



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 79 CASE NO. 205D TYPE OF ACCIDENT CAR/CAR- Broadside

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

V-1 was E/B in the #3 (curb) lane of a 5-lane undivided, two-way urban roadway going straight through an intersecting roadway. V-2 was S/B on the intersecting 5-lane undivided roadway in the #2 lane going straight through the same intersection. The front of V-1 impacted the right front side of V-2. Both vehicles then sideslapped and continued in an south east direction. V-1 spun CCW and its back tires and undercarriage impacted a raised curb, crossed a sidewalk, and impacted a large shrub coming to rest facing an northwest direction. V-2 impacted a curb with its right front tire which deflected the vehicle in a northeast direction and then rolled on its right side facing north. Both vehicles were towed with severe damage. The driver of V-1 was transported with Type "A" injuries, and, the front right passenger was transported with Type (OVER)

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	Full Size	76 Ford Granada 2-door	Front	Major	None
02	Subcompact	83 Toyota Tercel 5-door	Right	Major	None

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	Driver	Front Left	Lap&Shoulder	HEAD	Concussion	1	A Pillar
01	Passenger	Front Right	None	Head	Laceration	1	Windshield
02	Driver	Front Left	Lap&Shoulder	CHEST	Contusion	1	Seat Belt

DO NOT SANITIZE THIS FORM

A : Description Cont.

"B" injuries. The driver of V-2 was not transported, but, recieved type
"B" injuries.



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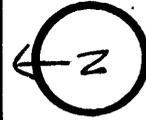
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

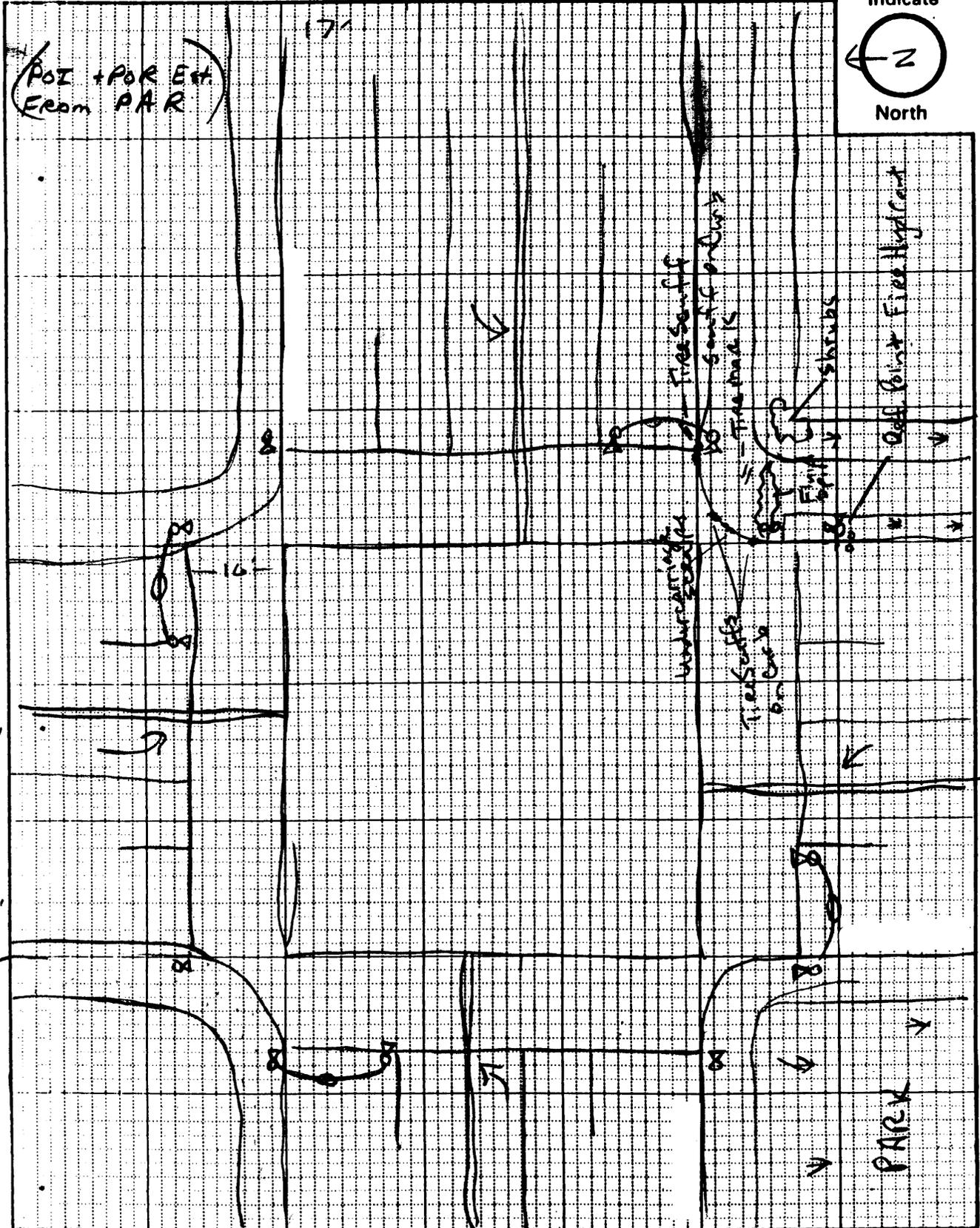
PSU No. 79

Case Number - Stratum 205D 9' 9' 15' N = 350°

Indicate



North





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NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

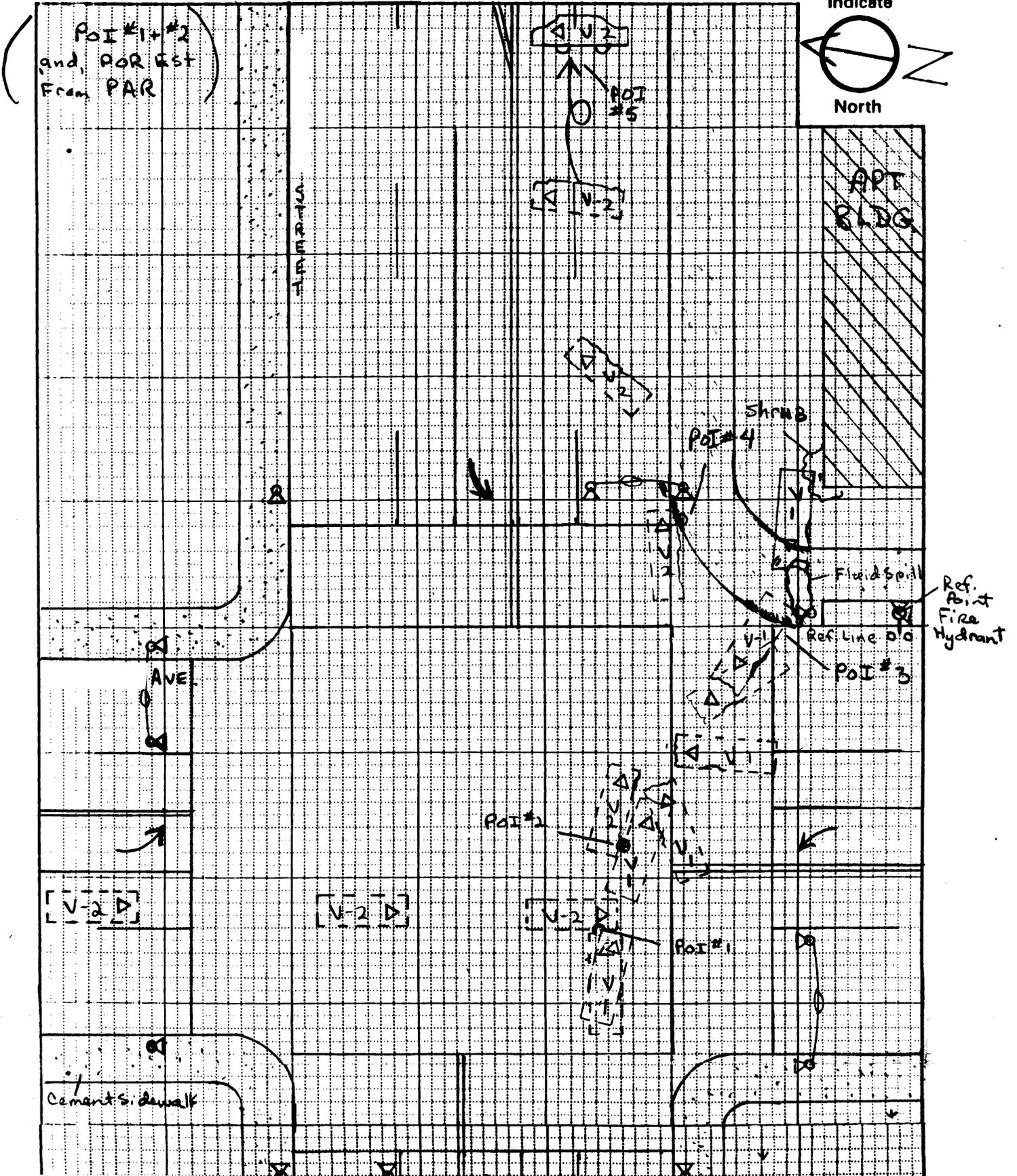
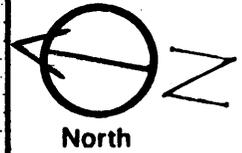
1 of 2

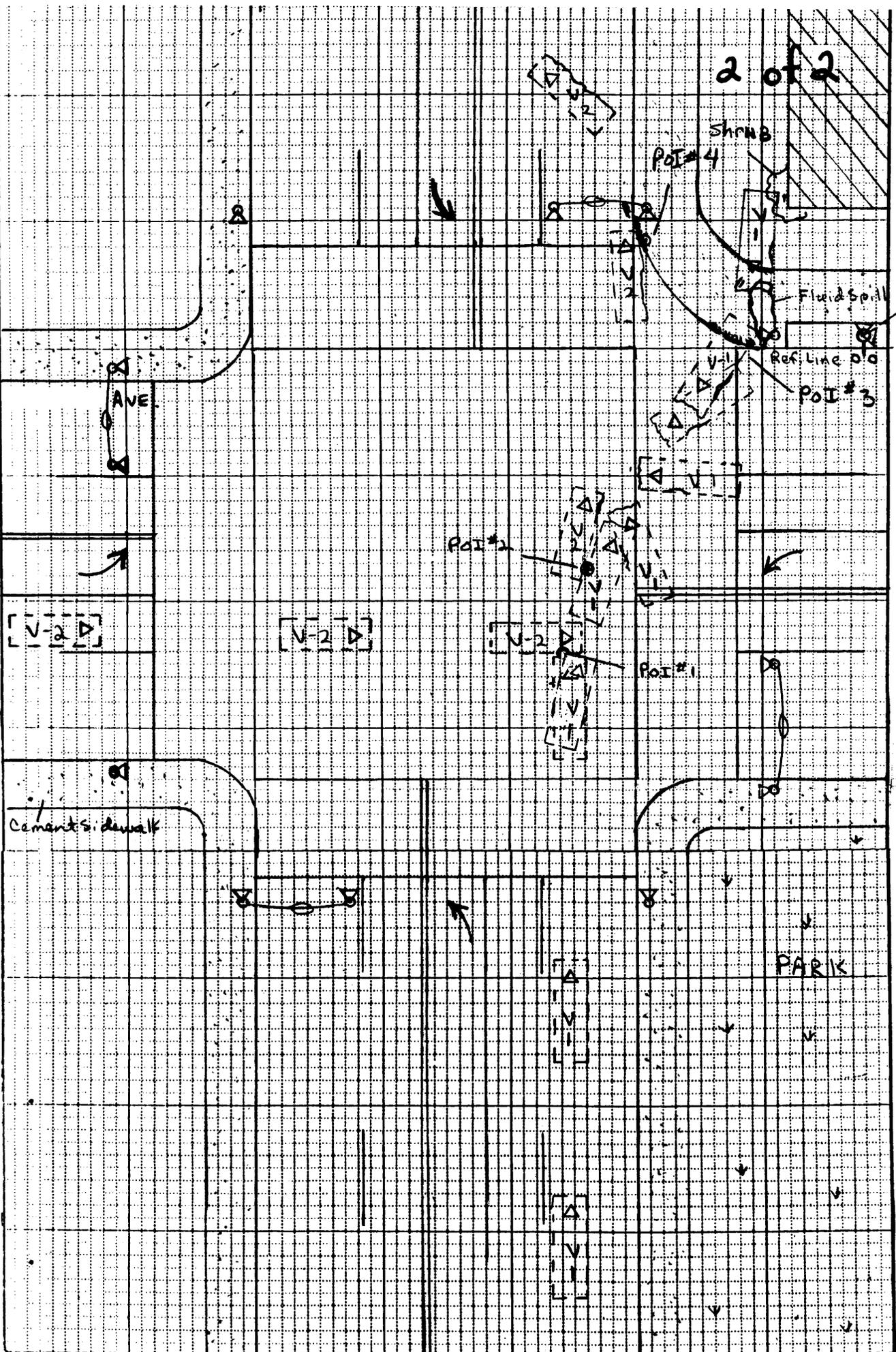
PSU No. 79

Case Number - Stratum 205D

SCALE
1" = 20'

Indicate





Ref. Point Fire Hydrant



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 79

Case Number—Stratum 205D

ACCIDENT COLLISION DIAGRAM		CRASH DATA																								
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required 	<p style="text-align: center;">LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scale documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">VEH. #1</th> <th style="width: 10%;">VEH. #2</th> <th style="width: 10%;">VEH. #3</th> </tr> </thead> <tbody> <tr> <td>Heading Angle</td> <td><u>80°</u></td> <td><u>170°</u></td> <td></td> </tr> <tr> <td>Surface Type</td> <td><u>Asph</u></td> <td><u>Asph</u></td> <td></td> </tr> <tr> <td>Surface Condition</td> <td><u>Worn Dry</u></td> <td><u>Worn Dry</u></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td><u>Level</u></td> <td><u>Level</u></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td><u>N/A</u></td> <td><u>Level</u></td> <td></td> </tr> </tbody> </table>		VEH. #1	VEH. #2	VEH. #3	Heading Angle	<u>80°</u>	<u>170°</u>		Surface Type	<u>Asph</u>	<u>Asph</u>		Surface Condition	<u>Worn Dry</u>	<u>Worn Dry</u>		Grade (v/h) Measurement (between impact and final rest)	<u>Level</u>	<u>Level</u>		Grade (v/h) Measurement (at location of rollover initiation)	<u>N/A</u>	<u>Level</u>	
	VEH. #1	VEH. #2	VEH. #3																							
Heading Angle	<u>80°</u>	<u>170°</u>																								
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Grade (v/h) Measurement (at location of rollover initiation)	<u>N/A</u>	<u>Level</u>																								

Reference Point: Fire Hydrant on E curb Reference line: E curb edge
edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line				
Origin	<u>2' W</u>	<u>0'</u>				
Fluid Spill on Sidewalk	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">Beg. <u>13'7" N</u></td> <td style="width: 50%;">End <u>17'7" N</u></td> </tr> </table>	Beg. <u>13'7" N</u>	End <u>17'7" N</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">Beg. <u>1' W</u></td> <td style="width: 50%;">End <u>8'8" E</u></td> </tr> </table>	Beg. <u>1' W</u>	End <u>8'8" E</u>
Beg. <u>13'7" N</u>	End <u>17'7" N</u>					
Beg. <u>1' W</u>	End <u>8'8" E</u>					
V-1 @ Rear Scuff on Curb	<u>17'4" N</u> <u>18'6" N</u>	<u>1'6" W</u> <u>1'3" W</u>				
V-1 Undercarriage Scrape on Curb	<u>19'8" N</u> <u>21'8" N</u>	<u>0'8" W</u> <u>0'0" W</u>				
V-1 @ Rear Scuff on Curb	<u>22'8" N</u> <u>24'1" N</u>	<u>0'8" E</u> <u>1'6" E</u>				
V-1 Tire mark on Sidewalk	<u>19'0" N</u> <u>20'0" N</u>	<u>8'7" E</u> <u>7'0" E</u>				
V-2 Scuff on Curb	<u>34'9" N</u> <u>35'6" N</u>	<u>14'0" E</u> <u>19'6" E</u>				
V-2 Tire mark on Street	<u>36'4" N</u> <u>37'3" N</u>	<u>19'6" E</u> <u>21'4" E</u>				
South Curb Edge of	<u>36'0" N</u>	<u>—————</u>				
* All meas. Taken with tape measures due to collimeter broken.						



ACCIDENT FORM

1. Primary Sampling Unit Number 79
2. Case Number - Stratum 205D

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) 19 2
5. Time of Accident 0040
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

6. ___ SS12 Not Active 0
7. ___ SS13 Not Active 0
8. ___ SS14 Fatal AOPS 0
9. ___ SS15 _____ 0
10. ___ SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 06
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>04</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>R</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>04</u>	22. <u>L</u>	23. <u>02</u>	24. <u>01</u>	25. <u>R</u>
26. <u>0 3</u>	27. <u>01</u>	28. <u>04</u>	29. <u>B</u>	30. <u>63</u>	31. <u>00</u>	32. <u>0</u>
33. <u>0 4</u>	34. <u>01</u>	35. <u>04</u>	36. <u>U</u>	37. <u>63</u>	38. <u>00</u>	39. <u>0</u>
40. <u>0 5</u>	41. <u>02</u>	42. <u>01</u>	43. <u>F</u>	44. <u>63</u>	45. <u>00</u>	46. <u>D</u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 – 104 inches)
- (03) Intermediate (wheelbase = 105 – 109 inches)
- (04) Full size (wheelbase = 110 – 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR 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 inches 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 (includes guardrail) (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

(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

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 02

- 24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 03,500
3500 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 V-8 engine Specs

Source: _____

- 20. Vehicle Cargo Weight 0,000
0 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

 (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
- 23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
 NASS Cong. # 1st Rev 3 A 2nd Rev 3
- 27. Heading Angle For This Vehicle 080
- 28. Heading Angle For Other Vehicle 170

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	24 SLOWER 25, 26, 27	28 DECEL. 29, 30, 31	30 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 LATERAL MOVE	46 LATERAL MOVE	45 LATERAL MOVE	47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	73 INITIAL SAME DIRECTIONS	72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	80 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 LATERAL MOVE	88 LATERAL MOVE	89 LATERAL MOVE	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	96 Other Accident Type 99 Unknown Accident Type 00 No Impact			

OTHER DATA

56. Driver's Zip Code 99999

- (00000) Driver not present
- (00001) Driver not a resident of U.S. or territories
- 99999 Code actual 5-digit zip code
- (99999) Unknown - moved from address on PAR

57. Driver's Race/Ethnic Origin 9

- (0) Driver not present
- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (8) Other (specify):
- (9) Unknown

58. Vehicle Special Use (This Trip) 0

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Hearse
- (8) Fire truck or car
- (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0

- (0) No rollover
- (1) Trip-over
- (2) Flip-over
- (3) Turn-over
- (4) Climb-over
- (5) Fall-over
- (6) Bounce-over
- (7) Collision with another vehicle
- (8) Other rollover initiation type specify):
- (9) Unknown rollover initiation type

60. Location of Rollover Initiation 0

- (0) No rollover
- (1) On roadway
- (2) On shoulder—paved
- (3) On shoulder—unpaved
- (4) On roadside or divided trafficway median
- (9) Unknown

61. Rollover Initiation Object Contacted 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify):
- (8) Non-contact rollover forces (specify):
- (9) Unknown

63. Direction of Initial Roll 0

- (0) No rollover
- (1) Roll right - primarily about the longitudinal axis
- (2) Roll left - primarily about the longitudinal axis
- (5) End-over-end (i.e., primarily about the lateral axis)
- (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01

- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify):
- (98) No driver present
- (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) – Vehicle Number

Noncollision

(31) Turn-over – fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 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 (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 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 (includes guardrail)
(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
(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



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 <u>79</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>205D</u>	

VEHICLE IDENTIFICATION

VIN 6W84F231637 Model Year 76
 Vehicle Make (specify): Ford Vehicle Model (specify): Granada

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
01 *	Begin L-Front Bumper Corner To H. # Right	Entire Front
02 **	Begin 18" Forward of (D) Rear Axle	Begin 14" Forward of (C) Rear Axle

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

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

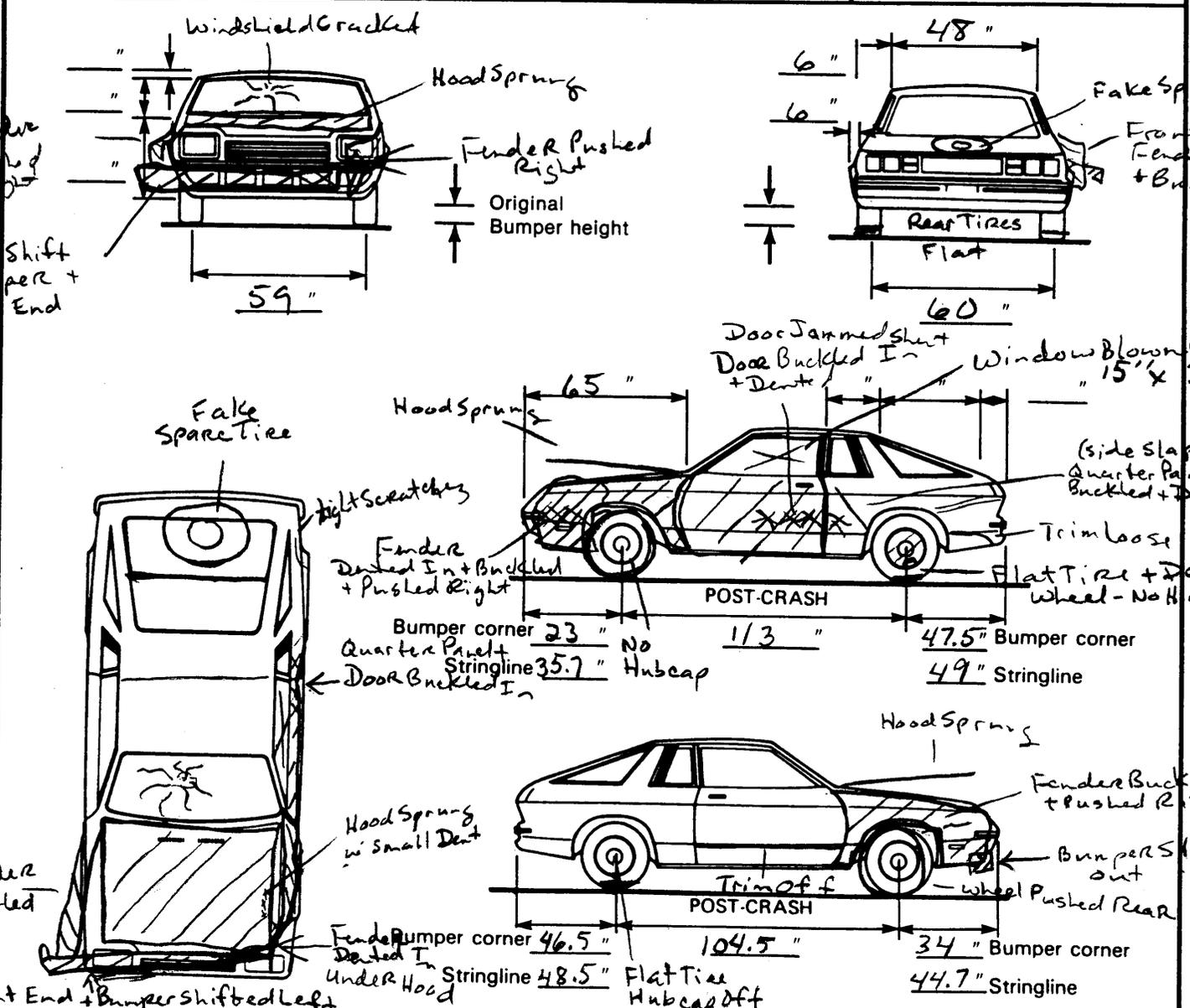
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01	At Bumper	14.5"	13.5	64"	13.5	13.0	10.5	10.0	11.6	10.25	-29
	Free space		3.0		3.0	3.6	1.5	1.5	3.6	3.0	
	Result		10.5		10.5	9.4	9	9	8.0	.25	
02	Mid Door ^{Max Crush}	41	6	54.75	2	4.75	5	4.5	3.5	2	
	Free space		2		2	.2	2	2	2	2	-16
	Result		4		0	2.75	3	2.5	1.5	0	
			bet C ₁ + C ₂								
XX	Stands Set	37"	Left of Center								
	* Stands Set	197.7"	forward of Rear Ref. Line								

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>109.9</u> Overall Length <u>197.7</u> Maximum Width <u>74.0</u> Curb Weight <u>3500 v-8</u> Average Track _____ Front Overhang <u>41.0"</u> Rear Overhang <u>49.0"</u> Engine Size: cyl./ displ. <u>V-8 302c"</u> Undeformed End Width <u>72"</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° LR ± _____° Within ±5 degrees.	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>∅ lbs</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.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 79
2. Case Number - Stratum 205D
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (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 3 6. RF 1 7. LR 0 8. RRO 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 0 16. LF 6 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 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 IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 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):

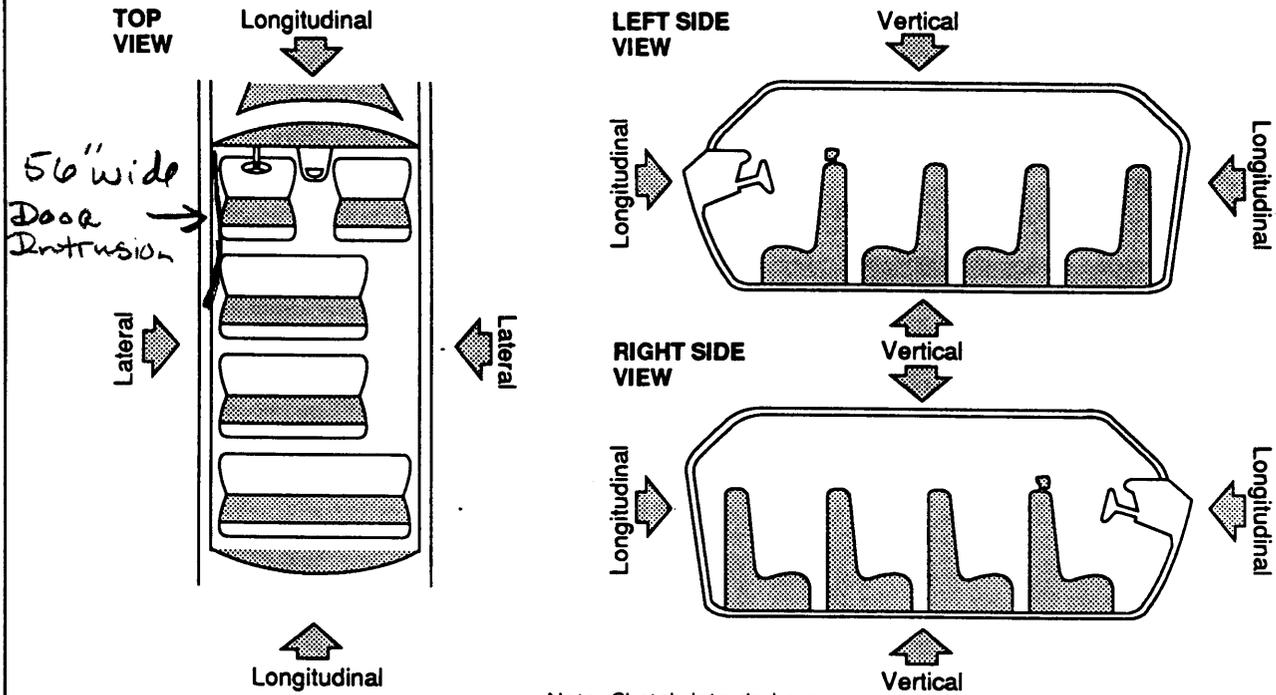
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 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 WORKSHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
11	Ⓛ Door 10	24	25	1"	Lat
21	B pillar 07	28	25	3"	"
21	Ⓛ Door 10	28	25	3"	"
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>21</u>	48. <u>10</u>	49. <u>2</u>	50. <u>3</u>
2nd	51. <u>21</u>	52. <u>07</u>	53. <u>2</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>10</u>	57. <u>1</u>	58. <u>3</u>
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. _____

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 (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (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 door/panel (e.g., tailgate)
- (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 this 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

LOCATION OF INTRUSION

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

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 RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGE 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

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

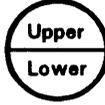
92. Steering Rim/Spoke Deformation 0
 Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0
 (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 155,000
55,385 miles—Code mileage to the nearest 1,000 miles Add 100,000
 (000) No odometer Due To Age +
 (001) Less than 1,500 miles Condition
 (300) 299,500 miles or more
 (999) Unknown
 Source: odometer/Veh. Insp

95. Instrument Panel Damage from Occupant Contact? 1
 (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

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	20	01	(L) Shoulder	Dented	1
B	26	01	Head	Scuff	2
C	21	01	(L) Thigh	Bent Arm Rest	1
D	21	01	(L) Hand	Knob Broken Off	3
E	09	01	Knees	Broken Out	1
F	04	01	Arms	Scuff	2
G	02	02	Head	Broken Off	1
H	01	02	Head	Fx windshield/Heir in Glass	1
I	10	02	Chest	Cracked + Scuffed	2
J	10	02	(L) Knee	Scuff	1
K	12	02	R Knee	"	1
L	11	02	(R) Lower Leg	Broken Out	1
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): _____

- (28) Left side window sill

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): _____
- (38) Right side window sill

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
- (9) Unknown

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
F I R S T	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

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

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic 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 automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable 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
F I R S T	Availability	4	0	4
	Use	04	00	04
	Failure Modes	1	0	1
S E C O N D	Availability	3	3	3
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (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
 (08) Other orientation (specify): _____
 (09) 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 attribute 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
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

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., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(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 or "seat back" failed specify: _____
- (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 _____

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (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 indication 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						

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

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 05
- (00) Occupant not seated or 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., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/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

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (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

30. Child Safety Seat Orientation 00
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight*
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) 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

31. Child Safety Seat Harness Usage 00
32. Child Safety Seat Shield Usage 00
33. Child Safety Seat Tether Usage 00
- Note: Options below applicable to Variables OA31-OA33.
- (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

PSU NUMBER 79
CASE NUMBER 205D
VEHICLE NUMBER 01
OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>79</u></p> <p>2. Case Number - Stratum <u>205D</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: <u>moved - no forwarding address</u></p> <p>_____</p> <p>Other Information: _____</p> <p>_____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>23</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>4</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>2</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>99</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	<u>99999</u>	---	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>05</u>
GV57. Driver's Race/Ethnic Origin	<u>9</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>34</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	<u>15</u>
OA07. Occupant's Height	<u>67</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>210</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	---	_____	_____	_____
OA18. Manual (Active) Belt System Use	<u>04</u>	<u>00</u>	_____	_____	_____

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	B <u>11</u>	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B <u>11</u>	___
<u>Official</u>			j. Private physician	B ___	___
a. Autopsy (invasive examination)	B ___	___	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___	k. Lay coroner	B ___	___
c. Admission record/summary or admission/discharge face sheet	B ___	___	l. EMS record	B ___	___
d. Discharge summary	B <u>11</u>	___	m. Interviewee	B ___	___
e. Operative report	B ___	___	n. Other source (specify):	B ___	B ___
f. Radiographic record(s) post ER visit	B ___	___	o. Police report	B <u>11</u>	B ___
g. History and physical examination and/or consultation records	B <u>11</u>	___	OAL14. Medical Facility Code	<u>30</u>	___
			OIL07. Date Official Medical Data Obtained	___	<u>92</u>

INJURY DATA CODED ON INITIAL SUBMISSION

	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. ___	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. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

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>F</u>	7. <u>S</u>	8. <u>A</u>	9. <u>I</u>	10. <u>1</u>	11. <u>22</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>N</u>	17. <u>P</u>	18. <u>T</u>	19. <u>M</u>	20. <u>1</u>	21. <u>22</u>	22. <u>2</u>	23. <u>2</u>	24. <u>00</u>
3rd	25. <u>3</u>	26. <u>B</u>	27. <u>S</u>	28. <u>T</u>	29. <u>M</u>	30. <u>1</u>	31. <u>06</u>	32. <u>2</u>	33. <u>2</u>	34. <u>00</u>
4th	35. <u>3</u>	36. <u>B</u>	37. <u>I</u>	38. <u>T</u>	39. <u>M</u>	40. <u>1</u>	41. <u>06</u>	42. <u>2</u>	43. <u>2</u>	44. <u>00</u>
5th	45. <u>3</u>	46. <u>C</u>	47. <u>R</u>	48. <u>C</u>	49. <u>S</u>	50. <u>1</u>	51. <u>06</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </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>

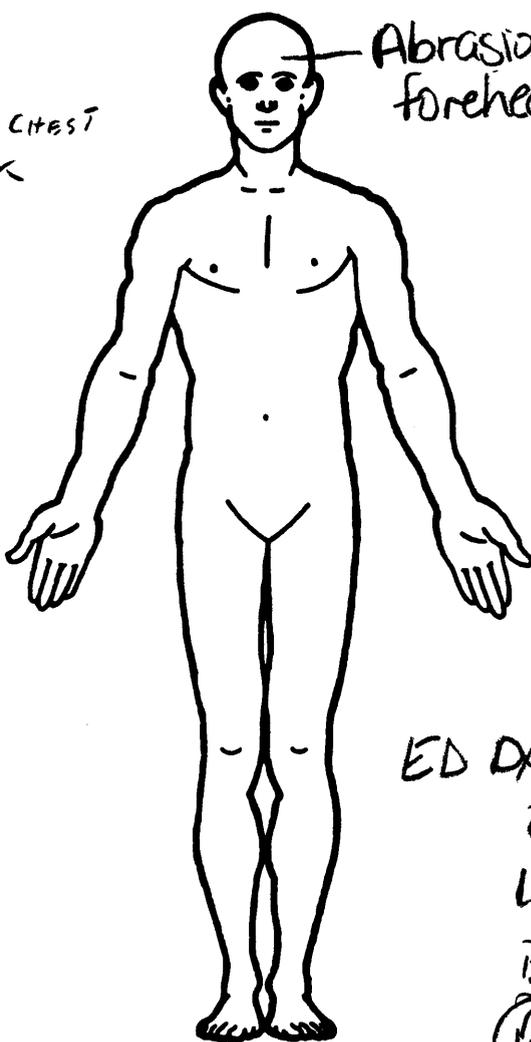
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

④ ETOH

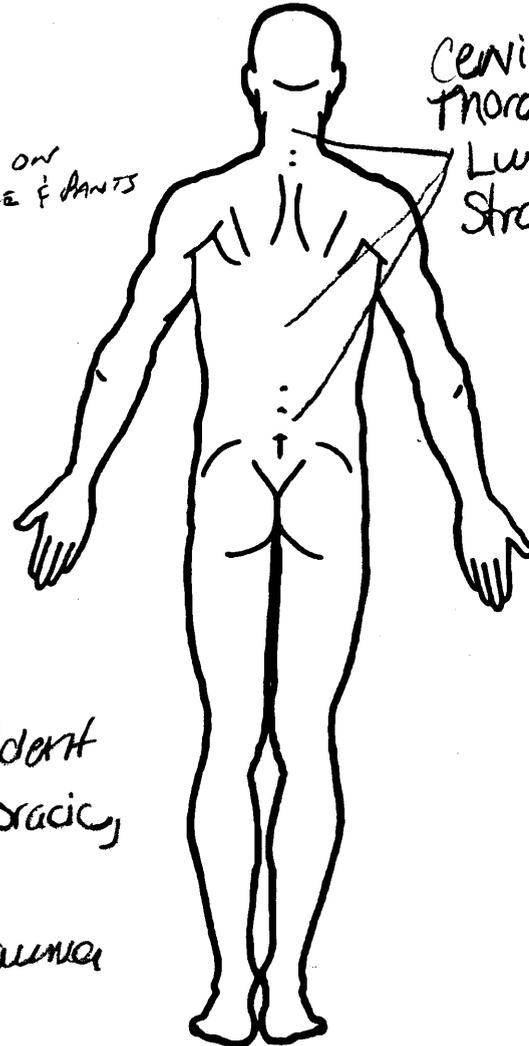
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

NO PAIN CHEST AND BACK



Abrasion (L) forehead (EN)

BROKEN GLASS ON PATIENTS' FACE & PANTS



Cervical, Thoracic + Lumbar Strain (ED)

ED DX: Traffic Accident
C cervical, thoracic, lumbar strain
Blunt Head Trauma
② Rib Contusion

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., 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): _____

- (28) Left side window sill

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): _____

- (38) Right side window sill

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): _____
- (93) Air bag exhaust gases
- (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
- (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

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = .23

Glasgow Coma Scale Score

GCSS = 15
A x O x V

Units of Blood Given

Units =

Arterial Blood Gases

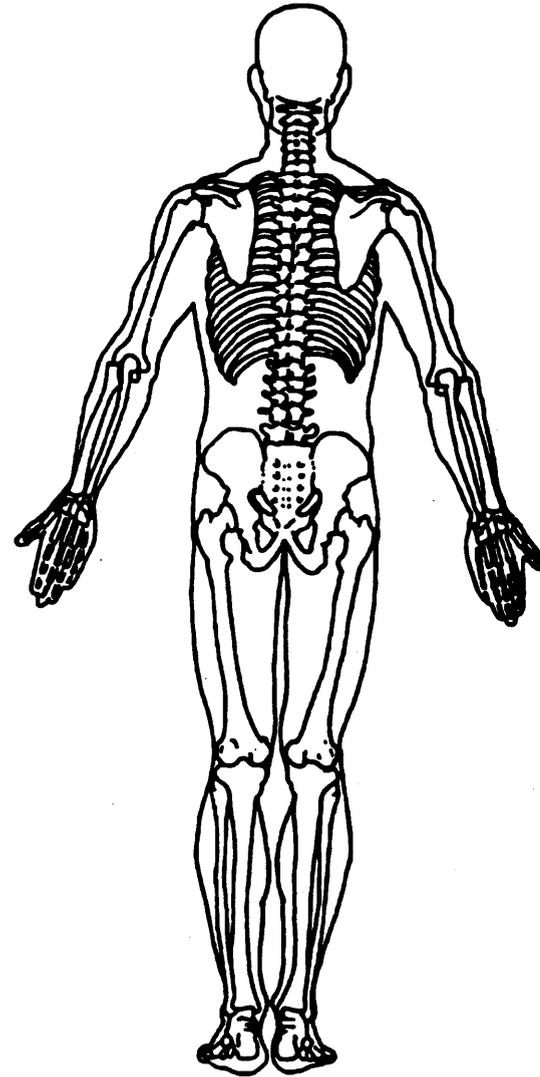
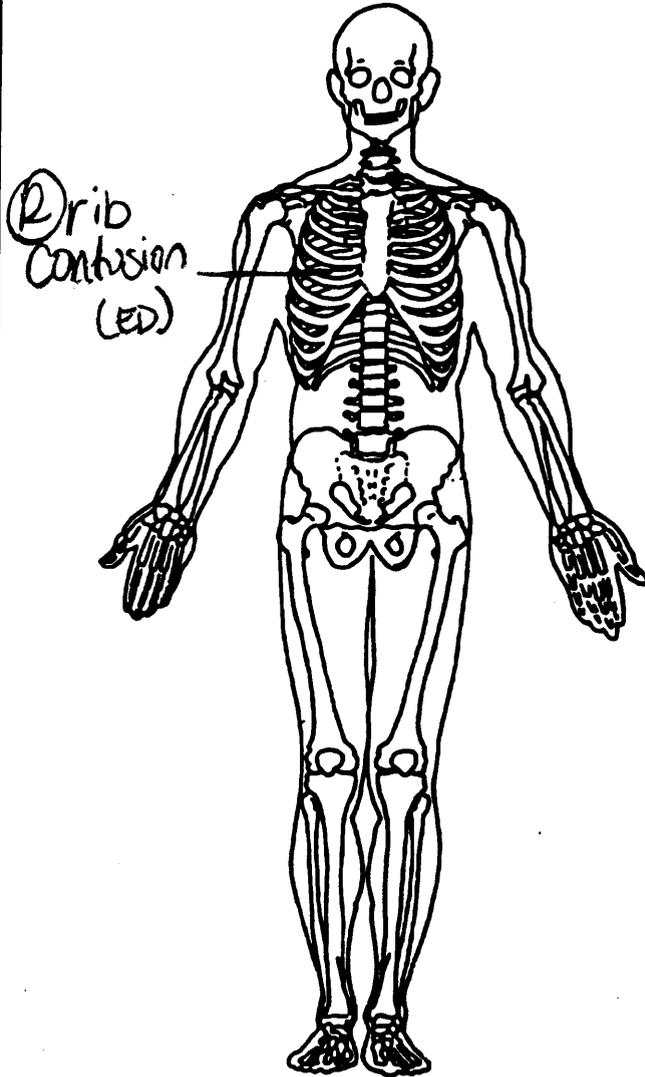
pH =

PO₂ =

PCO₂ =

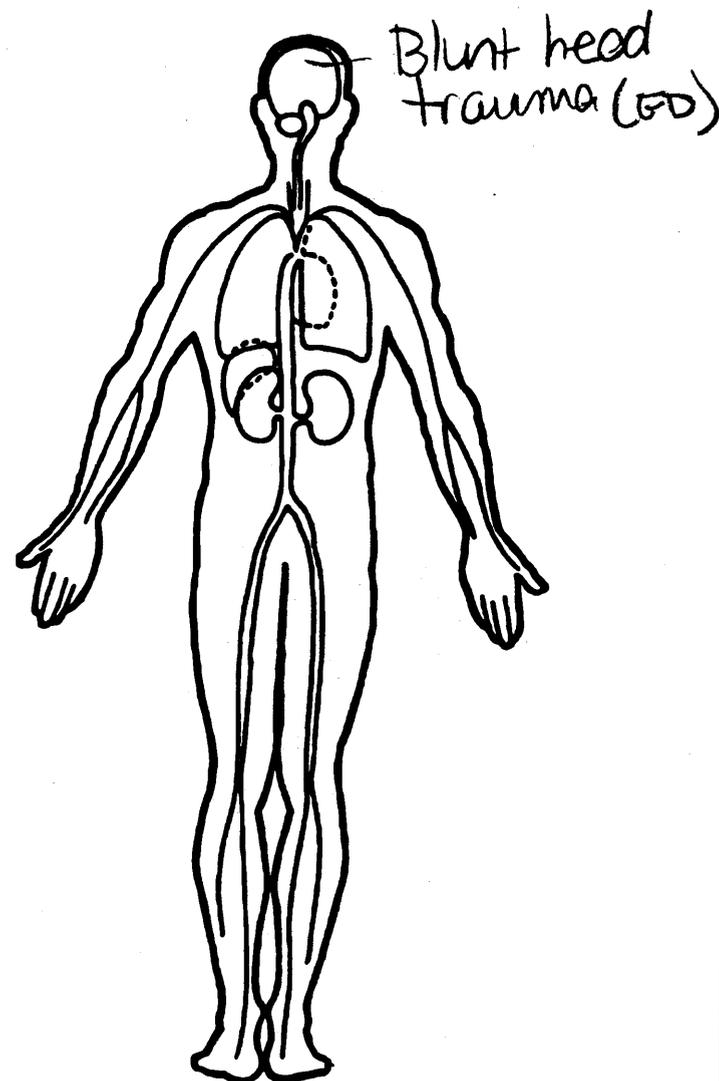
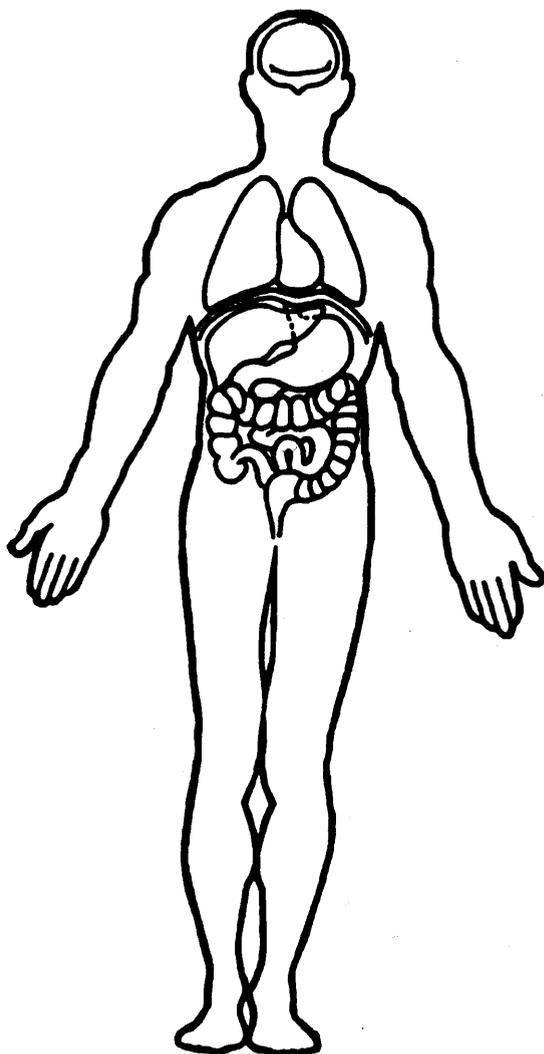
HCO₃ =

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.)



26. Seat Type (this Occupant Position) 05
- (00) Occupant not seated or 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., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/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

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (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

30. Child Safety Seat Orientation 00
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight*
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) 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

31. Child Safety Seat Harness Usage 00
32. Child Safety Seat Shield Usage 00
33. Child Safety Seat Tether Usage 00
- Note: Options below applicable to Variables OA31-OA33.
- (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

PSU NUMBER 79
CASE NUMBER 205D
VEHICLE NUMBER 01
OCCUPANT NUMBER 02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>29</u></p> <p>2. Case Number — Stratum <u>205D</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
---	---

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>23</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>4</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>2</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>99</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	<u>99999</u>	---	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	<u>05</u>
GV57. Driver's Race/Ethnic Origin	<u>9</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>28</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	<u>15</u>
OA07. Occupant's Height	<u>99</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>999</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	---			
OA18. Manual (Active) Belt System Use	<u>00</u>	---			

HASS Coding
1st Rev 3 A
2nd Rev 3

HASS Coding
1st Rev 3 A
2nd Rev 3

HASS Coding
1st Rev 3 A
2nd Rev 3

HASS Coding
1st Rev 3 A
2nd Rev 3

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	B <u>11</u>	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	B <u>11</u>	___
Official			j. Private physician	B ___	___
a. Autopsy (invasive examination)	B ___	___	Unofficial		
b. Post-ER medical record which includes information about death based on non-invasive examination	B ___	___	k. Lay coroner	B ___	___
c. Admission record/summary or admission/discharge face sheet	B ___	___	l. EMS record	B ___	___
d. Discharge summary	B ___	___	m. Interviewee	B ___	___
e. Operative report	B ___	___	n. Other source (specify):	B ___	B ___
f. Radiographic record(s) post ER visit	B ___	___	_____		
g. History and physical examination and/or consultation records	B ___	___	o. Police report	B <u>11</u>	B ___
			OAL14. Medical Facility Code	<u>30</u>	___
			OIL07. Date Official Medical Data Obtained	___	<u>92</u>

INJURY DATA CODED ON INITIAL SUBMISSION

	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. ___	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. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

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.

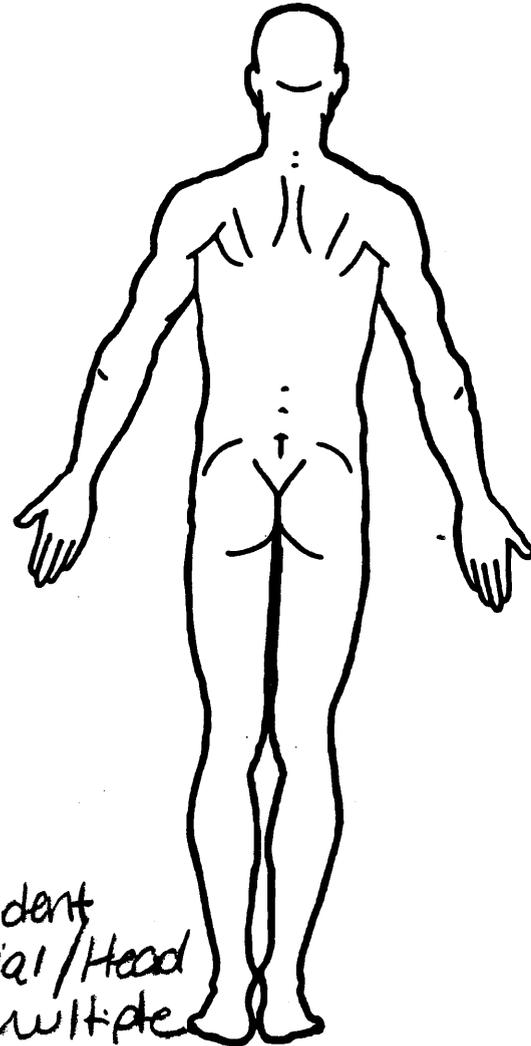
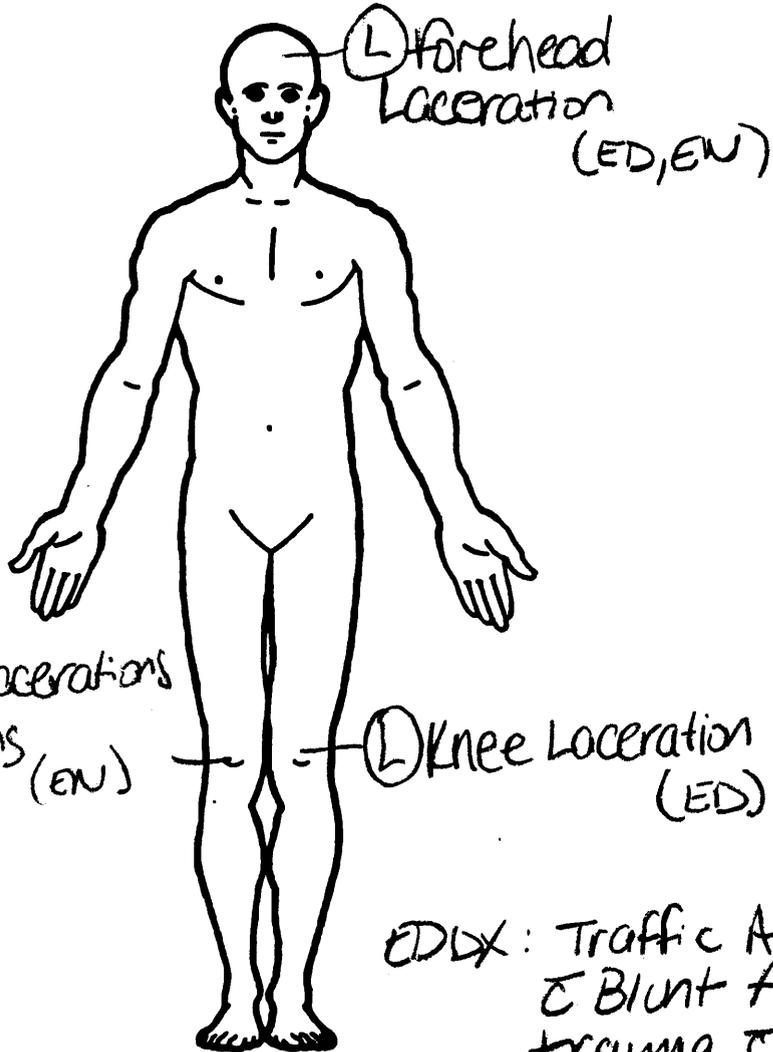
	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>3</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>1</u>	11. <u>01</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>F</u>	17. <u>S</u>	18. <u>L</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>K</u>	27. <u>L</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>10</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
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>11</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>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>11</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </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, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

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.)

40 HEADACHE



EDDX: Traffic Accident
τ Blunt facial/Head trauma τ multiple Abrasions

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., 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): _____

- (28) Left side window sill

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): _____

- (38) Right side window sill

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): _____
- (93) Air bag exhaust gases
- (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

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 limbs(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
- (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

Restrained?

No
 Yes

Blood Alcohol Level (mg/dl)

BAL = ___

Glasgow Coma Scale Score

GCSS = 15
A x O x 3

Units of Blood Given

Units = ___

Arterial Blood Gases

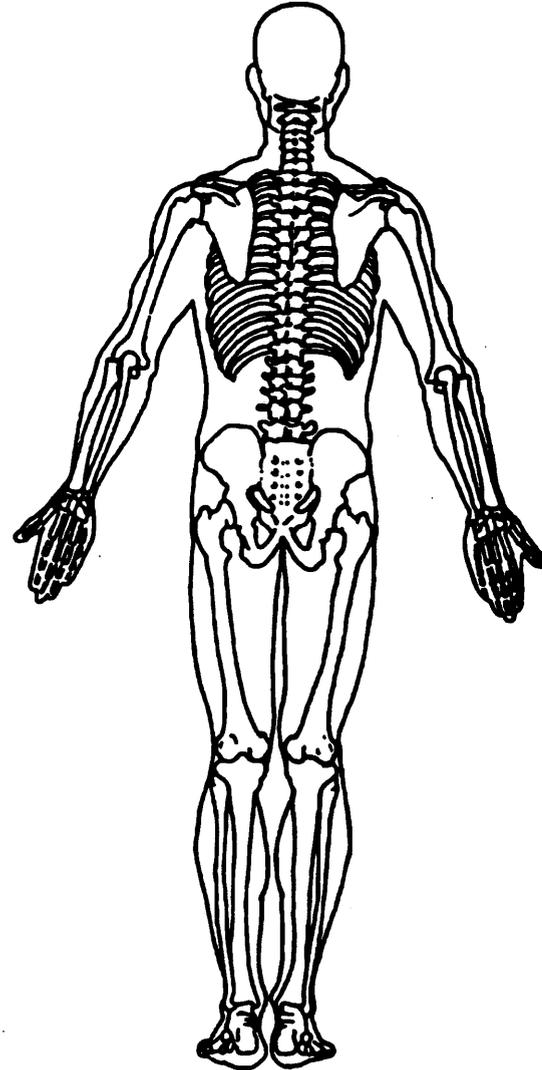
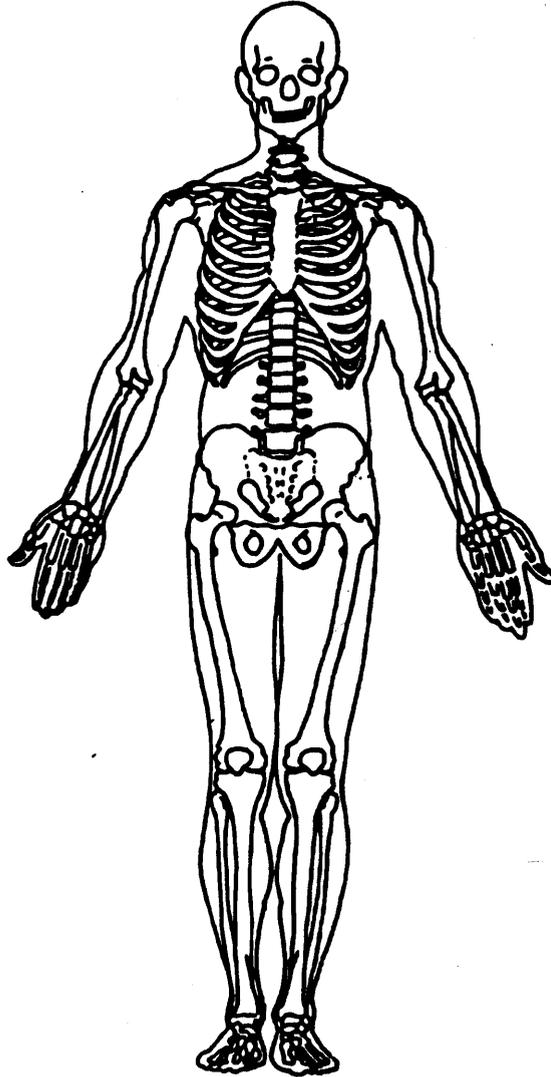
pH = ___

PO₂ = ___

PCO₂ ___

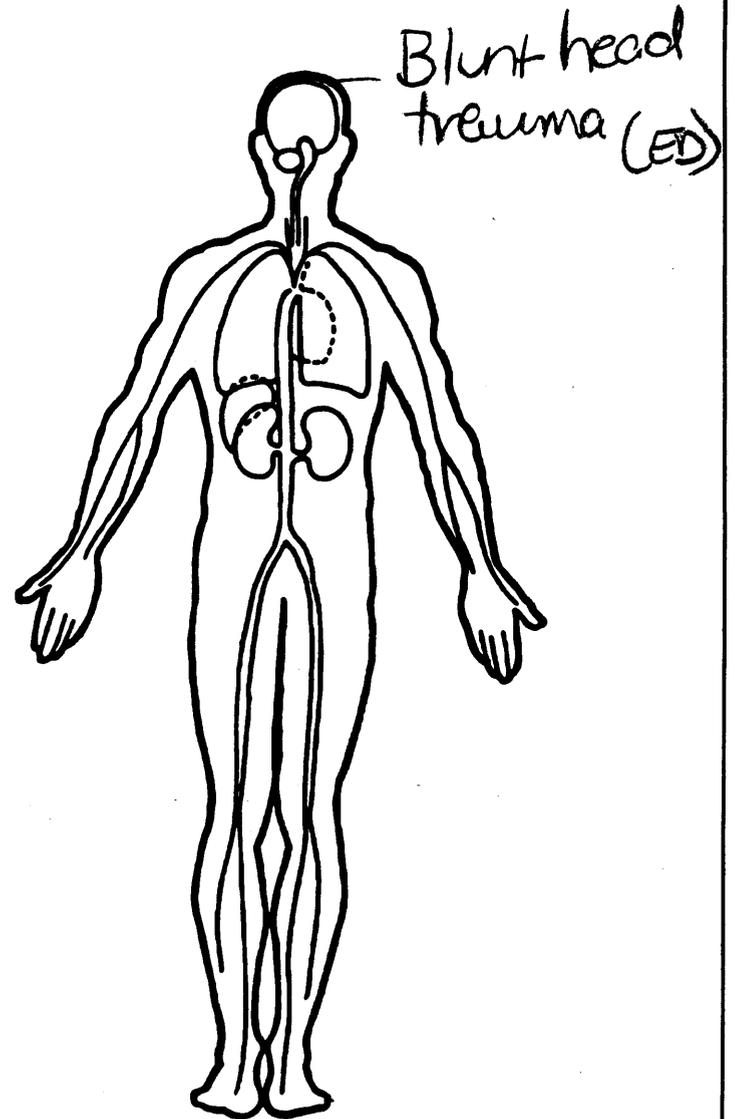
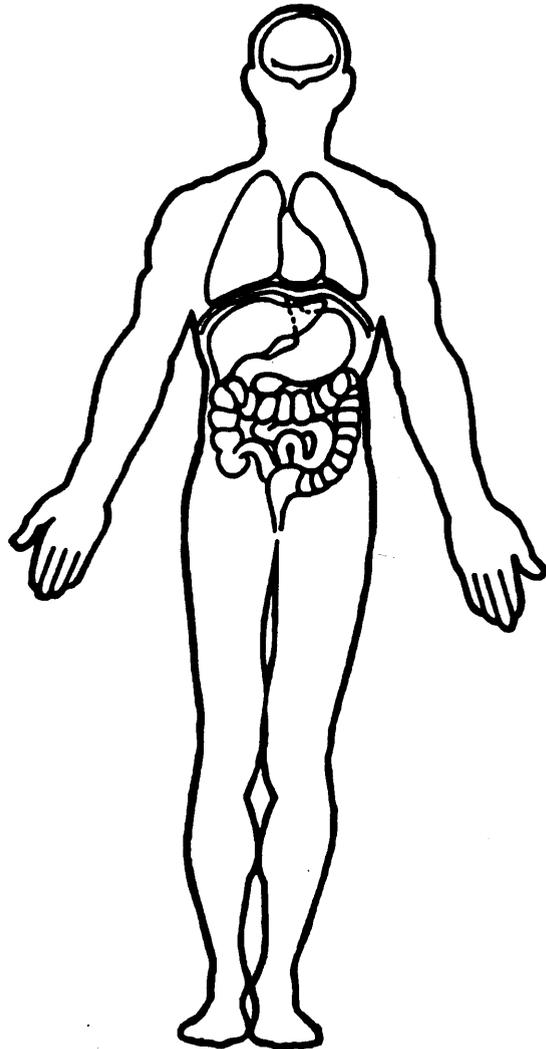
HCO₃ ___

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 RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 01

- 24. Rollover 1
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 02000
~~1985~~ Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

Source: _____

- 20. Vehicle Cargo Weight 0000
~~0~~ Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

 (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
- 23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

- 27. Heading Angle For This Vehicle 170
- 28. Heading Angle For Other Vehicle 080
~~080~~
 MASS Cong. Div.
 1st Rev 3 A
 2nd Rev 9 -

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 28, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 LATERAL MOVE	46 LATERAL MOVE	45 LATERAL MOVE	47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I. Sideswipe/Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 INITIAL SAME DIRECTIONS	72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	77 TURN INTO SAME DIRECTION	78 TURN INTO OPPOSITE DIRECTIONS	79 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 STRAIGHT PATHS	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

OTHER DATA

56. Driver's Zip Code _____

- (00000) Driver not present
- (00001) Driver not a resident of U.S. or territories
- 91335 Code actual 5-digit zip code
- (99999) Unknown

57. Driver's Race/Ethnic Origin 3

- (0) Driver not present
- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic) - Persian
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (8) Other (specify): _____
- (9) Unknown

58. Vehicle Special Use (This Trip) 0

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Hearse
- (8) Fire truck or car
- (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 3

- (0) No rollover
- (1) Trip-over
- (2) Flip-over
- (3) Turn-over ✓
- (4) Climb-over
- (5) Fall-over
- (6) Bounce-over
- (7) Collision with another vehicle
- (8) Other rollover initiation type specify): _____
- (9) Unknown rollover initiation type

60. Location of Rollover Initiation 1

- (0) No rollover
- (1) On roadway
- (2) On shoulder - paved
- (3) On shoulder - unpaved
- (4) On roadside or divided trafficway median
- (9) Unknown

61. Rollover Initiation Object Contacted 3 1

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 8

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify): _____
- (8) Non-contact rollover forces (specify): gravitational forces
- (9) Unknown

63. Direction of Initial Roll 1

- (0) No rollover
- (1) Roll right - primarily about the longitudinal axis
- (2) Roll left - primarily about the longitudinal axis
- (5) End-over-end (i.e., primarily about the lateral axis)
- (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1

- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (98) No driver present
- (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
 (01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
 (33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 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 (\leq 4 inches in diameter)
 (51) Pole or post ($>$ 4 inches but \leq 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 (includes guardrail)
 (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
 (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



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	<u>74</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>205D</u>		

VEHICLE IDENTIFICATION

VIN JT2AL32H1D0 Model Year 83
 Vehicle Make (specify): Toyota Vehicle Model (specify): Tercel 4-door

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
01	Req R Front Bumper Corner Rearward	(R) Side - Req. R Front Bumper Corner
02	side Slap	
05	Impact w/ curb = (R) Front Tire	(06) Roll 1/4 turn on (R) Side

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

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.

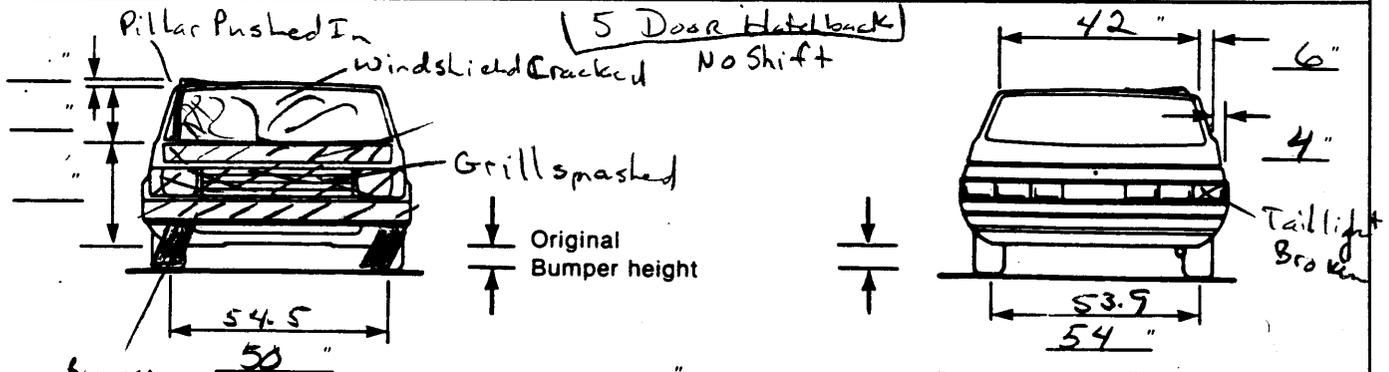
Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01*	Mid to Low Door Max Crush	63"	11.0	(149)	.75	0	3	8	7.5	.75	47.5
	Free Space		0	*	.75	0	0	0	0	.75	
			11.0	118.5	0	0	3	8	7.5	0	
			bet. C4 + C5								
01+02 - Damage Overlapped (side slap)											
05	(R) Front wheel/tire impact with curb										
06	Roll over 1/4 turn										
	* Stands Set 30" Left of Center										

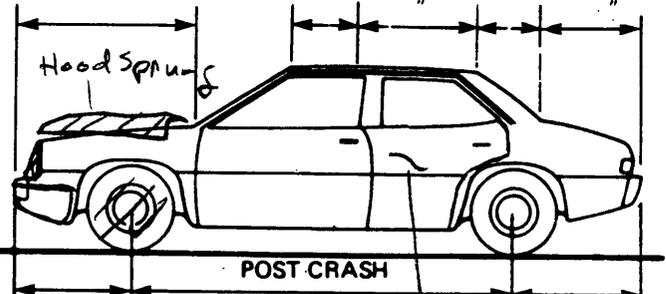
* NEW FIELD-L REFLECTS DAMAGE FROM RF BUMPER CORNER TO RIGHT REAR AXLE. CRUSH VALUES NOT CHANGED.

VEHICLE DAMAGE SKETCH

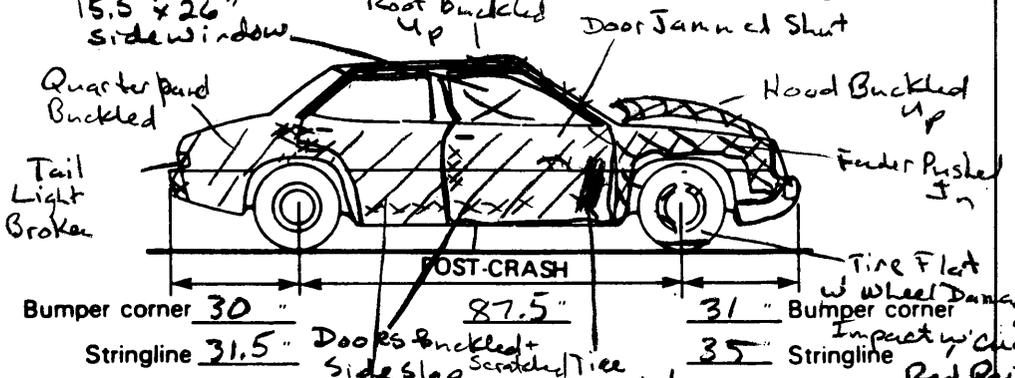
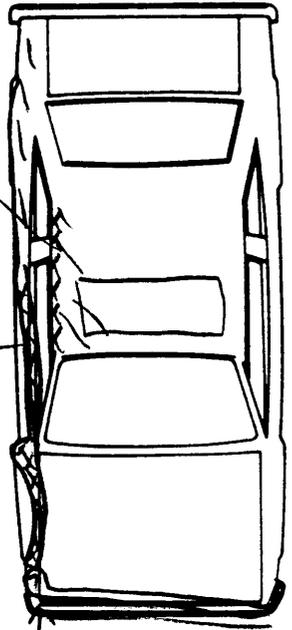
<p>TIRE—WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>95.7"</u></p> <p>Overall Length <u>158.7"</u></p> <p>Maximum Width <u>63.6"</u></p> <p>Curb Weight <u>1985 lbs</u></p> <p>Average Track <u>54.2"</u></p> <p>Front Overhang <u>31.5"</u></p> <p>Rear Overhang <u>31.5"</u></p> <p>Engine Size: cyl./displ. <u>4cy 1.5/1.8 88.6cc</u></p> <p>Undeformed End Width <u>60"</u></p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>6</u>° LF ± <u>0</u>° RR ± <u>0</u>° LR ± <u>0</u>°</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p>	
		<p>Approximate Cargo Weight <u>∅</u></p>



Bumper Twisted
Suspension Broken



POST CRASH
Bumper corner 30" 95.5" Scratch In Door 31.5" Bumper corner
Stringline 32" 33" Stringline
15.5" x 26" side window



POST-CRASH
Bumper corner 30" 87.5" 31" Bumper corner
Stringline 31.5" Doors Buckled + Side Slap 35" Stringline
Scratched Tire Imprint Red Print

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 sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Pulled In

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 79
 2. Case Number - Stratum 205D
 3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06
 (00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (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 1 8. RR 3 9. TG/H 1

- (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 6 18. LR 0 19. RR 0
 20. BL 0 21. Roof 8 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 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 IV31 Through IV46 As 0

Type of Window/Windshield Glazing

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

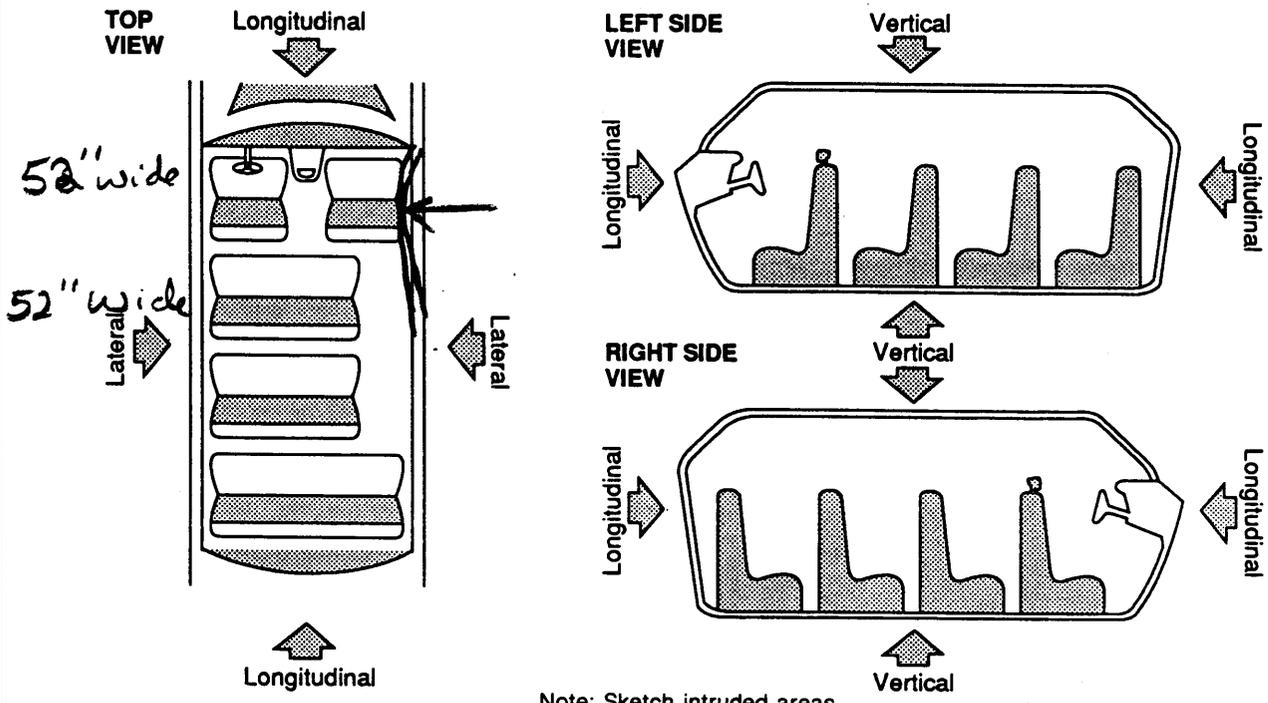
- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 2 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 WORKSHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION	
13	A Pillar 06	25	18	7"	Lat	6
"	side Panel 27	27	18	9"	Lat	4
"	side Panel 28	27	14	13"	"	1
"	Inst. Panel 04	26	16	10"	"	2
"	sill 17	27	17	10"	"	3
"	Seat Cushion 24	23.5	18	5.5"	"	7
23	B Pillar 07	25	21	4	"	9
13	Window Frame 16	27	19	8	"	5
23	side Panel 28	27	22	5	"	8
13	Roof Side Rail 13	21	18.5	2.5	"	10
23	13	21	21	0		
		-	-	=		
		-	-	=		
		-	-	=		
		-	-	=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1 3</u>	48. <u>2 8</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>1 3</u>	52. <u>0 4</u>	53. <u>3</u>	54. <u>3</u>
3rd	55. <u>1 3</u>	56. <u>1 7</u>	57. <u>3</u>	58. <u>3</u>
4th	59. <u>1 3</u>	60. <u>2 7</u>	61. <u>3</u>	62. <u>3</u>
5th	63. <u>1 3</u>	64. <u>1 6</u>	65. <u>3</u>	66. <u>3</u>
6th	67. <u>1 3</u>	68. <u>0 6</u>	69. <u>3</u>	70. <u>3</u>
7th	71. <u>1 3</u>	72. <u>2 4</u>	73. <u>2</u>	74. <u>3</u>
8th	75. <u>2 3</u>	76. <u>2 8</u>	77. <u>2</u>	78. <u>3</u>
9th	79. <u>2 3</u>	80. <u>0 7</u>	81. <u>2</u>	82. <u>3</u>
10th	83. <u>1 3</u>	84. <u>1 3</u>	85. <u>1</u>	86. <u>3</u>

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 (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (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 door/panel (e.g., tailgate)
- (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 this 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

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

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 RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGE 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

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

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 0 0
 (00) No steering rim deformation

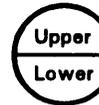
Quarter Sections

- (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 138,000
138,478 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: Veh Insp./Odometer

95. Instrument Panel Damage from Occupant Contact? 0
 (0) No
 (1) Yes
 (9) Unknown

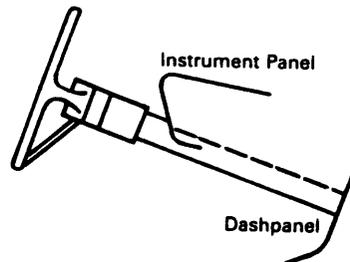
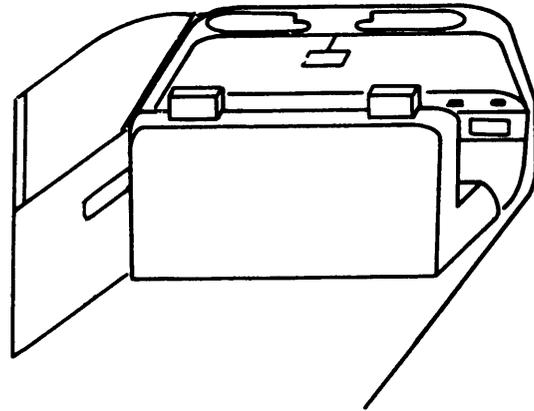
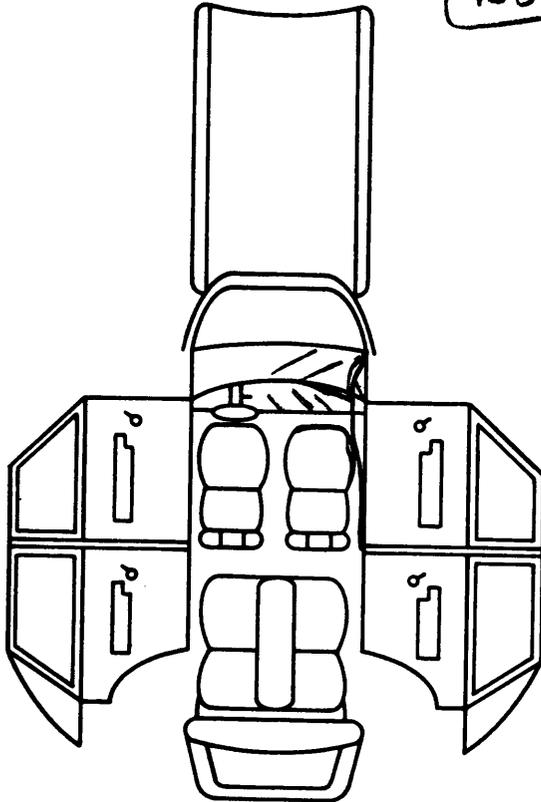
96. Knee Bolsters Deformed from Occupant Contact? 8
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

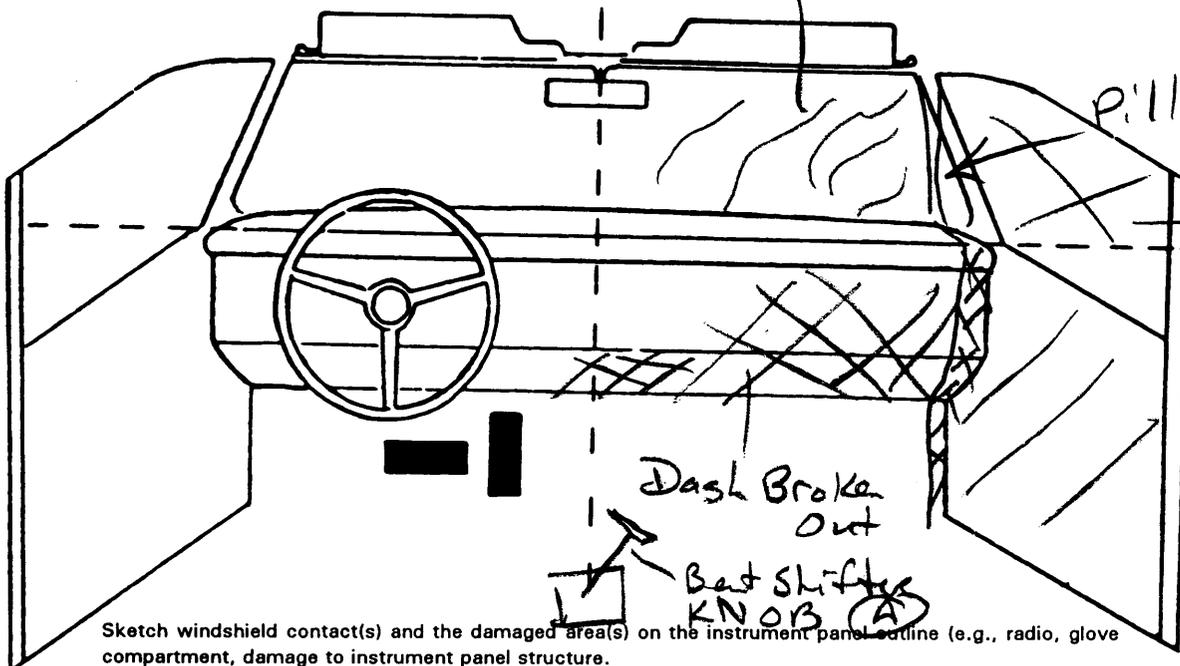
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

Occupant said
No Contacts



windshield Cracked



Pillar Pushed
Left
Window
Gone

Dash Broken
Out

Gear Shifter
KNOB (A)

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	57	01	Ⓜ Hip	Bent Transmission Lever	3
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

NAME
per Driver

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): _____
- (28) Left side window sill

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): _____
- (38) Right side window sill

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
- (9) Unknown

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
F I R S T	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

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

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic 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 automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable 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	03	03	03
	Failure Modes	1	1	1
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (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
- (08) Other orientation (specify):

- (09) 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 attribute 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	1
	Seat Type	01	00	01
	Seat Performance	1	0	6
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

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., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (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 or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): R Side Door
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (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 indication 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
- (1) 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)

26. Seat Type (this Occupant Position) 01
- (00) Occupant not seated or 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., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/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

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (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

30. Child Safety Seat Orientation 00
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight*
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) 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

31. Child Safety Seat Harness Usage 00
32. Child Safety Seat Shield Usage 00
33. Child Safety Seat Tether Usage 00
- Note: Options below applicable to Variables OA31-OA33.
- (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

PSU NUMBER 79
CASE NUMBER 205D
VEHICLE NUMBER 02
OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>79</u></p> <p>2. Case Number — Stratum <u>205D</u></p> <p>3. Vehicle Number <u>02</u></p> <p>4. Occupant Number <u>01</u></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Other Information: _____</p> <p>_____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>0</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>00</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>60</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	-----	---	OA43. Number of Recorded Injuries for This Occupant	<u>97</u>	---
GV57. Driver's Race/Ethnic Origin	---	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>25</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>97</u>	---
OA07. Occupant's Height	<u>70</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	---
OA08. Occupant's Weight	<u>160</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>97</u>	---
OA17. Manual (Active) Belt System Availability	<u>4</u>	---	_____	---	---
OA18. Manual (Active) Belt System Use	<u>04</u>	---	_____	---	---

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	<u>0</u>	___	h. Emergency room records	<u>B</u>	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	<u>B</u>	___
Official			j. Private physician	<u>B</u>	___
a. Autopsy (invasive examination)	<u>B</u>	___	Unofficial		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	___	k. Lay coroner	<u>B</u>	___
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	___	l. EMS record	<u>B</u>	___
d. Discharge summary	<u>B</u>	___	m. Interviewee	<u>B</u>	<u>1/1</u>
e. Operative report	<u>B</u>	___	n. Other source (specify):	<u>B</u>	<u>B</u>
f. Radiographic record(s) post ER visit	<u>B</u>	___	_____	<u>B</u>	<u>1/1</u>
g. History and physical examination and/or consultation records	<u>B</u>	___	o. Police report	<u>B</u>	<u>1/1</u>
			OAL14. Medical Facility Code	___	___
			OIL07. Date Official Medical Data Obtained	___/___/___	___/___/___

INJURY DATA CODED ON INITIAL SUBMISSION

	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. ___	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. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

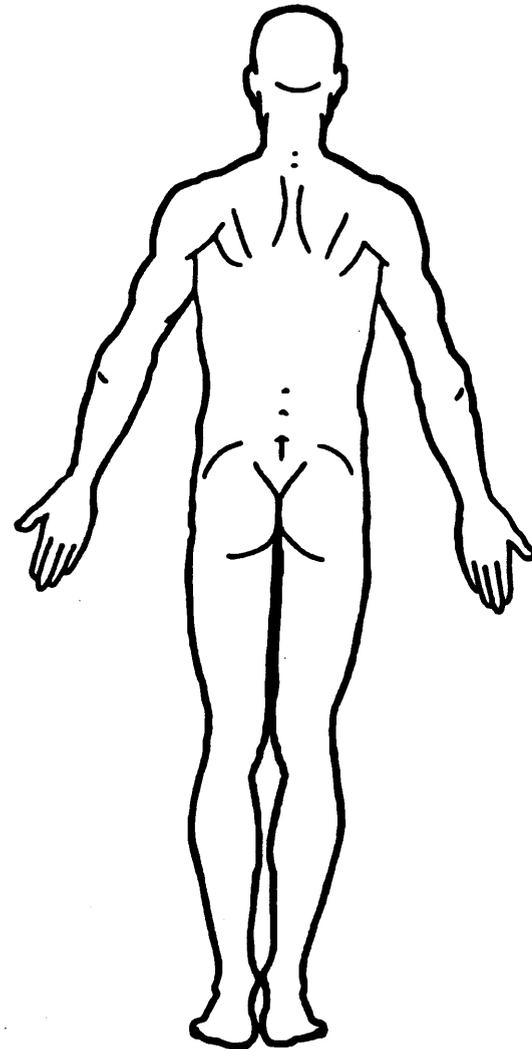
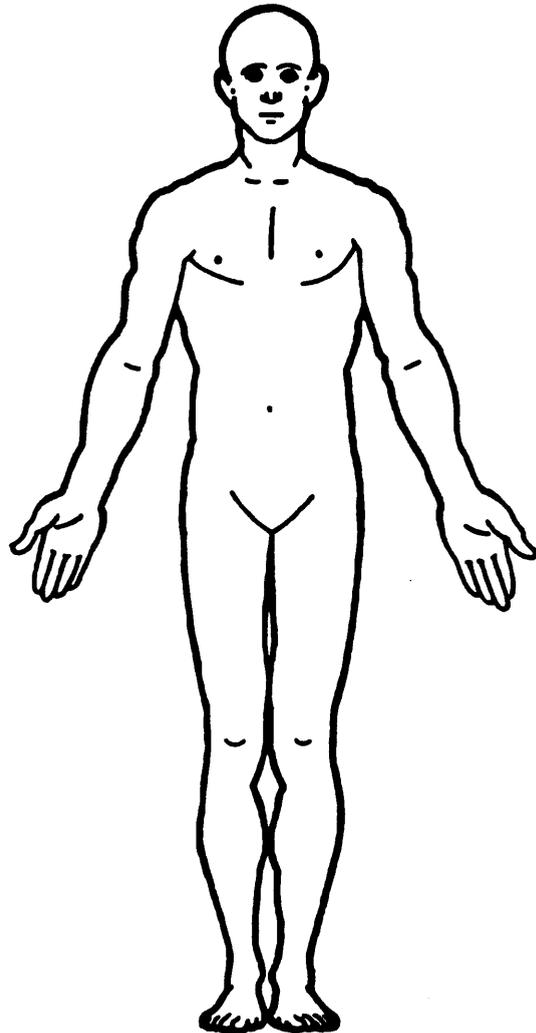
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the 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>W</u>	7. <u>R</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>04</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>C</u>	17. <u>ILC</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>41</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>N</u>	27. <u>P</u>	28. <u>T</u>	29. <u>M</u>	30. <u>1</u>	31. <u>92</u>	32. <u>1</u>	33. <u>3</u>	34. <u>00</u>
4th	35. <u>7</u>	36. <u>C</u>	37. <u>R</u>	38. <u>C</u>	39. <u>S</u>	40. <u>1</u>	41. <u>41</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>7</u>	46. <u>M</u>	47. <u>I</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>41</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </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, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

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 (e.g., 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) Interviewees
- (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): _____
- (28) Left side window sill

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): _____
- (38) Right side window sill

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): IMPACT FORCE
- (93) Air bag exhaust gases
- (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	Aspect of Injury	System/Organ	Abbreviated Injury Scale
(M) Abdomen	(A) Anterior—front	(F) Fracture	(L) Liver
(Q) Ankle—foot	(B) Bilateral (rib fracture only)	(Z) Fracture and dislocation	(M) Muscles
(A) Arm (upper)	(C) Central	(U) Injured, unknown lesion	(N) Nervous system
(B) Back-thoracolumbar spine	(I) Inferior—lower	(L) Laceration	(P) Pulmonary—lungs
(C) Chest	(U) Injured, unknown aspect	(O) Other	(R) Respiratory
(E) Elbow	(L) Left	(P) Perforation, puncture	(S) Skeletal
(F) Face	(P) Posterior—back	(R) Rupture	(C) Spinal cord
(R) Forearm	(R) Right	(S) Sprain	(Q) Spleen
(H) Head—skull	(S) Superior—upper	(T) Strain	(T) Thyroid, other endocrine gland
(U) Injured, unknown region	(W) Whole region	(E) Total severance, transection	(V) Vertebrae
(K) Knee			
(L) Leg (lower)	Lesion	System/Organ	Abbreviated Injury Scale
(Y) Lower limbs(s) (whole or unknown part)	(A) Abrasion	(W) All systems in region	(1) Minor injury
(N) Neck—cervical spine	(M) Amputation	(A) Arteries—veins	(2) Moderate injury
(P) Pelvic—hip	(V) Avulsion	(B) Brain	(3) Serious injury
(S) Shoulder	(B) Burn	(D) Digestive	(4) Severe injury
(T) Thigh	(K) Concussion	(E) Ears	(5) Critical injury
(X) Upper limb(s) (whole or unknown part)	(C) Contusion	(O) Eye	(6) Maximum (untreatable)
(O) Whole body	(N) Crush	(H) Heart	(7) Injured, unknown severity
(W) Wrist—hand	(G) Detachment, separation	(U) Injured, unknown system	
	(D) Dislocation	(I) Integumentary	
		(J) Joints	
		(K) Kidneys	

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Aterial Blood
Gases

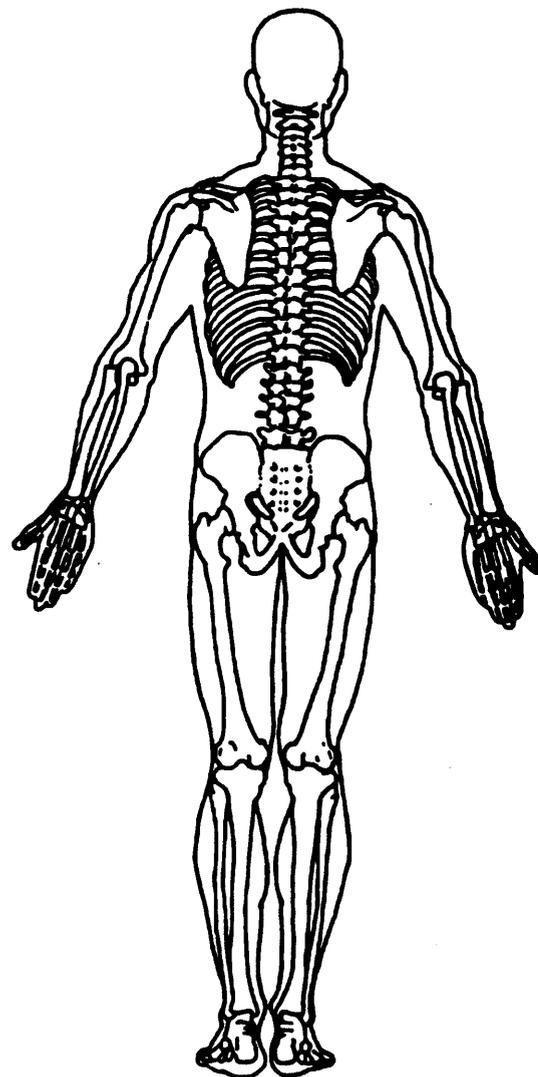
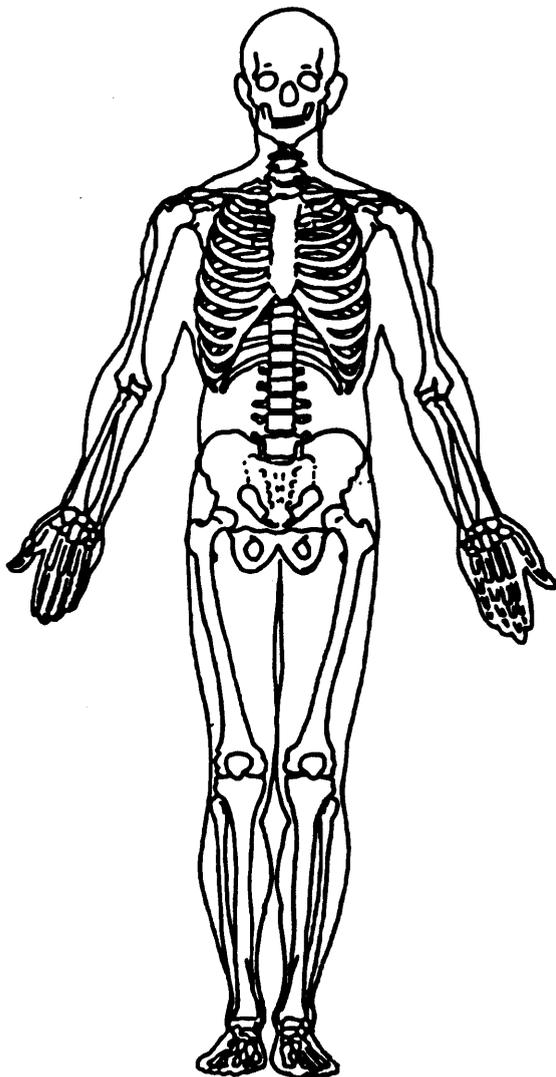
pH = _____

PO₂ = _____

PCO₂ _____

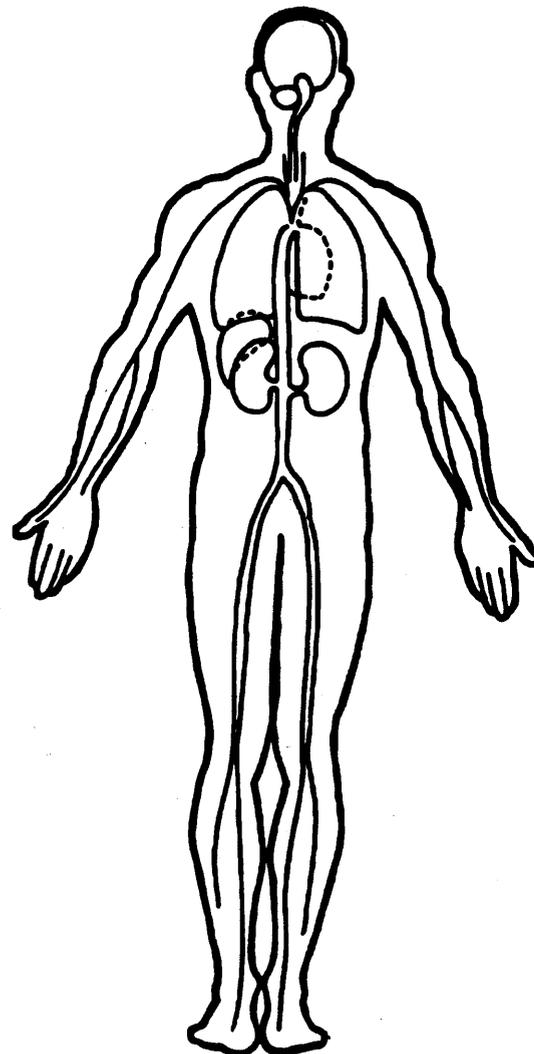
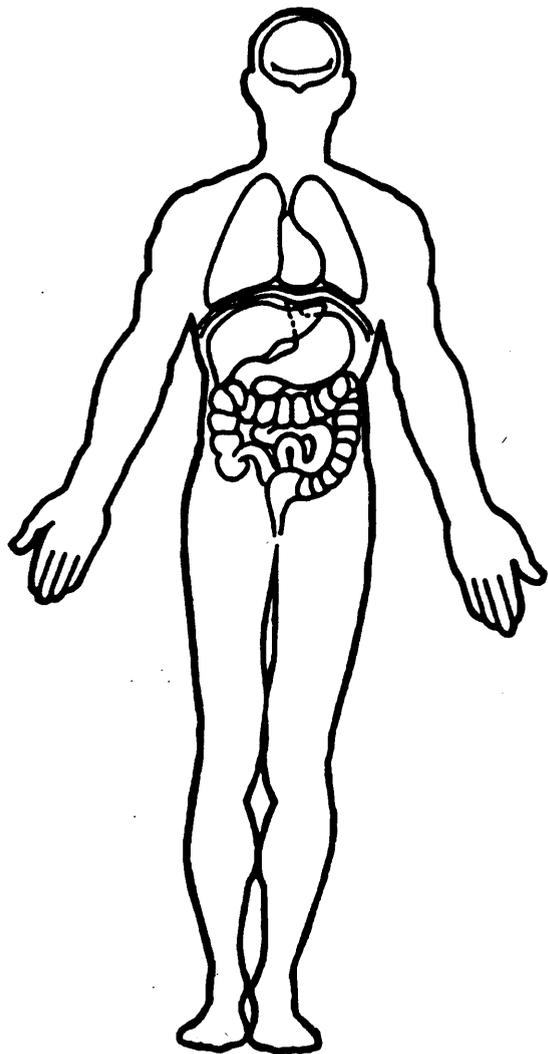
HCO₃ _____

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>79</u> Primary Sampling Unit	<u>2050</u> Case No. - Stratum	<u>01</u> Accident Event Sequence No.	<u>93</u> Date (month, day, year) of Run
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CRASHPC Vehicle Identification				
Vehicle 1	<u>1976</u> Year	<u>Ford</u> Make	<u>Granada 2door</u> Model	<u>01</u> NASS Veh. No.
Vehicle 2	<u>1983</u> Year	<u>Toyota</u> Make	<u>Tercel 4door</u> Model	<u>02</u> NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1				VEHICLE 2			
Size	<u>381</u>			Size	<u>2</u>		
Weight	<u>3500</u> + <u>380</u> + <u>0</u> = <u>3880</u>			Weight	<u>1985</u> + <u>160</u> + <u>0</u> = <u>2145</u>		
	Curb	Occupant(s)	Cargo		Curb	Occupant(s)	Cargo
CDC		<u>10</u>	<u>FLEE 1</u>	CDC		<u>02</u>	<u>RYEW 3</u>
PDOF		<u>-50</u>	<u>-035</u>	PDOF		<u>060</u>	
Stiffness			<u>3</u>	Stiffness			<u>2</u>

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

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

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1		VEHICLE 2	
Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End-of-Skidding Position		End-of-Skidding Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path		Point on Path	
X	_____	X	_____
Y	_____	Y	_____
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

National Accident Sampling System—Crashworthiness Data System:CrashPC Program Summary

FRICTION INFORMATION	TRAJECTORY INFORMATION
Coefficient of Friction . _____ Rolling Resistance Option _____ Vehicle 1 Rolling Resistance LF _____ RF _____ LR _____ RR _____ Vehicle 2 Rolling Resistance LF _____ RF _____ LR _____ RR _____	Trajectory Data <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If No, Go To Damage Information</i>
	Vehicle 1 Steer Angles LF _____ RF _____ LR _____ RR _____ Vehicle 2 Steer Angles LF _____ RF _____ LR _____ RR _____
	Terrain Boundary <input type="checkbox"/> No <input type="checkbox"/> Yes
	First Point X _____ . _____ Y _____ . _____ Second Point X _____ . _____ Y _____ . _____ Secondary Friction Coefficient . _____

DAMAGE INFORMATION			
	VEHICLE 1		VEHICLE 2 ¹¹⁹
Damage Length	<u>072.00</u>	Damage Length	<u>149.00</u>
Crush Depths	C1 <u>10.50</u>	Crush Depths	C1 <u>0.00</u>
	C2 <u>09.40</u>		C2 <u>0.00</u>
	C3 <u>09.00</u>		C3 <u>03.00</u>
	C4 <u>09.00</u>		C4 <u>08.00</u>
	C5 <u>08.00</u>		C5 <u>07.50</u>
	C6 <u>00.00</u>		C6 <u>00.00</u>
Damage Offset	<u>029.00</u>	Damage Offset	<u>047.50</u>

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

Model Year: _____
 Make: _____
 Model: _____
 VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

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

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

79-205D rerun Z03 1-28-93

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #1	12.1	-7.8	9.3	-50.0
	VEH #2	21.9	-11.0	-19.0	60.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 65821.8 FT-LB VEH#2: 18889.4 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3881.0 LBS.
 CDC-----10FLEE1
 L----- 72.0 IN.
 C1----- 10.5 IN.
 C2----- 9.4 IN.
 C3----- 9.0 IN.
 C4----- 9.0 IN.
 C5----- 8.0 IN.
 C6----- .0 IN.
 D----- -29.0
 RHO----- 1.00 *
 ANG----- -50.0 DEG.
 D'----- -33.8 IN.

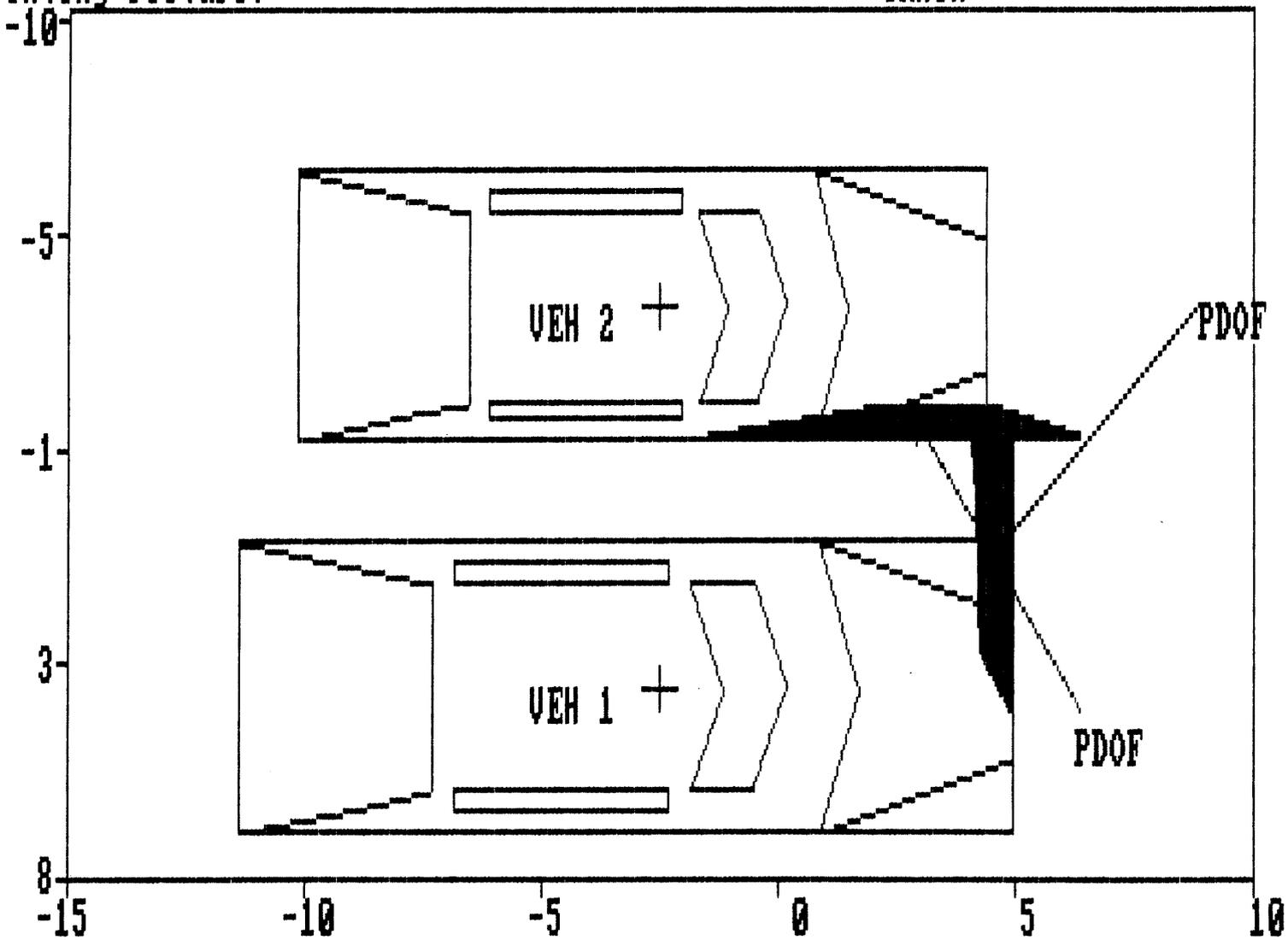
TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 2
 WEIGHT----- 2145.0 LBS.
 CDC-----02RYEW3
 L----- 119.0 IN.
 C1----- .0 IN.
 C2----- .0 IN.
 C3----- 3.0 IN.
 C4----- 8.0 IN.
 C5----- 7.5 IN.
 C6----- .0 IN.
 D----- 47.5
 RHO----- 1.00 *
 ANG----- 60.0 DEG.
 D'----- 65.2 IN.

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	=	33542.5	LB-SEC**2-IN	I2	=	16458.4	LB-SEC**2-IN
M1	=	10.091	LB-SEC**2/IN	M2	=	5.577	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

Estimation of PDOFs From At Impact Heading Angles, Slip, and Momentum

Case Number: 205D

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	80	170	
CG Heading Angle	80	170	
CRASH 3 Slip Angle	0	0	
Weight-Vehicle Curb Wt	3500	1985	
Weight-Occupant(s)	382	160	
Weight-Cargo	0	0	
Weight-Total	3882	2145	
Estimated Speed	35	45	
Momentum*(22mi/hr/sec)	135870	96525	
PDOF (Degrees)	-35	55	
PDOF (Clock Direction)	11	2	91 STM

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	2
STIFFNESS CATEGORY	3	2
VEHICLE WEIGHT	1761 KGS (3882 LBS)	973 KGS (2145 LBS)
CDC	11FLEE1	02RYEW3
PDOF ANGLE	-35 DEGREES	60 DEGREES
CRUSH LENGTH	183 CM. (72 IN.)	378 CM. (149 IN.)
C1	27 CM. (11 IN.)	0 CM. (0 IN.)
C2	24 CM. (9 IN.)	0 CM. (0 IN.)
C3	23 CM. (9 IN.)	8 CM. (3 IN.)
C4	23 CM. (9 IN.)	20 CM. (8 IN.)
C5	20 CM. (8 IN.)	19 CM. (8 IN.)
C6	0 CM. (0 IN.)	0 CM. (0 IN.)
D	-74 CM. (-29 IN.)	121 CM. (48 IN.)
D'	-86 CM. (-34 IN.)	177 CM. (70 IN.)

(* INDICATES DEFAULT VALUE)

SUMMARY OF CRASHPC RESULTS USING DAMAGE

case 205D damage only crash run 1-07-93

SPEED CHANGE
(DAMAGE)

VEHICLE #1

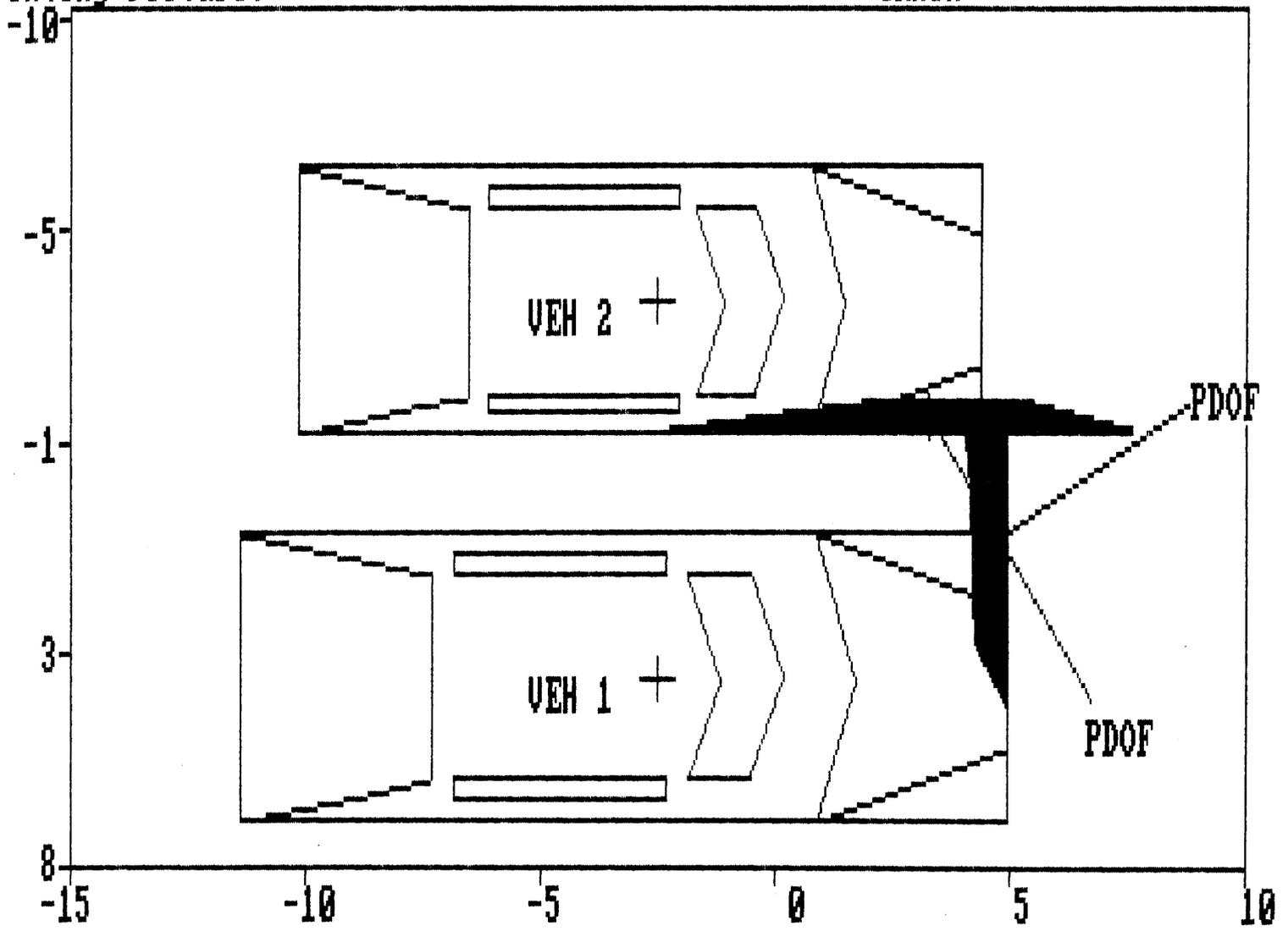
TOTAL 19 KPH (12 MPH)
LONGITUDINAL -15 KPH (-9 MPH)
LATITUDINAL 11 KPH (7 MPH)
PDOF ANGLE -35 DEGREES
ENERGY DISSIPATED = 66507 JOULES (49047 FT-LB)

VEHICLE #2

TOTAL 34 KPH (21 MPH)
LONGITUDINAL -17 KPH (-10 MPH)
LATITUDINAL -29 KPH (-18 MPH)
PDOF ANGLE 60 DEGREES
ENERGY DISSIPATED = 32071 JOULES (23651 FT-LB)

Printing Picture:

CRASH



DAMAGE DESCRIPTION

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	130 CM. (51 IN.)	118 CM. (46 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	127 CM. (50 IN.)
TRACK	150 CM. (59 IN.)	139 CM. (55 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	212 CM. (83 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-233 CM. (-92 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	85 CM. (34 IN.)
MOMENT OF INERTIA	15219 KGS (33551 LBS)	7466 KGS (16458 LBS)
VEHICLE MASS	5 KGS (10 LBS)	3 KGS (6 LBS)

PSU79	1992 ACCIDENT FORM
CASE 205D	

IDENTIFICATION

3. Number of General Vehicle Forms Submitted	02
4. Date of Accident (Month, Day, Year)	92
5. Time of Accident (military time)	0040

SPECIAL STUDIES INDICATORS

6. SS12 0	7. SS13 0	8. SS14 0	9. SS15 0	10. SS16 0
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NUMBER OF EVENTS

11. Number of Recorded Events in This Accident	05
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PSU79
CASE 205D

1992 ACCIDENT FORM

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. 04	015. F	016. 02	017. 01	018. R
019. 02	020. 01	021. 04	022. L	023. 02	024. 01	025. R
026. 03	027. 01	028. 04	029. B	030. 63	031. 00	032. 0
033. 04	034. 01	035. 04	036. U	037. 63	038. 00	039. 0
040. 05	041. 02	042. 01	043. F	044. 63	045. 00	046. 0
047. 06	048. 02	049. 01	050. R	051. 31	052. 00	053. N

011

INTRA ERRORS

01***** NO ERRORS *****

00

1 National Accident Sampling System

PSU79
CASE 205D
VEHICLE 01

1992 GENERAL VEHICLE FORM

VEHICLE IDENTIFICATION

4. Model Year	76	5. Make	12
6. Model	011	7. Body Type	02
8. VIN	6W84F231637		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	1	12. Alcohol Test Result for Driver	23

ACCIDENT RELATED

13. Speed Limit	35	14. Attempted Avoid. Maneuver	01
15. Accident Type	86		

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 02
18. No. Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 035 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

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

OVERRIDE/UNDERRIDE (this vehicle)

25. Front Override/Underride 0 26. Rear Override/Underride 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 080 28. Heading Angle Other Vehicle 170

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V

30. Total Delta V 12
31. Longitudinal Component of Delta V -09
32. Lateral Component of Delta V +07
33. Energy Absorption 0490
34. Confidence in Reconstruction Program Results 1
35. Type of Vehicle Inspection 1
36. Is this an AOPS vehicle? 0

37. Police Reported Drug Presence 0
 38. Police Observation/Perception Test Type for Driver 0
 39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION / OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results		Specimen Test Results
Narcotic Drug	40.	0	41. 0
Depressant Drug	42.	0	43. 0
Stimulant Drug	44.	0	45. 0
Hallucinogen Drug	46.	0	47. 0
Cannabinoid Drug	48.	0	49. 0
Phencyclidine (PCP)	50.	0	51. 0
Inhalant Drug	52.	0	53. 0
Other Drug	54.	0	55. 0

OTHER DATA

56. Driver's Zip Code 99999 57. Driver's Race/Ethnic Origin 9
 58. Vehicle Special Use 0

ROLLOVER DATA

59. Rollover Initiation Type 0 60. Location of Rollover Initiation 0
 61. Rollover Initiation Object Contacted 00 62. Location on Vehicle Where Initial Principal Tripping Force Applied 0
 63. Direction of Initial Roll 0

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01 65. Initial Critical (Precrash) Event 17
 66. Precrash Stability After Avoidance Maneuver 0 67. Precrash Directional Consequences Corrective Action 0

011

INTRA ERRORS

01***** NO ERRORS *****

00

PSU79
CASE 205D
VEHICLE 01

1992 EXTERIOR VEHICLE FORM

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.	5.	6.	7.	8.	9.	10.	11.
01	02	71	F	L	E	E	01

SECOND HIGHEST DELTA "V"

12.	02	13.	02	14.	09	15.	L	16.	Z	17.	E	18.	W	19.	01
-----	----	-----	----	-----	----	-----	---	-----	---	-----	---	-----	---	-----	----

CRUSH PROFILE

HIGHEST DELTA "V"

20.	L	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
	072		11	09	09	09	08	00		-029

SECOND HIGHEST DELTA "V"

23.	L	24.	C1	C2	C3	C4	C5	C6	25.	+/-D
	055		00	03	03	03	02	00		-016

26.	CDCS Documented but not coded	0
27.	Researchers Assess. Veh. Disp.	1
28.	Original Wheelbase	1099

29.	Multi-staged Manufactured/Certified Altered Vehicle?	0
30.	Fire Occurrence	0
31.	Origin of Fire	0
32.	Type of Fuel Tank	1

011

INTRA ERRORS

01***** NO ERRORS *****

00

PSU79 CASE 205D VEHICLE 01	1992 INTERIOR VEHICLE FORM
----------------------------------	----------------------------

INTEGRITY

4. Passenger Compartment 06

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

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		

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 21	48. 10	49. 2	50. 3
51. 21	52. 07	53. 2	54. 3
55. 11	56. 10	57. 1	58. 3
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	1	88. Blank	
89. Blank		90. Blank	
91. Blank		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	155,000	95. Instrument Panel Damage	1
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

011
INTRA ERRORS

01***** NO ERRORS *****
00

PSU79 CASE 205D VEHICLE 01 OCCUPANT 01	1992 OCCUPANT ASSESSMENT FORM
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OCCUPANT'S CHARACTERISTICS

5. Age	34	6. Sex	1	7. Height	67	8. Weight	210
9. Role	1	10. Seat Position	11	11. Posture	9		

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	04
19. Proper Use of Belt	1	20. Belt Failure Modes During Impact	1
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	9
25. Head Restraint Type/Damage by Occupant at this Position	3	26. Seat Type	05
27. Seat Performance	1		

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

34. Severity (Police Rating)	3	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	2	37. Hospital Stay	00
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00
41. Cause #2	00
42. Cause #3	00
43. Number of Recorded Injuries	97

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

011

INTRA ERRORS

UPANT OHH0071 2 Given OCCUPANT HEIGHT OA07 and OCCUPANT SEX OA06, OCC
 HH0072 WEIGHT OA08 is questionable. See Table A2.

0

PSU79	1992 OCCUPANT ASSESSMENT FORM
CASE 205D	
VEHICLE 01 OCCUPANT 02	

OCCUPANT'S CHARACTERISTICS

5. Age	28	6. Sex	1	7. Height	99	8. Weight	999
9. Role	2	10. Seat Position	13	11. Posture	9		

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	00
19. Proper Use of Belt	0	20. Belt Failure Modes During Impact	0
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	9
25. Head Restraint Type/Damage by Occupant at this Position	3	26. Seat Type	05
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)	2	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	2	37. Hospital Stay	00
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00
41. Cause #2	00
42. Cause #3	00
43. Number of Recorded Injuries	97

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

011

INTRA ERRORS

01***** NO ERRORS *****

00

PSU79	1992 GENERAL VEHICLE FORM
CASE 205D	
VEHICLE 02	

VEHICLE IDENTIFICATION

4. Model Year	83	5. Make	49
6. Model	038	7. Body Type	05
8. VIN	JT2AL32H1D0		

OFFICIAL RECORDS

9. Police Reported Disposition	1	10. Police Reported Travel Speed	99
11. Police Rep. Alcohol Presence	0	12. Alcohol Test Result for Driver	96

ACCIDENT RELATED

13. Speed Limit	35	14. Attempted Avoid. Maneuver	01
15. Accident Type	87		

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	020	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	1

OVERRIDE/UNDERRIDE (this vehicle)

25. Front Override/Underride	0	26. Rear Override/Underride	0
------------------------------	---	-----------------------------	---

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle	170	28. Heading Angle Other Vehicle	080
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HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.)

29. Basis for Total Delta V	1
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COMPUTER GENERATED DELTA V

30. Total Delta V	21
31. Longitudinal Component of Delta V	-10
32. Lateral Component of Delta V	-18
33. Energy Absorption	0237
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an ADPS vehicle?	0

37. Police Reported Drug Presence 0
 38. Police Observation/Perception Test Type for Driver 0
 39. Other Drug Specimen Test Type for Driver 0

DRUG EVALUATION CLASSIFICATION / OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results		Specimen Test Results	
Narcotic Drug	40.	0	41.	0
Depressant Drug	42.	0	43.	0
Stimulant Drug	44.	0	45.	0
Hallucinogen Drug	46.	0	47.	0
Cannabinoid Drug	48.	0	49.	0
Phencyclidine (PCP)	50.	0	51.	0
Inhalant Drug	52.	0	53.	0
Other Drug	54.	0	55.	0

OTHER DATA

56. Driver's Zip Code
 58. Vehicle Special Use 0
 57. Driver's Race/Ethnic Origin 3

ROLLOVER DATA

59. Rollover Initiation Type 3
 61. Rollover Initiation Object Contacted 31
 63. Direction of Initial Roll 1
 60. Location of Rollover Initiation 1
 62. Location on Vehicle Where Initial Principal Tripping Force Applied 8

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 01
 66. Precrash Stability After Avoidance Maneuver 0
 65. Initial Critical (Precrash) Event 66
 67. Precrash Directional Consequences Corrective Action 0

011

INTRA ERRORS

V29 should 06G0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V G equal 4 or 5. 6G0422

0

PSU79
CASE 205D
VEHICLE 02

1992 EXTERIOR VEHICLE FORM

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.	5.	6.	7.	8.	9.	10.	11.
01	01	02	R	Y	E	W	03

SECOND HIGHEST DELTA "V"

12.	13.	14.	15.	16.	17.	18.	19.
06	31	00	R	D	A	0	02

CRUSH PROFILE

HIGHEST DELTA "V"

20.	L	21.	C1	C2	C3	C4	C5	C6	22.	+/-D
149		00	00	03	08	08	00			+048

SECOND HIGHEST DELTA "V"

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

26.	CDCS Documented but not coded	1
27.	Researchers Assess. Veh. Disp.	1
28.	Original Wheelbase	0957

29.	Multi-staged Manufactured/Certified Altered Vehicle?	0
30.	Fire Occurrence	0
31.	Origin of Fire	0
32.	Type of Fuel Tank	1

011

INTRA ERRORS

01***** NO ERRORS *****

00

PSU79 CASE 205D VEHICLE 02	1992 INTERIOR VEHICLE FORM
----------------------------------	----------------------------

INTEGRITY

4. Passenger Compartment 06

Door, Tailgate or Hatch opening

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

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

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

GLAZING

Glazing Damage

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

Glazing Damage from Occupant Contact

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

GLAZING (Cont.)

Type of Window/Windshield Glazing

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

Window Precrash Glazing Status

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

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 13	48. 28	49. 4	50. 3
51. 13	52. 04	53. 3	54. 3
55. 13	56. 17	57. 3	58. 3
59. 13	60. 27	61. 3	62. 3
63. 13	64. 16	65. 3	66. 3
67. 13	68. 06	69. 3	70. 3
71. 13	72. 24	73. 2	74. 3
75. 23	76. 28	77. 2	78. 3
79. 23	80. 07	81. 2	82. 3
83. 13	84. 13	85. 1	86. 3

STEERING COLUMN

87. Steering Column Type	1	88. Blank	
89. Blank		90. Blank	
91. Blank		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	138,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	1

011
INTRA ERRORS

01***** NO ERRORS *****

00

PSU79	1992 OCCUPANT ASSESSMENT FORM
CASE 205D	
VEHICLE 02 OCCUPANT 01	

OCCUPANT'S CHARACTERISTICS

5. Age	25	6. Sex	1	7. Height	70	8. Weight	160
9. Role	1	10. Seat Position	11	11. Posture	0		

EJECTION/ENTRAPMENT

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

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability	4	18. Belt System Use	04
19. Proper Use of Belt	1	20. Belt Failure Modes During Impact	1
21. Air Bag Availability	0	22. Air Bag Deployment	0
23. Did Air Bag Fail?	0	24. Police Reported Restraint Use	9
25. Head Restraint Type/Damage by Occupant at this Position	1	26. Seat Type	01
27. Seat Performance	1		

CHILD SAFETY SEAT

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

INJURY CONSEQUENCES

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

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00
41. Cause #2	00
42. Cause #3	00
43. Number of Recorded Injuries	97

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	1

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score	97
51. Was the Occupant Given Blood?	9
52. Arterial Blood Gases (ABG) - HCO3	97

011

INTRA ERRORS

01***** NO ERRORS *****

00

1

INTER: ERRORS

01***** NO ERRORS *****

0

National Accident Sampling System
 ERROR SUMMARY SCREEN

PSU79
 CASE 205D
 CURRENT VERSION: 6.01

93

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

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH0071 2 Given OCCUPANT HEIGHT DA07 and OCCUPANT SEX DA06, OCCUPANT
HH0072 WEIGHT DA08 is questionable. See Table A2.

GENERAL VEHICLE Vehicle: 2

INTRA ERRORS

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

INTER ERRORS

HT0041 2 If TREATMENT DA35 equals 0, then no SOURCE OF DATA DI05(n)
HT0042 should equal 1-6. GV=02 DA=01

PSU79
CASE 205D
CURRENT VERSION: 6.01

ERROR SUMMARY SCREEN

93

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



SLIDE INDEX

Primary Sampling Unit Number 79 Case Number—Stratum 205D

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-5	01	East	Direction of Travel To Point of Impact #1 V-1
6-16	01	South East	Post POI DOT. to Point of Rest
10	01	South East	V-1 (R) Rear Impact with Curb
11	01	South East	V-1 Undercarriage Impact with Curb
12	01	South East	V-1 (L) Rear Tire Impact with Curb
14	01	South East	V-1 closeups of tire scuff on sidewalk
15	01	South East	V-1 " " fluid spill (radiator)
17-18	01	North West	V-1 opposite view POR and post POI #1 DOT
19	01	West	V-1 " " DOT to POI #1
20-24	02	South	V-2 DOT to POI #1
25,26	02	South East	V-2 post DOT to Curb impact
27,28	02	East	V-2 DOT to Rollover and POR
29	02	West	V-2 opposite view from POR
30	02	West	V-2 " " to POI #1
31	02	North	V-2 " " DOT to POI #1
32		North	Ref. Line
33		North	Ref. Point
34-77	01		Exterior of V-1
78-105	01		Interior of V-1
106-125	02		Exterior of V-2
126-139	02		Interior of V-2



PSU 79-205D (1992) #1



PSU 79-205D (1992) #2



PSU 79-205D (1992) #3



PSU 79-205D (1992) #4



PSU 79-205D (1992) #5



PSU 79-205D (1992) #6



PSU 79-205D (1992) #7



PSU 79-205D (1992) #8



PSU 79-205D (1992) #9



PSU 79-205D (1992) #10



PSU 79-205D (1992) #11



PSU 79-205D (1992) #12



PSU 79-205D (1992) #13



PSU 79-205D (1992) #14



PSU 79-205D (1992) #15



PSU 79-205D (1992) #16



PSU 79-205D (1992) #17



PSU 79-205D (1992) #18



PSU 79-205D (1992) #19



PSU 79-205D (1992) #20



PSU 79-205D (1992) #21



PSU 79-205D (1992) #22



PSU 79-205D (1992) #23



PSU 79-205D (1992) #24



PSU 79-205D (1992) #25



PSU 79-205D (1992) #26



PSU 79-205D (1992) #27



PSU 79-205D (1992) #28



PSU 79-205D (1992) #29



PSU 79-205D (1992) #30



PSU 79-205D (1992) #31



PSU 79-205D (1992) #32



PSU 79-205D (1992) #33



PSU 79-205D (1992) #34



PSU 79-205D (1992) #35



PSU 79-205D (1992) #36



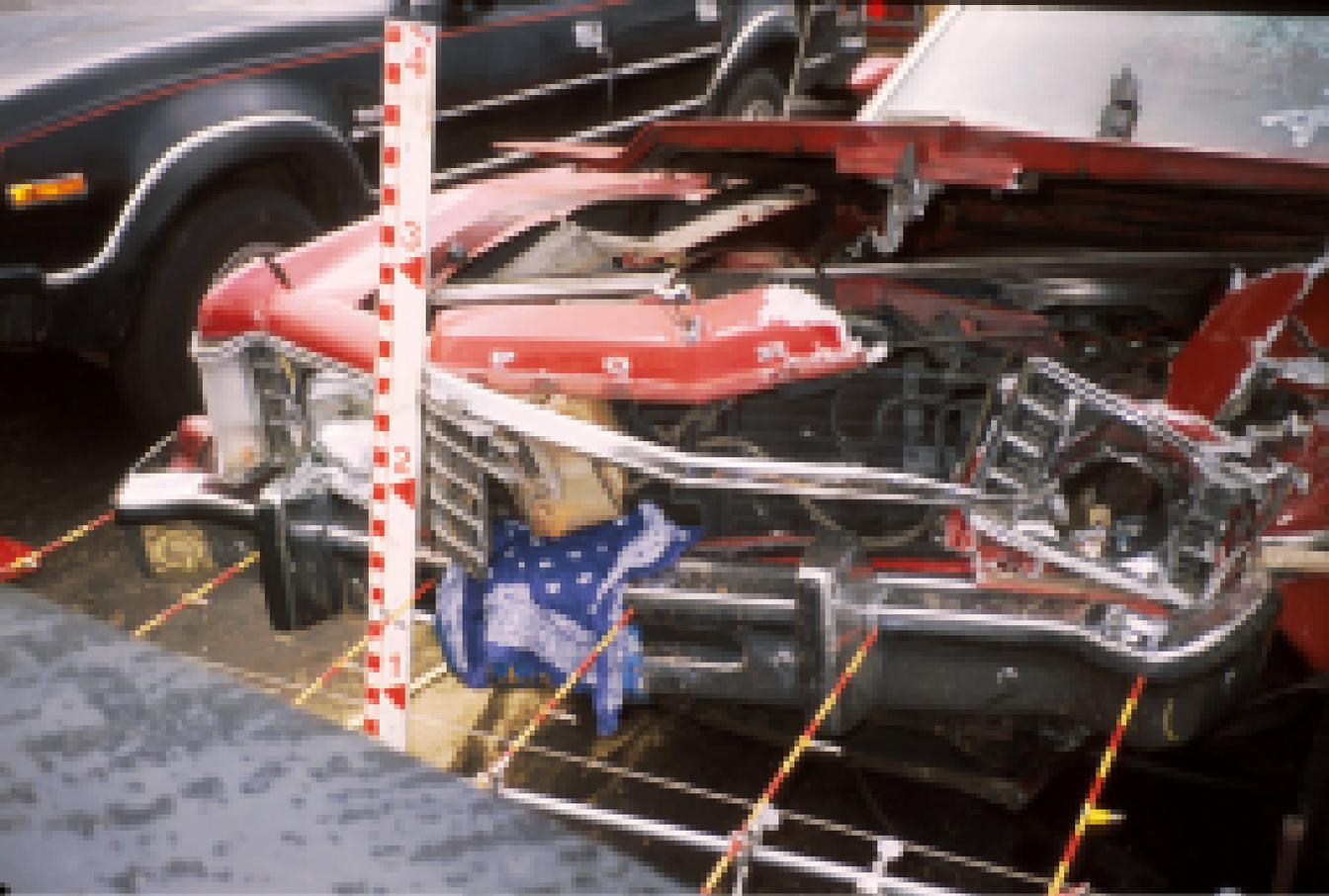
PSU 79-205D (1992) #37



PSU 79-205D (1992) #38



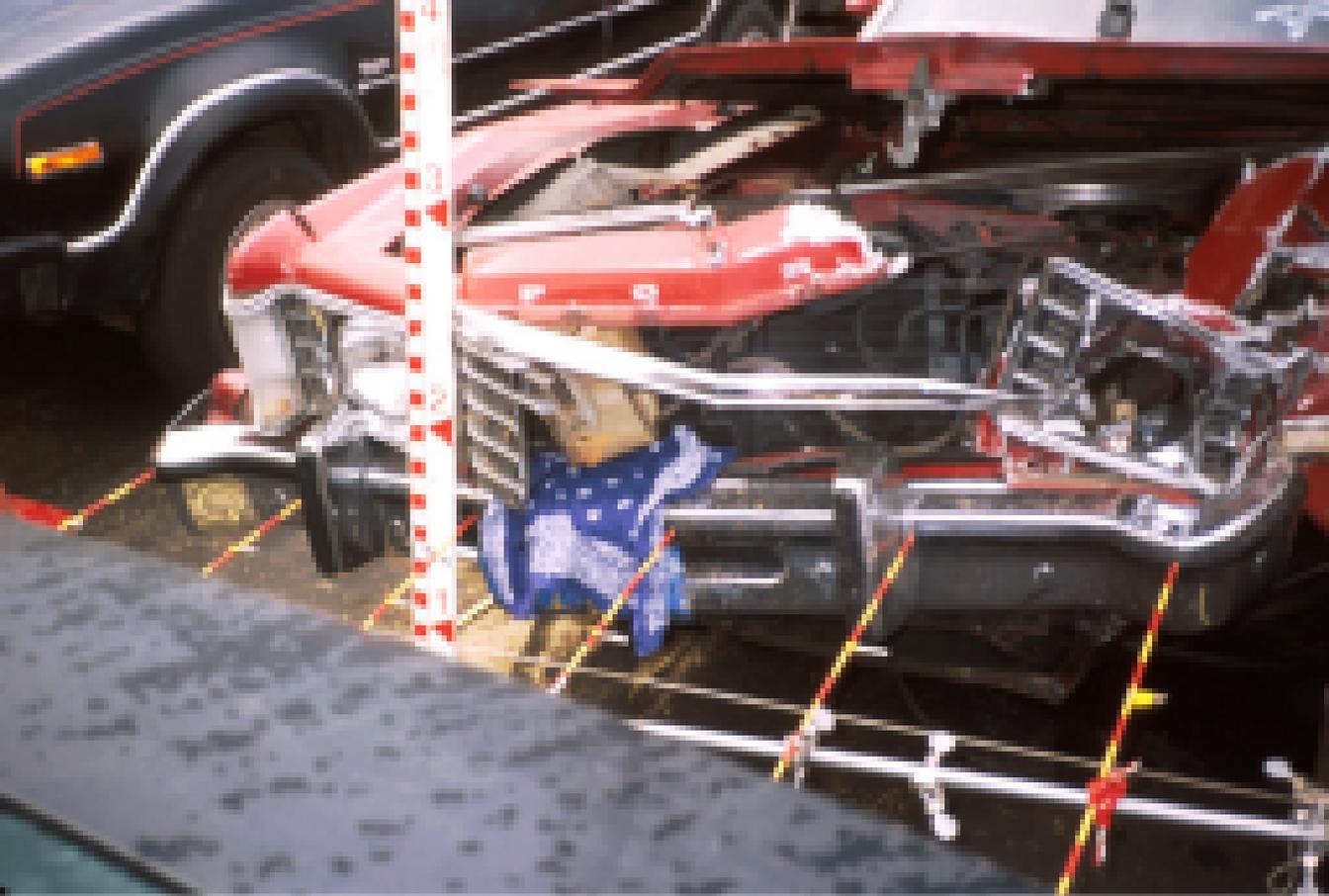
PSU 79-205D (1992) #39
Best Available



PSU 79-205D (1992) #40
Best Available



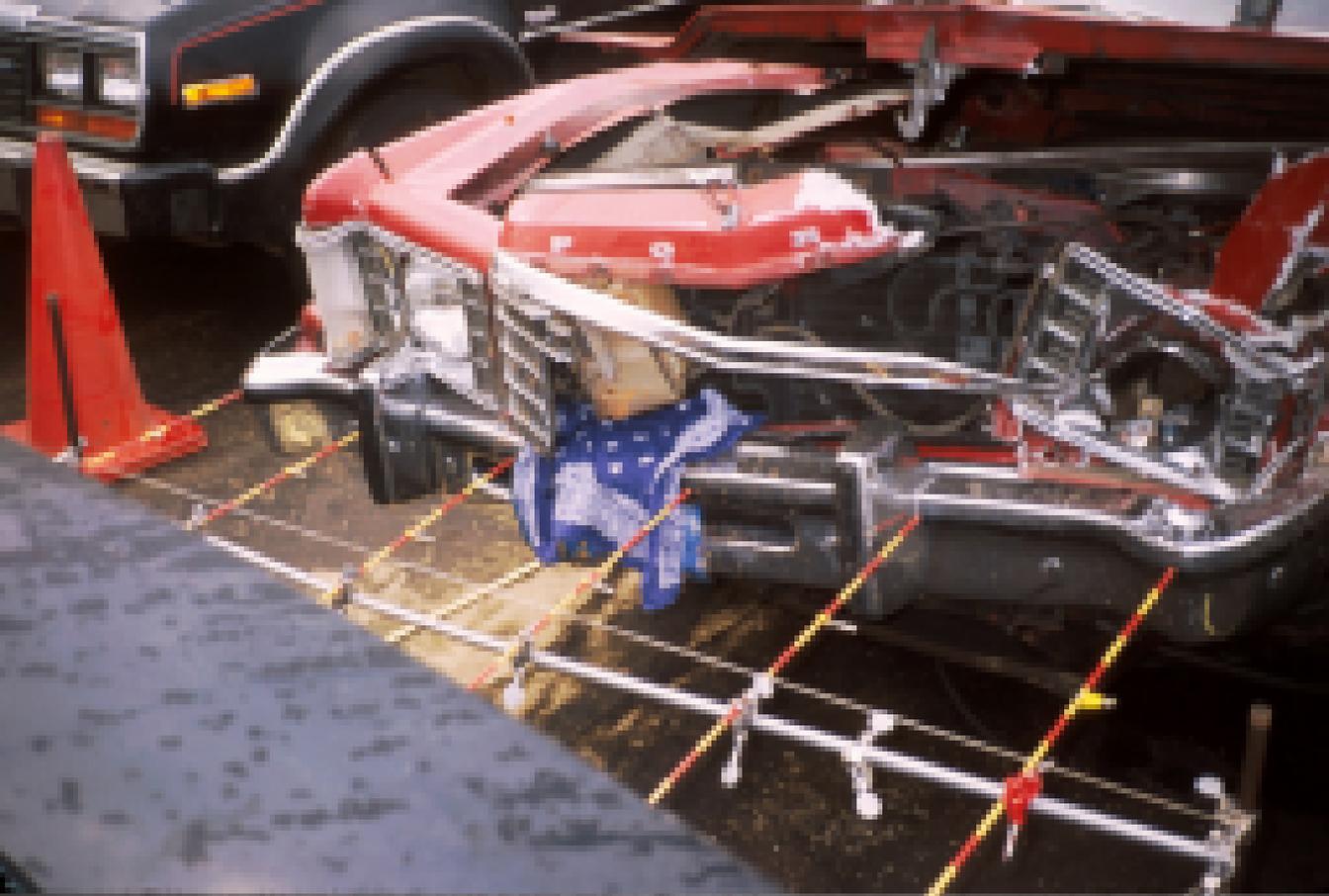
PSU 79-205D (1992) #41



PSU 79-205D (1992) #42
Best Available



PSU 79-205D (1992) #43
Best Available



PSU 79-205D (1992) #44
Best Available



**PSU 79-205D (1992) #45
Best Available**



PSU 79-205D (1992) #46
Best Available



PSU 79-205D (1992) #47
Best Available



PSU 79-205D (1992) #48
Best Available



PSU 79-205D (1992) #49



PSU 79-205D (1992) #50
Best Available



PSU 79-205D (1992) #51



PSU 79-205D (1992) #52
Best Available



PSU 79-205D (1992) #53



PSU 79-205D (1992) #54
Best Available



**PSU 79-205D (1992) #55
Best Available**



PSU 79-205D (1992) #56
Best Available



PSU 79-205D (1992) #57



PSU 79-205D (1992) #58



PSU 79-205D (1992) #59



PSU 79-205D (1992) #60



PSU 79-205D (1992) #61



PSU 79-205D (1992) #62



PSU 79-205D (1992) #63



**PSU 79-205D (1992) #64
Best Available**



PSU 79-205D (1992) #65
Best Available



PSU 79-205D (1992) #66
Best Available



PSU 79-205D (1992) #67



PSU 79-205D (1992) #68
Best Available



PSU 79-205D (1992) #69
Best Available



PSU 79-205D (1992) #70
Best Available



PSU 79-205D (1992) #71
Best Available



PSU 79-205D (1992) #72
Best Available



PSU 79-205D (1992) #73
Best Available



PSU 79-205D (1992) #74
Best Available



PSU 79-205D (1992) #75
Best Available



PSU 79-205D (1992) #76
Best Available



PSU 79-205D (1992) #77
Best Available



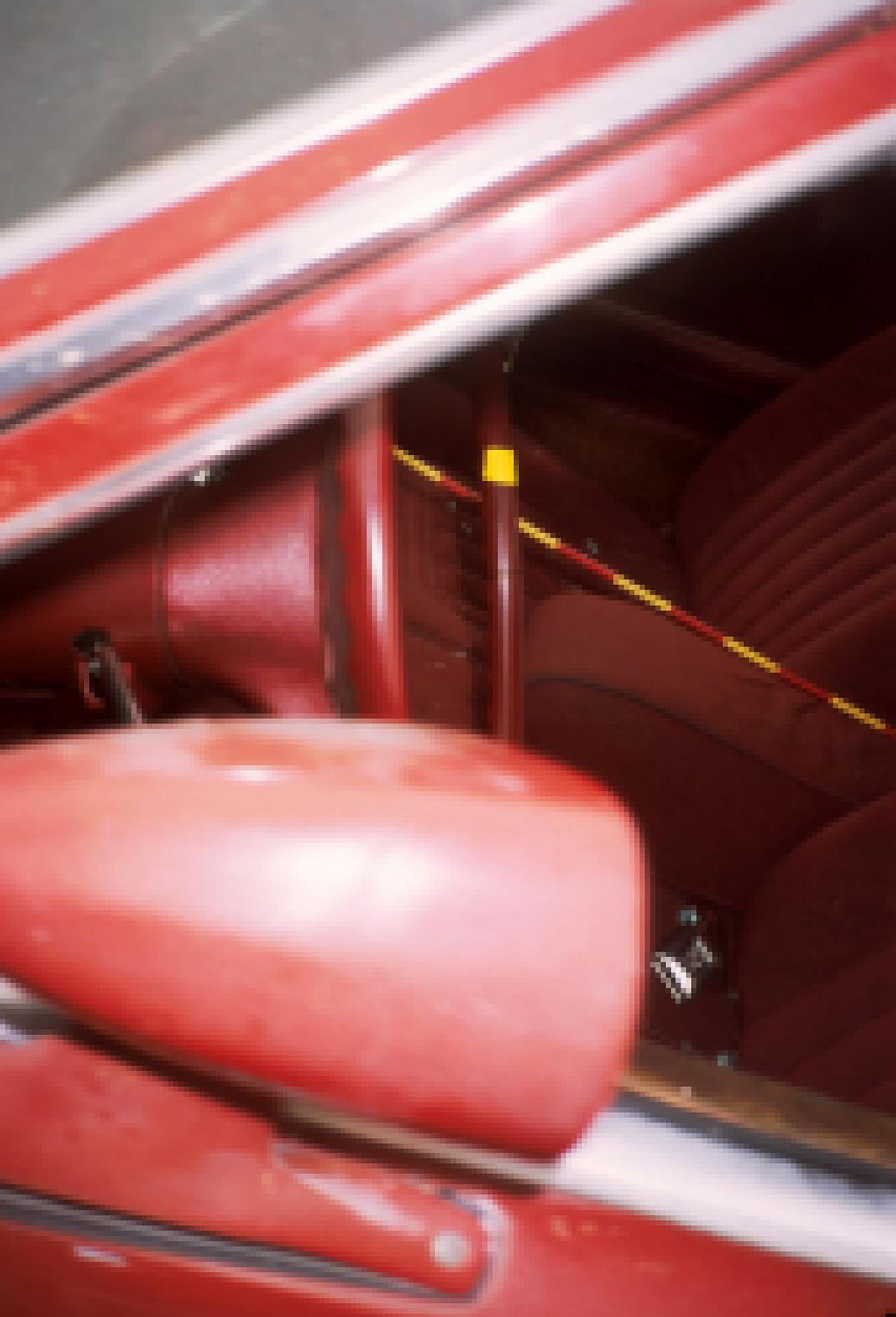
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PSU 79-205D (1992) #79



PSU 79-205D (1992) #80



PSU 79-205D (1992) #81



PSU 79-205D (1992) #82



PSU 79-205D (1992) #83



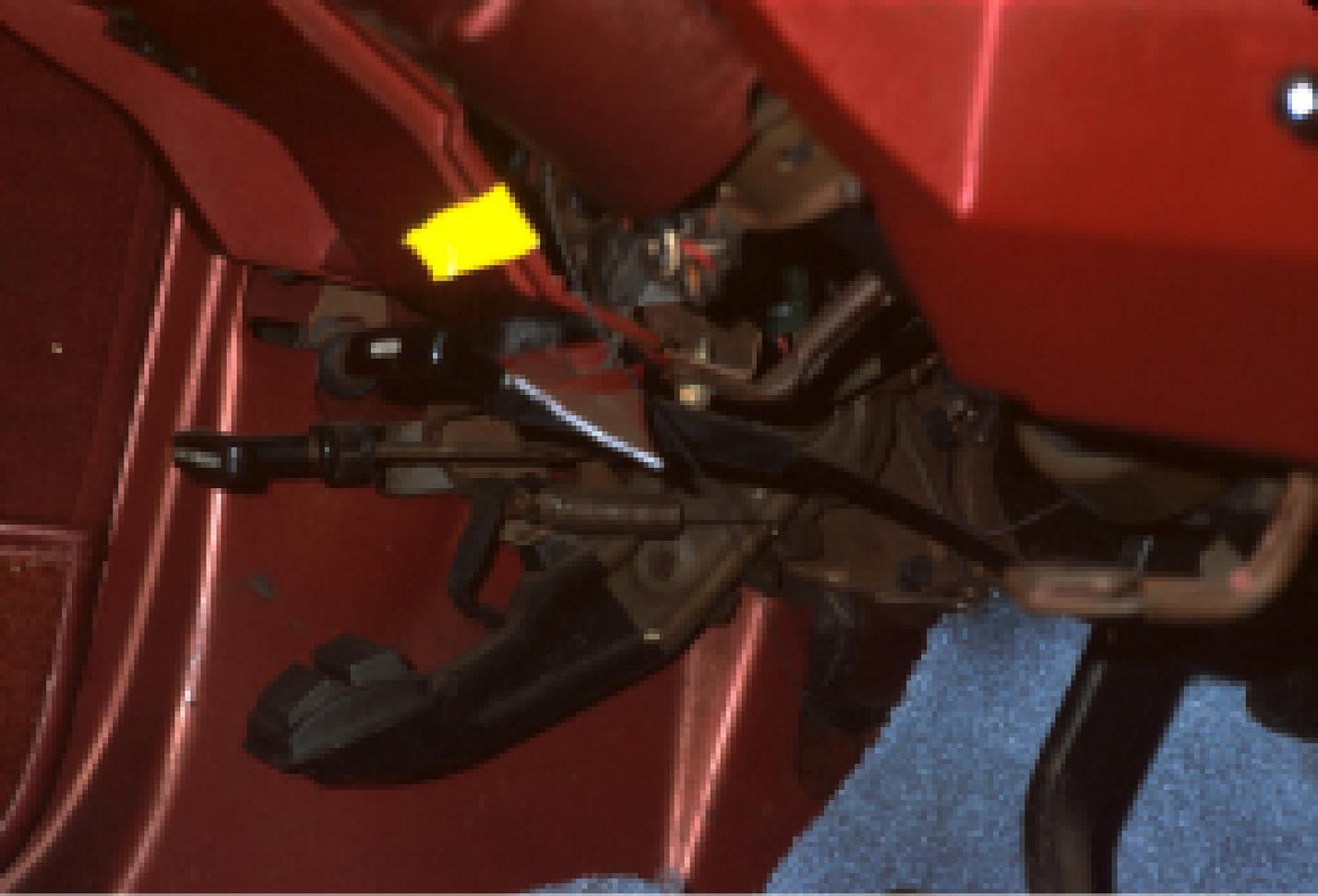
PSU 79-205D (1992) #84



PSU 79-205D (1992) #85



PSU 79-205D (1992) #86



PSU 79-205D (1992) #67



PSU 79-205D (1992) #88



PSU 79-205D (1992) #89



PSU 79-205D (1992) #90



PSU 79-205D (1992) #91



PSU 79-205D (1992) #92



PSU 79-205D (1992) #93



PSU 79-205D (1992) #94



PSU 79-205D (1992) #95



PSU 79-205D (1992) #96



PSU 79-205D (1992) #97



PSU 79-205D (1992) #98



PSU 79-205D (1992) #99



PSU 79-205D (1992) #100



PSU 79-205D (1992) #101



PSU 79-205D (1992) #102



PSU 79-205D (1992) #103



PSU 79-205D (1992) #104



PSU 79-205D (1992) #105



PSU 79-205D (1992) #108



PSU 79-205D (1992) #107



PSU 79-205D (1992) #108



PSU 79-205D (1992) #109



PSU 79-205D (1992) #110



PSU 79-205D (1992) #111



PSU 79-205D (1992) #112



PSU 79-205D (1992) #113



PSU 79-205D (1992) #114



PSU 79-205D (1992) #115



PSU 79-205D (1992) #116



PSU 79-205D (1992) #117



PSU 79-205D (1992) #118



PSU 79-205D (1992) #119



PSU 79-205D (1992) #120



PSU 79-205D (1992) #121



PSU 79-205D (1992) #122



PSU 79-205D (1992) #123



PSU 79-205D (1992) #124



PSU 79-205D (1992) #125



PSU 79-205D (1992) #126



PSU 79-205D (1992) #127



PSU 79-205D (1992) #128



PSU 79-205D (1992) #129



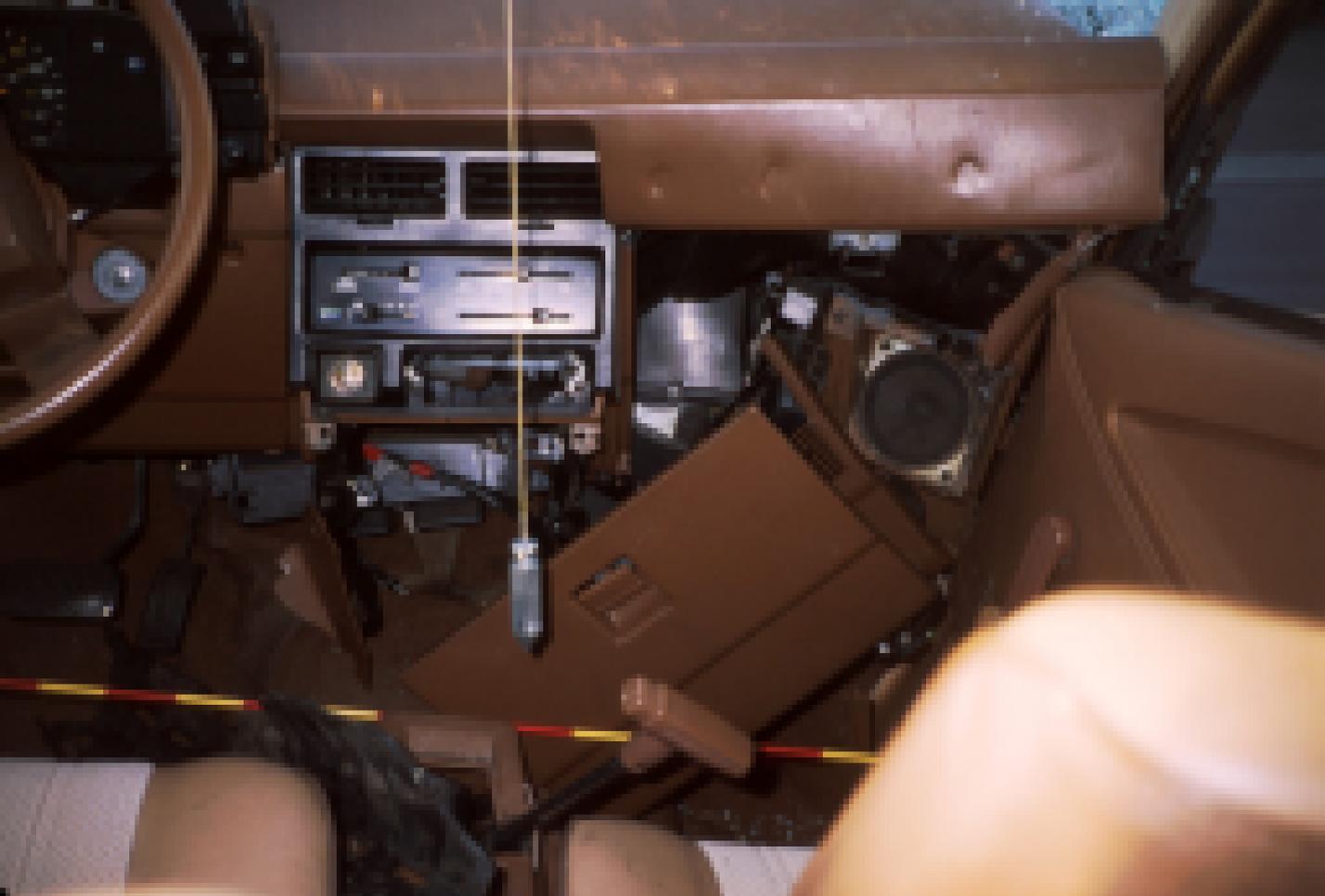
PSU 79-205D (1992) #130



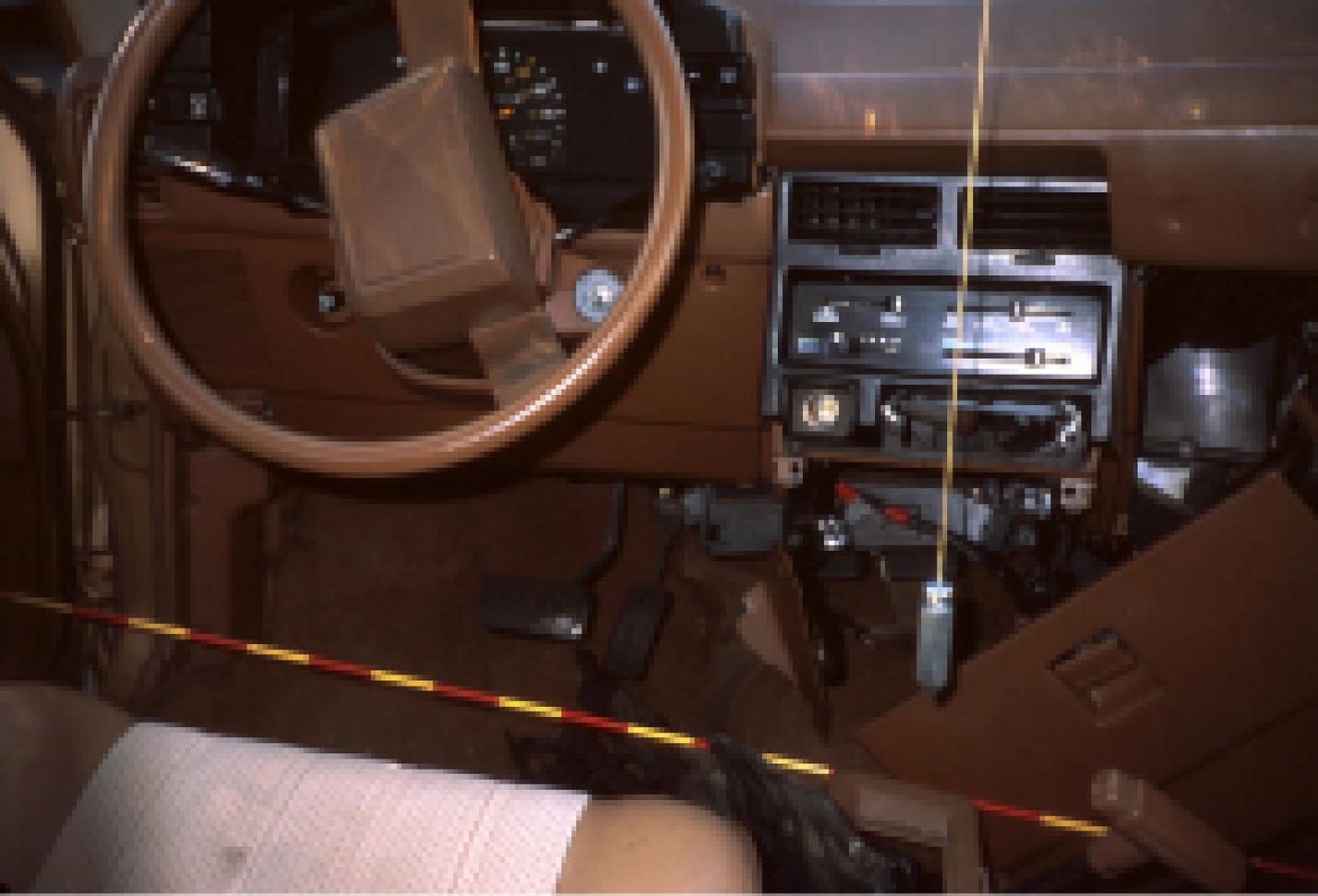
PSU 79-205D (1992) #131



PSU 79-205D (1992) #132



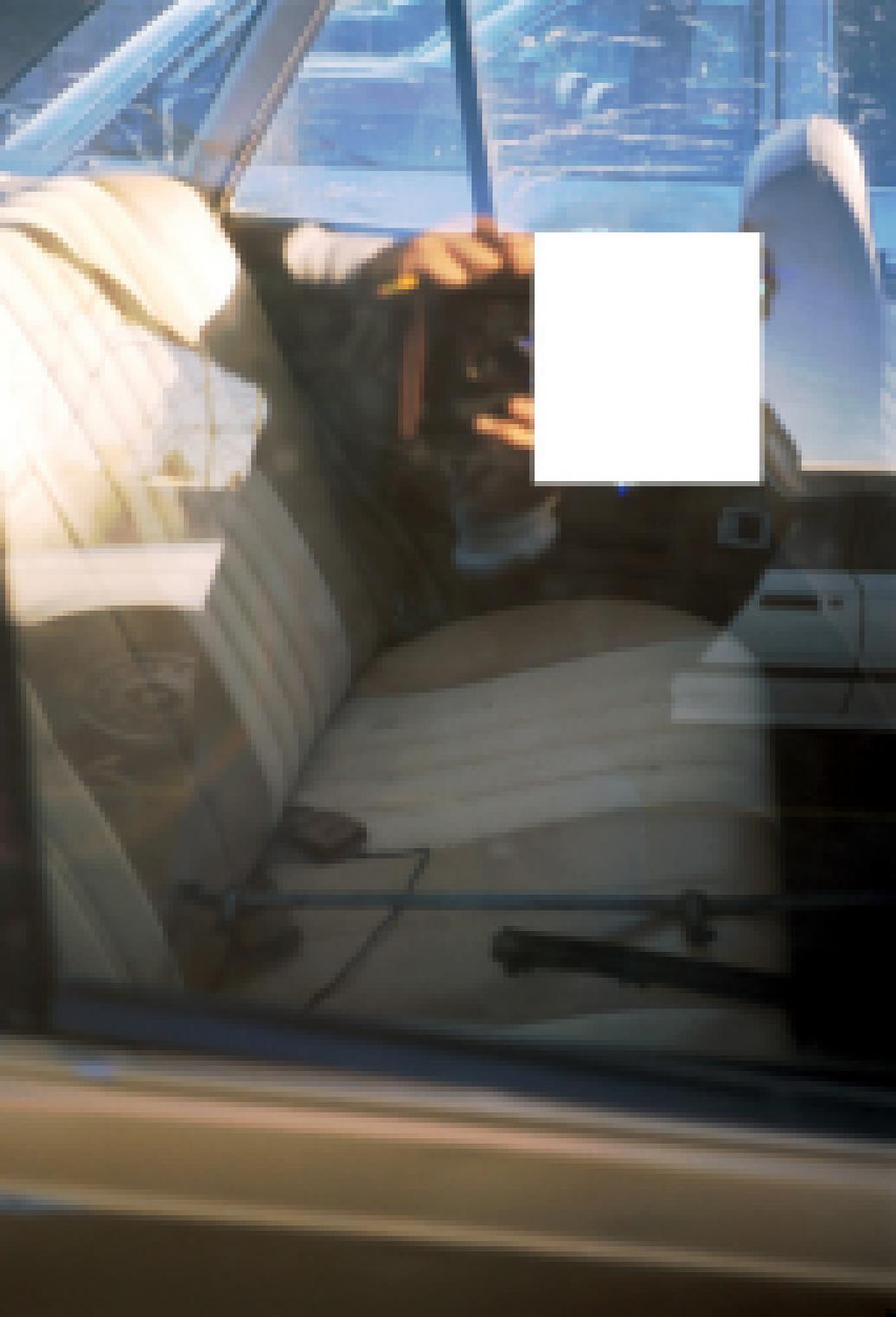
PSU 79-205D (1992) #133



PSU 79-205D (1992) #134



PSU 79-205D (1982) #135



PSU 79-205D (1992) #136



PSU 79-205D (1992) #137



PSU 79-205D (1992) #138



PSU 79-205D (1992) #139