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 82 CASE NO. 043B TYPE OF ACCIDENT _____

## 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

PSU82'

1996 Case Summary Form

CASE 043B

TYPE OF ACCIDENT: CAR/CAR - ACUTE ANGLE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle #1 was northbound on a 2-way, 2-lane roadway and passing through the intersection when it impacted the left side of Vehicle #2 which was westbound on a 2-way, 2-lane roadway and within the intersection. Vehicle #2 rolled over to the right 8 quarter turns and the driver was ejected and fatally injured. Two occupants were transported due to injuries. Vehicle #2 was towed disabled.

01

PSU82

1996 Case Summary Form

CASE 043B

TYPE OF ACCIDENT: CAR/CAR - ACUTE ANGLE

## 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 | 83/Nissan/Sentra | Front | Minor | None |
| 02 | Compact | 90/Toyota/Pickup | Top | Severe | None |

01

PSU82&

1996 Case Summary Form

CASE 043B

TYPE OF ACCIDENT: CAR/CAR - ACUTE ANGLE

## 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 |
|---|---|---|---|---|---|---|---|
| 02 | Driver | Front left | None | Skull | Fracture | 4 | Vehicle roof Exterior |
| 02 | Pass. | Frnt right | None | Face | Contusion | 1 | Roof |
| 02 | Pass. | 2nd left | None | Face | Contusion | 1 | Roof |
| 02 | Pass. | 2nd right | None | Face | Contusion | 1 | Roof |

0

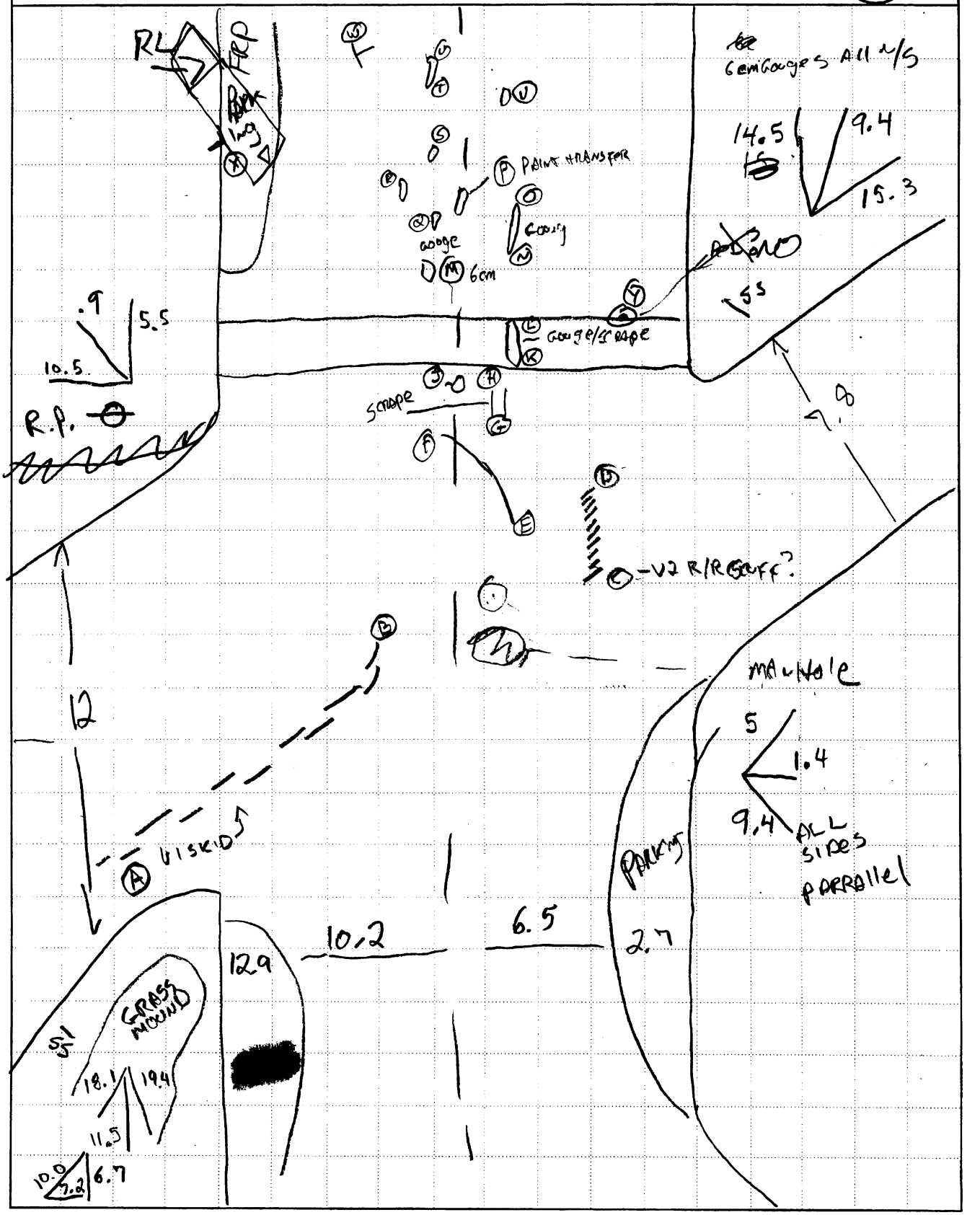
U.S. Department of Transportation
National Highway Traffic Safety Administration

# ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 82 Case Number—Stratum 0430 B

↑ 310° Indicate North




HS Form 431B (1/96)

Scale: 1 centimeter = _____ meters

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

# ACCIDENT COLLISION DIAGRAM

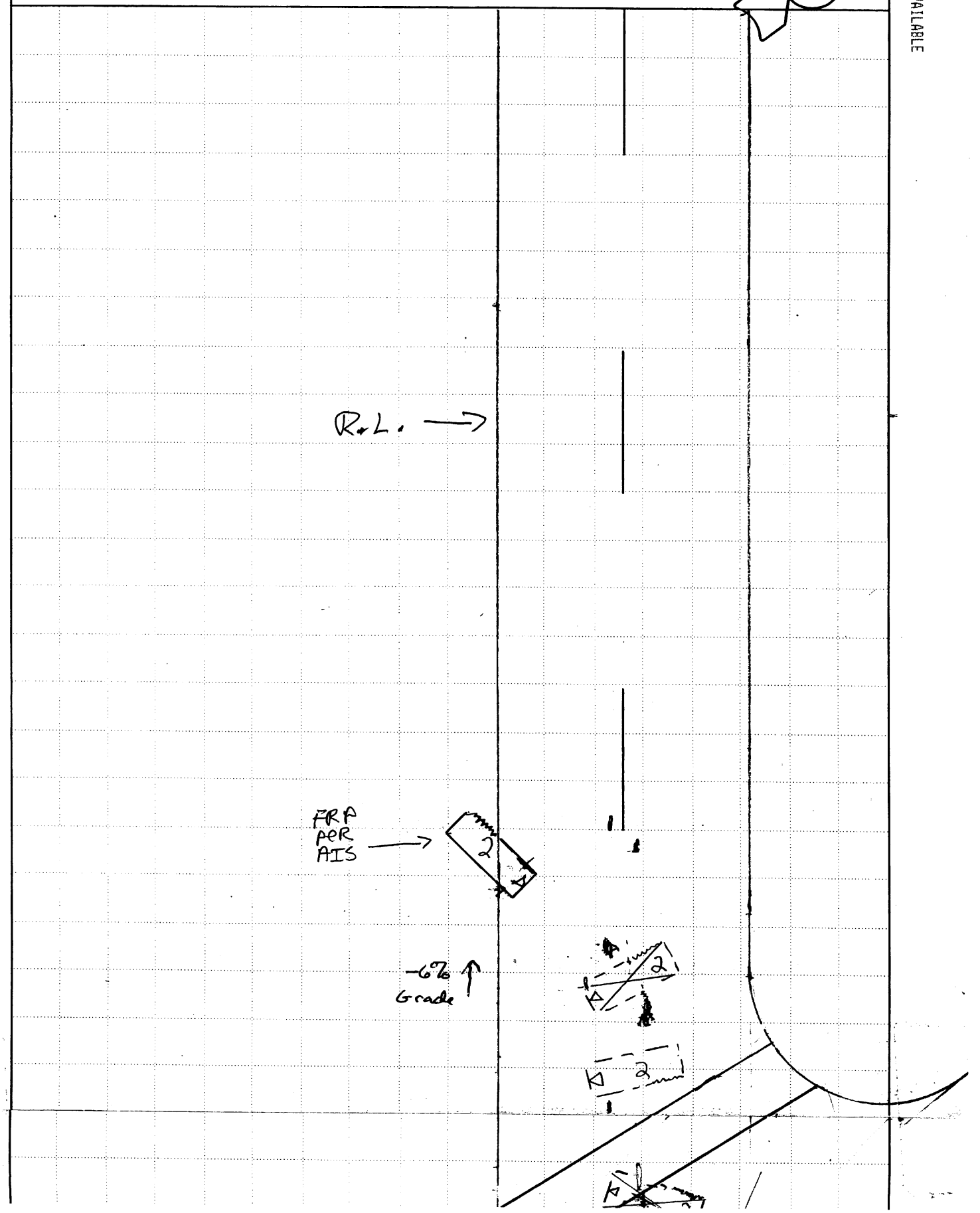


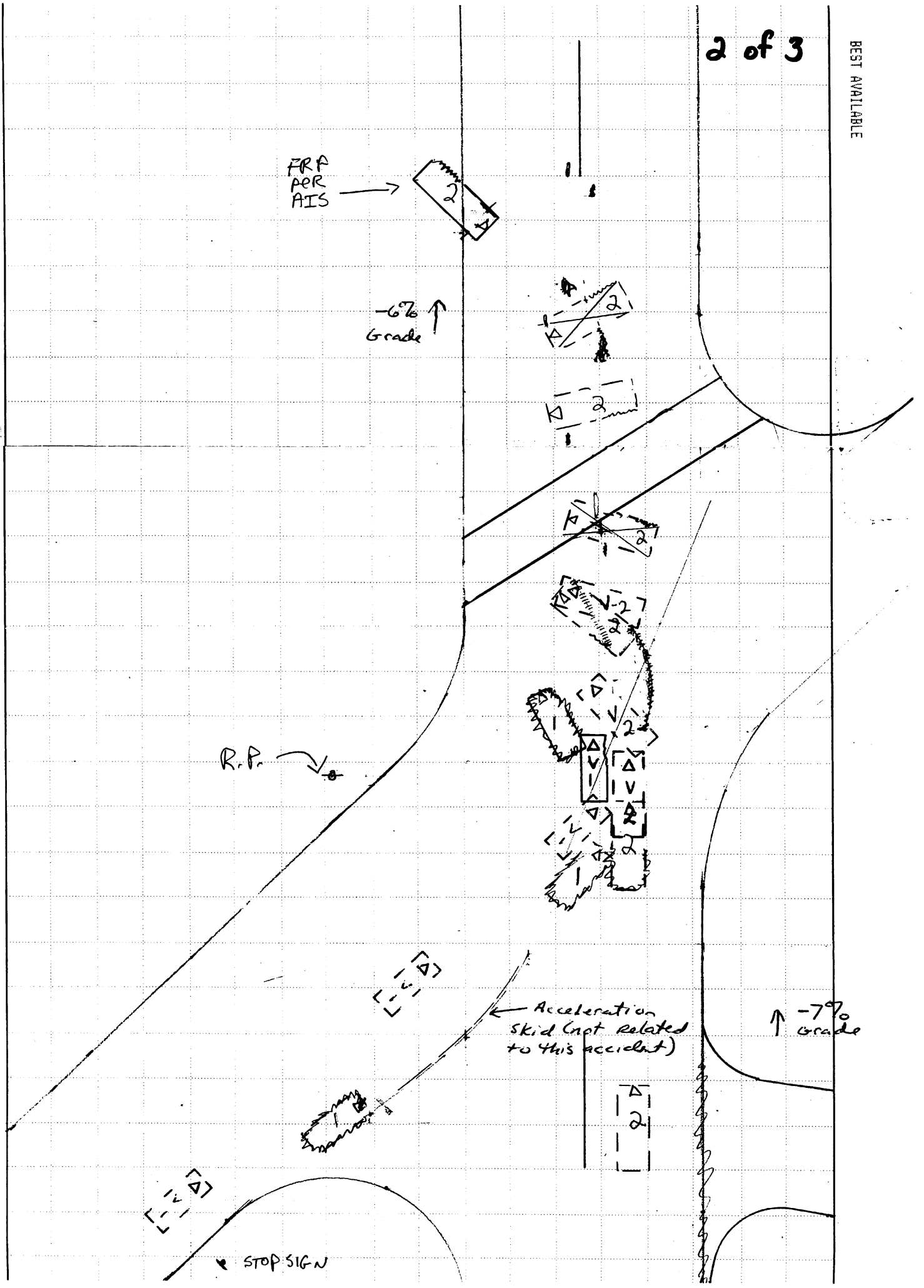
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

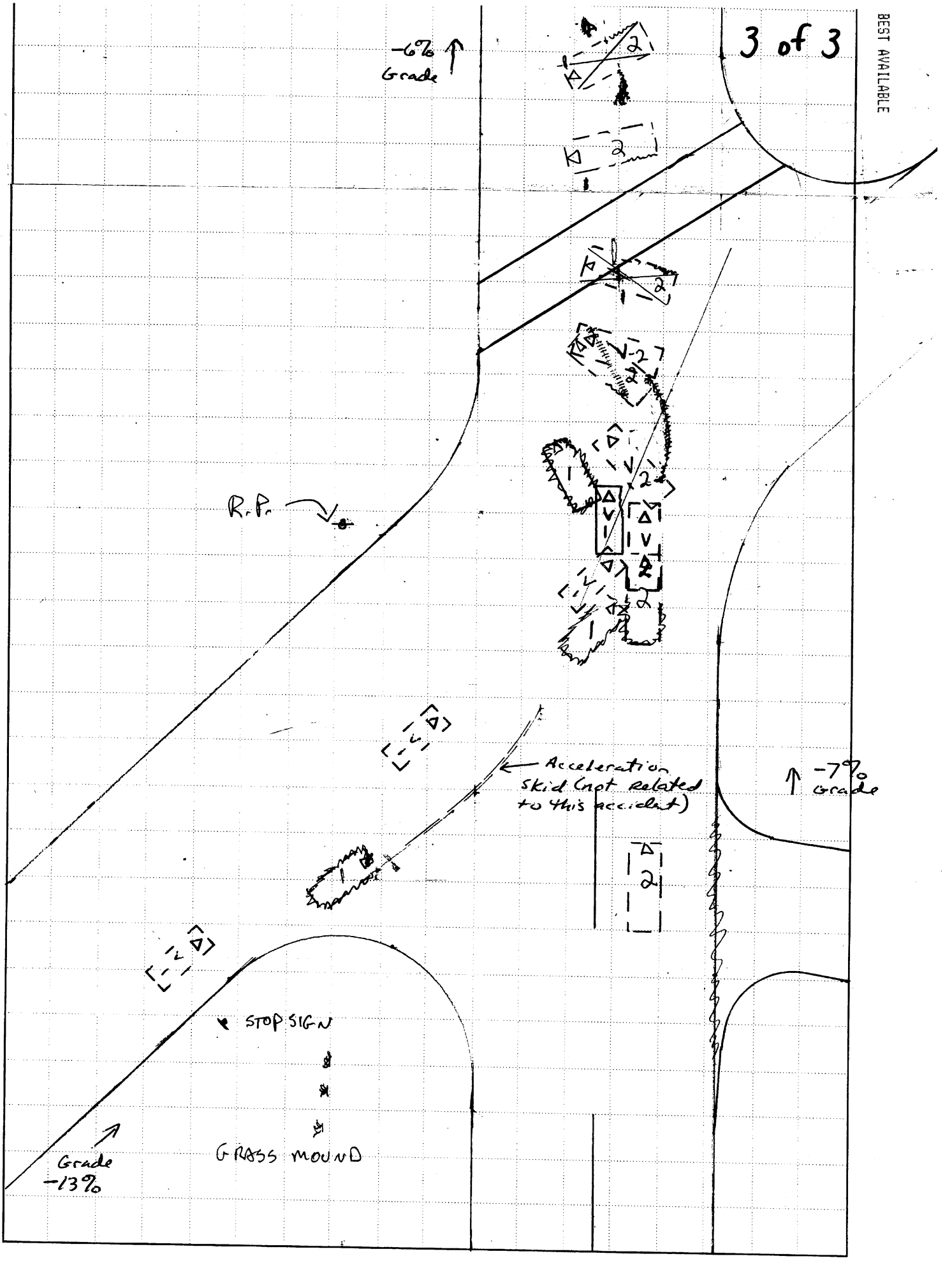
PSU No. 82 Case Number—Stratum 043B

Indicate North



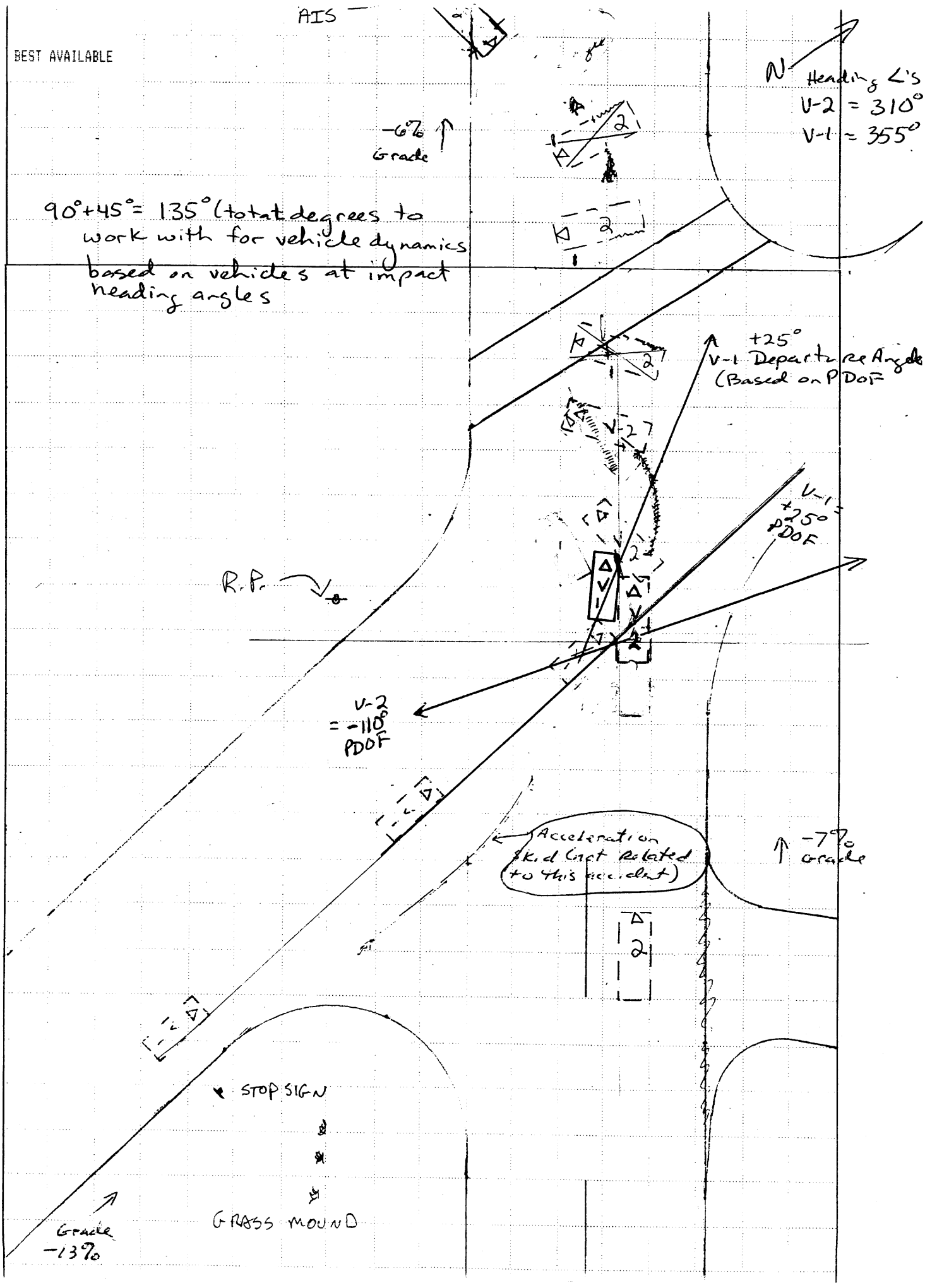







HS Form 431B (1/96)

Scale: 1 centimeter = 2.5 meters



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National Highway Traffic Safety Administration

# ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 82 | Case Number—Stratum 043B

## ACCIDENT COLLISION DIAGRAM

Document the physical plant:

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

Document vehicle dynamics including:

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

## CRASH DATA

| | VEH. #1 | VEH. #2 | VEH. #3 |
|---|---|---|---|
| Heading Angle | 350 | 310 | |
| Surface Type | BT | T | |
| Surface Condition | DRY | | |
| Coefficient of Friction | .70 | .90 | |
| Grade (v/h) Measurement (between impact and final rest) | -7/122 | -8/122 | |
| Grade (v/h) Measurement (at location of rollover initiation) | | -8/122 | |
| Grade (v/h) Measurement (at pre-crash location) | -16/122 | -9/122 | |

Reference Point: Utility Pole S/W Corner | Reference line: WestCRB

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---|---|---|
| R.P. .5ϕ | ~~0~~ | 6.9 W |
| N/W CURB (11 to westCURB) | 1.85 (1 to N/WCURB) | — |
| STOPSIGN S/W | 26.7S | 13.2 W |
| Stop sign N/E | 14.2N | 19.0 E |
| CROSSWALK (WEST) 3.5 Long | 11.8 N | |
| " " (EAST) " " | 14.2 N | |
| N/E CURB (11 to westCRB | 4.5S (1 to NE CRUB) | — |
| (A) V1 SKID Beg | 18.5 ~~[illegible]~~ | 5.3 W |
| (B) " " END | 9.9S | 3.5 E |
| (C) V2 SCUFF Beg (R.R?) | 2.6 N | 10.0 E |
| D " " END " " | ~~7.~~ 8.1N | 9.4E |
| E Beg POLICE WORK | 7.3N | 3.0E |
| F END " " | 10.8N | 6.0E |

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---|---|---|
| G Bec scrape | 12.2N | 7.9E |
| H END " | 12.8N | 7.9E |
| J Gouge 6cm " | 13.4N | 7.5E |
| K Beg Gouge + Scrape | 14.3N | 7.2E |
| L END " " 6cm Gouge BACKSIDE | 15.6N | 7.2E |
| M Gouge 6cm | 18.4N | 5.7E |
| N Beg Gouge | 23.0N | 7.7E |
| O END " | 24.1N | 7.7E |
| P PAINT TRASFER .5 ALONG | ~~[illegible]~~N 26.2N | 6.7E |
| Q Gouge 6cm | 24.9N | 4.6E |
| R " " | 26.5N | 5.7E |
| S " " | 26.8N | 5.6E |
| T Beg Gouge | ~~27.7~~ 33.1N | 5.7E |
| U END Gouge | ~~29.1~~ 33.7N | 5.7E |
| V Gouge 6cm | 32.0N | 7.1E |
| W TIRE REST (LR?) | 31.2N | 1.4E |
| X " " (RR?) | 30.0N | .2E |
| ~~Y PED? POL MARK~~ | ~~20.3N 19.5S~~ | ~~11.4E~~ |
| Z MID U1 SKID | ~~14.5S~~ 14.5S | 0 |
| Z2 MID U2 SCUFF | 6.6N | 10.0E |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

# ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number - Stratum: 043B

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month,Day,Year): [redacted] 96
5. Time of Accident: 2255

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: 0
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. 30 | 18. L |
| 19. 02 | 20. 02 | 21. 30 | 22. T | 23. 31 | 24. 00 | 25. N |
| 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 | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |

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

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## PRECRASH ENVIRONMENTAL DATA

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

*Non-Interchange junctions*
(2) Intersection related ✓
(3) Driveway, alley access related
(4) Other junction (specify) _____
(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow — 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 — 1 ✓
(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile — 4 ✓
(1) Level
(2) Uphill grade (>2%)
(3) Hill crest
(4) Downhill grade (>2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type — 1 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 — 3
(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 — 2
(0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

*Regulatory*
(2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): _____
(6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____
(9) Unknown

29. Traffic Control Device Functioning — 2
(0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

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## OCCUPANT RELATED

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

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

39. Number of Occupant Forms Submitted 00

## 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 0,850
____ Code weight to nearest 10 kilograms. 079
(045) Less than 454 kilograms
(612) 6,124 kilograms or more 792
(999) Unknown
1746 1,870 lbs X .4536 = 848 kgs
Source: [redacted] 83

83 [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: [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: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 01

## VEHICLE IDENTIFICATION

VIN: JN1HB12S6DU[redacted] Model Year: 83

Vehicle Make (specify): DATSUN Vehicle Model (specify): SENTRA 2S

## LOCATOR

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

| Specific Impact No. | Location of Direct Damage | Location of Field L | Location of Max Crush |
|---|---|---|---|
| 1 | 44 R of Center | All Front Bumper | 72 cm R of Center |
| | | | |
| | | | |

## 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).
REF Line set 425 FROM REAR

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts. 419.1

144 − 3 = 288

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.

Lic Plate holder part of Bumper measured to holder

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Front Bumper | 28 | 12 | 144 | 12 | 7 | 5 | 6 | 7 | 12 | +58 |
| | Free Space | | 6 | | 6 | 1 | 0 | 0 | 1 | 6 | |
| | STRINGLINE ADJ | | 5 | | 5 | 5 | 5 | 5 | 5 | 5 | |
| | Resultant | | 1 | | 1 | 1 | 0 | 1 | 1 | 1 | |
| | | | | | | | | | | | |
| DIR CONTACT (82) down Right Side | | | | | | | | | | | |

HS Form 435A (Rev. 1/96)

# ORIGINAL SPECIFICATIONS WORK SHEET

[redacted] '83

| | | | | | | |
|---|---|---|---|---|---|---|
| Wheelbase | | 94.5 | inches | x 2.54 | = | 240 cm |
| Overall Length | | 167.3 | inches | x 2.54 | = | 425 cm |
| Maximum Width | | 63.8 | inches | x 2.54 | = | 162 cm |
| Curb Weight | 1746 | ~~1.870~~ | pounds | x .4536 | = | ~~848~~ kg |
| Average Track | 54.9/54.1 | 54.5 | inches | x 2.54 | = | 138 cm |
| Front Overhang | | ___.__ | inches | x 2.54 | = | 84 cm |
| Rear Overhang | | ___.__ | inches | x 2.54 | = | 100 cm |
| Undeformed End Width | | ___.__ | inches | x 2.54 | = | ___ cm |
| Engine Size: cyl./displ. | | 1974 | cc | x .001 | = | __.__ L |
| | | ___ | CID | x .0164 | = | 4/2.0 L VIN |

1746 = 1983 Branham's

# VEHICLE DAMAGE SKETCH

**TIRE—WHEEL DAMAGE**

| | a. Rotation physically restricted | b. Tire deflated |
|---|---|---|
| RF | 2 | 2 |
| LF | 2 | 2 |
| RR | 2 | 2 |
| 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 | 240 | cm |
| Overall Length | 425 | cm |
| Maximum Width | 162 | cm |
| Curb Weight Brochure's 792 | 848 | kg |
| Average Track | 138 | cm |
| Front Overhang | 84 | cm |
| Rear Overhang | 100 | cm |
| Undeformed End Width | 144 | cm |
| Engine Size: cyl./displ. | 4/2.0 ✓ | L |

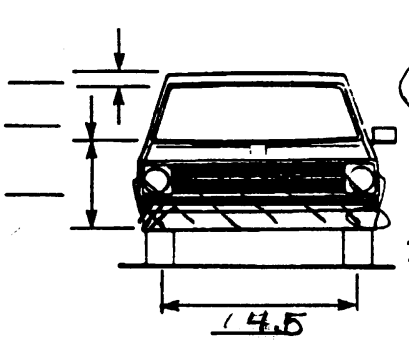
**WHEEL STEER ANGLES**
(For locked front wheels or displaced rear axles only)
RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °
Within ± 5 degrees

**DRIVE WHEELS**
☐ FWD ☐ RWD ☐ 4WD

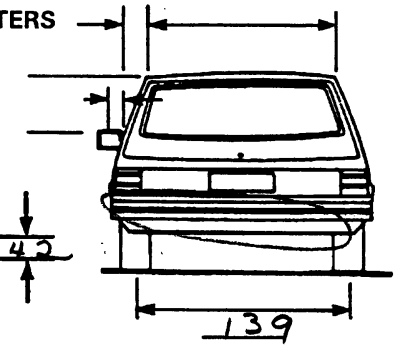
Approximate Cargo Weight 0 kg

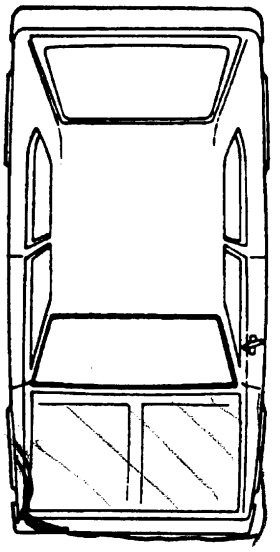
**MEASUREMENTS IN CENTIMETERS**

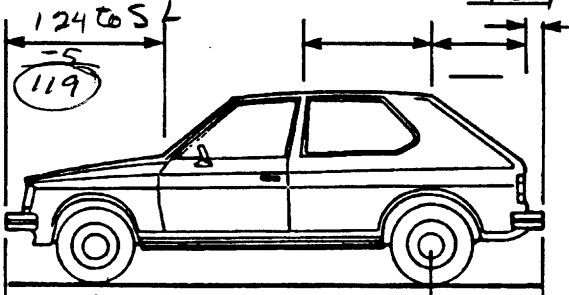
use 2dr sedan wrong sketch page




Original Bumper height 37



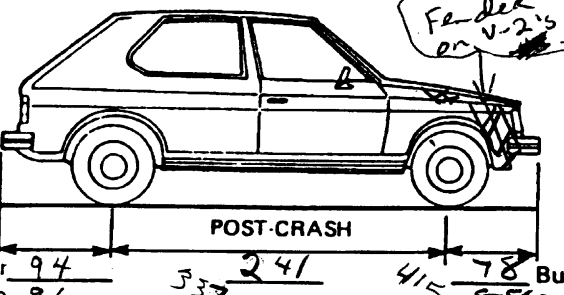



Bumper corner 76 415 243 93 Bumper corner
Stringline 86 339 96 Stringline
425 3

S. L. set 425 appears 5 cm (5) too far back

S. L. 17 cm from Back corners of Veh. Due to prior damage to Back Bumper

Fender smashed on V-2's (L) Rear tire




D.D 82 cm down side

Bumper corner 94 337 241 415 78 Bumper corner
Stringline 96 88 Stringline
2 425

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 | ~~030~~ +25 | 00 | F | R | E | E | 04 |
| | | | | | | | | |
| | PDOF Determined BASED ON V1 FRONTAL | | | | | | | |
| | V2 BASED ON COLLINEARITY | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## 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. ~~03~~ 01 | 7. F | 8. R | 9. E | 10. E | 11. 04 |

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 |
|---|---|---|---|---|---|---|---|
| 144 | 001 | 001 | 000 | 001 | 001 | 001 | + 058 |

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.) 144
- ___ 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) 028
- ___ Code to the nearest centimeter
- (250) 250 centimeters or more
- (999) Unknown

28. Original Wheelbase 240
- ___ Code to the nearest centimeter
- (650) 650 centimeters or more
- (999) Unknown

94.5 inches X 2.54 = 240 centimeters

29. Original Average Track Width 142
- ___ Code to the nearest centimeter
- (185) 185 centimeters or more
- (999) Unknown

55.9 inches X 2.54 = 142 centimeters

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

31. Researcher's Assessment of Vehicle Disposition 0
(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 03
36. Location of Fuel Tank-2 Filler Cap 01
(0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on left side plane
(3) Aft of center of the rear wheels (rear axle) on right side plane
(4) Forward of center of the rear wheels (rear axle) on left side plane
(5) Forward of center of the rear wheels (rear axle) on right side plane
(6) Over the center of the rear wheels (rear axle) on left side plane
(7) Over the center of the rear wheels (rear axle) on right side plane
(8) Other (specify):_____
(9) Unknown

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

39. Location of Fuel Tank-1 1
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 1
(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.

PSU NUMBER 82

CASE NUMBER 043B

VEHICLE NUMBER 01

# INTERIOR VEHICLE FORM

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

[✓] ENTIRE FORM

[] PAGE NUMBER (S) _____

PSU NUMBER 82

CASE NUMBER 043B

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

# OCCUPANT ASSESSMENT FORM

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

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

PSU NUMBER 82

CASE NUMBER 043B

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

# OCCUPANT INJURY FORM

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

[✓] ENTIRE FORM

[ ] PAGE NUMBER (S) _____

PSU 82-043B V-02



## PRECRASH ENVIRONMENTAL DATA

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

    *Non-Interchange junctions*
    (2) Intersection related
    (3) Driveway, alley access related
    (4) Other junction (specify) _____
    (5) Unknown type of junction

    (9) Unknown

20. Trafficway Flow — 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 — 1
    (1) Straight
    (2) Curve right
    (3) Curve left
    (9) Unknown

23. Roadway Profile — 4
    (1) Level
    (2) Uphill grade (>2%)
    (3) Hill crest
    (4) Downhill grade (>2%)
    (5) Sag
    (9) Unknown

24. Roadway Surface Type — 2
    (1) Concrete
    (2) Bituminous (asphalt)
    (3) Brick or block
    (4) Slag, gravel, or stone
    (5) Dirt
    (8) Other (specify): _____
    (9) Unknown

25. Roadway Surface Condition — 1
    (1) Dry
    (2) Wet
    (3) Snow or slush
    (4) Ice
    (5) Sand, dirt, or oil
    (8) Other (specify): _____
    (9) Unknown

26. Light Conditions — 3
    (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

PSU 82-043B V-02



## OCCUPANT RELATED

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

38. Number of Occupants This Vehicle — 04
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted — 04

## 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 — 1710
____ Code weight to nearest 10 kilograms. — 999
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
3765 lbs X .4536 = 1708 kgs
Source: [redacted] 93 [redacted]

OK for SMASH, but not GV form

44. Vehicle Cargo Weight — 0020
____ Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
44 lbs X .4536 = 20 kgs
Source: [redacted]

## ROLLOVER DATA

45. Rollover — 08
(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 — 07
(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 — 1
(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 — 01
(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied — 2
(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 — 1
(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

psu 82-043B V-02

# 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: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02

## VEHICLE IDENTIFICATION

VIN 5T4VN13A6L5[redacted] Model Year 90

Vehicle Make (specify): TOYOTA Vehicle Model (specify): P/U

## 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 | 58 AFT (L) REAR AXLE | 58 AFT (L) REAR AXLE | 48 FWD (L) REAR AXLE |
| 02 | ROLLOVER | | |
| | | | |

## 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. Set 89 CM to clean tires

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 | $C_1$ | *est $C_2$ 11 | *est $C_3$ 12 | *est $C_4$ 15 | $C_5$ | $C_6$ | ±D |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | LEFT | 108 | 21 | 130 | 10 | ~~6~~ | ~~5~~ | ~~10~~ | 21 | 13 | -104 |
| | FREE SPACE | | 5 | | 5 | 0 | 0 | 1 | 5 | 5 | |
| | REFLWE ADJ | | 4 | | 4 | 4 | 4 | 4 | 4 | 4 | |
| | RESULTANT | | 12 | | 1 | ~~5~~ 2 | ~~6~~ 4 | ~~10~~ 8 | 12 | 4 | |
| 02 | TOP-LEFT | | 30 | | | | | | | | |
| | | | 0 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| * Note: $C^2$ $C^3$ + $C^4$ | Researcher took meas. to tire instead of (L) Quarter panel. Adjustments were made per slides (best estimate). | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

HS Form 435A (Rev. 1/96)

# ORIGINAL SPECIFICATIONS WORK SHEET

[redacted] '83

| | | | | | | |
|---|---|---|---|---|---|---|
| Wheelbase | | 94.5 | inches | x 2.54 | = | 240 cm |
| Overall Length | | 167.3 | inches | x 2.54 | = | 425 cm |
| Maximum Width | | 63.8 | inches | x 2.54 | = | 162 cm |
| Curb Weight | 1746 | ~~1870~~ | pounds | x .4536 | = | ~~848~~ kg |
| Average Track | 54A/54.1 | 54.5 | inches | x 2.54 | = | 138 cm |
| Front Overhang | | ___.__ | inches | x 2.54 | = | 84 cm |
| Rear Overhang | | ___.__ | inches | x 2.54 | = | 100 cm |
| Undeformed End Width | | ___.__ | inches | x 2.54 | = | ___ cm |
| Engine Size: cyl./displ. | | 1974 | cc | x .001 | = | __.__ L |
| | | ___ | CID | x .0164 | = | 4/2.0 L VIN |

1746 = 1983 Branham's

# VEHICLE DAMAGE SKETCH

**TIRE—WHEEL DAMAGE**

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

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

**TYPE OF TRANSMISSION**
☐ Manual ☒ Automatic

END SHIFT ≥ 10 CM
☐ Yes ☒ No

**ORIGINAL SPECIFICATIONS**

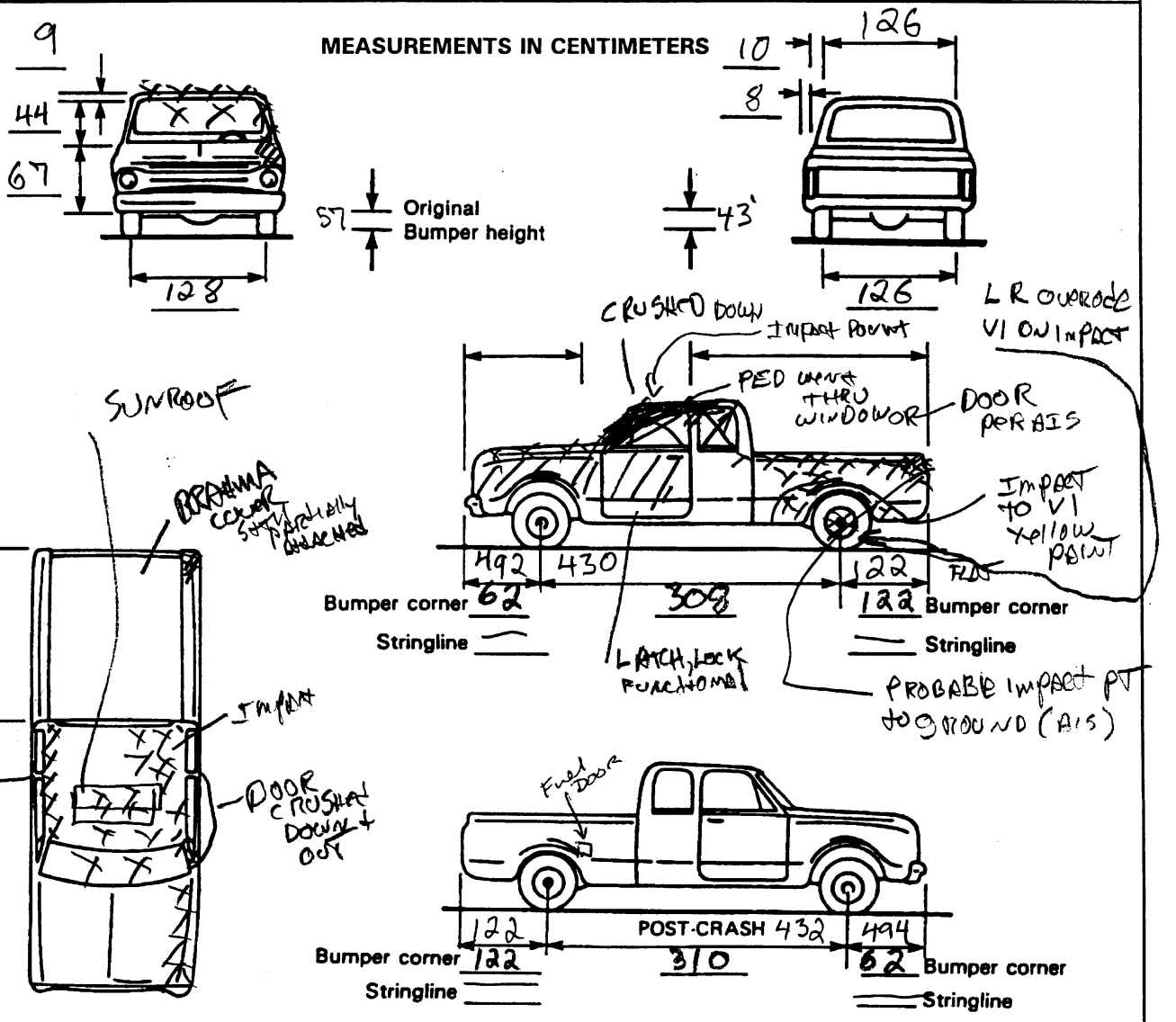
| | | |
|---|---|---|
| Wheelbase | 310 | cm |
| Overall Length | 490 | cm |
| Maximum Width | 169 | cm |
| Curb Weight | 1708 | kg |
| Average Track | | cm |
| Front Overhang | | cm |
| Rear Overhang | | cm |
| Undeformed End Width | | cm |
| Engine Size: cyl./displ. | 6/3.0 | L |

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

**DRIVE WHEELS**
☐ FWD ☐ RWD ☒ 4WD

Approximate Cargo Weight 20 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 | 01 | 310 (110) | 00 | L | B | E | W | 02 |
| 02 | 31 | 000 | 00 | T | D | D | O | 04 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## 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. 02 | 5. 31 | 6. 00 | 7. T | 8. D | 9. D | 10. 6 | 11. 04 |

Second Highest Delta "V"

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 12. 01 | 13. 01 | 14. ~~10~~ 08 | 15. L | 16. B | 17. E | 18. W | 19. 02 |

## 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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | + / − |

Second Highest Delta "V"

| 23. L | 24. $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | 25. ±D |
|---|---|---|---|---|---|---|---|
| | 001 | 005 | 006 | 010 | 012 | 004 | |
| 130 | ~~005~~ | ~~006~~ | ~~005~~ | ~~009~~ | ~~016~~ | ~~008~~ | + 104 |

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) 998
- ___ 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) 250
- ___ Code to the nearest centimeter
- (250) 250 centimeters or more
- (999) Unknown

28. Original Wheelbase 310
- ___ Code to the nearest centimeter
- (650) 650 centimeters or more
- (999) Unknown

121.9 inches X 2.54 = 310 centimeters

29. Original Average Track Width 127
- ___ Code to the nearest centimeter
- (185) 185 centimeters or more
- (999) Unknown

50.0 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 5

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

37. Type of Fuel Tank-1 1

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

39. Location of Fuel Tank-1 6

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.

42x21 RFront windshield hole
34x53 LR 22x18 Backlight + 30x39

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: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02

## INTEGRITY

4. Passenger Compartment Integrity: 98
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side) AIS
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window LF LF
(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): WINDSHIELD, LF WINDOW, BACKLIGHT
(99) Unknown

### Door, Tailgate or Hatch Opening

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

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

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

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

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

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

## GLAZING

### Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 3 19. RR 3
20. BL 9 21. Roof 8 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): Laminated tinted
(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 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 6 35. RR 1
36. BL 4 37. Roof 2 38. Other 0

no sign of Back Light

(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

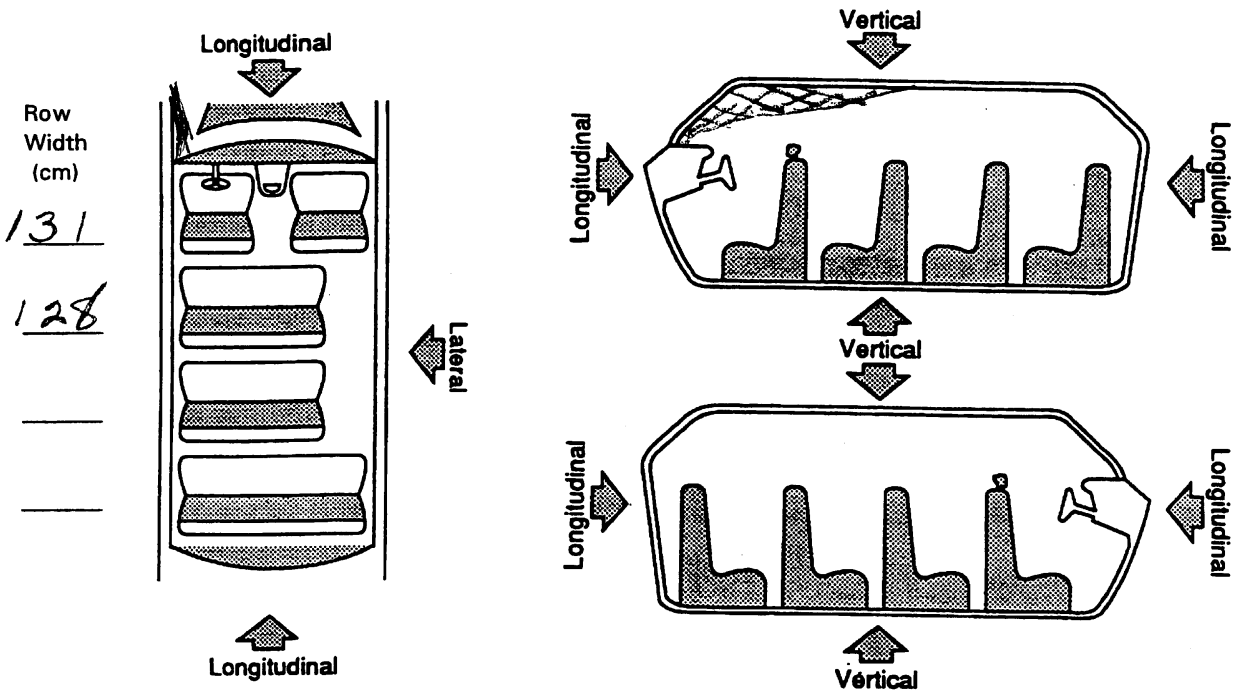
### Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 9 45. Roof 3 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 | 06 A pill | 163 | – | 142 | = | 21 ✓ | Vert |
| 11 | 07 B pill | 165 | – | 146 | = | 19 | " |
| 21 | 08 C pill | 165 | – | 152 | = | 13 | " |
| 11 | 13 roof | 165 | – | ~~142~~ 135 | = | 30 ✓ | " |
| 12 | " | 165 | – | 142 | = | 23 ✓ | " |
| 21 | " | 165 | – | 144 | = | 21 ✓ | " |
| 11 | 14 roof siderail | 163 | – | 141 | = | 22 ✓ | " |
| 21 | " | 163 | – | 145 | = | 18 | " |
| 11 5 | 15 windshield | 168 | – | 137 | = | 31 ✓ | " |
| 12 | " | 168 | – | 143 | = | 25 ✓ | " |
| 11 | 16 wind head | 168 | – | 135 | = | 33 ✓ | " |
| 12 | " | 168 | – | 144 | = | 24 ✓ | " |
| 11 | 17 wind frame | 162 | – | 142 | = | 20 ✓ | " |
| 21 | " | 162 | – | 145 | = | 17 | " |
| | | | – | | = | | |

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. 16 | 49. 4 | 50. 1 |
| 2nd | 51. 11 | 52. 15 | 53. 4 | 54. 1 |
| 3rd | 55. 11 | 56. 13 | 57. 4 | 58. 1 |
| 4th | 59. 12 | 60. 15 | 61. 3 | 62. 1 |
| 5th | 63. 12 | 64. 16 | 65. 3 | 66. 1 |
| 6th | 67. 12 | 68. 13 | 69. 3 | 70. 1 |
| 7th | 71. 11 | 72. 14 | 73. 3 | 74. 1 |
| 8th | 75. 11 | 76. 06 | 77. 3 | 78. 1 |
| 9th | 79. 21 | 80. 13 | 81. 3 | 82. 1 |
| 10th | 83. 11 | 84. 17 | 85. 3 | 86. 1 |

## 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 11
- (07) B-pillar 11
- (08) C-pillar 21
- (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) 11, 12, 21
- (14) Roof side rail 11, 21
- (15) Windshield 11, 12
- (16) Windshield header 11, 12
- (17) Window frame 11, 21
- (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 |
|---|---|---|---|---|
| 1.4 | — | .3 | = | .01 |
| | — | | = | |
| | — | | = | |
| | — | | = | |

## 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

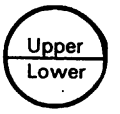
88. Tilt Steering Column Adjustment 2
(0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

89. Telescoping Steering Column Adjustment 2
(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

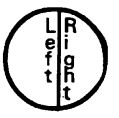
90. Steering Rim/Spoke Deformation 01
____ Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation 07
(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 128,000
____ 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
79,344 miles X 1.6093 = 127,688 kilometers
Source: Veh Inspect

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

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

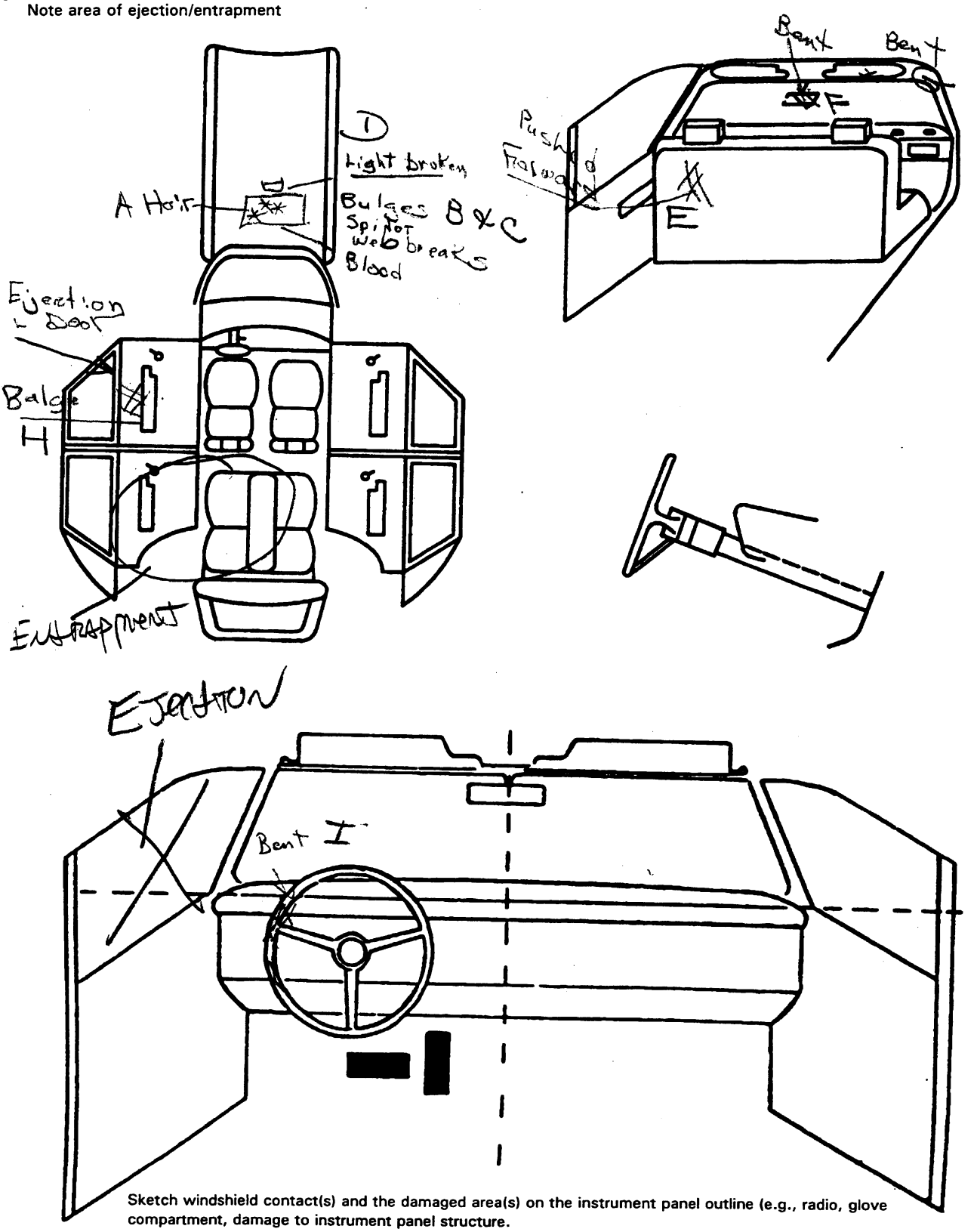
95. Knee Bolsters Deformed from Occupant Contact? 0
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

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

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

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment




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 | 205 ? Windshield | | Head | Bulge, Hair, Spider Web Break | 1 |
| B | 205 ? " OD | | " | " " " " | 1 |
| C | 205 ? " | | " | " " " " | 1 |
| D | 205 Dome Light | | " | Broken | 1 |
| E | 151 | 3 ? | ? | Pushed Forward | 1 |
| F | 022 | 2 ? | " | Bent | 2 |
| G | 003 | 2 | Head | Bent | 1 |
| H | 051 | 1 | Trunk | Bent | 1 |
| I | 004 | 1 | | Pushed in on (D) Side | 2 |
| 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? | 0 | | 0 |
| | D-Proper Use | 0 | | 0 |
| | E-Failure Modes | 0 | | 0 |
| | F-Anchorage Adjustment | 01 | | 01 |
| SECOND | A-Availability | 4 | | 4 |
| | B-Evidence of usage | 0 | | 0 |
| | C-Used in this crash? | 0 | | 0 |
| | D-Proper Use | 0 | | 0 |
| | E-Failure Modes | 0 | | 0 |
| | F-Anchorage Adjustment | 01 | | 01 |
| 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

**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

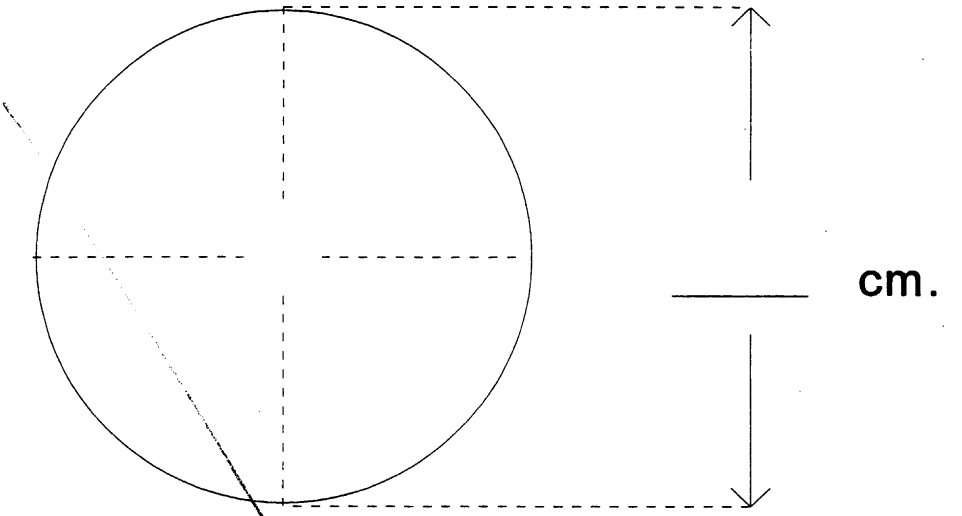
**G-Did The Air Bag Have Vent Ports?**
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**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

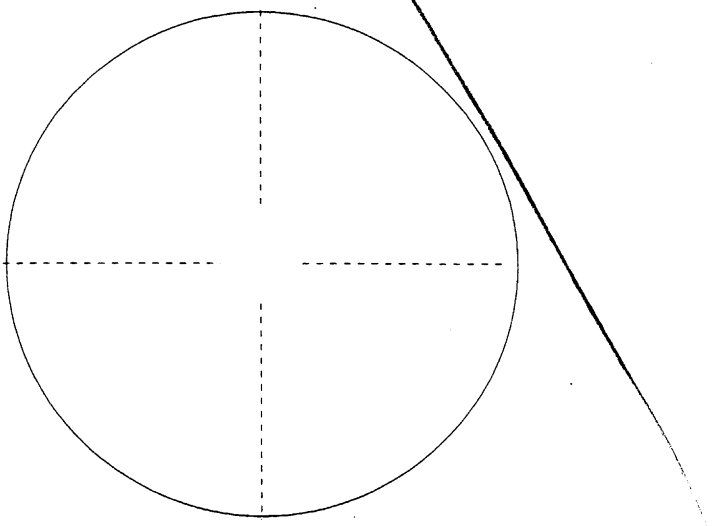
**I-Was This Occupant Wearing Eye-wear?**
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

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




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

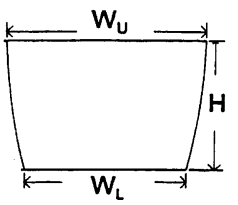


## DRIVER AIR BAG SKETCHES (Cont'd)

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

width ($W_U$) _____ width ($W_L$) _____

height (H) _____

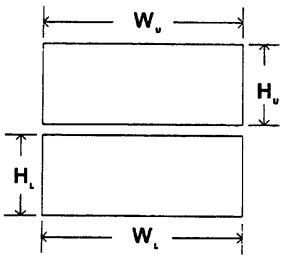



4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width ($W_U$) _____ width ($W_L$) _____

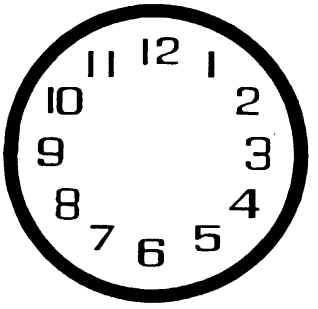
height ($H_U$) _____ height ($H_L$) _____




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

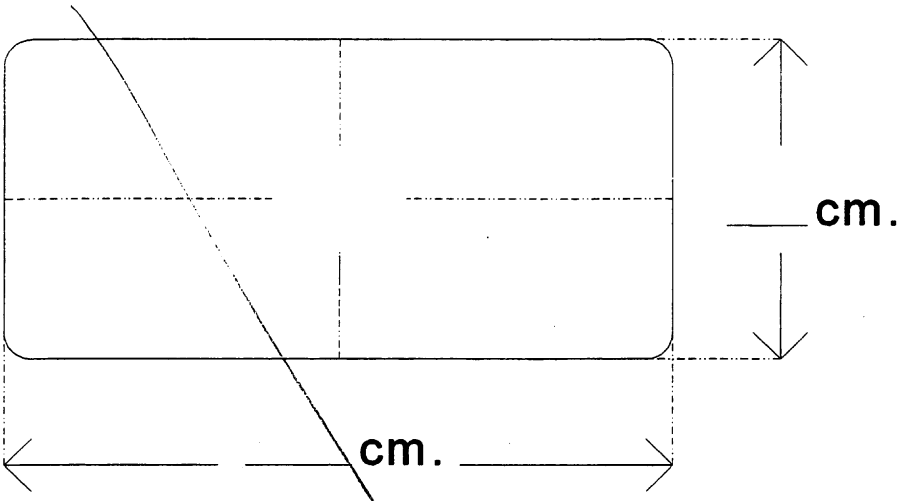
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

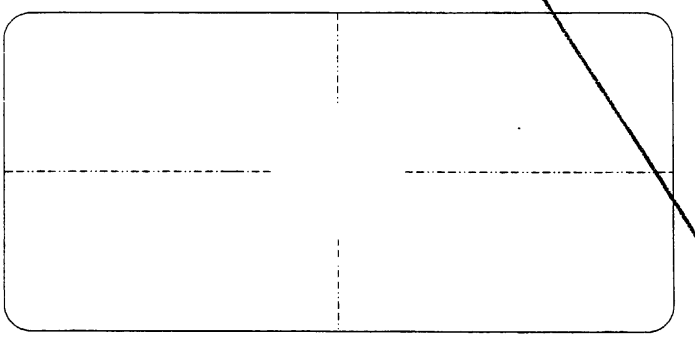


## PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

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




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

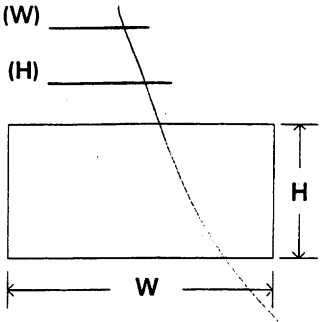


## PASSENGER AIR BAG SKETCHES (Cont'd)

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

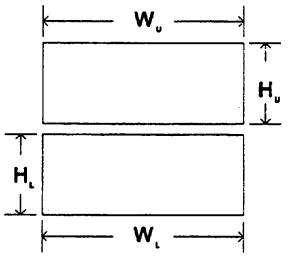
width ($W_U$) _____

height ($H_U$) _____

b. Lower Flap

width ($W_L$) _____

height ($H_L$) _____




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

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

| | | | | |
|---|---|---|---|---|
| 10 | 11 | 12 | 1 | 2 |
| 9 | | | | 3 |
| 8 | 7 | 6 | 5 | 4 |

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

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

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

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

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

4. SKETCH AIR BAG VENT PORTS

# HEAD RESTRAINTS/SEAT EVALUATION

**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): Folding Bench with Back Cushion
(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

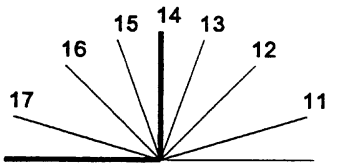
*Upright prior to impact*
(11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

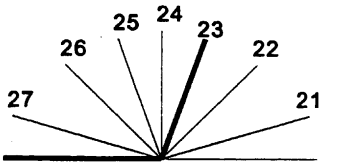
*Slightly reclined prior to* impact
(21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact postion
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

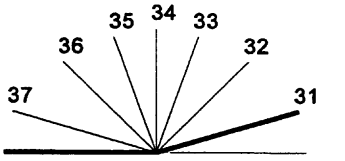
*Completely reclined prior to impact*
(31) Retained pre-impact position
(32) Moved to rearward midrange position
(83) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position

(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*

## HEAD RESTRAINTS/SEAT EVALUATION

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|---|---|---|---|---|
| FIRST | A-Head Restraint Type/Damage | 3 | | 3 |
| | B-Seat Type | 02 | | 02 |
| | C-Seat Orientation | 1 | | 1 |
| | D-Seat Track Position | 4 | | 4 |
| | E-Seat Back Incline Pre/Post Impact | 27 | | 23 |
| | F-Seat Performance | 5 | | 1 |
| SECOND | A-Head Restraint Type/Damage | 0 | | 0 |
| | B-Seat Type | 10 ~~03~~ | | 03 10 |
| | C-Seat Orientation | 1 | | 1 |
| | D-Seat Track Position | 01 | | 01 |
| | E-Seat Back Incline Pre/Post Impact | 01 | | 01 |
| | F-Seat Performance | 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)**

## 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 | 1 | | | | | |
| Ejection | 1 | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | 2 | | | | | |
| Ejection Medium | 4 | | | | | |
| Medium Status | 2 | | | | | |

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

**Ejection Area**
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

**Ejection Medium**
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): LEFT WINDOW
(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: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02
4. Occupant Number: 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: INT 41
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: 160 ~~163~~
Code actual height to the nearest centimeter.
(999) Unknown
~~64~~ 63 inches X 2.54 = 160.02 centimeters 093 ~~129~~

8. Occupant's Weight: ~~129~~
Code actual weight to the nearest kilogram.
(999) Unknown
~~285~~ 206 pounds X .4536 = 93.44 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 — 1
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area — 2
    (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

VEHINSP

14. Ejection Medium — 4
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify): Left Front Window
    (5) Integral structure
    (8) Other medium (specify): _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) — 2
    (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 — 5
    (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 0 0 INT/INSP
(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) 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
    (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) 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) 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) 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) 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) 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 0 0
(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 4
(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) 0 2
(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

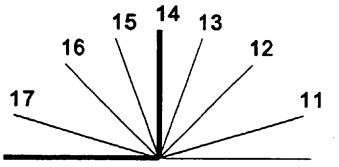
52. Seat Track Adjusted Position Prior To Impact 4
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

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

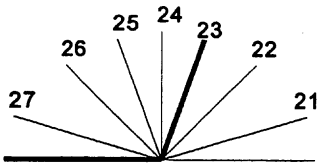
## HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 27
    (00) Occupant not seated or no seat
    (01) Not adjustable

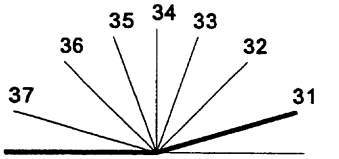
***Upright prior to impact***
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) 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 0 0 0
(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 0 0
(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 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

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) 4

(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 0 0

(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 6 2

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

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**

## *TO BE CODED BY THE ZONE CENTER*

### INJURY CONSEQUENCES

66. Time to Death 01
    ____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 01

68. 2nd Medically Reported Cause of Death 05

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
    ____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? 1
    (1) No - blood not given
    (2) Yes - blood given
    (specify units):_____
    (9) Unknown if blood given

73. Arterial Blood Gases (ABG) – $HCO_3$ 01
    (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 | 82 | 3. Vehicle Number | 02 |
| 2. Case Number - Stratum | 043B | 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. 1 | 6. 1 | 7. 4 | 8. 06 | 9. 52 | 10. 4 | 11. 2 | 12. 453 | 13. 2 | 14. 1 | 15. 00 |
| 2nd | 16. 1 | 17. 1 | 18. 4 | 19. 06 | 20. 12 | 21. 3 | 22. 2 | 23. 453 | 24. 2 | 25. 1 | 26. 00 |
| 3rd | 27. 1 | 28. 1 | 29. 4 | 30. 06 | 31. 84 | 32. 3 | 33. 1 | 34. 453 | 35. 2 | 36. 1 | 37. 00 |
| 4th | 38. 1 | 39. 1 | 40. 4 | 41. 06 | 42. 84 | 43. 3 | 44. 2 | 45. 453 | 46. 2 | 47. 1 | 48. 00 |
| 5th | 49. 1 | 50. 1 | 51. 5 | 52. 02 | 53. 06 | 54. 4 | 55. 8 | 56. 453 | 57. 2 | 58. 1 | 59. 00 |
| 6th | 60. 1 | 61. 4 | 62. 4 | 63. 14 | 64. 10 | 65. 4 | 66. 3 | 67. 453 | 68. 2 | 69. 1 | 70. 00 |
| 7th | 71. 1 | 72. 4 | 73. 2 | 74. 18 | 75. 06 | 76. 4 | 77. 4 | 78. 453 | 79. 2 | 80. 1 | 81. 00 |
| 8th | 82. 1 | 83. 4 | 84. 5 | 85. 02 | 86. 30 | 87. 3 | 88. 2 | 89. 453 | 90. 2 | 91. 1 | 92. 00 |
| 9th | 93. 1 | 94. 1 | 95. 9 | 96. 06 | 97. 02 | 98. 1 | 99. 5 | 100. 551 | 101. 2 | 102. 1 | 103. 00 |
| 10th | 104. 1 | 105. 1 | 106. 9 | 107. 06 | 108. 02 | 109. 1 | 110. 6 | 111. 453 | 112. 2 | 113. 1 | 114. 00 |

# 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 | 1 | 1 | 9 | 04 | 02 | 1 | 0 | 551 | 2 | 1 | 00 |
| 12th | 1 | 4 | 9 | 04 | 02 | 1 | 2 | 551 | 2 | 1 | 00 |
| 13th | 1 | 4 | 9 | 04 | 02 | 1 | 2 | 453 | 2 | 1 | 00 |
| 14th | 1 | 5 | 9 | 04 | 02 | 1 | 2 | 453 | 2 | 1 | 00 |
| 15th | 1 | 5 | 9 | 02 | 02 | 1 | 2 | 453 | 2 | 1 | 00 |
| 16th | 1 | 8 | 9 | 04 | 02 | 1 | 2 | 453 | 2 | 1 | 00 |
| 17th | 1 | 7 | 9 | 04 | 02 | 1 | 3 | 551 | 2 | 1 | 00 |
| 18th | 1 | 7 | 9 | 02 | 02 | 1 | 3 | 551 | 2 | 1 | 00 |
| 19th | 1 | 8 | 9 | 04 | 02 | 1 | 3 | 551 | 2 | 1 | 00 |
| 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

Restrained?

__ No

__ Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = ?

Units of Blood Given

Units = ?

Arterial Blood Gases

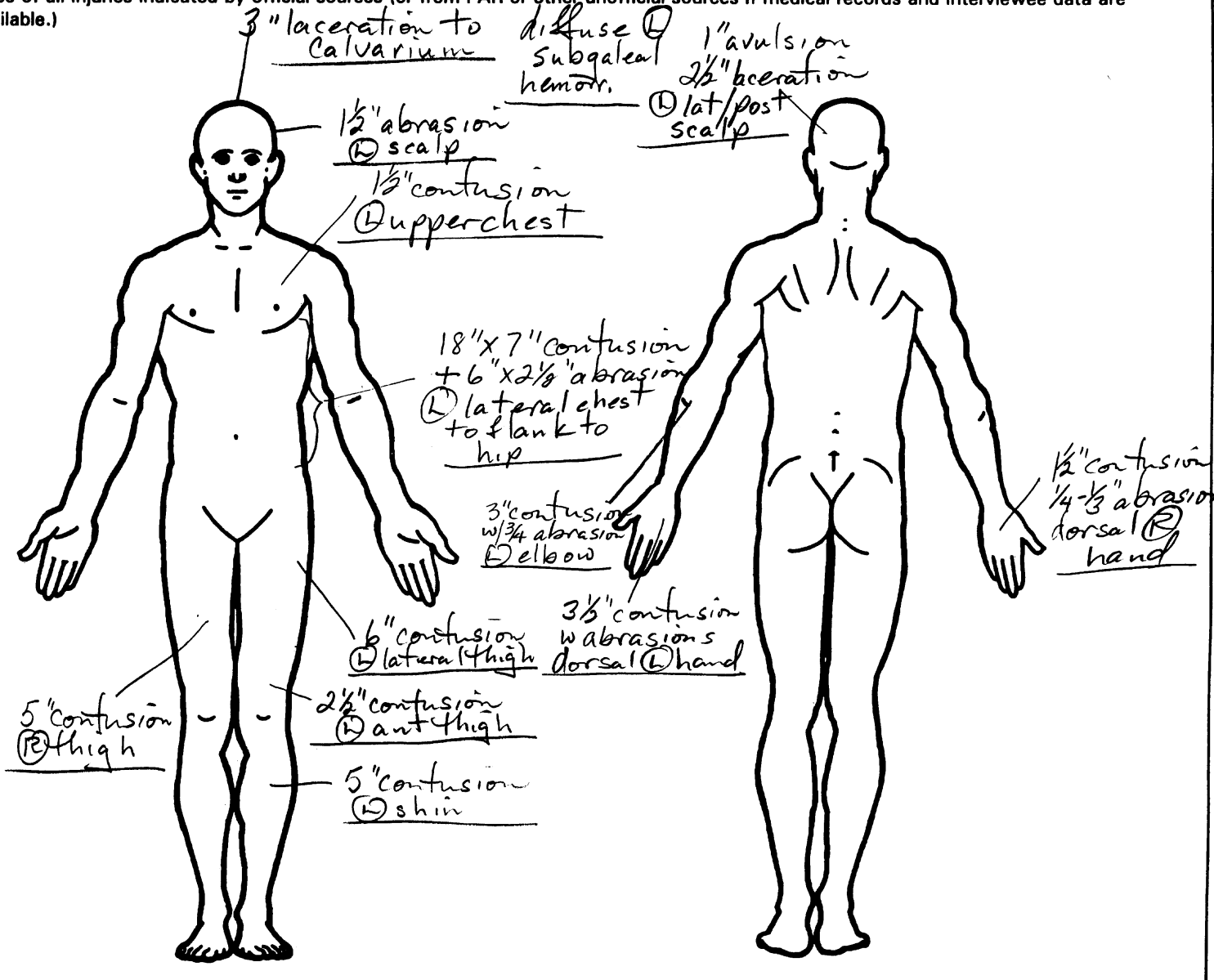
pH = .

$PO_2$ =

$PCO_2$

$HCO_3$

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.)



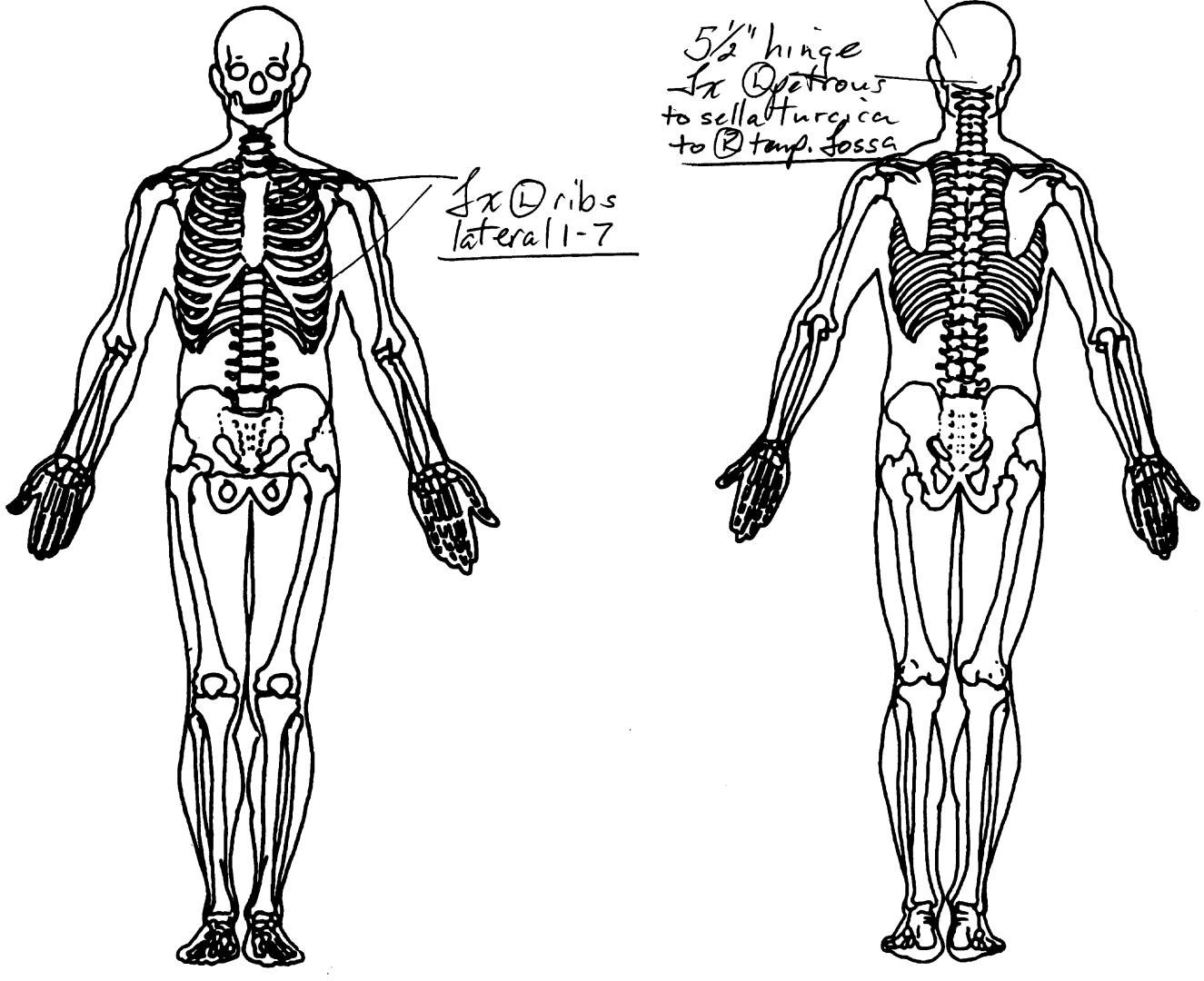
## OFFICIAL INJURY DATA — SKELETAL INJURIES

**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.)**

3" fx (basal) (L) occipital

5½" hinge fx (L) petrous to sella turcica to (R) temp. fossa

fx (L) ribs lateral 1-7



## 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.)**

(B) diffuse subarachnoid hemorrhage

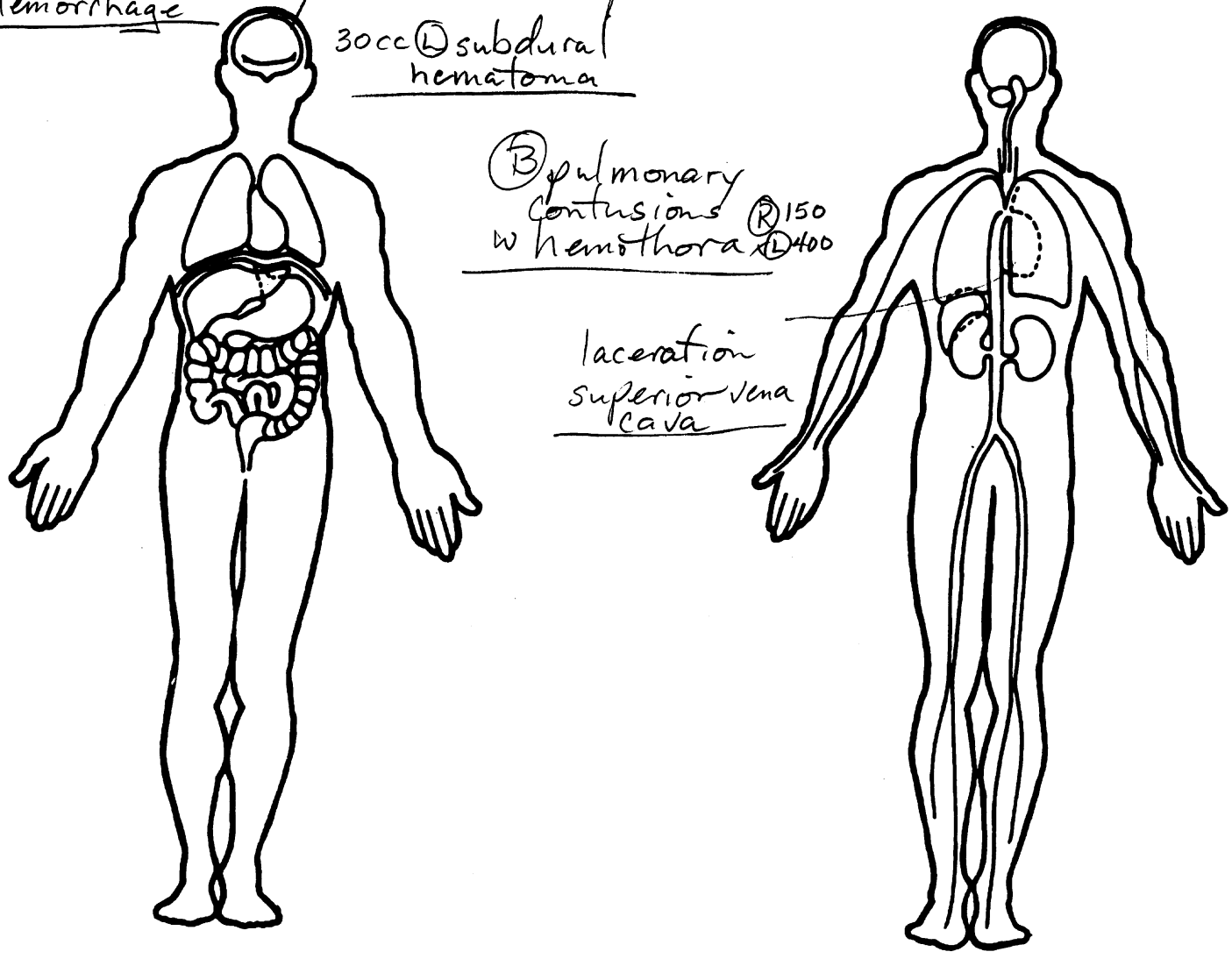
3½" (L) temp/parietal cortical contusions

hemopneumothorax

30cc (L) subdural hematoma

(B) pulmonary contusions w hemothora (R) 150 (L) 400

laceration superior vena cava



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: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02
4. Occupant Number: 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 47
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 = ___ centimeters

8. Occupant's Weight: 111
Code actual weight to the nearest kilogram.
(999) Unknown
245 pounds X .4536 = ___ 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: 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 — 0
    (0) Not entrapped/exit not inhibited
    (1) Entrapped/pinned - mechanically restrained
    (2) Could not exit vehicle due to jammed doors, fire, etc.
    (specify):_____
    _____
    (9) Unknown

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

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

*Integral Belt Partially Destroyed*
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)
(8) Other belt (specify):

(9) Unknown

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

_____

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0
(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.

[X] 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 0 0
(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) 0 2
(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

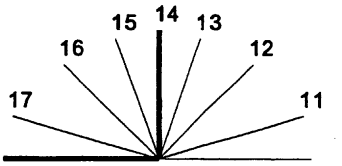
52. Seat Track Adjusted Position Prior To Impact 4
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

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

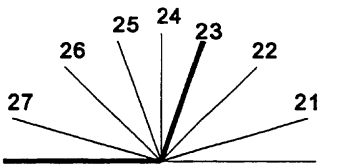
## HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 2 3
    (00) Occupant not seated or no seat
    (01) Not adjustable

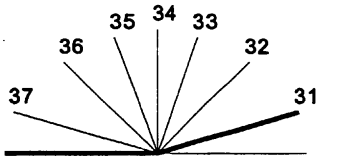
***Upright prior to impact***
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) 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) 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed (specify):_____
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion, (specify):_____
    (7) Combination of above (specify):_____
    (8) Other (specify): _____
    (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
(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 0 0
(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 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables 0A58-0A60.
(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) 1

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

62. Treatment - Mortality 4

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

_____

*Nonfatal*
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(7) Treatment - other (specify):

_____

(8) Transported to a medical facility-unknown if treated
(9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 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 0 0

(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 0 0

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

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**

## *TO BE CODED BY THE ZONE CENTER*

### INJURY CONSEQUENCES

66. Time to Death **00**
____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death **00**

68. 2nd Medically Reported Cause of Death **00**

69. 3rd Medically Reported Cause of Death **00**
____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

70. Number of Recorded Injuries for This Occupant **03**
____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) **15**
(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) - $HCO_3$ **01**
(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 | 82 | 3. Vehicle Number | 02 |
| 2. Case Number - Stratum | 043B | 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. 3 | 6. 2 | 7. 9 | 8. 04 | 9. 02 | 10. 1 | 11. 7 | 12. 205 | 13. 2 | 14. 1 | 15. 00 |
| 2nd | 16. 7 | 17. 7 | 18. 9 | 19. 04 | 20. 02 | 21. 1 | 22. 1 | 23. 205 | 24. 2 | 25. 1 | 26. 00 |
| 3rd | 27. 7 | 28. 1 | 29. 9 | 30. 04 | 31. 02 | 32. 1 | 33. 6 | 34. 205 | 35. 2 | 36. 1 | 37. 00 |
| 4th | 38. | 39. | 40. | 41. | 42. | 43. | 44. | 45. | 46. | 47. | 48. |
| 5th | 49. | 50. | 51. | 52. | 53. | 54. | 55. | 56. | 57. | 58. | 59. |
| 6th | 60. | 61. | 62. | 63. | 64. | 65. | 66. | 67. | 68. | 69. | 70. |
| 7th | 71. | 72. | 73. | 74. | 75. | 76. | 77. | 78. | 79. | 80. | 81. |
| 8th | 82. | 83. | 84. | 85. | 86. | 87. | 88. | 89. | 90. | 91. | 92. |
| 9th | 93. | 94. | 95. | 96. | 97. | 98. | 99. | 100. | 101. | 102. | 103. |
| 10th | 104. | 105. | 106. | 107. | 108. | 109. | 110. | 111. | 112. | 113. | 114. |

## OCCUPANT INJURY DATA

| | Source of Injury Data | A.I.S. - 90 | | | | | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | | | | | |
| 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

Restrained?

/ No

__ Yes

Blood Alcohol Level (mg/dl)

BAL = 0

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 0

Arterial Blood Gases

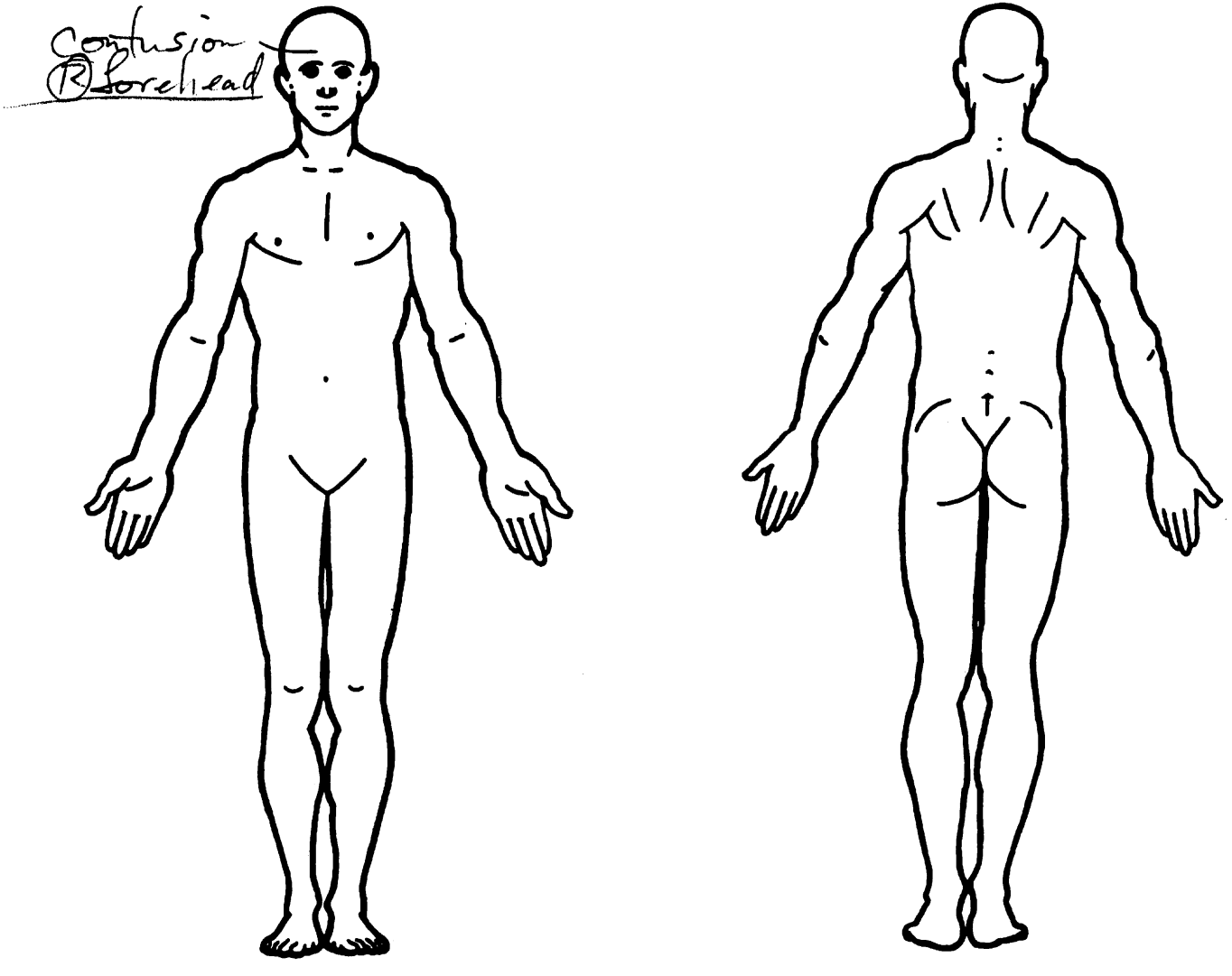
pH = __.__

$PO_2$ = ___

$PCO_2$ ___

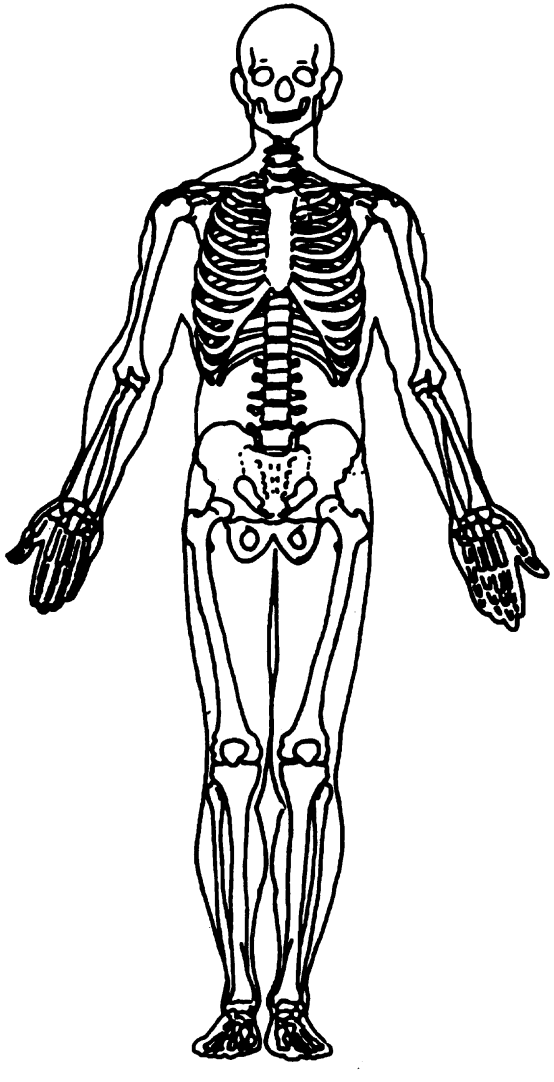
$HCO_3$ ___

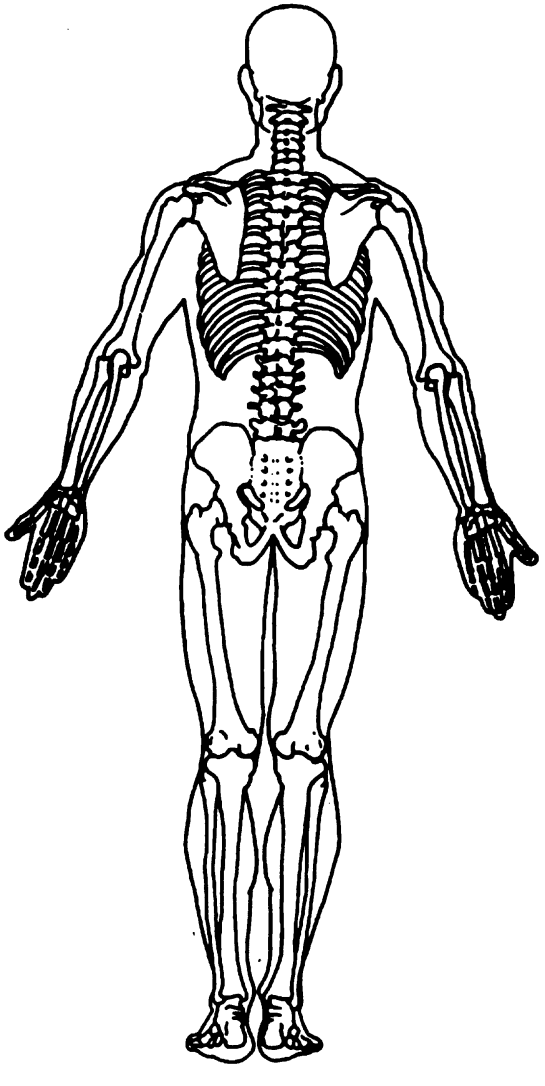
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — SKELETAL INJURIES

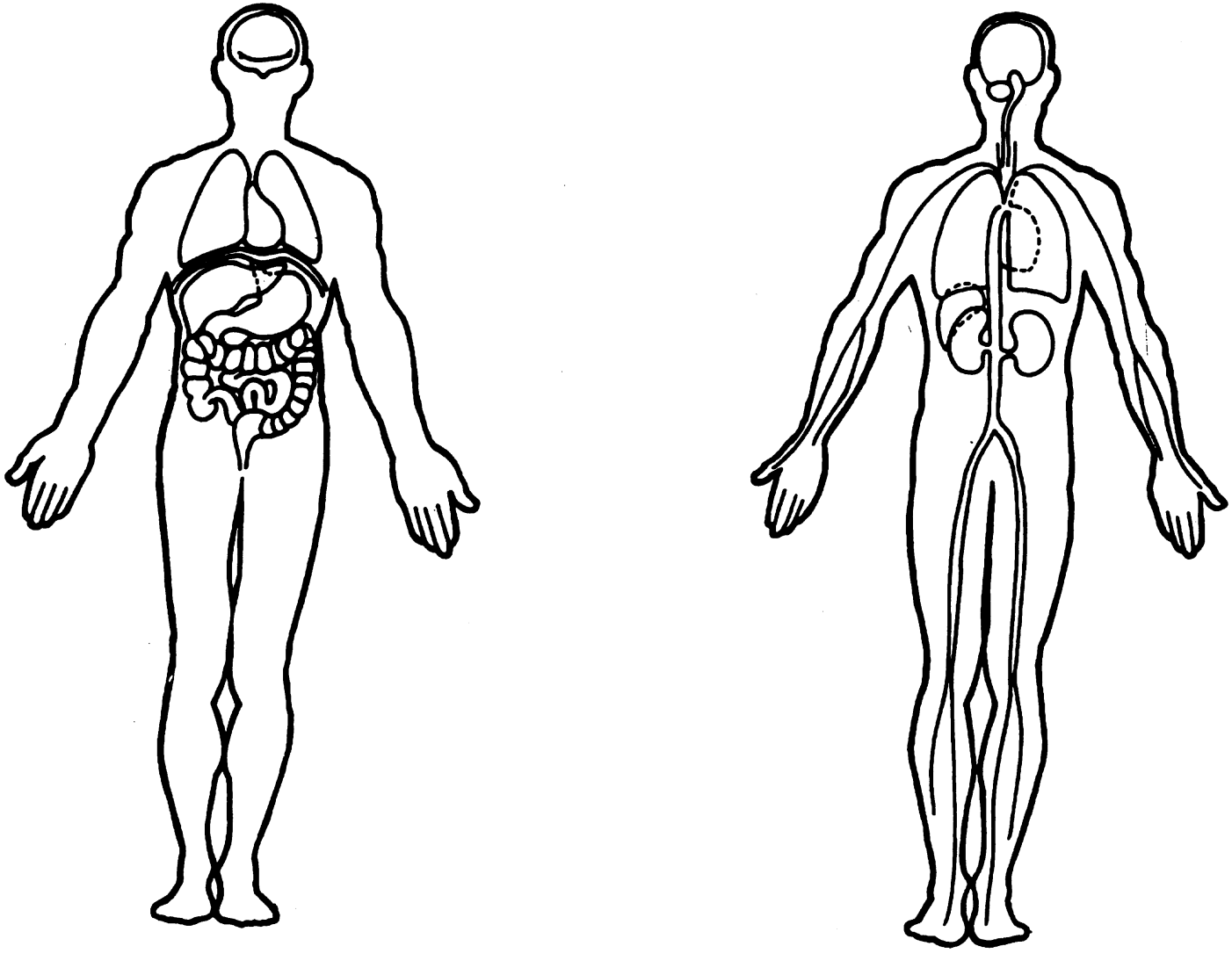
**Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)**





## 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

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02
4. Occupant Number: 03

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 37
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 = ___ centimeters

8. Occupant's Weight: 095
Code actual weight to the nearest kilogram.
(999) Unknown
216 pounds X .4536 = ___ kilograms

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

## OCCUPANT'S SEATING

10. Occupant's Seat Position: 21
*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 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 3
    (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 — 0 0
    (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 9
    (0) None used
    (1) Police did not indicate belt use
    (2) Shoulder belt
    (3) Lap belt
    (4) Lap and shoulder belt
    (5) Belt used, type not specified
    (6) Child safety seat
    (7) Automatic belt
    (8) Other type belt, (specify):

    _____

    (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0
    (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 0 0
(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 + - 0 0 0
(_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? 0 0
(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 0
    (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) 03
    (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

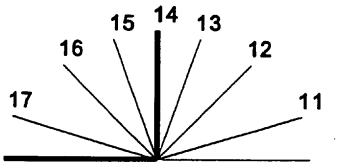
52. Seat Track Adjusted Position Prior To Impact 1
    (0) Occupant not seated or no seat
    (1) Non-adjustable seat track

    *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

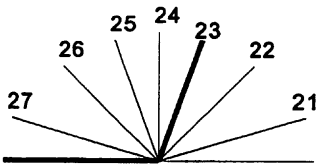
## HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 01
    (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

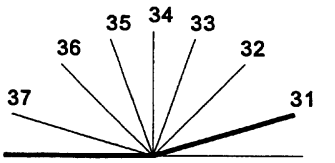



***Slightly reclined prior to impact***
    (21) Moved to completely rearward position
    (22) Moved to rearward midrange position
    (23) Retained pre-impact position
    (24) Moved to upright position
    (25) Moved to slightly forward position
    (26) Moved to forward midrange position
    (27) 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) 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed (specify):_____
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion, (specify):_____
    (7) Combination of above (specify):_____
    (8) Other (specify): _____
    (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
(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 0 0
(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 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

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) 1

(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 0 4

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

_____

*Nonfatal*
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(7) Treatment - other (specify):

_____

(8) Transported to a medical facility-unknown if treated
(9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0 ~~4~~

(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 0 0

(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 2 0

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

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**

## *TO BE CODED BY THE ZONE CENTER*

### INJURY CONSEQUENCES

66. Time to Death [00]
____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death [00]

68. 2nd Medically Reported Cause of Death [00]

69. 3rd Medically Reported Cause of Death [00]
____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

70. Number of Recorded Injuries for This Occupant [01]
____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) [01]
(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) – $HCO_3$ [01]
(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 | 82 | 3. Vehicle Number | 02 |
| 2. Case Number - Stratum | 043B | 4. Occupant Number | 03 |

## 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. 7 | 6. 2 | 7. 9 | 8. 02 | 9. 02 | 10. 1 | 11. 7 | 12. 205 | 13. 2 | 14. 1 | 15. 09 |
| 2nd | 16. | 17. | 18. | 19. | 20. | 21. | 22. | 23. | 24. | 25. | 26. |
| 3rd | 27. | 28. | 29. | 30. | 31. | 32. | 33. | 34. | 35. | 36. | 37. |
| 4th | 38. | 39. | 40. | 41. | 42. | 43. | 44. | 45. | 46. | 47. | 48. |
| 5th | 49. | 50. | 51. | 52. | 53. | 54. | 55. | 56. | 57. | 58. | 59. |
| 6th | 60. | 61. | 62. | 63. | 64. | 65. | 66. | 67. | 68. | 69. | 70. |
| 7th | 71. | 72. | 73. | 74. | 75. | 76. | 77. | 78. | 79. | 80. | 81. |
| 8th | 82. | 83. | 84. | 85. | 86. | 87. | 88. | 89. | 90. | 91. | 92. |
| 9th | 93. | 94. | 95. | 96. | 97. | 98. | 99. | 100. | 101. | 102. | 103. |
| 10th | 104. | 105. | 106. | 107. | 108. | 109. | 110. | 111. | 112. | 113. | 114. |

# OCCUPANT INJURY 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

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

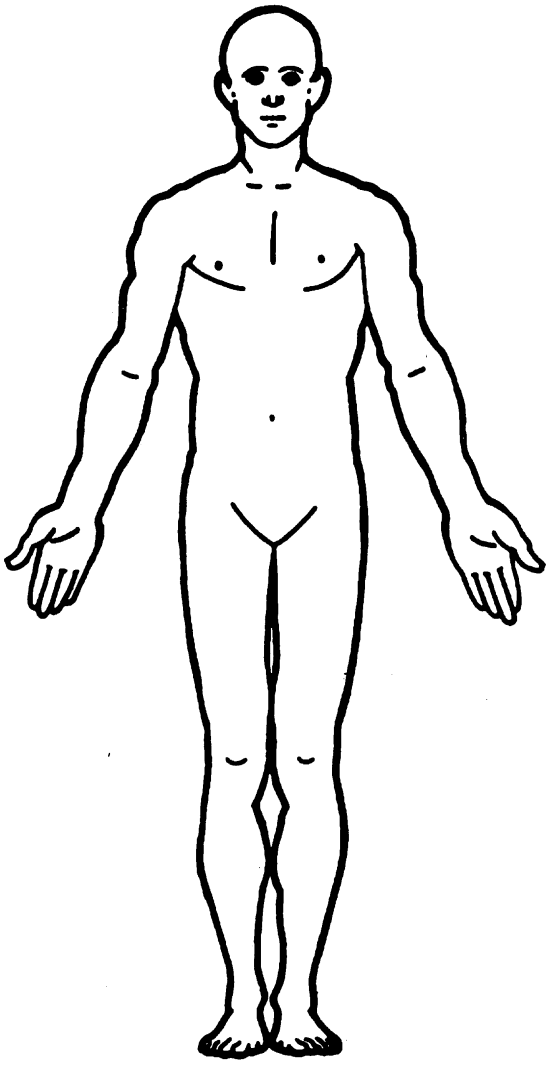
pH = __.__

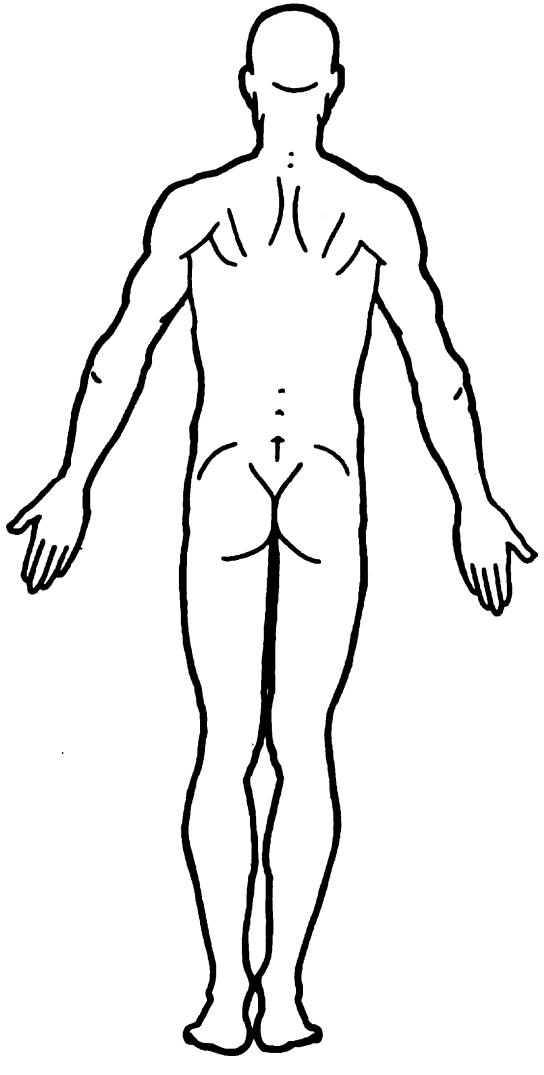
$PO_2$ = ____

$PCO_2$ ____

$HCO_3$ ____

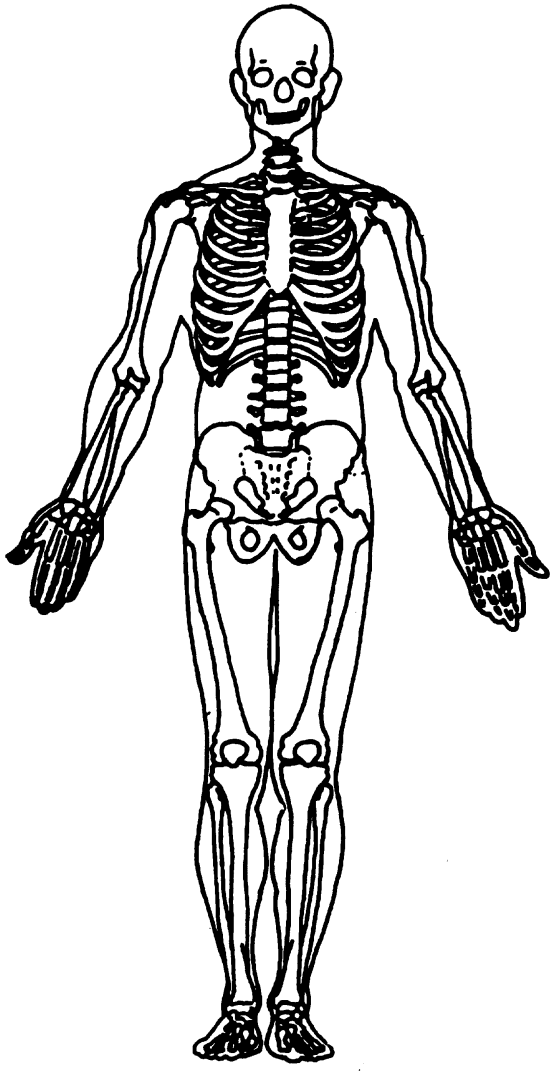
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

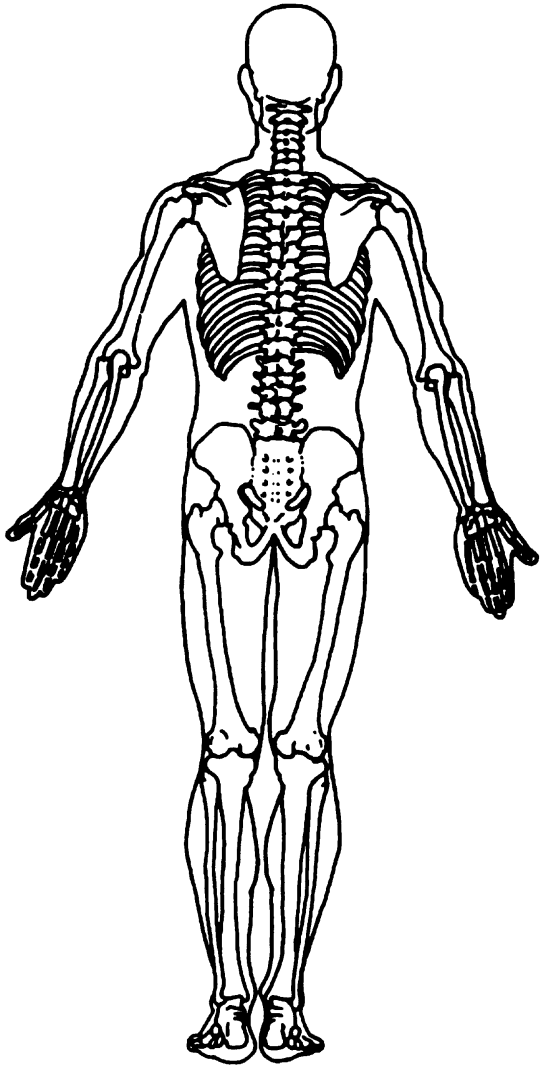




## OFFICIAL INJURY DATA — SKELETAL INJURIES

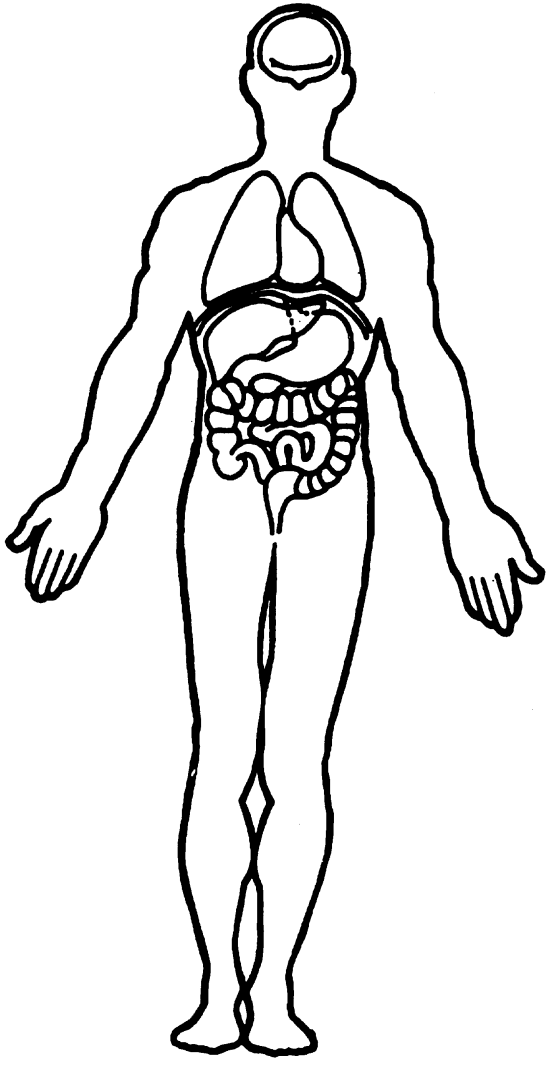
**Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)**

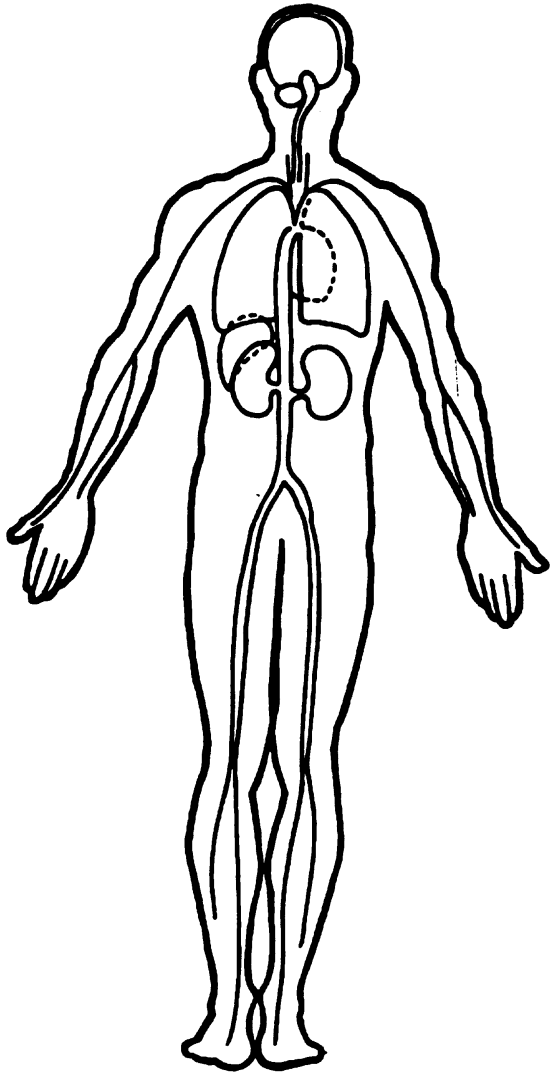




## OFFICIAL INJURY DATA — INTERNAL INJURIES

**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

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 82
2. Case Number - Stratum: 043B
3. Vehicle Number: 02
4. Occupant Number: 04

## 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: 163
Code actual height to the nearest centimeter.
(999) Unknown
64 inches X 2.54 = ___ centimeters

8. Occupant's Weight: 086
Code actual weight to the nearest kilogram.
(999) Unknown
190 pounds X .4536 = ___ kilograms

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

## OCCUPANT'S SEATING

10. Occupant's Seat Position: 23
*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 [0]
    (0) Not entrapped/exit not inhibited
    (1) Entrapped/pinned - mechanically restrained
    (2) Could not exit vehicle due to jammed doors, fire, etc.
    (specify):_____
    _____
    (9) Unknown

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

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability — 4
    (0) None available
    (1) Belt removed/destroyed
    (2) Shoulder belt
    (3) Lap belt
    (4) Lap and shoulder belt
    (5) Belt available—type unknown

    *Integral Belt Partially Destroyed*
    (6) Shoulder belt (lap belt destroyed/removed)
    (7) Lap belt (shoulder belt destroyed/removed)
    (8) Other belt (specify): _____
    (9) 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) 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
    (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) 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) 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) 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) 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) 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 [0 0]
(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 [0]
(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) [0 3]
(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

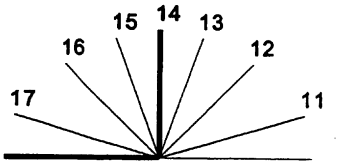
52. Seat Track Adjusted Position Prior To Impact [1]
(0) Occupant not seated or no seat
(1) Non-adjustable seat track

*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

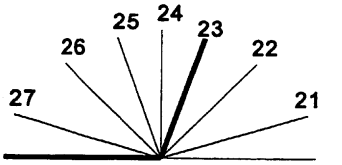
## HEAD RESTRAINT AND SEAT EVALUATION *continued*

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

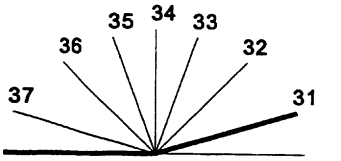
***Upright prior to impact***
    (11) Moved to completely rearward position
    (12) Moved to rearward midrange position
    (13) Moved to slightly rearward position
    (14) Retained pre-impact position
    (15) Moved to slightly forward position
    (16) Moved to forward midrange position
    (17) 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) 1
    (0) Occupant not seated or no seat
    (1) No seat performance failure(s)
    (2) Seat adjusters failed
    (3) Seat back folding locks or "seat back" failed (specify):_____
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion, (specify):_____
    (7) Combination of above (specify):_____
    (8) Other (specify): _____
    (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
(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 0 0
(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 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

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) 2

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

62. Treatment - Mortality 4

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

_____

*Nonfatal*
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(7) Treatment - other (specify):

_____

(8) Transported to a medical facility-unknown if treated
(9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 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 0 0

(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 0 0

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

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**

## *TO BE CODED BY THE ZONE CENTER*

### INJURY CONSEQUENCES

66. Time to Death — 00
____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death — 00

68. 2nd Medically Reported Cause of Death — 00

69. 3rd Medically Reported Cause of Death — 00
____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

70. Number of Recorded Injuries for This Occupant — 03
____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? — 1
(1) No - blood not given
(2) Yes - blood given
(specify units):_____
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) – $HCO_3$ — 01
(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 | 82 | 3. Vehicle Number | 02 |
| 2. Case Number - Stratum | 043B | 4. Occupant Number | 04 |

## 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. 3 | 6. 2 | 7. 9 | 8. 02 | 9. 02 | 10. 1 | 11. 7 | 12. 205 | 13. 2 | 14. 1 | 15. 00 |
| 2nd | 16. 3 | 17. 6 | 18. 4 | 19. 02 | 20. 78 | 21. 1 | 22. 6 | 23. 205 | 24. 2 | 25. 1 | 26. 00 |
| 3rd | 27. 7 | 28. 7 | 29. 9 | 30. 04 | 31. 02 | 32. 1 | 33. 1 | 34. 205 | 35. 2 | 36. 1 | 37. 00 |
| 4th | 38. | 39. | 40. | 41. | 42. | 43. | 44. | 45. | 46. | 47. | 48. |
| 5th | 49. | 50. | 51. | 52. | 53. | 54. | 55. | 56. | 57. | 58. | 59. |
| 6th | 60. | 61. | 62. | 63. | 64. | 65. | 66. | 67. | 68. | 69. | 70. |
| 7th | 71. | 72. | 73. | 74. | 75. | 76. | 77. | 78. | 79. | 80. | 81. |
| 8th | 82. | 83. | 84. | 85. | 86. | 87. | 88. | 89. | 90. | 91. | 92. |
| 9th | 93. | 94. | 95. | 96. | 97. | 98. | 99. | 100. | 101. | 102. | 103. |
| 10th | 104. | 105. | 106. | 107. | 108. | 109. | 110. | 111. | 112. | 113. | 114. |

# OCCUPANT INJURY 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

Restrained?

__/__ No

____ Yes

Blood Alcohol Level (mg/dl)

BAL = 285

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = 10

Arterial Blood Gases

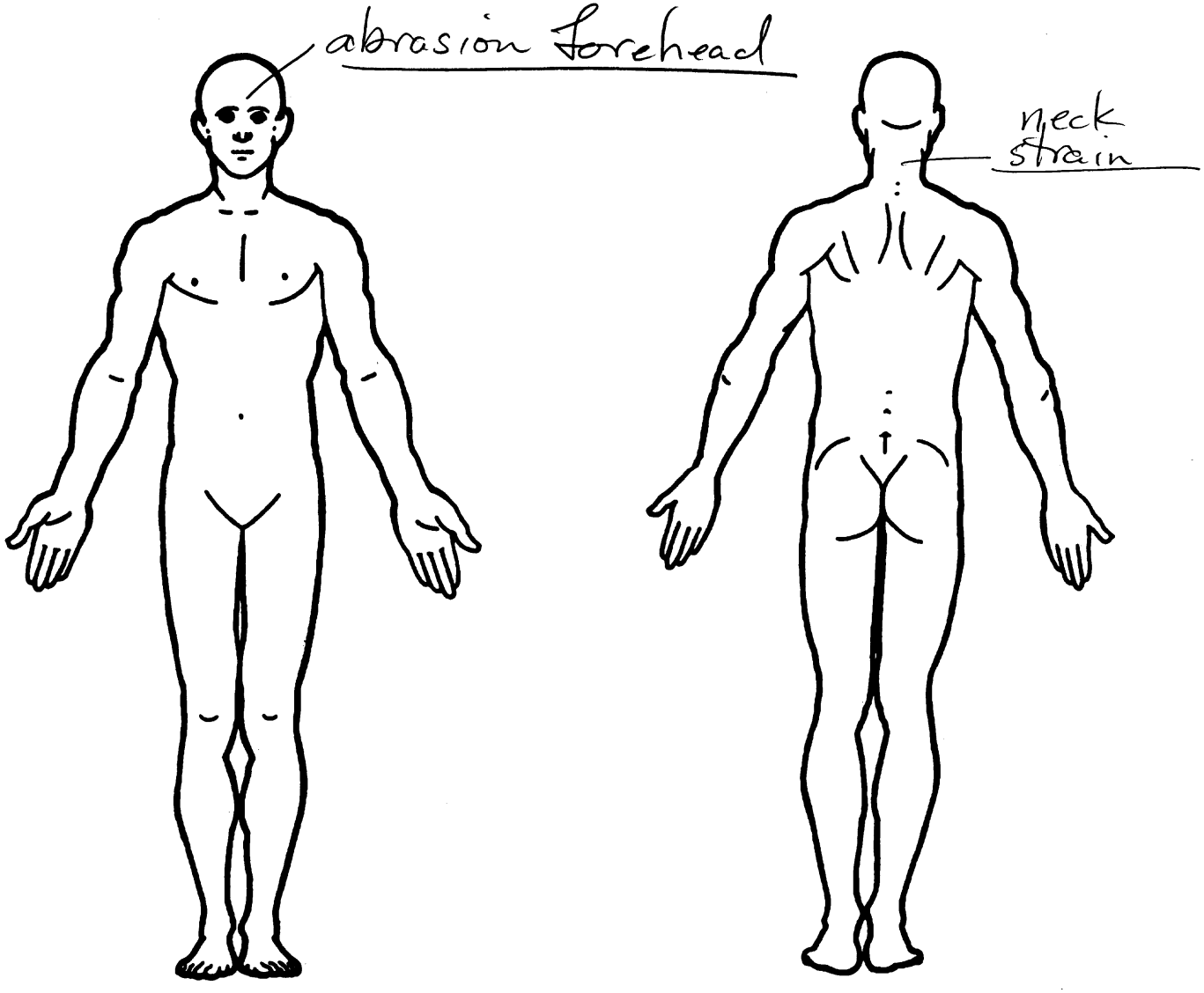
pH = ____

$PO_2$ = ____

$PCO_2$ ____

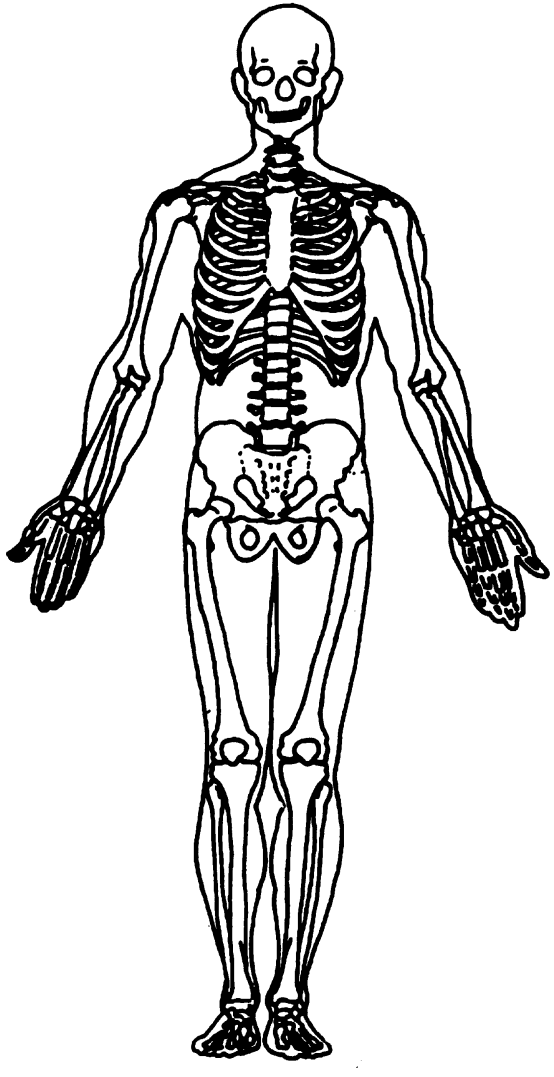
$HCO_3$ ____

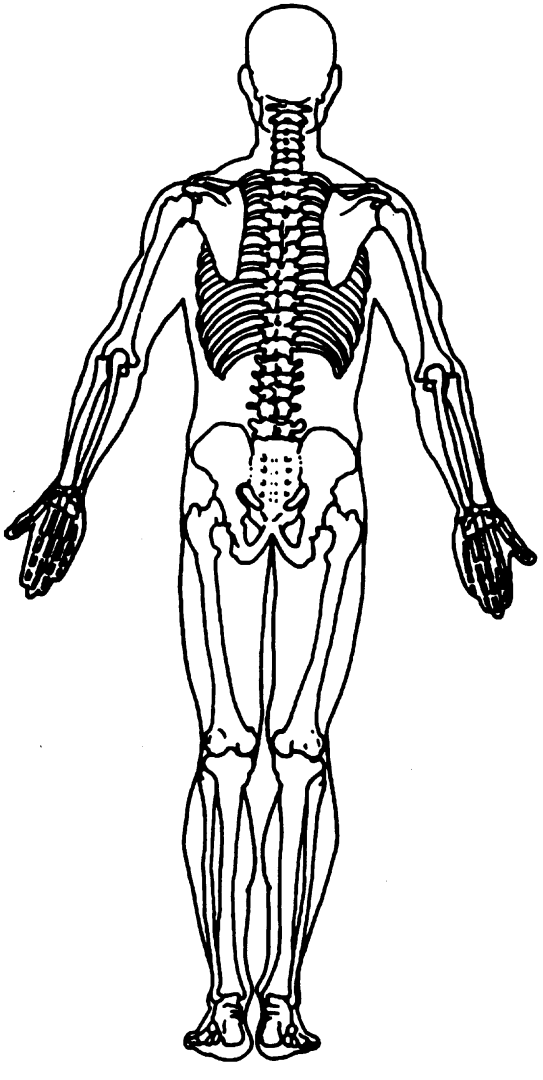
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — SKELETAL INJURIES

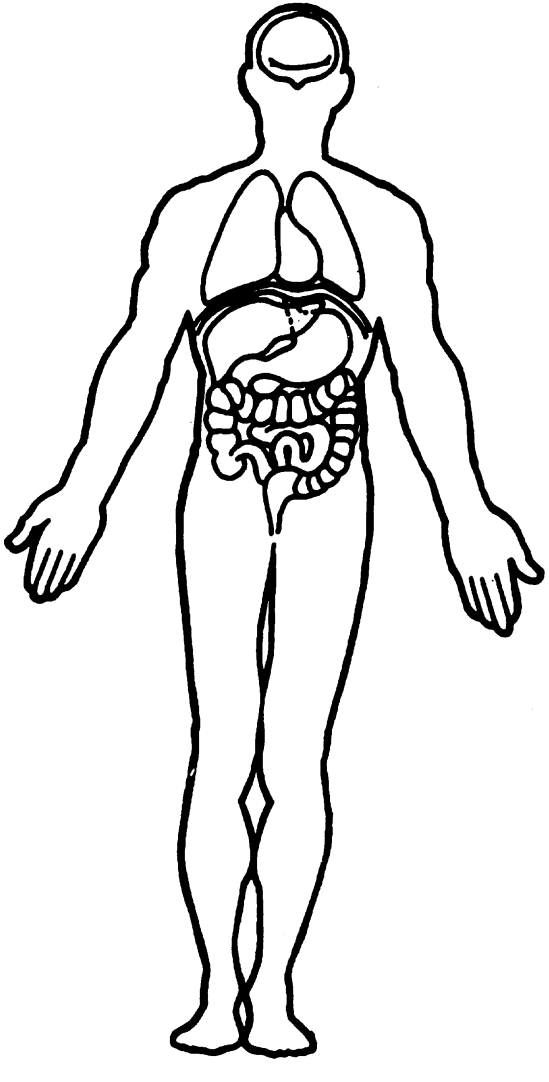
**Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)**

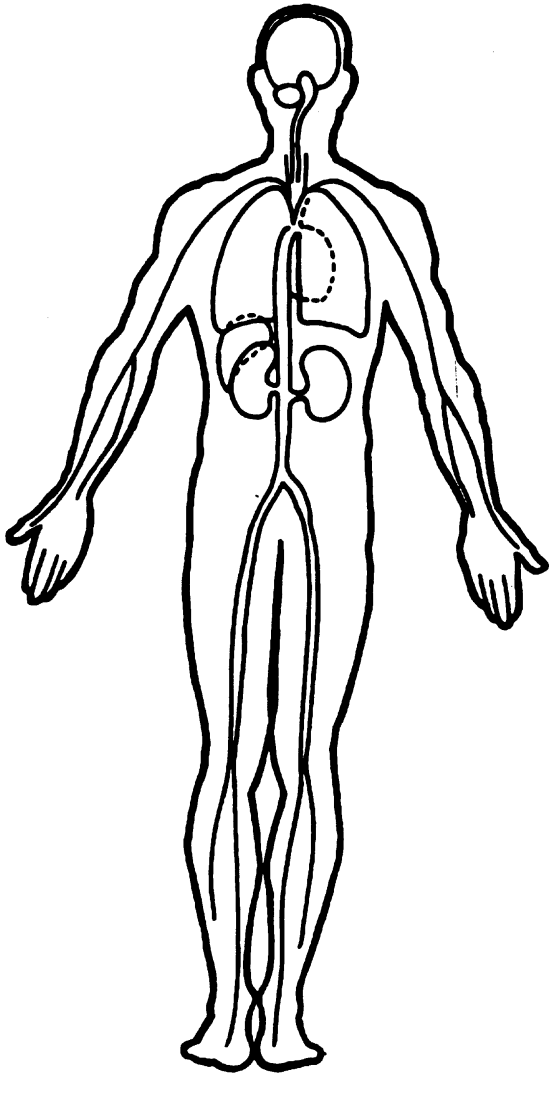




## OFFICIAL INJURY DATA – INTERNAL INJURIES

**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

| 82 | 043B | 01 | [redacted]/96 |
|---|---|---|---|
| Primary Sampling Unit | Case No.-Stratum | Accident Event Sequence No. | Date (Month, day, year) of Run |

## GENERAL INFORMATION

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| NASS Vehicle Number | 01 | 02 |
| Year | 1983 | 1990 |
| Make | DATSUN/NISSAN | TOYOTA |
| Model | SENTRA | P/U |
| Body Style | 01 | 08 |
| CDC | 03FREE4 25 | TOLBEW2 PU |
| Damaged Side | F | L |
| PDOF | +25 0080° | -110 0050° |
| Heading Angle | 355 0010° | 310 0050° |

## VEHICLE SPECIFICATIONS

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| Wheelbase | 240 cm | 310 cm |
| Overall Length | 425 cm | 490 cm |
| Overall Width | 162 cm | 169 cm |
| Weight | 792 1072 848 + 280* + 0 = 343 kg (Curb + Occupant(s) + Cargo) | 1708 + 422 + 20 = 2150 kg (Curb + Occupant(s) + Cargo) |
| Engine Displacement | 2.0 L | 3.0 L |
| Drive System | FWD | 4WD |
| Size | 1 | 5 |
| Stiffness | 35/043 1 | 49/471 5 |

## DAMAGE INFORMATION

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| Damage known? | Y | Y |
| Damage Length | 144 cm | 108 cm |
| Damage Offset | 0058 cm | 0104 cm |
| Crush Depth: C1 | 001 cm | 001 cm |
| C2 | 001 cm | 5 ~~002~~ cm |
| C3 | 001 cm | 6 ~~001~~ cm |
| C4 | 001 cm | 10 ~~005~~ cm |
| C5 | 001 cm | 0012 cm |
| C6 | 001 cm | 004 cm |

* V-1 occupants due to hit + Run fled scene on foot Reported as 4 males. Used 18yr old male wgt. for occ wgt.

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 | ___ ___ ___ . ___ m | Rest Position | X ___ ___ ___ . ___ m |
| | Y | ___ ___ ___ . ___ m | | Y ___ ___ ___ . ___ m |
| | PSI | ___ ___ ___ ° | | PSI ___ ___ ___ ° |
| Impact Position | X | ___ ___ ___ . ___ m | Impact Position | X ___ ___ ___ . ___ m |
| | Y | ___ ___ ___ . ___ m | | Y ___ ___ ___ . ___ m |
| | PSI | ___ ___ ___ ° | | PSI ___ ___ ___ ° |
| Slip Angle (-180 to +180) | | ___ ___ ___ ° | Slip Angle (-180 to +180) | ___ ___ ___ ° |

## VEHICLE MOTION

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

## FRICTION INFORMATION

Coefficient of Friction Rolling Resistance Option .___ 1

| Vehicle 1 Rolling Resistance | | Vehicle 2 Rolling Resistance | |
|---|---|---|---|
| LF ___ . ___ ___ | RF ___ . ___ ___ | LF ___ . ___ ___ | RF ___ . ___ ___ |
| LR ___ . ___ ___ | RR ___ . ___ ___ | LR ___ . ___ ___ | RR ___ . ___ ___ |

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

Model Year: _____

Make: _____

Model: _____

VIN: _____

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

***Complete and ATTACH the appropriate damage sketch and dimensions to the form.***

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

[redacted] 1996



Summary of Results Using Damage

p82-043B 1st event damage run

| | Speed Change (Damage) | | |
|---|---|---|---|
| **Vehicle #1** | | | |
| Total | 12 km/h | ( 7 mph) | |
| Longitudinal | -11 km/h | ( -7 mph) | |
| Latitudinal | -5 km/h | ( -3 mph) | |
| PDOF Angle | 25 ° | | |
| Energy Dissipated | = 6766 Joules | ( 4989 Ft-Lb) | |
| Barrier Equivalent Speed | = 12.5 km/h | ( 7.8 mph) | |
| Calculated using size and stiffness categories. | | | |
| **Vehicle #2** | | | |
| Total | 6 km/h | ( 4 mph) | |
| Longitudinal | 2 km/h | ( 1 mph) | |
| Latitudinal | 6 km/h | ( 3 mph) | |
| PDOF Angle | -110 ° | | |
| Energy Dissipated | = 5550 Joules | ( 4093 Ft-Lb) | |
| Barrier Equivalent Speed | = 5.5 km/h | ( 3.4 mph) | |
| Calculated using size and stiffness categories. | | | |

General Information

| | Vehicle #1 | Vehicle #2 |
|---|---|---|
| Year | 1983 | 1990 |
| Make | Nissan | Toyota |
| Model | Sentra | Truck |
| CDC | 01FREE4 | 08LBEW2 |
| Side Damaged | F | L |
| PDOF Angle | 25 ° | -110 ° |
| Heading Angle | 355 ° | 310 ° |
| Calculation method: | Size and Stiffness | Size and Stiffness |
| Size Category | 1 | 5 |
| Stiffness Category | 1 | 5 |
| Vehicle Weight | 1072 kgs ( 2363 lbs) | 2150 kgs ( 4740 lbs) |

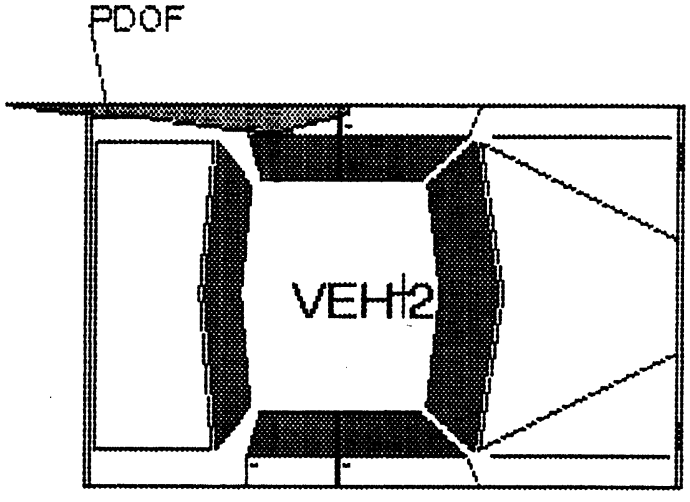
## Damage Information

| | Vehicle #1 | Vehicle #2 |
|---|---|---|
| Vehicle Damage Known | Yes | Yes |
| Crush Length | 144.0 cm ( 57 in) | 108.0 cm ( 43 in) |
| C1 | 1.0 cm ( 0 in) | 1.0 cm ( 0 in) |
| C2 | 1.0 cm ( 0 in) | 5.0 cm ( 2 in) |
| C3 | 0.0 cm ( 0 in) | 6.0 cm ( 2 in) |
| C4 | 1.0 cm ( 0 in) | 10.0 cm ( 4 in) |
| C5 | 1.0 cm ( 0 in) | 12.0 cm ( 5 in) |
| C6 | 1.0 cm ( 0 in) | 4.0 cm ( 2 in) |
| D | 58.0 cm ( 23 in) | -103.9 cm ( -41 in) |
| D' | 61.6 cm ( 24 in) | -94.3 cm ( -37 in) |

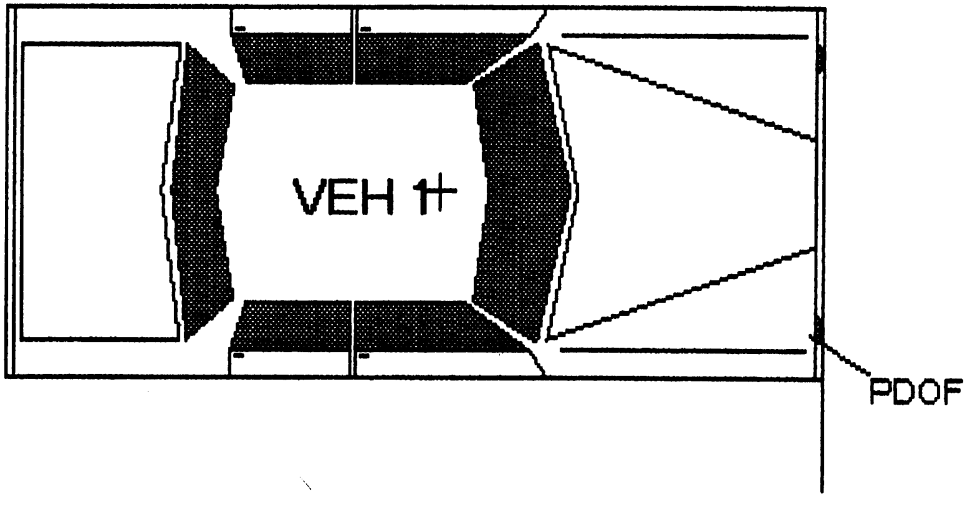
## Vehicle Dimensions

| | Vehicle #1 | Vehicle #2 |
|---|---|---|
| Length | 425.0 cm ( 167 in) | 190.0 cm ( 75 in) |
| Width | 162.0 cm ( 64 in) | 169.0 cm ( 67 in) |
| Wheelbase | 240.0 cm ( 94 in) | 310.0 cm ( 122 in) |
| Weight | 1072 kgs ( 2363 lbs) | 2150 kgs ( 4740 lbs) |
| CG to Front of Veh | 193.0 cm ( 76 in) | 258.6 cm ( 102 in) |
| Engine Displacement | 2.0 liters | 3.0 liters |
| Moment of Inertia | 174933 kgs ( 15484 lbs) | 70120 kgs ( 6206 lbs) |
| Vehicle Mass | 1072 kgs ( 6.1 lb-s^2/in) | 2150 kgs ( 12.3 lb-s^2/in) |

1990 Toyota Truck




1983 Nissan Sentra




[redacted], 1st event damage run

trial

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3121133111173110001071280001 0
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82043B02040361 9.00 000000000779040211205210 0

```
82043B00000066       9.00 000000000CAR/CAR - ACUTE ANGLE
82043B00000171       9.00 000000000Vehicle #1 was northbound on a 2-way, 2-lane r
oadway and passing through
82043B00000271       9.00 000000000

82043B00000371       9.00 000000000the intersection when it impacted the left sid
e of Vehicle #2 which was
82043B00000471       9.00 000000000

82043B00000571       9.00 000000000westbound on a 2-way, 2-lane roadway and withi
n the intersection.  Vehicle #2
82043B00000671       9.00 000000000

82043B00000771       9.00 000000000rolled over to the right 8 quarter turns and t
he driver was ejected and
82043B00000871       9.00 000000000

82043B00000971       9.00 000000000fatally injured.  Two occupants were transport
ed due to injuries.   Vehicle
82043B00001071       9.00 000000000

82043B00001171       9.00 000000000#2 was towed disabled.

82043B00000181       9.00 00000000001 Subcompact      83/Nissan/Sentra      Front
    Minor       None
82043B00000281       9.00 000000000

82043B00000381       9.00 00000000002 Compact         90/Toyota/Pickup      Top
    Severe      None
82043B00000191       9.00 00000000002 Driver    Front left None        Skull       F
racture    4 Vehicle roof
82043B00000291       9.00 000000000
             Exterior
82043B00000391       9.00 000000000

82043B00000491       9.00 00000000002 Pass.     Frnt right None        Face        C
ontusion   1 Roof
82043B00000591       9.00 000000000

82043B00000691       9.00 00000000002 Pass.     2nd left    None       Face        C
ontusion   1 Roof
82043B00000791       9.00 000000000

82043B00000891       9.00 00000000002 Pass.     2nd right   None       Face        C
ontusion   1 Roof
82043B99999999000000000000000000000000000000000000000000000000000000000000000000010000000020000
00000000000001
```

```
INTERIOR VEHICLE Vehicle: 2
11
INTRA ERRORS

OCC0541   2  ********* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ********
 CC0542      ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
 CC0543      GLAZING WINDSHIELD IV31 equals 3 or 5 or CONTACT WINDSHIELD IV39
 CC0544      equals 4 or 6.

O
OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 2
11
INTRA ERRORS

OHH0071   2  Given OCCUPANT AGE OA05 and OCCUPANT SEX OA06, OCCUPANT WEIGHT
 HH0072      OA08 is questionable.  See Table A2.

O
OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 3
11
INTRA ERRORS

OHH1091   2  If TREATMENT OA62 equals 0, 4 or 5, then WORKING DAYS LOST OA65
 HH1092      should equal 00, 01, 97 or 99.

O11
INTER ERRORS

OEC0011   2  If INTRUDING COMPONENT IV48(m) equals 01-06 or 10, then at least
 EC0012      one (DEFORMATION LOCATION (EV07(n) should be F, 9 or blank) or
 EC0013      (EV07(n) should equal R or L and LONGITUDINAL LOCATION EV08(n)
 EC0014      should equal D, Y, or F)). GV=02

O1
```

PSU82 ERROR SUMMARY SCREEN [redacted]/96
CASE 043B
CURRENT VERSION: 9.00

| FORM NAME | NUMBER OF DOLLAR SIGNS | NUMBER OF LEVEL 1 ERRORS | NUMBER OF LEVEL 2 ERRORS | VERSION NUMBER CONSISTENT |
|---|---|---|---|---|
| Accident | 0 | 0 | 0 | Y |
| General Vehicle | 0 | 0 | 0 | Y |
| Vehicle Exterior | 0 | 0 | 0 | Y |
| Vehicle Interior | 0 | 0 | 1 | Y |
| Occupant Assessment | 0 | 0 | 2 | Y |
| Occupant Injury | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 1 | |
| Total Case Errors | 0 | 0 | 4 | |

O

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

# SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 82 Case Number—Stratum 043B

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|---|---|---|---|
| 1-5 | 1 | N | APPROACH |
| 6-7 | 1 | S | LOOKBACK |
| 8-15 | 2 | W | APPROACH (50° OFF NORTH) |
| 16-19 | 2 | E | LOOKBACK |
| 20 | | | R.L./R.P. |
| 21-41 | 1 | | EXTERIOR |
| 42-65 | 2 | | EXTERIORS |
| 66-89 | 2 | | INTERIOR |
| | | | NOTE: SCENE SHOWS POLICE MARKINGS IN GREEN |

HS Form 434B (1/96)

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|---|---|---|---|
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PSU 82-043B (1996) #1

PSU 82-043B (1996) #2

PSU 82-043B (1996) #3

PSU 82-043B (1996) #4

PSU 82-043B (1996) #5

PSU 82-043B (1996) #6

PSU 82-043B (1996) #7

PSU 82-043B (1996) #8

PSU 82-043B (1996) #9

PSU 82-043B (1996) #10

PSU 82-043B (1996) #11

PSU 82-043B (1996) #12

PSU 82-043B (1996) #13

PSU 82-043B (1996) #14

PSU 82-043B (1996) #15

PSU 82-043B (1996) #16

PSU 82-043B (1996) #17

PSU 82-043B (1996) #18

PSU 82-043B (1996) #19

PSU 82-043B (1996) #20


PSU 82-043B (1996) #21


PSU 82-043B (1996) #22
Best Available


PSU 82-043B (1996) #23
Best Available


PSU 82-043B (1996) #24
Best Available

PSU 82-043B (1996) #25

PSU 82-043B (1996) #26

PSU 82-043B (1996) #27

PSU 82-043B (1996) #28
Best Available

PSU 82-043B (1996) #29

PSU 82-043B (1996) #30
Best Available

PSU 82-043B (1996) #31
Best Available

PSU 82-043B (1996) #32
Best Available


PSU 82-043B (1996) #33
Best Available


PSU 82-043B (1996) #34
Best Available

PSU 82-043B (1996) #35

PSU 82-043B (1996) #36

PSU 82-043B (1996) #37

PSU 82-043B (1996) #38
Best Available

PSU 82-043B (1996) #39

PSU 82-043B (1996) #40

PSU 82-043B (1996) #41
Best Available


PSU 82-043B (1996) #42

PSU 82-043B (1996) #43


PSU 82-043B (1996) #44
Best Available


PSU 82-043B (1996) #45


PSU 82-043B (1996) #46

PSU 82-043B (1996) #47

PSU 82-043B (1996) #48

PSU 82-043B (1996) #49

PSU 82-043B (1996) #50

PSU 82-043B (1996) #51

PSU 82-043B (1996) #52

PSU 82-043B (1996) #53

PSU 82-043B (1996) #54

PSU 82-043B (1996) #55


PSU 82-043B (1996) #56

PSU 82-043B (1996) #57


PSU 82-043B (1996) #58

PSU 82-043B (1996) #59
Best Available


PSU 82-043B (1996) #60

PSU 82-043B (1996) #61

PSU 82-043B (1996) #62

PSU 82-043B (1996) #63

PSU 82-043B (1996) #64
Best Available


PSU 82-043B (1996) #65

PSU 82-043B (1996) #66
Best Available

PSU 82-043B (1996) #67
Best Available

PSU 82-043B (1996) #68
Best Available

PSU 82-043B (1996) #69

PSU 82-043B (1996) #70

PSU 82-043B (1996) #71


PSU 82-043B (1996) #72

PSU 82-043B (1996) #73

PSU 82-043B (1996) #74

PSU 82-043B (1996) #75
Best Available

PSU 82-043B (1996) #76
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PSU 82-043B (1996) #77
Best Available

PSU 82-043B (1996) #78
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PSU 82-043B (1996) #79
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PSU 82-043B (1996) #80
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PSU 82-043B (1996) #81

PSU 82-043B (1996) #82
Best Available

PSU 82-043B (1996) #83
Best Available

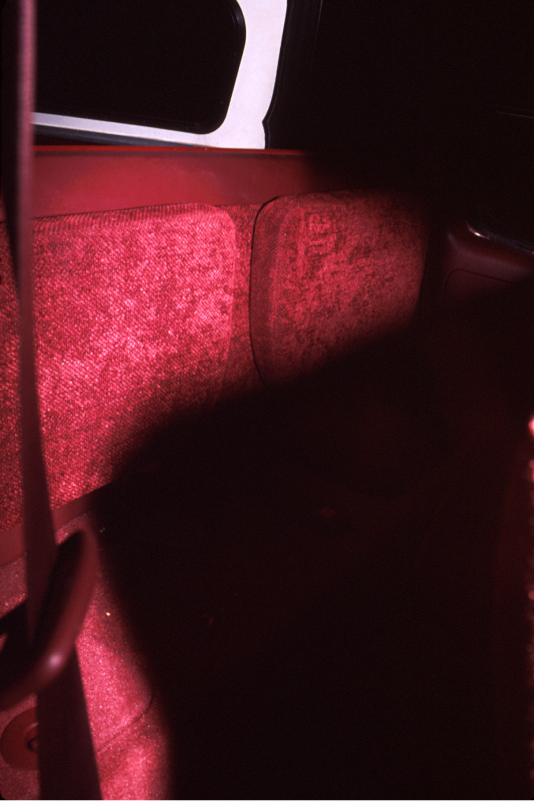
PSU 82-043B (1996) #84

PSU 82-043B (1996) #85
Best Available

PSU 82-043B (1996) #86

PSU 82-043B (1996) #87
Best Available

PSU 82-043B (1996) #88



PSU 82-043B (1996) #89