



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 REPORT

CASE NO. - 95-07
FLEET - RENTAL VEHICLE
LOCATION - [REDACTED], MISSOURI
ACCIDENT DATE [REDACTED] 1994

Submitted By:

[REDACTED]
Senior Staff Associate

[REDACTED], 1995

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

DISCLAIMERS

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

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. 95-07		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location ██████████ Missouri				5. Report Date ██████████ 1995	
				6. Performing Organization Code	
7. Author(s) ██████████				8. Performing Organization Report No. TRC/IU 95-07, Task 9515	
9. Performing Organization Name and Address Indiana University Transportation Research Center ██████████ ██████████				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 ██████████ 1994	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag deployment investigation involving a 1994 Plymouth Acclaim, 4-door sedan, with automatic belts and driver's air bag					
16. Abstract This report covers a remote investigation of an air bag deployment crash that involved a 1994 Plymouth Acclaim. The Acclaim was traveling northeast, merging into the first eastbound lane of a three-lane roadway which was part of a six-lane, divided, interstate trafficway when it veered to the left (northeast). The front left of the Acclaim (case vehicle) impacted a concrete longitudinal barrier on the north roadside of the eastbound roadway causing the case vehicle's driver side supplemental restraint (air bag) to deploy. The Acclaim was redirected back onto the roadway after impact and came to rest in the middle eastbound lane facing east. According to the driver's medical records, the case vehicle's driver (39 year-old male) was not wearing the available, active, two-point lap belt or using the passive, motorized, two-point, shoulder belt. He sustained, according to his interview and medical records severe injuries which included: a concussion, a left pneumothorax, a severely burned left thumb and index finger, deep lacerations over his left eye and to his left neck, and minor lacerations, abrasions, and contusions. According to the case vehicle's driver, the right front passenger in the case vehicle (22 year-old male) was also not wearing the available, active, two-point lap belt or using the passive, motorized, two-point, shoulder belt. He sustained, according to his interview, moderate injuries which included: a closed head injury and a fractured right ankle.					
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 72	22. Price \$4,250

TABLE OF CONTENTS

	<u>Page No.</u>
ACCIDENT DATA	1
AMBIENT CONDITIONS	1
ROADWAY	1
VEHICLES	2
VEHICLE DAMAGE	2
DEPLOYMENT IMPACT	2
COLLISION SEQUENCE	3
PRE-CRASH	3
CRASH	3
DRIVER DATA	3
DRIVER INJURIES	5
PASSENGER INJURIES	6
Appendix A: Police Accident Report	7
Appendix B: NASS CDS Accident Form	11
Appendix C: NASS CDS General Vehicle Form: Case Vehicle	13
Appendix D: NASS CDS Interview Form: Case Vehicle Driver and Case Vehicle Passenger	19
Appendix E: NASS CDS Occupant Assessment Form: Case Vehicle Driver	28
Appendix F: NASS CDS Occupant Injury Form: Case Vehicle Driver	34
Medical Records from St. Louis Area Medical Facility	39
Medical Records from Michigan Area Medical Facility	58
Appendix G: NASS CDS Occupant Assessment Form: Case Vehicle Passenger	62
Appendix H: NASS CDS Occupant Injury Form: Case Vehicle Passenger	68

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 95-07

FLEET - RENTAL VEHICLE
LOCATION ██████████ MISSOURI

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1994 Plymouth Acclaim and a concrete longitudinal barrier occurring on ██████████ 1994 at ██████████ p.m., in ██████████ Missouri on an interstate highway. This crash is of special interest because the driver of the case vehicle received a severe burn injury, from the exhaust gases of his deploying air bag, that resulted in tissue loss and the surgical, partial amputation of his left thumb.

The Acclaim was traveling northeast, merging into the first eastbound lane of a three-lane roadway which was part of a six-lane, divided interstate trafficway when it veered to the left (northeast) and impacted a concrete longitudinal barrier on the north roadside of the eastbound roadway. The Acclaim was redirected back onto the roadway after impact and came to rest in the middle eastbound lane facing east.

The front left of the Acclaim impacted the longitudinal barrier. With no available vehicle photographs, the CDC is not estimable. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's estimated Delta V is between 20 k.p.h. (12 m.p.h.) and 25 k.p.h. (16 m.p.h.).

The 1994 Plymouth Acclaim was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. According to the driver's medical records, the driver of the vehicle (39 year-old male) was not wearing the available, active, two-point lap belt or using the passive, motorized, two-point, shoulder belt. He sustained, according to his interview and medical records: a concussion, a left pneumothorax, a severely burned left thumb and index finger, deep lacerations over his left eye and to his left neck, and minor lacerations, abrasions, and contusions. The driver of the Acclaim was listed on the Police Accident Report as sustaining an "A" (incapacitating) injury as a result of this crash. According to the driver, the passenger (22 year-old male) in the Acclaim was also not wearing the available, active, two-point lap belt or using the passive, motorized, two-point shoulder belt. He sustained, according to his interview, a closed head injury and a fractured right ankle. The right front passenger was listed on the Police Accident Report as sustaining an "A" (incapacitating) injury.

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 95-07

FLEET - RENTAL VEHICLE
LOCATION - [REDACTED], MISSOURI

ACCIDENT DATA

Location/Street:	Interstate Highway
City/Township:	[REDACTED] Missouri
Area/Type:	Urban, commercial
Accident Date/Time:	[REDACTED] 1994, @ 8:20 p.m.
Investigating Police Agency:	[REDACTED] Police Department
Accident Type:	Car - Ran-off-road
Occupant Injury Severity (air bag vehicle):	Concussion (AIS-4); Burned Fingers (AIS-3)

AMBIENT CONDITIONS

Light Conditions:	Dark but lighted
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry

ROADWAY

Case Vehicle

Location:	Interstate highway
Number of Travel Lanes:	3-lanes, one-way; 6-lane, divided trafficway
Width:	Unknown
Surface Type:	Asphalt
Vertical alignment:	Straight
Horizontal alignment:	Level
Traffic Density:	Light

ROADWAY (CONTINUED)

Case Vehicle

Speed Limit: 89 k.p.h. (55 m.p.h.)
 Traffic Controls: None, according to the Police Accident Report

VEHICLES¹Case Vehicle

Year: 1994
 Make: Plymouth
 Model: Acclaim
 Body Type: 4-door sedan, 5 passengers
 V.I.N.: 3P3AA46K5RT-----
 Mileage: Unknown¹
 Securiflex windshield: None
 Windshield damage/source: Unknown if damaged by occupant
 Active Restraints: 2-point, manual, lap belts in front and rear outboard seating positions; lap belt only at rear center position
 Passive Restraints: Factory installed driver supplemental restraint system (air bag) and 2-point, motorized, shoulder belts in front outboard seating positions
 Fleet: Rental vehicle
 Tow status: Towed due to damage
 Reported Defects: Unknown¹

VEHICLE DAMAGE

Case VehicleDEPLOYMENT IMPACT

Event number: First
 Object struck: Concrete longitudinal barrier

¹ The rental car company refused to cooperate with this contractor's investigation.

VEHICLE DAMAGE (CONTINUED)²

Case Vehicle

DEPLOYMENT IMPACT (Continued)

Damage location:	Front
CDC:	Unknown, no available photographs ¹
Estimated maximum crush:	Unknown, no available photographs ¹
Damaged components:	Front bumper, hood, grille, left headlight assembly, left fender ²
Repair estimate:	Unknown ¹
Interior damage:	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report, the case vehicle (Acclaim) was traveling northeast, in an entrance ramp of a six-lane, divided, interstate highway and was attempting to enter the outside lane of the 3-lane, eastbound roadway of the trafficway and continue in its direction of travel. The driver of the case vehicle most likely made no pre-crash avoidance maneuvers. The case vehicle driver has no recollection of the crash, and the witnesses stated on the Police Accident Report that as the case vehicle was entering the Interstate it suddenly veered diagonally northeast and went straight across the three eastbound traffic lanes before exiting the roadway. The case vehicle continued straight ahead prior to impact. The crash occurred on the north roadside of the eastbound roadway.

CRASH: According to the Police Accident Report, the front left of the case vehicle impacted the concrete longitudinal median barrier causing the driver side supplemental restraint system (air bag) to deploy. According to the drawing on and the narrative in the Police Accident Report, the case vehicle was redirected east after impacting the concrete longitudinal barrier and came to rest in the middle east-bound lane heading in a primarily eastern direction.

DRIVER DATA

Case Vehicle

Age:	39 year-old
Sex:	Male

² These components were most likely damaged based on the impact configuration presented on the Police Accident Report.

DRIVER DATA (CONTINUED)

Case Vehicle

Height: 168 centimeters (66 inches)

Weight: 61 kilograms (135 pounds)

Occupation: Tradesman

Active Restraint System/Usage: 2-point lap/Not used

Usage Source: Medical records

Passive Restraint System/Usage: Driver side air bag/Deployed
Motorized, 2-point, shoulder belt/Not used

Usage Source: Interviewee, Police Accident Report, and medical records regarding to the deployment of the air bag; medical records only regarding the belt's usage

Eye glasses/contacts: Eyeglasses

Vehicle Familiarity: Two days; approximately 970 kilometers (600 miles) on rental vehicle

Route Familiarity: Very infrequently

Trip Plan: Restaurant to friend's home

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: Hospitalized

Right front Passenger: 22 year-old male

Height: 173 centimeters (68 inches)

Weight: 68 kilograms (150 pounds)

Active Restraint System/Usage: 2-point lap/Not used

Usage Source: Interviewee

Passive Restraint System/Usage: Motorized, 2-point, shoulder belt/Not used

Usage Source: Interviewee

Eye glasses/contacts: None

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: Hospitalized

DRIVER INJURIES^{3,4}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Concussion ³ with loss of consciousness and neurologic deficit	160804.4,0	2	Windshield, dash, front header, left "A"-pillar, or steering wheel	{Probable}
Pneumothorax left	442202.3,2	2	Steering wheel assembly	{Probable}
Burns, third degree ⁴ , left thumb, index and middle fingers	792010.3,2	2	Driver side air bag exhaust gases	{Probable}
Lacerations to forehead, 3 centimeters supraorbital left eye and over and medially to right eye	290602.1,7	2	Windshield, dash, front header, left "A"-pillar, or steering wheel	{Probable}
Abrasion, slight, left eye	297202.1,2	2	Driver side air bag	{Probable}
Ecchymosis and swelling right eye	297402.1,1	2	Driver side air bag and eye-glasses	{Probable}
Laceration, 3-4 centimeters left neck	390602.1,2	2	Flying glass	{Probable}
Ecchymosis left neck	390402.1,2	2	Windshield, dash, front header, left "A"-pillar, or steering wheel	{Possible}

³ The actual severity of this concussive injury is difficult to assess because of the very high level of alcohol intoxication (i.e., .40). The driver was unconscious on arrival with a Glasgow Coma Scale score of 8, responsive only to painful stimuli, and with a neurologic deficit [i.e., unequal pupil sizes (i.e., right 8 mm, left 5 mm)]. This contractor believes the encoded A.I.S. is a "best fit".

⁴ This patient's medical records never stated the degree of burn; however, since the tissues of the thumb and index finger were necrotic and no mention of infection was made, this contractor considers the severity level as third degree.

PASSENGER INJURIES⁵

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Closed head injury ⁵	115099.7,0	7	Windshield, dash, front header, right "A"-pillar, or mirror	{Probable}
Fractured right ankle	852000.2,1	7	Toe pan	{Probable}

⁵ The attorney representing this occupant refused to provide access to this occupant's medical records.

Appendix A:

POLICE ACCIDENT REPORT

MISSOURI UNIFORM ACCIDENT REPORT

METROPOLITAN POLICE DEPARTMENT
CITY OF [REDACTED] (SPD0000)

FOR STATE USE ONLY
 Routed

LEFT THE SCENE
 V1 V2
 CLEARED
 YES NO

COMPLAINT/REPORT/CASE NUMBER
 [REDACTED]

ACCIDENT CLASSIFICATION
 PROPERTY DAMAGE ONLY NUMBER INJURED 2 NUMBER KILLED 0 NUMBER OF VEHICLES INVOLVED 1

ACCIDENT DATE 04/20/2020 ACCIDENT TIME 2:23 TIME ARRIVED 2:26 INVESTIGATION DATE 04/29/2020

COUNTY [REDACTED] MUNICIPALITY City of [REDACTED] MAY/ZONE [REDACTED] TIME START [REDACTED] INVESTIGATED AT SCENE YES NO

LOCATION
 ON [REDACTED] DISTANCE FROM [REDACTED] DIRECTION [REDACTED] AT INTERSECTION STREET OR ROADWAY [REDACTED]

ROADWAY
 LOCATION [REDACTED] SPEED LIMIT 55 GEO. CODE [REDACTED] [REDACTED] FEET [REDACTED] MILES [REDACTED] SPEED LIMIT 25 GEO. CODE [REDACTED]

ROAD MAINTAINED BY 1. STATE 2. COUNTY 3. MUNICIPAL 4. PRIVATE PROPERTY 5. OTHER

3. DAMAGE TO PROPERTY OTHER THAN VEHICLES - GIVE NAME, OWNERSHIP, NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S).
 STATE Highway Dept COMPLETE MEDIAN/3 FOOT SECTION BROKEN OUT

4. DRIVER 1
 DRIVERS FULL NAME (LAST, FIRST, MI) [REDACTED]
 ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]
 DRIVERS LICENSE NUMBER [REDACTED] STATE MI TYPE OF LICENSE 1 Permit 2 For Hire 3 Oper 4 Unlic 5 MC only 6 CDL
 INSURANCE COMPANY UNKNOWN PROOF SHOWN YES NO Not Provided MC Qual YES NO

5. DRIVER 2
 DRIVERS FULL NAME (LAST, FIRST, MI) [REDACTED]
 ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]
 DRIVERS LICENSE NUMBER [REDACTED] STATE [REDACTED] TYPE OF LICENSE 1 Permit 2 For Hire 3 Oper 4 Unlic 5 MC only 6 CDL
 INSURANCE COMPANY [REDACTED] PROOF SHOWN YES NO Not Provided MC Qual YES NO

VEHICLE 1
 YEAR 94 MAKE Plymouth MODEL Acclaim COLOR WHITE
 VIN 3P3AA46K5RT LIC. PLATE NO. [REDACTED] MI 94
 VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER [REDACTED]
 ADDRESS [REDACTED] CITY [REDACTED] STATE MI ZIP [REDACTED]
 VEHICLE DAMAGE INITIAL IMPACT # 14
 Circle all Damaged Areas
 TOWED YES NO TOW CO [REDACTED]

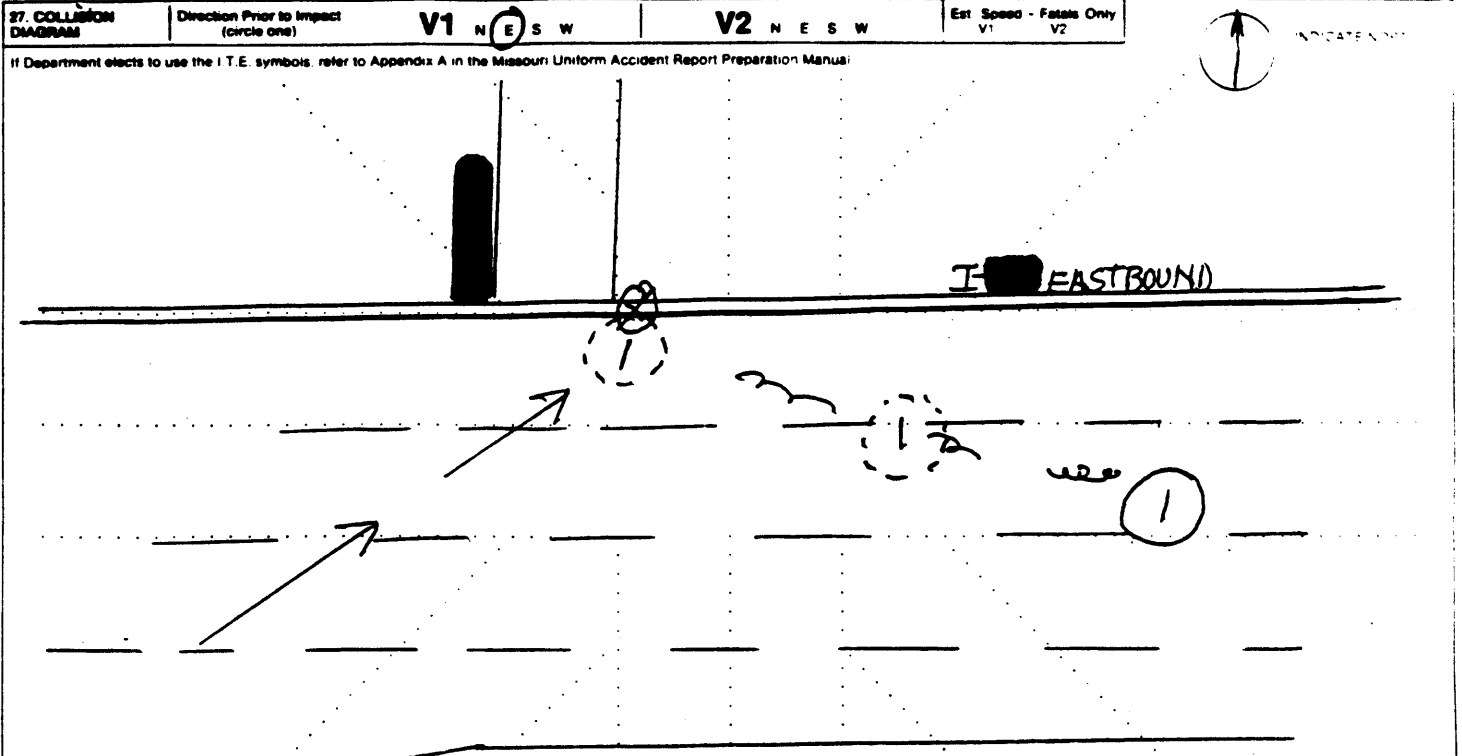
VEHICLE 2
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED]
 VIN [REDACTED] LIC. PLATE NO. [REDACTED] STATE [REDACTED] YEAR [REDACTED]
 VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER [REDACTED]
 ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]
 VEHICLE DAMAGE INITIAL IMPACT # [REDACTED]
 Circle all Damaged Areas
 TOWED YES NO TOW CO [REDACTED]

6. CODES
 SEAT LOCATION: FR SR TR, FC SC TC, FL SL TL
 INJURY: 1. Fatal, 2. Disabling, 3. Evident - Not Disabling, 4. Probable - Not Apparent, 5. None Apparent, 6. Unknown
 TRANSPORTED: 1. No, 2. EMS, 3. Other, 4. Unknown
 EJECTION: 1. No, 2. Partially, 3. Totally, 4. Unknown
 AIR BAG: 1. None/NA, 2. Deployed, 3. Not Deployed
 SAFETY DEVICES: 7. Helmet Used, 8. Helmet Not Used, 9. Use Unknown

7. DRIVERS

NAME	ADDRESS	DATE OF BIRTH	SEX	VEH NO	SEAT LOC	PL	TRAN	EJECTION	AIR BAG	SAF DEV	PHONE
DRIVER 1	SAME AS ABOVE	39 [REDACTED]	M	1	FL	2	2	1	2	9	[REDACTED]
DRIVER 2	SAME AS ABOVE	22 [REDACTED]	[REDACTED]	2							[REDACTED]

8. WITNESSES
 NAME OF WITNESS [REDACTED] ADDRESS [REDACTED] CITY [REDACTED] STATE MO ZIP [REDACTED] PHONE [REDACTED]



28. OFFICER NARRATIVE AND STATEMENTS (IF ADDITIONAL ROOM IS NECESSARY, ATTACH A SEPARATE SHEET)

Witness [redacted] stated he entered I- [redacted] eastbound from [redacted] and that vehicle #1 was directly behind him. After both vehicles entered the [redacted] states vehicle #1 then suddenly drove diagonally across all eastbound lanes striking the median and bounding off as shown in the diagram. Vehicle #1 then came to rest in the 2nd eastbound lane.

Witness [redacted] states she was westbound on I- [redacted] when she saw vehicle #1 cross all eastbound lanes diagonally and strike the concrete median. She called 911 on her car phone and turned around and drove back eastbound on I- [redacted] and saw police and Fire Trucks had already arrived.

I received the assignment for an auto accident with injuries to the above location. P.O. [redacted] driver of traffic car [redacted] received the assist call both arriving at the same time. I observed driver #1 unconscious in the front seat driver

NAME	CHARGE	AR NO./SUMMONS	COURT	DATE
1				
2				

30

CHEM TEST YES NO

PHOTOS YES NO # _____

RECONSTRUCTION YES NO

31 Submitting Agency Use Only

32. REPORTING OFFICER SIGNATURE [redacted] DSN/BADGE NO [redacted] BEAT/ZONE [redacted] TROOP/DIST/PCT [redacted] REVIEWING OFFICER [redacted] DSN [redacted] BADGE NO [redacted]

METROPOLITAN POLICE DEPARTMENT - CITY OF [REDACTED]
CONTINUATION REPORT

FILE NO. -FOR RECORDS DIVISION

PAGE NO. 4

COMPLAINT NO. _____

side and the passenger on the right front seat with a head injury. The passenger, [REDACTED] was unable to give any details to the accident. Medic [REDACTED] responded and conveyed [REDACTED] to [REDACTED] Hospital where he was admitted in serious condition by Doctor [REDACTED]. I notified the father, [REDACTED] St., of his location.

Medic # [REDACTED] conveyed the Driver of vehicle #1, [REDACTED] to [REDACTED] Hospital in critical condition per Doctor [REDACTED] of the staff. He further advised that [REDACTED] would survive his injuries.

Sgt. [REDACTED] den [REDACTED] of traffic car [REDACTED] advised the traffic accident would be handled by the [REDACTED] District radio car as death was not eminent.

Vehicle #1 was towed to [REDACTED] Street per reference # [REDACTED] and tow slip [REDACTED]

Capt [REDACTED] of the [REDACTED] Fire Department Engine Company # [REDACTED] and rescue squad # [REDACTED] responded and removed hydraulic fluid and oil from the Highway.

An order was placed on the desk book for the day watch to notify the State Highway department that a large

METROPOLITAN POLICE DEPARTMENT - CITY OF [REDACTED]
CONTINUATION REPORT

FILE NO. -FOR RECORDS DIVISION

PAGE NO. 5

COMPLAINT NO. _____

piece of concrete was broken off the median.

[REDACTED] The brother of [REDACTED] was notified of his brother's accident and location of [REDACTED] Hospital. [REDACTED] resides at [REDACTED] Michigan.

[Signature]
[REDACTED]

Respectfully:
PO. [REDACTED]

Appendix B:

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9507

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-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 0
7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)
8. SS17 Impact Fires 0
9. SS18 Unsafe Driver Actions 0
10. SS19 _____ 0

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) 9 5 2020
5. Time of Accident 2020

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>54</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	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 | (31) Large pickup truck (≤ 4,500 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,500 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) <i>262,9</i> | (39) Unknown pickup truck type (≤ 4,500 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,500 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,500 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based)(> 4,500 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,500 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,500 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,500 kgs GVWR) | (60) Truck (> 4,500 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,500 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,500 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,500 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,500 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (≤ 4,500 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,500 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

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

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|--|--|
| (01-30) – Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn – rollover (excludes end-over-end) | (59) Building |
| (32) Rollover – end-over-end | (60) Ditch or culvert |
| (33) Fire or explosion | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| (35) Other intraunit damage (specify): | (63) Curb |
| _____ | (64) Bridge |
| (36) Noncollision injury | (68) Other fixed object (specify): |
| (38) Other noncollision (specify): | _____ |
| _____ | (69) Unknown fixed object |
| (39) Noncollision – details unknown | Collision with Nonfixed Object |
| Collision With Fixed Object | (70) Passenger car, light truck, van, or other vehicle
not in-transport |
| (41) Tree (≤ 10 cm in diameter) | (71) Medium/heavy truck or bus not in-transport |
| (42) Tree (> 10 cm in diameter) | (72) Pedestrian |
| (43) Shrubbery or bush | (73) Cyclist or cycle |
| (44) Embankment | (74) Other nonmotorist or conveyance |
| (45) Breakaway pole or post (any diameter) | _____ |
| Nonbreakaway Pole or Post | (75) Vehicle occupant |
| (50) Pole or post (≤ 10 cm in diameter) | (76) Animal |
| (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) | (77) Train |
| (52) Pole or post (> 30 cm in diameter) | (78) Trailer, disconnected in transport |
| (53) Pole or post (diameter unknown) | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): |
| (55) Impact attenuator | _____ |
| (56) Other traffic barrier (includes guardrail
(specify): _____ | (89) Unknown nonfixed object |
| | (98) Other event (specify): |
| | _____ |
| | (99) Unknown event or object |

Appendix C:

NASS CDS GENERAL VEHICLE FORM: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9507
 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): 09
Plymouth
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

6. Vehicle Model (specify): 019
Accclaim
 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
3P3AA46K5RT
 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

9. Vehicle Special Use (This Trip) 0
 (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

OFFICIAL RECORDS

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

11. Police Reported Travel Speed 999
 Code to the nearest kmph (NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown
 _____ mph X 1.6093 = _____ kmph

12. Speed Limit 089
 (000) No statutory limit
 Code posted or statutory speed limit
 in kmph
 (999) Unknown
55 mph X 1.6093 = 88.5 kmph

13. Police Reported Alcohol Presence For Driver 0
 (0) No alcohol present
 (1) Yes alcohol present
 (7) Not reported
 (8) No driver present
 (9) Unknown

14. Alcohol Test Result For Driver 40
 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: Toxicology

15. Police Reported Other Drug Presence For
 Driver 7
 (0) No other drug(s) present
 (1) Yes other drug(s) present
 (7) Not reported
 (8) No driver present
 (9) Unknown

16. Other Drug Specimen Test Result For Driver 2
 (0) No specimen test given
 (1) Drug(s) not found in specimen
 (2) Drug(s) found in specimen, (specify):
Lidocaine
 (3) Specimen test given, results unknown or not
 obtained
 (8) No driver present
 (9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99998) No driver present
 (99999) Unknown

18. Driver's Race/Ethnic Origin 1
 (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
 (7) Other (specify): _____
 (8) No driver present
 (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA	
<p>19. Relation To Interchange Or Junction <u>1</u></p> <p>(0) Non-interchange area and non-junction (1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related (3) Driveway, alley access related (4) Other junction (specify) _____</p> <p>(5) Unknown type of junction</p> <p>(9) Unknown</p>	<p>25. Roadway Surface Condition <u>1</u></p> <p>(1) Dry (2) Wet (3) Snow or slush (4) Ice (5) Sand, dirt, or oil (8) Other (specify): _____ (9) Unknown</p>
<p>20. Trafficway Flow <u>2</u></p> <p>(0) Not physically divided (two way traffic) (1) Divided trafficway-median strip without positive barrier (2) Divided trafficway-median strip with positive barrier (3) One way traffic (9) Unknown</p>	<p>26. Light Conditions <u>3</u></p> <p>(1) Daylight (2) Dark (3) Dark, but lighted (4) Dawn (5) Dusk (9) Unknown</p>
<p>21. Number Of Travel Lanes <u>3</u></p> <p>(1) One (2) Two (3) Three (4) Four (5) Five (6) Six (7) Seven or more (9) Unknown</p>	<p>27. Atmospheric Conditions <u>0</u></p> <p>(0) No adverse atmospheric-related driving conditions</p> <p>(1) Rain (2) Sleet/hail (3) Snow (4) Fog (5) Rain and fog (6) Sleet and fog (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____</p> <p>(9) Unknown</p>
<p>22. Roadway Alignment <u>1</u></p> <p>(1) Straight (2) Curve right (3) Curve left (9) Unknown</p>	<p>28. Traffic Control Device <u>0</u></p> <p>(0) No traffic control(s) (1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign (3) Yield sign (4) School zone sign (5) Other regulatory sign (specify): _____</p> <p>(6) Warning sign (not RR crossing) (7) Unknown sign (8) Miscellaneous/other controls including RR controls (specify): _____</p> <p>(9) Unknown</p>
<p>23. Roadway Profile <u>1</u></p> <p>(1) Level (2) Uphill grade (> 2%) (3) Hill crest (4) Downhill grade (> 2%) (5) Sag (9) Unknown</p>	<p>29. Traffic Control Device Functioning <u>0</u></p> <p>(0) No traffic control device (1) Traffic control device not functioning (specify): _____ (2) Traffic control device functioning properly (9) Unknown</p>
<p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete (2) Bituminous (asphalt) (3) Brick or block (4) Slag, gravel, or stone (5) Dirt (8) Other (specify): _____ (9) Unknown</p>	

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 99
(Prior To Recognition Of Critical Event)
- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/object in vehicle (specify): _____
(10) Sleepy or fell asleep
(11) Distracted by outside person, object, or event (specify): _____
(12) Eating or drinking
(13) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 16
- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown
32. Critical Precrash Event 12
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
(18) This vehicle decelerating
(19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) 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, 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

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (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
- (98) Other action (specify):

(99) _____
Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (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):

(9) _____
Precrash stability unknown

35. Pre-Impact Location 4

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 06

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) _____
Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)											
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN							
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN							
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN						
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	21 SLOWER 25, 26, 27	24 DECEL. 28, 29, 31	25 SPECIFICS OTHER	26 SPECIFICS UNKNOWN	27 SPECIFICS OTHER	28 SPECIFICS UNKNOWN	29 SPECIFICS OTHER	30 SPECIFICS UNKNOWN	31 SPECIFICS OTHER	(EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH VEH.	38 AVOID COLLISION WITH VEH.	39 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	41 AVOID COLLISION WITH OBJECT	(EACH - 42) SPECIFICS OTHER	(EACH - 43) SPECIFICS UNKNOWN		
	F Sideswipe Angle	44 LATERAL MOVE	45 LATERAL MOVE	46 LATERAL MOVE	47 LATERAL MOVE	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN						
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN								
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	59 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH VEH.	61 AVOID COLLISION WITH VEH.	(EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN		
	I Sideswipe Angle	64 LATERAL MOVE	65 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN								
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 INITIAL SAME DIRECTIONS	72 INITIAL SAME DIRECTIONS	73 INITIAL SAME DIRECTIONS	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN				
	K Turn Into Path	76 TURN INTO SAME DIRECTION	77 TURN INTO SAME DIRECTION	78 TURN INTO SAME DIRECTION	79 TURN INTO OPPOSITE DIRECTIONS	80 TURN INTO OPPOSITE DIRECTIONS	81 TURN INTO OPPOSITE DIRECTIONS	82 TURN INTO OPPOSITE DIRECTIONS	(EACH - 84) SPECIFICS OTHER	(EACH - 85) SPECIFICS UNKNOWN			
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 STRAIGHT PATHS	87 STRAIGHT PATHS	88 STRAIGHT PATHS	89 STRAIGHT PATHS	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN						
VI Miscel laneous	M. Backing Etc	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	94 OTHER ACCIDENT TYPE	95 UNKNOWN ACCIDENT TYPE	96 NO IMPACT							

OCCUPANT RELATED

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

38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (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

41. Air Bag(s) Deployment, First Seat Frontal 2
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.280
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2831 lbs X .4536 = 1284 kgs
 Source: Auto NEWS 94'

44. Vehicle Cargo Weight 0.010
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
25 lbs X .4536 = 11 kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

53. Heading Angle For This Vehicle 998
54. Heading Angle For Other Vehicle 998

RECONSTRUCTION DATA

55. Towed Trailing Unit 1
- (0) No towed unit
 (1) Yes - towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
 (1) Yes
57. 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

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program -damage only routine
 (02) Reconstruction program -damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*
- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

_____ Nearest kmph (highest)
_____ Nearest kmph (secondary)

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

60. Longitudinal Component of Delta V

Highest
+ 999
-

_____ Nearest kmph (highest)
_____ Nearest kmph (secondary)

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

61. Lateral Component of Delta V

Highest
+ 999
-

_____ Nearest kmph (highest)
_____ Nearest kmph (secondary)

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

62. Energy Absorption

999.900

_____ Nearest 100 joules (highest)
_____ Nearest 100 joules (secondary)

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

63. Impact Speed

Highest
998

_____ Nearest kmph (highest)
_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. 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

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest
999

_____ Nearest kmph (highest)
_____ Nearest kmph (secondary)

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

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

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

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>9</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>0</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <hr/></p> <p>(3) Complete inspection</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 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 D:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER

AND

CASE VEHICLE PASSENGER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER AND</u> <u>occupant</u>
2. Case Number - Stratum <u>9507</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

I was in 94' Plymouth Acclaim in Missouri
I was merging onto Highway I ended
up going into cement MEDIAN. Veered
off to Right Center lane

Occup: I don't remember anything about
the accid.

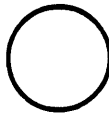
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

[REDACTED] P.D handle case
case [REDACTED] [REDACTED] 8²⁰ PM

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ANY

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.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver [] Other occupant [] Relative/friend
In which direction were you traveling?	[] North [] South <input checked="" type="checkbox"/> East [] West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 [] 2 [] 3 [] 4 [] Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry [] Wet [] Snow [] Slush [] Ice [] Sand, dirt, oil [] Other (specify)
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions [] Rain [] Fog [] Sleet [] Hail [] Snow [] Other (specify)
Was there any type of sign or signal present? (check all that apply)	[] Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) [] Stop sign [] Yield sign [] School zone sign [] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: [] Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: [] Miscellaneous control (including railroad controls) specify: _____ [] None <input checked="" type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	[] No traffic control device present [] Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: [] Functioning properly [] Unknown
Can you estimate your travel speed before the crash? (in mph)	[] Stopped [] 11-20 [] 31-40 [] 51-60 [] 70+ [] 1-10 [] 21-30 [] 41-50 [] 61-70 <input checked="" type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	[] Going straight [] Stopped [] Turning left [] Turning right [] Slowing [] Accelerating [] Backing [] Changing lanes to right [] Other (specify): <input checked="" type="checkbox"/> Changing lanes to left <i>MERGING</i>
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No [] Unknown [] Yes (describe)
Did driver take avoidance actions? [] Yes (Check all that apply) → [] No <input checked="" type="checkbox"/> Unknown	[] Braking with lock-up [] Accelerating [] Other (specify): [] Braking without lock-up [] Steering left [] Releasing brakes [] Steering right
Where was vehicle at time of collision?	[] Original travel lane [] Different travel lane [] In intersection [] Off roadway to right [] Off roadway to left [] Other (specify): _____
Can you estimate your travel speed at the time of collision? (in mph)	[] Stopped [] 11-20 [] 31-40 [] 51-60 [] 70+ [] 1-10 [] 21-30 [] 41-50 [] 61-70 <input checked="" type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White [] American Indian, Eskimo or Aleut, Asian or Pacific Islander [] Black [] Other (specify): _____ [] Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No [] Yes [] Unknown

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 <u>94</u></p> <p>Make: <u>Plymouth</u></p> <p>Model: <u>ACCLAIM</u> <u>3P3AA46K5RT</u></p>
<p>Was there any damage to the vehicle that is not related to this crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the doors or hatch come open during the crash?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown</p>
<p>Did any of the windows break during the crash?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown</p>
<p>Were any windows open (O) or partially open (P) prior to the crash?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes* * "O" = open "P" = partially open</p> <p><input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Unknown</p>
<p>Did the glove compartment door come open during the crash?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown</p>
<p>Was there any cargo in the vehicle at the time of the crash?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: Approximate weight - <u>25</u> pounds</p> <p><input type="checkbox"/> Unknown</p>
<p>Approximate mileage on the vehicle?</p>	<p>_____ miles <input checked="" type="checkbox"/> Unknown</p>
<p>If you have not inspected the vehicle or permission is needed, ask if you may look at their vehicle to assess the damage and ascertain the following:</p>	<p>Current location of the vehicle: _____ Contact person: _____</p>
<p>Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:</p>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleetng <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input checked="" type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: _____ <i>2 DAYS</i>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>600</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <i>friends</i> <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash? **2**

	DRIVER	OCCUPANT # 2	OCCUPANT # —
<p>Where was this person sitting in the vehicle?</p> <p>Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R)</p> <p>Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)</p>	<p>FRONT LEFT</p>		
<p>What is the Sex, Height, Weight, and Age of each occupant?</p>	<p><input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant</p> <p>HEIGHT: <u>5'6</u> WEIGHT: <u>135</u> AGE: <u>39</u></p>	<p><input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant</p> <p>HEIGHT: <u>5'8</u> WEIGHT: <u>150</u> AGE: <u>22</u></p>	<p><input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant</p> <p>HEIGHT: _____ WEIGHT: _____ AGE: _____</p>
<p>Describe how occupant was seated</p> <p>A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown</p>	<p><input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above</p>	<p><input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above</p>	<p><input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown</p> <p>Indicate all letters that apply and describe if other than above</p>
<p>Describe feet and hands/arms location just prior to impact (indicate all that apply)</p> <p style="text-align: center;"><u>FEET</u></p> <p>A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown</p> <p style="text-align: center;"><u>HANDS / ARMS</u></p> <p>F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown</p>	<p>Indicate all letters that apply and further describe as needed</p> <p style="text-align: center;">A</p> <p>normally 1 (L) Hand @ 10 o'clock 2 (R) Hand UNK.</p>	<p>Indicate all letters that apply and further describe as needed</p> <p style="text-align: center;">A</p> <p style="text-align: center;">N</p>	<p>Indicate all letters that apply and further describe as needed</p>

Describe any additional information here:

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # 2	OCCUPANT # ___
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined UNK	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined UNK	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

- No
 Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)
 Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- Talking to or listening to another occupant (specify):
- Was there a moving object in vehicle (specify):
- Talking or listening on a cellular phone (specify):
- Dialing a cellular phone (specify):
- Adjusting climate control (specify):
- Adjusting radio, CD or cassette player (specify):
- Using other device or object in vehicle (specify):
- Sleepy / asleep (specify):
- Distracted by outside person, object, or event (specify):
- Eating or drinking (specify):
- Smoking related (specify):
- Other (specify):
- Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
<p>Describe the seat belt available for the seat position</p> <p>NOTE: If a belt is not available for a seat position – describe if removed or not functional.</p>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
<p>Do any of the belts attach to the floor such that when the door is opened, the belt travels with the door?</p>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
<p>Were you [and other occupant(s)] wearing a seat belt during the accident?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

<p>What type of belt were you [and other occupant(s)] wearing?</p>	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
<p>How was the lap belt situated?</p>	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)
<p>How was the shoulder belt situated?</p>	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify)

Describe any breaks, tears, or failures to any of the seat belts:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

YES (IF "YES" COMPLETE THIS SECTION)

NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - continue to right <input checked="" type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF NOT REINSTALLED
Type of air bag?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>Eyeglasses</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

YES (IF "YES" COMPLETE THIS SECTION)

NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ___	OCCUPANT # ___
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Were you (or any other occupants) injured? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other (specify): <u>BURNS</u>	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input checked="" type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
ALL CHECKED! SEE MANIKIN PAGES			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - number of days <u>4</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - number of days <u>3</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	<u>HOSP.</u>	<u>HOSP</u>	
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>Hand-Therapy</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>18</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>SINCE ACCID</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> Unknown <u>ASK MY LAWYER</u> DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

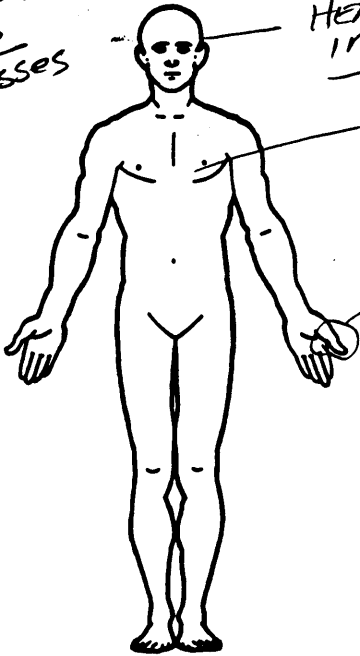
PSU Number 10 Case Number-Stratum 9507 Vehicle Number 01 Occupant Number

INJURY DATA FROM INTERVIEWEE(S)

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

This occup

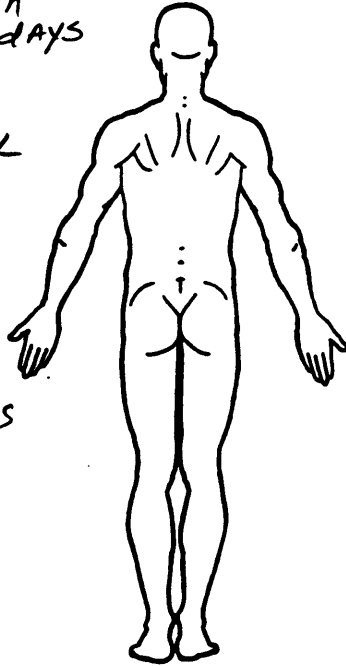
FACIAL
cuts
eye glasses



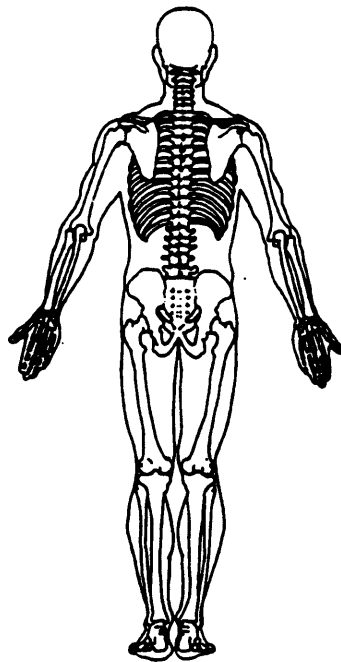
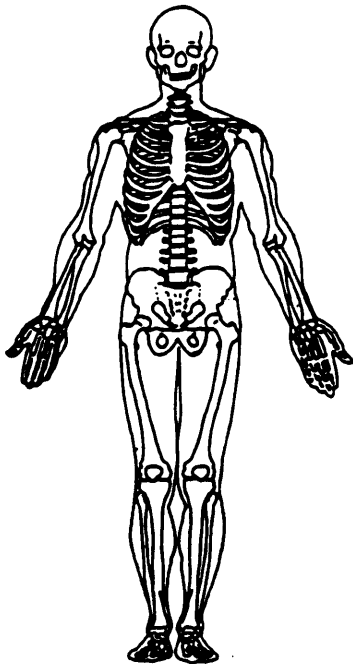
SOFT TISSUE/INTERNAL INJURIES
HEAD
injuries UNCON
UNK 2-3 days

collapsed
Ⓛ Lung
UNK

Ⓢ Thumb
Thermal
Burns
Amputated
Air bag gases



SKELETAL INJURIES



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

PSU Number 10

Case Number-Stratum 9507

Vehicle Number 01

Occupant Number 02

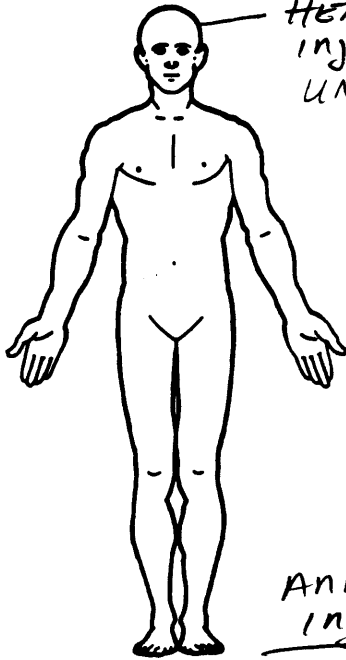
INJURY DATA FROM INTERVIEWEE(S)

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

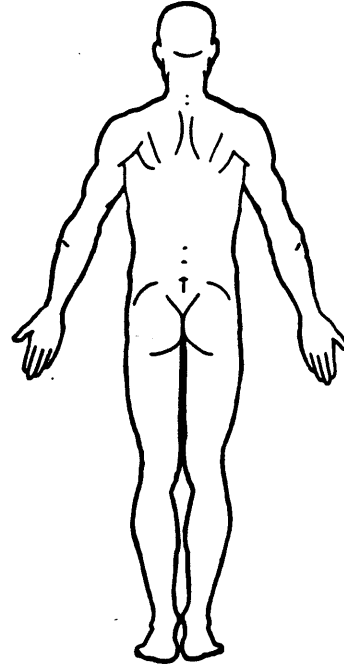
THIS

occup

SOFT TISSUE/INTERNAL INJURIES

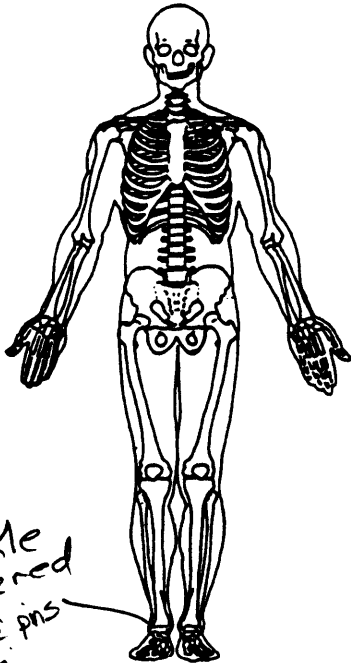


HEAD
injuries
UNCONSCIOUS

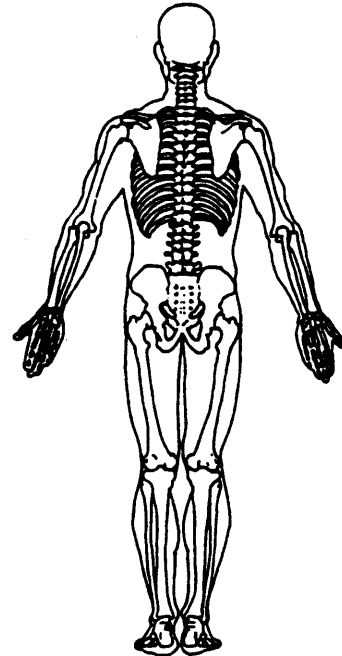


Ankle
injuries
PINS

SKELETAL INJURIES



(R) Ankle
shattered
screws & pins
& plate.



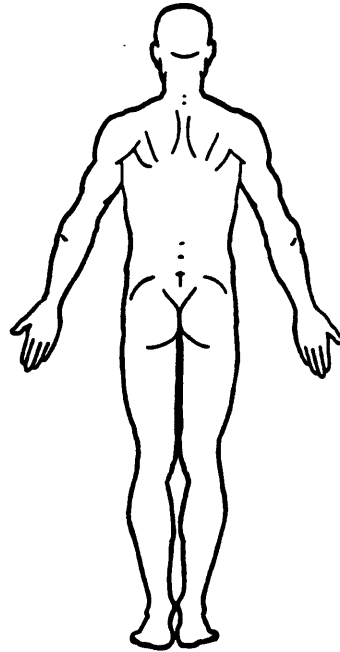
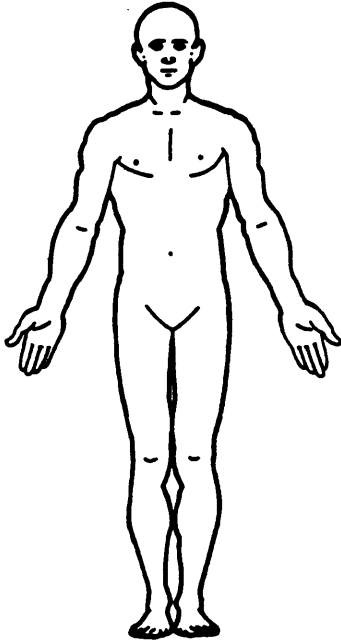
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number-Stratum _____ Vehicle Number _____ Occupant Number _____

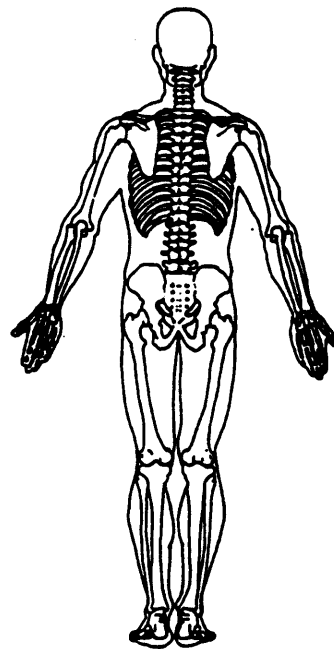
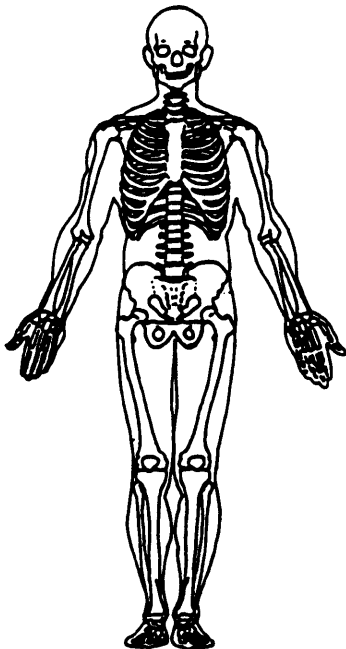
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



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

Appendix E:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9507
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 39
 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
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (9) Unknown

7. Occupant's Height 168
 Code actual height to the nearest centimeter.
 (999) Unknown
66 inches X 2.54 = 167.64 centimeters

8. Occupant's Weight 061
 Code actual weight to the nearest kilogram.
 (999)Unknown
135 pounds X .4536 = 61 kilograms

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

OCCUPANT'S SEATING

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 0
 (0) Normal posture

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

EJECTION/ENTRAPMENT12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

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

17. Occupant Mobility 1

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

BELT SYSTEM FUNCTION

- | | |
|---|--|
| <p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i>
 (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____</p> <p>(9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>00</u></p> <p>(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____</p> <p>(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): _____</p> <p>(99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i>
 (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): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor
 (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p> | <p>22. Shoulder Belt Upper Anchorage Adjustment <u>9</u></p> <p>(0) No shoulder belt
 (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i>
 (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available
 (1) 2 point automatic belts <u>VIN</u>
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown</p> <p><i>Non-functional</i>
 (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>3</u></p> <p>(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</p> <p>25. Automatic (Passive) Belt System Type <u>2</u></p> <p>(0) Not equipped/not available
 (1) Non-motorized system <u>VIN</u>
 (2) Motorized system
 (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>9</u></p> <p>(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i>
 (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): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____
 (9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>9</u></p> <p>(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): _____</p> <p>(6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown</p> |
|---|--|

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

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9
 (0) Not equipped/not available
 (1) No previous accidents
RENTAL
 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown
36. Type of Air Bag 1
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown
38. Air Bag Deployment Accident Event Sequence Number 01
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
39. CDC For Air Bag Deployment Impact 1
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996
 (000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (996) Deployment, unknown longitudinal Delta V
 (997) Not deployed
 (998) Unknown if deployed
 (999) Unknown
41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
42. Were Air Bag Module Cover Flap(s) Damaged? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
43. Was There Damage To The Air Bag? 96
 (00) Not equipped/not available
 (01) Not damaged
 Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 9
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 9
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 9 9

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

Upright prior to impact

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

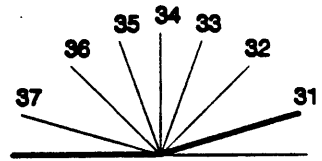
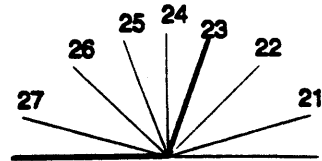
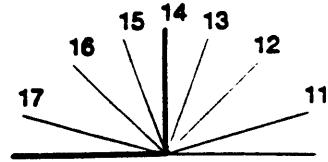
Slightly reclined prior to impact

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

Completely reclined prior to impact

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

(99) Unknown



54. Seat Performance (this Occupant Position) 9

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

CHILD SAFETY SEAT

55. 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

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

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

57. Child Safety Seat Orientation 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

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

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

INJURY CONSEQUENCES	
<p>61. Injury Severity (Police Rating) <u>3</u></p> <p>(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</p> <p>62. Treatment - Mortality <u>3</u></p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): _____</p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): _____</p> <p>(8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>1</u></p> <p>(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): _____</p> <p>(9) Unknown</p> <p>64. Hospital Stay <u>04</u></p> <p>(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <u>18</u></p> <p>_____ 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</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

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

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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

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

(99) Unknown

70. Number of Recorded Injuries for This Occupant 08
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 08
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

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

BELT USE DETERMINATION

74. 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 F:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE DRIVER



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9507</u>	4. Occupant Number <u>01</u>

INJURY DATA

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

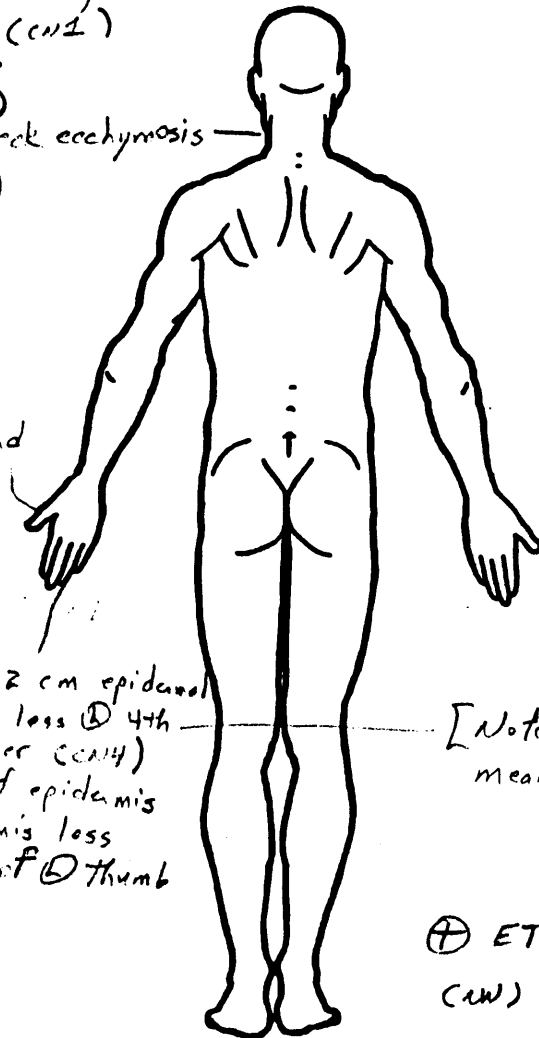
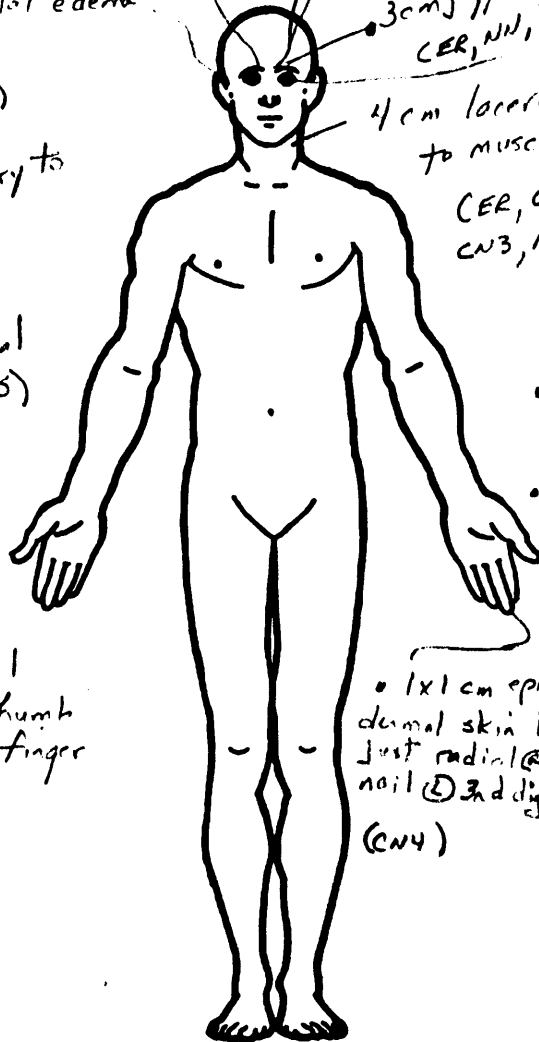
Source of Injury Data	A.I.S. - 90						Injury Source Aspect	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Concussion with LOC + neurologic deficit 1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>04</u>	10. <u>4</u>	11. <u>0</u>	12. <u>015</u>	13. <u>2</u>	14. <u>1</u>	15. <u>99</u>
Pneumothorax 2nd	16. <u>2</u>	17. <u>4</u>	18. <u>4</u>	19. <u>22</u>	20. <u>02</u>	21. <u>3</u>	22. <u>2</u>	23. <u>006</u>	24. <u>2</u>	25. <u>1</u>	26. <u>99</u>
Burns fingers 3rd	27. <u>2</u>	28. <u>7</u>	29. <u>9</u>	30. <u>20</u>	31. <u>10</u>	32. <u>3</u>	33. <u>2</u>	34. <u>604</u>	35. <u>2</u>	36. <u>3</u>	37. <u>00</u>
Lacerations + fr 4th	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>7</u>	45. <u>015</u>	46. <u>2</u>	47. <u>1</u>	48. <u>99</u>
Abrasion eye 5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>72</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>170</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
Echymosis eye 6th	60. <u>2</u>	61. <u>2</u>	62. <u>9</u>	63. <u>74</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>171</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
Laceration neck 7th	71. <u>2</u>	72. <u>3</u>	73. <u>9</u>	74. <u>06</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>602</u>	79. <u>2</u>	80. <u>3</u>	81. <u>00</u>
Echymosis neck 8th	82. <u>2</u>	83. <u>3</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>2</u>	89. <u>015</u>	90. <u>0</u>	91. <u>1</u>	92. <u>99</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>

to (FS, DS)

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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

- 2 lacerations, 1x1 cm, over medial eye (CN3)
- periorbital edema + ecchymosis (CN2, NN, DS)
- Glass injury to back (PN, PX)
- Multiple facial abrasions (DS)



- Some burn to ⊕ hand (thumb) + 2nd digit (CN1, DS)
- Blisters on ⊕ hand (CN14, PN)
- 1x1 cm epidermal-dermal skin loss just radial @ nail ⊕ 3rd digit (CN4)

Iron thermal injury ⊕ thumb and index finger (HP2)

[Note: must have meant 2nd finger]

⊕ ETOH (CN)

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No
 Yes

Blood Alcohol Level (mg/dl)

BAL = 324 → 4oz (DS, T)
(UN, DS)

Glasgow Coma Scale Score

GCSS = 8

Units of Blood Given

Units =

Arterial Blood Gases

pH = 7.14 7.44

PO₂ = 108 73

PCO₂ = 42 40

HCO₃ =

(PN ~~1/94~~ / ~~1/94~~)

Air bag inflated (ER, CN1, CN3, UN, DS)

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.)

Unrestrained driver
(CN3, UN, DS, PT)

• Head CT: No hemorrhage, contusion,
or basilar skull Fx
(CN1, CN3, UN, DS)

• CT Orbits: Possible Fx sphenoid (R)
(CN, DS, EX)

• X-rays:

Chest — (L) pneumothorax (PX
PT, EX2)

Abdomen — Negative

Pelvis — Negative

(UN, DS)

C-Spine:
Negative to C₆
(CN1, UN, DS)

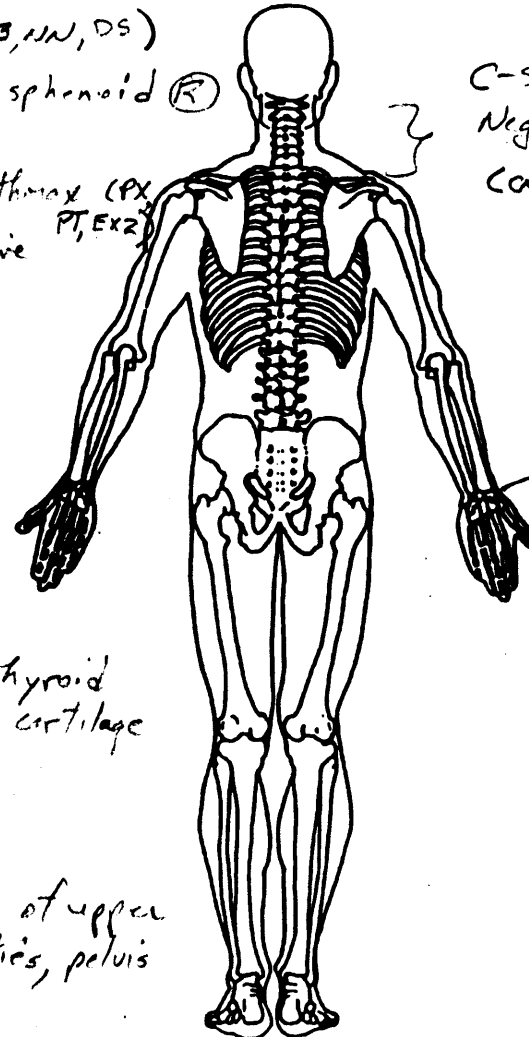
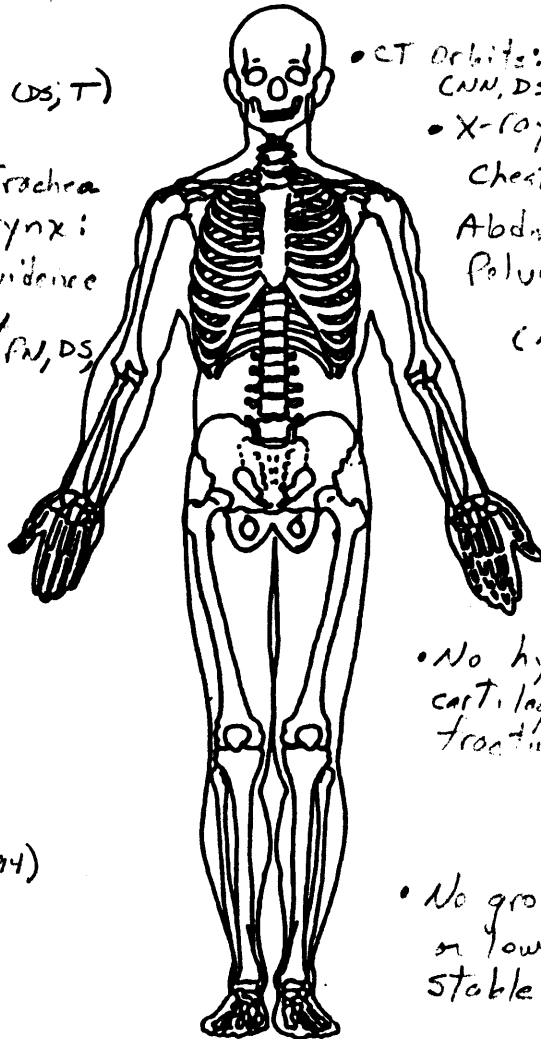
T-Spine + L-Spine:
negative
(DS)

(L) Hand:
No FXs

(CN4, DS)

• No hyoid bone, thyroid
cartilage or cricoid cartilage
fractures (PN)

• No gross deformity of upper
or lower extremities, pelvis
stable (CN4)



INJURY SOURCES

FRONT

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

LEFT SIDE

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

RIGHT SIDE

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

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

INTERIOR

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

AIR BAG

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

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

ROOF

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

FLOOR

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

REAR

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

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

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

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

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

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

OFFICIAL INJURY DATA - INTERNAL INJURIES

• Closed Head Injury (ER, CN1, CN4, NN, PN, DS, PT) • Unequal pupils (R = 8mm, L = 5mm) + sluggish (ER, CN1, CN3, NN, DS) • GCS = 8 (E1, V2, M5) (ER, CN1)
 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.)

• Little to no response to pain (CN1) • (+) LOC (CN1) • Contributive (ER, CN1, CN2) • Responds only to pain (NN, DS)

• (R) TM clear (NN, DS)

• (L) hemothorax, No CSF leak (CN1, NN, DS)

• Angiogram of neck - negative (PN, PX)

• (L) pneumothorax (+ air leak) (FS, ER, CN2, NN, DS)

• (R) showed new blood in region of (R) sylvian fissure (PN)

• Esophogram - no evidence of extravasation (PN, DS)

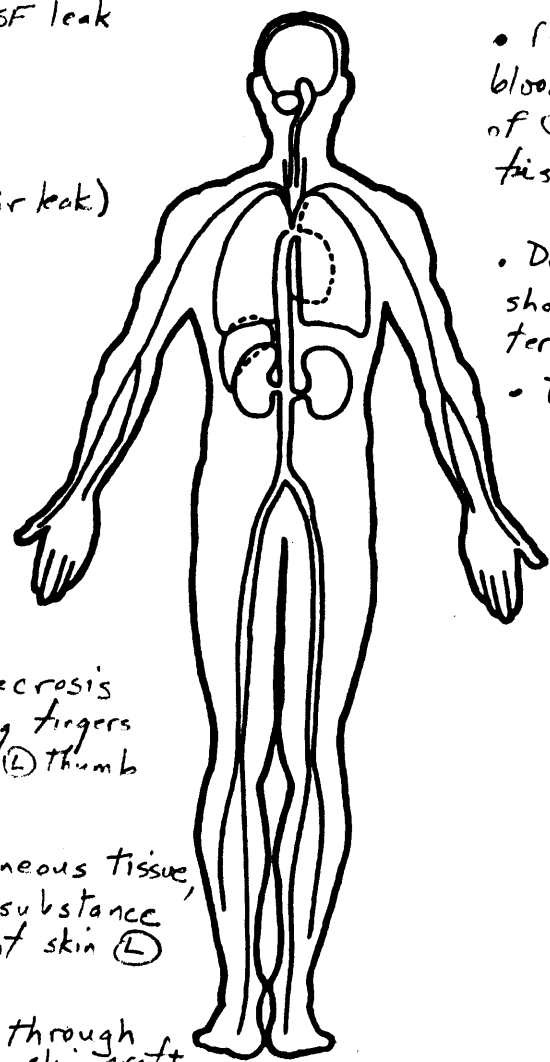
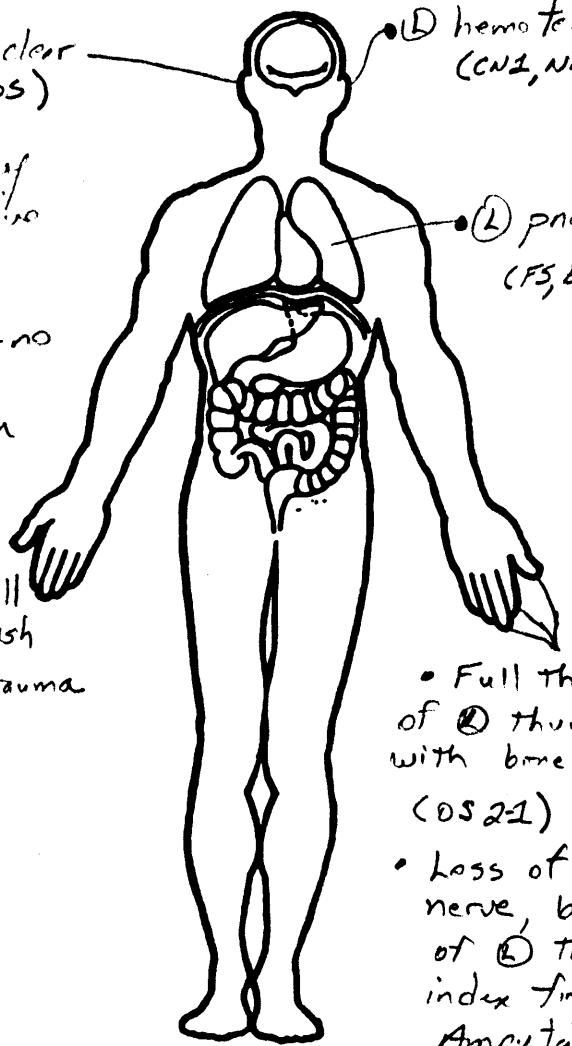
• Decreased memory short + long term (PT)
 • Decreased balance (PT)

• Does not recall events of crash 2° to head trauma (OS21)

• Full thickness skin necrosis of (R) thumb, index, + long fingers with bone necrosis of (L) thumb (OS21)

• Loss of skin, subcutaneous tissue, nerve, bone, and joint substance of (L) thumb. Loss of skin (L) index finger
 Amputation (L) thumb through IP joint level, second skin graft (L) index finger (OS2-2)

• Esophogram ↔ Barium Swallow



CAUSE OF DEATH

Not applicable

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input checked="" type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified <i>Toxicology</i>	<i>Lidocaine</i> <i>Nicotine, Cotinine</i>	<i>Anesthetic</i> <i>Not Applicable</i>

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

CN1 = Neurosurgery
CN2 = Surgery, Trauma
CN3 = Surgery, Plastic
CN4 = Orthopedics
PT = Physical Therapy Evaluation
T = Toxicology
##2 = Follow-up Medical Facility

MEDICAL RECORDS

FROM

[REDACTED] AREA MEDICAL FACILITY

REGISTRATION

COUNT NO. [REDACTED]	ADMISSION DATE 01/94	MEDICAL RECORD NO. [REDACTED]
ROOM & BED [REDACTED]	ADMISSION HOUR 001	FINANCIAL CLASS CUM
PE ADM IN	LOCATION/SERVICE [REDACTED]	SOCIAL SECURITY NO. [REDACTED]
PATIENT NAME [REDACTED]	PATIENT DATE OF BIRTH [REDACTED]	AGE 44
DOE JOHN	SEX M	RACE CAUCASIAN
[REDACTED], MI	RELIGION UNKNOWN	MARITAL STS. SINGLE
PATIENT EMPLOYER UNKNOWN	PERSON TO NOTIFY NAME [REDACTED]	STREET [REDACTED]
[REDACTED]	CITY/STATE/ZIP [REDACTED]	PHONE [REDACTED] RELATIONSHIP [REDACTED]
GUARANTOR NAME [REDACTED]	NEXT OF KIN NAME [REDACTED]	STREET [REDACTED]
[REDACTED], MI	CITY/STATE/ZIP [REDACTED]	PHONE [REDACTED] RELATIONSHIP [REDACTED]
SOCIAL SECURITY NO. [REDACTED]	ACCIDENT INFO/PHYSICIAN NAME [REDACTED]	ACCIDENT DATE [REDACTED] 94 ACC.TIME [REDACTED]
EMPLOYER UNKNOWN	ARRIVAL MODE [REDACTED]	ATTENDING/ER PHYSICIAN [REDACTED]
[REDACTED]	ADMIT/OTHER PHYSICIAN [REDACTED]	
INSURANCE [REDACTED]	POLICY NO. [REDACTED]	COVERAGE NO. [REDACTED] SUBSCRIBER [REDACTED]
MVACOM	MOTOR VEHICLE ACCIDENT	[REDACTED]
INCIDENT TYPE AUTO ACCIDENT	ADMISSION BY [REDACTED]	94 004 ER.REG.P [REDACTED]
REASON FOR VISIT MULTIPLE TRAUMA LEFT PNEUMO THORAX	REFERRING PHYSICIAN / ADDRESS / PHONE NO. NO, REFERRING DOCTOR	REFERRING PHYSICIAN / ADDRESS / PHONE NO. [REDACTED]
		SPOUSE'S EMPLOYER, ADDRESS, PHONE NO. & SOC. SEC. NO. [REDACTED]
PATIENT INVOLVED IN ACCIDENT? YES	TYPE OF ACCIDENT? PATIENT DISABLED?	WORKERS' COMP CASE? YES
IF RETIRED? YES	PATIENT DISABLED? YES	PATIENT HAVE FED. BLACK LUNG? YES
LETTER GIVEN? YES	MEDICARE CARD SIGNED? YES	RENAL PATIENT? YES
	DATE SIGNED: [REDACTED]	DATE DIALYSIS BEGAN [REDACTED]
		TREATMENT AUTHORIZATION NO. [REDACTED]

INS ADDRESS: [REDACTED]
 ADM SOURCE: ER

WAS ADVANCED DIRECTIVE INFORMATION GIVEN? N
 SHOULD FINANCIAL PACKET BE GIVEN? N
 WAS REFERRAL MADE TO SOCIAL SERVICE? N
 WHO WAS THE PHYSICIAN WHO SENT YOU TO FOR CARE? NO-REF02* NO, REFERRIN

CONSULTATION REPORT

Date: 7/24/74 Time: 10:00 am

Consulting Service: Surgery

Reason for Consultation: Penetrating trauma

Date Seen _____

Findings: Young male - Argentine, Amblyopia, and (depression) possible history of "Stridor" vs. ^{growing} ^{growing} ^{larynx} ^{no difficulty} ^{tears} ^{Larynx} ^{air} ^{Stridor} ^{Vocal cords} ^{Reports} ^{of normal} ^{larynx} ^{& "swollen"} ^{- all cords} ^{No reports of} ^{musical} ^{tones} ^{Reports of} ^{larynx} ^{"shifted to R"} ^{at all}

PE: Unresponsive to voice - unable to assess voice

No crepitus laryngeal prominences normal centimeter laceration

④ neck ecchymosis ④ neck laceration horizontal mid jugular neck region

unable to clearly visualize larynx & ET, secretions.

Principal Diagnosis: Penetrating neck trauma to possible laryngeal

Impression/Diagnosis/Recommendations: injury esophagus

- ① Need CT scan and Esophagus evaluated (No Swallow vs. Laryngoscopy if goes to R)
- ② Seven possible hx of Stridor, need CT scan larynx
- ③ Will follow hx stridor

Completed By: _____

Consulting Attending Physician
(CONTINUED ON BACK) M.D.

CONSULTATION REPORT

Date: -94 Time: 12:10 AM

Consulting Service: Reconstructive Plastics

Reason for Consultation Facial Trauma Surgery

Date Seen -94

Findings: Unrestrained driver in airbag involved in single car high speed MVA. Upon arrival pt was noted to be in respiratory distress - hemodynamically stable. Pt. intubated & paralyzed. Called for facial lacerations.

Stable neck - ENT, N.S., Trauma & Ortho involved. Pt. intubated, sedated & paralyzed. 2 lacerations, 1x1 cm supra-orbital

over (R) medial eye & 6 cm laceration supra-orbital region down to bone. Muscle shredded.

sluggish, No bony stepoffs palpable. Nose stable. Hematoma mandible palpable under C-culter - stable.

Proced. Intra. sutures, electrocauterization on cut SE, s.o. vicryl & CO Nylon, Neograft.

Head CT


Principal Diagnosis: Facial Trauma = lacerations - No fx.

Impression/Diagnosis/Recommendations: 1 Complete Facial CT is 3mm axial & coronal into 2 Will need mand. examined - pro.

Panorex when stable & extubated 3 Neograft TAD to Jaws.

I AGREE 

Completed By: 


Consulting Attending Physician M.D.
(CONTINUED ON BACK)

CONSULTATION REPORT

Date: 11/14 Time: _____

Consulting Service: Ortho-hand

Reason for Consultation _____

Date Seen 11/14

Findings: pt is a closed head injury pt status post MVA.
X-rays of ① Hand show no FXS. pt had blisters on
② Hand digits that were debrided by trauma
service

Entubated

Exam = no gross deformity of upper or lower
extremities, Pelvic stable, chest = no ecchymosis
L Hand = able to ^{grasp} grasp, but ^{not} on command
3x2cm ^{epidermal} skin loss of dorsal DIP of
ring finger, 5x4 cm loss of epidermis and
partial dermis loss ^{thumb} dorso-radial of thumb
1x1cm epidermal-dermal skin loss just radial to
nail of long finger

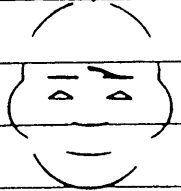
Principal Diagnosis: Soft tissue injury to left hand

Impression/Diagnosis/Recommendations:
① Trauma service debrided blisters of ① Hand
② change dressing BID, coat silvadene
application
③ will discuss w/ staff

Completed By: [Redacted] MD Ortho-Dr. [Redacted] M.D.

HISTORY/PROGRESS NOTES

DATE

94 2200	TSG H&P
	<p>HPI - 44 yo WM - unrestrained driver & airbag inflated involved in single car high speed MVA. Transported to ER per EMS. Arrived in ER grunting for breath and thrashing extremities. Was hemodynamically stable throughout transport.</p> <p>⊕ ETOH</p>
	<p>MEDS / ALLERGIES / PMHx / PSHx - UNKNOWN</p>
	<p>PE (VS) T=94.9 P=92 R=24 BP=108/60</p> <p>(gen) WDM WM - agitated, thrashing, grunting</p>
	<p>(HEENT) 3cm deep laceration over ⊕ eye eccymosis over ⊕ eye. ⊕ pupil = 5mm sluggish ⊕ pupil = 8mm non-reactive</p>  <p>nose clear, mouth clear ⊕ TM ⚭ some blood in ant. aspect ⊕ TM clear.</p>
	<p>(NECK) deep 3cm laceration ⊕ side of neck fracture in midline, supple.</p>
	<p>(chest) unremarkable (back) unremarkable</p>
	<p>(lungs) coarse BS ⊕ (hears) AAR</p>
	<p>(abd) soft, mildly distended, BS ⊕</p>
	<p>(rectal) no rectal tone, guac negative</p>
	<p>(Neuro) responds only to pain, moves all extremities</p>
	<p style="text-align: right;">→</p>

MD

HISTORY/PROGRESS NOTES (CONTINUED)

DATE

1/24 TSG H&P cont. 000

(ext) 2+ peripheral pulses, ϕ C, C, E
severe burn to ② hand (thumb)

LABS 137 | 101 | 7 < 105
3.4 | 23 | .9

amyl = 49

$\Sigma OH = 324$

8.9 | 13.9 | 207
40.9

UA = nil \ominus

PT = 143

PTT = 232

Radiology

CXR - ② pneumothorax

pelvis \ominus

C-spine \ominus

T-L spine \ominus

CT head \ominus

\bar{x} air fluid levels in ② maxillary
+ ② sphenoid sinuses

④ hand - soft

tissue
swelling

CT abd/pelvis \ominus

CT orbits - possible SA sphenoid

CT fracture/larynx - no evidence of laryngeal fracture

A/p 44 yo w/m involved in high speed MVA

Injuries -

① Closed head injury - NSG consulted

② Stab neck wound - will obtain carotid
angiogram to evaluate. Will consider
esophagoscopy and evaluation of trachea-
larynx by ENT

③ ④ pneumothorax - will place chest tube.

④ head lacerat ④ hand burn - PSG consulted

HISTORY/PROGRESS NOTES

DATE 4- [redacted] -9x

3 am Radiology Special procedure

3 am Carotid/vertebral angiography
 - indirect: ^{glass} glass injection of (B) neck
 - approach: (R) CFA (J)
 - Tech: 2 injected IV
 supp femoral IV
 3rd procedure IV

contrast 210 cc Conray 43
 - projections: RPO (step 45°) neck
 LPO (step $\times 45^\circ$) neck
 Internal (AP, off lat)
 AP neck

Findings

Findings:
 - ~~prob~~ the stone post to
 (B) Carotid bulb w/ mild extrinsic
 compression to prox int. carotid,
 & direct ^{direct} or ^{major} major injury.
 recommend AXU w/ V/S.

[redacted] (R) CFA

HISTORY/PROGRESS NOTES
(CONTINUED)

DATE

94 TSG PN
T=98 P=112 R=16 BP=170/110
[PE] (heart) tachy, Regular
(lungs) CTA (R)
(abd) soft, NT, ND, BS
(Neuro) follows commands, purposeful movement
(ext) (R) 1st + 2nd digit blisters (Error, meant (L))
A/p (1) Neuro: exam improved over admission. will
continue 3/3 maintenance fluids.
C, T, L spine pending
(2) CV - hemodynamics stable
(3) Resp - may have aspiration pneumonia.
Continue vent support. Follow CXR
(4) (L) hand Ortho consult pending
(5) Neck injury - Angio neg. Will
need to evaluate esophagus.

94 Blue Surgery
Hx, PE, XR's reviewed. Pt seen
& examined briefly. I discussed
Dx's & Rx's with Drs [redacted] &
[redacted] & agree with plan. Pt.
will be transferred to Dr. [redacted]
as per usual arrangement today
& I will no longer follow [redacted]

HISTORY/PROGRESS NOTES

DATE

<p>194</p>	<p>OTD/HNS</p> <p>ventilator</p> <p>Remains intubated, on vent.</p> <p>PE: Neck No subcutaneous emphysema & laryngeal crepitance. Laryngeal prominences normal to palpation & crepitance.</p> <p>CT larynx - no hypoid fx. Thyroid cartilage & discrete fx. Cricoid & fx.</p> <p>Angiogram (-). framework</p> <p>Imp: No evidence of laryngeal framework fx.</p> <p>Rec: 1) Esophagram when stable. 2) Attempt to extubate when weaned.</p> <p>If pt has sx of laryngeal obstruction we can essentl extubate</p>
<p>194</p>	<p>PSG</p> <p>Pt. seen cont to be ventilated</p> <p>Facial bones intact</p> <p>⊕ ↑ edema or ecchymosis</p> <p>⊕ palpable step offs or crepitus</p> <p>MP Pt. need facial bones - CT @ 3mm cuts axial + coronal</p> <p>If not stable enough facial & bone XR.</p>

HISTORY/PROGRESS NOTES
(CONTINUED)

DATE

Cont head elevation, no response to Lasix
Parox used when pt stable later

7/1/94
1100

NSG MSPN

Vital: R18 (Figs 10), T 97, P 90, BP $\frac{150}{90}$

PE: Patient localizes to pain, pupils 3mm and reactive
to light, lower limbs slightly hyper-reflexic, Babinski (+) @.

A/P @ C1+I CT showed new blood in region of
@ Sylvian fissure Will continue to follow

MS III

7/1/94
19:00

Head CT

Clinical

Esophogram

Esophogram -

no evidence

of extravasation
extravasation

MS

7/1/94
0430

NSG MSPN

Vitals: T_m 98⁶, R24, P120, BP $\frac{148}{92}$

PE: Opens eyes spontaneously, following commands, much improved
since 4/17

A/P @ C1+I - will continue to follow, consider extubation

patient today
Pt. doing remarkably well this am.

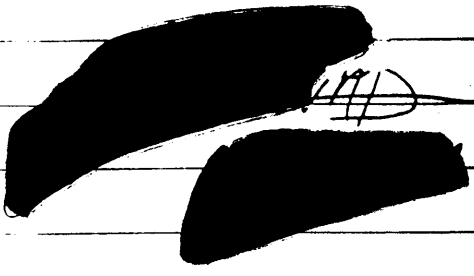
MS III

Planned E. re-expl. GSC problem continues, will report again as
severe in the am

HISTORY/PROGRESS NOTES

BEST AVAILABLE COPY

DATE

	T Surg							
1/14	Tm 99?	P100 R	SP 30/80	ET/O	3600/2100	NG=600	CT=55	
Crit Care - CPAP								
35 mm	Pics Sup 10 → 7.14/42/108/45.4%							
	141	105	15	151	90	11	127	
	37	27	18			52		
						Ng 2.2	Lac Acid 1.9	
						PO4 3.2		
	Hx - RRR							
	lungs - CTA							
	Abd - S, ND, NT, BS							
	Ext - ∅ edema							
	Neuro - follows commands							
A/P	① CV - stable							
P	② Pulm - adequate ABG on CPAP, will extubate							
	③ GI - cont NPO until \bar{p} extubated							
	④ Neuro - follows commands, purposeful							
	⑤ ITD - stable							
								

HISTORY/PROGRESS NOTES
(CONTINUED)

DATE

1/94	<p>PSG Pt. remain extubated, on vent Facial last intact ↓ edema / ecchymosis face Plan: Pt needs portable facial x-rays today.</p>
1/94	<p>OTO/HNS Pt is extubated. & airway disten Voice seems appropriate for $\leq 1^{\circ}$ post extubation & stidor stridor Will ✓ R Swallow. - Add - > Barium - Be swallow - ⊖ Please call us if further assistance is necessary.</p>
1/94	<p>ORVho Pt Alert, sitting in chair PE = debrided area of L hand covered with silvadene motor exam intact A/P ① will sign off plastic surgery to handle skin defect, no fracture present</p>

m

HISTORY/PROGRESS NOTES

DATE

7/24	TSG HD # 3														
	BP=150/80 Tm=100.9 P=100 RR=20														
	3L O ₂ NC - 98% sat I/O = 2600/1680 chest t = 60 7.44/40/73/92.3%														
	<table border="0"> <tr> <td>139</td> <td>103</td> <td>12</td> <td rowspan="2">126</td> <td rowspan="2">7</td> <td rowspan="2">11.7</td> <td rowspan="2">133</td> <td rowspan="2">mg=2</td> <td rowspan="2">iCa 1.26</td> </tr> <tr> <td>38</td> <td>26</td> <td>.8</td> <td>34</td> <td>phos=2</td> </tr> </table>	139	103	12	126	7	11.7	133	mg=2	iCa 1.26	38	26	.8	34	phos=2
139	103	12	126	7							11.7	133	mg=2	iCa 1.26	
38	26	.8			34	phos=2									
	<p>(PE) (heart) tachy (lungs) crackles/wheezes throughout (abd) soft, NT, ND, BS+</p>														
	(Neuro) alert, follows command														
	A/p ① <u>Resp</u> good O ₂ sat on 3L O ₂ per NC.														
	chest tube on H ₂ O seal Encouraged														
	IS and coughing														
	② <u>CV</u> - hemodyn stable														
	③ <u>FEN</u> - tolerating clears. Will advance														
	to soft Regular diet today														
	④ disposition - transfer to floor today														
	[Redacted] MD														

HISTORY/PROGRESS NOTES
(CONTINUED)

DATE

[redacted] 1/94 NSG
 Extruded - answers questions
 Resolving edema, weepy nose
 EOMI full lacerations intact
 nose stable, lace intact / dry
 ⊖ TMJ pain, occlusion usual
 ⊕ clinical CTO facial fx
 will V XRS, cant poly repair to local BID

[redacted] 94
 Pt. seem today, I feel that he has made reasonable
 recovery as he is no neck pain, anxious for exam
 NSG We need no type of CT exam. Consider us off the
 case and call if we may be of assistance

[redacted] NSG-156
 Patient without complaints
 vital signs 100⁴ P 72-100 R 18-20 BP 130-148/60-90 T 37.0 1/29/2000
 exam heart RRR lungs CTA ⊕ ~~(exam)~~ exam
 abd. soft/NT/ND ⊕ bowel sounds
 hand: unchanged, no exudate
 AP: 1. skin defect ⊕ hand - continue current
 management. seen by [redacted]
 2. otherwise stable liberating diet

NAME:
MR#:
PHYSICIAN: M.D.
ADMISSION DATE: 94/1/94
DISCHARGE DATE: 94/1/94

CLINICAL RESUME

ADMITTING DIAGNOSES: STATUS POST MOTOR VEHICLE ACCIDENT WITH MULTIPLE TRAUMA.
STATUS POST LEFT PNEUMOTHORAX.
MULTIPLE FACIAL LACERATIONS.
CLOSED HEAD INJURY.

DISCHARGE DIAGNOSES: STATUS POST MOTOR VEHICLE ACCIDENT WITH MULTIPLE TRAUMA.
STATUS POST LEFT PNEUMOTHORAX.
MULTIPLE FACIAL LACERATIONS.
CLOSED HEAD INJURY.

REASON FOR ADMISSION: Mr. [REDACTED] (aka/John Doe [REDACTED]) was a 44-year-old white male, an unrestrained driver with air bag inflated, who was involved in a single car high-speed motor vehicle accident. The patient was transported to [REDACTED] Emergency Department per Emergency Medical Services. The patient arrived in the Emergency Department grunting for breath and thrashing his extremities. The patient was hemodynamically stable throughout transport. On arrival to the Emergency Department, the patient had the smell of ethyl alcohol on his breath. The patient was felt to be not ventilating adequately and was intubated in the Emergency Department.

PHYSICAL EXAMINATION: Vital signs: temperature 94.9°F, pulse 92, respirations 24, blood pressure 108/60. In general, he was a well-developed and well-nourished white male. Agitated, thrashing and grunting. Examination of the head revealed the patient to have a 3 cm deep laceration over his left eye. Ecchymoses present over the right eye. Left pupil was 5 mm and sluggish to light. Right pupil was 8 mm and not reactive. Nares and throat were clear. The left tympanic blood was with some blood in the anterior aspect of the membrane. The right tympanic membrane was clear. Examination of the neck revealed a deep 3 cm laceration to the left side of the neck. Trachea was midline. Chest was unremarkable. Back was unremarkable. Lungs were coarse bilateral breath sounds. Heart was regular rate and rhythm. Abdomen was soft, mildly distended with hypoactive bowel sounds. Rectal: There was no rectal tone, guaiac negative. Extremities: 2+ peripheral pulses. Negative clubbing, cyanosis or edema. The patient had what appeared to be a severe burn to the left first and second digit of his left hand.

NAME:
MR#:
PHYSICIAN: M.D.
ADMISSION DATE: [REDACTED] 94
DISCHARGE DATE: [REDACTED] 94

NEUROLOGIC EXAMINATION: Neurologically, he responded only to pain, and moved all extremities.

LABORATORY DATA ON ADMISSION: Sodium was 137, potassium 3.4, chloride 101, CO2 of 23, BUN 7, creatinine 0.9. Blood glucose 105. White blood cell count was 8.9, hemoglobin 13.9, hematocrit 40.9, and platelets 207,000. Amylase 49. Ethyl alcohol level was 324. PT was 11.3; PTT was 23.2. The urinalysis was nitrate negative. 402!! [REDACTED] 3 mg es

RADIOGRAPHIC DATA ON ADMISSION: Radiographs of the cervical spine were negative. Pelvis: negative. Thoracic spine: negative. Lumbar spine: negative. Chest x-ray revealed a small left pneumothorax. The CT of the head revealed no intracranial pathology except for air/fluid levels in the right maxillary and right sphenoid sinus. The CT of the abdomen and pelvis was unremarkable. The CT of the orbits were significant for a possible fracture of the sphenoid bone. The CT of the trachea and larynx showed no evidence of laryngeal fracture. A plain film was also obtained of the left hand, which showed some soft tissue swelling.

ASSESSMENT AND PLAN ON ADMISSION: This was a 44-year-old white male involved in a high-speed motor vehicle accident. The patient's injuries include the following: (1) Closed head injury in which Neurosurgery Department was consulted for evaluation. (2) Stab wound to the neck. A carotid angiogram was to be obtained and barium swallow the next morning. The Otorhinolaryngology Service was also consulted for evaluation. (3) Left pneumothorax. Plan was to place a chest tube. (4) Head lacerations and left hand burn. Plastic Surgery Service was to be consulted for evaluation.

HOSPITAL COURSE: A left pleural chest tube was placed in the Emergency Department. In addition, the laceration over the patient's left eye was sutured by the Plastic Surgery Service in the Emergency Department. After being worked up, the patient was taken to the Intensive Care Unit for further care.

- On hospital day one, the patient's neurological examination was much improved. He remained hemodynamically stable and was continued on the ventilator. Barium swallow was performed, which revealed no extravasation of fluid.

NAME:
MR#:
PHYSICIAN: M.D.
ADMISSION DATE: 94
DISCHARGE DATE: 94

On hospital day two, the patient was improving neurologically as evidenced by following commands. He was ventilating well and was extubated on hospital day two.

By hospital day three, the patient was alert and following commands. He was ventilating well on three liters oxygen per nasal cannula. He had tolerated his clear liquid diet, which had been started on hospital day two. The patient was then transferred out of the Intensive Care Unit to the Floor Service for further care.

By hospital day four, the patient was awake, alert and tolerating a regular diet. The patient was felt to be stable from a surgical standpoint to be discharged home at this time. Repeat x-rays showed only a small tiny apical left pneumothorax.

DISCHARGE INSTRUCTIONS:

- (1) MEDICATIONS: Silvadene cream to hand burns b.i.d. and p.r.n.; Polysporin ointment to facial abrasions t.i.d. and p.r.n. Darvocet-N 100 tablets, one to two tablets, p.o. every three to four hours p.r.n. pain.
- (2) FOLLOW UP: The patient is to follow up in Michigan with [REDACTED], M.D., on [REDACTED], 1994, at [REDACTED] p.m. at the [REDACTED] Hospital ([REDACTED] second floor, east building), telephone number: [REDACTED]. If the patient was unable to make the trip to Michigan, he has been instructed to follow up with [REDACTED] M.D., on [REDACTED], 1994, at [REDACTED] p.m., at the [REDACTED] Building, as well as [REDACTED], M.D., on [REDACTED], 1994, at [REDACTED] p.m., at the [REDACTED] Building.
- (3) SPECIAL INSTRUCTIONS: Hand dressing changes b.i.d. with Silvadene cream. Apply Polysporin ointment liberally to facial abrasions t.i.d. He was instructed that the left hand burn was to be evaluated by a plastic surgeon the day after the patient arrived home for possible skin grafting.
- (4) DIET: To be regular, as tolerated.

Dictated by: [REDACTED]

D: [REDACTED]/94
T: [REDACTED]/94

[REDACTED]
M.D. m.D.

HOSPITAL

Department of Radiology
Division of Vascular-Interventional Radiology

Special Procedures Record

Date: _____

Type of Study: Carotids

Clinical History: glass MVA injury to neck

Prior angio NO YES SLU? When _____

Medications: _____

Allergies: _____

Past Med/Surg. Hx: _____

Bun/Cr: / Hgb/Hct: /

PT _____ PTT _____ Plts: _____

Pulse Exam (0 - 3+)

	RIGHT	LEFT
FEM	2+	2+
POP		
PT		
DP	2+	2+
AXIL		
BRACH		
RAD		
CAROTID		

BP R: _____

L: _____

Resident: _____ Tech: _____

Hematoma NO YES Size _____
 Change in pulses NO YES } See Nursing Notes
 Change in neuro status NO YES }

Puncture site: femoral artery R fem art Time 0216
 Catheter size 6Fr Time removed 0250
 Radiologist: _____
 IV Fluids: Type NS Rate 100°
 Total Volume _____ Site Rhad + PTA

NURSING NOTES

Went AC 20 60%

TIME	SaO ₂	B.P.	P	MEDICATIONS	BY
0150	100%	150/106	115	Inversed 50mg Fentanyl	
0200	100%	130/93	104	3mg morphine	
0215	99%	130/90	102		
0230	100%	140/96	104	versed 1mg	
0245	100%	160/101	105		

RN

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED]/94

EXAMS: CT BRAIN NON-CONTRAST

PROCEDURE: CT BRAIN

CLINICAL INDICATION: MVA

DATE AND TIME: [REDACTED]/94 AT 1025 HOURS

TECHNIQUE: 5 mm thick axial images through the posterior fossa. 10 mm thick axial images through the supratentorial compartment. No IV contrast was given.

FINDINGS: The patient scanned on the table-top. This degrades some of the image quality. Streak artifact obscures much of the posterior fossa. However, the fourth ventricle is normal in size and is midline. The cerebellum is unremarkable.

In the supratentorial compartment the third and lateral ventricles are normal in size. There is no evidence of midline shift. There is no evidence of hemorrhage or infarction. No extra-axial fluid collections are identified. There is soft tissue swelling noted over the right side of the face. There preseptal air noted in the region of the right orbit. An air fluid is seen in the dependent portion of the right maxillary sinus. There is opacification noted of the anterior ethmoid sinuses. The right sphenoid sinus has a air fluid level within it. The frontal sinuses are nonpneumatized. Further comments about the orbits will be made on the CT of the orbits.

CONCLUSIONS: NO EVIDENCE OF INTRACRANIAL INJURY.
AIR FLUID LEVELS IN THE RIGHT MAXILLARY AND RIGHT SPHENOID SINUSES.
OPACIFICATION OF THE ANTERIOR ETHMOID SINUSES.
PRESEPTAL AIR IS NOTED.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94 (1321)
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED]/94 (1340)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: CT ORBITS NON-CONTRAST

PROCEDURE: CT ORBITS

CLINICAL INDICATION: MVA.

DATE AND TIME: [REDACTED] 94 at 1030 hours

TECHNIQUE: 3 mm thick axial images were obtained from the mid maxillary sinus to just above the frontal sinuses.

FINDINGS: The globes are intact bilaterally. The lenses appear normal. The retinas are not thickened. The optic nerves and extraocular muscles appear normal. There is soft tissue swelling noted over the right side of the face. Preseptal air is noted in the region of the right orbit. There is a question of an undisplaced fracture of the greater wing of the sphenoid just lateral to the right superior orbital fissure. This does not cause any abnormality on the adjacent lateral rectus muscle. No definite fractures of the orbital roof are identified. However, fractures may be missed with axial scanning only and direct coronal images may be helpful in further evaluating the orbital roof. Again noted are air fluid levels in the right maxillary and right sphenoid sinuses. Opacification of the anterior ethmoid sinuses are present.

CONCLUSIONS: 1. POSSIBLE UNDISPLACED FRACTURE OF THE GREATER WING OF THE SPHENOID JUST LATERAL TO THE SUPERIOR ORBITAL FISSURE ON THE RIGHT. PRESEPTAL AIR ON THE RIGHT.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94 (1716)
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] 94 (1410)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: PORT. CHEST 1 VIEW

Portable chest on [REDACTED] 94 at [REDACTED] hours shows no evidence of pulmonary infiltrate, effusion or pneumothorax. Cardiac and mediastinal silhouettes are within normal limits for a portable exam. The osseous structures are grossly intact.

IMPRESSION: NO RADIOGRAPHIC EVIDENCE OF ACUTE PULMONARY DISEASE.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] /94

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M

EXAM DATE: [REDACTED] 94

EXAMS: CAROTID ANGIOGRAM (NECK)

PROCEDURE: FOUR VESSEL ARTERIOGRAPHY. NECK AND INTRACRANIAL ARTERIOGRAPHY.

CLINICAL HISTORY: CAR ACCIDENT WITH GLASS INJURY TO THE LEFT NECK.

RADIOLOGISTS: [REDACTED]

DESCRIPTION: Abnormal neurologic status despite a negative CT. The right common femoral artery approach was used. Using the Seldinger technique the right common femoral artery was punctured opposite to the femoral neck and a 6 French pigtail catheter was advanced over a .038 inch guide wire into the ascending aorta. Multiple digital runs were obtained at the level of the neck, carotid bifurcation in RAO and LAO projections. An AP and offset lateral intracranial projections were obtained, as well.

FINDINGS: There is a small extrinsic impression on the right carotid bulb posteriorly with minimal narrowing of the origin of the right internal carotid. There is no evidence of intimal flap or extravasation. The major external carotid branches appear patent.

There also appears to be symmetric intracranial run off with patent major branches.

CONCLUSION: 1. SMALL EXTRINSIC IMPRESSION ON THE POSTERIOR RIGHT CAROTID BULB, MOST LIKELY SECONDARY TO A HEMATOMA.
NO EVIDENCE OF INTIMAL FLAP OR EXTRAVASATION.

M/D.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] /94 (0848)

TRANSCRIPTIONIST: [REDACTED]

PRINTED DATE/TIME: [REDACTED] 94 (1001)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: CT NECK NON-CONTRAST

PROCEDURE: CT OF THE NECK

CLINICAL INDICATION: MVA

DATE AND TIME: [REDACTED] 94 at [REDACTED] hours

TECHNIQUE: 3mm thick axial images were obtained from the mandible through the thoracic inlet.

FINDINGS: An endotracheal tube and a nasogastric tube are noted in the trachea and esophagus, respectively. A small amount of air is noted adjacent to the thyroid cartilage on the right. However, the laryngeal cartilage appears intact. There is no evidence for laryngeal fracture. No significant hematomas within the soft tissues are appreciated. The neurovascular bundles appear intact bilaterally. No definite foreign bodies are seen. The bony structures appear intact.

CONCLUSIONS: SMALL AMOUNT OF AIR ADJACENT TO THE RIGHT THYROID CARTILAGE. HOWEVER, NO EVIDENCE FOR LARYNGEAL FRACTURE. NO SIGNIFICANT SOFT TISSUE HEMATOMA IS APPRECIATED.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] /94 [REDACTED]

TRANSCRIPTIONIST: [REDACTED]

PRINTED DATE/TIME: [REDACTED] 94 [REDACTED]

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: PORT. CHEST 1 VIEW

AP portable view of the chest on 04-[REDACTED]-94 at 0500 reveals ET tube with its tip well above the carina, NG tube bent back on itself with its tip in the fundus of the stomach. Left chest tube is present. The lungs are clear.

M.D.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] /94 (1427)
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] /94 (1854)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M

EXAM DATE: [REDACTED] /94

EXAMS: PORT. CHEST 1 VIEW

Portable chest, [REDACTED] /94 at [REDACTED] hours.

Since 0500 hours, the pulmonary vessels appear prominent, consistent with mild pulmonary vascular congestion. A retrocardiac infiltrate is seen on the left. A pneumothorax is not identified. Cardiac and mediastinal silhouettes are stable. The position of the left thoracostomy tube is unchanged. A small amount of radiopaque contrast is in the stomach.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94 [REDACTED]

TRANSCRIPTIONIST: [REDACTED]

PRINTED DATE/TIME: [REDACTED] /94 [REDACTED]

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: PORT. CHEST 1 VIEW

Since [REDACTED]/94, there continues to be mild pulmonary vascular congestion. The left lower lobe infiltrate has increased. A pneumothorax is not seen. The cardiac and mediastinal silhouettes are stable. The position of the left thoracostomy tube is unchanged.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] /94 (1604)
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] /94 (2059)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] /94

EXAMS: PORT. CHEST 1 VIEW

Portable chest, [REDACTED] 94 at [REDACTED] hours.

Since 0500 hours, the left thoracostomy tube has been removed and there is a small apical pneumothorax. The pulmonary vascular congestion and left lower lobe infiltrates are unchanged. The cardiac and mediastinal silhouettes are stable.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94 [REDACTED]

TRANSCRIPTIONIST: [REDACTED]

PRINTED DATE/TIME: [REDACTED] /94 [REDACTED]

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] 94

EXAMS: CHEST PA & LATERAL

Since [REDACTED] 94, there are increased infiltrates in the left lower lobe. The right lung is clear. The left thoracostomy tube has been removed and there is a small apical pneumothorax. The heart size, mediastinum and hilar structures are normal. Endotracheal tube and nasogastric tubes have been removed.

IMPRESSION: 1. LEFT LOWER LOBE INFILTRATE.
2. SMALL LEFT APICAL PNEUMOTHORAX.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] /94 (1758)
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] /94 (2022)

HOSPITAL
RADIOLOGY DEPARTMENT

DOB: [REDACTED] AGE: 44 SEX: M
EXAM DATE: [REDACTED] /94

EXAMS: CHEST PA & LATERAL

The last available comparison film is from [REDACTED] /94.

The previously noted left apical pneumothorax is not present. The heart size and mediastinum are normal. Bibasilar infiltrates are present. No effusions or pneumothorax is seen.

IMPRESSION: 1. BIBASILAR INFILTRATES.
2. NO EVIDENCE OF LEFT APICAL PNEUMOTHORAX.

CC:

TRANSCRIBED DATE/TIME: [REDACTED] 94 [REDACTED]
TRANSCRIPTIONIST: [REDACTED]
PRINTED DATE/TIME: [REDACTED] 94 [REDACTED]

BEDSIDE PHYSICAL THERAPY EVALUATION - Pg. 1

Name: Doe, John Medical Record: [REDACTED] Date: [REDACTED] 94 Room:

MD Orders: Ambulation, CPT/PT 94

Hx: Admitted [REDACTED] 94 unrestrained driver in high speed MVA. CH1, stab neck wound, @ pneumothorax

S: "Not to bad" "My back is kind of hurting". Pt describes pain as "sharp."

Home Environment: Stairs No with/without rails. Help Available: Yes No Will stay

O: General Appearance: is a friend initially.

Precautions: I.V.'s: arm(s) (L) neck groin
central line ventriculostomy catheter NG/j tube
chest swan ganz ICP log roll other

Incisions:

Cardio-Pulmonary H.R. 104 B.P. resp. supplement O2 1L S_o2 95%

If applicable: trach; ET tube; ventilator; mode = IMV

other

Mental Status/Cognitive: A&O x self & almost time, oriented to place.
↓ memory short & long term.

Language Dysfunction: Neglect:

ROM: WNL Decreased:

Strength: Normal Impaired: WFL, Pt cp back pain - sharp & of neck pain.

Sensation: (Light touch, sharp/dull, proprioception) N/A

Breath sounds: ↓ breath sounds x all lobes. Pt is mod cough & produced approx 1 tsp of thick yellow/green sputum

Coordination: N/A Finger-Nose Heel-Shin

Bil. UE activity Bil. LE activity

Tone/Reflexes:

Babinski Clonus

Activity Level: up ad lib; chair; bedrest

[REDACTED] PT.

Name: Doe, John Medical Record [REDACTED] Room:

Bed Mobility & Transfer:

Activity/Mode	Independent	Stand-by	Minimal	Mod.	Max.	Dependent	N/A
Rolling Left		X to	X				
Rolling Right		X to	X				
Bridge							
Scoot							↓
Supine <-> Sit				X	2 verbal cues		
Sit <-> Stand			X				
Bed <-> Chair			X2 ←	→ X2			

Observation: ↓ balance

Pt instructed in coughing, diaphragmatic breathing & incentive spirometer

Balance: N/A Sitting Static: Good Dynamic: Fair+

Standing Static: Fair Dynamic: Fair-

Gait: N/A WB Status FWD Distance: 50ft. Device: Ø

Assistance needed min/mod PxA Balance: Fair c PxA Endurance: poor+

Gait Deviations/Observations: ↓ balance

Pre-Treatment Explanation:

Plan of care including recommended therapy, goals, and frequency discussed with patient.
Patient understands and agrees to proceed.

Patient unable to receive pre-treatment explanations _____

A: PATIENT RESPONSE: Cooperative Uncooperative Unresponsive

Tolerates Tx: Well Fair Poor

COMMENTS: Pt will benefit from PT for CPT, balance, mobility, transfers & gait.

GOALS: Pt's level of function will remain as evaluated on this date.

Pt's ROM and strength remains WFL.

Pt's ROM increases to WFL (note joints) _____

Pt's strength increases to WFL (note muscles) _____

Pt performs bed mobility with _____ assist. x _____ Independently

Pt transfers with SBA assist. x _____ Independently

Pt amb 100 ft. with without assistive device with SBA assist. x _____ Independently

Patient and/or family are independent with home exercise program.

Other goals: ↑ breath sounds all lobes

P: Frequency of Tx: Once a day BID or _____ x week.

Tx to include: exercise gait transfer training CPT

Other will obtain department orders if possible.

Discharge patient at initial visit 2° to achievement of all goals.

Additional Comments/Recommendations: Pt would benefit from speech & PT consult.

LABORATORY REPORT

HOSP
 DIV OF LAB MEDICINE
 CLIN LAB -

MICROFILM#

PATIENT NAME DOE, JOHN		PATIENT ID		ROOM NO. ER	AGE 44	SEX M	PHYSICIAN
AGE 1	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME /94	LOG-IN-DATE	REPORT DATE 94 04/	& TIME 94

REMARKS

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

STAT COMPREHENSIVE

DRUG SCREEN

SUBMITTED SPECIMENS

URINE & SERUM

BLOOD/SERUM QUANTITATION:

ETHANOL: 0.402 G/DL

TOXIC: > 0.20 G/DL

DRUGS DETECTED IN URINE

LIDOCAINE

ETHANOL

NICOTINE

COTININE (NICOTINE METABOLITE)

TECHNOLOGIST

AN

THE SUBMITTED SPECIMEN(S) WERE SCREENED FOR, BUT NOT LIMITED TO THE FOLLOWING DRUGS:

AMPHETAMINES

*ACETAMINOPHEN

*SALICYLATE

ANTI-HISTAMINES

ANTIDEPRESSANTS

ANTI-CONVULSANTS:

PHENOBARBITAL

PRIMIDONE

*PHENYTOIN

CARBAMAZEPINE

*MEPROBAMATE

*BARBITURATES

*ETHCHLORVYNOL

*GLUTETHIMIDE

*METHAQUALONE

COCAINE

PHENCYCLIDINE

PHENYLPROPANOLAMINE

PHENOTHIAZINE METABOLITES

*BENZODIAZEPINE METABOLITES

NARCOTICS AND SYNTHETIC-NARCOTICS

VOLATILES:

*ACETONE

*ETHANOL

*METHANOL

*ISOPROPANOL

LIDOCAINE

QUINIDINE

*CARISOPRODOL

NOTE: IF DETECTED, THESE DRUGS (*) ARE QUANTITATED IN SERUM.

RESULTS MAY ALSO INCLUDE OTHER DRUGS THAT WERE DETECTED WHICH ARE NOT IN THE ABOVE LIST.

 SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY AND MAY NOT HAVE BEEN HANDLED AS A LEGAL SPECIMEN. RESULTS SHOULD BE USED FOR MEDICAL PURPOSES ONLY AND NOT FOR ANY LEGAL OR EMPLOYMENT EVALUATIVE PURPOSES.

>> END OF REPORT <<

MEDICAL RECORDS
FROM
MICHIGAN AREA MEDICAL FACILITY

D E P A R T M E N T O F R A D I O L O G Y

M 039 0 0

ADM DIAGNOSIS: MBT, H/O LEFT PNEUMOTHORAX

ADMITTING PHYSICIAN:
ATTENDING PHYSICIAN:
REQUESTING PHYSICIAN:

REQUISITION ██████████ COMPLETED

CLINICAL DATA: HISTORY OF LEFT PNEUMOTHORAX.

PA AND LATERAL CHEST: ██████████94

HEART SIZE IS NORMAL. LUNGS ARE CLEAR. THERE IS MINIMAL PLEURAL
PROMINENCE IN THE LEFT APEX CONSISTENT WITH CHRONIC PLEURAL SCARRING.
NO ACTIVE PROCESS IS SEEN. THERE IS NO VISIBLE PNEUMOTHORAX.

IMPRESSION: 1. ESSENTIALLY NORMAL CHEST.

REPORTING PHYSICIAN
ELECTRONICALLY SIGNED

MD

OUTPATIENT SERVICES

Date: _____
 Allergies: NIKA
 Present Medications: Ø

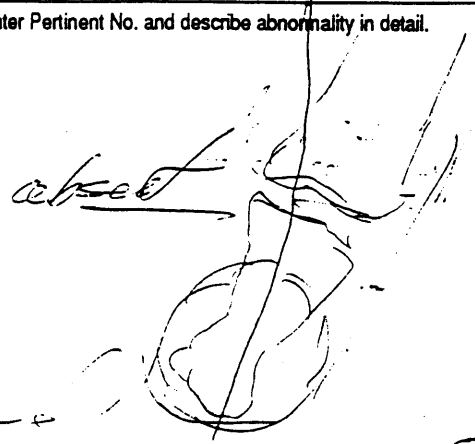
HISTORY AND PHYSICAL FORM

History: trauma thermal injury
index skin loss under thumb
 Significant Past and Family History: skin subcutaneous & bone joint of thumb

Review of Systems Pertinent Pos. Findings only, including Cardiovas. & Resp. Systems:

PHYSICAL EXAMINATION

(Check each item in appropriate column: enter "N.E." if not included.)	Normal	Abnormal	Notes: Enter Pertinent No. and describe abnormality in detail.
1. Head, Face, Neck, and Scalp			
2. Nose			
3. Mouth and Throat			
4. Ears - General (Int. & Ext. canals)			
5. Eyes - General			
6. Ophthalmoscopic			
7. Lungs and Chest (Include breasts)			
8. Heart (Thrust, size, rhythm, sounds)			
9. Vascular system (varicosities, etc.)			
10. Abdomen (Include hernia)			
11. Anus and Rectum			
12. Upper extremities			
13. Lower Extremities			
14. Spine, Other Musculoskeletal			
15. Skin, Lymphatics			
16. Neurologic			
17. Pelvic Exam			
18. Genitalia			



IMPRESSION: thermal injury
of thumb & index

PEAN
 skin defects

Signature: _____

REPORT OF
OPERATION

HOSPITAL NO:
ROOM NO: OP

DATE: [REDACTED]

SURGEON: [REDACTED], M.D.

ASSISTANT: Dr. [REDACTED], PGY 1

PREOPERATIVE DIAGNOSIS: Full thickness skin necrosis, left thumb, index and long fingers.

POSTOPERATIVE DIAGNOSIS: Full thickness skin necrosis of the thumb, index and long fingers with bone necrosis of the thumb.

OPERATIVE PROCEDURES: Irrigation and debridement, left thumb, index and long fingers.

ANESTHESIA: General.

INDICATIONS FOR SURGERY: The patient is a 39-year-old gentleman who was involved in a motor vehicle accident on [REDACTED] 94 in [REDACTED], Missouri. The patient does not recall the events of the accident secondary to a head injury. However, he did sustain a thermal type injury to his left hand. This resulted in full thickness skin necrosis of the radial portion of the left thumb, as well as the left index finger and the tip of the long finger. He has seen Dr. [REDACTED] for follow-up with regard to his initial hand injury.

OPERATION: The patient was brought to the operating room and transferred to the operating table in the supine position with the left arm on an arm board. Smooth induction of general anesthetic was administered, and the left arm from the fingertips to the midclavicular line, and the thorax and abdomen to groin on the left, were prepped and draped in sterile manner. A tourniquet was applied to the left upper arm, and the arm was exsanguinated using Esmarch. The tourniquet was inflated to 250 mmHg.

The left thumb and index finger were debrided with a sharp scalpel blade, and the skin margins of the thumb wound were freshened. The radial one third of the distal phalanx was resected using a rongeur, and the radial one fourth of the proximal phalanx at the interphalangeal joint was resected also. It was noted that the radial digital nerve to the thumb was transected at the level of the mid proximal phalanx. The index finger was debrided of necrotic tissue until a healthy bed of bleeding tissue was noted. The radial soft tissue was resected down to the level of the interphalangeal joint of the left index finger. There was minimal debridement of the left long finger as the tip demonstrated healthy-appearing granulation tissue.

It was felt that the extent of bony involvement was not optimum for an

OPERATIVE REPORT

abdominal groin flap to be carried out. It was felt that the patient's best result would be obtained from disarticulation of the interphalangeal joint of the thumb with resection of the remainder of the distal phalanx using the skin flap to cover the remainder of the thumb wound. With this in mind, the wounds were dressed with Xeroform, fluffs, Kerlix and an Ace wrap.

The patient tolerated the procedure well.

The estimated blood loss was minimal.

The patient was transferred to Postoperative Recovery in stable condition. The plan is for him to be discharged to home this evening. He will follow up with Dr. [REDACTED] in two days, at which time plans will be discussed regarding further revision surgery for the left thumb.

, M.D. PGY 1

Signed electronically on [REDACTED] by
, M.D.

[REDACTED] 12:45 P

CC: [REDACTED], M.D. PGY 1
[REDACTED], M.D.

*** END OF REPORT ***

REPORT OF
OPERATION

HOSPITAL NO:
ROOM NO:

DATE: [REDACTED]

SURGEON: [REDACTED], M.D.

ASSISTANT:

PREOPERATIVE DIAGNOSIS: Thermal injury left thumb and index finger with loss of skin, subcutaneous tissue, nerve, bone and joint substance of the thumb. Loss of skin left index finger.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURES: Amputation thumb through the IP joint level
Remodel of the head of the proximal phalanx.
Flap closure, second skin graft to skin defect of index finger, approximately 1 x 1 x 1/2 cm.

ANESTHESIA: General anesthesia.

OPERATION: The patient was brought to the operating room, and after the induction of general anesthesia, the left hand and arm were prepped and draped in a sterile manner. The wound was copiously irrigated with saline. Margins were sharply debrided with scalpel and rongeur used to remove some of the granulation tissues at the margin. The interphalangeal joint of the thumb was disarticulated. The distal bony remnant was removed from the flap, which was an ulnar volar flap. The wound was again irrigated. The proximal phalanx head was remodeled to flatten it and remove any spikes of bone. The flap was then swung into position and sutured with interrupted 5-0 nylon. The portion of the dog ear that was used to tailor the flap on the thumb was debrided of its subcutaneous tissues and applied as a graft to the index finger, held in place with Steri-Strips. A sterile compression dressing was applied. The patient tolerated the procedure well and had prompt vascular flush to the digits with release of the tourniquet. The patient was transferred to the Post Anesthesia Care Unit in satisfactory condition

Signed electronically on [REDACTED] by
[REDACTED], M.D.

[REDACTED] 10:36 P
CC: [REDACTED], M.D.

OPERATIVE REPORT

Appendix G:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9507
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 22
 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
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-1st trimester(1st-3rd month)
 (4) Female-pregnant-2nd trimester(4th-6th month)
 (5) Female-pregnant-3rd trimester(7th-9th month)
 (6) Female-pregnant-term unknown
 (9) Unknown

7. Occupant's Height 173
 Code actual height to the nearest centimeter.
 (999) Unknown
68 inches X 2.54 = 172.72 centimeters

8. Occupant's Weight 068
 Code actual weight to the nearest kilogram.
 (999) Unknown
150 pounds X .4536 = 68 kilograms

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

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
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

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

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

17. Occupant Mobility 1

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

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Shoulder Belt Upper Anchorage Adjustment <u>9</u></p> <p>(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>00</u></p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): _____</p> <p>(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): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available (1) 2 point automatic belts <u>VIN</u> (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (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): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>24. Automatic (Passive) Belt System Use <u>3</u></p> <p>(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): _____</p> <p>(3) Automatic belt use unknown (9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type <u>2</u></p> <p>(0) Not equipped/not available (1) Non-motorized system <u>VIN</u> (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>9</u></p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (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): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p>
	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>9</u></p> <p>(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): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify): _____
 - (9) Police indicated "unknown" _____

29. Police Reported Air Bag Availability/Function 0
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

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 _____

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
 - (3) Air bag not reinstalled
 - (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
 - (3) Air bag not reinstalled
 - (9) Unknown
- Specify type of "other" air bag present:*
- _____

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
- (0) Not equipped with an "other" air bag
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
 - (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

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

Yes

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

36. Type of Air Bag 0

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

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

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

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

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

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

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

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

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

42. Were Air Bag Module Cover Flap(s) Damaged? 0

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

43. Was There Damage To The Air Bag? 00

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

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

- (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 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) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

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

Upright prior to impact

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

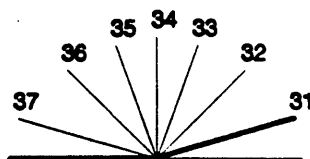
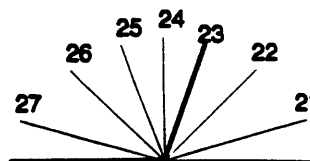
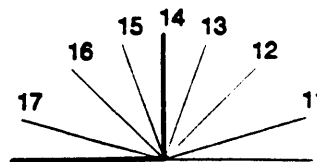
Slightly reclined prior to impact

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

Completely reclined prior to impact

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

- (99) Unknown

54. Seat Performance (this Occupant Position) 9

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

CHILD SAFETY SEAT

55. 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

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

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

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 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

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

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

(02) After market harness/shield/tether used

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

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES	
<p>61. Injury Severity (Police Rating) <u>3</u></p> <p>(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</p> <p>62. Treatment - Mortality <u>3</u></p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): _____</p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): _____</p> <p>(8) Transported to a medical facility-unknown if treated (9) Unknown</p>	<p>63. Type Of Medical Facility (for Initial Treatment) <u>1</u></p> <p>(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): _____</p> <p>(9) Unknown</p> <p>64. Hospital Stay <u>03</u></p> <p>(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p> <p>65. Working Days Lost <u>61</u></p> <p>_____ 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</p>

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

TRAUMA DATA

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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

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

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 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

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

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

BELT USE DETERMINATION

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

Appendix H:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE 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 <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9507</u>	4. Occupant Number <u>02</u>

INJURY DATA

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

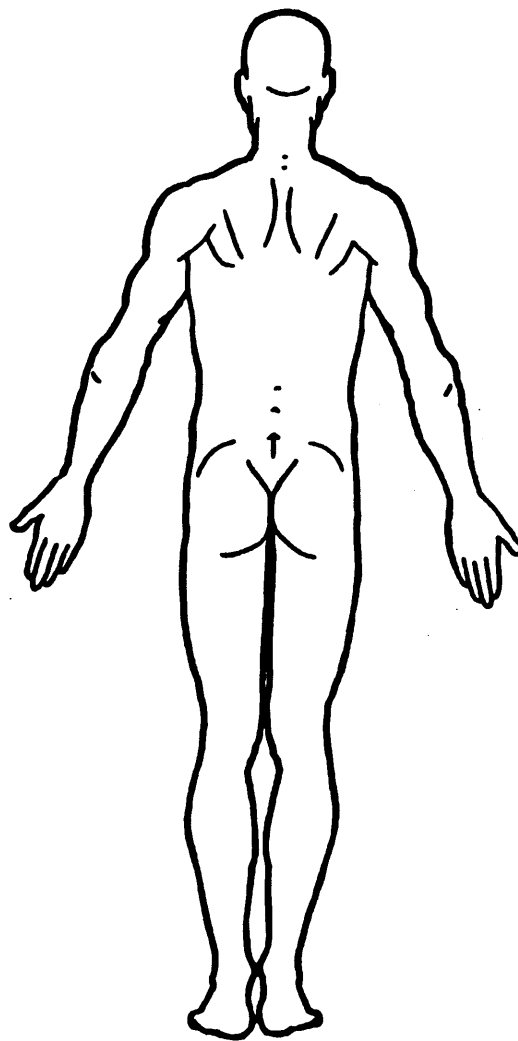
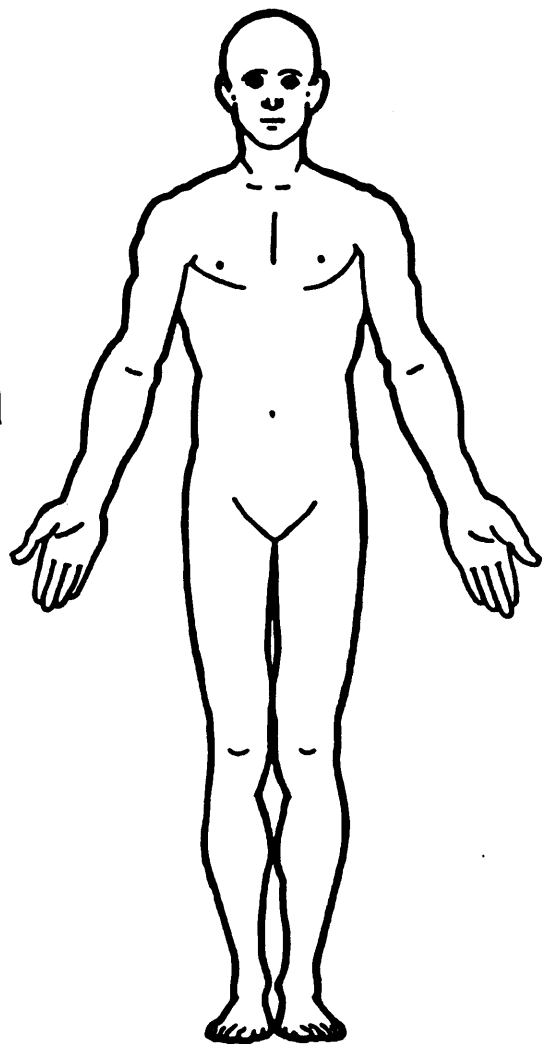
	Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>7</u>	6. <u>1</u>	7. <u>1</u>	8. <u>50</u>	9. <u>99</u>	10. <u>7</u>	11. <u>0</u>	12. <u>016</u>	13. <u>2</u>	14. <u>1</u>	15. <u>99</u>
2nd	16. <u>7</u>	17. <u>8</u>	18. <u>5</u>	19. <u>20</u>	20. <u>00</u>	21. <u>2</u>	22. <u>1</u>	23. <u>251</u>	24. <u>2</u>	25. <u>1</u>	26. <u>99</u>
3rd	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___	37. ___
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___	48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	<u>Vessels, Nerves, Organs.</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		
	The exceptions to this rule apply to:		
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	(1) Minor Injury
(2) Vessels	(04) Skin - Contusion		(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration		(3) Serious Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		(4) Severe Injury
(5) Skeletal (includes joints)	(10) Amputation		(5) Critical Injury
(6) Head - LOC	(20) Burn		(6) Maximum (untreatable)
(9) Skin	(30) Crush		(7) Injured, unknown severity
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
SOURCE OF INJURY DATA		INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source
(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			
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

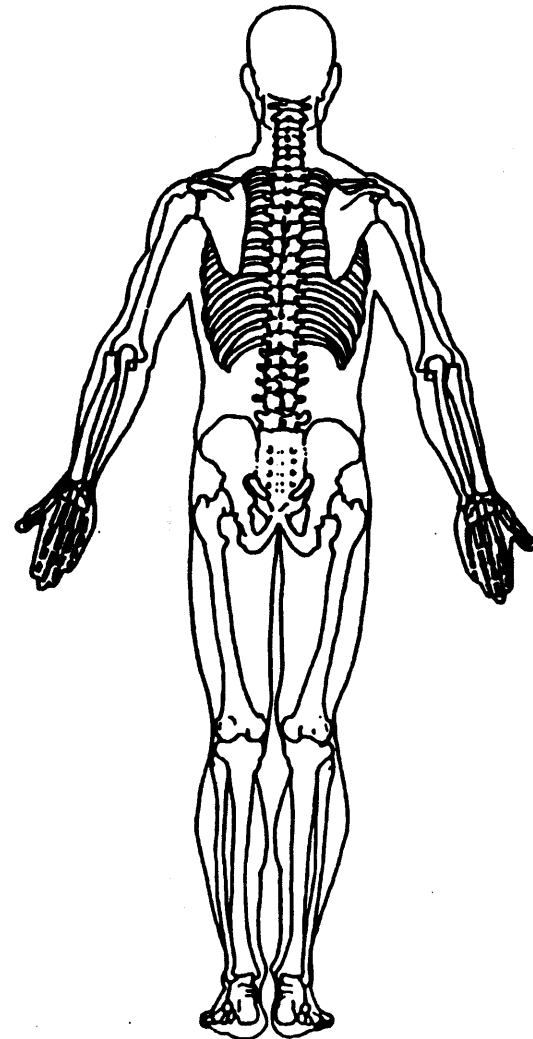
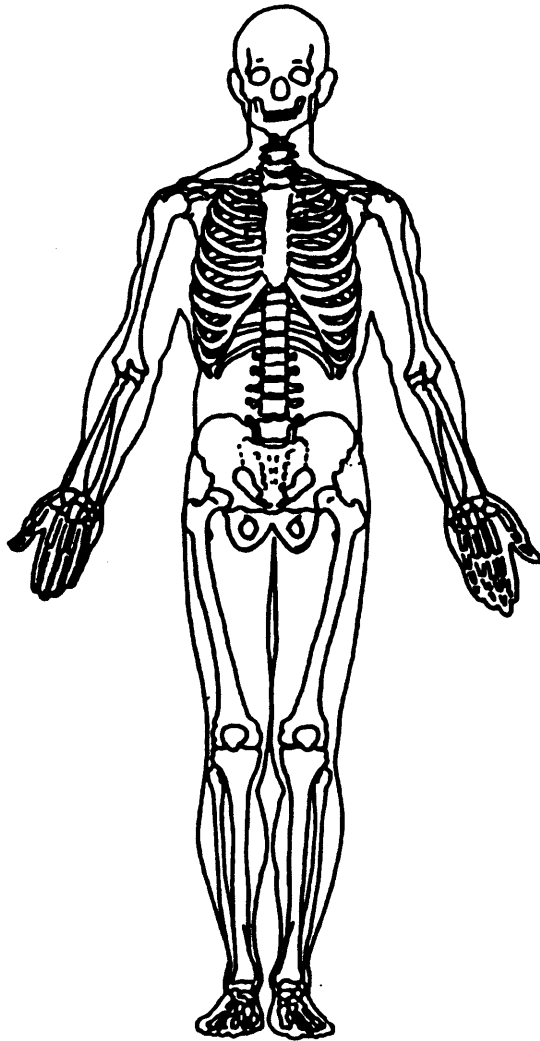
pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

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.)



INJURY SOURCES

FRONT

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

LEFT SIDE

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

RIGHT SIDE

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

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

INTERIOR

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

AIR BAG

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

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

ROOF

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

FLOOR

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

REAR

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

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

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

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

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

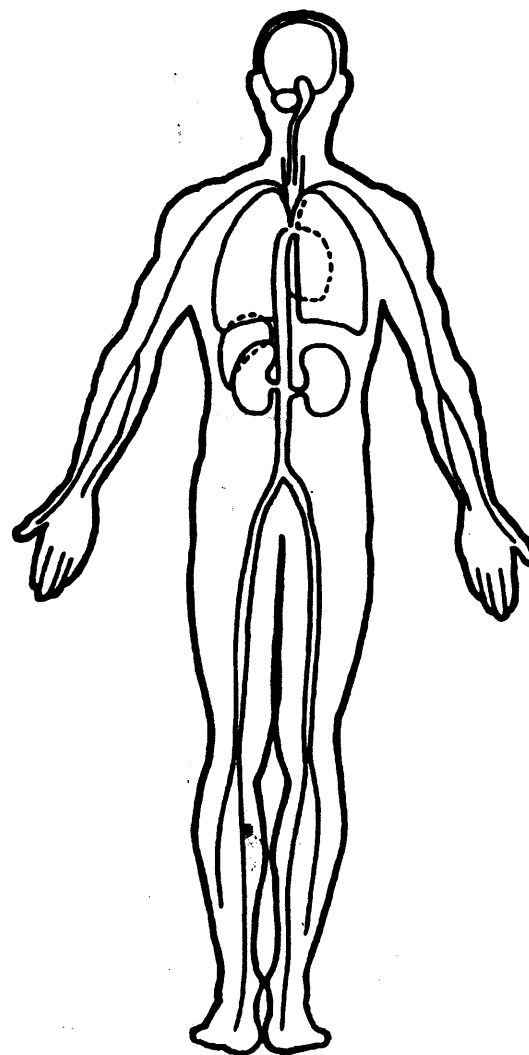
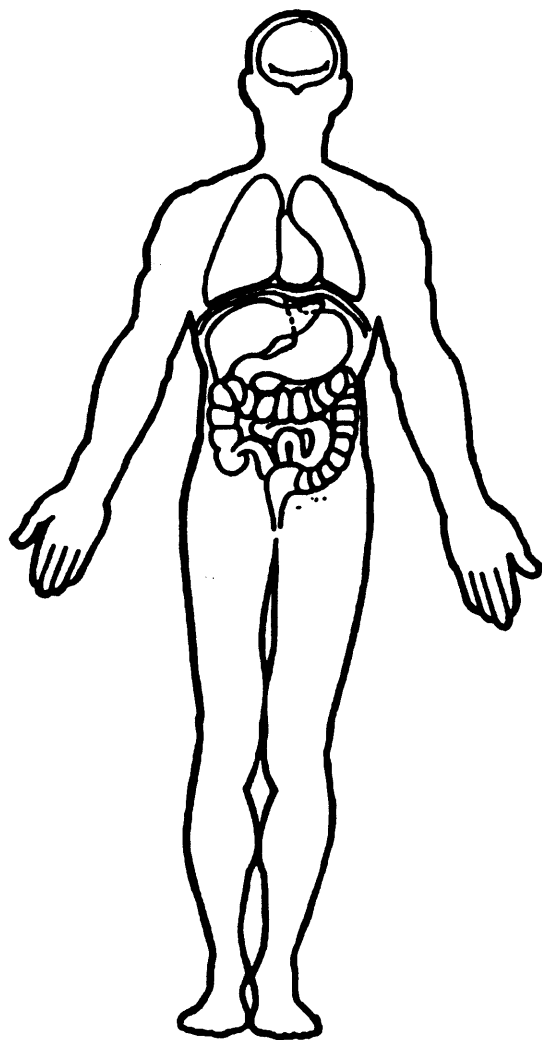
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

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

OFFICIAL INJURY DATA – 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.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)