



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
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TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 93-10
FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] NEW YORK
ACCIDENT DATE - [REDACTED] 1993

Submitted By:

[REDACTED]
Senior Staff Associate

[REDACTED] 1994

Revised Submission:

[REDACTED] 1994

Contract Number: DTNH22-93-A-07485

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

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

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

1. Report No. TRC/IU Case No. 93-10		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location [REDACTED]: [REDACTED] New York				5. Report Date [REDACTED], 1994	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 93-10, Task 0402	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED]				10. Work Unit No. (TRAVIS)	
				11. Contract or Grant No. DTNH22-93-A-07485	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered [REDACTED] 1993	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag investigation involving a 1992 Ford Taurus station wagon					
16. Abstract This report covers a remote investigation of a dual, air bag-equipped, 1992 Ford Taurus station wagon crash that involved both an air bag deployment and an air bag nondeployment. The Ford Taurus collided with a 1993 Lincoln limousine. The Taurus was traveling south in an undetermined southbound lane of a one-way, multi-lane, undivided, city roadway. The limousine was traveling east in an undetermined eastbound lane of another multi-lane, undivided, city roadway. The front right of the Taurus (case vehicle) impacted the left side of the limousine. The case vehicle rotated counterclockwise, approximately 90 degrees, after impact and came to rest facing in an easterly direction. The limousine rotated slightly clockwise after impact and continued eastward a short distance before striking a fire hydrant and coming to rest also facing in an easterly direction. The case vehicle was equipped with both driver and right front passenger supplemental restraint systems (air bags). The right front air bag deployed while the driver air bag failed to deploy as a result of the frontal impact. According to a response the owners received from a company representing Ford Motor Company, it is possible in lower speed crashes for only one air bag to deploy. The case vehicle's driver (44 year-old male) was wearing the available, active, three-point, lap and shoulder belt. According to the driver's wife, he did not sustained any injuries as a result of this crash, but did seek treatment later for general body soreness.					
17. Key Words Motor Vehicle Traffic Accident Air bag deployment Air bag nondeployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 38	22. Price

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 93-10

LOCATION - FLEET - PRIVATE VEHICLE [REDACTED] NEW YORK

Summary

This report concerns a motor vehicle crash involving a dual, air bag-equipped, 1992 Ford Taurus station wagon and a 1993 Lincoln limousine occurring on [REDACTED], 1993 at [REDACTED] a.m., in [REDACTED], New York on [REDACTED] street. This crash is of interest because only one of the dual air bags deployed.

The Taurus was traveling south in an undetermined, southbound lane of a one-way, multi-lane, undivided, city roadway when it impacted the limousine which was traveling east in an undetermined, eastbound lane of another multi-lane, undivided, city roadway. The station wagon rotated counterclockwise, approximately 90 degrees, after impact and came to rest facing in an easterly direction. The limousine rotated slightly clockwise after impact and continued eastward a short distance before impacting a fire hydrant and coming to rest also facing in an easterly direction.

The front right of the Taurus impacted the left side of the limousine. The CDC is estimated as: 12-FZEW-1 for the Taurus and is not estimable for the limousine. No reconstruction program was used on this crash.

The 1992 Ford Taurus station wagon was equipped with both driver and right front passenger supplemental restraint systems (air bags). The right front air bag deployed while the driver air bag failed to deploy as a result of the frontal impact. According to a response the owners received from a company representing Ford Motor Company, it is possible in lower speed crashes for only one air bag to deploy. The driver of the station wagon (44 year-old male) was wearing the available, active, three-point, lap and shoulder belt. He did not sustained any injuries as a result of this crash, but did seek treatment later for general body soreness. The driver of the Taurus was listed on the Police Accident Report as sustaining a "C" (possible) injury. The driver (50 year-old male) of the limousine was also listed on the Police Accident Report as sustaining a "C" (possible) injury as a result of this crash.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] NEW YORK
CASE NO. - 93-10

ACCIDENT DATA

Location/Street: [REDACTED] Street @ intersection with another [REDACTED] Street
City/Township: [REDACTED]
Area/Type: Urban/Commercial
Accident Date/Time: [REDACTED], [REDACTED] 1993 [REDACTED] a.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car / limousine - right angle
Occupant Injury Severity (air bag vehicle): General body soreness (AIS-0)

AMBIENT CONDITIONS

Light conditions: Dark - road lighted
Weather Condition: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street, one-way	City street
Number of Travel Lanes:	Multi-lane, undivided	Multi-lane, undivided
Surface Type:	Unknown	Unknown
Vertical alignment:	Level	Level
Horizontal alignment:	Straight	Straight
Traffic Density:	Heavy	Heavy
Speed Limit:	Unknown	Unknown

ROADWAY (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Traffic Controls:	On-colors traffic control	On-colors traffic control

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1992	1993
Make:	Ford	Lincoln
Model:	Taurus	Unknown
Body Type:	Station wagon	Limousine
V.I.N.:	1FALP57U3NG-----	Unknown
Mileage:	8,360	Unknown
Securiflex windshield:	None	Unknown
Windshield damage/source:	None visible	Unknown
Fleet:	Private vehicle	Company vehicle
Tow status:	Towed due to damage (radiator)	Towed, unknown if due to damage
Reported Defects:	Driver side air bag failed to deploy	Unknown

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Object Struck:	Vehicle #2	Case vehicle
Event number:	First	First
Damage location:	Front right	Left side
CDC:	12-FZEW-1	Unknown
Estimated Maximum Crush:	approximately 5-10 cm (2-4 inches)	Unknown

VEHICLE DAMAGE (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Damage components:	Hood, bumper, right headlight assembly, and right fender	Unknown
Repair Estimate:	\$8,263.25	Unknown
Interior damage:	Right front passenger air bag module	Unknown

COLLISION SEQUENCE

According to the case vehicle driver's wife, the case vehicle was traveling south in an undetermined, southbound lane of a one-way, multi-lane, undivided, city street when it impacted vehicle #2 which was traveling east in an undetermined, eastbound lane of another multi-lane, undivided, city street. The driver's wife indicated that the case vehicle rotated counterclockwise, approximately 90 degrees, after impact and came to rest facing in an easterly direction. The wife of the case vehicle's driver also indicated that vehicle #2 rotated slightly clockwise after impact and continued eastward a short distance before it came to rest also facing in an easterly direction. The Police Accident Report indicates that vehicle #2 impacted a fire hydrant before coming to rest.

The wife of the case vehicle's driver and their supplied photographs indicate that the front right of the case vehicle impacted vehicle #2. According to the wife of the case vehicle's driver, vehicle #2 was impacted on its left side in an unknown location.

According to the wife of the case vehicle's driver and their supplied photographs, the right front passenger air bag deployed into the empty occupant space; whereas, the driver's side air bag failed to deploy. According to the wife of the case vehicle's driver, he lost one day of work as a result of this crash. According to the Police Accident Report, only the driver was present in vehicle #2. It is unknown if the driver of vehicle #2 lost any days of work as a result of this crash.

DRIVER DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	44	50
Sex:	Male	Male
Height:	173 cm (68 in)	Unknown
Weight:	104 kg (230 lbs)	Unknown
Occupation:	Unknown	Unknown

DRIVER DATA (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Active Restraint System/Usage:	3-point manual lap and shoulder/used	3-point manual lap and shoulder/used
Usage Source:	Driver's wife and Police Accident Report	Police Accident Report
Eye glasses/contacts:	Glasses	Unknown
Vehicle Familiarity:	10 months	Unknown
Route Familiarity:	Weekly	Unknown
Trip Plan:	Unknown	Unknown
Manner of Leaving Scene:	Unknown	Ambulance
Type of Medical Treatment:	Later at an emergency room	Unknown

DRIVER INJURIES

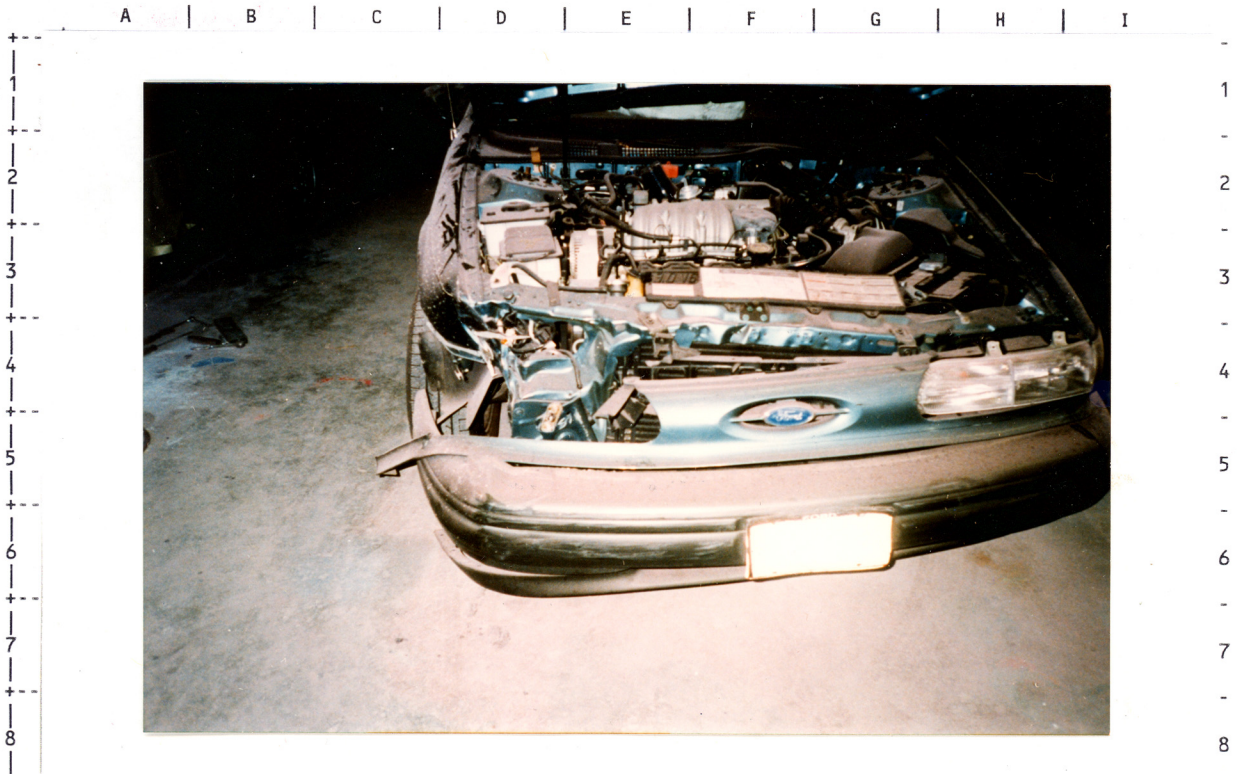
<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
General body soreness	Not applicable	Not applicable

DISCUSSION

According to the wife of the case vehicle driver and the owner of the auto body shop where the vehicle was repaired, no diagnostic tests were performed on the case vehicle's air bag module. According to the wife of the case vehicle's driver, they chose to have the vehicle repaired at a local auto body shop because the nearest [REDACTED] dealership was a considerable distance from where the owners lived. According to the owner of the auto body shop, his facility did not have the diagnostic equipment to evaluate the air bag module. The owner of the auto body shop indicated that he had been told by a Ford representative that both forward sensors have to be tripped in order for both air bags to deploy. A company representing [REDACTED] wrote a letter to the case vehicle driver, and in there letter the company indicated that it is possible, in lower speed crashes, for only one air bag to deploy. A copy of the company's letter is attached on page fifteen.

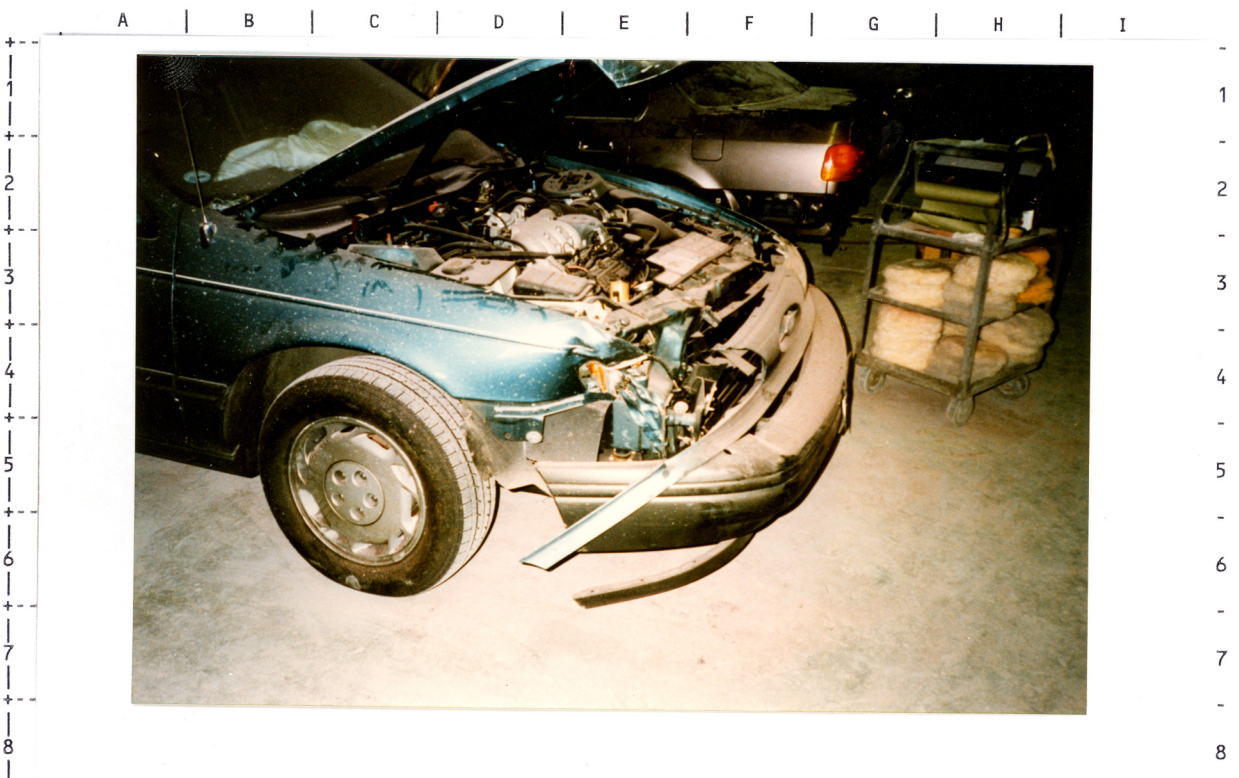
SELECTED PRINTS

A total of three color copies of photographs are presented and referenced as Photograph #01 through Photograph #03. These photographs were taken and made available by the driver of the case vehicle.



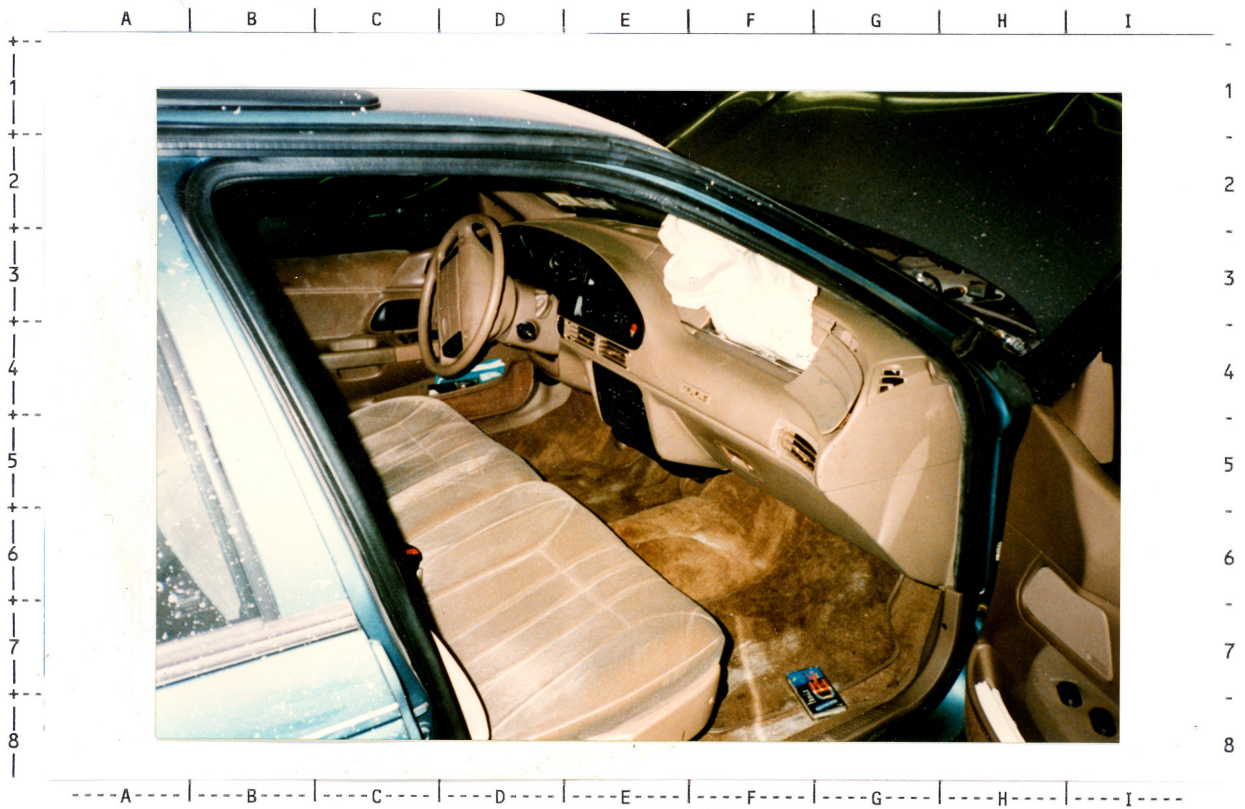
-----A-----|-----B-----|-----C-----|-----D-----|-----E-----|-----F-----|-----G-----|-----H-----|-----I-----

01 -- 1992 Ford Taurus station wagon showing minor damage to front bumper, grille, and right front fender--front perspective



-----A-----|-----B-----|-----C-----|-----D-----|-----E-----|-----F-----|-----G-----|-----H-----|-----I-----

02 -- Taurus station wagon front right impact damage--right front perspective



03 -- Taurus front seating area, instrument panel, & steering wheel showing air bags: deployed RF passenger and nondeployed driver

Vehicle Insurance Repair Estimate

ESTIMATE OF RECORD

Written By: [REDACTED]
 Adjuster: [REDACTED] # () -

Insured: [REDACTED]
 Address: [REDACTED] -0000
 Day: [REDACTED]
 Other: (000) 000-0000-0000

Claim #
 Policy #
 Date of Loss: [REDACTED] 93
 Type of Loss: COLLISION
 Point of Impact: 3 RIGHT T-BONE
 0

Inspect Location: [REDACTED]

[REDACTED]
 Field

Repair Facility:

License #

92 FORD TAURUS GL 4D WGN GREEN 6-3.0L-F1
 VIN: 1FALP57U3NG [REDACTED] Lic. #: [REDACTED] NY Prod. Date: 0/0 Mileage: 8360

- | | | |
|------------------------|---------------------|----------------------|
| Automatic transmission | Power steering | Power brakes |
| Power windows | Power locks | Power mirrors |
| Tinted glass | Body side moldings | Dual mirrors |
| Air conditioning | Rear defogger | Tilt wheel |
| Cruise control | Intermittent wipers | Am radio |
| Fm radio | Stereo | Cassette |
| Search/seek | Driver airbag | Passenger airbag |
| Luggage/roof rack | Cloth seats | Recline/lounge seats |
| Split bench seats | Deluxe wheel covers | Clear coat paint |

NO.	RPR/REF REPLACE	DESCRIPTION OF DAMAGE	QTY	PART COST	LBR HRS	PAINT HRS	MIS
1		RESTRAINT SYSTEMS					
2*	Replace	Air bag module passenger	1	772.61	0.5	0.0	
3*	Replace	Sensor front outer	1	55.19	0.5	0.0	
4*	Replace	Sensor front inner	1	55.19	0.5	0.0	
5*	Replace	Sensor rear	1	45.99	0.5	0.0	
6*	Replace	Power reserve module	1	46.63	0.5	0.0	
7		FRONT BUMPER & LAMPS					

Claim #:
92 FORD TAURUS GL 4D WGN GREEN 6-3.0L-FI

NO.	RPR/REF REPLACE	DESCRIPTION OF DAMAGE	QTY	PART COST	LBR HRS	PAINT HRS	MIS.
8*	Replace	Face bar w/o cornering lamps	1	376.22	1.6	2.5	
9		Add for Clear Coat	1	0.00	0.0	1.0	
10*	Replace	FLEX COAT	1	15.00	0.0	0.0	
11	Replace	Valance panel	1	127.13	0.5	1.5	
12		Add for Clear Coat	1	0.00	0.0	0.6	
13	Replace	Filler panel w/o police	1	119.98	0.4	1.3	
14		Add for Clear Coat	1	0.00	0.0	0.5	
15	Replace	Emblem	1	9.73	0.0	0.0	
16	Replace	RT Guide bracket	1	11.38	0.0	0.0	
17	Replace	LT Guide bracket	1	11.38	0.0	0.0	
18	Replace	RT Energy absorber	1	93.63	0.3	0.0	
19	Replace	LT Energy absorber	1	93.63	0.3	0.0	
20	Replace	Hardware kit	1	16.22	0.0	0.0	
21	Replace	License bracket	1	7.28	0.3	0.0	
22		FRAME					
23	Replace	Aim headlamps	1	0.00	0.5	0.0	
24	Replace	RT Head & park lamp assy	1	169.93	Incl	0.0	
25	Replace	LT Hd & prk lamp lns & hng	1	99.33	0.0	0.0	
26	Replace	RT Side marker lamp	1	43.30	Incl	0.0	
27	Replace	LT Side marker lamp	1	43.30	Incl	0.0	
28	Replace	RT Side marker lamp bulb	1	2.30	0.0	0.0	
29	Replace	Mounting panel	1	202.95	3.0	0.0	
30*	Repair	UNIBODY FRONT [SWAY]	1	0.00	0.0	0.0	T 196.
31		COOLING					
32*	Replace	Radiator 3.0 liter w/o SHO	1	527.57	1.7	0.0	
33*	Replace	ANTI-FREEZE	1	15.00	0.0	0.0	
34	Replace	RT Mounting bracket lower	1	3.43	0.0	0.0	
35	Replace	Insulator lower w/o SHO	1	3.43	0.0	0.0	
36	Replace	Lower deflector w/o SHO	1	13.90	0.3	0.0	
37*	Replace	Radiator support assy	1	183.35	6.5	1.0	
38*	Replace	Fn assembly shrd 3.0 ltr w/o SH	1	43.48	Incl	0.0	
39		AIR CONDITIONER & HEATER					
40*	Replace	AC service	1	20.00	1.4	0.0	
41*	Replace	Refrig recovery	1	0.00	0.4	0.0	
42*	Replace	AC condenser	1	200.54	1.5	0.0	
43	Replace	AC condenser lower	1	3.75	0.0	0.0	
44	Replace	Wshr rsrvr w/o rr wdr w/o SH w	1	59.92	0.4	0.0	
45		HOOD					
46	Replace	Hood w/o SHO	1	275.07	1.2	3.0	
47		Add for Clear Coat	1	0.00	0.0	1.2	
48		Add for Underside	1	0.00	0.0	1.5	

Claim #:
92 FORD TAURUS GL 4D WGN GREEN 6-3.0L-FI

NO.	RPR/REF REPLACE	DESCRIPTION OF DAMAGE	QTY	PART COST	LBR HRS	PAINT HRS	MISC
49	Replace	RT Hinge	1	19.78	0.3	0.3	
50	Replace	LT Hinge	1	19.88	0.3	0.3	
51	Replace	Lock	1	14.30	0.5	0.0	
52		FENDER					
53	Replace	RT Fender w/o SHD	1	201.30	2.5	2.4	
54		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
55		Add for Clear Coat	1	0.00	0.0	0.4	
56		Add for Edging	1	0.00	0.0	0.5	
57*	Replace	RT Uppr rntcmnts inner frnt pn	1	39.88	3.0	0.5	
58	Replace	RT Sound absorber	1	12.08	0.3	0.0	
59	Replace	RT Splash shield	1	48.17	0.5	0.0	
60*	Repair	RT Apron, w/side rail	1	0.00	3.5	2.0	
61*	Repair	RT Apron, w/side rail side rail	1	0.00	3.0	1.1	
62	Replace	Bracket, to fender lower	1	3.58	0.0	0.0	
63	Replace	LT Fender w/o SHD	1	201.30	2.5	2.4	
64		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
65		Add for Clear Coat	1	0.00	0.0	0.4	
66		Add for Edging	1	0.00	0.0	0.5	
67*	Repair	LT Apron, w/side rail	1	0.00	3.0	2.0	
68	Replace	LT Mouldings L. GL	1	28.28	0.3	0.0	
69*	Repair	LT Hinge pillar	1	0.00	2.0	0.5	
70		FRONT DOOR					
71*	Repair	LT Door shell w/o keyless entr	1	0.00	1.0	1.0	
72		Add for Clear Coat	1	0.00	0.0	0.2	
73*	Replace	BATTERY UNIT	B 10%	87.00	0.3	0.0	
74*	Replace	STRIPE PAINTED	1	0.00	0.0	0.0	T 49.5
75*	Replace	CAR COVER	1	10.00	0.0	0.0	
76*	Replace	UNDERCOAT	1	10.00	0.3	0.0	
77*	Repair	ALIGNMENT FRONT	1	0.00	1.5	0.0	
		Hazardous Waste Removal Fee	1	0.00	0.0	0.0	x 4.00
		Towing Charges	1	0.00	0.0	0.0	T 125
Subtotals ==>				4463.29	47.6	27.8	376.5

Claim #:
92 FORD TAURUS GL 4D WGN GREEN 6-3.0L-FI

Parts			4463.
Labor	47.6 hrs	\$ 33.00/hr	1570.8
Paint	27.8 hrs	\$ 33.00/hr	917.4
Paint/Materials	27.8 hrs	\$ 11.00/hr	305.8
Sublet/Misc			376.2

SUBTOTAL		\$	7633.2
Tax on \$ 7629.79	at	8.2500%	629.4

TOTAL COST OF REPAIRS		\$	8262.6
ADJUSTMENTS:			
Deductible			-500.0
Betterments:			
BATTERY UNIT		10%	-9.6

TOTAL ADJUSTMENTS		\$	509.6
NET COST OF REPAIRS		\$	7753.0

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. ②

Estimate based on [REDACTED] Non-asterisk(*) items are derived from the Guide [REDACTED] Database Date [REDACTED]

APPRAISERS REPORT

File # _____

Vehicle Owner _____ D/L _____

Date Of: Notice 93 Rec'd 93 Cont _____ Av 93

APPRAISAL: (✓) Field () Drive-in, Appointment set at owners convenience

Days to Repair 7

This vehicle should be considered:

(✓) Repairable () Total Loss () Constructive Total Loss

Tire % Worn L/F _____ R/F _____ L/R _____ R/R _____ Spare _____

Appraisal Reviewed with: INSURED Date: 93

Offer Made, (✓) Yes () No () N/A To INSURED Date 93

Copy of Appraisal: () Given () Left (✓) Mailed To INSURED

Copy of work sheet left with REVIEWED WITH

Certification of Repair: () Given () Left (✓) Mailed To INSURED

Repair Shop is a "D R" () Yes (✓) No () N/A () Copy Attached

Repair Shop Registration # _____ Exp _____

Appraise & Pay: (✓) Yes () No Check # _____ Amount 2253.83

Agent/OCS notified of figures: () Yes (✓) No Phone # _____

Date Agent notified _____ Time _____ Name _____

LKD Parts: (✓) Not Applicable () Not Available () Utilized

LKD Parts located at: _____ Phone# _____

LKD Parts Sources Checked _____

Additional Parts Prices Obtained from: _____

Depreciation:

Tire: New Cost _____ Gauge Rdg _____ /32 Depreciation % _____

Battery: New Cost _____ Mos Used _____ Depreciation % _____

Other: _____

TOTAL LOSS: () Yes (✓) No Permission to move salvage () Yes () No

Permission obtained from _____ Date _____ Time _____

Salvage Value _____ Assigned to/Ret# _____ Date _____

CIASS Assigned () Yes () No () N/A Ret # _____ Date _____

C.C.C. Assigned () Yes () No () N/A Ret # _____ Date _____

Towing Charges\$ _____ Storage Charges\$ _____ At \$ _____ Per Day _____

Pilferage Sticker Affixed () Yes () No (✓) N/A

Unrelated Damage Noted () Yes () No (✓) N/A

Gross Amount\$ _____ X _____ % of adjustment = \$ _____ Net _____

REMARKS: _____

Important: Are you making a claim for your damages under any other policy of insurance? If so, this company may elect to suspend action on this claim.

- I am making a claim under another insurance policy.
- I am not making a claim under another insurance policy.

Is there anything else you would like to add to this statement?

Please draw and label your diagram of the accident. Please use the symbols indicated and be sure to label all streets, directions, lanes and any other important details.

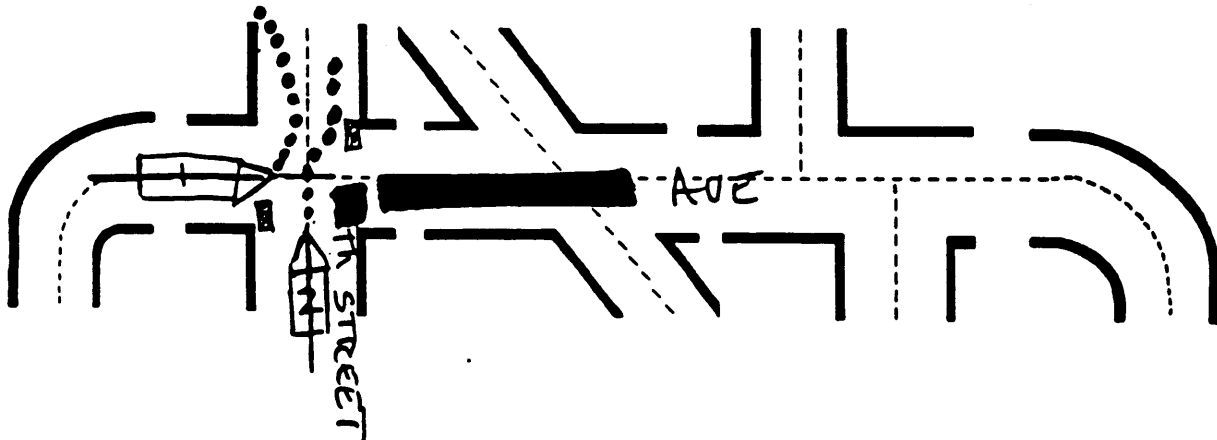
Signature

Your signature [Redacted]	Date signed [Redacted] 93	If taken over the telephone, name of the office claim specialist	Date taken
------------------------------	------------------------------	--	------------

Accident Diagram (Please use the following symbols)

	Your car		Traffic signal
	Other car		Stop sign
	Motorcycle		Railroad
	Pedestrian		

Indicate by arrow, the direction of north.



Use solid lines to show path of vehicles before the accident.

Use dotted lines to show path of vehicles after the accident.

"Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime."

Your signature	Date signed [Redacted] 93
----------------	------------------------------

Vehicle Repair Invoice

Nº

NAME

DATE

Not responsible for fire and theft

		DESCRIPTION	PART	LABOR
		<i>fumes</i>		
		<i>Replace as nec Rt front</i>		
		<i>Ref (Hovi)</i>		
		<i>at fence</i>		<i>8 126321</i>
		<i>Backhead support</i>		<i>200</i>
		<i>files</i>		
		<i>HCT Assy</i>		<i>801321</i>
		<i>Buyer Assy 9/4</i>		<i>776321</i>
		<i>RAI</i>		<i>250.00</i>
		<i>can.</i>		

All work guaranteed for 90 days

ALL REPAIRS STRICTLY CASH OR CERTIFIED CHECK

TERMS: CASH OR APPROVED CREDIT CARD - NO CHECKS ACCEPTED.

I HEREBY AUTHORIZE THE REPAIR WORK HEREIN SET FORTH TO BE DONE ALONG WITH THE NECESSARY MATERIAL AT THE AGREED PRICE WHICH WILL NOT EXCEED THE ESTIMATE BY MORE THAN 25%. I ALSO AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL, OR FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENTS BY THE SUPPLIER OR TRANSPORTER. I HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREON.

STORAGE CHARGE OF \$12.00 PER DAY WILL BEGIN 24 HOURS AFTER WORK COMPLETION.
DISPOSITION OF REMOVED PARTS: DISCARD SAVE

CUSTOMER AUTHORIZATION

*Rec'd car without Right side AIR Bag
on order x [redacted]*

Letter from Company

Representating

[REDACTED] Company

[REDACTED]
Telephone: [REDACTED]

[REDACTED] 994

MR [REDACTED]
[REDACTED]

Re: Our Client: [REDACTED] Company
Claimant: [REDACTED]
Date of Loss: [REDACTED] 93
Our File No.: [REDACTED]
Ford CMS No.: [REDACTED]

Dear Mr. [REDACTED]

Thank you for your cooperation with our investigation of the above-captioned claim.

[REDACTED] Company has carefully reviewed all of the supporting documents which you forwarded to our office. Regarding your concern as to why the passenger side air bag deployed and the driver's side air bag did not deploy, please be advised that in lower speed accidents with very short sensor dwell times, it is possible to deliver enough current to deploy the passenger air bag but not enough to deploy the driver air bag, even though the system is functioning properly. However, this condition has not been observed in higher speed collisions.

Therefore, based upon the above information, we must respectfully deny any claim for damages against our client, [REDACTED] Company.

For your information, I have enclosed an article which may be of benefit in helping you understand how your vehicle Supplemental Restraint System operates. Likewise, please find enclosed the "Peace of Mind" brochure.

Respectfully,
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Appendix A:

Police Accident Report

State of New York Department of Motor Vehicles
POLICE ACCIDENT REPORT (N.Y.C.)

Accident No. [REDACTED]

Date: 9/3/93 Day of Week: [REDACTED] Time (Military): 0600 No of Vehicles: 2 No Injured: 2 No Killed: 0 Non-Highway: Not Investigated: Leave Scene: Police Photos: Yes No

Name: [REDACTED] DMV USE: [REDACTED] Name: [REDACTED] DMV USE: [REDACTED]

Number and Street: [REDACTED] City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Date of Birth: [REDACTED] Sex: [REDACTED] Un-Licensed: No. of Public Property Damages: [REDACTED] License: [REDACTED]

Name: [REDACTED] State of Birth: NY Date of Birth: [REDACTED] Sex: [REDACTED] Un-Licensed: No. of Public Property Damages: [REDACTED] License: [REDACTED]

Plate Number: NY 93 LINCO 4DSK State of Reg: NY Vr. & Vehicle Make: LINCOLN Type: VANS Int. Code: [REDACTED] Plate Number: NY 92 FORD SUBN State of Reg: NY Vr. & Vehicle Make: FORD Type: SUBVANS Int. Code: [REDACTED]

Check if involved vehicle is: more than 95" wide more than 34' long.

VEHICLE 1 DAMAGE: [REDACTED] VEHICLE 2 DAMAGE: [REDACTED]

ACCIDENT DIAGRAM: [REDACTED]

VEHICLE 1: No Damage Undercarriage Vehicle Towed: [REDACTED]

VEHICLE 2: No Damage Undercarriage Vehicle Towed: [REDACTED]

County: Bronx Kings New York Queens Richmond

Street Name: [REDACTED] ST on [REDACTED] AVE

Ticket/Arrest: Other Ticket/Arrest Number(s): [REDACTED] Complaint No.: [REDACTED]

Accident Description/Officer's Notes:
AT TIPOD VEHICLE #1 STATES HE WAS HEADING EASTBOUND ON E [REDACTED] ST WITH THE GREEN LIGHT WHEN VCH #2 N.E.M. AT THE INTERSECTION OF [REDACTED] ST & [REDACTED] AVE. VEHICLE #2 STATES HE WAS HEADING SOUTHBOUND ON [REDACTED] AVE AND HAD THE GREEN LIGHT.

	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased, Give Date of Death
A	1	1	4	1	50	M	12	12	6	[REDACTED]	[REDACTED]	[REDACTED]
B	2	1	4	1	44	M	1	12	6	[REDACTED]	[REDACTED]	[REDACTED]
C												
D												
E												
F												
G												

Officer's Rank and Name: [REDACTED] Badge No.: [REDACTED] Department: 03030 Precinct: [REDACTED] Post/Sector: [REDACTED]

G

MV 10MAN (5-84)

PERSONS KILLED OR INJURED IN ACCIDENT

A Last Name _____ Address _____

B Last Name _____ M.I. _____ First _____ Address _____

C Last Name _____ First _____ M.I. _____ G Last Name _____ First _____ M.I. _____ Address _____

D Last Name _____ First _____ M.I. _____ Highway Dist. at Scene Yes No
Address _____ Name _____ Shield No. _____

Enter Insurance Policy Number From Insurance Identification Card (Injured Cases ONLY)

Vehicle No. 1 _____ Vehicle No. 2 _____

WITNESSES (Attach Separate Sheet, If Necessary)

Name _____ Address _____ Phone _____

DUPLICATE COPY REQUIRED FOR:

Dept. of Motor Vehicles (Person Killed/Injured) Motor Transport Division (P.D. Vehicle Involved) N.Y.C. Taxi and Limousine Comm. (Licensed Taxi or Limousine Involved) Other City Agency (Specify) _____

Office of Comptroller: (City Involved) Personnel Safety Unit (P.D. Vehicle Involved) N.Y.S. Thruway Authority _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided is unidentified, list who at Missing Person Squad was notified. In either case, list date and time of notification)

_____ - 93

PROPERTY DAMAGED (Other than Vehicles) _____ OWNER OF PROPERTY (Include City Agency, where applicable) _____

IF DEPARTMENT VEHICLE IS INVOLVED:

Police Vehicle - Operator's First name		Last Name		Rank	Shield No.	File Reg. No.	Command
Make of Vehicle	Year	Type of Vehicle	Reg. No. (If Any)	Dept. No.	Assigned to What Command		

Equipment in Use At Time of Accident: Siren Horn Turret Light 4-way Flasher 14-Level Warning Lights Traffic Cones Roadblocks

ACTIONS OF POLICE VEHICLE

Responding to Code Signal _____ Complying with Station House Directive

Pursuing Violator Routine Patrol

Other (Describe) _____

Appendix B:

NASS CDS Accident Form



ACCIDENT FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9310</u></p>	SPECIAL STUDIES - INDICATORS
IDENTIFICATION	Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.
<p>3. Number of General Vehicle Forms Submitted <u>02</u></p> <p>4. Date of Accident (Month,Day,Year) <u> </u> / <u>9</u> / <u>3</u></p> <p>5. Time of Accident <u> </u></p> <p style="margin-left: 20px;">Code reported military time of accident.</p> <p style="margin-left: 20px;">NOTE: Midnight = 2400 Unknown = 9999</p>	<p>6. ___SS14 Fatal AOPS <u>0</u></p> <p>7. ___SS15 Administrative Use <u>0</u></p> <p>8. ___SS16 _____ <u>0</u></p> <p>9. ___SS17 _____ <u>0</u></p> <p>10. ___SS18 _____ <u>0</u></p>
	NUMBER OF EVENTS
	<p>11. Number of Recorded Events in This Accident <u>02</u></p> <p style="margin-left: 20px;">Code the number of events which occurred in this accident.</p>

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</u> <u>1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>02</u>	17. <u>09</u>	18. <u>L</u>
19. <u>0</u> <u>2</u>	20. <u>02</u>	21. <u>09</u>	22. <u>9</u>	23. <u>62</u>	24. <u>00</u>	25. <u>0</u>
26. <u>0</u> <u>3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0</u> <u>4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0</u> <u>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 < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (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 (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

Appendix C:

NASS CDS General Vehicle Form:

Case Vehicle



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9310
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 92
 Code the last two digits of the model year
 (99) Unknown
5. Vehicle Make (specify): 12
FORD
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown
6. Vehicle Model (specify): 017
TAURUS Station wagon
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (999) Unknown
7. Body Type 06
 Note: Applicable codes may be found on
 the back of this page.
8. Vehicle Identification Number
1FALP57U3NG
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
10. Police Reported Travel Speed 999
 Code to the nearest kph (NOTE: 000 means
 less than 0.5 kph)
 (160) 159.5 kph and above
 (999) Unknown
 ___ mph X 1.6093 = ___ kph

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

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

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

Source: _____

ACCIDENT RELATED

13. Speed Limit 999
 (000) No statutory limit
 Code posted or statutory speed limit
 in kph
 (999) Unknown
 ___ mph X 1.6093 = ___ kph
14. Attempted Avoidance Maneuver 01
 (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 88
 Applicable codes may be found on the
 back of page two of this field form
 (00) No impact
 Code the number of the diagram that
 best describes the accident circumstance
 (98) Other accident type (specify):
 (99) Unknown

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

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 01

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

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

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,490
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3,294 lbs X .4536 = 1,494 kgs
 Source: _____
- 20. Vehicle Cargo Weight 9,990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

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

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

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

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

RECONSTRUCTION DATA

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
- 27. Heading Angle For This Vehicle 180
- 28. Heading Angle For Other Vehicle 090

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.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest
9 9 9

____ Nearest kph _____

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

31. Longitudinal Component of Delta V

+ 9 9 9
- _____

____ Nearest kph _____

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

32. Lateral Component of Delta V

Secondary Highest:
+ 9 9 9
- _____

____ Nearest kph _____

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

33. Energy Absorption

9 9 9 . 9 0 0

____ Nearest 100 joules _____

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

34. Confidence In Reconstruction Program Results (For Highest Delta V)

0

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

0

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

36. Is this an AOPS Vehicle?

1

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

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

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

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

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

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

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

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

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

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) Fire truck or car
 (8) Other (specify): _____
 (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

0 0

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

0

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

63. Direction of Initial Roll

0

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

PRECRASH DATA

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

0 1

- (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

PRECRASH DATA (Continued)

65. Critical Precrash Event 17

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 Maneuver)

66. Precrash Stability After Avoidance Maneuver 0

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

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

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

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

Appendix D:

NASS CDS General Vehicle Form:

Vehicle #2



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9310</u></p> <p>3. Vehicle Number <u>02</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u> (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>93</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>13</u> <u>Lincoln</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>398</u> <u>Limousine</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>12</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>9999999999</u> XXXXXXXXXX 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: _____</p>
ACCIDENT RELATED	
<p style="text-align: center; font-weight: bold;">OFFICIAL RECORDS</p> <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>999</u> Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown ____ mph X 1.6093 = _____ kph</p>	<p>13. Speed Limit <u>999</u> (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown ____ mph X 1.6093 = _____ kph</p> <p>14. Attempted Avoidance Maneuver <u>01</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>89</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 ****

OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted 00

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

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

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 9.990
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ kgs

Source: _____

20. Vehicle Cargo Weight 9.990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0

26. Rear Override/Underride (this Vehicle) 0

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

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

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

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

RECONSTRUCTION DATA

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

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

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

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 090

28. Heading Angle For Other Vehicle 180

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.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest
9 9 9

____ Nearest kph _____

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

31. Longitudinal Component of Delta V

+ 9 9 9
- _____

____ Nearest kph _____

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

32. Lateral Component of Delta V

	Secondary	Highest:
	+ <u>9</u>	<u>9 9</u>
	- _____	_____

____ Nearest kph _____

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

33. Energy Absorption

9 9 9 9 0 0

____ Nearest 100 joules _____

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

34. Confidence In Reconstruction Program Results (For Highest Delta V)

0

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

0

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

36. Is this an AOPS Vehicle?

0

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

Could possibly be!

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 0
 (0) No other drugs present
 (1) Yes (other drug present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

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

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

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

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

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

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) Fire truck or car
 (8) Other (specify): _____
 (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

PRECRASH DATA (Continued)

65. Critical Precrash Event 66*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 Maneuver)

66. Precrash Stability After Avoidance Maneuver 0

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

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

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

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

Appendix E:

NASS CDS Interview Form:

Case Vehicle Driver



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>WIFE OF DRIVER</u>
2. Case Number - Stratum <u>9310</u>	
3. Vehicle Number <u>01</u>	

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

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

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

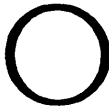
HUSBAND WAS TRAVELLING SB ON [REDACTED] AVE. AT APPROXIMATELY 20-25 mph WHEN HE WAS STRUCK BY A LIMO. THAT WAS TRAVELLING EB ON [REDACTED]. MY HUSBAND HAD THE GREEN LIGHT THE LIMO. HAD A RED LIGHT BUT FAILED TO STOP. THE FRONT OF OUR CAR WAS STRUCK BY THE LEFT SIDE OF THE LIMO. THE PASSENGER AIRBAG DEPLOYED BUT THE DRIVER AIRBAG DID NOT DEPLOY. MY HUSBAND CHOSE NOT TO GO THE HOSPITAL FROM THE SCENE BUT DID SEE THE DOCTOR LATER FOR GENERAL BODY SORENESS TO BACK.

HUSBAND THOUGHT CAR WAS ON FIRE AFTER ACCIDENT BUT IT WAS STEAM FROM THE RADIATOR.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

[Empty space for occupant's description of accident events]

ACCIDENT DIAGRAM



NORTH

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



INTERVIEW FORM (B)

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9310</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>Interviewee(s) Role or Name(s): _____</p> <p style="text-align: center;"><u>WIFE</u></p> <p>_____</p>
---	--

ACCIDENT DATA QUESTIONS

<p>1. Can you tell me in <u>which direction you were traveling?</u></p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>(Optional - Where were you coming from or going to?) _____</p> <p>2. <u>In which lane were you traveling?</u> (Note: Lane 1 is designated as the right curb lane.)</p> <p>[1] [2] [3] [4] <input type="checkbox"/> Other (specify): <u>UNKNOWN</u></p> <p>3. Can you remember your <u>estimated travel speed</u> (in miles per hour) before the accident?</p> <p><input type="checkbox"/> Stopped <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input checked="" type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>4. Just before the accident, can you tell me what you were intending to do or were doing?</p> <p><input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Changing lanes to left <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Backing <input type="checkbox"/> Other (specify): _____</p> <p>5. Did you experience any <u>loss of control</u> due to weather conditions or mechanical problems?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe below) _____ _____</p> <p>6. Did you have to take any <u>avoidance actions prior to the accident?</u></p> <p><input checked="" type="checkbox"/> No - Go to question 7 <input type="checkbox"/> Yes - Go to question 6a</p>	<p>6a. <u>What actions did you take?</u></p> <p><input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Accelerating <input type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): _____</p> <p>7. <u>Where was your vehicle at the time of the collision?</u></p> <p><input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____</p> <p>8. Was your <u>travel speed at the time of the collision</u> different from your previous travel speed?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Lower <input type="checkbox"/> higher <input type="checkbox"/> Unknown</p> <p>8a. <u>Can you estimate your speed at the time of the collision?</u></p> <p><input type="checkbox"/> Stopped <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input checked="" type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>9. Immediately following the collision, can you describe <u>how your vehicle moved to its stopped position?</u></p> <p style="text-align: center;"><u>UNKNOWN</u></p> <p>_____</p> <p>_____</p> <p>10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?</p> <p style="text-align: center;"><u>1</u></p> <p>_____</p> <p>_____</p>
--	--

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9310

3. Vehicle Number 01
 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?
1992, FORD, TAURUS
Year Make Model

2. Can you describe the damage to your vehicle?
FRONT END

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

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

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

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

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

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

7a. Can you describe the type of seat belt for each seat?
 Driver's seat Lap Lap and shoulder
 Front seat middle Lap Lap and shoulder
 Front seat right Lap Lap and shoulder
 Rear seat left Lap Lap and shoulder
 Rear seat middle Lap Lap and shoulder
 Rear seat right Lap Lap and shoulder

(Identify seat belts for third row and beyond)

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

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

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

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

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

9a. Does this belt come across the _____?
 Chest only
 Lap and chest

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

AIR BAGS

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

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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9310

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

- No
 Yes (If "Yes", describe previous condition)

Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

- No (go to question 11)
 Yes (go to question 10d)
 Unknown

10d. Was the air bag re-installed after the accident?

- No (go to question 11)
 Yes
 Unknown

10e. Did the air bag inflate as you expected?

- No (If "No" describe below)
DRIVER SIDE DID NOT INFLATE
 Yes
 Unknown

11. Is your vehicle equipped with a passenger side air bag?

- No (If "No", go to question 12)
 Yes (If "Yes", go to question 11a)
 Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

- No (go to question 11b)
 Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

- No
 Yes (If "Yes", describe below)

Unknown

11c. Was the passenger air bag inflated in a previous accident?

- No (go to question 12)
 Yes (go to question 11d)
 Unknown

11d. Was the passenger air bag re-installed after the accident?

- No (go to question 12)
 Yes
 Unknown

11e. Did the passenger air bag inflate as you expected?

- No (If "No" describe below)

 Yes
 Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

- No (If "No", go to question 13)
 Yes
 Unknown

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

12b. Can you describe the type of child safety seat?

- Infant
 Toddler
 Convertible
 Booster
 Other (specify): _____
 Unknown

12c. Where was the child safety seat(s) located?

- [12] [13]
[21] [22] [23]
[31] [32] [33]
[Other] (specify): _____

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

- Rear facing
 Forward facing
 Other (specify): _____
 Unknown

12e. Was a seat belt used to hold the child seat in place?

- No (If "No", go to question 12g)
 Yes (If "Yes", go to question 12f)
 Unknown

12f. Can you describe how the seat belt was secured to the child seat?

- Looped through designated rear framing struts?
 Looped through arm rest slots?
 Belt across safety shield?
 Looped through rear frame outside the designated framing struts?
 Other (specify): _____
 Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

- Harness
 Shield
 Tether strap

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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9310

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

- Yes (specify _____)
- No
- Unknown

12i. Were any of these items used during the accident?

- Yes (If "Yes", check all that apply)
 - Harness
 - Shield
 - Tether strap)
- No
- Unknown

OPTIONAL

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

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

16. May I take a look at your vehicle to assess the damage?

- No
- Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

- No (If "No", go to question 14)
- Yes (If "Yes", go to question 13a)
- Unknown

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

_____ lbs.

Cargo description

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

≈ 8000 miles

DRIVER ONLY

17. What race do you consider yourself?

- White
- Black
- American Indian, Eskimo or Aleut, Asian or Pacific Islander
- Other (specify: _____)
- Unknown.

18. Are you of hispanic origin?

- No
- Yes

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9310 4. Occupant Number 01

OCCUPANT DATA QUESTIONS

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

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

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

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

Other (specify:)

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

OCCUPANT EJECTION

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

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

OCCUPANT RESTRAINT

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

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

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

7c. Can you describe how you were (he/she was) wearing the shoulder belt?
 Over the shoulder
 Under the arm
 Behind the back
 Behind the seat
 Other (specify:)

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

 Unknown

OCCUPANT ENTRAPMENT

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

 Unknown

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?
 Height 5'8" Weight 230 Age 44
 Sex: Male Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

NORMAL UPRIGHT POSITION
*(AS FAR I KNOW)

5a. Can you describe the location of your (his/her) feet just prior to the collision?

* ON FLOOR TREADS

5b. Can you describe the location of your (his/her) arms?

* ON STEER WHEEL

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

Yes
 Unknown

PSU Number 10

Case Number-Stratum 9310

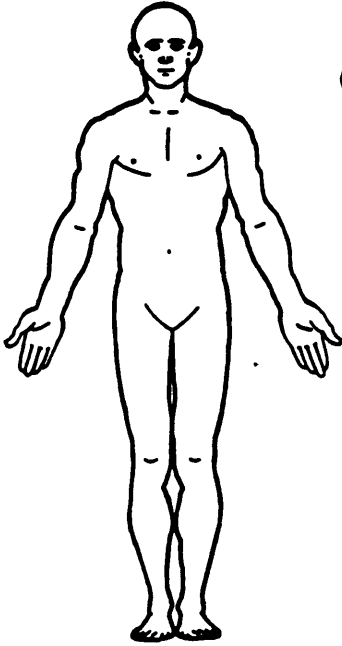
Vehicle Number 01

Occupant Number 01

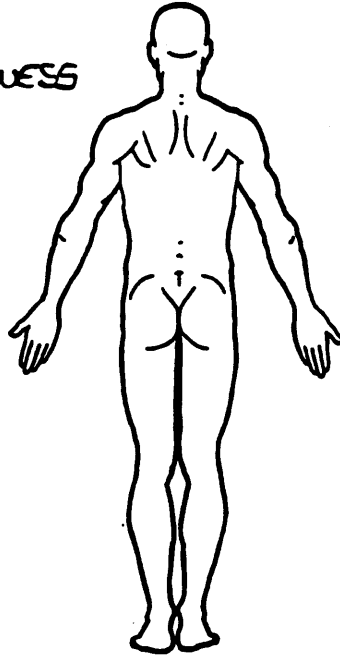
INJURY DATA FROM INTERVIEWEE(S)

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

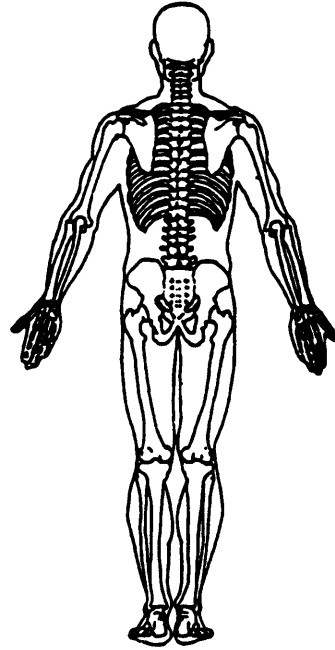
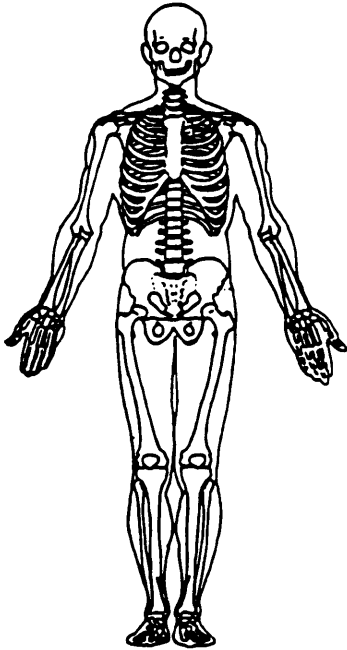
SOFT TISSUE/INTERNAL INJURIES



GENERAL SORENESS
ESP TO BACK



SKELETAL INJURIES



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

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9310

3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT INJURY DATA QUESTIONS

- 1. Were you (Was he/she) injured?
 No (If "No", go to next occupant. Stop if no other occupant.)
 Yes (If "Yes", complete Occupant Injury Questions)
 Unknown
- 2. Did you (he/she) receive any cuts, abrasions, or bruises?
 No (go to question 3)
 Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
 Unknown
- 2a. Do you know what caused your (his/her) injury(s)?
 No
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
 Unknown
- 3. Did you (he/she) experience any broken bones?
 No (If "No", go to question 4)
 Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
 Unknown
- 3a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
 Unknown
- 4. Did you (he/she) injure your (his/her) head?
 No (If "No", go to question 5)
 Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
 Unknown
- 4a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 5. Were any of your (his/her) internal organs injured?
 No (If "No", go to question 6)
 Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
 Unknown

- 5a. Do you know what caused this injury?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 6. Did you (he/she) suffer any joint sprains or muscle strains?
 No (If "No", go to question 7) - SORENESS
 Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
 Unknown
- 6a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 7. Did you (he/she) receive treatment for your (his/her) injury(s)?
 No (If "No", go to question 8)
 Yes (If "Yes", go to question 7a)
- 7a. Were you (Was he/she) treated by:
 Hospital/trauma center? (specify hospital name): LATER
 Medical clinic
 Out patient surgery? (specify medical facility:)
 Paramedics or first aid at the scene?
 A doctor in his/her office?
 Treated at home?
 None of the above, go to question 8.
- 7b. Were you (Was he/she) treated and released from the emergency room?
 No (If "No", go to question 7c.)
 Yes (If "Yes", go to question 7e.)
- 7c. Were you (Was he/she) hospitalized?
 No (If "No", give an explanation)
 Yes (If "Yes", go to question 7d.)

- 7d. How many days were you (was he/she) in the hospital?
NONE days

1. Primary Sampling Unit Number

00

3. Vehicle Number

01

2. Case Number - Stratum

9310

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

No

Yes (If "Yes", describe:)

Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

No

Yes (If "Yes", mail or present the form for signature.) MAILED MED. RECORDS

8. Have you (he/she) lost any days from work or school (college)?

No

Yes (If "Yes", determine the number of days lost) (Specify: 1)

Not working prior to the accident

Unknown

Appendix F:

NASS CDS Occupant Assessment Form:

Case Vehicle Driver

and

Emergency Room Radiology Report



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9310
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 44
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):
 (97) 97 years and older
 (99) Unknown

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

7. Occupant's Height 173
 Code actual height to the nearest centimeter.
 (999) Unknown
68 inches X 2.54 = 173 centimeters

8. Occupant's Weight 104
 Code actual weight to the nearest kilogram.
 (999) Unknown
230 pounds X .4536 = 104 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

11. Occupant's Posture 9
 (0) Normal posture

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

15. Medium Status (Immediately Prior To Impact) 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 EVALUATION

17. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown
18. Manual (Active) Belt System Use 04
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
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 4
- (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. Are There Indications of Air Bag System Failure? 2
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): Front-right passenger
 - (9) Unknown air bag deployed
- 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"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

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

- (9) Unknown

26. Seat Type (this Occupant Position)

99

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

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

27. Seat Performance (this Occupant Position)

9

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

- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

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

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

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

30. Child Safety Seat Orientation 0 0
 (00) No child safety seat

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

 (09) Unknown orientation

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

 (19) Unknown orientation

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

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0

 32. Child Safety Seat Shield Usage 0 0

 33. Child Safety Seat Tether Usage 0 0

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

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

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

 (99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (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 6

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 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 00

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

38. Working Days Lost 01

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 00

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

AUTOMATIC BELT SYSTEM	
<p>44. Automatic (Passive) Belt System Availability/ Function <u>0</u> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	<p>48. Automatic (Passive) Belt Failure Modes During Accident <u>0</u> (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</p>
<p>45. Automatic (Passive) Belt System Use <u>0</u> (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</p>	<p>49. Seat Orientation (this Occupant Position) <u>9</u> (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</p>
<p>STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER</p>	
TRAUMA DATA	
<p>46. Automatic (Passive) Belt System Type <u>0</u> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>	<p>50. Glasgow Coma Scale (GCS) Score (at Medical Facility) <u>0 2</u> (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</p>
<p>47. Proper Use of Automatic (Passive) Belt System <u>0</u> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (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</p>	<p>51. Was the Occupant Given Blood? <u>1</u> (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given</p>
<p>48. Automatic (Passive) Belt System Availability/ Function <u>0</u> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	<p>52. Arterial Blood Gases (ABG) - HCO₃ <u>0 1</u> (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</p>

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [✓]

UPDATE CANDIDATE?

NO [✓] YES []

DEPARTMENT OF RADIOLOGY
REPORT OF FINDINGS

* REQUEST COPY *

DOS 1/93 REQ # [REDACTED]
READ 1/93 TYPED [REDACTED] 93
TYPED BY [REDACTED]
RADIOLOGIST [REDACTED]
RESIDENT [REDACTED]MR# [REDACTED]
PATIENT [REDACTED]
DOB [REDACTED] SSN [REDACTED]
REFERRED BY [REDACTED]

LOCATION PR

CLINICAL INDICATIONS S/P MUA
R/O FXCERVICAL, THORACIC & LUMBAR SPINE:
CERVICAL SPINE:

Lateral AP, odontoid and limited swimmer's view of the cervical spine were obtained. Anatomic alignment is noted. Prevertebral soft tissues are unremarkable. Atlanto-axial alignment as well as the size of the AP spinal canal is unremarkable. There is no evidence of fractures.

LUMBAR SPINE:

Lateral, coned down lateral, lumbosacral junction and AP view of the lumbosacral spine are presented for interpretation. No previous films are available. Slight straightening of the normal lordotic curvature is observed which may be positional as opposed secondary to muscle spasm. The vertebral body and posterior elements are well maintained. Inter-pedicular distances are normal. the sacroiliac joints are open.

IMPRESSION:

Slight straightening which may be secondary to position. No fractures, abnormal alignment noted.

THORACIC SPINE:

AP and lateral views of the dorsal spine are submitted. Vertebral bodies are maintained in height. Anatomic alignment is noted. Posterior elements and vertebral bodies are essentially unremarkable other than for the presence of one or two small inter-vertebral osteophytes.

IMPRESSION:

No acute fracture or subluxation observed.

APPROVED BY

M. D.