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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

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

# CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 80 CASE NO. 151B TYPE OF ACCIDENT Van Off Road - Rollover

## 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.)

V1 was travelling on STAte Route when he possibly had a blow out of a tire. D1 lost control of van and went off right side of road and down embankment. V1 rolled over several times ejecting D1 out right front door V1 was towed with D1 pronounced dead.

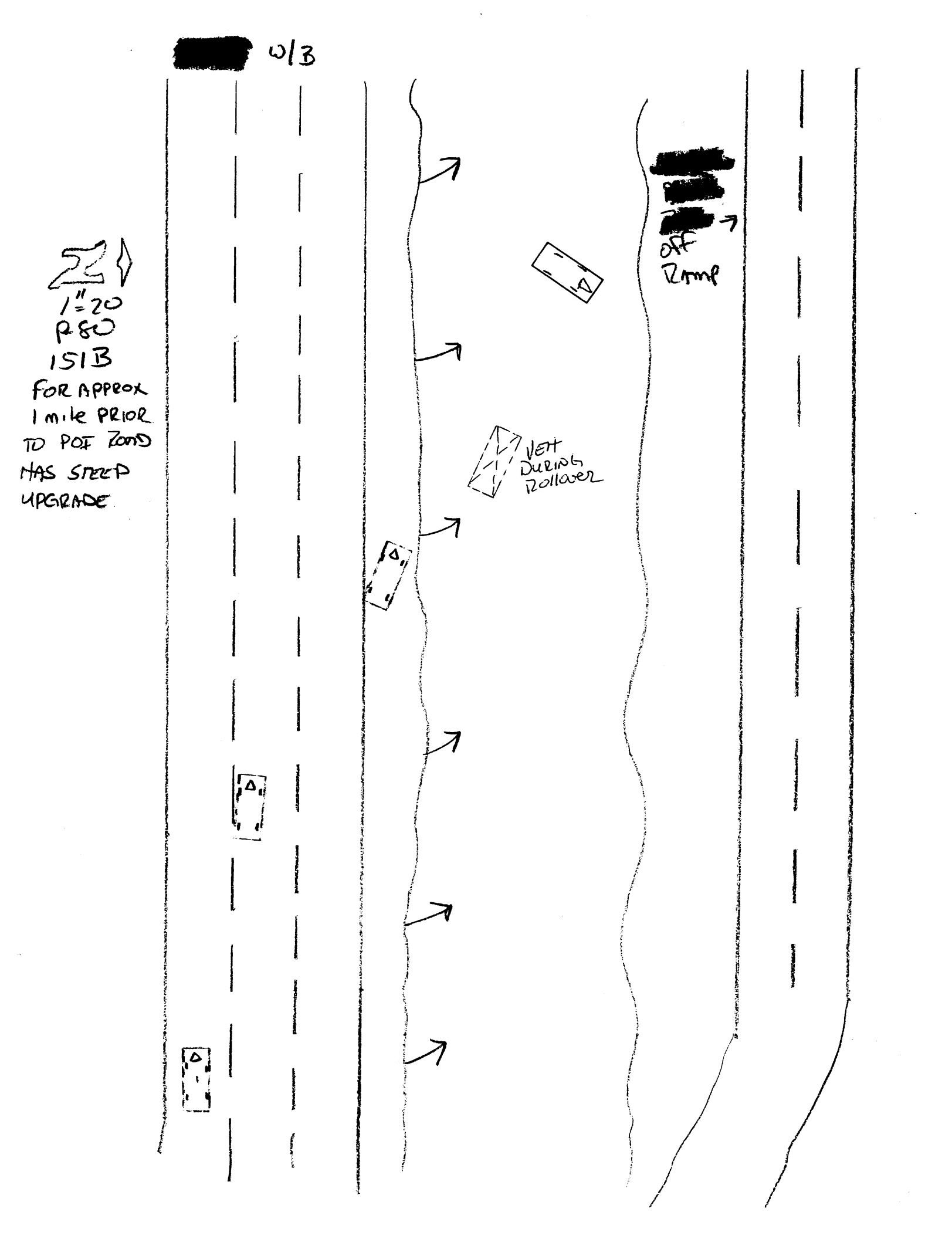
## B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model | Most Severe Damage | | Component Failure |
|---|---|---|---|---|---|
| | | | Damage Plane | Severity Description | |
| 1 | Van | 65/Ford/Van | Right | 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 | None | Wrist | FX | 3 | Unknown |

**DO NOT SANITIZE THIS FORM**


[redacted] W/B
N
1"=20
R80
151B
FOR APPROX
1 mile PRIOR
TO POI ZONE
HAS STEEP
UPGRADE
[redacted]
OFF
Ramp
VERT
DURING
ROLLOVER

PSU NUMBER 80

CASE NUMBER 151B

# ACCIDENT COLLISION MEASUREMENT TABLE

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

[X] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

PSU NUMBER 80

CASE NUMBER 151

VEHICLE NUMBER 01

# GENERAL VEHICLE FORM

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

[] ENTIRE FORM

[✓] PAGE NUMBER (S) 2 + REVERSE SIDE

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

# EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|---|---|
| 1. Primary Sampling Unit Number: 80 | 3. Vehicle Number: 01 |
| 2. Case Number – Stratum: 157B | |

## VEHICLE IDENTIFICATION

VIN: E16JH[redacted] Model Year: 65

Vehicle Make (specify): Ford Vehicle Model (specify): VAN

## 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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 | $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | ±D |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Width (CDC) | Max Crush | | | | | | | | |
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Rollover

HS Form 435A (Rev. 1/90)

# VEHICLE DAMAGE SKETCH

**TIRE – WHEEL DAMAGE**

| | a. Rotation physically restricted | b. Tire deflated |
|---|---|---|
| RF | 2 | 2 |
| LF | 1 | 1 |
| RR | 9 | 9 |
| LR | 9 | 9 |

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

**TYPE OF TRANSMISSION**

☐ Manual ☒ Automatic

**ORIGINAL SPECIFICATIONS**

| | |
|---|---|
| Wheelbase | |
| Overall Length ★ | |
| Maximum Width ★ | |
| Curb Weight | |
| Average Track | |
| Front Overhang | |
| Rear Overhang | |
| Engine Size: cyl./ displ. | |
| Undeformed End Width | 69 |

★ = NO SPECS AVAIL. PER ZONE

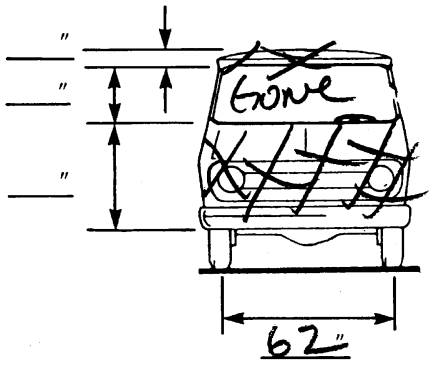
**WHEEL STEER ANGLES**
(For locked front wheels or displaced rear axles only)

RF ± ___ ___ °
LF ± ___ ___ °
RR ± ___ ___ °
LR ± ___ ___ °
Within ±5 degrees

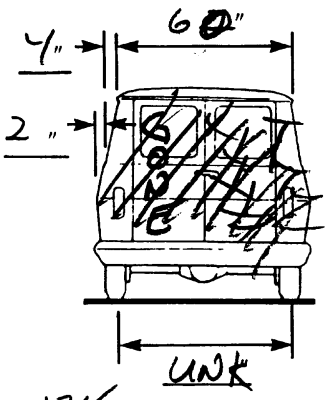
**DRIVE WHEELS**

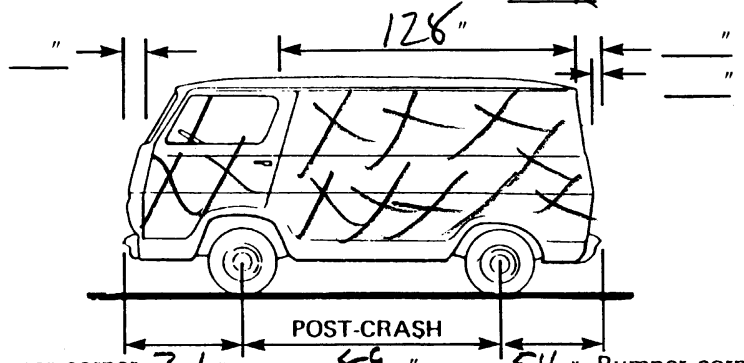
☐ FWD ☒ RWD ☐ 4WD

Approximate Cargo Weight ∅

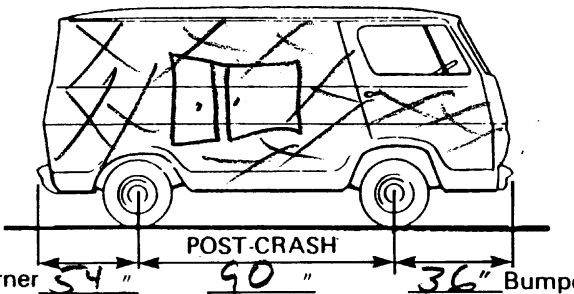



Bumper height




Bumper corner 31" 89" 54" Bumper corner
Stringline ___" 55" Stringline




Bumper corner 54" 90" 36" Bumper corner
Stringline 55" ___" Stringline

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.

## CDC WORKSHEET

### CODES FOR OBJECT CONTACTED

01-30 – Vehicle Number

Noncollision
- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision – details unknown

Collision with Fixed Object
- (41) Tree (≤4 inches in diameter)
- (42) Tree (>4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤4 inches in diameter)
- (51) Pole or post (>4 but ≤12 inches in diameter)
- (52) Pole or post (>12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or Culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision With Nonfixed Object
- (71) Motor vehicle not in transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify): _____
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

### DEFORMATION CLASSIFICATION BY EVENT NUMBER

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---|---|---|---|---|---|---|---|
| 01 | 31 | 000 | | R | D | A | 0 | 03 |
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U.S. Department of Transportation
National Highway Traffic Safety Administration

# INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 40
2. Case Number—Stratum: 151 B
3. Vehicle Number: 01

## INTEGRITY

**4. Passenger Compartment Integrity** 98

(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): 01, 04, 02, 07, 08
(99) Unknown

### Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 2 7. LR 0 8. RR 2 9. TG/H 2

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

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

10. LF 0 11. RF 2 12. LR 0 13. RR 5 14. TG/H 5

(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

NASS Coding Chg
1st Rev 3 A
2nd Rev 3 —

## GLAZING

### Glazing Damage from Impact Forces

15. WS 4 16. LF 0 17. RF 0 18. LR 8 19. RR 0
20. BL 6 21. Roof 2 22. Other 6

(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 4 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 2 37. Roof 4 38. Other 2

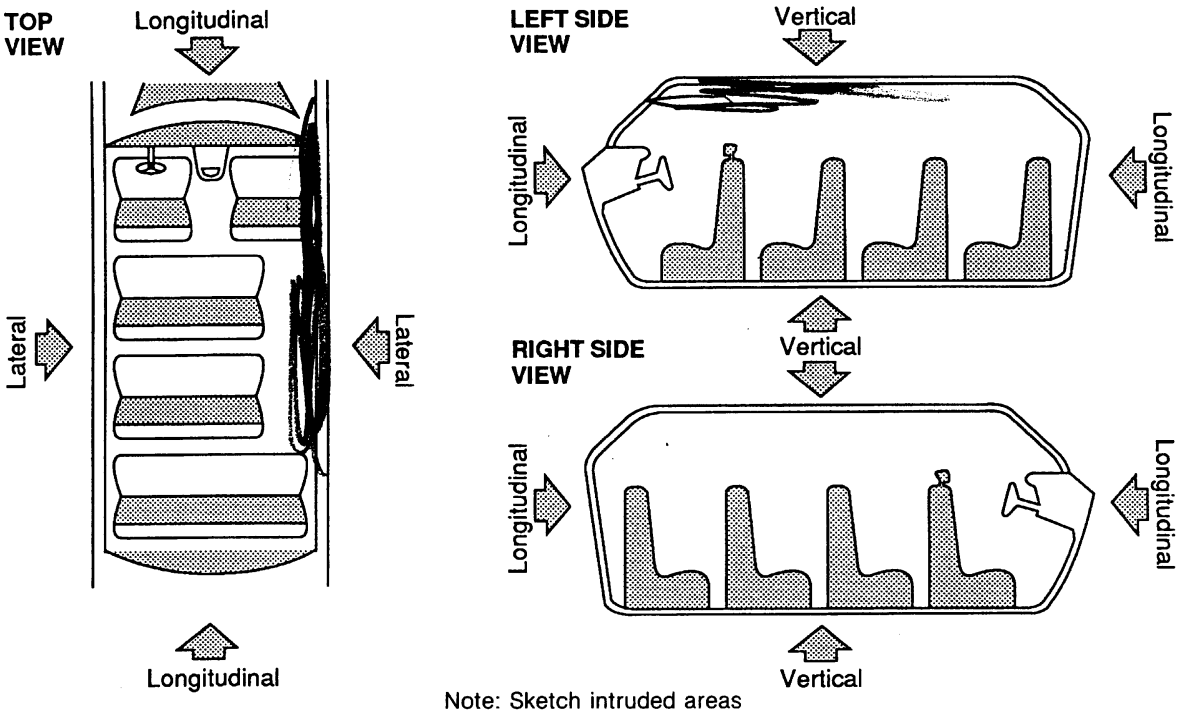
(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify):
(9) Unknown

### Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 1 45. Roof 2 46. Other 1

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

# INTRUSION WORK SHEET




Note: Sketch intruded areas

| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISION VALUE | – | INTRUDED VALUE | = | INTRUSION | DOMINANT CRUSH DIRECTION |
|---|---|---|---|---|---|---|---|
| 13 | A-PILLAR | 32 | – | 18 | = | 14 | LAT |
| | (R) DASH | 30 | – | 26 | = | 16 | |
| | B-PILLAR | 32 | – | 23 | = | 9 | |
| | ROOF SIDE RAIL | 36 | – | 20 | = | 16 | |
| 23 | ROOF SIDE RAIL | 46 | – | 37 | = | 9 | VERT |
| 23 | 27 | 36 | – | 22 | = | 14 | LAT |
| 23 | ROOF | 49 | – | 40 | = | 9 | VERT |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |
| | | | – | | = | | |

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. 13 | 48. 04 (10) | 49. 42 | 50. 3 |
| 2nd | 51. 13 | 52. 13 | 53. 43 | 54. 3 |
| 3rd | 55. 13 | 56. 06 | 57. 43 | 58. 3 |
| 4th | 59. 23 (13) | 60. 27 | 61. 43 | 62. 3 |
| 5th | 63. 13 | 64. 07 | 65. 3 | 66. 3 |
| 6th | 67. 23 (13) | 68. 13 | 69. 3 | 70. 3 |
| 7th | 71. 23 (98) | 72. 12 | 73. 3 | 74. 1 |
| 8th | 75. 98 | 76. 28 | 77. 3 | 78. 3 |
| 9th | 79. | 80. | 81. | 82. |
| 10th | 83. | 84. | 85. | 86. |

NASS Cdng Chg 1st Rev 3 A 2nd Rev 3

## LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify): _____
- (99) Unknown

## INTRUDING COMPONENT

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

Exterior Components
- (30) Hood
- (31) Outside surface of vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (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

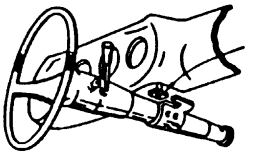
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

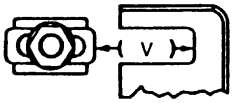
# STEERING COLUMN WORKING DIAGRAMS

BEST AVAILABLE

## STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

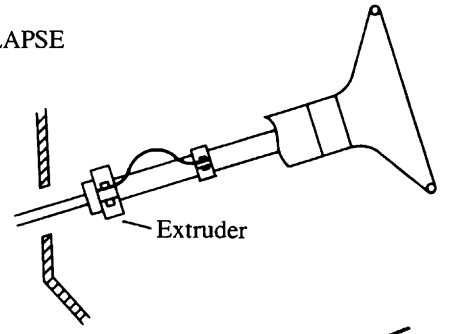


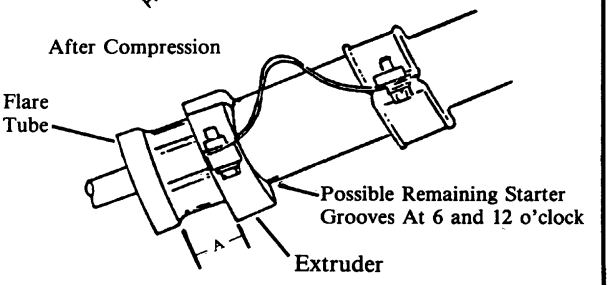

Left ___

Right ___ V = _____"

Direction and Magnitude of Steering Column Movement



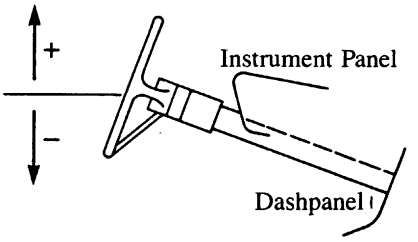

After Compression



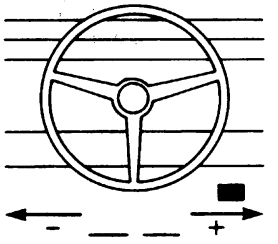

Compression = Measurement A A =_____

## STEERING COLUMN MOVEMENT

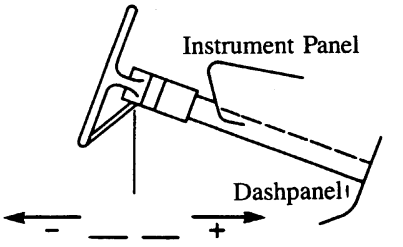
Vertical Movement




Lateral Movement




Longitudinal Movement




| | COMPARISON VALUE – | DAMAGED VALUE = | MOVEMENT |
|---|---|---|---|
| VERTICAL | – | = | |
| LATERAL | – | = | |
| LONGITUDINAL | – | = | |

**STEERING RIM/SPOKE DEFORMATION**

| COMPARISON VALUE – | DAMAGED VALUE = | DEFORMATION |
|---|---|---|
| – | = | |
| – | = | |

## STEERING COLUMN

**87. Steering Column Type** 1

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

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

**88. Steering Column Collapse Due to Occupant Loading** 96

_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).
(00) No movement, compression, or collapse
(01-19) 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** +96

**90. Lateral Movement** +96

**91. Longitudinal Movement** +96

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)
(00) No steering column movement
(±01—±49) Actual measured value
(±50) 50 inches or greater

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

**92. Steering Rim/Spoke Deformation** 0

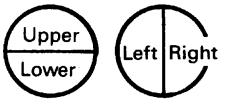
_____ Code actual measured deformation to the nearest inch.
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

**93. Location of Steering Rim/Spoke Deformation** 00

(00) No steering rim deformation

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

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




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

## INSTRUMENT PANEL

**94. Odometer Reading** 061,000

60798 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

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

**96. Knee Bolsters Deformed from Occupant Contact?** 8

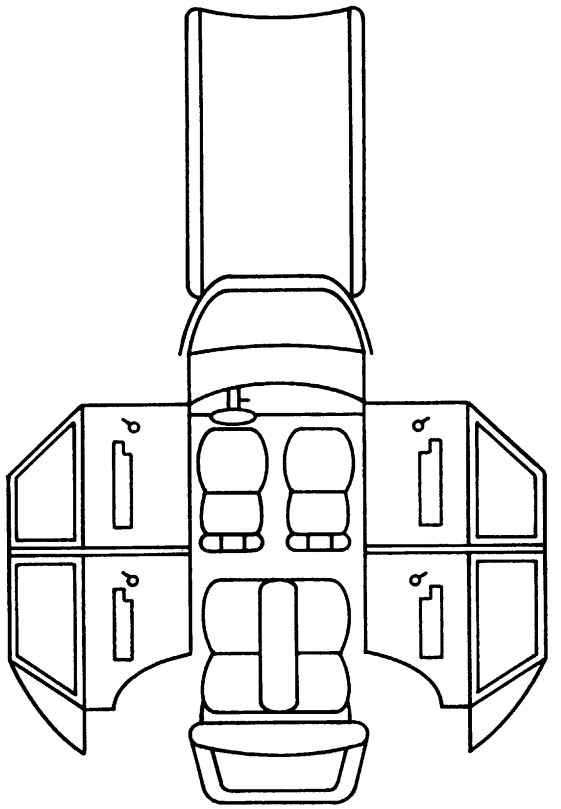
(0) No
(1) Yes
(8) Not present
(9) Unknown

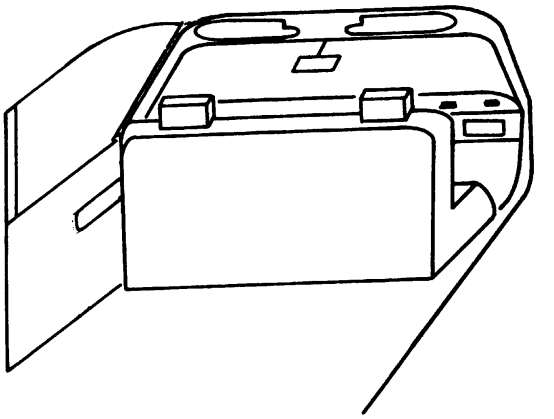
**97. Did Glove Compartment Door Open During Collision(s)?** 1

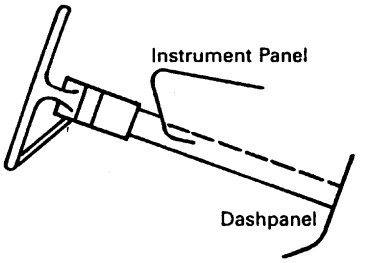
(0) No
(1) Yes
(8) Not present
(9) Unknown

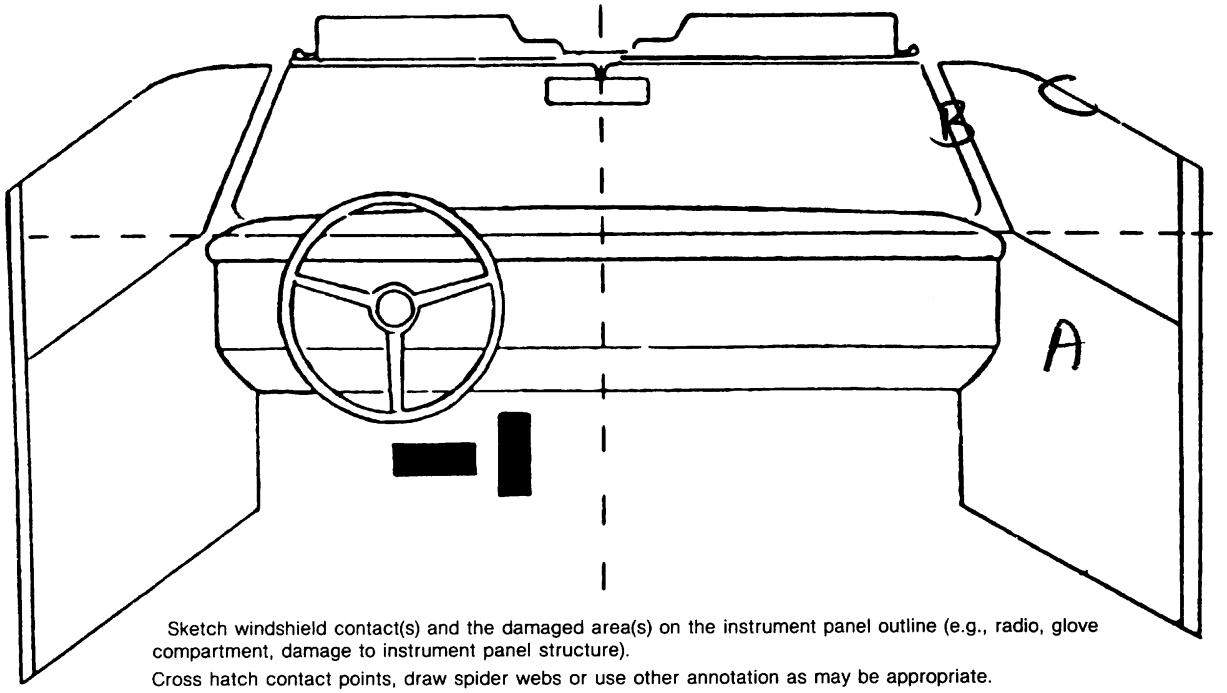
## VEHICLE INTERIOR SKETCHES

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 | 36 | 1 | UK | DEPT | 2 |
| B | ? | | | | |
| C | ? | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

### CODES FOR INTERIOR COMPONENTS

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

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

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

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 |
|---|---|---|---|---|
| FIRST | 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 | 0 | 0 | 0 |
| | Use | 00 | 00 | 00 |
| | Failure Modes | 0 | 0 | 0 |
| SECOND | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| THIRD | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| OTHER | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |

**Manual (Active) Belt System Availability**

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

_____

(9) Unknown

**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

_____

(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 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 | | | | | |

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 | 1 | 0 | 9 |
| | Seat Type | 08 | 00 | 99 |
| | Seat Performance | 1 | 0 | 9 |
| SECOND | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| 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 Type (This Occupant Position)**

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

**Seat Performance (This Occupant Position)**

(0) No seat
(1) No seat performance failure(s)
(2) Seat 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):
_____
_____
(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 | 1 | | | | | |
| Ejection | 1 | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | 3 | | | | | |
| Ejection Medium | 1 | | | | | |
| Medium Status | 2 | | | | | |

**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)

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

# OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number: 80
2. Case Number—Stratum: 1 S 1 B
3. Vehicle Number: 01
4. Occupant Number: 01

## INJURY DATA

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

| | Source of Injury Data | O.I.C.—A.I.S. Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|---|---|---|---|---|---|---|---|---|---|---|
| 1st | 5. 9 | 6. W | 7. L | 8. F | 9. S | 10. 3 | 11. 97 | 12. 9 | 13. 7 | 14. 99 |
| 2nd | 15. 9 | 16. H | 17. 4 | 18. L | 19. I | 20. 1 | 21. 97 | 22. 9 | 23. 7 | 24. 99 |
| 3rd | 25. 9 | 26. H | 27. 4 | 28. C | 29. I | 30. 1 | 31. 97 | 32. 9 | 33. 7 | 34. 99 |
| 4th | 35. 9 | 36. M | 37. 4 | 28. 4 | 39. 4 | 40. 7 | 41. 97 | 42. 9 | 43. 7 | 44. 99 |
| 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. |



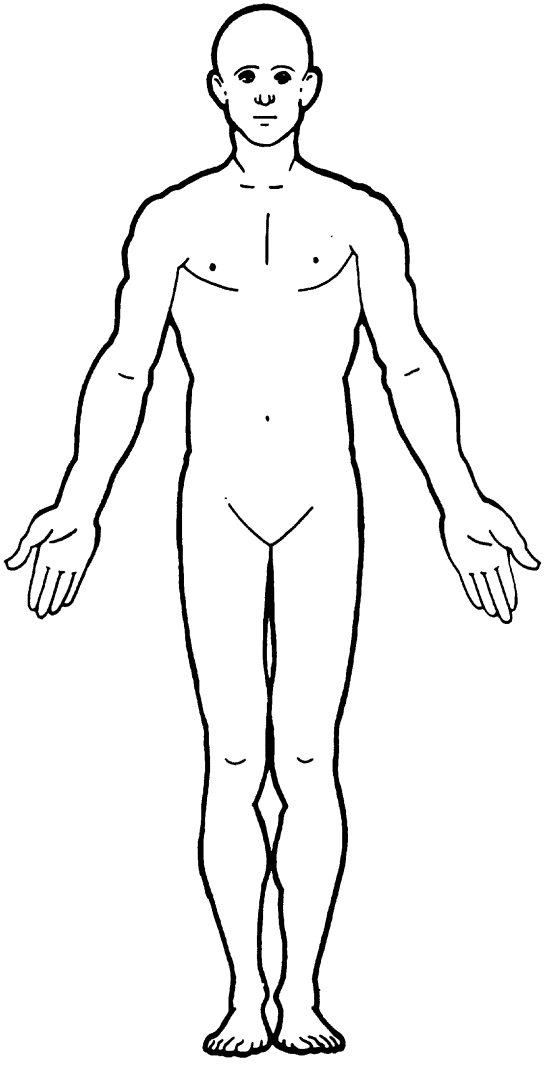
**This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.**

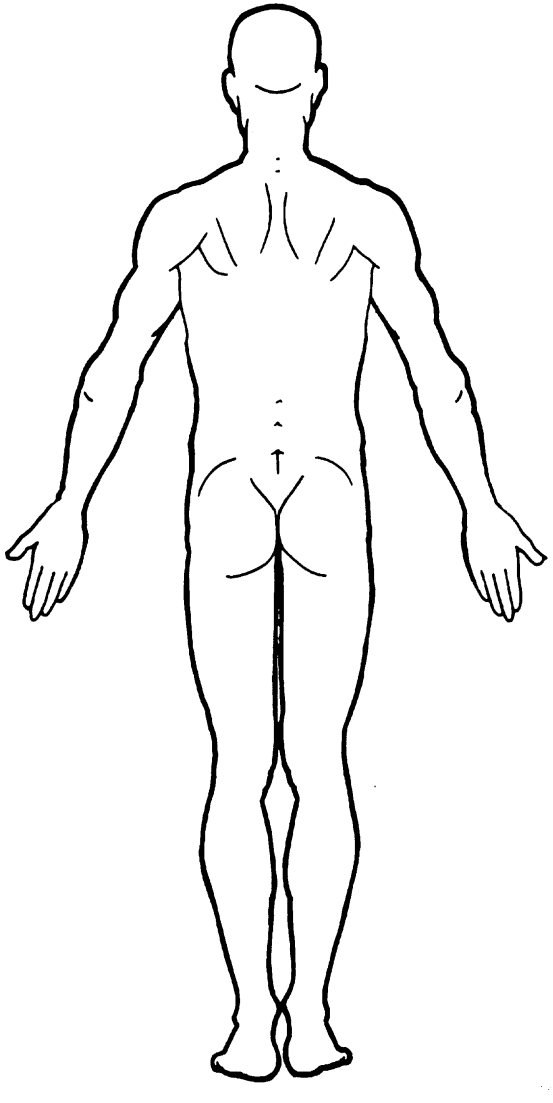
## OCCUPANT INJURY DATA

| | Source of Injury Data | O.I.C.—A.I.S. Body Region | O.I.C.—A.I.S. Aspect | O.I.C.—A.I.S. Lesion | O.I.C.—A.I.S. System Organ | A.I.S. Severity | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|---|---|---|---|---|---|---|---|---|---|---|
| 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

## INJURY SOURCE

FRONT

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

_____

LEFT SIDE

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

_____

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

_____

RIGHT SIDE

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

_____

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

_____

INTERIOR

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

_____

(44) Head restraint system
(45) Air 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):

_____

EXTERIOR OF OCCUPANT'S VEHICLE

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

_____

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

_____

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

_____

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

_____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

_____

(86) Unknown vehicle or object

NONCONTACT INJURY

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

_____

(97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

(M) Abdomen
(Q) Ankle–foot
(A) Arm (upper)
(B) Back–thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head–skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck–cervical spine
(P) Pelvic–hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist–hand

### Aspect of Injury

(A) Anterior–front
(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

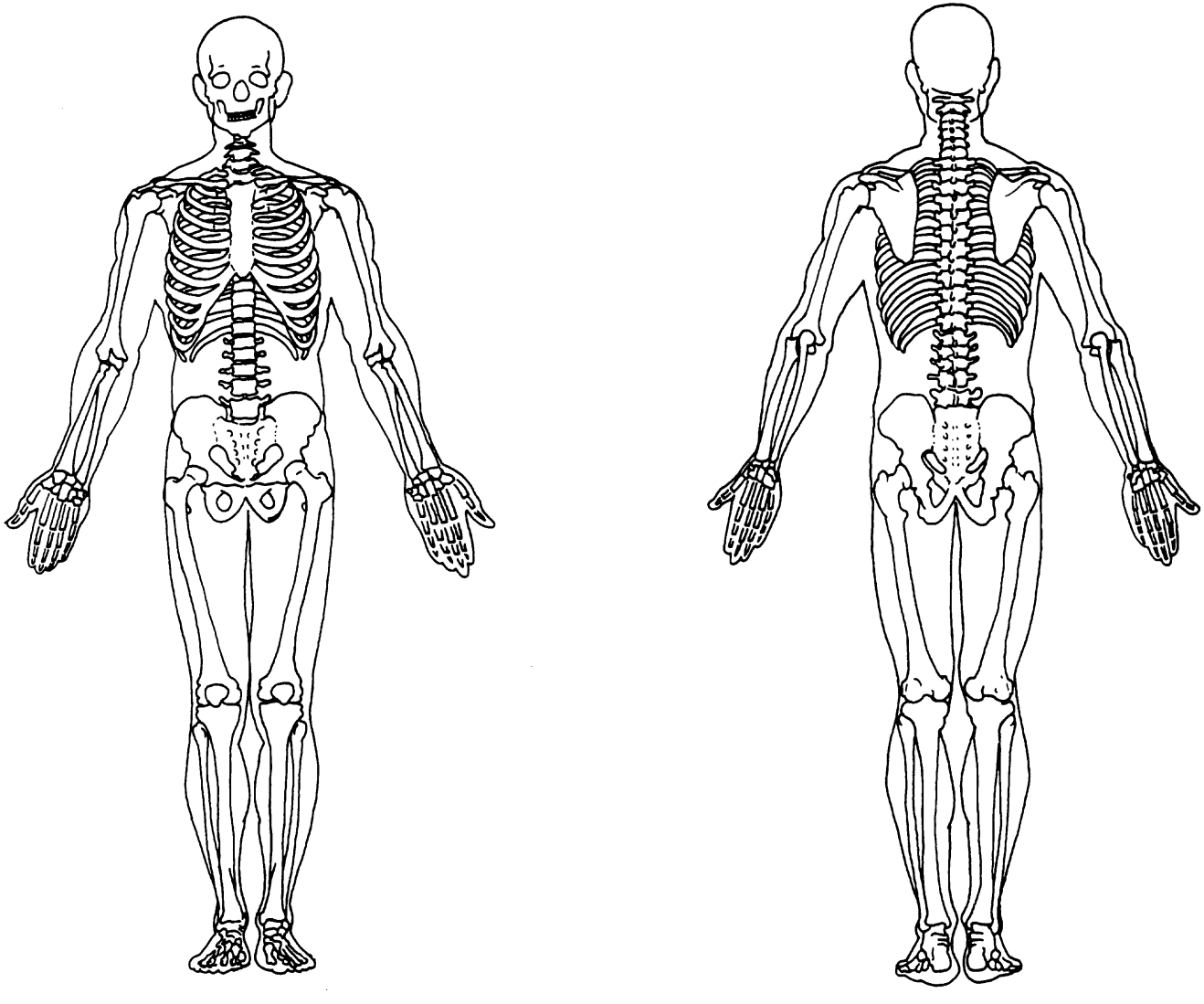
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

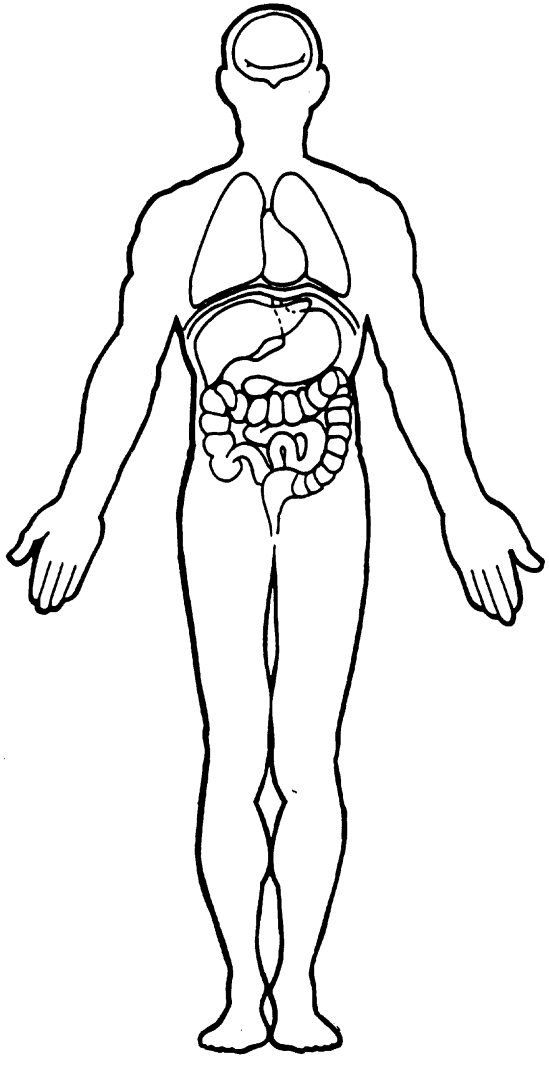
## OFFICIAL INJURY DATA—SKELETAL INJURIES

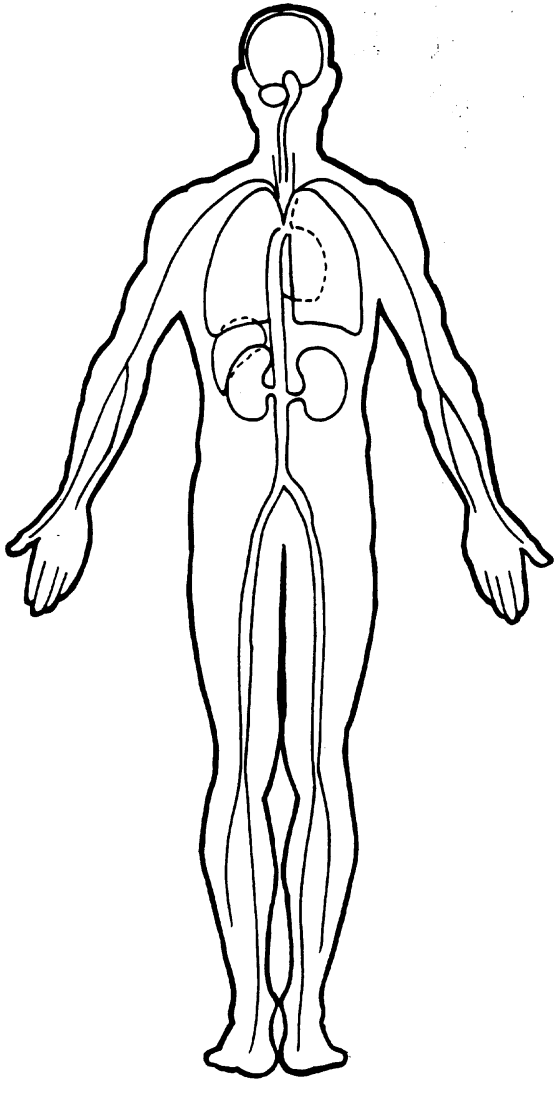
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## 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**

# UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|---|---|
| 1. Primary Sampling Unit Number | 80 |
| 2. Case Number – Stratum | 1513 |
| 3. Vehicle Number | 01 |
| 4. Occupant Number | 01 |
| [redacted] 1991 | |

Driver or Occupant Name: [redacted]
Address: [redacted]
Other Information: [redacted]

*(Sanitize this section prior to Update submission.)*

## INJURY DATA CODED ON INITIAL SUBMISSION

| | Source of Injury Data | O.I.C.–A.I.S. Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|---|---|---|---|---|---|---|---|---|---|---|
| 1st | 5. 9 | 6. W | 7. L | 8. F | 9. S | 10. 3 | 11. 97 | 12. 9 | 13. 7 | 14. 99 |
| 2nd | 15. 9 | 16. H | 17. U | 18. L | 19. I | 20. 1 | 21. 97 | 22. 9 | 23. 7 | 24. 99 |
| 3rd | 25. 9 | 26. H | 27. U | 28. C | 29. I | 30. 1 | 31. 97 | 32. 9 | 33. 7 | 34. 99 |
| 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 |
|---|---|---|
| GV12. Alcohol Test Results for Driver | 00 | 00 |
| OA05. Occupant's Age | 38 | 38 |
| OA06. Occupant's Sex | 1 | 1 |
| OA07. Occupant's Height | 70 | 70 |
| OA08. Occupant's Weight | 230 | 230 |
| OA17. Manual (Active) Belt System Availability | 0 | 0 |
| OA18. Manual (Active) Belt System Use | 00 | 06 |
| OA21. Automatic (Passive) Restraint System Availability | 0 | 0 |
| OA22. Automatic (Passive) Restraint Function | 0 | 0 |

| | INITIAL SUBMISSION | FINAL |
|---|---|---|
| OA35. Treatment – Mortality | 1 | 1 |
| OA36. Type of Medical Facility (for Initial Treatment) | 2 | 2 |
| OA37. Hospital Stay | 00 | 00 |
| OA38. Working Days Lost | 62 | 62 |
| OA39. Time to Death | 01 | 01 |
| OA40. 1st Medically Reported Cause of Death | 00 | 99 |
| OA41. 2nd Medically Reported Cause of Death | 99 | 00 |
| OA42. 3rd Medically Reported Cause of Death | 99 | 00 |
| OA43. Number of Recorded Injuries for This Occupant | 03 | 21 22 |

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

**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. Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|---|---|---|---|---|---|---|---|---|---|---|
| 11th | 1 | Q | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 12th | 1 | K | R | A | I | 1 | 97 | 9 | 7 | 99 |
| 13th | 1 | A | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 14th | 1 | R | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 15th | 1 | A | R | L | I | 1 | 97 | 9 | 7 | 99 |
| 16th | 1 | R | R | A | I | 1 | 97 | 9 | 7 | 99 |
| 17th | 1 | W | R | A | I | 1 | 97 | 9 | 7 | 99 |
| 18th | 1 | C | C | C | H | 3 | 97 | 9 | 7 | 99 |
| 19th | 1 | M | L | L | Q | ~~3~~ 2 | 97 | 9 | 7 | 99 |
| 20th | 1 | C | L | F | S | ~~2~~ 3 | 97 | 9 | 7 | 99 |
| 21st | 1 | C | C | L | H | ~~3~~ 5 | 97 | 9 | 7 | 99 |
| 22nd | 1 | F | I | F | S | 1 | 97 | 9 | 7 | 99 |
| 23rd | | | | | | | | | | |

NASS Cdng Chg 1st Rev 3 A 2nd Rev 3

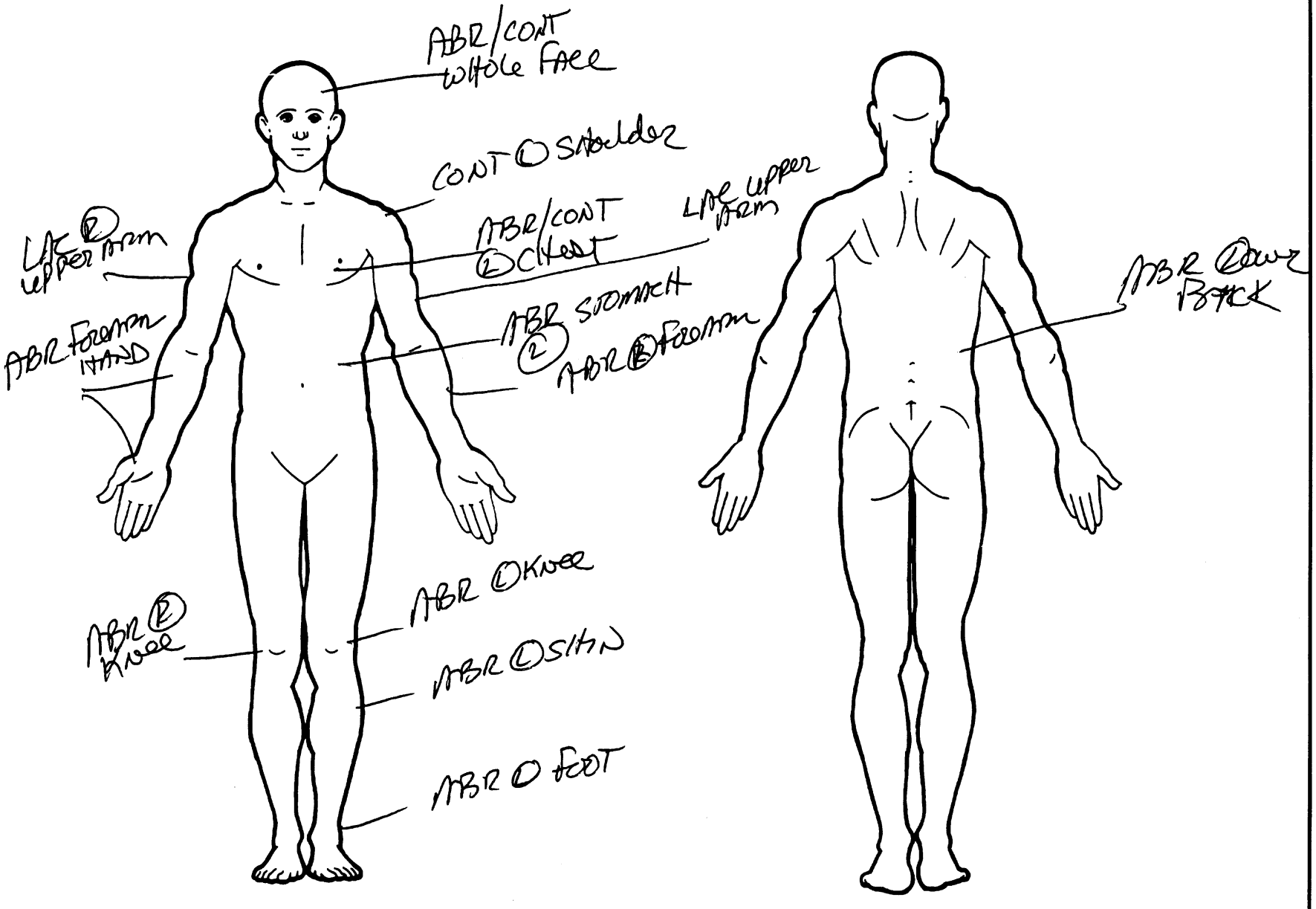
NASS Cdng Chg 1st Rev 3 A 2nd Rev 3

NASS Cdng Chg 1st Rev 3 A 2nd Rev 3

NASS Cdng Chg 1st Rev 3 A 2nd Rev 3

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



## SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

(9) Police

## INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

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

INTERIOR

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

(44) Head restraint system
(45) Air 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):

EXTERIOR OF OCCUPANT'S VEHICLE

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

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

(86) Unknown vehicle or object

NONCONTACT INJURY

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

(97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

(M) Abdomen
(Q) Ankle–foot
(A) Arm (upper)
(B) Back–thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head–skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck–cervical spine
(P) Pelvic–hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist–hand

### Aspect of Injury

(A) Anterior–front
(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

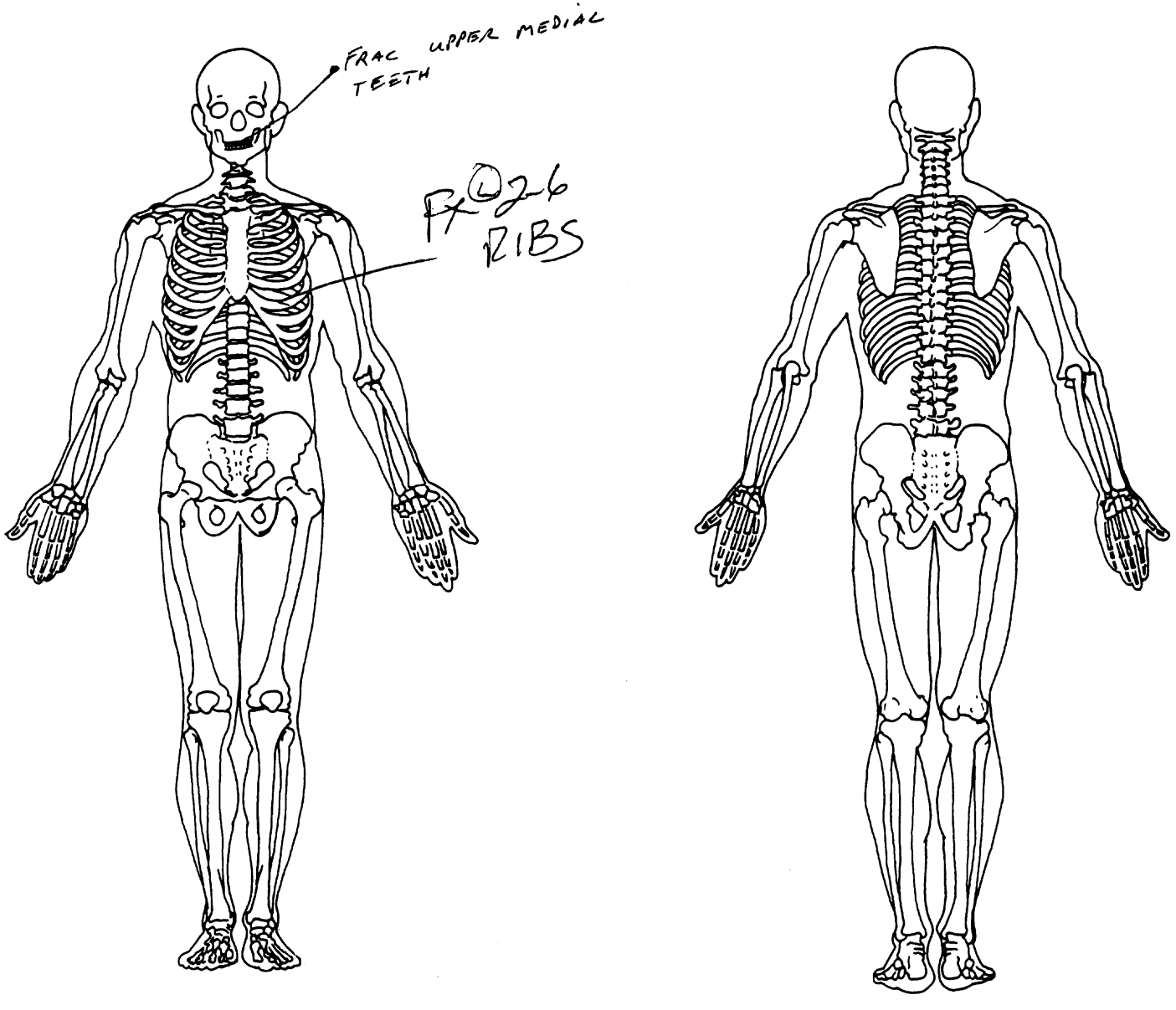
(W) All systems in region
(A) Arteries–veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary–lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other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

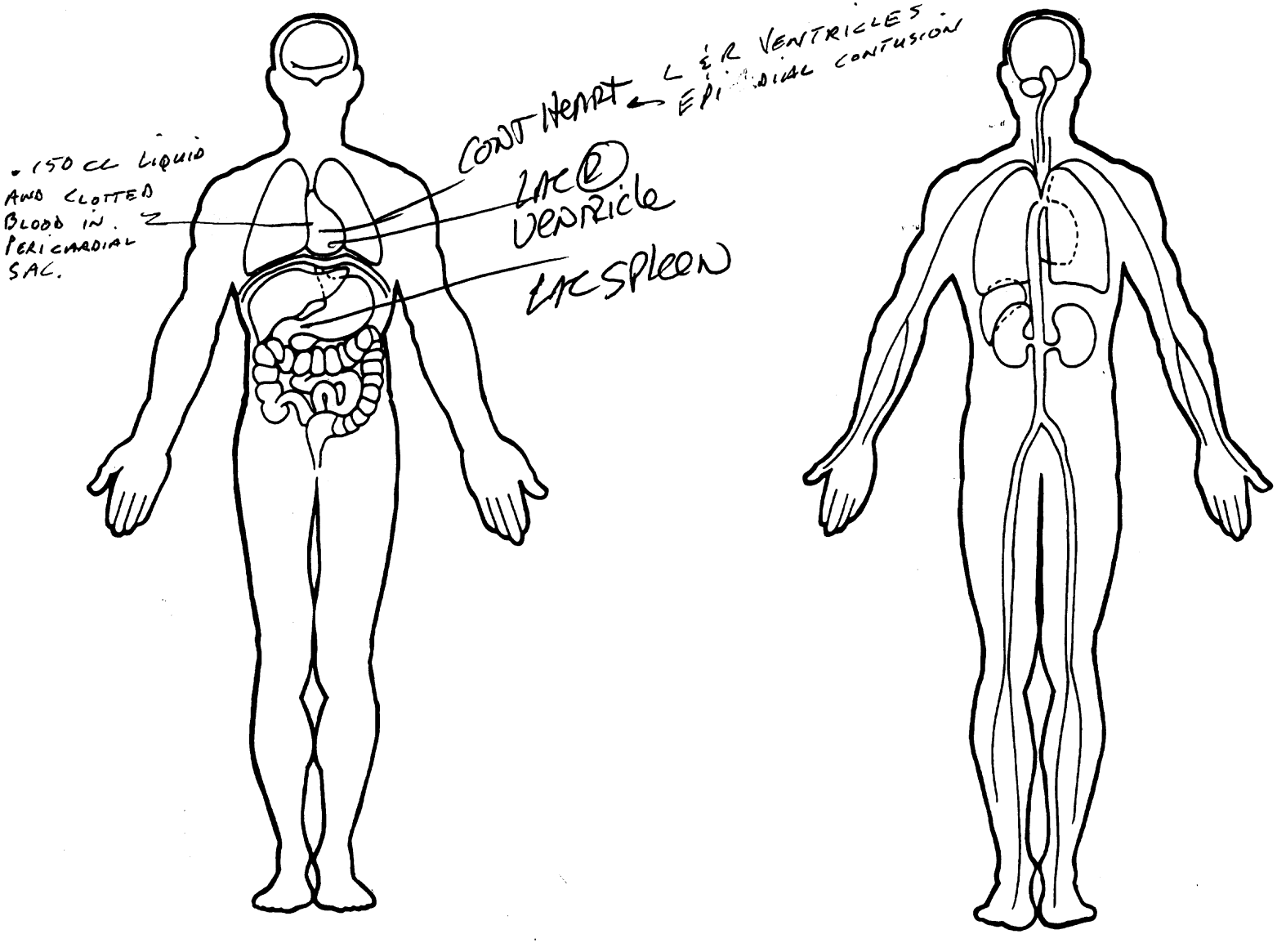
# OFFICIAL INJURY DATA—SKELETAL INJURIES

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.)



MDE ✓
[redacted]-90
NO Errors

1990 ACCIDENT FORM

1. PSU Number 80 2. Case Number 151B

IDENTIFICATION

3. No. of G.V. Forms Sub. 01 4. Accident Date [redacted]/90 5. Accident Time 1425

SPECIAL STUDIES INDICATORS

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

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

ACCIDENT EVENTS

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

**********

# 1990 GENERAL VEHICLE FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

VEHICLE IDENTIFICATION

| | | | |
|---|---|---|---|
| 4. Model Year | 65 | 5. Make | 12 |
| 6. Model | 474 | 7. Body Type | 21 |
| 8. VIN | E16JH[redacted] | | |

OFFICIAL RECORDS

| | | | |
|---|---|---|---|
| 9. Police Reported Disposition | 1 | 10. Police Reported Travel Speed | 60 |
| 11. Police Rep. Alcohol/Drug Pres. | 0 | 12. Alcohol Test Result for Driver | 00 |

ACCIDENT RELATED

| | | | |
|---|---|---|---|
| 13. Speed Limit | 55 | 14. Attempted Avoid. Manuever | 99 |
| 15. Accident Type | 02 | | |

OCCUPANT RELATED

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

VEHICLE WEIGHT ITEMS

| | | | |
|---|---|---|---|
| 19. Vehicle Curb Weight | 999 | 20. Vehicle Cargo Weight | 00 |

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

COMPUTER GENERATED DELTA V

| | |
|---|---|
| 30. Total Delta V | 99 |
| 31. Longitudinal Component of Delta V | 99 |
| 32. Lateral Component of Delta V | 99 |
| 33. Energy Absorption | 9999 |
| 34. Confidence in Reconstruction Program Results | 0 |
| 35. Type of Vehicle Inspection | 1 |

==========

Enter a 1 if this vehicle has an automatic occupant protection system: 0

**********

# 1990 VEHICLE EXTERIOR FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

## COLLISION DEFORMATION CLASSIFICATION
## HIGHEST DELTA "V"

| Accident Sequence Number | Object Contacted | Direction of Force | Deform. Location | Specific Longitud. or lat. Location | Specific Vertical or Lateral Location | Type of Damage Distrib. | Deform. Extent |
|---|---|---|---|---|---|---|---|
| 4. 01 | 5. 31 | 6. 00 | 7. R | 8. D | 9. A | 10. 0 | 11. 03 |

SECOND HIGHEST DELTA "V"

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

CRUSH PROFILE
HIGHEST DELTA "V"

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

SECOND HIGHEST DELTA "V"

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

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp. 1

28. Original Wheelbase 090.0

**********

# 1990 VEHICLE INTERIOR FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 98

Door, Tailgate or Hatch opening

5. LF 3 6. RF 2 7. LR 0 8. RR 2 9. TG/H 2

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

10. LF 0 11. RF 2 12. LR 0 13. RR 5 14. TG/H 5

GLAZING

Glazing Damage

15. WS 4 16. LF 0 17. RF 0 18. LR 8 19. RR 8
20. BL 6 21. Roof 2 22. Other 6

Glazing Damage from Occupant Contact

23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 2 37. Roof 4 38. Other 2

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 1 45. Roof 2 46. Other 1

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|---|---|---|---|
| 47. 13 | 48. 04 | 49. 4 | 50. 3 |
| 51. 13 | 52. 13 | 53. 4 | 54. 3 |
| 55. 13 | 56. 06 | 57. 4 | 58. 3 |
| 59. 23 | 60. 27 | 61. 4 | 62. 3 |
| 63. 13 | 64. 07 | 65. 3 | 66. 3 |
| 67. 23 | 68. 12 | 69. 3 | 70. 1 |
| 71. | 72. | 73. | 74. |
| 75. | 76. | 77. | 78. |
| 79. | 80. | 81. | 82. |
| 83. | 84. | 85. | 86. |

STEERING COLUMN

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

INSTRUMENT PANEL

| | | | |
|---|---|---|---|
| 94. Odometer Reading | 061,000 | 95. Instrument Panel Damage | 0 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

```
CC0531  2  ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532     ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533     DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534     or IV08 equals 2 or IV09 equals 2.
```

**********

# 1990 OCCUPANT ASSESSMENT FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 38 6. Sex 1 7. Height 70 8. Weight 230 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

| | | | |
|---|---|---|---|
| 17. Belt System Availability | 0 | 18. Belt System Use | 00 |
| 19. Proper Use of Belt | 0 | 20. Belt Failure Modes During Impact | 0 |
| 21. Restraint System Availability | 0 | 22. Restraint Function | 0 |
| 23. Did Restraint Fail | 0 | 24. Police Reported Restraint Use | 0 |
| 25. Head Restraint Type/Damage by Occupant at this Position | | | 1 |
| 26. Seat Type | 08 | 27. Seat Performance | 1 |

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

| | | | |
|---|---|---|---|
| 34. Severity (Police Rating) | 4 | 35. Treatment - Mortality | 1 |
| 36. Type of Med. Facility (Initial) | 2 | 37. Hospital Stay | 00 |
| 38. Working Days Lost | 62 | 39. Time to Death | 01 |

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 03

HH0191 2 If OCCUPANT POSITION OA10 equals 11 or 13 and PASSIVE
HH0192 AVAILABILITY OA21 does not equal 5, then MANUAL BELT
HH0193 AVAILABILITY OA17 should equal 3 or 4.

**********

# 1990 OCCUPANT INJURY FORM

1. PSU NUMBER 80
2. CASE NUMBER 1518
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

| | SOURCE OF INJURY DATA | BODY REGION | ASPECT | LESION | SYSTEM ORGAN | A.I.S. SEVERITY | INJURY SOURCE | INJURY SOURCE CONFID. LEVEL | DIR./ INDIR. INJURY | OCC. AREA INTR. NO. |
|---|---|---|---|---|---|---|---|---|---|---|
| 01. | 9 | W | L | F | S | 3 | 97 | 9 | 7 | 99 |
| 02. | 9 | H | U | L | I | 1 | 97 | 9 | 7 | 99 |
| 03. | 9 | H | U | C | I | 1 | 97 | 9 | 7 | 99 |

**********

GH0041 2 If MODEL YEAR GV04 is less than or equal to 66, then HEAD
GH0042 RESTRAINT TYPE/DAMAGE OA25 should equal 0, 5, 6, 8 or 9.
VEH NUM = 01 OCCUPANT NUM = 01

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

1990 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1990

CURRENT VERSION: 3.02

| 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 | 1 | Y |
| Occupant Assessment | 0 | 0 | 1 | Y |
| Occupant Injury | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 2 | |
| Total Case Errors | 0 | 0 | 4 | |

Zone 3 [redacted] -90 ①

# 1990 VEHICLE INTERIOR FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

MDEV [redacted] 90
NO ERRORS

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 3 6. RF 2 7. LR 0 8. RR 2 9. TG/H 2

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 2 12. LR 0 13. RR 5 14. TG/H 6

GLAZING

Glazing Damage
15. WS 4 16. LF 0 17. RF 0 18. LR 8 19. RR 8
20. BL 6 21. Roof 2 22. Other 6

Glazing Damage from Occupant Contact
23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 2 37. Roof 4 38. Other 2

Window Precrash Glazing Status
39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 1 45. Roof 2 46. Other 1

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|---|---|---|---|
| 47. 13 | 48. 10 | 49. 2 | 50. 3 |
| 51. 13 | 52. 13 | 53. 3 | 54. 3 |
| 55. 13 | 56. 06 | 57. 3 | 58. 3 |
| 59. 13 | 60. 27 | 61. 3 | 62. 3 |
| 63. 13 | 64. 07 | 65. 3 | 66. 3 |
| 67. 13 | 68. 13 | 69. 3 | 70. 3 |
| 71. 98 | 72. 12 | 73. 3 | 74. 1 |
| 75. 98 | 76. 28 | 77. 3 | 78. 3 |
| 79. | 80. | 81. | 82. |
| 83. | 84. | 85. | 86. |

STEERING COLUMN

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

INSTRUMENT PANEL

| | | | |
|---|---|---|---|
| 94. Odometer Reading | 061,000 | 95. Instrument Panel Damage | 0 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0451 1 If MAGNITUDE INTRUSION IV49(n+1) equals 1-6, then IV49(n+1) must
CC0452 be less than or equal to IV49(n).

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

**********

# 1990 OCCUPANT ASSESSMENT FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 38 6. Sex 1 7. Height 69 8. Weight 180 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

| | | | |
|---|---|---|---|
| 17. Belt System Availability | 0 | 18. Belt System Use | 00 |
| 19. Proper Use of Belt | 0 | 20. Belt Failure Modes During Impact | 0 |
| 21. Restraint System Availability | 0 | 22. Restraint Function | 0 |
| 23. Did Restraint Fail | 0 | 24. Police Reported Restraint Use | 0 |
| 25. Head Restraint Type/Damage by Occupant at this Position | | | 1 |
| 26. Seat Type | 08 | 27. Seat Performance | 1 |

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

| | | | |
|---|---|---|---|
| 34. Severity (Police Rating) | 4 | 35. Treatment - Mortality | 1 |
| 36. Type of Med. Facility (Initial) | 2 | 37. Hospital Stay | 00 |
| 38. Working Days Lost | 62 | 39. Time to Death | 01 |

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 04

HH0191 2 If OCCUPANT POSITION OA10 equals 11 or 13 and PASSIVE
HH0192 AVAILABILITY OA21 does not equal 5, then MANUAL BELT
HH0193 AVAILABILITY OA17 should equal 3 or 4.

**********

GH0041 2 If MODEL YEAR GV04 is less than or equal to 66, then HEAD
GH0042 RESTRAINT TYPE/DAMAGE OA25 should equal 0, 5, 6, 8 or 9.
VEH NUM = 01 OCCUPANT NUM = 01

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

1990 OCCUPANT INJURY FORM

1. PSU NUMBER 80
2. CASE NUMBER 151B
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

| SOURCE OF INJURY DATA | BODY REGION | ASPECT | LESION | SYSTEM ORGAN | A.I.S. SEVERITY | INJURY SOURCE | INJURY SOURCE CONFID. LEVEL | DIR./ INDIR. INJURY | OCC. AREA INTR. NO. |
|---|---|---|---|---|---|---|---|---|---|
| 01. 9 | W | L | F | S | 3 | 97 | 9 | 7 | 99 |
| 02. 9 | H | U | L | I | 1 | 97 | 9 | 7 | 99 |
| 03. 9 | H | U | C | I | 1 | 97 | 9 | 7 | 99 |
| 04. 9 | M | U | U | U | 7 | 97 | 9 | 7 | 99 |

**********

Zone 3 [redacted] 90 (2)

MDE ✓

1990 VEHICLE INTERIOR FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 3 6. RF 2 7. LR 0 8. RR 2 9. TG/H 2

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 2 12. LR 0 13. RR 5 14. TG/H 6

GLAZING

Glazing Damage
15. WS 4 16. LF 0 17. RF 0 18. LR 8 19. RR 8
20. BL 6 21. Roof 2 22. Other 6

Glazing Damage from Occupant Contact
23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 2 37. Roof 4 38. Other 2

Window Precrash Glazing Status
39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 1 45. Roof 2 46. Other 1

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|---|---|---|---|
| 47. 13 | 48. 13 | 49. 3 | 50. 3 |
| 51. 13 | 52. 06 | 53. 3 | 54. 3 |
| 55. 13 | 56. 27 | 57. 3 | 58. 3 |
| 59. 13 | 60. 07 | 61. 3 | 62. 3 |
| 63. 13 | 64. 13 | 65. 3 | 66. 3 |
| 67. 98 | 68. 12 | 69. 3 | 70. 1 |
| 71. 98 | 72. 28 | 73. 3 | 74. 3 |
| 75. 13 | 76. 10 | 77. 2 | 78. 3 |
| 79. | 80. | 81. | 82. |
| 83. | 84. | 85. | 86. |

STEERING COLUMN

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

INSTRUMENT PANEL

| | | | |
|---|---|---|---|
| 94. Odometer Reading | 061,000 | 95. Instrument Panel Damage | 0 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0651 1 If LOCATION INTRUSION IV47(m) does not equal 99 or blank and
CC0652 INTRUDING COMPONENT IV48(m) equals 01-25, 27, 28, 30 or 33 and
CC0653 IV47 (m+n) equals IV47(m), then IV48 (m+n) must not equal
CC0654 IV48(m).

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

**********

1990 VEHICLE INTERIOR FORM

Zone 3 [redacted]-91 (3)

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01

INTEGRITY
4. Passenger Compartment 98

Door, Tailgate or Hatch opening
5. LF 3 6. RF 2 7. LR 0 8. RR 2 9. TG/H 2

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 2 12. LR 0 13. RR 5 14. TG/H 6

GLAZING

Glazing Damage
15. WS 4 16. LF 0 17. RF 0 18. LR 8 19. RR 8
20. BL 6 21. Roof 2 22. Other 6

Glazing Damage from Occupant Contact
23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing
31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 2 37. Roof 4 38. Other 2

Window Precrash Glazing Status
39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 1 45. Roof 2 46. Other 1

OCCUPANT AREA INTRUSION

| Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|---|---|---|---|
| 47. 13 | 48. 13 | 49. 3 | 50. 3 |
| 51. 13 | 52. 06 | 53. 3 | 54. 3 |
| 55. 13 | 56. 27 | 57. 3 | 58. 3 |
| 59. 13 | 60. 07 | 61. 3 | 62. 3 |
| 63. 98 | 64. 12 | 65. 3 | 66. 1 |
| 67. 98 | 68. 28 | 69. 3 | 70. 3 |
| 71. 13 | 72. 10 | 73. 2 | 74. 3 |
| 75. | 76. | 77. | 78. |
| 79. | 80. | 81. | 82. |
| 83. | 84. | 85. | 86. |

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STEERING COLUMN

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

INSTRUMENT PANEL

| | | | |
|---|---|---|---|
| 94. Odometer Reading | 061,000 | 95. Instrument Panel Damage | 0 |
| 96. Knee Bolsters Deformed | 8 | 97. Glove Door Open | 1 |

CC0531 2 ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533 DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534 or IV08 equals 2 or IV09 equals 2.

**********

# 1990 OCCUPANT ASSESSMENT FORM

1. PSU Number 80
2. Case Number 151B
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 38 6. Sex 1 7. Height 69 8. Weight 180 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 0 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Restraint System Availability 0 22. Restraint Function 0
23. Did Restraint Fail 0 24. Police Reported Restraint Use 0
25. Head Restraint Type/Damage by Occupant at this Position 1
26. Seat Type 08 27. Seat Performance 1

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating) 4 35. Treatment - Mortality 1
36. Type of Med. Facility (Initial) 2 37. Hospital Stay 00
38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 22

HH0191 2 If OCCUPANT POSITION OA10 equals 11 or 13 and PASSIVE
HH0192 AVAILABILITY OA21 does not equal 5, then MANUAL BELT
HH0193 AVAILABILITY OA17 should equal 3 or 4.

**********

GH0041 2 If MODEL YEAR GV04 is less than or equal to 66, then HEAD
GH0042 RESTRAINT TYPE/DAMAGE 0A25 should equal 0, 5, 6, 8 or 9.
VEH NUM = 01 OCCUPANT NUM = 01

EH0011 2 If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

1990 OCCUPANT INJURY FORM

1. PSU NUMBER 80
2. CASE NUMBER 151B
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

| | SOURCE OF INJURY DATA | BODY REGION | ASPECT | LESION | SYSTEM ORGAN | A.I.S. SEVERITY | INJURY SOURCE | INJURY SOURCE CONFID. LEVEL | DIR./ INDIR. INJURY | OCC. AREA INTR. NO. |
|---|---|---|---|---|---|---|---|---|---|---|
| 01. | 1 | F | W | C | I | 1 | 97 | 9 | 7 | 99 |
| 02. | 1 | F | W | A | I | 1 | 97 | 9 | 7 | 99 |
| 03. | 1 | F | I | L | I | 1 | 97 | 9 | 7 | 99 |
| 04. | 1 | S | L | C | I | 1 | 97 | 9 | 7 | 99 |
| 05. | 1 | C | L | C | I | 1 | 97 | 9 | 7 | 99 |
| 06. | 1 | C | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 07. | 1 | M | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 08. | 1 | B | I | A | I | 1 | 97 | 9 | 7 | 99 |
| 09. | 1 | K | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 10. | 1 | L | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 11. | 1 | Q | L | A | I | 1 | 97 | 9 | 7 | 99 |
| 12. | 1 | K | R | A | I | 1 | 97 | 9 | 7 | 99 |

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99

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 19. | 1 | M | L | L | Q | 2 | 97 | 9 | 7 | 99 |
| 20. | 1 | C | L | F | S | 3 | 97 | 9 | 7 | 99 |
| 21. | 1 | C | C | L | H | 5 | 97 | 9 | 7 | 99 |
| 22. | 1 | F | I | F | S | 1 | 97 | 9 | 7 | 99 |

**********

Zone 3 [redacted]-91 (4)

```
CC0531   2  ****** THIS CASE SHOWS A DOOR OR HATCH OR GATE OPENING ******
CC0532      ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
CC0533      DOOR LEFT FRONT IV05 equals 2 or IV06 equals 2 or IV07 equals 2
CC0534      or IV08 equals 2 or IV09 equals 2.

HH0191   2  If OCCUPANT POSITION OA10 equals 11 or 13 and PASSIVE
HH0192      AVAILABILITY OA21 does not equal 5, then MANUAL BELT
HH0193      AVAILABILITY OA17 should equal 3 or 4.

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80151B01000031       3.03 000000000013100RDA003
                 010900
80151B01000041       3.03 00000100098320220205640088626900000001000024210000121
80151B01000042       3.03 00000000013133313063313273313073398123198283313102 3
              196 96 96 96000061081
80151B01010051       3.03 00000100038169180111913120000000000108100000000000004120
0620199000022_____
80151B01010161       3.03 0000000001FWCI1979799
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80151B01010361       3.03 0000000001FILI1979799
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80151B01010861       3.03 0000000001BIAI1979799
80151B01010961       3.03 0000000001KLAI1979799
80151B01011061       3.03 0000000001LLAI1979799
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80151B01011261       3.03 0000000001KRAI1979799
80151B01011361       3.03 0000000001ALAI1979799
80151B01011461       3.03 0000000001RLAI1979799
80151B01011561       3.03 0000000001ARLI1979799
80151B01011661       3.03 0000000001RRAI1979799
80151B01011761       3.03 0000000001WRAI1979799
80151B01011861       3.03 0000000001CCCH3979799
80151B01011961       3.03 0000000001MLLQ2979799
80151B01012061       3.03 0000000001CLFS3979799
80151B01012161       3.03 0000000001CCLH5979799
80151B01012261       3.03 0000000001FIFS1979799
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80151B99999999[redacted]903.0210000000000000000000000000000000000000000010000000020000
00000000000000
GH0041   2  If MODEL YEAR GV04 is less than or equal to 66, then HEAD
GH0042      RESTRAINT TYPE/DAMAGE OA25 should equal 0, 5, 6, 8 or 9.
            VEH NUM = 01      OCCUPANT NUM = 01

EH0011   2  If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012      should be greater than 03.
            VEH NUM = 01      OCCUPANT NUM = 01
```

1990 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN [redacted] 1991

CURRENT VERSION: 3.03

| 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 | 1 | Y |
| Occupant Assessment | 0 | 0 | 1 | Y |
| Occupant Injury | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 2 | |
| Total Case Errors | 0 | 0 | 4 | |

BEST AVAILABLE

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

# SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 80 Case Number—Stratum 151B

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|---|---|---|---|
| 1-7 | 1 | W | APPROACH of V-1 TO REST of POF |
| 8-21 | 1 | | EXT of V-1 > VAN IS A MESS |
| 22-27 | 1 | | INT of V-1 / UNABLE TO GET CLEAR VIEWS |
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HS Form 434B (Rev. 1/90)

BEST AVAILABLE

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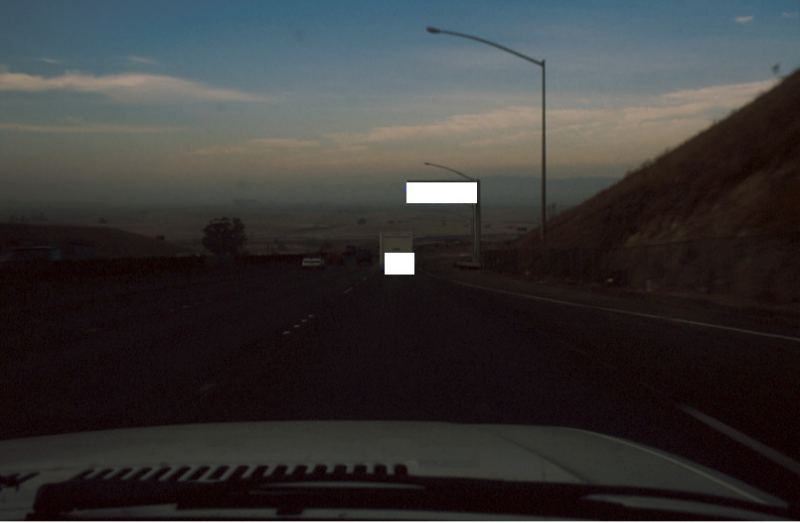


PSU 80-151B (1990) #1

PSU 80-151B (1990) #2

PSU 80-151B (1990) #3

PSU 80-151B (1990) #4

PSU 80-151B (1990) #5

PSU 80-151B (1990) #6

PSU 80-151B (1990) #7
Best Available

PSU 80-151B (1990) #8

PSU 80-151B (1990) #9

PSU 80-151B (1990) #10

PSU 80-151B (1990) #11

PSU 80-151B (1990) #12

PSU 80-151B (1990) #13

PSU 80-151B (1990) #14

PSU 80-151B (1990) #15

PSU 80-151B (1990) #16

PSU 80-151B (1990) #17

PSU 80-151B (1990) #18

PSU 80-151B (1990) #19

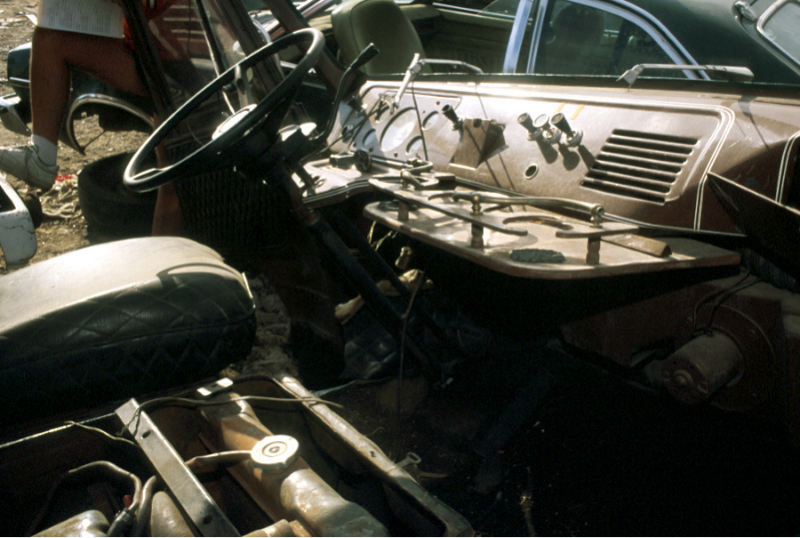
PSU 80-151B (1990) #20

PSU 80-151B (1990) #21

PSU 80-151B (1990) #22

PSU 80-151B (1990) #23

PSU 80-151B (1990) #24



PSU 80-151B (1990) #25

PSU 80-151B (1990) #26

PSU 80-151B (1990) #27