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.

*** *** ***

SAN IT.

[redacted] 199[redacted]

ASOK MTH

SPECIAL REMOTE AIR BAG REPORT

[redacted] Oklahoma
Case Number: TSI-94-01

Submitted By:

[redacted]

Transportation Safety Institute
[redacted] Oklahoma

[redacted] 1994

DISCLAIMERS

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

Transportation Safety Institute
Special Remote Air bag Report
Case Number TSI-94-01

Summary

This report concerns a single vehicle air bag deployment involving a 1993 Toyota Camry on [redacted] 1994 at approximately 1520 hours. The deployment is reported to have occurred in Oklahoma [redacted] on a city street. No police report was filed and there were no witnesses to the deployment.

The driver reported to be traveling north in the inside (second) travel lane of the northbound road. The driver realized that he forgot something at his place of employment (which was several blocks south of his location) and decided to make a U-turn to retrieve the item. The driver attempted to make a left turn into a widemouth, curbed entranceway (driveway) when he reports the air bag deployed inadvertently. The driver then continued for a short distance 3-6 meters (10-20 feet) and came to rest in the middle of the driveway. Although the driver stated that he did not feel any impact with the curb, he got out of his car and looked underneath, where he saw small pieces of concrete stuck in the frame. Subsequent to the deployment and vehicle final rest, the driver drove the vehicle to his residence and later sought medical treatment. The police were not notified of this incident.

The vehicle was inspected on [redacted] 1994 at a dealership in [redacted], Oklahoma. The vehicle sustained undercarriage damage to the front lower facia, the right front tie-down hook, the forward lower plastic splash cover, and the frame structure. The damage was confined to the center and right side of the undercarriage and was assigned a CDC of 12-FZLW-1.

The 1993 Toyota Camry was equipped with a driver side supplemental inflatable restraint system which deployed. The driver of the vehicle, a 58 year-old male, was wearing an active three point restraint at the time of deployment. He sustained minor abrasions to the nose; a minor laceration to the chin; a slight burn to the abdomen in the left lower quadrant; and a strain to the back of the neck, all AIS-1 injury severities.

ACCIDENT DATA

Location/Street:	City street at a junction with driveway to an office building
City/Township:	[redacted], Oklahoma
Area/Type:	Urban, commercial
Accident Date and Time:	[redacted], 1994 at [redacted] hours
Investigating Police Agency:	None
Accident Type:	Single vehicle striking curb during a controlled turning maneuver
Occupant Injury Severity:	Abrasions (AIS-1)

AMBIENT CONDITIONS

Light conditions:	Light
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry

ROADWAY

Location:	City street at entranceway to driveway
Number of Travel Lanes:	Four lanes undivided
Surface Type:	Concrete
Vertical Alignment:	Level

ROADWAY (continued)

Horizontal Alignment:	Straight
Traffic Density:	Light
Speed Limit:	64 kph (40 mph)
Traffic Controls:	Double yellow centerline

CASE VEHICLE

Year:	1993
Make:	Toyota
Model:	Camry
Body Type:	Four door sedan
Vehicle Identification Number:	4T1SK12E0PU _ _ _ _ _ _
Mileage:	38,251 kilometers (23,769 miles)
Tow Status:	Not towed from scene
Reported Defects:	Driver reports inadvertent deployment

VEHICLE DAMAGE

Object Struck:	Curb
Damage Location:	Through frontal plane to undercarriage
CDC:	12-FZEW-1
Estimated Crush:	No residual crush at bumper; frame structure sustained a snagging tear and scratches

VEHICLE DAMAGE (continued)

Air bag Diagnostic Module:	The diagnostics module was checked by a dealership mechanic revealing a "Code 14 - Open in Squib Circuit"
Damaged Components:	Front bumper facia; right side tie-down hook; frame assembly, and plastic splash panel
Repair Estimate:	$4,000.00 (as per driver, from Toyota dealer estimate)
Interior Damage:	Steering wheel (air bag deployment and subsequent removal of assembly)

COLLISION SEQUENCE

The case vehicle (1993 Toyota Camry) was traveling north in the inside northbound lane of a four lane undivided city street and stopped to attempt a "U" turn utilizing a widemouth driveway. The driver reports: upon startup from a stopped position at approximately 3-5 kilometers per hour (2-3 miles per hour) and in a left turn sequence, the air bag deployed inadvertently. The driver stated, "although startled" he was able to bring the vehicle to a stopped position, momentarily after deployment, with the vehicle's final rest in the middle of the driveway.

The driver reported that subsequent to deployment he drove the vehicle to his residence, then sought medical treatment for his minor injuries.

The inspection of the scene at the reported area of occurrence revealed the following: the roadway is a four lane undivided trafficway, with the aforementioned driveway to the building on the west side of the roadway. Both the north and south sides of the driveway are protected by a barrier curb approximately six inches in height. Although the driveway entrance is due west, the curbing is arced from west to north along the north side of the driveway (and from west to south on the south side of the driveway).

The curb on the northwest corner at the driveway, sustained two significant gouges consistent with the impact to the undercarriage of the vehicle. There was scraping and abrading of the concrete consistent with contact from a pliable surface (i.e., facia). Tire or black rubber transfers were also present on the curb in the area of the gouges.

COLLISION SEQUENCE (continued)

The driver reports the supplemental restraint deployed "while in the turn" and does not specifically remember contacting the curb. Based on the driver's report of the accident location, evidence is present on the curbing which is consistent with the undercarriage damage to the vehicle.

The driver of the vehicle, while in the turn, had the steering wheel turned approximately 170 degrees. He was wearing an active three point restraint at the time of deployment. He sustained minor abrasions to the nose; a minor laceration to the chin; a slight burn to the abdomen in the left lower quadrant (**note** - the vent ports are designed at 11 o'clock and at 1 o'clock, however the positioning of the wheel at deployment would then place the vent ports at approximately 6 o'clock and 8 o'clock - therefore indicative of the burn to the lower part of the abdomen); and a strain to the back of the neck, all AIS-1 injury severities. He was not transported to a medical facility from the scene, however, did seek medical treatment at a later time.

DRIVER DATA

Age:	58
Sex:	Male
Height:	168 centimeters (66 inches)
Weight:	87 kilograms (192 pounds)
Occupation:	Currently retired
Active Restraint System/Usage:	3-point lap and shoulder belt / used properly
Eyeglasses:	Sunglasses worn at time of deployment
Vehicle Familiarity:	Well
Route Familiarity:	Well
Trip Plan:	Driving to residence
Manner of Leaving Scene:	Drove case vehicle from scene
Type of Medical Treatment:	Air Force Base hospital - treatment later the same day

DRIVER INJURIES

Injury	Severity (AIS)	Source
Abrasion to nose	2-9-02-02-1-4	Sunglasses
Contusions to lips	2-9-04-02-1-8	Air bag
Burn to left lower quadrant of abdomen	5-9-20-02-1-8	Air bag
Strain to back of neck	6-4-02-78-1-6	Impact forces (from air bag)

ATTACHMENTS

Selected Photographs
Scene Diagram
Accident Form
Vehicle Forms for Case Vehicle - 1993 Toyota Camry
Interview Form
Occupant Form for Driver of Case Vehicle

Transportation Safety Institute
Special Remote Air Bag Report
Case Number: TSI-94-01

Selected Photographs
Numbered 1- 42

PHOTOGRAPH # 1

Vehicle approach northbound

PHOTOGRAPH # 2

Vehicle turns to northwest

PHOTOGRAPH # 3

View to northwest approach to curb

PHOTOGRAPH # 4

View to west - area of contact with curb

PHOTOGRAPH # 5

Closeup of contact with curb

PHOTOGRAPH # 6

Closeup of contact with curb

PHOTOGRAPH # 7

View to southwest - area of final rest

PHOTOGRAPH # 8

Lookback from area of final rest to north

PHOTOGRAPH # 9

Lookback of approach into curb - view to southeast

PHOTOGRAPH # 10

Overall view of scene - view to southeast

PHOTOGRAPH # 11

Case vehicle

PHOTOGRAPH # 12

Case Vehicle

PHOTOGRAPH # 13

Case vehicle (note scraping on lower right corner of facia)

PHOTOGRAPH # 14

Case vehicle (no other damage to front end)

PHOTOGRAPH # 15

Damage to lower right front corner area and underbody

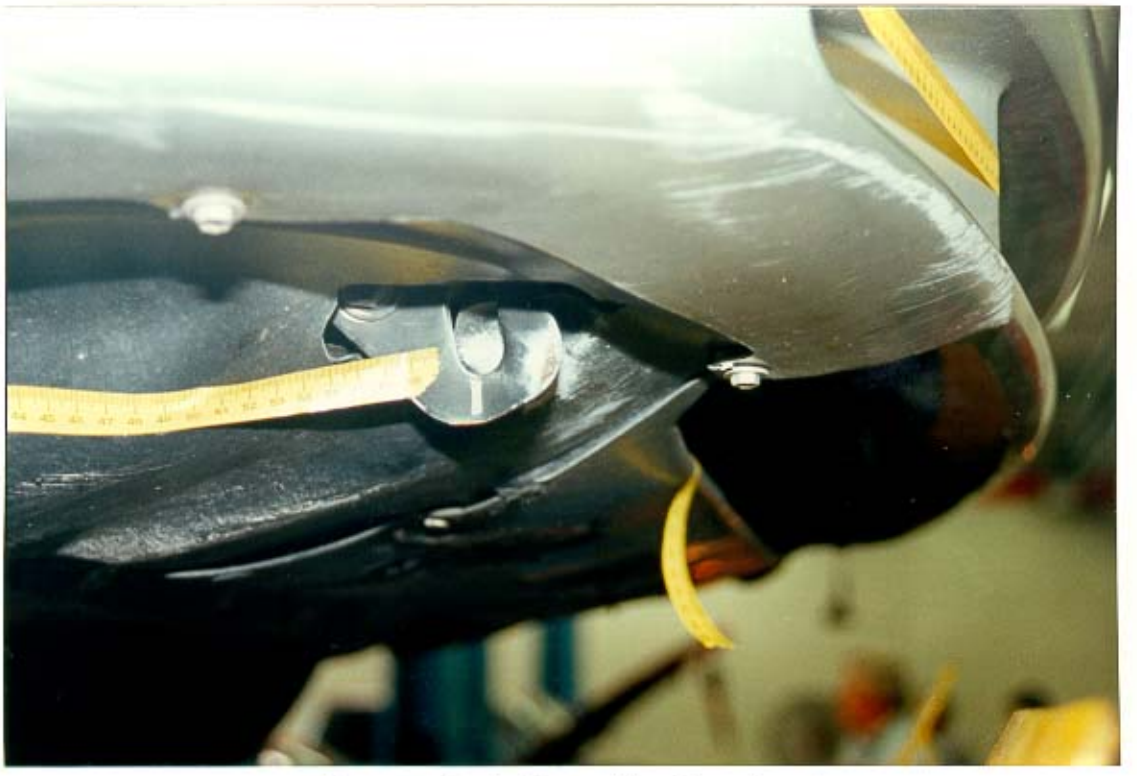
PHOTOGRAPH # 16

Closeup of damage to facia

PHOTOGRAPH # 17

Closeup of damage to facia

PHOTOGRAPH # 18



Damage to facia and tie-down hook

PHOTOGRAPH # 19

Closeup of damage to underbody

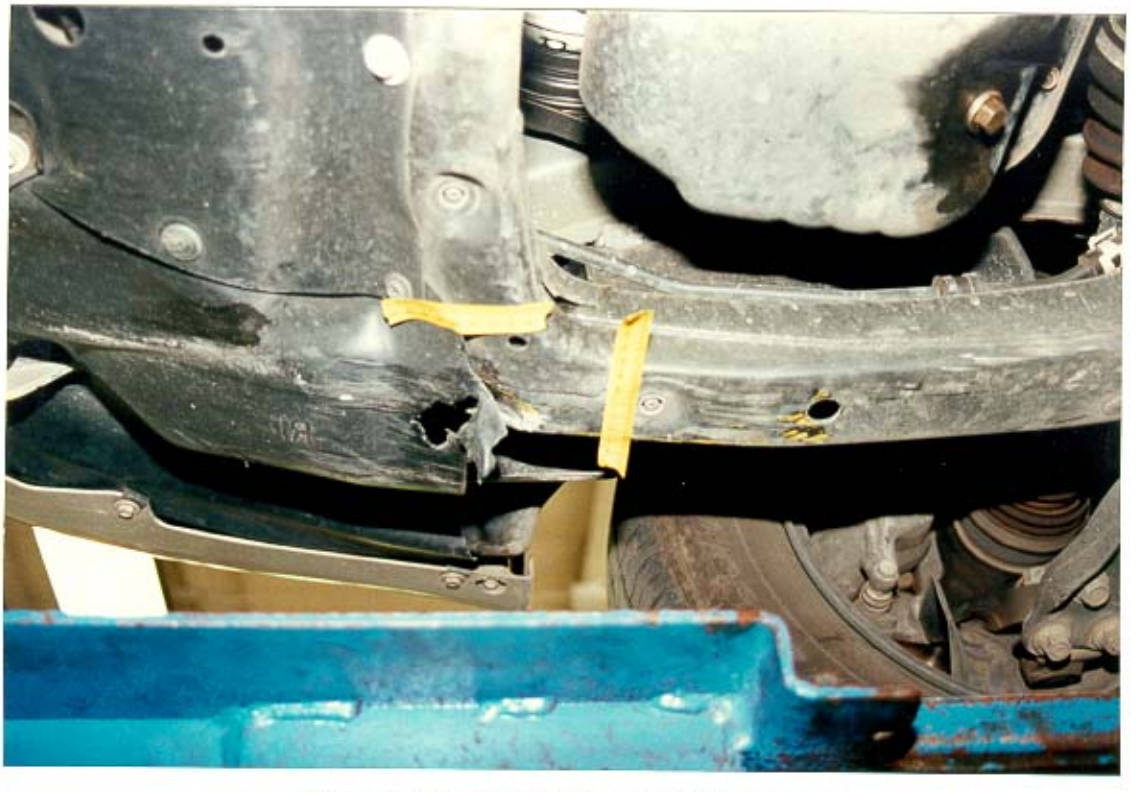
PHOTOGRAPH # 20

Area of damage to underbody

PHOTOGRAPH # 21

Damage to splash panel and frame

PHOTOGRAPH # 22



Closeup of damage to right front frame

PHOTOGRAPH # 23

Closeup of damage to right front frame and splash panel

PHOTOGRAPH # 24

Closeup of damage to right front frame and splash panel

PHOTOGRAPH # 25

Vehicle identification number of case vehicle

PHOTOGRAPH # 26

Vehicle identification number of case vehicle

PHOTOGRAPH # 27

Steering assembly and instrument panel

PHOTOGRAPH # 28

Crossing view of steering wheel rim (left to right)

PHOTOGRAPH # 29

Overhead view of steering wheel rim (top to bottom)

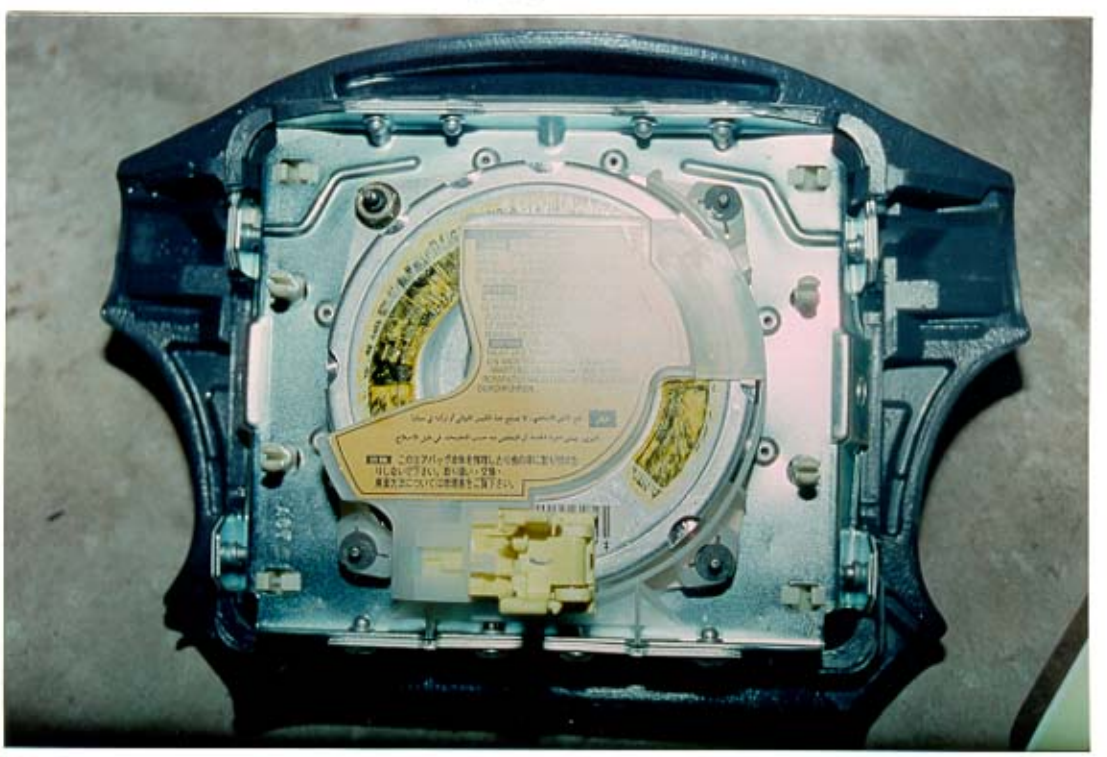
PHOTOGRAPH # 30

Crossing view of steering wheel rim (right to left)

PHOTOGRAPH # 31

Airbag housing

PHOTOGRAPH # 32



Reverse side of airbag housing

PHOTOGRAPH # 33

Airbag (note blood and scuff in right lower quadrant

PHOTOGRAPH # 34

Closeup of blood and scuff

PHOTOGRAPH # 35

Airbag with blood and scuff highlighted (top of airbag at the top of picture)

PHOTOGRAPH # 36

Airbag with blood and scuff highlighted (top of airbag at the top of picture)

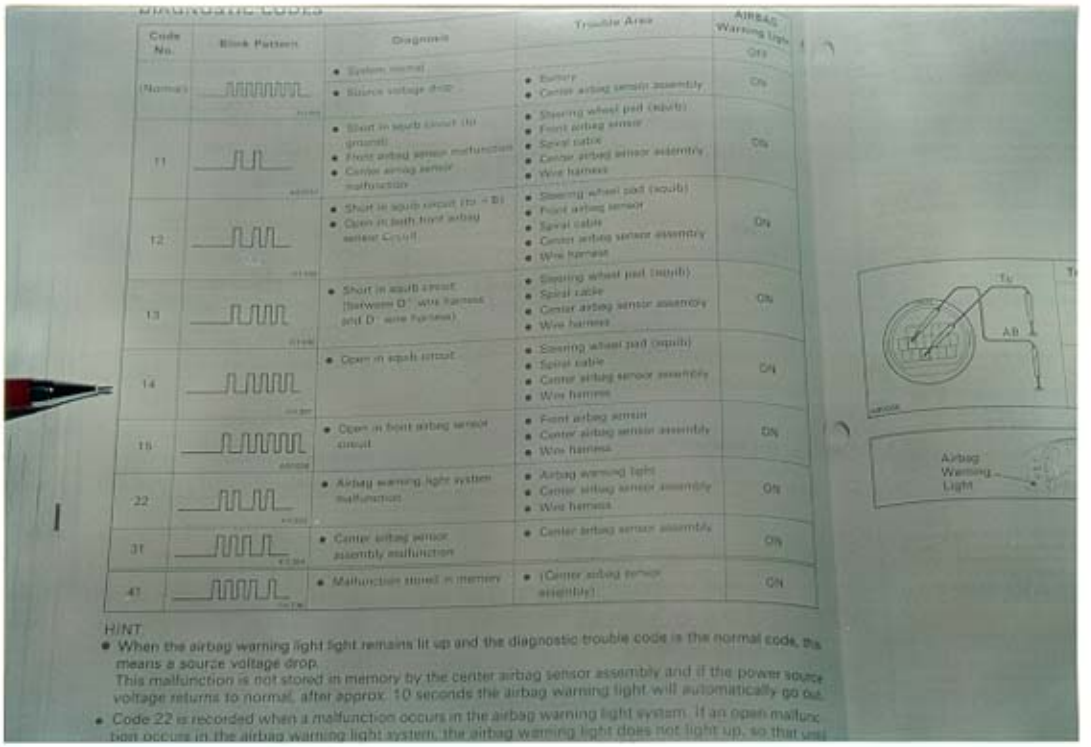
PHOTOGRAPH # 37

Reverse side of airbag (note vent ports are at top position of airbag)

PHOTOGRAPH # 38

Closeup of vent ports and airbag numbering

PHOTOGRAPH # 39



View of diagnostic code from technical manual (code 14)

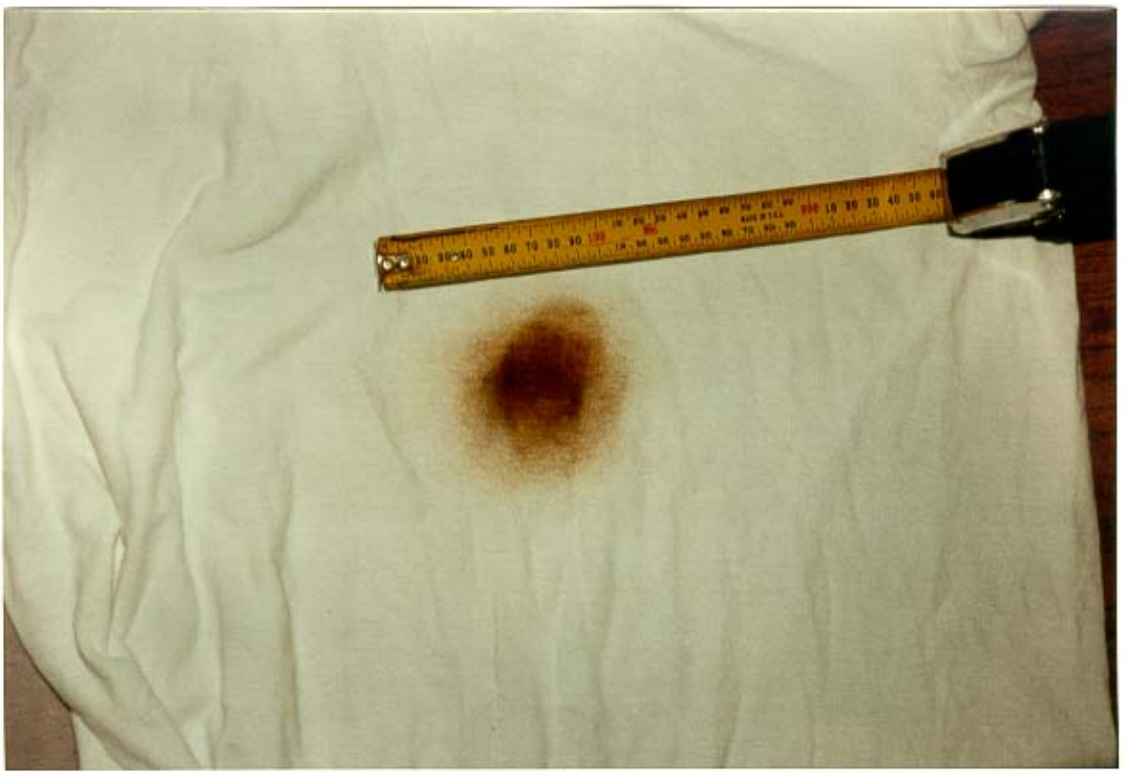
PHOTOGRAPH # 40

Front view of driver's shirt (on left) and undershirt

PHOTOGRAPH # 41

Closeup of burn and blood on driver's shirt

PHOTOGRAPH # 42



Closeup of burn to driver's undershirt

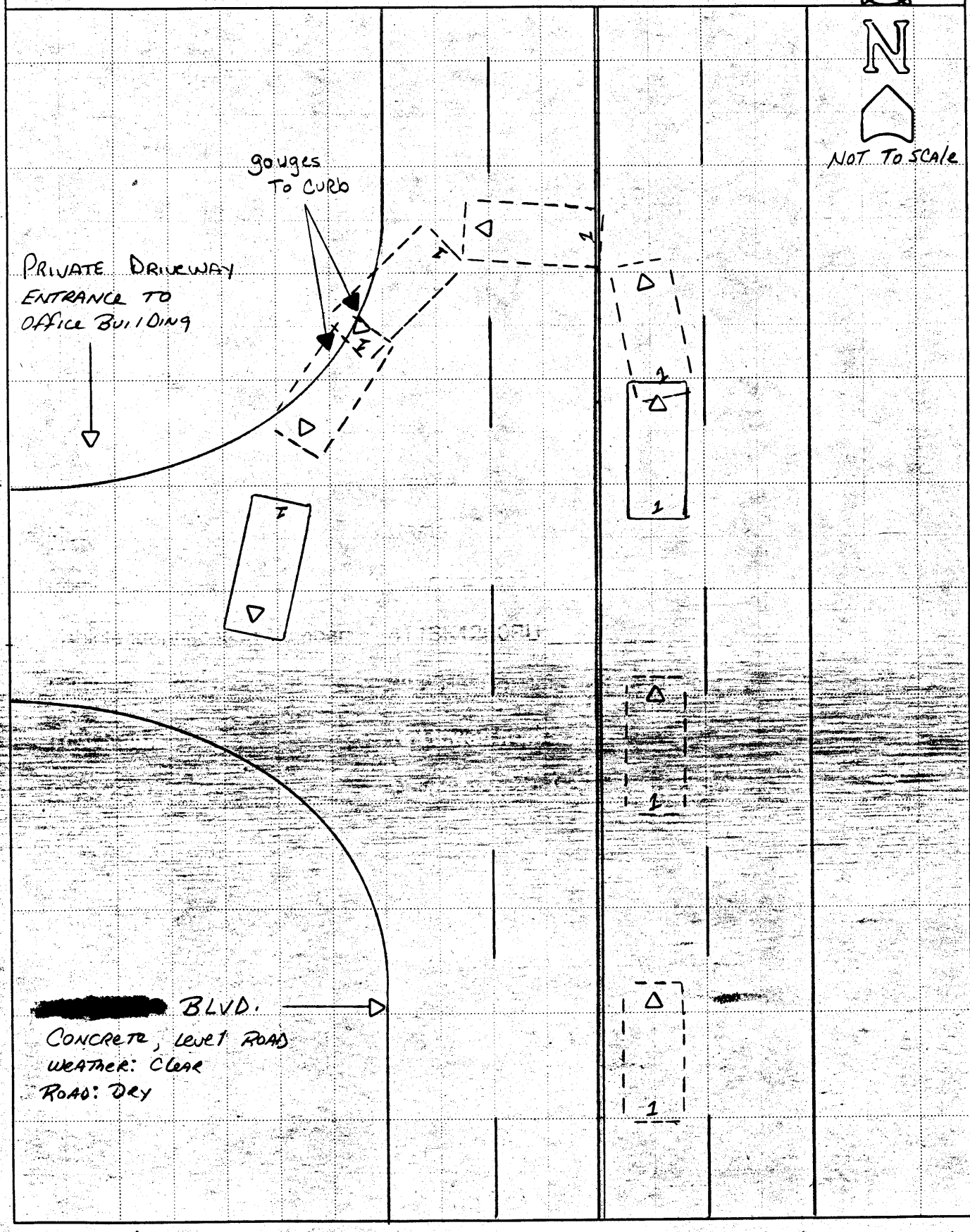
U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. ___ ___ Case Number—Stratum ___ ___ ___ ___

Indicate North



HS Form 431B (1/94)

Scale: 1 centimeter = _____ meters

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI
2. Case Number - Stratum: 94-01

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 01
4. Date of Accident (Month,Day,Year): [redacted] 94
5. Time of Accident: 1520

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS15 Administrative Use: 0
7. ___SS16 Pedestrian Crash Data Study: 0
8. ___SS17 Impact Fires: 0
9. ___SS18 _____: 0
10. ___SS19 _____: 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 01

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. 01	13. 01	14. 02	15. F	16. 63	17. 00	18. 0
19. 02	20.	21.	22.	23.	24.	25.
26. 03	27.	28.	29.	30.	31.	32.
33. 04	34.	35.	36.	37.	38.	39.
40. 05	41.	42.	43.	44.	45.	46.

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

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs 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

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(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 (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)
(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify): _____
(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____
(69) Unknown fixed object

Collision with Nonfixed Object
(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
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object

(98) Other event (specify): _____
(99) Unknown event or object

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

ACCIDENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number ____
2. Case Number—Stratum ____ ____ ____ ____
3. Assigned Researcher Number ____
4. PSU Reviewer Number ____
5. Sample Date ____ ____/____ ____/____ ____
6. Date Scene Field Work Completed ____ ____/____ ____/____ ____
7. Number of Scene Slides ____ ____

TO BE COMPLETED BY ZONE CENTER

8. Type of Scene Inspection ____
   (1) No physical evidence
   (2) Drive by (photos only)
   (3) Physical evidence present
9. Field Documentation Of Physical Plant ____
   (0) Not applicable
   (1) Substandard - beyond researcher control
   (2) Substandard
   (3) Standard
10. Field Documentation Of Physical Evidence ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard
11. Quality Of Scene Diagram ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard
12. Scene Slides Subject Quality ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard
13. Scene Slides Quality ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard
14. Number Of Researcher Coded Events ____ ____
15. Number Of Events Added By Zone Center ____ ____
16. Number Of Events Deleted By Zone Center ____ ____
17. Correct Stratum Character ____
18. Stratum Checked By (Initials) ____ ____ ____

DATA STATUS OF VARIABLE NUMBERS 1–81

1	2	3	4	5	6	7	8	9	10	11

12	13	14	15	16	17	18

19	20	21	22	23	24	25

26	27	28	29	30	31	32

33	34	35	36	37	38	39

40	41	42	43	44	45	46

47	48	49	50	51	52	53

54	55	56	57	58	59	60

61	62	63	64	65	66	67

68	69	70	71	72	73	74

75	76	77	78	79	80	81

Data Status Codes:

(Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

(Rev. 1/94)

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

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI
2. Case Number - Stratum: 94-01
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 93
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): TOYOTA — 49
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): CAMRY — 040
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type: 04
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number
   4T1SK12EØPU[redacted]
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition: ___
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown
   NO police Report Filed

10. Police Reported Travel Speed: ___ ___ ___
    Code to the nearest kph (NOTE: 000 means less than 0.5 kph)
    (160) 159.5 kph and above
    (999) Unknown
    ___ mph X 1.6093 = ___ ___ ___ kph

11. Police Reported Alcohol Presence: ___
    (0) No alcohol present
    (1) Yes (alcohol present)
    (7) Not reported
    (8) No driver present
    (9) Unknown
    NO Police Report Filed
    Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver: ___ ___
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown
    Source: _____

ACCIDENT RELATED

13. Speed Limit: 040
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown
    ___ ___ mph X 1.6093 = ___ ___ ___ kph

14. Attempted Avoidance Maneuver: 01
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify): _____
    (99) Unknown

15. Accident Type: 09
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 4,500 kgs GVWR)
(23) Van based motorhome (≤ 4,500 kgs GVWR)
(24) Van based school bus (≤ 4,500 kgs GVWR)
(25) Van based other bus (≤ 4,500 kgs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

(60) Step van (> 4,500 kgs GVWR)
(61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
(62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
(63) Single unit straight truck (> 12,000 kgs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

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: ___

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,340
____Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

__,___ lbs X .4536 = 1,335 kgs

Source: _____

20. Vehicle Cargo Weight: 0,000
____Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

__,___ lbs X .4536 = __,___ kgs

RECONSTRUCTION DATA

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

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

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

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 6

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): _____

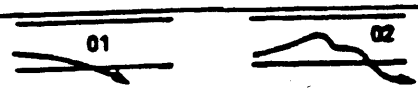
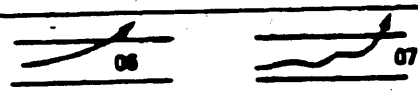
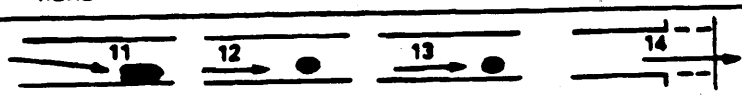
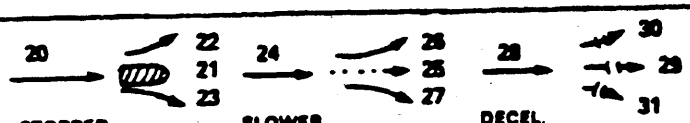
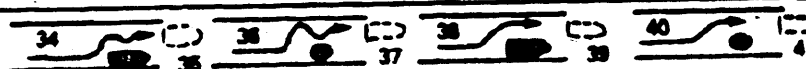
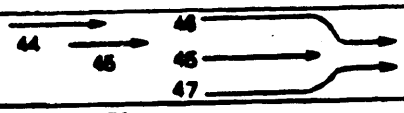
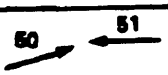
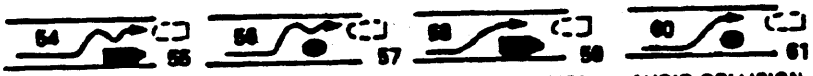
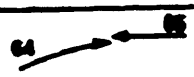
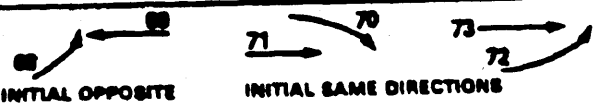
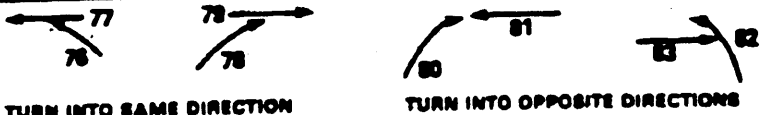
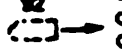
(7) Medium/heavy truck or bus override
(9) Unknown

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: 998

28. Heading Angle For Other Vehicle: 998

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD; 02 CONTROL/ TRACTION LOSS; 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B Left Roadside Departure	 06 DRIVE OFF ROAD; 07 CONTROL/ TRACTION LOSS; 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C Forward Impact	 11 PARKED VEH.; 12 STA. OBJECT; 13 PEDESTRIAN/ ANIMAL; 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN		
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23; 24 SLOWER 25, 26, 27; 28 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN		
	E Forward Impact	 34 35 CONTROL/ TRACTION LOSS; 36 37 CONTROL/ TRACTION LOSS; 38 39 AVOID COLLISION WITH VEH.; 40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN		
	F Sideswipe Angle	 44 45; 46 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN		
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE; 51	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 55 CONTROL/ TRACTION LOSS; 56 57 CONTROL/ TRACTION LOSS; 58 59 AVOID COLLISION WITH VEH.; 60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN		
	I Sideswipe Angle	 64 LATERAL MOVE; 65	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS; 70 71 INITIAL SAME DIRECTIONS; 72 73	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	 76 77 TURN INTO SAME DIRECTION; 78 79; 80 81 TURN INTO OPPOSITE DIRECTIONS; 82 83	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN		
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87; 88 89	(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			

29. Basis for Total Delta V (highest) 5

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V — Highest 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

31. Longitudinal Component of Delta V ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

32. Lateral Component of Delta V — Highest ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 9999 00

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

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

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

35. Type of Vehicle Inspection 2
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
_____

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence ____
(0) No other drug(s) present
(1) Yes [other drug(s) present]
(7) Not reported
(8) No driver present
(9) Unknown

NO Police Report Filed

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ____
(0) No DEC process available or given
(1) DEC process given, results known
(2) DEC process given, results unknown
(3) DEC process available, unknown if given
(8) No driver present

39. Other Drug Specimen Test Type For Driver ____
(0) No specimen test given
(1) Blood test
(2) Urine test
(3) Other specimen tests (specify): _____
(7) Unspecified specimen test
(8) No driver present
(9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. ____	41. ____
Depressant Drug	42. ____	43. ____
Stimulant Drug	44. ____	45. ____
Hallucinogen Drug	46. ____	47. ____
Cannabinoid Drug	48. ____	49. ____
Phencyclidine (PCP)	50. ____	51. ____
Inhalant Drug	52. ____	53. ____
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. ____	55. ____

Codes For DEC Test Results

(0) No DEC test given
(1) Passed DEC test
(2) Failed DEC test
(3) DEC test given—results unknown
(8) No driver present
(9) Unknown if DEC test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

NO Police Report Filed

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

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

ROLLOVER DATA

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

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

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

61. Rollover Initiation Object Contacted 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) 1 0
(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 (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

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

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

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 1 2

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(98) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 0
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number ____ ____

2. Case Number—Stratum ____ ____ ____ ____

3. Researcher Completing Form ____

4. Vehicle Number ____ ____

5. Vehicle Disposition/Type ____
   (1) Towed, CDS applicable
   (2) Non-towed, CDS applicable (not AOPS)
   (3) Non-CDS applicable
   (4) Non-towed AOPS—CDS applicable

6. Reason Vehicle Inspection Not Completed ____ ____
   (00) Non-CDS applicable vehicle
   (01) Complete inspection
   (02) Partial inspection -- under repair
   (03) Partial inspection -- repaired
   (04) Partial inspection -- other (specify): _____
   (05) Vehicle cannot be located
   (06) Vehicle destroyed
   (07) Vehicle outside of study area
   (08) Vehicle impounded
   (09) Vehicle sold
   (10) Hit and run vehicle
   (11) Owner could not be located
   (12) Owner refusal
   (13) Insurance company refusal
   (14) Attorney refusal or litigation
   (15) Repair or tow facility refusal
   (16) Stolen
   (17) Wrong name and address on PAR
   (18) Caseload / staff turnover
   (19) Other (specify): _____

7. Knowledge Of Highest Delta V Results ____ ____

   Known
   (01) CRASH-PC damage only
   (02) CRASH-PC damage and trajectory
   (03) OLDMISS (completed by Zone Center)

   Unknown
   (04) Rollover
   (05) Other non-horizontal force
   (06) Sideswipe type damage / severe override
   (07) Vehicle out of scope / pedestrian
   (08) Yielding object
   (09) Overlapping damage
   (10) Insufficient data
   (11) Other (specify): _____
   (12) OLDMISS form - pending review by Zone Center

8. Presence Of Non-coded Reconstruction Program? ____
   (0) No
   (1) Yes

9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) ____
   (0) No data obtained
   (1) CDC data only
   (2) Trajectory data only
   (3) CDC and crush profile only
   (4) CDC and trajectory data only
   (5) CDC, crush profile, and trajectory data

TO BE COMPLETED BY THE ZONE CENTER

10. Reconstruction Program (Most Severe Impact) ____
    (0) Not present
    (1) Added
    (2) Dropped
    (3) Changed
    (4) Correct

11. Reason(s) Program Results Dropped Or Changed
    a. Algorithm choice
    b. Collision type
    c. Vehicle type
    d. Size / stiffness / weight
    e. Improved PDOF
    f. CDC
    g. Trajectory data
    h. Damage data
    i. Heading angle for Oldmiss

a	b	c	d	e	f	g	h	i

(Blank) Correct or no reconstruction
(1) Incorrect

DATA STATUS OF VARIABLE NUMBERS 3–67

3	4	5	6	7	8	9	10	11	12	13

14	15	16	17	18	19	20	21	22	23	24

25	26	27	28	29	30	31	32	33	34	35

36	37	38	39	40	41	42	43	44	45	46

47	48	49	50	51	52	53	54	55	56	57

58	59	60	61	62	63	64	65	66	67

Data Status Codes:

(Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG

(Rev. 1/94)

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI	3. Vehicle Number: 01
2. Case Number - Stratum: 94-01	

VEHICLE IDENTIFICATION

VIN 4T1SK12EOPU[redacted] Model Year 93

Vehicle Make (specify): TOYOTA Vehicle Model (specify): CAMRY

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	FRONT LOWER VALANCE	
	37.0 cm FROM RIGHT FRONT CORNER	

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
			NO RESIDUAL CRUSH								

HS Form 435A (Rev. 1/94)

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	103.1	inches	x 2.54	=	262	cm
Overall Length	187.8	inches	x 2.54	=	477	cm
Maximum Width	69.7	inches	x 2.54	=	177	cm
Curb Weight	2,943	pounds	x .4536	=	1,335	kg
Average Track	60.0	inches	x 2.54	=		cm
Front Overhang		inches	x 2.54	=		cm
Rear Overhang		inches	x 2.54	=		cm
Undeformed End Width		inches	x 2.54	=		cm
Engine Size: cyl./displ.		cc	x .001	=		L
		CID	x .0164	=		L

VEHICLE DAMAGE SKETCH

BEST AVAILABLE COPY

TIRE—WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	262	cm
Overall Length	477	cm
Maximum Width	177	cm
Curb Weight	1335	kg
Average Track	152	cm
Front Overhang		cm
Rear Overhang		cm
Undeformed End Width		cm
Engine Size: cyl./displ.		L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

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

N/A

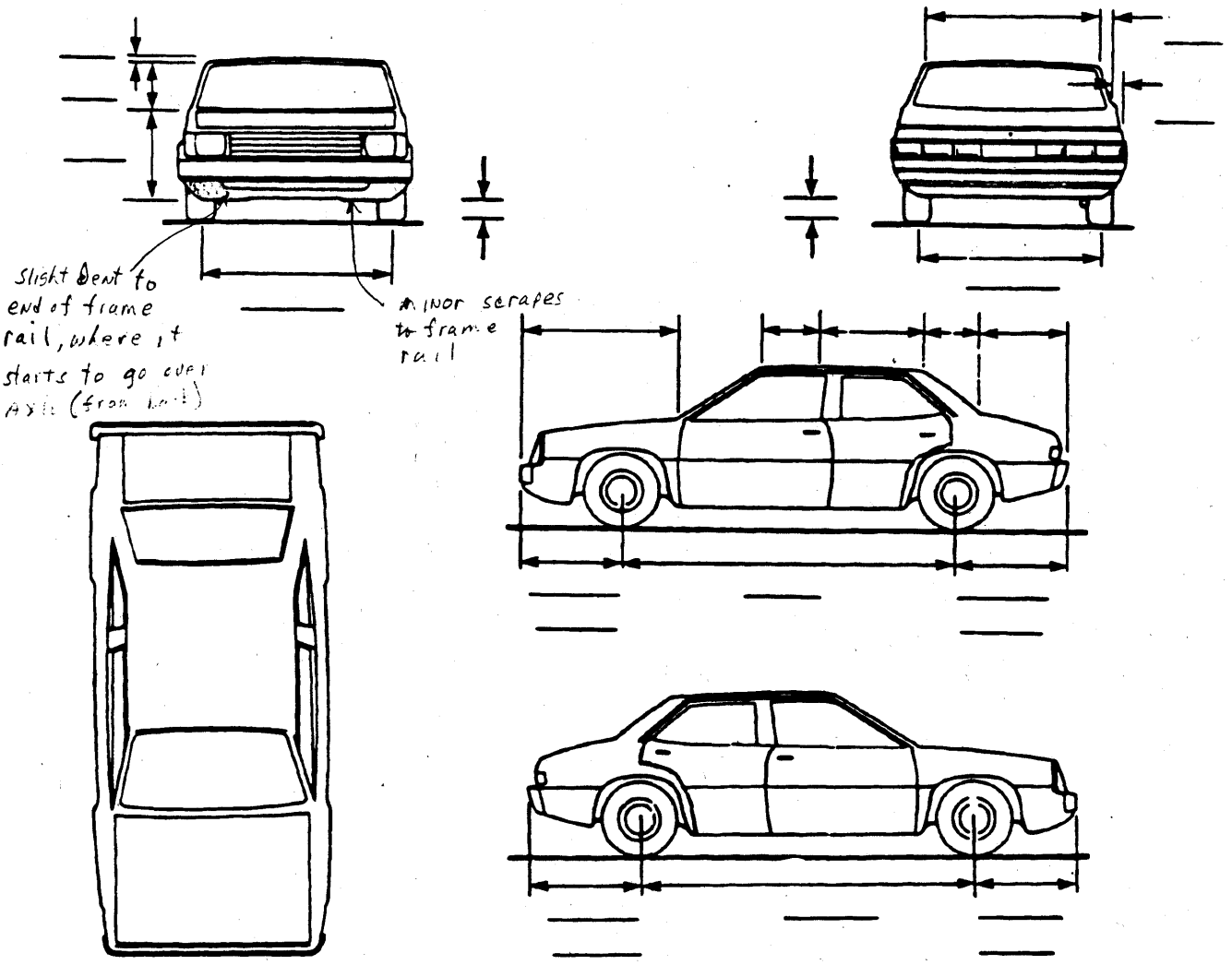
Within ± 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight 0 kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (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 (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (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
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	63	360	00	F	Z	L	W	01
01	63	360	00	U	F	Z	S	01

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

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

Second Highest Delta "V"

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

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
___	___	___	___	___	___	___	+ − ___

Second Highest Delta "V"

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

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

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

28. Original Wheelbase 262
Code to the nearest centimeter
(999) Unknown

___ . ___ inches X 2.54 = ___ centimeters

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

30. Fire Occurrence 0
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

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

32. Type of Fuel Tank-1 1

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

34. Fuel Tank-1 Location 9

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

36. Fuel Tank-1 Filler Cap Location 2

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

38. Fuel Tank-1 Damage 1

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

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage 0
(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage
(2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

42. Fuel Type-1 01

43. Fuel Type-2 00

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

Electric Powered or Electric/Solar Powered Vehicles
(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

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

EXTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number ____
2. Case Number—Stratum ____
3. Researcher Completing Form ____
4. Vehicle Number ____
5. Date Vehicle Inspected ____/____/____
6. Number of Exterior Vehicle Slides ____

TO BE COMPLETED BY ZONE CENTER

7. Applicable Precrash Measurements ____
   (0) Not applicable
   (1) Substandard - beyond researcher control
   (2) Substandard
   (3) Standard

8. Impact Damage Documentation ____
   (0) Not applicable
   (1) Substandard - beyond researcher control
   (2) Substandard
   (3) Standard

9. Quality Of Vehicle Damage Sketch ____
   (0) Not applicable (e.g., repaired vehicle)
   (1) Substandard - beyond researcher control
   (2) Substandard
   (3) Standard

10. Exterior Slides Subject Quality ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard

11. Exterior Slides Quality ____
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard

12. Primary Error Source (Vehicle Plane) ____
    (0) No error
    (1) Front
    (2) Side (left or right)
    (3) Back (rear)
    (4) Top
    (5) Undercarriage
    (8) Other (specify): _____

13. Number of Coded CDCs (0,1,2) ____

14. Number of Coded Crush Profiles (0,1,2) ____

DATA STATUS OF VARIABLE NUMBERS 4–32

Highest CDC

4	5	6	7	8	9	10	11

Secondary CDC

12	13	14	15	16	17	18	19

Highest Crush Profile

20	21	22

Secondary Crush Profile

23	24	25

26	27	28	29	30	31	32	33

34	35	36	37	38	39	40	41	42	43	44

Data Status Codes:

(Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

IF THIS VEHICLE WAS NOT TOWED (I.E., GV09 ≠ 1), DO NOT COMPLETE THE INTERIOR VEHICLE LOG

(Rev. 1/94)

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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI
2. Case Number - Stratum: 94-01
3. Vehicle Number: 01

INTEGRITY

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

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

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

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

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 6
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 Ø

Type of Window/Windshield Glazing

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

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

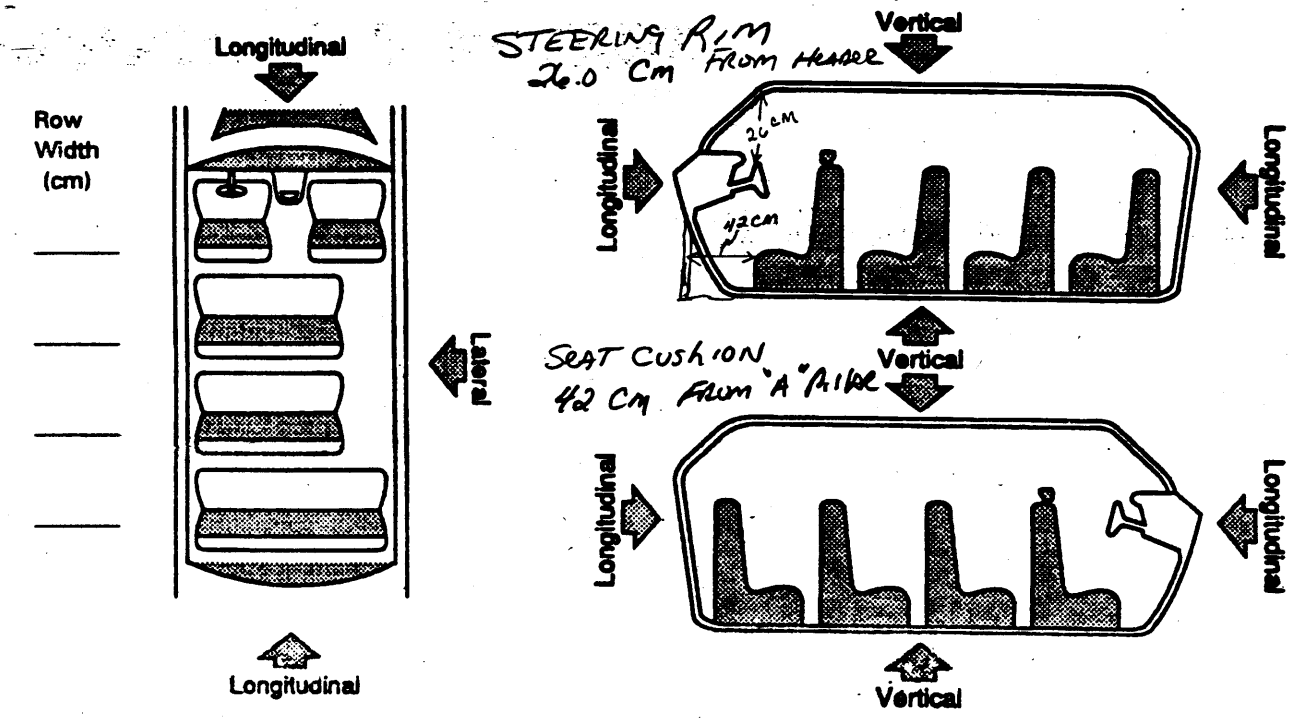
Window Precrash Glazing Status

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters) COMPARISON VALUE	—	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

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

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

LOCATION OF INTRUSION

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

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

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

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

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

INTRUDING COMPONENT

NONE

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) 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 (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

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

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

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

STEERING COLUMN

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

SHEAR CAPSULES NOT MOVED

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

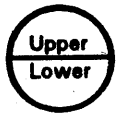
92. Steering Rim/Spoke Deformation — 0 0
____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

* Note: Dealer claimed wheel bent; not visible to us.

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 8 ,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

23,769 miles X 1.6093 = 38,251 kilometers

Source: _____

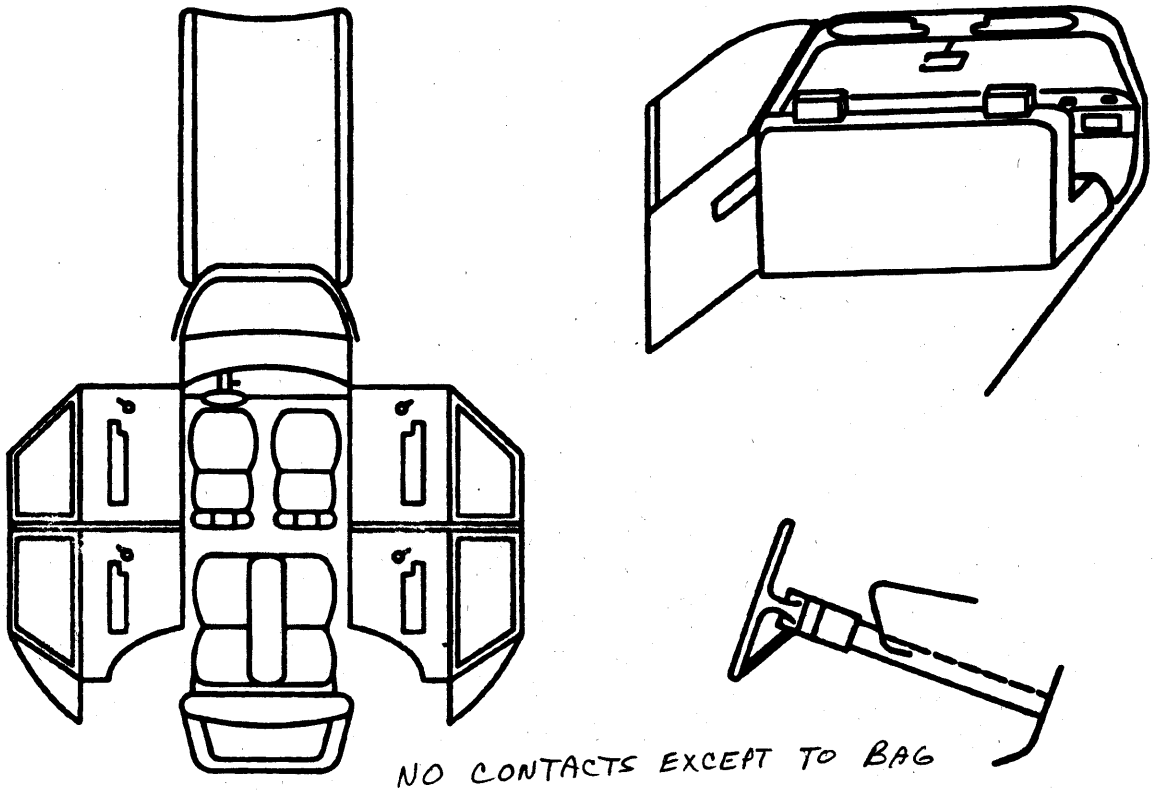
95. Instrument Panel Damage from Occupant Contact? — 0
(0) No
(1) Yes
(9) Unknown

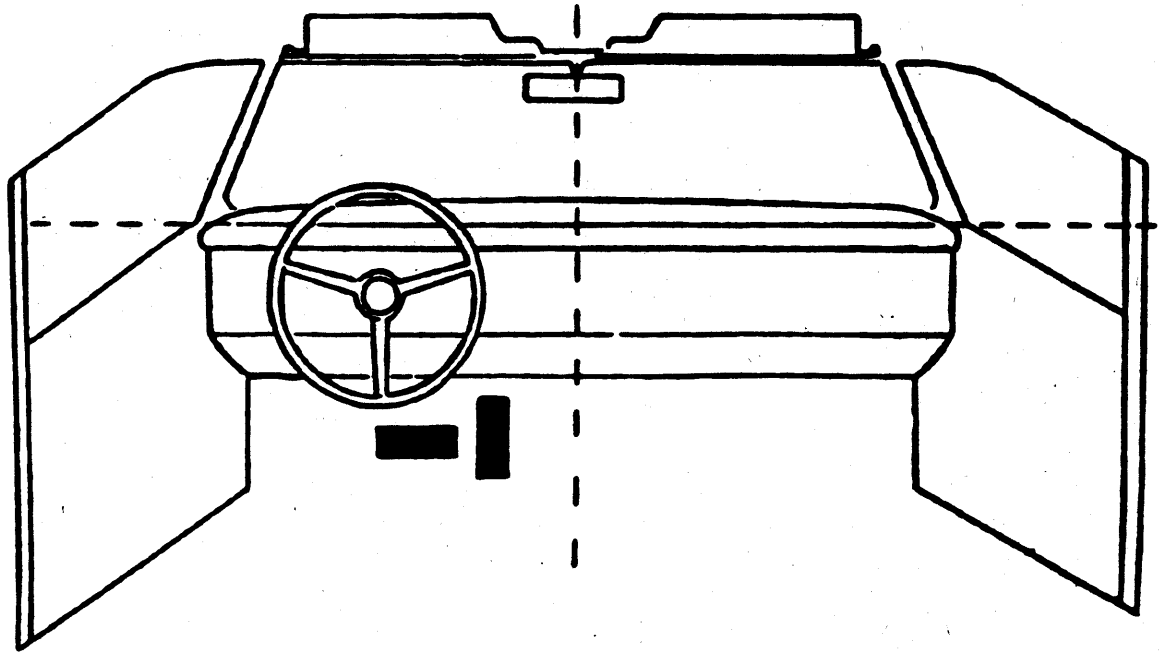
96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

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

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment





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

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
FIRST	Availability/Function	1	0
	Deployment	1 (driver claims 2)	0
	Failure	1 (however, low ΔV)	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

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

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type	N/A	
	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

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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	01	FACE	Scuff, transfer	1
B	45	01	(A) Abdomen	burn thru outer shirt, scorched under-	1
C				shirt, from vent hole	
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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):_____
- (19) Other front object (specify):_____

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (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

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 Ocupant 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		4
	Evidence of usage	4		0
	Used in this crash?	Yes		0
	Proper Use	1		0
	Failure Modes	0		0
SECOND	Availability	4	3	4
	Evidence of usage	9	9	9
	Used in this crash?	NO	NO	NO
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper 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

Proper Use of Manual (Active) Belts
- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

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

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		N/A				
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

_____

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

2. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

_____

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

_____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

_____

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

_____

_____

_____

_____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	1	0	1
	Seat Performance	1	0	1
	Seat Orientation	1	0	1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	3	3	3
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

(9) Unknown

Seat Type (this Occupant Position)

(00) 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

Seat Performance (this Occupant Position)

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

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

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 [X] Yes [ ]

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

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

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

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

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

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

ENTRAPMENT No [X] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

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

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number ____
2. Case Number—Stratum ____
3. Researcher Completing Form ____
4. Vehicle Number ____
5. Number of Interior Vehicle Slides ____

TO BE COMPLETED BY ZONE CENTER

6. Documentation Of Integrity ____
7. Documentation Of Glazing ____
8. Documentation of Intrusions ____
9. Documentation of Steering Column/Wheel ____
10. Documentation of Occupant Contacts ____
11. Documentation of Restraint Systems ____
12. Documentation of Seats ____
13. Interior Slides Subject Quality ____
14. Interior Slides Quality ____

Codes For Log Variables 6-14
(0) Not applicable
(1) Substandard - beyond researcher control
(2) Substandard
(3) Standard

15. Number of Coded Intrusions ____

DATA STATUS OF VARIABLE NUMBERS 4–97

Integrity

4	5	6	7	8	9	10	11	12	13	14

Glazing

15	16	17	18	19	20	21	22	23	24	25

26	27	28	29	30	31	32	33	34	35	36

37	38	39	40	41	42	43	44	45	46

Intrusion

47	48	49	50	51	52	53	54	55	56	57

58	59	60	61	62	63	64	65	66	67	68

69	70	71	72	73	74	75	76	77	78	79

80	81	82	83	84	85	86

Steering Column/Wheel and Instrument Panel

87	88	89	90	91	92	93	94	95	96	97
	XX	XX	XX	XX						

Data Status Codes:

(Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

(Rev. 1/94)

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National Highway Traffic Safety Administration

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INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number TSI
2. Case Number - Stratum 94-01
3. Vehicle Number 01

Interviewee(s) Role or Name(s): DRIVER

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

On [redacted] started to turn left at [redacted] building to turn around (2-3 mph). Stop in middle of drive going into the [redacted] building. No prior accidents. Bought car new [illegible] 1993. Had to have brake pads replaced @ 3000 miles. Occurred 1520 PM on [redacted]/94. No police report. No witnesses. [illegible] when [illegible] couldn't figure out what happened. When started car didn't notice any [illegible] with respect to Air bag indicator light. Wants new bag deactivated if possible

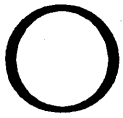
Glasses hanging on front shirt - wearing sunglasses - nose piece [illegible] [illegible]

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

HS Form 433D (1/94)

Information collected in this report is used to complete HS Forms 433A and 433B. These reports are authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

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INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum ___ ___ ___ ___
3. Vehicle Number ___ ___

Interviewee(s) Role or Name(s): ______________________

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

[✓] North [ ] South [ ] East [ ] West

(Optional - Where were you coming from or going to?

____

2. In which lane were you traveling?
(Note: Lane 1 is designated as the right curb lane.)

[1] (circled: [2]) [3] [4] [ ] Other (specify):

____

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

just 2-3mph

[✓] Stopped [✓] 1-10 [ ] 10-20
[ ] 20-30 [ ] 30-40 [ ] 40-50
[ ] 50-60 [ ] 60-70 [ ] 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

[ ] Going straight [ ] Stopped
[ ] slowing [ ] Accelerating
[✓] Turning left [ ] Turning right
[ ] Changing lanes to left [ ] Changing lanes to right
[ ] Backing
[ ] Other (specify): ______________________

5. Did you experience any loss of control due to weather conditions or mechanical problems?

[✓] No
[ ] Yes (If yes, describe below)

____

6. Did you have to take any avoidance actions prior to the accident?

[✓] No - Go to question 7
[ ] Yes - Go to question 6a

6a. What actions did you take?

[ ] Braking with lock-up
[✓] Braking without lock-up
[ ] Releasing brakes
[ ] Accelerating
[ ] Steering left
[ ] Steering right
[ ] Other (specify):

____

7. Where was your vehicle at the time of the collision? deployment

[ ] Original travel lane [ ] Different travel lane
[✓] In intersection [ ] Off roadway to right
[ ] Off roadway to left
[ ] Other (specify): ______________________

8. Was your travel speed at the time of the collision different from your previous travel speed?

[ ] No
[ ] Lower 2-3
[ ] Higher
[ ] Unknown

8a. Can you estimate your speed at the time of the collision?

same

[ ] Stopped [ ] 1-10 [ ] 10-20
[ ] 20-30 [ ] 30-40 [ ] 40-50
[ ] 50-60 [ ] 60-70 [ ] 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

rolled with some braking to stop in middle of entrance to Stafford Building.

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

None

____

1. Primary Sampling Unit Number ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____
4. Occupant Number ____

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1993 (Year) Toy (Make) Camry (Model)

2. Can you describe the damage to your vehicle?
No visual damage underneath front of car

3. Was there any previous damage to your vehicle that is not related to this accident?
[✓] No
[ ] Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?
[ ] No
[ ] Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?
[ ] No
[ ] Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?
[ ] No
[ ] Yes

6a. Did the glove compartment door come open during the accident?
[ ] No
[ ] Yes
[ ] Unknown

7. Does your vehicle have "seat belts"?
[ ] No (If "No", go to question 7b)
[ ] Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	[ ] Lap	[ ] Lap and shoulder
Front seat middle	[ ] Lap	[ ] Lap and shoulder
Front seat right	[ ] Lap	[ ] Lap and shoulder
Rear seat left	[ ] Lap	[ ] Lap and shoulder
Rear seat middle	[ ] Lap	[ ] Lap and shoulder
Rear seat right	[ ] Lap	[ ] Lap and shoulder

(Identify seat belts for third row and beyond

7b. Were any of the belts removed or not functional prior to the accident?
[ ] No
[ ] Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?
[ ] No (If "No", go to question 9)
[ ] Yes (If "Yes", what seat location?)
[ ] Left Front
[ ] Right Front

8a. Were the motorized belts working properly before the accident?
[ ] No (If "No", describe condition below)
[ ] Yes

8b. Were the belts connected to the track prior to the accident?
[ ] No
[ ] Yes
[ ] Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?
[ ] No (go to question 10)
[ ] Yes

9a. Does this belt come across the ____?
[ ] Chest only
[ ] Lap and chest

9b. Was this belt connected prior to the accident?
[ ] No
[ ] Yes
[ ] Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?
[ ] No (go to question 11)
[✓] Yes (go to question 10a)
[ ] Unknown (go to question 11)

10a. Did the air bag inflate during the accident?
[ ] No (go to questions 10b and 10c)
[✓] Yes (go to question 10e)

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Occupant Number ____ ____

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?
[ ] No
[ ] Yes (If "Yes", describe previous condition)
_____
_____
[ ] Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?
[ ] No (go to question 11)
[ ] Yes (go to question 10d)
[ ] Unknown

10d. Was the air bag re-installed after the accident?
[ ] No (go to question 11)
[ ] Yes
[ ] Unknown

10e. Did the air bag inflate as you expected?
[ ] No (If "No" describe below)
_____
[ ] Yes
[ ] Unknown

11. Is your vehicle equipped with a passenger side air bag?
[ ] No (If "No", go to question 12)
[ ] Yes (If "Yes", go to question 11a)
[ ] Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?
[ ] No (go to question 11b)
[ ] Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?
[ ] No
[ ] Yes (If "Yes", describe below)
_____
_____
[ ] Unknown

11c. Was the passenger air bag inflated in a previous accident?
[ ] No (go to question 12)
[ ] Yes (go to question 11d)
[ ] Unknown

11d. Was the passenger air bag re-installed after the accident?
[ ] No (go to question 12)
[ ] Yes
[ ] Unknown

11e. Did the passenger air bag inflate as you expected?
[ ] No (If "No" describe below)
_____
[ ] Yes
[ ] Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?
[ ] No (If "No", go to question 13)
[ ] Yes
[ ] Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?
_____
_____

12b. Can you describe the type of child safety seat?
[ ] Infant
[ ] Toddler
[ ] Convertible
[ ] Booster
[ ] Other (specify): _____
[ ] Unknown

12c. Where was the child safety seat(s) located?
[12] [13]
[21] [22] [23]
[31] [32] [33]
[Other] (specify): _____

12d. Can you tell me which direction the child safety seat was facing prior to the accident?
[ ] Rear facing
[ ] Forward facing,
[ ] Other (specify): _____
[ ] Unknown

12e. Was a seat belt used to hold the child seat in place?
[ ] No (If "No", go to question 12g)
[ ] Yes (If "Yes", go to question 12f)
[ ] Unknown

12f. Can you describe how the seat belt was secured to the child seat?
[ ] Looped through designated rear framing struts?
[ ] Looped through arm rest slots?
[ ] Belt across safety shield?
[ ] Looped through rear frame outside the designated framing struts?
[ ] Other (specify): _____
[ ] Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)
[ ] Harness
[ ] Shield
[ ] Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Occupant Number ____ ____

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?
[ ] Yes
(specify _____)
[ ] No
[ ] Unknown

12i. Were any of these items used during the accident?
[ ] Yes (If "Yes", check all that apply)
( ) Harness
( ) Shield
( ) Tether strap)
[ ] No
[ ] Unknown

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?
[ ] No (If "No", go to question 14)
[ ] Yes (If "Yes", go to question 13a)
[ ] Unknown

13a. Can you estimate the weight of the cargo?

0 lbs.

Cargo description

_____

_____

14. Can you tell me the mileage on the vehicle?

~26,000 miles

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

_____

_____

16. May I take a look at your vehicle to assess the damage?
[ ] No
[ ] Yes

DRIVER ONLY

17. What race do you consider yourself?
[ ] White
[ ] Black
[ ] American Indian, Eskimo or Aleut, Asian or Pacific Islander
[ ] Other (specify: _____)
[ ] Unknown.

18. Are you of hispanic origin?
[ ] No
[ ] Yes

1. Primary Sampling Unit Number ____ ____ 3. Vehicle Number ____ ____

2. Case Number - Stratum ____ ____ ____ ____ 4. Occupant Number ____ ____

VEHICLE ROLLOVER/FIRE QUESTIONS

ROLLOVER QUESTIONS

1. Did the vehicle rollover during the accident?
   [ ] No (If "No", go to question 2.)
   [ ] Yes
   [ ] Unknown (skip to question 2)

1a. Describe where the rollover began.
   [ ] On roadway
   [ ] On shoulder
   [ ] On roadside or median
   [ ] Unknown

1b. What caused the vehicle to rollover?
   [ ] Other vehicle (specify vehicle number):_____
   [ ] Contacted object (specify): _____
   [ ] Other cause (specify):
   _____
   [ ] Unknown

1c. Describe which direction the vehicle rolled.
   [ ] Toward the right
   [ ] Toward the left
   [ ] End-over-end
   [ ] Unknown

1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?
   [ ] 1 side
   [ ] 2 sides
   [ ] 3 sides
   [ ] 4 sides
   [ ] Unknown

1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?
   [ ] No (If "No", go to question 1g.)
   [ ] Yes

1f. Estimate the number of complete turns.
   [ ] No
   [ ] Yes (specify): _____
   [ ] Unknown

1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground?
   [ ] Left side
   [ ] Right side
   [ ] Top
   [ ] Wheels
   [ ] Unknown

FIRE QUESTIONS

2. Did the vehice experience a fire?
   [ ] No (If "No", skip to Occupant Data Questions)
   [ ] Yes
   [ ] Unknown

2a. Describe where the fire started or where smoke was first seen.
   [ ] Under the hood
   [ ] Behind the instrument panel
   [ ] In the passenger compartment
   [ ] In the trunk/cargo area
   [ ] Under the vehicle
   [ ] From other involved vehicle
   [ ] Unknown

2b. Did the fire start with the electrical system?
   [ ] No
   [ ] Yes (specify): _____
   [ ] Unknown

2c. Did the fire start with the fuel system?
   [ ] No (If "No", skip to Occupant Data Questions)
   [ ] Yes (go to question 2d)
   [ ] Unknown

2d. Describe which part of the fuel system that may have been involved?
   [ ] No
   [ ] Yes (specify): _____
   ____ Fuel tank
   ____ Fuel lines
   ____ Engine compartment (specify component if known)
   [ ] Unknown

(Go To Occupant Data Questions)

COMMENTS ON ROLLOVERS AND FIRES

_____

_____

_____

_____

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Occupant Number ____ ____

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?
   [√] No (If "No", go to question 4)
   [ ] Yes (If "Yes", specify number in question 2 below and then go to question 3)
   [ ] Unknown

2. How many?
   [1] One other person
   [2] Two other persons
   [3] Three other persons
   [4] Four other persons
   [5] Five other persons
   [6] Six other persons
   [7] Seven or more other persons
   (specify number:)_____

3. Where was this person sitting? (Circle seating positions)

	[12]	[13]
[21]	[22]	[23]
[31]	[32]	[33]

[ ] Other (specify:)_____

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?
   Height 5'6" Weight 192 Age 58
   Sex: [√] Male [ ] Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?
   upright straight behind wheel
   Seat position ~ ½ back

5a. Can you describe the location of your (his/her) feet just prior to the collision?
   Left foot on floor, R on brake

5b. Can you describe the location of your (his/her) arms?
   ~8 Oclock + 2 OClock hand position

5c. Was your (his/her) back resting against the seat back rest?
   [ ] No (If "No", describe the position)
   [√] Yes
   [ ] Unknown

5d. Were you (Was he/she)
   [√] Sitting upright or
   [ ] Leaning to left side, or
   [ ] Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?
   [√] No (If "No", go to question 7)
   [ ] Yes (If "Yes", go to question 6a)
   [ ] Unknown

6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?
   [ ] No
   [ ] Yes (Describe:)_____

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?
   [ ] No (If "No", go to question 8)
   [√] Yes
   [ ] Unknown

7a. Were you (Was he/she) wearing the
   [ ] Lap belt?
   [√] Lap and Shoulder belt?
   [ ] Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?
   [ ] Across the stomach
   [√] Low on lap
   [ ] Other (specify:)_____
   [ ] Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?
   [√] Over the shoulder / adjusted to lowest position
   [ ] Under the arm
   [ ] Behind the back
   [ ] Behind the seat
   [ ] Other (specify:)_____

7d. Did any part of the belt system break or tear?
   [√] No
   [ ] Yes (If "Yes", describe)_____
   [ ] Unknown

OCCUPANT ENTRAPMENT

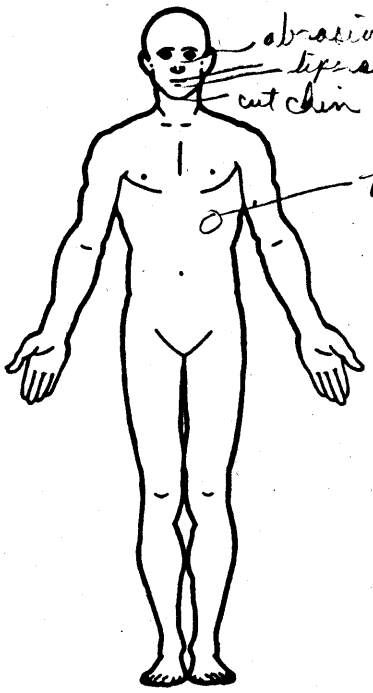
8. Were you (Was he/she) trapped in the vehicle?
   [√] No
   [ ] Yes (If "Yes", describe)
   [ ] Unknown

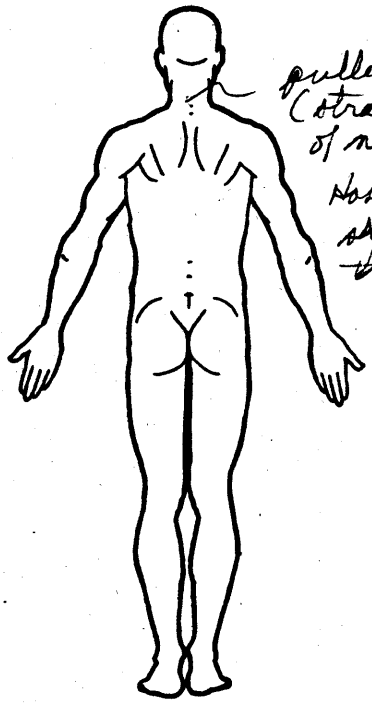
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

INJURY DATA FROM INTERVIEWEE(S)

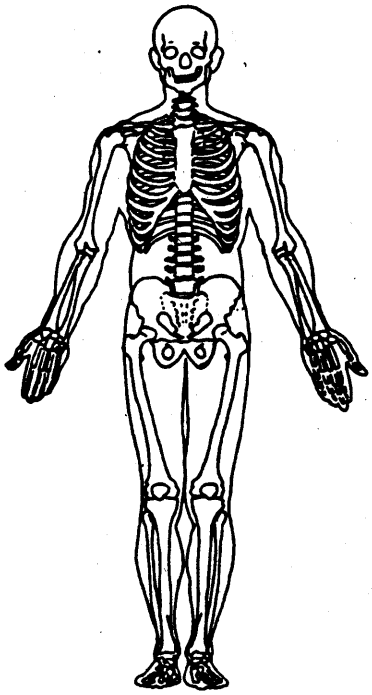
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):_____

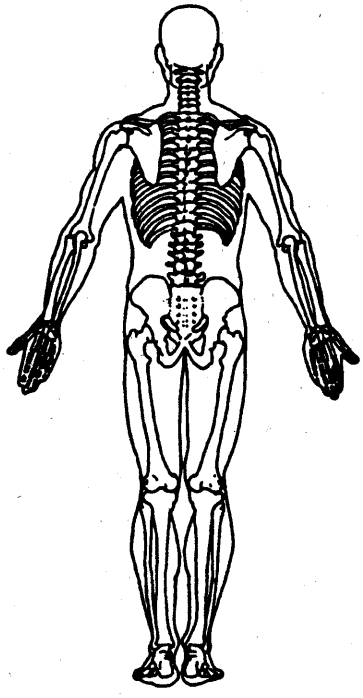
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Occupant Number ____ ____

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?
   [ ] No (If "No", skip to question 7)
   [✓] Yes (If "Yes", complete Occupant Injury Questions)
   [ ] Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?
   [ ] No (go to question 3)
   [✓] Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
   [ ] Unknown

2a. Do you know what caused your (his/her) injury(s)?
   [ ] No
   [✓] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
   [ ] Unknown

3. Did you (he/she) experience any broken bones?
   [✓] No (If "No", go to question 4)
   [ ] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
   [ ] Unknown

3a. Do you know what caused the injury(s)?
   [ ] No
   [ ] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
   [ ] Unknown

4. Did you (he/she) injure your (his/her) head? (skull/brain?)
   [✓] No (If "No", go to question 5)
   [ ] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
   [ ] Unknown

4a. Do you know what caused the injury(s)?
   [ ] No
   [ ] Yes (If "Yes", specify the component(s) on the manikin(s).)
   [ ] Unknown

5. Were any of your (his/her) internal organs injured?
   [✓] No (If "No", go to question 6)
   [ ] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
   [ ] Unknown

5a. Do you know what caused this injury?
   [ ] No
   [ ] Yes (If "Yes", specify the component(s) on the manikin(s).)
   [ ] Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?
   [✓] No (If "No", go to question 7)
   [ ] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
   [ ] Unknown

6a. Do you know what caused the injury(s)?
   [ ] No
   [✓] Yes (If "Yes", specify the component(s) on the manikin(s).)
   [ ] Unknown

7. Did you (he/she) receive any treatment?
   [ ] No (If "No", go to question 8)
   [✓] Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):
   [ ] Hospital/trauma center? (specify hospital name): Tinker AB - checked inside nose + mouth, gave pain killers, --
   [ ] Medical clinic
   [ ] Out patient surgery? (specify medical facility:)_____
   [ ] Paramedics or first aid at the scene?
   [✓] A doctor in his/her office? own doctor - took eye + ear
   [ ] Treated at home?
   [ ] None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?
   [ ] No (If "No", go to question 7c.)
   [ ] Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?
   [ ] No (If "No", give an explanation)
   [ ] Yes (If "Yes", go to question 7d.)

_____

_____

7d. How many days were you (was he/she) in the hospital?
_____ days

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Occupant Number ____ ____

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?
[ ] No
[✓] Yes (If "Yes", describe:)
own Doctor - strap, pain pills, medicine, tylanol
[ ] Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?
[ ] No
[ ] Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)? retired
[ ] No
[ ] Yes (If "Yes", determine the number of days lost) (Specify:)_____
[ ] Not working prior to the accident
[ ] Unknown

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

CONTACT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. PSU Number ____
2. Case Number—Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____
4. Assigned Researcher Number ____

VEHICLE INSPECTION

Date	Time	ID#	Contact	Manner	Result
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				

CONTACT
(1) Owner/driver
(2) Tow yard
(3) Repair facility
(4) Salvage yard
(5) Police
(6) Insurance company
(7) Attorney
(8) Other (specify): _____

MANNER
(1) Telephone
(2) In-person
(3) Questionnaire
(4) Other (specify): _____

RESULT
(1) Complete inspection
(2) Partial inspection
(3) Refusal
(4) Vehicle moved to known location
(5) Vehicle moved to unknown location
(6) Vehicle located, no permission to inspect
(7) Vehicle repaired
(8) No answer/not home
(9) Other (specify): _____

INTERVIEW

DRIVER INTERVIEW

Date	Time	ID#	Contact	Manner	Result
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				
__/__/__	__:__				

OCCUPANT INTERVIEW

Occ. No.	Date	Time	ID#	Contact	Manner	Result
__	__/__/__	__:__				
__	__/__/__	__:__				
__	__/__/__	__:__				
__	__/__/__	__:__				
__	__/__/__	__:__				

CONTACT
(0) No interview
(1) Driver
(2) Other occupant
(3) Relative or friend
(4) Multiple interviewees from above categories

MANNER
(0) Vehicle not occupied
(1) Telephone
(2) In-person
(3) Questionnaire
(4) Other (specify): _____

RESULT
(01) Unable to contact or locate
(02) Hit and run
(03) Fatal—surrogate not available
(04) In intensive care—surrogate not available
(05) Out-of-state resident
(06) Refused interview
(07) Insurance company refusal
(08) Attorney refusal or litigation
(09) No return of questionnaire
(10) Other (specify): _____
(11) Return of completed questionnaire
(12) Partial interview
(13) Complete interview

(Rev. 1/94)

VEHICLE INSPECTION

Date	Time	ID#	Contact	Manner	Result
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
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___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___

DRIVER INTERVIEW

Date	Time	ID#	Contact	Manner	Result
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
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___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___
___/___/___	___:___	___	___	___	___

OCCUPANT INTERVIEW

Occ. No.	Date	Time	ID#	Contact	Manner	Result
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___	___/___/___	___:___	___	___	___	___
___	___/___/___	___:___	___	___	___	___
___	___/___/___	___:___	___	___	___	___

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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI
2. Case Number - Stratum: 94-01
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 58
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 168
Code actual height to the nearest centimeter.
(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight: 087
Code actual weight to the nearest kilogram.
(999)Unknown

192 pounds X .4536 = 87 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position: 11

Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

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

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

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

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

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

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

EJECTION/ENTRAPMENT

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

13. Ejection Area 0
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

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

15. Medium Status (Immediately Prior To Impact) 6
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

AIR BAG DATA

NOTE: COMPLETE THIS SECTION ONLY IF OA28 (AIR BAG SYSTEM AVAILABILITY/ FUNCTION) EQUALS "1" (AIR BAG)

5. Had Vehicle Been in Previous Accident(s) 0
   (0) No

   Yes
   (1) Previous accident(s) without deployment(s)
   (2) One previous accident with deployment
   (3) More than one previous accident with at least one deployment
   (9) Unknown

6. Type of Air Bag 1
   (1) Original manufacturer installed system
   (2) Retrofitted air bag
   (3) Replacement air bag
   (9) Unknown

7. Had Any Prior Maintenance/Service Been Performed On This Air Bag System 1
   (1) No prior maintenance
   (2) Yes, prior maintenance (specify): _____
   (9) Unknown

8. Air Bag Deployment Accident Event Sequence Number 0 1
   ___ Code the accident event sequence number that initiated the air bag deployment
   (97) Not deployed
   (99) Unknown

9. CDC For Air Bag Deployment Impact 1
   (1) Highest delta V
   (2) Second highest delta V
   (3) Other non-coded delta V (specify): _____
   (7) Not deployed
   (9) Unknown

10. Delta V For Air Bag Deployment Impact 9 6
    ___ Code the value of the delta V for the impact that initiated the air bag deployment
    (96) Outside scope of reconstruction program (specify): Curb/Wheel edge impact
    (97) Not deployed
    (99) Unknown

11. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2
    (1) No
    (2) Yes
    (9) Unknown

12. Are Air Bag Module Cover Flap(s) Damaged? 1
    (1) No
    (2) Yes (specify): _____
    (9) Unknown

13. Was There Damage To The Air Bag? 1
    (1) Not damaged * cut off at dealer at later date

    Yes - Air Bag Damage
    (2) Ruptured
    (3) Cut
    (4) Tears
    (5) Holed
    (6) Burned
    (7) Abraded
    (8) Other (specify): _____
    (9) Unknown

14. Source of Air Bag Damage 7
    (1) Not damaged
    (2) Object worn by occupant
    (3) Object carried by occupant
    (4) Fire in vehicle
    (5) Thermal burns (i.e., bag against inflator)
    (6) Rescue or emergency efforts
    (7) Other (specify): Dealer
    (8) Not deployed
    (9) Unknown

15. Was The Air Bag Tethered? 1
    (1) No
    (2) Yes (specify number of tether straps): _____
    (9) Unknown

16. Was The Air Bag Vented?
    (1) No
    (2) Yes (specify number of vent ports): 2 ports
    (9) Unknown

17. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
    (0) No
    (1) Yes (specify): _____
    (9) Unknown

18. Was the Occupant Wearing Eyeware? 2
    (1) No
    (2) Eyeglasses/sunglasses
    (3) Contact lenses
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

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

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used
ADJUSTED TO LOWEST POSITION

19. Proper Use of Manual (Active) Belts 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

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

20. Manual (Active) Belt Failure Modes During Accident 1
(0) No manual belt used
(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

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

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

SEE AIRBAG SUPPLEMENT

22. Air Bag System Deployment 3
(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

PAGES ATTACHED TO BACK of THIS FORM

23. Are There Indications of Air Bag System Failure? 1
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use ___
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____
(8) Restrained, type unknown
(9) Police indicated "unknown"

NO Police Report F,60

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — 3
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

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

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

CHILD SAFETY SEAT

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

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

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

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

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

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

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) ___

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

No police Report Filed

35. Treatment - Mortality 6

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

_____

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

_____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 5

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

_____

(9) Unknown

37. Hospital Stay 00

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

38. Working Days Lost 97

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

_____

(97) Other result (includes fatal ruled disease) (specify):

_____

(99) Unknown

43. Number of Recorded Injuries for This Occupant ___

____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 0
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

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

45. Automatic (Passive) Belt System Use — 0
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type — 0
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System — 0
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

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

48. Automatic (Passive) Belt Failure Modes During Accident — 0
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

49. Seat Orientation (this Occupant Position) — 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[X] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify):
[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 97
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? 9
    (1) No - blood not given
    (2) Yes - blood given
    (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 97
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

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

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

OCCUPANT ASSESSMENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number ___ ___
2. Case Number—Stratum ___ ___ ___ ___
3. Researcher Completing Form ___
4. Vehicle Number ___ ___
5. Occupant Number ___ ___
6. Interviewer Number ___
7. Date Interview Completed ___ ___/___ ___/___ ___
8. Date Official Medical Data Requested ___ ___/___ ___/___ ___
9. Date Official Medical Data Obtained ___ ___/___ ___/___ ___
10. Occupant's Role ___
    (1) Driver
    (2) Passenger
    (9) Unknown
11. Interviewee For This Occupant ___
    (0) No interview
    (1) Same person

    Surrogate
    (2) Other occupant
    (3) Relative or friend
    (4) Multiple interviewees from above categories (specify):_____
12. Manner Of Interview ___
    (0) No attempt
    (1) Telephone
    (2) In-person
    (3) Questionnaire
    (9) Unknown (for Zone Center use only)
13. Result Of Last Interview Attempt ___ ___
    (01) Unable to contact or locate
    (02) Hit and run
    (03) Fatal—surrogate not available
    (04) In intensive care—surrogate not available
    (05) Out-of-state resident
    (06) Refused interview
    (07) Insurance company refusal
    (08) Attorney refusal or litigation
    (09) No return of questionnaire
    (10) Other (specify): _____
    (12) Partial interview
    (13) Complete interview
14. Was This Occupant Injured? ___
    (0) No
    (1) Yes
    (9) Unknown
15. Status of Medical Release ___
    (0) Occupant not injured or not treated at a medical facility
    (1) Medical release not required at medical facility

    Medical Release Required
    (2) Required -- not obtained
    (3) Required -- obtained
16. Injury Treatment Status ___ ___
    (00) Occupant not injured
    (01) No treatment
    (02) Fatal—died before hospitalization
    (03) Fatal—died after hospitalization
    (04) Hospitalization
    (05) Emergency room treatment only
    (06) Treatment at physician's office
    (07) Treatment at scene or self treatment
    (08) Outpatient surgery
    (09) Transported to a medical facility—unknown level of treatment
    (99) Unknown
17. Injury Information

	Form Received	Record Status
Official		
a. Autopsy (invasive examination)	___	___ ___
b. Post-ER medical record which includes information about death based on non-invasive examination	___	___ ___
c. Admission record/summary of admission/discharge face sheet	___	___ ___
d. Discharge summary	___	___ ___
e. Operative report	___	___ ___
f. Radiographic record(s) (X-ray, CT scan)	___	___ ___
g. History and physical examination and/or consultation records	___	___ ___
h. Emergency room records (includes nurses' notes)	___	___ ___
j. Private physician	___	___ ___
Unofficial		
k. Lay coroner	___	___ ___
l. EMS record	___	___ ___
m. Interviewee	___	___ ___
n. Other source (specify): _____	B	___ ___
o. Police report	B	___ ___

(See reverse side of this page for codes for variable 17)

18. 1st Medical Facility Code (initial) ___ ___
19. 2nd Medical Facility Code ___ ___

(Rev. 1/94)

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 17 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable
(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required
(01) No record of treatment at medical facility
(02) Medical release required—not obtained
(03) Injury not related to accident
(04) Noncooperative hospital
(05) Hospital out-of-study area
(06) Private physician would not release data
(07) Unknown if medically treated
(08) To be updated
(09) Record not received before file closeout
(10) Record not obtained
(11) Record obtained
(12) Partial record obtained—not to be updated
(13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

20. Documentation of Occupant Interview ____
(Excludes Injury Data)
(0) Not applicable
(1) Substandard - beyond researcher control
(2) Substandard
(3) Standard

DATA STATUS OF VARIABLE NUMBERS 4-53

4	5	6	7	8	9	10	11	12	13	14

15	16	17	18	19	20	21	22	23	24	25

26	27	28	29	30	31	32	33	34	35	36

37	38	39	40	41	42	43	44	45	46	47

48	49	50	51	52	53

Data Status Codes:

(Blank) Correct
(1) Derived error
(2) Non-correctable error
(3) Correctable error
(4) Change—no error
(5) Sequencing error
(7) Incorrect edit override
(8) MDE error
(9) Unknown coded

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

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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: TSI
2. Case Number - Stratum: 94-01
3. Vehicle Number: 01
4. Occupant Number: 01

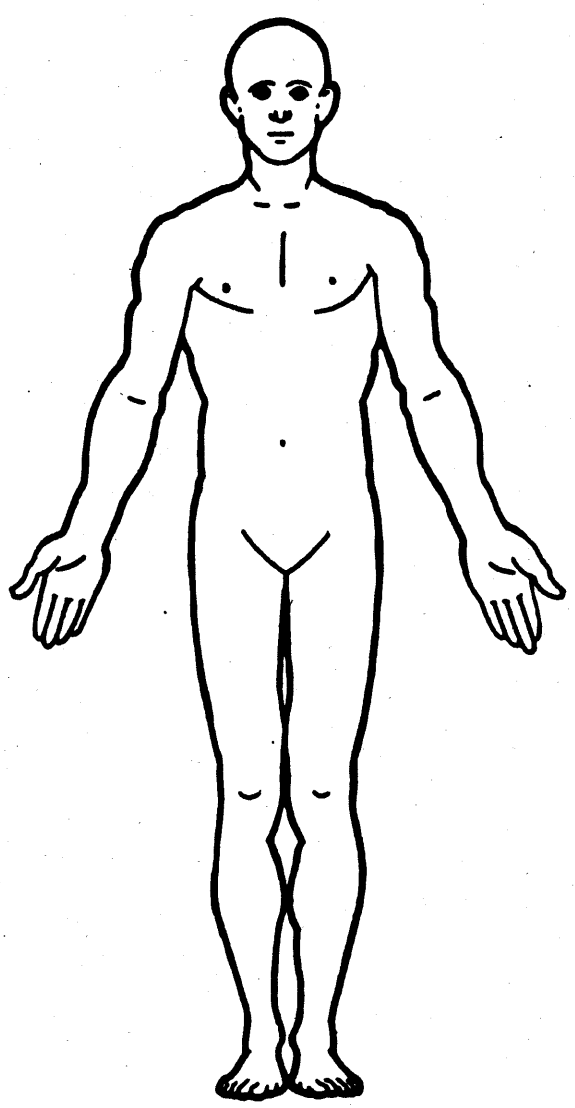
INJURY DATA

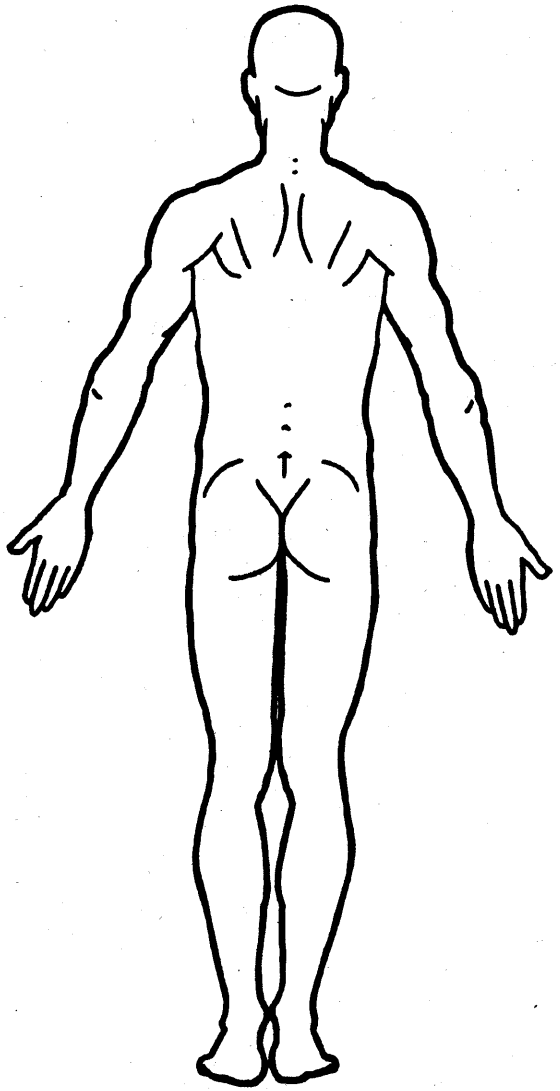
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

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

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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





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

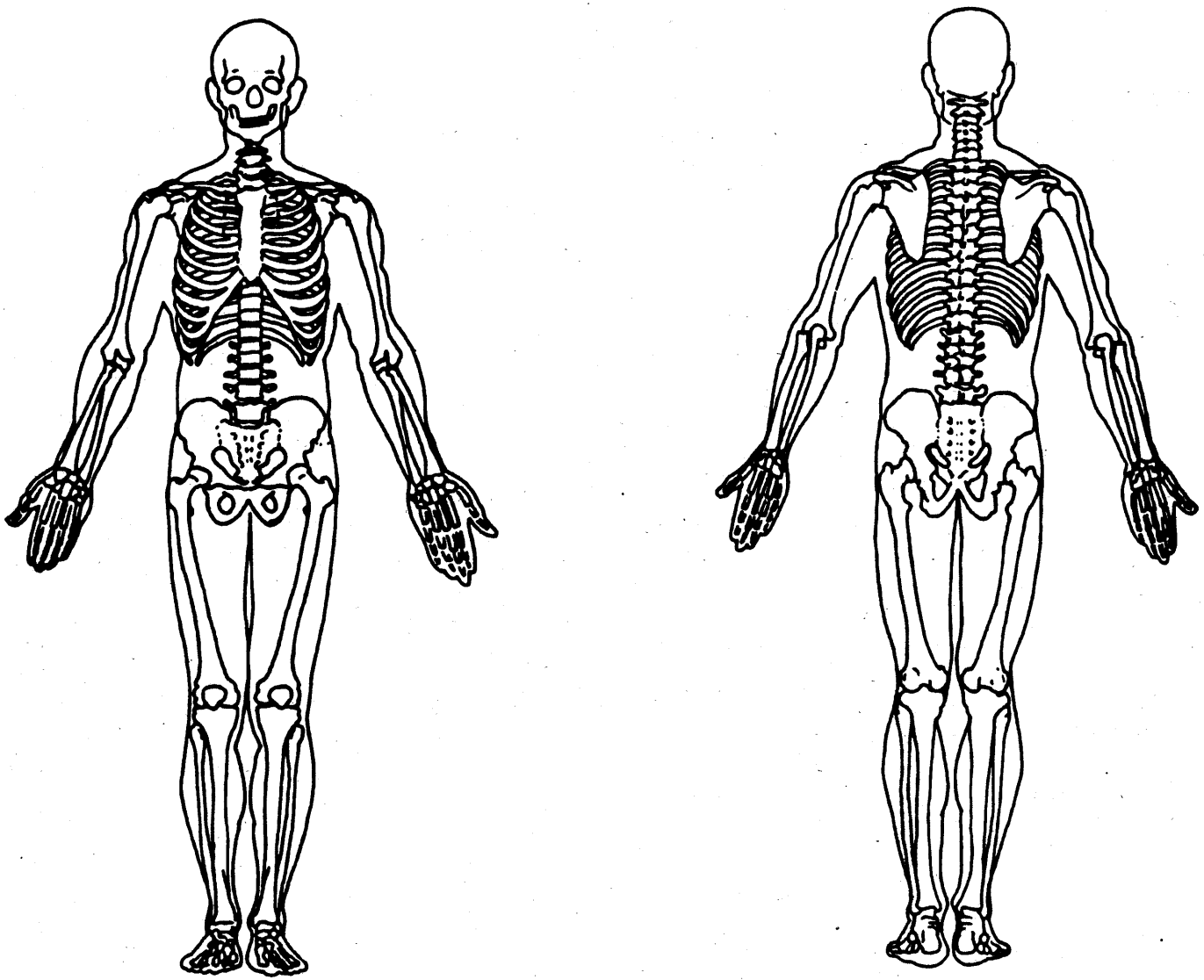
pH = __.__

PO_2 = ____

PCO_2 ____

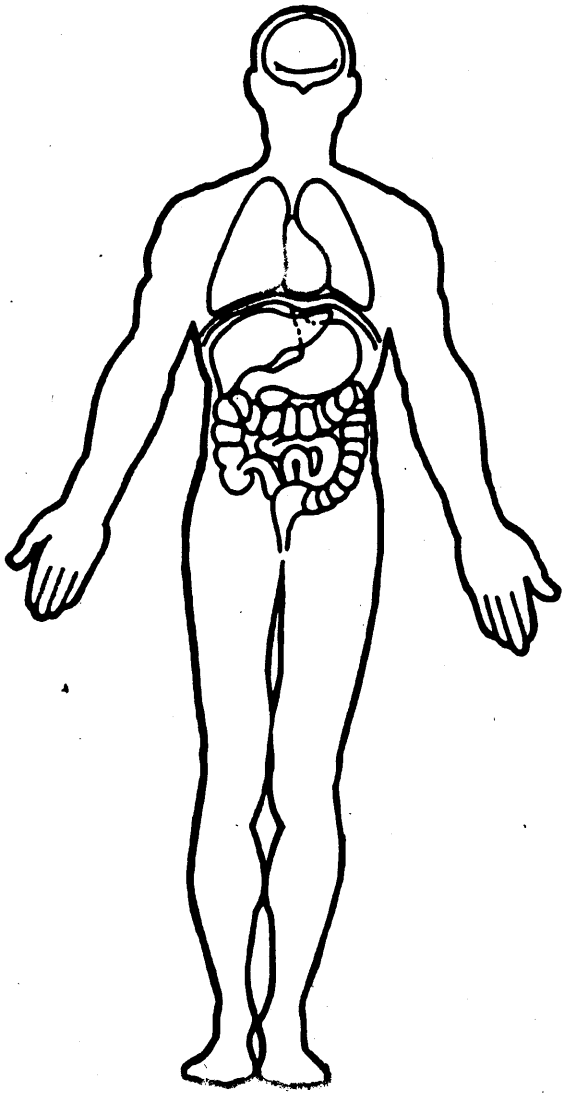
HCO_3 ____

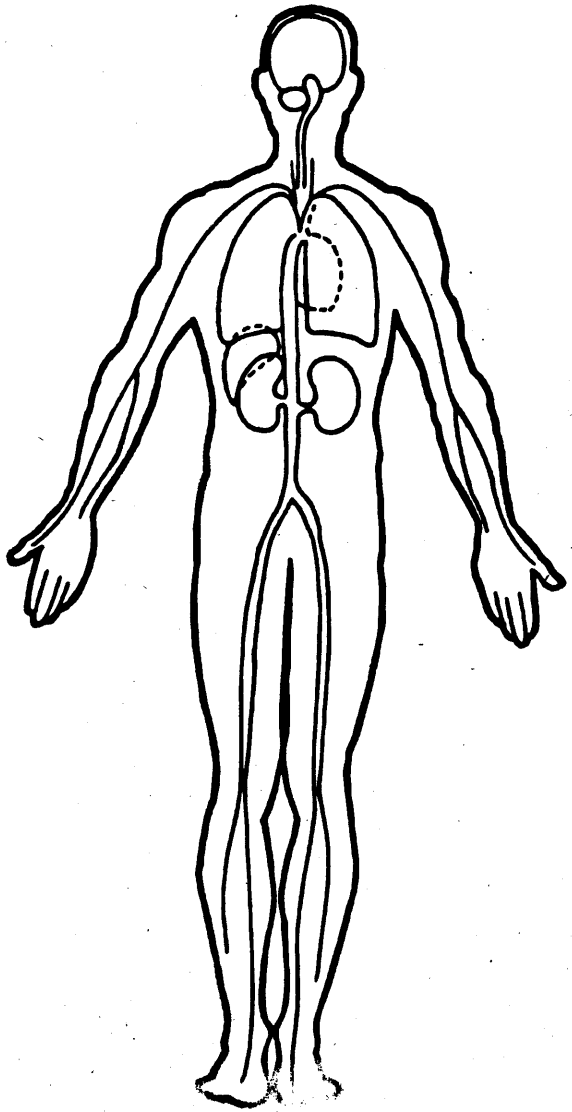
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

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





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 (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE

(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 (A1/A2)-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 or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(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

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

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

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

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

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

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

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

Aspect

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

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

OCCUPANT INJURY LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY ZONE CENTER

1. PSU Number ___ ___
2. Case Number—Stratum ___ ___ ___ ___
3. Vehicle Number ___ ___
4. Occupant Number ___ ___
5. Documentation of Interview Data on Manikin/Listing ___
   (0) Not applicable
   (1) Substandard - beyond researcher control
   (2) Substandard
   (3) Standard

INJURY INFORMATION CODING

	Injury Information	Contact Mechanisms & Intrusions
6. Date Data Included With Initial Submission Coded	__ __/__ __/__ __	__ __/__ __/__ __
7. Coded By (Initials)	___ ___ ___	___ ___ ___
8. Date Update Received	___ ___/___ ___/___ ___	
	Injury Information	Contact Mechanisms & Intrusions
9. Date Data Included With Updated Submission Coded	__ __/__ __/__ __	__ __/__ __/__ __
10. Coded By (Initials)	___ ___ ___	___ ___ ___

	AIS 1-7	AIS 3-6
11. Number of Injury Rows Coded	___ ___	___ ___
12. Number of Unknown Injuries	___ ___	___ ___
13. Number of Unknown Injury Contact Mechanisms	___ ___	___ ___

UPDATED MDE STATUS

14. Date MDE Updated ___ ___/___ ___/___ ___
15. MDE Updated By (Initials) ___ ___ ___

SECOND LEVEL REVIEW

16. Documentation of Official Data on Manikin ___
    (0) Not applicable
    (1) Substandard - beyond researcher control
    (2) Substandard
    (3) Standard

	AIS 1-7	AIS 3-6
17. Number of Rows Added by Second Level Reviewer	___ ___	___ ___
18. Number of Rows Deleted by Second Level Reviewer	___ ___	___ ___

ERROR STATUS FOR INJURY VARIABLES

Coding Errors (total number in each column)

5	6	7	8	9	10	11	12	13	14	15

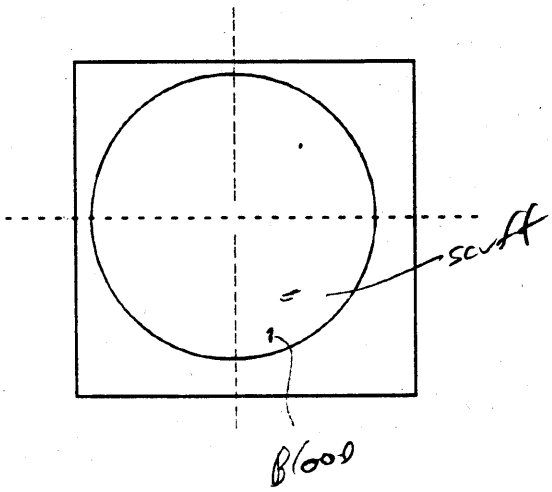
19. Date Of Second Level Review ___ ___/___ ___/___ ___
20. Reviewed By (Initials) ___ ___ ___

(Rev. 1/94)

AIR BAG DAMAGE AND CONTACT SKETCHES

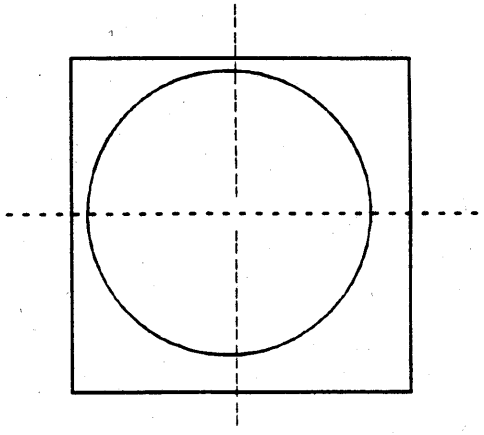
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

Front View



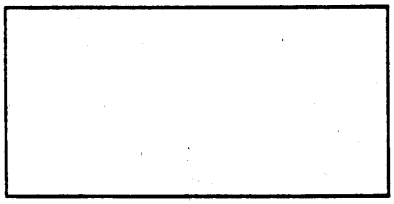
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

Back View



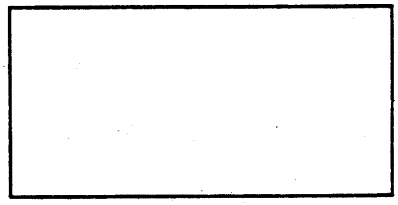
3. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

Front View



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

Back View

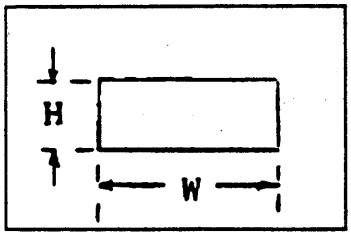


AIR BAG SKETCHES (Cont'd)

5. AIR BAG MODULE COVER FLAP SIZE (SINGLE)
   a. Flap

   width (W) _____

   height (H) _____

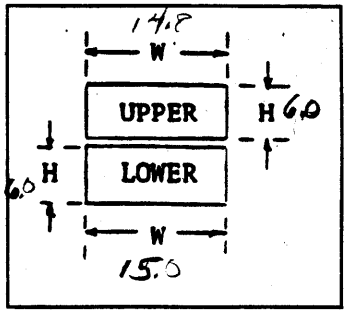


Instrument Panel Light code:

6. AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

   a. Upper Flap — width (W_U) 14.8 — height (H_U) 6.0

   b. Lower Flap — width (W_L) 15.0 — height (H_L) 6.0

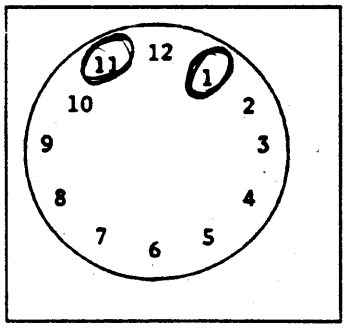


CM.

7. SKETCH OF OTHER AIR BAG MODULE FLAP AND SIZE

8. SKETCH OF OTHER AIR BAG MODULE FLAP AND SIZE

9. SKETCH LOCATION OF DRIVER AIR BAG VENT PORTS



10. SKETCH LOCATION OF PASSENGER AIR BAG VENT PORTS