



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***



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

TRANSPORTATION RESEARCH CENTER

**Indiana University
Bloomington, Indiana 47403-1599**

REMOTE AIR BAG INVESTIGATION

**CASE NO. - 94-13
FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED], MICHIGAN
ACCIDENT DATE - [REDACTED] 1994**

Submitted By:

**[REDACTED]
Senior Staff Associate**

[REDACTED] 1994

Contract Number: DTNH22-94-D-17058

Prepared for:

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

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

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

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

1. Report No. TRC/IU Case No. 94-13		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location [REDACTED] Michigan				5. Report Date [REDACTED] 1994	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 94-13, Task 9408	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED] Indiana [REDACTED]				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-94-D-17058	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered [REDACTED] 1994	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag investigation involving a 1994 Toyota Camry XLE, 4-door sedan					
16. Abstract <p>This report covers an remote investigation of an air bag deployment crash that involved a 1994 Toyota Camry XLE and a 1989 Mercury Tozaz GS. The Camry was traveling east in the inside, eastbound lane of a four-lane, undivided city roadway. The Topaz was traveling west in the inside, westbound lane of the same roadway and was attempting to make a left-turn at the four-leg, cross-intersection and go south. The front of the Camry (case vehicle) impacted the right side of the Topaz (vehicle #2) causing both the case vehicle's driver and right-front passenger supplemental restraint systems (air bags) to deploy. The case vehicle, most likely, rotated clockwise after impact and came to rest in the intersection heading southeast. Vehicle #2 was knocked southeast after impact and rolled two, one-quarter turns about its longitudinal axis before coming to rest on its roof facing southwest. It is unknown whether the Camry's driver (40 year-old female) was using the factory installed lap and shoulder belts. The driver of the Camry was listed on the Police Accident Report as restrained and as not sustaining any injury as a result of this crash. The front right passenger (21 year-old female) was using (according to her medical records) her available restraints (unknown type) and sustained, according to her medical records, right eye injuries which included: periorbital ecchymosis, a corneal abrasion, and a hyphema. According to the Police Accident Report, the right front passenger was also listed as restrained and as not sustaining any injury; however, she was listed as transported to a medical facility.</p>					
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 39	22. Price \$2,500

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 94-13

**FLEET - PRIVATE VEHICLE
LOCATION - ██████████, MICHIGAN**

Summary

This report concerns a motor vehicle crash involving an air bag equipped 1994 Toyota Camry XLE and a 1989 Mercury Topaz GS occurring on ██████████ 1994 at ██████████, in ██████████ Michigan on a city street. This crash is of special interest because an eye injury is associated with the air bag's deployment.

The Camry was traveling east in the inside, eastbound lane of a four-lane, undivided city roadway when it impacted the Topaz was traveling west in the inside, westbound lane of the same roadway. The Topaz was attempting to make a left-turn at the four-leg, cross-intersection and go south. The Camry, most likely, rotated clockwise after impact and came to rest in the intersection heading southeast. The Topaz was knocked southeast after impact and rolled two, one-quarter turns about its longitudinal axis before coming to rest on its roof facing southwest.

The front of the Camry impacted the right side of the Topaz. With no available vehicle photographs, the CDCs are not estimable for either the Camry or the Topaz. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained.

The 1994 Toyota Camry was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. It is unknown whether the Camry's driver (40 year-old female) was using the factory installed lap and shoulder belts. The driver of the Camry was listed on the Police Accident Report as restrained and as not sustaining any injury as a result of this crash. The front right passenger (21 year-old female) was using (according to her medical records) her available restraints (unknown type) and sustained, according to her medical records, right eye injuries which included: periorbital ecchymosis, a corneal abrasion, and a hyphema. According to the Police Accident Report, the right front passenger was also listed as restrained and as not sustaining any injury; however, she was listed as transported to a medical facility.

TRC/TU REMOTE AIR BAG REPORT

TRC/TU CASE NO. 94-13

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] MICHIGAN

ACCIDENT DATA

Location/Street: City Street
City/Township: [REDACTED], Michigan
Area/Type: Urban, unknown
Accident Date/Time: [REDACTED] 1994, @ [REDACTED] p.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car / Car - obtuse angle
Occupant Injury Severity
(air bag vehicle): Hyphema right eye (AIS-1)

AMBIENT CONDITIONS

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

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	4-lanes, undivided	4-lanes, undivided
Width:	Unknown	Unknown
Surface Type:	Unknown	Unknown
Vertical alignment:	Straight (per PAR)	Straight (per PAR)
Horizontal alignment:	Level (per PAR)	Level (per PAR)
Traffic Density:	Moderate (per Police)	Moderate (per Police)
Speed Limit:	56 k.p.h. (35 m.p.h.)	56 k.p.h. (35 m.p.h.)
Traffic Controls:	None (per PAR)	None (per PAR)

VEHICLES*

	<u>Case Vehicle</u>	<u>Vehicle #2*</u>
Year:	1994	1989
Make:	Toyota	Mercury
Model:	Camry XLE	Topaz GS
Body Type:	4-door sedan	4-door sedan
V.I.N.*	4T1GK13E8RU——	1MEPM36X6*KK——
Mileage:	Unknown	Unknown
Securiflex windshield:	None: most likely	None: most likely
Windshield damage/source:	Unknown	Unknown
Active Restraints:	3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position {VIN and experience}	2-point, manual, lap belt in front and rear outboard seating positions and rear center position {VIN and Branham's}
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	2-point, active, motorized, shoulder belts at front outboard seating positions
Fleet:	Private vehicle	Unknown
Tow status:	Towed due to damage	Towed due to damage
Reported Defects:	Unknown	Unknown

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object struck:	Vehicle #2	Case Vehicle
Damage location:	Front {PAR}	Right {PAR}

* The ninth character of Vehicle #2's VIN (i.e., "6") is invalid (i.e., check digit error) according to the NICB software. The VIN supplied on the Police Accident Report only contained five numbers in the sequential production number section. In this contractor's opinion, the first eleven characters of the VIN most likely accurately represent Vehicle #2.

VEHICLE DAMAGE (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact (Cont'd.)</u>		
CDC:	Unknown	Unknown
Estimated maximum crush:	Unknown	Unknown
Damaged components:	Unknown	Unknown
Repair estimate:	Unknown	Unknown
Interior damage:	Unknown	Unknown

COLLISION SEQUENCE

According to the police and the Police Accident Report the case vehicle (Camry) was traveling east in the inside, eastbound lane of a four-lane, undivided city roadway and was attempting to continue in its direction of travel. Vehicle #2 (Topaz) was traveling west in the inside, westbound lane of the same roadway was attempting to make a left-turn and go south. It is unknown if the driver of the case vehicle made any pre-crash avoidance maneuvers or if the case vehicle continued straight ahead or rotated (clockwise, counterclockwise) prior to impact. It is also unknown if the driver of vehicle #2 made any pre-crash avoidance maneuvers or continued its turn or rotated (clockwise, counterclockwise) prior to impact. The crash occurred in the four-leg, cross-intersection.

The front of the case vehicle impacted the right side of vehicle #2 causing both the driver and right-front passenger side supplemental restraint systems (air bags) to deploy. The case vehicle, most likely, rotated clockwise after impact and came to rest in the intersection heading southeast. Vehicle #2 was knocked southeast after impact and rolled two, one-quarter turns about its longitudinal axis before coming to rest on its roof facing southwest.

DRIVER DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	40	17
Sex:	Female	Male
Height:	Unknown	Unknown
Weight:	Unknown	Unknown
Occupation:	Unknown	Unknown
Active Restraint System/Usage:	3-point lap and shoulder/unknown, used	2-point lap/used

DRIVER DATA (CONT'D.)

<u>Driver (Cont'd.)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Usage Source:	Unknown: per NASS protocol; used per Police Accident Report	Police Accident Report
Passive Restraint System/Usage:	Not applicable	2-point, motorized, shoulder belt/used
Usage Source:	Not applicable	Police Accident Report
Eye glasses/contacts:	Unknown	Unknown
Vehicle Familiarity:	Unknown	Unknown
Route Familiarity:	Unknown	Unknown
Trip Plan:	Unknown	Unknown
Manner of Leaving Scene:	Unknown	Unknown
Type of Medical Treatment:	None {NASS CDS default rule}	None {NASS CDS default rule}

Right Front Passenger

<u>Right Front Passenger</u>	<u>Case Vehicle</u>
Age:	21
Sex:	Female
Height:	Unknown
Weight:	Unknown
Active Restraint System/Usage:	3-point lap and shoulder/ <u>USED</u> ; however, it is unknown whether she used only the lap portion, the shoulder portion, or the lap and shoulder portions of the belt
Usage Source:	Medical records and Police Accident Report
Eye glasses/contacts:	Unknown
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Transported and released according to follow-up medical records and Police Accident Report

DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
None		9	Not applicable	{N/A}

PASSENGER INJURIES¹

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Corneal abrasion right eye	240602.1,1	3	Air bag	{Certain}
Hyphema right eye	240604.1,1	3	Air bag	{Certain}
Other trauma ¹ right eye, not specifically provided for: (i.e., angle recession, iritis, mydri- asis, ptosis)	240499.1,1	3	Air bag	{Certain}
Ecchymosis periorbital right eye	297402.1,1	3	Air bag	{Certain}

¹ The following definitions taken from [REDACTED] are considered pertinent and are presented in alphabetical order.

angle-recession glaucoma: glaucoma secondary to contusion injury of the eye, in which the anterior chamber is deep and the angle recedes, with exposure of the ciliary body, as seen gonioscopically, and there is blocking of the trabecular spaces.

glaucoma: a group of eye diseases characterized by an increase in intraocular pressure which causes pathological changes in the optic disk and typically defects in the field of vision.

hyphema: hemorrhage within the anterior chamber of the eye.

mydriasis: extreme or morbid dilatation of the pupil.

photophobia: abnormal visual intolerance of light.

ptosis: drooping of the upper eyelid from paralysis of the third nerve or from sympathetic innervation.

Appendix A:

POLICE ACCIDENT REPORT

Form 10-10 (1-93)

Authority: 1945 PA 300 Sec 267.822
Compliance: Required
Penalty: \$100 and/or 90 days

Do Not Use

Complaint #

File Class

Complaint Disposition

Reviewer

STATE OF MICHIGAN

Traffic Crash Report

Department Name
DETROIT POLICE DEPARTMENT

ORI: MI- [REDACTED]

Crash Date: Month 04 Day 19 Year 2000
Crash Time: Military 09

No. of Units	Crash Type	Special Circumstances	Weather	Light	Fatal (Report All)
1	1. Single Motor Vehicle	1. None	1. Clear	1. Daylight	<input type="checkbox"/>
2	2. Head On	2. Dear	2. Cloudy	2. Dawn	<input type="checkbox"/>
3	3. Head On-Left Turn	3. School Bus	3. Fog/Smoke	3. Dusk	<input type="checkbox"/>
4	4. Angle	4. Hit and Run	4. Rain	4. Dark-Lighted	<input type="checkbox"/>
5	5. Rear End	5. Fleeing Police	5. Snow/Blowing Snow	5. Dark-Unlighted	<input type="checkbox"/>
6	6. Rear End-Left Turn		6. Severe Wind	6. Other/Unknown	<input type="checkbox"/>
7	7. Rear End-Right Turn	Special Study	7. Sleet/Hail		<input type="checkbox"/>
8	8. Sideswipe-Same	1. Local	8. Other/Unknown		<input type="checkbox"/>
9	9. Sideswipe-Opposite	2. State			<input type="checkbox"/>
10	10. Other/Unknown				<input type="checkbox"/>

County	City/Twp	Traffic Control	Construction Zone	Activity	Relation to Roadway	Area	Road Condition	Total Lanes	Speed Limit
82	99	1. Signal 2. Stop Sign 3. Yield Sign 4. Not Present	(Mark One From Each Group) Type: 1. Const/Maint. 2. Utility Lane Closed: 1. Yes 2. No	1. On Road 2. Off Road 3. None	(Location of First Impact) 1. On Road 2. Median 3. Shoulder 4. Outside of Shoulder/Curb 5. Gore 6. Other/Unknown	1. Dry 2. Wet 3. Icy 4. Snowy 5. Muddy 6. Slushy 7. Debris 8. Other/Unknown	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	

Location on: Name: W. [REDACTED]
 FT MI North East Beginning of Ramp
 South West End of Ramp
 Intersection: [REDACTED]

Unit Number	State	Driver License Number	Date of Birth	License Type	Sex	Hazard Action
1	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
2	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
3	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
4	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
5	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
6	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
7	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
8	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9
9	MI	[REDACTED]	Month <u>04</u> Day <u>17</u> Year <u>1971</u>	O CY C F M R	M F	0 1 2 3 4 5 6 7 8 9

Position: 1 Restraint: 04 Ambulance/Hospital: medic
 Injury: Ejected ☐ Trapped ☐ Airbag Deployed ☐
 C1: 1. Yes 2. No 3. Not Available
 C2: 1. Hazardous 2. Other
 Total Occup: 0 1 2 3 4 5 6 7 8 9

Vehicle Registration	State	VIN	Vehicle Description (YR, MAKE, COL OR)	Vehicle Direction	Special Vehicles
[REDACTED]	MI	1MEPM36X6KK	89 MERC MAROON 4dr	North East South West	1 2 3 4 5 6
Insurance	Towed To/By	Vehicle Use	Vehicle Defect	Private Trailer Type	
Greatest Damage: 0 1 2 3 4 5 6 7 8 9 10 11 12	Extent of Vehicle Damage: 0 1 2 3 4 5 6 7	Drivesable: Yes No	1 2 3 4 5 6	1 2 3 4 5 6 7	

Injured: First Name	Middle	Last	Date of Birth	Sex	Ejected	Yes
N			Month <u>04</u> Day <u>17</u> Year <u>1971</u>	M F	Trapped	Yes
Street Address	Phone Number	Injury	Airbag Deployed	1. Yes 2. No 3. Not Available		
City	State	Zip	Pos. Rest. Ambulance/Hospital			
Injured: First Name	Middle	Last	Date of Birth <th>Sex</th> <th>Ejected</th> <th>Yes</th>	Sex	Ejected	Yes
I			Month <u>04</u> Day <u>17</u> Year <u>1971</u>	M F	Trapped	Yes
Street Address	Phone Number	Injury	Airbag Deployed	1. Yes 2. No 3. Not Available		
City	State	Zip	Pos. Rest. Ambulance/Hospital			

Witness	Owner Name	Address	Phone Number	Age	Pos.	Post.
Witness	Owner Name	Address	Phone Number	Age <td>Pos. <td>Post. </td></td>	Pos. <td>Post. </td>	Post.
Witness	Owner Name	Address	Phone Number	Age <td>Pos. <td>Post. </td></td>	Pos. <td>Post. </td>	Post.
Witness	Owner Name	Address	Phone Number	Age <td>Pos. <td>Post. </td></td>	Pos. <td>Post. </td>	Post.

Person Advised of Damaged Traffic Control: Date 04/19/00 Time 09 Name [REDACTED] Damaged Property [REDACTED] Public Owner & Phone [REDACTED]

Do Not Write In This Area

UD-10 Form Number [REDACTED] Form Override Number [REDACTED]

Do Not Write Below This Line

Do Not Write Below This Line

ARREST NAME

CHARGE

CT FILE NO.

CT DATE

CT TIME

CT PAGE

CT TOTAL

Unit Number	Unit License Number			Date of Unit			Signature Type		Unit Action	
	First Name	Middle	Last	Month	Day	Year	D	C	F	M
1	[Redacted]			30			[Redacted]		[Redacted]	
2	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
3	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
4	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
5	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Unit Type	City			State			Zip		Position	
MV	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
B	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
P	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
E	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Alcohol	Test Type			Breath Urine			Test Results		Chilton Issued	
HBD	Field			Blood			[Redacted]		1. Hazardous	
Yes	No			PBT			[Redacted]		2. Other	
Vehicle Registration	State			VIN			Vehicle Description (YR, MAKE, COLOR)		Total Occup	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Insurance	Towed To By			Vehicle Direction			Special Vehicles		[Redacted]	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Greatest Damage	Vehicle Type			Vehicle Use			Vehicle Defect		Private Trailer Type	
0 1 2 3 4 5 6 7 8 9 10 11 12	PA CY OR			1 2 3 4 5 6			1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11	
1	VA MO Other			1 2 3 4 5 6			1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11	
Extent of Vehicle Damage	PU GC Truck/Bus			1 2 3 4 5 6			1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11	
0 1 2 3 4 5 6 7	ST SM (Complete Truck/Bus Section)			1 2 3 4 5 6			1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11	
Yes	No			[Redacted]			[Redacted]		[Redacted]	
Injured	First Name			Middle			Last		Date of Birth	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Street Address	Phone Number			Month			Day		Year	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
City	State			Zip			Sex		Ejected	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Injured	First Name			Middle			Last		Date of Birth	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Street Address	Phone Number			Month			Day		Year	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
City	State			Zip			Sex		Ejected	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Witness	Name			Address			Phone Number		Age	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	
Uninjured Passenger	Name			Address			Phone Number		Age	
[Redacted]	[Redacted]			[Redacted]			[Redacted]		[Redacted]	

Forward Original To: Michigan Department of State Police
 Criminal Justice Data Center 7150 Huron Drive, Lansing, MI 48913

Do Not Write On This Side of The Line

Unit Reported on Front					Unit Reported Above				
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second	Third	Fourth
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
Most Harmful	M	M	M	M	Most Harmful	M	M	M	M

Truck/Bus Information		Unit No.	
Carrier Name	Unit No.	1	2
Address	3	4	5
City	6	7	8
State	9	10	11
Zip	12	13	14
Carrier Source	GVWR	Vehicle Type	CDL Restrictions
PBders	Driver's CDL Type	AA	20
Vehicle	A	AA	25
ICOMC	B	AA	30
USDOT	C	AA	35
MPGC	T	AA	40
Interstate	Medical Card	AA	45
Type & Axles Per Unit	Hazardous Material	AA	50
First	Placard	AA	55
Second	Cargo Spill	AA	60
Third	Type	AA	65
Fourth	Class	AA	70
Cargo Body Type	Investigated at Scene	AA	75
1	Reported Date/Time	AA	80
2	4/7 7:30 PM	AA	85
3	Investigator Name(s)	AA	90
4	Badge #	AA	95

Crash Diagram and Remarks	
<p>Light Pole was not hit in Accident.</p>	
<p>Veh #1 turning left n/s onto [Redacted] when Veh #2 struck Veh #1 causing Veh #2 to flip over and hit the light pole.</p>	
Officer in Charge	Badge #
[Redacted]	[Redacted]


Do Not Write On This Side of The Line

Do Not Write Below This Line

Do Not Write Below This Line

Appendix B:

AUTO SAFETY HOTLINE NOTIFICATION

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE		OPTIONAL FORM 350 (Rev. 1-82) FAX TRANSMITTAL	
U.S. Department of Transportation National Highway Traffic Safety Administration		NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0122	
OWNER INFORMATION (TYPE OR PRINT)			
NAME and ADDRESS		DAY TIME TELEPHONE NO. (AREA CODE)	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		SIGNATURE OF OWNER DATE	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 4T1GK13E8RV		VEHICLE MAKE Toyota	VEHICLE MODEL Camry
MODEL YEAR 1994			
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	Toyota	
TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	ENGINE SIZE (CID/CCL)
<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> DRIVER'SIDE AIRBAG <input type="checkbox"/> MOTORBELT <input checked="" type="checkbox"/> PASSENGER'SIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> FRONT BELT	<input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTN
CRUISE CONTROL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER WINDOWS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER SEATS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HATCH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PICK UP TRK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
	air bag and sensor	<input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> PASSENGER'SIDE	
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE SPEED AT FAILURE(S)			
REPORTABLE ACCIDENT INFORMATION			
ACCIDENT	FIRE	REAR END DAMAGE	NUMBER OF CATALYSTS
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BRIEF DESCRIPTION OF FAILURE(S), ACCIDENT, INJURY(IES)			
air bag was defective - upon impact passenger received injury of corneal abrasion.			
THE PRIVACY ACT OF 1974			
Public Law 95-578		be used to make any decision or take any action that would be adverse to you.	
This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may		be used to make any decision or take any action that would be adverse to you.	

Appendix C:

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

4. Date of Accident
(Month, Day, Year)

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

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

6. SS15 Administrative Use

7. SS16 Pedestrian Crash Data Study

8. SS17 Impact Fires

9. SS18

10. SS19

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

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. 01	14. 02	15. F	16. 02	17. 02	18. R
19. 0 2	20. 02	21. 02	22. I	23. 31	24. 00	25. N
26. 0 3	27.	28.	29.	30.	31.	32.
33. 0 4	34.	35.	36.	37.	38.	39.
40. 0 5	41.	42.	43.	44.	45.	46.

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

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

(35) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

(54) Concrete traffic barrier

(55) Impact attenuator

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

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

Appendix D:

NASS CDS GENERAL VEHICLE FORM: CASE VEHICLE



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9413

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

94

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

TOYOTA

49

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

CAMRY

040

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

4T1GK13E8RU

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

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

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

999

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

___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

7

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

96

Source: PAR

ACCIDENT RELATED

13. Speed Limit

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

056

35 mph X 1.6093 = 56 kph

14. Attempted Avoidance Maneuver

(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

(99) Unknown

15. Accident Type

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

69

(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 02

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

18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1.330

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

2932 lbs X .4536 = 1.329 ⁹⁵ kgs

Source: [REDACTED]

20. Vehicle Cargo Weight 9.990

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

_____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0

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

22. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____

(9) Unknown

24. Rollover 0

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 026. Rear Override/Underride (this Vehicle) 0

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

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck or bus override

- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 99928. Heading Angle For Other Vehicle 999

29. Basis for Total Delta V (highest) 6*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

32. Lateral Component of Delta V + 999 Highest

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

33. Energy Absorption 9999 00

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

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

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

31. Longitudinal Component of
Delta V+ 999

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

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

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 7

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

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

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

39. Other Drug Specimen Test Type For Driver 0

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

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

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

(9) Unknown

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

(9) Unknown rollover initiation type

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____

(8) Non-contact rollover forces (specify): _____

(9) Unknown

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

65. Critical Precrash Event 62*This Vehicle Loss of Control Due To:*

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

(99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 9

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

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

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

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

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

Appendix E:

NASS CDS GENERAL VEHICLE FORM: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9413

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 89
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): MERCURY 14
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): TOPAZ 015
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

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

8. Vehicle Identification Number

1 M E P M 3 6 X 6 K K
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

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

OFFICIAL RECORDS

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

10. Police Reported Travel Speed 999

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

___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence 7

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: RAR

ACCIDENT RELATED

13. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown
35 mph X 1.6093 = 56 kph

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

15. Accident Type 68
Applicable codes may be found on the
back of page two of this field form
(C0) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

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

OCCUPANT RELATED

16. Driver Presence in Vehicle 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 1,180

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

2,606 lbs X .4536 = 1,182 kgsSource: [REDACTED]20. Vehicle Cargo Weight 9,990

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

 lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0

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

22. Documentation of Trajectory Data
for This Vehicle 0

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole
(For Highest Delta V) 0

- (0) Not collision (for highest delta V) with
tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover 2

- (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) 026. Rear Override/Underride (this Vehicle) 0

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

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

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

HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 99928. Heading Angle For Other Vehicle 999

29. Basis for Total Delta V (highest) 6*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

999

____ Nearest kph (highest)

____ Nearest kph (secondary)

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

31. Longitudinal Component of
Delta V+ 999

____ Nearest kph (highest)

____ Nearest kph (secondary)

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

Highest

32. Lateral Component of Delta V + 999

____ Nearest kph (highest)

____ Nearest kph (secondary)

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

33. Energy Absorption

999.9 00

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

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

34. Confidence In Reconstruction Program
Results (For Highest Delta V)0

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

35. Type of Vehicle Inspection

0

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

36. Is this an AOPS Vehicle?

3

- (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 7

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

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

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

39. Other Drug Specimen Test Type For Driver 0

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

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

DRUG EVALUATION CLASSIFICATION **OTHER DRUGS TEST RESULTS FOR DRIVER**

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

65. Critical Precrash Event 15*This Vehicle Loss of Control Due To:*

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

(99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 9

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

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

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

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

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

Appendix F:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9413</u>	
3. Vehicle Number <u>01</u>	

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

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

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

CALL my lawyer for MORE INFO OR
GET IT from MR [REDACTED] at NHTSA I'm
through talking about this.

LAWYERS:

[REDACTED] & [REDACTED] (DAUGHTER)

Suite filed under [REDACTED] OFFICE IN [REDACTED] Mich

Tx # [REDACTED] ([REDACTED])

not sure which one →

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

CAR to be REPAIRED AT: [REDACTED]

Collision Toyota [REDACTED]

ACCIDENT DIAGRAM



NORTH

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

Appendix G:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number	10
2. Case Number - Stratum	9413
3. Vehicle Number	01
4. Occupant Number	01
OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age	40
Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	
6. Occupant's Sex	2
(1) Male (2) Female (9) Unknown	
7. Occupant's Height	999
Code actual height to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters	
8. Occupant's Weight	999
Code actual weight to the nearest kilogram. (999) Unknown _____ pounds X .4536 = _____ kilograms	
9. Occupant's Role	1
(1) Driver (2) Passenger (9) Unknown	
10. Occupant's Seat Position	11
Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	
11. Occupant's Posture	9
(0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown	

EJECTION/ENTRAPMENT

<p>12. Ejection *</p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p>	<p><u>9</u></p>	<p>15. Medium Status (Immediately Prior To Impact) <u>9</u></p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p>
<p>13. Ejection Area</p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p>	<p><u>9</u></p>	<p>16. Entrapment <u>0</u></p> <p>(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)</p> <p>(0) Not entrapped</p> <p>(1) Entrapped</p> <p>(9) Unknown</p> <p>PAR</p>
<p>14. Ejection Medium</p> <p>(0) No ejection</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p>	<p><u>9</u></p>	

* PAR indicates ejected, not injured, & restrained!

Unlikely combination

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 99

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

(01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 9

(0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 9

(0) No manual belt used

(1) No manual belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

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

(9) Unknown

21. Air Bag System Availability/Function 1

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

(0) Not equipped/not available

(1) Air bag deployed during accident (as a result of impact)

(2) Air bag deployed inadvertently just prior to accident

(3) Air bag deployed, accident sequence undetermined

(4) Nondeployed

(5) Unknown if deployed

(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(9) Unknown

23. Are There Indications of Air Bag System Failure? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

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

24. Police Reported Restraint Use 4

(0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

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

(9) Unknown

26. Seat Type (this Occupant Position)

99

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

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

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

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

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

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

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

35. Treatment - Mortality 0

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

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

- (9) Unknown

37. Hospital Stay 00

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

38. Working Days Lost 99

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

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

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

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant 00

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

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

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

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

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

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

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

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

48. Automatic (Passive) Belt Failure Modes During Accident 0

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

49. Seat Orientation (this Occupant Position) 9

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

Check the Primary Source Used In Determining Belt Use.

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

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [✓]

UPDATE CANDIDATE?

NO [✓] YES []

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

50. Glasgow Coma Scale (GCS) Score 00
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 00
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

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

Appendix H:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection *

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

9

13. Ejection Area

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

9

14. Ejection Medium

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

9

15. Medium Status (Immediately Prior To Impact)

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

9

16. Entrapment

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

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

8

PAR

PAR indicates ejected, not injured, + restrained!
Unlikely combination

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 05

- (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 9*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 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

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

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

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

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

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

26. Seat Type (this Occupant Position)

99

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

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

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

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

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

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 032. Child Safety Seat Shield Usage 0 033. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

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

35. Treatment - Mortality 4

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

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

- (9) Unknown

37. Hospital Stay 00

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

38. Working Days Lost 99

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

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

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

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant 04

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

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

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

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

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

46. Automatic (Passive) Belt System Type 0

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

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

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

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

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

48. Automatic (Passive) Belt Failure Modes During Accident 0

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

49. Seat Orientation (this Occupant Position) 9

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

Check the Primary Source Used In Determining Belt Use.

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

☒ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [☒]

UPDATE CANDIDATE?

NO [☒] YES []

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

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

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

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

BELT USE DETERMINATION

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

Appendix I:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE PASSENGER



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

94¹⁰₁₃

3. Vehicle Number

01

2. Case Number - Stratum

4. Occupant Number

02

INJURY DATA

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

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

OCCUPANT INJURY DATA

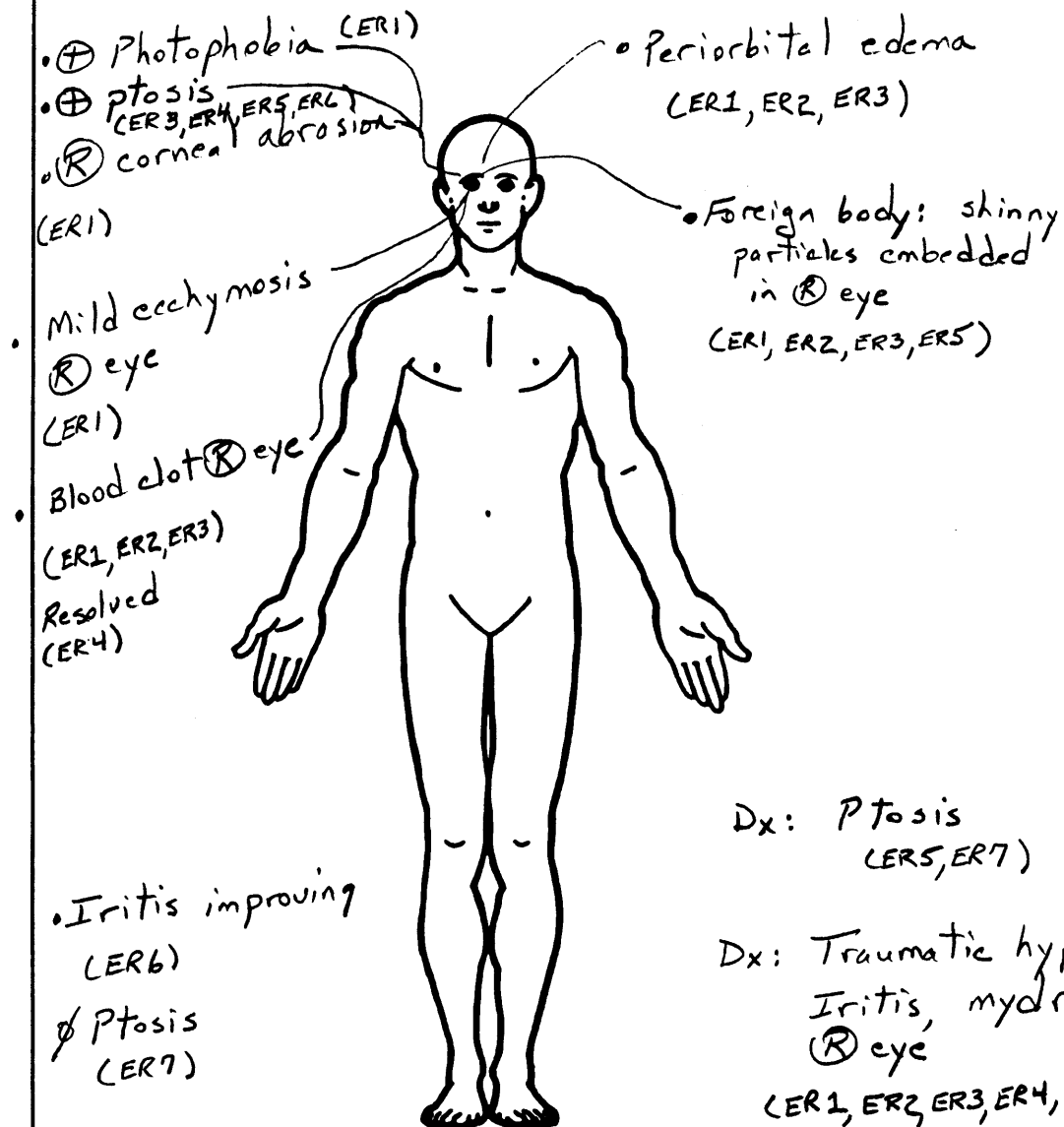
	Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	---	---	—	—	---	—	—	---
12th	—	—	—	---	---	—	—	---	—	—	---
13th	—	—	—	---	---	—	—	---	—	—	---
14th	—	—	—	---	---	—	—	---	—	—	---
15th	—	—	—	---	---	—	—	---	—	—	---
16th	—	—	—	---	---	—	—	---	—	—	---
17th	—	—	—	---	---	—	—	---	—	—	---
18th	—	—	—	---	---	—	—	---	—	—	---
19th	—	—	—	---	---	—	—	---	—	—	---
20th	—	—	—	---	---	—	—	---	—	—	---
21st	—	—	—	---	---	—	—	---	—	—	---
22nd	—	—	—	---	---	—	—	---	—	—	---
23rd	—	—	—	---	---	—	—	---	—	—	---
24th	—	—	—	---	---	—	—	---	—	—	---
25th	—	—	—	---	---	—	—	---	—	—	---

Medical records consist of eight follow-up medical visits, identified as ER1...ER8.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

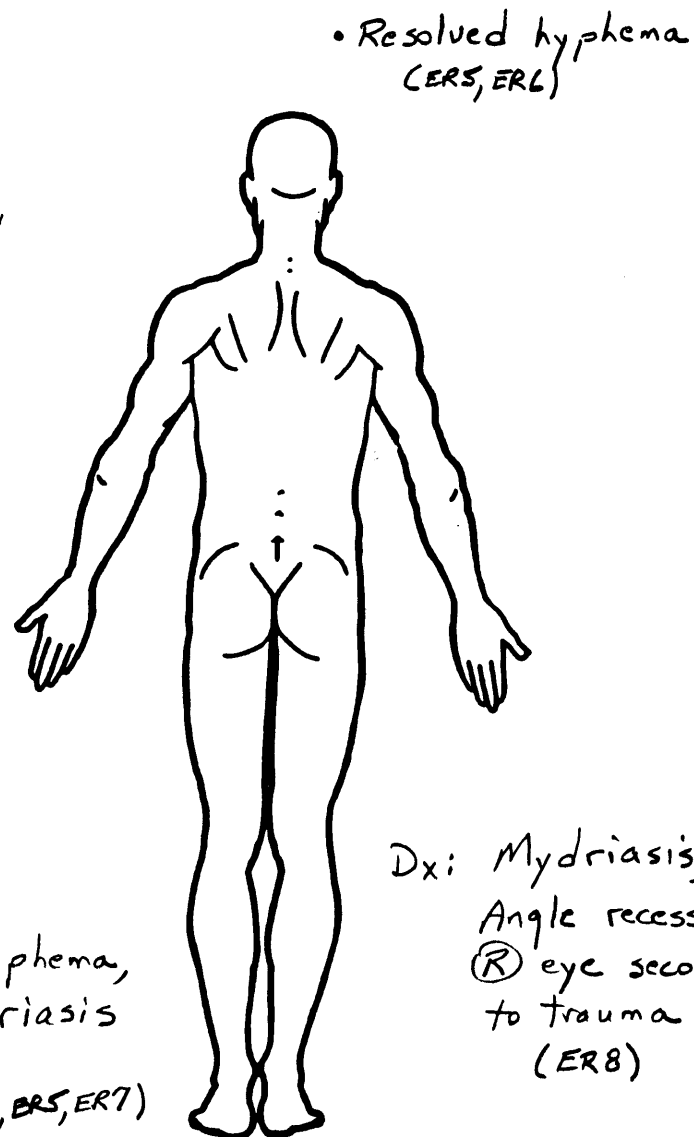
Original hospital ER visit was not obtained

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.)



Dx: Ptosis (ER5, ER7)

Dx: Traumatic hyphema, Iritis, mydriasis ⊗ eye (ER1, ER2, ER3, ER4, ER5, ER7)



SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

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

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

Whole Area

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

Head - LOC

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

Spine

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

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

Level of Injury

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

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

Abbreviated Injury Scale

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

Aspect

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrainted?

☐ No
☒ Yes

(ERI)

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

pH = ____

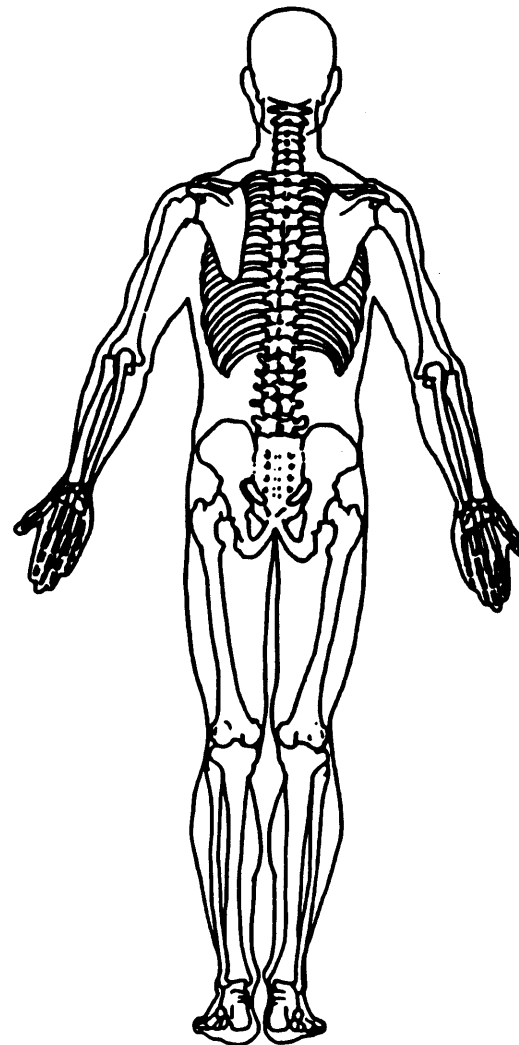
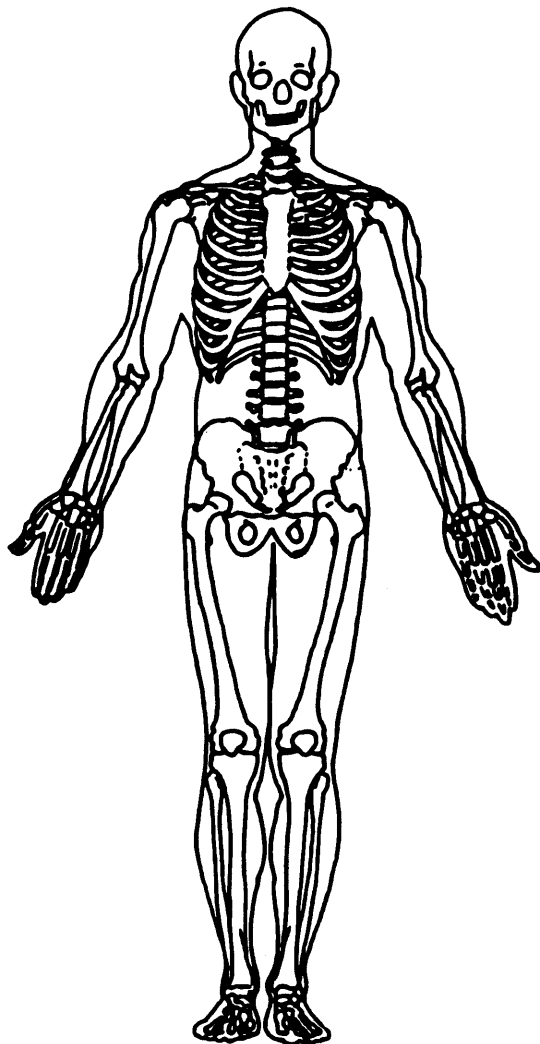
PO₂ = ____

PCO₂ = ____

HCO₃ = ____

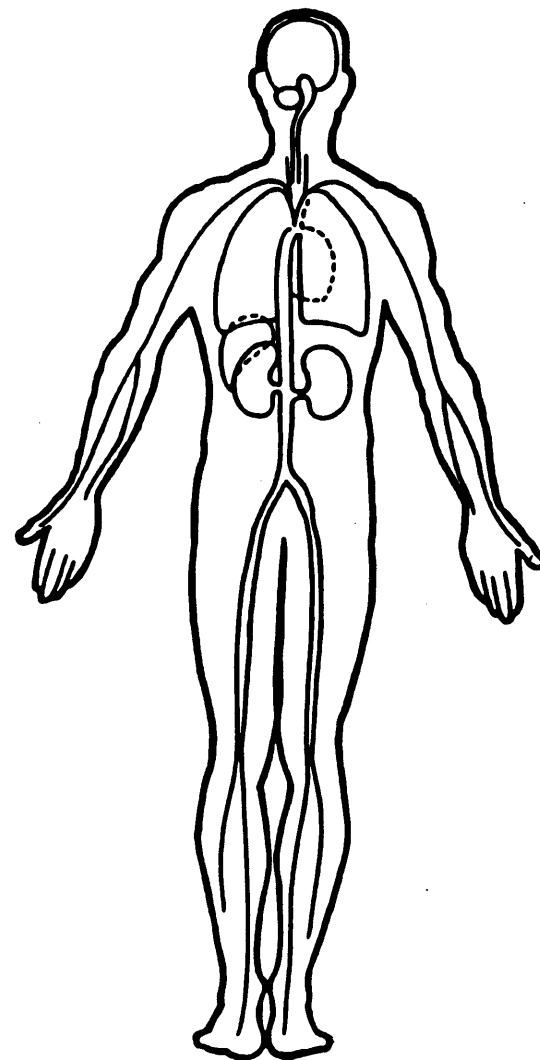
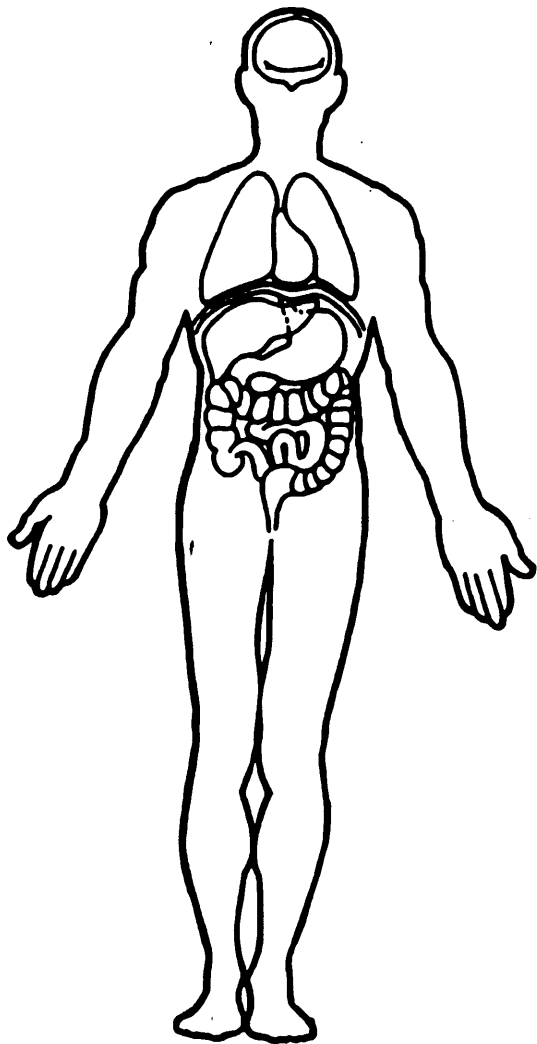
⊕ Seat belt passenger (ERI)

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



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



~~ADDRESS~~ ~~trained of effects~~

DATE 1994

of citation

Has sunglasses _____

Given sunglasses _____

21 yr old BF was in a car accident
 [redacted] / 44. Seen at [redacted] eye injured / abrasion /
 [redacted] patch since [redacted] 44 right corneal
 air bag exploded abrasion O.D. right corneal abrasion
 in front.
 & broken glass in ear
 ⊕ photophobia.

P.M.H: ϕ

P.O. 17: 4

Allegis: NKPA

$$m \times 5! \cdot \phi$$

F.H: (+) Glaucoma, (+) DM, (+) HTN

V_g 20/200 11/15
20/20

PF irregular G-5/1a
4-2 PRARD

Exam: fall/ans

periorbital edema/Phos

Tiny shiny
glistening metal gran-
ules, coated etc.

1- distinction
of lacertations
minimal chemosis

K: clear & strong as

Kidney failure in dehydrating pigment/RBC's on smth.

small silver/gold
shiny
slightly depressed

1/c: D+G OS.

HOB = head of bed

3rd calls on

glut 0.0.

II: ϕ transillaminant / irregular o.o
 ϕ symbion

h. pigment/RBC's on end capsule as

1245

510 45

from Will O.O

mydriasis

M/V/D/P WNL OS.

00: when flat posterior pole mid/superior

AT/P ① Traumatic Hx / Plena / Intis / Myeliasis / 0
ind for 91 / AA TIO / Fox shield / school bed rest / FU
will need anisocopy / school depression and chronic fatigue
HOB elevat 30-40°
external picture taking

pt agrees to do
every rest. thing
follow up

use
strict
childhood

Fox shield place
only have 1 pt
meds. told
pt

1994

Warned of effects

of dilation

Has sunglasses

Given sunglasses

21 yr old BF F/U followup

① Traumatic Hyphema w/ clot

② Traumatic Iritis/Mydriasis

wearing for shield/shut bed rest/HOB elevated 30-45°

V₉ 20/80
20/10

Pi dilated
3-4

W/1 Mils
HA 50 TIO
PF 9/10

SE: periorbital edema
spec: H. n. h. in a.d.
dilatation

still with shiny particles embedded in eye

K: minimal K-riding
shiny particles in 2. area
of shiny
of ink/track
RBC/pigment cells on endoth

A/C: 3 cells
blood clot (smaller)

I: dilated
C: RBCs on Ant capsule

Fundus OD

Retina flat to mid periphery

white
subretinal/mid
RBC change
flat
inferior
nasal

A/P ① Traumatic Hyphema/Mydriasis/Iritis

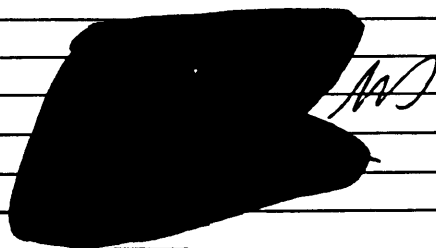
Pi 9/10 / HA TIO / for shield/shut bed rest

HOB elevate 30-45°

F/U in AM

Good IOP
Resolving Clot

will need s



CONTINUATION

NAME

ADDRESS

DATE

1994

Warned of effects

of dilation

Has sunglasses

Given sunglasses

F/U Traumatic Hypertonia/Mydriasis/Indis
Cals better
Bed rest, H&B elevated, Fox shield

V₉ 20/20

up med,
P₁ 9/10
HA TID

Sub: u/c: minimal periorbital edema/Mydriasis
S/C: minimal/1" injection

sharp punctate
in sclera
fishy
deposits on endothelium
A/C: 2-3+ cells / 1+ flare

no hyper

T₁ - 12

minimal clot on
I/C: ditched, clear on

multifocal

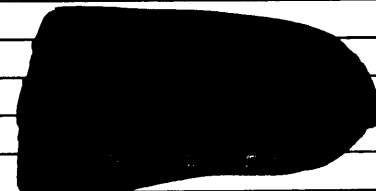
Impending Traumatic Hypertonia/Indis/Mydriasis
ptosis a.o.

Daily F/U till Friday

ptosis?

PFC 6x/day
HA TID

may require super
will need depends on
prognosis



1994

Warned of effects

of dilation

Has sunglasses

Given sunglasses

21 yr old BF A/4
 (1) Traumatic Hypertension / Mydriasis / Inj

V 20/50
 SC 0

Eye buds
 PF 9 10 00
 IFA TID 00

SUE: Piosis on
 mild injection on
 K inhibits temporally
 endoth deposits
 " "
 H/C: 1-2 cells per clot
 E/G: well

14
 A

A/P Traumatic Hypertension / Mydriasis

a) HA BID

b) PF ~~QID~~ Q.O.
 960

RTZ Monday

No activity / history / immediate
 for should at
 myt

CONTINUATION

NAME

ADDRESS

1994

Warned of effects

of dilation

21 yr old BF G/L

Has sunglasses

Given

① Traumatic hyphema/mydriasis/Iritis/Ptoxis OD.

V_a 20/40PF 96° } OD
HA 820 }

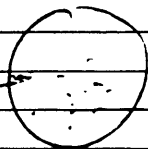
SLE: 4/c. Ptoxis OD Ptoxis

S/c: WNL OD

K:

shiny objects

Kshy



pymat on endoth

I: dilated OD

A/c. 1+ cells

L: clear

J 16

M/V/D WNL OD

R/O



Resolved Hyphema

Traumatic Iritis

1) ~~Hyphema~~ Hyphema OD

HA 9 HS

R/R 1 wk

Mydriasis/Ptoxis

MD

1994

Warned of effects

of dilation

Has sunglasses

Given sunglasses

21 yr old B.F

F/u for traumatic hyphema,
mydriasis
Iritis +
phosia OD

R
PE 96°
HA 9 HS } OD

20/20
VA
CL

SLE:

L/C - normal OS, phosia OD phosia

S/C - clear on

K - pigment deposits on OD

A/C - 1+ cells + flare OD & hyphema hyphema

T - dilated OD

L - clear on

Fundus: WNL OD

A/P S/P traumatic hyphema - resolved

Iritis OD - improving

CPM

f/u in 1 wk

It will need
further
+ depend

CONTINUATION

NAME

ADDRESS

DATE

1994

Warned of effects
of dilation

Has sunglasses

Given sunglasses

Transmitter	hypnea	hypnea
	mydriasis	mydriasis
	Iritis	Iritis
	ptosis	ptosis
	<u>Q.D.</u>	

"Better"

Meds

DV 20/20
A

P 8→8
4→2

PF QID
HA QD

M1 M10 QD

SLC LIL & ptosis ptosis

SLC

+ pig cells on end

AC 1+ pig cells
2 RBC's
2 WBC's

I dilated

L clear

fractures QD
360 SD

M, U, D, P, M
QD

H/p resolved

D/C HA

PF BID x 3 days then D/C

Gonio next week undilated

Warned of effects
of dilation

Has sunglasses

Given sunglasses

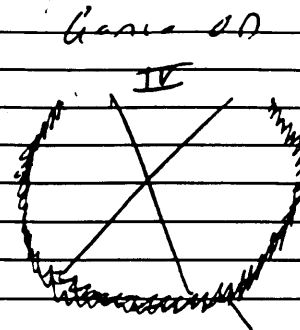
F/U Traumatic Hypotony/mydriasis
phosis

U₉ 2/20

P 8-7
14-2 4/100

Subj Normal ant synechia
Dilated pupil OD.

1/15
r



F/U ① Traumatic Mydriasis

② Angle Recession OD 2 Trauma

at risk at risk at risk at risk

angle recession

glaucoma

③ F/U 4 months

Follow up 4 months

dilate / subretal depress

[Redacted signature]