Flap

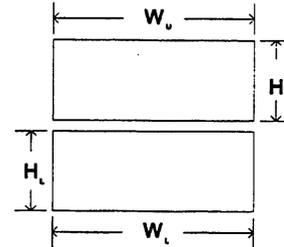
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

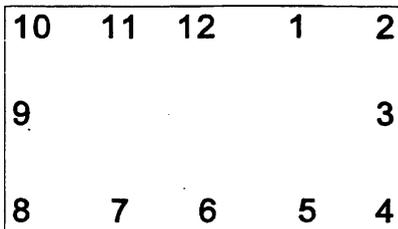
height (H_l) _____



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

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

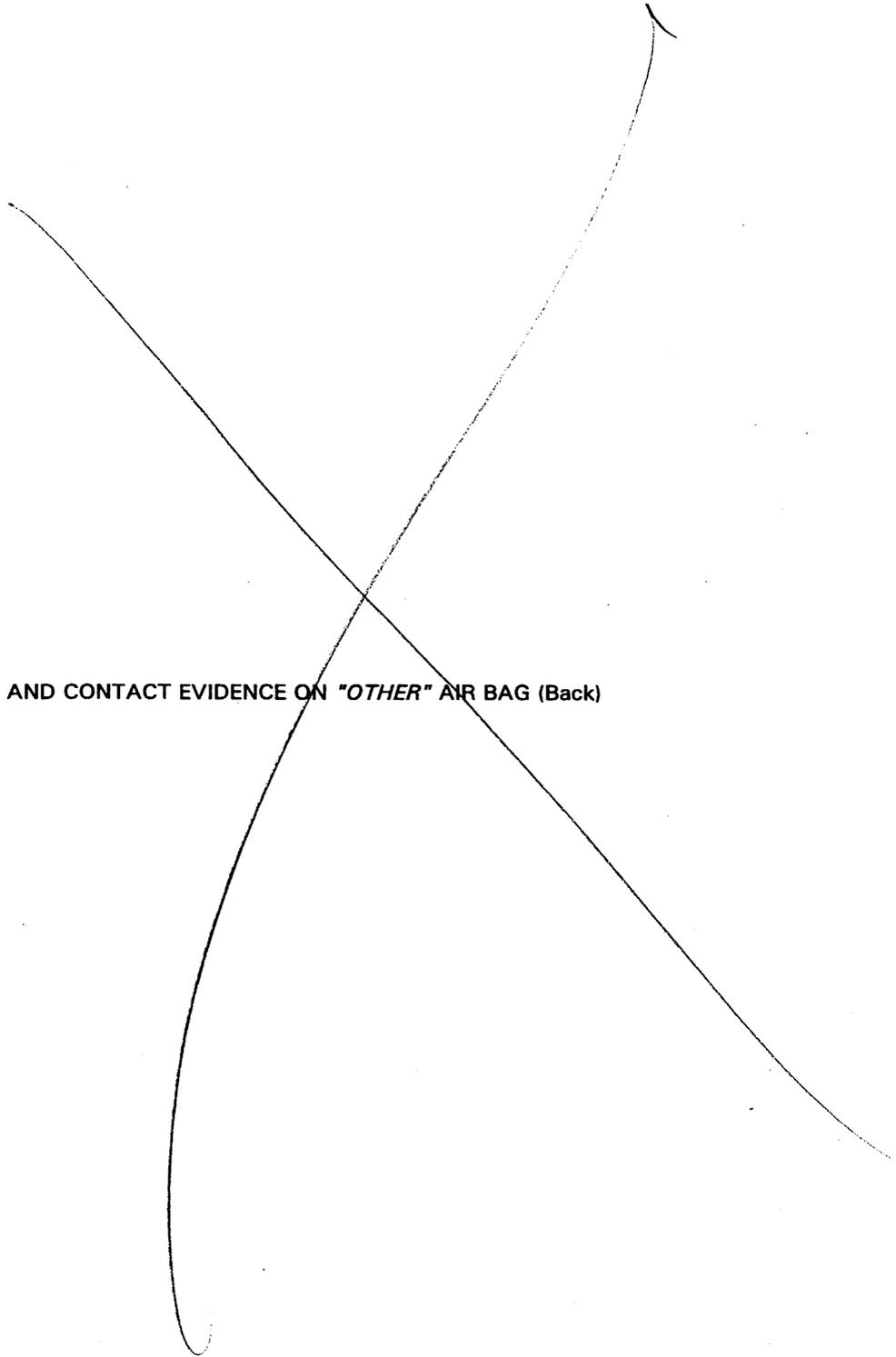
7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"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

A-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

B-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) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-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

D-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

E-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

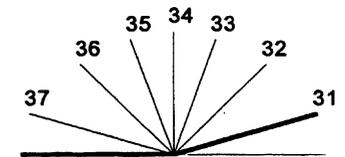
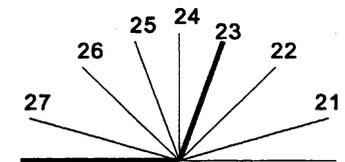
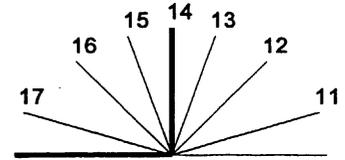
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

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

F-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



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

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):

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 on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 74
 2. Case Number - Stratum 1286
 3. Vehicle Number 02
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 39
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):

 (97) 97 years and older
 (99) Unknown

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

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

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

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

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

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (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. Manual Shoulder Belt Upper Anchorage Adjustment 1
 (0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual 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 4</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 1</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function 3</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) 2</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used _____ _____ _____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available (1) Air bag <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) 0</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

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

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

Yes

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

36. Type of Air Bag 1

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

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

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

38. Air Bag Deployment Accident Event Sequence Number 97

- (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 7

- (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 + 997
- 997

- (_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? 7

- (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? 7

- (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? 97

- (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*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 97
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

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

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

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

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

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

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag 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

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 40/60 05
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

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

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (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

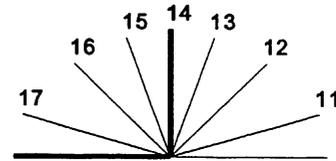
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 23

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

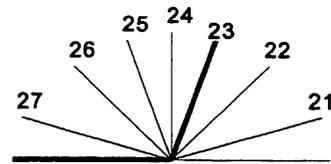
Upright prior to impact

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



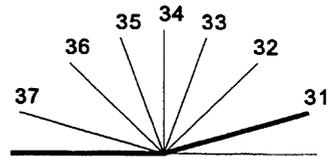
Slightly reclined prior to impact

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



Completely reclined prior to impact

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



54. Seat Performance (this Occupant Position) 1

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

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

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

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

57. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

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

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

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

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

61. Injury Severity (Police Rating) 0

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

62. Treatment - Mortality 0

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

Nonfatal

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

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

63. Type Of Medical Facility (for Initial Treatment) 0

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

- (9) Unknown

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 00

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

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

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

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

67. 1st Medically Reported Cause of Death 00

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

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

73. Arterial Blood Gases (ABG) - HCO₃ 00
 (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

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

(99) Unknown _____

BELT USE DETERMINATION

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

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

PSU NUMBER	<u>74</u>
CASE NUMBER	<u>1286</u>
VEHICLE NUMBER	<u>02</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PRECRASH ENVIRONMENTAL DATA	
<p>19. Relation To Interchange Or Junction <u>2</u></p> <p>(0) Non-interchange area and non-junction (1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related (3) Driveway, alley access related (4) Other junction (specify) _____</p> <p>(5) _____ type of junction</p> <p>(9) Unknown</p>	<p>25. Roadway Surface Condition <u>1</u></p> <p>(1) Dry (2) Wet (3) Snow or slush (4) Ice (5) Sand, dirt, or oil (8) Other (specify): _____ (9) Unknown</p>
<p>20. Trafficway Flow <u>0</u></p> <p>(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</p>	<p>26. Light Conditions <u>4</u></p> <p>(1) Daylight (2) Dark (3) Dark, but lighted (4) Dawn (5) Dusk (9) Unknown</p>
<p>21. Number Of Travel Lanes <u>2</u></p> <p>(1) One (2) Two (3) Three (4) Four (5) Five (6) Six (7) Seven or more (9) Unknown</p>	<p>27. Atmospheric Conditions <u>0</u></p> <p>(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</p>
<p>22. Roadway Alignment <u>1</u></p> <p>(1) Straight (2) Curve right (3) Curve left (9) Unknown</p>	<p>28. Traffic Control Device <u>2</u></p> <p>(0) No traffic control(s) (1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign (3) Yield sign (4) School zone sign (5) Other regulatory sign (specify): _____</p> <p>(6) Warning sign (not RR crossing) (7) Unknown sign (8) Miscellaneous/other controls including RR controls (specify): _____ (9) Unknown</p>
<p>23. Roadway Profile <u>2</u></p> <p>(1) Level (2) Uphill grade (> 2%) (3) Hill crest (4) Downhill grade (> 2%) (5) Sag (9) Unknown</p>	<p>29. Traffic Control Device Functioning <u>2</u></p> <p>(0) No traffic control device (1) Traffic control device not functioning (specify): _____ (2) Traffic control device functioning properly (9) Unknown</p>
<p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete (2) Bituminous (asphalt) (3) Brick or block (4) Slag, gravel, or stone (5) Dirt (8) Other (specify): _____ (9) Unknown</p>	

OCCUPANT RELATED

- 37. Driver Presence in Vehicle +
 - (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 00

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? +
 - (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 1
 - (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 1.94
 - Code weight to nearest 10 kilograms.
 - (045) Less than 454 kilograms
 - (612) 6,124 kilograms or more
 - (999) Unknown

4.269 lbs X .4536 = 1.936 kgs -

Source: _____

- 44. Vehicle Cargo Weight 000
 - Code weight to nearest 10 kilograms.
 - (000) Less than 5 kilograms
 - (454) 4,536 kilograms or more
 - (999) Unknown

_____ lbs X .4536 = 0.00 kgs

Source: Vehicle

ROLLOVER DATA

- 45. Rollover 00
 - (00) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

 - (01-16) Code the number of quarter turns
 - (17) Rollover, 17 or more quarter turns (specify): _____
 - (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 - (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00
 - (00) No rollover
 - (01) Trip-over
 - (02) Flip-over
 - (03) Turn-over
 - (04) Climb-over
 - (05) Fall-over
 - (06) Bounce-over
 - (07) Collision with another vehicle
 - (08) Other rollover initiation type specify): _____
 - (98) Rollover--end-over-end
 - (99) Unknown rollover initiation type
- 47. Location of Rollover Initiation 0
 - (0) No rollover
 - (1) On roadway
 - (2) On shoulder--paved
 - (3) On shoulder--unpaved
 - (4) On roadside or divided trafficway median
 - (8) Rollover--end-over-end
 - (9) Unknown
- 48. Rollover Initiation Object Contacted 00

(Note: Applicable codes on back of page)
- 49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 - (0) No rollover
 - (1) Wheels/tires
 - (2) Side plane
 - (3) End plane
 - (4) Undercarriage
 - (5) Other location on vehicle (specify): _____
 - (6) Non-contact rollover forces (specify): _____
 - (8) Rollover--end-over-end
 - (9) Unknown
- 50. Direction of Initial Roll 0
 - (0) No rollover
 - (1) Roll right - primarily about the longitudinal axis
 - (2) Roll left - primarily about the longitudinal axis
 - (8) Rollover--end-over-end
 - (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) Unknown fixed object _____

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
 (71) Medium/heavy truck or bus not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (79) Object fell from vehicle in-transport
 (88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object _____

(98) Other event (specify): _____

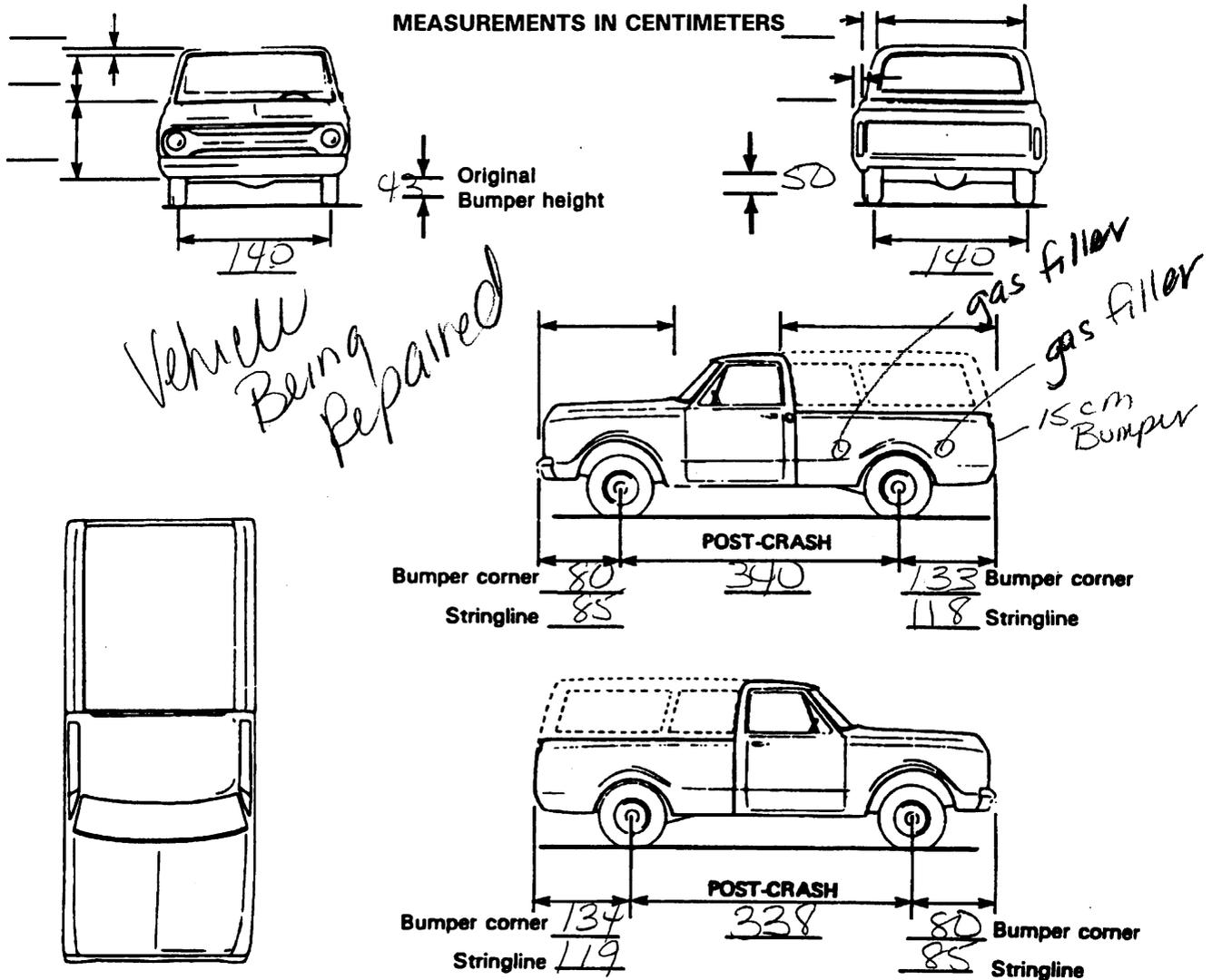
(99) Unknown event or object _____

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>133</u>	inches	x	2.54	=	<u>338</u>	cm
Overall Length	<u>213.3</u>	inches	x	2.54	=	<u>542</u>	cm
Maximum Width	<u>79.</u>	inches	x	2.54	=	<u>201</u>	cm
Curb Weight	<u>4,269</u>	pounds	x	.4536	=	<u>1,936</u>	kg
Average Track	_____	inches	x	2.54	=	_____	cm
Front Overhang	_____	inches	x	2.54	=	_____	cm
Rear Overhang	<u>33.5</u>	inches	x	2.54	=	<u>85</u>	cm
Undeformed End Width	_____	inches	x	2.54	=	<u>184</u>	cm
Engine Size: cyl./displ.	_____	cc	x	.001	=	_____	L
	_____	CID	x	.0164	=	_____	L

VEHICLE DAMAGE SKETCH

<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <p>RF <u>OK</u> RF <u>OK</u> LF <u>OK</u> LF <u>OK</u> RR <u>OK</u> RR <u>OK</u> LR <u>OK</u> LR <u>OK</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>338</u> cm Overall Length <u>542</u> cm Maximum Width <u>201</u> cm Curb Weight <u>1936</u> kg Average Track <u>140</u> cm Front Overhang <u>85</u> cm Rear Overhang <u>119</u> cm Undeformed End Width <u>184</u> cm Engine Size: cyl./displ. <u>V8 5.0</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>0</u> ° LF ± <u>0</u> ° RR ± <u>0</u> ° LR ± <u>0</u> °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT ≥ 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>0</u> kg</p>	



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

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

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>03</u>	5. <u>02</u>	6. <u>99</u>	7. <u>9</u>	8. <u>9</u>	9. <u>9</u>	10. <u>9</u>	11. <u>99</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
_____	_____	_____	_____	_____	_____	_____	_____
							+ _____
							- _____

Second Highest Delta "V"

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

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

~~998~~
999

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

999

28. Original Wheelbase
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
133 inches X 2.54 = 338 centimeters

29. Original Average Track Width
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = 140 centimeters

FUEL SYSTEM

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

- 31. Researcher's Assessment of Vehicle Disposition 0
 - (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 2
- 36. Location of Fuel Tank-2 Filler Cap 4
 - (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 1
- 38. Type of Fuel Tank-2 1
 - (0) No fuel tank (electrical vehicle)
 - (1) Metallic
 - (2) Non-metallic
 - (9) Unknown

FIRE OCCURRENCE

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

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

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

- 41. Damage to Fuel Tank-1 1
- 42. Damage to Fuel Tank-2 1
 - (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

PSU NUMBER

74

CASE NUMBER

128G

VEHICLE NUMBER

D3

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER	<u>74</u>
CASE NUMBER	<u>1286</u>
VEHICLE NUMBER	<u>03</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT ASSESSMENT FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____

PSU NUMBER	<u>74</u>
CASE NUMBER	<u>1286</u>
VEHICLE NUMBER	<u>03</u>
OCCUPANT NUMBER	<u>01</u>

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) _____



SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

74
Primary Sampling Unit

1286
Case No.-Stratum

01
Accident Event Sequence No.

[REDACTED] 1 94
Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number 01
Year 1996
Make Dodge
Model Intrepid
Body Style 4S
CDC ~~01~~ FDEW2
Damaged Side 11
PDOF -20 ± 20°
Heading Angle 320 ± 30° ^{max} _{EV(OK)}

VEHICLE 2

NASS Vehicle Number 02
Year 1996
Make Dodge
Model Kahn
Body Style 01
CDC ~~02~~ RPEW3
Damaged Side PU
PDOF +40 ± 70°
Heading Angle ± 90°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase 287 cm
Overall Length 513 cm
Overall Width 189 cm
Weight 150 Curb + 132 Occupant(s) + Cargo = 1637 kg
Engine Displacement 3.3 L
Drive System FWD
Size 4
Stiffness 4

VEHICLE 2

Wheelbase 352 cm
Overall Length 569 cm
Overall Width 201 cm
Weight 225 Curb + 64 Occupant(s) + Cargo = 2320 kg
Engine Displacement 5.9 L
Drive System 4WD
Size 8
Stiffness 8

66

DAMAGE INFORMATION

VEHICLE 1

Damage known? Y
Damage Length 140 cm
Damage Offset ± 0 cm
Crush Depth:
C1 7 cm
C2 16 cm
C3 20 cm
C4 22 cm ✓
C5 18 cm
C6 15 cm

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VEHICLE 2

Damage known? Y
Damage Length 247 cm
Damage Offset 000 ± 127 cm
Crush Depth:
C1 0 cm
C2 75 cm
C3 27 cm
C4 35 cm
C5 30 cm
C6 4 cm

SCENE INFORMATION

Rest and Impact Positions No Yes

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

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Vehicle Rotation No Yes

Rotation Stop Before Rest No Yes

End of Rotation X _____ . ____ m

Position Y _____ . ____ m

PSI _____ °

Curved Path No Yes

Point on Path
X _____ . ____ m Y _____ . ____ m

Rotation Direction None CW CCW

Rotation >360° No Yes

Sustained Contact No Yes

VEHICLE 2

Vehicle Rotation No Yes

Rotation Stop Before Rest No Yes

End of Rotation X _____ . ____ m

Position Y _____ . ____ m

PSI _____ °

Curved Path No Yes

Point on Path
X _____ . ____ m Y _____ . ____ m

Rotation Direction None CW CCW

Rotation >360° No 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 _____

IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form.

General Information

74128

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Year:	1996	1996
Make:	Dodge	Dodge .
Model:	Intrepid	ram 1500
Body Style:	4S	pu
CDC:	11FDEW2	01RPEW3
Damaged Side:		
PDOF:	-20°	40°
Heading Angle:	320°	90°

74128

WinSMASH 1.1.0

Vehicle Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Wheelbase:	287.0 cm	352.0 cm
Length:	513.0 cm	569.0 cm
Width:	189.0 cm	201.0 cm
Weight:	1637.0 kg	2320.0 kg
Center of Gravity:	251.0 cm	264.7 cm
Radius of Gyration:	153.9 cm	170.7 cm
D0:	107.0 sqrt(N)	54.5 sqrt(N)
D1:	6.4 sqrt(N)/cm	5.7 sqrt(N)/cm
Size Category:	4	6
Stiffness Category:	4	6

Vehicle 1: Used d0 and d1 values estimated from the vehicle size.

Vehicle 2: Used d0 and d1 values estimated from the vehicle size.

Damage Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Damage Length:	160.0 cm	247.0 cm
Damage Offset:	0.0 cm	0.0 cm
Field L - D:	0.0 cm	0.0 cm
C1:	7.0 cm	0.0 cm
C2:	16.0 cm	15.0 cm
C3:	20.0 cm	27.0 cm
C4:	22.0 cm	35.0 cm
C5:	18.0 cm	30.0 cm
C6:	15.0 cm	4.0 cm

Summary of Results Using Damage

Vehicle 1

	Speed Change (Damage)
Total:	24.8 km/h
Longitudinal:	-23.3 km/h
Latitudinal:	8.5 km/h
PDOF:	-20°
Energy Dissipated:	38,359 Joules
Barrier Equivalent Speed:	21.7 km/h

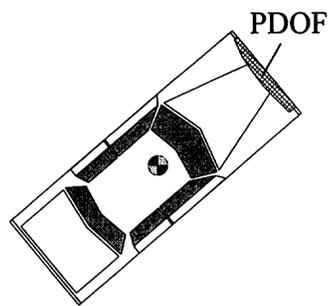
Used d0 and d1 values estimated from the vehicle size.

Vehicle 2

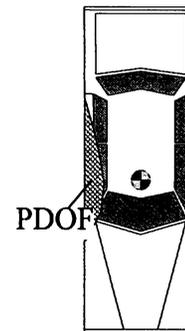
	Speed Change (Damage)
Total:	17.5 km/h
Longitudinal:	-13.4 km/h
Latitudinal:	-11.3 km/h
PDOF:	40°
Energy Dissipated:	43,548 Joules
Barrier Equivalent Speed:	20.5 km/h

Used d0 and d1 values estimated from the vehicle size.

Damage



1996 Dodge Intrepid 4S



1996 Dodge ram 1500 pu

74128G00000066	9.04	000000000	MUTI VEHICLES/MUTI EVENTS					
74128G00000171	9.04	000000000	VEHICLE 1 WAS HEADED NORTH ON A TWO LANE UNDIV					
74128G00000271	9.04	000000000	IDED STREET. VEHICLE 2 WAS					
74128G00000371	9.04	000000000	HEADED EAST ON A TWO LANE UNDIVIDED STREET. A					
74128G00000471	9.04	000000000	S VEHICLE 2 ENTERED THE					
74128G00000571	9.04	000000000	INTERSECTION, IT WAS STRUCK ON THE RIGHT SIDE					
74128G00000671	9.04	000000000	BY THE FRONT OF VEHICLE 1. THE					
74128G00000771	9.04	000000000	IMPACT CAUSED VEHICLE 2 TO ROTATE AND ROLLOVER					
74128G00000871	9.04	000000000	. VEHICLE 3 WAS STOPPED FACING					
74128G00000971	9.04	000000000	WEST, AND AS THE ACCIDENT OCCURRED, THE DRIVER					
74128G00001071	9.04	000000000	OF VEHICLE 3 LET HIS VEHICLE					
74128G00001171	9.04	000000000	ROLL BACKWARD TO AVOID THE COLLISION. VEHICLE					
74128G00001271	9.04	000000000	2 STRUCK THE FRONT SIDE OF					
74128G00001371	9.04	000000000	VEHICLE 3 AS IT WAS ROLLING OVER. VEHICLE 1 W					
74128G00001471	9.04	000000000	AS FACING NORTH AFTER THE					
74128G00001571	9.04	000000000	ACCIDENT. VEHILCE 2 WAS FACING WEST AFTER THE					
74128G00001671	9.04	000000000	ACCIDENT. VEHICLE 3 WAS					
74128G00001771	9.04	000000000	FACING WEST AFTER THE ACCIDENT. VEHICLES 1 AN					
74128G00001871	9.04	000000000	D 2 WERE TOWED DUE TO DAMAGE.					
74128G00001971	9.04	000000000	ND ONE WAS TRANSPORTED DUE TO INJURIES.					
74128G00000181	9.04	000000000	FULL SIZED	96/DODGE/INTREPID			FRONT	
74128G00000281	9.04	000000000	MODERATE	NONE				
74128G00000381	9.04	000000000	PICKUP	96/DODGE/RAM			RIGHT	
74128G00000481	9.04	000000000	MODERATE	NONE				
74128G00000581	9.04	000000000	PICKUP	94/FORD/PICKUP			UNKNO	
74128G00000191	9.04	000000000	DRIVER	L. FRONT	L & S	KNEE	C	
74128G00000291	9.04	000000000	WN UNKNOW	UNKNO				
74128G00000391	9.04	000000000	PASS.	L. REAR	CHILD REST		N	
74128G00000491	9.04	000000000	ONTUSION 1 DASH					
74128G00000591	9.04	000000000	DRIVER	L. FRONT	L & S		N	
74128G999999999	000000000	000000000	000000000	000000000	000000000	000000000	000000000	000000000
0000000000001								

GENERAL VEHICLE Vehicle: 2

11

INTRA ERRORS

OGG0421 2 If ROLLOVER GV45 equals 01-17 or 98, then BASIS FOR DELTA V GV58
GG0422 should equal 04-10.

011

INTER ERRORS

OMM0141 2 ***** THIS IS A SPECIAL INTEREST CASE FOR NHTSA *****
MMO142 ***** IT SHOWS AN AIR BAG NON DEPLOYMENT WITH *****
MMO143 ***** CONDITIONS OF DOF AND DELTA V WHICH WOULD *****
MMO144 ***** NORMALLY CAUSE DEPLOYMENT. CHECK YOUR DATA *****
MMO145 ***** AND IF CORRECT, NOTIFY YOUR ZONE CENTER. *****
MMO146 FRONTAL AIR BAG SYSTEM DEPLOYMENT OA31 equals 7 and
MMO147 ((LONGITUDINAL DELTA V GV60 equals 999 and
MMO148 1st DIRECTION OF FORCE EV06 equals (10, 11, 12, 01 or 02)(mod20)
MMO149 and 1st DEFORMATION EXTENT EV11 is greater than 01) or
MMO14a LONGITUDINAL DELTA V GV60 is less than -8). GV=02 OA=01

01

PSU74

ERROR SUMMARY SCREEN

97

CASE 128G

CURRENT VERSION: 9.04

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

0



PSU 74-128G (1996) #1



PSU 74-128G (1996) #2



PSU 74-128G (1996) #3



PSU 74-128G (1996) #4



PSU 74-128G (1996) #5



PSU 74-128G (1996) #6



PSU 74-128G (1996) #7



PSU 74-128G (1996) #8



PSU 74-128G (1996) #9



PSU 74-128G (1996) #10



PSU 74-128G (1996) #11



PSU 74-128G (1996) #12



PSU 74-128G (1996) #13



PSU 74-128G (1996) #14



PSU 74-128G (1998) #15



PSU 74-128G (1996) #16



PSU 74-128G (1998) #17



PSU 74-128G (1996) #18



PSU 74-128G (1996) #19



PSU 74-128G (1996) #20



PSU 74-128G (1996) #21



PSU 74-128G (1996) #22



PSU 74-128G (1996) #23



PSU 74-128G (1996) #24



PSU 74-128G (1996) #25



PSU 74-128G (1996) #26
Best Available



**PSU 74-128G (1996) #27
Best Available**



PSU 74-128G (1995) #28
Best Available



PSU 74-128G (1996) #29
Best Available



PSU 74-128G (1996) #30
Best Available



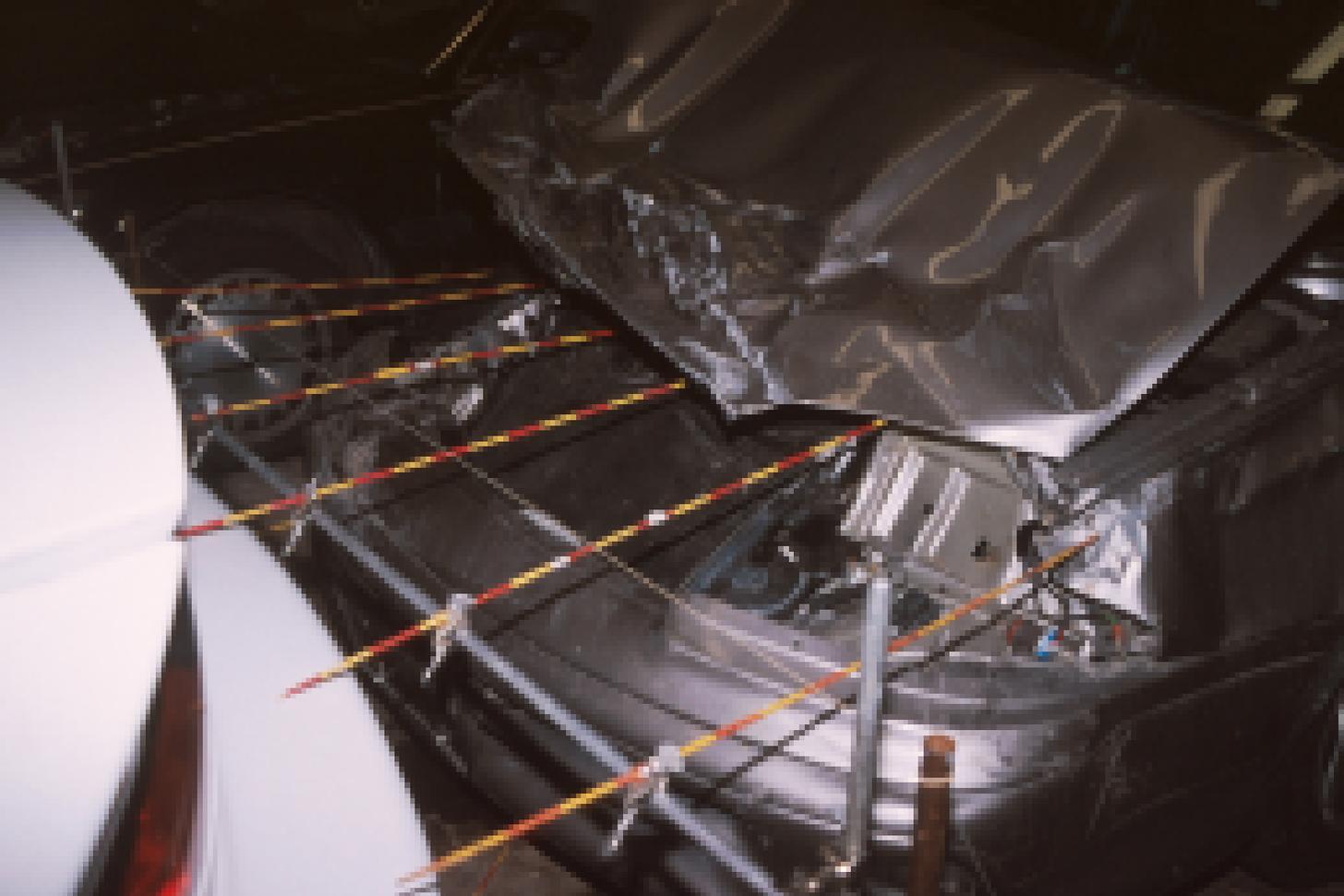
PSU 74-126G (1996) #31
Best Available



PSU 74-128G (1996) #32
Best Available



PSU 74-128G (1996) #33
Best Available



PSU 74-128G (1996) #34



PSU 74-128G (1996) #35
Best Available



PSU 74-128G (1996) #36
Best Available



PSU 74-126G (1996) #37
Best Available



PSU 74-128G (1996) #38
Best Available



PSU 74-128G (1995) #39
Best Available



PSU 74-128G (1996) #40
Best Available



PSU 74-128G (1996) #41
Best Available



PSU 74-128G (1996) #42



PSU 74-128G (1996) #43
Best Available



**PSU 74-128G (1996) #44
Best Available**



PSU 74-126G (1996) #45
Best Available



PSU 74-128G (1996) #46



PSU 74-128G (1996) #47



PSU 74-128G (1996) #48



PSA 74-128G (1996) #49
Best Available



PSU 74-128G (1996) #50



PSU 74-126G (1996) #51



PSU 74-128G (1998) #52



PSU 74-128G (1998) #53



PSU 74-128G (1996) #54



PSU 74-128G (1996) #55



PSU 74-128G (1998) #58



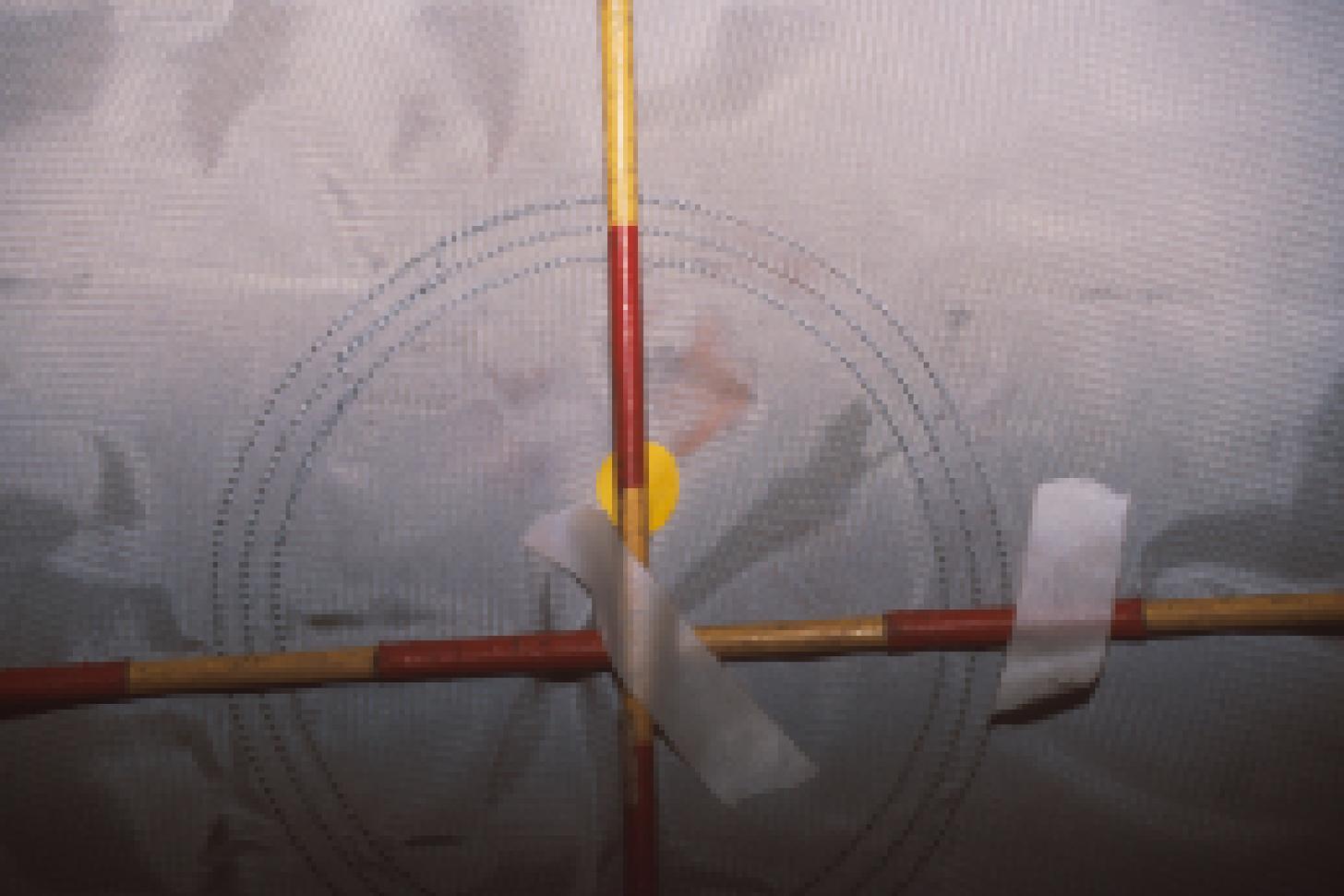
PSU 74-128G (1996) #57



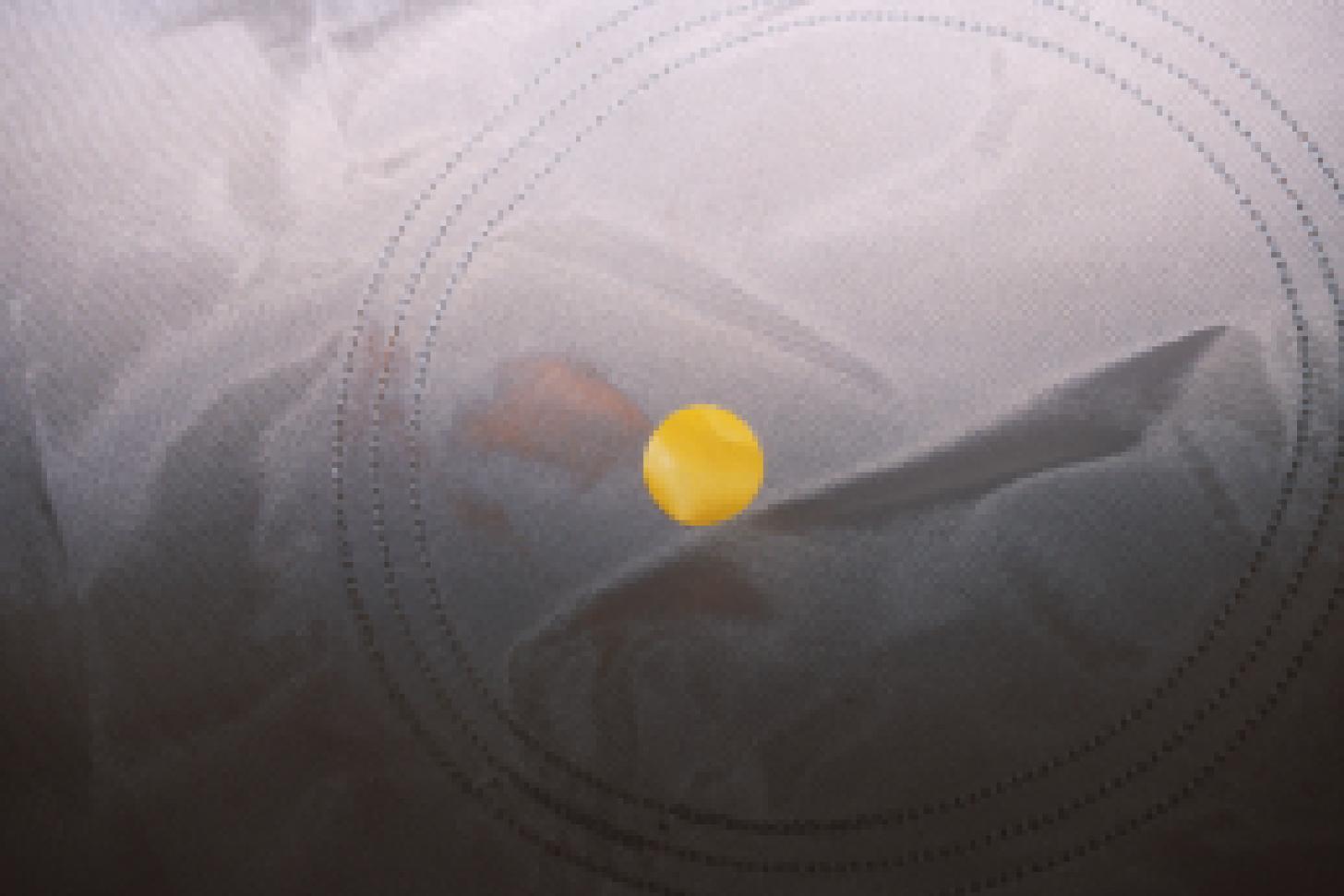
PSU 74-128G (1996) #58



PSU 74-128G (1996) #59



PSU 74-128G (1996) #60



PSU 74-128G (1996) #61



PSU 74-128G (1996) #62



PSU 74-128G (1996) #63



PSU 74-128G (1996) #64



PSU 74-128G (1996) #65



PSU 74-128G (1996) #66



PSU 74-128G (1996) #67



PSU 74-128G (1996) #68



PSU 74-128G (1996) #69



PSU 74-128G (1998) #70



PSU 74-128G (1996) #71



PSU 74-128G (1996) #72



PSU 74-128G (1996) #73



PSU 74-128G (1996) #74



PSU 74-126G (1996) #75



PSU 74-128G (1996) #76



PSU 74-128G (1998) #77



PSU 74-128G (1996) #78



PSU 74-128G (1996) #79



PSU 74-128G (1996) #80



PSU 74-126G (1996) #81



PSU 74-128G (1996) #82



PSU 74-128G (1996) #83



PSU 74-128G (1998) #64



PSU 74-128G (1996) #85



PSU 74-126G (1996) #86



PSU 74-128G (1996) #87



PSU 74-128G (1996) #88



PSU 74-128G (1996) #89



PSU 74-128G (1996) #90



PSU 74-128G (1996) #91



PSU 74-126G (1996) #92



PSU 74-128G (1996) #93



PSU 74-128G (1996) #94



PSU 74-128G (1996) #95



PSU 74-128G (1996) #96



PSU 74-128G (1996) #97



PSU 74-128G (1996) #98



PSU 74-128G (1996) #99



PSU 74-128G (1996) #100



PSU 74-128G (1996) #101



PSU 74-128G (1996) #102



PSU 74-128G (1998) #103



PSU 74-128G (1996) #104



PSU 74-128G (1998) #105



PSU 74-128G (1996) #106



PSU 74-128G (1996) #107



PSU 74-126G (1996) #108



PSU 74-128G (1996) #109



PSU 74-126G (1996) #110



PSU 74-128G (1996) #111



PSU 74-128G (1996) #112



PSU 74-128G (1996) #113



PSU 74-128G (1996) #114



PSU 74-128G (1996) #115



PSU 74-128G (1998) #116



PSU 74-128G (1996) #117



PSU 74-128G (1996) #118



PSU 74-128G (1998) #119



PSU 74-128G (1996) #120



PSU 74-128G (1996) #121



PSU 74-128G (1996) #122



PSU 74-128G (1996) #123



PSU 74-128G (1996) #124



PSU 74-128G (1996) #125



PSU 74-128G (1996) #128



PSU 74-128G (1996) #127



PSU 74-128G (1996) #128



PSU 74-128G (1998) #129



PSU 74-128G (1996) #130



PSU 74-128G (1996) #131



PSU 74-128G (1996) #132



PSU 74-128G (1996) #133



PSU 74-128G (1996) #134



PSU 74-128G (1996) #135



PSU 74-128G (1996) #136



PSU 74-128G (1996) #137



PSU 74-128G (1996) #136



PSU 74-128G (1996) #139



PSU 74-128G (1996) #140



PSU 74-128G (1996) #141



PSU 74-128G (1996) #142



PSU 74-128G (1996) #143



PSU 74-128G (1996) #144



PSU 74-12BG (1998) #145



PSU 74-128G (1996) #146



PSU 74-128G (1996) #147



PSU 74-128G (1996) #148



PSU 74-128G (1996) #149



PSU 74-128G (1996) #150



PSU 74-128G (1996) #151



PSU 74-128G (1996) #152



PSU 74-128G (1996) #153



PSU 74-128G (1996) #154



PSU 74-128G (1998) #155



PSU 74-128G (1996) #156



PSU 74-128G (1996) #157
Best Available



PSU 74-128G (1996) #158
Best Available



PSU 74-128G (1996) #159



PSU 74-128G (1996) #160



PSU 74-128G (1996) #161



PSU 74-128G (1996) #162



PSU 74-128G (1996) #163



PSU 74-128G (1996) #164



PSU 74-128G (1998) #165