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.

*** *** ***

Get it together!
SAFETY BELTS SAVE LIVES

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

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

BEST AVAILABLE COPY

Accident Collision Diagram

Primary Sampling Unit Number 6 1

Case Number 1 4 3 Q

Reference Point: _____

Reference Line: _____

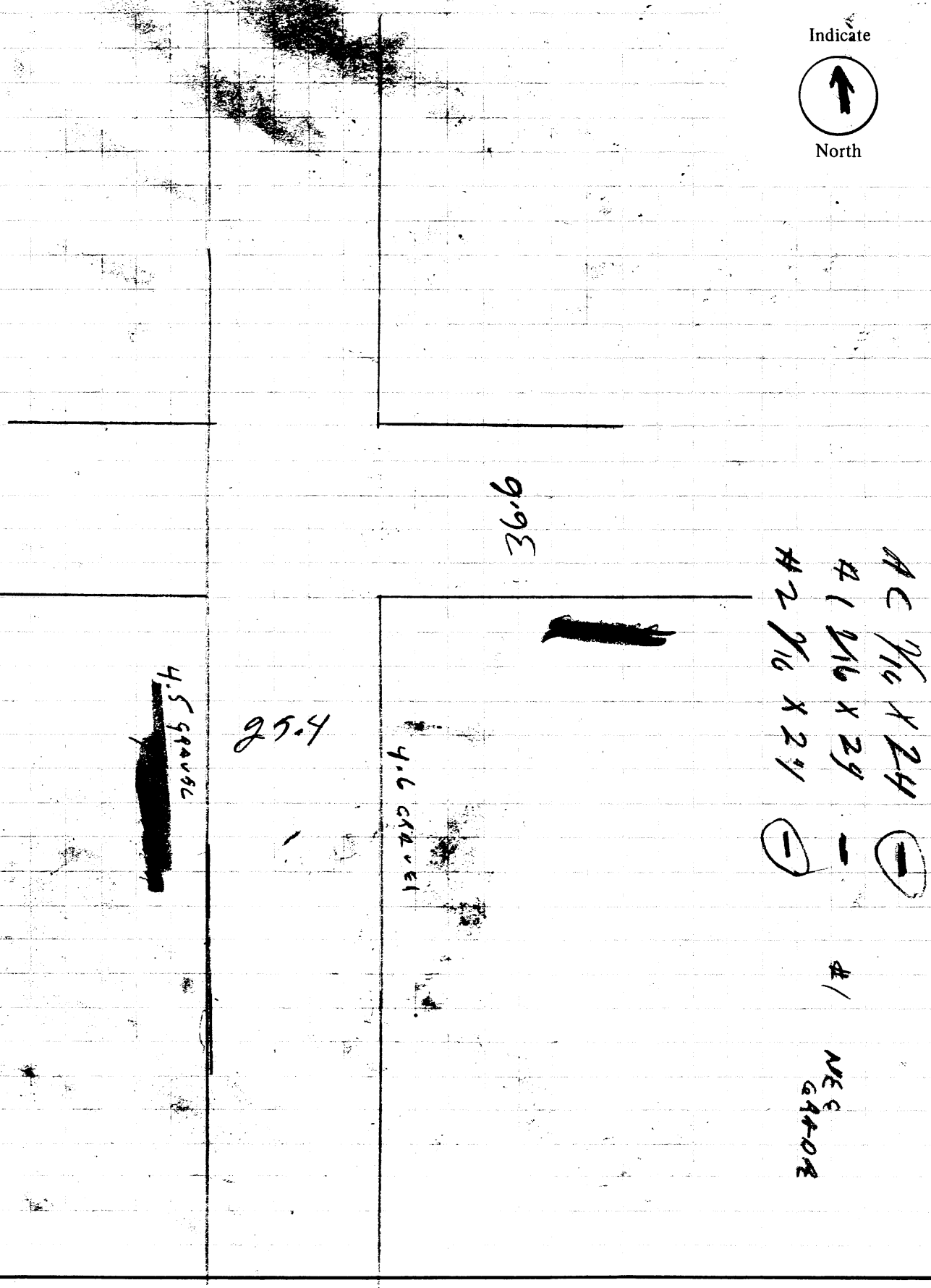
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
No Physical evidence		
at scene		

HS-431A (Rev. 12/82)

BEST AVAILABLE COPY

National Accident Sampling System — Continuous Sampling Subsystem: Accident Collision Diagram

ACCIDENT COLLISION DIAGRAM



12

143Q
1:20

[redacted]

1D

1D 2D 1D

2D [redacted]

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

14.1
5 | 70.5

FIELD MEASUREMENTS

Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width _____	Bowing: B1 _____ X1 _____
Corner shift: A1 9.5	B2 _____ X2 _____
A2 2.0	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
< 4 inches ✓	
≥ 4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts—
Rear to Front in Side impacts.

MAX

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	BUMPER	62.0	14.5	70.5	14.1	4.25	3.75	3.3	4.2	8.5	0
			3.5		3.5	2.0	1.5	1.5	2.0	3.5	
			10.9		10.9	2.25	2.25	1.8	2.2	5.0	

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle).

***Measure and document on the vehicle diagram the location of the maximum crush.

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

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted
RF 2
LF 2
RR 2
LR 2

b. Tire deflated
RF 2
LF 2
RR 2
LR 2

(1) Yes, (2) No, (8) NA, (9) Unk.

TYPE OF TRANSMISSION

___Manual ✓ Automatic

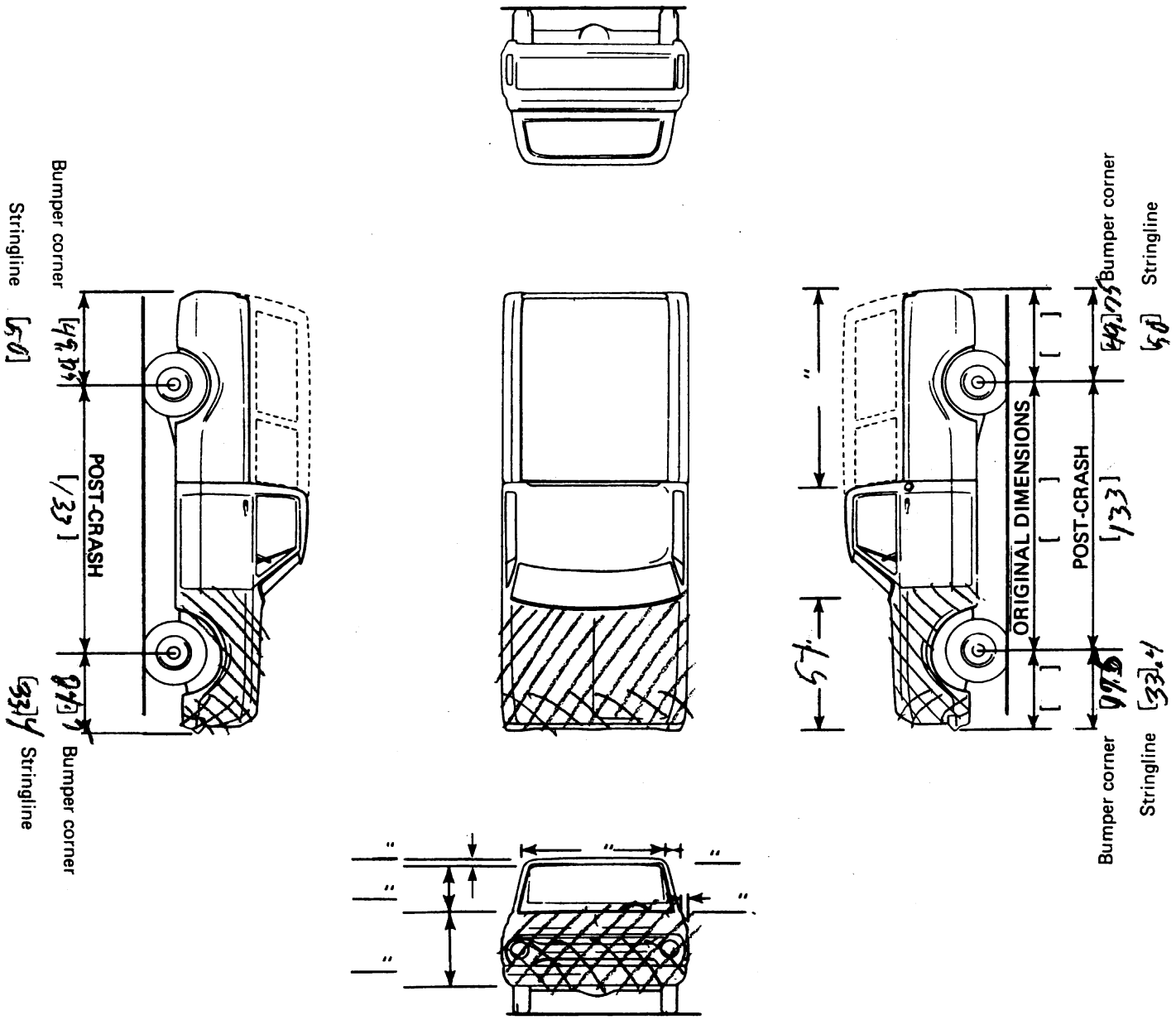
Average Track: ___
Maximum Width: 77.2
Curb Weight: 6050
Overall Length: 208.3
Wheel Base: 133
Engine Size: cyl. V8
displ. ___

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± ___ ___°
LF ± ___ ___°
RR ± ___ ___°
LR ± ___ ___°

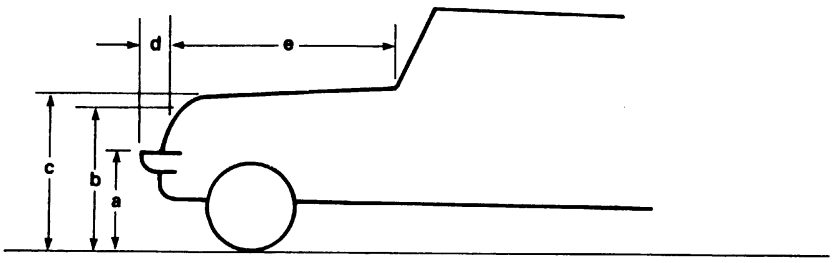
Within ± 5 degrees

Vehicle No.: 1



Note: 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 sidewall, etc.)
If pulling trailer sketch type of trailer and damage received on the back of page 3.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete the back of this page.

Pedestrian Impacts Only



_____ a. Bumper Height

_____ b. Contact Height - to end of Vertical

_____ c. Hood Height - to Horizontal

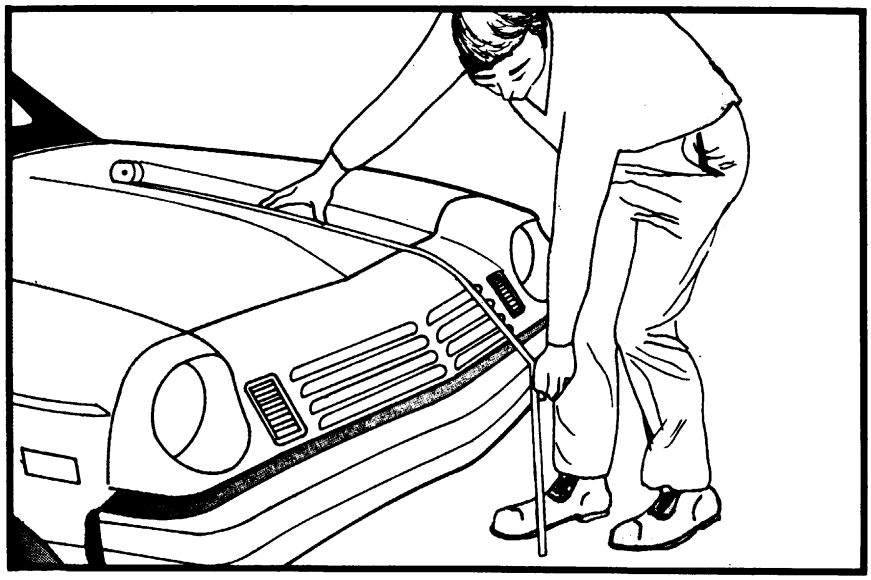
_____ d. Bumper Lead

_____ e. Hood Length

_____ f. Wrap Distance(s)

_____

_____



WRAP DISTANCE MEASUREMENT

DEFORMATION CLASSIFICATION by EVENT NUMBER

Event Number (this vehicle)	Object Contacted	Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
1	02	30		F	D	E	W	02	1
2		10							
3									
4									

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle.
Collision with *Stationary Object*
(31) Motor vehicle not in transport*
(32) Tree (≤ 6 inches in diameter)
(33) Tree (> 6 inches in diameter)
Highway/Traffic Supports
(34) Luminaire–breakaway
(35) Luminaire–nonbreakaway
(36) Large sign–breakaway
(37) Large sign–nonbreakaway
(38) Small sign–breakaway
(39) Small sign–nonbreakaway
(40) Utility pole
(41) Other post, pole, or support
(42) Traffic signal pole
(43) Fence
(44) Mail box
(45) Delineator
(46) Other movable object:
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment–earth
(53) Embankment–rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail–bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier
(67) Other longitudinal barrier (non-median)
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object
Collision with *Nonstationary Objects*
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrain or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object
(99) Unknown

NOTE: For coding of CDC or TDC investigators must refer to appropriate reference documents for accurate coding.
*If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

	Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
	25. 1 (36)	26. 02 (37 38)	27. 12 01 (39 40)	28. F (41)	29. D (42)	30. E (43)	31. W (44)	32. 02 (45 46)	33. 1 (47)
Second	34. (48)	35. (49 50)	36. (51 52)	37. (53)	38. (54)	39. (55)	40. (56)	41. (57 58)	42. (59)
Third	43. (60)	44. (61 62)	45. (63 64)	46. (65)	47. (66)	48. (67)	49. (68)	50. (69 70)	51. (71)
Fourth	52. (72)	53. (73 74)	54. (75 76)	55. (77)	56. (78)	57. (79)	58. (80)	59. (81 82)	60. (83)

Reduction Section

Coding Section

National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

Vehicle No.: 1

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	2	3							
	Indication of Usage	0	0	0							
AUTOMATIC	Availability	0	0	0							
	Function	0	0	0							

Manual Restraint System –Availability–

- ___ (0) None available
- ___ (1) Shoulder belt
- ___ (2) Lap belt
- ___ (3) Lap and shoulder belt
- ___ (4) Motorcycle helmet
- ___ (5) Child safety seat (designed without tether or unknown design)
- ___ (6) Child safety seat (designed with tether – properly installed)
- ___ (7) Child safety seat (designed with tether – improperly installed)
- ___ (8) Restraint available type unknown or other: _____
- ___ (9) Unknown

Manual Restraint System –Indication of Usage

- ___ (0) None used
- ___ (1) Shoulder belt
- ___ (2) Lap belt
- ___ (3) Lap and shoulder belt
- ___ (4) Motorcycle helmet
- ___ (5) Child safety seat – used properly
- ___ (6) Child safety seat – used improperly
- ___ (7) Child safety seat – unknown if used properly
- ___ (8) Restraint used-type unknown or other: _____
- ___ (9) Unknown

Automatic (Passive) Restraint System –Availability–

- ___ (0) Not equipped
- ___ (1) Airbag
- ___ (2) Airbag disconnected
- ___ (3) Airbag not reinstalled
- ___ (4) Two point automatic belts
- ___ (5) Three point automatic belts
- ___ (6) Automatic belts destroyed
- ___ (9) Unknown

Automatic (Passive) Restraint System –Function–

- ___ (0) Not equipped
- ___ (1) Automatic belt in use
- ___ (2) Automatic belt not in use
- ___ (3) Deployed airbag
- ___ (4) Non-deployed airbag
- ___ (9) Unknown

*Specify the Other Position or Unit referenced: _____

INDICATIONS of EJECTION

- ___ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area

- ___ Windshield
- ___ Left front
- ___ Right front
- ___ Left rear
- ___ Right rear
- ___ Rear
- ___ Roof
- ___ Other area (e.g., sidecar, back of pickup, etc.)
- ___ Unknown

Ejection Medium

- ___ Door (side)
- ___ Door (rear)
- ___ Open roof structure
- ___ Fixed windows
- ___ Other medium type
- ___ Unknown

Medium Status

- ___ Open
- ___ Separation
- ___ Closed, closed when damaged
- ___ Integral structure ripped opened
- ___ Status unknown

Operable windows

- ___ Roll down type
- ___ Hinged typed
- ___ Sliding type
- ___ Other type window

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT

- ___ Windshield
- ___ Mirror
- ___ Steering assembly, including transmission selector level when column mounted
- ___ Add-on equipment (e.g., CB, tape deck, air conditioner)
- ___ Instrument panel and below, excluding foot controls and parking brake
- ___ Sunvisor
- ___ Other front object

SIDE

- ___ Side interior surface, excluding hardware or armrests
- ___ Side hardware or armrests
- ___ A pillar
- ___ B pillar
- ___ Other pillar
- ___ Window glass or frame
- ___ Other side object

INTERIOR

- ___ Seat, back support
- ___ Belt restraint system
- ___ Head restraint
- ___ Air cushion
- ___ Other occupants
- ___ Interior loose objects
- ___ Other interior object

ROOF

- ___ Front header
- ___ Rear header
- ___ Roof side rails
- ___ Roof or convertible top

FLOOR

- ___ Floor
- ___ Floor or console mounted transmission lever, including console
- ___ Parking brake handle
- ___ Foot controls including parking brake

REAR

- ___ Backlight (rear window)
- ___ Backlight storage rack, door, etc.
- ___ Other rear objects

EXTERIOR of OCCUPANT'S VEHICLE

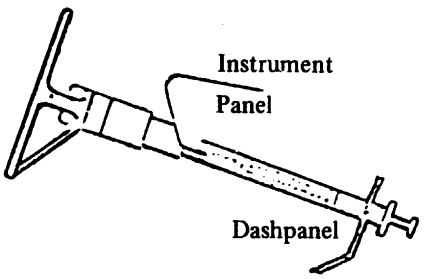
- ___ Hood
- ___ Outside hardware (e.g., outside mirror, antenna)
- ___ Other exterior surface or tires
- ___ Unknown exterior objects

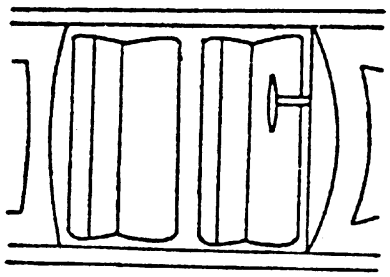
VEHICLE INTERIOR

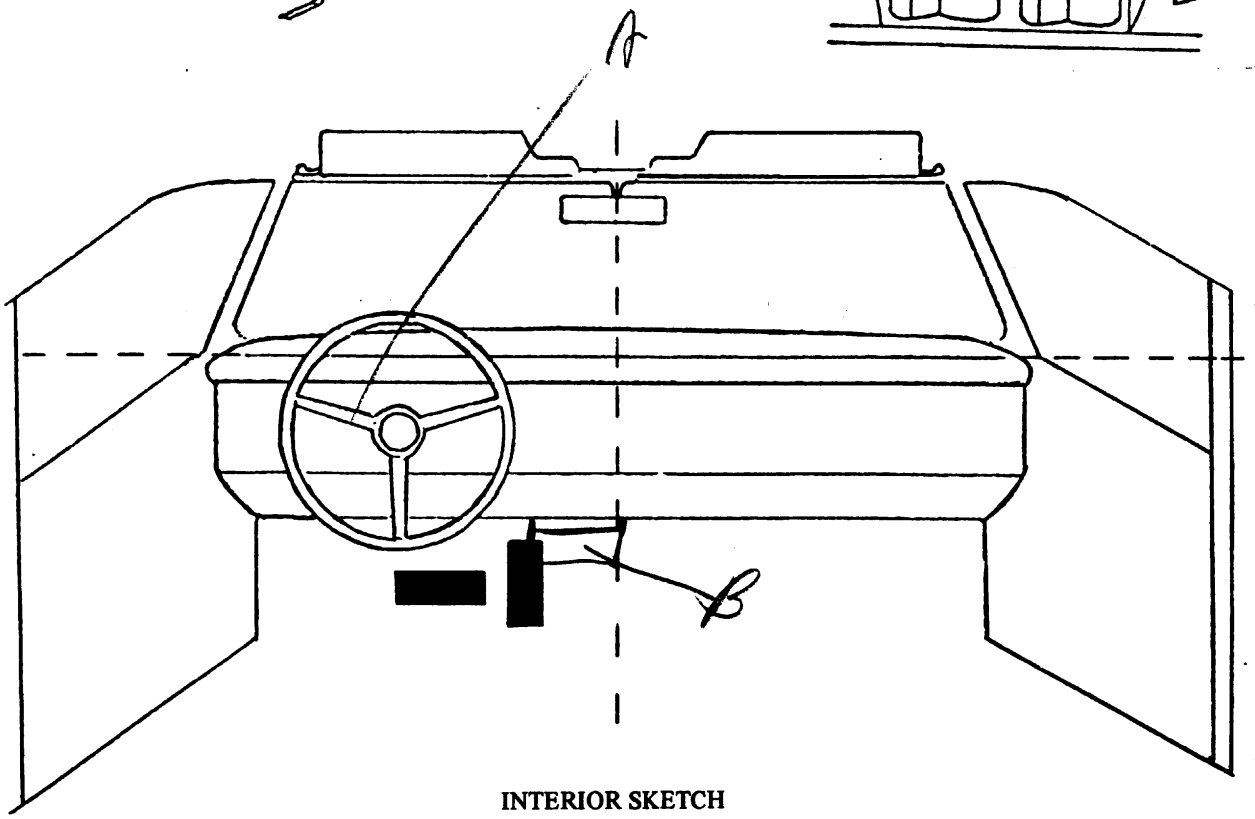
POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	STEERING WHEEL	BENT	1 2
B	DASH	CB RADIO BENT	1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side







INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.)and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

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

DRIVER UPDATE RECORD

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This section must be completed prior to initial case submission

1. Primary Sampling Unit Number — 6 / (1, 2)
2. Case Number–Stratification — 1 4 3 8 (3, 4, 5, 6)
3. Record Number
4. Transaction Code — 2 (8)
5. Version Number — 7 (9)
6. Investigator I.D. Number — 3 (10)
7. Vehicle Number — 0 1 (11, 12)

RECEIVED
NASS SOUTHERN
ZONE CENTER
[redacted] 1988
NAME
COMMENT ☐ PREPARE ANSWER
NOTE-RETURN ☐ HANDLE
FOLLOW-UP ☐ FILE

DRIVER'S NAME: [redacted]

ADDRESS: [redacted]

State Driver License: [redacted]

Date of Birth: [redacted]

(Delete before submission)

Circle the number of each variable to be updated and complete upon receipt of this data
[or reason data not obtained (see response for log variable 14)____]

33. Alcohol Test Results — (48, 49)
34. License Source — 1 (50)
35. Compliance With License Restrictions — 0 (51)
36. Driver License Status (For this vehicle) — 2 (52)
37. Driver License Type Compliance — 2 (53)
38. Driver License Restriction — 0 (54)
39. Additional Driver License Restriction — 0 (55)
40. Previous Speeding Convictions — 2 (56)
41. Previous Other Harmful Moving Violations Convictions — 1 (57)
42. Previous Driving While Intoxicated Convictions — 0 (58)
43. Previous Recorded Suspensions and Revocations — 0 (59)
44. Previous Recorded Accidents — 1 (60)

SOURCE OF DATA ON WHICH UPDATE IS BASED

_____

ATTACH TO THIS FORM ANY SUPPORTING OFFICIAL RECORDS FOR THIS DRIVER

HS Form 429A (Rev. 1/84)

Vehicle No.: 1
Occupant No.: 1

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTIO[redacted]

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

___ Actual speed (in increments)

___ Not applicable ✓ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

___ Actual speed (in increments)

___ Not applicable ✓ Unknown

INFORMATION SOURCE: DRIVER

PRE-CRASH

Direction of Travel

- ___ North
- ___ East
- ✓ South
- ___ West
- ___ Northeast
- ___ Southeast
- ___ Northwest
- ___ Southwest
- ___ Not applicable
- ___ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- ___ 2nd lane
- ___ 3rd lane
- ___ 4th lane
- ___ 5th or additional lane
- ___ On shoulder
- ___ On trafficway
- ___ Off road
- ___ Outside trafficway
- ___ Not applicable
- ___ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other:_____
(9) Unknown

[2] Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other:_____
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other:_____
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? ___ Unknown, ___ No, ___ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	1	1	1	2	3	1
2	___	___	___	___	___	___	___	___
3	___	___	___	___	___	___	___	___
4	___	___	___	___	___	___	___	___
5	___	___	___	___	___	___	___	___
6	___	___	___	___	___	___	___	___

POST-CRASH

Final Rest Position

- ✓ On roadway
- ___ On shoulder
- ___ In parking lane
- ___ In median
- ___ Off road (beyond shoulder area)
- ___ Other:_____
- ___ Not applicable
- ___ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ___ None
- ✓ Braking
- ___ Steering left
- ___ Steering right
- ___ Braking and steering left
- ___ Braking and steering right
- ___ Acceleration followed by braking
- ___ Acceleration followed by braking and steering
- ___ Releasing brake
- ___ Other:_____
- ___ Not applicable
- ___ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

_____

_____

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

33.1
2 / 66.2
176.2

10.8
5 / 54

Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width _____	Bowing: B1 _____ X1 _____
Corner shift: A1 _____	B2 _____ X2 _____
A2 _____	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = _____
< 4 inches ✓	
≥ 4 inches _____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts—
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6 (MAX)	±D
1	BUMPER	56.0	30.5	54.0	12.75	17.7	21.4	24.0	27.9	30.5	0
					1.5	1.0	1.0	1.0	1.0	1.5	
					11.25	16.7	20.4	23.0	26.9	29.0	

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

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.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle).

***Measure and document on the vehicle diagram the location of the maximum crush.

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

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted
RF 2
LF 2
RR 1
LR 1

b. Tire deflated
RF 2
LF 2
RR 1
LR 2

(1) Yes, (2) No, (8) NA, (9) Unk.

Vehicle No.: 2

TYPE OF TRANSMISSION

___Manual ✓ Automatic

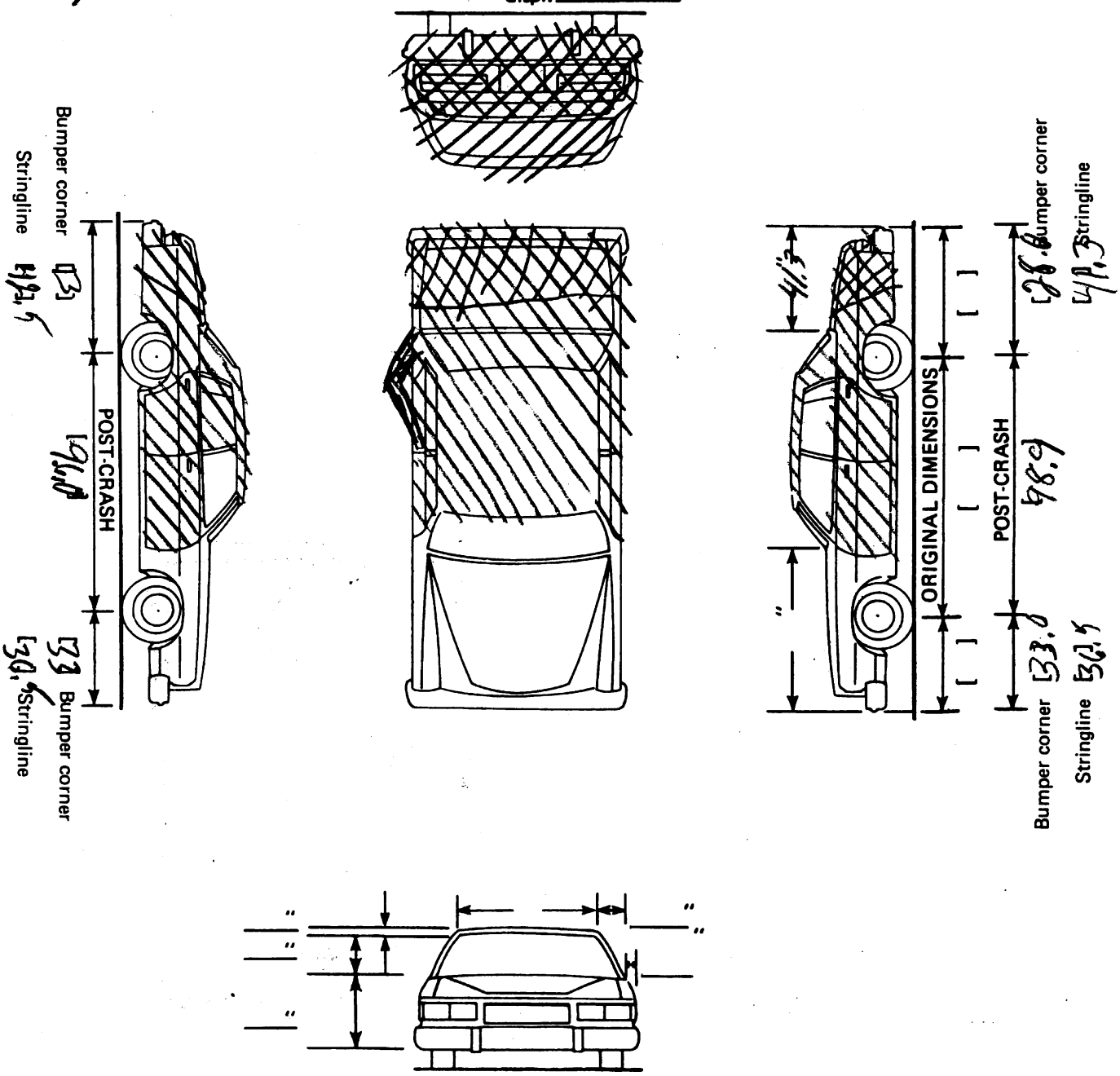
Average Track: 56.15
Maximum Width: 66.2
Curb Weight: 2413
Overall Length: 176.2
Wheel Base: 99.9
Engine Size: cyl. 4
displ. ___

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

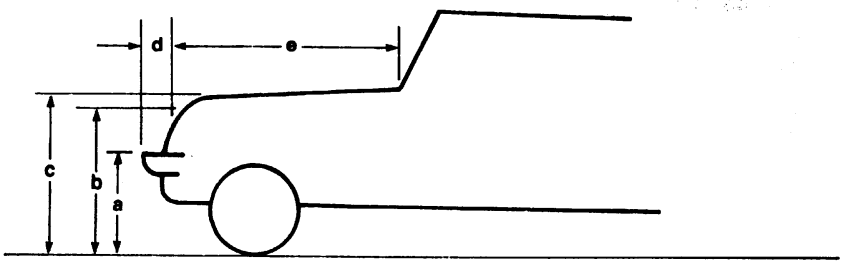
RF ± ___ ___°
LF ± ___ ___°
RR ± ___ ___°
LR ± ___ ___°

Within ± 5 degrees



Note: 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 sidewall, etc.)
If pulling trailer sketch type of trailer and damage received on the back of page 3.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete the back of this page.

Pedestrian Impacts Only



_____ a. Bumper Height

_____ b. Contact Height - to end of Vertical

_____ c. Hood Height - to Horizontal

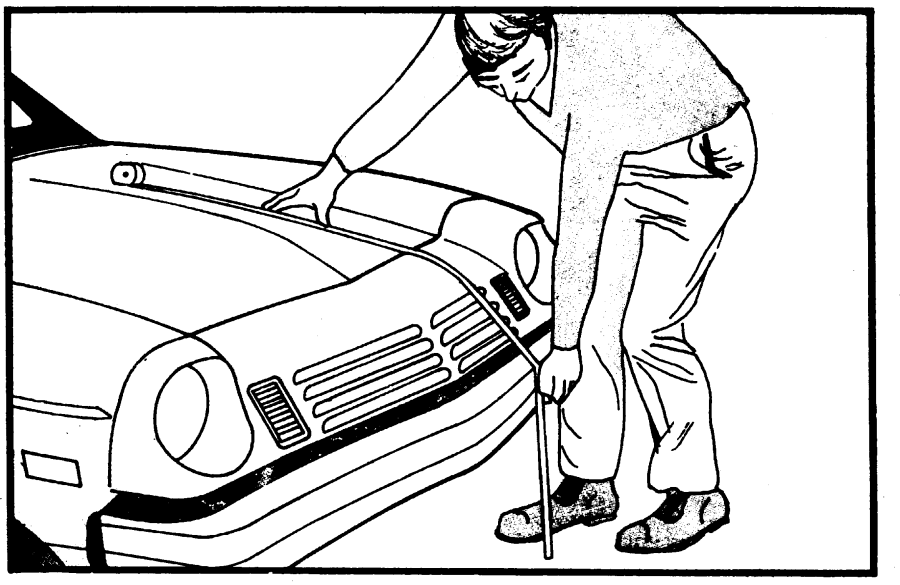
_____ d. Bumper Lead

_____ e. Hood Length

_____ f. Wrap Distance(s)

_____

_____



WRAP DISTANCE MEASUREMENT

DEFORMATION CLASSIFICATION by EVENT NUMBER

Event Number (this vehicle)	Object Contacted	Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
1	01	120		R	D	B	W	03	1
2									
3									
4									

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle.
Collision with *Stationary Object*
(31) Motor vehicle not in transport*
(32) Tree (≤ 6 inches in diameter)
(33) Tree (> 6 inches in diameter)
Highway/Traffic Supports
(34) Luminaire–breakaway
(35) Luminaire–nonbreakaway
(36) Large sign–breakaway
(37) Large sign–nonbreakaway
(38) Small sign–breakaway
(39) Small sign–nonbreakaway
(40) Utility pole
(41) Other post, pole, or support
(42) Traffic signal pole
(43) Fence
(44) Mail box
(45) Delineator
(46) Other movable object:
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment–earth
(53) Embankment–rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail–bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier
(67) Other longitudinal barrier (non-median)
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object
Collision with *Nonstationary Objects*
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrain or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object
(99) Unknown

NOTE: For coding of CDC or TDC investigators must refer to appropriate reference documents for accurate coding.
*If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
25. 1 (36)	26. 01 (37 38)	27. 06 (39 40)	28. B (41)	29. D (42)	30. E (43)	31. W (44)	32. 03 04 (45 46)	33. 1 (47)
Second								
34. (48)	35. (49 50)	36. (51 52)	37. (53)	38. (54)	39. (55)	40. (56)	41. (57 58)	42. (59)
Third								
43. (60)	44. (61 62)	45. (63 64)	46. (65)	47. (66)	48. (67)	49. (68)	50. (69 70)	51. (71)
Fourth								
52. (72)	53. (73 74)	54. (75 76)	55. (77)	56. (78)	57. (79)	58. (80)	59. (81 82)	60. (83)

Reduction Section

Coding Section

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	0	3	2	2	2				
	Indication of Usage	0	0	0	0	0	0				
AUTOMATIC	Availability	0	0	0	0	0	0				
	Function	0	0	0	0	0	0				

Manual Restraint System —Availability—

- ___ (0) None available
- ___ (1) Shoulder belt
- ___ (2) Lap belt
- ✓ (3) Lap and shoulder belt
- ___ (4) Motorcycle helmet
- ___ (5) Child safety seat (designed without tether or unknown design)
- ___ (6) Child safety seat (designed with tether – properly installed)
- ___ (7) Child safety seat (designed with tether – improperly installed)
- ___ (8) Restraint available type unknown or other: _____
- ___ (9) Unknown

Manual Restraint System —Indication of Usage

- ✓ (0) None used
- ___ (1) Shoulder belt
- ___ (2) Lap belt
- ___ (3) Lap and shoulder belt
- ___ (4) Motorcycle helmet
- ___ (5) Child safety seat – used properly
- ___ (6) Child safety seat – used improperly
- ___ (7) Child safety seat – unknown if used properly
- ___ (8) Restraint used-type unknown or other: _____
- ___ (9) Unknown

Automatic (Passive) Restraint System —Availability—

- ✓ (0) Not equipped
- ___ (1) Airbag
- ___ (2) Airbag disconnected
- ___ (3) Airbag not reinstalled
- ___ (4) Two point automatic belts
- ___ (5) Three point automatic belts
- ___ (6) Automatic belts destroyed
- ___ (9) Unknown

Automatic (Passive) Restraint System —Function—

- ✓ (0) Not equipped
- ___ (1) Automatic belt in use
- ___ (2) Automatic belt not in use
- ___ (3) Deployed airbag
- ___ (4) Non-deployed airbag
- ___ (9) Unknown

*Specify the Other Position or Unit referenced: _____

INDICATIONS of EJECTION

___ No ejection

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

Ejection Area

- ___ Windshield
- ___ Left front
- ___ Right front
- ___ Left rear
- ___ Right rear
- ___ Rear
- ___ Roof
- ___ Other area (e.g., sidecar, back of pickup, etc.)
- ___ Unknown

Ejection Medium

- ___ Door (side)
- ___ Door (rear)
- ___ Open roof structure
- ___ Fixed windows
- ___ Other medium type
- ___ Unknown

Medium Status

- ___ Open
- ___ Separation
- ___ Closed, closed when damaged
- ___ Integral structure ripped opened
- ___ Status unknown

Operable windows

- ___ Roll down type
- ___ Hinged typed
- ___ Sliding type
- ___ Other type window

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT

- ___ Windshield
- ___ Mirror
- ___ Steering assembly, including transmission selector level when column mounted
- ___ Add-on equipment (e.g., CB, tape deck, air conditioner)
- ___ Instrument panel and below, excluding foot controls and parking brake
- ___ Sunvisor
- ___ Other front object

SIDE

- ___ Side interior surface, excluding hardware or armrests
- ___ Side hardware or armrests
- ___ A pillar
- ___ B pillar
- ___ Other pillar
- ___ Window glass or frame
- ___ Other side object

INTERIOR

- ___ Seat, back support
- ___ Belt restraint system
- ___ Head restraint
- ___ Air cushion
- ___ Other occupants
- ___ Interior loose objects
- ___ Other interior object

ROOF

- ___ Front header
- ___ Rear header
- ___ Roof side rails
- ___ Roof or convertible top

FLOOR

- ___ Floor
- ___ Floor or console mounted transmission lever, including console
- ___ Parking brake handle
- ___ Foot controls including parking brake

REAR

- ___ Backlight (rear window)
- ___ Backlight storage rack, door, etc.
- ___ Other rear objects

EXTERIOR of OCCUPANT'S VEHICLE

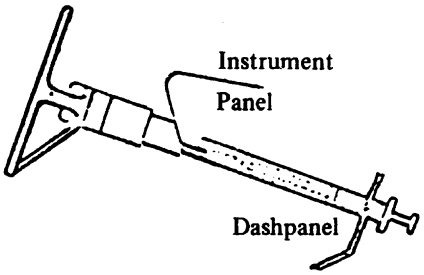
- ___ Hood
- ___ Outside hardware (e.g., outside mirror, antenna)
- ___ Other exterior surface or tires
- ___ Unknown exterior objects

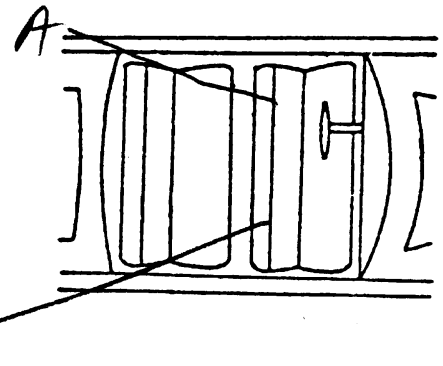
VEHICLE INTERIOR

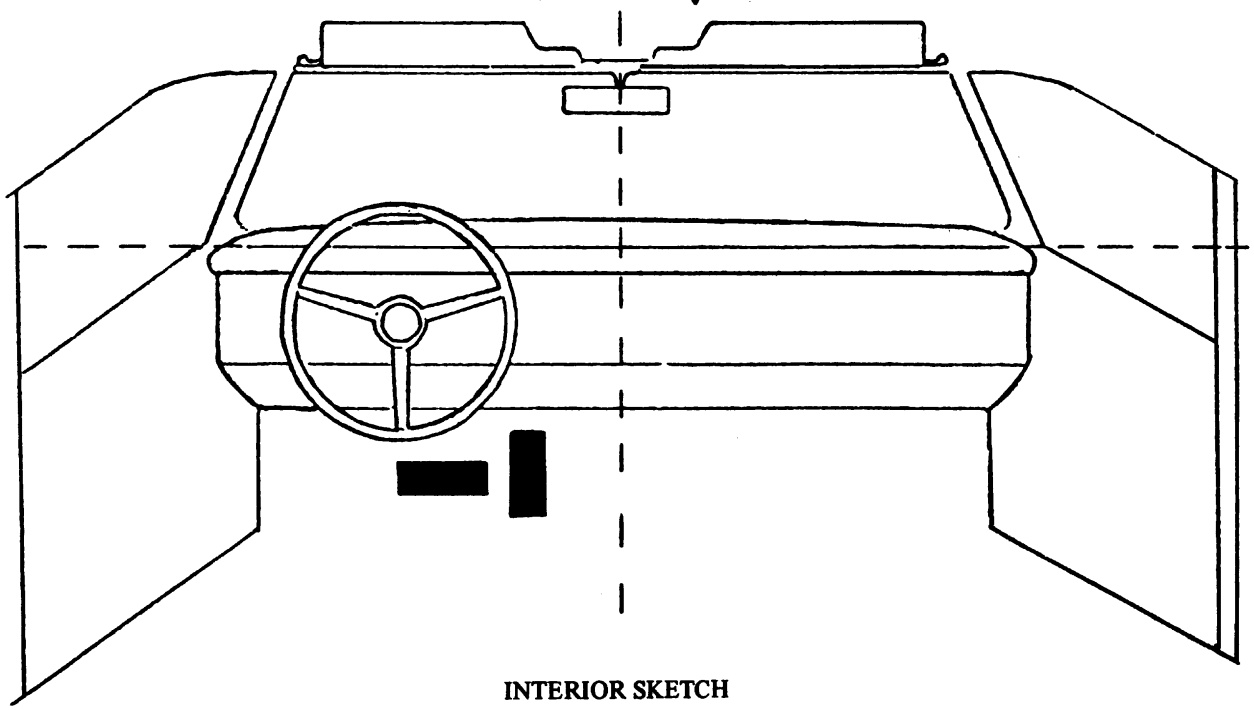
POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	RBAR OF SEAT	BROKEN	1 2
B	" "	"	1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side







INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.)and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

US Department of Transportation
National Highway Traffic Safety Administration

DRIVER UPDATE RECORD

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This section must be completed prior to initial case submission

1. Primary Sampling Unit Number — 61 (1–2)
2. Case Number–Stratification — 1 4 3 4 (3–6)
3. Record Number — 4 (7)
4. Transaction Code — 2 (8)
5. Version Number — [redacted] 1984 — 7 (9)
6. Investigator I.D. Number — 3 (10)
7. Vehicle Number — 02 (11–12)

RECEIVED
NASS SOUTHERN
ZONE CENTER
NAME
COMMENT ☐ PREPARE
NOTE-RETURN ☐ HANDLE
FOLLOW-UP ☐ FILE

DRIVER'S NAME: [redacted]

ADDRESS: [redacted]

State Driver License No. [redacted]

Date of Birth [redacted]

(Delete before submission)

Circle the number of each variable to be updated and complete upon receipt of this data
[or reason data not obtained (see response for log variable 14)____]

33. Alcohol Test Results — ___ (48–49)
34. License Source — 1 (50)
35. Compliance With License Restrictions — 1 (51)
36. Driver License Status (For this vehicle) — 7 (52)
37. Driver License Type Compliance — 2 (53)
38. Driver License Restriction — L (54)
39. Additional Driver License Restriction — 0 (55)
40. Previous Speeding Convictions — 0 (56)
41. Previous Other Harmful Moving Violations Convictions — 0 (57)
42. Previous Driving While Intoxicated Convictions — 0 (58)
43. Previous Recorded Suspensions and Revocations — 0 (59)
44. Previous Recorded Accidents — 0 (60)

SOURCE OF DATA ON WHICH UPDATE IS BASED

_____

ATTACH TO THIS FORM ANY SUPPORTING OFFICIAL RECORDS FOR THIS DRIVER

HS Form 429A (Rev. 1/84)

Vehicle No.: 2
Occupant No.: 1

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

[redacted]

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

___ Stopped ___ Less than 5 m.p.h.

____ Actual speed (in increments)

___ Not applicable ___ Unknown

INFORMATION SOURCE:

Vehicle No.: 2

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

PRE-CRASH

Direction of Travel

- ___ North
- ___ East
- ✓ South
- ___ West
- ___ Northeast
- ___ Southeast
- ___ Northwest
- ___ Southwest
- ___ Not applicable
- ___ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- ___ 2nd lane
- ___ 3rd lane
- ___ 4th lane
- ___ 5th or additional lane
- ___ On shoulder
- ___ On trafficway
- ___ Off road
- ___ Outside trafficway
- ___ Not applicable
- ___ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other:_____
(9) Unknown

[2] Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other:_____
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other:_____
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? ___ Unknown, ___ No, ___ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	2	3	1	1	1	1
2	___	___	___	___	___	___	___	___
3	___	___	___	___	___	___	___	___
4	___	___	___	___	___	___	___	___
5	___	___	___	___	___	___	___	___
6	___	___	___	___	___	___	___	___

POST-CRASH

Final Rest Position

- ___ On roadway
- ___ On shoulder
- ___ In parking lane
- ___ In median
- ___ Off road (beyond shoulder area)
- ___ Other:_____
- ___ Not applicable
- ___ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- ✓ None
- ___ Steering left
- ___ Braking and steering left
- ___ Braking and steering right
- ___ Acceleration followed by braking
- ___ Acceleration followed by braking and steering
- ___ Releasing brake
- ___ Other:_____
- ___ Braking
- ___ Steering right
- ___ Not applicable
- ___ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

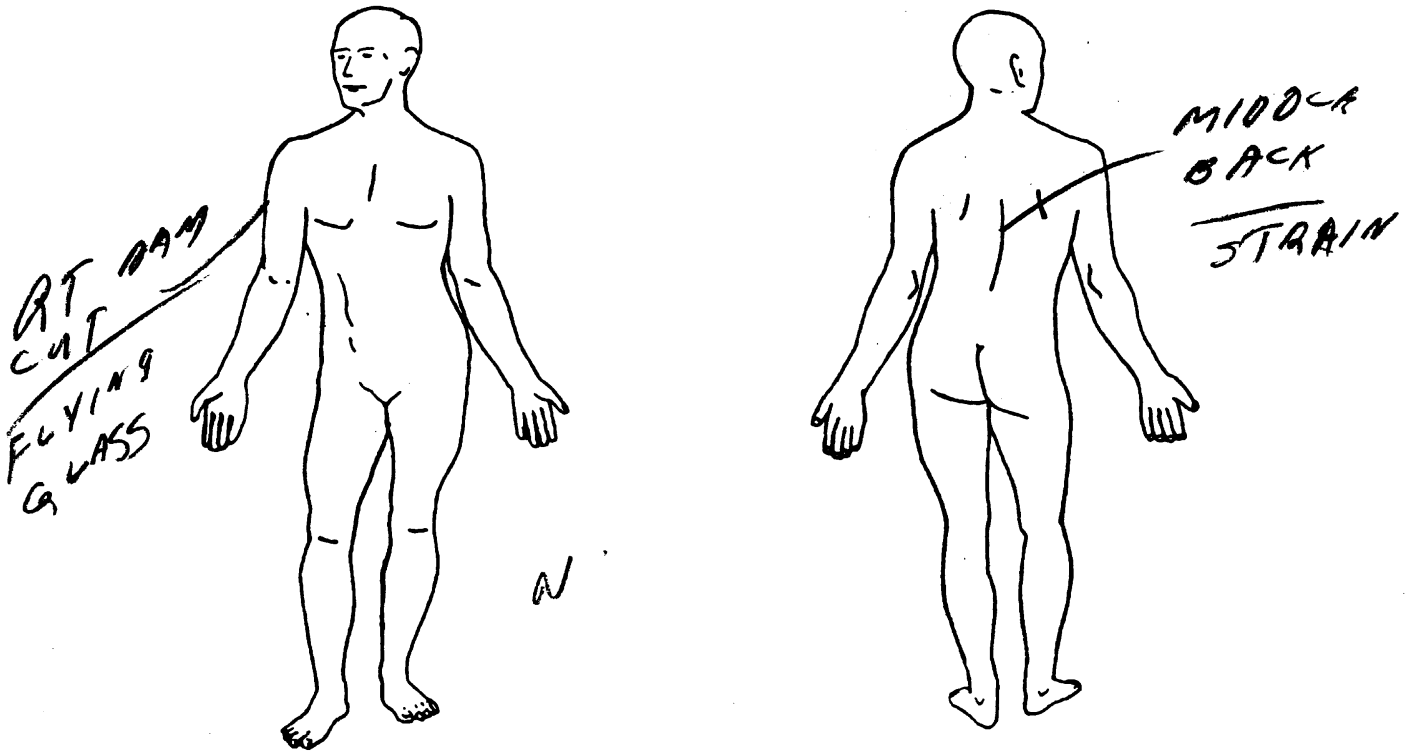
_____

_____

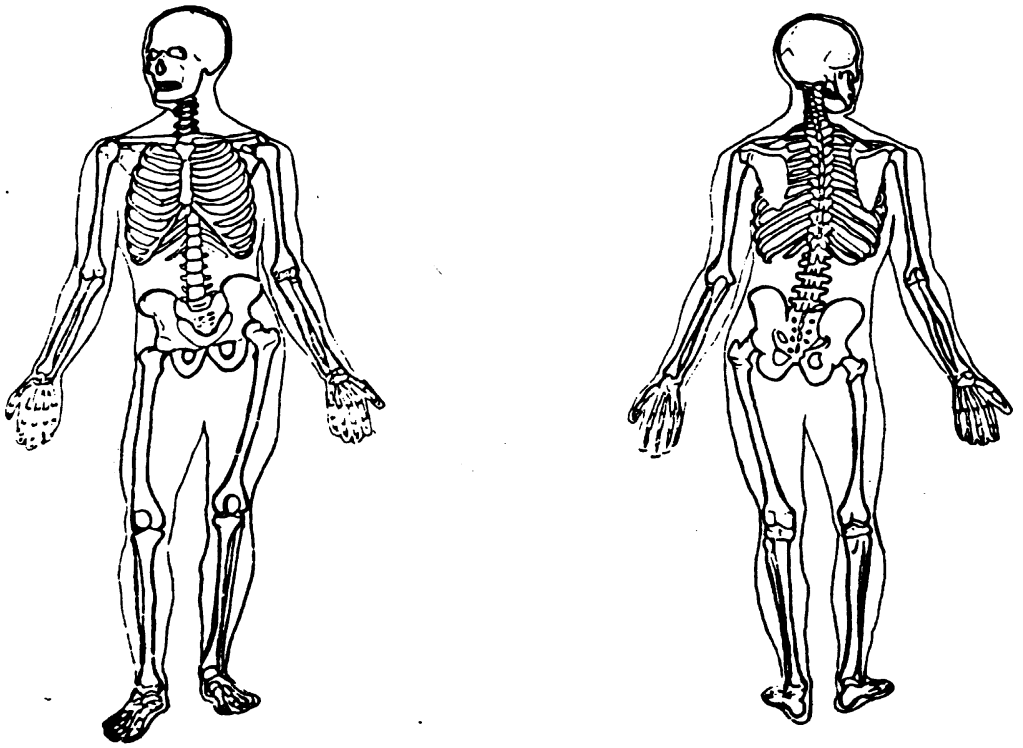
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature, Location,* and injury *Source* of all injuries

Soft Tissue Injuries



Skeletal Injuries

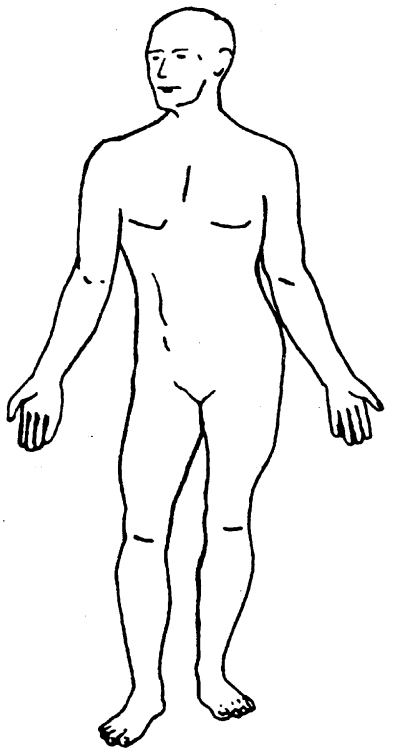


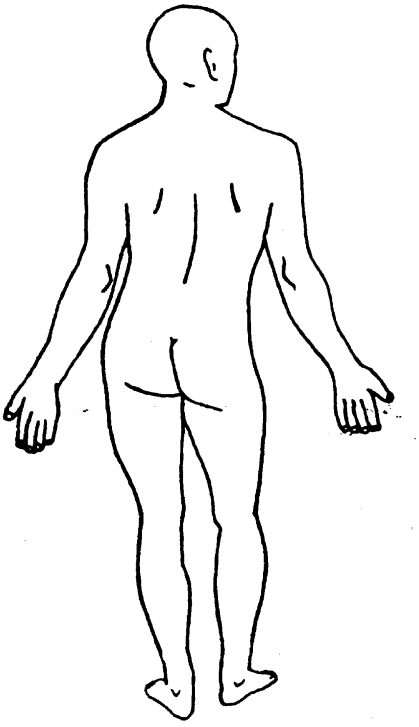
Collection Section

OFFICIAL INJURY DATA

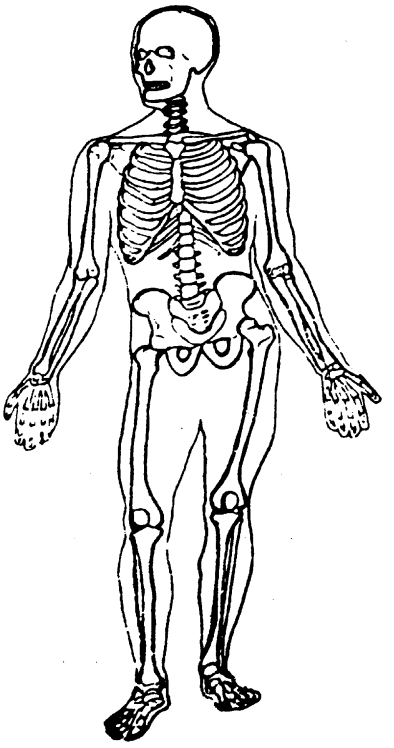
Indicate the *Nature* and *Location* of *All* injuries.

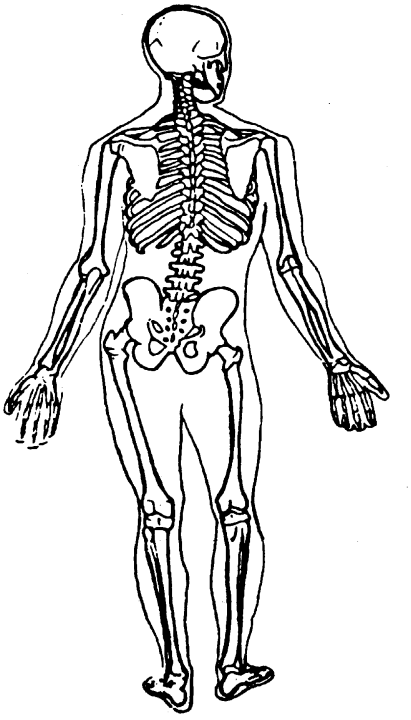
Soft Tissue Injuries





Skeletal Injuries





Write additional medical record injury information on reverse of this page.

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ✓ No, ____ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source		Source of Data	
1	6	A	R	L	I	1	~~0~~	9	~~0~~	7
2	1	B	W	T	M	1	9	0	~~0~~	7
3										
4										
5										
6										
7										
8										
9										
10										

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

REDUCTION SECTION

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle-foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if inuured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

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

[redacted] Occupant Update Record

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This section must be completed prior to initial case submission

1. Primary Sampling Unit Number — 6 1 (1, 2)
2. Case Number – Stratification — 1 4 3 Q (3, 4, 5, 6)
3. Record Number — 5 (7)
4. Transaction Code — 2 (8)
5. Version Number — 7 (9)
6. Investigator I.D. Number — 3 (10)
7. Vehicle Number — 0 2 (11, 12)
8. Occupant Number — 0 1 (13, 14)

RECEIVED NASS SOUTHEAST ZONE [redacted] 1984 NAME COMMENT NOTE-INITIAL FOLLOW-UP ANSWER FILE

OCCUPANT'S NAME: [redacted]

Addr[redacted]

(Delete before submission)

10. Sex — 2

DATA ON INITIAL SUBMISSION:

A08. Final Stratification — Q
20. Treatment–Mortality — 6
21. Hospital Stay — 0 0
22. Working Days Lost — 0 0
71. Time of Death — 0 0

ENTER RESPONSE FOR EACH VARIABLE WHERE DATA ON INITIAL SUBMISSION WAS UNKNOWN OR IS FELT TO BE IN ERROR, GIVEN RECEIPT OF OFFICIAL MEDICAL RECORD(S)

A08. Final Stratification — (17)
9. Occupant's Age — (15, 16)
10. Occupant's Sex — (17)
20. Treatment – Mortality — 4 (31)
21. Hospital Stay — (32, 33)
22. Working Days Lost — (34, 35)

Complete prior to initial case submission

INJURY DATA CODED ON INITIAL SUBMISSION

28. A 29. R 30. L 31. I 32. 1 33. 09 34. 07
35. B 36. W 37. T 38. M 39. 1 40. 90 41. 07
42. Ø 43. Ø 44. Ø 45. Ø 46. Ø 47. ØØ 48. ØØ
49. __ 50. __ 51. __ 52. __ 53. __ 54. __ 55. __
56. __ 57. __ 58. __ 59. __ 60. __ 61. __ 62. __
63. __ 64. __ 65. __ 66. __ 67. __ 68. __ 69. __

UPDATED INJURY DATA BASED ON SUBSEQUENTLY ACQUIRED OFFICIAL MEDICAL DATA
[or reason data not obtained (see response for log variable 15) ____]

1st	6	28.	A (41)	29.	R (42)	30.	L (43)	31.	I (44)	32.	1 (45)	33.	09 (46, 47)	34.	07 (48, 49)									
2nd	6	35.	B (50)	36.	W (51)	37.	T (52)	38.	M (53)	39.	1 (54)	40.	90 (55, 56)	41.	07 (57, 58)									
3rd	Ø	42.	Ø (59)	43.	Ø (60)	44.	Ø (61)	45.	Ø (62)	46.	Ø (63)	47.	ØØ (64, 65)	48.	ØØ (66, 67)									
4th	__	49.	__ (68)	50.	__ (69)	51.	__ (70)	52.	__ (71)	53.	__ (72)	54.	__ (73, 74)	55.	__ (75, 76)									
5th	__	56.	__ (77)	57.	__ (78)	58.	__ (79)	59.	__ (80)	60.	__ (81)	61.	__ (82, 83)	62.	__ (84, 85)									
6th	__	63.	__ (86)	64.	__ (87)	65.	__ (88)	66.	__ (89)	67.	__ (90)	68.	__ (91, 92)	69.	__ (93, 94)									

71. Time of Death — __ __ (96, 97)

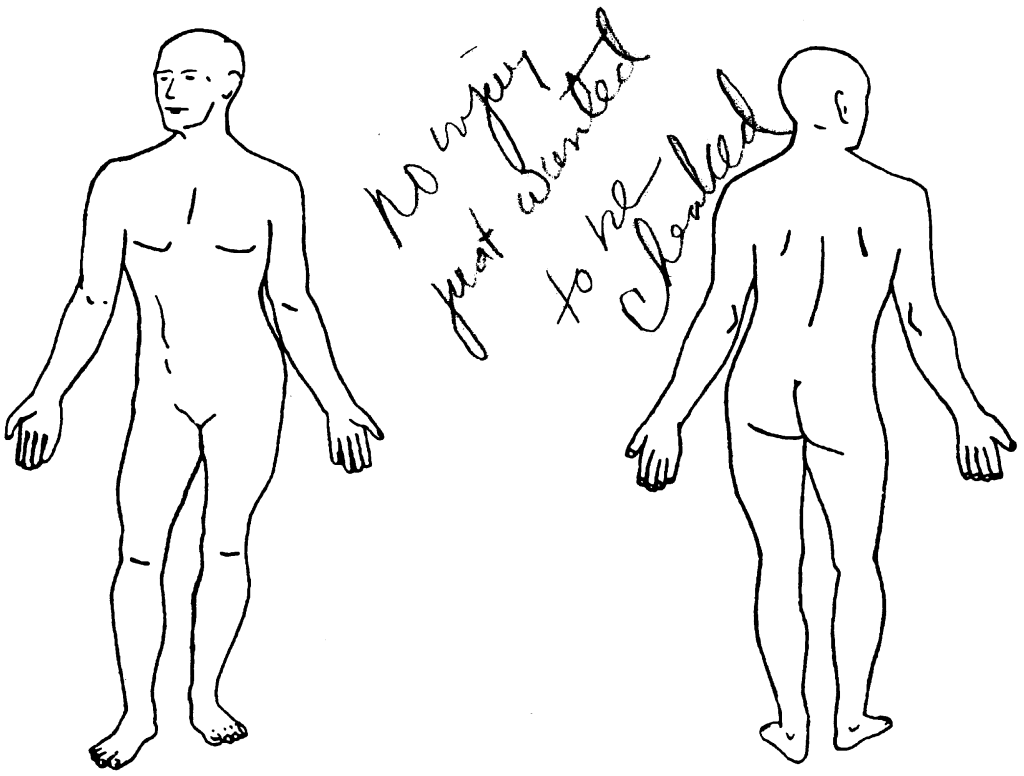
HS Form 433A
(Rev 1/84)

INDICATE THE NATURE AND LOCATION OF ALL INJURIES FROM THE OFFICIAL MEDICAL REPORT(S) ON THE REVERSE SIDE AND ATTACH THE REPORT(S) TO THIS UPDATE

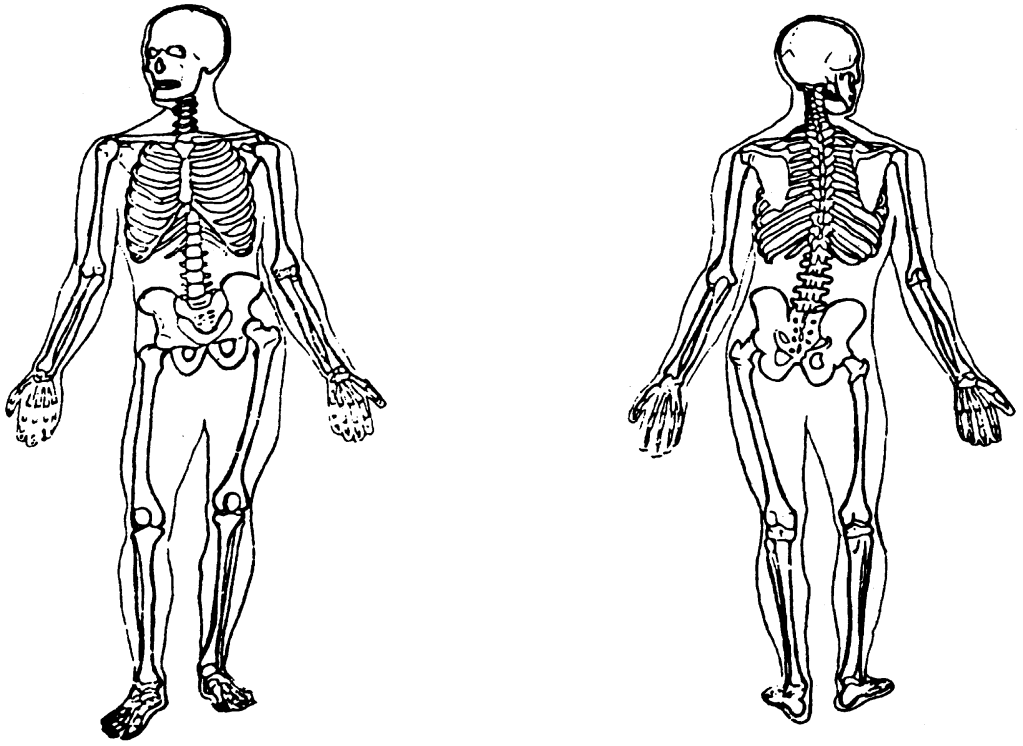
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



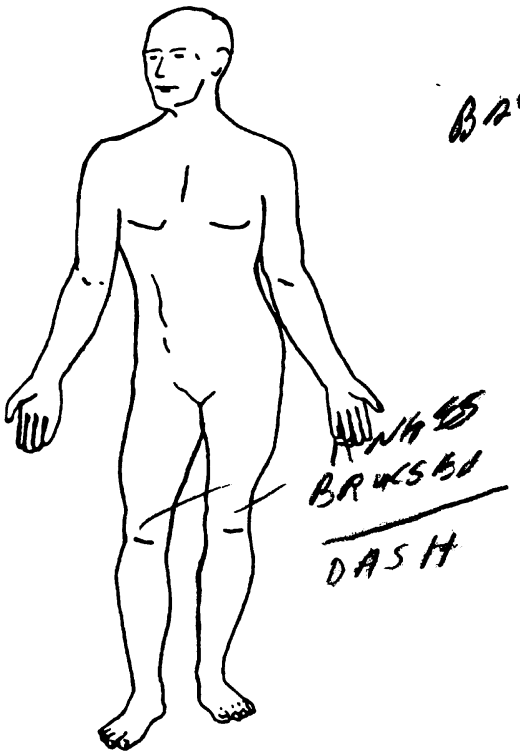
Skeletal Injuries

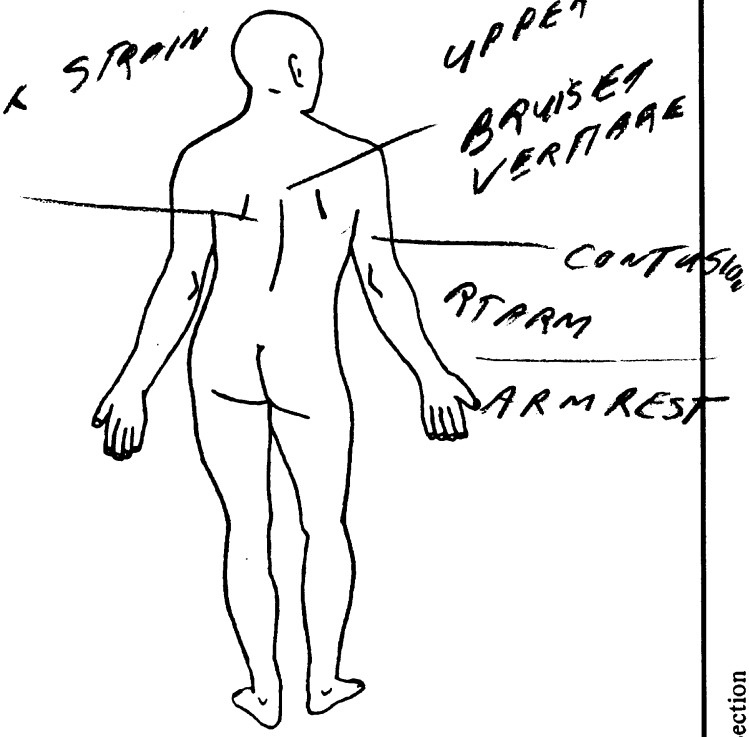


INJURY DATA FROM INTERVIEWEE

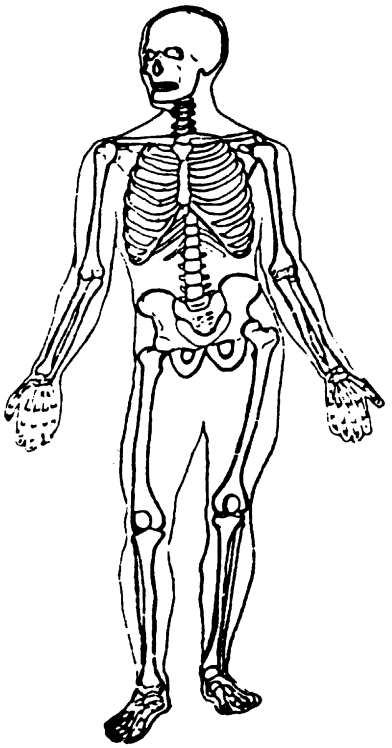
Indicate the *Nature, Location,* and injury *Source* of all injuries

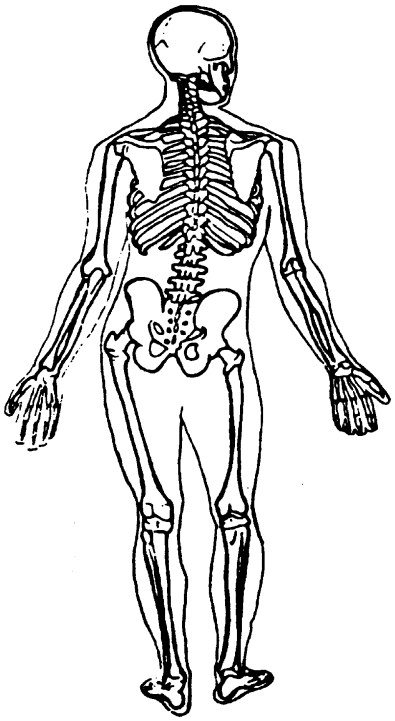
Soft Tissue Injuries





Skeletal Injuries



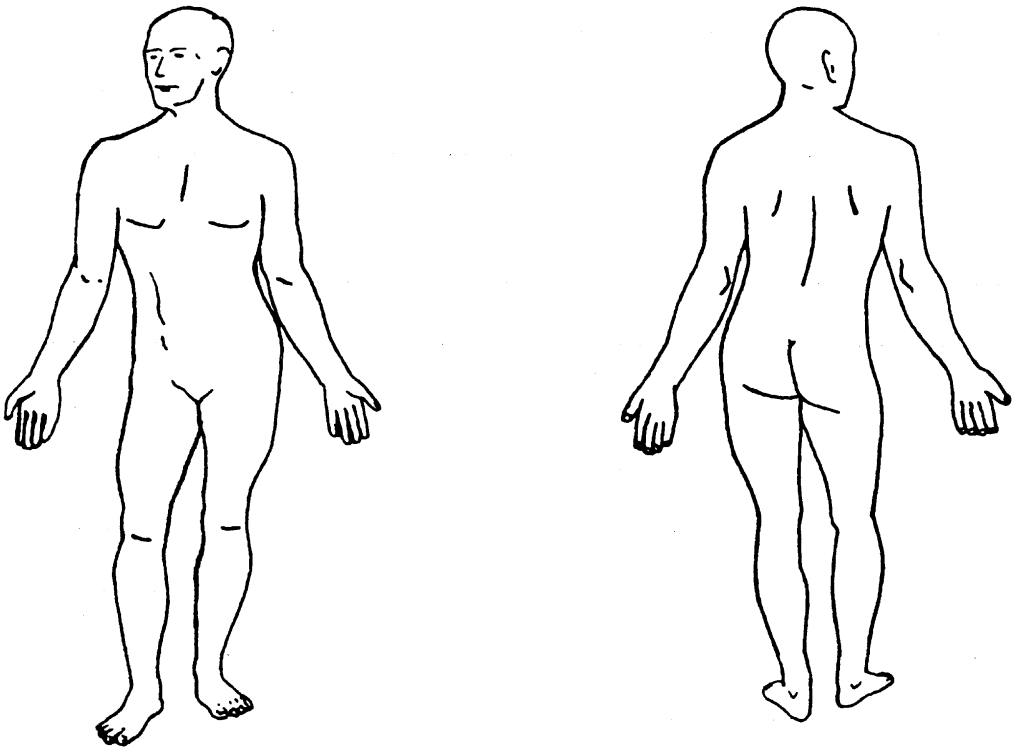


Collection Section

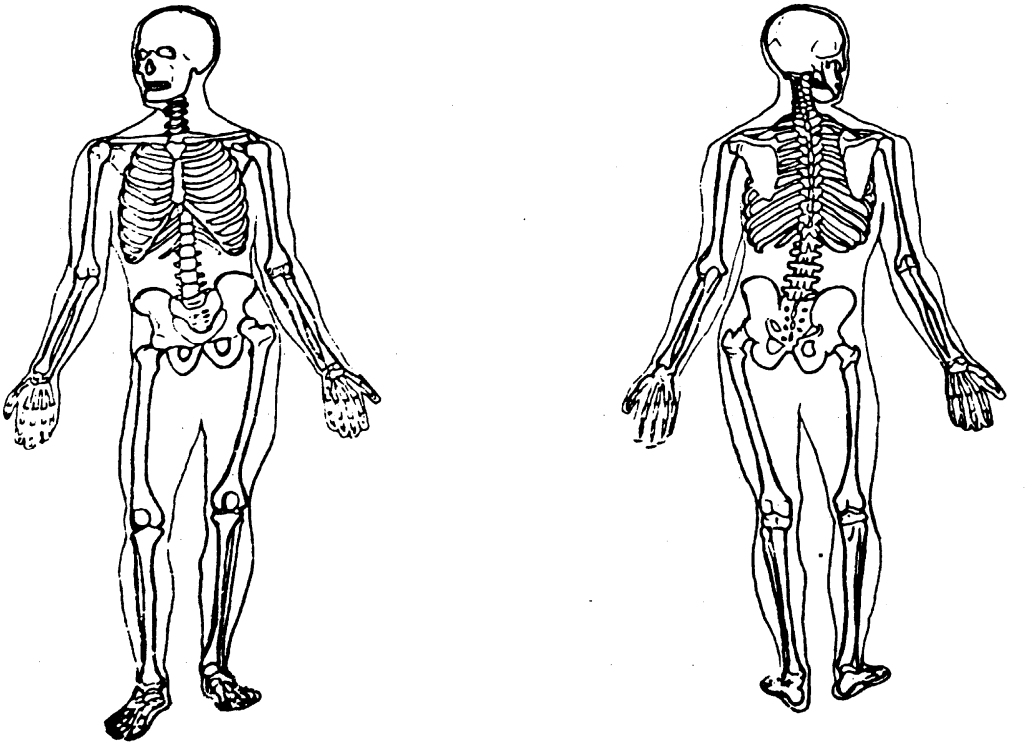
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ____ No, ____ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1	3	B	S	T	M	1	70	02
2	3	B	W	C	M	1	21	02
3	6	A	R	C	I	1	11	02
4	6	K	R	C	I	1	05	02
5	6	K	L	C	I	1	05	02
6								
7								
8								
9								
10								

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

REDUCTION SECTION

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle-foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if inuured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

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

[redacted] Occupant Update Record

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This section must be completed prior to initial case submission

1. Primary Sampling Unit Number — 61
2. Case Number – Stratification — 143 9
3. Record Number — 5
4. Transaction Code — 2
5. Version Number — 7
6. Investigator I.D. Number — 3
7. Vehicle Number — 02
8. Occupant Number — 09

RECEIVED
NASS SOUTHERN
ZONE CENTER
[redacted] 1984
NAME
COMMENT ☐ PREPARE ANSWER ☐
NOTE-RETURN ☐ HANDLE ☐
FOLLOW-UP ☐ FILE ☐

OCCUPANT'S NAME: [redacted]

9. [redacted]

Ad[redacted]

(Delete before submission)

10. Sex — 2

DATA ON INITIAL SUBMISSION:

A08. Final Stratification — 9
20. Treatment–Mortality — 3
21. Hospital Stay — 02
22. Working Days Lost — 16
71. Time of Death — 00

ENTER RESPONSE FOR EACH VARIABLE WHERE DATA ON INITIAL SUBMISSION WAS UNKNOWN OR IS FELT TO BE IN ERROR, GIVEN RECEIPT OF OFFICIAL MEDICAL RECORD(S)

A08. Final Stratification — 17
9. Occupant's Age — 15 16
10. Occupant's Sex — 17
20. Treatment – Mortality — 3 31
21. Hospital Stay — 02 32 33
22. Working Days Lost — 34 35

Complete prior to initial case submission

INJURY DATA CODED ON INITIAL SUBMISSION

28. B 29. S 30. T 31. M 32. 1 33. 90 34. 07
35. B 36. W 37. C 38. M 39. 1 40. 21 41. 07
42. A 43. R 44. C 45. I 46. 1 47. 11 48. 07
49. K 50. R 51. C 52. I 53. 1 54. 05 55. 07
56. K 57. L 58. C 59. I 60. 1 61. 05 62. 07
63. 0 64. 0 65. 0 66. 0 67. 0 68. 00 69. 00

UPDATED INJURY DATA BASED ON SUBSEQUENTLY ACQUIRED OFFICIAL MEDICAL DATA
[or reason data not obtained (see response for log variable 15) _____]

1st		28.	B (41)	29.	S (42)	30.	T (43)	31.	M (44)	32.	1 (45)	33.	90 (46 47)	34.	02 (48 49)									
2nd	6	35.	B (50)	36.	W (51)	37.	C (52)	38.	M (53)	39.	1 (54)	40.	21 (55 56)	41.	02 (57 58)									
3rd	6	42.	A (59)	43.	R (60)	44.	C (61)	45.	I (62)	46.	1 (63)	47.	11 (64 65)	48.	03 (66 67)	07								
4th	6	49.	F (68)	50.	S (69)	51.	A (70)	52.	I (71)	53.	1 (72)	54.	97 (73 74)	55.	03 (75 76)	02								
5th	6	56.	K (77)	57.	L (78)	58.	C (79)	59.	I (80)	60.	1 (81)	61.	05 (82 83)	62.	07 (84 85)									
6th	0	63.	0 (86)	64.	0 (87)	65.	0 (88)	66.	0 (89)	67.	0 (90)	68.	00 (91 92)	69.	07 (93 94)									

71. Time of Death — 00 (96 97)

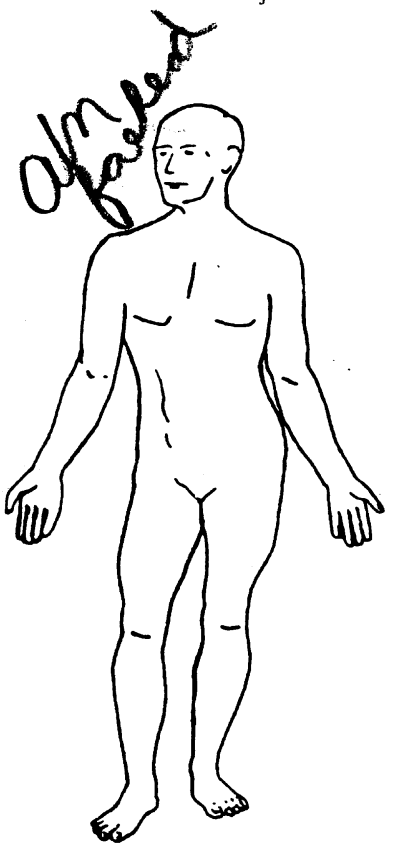
HS Form 433A
(Rev 1/84)

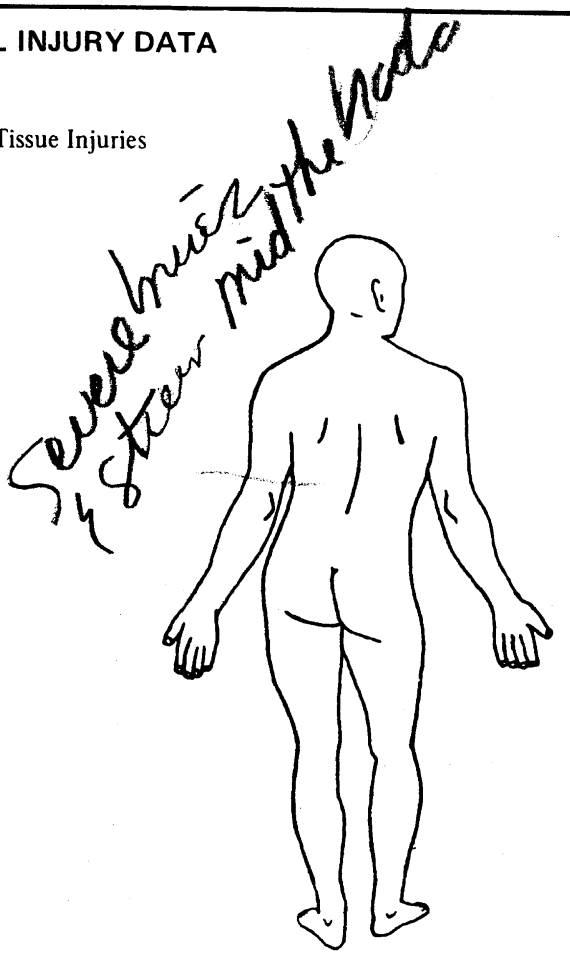
INDICATE THE NATURE AND LOCATION OF ALL INJURIES FROM THE OFFICIAL MEDICAL REPORT(S) ON THE REVERSE SIDE AND ATTACH THE REPORT(S) TO THIS UPDATE

OFFICIAL INJURY DATA

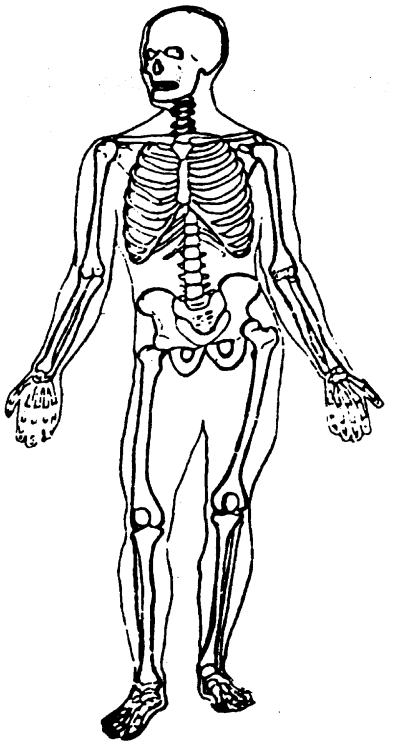
Indicate the *Nature* and *Location* of *All* injuries.

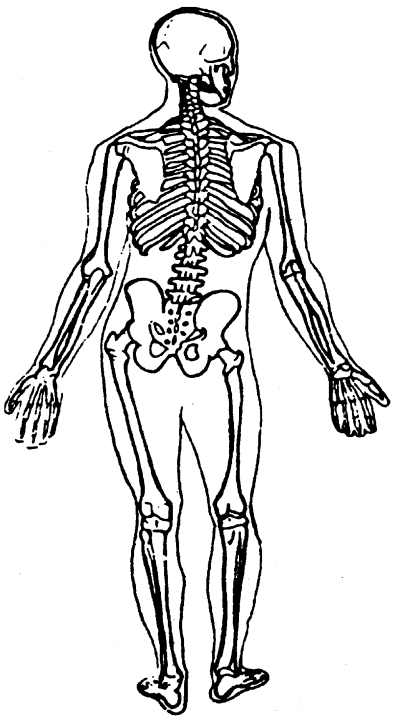
Soft Tissue Injuries





Skeletal Injuries

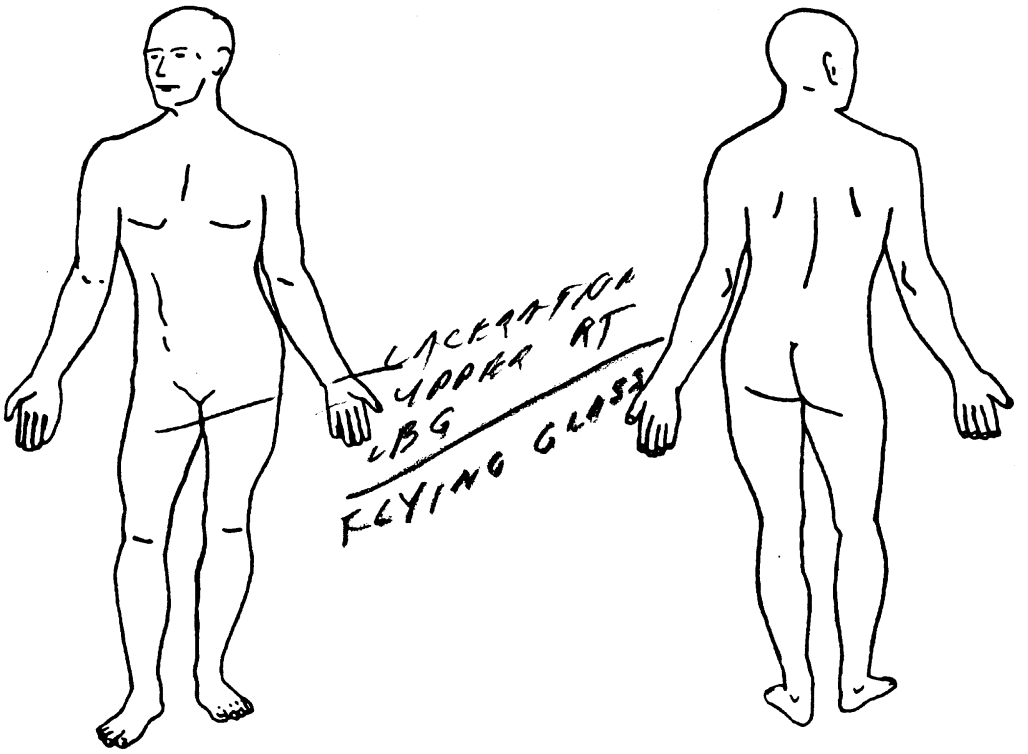




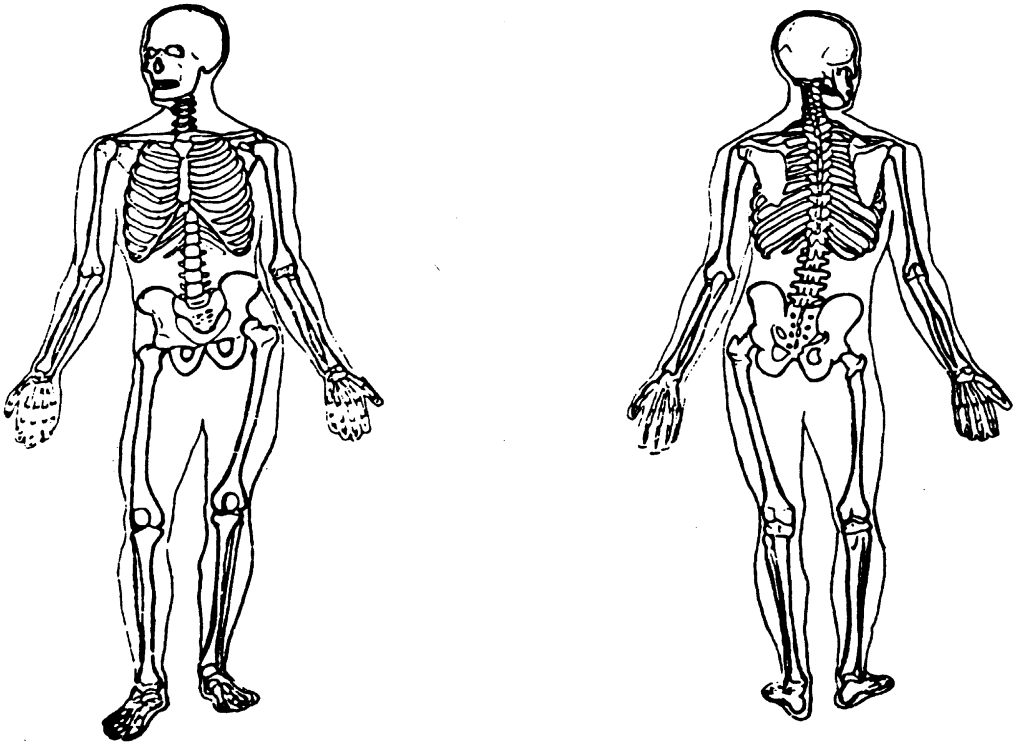
INJURY DATA FROM INTERVIEWEE

Indicate the *Nature, Location,* and injury *Source* of all injuries

Soft Tissue Injuries



Skeletal Injuries

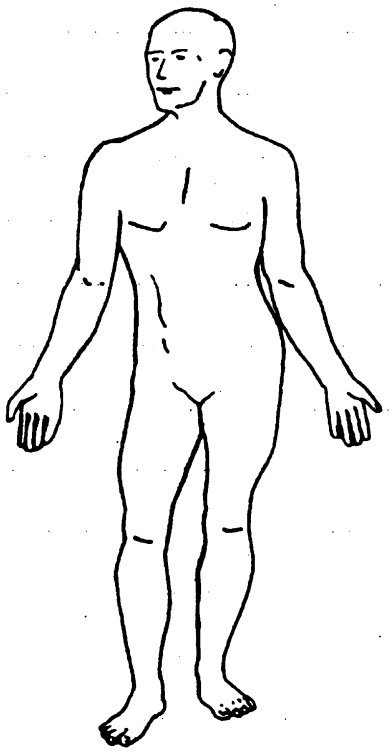


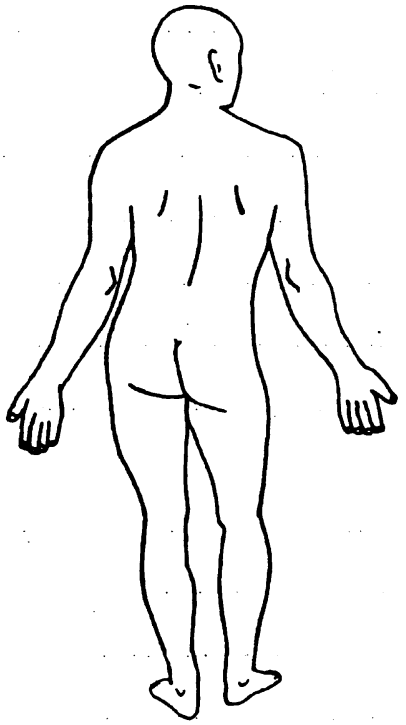
Collection Section

OFFICIAL INJURY DATA

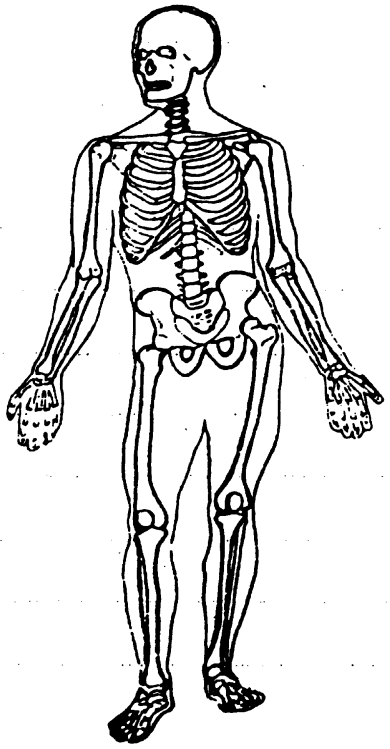
Indicate the *Nature* and *Location* of *All* injuries.

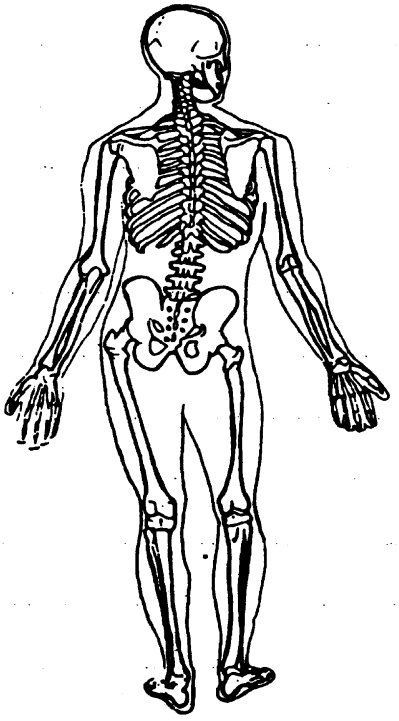
Soft Tissue Injuries





Skeletal Injuries





Write additional medical record injury information on reverse of this page.

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ____ No, ____ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1	6	Y	R	L	I	1	09	07
2								
3								
4								
5								
6								
7								
8								
9								
10								

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

REDUCTION SECTION

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle-foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if inuured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

U.S. Department of Transportation
National Highway T[redacted]
Administration

[redacted] Update Record

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This section must be completed prior to initial case submission

1. Primary Sampling Unit Number — 6 1 (1, 2)
2. Case Number – Stratification — 1 4 3 Q (3, 4, 5, 6)
3. Record Number — 5 (7)
4. Transaction Code — 2 (8)
5. Version Number [redacted] 1984 — 7 (9)
6. Investigator I.D. Number — 3 (10)
7. Vehicle Number — 0 0 (11, 12)
8. Occupant Number — 0 3 (13, 14)

RECEIVED
NASS SOUTHERN
ZONE CENTER
NAME
COMMENT ☐ PREPARE ANSWER ☐
NOTE-RETURN ☐ HANDLE ☐
FOLLOW-UP ☐ FILE ☐

OCCUPANT'S NAME: [redacted]

Add[redacted]

(De[redacted]efore submission)

9. Ag[redacted]

10. Sex — 2

DATA ON INITIAL SUBMISSION:

A08. Final Stratification — Q
20. Treatment–Mortality — 4
21. Hospital Stay — 0 0
22. Working Days Lost — 0 0
71. Time of Death — 0 0

ENTER RESPONSE FOR EACH VARIABLE WHERE DATA ON INITIAL SUBMISSION WAS UNKNOWN OR IS FELT TO BE IN ERROR, GIVEN RECEIPT OF OFFICIAL MEDICAL RECORD(S)

A08. Final Stratification — (17)
9. Occupant's Age — (15, 16)
10. Occupant's Sex — (17)
20. Treatment – Mortality — (31)
21. Hospital Stay — (32, 33)
22. Working Days Lost — (34, 35)

Complete prior to initial case submission

INJURY DATA CODED ON INITIAL SUBMISSION

28. Y 29. R 30. L 31. I 32. 1 33. 09 34. 07
35. 0 36. 0 37. 0 38. 0 39. 0 40. 00 41. 00
42. 43. 44. 45. 46. 47. 48.
49. 50. 51. 52. 53. 54. 55.
56. 57. 58. 59. 60. 61. 62.
63. 64. 65. 66. 67. 68. 69.

UPDATED INJURY DATA BASED ON SUBSEQUENTLY ACQUIRED OFFICIAL MEDICAL DATA
[or reason data not obtained (see response for log variable 15) ____]

1st	6	28.	T (41)	29.	R (42)	30.	L (43)	31.	I (44)	32.	1 (45)	33.	07 (46, 47)	34.	03 (48, 49)					
2nd	0	35.	0 (50)	36.	0 (51)	37.	0 (52)	38.	0 (53)	39.	0 (54)	40.	00 (55, 56)	41.	00 (57, 58)					
3rd		42.	(59)	43.	(60)	44.	(61)	45.	(62)	46.	(63)	47.	(64, 65)	48.	(66, 67)					
4th		49.	(68)	50.	(69)	51.	(70)	52.	(71)	53.	(72)	54.	(73, 74)	55.	(75, 76)					
5th		56.	(77)	57.	(78)	58.	(79)	59.	(80)	60.	(81)	61.	(82, 83)	62.	(84, 85)					
6th		63.	(86)	64.	(87)	65.	(88)	66.	(89)	67.	(90)	68.	(91, 92)	69.	(93, 94)					

71. Time of Death (96, 97)

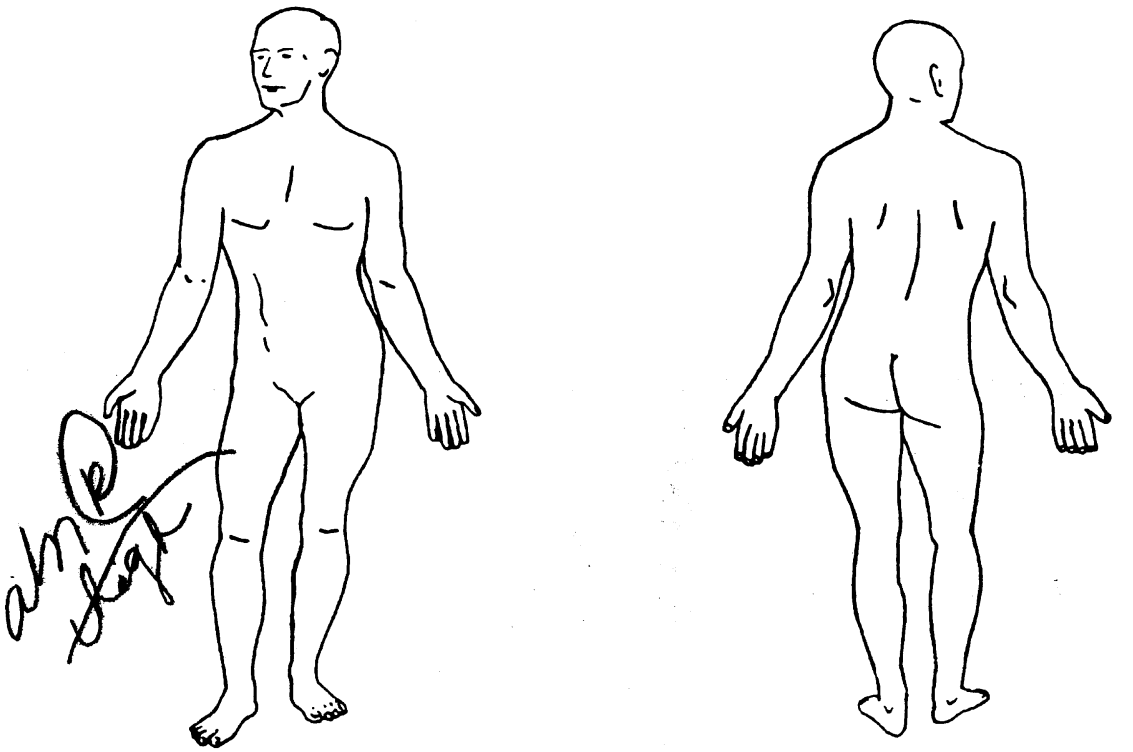
HS Form 433A
(Rev 1/84)

INDICATE THE NATURE AND LOCATION OF ALL INJURIES FROM THE OFFICIAL MEDICAL REPORT(S) ON THE REVERSE SIDE AND ATTACH THE REPORT(S) TO THIS UPDATE

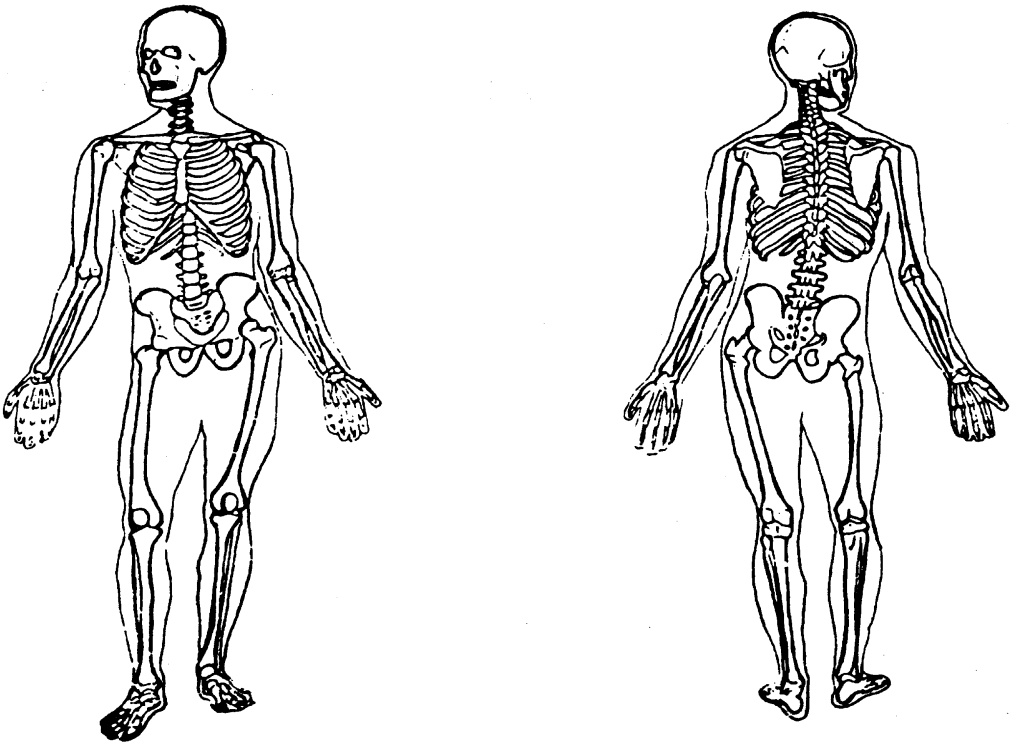
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



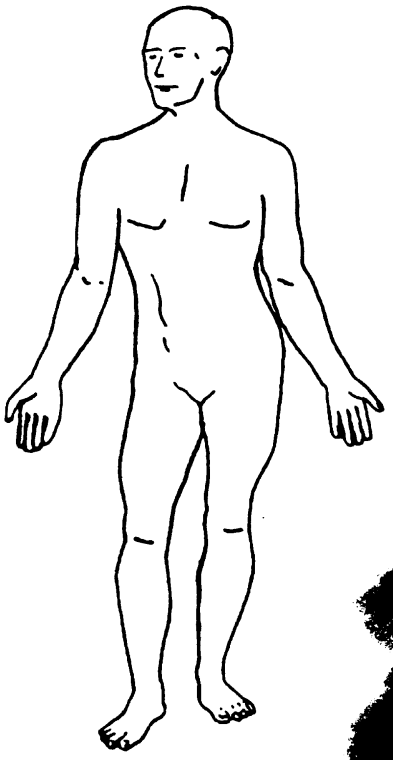
Skeletal Injuries

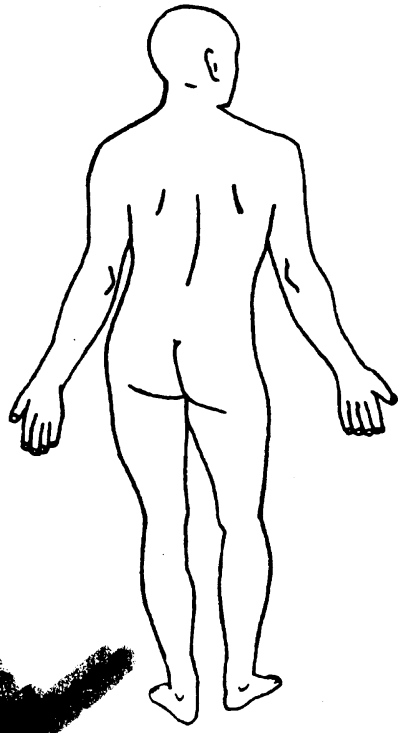


INJURY DATA FROM INTERVIEWEE

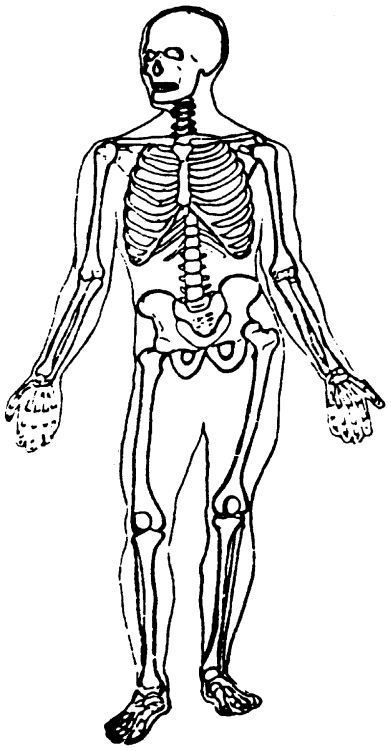
Indicate the *Nature, Location,* and injury *Source* of all injuries

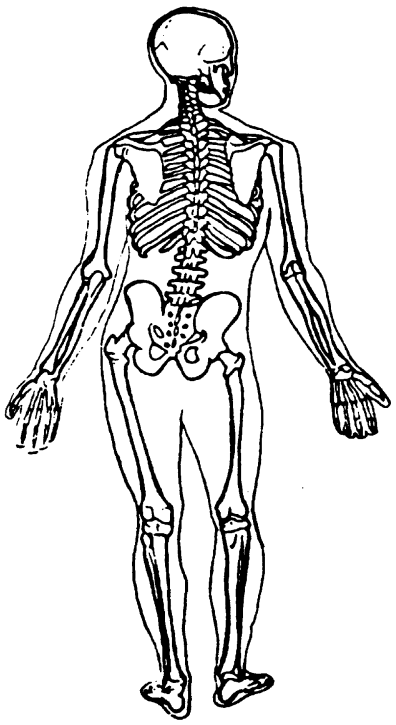
Soft Tissue Injuries





Skeletal Injuries



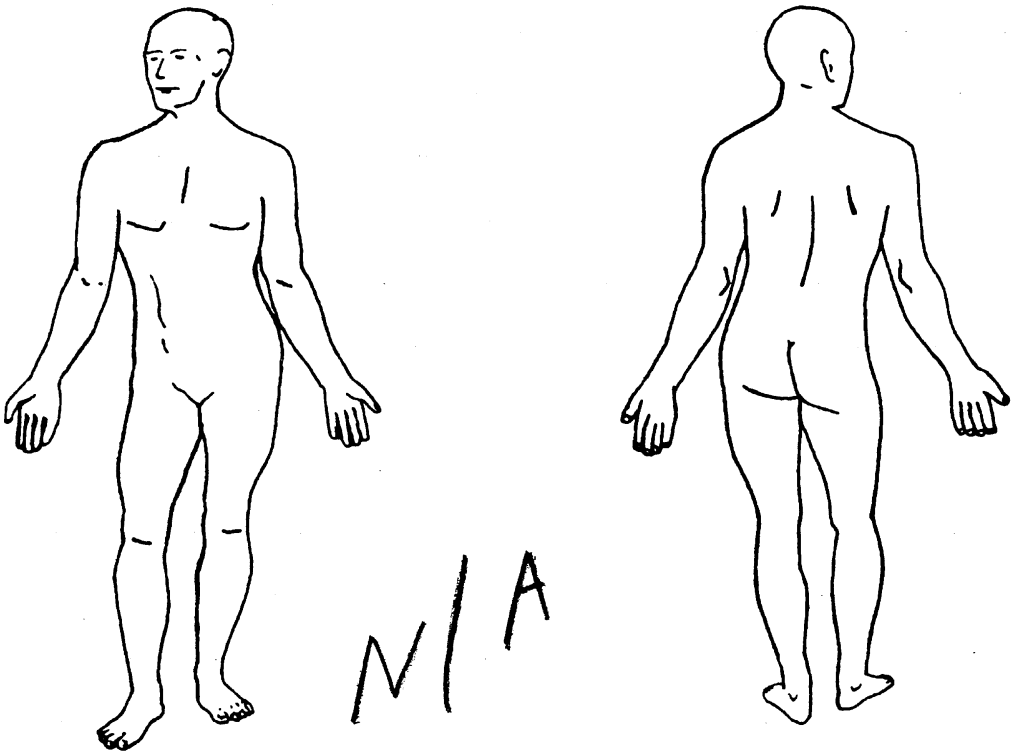


Collection Section

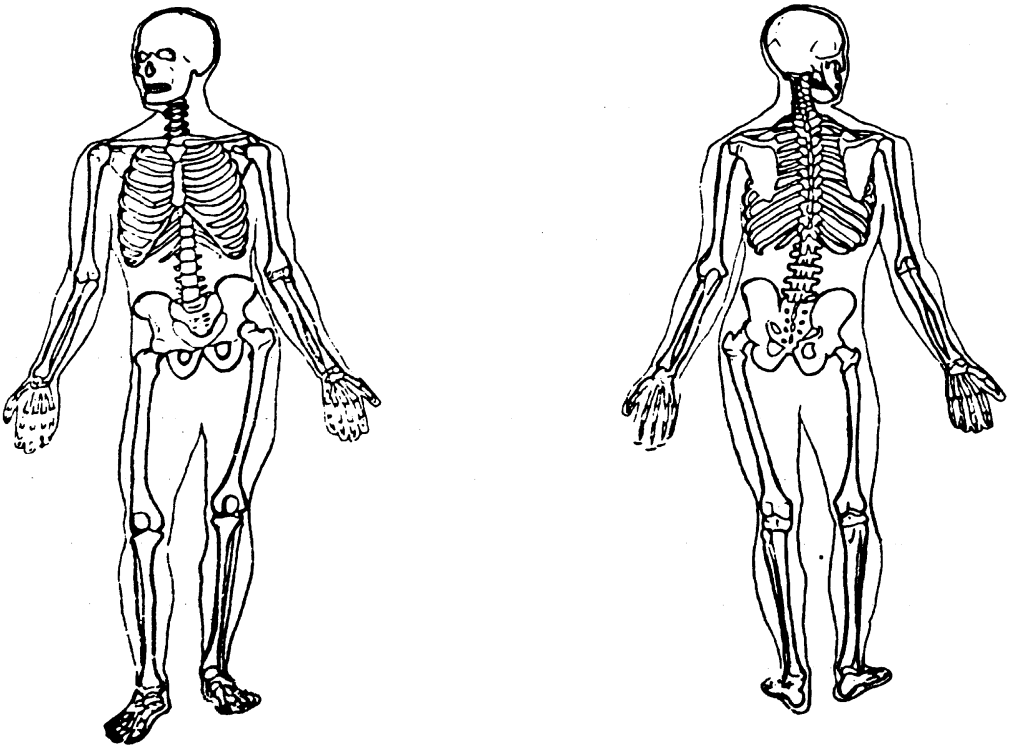
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ____ No, ____ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

REDUCTION SECTION

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle-foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if inuured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Severe injury
(4) Serious injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

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

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

This form presents the CRASH Program summary information for traffic units numbered:

		NASS Vehicle No.	Make	Model
First Vehicle	133	1	81	73
Second Vehicle	999	2	12	15

Primary Sampling Unit Number: 61
Case Number – Stratification: 1438
Common Impact Number: 01

2. VEHICLE SIZE/WEIGHT?

		Occupant	Cargo	Curb	
Veh #1	Class			8567	3762 6
	Weight:	195	0	~~6050~~	~~6245~~ 2
Veh #2	Class				
	Weight:	315	0	2443	2758

3. Veh #1 CDC 12 (0) FDEW2
PDOF ± 10

4. Veh #2 CDC 06 BDEW3 (4)
PDOF ± ___

5. VEHICLE STIFFNESS?
Veh #1 8 ~~6~~
Veh #2 2

6. KNOWLEDGE of REST and IMPACT POSITIONS?
✓ No – skip to 38. – Damage Dimensions
___ Yes:

7. REST
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

8. IMPACT
Veh #1 X ___.___
Y ___.___
ψ ___.___
Veh #2 X ___.___
Y ___.___
ψ ___.___

9. Slide slip angles PRIOR to impact?
___ No – skip to 11.
___ Yes

10. Slip angles
Veh #1 ± ___
Veh #2 ± ___

11. SUSTAINED CONTACT?
___ No
___ Yes

12. Did Vehicle One SLIDE SIDEWAYS?
___ No – skip to 15.
___ Yes:

13. Did rotation cease prior to final rest?
___ No – skip to 15.
___ Yes:

14. Location
X ___.___
Y ___.___
ψ ___.___

15. Was Vehicle One's PATH CURVED?
___ No – skip to 17.
___ Yes:

15. Point on Path
X ___.___
Y ___.___

17. Did Vehicle One ROTATE?
___ None – skip to 19.
___ Clockwise:
___ Counterclockwise:

18. More than 360 degrees?
___ No
___ Yes

19. Did Vehicle Two SLIDE SIDEWAYS?
___ No – skip to 22.
___ Yes:

20. Did rotation cease prior to final rest?
___ No – skip to 22.
___ Yes:

21. Location
X ___.___
Y ___.___
ψ ___.___

22. Was Vehicle Two's PATH CURVED?
___ No – skip to 24.
___ Yes:

23. Point on Path
X ___.___
Y ___.___

24. Did Vehicle Two ROTATE?
___ None – skip to 26.
___ Clockwise:
___ Counterclockwise:

25. More than 360 degrees
___ No
___ Yes

26. COEFFICIENT of FRICTION? ___

National Accident Sampling System – Continuous Sampling Subsystem: CRASH Program Summary

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. Veh #1 RF __.__ __
LF __.__ __
RR __.__ __
LR __.__ __

29. Veh #2 RF __.__ __
LF __.__ __
RR __.__ __
LR __.__ __

OR
(2) Longitudinal Deceleration

30. Veh #1 __.__ __
31. Veh #2 __.__ __

32. TRAJECTORY SIMULATION?

____No – skip to 38.
____Yes: Steer angles?

33. Veh # 1 RF __ __
LF __ __
RR __ __
LR __ __

34. Veh # 2 RF __ __
LF __ __
RR __ __
LR __ __

35. TERRAIN BOUNDARY?

____No – skip to 38.
____Yes: Boundary Points?

36. XBP1 __ __ __.__
YBP1 __ __ __.__
XBP2 __ __ __.__
YBP2 __ __ __.__

37. SECONDARY FRICTION COEFFICIENT? __.__ __

38. Are DAMAGE DIMENSIONS Known?

___✓No – PROGRAM COMPLETED!
___✓Yes: Dimensions in Inches

75

39. Side damage
42. End damage Veh #1 L 70.5

40. Side damage
43. End damage
C_1 10.9
C_2 2.25
C_3 2.25
C_4 1.8
C_5 2.2
C_6 5.0

41. Side damage
44. End damage D± 0.0

45. Side damage
48. End damage Veh # 2 L 54.0 63

46. Side damage
49. End damage
C_1 11.25
C_2 16.2
C_3 20.4
C_4 23.0
C_5 26.9
C_6 29.0

47. Side damage
50. End damage D± 0.0

If this Common Impact was with a Motor Vehicle *Not In Transport*, fill in the information below.

Model Year: _____ Make: _____
Curb Weight: _____ lbs Model: _____
Cargo Weight: _____ lbs
Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 3 and 3A-3P) to this Form.

Delete VIN Identifier After Case Review

```
     ** RESTART HAS BEEN INITIATED **
 ** PROMPT WILL BE GIVEN WHEN COMPLETED **

THIS IS THE NASS PRODUCTION SYSTEM VERSION 7.3


3I - CASE (A02) ALPHA CHARACTER SHOULD EQUAL A08 (STRATIFICATION) -- VERIFY.
07-MANDATORY FIELD IS  OUT-OF-RANGE.

  61 143Q 1 1 7 3        [redacted]4Q$      1$$1 1 0**0$$2 0 1$$$$1 1 1 4 5 4 0$$0 0 2 0 0$$3 0 0 0 1 1 2 1 2$$3 0 3$$0 0
                                 QL                  QL                                                                    EN
  61 143Q 1 1 7 3        0000000000


 1  2    3 4 5 6       7      8 9     10 111213 14 151617   18192021222324 2526272829 303132333435363738 394041 4243
 !61!143Q!1!1!7!3!  !  !      ! !     !  ! ! !  !  ! ! !    ! ! ! ! ! ! !  ! ! ! ! ! !  ! ! ! ! ! ! ! ! ! !  ! ! !  ! !
                       >[redacted]84 Q       12 1 1 02 00 2 0 1801 1 1 1 4 5 4 03 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 1  2    3 4 5 6       44
 !61!143Q!1!1!7!3!  !  !
                       >0000000000


  61 143Q 1 1 7 3        [redacted]QQ      1121111002000220011801111111445544003000022000003300000011112211220330033000 00
  61 143Q 1 1 7 3        0000000000
PED & NON-MOTORIST? Y OR N
>N
VEHICLES? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER VEHICLE CARD
 1  2    3 4 5 6 7     8  9 1011           1819    2425           34           43           52           61
 !61!143Q!3!1!7!3!01!  !  ! ! !            ! !     ! !            !            !            !            !
                       >01 1 2 811273500030 0 00000 0 10201FDEW021                                         1FTDF15EOBPA11441
 1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82   83   84                 85   86 87
 !61!143Q!3!1!7!3!01!  ! ! !   ! ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !    !    !                  !    !  !
                       >0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -19 -09 0295 0179 028006006005006013 00009990000000


  61 143Q 3 1 7 3 01    01 1 2 811273500030 0 00000 0 10201FDEW021                                         1FTDF15EOBPA11441


  61 143Q 3 1 7 3 01    0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -19 -09 0295 0179 028006006005006013  000 99 000000
                                                                 BN BN  BN

 1  2    3 4 5 6 7     8  9 1011           1819    2425           34           43           52           61
 !61!143Q!3!1!7!3!01!  !  ! ! !            ! !     ! !            !            !            !            !
                       >
 1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82   83   84                 85   86 87
 !61!143Q!3!1!7!3!01!  ! ! !   ! ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !    !    !                  !    !  !
                       >                                          -16
```

```
  61 143Q 3 1 7 3 01     01 1 2 811273500030 0 00000 0 10201FDEW021                                          1FTDF15E0BPA11441
  61 143Q 3 1 7 3 01     0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -16 -09 0295 0179 028006006005006013  000 99 000000
DRIVER? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER DRIVER CARD
 1  2    3 4 5 6 7     8  9 10 11  12  131415161718     21 2223        3233 34353637383940
 !61!143Q!4!1!7!3!01!  !  ! !  !   !   ! ! ! ! ! !      !  ! !         ! !  ! ! ! ! ! ! !
                       >01 1 61 920 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 999999
 1  2    3 4 5 6 7     454647 484950            51 5354555657 5859 60     63
 !61!143Q!4!1!7!3!01!  ! ! !  ! ! !             !  ! ! ! ! ! !  ! !  !      !
                       >2 0 00 3 0 0000000000000 00 1 3 2 1 30 3 20 000000 000000


  61 143Q 4 1 7 3 01     01 1 61 920 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999
  61 143Q 4 1 7 3 01     2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
OCCUPANTS? Y OR N
Y
INVESTIGATOR NUMBER?
>3
ENTER OCCUPANT CARD
 1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63
 !61!143Q!5!1!7!3!01!01!  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !
                       >38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000
  61 143Q 5 1 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000
OCCUPANTS? Y OR N
>N
VEHICLES? Y OR N
>N
0A - NOT ENOUGH VEHICLES
VEHICLES? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER VEHICLE CARD
 1  2    3 4 5 6 7     8  9 1011           1819    2425           34           43           52           61
 !61!143Q!3!1!7!3!02!  !  ! ! !            ! !     ! !            !            !            !            !
                       >03 2 2 841215040005 0 00000 0 10106BDEW031                                          1FABP22R0EK135217
 1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82  83  84                 85  86 87
 !61!143Q!3!1!7!3!02!  ! ! !   ! ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !   !   !                  !   !  !
                       >0 0 021 1 5 3 0 4 1 0 0 0 0 034 000 0 1 42 +42  00 1226 0137 029042052058068073 00009990000000


  61 143Q 3 1 7 3 02 01 03 2 2 841215040005 0 00000 0 10106BDEW031                                          1FABP22R0EK135217
  61 143Q 3 1 7 3 02     0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 $$  $$  1226 0137 029042052058068073  000 99 000000

 1  2    3 4 5 6 7     8  9 1011           1819    2425           34           43           52           61
 !61!143Q!3!1!7!3!02!  !  ! ! !            ! !     ! !            !            !            !            !
                       >
 1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82  83  84                 85  86 87
 !61!143Q!3!1!7!3!02!  ! ! !   ! ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !   !   !                  !   !  !
                       >                                          42  00


  61 143Q 3 1 7 3 02 01 03 2 2 841215040005 0 00000 0 10106BDEW031                                          1FABP22R0EK135217
  61 143Q 3 1 7 3 02     0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 $$  $$  1226 0137 029042052058068073  000 99 000000

 1  2    3 4 5 6 7     8  9 1011           1819    2425           34           43           52           61
 !61!143Q!3!1!7!3!02!  !  ! ! !            ! !     ! !            !            !            !            !
                       >
 1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82  83  84                 85  86 87
 !61!143Q!3!1!7!3!02!  ! ! !   ! ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !   !   !                  !   !  !
                       >                                          +42 +00
```

```
  61 143Q 3 1 7 3 02    03 2 2 841215040005 0 00000 0 10106BDEW031                                                  1FABP22R0EK135217
  61 143Q 3 1 7 3 02    0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 029042052058068073  000 99 000000
DRIVER? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER DRIVER CARD
 1  2    3 4 5 6 7     8  9 10 11  12  131415161718     21 2223        3233 34353637383940
 !61!143Q!4!1!7!3!02!  !  ! !  !   !   ! ! ! ! ! !      !  ! !         ! !  ! ! ! ! ! ! !
                       >03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
 1  2    3 4 5 6 7     454647 484950            51 5354555657 5859 60     63
 !61!143Q!4!1!7!3!02!  ! ! !  ! ! !             !  ! ! ! ! ! !  ! !  !      !
                       >2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000

  61 143Q 4 1 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
                                    BM          BM

  61 143Q 4 1 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000


 1  2    3 4 5 6 7     8  9 10 11  12  131415161718     21 2223        3233 34353637383940
 !61!143Q!4!1!7!3!02!  !  ! !  !   !   ! ! ! ! ! !      !  ! !         ! !  ! ! ! ! ! ! !
                       >=
 1  2    3 4 5 6 7     454647 484950            51 5354555657 5859 60     63
 !61!143Q!4!1!7!3!02!  ! ! !  ! ! !             !  ! ! ! ! ! !  ! !  !      !
                       >=

  61 143Q 4 1 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
                                    BM          BM

  61 143Q 4 1 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000

OCCUPANTS? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER OCCUPANT CARD
 1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63        7071
 !61!143Q!5!1!7!3!02!01!  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                       >15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                11000

  61 143Q 5 1 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                 1 00
                        CQ  CZCZ
                           CZ

 1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63        7071
 !61!143Q!5!1!7!3!02!01!  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                       >=
  61 143Q 5 1 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                 1 00
                        CQ  CZCZ
                           CZ
OCCUPANTS? Y OR N
>Y
INVESTIGATOR NUMBER?
>3
ENTER OCCUPANT CARD
 1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63        7071
 !61!143Q!5!1!7!3!02!02!  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                       >37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0-0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
  61 143Q 5 1 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
OCCUPANTS? Y OR N
>Y
```

BEST AVAILABLE COPY

```
INVESTIGATOR NUMBER?
>3
ENTER OCCUPANT CARD
 1  2    3 4 5 6 7  8  9  10      1314 15161718192021 22 232425262728        35        42        49        56        63        7071
 !61!143Q!5!1!7!3!02!03!  !       ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !          !         !         !         !         !         ! !
                         >10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                2 00

  61 143Q 5 1 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                2 00
                          CQ  CZCZ
                             CZ

 1  2    3 4 5 6 7  8  9  10      1314 15161718192021 22 232425262728        35        42        49        56        63        7071
 !61!143Q!5!1!7!3!02!03!  !       ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !          !         !         !         !         !         ! !
                         >=
  61 143Q 5 1 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                2 00
                          CQ  CZCZ
                             CZ
OCCUPANTS? Y OR N
>N
VEHICLES? Y OR N
>N
 61 143Q 1 1 7 3          [redacted] 0      12 1 1 02 00 2 0 1801 1 1 1 4 5 4 03 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 143Q 1 1 7 3          0000000000
 61 143Q 3 1 7 3 01       01 1 2 81127350003 0 00000 0 10201FDEW021                                          1FIDF15E0DPA11441
 61 143Q 3 1 7 3 01       0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -16 -09 0295 0179 028006006005006013 000 99 000000
 61 143Q 4 1 7 3 01       01 1 61 220 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999
 61 143Q 4 1 7 3 01       2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
 61 143Q 5 1 7 3 01 01    30 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                                0 00
 61 143Q 3 1 7 3 02       03 2 2 84121504000 0 00000 0 10106BDEW031                                          1FABF22R0EK135217
 61 143Q 3 1 7 3 02       0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 029042052058068073 000 99 000000
 61 143Q 4 1 7 3 02       03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
 61 143Q 4 1 7 3 02       2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
 61 143Q 5 1 7 3 02 01    15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                          1 00
 61 143Q 5 1 7 3 02 02    37 262130 2 03 0 0 0 0 0 3 02 10 3 0 0 0 4 BSTM19007 BWCM12107 ARGI11107 KRCI10507 KLGI10507 000000000 2 00
 61 143Q 5 1 7 3 02 03    10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                2 00
ENTER TRANSACTION
>
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C
CASE?
>1430
  CASE RNVN PN
 !1430! ! ! !
     >!
INVESTIGATOR NUMBER?
>


 61 1430 1 1 7 3      [redacted] E      12 1 1 02 00 2 0 1801 1 1 1 4 5 4 03 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 1430 1 2 7 3      0000000000

1  2    3 4 5 6      7      8 9     10 111213 14 151617   181920212223 24 2526272829 303132333435363738 394041 4243
!  !    ! ! ! !3!  ! !      ! !     ! ! ! ! ! ! ! !    ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
                     >                                 1805            06
1  2    3 4 5 6      44
!  !    ! ! ! !3!  ! !
                     >=


 61 1430 1 1 7 3      [redacted] E      12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 1430 1 2 7 3      0000000000
61 1430 1 1 7 3      [redacted] E      12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3      0000000000
61 1430 3 1 7 3 01   01 1 2 B11273500030 0 00000 0 10201FDEW021                                  1FTDF15E0BPA11441
61 1430 3 1 7 3 01   0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -16 -09 0295 0179 02B0060060050060 13  000 99 000000
61 1430 4 1 7 3 01   01 1 61 920 997 0 0 0 B 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999
61 1430 4 1 7 3 01   2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 1 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                                0 00
61 1430 3 1 7 3 02   03 2 2 B41215040005 0 00000 0 10106BDEW031                                  1FABP22R0EK135217
61 1430 3 1 7 3 02   0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 02904205205B068073  000 99 000000
61 1430 4 1 7 3 02   03 1 05 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
61 1430 4 1 7 3 02   2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 1 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                      1 00
61 1430 5 1 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWDM12107 ARDI11107 KRCI10507 KLDI10507 000000000 2 00
61 1430 5 1 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                            2 00
ENTER TRANSACTION
```

```
>C
CASE?
>143Q
  CASE RNVN PN
 !143Q! !  !  !
     >3 01
INVESTIGATOR NUMBER?
>


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 61 143Q 3 2 7 3 01    0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -16 -09 0295 0179 02B0060060050060 13  000 99 000000

1  2    3 4 5 6 7     8  9 1011          1819    2425          34          43          52          61
!  !    ! ! ! !3!  !  !  ! ! !           ! !     ! !           !           !           !           !
                      >              0430          10212FDEW021
1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82   83   84              85   86 87
!  !    ! ! ! !3!  !  ! ! !   ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !    !    !                   !    !  !
                      >1                          036       1 34 -33 +06 0374 0191                    +000


 61 143Q 3 2 7 3 01    01 1 2 B11273500430 0 00000 0 10212FDEW021                                  1FTDF15E0BPA11441
 61 143Q 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02B0060060050060 13 +000 99 000000
61 143Q 1 2 7 3        [redacted] @       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 143Q 1 2 7 3        0000000000
61 143Q 3 2 7 3 01     01 1 2 B11273500430 0 00000 0 10212FDEW021                                  1FTDF15E0BPA11441
61 143Q 3 2 7 3 01     1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02B0060060050060 13 +000 99 000000
61 143Q 4 2 7 3 01     01 1 61 920 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999
61 143Q 4 2 7 3 01     2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 143Q 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                                  0 00
61 143Q 3 2 7 3 02     03 2 2 B41215040005 0 00000 0 10106BDEW031                                  1FABP22R0EK135217
61 143Q 3 2 7 3 02     0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 02904205205B048073  000 99 000000
61 143Q 4 2 7 3 02     03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
61 143Q 4 2 7 3 02     2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 143Q 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM17007 000000000                                          1 00
61 143Q 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM17007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
61 143Q 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                 2 00
ENTER TRANSACTION
```

```
>C
CASE?
>1430
  CASE RNVN PN
 !1430! !  !  !
     >4 01
INVESTIGATOR NUMBER?
>


 61 1430 4 2 7 3 01    01 1 61 920 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999

 61 1430 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000

1  2    3 4 5 6 7     3  9 10 11  12  131413161718     21 2223        3233 343536373839 40
!  !    ! ! ! !3!  !  !  ! !  !   !   ! ! ! ! ! !      !  ! !         ! !  ! ! ! ! ! ! !
                       >                          232221                          2     21001
1  2    3 4 5 6 7     454647 484950            51 5354555657 5859 60     63
!  !    ! ! ! !3!  !  ! ! !  ! ! !             !  ! ! ! ! !  ! !  !      !
                       >=
61 1430 1 2 7 3       [redacted]0       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3       0000000000
61 1430 3 2 7 3 01    01 1 2 811273500430 0 00000 0 10212FDEW021                                        1FTDF15E0BPA11441
61 1430 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02800600600500601 3 +000 99 000000
61 1430 4 2 7 3 01    01 1 61 920 997 0 0 0 8 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 1430 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                                    0 00
61 1430 3 2 7 3 02    03 2 2 841215040005 0 00000 0 10106BDEW031                                        1FABP22R0EK135217
61 1430 3 2 7 3 02    0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 02904205205806807 3  000 99 000000
61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                          1 00
61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                  2 00
ENTER TRANSACTION
```

```
>C
CASE?
>143Q
  CASE RNVN PN
 !143Q! ! ! !
     >5 01 01
INVESTIGATOR NUMBER?
>


 61 143Q 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                    0 00

1  2    3 4 5 6 7  8  9  10     1314 151617181920212 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! 13!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         ! !
                    >                                0       000000000 @@@@@@@@@
 61 143Q 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                            0 00
 61 143Q 1 2 7 3       [redacted] 0       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 143Q 1 2 7 3       00000000000
 61 143Q 3 2 7 3 01    01 1 2 811273500430 0 00000 0 10212FDEW021                                    1FTDF15E0BPA11441
 61 143Q 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 028006006005006013 +000 99 000000
 61 143Q 4 2 7 3 01    01 1 61 920 797 0 0 0 B 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
 61 143Q 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
 61 143Q 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                            0 00
 61 143Q 3 2 7 3 02    03 2 2 841215040005 0 00000 0 10106BDEW031                                    1FABF22R0EK135217
 61 143Q 3 2 7 3 02    0 0 021 1 3 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 027042052058068073  000 99 000000
 61 143Q 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
 61 143Q 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
 61 143Q 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                          1 00
 61 143Q 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
 61 143Q 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                    2 00
ENTER TRANSACTION
```

```
>C
CASE?
>143Q
 CASE RNVN PN
!143Q! !  !  !
     >3 02
INVESTIGATOR NUMBER?
>


 61 143Q 3 2 7 3 02    03 2 2 841215040005 0 00000 0 10106BDEW031                                    1FABF22R0EK135217
 61 143Q 3 2 7 3 02    0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 02904205205806807 3  000 99 000000

1  2    3 4 5 6 7     8  9 1011          1819    2425          34          43          52          61
!  !    ! ! ! !3!  !  !  ! ! !           ! !     ! !           !           !           !           !
                      >                          10106BDEW041
1  2    3 4 5 6 7     626364  656667686970717273747 5  76  777879 80  81  82  83  84              85  86 87
!  !    ! ! ! !3!  !  ! ! !   ! ! ! ! ! ! ! ! ! !   !   ! ! !  !   !   !   !   !                  !   !  !
                      >1                                  1 46 +46 -00 1430 0160 02901205205806807 4 +000


 61 143Q 3 2 7 3 02    03 2 2 841215040005 0 00000 0 10106BDEW041                                    1FABF22R0EK135217
 61 143Q 3 2 7 3 02    1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205806807 4 +000 99 000000
61 143Q 1 2 7 3        [redacted]Q       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 143Q 1 2 7 3        0000000000
61 143Q 3 2 7 3 01     01 1 2 811273500430 0 00000 0 10212FDEW021                                    1FTDF15E0BPA11441
61 143Q 3 2 7 3 01     1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02800600600500601 3 +000 99 000000
61 143Q 4 2 7 3 01     01 1 61 920 997 0 0 0 8 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 143Q 4 2 7 3 01     2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 143Q 5 2 7 3 01 01 3B 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                                                                  0 00
61 143Q 3 2 7 3 02     03 2 2 841215040005 0 00000 0 10106BDEW041                                    1FABF22R0EK135217
61 143Q 3 2 7 3 02     1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205806807 4 +000 99 000000
61 143Q 4 2 7 3 02     03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
61 143Q 4 2 7 3 02     2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 143Q 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                                              1 00
61 143Q 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
61 143Q 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                                                        2 00
ENTER TRANSACTION
```

```
>C
CASE?
>1430
  CASE RNVN PN
 !1430! !  !  !
     >4 02
INVESTIGATOR NUMBER?
>


 61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999

 61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000

1  2    3 4 5 6 7     8  9 10 11  12  131415161718     21 2223        3233 3435363738 3940
!  !    ! ! ! 13!  !  !  ! ! !   !   ! ! ! ! ! !      !  ! !         ! !  ! ! ! ! ! ! !
                       >                                                   1 1 7 2 1 0 00000
1  2    3 4 5 6 7     454647 484950            51 5354555657 5859 60     63
!  !    ! ! ! 13!  !  ! ! !  ! ! !             !  ! ! ! ! ! !  ! !  !      !
                       >=


 61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
                                   GU          BM                              GU

 61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000

61 1430 1 2 7 3       [redacted] 0       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3       0000000000
61 1430 3 2 7 3 01    01 1 2 B11273500430 0 00000 0 10212FDEW021                                    1FTDF15E0BPA11441
61 1430 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02B0060060050060 13 +000 99 000000
61 1430 4 2 7 3 01    01 1 61 920 997 0 0 0 B 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 1430 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                                0 00
61 1430 3 2 7 3 02    03 2 2 B41215040005 0 00000 0 101065DEW041                                    1FABP22R0EK135217
61 1430 3 2 7 3 02    1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205B068074 +000 99 000000
61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                            1 00
61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWDM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                      2 00
ENTER TRANSACTION
```

```
>C
CASE?
>1430
  CASE RNVN PN
 !1430! !  !  !
     >5 02 01
INVESTIGATOR NUMBER?
>


 61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                  1 00

1  2    3 4 5 6 7  8  9  10     1314 151617181920 21 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! !3!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                   >                                        ARLI19007 BUTM19007


 61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                                  1 00
                      CQ  CZCZ
                         CZ

1  2    3 4 5 6 7  8  9  10     1314 151617181920 21 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! !3!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                   >=
 61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                                  1 00
                      CQ  CZCZ
                         CZ
61 1430 1 2 7 3       [redacted]Q       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3       0000000000
61 1430 3 2 7 3 01    01 1 2 B11273500430 0 00000 0 10212FDEW021                                    1FTDF15E0BPA11441
61 1430 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02800600600500601 3 +000 99 000000
61 1430 4 2 7 3 01    01 1 61 920 997 0 0 0 8 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 1430 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                                      0 00
61 1430 3 2 7 3 02    03 2 2 B41215040005 0 00000 0 10104BDEW041                                    1FABP22R0EK135217
61 1430 3 2 7 3 02    1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205806807 4 +000 99 000000
61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                                  1 00
61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                            2 00
ENTER TRANSACTION
```

```
>C
CASE?
>1430
  CASE RNVN PN
 !1430! !  !  !
     >5 02 02
INVESTIGATOR NUMBER?
>


 61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00

1  2    3 4 5 6 7  8  9  10     1314 151617181920212 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! !3!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                     >                                                  BSTM19002 BSCI12102 FSAI19703 ARCI11107 KLCI10507 KRCI10507
 61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19002 BSCI12102 FSAI19703 ARCI11107 KLCI10507 KRCI10507 2 00
61 1430 1 2 7 3      [redacted] 0       12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3      0000000000
61 1430 3 2 7 3 01   01 1 2 B11273500430 0 00000 0 10212FDEW021                                    1FTDF15E0BPA11441
61 1430 3 2 7 3 01   1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 0280060060050060 13 +000 99 000000
61 1430 4 2 7 3 01   01 1 61 920 997 0 0 0 8 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 1430 4 2 7 3 01   2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                                        0 00
61 1430 3 2 7 3 02   03 2 2 B41215040005 0 00000 0 10106BDEW041                                    1FABP22R0EK135217
61 1430 3 2 7 3 02   1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 0290120520580680 74 +000 99 000000
61 1430 4 2 7 3 02   03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
61 1430 4 2 7 3 02   2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                                      1 00
61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19002 BSCI12102 FSAI19703 ARCI11107 KLCI10507 KRCI10507 2 00
61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                              2 00
ENTER TRANSACTION
```

```
>C
CASE?
>1430
  CASE RNVN PN
 !1430! !  !  !
     >5 02 03
INVESTIGATOR NUMBER?
>


 61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                    2 00

1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! !3!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                    >                                        TRAI19003


 61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRAI19003 000000000                                    2 00
                       00  0200
                         02

1  2    3 4 5 6 7  8  9  10     1314 15161718192021 22 232425262728        35        42        49        56        63        7071
!  !    ! ! ! !3!  !  !  !      ! !  ! ! ! ! ! ! !  !  ! ! ! ! ! !         !         !         !         !         !         ! !
                    >=
 61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRAI19003 000000000                                    2 00
                       00  0200
                         02
61 1430 1 2 7 3       [redacted]0       12 1 1 02 00 2 0 1305 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
61 1430 1 2 7 3       0000000000
61 1430 3 2 7 3 01    01 1 2 B112735004300 0 00000 0 10212FDEW021                                    1FTDF13E08PA11441
61 1430 3 2 7 3 01    1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0274 0191 02800600600500601 3 +000 99 000000
61 1430 4 2 7 3 01    01 1 61 920 997 0 0 0 8 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
61 1430 4 2 7 3 01    2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 01 01 38 177193 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                    0 00
61 1430 3 2 7 3 02    03 2 2 B4121504000E 0 00000 0 10106BDEW041                                    1FABP22R0EK135217
61 1430 3 2 7 3 02    1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205806807 4 +000 99 000000
61 1430 4 2 7 3 02    03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
61 1430 4 2 7 3 02    2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                          1 00
61 1430 5 2 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19002 BSCI12102 FSAI19703 ARCI11107 KLCI10507 KRCI10507 2 00
61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRAI19003 000000000                                    2 00
ENTER TRANSACTION
```

```
>APP
CASE?
>1430
 61 1430 1 2 7 3        [redacted] 0        12 1 1 02 00 2 0 1805 1 1 1 4 5 4 06 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 1430 1 2 7 3        0000000000
 61 1430 3 2 7 3 01     01 1 2 811273500430 0 00000 0 10212FDEW021                                    !FTDF15E0BPA11441
 61 1430 3 2 7 3 01     1 0 093 1 1 0 0 1 3 0 0 0 0 036 000 0 1 34 -33 +06 0374 0191 02B0060060050060 13 +000 99 000000
 61 1430 4 2 7 3 01     01 1 61 920 997 0 0 0 3 1 232221 02 0 000000000 0 96 1 0 2 2 0 0 21001
 61 1430 4 2 7 3 01     2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
 61 1430 5 2 7 3 01 01 3B 177195 1 01 0 0 0 0 0 6 00 00 3 0 0 0 1 000000000                                                0 00
 61 1430 3 2 7 3 02     03 2 2 841215040005 0 00000 0 10106BDEW041                                    !FABP22R0EK135217
 61 1430 3 2 7 3 02     1 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 46 +46 -00 1430 0160 02901205205806 8074 +000 99 000000
 61 1430 4 2 7 3 02     03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 1 7 2 1 0 00000
 61 1430 4 2 7 3 02     2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
 61 1430 5 2 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI19007 BUTM19007 000000000                            1 00
 61 1430 5 2 7 3 02 02 37 242130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19002 BSCI12102 FSAI19703 ARCI11107 KLCI10507 KRCI10507 2 00
 61 1430 5 2 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRAI19003 000000000                                      2 00

11  ERRORS STILL IN EFFECT FOR THIS CASE:
 GU( 2) BM( 1) CB( 2) CZ( 6)

APPROVE CASE? Y OR N
>N
ENTER TRANSACTION
>
```

```
WELCOME TO THE [redacted]
 ACCESS PORT IS [redacted]

SELECT DESIRED SERVICE:  CTS

NSTREAM-CTS ONLINE

CP>LOGON [redacted]
TER PASSWORD:
[redacted]
ON AT 10:42:38 EDT [redacted] /84 LINE 6CB (Z-1-182)
CMS/SP REL 3 [redacted] /84 V008
D (292) R/O
DASD 292 DETACHED
R;


SESSION
TIME IS 10:42:49 EDT [redacted] 84
CONNECT= 00:00:11 APPROX CSU=3.34
R;

[redacted]-84  1984 BARRIER MOD 3.3 ACTIVATED
[redacted]-84  1984 NASS CSS-RDE MOD 7.4 ACTIVATED
[redacted]84  SHORTER NASS84 HOURS - 900 TO 1900 EST
[redacted]84   NEW HOTLINE NUMBER [redacted]


*****    THIS ACCOUNT HAS NO ACCESS TO NASS83 OR BARRIER3.  IT DOES
***** HAVE ACCESS TO NASS83Z, NASSMOD, CRASH, POLES, OLDMIS, AND
***** MESSAGE (SEND ONLY).  SEE YOUR NAS*P01 AND NAS*P0Z FOR OTHERS.
>CRASH
TERM OUTPUT OFF

SESSION
TIME IS 10:43:18 EDT [redacted] 84
CONNECT= 00:00:38 APPROX CSU=6.32
R;

[redacted]-84  1984 BARRIER MOD 3.3 ACTIVATED
[redacted]-84  1984 NASS CSS-RDE MOD 7.4 ACTIVATED
[redacted]-84  SHORTER NASS84 HOURS - 900 TO 1900 EST
[redacted]84   NEW HOTLINE NUMBER [redacted]


*****    THIS ACCOUNT HAS NO ACCESS TO NASS83 OR BARRIER3.  IT DOES
***** HAVE ACCESS TO NASS83Z, NASSMOD, CRASH, POLES, OLDMIS, AND
***** MESSAGE (SEND ONLY).  SEE YOUR NAS*P01 AND NAS*P0Z FOR OTHERS.
>CRASH
TERM OUTPUT OFF
PROJECT = CRASH
```

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N


 1. TITLE?
>Z.C. RERUN                    P61 143Q IMPACT1


 2. CLASS/WEIGHTS?
>6 376Z 2 Z758


 3. CDC/PDOF # 1?
>1ZFDEWZ -1Ø


 4. CDC/PDOF # Z?
>Ø6BDEW4


 5. VEHICLE 1 AND VEHICLE Z STIFFNESS CATEGORIES?
>8 Z


 6. REST & IMPACT? (Y OR N)
 N


 8. DAMAGE DIMENSIONS? (Y OR N)
 Y


 Z. END DAMAGE WIDTH #1
 75


43. END DAMAGE DEPTH #1
>1Ø.9 Z.25 Z.25 1.8 Z.Z 5


44. END DAMAGE MIDPOINT OFFSET #1
>Ø


48. END DAMAGE WIDTH #Z
>63


49. END DAMAGE DEPTH #Z
>11.Z5 16.7 ZØ.4 Z3 Z6.9 Z9


5Ø. END DAMAGE MIDPOINT OFFSET # Z
>Ø


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>Y


            S U M M A R Y   O F   C R A S H S   R E S U L T S


Z.C. RERUN                    P61 1430 IMPACT1


    SPEED CHANGE (DAMAGE)
          TOTAL          LONG.          LAT.           ANG.
VEH#1   33.8 KPH     -33.3 KPH       5.9 KPH     -10.0 DEG.
VEH#2   46.1 KPH      46.1 KPH      -0.0 KPH     180.0 DEG.

ENERGY DISSIPATED BY DAMAGE  VEH#1  37356.3 NT-M   VEH#2 142996.7 NT-M


ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>Y


            S U M M A R Y   O F   C R A S H S   R E S U L T S


Z.C. RERUN                    P61 1430 IMPACT1
```

VEHICLE # 1

IMPACT SPEED KPH		SPEED CHANGE KPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		33.8	-33.3	5.9	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED KPH		SPEED CHANGE KPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		46.1	46.1	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE---------	CATEGORY 6		TYPE---------	CATEGORY 2	
WEIGHT------	1706.4 KGS.		WEIGHT------	1251.0 KGS.	
CDC---------	12FDEW2		CDC---------	06BDEW4	
L----------	190.50 CM.		L----------	160.02 CM.	
C1----------	27.69 CM.		C1----------	28.57 CM.	
C2----------	5.71 CM.		C2----------	42.42 CM.	
C3----------	5.71 CM.		C3----------	51.82 CM.	
C4----------	4.57 CM.		C4----------	58.42 CM.	
C5----------	5.59 CM.		C5----------	68.33 CM.	
C6----------	12.70 CM.		C6----------	73.66 CM.	
D----------	0.0 CM.		D----------	0.0 CM.	
RHO---------	1.00	*	RHO---------	1.00	*
ANG---------	-10.0 DEG.		ANG---------	180.0 DEG.	*
D'----------	-15.50 CM.		D'----------	10.70 CM.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	= 1526.5	MILLIMETERS	A2	= 1176.0	MILLIMETERS
B1	= 1653.5	MILLIMETERS	B2	= 1272.5	MILLIMETERS
TR1	= 1615.4	MILLIMETERS	TR2	= 1386.8	MILLIMETERS
I1	= 4651.8	NT-SEC**2-M	I2	= 2379.7	NT-SEC**2-M
M1	=1705.039	NT-SEC**2/M	M2	=1250.000	NT-SEC**2/M
XF1	= 2646.7	MILLIMETERS	XF2	= 2115.8	MILLIMETERS
XR1	= -3180.1	MILLIMETERS	XR2	= -2326.6	MILLIMETERS
YS1	= 1013.5	MILLIMETERS	YS2	= 853.4	MILLIMETERS

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>E

CRASH PROGRAM COMPLETED.

!

SESSION

```
ENTER TRANSACTION
>REL
CASE?
>143Q
 61 143Q 1 1 7 3        [redacted]84 Q       12 1 1 02 00 2 0 1801 1 1 1 4 5 4 03 0 0 2 0 00 3 0 0 0 1 1 2 1 20 3 0 30 0 0
 61 143Q 1 1 7 3        0000000000
 61 143Q 3 1 7 3 01     01 1 2 811273500030 0 00000 0 10201FDEW021                                    1FTDF15E0BPA11441
 61 143Q 3 1 7 3 01     0 0 093 1 1 0 0 1 3 0 0 0 0 061 000 0 1 19 -16 -09 0295 0179 028006006005006013  000 99 000000
 61 143Q 4 1 7 3 01     01 1 61 920 997 0 0 0 8 1 220200 02 0 000000000 0 96 1 0 2 4 0 0 99999
 61 143Q 4 1 7 3 01     2 0 00 3 0 0000000000000 33 1 3 2 1 30 3 20 000000 000000
 61 143Q 5 1 7 3 01 01 38 177195 1 01 0 0 0 0 0 6 00 00 3 3 0 0 1 UUUU79707 000000000                                                0 00
 61 143Q 3 1 7 3 02     03 2 2 841215040005 0 00000 0 10106BDEW031                                    1FABP22R0EK135217
 61 143Q 3 1 7 3 02     0 0 021 1 5 3 0 4 1 0 0 0 0 024 000 0 1 42 +42 +00 1226 0137 029042052058068073  000 99 000000
 61 143Q 4 1 7 3 02     03 1 08 020 020 0 0 0 2 2 210000 00 0 000000000 0 96 1 0 2 2 0 0 99999
 61 143Q 4 1 7 3 02     2 0 00 3 0 0000000000000 33 1 1 2 1 30 3 20 000000 000000
 61 143Q 5 1 7 3 02 01 15 255105 1 01 0 0 0 0 0 6 00 00 3 0 0 0 4 ARLI10907 BWTM19007 000000000                                      1 00
 61 143Q 5 1 7 3 02 02 37 262130 2 03 0 0 0 0 0 3 02 16 3 0 0 0 4 BSTM19007 BWCM12107 ARCI11107 KRCI10507 KLCI10507 000000000 2 00
 61 143Q 5 1 7 3 02 03 10 241080 2 05 0 0 0 0 0 4 00 00 2 0 0 0 4 TRLI10907 000000000                                            2 00

10  ERRORS STILL IN EFFECT FOR THIS CASE:
 BM( 2) CQ( 2) CZ( 6)

RELEASE CASE? Y OR N
>Y
ENTER TRANSACTION
```

```
LOGMSG - 03:14:58 EDT [redacted]84
** PLEASE TYPE NEWS MEMO 122 - SAS 82.3 AVAILABLE **
** PLEASE TYPE NEWS MEMO 126 - INQUIRE RELEASE 84 AVAILABLE **
** PLEASE TYPE NEWS MEMO 127 - INQUIRE RELEASE 84 NEW FEATURES **
** PLEASE TYPE NEWS MEMO 176 - TELL-A-GRAF VERSION 4.6 AVAILABLE **
LOGON AT 16:15:19 EDT [redacted]84 LINE 0B9 (3-1-181)
CMS/SP REL 3 [redacted]84 V008
D (292) R/O
DASD 292 DETACHED
R;


SESSION
TIME IS 16:15:28 EDT [redacted]84
CONNECT= 00:00:09 APPROX CSU=3.20
R;

[redacted]84  1984 NASS CSS-RDE MOD 7.4 ACTIVATED
[redacted]84  SHORTER NASS84 HOURS - 900 TO 1900 EST
[redacted]84   NEW HOTLINE NUMBER [redacted]

>CRASH
TERM OUTPUT OFF
TERM OUTPUT OFF
PROJECT = CRASH



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N
```

```
 1. TITLE?
>61 143Q 01


 2. CLASS/WEIGHTS?
>6 6245 2 2758


 3. CDC/PDOF # 1?
>01FDEW2


 4. CDC/PDOF # 2?
>06BDEW3


 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>6 2


 6. REST & IMPACT? (Y OR N)
>N


38. DAMAGE DIMENSIONS? (Y OR N)
>Y


42. END DAMAGE WIDTH #1
>70.5


43. END DAMAGE DEPTH #1
>10.9 2.25 2.25 1.8 2.2 5


44. END DAMAGE MIDPOINT OFFSET #1
>0


48. END DAMAGE WIDTH #2
>54


49. END DAMAGE DEPTH #2
>11.25 16.7 20.4 23 26.9 29


50. END DAMAGE MIDPOINT OFFSET # 2
>0


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


          S U M M A R Y   O F   C R A S H 3   R E S U L T S





61 143Q 01


    SPEED CHANGE (DAMAGE)
          TOTAL        LONG.        LAT.          ANG.
VEH#1   11.6 MPH    -10.0 MPH     -5.8 MPH     30.0 DEG.
VEH#2   26.2 MPH     26.2 MPH     -0.0 MPH    180.0 DEG.

ENERGY DISSIPATED BY DAMAGE  VEH#1  21783.7 FT-LB  VEH#2  90402.5 FT-LB




ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>R


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N


QUESTION NUMBERS?
>5


 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>6 2


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH
```

```
DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>Y
```

S U M M A R Y O F C R A S H 3 R E S U L T S

```
61 143@ 01
```

SPEED CHANGE (DAMAGE)

	TOTAL	LONG.	LAT.	ANG.
VEH#1	18.6 KPH	-16.1 KPH	-9.3 KPH	30.0 DEG.
VEH#2	42.2 KPH	42.2 KPH	-0.0 KPH	180.0 DEG.

ENERGY DISSIPATED BY DAMAGE VEH#1 29534.5 NT-M VEH#2 122568.6 NT-M

```
ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P

DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>Y
```

S U M M A R Y O F C R A S H 3 R E S U L T S

```
61 143@ 01
```

VEHICLE # 1

IMPACT SPEED KPH		SPEED CHANGE KPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		18.6	-16.1	-9.3	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED KPH		SPEED CHANGE KPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
		42.2	42.2	-0.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE--------CATEGORY 6			TYPE--------CATEGORY 2		
WEIGHT------	2832.7 KGS.		WEIGHT------	1251.0 KGS.	
CDC---------01FDEW2			CDC---------06BDEW3		
L----------	179.07 CM.		L----------	137.16 CM.	
C1----------	27.69 CM.		C1----------	28.57 CM.	
C2----------	5.71 CM.		C2----------	42.42 CM.	
C3----------	5.71 CM.		C3----------	51.82 CM.	
C4----------	4.57 CM.		C4----------	58.42 CM.	
C5----------	5.59 CM.		C5----------	68.33 CM.	
C6----------	12.70 CM.		C6----------	73.66 CM.	
D----------	0.0 CM.		D----------	0.0 CM.	
RHO---------	1.00	*	RHO---------	1.00	*
ANG---------	30.0 DEG.	*	ANG---------	180.0 DEG.	*
D'----------	-14.57 CM.		D'----------	9.17 CM.	

DIMENSIONS AND INERTIAL PROPERTIES

A1	= 1526.5	MILLIMETERS	A2	= 1176.0	MILLIMETERS
B1	= 1653.5	MILLIMETERS	B2	= 1272.5	MILLIMETERS
TR1	= 1615.4	MILLIMETERS	TR2	= 1386.8	MILLIMETERS
I1	= 7722.1	NT-SEC**2-M	I2	= 2379.7	NT-SEC**2-M
M1	=2830.400	NT-SEC**2/M	M2	=1250.000	NT-SEC**2/M
XF1	= 2646.7	MILLIMETERS	XF2	= 2115.8	MILLIMETERS
XR1	= -3180.1	MILLIMETERS	XR2	= -2326.6	MILLIMETERS
YS1	= 1013.5	MILLIMETERS	YS2	= 853.4	MILLIMETERS

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>E

CRASH PROGRAM COMPLETED.

SLIDE INDEX

P77 Case No.: 143Q Investigator: [redacted]

40
No. of Slides

#1 & #2

1. APPROACH
2. "
3. "
4. LOOKING BACK
5. " "
6. " "
#1 7. FRONT
8. " RIGHT
9. " CENTER
10. " LEFT
11. LEFT FRONT
12. " REAR
13. " "
14. RIGHT "
15. RIGHT SIDE
16. " FRONT
17. REAR STRINGLINE FROM RIGHT
18. RIGHT " " " REAR
19. FRONT " " " LEFT
20. LEFT DASH AREA
21. CENTER LOWER DASH
22. RIGHT DASH AREA
23. LEFT HEADER
24. RIGHT "
#2 25. REAR LEFT
26. REAR
27. " RIGHT
28. LEFT REAR
29. REAR
30. " RIGHT
31. RIGHT SIDE
32. " FRONT
33. LEFT "
34. " REAR
35. REAR STRING LINE FROM LEFT
36. FRONT " " " "
37. LEFT DASH AREA
38. RIGHT " "
39. LEFT INTERIOR (Slides Missing)
40. RIGHT "
41.
42.
43.
44.
45.
46.
47.
48.
49.
50.

PSU 61-143Q (1984) #1

PSU 61-143Q (1984) #2

PSU 61-143Q (1984) #3

PSU 61-143Q (1984) #4

PSU 61-143Q (1984) #5

PSU 61-143Q (1984) #6

PSU 61-143Q (1984) #7

PSU 61-143Q (1984) #8

PSU 61-143Q (1984) #9

PSU 61-143Q (1984) #10

PSU 61-143Q (1984) #11

PSU 61-143Q (1984) #12

PSU 61-143Q (1984) #13

PSU 61-143Q (1984) #14

PSU 61-143Q (1984) # 15

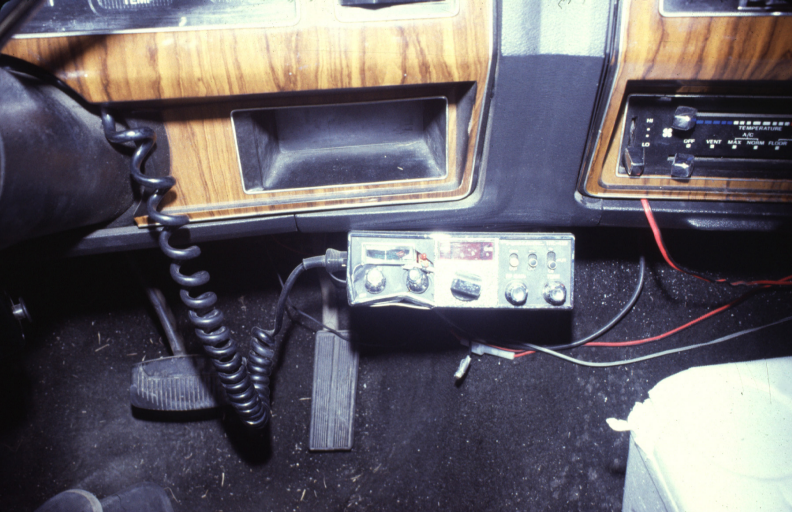
PSU 61-143Q (1984) #16

PSU 61-143Q (1984) #17

PSU 61-143Q (1984) #18

PSU 61-143Q (1984) #19

PSU 61-143Q (1984) #20



PSU 61-143Q (1984) #21

PSU 61-143Q (1984) #22

PSU 61-143Q (1984) #23

PSU 61-143Q (1984) #24

PSU 61-143Q (1984) #25

PSU 61-143Q (1984) #26

PSU 61-143Q (1984) #27

PSU 61-143Q (1984) #28

PSU 61-143Q (1984) #29

PSU 61-143Q (1984) #30

PSU 61-143Q (1984) #31

PSU 61-143Q (1984) #32

PSU 61-143Q (1984) #33

PSU 61-143Q (1984) #34

PSU 61-143Q (1984) #35

PSU 61-143Q (1984) #36

PSU 61-143Q (1984) #37

PSU 61-143Q (1984) #38

MANUFACTURE _____

CASE NUMBER 61-143Q

YEAR 1984

SLIDES

THE FOLLOWING SLIDE(S) ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER(S) 39 + 40