



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

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Dear Crash Data Researchers/Users:

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

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

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

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 368-0123



CASE SUMMARY

PSU 09 CASE NO. 020-J TYPE OF ACCIDENT CAR/PICK-UP TRUCK - PATHS CROSS

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

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

Vehicle's #1 and #2 were traveling southbound state roadway when vehicle #1 encroched into the left lane in front of vehicle #2.

B. VEHICLE PROFILE(S)

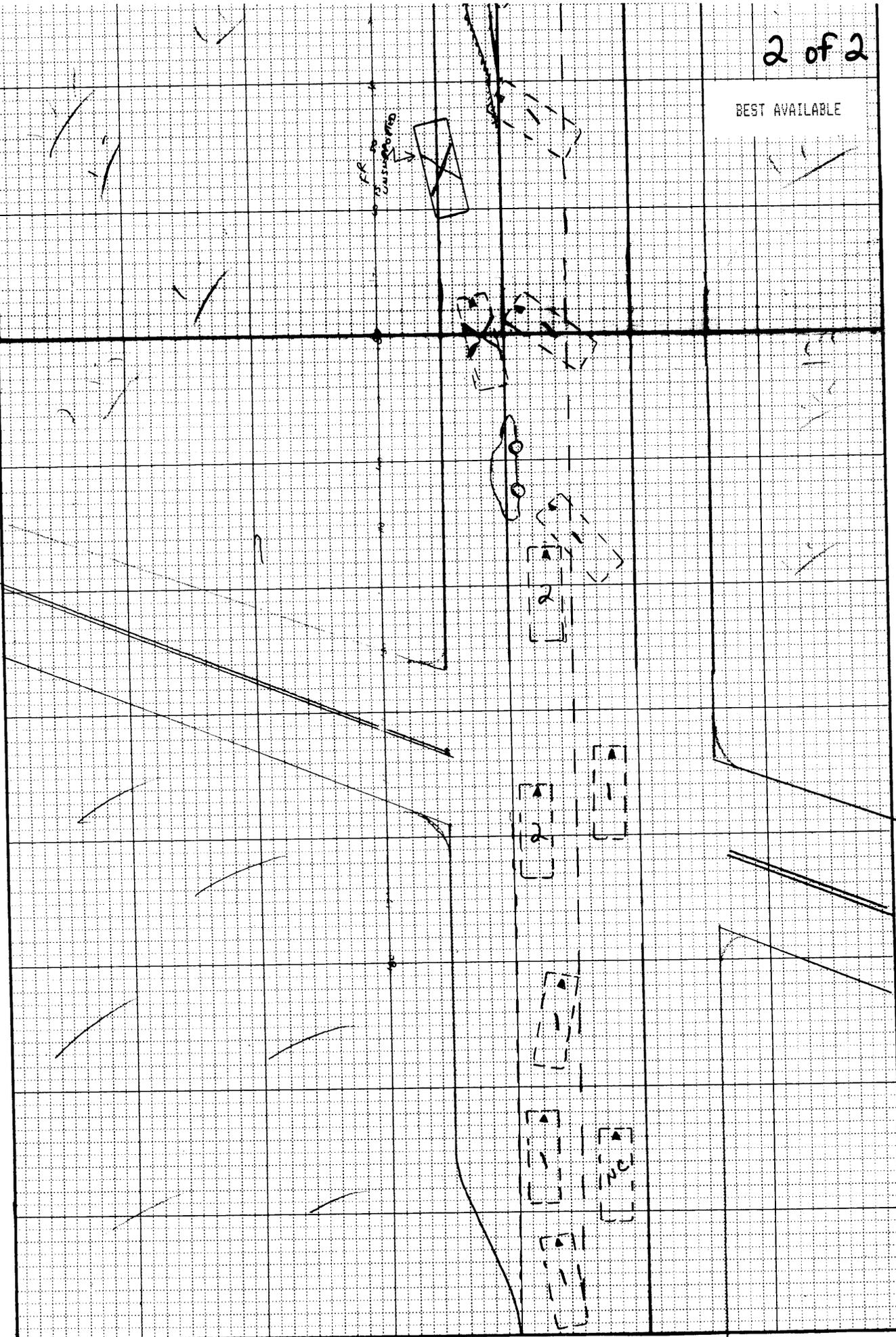
Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
1	Pick-Up Truck less than 10K lbs.	1983/TOYOTA/Pick-Up	Left	Unknown	Unknown
2	Subcompact	1990/DODGE/Daytona	Front	Moderate	None

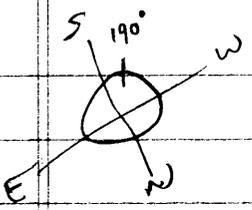
C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
1	Driver	Left Front	None	Face	Laceration	1	Unknown
1	Passenger	Right Front	None	Face	Laceration	1	Unknown
2	Driver	Left Front	Lap/Shoulder with Air Bag	Hand	Fracture	1	Unknown

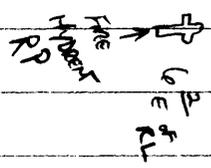
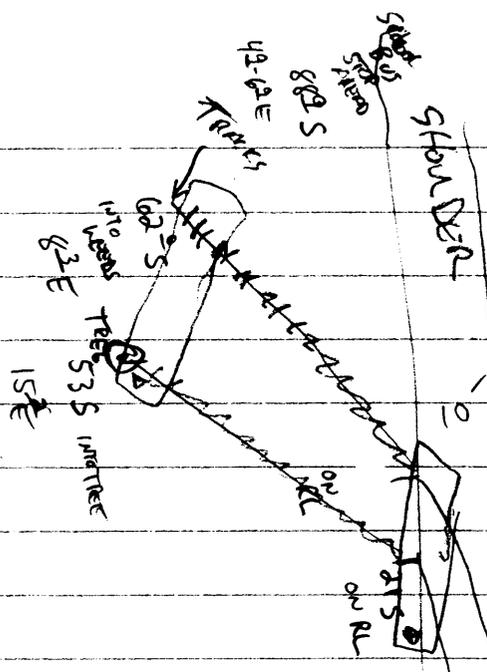
DO NOT SANITIZE THIS FORM

BEST AVAILABLE

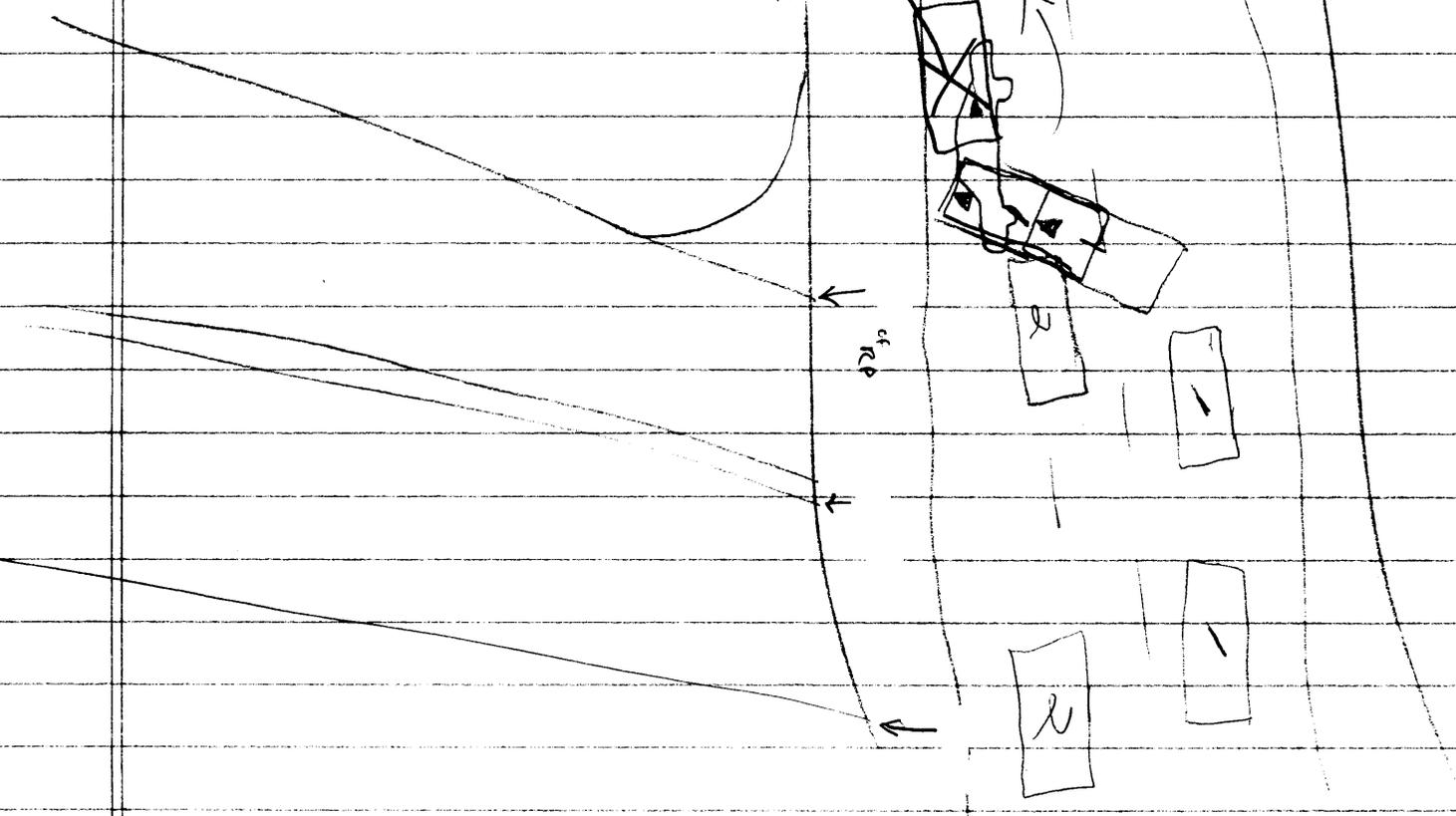




ASPHALT
LEVEL
DRY
92
1245 HR



(B) 7200 K
407 N 47 N
10W 10 W



	A	B
10 N	3 ² 8 W	8° W
20 N	4 ³ 5 W	8 ² 9 W
30 N	5 ⁶ W	9 ² W
40 N	8 ³ W	X
RP	2 ⁷ W	7 ¹ W
10 S	1 ² W	6°
20 S	0 ⁷ W	4 ⁹ W
30 S	4 ³ E	2° W
40 S	10 ³ E	1 ⁶ E
50 S	14 ⁵ E	4 ³ E
60 S	8 ⁴ E	
70 S	7 ¹⁰	
80 S	9 ⁷	



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 09

Case Number - Stratum 020J

ACCIDENT COLLISION DIAGRAM		CRASH DATA			
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required <p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scaled documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	VEH. #1	VEH. #2	VEH. #3	
		Heading Angle	<u>150°</u>	<u>190°</u>	_____
		Surface Type	<u>ASPHALT</u>	_____	_____
		Surface Condition	<u>DRY</u>	_____	_____
		Grade Measurement (v/h)	<u>LEVEL</u>	_____	_____

Reference Point: RP IS FIRE S/B SIDE EAST SIDE OF RDWAY

Reference Line: EAST SIDE RD EDGE OF S/B LANES

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
V ₂ YAW (A) STARTS ON ASPHALT	47° N	10° W
V ₂ YAW (B) STARTS ON ASPHALT	40° N	10° W
R P	∅	6° E
V ₂ YAW (A) ENDS ON ASPHALT ^{STARTS IN GRASS}	21° S	∅
V ₂ YAW (B) ENDS ON ASPHALT ^{STARTS IN GRASS}	39° S	∅
V ₂ TRACKS (A) IN GRASS END / TREE CONTACT	53° S	15° E
V ₂ TRACKS (B) IN GRASS END	62° S	8° E
SCHOOL BUS SIGN	88° S	49-6° E



ACCIDENT FORM

1. Primary Sampling Unit Number 09
2. Case Number - Stratum 0205

SPECIAL STUDIES - INDICATORS

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

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
4. Date of Accident (Month, Day, Year) 9 2
5. Time of Accident 1045
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

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

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>15</u>	15. <u>L</u>	16. <u>02</u>	17. <u>01</u>	18. <u>F</u>
19. <u>02</u>	20. <u>01</u>	21. <u>15</u>	22. <u>9</u>	23. <u>42 Tree 74"</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. <u>02</u>	28. <u>01</u>	29. <u>T</u>	30. <u>31</u>	31. <u>00</u>	32. <u>N</u>
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

MAPS CODING CHANGE
1st Review: 11
2nd Review: 38

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

- (35) Noncollision injury
- (38) Other noncollision (specify): _____

- (39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

Nonbreakaway Pole or Post

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

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

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 0 2

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

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

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 0 2, 4 0 0
 2428 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

 Source: _____

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

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

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

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

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

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
- 27. Heading Angle For This Vehicle 1 5 0 ✓ 148°
 - 28. Heading Angle For Other Vehicle 1 9 0 ✓ 171°

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH.. PED.. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH.. PED.. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21. 22. 23	22 SLOWER 25. 26. 27	24 DECEL. 28. 30. 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 LATERAL MOVE	45 LATERAL MOVE	46 LATERAL MOVE	47 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I. Sideswipe/Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	73 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	81 TURN INTO OPPOSITE DIRECTIONS	83 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 STRAIGHT PATHS	88 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN			
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type	99 Unknown Accident Type	00 No Impact		

OTHER DATA

56. Driver's Zip Code _____

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

57. Driver's Race/Ethnic Origin 3

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

58. Vehicle Special Use (This Trip) 0

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

61. Rollover Initiation Object Contacted 0 0

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

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify): _____

(8) Non-contact rollover forces (specify): _____

(9) Unknown

63. Direction of Initial Roll 0

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

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 10
05

- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____

NASS CODING CHANGE
1st Review: 11
2nd Review: _____

- (98) No driver present
- (99) Unknown

ROLLOVER DATA

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

59. Rollover Initiation Type 0

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

60. Location of Rollover Initiation 0

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

-
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

-
- (89) Unknown nonfixed object

- (98) Other event (specify):

-
- (99) Unknown event or object

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

09
020 J
01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

PSU NUMBER

09

CASE NUMBER

020 J

VEHICLE NUMBER

01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____

26. Seat Type (this Occupant Position) 9 9
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 9
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 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

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 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

31. Child Safety Seat Harness Usage 0 0
32. Child Safety Seat Shield Usage 0 0
33. Child Safety Seat Tether Usage 0 0
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

- Not Designed With Harness/Shield/Tether*
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether*
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

PSU NUMBER 09
CASE NUMBER 0205
VEHICLE NUMBER 01
OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
 PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>09</u></p> <p>2. Case Number — Stratum <u>020J</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: center;">1992 ER, DCS, PAB, ADM, HPE</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>6</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>06</u>	---	OA35. Treatment - Mortality	<u>3</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	---	OA37. Hospital Stay	<u>05</u>	<u>01</u>
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>15</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>00</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	---	---	OA43. Number of Recorded Injuries for This Occupant	<u>03</u>	<u>07</u>
GV57. Driver's Race/Ethnic Origin	<u>3</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>25</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>02</u>	<u>16</u>
OA07. Occupant's Height	<u>63</u>	---	OA51. Was the Occupant Given Blood?	<u>1</u>	<u>1</u>
OA08. Occupant's Weight	<u>150</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	---			
OA18. Manual (Active) Belt System Use	<u>99</u>	---			

STATUS OF LOG INJURY INFORMATION

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

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>S</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>7</u>	16. <u>L</u>	17. <u>L</u>	18. <u>L</u>	19. <u>I</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. <u>7</u>	26. <u>N</u>	27. <u>P</u>	28. <u>T</u>	29. <u>M</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

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

INJURY DATA

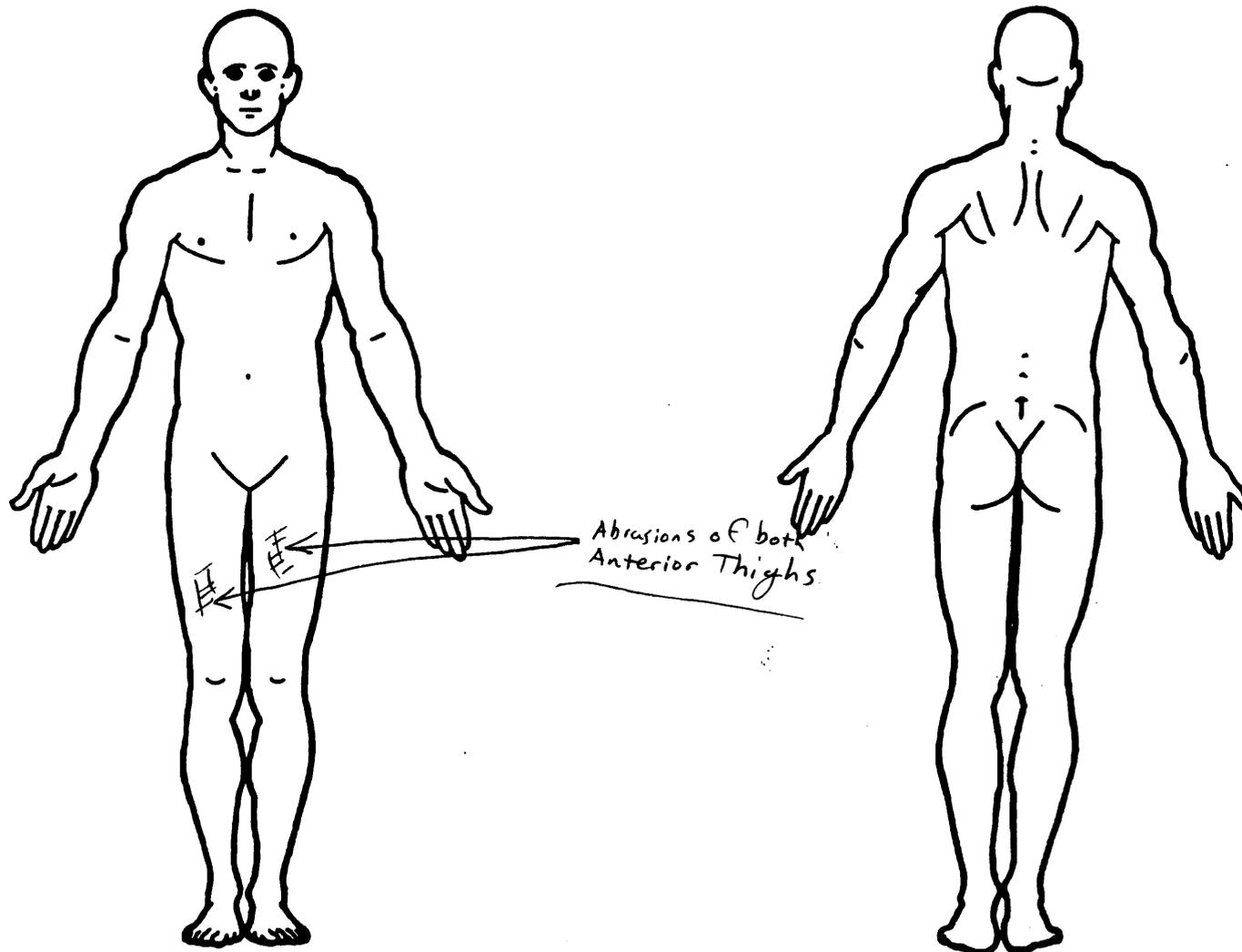
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>2</u>	6. <u>H</u>	7. <u>W</u>	8. <u>K</u>	9. <u>B</u>	10. <u>2</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>2</u>	16. <u>B</u>	17. <u>I</u>	18. <u>T</u>	19. <u>M</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. <u>2</u>	26. <u>C</u>	27. <u>U</u>	28. <u>U</u>	29. <u>U</u>	30. <u>7</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>97</u>
4th	35. <u>2</u>	36. <u>I</u>	37. <u>L</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>97</u>	42. <u>9</u>	43. <u>7</u>	44. <u>97</u>
5th	45. <u>2</u>	46. <u>T</u>	47. <u>R</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>97</u>
6th	55. <u>2</u>	56. <u>M</u>	57. <u>U</u>	58. <u>U</u>	59. <u>U</u>	60. <u>1</u>	61. <u>97</u>	62. <u>9</u>	63. <u>7</u>	64. <u>97</u>
7th	65. <u>7</u>	66. <u>F</u>	67. <u>S</u>	68. <u>L</u>	69. <u>I</u>	70. <u>1</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	74. <u>97</u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify) _____

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Contusion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Arterial Blood
Gases

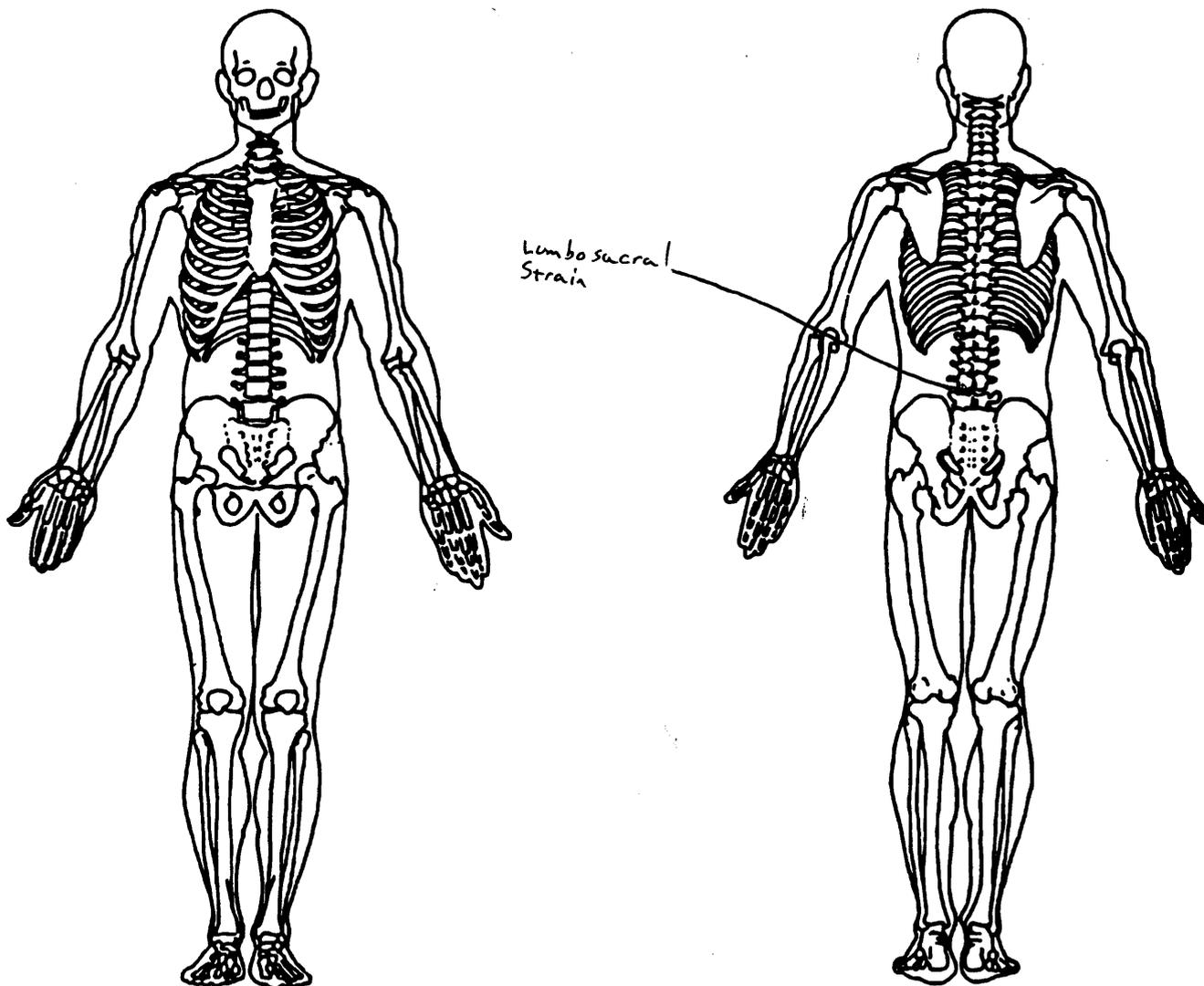
pH = _____

PO₂ = _____

PCO₂ _____

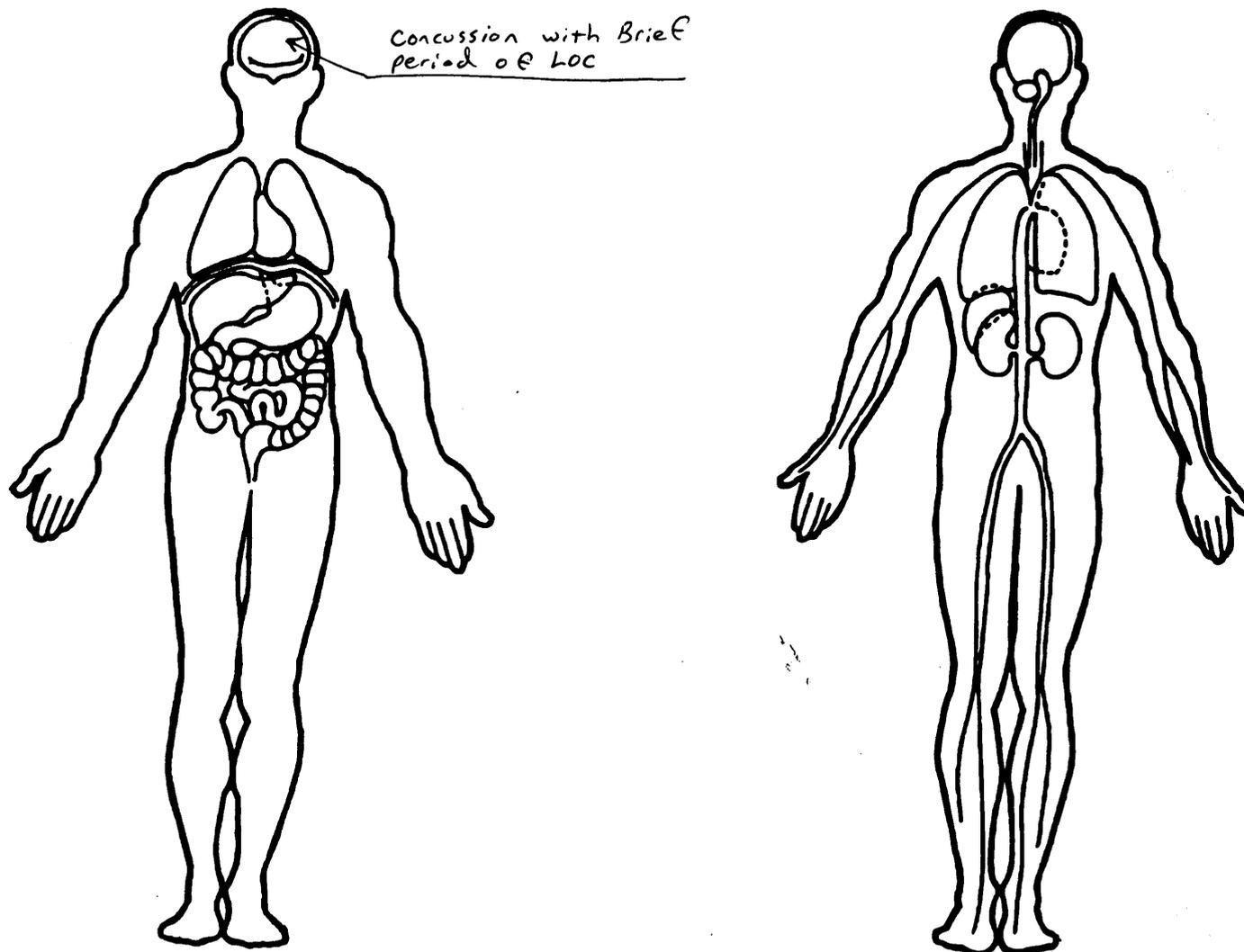
HCO₃ _____

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



26. Seat Type (this Occupant Position) 9 9
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify):

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

27. Seat Performance (this Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 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

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 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

31. Child Safety Seat Harness Usage 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

PSU NUMBER 09
CASE NUMBER 0203
VEHICLE NUMBER 01
OCCUPANT NUMBER 02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) _____



UPDATE FORM

<p>1. Primary Sampling Unit Number <u>09</u></p> <p>2. Case Number - Stratum <u>020J</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p> <p style="text-align: right;">1992 <i>EP</i> <i>DCS</i> <i>RAD</i></p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
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UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>3</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	---	OA36. Type of Medical Facility (for Initial Treatment)	<u>1</u>	---
GV44.-GV45. Stimulant Drug	<u>06</u>	---	OA37. Hospital Stay	<u>01</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>10</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>06</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	---	OA40. 1st Medically Reported Cause of Death	<u>00</u>	---
GV52.-GV53. Inhalant Drug	<u>06</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	-----	-----	OA43. Number of Recorded Injuries for This Occupant	<u>02</u>	---
GV57. Driver's Race/Ethnic Origin	<u>3</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	---
OA05. Occupant's Age	<u>29</u>	---	OA45. Automatic (Passive) Belt System Use	<u>0</u>	---
OA06. Occupant's Sex	<u>1</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>02</u>	<u>15</u>
OA07. Occupant's Height	<u>67</u>	---	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>170</u>	---	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	---	_____	_____	_____
OA18. Manual (Active) Belt System Use	<u>99</u>	---	_____	_____	_____

STATUS OF LOG INJURY INFORMATION

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

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>S</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>7</u>	16. <u>F</u>	17. <u>L</u>	18. <u>C</u>	19. <u>0</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

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

INJURY DATA

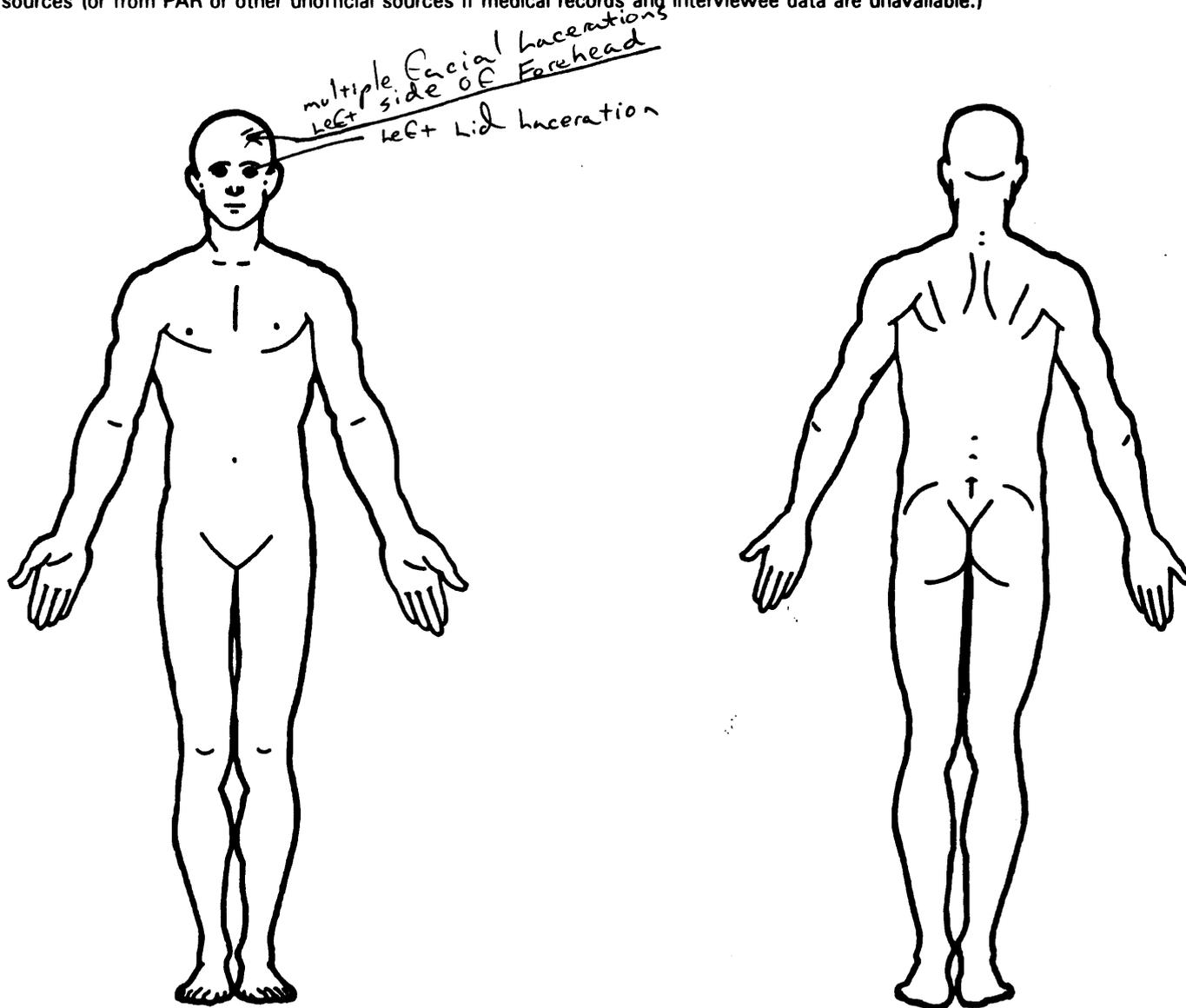
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. 2	6. H	7. W	8. K	9. B	10. 2	11. 97	12. 9	13. 7	14. 99
2nd	15. 2	16. F	17. L	18. L	19. O	20. 1	21. 97	22. 9	23. 7	24. 99
3rd	25. 2	26. F	27. W	28. L	29. I	30. 1	31. 97	32. 9	33. 7	34. 99
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
 - (27) Other left side object (specify): _____
 - (28) Left side window sill
- RIGHT SIDE**
- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A pillar
 - (33) Right B pillar
 - (34) Other right pillar (specify): _____

- (36) Right side window glass or frame
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify) _____

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Contusion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Aterial Blood
Gases

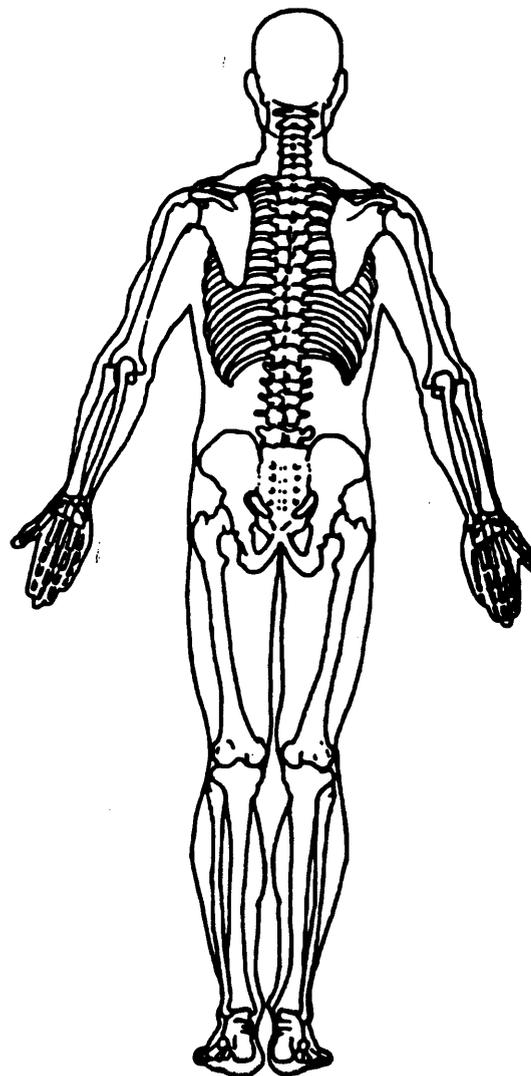
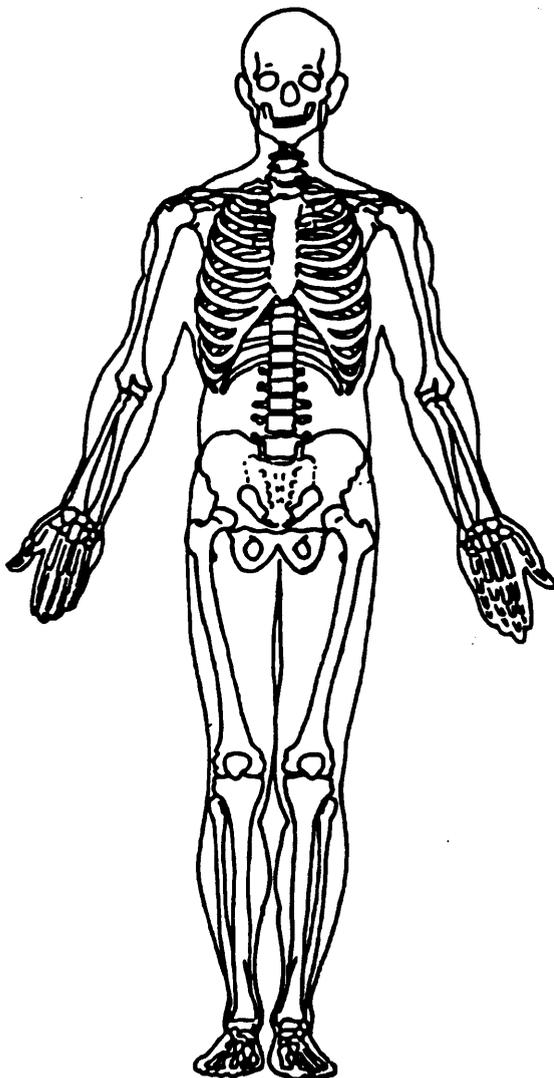
pH = _____

PO₂ = _____

PCO₂ _____

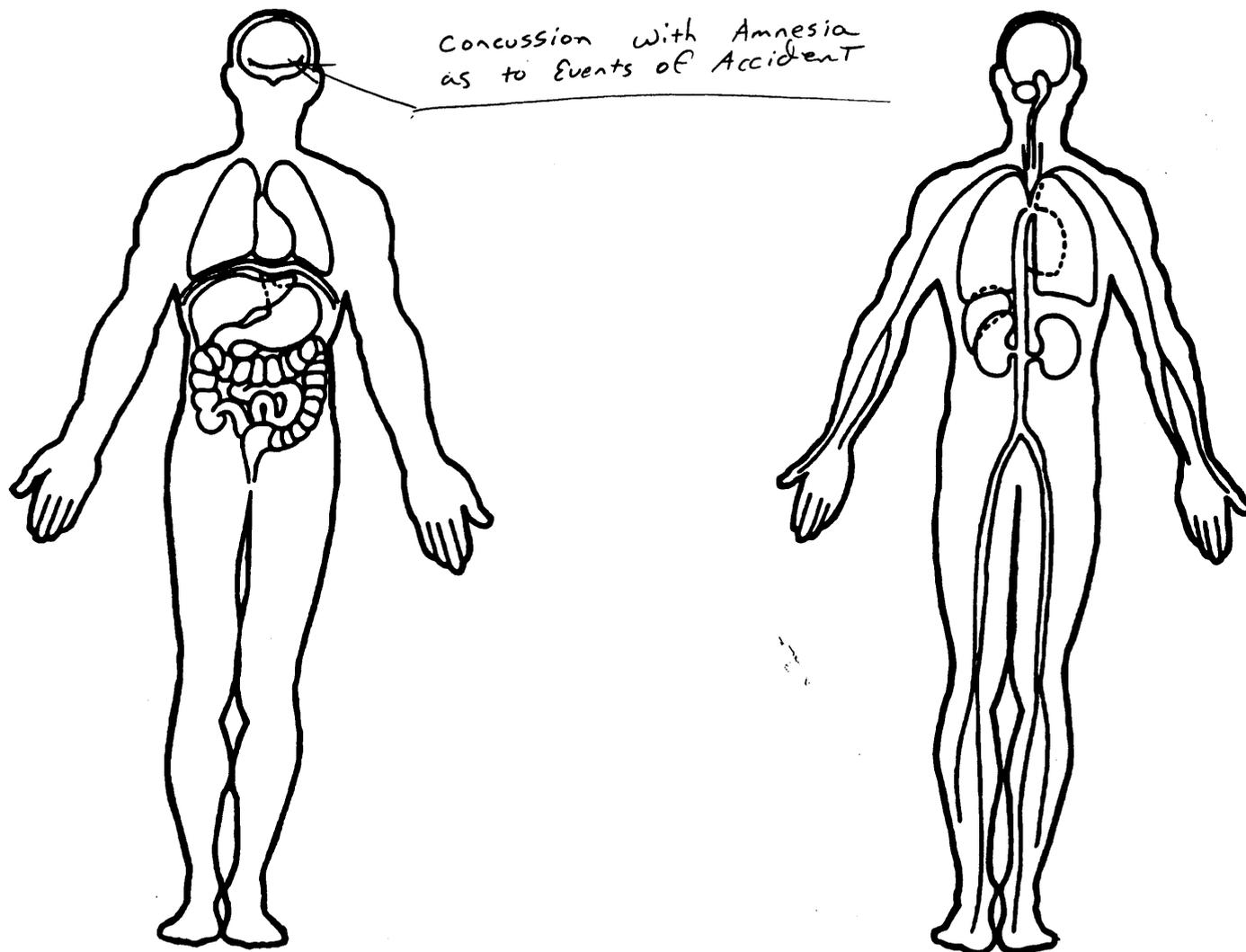
HCO₃ _____

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



OCCUPANT RELATED

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

17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

18. Number of Occupant Forms Submitted 01

24. Rollover 2
 (0) No rollover (no overturning)

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

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 07,800
 2751 Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

Source: _____

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0

26. Rear Override/Underride (this Vehicle) 0

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

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

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

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

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown

22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 190 ✓ 191°

28. Heading Angle For Other Vehicle 150 ✓ 148°

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH.. PED.. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH.. PED.. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 28, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 45 47	46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I. Sideswipe Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	73 TURN ACROSS PATH	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	81 TURN INTO OPPOSITE DIRECTIONS	83 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

OTHER DATA

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

57. Driver's Race/Ethnic Origin 1
 (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

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

ROLLOVER DATA

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

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

rollover initiated on pavement.

NASS CODING CHANGE
 1st Review: 11
 2nd Review: _____

60. Location of Rollover Initiation 1
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted 01
31

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 8
 (0) No rollover NASS CODING CHANGE
 (1) Wheels/tires 1st Review: 11
 (2) Side plane 2nd Review: _____
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

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

PRECRASH DATA

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

-
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

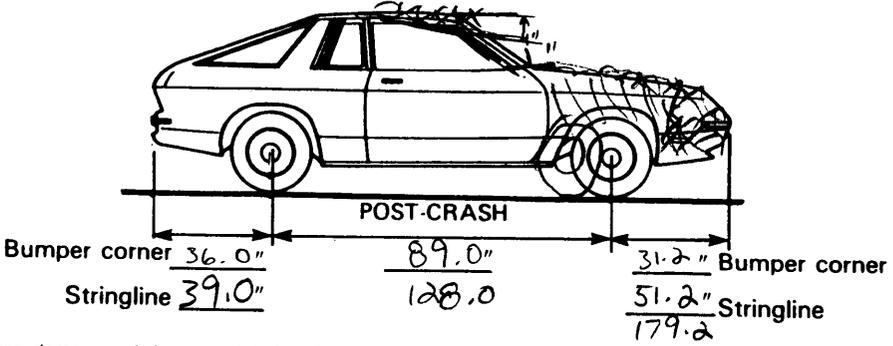
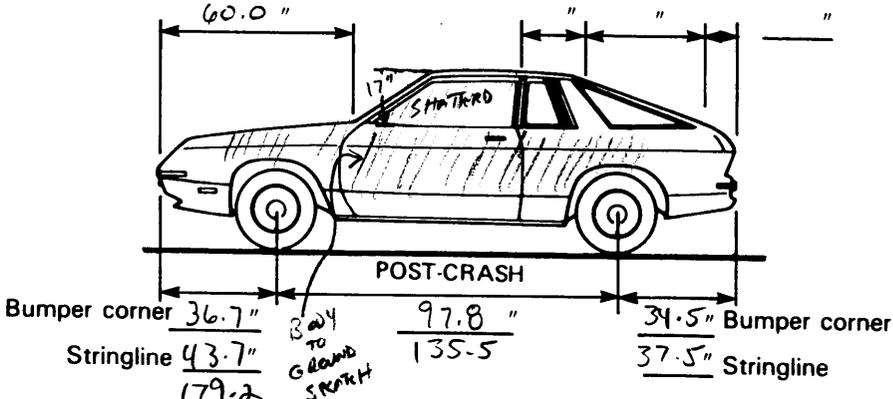
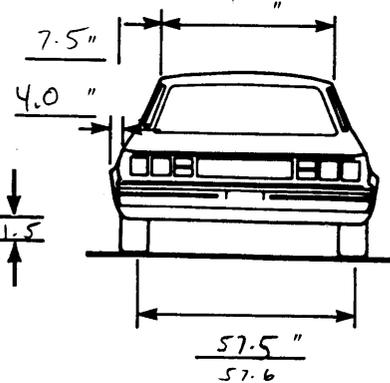
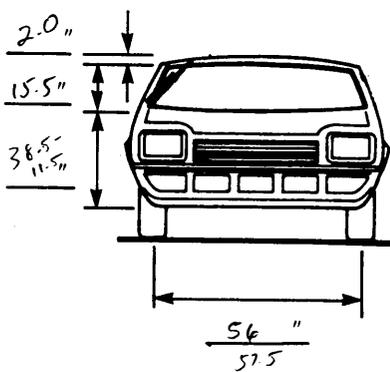
-
- (89) Unknown nonfixed object

- (98) Other event (specify):

-
- (99) Unknown event or object

VEHICLE DAMAGE SKETCH

<p>TIRE – WHEEL DAMAGE</p> <p>a. Rotation physically restricted b. Tire deflated</p> <p>RF <u>1</u> RF <u>1</u></p> <p>LF <u>2</u> LF <u>2</u></p> <p>RR <u>2</u> RR <u>2</u></p> <p>LR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>97.0</u></p> <p>Overall Length <u>179.2</u></p> <p>Maximum Width <u>69.3</u></p> <p>Curb Weight <u>2751</u></p> <p>Average Track <u>57.55</u></p> <p>Front Overhang <u>44.2</u></p> <p>Rear Overhang <u>38.0</u></p> <p>Engine Size: cyl./ displ. <u>I-4</u></p> <p>Undeformed End Width <u>59.0</u></p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± _____ °</p> <p>LF ± _____ °</p> <p>RR ± _____ °</p> <p>LR ± _____ °</p> <p>Within ±5 degrees</p> <hr/> <p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <hr/> <p>Approximate Cargo Weight <u>∅</u></p>
<p>TYPE OF TRANSMISSION</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 09
 2. Case Number - Stratum 020J
 3. Vehicle Number 02

INTEGRITY

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

Yes, Integrity Was Lost Through

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

 (99) Unknown

Door, Tailgate or Hatch Opening

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

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

 (9) Unknown

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

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

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

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)
 (2) Latch/striker failure due to damage
 (3) Hinge failure due to damage
 (4) Door structure failure due to damage
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
 (6) Latch/striker and hinge failure due to damage
 (8) Other failure (specify):

 (9) Unknown

GLAZING

Glazing Damage from Impact Forces

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

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 0 35. RR 0
 36. BL 0 37. Roof 9 38. Other 0

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

 (9) Unknown

Window Precrash Glazing Status

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

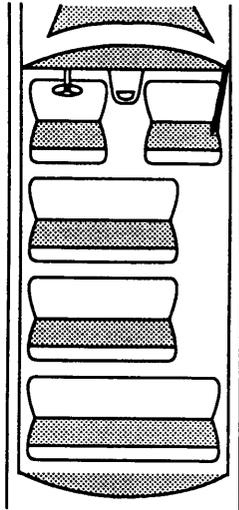
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

TOP VIEW

Longitudinal

Lateral

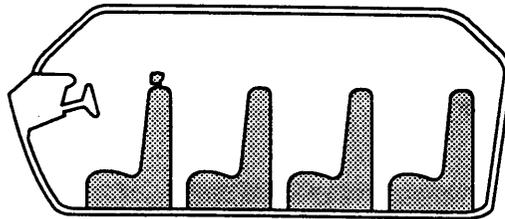


Longitudinal

LEFT SIDE VIEW

Vertical

Longitudinal

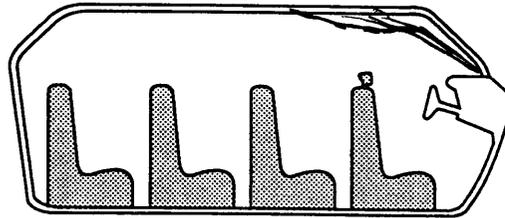


Longitudinal

RIGHT SIDE VIEW

Vertical

Longitudinal



Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
13	ROOF	41.5	34.0	7.5 ①	T to B
13	ROOF SIDERAIL	38.0	33.0	5.0 ②	T to B
13	A PILLAR	35.0	33.0	2.0 ④	T to B
13	A PILLAR	23.0	19.5	3.5 ③	L to R

OCCUPANT AREA INTRUSION

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

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

LOCATION OF INTRUSION

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

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

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

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

- (97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

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

NASS CODING CHANGE
 1st Review: 11
 2nd Review: _____

Added Intrusions are Approximations From submitted slides.

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) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

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

--	--	--	--	--

STEERING COLUMN

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

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

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

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

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

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

93. Location of Steering Rim/Spoke Deformation 0 0
 (00) No steering rim deformation

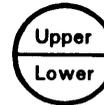
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 0 3 6,000
35981 miles—Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown
 Source: ODOMETER

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

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

NASS CODING CHANGE

1st Review: 11

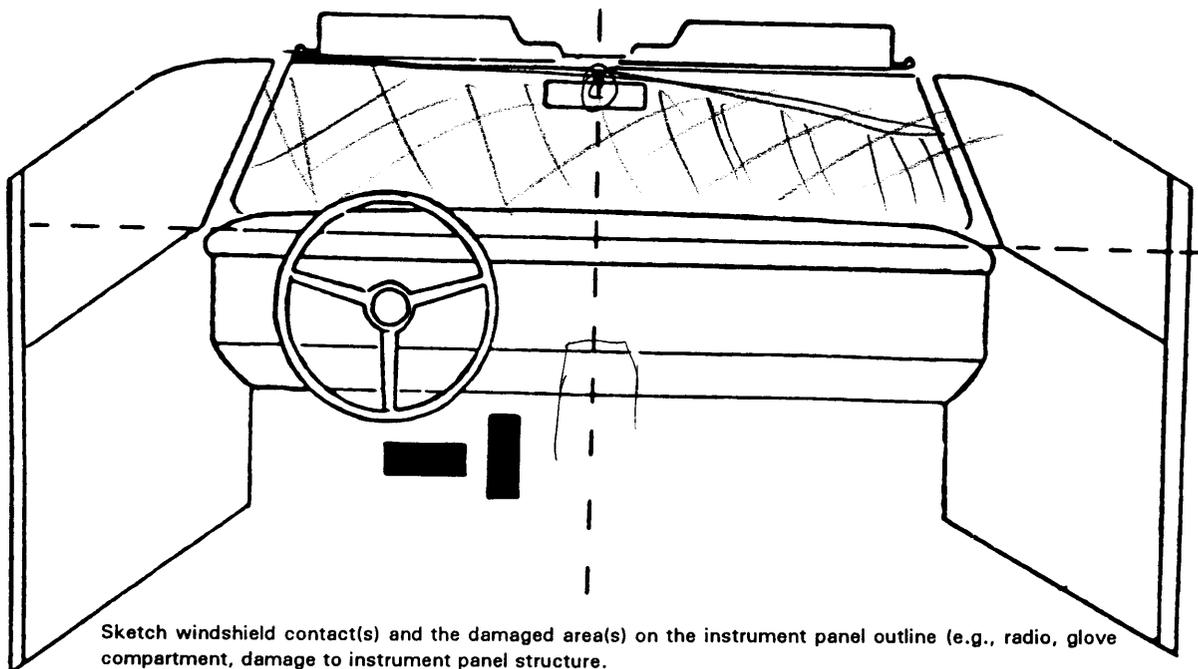
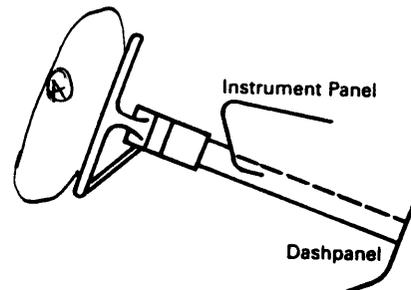
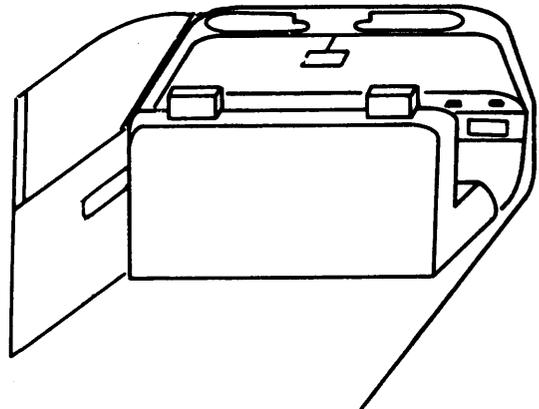
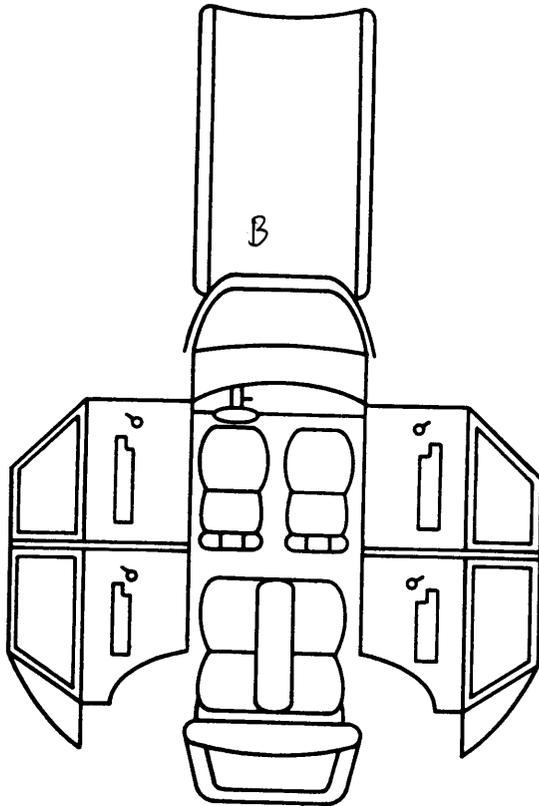
2nd Review: _____

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

glove box contents cleaned out/No visible damage to latching components

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	45	1	FACE	DEPLOYED W/PDOF	1
B	54	1	HEAD	PDOF ROLLOVER	1
C	02	1	HEAD	PDOF ROLLOVER	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (28) Left side window sill
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	0
	Deployment	/	0
	Failure	/	0

Air Bag System Availability/Function

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

Non-functional

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

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

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

Automatic (Passive) Belt System Availability/Function

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

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

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

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	00	00
	Failure Modes	1	0	0
SECOND	Availability	4	0	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

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

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

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

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

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

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

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	1	0	8
	Seat Orientation	1	0	1
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	02	00	02
	Seat Performance	1	0	1
	Seat Orientation	1	0	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): RECYCLING LOCK FAILURE
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

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

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection	<i>NONE</i> <hr style="border: 1px solid black;"/> <i>NONE</i>					
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

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

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

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

- Ejection Medium**
- (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify): _____

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

- Medium Status (Immediately Prior to Impact)**
- (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 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) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 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

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 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

31. Child Safety Seat Harness Usage 0 0
32. Child Safety Seat Shield Usage 0 0
33. Child Safety Seat Tether Usage 0 0
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

- Not Designed With Harness/Shield/Tether*
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether*
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>09</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>020J</u>	4. Occupant Number	<u>01</u>

INJURY DATA

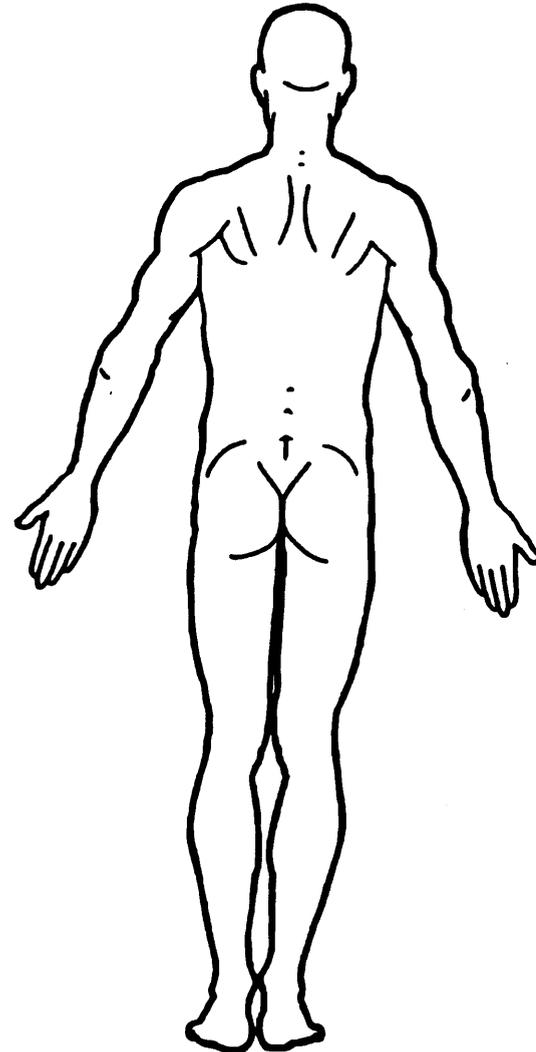
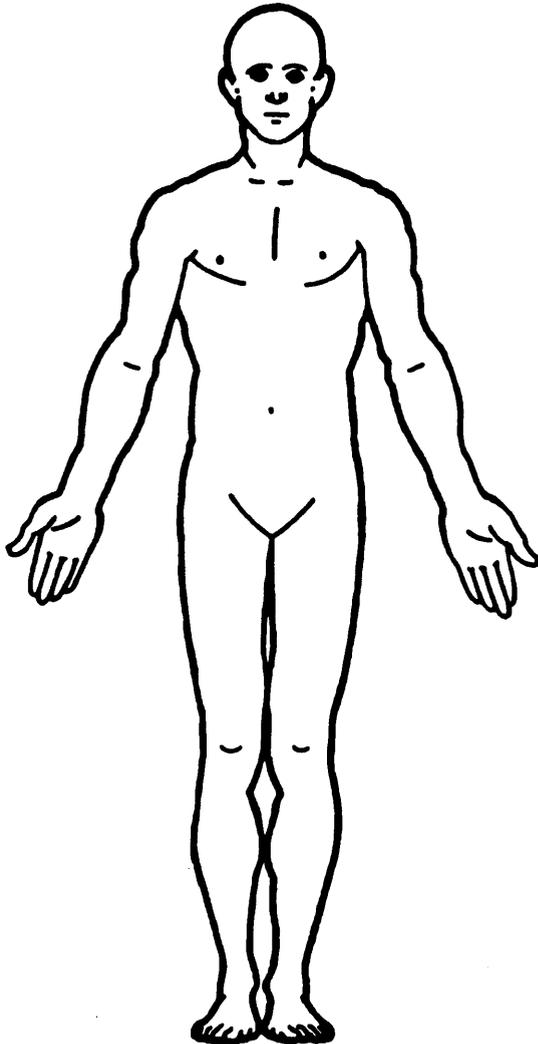
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>L</u>	8. <u>A</u>	9. <u>I</u>	10. <u>1</u>	11. <u>45</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u> ✓
2nd	15. <u>7</u>	16. <u>S</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>41</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u> ✓
3rd	25. <u>7</u>	26. <u>C</u>	27. <u>R</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>41</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u> ✓
4th	35. <u>7</u>	36. <u>K</u>	37. <u>L</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>09</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u> ✓
5th	45. <u>7</u>	46. <u>L</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>09</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u> ✓
6th	55. <u>7</u>	56. <u>L</u>	57. <u>R</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>09</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u> ✓
7th	65. <u>7</u>	66. <u>W</u>	67. <u>L</u>	68. <u>F</u>	69. <u>S</u>	70. <u>2</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	74. <u>99</u>
8th	75. <u>7</u>	76. <u>M</u>	77. <u>L</u>	78. <u>C</u>	79. <u>I</u>	80. <u>1</u>	81. <u>41</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

NASS CODING CHANGE
1st Review: 11
2nd Review: 92

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

RIGHT SIDE

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

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

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

- (73) Hood

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

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

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

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

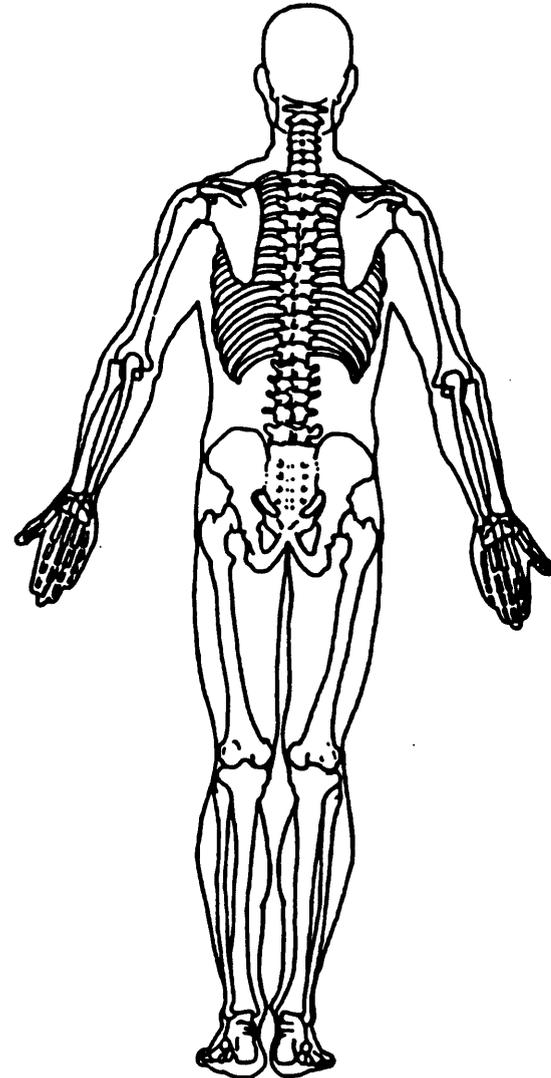
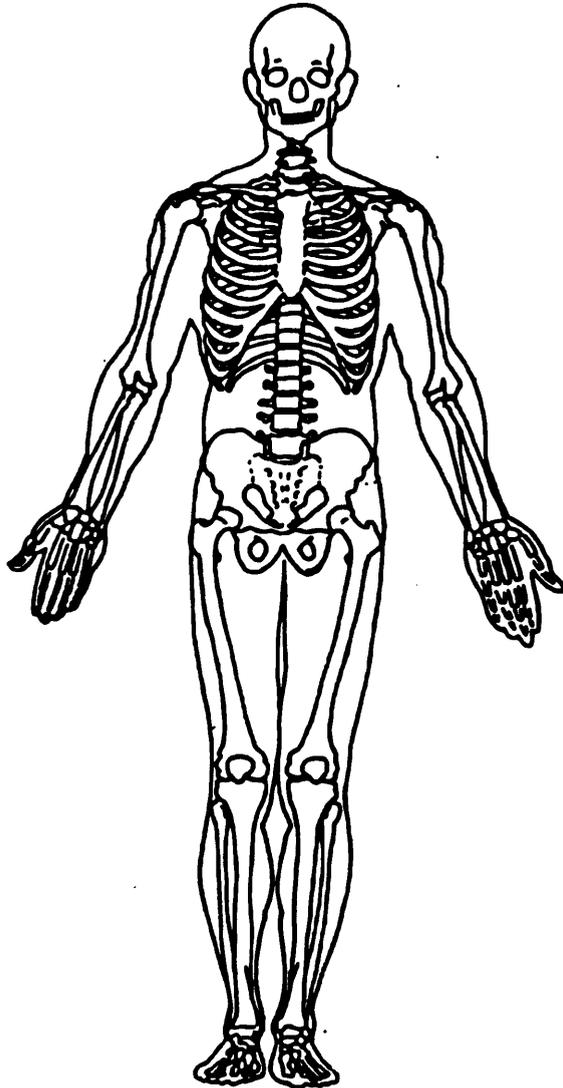
pH = ____

PO₂ = ____

PCO₂ = ____

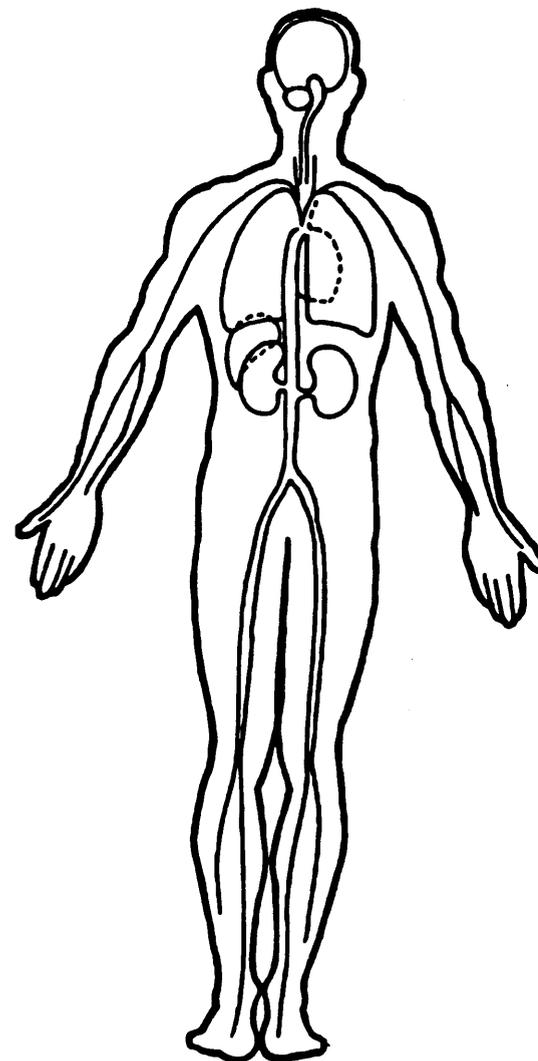
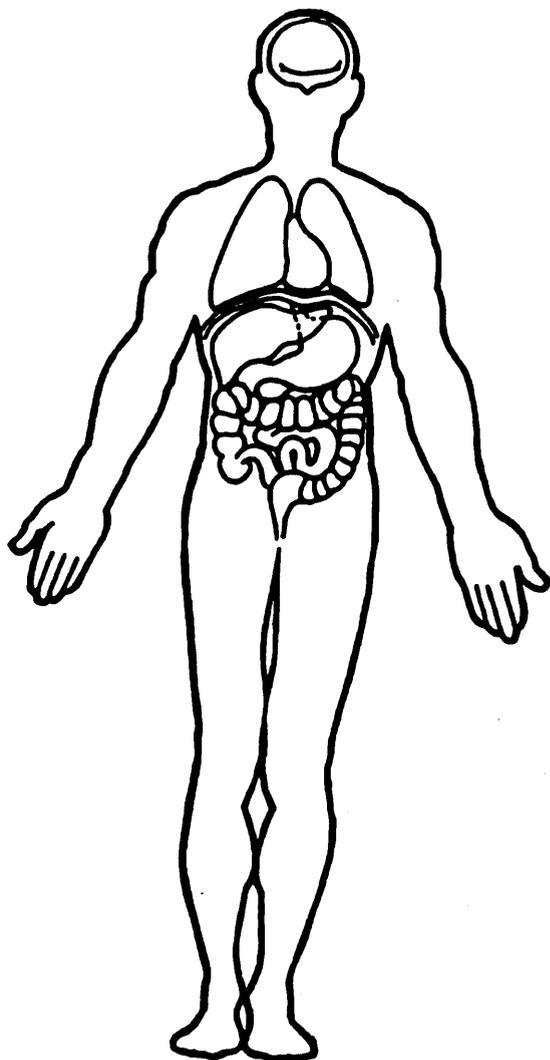
HCO₃ = ____

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



OFFICIAL INJURY DATA – INTERNAL INJURIES

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





UPDATE FORM

1. Primary Sampling Unit Number 09

2. Case Number - Stratum 020J

3. Vehicle Number 02

4. Occupant Number 01
1992. ef

Driver or Occupant Name: _____

Address: _____

Other Information: _____

(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	<u>96</u>	OA21. Air Bag System Availability/Function	<u>1</u>	<u>1</u>
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	<u>0</u>	OA22. Air Bag System Deployment	<u>1</u>	<u>1</u>
GV40.-GV41. Narcotic Drug	<u>00</u>	<u>00</u>	OA35. Treatment - Mortality	<u>4</u>	<u>4</u>
GV42.-GV43. Depressant Drug	<u>00</u>	<u>00</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>2</u>	<u>2</u>
GV44.-GV45. Stimulant Drug	<u>00</u>	<u>00</u>	OA37. Hospital Stay	<u>00</u>	<u>00</u>
GV46.-GV47. Hallucinogen Drug	<u>00</u>	<u>00</u>	OA38. Working Days Lost	<u>10</u>	<u>10</u>
GV48.-GV49. Cannabinoid Drug	<u>00</u>	<u>00</u>	OA39. Time to Death	<u>00</u>	<u>00</u>
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	<u>00</u>	OA40. 1st Medically Reported Cause of Death	<u>00</u>	<u>00</u>
GV52.-GV53. Inhalant Drug	<u>00</u>	<u>00</u>	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	<u>00</u>	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	<u>00</u>
GV56. Driver's Zip Code	-----	-----	OA43. Number of Recorded Injuries for This Occupant	<u>08</u>	<u>10</u>
GV57. Driver's Race/Ethnic Origin	<u>1</u>	<u>1</u>	OA44. Automatic (Passive) Belt System Availability/Function	<u>0</u>	<u>0</u>
OA05. Occupant's Age	<u>23</u>	<u>23</u>	OA45. Automatic (Passive) Belt System Use	<u>0</u>	<u>0</u>
OA06. Occupant's Sex	<u>2</u>	<u>2</u>	OA50. Glasgow Coma Scale (GCS) Score	<u>02</u>	<u>15</u>
OA07. Occupant's Height	<u>68</u>	<u>68</u>	OA51. Was the Occupant Given Blood?	<u>9</u>	<u>1</u>
OA08. Occupant's Weight	<u>158</u>	<u>158</u>	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	<u>01</u>
OA17. Manual (Active) Belt System Availability	<u>4</u>	<u>4</u>			
OA18. Manual (Active) Belt System Use	<u>04</u>	<u>04</u>			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	___	___	h. Emergency room records	<u>B</u> ___	___
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	<u>B</u> ___	___
<u>Official</u>			j. Private physician	<u>B</u> ___	___
a. Autopsy (invasive examination)	<u>B</u> ___	___	<u>Unofficial</u>		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> ___	___	k. Lay coroner	<u>B</u> ___	___
c. Admission record/summary or admission/discharge face sheet	<u>B</u> ___	___	l. EMS record	<u>B</u> ___	___
d. Discharge summary	<u>B</u> ___	___	m. Interviewee	<u>B</u> ___	___
e. Operative report	<u>B</u> ___	___	n. Other source (specify):	<u>B</u> ___	<u>B</u> ___
f. Radiographic record(s) post ER visit	<u>B</u> ___	___	_____		
g. History and physical examination and/or consultation records	<u>B</u> ___	___	o. Police report	<u>B</u> ___	<u>B</u> ___
			OAL14. Medical Facility Code	___	___
			OIL07. Date Official Medical Data Obtained	___	___ 19 2

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>C</u>	8. <u>A</u>	9. <u>I</u>	10. <u>1</u>	11. <u>45</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>S</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>41</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>C</u>	27. <u>R</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>41</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>7</u>	36. <u>K</u>	37. <u>L</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>09</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>7</u>	46. <u>L</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>09</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>7</u>	56. <u>L</u>	57. <u>R</u>	58. <u>C</u>	59. <u>I</u>	60. <u>1</u>	61. <u>09</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>7</u>	66. <u>W</u>	67. <u>L</u>	68. <u>F</u>	69. <u>S</u>	70. <u>1</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	74. <u>99</u>
8th	75. <u>7</u>	76. <u>M</u>	77. <u>C</u>	78. <u>C</u>	79. <u>I</u>	80. <u>1</u>	81. <u>41</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___
11th	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___
12th	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___	122. ___	123. ___	124. ___
13th	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___
14th	135. ___	136. ___	137. ___	138. ___	139. ___	140. ___	141. ___	142. ___	143. ___	144. ___
15th	145. ___	146. ___	147. ___	148. ___	149. ___	150. ___	151. ___	152. ___	153. ___	154. ___

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

INJURY DATA

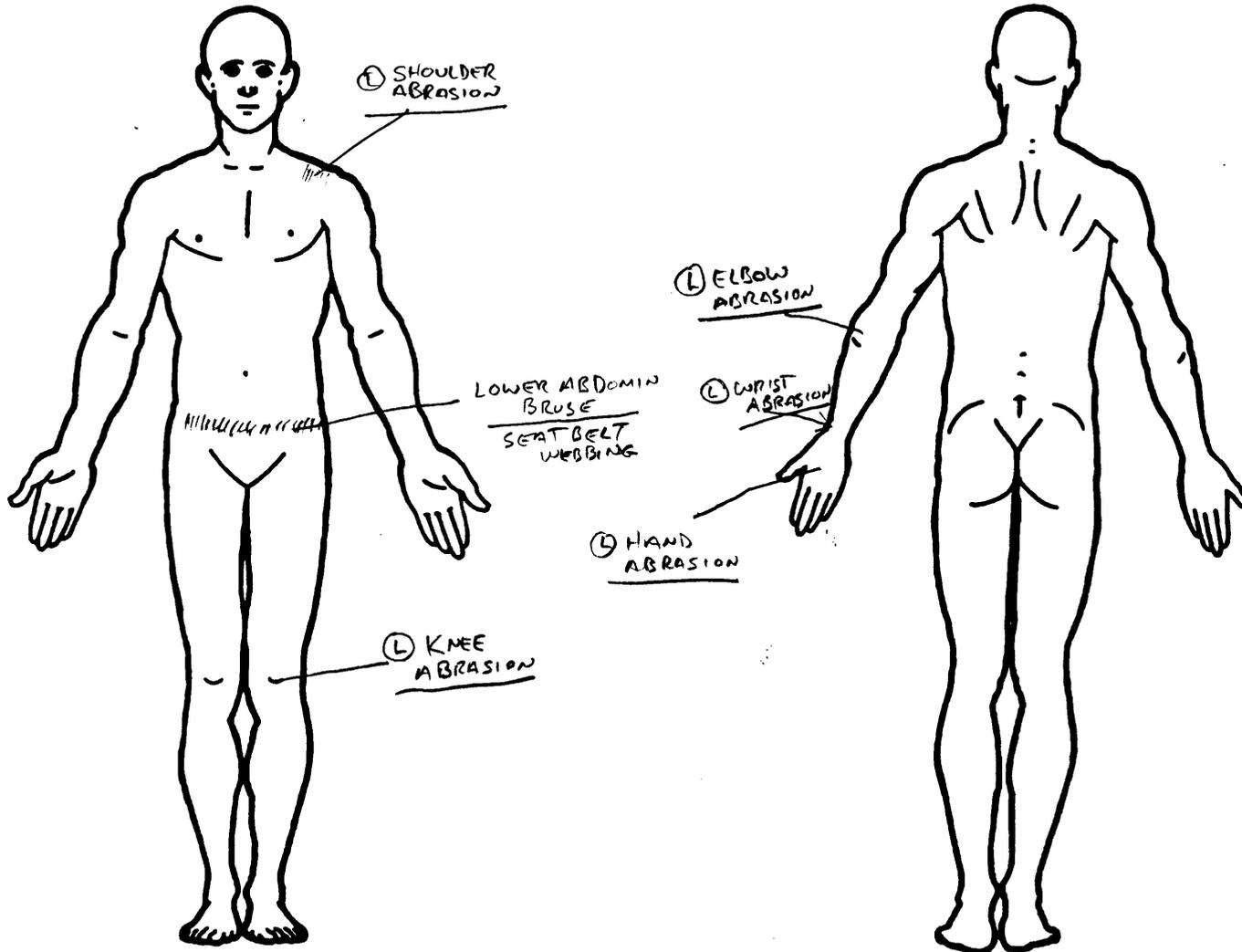
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>3</u>	6. <u>M</u>	7. <u>L</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>41</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>W</u>	17. <u>L</u>	18. <u>A</u>	19. <u>I</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u> ✓
3rd	25. <u>7</u>	26. <u>W</u>	27. <u>L</u>	28. <u>F</u>	29. <u>S</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. <u>3</u>	36. <u>K</u>	37. <u>L</u>	38. <u>A</u>	39. <u>I</u>	40. <u>1</u>	41. <u>09</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u> ✓
5th	45. <u>3</u>	46. <u>E</u>	47. <u>L</u>	48. <u>A</u>	49. <u>I</u>	50. <u>1</u>	51. <u>97</u>	52. <u>9</u>	53. <u>7</u>	54. <u>99</u> ✓
6th	55. <u>3</u>	56. <u>S</u>	57. <u>L</u>	58. <u>A</u>	59. <u>I</u>	60. <u>1</u>	61. <u>41</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u> ✓
7th	65. <u>7</u>	66. <u>F</u>	67. <u>L</u>	68. <u>A</u>	69. <u>I</u>	70. <u>1</u>	71. <u>45</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>7</u>	76. <u>C</u>	77. <u>R</u>	78. <u>C</u>	79. <u>I</u>	80. <u>1</u>	81. <u>41</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u>7</u>	86. <u>L</u>	87. <u>L</u>	88. <u>C</u>	89. <u>I</u>	90. <u>1</u>	91. <u>09</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
10th	95. <u>7</u>	96. <u>L</u>	97. <u>R</u>	98. <u>C</u>	99. <u>I</u>	100. <u>1</u>	101. <u>09</u>	102. <u>1</u>	103. <u>1</u>	104. <u>00</u>

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

RIGHT SIDE

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

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify) _____

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.J.C. Body Region

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

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

Aterial Blood
Gases

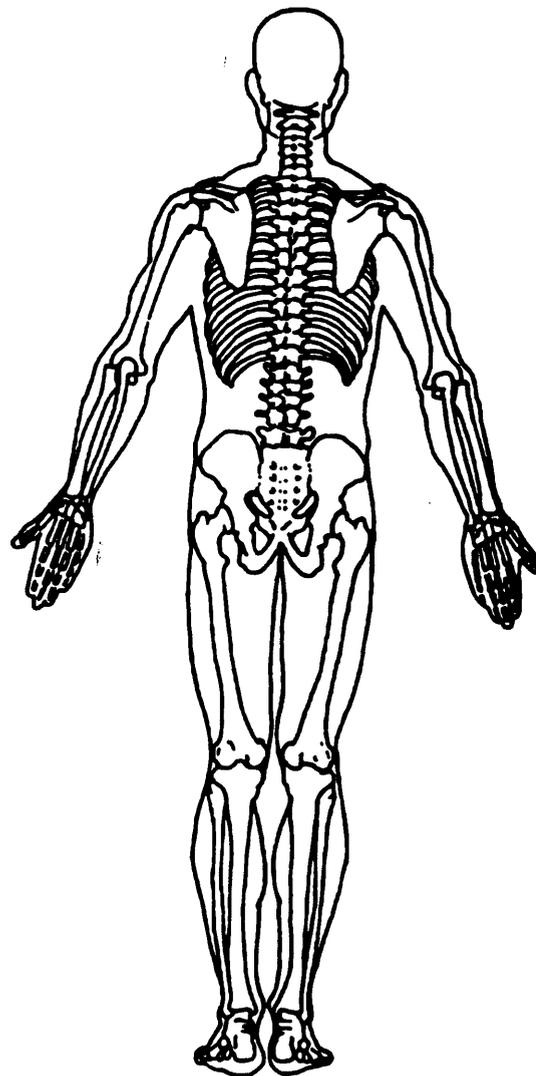
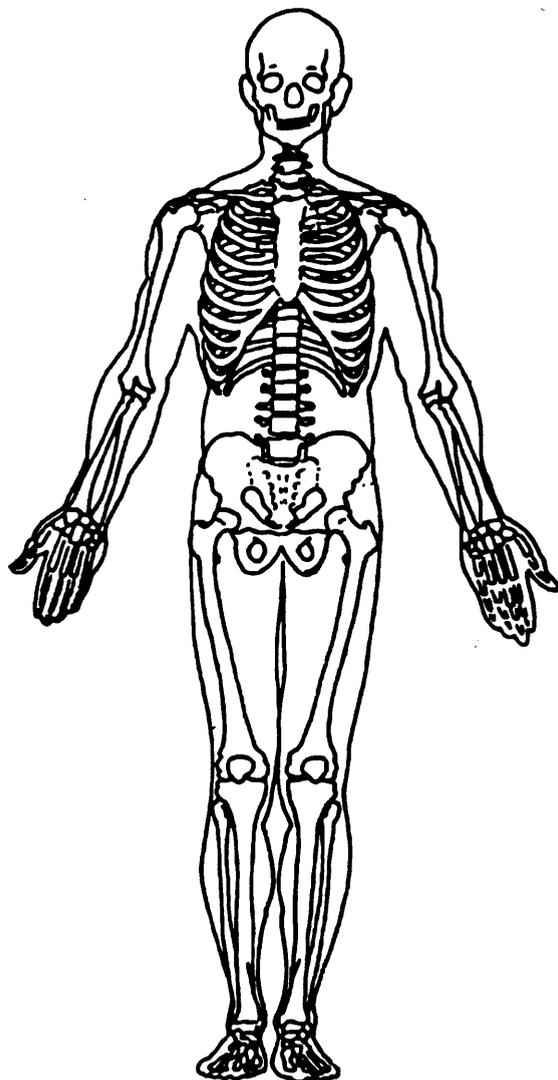
pH = _____

PO₂ = _____

PCO₂ _____

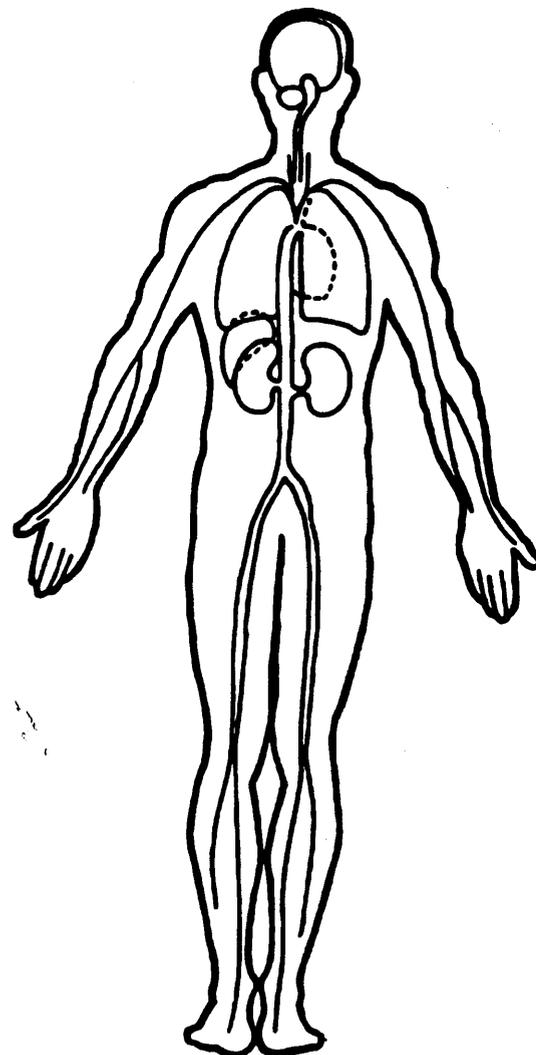
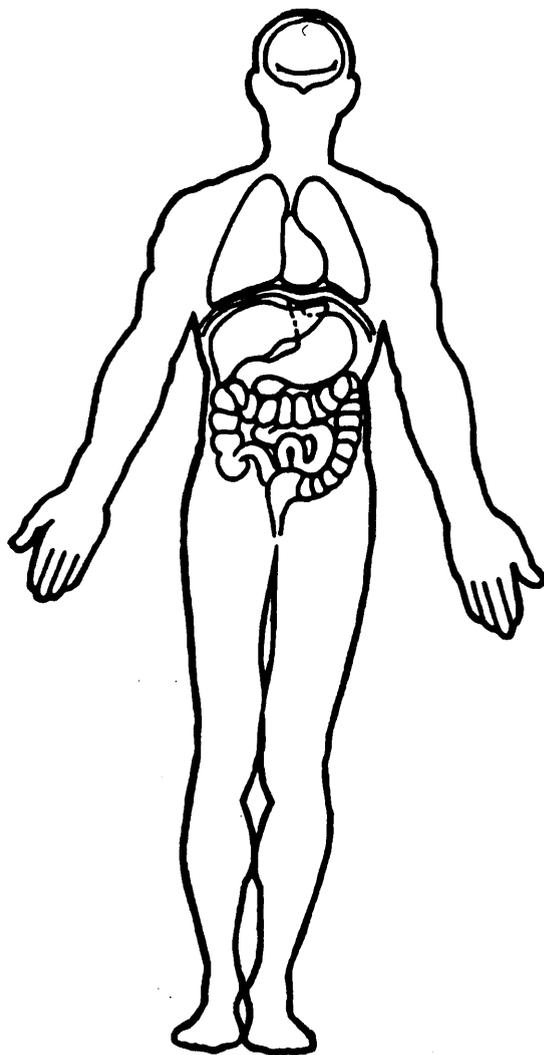
HCO₃ _____

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



GENERAL VEHICLE Vehicle: 2

11

INTRA ERRORS

then BASIS FOR DELTA V GV29 should OGG0421 2 If ROLLOVER GV24 equals 1-9,
GG0422 equal 4 or 5.

0
OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

IS VEHICLE IS INICATED AS HAVING AN AIRBAG. ***** OHH1281 2 ***** TH
K YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ***** HH1282 ***** CHEC
ILABILITY/FUNCTION OA21 equals 1-3. HH1283 AIR BAG AVA

HH1091 2 If TREATMENT OA35 equals 0, 4 or 5, then WORKING DAYS LOST OA38
HH1092 should equal 00, 01, 97 or 99.

0

PSU09 ERROR SUMMARY SCREEN 93
CASE 020J
CURRENT VERSION: 5.04

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



PSU 09-020J (1992) #1



PSU 09-020J (1992) #2



PSU 09-020J (1992) #3



PSU 09-020J (1992) #4



PSU 09-020J (1992) #5



PSU 09-020J (1992) #6



PSU 09-020J (1992) #7



PSU 09-020J (1992) #8



PSU 09-020J (1992) #9



PSU 09-020J (1992) #10



PSU 09-020J (1992) #11



PSU 09-020J (1992) #12



PSU 09-020J (1992) #13



PSU 09-020J (1992) #14



PSU 09-020J (1992) #15



PSU 09-020J (1992) #16



PSU 09-020J (1992) #17



PSU 09-020J (1992) #18



PSU 09-020J (1982) #19



PSU 09-020J (1992) #20



PSU 09-020J (1992) #21



PSU 09-020J (1992) #22



PSU 09-020J (1992) #23



PSU 09-020J (1992) #24



PSU 09-020J (1992) #25



PSU 09-020J (1992) #26



PSU 09-020J (1992) #27



PSU 09-020J (1992) #28



PSU 09-020J (1992) #29



PSU 09-020J (1992) #30



PSU 09-020J (1992) #31



PSU 09-020J (1992) #32



PSU 09-020J (1992) #33



PSU 09-020J (1992) #34



PSU 09-020J (1992) #35



PSU 09-020J (1992) #36



PSU 09-020J (1992) #37



PSU 09-020J (1992) #38



PSU 09-020J (1992) #39



PSU 09-020J (1992) #40



PSU 09-020J (1992) #41



PSU 09-020J (1992) #42



PSU 09-020J (1992) #43



PSU 09-020J (1992) #44



PSU 09-020J (1992) #45



PSU 09-020J (1992) #46



PSJ 09-020J (1992) #47



PSU 09-020J (1992) #48



PSU 09-020J (1992) #49



PSU 09-020J (1992) #50



PSJ 09-020J (1992) #51



PSJ 09-020J (1992) #52