



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

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

Dear Crash Data Researchers/Users:

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

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

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

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

**DYNAMIC SCIENCE, INC.**  
**Contract No. DTNH22-87-C-47169**

**AIRBAG INVESTIGATION**  
**DSI-91-AB-03**

/90

## **DISCLAIMERS**

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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.

## TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.  
CONTRACT NUMBER: DTNH 22-87-C-47169  
CASE NUMBER: DSI-91-AB-03  
[REDACTED]

This two-vehicle collision took place on a late [REDACTED] afternoon in mid-[REDACTED], 1990 on a two-way trafficway in a traffic signal controlled intersection in a metropolitan area of a large city in south central [REDACTED].

Vehicle 1 is a 1991 Crown Victoria four-door sedan equipped with a factory-installed driver only air cushion restraint system and was being driven by a 44 year old male with a 41 year old female in the right front seating position. Vehicle 2 is a 1982 Mercury Capri 3-door hatchback and was being driven by a 19 year old female. A 22 year old male was in the right front passenger position and a 19 year old female was in the rear right seat.

Just prior to impact, Vehicle 1 was traveling westbound at a speed of 25 to 30 miles per hour approaching the intersection and facing a green light. Vehicle 2 was southbound approaching the intersection when the driver realized the light facing her was red. She applied the brakes hard enough to cause lock-up but was unable to avoid skidding into the intersection. The driver of Vehicle 1 attempted evasive action by applying the brakes hard enough to cause lock-up but skidded into the left front side of Vehicle 2 with sufficient force as to exceed the threshold of the air cushion restraint system. The driver believed the airbag split open on deployment and malfunctioned. Subsequent investigation revealed that the airbag deployed properly and was not damaged at the time of deployment. After impact, Vehicle 1 rotated 25 degrees counterclockwise and traveled approximately 10 feet to final rest position. After impact, Vehicle 2 rotated 15 degrees clockwise and traveled approximately 35 feet to final rest position.

The driver of Vehicle 1 sustained minor injuries consisting of an abrasion to the nose (AIS-1) from the airbag contact and a strain to his lower back (AIS-1). He was not using the available lap/torso restraint system. The passenger was also not using the available lap/torso restraint system and stated she sustained a lower back strain (AIS-1). The driver and passenger in Vehicle 1 did not require medical assistance at the time of the collision. The driver of Vehicle 2 sustained a laceration to her forehead from contact with the rear view mirror. She was transported to



a local hospital where she was treated and released. None of the passengers in Vehicle 2 were injured. None of the occupants of Vehicle 2 were using the available restraint systems.

Vehicle 1 was driven from the scene. The repair cost was reported to be \$3,094.62. Vehicle 2 was towed from the scene due to damage. It was later reported to be a total loss.

DYNAMIC SCIENCE, INC.  
Contract No. DTNH22-87-C-47169

AIRBAG INVESTIGATION  
DSI-91-AB-03

, 1990

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**DYNAMIC SCIENCE, INC.**  
**AIRBAG INVESTIGATION**  
**CASE NO.: DSI-91-AB-03**

**ACCIDENT DATA:**

Location: ██████████ Louisiana  
Area/Type: Urban/City  
Date/Time: Mid-██████████ 1990,  
Late Afternoon  
Accident type: 2 Vehicle Intersection  
Angle Collision  
Injury Severity (Airbag Vehicle): AIS-1  
Injury Severity (Other Vehicle): AIS-1

**AMBIANCE:**

Light Condition: Daylight  
Cloud Cover: None  
Road Surface: Dry

**Roadway:**

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Type:	3-lane city street	2-lane city street
Width:	Unknown	Unknown
Traffic Density:	Unknown	Unknown
Median:	Painted median for turn lane	None
Surface:	Asphalt	Asphalt
Coefficient of Friction:	.70	.70
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

**Traffic Controls:**

Signals:	Green Traffic Signal	Red Traffic Signal
Signs:	Unknown	Unknown
Speed Limit:	35 Miles Per Hour	35 Miles Per Hour
Markings:	Unknown	Unknown

Vehicles:

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Description:	1991 Ford LTD Crown Victoria 4-door Sedan	1982 Mercury Capri 3-door Hatchback
Engine:	5.0 Liter V8	3.3 Liter L6
Active Restraints:	L/S belts	L/S belts
Passive Restraints:	Driver's Airbag	None
Reported Defects:	None	None
Cargo:	None	None
Securiflex Wind- shield	Unknown	Unknown
Windshield Damage:	None	None
Fleet:	Hertz Rental Agency	No
Previous Repairs:	None	None
Tow Status:	Driven from Scene	Towed due to damage
Object Struck:	Vehicle 2	Vehicle 1
CDC:	12 FDEW-1	Unknown
Event Number:	1	1
Damage Location:	Right front	Left side at front wheel
Maximum Crush:	Less than 12 inches	Unknown
Damaged Components:	Bumper, grille, right front head- lights and headlight assembly, right park lights assembly, right park lights and right front fender	Left front fender, front axle, left front door
Repair Estimates:	\$3,094.62	Total loss
Interior damage:	Header panel	Rear view mirror
Vehicle Velocity Estimates:		
Impact Speed:	20 MPH (est.)	20 MPH (est.)
Total Delta V	Unknown	Unknown
Longitudinal Delta V:	Unknown	Unknown
Energy Dissipation:	Unknown	Unknown

NOTE: No CRASH III was run on this collision due to lack of required measurements.

**COLLISION SEQUENCE:**

**Pre-Crash:**

Vehicle 1 was traveling west in the westbound travel lane approaching a traffic controlled intersection and was facing a green light. Vehicle 2 was traveling south in the southbound travel lane approaching the intersection facing a red light. The driver of Vehicle 1 attempted to avoid the crash by applying the brakes hard enough to result in a locked front wheel skid. The driver of Vehicle 2 also attempted to avoid the crash by applying brakes hard enough to result in a front wheel skid. Vehicle 1 skidded 36 feet to impact and Vehicle 2 skidded 21 feet to impact in the middle of the intersection. The driver of Vehicle 1 estimated his pre-crash speed prior to braking as 25 to 30 miles per hour. The driver of Vehicle 2 estimated her pre-crash speed prior to braking as 30 miles per hour.

**Crash:**

The right front of Vehicle 1 impacted the left side of Vehicle 2 with sufficient force to exceed the threshold of the air cushion restraint system, and the factory-installed airbag deployed.

**Post-Crash:**

After impact, Vehicle 1 rotated about 25 degrees counterclockwise and traveled approximately 10 feet to final rest position. Vehicle 2 rotated approximately 15 degrees in a clockwise direction and traveled approximately 35 feet to final rest.

**Driver Activity:**

The driver of Vehicle 1 sustained only minor injuries (AIS-1) consisting of an abrasion to his nose and a lower back strain. He smelled what he thought was gas, saw the vent holes in the airbag and mistakenly believed that the airbag had malfunctioned. DSI staff were able, through their investigation, to determine that the airbag deployed properly and was not damaged. Neither the driver nor the passenger in V1 were using the available restraint systems. Both the driver and passenger in V1 were able to exit unas-

sisted. The driver of V2 sustained a laceration to her scalp (AIS-1). She was transported to the local hospital where she was treated and released. None of the occupants of V2 were using the available restraint systems. There were no other injuries in V2.

**Scene Clearance:** Vehicle 1 was driven from the scene and returned to the rental agency. The cost of repairs was \$3,094.62. Vehicle 2 was towed from the scene due to damage. The vehicle was later reported to be a total loss.

**DRIVER AND OTHER OCCUPANTS:**

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Age/Sex:	44 years/male	19 years/female
Seated position:	Left front	Left front
Height:	76 inches	60 inches
Weight:	250 lbs.	110 lbs.
Physical State:	Normal	Normal
Body Posture:	Normal/upright	Normal/upright
Hand Position:	Both hands on steering wheel	Both hands on steering wheel
Foot Position:	Left-floor pan Right-brake pedal	Left-floor pan Right-brake pedal
Active Restraint Usage:	None	None
Additional Occupants:	Yes, one	Yes, two
<b>Additional Occupant, V1:</b>		
Age/Sex:	41 years/female	
Seated Position:	Right front	
Height:	62 inches	
Weight:	115	
Body Posture:	Upright	
Active Restraint Use:	Lap/torso available not used	

**Additional Occupants, V2:**

Age/Sex:	22 years/male	19 years/female
Seated Position:	Right front	Rear right
Height:	70 inches	60 inches
Weight:	150 lbs.	110 lbs.
Physical State:	Normal	Normal
Body Posture:	Normal/upright	Normal/upright
Active Restraint Use:	Not used	Not used

**INJURIES:**

	<u>Injury</u>	<u>Severity</u>	<u>Source</u>
Driver, V1	Nose abrasion	AIS-1	Airbag
	Back Strain	AIS-1	Non-contact force
Passenger, V1	Back Strain	AIS-1	Non-contact force
Driver, V2	Forehead Laceration	AIS-1	Rear view mirror
Passengers, V2	None		





# ACCIDENT FORM

US Department of Transportation  
National Highway Traffic Safety  
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Case Number - <u>US 9 4003</u>	SPECIAL STUDIES INDICATORS
IDENTIFICATION	
3. Number of General Vehicle Forms Submitted <u>02</u>	
4. Date of Accident <u>12-19-90</u>	
5. Time of Accident <u>1:45pm</u>	
	NUMBER OF EVENTS
	11. Number of Recorded Events in This Accident _____  Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>L</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE	CODES FOR GENERAL AREA OF DAMAGE (GAD)	
<p>(00) Not a motor vehicle                      (01) Subcompact/mini (wheelbase - 100 ")                      (02) Compact (wheelbase - 100 " - 104 ")                      (03) Intermediate (wheelbase - 105 " - 109 ")                      (04) Full size (wheelbase - 110 " - 114 ")                      (05) Largest (wheelbase - 115 ")                      (09) Unknown passenger car size                      (11) Short utility vehicle                      (12) Truck based utility ( : 10,000 lbs GVWR)                      (13) Passenger van ( : 10,000 lbs GVWR)                      (14) Other van ( : 10,000 lbs GVWR)                      (15) Pickup truck ( : 10,000 lbs GVWR)                      (18) Other truck ( : 10,000 lbs GVWR)                      (19) Unknown light truck type                      (20) School bus                      (21) Other bus                      (22) Truck ( : 10,000 lbs GVWR)                      (23) Tractor without trailer                      (24) Tractor-trailer(s)                      (25) Motored cycle                      (28) Other vehicle                      (99) Unknown</p>	<p>CDC APPLICABLE AND OTHER VEHICLES</p>	<p>TDC APPLICABLE VEHICLES</p>
	<p>(0) Not a motor vehicle                      (N) Noncollision                      (F) Front                      (R) Right side                      (L) Left side                      (B) Back                      (T) Top                      (U) Undercarriage                      (9) Unknown</p>	<p>(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</p>

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED	
<p>(01-30) - Vehicle number</p> <p>Noncollision</p> <p>(31) Overturn - rollover                      (32) Fire or explosion                      (33) Jackknife                      (34) Other intraunit damage (specify):                      _____</p> <p>(35) Noncollision injury                      (38) Other noncollision (specify):                      _____</p> <p>(39) Noncollision - details unknown</p> <p>Collision with Fixed Object</p> <p>(41) Tree ( : 4 inches in diameter)                      (42) Tree ( : 4 inches in diameter)                      (43) Shrubbery or bush                      (44) Embankment</p> <p>(45) Breakaway pole or post (any diameter)</p> <p>Nonbreakaway Pole or Post</p> <p>(50) Pole or post ( : 4 inches in diameter)                      (51) Pole or post ( : 4 but : 12 inches in diameter)                      (52) Pole or post ( : 12 inches in diameter)                      (53) Pole or post (diameter unknown)</p> <p>(54) Concrete traffic barrier                      (55) Impact attenuator                      (56) Other traffic barrier (specify):                      _____</p>	<p>(57) Fence                      (58) Wall                      (59) Building                      (60) Ditch or culvert                      (61) Ground                      (62) Fire hydrant                      (63) Curb                      (64) Bridge                      (68) Other fixed object (specify):                      _____</p> <p>(69) Unknown fixed object</p> <p>Collision with Nonfixed Object</p> <p>(71) Motor vehicle not in-transport                      (72) Pedestrian                      (73) Cyclist or cycle                      (74) Other nonmotorist or conveyance (specify):                      _____</p> <p>(75) Vehicle occupant                      (76) Animal                      (77) Train                      (78) Trailer, disconnected in transport                      (88) Other nonfixed object (specify):                      _____</p> <p>(89) Unknown nonfixed object</p> <p>(98) Other event (specify):                      _____</p> <p>(99) Unknown event or object</p>

# GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number       
 2. Case Number - Stratam DSI 90 AB 03  
 3. Vehicle Number 01

### VEHICLE IDENTIFICATION

4. Vehicle Model Year 90  
 Code the last two digits of the model year  
 (99) Unknown

5. Vehicle Make (specify): 12  
FORD  
 Applicable codes are found in your  
 NASS CDS Data Collection, Coding, and  
 Editing Manual.  
 (99) Unknown

6. Vehicle Model (specify): 16  
Crown Vic. A.D.S.  
 Applicable codes are found in your  
 NASS CDS Data Collection, Coding, and  
 Editing Manual.  
 (99) Unknown

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

8. Vehicle Identification Number  
2FACP74F3MX  
 Left justify; Slash zeros and letter Z (0 and Z)  
 No VIN - Code all zeros  
 Unknown - Code all nine's

### OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 0  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

10. Police Reported Travel Speed 99  
 Code to the nearest mph (NOTE: 00 means  
 less than 0.5 mph)  
 (97) 96.5 mph and above  
 (99) Unknown

11. Police Reported Alcohol or Drug Presence 0  
 (0) Neither alcohol nor drugs present  
 (1) Yes (alcohol present)  
 (2) Yes (drugs present)  
 (3) Yes (alcohol and drugs present)  
 (4) Yes (alcohol or drugs present - specifics  
 unknown)  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

12. Alcohol Test Result for Driver 96  
 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 35  
 (00) No statutory limit  
 Code posted or statutory speed limit  
 (99) Unknown

14. Attempted Avoidance Maneuver 03  
 (00) No impact  
 (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 00  
 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

\*\*\*\* STOP HERE 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)
- (08) Other automobile type (specify): \_\_\_\_\_

- (09) Unknown automobile type

#### Automobile Derivatives

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

#### Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

#### Van Based Light Trucks ( $\leq 10,000$ lbs GVWR)

- (20) Minivan (Españe, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (specify): \_\_\_\_\_
- (29) Unknown van type

#### Light Conventional Trucks (Pickup Style Cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup ( $<4,500$  lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-5, Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (39) Unknown (pickup style) light conventional truck type

#### Other Light Trucks ( $\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup) (specify): \_\_\_\_\_
- (48) Unknown other light truck type (not a pickup)
- (49) Unknown light vehicle type (automobile, 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 ( $>10,000$ lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs  $<$  GVWR  $\leq 26,000$  lbs)
- (62) Single unit straight truck ( $>26,000$  lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

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

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify): \_\_\_\_\_

- (79) Unknown motored cycle type

#### Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify): \_\_\_\_\_

- (99) Unknown body type

**OCCUPANT RELATED**

- 16. Driver Presence in Vehicle L
  - (0) Driver not present
  - (1) Driver present
  - (9) Unknown
- 17. Number of Occupants This Vehicle 02
  - (00-96) Code actual number of occupants for this vehicle
  - (97) 97 or more
  - (99) Unknown
- 18. Number of Occupant Forms Submitted 02

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

Rollover (primarily about the longitudinal axis)

  - (1) Rollover, 1 quarter turn only
  - (2) Rollover, 2 quarter turns
  - (3) Rollover, 3 quarter turns
  - (4) Rollover, 4 or more quarter turns (specify):  
\_\_\_\_\_
  - (5) Rollover – end-over-end (i.e., primarily about the lateral axis)
  - (9) Rollover (overturn), details unknown

**VEHICLE WEIGHT ITEMS**

- 19. Vehicle Curb Weight 3800
  - 3821 Code weight to nearest 100 pounds.
  - (010) Less than 1050 pounds
  - (135) 13,500 lbs or more
  - (999) Unknown

Source: \_\_\_\_\_
- 20. Vehicle Cargo Weight 000
  - \_\_\_\_\_ Code weight to nearest 100 pounds.
  - (00) Less than 50 pounds *LESS THAN 50*
  - (97) 9,650 lbs or more
  - (99) Unknown

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this vehicle) 0
- 26. Rear Override/Underride (this vehicle) 0
  - (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

  - (1) 1st CDC
  - (2) 2nd CDC
  - (3) Other not automated CDC (specify):  
\_\_\_\_\_

Underride (see specific CDC)

  - (4) 1st CDC
  - (5) 2nd CDC
  - (6) Other not automated CDC (specify):  
\_\_\_\_\_
  - (7) Medium/heavy truck override
  - (9) Unknown

**RECONSTRUCTION DATA**

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

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

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

- 27. Heading Angle for This Vehicle 000
- 28. Heading Angle for Other Vehicle 090

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
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	24 SLOWER 25, 26, 27	28 DECEL. 29, 30, 31	30 SPECIFICS OTHER	32 SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER 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 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 65 LATERAL MOVE	(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 SPECIFICS OTHER	(EACH • 74) (EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	76 77 78 TURN INTO SAME DIRECTION	79 80 81 TURN INTO OPPOSITE DIRECTIONS	82 83 SPECIFICS OTHER	(EACH • 84) (EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87 SPECIFICS OTHER	88 89 SPECIFICS UNKNOWN	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 93 BACKING VEH. OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

29. Basis for Total Delta V (Highest) 6

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 techniques, 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

Secondary Highest

\_\_\_\_\_ Nearest mph

9      99

(NOTE: 00 means less than 0.5 mph)  
 (97) 96.5 mph and above  
 (99) Unknown

31. Longitudinal Component of Delta V

\_\_\_\_\_ Nearest mph

9      + 99

(NOTE: \_00 means greater than -0.5 and less than +0.5 mph)  
 (± 97) ±96.5 mph and above  
 (\_ 99) Unknown

32. Lateral Component of Delta V

Secondary Highest  
 + 99

\_\_\_\_\_ Nearest mph

(NOTE: \_00 means greater than -0.5 and less than +0.5 mph)  
 (± 97) ±96.5 mph and above  
 (\_ 99) Unknown

33. Energy Absorption

999900

\_\_\_\_\_ Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)  
 (9997) 999,650 foot-lbs or more  
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (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

- (0) No Inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

2 PHOTOS (REPRODUCTION) ONLY

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



### INTERVIEW FORM

Primary Sampling Unit Number \_\_\_\_\_ Interviewee(s) Role(s) or Name(s) Driver

Case Number - Stratum DSI 91-AB-23

Vehicle Number 21

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

#### GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

APPROACHING INTERSECTION - COULDN'T REMEMBER  
GIRL SAID SHE RAN RED LIGHT - OFFICER  
SAID IT WAS GREEN FOR ME - SMELLED  
GAS - SAW AIR BAG SPLIT OPEN - FELT  
DIZZY - TRIED TO KICK DOWN OPEN  
AIR BAG HURT ME FROM INS. BUT  
IT MUST HAVE MALFUNCTIONED

#### SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention | <input type="checkbox"/> Speed estimates (precrash/at impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel                                  | <input type="checkbox"/> Post-impact trajectory               | <input type="checkbox"/> Glazing type            |
| <input type="checkbox"/> Avoidance maneuvers                                  | <input type="checkbox"/> Door status (precrash/postcrash)     | <input type="checkbox"/> Vehicle glazing status  |
| <input type="checkbox"/> Impact description/orientation                       | <input type="checkbox"/> Final rest position                  | <input type="checkbox"/> PAR clarifications      |
|   |   | <input type="checkbox"/> Glove box status        |

Cargo? No  Yes  Interviewee's Estimated Cargo Weight \_\_\_\_\_

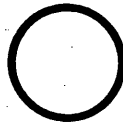
Description of Cargo \_\_\_\_\_

Present Location of Vehicle (if not yet inspected)? \_\_\_\_\_

[REDACTED] WA



# 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.

National Accident Sampling System-Crashworthiness Data System: Interview Form

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

DRIVER WIFE

SEAT POSITION	LEFT FRONT	RIGHT FRONT		
AGE/SEX	44 / M	41 / F		
HEIGHT (IN)	6-4	5-2		
WEIGHT (LBS.)	250	115		
POSTURE	UPRIGHT	UPRIGHT		
EJECTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
DESCRIBE THE EJECTION				
ENTRAPPED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NO BELTS	NO BELTS		
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT	CHINA PRACTICE FOR BACK	CHINA PRACTICE FOR BACK		
NAME OF TREATMENT FACILITY	—	—		
DAYS IN HOSPITAL?	—	—		
NO. OF LOST WORK DAYS?	—	—		
WOULD YOU SIGN A MEDICAL RELEASE?	—	—		

**OCCUPANT DATA**

<b>SEAT POSITION</b>				
<b>AGE/SEX</b>				
<b>HEIGHT (IN)</b>				
<b>WEIGHT (LBS.)</b>				
<b>POSTURE</b>				
<b>EJECTED?</b> [ ] No [ ] Yes				
<b>DESCRIBE THE EJECTION</b>				
<b>ENTRAPPED?</b> [ ] No [ ] Yes				
<b>DESCRIBE ENTRAPMENT</b>				
<b>DESCRIBE TYPE OF RESTRAINT</b>				
<b>WERE BELTS WORN?</b> [ ] No [ ] Yes				
<b>HOW WHERE THE BELTS WORN?</b>				
<b>DESCRIBE ANY RESTRAINT FAILURES</b>				
<b>TYPE OF TREATMENT</b>				
<b>NAME OF TREATMENT FACILITY</b>				
<b>DAYS IN HOSPITAL?</b>				
<b>NO. OF LOST WORK DAYS?</b>				
<b>WOULD YOU SIGN A MEDICAL RELEASE?</b>				

PSU Number \_\_\_\_\_

Case Number - Stratum

DSI AB91-03

Vehicle Number 01

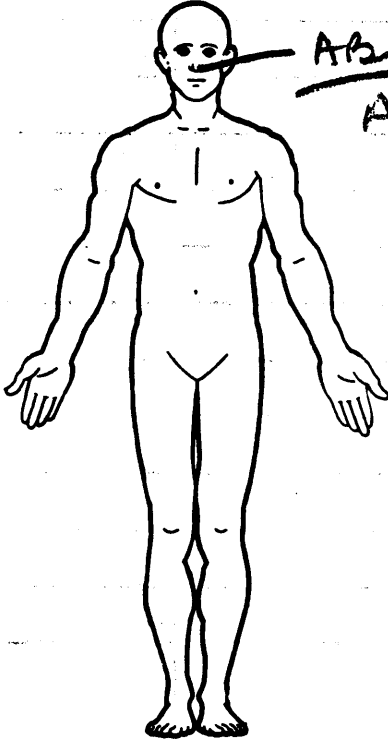
Occupant Number

01

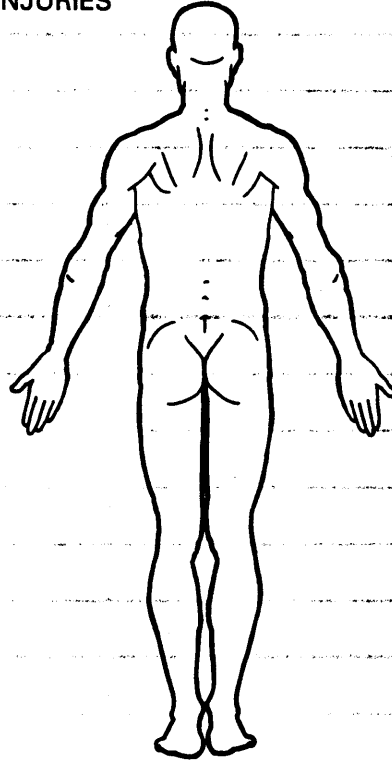
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



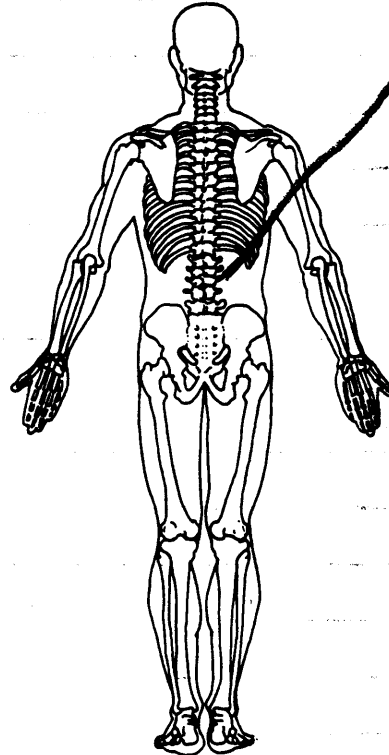
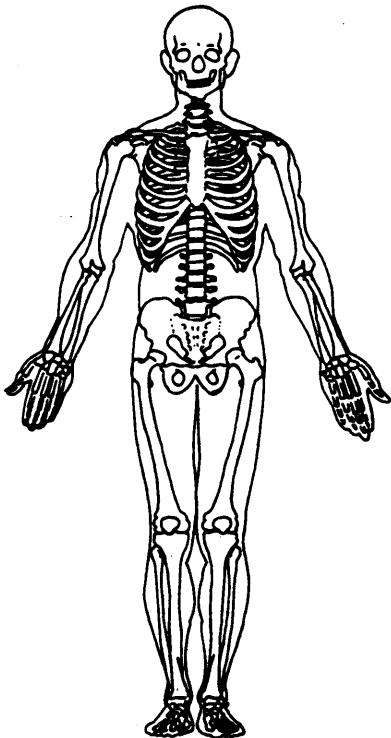
ABRASION  
AIR BAG



HEAD  
NECK

TRUNK  
THIGHS

SKELETAL INJURIES



STRAIN  
NON-COMM  
FRACTURE

SHOULDER

ANKLE  
FOOT

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

### OCCUPANT INJURY DATA

Indicate the *Location, Lesion, Detail, and Source* of all injuries indicated by the interviewee(s).

	LOCATION (Body Region/Aspect/ System Organ)	LESION	DETAIL CONCERNING LESION	INJURY SOURCE
<b>HEAD/ NECK</b>				
<b>CHEST/ BACK</b>				
<b>ABDOMEN PELVIS</b>				
<b>EXTREMITIES</b>				
<b>ADDITIONAL INJURIES</b>				

PASS.

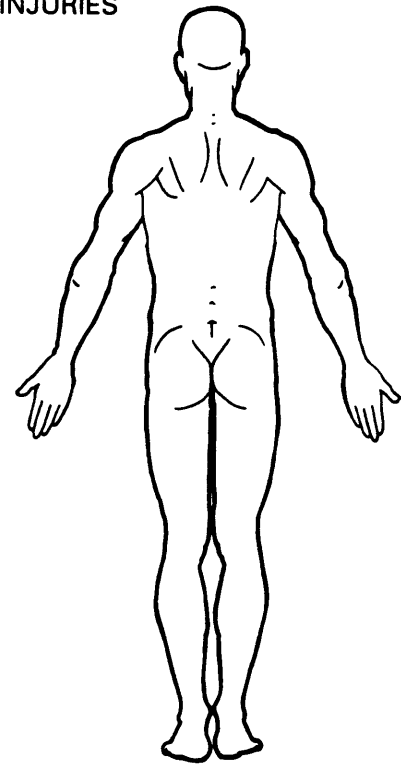
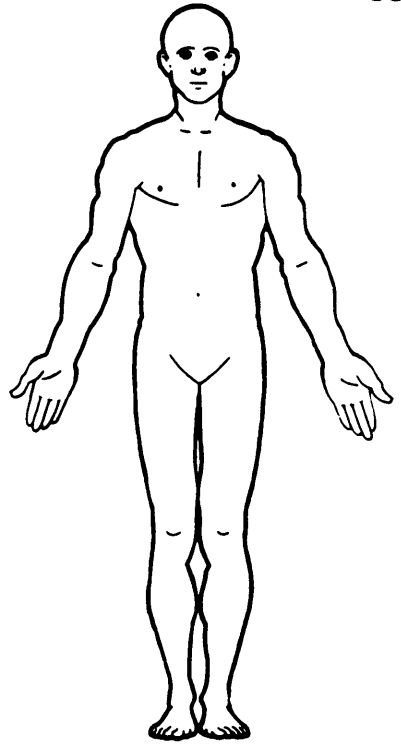
WIFE

PSU Number \_\_\_\_\_ Case Number - Stratum DSI 91 AM03 Vehicle Number 01 Occupant Number 02

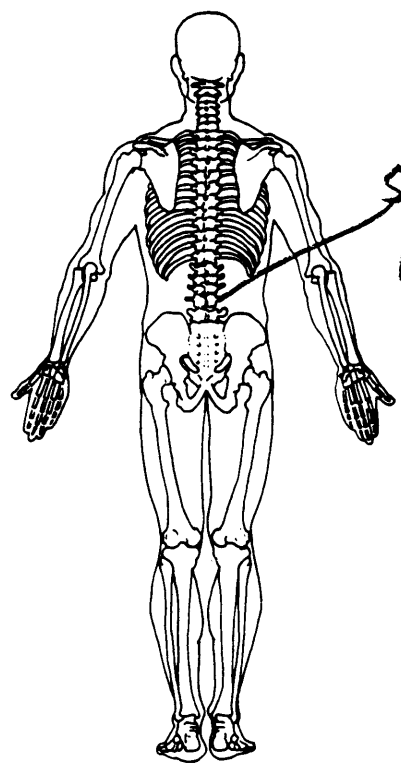
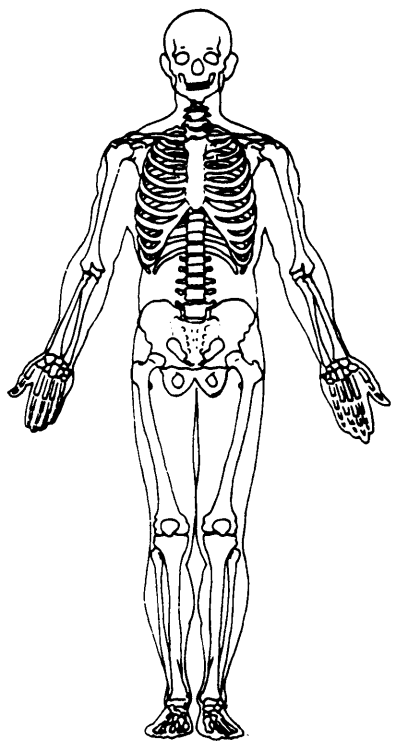
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



STRAIN  
NON CONTACT  
FORCES

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

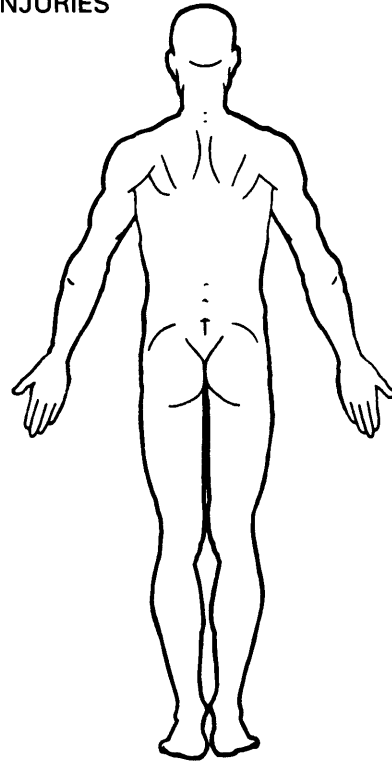
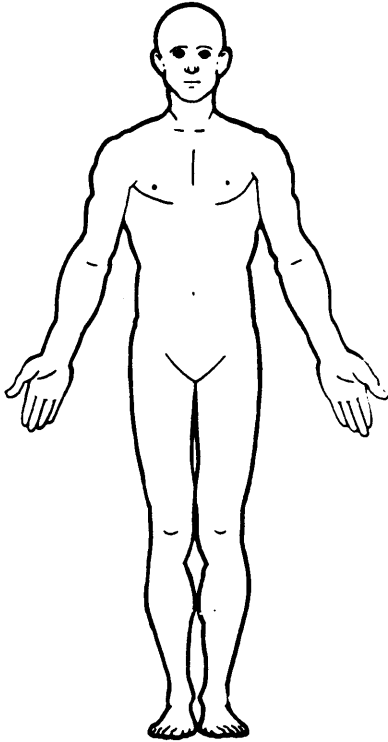


PSU Number \_\_\_\_\_ Case Number – Stratum \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Occupant Number \_\_\_\_\_

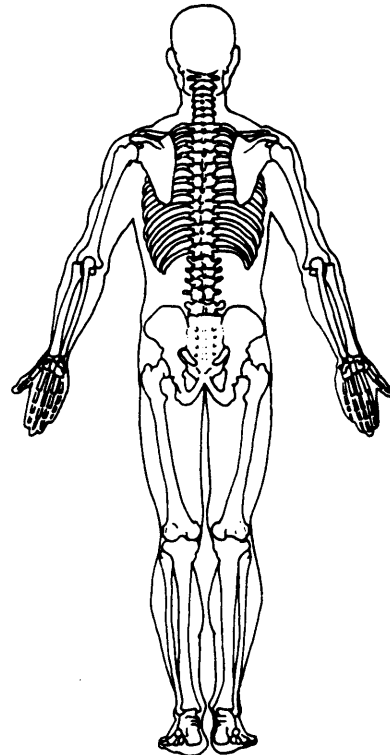
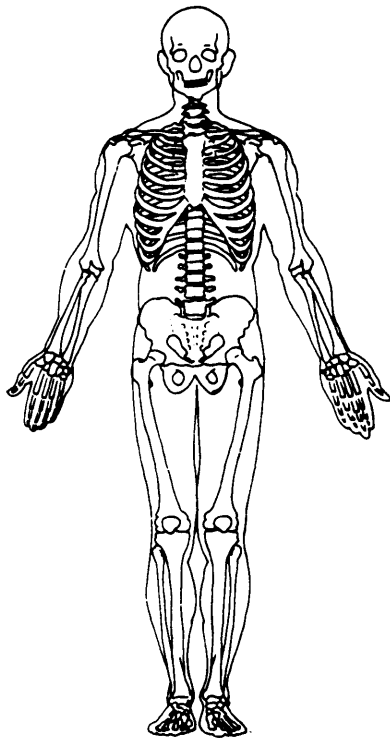
**INJURY DATA FROM INTERVIEWEE(S)**

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).







# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number—Stratum DSI 91-AB-03

3. Vehicle Number 81

4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 44  
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 76  
Code actual height to the nearest inch.  
(99) Unknown

8. Occupant's Weight 250  
Code actual weight to the nearest pound.  
(999) Unknown

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

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) Normal posture  
(1) Abnormal posture (specify): \_\_\_\_\_  
  
(9) Unknown

## EJECTION/ENTRAPMENT

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

13. Ejection Area   
(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) No ejection  
(1) Door/hatch/tailgate  
(2) Nonfixed roof structure  
(3) Fixed glazing  
(4) Nonfixed glazing (specify): \_\_\_\_\_  
  
(5) Integral structure  
(8) Other medium (specify): \_\_\_\_\_  
  
(9) Unknown

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

16. Entrapment   
(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

**RESTRAINT SYSTEM AND SEAT EVALUATION**

**17. Manual (Active) Belt System Availability** A

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

**18. Manual (Active) Belt System Use** 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used

**19. Proper Use of Manual (Active) Belts** 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

**20. Manual (Active) Belt Failure Modes During Accident** 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor  
(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

**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

**22. Air Bag System Deployment** 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

**23. Did Air Bag System Fail?** 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): Police  
for information  
look up

(8) Restrained, type unknown  
(9) Police indicated "unknown"

**25. Head Restraint Type/Damage by Occupant at This Occupant Position** 9

- (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) 09
- (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., van type)
  - (09) Other seat type (specify): No TNS?
  - \_\_\_\_\_
  - (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 failed
  - (4) Seat track/anchors failed
  - (5) Deformed by impact of occupant
  - (6) Deformed by passenger compartment intrusion (specify):
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - (7) Combination of above (specify):
  - \_\_\_\_\_
  - (8) Other (specify):
  - \_\_\_\_\_
  - (9) Unknown

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

**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 Manual
  - (997) Other make/model (specify):
  - \_\_\_\_\_
  - (998) Unknown make/model
  - (999) Unknown if child safety seat used

29. 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

- 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

0

**35. Treatment—Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

8

Nonfatal

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

fracture

- (9) Unknown

back strain

**36. Type of Medical Facility (for Initial Treatment)**

- (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):

0

- (9) Unknown

**37. Hospital stay**

Code number of days (up through 60)

that the occupant stayed in the hospital

- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

00

**38. Working Days Lost**

00

- 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

**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 = 24 hours, 2 days = 48, ... n days = 24 + 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
- (97) Other result (specify):


- (99) Unknown

**43. Number of Recorded Injuries for This Occupant**

02

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


1) ABRASION TO NOSE  
2) BACK STRAIN

**44. 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


---

**45. 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) (specify):  
 \_\_\_\_\_

(3) Automatic belt use unknown  
 (9) Unknown

---

**46. Automatic (Passive) Belt System Type** 

(0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown


**47. 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

---

**48. 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

UPDATE CANDIDATE? NO [  ] YES [ ]

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

\*\*\* STOP HERE \*\*\*  
 IF THERE ARE NO RECORDED INJURIES  
 (I.E., OA43 = 00,97,99)



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

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

### OCCUPANT INJURY FORM

1. Primary Sampling Unit Number      3. Vehicle Number 01  
 2. Case Number—Stratum DSI 91-AB-03 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.

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

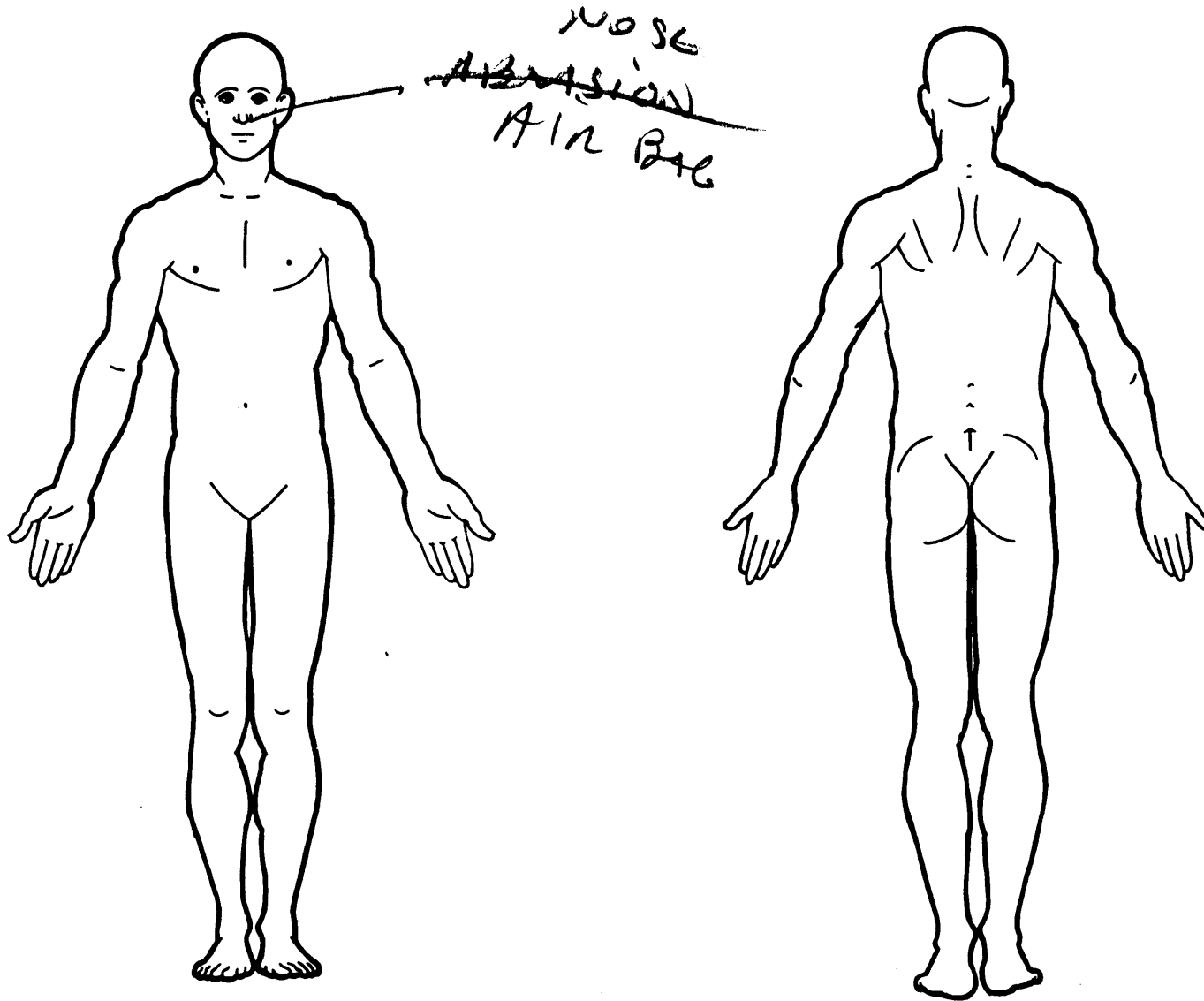
## OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	



# OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



## SOURCE OF INJURY DATA

### OFFICIAL

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

### UNOFFICIAL

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

## INJURY SOURCE

### FRONT

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

### LEFT SIDE

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

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

### RIGHT SIDE

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

### INTERIOR

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

### ROOF

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

### FLOOR

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

### REAR

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

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_

- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

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

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

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

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_

- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

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

(W) Wrist-hand

### Aspect of Injury

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

### Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

### System/Organ

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

(I) Integumentary

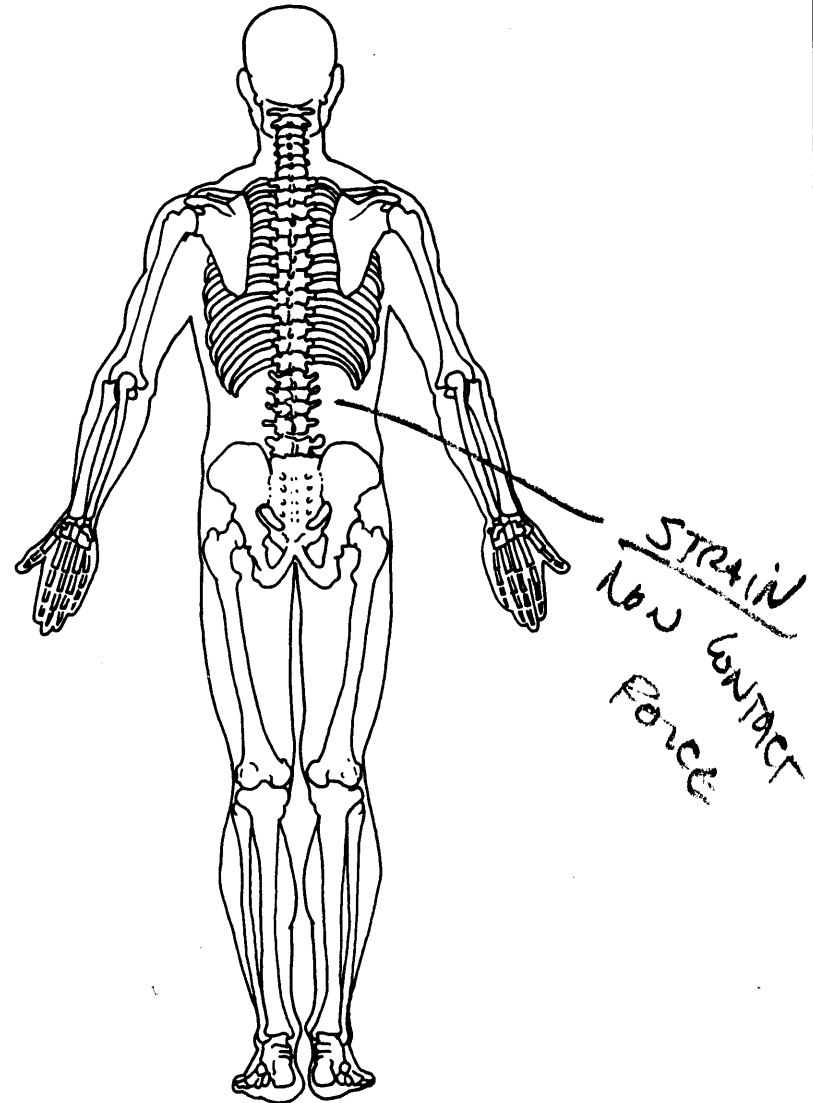
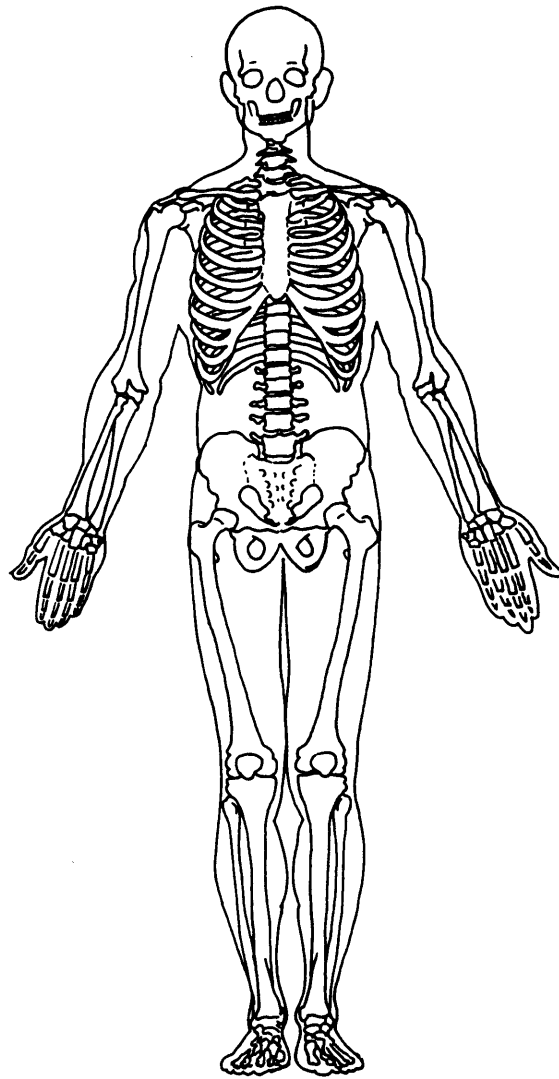
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### Abbreviated Injury Scale

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

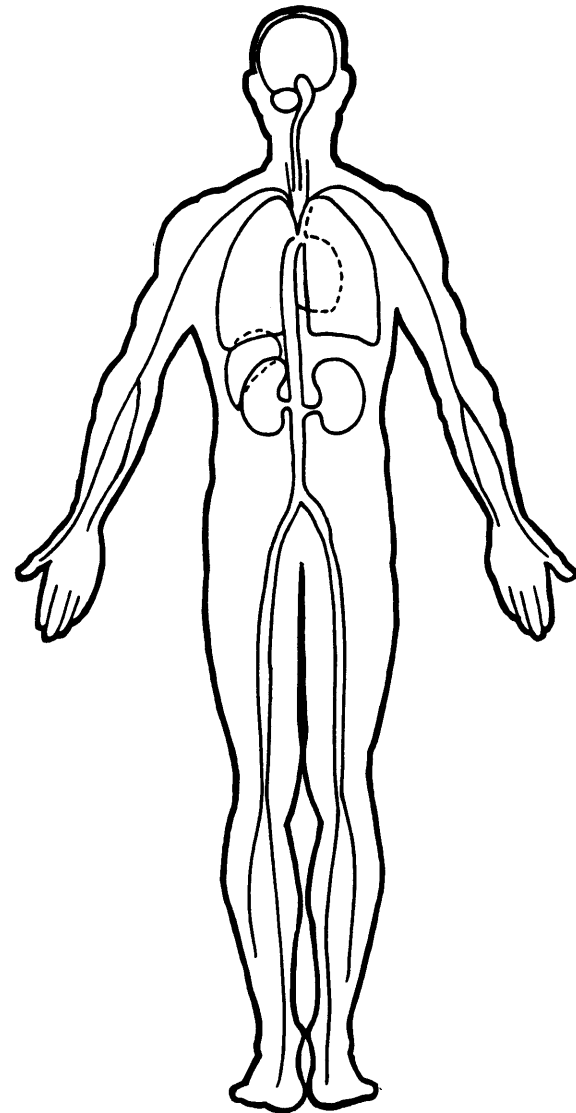
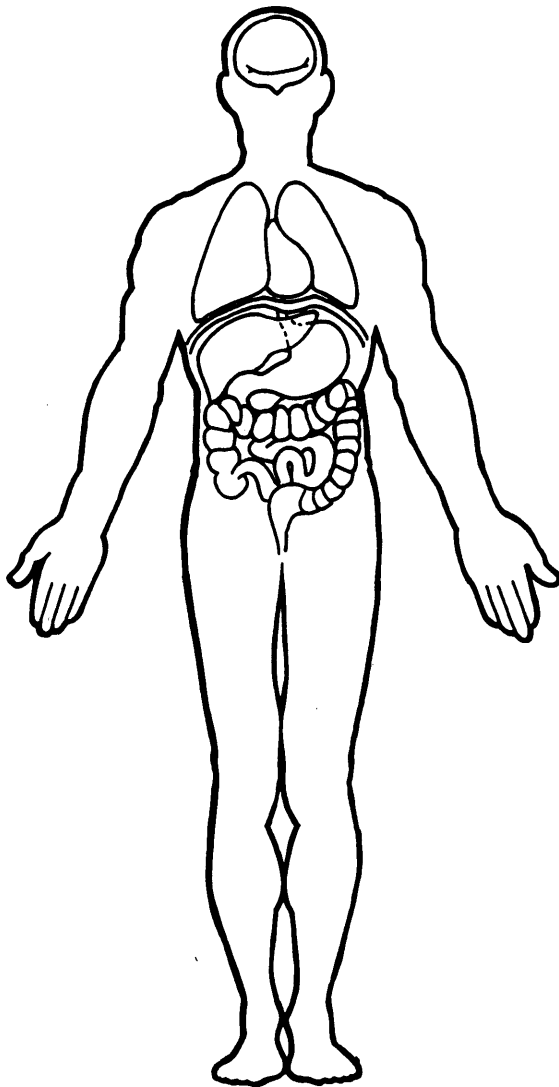
# OFFICIAL INJURY DATA – SKELETAL INJURIES

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



## OFFICIAL INJURY DATA – INTERNAL INJURIES

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





# OCCUPANT ASSESSMENT FORM

- 1. Primary Sampling Unit Number
- 2. Case Number—Stratum DSE 91-AC 83
- 3. Vehicle Number 01
- 4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 41  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
\_\_\_\_\_  
(97) 97 years and older  
(99) Unknown
- 6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
- 7. Occupant's Height 62  
Code actual height to the nearest inch.  
(99) Unknown
- 8. Occupant's Weight 115  
Code actual weight to the nearest pound.  
(999) Unknown
- 9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown
- 10. Occupant's Seat Position 13  
Front Seat  
(11) Left side  
(12) Middle  
(13) Right Side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant  
Second Seat  
(21) Left side  
(22) Middle  
(23) Right Side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant  
Third Seat  
(31) Left side  
(32) Middle  
(33) Right Side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant  
Fourth Seat  
(41) Left side  
(42) Middle  
(43) Right Side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

- 11. Occupant's Posture 0  
(0) Normal posture  
(1) Abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT


- 12. Ejection 0  
(0) No ejection  
(1) Complete ejection  
(2) Partial ejection  
(3) Ejection, unknown degree  
(9) Unknown
- 13. Ejection Area 0  
(0) No ejection  
(1) Windshield  
(2) Left front  
(3) Right front  
(4) Left rear  
(5) Right rear  
(6) Rear  
(7) Roof  
(8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_  
(9) Unknown
- 14. Ejection Medium 0  
(0) No ejection  
(1) Door/hatch/tailgate  
(2) Nonfixed roof structure  
(3) Fixed glazing  
(4) Nonfixed glazing (specify): \_\_\_\_\_  
(5) Integral structure  
(8) Other medium (specify): \_\_\_\_\_  
(9) Unknown
- 15. Medium Status (Immediately Prior to Impact) 0  
(0) No ejection  
(1) Open  
(2) Closed  
(3) Integral structure  
(9) Unknown
- 16. Entrapment 0  
(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

**RESTRAINT SYSTEM AND SEAT EVALUATION****17. Manual (Active) Belt System Availability** *A*

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

**18. Manual (Active) Belt System Use** *oo*

- (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

**19. Proper Use of Manual (Active) Belts** *o*

- (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** *o*

- (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

**21. Air Bag System Availability/Function** *o*

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

**Non-functional**

- (2) Air bag disconnected (specify): \_\_\_\_\_
- (3) Air bag not reinstalled
- (9) Unknown

**22. Air Bag System Deployment** *o*

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

**23. Did Air Bag System Fail?** *o*

- (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): *Interview says no use*
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

**25. Head Restraint Type/Damage by Occupant at This Occupant Position** *o*

- (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)** 09

- (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back NO TNSP  
 (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., van type)  
 (09) Other seat type (specify):  
 \_\_\_\_\_

(99) Unknown

**27. Seat Performance (This Occupant Position)** 0

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

(7) Combination of above (specify):  
 \_\_\_\_\_(8) Other (specify):  
 \_\_\_\_\_

(9) Unknown

**CHILD SAFETY SEAT****28. Child Safety Seat Make/Model** 000

- (000) No child safety seat  
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual  
 (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

0

**35. Treatment – Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal – ruled disease

Nonfatal

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

*CHILTON*  
*CHILTON*

(9) Unknown

8

**36. Type of Medical Facility (for Initial Treatment)**

- (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):

1

(9) Unknown

**37. Hospital stay**

Code number of days (up through 60) that the occupant stayed in the hospital

- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

00

**38. Working Days Lost**

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

00

**39. Time to Death**

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

00

**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
- (97) Other result (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

01

*1 Back Strain*



<p>44. Automatic (Passive) Belt System Availability/ Function <span style="float:right">φ</span></p> <p>(0) Not equipped/not available                  (1) 2 point automatic belts                  (2) 3 point automatic belts                  (3) Automatic belts-type unknown</p> <p>Non-functional                  (4) Automatic belts destroyed or rendered inoperative                  (9) Unknown</p>	<p>47. Proper Use of Automatic (Passive) Belt System <span style="float:right">φ</span></p> <p>(0) Not equipped/not available/not used                  (1) Automatic belt used properly                  (2) Automatic belt used properly with child safety seat</p> <p>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):                  _____</p> <p>(8) Other improper use of automatic belt system (specify): _____                  (9) Unknown</p>
<p>45. Automatic (Passive) Belt System Use <span style="float:right">φ</span></p> <p>(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):                  _____</p> <p>(3) Automatic belt use unknown                  (9) Unknown</p>	<p>48. Automatic (Passive) Belt Failure Modes During Accident <span style="float:right">φ</span></p> <p>(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):                  _____</p> <p>(6) Broken retractor                  (7) Combination of above (specify):                  (8) Other automatic belt failure (specify):                  _____</p> <p>(9) Unknown</p>
<p>46. Automatic (Passive) Belt System Type <span style="float:right">φ</span></p> <p>(0) Not equipped/not available                  (1) Non-motorized system                  (2) Motorized system                  (9) Unknown</p>	

UPDATE CANDIDATE? NO [  ] YES [  ]

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [  ] YES [  ]

\*\*\* STOP HERE \*\*\*  
 IF THERE ARE NO RECORDED INJURIES  
 (I.E., OA43 = 00,97,99)



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

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

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

91AD-23

3. Vehicle Number

01

2. Case Number—Stratum

4. Occupant Number

02

### INJURY DATA

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

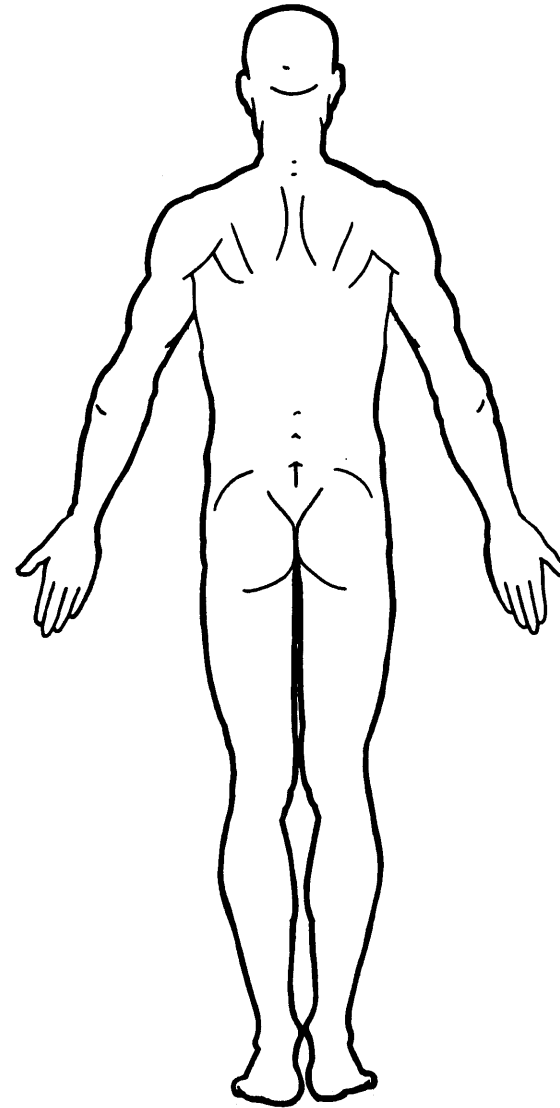
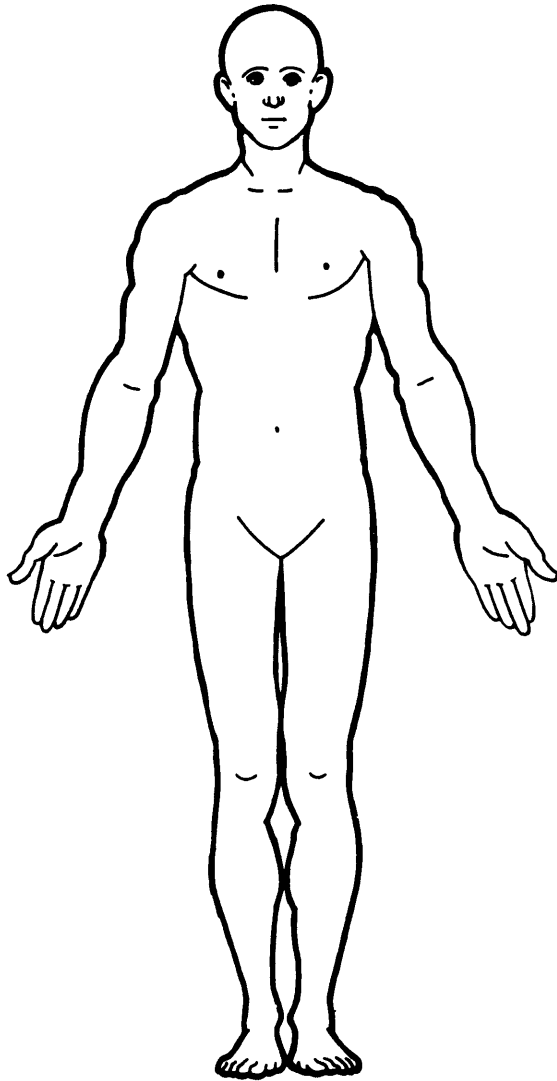
	O.I.C.—A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>B</u>	7. <u>I</u>	8. <u>T</u>	9. <u>N</u>	10. <u>1</u>	11. <u>97</u>	12. <u>3</u>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

## OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Medical records other than emergency room (eg. 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

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

### RIGHT SIDE

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

### INTERIOR

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

### ROOF

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

### FLOOR

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

### REAR

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

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_

- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
  - (85) Other vehicle or object (specify): \_\_\_\_\_
  - (86) Unknown vehicle or object
- ### NONCONTACT INJURY
- (90) Fire in vehicle
  - (91) Flying glass
  - (92) Other noncontact injury source (specify): \_\_\_\_\_

- (97) Injured, unknown source

## INJURY SOURCE

### FRONT

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

### LEFT SIDE

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

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

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

(W) Wrist-hand

### Aspect of Injury

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

### Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

### System/Organ

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

(I) Integumentary

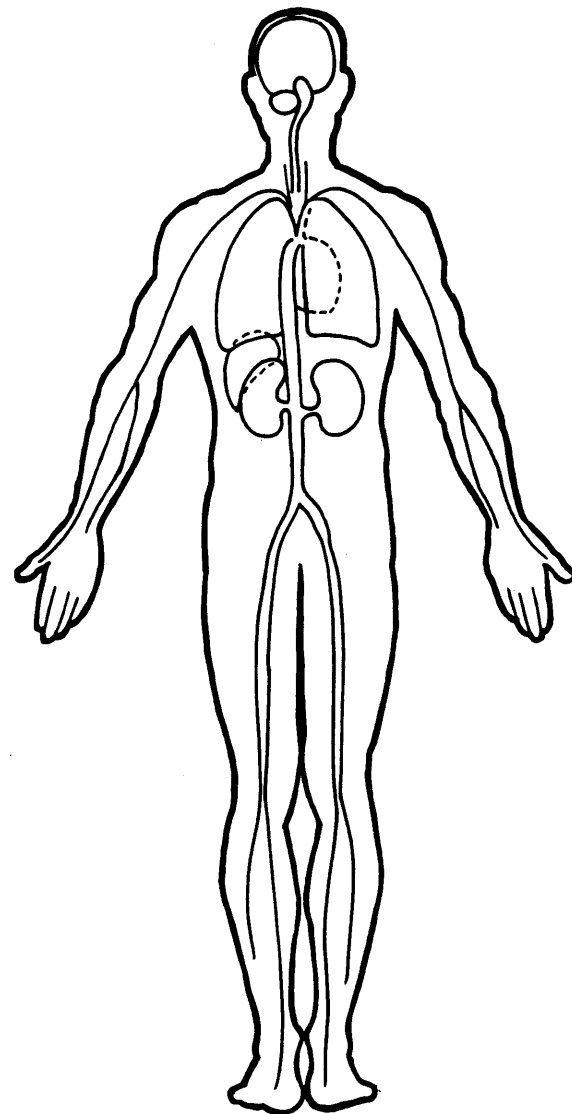
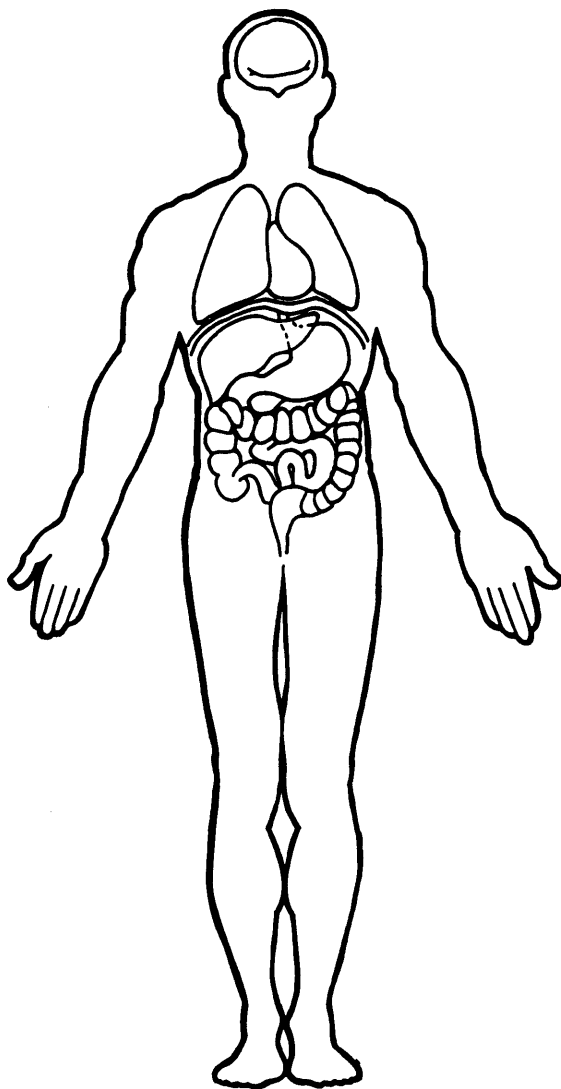
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### Abbreviated Injury Scale

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

## OFFICIAL INJURY DATA – INTERNAL INJURIES

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





# GENERAL VEHICLE FORM

1. Primary Sampling Unit Number       
 2. Case Number—Stratum DSI 98AB03  
 3. Vehicle Number 02

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 82  
 Code the last two digits of the model year  
 (99) Unknown

5. Vehicle Make (specify): 14  
MERC.  
 Applicable codes are found in your  
 NASS CDS Data Collection, Coding, and  
 Editing Manual.  
 (99) Unknown

6. Vehicle Model (specify): 003  
CAPRI 3 DR HB  
 Applicable codes are found in your  
 NASS CDS Data Collection, Coding, and  
 Editing Manual.  
 (999) Unknown

7. Body Type 03  
 Note: Applicable codes are found on  
 the back of this page.

8. Vehicle Identification Number 03  
1MEBP6786CF  
 Left justify; Slash zeros and letter Z (0 and Z)  
 No VIN—Code all zeros  
 Unknown—Code all nine's

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

10. Police Reported Travel Speed 99  
 Code to the nearest mph (NOTE: 00 means  
 less than 0.5 mph)  
 (97) 96.5 mph and above  
 (99) Unknown

11. Police Reported Alcohol or Drug Presence 0  
 (0) Neither alcohol nor drugs present  
 (1) Yes (alcohol present)  
 (2) Yes (drugs present)  
 (3) Yes (alcohol and drugs present)  
 (4) Yes (alcohol or drugs present—specifics  
 unknown)  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

12. Alcohol Test Result for Driver 96  
 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 35  
 (00) No statutory limit  
 Code posted or statutory speed limit  
 (99) Unknown

14. Attempted Avoidance Maneuver 03  
 (00) No impact  
 (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 89  
 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

\*\*\*\* STOP HERE 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)
- (08) Other automobile type (specify): \_\_\_\_\_

- (09) Unknown automobile type

#### Automobile Derivatives

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

#### Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

#### Van Based Light Trucks ( $\leq 10,000$ lbs GVWR)

- (20) Minivan (Españe, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (specify): \_\_\_\_\_
- (29) Unknown van type

#### Light Conventional Trucks (Pickup Style Cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup ( $< 4,500$  lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-5, Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (39) Unknown (pickup style) light conventional truck type

#### Other Light Trucks ( $\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup) (specify): \_\_\_\_\_
- (48) Unknown other light truck type (not a pickup)
- (49) Unknown light vehicle type (automobile, 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 ( $> 10,000$ lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs  $<$  GVWR  $\leq 26,000$  lbs)
- (62) Single unit straight truck ( $> 26,000$  lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

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

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify): \_\_\_\_\_

- (79) Unknown motored cycle type

#### Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify): \_\_\_\_\_

- (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 03
  - (00-96) Code actual number of occupants for this vehicle
  - (97) 97 or more
  - (99) Unknown
- 18. Number of Occupant Forms Submitted 03

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

Rollover (primarily about the longitudinal axis)

  - (1) Rollover, 1 quarter turn only
  - (2) Rollover, 2 quarter turns
  - (3) Rollover, 3 quarter turns
  - (4) Rollover, 4 or more quarter turns (specify):  
\_\_\_\_\_
  - (5) Rollover – end-over-end (i.e., primarily about the lateral axis)
  - (9) Rollover (overturn), details unknown

**VEHICLE WEIGHT ITEMS**

- 19. Vehicle Curb Weight 2,800
  - (010) Code weight to nearest 100 pounds.
  - (135) Less than 1050 pounds
  - (135) 13,500 lbs or more
  - (999) Unknown

Source: \_\_\_\_\_
- 20. Vehicle Cargo Weight 0000
  - (00) Code weight to nearest 100 pounds.
  - (00) Less than 50 pounds
  - (97) 9,650 lbs or more
  - (99) Unknown

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

- 25. Front Override/Underride (this vehicle) 0
- 26. Rear Override/Underride (this vehicle) 0
  - (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

  - (1) 1st CDC
  - (2) 2nd CDC
  - (3) Other not automated CDC (specify):  
\_\_\_\_\_

Underride (see specific CDC)

  - (4) 1st CDC
  - (5) 2nd CDC
  - (6) Other not automated CDC (specify):  
\_\_\_\_\_
  - (7) Medium/heavy truck override
  - (9) Unknown

**RECONSTRUCTION DATA**

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

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

- Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown
- 27. Heading Angle for This Vehicle 090
  - 28. Heading Angle for Other Vehicle 000

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	30 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/Angle	44 45 46 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 65 LATERAL MOVE	(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 78 TURN INTO SAME DIRECTION	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 OTHER VEH. OR OBJECT	88 89 OTHER ACCIDENT TYPE	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 93 BACKING VEH.	98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

29. Basis for Total Delta V (Highest) 6

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 techniques, 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.

Secondary Highest

+ 99

32. Lateral Component of Delta V

\_\_\_\_\_ Nearest mph \_\_\_\_\_

- (NOTE: \_\_00 means greater than -0.5 and less than +0.5 mph)
- (± 97) ±96.5 mph and above
- (\_\_ 99) Unknown

33. Energy Absorption

999,900

\_\_\_\_\_ Nearest 100 foot-lbs \_\_\_\_\_

- (NOTE: 0000 means less than 50 Foot-Lbs)
- (9997) 999,650 foot-lbs or more
- (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

9

- (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

0

- (0) No Inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

**COMPUTER GENERATED DELTA V**

30. Total Delta V

Secondary Highest

99

\_\_\_\_\_ Nearest mph \_\_\_\_\_

- (NOTE: 00 means less than 0.5 mph)
- (97) 96.5 mph and above
- (99) Unknown

31. Longitudinal Component of Delta V

+ 99

\_\_\_\_\_ Nearest mph \_\_\_\_\_

- (NOTE: \_\_00 means greater than -0.5 and less than +0.5 mph)
- (± 97) ±96.5 mph and above
- (\_\_ 99) Unknown

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



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

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### INTERVIEW FORM

Primary Sampling Unit Number      Interviewee(s) Role(s) or Name(s) DRIVER  
 Case Number - Stratum DSI AB-91-63  
 Vehicle Number 02

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

#### GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

*VEH* *SOLD FOR SALVAGE*  
*POSITIVE PLANTED + RELEASED*  
*LACERATION FOREHEAD*  
*FRONT AXLE*  
*DECK*  
*R FLOOR*  
*PANCA - DOOR*  
*5-0 110*  
*HEATH*

#### SPECIFIC QUESTIONS

1) VEH. DAMAGE - SPEED - EVASIVE ACTION HTS - WTS  
 INTUICES - REPAIR EST. - PREVIOUS ACC  
 30 MPH - HIT BRUISES

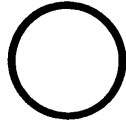
Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

<input checked="" type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention	<input checked="" type="checkbox"/> Speed estimates (precrash/at impact)	<input checked="" type="checkbox"/> Previous vehicle damage
<input type="checkbox"/> Direction of travel	<input checked="" type="checkbox"/> Post-impact trajectory	<input type="checkbox"/> Glazing type
<input type="checkbox"/> Avoidance maneuvers	<input checked="" type="checkbox"/> Door status (precrash/postcrash)	<input type="checkbox"/> Vehicle glazing status
<input type="checkbox"/> Impact description/orientation	<input type="checkbox"/> Final rest position	<input type="checkbox"/> PAR clarifications
		<input type="checkbox"/> Glove box status

Cargo? No  Yes  Interviewee's Estimated Cargo Weight \_\_\_\_\_  
 Description of Cargo \_\_\_\_\_

Present Location of Vehicle (if not yet inspected)? SOLD FOR SALVAGE

# 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.

## OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	LEFT FRONT			
AGE/SEX	19 F			
HEIGHT (IN)	5-0			
WEIGHT (LBS.)	110			
POSTURE	UPRIGHT			
EJECTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
DESCRIBE THE EJECTION				
ENTRAPPED? <input type="checkbox"/> No <input type="checkbox"/> Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT	EMER ONLY			
NAME OF TREATMENT FACILITY	HOSP			
DAYS IN HOSPITAL?	0			
NO. OF LOST WORK DAYS?	0			
WOULD YOU SIGN A MEDICAL RELEASE?	/			

## OCCUPANT DATA

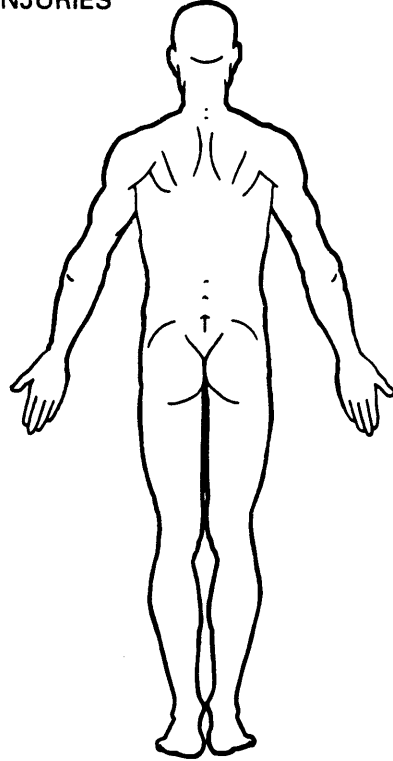
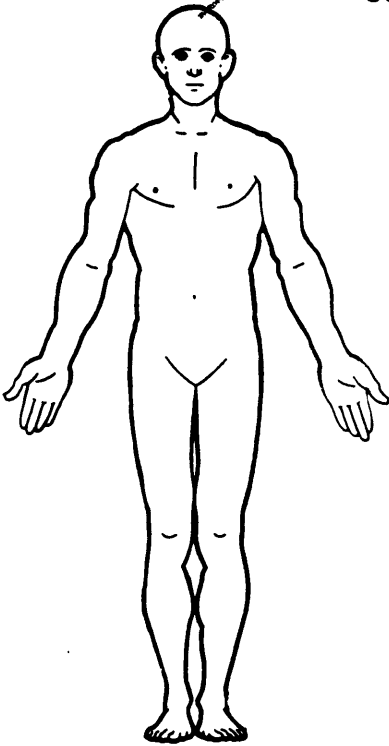
SEAT POSITION				
AGE/SEX				
HEIGHT (IN)				
WEIGHT (LBS.)				
POSTURE				
EJECTED? [ ] No [ ] Yes				
DESCRIBE THE EJECTION				
ENTRAPPED? [ ] No [ ] Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? [ ] No [ ] Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT				
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?				
NO. OF LOST WORK DAYS?				
WOULD YOU SIGN A MEDICAL RELEASE?				

PSU Number DSI - 91-AB-03 Case Number - Stratum \_\_\_\_\_ Vehicle Number 02 Occupant Number 01

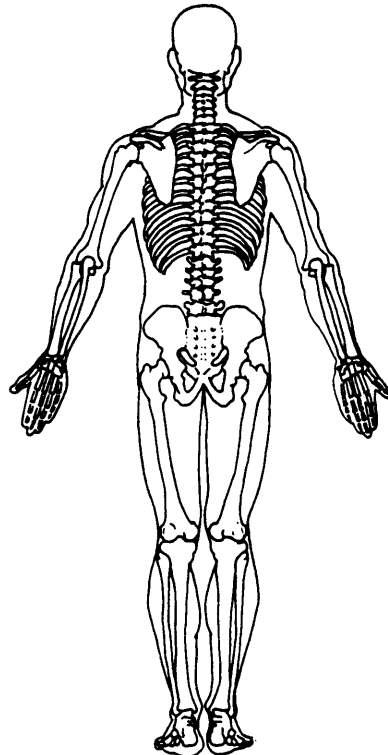
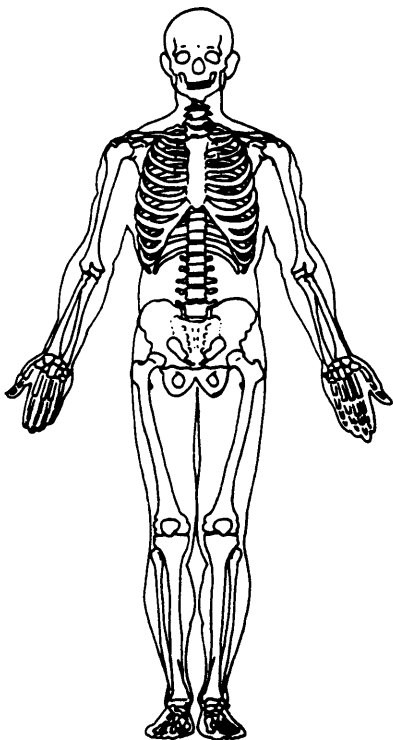
**INJURY DATA FROM INTERVIEWEE(S)**

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

*Lae*  
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).



## OCCUPANT INJURY DATA

Indicate the *Location, Lesion, Detail, and Source* of all injuries indicated by the interviewee(s).

	LOCATION (Body Region/Aspect/ System Organ)	LESION	DETAIL CONCERNING LESION	INJURY SOURCE
HEAD/ NECK				
CHEST/ BACK				
ABDOMEN PELVIS				
EXTREMITIES				
ADDITIONAL INJURIES				

PSU Number \_\_\_\_\_

Case Number – Stratum \_\_\_\_\_

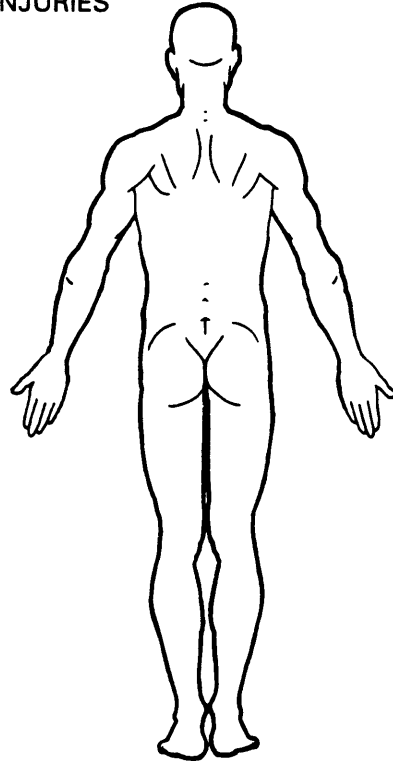
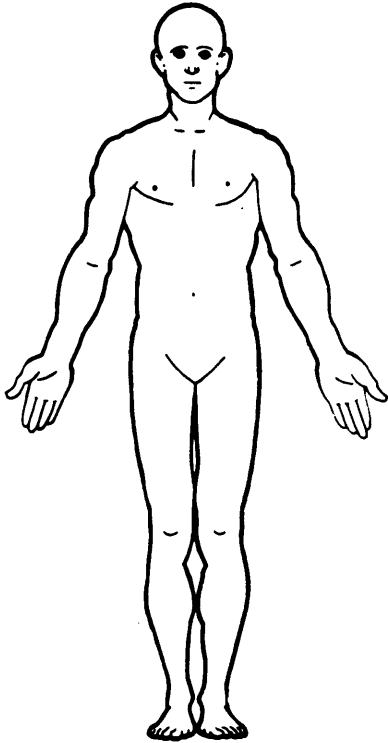
Vehicle Number 02

Occupant Number 02

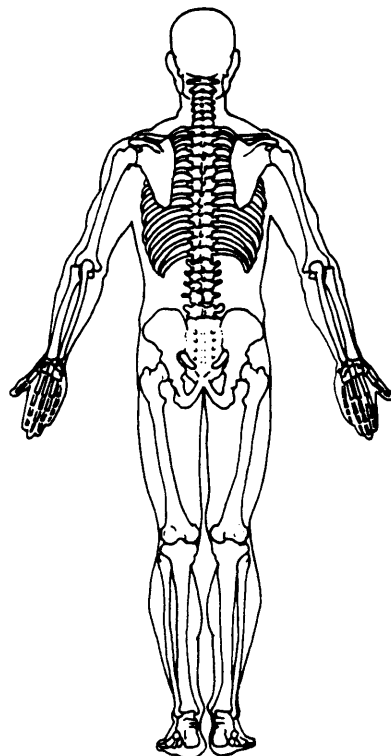
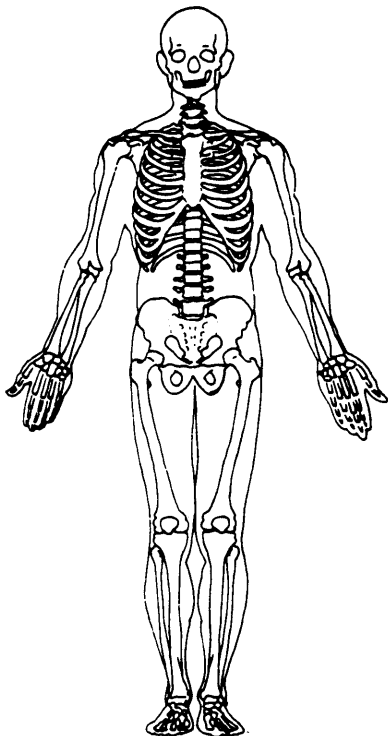
**INJURY DATA FROM INTERVIEWEE(S)**

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).

## OCCUPANT INJURY DATA

Indicate the *Location, Lesion, Detail, and Source* of all injuries indicated by the interviewee(s).

	LOCATION (Body Region/Aspect/ System Organ)	LESION	DETAIL CONCERNING LESION	INJURY SOURCE
HEAD/ NECK				
CHEST/ BACK				
ABDOMEN PELVIS				
EXTREMITIES				
ADDITIONAL INJURIES				

PSU Number \_\_\_\_\_

Case Number – Stratum \_\_\_\_\_

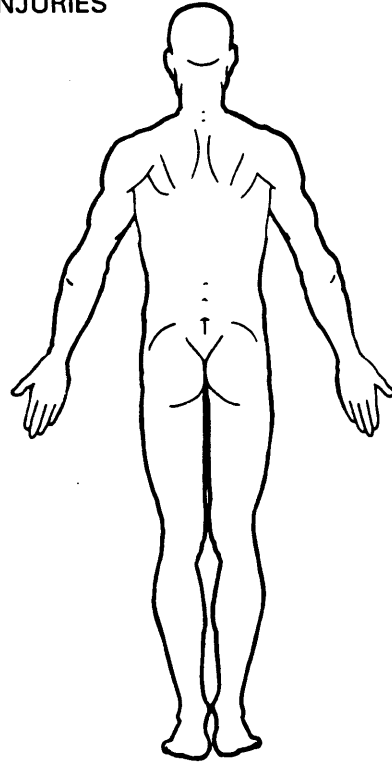
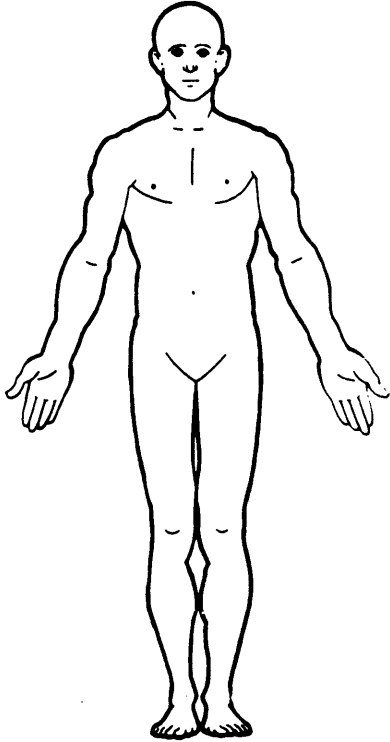
Vehicle Number 02

Occupant Number 03

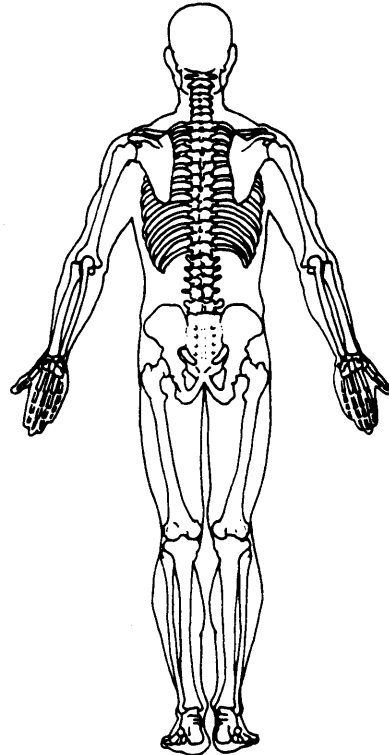
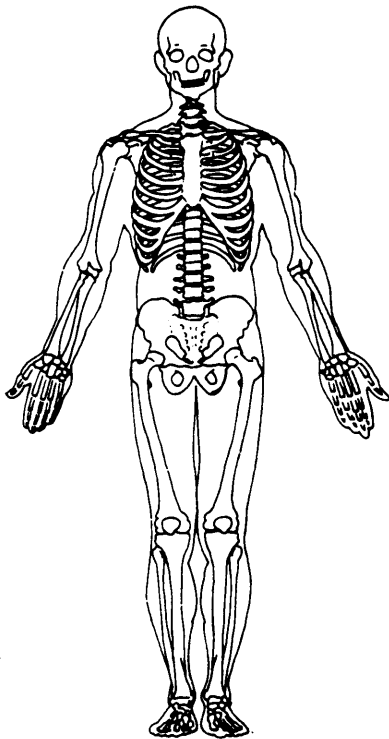
### INJURY DATA FROM INTERVIEWEE(S)

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).





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number—Stratum 91-AB 53

3. Vehicle Number 22

4. Occupant Number 21

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 19  
Code actual age at time of accident.  
(00) Less than one year old (specify by month): \_\_\_\_\_  
(97) 97 years and older  
(99) Unknown

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

7. Occupant's Height 60  
Code actual height to the nearest inch.  
(99) Unknown

8. Occupant's Weight 110  
Code actual weight to the nearest pound.  
(999) Unknown

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

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  
(1) Abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

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

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

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

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

16. Entrapment 0  
(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

**RESTRAINT SYSTEM AND SEAT EVALUATION****17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

**18. Manual (Active) Belt System Use** ~~0~~ ~~0~~

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used

**19. Proper Use of Manual (Active) Belts** ~~0~~

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

**20. Manual (Active) Belt Failure Modes During Accident** ~~0~~

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

**21. Air Bag System Availability/Function** ~~0~~

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

**Non-functional**

- (2) Air bag disconnected (specify): \_\_\_\_\_
- (3) Air bag not reinstalled
- (9) Unknown

**22. Air Bag System Deployment** ~~0~~

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

**23. Did Air Bag System Fail?** 9

- (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~~

- (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"

**25. Head Restraint Type/Damage by Occupant at This Occupant Position** 9

- (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) **99**
- (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., van type)
  - (09) Other seat type (specify):
- \_\_\_\_\_
- (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 failed
  - (4) Seat track/anchors failed
  - (5) Deformed by impact of occupant
  - (6) Deformed by passenger compartment intrusion (specify):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (7) Combination of above (specify):
- \_\_\_\_\_
- (8) Other (specify):
- \_\_\_\_\_
- (9) Unknown

**CHILD SAFETY SEAT**

28. Child Safety Seat Make/Model **~~99~~**
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):
- \_\_\_\_\_
- (998) Unknown make/model
- (999) Unknown if child safety seat used

29. Type of Child Safety Seat **2**
- (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)** B

- (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

**35. Treatment – Mortality** A

- (0) No treatment
- (1) Fatal
- (2) Fatal – ruled disease

Nonfatal

- (3) Hospitalized
- (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)** 2

- (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

\_\_\_\_\_ Code number of days (up through 60)

that the occupant stayed in the hospital

- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

**38. Working Days Lost** 00

- \_\_\_\_\_ 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

**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
  - (97) Other result (specify):  
\_\_\_\_\_

(99) Unknown

**43. Number of Recorded Injuries for This Occupant** 1

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

44. 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

45. 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) (specify):  
\_\_\_\_\_

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 


- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. 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

48. 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

UPDATE CANDIDATE? NO [  ] YES [  ]OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [  ] YES [  ]

\*\*\* STOP HERE \*\*\*  
 IF THERE ARE NO RECORDED INJURIES  
 (I.E., OA43 = 00,97,99)



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

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

### OCCUPANT INJURY FORM

1. Primary Sampling Unit Number        3. Vehicle Number 02

2. Case Number—Stratum DSI 91-AB-03 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.

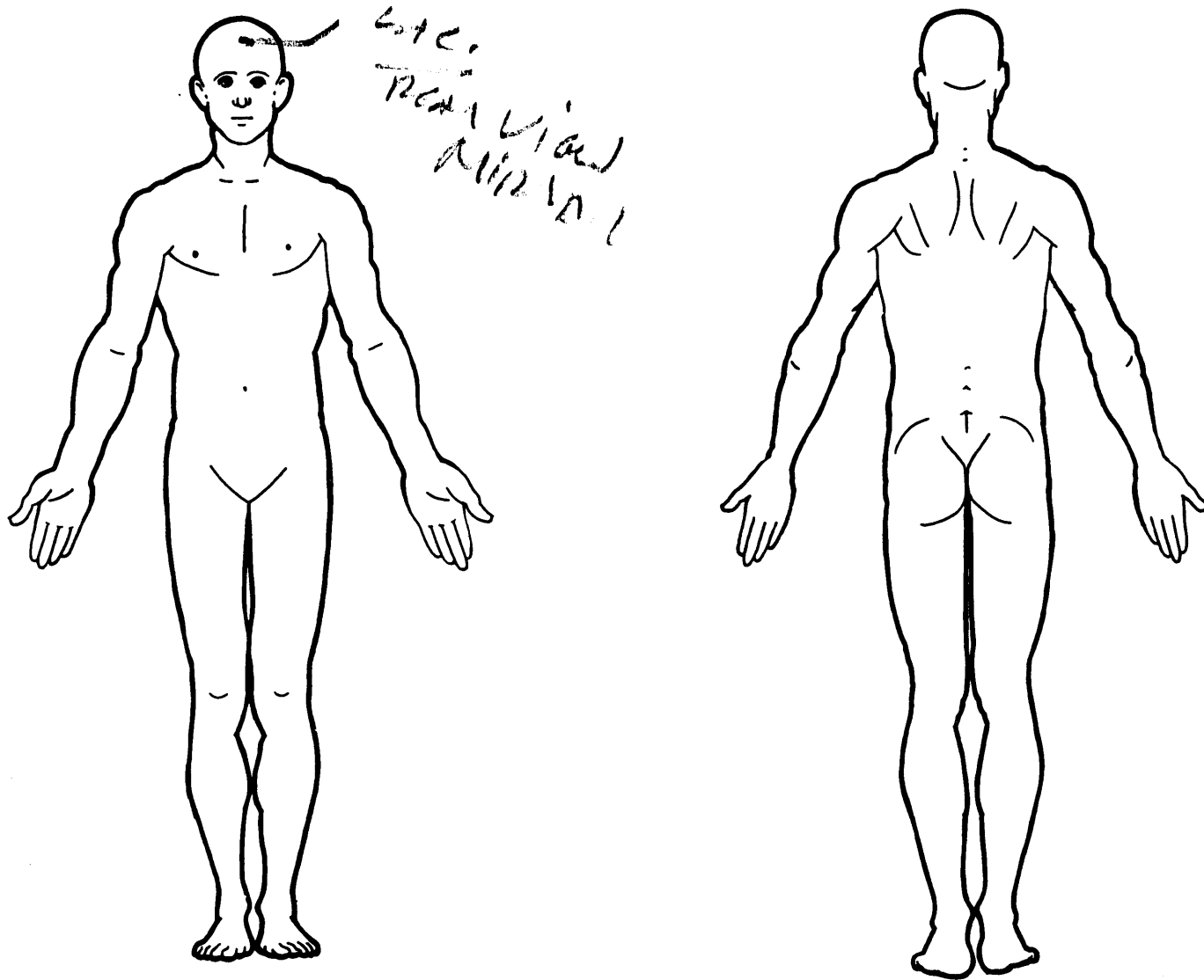
	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>7</u>	6. <u>F</u>	7. <u>A</u>	8. <u>L</u>	9. <u>I</u>	10. <u>1</u>	11. <u>02</u>	12. <u>2</u>	13. <u>1</u>	14. <u>   </u>
2nd	15. <u>   </u>	16. <u>   </u>	17. <u>   </u>	18. <u>   </u>	19. <u>   </u>	20. <u>   </u>	21. <u>   </u>	22. <u>   </u>	23. <u>   </u>	24. <u>   </u>
3rd	25. <u>   </u>	26. <u>   </u>	27. <u>   </u>	28. <u>   </u>	29. <u>   </u>	30. <u>   </u>	31. <u>   </u>	32. <u>   </u>	33. <u>   </u>	34. <u>   </u>
4th	35. <u>   </u>	36. <u>   </u>	37. <u>   </u>	38. <u>   </u>	39. <u>   </u>	40. <u>   </u>	41. <u>   </u>	42. <u>   </u>	43. <u>   </u>	44. <u>   </u>
5th	45. <u>   </u>	46. <u>   </u>	47. <u>   </u>	48. <u>   </u>	49. <u>   </u>	50. <u>   </u>	51. <u>   </u>	52. <u>   </u>	53. <u>   </u>	54. <u>   </u>
6th	55. <u>   </u>	56. <u>   </u>	57. <u>   </u>	58. <u>   </u>	59. <u>   </u>	60. <u>   </u>	61. <u>   </u>	62. <u>   </u>	63. <u>   </u>	64. <u>   </u>
7th	65. <u>   </u>	66. <u>   </u>	67. <u>   </u>	68. <u>   </u>	69. <u>   </u>	70. <u>   </u>	71. <u>   </u>	72. <u>   </u>	73. <u>   </u>	74. <u>   </u>
8th	75. <u>   </u>	76. <u>   </u>	77. <u>   </u>	78. <u>   </u>	79. <u>   </u>	80. <u>   </u>	81. <u>   </u>	82. <u>   </u>	83. <u>   </u>	84. <u>   </u>
9th	85. <u>   </u>	86. <u>   </u>	87. <u>   </u>	88. <u>   </u>	89. <u>   </u>	90. <u>   </u>	91. <u>   </u>	92. <u>   </u>	93. <u>   </u>	94. <u>   </u>
10th	95. <u>   </u>	96. <u>   </u>	97. <u>   </u>	98. <u>   </u>	99. <u>   </u>	100. <u>   </u>	101. <u>   </u>	102. <u>   </u>	103. <u>   </u>	104. <u>   </u>

## OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	---	—	—	---
12th	—	—	—	—	—	—	---	—	—	---
13th	—	—	—	—	—	—	---	—	—	---
14th	—	—	—	—	—	—	---	—	—	---
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---

# OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

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



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (eg. 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

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

### RIGHT SIDE

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

### 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): \_\_\_\_\_

- (97) Injured, unknown source

## INJURY SOURCE

### FRONT

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

### LEFT SIDE

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

### INTERIOR

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

### ROOF

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

### FLOOR

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

### REAR

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

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### O.I.C. Body Region

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

(W) Wrist-hand

### Aspect of Injury

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

### Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

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

### System/Organ

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

(I) Integumentary

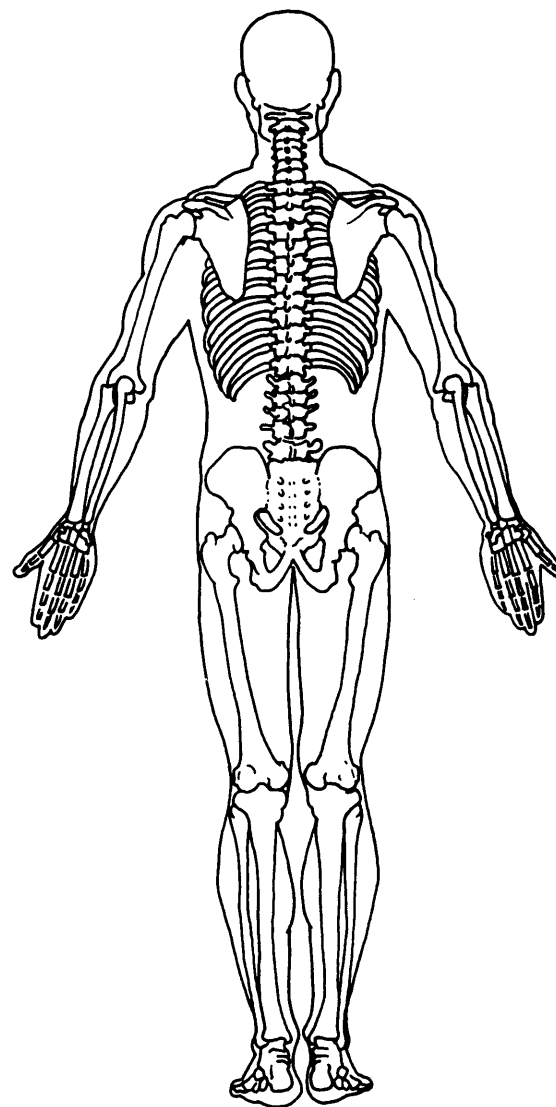
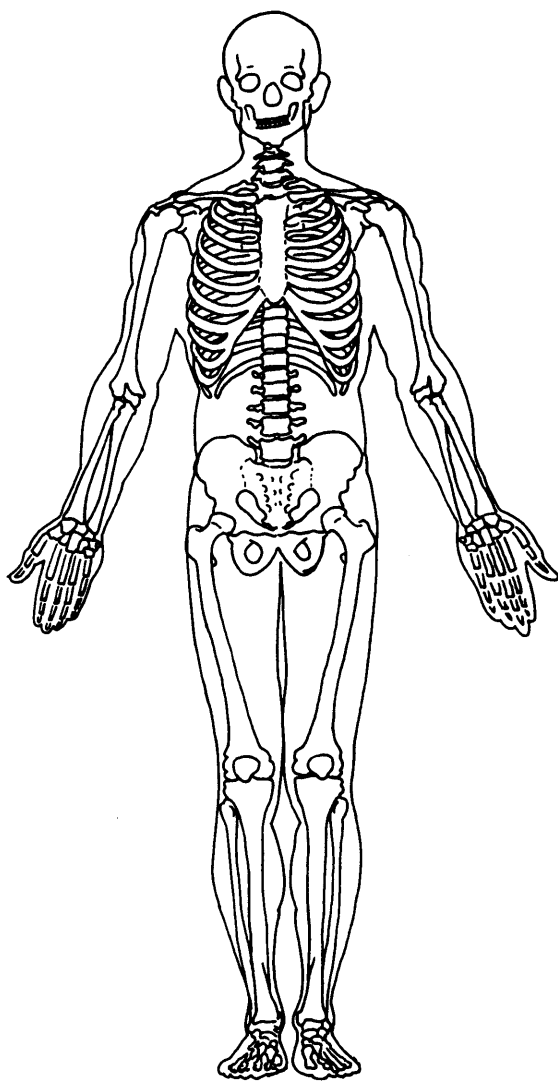
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

### Abbreviated Injury Scale

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

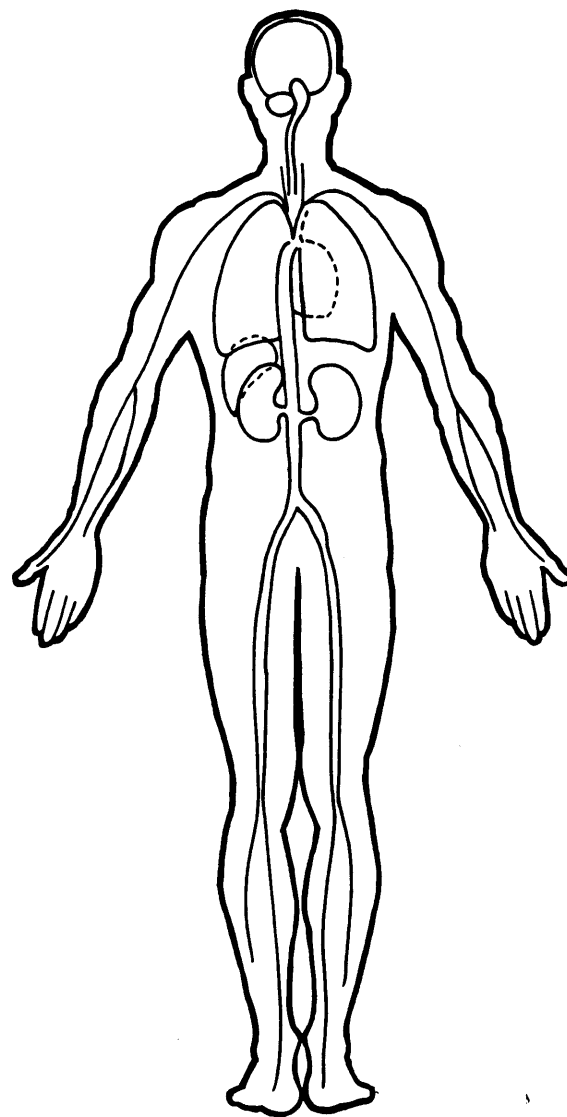
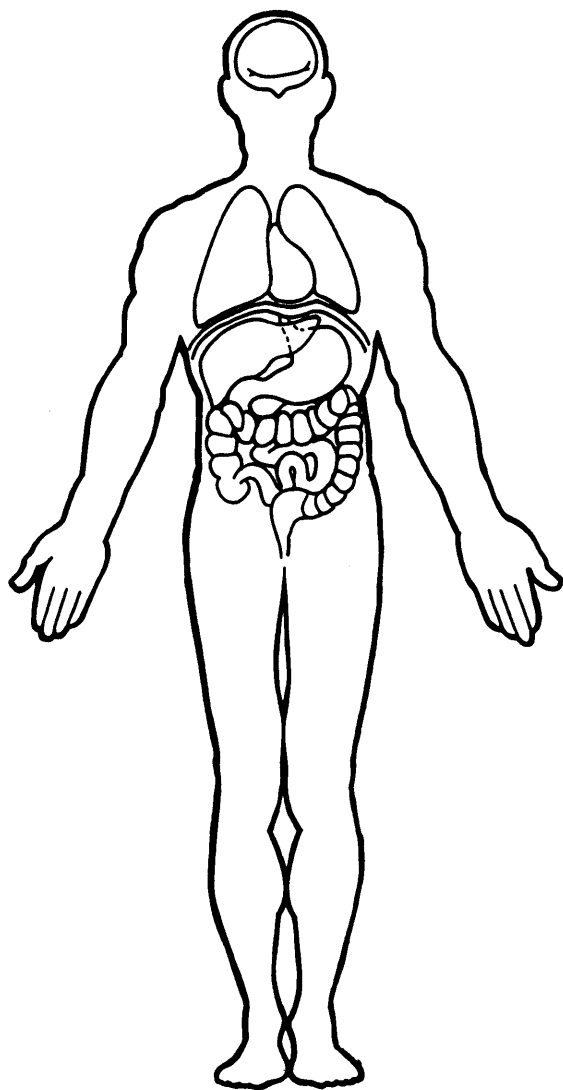
## OFFICIAL INJURY DATA – SKELETAL INJURIES

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



## OFFICIAL INJURY DATA – INTERNAL INJURIES

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







SYSTEM READINESS LAMP  
(In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

DRIVER'S REPORT OF  
PRE-IMPACT FLASHING

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not App (system removed)
- (99) Unknown

PERIOD OF PRE-IMPACT FLASHING

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

POST-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- (02) -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

AIRBAG VEHICLE  
FIRST HARMFUL EVENT

13

9

00

0

9

00

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife with intraunit damage  
Collision With:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder  
Collision with Fixed Object:
- (20) Building
- (21) Impact attenuator/Crash Cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/Traffic sign post
- (30) Overhead sign support
- (31) Luminaire/Light support
- (32) Utility pole
- (33) Other post, pole, or support (specify):
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone or concrete
- (39) Fence (wooden, wire, chain link, etc.)
- (40) Wall (stone, rock, metal, etc.)
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity (pothole, grooved, grates)
- (99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE

- (0) Non-collision
- (1) Striking Unit
- (2) Struck Unit
- (3) Both Striking and Struck
- (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
- (2) Towed-due to damage
- (3) Towed - not for damage
- (4) Towed - details unknown
- (5) Abandoned
- (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

ROLLOVER (0) No Rollover

- (1) First Event
- (2) Subsequent Event
- (3) Yes, Unknown Event
- (9) Unknown

OVERRIDE/UNDERRIDE

- (1) No over/underride
- (1) Override - 1st CDC
- (3) - Other CDC
- (4) Underride - 1st CDC
- (6) - Other CDC
- (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, DAMAGED  
 (2) No Damage  
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

- (1) Normal Right
- (2) Extended
- (3) Partial Compression
- (4) Complete Compression
- (5) Not Applicable
- (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe - Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unknown

CDC 12 - FDEW - 1

OBJECT CONTACTED: VEH. 2

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe - Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unknown

CDC 12 - FDEW - 1

OBJECT CONTACTED: VEH. 2

NOTES:

1  
1  
~~0~~  
1  
1  
1  
1  
9  
9

4  
1  
99  
99  
4

SYSTEM DAMAGE

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged\*  
 (2) No, Intact  
 (8) Not App. (Removed)  
 (9) Unknown

AIRBAG MODULE

SENSORS: Left Front  
 Center Front  
 Right Front  
 Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERTER

INDICATION OF DISCONNECTED  
 OR LOOSE ELECTRICAL  
 CONNECTORS

9  
9  
9  
9  
9  
9  
9  
9

CONDITION OF DEPLOYED BAG

- (1) Bag Intact
- (2) Split or Torn\*
- (3) Cut by Object in Impact\*
- (4) Cut after Accident\*
- (5) Other (e.g., burned)\*
- (8) N/A (not deployed)
- (9) Unknown

1

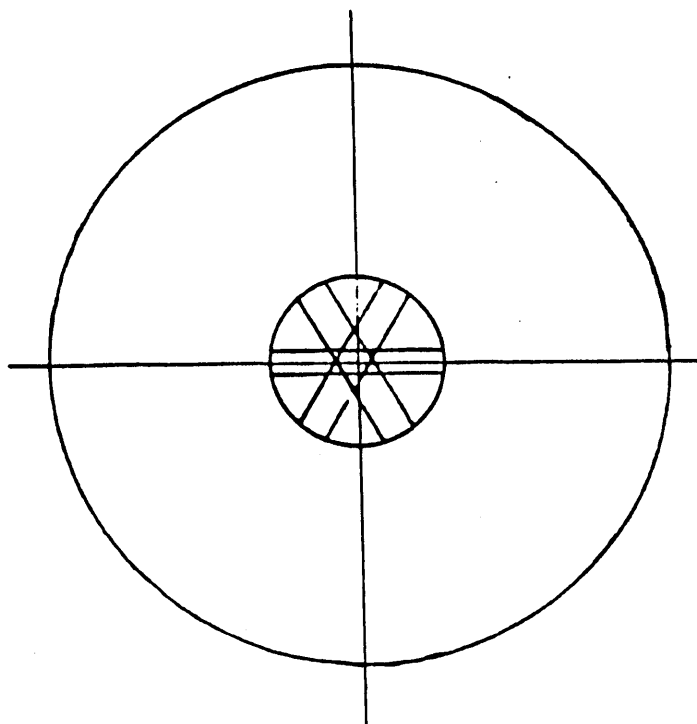
\*DESCRIBE System and Bag Damage:

SCANN RIGHT DOWN  
THE CENTER WAS SPLIT  
OPEN ACCORDING TO  
DRIVER. INVESTIGATION  
BY DYSCI STAFF REVEALED  
THAT NO DAMAGE OCCURRED

+ BAG WAS INTACT

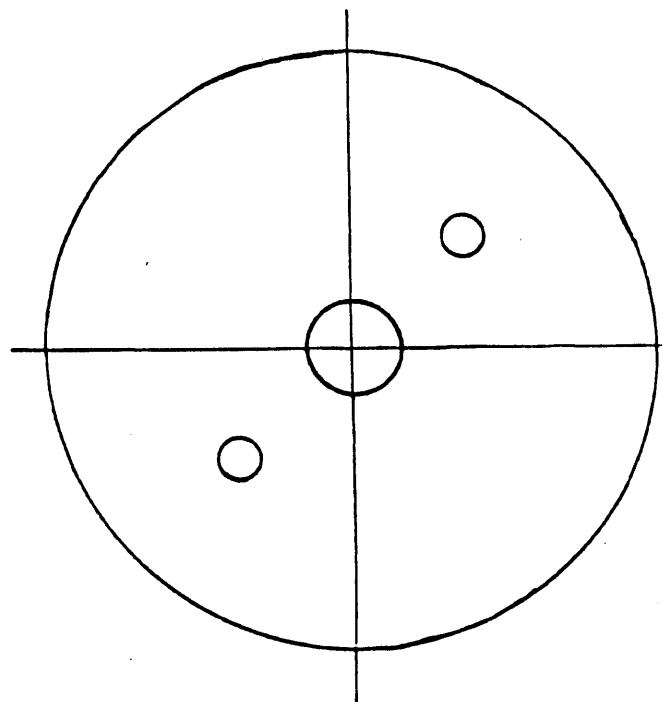
NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

DRIVER SMELLED ODOM +  
 PROBABLY MISTAKE  
 VENT HOLES FOR SPLIT



FRONT

TOP



BOTTOM

BACK

OCCUPANTS/DRIVER

AIRBAG SUPPLEMENT AB-5

OCCUPANTS of AIRBAG CAR

NUMBER OF OCCUPANTS IN VEHICLE 2  
 (8) 8 or more

NUMBER OF INJURED PERSONS 2

MAXIMUM AIS IN AIRBAG VEHICLE 1  
 (0) No Injury  
 (1-6) AIS Severity  
 (7) Injured, Unknown Severity  
 (9) Unknown

DRIVER AGE 44 SEX M

NUMBER OF DRIVER INJURIES 2

SOURCE OF BEST INJURY DATA 7

(0) Not Injured  
 (1) Autopsy w/wo med. records  
 (2) Hospital Medical Records  
 (3) Emergency Room only  
 (4) Private physician, Clinic  
 (5) Lay Coroner Report  
 (6) EMS Personnel  
 (7) Interviewee  
 (8) Police  
 (9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	<u>1</u>	— —
Chest	—	— —
Abdomen	—	— —
Leg/Hips	—	— —
Other (Arms)	—	— —
DRIVER MAXIMUM	<u>1</u>	— —

EJECTION: Extent NONE

Portal \_\_\_\_\_

NOTES: UNRESTRAINED DRIVER STATED HE HAD A SKINNED (ABRASION) NOSE FROM CONTACT WITH THE AIRBAG HE SAID HE ALSO HAD A BACK STRAIN.

HIS WIFE (RIGHT SIDE PASSENGER) ALSO NOT RESTRAINED. SUSTAINED A BACK STRAIN.

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

2

Evidence: DRIVER STATED NOT USED

DRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No

1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

NORMAL - UPRIGHT POSITION - 10 + 2 POSITION

PROBABLY WENT 25-30 MPH

CAR AND LIGHT WOMAN ON MERCURY

DAMAGE TO LEFT SIDE.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?

NO

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

YES AIR BAG BLEW UP <sup>(HE THINKS)</sup> - SMOKE MADE HIM

ILL. DRIVER BELIEVED AIR BAG MALFUNCTIONED - HE SAW

WHAT HE THOUGHT WAS A SPLIT SEAM - HE STILL

BELIEVES HOWEVER THAT AIR BAG SAVED HIM FROM SERIOUS INJURY

1

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown

Describe: NOSE CONTACTED AIR BAG CAUSING MINOR

ABRASION TO NOSE OF DRIVER



**DANGER  
POISON**  
  
KEEP OUT  
OF THE  
REACH OF  
CHILDREN

**DANGER** Contains Sodium Azide  
Sodium Nitrate. Contents are  
Poisonous and Extremely Flammable.  
**DO NOT** dismantle or Incinerate  
and **DO NOT** Probe with  
Electrical Test Devices.  
Dispose as instructed on  
Ford Air Bag Shop Manual.

**DANGER** Contient de l'azide de sodium et  
du nitrate de sodium. Le contenu est  
très toxique et extrêmement inflammable.  
**NE PAS** démonter, incinérer ou essayer  
de sonder avec des sondes ou des appareils  
de contrôle de circuits électriques.  
Éliminer du véhicule conformément aux  
instructions du manuel de réparation  
Ford sur les conditions de sécurité.

**DANGER  
POISON**  
  
DANGER  
POISON





**DANGER POISON**  
KEEP OUT OF REACH OF CHILDREN

**DANGER** Contains Sodium Azide and Sodium Nitrate. Contents are Poisonous and Extremely Flammable. DO NOT disassemble or incinerate. DO NOT Probe with electrical test devices. Inspect as instructed in the manual. Buy Shop Mart

**DANGER** Contient de l'azide de sodium et du nitrate de sodium. Contenu toxique et hautement inflammable. NE PAS démonter ni incinérer ce dispositif. NE PAS sonder avec la sonde d'un appareil de contrôle de circuits électroniques. Mettre au rebut conformément aux instructions du manuel technique fourni sur les circuits. 84 88200

**DANGER POISON**  
CAUTION  
NE PAS  
MÉTALLISER  
NE PAS  
MÉTALLISER





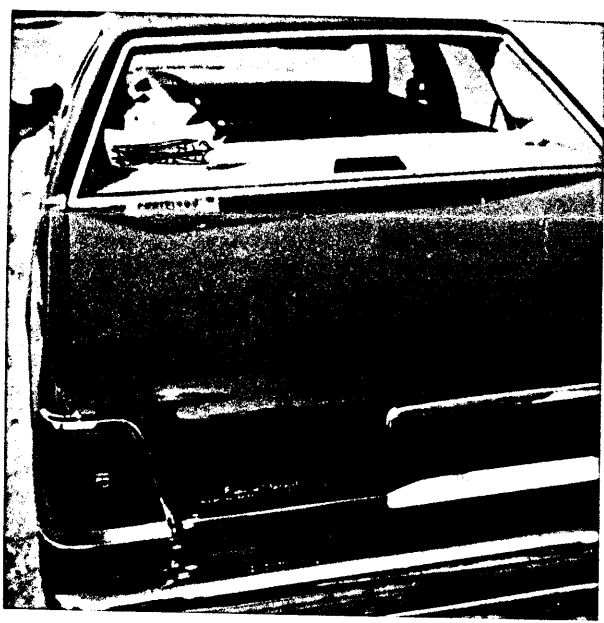
Location \_\_\_\_\_  
Unit # \_\_\_\_\_  
Mileage 3394  
V.D.A.# \_\_\_\_\_

Date/time photographed \_\_\_\_\_-90

Name of photographer (print) \_\_\_\_\_

Signature of photographer \_\_\_\_\_

**Hertz**



(Do not mount photos on reverse side)

(Write unit # on front of each photo)

CITATION NO. [redacted] VEH. 1 [redacted] VEH. 2 [redacted] R. S. OR ORD. NO. [redacted]

STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Investigating Agency:  State Police  City Police  Sheriff  Other

Photographs Made:  Yes  No Hit and Run:  Yes  No

STATE COMPUTER NUMBER [redacted]

Investigative Agency [redacted]

TIME [redacted] DATE OF ACCIDENT [redacted] 19 90 DAY OF WEEK [redacted] HOUR [redacted]

LOCATION: Parish where accident occurred [redacted] City/Town [redacted]

Accident occurred on [redacted] Troop Number or District and Zone [redacted]

At its intersection with [redacted] Identify Quadrant NE SE NW SW

Relative to its intersection with [redacted] feet of [redacted] Intersecting Street or Highway

Not at intersection [redacted] tenths of mile of [redacted] Street or Highway

DO NOT WRITE IN THIS BLOCK

SR-10 FURNISHED TO: YES NO  
Driver 1    
Driver 2

Carrying Hazardous Cargo: YES NO CLASS RELEASED YES NO  
1      
2

TOTAL NUMBER OF VEHICLES INVOLVED: 2

Year 82 Make Mercury Model Capri Type 2dr License Plate LA 93 Number [redacted]

Vehicle  Yes  No Removed To/By [redacted] Towing SERO. I M E B P 6 7 B 6 C F 6 3

Insurance Co. Name (NOT Agency Name) [redacted] Policy Number [redacted] Expiration Date [redacted] Points of Impact L K -  
1st 2nd 3rd

Registered Owner's Name and Address [redacted] Date of Birth [redacted] Damage Scale 2 2 -

Driver's Name and Address [redacted] License State LA License Number [redacted] Date of Birth [redacted] Number Injured 1

Occupants' Names and Addresses [redacted]

POSITION	EJECTION	BELT HAR.	SAF. DEV.	SEX	AGE	INJURY
1	1	3	2	F	19	6
3	1	3	2	M	22	7
6	1	2	2	F	19	7

AREA DAMAGED SCALE POSITION EJECTION SEAT BELT/SH. HARNESS SAFETY DEVICES INJURY

Diagram: C D E F G H I J K L M A B

1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown

1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown if Eject.

1 Belt/Harness Not Installed 2 One Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt use unknown, Harness not Inst 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed

1 Air Bags 2 Passive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None

1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury

Year 91 Make FORD Model LTD Type 4dr License Plate LA Year Temp Number [redacted]

Vehicle  Yes  No Removed To/By [redacted] PARKED

Insurance Co. Name (NOT Agency Name) [redacted] Policy Number N/A Expiration Date N/A Points of Impact B - -  
1st 2nd 3rd

Registered Owner's Name and Address [redacted] Date of Birth N/A Damage Scale 2 - -

Driver's Name and Address [redacted] License State UTAH License Number [redacted] Date of Birth [redacted] Number Injured 0

Occupants' Names and Addresses [redacted]

POSITION	EJECTION	BELT HAR.	SAF. DEV.	SEX	AGE	INJURY
1	1	6	1	M	44	7
3	1	6	2	F	41	7

PEDESTRIAN: Name and Address [redacted] NONE Clothing:  Light  Dark Sex Age Inj.

OTHER DAMAGE: Damage to Property Other Than Vehicles/Name and Address of Owner of Object Struck [redacted] NONE

EMERGENCY SERVICES:  Ambulance Called By 911 At 1628 Arrived 1633 Departed 1653 Special Equipment Needed NONE Available:  Yes  No

VEH. VEH. PED. 1    Refused Aid First Aid Given By [redacted] Injured Taken To/By [redacted] SOURCE OF FIRST AID AVAILABLE 1  Dr. or Nurse 2  Cert. Pol. Ofc. 3  EMT 4  Other 5  None

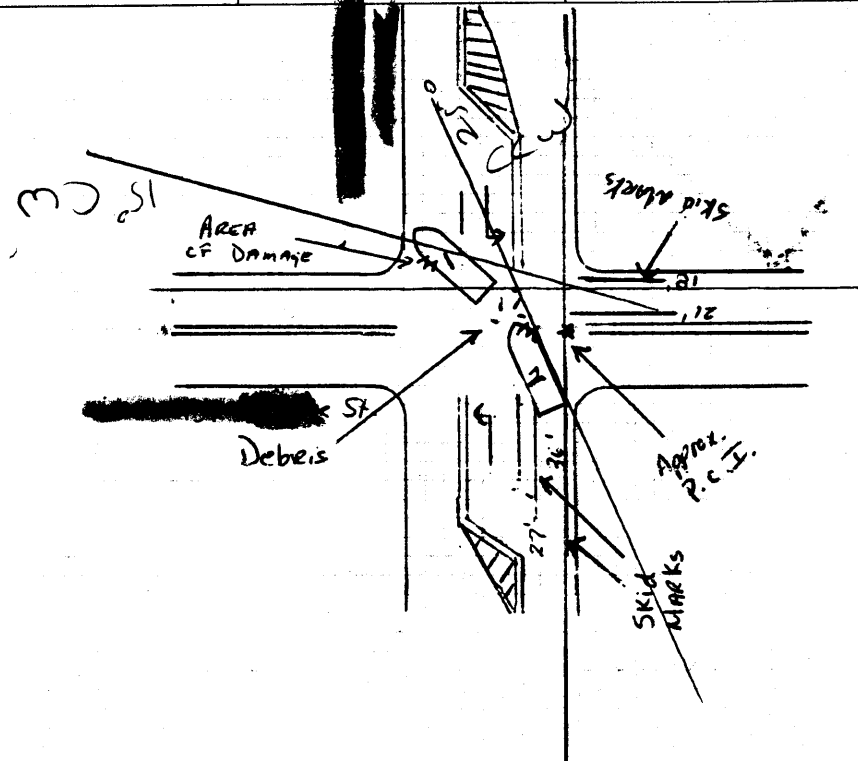
VEH. VEH. PED. 2    Refused Aid First Aid Given By [redacted] Injured Taken To/By [redacted]

ALCOHOL TEST: YES RESULTS PEND-ING NO VIDEO TAPES  Yes  No TIME: Notified of Accident 16:33 Hrs Arrived at Scene 16:38 HRS INVESTIGATING OFFICER: [redacted] Rank Name [redacted] Dept. Date [redacted]

Dr. 1     Dr. 2     Ped.

Investigation Complete:  Yes  No

<b>VIOLATIONS</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Exceeding stated speed limit B <input type="checkbox"/> Exceeding safe speed limit C <input type="checkbox"/> Failure to yield D <input type="checkbox"/> Following too closely E <input type="checkbox"/> Driving left of center F <input type="checkbox"/> Cutting in—improper passing G <input type="checkbox"/> Failure to signal H <input type="checkbox"/> Made wide right turn I <input type="checkbox"/> Cut corner on left turn J <input type="checkbox"/> Turned from wrong lane K <input type="checkbox"/> Other improper turning L <input checked="" type="checkbox"/> Disregarded traffic control M <input type="checkbox"/> Improper starting N <input type="checkbox"/> Improper parking O <input type="checkbox"/> Failed to set out flags, flares P <input type="checkbox"/> Failed to dim headlights Q <input type="checkbox"/> Vehicle condition R <input type="checkbox"/> Driver condition S <input type="checkbox"/> Other (hazardous) or unknown violations T <input type="checkbox"/> No violations	<b>MOVEMENT PRIOR TO ACCIDENT</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Stopped B <input checked="" type="checkbox"/> Proceeding straight ahead C <input type="checkbox"/> Traveling wrong way D <input type="checkbox"/> Backing E <input type="checkbox"/> Crossed median into opposing lane F <input type="checkbox"/> Crossed center line into opposing lane G <input type="checkbox"/> Ran off road (not while making turn at intersection) H <input type="checkbox"/> Changing lanes on multi-lane road I <input type="checkbox"/> Making left turn J <input type="checkbox"/> Making right turn K <input type="checkbox"/> Stopped preparing to, or making U-turn L <input type="checkbox"/> Making turn, direction unknown M <input type="checkbox"/> Stopped, preparing to turn left N <input type="checkbox"/> Stopped, preparing to turn right O <input type="checkbox"/> Slowing to make left turn P <input type="checkbox"/> Slowing to make right turn Q <input type="checkbox"/> Slowing to stop R <input type="checkbox"/> Properly parked S <input type="checkbox"/> Parking maneuver T <input type="checkbox"/> Entering traffic from shoulder U <input type="checkbox"/> Entering traffic from median V <input type="checkbox"/> Entering traffic from parking lane W <input type="checkbox"/> Entering traffic from private lane X <input type="checkbox"/> Entering freeway from on ramp Y <input type="checkbox"/> Leaving freeway via off ramp Z <input type="checkbox"/> Other or unknown	<b>VISION OBSCUREMENTS</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Rain, snow, etc., on windshield B <input type="checkbox"/> Windshield otherwise obscured C <input type="checkbox"/> Vision obscured by load D <input type="checkbox"/> Trees, bushes, etc. E <input type="checkbox"/> Building F <input type="checkbox"/> Embankment G <input type="checkbox"/> Sign boards H <input type="checkbox"/> Hillcrest I <input type="checkbox"/> Parked vehicles J <input type="checkbox"/> Moving vehicles K <input type="checkbox"/> Blinded by headlights L <input type="checkbox"/> Blinded by sunglare M <input type="checkbox"/> Distracted by neon lights in field of view N <input type="checkbox"/> Other or unknown O <input checked="" type="checkbox"/> No obscurements	<b>CONDITION OF DRIVERS AND PEDESTRIAN</b> (Check One Per Column) 1 2 3 A <input type="checkbox"/> Apparently asleep B <input checked="" type="checkbox"/> Inattentive or distracted C <input type="checkbox"/> Illness D <input type="checkbox"/> Eyesight defect E <input type="checkbox"/> Fainting, blackout, etc. F <input type="checkbox"/> Hearing defect G <input type="checkbox"/> Fatigued H <input type="checkbox"/> Other body defects I <input type="checkbox"/> Had been drinking J <input type="checkbox"/> Condition unknown K <input type="checkbox"/> Normal	<b>PEDESTRIAN ACTIONS</b> (Check One) A <input type="checkbox"/> Crossing, entering road at intersection B <input type="checkbox"/> Crossing, entering road not at intersection C <input type="checkbox"/> Walking in road—with traffic D <input type="checkbox"/> Walking in road—against traffic E <input type="checkbox"/> Sleeping in roadway F <input type="checkbox"/> Standing in roadway G <input type="checkbox"/> Getting on/off other vehicle H <input type="checkbox"/> Pushing working on vehicle in road I <input type="checkbox"/> Other working in roadway J <input type="checkbox"/> Playing in roadway K <input type="checkbox"/> Other in roadway L <input type="checkbox"/> Not in roadway or unknown—explain	<b>TRAFFIC CONTROL</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Stop sign B <input type="checkbox"/> Yield sign C <input checked="" type="checkbox"/> Red signal on D <input type="checkbox"/> Yellow signal on E <input type="checkbox"/> Green signal on F <input type="checkbox"/> Green turn arrow on G <input type="checkbox"/> Right turn on red H <input type="checkbox"/> Light chase unknown I <input type="checkbox"/> Flashing yellow J <input type="checkbox"/> Flashing red K <input type="checkbox"/> Officer, watchman L <input type="checkbox"/> RR crossing, sign M <input type="checkbox"/> RR crossing, signal N <input type="checkbox"/> RR crossing, no control O <input type="checkbox"/> Warning sign (school, etc.) P <input type="checkbox"/> School flashing speed sign Q <input type="checkbox"/> Yellow no passing line R <input type="checkbox"/> White dashed line S <input type="checkbox"/> No control T <input type="checkbox"/> Other or unknown U <input type="checkbox"/> Yellow dashed line V <input type="checkbox"/> Bike lane	<b>REASON FOR MOVEMENT</b> (Check One Per Column) 1 2 A <input type="checkbox"/> To avoid other vehicle B <input type="checkbox"/> To avoid pedestrian C <input type="checkbox"/> To avoid animal D <input type="checkbox"/> To avoid other object E <input type="checkbox"/> Passing F <input type="checkbox"/> Vehicle out of control, not passing G <input type="checkbox"/> Vehicle out of control, passing H <input type="checkbox"/> For traffic control I <input type="checkbox"/> Due to congestion J <input type="checkbox"/> Due to prior accident (collision) K <input type="checkbox"/> Due to driver condition L <input checked="" type="checkbox"/> Due to driver violation M <input type="checkbox"/> Due to vehicle condition (failure) N <input type="checkbox"/> Due to pavement condition O <input type="checkbox"/> High wind P <input checked="" type="checkbox"/> Normal movement Q <input type="checkbox"/> Reason unknown R <input type="checkbox"/> Other	<b>ROAD SURFACE</b> (Check One Per Column) A <input checked="" type="checkbox"/> Dry B <input type="checkbox"/> Wet C <input type="checkbox"/> Muddy D <input type="checkbox"/> Snowy, icy E <input type="checkbox"/> Other or Unknown F <input type="checkbox"/> Unknown	<b>ROADWAY CONDITION</b> (Check One) A <input type="checkbox"/> Defective shoulders B <input type="checkbox"/> Holes C <input type="checkbox"/> Deep ruts D <input type="checkbox"/> Bumps E <input type="checkbox"/> Loose surface material F <input type="checkbox"/> Construction, repair G <input type="checkbox"/> Overhead clearance limited H <input type="checkbox"/> Construction—no warning I <input type="checkbox"/> Previous accident J <input type="checkbox"/> Flooding K <input type="checkbox"/> Water on roadway L <input type="checkbox"/> Orthogonal fault in road surface M <input type="checkbox"/> Parallel fault in road surface N <input type="checkbox"/> Other or unknown defects O <input checked="" type="checkbox"/> No defects	<b>WEATHER</b> (Check One) A <input checked="" type="checkbox"/> Clear B <input type="checkbox"/> Cloudy C <input type="checkbox"/> Drizzling D <input type="checkbox"/> Snowing/sleeting E <input type="checkbox"/> Fog F <input type="checkbox"/> Smoke G <input type="checkbox"/> Dust H <input type="checkbox"/> Unknown	<b>VEHICLE LIGHTING</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Headlights on B <input type="checkbox"/> Headlights off C <input checked="" type="checkbox"/> Unknown	<b>TRAFFIC CONTROL</b> (Check One Per Column) 1 2 A <input type="checkbox"/> On- or off-street B <input type="checkbox"/> Two-way C <input type="checkbox"/> Except one-way D <input type="checkbox"/> Other street E <input type="checkbox"/> Other	<b>TYPE</b> A <input type="checkbox"/> One-way B <input type="checkbox"/> Two-way C <input type="checkbox"/> Except one-way D <input type="checkbox"/> Other street E <input type="checkbox"/> Other	<b>VEHICLE CONDITION</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Defective brakes B <input type="checkbox"/> Defective headlights C <input type="checkbox"/> Defective rear lights D <input type="checkbox"/> Defective signal lights E <input type="checkbox"/> All lights out F <input type="checkbox"/> Defective steering G <input type="checkbox"/> Tire failure H <input type="checkbox"/> Worn or smooth tires I <input type="checkbox"/> Engine failure J <input checked="" type="checkbox"/> No defects observed K <input type="checkbox"/> Other or unknown defects	<b>VEHICLE LIGHTING</b> (Check One Per Column) 1 2 A <input type="checkbox"/> Headlights on B <input type="checkbox"/> Headlights off C <input checked="" type="checkbox"/> Unknown	<b>LOCATION OF POINT OF IMPACT</b> (Check One F) A <input checked="" type="checkbox"/> Main travel lane B <input type="checkbox"/> Improved shoulder—left (Incl. medians) C <input type="checkbox"/> Improved shoulder—right (Incl. medians) D <input type="checkbox"/> Off roadway—left (Beyond sidewalk) E <input type="checkbox"/> Off roadway—right (Beyond sidewalk) F <input type="checkbox"/> Off roadway straight ahead G <input type="checkbox"/> Off roadway, direction unknown H <input type="checkbox"/> Marked pedestrian crosswalk I <input type="checkbox"/> Left turn lane, non-free-way J <input type="checkbox"/> Right turn lane, non-free-way K <input type="checkbox"/> Median opening L <input type="checkbox"/> Ramp nose M <input type="checkbox"/> Curb return N <input type="checkbox"/> Traffic island O <input type="checkbox"/> Off ramp taper or deceleration P <input type="checkbox"/> Off ramp roadway Q <input type="checkbox"/> Off ramp terminal R <input type="checkbox"/> On ramp taper or acceleration S <input type="checkbox"/> On ramp roadway T <input type="checkbox"/> Auxiliary lane or collector roadway U <input type="checkbox"/> Freeway-to-freeway connection V <input type="checkbox"/> Service road W <input type="checkbox"/> Within construction zone X <input type="checkbox"/> Other or unknown Y <input type="checkbox"/> Impact attenuator
---	---	--	---	--	--	--	--	---	---	--	---	---	--	--	---



VEH.	DIRECTION BEFORE ACCIDENT		OBJECT STRUCK (Not Vehicle)		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		
	Headed	On Street or Highway	1st	2nd			EST.	POSTED	FR
1	South	██████████ St. 071805 N/A	AS SHOWN	AS SHOWN	AS SHOWN	Approx 35 Ft.	unk.	35	18'
2	West	██████████ 031009 N/A	AS SHOWN	AS SHOWN	AS SHOWN	Approx 10 Ft.	unk.	35	36'

Describe any unusual circumstances associated with the accident, contributing factors not otherwise noted, witnesses names, addresses, etc. (Refer to each vehicle by vehicle #)

Vehicle # 1 was traveling southbound on ██████████ St. Vehicle # 2 was traveling west bound ██████████ Driver of vehicle # 2 stated that he was unsure of what occurred. Driver of vehicle # 1 stated that she looked at the light and observed the light to be red. She applied her brakes leaving skid marks however, her vehicle entered the intersection and was struck by vehicle # 2. The passengers stated the same story in vehicle # 1. Vehicle # 1 sustained a laceration to her scalp. There were no other witness inquiries reported to officer at accident scene.

# Vehicle Damage Appraisal

Area No. [REDACTED]

File No: [REDACTED] 190

include the above number on all correspondence and invoices.

Repairing City/Location	Area to be Charged 1692	License Number	Vehicle Unit Number	Serial Number 2FAAC1P74173MX14
Make Ford	Year 91	Color RED	Body Style 4 DR LTD CRWGN VICTORIA	Mileage 3394
Vehicle To Be Repaired:				Check One <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Legend: N — Replace S — Straighten or Repair A — Align

Q#	Front	Lab. Hrs.	Pnt. Hrs.	Parts	Leg.	L/Front	Lab. Hrs.	Pnt. Hrs.	Parts	Leg.	R/Front	Lab. Hrs.	Pnt. Hrs.	Parts
C	Bumper/GRNIF.	INT	-	195.00	N	Fender, Front	13	24	13157	S	Fender, Front	4.0	24	
N	Absorber (2)	0.6	-	189.50		Apron/Frt. Section					Apron/Frt. Section			
EC	WINDSHIELD	2.0	-	150.00		Splash Shield					Splash Shield			
1	REINFORCEMENT	0.6	-	31.25		Reinforcement					Reinforcement			
N	WIPPER GUARD	1.6	-	38.57		Rail, LT. Main FRAME 30				S	Rail R. Main	3.5	-	
N	WIPPER BRKT	INC	-	19.94	N	Moulding — W/O					Moulding — W/O			
1	WIPPER BRKT	0.3	2.0	185.73		Moulding — Side	0.2	-	2113		Moulding — Side			
1	WIPPER BRKT	0.2	-	13.17	N	H. Light Assembly				N	H. Light Assembly	0.2		16.10
EC	CONTROL ARMS	INC	-	165.00		Bezel/Door	0.2	-	4963	N	Bezel/Door	0.2	-	4913
	SPINDLE					Park Light				N	Park Light	0.3		16.12
	SPINDLE					Marker Light				N	Marker Light	0.2		3.30
	SPINDLE					Cowl				N	Cowl			137
EC	ALIGNMENT FRONT	0.5	-	32.00		Door, Front SKIN	4.5	2.2	1539.0		Door, Front			
	WHEEL				S	Hinge U/L					Hinge U/L			
	COVER				S	Hinge Pillar	2.0	-			Hinge Pillar			
1	GRILLE	0.5	-	230.30	S	Lock/Latch					Lock/Latch			
1	HEADER PANEL	3.0	2.0	294.70	N	Glass	2.0	-			Glass			
	GRILLE Moulding				N	Moulding	0.2	-	19.77		Moulding			
	GRILLE Support					Center Post	1.0	-	455.00	S	Center Post			3.0
	WINDSHIELD					Center Post					Center Post			
	MOULDINGS					Rear Door					Rear Door			
	HOOD					Hinge					Hinge			
	HINGE R/L					Glass					Glass			
	MOULDINGS					Lock/Latch					Lock/Latch			
	LOCKSUPPORT	0.2	-	218.3		Lock Pillar					Lock Pillar			
						Moulding					Moulding			
	RADIATOR					Moulding				S	Moulding	1.0		
	SHROUD					Rocker Panel					Rocker Panel			
	SUPPORT	2.5	1.5	154.20		Rocker Moulding					Rocker Moulding			
	ANTI-FREEZE					Quarter Panel					Quarter Panel			
	FAN BLADE					Quarter Extension					Quarter Extension			
	A/C CONDENSOR					Quarter Glass					Quarter Glass			
	A/C RECHARGE					Inner Housing					Inner Housing			
	REAR BUMPER/COVER					Moulding					Moulding			
	ABSORBER					Moulding					Moulding			
	GUARD — PADS					Marker Light					Marker Light			
	REINFORCED BAR					Rear Body Panel					Rear Body Panel			
	FILLER PANEL					Mouldings					Mouldings			
	MOULDING					Trunk — Lid/Gate					Trunk — Lid/Gate			
	FLOOR					Hinge					Hinge			
	TAIL LIGHT					Lock — Striker					Lock — Striker			
						Lid Moulding					Lid Moulding			
						Roof					Roof			
						Mouldings					Mouldings			
<b>Total</b>						<b>Total</b>						<b>Total</b>		
												37.0 155		

Repairer Name and Address: [REDACTED]

Appraiser Signature: [REDACTED]

Agrees to complete all repairs and replacements as specified in this authorization contract price of \$ 1007.64 and subject to the Terms & Conditions on the Reverse Side. Quality of repair is guaranteed, as is delivery of vehicle on or before [REDACTED]. No "open" items except as noted.

Signature Repairer (Seller): [REDACTED]

Repair Authorization

Name of Repairer ("Seller"): [REDACTED]

[REDACTED] is authorized to repair Vehicle (Unit) Number [REDACTED] as per above appraisal and subject to the Terms & Conditions on the Reverse Side. This authorization is not valid unless signed by an authorized Hertz Manager [REDACTED].

The Hertz Corporation

Total Labor	561.00
Total Paint	237.00
Total Parts	2086.98
Paint & Material	139.50
Sublet	3019.98
Tax 8%	74.64
<b>Total Cost</b>	<b>3094.62</b>
Charge Acct No	4150
Parts Discount	31%

Receipt of Repaired Vehicle: [REDACTED]

Mileage Out: 3394 Date Out: [REDACTED] 50

Mileage In: 3402 Date In: [REDACTED]

Repair Hourly Rate

Body	15
Paint	15
Frame	9

Grand Marquis air bag failure (collision).

CONSUMER COMPLAINT PHONE LOG

Date: [redacted] 90 Call Taken By: [redacted]

Caller's Name: [redacted]

[redacted]

[redacted] tel [redacted] Zip: [redacted]

Phone (work) [redacted] (home) [redacted]

Vehicle Make/Model/Year: 1991 Mercury Grand Ma

Problem Description: In frontal collision airbag

did not deploy as expected by the inflator escaped through

the middle of the bag

the bag didn't cushion properly

Number of Accidents: 1 Injuries: 1

Accident Date (s):

Consumer Sent SASE: [redacted] Report to DOT?

90



Location \_\_\_\_\_

Unit # \_\_\_\_\_

mileage \_\_\_\_\_

P.A.# \_\_\_\_\_

Date/Time photographed

91

Name of photographer  
(print)

Signature of photographer

