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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

**DYNAMIC SCIENCE, INC.**
In-Depth Accident Investigation

Contract DTNH22-94-A-07049
Case DSI-94-AB-05

[redacted] 1994

# TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-A-07049
CASE NUMBER: DSI-94-AB-05

[redacted]

This collision occurred at a three-leg intersection in [redacted] CA on [redacted] 1994 at [redacted] hours. At the time of the crash, there were no unusual roadway conditions and the weather was clear. The north/southbound roadway has one lane for each direction of travel. There is a left turn lane from the southbound travel lanes to go east. The east/west bound roadway is two lanes and a through right turn lane.

Vehicle 1, the case vehicle, was a 1993 Jeep Grand Cherokee, equipped with supplemental restraint system (driver's side air bag). The vehicle was operated by a 31 year-old male, 185.4 cm (73 in) tall weighing 92.5 kg (207 lb). He was wearing the available manual, 3-point lap/shoulder restraints. There were two child occupants in this vehicle. A six year-old female was in the left rear seating position and was wearing the available 3-point, manual lap/shoulder restraints; however, the shoulder portion of the belt was placed behind her back. A three year-old male was sitting in the right rear seating position and was also wearing the available 3 point, manual lap/shoulder restraints improperly (with the torso belt behind him).

Vehicle 1 was travelling northbound in the right through lane at an estimated speed of 72 KPH (45 MPH) slowing to an estimated speed of 56 KPH (35 MPH) as it approached the intersection. Vehicle 2, a 1986 BMW 325 2 door, was travelling in the opposite direction approaching the same intersection. The male driver of Vehicle 2 began to turn to the east to complete the left turn.

The front of Vehicle 1 struck the right side front of Vehicle 2. The force applied to Vehicle 1 was of significant magnitude as to cause the air bag to deploy. The driver reported that he did not even come in contact with the air bag. The post impact travel for Vehicle 1 was clockwise. Vehicle 2's post impact travel was counterclockwise. The final resting points for both vehicles was on the roadway, in the intersection, and facing in a easterly direction. When Vehicle 1 came to final rest, the children saw the fire and alerted their father. The driver of Vehicle 1 saw the fire on the engine side of the fire wall between the space of the open hood and the base of the windshield area. He quickly exited the vehicle and removed the children. Accident witnesses also helped with the evacuation and with extinguishing the fire.

All occupants of Vehicle 1 and the driver of Vehicle 2 were transported to an emergency room for evaluation and treatment of injuries. It was reported that the driver's blood pressure became elevated, the six year-old female passenger struck the left door and her left cheek became puffy with no contusion per the child's mother; however, the police reported that she did sustain a contusion to her left cheek. The children' mother also reported that the three year-old was sick for a few days due to stress caused by the crash. The child did not eat and suffered bouts of vomiting and diarrhea for a few days after the accident. There were no indications that he may have had a head injury.

The vehicle had been repaired prior to the assignment of this case to DSI and was, therefore, not inspected. The Delta V was not computed for this collision due to insufficient data for the reconstruction techniques of CRASH III PC or for the missing vehicle algorithm.

There was a follow-up investigation by a representative of the Chrysler Corporation to determine the cause of the fire. His investigation revealed that the fire was caused by the power steering return hose being cut during the accident. Please see attachment.

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

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

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

**DYNAMIC SCIENCE, INC.**
**ACCIDENT INVESTIGATION**
**CASE NUMBER: DSI-94-AB-05**

## TABLE OF CONTENTS

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-94-AB-05

**ACCIDENT DATA:**

| | |
|---|---|
| **Location:** | [redacted], CA |
| **Area/Type:** | Urban |
| **Date/Time:** | Winter/weekday |
| **Accident Type:** | Car/Car, front to side intersection type collision |

**Injury Severity:**

| | |
|---|---|
| **Vehicle 1:** | Driver - Not injured<br>L/R Occupant - AIS-1<br>R/R Occupant - Not injured |
| **Vehicle 2:** | Driver - AIS-1 |

**AMBIENCE:**

| | |
|---|---|
| **Viewing Conditions:** | Dawn, no viewing restrictions |
| **Cloud Cover:** | Scattered Sky Cover |
| **Precipitation:** | None |
| **Temperature:** | 3° C (38° F) |
| **Road Surface:** | Dry |

**ROADWAY:**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| **Type:** | 3-lane, divided; 2-lane northbound | 3-lane, divided; 2-lane northbound |
| **Width:** | 3.6 m (11.8 ft) | 3.4 m (11.1 ft) |
| **Traffic Density:** | Light | Light |
| **Median:** | Yes | None |
| **Edge:** | Curb | Curb |
| **Surface:** | Asphalt | Asphalt |
| **Reported Defects:** | None | None |
| **Co-efficient of Friction (est.):** | 0.70 | 0.70 |
| **Vertical Alignment:** | Level | Level |
| **Horizontal Alignment:** | Straight | Straight |

**Traffic Controls:**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| **Signals:** | Standard Traffic Signal, working proved out | Standard Traffic Signal, working proved out |
| **Signs:** | None related | None related |
| **Speed Limit:** | 72 KPH (45 MPH) | 72 KPH (45 MPH) |
| **Markings:** | Normal Roadway Markings | Normal Roadway Markings |

**VEHICLES:**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| **Description:** | 1993 Jeep Grand Cherokee | 1986 BMW 325 |
| **V.I.N.:** | 1J4GZ78Y4PCxxxxxx | WBAAB5402G9xxxxxx |
| **Odometer:** | 42,170 km (26,204 mi) | 144,575 km (89,837 mi) |
| **Engine:** | 5.2 L / V8 | Unknown |
| **Vehicle Modification:** | None | Unknown |
| **Tire Condition:** | Normal | Unknown |
| **Manual Restraints:** | 3-point, manual lap/shoulder restraints in the four outboard seating positions, C/R lap belt | Unknown |
| **Automatic Restraints:** | Supplemental restraint system (driver's side airbag) that deployed as a result of the frontal impact. sequence | Unknown |
| **Reported Defects:** | None | None |
| **Cargo:** | None | Unknown |
| **Windshield Damage:** | None | Unknown |
| **Fleet:** | No | No |
| **Tow Status:** | Towed, disabling damage | Towed, disabling damage |

**VEHICLE DAMAGE:**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| **Object Struck:** | Vehicle 2 | Vehicle 1 |
| **Event Number:** | 01 | 01 |
| **CDC:** | 12FDEW1 | Unknown |
| **Maximum Crush:** | Zone 1 | |

**VEHICLE VELOCITY ESTIMATES:**

| | VEHICLE 1 | VEHICLE 2 |
|---|---|---|
| **Impact Speed: (estimated)** | 56- 64 KPH (35-40 MPH) | 16-24 KPH (10-15 MPH) |
| **Total Delta V:** | Not computed (see below) | Not computed (see below) |
| **Longitudinal Delta V:** | | |
| **Lateral Delta V:** | | |
| **Energy Dissipation:** | | |

**Calculations based upon:** Delta-V was not computed on this collision due to insufficient data.

**COLLISION SEQUENCE**:

**Pre-Crash**: Vehicle 1 was travelling northbound in the left through lane of a three-lane, divided roadway at a speed estimated to have been between 56-64 KPH (35-40 MPH) as it approached the intersection. Vehicle 2, a 1986 BMW, was travelling in the opposite direction approaching the same intersection. The male driver of the BMW entered the intersection on a green light and was stopped waiting for traffic to clear. The driver of Vehicle 2 noticed that the light turned yellow and the northbound right turn lane traffic stopped. The driver of Vehicle 2 attempted to complete his left turn to clear the intersection. The driver of Vehicle 1 tried to avoid the collision by applying the brakes.

**Crash**: The right front of Vehicle 1 struck the right side of Vehicle 2. The right frontal area of Vehicle 1 engaged the right side of Vehicle 2 toward the middle of the vehicle. Resultant direction of force for Vehicle 1 was 350 degrees. The Delta V was not computed for this collision due to insufficient data for the reconstruction techniques of CRASH III PC or the missing vehicle algorithm. The forces in this collision exceeded the manufacturer's threshold in the supplemental restraint system and the driver's side airbag to deployed.

The impact shifted Vehicle 1 slightly in a clockwise, though largely longitudinal, direction. Vehicle 2 was pushed in a lateral direction to the left.

**Post Crash:** The final resting point for both vehicles was in the intersection. Vehicle 1 rotated approximately 20 degrees clockwise and came to final rest facing in a northeasterly direction on all four wheels. Vehicle 2 was pushed largely laterally and counterclockwise slightly and came to rest facing in a easterly direction on all four wheels.

**Occupant Kinematics:**

The driver and right rear passenger of Vehicle 1 did not sustain any injuries due to this accident. The left rear passenger received a contusion to her left cheek from striking the left rear door interior; maximum AIS = AIS-1. This type of injury is possible given the principal direction of force applied to Vehicle 1 and the resulting occupant movement. The driver of Vehicle 2 sustained a contusion to his left shoulder. This type injury is highly possible given the impact type and the probable rebounding of this passenger.

**Air Bag System:** Vehicle 1 was equipped with a driver's side supplemental restraint system, (factory installed airbag). The air bag deployed as a result of the frontal

accident sequence. The driver of Vehicle 1 was belted with the available 3-point, manual lap/shoulder restraints and reported no direct contact with the deployed air bag.

**Scene Clearance:**

Both vehicles sustained disabling damage and were towed from the scene.

**Safety Standards:** The vehicles in this collision were not inspected. There was a post-crash fire in Vehicle 1. DSI could not make a determination as the source of the fire since the vehicle was already repaired.

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

| | DRIVER | OCCUPANT 2 |
|---|---|---|
| **Age/Sex:** | 31/Male | 6/Female |
| **Seated Position:** | Left Front | Left Rear |
| **Seat Type:** | Bucket | Bench |
| **Height:** | 183 cm (73 in) | 122 cm (48 in) |
| **Weight:** | 94 kg (207 lb) | 24 kg (52 lb) |
| **Occupation:** | Armed Services<br>Air Force Sergeant | Student |
| **Pre-existing Medical Condition:** | None | None |
| **Alcohol/Drug Involvement:** | None | N/A |
| **Driving Experience:** | Yes/15 yrs. | N/A |
| **Body Posture:** | Normal upright | Normal upright |
| **Hand Position:** | Normal, placed on wheel | Normal |
| **Foot Position:** | Right on brake,<br>left on floor | Normal |
| **Restraint Usage:** | 3-point, manual lap/shoulder restraints and supplemental restraint system (driver's side airbag) | 3-point, manual lap/shoulder restraints, the shoulder portion was placed behind the child's back |
| **Additional Occupants:** | 2 | 1 |

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

| | **Occupant 3** |
|---|---|
| **Age/Sex:** | 3/Male |
| **Seated Position:** | Right rear |
| **Seat Type:** | Bench |
| **Height:** | 97 cm (38 in.) |
| **Weight:** | 18 kg (40 lbs.) |
| **Occupation:** | None |
| **Pre-existing Medical Condition:** | None |
| **Alcohol/Drug Involvement:** | N/A |
| **Driving Experience:** | N/A |
| **Body Posture:** | Normal |
| **Hand Position:** | Normal |
| **Foot Position:** | Normal |
| **Restraint Usage:** | 3-point, manual lap/shoulder restraints, the shoulder portion was placed behind the child's back |
| **Additional Occupants:** | None |

**DRIVER AND OTHER OCCUPANTS (con't):**

**VEHICLE 2**

| | **DRIVER** |
|---|---|
| **Age/Sex:** | 40/Male |
| **Seated Position:** | Left Front |
| **Seat Type:** | Unknown |
| **Height:** | Unknown |
| **Weight:** | Unknown |
| **Occupation:** | Unknown |
| **Pre-existing Medical Condition:** | Unknown |
| **Alcohol Involvement:** | No |
| **Driving Experience:** | Unknown |
| **Body Posture:** | Unknown |
| **Hand Position:** | Unknown |
| **Foot Position:** | Unknown |
| **Restraint Usage:** | Police indicated lap/shoulder restraints were used. |
| **Additional Occupants:** | None |

**INJURIES:**

**Vehicle 1**

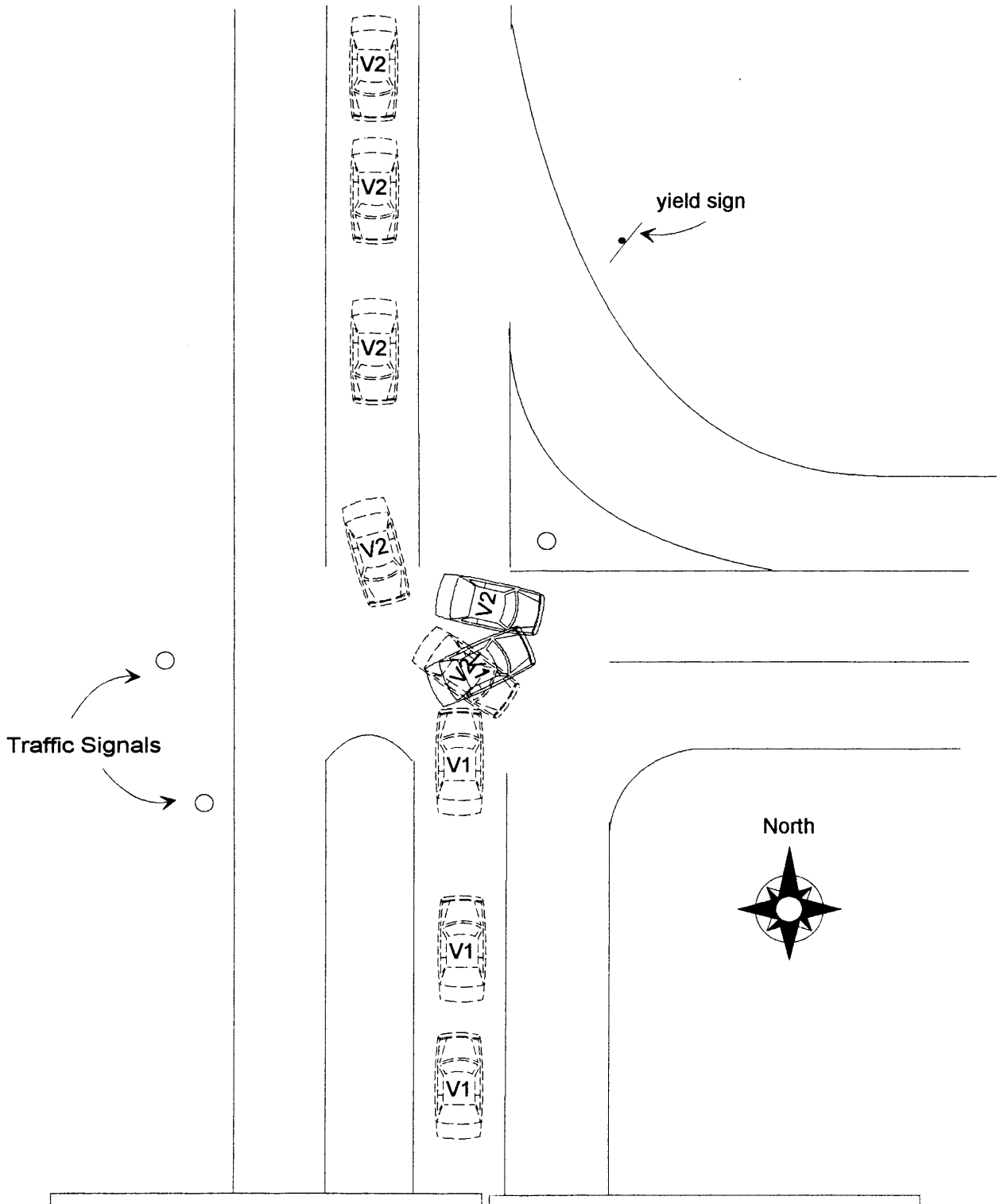
| | INJURY | OIC CODE | ICD-9 | SOURCE |
|---|---|---|---|---|
| **DRIVER:** | Not injured | | | |
| **L/R OCCUPANT:** | Contused left cheek | 290402.1,2 | 920 | Left door |
| **R/R OCCUPANT:** | Not injured | | | |

**Vehicle 2**

| | INJURY | OIC CODE | ICD-9 | SOURCE |
|---|---|---|---|---|
| **Driver:** | Contused left shoulder | 790402.1,2 | 923.00 | Unknown |

## Abbreviations Used In Scene And Photographic Documentation

| | |
|---|---|
| ft | Feet |
| in | Inches |
| AIS | Abbreviated Injury Scale |
| BLF | Begin Left Front |
| BLR | Begin Left Rear |
| BRF | Begin Right Front |
| BRR | Begin Right Rear |
| CBE | Cab Behind Engine |
| CCW | Counterclockwise |
| CDC | Collision Deformation Classification |
| CG | Center of Gravity |
| CM | Centimeter |
| COE | Cab Over Engine |
| CW | Clockwise |
| E, EB | East, Eastbound |
| ELF | End Left Front |
| ELR | End Left Rear |
| ERF | End Right Front |
| ERR | End Right Rear |
| FRP | Final Rest Position |
| I | Interstate Highway |
| IP | Intermediate Point |
| KG | Kilogram |
| KPH | Kilometers Per Hour |
| LF | Left Front |
| LR | Left Rear |
| M | Meter |
| N, NB | North, Northbound |
| NE | Northeast |
| NW | Northwest |
| PDOF | Principal Direction of Force |
| POI | Point of Impact |
| R | Radius of Curvature |
| RF | Right Front |
| RL | Reference Line |
| RP | Reference Point |
| RR | Right Rear |
| S, SB | South, Southbound |
| SE | Southeast |
| SW | Southwest |
| T | Time or Elapsed Time (in seconds) |
| U.S. | United States Highway |
| V1 | Vehicle Number 1 |
| W, WB | West, Westbound |




Case Number: DSI-94-AB-05
Scale: 1"=20'
Information from police report

V1: 1993 Jeep Grand Cherokee
V2: 1986 BMW 325

## PHOTO INDEX

**Case No. DSI-94-AB-05**

| PHOTO NO. | VEHICLE NO. | DIRECTION OF PICTURE | SUBJECT MATTER |
|---|---|---|---|
| 1-3 | 1 | | Vehicle 1 exterior damage |
| 4 | 1 | | Deployed Air Bag |
| 5-8 | 1 | | Vehicle 1 engine |
| 9-10 | 1 | | Steering fluid hose |
| | | | |
| | | | |

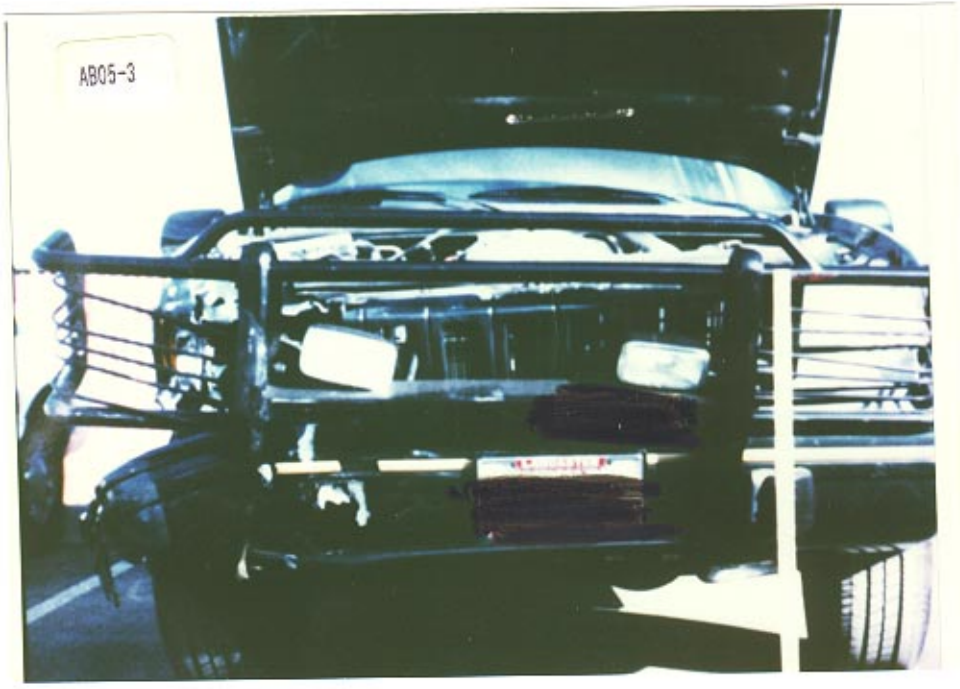
## SLIDE INDEX

**Case No. DSI-94-AB-05**

| SLIDE NO. | VEHICLE NO. | DIRECTION OF PICTURE | SUBJECT MATTER |
|---|---|---|---|
| 1-3 | 1 | | Vehicle 1 exterior damage |
| 4 | 1 | | Deployed Air Bag |
| 5-8 | 1 | | Vehicle 1 engine |
| 9-10 | 1 | | Steering fluid hose |
| | | | |
| | | | |


AB05-1
Grand Cherokee

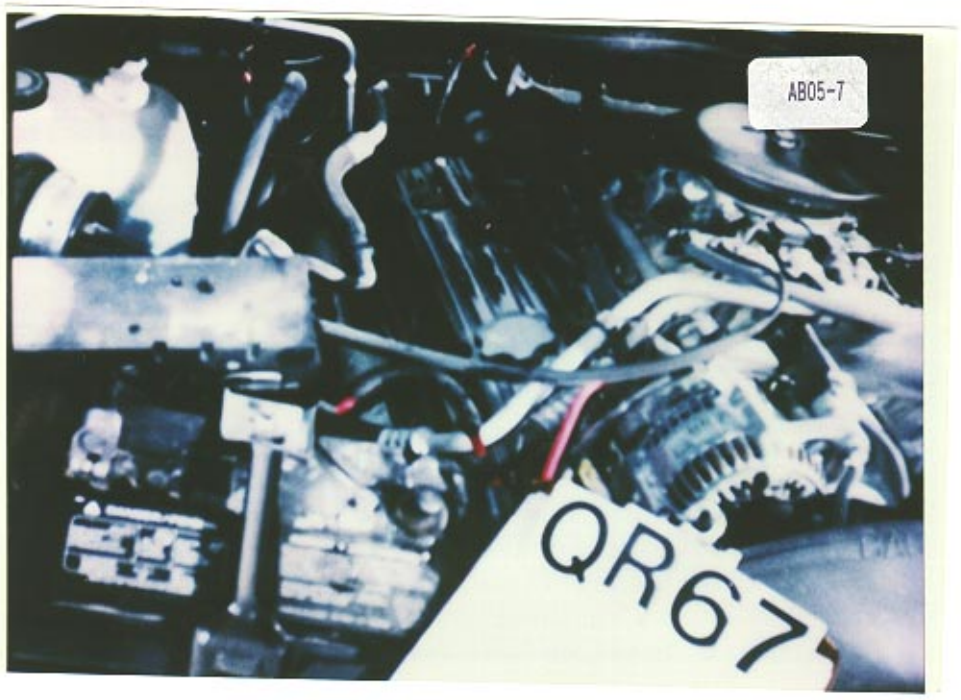

AB05-2


AB05-3


AB05-4
QR67


AB05-5


AB05-6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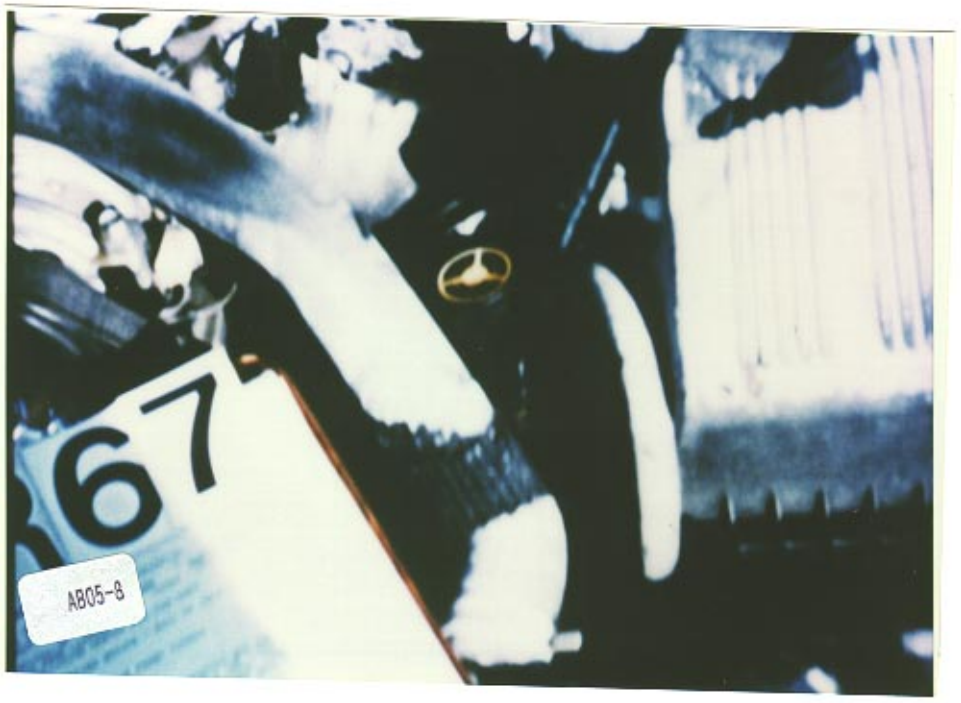
QR67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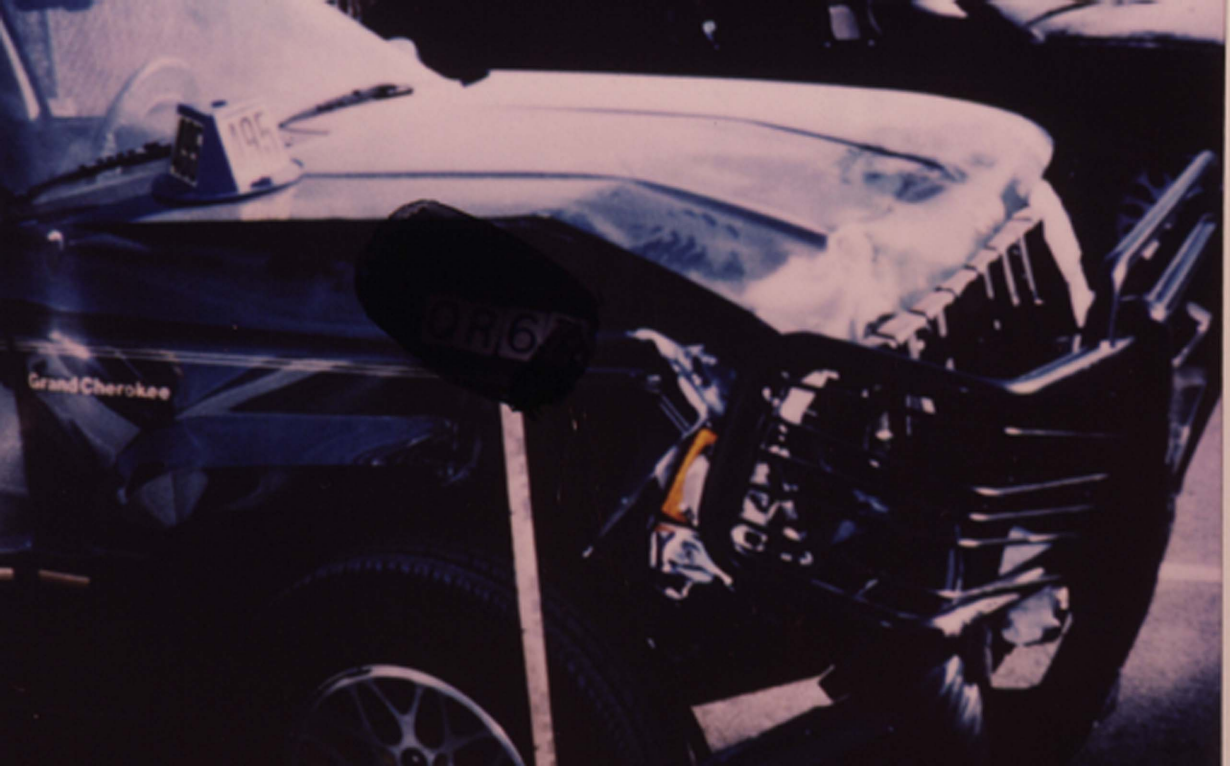
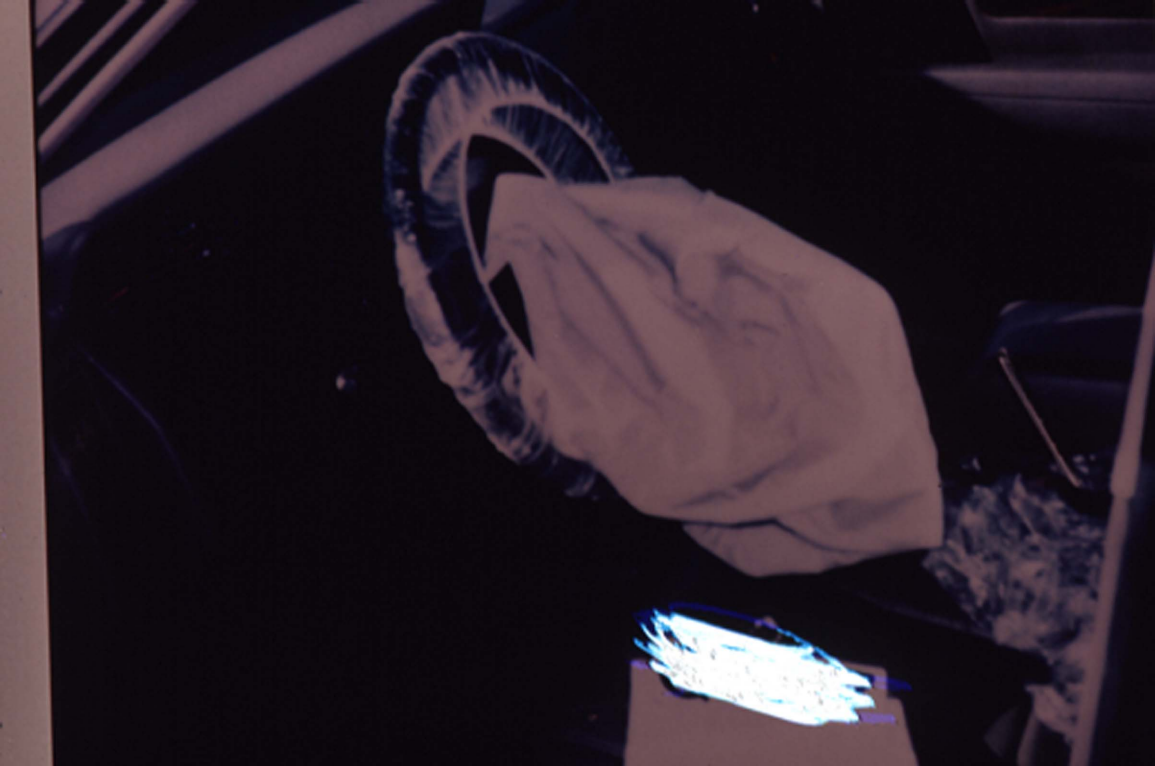
AB05-8

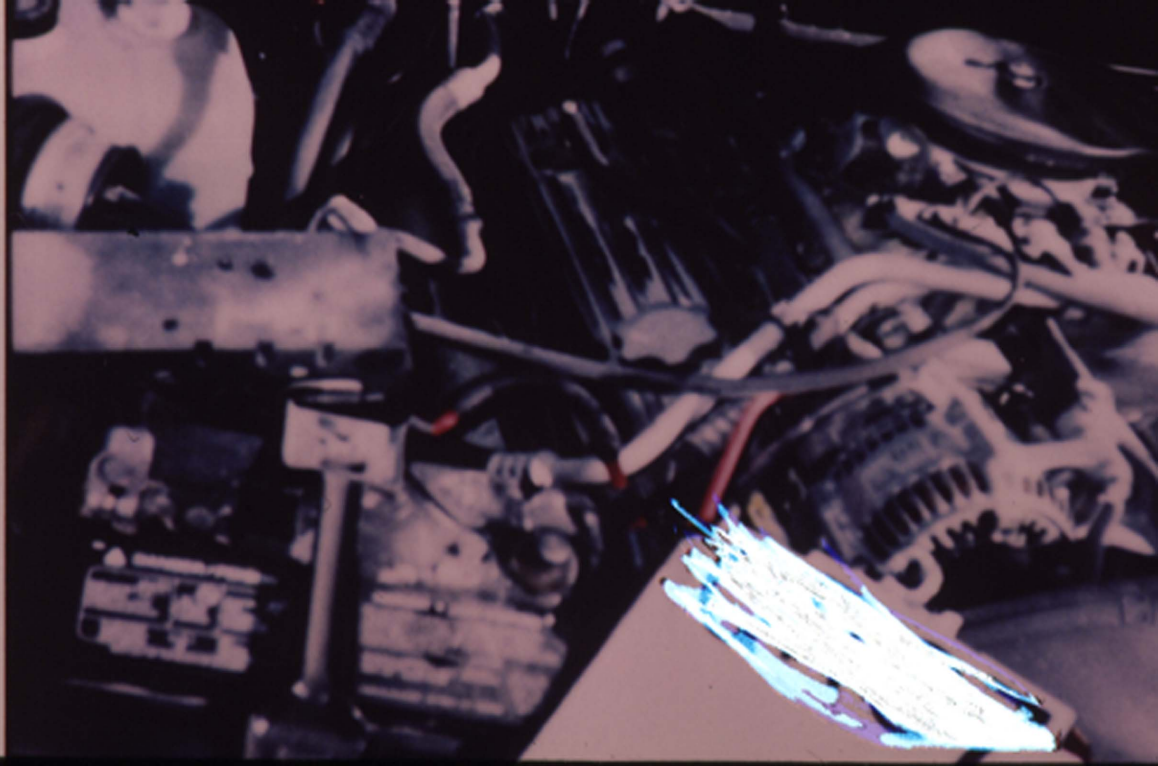

AB05-9
R67

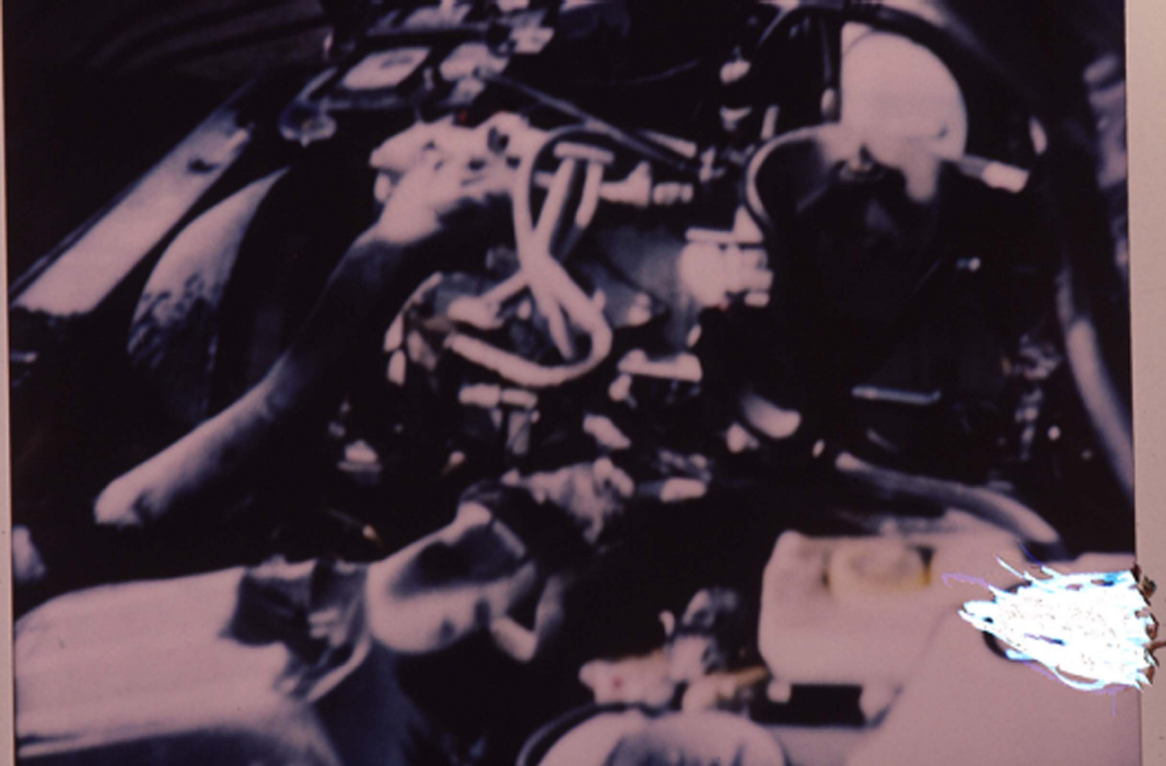

R67
AB05-10

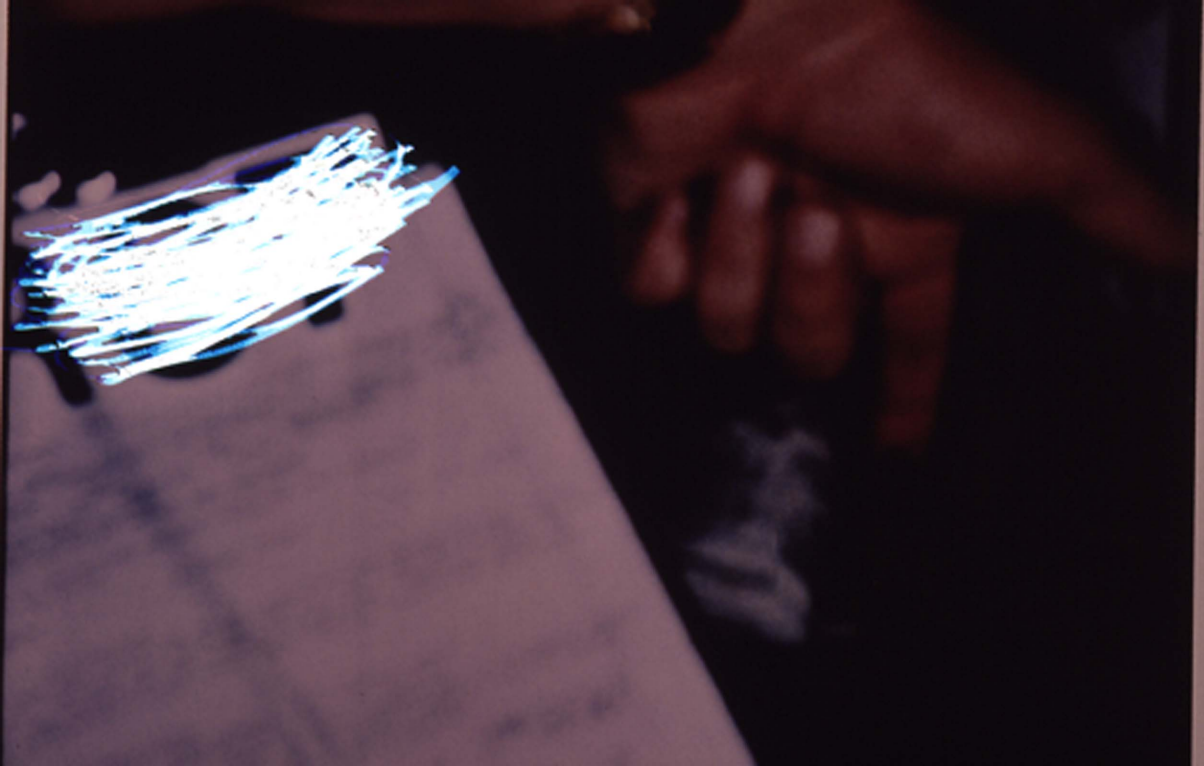

Grand Cherokee

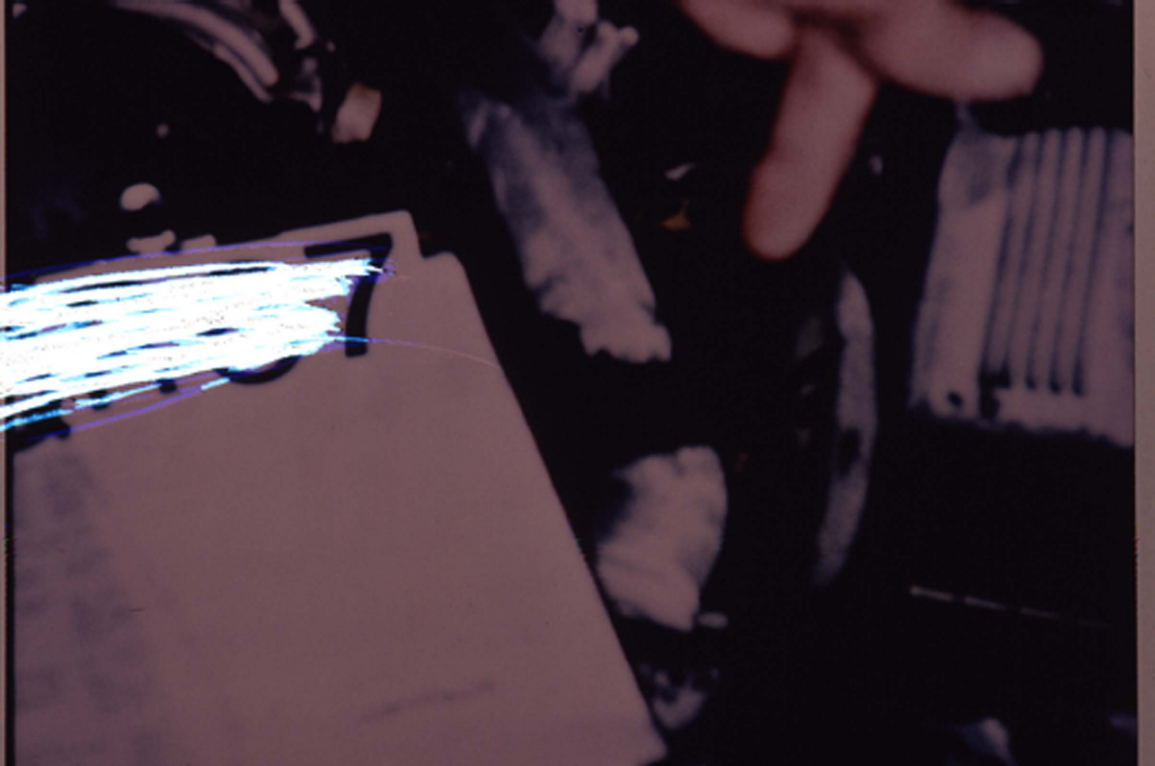

Grand Cherokee











U.S. Department of Transportation

National Highway Traffic Safety Administration

# ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___

2. Case Number - Stratum DSI-94-AB-05

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02

4. Date of Accident (Month, Day, Year) WINTER / WEEKDAY / 9 4

5. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

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

6. ___SS15 Administrative Use 0

7. ___SS16 Pedestrian Crash Data Study 0

8. ___SS17 Impact Fires 0

9. ___SS18 _____ 0

10. ___SS19 _____ 0

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

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

| Accident Event Sequence Number | Vehicle Number | Class Of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class Of Vehicle | General Area of Damage |
|---|---|---|---|---|---|---|
| 12. 01 | 13. 01 | 14. 11 | 15. F | 16. 02 | 17. 02 | 18. R |
| 19. 02 | 20. ___ ___ | 21. ___ ___ | 22. ___ | 23. ___ ___ | 24. ___ ___ | 25. ___ |
| 26. 03 | 27. ___ ___ | 28. ___ ___ | 29. ___ | 30. ___ ___ | 31. ___ ___ | 32. ___ |
| 33. 04 | 34. ___ ___ | 35. ___ ___ | 36. ___ | 37. ___ ___ | 38. ___ ___ | 39. ___ |
| 40. 05 | 41. ___ ___ | 42. ___ ___ | 43. ___ | 44. ___ ___ | 45. ___ ___ | 46. ___ |

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

## CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 4,500 kgs GVWR)
(13) Passenger van (≤ 4,500 kgs GVWR)
(14) Other van (≤ 4,500 kgs GVWR)
(15) Pickup truck (≤ 4,500 kgs GVWR)
(18) Other truck (≤ 4,500 kgs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 4,500 kgs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

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

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify): _____
(35) Noncollision injury
(38) Other noncollision (specify): _____
(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

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

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

# GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum DS1-94-AB-05
3. Vehicle Number 01

## VEHICLE IDENTIFICATION

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

5. Vehicle Make (specify): 02
   JEEP
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 404
   GRAND CHEROKEE
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 14
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | J | 4 | G | Z | 7 | 8 | Y | 4 | P | C | X | X | X | X | X | X |

   Left justify; Slash zeros and letter Z (0 and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

## 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: PAR

## ACCIDENT RELATED

13. Speed Limit 072
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    45 mph X 1.6093 = 072 kph

14. Attempted Avoidance Maneuver 03
    (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 69
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

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

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

*Automobiles*

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

_____

(09) Unknown automobile type

*Automobile Derivatives*

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

*Utility Vehicles (≤ 4,500 kgs GVWR)*

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

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

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

_____

(29) Unknown van type

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

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

*Other Light Trucks (≤ 4,500 kgs GVWR)*

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

## OTHER VEHICLES

*Buses (Excludes Van Based)*

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

_____

(59) Unknown bus type

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

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

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

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

*Other Vehicles*

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

## OCCUPANT RELATED

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

17. Number of Occupants This Vehicle: 03
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted: 03

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,770
____Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

03,901 lbs X .4536 = 1,769 kgs

Source: [redacted]

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

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

## RECONSTRUCTION DATA

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

22. Documentation of Trajectory Data for This Vehicle: 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

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

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

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

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

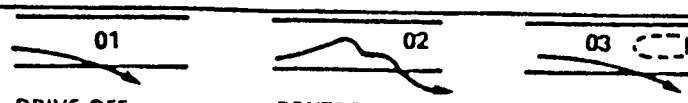
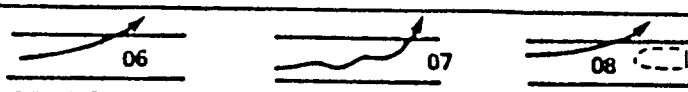
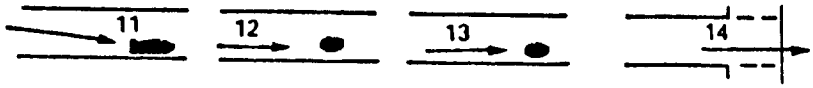
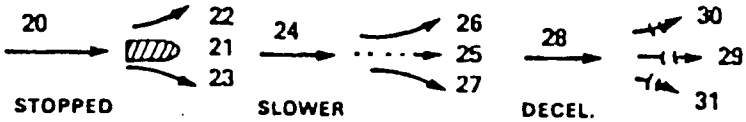
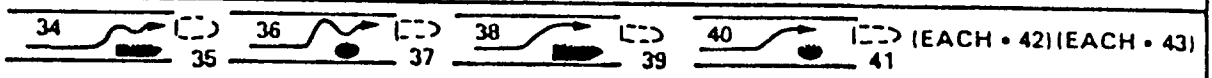
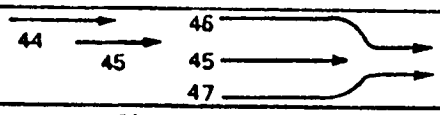
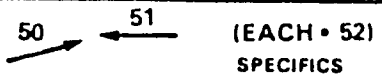
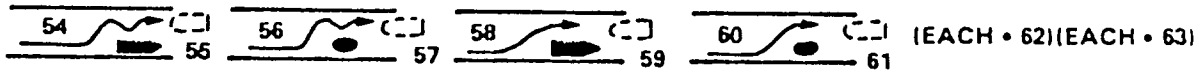
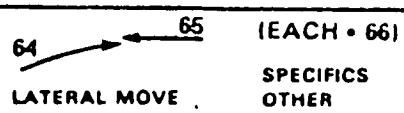
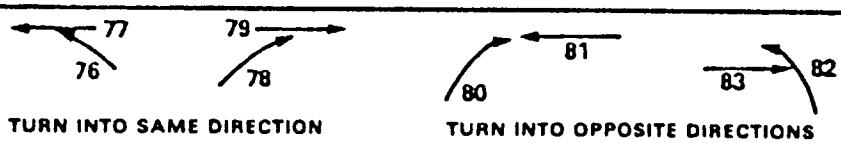
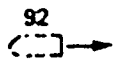
(7) Medium/heavy truck or bus override
(9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle: 000

28. Heading Angle For Other Vehicle: 120

| Category | Configuration | ACCIDENT TYPES (Includes Intent) |
|---|---|---|
| I. Single Driver | A. Right Roadside Departure |   |
| | B. Left Roadside Departure |   |
| | C Forward Impact |   |
| II Same Trafficway Same Direction | D Rear-End |   |
| | E Forward Impact |   |
| | F Sideswipe Angle |   |
| III Same Trafficway Opposite Direction | G Head-On |   |
| | H Forward Impact |   |
| | I Sideswipe Angle |   |
| IV Change Trafficway Vehicle Turning | J. Turn Across Path |   |
| | K. Turn Into Path |   |
| V Intersecting Paths (Vehicle Damage) | L. Straight Paths |   |
| VI Miscellaneous | M. Backing Etc. |   98 Other Accident Type 99 Unknown Accident Type 00 No Impact |

29. Basis for Total Delta V (highest) 6

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

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

## COMPUTER GENERATED DELTA V

Highest

30. Total Delta V 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

31. Longitudinal Component of Delta V ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

Highest

32. Lateral Component of Delta V ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

33. Energy Absorption 999.900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

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

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

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

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

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

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

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

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver Ø
    (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 Ø
    (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. Ø | 41. Ø |
| Depressant Drug | 42. Ø | 43. Ø |
| Stimulant Drug | 44. Ø | 45. Ø |
| Hallucinogen Drug | 46. Ø | 47. Ø |
| Cannabinoid Drug | 48. Ø | 49. Ø |
| Phencyclidine (PCP) | 50. Ø | 51. Ø |
| Inhalant Drug | 52. Ø | 53. Ø |
| Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash) | 54. Ø | 55. Ø |

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

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

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

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

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

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

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

## OTHER DATA

56. Driver's Zip Code [redacted]

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

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

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

## ROLLOVER DATA

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

59. Rollover Initiation Type Ø
(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 Ø
(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 ØØ

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied Ø
(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 Ø
(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) Ø1
(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 62

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

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

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

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

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

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

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

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

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

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

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

FORM CODED FROM PHOTO'S ONLY

# EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: ____
2. Case Number - Stratum: DS1-94-AB-05
3. Vehicle Number: 01

## VEHICLE IDENTIFICATION

VIN 1J4GZ78Y4PC******  Model Year 93

Vehicle Make (specify): JEEP  Vehicle Model (specify): GRAND CHEROKEE

## LOCATOR

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

| Specific Impact No. | Location of Direct Damage | Location of Field L |
|---|---|---|
| 01 | FRONT BUMPER | N/A |
| | | |
| | | |

## CRUSH PROFILE IN CENTIMETERS

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

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

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

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

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

| Specific Impact Number | Plane of Impact C-Measurements | Direct Damage | | Field L | $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | ±D |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Width (CDC) | Max Crush | | | | | | | | |
| 01 | FRONT BUMPER | | ZONE 1 | 11 | CDC | DATA | ONLY | FROM | PHOTOS | " | |
| | | | | | | | | | | | |
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# ORIGINAL SPECIFICATIONS WORK SHEET

| | | | | | | |
|---|---|---|---|---|---|---|
| Wheelbase | 105.9 | inches | x 2.54 | = | 269 | cm |
| Overall Length | 176.8 | inches | x 2.54 | = | 449 | cm |
| Maximum Width | 069.3 | inches | x 2.54 | = | 176 | cm |
| Curb Weight | 03,901 | pounds | x .4536 | = | 1,769 | kg |
| Average Track | N/A | inches | x 2.54 | = | N/A | cm |
| Front Overhang | 031.9 | inches | x 2.54 | = | 081 | cm |
| Rear Overhang | 038.9 | inches | x 2.54 | = | 099 | cm |
| Undeformed End Width | N/A | inches | x 2.54 | = | N/A | cm |
| Engine Size: cyl./displ. | 5200 | cc | x .001 | = | 5.2 | L |
| | 317 | CID | x .0164 | = | 5.2 | L |

# VEHICLE DAMAGE SKETCH

## TIRE–WHEEL DAMAGE

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

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

## TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

## ORIGINAL SPECIFICATIONS

| | | |
|---|---|---|
| Wheelbase | 269 | cm |
| Overall Length | 449 | cm |
| Maximum Width | 176 | cm |
| Curb Weight | 1769 | kg |
| Average Track | N/A | cm |
| Front Overhang | 91 | cm |
| Rear Overhang | 99 | cm |
| Undeformed End Width | N/A | cm |
| Engine Size: cyl./displ. | 5.2 | L |

## WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ ___ o
LF ± ___ ___ o
RR ± ___ ___ o
LR ± ___ ___ o

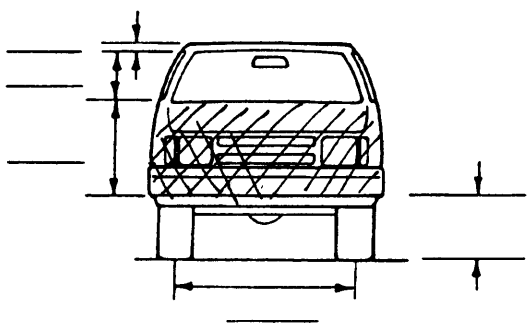
Within ± 5 degrees

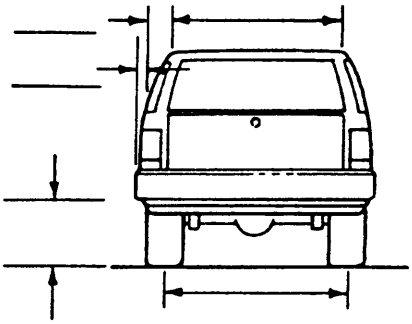
## DRIVE WHEELS

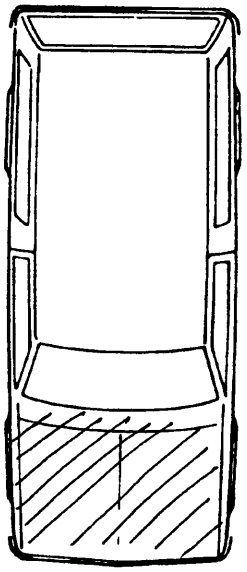
☐ FWD ☐ RWD ☒ 4WD

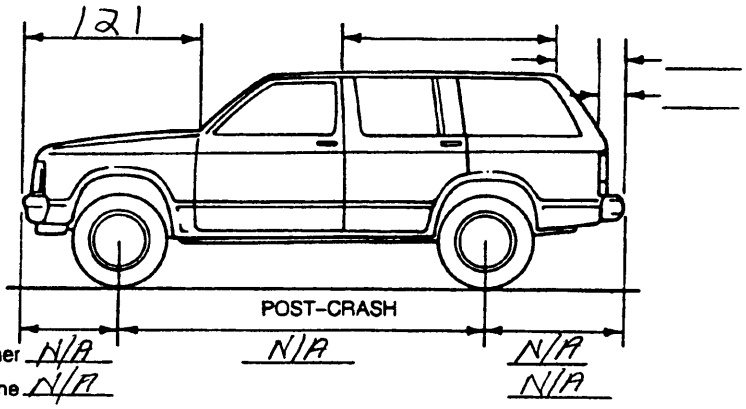
Approximate Cargo Weight Ø kg

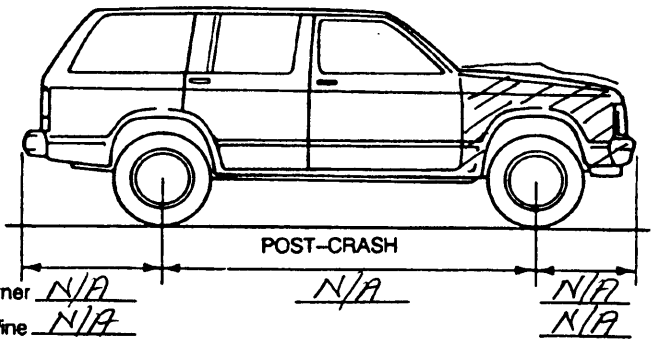
## MEASUREMENTS IN CENTIMETERS








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

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

## CDC WORKSHEET

### CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

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

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

### DEFORMATION CLASSIFICATION BY EVENT NUMBER

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---|---|---|---|---|---|---|---|
| 01 | 02 | 350 | 00 | F | Z | E | W | 01 |
| | | | | | | | | |
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## COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---|---|---|---|---|---|---|
| 4. 01 | 5. 02 | 6. 12 | 7. F | 8. Z | 9. E | 10. W | 11. 01 |

Second Highest Delta "V"

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

## CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

| 20. L | 21. $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | 22. ±D |
|---|---|---|---|---|---|---|---|
| | "CDC ONLY FROM PHOTOS" | | | | | | + − |

Second Highest Delta "V"

| 23. L | 24. $C_1$ | $C_2$ | $C_3$ | $C_4$ | $C_5$ | $C_6$ | 25. ±D |
|---|---|---|---|---|---|---|---|
| | | | | | | | + − |

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

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

28. Original Wheelbase 269
Code to the nearest centimeter
(999) Unknown

105.9 inches X 2.54 = 269 centimeters

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

30. Fire Occurrence 1
    (0) No fire

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

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

32. Type of Fuel Tank-1 1

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

34. Fuel Tank-1 Location 4

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

36. Fuel Tank-1 Filler Cap Location 2

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

38. Fuel Tank-1 Damage 1

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

40. Location of Fuel System-1 Leakage 1

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

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

42. Fuel Type-1 Ø 1

43. Fuel Type-2 Ø Ø

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

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

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

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

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

**COMMENTS**

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

# Interview Form

**Case Number:** DSI-94-AB-05
**Vehicle Number:** 1
**Interviewee:** Driver and driver's wife
**Accident Date/Time:** [redacted]1994/[redacted]

## Description of Accident

I was travelling straight though a three-leg intersection. The 1986 BMW turned left in front of me. I was slowing from 45 MPH to about 35 MPH going north. There was possible sunlight in the eyes of the other driver because the accident happened at 7:20 a.m. The front of my vehicle struck the right side of the other car. The final rest position was in the intersection facing northeast. I tried to avoid the accident by braking.

The air bag deployed. When the vehicle came to final rest the hood had flown up and the children were the first ones to see the fire. My husband saw the fire between the bottom of the windshield and the engine (other side of the fire wall). He quickly exited the vehicle and then removed the children. Witnesses to the accident assisted with putting out the fire.

Chrysler Corp. investigated the fire and said it was because the engine shifted to the left and power steering fluid leaking got on the engine and that caused the fire.

## Specific Questions/Notes

| Seat Position | Left Front | Left Rear | Right Rear |
|---|---|---|---|
| Age/Sex | 31/Male | 6/Female | 3/Male |
| Height/Weight | 6"1'/207 lbs. | 4'/52 lbs. | 38"/35-40 lbs. |
| Posture | Normal | Normal | Normal |
| Ejection | None | None | None |
| Entrapment | No | No | No |
| Restraint Type | 3-point lap and torso belt with a driver side air bag | 3-point lap and torso belt | 3 point lap and torso belt |

| Usage/Failures | Yes/No failure | Seat belts used improperly, torso belt placed behind the child's back | Seat belts used improperly, torso belt placed behind the child's back |
|---|---|---|---|
| **Treatment** | Medical Group Emergency Room | Medical Group Emergency Room | Medical Group Emergency Room |
| **Time in hospital** | 0 | 0 | 0 |
| **Lost working days** | | | |

**Cargo**: No
**Other Vehicle**

1986 BMW

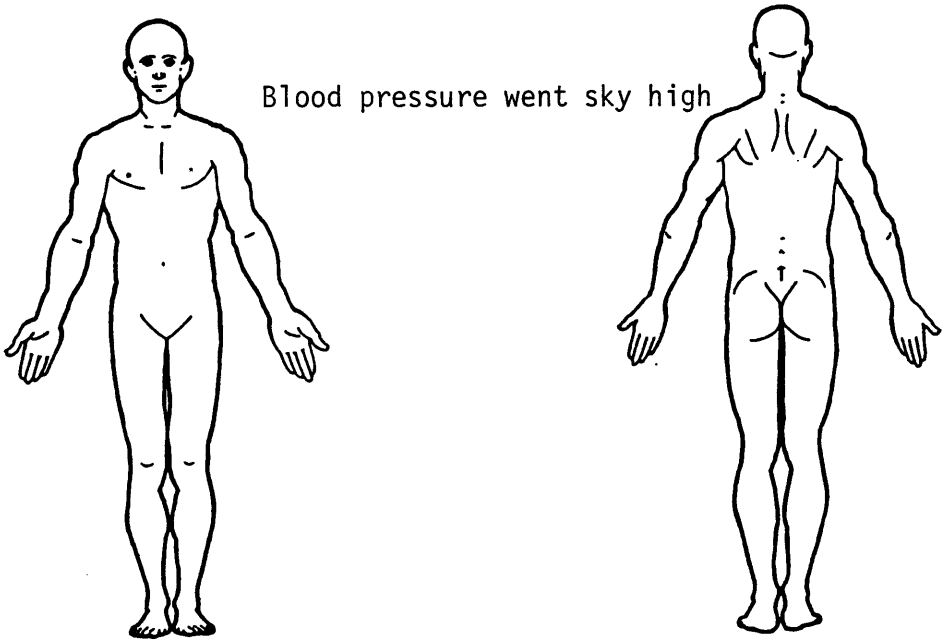
PSU Number ___ ___ Case Number—Stratum AB05 Vehicle Number 01 Occupant Number 01

## INJURY DATA FROM INTERVIEWEE(S)

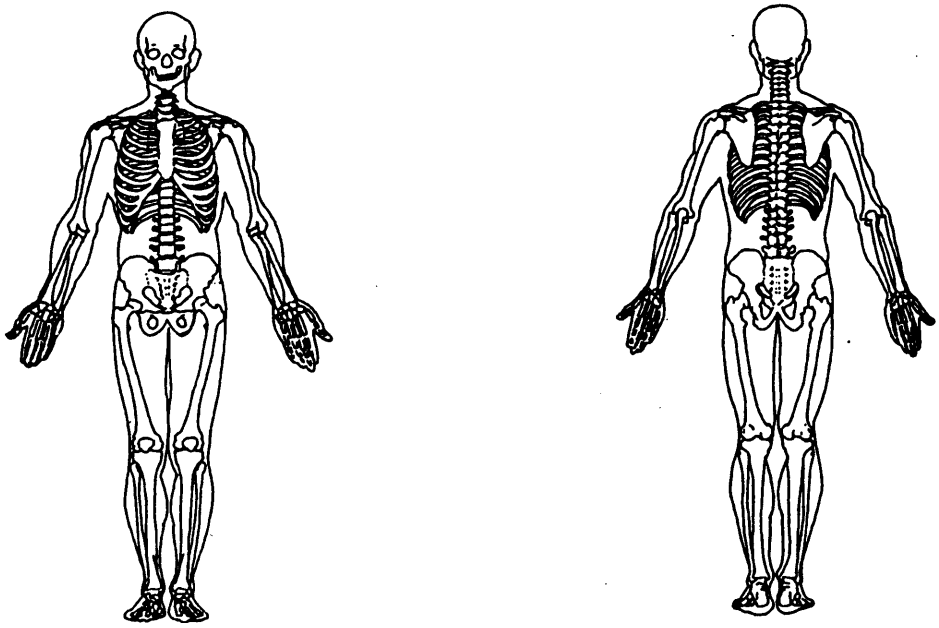
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver's wife

### SOFT TISSUE/INTERNAL INJURIES

Blood pressure went sky high



### SKELETAL INJURIES



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

PSU Number ___ ___ Case Number—Stratum AB05 ___ ___ ___ ___ Vehicle Number 01 Occupant Number 02

## INJURY DATA FROM INTERVIEWEE(S)

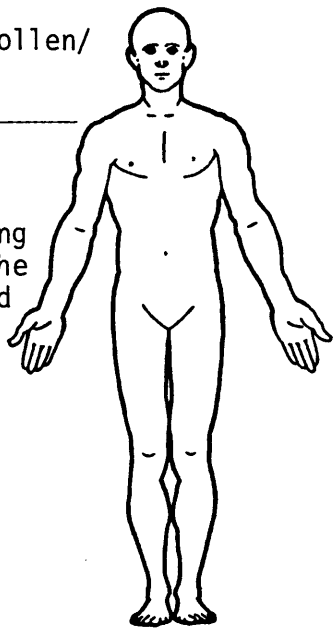
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver's wife

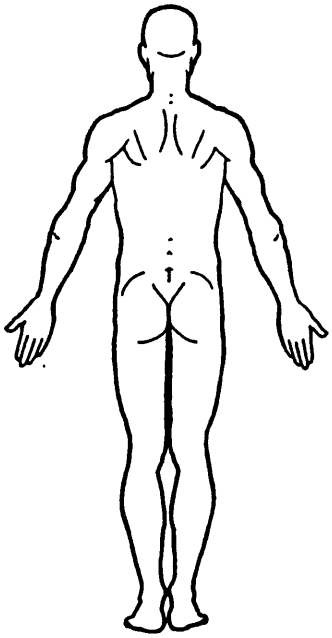
### SOFT TISSUE/INTERNAL INJURIES

L.cheek puffy/swollen/ tender

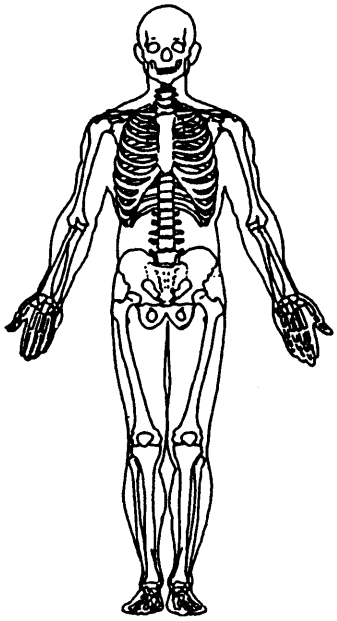
L. door

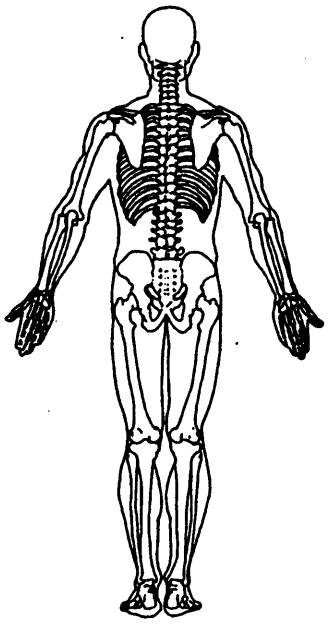
(According to mom the cheek did not contuse)





### SKELETAL INJURIES





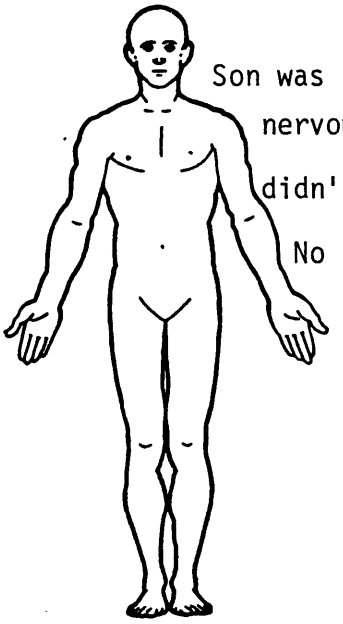
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number ___ ___ Case Number—Stratum AB05 ___ ___ Vehicle Number 01 ___ Occupant Number 03

## INJURY DATA FROM INTERVIEWEE(S)

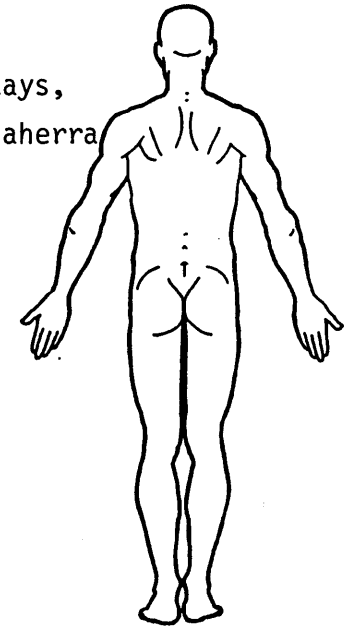
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver's wife

### SOFT TISSUE/INTERNAL INJURIES

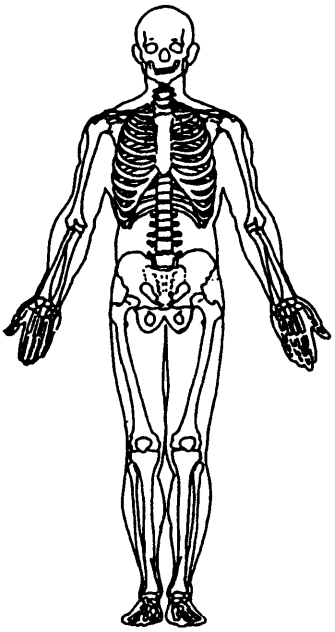


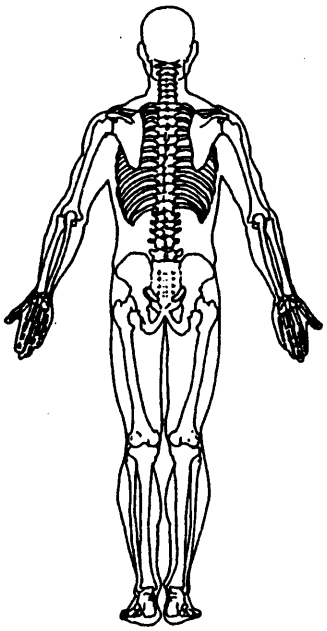
Son was sick for a few days, nervous, threw up, diaherra didn't eat.

No indication of a head trauma



### SKELETAL INJURIES





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

U.S. Department of Transportation

National Highway Traffic Safety Administration

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 01
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 31
   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 183
   Code actual height to the nearest centimeter.
   (999) Unknown

   73 inches X 2.54 = 183 centimeters

8. Occupant's Weight 094
   Code actual weight to the nearest kilogram.
   (999) Unknown

   207 pounds X .4536 = 094 kilograms

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

## OCCUPANT'S SEATING

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

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

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

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

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

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

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

## EJECTION/ENTRAPMENT

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

13. Ejection Area Ø
    (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 Ø
    (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) Ø
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment Ø
    (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 — 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

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

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident — 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____

(6) Broken retractor
(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

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

*Non-functional*
(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled
(9) Unknown

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

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

(9) Unknown

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

24. Police Reported Restraint Use — 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 Position: 3
    (0) No head restraints
    (1) Integral—no damage
    (2) Integral—damaged during accident
    (3) Adjustable—no damage
    (4) Adjustable—damaged during accident
    (5) Add-on—no damage
    (6) Add-on—damaged during accident
    (8) Other (specify): _____
    (9) Unknown

26. Seat Type (this Occupant Position): Ø1
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

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

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Ø Ø Ø
(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 Ø
(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 Ø Ø
(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 Ø Ø

32. Child Safety Seat Shield Usage Ø Ø

33. Child Safety Seat Tether Usage Ø Ø

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) Ø

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

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

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

38. Working Days Lost Ø Ø
____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 Ø Ø
____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 Ø Ø

41. 2nd Medically Reported Cause of Death Ø Ø

42. 3rd Medically Reported Cause of Death Ø Ø
____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant Ø Ø
____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

## AUTOMATIC BELT SYSTEM

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

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

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

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

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

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

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

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

Check the Primary Source Used In Determining Belt Use.

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

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

UPDATE CANDIDATE? NO [X] YES [ ]

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

## TRAUMA DATA

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

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

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

## BELT USE DETERMINATION

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 01
4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 06
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

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

7. Occupant's Height 122
   Code actual height to the nearest centimeter.
   (999) Unknown
   48 inches X 2.54 = 122 centimeters

8. Occupant's Weight 024
   Code actual weight to the nearest kilogram.
   (999) Unknown
   052 pounds X .4536 = 024 kilograms

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

## OCCUPANT'S SEATING

10. Occupant's Seat Position 21
    *Front Seat*
    (11) Left side
    (12) Middle
    (13) Right side
    (14) Other (specify): _____
    (15) On or in the lap of another occupant

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

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

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

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

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

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

## EJECTION/ENTRAPMENT

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

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

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

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

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

## RESTRAINT SYSTEM 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 Ø4
(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 3
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

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

20. Manual (Active) Belt Failure Modes During Accident 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

21. Air Bag System Availability/Function Ø
(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 Ø
(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? Ø
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

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

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

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position: Ø
    (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): Ø 6
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

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

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Ø Ø Ø
(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 Ø
(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 Ø Ø
(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 Ø Ø

32. Child Safety Seat Shield Usage Ø Ø

33. Child Safety Seat Tether Usage Ø Ø

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 4

(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) 3

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

37. Hospital Stay Ø Ø

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

99. Case Occupant Ø

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

38. Working Days Lost 9 7

_____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 Ø Ø

_____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 Ø Ø

41. 2nd Medically Reported Cause of Death Ø Ø

42. 3rd Medically Reported Cause of Death Ø Ø

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant Ø 1

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

## AUTOMATIC BELT SYSTEM

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

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

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

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

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

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

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

    _____
    (8) Other improper use of automatic belt system (specify):_____
    (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ∅
    (0) Not equipped/not available/not in use
    (1) No automatic belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify):

    _____
    (6) Broken retractor
    (7) Combination of above (specify):
    (8) Other automatic belt failure (specify):

    _____
    (9) Unknown

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

    _____
    (9) Unknown

Check the Primary Source Used In Determining Belt Use.

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

_____
[ ] Unknown if belt used

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

UPDATE CANDIDATE? NO [X] YES [ ]

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

## TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — Ø 2
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) - $HCO_3$ — Ø 1
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the$HCO_3$
    (96) ABGs reported , $HCO_3$ unknown
    (97) Injured, details unknown
    (99) Unknown if injured

## BELT USE DETERMINATION

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

U.S. Department of Transportation

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

ational Highway Traffic Safety
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# OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum DS1-94-AB-05
3. Vehicle Number 01
4. Occupant Number 02

## INJURY DATA

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

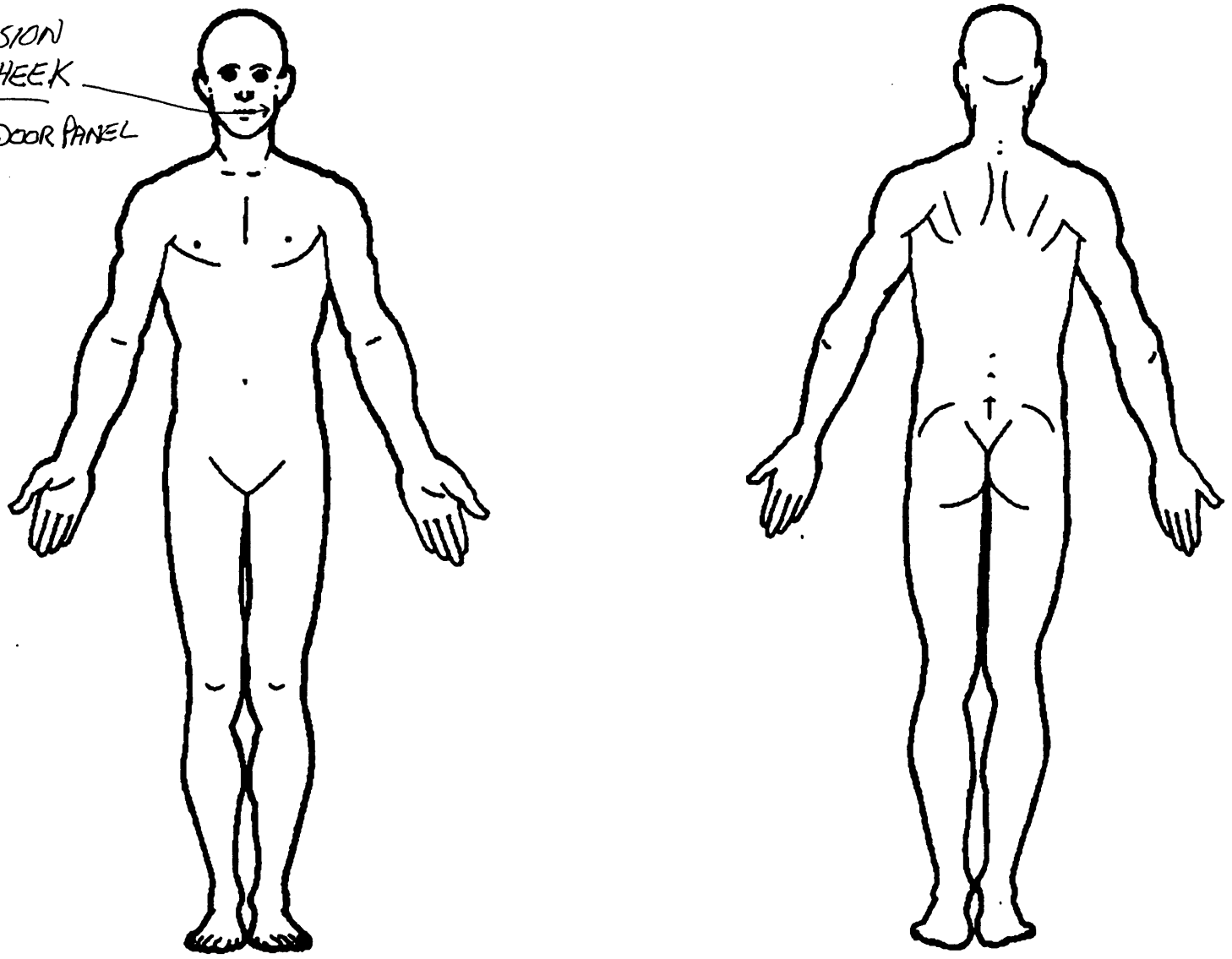
| | Source of Injury Data | A.I.S. - 90 Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number | ICD-9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | 5. 9 | 6. 2 | 7. 9 | 8. 04 | 9. 02 | 10. 1 | 11. 2 | 12. 20 | 13. 1 | 14. 1 | 15. 00 | 920 |
| 2nd | 16. ___ | 17. ___ | 18. ___ | 19. ___ ___ | 20. ___ ___ | 21. ___ | 22. ___ | 23. ___ ___ | 24. ___ | 25. ___ | 26. ___ ___ | |
| 3rd | 27. ___ | 28. ___ | 29. ___ | 30. ___ ___ | 31. ___ ___ | 32. ___ | 33. ___ | 34. ___ ___ | 35. ___ | 36. ___ | 37. ___ ___ | |
| 4th | 38. ___ | 39. ___ | 40. ___ | 41. ___ ___ | 42. ___ ___ | 43. ___ | 44. ___ | 45. ___ ___ | 46. ___ | 47. ___ | 48. ___ ___ | |
| 5th | 49. ___ | 50. ___ | 51. ___ | 52. ___ ___ | 53. ___ ___ | 54. ___ | 55. ___ | 56. ___ ___ | 57. ___ | 58. ___ | 59. ___ ___ | |
| 6th | 60. ___ | 61. ___ | 62. ___ | 63. ___ ___ | 64. ___ ___ | 65. ___ | 66. ___ | 67. ___ ___ | 68. ___ | 69. ___ | 70. ___ ___ | |
| 7th | 71. ___ | 72. ___ | 73. ___ | 74. ___ ___ | 75. ___ ___ | 76. ___ | 77. ___ | 78. ___ ___ | 79. ___ | 80. ___ | 81. ___ ___ | |
| 8th | 82. ___ | 83. ___ | 84. ___ | 85. ___ ___ | 86. ___ ___ | 87. ___ | 88. ___ | 89. ___ ___ | 90. ___ | 91. ___ | 92. ___ ___ | |
| 9th | 93. ___ | 94. ___ | 95. ___ | 96. ___ ___ | 97. ___ ___ | 98. ___ | 99. ___ | 100. ___ ___ | 101. ___ | 102. ___ | 103. ___ ___ | |
| 10th | 104. ___ | 105. ___ | 106. ___ | 107. ___ ___ | 108. ___ ___ | 109. ___ | 110. ___ | 111. ___ ___ | 112. ___ | 113. ___ | 114. ___ ___ | |

orm 433B (1/94)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



## SOURCE OF INJURY DATA

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

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

(9) Police

## INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):
(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):
(47) Interior loose objects
(48) Child safety seat (specify):
(49) Other interior object (specify):

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

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

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

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)
(86) Unknown vehicle or object

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

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### Body Region

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

### Type of Anatomic Structure

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

### Specific Anatomic Structure

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

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

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

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

### Level of Injury

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

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

### Abbreviated Injury Scale

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

### Aspect

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

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__ No

__ Yes

**Blood Alcohol Level (mg/dl)**

BAL = ____

**Glasgow Coma Scale Score**

GCSS = ____

**Units of Blood Given**

Units = ____

**Arterial Blood Gases**

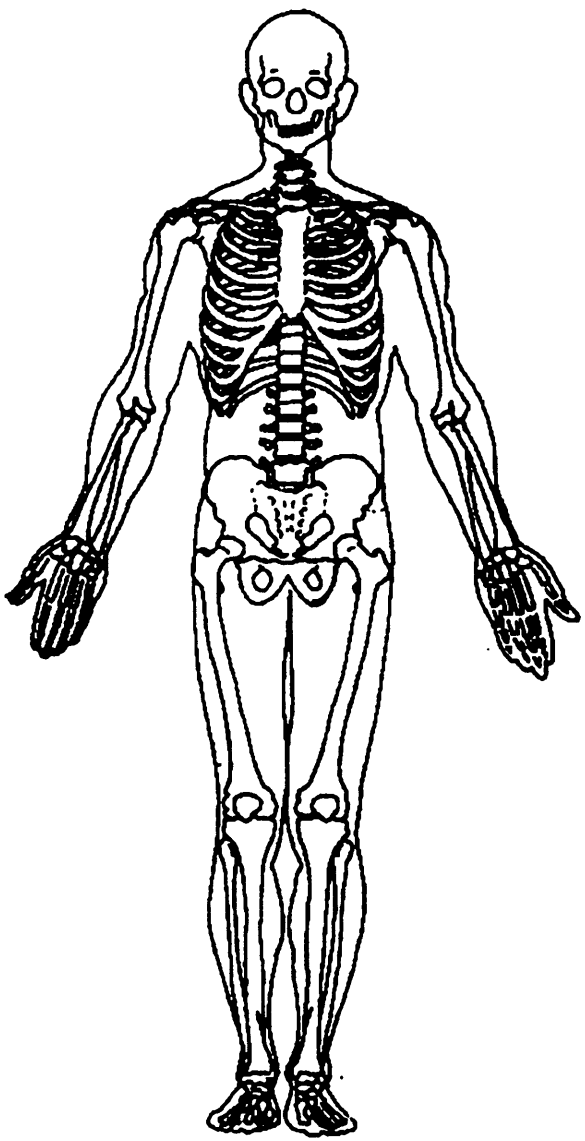
pH = __.__

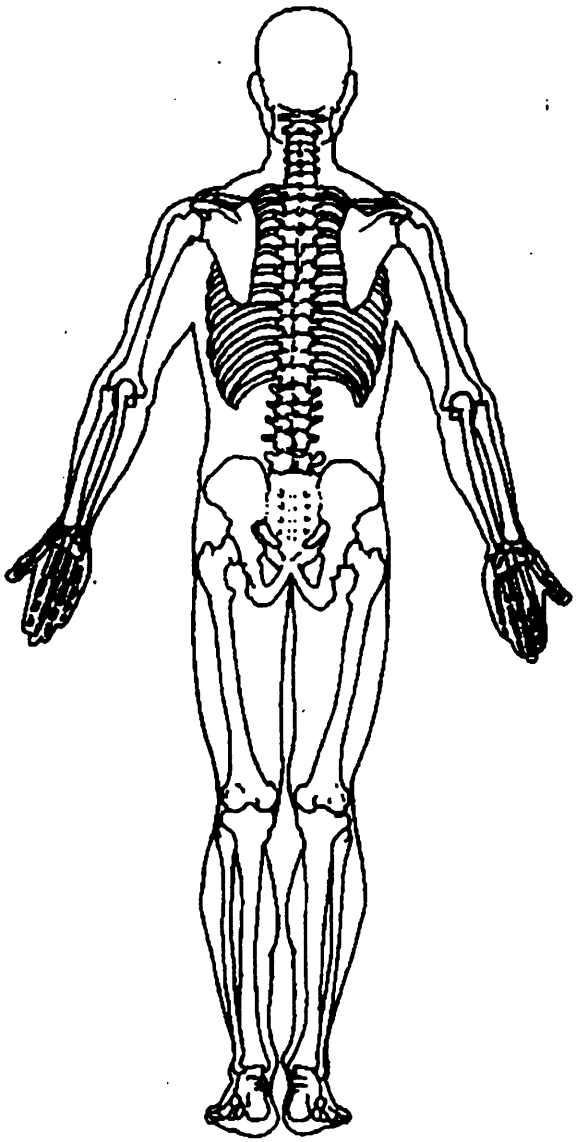
$PO_2$ = ____

$PCO_2$ ____

$HCO_3$ ____

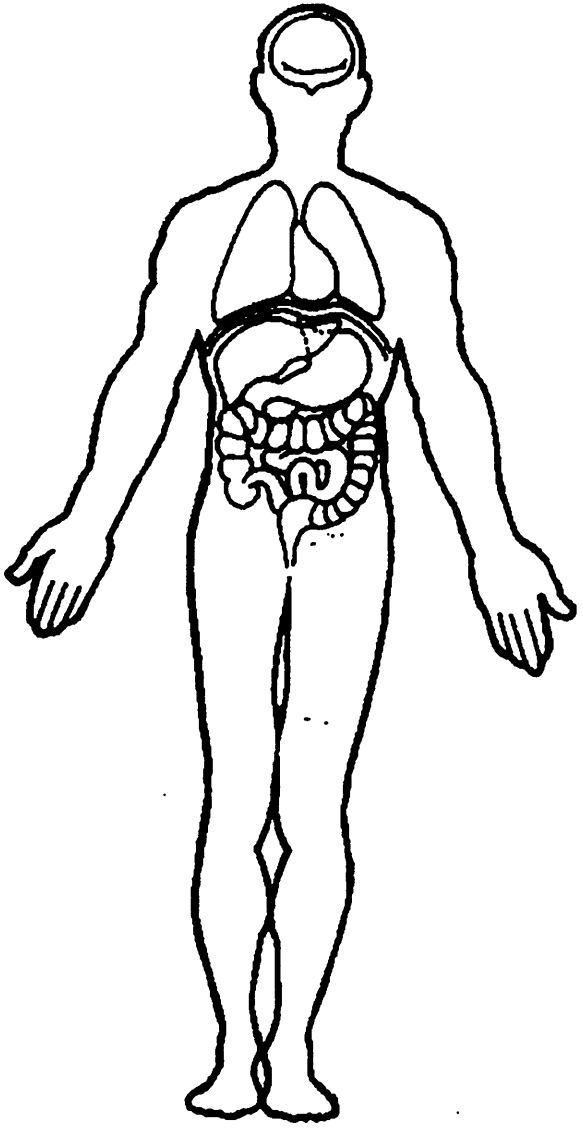
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

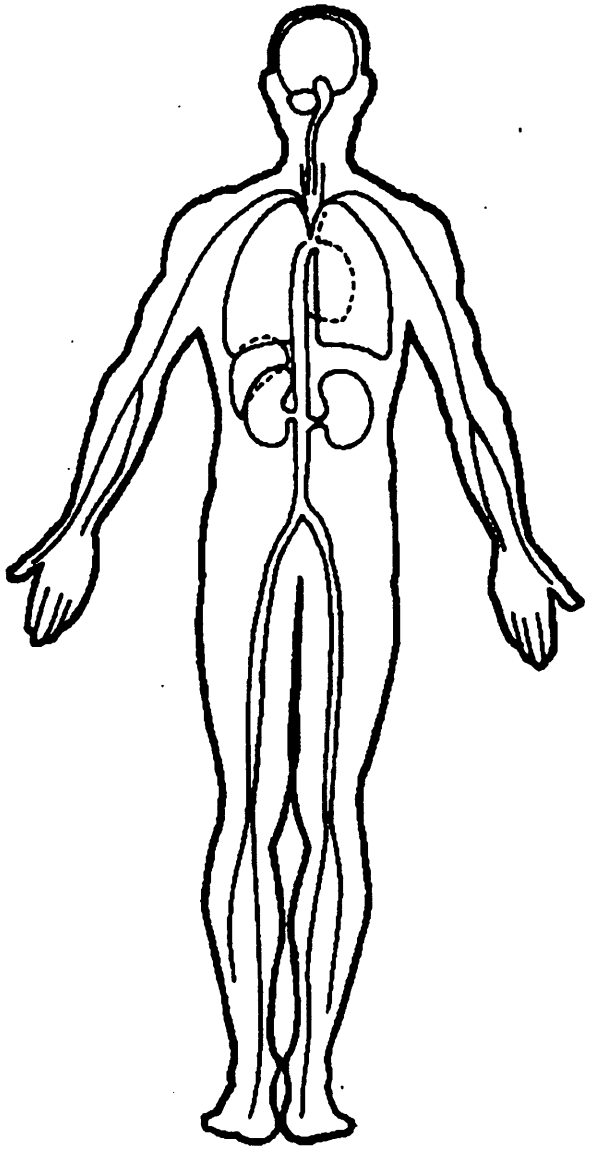




## OFFICIAL INJURY DATA — INTERNAL INJURIES

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





U.S. Department of Transportation

National Highway Traffic Safety Administration

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 01
4. Occupant Number 03

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 03
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 097
Code actual height to the nearest centimeter.
(999) Unknown

38 inches X 2.54 = 097 centimeters

8. Occupant's Weight 018
Code actual weight to the nearest kilogram.
(999) Unknown

040 pounds X .4536 = 018 kilograms

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

## OCCUPANT'S SEATING

10. Occupant's Seat Position 23

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

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

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

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

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

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

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

## EJECTION/ENTRAPMENT

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

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

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

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

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

## RESTRAINT SYSTEM 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 Ø4
(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 3
(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 / BACK
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of manual belt system (specify): _____
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

21. Air Bag System Availability/Function Ø
(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 Ø
(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? Ø
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

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

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

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — Ø
    (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) — Ø 6
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., column supported)
    (09) Other seat type (specify): _____
    (10) Box mounted seat (i.e., van type)
    (99) Unknown

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

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Ø Ø Ø
(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 Ø
(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 Ø Ø
(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 Ø Ø

32. Child Safety Seat Shield Usage Ø Ø

33. Child Safety Seat Tether Usage Ø Ø

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) Ø

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

37. Hospital Stay Ø Ø
(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

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

38. Working Days Lost 9 7
_____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 Ø Ø
_____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 Ø Ø

41. 2nd Medically Reported Cause of Death Ø Ø

42. 3rd Medically Reported Cause of Death Ø Ø
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant Ø Ø
_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

## AUTOMATIC BELT SYSTEM

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

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

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

    _____

    (3) Automatic belt use unknown
    (9) Unknown

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

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

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

    _____

    (8) Other improper use of automatic belt system (specify):_____
    (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident Ø
    (0) Not equipped/not available/not in use
    (1) No automatic belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify):

    _____

    (6) Broken retractor
    (7) Combination of above (specify):
    (8) Other automatic belt failure (specify):

    _____

    (9) Unknown

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

    _____

    (9) Unknown

Check the Primary Source Used In Determining Belt Use.

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

_____

[ ] Unknown if belt used

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

UPDATE CANDIDATE? NO [X] YES [ ]

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

## TRAUMA DATA

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

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

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

## BELT USE DETERMINATION

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

# GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 02

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 86
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): 34
   BMW
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 034
   3-SERIES
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 02
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

| W | B | A | A | B | 5 | 4 | 0 | 2 | G | 9 | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 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: PAR

## ACCIDENT RELATED

13. Speed Limit 072
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    45 mph X 1.6093 = 072 kph

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

15. Accident Type 68
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

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

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

*Automobiles*

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

_____

(09) Unknown automobile type

*Automobile Derivatives*

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

*Utility Vehicles (≤ 4,500 kgs GVWR)*

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

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

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

_____

(29) Unknown van type

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

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

*Other Light Trucks (≤ 4,500 kgs GVWR)*

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

## OTHER VEHICLES

*Buses (Excludes Van Based)*

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

_____

(59) Unknown bus type

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

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

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

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

*Other Vehicles*

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

## OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted: 01

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,510
____Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

03,320 lbs X .4536 = 1,505 kgs

Source: [redacted]

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

## 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

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

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

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

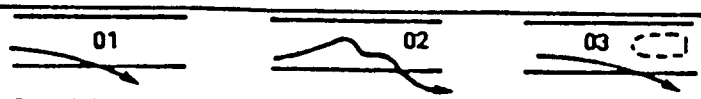
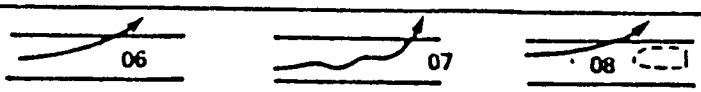
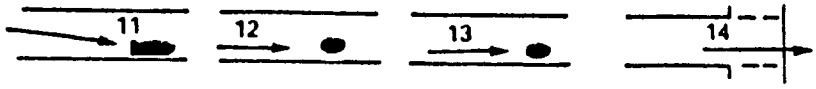
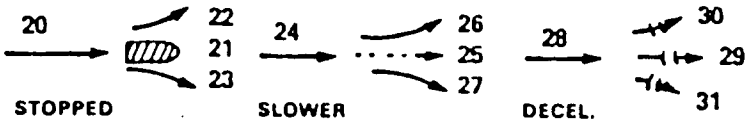
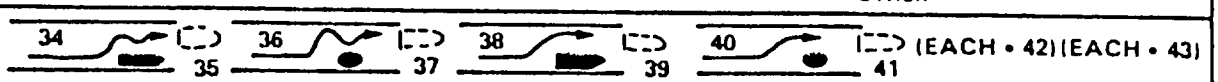
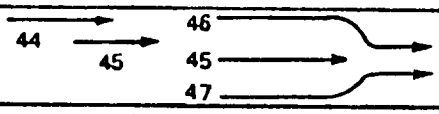
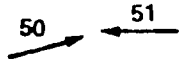
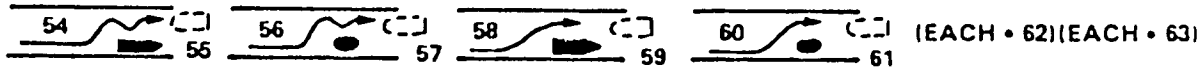
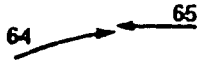
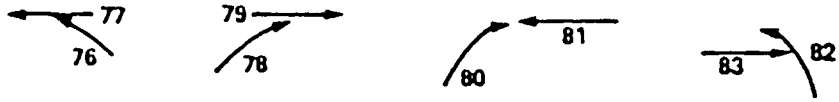
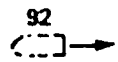
(7) Medium/heavy truck or bus override
(9) Unknown

## 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: 120

28. Heading Angle For Other Vehicle: 000

| Category | Configuration | ACCIDENT TYPES (Includes Intent) |
|---|---|---|
| I. Single Driver | A. Right Roadside Departure |   |
| | B. Left Roadside Departure |   |
| | C Forward Impact |   |
| II Same Trafficway Same Direction | D Rear-End |   |
| | F Forward Impact |   |
| | F Sideswipe Angle |   |
| III Same Trafficway Opposite Direction | G Head-On |   |
| | H Forward Impact |   |
| | I Sideswipe Angle |   |
| IV Change Trafficway Vehicle Turning | J. Turn Across Path |   |
| | K. Turn Into Path |   |
| V Intersecting Paths (Vehicle Damage) | L. Straight Paths |   |
| VI Miscellaneous | M. Backing Etc. |   98 Other Accident Type 99 Unknown Accident Type 00 No Impact |

29. Basis for Total Delta V (highest) 6

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

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

## COMPUTER GENERATED DELTA V

30. Total Delta V — Highest 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

31. Longitudinal Component of Delta V ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

32. Lateral Component of Delta V — Highest ± 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

33. Energy Absorption 999.900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

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

34. Confidence In Reconstruction Program Results (For Highest Delta V) Ø
(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 Ø
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
_____

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

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

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

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

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

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

## DRUG EVALUATION CLASSIFICATION

### OTHER DRUGS TEST RESULTS FOR DRIVER

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

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

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

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

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

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

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

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

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

## OTHER DATA

56. Driver's Zip Code [redacted]

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

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

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

## ROLLOVER DATA

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

59. Rollover Initiation Type Ø
(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 Ø
(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 ØØ

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied Ø
(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 Ø
(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) 1Ø
(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 15

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

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

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

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

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

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

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

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

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

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

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

# OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 02
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 40
   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 999
   Code actual height to the nearest centimeter.
   (999) Unknown

   ___ ___ inches X 2.54 = ___ ___ ___ centimeters

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

   ___ ___ ___ pounds X .4536 = ___ ___ ___ 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 Ø
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area Ø
    (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 Ø
    (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) Ø
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment Ø
    (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 — 99
(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 — Ø
(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 — Ø
(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? — Ø
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

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

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

## HEAD RESTRAINT AND SEAT EVALUATION

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

26. Seat Type (this Occupant Position) — 99
    (00) Occupant not seated or no seat
    (01) Bucket
    (02) Bucket with folding back
    (03) Bench
    (04) Bench with separate back cushions
    (05) Bench with folding back(s)
    (06) Split bench with separate back cushions
    (07) Split bench with folding back(s)
    (08) Pedestal (i.e., 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 (specify): _____
    (4) Seat track/anchors failed
    (5) Deformed by impact of occupant
    (6) Deformed by passenger compartment intrusion (specify): _____
    (7) Combination of above (specify): _____
    (8) Other (specify): _____
    (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ∅ ∅ ∅
(000) 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) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ∅∅
(00) 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 ∅ ∅

32. Child Safety Seat Shield Usage ∅ ∅

33. Child Safety Seat Tether Usage ∅ ∅

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) 2

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

37. Hospital Stay ØØ
(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

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

38. Working Days Lost 99
_____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 ØØ
_____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 ØØ

41. 2nd Medically Reported Cause of Death ØØ

42. 3rd Medically Reported Cause of Death ØØ
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant Ø1
_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

## AUTOMATIC BELT SYSTEM

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

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

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

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

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

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

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

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

Check the Primary Source Used In Determining Belt Use.

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

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

UPDATE CANDIDATE? NO [X] YES [ ]

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

## TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — Ø 2
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) – $HCO_3$ — Ø 1
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the$HCO_3$
    (96) ABGs reported , $HCO_3$ unknown
    (97) Injured, details unknown
    (99) Unknown if injured

## BELT USE DETERMINATION

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

U.S. Department of Transportation

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

National Highway Traffic Safety Administration

# OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum DSI-94-AB-05
3. Vehicle Number 02
4. Occupant Number 01

## INJURY DATA

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

| | Source of Injury Data | A.I.S. - 90 Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number | ICD-9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | 5. 9 | 6. 7 | 7. 9 | 8. 04 | 9. 02 | 10. 1 | 11. 2 | 12. 97 | 13. 9 | 14. 7 | 15. 00 | 923.00 |
| 2nd | 16. ___ | 17. ___ | 18. ___ | 19. ___ | 20. ___ | 21. ___ | 22. ___ | 23. ___ | 24. ___ | 25. ___ | 26. ___ | |
| 3rd | 27. ___ | 28. ___ | 29. ___ | 30. ___ | 31. ___ | 32. ___ | 33. ___ | 34. ___ | 35. ___ | 36. ___ | 37. ___ | |
| 4th | 38. ___ | 39. ___ | 40. ___ | 41. ___ | 42. ___ | 43. ___ | 44. ___ | 45. ___ | 46. ___ | 47. ___ | 48. ___ | |
| 5th | 49. ___ | 50. ___ | 51. ___ | 52. ___ | 53. ___ | 54. ___ | 55. ___ | 56. ___ | 57. ___ | 58. ___ | 59. ___ | |
| 6th | 60. ___ | 61. ___ | 62. ___ | 63. ___ | 64. ___ | 65. ___ | 66. ___ | 67. ___ | 68. ___ | 69. ___ | 70. ___ | |
| 7th | 71. ___ | 72. ___ | 73. ___ | 74. ___ | 75. ___ | 76. ___ | 77. ___ | 78. ___ | 79. ___ | 80. ___ | 81. ___ | |
| 8th | 82. ___ | 83. ___ | 84. ___ | 85. ___ | 86. ___ | 87. ___ | 88. ___ | 89. ___ | 90. ___ | 91. ___ | 92. ___ | |
| 9th | 93. ___ | 94. ___ | 95. ___ | 96. ___ | 97. ___ | 98. ___ | 99. ___ | 100. ___ | 101. ___ | 102. ___ | 103. ___ | |
| 10th | 104. ___ | 105. ___ | 106. ___ | 107. ___ | 108. ___ | 109. ___ | 110. ___ | 111. ___ | 112. ___ | 113. ___ | 114. ___ | |

Form 433B (1/94)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

## SOURCE OF INJURY DATA

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

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

(9) Police

## INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):
(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):
(47) Interior loose objects
(48) Child safety seat (specify):
(49) Other interior object (specify):

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

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

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

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)
(86) Unknown vehicle or object

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

## INJURY SOURCE CONFIDENCE LEVEL

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

## DIRECT/INDIRECT INJURY

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

## OCCUPANT INJURY CLASSIFICATION

### Body Region

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

### Type of Anatomic Structure

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

### Specific Anatomic Structure

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

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

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

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

### Level of Injury

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

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

### Abbreviated Injury Scale

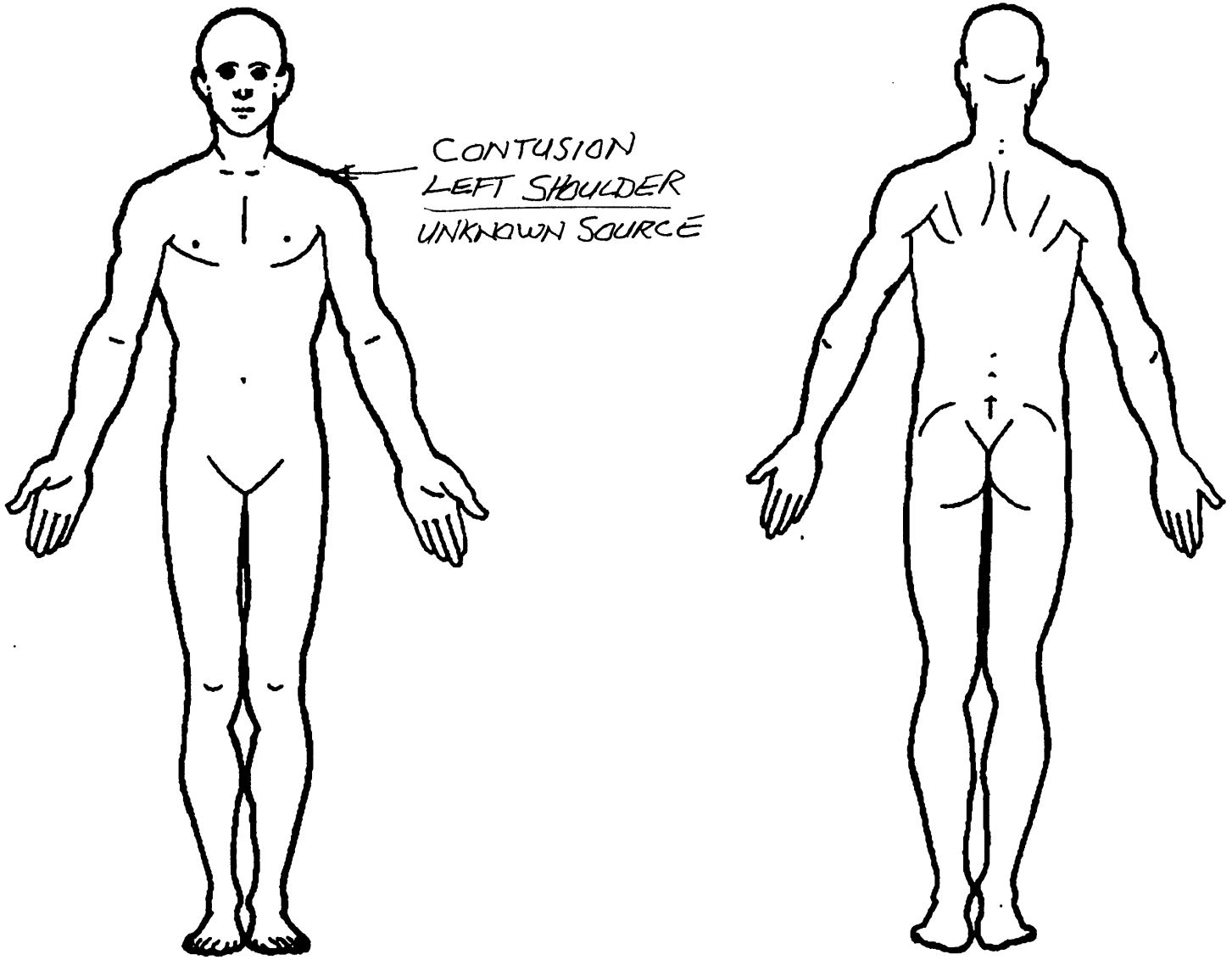
(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

### Aspect

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

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__ No

__ Yes

**Blood Alcohol Level (mg/dl)**

BAL = ____

**Glasgow Coma Scale Score**

GCSS = ____

**Units of Blood Given**

Units = ____

**Arterial Blood Gases**

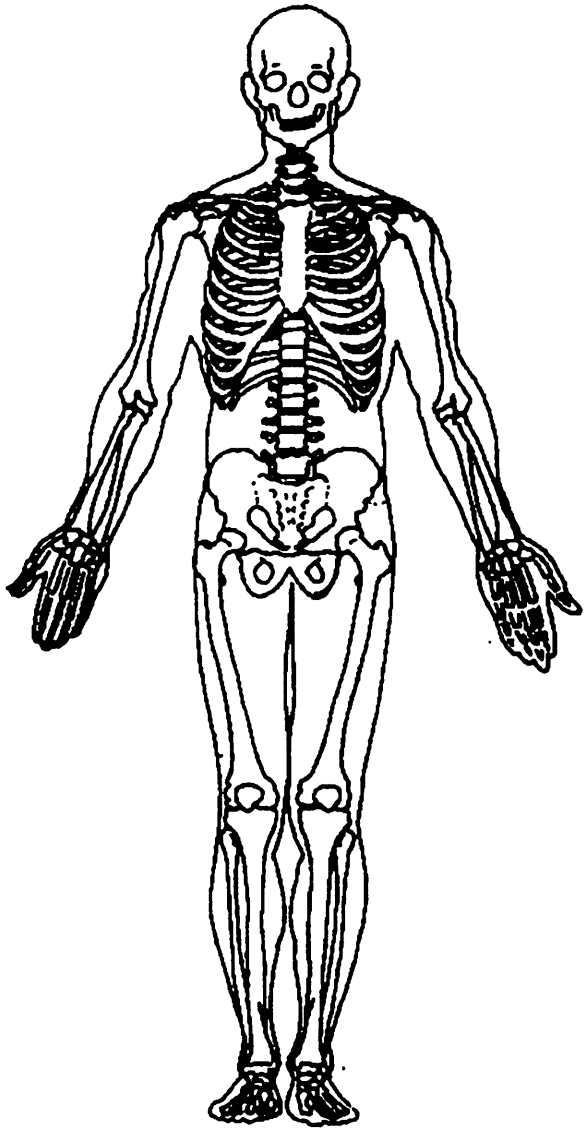
pH = _.__

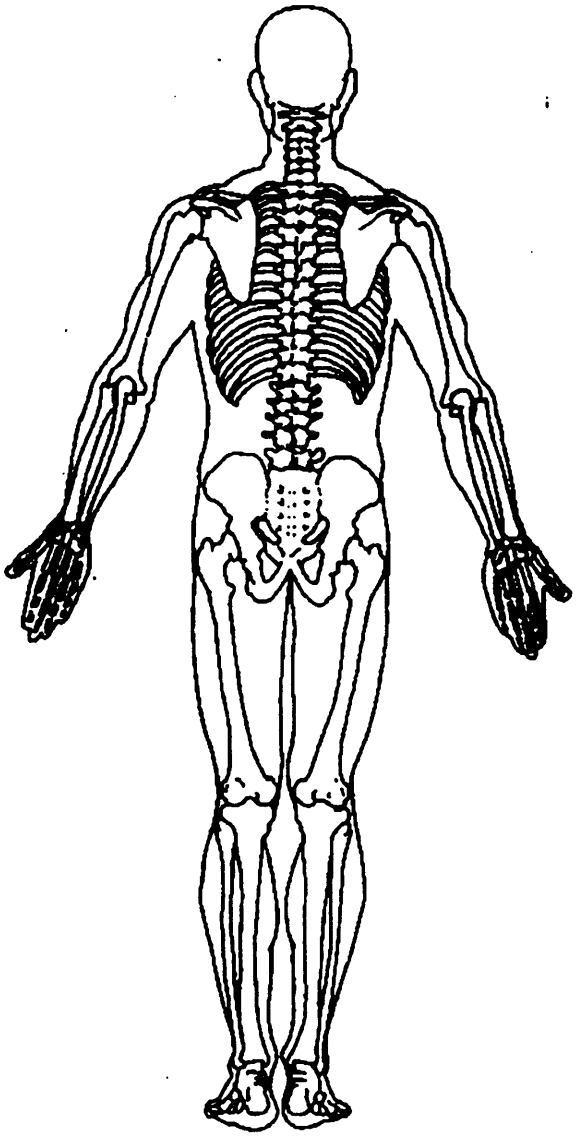
$PO_2$ = ____

$PCO_2$ ____

$HCO_3$ ____

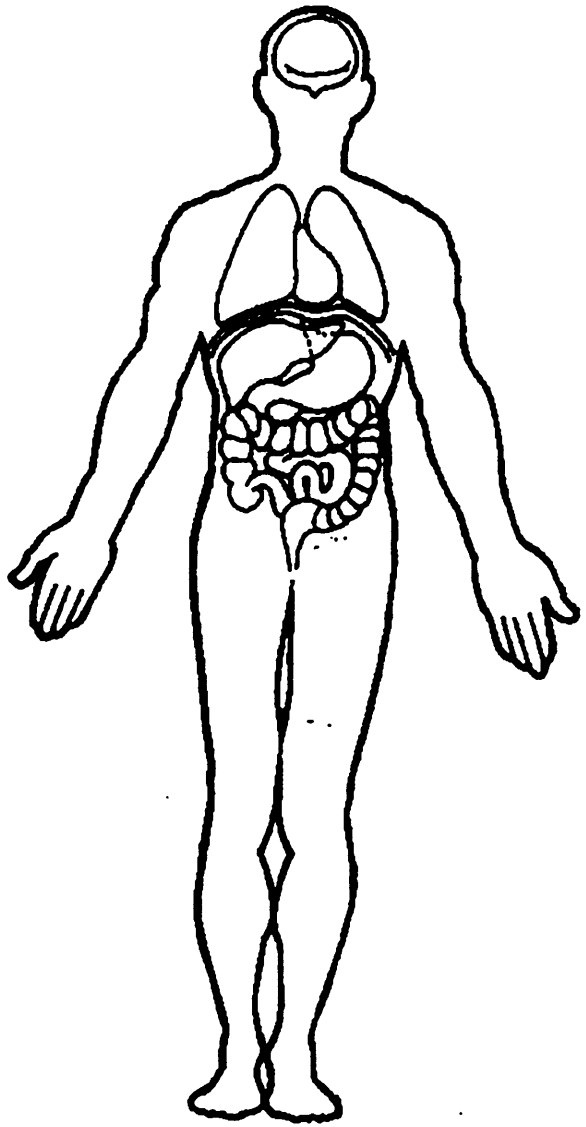
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

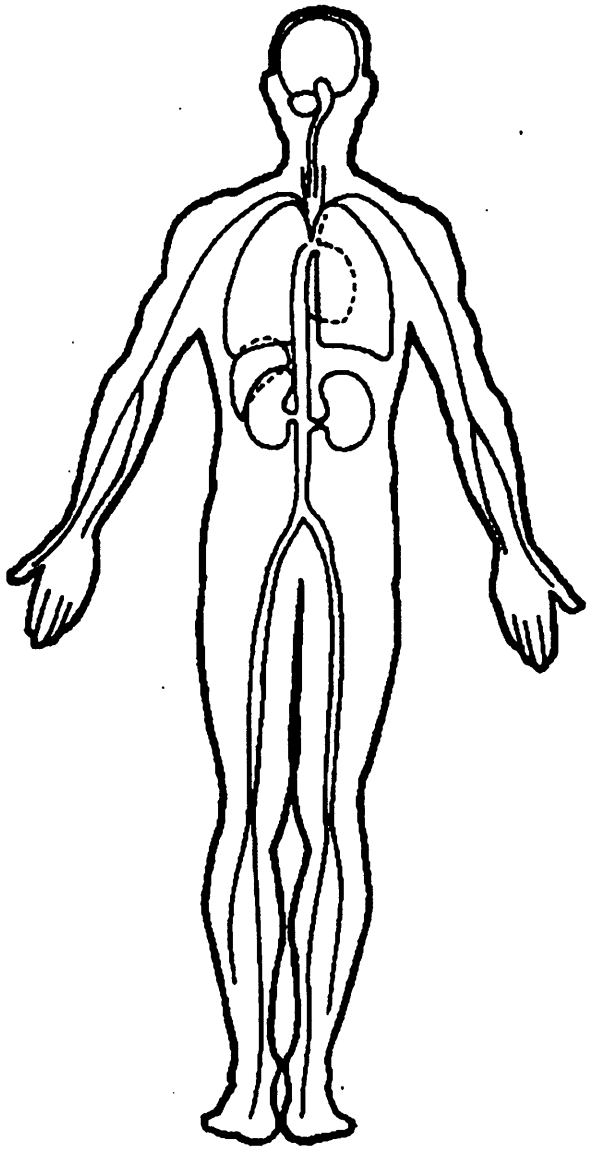




## OFFICIAL INJURY DATA — INTERNAL INJURIES

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





# AIRBAG SUPPLEMENT

## ACCIDENT SUMMARY

1. Accident Date: WINTER/WEEKDAY

2. Police Investigated [1]
   (1) Yes
   (2) No
   (3) Unknown

   Agency:
   City:
   County: [redacted] CALIFORNIA

3. General Locality [2]
   (1) Freeway, Limited Access
   (2) Urban (City)
   (3) Urban-Rural (mixed)
   (4) Rural, Fields

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

5. Fire Involved [1]
   (0) None
   (1) Airbag Vehicle
   (2) Other Vehicle
   (3) Both Vehicles
   (9) Unknown

6. Vehicles Involved [2]

7. Persons Involved [4]

8. Injured Persons [2]

9. Maximum AIS in Accident [1]

## AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: NOT INSPECTED (PHOTOS ONLY)

11. Reason Vehicle Not Inspected [7]
   (0) Not Required
   (1) Inspection Completed
   (2) Cannot be Located
   (3) Repaired or Destroyed
   (5) Refusal or Impounded
   (7) Other: (PHOTOS ONLY)

12. Impact Data Obtained [1]
   (0) No Data Obtained
   (1) CDC Only
   (2) Crush Profile Only
   (3) Trajectory Data Only
   (4) CDC and Crush Profile
   (5) CDC and Trajectory
   (6) Crush and Trajectory
   (7) CDC, Crush, and Trajectory

13. Basis of Delta-V [Ø]
   (0) Not Computed (Unknown why)
   (1) CRASH - Damage Only
   (2) CRASH - Damage + Traj
   (3) OLDMISS
   (4) POLES
   (5) Unknown Basis
   (6) One Vehicle Beyond Scope
   (7) Collision Beyond Scope
   (8) Insufficient Data

## VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? [2]
   (1) Yes
   (2) No
   (9) Unknown

15. Has Any Prior Maintenance or Service Been Performed on System [9]
   (1) Yes
   (2) No
   (9) Unknown

   Describe:

**AIRBAG VEHICLE**

Fleet:
VIN: 1J4GZ7844PC xxxxxx
Mileage: 42,170 km (26,204 mi.)

**SYSTEM READINESS LAMP**

16. Pre-Impact Lamp Condition [9]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

17. Driver's Report of Pre-Impact Flashing [9]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

18. Period of Pre-Impact Flashing [9]
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

19. Post-Impact Lamp Condition [9]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

20. Post-Impact Flashing [9]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event [13]
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport (same roadway)
(14) Motor vehicle in transport (other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

**AIRBAG VEHICLE IMPACT SUMMARY**

22. Vehicle Role [1]
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown

23. Manner of Leaving Scene [2]
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown

24. Number of Impact Events [1]
(8) 8 or more
(9) Unknown

25. Rollover [0]
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown

26. Override/Underride [0]
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE
CODES: (1) Yes, damaged
(2) No damage
(9) Unknown

27. Left Front Fender Damage [1]

28. Right Front Fender Damage [9]

29. Center Top of Grille Damage [1]

FRONT BUMPER E.A. STATUS

30. Left [9]

31. Right [9]

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

**FIRST AIRBAG VEHICLE IMPACT:**

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

33. CDC: 12FZEW1

34. Object Contacted: 1986 BMW

**PRIMARY/DEPLOYMENT IMPACT:**

35. Event Number [1]

36. Total Delta-V [UNK]

37. Longitudinal Delta-V [UNK]

38. Configuration [4]
See 32 above for codes

39. CDC: 12FZEW1

40. Object Contacted: 1986 BMW

**AIRBAG SYSTEM DAMAGE**

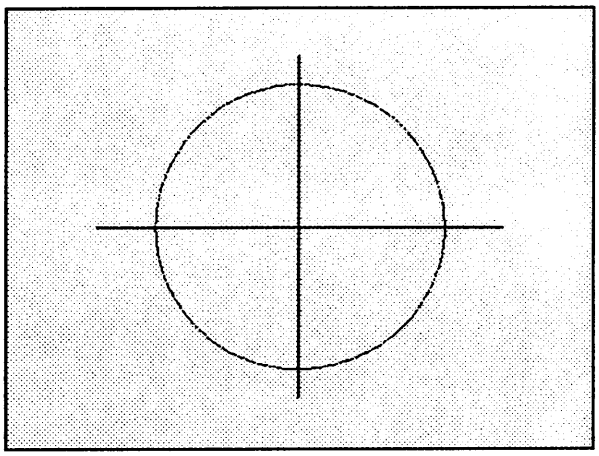
CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

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

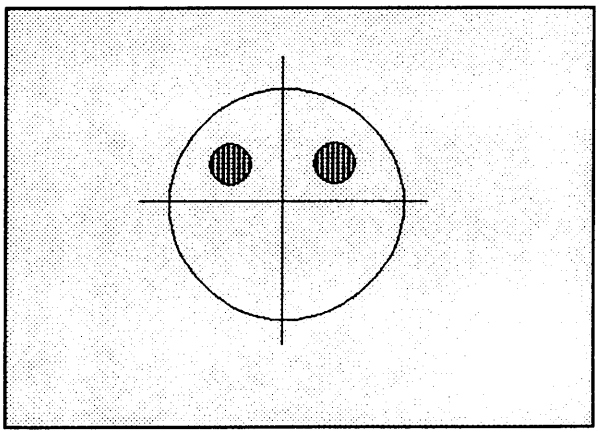
**DESCRIBE SYSTEM AND BAG DAMAGE:**

**NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:**

**FRONT**



**BACK**



**OCCUPANTS OF AIRBAG CAR**

51. Number of Occupants in Vehicle [3]

52. Number of Injured Persons [1]

53. Maximum AIS in Airbag Vehicle [1]
(0) No Injury
(1-6) AIS Severity
(7) Injured, unknown severity
(9) Unknown

**DRIVER**

Age: 31

Sex: MALE

54. Number of Driver Injuries [0]

55. Source of Best Injury Data [0]
(0) Not injured
(1) Autopsy
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

MAXIMUM AIS BY BODY REGION

| REGION | MAX AIS | CONTACT |
|---|---|---|
| Head/Neck/Face | ____ | ____ |
| Chest | ____ | ____ |
| Abdomen | ____ | ____ |
| Legs/Hips | ____ | ____ |
| Other (Arms) | ____ | ____ |
| Driver Maximum | N/A | N/A |

EJECTION

Extent: NONE

Portal: NONE

---

OTHER VEHICLE:

Maximum AIS 1

Prime/Deploy Impact w AB Vehicle Event Number 1

CDC: NOT INSPECTED

Total Delta V UNK

Make: BMW

Model Year: 1986

Model: 3-SERIES

Body Type: 2-DOOR

**NOTES:**

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

Evidence: INTERVIEW

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

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

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

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

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

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

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

Describe:

# ACCIDENT REPORT

SP ACTIVITY CODE/REPORT NO.

DATE OF ACCIDENT | TIME (USE 2400 HOUR) | DAY OF COLLISION: ☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☒ FRIDAY ☐ SATURDAY

OR CITY/COUNTY/STATE

## LOCATION

☒ ON ☐ OFF | STREET OR HIGHWAY ROUTE NO.

AT INTERSECTION: ROUTE NO., INTERSECTING STREET OR HWY | NOT AT INTERSECTION: ROUTE NO., NEAREST INTERSECTING ST. OR HWY. | DISTANCE (FEET OR MILES) | ☒ N ☐ S ☐ E ☐ W

## TYPE OF ACCIDENT

NONCOLLISION: ☐ OVERTURN ☐ FIRE/EXPLOSION ☐ IMMERSION ☐ THROWN/FALLING OBJECT ☐ SPILL ☐ GAS INHALATION

COLLISION: ☐ PEDESTRIAN ☐ PARKED MOTOR VEHICLE ☒ MOTOR VEHICLE IN TRANSPORT ☐ ANIMAL ☐ RAILWAY TRAIN ☐ PEDALCYCLIST ☐ FIXED OBJECT ☐ OTHER

TOTAL NO. OF VEHICLES INVOLVED: (2) TWO

SEVERITY: NO. KILLED: (0) ZERO | NO. INJURED: (2) TWO | ☐ PROPERTY DAMAGE ONLY

## WEATHER, LIGHT, ROAD COND.

| VEHICLE 1 | VEHICLE 2 | DRIVING LANES | VEHICLE 1 | VEHICLE 2 | CHARACTER | VEHICLE 1 | VEHICLE 2 | SURFACE | VEHICLE 1 | VEHICLE 2 | CONDITIONS | VEHICLE 1 | VEHICLE 2 | DEFECTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ONE ↕ | X | X | STRAIGHT | | | CONCRETE | X | X | DRY | | | HOLES, RUTS, BUMPS, ETC. |
| | | TWO ↓↑ | | | CURVE | X | X | BLACK TOP | | | WET | | | LOOSE MATERIAL ON SURFACE |
| X | X | THREE OR MORE ↓↕↑ | X | X | LEVEL | | | BRICK | | | MUD | | | DEFECTIVE SHOULDER |
| | | DIVIDED HIGHWAY | | | ON GRADE | | | GRAVEL | | | SNOW | X | X | NO DEFECTS |
| | | OTHER | | | OTHER | | | OTHER | | | OTHER | | | OTHER |

| VEHICLE 1 | VEHICLE 2 | WEATHER | | LIGHT |
|---|---|---|---|---|
| X | X | CLEAR | | DAYLIGHT |
| | | RAIN | X | DAWN |
| | | FOG | | DUSK |
| | | SNOWING | | DARK ST. LIGHTS |
| | | OTHER | | DARK NO ST. LIGHTS |

## TRAFFIC CONTROL

| VEHICLE 1 | VEHICLE 2 | | VEHICLE 1 | VEHICLE 2 | | VEHICLE 1 | VEHICLE 2 | | VEHICLE 1 | VEHICLE 2 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | STOP & GO SIGNAL | | | FLASHING LIGHT | | | WARNING SIGN | | | ONE WAY STREET |
| | | NO TRAFFIC SIGNAL | | | OFFICER OR WATCHMAN | | | SOLID CENTER LINE | | | STOP SIGN |

OTHER (EXPLAIN): TRAFFIC SIGNAL

## VEHICLE NO. 1

REGISTRATION PLATE NO. | MAKE: BMW | YEAR: 86 | BODY TYPE: 2 DR

VEH ID NO: WBAAB5402C9 | ODOMETER: 89837

UNIT MARKINGS/DECAL NO. | ☒ PRIVATELY OWNED ☐ GOVERNMENT

REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)

ADDRESS OF OWNER: [redacted]

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT: [redacted]

## VEHICLE NO. 2

REGISTRATION PLATE NO. | MAKE: JEEP | YEAR: 93 | BODY TYPE: UT

VEH ID NO: 1J4GZ78Y4PC | ODOMETER: 26204

UNIT MARKINGS/DECAL NO.: N/A | ☒ PRIVATELY OWNED ☐ GOVERNMENT

REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)

ADDRESS OF OWNER

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT

## DRIVER NO. 1

NAME (LAST, FIRST, M.I.) GRADE AND ADDRESS: [redacted] | SSN: [redacted]

SEX: ☒ M ☐ F | DOB: [redacted]

DRIVER'S LICENSE/PERMIT NUMBER: [redacted] | STATE: [redacted] | AFSC/JOB SERIES: [redacted]

LIMITATIONS ON LICENSE/PERMIT
☐ RESTRICTION: *Complied with* ☒ NO RESTRICTION
☐ RESTRICTION: *Noncompliance* ☐ UNKNOWN

## DRIVER NO. 2

NAME (LAST, FIRST, M.I.) GRADE AND ADDRESS | SSN

SEX: ☒ M ☐ F | DOB: -62

DRIVER'S LICENSE/PERMIT NUMBER | STATE | AFSC/JOB SERIES

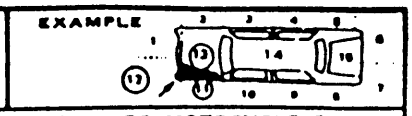
LIMITATIONS ON LICENSE/PERMIT
☐ RESTRICTION: *Complied with* ☒ NO RESTRICTION
☐ RESTRICTION: *Noncompliance* ☐ UNKNOWN

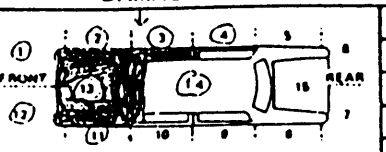
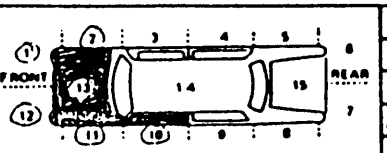
## OCCUPANTS

| NAME AND ADDRESS | VEH NO. | CODES → AGE | SEX | CATEGORY (1) | INJURY (2) | SAFETY EQUIP (3) | SEAT POSITION (4) |
|---|---|---|---|---|---|---|---|
| (SAME AS ABOVE) | 1 | 40 | M | A | 2 | A | 1 |
| (SAME AS ABOVE) | 2 | 32 | M | A | 0 | A | 1 |
| | 2 | 3 | M | B | 0 | A | 6 |
| | 2 | 6 | F | B | 2 | A | 4 |
| | | | | | | | |
| N/A | | | | | | | |

## VEHICLE DAMAGE INSTRUCTIONS

1. In each box, circle the number of each damaged area.
2. Shade area of severest impact.
3. Draw arrow(s) to show principal direction of force.

EXAMPLE 

| DAMAGED VEHICLE NO. 1 | DAMAGED VEHICLE NO. 2 | DAMAGED TRAILER, MOTOCYCLE, ETC. |
|---|---|---|
|  |  | SKETCH DAMAGE |
| 13. HOOD<br>14. ROOF<br>15. TRUNK<br>16. UNDERCARRIAGE<br>17. OVERTURN | 13. HOOD<br>14. ROOF<br>15. TRUNK<br>16. UNDERCARRIAGE<br>17. OVERTURN | |
| SEVERITY OF DAMAGE: VEHICLE NO. 1<br>☒ DISABLING DAMAGE ☐ OTHER M.V. DAMAGE<br>☐ FUNCTIONAL DAMAGE ☐ NO DAMAGE | SEVERITY OF DAMAGE: VEHICLE NO. 2<br>☒ DISABLING DAMAGE ☐ OTHER M.V. DAMAGE<br>☐ FUNCTIONAL DAMAGE ☐ NO DAMAGE | SEVERITY OF DAMAGE: (OTHER VEHICLE)<br>☐ DISABLING DAMAGE ☐ OTHER M.V. DAMAGE<br>☐ FUNCTIONAL DAMAGE ☐ NO DAMAGE |
| TOWED BY TOWING | TOWED BY TOWING | TOWED BY |
| TO | TO | TO |

DAMAGE TO PROPERTY (OTHER THAN VEHICLE) N/A

### DESCRIPTION OF ACCIDENT

SEE ATTACHMENT

### DRIVER'S ACTION BEFORE ACCIDENT

| DIRECTION HEADED | N | S | E | W |
|---|---|---|---|---|
| VEH 1 | ☐ | ☒ | ☐ | ☐ |
| VEH 2 | ☒ | ☐ | ☐ | ☐ |

| DRIVER 1 | DRIVER 2 | CHECK ONE OR MORE |
|---|---|---|
| | | BACKING |
| | X | GOING STRAIGHT AHEAD |
| X | | MAKING LEFT TURN |
| | | SKIDDING |
| | | MAKING RIGHT TURN |
| | | MAKING "U" TURN |

| DRIVER 1 | DRIVER 2 | CHECK ONE OR MORE |
|---|---|---|
| | | OVERTAKING OR PASSING |
| | | AVOIDING VEH/OBJ |
| | | SLOWING OR STOPPING |
| | | STOP IN TRAFFIC LANE |
| | | OTHER (SPECIFY) |

| VEHICLE 1 | VEHICLE 2 | SPECIFY FEET/MPH |
|---|---|---|
| UNK | UNK | ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET) |
| UNK | UNK | ESTIMATED SPEED WHEN DANGER WAS FIRST NOTICED (MPH) |
| UNK | UNK | ESTIMATED SPEED AT IMPACT (MPH) |
| 21FT | 21FT | DISTANCE TRAVELED AFTER IMPACT (FT) |
| 45 MPH | 45 MPH | LAWFUL SPEED (MPH) |

### CONTRIBUTING CIRCUMSTANCES

| DRIVER 1 | DRIVER 2 | CHECK ONE OR MORE |
|---|---|---|
| | | EXCEEDING SPEED LIMIT |
| | | SPEED EXCESSIVE FOR CONDITIONS |
| X | | FAILED TO YIELD |
| | | DISREGARDED STOP SIGNAL |
| | | VISION OBSTRUCTED |
| | | FOLLOWING TOO CLOSE |
| | | IMPROPER OVERTAKING |

| DRIVER 1 | DRIVER 2 | CHECK ONE OR MORE |
|---|---|---|
| | | NO OR IMPROPER SIGNAL |
| X | X | DISREGARDED TRAFFIC SIGNAL |
| | | IMPROPER TURN |
| | | UNKNOWN |
| | | OTHER (SPECIFY) |

| DRIVER 1 | DRIVER 2 | CHECK ONE OR MORE |
|---|---|---|
| | | ALCOHOL INVOLVED |
| | | DRUGS INVOLVED |
| | | ABILITY IMPAIRED |
| X | X | ABILITY NOT IMPAIRED |
| | | UNKNOWN |

| DRIVER 1 | DRIVER 2 | CHECK ONE |
|---|---|---|
| | | CHEMICAL TEST GIVEN |
| | | CHEMICAL TEST REFUSED |

TEST RESULTS

| DRIVER NO. 1 | DRIVER NO. 2 |
|---|---|
| % BAC | % BAC |

SEE ATTACHED DD FORM 1920, ALCOHOLIC INFLUENCE REPORT.

| VEHICLE 1 | VEHICLE 2 | CHECK ONE OR MORE |
|---|---|---|
| | | DEFECTIVE BRAKES |
| | | DEFECTIVE HEAD LIGHTS |
| | | DEFECTIVE REAR LIGHTS |
| | | TIRES WORN OR SMOOTH |
| | | TIRES PUNCTURED OR BLOWN |
| | | OTHER (SPECIFY) |

### POLICE ACTIVITY

| NAME OF PERSON(S) CITED | CHARGES | REPORT NUMBER |
|---|---|---|
| | | |

TIME POLICE NOTIFIED (HOUR)

TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR) 0720

WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE)

DID MILITARY OPERATOR COMPLETE STANDARD FORM 91, OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT; AND DD FORM 518, ACCIDENT - IDENTIFICATION CARD? YES NO

WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN)

| DATE | TYPED OR PRINTED NAME AND GRADE OF INVESTIGATOR | INVESTIGATOR'S SIGNATURE |
|---|---|---|
| | | |

| DATE APPROVED | APPROVED BY | ENCLOSURES | DISTRIBUTION |
|---|---|---|---|
| | | | |

# ACCIDENT NARRATIVE

**SUMMARY:** V-1 was traveling South on . V-2 was traveling North on . Both vehicles approached the intersection of and . V-1 attempted to turn left onto V-2 was traveling North through the intersection. Both vehicles collided in the intersection. The front of V-2 struck the passenger side of V-1.

**UPON ARRIVAL:** Upon arrival V-1 was at a final resting position approx. 43' from RP #1 and 62' from RP #2 facing in a E/B direction. V-2 was at a final resting position approx. 54' from RP #1 and 56' from RP #2 facing in a E/B direction.

**POINT(S) OF IMPACT:** The point of impact was established and substantiated by the start of tire scuff marks left on the pavement by V-1.

**CONTROLS:** The intersection of is a three way intersection. It is controlled by three standard traffic signals. is a two lane highway that has N/B and S/B lanes of travel. is a two lane road that has E/B and W/B lanes of travel.

**TIRE MARKS:** V-1 left the following post-impact scuff marks on the pavement:

27'3" Left Front
Start RP1 66'2" RP2 51'5"
End RP1 43'7" RP2 64'

21'9" Right Front
Start RP1 65' RP2 47'10"
End RP1 52' RP2 59'

18'4" Left Rear
Start RP1 67' RP2 45'9"
End RP1 48'6" RP2 57'10"

18' Right Rear
Start RP1 68'9", RP2 42'6"
End RP1 57'9", RP2 50'4"

**LIGHTING:** Dawn

**PHOTOS:** photo responded and took 13 color photos depicting the identification of V-1, V-2, and the collision area. Damage photos of the vehicles were taken prior to vehicular movement.

**INJURIES:** D-1 was transported to the Emergency Room and was treated by for a bruised left shoulder. D-2 was transported to the Emergency Room but sustained no injuries. P-1 in V-2 was transported to the Emergency Room and treated by , for a bruised facial cheek. P-2 in V-2 was transported to Emergency Room but sustained no injuries. All personnel were released.

**REMARKS:** Speed nor alcohol were contributing factors. at the accident site has a recently paved surface, and was free from defects at the time of the accident. A check of the traffic control lights at the accident site was conducted by Personnel which revealed same to be functioning properly.

**STATEMENTS:** D-1 related via , he was in the S/B turning lane on . at the intersection of He entered the intersection on a green light but was unable to make a left turn due to Northbound traffic on Approximately three seconds after the light had turned yellow D-1 looked to see if all traffic had stopped, so he could clear the intersection. All vehicles attempting to turn right onto had stopped. D-1 related he did not see another vehicle coming in his direction and proceeded to turn left through the intersection. D-1 did not see V-2 until after the collison.

D-2 related via , he was traveling N/B on . when he slowed to 45 MPH at the intersection of . D-2 saw the light turn from green to yellow and thought he could make it through the intersection, D-2 noticed a BMW pulling into the intersection and applied the brakes. D-2 did not remember the light ever turning red.

W-1 related via he was N/B on . in the right hand turning lane when the traffic signal turned to red. In front of him, in the thru lane a green Jeep drove through the intersection striking the BMW that was turning left onto

W-2 related via she was S/B on She approached the intersection of . She observed a BMW attempt to turn left onto When the BMW attempted to turn left the traffic light turned yellow, the Cherokee was at the stop line passing through the intersection, it did not hesitate nor speed up while going through the intersection.

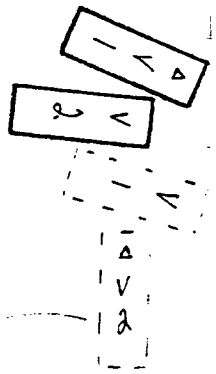
W-3 related via she was S/B on behind the BMW in the left turn lane. The light turned yellow and the BMW waited at the stop line until just before the light turned red and turned left. W-3 was behind the BMW and did not see the Jeep.

**TRAFFIC ACCIDENT INVESTIGATOR**

MAJOR POV VS. POV
WITH INJURIES

INTERSECTION OF

INVESTIGATOR:



N

LEGEND

- VEHICLE AT FINAL REST

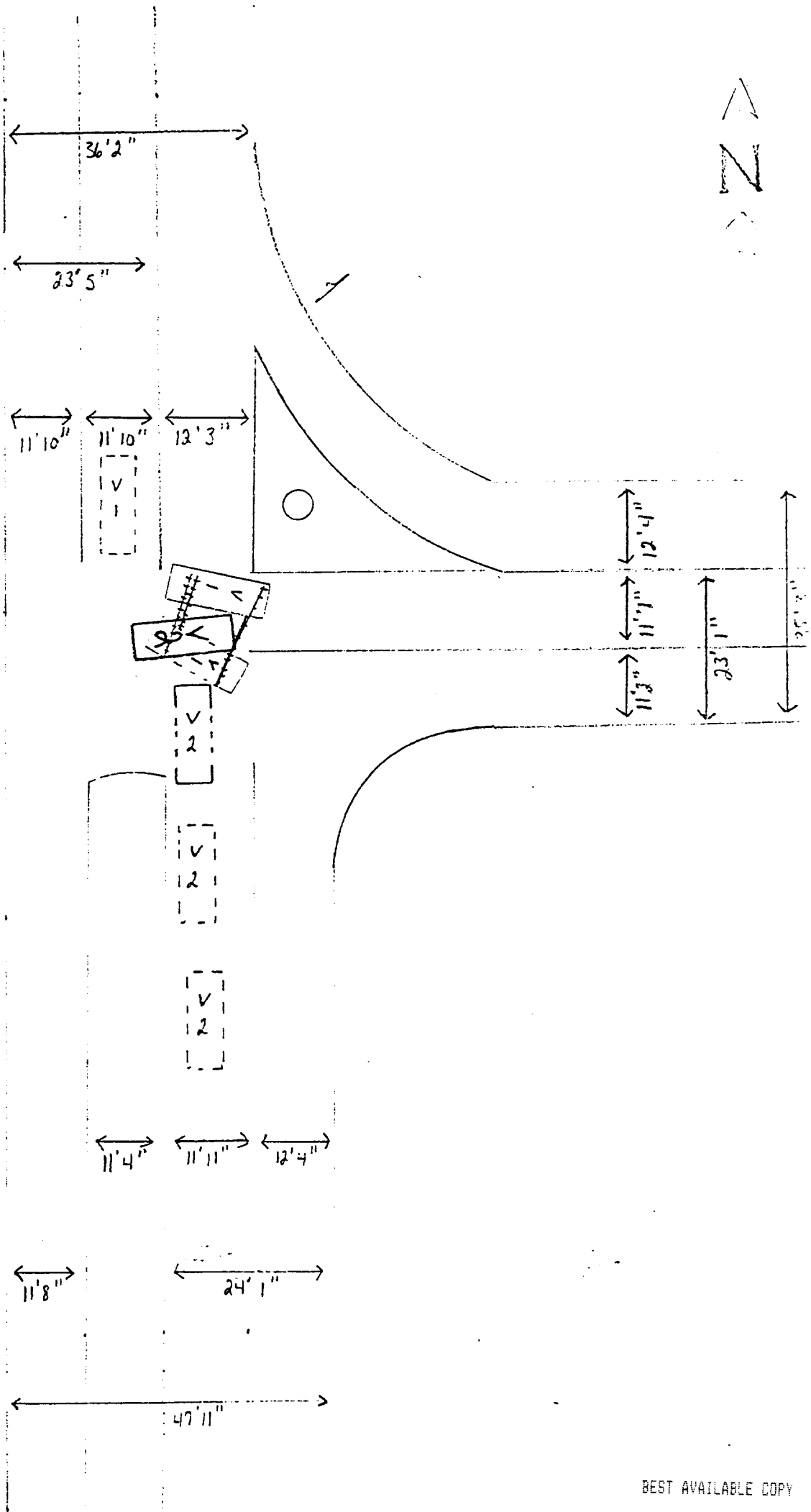
- VEHICLE IN MOTION

-YIELD SIGN

- DIRECTION OF TRAVEL

- TRAFFIC SIGNALS

NOT DRAWN TO SCALE



# STATEMENT OF SUSPECT/WITNESS/COMPLAINANT

☐ SUSPECT
☐ WITNESS/COMPLAINANT

**SECTION I. STATEMENT INFORMATION**

| DATE | TIME | LOCATION (Bldg/Room No.) AND INSTALLATION | UNIT TAKING STATEMENT | REPEAT (If Known) |
|---|---|---|---|---|
| | | EMERGENCY ROOM | | ☐ OFFENSE ☐ COMPLAINT |

**SECTION II. PERSONAL IDENTIFICATION** *(Print or Type)*

| NAME (Last, First, Middle Initial) | SSN | STATUS/GRADE |
|---|---|---|
| | | |

| LOCAL ADDRESS (Include Zip Code) | DATE AND PLACE OF BIRTH (If Required) | TELEPHONE HOME: DUTY: |
|---|---|---|
| | | |

| PERMANENT ADDRESS OR HOME OF RECORD (Include Zip Code) | MILITARY ORGANIZATION/EMPLOYER | DEROS |
|---|---|---|
| | | N/A |

SPONSOR INFORMATION (Name, Grade, SSN, Organization, Duty Phone)

**SECTION III. ACKNOWLEDGEMENT OF OFFENSES AND 5TH AMENDMENT/ARTICLE 31 RIGHTS ADVISEMENT (Suspect Only)**

1. I have been advised that I am suspected of the following offenses: _____

_____

by _____ (Rank and Full Name) who identified himself/herself as a _____ (SP, special agent, etc.) and advised me that I have the following rights according to the 5th Amendment of the US Constitution/Article 31 of the Uniform Code of Military Justice *(suspect initials on line next to each statement).*

_____ a. I have the right to remain silent - that is to say nothing at all.

_____ b. Any statement I make, oral or written, may be used as evidence against me in a trial or in other judicial, non-judicial, or administrative proceedings.

_____ c. I have the right to consult with a lawyer.

_____ d. I have the right to have a lawyer present during this interview.

_____ e. I may obtain a civilian lawyer of my own choice at no expense to the government.

_____ f. I may request a lawyer any time during this interview.

_____ g. If I decide to answer questions with or without a lawyer present, I may stop the questioning at any time.

_____ h. MILITARY ONLY: If I want a military lawyer, one will be appointed for me free of charge.

_____ i. CIVILIANS ONLY: If I cannot afford a lawyer and want one, a lawyer will be appointed for me by civilian authorities.

2. I have read my rights as listed above and I fully understand my rights. No promises, threats, or inducements of any kind have been made to me. No pressure or coercion has been used against me. I make the following choice *(suspect initials on line next to appropriate statement):*

_____ a. I do not want a lawyer. I am willing to answer questions or make a statement or both, about the offense(s) under investigation.

_____ b. I do not want a lawyer and I do not wish to make a statement or answer any questions.

_____ c. I want a lawyer. I will not make any statement or answer any questions until I talk to a lawyer.

3. I fully understand my rights and that my signature alone does not constitute an admission of guilt.

_____ (Signature of Suspect)

_____ (Signature of Witness/Interviewer)

## PRIVACY ACT STATEMENT

**AUTHORITY:**
**PRINCIPAL PURPOSES:** Used to record information and details of criminal activity which may require investigative action by commanders, supervisor, security police, AFOSI special agents, etc. Used to provide information to the appropriate individuals within DOD organizations who ensure that proper legal and administrative action is taken.
**ROUTINE USES:** Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings
**DISCLOSURE IS VOLUNTARY:** SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

**SECTION IV. STATEMENT**

This statement is being written for [redacted] big [redacted] on [redacted] on this day. I was headed NB on [redacted] and slowed to about 45mph at the intersection of [redacted]. I remember seeing the light turn from green to yellow and thought I could make it through. I don't remember the light ever turning red. I noticed the BMW pulling into the intersection and applied the brakes. I thought I was going to avoid the BMW but couldn't avoid the collision. The air bag inflated and I immediately turned to look at my kids in the back seat. They were both crying. I noticed smoke in the vehicle and thought it was on fire. I looked at the engine and saw it was on fire. I got out of the vehicle and removed my children from the vehicle. A truck driver stopped and put out the fire and two women stopped to help with the kids /// END OF STATEMENT ///

**SECTION V. SIGNATURE/OATH**

"I hereby voluntarily and of my own free will make this statement without having been subjected to any coercion, unlawful influence, or unlawful inducement. I swear (or affirm) I have read this statement, initialed all pages and corrections, and it is true and correct to the best of my knowledge."

[redacted]
*(Signature of Person Making Statement))*

[redacted]
*(Signature of Witness/Interviewer)*

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ 19 _____.

[redacted]
*(Signature of Person Administering Oath)*

**SECTION VI. INSTRUCTIONS FOR CONTINUATION PAGE(S)**

Use plain bond paper *(both sides optional)*. At the top right of each page, print or type: *"(Last Name of Individual making the Statement) on (Date)."* At the bottom of each page, print or type: "Page___ of___ Pages". The individual must initial the top and bottom entries and sign his/her name at the bottom of each page.

CHRYSLER CORPORATION

**Chrysler Corporation**
Customer Satisfaction & Vehicle Quality

Reference VIN No. 1J4GZ78Y4PC

Dear

This will acknowledge and respond to your inquiry of , regarding your 1993 Grand Cherokee.

While we can appreciate your feelings, the information at hand would not permit us to associate this accident with a manufacturing or assembly error. As we are sure you will appreciate, fires of this nature can and do occur for any number of reasons not associated with a manufacturing process.

Our investigation revealed that the fire was caused by the power steering return hose being cut during the accident. In the absence of any substantiating evidence indicating that the cause of the fire was attributable to a condition existing in the vehicle when it left our manufacturing plant, we find it necessary to deny any responsibility.

Thank you for calling this to our attention.

Very truly yours.

ITEMIZED LIST OF REPAIRS
REPAIR ORDER. THIS REPAIR
TION IS SUBJECT TO ALL THE
THE ORIGINAL REPAIR ORDER.

*I acknowledge notice and oral approval of an increase in the original estimated price.*

SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.

(Signature or initials)

BY LAW YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY 71-OLDER - $50.00, 72-74 - $90.00, 75-79 - $125.00 80-89 - $175.00, 90-NEWER - $300.00. EXCEEDING THE LIMIT IS VOLUNTARY ONLY.

STOMER NO 211 | ADVISOR | HAT NO | INVOICE DATE | STOCK NO

[redacted] | LABOR RATE 50.00 | LICENSE NO | MILEAGE 22204 | COLOR GRELN/ | DELIVERY MILES

YEAR / MAKE / MODEL 93/JEEP/GRAND CHEROKEE/WG | BILLING DEALER NO | PRODUCTION DATE

VEHICLE ID NO 1 J 4 G Z 7 8 Y 4 P C | FTE NO | P.O. NO. | R.O. DATE

ESCENCE PHONE [redacted] BUSINESS PHONE [redacted] | COMMENTS

ABOR & PARTS

1 10JEZZMISC MISC REPAIR HOURS: 35.00 TECH(S):28 — 1750.00

ESTIMATE ON MECHANICAL DAMAGE CAUSED BY ENGINE FIRE & COLLISION

SEE COMMENTS FOR BREAKDOWN ON WORK PERFORMED.

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| | 1 | | 52006644 | RADIATOR 7- 11- 3 | 330.75 | 267.75 | 267.75 |
| | 1 | | 53009123 | INDICATOR 9- 27- 1 | 10.76 | 8.71 | 8.71 |
| | 1 | | 56026993 | MODULE 8- 35- 30 | 360.57 | 291.89 | 291.89 |
| | 1 | | 4723132 | HYDRAULIC 5-107- 34 | 467.25 | 378.25 | 378.25 |
| | 1 | | 56019070 | HARNESS 8- 15- 2 | 252.00 | 204.00 | 204.00 |
| | 1 | | 55035947 | COVER 23-108- 23 | 30.19 | 24.44 | 24.44 |
| | 1 | | 55030432 | SEAL 23- 43- 24 | 14.44 | 11.69 | 11.69 |
| | 1 | | 4741839 | MASTER/CY 5- 39- 3 | 193.20 | 156.40 | 156.40 |
| | 1 | | 4720868 | BSTR PKG 5-100- 2 | 304.50 | 246.50 | 246.50 |
| | 1 | | 4713078 | SENSOR 5- 5- 6 | 115.50 | 93.50 | 93.50 |
| | 1 | | 52087658 | PUMP 19- 54- 2 | 257.25 | 208.25 | 208.25 |
| | 1 | | 52029272 | HOSE 7- 14- 5 | 12.60 | 10.20 | 10.20 |
| | 1 | | 52006334 | HOSE - - 1 | 20.48 | 16.58 | 16.58 |
| | 1 | | 4728190 | CABLE PKG 8- 36- 83 | 32.81 | 26.56 | 26.56 |
| | 1 | | 53008620 | CAP 9- 31- 5 | 3.15 | 2.55 | 2.55 |
| | 1 | | 56005420 | RESERVOIR 23- 67-24 | 22.84 | 18.49 | 18.49 |
| | 1 | | 56005209 | SENSOR 8- 37-155 | 16.80 | 13.60 | 13.60 |
| | 1 | | 56005210 | CAP 23- 67-241 | 2.63 | 2.13 | 2.13 |
| | 1 | | 53008647 | ALTERNATR 8- 28- 3 | 182.70 | 147.90 | 147.90 |
| | 1 | | 5CN93LX8 | AIR BAG 23- 49- 7 | 456.44 | 369.50 | 369.50 |
| | 2 | | 56007097 | SENSOR 8- 37-155 | 82.43 | 66.73 | 133.46 |
| | 1 | | 56005016 | CONDENSER 24- 27- 5 | 288.75 | 233.75 | 233.75 |
| | 2 | | 4728766 | O-RING 24- 25-172 | 2.89 | 2.34 | 4.68 |
| | 1 | | 4723714 | LINE 24- 28- 24 | 48.30 | 39.10 | 39.10 |
| | 1 | | 4728858 | LINE 24- 28- 24 | 70.35 | 56.95 | 56.95 |
| | 1 | | 53007385 | BODY 14- 29- 1 | 57.75 | 46.75 | 46.75 |
| | 1 | | 53007386 | FILTER 14- 29- 3 | 26.25 | 21.25 | 21.25 |
| | 1 | | 53030178 | COVER 14- 47- 1 | 29.93 | 24.23 | 24.23 |
| | 1 | | 34201942 | FASTENER 23- 43- 14 | 1.42 | 1.15 | 1.15 |
| | 1 | | 53007447 | DUCT 14- 29- 38 | 11.81 | 9.56 | 9.56 |
| | 1 | | 53009266 | BONNET 14- 29- 30 | 44.63 | 36.13 | 36.13 |
| | 1 | | 53009268 | HOSE - - 1 | 28.35 | 22.95 | 22.95 |
| | 1 | | 53030179 | BRACKET 14- 2- 10 | 3.10 | 2.51 | 2.51 |
| | 1 | | 55014361 | BRACKET 23- 43- 5 | 4.73 | 3.83 | 3.83 |
| | 1 | | 55254551 | SUPPORT 23- 34- 83 | 9.82 | 7.95 | 7.95 |
| | 2 | | 6502783 | SC/HEX HD 7- 43- 5 | 1.84 | 1.49 | 2.98 |
| | 5 | | 6100556 | SCREW 8- 59- 25 | 0.47 | 0.38 | 1.90 |
| | 1 | | 56026043 | T/GUARD 8- 17- 2 | 15.75 | 12.75 | 12.75 |
| | 1 | | 56018282 | HARNESS 8- 15- 2 | 309.75 | 250.75 | 250.75 |
| | 1 | | 56018068 | HARNESS 8- 15- 2 | 362.25 | 293.25 | 293.25 |
| | 1 | | 53030409 | TUBE 14- 89- 4 | 9.92 | 8.03 | 8.03 |
| | 1 | | 53030410 | TUBE 14- 89- 4 | 6.51 | 5.27 | 5.27 |
| | 1 | | 53030411 | TUBE 14- 89- 4 | 9.45 | 7.65 | 7.65 |
| | 1 | | 52027793 | CAP 7- 12- 1 | 7.04 | 5.70 | 5.70 |
| | 1 | | J0687550 | GROMMET 23- 67-266 | 2.31 | 1.87 | 1.87 |
| | 1 | | J0687550 | GROMMET 23- 67-266 | 2.31 | 1.87 | 1.87 |
| | 2 | | 6100840 | PUSH/NUT 10- 50- 22 | 0.47 | 0.38 | 0.76 |
| | 2 | | 55032026 | SUPPORT 7- 4- 5 | 8.09 | 6.55 | 13.10 |
| | 1 | | 6100559 | SCSWA 10- 50- 7 | 1.00 | 0.81 | 0.81 |
| | 4 | | 6501859 | NUT 23- 43- 25 | 0.79 | 0.64 | 2.56 |
| | 2 | | 52027260 | BRACKET 23- 43- 5 | 1.42 | 1.15 | 2.30 |
| | 1 | | 55254771 | CR/MBR 23- 32- 17 | 33.86 | 27.41 | 27.41 |
| | [illegible] | | [illegible] | BRACKET 7- 4- 5 | [illegible] | 4.97 | 9.94 |
| | [illegible] | | [illegible] | SHROUD [illegible] | [illegible] | 93.50 | 93.50 |
| | 1 | | 53006695 | 1- 4 | 15.23 | 12.33 | 12.33 |

MAZDA • JEEP/EAGLE • MITSUBISHI

BEST AVAILABLE COPY

CONTINUED ON NEXT PAGE

[redacted] 33

HE ORIGINAL REPAIR ORDER.

71-OLDER - $50.00, 72-74 - $90.00, 75-79 $125.
80-86 - $175.00, 90-NEWER - $300.00 EXCEEDIN
THE LIMIT IS VOLUNTARY ONLY.

(Signature or initials)

[redacted]

LABOR RATE 50.00 | MILEAGE 26204 | COLOR GREEN/

YEAR/MAKE/MODEL 93/JEEP/GRAND CHEROKEE/WG

VEHICLE ID NO. 1J4G27CY4PC

| HAT NO | INVOICE DATE | STOCK NO. |
|---|---|---|
| | | DELIVERY MILES |
| | | PRODUCTION DATE |

F.T.E. NO | P.O. NO. | R.O. DATE

COMMENTS

| | QTY | PT | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| # 1 | 1 | | 53009238 | COVER 9- 3- 28 | 36.75 | 29.75 | 29.75 |
| # 1 | 1 | | 52027505 | SENSOR 7- 52- 2 | 14.70 | 11.90 | 11.90 |
| # 1 | 2 | | 55035757 | RETAINER 24- 30- 13 | 1.05 | 0.85 | 1.70 |
| # 1 | 2 | | 55035758 | RETAINER 24- 30- 13 | 1.05 | 0.85 | 1.70 |
| # 1 | 2 | | 55254775 | BUMPER 23- 43- 7 | 1.00 | 0.81 | 1.62 |
| # 1 | 2 | | 56033473 | BUMPER 23- 43- 7 | 1.05 | 0.85 | 1.70 |
| # 1 | 1 | | 52005183 | BOTTLE 7- 52- 2 | 14.70 | 11.90 | 11.90 |
| # 1 | 1 | | 33000576 | BAFFLE 23- 34-121 | 2.31 | 1.87 | 1.87 |
| # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |
| # 1 | 1 | | 33000785 | CLAMP 18- 70- 1 | 1.31 | 1.06 | 1.06 |
| # 1 | 1 | | 53031289 | LABEL 14- 86-100 | 3.52 | 2.85 | 2.85 |
| # 1 | 1 | | 53008745 | LABEL 18- 79- 5 | 0.47 | 0.38 | 0.38 |
| # 1 | 1 | | 53008744 — | — BELT 9- 20- 3 | 32.55 | 26.35 | 26.35 |
| # 1 | 1 | | 55035971 — | — SEAL 23- 43- 24 | 24.60 | 19.90 | 19.90 |
| # 1 | 1 | | 53030451 | LABEL 18- 79- 5 | 0.26 | 0.21 | 0.21 |
| # 1 | 1 | | 4364944 | BATTERY 1- 83- 1 | 64.85 | 52.50 | 52.50 |
| # 1 | 2 | | 52027718 | SEAL 7- 8- 2 | 2.89 | 2.34 | 4.68 |
| # 1 | 1 | | 52027507 | SEAL 7- 8- 2 | 5.62 | 4.55 | 4.55 |
| # 1 | 1 | | 52006160 | SEAL 7- 43- 6 | 1.84 | 1.49 | 1.49 |
| # 1 | 1 | | 52006159 | SEAL 7- 43- 6 | 3.41 | 2.76 | 2.76 |
| # 1 | 1 | | 52027740 | SEAL 7- 43- 6 | 4.73 | 3.83 | 8.83 |
| # 1 | 1 | | 52027509 | SEAL 7- 8- 2 | 5.78 | 4.60 | 4.68 |
| # 1 | 1 | | 52027506 — | — SEAL 7- 8- 2 | 4.04 | 3.27 | 8.27 |
| # 1 | 25 | | 6100556 | SCREW 8- 59- 25 | 0.47 | 0.38 | 9.50 |
| # 1 | 1 | | 4637954 — | — C/SPRG 8- 15- 1 | 110.25 | 89.25 | 89.25 |
| # 1 | 4 | | 33000785 | CLAMP 18- 70- 1 | 1.31 | 1.06 | 4.24 |
| # 1 | 2 | | 56005780 — | — BRACKET 8- 59- 4 | 2.99 | 2.42 | 4.84 |
| # 1 | 4 | | 6100568 | SC&WA 18- 50- 7 | 1.00 | 0.81 | 3.24 |
| # 1 | 2 | | 52006642 | ISOLATOR 23- 43- 13 | 3.78 | 3.06 | 6.12 |
| # 1 | 4 | | 6501140 | NUT 18- 50- 22 | 1.16 | 0.94 | 3.76 |
| # 1 | 1 | | 6502784 | CLIP 5- 56- 2 | 0.79 | 0.64 | 0.64 |
| # 1 | 1 | | 34201966 | CLIP 23- 43- 20 | 2.10 | 1.70 | 1.70 |
| # 1 | 1 | | 55075323 — | — LATCH 23- 18- 5 | 20.21 | 16.36 | 16.36 |
| # 1 | 2 | | 34202992 | NUT 23- 43- 25 | 2.10 | 1.70 | 3.40 |
| # 1 | 1 | | 55032780 | SKIDPLATE 23- 20- 1 | 1.31 | 1.06 | 1.06 |
| # 1 | 1 | | 34201032 | RIVET 23- 43- 14 | 1.52 | 1.23 | 1.23 |
| # 1 | 2 | | 6501859 | NUT 23- 43- 25 | 0.79 | 0.64 | 1.28 |
| # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |
| # 1 | 1 | | 52027869 | TUBE ASSY 7- 14- 2 | 8.40 | 6.80 | 6.80 |
| # 1 | 1 | | 52027867 | TUBE ASSY 7- 14- 2 | 4.73 | 3.83 | 3.83 |
| # 1 | 1 | | 52027870 | TUBE ASSY 7- 14- 2 | 24.94 | 20.19 | 20.19 |
| # 1 | 1 | | 52006344 — | — COOLER 7- 11- 5 | 75.60 | 61.20 | 61.20 |
| # 1 | 4 | | 52117712 | CONNECTOR 14- 89- 1 | 5.46 | 4.42 | 17.68 |
| # 1 | 1 | | 52117570 | BRACKET 21- 30-416 | 1.05 | 0.85 | 0.85 |
| # 1 | 1 | | 52117711 | BRACKET 14- 2- 18 | 1.42 | 1.15 | 1.15 |
| # 1 | 2 | | 52027684 | ELBOW 7- 14- 31 | 2.36 | 1.91 | 3.82 |
| # 1 | 6 | | 6501013 | SCREW 18- 50- 7 | 1.00 | 0.81 | 4.86 |
| # 1 | 2 | | 6101442 | U-NUT 18- 50- 22 | 0.47 | 0.38 | 0.76 |
| # 1 | 4 | | 6101603 | SCREW 18- 50- 7 | 1.05 | 0.85 | 3.40 |
| # 1 | 1 | | 56054886 — | — REINFORCE 23- 51- 6 | 80.85 | 65.45 | 65.45 |
| # 1 | 1 | | 4549625 | FLUID 1- 81- 6 | 3.99 | 3.23 | 3.23 |
| # 1 | 2 | | 0113 | WIND WASH SOLV | 1.84 | 1.49 | 2.98 |
| # 1 | 1 | | 55035614 | HEVAC CRU 24- 26- 2 | 7.46 | 6.04 | 6.04 |
| # 1 | 1 | | 4608204 | SENSOR 14- 29- 53 | 11.81 | 9.56 | 9.56 |
| # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |

JOB # 1 TOTAL PARTS 4450.86

JOB # 1 TOTAL LABOR & PARTS 6200.86

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[CONTINUED ON NEXT PAGE]

[redacted]:39

RM IS AN ITEMIZED LIST OF REPAIRS
PART OF A REPAIR ORDER. THIS REPAIR

*I acknowledge notice and oral approval of an increase in the original estimated price.*

BY LAW YOU MAY CHOOSE ANOTHER LICENSED
SMOG CHECK FACILITY TO PERFORM ANY

ITEMIZED LIST OF REPAIRS
EPAIR ORDER. THIS REPAIR
ION IS SUBJECT TO ALL THE
E ORIGINAL REPAIR ORDER.

*in the original estimated price.*

SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT.
PLEASE READ REVERSE SIDE.

*(Signature or initials)*

SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY 71-OLDER - $60.00, 72-74 - $80.00, 75-79 - $125.00 80-89 - $175.00, 90-NEWER - $300.00. EXCEEDING THE LIMIT IS VOLUNTARY ONLY.

STOMER NO
011

[redacted]

LABOR RATE 50.00 | LICENSE NO | MILEAGE 26204 | COLOR GREEN/ | STOCK NO

YEAR / MAKE / MODEL 93/JEEP/GRAND CHEROKEE/WG | DELIVERY DATE | DELIVERY MILES

VEHICLE ID NO. 1 J 4 G Z 7 8 Y 4 P C | SELLING DEALER NO. | PRODUCTION DATE

FTE NO | P.O. NO. | R.O. DATE

[redacted]

COMMENTS

STIMATE
USTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $1000.00 (+TAX)
PPROVED REVISED ESTIMATE (# 1) OF $6350.00 (+TAX) ON 03/02/94 AT 10:00am
STLVL CONNENTS SAVE ALL PARTS FOR INSURANCE COMPANY

OMMENTS
EPLACED RIGHT ENGINE WIRING HARNESS, REPLACE CENTER ENG HARNESS,
EPLACE LEFT ENG COMPARTMENT HARNESS THROUGHT LEFT FIREWALL TO LEFT
ASH. REPLACED RADIATOR, AC CONDENSOR, TRANS COOLER, LINES AND
EALS. REPLACED AIR CLEANER ASSY, HOSES AND HARDWARE. REPLACED
ATTERY TRAY, CASE, BATTERY, AND HARDWARE. REPLACED ABS CONTROLLER
ND MOUNT, ABS PUMP AND LINES. REPLACED COWL WEATHERSTRIP AND
IPER PANEL. REPLACE MASTER CYLINDER, BOOSTER AND BLEED SYSTEM.
EPLACE POWER STEERING PUMP AND TRANSFER PULLEY, SERPENTINE BELT.
EPLACE WASHER AND COOLANT BOTTLES.
EPLACE ALTERNATOR, AIR BAG CLOCK SPRING AND SENSORS.
EPLACE AC LINES, EVAC AND RECHARGE SYSTEM.
EPLACE SPARK PLUG WIRES.
OTE: MUST COME BACK TO LANE JEEP FOR OTHER MISC. ALL PARTS AND
ABOR BILLED OUT.

OTE: DO NOT DRIVE WITHOUT HOOD TIED DOWN. HOOD LATCHES TO BE
EPLACED WHEN IN.

OTALS

OUR BUSINESS IS APPRECIATED! LET US KNOW HOW WE CAN SERVE
OU BETTER.

USTOMER ACKNOWLEDGES INCREASE OF ESTIMATE.

| | |
|---|---|
| TOTAL LABOR.. | 1750.00 |
| TOTAL PARTS.. | 4450.86 |
| TOTAL SUBLET. | 0.00 |
| TOTAL G.O.G.. | 0.00 |
| TOTAL MISC... | 0.00 |
| TOTAL TAX.... | 0.00 |
| TOTAL INVOICE $ | 6200.86 |

CUSTOMER SIGNATURE

DEALER INVOICE
DUPLICATED ITEMS NOTED

**MAZDA • JEEP/EAGLE • MITSUBISHI**

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[ END OF INVOICE ] [redacted]:33

[redacted] [CONTINUED ON NEXT PAGE] [redacted]:55

INSURANCE COMPANY

Copy of original estimate showing parts/labor Duplicated By Dealer (DELETED) THEN, ADD $6,200.86 BACK TO ESTIMATE

CLAIM#
COMPANY
INSURED
LOSS DATE
INSURED/LOSS PAYEE

POLICY#
AGENT
CLAIMANT
TYPE OF LOSS COL /F

INSP DATE
ADJUSTER
ADDRESS
PHONE

LOCATION SHOP
COMPANY CLAIMS
CITY STATE
ZIP

SHOP
ADDRESS
CITY STATE
ZIP

ATTN OF
PHONE
REF NO.

NAME
ADDRESS
CITY STATE
ZIP

HOME PHONE
WORK PHONE

LIC# STATE
ENG/COLOR METALLIC GREEN
CONDITION EXCL

VIN 1J4GZ78Y4PC
MILEAGE 026204
ACCT'NG CTL#

| | | |
|---|---|---|
| C=COMPETITIVE PART | EU=L.K.Q. | E P=COMPETITIVE PART |
| =NEW PART | P=CHECK | I=REPAIR/ALIGN/SUBLET |
| =REFINISH | N=ADDNL LABOR OPERATION | TE=PART/PARTIAL REPLACE |
| T=LABOR/PARTIAL REPLACE | IT=LABOR/PARTIAL REPAIR | AA=APPEARANCE ALLOWANCE |
| P=RELATED PRIOR DAMAGE | UP=UNRELATED PRIOR DAMAGE | *=USER ENTERED VALUE |

SETTLE INSRD COLLISION LOSS. APPEARS FROM IMPACT, THE POWER STEERING PLASTIC RESERVOIR HOSE FITTING 'SHEARED' OFF, AND WITH ENGINE STILL RUNNING FOR A BIT, WAS PUMPING POWER STEERING FLUID ONTO ENGINE/EXHAUST ON LEFT DRIVERS SIDE OF ENGINE, AND THIS APARANTLY IGNITED INTO A FIRE. APPEARS DIRECTLY RELATED FROM COLLISION, NOT A FACTORY DEFECT.

1993 JEEP GRAND CHEROKEE LTD 4DR WGN J7303C /A OPTNS F/ABCFGI[redacted]

PTIONS:

| | |
|---|---|
| BUMPER MOUNTED FOG LAMPS | POWER SEATS |
| ELEC REMOTE CONTROL MIRRORS | POWER DOOR LOCKS |
| POWER WINDOWS | HEATED TAILGATE GLASS |
| TILT STEERING WHEEL | AIR CONDITIONING |
| CLIMATE CONTROLLED A/C | AUTOMATIC TRANS |

4-WHEEL DRIVE TWO-STAGE - EXTERIOR SURFACES
TWO-STAGE - INTERIOR SURFACES

| OP | GDE | MC | DESCRIPTION | | MFG. PART NO | | PRICE | AJ% | HOURS | R |
|---|---|---|---|---|---|---|---|---|---|---|
| E | 006 | | COVER,FRONT BUMPER | | 4713455 | | 310.00* | | 1.6 | 1 |
| L | 006 | 09 | COVER,FRONT BUMPER | | REFINISH | | | | 3.6 | 4 |
| E | 011 | 01 | STRIP,FRONT IMPACT | | 55031470 | | 37.25 | | | 1 |
| E | 007 | | ABSORBER,FRONT BUMPER | | 55031452 | | 43.75 | | | 1 |
| E | 012 | | BRKT,FRONT BUMPER MTG | | 52058271 | | 7.45 | | | 1 |
| E | 017 | | BRKT,FRONT BUMPER MTG | | 55254700 | | 25.00 | | | 1 |
| E | 028 | | GRILLE ASSEMBLY | | 5DF54MX8 | | 83.50 | | | 1 |
| L | 028 | | GRILLE ASSEMBLY | | REFINISH | | | | 1.4 | 4 |
| E | 030 | | PANEL,FRONT END — | — | 55054886 — DEL | | 77.00 | | 3.3 | 1 |
| L | 030 | | PANEL,FRONT END — | — | REFINISH — OK - keep | | | | 1.7 | 4 |
| E | 460 | | BRKT,FRONT END PANEL — | LT | 56005780 — DEL | | 2.85 | | | 1 |
| E | 461 | | BRKT,FRONT END PANEL — | RT | 56005780 — DEL | | 2.85 | | | 1 |
| E | 041 | | HEADLAMP ASSEMBLY | LT | R & I | | * | | | 1 |
| E | 042 | | HEADLAMP ASSEMBLY | RT | 56005092 | | 82.50 | | | 1 |
| N | 973 | | HEADLAMPS AIM | | ADDTL LABOR | | | | .5 | 1 |
| E | 050 | | BULB,HALOGEN HEADLAMP | RT | 4388238 | | 13.50 | | | 1 |
| E | 051 | | PARKLAMP ASSEMBLY | LT | 56005105 | | 22.50 | | | 1 |
| E | 052 | | PARKLAMP ASSEMBLY | RT | 56005104 | | 22.50 | | | 1 |
| E | 053 | | PARKLAMP ASSEMBLY | LT | 56005099 | | 24.25 | | | 1 |
| E | 054 | | PARKLAMP ASSEMBLY | RT | 56005098 | | 24.25 | | | 1 |
| E | 060 | | HOUSING,FOGLAMP | RT | 4713582 | | 64.00 | | | 1 |
| E | 057 | | LENS,FOG LAMP | LT | R & I | | * | | | 1 |
| E | 058 | | LENS,FOG LAMP | RT | 4713584 | | 17.25 | | | 1 |
| E | 075 | | BRACKET,FRONT FOGLAMP | LT | R & I | | * | | | 1 |
| E | 076 | | BRACKET,FRONT FOGLAMP | RT | 4713578 | | 7.50 | | | 1 |
| E | 083 | | PANEL,HOOD | | 55033810 | | 325.00 | | 1.6 | 1 |
| L | 083 | | PANEL,HOOD | | REFINISH | | | | 4.2 | 4 |
| E | 062 | 01 | N/PLATE,HOOD PANEL | | R & I | | * | | 2 | 1 |
| E | 088 | | LATCH,HOOD PANEL | — | 55075323 — DEL | — | 19.25 | | | 1 |
| E | 087 | | CATCH,HOOD SAFETY | | 55075322 | | 8.10 | | | 1 |
| E | 084 | | HINGE,HOOD PANEL | LT | 55075325 | | 41.00 | | .2 | 1 |
| L | 084 | | HINGE,HOOD PANEL | LT | REFINISH | | | | .4 | 4 |
| E | 085 | | HINGE,HOOD PANEL | RT | 55075324 | | 41.00 | | .2 | 1 |
| L | 085 | | HINGE,HOOD PANEL | RT | REFINISH | | | | .4 | 4 |
| E | 086 | 01 | PAD,INSULATOR HOOD | | 55215330 | | 40.00 | | .5 | 1 |
| E | 093 | | W/STRIP,HOOD PANEL | — | 55035971 — DEL | — | 23.50 | | | 1 |
| E | 094 | | W/STRIP,HOOD PANEL | — | 55030432 — DEL | — | 13.75 | | | 1 |
| E | 065 | 07 | CRSMBR,RAD PANEL UPR | — | 55254771 — DEL | — | 32.25 | | 2.8 | 1 |
| L | 065 | | CRSMBR,RAD PANEL UPR | | REFINISH | | | | .5 | 4 |
| E | 066 | 07 | CRSMBR,RAD PNL LOWER | | 52058196 | | 37.50 | | 2.9 | 1 |
| L | 066 | | CRSMBR,RAD PNL LOWER | | REFINISH | | | | .2 | 4 |
| E | 070 | | BRKT,RAD PNL MOUNTING — | RT | 52057506 — DEL | — | 6.45 | | .2 | 1 |
| E | 078 | | COVER,BATTERY — | RT | 56026843 — DEL | — | 15.00 | | .3 | 1 |
| E | 105 | | PANEL,INNER FENDER | LT | REPAIR/ALIGN | | | | 1.0* | 1 |
| L | 105 | | PANEL,INNER FENDER | LT | REFINISH | | | | .6 | 4 |
| E | 106 | | PANEL,INNER FENDER | RT | REPAIR/ALIGN | | | | 6.0* | 1 |
| L | 106 | | PANEL,INNER FENDER | RT | REFINISH | | | | .6 | 4 |
| E | 118 | 07 | WHLHS,FRT FENDER INR | RT | 55033612 | | 15.25 | | 4.5 | 1 |
| E | 119 | | REINF,INNER FENDER | LT | REPAIR/ALIGN | | | | 2.0* | 1 |
| L | 119 | | REINF,INNER FENDER | LT | REFINISH | | | | .1 | 4 |
| E | 120 | 07 | REINF,INNER FENDER | RT | 55031564 | | 57.50 | | 1.0 | 1 |
| L | 120 | | REINF,INNER FENDER | RT | REFINISH | | | | .1 | 4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 115 | | SIDE MEMBER,FRONT | LT | REPAIR/ALIGN | | | 1.0 |
| | 115 | | SIDE MEMBER,FRONT | LT | REFINISH | | | .4 |
| | 116 | | SIDE MEMBER,FRONT | RT | REPAIR/ALIGN | | | 1.0 |
| | 116 | | SIDE MEMBER,FRONT | RT | REFINISH | | | .4 |
| | 473 | | CRSMBR,FRONT FRAME | | REPAIR/ALIGN | | | 2.0 |
| | 755 | | RADIATOR | | 52006644 - DEL | 315.00 | ✓ | |
| | 759 | | BLADE,ENGINE FAN | | 52005164 | 41.00 | | .2 |
| | 758 | | SHROUD,RADIATOR | | 52027657 — DEL | 110.00 | | |
| | 756 | | HOSE,RADIATOR UPPER | | 52029272 — DEL | 12.00 | | .3 |
| | 731 | | CONDENSER,A/C | | 56005016 — DEL | 275.00 | | 1.0 |
| | 961 | | REFRIGERANT RCVRY SETUP | | ADDTL LABOR | | | .3 |
| | 977 | | A/C SYSTEM RECHARGE | | ADDTL LABOR | | | 1.4 |
| | 822 | | HOUSING,AIR CLEANER | | 53007385 — DEL | 55.00 | | .3 |
| | 828 | | COVER,AIR CLEANER | | 53030178 — DEL | 28.50 | | |
| EC | 819 | | FILTER,ENGINE AIR | | COMPETITIVE PART — DEL | 9.95* | +20 | |
| | 821 | | DUCT,AIR INTAKE | | 53009268 — DEL | 27.00 | | .2 |
| | 890 | | HORN,HIGH NOTE | | R & I | * | | .3 |
| | 891 | | HORN,LOW NOTE | | R & I | * | | .3 |
| | 787 | | COOLER,TRANS AUX OIL | | 52006344 — DEL | 72.00 | | .3 |
| | 974 | | SUSPENSION ALIGN,FRT | | ADDTL LABOR | | | 1.5 |
| | 985 | | BRAKE BLEED | | ADDTL LABOR — DEL | | | .5 |
| | 784 | 01 | PUMP ASSY,POWER STRG | | R & I — DEL | * | | 1.3 |
| | 151 | | MLDG,W/S REVEAL UPPER | | R & I | * | | .3 |
| | 152 | | MLDG,W/S REVEAL SIDE | LT | R & I | * | | .2 |
| | 153 | | MLDG,W/S REVEAL SIDE | RT | R & I | * | | .2 |
| | 145 | | ARM,WIPER BLADE | LT | R & I | * | | .2 |
| | 146 | | ARM,WIPER BLADE | RT | R & I | * | | .2 |
| | 149 | 01 | RESERVOIR,W/S WASHER | | 56005420 — DEL | 21.75 | | .2 |
| | 341 | | PANEL,ROOF | | REPAIR/ALIGN | | | 5.0* |
| | 341 | | PANEL,ROOF | | REFINISH | | | 3.9 |
| | 553 | | RACK ASSEMBLY,LUGGAGE | | R & I | * | | 1.0 |
| | 172 | | GRILLE,UPPER COWL | | REFINISH | | | .7 |
| | 883 | | HEADLINER R & I | | ADDTL LABOR | | | 2.5 |
| | 878 | 01 | MODULE,DRIVER AIR BAG | | 5CN93LXS — DEL | 434.70 | ✓ | .2 |
| | 103 | | FENDER,FRONT | LT | R & I | * | | 1.3 |
| | 103 | | FENDER,FRONT | LT | REPAIR/ALIGN | | | 2.5* |
| | 103 | | FENDER,FRONT | LT | REFINISH | | | 3.0 |
| | 091 | 01 | MLDG,FENDER LOWER | L/R | R & I | * | | .3 |
| | 360 | 01 | NAMEPLATE,FENDER | LT | R & I | * | | .2 |
| | 373 | 01 | MLDG,FRONT DOOR LOWER | LT | R & I | * | | .4 |
| | 229 | | MIRROR,OUTER R/C | LT | R & I | * | | .3 |
| | 223 | | CYL,FRONT DOOR LOCK | LT | R & I | * | | .6 |
| | 231 | 01 | PNL,INNER DOOR TRIM | LT | R & I | * | | .4* |
| | 227 | | HANDLE,FRONT DOOR OTR | LT | R & I | * | | .2 |
| | 104 | | FENDER,FRONT | RT | 55031834 | 164.00 | | 1.3 |
| | 104 | | FENDER,FRONT | RT | REFINISH | | | 3.0 |
| | 092 | 01 | MLDG,FENDER LOWER | R/R | R & I | * | | .3 |
| | 361 | 01 | NAMEPLATE,FENDER | RT | R & I | * | | .2 |
| | 131 | | ANTENNA,ELECTRIC | RT | R & I | * | | 1.0 |
| | 126 | | BRKT,FRONT FENDER | RT | 55033572 | 7.45 | | |
| | 230 | | MIRROR,OUTER R/C | RT | R & I | * | | .3 |
| | 208 | | DOOR SHELL,FRONT | RT | REPAIR/ALIGN | | | 1.0* |
| | 208 | | DOOR SHELL,FRONT | RT | REFINISH | | | .5* |
| | 210 | | PNL,FRONT DOOR OUTER | RT | REPAIR/ALIGN | | | 2.0* |
| | 232 | 01 | PNL,INNER DOOR TRIM | RT | R & I | * | | .4* |
| | 374 | 01 | MLDG,FRONT DOOR LOWER | RT | R & I | * | | .4 |
| | 224 | | CYL,FRONT DOOR LOCK | RT | R & I | * | | .6 |

CLAIM A2 LOG NO DATE

| | | | | | | |
|---|---|---|---|---|---|---|
| F | 228 | HANDLE,FRONT DOOR OTR RT | R & I | * | | .2 |
| EC | M03 | FLEX ADDITIVE | COMPETITIVE PART | 8.00* | | |
| F | M04 | UNDERCOATING | NEW PART | 10.00* | | .5* |
| E | M08 | STONEGUARD | NEW PART | 10.00* | | .5* |
| T | M15 | COLOR TINT | REPAIR/ALIGN | | | .4* |
| I | M18 | SET-UP AND MEASURE | REPAIR/ALIGN | | | 2.0* |
| I | M19 | REALIGN CONTROL POINTS | REPAIR/ALIGN | | | .5* |
| EC | M20 | ANTI-FREEZE-COOLANT | COMPETITIVE PART — DEL | 18.00* | | |
| EC | M21 | FREON | COMPETITIVE PART — DEL | 25.00* | | |
| T | M64 | UNIBODY-FRAME ALIGNMENT | REPAIR/ALIGN | | | 9.5* |
| I | M66 | COLOR SAND AND BUFF | REPAIR/ALIGN | | | 3.0* |
| | | AIM FOG LAMPS | REPAIR/ALIGN | | | .2* |
| E | | HOOD INSULATOR CLIPS | NEW PART | 10.00* | | |
| I | | CLEAN-RETAPE EMBLEMS | SUBLET | 5.00* | | .4* |
| L | | BLEND LEFT DOOR | REFINISH | | | 1.5* |
| I | | BLEND RIGHT DOOR | REFINISH | | | 1.5* |
| I | | COVER PROTECT INTERIOR | SUBLET | 5.00* | | .3* |
| I | | COVER PROTECT EXTERIOR | SUBLET | 5.00* | | .3* |
| I | | RESTRIPE- PAINTED | SUBLET | 75.00* | +20 | |
| I | | R+I A/C HOSES | REPAIR/ALIGN — DEL | | | 1.0* |
| I | | R+I CRUISE CONTROL | REPAIR/ALIGN — DEL | | | 1.0* |
| I | | R+I BRAKE CONTROL MODULE | REPAIR/ALIGN — DEL | | | .4* |
| I | | R+I BATTERY | REPAIR/ALIGN — DEL | | | .2* |
| EC | | POWER STEERING FLUID | COMPETITIVE PART — DEL | 2.50* | | |
| I | | CLEAN AIR BAG RESIDUE | REPAIR/ALIGN — DEL | | | .2* |
| I | | CLEAN P/S FLUID ENGINE | REPAIR/ALIGN — DEL | | | .5* |
| I | | CLEAN FIRE EXT RESIDUE | REPAIR/ALIGN — DEL | | | .5* |
| T | | CLEAN UP GLASS-COWL TOP | REPAIR/ALIGN | | | .5* |
| EC | | GARGOYLES FRT PUSHBAR-APX | COMPETITIVE PART | 200.00* | | 1.0* |
| UP | | L REAR DOOR DING/DENT | UNRELATED PRIOR DMGE | | | .8* |
| UP | | L REAR DOOR REPAINT | UNRELATED PRIOR DMGE | | | 5.0* |
| UP | | RESTRIPE LR DOOR | UNRELATED PRIOR DMGE | 30.00* | | |
| E | | L HOOD SEAL TO COWL | NEW PART — DEL | — 2.50* | | .1* |
| E | | AIR BAG CLOCK SPRING MOD | NEW PART — DEL | — 101.00* | | .7* |
| P | | POWER STEERING RESERVIOR | NEW PART — DEL | — 36.00* | | 1.1* |
| E | | CRANKCASE VENT TUBE | NEW PART — DEL | — 4.40* | | .2* |
| E | | SERPENTINE DRIVE BELT | NEW PART — DEL | — 29.25* | | |
| E | | BELT ROUTE DECAL | NEW PART — DEL | — 3.00* | | |
| E | | AIR BAG DECAL | NEW PART — DEL | — .25* | | |
| E | | R134 REFRIG DECAL | NEW PART — DEL | — 3.00* | | |
| E | | EMMISSION DECAL | NEW PART — DEL | 3.35* | | |
| E | | ENGINE COMP MAP DECAL | NEW PART — DEL | 3.00* | | |
| P | | SAFETY CHECK VEHICLE | CHECK — DEL | | | .2* |
| P | | OPEN=A/C CONDENSOR | CHECK | | | |
| T | | OPEN=AIR BAG SENSORS | CHECK | | | |
| P | | OPEN=LEFT HEADLITE ASSBLY | CHECK | | | |
| P | | OPEN=FRAME RAILS/APRONS | CHECK | | | |
| P | | OPEN=A/C LINES | CHECK | | | |
| P | | OPEN=WIRING HARNESSES | CHECK | | | |
| P | | OPEN=MELTED HOSES | CHECK | | | |
| P | | OPEN=PUSH BAR PRICE | CHECK | | | |
| I | | SERP BELT IS OIL CONTAMIN | CHECK | | | |
| I | | WIRE HARNESSES-PER DEALER | REPAIR/ALIGN | | | |
| I | | FUEL INJ WIRES-PER DEALER | REPAIR/ALIGN | | | |
| I | | BRAKE VAC HOSE-PER DEALER | REPAIR/ALIGN | | | |
| I | | BRAKE SENSOR -PER DEALER | REPAIR/ALIGN | | | |
| I | | BRAKE M/CYLNDR-PER DEALER | REPAIR/ALIGN | | | |

| | | | | |
|---|---|---|---|---|
| | EXHAUST SHIELD-PER DEALER | REPAIR/ALIGN | | |
| | S PLUG WIRES -PER DEALER | REPAIR/ALIGN | | |
| | HEATER HOSE -PER DEALER | REPAIR/ALIGN | | |
| | L VALVE COVER -PER DEALER | REPAIR/ALIGN | | |
| | PREP FILL FEATHEREDGE | REPAIR/ALIGN | | |
| | RT FENDER LINER | NEW PART | | .3* |
| | AIR BAG DISPOSAL-HAZ WAST | SUBLET | 18.50* | |
| | LIMITED DECALS | NEW PART | 5.00* | |
| | BUMPER CLIPS | NEW PART | 34.00* | .4* |
| | | | 4.00* | |

175 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # REQUIRED
07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

| | | | |
|---|---|---|---|
| GROSS PARTS | | | 3,379.10 |
| ADJUSTMENTS | DISCOUNT @ | 1.00% | 33.79- |
| OTHER PARTS | | | 263.45 |
| MARKUP | | | 16.99 |
| PAINT MATERIAL | | | 479.40 |
| PARTS TOTAL | | | 4,105.15 |
| TAX ON PARTS & MATERIAL | @ | 8.250% | 338.67 |

| LABOR | RATE | REPLACE HRS | REPAIR HRS | |
|---|---|---|---|---|
| 1-SHEET METAL | 27.00 | 34.1 | 33.1 | 1,814.40 |
| 2-MECH/ELEC | 42.00 | 5.3 | 6.5 | 495.60 |
| 3-FRAME | 42.00 | | 12.0 | 504.00 |
| 4-REFINISH | 27.00 | 28.2 | | 761.40 |
| 5-PAINT MATERIAL | 17.00 | | | |
| LABOR TOTAL | | | | 3,575.40 |
| TAX ON LABOR | | | | |
| SUBLET REPAIRS | | | | 95.00 |
| TOWING & STORAGE | | | | 115.00 |
| GROSS TOTAL | | | | 8,229.22 |
| LESS: DEDUCTIBLE | | | | 250.00- |
| NET TOTAL | | | | 7,979.22 |
| TOTAL UNRELATED PRIOR DAMAGE | | | | 271.60 |

CK # paid

ADP AUDATEX A2 U PT LOG DATE ( 15:58:42 046
P/N:YY/00/00/00/00 CUM:24/00/00/00 NSU 91107

4.2 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST MAJOR PANEL, WHERE NOTED.

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX, EXTERIOR SURFACES.
VEHICLE UPDATE CODE NO. 3707

TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART, BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED

BEST AVAILABLE COPY

INSURED [redacted]

CLAIMANT [redacted]

| PROC. MCO | POLICY NUMBER | DATE ISSUED MONTH | DAY | YEAR |
|---|---|---|---|---|
| | | | | |

IN PAYMENT OF Supplement to original damages from collision loss of

| DESK LOC. | EMPLOYEE I.D. | CLAIM NUMBER | IRS | PAYEE |
|---|---|---|---|---|
| | | | | |

PAY FOUR THOUSAND AND NINETY TWO DOLLARS + 35 CENTS $ 4,092 35

*DEAR CUSTOMER [redacted]

PLEASE RATE THE QUALITY OF OUR CLAIM SERVICE BY MARKING AN (X)

☐ OUTSTANDING ☐ VERY GOOD ☐ GOOD ☐ FAIR ☐ POOR

D THE RDER F

MAZDA - JEEP - EAGLE

☐ NORTHBROOK NATIONAL INS. CO.
☐ ALLSTATE COUNTY MUTUAL INS. CO.
☐ ALLSTATE PROPERTY AND CASUALTY INS. CO.
☒ ALLSTATE INS. CO
☐ NORTHBROOK PROPERTY AND CASUALTY INS. CO
☐ NORTHBROOK INDEMNITY INS. CO
☐ ALLSTATE TEXAS LLOYD'S
☐ AL[redacted]

FILE COPY NON[redacted]BLE

6,200 86
− 4,092 35
= $ 2,108 51

to pay Jeep Dealer

INSURANCE COMPANY

Revised ESTIMATE

A2 LOG NO DATE

CLAIM#
COMPANY
INSURED
LOSS DATE
INSURED/LOSS PAYEE

POLICY#
AGENT
CLAIMANT
TYPE OF LOSS COL /F

SUPPLEMENT

INSP DATE
ADJUSTER
ADDRESS
PHONE

LOCATION SHOP
COMPANY CLAIMS
CITY STATE
ZIP

SHOP
ADDRESS
CITY STATE
ZIP

ATTN OF
PHONE
REF NO.

NAME
ADDRESS
CITY STATE
ZIP

HOME PHONE
WORK PHONE

LIC# STATE CA VIN 1J4GZ78Y4PC
COLOR/COLOR METALLIC GREEN MILEAGE 028204
OPTION PKG ACCTING CTL#

CP=COMPETITIVE PART EU=L.K.Q. CE P=COMPETITIVE PART
NP=NEW PART P=CHECK I=REPAIR/ALIGN/SUBLET
R=REFINISH N=ADDNL LABOR OPERATION TE=PART/PARTIAL REPLACE
LA=LABOR/PARTIAL REPLACE LT=LABOR/PARTIAL REPAIR AA=APPEARANCE allowance
UR=UNRELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE *=USER ENTERED VALUE

RUTTLE INFRD COLLISION LOSS AND RESULTING FIRE LOSS

DENIED 8-17. DUPLICATED ITEMS DELETED FROM ORIGINAL ESTIMATE THAT HAS BEEN INCLUDED IN DEALER INVOICE OF 8.200.88. SHOP TO PAY BALANCE TO CLAIMSHIP. IF AUTO TECH HAS ADDITIONAL PRICE INCREASES, CAN BE SUPPLIED LATER. WILL SUPPLEMENT TO AUTO TECH.

F POWER MOUNTED FOG LAMPS POWER SEAT
POWER REMOTE CONTROL MIRRORS POWER DOOR LOCKS
POWER WINDOWS TILT WHEEL/TELESCOPE STEER

TILT STEERING WHEEL
CLIMATE CONTROLLED A/C
4-WHEEL DRIVE
TWO-STAGE - INTERIOR SURFACES
AIR CONDITIONING
AUTOMATIC TRANS
TWO-STAGE - EXTERIOR SURFACES

| OP | GDE | MC | DESCRIPTION | | MFG. PART NO. | PRICE | AJ% | HOURS | R |
|---|---|---|---|---|---|---|---|---|---|
| E | 006 | | COVER,FRONT BUMPER | | 4713455 | 310.00* | | 3.1 | 1 |
| L | 006 | 09 | COVER,FRONT BUMPER | | REFINISH | | | 3.6 | 4 |
| E | 011 | 01 | STRIP,FRONT IMPACT | | 55031470 | 27.25 | | | 1 |
| E | 007 | | ABSORBER,FRONT BUMPER | | 55031452 | 43.75 | | | 1 |
| E | 012 | | BRKT,FRONT BUMPER MTG | | 52058271 | 7.45 | | | 1 |
| E | 017 | | BRKT,FRONT BUMPER MTG | | 55254700 | 25.00 | | | 1 |
| E | 028 | | GRILLE ASSEMBLY | | 5DF54MX8 | 83.50 | | | 1 |
| L | 028 | | GRILLE ASSEMBLY | | REFINISH | | | 1.4 | 4 |
| L | 030 | | PANEL,FRONT END | | REFINISH | | | 1.4 | 4 |
| E | 041 | 04 | HEADLAMP ASSEMBLY | LT | R & I | * | | | 1 |
| E | 042 | | HEADLAMP ASSEMBLY | RT | 56005092 | 82.50 | | | 1 |
| M | 973 | | HEADLAMPS AIM | | ADDTL LABOR | | | .5 | 1 |
| E | 050 | | BULB,HALOGEN HEADLAMP | RT | 4388238 | 13.50 | | | 1 |
| E | 051 | | PARKLAMP ASSEMBLY | LT | 56005105 | 22.50 | | | 1 |
| E | 052 | | PARKLAMP ASSEMBLY | RT | 56005104 | 22.50 | | | 1 |
| E | 053 | | PARKLAMP ASSEMBLY | LT | 56005099 | 24.25 | | | 1 |
| E | 054 | | PARKLAMP ASSEMBLY | RT | 56005098 | 24.25 | | | 1 |
| E | 060 | | HOUSING,FOGLAMP | RT | 4713582 | 64.00 | | | 1 |
| E | 057 | 04 | LENS,FOG LAMP | LT | R & I | * | | | 1 |
| E | 058 | | LENS,FOG LAMP | RT | 4713584 | 17.25 | | | 1 |
| E | 075 | 04 | BRACKET,FRONT FOGLAMP | LT | R & I | * | | | 1 |
| E | 076 | | BRACKET,FRONT FOGLAMP | RT | 4713578 | 7.50 | | | 1 |
| E | 082 | | PANEL,HOOD | | 55038810 | 225.00 | | 1.6 | 1 |
| L | 083 | | PANEL,HOOD | | REFINISH | | | 4.2 | 4 |
| E | 062 | # | N/PLATE,HOOD PANEL | | R & I | * | | .2 | 1 |
| | | | # = 01, 04 | | | | | | |
| E | 087 | | CATCH,HOOD SAFETY | | 55075322 | 8.10 | | | 1 |
| E | 084 | | HINGE,HOOD PANEL | LT | 55075325 | 41.00 | | .2 | 1 |
| L | 084 | | HINGE,HOOD PANEL | LT | REFINISH | | | .4 | 4 |
| E | 085 | | HINGE,HOOD PANEL | RT | 55075324 | 41.00 | | .2 | 1 |
| L | 085 | | HINGE,HOOD PANEL | RT | REFINISH | | | .4 | 4 |
| E | 086 | 01 | PAD,INSULATOR HOOD | | 55215330 | 40.00 | | .5 | 1 |
| L | 065 | | CRSMBR,RAD PANEL UPR | | REFINISH | | | .5 | 4 |
| E | 066 | 07 | CRSMBR,RAD PNL LOWER | | 52058196 | 37.50 | | 5.0 | 1 |
| L | 066 | | CRSMBR,RAD PNL LOWER | | REFINISH | | | .8 | 4 |
| | 105 | | PANEL,INNER FENDER | LT | REPAIR/ALIGN | | | 1.0 | 1* |
| | 105 | | PANEL,INNER FENDER | LT | REFINISH | | | .7 | 4 |
| | 106 | | PANEL,INNER FENDER | RT | REPAIR/ALIGN | | | 6.0 | 1* |
| | 106 | | PANEL,INNER FENDER | RT | REFINISH | | | .7 | 4 |
| | 118 | 07 | WHLHS,FRT FENDER INR | RT | 55038612 | 15.25 | | 4.5 | 1 |
| | 113 | | REINF,INNER FENDER | LT | REPAIR/ALIGN | | | 1.0 | 1 |
| | 114 | | REINF,INNER FENDER | LT | REFINISH | | | .7 | 4 |
| | 116 | 07 | REINF,INNER FENDER | RT | 55038564 | 57.50 | | 1.0 | 1 |
| | 116 | | REINF,INNER FENDER | RT | REFINISH | | | .7 | 4 |
| | 111 | | MBR,UPPER FRONT | LT | REPAIR/ALIGN | | | .7 | 4 |
| | 111 | | MBR,UPPER FRONT | LT | REFINISH | | | .7 | 4 |
| | 112 | | MBR,UPPER FRONT | RT | REPAIR/ALIGN | | | .7 | 4 |
| | 112 | | MBR,UPPER FRONT | RT | REFINISH | | | .7 | 4 |
| | 121 | | PNL,RR ENGINE | | REPAIR/ALIGN | | | .7 | 4 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 690 | 04 | HORN,HIGH NOTE | | R & I | | * | .3 | 1 |
| | 691 | 04 | HORN,LOW NOTE | | R & I | | * | .3 | 1 |
| | 974 | | SUSPENSION ALIGN,FRT | | ADDTL LABOR | | | 1.5 | 2 |
| | 151 | 04 | MLDG,W/S REVEAL UPPER | | R & I | | * | .3 | 1 |
| | 152 | 04 | MLDG,W/S REVEAL SIDE | LT | R & I | | * | .2 | 1 |
| | 153 | 04 | MLDG,W/S REVEAL SIDE | RT | R & I | | * | .2 | 1 |
| | 145 | 04 | ARM,WIPER BLADE | LT | R & I | | * | .2 | 1 |
| | 146 | 04 | ARM,WIPER BLADE | RT | R & I | | * | .2 | 1 |
| | 341 | | PANEL,ROOF | | REPAIR/ALIGN | | | 5.0*1 | |
| | 341 | | PANEL,ROOF | | REFINISH | | | 3.9 | 4 |
| | 553 | 04 | RACK ASSEMBLY,LUGGAGE | | R & I | | * | 1.0 | 1 |
| | 172 | | GRILLE,UPPER COWL | | REFINISH | | | .7 | 4 |
| | 683 | | HEADLINER R & I | | ADDTL LABOR | | | 2.5 | 1 |
| | 103 | 04 | FENDER,FRONT | LT | R & I | | * | 1.3 | 1 |
| | 103 | | FENDER,FRONT | LT | REPAIR/ALIGN | | | 2.5*1 | |
| | 103 | | FENDER,FRONT | LT | REFINISH | | | 3.0 | 4 |
| | 091 | # | MLDG,FENDER LOWER | L/R | R & I | | * | .3 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 360 | # | NAMEPLATE,FENDER | LT | R & I | | * | .2 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 373 | # | MLDG,FRONT DOOR LOWER | LT | R & I | | * | .4 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 229 | 04 | MIRROR,OUTER R/C | LT | R & I | | * | .3 | 1 |
| | 222 | 04 | CYL,FRONT DOOR LOCK | LT | R & I | | * | .6 | 1 |
| | 231 | # | PNL,INNER DOOR TRIM | LT | R & I | | * | .4*1 | |
| | | | # = 01, 04 | | | | | | |
| | 227 | 04 | HANDLE,FRONT DOOR OTR | LT | R & I | | * | .2 | 1 |
| | 104 | | FENDER,FRONT | RT | 55021824 | 164.00 | | 1.3 | 1 |
| | 104 | | FENDER,FRONT | RT | REFINISH | | | 3.0 | 4 |
| | 092 | # | MLDG,FENDER LOWER | R/R | R & I | | * | .3 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 361 | # | NAMEPLATE,FENDER | RT | R & I | | * | .2 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 131 | 04 | ANTENNA,ELECTRIC | RT | R & I | | * | 1.0 | 1 |
| | 126 | | BRKT,FRONT FENDER | RT | 55038572 | 7.45 | | | 1 |
| | 230 | 04 | MIRROR,OUTER R/C | RT | R & I | | * | .3 | 1 |
| | 208 | | DOOR SHELL,FRONT | RT | REPAIR/ALIGN | | | 1.0*1 | |
| | 208 | | DOOR SHELL,FRONT | RT | REFINISH | | | 5*1* | |
| | 210 | | PNL,FRONT DOOR OUTER | RT | REPAIR/ALIGN | | | 2.0*1 | |
| | 232 | # | PNL,INNER DOOR TRIM | RT | R & I | | * | .4*1 | |
| | | | # = 01, 04 | | | | | | |
| | 374 | # | MLDG,FRONT DOOR LOWER | RT | R & I | | * | .4 | 1 |
| | | | # = 01, 04 | | | | | | |
| | 224 | 04 | CYL,FRONT DOOR LOCK | RT | R & I | | * | .6 | 1 |
| | 219 | 04 | HANDLE,FRONT DOOR OTR | RT | R & I | | * | .2 | 1 |
| | M99 | | FLEX ADDITIVE | | COMPETITIVE PART | 5.00* | | | 4 |
| | M04 | | UNDERCOATING | | NEW PART | [illegible]* | | 5*1* | |
| | M08 | | STONEGUARD | | NEW PART | 10.00* | | .5*1* | |
| | M1E | | COLOR TINT | | REPAIR/ALIGN | | | .4*1* | |
| | M16 | | SET-UP AND MEASURE | | REPAIR/ALIGN | | | 2.0*3 | |
| | M17 | | REALIGN CONTROL POINTS | | REPAIR/ALIGN | | | 3*3 | |
| | M18 | | UNIBODY-FRAME ALIGNMENT | | REPAIR/ALIGN | | | 5.0*3 | |
| | [illegible] | | [illegible] | | [illegible] | | | [illegible] | |
| | | | [illegible] | | | | | | |
| | | | HOOD INSULATOR PADS | | NEW P.F. | 14.00 | | | |
| | | | [illegible] | | [illegible] | [illegible] | | | |
| | | | BLEND LEFT HOOD | | REFINISH | | | 1*1* | |

GRAND CHEROKEE LTD 4DR WGN PAGE 4

CLAIM A2 LOG NO DATE

| | | | | | |
|---|---|---|---|---|---|
| | BLEND RIGHT DOOR | REFINISH | | | 1.5*4* |
| | COVER PROTECT INTERIOR | SUBLET | 5.00* | | .3*1* |
| | COVER PROTECT EXTERIOR | SUBLET | 5.00* | | .3*1* |
| | RESTRIPE- PAINTED | SUBLET | 75.00* | -20 | 1* |
| | CLEAN UP GLASS-COWL TOP | REPAIR/ALIGN | | | .5*1* |
| | GARGOYLES FRT PUSHBAR-APX | COMPETITIVE PART | 200.00* | | 1.0*1* |
| | L REAR DOOR DING/DENT | UNRELATED PRIOR DMGE | | | .8*1* |
| | L REAR DOOR REPAINT | UNRELATED PRIOR DMGE | | | 5.0*4* |
| | RESTRIPE LR DOOR | UNRELATED PRIOR DMGE | 30.00* | | |
| | OPEN=MELTED HOSES | CHECK | | S1 | |
| | OPEN=PUSH BAR PRICE | CHECK | | | |
| | WIRE HARNESSES-PER DEALER | REPAIR/ALIGN | | | |
| | FUEL INJ WIRES-PER DEALER | REPAIR/ALIGN | | | |
| | BRAKE VAC HOSE-PER DEALER | REPAIR/ALIGN | | | |
| | BRAKE SENSOR -PER DEALER | REPAIR/ALIGN | | | |
| | BRAKE M/CYLNDR-PER DEALER | REPAIR/ALIGN | | | |
| | EXHAUST SHIELD-PER DEALER | REPAIR/ALIGN | | | |
| | S PLUG WIRES -PER DEALER | REPAIR/ALIGN | | | |
| | HEATER HOSE -PER DEALER | REPAIR/ALIGN | | | |
| | L VALVE COVER -PER DEALER | REPAIR/ALIGN | | | |
| | PREP FILL FEATHEREDGE | REPAIR/ALIGN | | | .3*1* |
| | RT FENDER LINER | NEW PART | 18.50* | | |
| | LIMITED DECALS | NEW PART | 34.00* | | .4*1* |
| | BUMPER CLIPS | NEW PART | 4.00* | | |
| | LABOR-PER LANCASTER JEEP | SUBLET | 1750.00* | S1 | |
| | PARTS-PER LANCASTER JEEP | NEW PART | 4450.86* | S1 | |

124 ITEMS.

MC MESSAGE

01 CALL DEALER FOR EXACT PART # REQUIRED
04 PRICE NOT YET AVAILABLE, CALL LOCAL DEALER
07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

TOTAL CALCULATIONS & ENTRIES

| | | | |
|---|---|---|---|
| GROSS PARTS | | | 5,100.36 |
| OTHER PARTS | | | 208.00 |
| MARKUP | | | 15.00 |
| PAINT MATERIAL | | | 474.30 |
| SUB TOTAL | | | 5,797.66 |
| TAX ON PARTS & MATERIAL | @ | 6.25% | 360.81 |

| LABOR | RATE | REPLACE HRS | REPAIR HRS | |
|---|---|---|---|---|
| 1-SHEET METAL | 27.00 | 36.7 | 21.6 | 670.50 |
| 2-MECH/ELEC | 42.00 | .8 | 1.8 | 71.40 |
| 3-FRAME | 42.00 | | 12.0 | 504.00 |
| 4-REFINISH | 27.00 | 27.9 | | 753.30 |
| 5-PAINT MATERIAL | 27.00 | | | |
| SUB TOTAL | | | | 2,119.20 |
| [illegible] | | | | |
| [illegible] | | | | |
| [illegible] | | | | 118.00 |
| [illegible] | | | | 10,395.07 |
| [illegible] | | | | 291.70 |

BEST AVAILABLE COPY

| | | |
|---|---|---|
| ET TOTAL | 12,071.57 | |
| LESS: ORIGINAL NET TOTAL | 7,979.22- | |
| NET SUPPLEMENT TOTAL | 4,092.35 | |
| TOTAL UNRELATED PRIOR DAMAGE | | 271.60 |

IF AUDATEX A2 U B1 LOG DATE 13:05:02 046 ADOFY
...:TY/00/00/00/00 CUM:24/00/00/00 NSU 91107

...1 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST ...OR PANEL, WHERE NOTED.

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX EXTERIOR SURFACES.
VEHICLE UPDATE CODE NO. 3707

...ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART, ...BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO ...OPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO ...PLETE THE REPAIRS IS PROPERLY EQUIPPED.

---

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS, RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.
YOU HAVE THE RIGHT TO USE A REPAIR SHOP OF YOUR CHOICE. IF YOUR SHOP'S ESTIMATE OF REPAIRS EXCEEDS THE ALLSTATE APPRAISAL, WE HAVE THE RIGHT TO ATTEMPT RESOLUTION WITH YOUR SELECTED SHOP OR WE MUST PROVIDE YOU WITH THE NAME OF ONE OR MORE SHOPS THAT WILL COMPLETE THE REPAIRS FOR OUR APPRAISAL AMOUNT.

...IS AN ITEMIZED LIST OF REPAIRS ...ART OF A REPAIR ORDER. THIS REPAIR ...ONTINUATION IS SUBJECT TO ALL THE ...MS OF THE ORIGINAL REPAIR ORDER.

*in the original estimated price.*

SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.

...NEEDED ... SMOG CHECK TEST INDICATES ... ORDER ... BUYER ...

*(Signature or Initials)*

...OMER NO.

...ADDRESS

...PHONE

LABOR RATE 50.00 | LICENSE NO | MILEAGE 26616 | SOLD BY GRILLEY

YEAR MAKE MODEL 93/JEEP/GRAND CHEROKEE/WG

VEHICLE ID NO 1 J 4 G Z 7 8 Y 4 P C

STK NO | P.O. NO

COMMENTS

DELIVERY DATE | INVOICE DATE

DAYTIME PHONE | BUSINESS PHONE

LABOR & PARTS

1 08JLZ ELEC HOURS: 0.30 TECH(S):20

FOG LIGHT IS CRACKED ON LEFT FRONT. CHECK FOR ALIGNMENT OF HEADLIGHTS AND FOG LIGHTS
REPLACE RT FOG LIGHT LENS
HEADLIGHT ADJUSTMENT TO BE SENT TO AUTO TECH. ADJUSTMENT
GEARS ARE MISSING OR DAMAGED. WILL PROVIDE PARTS

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| JOB # 1 | 1 | | 52058500 | INSULATOR 9- 67- 4 | 63.83 | 63.83 | 63.83 |
| JOB # 1 | 1 | | 52058501 | INSULATOR 9- 67- 4 | 63.83 | 63.83 | 63.83 |
| JOB # 1 | 1 | | 52005437 | SKIDPLATE 23- 34-12 | 59.23 | 59.23 | 59.23 |
| JOB # 1 | 1 | | 52018092 | BRACKET 14- 2- 18 | 63.25 | 63.25 | 63.25 |
| JOB # 1 | 1 | | 52004309 | C/MEMBER 23- 32- 17 | 58.00 | 58.00 | 58.00 |
| JOB # 1 | 1 | | 4713582 | LAMP 8- 14- 1 | 73.60 | 73.60 | 73.60 |
| JOB # 1 | 1 | | 56004553 | GEAR 8- 34-179 | 0.86 | 0.86 | 0.86 |
| JOB # 1 | 1 | | 56004559 | GEAR 8- 34-179 | 1.27 | 1.27 | 1.27 |
| | | | | JOB # 1 TOTAL PARTS | | | 383.37 |

JOB # 1 TOTAL LABOR & PARTS ...

JOB # 2 19JLZ F.E./SUSP DIAGNOSIS HOURS: 2.00 TECH(S):20 ... 100.00

RIDE HEIGHT SEEMS TO BE LOWER ON THE RIGHT SIDE
RT FRONT SPRING IS SAGGING
REPLACE RT FRONT SPRING.

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| JOB # 2 | 1 | | 52038362 | SPRING 17- 12- 4 | 37.30 | 37.30 | 37.30 |
| | | | | JOB # 2 TOTAL PARTS | | | 37.30 |

JOB # 2 TOTAL LABOR & PARTS ...

JOB # 3 05JLZ BRAKE INSP/DIAGNOSIS HOURS: TECH(S):20 ... 0.00

BRAKES FEEL MUSHY AND THERE IS NOISE FROM THE RIGHT FRONT
FRONT BRAKE ROTORS ARE WARPED. RESURFACE
BLEED BRAKES AND RESURFACED ROTORS

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| | | | | JOB # 3 TOTAL PARTS | | | 0.00 |

JOB # 3 TOTAL LABOR & PARTS ...

JOB # 4 03JLZ2012 TRANSFER CASE REPAIR HOURS: 4.30 TECH(S):20 ... 215.00

REPLACE BOTH ENGINE MOUNTS, T-CASE MOUNT, SKID PLATE AND CROSSMEMBER. DAMAGED IN ACCIDENT AND MISSED ON INITIAL REPAIR

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| | | | | JOB # 4 TOTAL PARTS | | | 0.00 |

JOB # 4 TOTAL LABOR & PARTS ...

| SUBLET | PO# | VEND INV# | INV.DATE | DESCRIPTION | | |
|---|---|---|---|---|---|---|
| JOB # 1 | | | | RENTAL CAR | | 291.50 |
| | | | | TOTAL - SUBLET | | 291.50 |

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF $1150.00 (+TAX)

APPROVED REVI... | ...TAX ... 04/... ...PM

Y DEAN T COMMENTS

MAZDA • JEEP/EAGLE • MITSUBISHI

BEST AVAILABLE COPY

JEEP EAGLE TEL No. No.001 P.02

S FORM IS AN ITEMIZED LIST OF REPAIRS
C IS PART OF A REPAIR ORDER. THIS REPAIR
DER CONTINUATION IS SUBJECT TO ALL THE
ONDITIONS OF THE ORIGINAL REPAIR ORDER

*in the original estimated price.*

**SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.**

SHOP CHECK PAGER TO REVIEW
NEEDED REPAIRS OR ADJUSTMENTS W...
SHOP CHECK TEST INDICATES RE NEEDS
7% LOBOR - $830.00 TOTAL $930.00 TOTAL
PARTS $420.75 TOTAL $420.75
THE LINE IS YOUR AUTHORIZATION

*(Signature or initials)*

CUSTOMER NO | ADV SO# | W.O. NO | INVOICE DATE | INVOICE NO.

LABOR RATE 50.00 | LICENSE NO. | MILEAGE 26616 | COLOR GREEN | STOCK NO.

YEAR / MAKE / MODEL 93/JEEP/GRAND CHEROKEE/WG | DELIVERY DATE | DELIVERY MILES

VEHICLE ID NO 1J4GZ78Y4PC | SELLING DEALER NO | SALESPERSON

FILE NO | P.O. NO | TAG NO

RESIDENCE PHONE | BUSINESS PHONE | COMMENTS

ESTIMATE

APPROVED REVISED ESTIMATE (# 2) OF $1042.33 (+TAX) ON AT 06:10pm

BY COMMENTS

COMMENTS

DATE FOR REPAIRS:

CLAIMS

[illegible]

USE CLAIM

DATE OF LOSS 10-94

FAX BILL TO

GRILL SUPPORT PANEL HAS TO BE REMOVED TO INSTALL HEADLIGHT ADJUSTING GEARS

INV. BY

TOTALS

YOUR BUSINESS IS APPRECIATED! LET US KNOW HOW WE CAN SERVE YOU BETTER.

CUSTOMER ACKNOWLEDGES INCREASE OF ESTIMATE.

| | |
|---|---|
| TOTAL LABOR.. | 330.00 |
| TOTAL PARTS.. | 420.75 |
| TOTAL SUBLET. | 291.58 |
| TOTAL G.O.G.. | 0.00 |
| TOTAL MISC... | 0.00 |
| TOTAL TAX.... | 0.00 |
| TOTAL INVOICE $ | 1042.33 |

CUSTOMER SIGNATURE

********** DUPLICATE INVOICE **********

TIONS OF THE ORIGINAL REPAIR ORDER

(Signature or initials)

LABOR RATE: 50.00 | 26204 | DELIVERY DATE

YEAR MAKE MODEL: 93/JEEP/GRAND CHEROKEE/WG

VEHICLE ID NO: 1 J 4 G Z 7 8 Y 4 P C

SELLING DEALER NO | PRODUCTION DATE

RESIDENCE PHONE | BUSINESS PHONE

1750.00

LABOR & PARTS
JB# 1 10JEZZMISC MISC REPAIR HOURS: 35.00 TECH(S):28
ESTIMATE ON MECHANICAL DAMAGE CAUSED BY ENGINE FIRE & COLLISION
SEE COMMENTS FOR BREAKDOWN ON WORK PERFORMED.

| | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| JOB # 1 | 1 | | 52006644 | RADIATOR 7- 11- 3 | 294.00 | 267.75 | 267.75 |
| JOB # 1 | 1 | | 53009123 | INDICATOR 9- 27- 1 | 10.76 | 8.71 | 8.71 |
| JOB # 1 | 1 | | 56026993 | MODULE 8- 35- 30 | 360.57 | 291.89 | 291.89 |
| JOB # 1 | 1 | | 4723132 | HYDRAULIC 5-107- 34 | 467.25 | 378.25 | 370.25 |
| JOB # 1 | 1 | | 56019070 | HARNESS 8- 15- 2 | 252.00 | 204.00 | 204.00 |
| JOB # 1 | 1 | | 55035947 | COVER 23-108- 23 | 30.19 | 24.44 | 24.44 |
| JOB # 1 | 1 | | 55030432 | SEAL 23- 43- 24 | 14.44 | 11.69 | 11.69 |
| JOB # 1 | 1 | | 4741835 | MASTER/CY 5- 39- 3 | 156.40 | 156.40 | 156.40 |
| JOB # 1 | 1 | | 4720868 | BSTR PKG 5-100- 2 | 304.50 | 246.50 | 246.50 |
| JOB # 1 | 1 | | 4713078 | SENSOR 5- 5- 5 | 115.30 | 93.50 | 93.50 |
| JOB # 1 | 1 | | 52087658 | PUMP 19- 54- 2 | 257.25 | 208.25 | 208.25 |
| JOB # 1 | 1 | | 52029272 | HOSE 7- 14- 5 | 12.60 | 10.20 | 10.20 |
| JOB # 1 | 1 | | 52006334 | HOSE - - 1 | 20.48 | 16.58 | 16.58 |
| JOB # 1 | 1 | | 4728190 | CABLE PKG 8- 36- 83 | 32.81 | 26.56 | 26.56 |
| JOB # 1 | 1 | | 53008620 | CAP 9- 31- 5 | 3.15 | 2.55 | 2.55 |
| JOB # 1 | 1 | | 56005420 | RESERVOIR 23- 67-24 | 22.84 | 18.49 | 18.47 |
| JOB # 1 | 1 | | 56005209 | SENSOR 8- 37-155 | 16.80 | 13.60 | 13.60 |
| JOB # 1 | 1 | | 56005210 | CAP 23- 67-241 | 2.63 | 2.13 | 2.13 |
| JOB # 1 | 1 | | 53008647 | ALTERNATR 8- 28- 3 | 182.70 | 147.90 | 147.90 |
| JOB # 1 | 1 | | 5CN93LX8 | AIR BAG 23- 49- 7 | 456.44 | 369.50 | 369.50 |
| JOB # 1 | 1 | | 56007097 | SENSOR 8- 37-155 | 82.43 | 66.73 | 133.46 |
| JOB # 1 | 2 | | 56005016 | CONDENSER 24- 27- 5 | 288.75 | 233.75 | 233.75 |
| JOB # 1 | 1 | | 4720766 | O-RING 24- 25-172 | 2.89 | 2.34 | 4.68 |
| JOB # 1 | 2 | | 4723714 | LINE 24- 28- 24 | 48.30 | 39.10 | 39.10 |
| JOB # 1 | 1 | | 4720055 | LINE 24- 28- 24 | 70.35 | 56.95 | 56.95 |
| JOB # 1 | 1 | | 53007385 | BODY 14- 29- 1 | 57.75 | 46.75 | 46.75 |
| JOB # 1 | 1 | | 53007386 | FILTER 14- 29- 3 | 26.25 | 21.25 | 21.25 |
| JOB # 1 | 1 | | 53030178 | COVER 14- 47- 1 | 29.93 | 24.23 | 24.23 |
| JOB # 1 | 1 | | 34201942 | FASTENER 23- 43- 14 | 1.42 | 1.15 | 1.15 |
| JOB # 1 | 1 | | 53007447 | DUCT 14- 29- 38 | 11.81 | 9.56 | 9.56 |
| JOB # 1 | 1 | | 53009266 | DONNET 14- 29- 38 | 44.63 | 36.13 | 36.13 |
| JOB # 1 | 1 | | 53009268 | HOSE - - 1 | 28.35 | 22.95 | 22.95 |
| JOB # 1 | 1 | | 53030179 | BRACKET 14- 2- 18 | 3.10 | 2.51 | 2.51 |
| JOB # 1 | 1 | | 55014361 | BRACKET 23- 43- 5 | 4.73 | 3.83 | 3.83 |
| JOB # 1 | 1 | | 55254551 | SUPPORT 23- 34- 83 | 9.82 | 7.95 | 7.95 |
| JOB # 1 | 1 | | 6502783 | SC/HEX HD 7- 43- 5 | 1.84 | 1.49 | 2.98 |
| JOB # 1 | 2 | | 6100556 | SCREW 8- 59- 25 | 0.47 | 0.38 | 1.90 |
| JOB # 1 | 1 | | 56026843 | T/GUARD 8- 17- 2 | 15.75 | 12.75 | 12.75 |
| JOB # 1 | 1 | | 56018282 | HARNESS 8- 15- 2 | 309.75 | 250.75 | 250.75 |
| JOB # 1 | 1 | | 56018068 | HARNESS 8- 15- 2 | 362.25 | 293.25 | 293.25 |
| JOB # 1 | 1 | | 53030409 | TUBE 14- 89- 4 | 9.92 | 8.03 | 8.03 |
| JOB # 1 | 1 | | 53030410 | TUBE 14- 89- 4 | 6.51 | 5.27 | 5.27 |
| JOB # 1 | 1 | | 53030411 | TUBE 14- 89- 4 | 9.45 | 7.65 | 7.65 |
| JOB # 1 | 1 | | 52027793 | CAP 7- 12- 1 | 7.04 | 5.70 | 5.70 |
| JOB # 1 | 1 | | J0687550 | GROMMET 23- 67-266 | 1.87 | 1.87 | 1.87 |
| JOB # 1 | 1 | | J0687550 | GROMMET 23- 67-266 | 1.87 | 1.87 | 1.87 |
| JOB # 1 | 2 | | 6100840 | PUSH/NUT 18- 50- 22 | 0.47 | 0.38 | 0.76 |
| JOB # 1 | 2 | | 53032026 | SUPPORT 7- 4- 5 | 8.09 | 6.55 | 13.10 |
| JOB # 1 | 1 | | 6100568 | SC&WA 18- 50- 7 | 1.00 | 0.81 | 0.81 |
| JOB # 1 | 4 | | 6501859 | NUT 23- 43- 25 | 0.79 | 0.64 | 2.56 |
| JOB # 1 | 2 | | 52027658 | BRACKET 23- 43- 5 | 1.42 | 1.15 | 2.30 |
| JOB # 1 | 1 | | 55254771 | CR/MBR 23- 32- 17 | 33.86 | 27.41 | 27.41 |
| JOB # 1 | | | | SHROUD 7- 8- 2 | 12.30 | 4.97 | 9.94 |
| JOB # 1 | | | | - 1- 4 | 115.50 | 93.50 | 93.50 |
| JOB # 1 | 1 | | 52027687 | | 15.23 | 12.33 | 12.33 |
| JOB # 1 | 1 | | 53006695 | | | | |



(CONTINUED ON NEXT PAGE)

12:37:58

FEDERAL METEOROLOGICAL FORM 1-10 SURFACE WEATHER OBSERVATIONS (MF 1-10)
(ABRIDGED FORM FOR MILITARY USE)

LATITUDE 34°54'N | LONGITUDE 117°53'W | STATION +2

| TYPE (1) | TIME (GMT) (2) | SKY CONDITION (3) | PVLG VSBY (miles) (4) | WEATHER AND OBSTNS TO VISION (5) | SEA LEVEL PRES (mb) (6) | TEMP (°F) (7) | DEW-POINT (°F) (8) | WIND DRCTN (true) (9) | WIND SPEED (knots) (10) | CHARACTER (knots) (11) |
|---|---|---|---|---|---|---|---|---|---|---|
| SA | 0855 | 150 SCT 200-SCT | 45 | | 246 | 38 | 16 | 03 | 03 | |
| SA | 0955 | 150 SCT 200- SCT | 35 | | 241 | 39 | 17 | 03 | 03 | |
| SA | 1055 | 200 -SCT | 35 | | 238 | 38 | 18 | 29 | 02 | |
| SA | 1155 | 200 -SCT | 35 | | 236 | 37 | 18 | 27 | 03 | |
| SA | 1255 | 200 -SCT | 35 | | 237 | 35 | 18 | 21 | 04 | |
| SA | 1355 | 200 -SCT | 35 | | 244 | 35 | 19 | 27 | 02 | |
| SA | 1455 | 180 SCT 200 -BKN | 35 | | 246 | 32 | 18 | 33 | 04 | |
| SA | 1555 | 180 SCT 200-BKN 220 - BKN | 35 | | 254 | 36 | 20 | 16 | 04 | |
| SA | 1655 | 180 SCT E200 BKN 220 BKN | 35 | | 254 | 41 | 21 | 32 | 02 | |
| SA | 1755 | 180 SCT E200 BKN | 35 | | 251 | 50 | 22 | 08 | 02 | |
| SA | 1855 | 180 SCT E200 BKN | 35 | | 238 | 56 | 23 | 08 | 04 | |
| SA | 1955 | E150 BKN 200 BKN | 35 | | 222 | 61 | 28 | 35 | 06 | |
| SA | 2055 | E150 BKN 200 OVC | 35 | | 208 | 63 | 29 | 01 | 07 | |
| SA | 2155 | E150 BKN 200 OVC | 35 | | 202 | 65 | 30 | 07 | 02 | |
| SA | 2255 | E150 BKN 200 OVC | 35 | | 198 | 65 | 29 | 32 | 03 | |
| SA | 2355 | E150 BKN 200 OVC | 35 | | 197 | 65 | 30 | 24 | 04 | |
| SA | 0055 | 120 SCT E150 BKN 200 OVC | 35 | | 199 | 62 | 29 | 20 | 04 | |
| SA | 0155 | 120 SCT E150 BKN 200 OVC | 35 | | 207 | 53 | 28 | 24 | 02 | |
| SA | 0255 | E150 BKN 200 OVC | 35 | | 210 | 54 | 28 | 11 | 04 | |
| SA | 0355 | E150 BKN 200 OVC | 35 | | 209 | 48 | 26 | 14 | 03 | |
| SA | 0455 | E170 BKN 220 BKN | 35 | | 206 | 48 | 27 | 33 | 03 | |
| SA | 0555 | 170 SCT E220 BKN | 35 | | 205 | 46 | 26 | 23 | 07 | |
| SA | 0655 | 170 SCT 220 SCT | 35 | | 202 | 45 | 28 | 22 | 05 | |
| SA | 0755 | 170 SCT 220 SCT | 35 | | 196 | 44 | 27 | 17 | 06 | |

SYNOPTIC DATA

| TIME (GMT) (41) | TIME (LST) (42) | NO (43) | PRECIP (water equiv) (44) | SNOW FALL (45) | SNOW DEPTH (46) |
|---|---|---|---|---|---|
| Mid(LST) to: | Mid to: | | 0 | 0 | |
| 1150 | 0350 | | | | |
| 1150 | 0350 | (1) | 0 | 0 | 0 |
| 1750 | 0950 | (2) | 0 | 0 | 0 |
| 2350 | 1550 | (3) | 0 | 0 | 0 |
| 0550 | 2150 | (4) | 0 | 0 | 0 |
| Mid(LST) | Mid(LST) | | 0 | 0 | 0 |

STATION PRESSURE COMPUTATION

| | | | | | |
|---|---|---|---|---|---|
| TIME (GMT) (59) | | | | | |
| ATT THERM (60) | | | | | |
| OBSRVD BAR (61) | | | | | |
| TOTAL CORR (62) | | | | | |
| STA PRESS (63) | | | | | |
| BAROGRAPH (64) | | | | | |
| BAR CORR (65) | | | | | |

SUMMARY

| 24-HR MAX TEMP (°F) (66) | PRECIP (water equiv) (68) |
|---|---|
| 65 | 0 |
| 24-HR MIN TEMP (°F) (67) | SPEED (knots) (71) |
| 32 | 11 |

AF FORM 3802, JAN 92

CHRYSLER CORPORATION

**Chrysler Corporation**
Customer Satisfaction & Vehicle Quality

[redacted]1994

[redacted]
[redacted] CA [redacted]

Reference VIN No. [redacted]

Dear Mr. [redacted]

This will acknowledge and respond to your inquiry of [redacted]1994, regarding your 1993 Grand Cherokee.

While we can appreciate your feelings, the information at hand would not permit us to associate this accident with a manufacturing or assembly error. As we are sure you will appreciate, fires of this nature can and do occur for any number of reasons not associated with a manufacturing process.

Our investigation revealed that the fire was caused by the power steering return hose being cut during the accident. In the absence of any substantiating evidence indicating that the cause of the fire was attributable to a condition existing in the vehicle when it left our manufacturing plant, we find it necessary to deny any responsibility.

Thank you for calling this to our attention.

Very truly yours,

[redacted]
Customer Retention Manager

[redacted]

1100 Town & Country Road
Suite 200
Orange CA 92668-4600

O.M.B. No. 2127-0006

US Department of Transportation
National Highway Traffic Safety Administration

# Auto Safety Hotline

## VEHICLE OWNER'S QUESTIONNAIRE

[redacted] DC METRO AR[redacted]

FOR AGENCY USE ONLY

| ID | REFERENCE NO. | DATE RECEIVED | |
|---|---|---|---|
| 005 | [redacted] | [redacted]94 | od_dt<br>rt_dt<br>od_rt<br>up_ltr |

### OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

[redacted]

DAYTIME TELEPHONE NO. (AREA CODE)

[redacted]

**Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?** YES [X] NO [ ]

**In the absence of an authorization, NHTSA *WILL NOT* provide your name or address to the vehicle manufacturer.**

SIGNATURE OF OWNER [redacted] DATE [redacted] 94

### VEHICLE INFORMATION

| VEHICLE IDENTIFICATION NO.* | VEHICLE MAKE | VEHICLE MODEL | MODEL YEAR |
|---|---|---|---|
| [redacted] | JEEP | GRAND | 1993 |

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING: [redacted]

DATE PURCHASED [redacted] [X] NEW [ ] USED

DEALER'S NAME, CITY, ST[redacted] MET SUBSH

ENGINE SIZE (CID/CC/L) ——
NO. CYCLINDERS ——

[ ] TURBO
[ ] DIESEL
[ ] GAS
[X] FUEL INJECTION

TRANSMISSION TYPE: [ ] MANUAL [X] AUTOMATIC

ANTILOCK BRAKES: [X] YES [ ] NO

RESTRAINT SYSTEM: [X] DRIVER SIDE AIRBAG [ ] MOTORBELT [ ] PASSENGER SIDE AIRBAG [ ] 3-POINT BELT [ ] 2-POINT BELT

CRUISE CONTROL: [X] YES [ ] NO

DRIVETRAIN: [ ] FRONT [ ] REAR [X] 4-WHEEL

BODY STYLE: STAWAG —— 4 DR X 2 DR —— HATCH BK X VAN —— PK UP TRK —— OTHER ——

### FAILED COMPONENTS(S)/PARTS(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

| COMPONENT | PART NAME(S) | LOCATION | FAILED PART(S) |
|---|---|---|---|
| 06100000 | | [ ] LEFT [ ] RIGHT [ ] FRONT [ ] REAR | [ ] ORIGINAL [ ] REPLACEMENT |

| NO. OF FAILURES | DATE(S) OF FAILURE(S) | MANUFACTURER CONTACTED | NHTSA PREVIOUSLY CONTACTED |
|---|---|---|---|
| | [redacted]94 | [X] YES [ ] NO | [ ] YES [ ] NO |
| | MILEAGE AT FAILURE(S) [redacted] | | |
| | VEHICLE SPEED AT FAILURE(S) 30 | | |

### APPLICABLE ACCIDENT INFORMATION

| ACCIDENT | FIRE | NUMBER PERSONS INJURED | NUMBER OF FATALITIES | PROPERTY DAMAGE | POLICE REPORT FILED |
|---|---|---|---|---|---|
| YES | YES | 0 | 0 | EST $ YES | |
| [ ] YES [ ] NO | [ ] YES [ ] NO | | | | [ ] YES [ ] NO |

*ESTIMATED SPEED UNDER 30MPH, WITHIN SECONDS AFTER AIR BAG DEPLOYED, VEHICLE CAUGHT FIRE IMMEDIATELY. TT*

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

This information is requested pursuant to authority in the National Highway Traffic Safety Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

HS Form 350D-(5-93)

Form Approved: O.M.B. No. 2127-0008

US DEPARTMENT of Transportation

National Highway Traffic Safety Administration

Auto Safety Hotline

# VEHICLE OWNER'S QUESTIONNAIRE

SUPPLEMENTAL ACCIDENT FORM

NATIONWIDE 1-800-424-9393
DC METRO AREA 366-0123

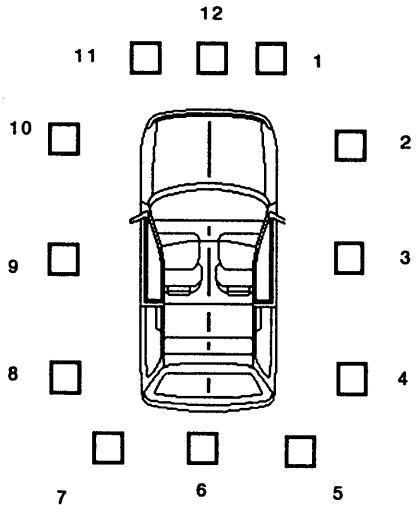
FOR AGENCY USE ONLY

| ID | REFERENCE NO. | DATE RECEIVED | |
|---|---|---|---|
| O05 | [redacted] | [redacted]94 | od_[redacted] rt_dt ___ od_rt ___ up_ltr ___ |

## ACCIDENT INFORMATION

**Location of initial impact (please mark appropriate box)**

*1:00*




*1993*

*JEEP*

*GRAND CHEROKEE*

Vehicle speed: *30*

**Is vehicle equipped with a driver side airbag?**

*YES*

☐ YES ☐ NO ☐ UNKNOWN

**Is vehicle equipped with a passenger side airbag?**

☐ YES ☐ NO ☐ UNKNOWN

**Did driver side airbag deploy?**

*YES*

☐ YES ☐ NO

**Did passenger side airbag deploy?**

☐ YES ☐ NO

**Was the driver wearing a seatbelt?**

*LAP/SHOULDER*

☐ LAP/SHOULDER ☐ LAP ONLY
☐ SHOULDER ONLY ☐ NO

**Was the passenger wearing a seatbelt?**

☐ LAP/SHOULDER ☐ LAP ONLY
☐ SHOULDER ONLY ☐ NOT WEARING
☐ NO PASSENGER

**Location of the most severe injury sustained by the driver.**

*NO INJURY*

☐ NO INJURY SUSTAINED BY DRIVER
☐ HEAD ☐ EYE ☐ NECK
☐ TORSO ☐ ARM/UPPER EXTREMITIES
☐ LEG/LOWER EXTREMITIES

**Location of the most severe injury sustained by the passenger.**

☐ NO INJURY SUSTAINED BY PASSENGER
☐ HEAD ☐ EYE ☐ NECK
☐ TORSO ☐ ARM/UPPER EXTREMITIES
☐ LEG/LOWER EXTREMITIES

**Type of injury to driver.**

☐ ABRASION ☐ LACERATION ☐ BREAK
☐ BURN ☐ TRAUMA

**Type of injury to passenger.**

☐ ABRASION ☐ LACERATION ☐ BREAK
☐ BURN ☐ TRAUMA

**Severity of injury to driver.**

☐ NO TREATMENT ☐ EMERGENCY ROOM
☐ HOSPITALIZATION ☐ FATAL

**Severity of injury to passenger.**

☐ NO TREATMENT ☐ EMERGENCY ROOM
☐ HOSPITALIZATION ☐ FATAL

The Privacy Act of 1974
Public Law 93-579

This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

BEST AVAILABLE COPY

JEEP EAGLE TEL No.

No.001 P.05

FORM IS AN ITEMIZED LIST OF REPAIRS
...RIZATION IS SUBJECT TO ALL THE
...NS OF THE ORIGINAL REPAIR ORDER.

*in the original estimated price.*

SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT.
PLEASE READ REVERSE SIDE

(Signature or initials)

LABOR RATE 50.00

LICENSE NO

MILEAGE 26204

93/JEEP/GRAND CHEROKEE/WG

1 J 4 G Z 7 8 Y 4 P C

COMMENTS

| | QTY | PP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | |
|---|---|---|---|---|---|---|---|
| JOB # 1 | 1 | | 53009238 | COVER 9- 3- 28 | 36.75 | 29.25 | 29.25 |
| JOB # 1 | 1 | | 52027505 | SENSOR 7- 52- 2 | 14.70 | 11.90 | 11.90 |
| JOB # 1 | 2 | | 55035757 | RETAINER 24- 30- 13 | 1.05 | 0.85 | 1.70 |
| JOB # 1 | 2 | | 55035758 | RETAINER 24- 30- 13 | 1.05 | 0.85 | 1.70 |
| JOB # 1 | 2 | | 55254775 | BUMPER 23- 43- 7 | 1.00 | 0.81 | 1.62 |
| JOB # 1 | 2 | | 55033473 | BUMPER 23- 43- 7 | 1.05 | 0.85 | 1.70 |
| JOB # 1 | 1 | | 52005183 | BOTTLE 7- 52- 2 | 14.70 | 11.90 | 11.90 |
| JOB # 1 | 1 | | 53000576 | BAFFLE 23- 34-121 | 1.87 | 1.07 | 1.07 |
| JOB # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |
| JOB # 1 | 1 | | 53000785 | CLAMP 18- 70- 1 | 1.31 | 1.06 | 1.06 |
| JOB # 1 | 1 | | 53031289 | LABEL 14- 86-100 | 3.32 | 2.69 | 2.69 |
| JOB # 1 | 1 | | 53008745 | LABEL 18- 79- 5 | 0.47 | 0.38 | 0.38 |
| JOB # 1 | 1 | | 53008744 | BELT 9- 20- 3 | 32.55 | 26.35 | 26.35 |
| JOB # 1 | 1 | | 55035971 | SEAL 23- 43- 24 | 24.68 | 19.98 | 19.98 |
| JOB # 1 | 1 | | 53030451 | LABEL 18- 79- 5 | 0.26 | 0.21 | 0.21 |
| JOB # 1 | 1 | | 4364944 | BATTERY 1- 83- 1 | 64.85 | 52.50 | 52.50 |
| JOB # 1 | 2 | | 52027718 | SEAL 7- 8- 2 | 2.89 | 2.34 | 4.68 |
| JOB # 1 | 1 | | 52027507 | SEAL 7- 8- 2 | 5.62 | 4.55 | 4.55 |
| JOB # 1 | 1 | | 52006160 | SEAL 7- 43- 6 | 1.84 | 1.49 | 1.49 |
| JOB # 1 | 1 | | 52006159 | SEAL 7- 43- 6 | 3.41 | 2.76 | 2.76 |
| JOB # 1 | 1 | | 52027740 | SEAL 7- 43- 6 | 4.73 | 3.83 | 3.83 |
| JOB # 1 | 1 | | 52027509 | SEAL 7- 8- 2 | 5.78 | 4.68 | 4.68 |
| JOB # 1 | 1 | | 52027506 | SEAL 7- 8- 2 | 4.04 | 3.27 | 3.27 |
| JOB # 1 | 25 | | 6100556 | SCREW 8- 59- 25 | 0.47 | 0.38 | 9.50 |
| JOB # 1 | 1 | | 4637954 | C/SPRG 8- 15- 1 | 110.25 | 89.25 | 89.25 |
| JOB # 1 | 4 | | 53000785 | CLAMP 18- 70- 1 | 1.31 | 1.06 | 4.24 |
| JOB # 1 | 2 | | 56005700 | BRACKET 8- 59- 4 | 2.99 | 2.42 | 4.84 |
| JOB # 1 | 4 | | 6100568 | SC&WA 18- 50- 7 | 1.00 | 0.81 | 3.24 |
| JOB # 1 | 2 | | 52006642 | ISOLATOR 23- 43- 13 | 3.78 | 3.06 | 6.12 |
| JOB # 1 | 4 | | 6501140 | NUT 18- 50- 22 | 1.16 | 0.94 | 3.76 |
| JOB # 1 | 1 | | 6502704 | CLIP 5- 56- 2 | 0.79 | 0.64 | 0.64 |
| JOB # 1 | 1 | | 34201966 | CLIP 23- 43- 20 | 2.10 | 1.70 | 1.70 |
| JOB # 1 | 1 | | 55075323 | LATCH 23- 18- 5 | 20.21 | 16.36 | 16.36 |
| JOB # 1 | 2 | | 34202992 | NUT 23- 43- 25 | 2.10 | 1.70 | 3.40 |
| JOB # 1 | 1 | | 55032768 | SKIDPLATE 23- 20- 1 | 1.31 | 1.06 | 1.06 |
| JOB # 1 | 1 | | 34201032 | RIVET 23- 43- 14 | 1.52 | 1.23 | 1.23 |
| JOB # 1 | 2 | | 6501859 | NUT 23- 43- 25 | 0.79 | 0.64 | 1.28 |
| JOB # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |
| JOB # 1 | 1 | | 52027869 | TUBE ASSY 7- 14- 2 | 8.40 | 6.80 | 6.80 |
| JOB # 1 | 1 | | 52027867 | TUBE ASSY 7- 14- 2 | 4.73 | 3.83 | 3.83 |
| JOB # 1 | 1 | | 52027870 | TUBE ASSY 7- 14- 2 | 24.94 | 20.19 | 20.19 |
| JOB # 1 | 1 | | 52006344 | COOLER 7- 11- 5 | 75.60 | 61.20 | 61.20 |
| JOB # 1 | 4 | | 52117712 | CONNECTOR 14- 89- 1 | 5.46 | 4.42 | 17.68 |
| JOB # 1 | 1 | | 52117575 | BRACKET 21- 30-416 | 1.05 | 0.85 | 0.85 |
| JOB # 1 | 1 | | 52117711 | BRACKET 14- 2- 18 | 1.42 | 1.15 | 1.15 |
| JOB # 1 | 2 | | 52027684 | ELBOW 7- 14- 31 | 2.36 | 1.91 | 3.82 |
| JOB # 1 | 6 | | 6501013 | SCREW 18- 50- 7 | 1.00 | 0.81 | 4.86 |
| JOB # 1 | 2 | | 6101442 | U-NUT 18- 50- 7 | 0.47 | 0.38 | 0.76 |
| JOB # 1 | 4 | | 6101603 | SCREW 18- 50- 7 | 1.05 | 0.85 | 3.40 |
| JOB # 1 | 1 | | 55054886 | REINFORCE 23- 51- 6 | 80.85 | 65.45 | 65.45 |
| JOB # 1 | 1 | | 4549625 | FLUID 1- 81- 6 | 3.99 | 3.23 | 3.23 |
| JOB # 1 | 2 | | 0113 | WIND WASH SOLV | 1.84 | 1.49 | 2.98 |
| JOB # 1 | 1 | | 55035614 | HEVAC CRU 24- 26- 2 | 7.46 | 6.04 | 6.04 |
| JOB # 1 | 1 | | 4688204 | SENSOR 14- 29- 53 | 11.81 | 9.56 | 9.56 |
| JOB # 1 | 1 | | 52005184 | CAP 7- 12- 1 | 1.58 | 1.28 | 1.28 |
| | | | | | JOB # 1 TOTAL PARTS | | 4450.86 |

JOB # 1 TOTAL LABOR & PARTS 6200.86

LANCASTER MAZDA • JEEP/EAGLE • MITSUBISHI

# KEY TO AVIATION WEATHER OBSERVATIONS

| LOCATION IDENTIFIER TYPE AND TIME OF REPORT • | SKY AND CEILING | VISIBILITY WEATHER AND OBSTRUCTION TO VISION | SEA-LEVEL PRESSURE | TEMPERATURE AND DEW POINT | WIND | ALTIMETER SETTING | REMARKS AND CODED DATA |
|---|---|---|---|---|---|---|---|
| MCI SA Ø758 | 15 SCT M25 OVC | 1R-F | 132 | /58/56 | /1Ø97 | /993/ | RØ1VR2ØV4Ø |

## SKY AND CEILING

Sky cover contractions are for each layer in ascending order. Figures preceding contractions are base heights in hundreds of feet above station elevation. Sky cover contractions used are:

CLR = Clear. Less than Ø 1 sky cover
SCT = Scattered. Ø 1 to Ø 5 sky cover.
BKN = Broken. Ø 6 to Ø 9 sky cover.
OVC = Overcast. More than Ø 9 sky cover.

— = Thin (When prefixed to SCT, BKN, OVC).
—X = Partly obscured. Ø 9 or less of sky hidden by precipitation or obstruction to vision (bases at surface).
X = Obscured. 1 Ø sky hidden by precipitation or obstruction to vision (bases at surface)

A letter preceding the height of a base identifies a ceiling layer and indicates how ceiling height was determined. Thus:

E = Estimated
M = Measured
W = Vertical visibility into obscured sky

V = Immediately following the height of a base indicates a variable ceiling.

## VISIBILITY

Reported in statute miles and fractions
(V = Variable)

## WEATHER AND OBSTRUCTION TO VISION SYMBOLS

| | | | | | |
|---|---|---|---|---|---|
| A | Hail | IC | Ice crystals | S | Snow |
| BD | Blowing dust | IF | Ice fog | SG | Snow grains |
| BN | Blowing sand | IP | Ice pellets | SP | Snow pellets |
| BS | Blowing snow | IPW | Ice pellet showers | SW | Snow showers |
| D | Dust | K | Smoke | T | Thunderstorms |
| F | Fog | L | Drizzle | T+ | Severe thunderstorm |
| GF | Ground fog | R | Rain | ZL | Freezing drizzle |
| H | Haze | RW | Rain showers | ZR | Freezing rain |

Precipitation intensities are indicated thus: - Light; (no sign) Moderate; + Heavy

WIND Direction in tens of degrees from true north, speed in knots. ØØØØ indicates calm. G indicates gusty. Q indicates Squalls. Peak wind speed in the past 1Ø minutes follows G or Q when gusts or squalls are reported. The contraction WSHFT, followed by GMT time group in remarks, indicates windshift and its time of occurrence. (Knots x 1.15 = statute mi/hr).

**EXAMPLES:** 3627 = wind from 36Ø Degrees at 27 knots;
3627G4Ø = wind from 36Ø Degrees at 27 knots, peak speed in gusts 4Ø knots

## ALTIMETER SETTING

The first figure of the actual altimeter setting is always omitted from the report.

## RUNWAY VISUAL RANGE (RVR)

RVR is reported from some stations. For planning purposes, the value range during 1Ø minutes prior to observations and based on runway light setting 5 are reported in hundreds of feet. Runway identification precedes RVR report.

## PILOT REPORTS (PIREPs)

When available, PIREPs in fixed format may be appended to weather observations. PIREPs are designated by UA or UUA for urgent PIREPs

## DECODED REPORT

Kansas City International. Record observation completed at Ø758 GMT 15ØØ feet scattered clouds, measured ceiling 25ØØ feet overcast, visibility 1 mile, light rain, fog, sea-level pressure 1Ø13.2 millibars, temperature 58°F, dewpoint 56°F, wind from 18Ø°, at 7 knots, altimeter setting 29.93 inches. Runway Ø1, visual range 2ØØØ feet lowest 4ØØØ feet highest in the past 1Ø minutes.

## • TYPE OF REPORT

SA = a scheduled record observation
SP = an unscheduled special observation indicating a significant change in one or more elements
RS = a scheduled record observation that also qualifies as a special observation

The designator for all three types of observations (SA, SP, RS) is followed by a 24 hour-clock-time-group in Greenwich Mean Time (GMT or Z).

**U.S. DEPARTMENT OF COMMERCE**—**NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION**—NATIONAL WEATHER SERVICE

| STANDARD TIME ZONE | TO CONVERT TO GMT ADD | FOR EXAMPLE 1200 LST EQUALS |
|---|---|---|
| Atlantic Standard Time | 4 hours | 1600 GMT |
| Eastern Standard Time | 5 hours | 1700 GMT |
| Central Standard Time | 6 hours | 1800 GMT |
| Mountain Standard Time | 7 hours | 1900 GMT |
| Pacific Standard Time | 8 hours | 2000 GMT |
| Yukon Standard Time | 9 hours | 2100 GMT |
| Alaska-Hawaii Standard Time | 10 hours | 2200 GMT |
| Bering Standard Time | 11 hours | 2300 GMT |

TO CONVERT TO LST SUBTRACT

JEEP EAGLE TEL I

No.005 P.02

...FORM IS AN ITEMIZED LIST OF REPAIRS ...PART OF A REPAIR ORDER. THIS REPAIR ...CONTINUATION IS SUBJECT TO ALL THE ... ...TIONS OF THE ORIGINAL REPAIR ORDER.

*In the original estimated price.*

**SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.**

SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY 71-OLDER - $50.00 72-74 - $90.00 75-79 - $175.00 80-89 - $175.00 90-NEWER - $300.00 EXCEPT THE LIMIT IS VOLUNTARY ONLY

_____ (Signature or initials)

CUSTOMER NO. | ADVISOR | TAT NO. | INVOICE DATE | INVOICE NO.

| | | | | |
|---|---|---|---|---|
| | 50.00 | 26204 | GREEN/ | |
| | YEAR MAKE / MODEL | | DELIVERY DATE | DELIVERY MILES |
| | 93/JEEP/GRAND CHEROKEE/WG | | | |
| | VEHICLE ID NO. | | SELLING DEALER NO. | PRODUCTION DATE |
| | 1 J 4 G Z 7 8 Y 4 P C | | | |
| | FTE NO. | P.O. NO. | I.D. DATE | |

DWELLING PHONE | BUSINESS PHONE | COMMENTS

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $1000.00 (+TAX)
APPROVED REVISED ESTIMATE (# 1) OF $3350.00 (+TAX) ON 03/02/94 AT 10:00am
BY STEVE COMMENTS SAVE ALL PARTS FOR INSURANCE COMPANY

COMMENTS

REPLACED RIGHT ENGINE WIRING HARNESS, REPLACE CENTER ENG HARNESS, REPLACE LEFT ENG COMPARTMENT HARNESS THROUGHT LEFT FIREWALL TO LEFT DASH. REPLACED RADIATOR, AC CONDENSOR, TRANS COOLER, LINES AND SEALS. REPLACED AIR CLEANER ASSY, HOSES AND HARDWARE. REPLACED BATTERY TRAY, CASE, BATTERY, AND HARDWARE. REPLACED ABS CONTROLLER AND MOUNT, ABS PUMP AND LINES. REPLACED COWL WEATHERSTRIP AND WIPER PANEL. REPLACE MASTER CYLINDER, BOOSTER AND BLEED SYSTEM. REPLACE POWER STEERING PUMP AND TRANSFER PULLEY, SERPENTINE BELT. REPLACE WASHER AND COOLANT BOTTLES. REPLACE ALTERNATOR, AIR BAG CLOCK SPRING AND SENSORS. REPLACE AC LINES, EVAC AND RECHARGE SYSTEM. REPLACE SPARK PLUG WIRES. NOTE: MUST COME BACK TO LANG JEEP FOR OTHER MISC. ALL PARTS AND LABOR BILLED OUT.

NOTE: DO NOT DRIVE WITHOUT HOOD TIED DOWN, HOOD LATCHES TO BE REPLACED WHEN IN.

TOTALS

YOUR BUSINESS IS APPRECIATED! LET US KNOW HOW WE CAN SERVE YOU BETTER.

CUSTOMER ACKNOWLEDGES INCREASE OF ESTIMATE.

| | |
|---|---|
| TOTAL LABOR.. | 1750.00 |
| TOTAL PARTS.. | [illegible] |
| TOTAL SUBLET.. | [illegible] |
| TOTAL G.O.G.. | 0.00 |
| TOTAL MISC... | [illegible] |
| TOTAL TAX.... | [illegible] |
| TOTAL INVOICE $ | [illegible] |

CUSTOMER SIGNATURE

xxxxxxxxxxxxxxxxxxxxxxxx DUPLICATE INVOICE xxxxxxxxxxxxxxxxxxxxxxxx