



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 08 CASE NO. 116J TYPE OF ACCIDENT CAR/COMPACT PICKUP - RIGHT ANGLE

#### 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.)

SEE ATTACHED PRINTOUT.

#### B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	

DO NOT SANITIZE THIS FORM

**C. PERSON PROFILE(S)**

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source

**Body Region**

Abdomen  
 Ankle—foot  
 Arm (upper)  
 Back-thoracolumbar spine  
 Brain  
 Chest  
 Ears  
 Eye  
 Elbow  
 Face  
 Forearm  
 Head—skull  
 Heart  
 Kidneys  
 Knee  
 Leg (lower)  
 Liver  
 Lower limbs(s) (whole or unknown part)  
 Mouth  
 Neck—cervical spine  
 Nose

Pelvic—hip  
 Pulmonary—lungs  
 Shoulder  
 Spleen  
 Thigh  
 Thyroid, other endocrine gland  
 Upper limb(s) (whole or unknown part)  
 Vertebrae  
 Whole body  
 Wrist—hand

**Injury Type**

Abrasion  
 Amputation  
 Avulsion  
 Burn  
 Concussion  
 Contusion  
 Crush  
 Detachment, separation  
 Dislocation

Fracture  
 Fracture and dislocation  
 Laceration  
 Other  
 Perforation, puncture  
 Rupture  
 Sprain  
 Strain  
 Total severance, transection  
 Unknown

**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

**DO NOT SANITIZE THIS FORM**

PSU08

1996 Case Summary Form

CASE 116J

TYPE OF ACCIDENT: CAR/PICKUP-RIGHT ANGLE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

V1 was turning left at an intersection from the left of 3 westbound lanes on a 5 lane roadway. V2 was travelling east in the second of three eastbound lanes. The front of V2 contacted the right of V1. The left of V2 contacted the right of V1. V2 came to rest heading southeast at the southeast corner of the intersection. V2 came to rest heading east off the eastbound road edge.

PSU08

1996 Case Summary Form

CASE 116J

TYPE OF ACCIDENT: CAR/PICKUP-RIGHT ANGLE

B. VEHICLE PROFILE(S)

V e h. No	Class of Vehicle	Year/Make/ Model	Most Severe Damage Based on Vehicle Inspection		
			Damage Plane	Severity Descr.	Component Failure
1	intermediate	1996/Oldsmobile/ Ciera SL	left	moderate	none
2	compact p.u.	1995/Toyota/Tacoma LX	front	moderate	none

PSU08

1996 Case Summary Form

CASE 116J

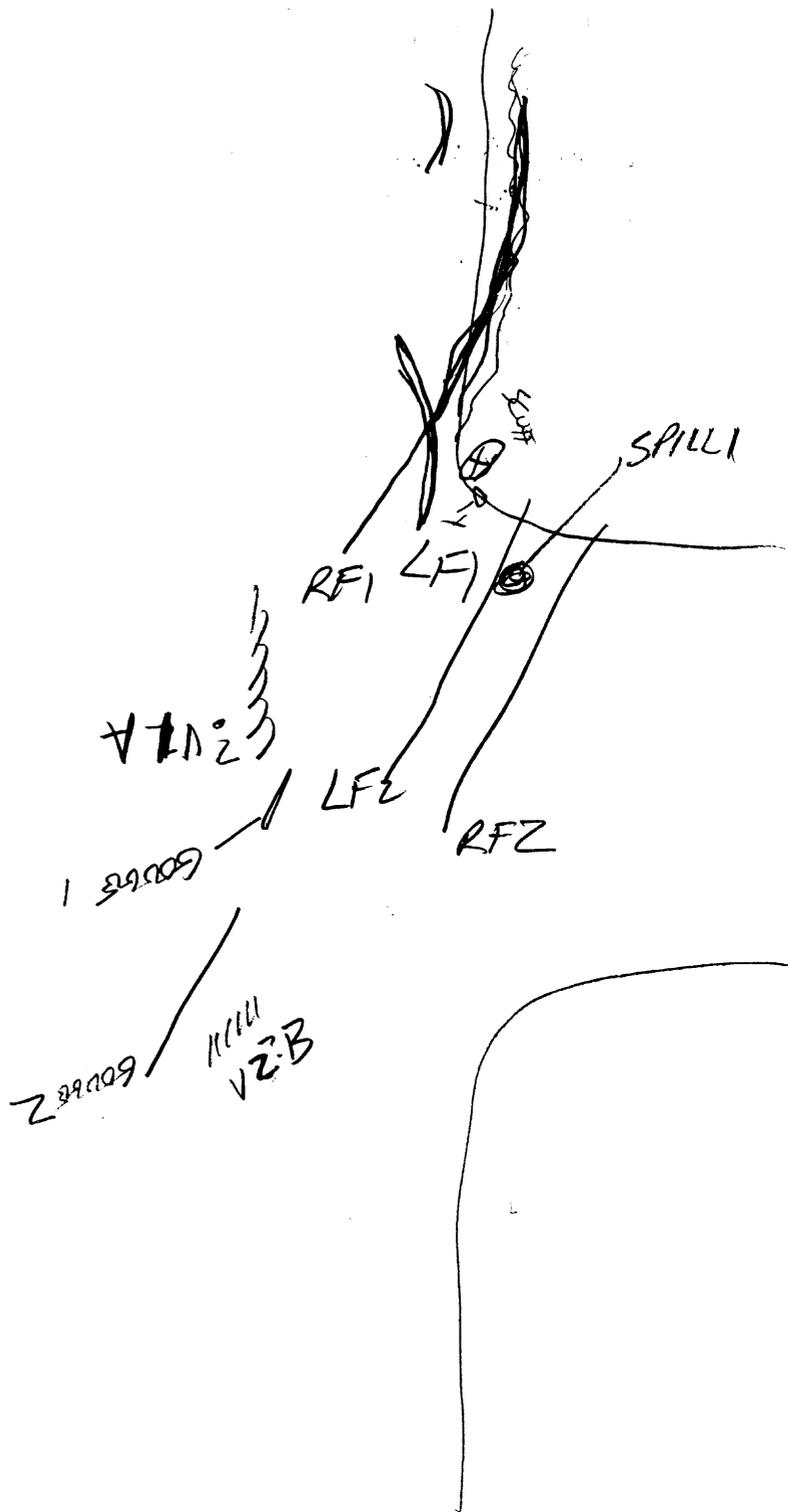
TYPE OF ACCIDENT: CAR/PICKUP-RIGHT ANGLE

C. PERSON PROFILE(S)

Most Severe Injury  
(TO BE COMPLETED BY ZONE CENTER)

V e h. No	Person Role	Seat Positon	Restraint Use	Body Region	Injury Type	A	
						I	Injury Source
1	driver	left front	3 point auto belt with airbag	<i>chest</i>	<i>fractures 3</i>		<i>seatbelt restraint</i>
2	driver	left front	airbag only	<i>forearm</i>	<i>abrasions 1</i>		<i>airbag</i>





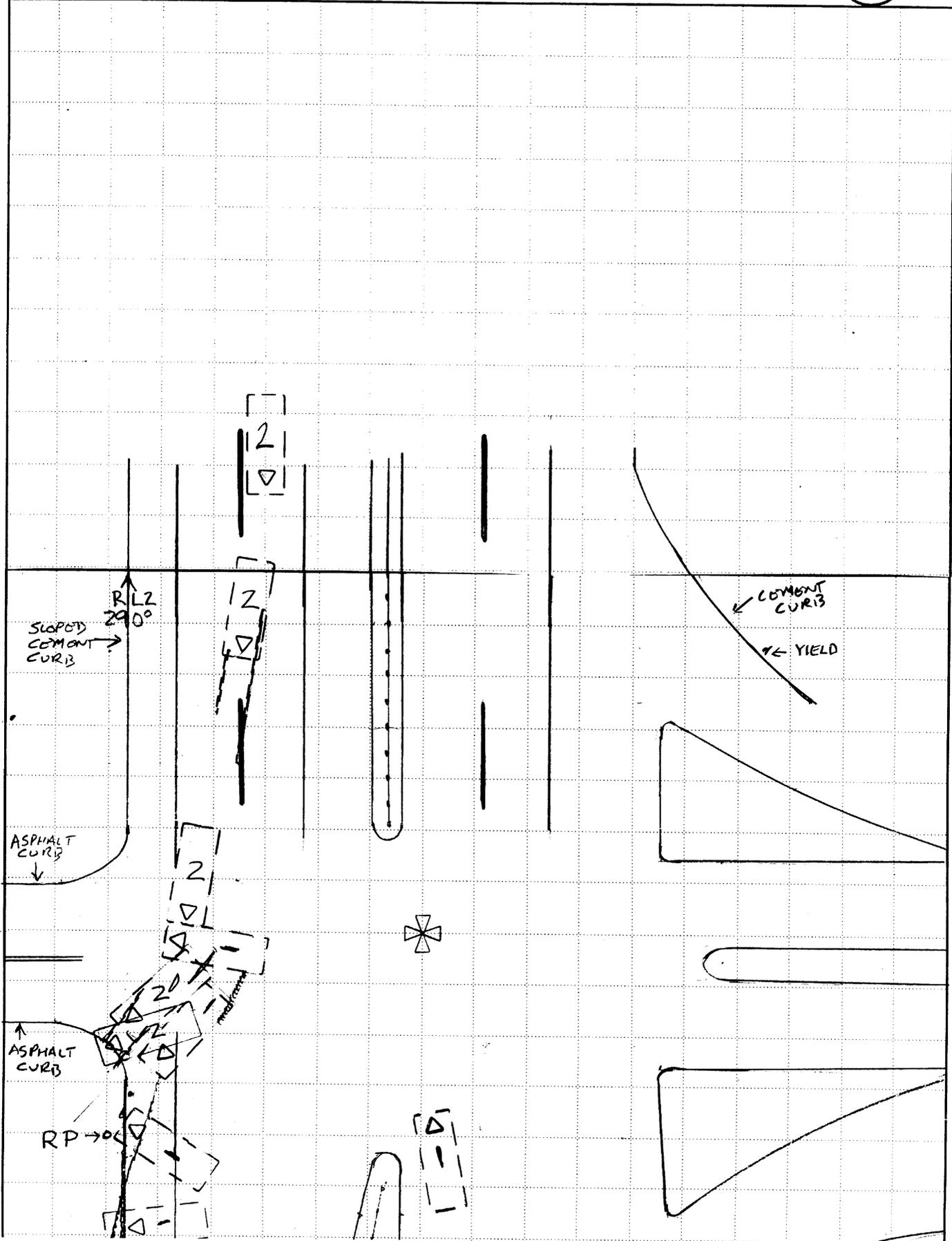


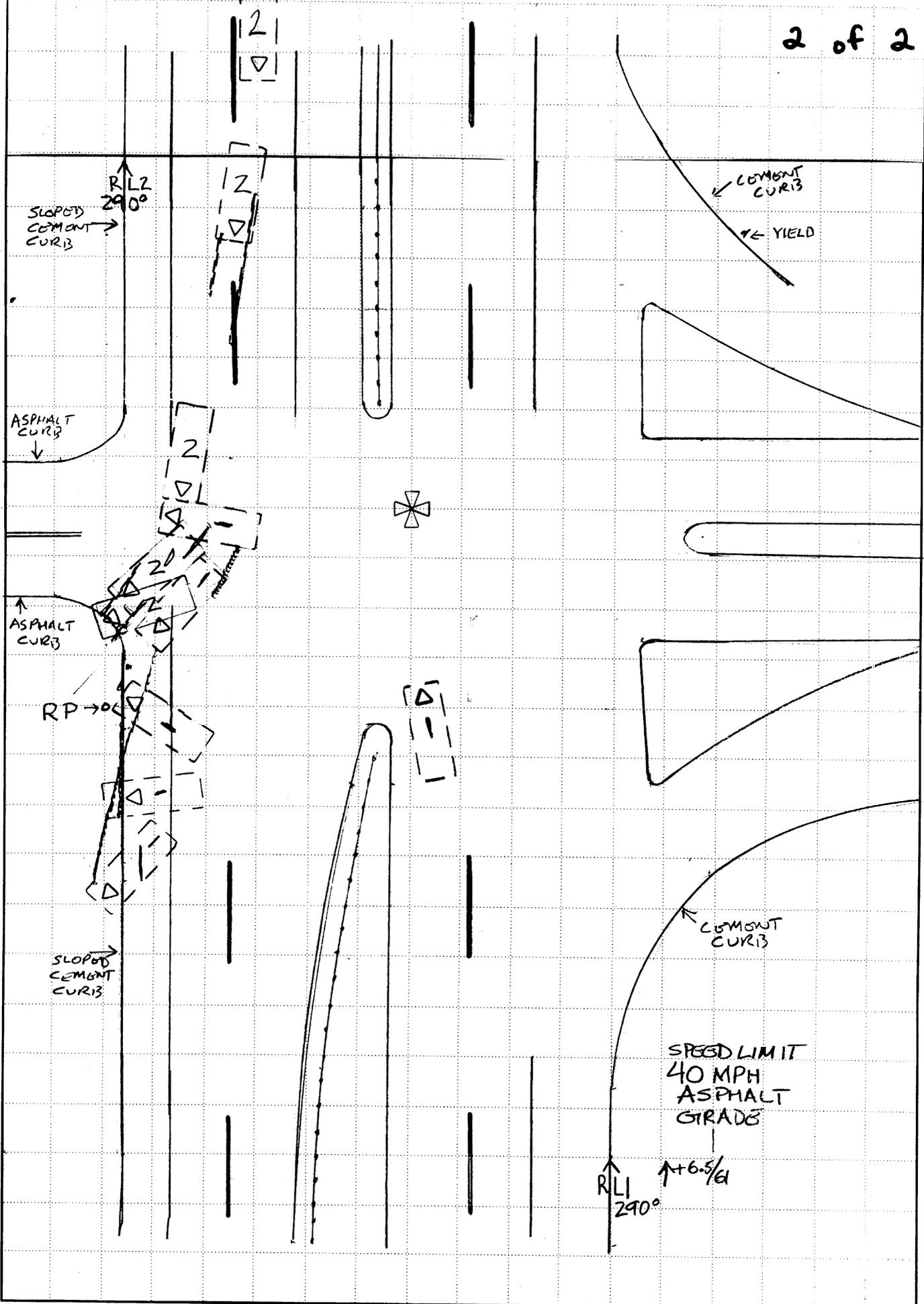
# ACCIDENT COLLISION DIAGRAM

PSU No. 08

Case Number—Stratum 1165

Indicate  
North







# ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 08

Case Number - Stratum 1165

### ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- \* all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- \* all traffic controls (e.g., signs/signals, etc.)
- \* north arrow placed on diagram
- \* roadway surface type and condition of applicable roadways
- \* grade measurements for all applicable roadways and at location of rollover initiation
- \* roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- \* reference point and reference line relative to physical features present at the scene
- \* scaled documentation of all accident induced physical evidence
- \* scaled documentation of all roadside objects contacted
- \* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

PAGE 2

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	---	---	---
Surface Type	---	---	---
Surface Condition	---	---	---
Coefficient of Friction	---	---	---
Grade (v/h) Measurement (between impact and final rest)	---	---	---
Grade (v/h) Measurement (at location of rollover initiation)	---	---	---
Grade (v/h) Measurement (at pre-crash location)	---	---	---

Reference Point: \_\_\_\_\_ Reference line: \_\_\_\_\_

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
FROM RL #2	CONTINUED	
OTHER GOUGE (ROLED OUT ABOUT A GOUGE)	3.6 W	3.3 N
" " " #2	3.1 W	1.3 N
"Y" (CURB DEFORMATION)	2.0 W	.4 N
BEGIN LFI	1.2 E	0
PLOT RFI	1.2 E	.4 N
CROSS LFI / RFI	3.1 E	.2 S
END LFI	4.5 E	0
END RFI	9.2 E	1.1 S
BEGIN GOUGE M	7.1 E	.9 N
PLOT " "	7.9 E	.8 N
END " "	8.9 E	.9 N
END LF2	18.1 W	6.3 N





# ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 08

Case Number - Stratum 1160

## ACCIDENT COLLISION DIAGRAM

### Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

### Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

### CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>210</u>	<u>118</u>	<u>NA</u>
Surface Type	<u>ASPHALT</u>		
Surface Condition	<u>DRY</u>		
Coefficient of Friction	<u>.7</u>	<u>.63</u>	
Grade (v/h) Measurement (between impact and final rest)	<u>-7/61</u>	<u>-7/61</u>	
Grade (v/h) Measurement (at location of rollover initiation)	<u>NA</u>	<u>→</u>	
Grade (v/h) Measurement (at pre-crash location)	<u>+7/61</u>	<u>-7/61</u>	<u>↓</u>

Reference Point: POLE

Reference line: #1 N. CURB  
#2 S. CURB

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
↓ FROM RI #1		↓
RP	0	S
BEGIN E MEDIAN	.7 E	12.0 S
LOT WDR F	3.8	1.7 N
PLATE MEDIAN	3.8	11.0 S / 12.9 S
" " (TANGENT)	27.0	11.0 S / 15.7 S
E LOT INTER CPT	3.7	⊙
D	3.6 W	1.4 N
E	3.6	16.0
VALVE MEDIAN MM	8.8	3.4
B	13.6	1.3
C	13.6	16.9
RT SI MEDIAN	19.9	⊗

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
PLOT CORNER	21.4 W	8.4 N
" "	23.8	5.8 (YIELD)
" "	33.2	0
A	21.4	1.4
FROM RL#2		
RP	0	0 S
EAST FUNDRAIL INTERCEPT	5.5 W	0
PBL YELLOW FUNDRAIL	8.9	2.2
WEST FUNDRAIL INTERCEPT	12.4	0
PLOT RFI	0 W	.7 N
END X (CURB DEFORMATION)	.9	.6 S
BEGIN X	1.4	.3 S
END LFZ	2.9	.6 S
PLOT RFI	2.9	1.5 N
SPILL VZ	3.6	0 N
END RFZ	4.8	.6 S
B. LFZ	5.2	2.0 N
B. RFZ	<del>5.2</del> 4.2	2.1
END VIA SCOFF	5.2	5.2
BEGIN RFI	7.3	1.7
BEGIN SCOFF VIA	7.8	5.6
END GOUCHER 1	7.0	2.8
END GOUCHER 2	7.4	3.8
B. GOUCHER 1	8.0	2.4
B. GOUCHER 2	9.0	5.0



# ACCIDENT FORM

1. Primary Sampling Unit Number 08  
2. Case Number - Stratum 1160

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02  
4. Date of Accident (Month, Day, Year)           / 9 / 6  
5. Time of Accident 1430

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

- 6.  SS15 Administrative Use 0
- 7.  SS16 Pedestrian Crash Data Study 0  
*(Data for this special study available in a separate file.)*
- 8.  SS17 Impact Fires 0
- 9.  SS18 Unsafe Driver Actions 1
- 10.  SS19 Run Off Road 0

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02

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 in the right columns.

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>03</u>	15. <u>R</u>	16. <u>02</u>	17. <u>30</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>03</u>	22. <u>R</u>	23. <u>02</u>	24. <u>30</u>	25. <u>L</u>
26. <u>0 3</u>	27. <u>    </u>	28. <u>    </u>	29. <u>    </u>	30. <u>    </u>	31. <u>    </u>	32. <u>    </u>
33. <u>0 4</u>	34. <u>    </u>	35. <u>    </u>	36. <u>    </u>	37. <u>    </u>	38. <u>    </u>	39. <u>    </u>
40. <u>0 5</u>	41. <u>    </u>	42. <u>    </u>	43. <u>    </u>	44. <u>    </u>	45. <u>    </u>	46. <u>    </u>

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

### CODES FOR CLASS OF VEHICLE

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (00) Not a motor vehicle<br>(01) Subcompact/mini (wheelbase < 254 cm)<br>(02) Compact (wheelbase ≥ 254 but < 265 cm)<br>(03) Intermediate (wheelbase ≥ 265 but < 278 cm)<br>(04) Full size (wheelbase ≥ 278 but < 291 cm)<br>(05) Largest (wheelbase ≥ 291 cm)<br>(09) Unknown passenger car size<br>(14) Compact utility vehicle<br>(15) Large utility vehicle (≤ 4,536 kgs GVWR)<br>(16) Utility station wagon (≤ 4,536 kgs GVWR)<br>(19) Unknown utility type<br>(20) Minivan (≤ 4,536 kgs GVWR)<br>(21) Large van (≤ 4,536 kgs GVWR)<br>(24) Van Based school bus (≤ 4,536 kgs GVWR)<br>(28) Other van type (≤ 4,536 kgs GVWR)<br>(29) Unknown van type (≤ 4,536 kgs GVWR)<br>(30) Compact pickup truck (≤ 4,536 kgs GVWR) | (31) Large pickup truck (≤ 4,536 kgs GVWR)<br>(38) Other pickup truck (≤ 4,536 kgs GVWR)<br>(39) Unknown pickup truck type (≤ 4,536 kgs GVWR)<br>(45) Other light truck (≤ 4,536 kgs GVWR)<br>(48) Unknown light truck type (≤ 4,536 kgs GVWR)<br>(49) Unknown light vehicle type<br>(50) School bus (excludes van based)(> 4,536 kgs GVWR)<br>(58) Other bus (> 4,536 kgs GVWR)<br>(59) Unknown bus type<br>(60) Truck (> 4,536 kgs GVWR)<br>(67) Tractor without trailer<br>(68) Tractor-trailer(s)<br>(78) Unknown medium/heavy truck type<br>(79) Unknown light/medium/heavy truck type<br>(80) Motored cycle<br>(90) Other vehicle<br>(99) Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |                                          |                                                          |                                             |                                             |
|------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <b>CDS APPLICABLE AND OTHER VEHICLES</b> | (O) Not a motor vehicle<br>(N) Noncollision<br>(F) Front | (R) Right side<br>(L) Left side<br>(B) Back | (T) Top<br>(U) Undercarriage<br>(9) Unknown |
|------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------------------|

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

### CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (01-30) — Vehicle Number<br><br><b>Noncollision</b><br>(31) Overturn — rollover (excludes end-over-end)<br>(32) Rollover — end-over-end<br>(33) Fire or explosion<br>(34) Jackknife<br>(35) Other intraunit damage (specify):<br>_____<br>(36) Noncollision injury<br>(38) Other noncollision (specify):<br>_____<br>(39) Noncollision — details unknown<br><br><b>Collision With Fixed Object</b><br>(41) Tree (≤ 10 cm in diameter)<br>(42) Tree (> 10 cm in diameter)<br>(43) Shrubbery or bush<br>(44) Embankment<br>(45) Breakaway pole or post (any diameter)<br><br><b>Nonbreakaway Pole or Post</b><br>(50) Pole or post (≤ 10 cm in diameter)<br>(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)<br>(52) Pole or post (> 30 cm in diameter)<br>(53) Pole or post (diameter unknown)<br><br>(54) Concrete traffic barrier<br>(55) Impact attenuator<br>(56) Other traffic barrier (includes guardrail)<br>(specify): _____ | (57) Fence<br>(58) Wall<br>(59) Building<br>(60) Ditch or culvert<br>(61) Ground<br>(62) Fire hydrant<br>(63) Curb<br>(64) Bridge<br>(68) Other fixed object (specify):<br>_____<br>(69) Unknown fixed object<br><br><b>Collision with Nonfixed Object</b><br>(70) Passenger car, light truck, van, or other vehicle not in-transport<br>(71) Medium/heavy truck or bus not in-transport<br>(72) Pedestrian<br>(73) Cyclist or cycle<br>(74) Other nonmotorist or conveyance<br><br>(75) Vehicle occupant<br>(76) Animal<br>(77) Train<br>(78) Trailer, disconnected in transport<br>(79) Object fell from vehicle in-transport<br>(88) Other nonfixed object (specify):<br>_____<br>(89) Unknown nonfixed object<br><br>(98) Other event (specify):<br>_____<br>(99) Unknown event or object |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PRECRASH ENVIRONMENTAL DATA**

- 19. Relation To Interchange Or Junction 2
  - (0) Non-interchange area and non-junction
  - (1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) \_\_\_\_\_

- (5) Unknown type of junction

- (9) Unknown

- 20. Trafficway Flow 2
  - (0) Not physically divided (two way traffic)
  - (1) Divided trafficway-median strip without positive barrier
  - (2) Divided trafficway-median strip with positive barrier
  - (3) One way traffic
  - (9) Unknown

- 21. Number Of Travel Lanes 3

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

- 22. Roadway Alignment 1

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

- 23. Roadway Profile 2

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

- 24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

- 25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

- 26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

- 27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_
- (9) Unknown

- 28. Traffic Control Device 1

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

- (9) Unknown

- 29. Traffic Control Device Functioning 2

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): \_\_\_\_\_
- (2) Traffic control device functioning properly
- (9) Unknown

OCCUPANT RELATED

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

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 2  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown  
 Specify type of "other" air bag present: \_\_\_\_\_

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 1330  
 Code weight to nearest 10 kilograms. 136  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more 1360.3  
 (999) Unknown  
2999 lbs X .4536 = 1376 kgs  
 Source: \_\_\_\_\_

- 44. Vehicle Cargo Weight 000  
 Code weight to nearest 10 kilograms. 000  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs  
 Source: INSPECTION

ROLLOVER DATA

- 45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
- 47. 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  
 (8) Rollover--end-over-end  
 (9) Unknown
- 48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
- 49. 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): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown
- 50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

2924 IH  
75 V6  
2999

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(00) No rollover<br/>(01-30) — Vehicle Number</p> <p><b>Noncollision</b><br/>(31) Turn-over — fall-over<br/>(32) No rollover impact initiation (end-over-end)<br/>(34) Jackknife</p> <p><b>Collision With Fixed Object</b><br/>(41) Tree (<math>\leq</math> 10 cm in diameter)<br/>(42) Tree (<math>&gt;</math> 10 cm in diameter)<br/>(43) Shrubbery or bush<br/>(44) Embankment</p> <p>(45) Breakaway pole or post (any diameter)</p> <p><b>Nonbreakaway Pole or Post</b><br/>(50) Pole or post (<math>\leq</math> 10 cm in diameter)<br/>(51) Pole or post (<math>&gt;</math> 10 cm but <math>\leq</math> 30 cm in diameter)<br/>(52) Pole or post (<math>&gt;</math> 30 cm in diameter)<br/>(53) Pole or post (diameter unknown)</p> <p>(54) Concrete traffic barrier<br/>(55) Impact attenuator<br/>(56) Other traffic barrier (includes guardrail)<br/>(specify): _____</p> | <p>(57) Fence<br/>(58) Wall<br/>(59) Building<br/>(60) Ditch or culvert<br/>(61) Ground<br/>(62) Fire hydrant<br/>(63) Curb<br/>(64) Bridge<br/>(68) Other fixed object (specify):<br/>_____</p> <p>(69) Unknown fixed object</p> <p><b>Collision with Nonfixed Object</b><br/>(70) Passenger car, light truck, van, or other vehicle not in-transport<br/>(71) Medium/heavy truck or bus not in-transport<br/>(76) Animal<br/>(77) Train<br/>(78) Trailer, disconnected in transport<br/>(79) Object fell from vehicle in-transport<br/>(88) Other nonfixed object (specify):<br/>_____</p> <p>(89) Unknown nonfixed object</p> <p>(98) Other event (specify):<br/>_____</p> <p>(99) Unknown event or object</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>08</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1165</u>	

## VEHICLE IDENTIFICATION

VIN 1G3AJ55M3T6 XXXXXXXXXX Model Year 96  
 Vehicle Make (specify): OLDSMOBILE Vehicle Model (specify): CIERA SL

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	RIGHT FRONT BUMPER CORNER - 114 FWD OF REAR AXLE	R. FRONT B.C. - 24 FWD OF REAR AXLE	BETWEEN C3 & C4
2	RIGHT 98 BEHIND - 114 FWD OF REAR AXLE	ESTIMATE SAME AS DIRECT DAMAGE (OVERLAPPING SIDESLAP)	BETWEEN C1 & C2

## CRUSH PROFILE IN CENTIMETERS

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush <small>FWD DOWN</small>								
1	RIGHT FRONT	236	58	322	5	13	40	38	25	7	+99
	FREE SPACE		2		2	2	2	4	6	13	
1	RESULTANT	236	56	322	3	11	38	34	19	-6	+99
	Right front										
* 2	RIGHT REAR	212	11	216	8	9	3	4	10	17	-123.5
	FREE SPACE		7		5	5	0	3	6	2	
2	RESULTANT	212	4	216	3	4	3	1	4	15	-124
	* OVERLAPPING DAMAGE WITH PRIMARY (HIGHEST ΔV) IMPACT										

# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>104.9</u>	inches	x 2.54	=	<u>267</u>	cm
Overall Length	<u>193.2</u>	inches	x 2.54	=	<u>491</u>	cm
Maximum Width	<u>69.5</u>	inches	x 2.54	=	<u>177</u>	cm
Curb Weight	<u>2924</u>	pounds	x .4536	=	<del>1360</del> <u>1326</u>	kg
Average Track	<u>58.75</u>	inches	x 2.54	=	<u>149</u>	cm
Front Overhang	_____	inches	x 2.54	=	_____	cm
Rear Overhang	_____	inches	x 2.54	=	_____	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	<u>4</u> / <u>2.2</u>	L
	_____	CID	x .0164	=	_____	L

\*  

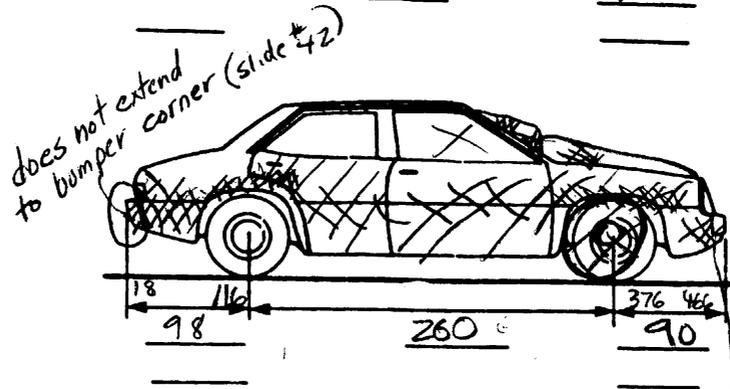
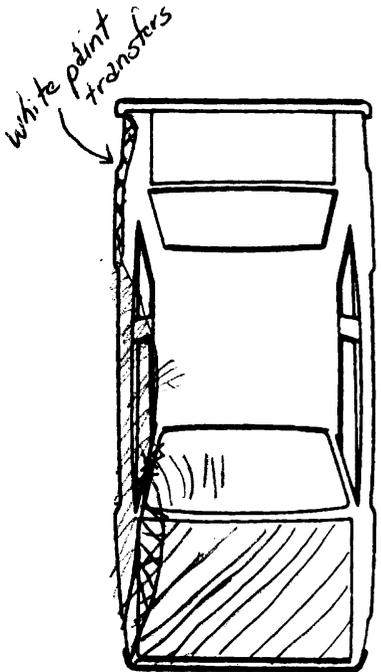
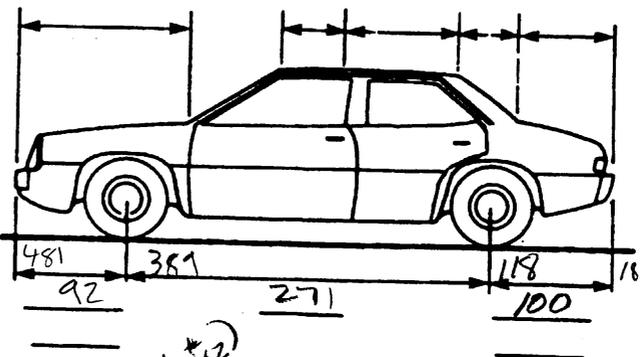
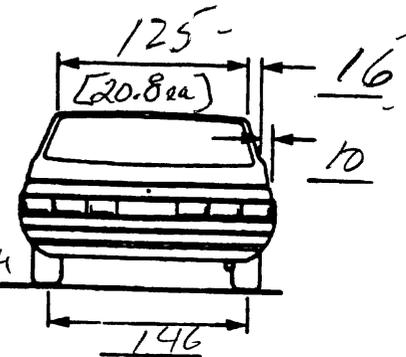
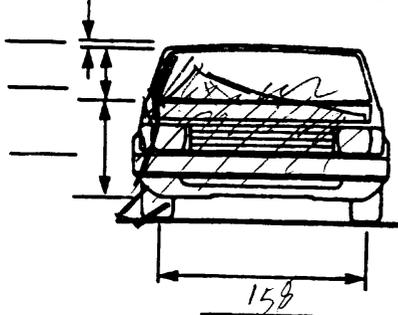
$$\begin{array}{r} 2924 \text{ J4} \\ 15 \text{ V8} \\ \hline 2999 \end{array}$$

### VEHICLE DAMAGE SKETCH

<p><b>TIRE - WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted</p> <p>RF <math>\frac{1}{2}</math> LF <math>\frac{2}{2}</math> RR <math>\frac{2}{2}</math> LR <math>\frac{2}{2}</math></p> <p>b. Tire deflated</p> <p>RF <math>\frac{1}{2}</math> LF <math>\frac{2}{2}</math> RR <math>\frac{2}{2}</math> LR <math>\frac{2}{2}</math></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>267</u><sup>266</sup> cm</p> <p>Overall Length <u>491</u> cm</p> <p>Maximum Width <u>177</u> cm</p> <p>Curb Weight <u>1360</u> <del>1326</del> kg</p> <p>Average Track <u>149</u> cm</p> <p>Front Overhang <u>NA</u> cm</p> <p>Rear Overhang <u>NA</u> cm</p> <p>Undeformed End Width <u>NA</u> cm</p> <p>Engine Size: cyl./displ. <u>6/3.7</u> L</p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF <math>\pm</math> <u>00</u> ° LF <math>\pm</math> _____ ° RR <math>\pm</math> _____ ° LR <math>\pm</math> _____ °</p> <p>Within <math>\pm</math> 5 degrees</p> <hr/> <p><b>DRIVE WHEELS</b></p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>0</u> kg</p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> <p>END SHIFT <math>\geq</math> 10 CM</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

**MEASUREMENTS IN CENTIMETERS**

LF  $\frac{11}{32}$  RF  $\frac{11}{32}$   
LR  $\frac{13}{32}$  RR  $\frac{13}{32}$



RESTRICTED & FLAT

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.

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



**COLLISION DEFORMATION CLASSIFICATION**

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>03</u>	7. <u>R</u>	8. <u>Y</u>	9. <u>BA</u>	10. <u>W</u>	11. <u>04</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>02</u>	14. <u>03</u>	15. <u>R</u>	16. <u>Z</u>	17. <u>B</u>	18. <u>W</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

**CRUSH PROFILE IN CENTIMETERS**

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ±D
<u>322</u>	<u>003</u>	<u>011</u>	<u>038</u>	<u>034</u>	<u>019</u>	<u>000</u>	<u>099</u>

Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.)  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

998

27. Direct Damage Width  
(For highest severity impact)  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

236

28. Original Wheelbase  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
104.9 inches X 2.54 = 266.4 centimeters

267  
266

29. Original Average Track Width  
Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
57.9 inches X 2.54 = 146.9 centimeters

149  
147

30. Are CDCs Documented but Not Coded on The Automated File? 0  
 (0) No  
 (1) Yes

31. Researcher's Assessment of Vehicle Disposition 1  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0  
 (0) No post manufacturer modifications  
 (1) Yes - post manufacturer modifications (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Include photograph of CERTIFICATION PLACARD in case report)  
 (9) Unknown if vehicle is modified

**FIRE OCCURRENCE**

33. Fire Occurrence 0  
 (0) No fire  
 Yes, fire occurred  
 (1) Minor  
 (2) Major  
 (9) Unknown

34. Origin of Fire 0  
 (0) No fire  
 (1) Vehicle exterior (front, side, back, top)  
 (2) Exhaust system  
 (3) Fuel tank (and other fuel retention system parts)  
 (4) Engine compartment  
 (5) Cargo/trunk compartment  
 (6) Instrument panel  
 (7) Passenger compartment area  
 (8) Other location (specify): \_\_\_\_\_  
 (9) Unknown

**FUEL SYSTEM**

35. Location of Fuel Tank-1 Filler Cap 2

36. Location of Fuel Tank-2 Filler Cap 0  
 (0) No fuel tank  
 (1) On back plane  
 (2) Aft of center of the rear wheels (rear axle) on left side plane  
 (3) Aft of center of the rear wheels (rear axle) on right side plane  
 (4) Forward of center of the rear wheels (rear axle) on left side plane  
 (5) Forward of center of the rear wheels (rear axle) on right side plane  
 (6) Over the center of the rear wheels (rear axle) on left side plane  
 (7) Over the center of the rear wheels (rear axle) on right side plane  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

37. Type of Fuel Tank-1 1

38. Type of Fuel Tank-2 0  
 (0) No fuel tank (electrical vehicle)  
 (1) Metallic  
 (2) Non-metallic  
 (9) Unknown

39. Location of Fuel Tank-1 4

40. Location of Fuel Tank-2 0  
 (0) No fuel tank  
 (1) Aft of center of the rear wheels (rear axle) centered  
 (2) Aft of center of the rear wheels (rear axle) left side  
 (3) Aft of center of the rear wheels (rear axle) right side  
 (4) Forward of center of the rear wheels (rear axle) centered  
 (5) Forward of center of the rear wheels (rear axle) left side  
 (6) Forward of center of the rear wheels (rear axle) right side  
 (7) Over center of the rear wheels (rear axle)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

41. Damage to Fuel Tank-1 1

42. Damage to Fuel Tank-2 0  
 (0) No fuel tank  
 (1) No damage to fuel tank  
 (2) Deformed, no seam failure  
 (3) Deformed, with a seam failure  
 (4) Punctured  
 (5) Lacerated (ripped)  
 (6) Abraded (scraped)  
 (7) Filler neck separation from the fuel tank  
 (8) Other damage (specify): \_\_\_\_\_  
 (9) Unknown

43. Leakage Location of Fuel System-1 1

44. Leakage Location of Fuel System-2 0

(0) No fuel tank  
(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank  
(3) Filler neck  
(4) Cap  
(5) Lines/pump/filter  
(6) Vent/emission recovery  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

45. Fuel Type-1 01

46. Fuel Type-2 00

*Single Fuel Type*

(00) No fuel tank  
(01) Gasoline  
(02) Diesel  
(03) CNG (Compressed Natural Gas)  
(04) LPG (Liquid Petroleum Gas) also known as Propane  
(05) LNG (Liquid Natural Gas)  
(06) Methanol (M100 or M85)  
(07) Ethanol (E100 or E85)  
(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery  
(11) Nickel-Iron Battery  
(12) Nickel-Cadmium Battery  
(13) Sodium Metal Chloride Battery  
(14) Sodium Sulfur Battery  
(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage

(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):  
Type of tank \_\_\_\_\_  
Tank location \_\_\_\_\_  
Filler cap location \_\_\_\_\_  
Tank damage \_\_\_\_\_  
Location of leakage \_\_\_\_\_  
Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

# INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 08

2. Case Number - Stratum LL65

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

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

(9) Unknown

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

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

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 4 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 6 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 0

- (0) No glazing
- (1) 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
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

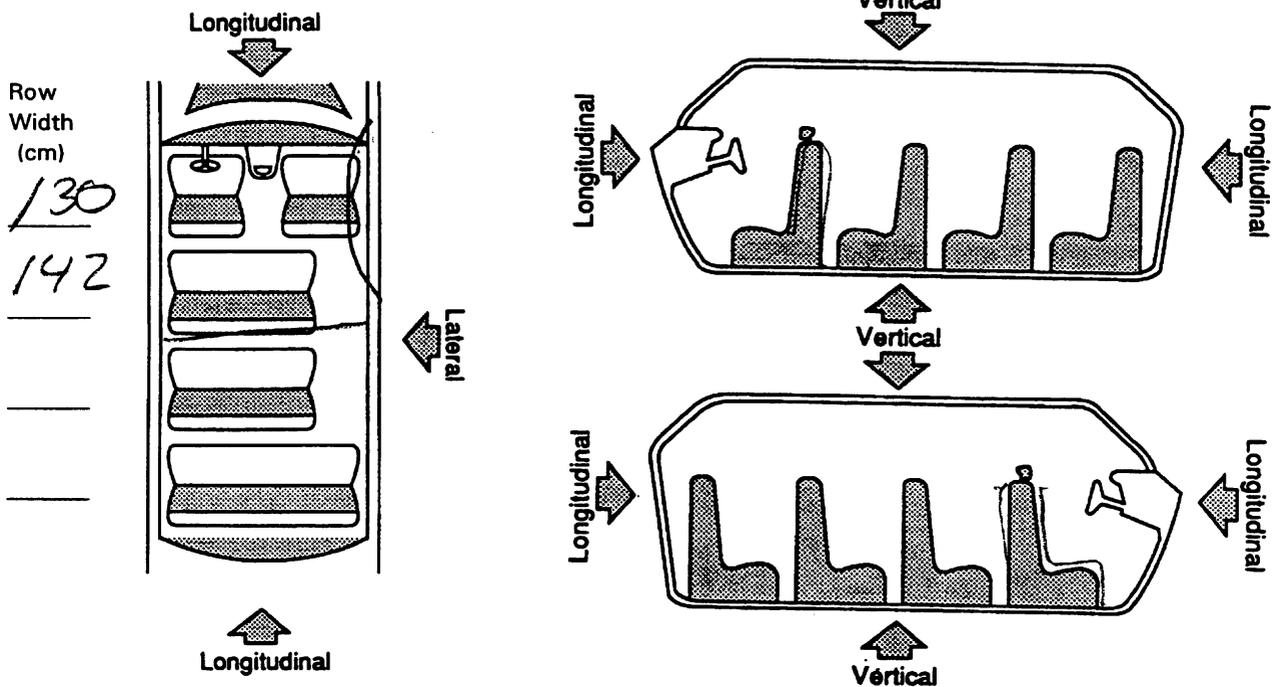
39. WS 1 40. LF 1 41. RF 1 42. LR 6 43. RR 1

44. BL 1 45. Roof 0 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

**NOTE: SKETCH INTRUDED AREAS**



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
13	Side Panel	65	- 29	= 36	lat
13	A Pillar	67	- 37	= 30 At Dash	lat
13	B Pillar	67	- 56	= 11	LAT
13	Roof S. Rail?	54	- 51	= 3	LAT
13	Seat	87	- 107	= 20 TO Roof	Vert
23	Side Panel	71	- 64	= 7	LAT
23	Roof S. Rail	54	- 52	= 2	lat
			-	=	
			-	=	
11	SEATBACK	0	- 12 fwd	= 12	LONG
13	SEATBACK	0	- 18 BACK	= 18	LONG
			-	=	
			-	=	
			-	=	
			-	=	

**OCCUPANT AREA INTRUSION**

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

**INTRUDING COMPONENT**

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify):

*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

**MAGNITUDE OF INTRUSION**

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>11</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>13</u>	52. <u>06</u>	53. <u>4</u>	54. <u>3</u>
3rd	55. <u>13</u>	56. <u>25</u>	57. <u>3</u>	58. <u>1</u>
4th	59. <u>23</u>	60. <u>20</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>11</u>	64. <u>20</u>	65. <u>2</u>	66. <u>2</u>
6th	67. <u>13</u>	68. <u>07</u>	69. <u>2</u>	70. <u>3</u>
7th	71. <u>23</u>	72. <u>11</u>	73. <u>1</u>	74. <u>3</u>
8th	75. <u>13</u>	76. <u>14</u>	77. <u>1</u>	78. <u>3</u>
9th	79. <u>13</u>	80. <u>18</u>	81. <u>1</u>	82. <u>3</u>
10th	83. <u>99</u>	84. <u>99</u>	85. <u>9</u>	86. <u>9</u>

1-3 I panel, area above A(10),  
LOCATION OF INTRUSION *topan*

- |             |                                    |
|-------------|------------------------------------|
| Front Seat  | Fourth Seat                        |
| (11) Left   | (41) Left                          |
| (12) Middle | (42) Middle                        |
| (13) Right  | (43) Right                         |
| Second Seat | (97) Catastrophic                  |
| (21) Left   | (98) Other enclosed area (specify) |
| (22) Middle |                                    |
| (23) Right  | (99) Unknown                       |
| Third Seat  |                                    |
| (31) Left   |                                    |
| (32) Middle |                                    |
| (33) Right  |                                    |

# STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

**STEERING COLUMN**

**INSTRUMENT PANEL**

87. Steering Column Type 2  
 (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_  
 (9) Unknown

88. Tilt Steering Column Adjustment 3  
 (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment 0  
 (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

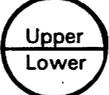
90. Steering Rim/Spoke Deformation 00  
 Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00  
 (00) No steering rim deformation

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



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




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

92. Odometer Reading 006,000  
 kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
3786 miles X 1.6093 = 6092 kilometers  
 Source: ODOMETER

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

94. Type of Knee Bolster Covering 2  
 (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

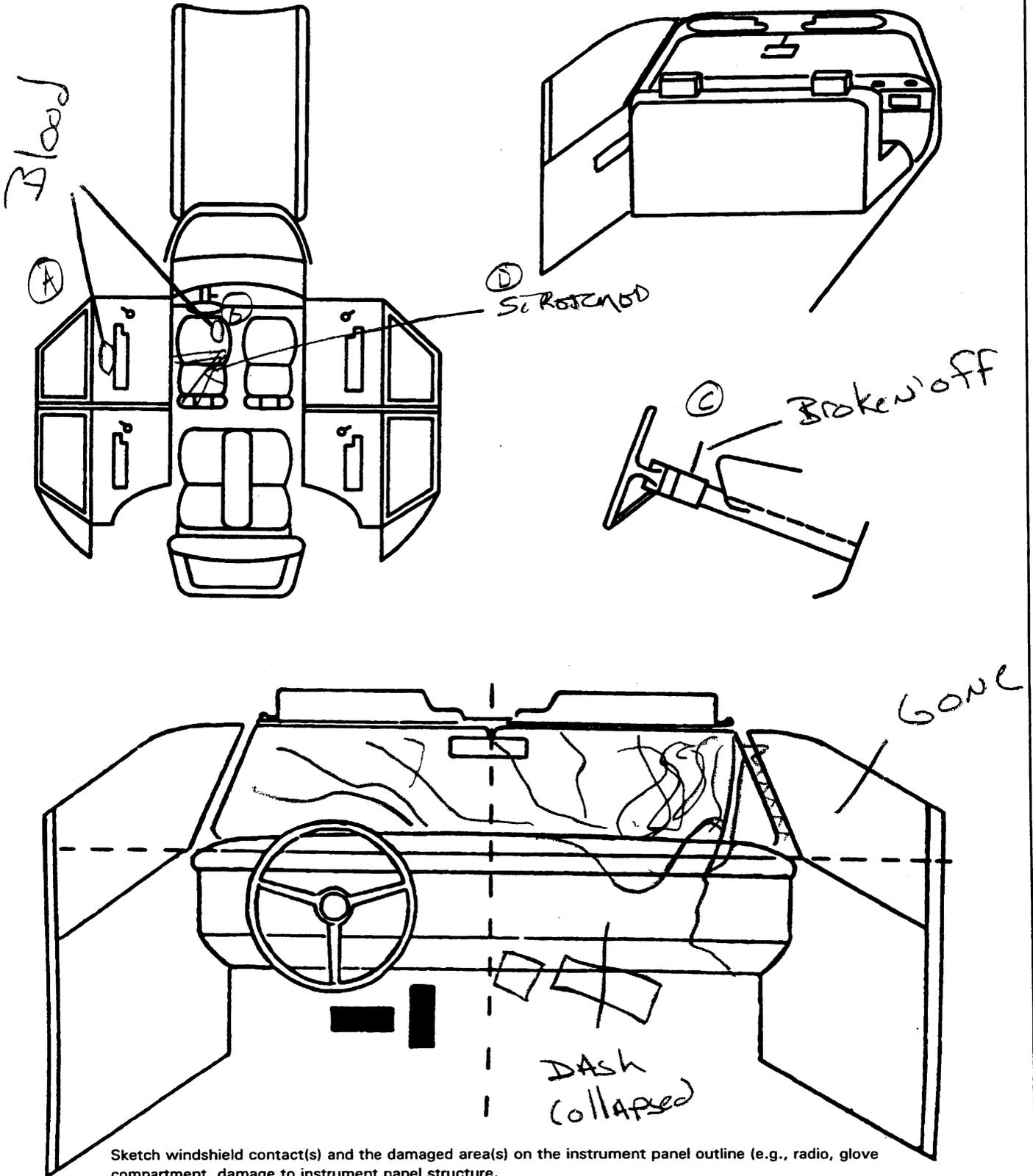
95. Knee Bolsters Deformed from Occupant Contact? 1  
 (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2  
 (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0  
 (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
 Hand controls for braking/acceleration  
 Steering control devices (attached to OEM steering wheel)  
 Steering knob attached to steering wheel  
 Low effort power steering (unit or device)  
 Replacement steering wheel (i.e., reduced diameter)  
 Joy-stick steering controls  
 Wheelchair tie-downs  
 Modification to seat belts (specify): \_\_\_\_\_  
 Additional or relocated switches (specify): \_\_\_\_\_  
 Raised roof  
 Wall-mounted head rest (used behind wheelchair)  
 Other adaptive device (specify): \_\_\_\_\_  
 (9) Unknown

### VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

**POINTS OF OCCUPANT CONTACT**

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	051	1	L. SIDE	Blood	3
B	011 - 15T	1	LEG	Blood, parts from inst. panel	2
C	007	1	L. ARM	Signal lever broken off	2
D	152	1	CHEST	Webbing stretched	2
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

**CODES FOR INTERIOR COMPONENTS**

- FRONT**  
 (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tapedeck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object. (specify): \_\_\_\_\_  
 (019) Other front object (specify): \_\_\_\_\_

- LEFT SIDE**  
 (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify): \_\_\_\_\_  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify): \_\_\_\_\_
- RIGHT SIDE**  
 (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify): \_\_\_\_\_  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify): \_\_\_\_\_

- INTERIOR**  
 (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify): \_\_\_\_\_  
 (155) Head restraint system  
 (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects  
 (162) Child safety seat (specify): \_\_\_\_\_  
 (163) Other interior object (specify): \_\_\_\_\_
- AIR BAG**  
 (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

- ROOF**  
 (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

- FLOOR**  
 (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

- REAR**  
 (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify): \_\_\_\_\_

- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**  
 (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify): \_\_\_\_\_  
 (409) Additional or relocated switches, (specify): \_\_\_\_\_  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify): \_\_\_\_\_

- CONFIDENCE LEVEL OF CONTACT POINT**  
 (1) Certain  
 (2) Probable  
 (3) Possible  
 (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 11. If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	0	3	0
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	0	0	0
SECOND	A-Availability	4	3	4
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

**A-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

**B/C-Manual (Active) Belt System Use**

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

- (02) \_\_\_\_\_
- (03) Shoulder belt
- (04) Lap belt
- (05) Lap and shoulder belt
- (08) Belt used - type unknown
- (08) Other belt used (specify): \_\_\_\_\_
- (12) \_\_\_\_\_
- (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

**D-Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

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

**E-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

**F-Shoulder Belt Upper Anchorage Adjustment**

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**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**

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	1	0	0
	Deployment	1	0	0
	Failure	1	0	0

**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  
(This Occupant Position)**

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

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

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

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function	2	2
	B-Use	1	2
	C-Type	1	1
	D-Proper Use	X9	0
	E-Failure Modes	1	0

**A-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

**B-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

**C-Automatic (Passive) Belt System Type**

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

**D-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

**E-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

## FIRST SEAT FRONTAL AIR BAGS

**NOTES:** Encode the applicable data *for the driver and first seat passenger* 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.

	Driver	Passenger
A-Type of air bag?	1	0
B-Flaps open at tear points?	2	0
C-Flaps damaged?	1	0
D-Air bag damaged?	01	00
E-Source of air bag damage	01	00
F-Air bag tethered?	1	0
G-Air bag have vent ports?	2	0
H-Other occupant contact air bag?	1	0
I-Occupant wearing eyewear?	9	0

**A-Type of Air Bag**

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

**B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?**

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**C-Were Air Bag Module Cover Flap(s) Damaged?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**D-Was There Damage To The Air Bag?**

- (00) Not equipped/not available
- (01) Not damaged

*Yes - Air Bag Damage*

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify): \_\_\_\_\_

**E-Source of Air Bag Damage**

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): \_\_\_\_\_
- (03) Object carried by occupant, (specify): \_\_\_\_\_
- (04) Adaptive/assistive controls, (specify): \_\_\_\_\_
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): \_\_\_\_\_
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

**F-Was The Air Bag Tethered?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): \_\_\_\_\_
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**G-Did The Air Bag Have Vent Ports?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): \_\_\_\_\_
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?**

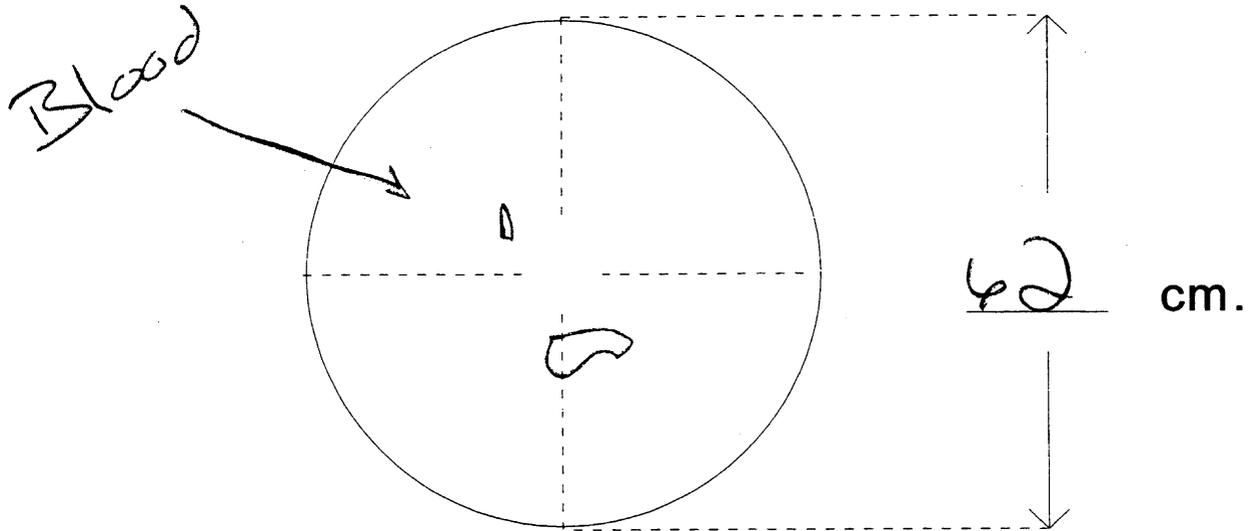
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**I-Was This Occupant Wearing Eye-wear?**

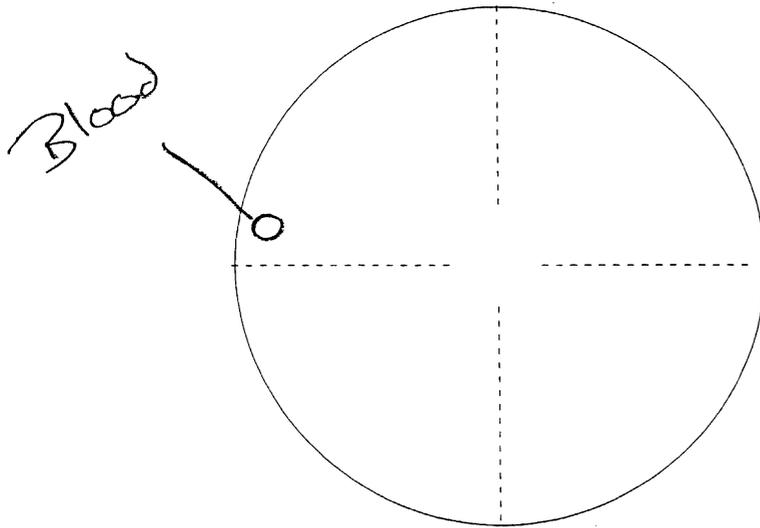
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



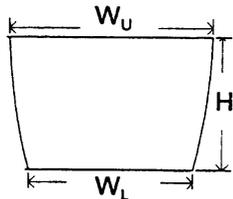
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



**DRIVER AIR BAG SKETCHES (Cont'd)**

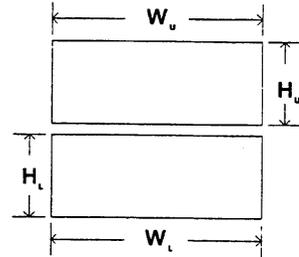
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_  
 height (H) \_\_\_\_\_

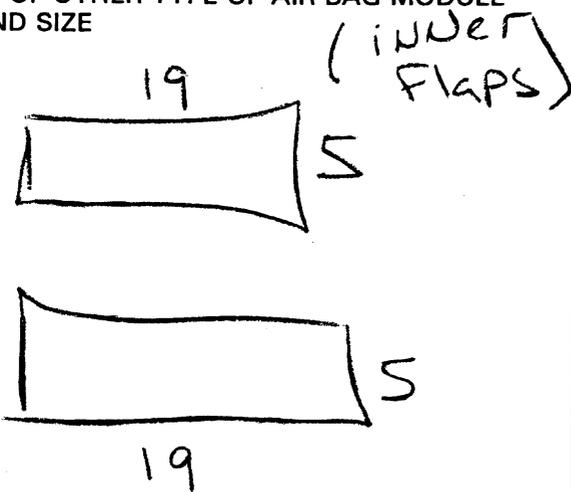


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap                      b. Lower Flap  
 width ( $W_U$ )  $\frac{20}{7}$                       width ( $W_L$ )  $\frac{20}{5}$   
 height ( $H_U$ ) \_\_\_\_\_                      height ( $H_L$ )  $5$

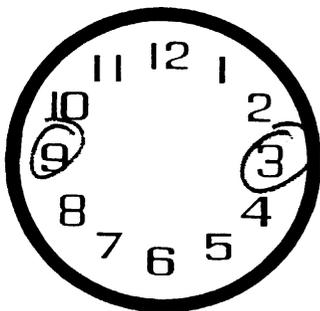


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE



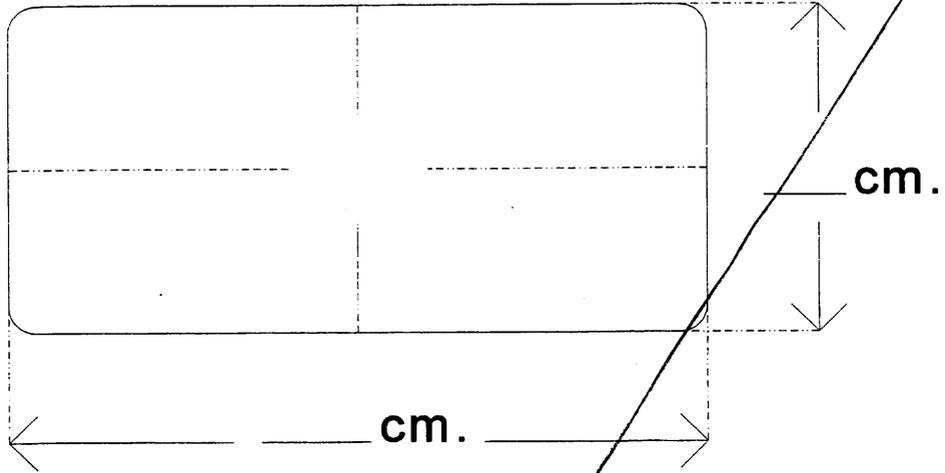
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

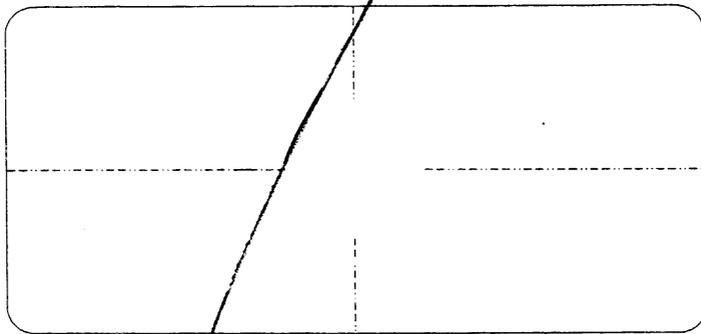


**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

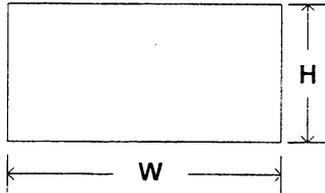


**PASSENGER AIR BAG SKETCHES (Cont'd)**

**3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)**

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



**4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)**

a. Upper Flap

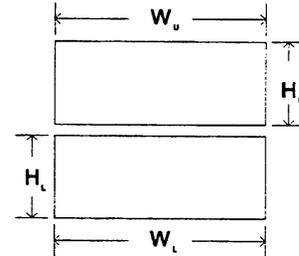
b. Lower Flap

width ( $W_u$ ) \_\_\_\_\_

width ( $W_l$ ) \_\_\_\_\_

height ( $H_u$ ) \_\_\_\_\_

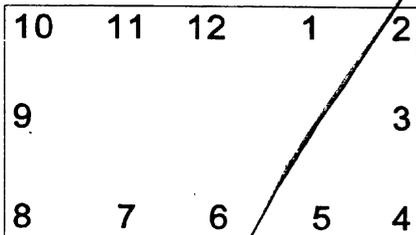
height ( $H_l$ ) \_\_\_\_\_



**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE**

**6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS**

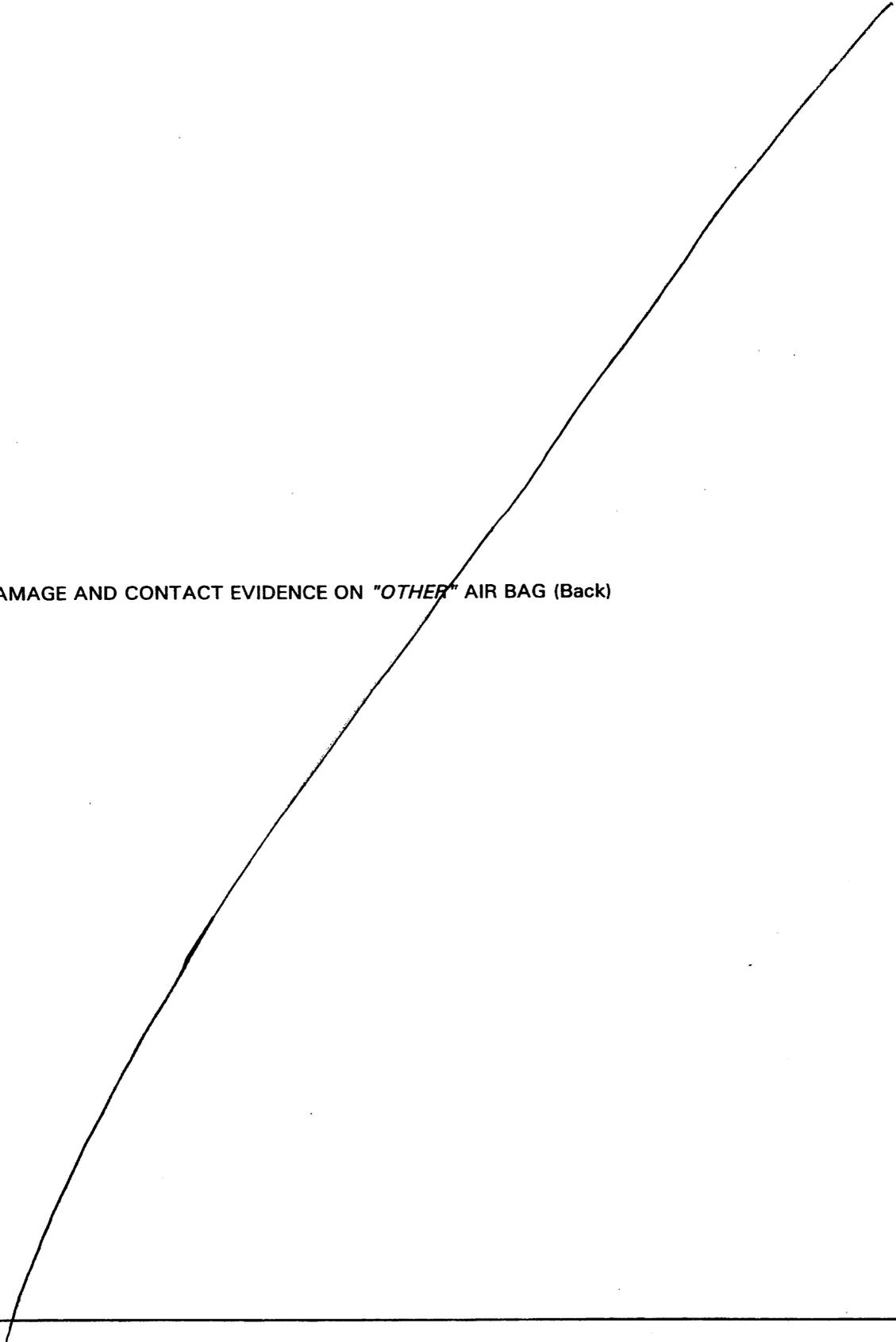
**7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS**



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)



**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**



**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
F I R S T	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	04	04	04
	C-Seat Orientation	1	1	1
	D-Seat Track Position	3	3	3
	E-Seat Back Incline Pre/Post Impact	01?	01?	01?
	F-Seat Performance	6	6	6
S E C O N D	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

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

**HEAD RESTRAINTS/SEAT EVALUATION**

**A-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

**B-Seat Type (this Occupant Position)**

- (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) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or 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

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

*Slightly reclined prior to impact*

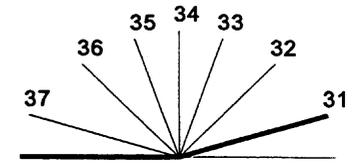
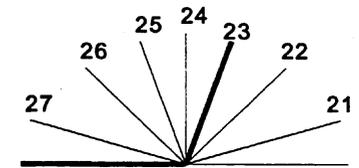
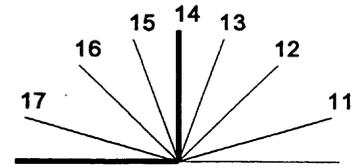
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (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 (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): 13 DOOR PANEL
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

## CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

<p><b>1. Type of Child Safety Seat</b></p> <p>(0) No child safety seat          (1) Infant seat          (2) Toddler seat          (3) Convertible seat          (4) Booster seat          (7) Other type child safety seat (specify): _____</p> <p>(8) Unknown child safety seat type          (9) Unknown if child safety seat used</p> <p><b>2. Child Safety Seat Orientation</b></p> <p>(00) No child safety seat</p> <p>Designed for Rear Facing for This Age/Weight          (01) Rear facing          (02) Forward facing          (08) Other orientation (specify): _____</p> <p>(09) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight          (11) Rear facing          (12) Forward facing          (18) Other orientation (specify): _____</p> <p>(19) Unknown orientation</p> <p>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight          (21) Rear facing          (22) Forward facing          (28) Other orientation (specify): _____</p> <p>(29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p><b>3. Child Safety Seat Harness Usage</b></p> <p><b>4. Child Safety Seat Shield Usage</b></p> <p><b>5. Child Safety Seat Tether Usage</b>          Note: Options Below Are Used for Variables 3-5.          (00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether          (01) After market harness/shield/tether added, not used          (02) After market harness/shield/tether used          (03) Child safety seat used, but no after market harness/shield/tether added          (09) Unknown if harness/shield/tether added or used</p> <p>Designed With Harness/Shield/Tether          (11) Harness/shield/tether not used          (12) Harness/shield/tether used          (19) Unknown if harness/shield/tether used</p> <p>Unknown If Designed With Harness/Shield/Tether          (21) Harness/shield/tether not used          (22) Harness/shield/tether used          (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p><b>6. Child Safety Seat Make/Model</b>          (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

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

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify):  
\_\_\_\_\_
- (9) Unknown

**Ejection Medium**

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

- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

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

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

**ENTRAPMENT**      No [  ]      Yes [  ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

(Note on vehicle interior sketch)



# OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 08  
 2. Case Number - Stratum 1165  
 3. Vehicle Number 01  
 4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 71  
 Code actual age at time of accident.  
 (00) Less than one year old (specify by month): \_\_\_\_\_  
 (97) 97 years and older \_\_\_\_\_  
 (99) Unknown \_\_\_\_\_

6. Occupant's Sex 1  
 (1) Male  
 (2) Female-not reported pregnant  
 (3) Female-pregnant-1st trimester(1st-3rd month)  
 (4) Female-pregnant-2nd trimester(4th-6th month)  
 (5) Female-pregnant-3rd trimester(7th-9th month)  
 (6) Female-pregnant-term unknown  
 (9) Unknown

7. Occupant's Height 999  
 Code actual height to the nearest centimeter.  
 (999) Unknown  
 \_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 999  
 Code actual weight to the nearest kilogram.  
 (999) Unknown  
 \_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 1  
 (1) Driver  
 (2) Passenger  
 (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
 (11) Left side  
 (12) Middle  
 (13) Right side  
 (14) Other (specify): \_\_\_\_\_  
 (15) On or in the lap of another occupant

*Second Seat*  
 (21) Left side  
 (22) Middle  
 (23) Right side  
 (24) Other (specify): \_\_\_\_\_  
 (25) On or in the lap of another occupant

*Third Seat*  
 (31) Left side  
 (32) Middle  
 (33) Right side  
 (34) Other (specify): \_\_\_\_\_  
 (35) On or in the lap of another occupant

*Fourth Seat*  
 (41) Left side  
 (42) Middle  
 (43) Right side  
 (44) Other (specify): \_\_\_\_\_  
 (45) On or in the lap of another occupant

(97) In or on unenclosed area  
 (98) Other seat (specify): \_\_\_\_\_  
 (99) Unknown

11. Occupant's Posture 9  
 (0) Normal posture

*Abnormal posture*  
 (1) Kneeling or standing on seat  
 (2) Lying on or across seat  
 (3) Kneeling, standing or sitting in front of seat  
 (4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
 (5) Sitting on a console  
 (6) Lying back in a reclined seat position  
 (7) Bracing with feet or hands on a surface in front of seat  
 (8) Other abnormal posture (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

**EJECTION/ENTRAPMENT**

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

## 18. 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 \_\_\_\_\_

## 19. Manual (Active) Belt System Use

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

- (02) Shoulder belt  
 (03) Lap belt  
 (04) Lap and shoulder belt  
 (05) Belt used—type unknown  
 (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat  
 (13) Lap belt used with child safety seat  
 (14) Lap and shoulder belt used with child safety seat  
 (15) Belt used with child safety seat—type unknown  
 (18) Other belt used with child safety seat (specify): \_\_\_\_\_  
 (99) Unknown if belt used \_\_\_\_\_

## 20. Proper Use of Manual (Active) Belts

- (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 21. 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 \_\_\_\_\_

## 22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt  
 (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position  
 (3) In mid position  
 (4) In full down position  
 (5) Position unknown  
 (9) Unknown if position has adjustable upper anchorage adjustment

## 23. 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

## 24. 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) (specify): \_\_\_\_\_  
 (3) Automatic belt use unknown  
 (9) Unknown

## 25. Automatic (Passive) Belt System Type

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

## 26. 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 \_\_\_\_\_

## 27. 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 \_\_\_\_\_

**POLICE REPORTED RESTRAINT USE**

**AIR BAG SYSTEM FUNCTION**

28. Police Reported Belt Use

4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify):
- Unknown if belt used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(30) Frontal Air Bag System Availability/Function (This Occupant Position)

1

- (0) Not equipped/not available
- (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position)

1

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

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)

0

- (0) Not equipped/not available
- (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position)

1

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

**FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION**

35. Had Vehicle Been in Previous Accident(s)? 9  
 (0) Not equipped/not available  
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
- (3) One previous accident with deployment
- (4) More than one previous accident with at least one deployment
- (8) Previous accidents, unknown deployment status
- (9) Unknown

36. Type of Air Bag 8  
 (0) Not equipped/not available  
 (1) Original manufacturer installed system  
 (2) Retrofitted air bag  
 (3) Replacement air bag  
 (8) Unknown type of air bag  
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9  
 (0) Not equipped/not available  
 (1) No prior maintenance  
 (2) Yes, prior maintenance (specify): \_\_\_\_\_  
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01  
 (00) Not equipped/not available  
 \_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
 (96) Deployed, unknown event  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1  
 (0) Not equipped/not available  
 (1) Highest delta V  
 (2) Second highest delta V  
 (3) Other non-coded delta V (specify): \_\_\_\_\_  
 (6) Deployed, unknown event  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 006  
~~0005~~  
 ( \_000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
 ( \_996) Deployment, unknown longitudinal Delta V  
 ( \_997) Not deployed  
 ( \_998) Unknown if deployed  
 ( \_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes  
 (3) Deployed, unknown if flap(s) opened at designated tear points  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if air bag module cover flap(s) damaged  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

43. Was There Damage To The Air Bag? 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 Yes - Air Bag Damage  
 (02) Ruptured  
 (03) Cut  
 (04) Torn  
 (05) Holed  
 (06) Burned  
 (07) Abraded  
 (88) Other damage (specify): \_\_\_\_\_

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION** *continued*

**HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
2  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

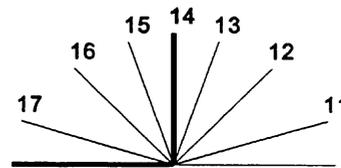
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 04  
 (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) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or 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
52. Seat Track Adjusted Position Prior To Impact 3  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION *continued***

53. Seat Back Incline Prior and Post Impact OT  
 (00) Occupant not seated or no seat 99  
 (01) Not adjustable

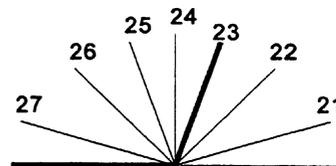
***Upright prior to impact***

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



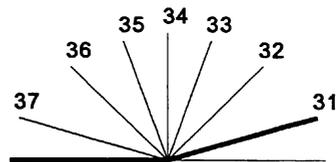
***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



***Completely reclined prior to impact***

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 6  
 (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 (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): FRONT SEATS PUSHED  
LATERALLY BY DOOR PANEL/B PILLAR  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. 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

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. 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

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(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

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 05 99

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97  
99

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 05  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 9  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 25  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



# OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>    08    </u>	3. Vehicle Number <u>    01    </u>
2. Case Number - Stratum <u>    1165    </u>	4. Occupant Number <u>    01    </u>

## INJURY DATA

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

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source Confidence Level	Injury Source	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
<i>sm @ scalp</i>	1st	5. <u>3</u>	7. <u>9</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>602</u>	13. <u>2</u>	14. <u>3</u>	15. <u>00</u>	
<i>④ upper abdominal quadrant</i>	2nd	16. <u>3</u>	17. <u>5</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>052</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
<i>⑤ upper high fracture</i>	3rd	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>011</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
<i>⑥ left rib's w/ sm pneumo. thorax</i>	4th	38. <u>2</u>	39. <u>4</u>	40. <u>5</u>	41. <u>02</u>	42. <u>22</u>	43. <u>3</u>	44. <u>1</u>	45. <u>152</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
<i>⑦ chest, amnesia - ACS = 15</i>	5th	49. <u>2</u>	50. <u>1</u>	51. <u>6</u>	52. <u>04</u>	53. <u>10</u>	54. <u>2</u>	55. <u>0</u>	56. <u>603</u>	57. <u>3</u>	58. <u>3</u>	59. <u>00</u>
	6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
	7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
	8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
	9th	93. <u>  </u>	94. <u>  </u>	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>
	10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>



**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.  To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<b>Whole Area</b>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<b>Head - LOC</b>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<b>Spine</b>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		<b>Abbreviated Injury Scale</b>	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (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 RECORDS**

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

**CONFIDENCE LEVEL**

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

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

## INJURY SOURCES

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <p><b>FRONT</b></p> <p>(001) Windshield</p> <p>(002) Mirror</p> <p>(003) Sunvisor</p> <p>(004) Steering wheel rim</p> <p>(005) Steering wheel hub/spoke</p> <p>(006) Steering wheel (combination of codes 004 and 005)</p> <p>(007) Steering column, transmission selector lever, other attachment</p> <p>(008) Cellular telephone or CB radio</p> <p>(009) Add on equipment (e.g., tape deck, air conditioner)</p> <p>(010) Left instrument panel and below</p> <p>(011) Center instrument panel and below</p> <p>(012) Right instrument panel and below</p> <p>(013) Glove compartment door</p> <p>(014) Knee bolster</p> <p>(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)</p> <p>(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)</p> <p>(017) Windshield reinforced by exterior object (specify): _____</p> <p>(019) Other front object (specify): _____</p> <p><b>LEFT SIDE</b></p> <p>(051) Left side interior surface, excluding hardware or armrests</p> <p>(052) Left side hardware or armrest</p> <p>(053) Left A (A1/A2)-pillar</p> <p>(054) Left B-pillar</p> <p>(055) Other left pillar (specify): _____</p> <p>(056) Left side window glass</p> <p>(057) Left side window frame</p> <p>(058) Left side window sill</p> <p>(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(060) Other left side object (specify): _____</p> <p><b>RIGHT SIDE</b></p> <p>(101) Right side interior surface, excluding hardware or armrests</p> | <p>(102) Right side hardware or armrest</p> <p>(103) Right A (A1/A2)-pillar</p> <p>(104) Right B-pillar</p> <p>(105) Other right pillar (specify): _____</p> <p>(106) Right side window glass</p> <p>(107) Right side window frame</p> <p>(108) Right side window sill</p> <p>(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(110) Other right side object (specify): _____</p> <p><b>INTERIOR</b></p> <p>(151) Seat, back support</p> <p>(152) Belt restraint webbing/buckle</p> <p>(153) Belt restraint B-pillar or door frame attachment point</p> <p>(154) Other restraint system component (specify): _____</p> <p>(155) Head restraint system</p> <p>(160) Other occupants (specify): _____</p> <p>(161) Interior loose objects</p> <p>(162) Child safety seat (specify): _____</p> <p>(163) Other interior object (specify): _____</p> <p><b>AIR BAG</b></p> <p>(170) Air bag-driver side</p> <p>(171) Air bag-driver side and eyewear</p> <p>(172) Air bag-driver side and jewelry</p> <p>(173) Air bag-driver side and object held</p> <p>(174) Air bag-driver side and object in mouth</p> <p>(175) Air bag compartment cover-driver side</p> <p>(176) Air bag compartment cover-driver side and eyewear</p> <p>(177) Air bag compartment cover-driver side and jewelry</p> <p>(178) Air bag compartment cover-driver side and object held</p> <p>(179) Air bag compartment cover-driver side and object in mouth</p> <p>(180) Air bag-passenger side</p> <p>(181) Air bag-passenger side and eyewear</p> <p>(182) Air bag-passenger side and jewelry</p> | <p>(183) Air bag-passenger side and object held</p> <p>(184) Air bag-passenger side and object in mouth</p> <p>(185) Air bag compartment cover-passenger side</p> <p>(186) Air bag compartment cover-passenger side and eyewear</p> <p>(187) Air bag compartment cover-passenger side and jewelry</p> <p>(188) Air bag compartment cover-passenger side and object held</p> <p>(189) Air bag compartment cover-passenger side and object in mouth</p> <p>(190) Other air bag (specify) _____</p> <p>(195) Other air bag compartment cover (specify) _____</p> <p><b>ROOF</b></p> <p>(201) Front header</p> <p>(202) Rear header</p> <p>(203) Roof left side rail</p> <p>(204) Roof right side rail</p> <p>(205) Roof or convertible top</p> <p><b>FLOOR</b></p> <p>(251) Floor (including toe pan)</p> <p>(252) Floor or console mounted transmission lever, including console</p> <p>(253) Parking brake handle</p> <p>(254) Foot controls including parking brake</p> <p><b>REAR</b></p> <p>(301) Backlight (rear window)</p> <p>(302) Backlight storage rack, door, etc.</p> <p>(303) Other rear object (specify): _____</p> <p><b>ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT</b></p> <p>(401) Hand controls for braking/acceleration</p> <p>(402) Steering control devices (attached to OEM steering wheel)</p> <p>(403) Steering knob attached to steering wheel</p> <p>(405) Replacement steering wheel (i.e., reduced diameter)</p> <p>(406) Joy stick steering controls</p> <p>(407) Wheelchair tie-downs</p> <p>(408) Modification to seat belts, (specify): _____</p> <p>(409) Additional or relocated switches, (specify): _____</p> <p>(410) Raised roof</p> <p>(411) Wall mounted head rest (used behind wheel chair)</p> <p>(412) Other adaptive device (specify): _____</p> <p><b>EXTERIOR OF OCCUPANT'S VEHICLE</b></p> <p>(451) Hood</p> <p>(452) Outside hardware (e.g., outside mirror, antenna)</p> <p>(453) Other exterior surface or tires (specify): _____</p> <p>(454) Unknown exterior objects</p> <p><b>EXTERIOR OF OTHER MOTOR VEHICLE</b></p> <p>(501) Front bumper</p> <p>(502) Hood edge</p> <p>(503) Other front of vehicle (specify): _____</p> <p>(504) Hood</p> <p>(505) Hood ornament</p> <p>(506) Windshield, roof rail, A-pillar</p> <p>(507) Side surface</p> <p>(508) Side mirrors</p> <p>(509) Other side protrusions (specify): _____</p> <p>(510) Rear surface</p> <p>(511) Undercarriage</p> <p>(512) Tires and wheels</p> <p>(513) Other exterior of other motor vehicle (specify): _____</p> <p>(514) Unknown exterior of other motor vehicle</p> <p><b>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</b></p> <p>(551) Ground</p> <p>(598) Other vehicle or object (specify): _____</p> <p>(599) Unknown vehicle or object</p> <p><b>NONCONTACT INJURY</b></p> <p>(601) Fire in vehicle</p> <p>(602) Flying glass</p> <p>(603) Other noncontact injury source (specify): <i>impact force</i></p> <p>(604) Air bag exhaust gases</p> <p>(697) Injured, unknown source</p> |
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OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

ER  
Restrained?

No  
 Yes

Blood Alcohol Level (mg/dl)

BAL = NOT RECORDED

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = NOT RECORDED

Arterial Blood Gases

pH = 7.40

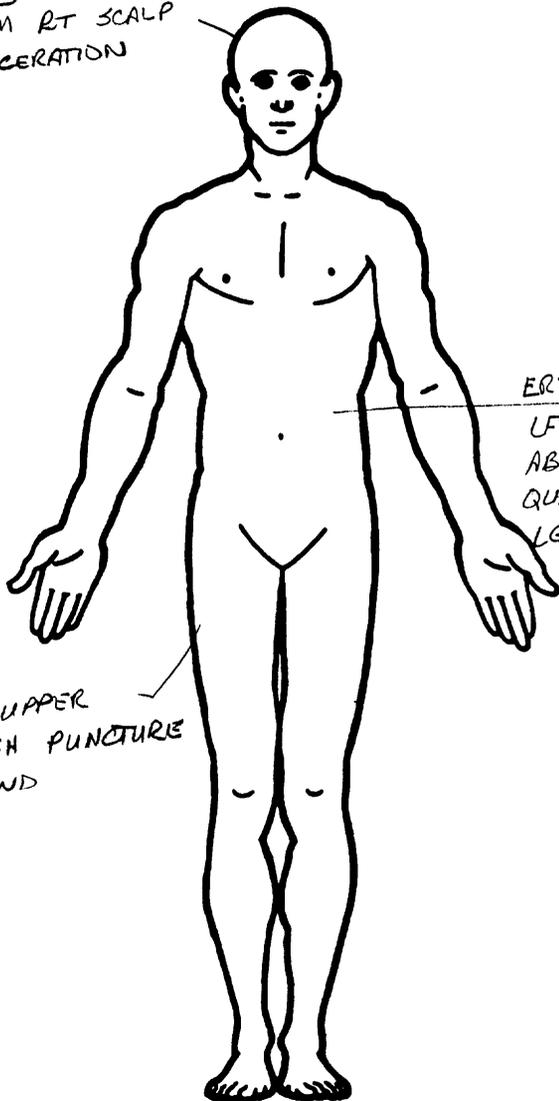
PO<sub>2</sub> = 253

PCO<sub>2</sub> = 40

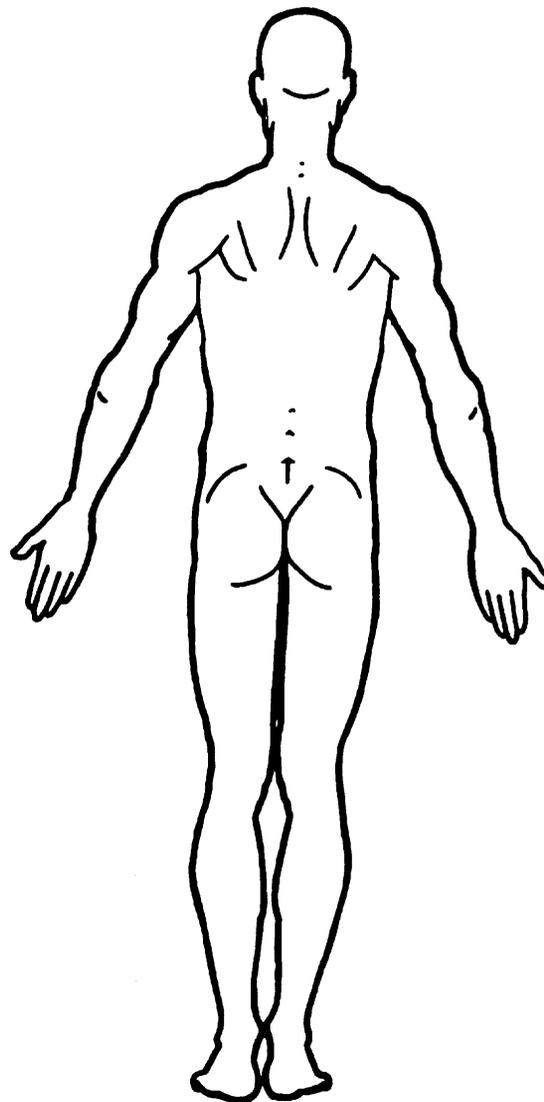
HCO<sub>3</sub> = 25

Indicate the Location, Specific Anatomic Structure, 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.) ER: QUESTIONABLE LOC (+) AMNESIA

ER:  
SM RT SCALP  
LACERATION



ER:  
LFT UPPER  
ABDOMINAL  
QUADRANT w/  
LG. CONTUSION



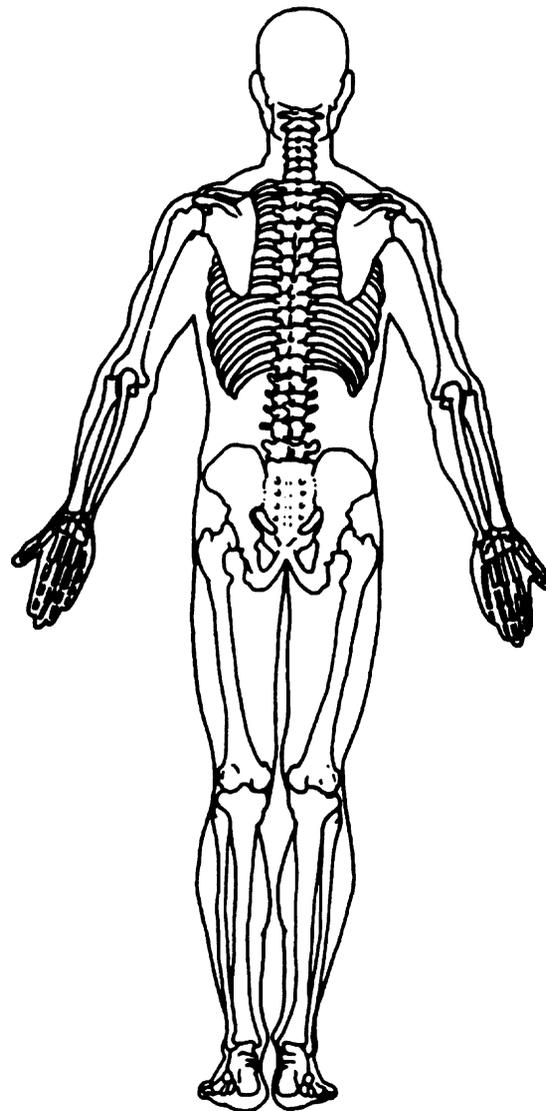
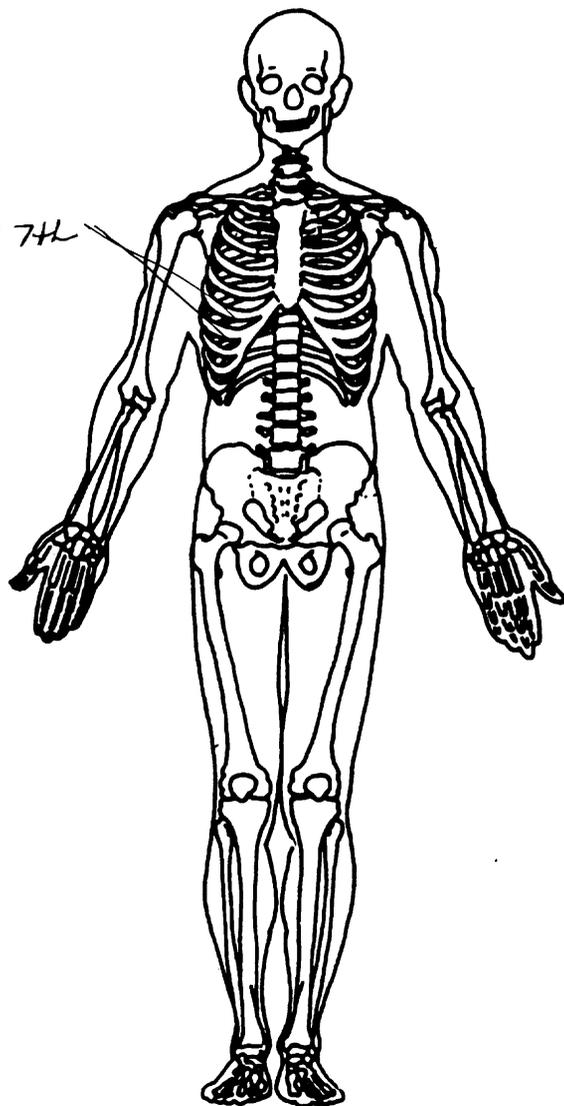
ER:  
RT UPPER  
THIGH PUNCTURE  
WOUND

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, 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.)

DS/RAD

Rt 6th & 7th  
RIB FX'S

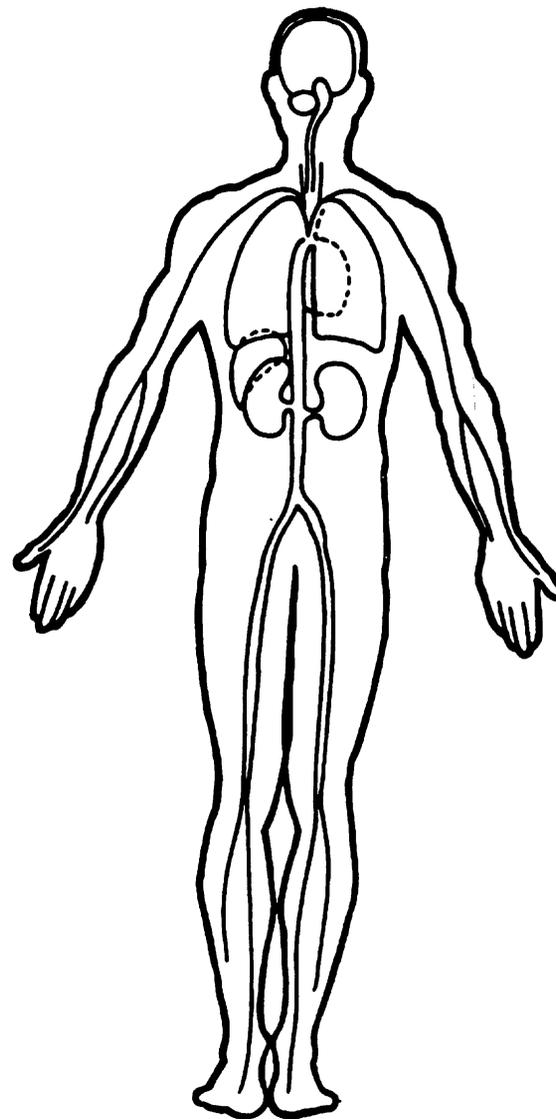
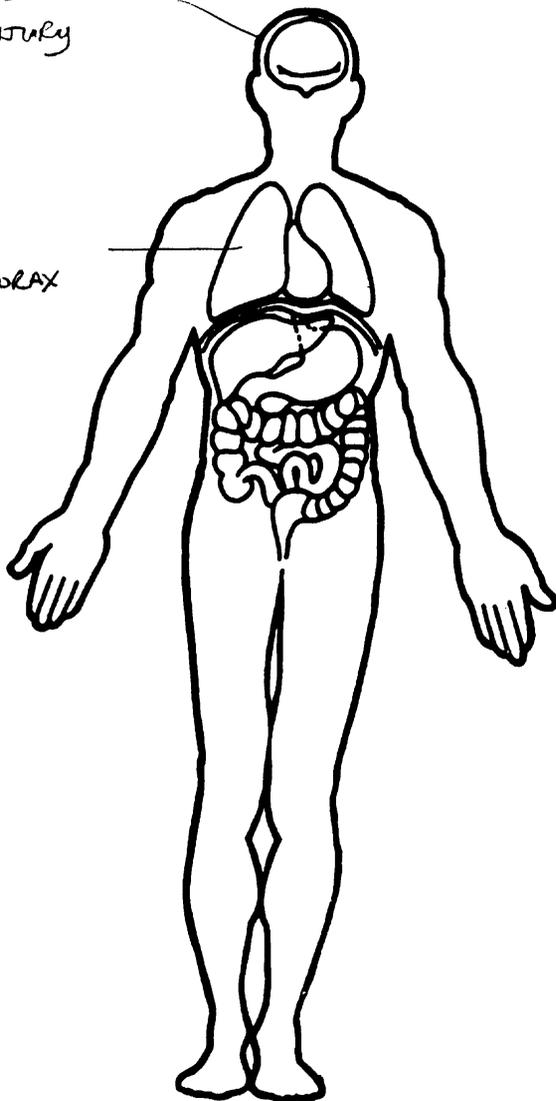


# OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, 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.)

DS  
CLOSED HEAD  
INJURY

DS/RAD  
SM RT  
PNEUMOTHORAX





# UPDATE FORM

<p>1. Primary Sampling Unit Number <u>08</u></p> <p>2. Case Number — Stratum <u>1165</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED [REDACTED] 1996</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center; font-style: italic;">(Sanitize this section prior to Update submission.)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	[REDACTED]	<u>96</u>	OAL18. Medical Facility Code	<u>11</u>	---
OAL09. Date Official Medical Data Obtained	[REDACTED]	<u>96</u>	GV14. Alcohol Test Results For Driver	<u>96</u>	---
OAL16. Injury Treatment Status	<u>04</u>	---	GV16. Other Drug Specimen Test Type For Driver	<u>0</u>	---
OAL17. Injury Information			OA05. Occupant's Age	<u>71</u>	---
<u>Official</u>			OA06. Occupant's Sex	<u>1</u>	---
a. Autopsy (invasive examination)	<u>B</u>	---	OA07. Occupant's Height	<u>999</u>	---
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	---	OA08. Occupant's Weight	<u>999</u>	---
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	---	OA61. Treatment-Mortality	<u>3</u>	---
d. Discharge summary	<u>B</u> <u>08</u>	<u>11</u>	OA62. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
e. Operative report	<u>B</u>	---	OA63. Hospital Stay	<u>99</u>	<u>05</u>
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>	<u>11</u>			
g. History and physical examination and/or consultation records	<u>B</u>	<u>11</u>			
h. Emergency room records (includes nurses' notes)	<u>B</u> <u>08</u>	<u>11</u>			
j. Private physician	<u>B</u>	---			
<u>Unofficial</u>					
k. Lay coroner	<u>B</u>	---			
l. EMS record	<u>B</u>	<u>11</u>			
m. Interviewee	<u>B</u> <u>10</u>	---			
n. Other source (specify):	<u>B</u>	<u>B</u>			
o. Police report	<u>B</u> <u>11</u>	<u>B</u>			

**PRECRASH ENVIRONMENTAL DATA**

19. Relation To Interchange Or Junction 2  
(0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

(2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 2  
(0) Not physically divided (two way traffic)

(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 35

(1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

(1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 4

(1) Level  
(2) Uphill grade (> 2%)  
(3) Hill crest  
(4) Downhill grade (> 2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

(1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

(1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

(1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

(0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 1

(0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

(2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

(6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

29. Traffic Control Device Functioning 2

(0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown

OCCUPANT RELATED

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

AIR BAG RELATED

- 40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
- 41. Air Bag(s) Deployment, First Seat Frontal 2  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
- 42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

VEHICLE WEIGHT ITEMS

- 43. Vehicle Curb Weight 1530  
 Code weight to nearest 10 kilograms. 156  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more 1555.0  
 (999) Unknown  
~~3370~~ lbs X .4536 = 1529 kgs  
~~3430~~  
 Source: 1996 \_\_\_\_\_

V6  
SP25  
V6

- 44. Vehicle Cargo Weight 0190  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
~~300~~ lbs X .4536 = 136 kgs  
 Source: \_\_\_\_\_

ROLLOVER DATA

- 45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
- 46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
- 47. 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  
 (8) Rollover--end-over-end  
 (9) Unknown
- 48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
- 49. 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): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown
- 50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

### Noncollision

(31) Turn-over — fall-over  
 (32) No rollover impact initiation (end-over-end)  
 (34) Jackknife

### Collision With Fixed Object

(41) Tree ( $\leq$  10 cm in diameter)  
 (42) Tree ( $>$  10 cm in diameter)  
 (43) Shrubbery or bush  
 (44) Embankment

(45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

(50) Pole or post ( $\leq$  10 cm in diameter)  
 (51) Pole or post ( $>$  10 cm but  $\leq$  30 cm in diameter)  
 (52) Pole or post ( $>$  30 cm 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

(70) Passenger car, light truck, van, or other vehicle not in-transport  
 (71) Medium/heavy truck or bus not in-transport  
 (76) Animal  
 (77) Train  
 (78) Trailer, disconnected in transport  
 (79) Object fell from vehicle in-transport  
 (88) Other nonfixed object (specify): \_\_\_\_\_

(89) Unknown nonfixed object

(98) Other event (specify): \_\_\_\_\_

(99) Unknown event or object

**VERRIDE/UNDERRIDE (THIS VEHICLE)**

- 51. Front Override/Underride (this Vehicle) 0
- 52. Rear Override/Underride (this Vehicle) 0
  - (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
  - Override (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*
    - (1) 1st CDC
    - (2) 2nd CDC
    - (3) Other not automated CDC (specify):  
\_\_\_\_\_
  - Underride (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*
    - (4) 1st CDC
    - (5) 2nd CDC
    - (6) Other not automated CDC (specify):  
\_\_\_\_\_
  - (7) Medium/heavy truck or bus override (of any configuration)
  - (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

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

- 53. Heading Angle For This Vehicle 118
- 54. Heading Angle For Other Vehicle 210

**RECONSTRUCTION DATA**

- 55. Towed Trailing Unit 0
  - (0) No towed unit
  - (1) Yes—towed trailing unit
  - (9) Unknown
- 56. Documentation of Trajectory Data for This Vehicle 1
  - (0) No
  - (1) Yes
- 57. 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

**ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V**

- 58. Basis for Total (Resultant) Delta V (highest) 03

(00) No vehicle inspection

*Delta V Calculated*

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

*Delta V Not Calculated*

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

*All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):  
\_\_\_\_\_  
\_\_\_\_\_

(98) Other, (specify): \_\_\_\_\_  
\_\_\_\_\_

**COMPUTER GENERATED CRASH SEVERITY**

59. Total Delta V Highest  
26 ~~024~~  
24 026  
 \_\_\_\_\_ Nearest kmph (highest)  
10 Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

63. Impact Speed Highest  
 \_\_\_\_\_ 998  
 \_\_\_\_\_ Nearest kmph (highest)  
 \_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (998) Trajectory algorithm not run  
 (999) Unknown

60. Longitudinal Component of Delta V Highest  
24 ~~0024~~  
-26 -026  
 \_\_\_\_\_ Nearest kmph (highest)  
-2 Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (999) Unknown

**DELTA V CONFIDENCE LEVEL**

64. Confidence In Reconstruction Program Results (For Highest Delta V) 4  
 (0) No reconstruction  
 (1) Collision fits model — results appear reasonable  
 (2) Collision fits model — results appear high  
 (3) Collision fits model — results appear low  
 (4) Borderline reconstruction — results appear reasonable

61. Lateral Component of Delta V Highest  
5 ~~0008~~  
+4 4  
 \_\_\_\_\_ Nearest kmph (highest)  
10 Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (999) Unknown

**OTHER SPEED ESTIMATE**

65. Barrier Equivalent Speed Highest  
22.8 3  
22.1 027  
 \_\_\_\_\_ Nearest kmph (highest)  
12.9 12  
 \_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

62. Energy Absorption Highest  
37775 037.8 00  
37,800 Nearest 100 joules (highest)  
10945 Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
 (9997) 999,650 joules or more  
 (9999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <span style="float: right;">①</span></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph  (2) ≥ 10 kmph but &lt; 25 kmph  (3) ≥ 25 kmph but &lt; 40 kmph  (4) ≥ 40 kmph but &lt; 55 kmph  (5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor  (7) Moderate  (8) Severe  (9) Unknown</p>	<p>67. Type of Vehicle Inspection <span style="float: right;">2</span></p> <p>(0) No inspection  (1) Vehicle fully repaired-no damage evident  (2) Partial inspection (specify):  <u>DISASSEMBLED NO C MEASUREMENTS</u>  (3) Complete inspection</p> <hr/> <p style="text-align: center;"><b>DELTA V EVENT NUMBER</b></p> <p>68. Delta V Event Number <span style="float: right;">01</span></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), \*\*\*

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

# EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>08</u>	3. Vehicle Number <u>OR</u>
2. Case Number - Stratum <u>1160</u>	

## VEHICLE IDENTIFICATION

VIN 4TAVN73F8SZ XXXXXXXXXX Model Year 95

Vehicle Make (specify): TOYOTA Vehicle Model (specify): TACOMA LX

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	LEFT BUMPER CORNER TO 66 CM R. OF CENTER	ENTIRE FRONT	UNKNOWN
2	LEFT 149-271 fwd of rear AXLE	142-271 fwd of REAR AXLE	↓

## CRUSH PROFILE IN CENTIMETERS

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

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

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

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

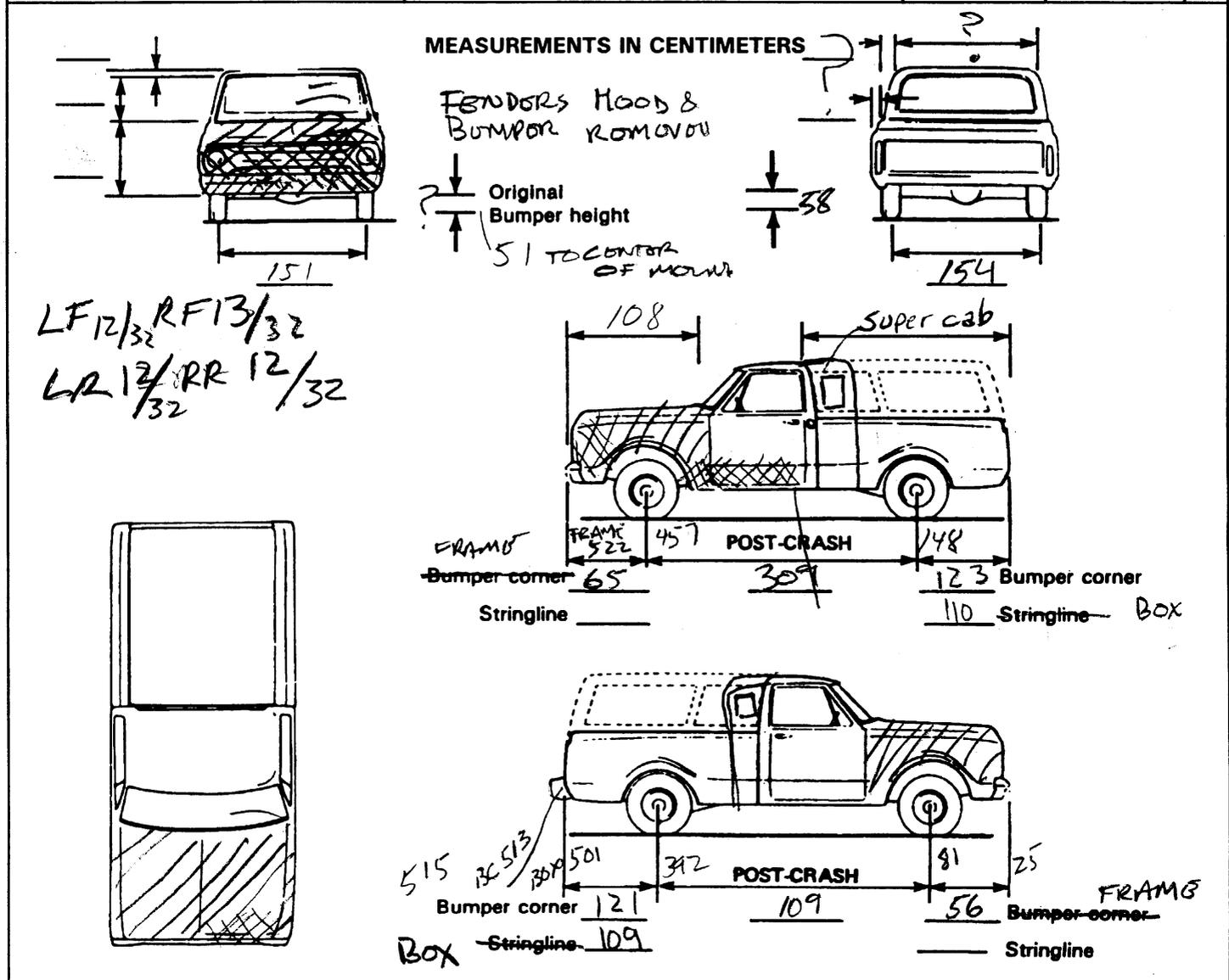
Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	FRONT BUMPER	148	---	DISASSEMBLED, UNABLE TO RE-PLACE ON FRAME							-8
2	LEFT	122	3 est.	FRONT DISASSEMBLED							+50

# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>121.9</u>	inches	x 2.54	=	<u>310</u>	cm
Overall Length	<u>193.1</u>	inches	x 2.54	=	<u>490</u>	cm
Maximum Width	<u>66.5</u>	inches	x 2.54	=	<u>169</u>	cm
Curb Weight	NADA <sup>3430</sup> <del>3370</del>	pounds	x .4536	=	<u>1529</u>	kg
Average Track	_____	inches	x 2.54	=	_____	cm
Front Overhang	_____	inches	x 2.54	=	_____	cm
Rear Overhang	_____	inches	x 2.54	=	_____	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	_____	L
	<u>206</u>	CID	x .0164	=	<u>3.4</u>	L

**VEHICLE DAMAGE SKETCH**

<p><b>TIRE—WHEEL DAMAGE</b></p> <p>a. Rotation physically restricted</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</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><b>ORIGINAL SPECIFICATIONS</b></p> <p>Wheelbase <u>310</u> cm</p> <p>Overall Length <u>490</u> cm</p> <p>Maximum Width <u>169</u> cm</p> <p>Curb Weight <u>1555.8</u> <del>1529</del> kg</p> <p>Average Track <u>153</u> (field measure) cm</p> <p>Front Overhang <u>71</u> cm</p> <p>Rear Overhang <u>125</u> cm</p> <p>Undeformed End Width <u>164</u> cm</p> <p>Engine Size: cyl./displ. <u>3.4</u> L</p>	<p><b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °</p> <p>Within ± 5 degrees</p>
<p><b>TYPE OF TRANSMISSION</b></p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> <p><b>END SHIFT ≥ 10 CM</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>DRIVE WHEELS</b></p> <p><input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>136</u> kg (INTERVIEW)</p>	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, 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.



**COLLISION DEFORMATION CLASSIFICATION**

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>99</u>	7. <u>9</u>	8. <u>9</u>	9. <u>9</u>	10. <u>9</u>	11. <u>99</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>01</u>	14. <u>09</u>	15. <u>L</u>	16. <u>Y</u>	17. <u>L</u>	18. <u>W</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

**CRUSH PROFILE IN CENTIMETERS**

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>± D</u>
--------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------

+  
-  
-----

Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>± D</u>
--------------	--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------

+  
-  
-----

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.)  
164  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact)  
148  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase  
310  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
121.9 inches X 2.54 = 309.6 centimeters

29. Original Average Track Width  
999  
Code to the nearest centimeter *field* → 153  
(185) 185 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = 152.5 centimeters

30. Are CDCs Documented but Not Coded on The Automated File? 0  
 (0) No  
 (1) Yes

31. Researcher's Assessment of Vehicle Disposition 1  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0  
 (0) No post manufacturer modifications  
 (1) Yes - post manufacturer modifications (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Include photograph of CERTIFICATION PLACARD in case report)  
 (9) Unknown if vehicle is modified

**FIRE OCCURRENCE**

33. Fire Occurrence 0  
 (0) No fire  
 Yes, fire occurred  
 (1) Minor  
 (2) Major  
 (9) Unknown

34. Origin of Fire 0  
 (0) No fire  
 (1) Vehicle exterior (front, side, back, top)  
 (2) Exhaust system  
 (3) Fuel tank (and other fuel retention system parts)  
 (4) Engine compartment  
 (5) Cargo/trunk compartment  
 (6) Instrument panel  
 (7) Passenger compartment area  
 (8) Other location (specify): \_\_\_\_\_  
 (9) Unknown

**FUEL SYSTEM**

35. Location of Fuel Tank-1 Filler Cap 4  
0

36. Location of Fuel Tank-2 Filler Cap 0  
 (0) No fuel tank  
 (1) On back plane  
 (2) Aft of center of the rear wheels (rear axle) on left side plane  
 (3) Aft of center of the rear wheels (rear axle) on right side plane  
 (4) Forward of center of the rear wheels (rear axle) on left side plane  
 (5) Forward of center of the rear wheels (rear axle) on right side plane  
 (6) Over the center of the rear wheels (rear axle) on left side plane  
 (7) Over the center of the rear wheels (rear axle) on right side plane  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

37. Type of Fuel Tank-1 1  
0

38. Type of Fuel Tank-2 0  
 (0) No fuel tank (electrical vehicle)  
 (1) Metallic  
 (2) Non-metallic  
 (9) Unknown

39. Location of Fuel Tank-1 5  
0

40. Location of Fuel Tank-2 0  
 (0) No fuel tank  
 (1) Aft of center of the rear wheels (rear axle) centered  
 (2) Aft of center of the rear wheels (rear axle) left side  
 (3) Aft of center of the rear wheels (rear axle) right side  
 (4) Forward of center of the rear wheels (rear axle) centered  
 (5) Forward of center of the rear wheels (rear axle) left side  
 (6) Forward of center of the rear wheels (rear axle) right side  
 (7) Over center of the rear wheels (rear axle)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

41. Damage to Fuel Tank-1 1  
0

42. Damage to Fuel Tank-2 0  
 (0) No fuel tank  
 (1) No damage to fuel tank  
 (2) Deformed, no seam failure  
 (3) Deformed, with a seam failure  
 (4) Punctured  
 (5) Lacerated (ripped)  
 (6) Abraded (scraped)  
 (7) Filler neck separation from the fuel tank  
 (8) Other damage (specify): \_\_\_\_\_  
 (9) Unknown

43. Leakage Location of Fuel System-1 1

44. Leakage Location of Fuel System-2 0

(0) No fuel tank  
(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank  
(3) Filler neck  
(4) Cap  
(5) Lines/pump/filter  
(6) Vent/emission recovery  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

45. Fuel Type-1 01

46. Fuel Type-2 00

*Single Fuel Type*

(00) No fuel tank  
(01) Gasoline  
(02) Diesel  
(03) CNG (Compressed Natural Gas)  
(04) LPG (Liquid Petroleum Gas) also known as Propane  
(05) LNG (Liquid Natural Gas)  
(06) Methanol (M100 or M85)  
(07) Ethanol (E100 or E85)  
(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery  
(11) Nickel-Iron Battery  
(12) Nickel-Cadmium Battery  
(13) Sodium Metal Chloride Battery  
(14) Sodium Sulfur Battery  
(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage

(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):  
Type of tank \_\_\_\_\_  
Tank location \_\_\_\_\_  
Filler cap location \_\_\_\_\_  
Tank damage \_\_\_\_\_  
Location of leakage \_\_\_\_\_  
Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



1. Primary Sampling Unit Number 08  
 2. Case Number - Stratum 1165  
 3. Vehicle Number 07

**INTEGRITY**

4. Passenger Compartment Integrity 00  
 (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 1 7. LR 0 8. RR 0 9. TG/H 0

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

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

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**

Type of Window/Windshield Glazing  
 15. WS 1 16. LF 2 17. RF 2 18. LR 3 19. RR 3  
 20. BL 3 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 – Laminated
- (2) AS-2 – Tempered
- (3) AS-3 – Tempered-tinted (original)
- (4) AS-2 – Tempered-with after market tint
- (5) AS-3 – Tempered-tinted (with additional after market tint)
- (6) AS-14 – Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):
- (9) Unknown

**Window Precrash Glazing Status**

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2  
 28. BL 2 29. Roof 0 30. Other 0  
*SLIDER*

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

**Glazing Damage from Impact Forces**

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

- (0) No glazing
- (1) 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
- (9) Unknown if damaged

**Glazing Damage from Occupant Contact**

39. WS 3 40. LF 1 41. RF 1 42. LR 1 43. RR 1  
 44. BL 1 45. Roof 0 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant



**OCCUPANT AREA INTRUSION**

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

**INTRUDING COMPONENT***Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

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

**LOCATION OF INTRUSION**

## 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) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

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

# STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

0

—

4

=

4 cm

—

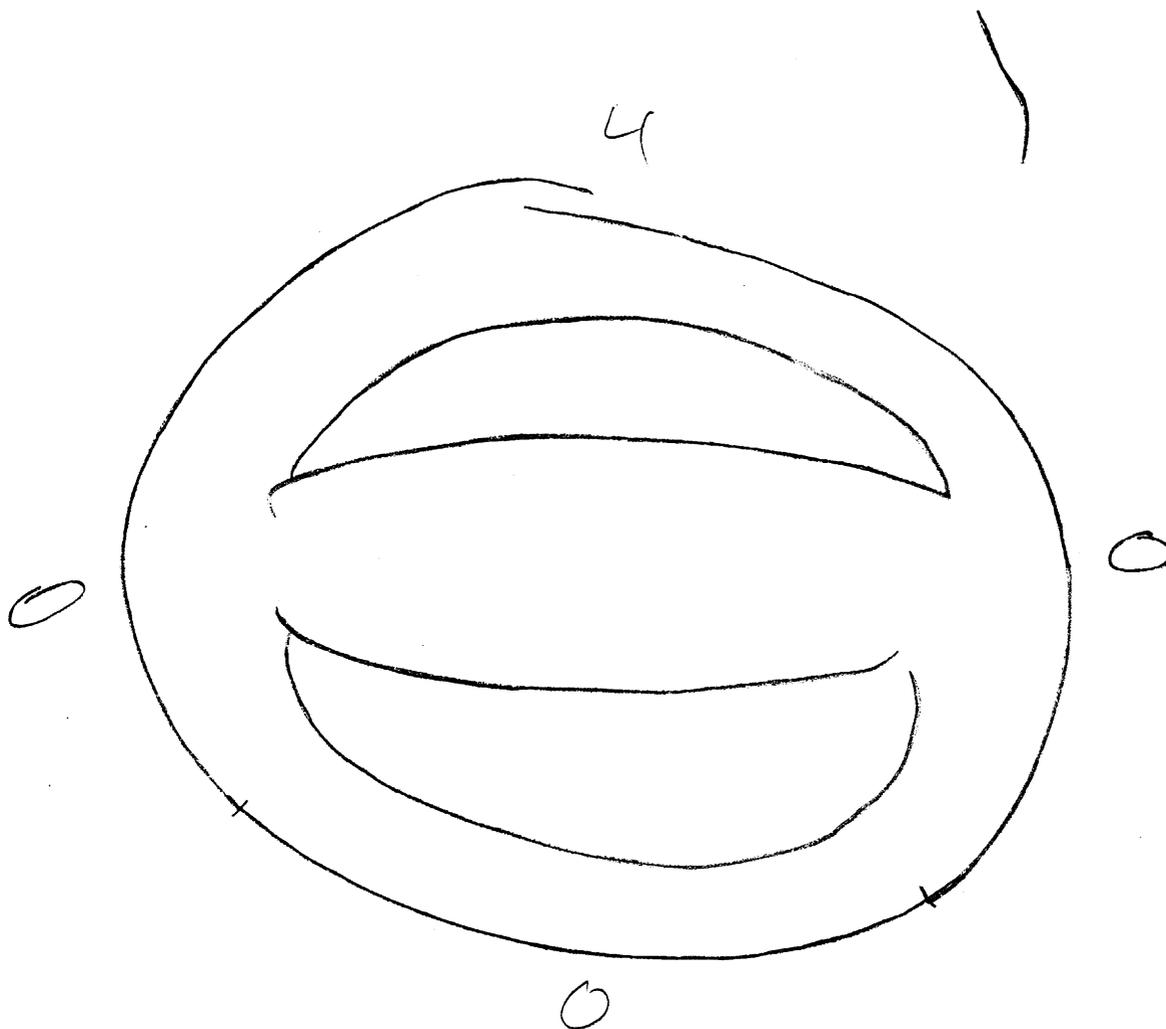
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**STEERING COLUMN**

**INSTRUMENT PANEL**

87. Steering Column Type 2  
 (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_  
 (9) Unknown

88. Tilt Steering Column Adjustment 3  
 (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment 0  
 (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation 04  
 \_\_\_\_\_ Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 03  
 (00) No steering rim deformation

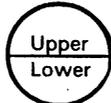
*Quarter Sections*

- (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

92. Odometer Reading 021,000  
 \_\_\_\_\_ kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
13,196 miles X 1.6093 = 21,236 kilometers

Source: \_\_\_\_\_

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

94. Type of Knee Bolster Covering 2  
 (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1  
 (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

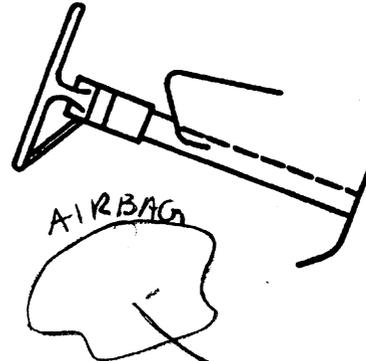
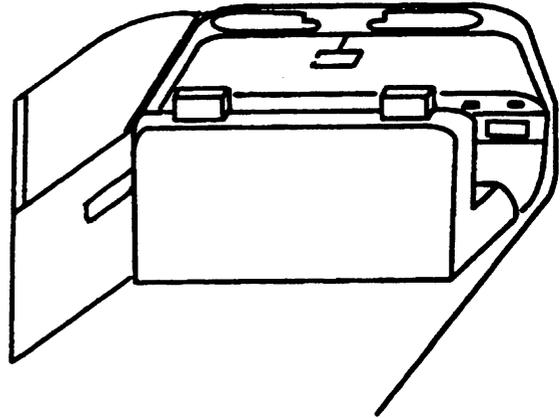
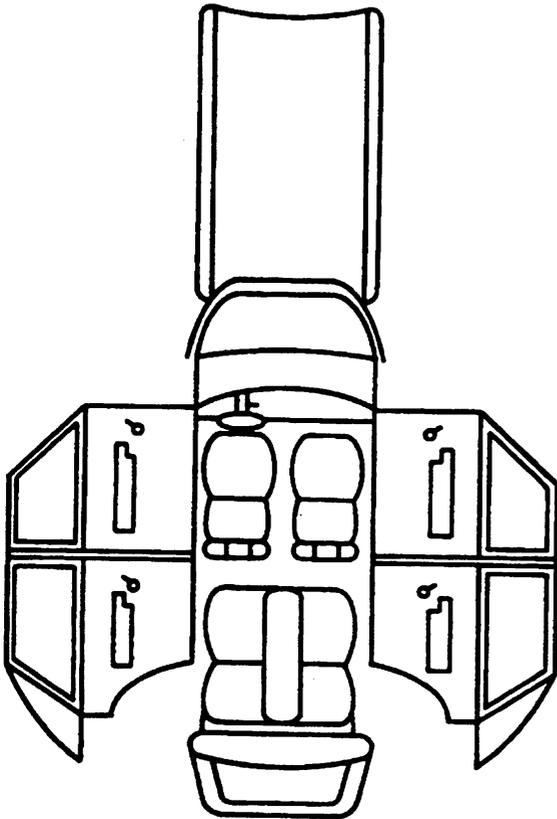
96. Did Glove Compartment Door Open During Collision(s)? 1  
 (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0  
 (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
 Hand controls for braking/acceleration  
 Steering control devices (attached to OEM steering wheel)  
 Steering knob attached to steering wheel  
 Low effort power steering (unit or device)  
 Replacement steering wheel (i.e., reduced diameter)  
 Joy-stick steering controls  
 Wheelchair tie-downs  
 Modification to seat belts (specify): \_\_\_\_\_  
 Additional or relocated switches (specify): \_\_\_\_\_  
 Raised roof  
 Wall-mounted head rest (used behind wheelchair)  
 Other adaptive device (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

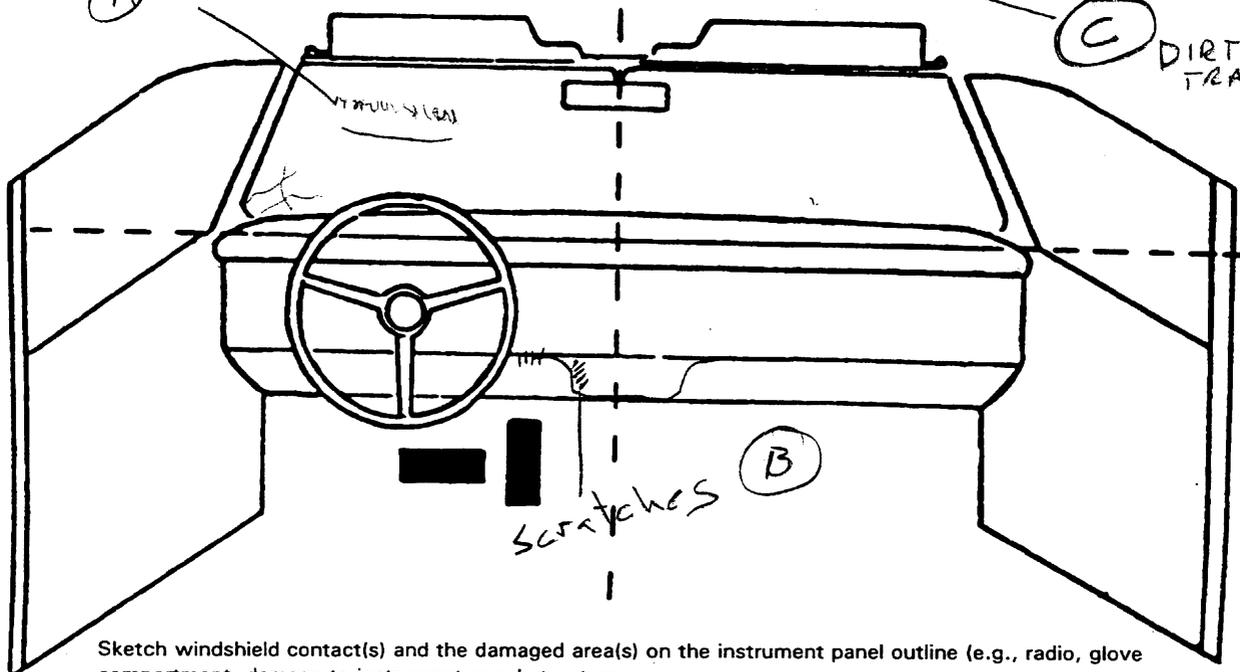
# VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



(A) SKIN OIL TRANSFER

(C) DIRT TRANSFER



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	001	1	ARM	CRACK / SKIN OIL TRANSFER	2
B	010	1	R. LEG	SCRATCH	2
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

**CODES FOR INTERIOR COMPONENTS**

<p><b>FRONT</b></p> <p>(001) Windshield                  (002) Mirror                  (003) Sunvisor                  (004) Steering wheel rim                  (005) Steering wheel hub/spoke                  (006) Steering wheel (combination of codes 004 and 005)                  (007) Steering column, transmission selector lever, other attachment                  (008) Cellular telephone or CB radio                  (009) Add on equipment (e.g., tape deck, air conditioner)                  (010) Left instrument panel and below                  (011) Center instrument panel and below                  (012) Right instrument panel and below                  (013) Glove compartment door                  (014) Knee bolster                  (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)                  (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)                  (017) Windshield reinforced by exterior object, (specify): _____                  (019) Other front object (specify): _____</p>	<p><b>LEFT SIDE</b></p> <p>(051) Left side interior surface, excluding hardware or armrests                  (052) Left side hardware or armrest                  (053) Left A (A1/A2)-pillar                  (054) Left B-pillar                  (055) Other left pillar (specify): _____                  (056) Left side window glass                  (057) Left side window frame                  (058) Left side window sill                  (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.                  (060) Other left side object (specify): _____</p> <p><b>RIGHT SIDE</b></p> <p>(101) Right side interior surface, excluding hardware or armrests                  (102) Right side hardware or armrest                  (103) Right A (A1/A2)-pillar                  (104) Right B-pillar                  (105) Other right pillar (specify): _____                  (106) Right side window glass                  (107) Right side window frame                  (108) Right side window sill                  (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.                  (110) Other right side object (specify): _____</p>	<p><b>INTERIOR</b></p> <p>(151) Seat, back support                  (152) Belt restraint webbing/buckle                  (153) Belt restraint B-pillar or door frame attachment point                  (154) Other restraint system component (specify): _____                  (155) Head restraint system                  (160) Other occupants (specify): _____                  (161) Interior loose objects                  (162) Child safety seat (specify): _____                  (163) Other interior object (specify): _____</p> <p><b>AIR BAG</b></p> <p>(170) Air bag-driver side                  (175) Air bag compartment cover-driver side                  (180) Air bag-passenger side                  (185) Air bag compartment cover-passenger side                  (190) Other air bag (specify) _____                  (195) Other air bag compartment cover (specify) _____</p> <p><b>ROOF</b></p> <p>(201) Front header                  (202) Rear header                  (203) Roof left side rail                  (204) Roof right side rail                  (205) Roof or convertible top</p> <p><b>FLOOR</b></p> <p>(251) Floor (including toe pan)                  (252) Floor or console mounted transmission lever, including console                  (253) Parking brake handle                  (254) Foot controls including parking brake</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**REAR**

(301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify): \_\_\_\_\_

**ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**

(401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify): \_\_\_\_\_  
 (409) Additional or relocated switches, (specify): \_\_\_\_\_  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify): \_\_\_\_\_

**CONFIDENCE LEVEL OF CONTACT POINT**

(1) Certain  
 (2) Probable  
 (3) Possible  
 (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 11. If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
<b>F I R S T</b>	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	0	0
	D-Proper Use	00	0	00
	E-Failure Modes	0	00	00
	F-Anchorage Adjustment	3	0	2
<b>S E C O N D</b>	A-Availability	5		5
	B-Evidence of usage	00		00
	C-Used in this crash?	00	/	00
	D-Proper Use	00	/	00
	E-Failure Modes	0	/	00
	F-Anchorage Adjustment	1	/	1
<b>O T H E R</b>	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

**A-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

**B/C-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

**D-Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

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

**E-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

**F-Shoulder Belt Upper Anchorage Adjustment**

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**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**

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	1	0	0
	Deployment	1	0	0
	Failure	1	0	0

**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 (This Occupant Position)**

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

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

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

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

**A-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

**B-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

**C-Automatic (Passive) Belt System Type**

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

**D-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

**E-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

# FIRST SEAT FRONTAL AIR BAGS

**NOTES:** Encode the applicable data *for the driver and first seat passenger* 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.

	Driver	Passenger
A-Type of air bag?	1	
B-Flaps open at tear points?	2	
C-Flaps damaged?	1	
D-Air bag damaged?	01	
E-Source of air bag damage	001	
F-Air bag tethered?	2	
G-Air bag have vent ports?	2	
H-Other occupant contact air bag?	1	
I-Occupant wearing eyewear?	9	

**A-Type of Air Bag**

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

**B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?**

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**C-Were Air Bag Module Cover Flap(s) Damaged?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**D-Was There Damage To The Air Bag?**

- (00) Not equipped/not available
- (01) Not damaged

*Yes - Air Bag Damage*

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify): \_\_\_\_\_

**E-Source of Air Bag Damage**

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): \_\_\_\_\_
- (03) Object carried by occupant, (specify): \_\_\_\_\_
- (04) Adaptive/assistive controls, (specify): \_\_\_\_\_
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): \_\_\_\_\_
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

**F-Was The Air Bag Tethered?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**G-Did The Air Bag Have Vent Ports?**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?**

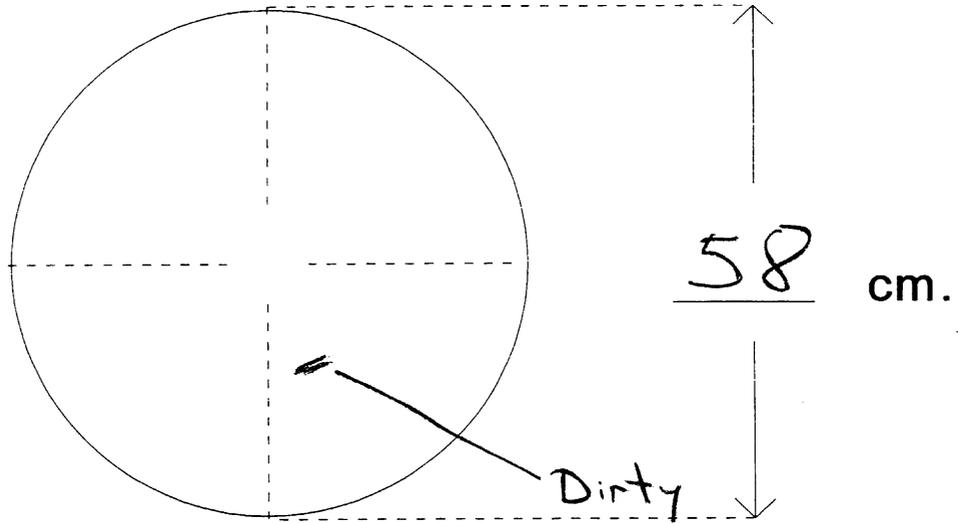
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**I-Was This Occupant Wearing Eye-wear?**

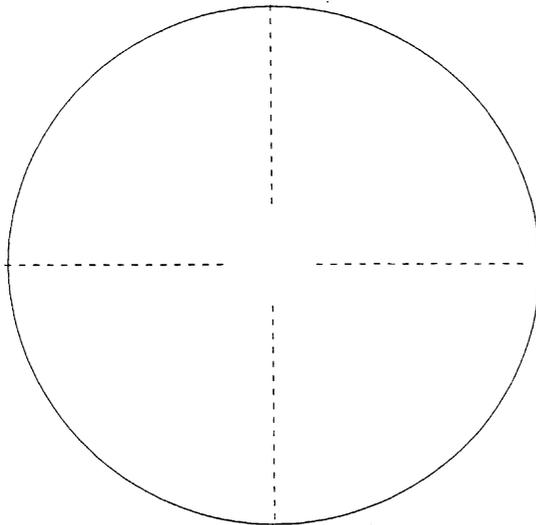
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

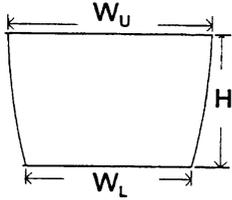


## DRIVER AIR BAG SKETCHES (Cont'd)

**3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)**

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

height (H) \_\_\_\_\_



**4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)**

a. Upper Flap

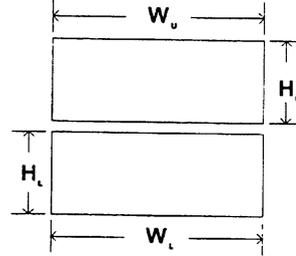
b. Lower Flap

width ( $W_U$ ) 15

width ( $W_L$ ) 15

height ( $H_U$ ) 6

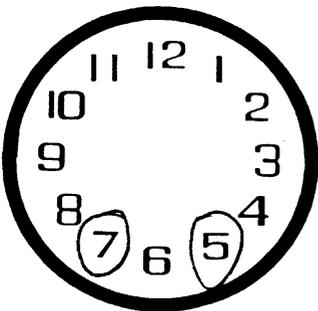
height ( $H_L$ ) 9



**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE**

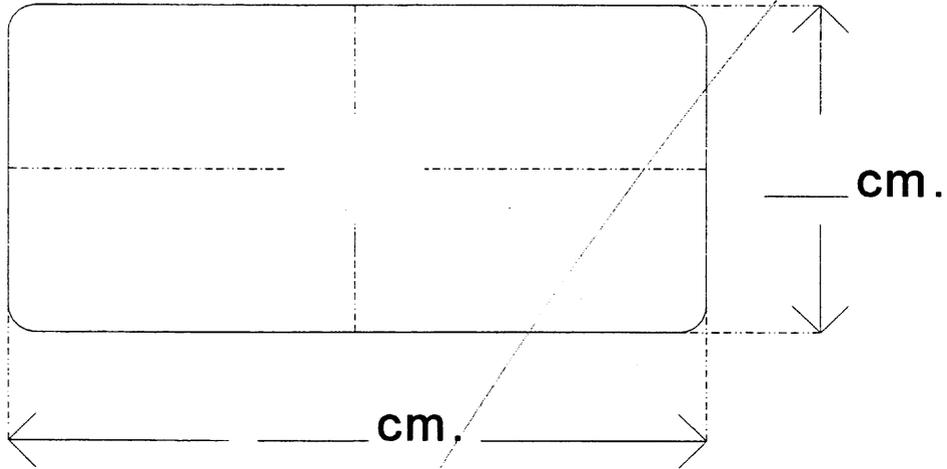
**6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS**

**7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS**

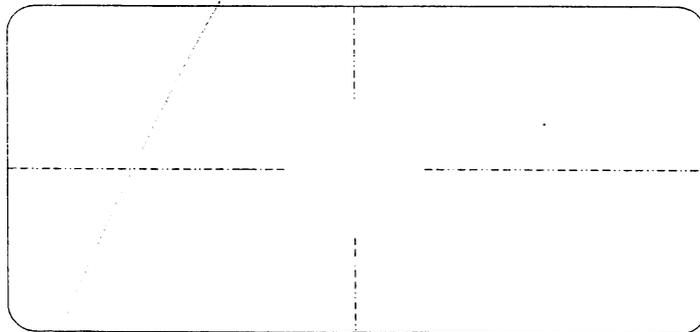


**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

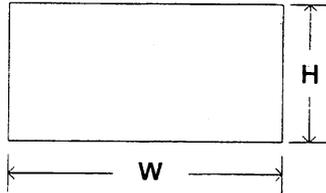


## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

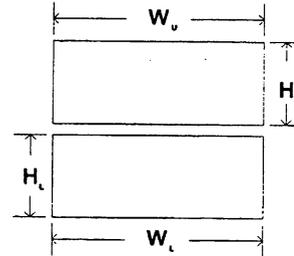
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

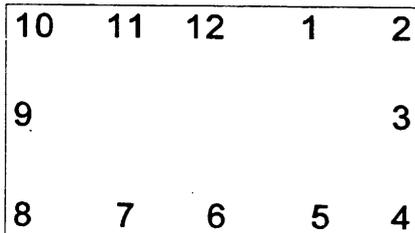
height ( $H_L$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

### 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
<b>F I R S T</b>	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	<del>05</del> 07	<del>05</del> 07	<del>05</del> 07 *
	C-Seat Orientation	1	1	1
	D-Seat Track Position	4	4	2
	E-Seat Back Incline Pre/Post Impact	<del>0</del> 3	23	14
	F-Seat Performance	1	1	1
<b>S E C O N D</b>	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	10	10	10
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
<b>T H I R D</b>	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type	/	/	/
	C-Seat Orientation	/	/	/
	D-Seat Track Position	/	/	/
	E-Seat Back Incline Pre/Post Impact	/	/	/
	F-Seat Performance	/	/	/
<b>O T H E R</b>	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type	/	/	/
	C-Seat Orientation	/	/	/
	D-Seat Track Position	/	/	/
	E-Seat Back Incline Pre/Post Impact	/	/	/
	F-Seat Performance	/	/	/

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

*\* Split Bench w/ folding Backs!*

## HEAD RESTRAINTS/SEAT EVALUATION

**A-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

**B-Seat Type (this Occupant Position)**

- (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) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify): BENCH WITH FOLD DOWN SEAT  
 (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or 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

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat  
 (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

**Slightly reclined prior to impact**

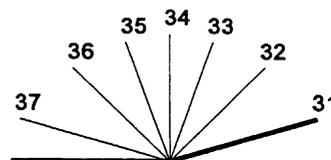
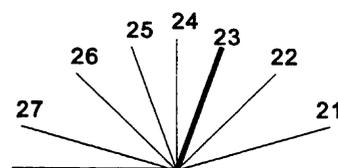
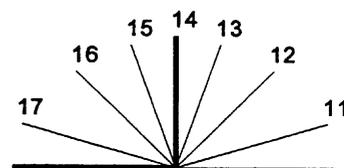
- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position  
 (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (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 (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

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

## 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

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

(7) Roof

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

(9) Unknown

**Ejection Medium**

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

(5) Integral structure

(8) Other medium (specify): \_\_\_\_\_

(9) Unknown

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

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

**ENTRAPMENT**      No [  ]      Yes [  ]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(Note on vehicle interior sketch)



# OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 08  
 2. Case Number - Stratum 1165  
 3. Vehicle Number 02  
 4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 43  
 Code actual age at time of accident.  
 (00) Less than one year old (specify by month): \_\_\_\_\_  
 (97) 97 years and older \_\_\_\_\_  
 (99) Unknown \_\_\_\_\_

6. Occupant's Sex 1  
 (1) Male  
 (2) Female-not reported pregnant  
 (3) Female-pregnant-1st trimester(1st-3rd month)  
 (4) Female-pregnant-2nd trimester(4th-6th month)  
 (5) Female-pregnant-3rd trimester(7th-9th month)  
 (6) Female-pregnant-term unknown  
 (9) Unknown

7. Occupant's Height 183  
 Code actual height to the nearest centimeter.  
 (999) Unknown  
72 inches X 2.54 = 183 centimeters

8. Occupant's Weight 091  
 Code actual weight to the nearest kilogram.  
 (999) Unknown  
200 pounds X .4536 = 91 kilograms

9. Occupant's Role 1  
 (1) Driver  
 (2) Passenger  
 (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
 (11) Left side  
 (12) Middle  
 (13) Right side  
 (14) Other (specify): \_\_\_\_\_  
 (15) On or in the lap of another occupant

*Second Seat*  
 (21) Left side  
 (22) Middle  
 (23) Right side  
 (24) Other (specify): \_\_\_\_\_  
 (25) On or in the lap of another occupant

*Third Seat*  
 (31) Left side  
 (32) Middle  
 (33) Right side  
 (34) Other (specify): \_\_\_\_\_  
 (35) On or in the lap of another occupant

*Fourth Seat*  
 (41) Left side  
 (42) Middle  
 (43) Right side  
 (44) Other (specify): \_\_\_\_\_  
 (45) On or in the lap of another occupant

(97) In or on unenclosed area  
 (98) Other seat (specify): \_\_\_\_\_  
 (99) Unknown

11. Occupant's Posture 8  
 (0) Normal posture

*Abnormal posture*  
 (1) Kneeling or standing on seat  
 (2) Lying on or across seat  
 (3) Kneeling, standing or sitting in front of seat  
 (4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
 (5) Sitting on a console  
 (6) Lying back in a reclined seat position  
 (7) Bracing with feet or hands on a surface in front of seat  
 (8) Other abnormal posture (specify): ARMS CROSSED IN FRONT OF FACE  
 (9) Unknown

**EJECTION/ENTRAPMENT**

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (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) Unknown19. Manual (Active) Belt System Use 00

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

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (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) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (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

24. Automatic (Passive) Belt System Use 0

- (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) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

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

26. Proper Use of Automatic (Passive) Belt System 0

- (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) Unknown27. Automatic (Passive) Belt Failure Modes During Accident 0

- (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

**POLICE REPORTED RESTRAINT USE**

**AIR BAG SYSTEM FUNCTION**

28. Police Reported Belt Use 9
- (0) None used
  - (1) Police did not indicate belt use
  - (2) Shoulder belt
  - (3) Lap belt
  - (4) Lap and shoulder belt
  - (5) Belt used, type not specified
  - (6) Child safety seat
  - (7) Automatic belt
  - (8) Other type belt, (specify):
- 
- (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2
- (0) No air bag available
  - (1) Police did not indicate air bag availability/function
  - (2) Deployed
  - (3) Not deployed
  - (4) Unknown if deployed
  - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- Vehicle inspection
  - Official injury data
  - Driver/occupant interview
  - Other (specify):
- 
- Unknown if belt used
- 
- 
- 
- 

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1
- (0) Not equipped/not available
  - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- 
- (3) Air bag not reinstalled
  - (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1
- (0) Not equipped/not available
  - (1) Deployed during accident (as a result of impact)
  - (2) Deployed inadvertently just prior to accident
  - (3) Deployed, details unknown
  - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
  - (5) Unknown if deployed
  - (7) Nondeployed
  - (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
  - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
- 
- (3) Air bag not reinstalled
  - (9) Unknown
- Specify type of "other" air bag present:*
- 

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
- (0) Not equipped with an "other" air bag
  - (1) Deployed during accident (as a result of impact)
  - (2) Deployed inadvertently just prior to accident
  - (3) Deployed, details unknown
  - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
  - (5) Unknown if deployed
  - (7) Nondeployed
  - (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1
- (0) Not equipped/not available
  - (1) No
  - (2) Yes (specify):
- 
- (9) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION**

35. Had Vehicle Been in Previous Accident(s)? 1  
 (0) Not equipped/not available  
 (1) No previous accidents  
  
 Yes  
 (2) Previous accident(s) without deployment(s)  
 (3) One previous accident with deployment  
 (4) More than one previous accident with at least one deployment  
 (8) Previous accidents, unknown deployment status  
 (9) Unknown

36. Type of Air Bag 1  
 (0) Not equipped/not available  
 (1) Original manufacturer installed system  
 (2) Retrofitted air bag  
 (3) Replacement air bag  
 (8) Unknown type of air bag  
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1  
 (0) Not equipped/not available  
 (1) No prior maintenance  
 (2) Yes, prior maintenance (specify): \_\_\_\_\_  
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01  
 (00) Not equipped/not available  
 \_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
 (96) Deployed, unknown event  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1  
 (0) Not equipped/not available  
 (1) Highest delta V  
 (2) Second highest delta V  
 (3) Other non-coded delta V (specify): \_\_\_\_\_  
 (6) Deployed, unknown event  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 2 4  
 (000) Not equipped/not available  
 \_\_\_\_\_ Code the value of the delta V for the impact that initiated the air bag deployment  
 (996) Deployment, unknown longitudinal Delta V  
 (997) Not deployed  
 (998) Unknown if deployed  
 (999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes  
 (3) Deployed, unknown if flap(s) opened at designated tear points  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if air bag module cover flap(s) damaged  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

43. Was There Damage To The Air Bag? 01  
 (00) Not equipped/not available  
 (01) Not damaged  
  
 Yes - Air Bag Damage  
 (02) Ruptured  
 (03) Cut  
 (04) Torn  
 (05) Holed  
 (06) Burned  
 (07) Abraded  
 (88) Other damage (specify): \_\_\_\_\_  
 (95) Damaged, details unknown  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*
**HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
2  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
2  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (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
50. Seat Type (this Occupant Position) 02  
 (00) Occupant not seated or no seat 07  
 (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) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or 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
52. Seat Track Adjusted Position Prior To Impact 4  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track  
  
*Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

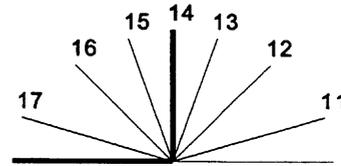
**HEAD RESTRAINT AND SEAT EVALUATION *continued***

53. Seat Back Incline Prior and Post Impact 14  
 (00) Occupant not seated or no seat  
 (01) Not adjustable (INTERVIEW)

23 IV

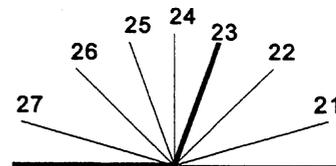
***Upright prior to impact***

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



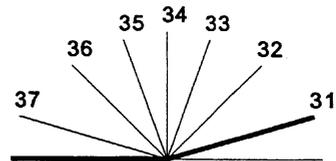
***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



***Completely reclined prior to impact***

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



54. 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 (specify): \_\_\_\_\_
- (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**

55. 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

56. Type of Child Safety Seat 0  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat - with shield  
 (5) Booster seat - without shield  
 (7) Other type child safety seat (specify):  
 \_\_\_\_\_  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

57. 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

58. Child Safety Seat Harness Usage 00  
  
 59. Child Safety Seat Shield Usage 00  
  
 60. Child Safety Seat Tether Usage 00

Note: Options below applicable to  
 Variables OA58-OA60.  
 (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

**INJURY CONSEQUENCES**

61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

99  
OCCUPANT  
CANT  
ESTIMATE  
"WILL BE  
A FEW  
WORKS"

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify):  
 \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 04  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 02  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



# OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>08</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>116J</u>	4. Occupant Number <u>01</u>

## INJURY DATA

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

Source of Injury Data	Body Region	A.I.S. - 90		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure									
<i>Chest</i>	<i>1st</i>	5. <u>3</u>	6. <u>4</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>0</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
<i>Forearm</i>	<i>end</i>	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>3</u>	23. <u>170</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
<i>Shoulder</i>	<i>3rd</i>	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>3</u>	34. <u>010</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
<i>Brised back</i>	<i>4th</i>	38. <u>3</u>	39. <u>6</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>8</u>	45. <u>151</u>	46. <u>3</u>	47. <u>1</u>	48. <u>00</u>
	5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
	6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
	7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
	8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
	9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
	10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___



**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region

Type of Anatomic Structure	Whole Area
(1) Whole Area	(02) Skin - Abrasion
(2) Vessels	(04) Skin - Contusion
(3) Nerves	(06) Skin - Laceration
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion
(5) Skeletal (includes joints)	(10) Amputation
(6) Head - LOC	(20) Burn
(9) Skin	(30) Crush
	(40) Degloving
	(50) Injury - NFS
	(90) Trauma, other than mechanical
	<u>Head - LOC</u>
	(02) Length of LOC
	(04) Level
	(06) of
	(08) Consciousness
	(10) Concussion
	<u>Spine</u>
	(02) Cervical
	(04) Thoracic
	(06) Lumbar

**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

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<p><u>OFFICIAL RECORDS</u></p> <p>(1) Autopsy records with or without hospital/medical records</p> <p>(2) Hospital/medical records other than emergency room (e.g., discharge summary)</p> <p>(3) Emergency room records only (including associated X-rays or other lab reports)</p> <p>(4) Private physician, walk-in or emergency clinic</p> <p><u>UNOFFICIAL RECORDS</u></p> <p>(5) Lay coroner report</p> <p>(6) E.M.S. personnel</p> <p>(7) Interviewee</p> <p>(8) Other source (specify): _____</p> <p>(9) Police _____</p>	<p>(1) Certain</p> <p>(2) Probable</p> <p>(3) Possible</p> <p>(9) Unknown</p>	<p>(1) Direct contact injury</p> <p>(2) Indirect contact injury</p> <p>(3) Noncontact injury</p> <p>(7) Injured, unknown source</p>

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, 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.)

Restrained?

No

Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_\_

Units of Blood  
Given

Units = \_\_\_\_

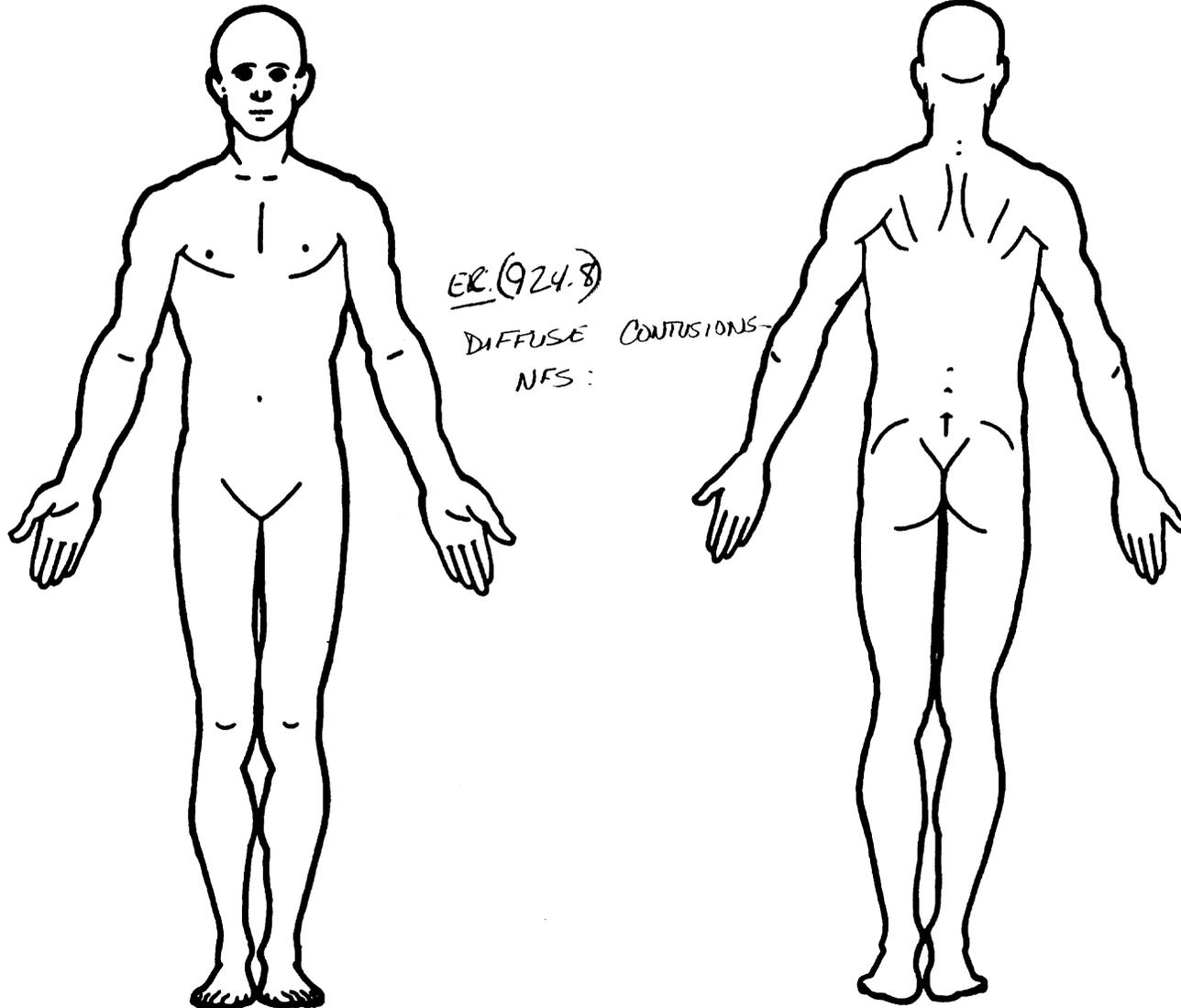
Arterial Blood Gases

pH = \_\_\_\_

PO<sub>2</sub> = \_\_\_\_

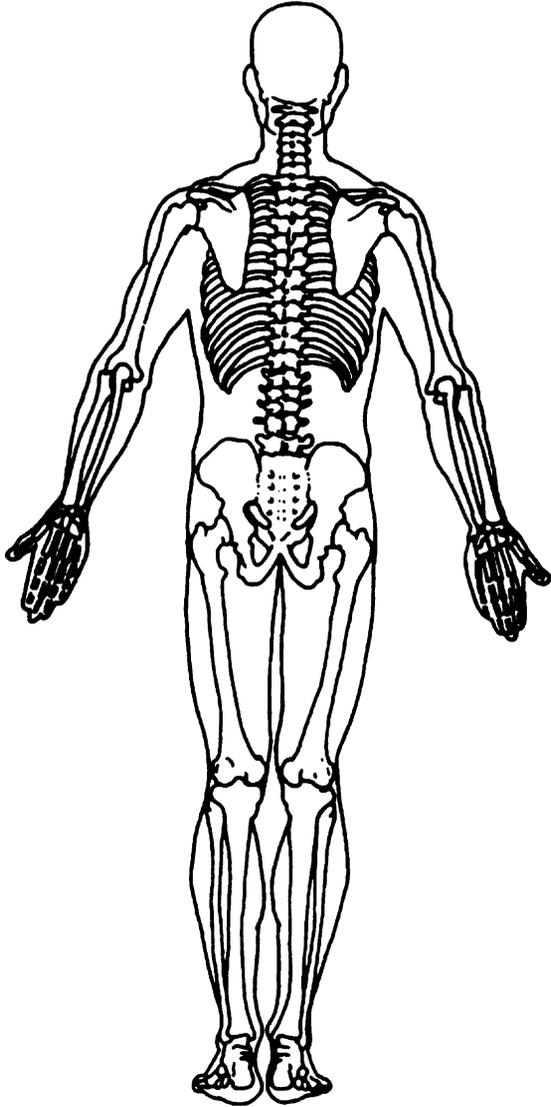
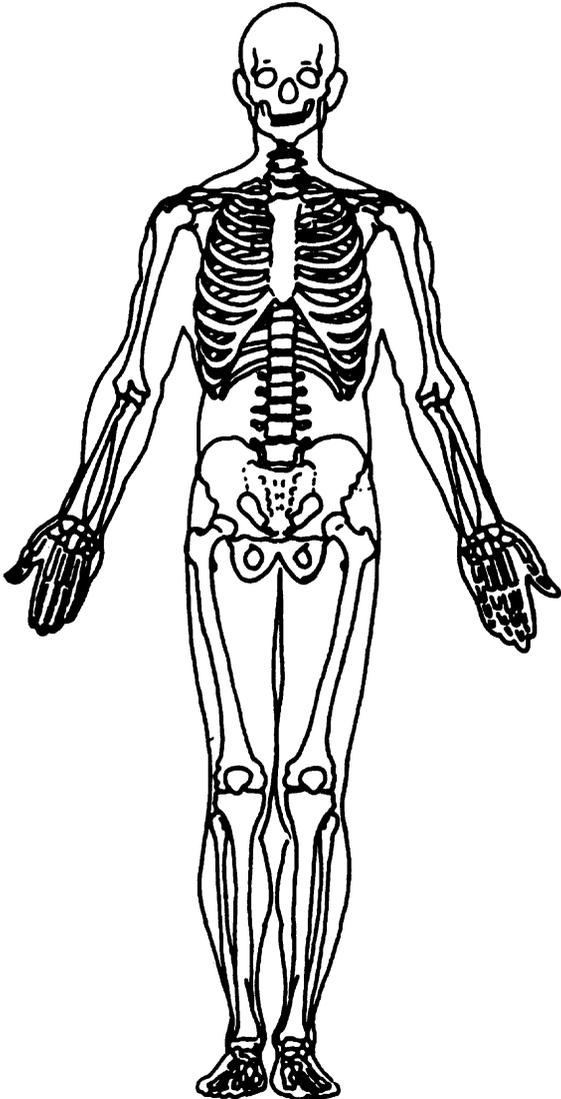
PCO<sub>2</sub> = \_\_\_\_

HCO<sub>3</sub> = \_\_\_\_



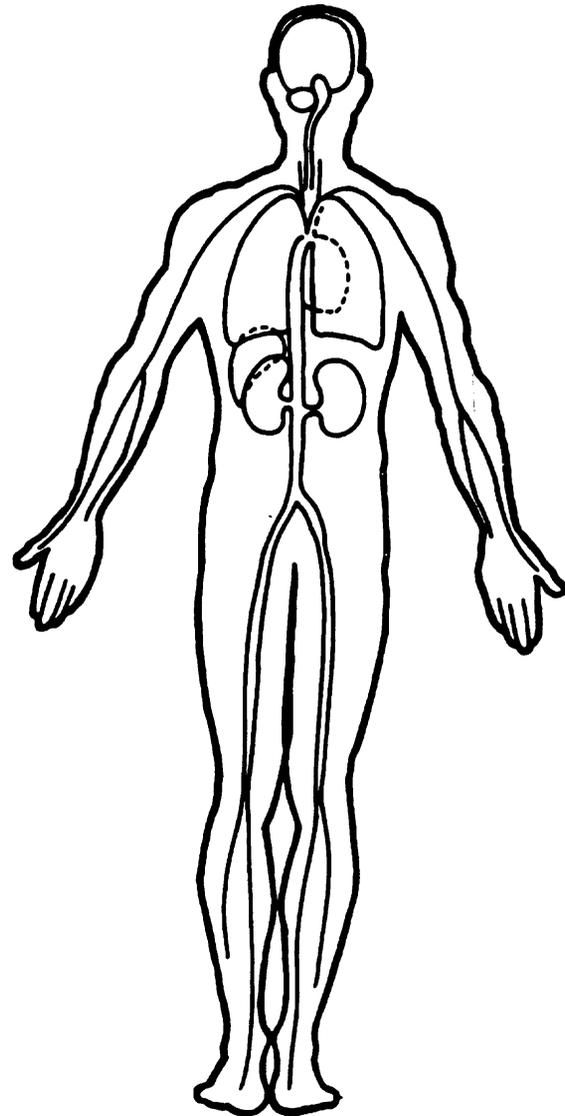
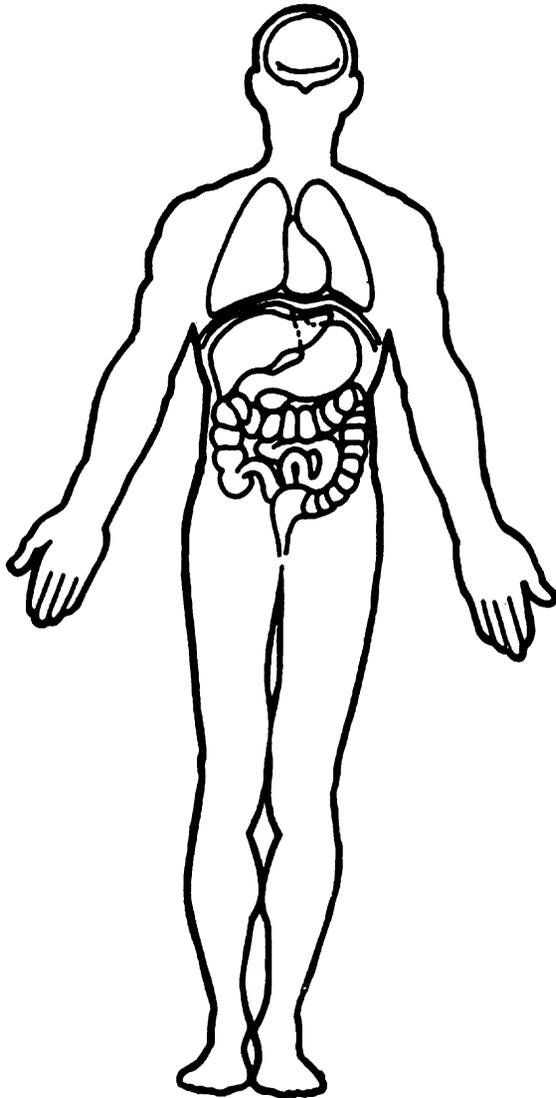
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, 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, Specific Anatomic Structure, 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.)





# SMASH PROGRAM SUMMARY

(All Measurements In Metric)

## Identifying Title

08      1165      01      [REDACTED] 96  
 Primary Sampling Unit      Case No.-Stratum      Accident Event Sequence No.      Date (Month, day, year) of Run

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
NASS Vehicle Number	<u>01</u>	NASS Vehicle Number	<u>02</u>
Year	<u>1996</u>	Year	<u>1995</u>
Make	<u>OLDSMOBILE</u>	Make	<u>TOYOTA</u>
Model	<u>CIERA SL</u>	Model	<u>TACOMA</u>
Body Style	<u>A 45</u>	Body Style	<u>PU</u>
CDC	<u>03 R Y B W 4</u>	CDC	<u>MISSING</u>
Damaged Side	<u>080°R</u>	Damaged Side	<u>F</u>
PDF	$\pm$ <u>100</u> °	PDF	$\pm$ <u>000</u> °
Heading Angle	$\pm$ <u>210</u> °	Heading Angle	$\pm$ <u>118</u> °

## VEHICLE SPECIFICATIONS

VEHICLE 1		VEHICLE 2	
Wheelbase	<u>266</u> cm	Wheelbase	<u>310</u> cm
Overall Length	<u>491</u> cm	Overall Length	<u>490</u> cm
Overall Width	<u>177</u> cm	Overall Width	<u>169</u> cm
Weight	<u>1434</u> kg	Weight	<u>1783</u> kg
Weight	$1360$ <u>1326</u> + <u>74</u> + <u>0</u> = <u>1400</u> kg	Weight	$1556$ <u>1529</u> + <u>91</u> + <u>136</u> = <u>1756</u> kg
Engine Displacement	<u>3.1</u> L	Engine Displacement	<u>3.4</u> L
Drive System	<u>FWD</u>	Drive System	<u>4WD</u>
Size	<u>3</u>	Size	<u>5</u>
Stiffness	<u>3</u>	Stiffness	<u>8</u>

## DAMAGE INFORMATION

VEHICLE 1		VEHICLE 2	
Damage known?	<u>Y</u>	Damage known?	<u>N</u>
Damage Length	<u>322</u> cm	Damage Length	_____ cm
Damage Offset	$\pm$ <u>099</u> cm	Damage Offset	$\pm$ _____ cm
Crush Depth:		Crush Depth:	
C1	<u>003</u> cm	C1	_____ cm
C2	<u>011</u> cm	C2	_____ cm
C3	<u>038</u> cm	C3	_____ cm
C4	<u>034</u> cm	C4	_____ cm
C5	<u>019</u> cm	C5	_____ cm
C6	<u>000</u> cm	C6	_____ cm

### SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

	VEHICLE 1			VEHICLE 2	
Rest	X	_____ m	Rest	X	_____ m
Position	Y	_____ m	Position	Y	_____ m
	PSI	_____ °		PSI	_____ °
Impact	X	_____ m	Impact	X	_____ m
Position	Y	_____ m	Position	Y	_____ m
	PSI	_____ °		PSI	_____ °
Slip Angle (-180 to +180)		_____ °	Slip Angle (-180 to +180)		_____ °

### VEHICLE MOTION

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

### FRICITION INFORMATION

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_ 1

Vehicle 1 Rolling Resistance		Vehicle 2 Rolling Resistance	
LF _____	RF _____	LF _____	RF _____
LR _____	RR _____	LR _____	RR _____

IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form.**



General Information

	Vehicle #1	Vehicle #2
Year	1996	1995
Make	oldsmobile	toyota
Model	ciera sl	tacoma
CDC	03RYAW4	MISSING
Side Damaged	R	F
PDOF Angle	80 °	-8 °
Heading Angle	210 °	118 °
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	3	5
Stiffness Category	3	6
Vehicle Weight	1434 kgs ( 3161 lbs)	1783 kgs ( 3931 lbs)

Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	Yes	No
Crush Length	322.0 cm ( 127 in)	0.0 cm ( 0 in)
C1	3.0 cm ( 1 in)	0.0 cm ( 0 in)
C2	11.0 cm ( 4 in)	0.0 cm ( 0 in)
C3	38.0 cm ( 15 in)	0.0 cm ( 0 in)
C4	34.0 cm ( 13 in)	0.0 cm ( 0 in)
C5	19.0 cm ( 7 in)	0.0 cm ( 0 in)
C6	0.0 cm ( 0 in)	0.0 cm ( 0 in)
D	99.0 cm ( 39 in)	0.0 cm ( 0 in)
D'	103.2 cm ( 41 in)	0.0 cm ( 0 in)

Vehicle Dimensions

Vehicle #1

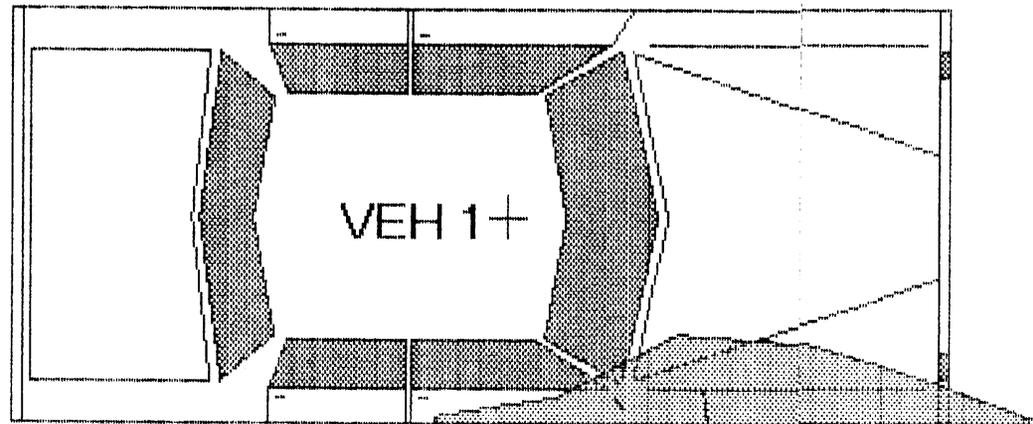
Vehicle #2

Length	491.0 cm ( 193 in)	490.0 cm ( 193 in)
Width	177.0 cm ( 70 in)	169.0 cm ( 67 in)
Wheelbase	266.0 cm ( 105 in)	310.0 cm ( 122 in)
Weight	1434 kgs ( 3161 lbs)	1783 kgs ( 3931 lbs)
CG to Front of Veh	228.1 cm ( 90 in)	258.6 cm ( 102 in)
Engine Displacement	3.1 liters	3.4 liters
Moment of Inertia	312328 kgs ( 27645 lbs)	386760 kgs ( 34233 lbs)
Vehicle Mass	1434 kgs ( 8.2 lb-s <sup>2</sup> /in)	1783 kgs ( 10.2 lb-s <sup>2</sup> /in)

1995 toyota tacoma

Vehicle number 2 is missing.

1996 oldsmobile ciera sl



PDOF



# SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## Identifying Title

08

Primary Sampling Unit

1165

Case No.-Stratum

02

Accident Event Sequence No.

[REDACTED], [REDACTED], 96

Date (Month, day, year) of Run

## GENERAL INFORMATION

### VEHICLE 1

NASS Vehicle Number

01

Year

1996

Make

OLDSMOBILE

Model

CIBRA SL

Body Style

45

CDC

03RZEW1

Damaged Side

R

PDOF

0090°

Heading Angle

0152°

### VEHICLE 2

NASS Vehicle Number

02

Year

1995

Make

TOYOTA

Model

TACOMA LX

Body Style

PU

CDC

09L4LW1

Damaged Side

L

PDOF

0280°

Heading Angle

0157°

## VEHICLE SPECIFICATIONS

### VEHICLE 1

Wheelbase

<sup>266</sup>  
267 cm

Overall Length

491 cm

Overall Width

177 cm

Weight

$\frac{1326}{\text{Curb}} + \frac{74}{\text{Occupant(s)}} + \frac{0}{\text{Cargo}} = \frac{1400}{\text{kg}}$

Engine Displacement

3.1 L

Drive System

FWD

Size

3

Stiffness

3

### VEHICLE 2

Wheelbase

310 cm

Overall Length

490 cm

Overall Width

169 cm

Weight

$\frac{1529}{\text{Curb}} + \frac{91}{\text{Occupant(s)}} + \frac{136}{\text{Cargo}} = \frac{1756}{\text{kg}}$

Engine Displacement

3.4 L

Drive System

4WD

Size

5

Stiffness

5

## DAMAGE INFORMATION

### VEHICLE 1

Damage known?

Y

Damage Length

216 cm

Damage Offset

± 124 cm

Crush Depth:

C1 \_\_\_\_\_ cm

C2 \_\_\_\_\_ cm

C3 \_\_\_\_\_ cm

C4 \_\_\_\_\_ cm

C5 \_\_\_\_\_ cm

C6 \_\_\_\_\_ cm

### VEHICLE 2

Damage known?

Y

Damage Length

122 cm

Damage Offset

± 050 cm

Crush Depth:

C1 \_\_\_\_\_ cm

C2 \_\_\_\_\_ cm

C3 \_\_\_\_\_ cm

C4 \_\_\_\_\_ cm

C5 \_\_\_\_\_ cm

C6 \_\_\_\_\_ cm

### SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

	VEHICLE 1			VEHICLE 2	
Rest	X	_____ m	Rest	X	_____ m
Position	Y	_____ m	Position	Y	_____ m
	PSI	_____ °		PSI	_____ °
Impact	X	_____ m	Impact	X	_____ m
Position	Y	_____ m	Position	Y	_____ m
	PSI	_____ °		PSI	_____ °
Slip Angle (-180 to +180)		_____ °	Slip Angle (-180 to +180)		_____ °

### VEHICLE MOTION

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

### FRICITION INFORMATION

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_ 1

Vehicle 1 Rolling Resistance		Vehicle 2 Rolling Resistance	
LF _____	RF _____	LF _____	RF _____
LR _____	RR _____	LR _____	RR _____

**IF THIS COMMON IMPACT WAS WITH A CDS 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 damage sketch and dimensions to the form.**



08 1160 re-run arr#2

Speed Change (Damage)

Vehicle #1

Total 12 km/h ( 8 mph)  
 Longitudinal 0 km/h ( 0 mph)  
 Latitudinal -12 km/h ( -8 mph)  
 PDOF Angle 90 °  
 Energy Dissipated = 5092 Joules ( 5705 Ft-Lb)  
 Barrier Equivalent Speed = 10.7 km/h ( 6.7 mph)  
 Calculated using crush coefficients entered by the user.

Vehicle #2

Total 10 km/h ( 6 mph)  
 Longitudinal 0 km/h ( -1 mph)  
 Latitudinal 10 km/h ( 6 mph)  
 PDOF Angle -90 °  
 Energy Dissipated = 10945 Joules ( 8071 Ft-Lb)  
 Barrier Equivalent Speed = 11.5 km/h ( 7.4 mph)  
 Calculated using crush coefficients entered by the user.

General Information

	Vehicle #1	Vehicle #2
Year	1996	1995
Make	oldsmobile	toyota
Model	ciera si	tacoma
CDC	0GRZEW1	09LYLW1
Side Damaged	R	L
PODF Angle	90 °	290 °
Heading Angle	152 °	158 °

Calculation method: Vehicle's Crush Coeff.      Vehicle's Crush Coeff.  
 d0 crush coeff.      53.52 sqrt(N)      105.71 sqrt(N)  
 d1 crush coeff.      7.35 sqrt(N)/cm      7.98 sqrt(N)/cm

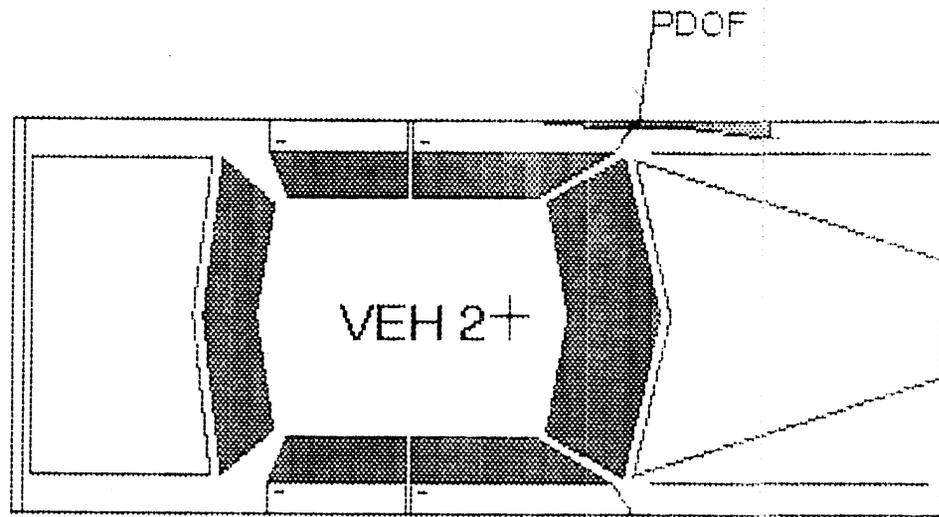
Damage Information

Vehicle Damage Known	Vehicle #1		Vehicle #2	
		Yes		Yes
Crush Length	216.0 cm	( 85 in)	122.0 cm	( 48 in)
C1	0.0 cm	( 0 in)	0.0 cm	( 0 in)
C2	0.0 cm	( 0 in)	0.0 cm	( 0 in)
C3	0.0 cm	( 0 in)	0.0 cm	( 0 in)
C4	0.0 cm	( 0 in)	0.0 cm	( 0 in)
C5	0.0 cm	( 0 in)	0.0 cm	( 0 in)
C6	0.0 cm	( 0 in)	0.0 cm	( 0 in)
D	-123.9 cm	( -49 in)	50.0 cm	( 20 in)
D'	-95.9 cm	( -38 in)	65.8 cm	( 26 in)

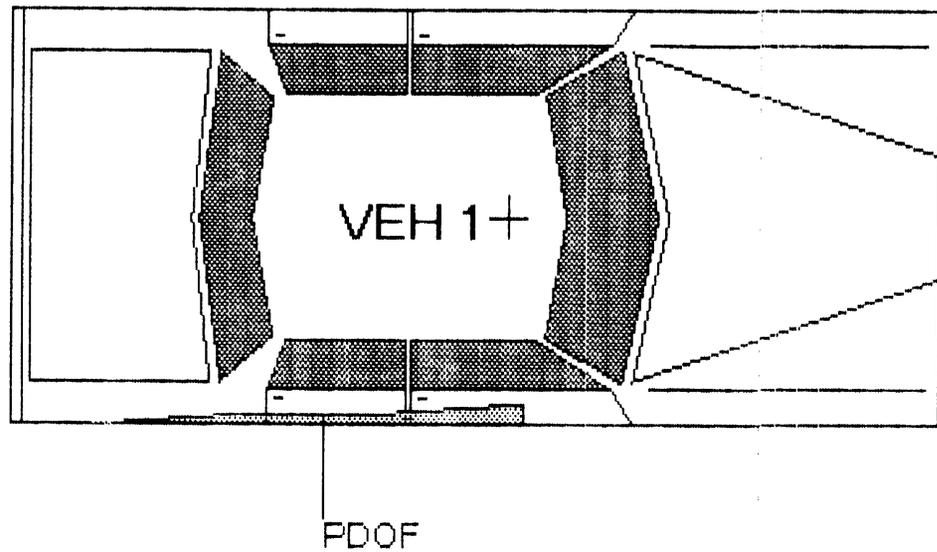
Vehicle Dimensions

	Vehicle #1		Vehicle #2	
Length	491.0 cm	( 193 in)	490.0 cm	( 193 in)
Width	177.0 cm	( 70 in)	169.0 cm	( 67 in)
Wheelbase	266.0 cm	( 105 in)	310.0 cm	( 122 in)
Weight	1434 kgs	( 3161 lbs)	1783 kgs	( 3931 lbs)
CG to Front of Veh	228.1 cm	( 90 in)	258.6 cm	( 102 in)
Engine Displacement	3.1 liters		3.4 liters	
Moment of Inertia	312328 kgs	( 27645 lbs)	386760 kgs	( 34233 lbs)
Vehicle Mass	1434 kgs	( 8.2 lb-s <sup>2</sup> /in)	1783 kgs	( 10.2 lb-s <sup>2</sup> /in)

1995 toyota tacoma



1996 oldsmobile ciera sl



08116J00000011 969.0000000000000214300001002 96 96 96 96 96020391000  
00100000002039105 0406  
08116J00010012 969.00100000000000103R0230F  
08116J00020012 969.00100000000000103R0230L  
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08116J02010461 9.00 0000000003690402181513100



OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

INTRA ERRORS

AVAILABILITY/FUNCTION DA30 equals 1-3, then AUTOMATIC  
AVAILABILITY DA23 should equal 0.

OHH2001 2 If AIR BAG A  
HH2002 BELT AVAILAB

O  
OCCUPANT INJURY Vehicle: 1 Occupant: 1

11

INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
RECORDED ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
SEVERITY GREATER THAN AIS-2, CALL [REDACTED] \*\*\*\*\*  
OI12(n) equals 152-154, 162 or 170-195 and A.I.S. \*\*\*\*\*  
) equals 2-6.

OTT0541 2 \*\*\*\*\* THIS  
TT0542 \*\*\*\*\* THIS CA  
TT0543 \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FO  
TT0545 \*\*\*\*\* IF GREAT  
TT0546 INJURY SOURCE O  
TT0547 SEVERITY OI10(n

O11  
INTER ERRORS

OCT0111 2 If INTRUDING COMPONENT IV48(n) and INJURY SOURCE OI12  
(p) are CT0112 related as shown in Table A-15, the INTRUSION NUMBER  
OI115(p) CT0113 should not equal 00. GV=01 DA=01 OI=02

O1  
PSU08 ERROR SUMMARY SCREEN  
CASE 116J  
CURRENT VERSION: 9.00

 [REDACTED] 96

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



O



SLIDE INDEX

Primary Sampling Unit Number <u>08</u>			Case Number—Stratum <u>116J</u>	
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter	
1-4	1	SW	APPROACH	
5	↓	↓	IMPACT	
6			SCUFF	
7			<b>SCUFF</b>	
8			POST IMPACT	
9			SCUFFS	
10-11			LF, RF SCUFF	
12			RF SCUFF	
13			POST IMPACT	
14			FINAL REST	
15			↓	GOUGE
16	NW	LOOK BACK FROM F.R. ✓		
17	NE	" " IMPACT		
18	↓	SE " OF APPROACH		
19-20	2	SE	APPROACH	
21	↓	↓	LF SKID	
22			RF SKID	
23			APPROACH	
24			IMPACT	
25, 26			LF SKID	
27			SPILL	
28, 29			RF SKID	
30			FINAL REST	
31			↓	CURB CONTACT
32			↓	NW LOOK BACK FROM F.R.
33	NW	" " IMPACT, APPROACH		
34-50	1		EXTERIOR	





PSU 08-116J (1986) #1



PSU 08-116J (1996) #2



PSU 08-116J (1996) #3



PSU 08-116J (1998) #4



PSU 08-116J (1996) #5



PSU08-116J (1996) #6



PSU 08-116J (1996) #7



PSU 08-116J (1998) #8



PSU 08-116J (1996) #9



PSU 08-116J (1996) #10



PSU 08-116J (1996) #11



PSU 08-116J (1996) #12



PSU 08-116J (1998) #13



PSU 08-116J (1998) #14



PSU 08-116J (1996) #15



PSU 08-116J (1996) #16



PSU08-116J(1996) #17



PSU 08-116J (1996) #18



PSU 08-116J (1996) #19



PSU 08-116J (1996) #20



PSU08-116J(1996) #21



PSU 08-116J (1998) #22



PSU 08-116J (1996) #23



PSU 08-116J (1996) #24



PSU 08-116J (1996) #25



PSU 08-116J (1996) #26



PSU 08-11&J (1998) #27



PSU 08-116J (1996) #28



PSU 08-116J (1996) #29



PSU 08-116J (1996) #30



PSU 08-116J (1996) #31



PSU 08-116J (1996) #32



PSU 08-116J (1996) #33



PSU 08-116J (1996) #34



PSU 08-116J (1996) #35



PSU 08-116J (1996) #38



PSU 08-116J (1998) #37



PSU 08-116J (1996) #38



PSU 08-116J (1998) #39



PSU 08-116J (1996) #40



PSU 08-116J (1998) #41



PSU 08-116J (1986) #42



PSU 08-116J (1996) #43



PSU 08-116J (1996) #44



PSU 08-116J (1986) #45



PSU 08-116J (1996) #46



PSU 08-116J (1996) #47



PSU 08-116J (1996) #48



PSU 08-116J (1996) #49



PSU 08-116J (1996) #50



**PSU 08-116J (1996) #51**



PSU 08-11&J (1998) #52



PSU 08-116J (1998) #53



PSU 08-116J (1996) #54



PSU 08-116J (1996) #55



PSU08-116J (1998) #58



PSU 08-116J (1996) #57



PSU 08-116J (1986) #58



PSU 08-116J (1998) #59



PSU 08-116J (1996) #60



PSU 08-116J (1996) #61



PSU 08-116J (1996) #62



PSU 08-116J (1996) #63



PSU 08-116J (1996) #64



PSU 08-116J (1996) #65



PSU 08-116J (1998) #68



PSU 08-116J (1996) #67



PSU 08-116J (1996) #68



PSU 08-116J (1996) #69



PSJ 08-116J (1996) #70



PSU 08-116J (1996) #71



PSU 08-116J (1996) #72



PSU 08-116J (1996) #73



PSU 08-116J (1996) #74



PSU 08-116J (1996) #75



PSU 08-116J (1996) #76



PSU 08-116J (1996) #77



PSU 08-116J (1996) #78



PSU 08-116J (1998) #79



**PSU 08-116J (1996) #80**



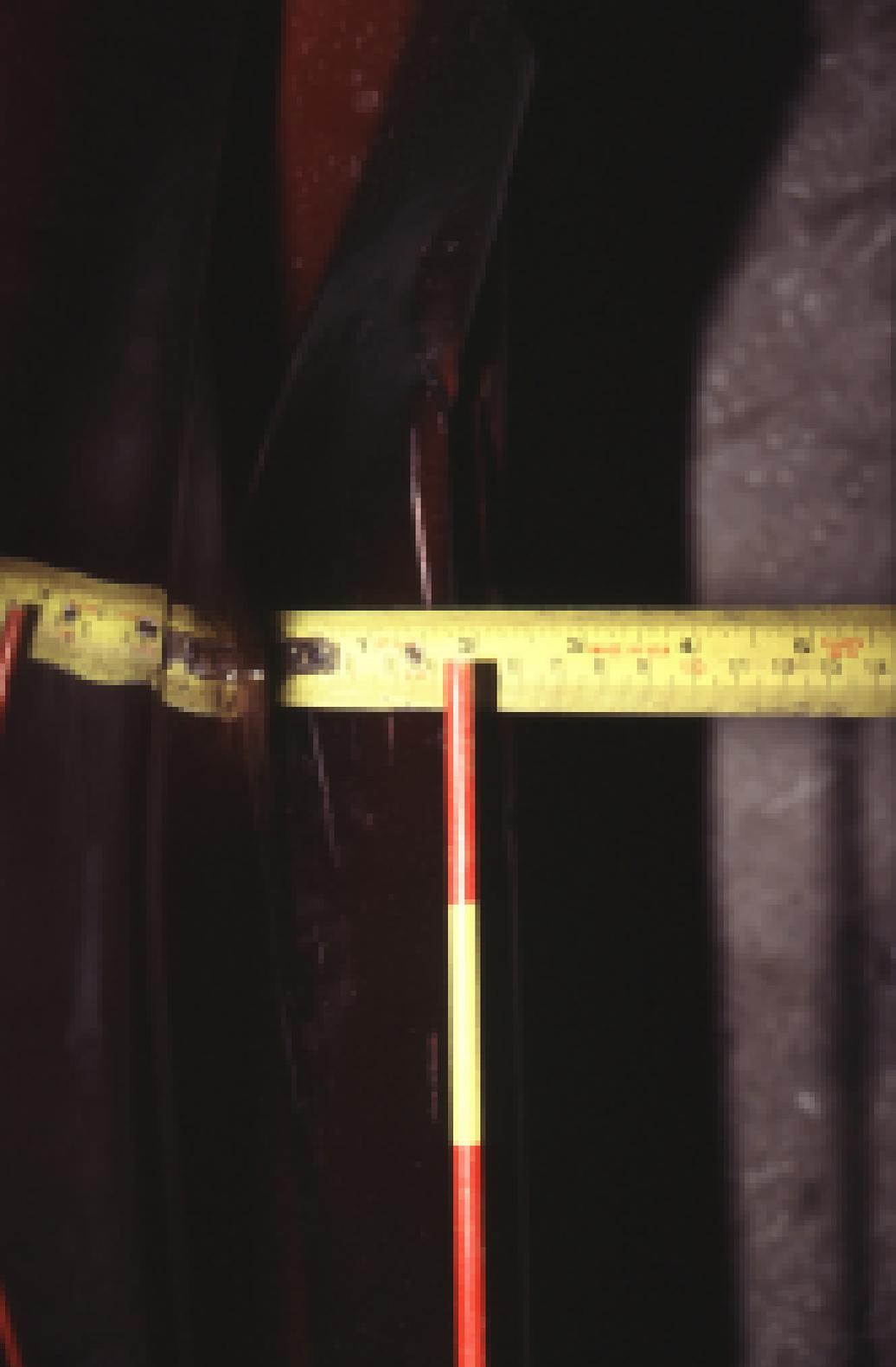
PSU 08-116J (1996) #81



PSU 08-116J (1996) #82



**PSU 08-116J (1996) #83**



PSU 08-116J (1996) #84



PSU 08-116J (1996) #85



PSU 08-116J (1996) #86



PSU 08-116J (1996) #87



PSU 08-116J (1996) #88



PSU 08-116J (1996) #89



PSU 08-116J (1996) #90



PSU08-116J (1996) #91



PSU 08-116J (1996) #92



PSU08-116J (1996) #93



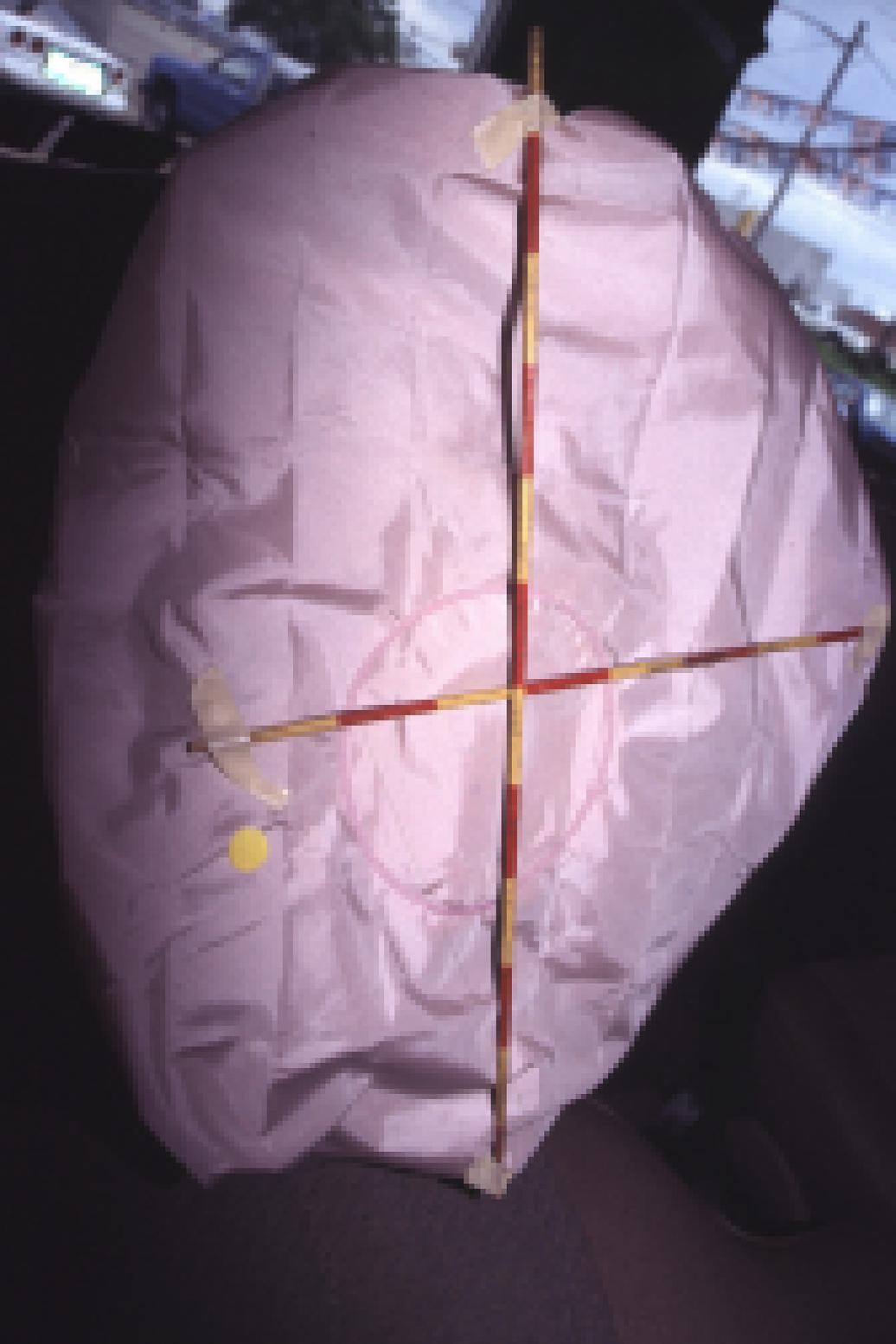
PSU 08-116J (1996) #94



PSU 08-116J (1896) #95



PSU 08-116J (1996) #96



PSU 08-116J (1998) #97



PSU 08-116J (1996) #98



PSU 08-116J (1996) #99



PSU 08-116J (1998) #100



FSU 08-116J (1986) #101



PSU 08-116J (1996) #102



PSU 08-116J (1996) #103



PSU 08-116J (1996) #104



PSU 08-116J (1998) #105



PSU 08-116J (1996) #106



PSU 08-116J (1998) #107



PSU 08-116J (1996) #108



PSU 08-116J (1996) #109



PSU 08-116J (1996) #110



PSU 08-116J (1996) #111



PSU 08-116J (1996) #112



PSU 08-116J (1996) #113



PSU 08-116J (1998) #114