



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

ZIMMERMAN
SANT.
[REDACTED] 1995
NTH

**TRANSPORTATION SCIENCES CENTER
ACCIDENT RESEARCH GROUP**

Division of Calspan Corporation
[REDACTED]

CALSPAN REMOTE AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. 93-18

VEHICLE: 1993 DODGE SHADOW

LOCATION: [REDACTED], NY

DATE: [REDACTED] 1993

Contract No. DTNH22-94-A-07047

Prepared for:

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

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are 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.

TECHNICAL REPORT STANDARD TITLE PAGE

1. Report No. 93-18		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Calspan Remote Air Bag Deployment Investigation Vehicle - 1993 Dodge Shadow Location [REDACTED] NY				5. Report Date: [REDACTED] 1995	
				6. Performing Organization Code	
7. Author(s) Accident Research Group				8. Performing Organization Report No.	
9. Performing Organization Name and Address Transportation Sciences Center Accident Research Group Division of Calspan Corporation [REDACTED]				10. Work Unit No. [REDACTED]	
				11. Contract or Grant No. DTNH22-94-A-07047	
12. Sponsoring Agency Name and Address U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590				13. Type of Report and Period Covered Technical Report Accident Date [REDACTED] 1993	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote investigation of an air bag deployment crash that resulted in minor severity eye injuries to the belted 28 year old male driver.					
16. Abstract This remote air bag deployment investigation focused on a 1993 Dodge Shadow that was involved in a four vehicle front-to-rear chain reaction type crash. The crash occurred on a state route near a three-leg T intersection in an area where traffic merges into a single lane. The Dodge Shadow was initially struck in the rear by a 1988 Ford and was accelerated into the rear of a Chevrolet Blazer. This frontal impact sequence resulted in a sufficient longitudinal deceleration which deployed the Shadow's supplemental driver's side air bag system. The driver of the Dodge Shadow was a 28 year old male. He was reportedly belted by the manual 3-point lap and shoulder belt system. In response to the frontal impact sequence, the driver initiated a forward trajectory and contacted the deploying air bag with his face. This contact sequence resulted in bilateral corneal abrasions (AIS-1). He was transported to a local hospital where he was treated for the injuries and released. He did not sustain long term visual impairment. Inputs for this remote investigation were obtained from a brief interview with the driver of the Dodge Shadow, an interview with the investigating police officer, and from data contained in the police accident report which is included as Attachment A.					
17. Key Words Remote Investigation Supplemental Restraint System (SRS) Four vehicle front-to-rear impact sequence AIS-1 level injuries				18. Distribution Statement General Public	
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 21	
22. Price					

CALSPAN REMOTE AIR BAG DEPLOYMENT INVESTIGATION
CALSPAN CASE NO. 93-18
VEHICLE: 1993 DODGE SHADOW
LOCATION: [REDACTED], NY

SUMMARY

This remote investigation focused on a four vehicle chain reaction front-to-rear crash sequence that involved a 1993 Dodge Shadow equipped with a supplemental driver's side air bag system. The Dodge Shadow slowed for traffic and was struck in the rear by a 1988 Ford station wagon. The impact accelerated the Shadow forward into the rear of a 1988 Chevrolet Blazer which subsequently struck the lead vehicle, a farm tractor hauling an agricultural trailer. The Dodge Shadow's frontal impact sequence resulted in a sufficient longitudinal deceleration which deployed the driver's side air bag system. The 28 year old male driver of the Dodge Shadow was reportedly wearing the manual 3-point lap and shoulder belt system. He sustained bilateral corneal abrasions (AIS-1) from his involvement with the deploying air bag.

The crash occurred on a two lane state route near a three-leg T intersection in the Town of [REDACTED] NY, on [REDACTED] 1993, during daylight hours. In the vicinity of the intersection, the state route widened to three lanes with two in the eastbound direction to facilitate eastbound traffic around vehicles turning left at the intersection. The state route was curved to the right with respect to eastbound traffic and had a moderate negative grade. At the time of the crash, the asphalt road surface was wet due to rain. The posted speed limit was 89 km/h (55 mph).

The 1993 Dodge Shadow, 4 dr. hatchback, was equipped with a Supplemental Restraint System (SRS) that consisted of a driver's side air bag system. In addition to the air bag, the vehicle was equipped with manual 3-point lap and shoulder belts at the four outboard seated positions, and a center rear lap belt. The vehicle was identified by the following vehicle identification number (VIN): 1B3XP28D9PN. The Dodge reportedly sustained minor rear damage that was distributed across the full width of the vehicle and moderate frontal damage which involved the right and center zones of the frontal area. Due to damage to both end planes, the Dodge Shadow was deemed a total loss by the insurance company.

The farm tractor was traveling in an easterly direction on the state route at a slow rate of speed. The investigating State Trooper noted that the driver of the tractor stayed in the right lane to allow eastbound traffic to pass on the inboard travel lane in the area of the intersection. As the tractor passed the area of the intersection, the right lane ended, therefore the tractor had to merge to the left into the single eastbound travel lane. The driver of the 1988 Chevrolet Blazer was traveling eastbound and began to pass the tractor as it merged to the left. The driver of the Blazer slowed his vehicle to allow the tractor to merge into the eastbound lane. The Dodge Shadow was traveling behind the Chevrolet Blazer and decelerated for the lead vehicles. The driver of vehicle #4, the 1988 Ford station wagon, was also traveling eastbound and apparently failed to detect the brake lights of the Dodge Shadow in sufficient time to safely decelerate his vehicle. The driver of the Ford braked and skidded on the wet road surface as it continued forward into the rear of the Dodge Shadow.

The full frontal area of the Ford station wagon impacted the rear of the Dodge Shadow in a 12 o'clock/ 6 o'clock impact configuration. The impact accelerated the Dodge Shadow forward into the rear of the Chevrolet Blazer which resulted in a slightly offset front-to-rear impact configuration. The right and center frontal area of the Shadow impacted and partially underrode the rear of the Blazer which resulted in damage to the bumper and grille levels of the vehicle. The 12 o'clock impact configuration resulted in a sufficient longitudinal deceleration which deployed the Shadow's driver air bag system. The Blazer was displaced forward by the crash and subsequently sideswiped the left rear corner of the farm implement with the right side surface of the Blazer.

The driver of the Dodge Shadow was a 28 year old male. He was reportedly wearing the manual 3-point lap and shoulder belt system. In response to the initial impact with the Ford station wagon, the driver was probably thrust rearward with respect to his accelerated vehicle. He subsequently initiated a forward trajectory as his vehicle impacted the rear of the Chevrolet Blazer. His face contacted the deployed driver's side air bag system which resulted in bilateral corneal abrasions. Although the air bag caused minor severity injuries to the eyes, the combination of the air bag and manual belt system probably protected the driver from additional injuries.

The driver of the Dodge Shadow was transported by ambulance to a local hospital where he was treated for his injuries and released. He reportedly did not experience long term visual impairment from the corneal abrasions. The driver of the Chevrolet Blazer complained of neck pain, however, he did not require medical treatment. The drivers of the farm tractor and the Ford station wagon were not injured.

ATTACHMENT A

Police Accident Report

Local Codes

POLICE AGENCY COPY 1

1	Accident No. 93	Day of Week MON	Time 3:05	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	No. of Vehicles 4	No. Injured 2	No. Killed 0	Non-Highway <input type="checkbox"/>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	VEHICLE 1				VEHICLE 2				<input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN			
3	Name — exactly as printed on license				Name — exactly as printed on license				DMV USE			
4	Number and Street				Number and Street				DMV USE			
5	City				City				State			
6	State				State				Zip Code			
7	Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of License	
8	M	M	<input type="checkbox"/>	1	<input type="checkbox"/>	M	M	<input type="checkbox"/>	2	<input type="checkbox"/>	VT	
9	Name — exactly as printed on registration				Name — exactly as printed on registration				Date of Birth			
10	Date of Birth				Date of Birth				Mo. / Day / Year			
11	Number and Street				Number and Street				Hazardous Material Code			
12	City				City				State			
13	State				State				Zip Code			
14	Plate Number	State of Reg.	Yr. & Vehicle Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Yr. & Vehicle Make	Vehicle Type	Ins. Code		
15	90	NY	90	INTER	3	88	VT	88	CHEVR	—	—	
16	Check if involved vehicle:				ACCIDENT DIAGRAM				Check if involved vehicle:			
17	<input type="checkbox"/> is more than 95 inches wide;				Rear End				<input type="checkbox"/> is more than 95 inches wide;			
18	<input type="checkbox"/> is more than 34 feet long;				Left Turn				<input type="checkbox"/> is more than 34 feet long;			
19	<input type="checkbox"/> was operated with an overweight permit;				Right Angle				<input type="checkbox"/> was operated with an overweight permit;			
20	<input type="checkbox"/> was operated with an overdimension permit;				Right Turn				<input type="checkbox"/> was operated with an overdimension permit;			
21					Head On							
22	VEHICLE 1 DAMAGE				VEHICLE 2 DAMAGE							
23	Overtaking				Left Turn				Right Turn			
24	2.				0.				6.			
25	3.				4.				8.			
26	5.				7.							
27	6.				8.							
28	7.											
29	8.											
30	9.											
31	Vehicle Towed				Vehicle Towed							
32	By				By							
33	To				To							
34	Reference Marker				DMV USE ONLY				County			
35	7 1 0 8								City			
36	1 0 2 6								Town			
37	Ticket/Arrest				Ticket/Arrest Number(s)				Violation Section(s)			
38	<input type="checkbox"/> Opr 1 <input type="checkbox"/> Pedestrian											
39	<input type="checkbox"/> Opr 2 <input type="checkbox"/> Bicyclist											
40	Accident Description/Officer's Notes				Route No. and Street Name				Miles			
41	VEHICLE 1 INFO CONT-TRAILER NO REGISTRATION FARM-AGRICULTURE 1993 NEW				on ST				Feet			
42	VEHICLE 2 INSURANCE-				250				At Intersection with			
43	V3 AIR CUSHION RESTRAINT BAG RELEASE-NATH RESPONSE CTR ADVISED								Nearest Intersecting Route/Street			
44	VEH 1 TOWING WAGON UNDER STATE SPEED LIMIT WITH SEVERAL											
45	VEHICLES FOLLOWING. UPON REACHING ROAD INTERSECTION VEH 1											
46	MOVED TO RIGHT TRAFFIC LANE TO ALLOW VEHICLES TO PASS.											
47	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased Give Date of Death
48	1	1	4	1	42	M	—	—	—	—	—	
49	2	1	4	1	55	M	—	—	—	—	—	
50	2	3	4	1	36	M	4	12	10	—	—	
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100												

Page 2 of 2 Pages
Local Codes

POLICE AGENCY COPY 1

MV-104A (2/91)

BEST AVAILABLE COPY

Accident No. 93 Day of Week 305 AM No. of Vehicles 4 No. Injured 2 No. Killed 0 Non-Highway Not Investigated at Scene Left Scene Police Photos Yes No

VEHICLE 3
Name - exactly as printed on license
Number and Street
City State Zip Code
Date of Birth Sex Unlicensed No. of Occup. Public Property Damaged State of License NY

VEHICLE 4
Name - exactly as printed on license
Number and Street
City State Zip Code
Date of Birth Sex Unlicensed No. of Occup. Public Property Damaged State of License NY

Name - exactly as printed on registration
Date of Birth
Mo. / Day / Year

Name - exactly as printed on registration
Date of Birth
Mo. / Day / Year

Number and Street
City State Zip Code

Number and Street
City State Zip Code

Plate Number State of Reg. Yr. & Vehicle Make Vehicle Type Ins. Code

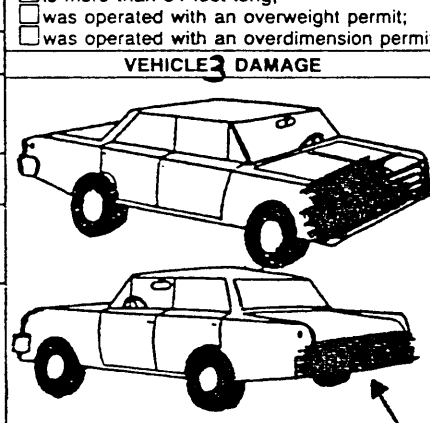
Plate Number State of Reg. Yr. & Vehicle Make Vehicle Type Ins. Code

Check if involved vehicle:
☐ is more than 95 inches wide;
☐ is more than 34 feet long;
☐ was operated with an overweight permit;
☐ was operated with an overdimension permit;



Check if involved vehicle:
☐ is more than 95 inches wide;
☐ is more than 34 feet long;
☐ was operated with an overweight permit;
☐ was operated with an overdimension permit;

VEHICLE 3 DAMAGE



☐ No Damage ☐ Undercarriage

Vehicle By CHEVRO

Towed CHEVRO

Reference Marker

DMV USE ONLY

County City Town Village

Route No. and Street Name

on ST

250

Miles Feet N S E W of

At intersection with

Nearest Intersecting Route/Street

CR RD

Violation Section(s)

(4) 1129 A VTR

Accident Description/Officer's Notes
NOTE: RIGHT TRAFFIC LANE NORMALLY USED BY VEHICLES
GOING STRAIGHT. SO THEY ARE NOT RESTRICTED BY VEHICLES TURNING LEFT.
VEHICLE 2 BELAN TO OVERTAKE AS VEH 1 LANE NARROWED. VEH 2 SLOWED
TO ALLOW VEH 1 BACK INTO LANE CALVING VEH 3 TO BRAKE AT WHICH TIME
VEH 4 REARENDED VEH 3. VEHICLE 3 PROPELLED FORWARD REARENDOING
VEH 2 WHICH THEN STRUCK LEFT REAR CORNER OF VEH 1 WAGON.

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names - If Deceased Give Date of Death	
A	3	1	A	1	28	M	3	11	10						
B	4	1	4	1	42	M									
C															
D															
E															
F															
G															

Officer's Name
SIGN HERE
Department
Precinct/Post
Station/Beat
Reviewing Officer
Date/Time
Review

6

ATTACHMENT B

NASS Occupant Forms



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - ~~Stratum~~

3. Vehicle Number

4. Occupant Number

9 3 - 1 8

0 3

0 1

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

2 8

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

1

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

9 9 9

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999)Unknown

9 9 9

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

1

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

1 1

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

0

EJECTION/ENTRAPMENT12. 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

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 0

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. 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 _____
19. 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 _____

20. 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 _____

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

22. Shoulder Belt Upper Anchorage Adjustment 1
- (0) No shoulder belt
 - (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. 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 _____
24. 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 _____

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

26. 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 _____

27. 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 _____

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

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

38. Air Bag Deployment Accident Event Sequence Number 0 2

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 9 9 9

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 9

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 9

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 1

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 9 9

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

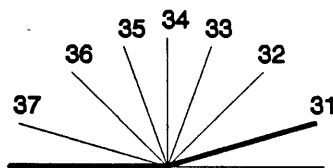
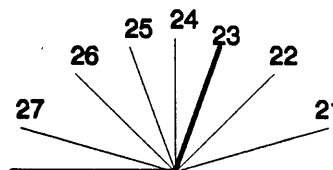
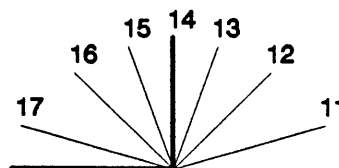
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. 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 SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA58-OA60.

(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 CONSEQUENCES61. Injury Severity (Police Rating) 2

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

62. Treatment - Mortality 4

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

Nonfatal

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

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (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

64. 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

65. Working Days Lost 99

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

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. 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

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 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

70. 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

71. Glasgow Coma Scale (GCS) Score 97
(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

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

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

BELT USE DETERMINATION74. 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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number
<u>9 3 - 1 8</u>	<u>03</u> <u>01</u>

INJURY DATA

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

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 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>79</u>	6. <u>2</u>	7. <u>4</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>170</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>79</u>	17. <u>2</u>	18. <u>4</u>	19. <u>06</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>170</u>	24. <u>1</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. ____

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	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.	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	Head - LOC	Abbreviated Injury Scale	
	(02) Length of LOC		(1) Minor Injury
	(04) Level		(2) Moderate Injury
	(06) of		(3) Serious Injury
	(08) Consciousness		(4) Severe Injury
	(10) Concussion		(5) Critical Injury
	Spine		(6) Maximum (untreatable)
	(02) Cervical		(7) Injured, unknown severity
	(04) Thoracic		
	(06) Lumbar		
SOURCE OF INJURY DATA		INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
OFFICIAL RECORDS (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 RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____		(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

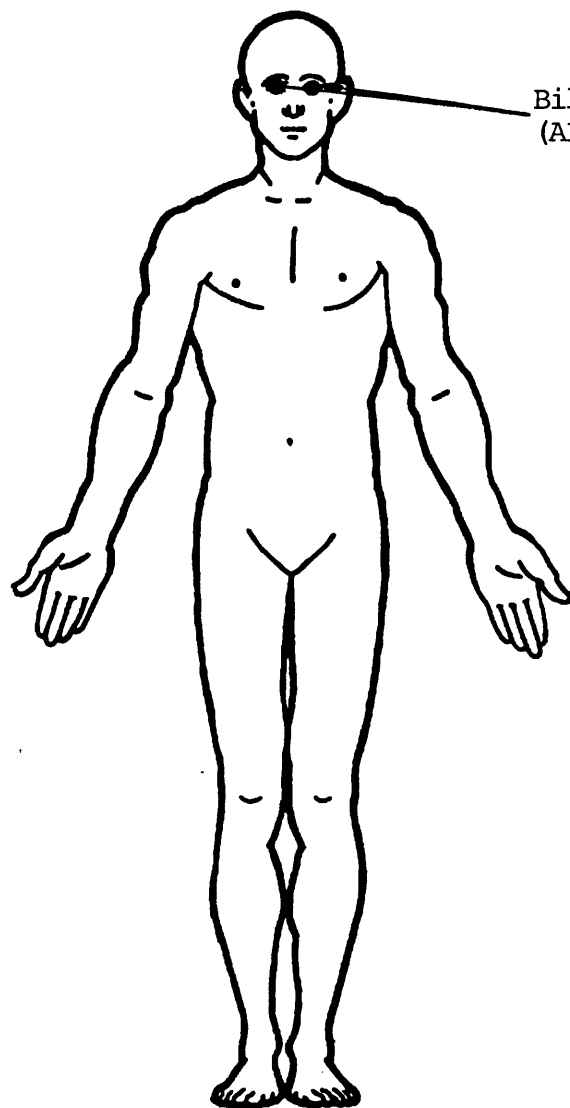
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



Bilateral corneal abrasions
(AIS-1), air bag

