



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.

*** **



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



CASE SUMMARY

PSU 71 CASE NO. 050D TYPE OF ACCIDENT One Van / Rollover on Roadway

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.)

Vehicle 1 northbound on 2-lane residential roadway. Vehicle drifted onto right shoulder. Driver steered left back onto roadway. At this point van was out of control. Van left the right roadway again. Van then came back onto roadway in a c/cw skid and rolled over onto right side. Driver partially ejected through right side glazing.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Pass. Van	'62 Ford Van	Right	Minor	None

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Fr.Lt.	None				

DO NOT SANITIZE THIS FORM



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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

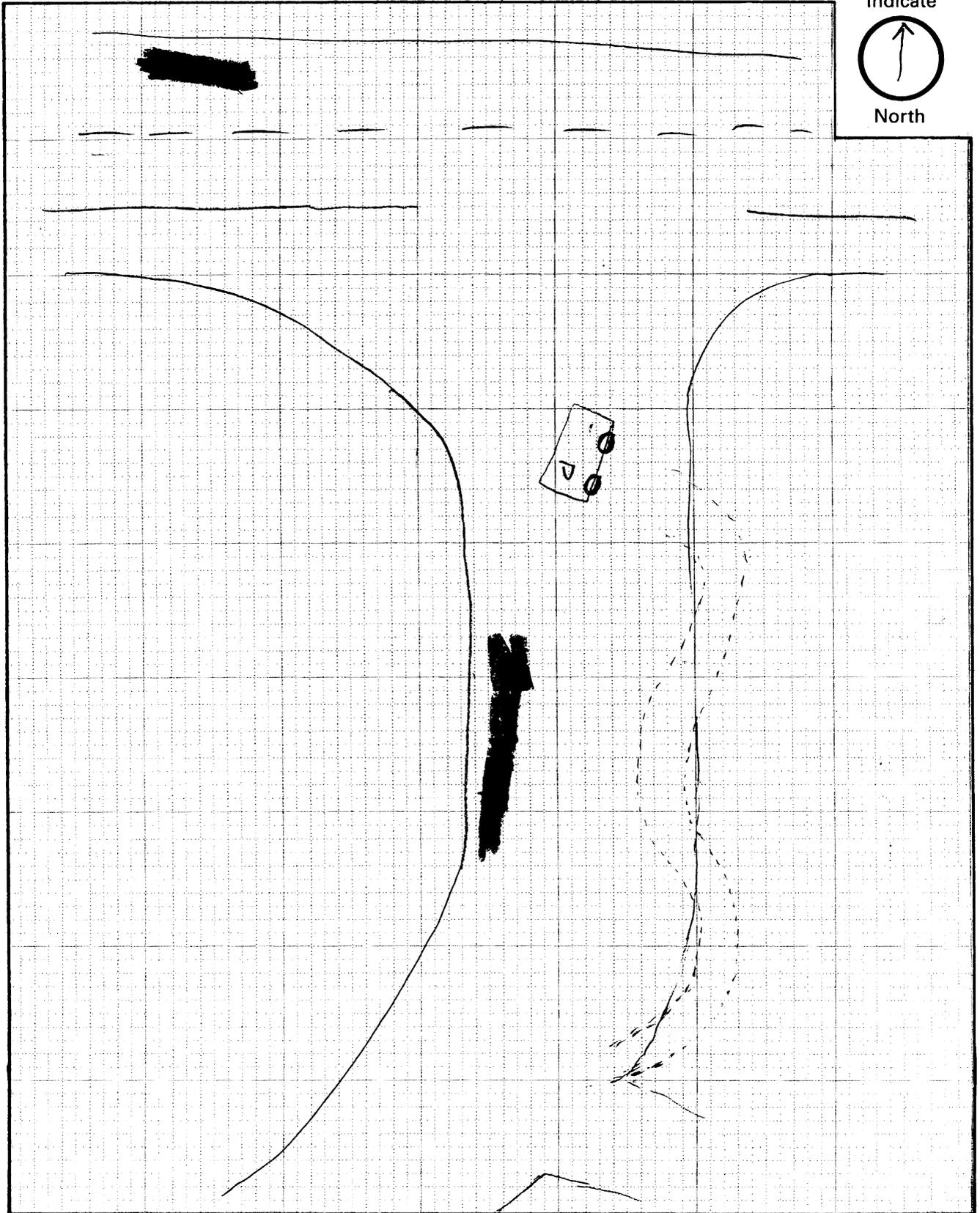
PSU No. 21

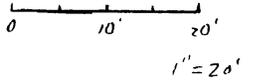
Case Number - Stratum 0500

Indicate



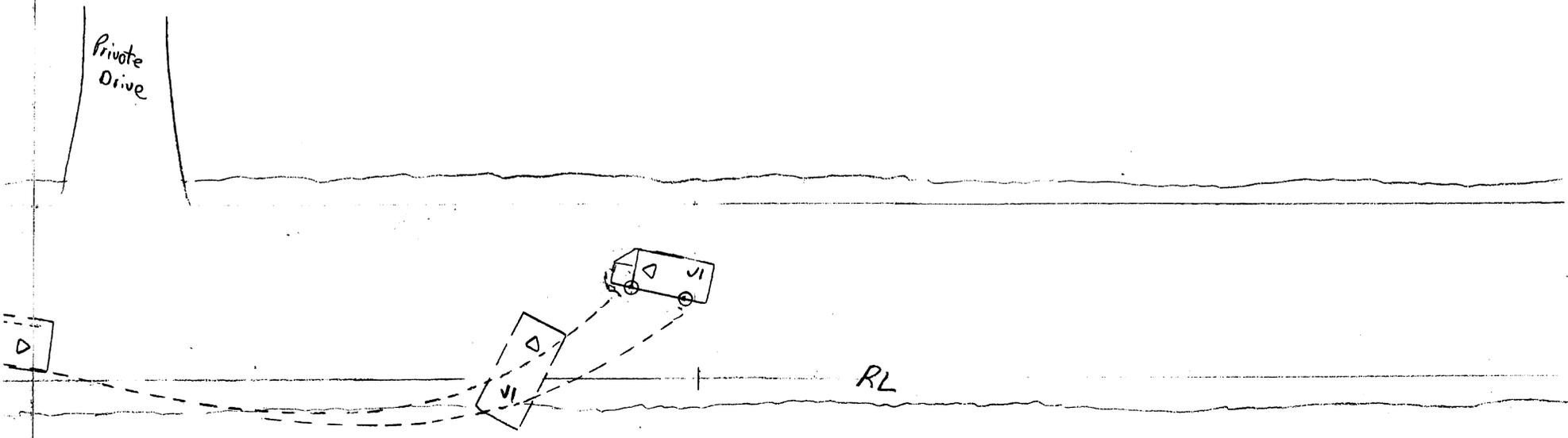
North





71-0500

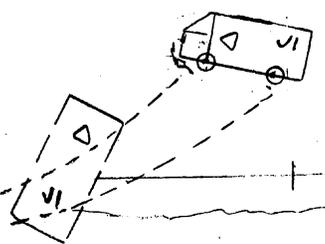
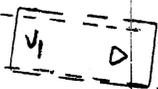
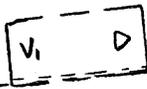
Private
Drive

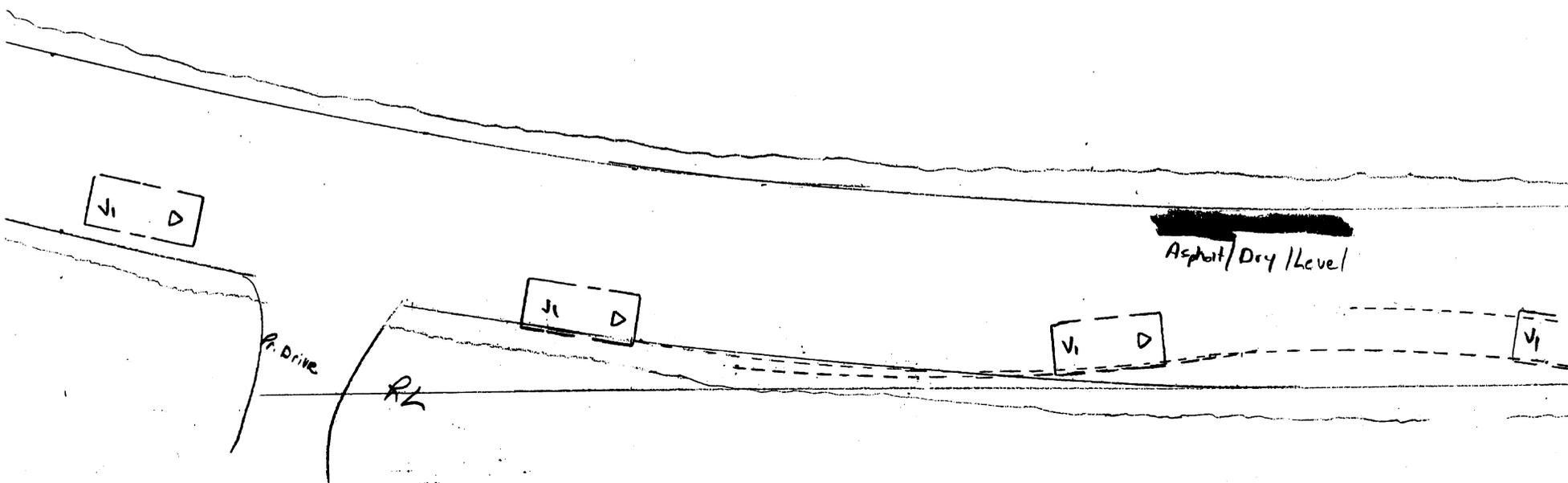


•RP

Private Drive

~~XXXXXXXXXX~~
Asphalt/Dry/Level







ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 71 Case Number - Stratum D500

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> *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 	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> *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: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>3600</u> _____</p> <p>Surface Type <u>Asphalt</u> _____</p> <p>Surface Condition <u>Dry</u> _____</p> <p>Grade Measurement (v/h) <u>Level</u> _____</p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>		

Reference Point: Gas Line Warning Sign Reference Line: _____
20.5' E of RL East Rd Edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RR Final Rest	1.5 S	10.6 ^w
End RR skid / Trip point	36'	9.3 ^w
RF Final Rest / Gasps	8.2'	13.2 ^w / 16.5 ^w
End RF skid / Trip point	11.3'	11.5 ^w
RF enters roadway / IP RR	26.6'	AT / 4.4 ^E
Begin RR / IP RF	59.8'	5.0 ^E / 3.5 ^E
RF lvs roadway	85.7'	AT
End LR	91.3'	8.0 ^w
End LF / IP RF	99.0'	8.5 ^w / 3.5 ^w
Begin LF	127.2'	10.8'
Begin LR	135.7'	9.8' ^w
RT side Intersect / LT	140.4'	4.7 ^w / AT

(R) Rear Ends at this point

A
B
C
D/E
F
G
H
I/J
K/L



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 21
 2. Case Number—Stratum 05 00
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
 (00) No integrity loss
 Yes, Integrity Was Lost Through
 (01) Windshield
 (02) Door (side)
 (03) Door/hatch (rear)
 (04) Roof
 (05) Roof glass
 (06) Side window
 (07) Rear window
 (08) Roof and roof glass
 (09) Windshield and door (side)
 (10) Windshield and roof
 (11) Side and rear window
 (98) Other combination of above (specify):

 (99) Unknown

Door, Tailgate Or Hatch Opening
 5. LF 1 6. RF 2 7. LR 0 8. RR 1 9. TG/H 2
 (0) No door/gate/hatch
 (1) Door/gate/hatch remained closed and operational
 (2) Door/gate/hatch came open during collision
 (3) Door/gate/hatch jammed shut
 (8) Other (specify):

 (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.
 10. LF 0 11. RF 2 12. LR 0 13. RR 0 14. TG/H 2
 (0) No door/gate/hatch or door not opened
 Door, Tailgate, or Hatch Came Open During Collision
 (1) Door operational (no damage)
 (2) Latch/striker failure due to damage
 (3) Hinge failure due to damage
 (4) Door structure failure due to damage
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
 (6) Latch/striker and hinge failure due to damage
 (8) Other failure (specify):

 (9) Unknown

RF & TG doors came open during wreck. weak Body Structure from age and rust

GLAZING

Glazing Damage from Impact Forces
 15. WS 0 16. LF 0 17. RF 0 18. LR 8 19. RR 0
 20. BL 0 21. Roof 0 22. Other wings
 (0) No glazing damage from impact forces
 (2) Glazing in place and cracked from impact forces
 (3) Glazing in place and holed from impact forces
 (4) Glazing out-of-place (cracked or not) and not holed from impact forces
 (5) Glazing out-of-place and holed from impact forces
 (6) Glazing disintegrated from impact forces
 (7) Glazing removed prior to accident
 (8) No glazing
 (9) Unknown if damaged

Glazing Damage from Occupant Contact
 23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
 28. BL 0 29. Roof 0 30. Other 0
 (0) No occupant contact to glazing or no glazing
 (1) Glazing contacted by occupant but no glazing damage
 (2) Glazing in place and cracked by occupant contact
 (3) Glazing in place and holed by occupant contact
 (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
 (5) Glazing out-of-place by occupant contact and holed by occupant contact
 (6) Glazing disintegrated by occupant contact
 (9) Unknown if contacted by occupant

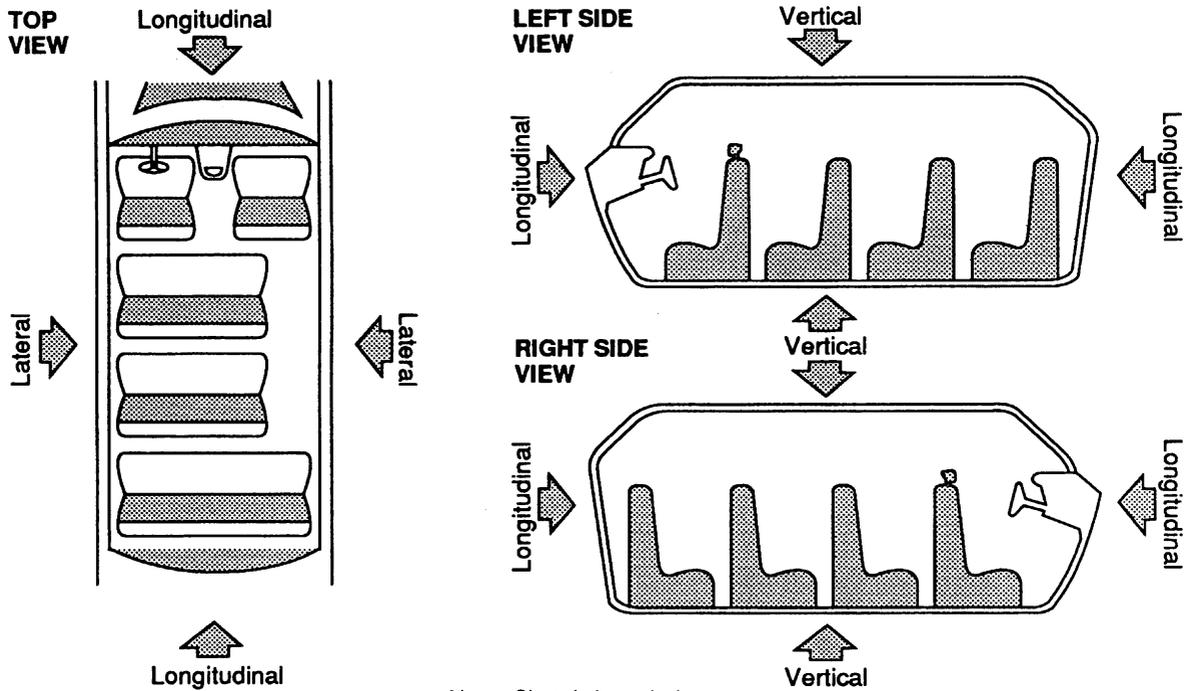
If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing
 31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
 36. BL 0 37. Roof 0 38. Other 0
 (0) No glazing contact and no damage, or no glazing
 (1) AS-1 – Laminated
 (2) AS-2 – Tempered
 (3) AS-3 – Tempered-tinted
 (4) AS-14 – Glass/Plastic
 (8) Other (specify):

 (9) Unknown

Window Precrash Glazing Status *window rolled down*
 39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
 44. BL 0 45. Roof 0 46. Other 0
 (0) No glazing contact and no damage, or no glazing
 (1) Fixed
 (2) Closed
 (3) Partially opened
 (4) Fully opened
 (9) Unknown

INTRUSION WORK SHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
			-		=		
23	r side	64	-	60	=	4.0	Lateral
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

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

LOCATION OF INTRUSION

- Front Seat
 - (11) Left
 - (12) Middle
 - (13) Right
- Second Seat
 - (21) Left
 - (22) Middle
 - (23) Right
- Third Seat
 - (31) Left
 - (32) Middle
 - (33) Right
- Fourth Seat
 - (41) Left
 - (42) Middle
 - (43) Right

(98) Other enclosed area (specify): _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

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

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

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

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (9) Unknown

DOMINANT CRUSH DIRECTION

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

STEERING COLUMN WORKING DIAGRAMS

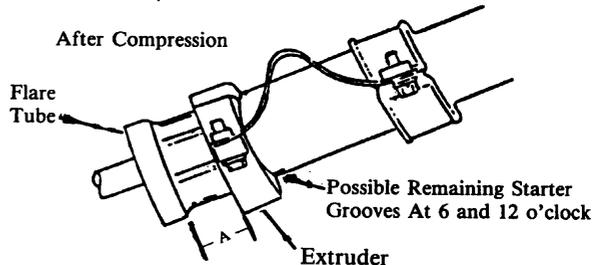
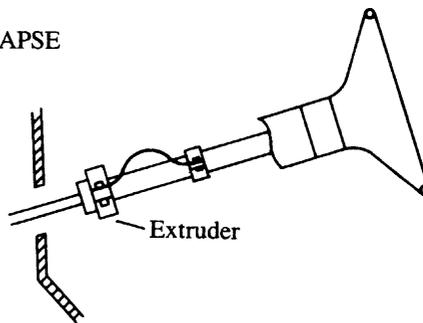
STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement



Right — $V = \text{_____}$ "

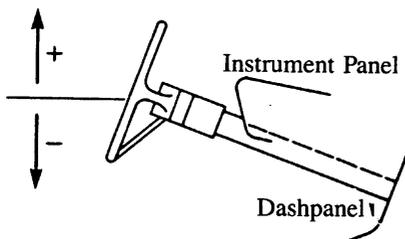
Direction and Magnitude of Steering Column Movement



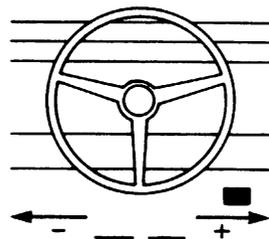
Compression = Measurement A A = _____

STEERING COLUMN MOVEMENT

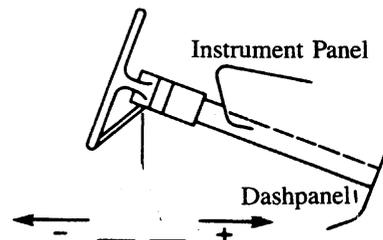
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	—	DAMAGED VALUE	=	MOVEMENT
VERTICAL		—		=	
LATERAL		—		=	
LONGITUDINAL		—		=	

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGED VALUE	=	DEFORMATION
	—		=	
	—		=	

STEERING COLUMN

87. Steering Column Type 1

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify):

(9) Unknown

If PDOF ≠ 11, 12 or 1, Then Code IV88-IV91 As 96

88. Steering Column Collapse Due to Occupant Loading 96

Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

- (00) No movement, compression, or collapse
- (01-49) Actual measured value
- (50) 50 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
- (82) ≥ 1 inch but < 2 inches
- (83) ≥ 2 inches but < 4 inches
- (84) ≥ 4 inches but < 6 inches
- (85) ≥ 6 inches but < 8 inches
- (86) Greater than or equal to 8 inches
- (96) Not assessed (PDOF ≠ 11, 12, 1)
- (97) Apparent movement, value undetermined or cannot be measured or estimated
- (98) Nonspecified type column
- (99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement + 96

90. Lateral Movement + 96

91. Longitudinal Movement + 96

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (+00) No Steering column movement
- (±01 – ±49) Actual measured value
- (±50) 50 inches or greater

Estimated movement from observation

- (±81) ≥ 1 inch but < 3 inches
- (±82) ≥ 3 inches but < 6 inches
- (±83) ≥ 6 inches but < 12 inches
- (±84) ≥ 12 inches
- (__96) Not assessed (PDOF ≠ 11, 12, 1)
- (__97) Apparent movement > 1 inch but cannot be measured or estimated
- (__99) Unknown

92. Steering Rim/Spoke Deformation 0

Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

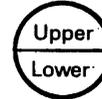
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 226,000

226,254 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
- (001) Less than 1,500 miles
- (300) 299,500 miles or more
- (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact 0

- (0) No
- (1) Yes
- (9) Unknown

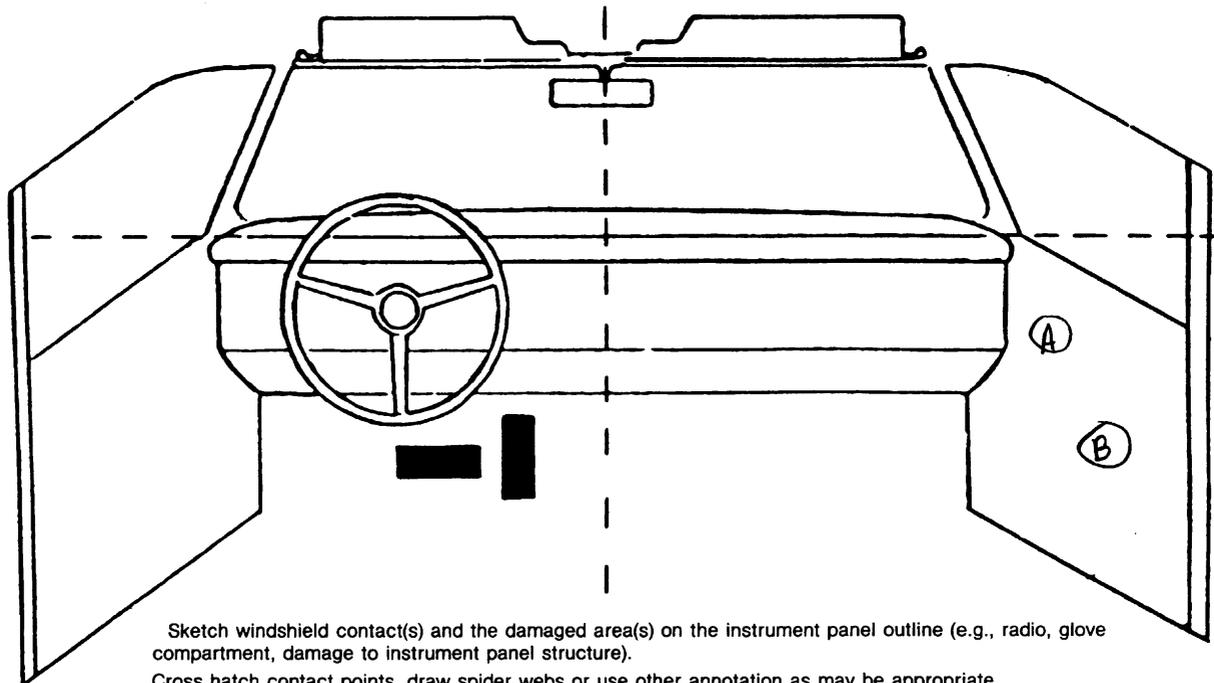
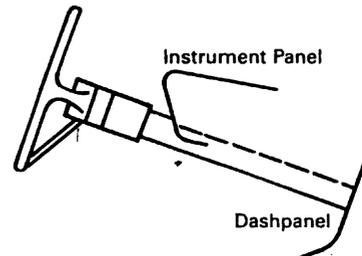
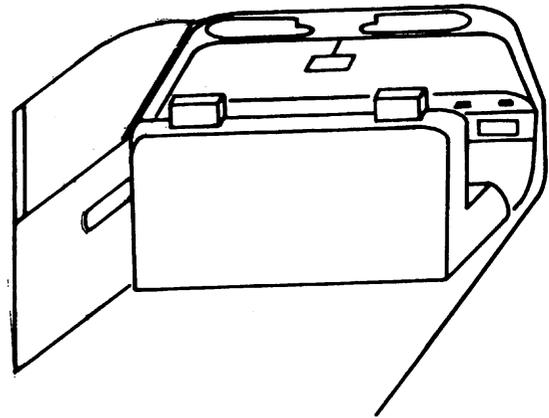
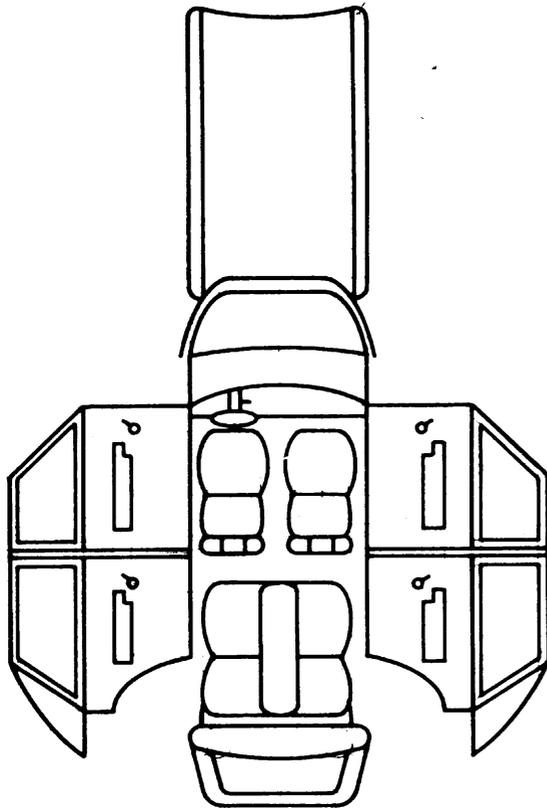
96. Knee Bolsters Deformed from Occupant Contact 8

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

97. Did Glove Compartment Door Open During Collision(s) 0

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

VEHICLE INTERIOR SKETCHES



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	30	01	R Side	Dented	3
B	30	01	R Side	Dent/Scuffing	2
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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): _____

- (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): _____

- (48) Child safety seat (specify): _____
- (49) Other interior 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, or roof side rail
- (37) Other right side 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): _____

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

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Availability	0	0	0
	Function	0	0	0
	Failure	0	0	0

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

Did Automatic (Passive) Restraint Fail

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

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	2	0	2
	Use	00	1	00
	Failure Modes	0	1	0
SECOND	Availability			
	Use			
	Failure Modes			
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

(08) Other belt used (specify):

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

(99) Unknown if belt used

Manual (Active) Belt System Use

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

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Manual belt failure(s) (encode all that apply above)
 - [A] Torn webbing (stretched webbing not included)
 - [B] Broken buckle or latchplate
 - [C] Upper anchorage separated
 - [D] Other anchorage separated (specify):

- [E] Broken retractor
- [F] Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

NA

<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____</p> <p>(8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat</p> <p>Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation (specify): _____</p> <p>(04) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____</p> <p>(19) Unknown orientation</p> <p>Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____</p> <p>(29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage</p> <p>Note: Options Below Are Used for Variables 3-5.</p> <p>(00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p>Designed with Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>Unknown if Designed with Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1	0	0
	Seat Type	01	-	01
	Seat Performance	1	-	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Abd
ON
Seat

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat performance failure(s)
(Encode all that apply)
 - [A] Seat adjusters failed
 - [B] Seat back folding locks failed
 - [C] Seat tracks failed
 - [D] Seat anchors failed
 - [E] Deformed by impact of passenger from rear
 - [F] Deformed by impact of passenger from front
 - [G] Deformed by own inertial forces
 - [H] Deformed by passenger compartment intrusion (specify): _____
- [I] Other (specify): _____
- (9) Unknown

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [] Yes [X]

Describe indications of ejection and body parts involved in partial ejection(s):
 May have ejected through RF glazing area or RF door

Occupant Number	01					
Ejection	2					
Ejection Area	3/3					
Ejection Medium	1/4					
Medium Status	2/1					

<p>Ejection</p> <p>(1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>Ejection Area</p> <p>(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear</p>	<p>(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown</p> <p>Ejection Medium</p> <p>(1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): RF</p>	<p>(5) Integral structure (8) Other medium (specify): _____ (9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p>
--	---	---

ENTRAPMENT No [X] Yes []

Describe entrapment mechanism: _____

 Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 71 3. Vehicle Number 01
 2. Case Number - Stratum 0500 4. Occupant Number 01

INJURY DATA

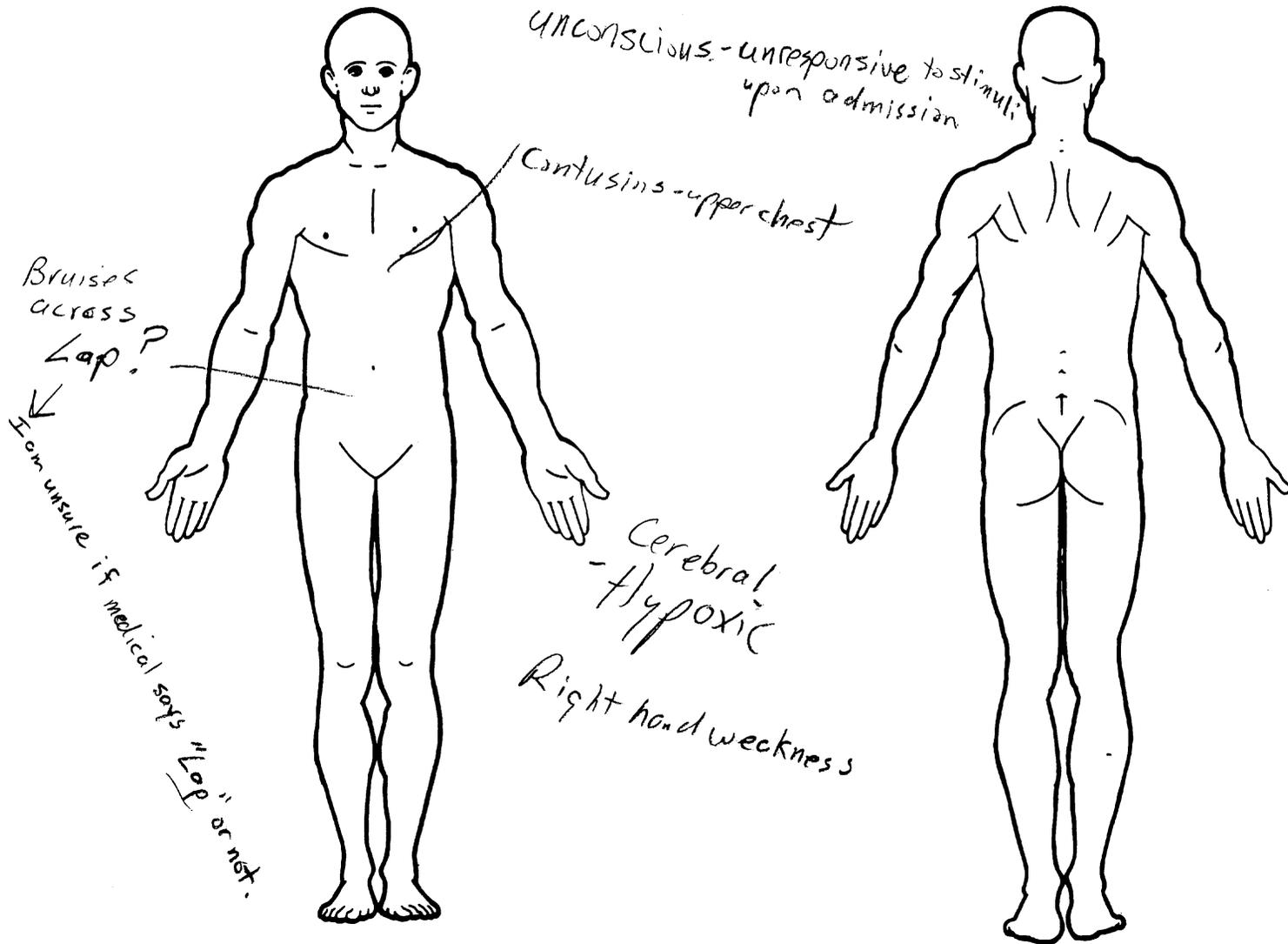
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than twenty injuries have been documented, encode the balance on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

Medical Summary may have stated "I coded Body Region - Aspect unknown due to uncertainty of this injury"

Source of Injury Data	O.I.C. - A.I.S.			discharge summary states upper chest. no code for upper, therefore Injury unknown		Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>2</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>5</u>	11. <u>84</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>2</u>	16. <u>C</u>	17. <u>U</u>	18. <u>C</u>	19. <u>I</u>	20. <u>L</u>	21. <u>30</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>2</u>	26. <u>U</u>	27. <u>U</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
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. ___

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

- (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

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

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
- (B) Bilateral (rib fracture only)
- (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

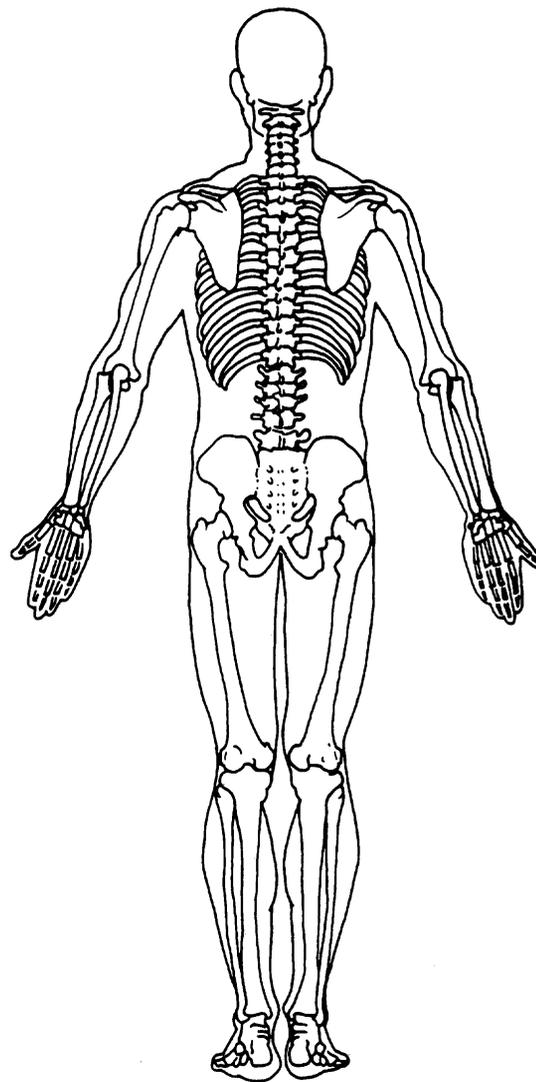
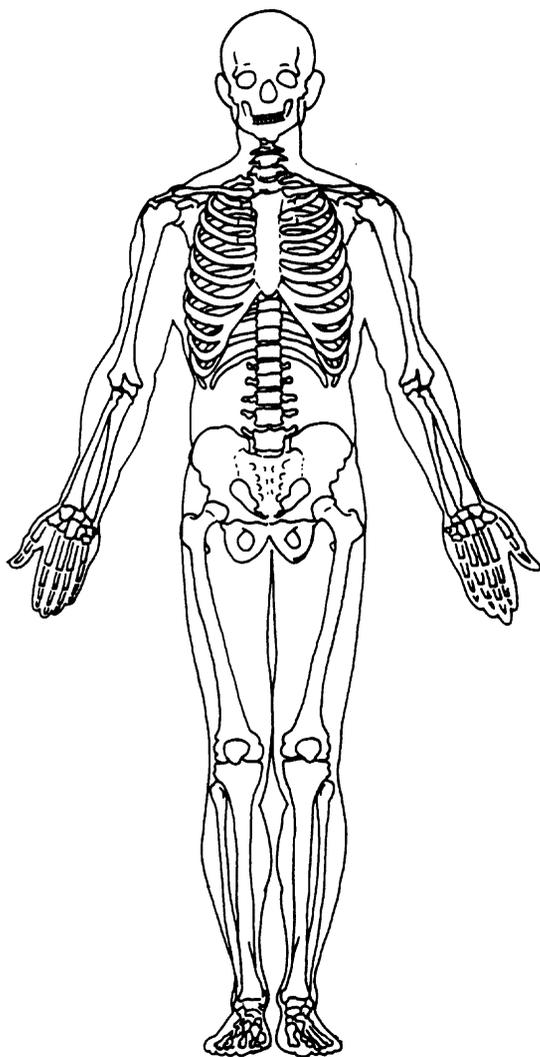
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

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

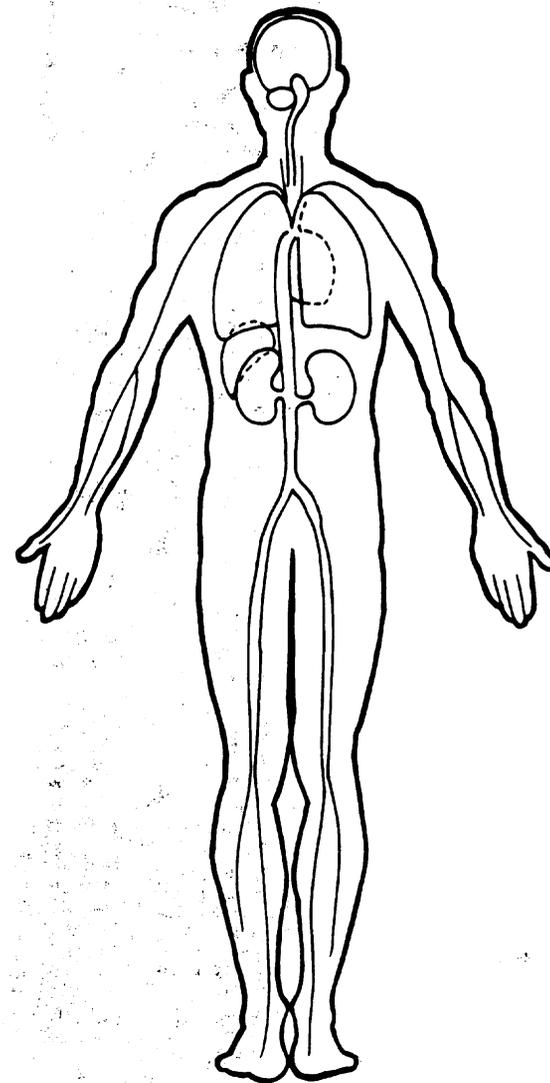
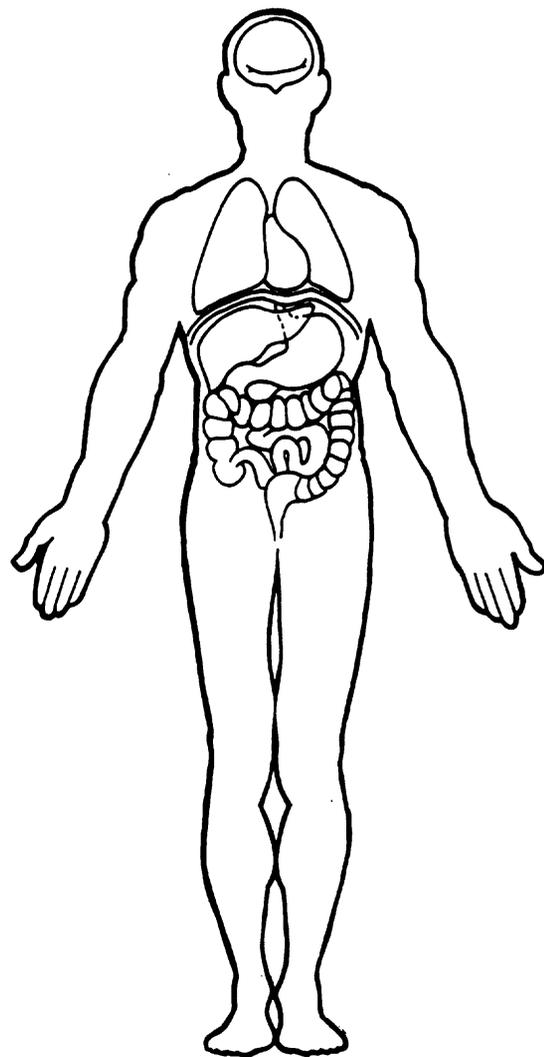
OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)



1989 ACCIDENT FORM

1. PSU Number 71

2. Case Number 050D

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [REDACTED] 89 5. Accident Time 1728

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 01

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 13	015. R	016. 31	017. 00	018. N

1989 GENERAL VEHICLE FORM

1. PSU Number 71
2. Case Number 050D
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 62
5. Make 12
6. Model 474
7. Body Type 21
8. VIN E143H [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1
10. Police Reported Travel Speed 99
11. Police Rep. Alcohol/Drug Pres. 9
12. Alcohol Test Result for Driver 20

ACCIDENT RELATED

13. Speed Limit 25
14. Attempted Avoid. Manuever 06
15. Accident Type 98

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
17. No. Occupants This Vehicle 01
18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 999
20. Vehicle Cargo Weight 01

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 997
28. Heading Angle Other Vehicle 997
29. Basis for Total Delta V 5

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 1

GG0191 2 If ALCOHOL TEST GV12 equals 05-49, then ALCOHOL/DRUG PRESENCE
GG0192 GV11 should equal 1, 3 or 4.

1989 VEHICLE EXTERIOR FORM

1. PSU Number 71
 2. Case Number 050D
 3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION
 HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 31	6. 00	7. R	8. D	9. A	10. 0	11. 02

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
 HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
-------	--------	----	----	----	----	----	----------

SECOND HIGHEST DELTA "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. +/-D
-------	--------	----	----	----	----	----	----------

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 0

28. Original Wheelbase 090.0

1989 VEHICLE INTERIOR FORM

1. PSU Number 71
2. Case Number 050D
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 00

Door, Tailgate or Hatch opening

5. LF 1 6. RF 2 7. LR 0 8. RR 1 9. TG/H 2

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision

10. LF 0 11. RF 2 12. LR 0 13. RR 0 14. TG/H 2

GLAZING

Glazing Damage

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

Glazing Damage from Occupant Contact

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Pre-crash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 23	48. 10	49. 2	50. 3
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	1	88. Steering Column Collapse	96
89. Vertical Movement(+/-)	96	90. Lateral Movement(+/-)	96
91. Longitudinal Movement(+/-)	96	92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	226,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

1989 OCCUPANT ASSESSMENT FORM

1. PSU Number 71
 2. Case Number 050D
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 30 6. Sex 1 7. Height 67 8. Weight 155 9. Role 1
 10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

12. Ejection 2 13. Ejection Area 3 14. Ejection Medium 4
 15. Medium Status 1 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 3 18. Belt System Use 00
 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
 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 1
 26. Seat Type 01 27. Seat Performance 1

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 3 35. Treatment - Mortality 3
 36. Type of Med. Facility (Initial) 2 37. Hospital Stay 05
 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 03

1989 OCCUPANT INJURY FORM

- 1. PSU NUMBER 71
- 2. CASE NUMBER 050D
- 3. VEHICLE NUMBER 01
- 4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA		BODY		SYSTEM A.I.S.			INJURY SOURCE		DIR./	OCC. AREA	
		REGION	ASPECT	LESION	ORGAN	SEVERITY	SOURCE	CONFID. LEVEL	INDIR. INJURY	INTR.	AREA NO.
01.	2	H	W	K	B	5	84	2	1		00
02.	2	C	U	C	I	1	30	2	1		00
03.	2	U	U	C	I	1	97	9	7		99

GH0041 2 If MODEL YEAR GV04 is less than or equal to 66, then HEAD
 GH0042 RESTRAINT TYPE/DAMAGE DA25 should equal 0, 5, 6, 8 or 9.
 VEH NUM = 01 OCCUPANT NUM = 01

CH0011 2 If COMPARTMENT INTEGRITY IV04 equals 00 and OCCUPANT POSITION
 CH0012 DA10 equals 11-44, then EJECTION DA12 should equal 0.
 VEH NUM = 01 OCCUPANT NUM = 01

1989 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1989

CURRENT VERSION: 2.01

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



PSU 71-050D (1989) #1



PSU 71-050D (1989) #2



PSU 71-050D (1989) #3



PSU 71-050D (1989) #4



PSU 71-050D (1989) #5



PSU 71-050D (1989) #6



PSU 71-050D (1989) #7



PSU 71-050D (1989) #8



PSU 71-050D (1989) #9



PSU 71-050D (1989) #10



PSU 71-050D (1989) #11



PSU 71-050D (1989) #12



PSU 71-050D (1989) #13



PSU 71-050D (1989) #14



PSU 71-0600 (1989) #15



PSU 71-050D (1989) #16



PSU 71-050D (1989) #17



PSU 71-050D (1989) #18



PSU 71-050D (1989) #19



PSU 71-050D (1989) #20



PSU 71-050D (1989) #21



PSU 71-050D (1989) #22



PSU 71-050D (1989) #23



PSU 71-050D (1989) #24



PSU 71-050D (1989) #25



PSU 71-060D (1989) #26



PSU 71-0500 (1989) #27



PSU 71-0500 (1989) #28



PSU 71-050D (1989) #29



PSU 71-050D (1989) #30



PSU 71-050D (1989) #31



PSU 71-050D (1989) #32



PSU 71-050D (1989) #33



PSU 71-050D (1989) #34



PSU 71-050D (1989) #35



PSU 71-050D (1989) #38



PSU 71-050D (1989) #37



PSU 71-050D (1989) #38



PSU 71-050D (1989) #39



PSU 71-0500 (1989) #40