



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.

*** **



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

NATIONAL CAPITOL SYSTEMS, INC.

LEVEL 1 AIRBAG INVESTIGATION
REMOTE CASE NO. [REDACTED]
[REDACTED], ARKANSAS

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

DISCLAIMERS

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

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.

NCSI LEVEL 1 AIRBAG REPORT
Non-deployment Investigation
██████████ Arkansas
Case No. 90-15

SUMMARY

This report is an off-site remote study of a non-deployment accident involving a vehicle equipped with an airbag supplemental restraint system. The accident occurred on ██████████, 1990 at 1340 hours in ██████████, Arkansas.

The involved vehicles were a 1990 Geo Storm equipped with a driver airbag occupant protection system and a 1986 Ford pickup truck. The accident was investigated by the ██████████ Police.

According to the police accident report, the Geo was traveling east on state highway ██████████ and the Ford was traveling west on state highway ██████████ approximately 1.8 miles east of ██████████, Arkansas.

The frontal surface of the Geo struck the frontal surface of the Ford in a head-on impact. After impact, the Geo traveled approximately 170 feet east and came to rest in a shallow ditch approximately 18 feet north of the north road edge headed north. The Ford came to rest near the point of impact in the westbound lane headed west.

The 33 year-old female driver of the Geo stated that she was not restrained by her three-point lap and shoulder belt system. Also, the driver airbag restraint system did not deploy as a result of the frontal impact forces on the vehicle. She suffered a fracture of her fifth cervical vertebrae and abrasions to her upper left forehead when her head struck the windshield. She was transported and admitted to a local hospital where she remained hospitalized four days.

A CDC of 12-FYEW-3 was assigned to the damage to the Geo. Damaged components included the front bumper, hood, windshield, left front fender, right front fender, left door, and right door. The vehicle was declared a total loss as a result of the crash and was sold for salvage. The police accident report estimated the cost to repair the Ford at \$ 5000. No other information was available concerning the damage to the Ford.

NCSI LEVEL 1 AIR BAG REPORT

FLEET - Private Owner
LOCATION - ██████████, Arkansas
CASE NO. - 90-15

ACCIDENT DATA

Location/Street: State Highway ██████
County: Sharp
Area/Type: Rural
Accident Date/Time: ██████████, 1990 at 1340 hours
Investigating Police Agency: ██████████ Police
Accident Type: Car / Light truck - Head-on
Air Bag Vehicle
Occupant Injury Severity: Moderate (AIS-2)

AMBIENCE

Light Conditions: Daylight
Weather: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Location: 0.2 miles west of ██████████ Road ██████
Number of Lanes: Two
Surface: Asphalt
Vertical Alignment: Straight
Horizontal Alignment: Hillcrest
Traffic Density: Light
Speed Limit: 55 miles per hour

VEHICLES

	Airbag Vehicle	Other Vehicle
Year:	1990	1986
Make:	GEO	Ford
Model:	Storm	F150
Body Style:	Two-door	Pickup truck
V.I.N.:	JH1RF2367L7*****	IFTCF15NXGK*****
Mileage:	Unknown	
Securiflex Windshield:	Unknown	
Windshield Damage/Source:	Yes, occupant contact	
Fleet:	Private owner	
Tow Status:	Towed	Towed
Reported Defects:	Airbag non-deployment	
Previous Defects:	None	

VEHICLE DAMAGE

	Airbag Vehicle	Vehicle # 2
Object Struck:	Vehicle # 2	Airbag vehicle
Event Number:	One	One
Damage Location:	Front	Front
CDC:	12-FYEW-3 (est.)	Unknown
Estimated Maximum Crush:	Unknown	Unknown
Damaged Components:	Front bumper components, hood, left and right front fenders, doors, windshield, etc. (See photos)	
Repair Cost:	Total loss, repair estimate unknown	
Interior Damage:	Unknown	

COLLISION SEQUENCE

The driver of the Storm stated that she was traveling east on [REDACTED] state highway [REDACTED] and the Ford pickup was traveling west on SH [REDACTED]. The frontal surface of the Storm struck the frontal surface of the pickup in a head-on impact. According to the police accident report, the pickup came to rest near the point of impact and the Storm traveled approximately 170 feet east and came to rest in a ditch 18 feet north of the road.

The 33 year-old female driver of the Geo stated that she was not restrained by her three-point lap and shoulder belt system. Also, the driver airbag restraint system did not deploy as a result of the frontal impact forces on the vehicle. She suffered a fracture of her fifth cervical vertebrae and abrasions to her upper left forehead when her head struck the windshield. She was transported and admitted to a local hospital where she remained hospitalized four days.

A CDC of 12-FYEW-3 was assigned to the damage to the Geo. Damaged components included the front bumper, hood, windshield, left front fender, right front fender, left door, and right door. The vehicle was declared a total loss as a result of the crash and was sold for salvage. The police accident report estimated the cost to repair the Ford at \$ 5000. No other information was available concerning the damage to the Ford.

HUMAN FACTORS/OCCUPANT DATA/AIRBAG VEHICLEDRIVER DATA

Age:	33
Sex:	Female
Height:	65 inches
Weight:	128 lbs.
Occupation:	[REDACTED]
Active Restraint System Usage:	None
Usage Source:	Interviewee
Eyeglasses:	None
Vehicle Familiarity:	Daily

DRIVER DATA, CONTINUED

Route Familiarity: Daily
Manner of Leaving Scene: Ambulance
Type of Medical Treatment: Hospitalized

DRIVER INJURIES

<u>Injury Description</u>	<u>Severity</u>	<u>Source</u>
Fracture 5th cervical vertebrae	Moderate (AIS-2)	Windshield
Abrasion upper left forehead	Minor (AIS-1)	Windshield

Injury Coding

	<u>I.S.S.</u>	<u>O.I.C.</u>			<u>System/</u>	<u>A.I.S.</u>	<u>Injury</u>	<u>Direct/</u>
	<u>Body</u>	<u>Body</u>	<u>Aspect</u>	<u>Lesion</u>	<u>Organ</u>	<u>Severity</u>	<u>Source</u>	<u>Indirect</u>
	<u>Region</u>	<u>Region</u>						<u>Injury</u>
1st	1	N	P	F	S	2	01	2
2nd	6	F	S	A	I	1	01	1

ATTACHMENTS

Police Accident Report
Photocopies of Damage Photographs

Incident # _____ Unit Assigned _____ Premises _____ Geo. Code _____ District _____

County _____ City _____

Not in City, but 1.8 miles Distance N S E W from nearest city limit _____

Road/Street of Accident Occurrence _____ Section 2 Log Mile 4.32

If on numbered Highway/County Road, give # _____

At its intersection with _____ Give # Highway, County Road, Name of City Street as applicable

Special Reference

Not at intersection, but 2 mile Distance N S E W Reference Point _____

(Use only the following as Reference Points) Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, Milepost, State Line, County Line, City Limit HIT & RUN YES NO

Accident Severity/Injury Co

- Fatal Injury
- Incapacitating Injury
- Nonincapacitating Injury
- Possible Injury
- Property Damage only

Date _____ 9c
Month _____ Day _____ Year _____

Day of Week _____

Time 1:40
AM _____ PM _____

No. Vehicles Involved 2

LOCATION

VEHICLE

Vehicle 1986 Ford Pickup Truck Reg. 1990 AR _____ Vin # 1FTCF1SNXGKA _____

Year Make Model Body Style Year State Number

Owner _____ Address _____

Rented to _____ Address _____

Leased to _____ Address _____

Trailers No Yes # Units _____ Reg. State _____ Plate # _____ Cargo Not Known Hazardous Nonhazardous

Prior Vehicle Damage None Vehicle Defects None

Vehicle Damage as result of Accident

Disabled Functional Other Damage No Damage Investigator's Estimated Cost to Repair \$ 5000.00

Driven away

Towed away By _____ - Private individual To _____

Seating Position

- 00 - Nonoccupant
- 11 - Front Seat L.S.
- 12 - Front Seat C.
- 13 - Front Seat R.S.
- 19 - Front Seat Not Known
- 21 - Second Seat L.S.
- 22 - Second Seat C.
- 23 - Second Seat R.S.
- 29 - Second Seat Not Known
- 31 - Third Seat L.S.
- 32 - Third Seat C.
- 33 - Third Seat R.S.
- 39 - Third Seat Not Known
- 41 - Fourth Seat L.S.
- 42 - Fourth Seat C.
- 43 - Fourth Seat R.S.
- 49 - Fourth Seat Not Known
- 50 - Sleeper Section Cab of Truck
- 51 - Open Bed of Truck
- 52 - In Trailing Unit
- 53 - Riding on Veh. Exterior
- 99 - Not Known

OPERATOR

OCCUPANT

VEHICLE

Operator _____ Address _____

Type License: Chauffeur Operator Cyclist School Bus Learner Permit Court Permit Restricted No License

BAC Test: Yes Results If Known _____ Not Tested Refused Test

Operator Residence: Local Elsewhere in State Nonresident of State Residence Not Known

Operator License _____ License # _____ AR State Operator Data DOB _____ / 25 / _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Race	Sex	Age	Inj.	Seat Pos.	Type	Rest.	Eject.
W	M	64	5	11	O	C	
W	F	64	5	12	O	C	
W	F	43	5	13	O	C	

VEHICLE

VEHICLE

VEHICLE

Vehicle 1990 GEO Storm 2D Reg. 1990 AR _____ Vin # J81RF2367L7 _____

Year Make Model Body Style Year State Number

Owner _____ Address _____

Rented to _____ Address _____

Leased to _____ Address _____

Trailers No Yes # Units _____ Reg. State _____ Plate # _____ Cargo Not Known Hazardous Nonhazardous

Prior Vehicle Damage None Vehicle Defects None

Vehicle Damage as result of Accident

Disabled Functional Other Damage No Damage Investigator's Estimated Cost to Repair \$ 5000.00

Driven away

Towed away By _____ To _____

Occupant Restraint System

- 0 - None Used
- 1 - Shoulder Belt
- 2 - Lap Belt
- 3 - Lap & Shoulder Belts
- 4 - Child Safety Seat
- 5 - Motorcycle Helmet
- 6 - Deployed Air Bag
- 7 - Non-Deployed Air Bag
- 8 - Restraint Used - Type Unknown
- 9 - Unknown

Ejection

- 0 - Not Ejected
- 1 - Totally Ejected
- 2 - Partially Ejected
- 9 - Unknown

OPERATOR

OCCUPANT

VEHICLE

Operator _____ Address _____

Type License: Chauffeur Operator Cyclist School Bus Learner Permit Court Permit Restricted No License

BAC Test: Yes Results If Known _____ Not Tested Refused Test

Operator Residence: Local Elsewhere in State Nonresident of State Residence Not Known

Operator License _____ License # _____ AR State Operator Data DOB _____ / 56 / _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Race	Sex	Age	Inj.	Seat Pos.	Type	Rest.	Eject.
W	F	33	2	11	9	C	

Veh 1, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U.Carriage <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Head On 	<input type="checkbox"/> Rear End 	<input type="checkbox"/> Angle 	Veh 2, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U.Carriage <input type="checkbox"/> Unknown	
		<input type="checkbox"/> Sideswipe 	<input type="checkbox"/> Sideswipe 	<input type="checkbox"/> Overturn 		
		<input type="checkbox"/> Left Turn 	<input type="checkbox"/> Right Turn 	<input type="checkbox"/> Backing 		
Color <u>Brown</u> Body Style <u>Pickup truck</u> Point of Initial Contact <u>left front</u>		<input type="checkbox"/> Left Turn 	<input type="checkbox"/> Right Turn 	<input type="checkbox"/> Other 	Color <u>Silver</u> Body Style <u>20</u> Point of Initial Contact <u>left front</u>	

INVESTIGATOR DESCRIPTION: (Refer to vehicle by operator)

V-1, operated by [redacted], was traveling west on S.H. [redacted] when it was struck nearly head on by the East bound V-2, operated by [redacted]. POI was approximately 4 feet 11 inches from the center of the highway in the west bound lane. After impact V-1 came to rest in the west bound lane almost at the point of impact. V-2 traveled approximately 170 feet after impact, coming to rest in a shallow road ditch 18 feet from the road edge. Driver V-1 states he saw V-2 approaching him weaving from one side of the road to the other and had come to a halt in an effort to avoid impact with V-2. Witness' state V-2 had almost run them off of the highway as they had met it further west on S.H. [redacted] witness' further state they turned around and began to try get the driver to stop. Both witness' state that V-2 was swerving back and forth in the highway and ran at least one other vehicle off of the road before striking V-1. An odor of alcohol was present in the vehicle along with a partially empty 1/2 gal whiskey bottle.

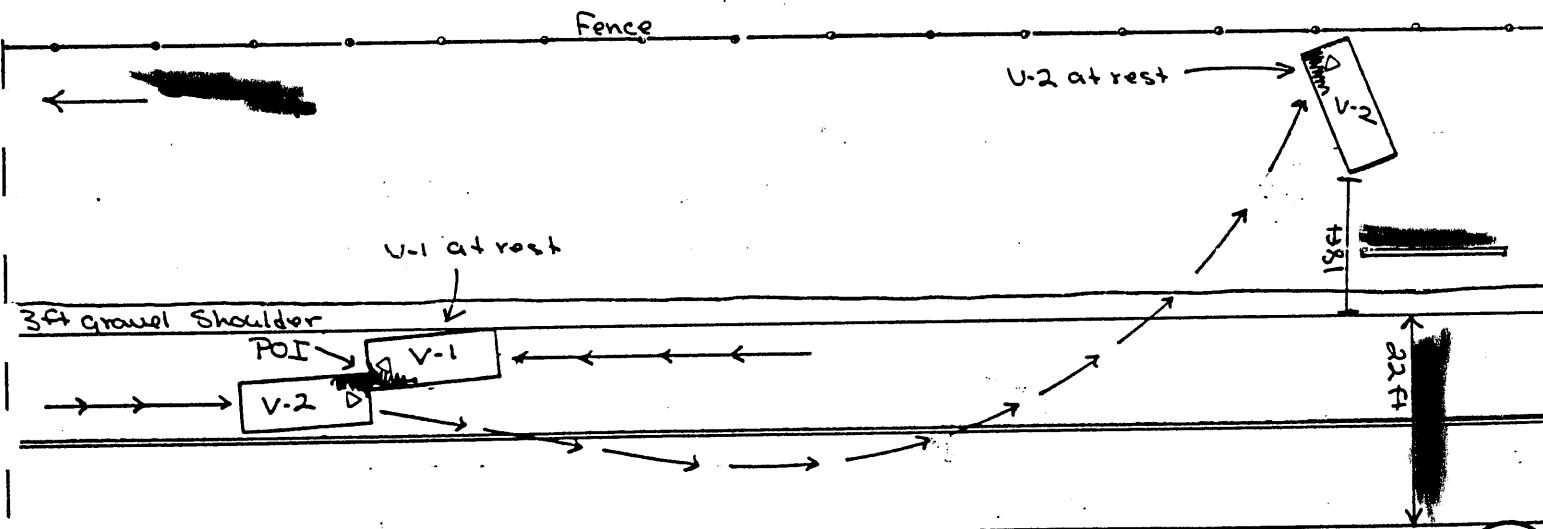


DIAGRAM: *not to scale (if space adequate)

Arrest: [redacted]	Charge: <u>DWI #1</u>	Summons #: [redacted]
Arrest: [redacted]	Charge: <u>Refuse test</u>	Summons #: [redacted]
	Charge: <u>Drove left of center</u>	Summons #: [redacted]
	Charge: <u>Fictitious tags</u>	Summons #: [redacted]

Time notified of accident 1:50 pm Time arrived 2:15 pm Date [redacted]-90

The data in this report represents my observation and knowledge based on information available to me. Photos Yes No

Investigator: [redacted] State Police [redacted]-90
 Name and ID Number Department Date Submitted

Atmospheric Conditions
 No Adverse Conditions
 Rain Sleet
 Snow Fog 38°
 High Winds Temperature
 Smoke Smog Dust
 Other _____
 Not Known

Light Conditions
 Daylight Dark Dawn Dusk
 Dark but lighted
 Dark, light not functioning
 Not Known

Accident Locale
 Rural Urban
 Not Known

Roadway Surface Condition
 Dry Wet Ice
 Sand Dirt Oil
 Other _____
 Not Known

Road System
 Speed Limit 55mph Posted Yes No
 Interstate U.S. Hwy. State Hwy.
 County Road City Street Other _____
 Not Known

Road Surface Type
 Concrete Asphalt
 Gravel Dirt
 Other _____
 Not Known

Roadway Alignment/Profile
 Straight Level
 Curve Grade
 Not Known Hillcrest
 Sag
 Not Known

Construction/Maintenance Zone
 Yes No
 Highway Const Utility Other _____
 Protected No Yes How _____
 Reduced Road Width
 Road Repair Maintenance

Trafficway Flow
 Divided Not Divided 2
 Divided by Median # Lanes
 Divided by Other Barrier
 Divided by Temporary Barrier
 One Way Traffic
 Not Known

Roadway Conditions
 No Adverse Conditions
 Obstruction, Warning
 Obstruction, No Warning
 Loose Materials on Surface
 Holes Ruts Bumps
 Defective Shoulders
 No Markings
 Other Defects _____
 Defects Not Known

Relation to Junction
 Non-Junction
 Intersection Intersection Related
 Driveway Alley
 Exit Lane Entrance Lane
 RR Crossing
 Crossover Lane
 Other _____
 Not Known

Traffic Controls
 No Controls Present
 Flashing Beacon
 Traffic Signal
 Stop Sign Yield Sign
 RR Crossing with Gates & Lights
 RR Crossing, Flashing Lights Only
 RR Crossing, Crossbuck Only
 School Zone, Children Present
 Pedestrian Signal
 Lane Markings
 Other Controls _____
 Controls Not Known
 Device Not Functioning
 Device Functioning Properly
 Device Functioning Improperly

Vehicle Travel Direction
 V1 N S E W
 V2 N S E W

Vehicle Action
 V1 V2 V1 V2
 1 Going Straight Vision not obscured
 2 Negotiating Curve Rain
 3 Slowing Snow
 4 Stopped in Traffic Lane Sleet
 5 Merging Fog
 6 Enter, Parked Position Glare
 7 Exit, Parked Position Sunlight
 8 Parked Headlights
 9 Turning Right Building
 10 Turning Right on Red Billboard
 11 Turning Left Trees
 12 Turning Left on Red Shrubs
 13 Making U Turn Other Vegetation
 14 Backing Moving Vehicle
 15 Avoiding Vehicle Parked Vehicle
 16 Avoiding Pedestrian Ice on Windshield
 17 Avoiding Animal Fog on Windshield
 18 Avoiding Other Object Broken Windshield
 19 Passing Dirty Windshield
 20 Changing Lanes Other
 21 Other Action Not Known
 22 Action Not Known

Contributing Factors
 OPR 1 OPR 2
 0 No Contributing Factor
 1 Too Fast For Conditions
 2 Fail to Yield
 3 Alcohol
 4 Drugs
 5 Disregarded Stop Sign
 6 Disregarded Yield Sign
 7 Disregarded Traffic Signal
 8 Wrong Side Road
 9 Wrong Way — 1 Way Traffic
 10 Followed Too Close
 11 Illegal Right Turn
 12 Illegal Left Turn
 13 Illegal Lane Change
 14 Illegal Passing
 15 Prohibited U Turn
 16 Operating Defective Lights
 17 Operating Defective Brakes
 18 Operating Other Defective Equipment
 19 Unsafe Backing
 20 Other Factor _____
 21 Factor Not Known

Fire Occurrence
 No Fire Occurrence
 V1 Fire Occurrence, Result of Impact
 V2 Fire Occurrence, Result of Impact

First Harmful Event
Non-Collision
 Overturn
 Fire Explosion
 Immersion
 Gas Inhalation
 Fell from Vehicle
 Injured in Vehicle
 Other Non-Collision
Collision With
 Pedestrian
 Pedalcycle
 Railway Train
 MV in Transport
 MV in Other Road
 Parked Motor Veh
 Animal
 Other Object Not

Collision with Fixed Object
 Identify Object

First Harmful Event Occurred
 On Roadway Median
 Shoulder Outside Trafficway
 Roadside Location Unknown
 Location Unknown

Most Harmful Event
 V1 Struck by U-2
 Identify Event
 V2 Struck U-1
 Identify Event

Pedestrian Location
 In Crosswalk No Crosswalk
 Intersection Non-Intersection
 On Roadway Sidewalk
 On Road Shoulder Location Not Known
 Bike Path No Pedestrian
 Other Location _____

Pedestrian Action
 Not Visible
 Crossing Road, No Intersection
 Crossing at Intersection
 Walking with Traffic
 Walking Against Traffic
 Playing Lying in Roadway
 Working Standing in Roadway
 No Pedestrian
 Other Ped. Action _____
 Action Not Known

EMS Time Notified 1:50 pm
 EMS Time Arrived 2:05 pm
 Injured Transported to _____
 Transported by _____

INSURANCE CARRIER
 V1 _____
 V2 Unknown

Damage to Property Other Than Vehicle None Describe Property _____

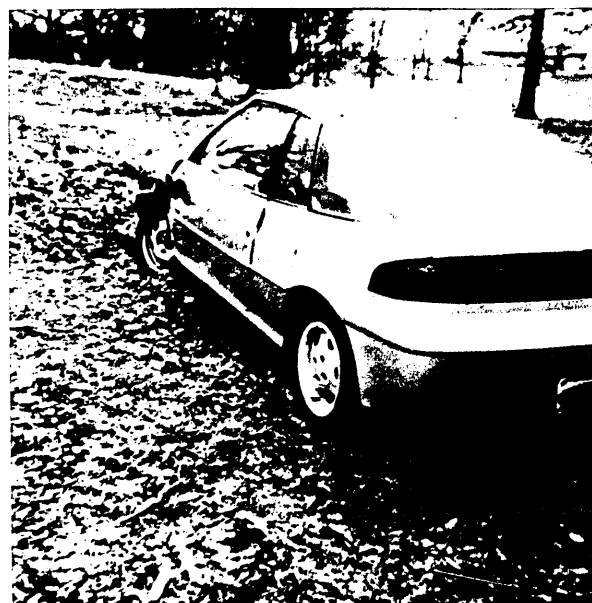
Owner of Property	Name	Address	Estimate of Damage
Notified of Damage	Name	Address	Time Date
Witnesses	Name	Address	24 F Age Sex
Witnesses	Name	Address	31 M Age Sex

CLAIM NO. [REDACTED]



DATE TAKEN: [REDACTED]

DESCRIPTION: [REDACTED]



DATE TAKEN: [REDACTED]

DESCRIPTION: [REDACTED]



DATE TAKEN: [REDACTED]

DESCRIPTION: [REDACTED]



DATE TAKEN: [REDACTED]

DESCRIPTION: [REDACTED] 1990

CLAIM NO. _____

PHOTOGRAPHS

1800 2-1-90
67M CUC



DATE TAKEN: _____

DATE TAKEN: _____

DESCRIPTION: _____

DESCRIPTION: _____



DATE TAKEN: _____

DATE TAKEN: _____

DESCRIPTION: _____

DESCRIPTION: _____

1990 dash

1990

PHOTOGRAPHS

CLAIM NO. [REDACTED]

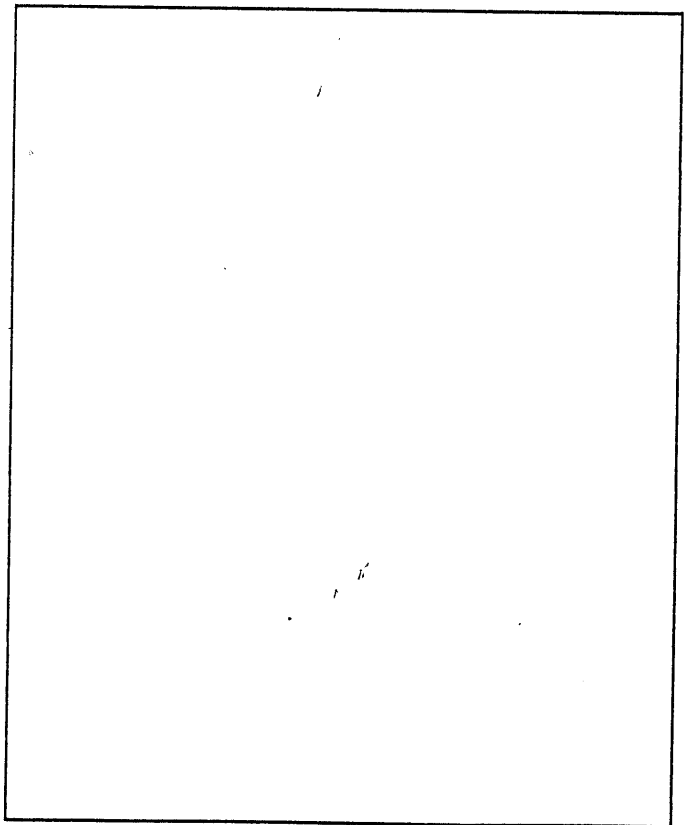
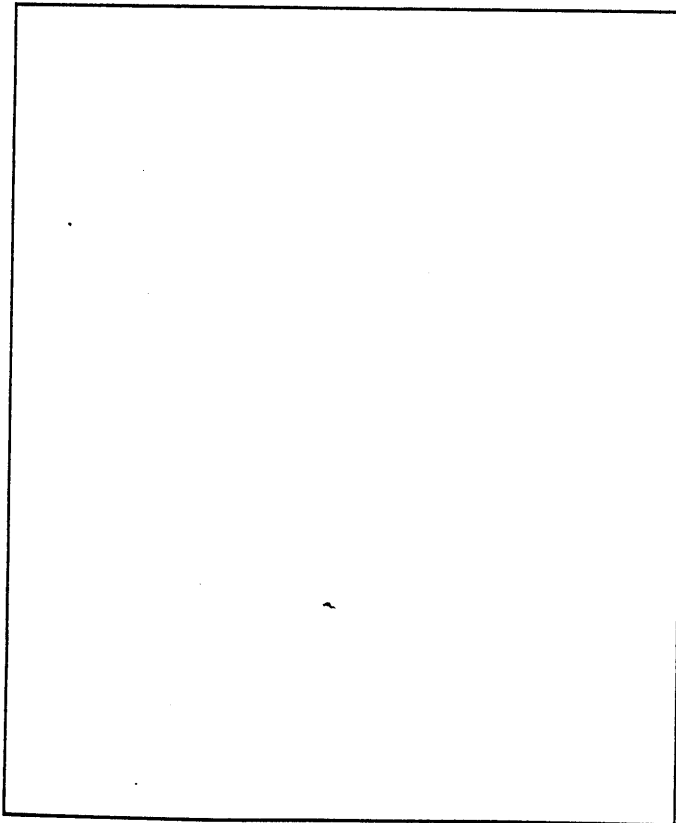


DATE TAKEN: [REDACTED] 198

DESCRIPTION: [REDACTED]

DATE TAKEN: [REDACTED] 198

DESCRIPTION: [REDACTED]



DATE TAKEN: _____

DESCRIPTION: _____

DATE TAKEN: _____

DESCRIPTION: [REDACTED] 1990