



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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


DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-87-C-47169
Case DSI-92-AB-08

 1992

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: Contract DTNH22-87-C-47169
CASE NUMBER: Case DSI-92-AB-08


Vehicle 1, a 1992 Mercury Grand Marquis four-door, was being driven North on a six-lane, divided, asphalt paved roadway at a right angle intersection with a four-lane, undivided roadway.

Vehicle 2, a 1991 Mercury Sable LS four-door, was being driven South on the same roadway preparing to turn left onto the intersecting roadway.

Vehicle 2 turned left into the travel path of Vehicle 1 and the right front plane of Vehicle 2 impacted the left front plane of Vehicle 1. The air bag in Vehicle 1 reportedly deployed in this impact.

It was reported by the police that the driver of Vehicle 1, sustained non-incapacitating injuries and was transported to a local hospital where she was admitted for treatment. Police reported that the driver of Vehicle 2 sustained no injury in this accident.

This case was initiated by the NHTSA as a result of a complaint filed by the husband of the Vehicle 1 driver. He stated that the driver of Vehicle 1 suffered hearing loss as a result of the airbag deployment.

All information in this report was obtained from the police accident report. The drivers/owners of both vehicles, and the insurance company for Vehicle 2, refuse to cooperate because of pending litigation. The insurance company for Vehicle 1 had misplaced the claim folder during a change of office location and could not provide any information. Injury information on the driver of Vehicle 1 was obtained from the initial complaint to NHTSA.

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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 be 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 crash-worthiness performance of the involved vehicle(s) or their safety systems.

INTERVIEW FORM

Case Number: DSI-92-AB-09
Vehicle Number: 01
Interviewee: Owner, Vehicle 1

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

The accident was reported to _____ Florida police department. The accident report number is _____. My wife was taken to the Regional Hospital in _____, Florida. I've already told you too much. If you send me your questions, I'll answer them (please see attached letter and questions).

On the return call, the owner stated he had received the questions but had given them to his attorney and would not have any conversation regarding the accident.

The attorney called on [REDACTED] and stated that neither he, nor the owner, would cooperate in any manner until litigation was completed.

TYPICAL QUESTIONS

1. Accident date and time?
2. Location (specific) of collision?
3. Investigating Police Agency?
4. Investigating Officer's name?
5. Accident Report Number?
 - a. Do you have a copy of the report?
 - b. Could we obtain a copy of your copy?
6. Do you have photographs of your car (before repair)?
7. Do you have photographs of the other vehicle(s)?
8. Were there injuries to occupants of your vehicle?
 - a. Name, age, weight, and seating position of each occupant?
 - b. Were the occupants wearing seat belts? How were they worn?
 - c. List of specific injuries for each occupant?
 - d. Was occupant transported to a medical facility?
 1. Name of hospital and location?
 2. May we have access to occupants medical records?
 - e. Are there photographs of the injuries to the occupants?
 1. If so may we obtain copies?
9. Name of insurance company?
 - a. Adjustors name and location?
 - b. Claim number?
10. Name and location of repair facility?
 - a. Owner/Manager's name?
11. Dealer's name and location where vehicle was purchased?
 - a. Any air bag service?
 - b. Any diagnostic tests after collision?
 1. If so, may we have a copy of the diagnostic results?
12. Specific question concerning collision events and air bag operation.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby voluntarily consent and give my written authorization to hospital _____, _____ to release a copy of my medical records relating to my admission for treatment of injuries sustained in an accident on _____, to _____. I understand that my name and all other personal identification will be removed from these records, which are to be used only for research purposes. The research is sponsored by the National Highway Traffic Safety Administration (NHTSA), of the U.S. Department of Transportation, in its efforts to improve crash survivability and vehicle crashworthiness.

The sanitized records (with personal information deleted) will be analyzed shortly after receipt to determine the type and degree of injuries.

I acknowledge that I have read this form and all questions, by me, have been answered to my satisfaction, and I hereby acknowledge that I understand its contents.

Signature of Patient or
Authorized Representative

Date

Time AM/PM

Relationship of Authorized
Representative

Witness



ACCIDENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-92-AB-008

IDENTIFICATION

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

SPECIAL STUDIES - INDICATORS

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

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

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 1
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>0 1</u>	14. <u>0 4</u>	15. <u>F</u>	16. <u>0 2</u>	17. <u>0 3</u>	18. <u>F</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 EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

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

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

- (39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>DSI-92-AB-008</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u></p> <p>(0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown</p> <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>92</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>14</u> <u>MERCURY</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>006</u> <u>GRAND MARQUIS LS</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>2MECM75WBNX</u> *-*-*-*-* Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p>	<p>12. Alcohol Test Result For Driver <u>96</u> 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</p> <p>Source: <u>PAR</u></p>
ACCIDENT RELATED	
<p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>40</u> Code to the nearest mph (NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p>	<p>13. Speed Limit <u>40</u> (00) No statutory limit Code posted or statutory speed limit (99) Unknown</p> <p>14. Attempted Avoidance Maneuver <u>04</u> (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</p> <p>15. Accident Type <u>69</u> 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</p>

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

CODES FOR BODY TYPE

BEST AVAILABLE COPY

CDS APPLICABLE VEHICLES

Automobiles

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

(09) _____
Unknown automobile type

Automobile Derivatives

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

Utility Vehicles ($\leq 10,000$ lbs GVWR)

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

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

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B160-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E160-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) _____
Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D60, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-1b, T-1b, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

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

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

OTHER VEHICLES

Buses (Excludes Van Based)

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

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck (10,000 lbs $<$ GVWR \leq 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs $<$ GVWR \leq 26,000 lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

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

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

Other Vehicles

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

OCCUPANT RELATED

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

24. Rollover φ
 (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 φ 3,800
 3768 Code weight to nearest
 (1713kg) 100 pounds. (1727kg)
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
- Source: U.S. AUTO NEWS

20. Vehicle Cargo Weight 9,900
 UNK Code weight to nearest
 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit φ
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data
 for This Vehicle φ
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole
 (For Highest Delta V) φ
 (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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 9
26. Rear Override/Underride (this Vehicle) 9
- (0) No override/underride, or
 not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

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

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

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

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
27. Heading Angle For This Vehicle * φ 2 φ
28. Heading Angle For Other Vehicle * 1 3 φ

* APPROXIMATE
 BASED ON PAR

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	21, 22, 23 SLOWER 25, 26, 27	24, 25, 26, 27 DECEL. 28, 29, 30, 31	28, 29, 30, 31 SPECIFICS OTHER	30, 31, 32, 33 SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	35, 37, 39, 41 (EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	44, 45, 46, 47 SPECIFICS OTHER	(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	55, 57, 59, 61 (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, 70 INITIAL OPPOSITE DIRECTIONS	71, 72 INITIAL SAME DIRECTIONS	73, 74, 75 (EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN		
	K Turn Into Path	77, 78, 79, 80 TURN INTO SAME DIRECTION		81, 82, 83 TURN INTO OPPOSITE DIRECTIONS		(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	87, 88 SPECIFICS OTHER	(EACH • 89) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN	
VI Miscel laneous	M Backing Etc	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 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 technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Secondary Highest

32. Lateral Component of Delta V + 9 9

____ 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 9 9 9 9 0 0

____ 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 ϕ
- (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

COMPUTER GENERATED DELTA V

30. Total Delta V 9 9

____ Nearest mph _____

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

31. Longitudinal Component of Delta V + 9 9

____ Nearest mph _____

(NOTE: __00 means greater than -0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

35. Type of Vehicle Inspection ϕ

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

36. Is this an AOPS Vehicle? 1

- (0) No
- (1) Yes

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

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

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

38. Police Reported Observation/Perception Test Type For Driver 9
 (0) No observation/perception test given
 (1) Drug recognition technician (DRT) determination using DEC process
 (2) Behavioral
 (3) Other physical observation/perception determination (specify):

 (4) DEC process available, unknown if determination made
 (5) DEC process not available, unknown if other observation/perception test given
 (7) Other observation/perception test (specify):

 (8) No driver present

39. Other Drug Specimen Test Type For Driver 9
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
 OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC	
	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>9</u>	41. <u>9</u>
Depressant Drug	42. <u>9</u>	43. <u>9</u>
Stimulant Drug	44. <u>9</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>9</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>9</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>9</u>	51. <u>9</u>
Inhalant Drug	52. <u>9</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>9</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

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

Codes for Specimen Test Results

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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

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

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

(69) _____
Unknown fixed object

Collision with Nonfixed Object

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

(89) _____
Unknown nonfixed object

(98) Other event (specify):

(99) _____
Unknown event or object

PRECRASH DATA (Continued)65. Critical Precrash Event 6 2*This Vehicle Loss of Control Due To:*

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 9

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 9

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

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

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



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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSI-92-AB-008</u>	

VEHICLE IDENTIFICATION

VIN 2MECM75WB NX *-*-*-*-* Model Year 92

Vehicle Make (specify): MERCURY Vehicle Model (specify): GRAND MARQUIS LS 4-Door

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>01</u>	<u>LEFT FRONT BUMPER CORNER</u> <u>(BASED ON PAR & SCENE DIAGRAM)</u>	<u>NOT MEASURED</u>

CRUSH PROFILE

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

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

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

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

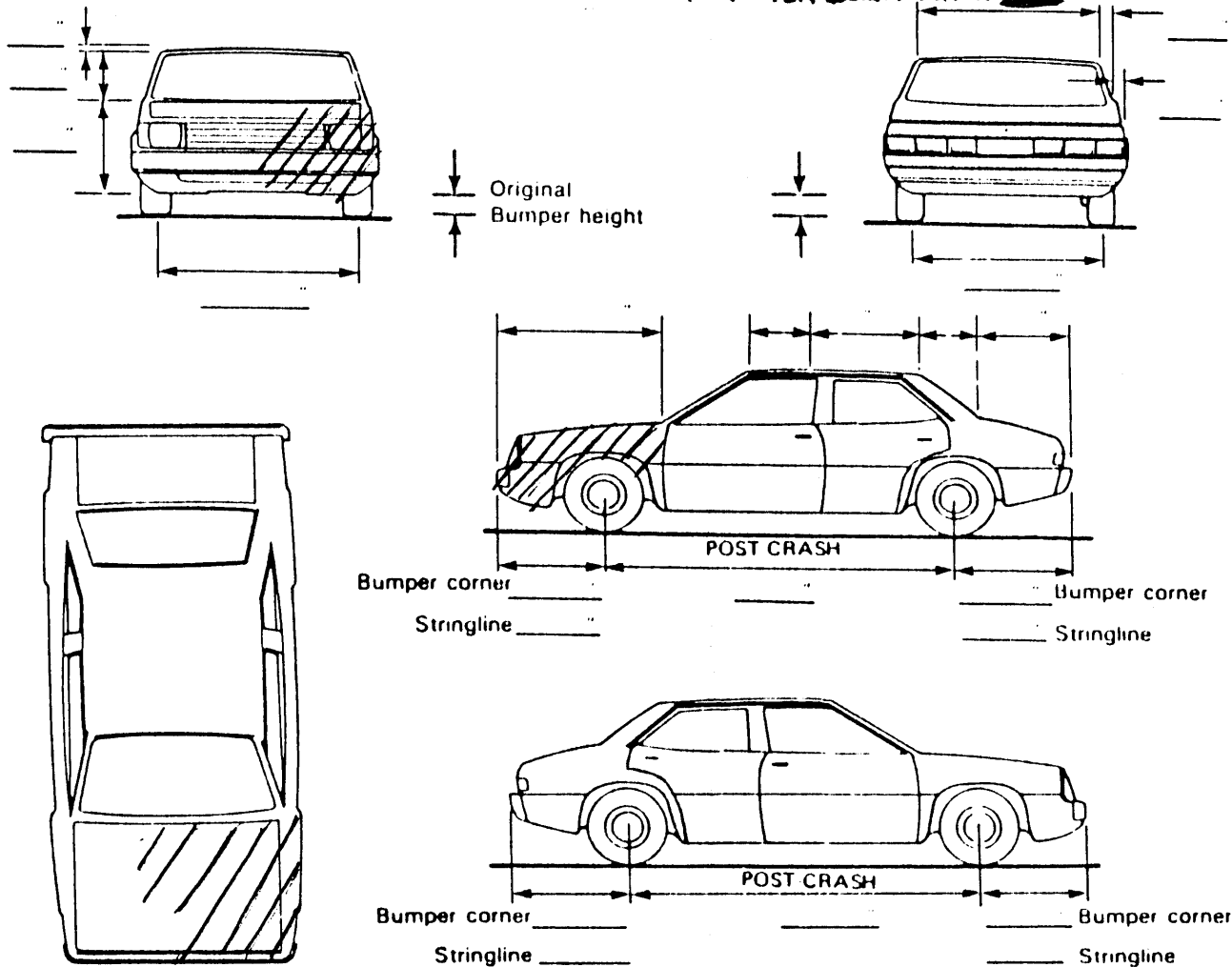
Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
	<u>NOT MEASURED OR INSPECTED</u>										

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>b. Tire deflated</p> <p>RF <u>9</u> RF <u>9</u> LF <u>9</u> LF <u>9</u> RR <u>9</u> RR <u>9</u> LR <u>9</u> LR <u>9</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS u.s.</p> <p><i>METRIC</i></p> <p>Wheelbase <u>294.6 cm</u> <u>114.4</u> Overall Length <u>539.5 cm</u> <u>212.4</u> Maximum Width <u>197.6 cm</u> <u>77.8</u> Curb Weight <u>1713 kgs.</u> <u>3768</u> Average Track <u>160.3 cm</u> <u>63.1</u> Front Overhang <u>111.0 cm</u> <u>(EST.) 44.0</u> Rear Overhang <u>137.2 cm</u> <u>(EST.) 54.0</u> Engine Size: cyl./displ. <u>V8/4.6L</u> Undeformed End Width <u>NOT MEASURED</u></p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>9</u> <u>9</u> ° LF ± <u>9</u> <u>9</u> ° RR ± <u>9</u> <u>9</u> ° LR ± <u>9</u> <u>9</u> °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION <u>UNKNOWN</u></p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>UNKNOWN</u></p>	

ALL INFORMATION OBTAINED FROM PAR - FOR ILLUSTRATION ONLY



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

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

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

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

Second Highest Delta "V"

VEHICLE NOT INSPECTED - NO PHOTOGRAPHS AVAILABLE

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE

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

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

φ

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

9

28. Original Wheelbase Code to the nearest tenth of an inch
 (9999) Unknown

114.4
 (290.6cm)

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 9

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence φ

(0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire φ

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

(9) Unknown

32. Type of Fuel Tank 9

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

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



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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum DSI-92-AB-46B
 3. Vehicle Number 41

INTEGRITY

4. Passenger Compartment Integrity 99
 (00) No integrity loss

Yes, Integrity Was Lost Through

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

Door, Tailgate or Hatch Opening

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

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

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

10. LF 9 11. RF 9 12. LR 9 13. RR 9 14. TG/H 9

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

Door, Tailgate or Hatch Came Open During Collision

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

GLAZING

Glazing Damage from Impact Forces

15. WS 9 16. LF 9 17. RF 9 18. LR 9 19. RR 9
 20. BL 9 21. Roof 9 22. Other 9

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

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 9
 28. BL 9 29. Roof 9 30. Other 9

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

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

Type of Window/Windshield Glazing

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

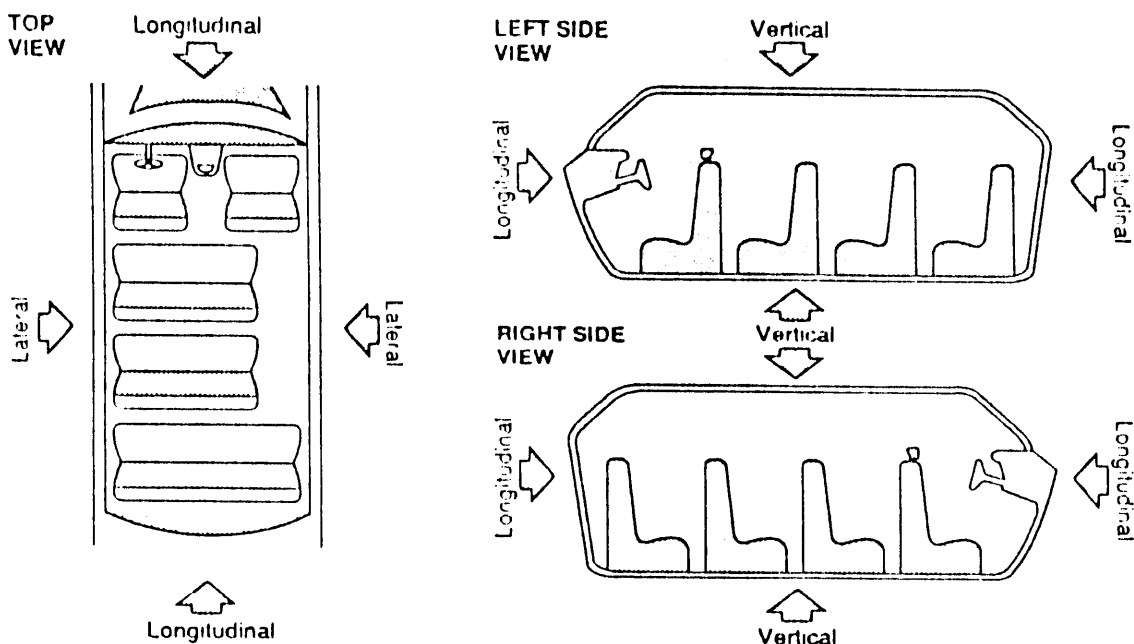
- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify): _____
- (9) Unknown

Window Precrash Glazing Status

39. WS 9 40. LF 9 41. RF 9 42. LR 9 43. RR 9
 44. BL 9 45. Roof 9 46. Other 9

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
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		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	

NOT INSPECTED

OCCUPANT AREA INTRUSION

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

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

NO 1/4 INSPECTED

INTRUDING COMPONENT

Interior Components

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

Exterior Components

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

LOCATION OF INTRUSION

- | | |
|---|--|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right <p>(97) Catastrophic</p> <p>(98) Other enclosed area (specify) _____</p> <p>(99) Unknown</p> |
|---|--|

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
	-		=	
	-	UNKNOWN	=	
	-		=	
	-		=	

[Empty table area for recording data]

STEERING COLUMN

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

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

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

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

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

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

93. Location of Steering Rim/Spoke Deformation 9 9
 (00) No steering rim deformation

Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 9 9 9,000
UNK miles - Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: NOT INSPECTED

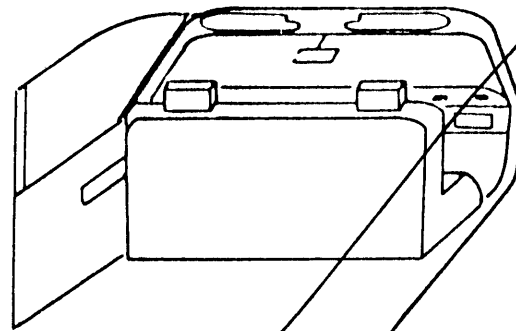
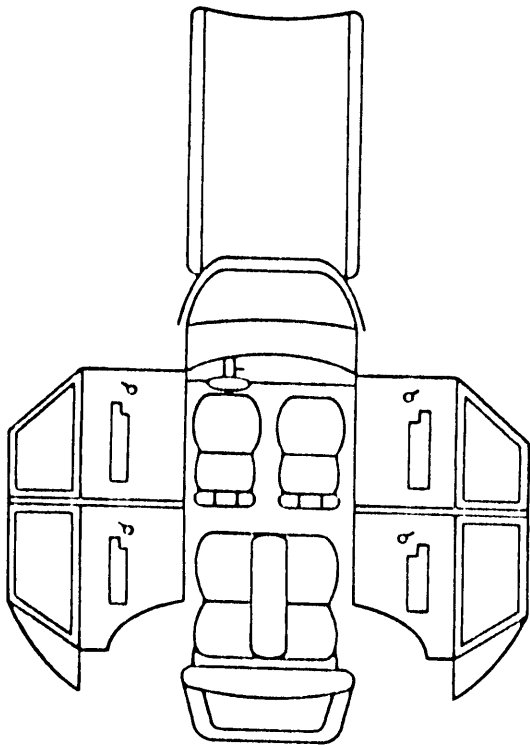
95. Instrument Panel Damage from Occupant Contact? 9
 (0) No
 (1) Yes
 (9) Unknown

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

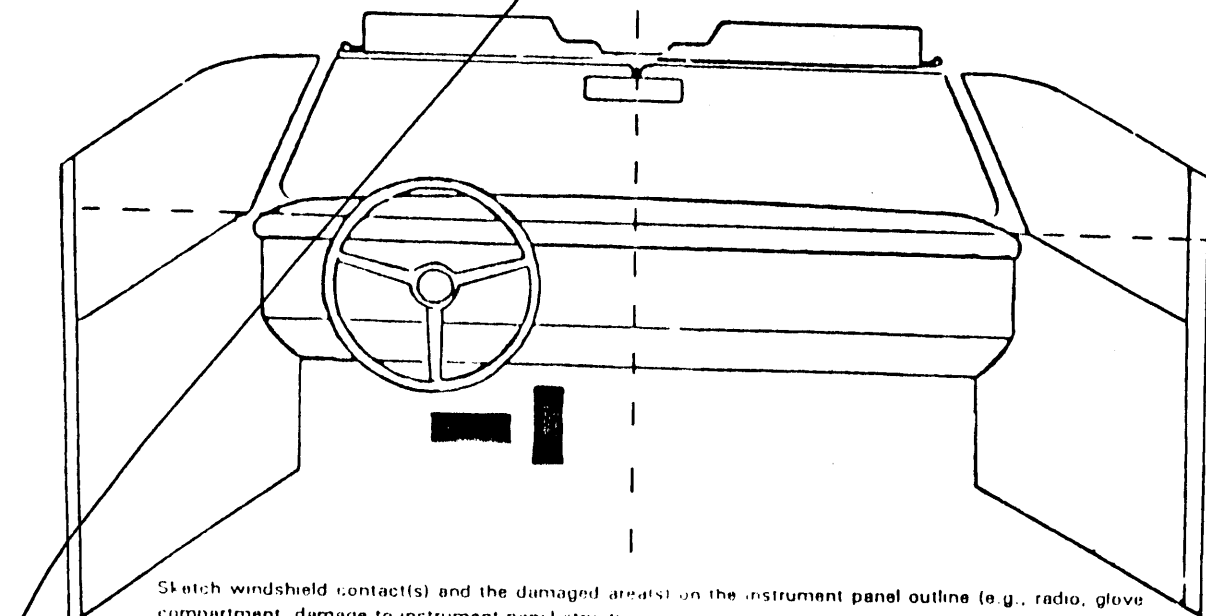
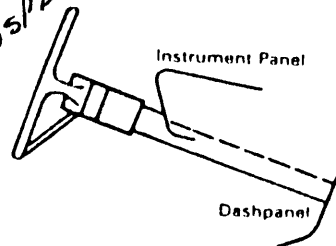
97. Did Glove Compartment Door Open During Collision(s)? 9
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



NOT INSPECTED



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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

UNKNOWN
 NOT INSPECTED

CODES FOR INTERIOR COMPONENTS

FRONT

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

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

RIGHT SIDE

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

INTERIOR

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

- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
F I R S T	Availability/Function	1	ϕ
	Deployment	1	ϕ
	Failure	9	ϕ

Air Bag System Availability/Function

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

Non-functional

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

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

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

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

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

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

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

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

Automatic (Passive) Belt System Availability/Function

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

Non-functional

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

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

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

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

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

Automatic (Passive) Belt Failure Modes During Accident

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
F I R S T	Availability	9	9	9
	Use	99	99	99
	Failure Modes	9	9	9
S E C O N D	Availability	9	9	9
	Use	99	99	99
	Failure Modes	9	9	9
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

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

(08) Other belt used (specify): _____

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

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage				0		
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

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

2. Child Safety Seat Orientation
 - (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation
 - Designed for Forward Facing for This Age/Weight
 - (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation
 - Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 - (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage
4. Child Safety Seat Shield Usage
5. Child Safety Seat Tether Usage
 - Note: Options Below Are Used for Variables 3-5.
 - (00) No child safety seat
 - Not Designed with Harness/Shield/Tether
 - (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used
 - Designed With Harness/Shield/Tether
 - (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used
 - Unknown If Designed With Harness/Shield/Tether
 - (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used
6. Child Safety Seat Make/Model
(Specify make/model and occupant number)
 - _____
 - _____
 - _____
 - _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	9	9	9
	Seat Orientation	9	9	9
SECOND	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	9	9	9
	Seat Orientation	9	9	9
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No Yes

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

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

<p>Ejection</p> <p>(1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown</p> <p>Ejection Area</p> <p>(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear</p>	<p>(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p> <p>Ejection Medium</p> <p>(1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____</p>	<p>(5) Integral structure (8) Other medium (specify): _____</p> <p>(9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open (2) Closed (3) Integral structure (9) Unknown</p>
--	--	--

ENTRAPMENT No Yes

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



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

OCCUPANT ASSESSMENT FORM

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

- 1. Primary Sampling Unit Number _____
- 2. Case Number - Stratum DSI -92-AB-408
- 3. Vehicle Number 01
- 4. Occupant Number 01

- 11. Occupant Posture 2
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 72
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 99
Code actual height to the nearest inch.
(99) Unknown
- 8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(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

- 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 9
 (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
Integral Belt Partially Destroyed
 (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown _____
18. Manual (Active) Belt System Use 9 9
 (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 9
 (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 9
 (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor _____
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function 1
 (0) Not equipped/not available
 (1) Air bag
Non-functional
 (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled _____
 (9) Unknown _____

22. Air Bag System Deployment 1
 (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown _____

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 4
 (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) 9 9
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify):

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

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

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT

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

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
 (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 φ φ
 (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 φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

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	
<p>34. Injury Severity (Police Rating) <u>2</u></p> <p>(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</p>	<p>38. Working Days Lost <u>9 9</u></p> <p>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</p>
<p>35. Treatment - Mortality <u>3</u></p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease</p> <p><i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): _____ (9) Unknown</p>	<p>39. Time to Death <u>ϕ ϕ</u></p> <p>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</p>
<p>36. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(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</p>	<p>40. 1st Medically Reported Cause of Death <u>ϕ ϕ</u></p> <p>41. 2nd Medically Reported Cause of Death <u>ϕ ϕ</u></p> <p>42. 3rd Medically Reported Cause of Death <u>ϕ ϕ</u></p> <p>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</p>
<p>37. Hospital Stay <u>ϕ 4</u></p> <p>(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p>	<p>43. Number of Recorded Injuries for This Occupant <u>ϕ 2</u></p> <p>Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured</p>
	<p>99. Case Occupant <u>1</u></p> <p>(0) Not the Case Occupant (1) This is the Case Occupant (2) This is the Case Occupant in another case.</p>

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function φ
 (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 φ
 (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 φ
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

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

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

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 7
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) - HCO₃ 2 7
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number _____	3. Vehicle Number <u> 01 </u>
2. Case Number - Stratum <u>DSI-92-AB-002</u>	4. Occupant Number <u> 01 </u>

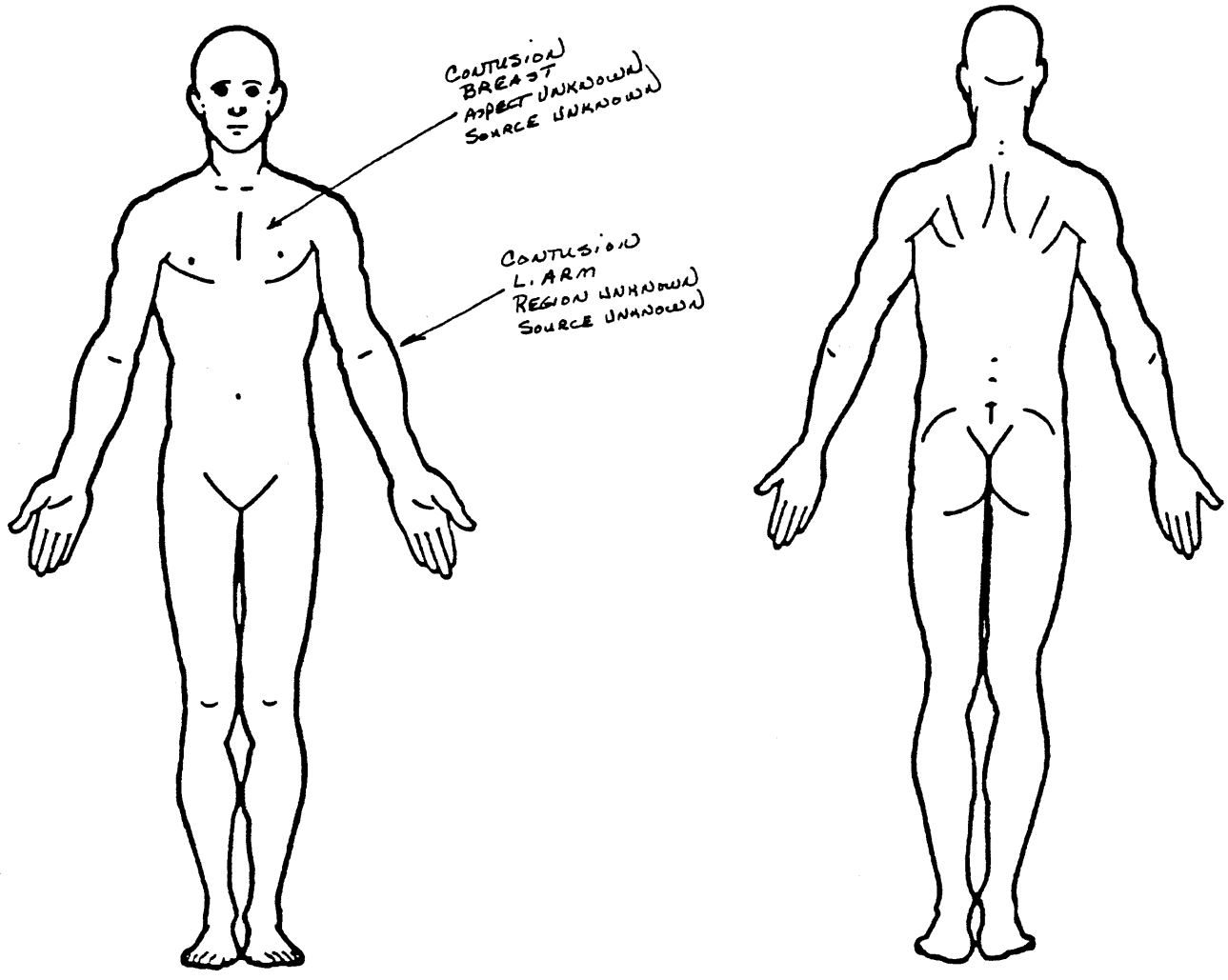
INJURY DATA

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

	Source of Injury Date	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	ICD-9
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>7</u>	6. <u>C</u>	7. <u>H</u>	8. <u>C</u>	9. <u>I</u>	10. <u>7</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>	<u>922.0</u>
2nd	15. <u>7</u>	16. <u>X</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>7</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>	<u>923.9</u>
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	_____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	_____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	_____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____	_____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____	_____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____	_____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____	_____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____	_____

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

RIGHT SIDE

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

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

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

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

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (O) 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)
- (Q) Whole body
- (W) Wrist-hand

Aspect of Injury

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

Lesion

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

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

System/Organ

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

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

Abbreviated Injury Scale

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

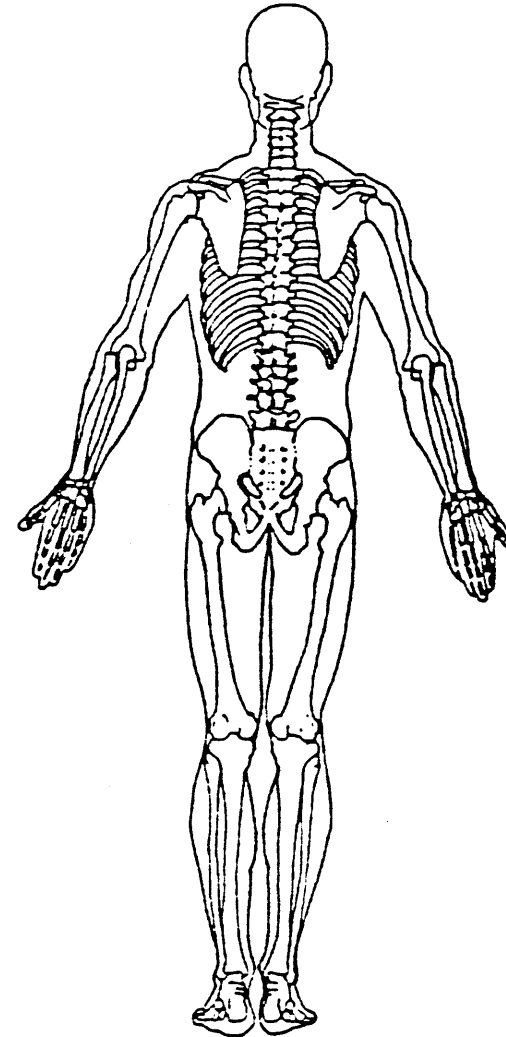
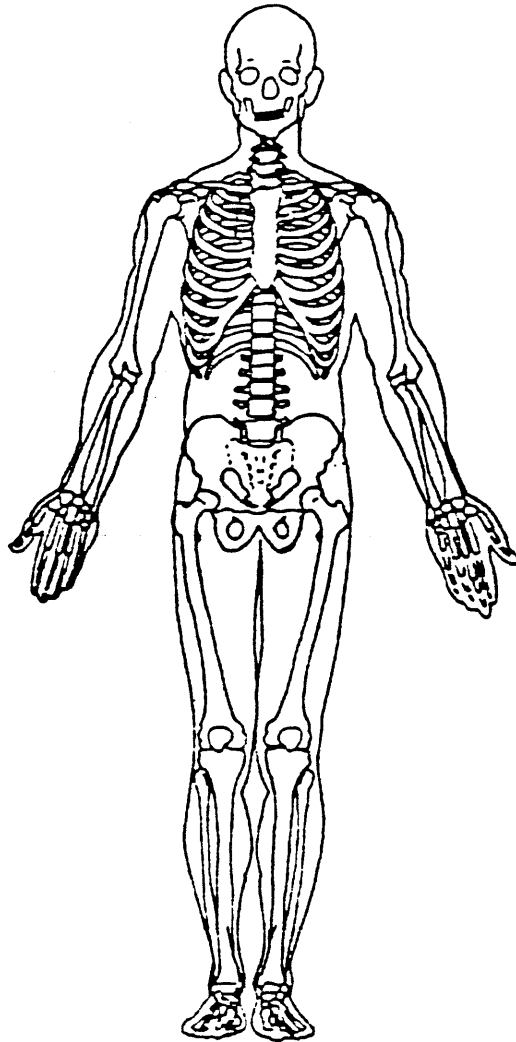
pH = _____

PO₂ = _____

PCO₂ _____

HCO₃ _____

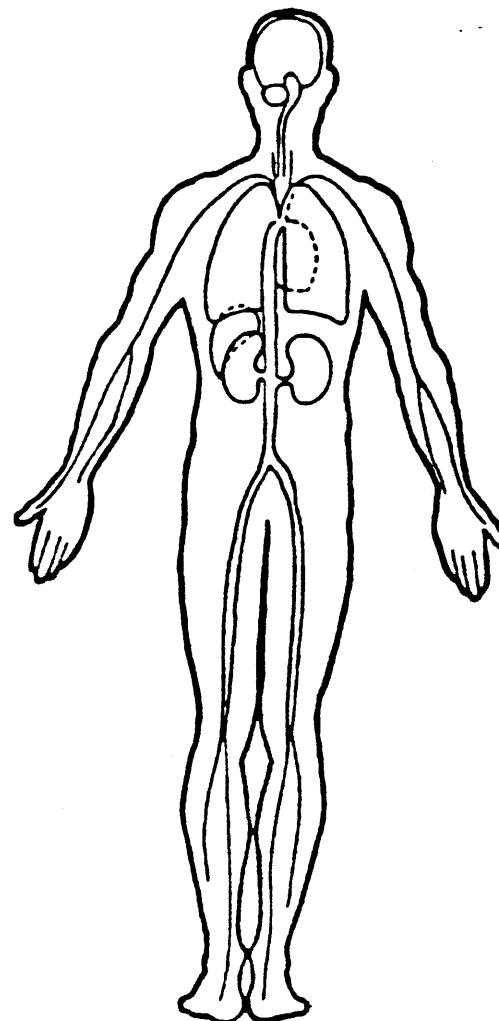
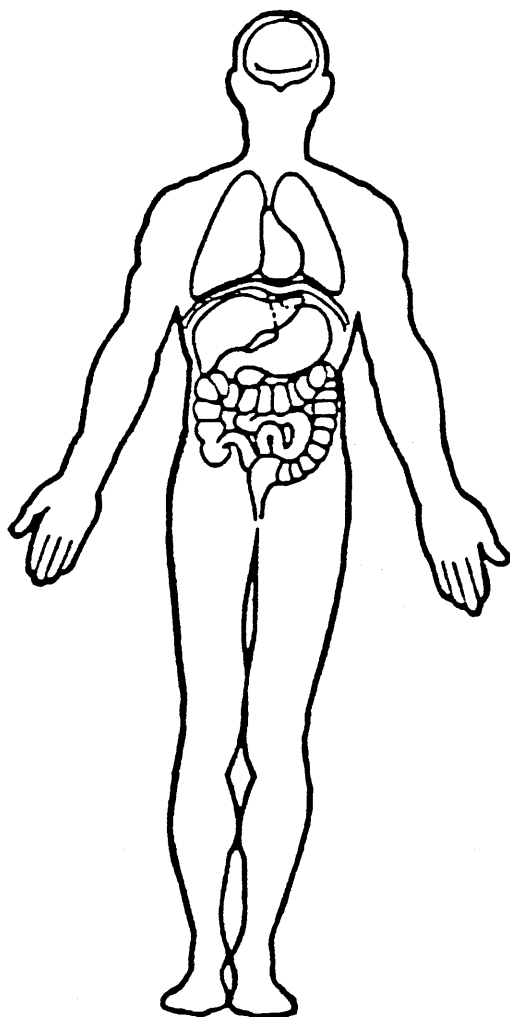
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE COPY

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-92-AB-008
 3. Vehicle Number 02

11. Police Reported Alcohol Presence 0
 (0) No alcohol present
 (1) Yes (alcohol present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

VEHICLE IDENTIFICATION

4. Vehicle Model Year 91
 Code the last two digits of the model year
 (99) Unknown

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

6. Vehicle Model (specify): 017
SABLE GS
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

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

8. Vehicle Identification Number
1MECM50VYM9*****
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN - Code all zeros
 Unknown - Code all nine's

Note: See variables 37 through 55
 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 26
 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: PAR

ACCIDENT RELATED

13. Speed Limit 40
 (00) No statutory limit
 Code posted or statutory speed limit
 (99) Unknown

14. Attempted Avoidance Maneuver 29
 (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 68
 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

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 15
 Code to the nearest mph (NOTE: 00 means
 less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

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

CODES FOR BODY TYPE

BEST AVAILABLE COPY

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) 6-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

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

Utility Vehicles ($\leq 10,000$ lbs GVWR)

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

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

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B160-B360, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E160-E360, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G16-G36, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kery) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D60, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-16, T-16, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D360, W100-W360, F100-F360, C10-C36, K10-K36, R10-R36, V10-V36, Silverado, Sierra, R100-R600.)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

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

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

OTHER VEHICLES

Buses (Excludes Van Based)

- (60) School bus (designed to carry students, not cross country or transit)
- (68) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (69) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck (10,000 lbs $<$ GVWR \leq 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs $<$ GVWR \leq 26,000 lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (66) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

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

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

Other Vehicles

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

OCCUPANT RELATED

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

- 24. Rollover φ
 (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 φ 3,100
 3131 Code weight to nearest 100 pounds. (1423 1492)
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown

 Source: _____
- 20. Vehicle Cargo Weight 9,900
 UNK Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 9
- 26. Rear Override/Underride (this Vehicle) 9
 (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

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

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

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

- 27. Heading Angle For This Vehicle * 1 3 φ
- 28. Heading Angle For Other Vehicle * φ 2 φ

* APPROXIMATE
 BASED ON PAR

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 24, 25, 26, 27	24 DECCEL. 28, 29, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH VEH. PED. ANIM.	(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	48 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN			
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN	
	I Sideswipe Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTIONS	73 TURN ACROSS PATH	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K Turn Into Path	77 TURN INTO SAME DIRECTION	79 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	83 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	87 88	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN			
VI Miscellaneous	M Backing Etc	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type	99 Unknown Accident Type	00 No Impact		

29. Basis for Total Delta V (highest) 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 technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Secondary Highest

32. Lateral 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

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)

- (0) No reconstruction φ
- (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

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V

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

35. Type of Vehicle Inspection φ

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

36. Is this an AOPS Vehicle? 1

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES NO

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

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

38. Police Reported Observation/Perception Test Type For Driver 9
 (0) No observation/perception test given
 (1) Drug recognition technician (DRT) determination using DEC process
 (2) Behavioral
 (3) Other physical observation/perception determination (specify):

 (4) DEC process available, unknown if determination made
 (5) DEC process not available, unknown if other observation/perception test given
 (7) Other observation/perception test (specify):

 (8) No driver present

39. Other Drug Specimen Test Type For Driver 9
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
 OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC	
	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>9</u>	41. <u>9</u>
Depressant Drug	42. <u>9</u>	43. <u>9</u>
Stimulant Drug	44. <u>9</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>9</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>9</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>9</u>	51. <u>9</u>
Inhalant Drug	52. <u>9</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>9</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

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

Codes for Specimen Test Results

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

OTHER DATA56. Driver's Zip Code ϕ ϕ

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

57. Driver's Race/Ethnic Origin 9

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

58. Vehicle Special Use (This Trip) 9

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

ROLLOVER DATA

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

59. Rollover Initiation Type ϕ

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

60. Location of Rollover Initiation ϕ

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

61. Rollover Initiation Object Contacted ϕ ϕ62. Location on Vehicle Where Initial Principal Tripping Force Is Applied ϕ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll ϕ

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

PRECRAASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 1 ϕ

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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

Noncollision

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

Collision With Fixed Object

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

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

Nonbreakaway Pole or Post

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

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

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

- (69) Unknown fixed object

Collision with Nonfixed Object

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

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 15

This Vehicle Loss of Control Due To:

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

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

66. Precrash Stability After Avoidance Manuever 9

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

67. Precrash Directional Consequences of Avoidance Manuever (Corrective Action) 9

- (0) No avoidance manuever
- (1) Vehicle stayed in travel lane where avoidance manuever was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance manuever was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance manuever was initiated
- (4) Vehicle departed roadway
- (5) Avoidance manuever initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

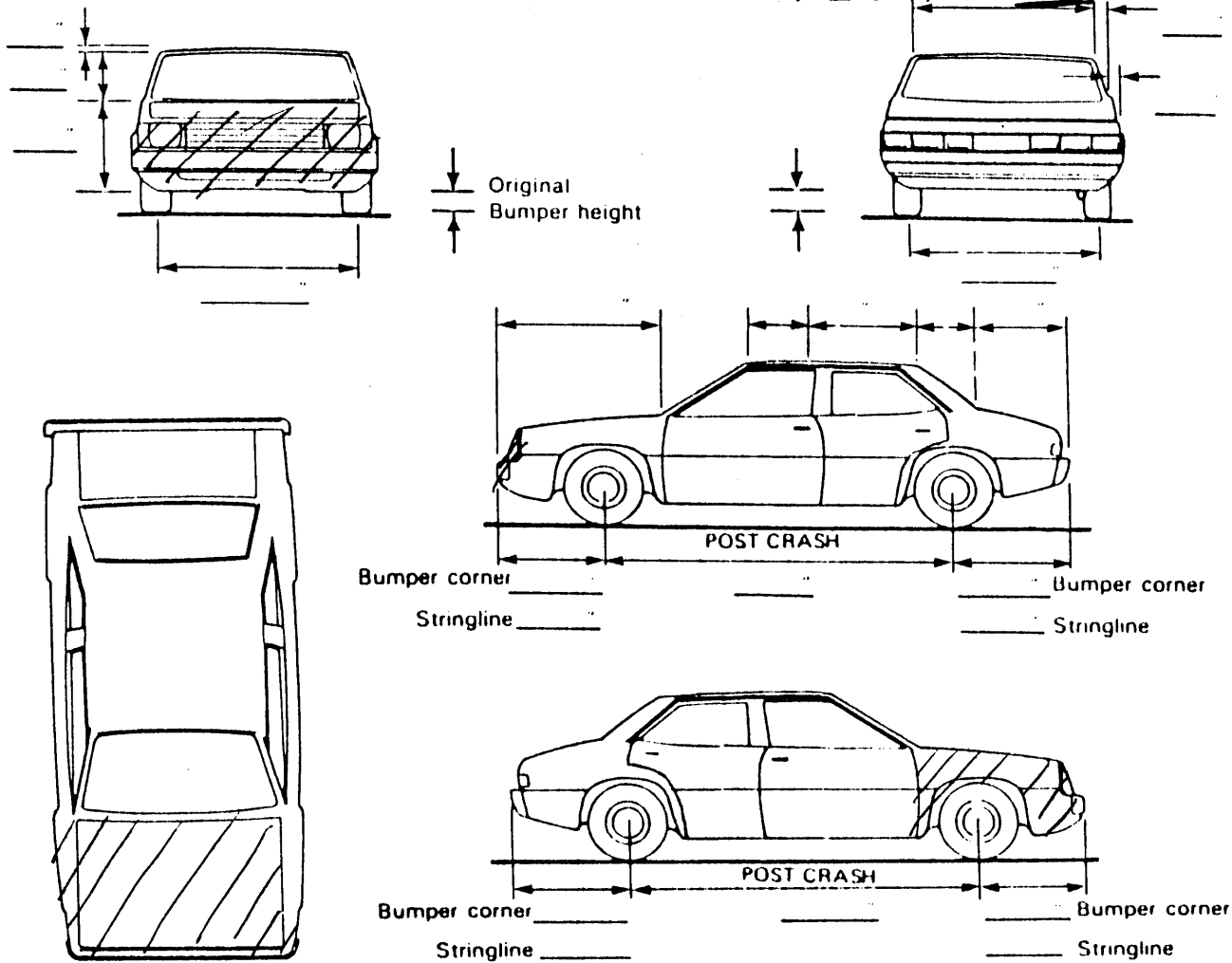
*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

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

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>b. Tire deflated</p> <p>RF <u>9</u> RF <u>9</u> LF <u>9</u> LF <u>9</u> RR <u>9</u> RR <u>9</u> LR <u>9</u> LR <u>9</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p><u>METRIC</u> <u>U.S.</u></p> <p>Wheelbase <u>269.2cm</u> <u>106.0</u></p> <p>Overall Length <u>488.2cm</u> <u>192.2</u></p> <p>Maximum Width <u>179.8cm</u> <u>70.8</u></p> <p>Curb Weight <u>1423 Kgs.</u> <u>3131</u></p> <p>Average Track <u>155.2cm</u> <u>61.1</u></p> <p>Front Overhang <u>102.9cm</u> (EST) <u>40.5</u></p> <p>Rear Overhang <u>116.1cm</u> (EST) <u>45.7</u></p> <p>Engine Size: cyl./displ. <u>V6/2.9L</u></p> <p>Undeformed End Width <u>NOT MEASURED</u></p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u>9</u> <u>9</u> ° LF ± <u>9</u> <u>9</u> ° RR ± <u>9</u> <u>9</u> ° LR ± <u>9</u> <u>9</u> °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION <u>UNKNOWN</u></p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>UNK.</u></p>	

ALL INFORMATION OBTAINED FROM PAR - FOR ILLUSTRATION ONLY



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

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

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

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

4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____

VEHICLE NOT INSPECTED - NO PHOTOGRAPHS AVAILABLE

Second Highest Delta "V"

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

CRUSH PROFILE

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

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----
							+
							-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----
							+
							-

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

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

28. Original Wheelbase _____ Code to the nearest tenth of an inch
 (9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 9

- (0) No post manufacturer modifications
- (1) Yes - post manufacturer modifications (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence φ

(0) No fire

Yes, fire occurred

- (1) Minor
- (2) Major
- (9) Unknown

31. Origin of Fire φ

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

(9) Unknown

32. Type of Fuel Tank 9

- (0) No fuel tank (electrical vehicle)
- (1) Metallic
- (2) Non-metallic
- (9) Unknown

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



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

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

GLAZING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-92-AB-008
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 99
(00) No integrity loss

Yes, Integrity Was Lost Through

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

(99) Unknown

Door, Tailgate or Hatch Opening

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

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

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

10. LF 9 11. RF 9 12. LR 9 13. RR 9 14. TG/H 9

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

Door, Tailgate or Hatch Came Open During Collision

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

(9) Unknown

Glazing Damage from Impact Forces

15. WS 9 16. LF 9 17. RF 9 18. LR 9 19. RR 9
20. BL 9 21. Roof 9 22. Other 9

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

Glazing Damage from Occupant Contact

23. WS 9 24. LF 9 25. RF 9 26. LR 9 27. RR 9
28. BL 9 29. Roof 9 30. Other 9

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

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

Type of Window/Windshield Glazing

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

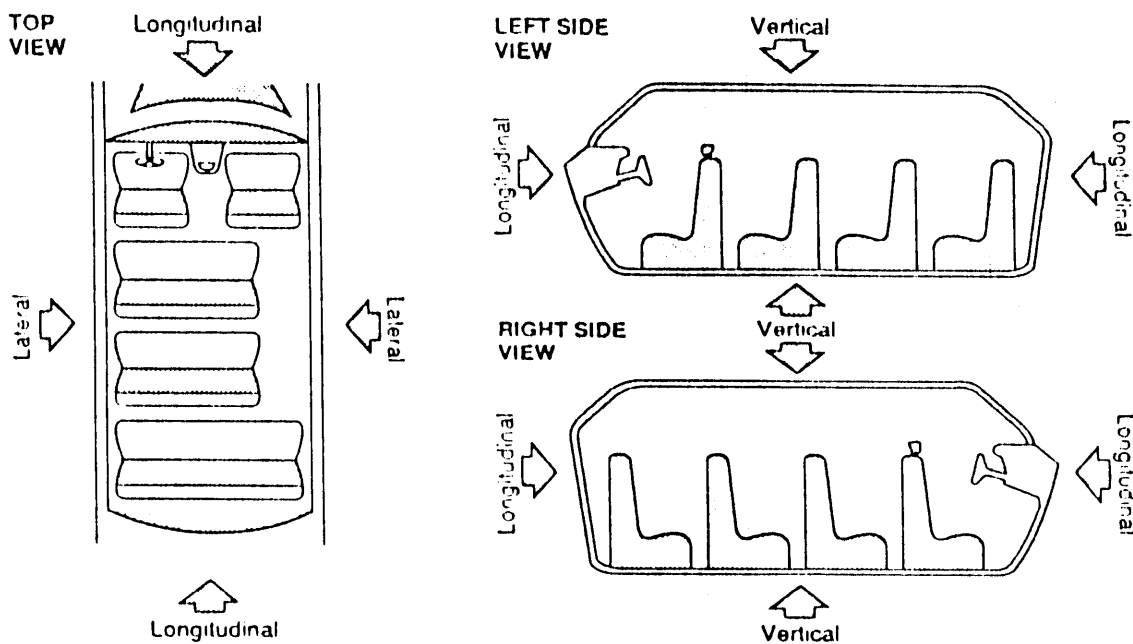
- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify): _____
- (9) Unknown

Window Precrash Glazing Status

39. WS 9 40. LF 9 41. RF 9 42. LR 9 43. RR 9
44. BL 9 45. Roof 9 46. Other 9

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

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

NOT INSPECTED

OCCUPANT AREA INTRUSION

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

INTRUDING COMPONENT

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

NO INSPECTED

Interior Components

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

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

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

LOCATION OF INTRUSION

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

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

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

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

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

- (99) Unknown

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
	-		=	
	-		=	
	-	UNKNOWN	=	
	-		=	
	-		=	

Large empty rectangular area for notes or additional data.

STEERING COLUMN

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

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

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

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

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

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

93. Location of Steering Rim/Spoke Deformation 9 9
 (00) No steering rim deformation

Quarter Sections

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



Half Sections

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



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

INSTRUMENT PANEL

94. Odometer Reading 9 9 9.000
 _____ miles --Code mileage to the nearest 1,000 miles
 (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: NOT INSPECTED

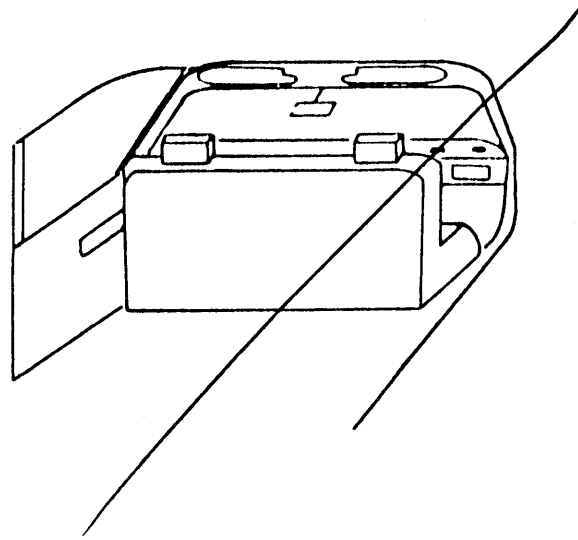
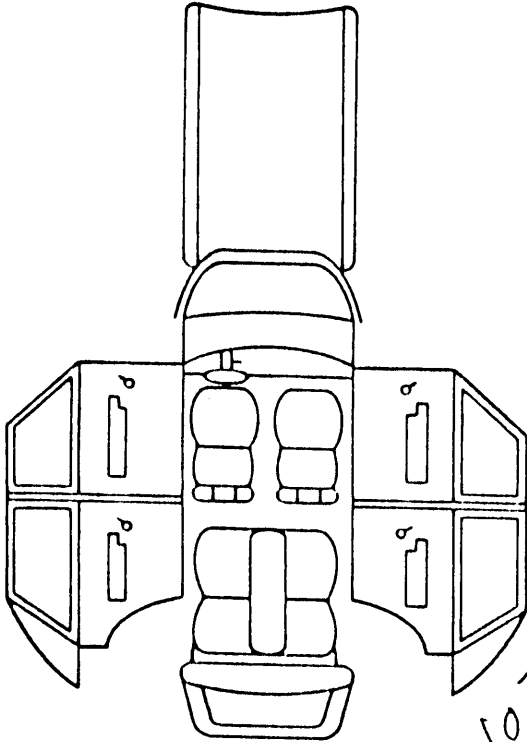
95. Instrument Panel Damage from Occupant Contact? 9
 (0) No
 (1) Yes
 (9) Unknown

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

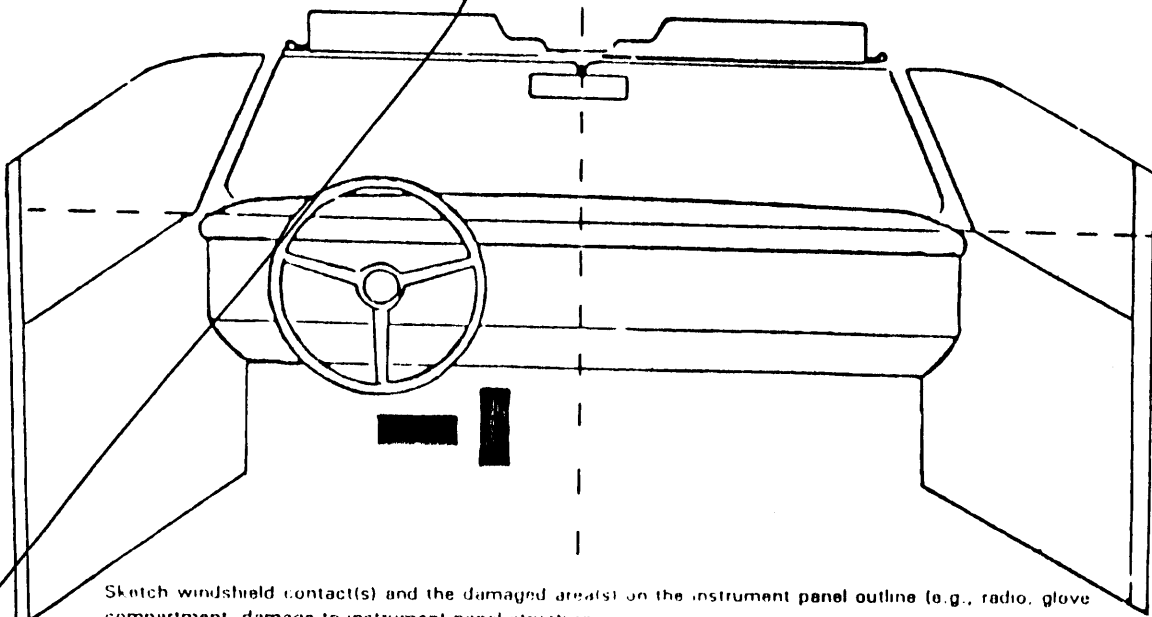
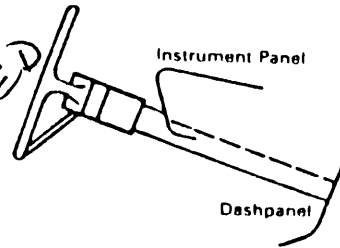
97. Did Glove Compartment Door Open During Collision(s)? 9
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



NOT INSPECTED



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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					/
B					
C					
D					
E					
F			UNKNOWN		
G			NOT		
H			INSPECTED		
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

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

INTERIOR

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

- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

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

FLOOR

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

REAR

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

CONFIDENCE LEVEL OF CONTACT POINT

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left	Right
F I R S T	Availability/Function	1	ϕ
	Deployment	9	ϕ
	Failure	9	ϕ

Air Bag System Availability/Function

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

Non-functional

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

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

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

Automatic (Passive) Belt System Availability/Function

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

Non-functional

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

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

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

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

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

Automatic (Passive) Belt Failure Modes During Accident

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
F I R S T	Availability	9	9	9
	Use	99	99	99
	Failure Modes	9	9	9
S E C O N D	Availability	9	9	9
	Use	99	99	99
	Failure Modes	9	9	9
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

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

(08) Other belt used (specify): _____

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

Manual (Active) Belt Failure Modes During Accident

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

CHILD SAFETY SEAT FIELD ASSESSMENT

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

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage			0			
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

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

2. Child Safety Seat Orientation
 - (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation
 - Designed for Forward Facing for This Age/Weight
 - (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation
 - Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 - (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage
4. Child Safety Seat Shield Usage
5. Child Safety Seat Tether Usage
 - Note: Options Below Are Used for Variables 3-5.
 - (00) No child safety seat
 - Not Designed with Harness/Shield/Tether
 - (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used
 - Designed With Harness/Shield/Tether
 - (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used
 - Unknown If Designed With Harness/Shield/Tether
 - (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used
6. Child Safety Seat Make/Model (Specify make/model and occupant number)
 - _____
 - _____
 - _____
 - _____

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	9	9	9
	Seat Orientation	9	9	9
SECOND	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	9	9	9
	Seat Orientation	9	9	9
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No Yes

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

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

<p>Ejection</p> <p>(1) Complete ejection</p> <p>(1) Partial ejection</p> <p>(3) Ejection, Unknown degree</p> <p>(9) Unknown</p> <p>Ejection Area</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p>	<p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p> <p>Ejection Medium</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p>	<p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p> <p>Medium Status (Immediately Prior to Impact)</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p>
--	--	--

ENTRAPMENT No Yes

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



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

OCCUPANT ASSESSMENT FORM

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

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>DSI-92-AB-008</u></p> <p>3. Vehicle Number <u>02</u></p> <p>4. Occupant Number <u>01</u></p>	<p>11. Occupant Posture <u>9</u> (0) Normal posture (1) Abnormal posture (specify): _____ (9) Unknown</p>
OCCUPANT'S CHARACTERISTICS	
<p>5. Occupant's Age <u>75</u> Code actual age at time of accident. (00) Less than one year old (specify by month): _____ (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>99</u> Code actual height to the nearest inch. (99) Unknown</p> <p>8. Occupant's Weight <u>999</u> Code actual weight to the nearest pounds. (999) Unknown</p> <p>9. Occupant's Role <u>1</u> (1) Driver (2) Passenger (9) Unknown</p> <p>10. Occupant's Seat Position <u>11</u> <i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): _____ (15) On or in the lap of another occupant <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): _____ (25) On or in the lap of another occupant <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): _____ (35) On or in the lap of another occupant <i>Fourth Seat</i> (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</p>	<p>12. Ejection <u>0</u> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <u>0</u> (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</p> <p>14. Ejection Medium <u>0</u> (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</p> <p>15. Medium Status (Immediately Prior To Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <u>0</u> (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</p>

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability 9
 (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
Integral Belt Partially Destroyed
 (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown _____
18. Manual (Active) Belt System Use 9 9
 (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 9
 (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 9
 (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor _____
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function 1
 (0) Not equipped/not available
 (1) Air bag
Non-functional
 (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled _____
 (9) Unknown _____
22. Air Bag System Deployment 9
 (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown _____
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 4
 (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) 9 9
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify):

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

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

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT

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

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
 (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 φ φ
 (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 φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ
 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) ϕ

- (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 9

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

Nonfatal

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

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (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 9 9

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

38. Working Days Lost 9 9

- 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 ϕ ϕ

- 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 ϕ ϕ

41. 2nd Medically Reported Cause of Death ϕ ϕ

42. 3rd Medically Reported Cause of Death ϕ ϕ

- 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 9 9

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

99. Case Occupant ϕ

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function φ
 (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 φ
 (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 φ
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ
 (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 φ
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown

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

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 9
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) - HCO₃ 9 9
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

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)

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: [REDACTED]-92

2. Police Investigated

- (1) Yes
(2) No
(3) Unknown

Agency:

City:

County: [REDACTED] FLA.

3. General Locality

- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

4. Configuration (First Harm)

- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

5. Fire Involved

- (0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9. Maximum AIS in Accident

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: **NOT INSPECTED**

11. Reason Vehicle Note Inspected

- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDMISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
(2) No
(9) Unknown

15. Prior AB Maintenance or Service

- (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: **NONE**
 VIN: **2MECM75WBNX - - - - -**
 Mileage: **UNKNOWN**

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
 (1) Functioning/Proved Out
 (2) Inoperative
 (9) Unknown
17. Driver's Report of Pre-Impact Flashing 99
 (00) No Flashing Reported
 (01) Continuous Flashing
 (02)
 Number of Flashes: _____
 (11)
 (12) Constant Light
 (19) Flashing, Unknown Number
 (88) Not Applicable, System Removed
 (99) Unknown
18. Period of Pre-Impact Flashing 9
 (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
19. Post-Impact Lamp Condition 9
 (1) Functioning/Proved Out
 (2) Inoperative
 (9) Unknown
20. Post-Impact Flashing 99
 (00) No Flashing Reported
 (01) Continuous Flashing
 (02)
 Number of Flashes: _____
 (11)
 (12) Constant Light
 (19) Flashing, Unknown Number
 (88) Not Applicable, System Removed
 (99) Unknown
21. Airbag Vehicle First Harmful Event 13
 (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
 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
 (34) Culvert
 (35) Curb
 (36) Ditch
 (37) Embankment-earth
 (38) Embankment-rock, stone, or concrete
 (39) Fence
 (40) Wall
 (41) Fire hydrant
 (42) Shrubbery
 (43) Tree
 (44) Other fixed object (specify):
 (45) Pavement surface irregularity
 (99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
- (8) 8 or more
(9) Unknown
25. Rollover 4
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride 9
- (0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 1
28. Right Front Fender Damage 9
29. Center Top of Grille Damage 9

FRONT BUMPER E.A. STATUS

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

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: *NOT INSPECTED*
34. Object Contacted: *1991 MERCURY SABLE*

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V 99
37. Longitudinal Delta-V 99
38. Configuration 2
- See 32 above for codes
39. CDC: *NOT INSPECTED*
40. Object Contacted: *1991 MERCURY SABLE*

AIRBAG SUPPLEMENT

AIRBAG SYSTEM DAMAGE

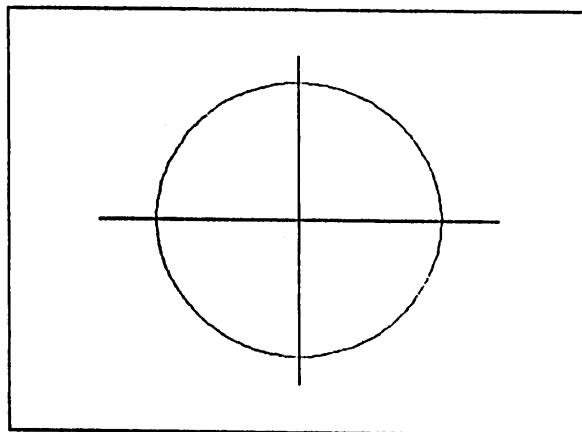
CODES: (1) Yes, Damaged
 (2) No, Intact
 (3) Not Applicable
 (9) Unknown

- 41. Airbag Module 9
- 42. Left Front Sensor 9
- 43. Center Front Sensor 9
- 44. Right Front Sensor 9
- 45. Rear Cowl Sensor 9
- 46. Diagnostic Module 9
- 47. Wiring 9
- 48. Knee Diverter 9
- 49. Indication of disconnected
or loose electrical
connectors 9
- 50. Condition of Deployed Bag 9
 - (1) Bag intact
 - (2) Split or torn
 - (3) Cut by object in impact
 - (4) Cut after accident
 - (5) Other
 - (8) NA (not deployed)
 - (9) Unknown

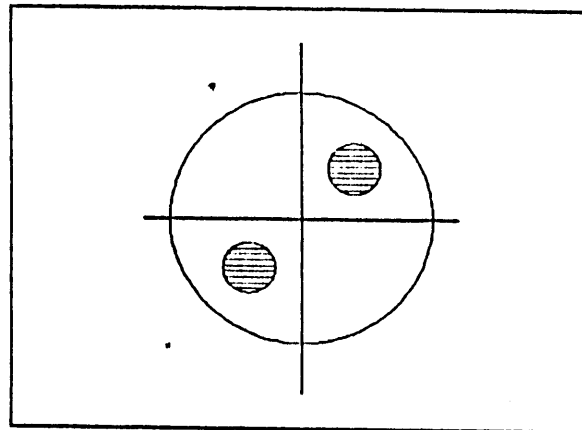
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

OCCUPANTS OF AIRBAG CAR

- 51. Number of Occupants in Vehicle 1
- 52. Number of Injured Persons 1
- 53. Maximum AIS in Airbag Vehicle 1
 - (0) No Injury
 - (1-6) AIS Severity
 - (7) Injured, unknown severity
 - (9) Unknown

DRIVER

Age: 72

Sex: FEMALE

- 54. Number of Driver Injuries 2

- 55. Source of Best Injury Data 7
 - (0) Not injured
 - (1) Autopsy
 - (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	_____	_____
Chest	<u>1</u>	<u>UNK.</u>
Abdomen	_____	_____
Legs/Hips	_____	_____
Other (Arms)	<u>1</u>	<u>UNK.</u>
Driver Maximum	_____	_____

EJECTION NONE

Extent: N/A

Portal: N/A

OTHER VEHICLE:

Maximum AIS 29
 Prime/Deploy Impact w AB Vehicle
 Event Number 01

CDC: NOT INSPECTED

Total Delta V 29

Make: MERCURY

Model Year: 1991

Model: SABLE

Body Type: 4-DOOR

NOTES:

AIRBAG SUPPLEMENT

6

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

9

Evidence:

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

2

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:

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

2

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 jewelery play any role?:

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

2

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:

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

2

Describe:

ACCIDENT REPORT

DO NOT WRITE IN THIS SPACE

BEST AVAILABLE COPY

DATE OF ACCIDENT	TIME OF ACCIDENT	TIME OFFICER NOTIFIED <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST AGENCY REPORT NUMBER
COUNTY/CITY CODE	CITY OR TOWN (Check if in City or Town) <input checked="" type="checkbox"/> COUNTY			
AT NODE NO. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		FROM NODE NO.	NEXT NODE NO. ON	NO OF LANES 1 <input checked="" type="checkbox"/> DIVIDED 2 <input type="checkbox"/> UNDIVIDED
OR FEET/MILES		ROAD		
AT INTERSECTION OF,		OF INTERSECTION OF		

Section 1

3	DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR 91	MAKE MERC	TYPE 01	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER 1M9CM50UXMB	POINT OF IMPACT 2
TRAILER OR TOWED VEHICLE INFORMATION								
VEHICLE TRAVELING <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON			At 15 Est. MPH		Posted Speed 40	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE
INSURANCE CO. (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:			1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
OWNER'S FULL NAME (Check if Driver <input type="checkbox"/>)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
OWNER'S FULL NAME (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
DRIVER (Exactly as on Driver's License)/Pedestrian			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
DRIVER'S LICENSE NUMBER			STATE	LIC. TYPE	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refused 5 None	RESULTS	AL/DRUG	PHYS. DEF
HAZARDOUS MATERIALS BEING TRANSPORTED			1 None 3 Explosives 5 Corrosive Materials 7 Other		Driving Ability Questionable 1 YES 2 NO 3 NOT APPLICABLE		RECOMMEND RE-EXAM	
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE

Section 2

2	DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR 92	MAKE MERC	TYPE 01	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER 2M9CM5W8XX	POINT OF IMPACT 14
TRAILER OR TOWED VEHICLE INFORMATION								
VEHICLE TRAVELING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON			At 40 Est. MPH		Posted Speed 40	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE
INSURANCE CO. (LIABILITY OR PIP)			POLICY NUMBER		VEHICLE REMOVED BY:			1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
OWNER'S FULL NAME (Check if Driver <input checked="" type="checkbox"/>)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
OWNER'S FULL NAME (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
DRIVER (Exactly as on Driver's License)/Pedestrian			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE
DRIVER'S LICENSE NUMBER			STATE	LIC. TYPE	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refused 5 None	RESULTS	AL/DRUG	PHYS. DEF
HAZARDOUS MATERIALS BEING TRANSPORTED			1 None 3 Explosives 5 Corrosive Materials 7 Other		Driving Ability Questionable 1 YES 2 NO 3 NOT APPLICABLE		RECOMMEND RE-EXAM	
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE
PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE		AGE

Code Information	VEHICLE TYPE	RESIDENCE (DRIVER ONLY)	PHYSICAL DEFECTS	ALCOHOL/DRUG USE	LOCATION (IN VEHICLE)	
	01 Passenger Vehicle 02 Passenger Van 03 Recreational 04 Truck (Light) Pickup 05 Truck (Heavy) 06 Truck-Tractor 07 Motorcycle 08 Off-Road Vehicle 09 Moped 10 Bicycle 11 Law Enforcement Vehicle 12 Fire Vehicle 13 Ambulance 14 Rescue Unit	15 Taxicab 16 Public School Bus 17 Private School Bus 18 City Transit Bus 19 Commercial Bus 20 Other Type Bus 21 Special Mobile Equipment 22 Farm Equipment 23 Government 24 Military 25 Train 26 Trailer 27 Towed Vehicle 28 Other	1 County of Accident 2 Elsewhere in State 3 Non-Resident State 4 Foreign 5 Unknown LICENSE TYPE 1 Operator 4 Motor-cycle 2 Chauffeur 3 Res. Operator 5 None RACE 1 White 2 Black 3 Hispanic 4 Other SEX 1 Male 2 Female	1 No Defects Known 2 Eyesight Defect 3 Fatigue/Asleep 4 Hearing Defect 5 ILL 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 No Injury 2 Possible Injury 3 Non-incapacitating Injury 4 Incapacitating Injury 5 Fatal (Within 90 Days) Injury 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol-Under Influence 3 Drugs-Under Influence 4 Alcohol & Drugs-Under Influence 5 Had Been Drinking 6 Pending BAC Test Result SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt/Shoulder Harness 3 Child Restraint 4 Safety Helmet/Eye Protection 5 Air Bag 6 Other	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial

INVESTIGATOR -- RANK AND SIGNATURE	NAME NUMBER	DEPARTMENT
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2 SO 4 OTHER

Section 3

DRIVER : Phantom ACTION 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	VEH LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1" style="font-size: 8px;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	15	16	17	18	19	20	14	13	12	11	10	9	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer
2	3	4	5	6	7																					
15	16	17	18	19	20																					
14	13	12	11	10	9																					
TRAILER OR TOWED VEHICLE INFORMATION		VEHICLE TRAVELING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON		AI	Est. MPH	Postol Speed	EST VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST TRAILER DAMAGE	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other																
INSURANCE CO (LIABILITY OR PIP)				POLICY NUMBER			VEHICLE REMOVED BY																			
OWNER'S FULL NAME (Check if Driver <input type="checkbox"/>)				CURRENT ADDRESS (Number and Street)			CITY AND STATE				ZIP CODE															
OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)			CITY AND STATE				ZIP CODE															
DRIVER (Exactly as on Driver's License)/Pedestrian				CURRENT ADDRESS (Number and Street)			CITY AND STATE				ZIP CODE	DATE OF BIRTH														
DRIVER'S LICENSE NUMBER		STATE	LIC TYPE	BAC TEST RESULTS		AL/DRUG	PHYS DEF	RES	RACE	SEX	HUI	S EQUIP	EXCET													
HAZARDOUS MATERIALS BEING TRANSPORTED		1 None	2 Flammable Liquid	3 Explosives	4 Poisonous Gas	5 Corrosive Materials	6 Radioactive Materials	7 Other	Driving Ability Questionable		1 YES	2 NO	3 NOT APPLICABLE	II YES, Explain Narrative	Driver's Phone No											
PASSENGER'S NAME		CURRENT ADDRESS			CITY & STATE/ZIP CODE			AGE	LOC	MLE	S EQUIP	EXCET														
PASSENGER'S NAME		CURRENT ADDRESS			CITY & STATE/ZIP CODE																					
PASSENGER'S NAME		CURRENT ADDRESS			CITY & STATE/ZIP CODE																					

PROPERTY DAMAGED - OTHER THAN VEHICLES		LST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES-DRIVER/PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE FUNCTION						
01 No improper Driving/Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	01 None	1	2	3
02 Careless Driving				02 Def. Brakes				02 Slowing/Stopped/Stalled				02 Pulling Same Trailer			
03 Failed to Yield Right-of-Way	03	01		03 Worn/Smooth Tires	01	01		03 Making Left Turn	03	01		03 Pulling Other Veh.	01	01	
04 Improper Backing				04 Detective/Improper Lights				04 Backing				04 Emergency Operation			
05 Improper Lane Change				05 Puncture/Blowout				05 Making Right Turn				05 Pulling Towed Trailer/Double Bottom			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				06 Pulling Tank Trailer			
07 Alcohol-Under Influence				07 Windshield Wipers				07 Entering/Leaving Parking Space				07 Pulling House Trailer			
08 Drugs-Under Influence				08 Equipment/Vehicle Defect				08 Properly Parked				08 Pulling Small Trailer			
09 Alcohol & Drugs-Under Influence				77 All Other (Explain in Narrative)				09 Improperly Parked				09 Veh Being Towed/Pushed			
10 Followed Too Closely								10 Making U-Turn				10 Pulling Pole Trailer			
11 Disregarded Traffic Signal												11 Pulling			
12 Exceeded State Speed Limit												12 Police Pursuit			
13 Disregarded Stop Sign												12 Police Pursuit			
14 Failed to Maintain Equip./Vehicle												11 Pulling			
15 Improper Passing												11 Pulling			
16 Drove Left of Center												11 Pulling			
17 Exceeded Stated Speed Limit												11 Pulling			
18 Obstructing Traffic												11 Pulling			
VEHICLE MODIFIED			LOCATION ON ROADWAY			PEDESTRIAN ACTION									
01 Yes	1	2	3	01 On Road	1	2	3	01 Crossing Not at Intersection	1	2	3				
02 No	02	02		02 Not On Road				02 Crossing at Intersection							
03 Not Applicable				03 Shoulder	01	01		03 Walking Along Road With Traffic							
				04 Median				04 Walking Along Road Against Traffic							
				05 Turn Lane/Safety Zone				05 Pushing/Working on Vehicle in Road							
								06 Other Working in Road							

FIRST/SUBSEQUENT HARMFUL EVENT			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION		
01 Collision With MV in Transport (Rear-end)	15 Collision With Bicycle (Bike Lane)	F	S	27 MV Hit Concrete Barrier Wall	01 Interstate	06 Turnpike	01 Daylight	
02 Collision With MV in Transport (Angle)	16 MV Ran into Ditch/Culvert	02		28 MV Hit Bridge/Pier/Abutment Rail	02 U.S.	07 Other Full Control	02 Dusk	
03 Collision With MV in Transport (Left Turn)	17 Ran Off Road Into Water			29 Occupant Fell From Vehicle	03 State	08 Other Major Arterial	03 Dawn	
04 Collision With Parked Car	18 Overturned			30 Tractor/Trailer Jackknifed	04 County	77 All Other (Explain)	04 Dark (Street Light)	
05 Collision With MV in Transport (Sideswipe)	19 MV Hit Fence			31 Collision With Construction Barricade/Sign in Road	05 Local		05 Dark (No Street Light)	
06 Collision With MV in Transport (Backed into)	20 Collision With MV on Other Roadway			32 Collision With Traffic Gate			06 Unknown	
07 Collision With MV in Transport (Right Turn)	21 MV Hit Sign/Sign Post			33 Collision With Crash Attenuator				
08 MV Hit Other Fixed Object	22 MV Hit Guardrail			34 Collision With Train				
09 MV Hit Utility Pole/Light Pole	23 Collision With Fixed Object Above Road			35 Explosion				
10 Collision With MV in Transport (Head-on)	24 Fire			77 All Other (Explain)				
11 Collision With Pedestrian	25 Collision With Animal							
12 Collision With Moped	26 Collision With Moveable Object On Road							
13 MV Hit Tree/Shrubbery								
14 Collision With Bicycle								

CONTRIBUTING CAUSES-ROAD		CONTRIBUTING CAUSES-ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects	01 Vision Not Obscured	01 Vision Not Obscured	01 Vision Not Obscured	01 No Control	77 All Other (Explain)	01 Not At Intersection/RR X'ing/Bridge	01 Straight-Level		
02 Obstruction With/Without Warning	02 Inclement Weather	02 Inclement Weather	02 Inclement Weather	02 Speed Control Zone		02 At Intersection	02 Straight-Upgrade/Downgrade		
03 Road Under Repair/Construction	03 Parked/Stopped Vehicle	03 Parked/Stopped Vehicle	03 Parked/Stopped Vehicle	03 Traffic Signal		03 Influenced By Intersection	03 Curve-Level		
04 Loose Surface Materials	04 Trees/Crops/Bushes	04 Trees/Crops/Bushes	04 Trees/Crops/Bushes	04 Stop Sign	03	04 Driveway Access	04 Curve-Upgrade/Downgrade		
05 Shoulders-Soft/Low/High	05 Load on Vehicle	05 Load on Vehicle	05 Load on Vehicle	05 Yield Sign		05 Railroad Crossing			
06 Holes/Ruts/Unsafe Paved Edge	06 Building/Fixed Object	06 Building/Fixed Object	06 Building/Fixed Object	06 Flashing Light		06 Bridge			
07 Standing Water	07 Signs/Billboards	07 Signs/Billboards	07 Signs/Billboards	07 Railroad Signal		07 Entrance Ramp			
08 Worn/Polished Road Surface	08 Fog	08 Fog	08 Fog	08 Officer/Guard/Flagman	02	08 Exit Ramp			
77 All Other (Explain)	09 Smoke	09 Smoke	09 Smoke	09 Pesticide No U-Turn		09 Parking Lot-Public			
	10 Glare	10 Glare	10 Glare	10 School Zone		10 Parking Lot-Private			

WITNESS-NAME		ADDRESS		CITY & STATE		ZIP	
1							
2							
VIOLATOR	STATUTE NUMBER	NAME	CHARGE				
1			FTY NOW - LEFT TURN				
1			REG NOT CARRIED				
2			REG NOT CARRIED				

