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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 76 CASE NO. 038D TYPE OF ACCIDENT Off Road to the Right R/O

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

V-1 was North Bound on 3 lane roadway. 2 lanes North and 1 lane South bound. V-1 left roadway to the right striking a mile post marker continued on across a acess road striking a stop sign then rotated counter clockwise and rolling 1½ times ejecting passenger through drivers door

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
V-1	Passenger Van	64/Ford/Econoline	U/K	Severe	U/K

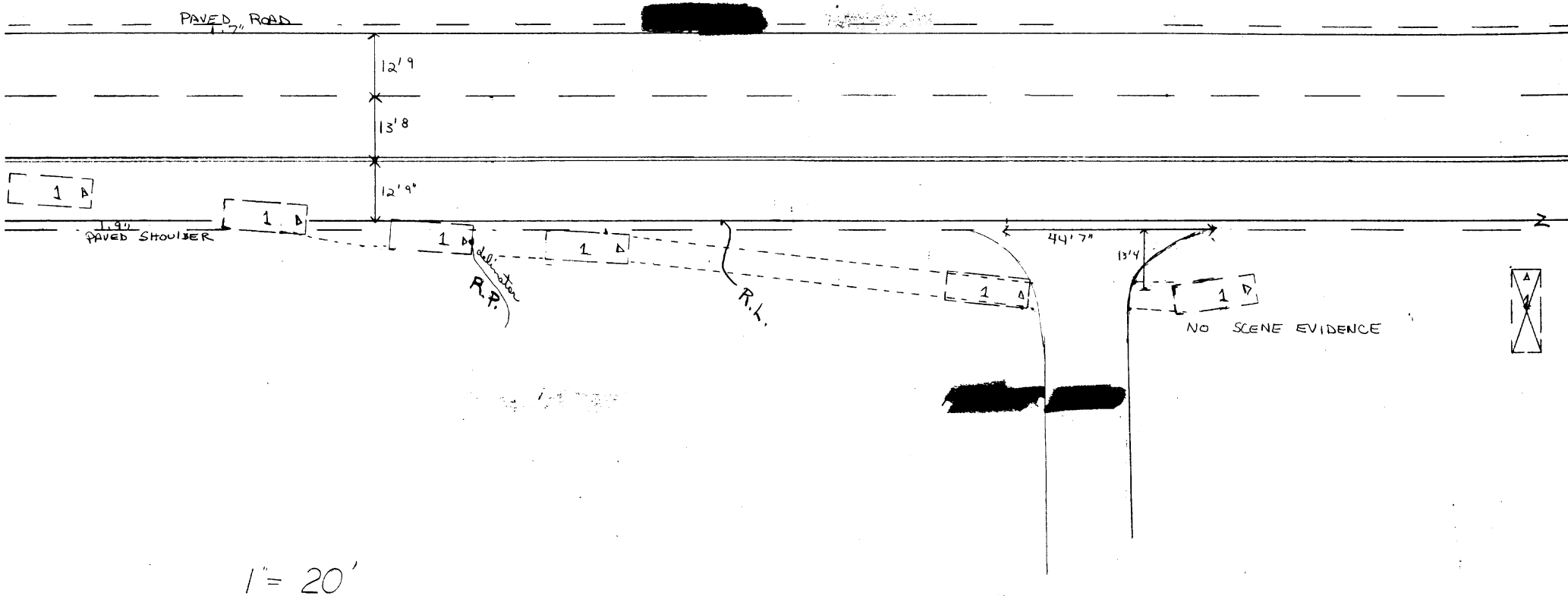
C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
V-1	Driver	Left Front	None				
	Passenger	Right Front	None	Pelvis	Contusion	1	U/K
	Passenger	Back of Van	None	Pelvis	FX	3	U/K

DO NOT SANITIZE THIS FORM

HS Form 434A
1/88

OPEN AREA



1" = 20'

PSU76
INV-1
CASE038D
[redacted]

N

BEST AVAILABLE

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

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 76 Case Number–Stratum 038D

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

*approximate vehicle orientation at impact and final rest

*applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)

*applicable traffic controls (e.g., speed limit)

*north arrow placed on diagram

*sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the Level I tasks noted above, the following must be accomplished when physical evidence is present:

~~LEVEL II~~ (Cont'd)

*document reference point and reference line relative to physical features present at the scene

*scaled documentation of all accident induced physical evidence

*scaled documentation of all roadside objects contacted

*roadway surface type and condition of applicable roadways

*grade measurements for all applicable roadways

*scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:

a) physical evidence, or

b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	270		
Surface Type	BITUMINOUS		
Surface Condition	DRY		
Grade Measurement (v/h)	Level		

STRAIGHT

Reference Point: MPM 284 5'4" EAST SIDE OF U.S. [redacted] N/B W/L

Reference Line: EAST ROADWAY EDGE LINE ON U.S. [redacted] MP [redacted]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
V-1 R/F LEAVES SHOULDER	40' 8" S	1' 9" E
V-1 APPROXIMENT IMPACT W/ MPM	0	5' 4" E
V-1 L/F LEAVES SHOULDER	28' 2" N	1' 7" E
V-1 R/F ENTERS ACCESS ROADWAY	118' 6" N	19' 2" E
V-1 L/F ENTERS ACCESS ROADWAY	120' N	13' 7" E
V-1 R/F EXITS ROADWAY	140' 2" N	17' 6" E
V-1 L/F EXITS ROADWAY	141' 3" N	12' 8" E
V-1 ESTIMATED F/R L/F	223' N	10' 3" E

HS Form 431A
8/1/87

BEST AVAILABLE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

PSU NUMBER 76

CASE NUMBER 038D

VEHICLE NUMBER 01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

PSU NUMBER 76

CASE NUMBER 038D

VEHICLE NUMBER 01

INTERVIEW FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

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

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 76
2. Case Number–Stratum: 038D
3. Vehicle Number: 01
4. Occupant Number: 01

INJURY DATA

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

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 9	6. 0	7. W	8. C	9. I	10. 1	11. 97	12. 9	13. 7	14. 99
2nd	15. 9	16. 0	17. W	18. A	19. I	20. 1	21. 97	22. 9	23. 7	24. 99
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.
11th	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.
12th	115.	116.	117.	118.	119.	120.	121.	122.	123.	124.
13th	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.
14th	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.
15th	145.	146.	147.	148.	149.	150.	151.	152.	153.	154.
16th	155.	156.	157.	158.	159.	160.	161.	162.	163.	164.
17th	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.
18th	175.	176.	177.	178.	179.	180.	181.	182.	183.	184.
19th	185.	186.	187.	188.	189.	190.	191.	192.	193.	194.
20th	195.	196.	197.	198.	199.	200.	201.	202.	203.	204.

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA SUPPLEMENT

	Source of Injury Data	O.I.C. – A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
21st										
22nd										
23rd										
24th										
25th										
26th										
27th										
28th										
29th										
30th										
31st										
32nd										
33rd										
34th										
35th										
36th										
37th										
38th										
39th										
40th										
41st										
42nd										
43rd										
44th										
45th										

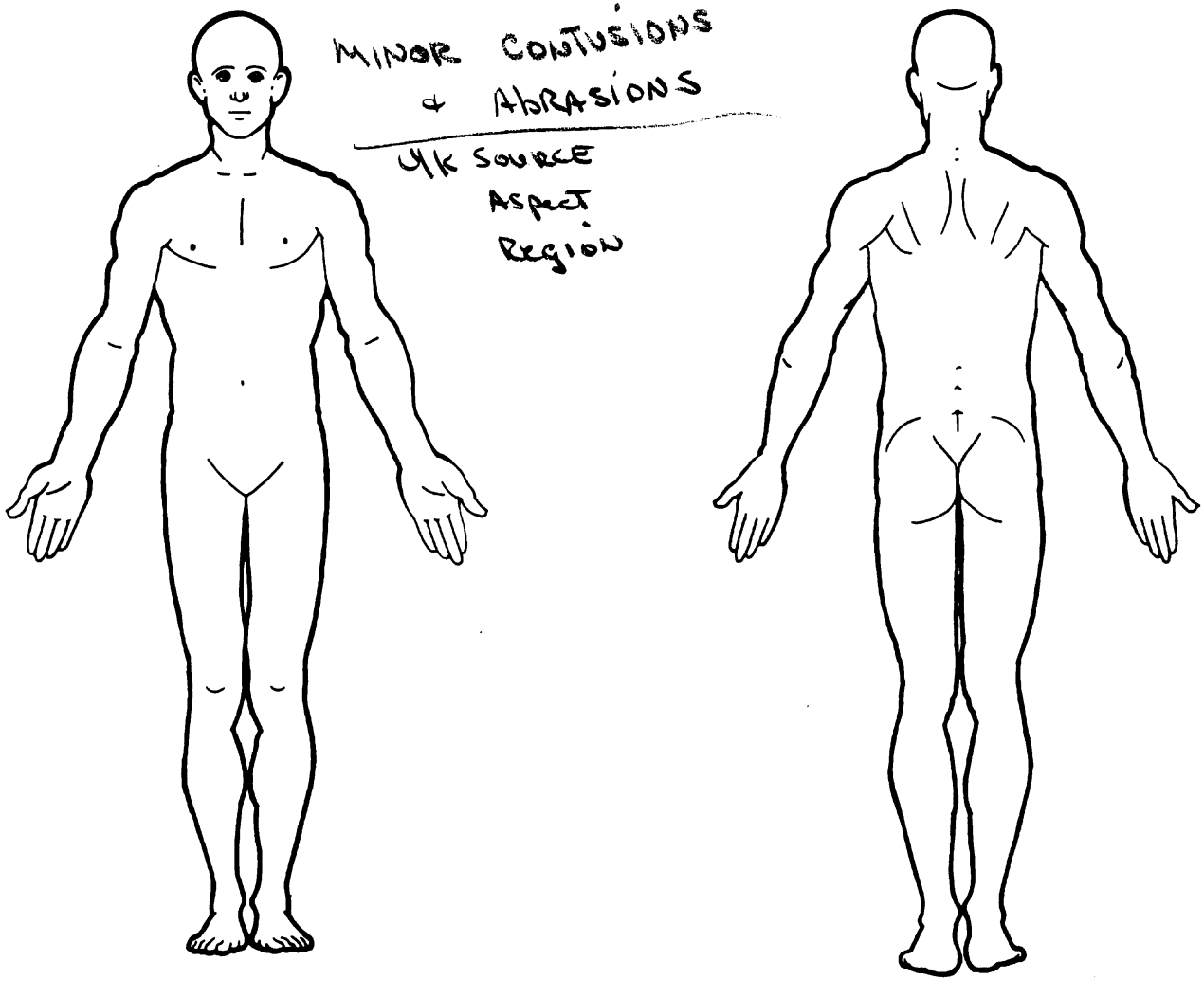
OFFICIAL INJURY DATA—SOFT TISSUE INJURIES

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

PER PAR

MINOR CONTUSIONS & ABRASIONS

UK SOURCE ASPECT REGION



SOURCE OF INJURY DATA

OFFICIAL

(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (eg. discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL

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

(9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

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

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
(27) Other left side object (specify):

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify):

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
(37) Other right side object (specify):

INTERIOR

(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):

(44) Head restraint system
(45) Air cushion
(46) Other occupants (specify):

(47) Interior loose objects
(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify):

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY

(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify)

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

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 severance, transection

System/Organ

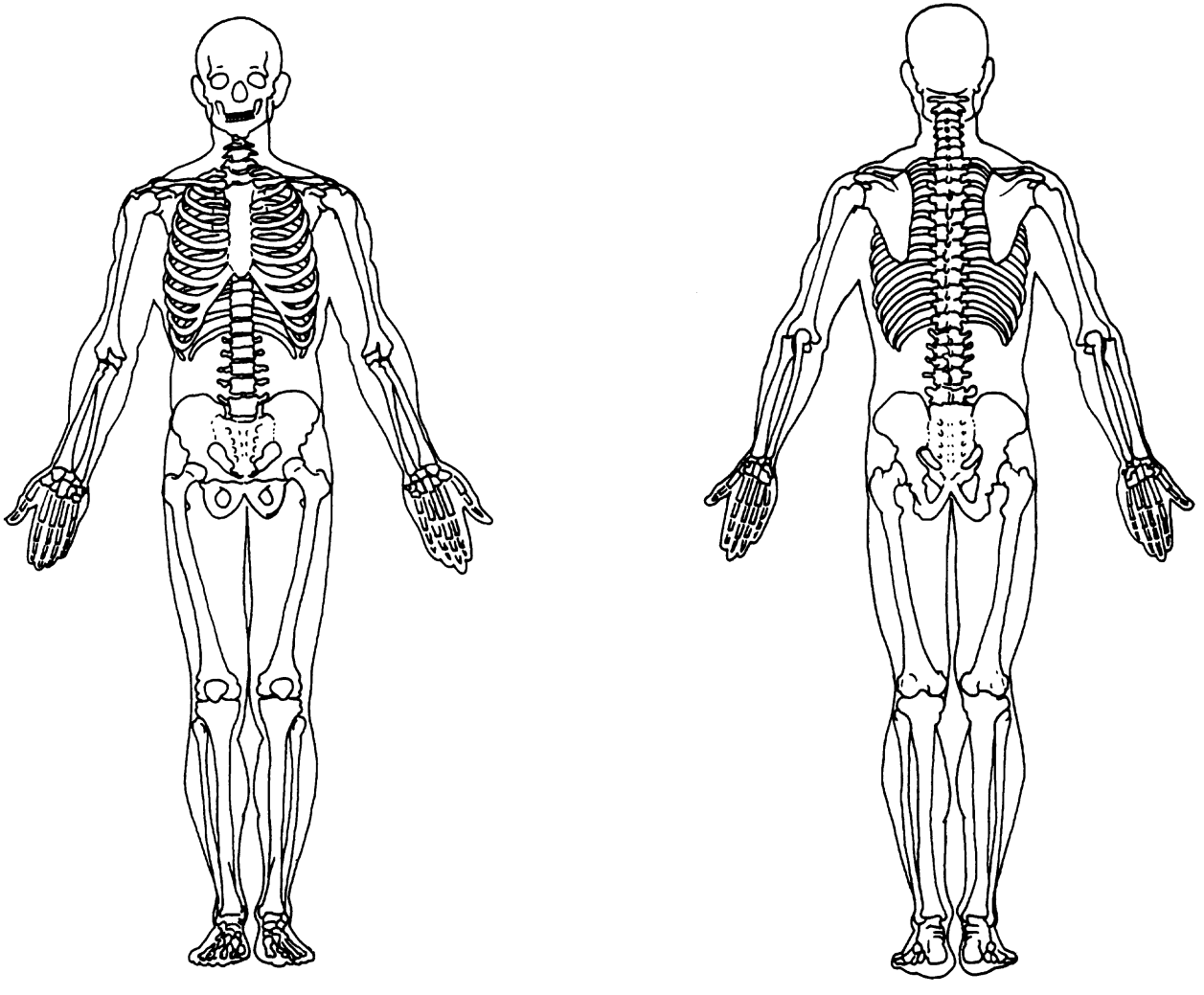
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae

Abbreviated Injury Scale

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

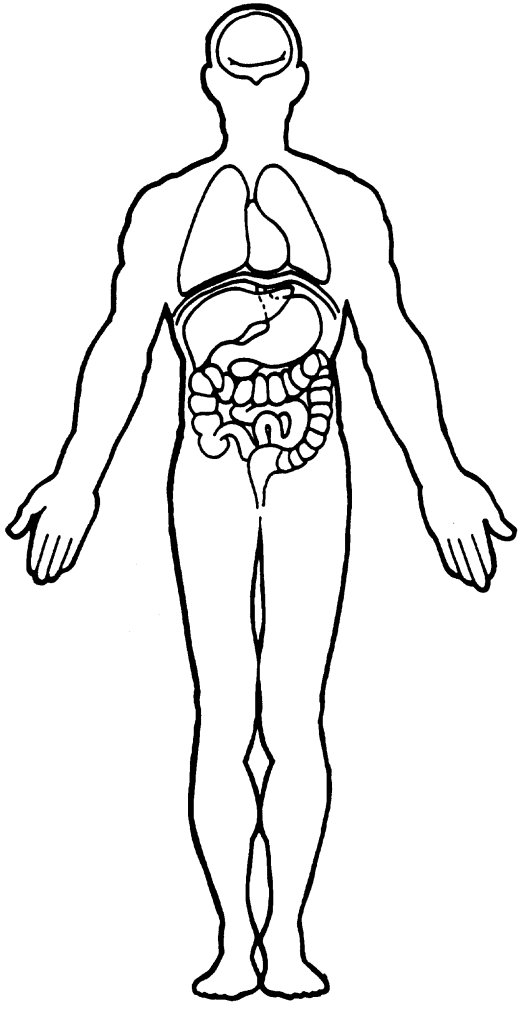
OFFICIAL INJURY DATA—SKELETAL INJURIES

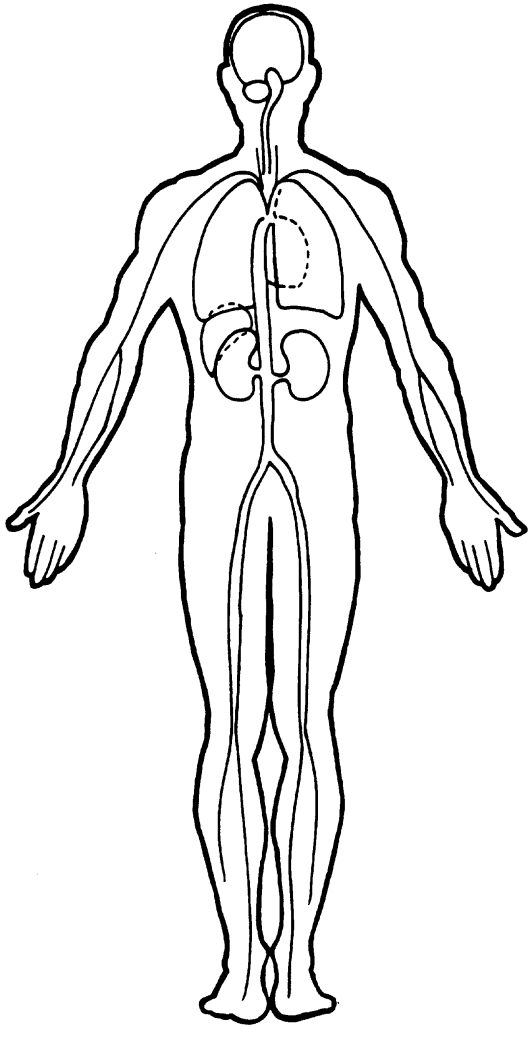
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 76
2. Case Number–Stratum: 0380
3. Vehicle Number: 01
4. Occupant Number: 02

INJURY DATA

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

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 3	6. P	7. R	8. C	9. I	10. 1	11. 97	12. 9	13. 7	14. 99
2nd	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.
11th	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.
12th	115.	116.	117.	118.	119.	120.	121.	122.	123.	124.
13th	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.
14th	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.
15th	145.	146.	147.	148.	149.	150.	151.	152.	153.	154.
16th	155.	156.	157.	158.	159.	160.	161.	162.	163.	164.
17th	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.
18th	175.	176.	177.	178.	179.	180.	181.	182.	183.	184.
19th	185.	186.	187.	188.	189.	190.	191.	192.	193.	194.
20th	195.	196.	197.	198.	199.	200.	201.	202.	203.	204.

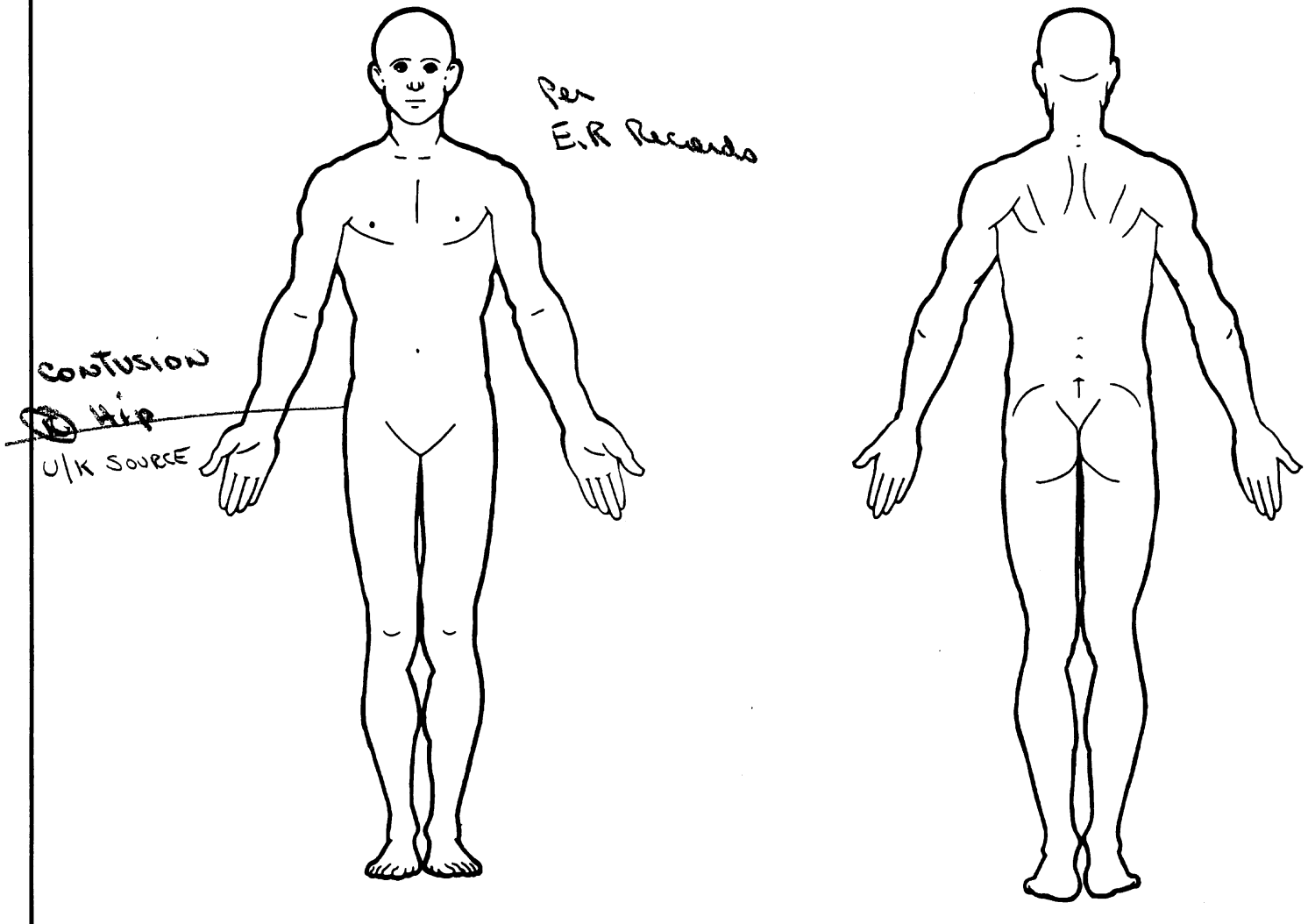
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA SUPPLEMENT

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
21st	—	—	—	—	—	—	— —	—	—	— —
22nd	—	—	—	—	—	—	— —	—	—	— —
23rd	—	—	—	—	—	—	— —	—	—	— —
24th	—	—	—	—	—	—	— —	—	—	— —
25th	—	—	—	—	—	—	— —	—	—	— —
26th	—	—	—	—	—	—	— —	—	—	— —
27th	—	—	—	—	—	—	— —	—	—	— —
28th	—	—	—	—	—	—	— —	—	—	— —
29th	—	—	—	—	—	—	— —	—	—	— —
30th	—	—	—	—	—	—	— —	—	—	— —
31st	—	—	—	—	—	—	— —	—	—	— —
32nd	—	—	—	—	—	—	— —	—	—	— —
33rd	—	—	—	—	—	—	— —	—	—	— —
34th	—	—	—	—	—	—	— —	—	—	— —
35th	—	—	—	—	—	—	— —	—	—	— —
36th	—	—	—	—	—	—	— —	—	—	— —
37th	—	—	—	—	—	—	— —	—	—	— —
38th	—	—	—	—	—	—	— —	—	—	— —
39th	—	—	—	—	—	—	— —	—	—	— —
40th	—	—	—	—	—	—	— —	—	—	— —
41st	—	—	—	—	—	—	— —	—	—	— —
42nd	—	—	—	—	—	—	— —	—	—	— —
43rd	—	—	—	—	—	—	— —	—	—	— —
44th	—	—	—	—	—	—	— —	—	—	— —
45th	—	—	—	—	—	—	— —	—	—	— —

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (eg. discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL

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

(9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

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

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
(27) Other left side object (specify):

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify):

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
(37) Other right side object (specify):

INTERIOR

(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):

(44) Head restraint system
(45) Air cushion
(46) Other occupants (specify):

(47) Interior loose objects
(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify):

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY

(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify)

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

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 severance, transection

System/Organ

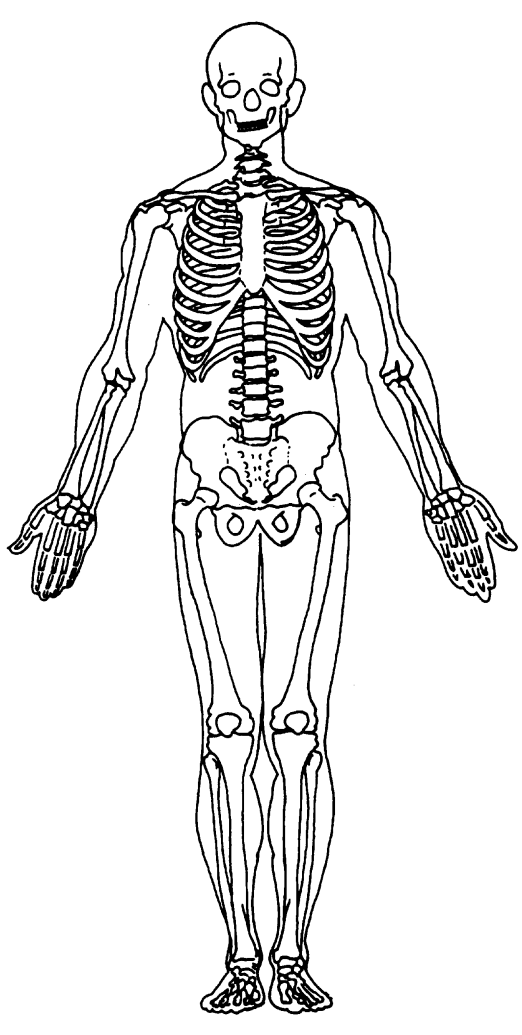
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae

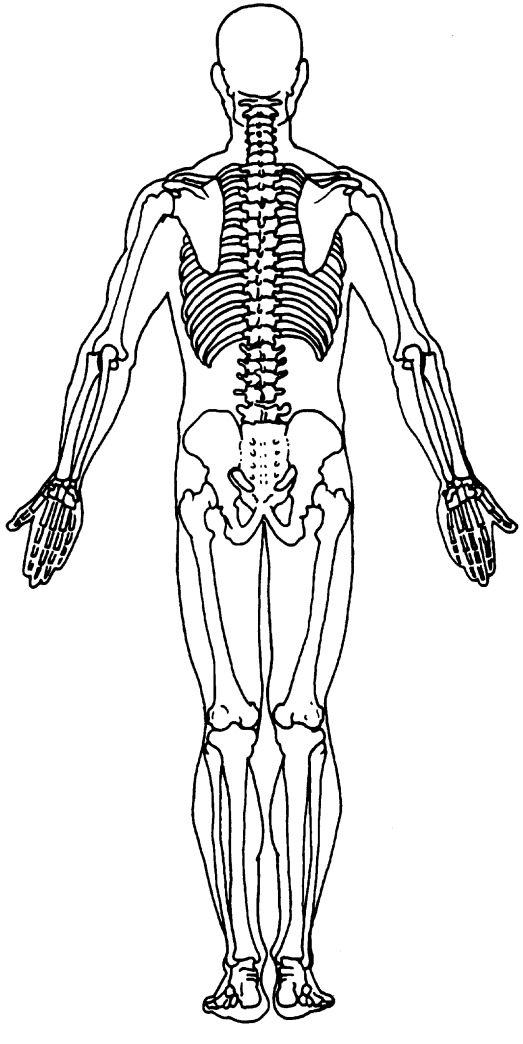
Abbreviated Injury Scale

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

OFFICIAL INJURY DATA—SKELETAL INJURIES

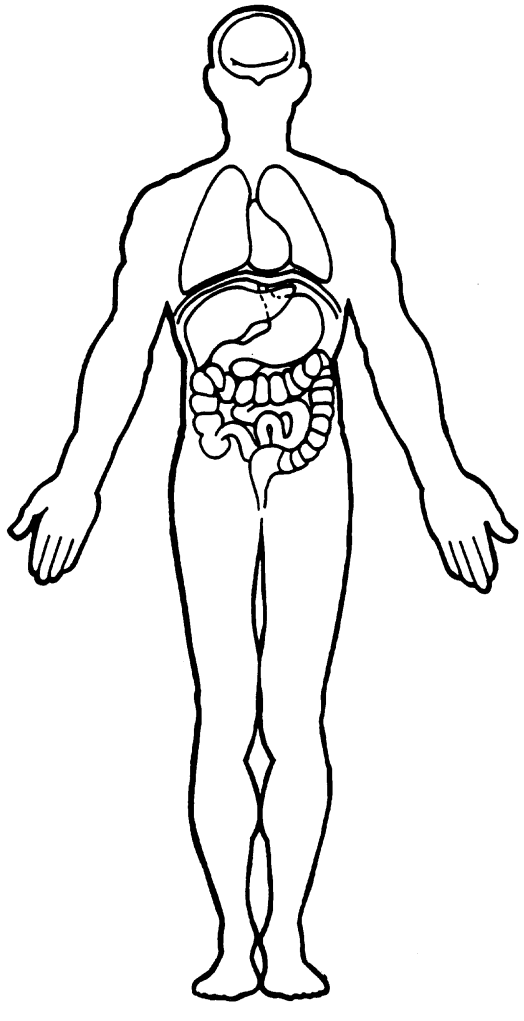
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

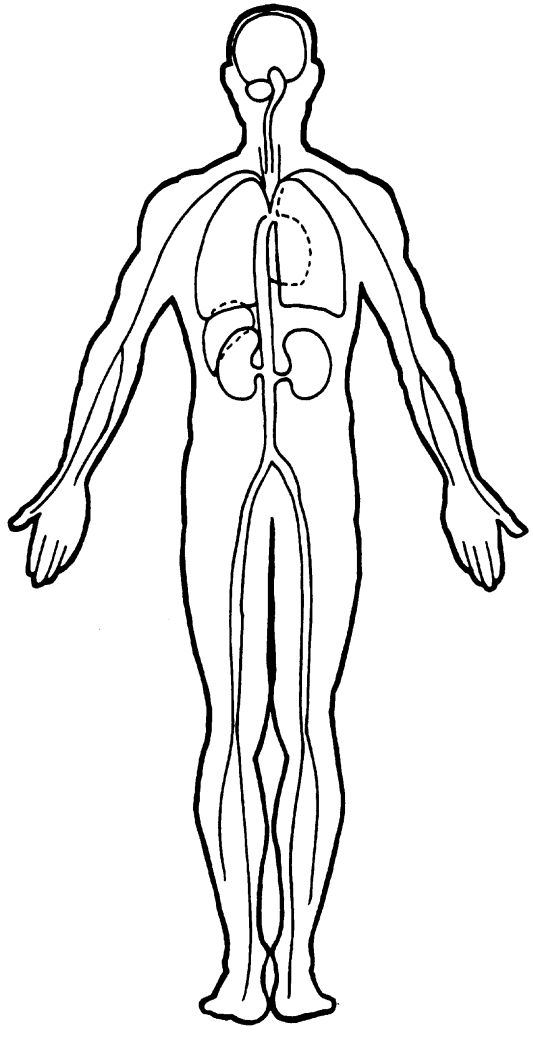




OFFICIAL INJURY DATA – INTERNAL INJURIES

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





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

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 76
2. Case Number–Stratum: 038D
3. Vehicle Number: 01
4. Occupant Number: 03

INJURY DATA

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

	Source of Injury Data	O.I.C.–A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 3	6. P	7. P	8. F	9. S	10. 3	11. 99	12. 9	13. 1	14. 99
2nd	15. 3	16. B	17. I	18. F	19. S	20. 2	21. 99	22. 9	23. 1	24. 99
3rd	25. 3	26. F	27. I	28. L	29. D	30. 1	31. 99	32. 9	33. 1	34. 99
4th	35. 3	36. R	37. L	38. A	39. I	40. 1	41. 99	42. 9	43. 1	44. 99
5th	45. 3	46. C	47. L	48. A	49. I	50. 1	51. 99	52. 9	53. 1	54. 99
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.
11th	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.
12th	115.	116.	117.	118.	119.	120.	121.	122.	123.	124.
13th	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.
14th	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.
15th	145.	146.	147.	148.	149.	150.	151.	152.	153.	154.
16th	155.	156.	157.	158.	159.	160.	161.	162.	163.	164.
17th	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.
18th	175.	176.	177.	178.	179.	180.	181.	182.	183.	184.
19th	185.	186.	187.	188.	189.	190.	191.	192.	193.	194.
20th	195.	196.	197.	198.	199.	200.	201.	202.	203.	204.

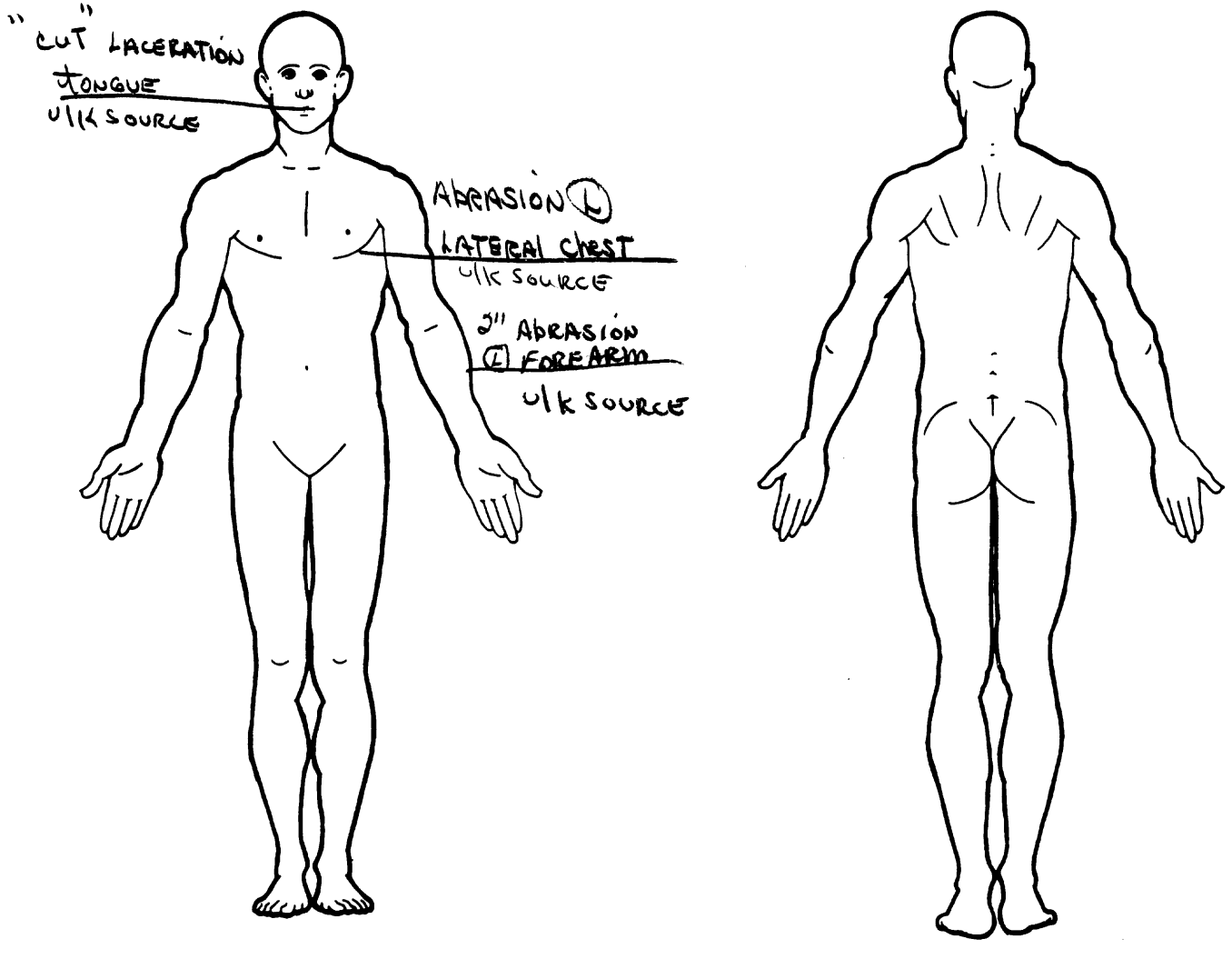
This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA SUPPLEMENT

	Source of Injury Data	O.I.C. – A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
21st										
22nd										
23rd										
24th										
25th										
26th										
27th										
28th										
29th										
30th										
31st										
32nd										
33rd										
34th										
35th										
36th										
37th										
38th										
39th										
40th										
41st										
42nd										
43rd										
44th										
45th										

OFFICIAL INJURY DATA—SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (eg. discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A pillar
(23) Left B pillar
(24) Other left pillar (specify): _____
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
(27) Other left side object (specify): _____

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify): _____
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
(37) Other right side object (specify): _____

INTERIOR

(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify): _____
(44) Head restraint system
(45) Air cushion
(46) Other occupants (specify): _____
(47) Interior loose objects
(48) Child safety seat (specify): _____
(49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

EXTERIOR OF OCCUPANT'S VEHICLE

(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify): _____
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify) _____
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

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

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

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 severance, transection

System/Organ

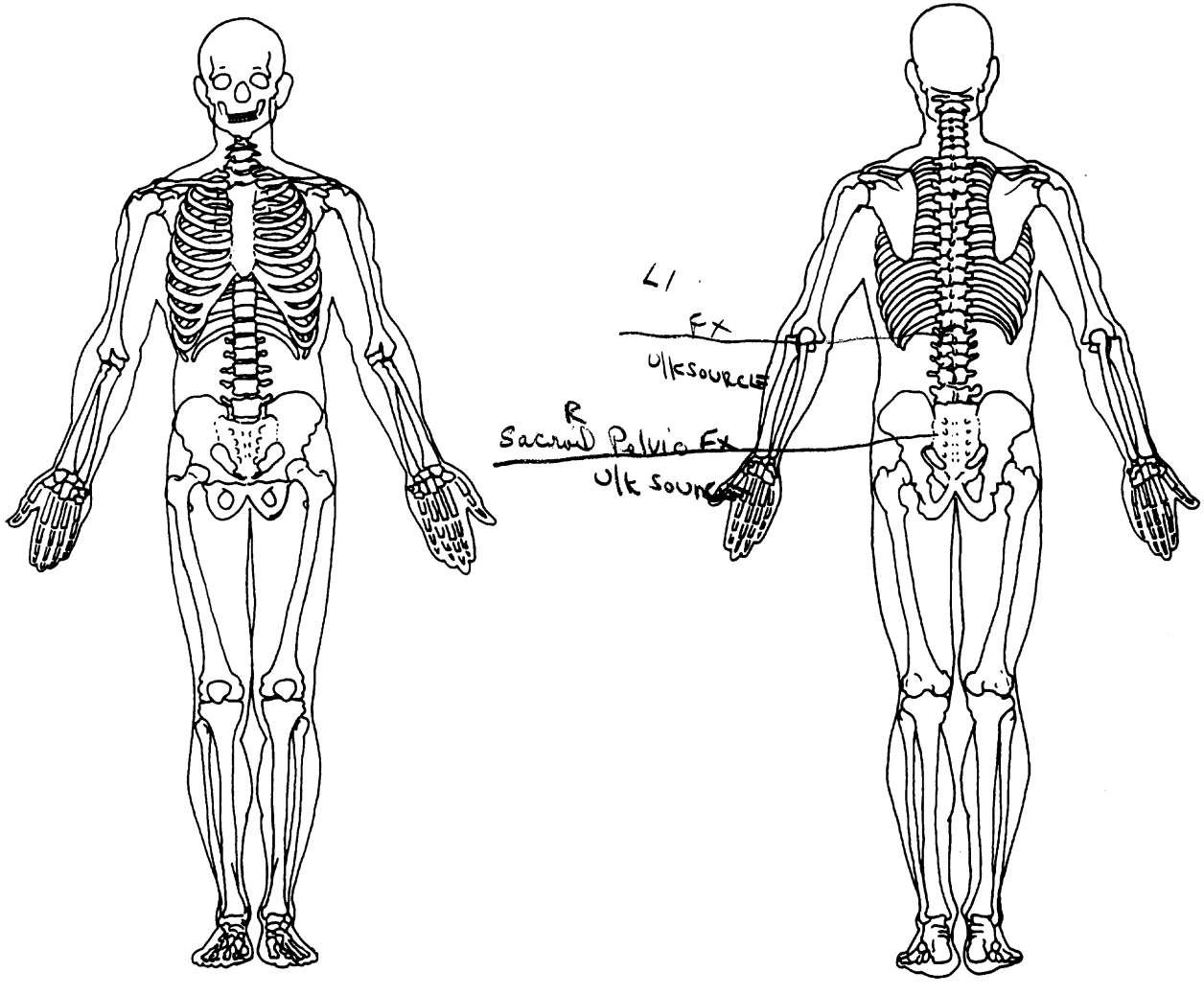
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae

Abbreviated Injury Scale

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

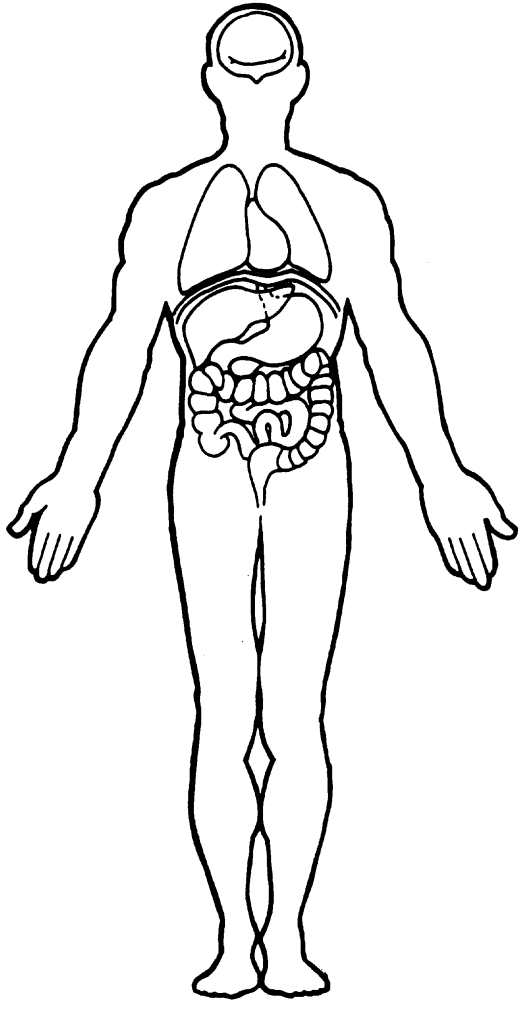
OFFICIAL INJURY DATA—SKELETAL INJURIES

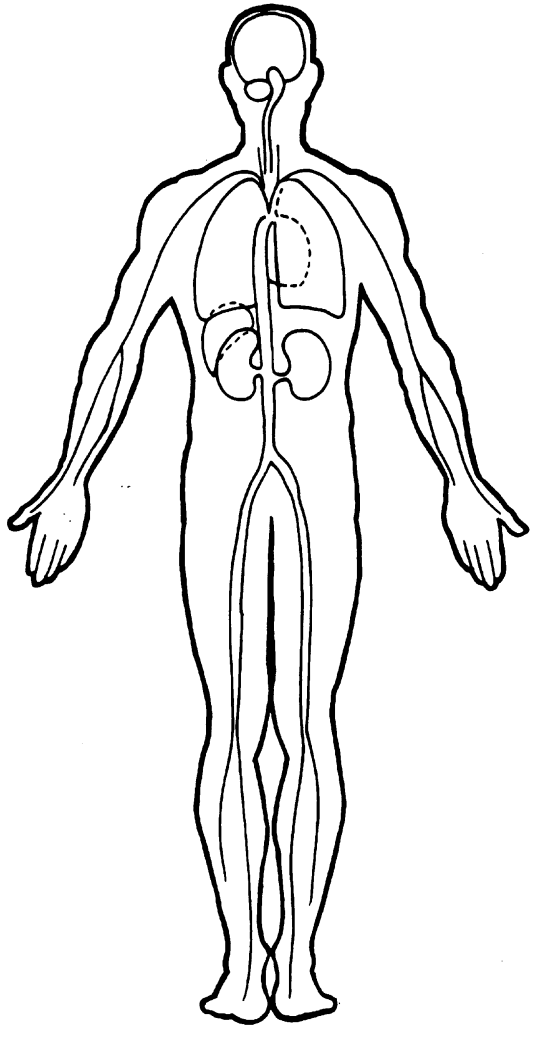
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





1988 ACCIDENT FORM

1. PSU Number 76 2. Case Number 038D

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [redacted]88 5. Accident Time 1235

SPECIAL STUDIES INDICATORS

6. WINDSHIELD 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 03

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	Genera Area o Damage
012. 01	013. 01	014. 13	015. F	016. 45	017. 00	018. 0
019. 02	020. 01	021. 13	022. F	023. 45	024. 00	025. 0
026. 03	027. 01	028. 13	029. N	030. 31	031. 00	032. N

1988 GENERAL VEHICLE FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year	64	5. Make	12
6. Model	474	7. Body Type	21
8. VIN	E14TH1[redacted]		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	40
11. Police Rep. Alcohol/Drug Pres.	1	12. Alcohol Test Result for Driver	02

ACCIDENT RELATED

13. Speed Limit	55	14. Attempted Avoid. Manuever	99
15. Accident Type	01		

1988 GENERAL VEHICLE FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01

OCCUPANT RELATED

16. Driver Presence in Vehicle	1	17. No. Occupants This Vehicle	03
18. No. Occupant Forms Submitted	03		

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight	999	20. Vehicle Cargo Weight	99

RECONSTRUCTION DATA

21. Towed Trailing Unit	0	22. Trajectory Data Documented	1
23. Post Col. Cond. of Tree/Pole	0	24. Rollover	4

OVERRIDE/UNDERRIDE (this vehicle)
25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	998	28. Heading Angle Other Vehicle	998
29. Basis for Total Delta V	5		

1988 GENERAL VEHICLE FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01

COMPUTER GENERATED DELTA V

30. Total Delta V	99
31. Longitudinal Component of Delta V	99
32. Lateral Component of Delta V	99
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age	36	6. Sex	1	7. Height	65	8. Weight	165	9. Role	1
10. Seat Position	11	11. Posture	9						

EJECTION/ENTRAPMENT

12. Ejection	0	13. Ejection Area	0	14. Ejection Medium	0
15. Medium Status	0	16. Entrapment	9		

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 01

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	9	18. Belt System Use	99
19. Proper Use of Belt	9	20. Belt Failure Modes During Impact	9
21. Restraint System Availability	0	22. Restraint Function	0
23. Did Restraint Fail	0	24. Police Reported Restraint Use	0
25. Head Restraint Type/Damage by Occupant at this Position			9
26. Seat Type	99	27. Seat Performance	9

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 01

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model	000
29. Type of Child Safety Seat	0
30. Orientation	00
31. Harness	00
32. Shield	00
33. Tether	00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 01

INJURY CONSEQUENCES

34. Severity (Police Rating)	2	35. Treatment - Mortality	0
36. Type of Med. Facility (Initial)	0	37. Hospital Stay	00
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 02

HH0191 2 If OCCUPANT POSITION OA10 equals 11 or 13, then MANUAL BELT
HH0192 AVAILABILITY OA17 should equal 3 or 4.

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 76
2. CASE NUMBER 038D
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY SOURCE CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01. 9	0	W	C	I	1	97	9	7	99
02. 9	0	W	A	I	1	97	9	7	99

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 21 6. Sex 1 7. Height 99 8. Weight 999 9. Role 2
10. Seat Position 13 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
15. Medium Status 0 16. Entrapment 9

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 02

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 9
18. Belt System Use 99
19. Proper Use of Belt 9
20. Belt Failure Modes During Impact 9
21. Restraint System Availability 0
22. Restraint Function 0
23. Did Restraint Fail 0
24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 9
26. Seat Type 99
27. Seat Performance 9

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 02

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
29. Type of Child Safety Seat 0
30. Orientation 00
31. Harness 00
32. Shield 00
33. Tether 00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 02

INJURY CONSEQUENCES

34. Severity (Police Rating) 2
35. Treatment - Mortality 4
36. Type of Med. Facility (Initial) 2
37. Hospital Stay 00
38. Working Days Lost 99
39. Time to Death 00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00
41. Cause #2 00
42. Cause #3 00
43. Number of Recorded Injuries 01

HH0191 2 If OCCUPANT POSITION OA10 equals 11 or 13, then MANUAL BELT
HH0192 AVAILABILITY OA17 should equal 3 or 4.

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 76
2. CASE NUMBER 038D
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 02

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY SOURCE CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	3	P	R	C	I	1	97	9	7	99

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Age 55 6. Sex 1 7. Height 99 8. Weight 999 9. Role 2
10. Seat Position 98 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 1 13. Ejection Area 2 14. Ejection Medium 4
15. Medium Status 9 16. Entrapment 0

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 03

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 9 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Restraint System Availability 0 22. Restraint Function 0
23. Did Restraint Fail 0 24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 0
26. Seat Type 99 27. Seat Performance 9

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 03

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
29. Type of Child Safety Seat 0
30. Orientation 00
31. Harness 00
32. Shield 00
33. Tether 00

1988 OCCUPANT ASSESSMENT FORM

1. PSU Number 76
2. Case Number 038D
3. Vehicle Number 01
4. Occupant Number 03

INJURY CONSEQUENCES

34. Severity (Police Rating)	3	35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	2	37. Hospital Stay	99
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00	41. Cause #2 00	42. Cause #3 00

43. Number of Recorded Injuries 05

HH0181 2 If OCCUPANT POSITION OA10 equals 14, 24, 34, 44, 97 or 98, then
HH0182 MANUAL BELT AVAILABILITY OA17 should equal 0.

1988 OCCUPANT INJURY FORM

1. PSU NUMBER 76
2. CASE NUMBER 038D
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 03

INJURY DATA

	SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY SOURCE CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	3	P	P	F	S	3	97	9	7	99
02.	3	B	I	F	S	2	97	9	7	99
03.	3	F	I	L	D	1	97	9	7	99
04.	3	R	L	A	I	1	97	9	7	99
05.	3	C	L	A	I	1	97	9	7	99

1988 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1988

CURRENT VERSION: 1.12

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

****

****

HH0191 2 If OCCUPANT POSITION 0A10 equals 11 or 13, then MANUAL BELT
HH0192 AVAILABILITY 0A17 should equal 3 or 4.

****

****

HH0191 2 If OCCUPANT POSITION 0A10 equals 11 or 13, then MANUAL BELT
HH0192 AVAILABILITY 0A17 should equal 3 or 4.

****

****

HH0181 2 If OCCUPANT POSITION 0A10 equals 14, 24, 34, 44, 97 or 98, then
HH0182 MANUAL BELT AVAILABILITY 0A17 should equal 0.

****

****

76038D00000011[redacted]881.131000000000011235000000[redacted]
76038D00010012[redacted]881.131000000000113F45000
76038D00020012[redacted]881.131000000000113F45000
76038D00030012[redacted]881.131000000000113N3100N
76038D01000021[redacted] 1.13 0000000006412474 21E14TH[redacted] 1401025599011030399999010400998998599 99 99999900
76038D01010051 1.13 0000010003616516511190000999999000099990000000000020000990000000002
76038D01010161 1.13 00000000090WCI1979799
76038D01010261 1.13 00000000090WAI1979799
76038D01020051 1.13 0000010002119999921390000999999000099990000000000024200990000000001
76038D01020161 1.13 0000000003PRCI1979799
76038D01030051 1.13 0000010005519999929891249099999000009990000000000033299990000000005
76038D01030161 1.13 0000000003PPFS3979799
76038D01030261 1.13 0000000003BIFS2979799
76038D01030361 1.13 0000000003FILD1979799
76038D01030461 1.13 0000000003RLAI1979799
76038D01030561 1.13 0000000003CLAI1979799
76038D88888888[redacted]881.120000000000YY0101YYY0301Y000000000000000000000000000000000000000000
76038D99999999[redacted]881.120000000000000000000000000000000000000000000000000000000000000000

1988 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1989

CURRENT VERSION: 1.13

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

US Department of Transportation
National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 76 Case Number–Stratum 038D

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-11	V-1	N	V-1 PATH OF TRAVEL
12-18	V-1	S	V-1 VIEW BACK

HS Form 434B
8/1/87

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter

PSU 76-038D (1988) #1

PSU 76-038D (1988) #2

PSU 76-038D (1988) #3

PSU 76-038D (1988) #4

PSU 76-038D (1988) #5

PSU 76-038D (1988) #6

PSU 76-038D (1988) #7

PSU 76-038D (1988) #8

PSU 76-038D (1988) #9

PSU 76-038D (1988) #10

PSU 76-038D (1988) #11

PSU 76-038D (1988) #12

PSU 76-038D (1988) #13

PSU 76-038D (1988) #14

PSU 76-038D (1988) #15

PSU 76-038D (1988) #16

PSU 76-038D (1988) #17

PSU 76-038D (1988) #18