



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

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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.

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

**TRANSPORTATION RESEARCH CENTER**

Indiana University  
Bloomington, Indiana 47403-1599

**REMOTE AIR BAG REPORT**

CASE NO. - 94-08  
FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED] INDIANA  
ACCIDENT DATE [REDACTED] 1993

Submitted By:

[REDACTED]  
Senior Staff Associate

[REDACTED] 1994

Revised Submissions:

[REDACTED] 1994

[REDACTED] 1994

Contract Number: DTNH22-94-A-07048

Prepared for:

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

## **DISCLAIMERS**

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

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

1. Report No. TRC/IU Case No. 94-08		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location - [REDACTED] Indiana				5. Report Date [REDACTED] 1994; [REDACTED] 94	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 94-08, Task 1502	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED] Indiana 47403-1599				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-94-A-07048	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered [REDACTED] 1993	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag deployment investigation involving a 1993 Plymouth Voyager					
16. Abstract <p>This report covers a remote investigation of an air bag deployment crash that involved a 1993 Plymouth Voyager and a 1992 Lexus ES300. The Plymouth Voyager was traveling south in the southbound, curb-lane of a five-lane, undivided roadway. The Lexus ES300 was traveling west in an unknown, westbound lane on a six-lane, undivided, shopping mall, entrance/exit roadway. The front of the Voyager (case vehicle) impacted the Lexus (vehicle #2) on the right front side causing the case vehicle's driver side supplemental restraint (air bag) to deploy. The case vehicle rotated clockwise, approximately 45 degrees, after impact and came to rest on the west side of the intersection heading southwest. Vehicle #2 rotated counter-clockwise, approximately 45 degrees, after impact and came to rest in the west side of the intersection also heading southwest. The case vehicle's driver (31 year-old female) was also restrained by the available, active, three-point, lap and shoulder belt and sustained, according to her interview, minor injuries which included: an abrasion to her face and right forearm. The case vehicle driver had persistent laryngitis (October 1993 through July 1994) and eventually (i.e., July 1994) underwent outpatient surgery for the removal of the nodules on her vocal cords. Although the laryngitis's existence is certain, its origin is unknown because (1) the laryngitis was diagnosed prior to the crash by her family physician, and (2) whatever effect the air bag's deployment had on her larynx and/or vocal cords was not medically determined.</p>					
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 53	
				22. Price	

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# TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 94-08

FLEET - PRIVATE VEHICLE  
LOCATION - ██████████ INDIANA

## Summary

This report concerns a motor vehicle crash involving an air bag equipped 1993 Plymouth Voyager and a 1992 Lexus ES300 occurring on ██████████, 1993 at ██████████ p.m., in ██████████ Indiana on a city street. This crash is of special interest because the case vehicle's deploying air bag was alleged to have caused respiratory problems to the case vehicle driver.

The Plymouth Voyager was traveling south in the southbound, curb-lane of a five-lane, undivided roadway when it impacted the Lexus ES300 which was traveling west in an unknown, westbound lane on a six-lane, undivided, shopping mall, entrance/exit roadway. The Plymouth rotated clockwise, approximately 45 degrees, after impact and came to rest on the west side of the intersection heading southwest. The Lexus rotated counterclockwise, approximately 45 degrees, after impact and came to rest in the west side of the intersection also heading southwest.

The front left of the Plymouth impacted the right front of the Lexus. CDC is estimated as: 11-FYEW-2 for the Plymouth, and CDC is not estimable for the Lexus. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained.

The 1993 Plymouth Voyager was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (31 year-old female) was also restrained by the available, active, three-point lap and shoulder belt. She sustained, according to her interview, minor injuries which included: an abrasion to her face and right forearm. The case vehicle driver had persistent laryngitis (October 1993 through July 1994) and eventually (i.e., July 1994) underwent outpatient surgery for the removal of the nodules on her vocal cords. Although the laryngitis's existence is certain, its origin is unknown because (1) the laryngitis was diagnosed prior to the crash by her family physician, and (2) whatever effect the air bag's deployment had on her larynx and/or vocal cords was not medically determined. The driver of the Plymouth was listed on the Police Accident Report as not sustaining any injury as a result of this crash. The driver (42 year-old female) of the Lexus was also listed on the Police Accident Report as not sustaining any injury as a result of this crash.

# TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED] INDIANA  
CASE NO. - 94-08

## ACCIDENT DATA

Location/Street: City Street  
City/Township: [REDACTED] Indiana  
Area/Type: Urban, commercial  
Accident Date/Time: [REDACTED] 1993 @ [REDACTED] p.m.  
Investigating Police Agency: [REDACTED] Police Department  
Accident Type: Mini-Van / Car - right angle  
Occupant Injury Severity  
(air bag vehicle): Abrasions (AIS-1)

## AMBIENT CONDITIONS

Light conditions: Daylight  
Weather Condition: Clear  
Precipitation: None  
Road Surface: Dry

## ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	Shopping mall entrance/exit roadway
Number of Travel Lanes:	5-lanes, undivided	6-lanes, undivided on east leg, divided on west leg
Surface Type:	Asphalt	Asphalt
Vertical alignment:	Level	Level (i.e., less than 2 percent grade)
Horizontal alignment:	Straight	Straight
Traffic Density:	Heavy	Moderate

ROADWAY (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Speed Limit:	48 k.p.h (30 m.p.h.)	32 k.p.h. (20 m.p.h.)
Traffic Controls:	On-colors, traffic control signal	On-colors, traffic control signal

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1993	1992
Make:	Plymouth	Lexus
Model:	Voyager	ES300
Body Type:	Mini-van, passenger	4-door, sedan
V.I.N.:	204GH2535P-----	Unknown
Mileage:	Approximately 64,400 kilometers (~40,000 miles)	Unknown
Securiflex windshield:	Unknown	Unknown
Windshield damage/source:	None/photographs	Unknown
Fleet:	Private vehicle	Unknown
Tow status:	Towed due to damage	Towed due to damage
Reported Defects:	None	Unknown

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Object Struck:	Vehicle #2	Case vehicle
Event number:	One	One
Damage location:	Front	Right
CDC:	11-FYEW-2	Unknown
Estimated Maximum Crush:	23 cm (9.1 in)	Unknown



**VEHICLE DAMAGE (CONT'D.)**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<b><u>Deployment Impact (Cont'd.)</u></b>		
Damage components:	Front bumper, grille, right & left fenders	Unknown
Repair Estimate:	\$7,040	Unknown
Interior damage:	Air bag module	Unknown

**COLLISION SEQUENCE**

According to the driver of the case vehicle, she was traveling south in the southbound, curb-lane of a five-lane, undivided roadway, at a driver estimated speed of 48-56 k.p.h. (30-35 m.p.h.), when she bent down to pick up a cassette tape. According to the driver, upon returning her attention to the road ahead, she observed the traffic control had changed to red and immediately saw vehicle #2. According to the Police Accident Report and the insurance photographs (i.e., Selected Print # 01, page 6, shows that the majority of the damage through the frontal plane was above the bumper most likely indicating that the case vehicle's front bumper was "dipping" at impact), she attempted to stop by applying her brakes. According to the Police Accident Report, vehicle #2 was traveling west in an unknown, westbound lane on a six-lane, undivided, shopping mall, entrance/exit roadway.

According to the Police Accident Report, insurance photographs of the case vehicle, and the case vehicle driver, the front left of the case vehicle impacted the right front (tire/fender area) of vehicle #2. According to the Police Accident Report, the case vehicle rotated clockwise, approximately 45 degrees, after impact and came to rest on the west side of the intersection heading southwest. Vehicle #2 rotated counterclockwise, approximately 45 degrees, after impact and came to rest in the west side of the intersection also heading southwest.

According to the driver of the case vehicle, the case vehicle was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The case vehicle driver and the Police Accident Report indicate that she was restrained by the available, active, three-point lap and shoulder belt. No mention was made in the Police Accident Report concerning the deployment/nondeployment/presence of an air bag in either the case vehicle or vehicle #2. According to the case vehicle driver she sustained, according to her interview, minor injuries which included: an abrasion to her face and right forearm. The case vehicle driver had persistent laryngitis (October 1993 through July 1994) and eventually (i.e., July 1994) underwent outpatient surgery for the removal of the nodules on her vocal cords. Although the laryngitis's existence is certain, its origin is unknown because (1) the laryngitis was diagnosed prior to the crash by her family physician, and (2) whatever effect the air bag's deployment had on her larynx and/or vocal cords was not medically determined. The driver of the Plymouth was listed on the Police Accident Report as not sustaining any injury as a result of this crash. The driver (42 year-old female) of the Lexus was also listed on the Police Accident Report as not sustaining any injury as a result of this crash.

**DRIVER DATA**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	31 year-old	42 year-old
Sex:	Female	Female
Height:	163 cm (64 in)	Unknown
Weight:	54 kg (118 lbs)	Unknown
Occupation:	Saleswoman	Unknown
Active Restraint System/Usage:	3-point lap and shoulder belt/used	Unknown
Usage Source:	Interview and Police Accident Report	Unknown
Eye glasses/contacts:	Glasses for night time driving only	Unknown
Vehicle Familiarity:	Daily	Unknown
Route Familiarity:	Daily	Unknown
Trip Plan:	Drop off a payment	Unknown
Manner of Leaving Scene:	Friend drove her home	Unknown
Type of Medical Treatment:	Treatment later at family physician	Unknown if treated

**DRIVER INJURIES**

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion (windburn-type injury) face	290202.1,9	7	Air bag	{Probable}
Abrasion right forearm	790202.1,1	7	Air bag	{Probable}

**SELECTED PRINTS**



# 01 -- 1993 Plymouth Voyager viewed from front left showing impact at front left corner; NOTE: majority of damage is above bumper

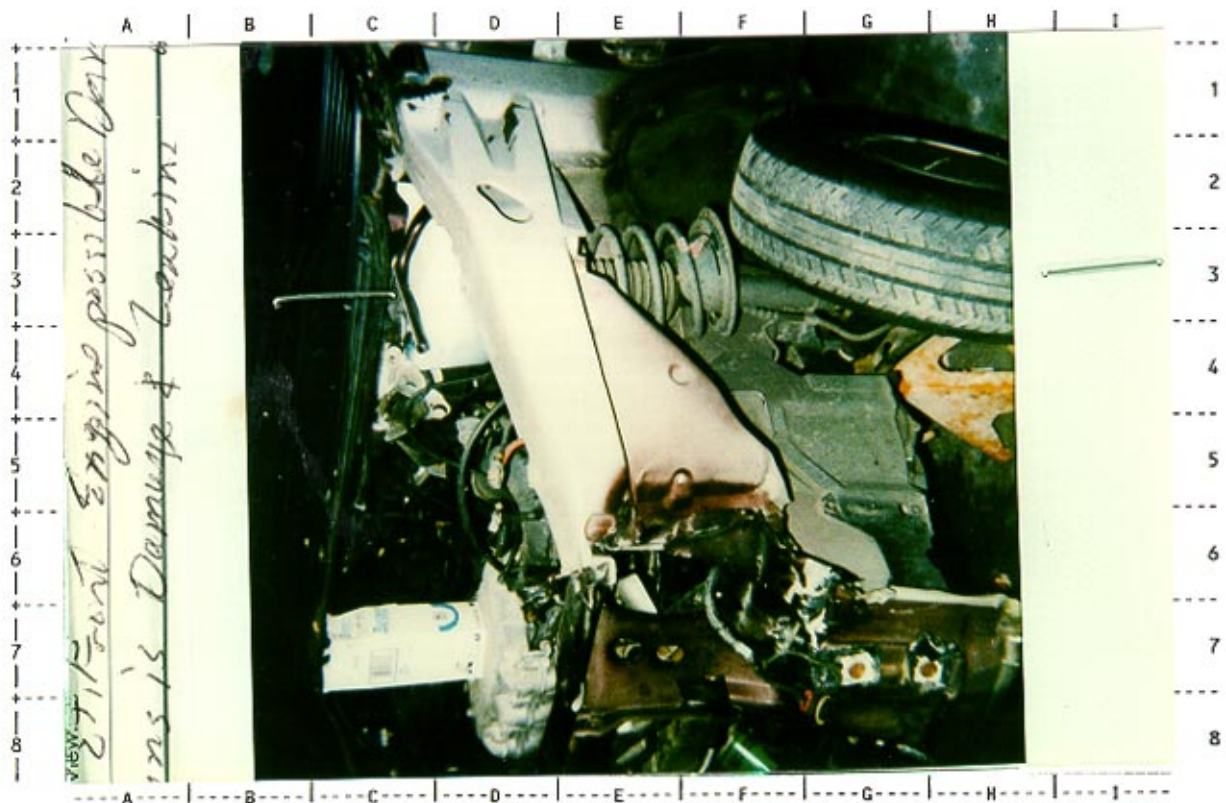


# 02 -- Frontal view of 1993 Plymouth Voyager showing damage to front; NOTE: direct contact occurs primarily to front left corner





# 03 -- 1993 Plymouth Voyager viewed from front right showing undamaged right front corner; NOTE: induced damage to right front fender



# 04 -- Close-up of 1993 Plymouth Voyager's left frame, front wheel, and suspension; NOTE: engine in background

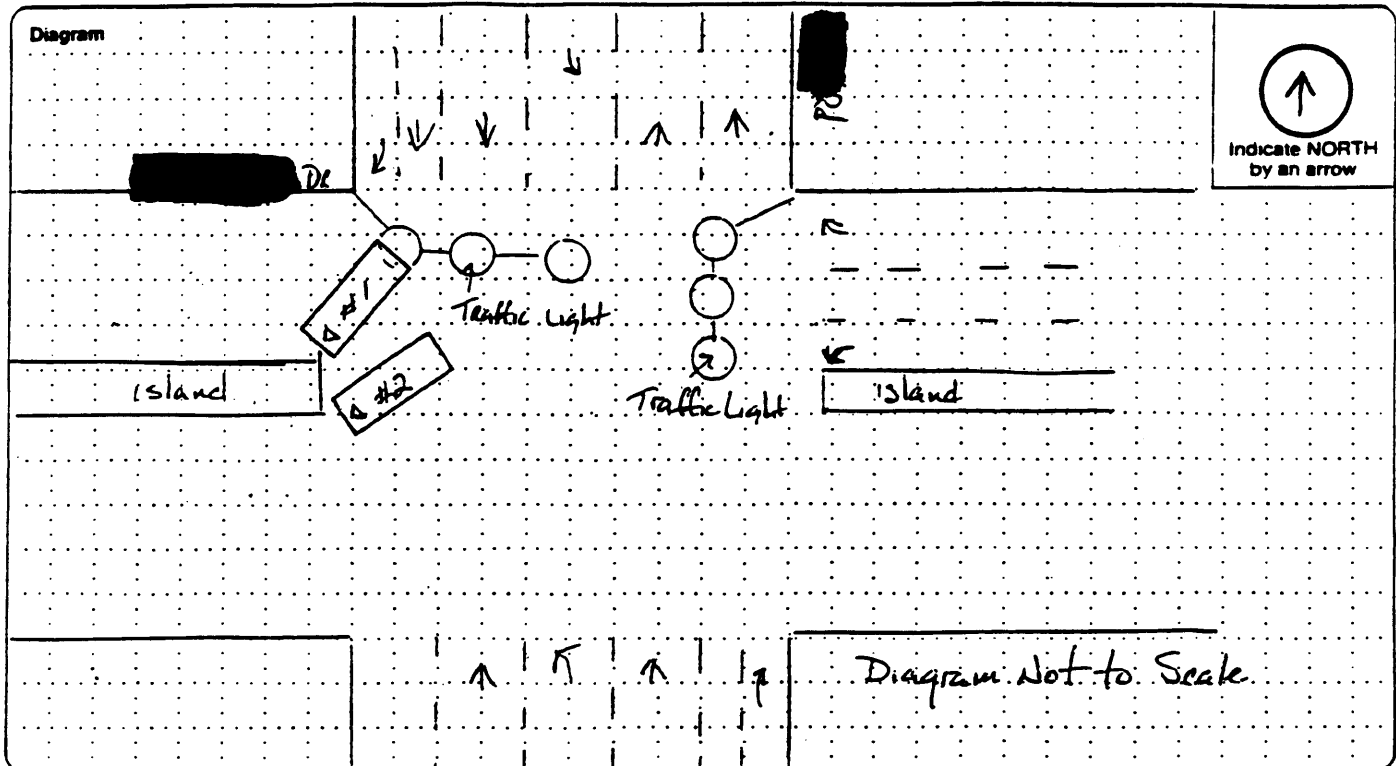
**Appendix A:**

**Police Accident Report**

Mail to: Indiana State Police, Crash Records Section

~~Crash I.D. No~~

Date of Crash MONTH DAY YEAR [REDACTED] 93 [REDACTED]		Day of Week [REDACTED]		Actual Local Time [REDACTED] AM/PM [REDACTED]		No Motor Vehicles [REDACTED]		No Injured [REDACTED]		No Dead [REDACTED]		No Trailers [REDACTED]							
County [REDACTED]		Township [REDACTED]		City/Town or Nearest City/Town [REDACTED]															
Inside Corporate Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Property? <input type="checkbox"/> DNR <input checked="" type="checkbox"/> Other		Distance and Direction From Corporate Limits Miles North _____ Miles South _____ Miles East _____ Miles West _____															
Road Crash Occurred On [REDACTED] Road				Intersection Road/Ally Marker/Interchange [REDACTED] Drive															
If not at intersection, number of feet from [REDACTED]				Direction [REDACTED]		Nearest intersecting Road/Ally Marker/Interchange [REDACTED]													
Driver's Name (Last, First, MI) [REDACTED] 30						Driver's Name (Last, First, MI) [REDACTED] 42													
Address (Street, City, State, Zip) [REDACTED] IN [REDACTED]						Address (Street, City, State, Zip) [REDACTED] IN [REDACTED]													
Apparent Phys Stat (enter no) [REDACTED]		Sex F		Date of Birth MONTH DAY YEAR [REDACTED]		Arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Apparent Phys Stat (enter no) [REDACTED]		Sex F		Date of Birth MONTH DAY YEAR [REDACTED]		Arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License No [REDACTED]		Lic Type OP		Lic St IN		Restr [REDACTED]		Driver's License No [REDACTED]		Lic Type OP		Lic St IN		Restr [REDACTED]					
Color Maroon		Veh Yr 93		Make Plymouth		Model Name Voyager		Color Tan		Veh Yr 92		Make Lexus		Model Name ES 300					
Veh Type (enter no) [REDACTED]		Lic Yr 93		License No [REDACTED]		Lic State IN		Veh Type (enter no) [REDACTED]		Lic Yr 93		License No [REDACTED]		Lic State IN					
Veh Use (enter no) [REDACTED]		Speed Limit 30		Fuel Tax No [REDACTED]		Veh Use (enter no) [REDACTED]		Speed Limit 20		Fuel Tax No [REDACTED]		Veh Use (enter no) [REDACTED]		Speed Limit [REDACTED]					
Direction of Travel South		No Occupants 1		Fire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No Axles 2		Transporting Hazardous Mat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Direction of Travel West		No Occupants 1		Fire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		No Axles 2		Transporting Hazardous Mat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed To [REDACTED]		Towed By [REDACTED]		Towed To [REDACTED]		Towed By [REDACTED]		Towed To [REDACTED]		Towed By [REDACTED]		Towed To [REDACTED]		Towed By [REDACTED]		Towed To [REDACTED]		Towed By [REDACTED]	
Registered Owner's Name (Last, First, MI) Same as above						Registered Owner's Name (Last, First, MI) Same as above						Registered Owner's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) [REDACTED]						Address (Street, City, State, Zip) [REDACTED]						Address (Street, City, State, Zip) [REDACTED]							
Registered Owner's Name (Last, First, MI) [REDACTED]						Registered Owner's Name (Last, First, MI) [REDACTED]						Registered Owner's Name (Last, First, MI) [REDACTED]							
Address (Street, City, State, Zip) [REDACTED]						Address (Street, City, State, Zip) [REDACTED]						Address (Street, City, State, Zip) [REDACTED]							
License No [REDACTED]		Make [REDACTED]		Year [REDACTED]		Lic St [REDACTED]		Lic Yr [REDACTED]		License No [REDACTED]		Make [REDACTED]		Year [REDACTED]		Lic St [REDACTED]		Lic Yr [REDACTED]	
INITIAL IMPACT [REDACTED]		Areas Damaged (Multiples) [REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
DAMAGE EST [REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Name of Object [REDACTED]		OWNER'S NAME AND ADDRESS [REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]															



## NARRATIVE (Refer to Vehicle by Number)

DRIVER #1 stated that she was southbound on [REDACTED] Road approaching [REDACTED] Drive. Driver #1 stated that she looked down to pick something up and when she looked back at the roadway Driver #2 was crossing the intersection in front of Driver #1. Driver #1 applied her brakes to stop but could not stop in time to avoid the collision.

Driver #2 stated that she was westbound on [REDACTED] Drive approaching [REDACTED] Road. Driver #2 stated that the traffic light at [REDACTED] Road and [REDACTED] Drive was green for east/west traffic. As Driver #2 was traveling through the intersection she was struck by Driver #1.

D1 Insured By [REDACTED]				D2 Insured By [REDACTED]			
Other Participant(s) Name, Address (etc.)							
Name of Witness No. 1				Address		Location at Time of Crash	
Name of Witness No. 2				Address		Location at Time of Crash	
Name of Person Arrested				I.C. Code(s)		Name of Person Arrested	
						I.C. Code(s)	
INVESTIGATION	Time Notified	<input checked="" type="checkbox"/> AM	Time Arrived	<input checked="" type="checkbox"/> AM	Other Location of Investigation		Investigation Complete
		<input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> PM			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Assisting Officer				I.D. No.	Agency	Photos Taken
							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Assisting Officer				I.D. No.	Agency	Date of Report	
						[REDACTED] 9.3	
				I.D. No.	Agency	Driver Report Form Furnished	
						<input checked="" type="checkbox"/> D1 <input checked="" type="checkbox"/> D2	

Police Department



**Appendix B:**

**Vehicle Repair Estimate**

Date: 93 03:50 P.M.  
 Estim. ID: [REDACTED]  
 Supplement: 001 (P)  
 Profile ID: [REDACTED]

FOR ANY QUESTIONS REGARDING THIS ESTIMATE PLEASE CONTACT

THE ESTIMATOR BELOW AT [REDACTED]

Estimator: [REDACTED] Claim Rep: [REDACTED]

Supplemented By: [REDACTED]

Type of Loss: Collision

Date of Loss: 93

Deductible: 100.00

Insured: [REDACTED]

Mitchell Service: 914525

Description: 1993 PLYMOUTH VOYAGER MINIVAN

VIN: 2P4GH2535PR [REDACTED] Mileage: 43,000

DEM/ALT: A

Search Code: R207

Color: MARRON

Line	Entry	Labor		Line	Item	Part Type/	Dollar	Labor
Item	Number	Type	Operation	Description	Part Number	Amount	Unit	
1	AUTO	BODY	OVERHAUL	FRT COVER ASSY				1.5
2	401160	BODY	REMOVE/REPLACE	FRT BUMPER COVER	4451756	295.00	INCL	
3	AUTO	REFIN	REFINISH	FRT COVER				C 2.6
4	401190	BODY	REMOVE/REPLACE	FRT BUMPER IMPACT STRIP	4451747	40.00	INCL	
5	401250	BODY	REMOVE/REPLACE	FRT BUMPER CLIP	6501067	0.20	INCL	
6	401280	BODY	REMOVE/REPLACE	FRT BUMPER REINFORCEMENT	4576991	106.00	INCL	
7	401360	BODY	REMOVE/REPLACE	L FRT BUMPER RETAINER	4676219	3.50	INCL	
8	401630	BODY	REMOVE/REPLACE	GRILLE	AS33KDC	250.00	0.5	
9	402060	BODY	CHECK/ADJUST	HEADLAMPS				0.4
10	402290	BODY	REMOVE/REPLACE	L H/LAMP BEZEL	4399919	82.00	INCL	
11	402370	BODY	REMOVE/REPLACE	L UPR H/LAMP MOULDING	4451743	22.50	INCL	
12	402390	BODY	REMOVE/REPLACE	L LWR H/LAMP MOULDING	4451745	22.00	INCL	
13	402410	BODY	REMOVE/REPLACE	L H/LAMP HOUSING	4451731	74.00	INCL	
14	402440	BODY	REMOVE/REPLACE	L H/LAMP PIVOT	4638431	6.25		
15	402470	BODY	REMOVE/REPLACE	L H/LAMP NUT	4388227	1.70		
16	402490	BODY	REMOVE/REPLACE	L H/LAMP BULB	4388238	27.00	0.2	
17	402540	BODY	REMOVE/REPLACE	R H/LAMP MOUNTING PANEL	4515236	70.00	0.7	
18	402550	BODY	REMOVE/REPLACE	L H/LAMP MOUNTING PANEL	4515237	70.00	0.7	
19	402620	BODY	REMOVE/REPLACE	L H/LAMP ADJUSTING BAR	4451995	10.75	INCL	
20	402640	BODY	REMOVE/REPLACE	L H/LAMP ADJUSTING BAR	4451997	10.75	INCL	
21	403298	BODY	REMOVE/REPLACE	HOOD PANEL	4719040	220.00	1.2	
22	403380	BODY	REMOVE/REPLACE	HOOD CLIP	6003351	0.60		
23	403390	BODY	REMOVE/REPLACE	R HOOD HINGE	4674344	3.35	0.3	
24	AUTO	REFIN	REFINISH	R HINGE				0.2
25	403400	BODY	REMOVE/REPLACE	L HOOD HINGE	4674345	3.35	0.2	

ESTIMATE RECALL NUMBER: 93 15:40:30 [REDACTED]

Mitchell Data Version: 93\_N

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Page 1 of 2

Date: 93 03:50 P.M.  
 Estia ID: [REDACTED]  
 Supplement: 001 (P)  
 Profile ID: [REDACTED]

26	AUTO	REFIN	REFINISH	L HINGE				0.2
27	403460	BODY	REMOVE/REPLACE	HOOD PRIMARY LATCH	4675209	6.35	0.2	
28	403490	BODY	REMOVE/REPLACE	HOOD SECONDARY CATCH	4534017	10.00	INCL	
29	403850	BODY	REMOVE/REPLACE	COOLING RADIATOR	ORDER FROM DEALER	255.00	INCL	
30	403970	BODY	REMOVE/REPLACE	COOLING MOUNTING PANEL	4546003	6.75	0.2	
31	404100	BODY	REMOVE/REPLACE	COOLING ELECTRIC FAN ASSY	4644367	255.00	0.3	
32	404930	MECH	REMOVE/REPLACE	ENGINE TRANSMISSION OIL COOLER	4644697	75.00	0.7	
33	405010	MECH	REMOVE/REPLACE	ENGINE TRANS COOLER HOSES	4682555	10.25	0.6	
34	405240	MECH	REMOVE/REPLACE	EVACUATE & RECHARGE AIR CONDITIONING			1.4	
35	405350	MECH	REMOVE/REPLACE	AIR COND CONDENSER	4644365	305.00	1.1	
36	408220	BODY	REMOVE/INSTALL	R FENDER ASSY			1.0	
37	408410	BODY	REPAIR	*R FENDER PANEL			2.5*	
38	AUTO	REFIN	REFINISH	R FENDER OUTSIDE			C 2.4	
39	408420	BODY	REMOVE/REPLACE	L FENDER PANEL	4636481	150.00	1.2	
40	AUTO	REFIN	REFINISH	L FENDER OUTSIDE			C 2.2	
41	AUTO	REFIN	REFINISH	L FENDER EDGE			0.5	
42	409540	BODY	REMOVE/REPLACE	FRONT BODY RADIATOR SUPPORT	4674121	290.00	3.8	
43	AUTO	REFIN	REFINISH	RADIATOR SUPPORT COMPLETE			1.5	
44	410060	BODY	REPAIR	*R FRONT BODY APRON ASSY			1.0*	
45	AUTO	REFIN	REFINISH	R APRON			1.0	
46	410070	BODY	REMOVE/REPLACE	L FRONT BODY APRON ASSY	4674307	45.00	6.0	
47	AUTO	REFIN	REFINISH	L APRON			1.0	
48	410230	BODY	REMOVE/REPLACE	L FRONT BODY APRON REINF	4674309	18.50	INCL	
49	AUTO	REFIN	REFINISH	L APRON REINF			0.5	
50	410470	BODY	REPAIR	*R FRONT BODY BRACE			2.0*	
51	410480	BODY	REPAIR	*L FRONT BODY BRACE			1.0*	
52	410920	BODY	REMOVE/REPLACE	FRONT BODY BATTERY TRAY	4490184	5.75	0.3	
53	410940	BODY	REMOVE/REPLACE	FRONT BODY BATTERY TRAY SUPPORT	4674181	13.50	0.6	
54	931084	BODY	REMOVE/REPLACE	*BATTERY	**QUAL REPL PART	58.37*		
55	411330	MECH	REMOVE/REPLACE	L AIR BAG SENSOR	4637513	76.50	0.5	
56	413040	MECH	ALIGN	FRONT SUSPENSION			1.0	
57	931083	MECH	REMOVE/REPLACE	*TIRE	**QUAL REPL PART	75.37*	0.3*	
58			BETTERMENT - P	TIRE \$75.00		56.53		
59	900500	MECH	*REMOVE/REPLACE	*TRANS HOUSING	VLK	545.00*	5.0*	
60	416160	MECH	REMOVE/REPLACE	STEERING AIR BAG MODULE	DZ39JVB	465.75	0.2	
61	416260	MECH	REMOVE/REPLACE	STEERING CLOCKSPrING W/AIR BAG	4637954	101.00	0.3	
62	418340	BODY	REMOVE/REPLACE	R ENG SUPT MOUNT	4505496	34.00	0.5	
63	418350	BODY	REMOVE/REPLACE	R ENG SUPT MOUNT	4471036	35.00	0.5	
64	418410	BODY	REMOVE/REPLACE	L ENG SUPT MOUNT	4668132	22.50	0.7	
65	418450	BODY	REMOVE/REPLACE	R ENG SUPT MOUNT BRACKET	MD156820	68.50		
66	418510	BODY	REMOVE/REPLACE	L ENG SUPT MOUNT BRACKET	5272153	26.00		
67	426820	BODY	REPAIR	*L FRT DOOR REPAIR PANEL			1.0*	
68			REFIN REFINISH/REPAIR	L FRT DOOR REPAIR PANEL			1.5*	
69	900500	MECH	*REMOVE/REPLACE	*TRANS SEALS&GASKETS	NEW	37.00*		
70	931072	FRAME	REPAIR	*FRAME			10.0*	
71	AUTO	REFIN	ADD'L LABOR	OPR CLEAR COAT			2.0	
72	933005	BODY	ADD'L LABOR	OPR RESTORE CORROSION PROTECTION			1.0*	
73	936000		ADD'L COST	FREQ & OIL		25.00*		
74	936001		ADD'L COST	TOWING		137.50*		
75	936003		ADD'L COST	COOLANT		20.00*		
76	AUTO		ADD'L COST	PAINT MATERIALS		202.80*		

\* Judgement Item

C Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 93 15:40:30

Mitchell Data Version: 93\_N

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Date: 93 03:50 P.M.  
 Estimate ID: [REDACTED]  
 Supplement: 001 (P)  
 Profile ID: [REDACTED]

Remarks

POSSIBLE HIDDEN DAMAGE ENGINE INNER TRANS PARTS

I. Labor Subtotals	Units	Rate	Totals
Body	29.6	30.00	888.00
Refinish	15.6	30.00	468.00
Frame	10.0	35.00	350.00
Mechanical	11.1	35.00	388.50
Labor Subtotal			2,094.50
Labor Summary Totals	66.3		2,094.50

II. Part Replacement Summary	Amount
Taxable Parts	4,296.04
Sales Tax @ 5.00%	214.80
Non-Taxable Parts	37.00
Total Replacement Parts Amount:	4,547.84

III. Additional Costs	Amount
Taxable Costs	247.80
Sales Tax @ 5.00%	12.39
Non-taxable Costs	137.50
Total Additional Costs:	397.69

I. Total Labor:	2,094.50
II. Total Replacement Parts:	4,547.84
III. Total Additional Costs:	397.69

Gross Total:	7,040.03
--------------	----------

Customer Allowance:	0.00	Customer Responsibility:	156.53-	Net Total:	6,883.50
				Less Previous Net Total:	6,533.50
				Net Supplement Amount:	350.00

Point of Impact: 12 FRONT CENTER  
 Body Shop: [REDACTED]

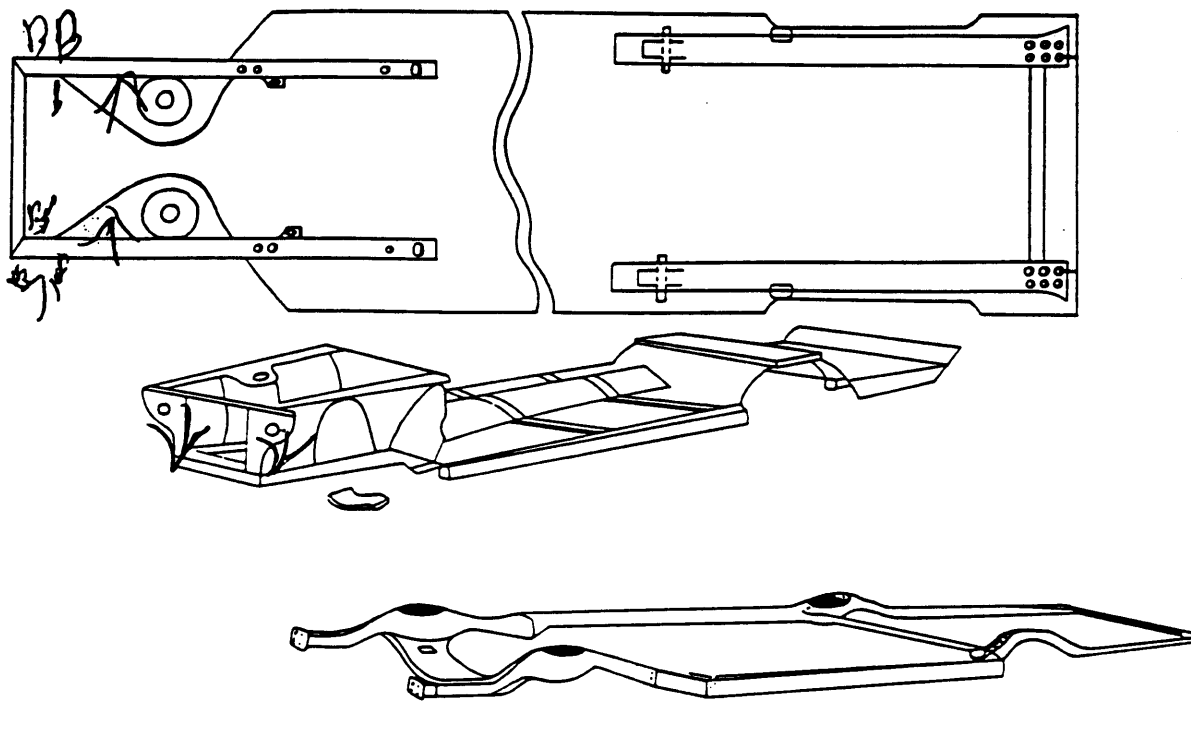
Inspection Site: [REDACTED]

\*\*\* CAUTION \*\*\*

FAILING TO PRESENT THIS ESTIMATE TO THE REPAIRING GARAGE BEFORE REPAIR  
 MAY RESULT IN ADDITIONAL EXPENSE TO YOU. ANY SUPPLEMENT TO THIS  
 ESTIMATE MUST BE AUTHORIZED BY A [REDACTED] ADJUSTER.

NOTICE : REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING  
 EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.

## FRAME/UNIBODY DAMAGE ANALYSIS SHEET

CLAIM NUMBER                     YEAR 93 MAKE Polyn VoyagerMODEL                     ESTIMATOR                     DAMAGE DESCRIPTION/REMARKS: Unibody over to RT. & across over Rails Buckled in  
LT. ERTS, etcUSE ARROW  TO SHOW DIRECTION OF MOVEMENT. (USE "M" FOR MASH) (USE "B" FOR BUCKLE)

## DIMENSIONAL CORRECTIONS

	HOURS
<u>pull LT. over 1 over-susp</u>	<u>2.0</u>
<u>pull RT- 11 4 11</u>	<u>2.0</u>
<u>pull LT. &amp; across to Right Front, Rep</u>	
<u>Res-Seals</u>	<u>1.0</u>
<u>pull RT. across over to Rep</u>	<u>1.0</u>
<u>pull Buckles from Rails &amp; RT</u>	<u>2.0</u>

## OTHER THAN DIMENSIONAL CORRECTIONS

OPERATION	HOURS
Cosmetics	
Align Openings	
R & I/Access (Enter item/hours on estimate as necessary)	

DIMENSIONAL CORRECTION TOTAL

8.0 × 35 RATE = \$           

SET-UP

2.0 × 35 RATE = \$           Total (Dimensional Corrections) \$

ESTIMATE REPORT *Supplemental*  
20214

NAME [REDACTED] DATE 1/14 WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 YEAR 93 MAKE Plym MODEL Voyager I.D. NO. 2P4K-H2535PR  
 PAINT CODE \_\_\_\_\_ PROD. DATE \_\_\_\_\_ TRIM \_\_\_\_\_ MILEAGE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_  
 WRITTEN BY [REDACTED] INS. CO. \_\_\_\_\_ FILE NO. \_\_\_\_\_ CLAIM NO. [REDACTED] P.O. NO. \_\_\_\_\_  
 ADJUSTER [REDACTED] LIC. NO. \_\_\_\_\_ PHONE \_\_\_\_\_ DEDUCTIBLE/BETTERMENT \_\_\_\_\_

LINE NO.	RE-PAIR	RE-PLACE	DETAILS OF REPAIR R - Repair S - Straighten R/C - Recycle/Rechroma/Repore	PARTS INDEX A - Aftermarket N - New U - Used R - Rebuild	PI	PARTS	LABOR	PAINT	SUBLET/MISC.
1			Dash Switch - Installed			79.50			
2			By [REDACTED] Referred By						
3									
4			Part # 4373493						
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									

I hereby authorize the above work and acknowledge receipt of copy.

TOTALS →

Signed: X

Date:

PARTS [Prices subject to invoice]	\$ 79.50
LABOR _____ hrs @ _____	\$ _____
Shop Supplies	\$ _____
PAINT _____ hrs @ _____	\$ _____
Paint Supplies	\$ _____
Towing / Storage	\$ _____
Sublet / Miscellaneous	\$ _____
EPA / Waste Disposal Charge	\$ _____
SUB TOTAL	\$ _____
TAX	\$ 3.92
<b>TOTAL:</b>	<b>\$ 83.42</b>



QTY.	PART NUMBER/DESCRIPTION	SIN	LIST	NET	AMOUNT
1	4673092 SOLENO		2040	1428	142

SOLD BY	CUST. P.O. NO. 92 CARAVAN	CASH	CHE	WEL	RTL	RTL	OTR	RTN	GROSS	142
			X	X						

Any statements on the products sold herein are those of the manufacturer. As between the buyer and seller the contract is to be held "AS IS" and the entire risk as to the quality and performance of the products is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither warrants nor endorses any other person or company for a sale, delivery or collection with the sale of these products. The disclaimer by this seller of any and all effects to the terms of the manufacturer's warranty. The buyer acknowledges being so informed prior to the sale.

NO RETURNS OR REFUNDS WITHOUT THIS INVOICE. NO REFUNDS AFTER 10 DAYS. NO CASH REFUNDS. NO REFUND ON ELECTRICAL PARTS. NO REFUND ON SPECIAL ORDER PARTS. 20% HANDLING FEE AT OUR DISCRETION. ALL ITEMS ACCEPTED FOR RETURN MUST BE FACTORY NEW, CLEAN, AND IN ORIGINAL CARTONS OR WRAPPERS.

**PAY THIS AMOUNT**

SUB TOTAL	142
TAX	0
<b>PAY THIS AMOUNT</b>	<b>142</b>

RCVD BY
---------



## AUTO GLASS

## BODY REPAIR AND PAINTING



**SO. BEND, IND.**

Customer's   
Order No.  Date   1993

Sold to [REDACTED]

**Address** [REDACTED] [REDACTED]

CASH	CHARGE	YEAR	MAKE	BODY STYLE	PHONE
		1953	Ch minivan	Milk Van	[REDACTED]
Ques.	NUMBER	ARTICLES	PRICE		AMOUNT
		Labor			15 00
		Pearl Gate Power Lotel			20 40
		Chain Hentue S/W			52 50
		MATERIALS			15 00
		Fuse			1 00
			Tax		1 82
			Total		105 72

**ALL claims and returned goods MUST be accompanied by this bill**

Rec'd By [REDACTED]  
Address [REDACTED]

CUSTOMER'S COPY



BEST AVAILABLE COPY

YEAR 93	MAKE Ply.	SERIES Voyager	BODY STYLE
DATE MANUFACTURED	MILEAGE 52,000	VIN 5Y2P3200000000000000	9K

**ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL  
BY A STATE FARM CLAIM REPRESENTATIVE.**

**NOTICE - REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING EQUIPMENT AS RECOMMENDED BY THE MANUFACTURER.**

**Appendix C:**

NASS CDS Accident Form



## ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9408

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 02

4. Date of Accident  
(Month, Day, Year) 93  
08 / 04

5. Time of Accident 1535

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. 0 SS15 Administrative Use 0

7. 0 SS16 Pedestrian Crash Data Study 0

8. 0 SS17 Impact Fires 0

9. 0 SS18 0

10. 0 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. <u>01</u>	13. <u>01</u>	14. <u>04</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>R</u>
19. <u>02</u>	20. <u>    </u>	21. <u>    </u>	22. <u>    </u>	23. <u>    </u>	24. <u>    </u>	25. <u>    </u>
26. <u>03</u>	27. <u>    </u>	28. <u>    </u>	29. <u>    </u>	30. <u>    </u>	31. <u>    </u>	32. <u>    </u>
33. <u>04</u>	34. <u>    </u>	35. <u>    </u>	36. <u>    </u>	37. <u>    </u>	38. <u>    </u>	39. <u>    </u>
40. <u>05</u>	41. <u>    </u>	42. <u>    </u>	43. <u>    </u>	44. <u>    </u>	45. <u>    </u>	46. <u>    </u>

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

## CODES FOR CLASS OF VEHICLE

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

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

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

### TDC APPLICABLE VEHICLES

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

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) — Vehicle Number

#### Noncollision

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

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

#### Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

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

(54) Concrete traffic barrier

(55) Impact attenuator

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

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

(69) Unknown fixed object

#### Collision with Nonfixed Object

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

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(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

**Appendix D:**

NASS CDS General Vehicle Form:

Case Vehicle



## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10  
2. Case Number - Stratum 9408  
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): Plymouth 09  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown
6. Vehicle Model (specify): Voyager 442  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown
7. Body Type 20  
Note: Applicable codes may be found on  
the back of this page.
8. Vehicle Identification Number 2P4GH2535PR  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
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 048  
(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown  
30 mph X 1.6093 = 48 kph
14. Attempted Avoidance Maneuver 04  
(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 86  
Applicable codes may be found on the  
back of page two of this field form  
(0) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
(99) Unknown

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

## OCCUPANT RELATED

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

## VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,390  
 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
3,070 lbs X .4536 = 1,392.55 kgs  
 Source: 93' GAS truck Index
20. Vehicle Cargo Weight 80  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
175 lbs X .4536 = 79 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) 926. 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 99928. Heading Angle For Other Vehicle 999

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

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

9999 00

\_\_\_\_\_ 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)0

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

35. Type of Vehicle Inspection

0

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

36. Is this an AOPS Vehicle?

1

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

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

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



37. Police Reported Other Drug Presence 0

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

38. Police Reported Drug Evaluation Classification 0

(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

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

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

### DRUG EVALUATION CLASSIFICATION

#### OTHER DRUGS TEST RESULTS FOR DRIVER

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

## Codes For DEC Test Results

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

## Codes for Specimen Test Results

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

## OTHER DATA

## 56. Driver's Zip Code

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

## 57. Driver's Race/Ethnic Origin

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

## 58. Vehicle Special Use (This Trip)

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

## 61. Rollover Initiation Object Contacted

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

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

## 63. Direction of Initial Roll

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

## PRECRASH DATA

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

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

## ROLLOVER DATA

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

## 59. Rollover Initiation Type

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

## 60. Location of Rollover Initiation

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

## PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

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

*This Vehicle Traveling*

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

*Other Motor Vehicle In Lane*

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

*Other Motor Vehicle Encroaching Into Lane*

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

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

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

*Object or Animal*

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

(98) Other critical precrash event (specify): \_\_\_\_\_

(99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 1

- (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.

**Appendix E:**

NASS CDS General Vehicle Form:

Vehicle #2



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 10  
2. Case Number - Stratum 9408  
3. Vehicle Number 02

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 92  
Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify): Lexus 59  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown

6. Vehicle Model (specify): ES300 031  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown

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

8. Vehicle Identification Number  
9999999999999999  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

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 032  
(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown

20 mph X 1.6093 = 32 kph

14. Attempted Avoidance Maneuver 99  
(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 87  
Applicable codes may be found on the  
back of page two of this field form  
(C0) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
(99) Unknown

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

## OCCUPANT RELATED

## 16. Driver Presence in Vehicle

- (0) Driver not present  
(1) Driver present  
(9) Unknown

1

## 17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown

01

## 18. Number of Occupant Forms Submitted

00

## VEHICLE WEIGHT ITEMS

## 19. Vehicle Curb Weight

- Code weight to nearest 10 kilograms.  
(045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

1.5303362 lbs X .4536 = 1.525 kgsSource: Auto NEWS

## 20. Vehicle Cargo Weight

- Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

9.990

\_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

## RECONSTRUCTION DATA

## 21. Towed Trailing Unit

- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

0

## 22. Documentation of Trajectory Data for This Vehicle

- (0) No  
(1) Yes

0

## 23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (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): \_\_\_\_\_

0

(9) Unknown

## 24. Rollover

- (0) No rollover (no overturning)

0*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)

9

## 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

999

## 28. Heading Angle For Other Vehicle

999

<p>29. Basis for Total Delta V (highest) <span style="float: right;">6</span></p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine</p> <p>(2) CRASH program—damage and trajectory routine</p> <p>(3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</p> <p>(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.</p> <p>(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</p>	<p style="text-align: right;">Highest</p> <p>32. Lateral Component of Delta V <span style="float: right;">+ 999</span></p> <p>_____ Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: __000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (__999) Unknown</p> <p>33. Energy Absorption <span style="float: right;">999.9 00</span></p> <p>_____ Nearest 100 joules (highest)</p> <p>_____ Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p>
<b>COMPUTER GENERATED DELTA V</b>	
<p>30. Total Delta V <span style="float: right;">Highest 999</span></p> <p>_____ Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <span style="float: right;">0</span></p> <p>(0) No reconstruction</p> <p>(1) Collision fits model — results appear reasonable</p> <p>(2) Collision fits model — results appear high</p> <p>(3) Collision fits model — results appear low</p> <p>(4) Borderline reconstruction — results appear reasonable</p>
<p>31. Longitudinal Component of Delta V <span style="float: right;">+ 999</span></p> <p>_____ Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: __000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (__999) Unknown</p>	<p>35. Type of Vehicle Inspection <span style="float: right;">0</span></p> <p>(0) No inspection</p> <p>(1) Complete inspection</p> <p>(2) Partial inspection (specify): _____</p> <p>36. Is this an AOPS Vehicle? <span style="float: right;">4</span></p> <p>(0) No</p> <p>(1) Yes - researcher determined</p> <p>(2) VIN determined air bag system</p> <p>(3) VIN determined automatic (passive) belts</p> <p>(4) VIN determined air bag and automatic (passive) belts</p>

**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

- (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

- (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
 \_\_\_\_\_  
 (7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION

#### OTHER DRUGS TEST RESULTS FOR DRIVER

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

## Codes For DEC Test Results

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

## Codes for Specimen Test Results

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



## OTHER DATA

## 56. Driver's Zip Code

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

## 57. Driver's Race/Ethnic Origin

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

## 58. Vehicle Special Use (This Trip)

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

## ROLLOVER DATA

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

## 59. Rollover Initiation Type

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

## 60. Location of Rollover Initiation

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

## 61. Rollover Initiation Object Contacted

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

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

## 63. Direction of Initial Roll

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

## PRECRASH DATA

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

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

## PRECRASH DATA (Continued)

65. Critical Precrash Event 66*This Vehicle Loss of Control Due To:*

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

*This Vehicle Traveling*

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

*Other Motor Vehicle In Lane*

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

*Other Motor Vehicle Encroaching Into Lane*

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

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

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

*Object or Animal*

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

(98) Other critical precrash event (specify): \_\_\_\_\_

(99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 9

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

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

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

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

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

**Appendix F:**

NASS CDS Interview Form:

Case Vehicle Driver



## INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9408</u>	
3. Vehicle Number <u>01</u>	

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

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

### DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Date of Accident <u>[REDACTED], 1993</u>	<u>[REDACTED]</u> PD
5 Lanes	
Going South about 30-35 Approaching the intersection and my front hit the other vehicles (R) SIDE (LEXUS) (Westbound)	
I reached down to pick up tape came up CARS there	
My face never hit the AIRBAG although my ARMS D.D. The Powder came out into my face	
there was a hole in the bag off center to RIGHT 4 o'clock. I inhaled the smoke i couldn't breath, coughing	
My (R) ARM had a slight burn abrasion from flap, face had like a wind burn real tight for 2 days	
SMOKE & Brown powder in VAN.	
throat still irritated had spasms in esophagus - E6 Reflex	

### OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Body Shop -	
talk to	he's aware of problem
SAW Physician:	Called, he said
DR	he didn't see all the bag
	having a hole in it. Just
	the usual vent holes.
	Remembered nothing out
	of the ordinary

## ACCIDENT DIAGRAM



NORTH

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



## INTERVIEW FORM (B)

1. Primary Sampling Unit Number 10  
2. Case Number - Stratum 9408  
3. Vehicle Number 01

Interviewee(s) Role or Name(s): DRIVER

### ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☒ South ☐ East ☐ West

(Optional - Where were you coming from or going to?)  
\_\_\_\_\_

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☒ (1) ☐ (2) ☐ (3) ☐ (4) ☐ Other (specify):  
curb lane

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☐ 10-20  
☐ 20-30 ☒ 30-40 ☐ 40-50  
☐ 50-60 ☐ 60-70 ☐ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☒ Going straight ☐ Stopped  
☐ slowing ☐ Accelerating  
☐ Turning left ☐ Turning right  
☐ Changing lanes to left ☐ Changing lanes to right  
☐ Backing  
☐ Other (specify): \_\_\_\_\_

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No  
☐ Yes (If yes, describe below)  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you have to take any avoidance actions prior to the accident?

☒ No - Go to question 7  
☐ Yes - Go to question 6a

6a. What actions did you take?

☐ Braking with lock-up  
☐ Braking without lock-up  
☐ Releasing brakes  
☐ Accelerating  
☐ Steering left  
☐ Steering right  
☐ Other (specify):  
NO TIME

7. Where was your vehicle at the time of the collision?

☒ Original travel lane ☐ Different travel lane  
☐ In intersection ☐ Off roadway to right  
☐ Off roadway to left  
☐ Other (specify): \_\_\_\_\_

8. Was your travel speed at the time of the collision different from your previous travel speed?

☒ No  
☐ Lower  
☐ Higher  
☐ Unknown

8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20  
☒ 20-30 ☐ 30-40 ☐ 40-50  
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

ENDED up facing  
south west in westbound  
lane entrance

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

1 impact

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9408

4. Occupant Number

01

## VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1993, Plymouth, Voyager  
 Year Make Model

2. Can you describe the damage to your vehicle?

whole Front end  
Frame Bent

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No☐ Yes (If "Yes", describe below)

DRIVER DOOR Jammed at  
first

5. Did any of the windows break during the accident?

☒ No☐ Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

☒ No☐ Yes

6a. Did the glove compartment door come open during the accident?

☐ No☐ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)☐ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Front seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Front seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat left	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat right	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

☐ No☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☐ No (If "No", go to question 9)☐ Yes (If "Yes", what seat location?)☐ Left Front☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No☐ Yes☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☐ No (go to question 10)☐ Yes

9a. Does this belt come across the \_\_\_\_\_?

☐ Chest only☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No☐ Yes☐ Unknown

## AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)☒ Yes (go to question 10a)☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☒ No (go to questions 10b and 10c)☐ Yes (go to question 10e)

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9408

4. Occupant Number

01

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

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

\_\_\_\_\_

☐ Unknown

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

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

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

- ☐ No (go to question 11)  
☐ Yes  
☐ Unknown

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

- ☐ No (If "No" describe below)

☒ Yes  
☐ Unknown

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

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

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

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

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

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

\_\_\_\_\_

☐ Unknown

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

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

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

- ☐ No (go to question 12)  
☐ Yes  
☐ Unknown

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

- ☐ No (If "No" describe below)

☐ Yes  
☐ Unknown

## CHILD SAFETY SEAT

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

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

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

\_\_\_\_\_

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

- ☐ Infant  
☐ Toddler  
☐ Convertible  
☐ Booster  
☐ Other (specify): \_\_\_\_\_  
☐ Unknown

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

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

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

- ☐ Rear facing  
☐ Forward facing  
☐ Other (specify): \_\_\_\_\_  
☐ Unknown

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

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

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

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

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

- ☐ Harness  
☐ Shield  
☐ Tether strap

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



1. Primary Sampling Unit Number

10

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01

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

☐ Yes

(specify \_\_\_\_\_)

☐ No☐ Unknown

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

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

## OPTIONAL

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

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

\_\_\_\_\_

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

☐ No☐ Yes

## CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

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

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

175 lbs.

Cargo description

SALES REP Samples  
10 box 15-20 lbs

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

40,000 miles

## DRIVER ONLY

17. What race do you consider yourself?

☒ White☐ Black☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander☐ Other (specify: \_\_\_\_\_)☐ Unknown.

18. Are you of hispanic origin?

☒ No☐ Yes

1. Primary Sampling Unit Number 103. Vehicle Number 012. Case Number - Stratum 94084. Occupant Number 01

## VEHICLE ROLLOVER/FIRE QUESTIONS

## ROLLOVER QUESTIONS

1. Did the vehicle rollover during the accident?

☒ No (If "No", go to question 2.)☐ Yes☐ Unknown (skip to question 2)

1a. Describe where the rollover began.

☐ On roadway☐ On shoulder☐ On roadside or median☐ Unknown

1b. What caused the vehicle to rollover?

☐ Other vehicle (specify vehicle number): \_\_\_\_\_☐ Contacted object (specify): \_\_\_\_\_☐ Other cause (specify): \_\_\_\_\_☐ Unknown

1c. Describe which direction the vehicle rolled.

☐ Toward the right☐ Toward the left☐ End-over-end☐ Unknown

1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?

☐ 1 side☐ 2 sides☐ 3 sides☐ 4 sides☐ Unknown

1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?

☐ No (If "No", go to question 1g.)☐ Yes

1f. Estimate the number of complete turns.

☐ No☐ Yes (specify): \_\_\_\_\_☐ Unknown

1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground?

☐ Left side☐ Right side☐ Top☐ Wheels☐ Unknown

## FIRE QUESTIONS

2. Did the vehicle experience a fire?

☒ No (If "No", skip to Occupant Data Questions)☐ Yes☐ Unknown

2a. Describe where the fire started or where smoke was first seen.

☐ Under the hood☐ Behind the instrument panel☐ In the passenger compartment☐ In the trunk/cargo area☐ Under the vehicle☐ From other involved vehicle☐ Unknown

2b. Did the fire start with the electrical system?

☐ No☐ Yes (specify): \_\_\_\_\_☐ Unknown

2c. Did the fire start with the fuel system?

☐ No (If "No", skip to Occupant Data Questions)☐ Yes (go to question 2d)☐ Unknown

2d. Describe which part of the fuel system that may have been involved?

☐ No☐ Yes (specify): \_\_\_\_\_

\_\_\_\_ Fuel tank

\_\_\_\_ Fuel lines

\_\_\_\_ Engine compartment (specify component if known)

☐ Unknown

(Go To Occupant Data Questions)

## COMMENTS ON ROLLOVERS AND FIRES

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## National Accident Sampling System-Crashworthiness Data System: Interview Form (B)

Page 6

1. Primary Sampling Unit Number 10 3. Vehicle Number 01  
 2. Case Number - Stratum 9408 4. Occupant Number 01

## OCCUPANT DATA QUESTIONS

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

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

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

(12) (13)  
 (21) (22) (23)  
 (31) (32) (33)  
☐ Other (specify:)

## OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'4" Weight 118 Age 31

Sex: ☐ Male ☒ Female

## OCCUPANT POSTURE

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

Leaning down to pick  
up tape was on my way up

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

left on floor  
Right on Brake I think

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

Left on wheel Right  
going to grab wheel

- 5c. Was your (his/her) back resting against the seat back rest?

☒ No (If "No", describe the position)

☐ Yes  
☐ Unknown

- 5d. Were you (Was he/she)

☐ Sitting upright or  
☐ Leaning to left side, or  
☒ Leaning to right side?

## OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)  
☐ Yes (If "Yes", go to question 6a)  
☐ Unknown

- 6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

☐ No  
☐ Yes (Describe:)

## OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)  
☒ Yes  
☐ Unknown

- 7a. Were you (Was he/she) wearing the

☐ Lap belt?  
☒ Lap and Shoulder belt?  
☐ Shoulder belt?

- 7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach  
☒ Low on lap tight  
☐ Other (specify:)  
☐ Unknown

- 7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder  
☐ Under the arm  
☐ Behind the back  
☐ Behind the seat  
☐ Other (specify:)

- 7d. Did any part of the belt system break or tear?

☒ No  
☐ Yes (If "Yes", describe)  
☐ Unknown

## OCCUPANT ENTRAPMENT

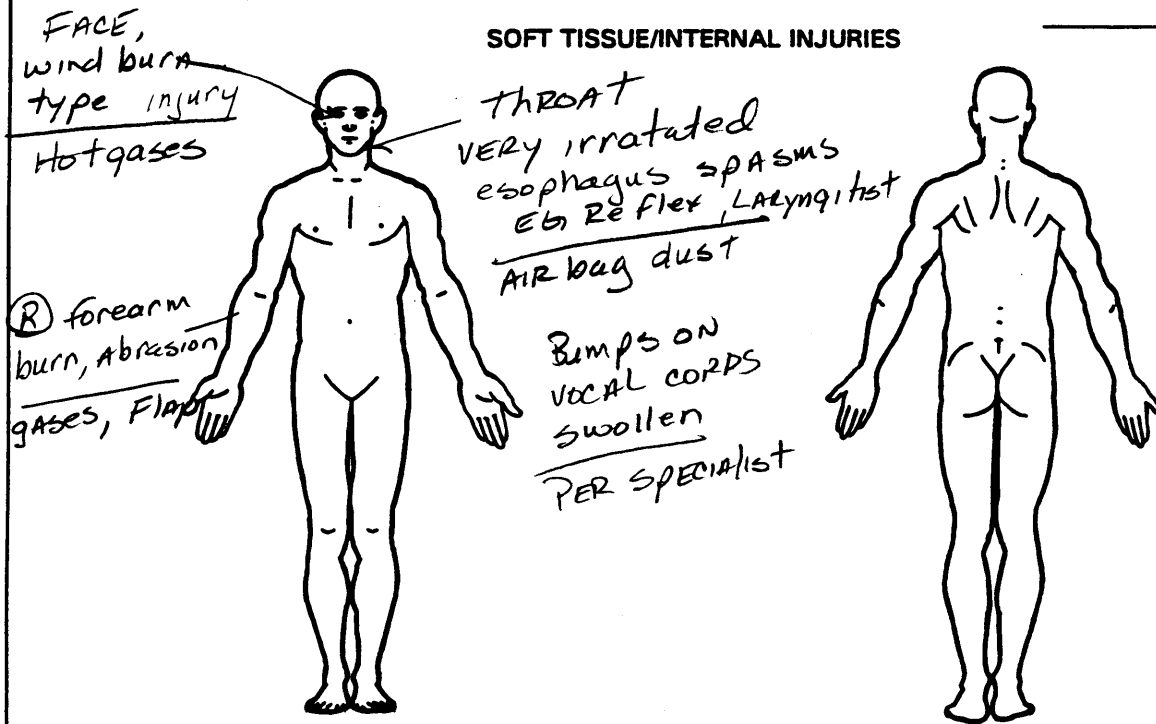
8. Were you (Was he/she) trapped in the vehicle?

☒ No  
☐ Yes (If "Yes", describe)  
☐ Unknown

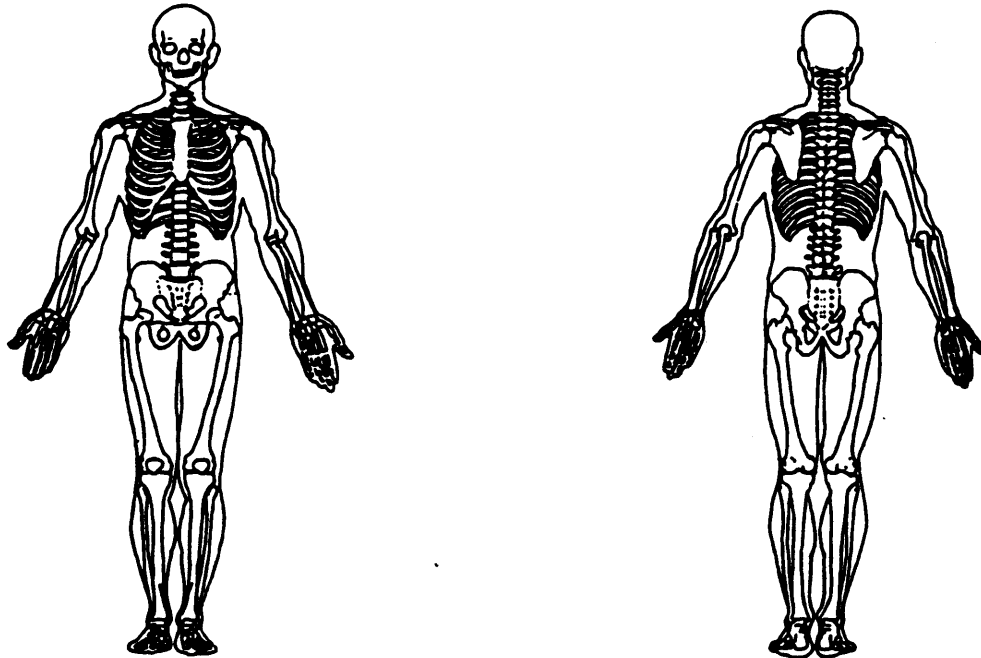
PSU Number 10 Case Number-Stratum 9408 Vehicle Number 01 Occupant Number 01

## INJURY DATA FROM INTERVIEWEE(S)

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



## SKELETAL INJURIES



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

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9408

3. Vehicle Number 01

4. Occupant Number 01

## OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?  
☐ No (If "No", skip to question 7)  
☐ Yes (If "Yes", complete Occupant Injury Questions)  
☐ Unknown
2. Did you (he/she) receive any cuts, abrasions, or bruises?  
☐ No (go to question 3)  
☐ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)  
☐ Unknown
- 2a. Do you know what caused your (his/her) injury(s)?  
☐ No  
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)  
☐ Unknown
3. Did you (he/she) experience any broken bones?  
☐ No (If "No", go to question 4)  
☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)  
☐ Unknown
- 3a. Do you know what caused the injury(s)?  
☐ No  
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)  
☐ Unknown
4. Did you (he/she) injure your (his/her) head? (skull/brain?)  
☐ No (If "No", go to question 5)  
☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)  
☐ Unknown
- 4a. Do you know what caused the injury(s)?  
☐ No  
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)  
☐ Unknown
5. Were any of your (his/her) internal organs injured?  
☐ No (If "No", go to question 6)  
☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)  
☐ Unknown

- 5a. Do you know what caused this injury?  
☐ No  
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)  
☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?  
☐ No (If "No", go to question 7)  
☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)  
☐ Unknown

- 6a. Do you know what caused the injury(s)?  
☐ No  
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)  
☐ Unknown

7. Did you (he/she) receive any treatment?  
☐ No (If "No", go to question 8)  
☐ Yes (If "Yes", go to question 7a or return to question 2.)

- 7a. Were you (Was he/she) treated by (check all that apply):  
☐ Hospital/trauma center? (specify hospital name): \_\_\_\_\_  
☐ Medical clinic  
☐ Out patient surgery? (specify medical facility): \_\_\_\_\_  
☐ Paramedics or first aid at the scene?  
☐ A doctor in his/her office?  
☐ Treated at home?  
☐ None of the above, go to question 8.

- 7b. Were you (Was he/she) treated and released from the emergency room?  
☐ No (If "No", go to question 7c.)  
☐ Yes (If "Yes", go to question 7e.)

- 7c. Were you (Was he/she) hospitalized?  
☐ No (If "No", give an explanation)  
☐ Yes (If "Yes", go to question 7d.)
- \_\_\_\_\_
- \_\_\_\_\_

- 7d. How many days were you (was he/she) in the hospital?  
 \_\_\_\_\_ days

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9408

4. Occupant Number

01

## OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☐ No☒ Yes (If "Yes", describe:)DR 5 visits☐ Unknown

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

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

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

☐ No☐ Yes (If "Yes", determine the number of days lost)(Specify:) 40-50 DAYS☐ Not working prior to the accident☐ Unknown

Constant Days off  
for Respiratory  
problems colds, sore  
throat,

**Appendix G:**

NASS CDS Occupant Assessment Form:

Case Vehicle Driver



# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

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) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

64 inches X 2.54 = 163 centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

118 pounds X .4536 = 54 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

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 leaning to right or  
starting to str. Aighten  
up



## EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

*Integral Belt Partially Destroyed*

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

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

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 04

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

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

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

19. Proper Use of Manual (Active) Belts 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 Position9

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

## 26. Seat Type (this Occupant Position)

99

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

## 27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (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  
(000) No child safety seat  
Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing  
(950) Built-in child safety seat  
(997) Other make/model (specify): \_\_\_\_\_  
(998) Unknown make/model  
(999) Unknown if child safety seat used

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

30. Child Safety Seat Orientation 00  
(00) No child safety seat  
  
*Designed for Rear Facing for This Age/Weight*  
(01) Rear facing  
(02) Forward facing  
(08) Other orientation (specify): \_\_\_\_\_  
(09) Unknown orientation

- Designed For Forward Facing for This Age/Weight*  
(11) Rear facing  
(12) Forward facing  
(18) Other orientation (specify): \_\_\_\_\_  
(19) Unknown orientation

- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*  
(21) Rear facing  
(22) Forward facing  
(28) Other orientation (specify): \_\_\_\_\_  
(29) Unknown orientation  
(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00  
  
32. Child Safety Seat Shield Usage 00  
  
33. Child Safety Seat Tether Usage 00

Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

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

*Designed With Harness/Shield/Tether*

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

*Unknown If Designed With Harness/Shield/Tether*

- (21) Harness/shield/tether not used  
(22) Harness/shield/tether used  
(29) Unknown if harness/shield/tether used  
(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

- (0) 0 - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 6

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

Nonfatal

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

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 00

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

38. Working Days Lost 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

unknown how  
EXACTLY many  
7 15

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (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 02

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

- (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

- (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

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

**47. Proper Use of Automatic (Passive) Belt System** 0

- (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

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

**49. Seat Orientation (this Occupant Position)** 9

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

**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):  
 \_\_\_\_\_

- [ ] Unknown if belt used  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
 WITH INITIAL SUBMISSION?

NO [✓] YES [ ]

UPDATE CANDIDATE?

NO [ ] YES [✓]

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

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

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

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  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

**Appendix H:**

NASS CDS Occupant Injury Form:

Case Vehicle Driver





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

## OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number

10  
9408

3. Vehicle Number

01

2. Case Number - Stratum

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	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
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>45</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>45</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
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. ____

[illegible]

**A.I.S. - 90**

### Source of Injury Data

**Body  
Region**

### Type of Anatomic Structure

**Specific  
Anatomic  
Structure**

### Level of Injury

**A.I.S.  
Severity**

**Aspect**

### Injury Source

Injury Source Confidence Level	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
5	1	2	3	4																																																																																																

**Direct/  
Indirect  
Injury**

**Occupant  
Area  
Intrusion  
Number**

11th

12th

**13th**

14th

**15th**

**16th**

17th

18th

**19th**

**20th**

**21st**

**22nd**

**23rd**

**24th**

**25th**

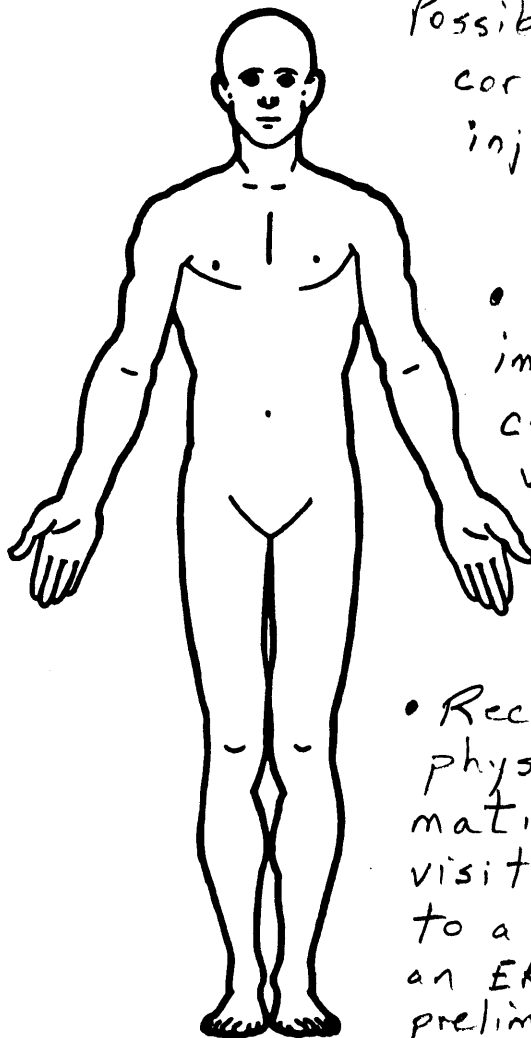
## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Time frame: Pre-crash through [REDACTED] 1994

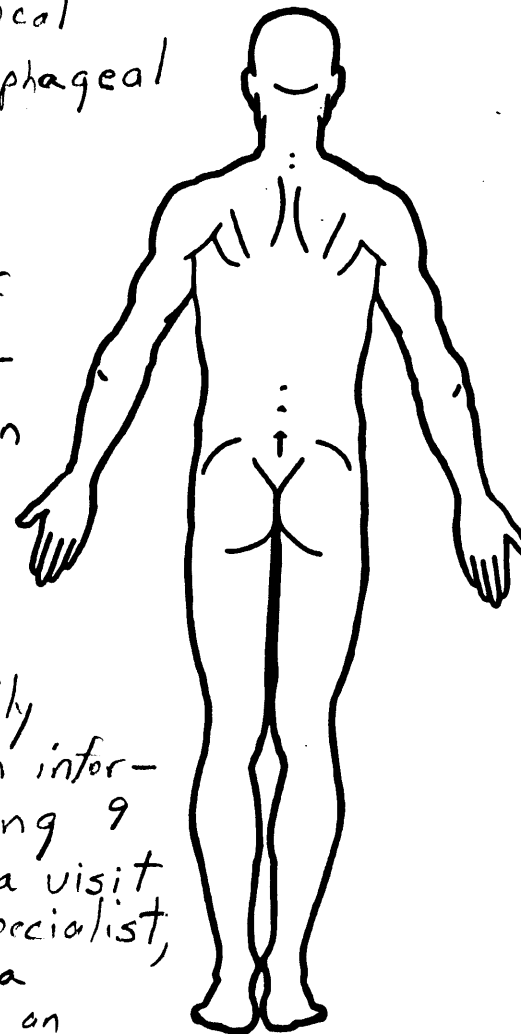
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- No codeable injuries reported!

Possible larynx, vocal  
cord, and/or esophageal  
injury



- No record of  
immediate post-  
crash physician  
visit!



- Records of family  
physician contain infor-  
mation regarding 9  
visits including a visit  
to a pulmonary specialist,  
an ER visit, and a  
preliminary visit to an  
ENT specialist.

## 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) Interviewees
- (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

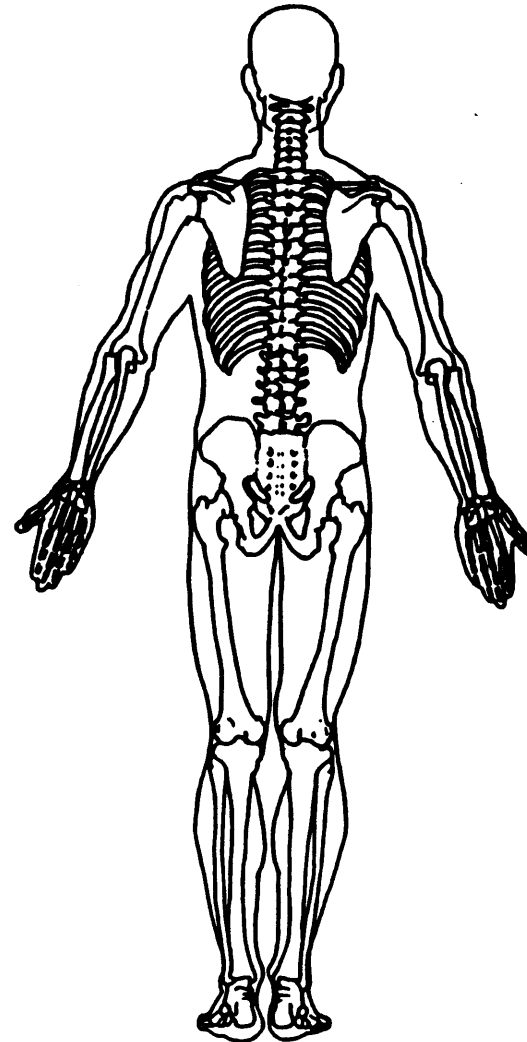
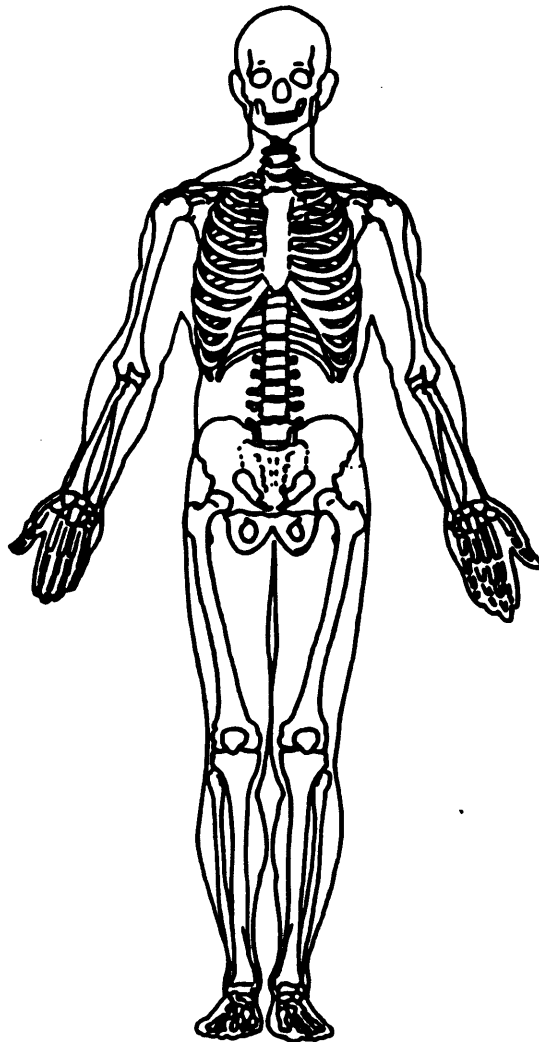
pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> = \_\_\_

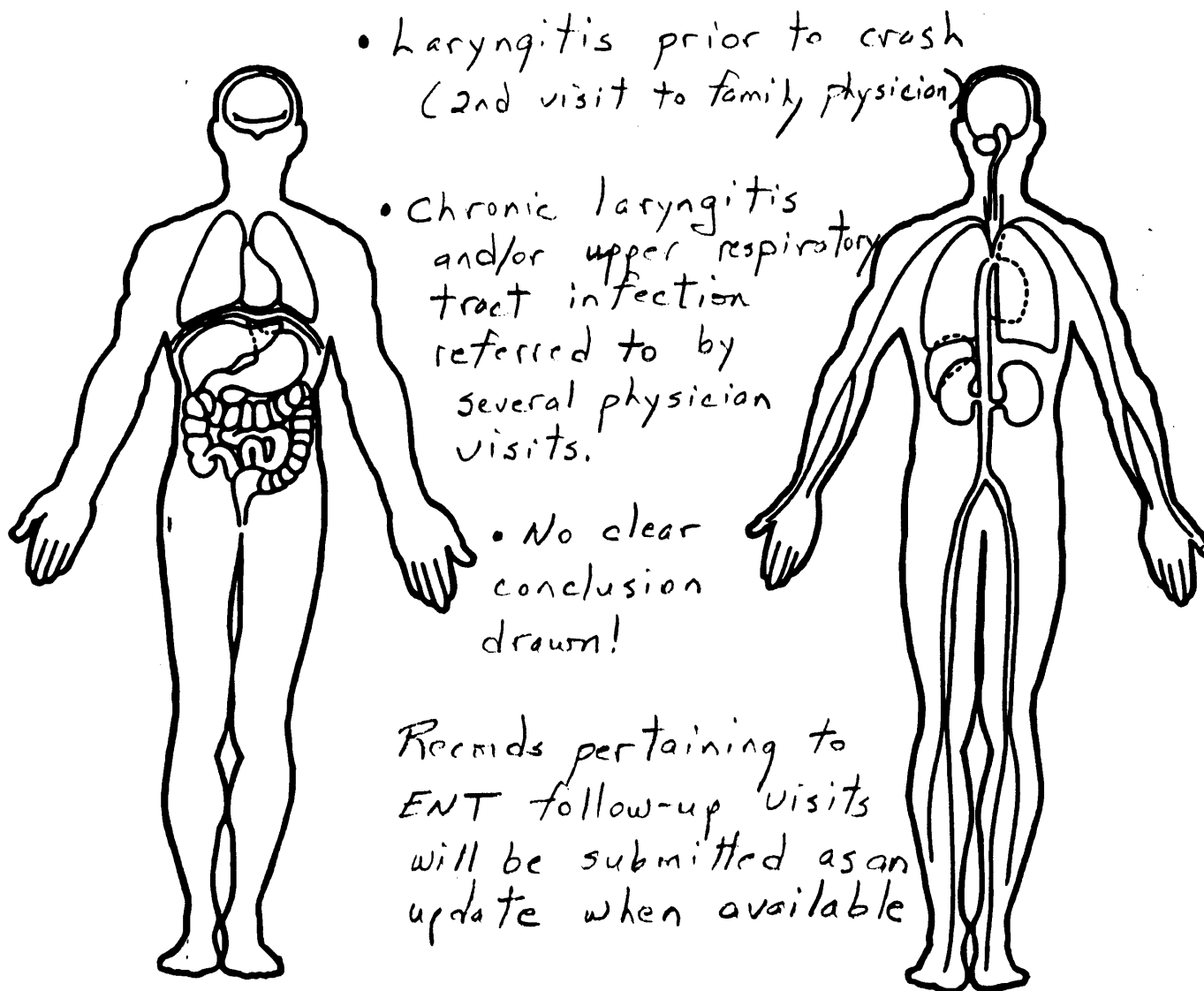
HCO<sub>3</sub> = \_\_\_

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.)



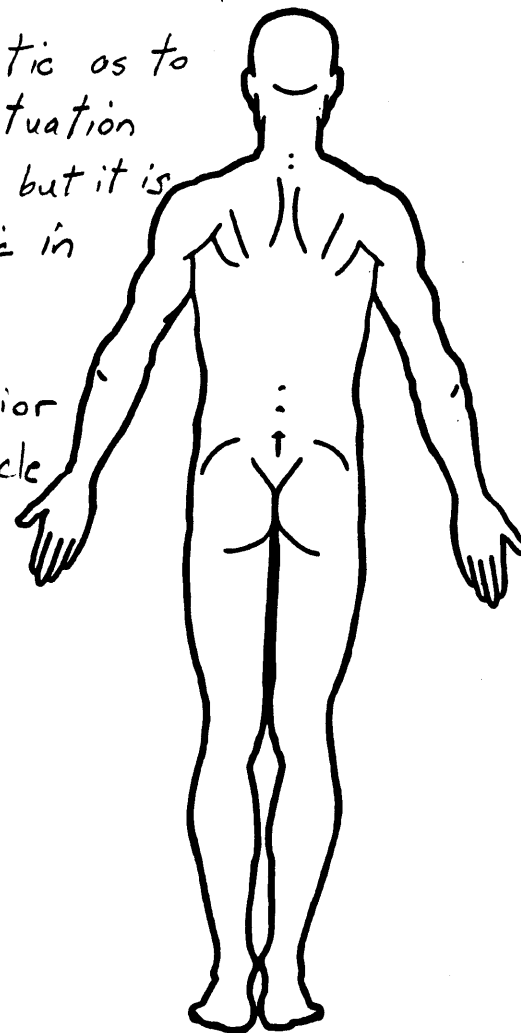
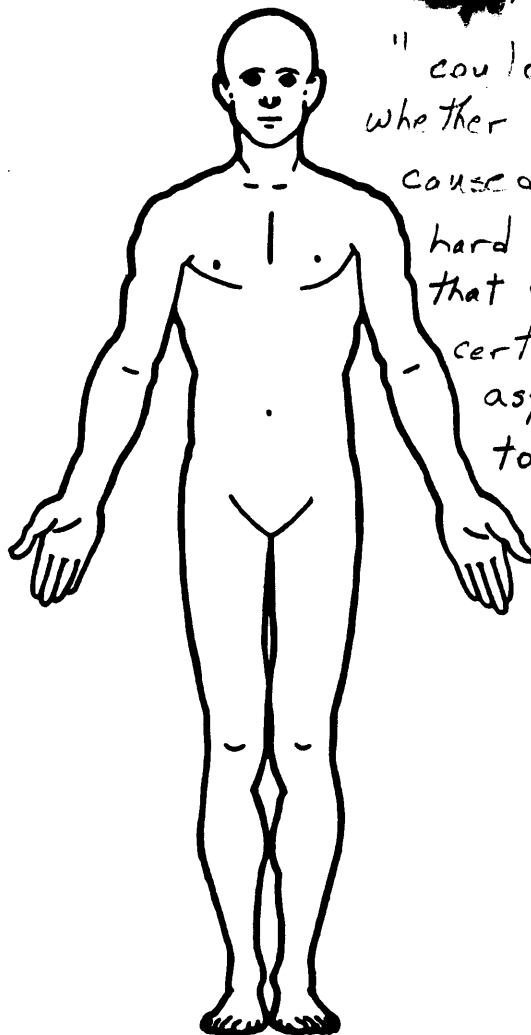
## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Time frame: [REDACTED] through [REDACTED] 1994

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.)

[REDACTED] /94 Physician's Record

"could not be dogmatic as to whether the air bag situation caused this problem but it is hard to be dogmatic in that regard although certainly she was asymptomatic prior to the motor vehicle accident."



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## 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

- (80) 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)
- (8) 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, DO 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

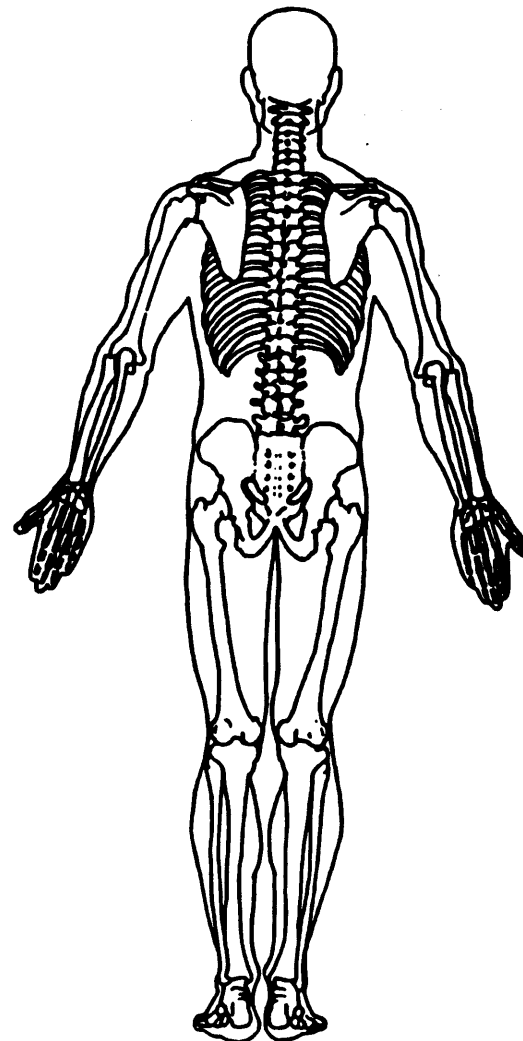
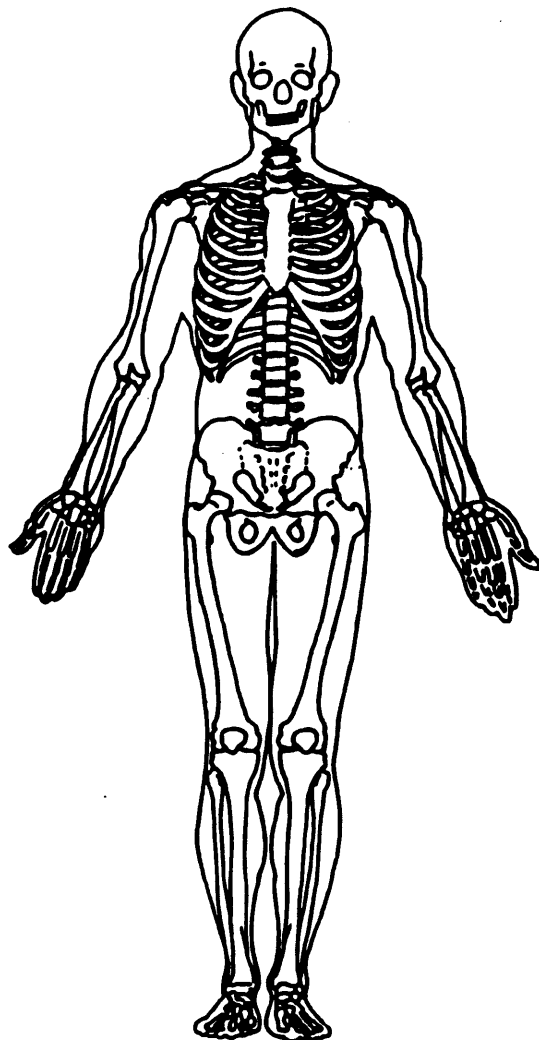
pH =

PO<sub>2</sub> =

PCO<sub>2</sub> =

HCO<sub>3</sub> =

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.)

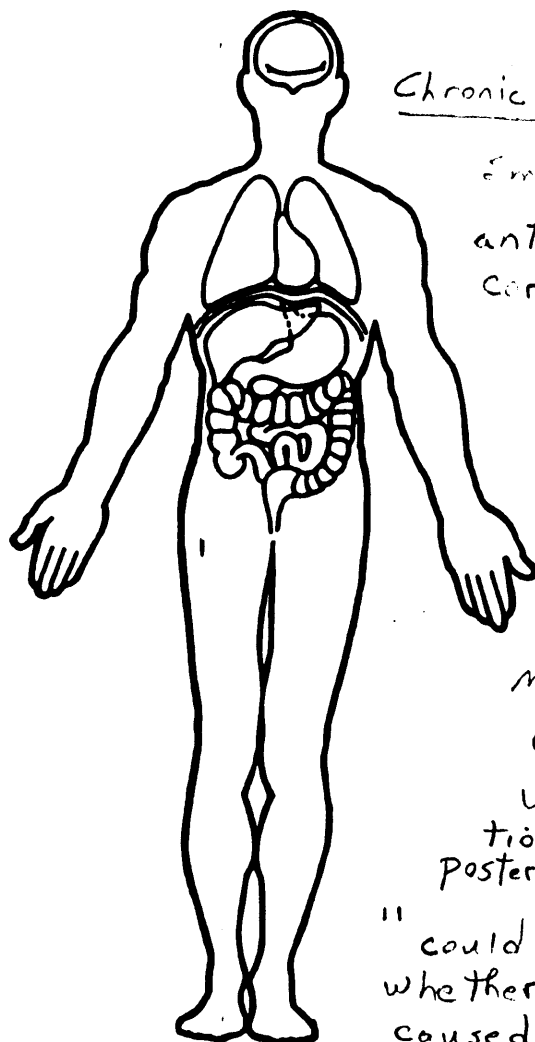


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SUBMISSION

# 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.)

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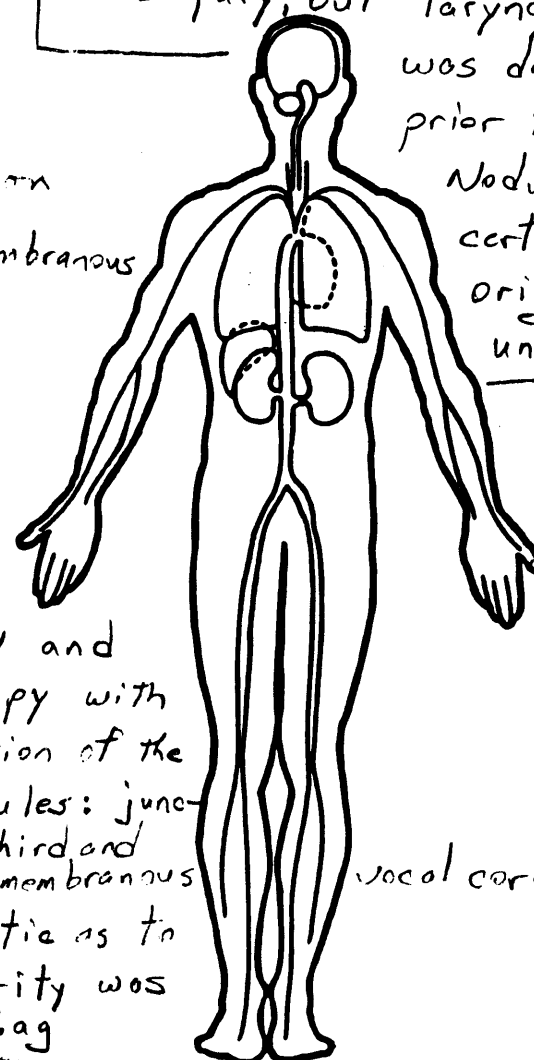
Chronic laryngitis

Small nodularity on  
anterior 1/3 of membranous  
cord

Outpatient  
Surgery

Esophagoscopy and  
Microlaryngoscopy with  
CO<sub>2</sub> laser excision of the  
vocal cord nodules: junc-  
tion of anterior-third and  
posterior two-thirds of membranous

"could not be dogmatic as to  
whether the nodularity was  
caused by the air bag  
situation"



vocal cord.

CONTRACTOR'S OPINION: Possible  
Injury, but laryngitis

was documented  
prior to crash!

Nodule is  
certain, but  
origin is  
unknown

1/94 letter

., M.D.

NAME:

-94 N/S

1994

1994 [REDACTED] vocal cords look fine. There is no evidence of persistent nodularity. I told her to start resuming her normal voice use. She is going to recheck in a month or so or p.r.n. I also told her to that I could not be dogmatic as to whether the air bag situation caused this problem but it is hard to be dogmatic in that regard although certainly she was asymptomatic prior to the motor vehicle accident.

[REDACTED] M.D.

Letter - Dr. [REDACTED]

, M.D.

NAME:

1994

*Arthur / Stefan / Be aware*

94 [redacted] is a very pleasant 31-year-old lady who's air bag ruptured a number of months ago and secondarily she has noted some chronic laryngitis. She has been on antibiotics as well as steroidal inhalers. Frankly her ENT exam was fairly benign although she did have some small nodularity of the anterior one-third of the membranous cord. I started her on a Vanceril inhaler, told her to watch vocal abuse and she is going to recheck in a few months. Certainly if problems persist, she may be a candidate for a CO<sub>2</sub> laser excision of the vocal cord nodules.

Letter - Dr. [redacted]

[redacted] M.D.

1994

94 [redacted] is still having some troubles with hoarseness. She brought in some sheets about the toxic effects of inhalation of air bag things. She still has some nodularity of her anterior cord. I recommended that we might want to consider a direct exam which would include an esophagoscopy and microlaryngoscopy and possible vocal cord stripping. She is going to think things over and get back to us at some point down the road.

Letter - Dr. [redacted]

[redacted] M.D.

1994

*phone miss. Tyl w/cod making her sick to her stomach. Still has bad sore throat + headache / Called in Vicodin # 30 / 04-6H pm per Dr. [redacted] (500)*

*\* Surgery 94 [redacted] MC microlaryngoscopy with CO<sub>2</sub> laser excision of vocal cord nodules and rigid esophagoscopy. per Dr. [redacted]*

OTOLOGY, RHINOLOGY, AND LARYNGOLOGY  
HEAD AND NECK SURGERY  
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

, INC.

M.D.  
M.D.  
M.D.  
M.D.

1994

M.D.

IN

RE:

DOB:

Dear

This is just a follow-up note in regard to Ms. [REDACTED] who is status post microlaryngoscopy with CO<sub>2</sub> laser excision of the vocal cord nodules. Her voice is markedly better. There is no evidence of persistent nodularity. I told her I could not be dogmatic as to whether the nodularity was caused by the air bag situation.

She is going to recheck in a month or so and I'll keep you posted as to any pertinent developments.

With warm regards as always,

, M.D.

OTOLOGY, RHINOLOGY, AND LARYNGOLOGY  
HEAD AND NECK SURGERY  
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

, INC.

M.D.  
M.D.  
M.D.  
M.D.

1994

M.D.

IN

RE:  
DOB:

Dear

This is just a follow-up note in regard to Ms. [REDACTED] who, as you may recall, is still having some difficulties with hoarseness and has bilateral vocal cord nodules. Given the chronicity of the situation, we may wish to consider CO<sub>2</sub> laser excision of the nodules and possible esophagoscopy. She is going to think things over but we will likely schedule this at some point in the not-too-distant future.

I'll keep you posted as to any pertinent developments.

With warm regards as always,

, M.D.

OTOLOGY, RHINOLOGY, AND LARYNGOLOGY  
HEAD AND NECK SURGERY  
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

, INC.

M.D.  
M.D.  
M.D.

1994

M.D.

IN

RE:  
DOB:

Dear

Thanks so much for allowing me to see Ms. [REDACTED] who, as you may recall, is a delightful 31-year-old lady who was involved in a motor vehicle accident where the air bag ruptured and she inhaled some of the chemicals. Secondly she has noted some chronic laryngitis that has been refractile to antibiotic treatment as well as nasal steroids.

On exam, it did appear as if she had a little bit of nodularity on the anterior one-third of her membranous cord. I told her to maintain a good level of hydration and humidification, started her on a Vanceril inhaler and recommended that we recheck her in a couple of months. If problems persist, I suppose she may be a candidate for microlaryngoscopy with CO<sub>2</sub> laser excision of the nodularity, but hopefully that won't need to be done.

I'll keep you posted as to any pertinent developments.

With warm regards as always,

, M.D.

---

**SURGEON:** [REDACTED] M.D.

**ASSISTANT:**

**ANESTHESIA:**

**ANESTHESIOLOGIST:**

**PREOPERATIVE DIAGNOSIS:** BILATERAL VOCAL CORD NODULES.

**POSTOPERATIVE DIAGNOSIS:** SAME.

**OPERATIVE PROCEDURE:** MICROLARYNGOSCOPY WITH CARBON DIOXIDE LASER EXCISION OF THE VOCAL CORD NODULES FOLLOWING A LEFT VOCAL CORD BIOPSY AS WELL AS RIGID ESOPHAGOSCOPY.

---

**INDICATIONS:**

**SURGICAL PREPARATION, FINDINGS & TECHNIQUE:**

**FINDINGS:** The patient was found to have bilateral firm vocal cord nodules at the juncture of the anterior-third and posterior two-thirds of the membranous vocal cord. Esophagoscopy was benign.

**PROCEDURE:** The patient was taken to the operating room, and following a general endotracheal anesthetic by Dr. [REDACTED] with a red rubber wrapped endotracheal tube, the patient was placed in the supine position. A tooth guard was then applied, and saline-soaked eye pads, as well as saline-soaked towels, were applied around the patient's head and neck. A Dedo suction laryngoscope was then passed down to the patient's endolarynx following application of the tooth guard, and the endolarynx was thoroughly examined with the Zeiss microscope and 400 focal length lens. The pathology is as previously described were vocal cord nodules of the anterior-third of the membranous cord. Bilateral nodule of the left true vocal cord was then excised with a cup forceps, and the carbon dioxide laser placed on 2 watts continuous and was used to vaporize the base of this area, and the right vocal cord nodule was vaporized in a similar fashion. Prior to the use of the carbon dioxide laser, a saline-soaked Cottonoid was placed subglottically; this Cottonoid was then removed; the laryngoscope was removed. The Jesburg esophagoscope was passed down through the cricopharyngeus down to the level of the gastroesophageal junction; the esophageal exam was felt to be normal, and the patient was then awakened and taken to the post-anesthesia recovery room in satisfactory condition following removal of the patient's tooth guard.

Page 1

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**OPERATIVE REPORT**

**MR#:**

, M.D.

**DATE OF PROCEDURE:**



PATIENT INFORMATION

NAME  
AGE 31 YRS SEX FEMALE  
ID # [REDACTED]

Pt. Phone #:

Copy to:

Collected: [REDACTED] /94 0845 Ordered: [REDACTED] /94 0805 Reported: [REDACTED] /94 2354

COMPLETE BLOOD COUNT

WBC		2.93 L	[4.50-11.00]	K/uL
RBC	4.00		[3.70-5.40]	M/uL
HGB	12.4		[11.4-15.4]	g/dL
HCT	35.2		[35.0-47.0]	%
MCV	88.1		[81.0-100.0]	fL
MCH	30.9		[27.0-34.0]	pg
MCHC	35.1		[30.0-36.0]	g/dL
PLT	185		[130-470]	K/uL
RDW	13.0		[11.5-14.5]	%
Polys	44		[36-66]	%
Band	11		[5-13]	%
Lymphocyte	40		[23-44]	%
Monocyte	3		[3-9]	%
Eosinophil	1		[1-3]	%
Basophil	1		[0-1]	%
Diff Sample	100	CELL		
Plt Sufficiency		NL		
RBC Morphology		NL		

COAGULATION, ROUTINE

APTT	29.6	[0.0-34.0]	SEC
PT Patient	12.0	[11.0-14.0]	SEC
INR Value	1.0 f		*

INR Value

\*Suggested Therapeutic Ranges:

INR	CONDITIONS
2.0 - 3.0	Venous thrombosis, pulmonary embolism, tissue heart valves, acute M.I., atrial fibrillation, valvular heart disease, recurrent systemic embolism.
2.5 - 3.5	Mechanical prosthetic valve.

Note: Recent data suggests that the previously recommended therapeutic ranges of 3.0 to 4.5 for recurrent embolism and mechanical prosthetic valve can be reduced in most cases to the lower ranges outlined above.

Footnotes

L = Low

Name: [REDACTED]

Location: [REDACTED] MC [REDACTED]  
Pt. Type: PREADMIT/HOSP

End of Report

Courier Code: [REDACTED]

[REDACTED]  
Indiana [REDACTED]  
M.D. Medical Director  
Telephone: [REDACTED] FAX [REDACTED]

Lab. SDS Courier Code: [REDACTED]  
Patient Name: [REDACTED]  
Med. Rec. #: [REDACTED]  
Pt. Acct#: [REDACTED] Age: 31 YRS  
Acc. No.: [REDACTED] Sex: F

**SURGICAL PATHOLOGY CONSULTATION**

Date: [REDACTED]/94

Accession No.: [REDACTED]

**SPECIMEN:**

Left true vocal cord.

**CLINICAL NOTES:**

Pre-operative diagnosis: Esophageal nodules.  
Post-operative diagnosis:

**GROSS:**

The specimen is received in formalin in a container labeled with the patient's name. The specimen consists of a minute gray-white portion of tissue, which may not survive processing. ET in A.  
[REDACTED]

**MICROSCOPIC:**

Micro exam shows a strip of thin atrophic but benign squamous mucosa. This overlies an area of myxoid degeneration of the submucosal supporting collagenous connective tissue.

**DIAGNOSIS:**

Left true vocal cord: Benign vocal cord nodule (chorditis nodosa).

**CODE:**

1  
[REDACTED]

SO: [REDACTED]

94

[REDACTED] M.D.

-----  
REH (Electronic Signature)

\*\*\*\*\*END OF REPORT\*\*\*\*\*

**FINAL REPORT** Adm. Doctor: [REDACTED] Pt. Name: [REDACTED]  
Adm. Date: [REDACTED] 94 Ord. Doctor: [REDACTED] Med. Rec. #: [REDACTED]  
Reported: [REDACTED] 94 1718 Age: 31 YRS Sex: F DOB: [REDACTED] Page: 1  
Consult. Doctor(s):

93 HEMOCULT NEG.  $\ominus$  X3 of Catanzaro RN. Patient Name: \_\_\_\_\_

Wt: 124 P: 68 C/o sore throat + prod. cough of green  
Temp: 98.6 R: 16 mucus X5 d.

S. Began Thrus  $\pm$  ST + laryngitis. Now  $\pm$  myalgias  
No fever now - febrile at first.  $\oplus$  HA  
Unseated Sunday - no emesis. No diarrhea.  
Kids  $\pm$  similar sxx. Now  $\pm$  cough prod of green sputum

O. This ul pharynx red  $\pm$  exudates neck nodes  
Heart RR 5 @ Lungs CTA  
Ca MMS @ Lungs CTA

AP. OUM - Amoxil 500 bid x 10 d  
No AC T-II esp 94h pm  
P/F/T/S

93 Ceftin 250 BID x 10 d Called to Florida V.O. Dr

93 Plc from Florida stating URI not improved. Now has  
thick mucus, blood tinged vag. discharge.  
Instructed to see phys. in Florida.

94 Appt sched.  $\pm$  Dr. Florida @ 2:00.  
CXR PA+LAT ordered Florida. Pt notified

NAME <span style="background-color: black; color: black;">[REDACTED]</span>		S M W D INSURANCE #					
ADDRESS		PHONES (H)	(O)				
OCCUPATION	SELF-EMPLOYED - SALES		DATE OF BIRTH <span style="background-color: black; color: black;">[REDACTED]</span> AGE 30				
<b>FAMILY HISTORY</b> If any blood relative has suffered any of the following — please indicate which relative.							
<input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> EPILEPSY <input checked="" type="checkbox"/> ARTHRITIS FATHER, MOTHER <input checked="" type="checkbox"/> HYPERTENSION FATHER <input checked="" type="checkbox"/> STROKE MATERNAL G-MOTHER <input checked="" type="checkbox"/> DIABETES FATHER, MAT. G-MOTHER <input checked="" type="checkbox"/> GOUT FATHER <input checked="" type="checkbox"/> MIGRAINE SELF <input checked="" type="checkbox"/> CANCER FATHER, GRANDFATHERS <input type="checkbox"/> KIDNEY DISEASE <input checked="" type="checkbox"/> HEART ATTACK MATERNAL <input checked="" type="checkbox"/> MENTAL ILLNESS MOTHER - MANIC DEPRESSIVE <input type="checkbox"/> ALLERGY <input checked="" type="checkbox"/> GLAUCOMA MAT. G-MOTHER GRANDMOTHER +							
HOUSING	YEAR	ILLNESS OR OPERATION	YEAR				
		CA	FATHER ET AL				
IMMUNIZ	APPROXIMATE DATE OF LAST INJECTION	<input type="checkbox"/> SMALL POX <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> TYPHOID <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> MEASLES <input type="checkbox"/> POLIO <input type="checkbox"/> MUMPS <input type="checkbox"/> TETANUS <input type="checkbox"/> RUBELLA <input type="checkbox"/> FLU	LIST MEDICATIONS YOU ARE NOW TAKING  				
<b>MEDICAL HISTORY</b> Mark <input checked="" type="checkbox"/> for current problems. Tick <input checked="" type="checkbox"/> box and indicate age when you had any of following symptoms or diseases.							
<b>MAIN PROBLEMS (1)</b> EXHAUSTED HAVE TO SLEEP (2) DIZZY (3) NAUSEOUS							
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Decreased Hearing  <input type="checkbox"/> Ringing in ear (ears "pop")  <input type="checkbox"/> Ear Infections - frequent  <input checked="" type="checkbox"/> Dizzy Spells  <input type="checkbox"/> Failing Vision  <input checked="" type="checkbox"/> Double or Blurred Vision  <input type="checkbox"/> Eye Pain  <input type="checkbox"/> Eye Infections - frequent  <input type="checkbox"/> Nose Bleeds - recurrent  <input checked="" type="checkbox"/> Sinus Trouble  <input type="checkbox"/> Sore Throats - frequent  <input type="checkbox"/> Hayfever / Allergies  <input type="checkbox"/> Hoarseness - prolonged  <input type="checkbox"/> Pneumonia / Pleurisy  <input type="checkbox"/> Bronchitis / Chronic Cough  <input type="checkbox"/> Asthma / Wheezing            Shortness of breath:  <input checked="" type="checkbox"/> on Exertion      <input type="checkbox"/> Lying Flat  <input type="checkbox"/> Chest Pain  <input type="checkbox"/> High Blood Pressure  <input type="checkbox"/> Heart Murmur  <input checked="" type="checkbox"/> Palpitations  <input type="checkbox"/> Irregular Pulse  <input type="checkbox"/> Swollen Ankles  <input type="checkbox"/> Fainting Spells         </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Leg Pain when walking  <input type="checkbox"/> Varicose Veins / Phlebitis  <input checked="" type="checkbox"/> Loss of Appetite - recent (change in app.)  <input type="checkbox"/> Difficulty Swallowing  <input type="checkbox"/> Indigestion or Heartburn  <input checked="" type="checkbox"/> Persistent Nausea / Vomiting  <input type="checkbox"/> Peptic Ulcers  <input type="checkbox"/> Abdominal Pain - chronic  <input checked="" type="checkbox"/> Change in Bowel Habits - recent  <input checked="" type="checkbox"/> Diarrhea 6      <input checked="" type="checkbox"/> Constipation  <input type="checkbox"/> Diverticulosis  <input type="checkbox"/> Bloody or Tarry Stools  <input type="checkbox"/> Hemorrhoids  <input type="checkbox"/> Gall Bladder Trouble  <input type="checkbox"/> Jaundice / Hepatitis  <input type="checkbox"/> Hernia  <input type="checkbox"/> Urine Infections - frequent  <input type="checkbox"/> Painful Urination  <input type="checkbox"/> Blood in Urine  <input type="checkbox"/> Overnight Urination - More than 2  <input checked="" type="checkbox"/> Control in Urination  <input type="checkbox"/> Decrease in Force of Urination  <input type="checkbox"/> Kidney Stones  <input type="checkbox"/> Venereal Disease  <input type="checkbox"/> Urethral Discharge         </td> <td style="vertical-align: top; width: 33%;"> <input checked="" type="checkbox"/> Chronic Fatigue  <input type="checkbox"/> Weight Loss - recent  <input type="checkbox"/> Anemia      <input type="checkbox"/> Bruise easily  <input type="checkbox"/> Cancer  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Thyroid Disease  <input type="checkbox"/> Convulsions / Seizures  <input type="checkbox"/> Stroke  <input type="checkbox"/> Tremor / Hands Shaking  <input type="checkbox"/> Muscle Weakness  <input type="checkbox"/> Numbness / Tingling Sensations  <input checked="" type="checkbox"/> Headaches - frequent  <input type="checkbox"/> Arthritis / Rheumatism  <input type="checkbox"/> Back Pain - recurrent  <input type="checkbox"/> Bone Fracture / Joint Injury  <input type="checkbox"/> Gout  <input type="checkbox"/> Foot Pain      <input type="checkbox"/> Cold Numb Feet  <input type="checkbox"/> Rashes      <input type="checkbox"/> Hives  <input type="checkbox"/> Psoriasis      <input type="checkbox"/> Eczema  <input type="checkbox"/> Sleeping - difficulty  <input checked="" type="checkbox"/> Nervousness      <input type="checkbox"/> Depression  <input type="checkbox"/> Memory Loss  <input type="checkbox"/> Moodiness - excessive  <input type="checkbox"/> Phobias  <input type="checkbox"/> Mental Illness         </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Chicken Pox      <input type="checkbox"/> Polio  <input type="checkbox"/> Measles      <input type="checkbox"/> Germ. Measles  <input type="checkbox"/> Rheumatic      <input type="checkbox"/> Scarlet Fever  <input type="checkbox"/> Mumps      <input type="checkbox"/> Tuberculosis  <input type="checkbox"/> Alcohol      <input type="checkbox"/> oz. per week  <input type="checkbox"/> Smoking      <input type="checkbox"/> cig. per day  <input type="checkbox"/> Coffee/Tea      <input type="checkbox"/> cups per day  <b>Females - Menstrual History</b>            Age of onset 13      <input type="checkbox"/> Reg      <input checked="" type="checkbox"/> Irreg            Flow      <input type="checkbox"/> Heavy      <input checked="" type="checkbox"/> Mod      <input type="checkbox"/> Light  <input checked="" type="checkbox"/> Pain / Cramps with Mens. Flow  <input type="checkbox"/> 4-5 Days of Flow  <input checked="" type="checkbox"/> 3-2 Length of Cycle  <input checked="" type="checkbox"/> Pain / Bleeding After Sex occasional            No. of Pregnancies 3            No. of Live Births 3            No. of Miscarriages            Birth Control Method condoms, rhythm (abstinence!)            B. C. Pill (name)  <input type="checkbox"/> Flushing / Menopause            Other Symptoms or Diseases  <input checked="" type="checkbox"/> thinking isn't as sharp as usual (short memory!)  <input type="checkbox"/>  <input type="checkbox"/> vaginal/rectal discharge         </td> </tr> </table>				<input type="checkbox"/> Decreased Hearing <input type="checkbox"/> Ringing in ear (ears "pop") <input type="checkbox"/> Ear Infections - frequent <input checked="" type="checkbox"/> Dizzy Spells <input type="checkbox"/> Failing Vision <input checked="" type="checkbox"/> Double or Blurred Vision <input type="checkbox"/> Eye Pain <input type="checkbox"/> Eye Infections - frequent <input type="checkbox"/> Nose Bleeds - recurrent <input checked="" type="checkbox"/> Sinus Trouble <input type="checkbox"/> Sore Throats - frequent <input type="checkbox"/> Hayfever / Allergies <input type="checkbox"/> Hoarseness - prolonged <input type="checkbox"/> Pneumonia / Pleurisy <input type="checkbox"/> Bronchitis / Chronic Cough <input type="checkbox"/> Asthma / Wheezing Shortness of breath: <input checked="" type="checkbox"/> on Exertion <input type="checkbox"/> Lying Flat <input type="checkbox"/> Chest Pain <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input checked="" type="checkbox"/> Palpitations <input type="checkbox"/> Irregular Pulse <input type="checkbox"/> Swollen Ankles <input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Leg Pain when walking <input type="checkbox"/> Varicose Veins / Phlebitis <input checked="" type="checkbox"/> Loss of Appetite - recent (change in app.) <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Indigestion or Heartburn <input checked="" type="checkbox"/> Persistent Nausea / Vomiting <input type="checkbox"/> Peptic Ulcers <input type="checkbox"/> Abdominal Pain - chronic <input checked="" type="checkbox"/> Change in Bowel Habits - recent <input checked="" type="checkbox"/> Diarrhea 6 <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Bloody or Tarry Stools <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Gall Bladder Trouble <input type="checkbox"/> Jaundice / Hepatitis <input type="checkbox"/> Hernia <input type="checkbox"/> Urine Infections - frequent <input type="checkbox"/> Painful Urination <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Overnight Urination - More than 2 <input checked="" type="checkbox"/> Control in Urination <input type="checkbox"/> Decrease in Force of Urination <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Venereal Disease <input type="checkbox"/> Urethral Discharge	<input checked="" type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Weight Loss - recent <input type="checkbox"/> Anemia <input type="checkbox"/> Bruise easily <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Convulsions / Seizures <input type="checkbox"/> Stroke <input type="checkbox"/> Tremor / Hands Shaking <input type="checkbox"/> Muscle Weakness <input type="checkbox"/> Numbness / Tingling Sensations <input checked="" type="checkbox"/> Headaches - frequent <input type="checkbox"/> Arthritis / Rheumatism <input type="checkbox"/> Back Pain - recurrent <input type="checkbox"/> Bone Fracture / Joint Injury <input type="checkbox"/> Gout <input type="checkbox"/> Foot Pain <input type="checkbox"/> Cold Numb Feet <input type="checkbox"/> Rashes <input type="checkbox"/> Hives <input type="checkbox"/> Psoriasis <input type="checkbox"/> Eczema <input type="checkbox"/> Sleeping - difficulty <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Depression <input type="checkbox"/> Memory Loss <input type="checkbox"/> Moodiness - excessive <input type="checkbox"/> Phobias <input type="checkbox"/> Mental Illness	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Germ. Measles <input type="checkbox"/> Rheumatic <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Mumps <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Alcohol <input type="checkbox"/> oz. per week <input type="checkbox"/> Smoking <input type="checkbox"/> cig. per day <input type="checkbox"/> Coffee/Tea <input type="checkbox"/> cups per day <b>Females - Menstrual History</b> Age of onset 13 <input type="checkbox"/> Reg <input checked="" type="checkbox"/> Irreg Flow <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Mod <input type="checkbox"/> Light <input checked="" type="checkbox"/> Pain / Cramps with Mens. Flow <input type="checkbox"/> 4-5 Days of Flow <input checked="" type="checkbox"/> 3-2 Length of Cycle <input checked="" type="checkbox"/> Pain / Bleeding After Sex occasional No. of Pregnancies 3 No. of Live Births 3 No. of Miscarriages Birth Control Method condoms, rhythm (abstinence!) B. C. 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<b>SYNOPSIS</b>							

THE NEW  
GENERATION  
IN POTASSIUM  
SUPPLEMENTS

**MICRO-K®**  
(Potassium Chloride Extended-  
Release Capsules, USP)  
600 mg 8 mEq K

**MICRO-K® 10**  
(Potassium Chloride Extended-  
Release Capsules, USP)  
750 mg 10 mEq K



AM-ROBINS

MICROENCAPSULATED TO BE GI GENTLE

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RADIOLOGY REPORT

---

DOB: [REDACTED]

DR. [REDACTED]

MR# [REDACTED]

CLINICAL HISTORY:

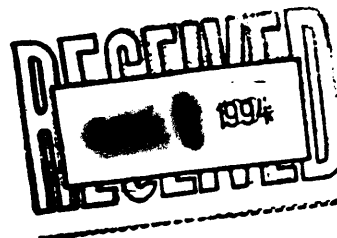
PA AND LATERAL CHEST:

The heart and mediastinum are normal. The lung fields and pleural spaces are clear. The bony thorax is intact.

IMPRESSION:

Normal chest.

(To see [REDACTED])



, M.D.

DD: [REDACTED] /94/DT: [REDACTED] 94

RE:

Dear :

I recently had the pleasure of seeing a patient of yours by the name of [REDACTED]

Mrs. [REDACTED] is a pleasant 31 year old white female whom I did see on [REDACTED] 1994 in reference to her chief complaint of recurrent laryngitis.

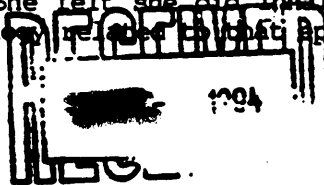
The patient currently says she is actually doing somewhat better and at this point denied much in the way of pulmonary symptomatology. She currently states that she did not have any shortness of breath or dyspnea on exertion, no significant cough, sputum production, hemoptysis or wheezing. She is a nonsmoker and currently on no regular medications.

She does state that she began with an upper respiratory tract infection in approximately [REDACTED] of 1993 and was treated with several courses of antibiotics but this did not totally clear some of her symptomatology at that time which did include some cough, some chest soreness and then the hoarseness. She even, while on vacation in Florida in December, did see a physician in Florida and was given other courses of antibiotics and some type of nose spray.

Over the last month, she has not had much in the way of pulmonary symptomatology but her persistent laryngitis has continued to be a problem. Her other past medical history is very unremarkable and I'm sure well known to you. She is a nonsmoker.

On physical examination today, her vital signs were stable and she was in no acute distress. I found no significant abnormalities and indeed she had no adenopathy and her lung fields were clear to auscultation and percussion. A current chest x-ray I felt also was essentially within normal limits.

[REDACTED] at this point, I do not think she has some underlying pulmonary pathology accounting for her current symptomatology. She did make me aware of the fact that she was involved in a motor vehicle accident on October [REDACTED] 1993 and the airbag did deploy itself and apparently had a hole in it and did have some powder sprayed throughout the vehicle at that time. She felt she did inhale some powder and she has had some of her current symptomatology related to that episode.



1994

Page 2

I, however, am not certain that I could relate that episode to her current situation.

At this point I did not think complete pulmonary function studies, bronchoscopies or other delving into her pulmonary situation would be very efficacious. I told her that ENT consultation may be worthwhile but I will leave that to your final discretion. Certainly if she gets worsening pulmonary symptomatology at any point, I'd be happy to re-evaluate. If you have other specific questions concerning her pulmonary status, please feel free to give me a call at anytime. Thank you for consulting me.

Sincerely,

[REDACTED] M.D.  
Pulmonary Medicine

Patient Name: \_\_\_\_\_

Date: 94 B/P: 122/64  
 Wt: 122 P: 84  
 Temp: 100.4 R: 12

c/o diarrhea, vomiting since  
last noc & severe stom. pain

- S. Awoke in the night & epigastric pain, vomiting and  
 diarrhea. No URI sx. Had a subway subway  
 sub last night at 6pm. Symptom onset 4-6 am  
 O. HBBB - ul neck & nodes <sup>Heart</sup> <sup>Lungs</sup> <sup>CTA</sup> <sup>CTA</sup>  
 abd. soft, NT & HBBB/mass <sup>MOSS</sup>  
 viral syndrome - clear & 24h from BBT x 24  
 No daily & 1 wk.  
 call if not improving

From: [REDACTED] 19:54:50 1994  
 To: [REDACTED]  
 Subject: [REDACTED]  
 Date: [REDACTED] 19:54:50 1994

[REDACTED] phoned at 3:00 p.m. c/o dysuria and a temperature of 100.5 for the past  
 3 days. She denies hematuria, back pain, nausea, vomiting or chills. She  
 denies any known medication allergies and has not been on any antibiotics  
 recently. I phoned in scripts to [REDACTED] for (generic) Bactrim DS (1 po bid  
 x 10d) and Pyridium (200 mg po tid x 2d) and asked [REDACTED] to go to the lab at  
 [REDACTED] to submit a urine specimen before filling the scripts.

I then got another call from [REDACTED] at 7:45 p.m. requesting that I phone the  
 scripts instead to [REDACTED] on [REDACTED] as [REDACTED] had closed before [REDACTED] could make it  
 over there. I phoned another set of scripts to [REDACTED] and told [REDACTED] to push  
 the fluids.

94 Notified of 4-9 labs.

## RESULT

## REFERENCE RANGE

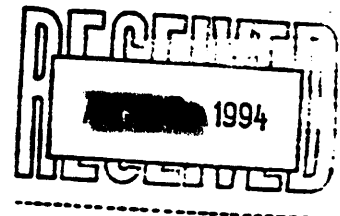
Collected: 1/94 1818 Ordered: 1/94 1759 Reported: 1/94 2307

## URINALYSIS

Collection Type	CL CATCH					
Color	NORMAL					[NORMAL ]
Turbidity	ABSENT					[ABSENT ]
Sp Gravity	1.030					[1.005-1.030]
pH	5.0					[5.0-8.0]
Protein Screen		TRACE*				[NEG ]
Glucose Screen	NEG					[NEG ]
Ketones	NEG					[NEG ]
Bile, Qual	NEG					[NEG ]
Blood	NEG					[NEG ]
WBC	5					[0-5] /HPF
RBC	2					[0-2] /HPF
Squam Epith		5H				[0-2] /HPF
Protein Screen Interp:	Neg	Trace	1+	2+	3-4+	
	0	1-29	30-99	100-299	=>300	mg/dL
Glucose Screen Interp:	Neg	Trace	1+	2+	3-4+	
	<100	100-249	250-499	500-999	=>1000	mg/dL
Ketones Interp:	Neg	Trace	Small	Moderate	Large	
	<5	5-14	15-39	40-79	=>80	mg/dL

NOTE: All urine sediments are examined for WBC, RBC, bacteria and other formed elements.

*Await culture.*



## Footnotes

H = High, \* = Abnormal

Name: [REDACTED]

Location: [REDACTED]

Pt. Type: HOSP OUTPATIENT

End of Report

Courier Code: [REDACTED]



Collected: 94 1819 Ordered: 94 1759 Reported: 94 1421

MICROBIOLOGY PROCEDURE: URINE CULTURE &amp; SENSITIVITY

ACC #: [REDACTED]

SOURCE: CLEAN CATCH URINE

## \*\*FINAL REPORT\*\*

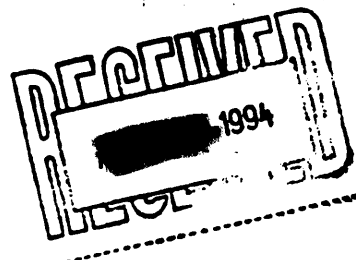
50-75,000 CFU/ML LACTOBACILLUS SPECIES

MIC not indicated, non pathogen

1-10,000 CFU/ML BETA HEMOLYTIC STREPTOCOCCI

MIC not indicated, predictable sensitivity pattern

Call -  
urine culture shows a few  
bacteria that should be sensitive to the bacteria  
Complete the full course of abx and  
let us know if any skin persist/recurs.  
Thanks

94  
Notified

Name: [REDACTED]

End of Report

Ordered by: [REDACTED]

MD, [REDACTED]

Courier Code: [REDACTED]

## RECORD

NUMBER	ROOM	BIRTH DATE	AGE	SEX	M/S	RACE	TYPE	ACC	SER	PC	DATE	TIME	MED REC NO	NEED SACRAMENT
			31Y	F	D	1	E/D		ENR		94	22:55		
NAME		ADDRESS		IN		PHYSICIAN		PREVIOUS ADMISSION DATE						
ADMITTING COMPLAINT: <b>DIFF BREATHING, PAIN IN CHEST</b> MODE OF ARRIVAL: <b>WALKED</b>														
TRIAGE TIME: 0005 NOTES: <i>Went to ER amb 90 chest excision, pain in chest area since Oct, worse over last 2 weeks, at worse today. Hx of laryngitis, cough, sneeze, sputum, fever 100.5, began 7 days ago (97.9 today) on <del>antibiotic</del> for 21 (still there) not 5 days, no m/v/d, note diffuse x severe x through.</i>														
TRIAGE NURSE'S SIGNATURE: <i>[Signature]</i> <input type="checkbox"/> ADDITIONAL NOTES SEE ATTACHED <i>11/5/94</i>														
NOTIFIED: DR. _____ PRESENT MEDS: <i>Suicidal, NIT - TMP BID x 4 days, pyridium - complete</i>														
<input type="checkbox"/> POLICE/CORONER TETANUS SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO LAST TETANUS BOOSTER EXAMINED AT: _____														
PHYSICIAN'S ORDERS: <i>Box = 100% m/v/d</i> <i>Physician's signature</i> <i>popac</i> <i>pr</i>														
FOLLOW UP WITH: <i>1 day</i> INSTRUCTIONS: MEDICATIONS: <i>1 day</i> OTHER: <i>1 day</i>														
LACERATION CARE <input type="checkbox"/> SPRAINS <input type="checkbox"/> HEAD INJURIES <input type="checkbox"/> BRUISES <input type="checkbox"/> CAST CARE <input type="checkbox"/> TETANUS IMMUN <input type="checkbox"/> X-RAY INFO <input type="checkbox"/>														

DIAGNOSIS

*From data - viral vs allergic*

*100% m/v/d*

*Physician's signature*

*popac*

*pr*

CONDITION ON DISCHARGE: ☐ CRITICAL ☐ SATISFACTORY ☐ SERIOUS ☐ FAIR ☒ EXPIRED

DISCHARGE TIME: \_\_\_\_\_

DISCHARGE ADMITTED ☐

CHIEF COMPLAINT: Retromanubrial chest pain.

HISTORY OF PRESENT ILLNESS: In [REDACTED] of 1993, the patient had an air bag of a car apparently explode and she inhaled some of the dust. Since that time, beginning four days after that, she has had intermittent coughing, sneezing, "laryngitis." She has had a fever up to 100.5 which began seven days ago and was 99.7 today. Five days ago she was begun on Bactrim for a urinary tract infection and still has some burning with that but no dysuria or frequency. She denies any nausea, vomiting, diarrhea, abdominal pain in the last several days but over the last month had several brief episodes of nausea, vomiting and diarrhea. She has had a diffuse headache off and on for one month. She notes that the pain tonight is worsened with cough and with deep breaths. It began this evening and it was the first time she has experienced that.

PHYSICAL EXAMINATION:

CHEST: Clear to auscultation.  
HEART: Regular without gallop, murmur or rub.  
ABDOMEN: Soft, flat and nontender without organomegaly or mass palpable. Bowel sounds are normal.  
VITAL SIGNS: Temperature 98.8. Respiratory rate 16.  
GENERAL: The patient does not appear in any respiratory distress. She appears moderately anxious.  
HEENT: Pharynx is minimally injected with tiny tonsils with no exudate. Tympanic membranes are without inflammation.  
CHEST: There is mild tenderness over the manubrium but none of the rest of the anterior chest.  
NECK: There is mild tenderness over the anterior neck but with no masses or lymphadenopathy palpable.

LABORATORY DATA: Her bi-oximeter is 100% on room air.

INSTRUCTIONS: Call Dr. [REDACTED] tomorrow. Gargle.

cc: [REDACTED], M.D.

STATEMENT: "I authorize my name to be automatically affixed to this report as signifying that I dictated this report."  
[REDACTED], M.D.

[REDACTED] SecrePhone

DD: [REDACTED]/94 DT: [REDACTED]/94 # [REDACTED]

Page 1 of 1

EMERGENCY ROOM RECORD [REDACTED]

MR#: [REDACTED]

M.D.

ADM DATE: [REDACTED] 94

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ADDENDUM: At the time of discharge the patient enlarged upon her history telling me that today, earlier in the afternoon, she had swallowed a couple of pills and felt that they did not pass beyond the midsternal area. She says the pain in the chest, manubrial area, is also worse when she swallows.

It is possible, therefore, that she has some irritation of the esophagus or even potentially a pill that is lodged in the esophagus.

For further instructions I have instructed her to go home and eat well tonight. Certainly let Dr. [REDACTED] know tomorrow if she is not feeling well. She may need both bronchoscopy and laryngoscopy or esophagoscopy in the next day or two.

cc: [REDACTED] M.D.

STATEMENT: "I authorize my name to be automatically affixed to this report as signifying that I dictated this report."  
[REDACTED] M.D.

[REDACTED]  
DD: [REDACTED] 94  
DT: [REDACTED] 94  
# [REDACTED]

Page 1 of 1

EMERGENCY ROOM RECORD [REDACTED]

MR#: [REDACTED]

M.D.

ADM DATE: [REDACTED]/94

Patient Name: \_\_\_\_\_

Case # 94 BP: 124/84  
wt: 117 P: 80  
Temp: 99.0 R: 16

C/o Chest tightness, pain &  
inspiration. Swallowing. Seen  
@ ER last noc

S. began 7<sup>pm</sup> last night walking to car developed  
chest tightness and dyspnea. Breathing eased but pain  
got worse. Tylenol no help. Feels like food sticks down low.  
Has had persistent laryngitis since her MVA

O. HGBM - ul vesic. & nodes on PMTs @ lungs - COTA  
abd. soft, NT

AP. @ suspect GE <sup>reflex</sup> & <sup>esophageal</sup> spasm - Zantac 150 bid x 4 wks  
then try to dilate & EGD if sex persist/recurs PR 4 wks

② chronic laryngitis - referred to [redacted] 4/1pm

PATIENT INFORMATION	HT 5'5" WT 124 P 104 R 18 T 983 BP 110/64				URINALYSIS		1.015 SG	PROT	SUGAR	BLOOD	MICR
	DISTANT VISION		NEAR VISION		TONOMETRY		AUDIOMETRY		EXAM		MDG
	UNCORR	R L	R L	R L	R L	250 500 1000 2000 4000	TB TEST		STOOL OB		SEROLOGY
	CORR	R L	R L	R L	R L	25 26 26 26 26					

## COMMENTS

## GENERAL APPEARANCE

## PHYSICAL EXAM.

		NEG	NORM	DEFECT			NEG	NORM	DEFECT			NEG	NORM	DEFECT
HEAD & NECK	Head, Scalp	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EXTREMITIES	Hernial Rings	<input checked="" type="checkbox"/>	<input type="checkbox"/>		JOINTS	Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Lids-Sclera-Conj.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Inguinal Nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Shoulders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Eye Muscles	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Pulses - Femoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Popliteal	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Wrists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Fundi	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Post Tibial	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Fingers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Dorsalis Pedis	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Nose / Sinuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Hips	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Teeth / Gums	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Pedal Edema	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Knees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Pharynx	<input checked="" type="checkbox"/>	<input type="checkbox"/>			♀ - Vulva / Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Ankles / Feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Adnexae	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Paralysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST	Neck Glands	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cervix	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Gait	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Carotid Bruits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Uterus	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Muscle Atrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Chest-Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Utero / Rectocele	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cranial Nerves	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Heart-Apex (Location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pap Test (done)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tendon Reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ABDOMEN	Heart Sound	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Genitalia - (Male)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Romberg	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Murmurs / Thrills	<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Prostate	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Babinski	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Breasts & Nipples	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ano-Rectal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Axillary Nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sigmoidoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
DERM	Abdominal Masses	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Skin Lesions	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Abdominal Tend	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Nail Beds - Fingers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Position	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Liver / Spleen	<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Toes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tremor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Abdominal Bruits	<input checked="" type="checkbox"/>	<input type="checkbox"/>						Rigidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

OTHER TESTS	ECG		
	CHEST X RAY		
	PULM FUNCT		

## SYNOPSIS

## PLANS

THE NEW  
GENERATION  
IN POTASSIUM  
SUPPLEMENTS

**MICRO-K®**  
(Potassium Chloride Extended-  
Release Capsules, USP)  
600 mg 8 mEq K

**MICRO-K® 10**  
(Potassium Chloride Extended-  
Release Capsules, USP)  
750 mg 10 mEq K



A-H-ROBINS

MICROENCAPSULATED TO BE GI GENTLE

Patient Name: \_\_\_\_\_

Date: 11/18/74 BP: 118/74  
Wt: 117 P: 68  
Temp: 99.0 R: 20

S. <sup>vaginitis</sup> ? ~~Vaginitis~~ chest pain all but resolved & the Zantac  
Tried Monistat for past few nights → burns vaginal to.  
O. on menses wet mount → yeast (few) & much <sup>Clue</sup> cells.  
H/P partially treated yeast <sup>vaginitis</sup> 2° to Bactrim for UTI —  
Offhcan 20mg po today and on Bactrim day #10.

11-94 Zantac 150 mg qhs #30 & 2 RF called to  
V.O. Dr.

1994

M.D.

RE: [REDACTED]

DOB: [REDACTED]

Dear

Thanks so much for allowing me to see Ms. [REDACTED] who, as you may recall, is a delightful 31-year-old lady who was involved in a motor vehicle accident where the air bag ruptured and she inhaled some of the chemicals. Secondly she has noted some chronic laryngitis that has been refractile to antibiotic treatment as well as nasal steroids.

On exam, it did appear as if she had a little bit of nodularity on the anterior one-third of her membranous cord. I told her to maintain a good level of hydration and humidification, started her on a Vanceril inhaler and recommended that we recheck her in a couple of months. If problems persist, I suppose she may be a candidate for microlaryngoscopy with CO<sub>2</sub> laser excision of the nodularity, but hopefully that won't need to be done.

I'll keep you posted as to any pertinent developments.

With warm regards as always,

, M.D.

