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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-A-07049
Case DSI-93-AB-19

1994

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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.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-AB-019

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TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-A-07049
CASE NUMBER: Case DSI-93-AB-019

[redacted]

This two vehicle accident occurred on [redacted] 1993 at 1500 hours in [redacted], Washington. The weather was clear, the road surface dry and free of defects. The concrete road was straight and level with an estimated co-efficient of friction of .70.

Vehicle 1, a 1992 Toyota Camry four-door, driven by a 37 year old female, was travelling north in the third lane of a four-lane divided interstate roadway. The driver was wearing the available 3-point manual lap and shoulder restraint.

Vehicle 2, a 1989 Chevrolet Camaro two-door, driven by a 26 year old female, was travelling north in the second lane of the same interstate roadway. The driver was wearing the available 3-point manual lap/shoulder restraint.

The driver of Vehicle 1 attempted to change lanes--going to her left into lane 4. At this point she realized that this lane was already occupied. The driver of Vehicle 1 steered back to the right and lost control of the vehicle. Vehicle 1 crossed from lane 3 into lane 2. The right front of Vehicle 1 struck the left side of Vehicle 2. The SRS in Vehicle 1 deployed at this time. There was a second, sideswiping type impact to the right rear side of Vehicle 1 and the left rear side of Vehicle 2. Vehicle 2 was pushed in a clockwise direction, crossed lane 1, departed the roadway, and struck a concrete, [redacted] barrier with its right front and right rear quarter panel.

The driver of Vehicle 1 sustained numerous facial and eye injuries, including: corneal abrasions, "through and through" laceration of the eyelid, ecchymosis conjunctiva (mucuous membrane lining inner surface of eyelid), and multiple facial abrasions and contusions. The driver has lost vision in the left eye due to corneal clouding and is being treated for severe headaches. The prognosis for the left eye at the time of this writing is guarded.

The driver of Vehicle 1 was cited for an unsafe lane change.

Vehicles 1 and 2 were towed from the scene due to damage. Repairs to Vehicle 1 and Vehicle 2 were estimated by the police at $3000 and $5000, respectively.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-19

ACCIDENT DATA:

Location:	[redacted] Washington
Area/Type:	Urban/Interstate
Date/Time:	Fall/Weekday
Accident Type:	Car/car, front to side encroachment type with subsequent sideslap.

Injury Severity:

Vehicle 1:	Driver - Minor (AIS1).
Vehicle 2:	Driver - No codeable injuries

AMBIENCE:

Viewing Conditions:	No viewing restrictions
Cloud Cover:	Unknown
Precipitation:	None
Temperature:	Unknown
Road Surface:	Dry

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	4-lane divided	4-lane divided
Width:	Est. 14 m (48 ft)	Est 14 m (48 ft)
Traffic Density:	Unknown	Unknown
Median:	Yes (unknown type)	Yes (unknown type)
Edge:	Unknown	Unknown
Surface:	Concrete	Concrete
Reported Defects:	None	None
Co-efficient of Friction (est.):	0.70	0.70
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	NA	NA
Speed Limit:	89 km/h (55 MPH)	89 km/h (55 MPH)
Markings:	Single, white painted lines.	Single, white painted lines.

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1992 Toyota Camry	1989 Chevrolet Camaro
Odometer:	687,847 km (42,742 mi)	Unknown
Engine:	L4 EFI	5.0L V8 FI
Vehicle Modifications:	None	None
Tire Condition:	Good	Unknown
Manual Restraints:	Lap and shoulder	Lap and shoulder
Automatic Restraints:	Supplemental restraint system Driver's side airbag)	None
Reported Defects:	None	None
Cargo:	Unknown	Unknown
Windshield Damage:	None	Unknown
Fleet:	NA	NA
Tow Status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE:

	VEHICLE 1		VEHICLE 2			
Object Struck:	Vehicle 2	Vehicle 2	Vehicle 1	Vehicle 1	Barrier	Barrier
Event Number:	01	02	01	02	03	04
CDC:	01FREE3	02RBEW2	Unknown	Unknown	Unknown	Unknown
Maximum Crush:	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed: (estimated)	Unknown	Unknown
Total Delta V:	14 KPH (9 MPH)	14 KPH (9.45 MPH)
Longitudinal Delta V:	-11 KPH (-7 MPH)	8 KPH (5 MPH)
Lateral Delta V:	-8 KPH (-5 MPH)	11 KPH (7 MPH)
Energy Dissipation:	13,011.8 NT-M 9,598 FT-LBS	33,220.5 NT-M 24,504.6 FT-LBS

Calculations based upon: OLDMISS was run using crush dimensions *estimated* from photographs as compared to an exemplar vehicle.

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1, the 1992 Toyota Camry, was travelling north in the third lane of an interstate highway at an estimated speed of 89 KPH (55 MPH). The driver of Vehicle 1 attempted to change lanes--going to her left into lane 4. At this point she realized that this lane was already occupied. The driver of Vehicle 1 steered back to the right and lost control of the vehicle. Vehicle 1 crossed from lane 3 into lane 2.

Crash: The right front bumper/fender area of Vehicle 1 impacted the left front fender area of Vehicle 2. The direction of force for Vehicle 1 was longitudinal with a significant lateral component--as evidenced by 20 cm (8 in.) of movement from right to left. The impact induced deceleration was of sufficient magnitude to deploy the Camry's driver side supplemental restraint system (air bag). The CDC for Vehicle 1 was 01FREE3 and the delta V was computed as 14 KPH (9 MPH).

As a result of the crash, Vehicle 1 rotated slightly counterclockwise and Vehicle 2 rotated slightly clockwise. The right rear quarter panel of Vehicle 1 sideslapped the left quarter panel area of Vehicle 2 as the vehicles separated from thier initial impact sequence and headed on their respective post-crash trajectories. The secondary sideslap resulted in minor damage to the involved vehicles. There was approximately 13 cm (5 in.) of lateral crush to the right quarter panel of Vehicle 1. The CDC for this impact was 02RBEW2.

Vehicle 2 was forced to the right, crossed the adjacent travel lane and a shoulder, and then struck a concrete barrier with both its right front and right rear--probably in a sideswiping configuration.

Post Crash: Based on information from the police accident report, it appears that Vehicle 1 came to rest on the roadway facing generally north and Vehicle 2 came to rest against the [redacted] barrier facing north.

Occupant Kinematics: It appears that the driver was in her proper seat position. At impact, the driver was thrown forward longitudinally and to the right during the initial contact and struck the now-deployed supplemental restraint system (airbag). Her right forearm appears to have come into contact with the airbag. There were abrasions under her chin which suggest that the driver was sitting close to the airbag during deployment and may have overridden it to some extent.

Airbag System: Vehicle 1 was equipped with a supplemental restraint system (driver's side airbag).

Scene Clearance: Both vehicles sustained disabling damage and were towed from the scene. The State Patrol was notified of the crash and arrived on the scene at 1500 hours. As a result of the post-crash investigation, the driver of Vehicle 1 was cited for an unsafe lane change.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards found during this remote investigation.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER
Age/Sex:	37/Female
Seated Position:	Left front
Seat Type:	Bucket
Height:	150 cm (59 in.)
Weight:	48 kg (105 lbs.)
Occupation:	Works in dietary department of a hospital
Pre-existing Medical Condition:	None
Alcohol/Drug Involvement:	None
Driving Experience:	Unknown
Body Posture:	Normal upright
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Lap and shoulder worn, driver's side supplemental restraint system (airbag)
Additional Occupants:	No

DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

	DRIVER
Age/Sex:	26/Female
Seated Position:	Left front
Seat Type:	Bucket with folding back
Height:	157 cm (62 in.)
Weight:	54 kg (120 lbs.)
Occupation:	Unknown
Pre-existing Medical Condition:	Unknown
Alcohol Involvement:	None
Driving Experience:	Unknown
Body Posture:	Unknown
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Lap and shoulder belts worn
Additional Occupants:	No

INJURIES:

Vehicle 1

	INJURY	OIC CODE	ICD-9	SOURCE
DRIVER:	Corneal abrasion, right	240602.1,1	918.1	Airbag
	Corneal abrasion, left	240602.1,2	918.1	Airbag
	Facial abrasions	290202.1,1	910.0	Airbag
	Eyelid laceration - 2 mm	297600.1,2	870.0	Unknown
	Multiple facial abrasions	297600.1,2	910.0	Airbag
	Multiple abrasions - under chin	290202.1,8	910.0	Airbag
	Hyphema-contusion to eye	240604.1,2	921.0	Airbag
	Ecchymosis conjunctiva - right	240416.1,1	921.1	Airbag
	Ecchymosis conjunctiva - left	204016.1,2	921.1	Airbag
	Forearm abrasion - right	790202.1,1	913.0	Airbag

INJURIES:

Vehicle 2

	INJURY	OIC CODE	ICD-9	SOURCE
DRIVER:	No reported injuries			

Abbreviations Used In Scene And Photographic Documentation

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

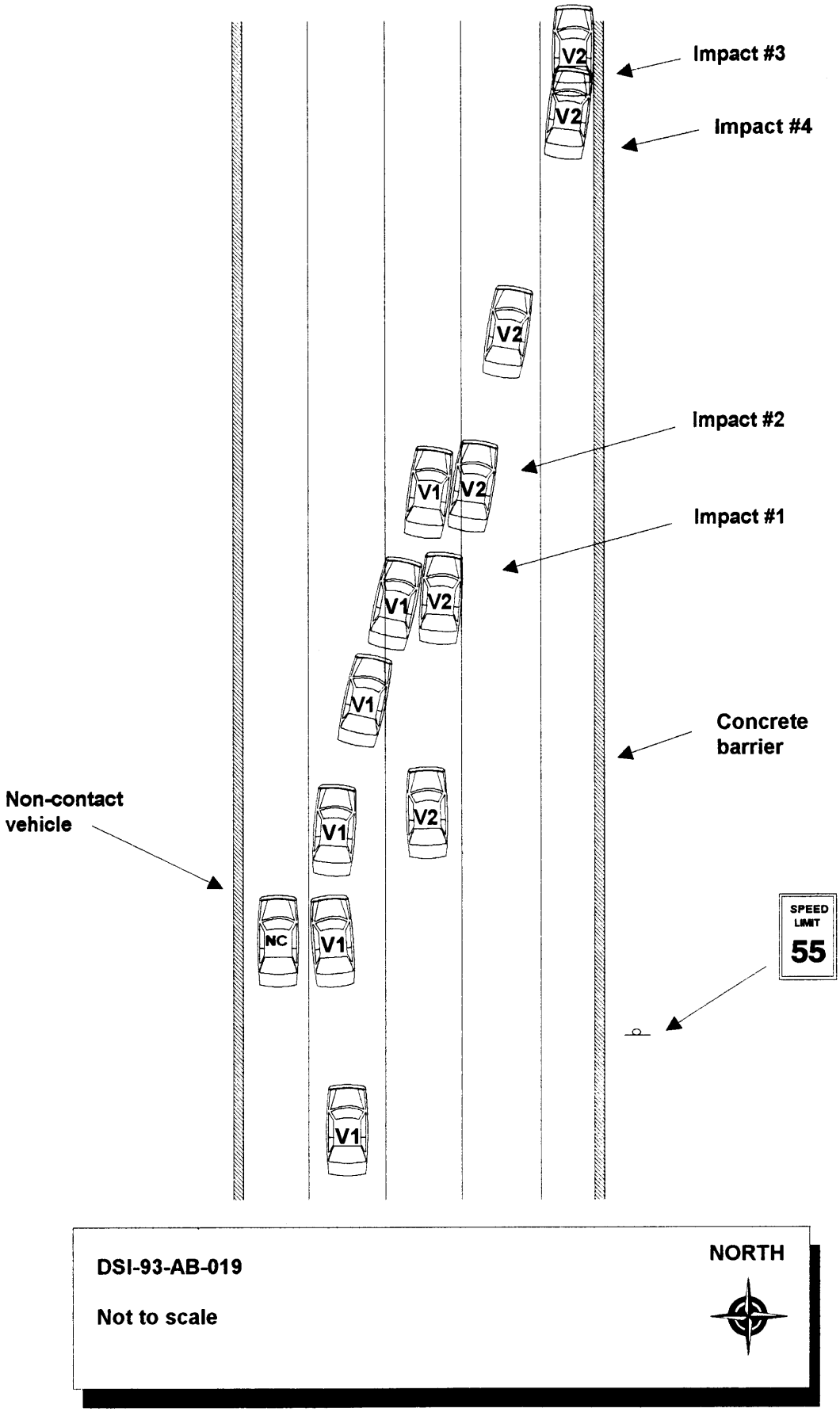
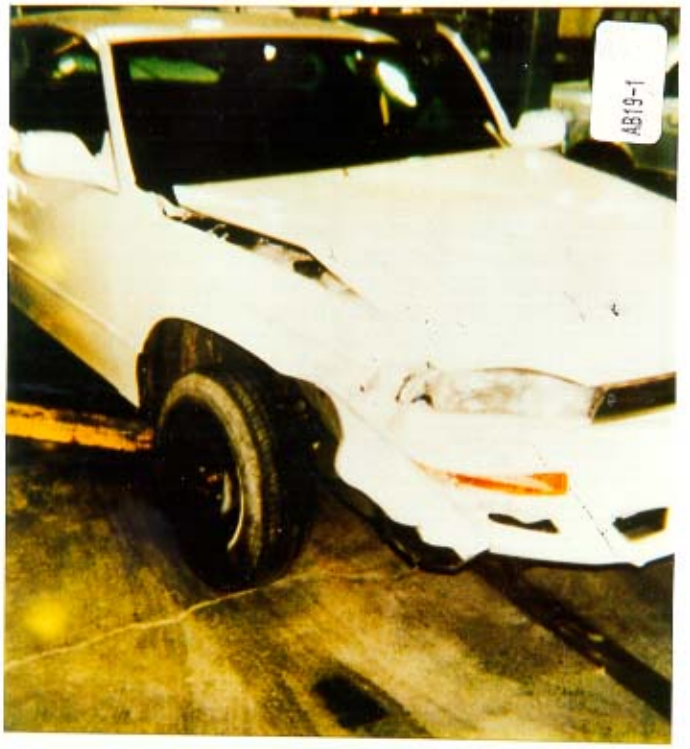

V2
V2
Impact #3
Impact #4
V2
Impact #2
V1
V2
Impact #1
V1
V2
V1
Concrete barrier
Non-contact vehicle
V1
V2
NC
V1
SPEED LIMIT
55
V1
DSI-93-AB-019
Not to scale
NORTH

PHOTO INDEX

Case No. DSI-93-AB-019

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1	01	CW	RF bumper corner prior to fender removal.
2-5	01	CW	Exterior views of front bumper.
6	01	NA	Bumper insert.
7-9	01	NA	Close up views of bumper.
10	01	NA	Shows shift.
11	01	NA	Shows shift of hood.
12-14	01	NA	Exterior views of front corner (bumper and fender removed).
15-16	01	NA	Shows lateral movement.
17-21	01	NA	Exterior showing RR damage.
25-28	01	NA	Additional views of frontal area.
29	01	NA	RF tire.
30-40	01	NA	Interior of vehicle. Picture 30 shows airbag in its deployed state.


AB19-1


AB19-2


AB19-3


AB19-4


AB19-5

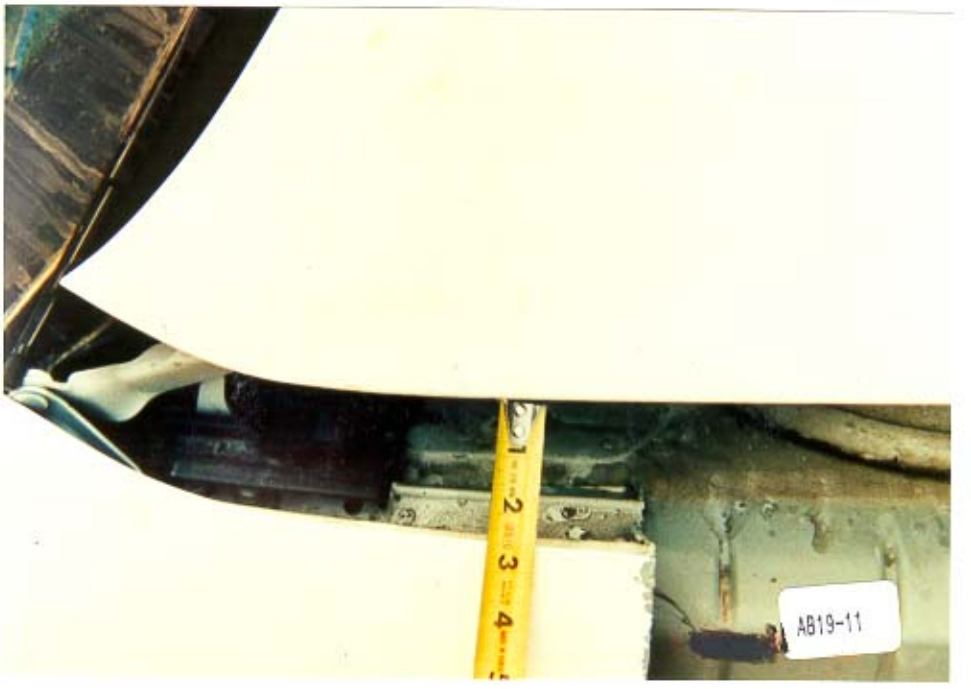

AB19-6


AB19-7


AB19-8


AB19-9


AB19-10


AB19-11


AB19-12


AB19-13


AB19-14

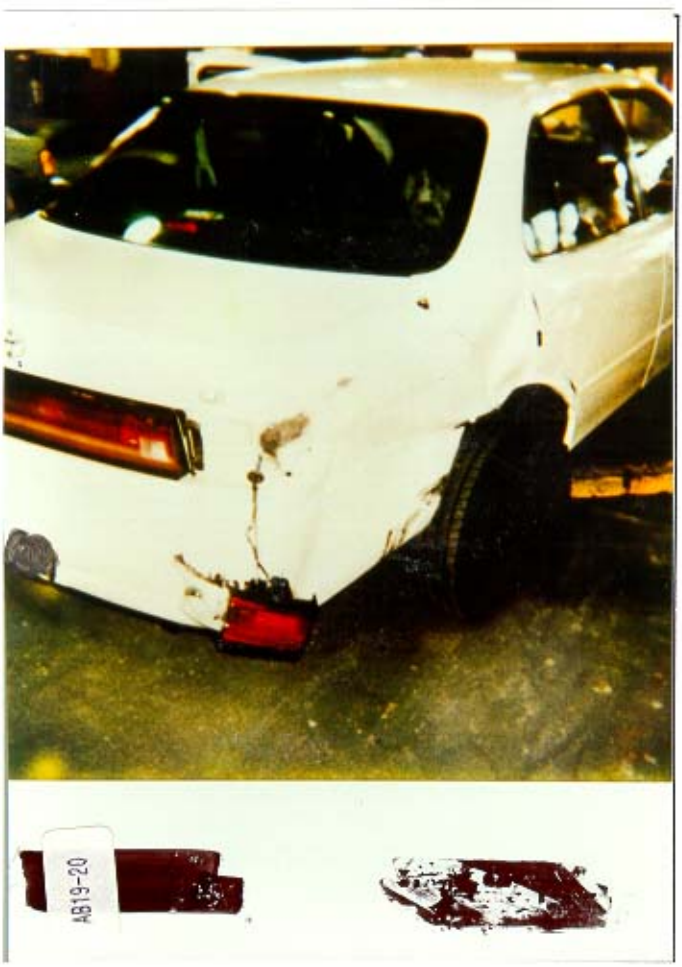
AB19-15

AB19-16


AB19-17


AB19-18


AB19-19


AB19-20


AB19-21

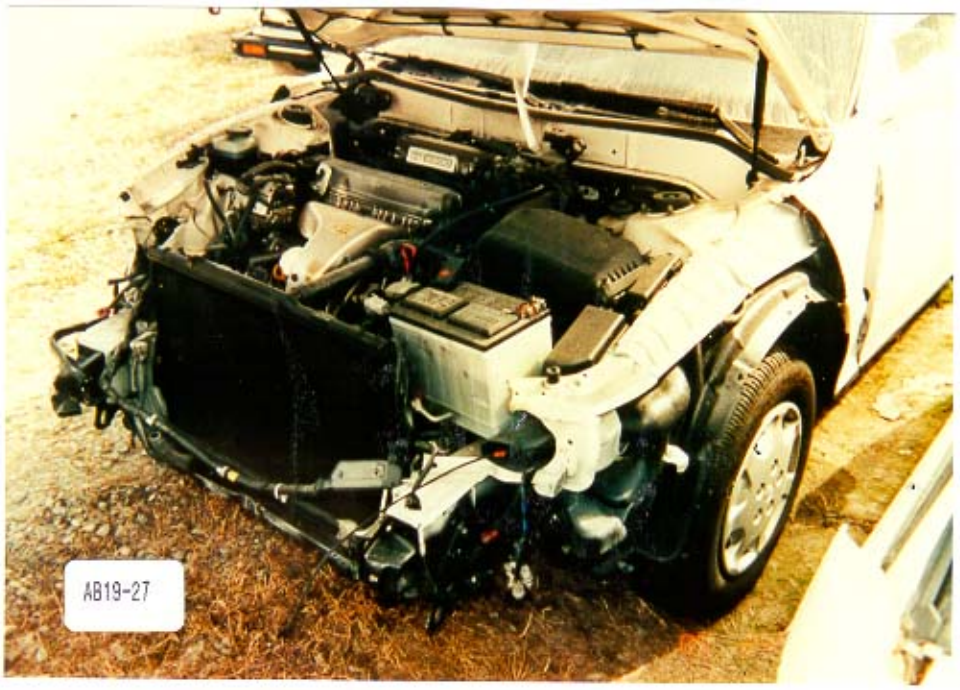

AB19-22


AB19-23


AB19-24


AB19-25


AB19-26


AB19-27


AB19-28

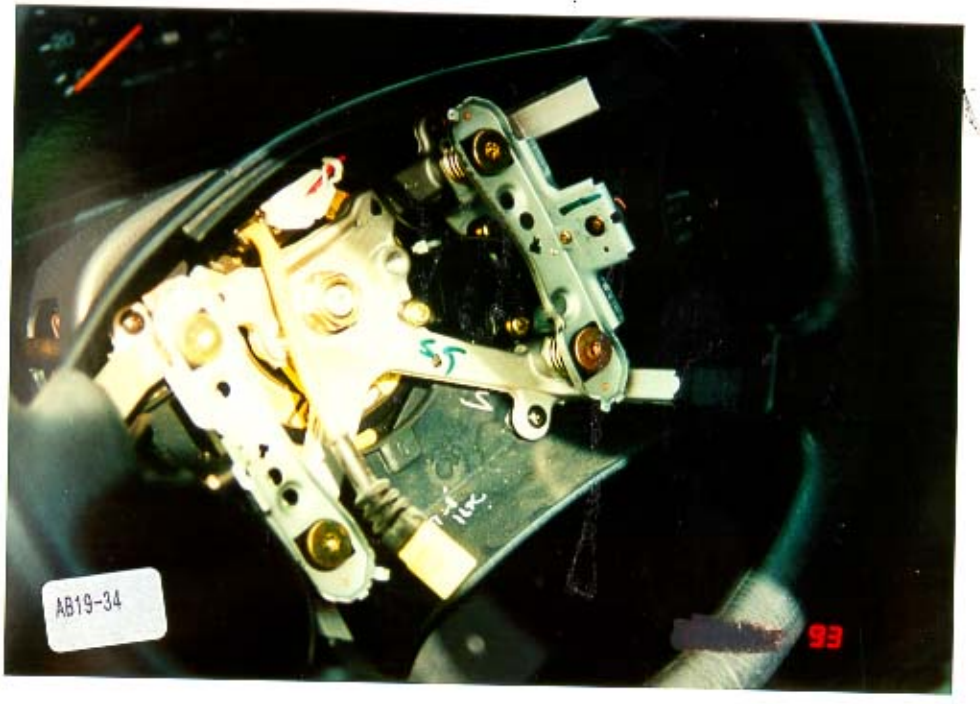

AB19-29


AB19-30

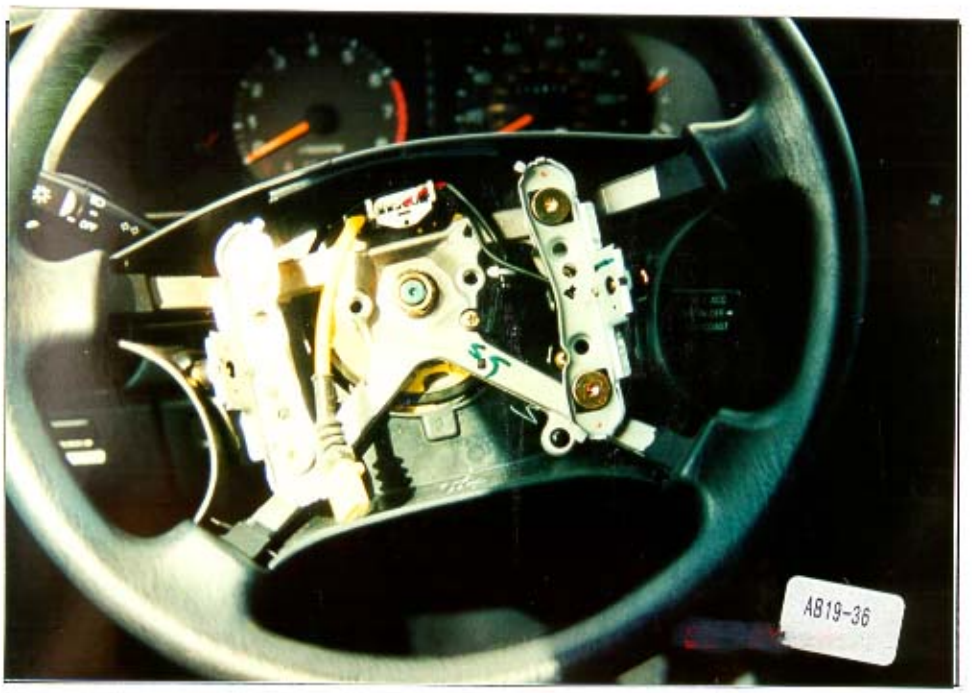

AB19-31


AB19-32


AB19-33


AB19-34


AB19-35


AB19-36


AB19-37


AB19-38


AB19-39


AB19-40

U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___

2. Case Number - Stratum A B 1 9

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 0 2

4. Date of Accident (Month,Day,Year) [redacted] / 9 3

5. Time of Accident [redacted]

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. ___SS14 Fatal AOPS 0

7. ___SS15 Administrative Use 0

8. ___SS16 _____ 0

9. ___SS17 _____ 0

10. ___SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 0 4

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. 0 1	13. 0 1	14. 0 2	15. F	16. 0 2	17. 0 2	18. L
19. 0 2	20. 0 1	21. 0 2	22. R	23. 0 2	24. 0 2	25. L
26. 0 3	27. 0 2	28. 0 2	29. F	30. 5 4	31. 0 0	32. 0
33. 0 4	34. 0 2	35. 0 2	36. R	37. 5 4	38. 0 0	39. 0
40. 0 5	41. ___ ___	42. ___ ___	43. ___	44. ___ ___	45. ___ ___	46. ___

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

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

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___
2. Case Number - Stratum A B 1 9
3. Vehicle Number 0 1

VEHICLE IDENTIFICATION

4. Vehicle Model Year 9 2
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): TOYOTA 2 7
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): CAMRY 2 4 4
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 0 4
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number
   4 T 1 S K 1 2 E O N X X X X X X X X
   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed 9 9 9
    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 1
    (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 9 6
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: _____

ACCIDENT RELATED

13. Speed Limit 0 5 5
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    55 mph X 1.6093 = 0 8 9 kph

14. Attempted Avoidance Maneuver 0 9
    (00) No impact
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify):

    (99) Unknown

15. Accident Type 1 6
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify):

    (99) Unknown

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

OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted: 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,360 0
____Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

3,003 lbs X .4536 = 1,362 kgs

Source: [redacted]

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

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

RECONSTRUCTION DATA

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

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

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

(9) Unknown

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

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

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 1

26. Rear Override/Underride (this Vehicle): 1

(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: 020

28. Heading Angle For Other Vehicle: 000

29. Basis for Total Delta V (highest) 3

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

	Secondary	Highest
30. Total Delta V	1 1 4	
14.4 Nearest kph		

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

	Secondary	Highest
31. Longitudinal Component of Delta V	+ 0 0 1 1	
-11.47 Nearest kph		

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

	Secondary	Highest
32. Lateral Component of Delta V	+ 0 0 2	
−8.03 Nearest kph		

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

33. Energy Absorption 0 1 3 . 0 0 0
13011.6 Nearest 100 joules

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

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

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

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

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

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

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

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

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

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

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

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

ROLLOVER DATA

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

59. Rollover Initiation Type 1
(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 1
(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 1 _

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 1
(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 1
(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) 1 5
(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 ____

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum 1 3 1 2
3. Vehicle Number 0 1

VEHICLE IDENTIFICATION

VIN 4 T 1 S K 1 2 E O N U X X X X X X Model Year 9 2

Vehicle Make (specify): TOYOTA Vehicle Model (specify): CAMRY

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
		Width (CDC)	Max Crush								
				PHOTO							

HS Form 435A (Rev. 1/93)

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

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

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

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	252	cm
Overall Length	477	cm
Maximum Width	177	cm
Curb Weight	1365	kg
Average Track	152	cm
Front Overhang	98	cm
Rear Overhang	115	cm
Undeformed End Width		cm
Engine Size: cyl./displ.		L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °

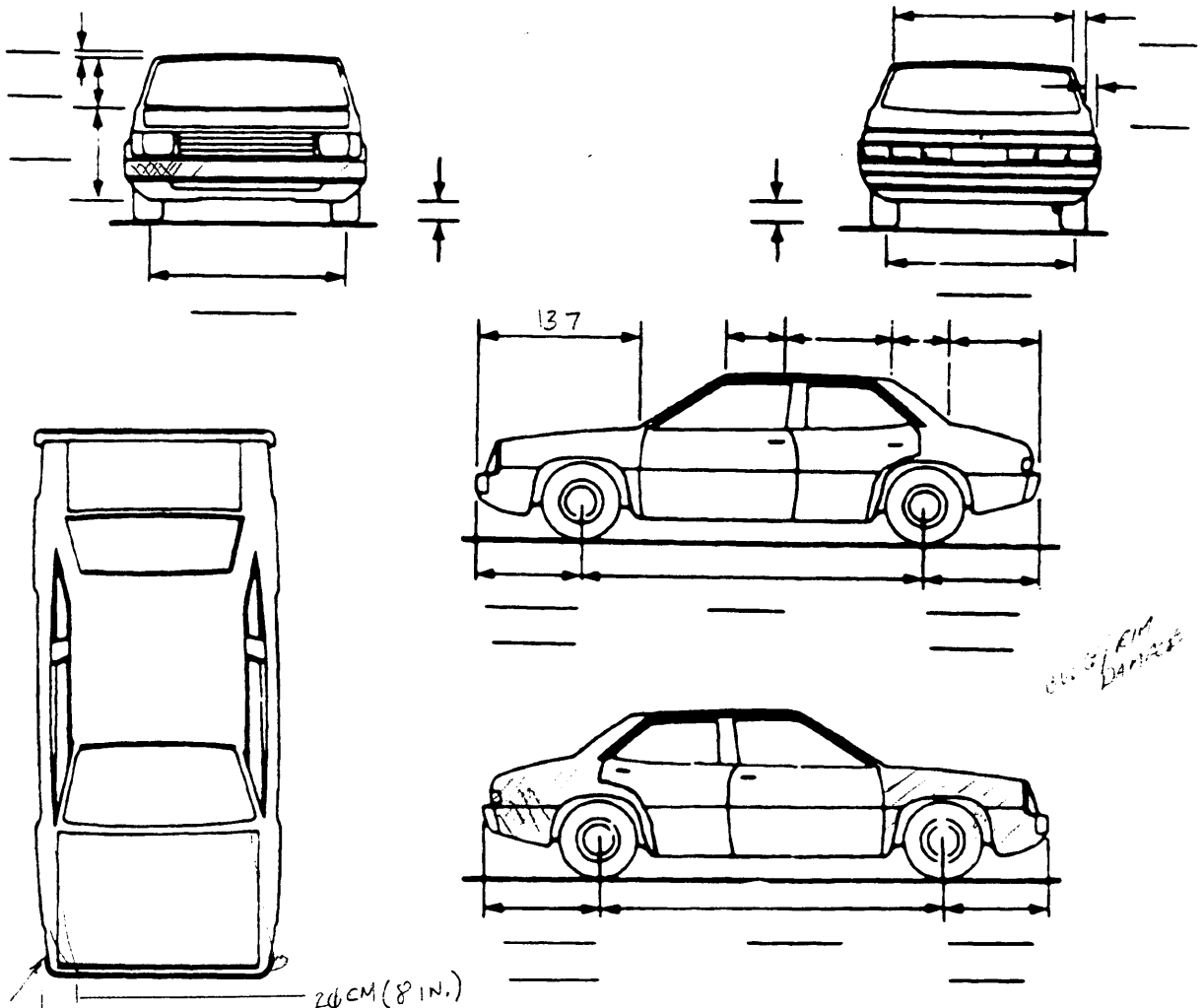
Within ± 5 degrees

DRIVE WHEELS

☑ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight ___ kg

MEASUREMENTS IN CENTIMETERS



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

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

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

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

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

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

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
0 1	4 2	0 3 5	0 0	F	R	F	E	0 3
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4.	5.	6.	7.	8.	9.	10.	11.

Second Highest Delta "V"

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

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
							+ −

Second Highest Delta "V"

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

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

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

28. Original Wheelbase 262
Code to the nearest centimeter
(999) Unknown

103.1 inches X 2.54 = 262 centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 4
    (0) No post manufacturer modifications
    (1) Yes - post manufacturer modifications (specify): _____
    _____
    _____
    (Include photograph of CERTIFICATION PLACARD in case report)
    (9) Unknown if vehicle is modified

30. Fire Occurrence 4
    (0) No fire

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

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

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

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum 11 [illegible] 1 9
3. Vehicle Number 3 1

INTEGRITY

4. Passenger Compartment Integrity 0 0
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____
(99) Unknown

PHOTOS

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____
(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify): _____
(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 9 9	48. 9 9	49. 9	50. 9
2nd	51. ___	52. ___	53. ___	54. ___
3rd	55. ___	56. ___	57. ___	58. ___
4th	59. ___	60. ___	61. ___	62. ___
5th	63. ___	64. ___	65. ___	66. ___
6th	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___
9th	79. ___	80. ___	81. ___	82. ___
10th	83. ___	84. ___	85. ___	86. ___

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type 9
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

89. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

90. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

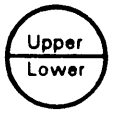
91. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

92. Steering Rim/Spoke Deformation 1 4
_____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation 1 2
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 6 8 3,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

42,742 miles X 1.6093 = 687,847 kilometers

Source: _____

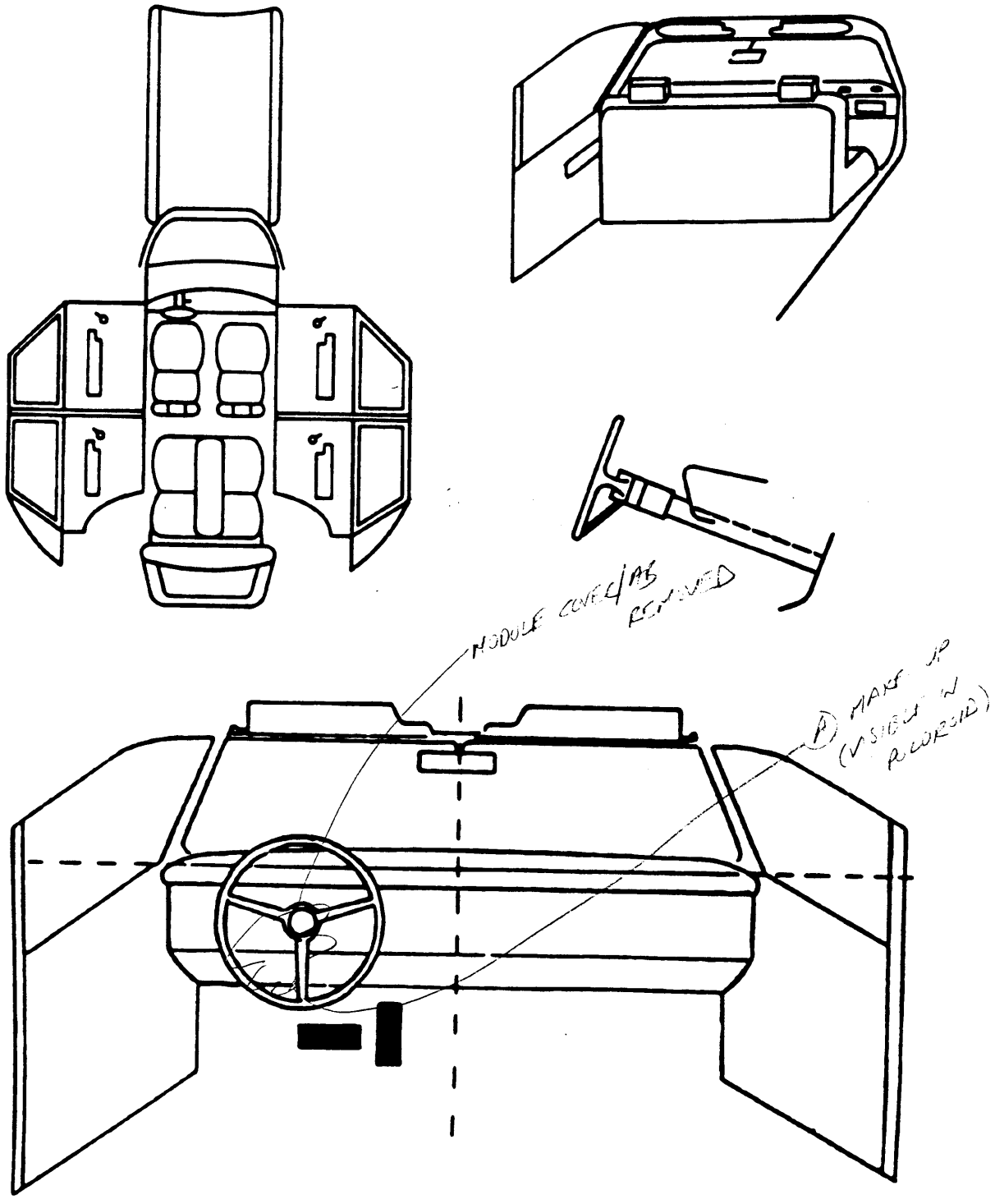
95. Instrument Panel Damage from Occupant Contact? 9
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 9
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	41	FACE	MAKE-UP [illegible] ON AIRBAG	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

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 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):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Use	99		99
	Failure Modes	9		9
SECOND	Availability	9	9	9
	Use	99	99	99
	Failure Modes	9	9	9
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

(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

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperable (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

Manual (Active) Belt Failure Modes During Accident

(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

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3		3
	Seat Type	21		21
	Seat Performance	1		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	9	9	9
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

(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

Seat Type (this Occupant Position)

(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

Seat Performance (this Occupant Position)

(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 tracks/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

Seat Orientation (this Occupant Position)

(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

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.

EJECTION No [✓] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

_____

_____

_____

_____

_____

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(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

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

_____

(5) Integral structure
(8) Other medium (specify):

_____

(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s): _____

_____

(Note in vehicle interior diagram)

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum 1 3 1 9
3. Vehicle Number 1 1
4. Occupant Number 1 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 3 7
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

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

7. Occupant's Height 1 5 4
   Code actual height to the nearest centimeter.
   (999) Unknown
   5 9 inches X 2.54 = 1 5 4 centimeters

8. Occupant's Weight 0 4 3
   Code actual weight to the nearest kilogram.
   (999) Unknown
   1 0 5 pounds X .4536 = 0 4 3 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1
    Front Seat
    (11) Left side
    (12) Middle
    (13) Right side
    (14) Other (specify): _____
    (15) On or in the lap of another occupant

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

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

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

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

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

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

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 4 4
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

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

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

19. Proper Use of Manual (Active) Belts 9
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

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

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 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
(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"

CHILD SAFETY SEAT

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

_____

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

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

_____

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

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

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

_____

(09) Unknown orientation

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

_____

(19) Unknown orientation

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

_____

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ___

32. Child Safety Seat Shield Usage ___

33. Child Safety Seat Tether Usage ___

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

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

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function 1
(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 1
(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 1
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System 1
(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 1
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

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

(9) Unknown

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

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

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

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

UPDATE CANDIDATE? NO [ ] YES [ ]

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		3. Vehicle Number	01
2. Case Number - Stratum	AB19	4. Occupant Number	01

INJURY DATA

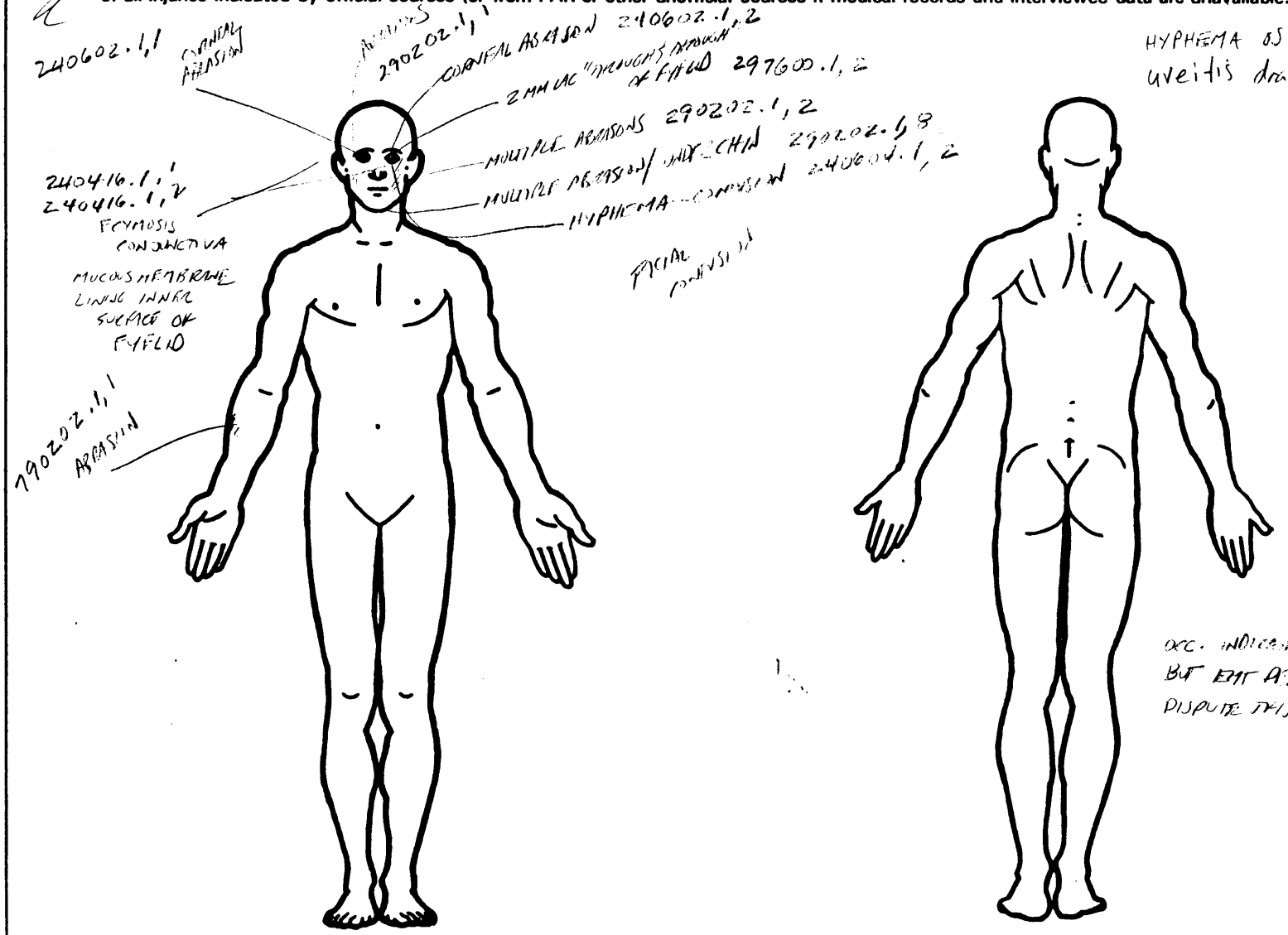
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the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

	Source of Injury Data	O.I.C.-A.I.S Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
1st	5. 2	6. 2	7. 4	8. 06	9. 02	10. 1	11. 2	12. 45	13. 1	14. 1	15. 00	918.1
2nd	16. 2	17. 2	18. 4	19. 06	20. 02	21. 1	22. 1	23. 45	24. 1	25. 1	26. 00	918.1
3rd	27. 3	28. 7	29. 9	30. 02	31. 02	32. 1	33. 1	34. 45	35. 1	36. 1	37. 00	910.0
4th	38. 3	39. 2	40. 9	41. 76	42. 00	43. 1	44. 2	45. 99	46. 9	47. 7	48. 00	870.7
5th	49. 3	50. 2	51. 9	52. 02	53. 02	54. 1	55. 1	56. 45	57. 1	58. 1	59. 00	910.0
6th	60. 3	61. 2	62. 9	63. 02	64. 02	65. 1	66. 2	67. 45	68. 1	69. 1	70. 00	910.0
7th	71. 3	72. 2	73. 9	74. 02	75. 02	76. 1	77. 8	78. 45	79. 1	80. 1	81. 00	921.0
8th	82. 4	83. 2	84. 4	85. 06	86. 04	87. 1	88. 2	89. 45	90. 1	91. 1	92. 00	921.1
9th	93. 4	94. 2	95. 4	96. 04	97. 16	98. 1	99. 1	100. 45	101. 1	102. 1	103. 00	921.1
10th	104. 4	105. 2	106. 4	107. 04	108. 16	109. 1	110. 2	111. 45	112. 1	113. 1	114. 00	913.0

BEST AVAILABLE COPY

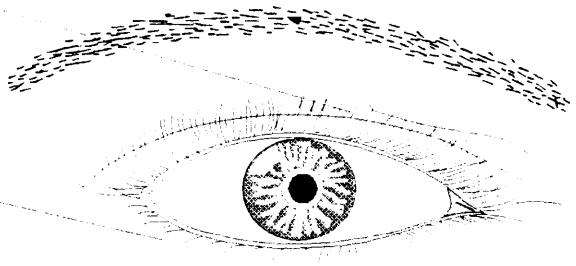
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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.)

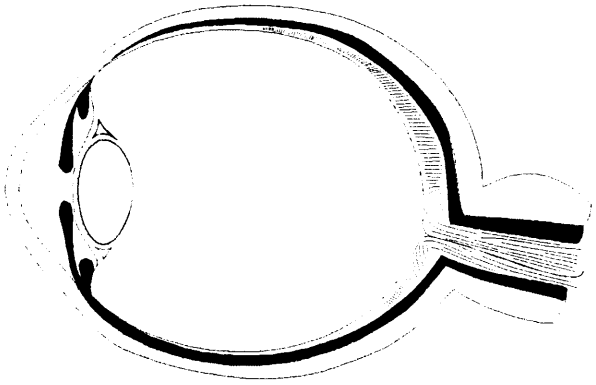


Eyelid laceration
(left)

Ecymosis conjunctiva
(left, right)

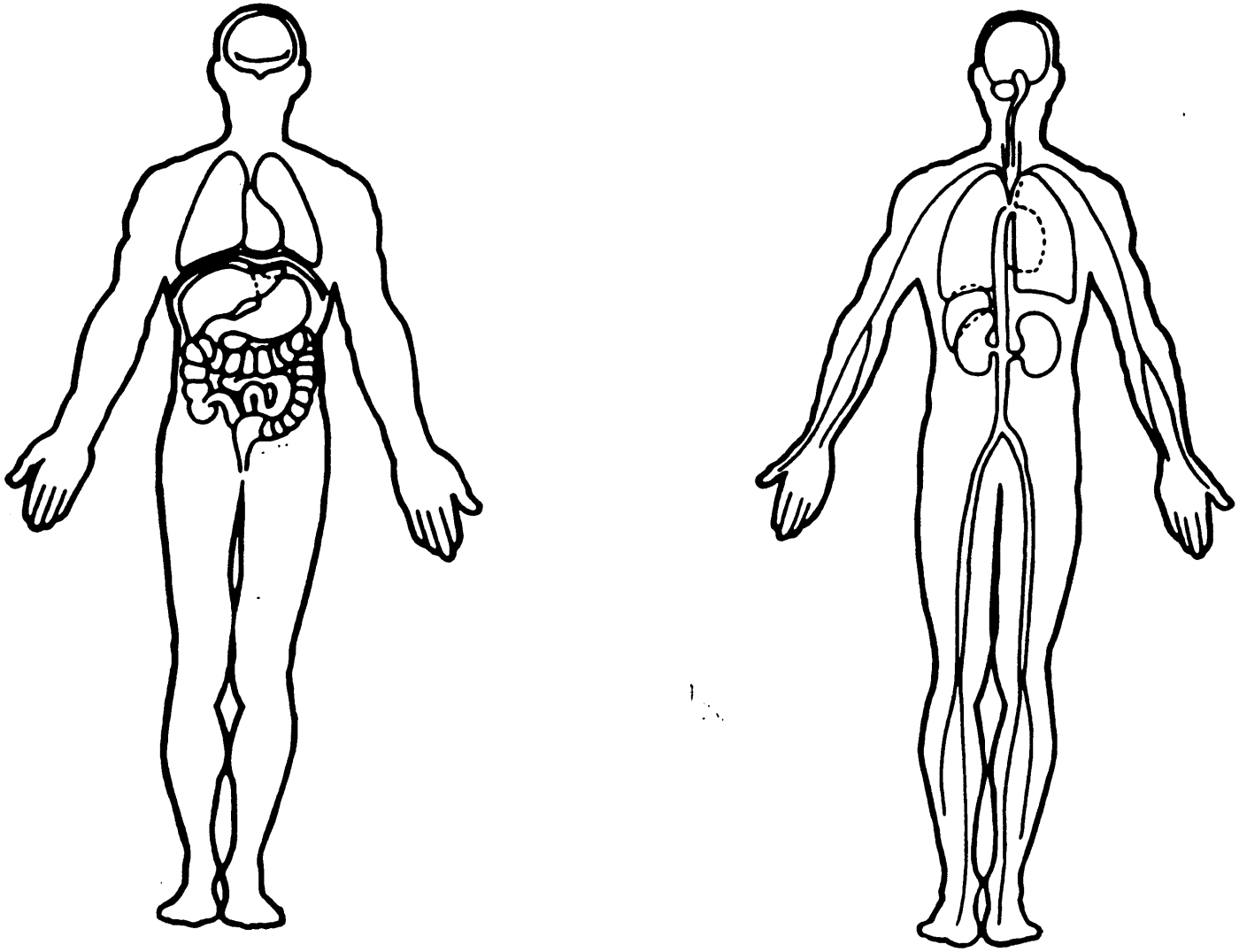


Corneal abrasion
(left, right)



OFFICIAL INJURY DATA INTERNAL INJURIES

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



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

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum 1 3 · 9 ____
3. Vehicle Number 1 2

VEHICLE IDENTIFICATION

4. Vehicle Model Year 9 9
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): CHEVROLET 1 2
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): CAPRICE 2 4 9
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 3 3
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number
   1 G 1 F P 2 1 F 8 K L X X X X X X
   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed 0 0 9
    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 1
    (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 ____
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: _____

ACCIDENT RELATED

13. Speed Limit 1 4 4
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    55 mph X 1.6093 = 0 8 9 kph

14. Attempted Avoidance Maneuver 1
    (00) No impact
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify):

    _____
    (99) Unknown

15. Accident Type 0 5
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify):

    _____
    (99) Unknown

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

OCCUPANT RELATED

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

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

18. Number of Occupant Forms Submitted: 01

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

3,053 lbs X .4536 = 1,385 kgs

Source: [redacted]

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

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

RECONSTRUCTION DATA

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

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

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

(9) Unknown

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

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

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

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

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

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

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

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle: 000

28. Heading Angle For Other Vehicle: 180

29. Basis for Total Delta V (highest) ___

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

Secondary Highest

30. Total Delta V Ø 1 4

Nearest kph ___

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

31. Longitudinal Component of Delta V ± ___ ___ ___ ___

7.88 Nearest kph ___

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

Secondary Highest

32. Lateral Component of Delta V ± − Ø 1 1

Nearest kph ___

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

33. Energy Absorption ___ ___ ___, ___ 0 0

Nearest 100 joules ___

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

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

36. Is this an AOPS Vehicle? ___
(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) No other drugs present
(1) Yes (other drug present)
(7) Not reported
(8) No driver present
(9) Unknown

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

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

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

OTHER DATA

56. Driver's Zip Code [redacted]

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

57. Driver's Race/Ethnic Origin ____
(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) ≠ 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 21

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

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

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

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

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

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

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

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

66. Precrash Stability After Avoidance Maneuver 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.

U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum A B 1 9
3. Vehicle Number 4 2
4. Occupant Number 0 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 3 6
   Code actual age at time of accident.
   (00) Less than one year old (specify by month): _____
   (97) 97 years and older
   (99) Unknown

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

7. Occupant's Height 5 7
   Code actual height to the nearest centimeter.
   (999) Unknown

   6 2 inches X 2.54 = 1 5 7 centimeters

8. Occupant's Weight 1 5 4
   Code actual weight to the nearest kilogram.
   (999) Unknown

   1 2 4 pounds X .4536 = 0 5 4 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1
    Front Seat
    (11) Left side
    (12) Middle
    (13) Right side
    (14) Other (specify): _____
    (15) On or in the lap of another occupant

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

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

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

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

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

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

HS Form 433A (1/94)

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

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 — 1 4
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

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

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

19. Proper Use of Manual (Active) Belts — 9
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

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

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident — /
(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 — 2
(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"

CHILD SAFETY SEAT

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

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

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

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

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

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

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ___

32. Child Safety Seat Shield Usage ___

33. Child Safety Seat Tether Usage ___

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

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

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function _1_
(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 _1_
(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 _1_
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System _1_
(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 _1_
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

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

(9) Unknown

49. Seat Orientation (this Occupant Position) _1_
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

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

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [1] YES [ ]

UPDATE CANDIDATE? NO [1] YES [ ]

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

OLDMISS PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
	A617	21	[redacted] 94

OLDMISS Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1992	TOYOTA	CAMRY	1
Vehicle 2	1994	CHEVROLET	CAMARO	

GENERAL INFORMATION

VEHICLE 1	VEHICLE 2
Size: 3	Size: 3
Weight (3021) (135) (3109): 1365 (Curb) + 48 (Occupant(s)) + ____ (Cargo) = 1413 kg	Weight (3041) (120) (3167): 1585 (Curb) + 54 (Occupant(s)) + ____ (Cargo) = 1439 kg
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back): F (Vehicle 1)	Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back): L (Vehicle 2)
Vehicle Heading Angles At Impact, in Degrees: +020° (Vehicle 1)	Vehicle Heading Angles At Impact, in Degrees: +064° (Vehicle 2)
Stiffness Category for Vehicle: 3 (Vehicle 1)	Stiffness Category for Vehicle: 3 (Vehicle 2)

DAMAGE INFORMATION

For Which Vehicle Is The Damage Known	1
PDOF for Known Vehicle in Degrees (-180 to +180)	±035°
Damage Length (L) for Known Vehicle	(57) 145 cm
Crush Measurements Known Vehicle	(1.) C_1 12 cm; (2.5) C_2 46 cm; C_3 ___ cm; C_4 ___ cm; C_5 ___ cm; C_6 ___ cm
Damage Midpoint Offset for Known Vehicle	(+24.25) D ± 62 cm
Estimated Damage Midpoint Offset for Unknown Vehicle	(+13) D ± 195 cm

HS Form 432C (1/93)

SUMMARY OF OLDMISPC RESULTS

DSI-93-AB-019 Impact #1

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	8.70 (14.00)	-7.13 (-11.47)	-4.99 (-8.03)	35.00
VEH #2 (ESTIMATED)	8.54 (13.74)	4.90 (7.88)	7.00 (11.26)	******

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	9598.0 (13011.8)	26946.0 (119855.9)
VEH #2 (ESTIMATED)	24504.6 (33220.5)	26946.0 (119855.9)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)	IN	(CM)	VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)	IN	(CM)
L----------	57.0	144.8	L----------	21.9	55.5
C1---------	.0	.0	C1---------	17.8	45.3
C2---------	2.5	6.3	C2---------	11.5	29.1
D----------	24.3	61.6	D----------	73.0	185.4

VEHICLE INFORMATION

VEHICLE #1 (FRONT DAMAGE KNOWN)	VEHICLE #2 (SIDE DAMAGE UNKNOWN)
SIZE------ 3	SIZE------ 3
STIFFNESS- 3	STIFFNESS- 3
SIDE------ F	SIDE------ L
HANGL----- 20.0 DEG	HANGL----- .0 DEG
WEIGHT---- 3108.0 LBS (1409.5 KG)	WEIGHT---- 3167.0 LBS (1436.3 KG)
MASS------ 8.044 LB-SEC**2/IN (90.88 NT-SEC**2/CM)	MASS------ 8.196 LB-SEC**2/IN (92.60 NT-SEC**2/CM)
RADIUS GYRATION-- 3324.0 IN**2 (21445.1 CM**2)	RADIUS GYRATION-- 3324.0 IN**2 (21445.1 CM**2)

WSP AR 159 (6/92)

POLICE TRAFFIC COLLISION REPORT

PAGE 1 OF 1

☒ TRAFFICWAY
☐ PRIVATE WAY

No.

POLICE COMPLAINT NUMBER

DATE OF COLLISION	DAY OF COLLISION	TIME (USE 2400 HOUR)	COUNTY	CO NO	CITY NO	URBAN / RURAL		ADM	PRE

☐ N ☐ E ☒ IN
MILES ☐ S ☐ W ☐ OF
CITY OR TOWN
NAME & NO OF STREET OR HIGHWAY
ON

ROUTE CODE

EQ | MILEPOST | RAMP

INTERSECTING WITH STREET OR ROAD
NON INTERSECTION BETWEEN STREET & STREET

DISTANCE & DIRECTION FROM REFERENCE, CROSS STREET OR NEAREST MILE POST
.08 ☒ MILES ☐ FEET — N ☒ S ☐ E ☐ W ☐ OF

ACCIDENT MILEAGE CODE (MILES IN HUNDREDTHS)

DIAGRAM DATA

X RD | INTERSECTING OR REFERENCE ST/RD

COLLISION INVOLVED — TOTAL NO OF VEHICLES: 2
SEVERITY: NO. KILLED ____ NO. INJURED 2
☐ PROPERTY DAMAGE ONLY
☐ FUEL SPILLAGE ☐ FIRE RESULTED ☐ HIT & RUN ☐ STOLEN VEHICLE

EST. DAMAGE $ —
SPECIAL CODING

OBJECT STRUCK (NAME OF OBJECT STRUCK AND OWNER'S NAME) [redacted]

UNIT NO. 1

DRIVER'S NAME: LAST	FIRST	MIDDLE

STREET ADDRESS

CITY	STATE	ZIP CODE	PHONE NO

DRIVER'S LICENSE NO.	STATE	SEX	DATE OF BIRTH
		F	56

OCCUPATION	FIRM NAME & PHONE NO	EYES	WEIGHT	HEIGHT
—	—	Brn	103	511

☐ CHECK (✓) IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE

CODES ▶ 3 INJURY CLASS 6 | 4 RESTRAINT SYSTEM 4 | 5 EJECTION 1 | 6 MOTORCYCLE SAFETY —

NATURE OF INJURIES: FACIAL

REMOVED FROM SCENE BY: ☒ AMBULANCE ☐ POLICE CAR ☐ HELI COPTER ☐ PRIVATE VEHICLE ☐ NOT TRANSP

VEH. YEAR	MAKE (DODGE CHEV)	MODEL (DART NOVA)	STYLE (2 DR CONV)
92	TOYOTA	CAMRY	4DR.

VEH. COLOR	LICENSE PLATE NO	STATE	TRAILER PLATE NO	STATE
White			—	—

VEHICLE IDENTIFICATION NO: 4T1SK12E0N4

REGISTERED OWNER: LAST	FIRST	MIDDLE	PHONE NO
SAME			—

ADDRESS OF OWNER

NAME OF INSURANCE COMPANY — WAS LIABILITY INSURANCE IN EFFECT? (YES) NO

SHADE IN DAMAGED AREA (9 TOP, 10 BOTTOM)
☒ VEH DAMAGE DISABLING ☐ FUNCTIONAL ☐ OTHER DMGE
EST. DAMAGE $3,000
CITATION NO
CHARGE: UNSAFE LANE CHANGE

VEHICLE REMOVAL: ☐ DRIVEN AWAY ☐ REMAINED ☒ TOWED AWAY BY

UNIT NO. 2

☒ VEHICLE ☐ PEDESTRIAN ☐ PEDALCYCLIST

DRIVER'S NAME: LAST	FIRST	MIDDLE

STREET ADDRESS

CITY	STATE	ZIP CODE	PHONE NO

DRIVER'S LICENSE NO	STATE	SEX	DATE OF BIRTH
		F	67

OCCUPATION	FIRM NAME & PHONE NO	EYES	WEIGHT	HEIGHT
—	—	Brn	120	52

☐ CHECK (✓) IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE

CODES ▶ 3 INJURY CLASS 7 | 4 RESTRAINT SYSTEM 4 | 5 EJECTION 1 | 6 MOTORCYCLE SAFETY

NATURE OF INJURIES: STOMACH Pains

REMOVED FROM SCENE BY: ☐ AMBULANCE ☐ POLICE CAR ☐ HELI COPTER ☐ PRIVATE VEHICLE ☒ NOT TRANSP

VEH. YEAR	MAKE (DODGE CHEV)	MODEL (DART NOVA)	STYLE (2 DR CONV)
89	Chev	CAMARO	2DR.

VEH. COLOR	LICENSE PLATE NO	STATE	TRAILER PLATE NO	STATE
White			—	—

VEHICLE IDENTIFICATION NO: 1G1FP21F8KL

REGISTERED OWNER: LAST	FIRST	MIDDLE	PHONE NO
SAME.			

ADDRESS OF OWNER

NAME OF INSURANCE COMPANY — WAS LIABILITY INSURANCE IN EFFECT? (YES) NO

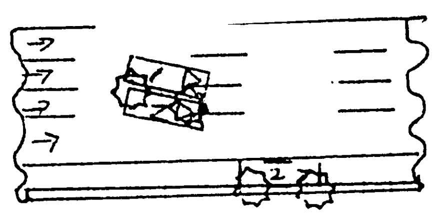
ENFORCEMENT ACTION — CITATION NO — CHARGE

☒ DAMAGE DISABLING ☐ FUNCTIONAL ☐ OTHER DMGE
EST. DAMAGE $5,000
SHADE IN DAMAGED AREA (9 TOP, 10 BOTTOM)

VEHICLE REMOVAL: ☐ DRIVEN AWAY ☐ REMAINED ☒ TOWED AWAY BY

DIAGRAM OF COLLISION: (USE SUPPLEMENTAL SHEET IF NECESSARY)

INDICATE NORTH BY ARROW



DESCRIPTION OF COLLISION: (USE SUPPLEMENTAL SHEET IF NECESSARY)

Vehicle #1 and #2 Traveling N/B on @ Vehicle #1 in lane #3 of 4 Vehicle #2 in lane #2. Vehicle #1 attempted to change lanes to Lane #4. Realized a Vehicle was in lane #4 attempted to swerve back into Lane #3 lost control and struck vehicle #2 pushed #2 into Jersey Wall.

NAME, ADDRESS & INJURIES OF PERSONS INVOLVED OCCUPANTS/WITNESSES (USE SUPPLEMENTAL SHEET FOR ADDITIONAL NAMES)

+ CODES: SEX | AGE | 1 STATUS | IN VEH NO | 2 SEAT POS'T | 3 INJ CLASS | 4 RESTR | 5 EJECT | 6 MTCY SAFETY

NAME / ADDRESS	PHONE NO / NATURE OF INJURIES	REMOVED FROM SCENE BY
NAME / ADDRESS	PHONE NO / NATURE OF INJURIES	☐ AMB. ☐ POLICE CAR ☐ HELI COPTER ☐ PRIV VEH ☐ NOT TRANSP
NAME / ADDRESS	PHONE NO / NATURE OF INJURIES	☐ AMB ☐ POLICE CAR ☐ HELI COPTER ☐ PRIV VEH ☐ NOT TRANSP
NAME / ADDRESS	PHONE NO / NATURE OF INJURIES	☐ AMB ☐ POLICE CAR ☐ HELI COPTER ☐ PRIV VEH ☐ NOT TRANSP

X INVESTIGATING OFFICER'S NAME & RANK	BADGE OR ID NO	AGENCY	UNIT OR DIST & DET	POLICE DISPATCHED	POLICE ARRIVED	DATE OF REPORT	APPROVED BY

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RE: et al

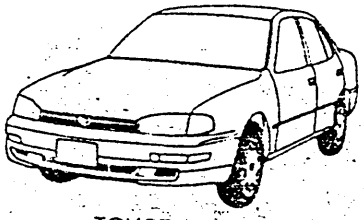
FILE NO.

On we located the vehicle at the storage facility in , . This vehicle is a 1992 Toyota Camry 4-door, color white, 1993 license vehicle identification number 4T1SK12EONU .

This vehicle appears to have been in good condition and we did not see any evidence of significant prior damage.

This vehicle is equipped with Dunlop D60 A2 tires (P195/70R14 90H). These tires are in good condition and show very little evidence of wear. All of the tires appear to be properly inflated and are undamaged with the exception of the right front tire which has a significant bulge in the side wall. This bulge is in the same area where there is some damage to the rim.

The primary point of impact appears to have occurred on the right front corner and the principal direction of force is from front to rear and from right to left. The front bumper appears to have been pushed to the left a distance of about 8 inches. The hood is also pushed to the left about 2.25 inches at the right rear edge of the hood and about 6 inches at the right front edge of the hood. When the hood was pushed to the left, the left rear corner caught under the upper edge of the left front fender and buckled the hood on the left side. It was noted that the right upper side of the fender support and right side of the engine compartment has been crushed inward to the left a distance of about 8 inches.



TOYOTA CAMRY

TOYOTA
CONTINUED

	Wheel Base	Length	Width	Tires	Cyl.	C.I.D.	C.C.D.	B&S	Tax HP	BHP
MR2 OPTIONAL TURBO ENGINE (1991-92)					4	121.9	1998	3.39x3.39	18.39	200
CAMRY (1987-91)	102.4"	183-184"	68"	185/70SR14*	4	121.9	1998	3.39x3.39	18.39	115
CAMRY (1986)	102.4"	176"	67"	165SR13*	4	121.7	1995	3.31x3.54	17.53	92-95
CAMRY OPT. V6 ENGINE (1988-91)					6	153	2507	3.44x2.74	28.39	153-156
CAMRY (1986) OPTIONAL TURBO DIESEL ENGINE					4	120.5	1974	3.39x3.35	18.39	79
CAMRY (1992)	103.1"	188-190"	70"	195/70R14*	4	132	2164	3.43x3.58	18.82	135
CRESSIDA (1986-88)	104.1-105"	187-190"	67"	195/70Rx14*	6	168	2759	3.27x3.35	25.66	143-156
CRESSIDA (1989-92)	105.5"	190"	68"	195/65R15*	6	180.2	2954	3.27x3.58	25.66	190
VAN (1986-89)	88.0"	173-176"	66-67"	P175/75R16*	4	136.5	2237	3.38x3.58	18.27	101
PREVIA (1991-92)	112.8"	187"	71"	205/65R14*	4	148.7	2438	3.74x3.39	22.38	138
PICKUP (1989-92)	103.0-121.9"	175-194"	67"	P195/75R14*	4	144.37	2366	3.62x3.50	20.97	103-116
PICKUP (1986-88)	103-121.5"	175-196"	64-67"	P195/75R14*	4	144.37	2366	3.62x3.5	20.97	100-116
LANDCRUISER (1986-87)	107.5"	184-185"	71"	11.8x15	6	258.1	4230	4.02x4.00	38.8	125
LANDCRUISER (1988-90)	107.5"	184"	71"	235/75R15	6	241	3955	3.70x3.74	32.86	155
LANDCRUISER (1991-92)	112.2"	189"	72-74"	235/75R15	6	241	3955	3.70x3.74	32.86	155
4RUNNER (1986-89)	103.0"	175"	67"	P225/75R15*	4	144.37	2366	3.62x3.5	20.97	116
4RUNNER (1990-92)	103.3"	176"	67"	P225/75R15	4	144.4	2366	3.62x3.50	20.97	116
PICKUP/4RUNNER (1986-88) OPT. TURBO ENGINE					4	144.37	2366	3.62x3.50	20.97	135
PICKUP/4RUNNER (1988-92), CAMRY (1992) OPT. V6 ENGINE					6	180.5	2958	3.44x3.23	28.39	145-150

*Tire size may vary within series.

[redacted] TOYOTA (Japanese) 1992

Av'g. Trd-In	BODY TYPE	Model No.	M.S.R.P.	Wgt.	Av'g. Loan	Av'g. Retail

MILEAGE CATEGORY:
Tercel-I Corolla-I Pickup-I Paseo-I MR2-II
Previa-II Celica-II Camry-II 4Runner-II
Van-II Cressida-III Land Cruiser-III Supra-III

1992 TOYOTA-AC-PS

Start Sept. 1991; Paseo May 1991; Camry SE, Wagons March 1992

TERCEL-FWD Veh. Ident.: JT2E(Model)()N()000001 Up.

5675	Sedan 2D	L46B	$6998	1950	5125	7025
6975	Sedan 2D DX	L43B	8428	1975	6300	8475
7075	Sedan 4D DX	L43A	8528	2005	6375	8650
7600	Sedan 4D LE	L44A	9908	2035	6850	9200

COROLLA-FWD Veh. Ident.: ()()()A(Model)()N()000001 Up.

7825	Sedan 4D	E91A	$9418	2253	7050	9450
8275	Sedan 4D DX	E94A	10408	2257	7450	9950
9575	Sedan 4D LE (AT)	E97A	12598	2352	8625	11375
8625	Station Wagon 5D DX	E94K	11078	2299	7775	10325
9375	Station Wagon 5D DX All-Trac	E94V	12088	2639	8450	11175

PASEO-FWD Veh. Ident.: JT2()L45F()N()000001 Up.

8825	Coupe 2D	L45F	$10338	2070	7950	10550

CELICA-FWD Veh. Ident.: JT2()(Model)()N()000001 Up.

10850	Coupe 2D ST	T86F	$13378	2447	9775	12900
12000	Coupe 2D GT	T87F	15708	2623	10800	14200
12100	Liftback 3D GT	T87N	15838	2646	10900	14350
13250	Liftback 3D GT-S	T85N	17328	2756	11925	15675
15500	Liftback 3D All-Trac Turbo	T88P	22048	3219	13950	17950
15925	Convertible 2D GT	T87K	20468	2844	14350	18400

SUPRA-V6 Veh. Ident.: JT2M(Model)()N()000001 Up.

17750	Liftback 3D	A70M	$25280	3463	15975	20375
19000	Liftback 3D Turbo	A71M	28750	3534	17100	21700

CAMRY-FWD Veh. Ident.: ()T()()(Model)()N()000001 Up.

12175	Sedan 4D DX	K11E	$14368	2943	10975	14450
13700	Sedan 4D LE (AT)	K12E	16998	3053	12350	16050
14750	Sedan 4D SE (V6)	K14E	18528	3197	13275	17150
15250	Sedan 4D XLE (AT)	K13E	18848	3097	13725	17675
13225	Station Wagon 5D DX (AT)	K11W	16898	3131	11925	15550
14100	Station Wagon 5D LE (AT)	K12W	18798	3219	12700	16475

MR2 Veh. Ident.: JT()S(Model)()N()000001 Up.

13725	Coupe 2D	W21M	$16048	2599	12375	16075
15225	Coupe 2D Turbo	W22M	19378	2758	13725	17650

CRESSIDA-AT-V6 Veh. Ident.: JT2MX83E()N()000001 Up.

17200	Sedan 4D	X83E	$23488	3439	15500	19975

PREVIA Veh. Ident.: JT3A(Model)()N()000001 Up.

14950	Wagon DX	C11R	$16518	3455	13475	17375
17575	Wagon LE (AT)	C12R	21448	3455	15825	20200
16425	Wagon DX All-Trac	C21S	19128	3670	14800	18850
19050	Wagon LE All-Trac (AT)	C22S	24058	3670	17150	21650

PICKUPS Veh. Ident.: ()T4()(Model)()N()000001 Up.

7125	Pickup	N81A	$8998	2730	6425	8700
7625	Pickup DX	N81P	9868	2730	6875	9225
7750	Pickup DX LB	N82P	10398	2785	6975	9375
8475	Pickup DX X-Cab	N93P	11108	2915	7650	10175
8975	Pickup SR5 X-Cab (V6)	N93G	14058	3170	9000	11800
8125	Pickup 1 Ton LB (V6)	N82N	12088	3070	7325	9875
9625	Pickup DX (4WD)	N01P	12818	3335	8675	11550
9750	Pickup DX LB (4WD)	N02P	13428	3360	8775	11675

IMPORTS

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7

ACCIDENT

DATE ______ TIME ______ MVA

4/3/56

EMPLOYER ______

LOC. ______

WORK RELATED ☐ Y ☐ N

☐ YES ☒ NO ☐ NR

ID ______

SEEN IN LAST 48 HRS. ☐ NO DATE ☐ YES

PERSONAL PHYSICIAN PHONE # ADDRESS

☒ AMB ☐ W/C ☐ AID CAR ☐ WALKED ☐ PVT CAR ☐ TAXI ☐ BUS ☐ CARRIED

ACCOMPANIED BY: ☒ SELF ☐ EMPLOYER ☐ FAMILY ☐ CLINIC EMP ☐ FRIEND ☐ CAREGIVER

TEMP.	RESP.	PULSE	B.P.	POS.
		80	124/80	

TETANUS Hx: need

DATE LAST DOSE: need

DT 0.5 CC-IM LOT #: 0.5cc

MANUFACTURER NAME

TIME 1735 SITE (L) delt INITIAL KB

EMP

CASE REPORTABLE TO A ☐ NO ☐ YES / TIME REPORTED by CASE OFFICER #

VISUAL ACUITY: W/O GLASSES OD OS; W/GLASSES OD OS

WGT HGT

ALLERGIES ☒ NONE

DOMESTIC VIOLENCE ☐ YES ☐ NO

CURRENT MEDS

NSG Hx

Time first seen by RN in ED:

involved in MVA restrained - Lac on (L) ~~[illegible]~~ O2 windshield intact - thinks she might of hit the steering wheel (denies) LOC - c/o neck pain (R) arm & shoulder pain

RN SIGNATURE(S) [redacted]

MONITOR ______ O2 ______ LPM

MICRO / SOURCE

SALINE LOCK #, CATH, SITE, TIME, BY, DURATION

IV / SALINE LOCK #, CATH, SITE, TIME, BY, DURATION

Hbg	WBC	AMYLASE	O+P	A/R	ABG pH	O2	GC
HCT					CO2	Bcb	
P	L	M	PRO TIME	PTT	GASTRIC HEME	STOOL HEME	GRAM STAIN
B	E						
NA	Cl	Cr	UA WBC	RBC	URINE PREG	URINE HEME	WET MOUNT
K	Bcb		BACT	EPI			
TP	CHEM BATT pH / Kt		CHEM BATT	PILOT TUBE	TOX SCREEN	CARDIAC ENZYMES	STREP / SPUTUM

BLOOD CULTURE: C RESIN # / S RESIN #

X-RAY: (R) forearm; xtable lateral - C-spine

PROCEDURE MEDS

HISTORY & PHYSICAL — First time seen by Physician in ED: 1700 KB

1 / 2 CT scan of head c view of (L) orbital ~~[illegible]~~ bone

gtts ~~[illegible]~~ "MVA c trauma"

Hlavne

Valat 1835

37 yo involved in MVA today, restrained driver ~ 55 mph on hwy but not able to describe mechanism of injury. May have hit head on steering wheel, (+) LOC, but note per EMT may be injured by air bag.

c/o pain (L) eye / (L) face, (L) sided HA, mandible anteriorly. c/o neck pain c scene / (R) elbow pain

Denies extremity weakness / sensory ∆s

PMH (-) PSH keloid removals chest, (R) shoulder. Meds (-) All (-)

PE: Thin WDWN ♂, mod distress 2° pain from head/facial injuries, NARD

HEENT c pain to palp. forehead / (L) brow / (L) temporoparietal areas / nasal bridge / ant. mandible. (B) conj injection / corneal irreg 8mm Lac (L) upper eyelid.

Neck st. tender to palp. post, good AROM. Chest tenderness (L) ant chest, BS clear

Cor RRR? sinus arrhythmia, S1 S2 wnl (-) m/g/r Abd (+) BS, soft NTND (-) masses (-) HSM

Ext (R) medial forearm ecchymosis / abrasion c local swelling

Neuro A+Ox3, SSC 4+/5 (B) UEs/LEs (-) focal weakness. Cereb (I) RAM Bilat. Sens (I) to LT (-) focal deft's ident.

[redacted]

IMPRESSIONS (1) Bilat. corneal abrasions (2) Hyphema O.S. (3) facial contusion (4) (R) forearm contusion

CONT. SHEET DNR

INTAKE IN ED PO BLOOD PRODUCTS OUTPUT IN ED URINE GASTRIC

PERSONAL PROPERTY

DISPOSITION Home CONDITION fair WITH WHOM family

ADMIT ROOM # ☐ NO ☐ YES DISCH TIME

ER LAB DRAW ☐ VENOUS ☐ ARTERIAL

ADMIT TO WHOM PHYSICIANS NOTIFIED HOUSE STAFF NOTIFIED

DISCHARGE MEDS

Tylno 3 #24

I HAVE READ AND UNDERSTAND THE CONTENTS OF THE CONSENT FOR CARE AND THE FINANCIAL AGREEMENT WRITTEN ON THE REVERSE OF THIS PAGE.

X ______

SIGNATURE RELATIONSHIP TO PATIENT

MEDICAL RECORDS / CLINIC CHART COPY

SSN | PT#/OF# | UNIT | DATE OF SERVICE

X

PATIENT INFORMATION

LAST NAME | FIRST | MI | SEX ☐ M ☒ F | 156 | AGE 37

ADDRESS | APT/LOT | PH

CITY | STATE | WORK OR MESSAGE PHONE EXT

EMPLOYER: DICT TECH | EMPLOYEE ADDRESS

CONTACT PERSON | RELATIONSHIP | PHONE SAP

ADD. SAP | STATE | ZIP SAP

INSURANCE

MEDICARE # | MEDICAID PIC # | L&I # | DATE OF L&I INJURY

PRIVATE I: | INSURED NAME | RELATIONSHIP

GROUP # | POL | ENROLLMENT #

HOSPITAL OR ER # | DIRECT ADMIT? ☐ YES ☐ NO | PERSO

PIC | START MILES | CLASS OF SERVICE | WORK RELATED Y ☐ N ☐ | ATTENDING PHYSICIAN

DESTINATION | END MILES | AUTO ACCIDENT Y ☐ N ☐ | RECEIVING PHYSICIAN

2ND DESTINATION | IN CUSTODY Y ☐ N ☐ BY

CHIEF COMPLAINT	CODE
INJURIES FROM MVA	
ADDITIONAL (L) EYE INJURY LT	
NECK PAIN	
(R) ELBOW AREA PAIN	
REASON FOR TRANSPORT	
MOVEMENT LIMITATION	

HOSPITAL

Diag 1: [redacted] ICD-9:910.1 [redacted] 0 0

EXPLANATION: Your symptoms result from a scrape on the clear part of your eye.

HOME-CARE INSTRUCTIONS:
1) Wear your eye patch until the doctor advises you to remove it.
2) DO NOT rub your eye.
3) DO NOT use any eye medications except those approved by the doctor.
4) DO NOT wear contact lenses until the doctor allows you to do so.
5) DO NOT drive a motor vehicle or operate machinery when wearing your patch since you will not be able to judge distances accurately.

WARNING SIGNS:
Contact your doctor or return to emergency if you experience any:
1) Increasing pain.
2) Changes in your vision.
3) Pain from bright sunlight.
4) Signs of infection such as fever, redness, swelling or pus.

NATURAL COURSE: Your symptoms should improve within 24 hours.

Diag 2: CONTUSION, FACE ICD-9:920 [redacted] 0 0

EXPLANATION: The doctor believes that your symptoms result from bruised skin and muscle that does not involve a concussion or any broken bones.

HOME-CARE INSTRUCTIONS:
1) Apply ice packs to the area for 20 minutes hourly for the first 24 hours while you are awake. After the first 48 hours apply moist, hot compresses for 20-30 minutes 2-3 times daily.
2) Remain quiet for the next 24 hours, staying with someone who will read these instructions and help you.

WARNING SIGNS:
Contact your doctor or return to emergency if you experience any:
1) Increasing pain or swelling.
2) Increasing weakness, numbness or tingling in your feet or toes.
3) Changes in normal alertness, activity, hearing, vision or pupil size.
4) Nausea or vomiting.
5) Increasing headache.
6) Seizures or jerking movements of your arms or legs.
7) Symptoms lasting more than 7 days.

NATURAL COURSE: Your symptoms should improve within 5-7 days. If they do not, you may need additional evaluation, including X-rays.

(Continued on Next Page)

Name: | Primary:
Discharge Date: Time: | FollowUp:
CLINIC # | CLINIC
EMERGENCY DEPARTMENT |
Attending: |

EMERGENCY DEPARTMENT
Visit No: D I S C H A R G E I N S T R U C T I O N S

Medication 1: ACETAMINOPHEN/CODEINE
PURPOSE: Used to relieve pain.
INSTRUCTIONS: Take with food or milk if it causes stomach upset.
DO NOT drink alcohol, drive, operate dangerous machinery.
SIDE EFFECTS: May cause drowsiness, dizziness, stomach upset, constipation.

Medication 2: XRAY INTERPRETATION
AN EMERGENCY INTERPRETATION OF YOUR XRAY (S) WAS PROVIDED BY THE EMERGENCY PHYSICIAN. A FINAL EVALUATION WILL BE MADE BY A RADIOLOGIST.

Medication 3: TETANUS TOXOID
Tetanus toxoid is used to induce continued immunity against tetanus, exposure to which is possible anytime skin is broken. It will sometimes cause fever, stiff painful arm, or local swelling. You may take aspirin or tylenol for these symptoms.

FOLLOW UP APPOINTMENT SHOULD BE: TOMORROW AT 10 AM
It is YOUR RESPONSIBILITY to make an appointment for follow up care. IF YOU HAVE QUESTIONS or PROBLEMS, call your PERSONAL PHYSICIAN or your FOLLOW UP PHYSICIAN. If you cannot see them, call or return to the EMERGENCY DEPARTMENT.
DO NOT LET ANYONE ELSE USE YOUR MEDICATIONS.
I HAVE READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS.
WITNESS_____ _____ SIGNATURE_____

Name: | Primary:
Discharge Date: Time: | FollowUp:
CLINIC # | CLINIC
EMERGENCY DEPARTMENT |
Attending: | Phone:

SURG

The patient returns. She required a couple of pain pills during the night. She cannot open up her eyes because of discomfort. Additional information relayed by family members is that the accident occurred as she was driving and there was a lane change and that is all that they know. They have not seen the car yet, but will go down and see it today and will be able to report more of the extent of the damages and the interior setting of the car.

A drop of Ophthaine relieves the pain in both eyes. She is then able to open the eyes. The face shows areas of multiple abrasions, left greater than right, including under her chin. At the biomicroscope, the right eye shows marked ecchymotic changes to the conjunctiva. The cornea is 1/3 abraded. Interior chamber with 1+ cell and flare. The pupil is well dilated. The lens is clear. There is good red reflex. Best visual acuity is count fingers at 10 feet. In the left eye, the best visual acuity is light perception with good projection. The area of the lid laceration is well approximated with 3 silk sutures. The cornea is 100% abraded. The anterior chamber has 3+ cell and flare. There is a small amount of hemoglobin present diffusely. The pupil is relatively well dilated but with some irregular form with some early synechiae present at 5 o'clock to 7, then 8 to 11. Applanation tension on the right is 14, on the left it was 10, but with the Tono-Pen 12. This was taken at 10:30 a.m. Bare right light reflex, red reflex present. Marked striae and increased corneal thickness due to trauma noted OU.

IMPRESSION

Bilateral corneal abrasions with iritis, left markedly greater than right. Ductions and versions are full. Patient has foreign body sensation relieved by Ophthaine. The status of the posterior poles still cannot be determined secondary to the severe iritis and corneal abrasions. I had Dr. look at the patient and he concurs with the above observations.

PLAN

Patient will return home to rest. We are going to continue her on 0.25% scopolamine OU 4 x q day and Pred Forte 2 drops every couple of hours around the clock. Because of the necessity for doing that, I think she would be more comfortable just with a very dark pair of post surgical glasses with which we supplied her. We will have her continue with her pain medications. I did give them some additional eye pads if they want to use them for comfort, but the adverse effect of having to take them on and off was pointed out. We have documented the extent of her injuries by photography and have asked the family member who accompanies her, when he looks at the car, to document both the interior and exterior, including the position of the air bag, with photography and he will do this for me. He also will get me a copy of the police reports so that we can attempt to document the exact nature of the injury. We will see the

Continued...

OPHTHALMOLOGY:

In car accident; Lid laceration repair performed by Dr. thru ER

Pt. states it feels like something is in OD all last night + today. Pt. comes in bilaterally patched tod

Dilated OU X 3 OD; X 6 OS c 2½% NSE 1/4 Kg

Full face & slit lamp photos done

SURG/

Emergency Room consultation. Start of exam 7 p.m., conclusion of exam 9 p.m. Patient is a 57-year-old Indian woman was reported to be traveling in her car at 55 mph, while wearing her seatbelt, when she struck a vehicle. Her air bag discharged and she is unable to recount any of the events at that time. This information is abstracted from the emergency room record. The windshield was not broken. The steering wheel was intact. The determination that she may have been struck in the face by the air bag is based on supposition. She was transported to Medical Center for evaluation. The patient is an employee of the medical center, working in the dietary department. She is in good health and takes no medications. She has no allergies. Her total family is here with her. She reports only gross vision in the right and ? whether vision is in the left. A CT scan is performed of the head and left orbit and is reported to show no fractures in the globe and it is intact, according to Dr. The patient was not wearing glasses or contact lenses at the time of the accident, by history.

PHYSICAL EXAMINATION

Patient resting on a stretcher in the ER care area. She shows multiple abrasions about her face, predominantly on the left side, and under her chin. She shows a small lid laceration of the medial area of the left upper lid, not involving the punctum. It measures 2 mm and is totally through the lid. She opens her eyes with moderate resistance. The corneas show marked abrasions as shown by fluorescein. The right pupil is miotic. The Schiotz tension is 5.0 with a 5/5. The patient reports that she can see my hand motion. In the left eye there is marked, even greater, abrasion of the cornea for essentially the full length. There was just the suggestion of a small amount of hemoglobin inferiorly. The pupil is also miotic, but marked haze prevents a complete view of the pupil. The [redacted] tonometer on 2 occasions measured between 8.0 and 8.5 with a 5/5. The patient's conjunctiva shows some small hemorrhages, ecchymosis, and no true edema. Ductions are grossly induct. I cannot identify any limitation. She has tenderness of the lid on the left and of the facial area. The patient is vigorously dilated with 2.5% Neosynephrine and 0.5% Mydriacyl as well as 0.25% scopolamine. The right eye dilates rapidly, the left eye much slower, but does dilate 80%. With the dilation, there was a clearing of the anterior chamber's

Continued...

hemoglobin (settling out), and one can see that there were no rents in the iris.

IMPRESSION
1. Bilateral facial abrasions and contusions, left greater than right.
2. Bilateral corneal abrasions, left greater than right.
3. Hyphema OS.
4. Uveitis dramatic OU.
5. Lid laceration OS.

PLAN
Patient is vigorously dilated and dilates fully on the right and 80% on the left. The left side of the face is prepped and the through-and-through lid laceration is closed with a 6.0 silk suture through the gray line and then two 6.0 silk sutures, one in the skin and one in the conjunctival border medially. She tolerated this using only some Xylocaine infiltration.

There was a long talk with the family and they would prefer to bring her home. She feels comfortable. Pain medication has been ordered by Dr. . She is bilaterally patched and a follow-up has been arranged. I have explained both to the patient, and to her accompanying family, the extreme seriousness of this injury. The possibility of significantly diminished vision in the left eye because we are not able to assess the total amount of trauma to the globe. The right eye, when it dissipates, will heal relatively well. We have also explained that the lid laceration has been reapproximated, but the possibility of a lid notch and a permanent degree of trauma is outlined. A follow-up appointment has been arranged for 10 a.m. tomorrow morning in my office.

dd:
dt:

patient in follow-up tomorrow. I spent 1½ hours with the patient today doing the exams and documenting the extent of the injuries.

dd:
dt:

cc:

OPHTHALMOLOGY: RT

OD feels much better than yesterday
OS always seems stuck shut

VA OD 20/60-1
OS HM

Pred Forte 1% q2h OU
1/4 Hyo qid OU

SURG/

The patient returns. She had a comfortable night requiring only a few pain medications. She is wearing her dark glasses. Visual acuity on the right is now 20/60-1. She is able to open her eye easily. The left eye is glued shut. We were able to open it with warm applications. She could see hand motion but not count fingers.

Examination of the face shows that the abrasions are crusted over. The right eye shows that the epithelium has returned with some fine wrinkles in the epithelium. The stroma shows no lines. The anterior chamber has a rare cell. Pupil is round and widely dilated. The lens is clear. Applanation tension at 11:00 is 12. The left eye shows a great deal of mattering with marked conjunctival hyperemia. The cornea is 1/8th epithelialized superiorly and inferiorly, but the central area is not yet. The cornea shows increased thickness with endothelial wrinkles. The anterior chamber is still with 3+ cell and flare and some red cells. The pupil is partially dilated, more round than previously, but not completely dilated. There is still some suggestion of synechiae at 9 o'clock, at 6 o'clock, and at 3 o'clock. The applanation tension is 12.

The left eye is vigorously dilated with 0.5% Mydriacyl and 2.5% Neo-Synephrine x 6 over a period of one hour. There was an increase in dilation with her in the sitting position. There was a slight clearing and a view of the lens, but still very hazy. I could not get a red reflex on the left secondary to the anterior chamber reaction.

IMPRESSION
Some improvement. I have still cautioned the patient and her fiance about the very guarded prognosis for the left eye. The area of the laceration is healing well. I am going to have her continue with the medications as above OU and add 2.5% Neo-Synephrine to the left eye only every couple of hours. We will see the patient tomorrow in follow-up. A note was dictated to her supervisor.

dd:
dt:

BEST AVAILABLE COPY

OPHTHALMOLOGY:

RT Eye Meds: Scop ~~qid~~ q2h OS
Same drops as 9/1
with the addition of above.

Says OD doing o.K./O.S becomes stuck shut uses cotton ball c̄ water to loosen which helps VA seems the same. Pain in OD less, OS still painful.

L Lid hy well!

VA sc 20/70-1
/LP

SURG/

The patient returns. The right eye is feeling much better. She is able to open both eyes. The left eye is actually hand motion with direction. The right eye shows a mild conjunctival hyperemia. The pupil is well dilated. The cornea with fluorescein shows mild stippling. Anterior chamber is without cell or flare. The lens is clear. The fundus is intact. Applanation tension is 16 at 11:00.

In the left eye one sees still some splinting from the bright light. The corneal abrasion involves 70% of the surface. The anterior chamber is with 4+ flare. She still has some small hemoglobin bunches inferiorly. The pupil is moderately well dilated. There are some synechiae as previously described. The applanation tension is 12. I can get a bare red reflex. The lens is still coated with fibrin.

IMPRESSION
Gradual improvement. Right quite good, left still very limited. They brought in photographs of the car and the discharged air bag, which shows that it was actually, according to her fiance, broken open. Whether particulate matter entered the eye could not be determined, and there was certainly not any particulate matter on her face at the time I saw her in the emergency room.

PLAN
Again the very guarded prognosis in the left eye is reviewed with them. I am going to stop all drops in the right eye, but continue with all medications as before in the left eye on an every-two-hour basis. We will recheck her tomorrow. Half an hour was spent with the patient today.

dd:
dt:

OPHTHALMOLOGY: No pain. Feel better

RT

Eye Meds: 1/4 Scop q2h QIP OS
Pred Forte q2h OS
2 1/2 Diox 2h OS

VA 5C 20/50-1
LP

SURG,

The patient returns. Her eyes are feeling better. Visual acuity in the left eye is hand motion. Right eye now shows a rare stipple. Anterior chambers without cell or flare. Eyes well dilated. The applanation tension is 14. Conjunctivae shows minimal stippling. The left eye shows a continued improvement in the epithelial defect. Both superior and inferior areas have re-epithelialized. Conjunctiva is hyperemic. There is still some increased corneal thickness with folds in Descemet's. The anterior chamber is clearer than yesterday. There is still some diffuse hemoglobin and 3+ flare present. The pupil is moderately well dilated with the synechia as previously described. There is still fibrin coating on the lens. Applanation tension is 12. Again the very guarded prognosis of the right eye is reviewed with the patient and her fiance. They will continue with the medications for the left eye only, and we will check them on [redacted]. Should there be any problems over the weekend, they are to immediately notify my colleagues who are on call. I do not anticipate that occurring.

dd:
dt:

OPHTHALMOLOGY: RT

VA sc 20/100 HM 3"

Eye Meds: Scop q2h
(white top) q2h
(red top) qid
> OS

SURG

The patient returns. Right eye is quiescent. Dilation is beginning to decrease. Left eye shows an epithelial defect of approximately 20% of the cornea. The increased thickness is as before, now has just 2+ flare. Pupil is well dilated but still irregular with the synechiae as previously described. There is still protein coating on the lens, and I cannot be sure whether she has developed some cataractous changes.

Applanation tension at 11:00 is OD 10, 10, 10. OS is 9, 9, 9. She has no pain on -ductions and -versions. She has discomfort. Again I cannot get a good red reflex secondary to anterior chamber and corneal changes. She is now one week and one-half day post trauma. The three sutures are in good position. We will remove them on Thursday at the time I will see her. She is using no medication in the right eye. In the left eye I am going to decrease her Neo to 4 times per day as her scopolamine. I am going to have her use her steroid Pred Forte every 2 hours while awake and then allow her to go through the night without being awakened.

Again the very guarded prognosis for the eye is outlined to her. We will see her in 48 hours for suture removal.

dd:
dt:

SURG/

The patient returns. The left eye continues to be weak. She has had no particular pain or discomfort.

EXAMINATION
The right eye is quiescent. The pupil is responsive. The anterior chamber without cell or flare. There is some minimal stipple on the cornea. In the left eye one sees an increased thickness of the epithelium. The anterior chamber now has rare cells. The deficit of the epithelium is quite small. Application tensions at 11:30 are OD 10, 10, 10; OS 9, 10, 9. The pupil is well dilated with the synechia as previously described.

At the biomicroscope, I removed 3 lid sutures without difficulty.

Again, the very guarded prognosis for the left eye is reviewed with the patient. I am going to have her decrease her Pred 40 1% and her 2.5% Neo-Synephrine to every 3 hours while she is awake, and she will not awaken during the night. I will check her on Monday. She is healing well, and I do not feel that a therapeutic lens at this point would be advantageous because of the potential for secondary infections. We will reassess this on [redacted] Again, there still some fibrin on the lens surface, but the anterior chamber is markedly improved.

dd:
dt:

OPHTHALMOLOGY:

Eye Meds: 1/4 Scop qid
2 1/2 Neo tid } OS
Pred Forte tid

VA sc 20/200
HM

SURG/

The patient returns but did not bring her glasses with her. They are in her damaged car and she will bring them with her to the next visit.

EXAMINATION
The right eye is absolutely quiet with no staining. The pupil is responsive and reactive. For the first time, in the left eye, there is no staining of the epithelium. It is all intact. There is some stippling present. The cornea shows significant increase in its thickness. The anterior chamber is now w/o cells or flare or hemoglobin. The pupil is widely dilated but slightly irregular secondary to the synechiae. The lens appears clear. The area of lid laceration is healing well.

Applanation tensions at 11 o'clock are OD 10, 10, 10, OS 12, 13, 12.

IMPRESSION
Right eye has returned to quiescent state. Left eye still shows the marked corneal edema secondary to the contusion of the globe and destruction of the epithelium. For the first time the epithelium is completely present.

PLAN
We now need to continue to monitor her to see what will be the restoration of the corneal function. The very guarded prognosis for the eye has again been outlined to the patient. I am going to stop her 2.5% Neo-Synephrine and continue with the scopolamine and the Pred Forte q3h while awake. I will see her on [redacted]. She will bring in her glasses and we will check the manifest refraction.

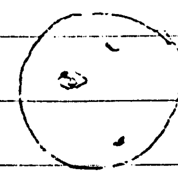
dd:
dt:

OPHTHALMO

RT

Eye Meds: 1/4 Scop qid
2 1/2 Neo q2h
Pred Forte 1% q2h
} OS

VA sc 20/100-1 / HM



[illegible]

~~OPH~~THALMOLOGY:

RT

Eye Meds: Pred Forte q3h OS
Scop q3h OS

VA = dist. glx.
20/20-2
/ HM

RIGHT
SPH: -1.75
CYL: +0.25× 10
PSM: 0.00 DWN
0.00 OUT

LEFT
SPH: -2.00
CYL: +0.00× 00
PSM: 0.00 DWN
0.00 OUT

NET PR 0.00 DWN
0.00 OUT

PD: 57
(R29.0+L28.5)

SURG/

The patient returns with her glasses. She sees 20/20-2. Left eye is hand motion. Right eye is quiescent, no staining. Her left eye shows the epithelium to be intact but has multiple irregularity and stippling to it. The corneal thickness has diminished so that a much better view of the anterior chamber is present, and the thickness is decreasing from the inferior aspects. One sees some fibrin clots inferiorly in the right eye. The pupil is irregular with some synechiae as previously noted. The lens surface is without synechiae. I can get a good red reflex with the indirect, but cannot get any details because of the thickness of the cornea. The applanation tension at 11:00 is 18.

IMPRESSION
There is a gradual diminution of the corneal thickness secondary to the re-epithelialization. I have explained to the patient and her fiance the extremely guarded prognosis for the eye, and we will just have to wait and see how it does. She is to continue with the above medications and we will recheck her on [redacted]. She cannot return to work yet.

dd:
dt:

~~ORPHT~~HALMOLOGY:

RT

Eye Meds: Pred Forte q3h OS
¼ Scop q3h OS

VA c̄ dist glo. 20/20
/HM — ?CF@2"

Appl OD 12,12,12 OS Lid healing well. Min
11/15 OS 14,13,14 irregularity

SURG/

The patient returns. She tells me that her right eye is doing well. Her left eye has shown a slight improvement between hand-motion and count-finger vision. She is, however, plagued with a great deal of pain in the back of her head and her neck. This has been present for a number of days, but she has not mentioned it to me because she thought it might be just related to the eye injury. On close questioning, she has no specific ocular pain, but this pain involves the back of her neck and her head, including her occipital area. This is quite painful to her, preventing her from sleeping. She has been taking no pain medication for this.

Examination reveals that the right eye is quiet. The vision with the correction is 20/20. The left eye has hand-motion vision. I cannot be sure that she is counting fingers. Bimicroscopic examination of the right eye shows the cornea to be clear and compact. Anterior chamber is without cell or flare. Pupil is reactive to the direct light. In the left eye, one sees no corneal staining. There is a continued increased thickness with folds of the stroma and the endothelium. This is less than my previous observation and it is becoming less peripheral in extent. The conjunctiva shows the hyperemia previously noted. The anterior chamber has no cells and 1+ flare. The lens continues to be difficult to view in its total extent because of a small amount of fibrin still on the surface, plus the inferior fibrin. This is the best view of the anterior chamber and the iris and one can see a dialysis present in the left eye. The synechiae, as previously noted, are present. There is no longer any trace of hemoglobin. The right fundus shows a clear vitreous and cup-to-disc ratio of 0.25. In the left eye, again, I can get no view of the posterior pole secondary to the cornea and also there is a suggestion of lens haziness, but I am not sure this is fibrin or the lens substance at this point. There is a red reflex present.

IMPRESSION

Post trauma OU secondary to auto accident with patient striking/being struck by the expanding air bag. At this point the right eye has recovered. The left eye still shows the marked corneal edema and the residual of the trauma. I asked

Continued...

OPHTHALMOLOGY

Date ____ Age 37 Sex ♀ Ref: ☑ Yes ☐ No Who? [redacted] Here before? ☐ Yes ☐ No When:

Chief Complaint:

Occupation:

Allergies? – NKDA

Ocular and Family Hx: GL: Cat: Mac D: R.D.:

Medical Hx: FH Social Hx:) Noncontributory

Diabetes? Hypertension? Arthritis?

Eye Surgeries: 2 wks s/p blunt trauma OU

Medications? PF q 3° Scop 1/4% q 3°) OS

Spectacles: How Old? Injury OS > OD

OD: ↓↓ VA OS

OS:

Add Prism POH – Noncontributory

Contact Lenses? To begin Dex ung OS q. hs

K's O.D. O.S.

VA: Dist. sc cc Near sc cc

O.D. 20/30 20/

O.S. 20/HM 20/

A/B scan OS – Edef APD ? Inf. VH Prob. partial PVD ?? lens echo

M.R.: O.D. 20/ O.S. 20/ Add

Ta: O.D. mm Hg O.S. Time

Phoria/ Dist: L V Near: L V Fix. Disp.

Full to HM OU

Visual Field: Ams:

Motility: Color: Otherwise full versions

Schiotz/Goldmann's / Hertel / Stereo

S.L.E.: LLL Mild edema OS.

Conj: 1+-2+ inj. OS

Cornea: Clear OD / ⊕ stromal edema OS

AC/Iris: D&Q/Nl. OD – 1+F/Tr. cell OS

Pupils: ⊖ Edef APD ⊕ traumatic iridodialysis.

Lens: Tr. NS OD / Mild opac. OS

Dilated: N2.5 MI M½ C ⊕ Phakodonesis Inf. inj.? PVD PVH/VH?

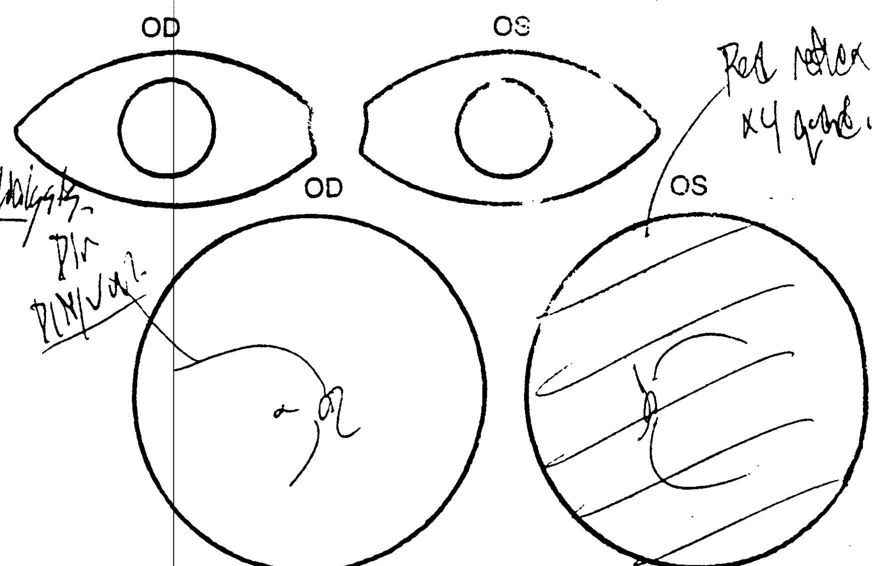
Vitreous:

Discs:

Vessels:

Macula:

Periphery:



Impression: 1 ~ s/p blunt trauma OU
Keratitis
Iridodialysis) OS
Iritis

Plan:

Plan 1. Findings noted / Questions answered.
2. Discussed c Dr. F.
3. Cont. care per Dr. F.
4. Post seg exam / OS 1-2 wks.

SURG/ CONTINUED . .

Dr. to see the patient and asked whether he would recommend any change in the therapy. He confirms the observations and also expresses concern about whether or not a secondary cataract is developing in the left eye. He concurs with the regimen of Pred Forte every 3 hours and 0.25% scopolamine every 3 hours. He would not re-add the 2½% Neosynephrine but does suggest Decadron ophthalmic ointment at night for the left eye. This is ordered. In addition, since we still cannot see the posterior pole, I will ask Dr. [redacted] our retinal specialist to do diagnostic B-scan and for any input that he may have. This is arranged for today. A follow-up has been arranged with the patient on [redacted]

dd:
dt:

ADDENDUM:
Dr. has seen the patient and confirms the iris dialysis and the vitreous separation. There is no evidence of any retinal detachment. See his detailed written and typed note.

The patient was informed of these findings and also Dr. discussed with her the corneal status and the guarded prognosis of the cornea. We still will continue the steroid therapy and monitor the corneal response. A period of 2-4 more weeks will be required until the corneal status has reached its maximum recovery and the patient and her fiance understand this and also are cognizant of our concern about a traumatic cataract developing and the unknown status still of her retina post this trauma.
MIF/la

~~OPHTHALMOLOGY:~~

RT

Eye Meds: Pred Forte q3h ~~D25%~~ OS
Scop .25% q3h OS
Decadron Oint ahs OS

VA ≈ dist. glo.
20/20
FC 6"

SURG,

The patient returns and tells me she has not yet had the opportunity of making an appointment with Dr. [redacted] as I recommended on the last visit because of the head and neck discomfort that she is experiencing. This has remained unchanged, and she assures me that she will make the appointment promptly.

Continued...

The left eye feels the same with mild discomfort present. The right eye is quiescent and fully corrected. The left eye, by the technician, is count fingers at 6 inches.

Examination of the left cornea shows the stromal swelling and endothelial folds. The anterior chamber has 1+ flare but no cells. There is still fibrin on the lens surface during dialysis and the irregularity of the iris is unchanged. I am not impressed with significant fibrin inferiorly.

Applanation tensions at 11:15 are 11 in each eye.

PLAN
She is to continue with her medication as above, and we will see her mid week. At that point, a follow-up examination with Dr. [redacted] has also been arranged pursuant to his referral letter.

dd:
dt:

OPHTHALMOLOGY:

RT Seeing ... OU today
Eye Meds: Pred Forte q3h OD
Scop .25% q3h OD
Decadron Oint qhs OS

VA 20/20-1
/FC innaccurate

12
[illegible] 12

SURG,

The patient returns. She tells me that she has had severe, intermittent pains in the left eye over the last few days. The right eye had one episode of shooting-like pain midweek. She still has the head and neck pains. The pains have limited her ability to sleep. She has been taking some over-the-counter analgesics that have given her some relief. She did have an appointment with her internist, and they have arranged for further care by the neurosurgeons. The vision in the right eye remains stable. In the left eye it is counting fingers but with poor differential. She continues to use the medicines as outlined above.

Our examination shows the right eye to be quiet. There is no staining. The cornea is of good depth. The endothelium remains unchanged. The anterior chamber is without cell or flare. The pupils are reactive bilaterally. In the left eye one sees conjunctival hyperemia. The area of the lid laceration has healed nicely with only a small internal irregularity. The cornea itself shows that the upper two-thirds still has increased thickness with endothelial folds. There is a fine stippling of the cornea but no bullae. The anterior chamber is without cell or flare. The dialysis medially remains unchanged. The pupil is irregular and the synechiae previously documented remain unchanged. The fibrin coat that has been on the lens is now almost completely resolved, and one can see a defuse opacification of the lens. A bare red reflex is noted.

IMPRESSION
The left eye shows increased corneal thickness and endothelial changes with synechia of the iris to the lens and lens opacification as well as a dialysis. All of this is secondary to blunt trauma OS. The lid laceration has healed well OS secondary to blunt trauma.

Continued...

[redacted] 1993 SURG/[redacted] CONTINUED . .

PLAN
The patient has a follow-up appointment today with Dr. [redacted] who will further evaluate the retinal and vitreous status on the patient. I am going to have her continue with the medications as above, and I will see her on [redacted] in coordination with her appointment with Dr. [redacted]. The patient's strength is gradually increasing, and she feels that when she is a little more stable that she would like to see whether she can pursue her occupation here at [redacted]. She will let me know a little more about how she is doing on that aspect on her next visit.

dd:
dt: [redacted], 93

Med-[redacted]

Patient Cancelled/No-Showed Appointment today.

OPHTHALMOLOGY

Date Age Sex Ref: ☐ Yes ☐ No Who? Here before? ☐ Yes ☐ No When:

Chief Complaint: Flu Injury OS

Occupation:

Allergies?

Diabetes?

Hypertension?

Arthritis?

Ocular and Family Hx:

GL: Cat:

Mac D: R.D.:

Medical Hx:

Social Hx:

Eye Surgeries: s/p blunt trauma OS > OD; Keratitis, Cataract, Iridodialysis) OS

Medications? Eye Meds: Pred Forte q3h OS; Scop .25% q3h OS; Decadron Oint. OS

Spectacles: How Old?

OD:

OS:

Add Prism

Contact Lenses?

K's O.D.

O.S.

VA: Dist. sc cc Near sc cc

O.D. 20/ 20/ 20

O.S. 20/ 20/ CF inaccurate

s/p VA stable OS; Hx unstable from 9/21/93

M.R.:

O.D. 20/

O.S. 20/

Add

Phoria/ Dist: L Near L

Fix. Disp. V V

Full to HM OS

Visual Field: Ams:

Motility: Full ductions OS. Color:

A/S 50m. Edef AD; OS C/W partial PVD

Ta: O.D. 12 mm Hg 3:00

O.S. 12 Time

Schirmer's

Hertel

Stereo

OS

S.L.E.: LLL Mild edema.

Conj: Tr. Inj

Cornea: ⊕ epith / str. edema

AC/Iris: 1-2+ C+F / PSI / Nasal iridodialysis

Pupils:

Lens: Moderate opac.

Post. nasal / Inf. VH.

Dilated: N2.5 MI M½ C

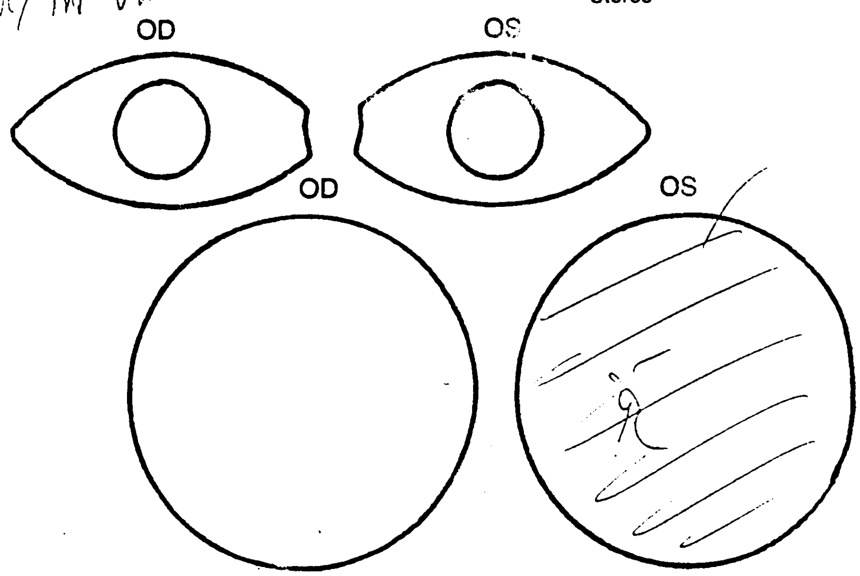
Vitreous:

Discs:

Vessels:

Macula:

Periphery:



Impression: 1. s/p blunt trauma OS

⊖ evidence retinal detach.

2. mild VH / partial PVD

⊕ iridodialysis / corneal edema.

Plan:

Plan 1. Findings noted

2. Questions answered.

3. Cont. observation

4. F/U 2-3 wks, sooner prn

c/w perfor. treatment.

COATSWORTH N

MED/

This is the first neurology visit for , a 37-year-old woman who is seen at the request of Dr. , in consultation regarding headache.

She was in entirely good health until when she was involved in a motor vehicle accident. She was apparently driving when she hit her car on a freeway wall while changing lanes. Reportedly no other vehicle was involved in the collision and her car was totaled. She had an air bag and was later seen in our emergency room for soft tissue injuries to the face which have since been felt to be related to the air bag. Clinical details are in extensively documented notes by Dr. , beginning . She has since gone on to have a vitreous separation and iris dialysis of the left eye and has been treated aggressively with prednisone and dexamethasone ophthalmic eye drops. Since the accident, she has complained of a constant headache, worse in the center and on the left side of the head, and it is for this now she comes for furthe. evaluation. She says the headache is a constant ache, peaking occasionally to a 10 and unassociated with visual fortification, spectra or complex neurological events. She is taking no pain medications for relief of this discomfort and does not feel the pain worsens with eye movement. She has no previous history of migraine headache. It is unclear if litigation is currently involved in this case.

PAST MEDICAL HISTORY
Trauma to the left eye.

CURRENT MEDICATIONS
Pred-Forte q 3 hr OD. Scopolamine 0.25% q3h OD. Decadron ointment at HS.

PHYSICAL EXAMINATION
She has scarring and opacification of the anterior chamber of the left eye. She sits with her eyes closed throughout most of the interview, complaining of glare from the overhead lights. Visual acuity is 20/20 in the right eye, count fingers at 6" in the left eye.

She has some mild discomfort to palpation of the globe on the left, but none on the right.

NEUROLOGIC EXAMINATION

Mental Status:	Awake, alert, and oriented x 3. Speech clear without aphasia or dysarthria.
Cranial Nerves:	II-XII normal in detail. In particular, visual fields full to confrontation, fundi benign, and

Continued...

discs flat. Extraocular movements intact without nystagmus.

Motor: Normal bulk and tone throughout. Strength full in all muscle groups without pronator drift.

Sensory: Normal to all modalities without evidence of dermatomal or cord level.

Coordination: Normal finger-nose-finger and heel-knee-shin; casual toe, heel, and tandem gaits normal.

Reflexes: Normoactive and symmetric throughout. Plantar response is flexor bilaterally.

REVIEW OF RADIOLOGIC RECORDS

CT of the head and orbits performed through the emergency room, dated is reviewed. There is no abnormality in the brain with normal-sized ventricles and no midline shift. There is some preseptal soft tissue swelling and minor hemorrhage in the globe on the left.

IMPRESSION

is a 37-year-old woman with complaints of headache following a motor vehicle accident. Neurologic examination is normal. Most likely, she has post concussive migraine. She has been given some Midrin to try for the headache and will be seen in follow-up.

OPHTHALMOLOGY:

RT

Pred Forte q3h OS
Scop q3h OS
Oint. ahs OS

VA sc 20/20-2
FC

SURG/

Patient returns. Right eye is quiet. There is no staining. Left eye shows small area of abrasion. She does not recall when it occurred. There is an increased healing of the left cornea, with a decrease of the stria on the endothelium. The anterior chamber is now without any cell or flare. The fibrin is clearing from the lens. It has some opacification secondary to trauma. I am going to have her continue with the medications. I will see her back on [redacted] She has a follow-up appointment also with Dr.

dd:
dt:

OPHTHALMOLOGY

RT

Eye Meds: Pred Forte q3h OS
Scops q3h OS
Decadron Oint @hs OS

VA EC 20/20

FC 6" SURG/

The patient returns. She saw the internist as scheduled, and she tells me the medication she has received is helpful with her head and neck pain. She relates that the left eye is feeling better, and she has a small amount of vision in it. In the right eye, she has been seeing well but upon awakening in the middle of the night will have some shooting pain which starts behind the right ear and radiates forward. This has not occurred during the day. She is using the medications as outlined above.

Examination shows the right eye to be quiet. The cornea does not stain. The applanation tension at 11:30 is 12. Ductions and versions are full. In the left eye, one sees that the lid laceration has healed well. The epithelium is present on the cornea with middle stipple. The stromal haze is diminished inferiorly. There is a slight increased thickness superiorly of the stroma, and the folds in Descemet's are present only superiorly and less than on previous exam. The anterior chamber is without cell or flare. The dialysis remains unchanged. The pupil is somewhat irregular. The synechiae are unchanged. There is no anterior chamber reaction. The opacification of the lens is noted. The fibrin has cleared from the front of the lens. Red reflex is present.

Applanation tensions are 12.

IMPRESSION:
Gradual progressive improvement in the corneal status of the left eye including both the endothelium and epithelium. However, cataract is present, the dialysis is present, and the vision is extremely limited secondary to these.

Our strategy is to continue with the steroid ointment and drops and the scopolamine and then re-evaluate her in one week. Follow-up appointment with Dr. is to be scheduled the subsequent week. The very guarded prognosis for the eye with a possibility of surgical procedures is again outlined with the patient.

dd:
dt:

OPHTHALMOLOGY: RT—Post-injury recheck

Eye Meds: Pred Forte q3h OS
Scop q3h OS
Decadron Oint ahs a

VA Ec 20/20
FC 3"

SURG/

The patient returns as scheduled. She relates that since I have last seen her she has continued to have severe head and neck pains which have not been relieved by her internist's medication as prescribed and she will be getting some additional medication from her internist for this.

The patient relates that her right eye intermittently has a sharp pain on awakening in the morning but not during the rest of the day. The left eye has days with moderate discomfort and other days when it is feeling relatively quiet. She has been using the medication as advised.

Examination of the right eye shows the cornea to be clear with no stippling. Anterior chamber without cell or flare, and applanation tension of 10 at 11:30.

The left eye shows the conjunctival hyperemia, the epithelium with multiple punctate staining and irregularity. The stroma has decreased in its thickness. There are still some folds superiorly. The anterior chamber is without cell or flare, and there is no fibrin. Pupil is irregular. The synechia and dialysis are unchanged. The lens is hazy from the lenticular changes. Red reflex is present but the view is limited because of the corneal and the lens changes. The patient's applanation tension on the left is 10 mmHg. The little laceration has healed well on the left.

I am going to decrease her Pred Forte to twice daily on the left eye and the Decadron ointment at night. I will stop the scopolamine. Follow-up appointment in one week has been arranged and she will also at that time see Dr. as previously scheduled. Again, the very guarded prognosis for the left eye is outlined to the patient. In addition, because of her head and neck area pains, as well as limited vision, she is not in a position to return to work.

dd:
dt:

HAs "80%" better
Midrin 2 q AM then 1 p that.

MED, ..

returns in follow-up. She looks much improved today and says that the Midrin has been 80% effective in ameliorating her headaches. She has been using Tylenol #3 at night to help with sleep and feels that there has been no change in her vision.

On examination today she continues to have injection of the left eye and corneal clouding. Fundoscopic examination on the right is normal.

IMPRESSION
Migraine. Midrin and Tylenol #3 are refilled. She is encouraged to call if her headaches do not completely resolve in the next eight weeks.

dd:
dt:

AIRBAG SUPPLEMENT

ACCIDENT SUMMARY

1. Accident Date:

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

   Agency: [redacted]
   City:
   County:

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

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

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

6. Vehicles Involved [2]

7. Persons Involved [2]

8. Injured Persons [1]

9. Maximum AIS in Accident [1]

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: NA

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

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

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

VEHICLE HISTORY

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

15. Has Any Prior Maintenance or Service Been Performed on System [3]
   (1) Yes
   (2) No
   (3) Unknown

   Describe:

AIRBAG SUPPLEMENT

AIRBAG VEHICLE

Fleet: NA

VIN: [illegible]

Mileage: 687,847 km (42,742 mi)

SYSTEM READINESS LAMP

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

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

18. Period of Pre-Impact Flashing [7]
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

19. Post-Impact Lamp Condition [3]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

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

21. Airbag Vehicle First Harmful Event [3]
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport (same roadway)
(14) Motor vehicle in transport (other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

AIRBAG VEHICLE IMPACT SUMMARY

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

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

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

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

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

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

27. Left Front Fender Damage [ ]

28. Right Front Fender Damage [ ]

29. Center Top of Grille Damage [ ]

FRONT BUMPER E.A. STATUS

30. Left [ ]

31. Right [ ]

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

FIRST AIRBAG VEHICLE IMPACT:

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

33. CDC: [illegible]

34. Object Contacted: V2 1989 CHEVROLET CAMARO

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number [ ]

36. Total Delta-V KPH [ ] .70

37. Longitudinal Delta-V KPH [11] (-7.13)

38. Configuration [ ]
See 32 above for codes

39. CDC: [illegible]

40. Object Contacted: V2 1989 CHEVROLET CAMARO

AIRBAG SUPPLEMENT

AIRBAG SYSTEM DAMAGE

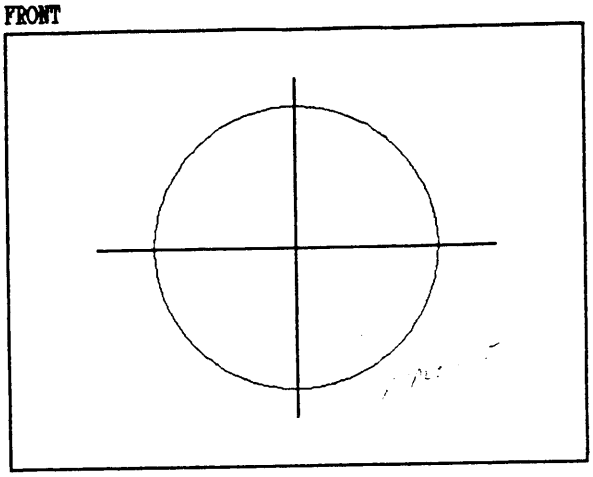
CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

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

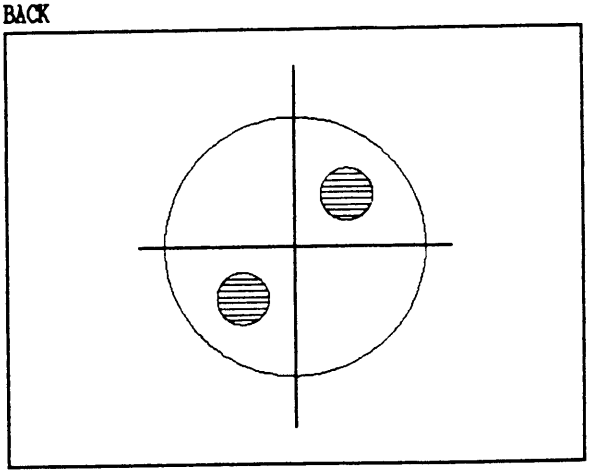
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle [1]

52. Number of Injured Persons [1]

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

DRIVER

Age: 37

Sex: MALE

54. Number of Driver Injuries [1]

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

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	1	45
Chest		
Abdomen		
Legs/Hips		
Other (Arms)	1	45
Driver Maximum		

EJECTION NA

Extent:

Portal:

OTHER VEHICLE:

Maximum AIS

Prime/Deploy Impact w AB Vehicle Event Number 1

CDC: UNKNOWN

Total Delta V 14 KPH

Make: CHEVROLET

Model Year: 1979

Model: CAMARO

Body Type: 2-DOOR

NOTES:

AIRBAG SUPPLEMENT

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

Evidence:

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

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

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

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

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

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

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

Describe: