



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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

[REDACTED] S, INC.

LEVEL 1 AIRBAG ACCIDENT INVESTIGATION

REMOTE CASE NO. 92-05

[REDACTED] LOUISIANA

TECHNICAL REPORT

[REDACTED] INC.

LEVEL 1 AIRBAG ACCIDENT INVESTIGATION

REMOTE CASE NO. 92-05

[REDACTED], LOUISIANA

Contract No. DTHN 22-87-C-171169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

TECHNICAL REPORT STANDARD TITLE PAGE

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9. Performing Organization Name and Address [REDACTED] Inc. [REDACTED] VA [REDACTED]				10. Work Unit No.	
				11. Contract or Grant No. DTNH 22-87-C17169	
12. Sponsoring Agency Name and Address U.S. Department of Transportation NHTSA - National Highway Traffic Safety Administration				13. Type of Report and Period Covered Technical Report Accident Date [REDACTED] 89	
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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 pre-crash, crash and post-crash movements of involved vehicles and occupants.

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

REMOTE AIRBAG INVESTIGATION
NCSI Case 92-05
Summary

This report is a vehicle accident study of a 1981 Ford Mustang and a 1989 Dodge Daytona in a head-on impact configuration. The Daytona was equipped with a driver's side supplemental airbag protection system. The airbag only partially deployed during the impact sequence, according to information provided by the driver and his attorney. Neither the driver nor his attorney would provide official documentation to support this claim at this time, due to pending litigation.

The accident occurred on [REDACTED] 1989, at [REDACTED] hours. The location of the accident was on State Route [REDACTED] a two lane undivided roadway. At the time of the accident the weather was clear and the asphalt roadway was dry.

The Daytona (airbag vehicle) was traveling east at a police estimated speed of 40 miles per hour. The Mustang (Vehicle #2) was traveling west on the same roadway at an estimated speed of 50 miles per hour. Witnesses in a non-contact unit traveling west ahead of Vehicle 2, stated Vehicle 2 approached them rapidly from the rear. Vehicle 2 lost control and crossed the center line. Vehicle 2 impacted the airbag vehicle in a head-on impact configuration. There were no pre-impact skid marks from either vehicle.

Both vehicles were towed from the scene due to disabling damage. The police report shows both vehicles with a "Damage Scale" of 3 (heavy). The damage to the Daytona was extensive with the vehicle considered a total loss by the insurance company. The impact between the airbag vehicle and Vehicle 2 was of sufficient magnitude to deploy the driver side airbag module.

However, according to the driver and his attorney, the airbag module only partially deployed. After the accident only about 20 percent of the airbag was deployed through the cover on the steering hub. This partial deployment occurred at the lower right portion of the airbag cover. There was visible evidence of direct heat damage to the airbag. This was more evident to the right side of the bag.

The driver of the Daytona was restrained by his three-point lap and shoulder belt when the accident occurred. The driver reported only moderate injuries from the collision. He stated he sustained only contusions to his head and an injury to his knee. He described the knee injury as "dashboard knee" and later had surgery to remove particles of cartilage. His primary health concern is an indirect injury from the airbag deployment. During the partial deployment of the airbag, he inhaled the hot gasses escaping the airbag. The gasses scalded his lungs which resulted in an "Obstructive Airway Syndrome" and "Chronic Bronchitis". He experienced hemoptysis following the accident and has not been able to return to work. He still uses a nebulizer four times a day to aid in his breathing.

NCSI LEVEL 1 AIRBAG REPORT

FLEET - Private Vehicle
LOCATION - [REDACTED], Louisiana
CASE NO. - NCSI 92-05

ACCIDENT DATA

Location/Street: State Highway [REDACTED] Road)
City/Township: Near [REDACTED] Louisiana
Parish: [REDACTED]
Area/Type: Urban/Business-Residential
Accident Date/Time: [REDACTED], 1989, [REDACTED] hrs
Investigating Police Agency: [REDACTED]
Accident Type: Car/Car, Head-On
Airbag Vehicle
Occupant Injury Severity: Critical (AIS-5) Source/Interview

AMBIENCE

Light Conditions: Dark, No street lights
Weather: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Location: State Route [REDACTED]
Number of Lanes: Two
Traffic Controls: Yellow, No passing lines
Surface: Asphalt
Vertical Alignment: Level
Horizontal Alignment: Straight
Traffic Density: Moderate
Speed Limit: 55 mph

VEHICLES

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Year:	1989	1981
Make:	Dodge	Ford
Model:	Daytona	Mustang
Body Style:	Two door	Two door
V.I.N.:	1B3XG44K5 [REDACTED]	1FABP110A9 [REDACTED]
Fleet:	Private Owner	
Tow Status:	Towed due to damage	Towed due to damage
Reported Defects:	Airbag only partially deployed according to driver	
Previous Defects:	None	

VEHICLE DAMAGE

Deployment Impact

Object Struck:	Vehicle 2
Event Number (Airbag Vehicle):	One
Accident Sequence Event Number:	One
Damage Location:	Front
CDC:	12-FDEW-99
Damaged Components:	Frontal surface
Repair Estimate:	Total loss
Interior Damage:	Deployed airbag module

COLLISION SEQUENCE

The Daytona (airbag vehicle) was traveling east on a two lane undivided roadway at a police estimated speed of 40 miles per hour. The Mustang (Vehicle #2) was traveling west on the same roadway at a police estimated speed of 50 miles per hour. Witnesses in a non-contact unit traveling west ahead of Vehicle 2, stated Vehicle 2 approached them rapidly from the rear. Vehicle 2 lost control and crossed the center line. Vehicle 2 impacted the airbag vehicle in a head-on impact configuration.

According to the police investigation, Vehicle 2 was in a slight counter clockwise yaw as it crossed the center line. At the point of impact, the right front corner of Vehicle 2 made initial contact with the front of the airbag vehicle. Following impact, the airbag vehicle moved approximately 5 feet toward the right (eastbound) shoulder. Vehicle 2 rotated roughly 180 degrees counter clockwise and traveled 22 feet to its final rest position near the center of the highway.

Both vehicles were towed from the scene due to disabling damage. The police report shows both vehicles with a "Damage Scale" of 3 (heavy). The damage to the Daytona was extensive with the vehicle considered a total loss by the insurance company. The impact between the airbag vehicle and Vehicle 2 was of sufficient magnitude to deploy the driver side airbag module.

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ATTACHMENTS

Police Accident Report

OTHER SOURCES OF INFORMATION

Driver Interviews

Attorney Interview

CITATION NO.		VEH. 1	VEH. 2	Q'S. OR ORD. NO.	STATE OF LOUISIANA		STATE COMPUTER NUMBER														
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT					<input checked="" type="checkbox"/> State Police <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Other																
Investigating Agency:					Photographs Made: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hit and Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
TIME	DATE OF ACCIDENT	19	89	DAY OF WEEK	HOUR	DO NOT WRITE IN THIS BLOCK															
LOCATION	Parish where accident occurred _____ City/Town _____ Accident occurred on <u>LA</u> <u>80</u> Troop Number or District and Zone <u>A</u> <small>Name of St., Parish Rd. or Hwy. No. (to S. or State) Milepost</small> <input type="checkbox"/> At its intersection with _____ <small>Name of intersecting St., Parish Rd., RR No., or Hwy. No. (U. S. or State)</small> <input type="checkbox"/> Relative to its intersection with _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ <small>Intersecting Street or Highway</small> <input checked="" type="checkbox"/> Not at intersection <u>1</u> tenths of mile <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>LA</u> <small>Street or Highway</small>						SR-10 FURNISHED TO: YES NO Driver 1 <input checked="" type="checkbox"/> <input type="checkbox"/> Driver 2 <input checked="" type="checkbox"/> <input type="checkbox"/> Carrying Hazardous Cargo: YES NO CLASS RELEASE YES NO 1 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
	TOTAL NUMBER VEHICLES INVOLVED	Year	Make	Model	Type	License Plate	State	Year													
	2	81	FORD	MUSTANG	2-DR	LA	91														
		Vehicle <input checked="" type="checkbox"/> Yes Disabled <input type="checkbox"/> No	V.I.N. <u>1FABP10A93R</u>																		
VEHICLE 1	Name (NOT Agency Name) _____ Policy Number _____ Expiration Date _____ Driver's Name and Address (Unless Same) _____ Dr. License State <u>LA</u> License Number _____ Date of Birth _____ Occupants' Names and Addresses _____						Points of Impact <u>A</u> <u>B</u> <u>L</u> Damage Scale <u>3</u> <u>3</u> <u>3</u>														
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PEDESTRIAN																					
OTHER DAMAGE	Damage to Property Other Than Vehicles/Name and Address of Owner of Object Struck																				
EMERGENCY SERVICES	Called By <u>LPSD</u> At <u>UNK</u> Arrived <u>UNK</u> Departed <u>22:19</u> Special Equipment Needed <u>BACKBOARD</u> Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Released By <u>UNK</u> First Aid Given By <u>UNK</u> X-rayed By <u>UNK</u> Treated By <u>UNK</u> Solved By <u>UNK</u> Dr. or Nurse <u>UNK</u>																				
ALCOHOL TEST	ALCOHOL TEST		VIDEO TAPES		TIME		INVESTIGATING OFFICER														
	YES RESULTS <u>.160g%</u> PENDING NO <input type="checkbox"/> Dr. 1 <input checked="" type="checkbox"/> <input type="checkbox"/> Dr. 2 <input type="checkbox"/> <input type="checkbox"/> Ped. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Notified of Accident <u>2150</u> Arrived at Scene <u>2206</u> Investigation Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer's Name <u>THC</u> Rank & No. <u>THC</u> Dept. <u>LSP-A</u> Date _____ Badge No. _____																	

STATE OF LOUISIANA

BEST AVAILABLE COPY

UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

SUPPLEMENTAL REPORT

STATE COMPUTER NUMBER

Investigating Agency

☒ State Police
☐ City Police☐ Sheriff
☐ Other

TIME	DATE OF ACCIDENT	19 89	DAY OF WEEK	HOUR	DO NOT WRITE IN THIS BLOCK
LOCATION	Parish where Accident occurred	City, Town			
	Accident occurred on	Milepost			
	Name of St., Parish Rd., or Hwy. No. (U.S. or State)				

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY NO.)

DRIVER #2 STATED HE HAD NO TIME TO AVOID COLLISION.

AFTER IMPACT, ~~DR~~ VEH #1 ROTATED APPROX 180° COUNTER CLOCKWISE AND CAME TO A STOP. VEH #2 MOVED APPROX 5 FT TOWARDS THE SOUTH EDGE OF LA

LA IS A WINDING HIGHWAY THAT TRAVELS NORTH AND SOUTH FOR A MAJORITY OF ITS ROUTE. HOWEVER, SEVERAL PORTIONS OF LA RUN EAST-WEST, AND THIS ACCIDENT OCCURRED IN AN EAST/WEST SECTION OF LA

SEE ARREST REPORT OF DRIVER #1 FOR ADDITIONAL DETAILS