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

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU 75 CASE NO. 150J TYPE OF ACCIDENT Vehicle/Vehicle-Head On.

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

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

*U.S. GPO: 1996-[redacted]

PSU75 1996 Case Summary Form
CASE 150J
TYPE OF ACCIDENT: VEHICLE/VEHICLE-HEAD ON

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle #1 was eastbound on a two lane, two-way mountain roadway. Vehicle #2 was westbound on the same roadway. Vehicle #1 was trailing behind two cars when the driver decided to pass on the left side. Vehicle #1 pulled into the westbound travel lane and the front of Vehicle #1 contacted the left front corner of Vehicle #2. After impact, Vehicle #1 spun 180 degrees counter clockwise and came to rest in the middle of the road facing west. Vehicle #2 was pushed three meters rearward and off the north shoulder and impacted the embankment with its right side and came to rest on the north shoulder. Both vehicles were towed from the scene and all of the occupants were transported for treatment.
01

PSU75 1996 Case Summary Form
CASE 150J
TYPE OF ACCIDENT: VEHICLE/VEHICLE-HEAD ON

B. VEHICLE PROFILE(S)

Veh. No	Class of Vehicle	Year/Make/ Model	Most Severe Damage Based on Vehicle Inspection		
			Damage Plane	Severity Descr.	Component Failure
01	Subcompact	1983/Honda/Accord LX	Front	Severe	None
02	Compact	1996/Honda/Civic EX	Front	Moderate	None

01

PSU75 1996 Case Summary Form
CASE 150J
TYPE OF ACCIDENT: VEHICLE/VEHICLE-HEAD ON

C. PERSON PROFILE(S)

Veh. No	Person Role	Seat Positon	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER) Body Region	Injury Type	AIS	Injury Source
01	Driver	L Front	None	Liver	Laceration	5	Steering wheel
01	Passenger	R Front	None	Brain	Concussion	2	Instrument panel
02	Driver	L Front	L&S/ With Air Bag	Spleen	Laceration	5	Door panel

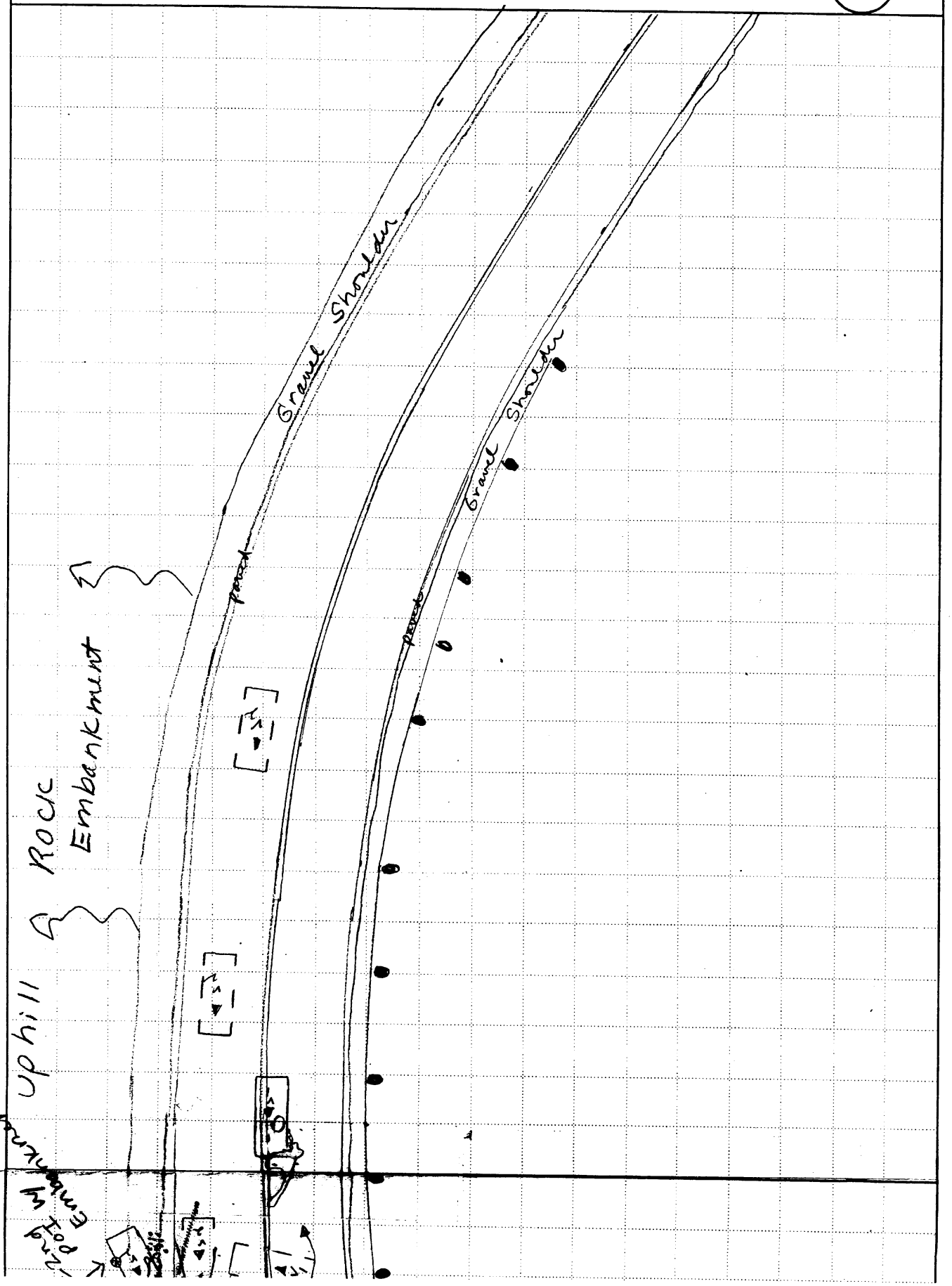
U.S. Department of Transportation
National Highway Traffic Safety Administration

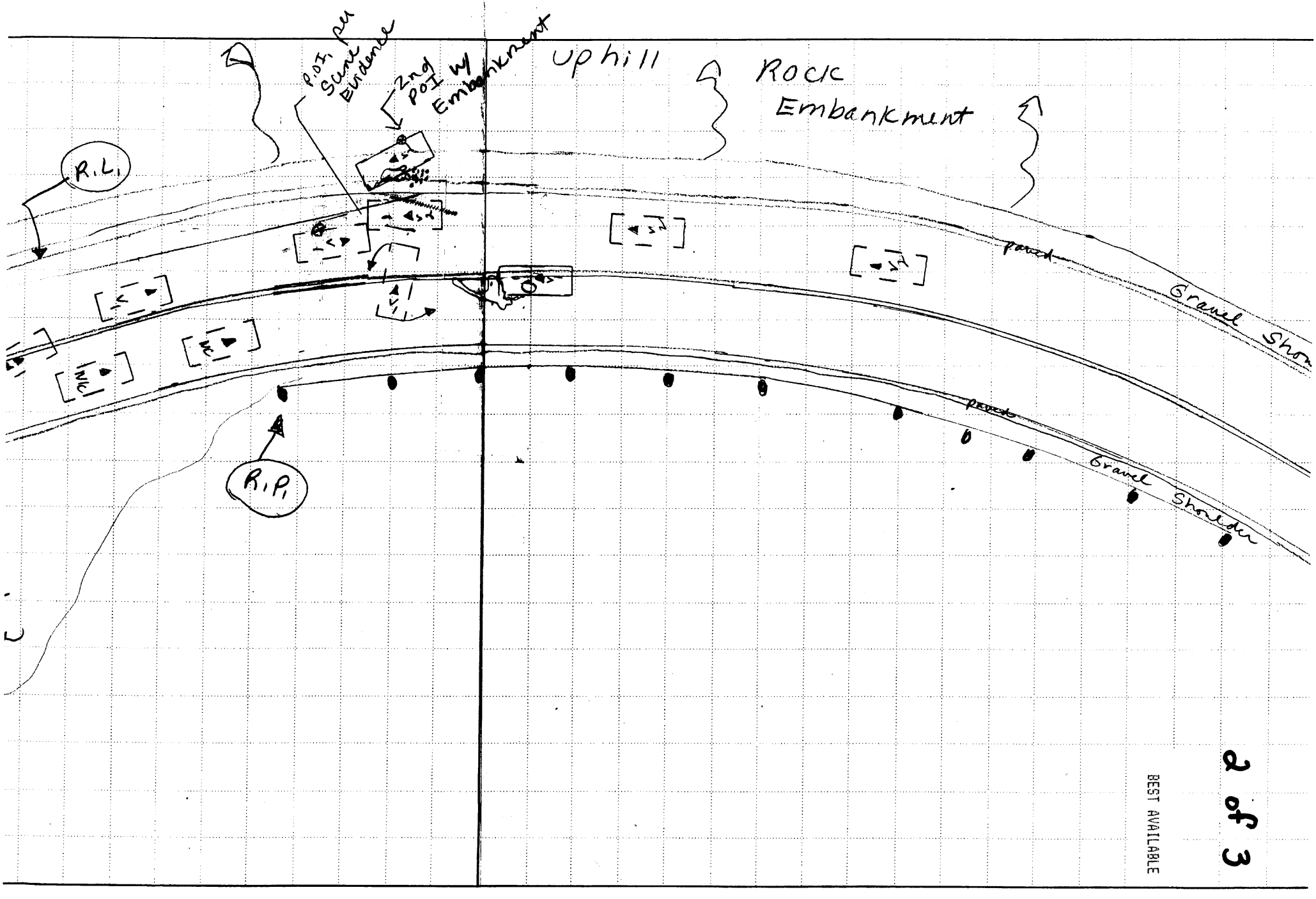
ACCIDENT COLLISION DIAGRAM

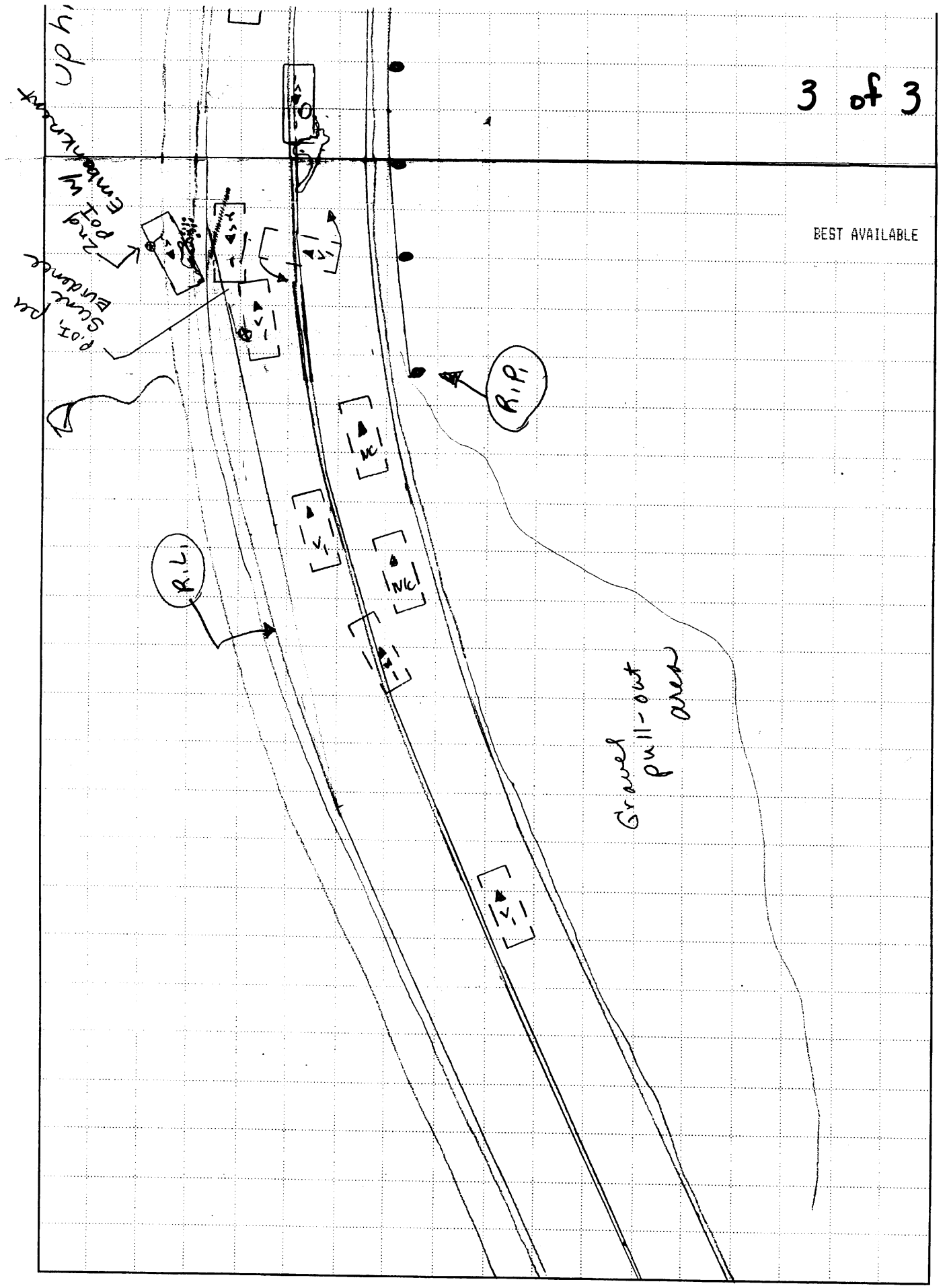
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 75 Case Number—Stratum 150 J

Indicate North







HS Form 431B (1/96)

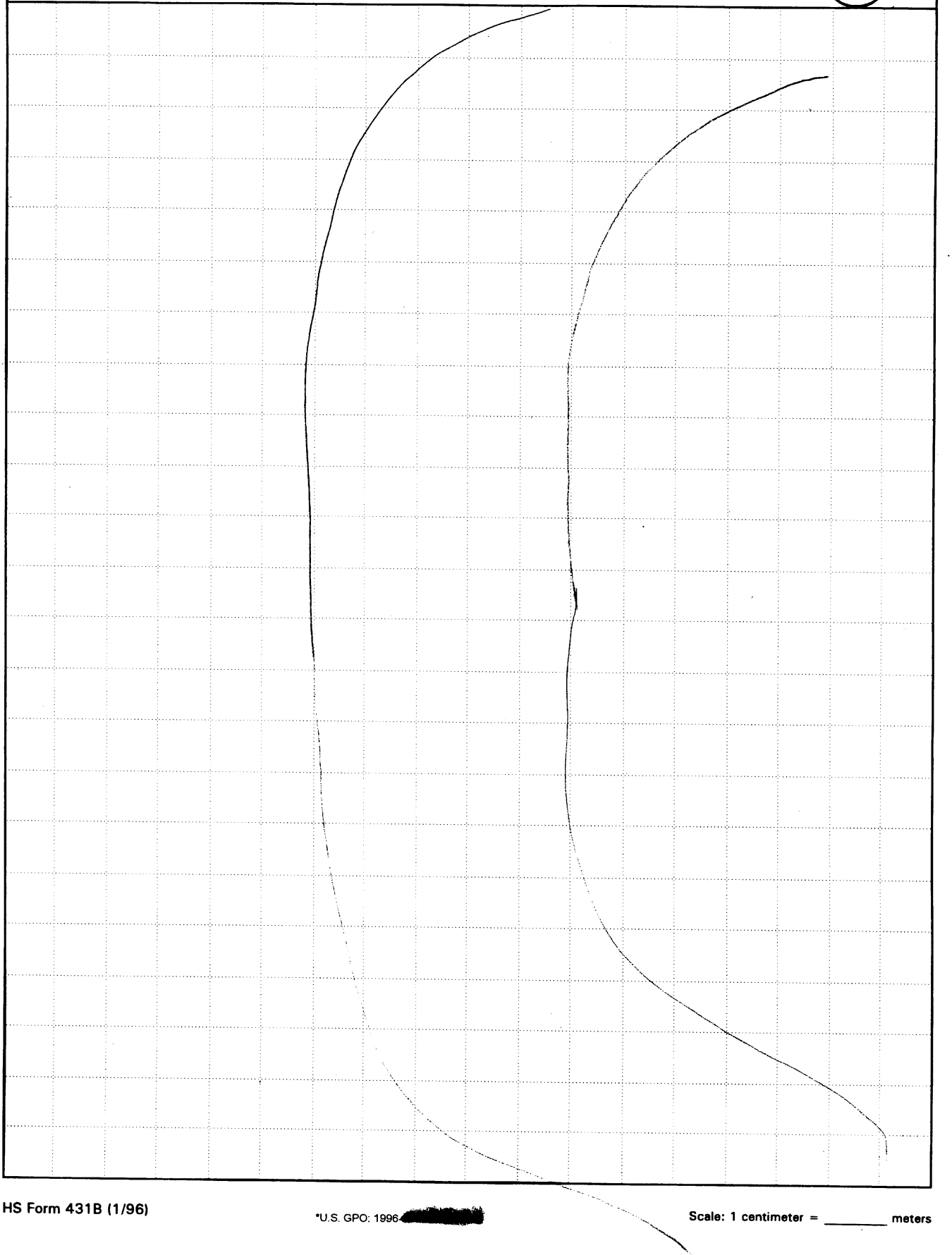
Scale: 1 centimeter = 2.5 meters

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

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

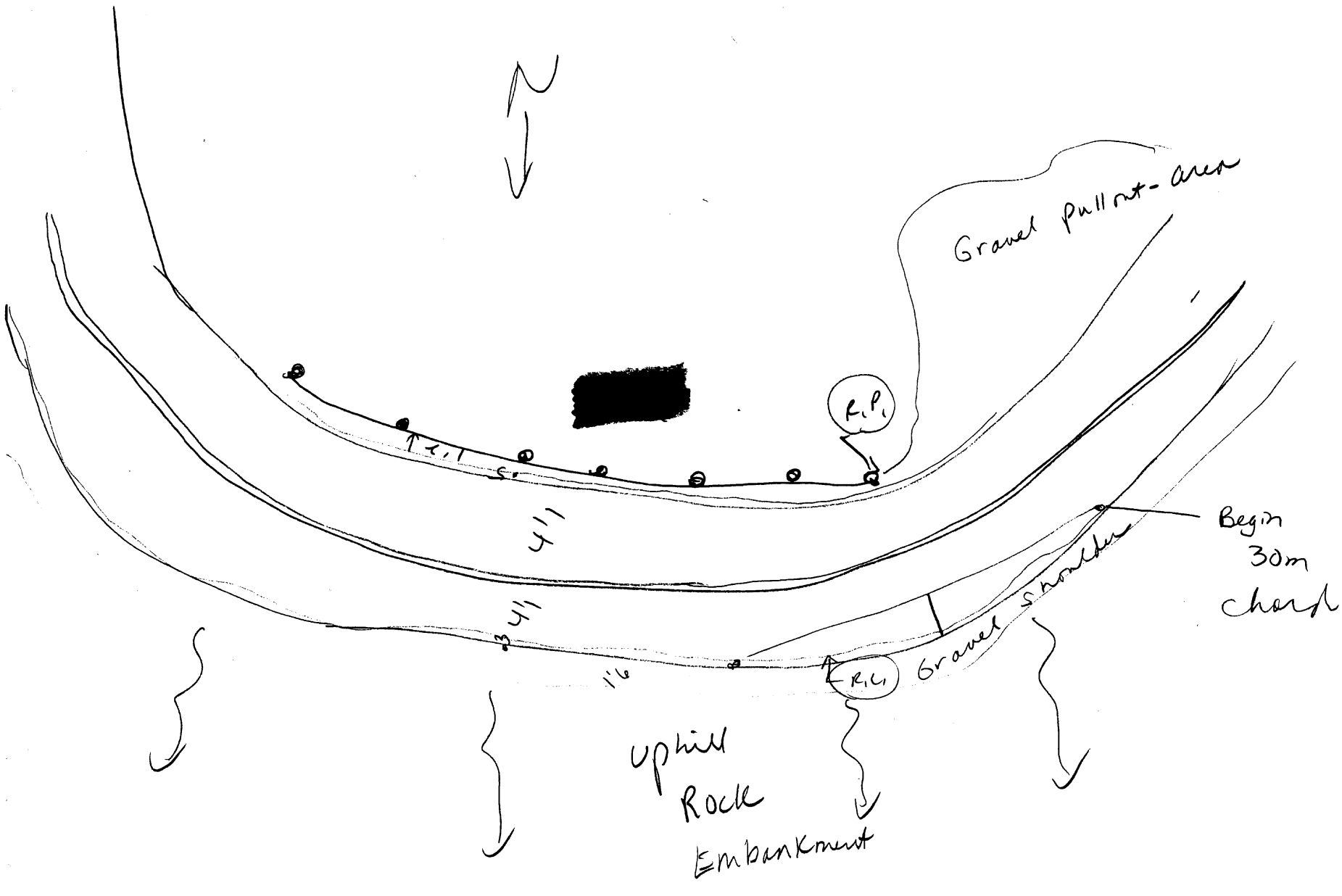
PSU No. 75 Case Number—Stratum 150J Indicate North



HS Form 431B (1/96)

*U.S. GPO: 1996-[redacted]

Scale: 1 centimeter = _____ meters


Gravel pull out- area
R.P.1
Begin
30m
chord
Gravel shoulder
R.C.1
uphill
Rock
Embankment

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

ACCIDENT COLLISION MEASUREMENT TABLE

[redacted] 3pm

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 75 Case Number—Stratum 1505

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)

SL=40

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

30m Chord = 1'1 at 15m
Starts 7'1 E of R.P.

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	82°	269°	
Surface Type	Bituminous		
Surface Condition	Dry	Dry	
Coefficient of Friction	.75	.75	
Grade (v/h) Measurement (between impact and final rest)	10/122 ↓	10/122 ↓	
Grade (v/h) Measurement (at location of rollover initiation)	N/A		
Grade (v/h) Measurement (at pre-crash location)	10/122 ↓	11/122 ↑	

Reference Point: Beg. of Guard Rail

Reference line: S. Road Edge of WIB [redacted]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
R.P.	—	9'6 S ✓
P.O.I. (per par + Scuff)	2'0 E	1'5 S ✓
B Scuff	2'0 E	1'6 S ✓
End "	2'4 E	1'6 S ✓
Fluid Spill V2/F.Rust	5'8 E	.9 N ✓
Gloss area	7'3 E	1'0 N ✓
Gouge	5'8 E	1'2 S ✓
E Scuff (Long)	6'1 E	.1 S ✓
B Scuff (Long)	9'5 E	1'0 S ✓
E Short Scuff	5'9 E	1'5 S ✓
B " "	7'2 E	2'0 S ✓
Fluid Spill V4/1	11'4 E	4'7 S ✓
Oil Spill V4/1	13'3 E	5'4 S ✓

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
V2 # Pi Di I w/ Rock/a (31cm x 31cm)	On bank mint 6'6 E	2'7 N ✓

☆U.S. GOVERNMENT PRINTING OFFICE: 1996 - [redacted]

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 1505

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month,Day,Year): [redacted] / 96
5. Time of Accident: 1200

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 columnns.

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. 01	13. 01	14. 01	15. F	16. 02	17. 02	18. F
19. 02	20. 02	21. 02	22. R	23. 44	24. 00	25. 0
26. 03	27.	28.	29.	30.	31.	32.
33. 04	34.	35.	36.	37.	38.	39.
40. 05	41.	42.	43.	44.	45.	46.

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):
_____
(36) Noncollision injury
(38) Other noncollision (specify):
_____
(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 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 (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 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
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
_____
(75) Vehicle occupant
(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

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
(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 0
(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 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 2
(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 0
(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 0
(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

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OCCUPANT RELATED

37. Driver Presence in Vehicle: 1
(0) Driver not present
(1) Driver present
(9) Unknown

38. Number of Occupants This Vehicle: 02
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted: 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
(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: 0
(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: 0,980 0
____ Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown +100
2,062 lbs X .4536 = 980.6 kgs
Source: [redacted]

44. Vehicle Cargo Weight: 0,000 0
____ Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
__,___ lbs X .4536 = __,___ kgs
Source: [redacted]

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

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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 (≤ 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 (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 150 J
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

VIN JHMSZ733 1DC [redacted] Model Year 83

Vehicle Make (specify): Honda Vehicle Model (specify): Accord

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
01	Begins LF BC	BC to BC	C1

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 Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
01	Front	141	C1	104	131	93	85	61	41	26	-7.5
	Freespace		127		4	0	0	0	0	4	
	Result		~~4~~ 123		127	93	85	61	41	22	
	Difference			-	4	4	4	4	4	4	
	Result				123	89	81	57	37	18	
	Setup to 425										
	421 actual										
	4 diff										

HS Form 435A (Rev. 1/96)

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	96.5	inches	x 2.54	=	245.1	cm
Overall Length	165.8	inches	x 2.54	=	421.1	cm
Maximum Width	65.4	inches	x 2.54	=	166.1	cm
Curb Weight (83 Bronco)	2,062 + 100	pounds	x .4536	=	980.6	kg
Average Track	56.3 55.9 (56.1)	inches	x 2.54	=	142.4	cm
Front Overhang	35.4	inches	x 2.54	=	89.9	cm
Rear Overhang	33.9	inches	x 2.54	=	86.1	cm
Undeformed End Width	___.___	inches	x 2.54	=	___	cm
Engine Size: cyl./displ.	4cyl	cc	x .001	=	___	L
	107	CID	x .0164	=	1.75	L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted

RF 1
LF 1
RR 2
LR 2

b. Tire deflated

RF 2
LF 1
RR 2
LR 2

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

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

END SHIFT ≥ 10 CM
☒ Yes ☐ No

ORIGINAL SPECIFICATIONS

Wheelbase	245	cm
Overall Length	421	cm
Maximum Width	166	cm
Curb Weight	981	kg
Average Track	142	cm
Front Overhang	90	cm
Rear Overhang (Measured at ground)	86	cm
Undeformed End Width	156	cm
Engine Size: cyl./displ.	4cyl./1.8	L

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

RF ± 20 °
LF ± 20 °
RR ± ___ ___ °
LR ± ___ ___ °

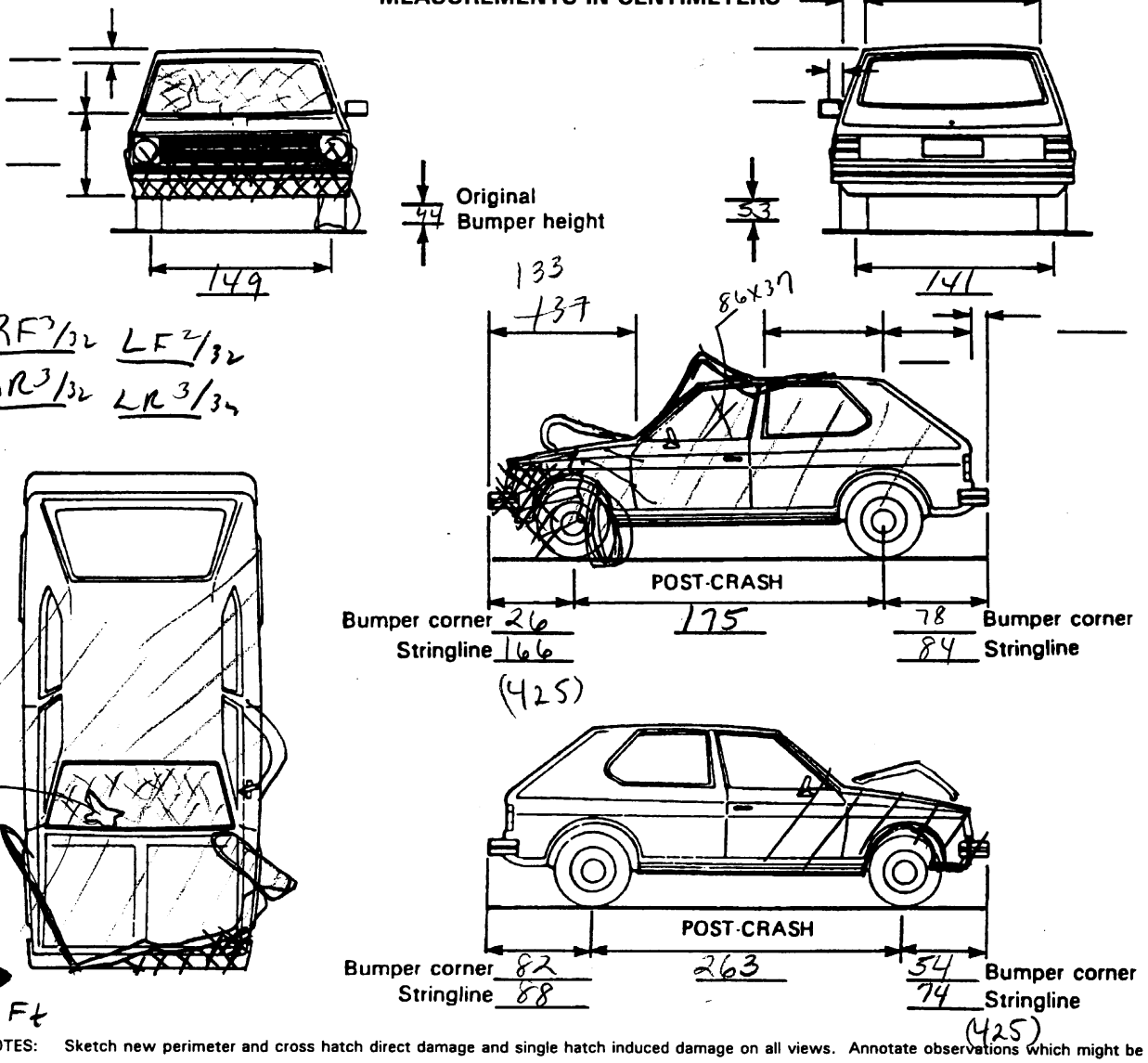
Within ± 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight 0 kg

MEASUREMENTS IN CENTIMETERS



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.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover—end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 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 (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 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
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance _____
- (75) Vehicle occupant
- (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

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	+10	~~+80~~	F	D	E	W	04 5

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. 01	5. 02	6. ~~12~~ 12	7. F	8. D	9. E	10. W	11. 05

Second Highest Delta "V"

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

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_1	C_2	C_3	C_4	C_5	C_6	22. ±D
156	123	089	081	057	037	018	+0008

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
							+ −

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 156
- ____ 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) 141
- ____ Code to the nearest centimeter
- (250) 250 centimeters or more
- (999) Unknown

28. Original Wheelbase 245
- ____ Code to the nearest centimeter
- (650) 650 centimeters or more
- (999) Unknown

96.5 inches X 2.54 = 245.1 centimeters

29. Original Average Track Width ~~145~~ 141
- ____ Code to the nearest centimeter
- (185) 185 centimeters or more
- (999) Unknown

REAR MSMT.

___.__ inches X 2.54 = 145 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 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 2
(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.

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 75
2. Case Number - Stratum 1505
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 12
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

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

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

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 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 2 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 3 32. LF 6 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

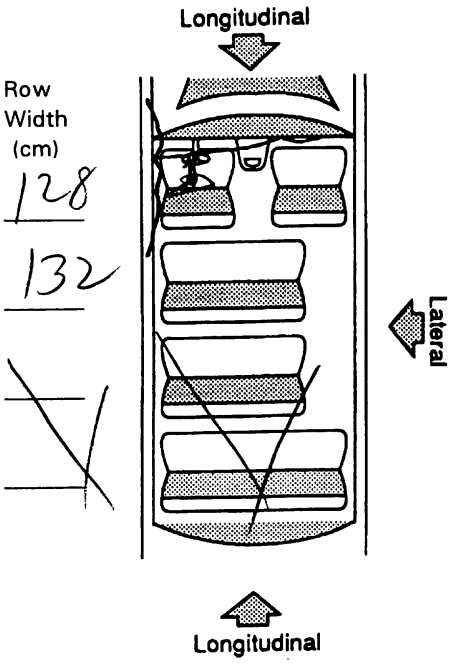
Glazing Damage from Occupant Contact

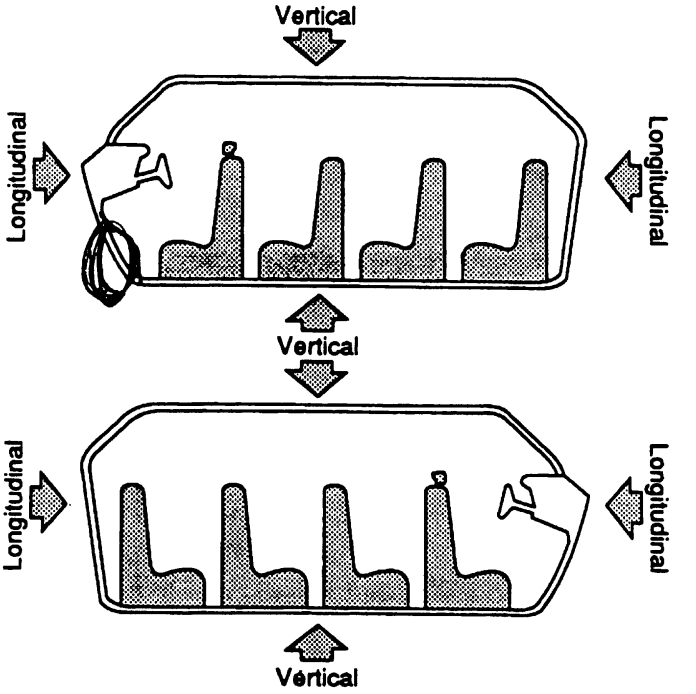
39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 0

(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

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS





LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	S. Column	80	–	46 to Bottom	=	34 (5)	Long
11	DASH	97	–	58	=	39 (2)	
12	↓	155	–	141 to Rear Seat	=	14 (7)	
13	↓	97	–	93 to IP	=	4 (9)	
11	A pillar	106	–	69	=	37 (4)	
11	panel f. A pillar	115	–	73	=	42 (3)	
11	ROOF	84	–	83	=	1	Vertical
12	↓	84	–	83	=	1	
11	Toe Pan	133	–	78 to Bottom	=	55 (1)	Long
12	↓	183	–	162 to Rear Seat	=	21 (6)	
13	↓	133	–	135 to Bottom	=	(10)	
11	Door panel		–	2 Gpry	=	9 (8)	Lateral
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 11	48. 05	49. 5	50. 2
2nd	51. 11	52. 10	53. 4	54. 2
3rd	55. 11	56. 02	57. 4	58. 2
4th	59. 11	60. 06	61. 4	62. 2
5th	63. 11	64. 01	65. 4	66. 2
6th	67. 12	68. 05	69. 3	70. 2
7th	71. 12	72. 03	73. 2	74. 2
8th	75. 11	76. 11	77. 2	78. 3
9th	79. ~~99~~ 13	80. ~~99~~ 04	81. ~~9~~ 1	82. ~~9~~ 2
10th	83. 99	84. 99	85. 9	86. 9

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	–	DAMAGE VALUE	=	DEFORMATION
9	–	2	=	7
	–		=	
	–		=	
	–		=	

STEERING COLUMN

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

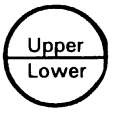
88. Tilt Steering Column Adjustment — 0
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

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

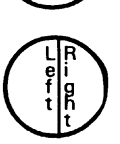
90. Steering Rim/Spoke Deformation — 07
____ Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation — 09
(00) No steering rim deformation

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



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



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

INSTRUMENT PANEL

92. Odometer Reading — 228,000
____ 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
141,746 miles X 1.6093 = 228,111 kilometers

Source: veh. Inspec

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

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

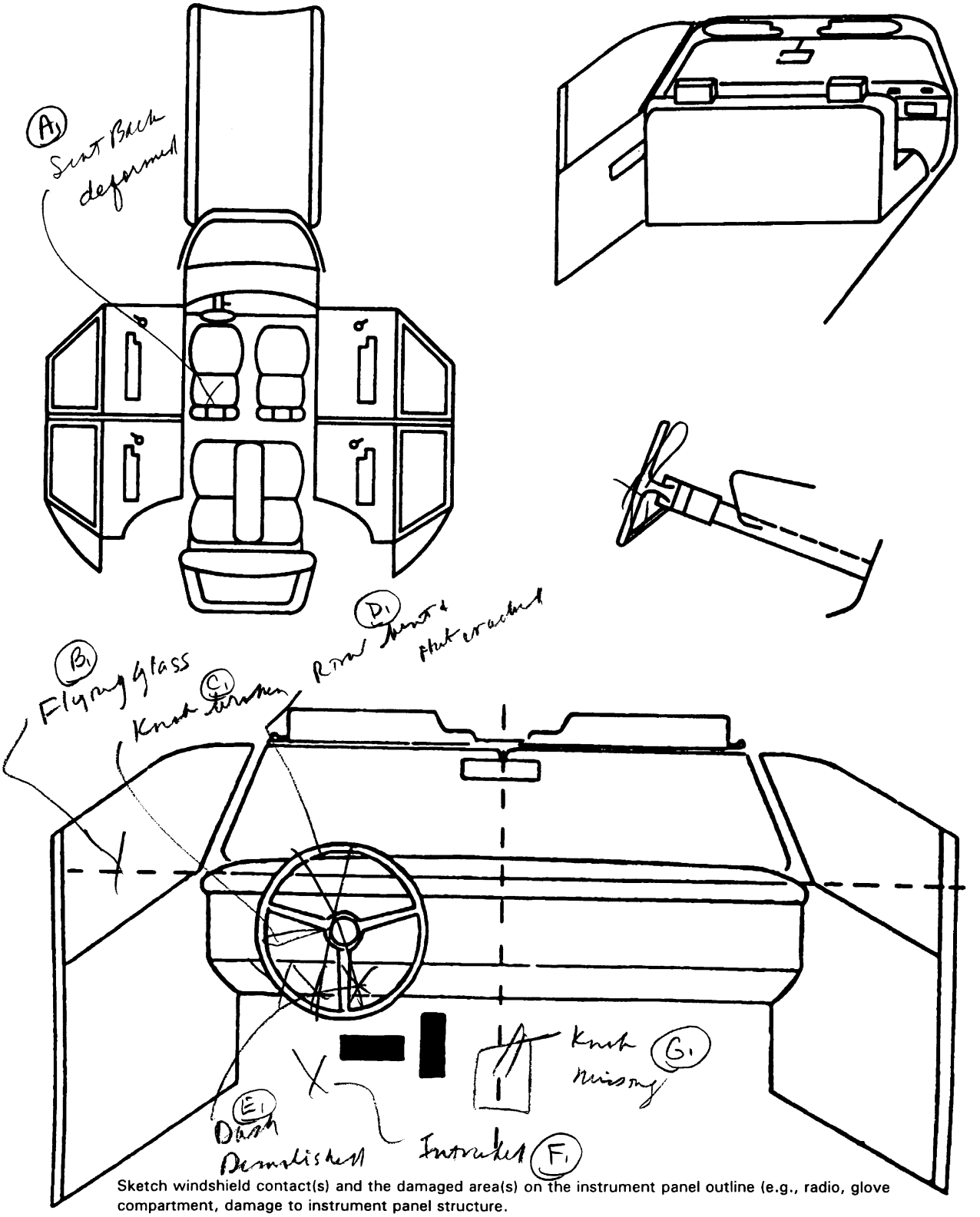
95. Knee Bolsters Deformed from Occupant Contact? — 0
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

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	151	01	Back	Deformed	2
B	056	01	Face	Flying Glass	2
C	007	01	L. hand	Knob broken off of column	2
D	006	01	Chest	Rim bent & hub cracked	2
E	010	01	Knees	panel shattered	2
F	251	01	Feet	Intruded	2
G	252	01	(R) hand	Knob missing	2
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	4		4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	00		00
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
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) 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**	OtherAir Bag
FIRST	Availability/Function			
	Deployment			
	Failure			

Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

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

Air Bag System Deployment **(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

N/A

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
FIRST	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?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

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

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

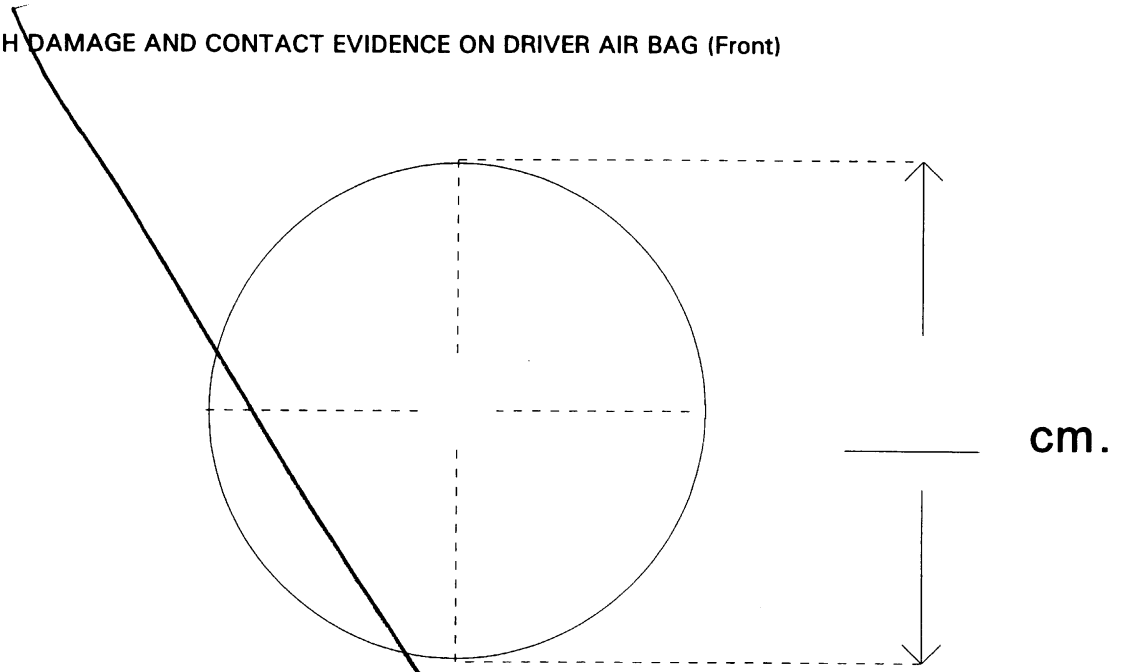
G-Did The Air Bag Have Vent Ports?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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

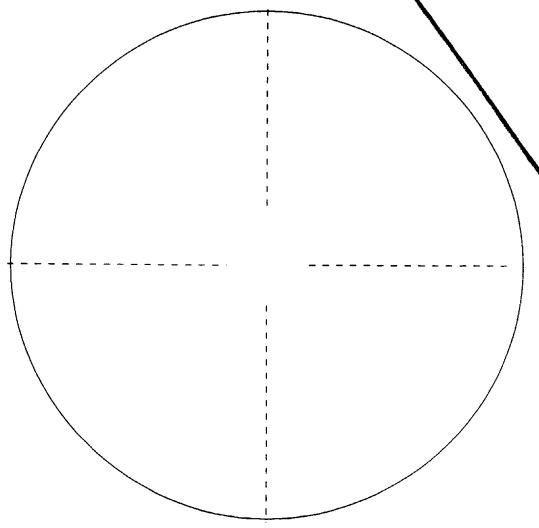
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

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



N/A

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

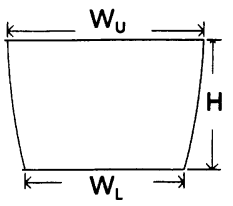


DRIVER AIR BAG SKETCHES (Cont'd)

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

width (W_U) _____ width (W_L) _____

height (H) _____

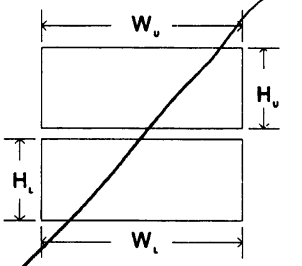


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) _____ width (W_L) _____

height (H_U) _____ height (H_L) _____

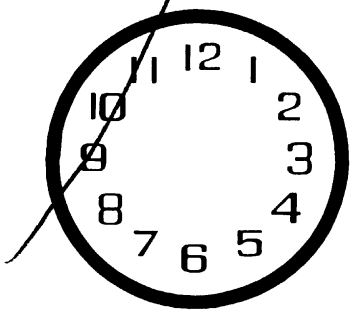


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

N/A

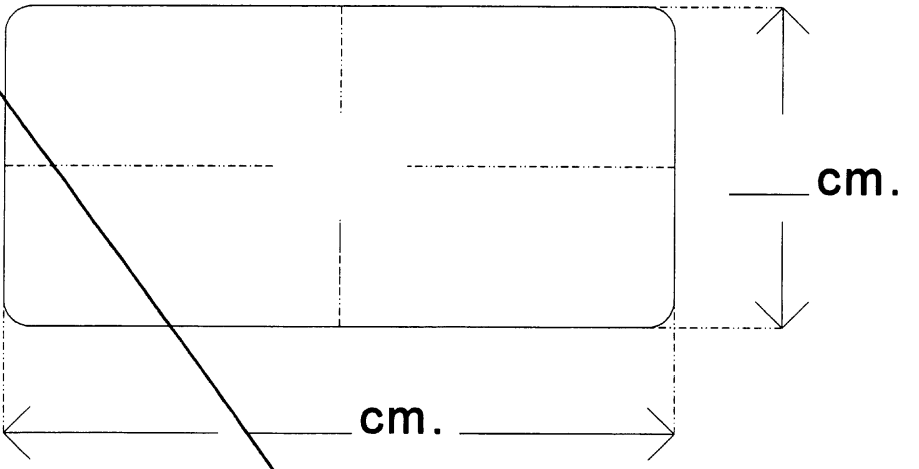
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



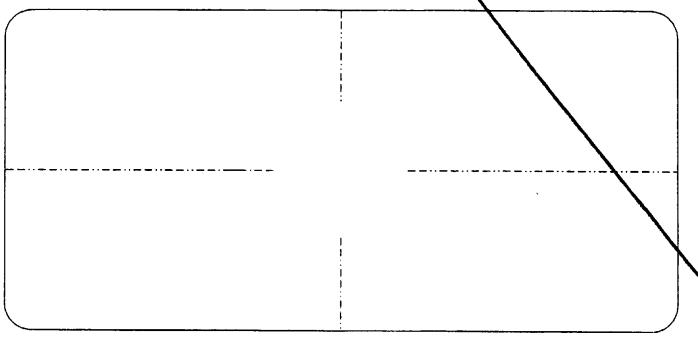
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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

N/A

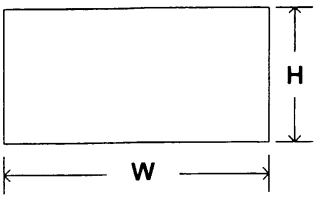


PASSENGER AIR BAG SKETCHES (Cont'd)

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

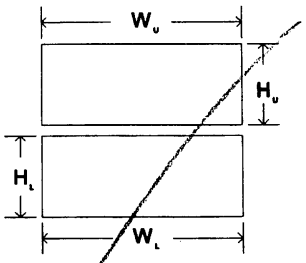
width (W_U) _____

height (H_U) _____

b. Lower Flap

width (W_L) _____

height (H_L) _____

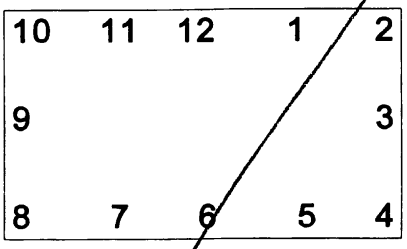


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

N/A

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)

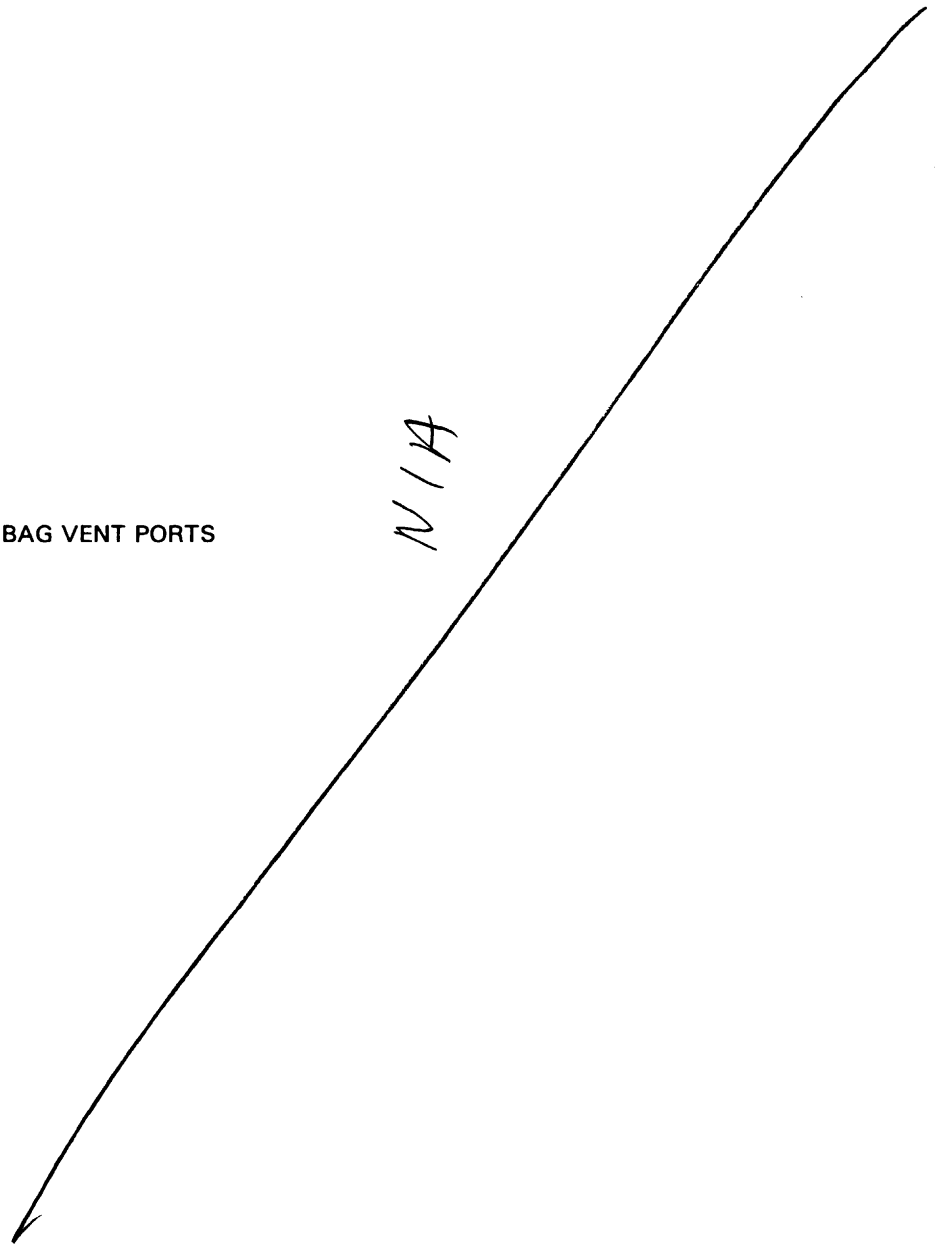
N/A

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 on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.**

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	3		3
	E-Seat Back Incline Pre/Post Impact	22		23
	F-Seat Performance	5 + 6		1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	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
THIRD	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			
OTHER	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 postion
(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

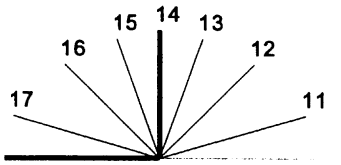
(99) Unknown

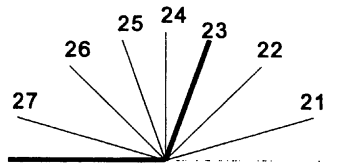
F-Seat Performance (this Occupant Position)
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify):

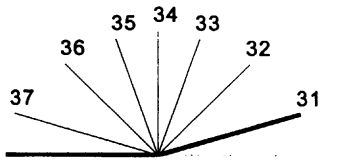
_____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): Floor pan Buckled up
(7) Combination of above (specify):

_____
(8) Other (specify):

_____
(9) Unknown







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

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

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: Drivers' feet trapped in toe pan area

Component(s): _____

(Note on vehicle interior sketch)

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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 1505
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 30
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: 2
(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: 165
Code actual height to the nearest centimeter.
(999) Unknown
65 inches X 2.54 = 165.1 centimeters

8. Occupant's Weight: 073
Code actual weight to the nearest kilogram.
(999) Unknown
160 pounds X .4536 = 72.5 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 9 ✓
    (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 1
    (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) Unknown

19. 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) Unknown

21. 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) Unknown

22. 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) Unknown

27. 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

28. Police Reported Belt Use 0
(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 1
(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

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 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

31. Frontal Air Bag System Deployment (This Occupant Position) 0
(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) 0
(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)? 0
    (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 0
    (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? 0
    (0) Not equipped/not available
    (1) No prior maintenance
    (2) Yes, prior maintenance (specify): _____
    (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00
    (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 0
    (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 + - 000
    (_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? 0
    (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? 0
    (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? 00
    (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*

44. Source of Air Bag Damage 00
(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? 0
(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? 0
(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

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
(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? 0
(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

HEAD RESTRAINT AND SEAT EVALUATION

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
(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

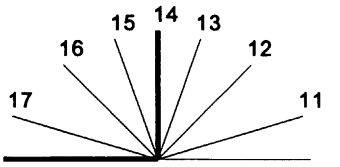
52. Seat Track Adjusted Position Prior To Impact 3
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

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

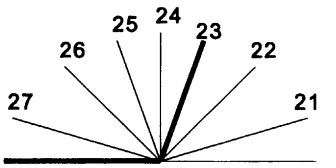
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 22
    (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

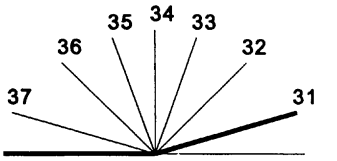


Slightly reclined prior to impact
    (21) Moved to completely rearward position
    (22) Moved to rearward midrange position
    (23) Retained pre-impact position
    (24) Moved to upright position
    (25) Moved to slightly forward position
    (26) Moved to forward midrange position
    (27) Moved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



54. Seat Performance (this Occupant Position) 5
    (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 1

(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

(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 62

____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

EMERGENCY RESPONSE INFORMATION

EMS Notification
(1) Not notified
(2) Notified
(9) Unknown

EMS NotificationTime (first unit)
(9999) Unknown

EMS Arrival Time (first unit)
(9998) EMS cancelled or did not arrive
(9999) Unknown

EMS Departure Time To Treatment Facility (transporting unit)
(9997) EMS arrived, provided treatment, but did not transport
(9998) EMS arrived, but was not used
(9999) Unknown

EMS Arrival Time At Treatment Facility
(9999) Unknown

	ROAD VEHICLE	AIR VEHICLE
EMS Notification		
EMS NotificationTime (first unit)		
EMS Arrival Time (first unit)		
EMS Departure Time To Treatment Facility (transporting unit)		
EMS Arrival Time At Treatment Facility		

EMS Type
(01) Fire department
(02) Rescue squad
(03) Police department
(04) Trauma unit
(05) Disaster unit
(06) Ambulance service unit
(07) Hospital
(08) Mortuaries/funeral homes
(98) Other, specifiy: _____
(99) Unknown

	FIRST UNIT	TRANSPORTING UNIT
ROAD VEHICLE		
AIR VEHICLE		

EMS Care
(01) No care administered
(02) First aid
(03) Resuscitation
(04) CPR
(05) Emergency cardiac care
(06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
(07) Emergency burn care
(08) Combination of above, specify: _____
(98) Other, specify: _____
(99) Unknown

	ON-SCENE	DURING TRANSPORT
ROAD VEHICLE		
AIR VEHICLE		

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 — 35
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 — 02

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 — 19
19 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 (at Medical Facility) — 02
(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? — 2
(1) No - blood not given
(2) Yes - blood given
(specify units): 15g
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO_3 — 14
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 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

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number	75	3. Vehicle Number	01
2. Case Number - Stratum	1501	4. Occupant Number	01

INJURY DATA

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

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 1	7. 4	8. 06	9. 36	10. 5	11. 1	12. 053	13. 2	14. 1	15. 04
2nd	16. 2	17. 5	18. 4	19. 18	20. 28	21. 5	22. 1	23. 006	24. 1	25. 1	26. 05
3rd	27. 2	28. 5	29. 4	30. 44	31. 26	32. 4	33. 7	34. 006	35. 1	36. 1	37. 05
4th	38. 2	39. 5	40. 2	41. 12	42. 06	43. 4	44. 7	45. 006	46. 1	47. 1	48. 05
5th	49. 2	50. 2	51. 5	52. 12	53. 04	54. 3	55. 2	56. 053	57. 2	58. 1	59. 04
6th	60. 2	61. 2	62. 5	63. 06	64. 06	65. 1	66. 2	67. 053	68. 2	69. 1	70. 04
7th	71. 2	72. 4	73. 5	74. 02	75. 22	76. 3	77. 2	78. 006	79. 1	80. 1	81. 05
8th	82. 2	83. 7	84. 5	85. 28	86. 04	87. 3	88. 2	89. 010	90. 1	91. 1	92. 03
9th	93. 2	94. 7	95. 5	96. 32	97. 04	98. 3	99. 2	100. 010	101. 1	102. 1	103. 03
10th	104. 2	105. 8	106. 5	107. 26	108. 00	109. 2	110. 1	111. 010	112. 2	113. 2	114. 03

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	2	8	5	26	00	2	2	010	2	2	03
12th	2	8	5	18	08	3	2	010	1	2	03
13th	2	8	5	16	06	2	2	251	1	1	01
14th	2	8	5	32	00	2	2	251	1	1	01
15th	2	1	9	06	00	1	9	053	1	1	04
16th	2	2	9	06	00	1	9	053	1	1	04
17th	2	2	4	12	02	2	2	053	1	1	04
18th	2	4	9	04	02	1	9	006	1	1	05
19th	2	7	9	04	02	1	1	004	2	1	05
20th											
21st											
22nd											
23rd											
24th											
25th											

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes Muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02.

The exceptions to this rule apply to:

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC

(04) Level
(06) of
(08) Consciousness

(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Level of Injury

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.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

SOURCE OF INJURY DATA

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

INJURY 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

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):

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

Pronounced @ 2220

[redacted]

Restrained?

X No

__ Yes

5'5" 160lbs

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = 159

Arterial Blood Gases

pH = 7.23

PO_2 = 159

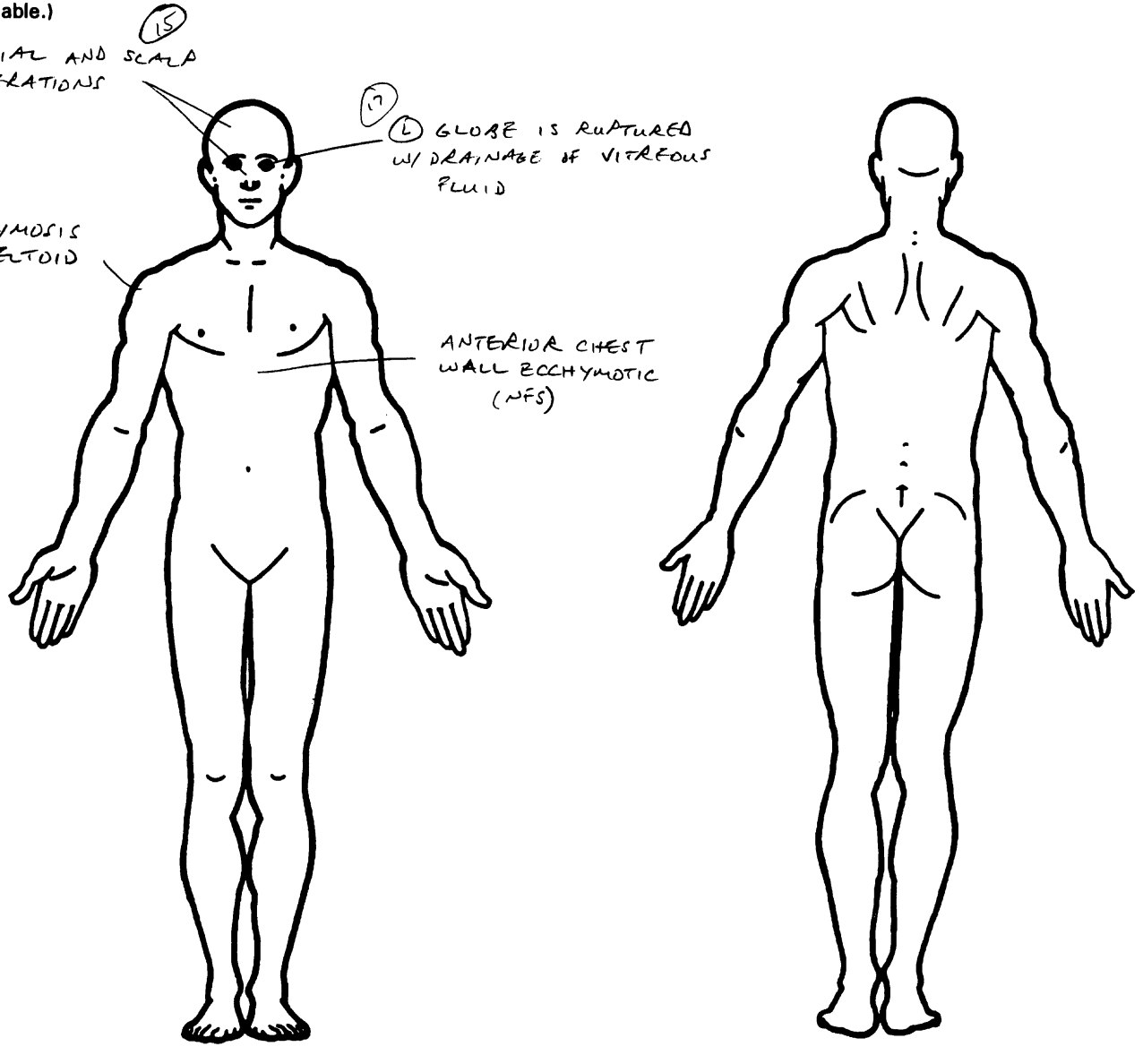
PCO_2 34

HCO_3 14

Drug Screen Pos. for Cocaine

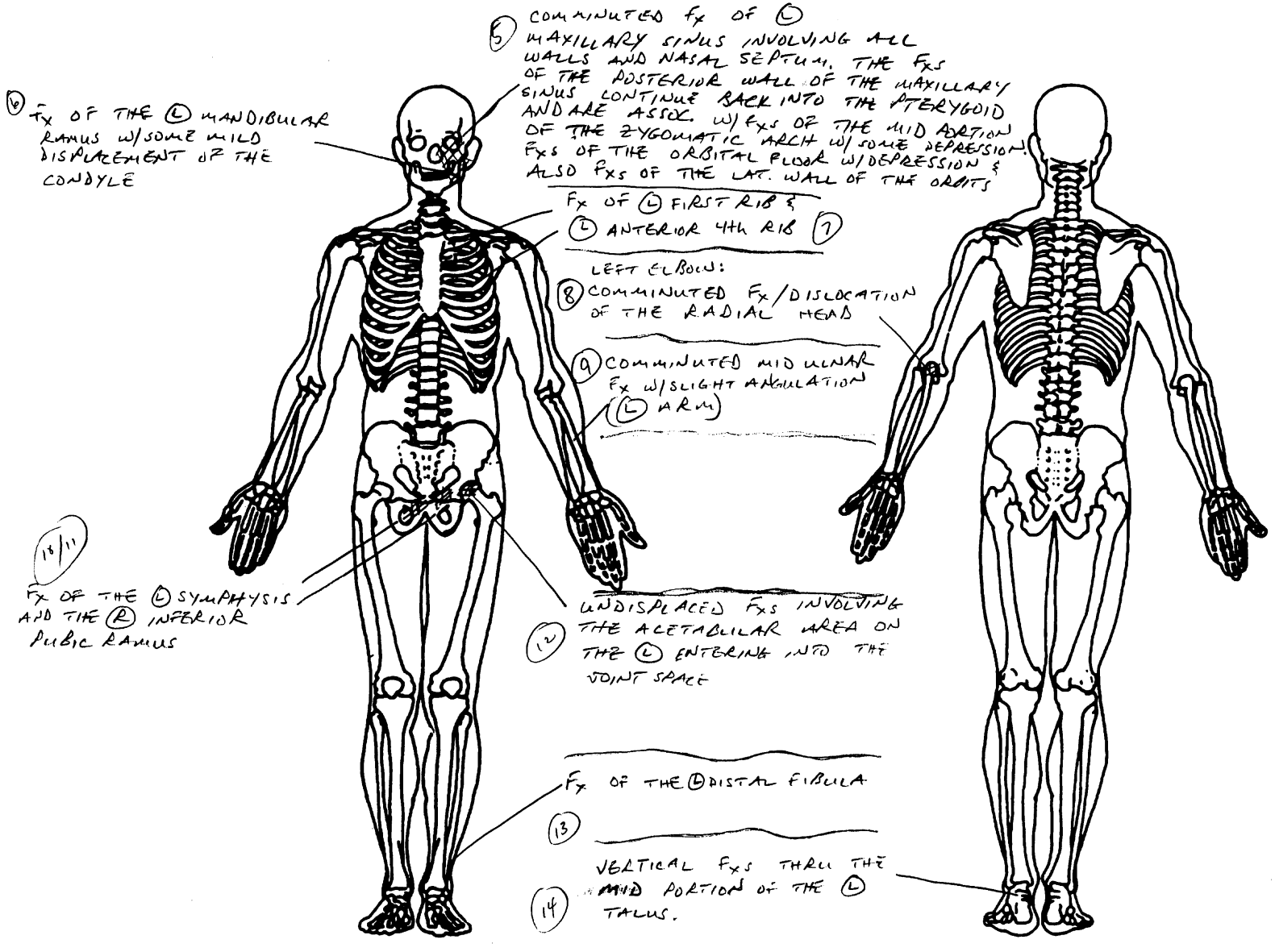
Cause of Death = Multi System Trauma

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 — SKELETAL INJURIES

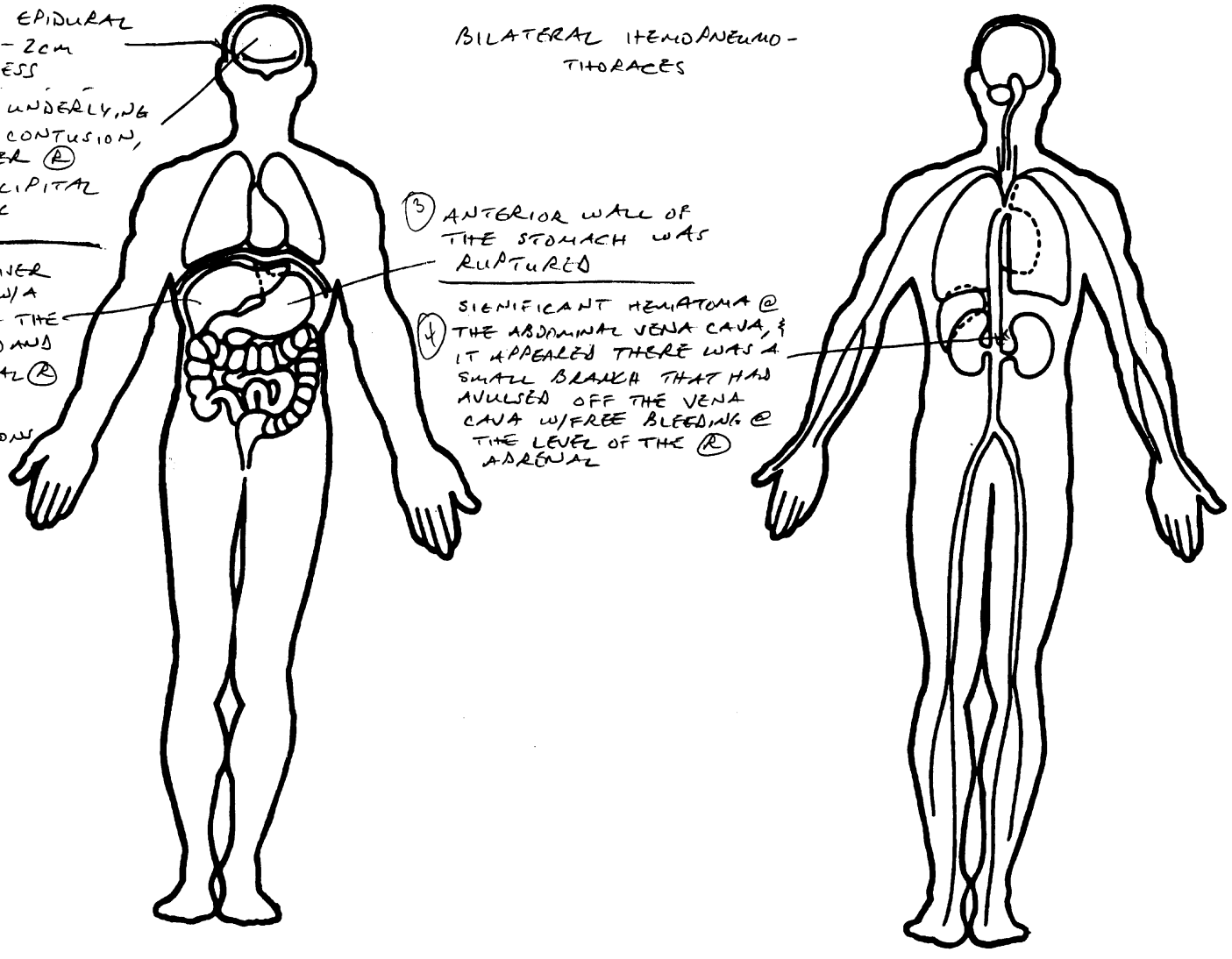
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



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.)

LETHARGIC @ SCENE



(1) (R) TEMPORAL EPIDURAL HEMATOMA – 2cm IN THICKNESS W/A SMALL UNDERLYING (R) TEMPORAL CONTUSION, AND A LARGER (R) PARIETAL OCCIPITAL HEMORRHAGIC CONTUSION

(2) GRADE IV LIVER LACERATION W/A TEAR DIVIDING THE ANATOMICAL (L) AND THE ANATOMICAL (R) LOBES. THE (L) LOBE ALSO HAD MULT. LACERATION

BILATERAL HEMOPNEUMO-THORACES

(3) ANTERIOR WALL OF THE STOMACH WAS RUPTURED

(4) SIENIFICANT HEMATOMA @ THE ABDOMINAL VENA CAVA, & IT APPEARED THERE WAS A SMALL BRANCH THAT HAD AVULSED OFF THE VENA CAVA W/FREE BLEEDING @ THE LEVEL OF THE (R) ADRENAL

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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 1505
3. Vehicle Number: 01
4. Occupant Number: 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 39
   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: 175
   Code actual height to the nearest centimeter.
   (999) Unknown
   69 inches X 2.54 = 175.2 centimeters

8. Occupant's Weight: 088
   Code actual weight to the nearest kilogram.
   (999) Unknown
   195 pounds X .4536 = 88.4 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position: 13
    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: 6
    (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 per p.10
    (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 2
    (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) Unknown

19. 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) Unknown

21. 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) Unknown

22. 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) Unknown

27. 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

28. Police Reported Belt Use 0
    (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 1
    (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

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 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

31. Frontal Air Bag System Deployment (This Occupant Position) 0
    (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) 0
    (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)? 0
    (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 0
    (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? 0
    (0) Not equipped/not available
    (1) No prior maintenance
    (2) Yes, prior maintenance (specify): _____
    (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00
    (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 0
    (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 + - 000
    (_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? 0
    (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? 0
    (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? 00
    (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*

44. Source of Air Bag Damage 00
(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? 0
(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? 0
(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

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
(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? 0
(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

HEAD RESTRAINT AND SEAT EVALUATION

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
(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

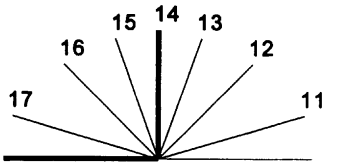
52. Seat Track Adjusted Position Prior To Impact 6
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

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

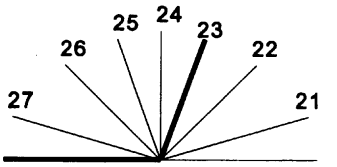
HEAD RESTRAINT AND SEAT EVALUATION *continued*

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

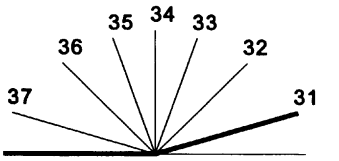
Upright prior to impact
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) Moved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

54. Seat Performance (this Occupant Position) 9
    (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 3 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): 02
(9) Unknown

64. Hospital Stay 02

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

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

EMERGENCY RESPONSE INFORMATION

EMS Notification
(1) Not notified
(2) Notified
(9) Unknown

ROAD VEHICLE
AIR VEHICLE

EMS NotificationTime (first unit)
(9999) Unknown

ROAD VEHICLE
AIR VEHICLE

EMS Arrival Time (first unit)
(9998) EMS cancelled or did not arrive
(9999) Unknown

ROAD VEHICLE
AIR VEHICLE

EMS Departure Time To Treatment Facility (transporting unit)
(9997) EMS arrived, provided treatment, but did not transport
(9998) EMS arrived, but was not used
(9999) Unknown

ROAD VEHICLE
AIR VEHICLE

EMS Arrival Time At Treatment Facility
(9999) Unknown

ROAD VEHICLE
AIR VEHICLE

EMS Type

	FIRST UNIT	TRANSPORTING UNIT
(01) Fire department		
(02) Rescue squad		
(03) Police department		
(04) Trauma unit		
(05) Disaster unit		
(06) Ambulance service unit		
(07) Hospital		
(08) Mortuaries/funeral homes		
(98) Other, specifiy:		
(99) Unknown		

EMS Care

	ON-SCENE	DURING TRANSPORT
(01) No care administered		
(02) First aid		
(03) Resuscitation		
(04) CPR		
(05) Emergency cardiac care		
(06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)		
(07) Emergency burn care		
(08) Combination of above, specify:		
(98) Other, specify:		
(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 — 0 0
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 — 0 0

68. 2nd Medically Reported Cause of Death — 0 0

69. 3rd Medically Reported Cause of Death — 0 0
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 — 0 7
1 9 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 (at Medical Facility) — 0 2
(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_3 — 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 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

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number	75	3. Vehicle Number	01
2. Case Number - Stratum	1505	4. Occupant Number	02

INJURY DATA

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

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 1	7. 6	8. 04	9. 06	10. 2	11. 0	12. 012	13. 2	14. 1	15. 09
2nd	16. 2	17. 2	18. 9	19. 06	20. 02	21. 1	22. 7	23. 012	24. 2	25. 1	26. 09
3rd	27. 2	28. 4	29. 9	30. 04	31. 02	32. 1	33. 9	34. 012	35. 1	36. 1	37. 09
4th	38. 2	39. 5	40. 1	41. 50	42. 99	43. 7	44. 0	45. 012	46. 1	47. 1	48. 09
5th	49. 2	50. 7	51. 9	52. 06	53. 02	54. 1	55. 9	56. 011	57. 3	58. 1	59. 07
6th	60. 2	61. 7	62. 5	63. 14	64. 20	65. 1	66. 1	67. 012	68. 1	69. 1	70. 09
7th	71. 2	72. 8	73. 5	74. 02	75. 06	76. 1	77. 1	78. 251	79. 1	80. 1	81. 00
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.

HS Form 433B (1/96)

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

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes Muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02.

The exceptions to this rule apply to:

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC

(04) Level
(06) of
(08) Consciousness

(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Level of Injury

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.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

SOURCE OF INJURY DATA

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

INJURY 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

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):

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

Drug Screen (+) for Cocaine, Phencyclidine

Restrained?

X No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

pH = ___

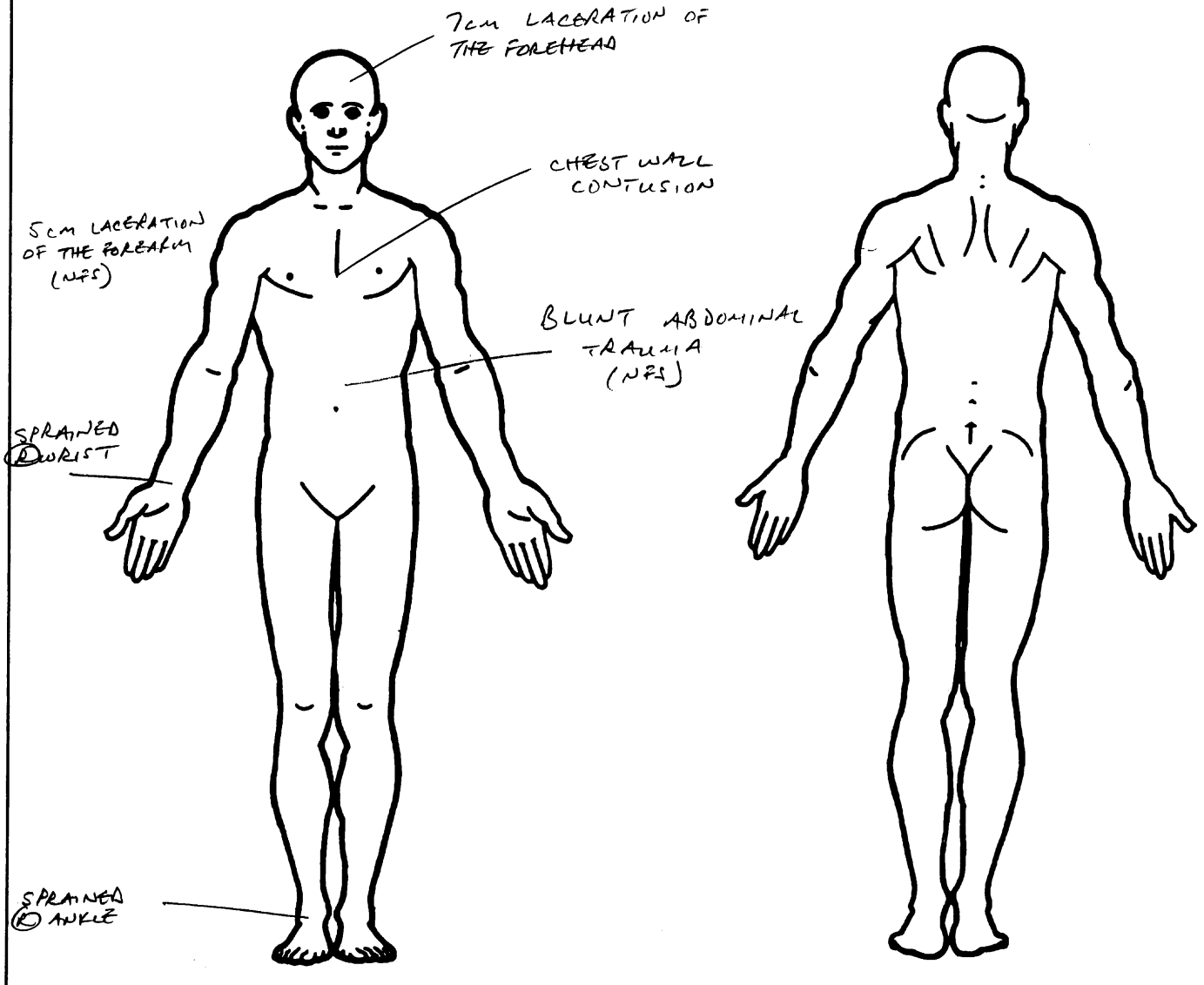
PO_2 = ____

PCO_2 ____

HCO_3 ____

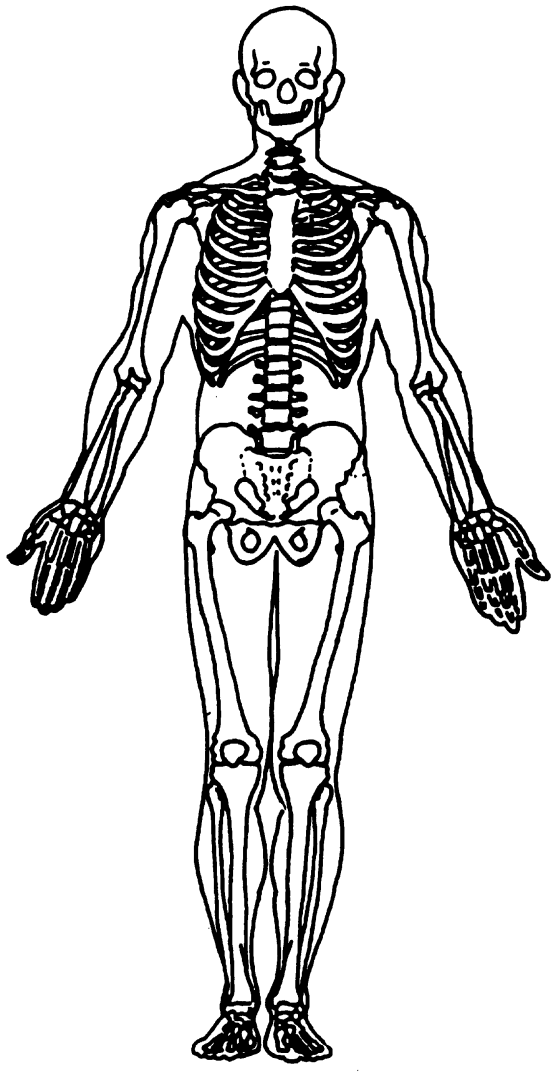
HNP 2 days

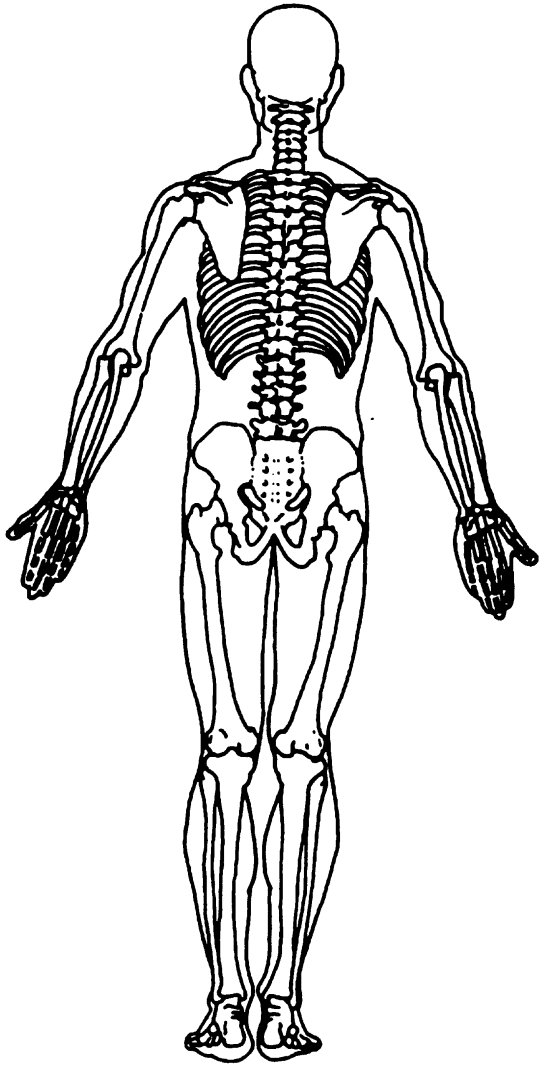
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — 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.)

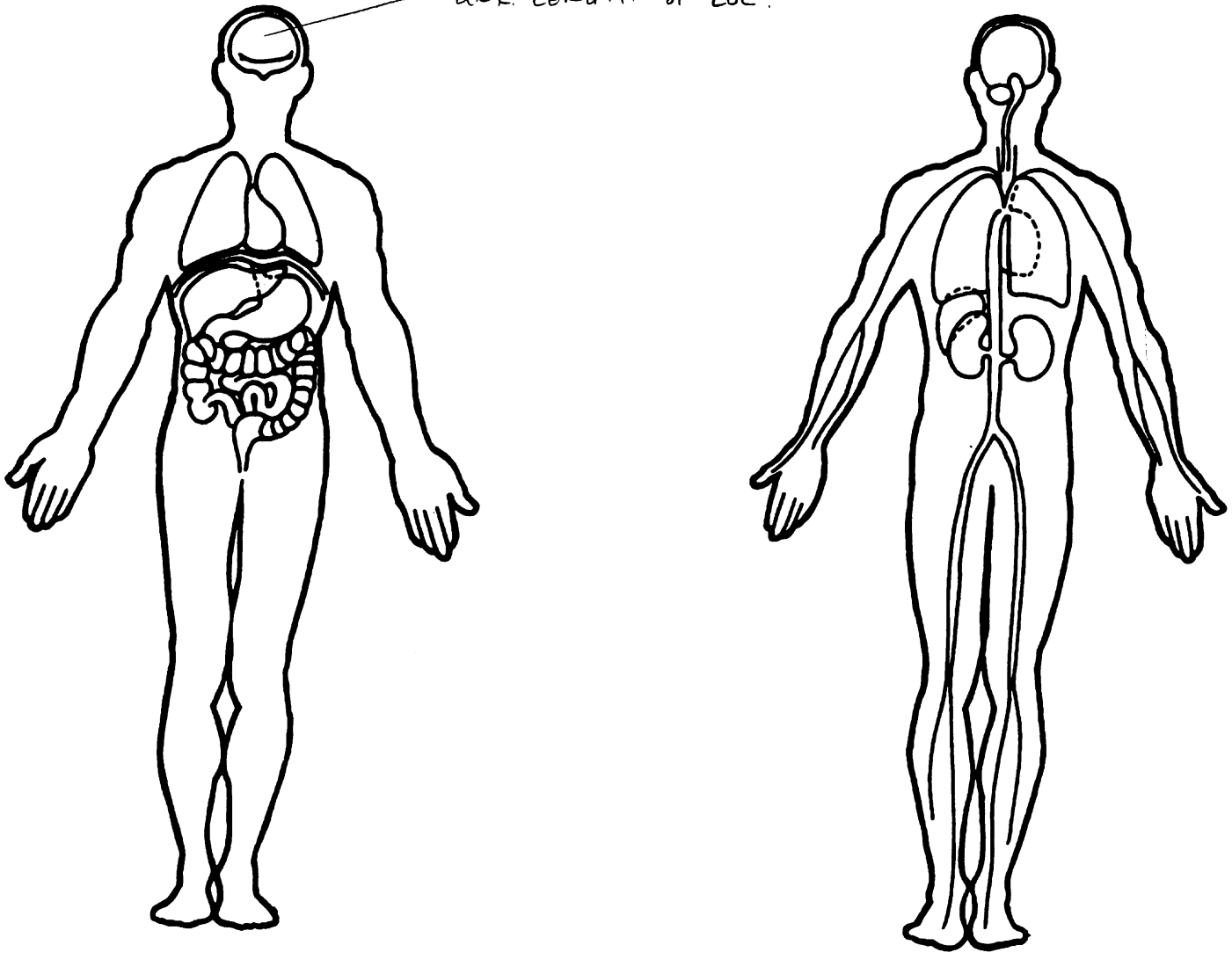




OFFICIAL INJURY DATA – INTERNAL INJURIES

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.)

CONCUSSION W/
UNK. LENGTH OF LOC.



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PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction — 0
(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 — 0
(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 — 2
(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment — 3
(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 — 0
(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 — 0
(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

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OCCUPANT RELATED

37. Driver Presence in Vehicle — 1
(0) Driver not present
(1) Driver present
(9) Unknown

38. Number of Occupants This Vehicle — 61
(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 — 6
(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 — 1,160
____ Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
7,448 lbs X .4536 = 1,1551 kgs
Source: [redacted]

44. Vehicle Cargo Weight — 0,000
____ Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
___,___ lbs X .4536 = ___,___ kgs
Source: per owner

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

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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 (≤ 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 (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 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

BEST AVAILABLE

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 150J
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN 1HGEJ824 1TL [redacted] Model Year 96

Vehicle Make (specify): Honda Vehicle Model (specify): Civic EX

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
01	Begins LF BC	BC to BC	C1
02	Begins Begins Tan in front of RR axle	Begins Tan in front of RR axle	C4

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 Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
01	Front	22	C1	135	88	43	40	37	28	35	-66
	Freespace	(Bumper corner)			22	29	29	29	29	22	
	Result				66	14	11	8	0	13	
		(Freespace)		—	22	10	3	3	10	22	
01	along	206			44	4	8	5	0	0	
	L. side										
01	L. side		C6	227	5	31 + 1	39 + 7	32	42	59	
	Freespace				+35/40	21/52	46	—	—	—	
116	Result				31	31	31	31	31	31	
85/31	diff				9	21	15	1	11	28	
	actual				-3/6	3/18	3/12	0/1	4/7	13/13	
02	R. side	73	C4	78	1	1	3	6	5	0	-90
					0	0	2	2	2	2	
					1	1	1	4	3	0	

HS Form 435A (Rev. 1/96)

01 / Field L/CDC Begins 69 cm in front of LF axle

Set #4

Attempted, But was unable to hang bumper in its original position. Did set L.F. fender Back on car.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	103.2	inches	x	2.54	=	262.1 cm
Overall Length	175.1	inches	x	2.54	=	444.7 cm
Maximum Width	67.1	inches	x	2.54	=	170.4 cm
Curb Weight (96 Brm)	2,448	+100 pounds	x	.4536	=	1,155.7 kg
Average Track	58.1	inches	x	2.54	=	147.5 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
	___	CID	x	.0164	=	__.__ L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION
☐ Manual ☒ Automatic

END SHIFT ≥ 10 CM
☐ Yes ☒ No

ORIGINAL SPECIFICATIONS

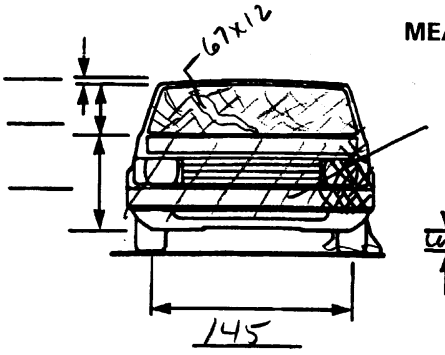
Wheelbase	262	cm
Overall Length	445	cm
Maximum Width	170	cm
Curb Weight	1158	kg
Average Track	148	cm
Front Overhang	Not	cm
Rear Overhang	Available	cm
Undeformed End Width	154	cm
Engine Size: cyl./displ.	4cyl 1.6L	L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)
RF ± ___ °
LF ± 00 °
RR ± ___ °
LR ± ___ °
Within ± 5 degrees

DRIVE WHEELS
☒ FWD ☐ RWD ☐ 4WD

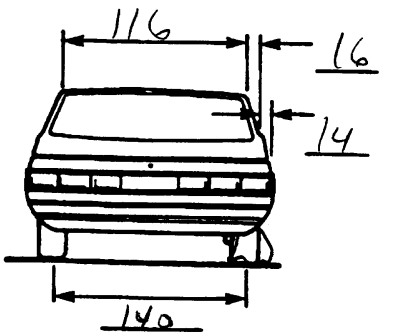
Approximate Cargo Weight ___ kg

MEASUREMENTS IN CENTIMETERS

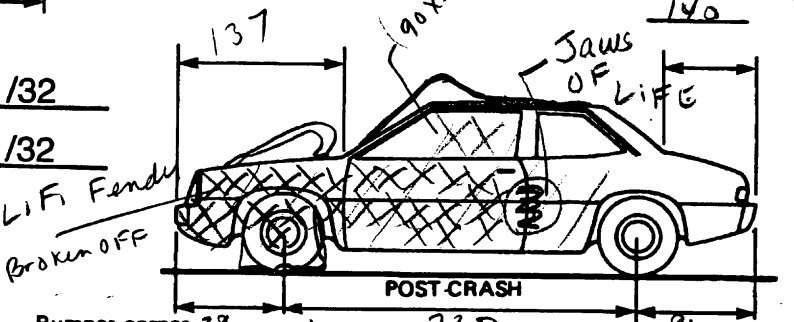


Steel Bumper, & Bumper cover is Broken off

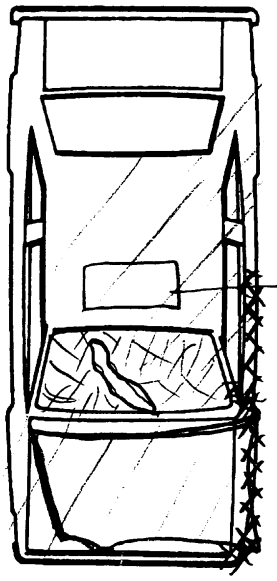
Original Bumper height 40



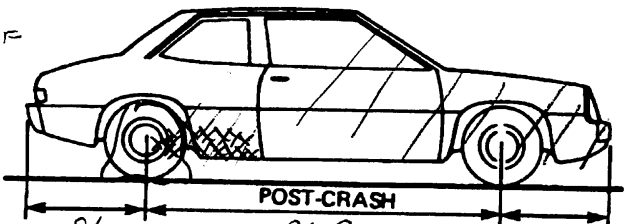
LF 9/32 RF 9/32
LR 10/32 RR 9/32



Bumper corner 38 estimate 230 86 Bumper corner
Stringline 118 97 Stringline



Glass Sunroof



Bumper corner 86 267 estimate 65 Bumper corner
Stringline 97 81 Stringline

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover—end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 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 (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 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
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance _____
- (75) Vehicle occupant
- (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

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	000 −10	00	F	L	E	S	09
02	44	90°	00	R	P	BH?	W	02
01	01	000		L	Y	A	W	02

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. 01	5. 01	6. 12	7. F	8. L	9. E	10. E	11. 09

Second Highest Delta "V"

12. 02	13. 44	14. 03	15. R	16. P	17. E	18. W	19. 01

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_1	C_2	C_3	C_4	C_5	C_6	22. ±D
154	044	004	008	005	000	000	±066

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
078	001	001	001	004	003	000	±090

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 154
____ 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) 022
____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 262
____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
103.2 inches X 2.54 = ___ centimeters

29. Original Average Track Width 143
____ Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
___.__ inches X 2.54 = ___ 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 2

36. Location of Fuel Tank-2 Filler Cap 2
(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 2
(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.

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 75
2. Case Number - Stratum 1505
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 12
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 0 8. 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 2 19. RR 2
20. BL 2 21. Roof 2 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 3 25. RF 4 26. LR 1 27. RR 1
28. BL 1 29. Roof 2 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 3 32. LF 6 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 1 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

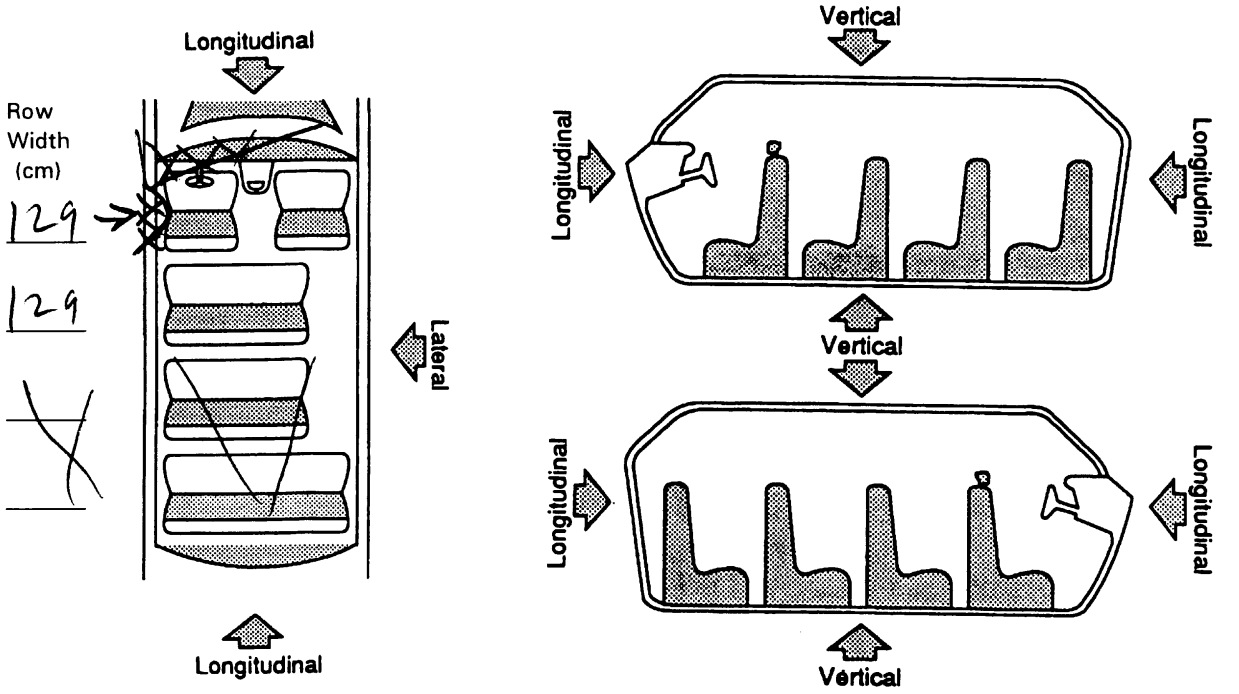
39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 1 46. Other 0

(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

EP

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	DASH	87	–	71	=	16 (3)	Long
11	A pillar	102	–	85	=	17 (1)	
11	S. Column	73	–	72	=	1	
11	Toe pan	126	–	118	=	8 (6)	
12	DASH	161	–	148 to rear =		13 (4)	
11	Panel F.O A pillar	106	–	89	=	17 (2)	
11	Floor pan	104	–	112 to w. bracket	=	0	Vert
11	Windshield	103	–	94 at 20 cm up	=	9 (5)	Long
12		103	–	97	=	6 (7)	
11	Door panel		–	5-7 cm estimate	=	5-7 cm (8)	Lateral
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 11	48. 06	49. 3	50. 2
2nd	51. 11	52. 10	53. 3	54. 2
3rd	55. 11	56. 02	57. 3	58. 2
4th	59. 12	60. 03	61. 2	62. 2
5th	63. 11	64. 15	65. 2	66. 2
6th	67. 11	68. 05	69. 2	70. 2
7th	71. 12	72. 15	73. 1	74. 2
8th	75. 11	76. 11	77. 1	78. 3
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

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

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

STEERING COLUMN

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

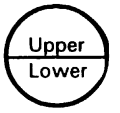
88. Tilt Steering Column Adjustment: 1
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

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

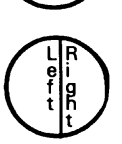
90. Steering Rim/Spoke Deformation: 00
____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

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

INSTRUMENT PANEL

92. Odometer Reading: 001,000
____ 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
000,847 miles X 1.6093 = 1,363,0 kilometers
Source: Veh. Inspec.

93. Instrument Panel Damage from Occupant Contact? 1
(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

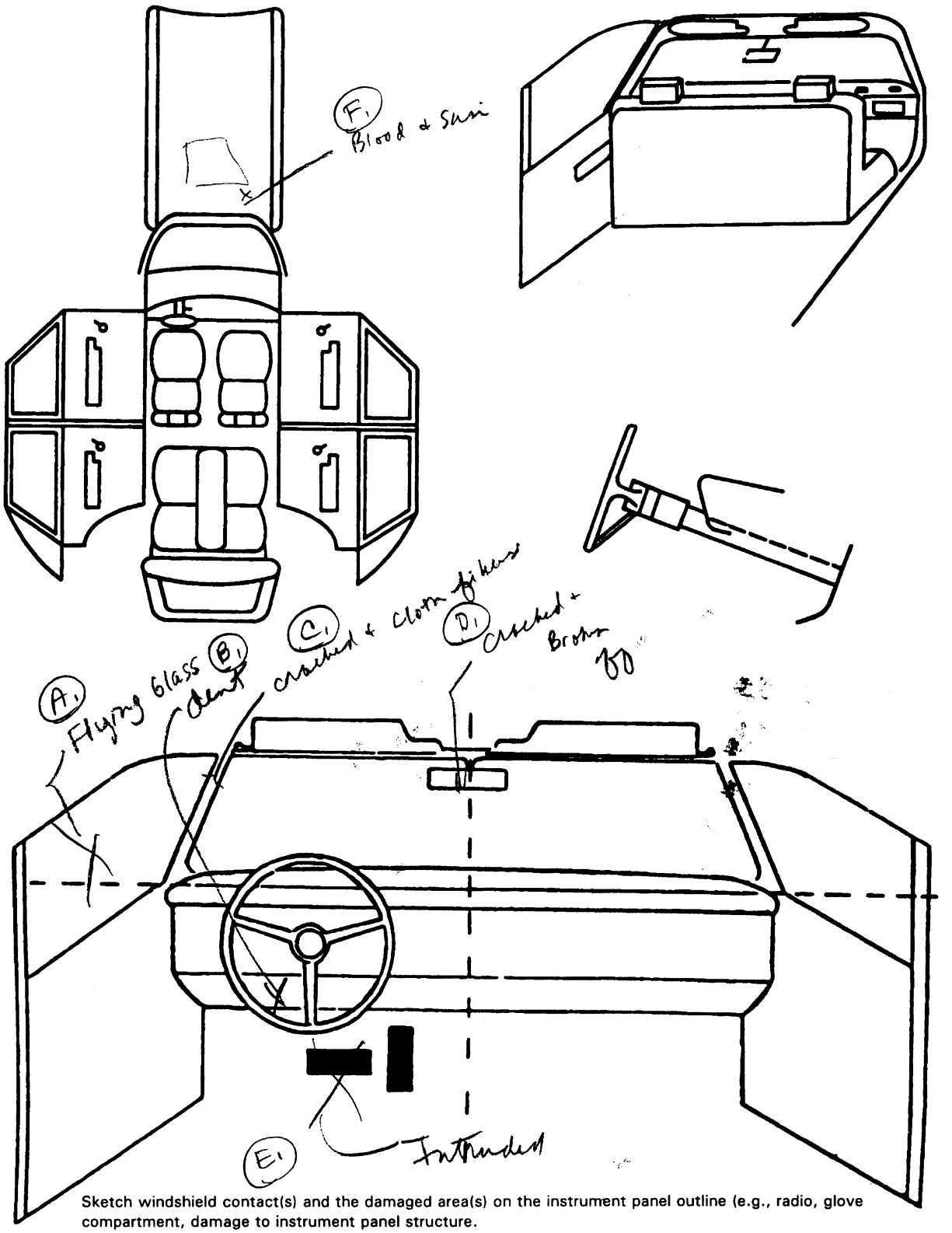
95. Knee Bolsters Deformed from Occupant Contact? 2
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

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	056	01	Face	Flying Glass	2
B	010	01	Knee	Dent	2
C	053	01	Wrist	Panel Cracked, Cloth Fibers	2
D	002	01	Head	Cracked + Broken off	2
E	251	01	Feet	Intruded	3
F	205	01	Head	Blood + Skin	2
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	4		4
	B-Evidence of usage	00		00
	C-Used in this crash?	04		00
	D-Proper Use	1		0
	E-Failure Modes	1		0
	F-Anchorage Adjustment	1		1
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) 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**	OtherAir Bag
FIRST	Availability/Function	1	1	
	Deployment	1	1	
	Failure	1	1	

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
FIRST	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	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2 - 2	1
G-Air bag have vent ports?	2 - 2	2 - 2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	4	1

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

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

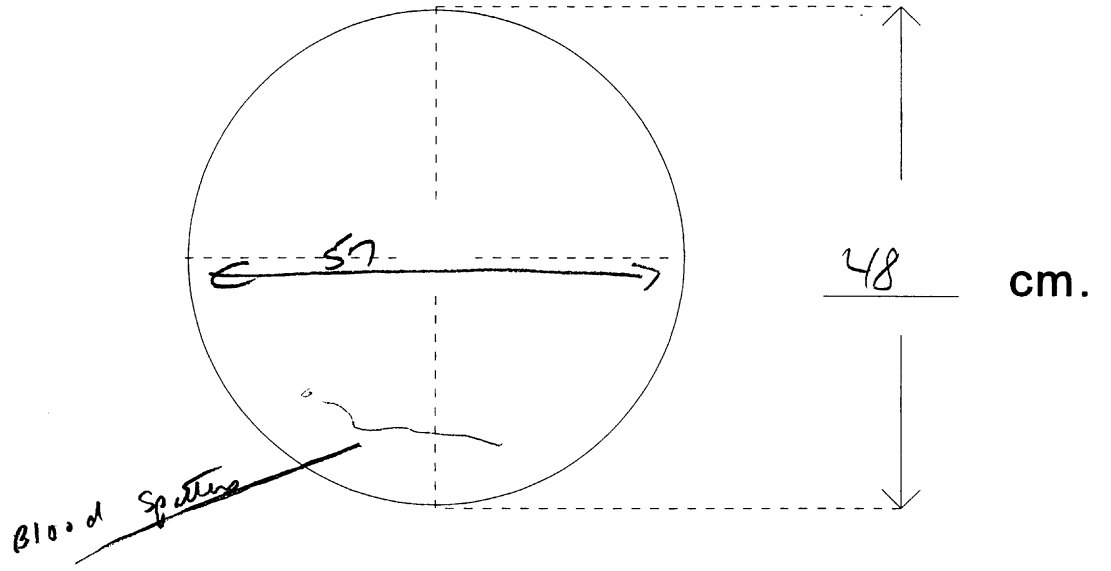
G-Did The Air Bag Have Vent Ports?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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

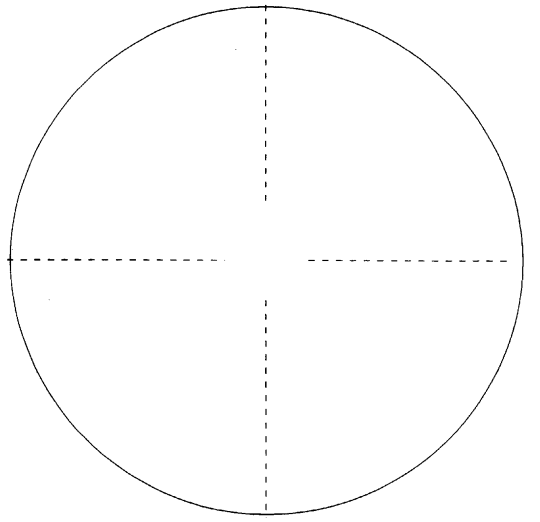
I-Was This Occupant Wearing Eye-wear?
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

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)

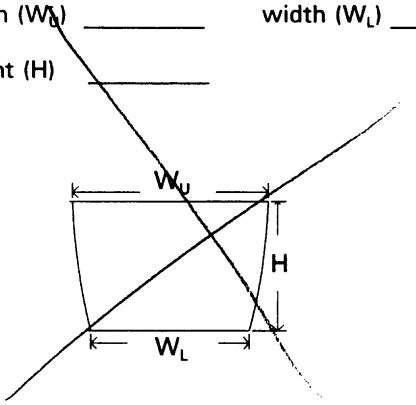


DRIVER AIR BAG SKETCHES (Cont'd)

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

width (W_U) _____ width (W_L) _____

height (H) _____

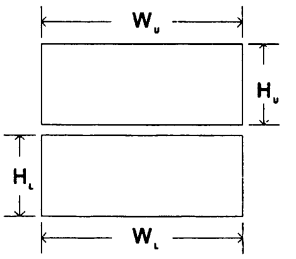


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) 13 width (W_L) 13

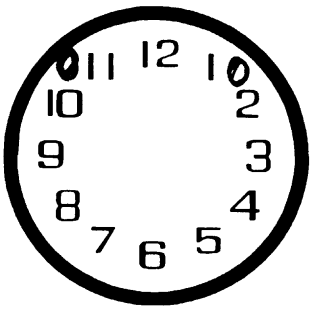
height (H_U) 9 height (H_L) 7



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

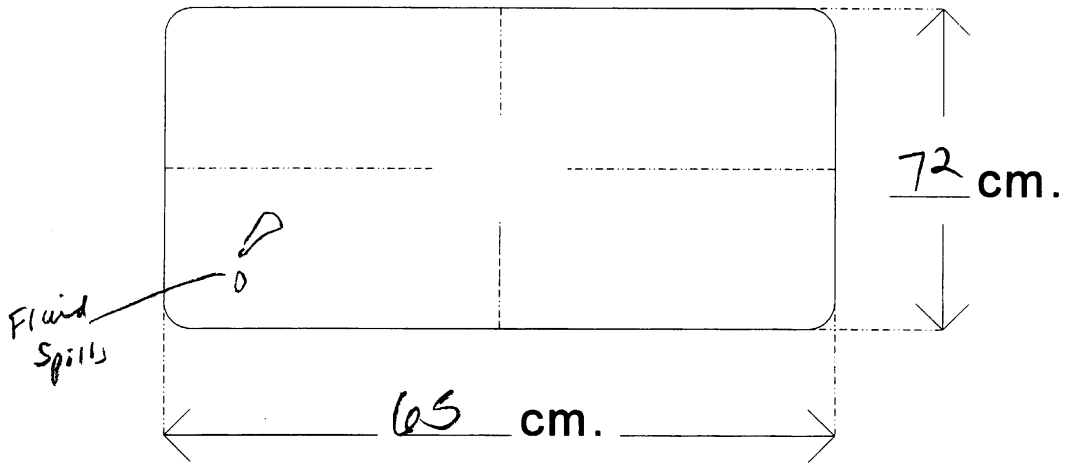
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

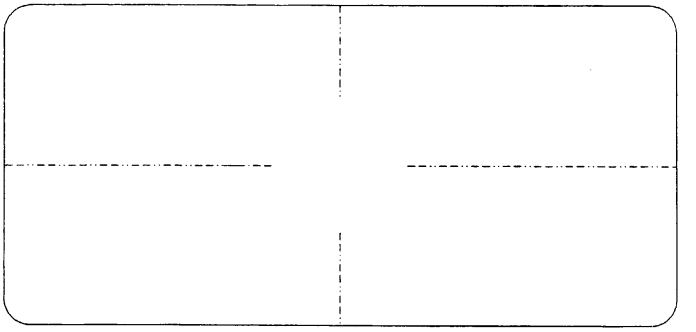


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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



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

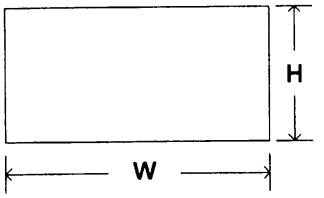


PASSENGER AIR BAG SKETCHES (Cont'd)

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

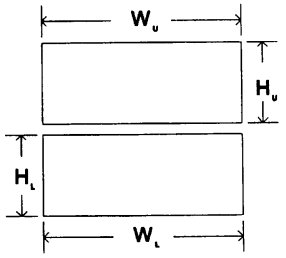
width (W_U) 26.5

height (H_U) 5

b. Lower Flap

width (W_L) 26.5

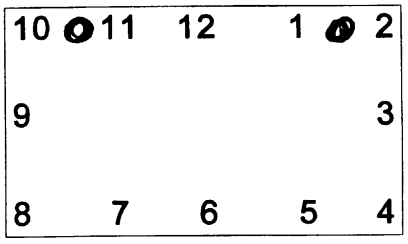
height (H_L) 5



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 RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

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

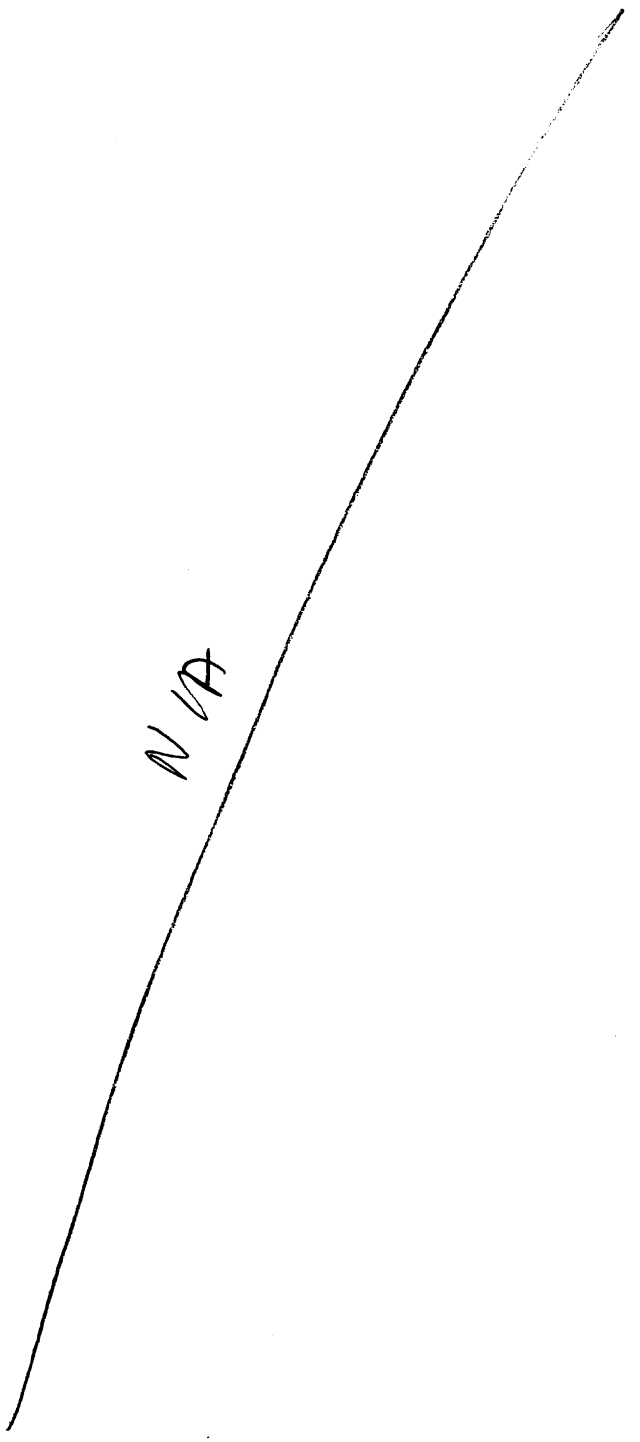
N/A

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 on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.**

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	6		6
	E-Seat Back Incline Pre/Post Impact	22		23
	F-Seat Performance	5		1
SECOND	A-Head Restraint Type/Damage	1	0	1
	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
THIRD	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			
OTHER	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

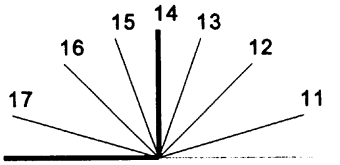
Upright prior to impact
(11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

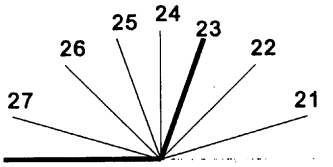
Slightly reclined prior to impact
(21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact postion
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

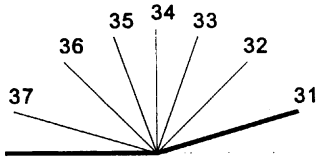
Completely reclined prior to impact
(31) Retained pre-impact position
(32) Moved to rearward midrange position
(33) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position

(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*

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

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)

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

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 75
2. Case Number - Stratum: 150J
3. Vehicle Number: 02
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 48
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: 185
Code actual height to the nearest centimeter.
(999) Unknown

73 inches X 2.54 = 185.4 centimeters

8. Occupant's Weight: 088
Code actual weight to the nearest kilogram.
(999) Unknown

195 pounds X .4536 = 88.4 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: 0
(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 — 2
    (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 — 2
    (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) Unknown

19. Manual (Active) Belt System Use 04
(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 1
(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 1
(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 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) Unknown

27. 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

28. Police Reported Belt Use 5
    (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 1
    (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

AIR BAG SYSTEM FUNCTION

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 + ~~047~~ ~~035~~ 0050
(_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*

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? 1
(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

HEAD RESTRAINT AND SEAT EVALUATION

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
(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

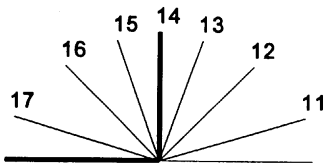
52. Seat Track Adjusted Position Prior To Impact 3
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

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

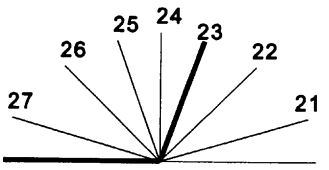
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 22
    (00) Occupant not seated or no seat
    (01) Not adjustable

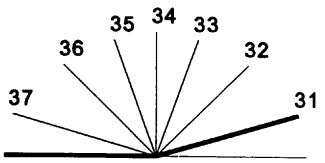
Upright prior to impact
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) Moved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

54. Seat Performance (this Occupant Position) 5
    (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 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 07 08

(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

EMERGENCY RESPONSE INFORMATION

EMS Notification
(1) Not notified
(2) Notified
(9) Unknown

EMS NotificationTime (first unit)
(9999) Unknown

EMS Arrival Time (first unit)
(9998) EMS cancelled or did not arrive
(9999) Unknown

EMS Departure Time To Treatment Facility (transporting unit)
(9997) EMS arrived, provided treatment, but did not transport
(9998) EMS arrived, but was not used
(9999) Unknown

EMS Arrival Time At Treatment Facility
(9999) Unknown

ROAD VEHICLE / AIR VEHICLE

EMS Type

	FIRST UNIT	TRANSPORTING UNIT
(01) Fire department		
(02) Rescue squad		
(03) Police department		
(04) Trauma unit		
(05) Disaster unit		
(06) Ambulance service unit		
(07) Hospital		
(08) Mortuaries/funeral homes		
(98) Other, specifiy: _____		
(99) Unknown		

EMS Care

	ON-SCENE	DURING TRANSPORT
(01) No care administered		
(02) First aid		
(03) Resuscitation		
(04) CPR		
(05) Emergency cardiac care		
(06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)		
(07) Emergency burn care		
(08) Combination of above, specify: _____		
(98) Other, specify: _____		
(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 — 0 0
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 — 0 0

68. 2nd Medically Reported Cause of Death — 0 0

69. 3rd Medically Reported Cause of Death — 0 0
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 — 0 8
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 (at Medical Facility) — 0 2
(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? — 2
(1) No - blood not given
(2) Yes - blood given
(specify units): 4
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO_3 — 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 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

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number	75	3. Vehicle Number	02
2. Case Number - Stratum	1501	4. Occupant Number	01

INJURY DATA

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

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 5	7. 4	8. 18	9. 12	10. 2	11. 1	12. 152	13. 2	14. 1	15. 00
2nd	16. 2	17. 5	18. 4	19. 42	20. 28	21. 5	22. 2	23. 052	24. 2	25. 1	26. 08
3rd	27. 2	28. 5	29. 4	30. 42	31. 10	32. 2	33. 2	34. 052	35. 2	36. 1	37. 08
4th	38. 2	39. 7	40. 5	41. 32	42. 02	43. 2	44. 2	45. 051	46. 2	47. 1	48. 08
5th	49. 2	50. 1	51. 9	52. 02	53. 02	54. 1	55. 5	56. 053	57. 2	58. 1	59. 01
6th	60. 2	61. 4	62. 9	63. 02	64. 02	65. 1	66. 2	67. 051	68. 2	69. 1	70. 08
7th	71. 2	72. 5	73. 9	74. 02	75. 02	76. 1	77. 2	78. 052	79. 2	80. 1	81. 08
8th	82. 2	83. 7	84. 9	85. 04	86. 02	87. 1	88. 2	89. 052	90. 2	91. 1	92. 08
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 DATA

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes Muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02.

The exceptions to this rule apply to:

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04) Level
(06) of
(08) Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Level of Injury

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.

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

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

SOURCE OF INJURY DATA

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

INJURY 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

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):_____

_____

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

Driver - [redacted]

Restrained?

__ No

X Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = ___

Units of Blood Given

Units = 4

Arterial Blood Gases

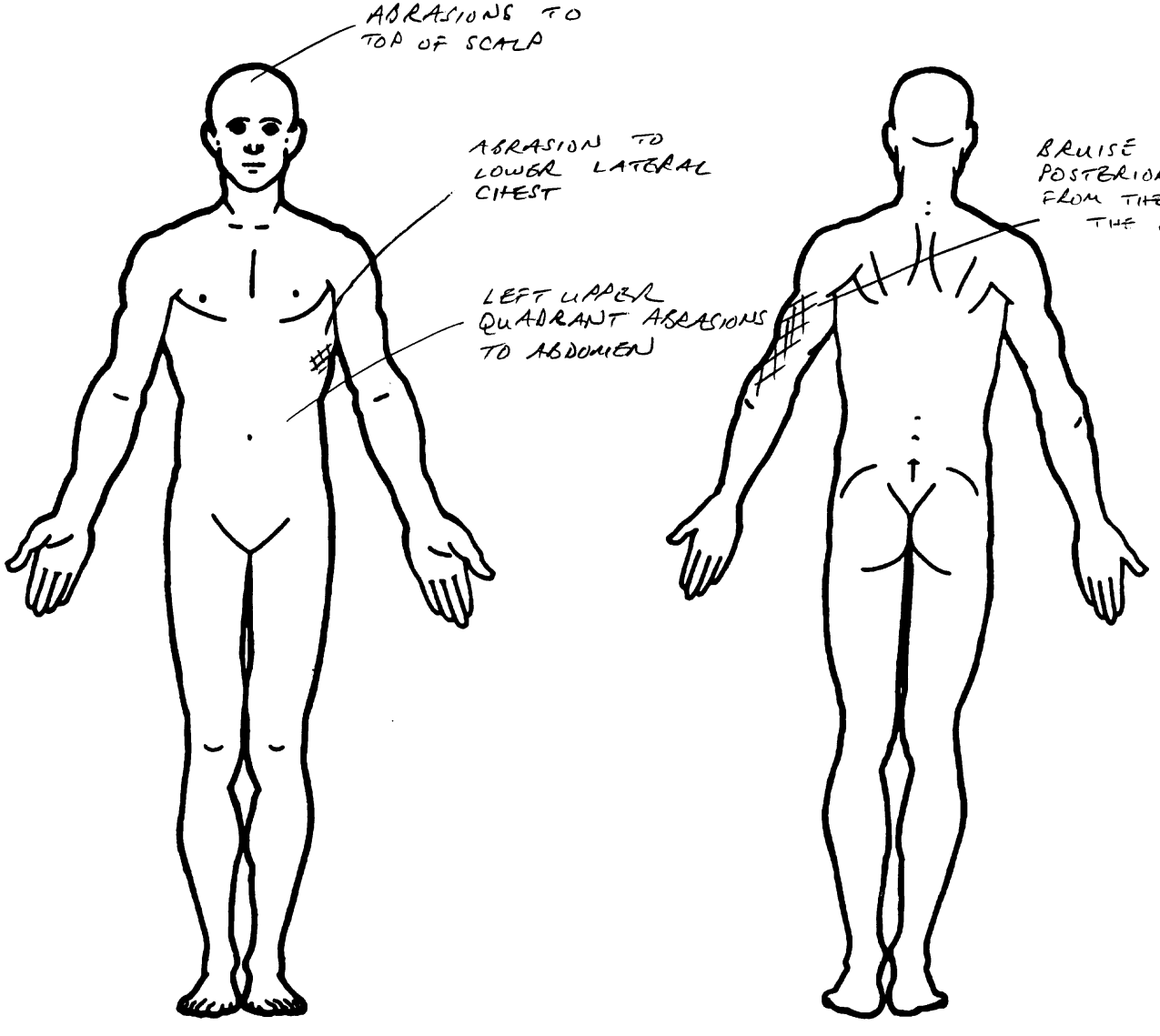
pH = __.__

PO_2 = ___

PCO_2 ___

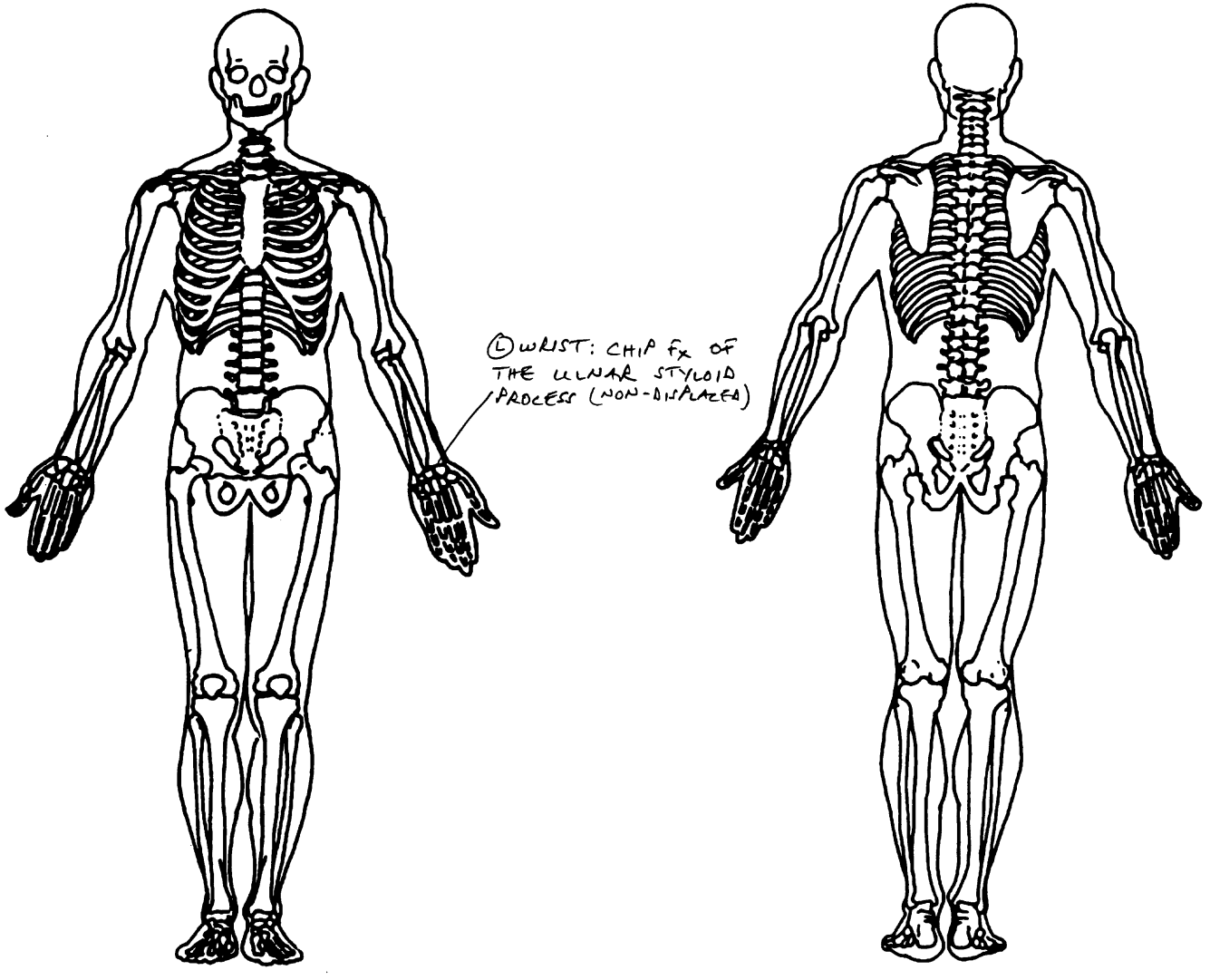
HCO_3 ___

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.)



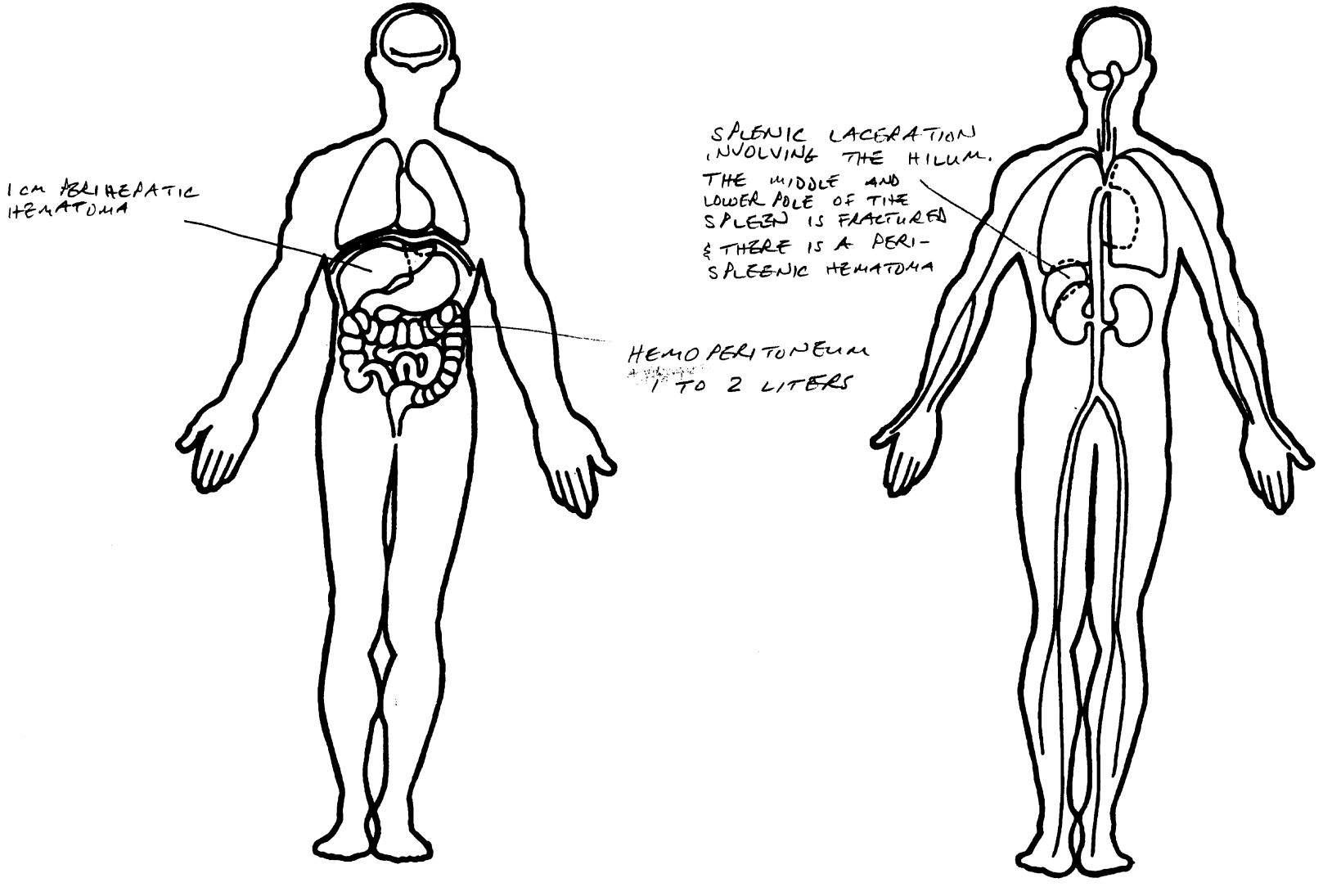
OFFICIAL INJURY DATA — SKELETAL INJURIES

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.)



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

SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

75	150J	01	[redacted]/97
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	01	02
Year	1983	1996
Make	Honda	Honda
Model	Accord 2x	Civic
Body Style	2H	2C
CDC	12FDEW5	12FLEE8
Damaged Side	F	F
PDOF	~~± 010~~ °	-10 ~~± 000~~ °
Heading Angle	± ~~82~~ 80 °	± ~~269~~ 270 °

VEHICLE SPECIFICATIONS

	VEHICLE 1	VEHICLE 2
Wheelbase	245 cm	262 cm
Overall Length	421 cm	445 cm
Overall Width	166 cm	170 cm
Weight	981 (Curb) + 153 (Occupant(s)) + 0 (Cargo) = 1134 kg	1158 (Curb) + 88 (Occupant(s)) + 0 (Cargo) = 1246 kg
Engine Displacement	1.8 L	1.6 L
Drive System	FWD	FWD
Size	2	1
Stiffness	9	1

DAMAGE INFORMATION

	VEHICLE 1	VEHICLE 2
Damage known?	Y	Y
Damage Length	154 cm	154 cm
Damage Offset	± 8 cm	± 66 cm
Crush Depth: C1	123 cm	44 cm
C2	89 cm	4 cm
C3	81 cm	8 cm
C4	57 cm	5 cm
C5	37 cm	0 cm
C6	18 cm	0 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions [ ] No [ ] Yes

		VEHICLE 1		VEHICLE 2
Rest Position	X	13.3 m	X	5.6 m
	Y	4.6 m	Y	-1.5 m
	PSI	180°	PSI	155°
Impact Position	X	2.6 m	X	6.5 m
	Y	2.5 m	Y	1.3 m
	PSI	352°	PSI	180°
Slip Angle (-180 to +180)		°		°

VEHICLE MOTION

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

FRICTION INFORMATION

Coefficient of Friction Rolling Resistance Option: .65 / 1

	Vehicle 1 Rolling Resistance		Vehicle 2 Rolling Resistance	
LF	1.0	RF .30	1.0	RF .30
LR	.03	RR .03	.03	RR .03

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.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1996 - [redacted]

75-150J EVENT 1

	Vehicle 1	Vehicle 2
Year:	1983	1996
Make:	HONDA	HONDA
Model:	ACCORD LX	CIVIC
Body Style:	3H	2C
CDC:	12FDEW5	12FLEE8
Damaged Side:		
PDOF:	0°	-10°
Heading Angle:	80°	270°

Vehicle Information

	Vehicle 1	Vehicle 2
Wheelbase:	245.0 cm	262.0 cm
Length:	421.0 cm	445.0 cm
Width:	166.0 cm	170.0 cm
Weight:	1134.0 kg	1246.0 kg
Center of Gravity:	211.6 cm	193.0 cm
Radius of Gyration:	126.3 cm	133.5 cm
D0:	99.2 sqrt(N)	91.5 sqrt(N)
D1:	6.5 sqrt(N)/cm	6.8 sqrt(N)/cm
Size Category:	2	1
Stiffness Category:	9	1

Vehicle 1: Used d0 and d1 values estimated from the vehicle size.
Vehicle 2: Used d0 and d1 values estimated from the vehicle size.

Damage Information

	Vehicle 1	Vehicle 2
Damage Length:	156.0 cm	154.0 cm
Damage Offset:	-8.0 cm	-66.0 cm
Field L - D:	0.0 cm	0.0 cm
C1:	123.0 cm	44.0 cm
C2:	89.0 cm	4.0 cm
C3:	81.0 cm	8.0 cm
C4:	57.0 cm	5.0 cm
C5:	37.0 cm	0.0 cm
C6:	18.0 cm	0.0 cm

Summary of Results Using Damage

Vehicle 1

	Speed Change (Damage)
Total:	55.7 km/h
Longitudinal:	-55.7 km/h
Latitudinal:	0.0 km/h
PDOF:	0°

Energy Dissipated: 247,013 Joules
Barrier Equivalent Speed: 75.0 km/h

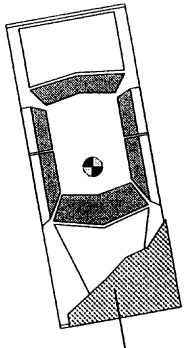
Used d0 and d1 values estimated from the vehicle size.

Vehicle 2

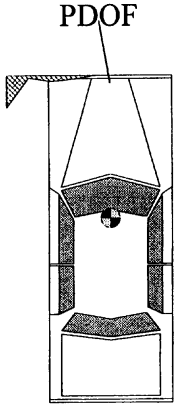
	Speed Change (Damage)
Total:	50.7 km/h
Longitudinal:	-50.0 km/h
Latitudinal:	8.8 km/h
PDOF:	-10°

Energy Dissipated: 19,585 Joules
Barrier Equivalent Speed: 19.6 km/h

Used d0 and d1 values estimated from the vehicle size.



1983 HONDA ACCORD LX 3H



1996 HONDA CIVIC 2C

75-150J EVENT 1
WinSMASH 1. 1. 0

[redacted]1997

Final

75150J0000001[redacted]969.040000000000021200000100 2[redacted]96[redacted]96[redacted]97[redacted]96036320000
00100000003632019 0306
75150J00010012[redacted]969.041000000000101F0202F
75150J00020012[redacted]969.041000000000202R44000
75150J01000021 9.04 000000000833703203JHMSZ7331DC[redacted]0108006400002[redacted]90
022421100099061001125O
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0247099810750301
75150J01000031 9.04 000000000010212FDEW05 156023089081057037018-
008 156141245141010002010401010010 00
75150J01000041 9.04 000000000123100100000122222001222210036111100111111100
75150J01000042 9.04 000000000110552111042110242110642110142120532120322111
2313041299999910007092281O020
75150J01010051 9.04 000000000302165073111900009140000100000010000000000 00
000000000000302132250000000000003110562350200001902214 1
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75150J01010261 9.04 000000000254182851006110 5
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75150J02010861 9.04 000000000279040212052210 8

```
75150J00000066       9.04 000000000VEHICLE/VEHICLE-HEAD ON
75150J00000171       9.04 000000000     Vehicle #1 was eastbound on a two lane, t
wo-way mountain roadway.
75150J00000271       9.04 000000000

75150J00000371       9.04 000000000Vehicle #2 was westbound on the same roadway.
 Vehicle #1 was trailing behind
75150J00000471       9.04 000000000

75150J00000571       9.04 000000000two cars when the driver decided to pass on th
e left side.  Vehicle #1 pulled
75150J00000671       9.04 000000000

75150J00000771       9.04 000000000into the westbound travel lane and the front o
f Vehicle #1 contacted the left
75150J00000871       9.04 000000000

75150J00000971       9.04 000000000front corner of Vehicle #2.  After impact, Veh
icle #1 spun 180 degrees
75150J00001071       9.04 000000000

75150J00001171       9.04 000000000counter clockwise and came to rest in the midd
le of the road facing west.
75150J00001271       9.04 000000000

75150J00001371       9.04 000000000Vehicle #2 was pushed three meters rearward an
d off the north shoulder and
75150J00001471       9.04 000000000

75150J00001571       9.04 000000000impacted the embankment with its right side an
d came to rest on the north
75150J00001671       9.04 000000000

75150J00001771       9.04 000000000shoulder.  Both vehicles were towed from the s
cene and all of the occupants
75150J00001871       9.04 000000000

75150J00001971       9.04 000000000were transported for treatment.

75150J00000181       9.04 00000000001   Subcompact   1983/Honda/Accord LX    Fron
t     Severe         None
75150J00000281       9.04 000000000

75150J00000381       9.04 00000000002   Compact      1996/Honda/Civic EX     Fron
t     Moderate       None
75150J00000191       9.04 00000000001 Driver     L Front     None    Liver      L
aceration 5 Steering wheel
75150J00000291       9.04 000000000

75150J00000391       9.04 00000000001 Passenger  R Front     None    Brain      C
oncussion 2 Instrument panel
75150J00000491       9.04 000000000

75150J00000591       9.04 00000000002 Driver     L Front     L&S/    Spleen     L
aceration 5 Door panel
75150J00000691       9.04 000000000                          With Air Bag

75150J99999999000000000000000000000000000000000000200000000000000000020000000000000
0000010000000001
```

```
GENERAL VEHICLE Vehicle: 1
11
INTRA ERRORS

OGG3401  2  If ROADWAY ALIGNMENT GV22 equals 2 or 3, then PRE-EVENT MOVEMENT
 GG3402     GV31 should equal 14.

O
INTERIOR VEHICLE Vehicle: 1
11
INTRA ERRORS

OCCO541  2  ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
 CCO542     ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
 CCO543     GLAZING WINDSHIELD IV31 equals 3 or 5 or CONTACT WINDSHIELD IV39
 CCO544     equals 4 or 6.

O
GENERAL VEHICLE Vehicle: 2
11
INTRA ERRORS

OGG2251  2  If ACCIDENT TYPE GV36 equals 20, 24, 28, 44, 45, 51, 65, 69, 71,
 GG2252     73, 77, 79, 81, 83 or 86-89, then PRE-EVENT MOVEMENT GV31 should
 GG2253     equal 01.

O
INTERIOR VEHICLE Vehicle: 2
11
INTRA ERRORS

OCCO541  2  ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
 CCO542     ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
 CCO543     GLAZING WINDSHIELD IV31 equals 3 or 5 or CONTACT WINDSHIELD IV39
 CCO544     equals 4 or 6.

O
OCCUPANT INJURY Vehicle: 2 Occupant: 1
11
INTRA ERRORS

OTTO541  2  ******     THIS IS A SPECIAL INTEREST CASE FOR NHTSA      ******
 TTO542     ******  THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ******
 TTO543     ******          FOR AN AIS-2 (OR GREATER) INJURY.         ******
 TTO544     ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA ******
 TTO545     ****** IF GREATER THAN AIS-2, CALL [redacted]            ******
 TTO546     INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.
 TTO547     SEVERITY OI10(n) equals 2-6.

O11
INTER ERRORS

OCTO111  2  If INTRUDING COMPONENT IV48(n) and INJURY SOURCE OI12(p) are
 CTO112     related as shown in Table A-15, the INTRUSION NUMBER OI15(p)
 CTO113     should not equal 00. GV=01 OA=02 OI=07

O1
```

PSU75 ERROR SUMMARY SCREEN [redacted]97
CASE 150J
CURRENT VERSION: 9.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	2	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	0	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	6	

0

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

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 75 Case Number—Stratum 1505

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
01-3	01	E	Direction of travel
4-5	01	E	Travel over lane line
6-7	01	E	P.O.I.
8-10	01	SE	Travel to Final Rest
11	01	W	Looking Back from final rest
12-13	01	W	Looking Back
14-18	02	W	Direction of travel
19	02	W	P.O.I.
20-23	02	NW	Travel to Final Rest
24-25	02	N	P.O.I. W/ Embankment
26	02	N	Final Rest Area
27-28	02	SW/E	Looking Back
29	—	N	Reference Point
30-41	01	—	Exterior Views
42-43	01	—	GAS Cap & Tank
44-51	01	—	Ext. Views
52-68	01	—	Interior Views
69-81	02	—	Ext. Views
82-83	02	—	GAS Cap & Tank
84-95	02	—	Ext. Views
96-118	02	—	Interior Views

HS Form 434B (1/96)

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

☆U.S. GOVERNMENT PRINTING OFFICE: 1996 [redacted]

PSU 75-150J (1996) #1

PSU 75-150J (1996) #2

PSU 75-150J (1996) #3

PSU 75-150J (1996) #4

PSU 75-150J (1996) #5

PSU 75-150J (1996) #6

PSU 75-150J (1996) #7

PSU 75-150J (1996) #8

PSU 75-150J (1996) #9

PSU 75-150J (1996) #10

PSU 75-150J (1996) #11

PSU 75-150J (1996) #12

PSU 75-150J (1996) #13

PSU 75-150J (1996) #14

PSU 75-150J (1996) #15

PSU 75-150J (1996) #16

PSU 75-150J (1996) #17

PSU 75-150J (1996) #18

PSU 75-150J (1996) #19

PSU 75-150J (1996) #20

PSU 75-150J (1996) #21

PSU 75-150J (1996) #22

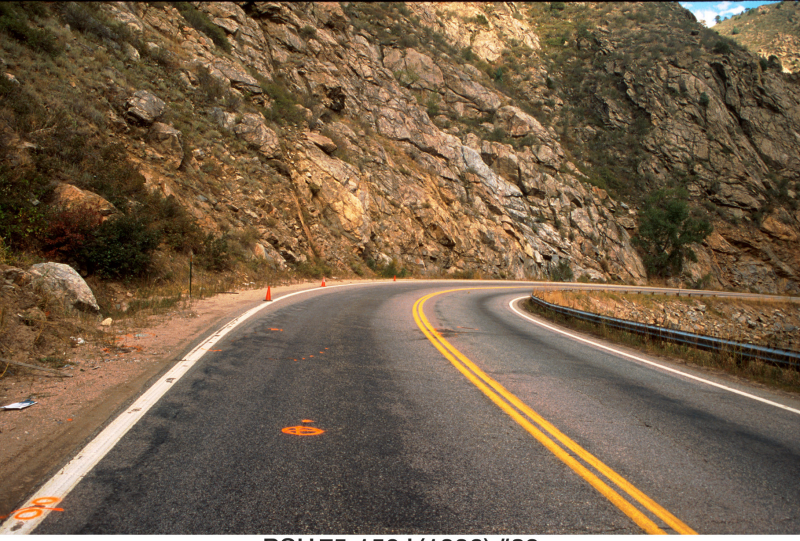
PSU 75-150J (1996) #23

PSU 75-150J (1996) #24

PSU 75-150J (1996) #25

PSU 75-150J (1996) #26

PSU 75-150J (1996) #27



PSU 75-150J (1996) #28

PSU 75-150J (1996) #29

PSU 75-150J (1996) #30

PSU 75-150J (1996) #31

PSU 75-150J (1996) #32

PSU 75-150J (1996) #33

PSU 75-150J (1996) #34

PSU 75-150J (1996) #35

PSU 75-150J (1996) #36

PSU 75-150J (1996) #37

PSU 75-150J (1996) #38

PSU 75-150J (1996) #39

PSU 75-150J (1996) #40

PSU 75-150J (1996) #41

PSU 75-150J (1996) #42

PSU 75-150J (1996) #43

PSU 75-150J (1996) #44

PSU 75-150J (1996) #45

PSU 75-150J (1996) #46

PSU 75-150J (1996) #47

PSU 75-150J (1996) #48

PSU 75-150J (1996) #49

PSU 75-150J (1996) #50

PSU 75-150J (1996) #51

PSU 75-150J (1996) #52

PSU 75-150J (1996) #53

PSU 75-150J (1996) #54

PSU 75-150J (1996) #55

PSU 75-150J (1996) #56

PSU 75-150J (1996) #57

PSU 75-150J (1996) #58

PSU 75-150J (1996) #59

PSU 75-150J (1996) #60

PSU 75-150J (1996) #61

PSU 75-150J (1996) #62

PSU 75-150J (1996) #63

PSU 75-150J (1996) #64

PSU 75-150J (1996) #65

PSU 75-150J (1996) #66

PSU 75-150J (1996) #67

PSU 75-150J (1996) #68

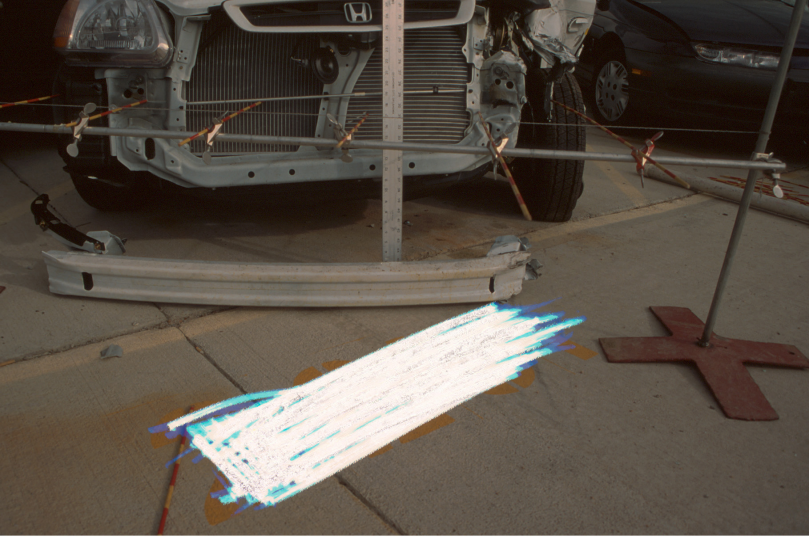
PSU 75-150J (1996) #69

PSU 75-150J (1996) #70

PSU 75-150J (1996) #71

PSU 75-150J (1996) #72

PSU 75-150J (1996) #73



PSU 75-150J (1996) #74

PSU 75-150J (1996) #75

PSU 75-150J (1996) #76

PSU 75-150J (1996) #77

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PSU 75-150J (1996) #114

PSU 75-150J (1996) #115

PSU 75-150J (1996) #116

PSU 75-150J (1996) #117

PSU 75-150J (1996) #118