



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



# CASE SUMMARY

PSU 45 CASE NO. 135D TYPE OF ACCIDENT Car/Car - Front to Rear

## 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 2 stopped heading west on a 2 lane rural road. Vehicle 1 was also traveling west on the same road. Vehicle 1 hit Vehicle 2 in the back with its front. Vehicle 2 moved forward about 50 feet. Vehicle 1 stopped facing west on the left shoulder.

## B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Intermediate	1978 Oldsmobile Cutlass	Front	Severe	None
2	Subcompact	1985 Ford Tempo	Back	Severe	None

## C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Front Left	Lap & Shoulder	Head	Concussion	2	Windshield
1	Passenger	Front Right	Lap & Shoulder	Face	Laceration	1	Instrument Panel
2	Driver	Front Left	Lap & Shoulder	Neck	Strain	1	Impact
2	Passenger	Front Right	Lap & Shoulder	Neck	Strain	1	Impact
2	Passenger	Second Center	Lap with Child Seat	Neck	Abrasion	1	Seat Belt

**DO NOT SANITIZE THIS FORM**





N →

[REDACTED]  
[REDACTED]  
[REDACTED] 90

Δ  
V<sub>1</sub>

Δ  
V<sub>1</sub>

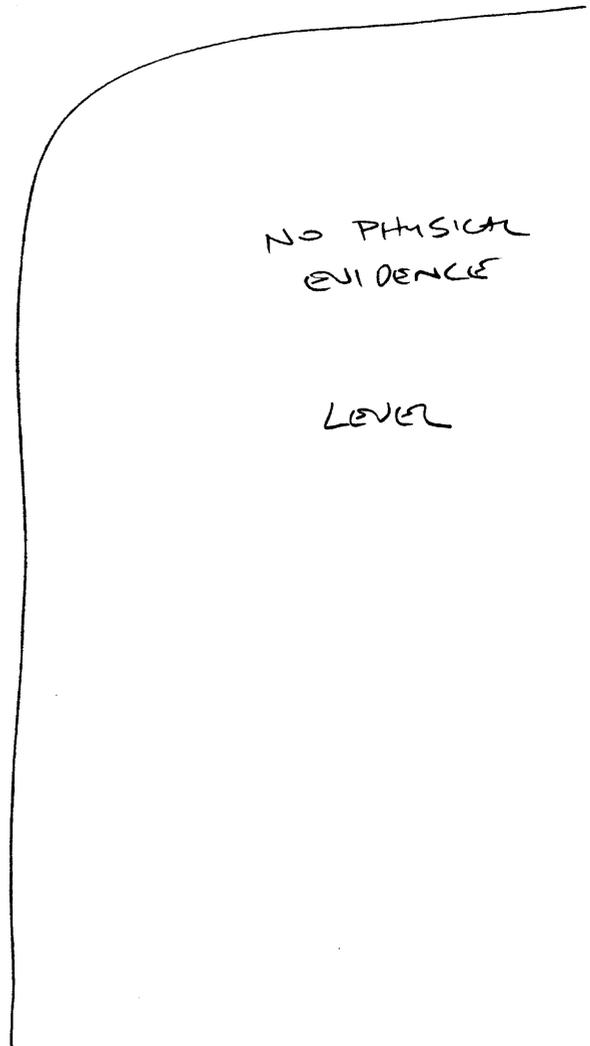
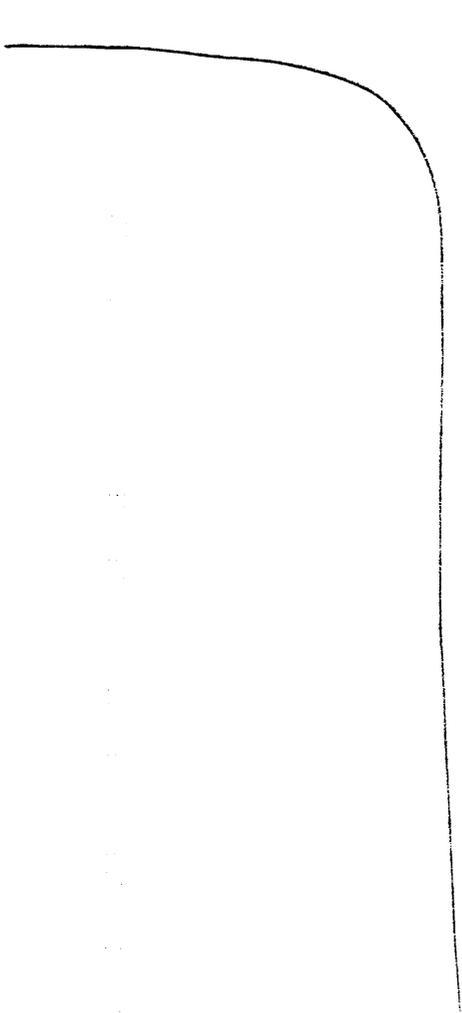
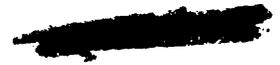
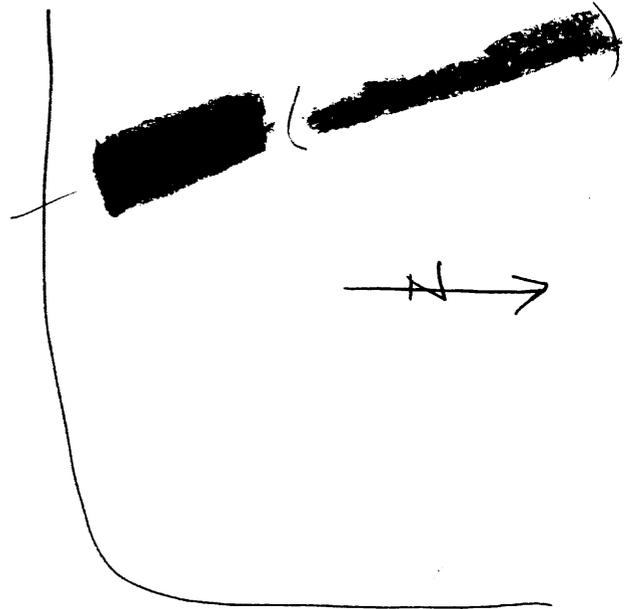
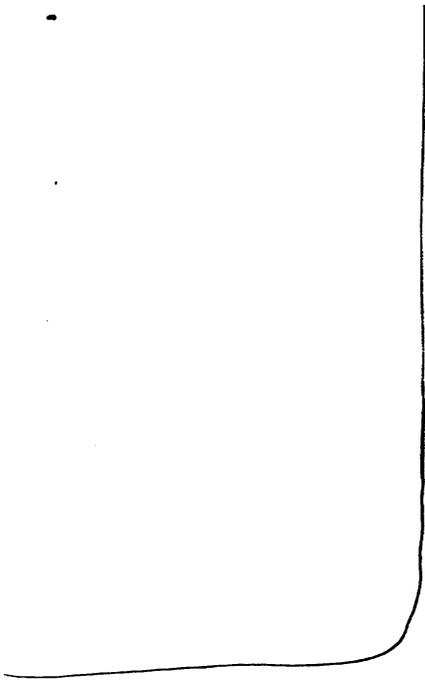
Δ  
V<sub>2</sub>

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V<sub>2</sub>  
Δ  
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Δ  
V<sub>1</sub>

[REDACTED]

[REDACTED]



NO PHYSICAL  
EVIDENCE

LEVEL

PSU NUMBER

45

CASE NUMBER

135D

# ACCIDENT FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) \_\_\_\_\_



# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>45</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1350</u>	

## VEHICLE IDENTIFICATION

VIN 3R47F8M \_\_\_\_\_ Model Year 1978

Vehicle Make (specify): OLDSMOBILE Vehicle Model (specify): CUTLASS

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	ENTIRE FRONTAL PLANE	SAME	C5

## CRUSH PROFILE

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

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

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

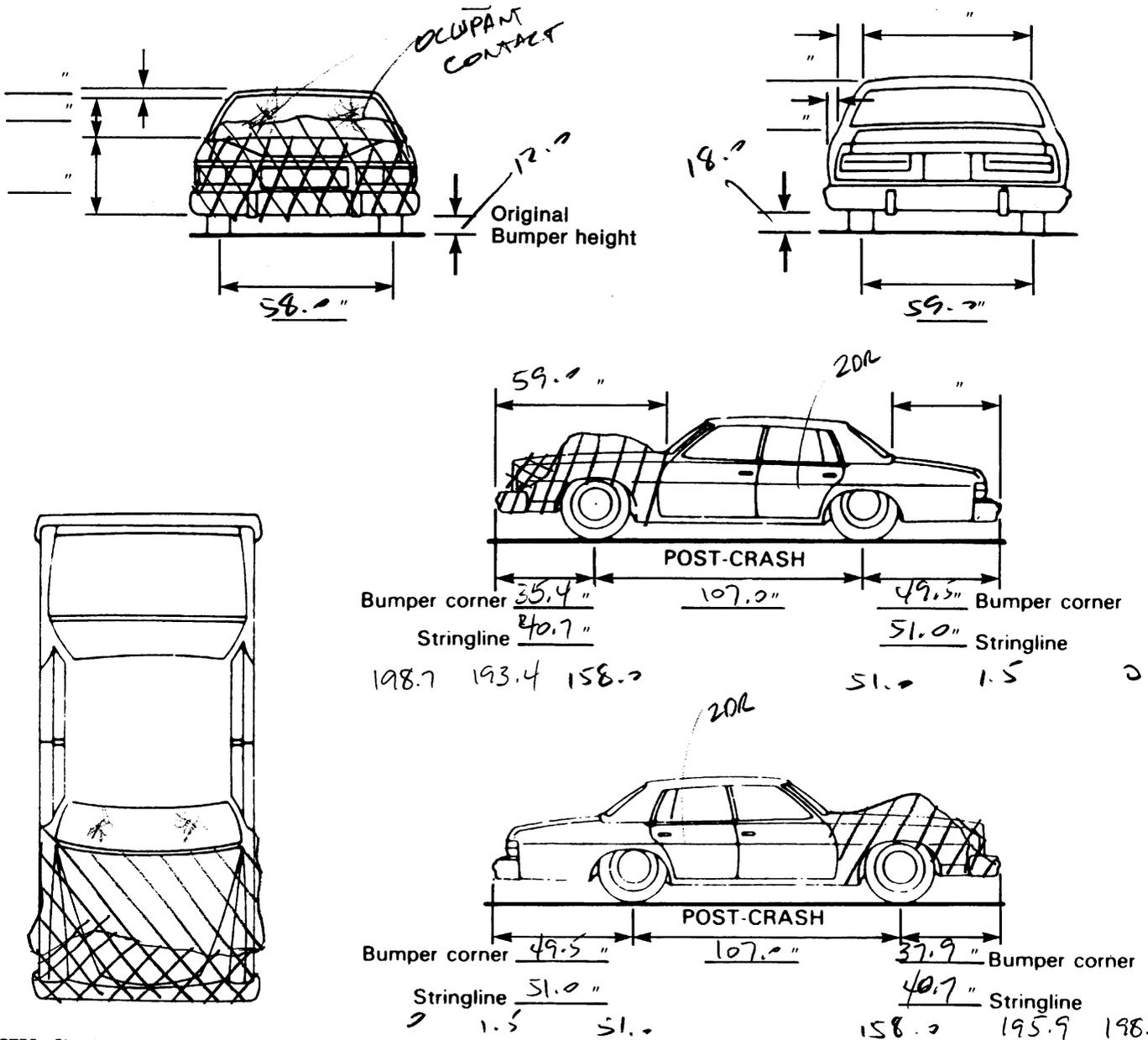
Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	FRONT BUMPER	66.7		66.7	5.3	3.1	1.0	.5	1.4	2.8	
1	FRUSE SPACE				3.7	2.0	.8	.8	2.0	3.0	
1	ADJUST				-1.0	-1.0	-1.0	-1.0	-1.0	-1.0	
1	C-MEA		1.3		1.3	.1	0	0	0	0	0
1	ABOVE BUMPER	60.0		60.0	19.9	24.7	23.5	24.1	26.1	15.3	
1	FRUSE SPACE				7.5	7.3	7.1	7.1	7.3	7.5	
1	ADJUST			-	-1.0	-1.0	-1.0	-1.0	-1.0	-1.0	
1	C-MEA				11.4	16.4	15.4	16.0	17.8	6.8	
1	FINAL C-MEA		8.9		6.4	8.3	7.7	8.0	8.9	3.4	0

DRAWING LINE IS AT 198.7

### VEHICLE DAMAGE SKETCH

<p><b>TIRE – WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted</p> <p>RF <u>1</u></p> <p>LF <u>1</u></p> <p>RR <u>2</u></p> <p>LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>108.1</u></p> <p>Overall Length <u>197.7</u></p> <p>Maximum Width <u>71.9</u></p> <p>Curb Weight <u>3307</u></p> <p>Average Track <u>58.5</u></p> <p>Front Overhang <u>40.7</u></p> <p>Rear Overhang <u>51.0</u></p> <p>Engine Size: cyl./ displ. <u>350 v8</u></p> <p>Undeformed End Width <u>67.0</u></p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within ± 5 degrees</p> <hr/> <p><b>DRIVE WHEELS</b></p> <p><input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>0</u></p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.





1. Primary Sampling Unit Number 45  
 2. Case Number—Stratum 1350  
 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  
 (12) Windshield and side window  
 (13) Door and side window  
 (98) Other combination of above (specify):  
 \_\_\_\_\_  
 (99) Unknown

**Door, Tailgate Or Hatch Opening**

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

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

**Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.**

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

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

Door, Tailgate, or Hatch Came Open During Collision  
 (1) Door operational (no damage)  
 (2) Latch/striker failure due to damage  
 (3) Hinge failure due to damage  
 (4) Door structure failure due to damage  
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage  
 (6) Latch/striker and hinge failure due to damage  
 (8) Other failure (specify):  
 \_\_\_\_\_  
 (9) Unknown

**GLAZING**

**Glazing Damage from Impact Forces**

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0  
 20. BL 0 21. Roof 0 22. Other 0

(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 2 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 1 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**

39. WS 1 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



**OCCUPANT AREA INTRUSION**

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

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

**LOCATION OF INTRUSION**

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

*NONE*

**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
  - (97) Catastrophic
  - (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
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

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

# STEERING COLUMN WORKING DIAGRAMS

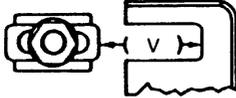
## STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement



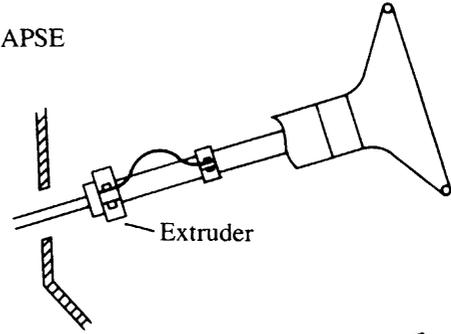
SHEAR CAPSULE

Left \_\_\_\_



Right \_\_\_\_ V = \_\_\_\_\_"

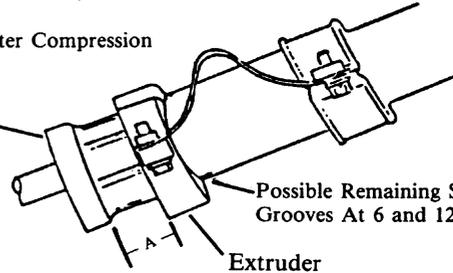
Direction and Magnitude of Steering Column Movement



Extruder

After Compression

Flare Tube



Possible Remaining Starter Grooves At 6 and 12 o'clock

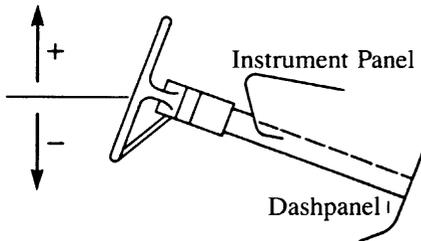
Extruder

Compression = Measurement A

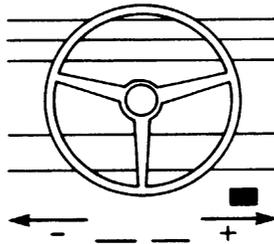
A = \_\_\_\_\_

## STEERING COLUMN MOVEMENT

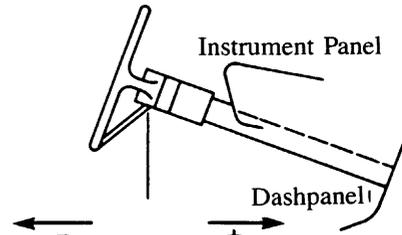
Vertical Movement



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 99

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

- (00) No movement, compression, or collapse
- (01-19) Actual measured value
- (20) 20 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 + 99

90. Lateral Movement - 99

91. Longitudinal Movement - 99

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 1

19 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 05

(00) No steering rim deformation

Quarter Sections

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



Half Sections

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



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

**INSTRUMENT PANEL**

94. Odometer Reading 11286 111,000

11286 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? 1

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

96. Knee Bolsters Deformed from Occupant Contact? 00

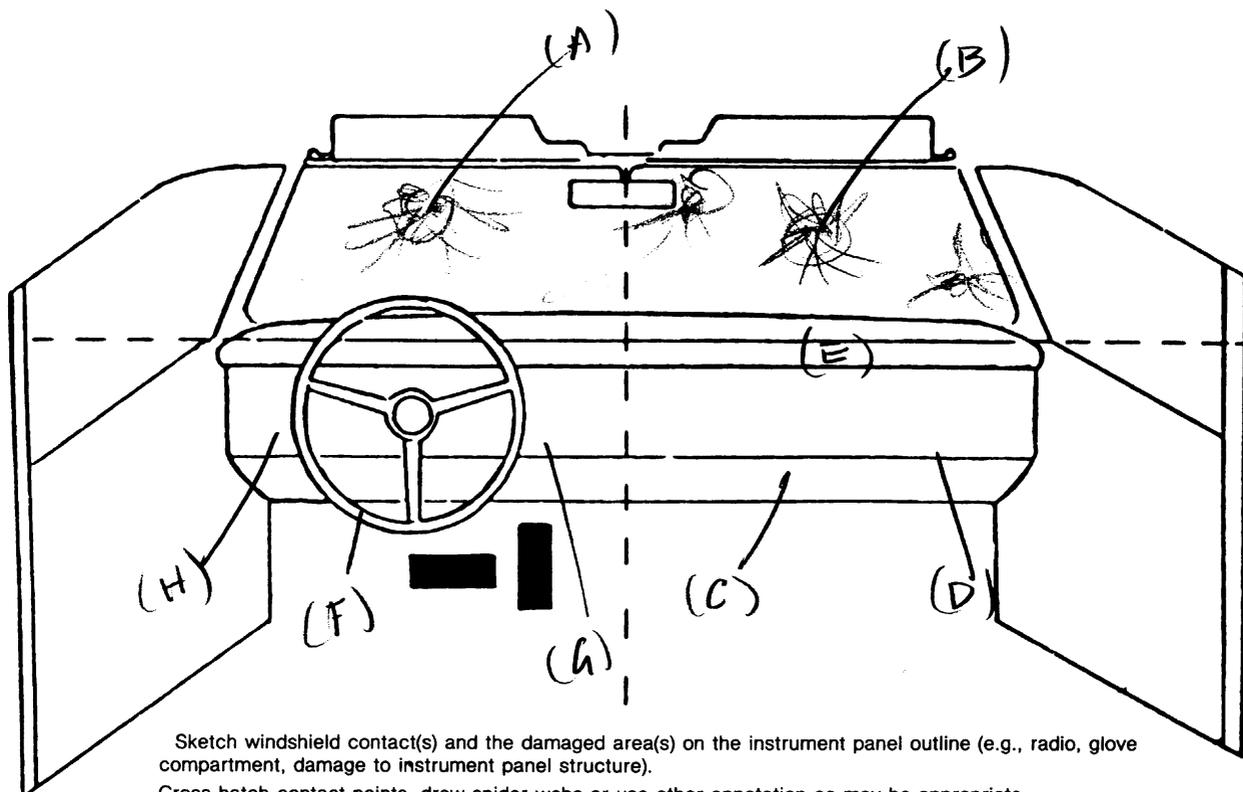
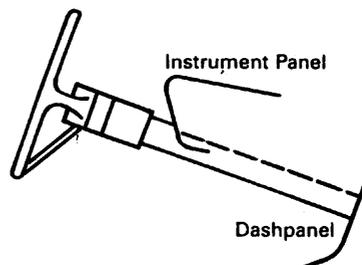
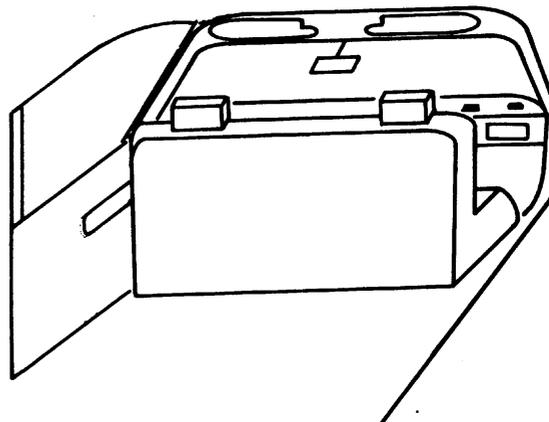
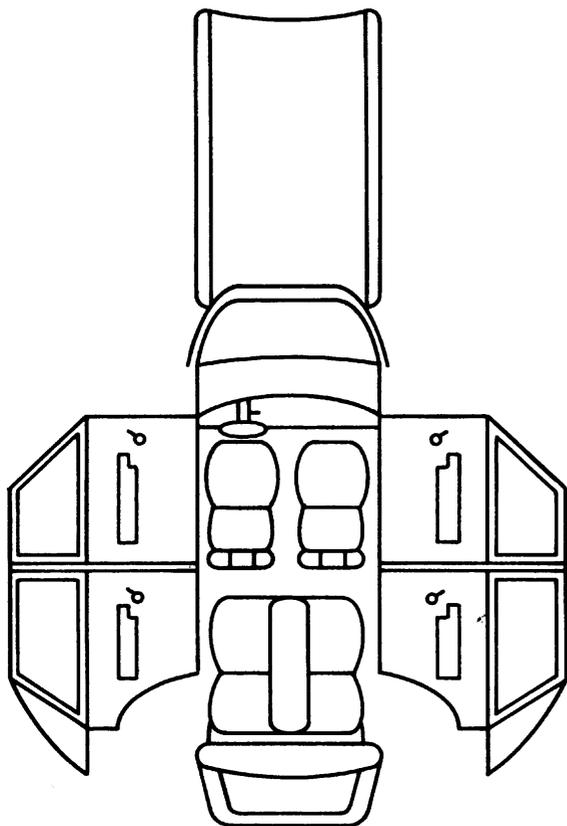
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

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

### VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



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

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

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

**POINTS OF OCCUPANT CONTACT**

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	1	HEAD	CRACKED, SMUDGES	1
B	01	2	HEAD	" "	1
C	11	2	L) KNEE	DENTED PANEL	1
D	11	2	R) KNEE	" "	1
E	11	2	CHIN	" "	1
F	04	1	CHEST	BENT RIM	1
G	09	1	L) KNEE	SMUDGES	1
H	09	1	R) KNEE	"	1
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 bag
- (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			
	Function			
	Failure			

### 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



## CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

**1. Type of Child Safety Seat**

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
\_\_\_\_\_

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

**2. Child Safety Seat Orientation**

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):  
\_\_\_\_\_

- (04) Unknown orientation

- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):  
\_\_\_\_\_

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):  
\_\_\_\_\_

- (29) Unknown orientation

- (99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage**

**4. Child Safety Seat Shield Usage**

**5. Child Safety Seat Tether Usage**

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

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

Designed with Harness/Shield/Tether

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

Unknown if Designed with Harness/Shield/Tether

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

- (99) Unknown if child safety seat used

**6. Child Safety Seat Make/Model**

(Specify make/model and occupant number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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	3	0	3
	Seat Type	05	05	05
	Seat Performance	1	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			

**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 Performance (This Occupant Position)**

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

**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

- (7) Combination of above (specify): \_\_\_\_\_
- (8) 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 [ ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

\_\_\_\_\_

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

\_\_\_\_\_

(5) Integral structure

- (8) Other medium (specify):

\_\_\_\_\_

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes [ ]

Describe entrapment mechanism: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Component(s): \_\_\_\_\_

\_\_\_\_\_

(Note in vehicle interior diagram)



## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>45</u>	3. Vehicle Number <u>01</u>
2. Case Number—Stratum <u>1350</u>	4. Occupant Number <u>01</u>

### INJURY DATA

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

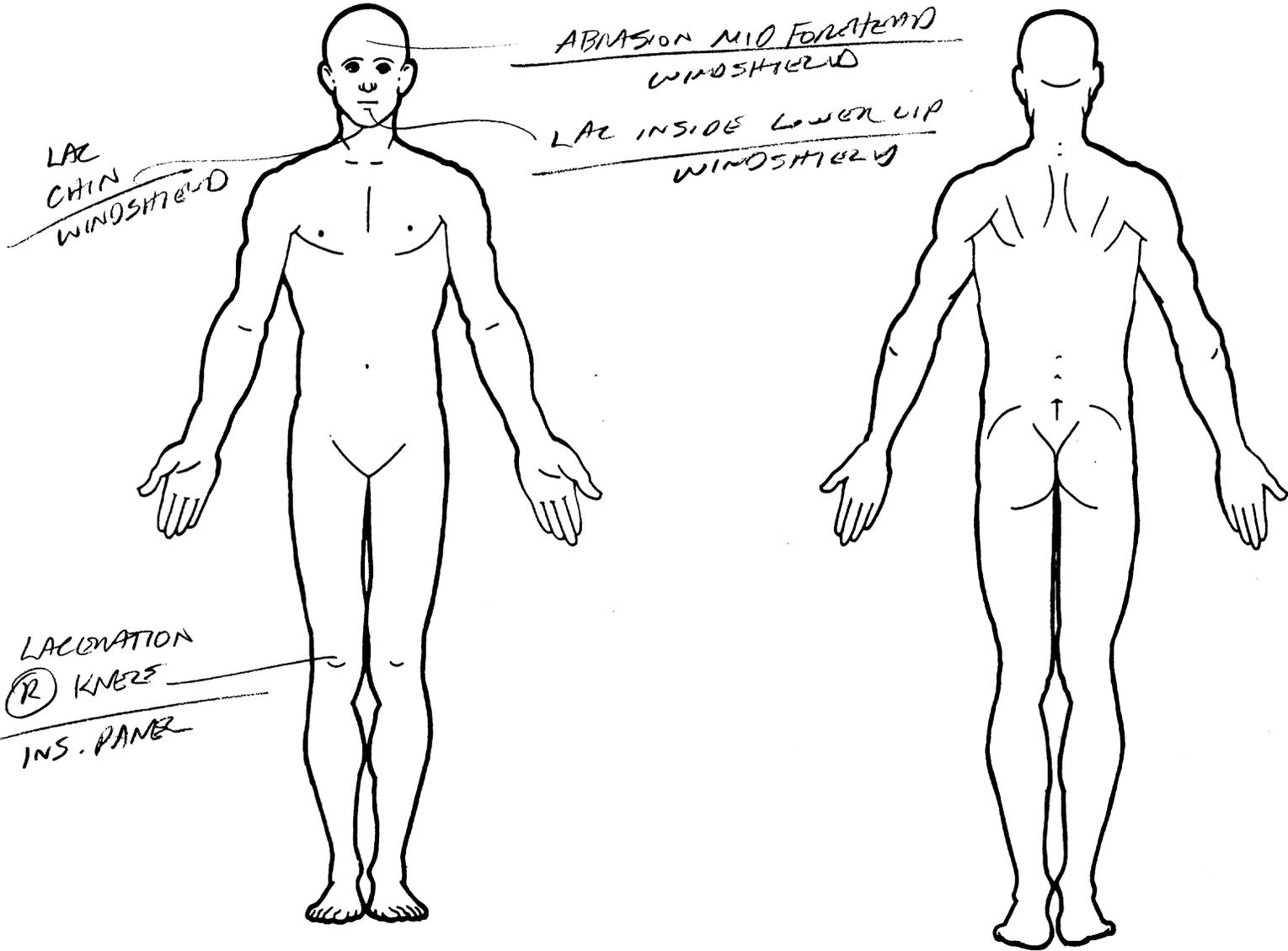
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>2</u>	11. <u>01</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>F</u>	17. <u>S</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>01</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>I</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>01</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>F</u>	37. <u>I</u>	38. <u>L</u>	39. <u>I</u>	40. <u>1</u>	41. <u>01</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>3</u>	46. <u>K</u>	47. <u>R</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>09</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>7</u>	56. <u>W</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>01</u>	62. <u>3</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>7</u>	66. <u>C</u>	67. <u>C</u>	68. <u>C</u>	69. <u>F</u>	70. <u>1</u>	71. <u>04</u>	72. <u>2</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>7</u>	76. <u>H</u>	77. <u>S</u>	78. <u>A</u>	79. <u>I</u>	80. <u>1</u>	81. <u>01</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>7</u>	86. <u>H</u>	87. <u>S</u>	88. <u>L</u>	89. <u>I</u>	90. <u>1</u>	91. <u>01</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
10th	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>	104. <u>  </u>

# OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

# OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, 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): \_\_\_\_\_

### 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): \_\_\_\_\_

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

### NONCONTACT INJURY

- (86) Unknown vehicle or object
- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_

### 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

## 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

### 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 bag
- (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): \_\_\_\_\_

## 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

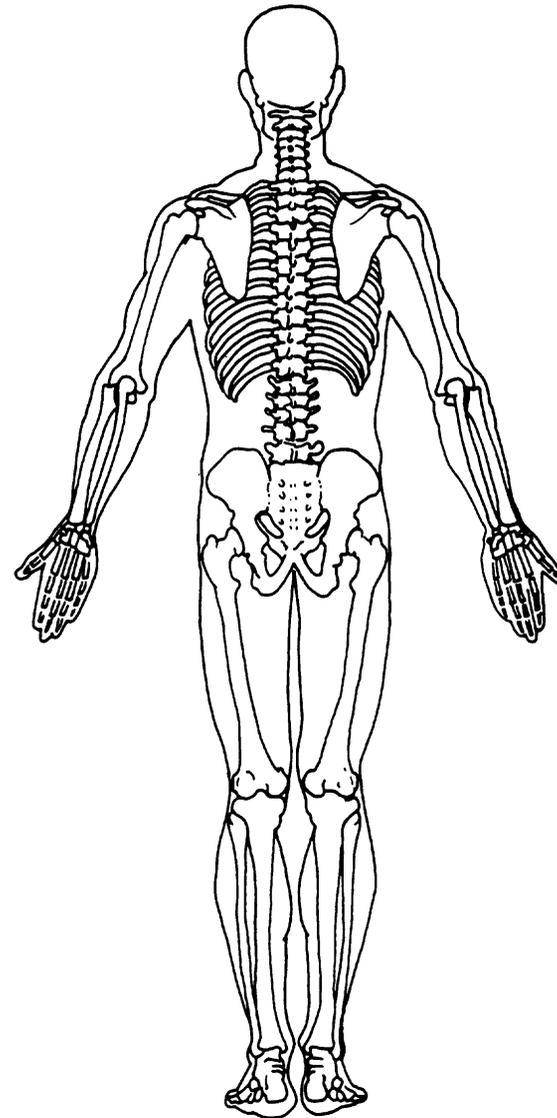
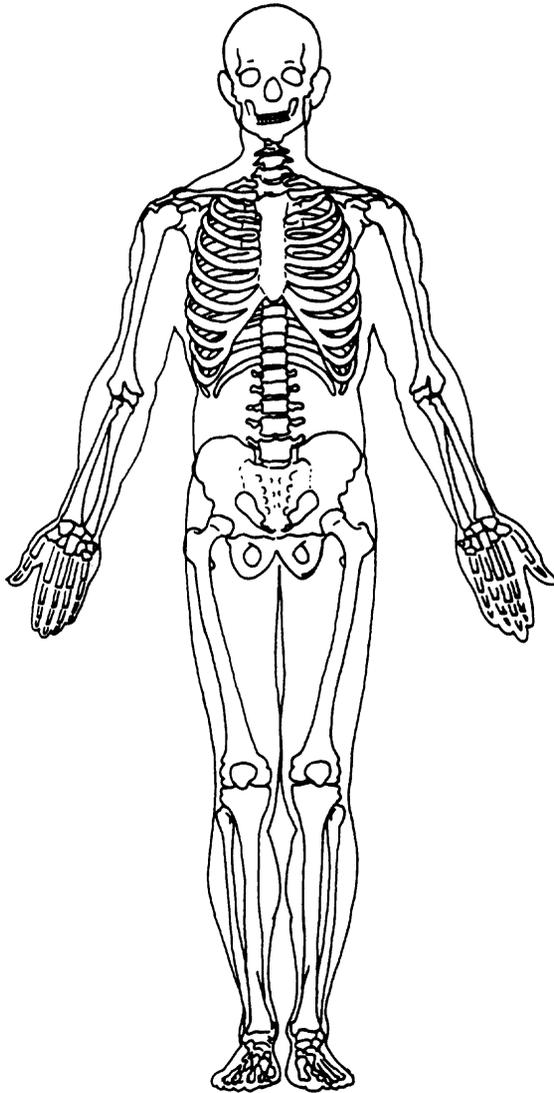
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

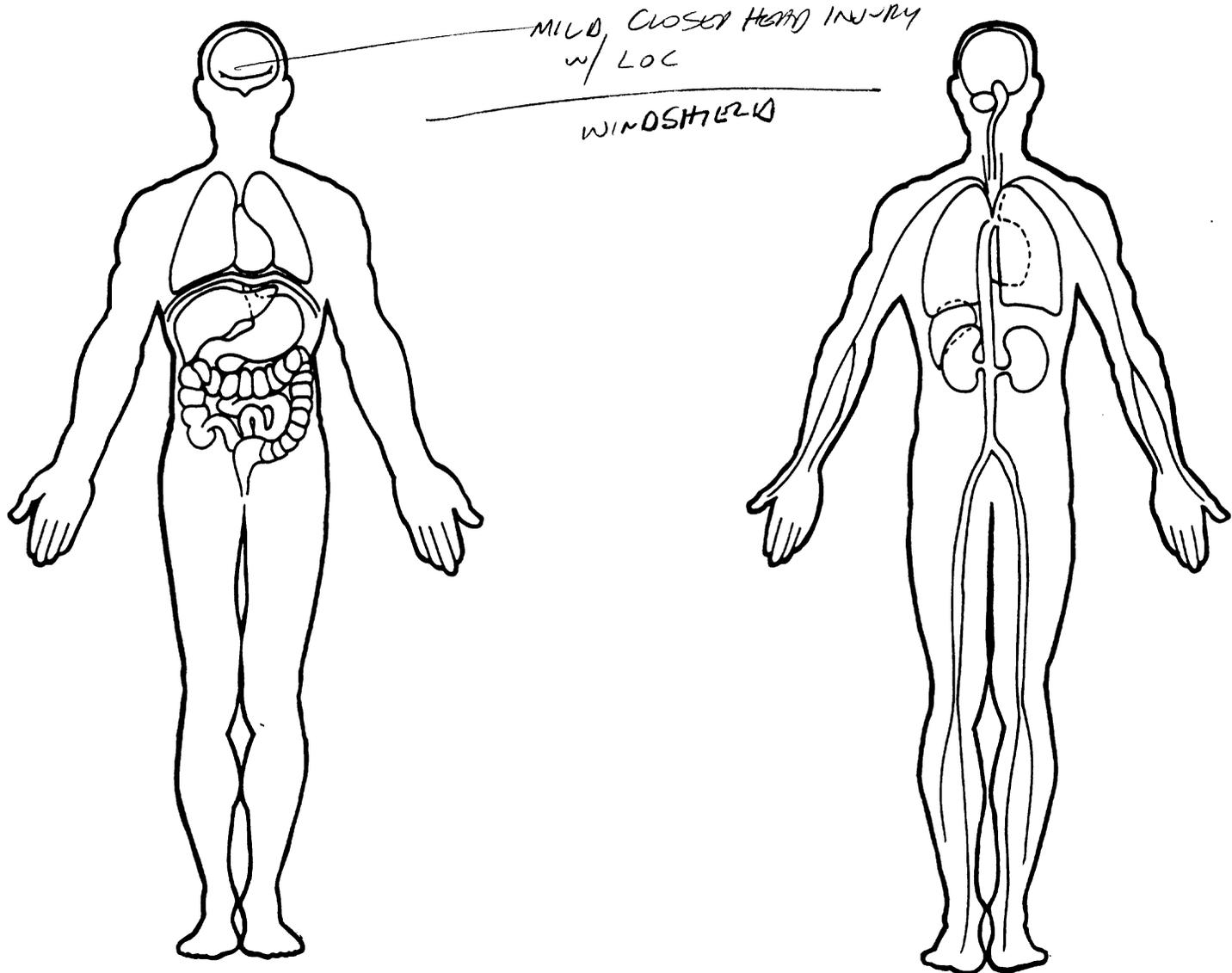
## OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





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

RECEIVED [REDACTED] 1990

**UPDATE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM  
 CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>45</u>	Driver or Occupant Name: _____
2. Case Number – Stratum	<u>1350</u>	Address: _____
3. Vehicle Number	<u>01</u>	_____
4. Occupant Number	<u>01</u>	Other Information: _____
(Sanitize this section prior to Update submission.)		

**INJURY DATA CODED ON INITIAL SUBMISSION**

	O.I.C. – A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___
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. ___

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

**UPDATED CASE INFORMATION**

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	___	<u>99</u>	OA35. Treatment – Mortality	___	<u>4</u>
OA05. Occupant's Age	___	<u>31</u>	OA36. Type of Medical Facility (for Initial Treatment)	___	<u>1</u>
OA06. Occupant's Sex	___	<u>1</u>	OA37. Hospital Stay	___	<u>01</u>
OA07. Occupant's Height	___	<u>99</u>	OA38. Working Days Lost	___	<u>99</u>
OA08. Occupant's Weight	___	<u>999</u>	OA39. Time to Death	___	<u>00</u>
OA17. Manual (Active) Belt System Availability	___	<u>9</u>	OA40. 1st Medically Reported Cause of Death	___	<u>00</u>
OA18. Manual (Active) Belt System Use	___	<u>99</u>	OA41. 2nd Medically Reported Cause of Death	___	<u>00</u>
OA21. Automatic (Passive) Restraint System Availability	___	<u>9</u>	OA42. 3rd Medically Reported Cause of Death	___	<u>00</u>
OA22. Automatic (Passive) Restraint Function	___	<u>9</u>	OA43. Number of Recorded Injuries for This Occupant	___	<u>03</u>

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	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				
1st	5. <u>3</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>2</u>	11. <u>01</u> <del>97</del>	12. <u>1</u> <del>9</del>	13. <u>1</u> <del>7</del>	14. <u>00</u> <del>99</del>
2nd	15. <u>3</u>	16. <u>F</u>	17. <u>S</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>01</u> <del>97</del>	22. <u>1</u> <del>9</del>	23. <u>1</u> <del>7</del>	24. <u>00</u> <del>99</del>
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>I</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>01</u> <del>97</del>	32. <u>1</u> <del>9</del>	33. <u>1</u> <del>7</del>	34. <u>00</u> <del>99</del>
4th	35. <u>3</u>	36. <u>K</u>	37. <u>R</u>	38. <u>L</u>	39. <u>I</u>	40. <u>1</u>	41. <u>09</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>7</u>	46. <u>W</u>	47. <u>R</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>01</u>	52. <u>3</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>7</u>	56. <u>C</u>	57. <u>C</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>04</u>	62. <u>2</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>7</u>	66. <u>H</u>	67. <u>S</u>	68. <u>A</u>	69. <u>I</u>	70. <u>1</u>	71. <u>01</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>7</u>	76. <u>H</u>	77. <u>S</u>	78. <u>L</u>	79. <u>I</u>	80. <u>1</u>	81. <u>01</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>	93. <u>  </u>	94. <u>  </u>
10th	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>	104. <u>  </u>

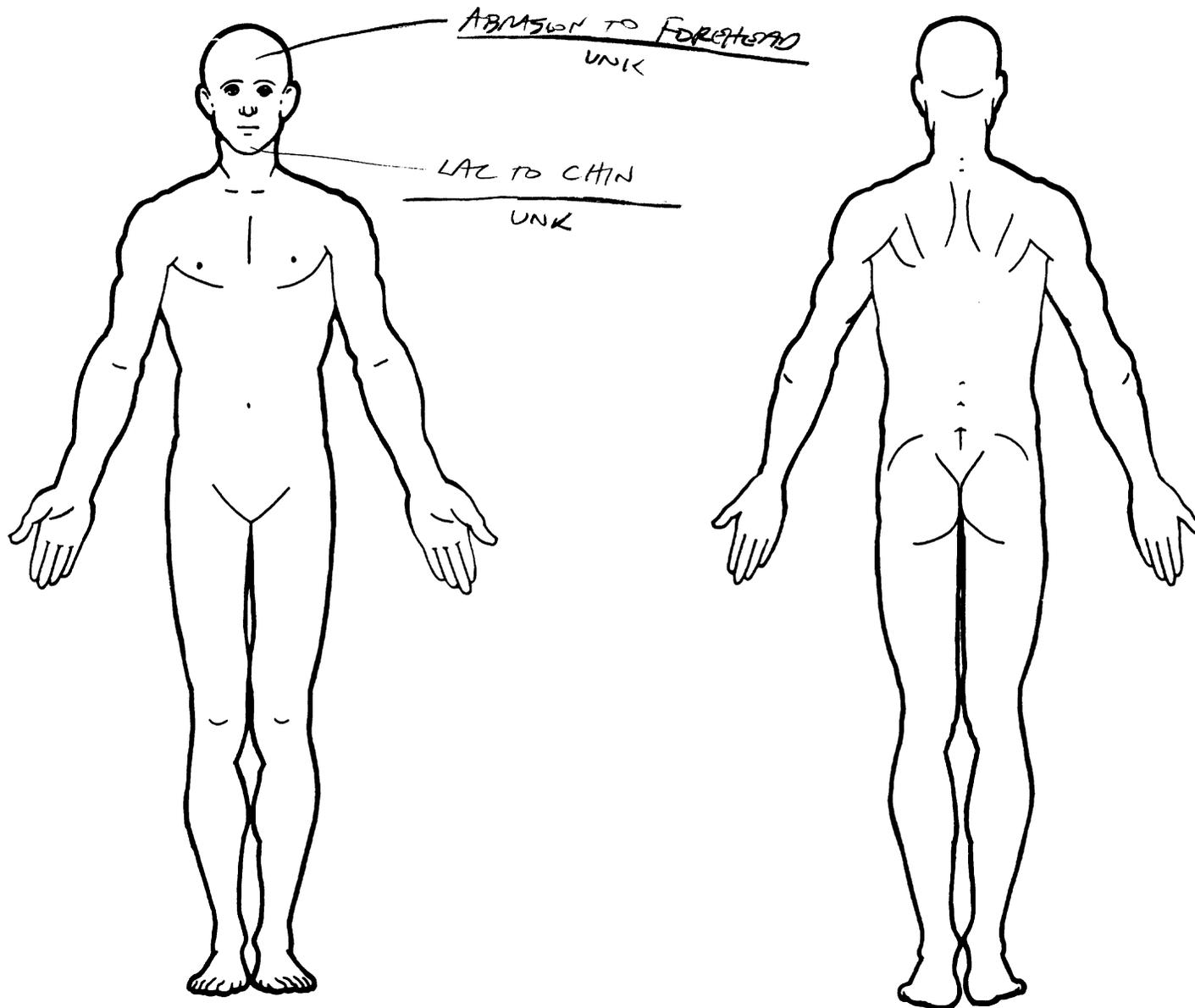
If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

# OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

# 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): \_\_\_\_\_

### 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

### 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 bag
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (E1) 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): \_\_\_\_\_

## 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

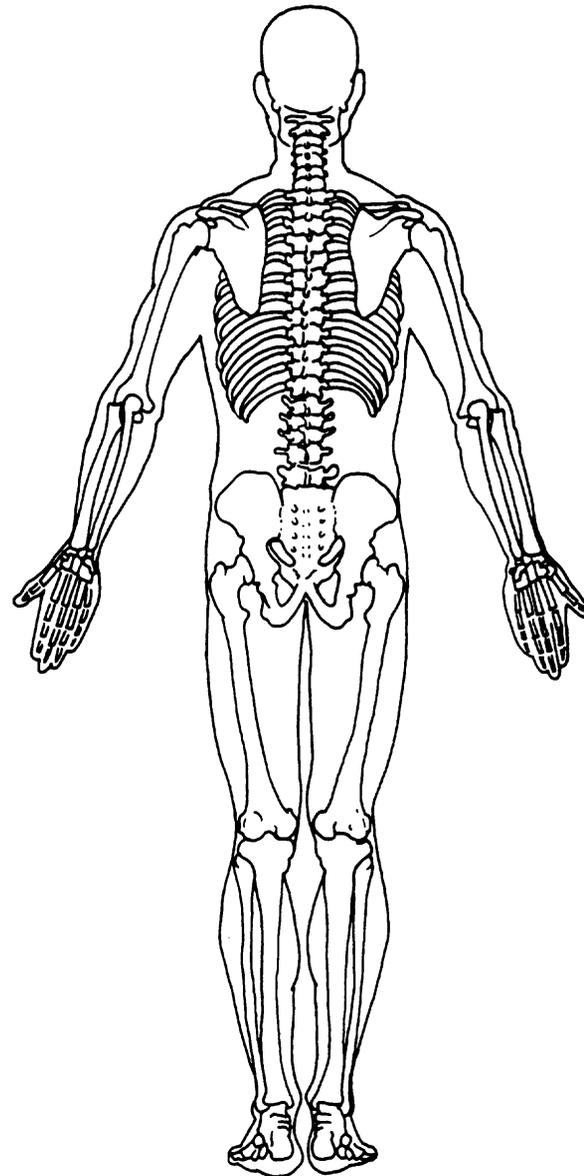
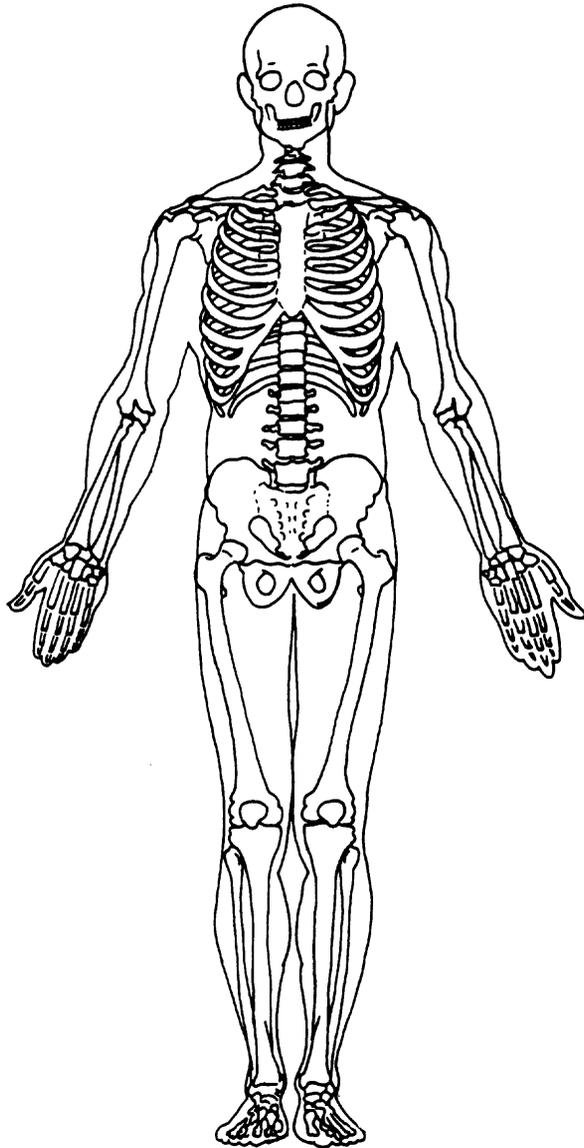
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

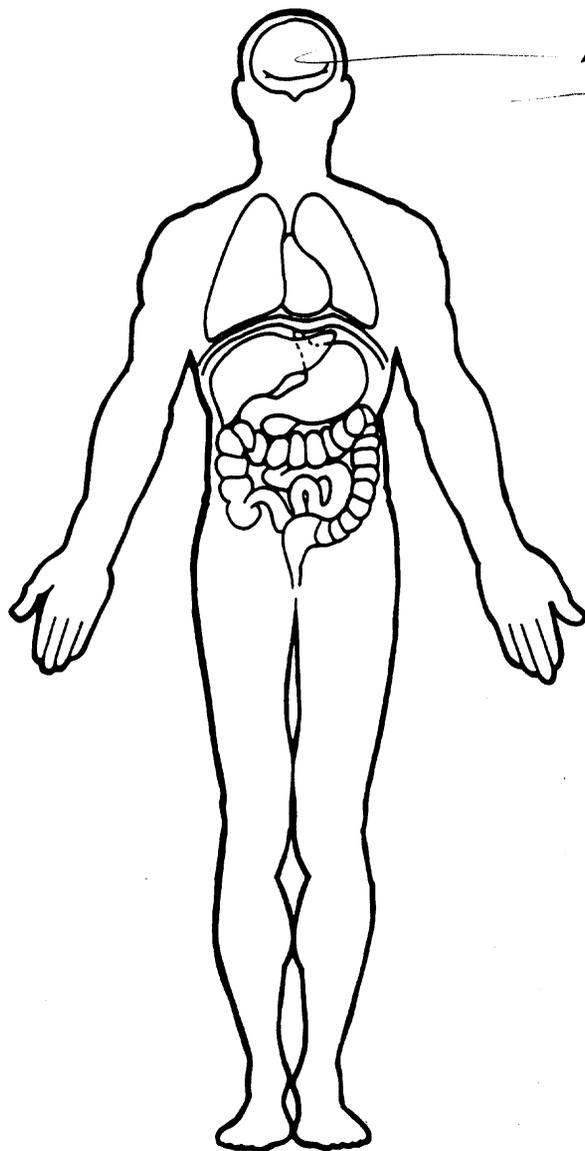
# OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)

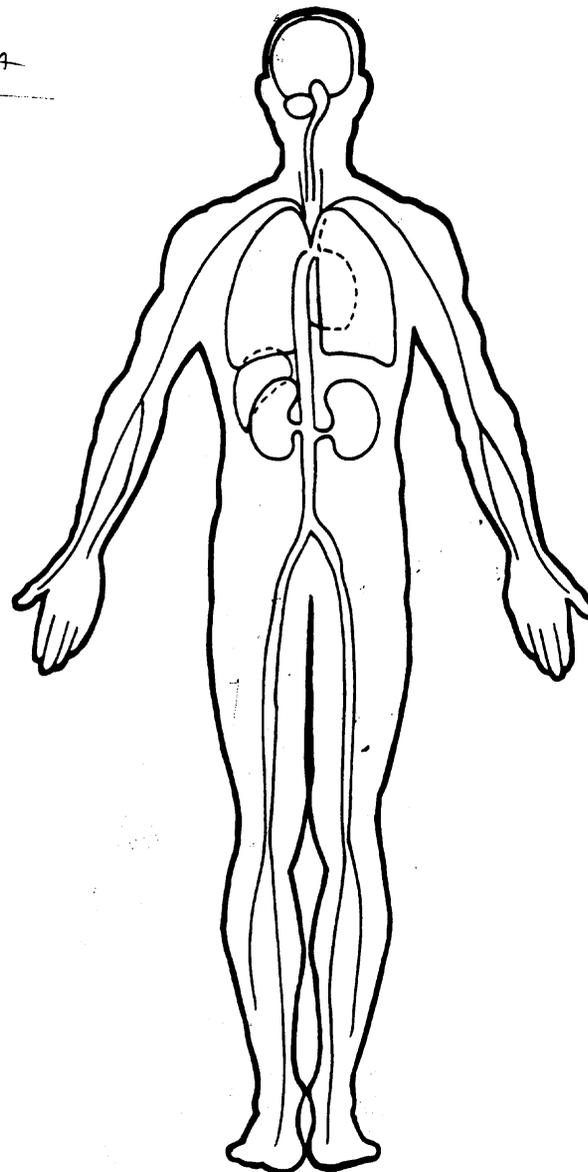


# OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)



LOC w/ AMNOSIA  
UNK





## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 45      3. Vehicle Number 01  
 2. Case Number—Stratum 1350      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 ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

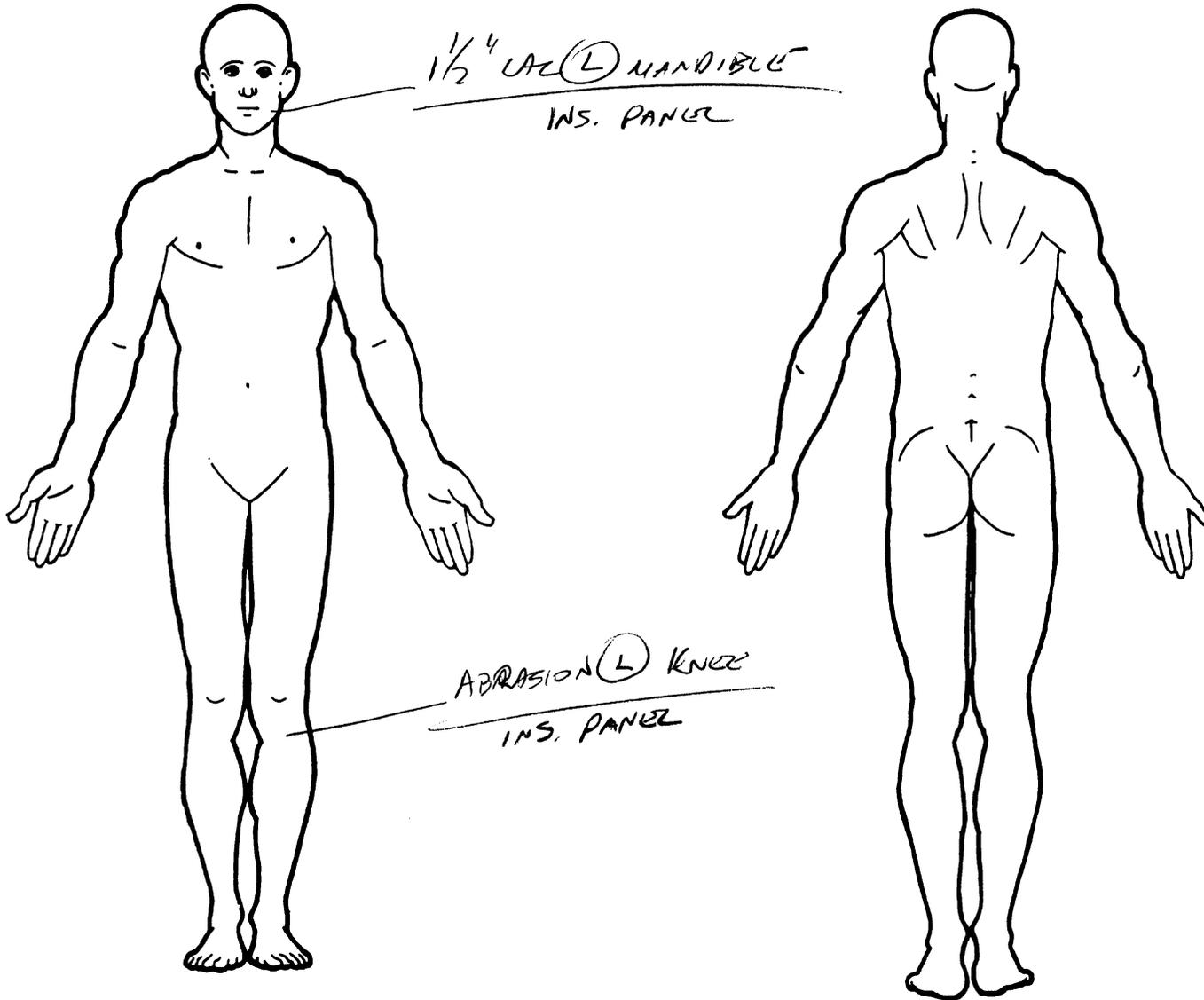
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>2</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>K</u>	17. <u>L</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>11</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>L</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>11</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>L</u>	37. <u>L</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>11</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
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. ___

# OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	---	—	—	---
12th	—	—	—	—	—	—	---	—	—	---
13th	—	—	—	—	—	—	---	—	—	---
14th	—	—	—	—	—	—	---	—	—	---
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---

# 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): \_\_\_\_\_

### 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

### 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 bag
- (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): \_\_\_\_\_

## 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

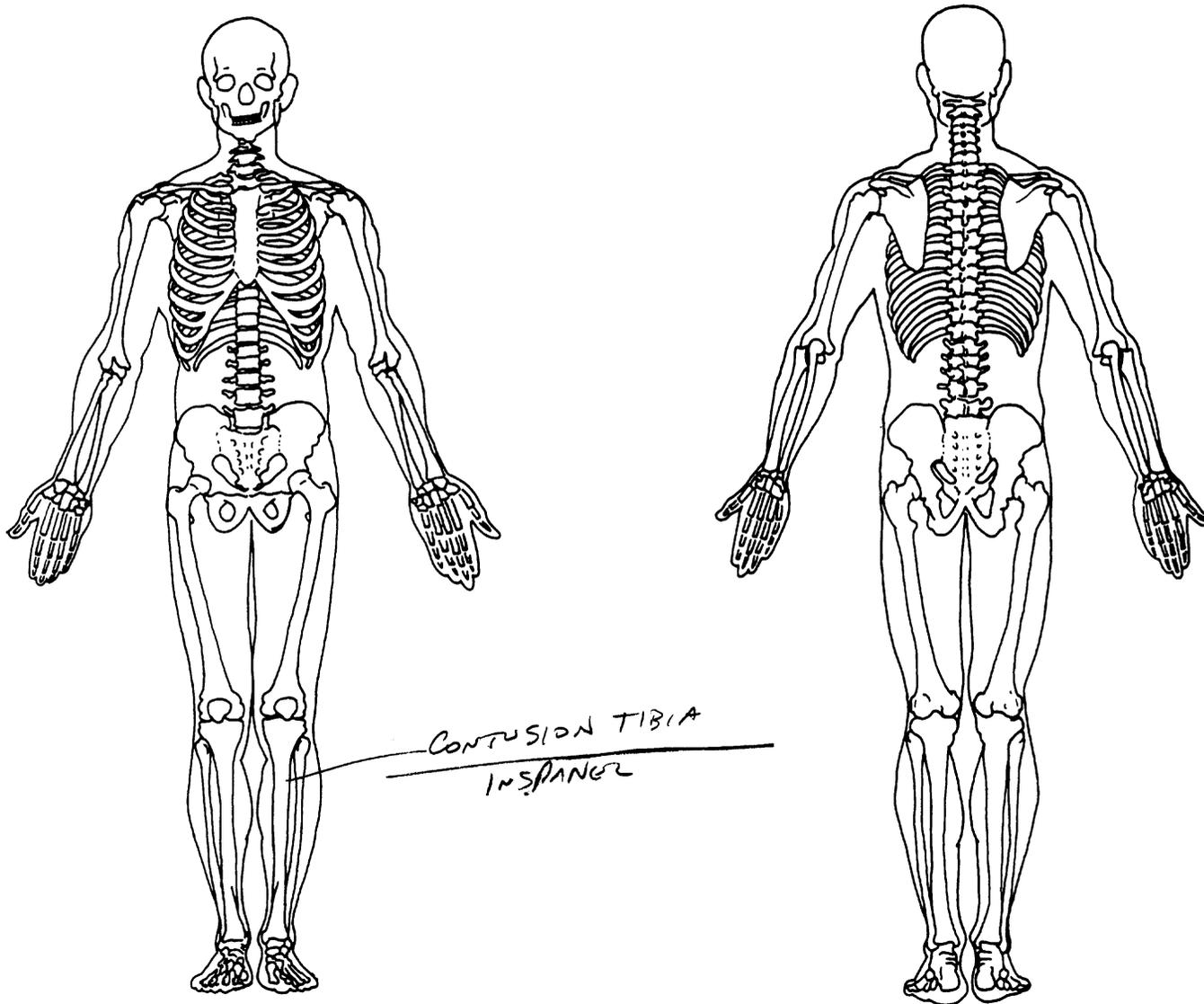
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

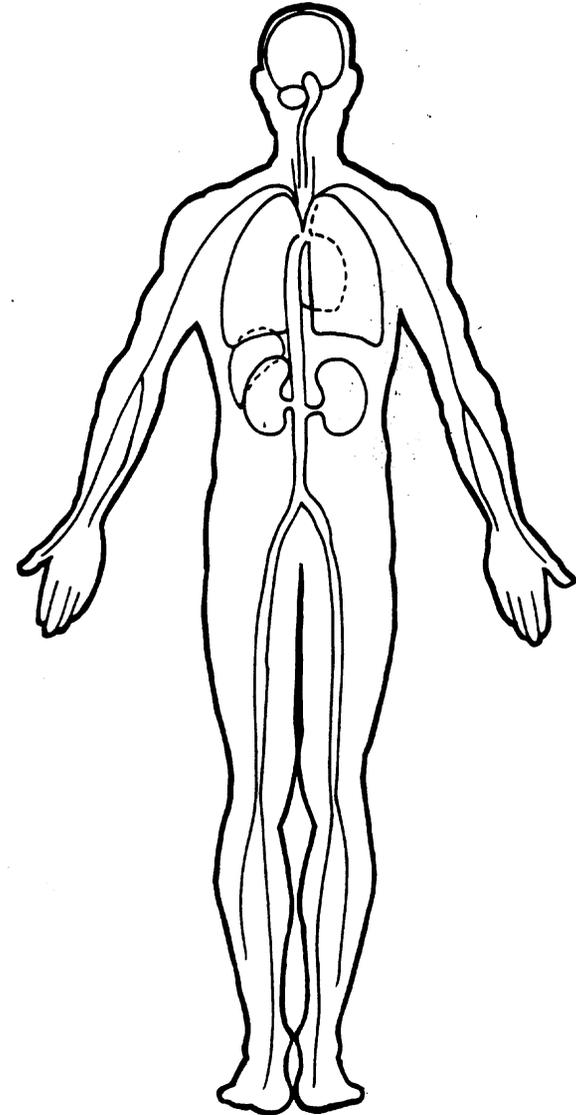
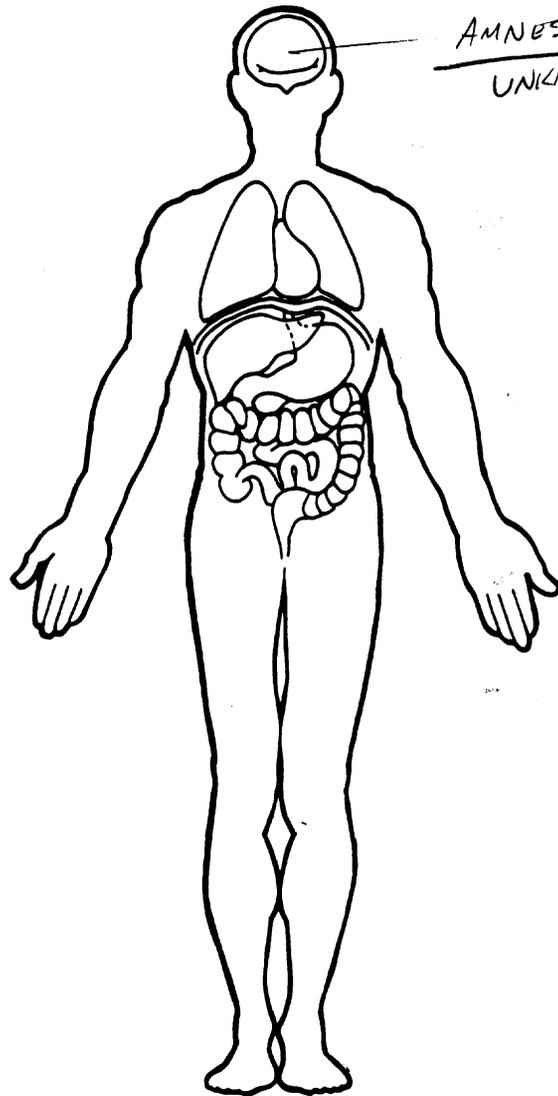
# OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>45</u>	3. Vehicle Number <u>02</u>
2. Case Number – Stratum <u>1350</u>	

## VEHICLE IDENTIFICATION

VIN 1FABP22X3FK XXXXXXXXXX Model Year 1985  
 Vehicle Make (specify): FORD Vehicle Model (specify): TEMPO

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	ENTIRE REAR PLANE	SAME	C5

## CRUSH PROFILE

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

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

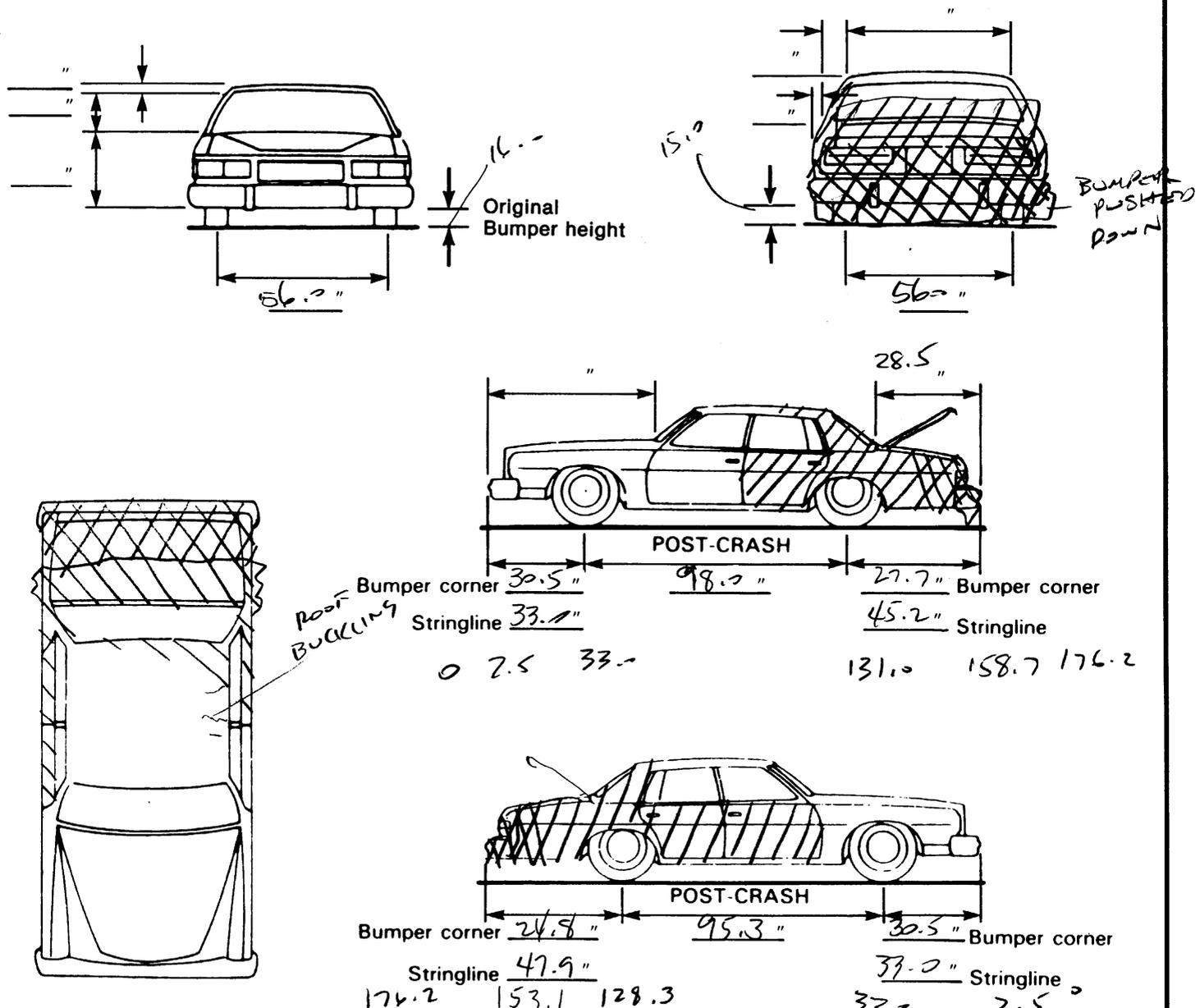
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	REAR BUMPER	61.8		61.8	17.5	19.8	21.1	22.4	23.8	23.1	
1	FREE SPACE				3.5	.8	.1	.1	.8	3.5	
1	C-MEA		23.0		14.0	19.0	21.0	22.3	23.0	19.6	0

**VEHICLE DAMAGE SKETCH**

<b>TIRE – WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>1</u> (1) Yes (2) No (8) NA (9) Unk.		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>99.9</u> Overall Length <u>176.2</u> Maximum Width <u>66.2</u> Curb Weight <u>2443</u> Average Track <u>56.0</u> Front Overhang <u>33.0</u> Rear Overhang <u>46.0</u> Engine Size: cyl./ displ. <u>2.3 4C46</u> Undeformed End Width <u>59.0</u>		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° LR ± _____° Within ± 5 degrees	
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<b>DRIVE WHEELS</b> <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0</u>	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.





1. Primary Sampling Unit Number 45

2. Case Number - Stratum 1350

3. Vehicle Number 02

**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

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

**Door, Tailgate Or Hatch Opening**

5. LF 1 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

**Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.**

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

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

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

**GLAZING**

**Glazing Damage from Impact Forces**

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 8

(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**

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

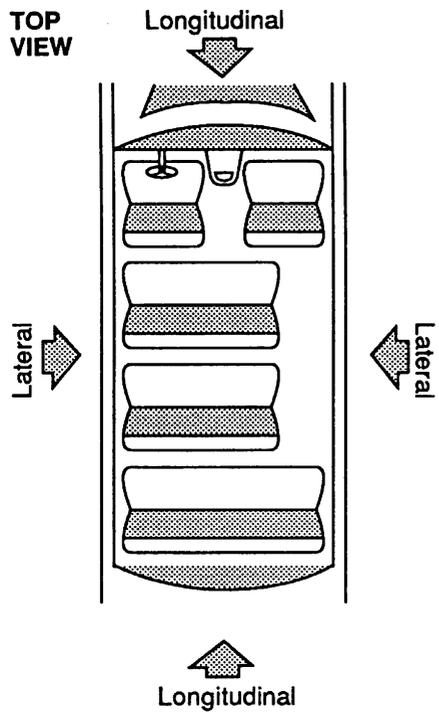
(3) Partially opened

(4) Fully opened

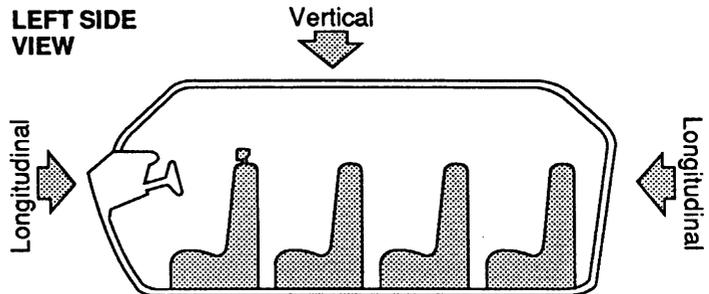
(9) Unknown

# INTRUSION WORK SHEET

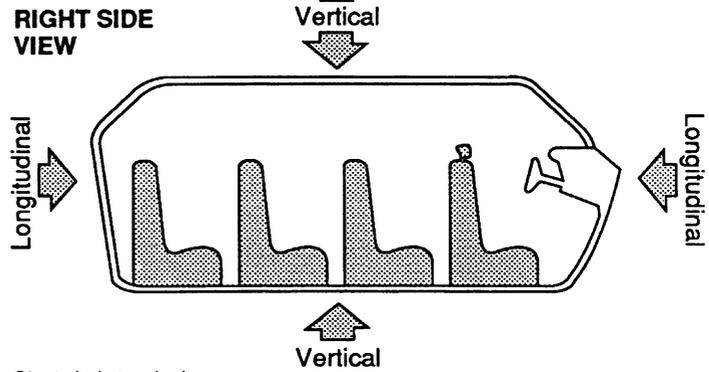
**TOP VIEW**



**LEFT SIDE VIEW**



**RIGHT SIDE VIEW**



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
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			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

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.____	48.____	49.____	50.____
2nd	51.____	52.____	53.____	54.____
3rd	55.____	56.____	57.____	58.____
4th	59.____	60.____	61.____	62.____
5th	63.____	64.____	65.____	66.____
6th	67.____	68.____	69.____	70.____
7th	71.____	72.____	73.____	74.____
8th	75.____	76.____	77.____	78.____
9th	79.____	80.____	81.____	82.____
10th	83.____	84.____	85.____	86.____

**LOCATION OF INTRUSION**

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

*None*

**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
  - (97) Catastrophic
  - (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
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

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

# STEERING COLUMN WORKING DIAGRAMS

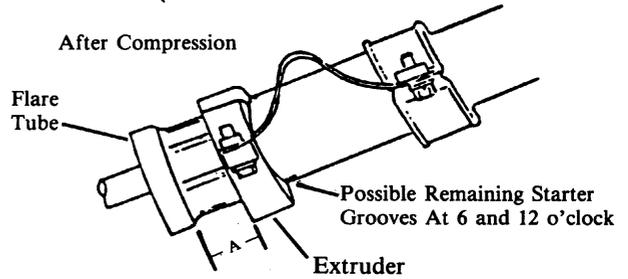
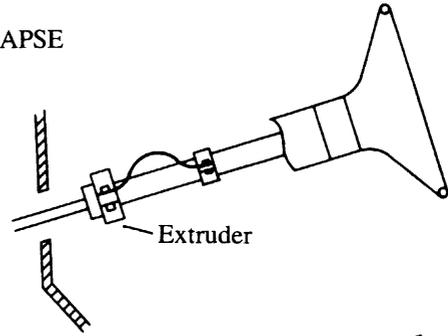
## STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement



Right — V = \_\_\_\_\_"

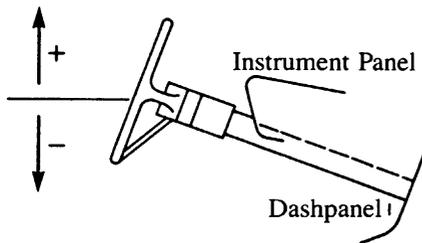
Direction and Magnitude of Steering Column Movement



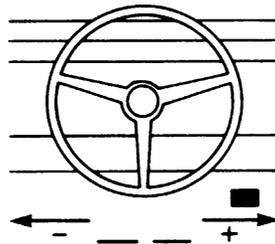
Compression = Measurement A      A = \_\_\_\_\_

## STEERING COLUMN MOVEMENT

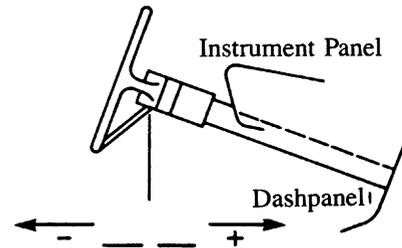
Vertical Movement



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) 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

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

- (00) No movement, compression, or collapse
- (01-19) Actual measured value
- (20) 20 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

+ 94  
=

90. Lateral Movement

+ 96  
=

91. Longitudinal Movement

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

Code actual measured deformation to the nearest inch.

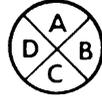
- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

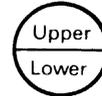
Quarter Sections

- (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

91403 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: [Redacted]

95. Instrument Panel Damage from Occupant Contact?

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

96. Knee Bolsters Deformed from Occupant Contact?

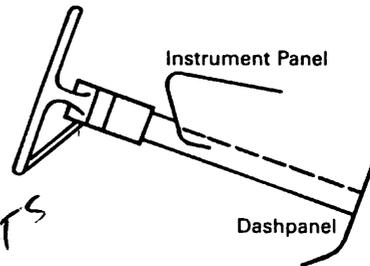
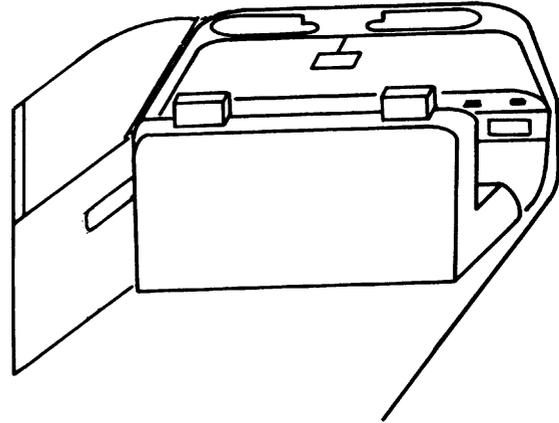
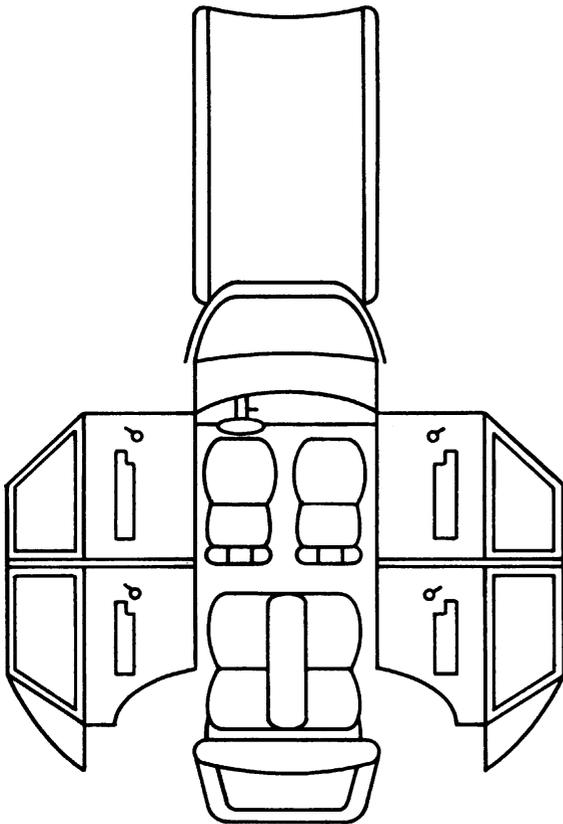
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

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

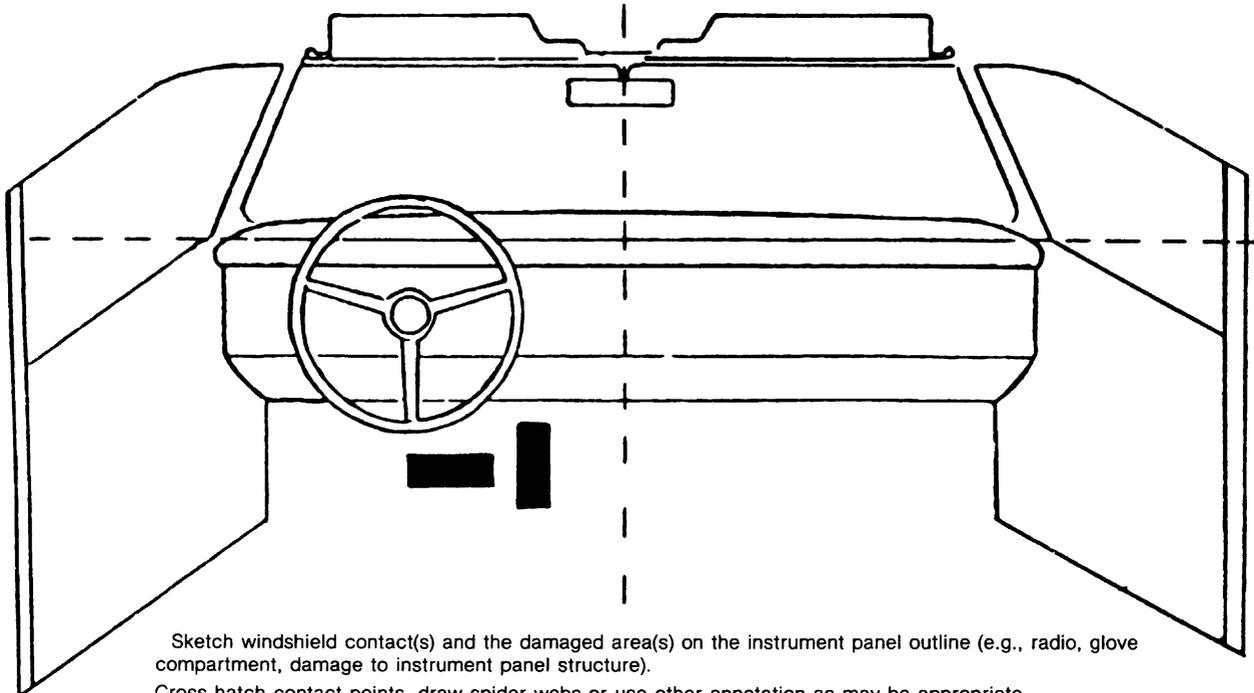
- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

### VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



*NO  
VISIBLE  
CONTACTS*



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					
B					
C					
D			N/A		
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):  
\_\_\_\_\_

**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 bag
- (46) Other occupants (specify):  
\_\_\_\_\_
- (47) Interior loose objects

**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

**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			
	Function			
	Failure			

### 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	4	0	4
	Use	04	00	04
	Failure Modes	1	0	1
SECOND	Availability	3	3	3
	Use	00	13	00
	Failure Modes	0	1	0
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) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):  
\_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify):  
\_\_\_\_\_
- (8) Other manual belt failure (specify):  
\_\_\_\_\_
- (9) Unknown

## 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					

<p><b>1. Type of Child Safety Seat</b></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><b>2. Child Safety Seat Orientation</b></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><b>3. Child Safety Seat Harness Usage</b></p> <p><b>4. Child Safety Seat Shield Usage</b></p> <p><b>5. Child Safety Seat Tether Usage</b></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><b>6. Child Safety Seat Make/Model</b>          (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	3	0	3
	Seat Type	01	00	01
	Seat Performance	2	0	2
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			

**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 Performance (This Occupant Position)**

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

**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

- (7) Combination of above (specify): \_\_\_\_\_
- (8) 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 [ ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.) (specify):

\_\_\_\_\_

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

\_\_\_\_\_

(5) Integral structure

(8) Other medium (specify):

\_\_\_\_\_

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No  Yes [ ]

Describe entrapment mechanism: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)



## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 45 3. Vehicle Number 02  
2. Case Number—Stratum 1350 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 ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

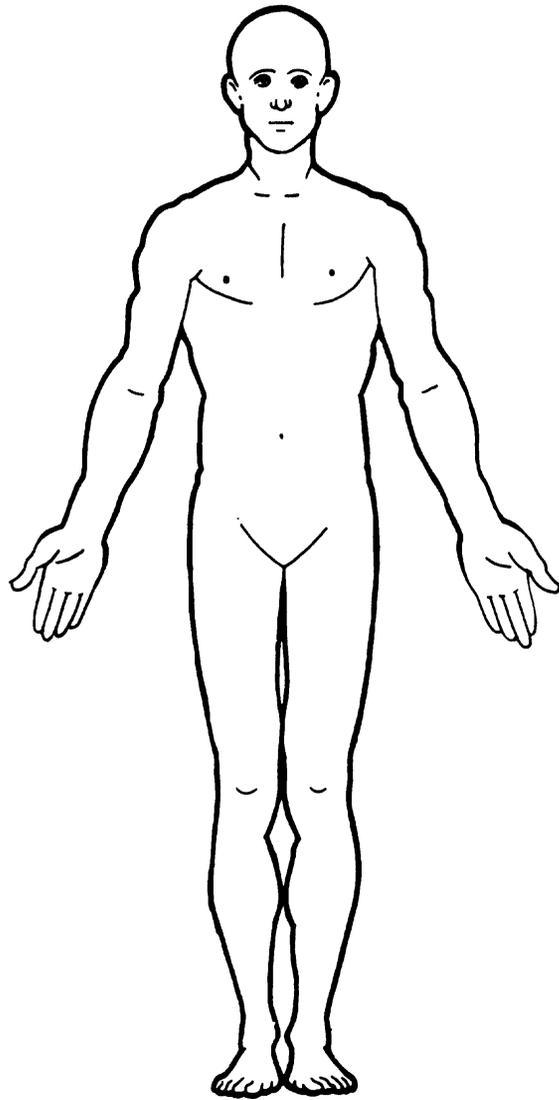
	Source of Injury Data	O.I.C.—A.I.S.				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>3</u>	6. <u>N</u>	7. <u>P</u>	8. <u>T</u>	9. <u>M</u>	10. <u>1</u>	11. <u>92</u>	12. <u>2</u>	13. <u>3</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>S</u>	17. <u>R</u>	18. <u>L</u>	19. <u>I</u>	20. <u>1</u>	21. <u>48</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>T</u>	27. <u>R</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>00</u>
4th	35. <u>7</u>	36. <u>T</u>	37. <u>L</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>97</u>	42. <u>9</u>	43. <u>7</u>	44. <u>00</u>
5th	45. <u>7</u>	46. <u>L</u>	47. <u>R</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>00</u>
6th	55. <u>7</u>	56. <u>L</u>	57. <u>L</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>97</u>	62. <u>9</u>	63. <u>7</u>	64. <u>00</u>
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. ___

# OCCUPANT INJURY DATA

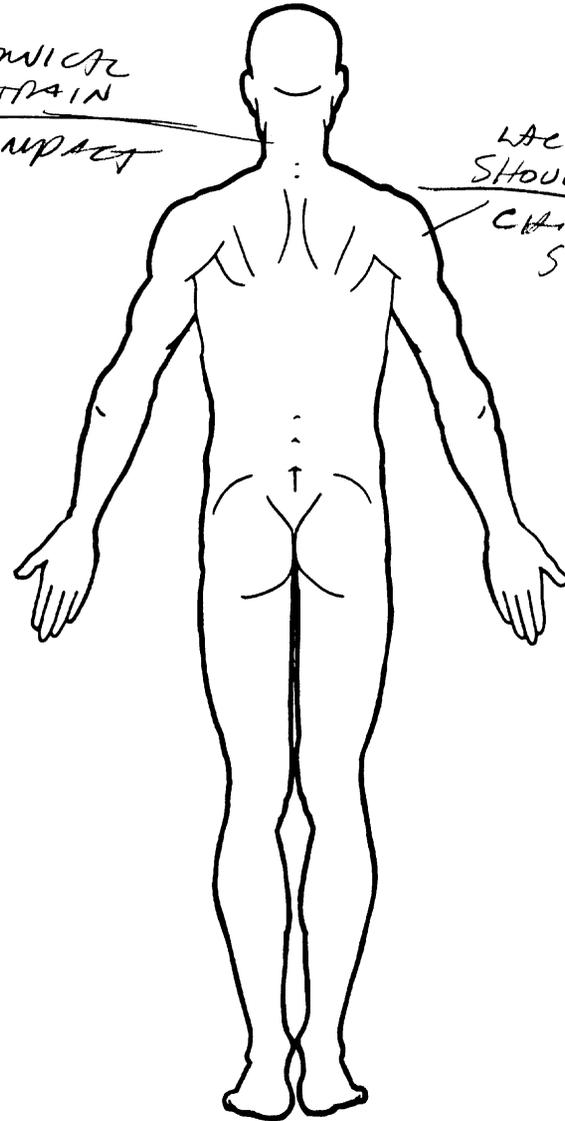
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	---	---	---	---	---	---	---	---	---	
12th	---	---	---	---	---	---	---	---	---	
13th	---	---	---	---	---	---	---	---	---	
14th	---	---	---	---	---	---	---	---	---	
15th	---	---	---	---	---	---	---	---	---	
16th	---	---	---	---	---	---	---	---	---	
17th	---	---	---	---	---	---	---	---	---	
18th	---	---	---	---	---	---	---	---	---	
19th	---	---	---	---	---	---	---	---	---	
20th	---	---	---	---	---	---	---	---	---	
21st	---	---	---	---	---	---	---	---	---	
22nd	---	---	---	---	---	---	---	---	---	
23rd	---	---	---	---	---	---	---	---	---	

# 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.)



CERVICAL  
STRAIN  
IMPACT



LAC @  
SHOULDER  
C-4 L-0  
SEMI

## 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): \_\_\_\_\_

### 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

## 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

### 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 bag
- (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): \_\_\_\_\_

## 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

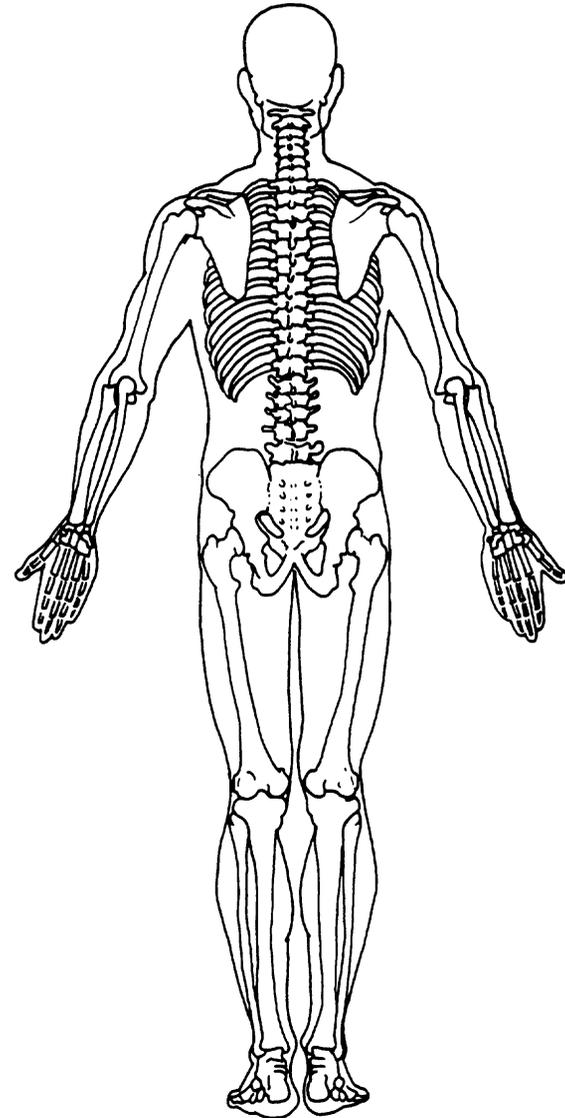
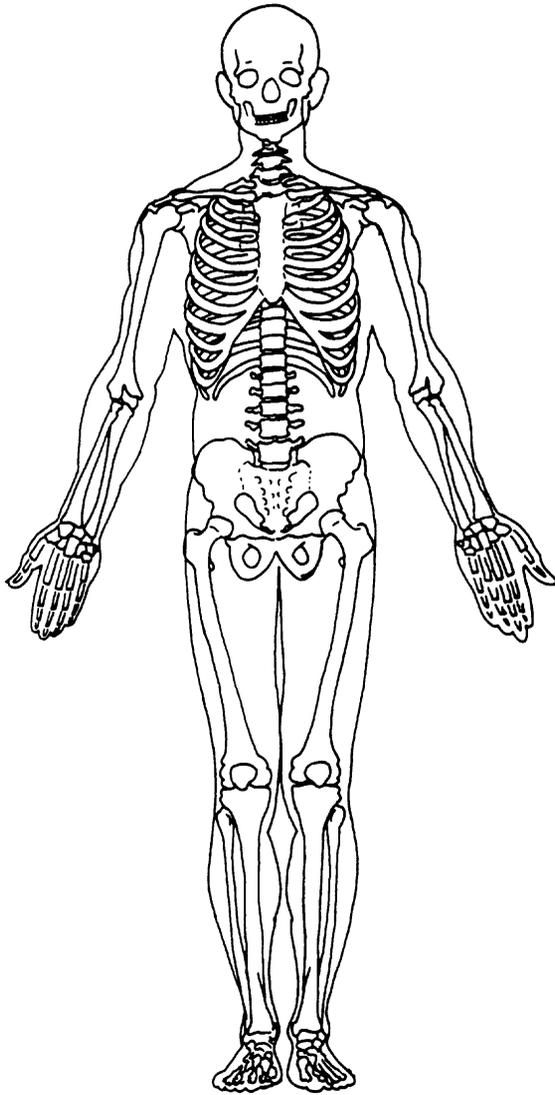
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

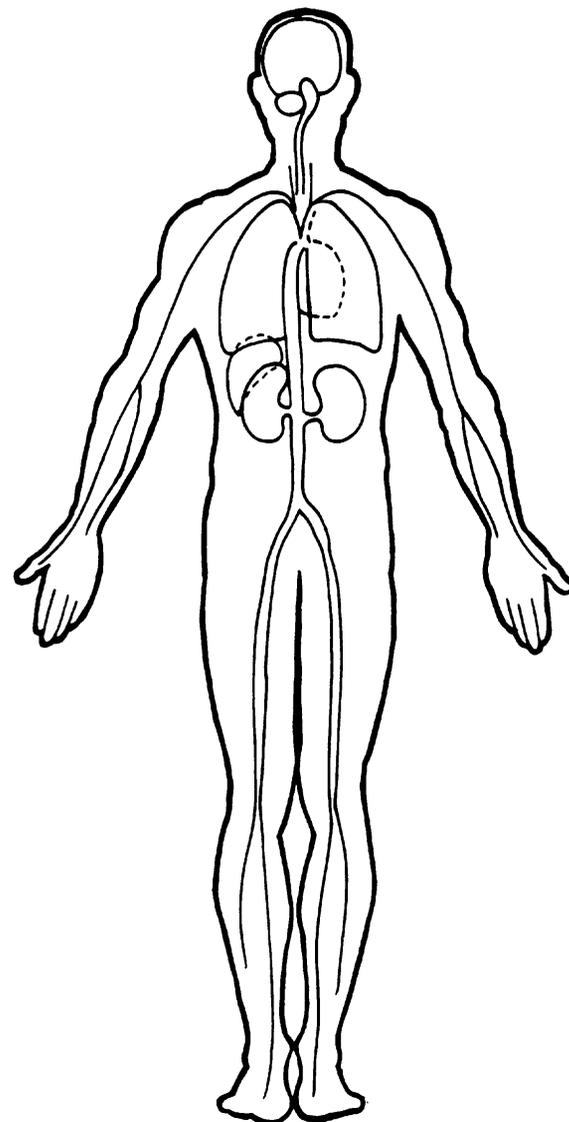
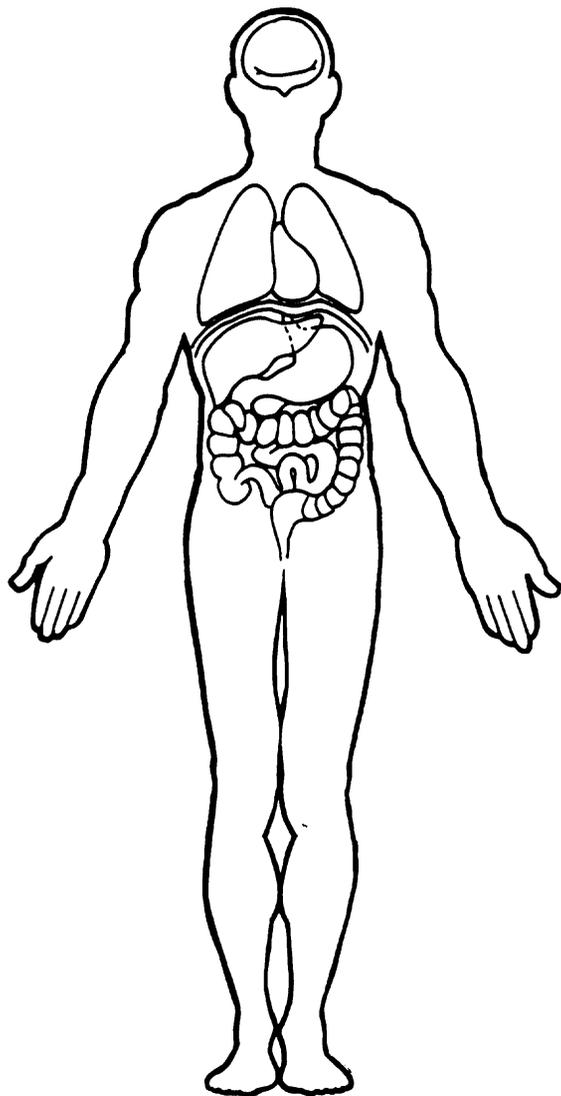
## OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>45</u>	3. Vehicle Number <u>02</u>
2. Case Number – Stratum <u>1350</u>	4. Occupant Number <u>02</u>

### INJURY DATA

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

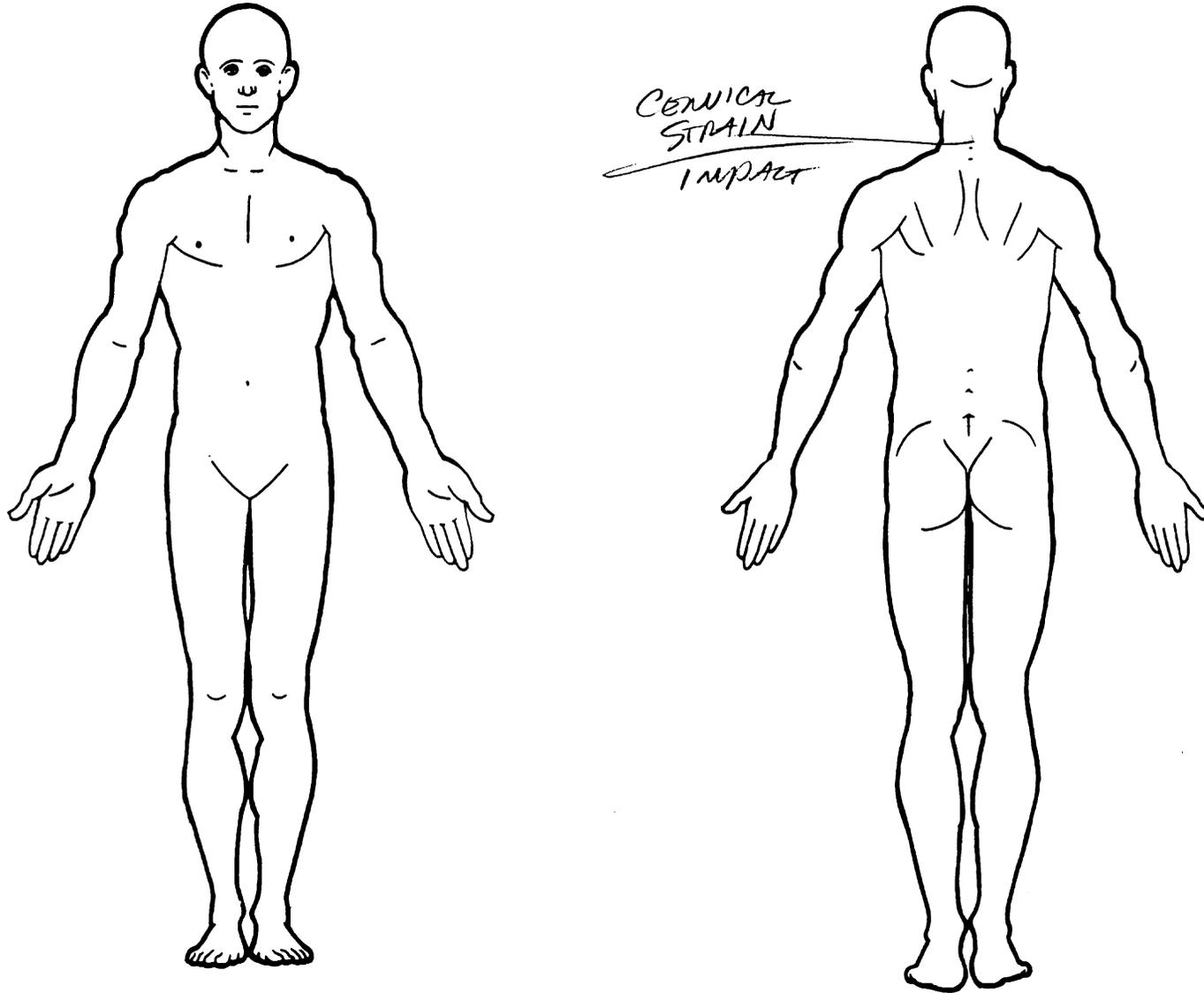
	O.I.C.—A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>N</u>	7. <u>P</u>	8. <u>T</u>	9. <u>M</u>	10. <u>1</u>	11. <u>92</u>	12. <u>2</u>	13. <u>3</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>H</u>	17. <u>W</u>	18. <u>K</u>	19. <u>B</u>	20. <u>1</u>	21. <u>50</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>S</u>	27. <u>L</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>48</u>	32. <u>2</u>	33. <u>1</u>	34. <u>00</u>
4th	35. ___	36. ___	37. ___	28. ___	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. ___

# OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

# 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): \_\_\_\_\_

### 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

### 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 bag
- (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): \_\_\_\_\_

## 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

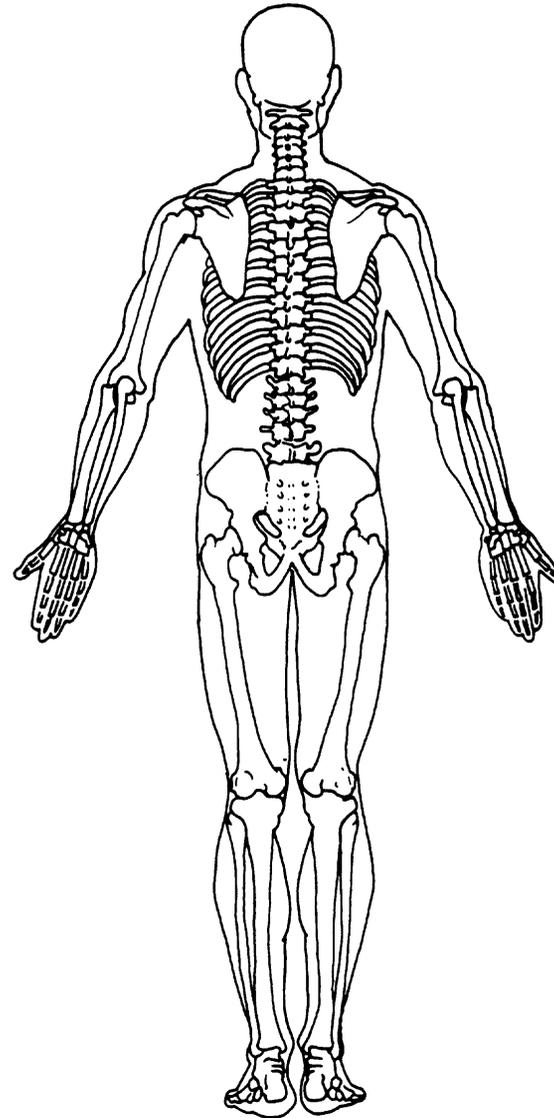
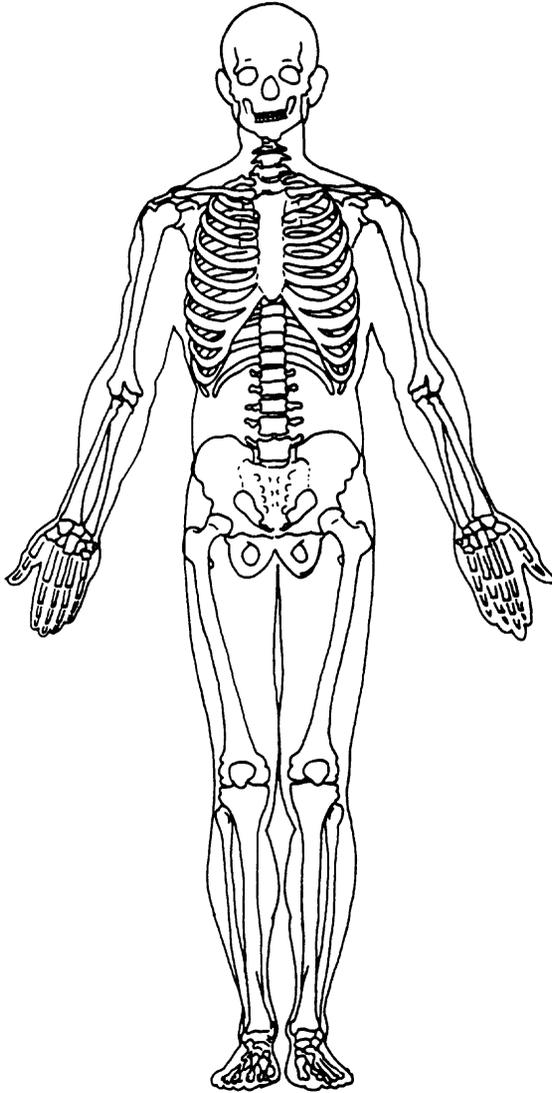
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

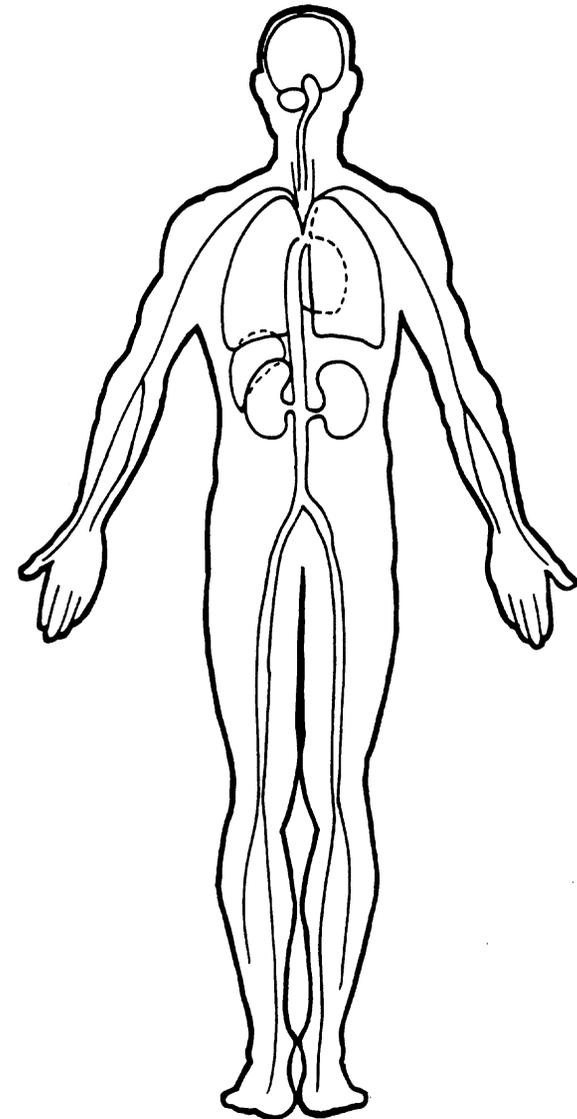
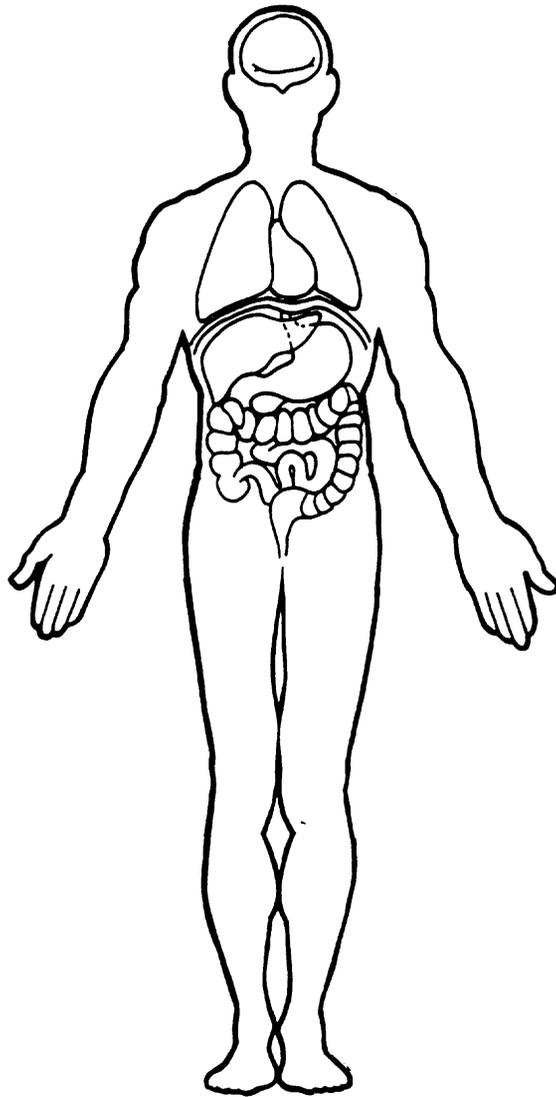
## OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>45</u>	3. Vehicle Number <u>02</u>
2. Case Number—Stratum <u>1350</u>	4. Occupant Number <u>03</u>

### INJURY DATA

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

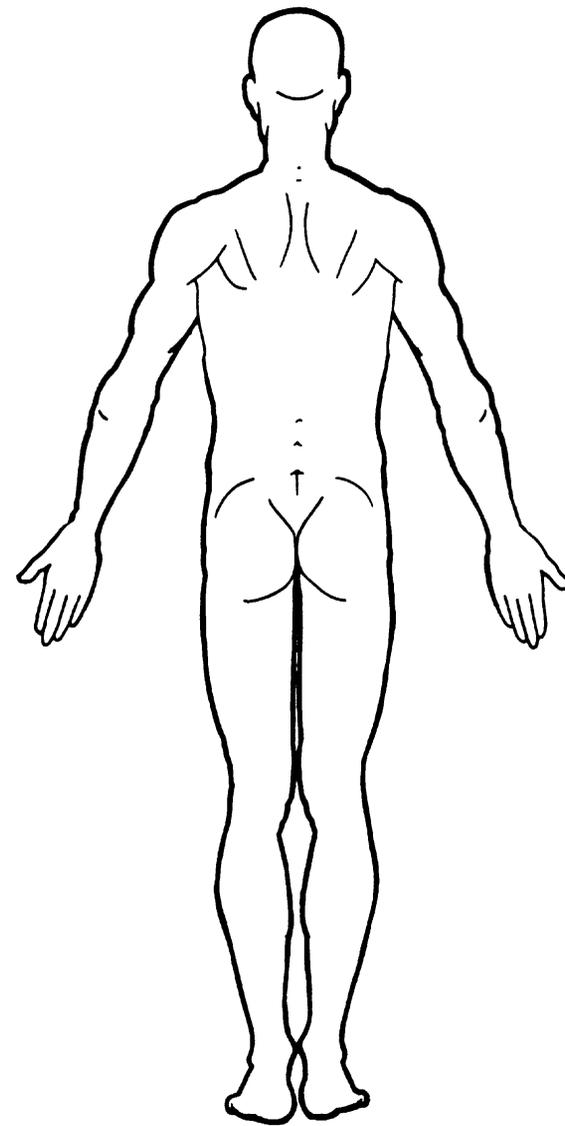
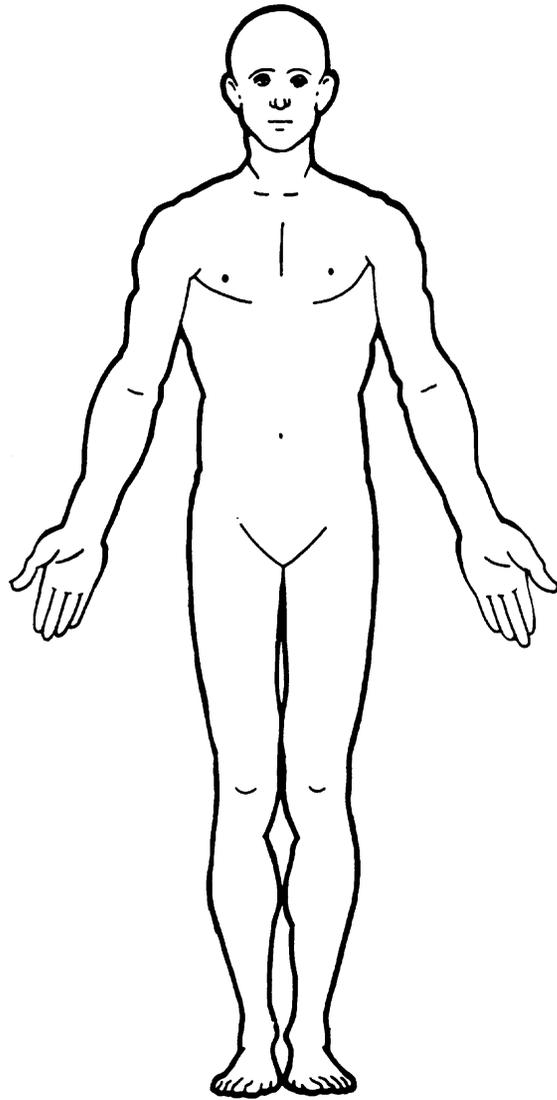
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>N</u>	7. <u>A</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>41</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>L</u>	17. <u>R</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>4b</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>L</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>4b</u>	32. <u>2</u>	33. <u>1</u>	34. <u>00</u>
4th	35. ___	36. ___	37. ___	28. ___	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. ___

## OCCUPANT INJURY DATA

	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				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

# 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): \_\_\_\_\_

### 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

### 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 bag
- (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
- (55) 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): \_\_\_\_\_

## 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

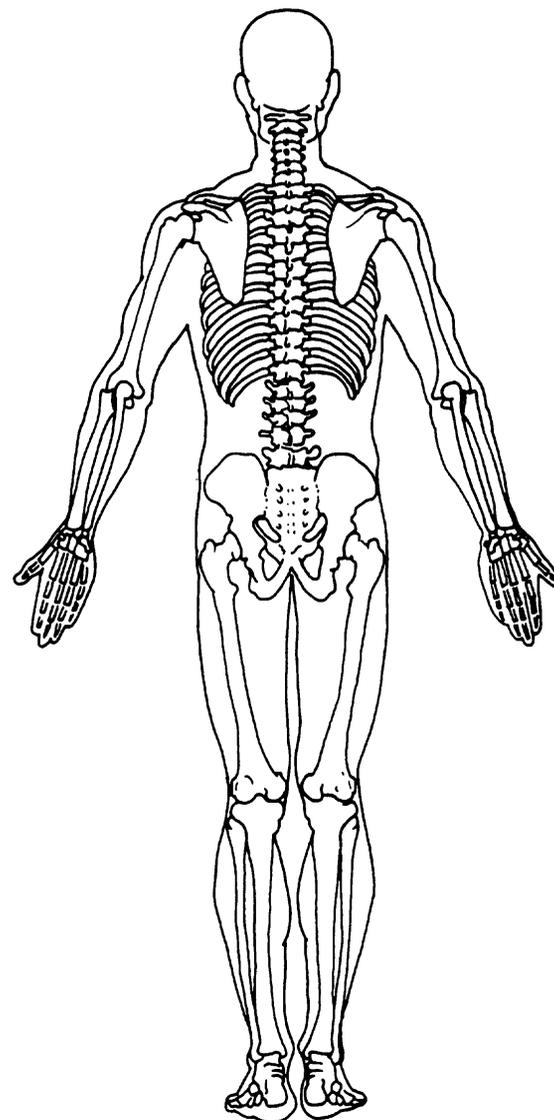
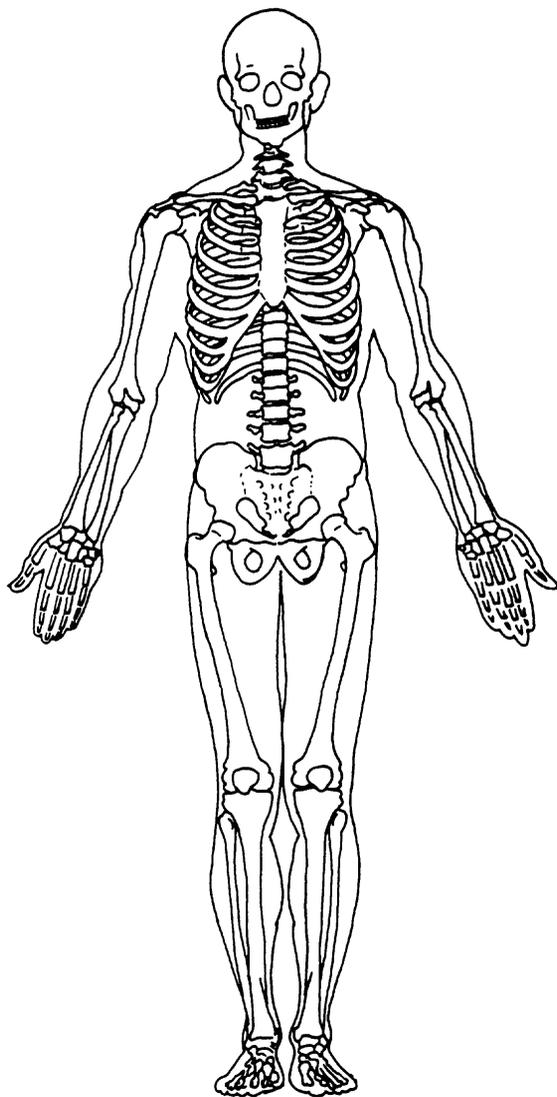
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

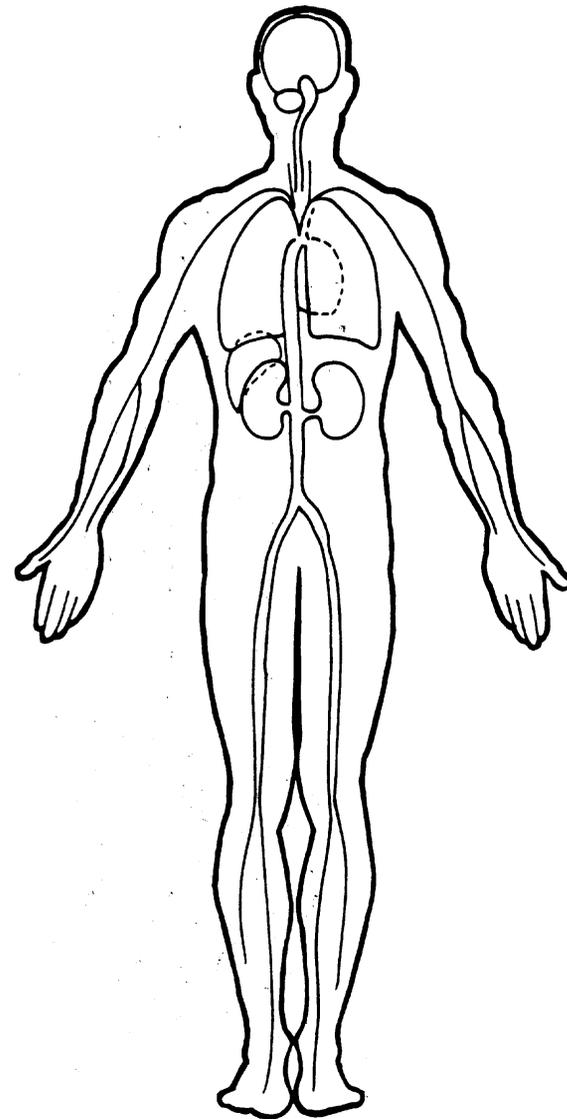
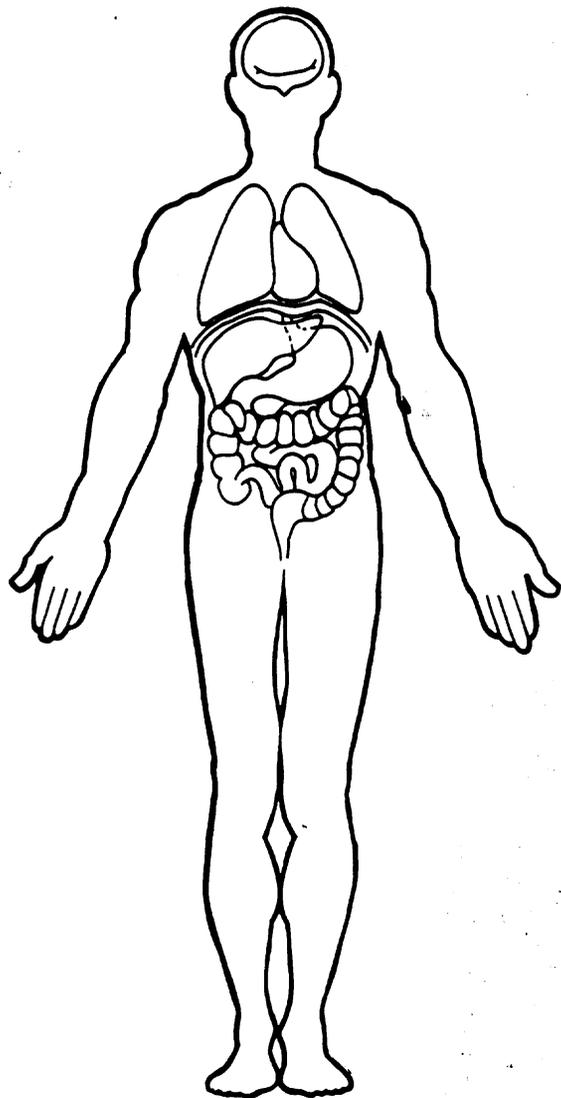
## OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)



RECEIVED [REDACTED] 1990

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

**UPDATE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>45</u></p> <p>2. Case Number – Stratum <u>1350</u></p> <p>3. Vehicle Number <u>02</u></p> <p>4. Occupant Number <u>03</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p><i>(Sanitize this section prior to Update submission.)</i></p>
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**INJURY DATA CODED ON INITIAL SUBMISSION**

	O.I.C. – A.I.S.										Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity								
1st	5. <u>7</u>	6. <u>N</u>	7. <u>A</u>	8. <u>C</u>	9. <u>F</u>	10. <u>1</u>	11. <u>41</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>				
2nd	15. <u>7</u>	16. <u>L</u>	17. <u>R</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>46</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>				
3rd	25. <u>7</u>	26. <u>L</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>46</u>	32. <u>2</u>	33. <u>1</u>	34. <u>00</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. —				

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

**UPDATED CASE INFORMATION**

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>96</u>	<u>96</u>	OA35. Treatment – Mortality	<u>4</u>	<u>4</u>
OA05. Occupant's Age	<u>01</u>	<u>01</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>2</u>	<u>2</u>
OA06. Occupant's Sex	<u>2</u>	<u>2</u>	OA37. Hospital Stay	<u>00</u>	<u>00</u>
OA07. Occupant's Height	<u>24</u>	<u>24</u>	OA38. Working Days Lost	<u>97</u>	<u>97</u>
OA08. Occupant's Weight	<u>025</u>	<u>025</u>	OA39. Time to Death	<u>00</u>	<u>00</u>
OA17. Manual (Active) Belt System Availability	<u>3</u>	<u>3</u>	OA40. 1st Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA18. Manual (Active) Belt System Use	<u>13</u>	<u>13</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA21. Automatic (Passive) Restraint System Availability	<u>0</u>	<u>0</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
OA22. Automatic (Passive) Restraint Function	<u>0</u>	<u>0</u>	OA43. Number of Recorded Injuries for This Occupant	<u>03</u>	<u>05</u>

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

	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
1st	5. <u>3</u>	6. <u>N</u>	7. <u>A</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>41</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>L</u>	17. <u>R</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>46</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>L</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>46</u>	32. <u>2</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>K</u>	37. <u>R</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>46</u>	42. <u>2</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>3</u>	46. <u>K</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>46</u>	52. <u>2</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>3</u>	56. <u>S</u>	57. <u>R</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>41</u>	62. <u>2</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>3</u>	66. <u>S</u>	67. <u>L</u>	68. <u>C</u>	69. <u>I</u>	70. <u>1</u>	71. <u>41</u>	72. <u>2</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>
9th	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>	93. <u>  </u>	94. <u>  </u>
10th	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>	104. <u>  </u>

If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

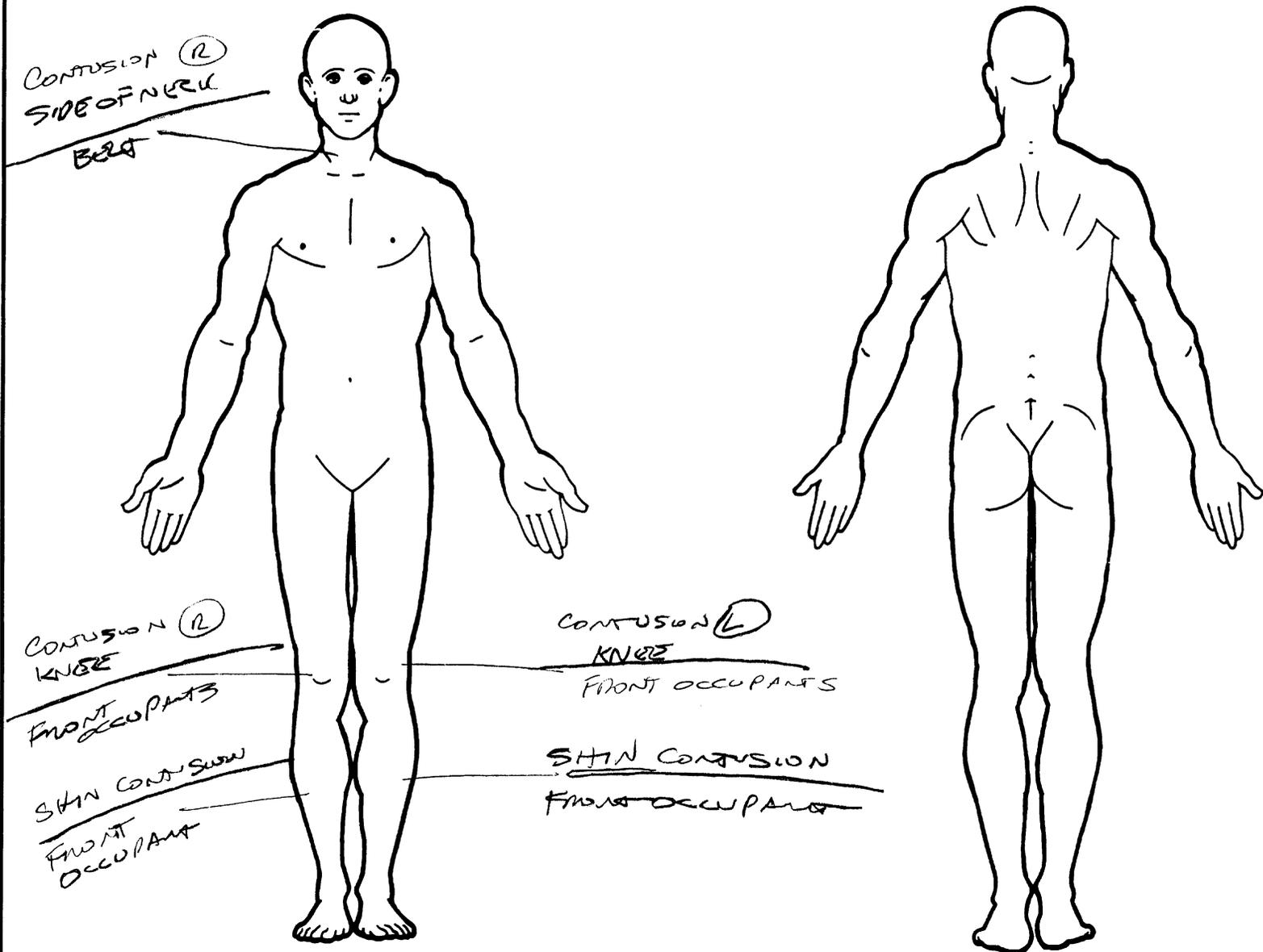
# OCCUPANT INJURY DATA

O.I.C.—A.I.S.

	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				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

# 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 bag
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (E1) 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

- (55) 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

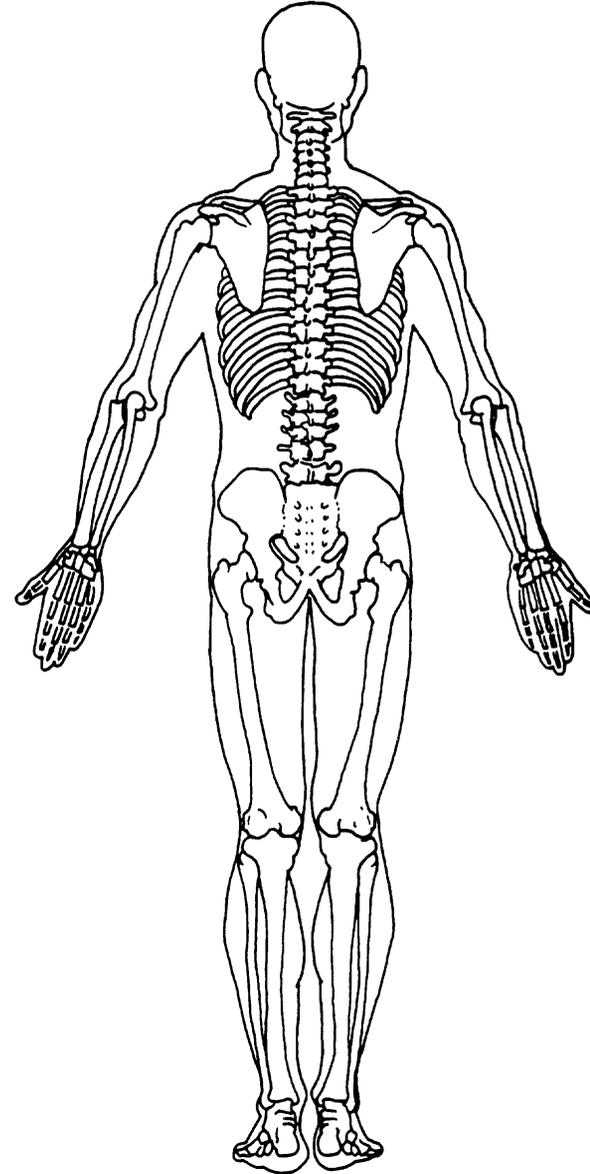
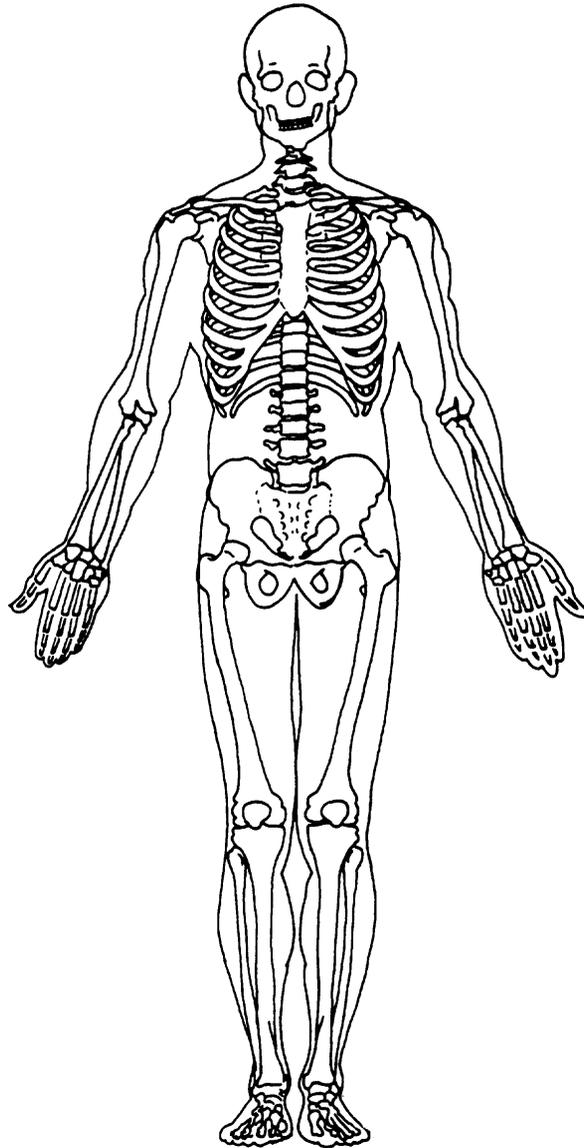
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### 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

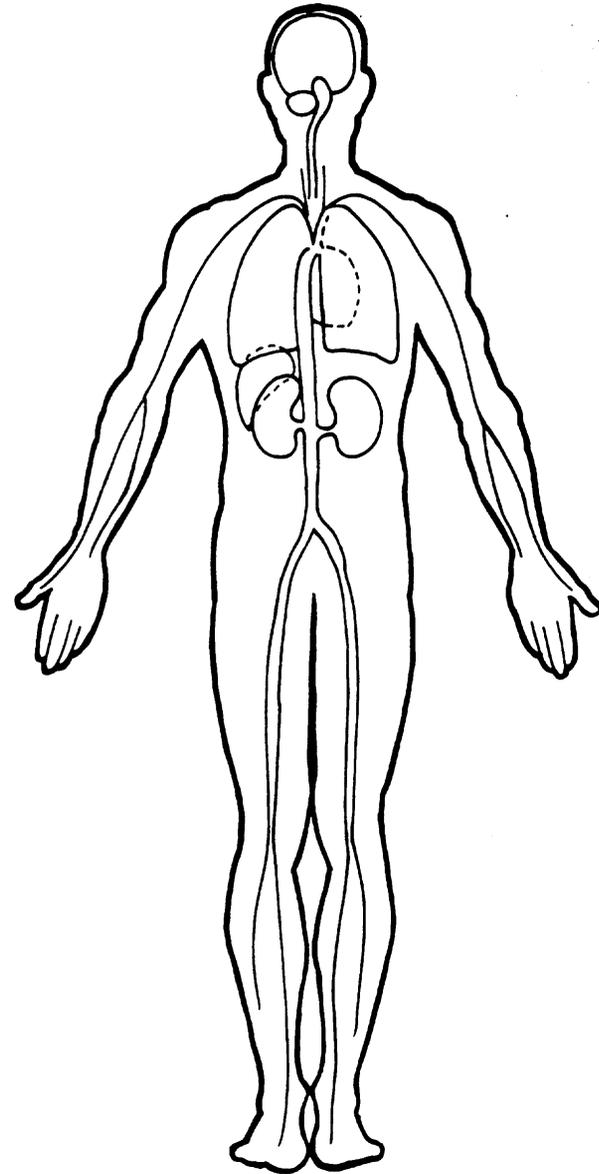
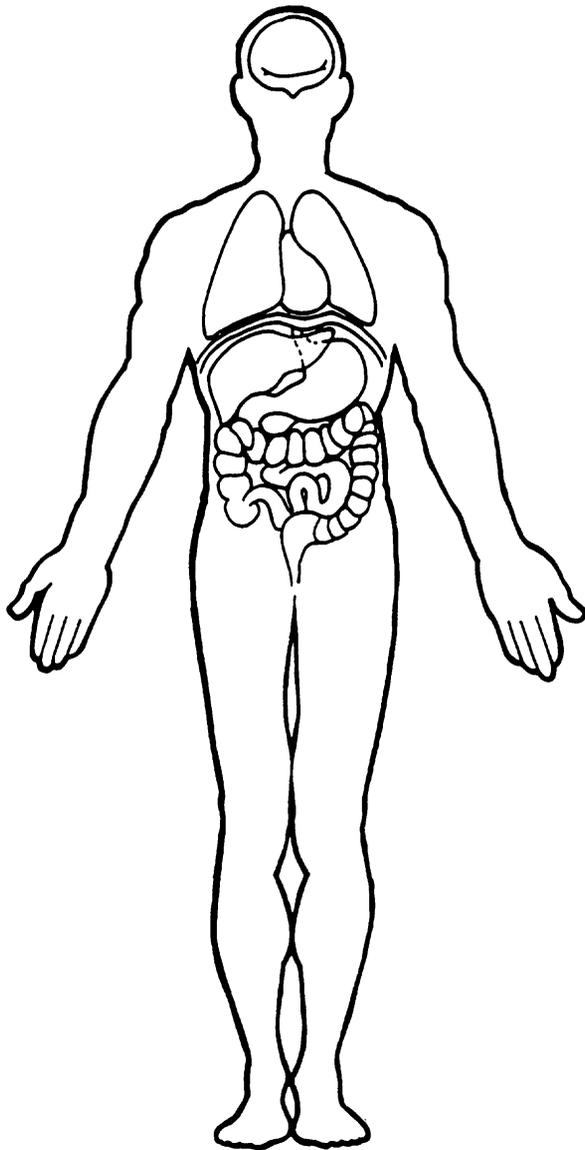
# OFFICIAL INJURY DATA – SKELETAL INJURIES

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.)





# CRASHPC PROGRAM SUMMARY

Identifying Title <u>45</u> Primary Sampling Unit	<u>1350</u> Case No. - Stratum	<u>01</u> Accident Event Sequence No.	<u>[REDACTED]</u> <u>90</u> Date (month, day, year) of Run
---	-----------------------------------	--	---

CRASHPC Vehicle Identification			
Vehicle 1	<u>1978</u> Year	<u>OLDS</u> Make	<u>CUTLASS</u> Model
Vehicle 2	<u>1985</u> Year	<u>FORD</u> Make	<u>TEMPO</u> Model
			<u>1</u> NASS Veh. No.

## GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	<u>3</u>	<u>2</u>
Weight	<u>3307</u> + <u>269</u> + <u>0</u> = <u>3576</u>	<u>2443</u> + <u>345</u> + <u>0</u> = <u>2788</u>
	Curb Occupant(s) Cargo	Curb Occupant(s) Cargo
CDC	<u>12 F D E W 1</u>	<u>06 B D E W 5</u>
PDOF	<u>000</u>	<u>180</u>
Stiffness	<u>3</u>	<u>2</u>

## SCENE INFORMATION

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

	VEHICLE 1	VEHICLE 2
Rest Position		
X	_____	_____
Y	_____	_____
PSI	_____	_____
Impact Position		
X	_____	_____
Y	_____	_____
PSI	_____	_____
Slip Angle	_____	_____

## VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

	VEHICLE 1	VEHICLE 2
Skidding	[ ] No [ ] Yes	[ ] No [ ] Yes
Skidding Stop Before Rest	[ ] No [ ] Yes	[ ] No [ ] Yes
End-of-Skidding Position		
X	_____	_____
Y	_____	_____
PSI	_____	_____
Curved Path	[ ] No [ ] Yes	[ ] No [ ] Yes
Point on Path		
X	_____ Y _____	X _____ Y _____
Rotation Direction	[ ] None [ ] CW [ ] CCW	[ ] None [ ] CW [ ] CCW
Rotation > 360°	[ ] No [ ] Yes	[ ] No [ ] Yes

FRICTION INFORMATION	TRAJECTORY INFORMATION
<p>Coefficient of Friction                    . _____</p> <p>Rolling Resistance Option                    _____</p> <p>Vehicle 1 Rolling Resistance</p> <p style="padding-left: 40px;">LF _____                    RF _____</p> <p style="padding-left: 40px;">LR _____                    RR _____</p> <p>Vehicle 2 Rolling Resistance</p> <p style="padding-left: 40px;">LF _____                    RF _____</p> <p style="padding-left: 40px;">LR _____                    RR _____</p>	<p><b>Trajectory Data</b>    [ ] No    [ ] Yes</p> <p style="text-align: center;"><b><i>If No, Go To Damage Information</i></b></p> <p>Vehicle 1 Steer Angles</p> <p style="padding-left: 40px;">LF _____                    RF _____</p> <p style="padding-left: 40px;">LR _____                    RR _____</p> <p>Vehicle 2 Steer Angles</p> <p style="padding-left: 40px;">LF _____                    RF _____</p> <p style="padding-left: 40px;">LR _____                    RR _____</p> <p><b>Terrain Boundary</b>    [ ] No    [ ] Yes</p> <p>First Point</p> <p>X _____ . _____                    Y _____ . _____</p> <p>Second Point</p> <p>X _____ . _____                    Y _____ . _____</p> <p>Secondary Friction Coefficient    . _____</p>

**DAMAGE INFORMATION**

VEHICLE 1	VEHICLE 2
<p>Damage Length                    _____ <u>67.0</u> _____</p> <p>Crush Depths</p> <p style="padding-left: 40px;">C1 _____ <u>6.4</u> _____</p> <p style="padding-left: 40px;">C2 _____ <u>8.3</u> _____</p> <p style="padding-left: 40px;">C3 _____ <u>7.7</u> _____</p> <p style="padding-left: 40px;">C4 _____ <u>8.0</u> _____</p> <p style="padding-left: 40px;">C5 _____ <u>8.9</u> _____</p> <p style="padding-left: 40px;">C6 _____ <u>3.4</u> _____</p> <p>Damage Offset                    ± _____ <u>0.0</u> _____</p>	<p>Damage Length                    _____ <u>59.0</u> _____</p> <p>Crush Depths</p> <p style="padding-left: 40px;">C1 _____ <u>14.0</u> _____</p> <p style="padding-left: 40px;">C2 _____ <u>19.0</u> _____</p> <p style="padding-left: 40px;">C3 _____ <u>21.0</u> _____</p> <p style="padding-left: 40px;">C4 _____ <u>22.3</u> _____</p> <p style="padding-left: 40px;">C5 _____ <u>23.0</u> _____</p> <p style="padding-left: 40px;">C6 _____ <u>19.4</u> _____</p> <p>Damage Offset                    ± _____ <u>0.0</u> _____</p>

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

Model Year: \_\_\_\_\_                    The Weight, CDC, Scene Data and Damage Information for  
 Make: \_\_\_\_\_                    this vehicle should be recorded above.  
 Model: \_\_\_\_\_  
 VIN: \_\_\_\_\_

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

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

BEST AVAILABLE

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	20.8	-20.8	.0	.0
	VEH #2	26.6	26.6	.0	-180.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 27535.8 FT-LB VEH#2: 90669.2 FT-LB

SUMMARY OF DAMAGE DATA  
VEHICLE # 1

(\* INDICATES DEFAULT VALUE)  
VEHICLE # 2

TYPE-----CATEGORY 3  
 STIFFNESS---CATEGORY 3  
 WEIGHT----- 3576.0 LBS.  
 CDC-----12FDEW1  
 L----- 67.0 IN.  
 C1----- 6.4 IN.  
 C2----- 8.3 IN.  
 C3----- 7.7 IN.  
 C4----- 8.0 IN.  
 C5----- 8.9 IN.  
 C6----- 3.4 IN.  
 D----- .0  
 RHO----- 1.00 \*  
 ANG----- .0 DEG.  
 D'----- -.8 IN.

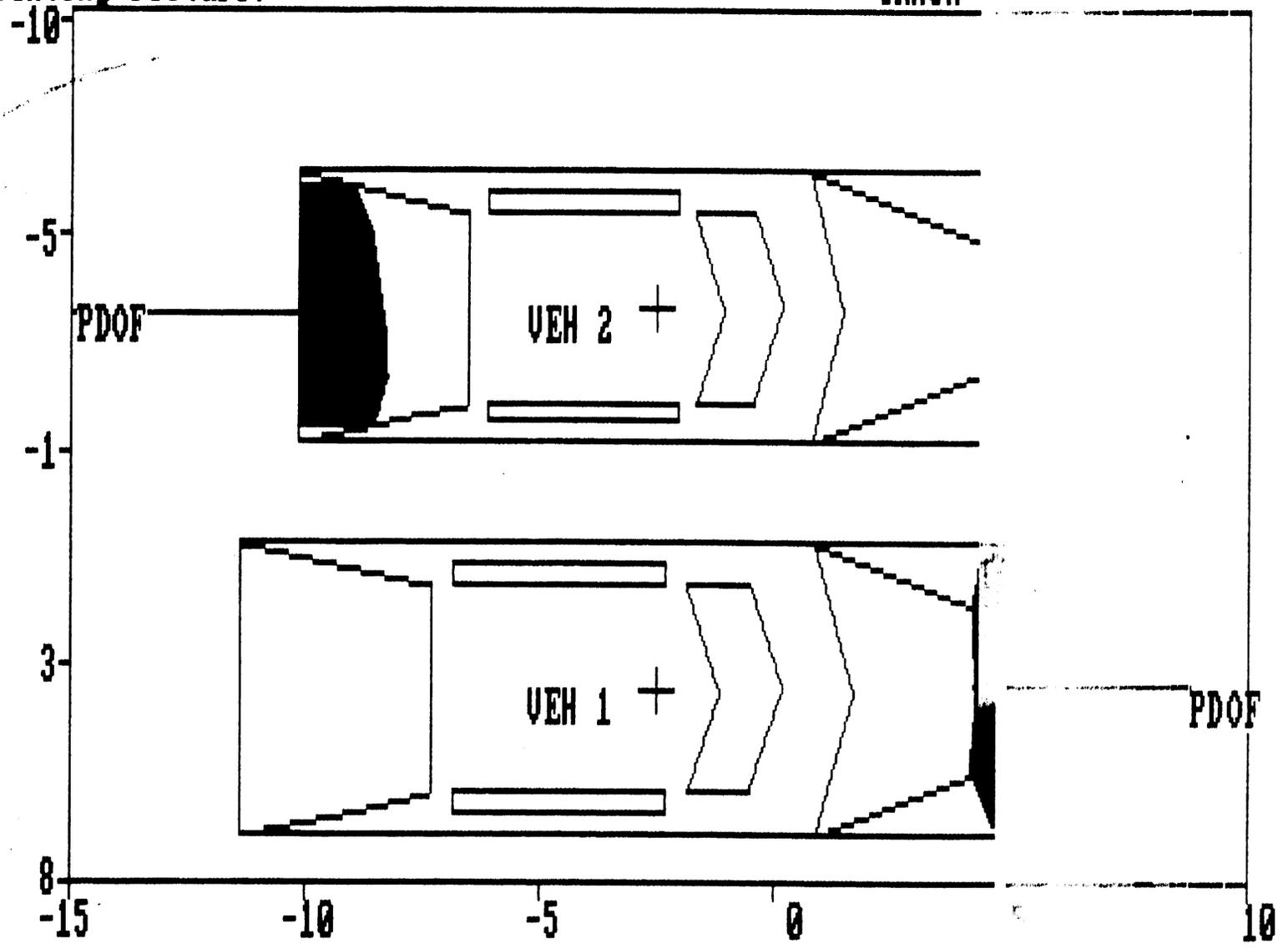
TYPE-----CATEGORY 2  
 STIFFNESS---CATEGORY 2  
 WEIGHT----- 2788.0 LBS.  
 CDC-----06BDEW5  
 L----- 59.0 IN.  
 C1----- 14.0 IN.  
 C2----- 19.0 IN.  
 C3----- 21.0 IN.  
 C4----- 22.3 IN.  
 C5----- 23.0 IN.  
 C6----- 19.6 IN.  
 D----- .0  
 RHO----- 1.00 \*  
 ANG----- 180.0 DEG.  
 D'----- 1.5 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 51.3 IN.	A2 = 46.3 IN.
B1 = 55.5 IN.	B2 = 50.1 IN.
TR1 = 58.9 IN.	TR2 = 54.6 IN.
I1 = 30906.5 LB-SEC**2-IN	I2 = 21392.1 LB-SEC**2-IN
M1 = 9.298 LB-SEC**2/IN	M2 = 7.249 LB-SEC**2/IN
XF1 = 89.8 IN.	XF2 = 83.3 IN.
XR1 = -106.4 IN.	XR2 = -91.6 IN.
YS1 = 36.3 IN.	YS2 = 33.6 IN.

Printing Picture:

CRASH



DAMAGE DESCRIPTION

BEST AVAILABLE



## 1990 NATIONAL ACCIDENT SAMPLING SYSTEM

## ERROR SUMMARY SCREEN

1991

CURRENT VERSION: 3.04

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







**PSU 45-135D (1990) #1**



**PSU 45-135D (1990) #2**



**PSU 45-135D (1990) #3**



**PSU 45-135D (1990) #4**



**PSU 45-135D (1990) #5**



PSU 45-135D (1990) #6



**PSU 45-135D (1990) #7**



**PSU 45-135D (1990) #8**



**PSU 45-135D (1990) #9**



PSU 45-135D (1990) #10



**PSU 45-135D (1990) #11**  
**Best Available**



**PSU 45-135D (1990) #12**  
**Best Available**



**PSU 45-135D (1990) #13**  
**Best Available**



**PSU 45-135D (1990) #14**  
**Best Available**



**PSU 45-135D (1990) #15**  
**Best Available**



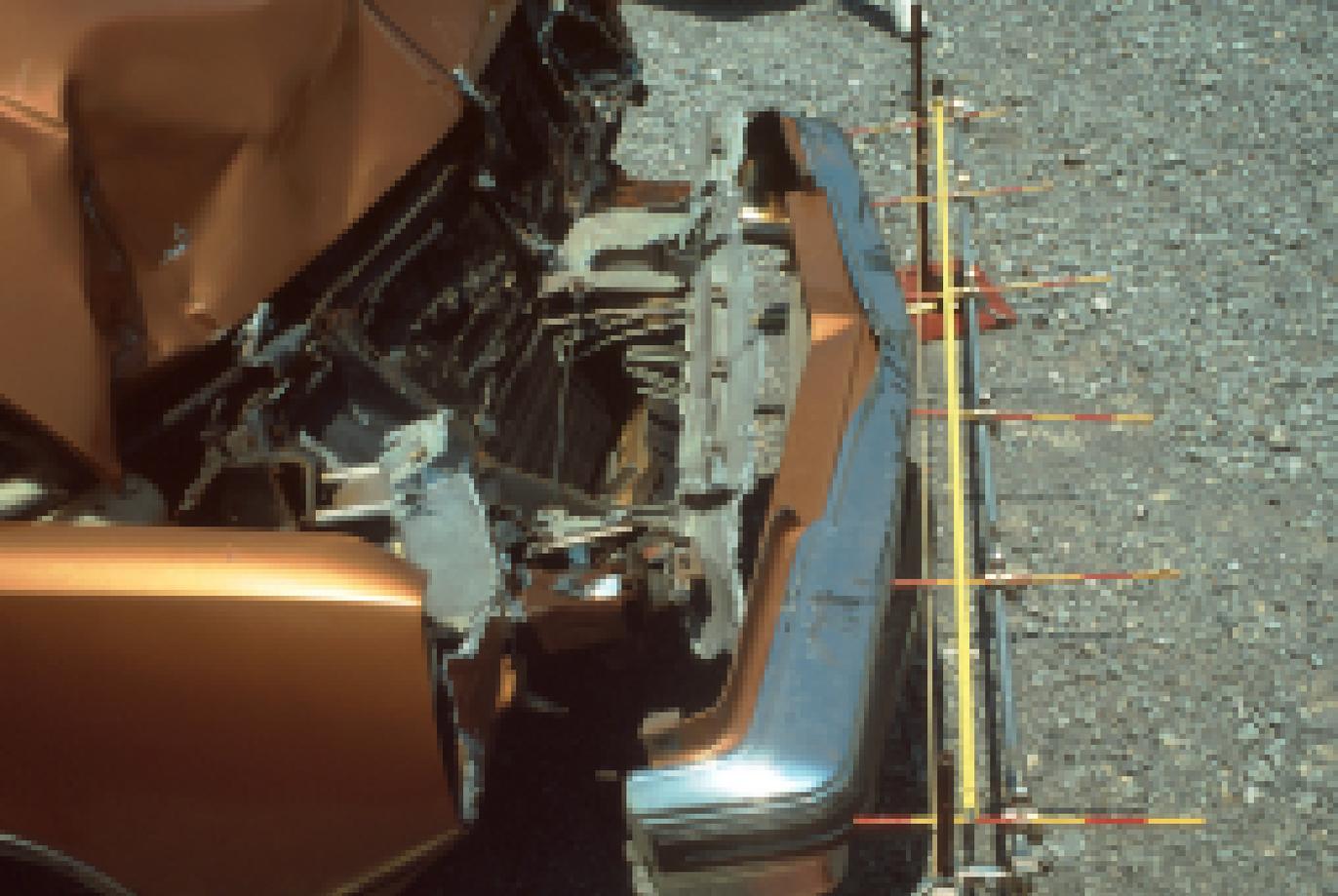
**PSU 45-135D (1990) #16**  
**Best Available**



**PSU 45-135D (1990) #17**  
**Best Available**



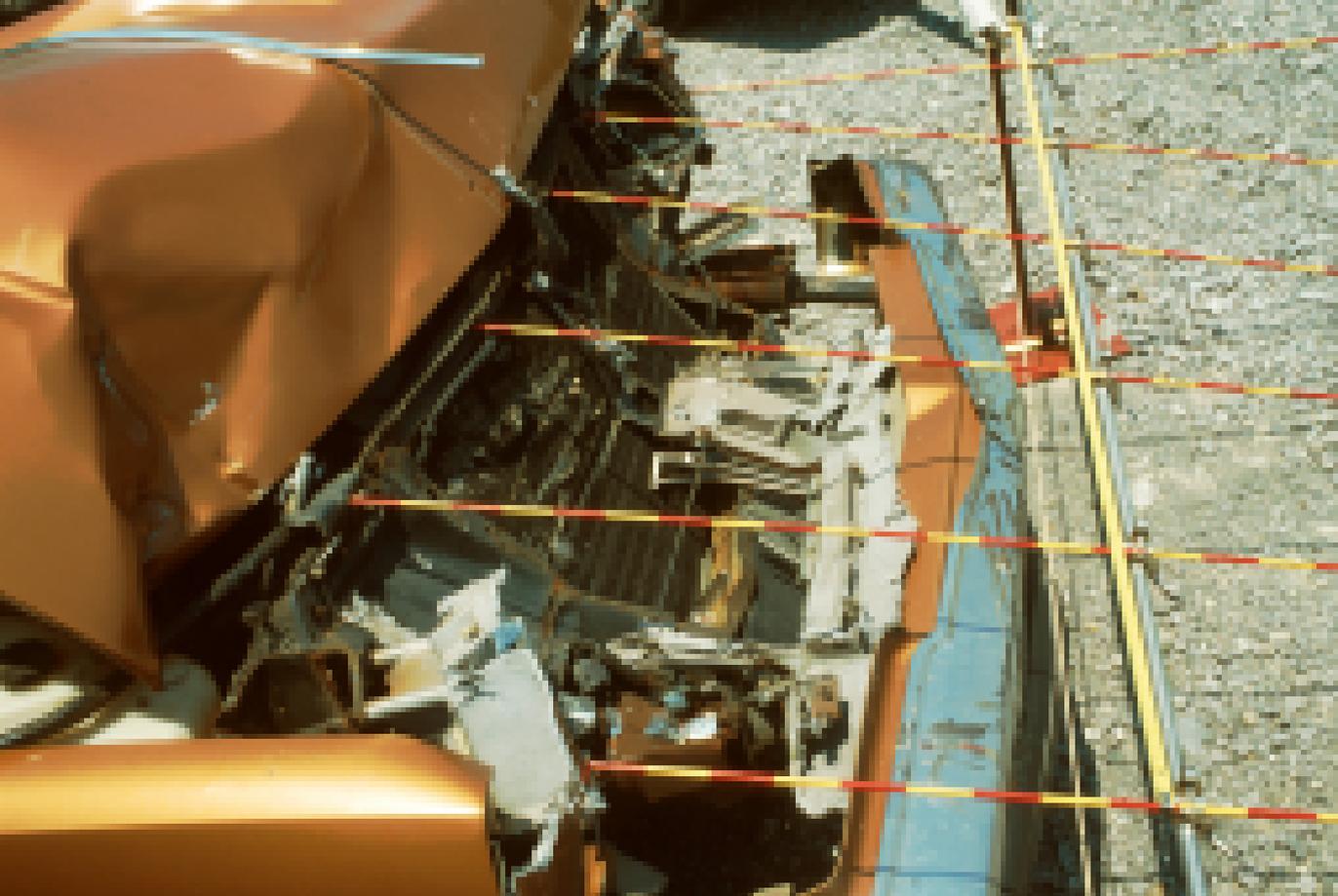
**PSU 45-135D (1990) #18**  
**Best Available**



**PSU 45-135D (1990) #19**  
**Best Available**



**PSU 45-135D (1990) #20**  
**Best Available**



**PSU 45-135D (1990) #21**  
**Best Available**



**PSU 45-135D (1990) #22**  
**Best Available**



**PSU 45-135D (1990) #23**  
**Best Available**



PSU 45-135D (1990) #24



PSU 45-135D (1990) #25



**PSU 45-135D (1990) #26**



PSU 45-135D (1990) #27



**PSU 45-135D (1990) #28**



**PSU 45-135D (1990) #29**



**PSU 45-135D (1990) #30**



**PSU 45-135D (1990) #31**



**PSU 45-135D (1990) #32**



**PSU 45-135D (1990) #33**  
**Best Available**



**PSU 45-135D (1990) #34**  
**Best Available**



**PSU 45-135D (1990) #35**  
**Best Available**



**PSU 45-135D (1990) #36**  
**Best Available**



**PSU 45-135D (1990) #37**  
**Best Available**



**PSU 45-135D (1990) #38**  
**Best Available**



**PSU 45-135D (1990) #39**  
**Best Available**



**PSU 45-135D (1990) #40**  
**Best Available**



**PSU 45-135D (1990) #41**  
**Best Available**



**PSU 45-135D (1990) #42**  
**Best Available**



**PSU 45-135D (1990) #43**



**PSU 45-135D (1990) #44**



**PSU 45-135D (1990) #45**



**PSU 45-135D (1990) #48**



**PSU 45-135D (1990) #47**  
**Best Available**



**PSU 45-135D (1990) #48**



**PSU 45-135D (1980) #49**



**PSU 45-135D (1890) #50**



PSU 45-135D (1990) #51