



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

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

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
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Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Case Number DSI-95-AB-014

 1996

1. Report No. DSI-95-AB-14		2. Government Accession No.		3. Recipient Catalog No.	
4. Title and Subtitle In-Depth Accident Investigation [REDACTED]				5. Report Date [REDACTED] 1996	
				6. Performing Organization Report No.	
7. Author(s) [REDACTED]				8. Performing Organization Report No. DSI-95-AB-14, Task 0028	
9. Performing Organization name and Address Dynamic Science, Inc. [REDACTED] [REDACTED] MD [REDACTED]				10. Work Unit No. (TRAIS)	
				11. Contract or Grant no. DTNH22-94-D-27058	
12. Sponsoring Agency Name and Address U.S. Dept. of Transportation (NRD-32) National Highway Traffic Safety Administration 400 7th Street, SW Washington, DC 20590				13. Type of report and period Covered In-Depth, On-Site, [REDACTED] 1996	
				14. Sponsoring Agency Code	
15. Supplemental Notes					
16. Abstract This single vehicle collision occurred on a summer, weekday evening ([REDACTED] 95), in [REDACTED]. Vehicle 1, a 1995 Dodge Caravan, was being driven by a 68 year old male, who was not restrained by the available 3-point manual lap and shoulder safety restraint. Vehicle 1 entered a traffic circle and began a counter clockwise movement as it merged with traffic in a northeasterly direction. It approached an area where the circle is separated from a service roadway by a raised median/island and at some point straddled the raised median/island. This damaged the entire undercarriage and deployed both Supplemental Restraints Systems (SRS) in Vehicle 1. After the initial impact, Vehicle 1 was brought to a stop and then was backed off the median/island and driven approximately 46.0 meters (150.0 ft.) where the vehicle came to a final rest in the left lane of a east bound, four lane roadway. At this point the driver of Vehicle 1, lapsed into an unconscious state. The driver of Vehicle 1 sustained critical injuries in this collision and subsequently died 3 days later. On [REDACTED] 1995, the [REDACTED] Homicide Branch contacted the National Highway Traffic Safety Administration requesting aid in the investigation of this death. This death was classified as an undetermined death by the [REDACTED]. As a result of this investigation, the classification was changed to a traffic accident.					
17. Key Words Airbag fatality			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No of pages 15	22. Estimated Total Price \$2,494.87		

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CASE NUMBER: DSI-95-AB-014

[REDACTED]

This single vehicle collision occurred on a summer, weekday evening ([REDACTED] 95), in [REDACTED]. The collision sequence began when Vehicle 1, a 1995 Dodge Caravan, entered a traffic circle and began a counter clockwise movement as it merged with traffic in a northeasterly direction.

Vehicle 1 was being driven by a 68 year old male, who was not restrained by the available 3-point manual lap and shoulder safety restraint. Vehicle 1 was being driven at a speed estimated to have been between 24 and 32 Km/h (15 and 20 MPH).

As Vehicle 1 began to enter the traffic circle, it approached an area where the circle is separated from a service roadway by a raised median/island. At some point, Vehicle 1 straddled the raised median/island damaging the entire undercarriage and deploying both Supplemental Restraints Systems (SRS) in Vehicle 1.

This collision is out of scope for all computer aided reconstruction programs. A CDC of 12UDLW2 and a PDOF of 360 degrees was assigned to Vehicle 1.

After the initial impact, Vehicle 1 was brought to a stop and then was backed off the median/island and driven approximately 46.0 meters (150.0 ft.) where the vehicle came to a final rest in the left lane of a east bound, four lane roadway. At this point the driver of Vehicle 1, lapsed into an unconscious state.

The driver of Vehicle 1 sustained critical injuries in this collision and subsequently died 3 days later. On [REDACTED] 1995, the [REDACTED] Homicide Branch contacted the National Highway Traffic Safety Administration. They were requesting aid in the investigation of this death. This death was classified as an undetermined death by the [REDACTED]. As a result of this investigation, the classification was changed to a traffic accident. A copy of the autopsy report is included with this report. Vehicle 1 was towed from the scene due to mechanical failures, caused by the collision.

This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation. The opinions, findings, and recommendations contained herein are those of the authors, and do not necessarily represent those of NHTSA.

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

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

**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-95-AB-014**

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ACCIDENT DATA:

Location: 
Area/Type: Commercial/Residential
Date/Time: Summer/Weekday/Evening
Accident Type: Fixed Object/Undercarriage

INJURY SEVERITY:

Vehicle 1: Driver AIS-4

AMBIENCE:

Viewing Conditions: No viewing restrictions
Cloud Cover: Clear
Precipitation: None
Temperature: 21 to 25 C (70 to 77 degrees F)
Road Surface: Dry

ROADWAY:

VEHICLE 1

Type:	3-lane roadway/traffic circle
Width:	10.0 meters (33.0 Ft.)
Traffic Density:	Moderate
Median:	Raised concrete 15.0 cm (6.0 in.)
Edge:	Raised concrete curb
Surface:	Asphalt
Reported Defects:	None
Co-efficient of Friction (est.):	.75
Vertical Alignment:	Level
Horizontal Alignment:	Traffic Circle/counterclockwise movement

Traffic Controls:

VEHICLE 1

Signals:	On color/red, green, yellow, automated signals
Signs:	None
Speed Limit:	40 Km/h (25 MPH)
Markings:	None visible, except for crosswalks

VEHICLES:

VEHICLE 1

Description:	1995 Dodge Caravan
Odometer:	14,007 kilometers (8,704 miles)
Engine:	3.0 L / V6
Vehicle Modifications:	None
Tire Condition:	L/F = 8/32 R/F = 8/32 L/R = 9/32 R/R = 9/32
Manual Restraints:	Lap and shoulder restraints at L/F, R/F, middle seat positions (left and center), and left and right rear seating positions. Rear center seating position lap belt only.
Automatic Restraints:	Equipped with Supplemental Restraint System (driver's and passenger's side air bags)
Reported Defects:	None
Cargo:	None
Windshield Damage:	No damage
Fleet:	None
Tow Status:	Towed due to mechanical failure from collision

VEHICLE DAMAGE:

	VEHICLE 1
Object Struck:	Raised median/island
Event Number:	01
CDC:	12UDLW2
Maximum Crush:	Not applicable

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1
Impact Speed:	24 to 32 Km/h (15 to 20 MPH)
Total Delta V:	Not computed
Longitudinal Delta V:	Not computed
Lateral Delta V:	Not computed
Energy Dissipation:	Not computed

Calculations based upon: CDC Only/undercarriage damage

COLLISION SEQUENCE:

PRE-CRASH:

This single vehicle collision occurred in the evening hours of a summer weekday, in the [REDACTED] This area of the city is commercial/residential. The weather was clear and the roadway was dry and free of defects. The traffic circle has nine roadway spokes that connect to it.

The inner portion of the traffic circle is 10.0 m (33.0 ft.) wide and has three lanes of traffic. Some portions of the circle are separated by raised median/islands that vary in width and height, and in turn allow two lanes of traffic in the outer circle along with merging traffic to enter and exit at designated areas.

Vehicle 1, a 1995 Dodge Caravan, being driven by an unrestrained 68 year old male (case occupant) entered the circle from a service roadway of a northbound roadway. This approach brought him to the inner circle and would have taken him completely around the circle.

CRASH:

At some point after entering the circle, the driver of Vehicle 1 veered to his right and rode up, straddling a 15.0 cm (6.0 in.) raised median/island. During this movement the driver of Vehicle 1 applied his brakes and the vehicle's undercarriage snagged the curb edge (photos # 10,11 and 12) and deployed both the driver's and passenger's Supplemental Restraint Systems (SRS). The estimated speed at this point of the collision was between 24 and 32 Km/h (15 and 20 MPH).

The Delta V was not computed in this collision because it did not fit any of the required models. A CDC of 12UDLW2 and a PDOF of 360 degrees was assigned to Vehicle 1.

POST CRASH:

After the initial impact with the raised curb, the driver of Vehicle 1 backed off of the median/island and entered a 4-lane roadway to his right. After traveling approximately 46.0 m (150.0 ft), Vehicle 1 came to final rest and the driver (case occupant) lapsed into an unconscious state. It was in this position that Vehicle 1 was located along with its driver by the police department.

OCCUPANT KINEMATICS:

The 68 year old male driver of Vehicle 1 (case occupant) was seated in a bucket/box type seat, in an unknown seating position. The driver's height was 173.0 cm (68.0 in) and his weight was 85 kg (188 lbs). The driver was not wearing his available 3-point manual lap and shoulder restraint. His manually adjusted seat was in the mid position and his seat back was adjusted in a normal upright position. The driver of Vehicle 1 had both hands on the steering wheel at the time of the collision and his right foot was on the brake. At impact the driver was thrown forward and the deploying SRS (air bag) forced his arms off of the steering wheel rim and in turn pushed his head up and into the windshield header, causing a subdural hematoma. It is believed that after the initial deployment the case occupant fell against the deflated air bag and steering wheel.

At this point the injured driver backed Vehicle 1 off of the raised median/island and entered a 4-lane roadway . It should be noted that the transmission was damaged in the collision and forward motion in any gear was difficult. At a point 46.0 m (150.0 ft) from the initial impact. Vehicle 1 came to rest and remained in this position until the fire department ambulance arrived.

SUPPLEMENTAL RESTRAINT SYSTEM:

The 1995 Dodge Caravan involved in this collision was equipped with Supplemental Restraint Systems (air bags) in both front seating positions. Neither the driver's nor passenger's side air bags displayed any contact areas at the time of Dynamic Science inspection, which was 8 days after the incident. At the time of inspection the driver's side air bag displayed 8 vertical folds and 6 horizontal folds. There were no manufacturer's markings. However, a bar-code tag was located and displayed the following numbers.



Some contact marks were located on the flaps of the drivers side air bag. These rub off marks were marked with yellow tape and photographed, see photographs # 33 and 34. These probably occurred after the supplemental restraint system deployed and the driver lapsed into unconsciousness.

SCENE CLEARANCE:

The driver of Vehicle 1 (case occupant) sustained critical injuries consisting of subdural hematoma and contusions; maximum AIS = AIS-4. He did not require any extrication and entry was gained through the broken left side window which apparently shattered when Vehicle 1 was driven over the raised curb of the median/island.

SAFETY STANDARDS:

No violations of the Federal Motor Vehicle Safety Standards were found during vehicle inspection.

**DIAGNOSTIC TESTS AND
UNDERCARRIAGE INSPECTION:**

Vehicle 1 was taken to an authorized Dodge dealer in the [REDACTED] area and a diagnostic electrical test was performed on the Supplemental Restraint System (SRS). The diagnostic tests revealed that all three electrical squibs: driver, passenger and arming module (AECM) were open showing that the snagging of the undercarriage exceeded the manufacturers threshold speed for the Supplemental Restraint System.

On that same day a complete undercarriage examination was carried out (see photos #24 to 35). The undercarriage produced evidence that the snagging began on the lower portion of the bumper fascia and continued the entire length of the undercarriage, producing in one area a bending of the frame just above the right wheel-well area (photo #33).

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

DRIVER

Age/Sex:	68/Male
Seated Position:	Left front
Seat Type:	Bucket/Box/Seat
Height:	173.0 cm (68.0 in)
Weight:	85 kg (188 lbs.)
Occupation:	Retired
Pre-existing Medical Condition:	Coronary artery disease, hypertension, high cholesterol and diabetes
Alcohol/Drug Involvement:	None
Driving Experience:	50 + years
Body Posture:	Unknown
Hand Position:	Both hands on steering wheel rim at unknown clock positions.
Foot Position:	Right foot on brake, left foot on toe pan
Restraint Usage:	None
Additional Occupants:	None

INJURIES:

Vehicle 1

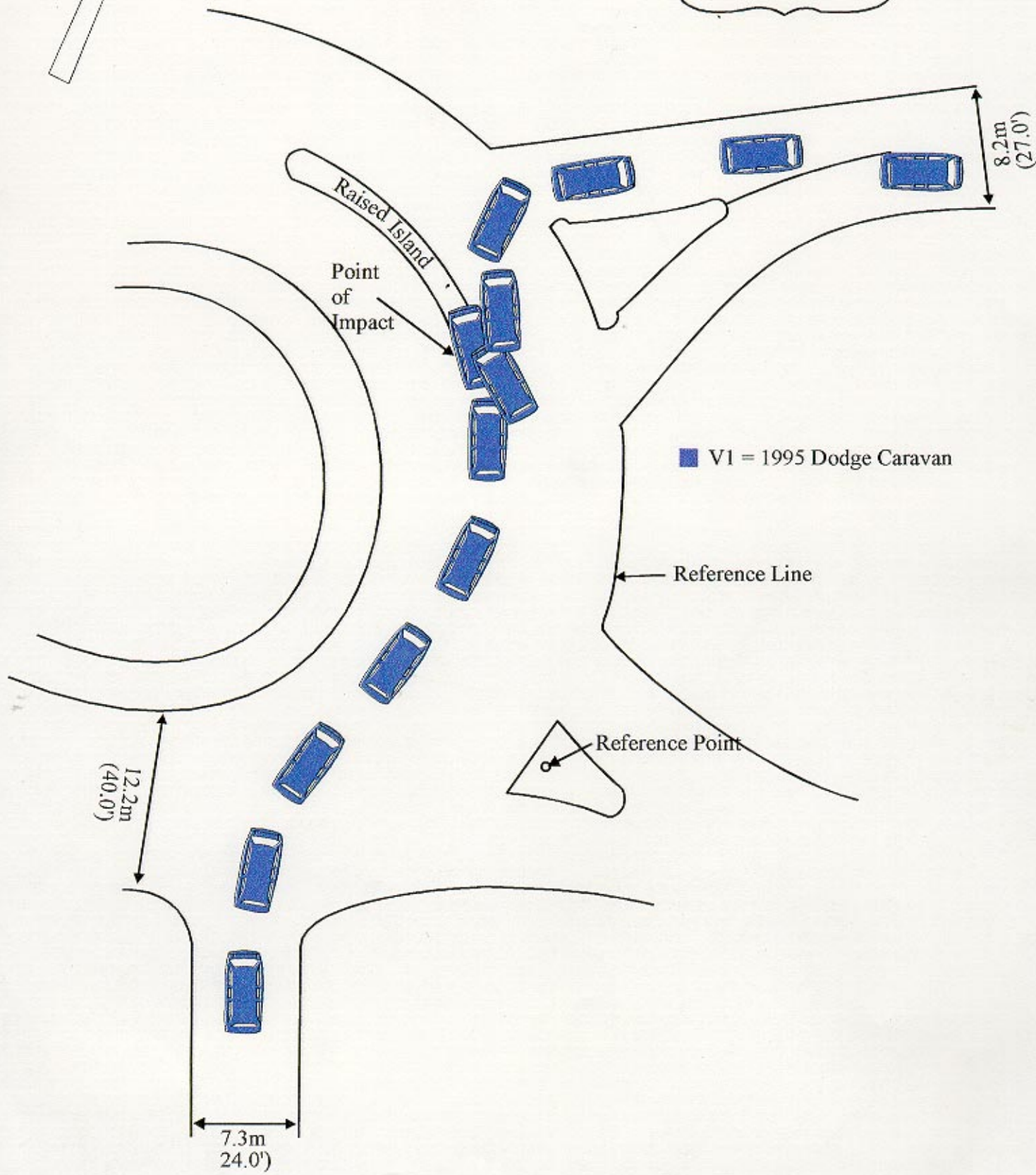
	INJURY	AIS/OIC CODE	ICD-9	SOURCE	CONFIDENCE LEVEL
DRIVER	Subdural hematoma	140422.4,6015	800.2	Windshield header	Certain
	Chin contusion	290402.8,8004	920	Steering wheel	Certain
	Chest contusion, right	490402.1,1004	922.1	Steering Wheel	Certain
	Arm contusion, right	790402.1,1170	923.10	Air Bag	Certain
	Arm contusion, left	790402.1,2170	923.10	Air Bag	Certain

List of Abbreviations

FT	Feet
IN	Inches
AME	After Market Equipment
AIS	Abbreviated Injury Scale
CCW	Counterclockwise
CDC	Collision Deformation Classification
C/F	Center Front
CG	Center of Gravity
CM	Centimeter
C/R	Center Rear
CW	Clockwise
E, EB	East, Eastbound
FRP	Final Rest Position
KG	Kilogram
KM/H	Kilometers per Hour
L/F	Left Front
L/R	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
OEM	Original Equipment Manufacture
PDOF	Principal Direction Of Force
POI	Point of Impact
R	Radius of Curvature
R/F	Right Front
RL	Reference Line
RP	Reference Point
R/R	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
V1	Vehicle 1



Dynamic Science, Inc.
DSI-95-AB-14
1 cm = 3.6m
1 in = 30.0'



COLLISION MEASUREMENTS

Case Number: DSI-95-AB-014

Reference Point: Metal Light Pole/ Southeast Quadrant

Reference Line: West road edge

DATA POINT	Measurements From Reference Line	Measurements From Reference Point
South entrance ramp to circle	S 30.5 M (100.0 ft.)	W 24.4 M (80.0 ft.)
Point of Impact	N 30.5 M (100.0 ft.)	W 11.9 M (39.0 ft.)
Final Rest of Vehicle 1	E 24.4 M (80.0 ft.)	N 36.5 M (120 ft.)

PHOTO INDEX

Case Number: DSI-95-AB-014

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-12	Vehicle 1	North	Travel path of Vehicle 1
13	Vehicle 1	East	Direction of travel to final rest
14-23	Vehicle 1	Clockwise	Exterior Views, Vehicle 1
24-39	Vehicle 1	---	Undercarriage views of Vehicle 1
40-51	Vehicle 1	---	Interior views, Vehicle 1



AB14-001



AB14-002





AB14-005



AB14-006











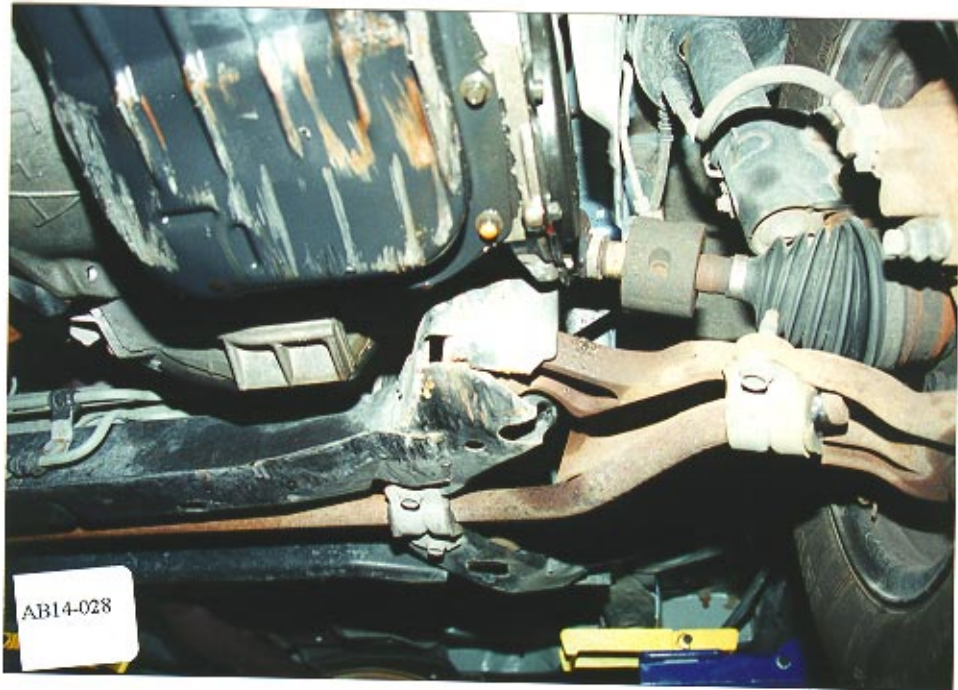


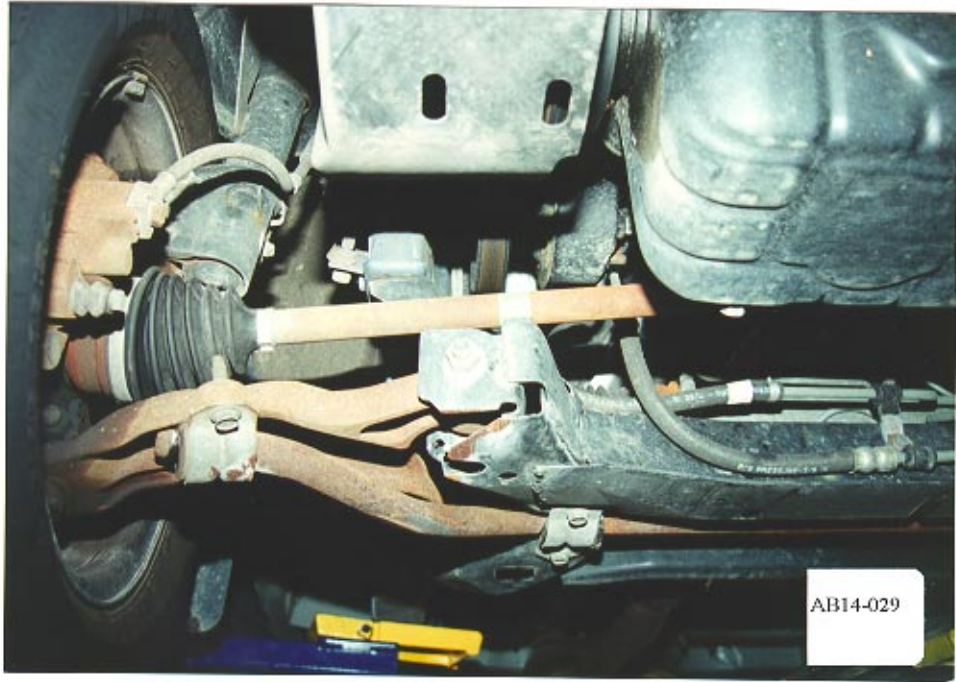












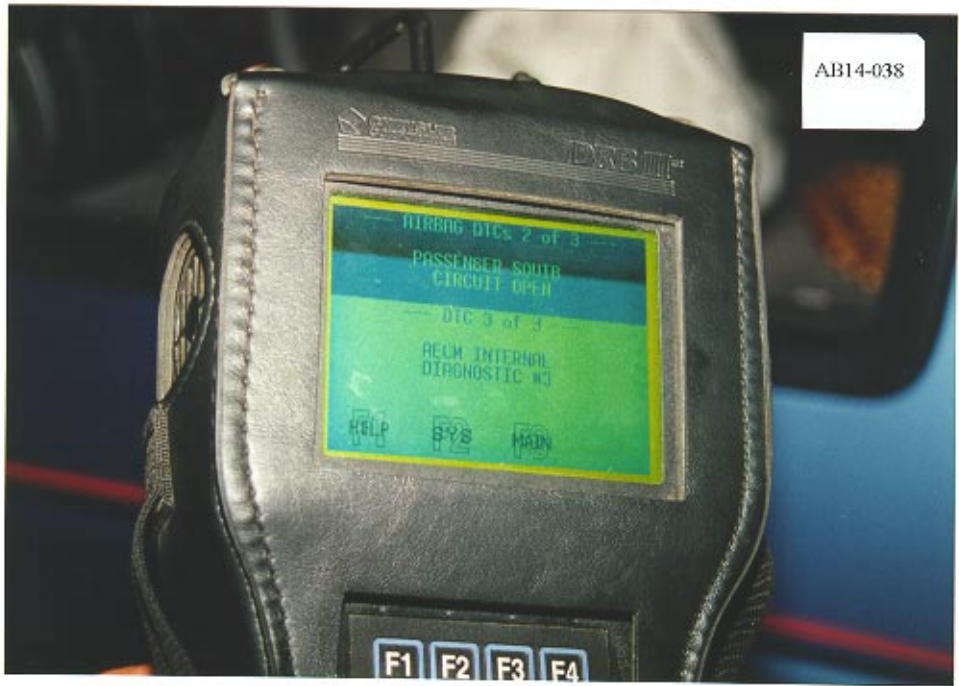








AB14-037



AB14-038















Appendix A. Invoice for Airbag Diagnostics



The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either express or implied including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

LIMITED WARRANTY
 THIS INVOICE MUST ACCOMPANY ANY AND ALL ADJUSTMENTS OR CLAIMS. CLAIMS MUST BE MADE WITHIN 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST.
WE THANK YOU FOR YOUR PATRONAGE

ALL BODY SHOP INSURANCE RELATED REPAIRS ARE GUARANTEED FOR ONE YEAR (12 MONTHS)
 THE REPAIR SHOP HOURS ARE :
 [REDACTED] 7:00AM-7:30PM
 [REDACTED] 7:00AM-4:00PM
 BODY SHOP HOURS :
 [REDACTED] 8:00AM-6:00PM

CUSTOMER NO.	ADVISOR	CARD NO.	INVOICE DATE	INVOICE NO.
	[REDACTED]		[REDACTED] /95	
	LABOR RATE	LICENSE NO.	MILEAGE	COLOR
			8704	BLUE
	YEAR / MAKE / MODEL		DELIVERY DATE	DELIVERY MILES
	95/DODGE/CARAVAN			
	VEHICLE ID. NO.		SELLING DEALER NO.	PRODUCTION DATE
	[REDACTED]			
	F.T.E. NO.	P.O. NO.	R.O. DATE	
			[REDACTED] /95	
RESIDENCE PHONE	BUSINESS PHONE			

LABOR & PARTS
 # 1 0800Z ELECTRICAL DEFAULT HOURS: TECH(S):47 59.00
 PERFORM AIR BAG DIAGNOSTICS.
 PERFORMED AIR BAG DIAGNOSTIC. INFORMED OF
 OF RESULTS.
 JOB # 1 TOTAL LABOR & PARTS 59.00

OUR COMMITMENT TO YOU IS COMPLETE CUSTOMER SATISFACTION. WE WILL BE CONTACTED ON OUR BEHALF REGARDING THIS SERVICE. YOUR RESPONSE IS VITALLY IMPORTANT TO US.

TOTAL LABOR..	59.00
TOTAL PARTS..	0.00
TOTAL SUBLET..	0.00
TOTAL G.O.G..	0.00
TOTAL MISC...	0.00
TOTAL TAX....	0.00
TOTAL INVOICE \$	59.00

 PAYMENT METHOD \$
 CHARGE [REDACTED] C/CARD [REDACTED] CHECK # \$
 RECEIVED BY [REDACTED] DATE [REDACTED] AUTH # [REDACTED] \$

CUSTOMER SIGNATURE

Appendix B. Investigative Report of the Collision

BEST AVAILABLE COPY

CASE MASTER SUMMARY

Complaint Investigator M.....	Case Number	Status OPEN	Dist	Division	Branch
----------------------------------	-------------	----------------	------	----------	--------

Case Primary Information

Complaint Number:	
Type of Case	: DEATH INVESTIGATION
Case Description	: UNDETERMINED
Date Initiated	: /95
Lead Detective	:
Squad	: HOMICIDE SQUAD F-1
Section	: HOMICIDE SECTION F
Branch	: HOMICIDE BRANCH
Division	: CRIMINAL INVESTIGATIONS DIVISION
Bureau	: INVESTIGATIVE SERVICES BUREAU
Case Status	: OPEN
Case Status Date	: /95

Occurred Information

Occurred From Date	: /95
Occurred From Time	:
Occurred To Date	: /95
Occurred To Time	: :21
Occurred Location 1	: 1
Occurred Location 2	: 9

Case Supplement Recap

	: /95 DEATH INVESTIGATION
	: /95 DEATH INVESTIGATION
	: /95 RUNNING RESUME

Related Subjects

	: [W, M, /27]
--	---------------

Related Vehicles

	: DODGE VAN, VAN, 1995, LIGHT BLUE, LIGHT BLU
	: CARL ONY - OWNER/DRIVER

Known/Suspected Criminal Activity

	: DEATH
--	---------

Case Status Information

Case Status	: OPEN
Case Status Date	: /95

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POLICE DEPARTMENT

INVESTIGATIVE REPORT

Complaint Investigator MUN	Case/Supplement	Status OPEN	Dist CID	Division CID	Branch HOMI
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Case Description UNDETERMINED	Report Date /95	Last Revision 95 20:47	CCN Number
----------------------------------	--------------------	---------------------------	------------

Supplement Description DEATH INVESTIGATION	Reporting Officer
---	-------------------

Case Supplement Report	
Report Date	: 95
Reporting Detective	:
Occurrence Date	: 95
Brief Description	: DEATH INVESTIGATION
Dissemination Code	: HOMICIDE BRANCH
Total Hours	: 0.00
Type of Report	: Homicide/Death Report

Homicide/Death Investigation	
251 By	:
Possible Manner of Death	: UNDETERMINED
Exact Location of Death	:
Possible Date of Death	: /95
Possible Time of Death	: 21:
Pronounced Dead by	:
Pronounced Dead Date	: /95
Pronounced Dead Time	: 21:
Pronounced Dead Location	: 9
Medical Examiner	: TECHNICIAN ROOM
Body Disposition	: MEDICAL EXAMINER'S OFF
Next of Kin Relationship	: SISTER
Next of Kin Notified (Y/N)	: Yes
Alcoholic	: Unknown
Intoxicated at Death	: Unknown
Drug Addict	: Unknown
Intoxicated at Death	: Unknown

Other Related Officers
MA

Related Subjects	DECEDENT	P
LIG	NEXT OF KIN	P
ARY	IN PRESENCE OF	P

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INVESTIGATIVE REPORT

Complaint Investigator	Case/Supplement	Status	Dist	Division	Branch
		OPEN		CID	HOMI

Related Vehicles	DODGE VAN VAN 1995 LIGHT BLUE LIGHT BLUE
	DR

Narrative

TERMINAL EVENT:

On [REDACTED], 1995 around [REDACTED] p.m. [REDACTED] manned by [REDACTED] received a radio assignment in the area of [REDACTED] St. and [REDACTED] St. [REDACTED] for the report of an accident with property damage only. Upon the arrival of [REDACTED] in the scene, [REDACTED] discovered MR. [REDACTED] seated in the drivers seat of his vehicle unconscious and non responsive. An ambulance was then called to the scene, and [REDACTED] manned by [REDACTED] responded. Upon the arrival of the Medic Unit, they transported MR. [REDACTED] to [REDACTED] Hospital. He was then treated and admitted into I.C.U. where he remained until [REDACTED], 1995, when at 9:35 p.m. he was pronounced dead by [REDACTED] M.D. On [REDACTED], 1995 the remains were then transferred to the [REDACTED] Coroner's Office for further examination.

MEDICAL HISTORY:

At this time there is no medical history known for the DECEDENT prior to this incident. The name of the Next of Kin that was received from the hospital was [REDACTED] RO. She gave them a phone number of [REDACTED]. This number was tried and it is presently out of service. She was in the [REDACTED] area until [REDACTED] [REDACTED] [REDACTED], when she returned to her home in [REDACTED]. She was unable to be reached for an interview. The circumstances which led up to this incident are unclear at this time. The DECEDENT was found to have a subdural hematoma on the right side of his head. He was operated on but never regained consciousness.

SCENE:

The scene of this death was located in the I.C.U. of [REDACTED] Hospital. It was unremarkable. The exact location where the initial incident occurred is not known at this time. It is believed to be on the street somewhere in the area of [REDACTED] and [REDACTED]. The vehicle in which the DECEDENT was found, was located on the impoundment for the [REDACTED] lot, which is located in the [REDACTED] St. [REDACTED]. The vehicle was a 1995 Dodge Caravan, light blue, bear registration [REDACTED]. There are no signs of any body damage to the front or either side of the vehicle. On the left side of the rear bumper where are [REDACTED]

This report is the property of [REDACTED]. Neither it nor its contents may be disseminated to unauthorized personnel or agencies.

AT

INVESTIGATIVE REPORT

Complaint	Investigator	Case/Supplement	Status	Dist	Division	Branch
MU			OPEN		CID	HOMI

Narrative

scratches with white paint in them. The middle window on the drivers side is broken out. Inside the vehicle, both the driver and the passenger air bags have been deployed. There is automobile window glass on the middle seat and the rear seat. There is also paperwork and personal items scattered through out the vehicle. On the center and the back of the middle seat there are two reddish brown stains.

BODY:

The body of the DECEDENT was not viewed by this writer. The remains were already transported to _____ s Office before this writer was notified.

Report Status

Report Entry By :
 Report Entry Date: /95
 Report Entry Time: :09

Investigator	Date	Supervisor	Date

This report is the property of the _____ er
 it nor its contents may be disseminated to unauthorized personnel or agencies.

/95

POLICE DEPARTMENT

INVESTIGATIVE REPORT

Complaint Investigator ML	Case/Supplement	Status OPEN	Dist	Division CID	Branch HOMI
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Case Description UNDETERMINED	Report Date /95	Last Revision /95	CCN Number
----------------------------------	--------------------	----------------------	------------

Supplement Description DEATH INVESTIGATION	Reporting Officer
---	-------------------

Case Supplement Report	
Report Date	: ac
Reporting Detective	: [REDACTED]
Occurrence Date	: /95
Brief Description	: DEATH INVESTIGATION
Source of Information	: INVESTIGATION
Dissemination Code	: HOMICIDE BRANCH
Total Hours	: 0.00
Type of Report	:

Narrative

This writer received this assignment on [REDACTED] 1995 around 2:30 p.m.. It was turned over by [REDACTED] along with a copy of part of the [REDACTED] hospital chart. The hospital chart was reviewed and my investigation began. (The copy of the medical chart will be attached to this file.)

I [REDACTED], of [REDACTED] is mentioned in the chart. I contacted him by phone on [REDACTED]/95. He stated that he had got involved with the case when Congressman [REDACTED] called his supervisors and complained for the Decedent's family, about the way this case was being handled. This was on [REDACTED]. He knew nothing in reference to the circumstances which caused the [REDACTED] to be taken to the hospital. He stated that he had spoken with [REDACTED], of the [REDACTED] Detectives Office, about the case. He knew that the reporting Officer was [REDACTED] n, who works [REDACTED] midnights and was assigned to S [REDACTED]. An injured person to the hospital report was taken [REDACTED]. The [REDACTED] vehicle was impounded for safe keeping and taken to the [REDACTED] lot in the [REDACTED] which is located at the [REDACTED] [REDACTED] was placed on property [REDACTED]

On [REDACTED], 1995, I responded to the impoundment lot and located the [REDACTED] vehicle. It was a 1995 Dodge Caravan, Light blue, bearing [REDACTED] V.I.N. [REDACTED]. There are three windows on the drivers side and the middle one is broken out. There is no visible damage to the front, or either side of the vehicle. The rear bumper had scratches of white paint on the left corner. Both tags were on the van and they were not damaged. No other damage was seen. The interior

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DEPARTMENT

INVESTIGATIVE REPORT

Complaint Investigator M	Case/Supplement	Status OPEN	Dist	Division CID	Branch HOMI
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Narrative

of the van was cluttered with trash and paperwork. There was auto window glass on the middle seat and the rear seat. Both the driver and the passenger air bags were deployed.

On [redacted] /95 I contacted [redacted] Supervisor's Office. I learned that [redacted] and Medic #1, manned by [redacted] and [redacted] both responded to this initial assignment at [redacted] and [redacted]. They received the call at 10:47 p.m.

On [redacted] /95 I spoke with [redacted] Ambulance Headquarters. I provided her with the Incident number [redacted] and requested a copy of the Medic's run sheet. She said that it would take her a day to locate it, but she would fax me a copy.

On [redacted] /95 I spoke with [redacted] by phone. I asked him about this incident but he was unable to recall any facts. E.M.T. [redacted] is unable to be reached for an interview. He was recently married and is on leave.

On [redacted] /95 I spoke with Fire Fighter I [redacted] from [redacted]. She recalled this incident and was able to tell me some details. She stated that [redacted] both arrived on the scene at the same time. This was before the Police arrived. She recalled that the window on the driver's side of the vehicle was already broken out. She also remembered seeing the Police Officer who was on the scene speaking to an unidentified male. She believed that he had witnessed the incident and was providing the information to the Police. She did not overhear this conversation.

On [redacted] /95 I received a fax from [redacted] contained Medic run sheet for this incident. In the report it stated that they found the [redacted] slumped over behind the wheel of his vehicle. He was unconscious and unresponsive. There was no visible damage to the vehicle except for the broken window. It also stated that there was no obvious signs of trauma noted. It was also noted that the original names given by the Ambulance Supervisor as to the crew [redacted] were incorrect. The actual crew members were [redacted]. (The copy of the run sheet will be attached to this file.)

At this time in the investigation the original reporting Officer, [redacted] has not been contacted. It is known that he received the assignment at 10:45 p.m. for an accident with property damage only. He took an injured person to the hospital report [redacted] and he had the [redacted] vehicle placed on the [redacted] for safekeeping, property book [redacted]. (A print out of the 911 call was obtained from communications and will be included in this file.)

On [redacted] /95 I contacted the [redacted] sister, [redacted] 91. She stated that the [redacted] had left his home alone,

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POLICE DEPARTMENT

INVESTIGATIVE REPORT

Complaint Investigator	Case/Supplement	Status OPEN	Dist	Division CID	Branch HOMI
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Narrative

On [redacted] 1995 around 4:00 p.m. in route to the [redacted] Convention. He was going to meet a friend and discuss the upcoming Convention. He never arrived at the hotel. Her brother was single. Had no children, and had never been married. He was in good health. He did not drink, but he did smoke. She did not recall any recent injuries, or illnesses that he had. She provided the name of his personal physician. It was a Dr. [redacted]

The sister further added that when they received the [redacted] personal property at the hospital everything appeared to be in tact. All of his credit cards were there. There was over two hundred dollars in his wallet, and his watch was there. I asked her if that amount of money would be consistent with what he brother would bring on his trip. She stated that she was surprised that there was even that much. He usually pays with his credit card.

On [redacted] /95 I spoke with Ms. [redacted] the manager of the [redacted] I asked her if she had a reservation for the [redacted] or whether he had registered at her Hotel on [redacted] /95. She checked her records and advised me that he had not checked in on that night. She was unable to tell me if had a reservation for that night, but if she found anything she would give me a call back.

On [redacted] /95 I contacted the [redacted] personal physician, He provided the following medical history. The [redacted] suffered from coronary artery disease, hypertension, high cholesterol, and diabetes. In 1994 the [redacted] under went a quintuple bi pass. This operation had been preformed by [redacted]. The [redacted] was taking pravachol 20 mgs. daily for his cholesterol, and ecotrin (aspirin) one tablet daily. [redacted] had last seen the [redacted] in [redacted] 1995. He had been treating him since 1985. The [redacted] never complained of fainting or blackouts. He was a non drinker but he did smoke. [redacted] further stated that the [redacted] had visited his cardiologist, in [redacted] of 1995. After this visit [redacted] id sent a letter to [redacted] d stating that the [redacted] was in good health and doing well.

The [redacted] attending physician at [redacted] was Dr. [redacted] Attempts were made to contact the doctor on [redacted] and [redacted] but he never returned the calls. He is now on vacation and is not scheduled to return until the end of [redacted]. According to the doctors notes the [redacted] was suffering from a subdural hematoma on the right side of his head, when admitted into the hospital. There were no signs of any external trauma on the body.

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INVESTIGATIVE REPORT

Complaint	Investigator	Case/Supplement	Status	Dist	Division	Branch
			OPEN		CID	HOMI

Narrative

On [redacted] 1995. I attended the autopsy of the Decedent. It was performed by [redacted]. She found two contusions on the inner upper arms. A sub cutaneous contusion in the center of the chest. An old surgical scar down the mid line of the chest, and two other old scars down the inside of both legs. There was a new surgical scar on the right side of the head. No other trauma was noted on the body. The brain was removed for further testing. The results of the autopsy are pending the examination of the brain, and the findings of this investigation.

On [redacted], 1995, I contacted [redacted] of the National Highway and Traffic Safety Administration, and requested his assistance. He stated that he would be delighted to assist me in any way that he could. He was willing to examine the vehicle for any signs of an accident. Examine the air bag system of the vehicle for any defects, and conduct a case study of this incident.

On [redacted] 1995 I met with [redacted] 1. He brought along with him Mr. [redacted] er, both of which are accident reconstructionist and are employed by [redacted] Inc.. They examined the vehicle and discovered that the oil pan had been crushed, and the stabilizer bar had been broken. They determined that the vehicle had struck something in the roadway approximately the size of a bowling ball which caused the damage resulting in the air bags being deployed. This was just a visual inspection. They stated that they would be willing to inspect all of the vehicle's systems at a facility with the proper tools and equipment. They noted that as a result of this damage this vehicle was incapable of being driven.

On [redacted] 1995, I spoke with [redacted] of the Tra [redacted] is Accident Investigations Unit. I advised him that this was a traffic fatality, and gave him the circumstances. He stated that he would speak with his Official, and requested a copy of the death report. I faxed him the death report, and the hospital records. The remainder of this file will also be delivered to his office.

Report Status

Report Entry By [redacted]
 Report Entry Date [redacted] 95
 Report Entry Time: 22:38:40

Investigator	Date	Supervisor	Date
[redacted]	[redacted]	[redacted]	[redacted]

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INVESTIGATIVE REPORT

Complaint Investigator	Case/Supplement	Status	Dist	Division	Branch
		OPEN		CID	HOMI

Case Description	Report Date	Last Revision	CON Number
UNDETERMINED	95		

Supplement Description	Reporting Officer
RUNNING RESUME	

Case Supplement Report

Report Date	95
Reporting Detective	: MIA .S L
Occurrence Date	: 95
Brief Description	: RUNNING RESUME
Source of Information	: INVESTIGATION
Dissemination Code	: HOMICIDE BRANCH
Total Hours	: 0.00
Type of Report	: Investigative Report

Narrative

On [redacted] 1995. I responded along with [redacted] and [redacted] both from [redacted] contractor for the Department of Transportation, [redacted]. Mr. [redacted] conducted diagnostic tests on this vehicle's operating systems. They also placed it on a lift and examined the undercarriage more closely. Their findings were as follows: The diagnostic test on the air bag system showed that all three sensors that control the air bags were open. This meant that the sensors detected enough damage to the vehicle causing them to inflate the air bags; All of the vehicles other diagnostic systems were in proper working order; The undercarriage of the vehicle, beneath the engine, showed signs of damage. There were signs that the frame on the drivers side had buckled in one spot. There were gouges and scrapes in the metal; As stated in a previous report the stabilizer bar was broken. This was found to be erroneous upon closer examination; The vehicles transmission had sustained damage and was not operating properly. If the vehicle was placed in drive it would stall. It would not go into reverse without being pushed. The only way it could be driven was to place it in first gear and apply constant pressure to the accelerator; This was found to be the extent of the vehicles damage. [redacted] photographed and video taped what they observed on the vehicle. They will be conducting an independent case study on this vehicle, and report their finding to the Department of Transportation and this office.

On [redacted] 1995, I spoke with [redacted] the reporting officer for this incident. He reported to me that when he arrived on the scene the Ambulance Crew was in the process of removing the Decedent from his vehicle. At this time the vehicle was in the [redacted] block of [redacted].

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[redacted] 95 [redacted]

TMENT

INVESTIGATIVE REPORT

Complaint Investigator M	Case/Supplement	Status OPEN	Dist	Division CID	Branch HOMI
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Narrative

N.W. facing east bound about forty feet from the intersection of _____ in the center lane. He stated that he spoke with three citizens on the scene. He could not recall any of their names, but he would review his notes and get back to me with the information. A citizen told him that he was driving west on _____ when he observed the Decedent's vehicle stopped in the roadway. The citizen went to check on the driver and found that he was unconscious. None of the witnesses saw the vehicle moving or anyone else around the vehicle. When found the vehicle's middle drivers side window was broken out, and the air bags were deployed. This was all the information the citizens could provide. _____ further reported that he went through the vehicle in order to find the Decedent's identification. He found a wallet under the drivers seat which contained an ID and credit cards, but no money. He turned this property over to a nurse at the hospital. He found no signs of foul play at the scene. He took an injured person to the hospital report, and placed the Decedent's vehicle on the property book for safe keeping.

During a conversation with the decedent's sister on _____, she inquired whether or not a _____ Camcorder was found in the vehicle. She had reason to believe that the Decedent brought it along with him on his trip. When I first examined the vehicle on _____/95 I did not disturb the contents of the vehicle. At this time I did not see a camcorder in the vehicle. However, I did see a brown suitcase in the back seat, but it was closed and I did not look inside. On _____/95 when I returned back to the vehicle with the interior contents appeared the same as they did the first time I saw them. I still did not look inside the suitcase, nor did I find a camcorder. When the vehicle was taken for inspection on _____/95, I noticed that items in the interior had been moved around. The suitcase was now open but it was empty. There were two suits laying on the seat now that were not there before. When I spoke with _____ I inquired if he had found a camcorder inside the vehicle. He stated that he did not find one, but he did not look through the entire vehicle. The whereabouts of this camcorder are not known. It has not been proven that the Decedent even brought it along with him.

This investigation is continuing.

Report Status

Report Entry By _____
 Report Entry Date: _____/95
 Report Entry Time: _____

This report is the property of the _____ Neither it nor its contents may be disseminated to unauthorized personnel or agencies.

Appendix C. Medical Reports

line

PROGRESS NOTES

BOOK 900 563 01 F/C B

(PATIENT IDENTIFICATION)

Date	Time	
[REDACTED]	1/95	<p><u>Neurology Attending</u></p> <p>Man found in a car, apparently in an bag deployed, brought to ER for resuscitation. Declared dead pending with unreactive intubation failed. CT shows numerous acute (2) subdural hematomas in 2nd shift.</p> <p>Family could not be reached. Patient requires craniotomy for evacuation of subdural hematomas emergently as a life saving measure. Prognosis is very poor.</p> <p>[REDACTED]</p>
[REDACTED]		<p><u>Op-notes</u></p>
		<p>pre-op: [REDACTED]</p>
		<p>post-op: [REDACTED]</p>
		<p>procedure: [REDACTED]</p>
		<p>diagnosis: [REDACTED]</p>
		<p>meds: [REDACTED]</p>
		<p>[REDACTED]</p>
		<p>[REDACTED]</p>

MEDICAL CENTER

PROGRESS NOTES

(PATIENT IDENTIFICATION)

Date Time

9:55 AM

Ullu Admissio Note

This unknown person found in his car today early AM unresponsive. The window was broken with inked and being intubated by EMT brought to ER. CT scan @ South Shore Hospital shows frontal lobe contusion. Carried by for work of hematology.

old I det scan of stenosis exr large heart

ok 3h

In Mannitol 500cc out ER 300cc
normal 1300 over 900cc

Midazolam 5mg Fentanyl 200ug Ven 15

old Entubated not responding

ventilator on TV 200 Rate 10

on 40% good blood air way exr

pendy BP 90/50 PR 80s

Blood work prep

13.8 / 10.5 / 181 136 / 103 / 9 / 171
32.7 4.2 / 22 / 1

on 70%

TO Acc - coded

- lab work

- glucometer - cath

Patient seen & evaluated
Revised above

MEDICAL CENTER

PROGRESS NOTES

(PATIENT IDENTIFICATION)

Date	Time	ICU [REDACTED] NOR.
[REDACTED]	9:50 AM	<p>Genkemon admitted to ICU at 06:00 from PACU. Had cranioy for evaluation of subdural hematoma. Name cage number unknown. Pt known to be on - airway device - to ER. On admission to ER meeting spontaneously. Deep breath sound - pupils fixed & dilated at 12:00 PM. Pt orally intubated. Taken to head CT - showed low subdural hematoma. Transferred to OR. Above procedure performed. Pt noted to have old small vessel disease? CABG. From PACU to CT scan.</p>
		<p>Admitted to ICU at 06:00. A. controlled - no response to deep manual stimulation no response to manual stimulation. Pupils unequal (1) pupil small MR to light (2) pupil small & non reactive to light. (3) cornea. No gas. No movement of pt. (4) reflex. (5) spine intact with - to have CSF study p/o. Apnoeic!</p>
		<p>CV HR 50-70 SR normal. ECG 12 lead performed. SBP 89-90 mm Hg. cuff deflated 9 1/2 systolic. (1) peripheral IV infused NS & dopamine at 20 u/kg. A. to have Swan catheter. 10:45 AM, Sa 100% O2.</p>
		<p>Respiratory & airway to meet. Only intubated. On SIMV rate 40, 15. FiO2 1.0. TV 800ml. Drain 441. ARB at 10 flow rate. In arching blood tinged secretions</p>
		<p>CT - Additional PA. no evidence of T to low neck GU ultrasound 150 < 100 ml.</p>
		<p>[REDACTED] spoke with pt. sister. will be returning to ICU - pt condition [REDACTED] to return to admit with pt. CSF study.</p>

PROGRESS NOTE

(PATIENT IDENTIFICATION)

Date	Time	
		<p>Procedure Note - PA Cath Placement.</p> <p>Pt prep'd & draped in usual sterile manner. Pt anesthetized & (B) subclavian vein found & good venous return. PA Cath placed over wire & floated easily & 1cm of complications. Pt. tolerated procedure well. CXR ordered w/o pneumo & check for placement.</p> <p>Added CXR - w/o pneumo, small well placed.</p>
		<p>ICU STAFF</p> <p>Patient Stealy little 1 since admit to ICU this A.M. OCS-5, hemodynamically stable. We have contacted patient's sister in NY. Patient has a history of IATN CIA (Sf OCS 3yrs Ago). Circumstances of SDH still not clear. Agree to current management.</p>

MEDICAL CENTER

PROGRESS NOTES

INITIAL SOCIAL WORK CONSULTATION

NSO SURG-DATE
ROOM 4310 BED 02 F/C B
(PATIENT IDENTIFICATION)

Date 9/16/85	Time 16:45	Patient Name: [REDACTED]	Social Worker # [REDACTED]
		Address: [REDACTED]	Medical Record #: [REDACTED]
		Home Phone: [REDACTED]	Account #: [REDACTED]
		Work Phone: [REDACTED]	Marital Status: 3
		D.O.B. [REDACTED] Age: 68 Sex: M S.S.N.: 1	
		Emergency Con: [REDACTED]	
		Admit Date: [REDACTED] Admitting Dx: Subdural hematoma	
		Attending Physician: [REDACTED]	Service: Neurosurgery
		Referral Date: [REDACTED] Source: house staff Reason: Trauma/DIC plan	
		PRESENTING PROBLEM(S): Pt. was brought to ER after being found in his car unconscious behind an inflated air bag. Pt. remains sedated/paralyzed on a ventilator. Information received from pts. wallet on arrival.	
Patient's Prior Living Situation/Level of Functioning: Will complete assessment when sister arrives. Indep., came to [REDACTED] for a reunion			
Support Systems: family at [REDACTED] Room [REDACTED]			
Agencies Involved:			
Present Mental Status: pt. at present is unconscious and has been since arrival [REDACTED] - Primary			
Insurance: [REDACTED] Po [REDACTED]			
Employment: retired Income: [REDACTED]			
ASSESSMENT: Pt. is a 60-70yr old w/m who is in ICU with a subdural hematoma. The details of how pts condition worsened are unclear. MVA, faulty air bag?? Pts. sister [REDACTED] has been contacted and is coming from upstate N.Y. tonight.			
PLAN: Contact [REDACTED] sister, when she arrives, for completion of consult, emotional support and D/c planning			
Inpatient _____			
Outpatient _____			
On-Call _____ Time _____ Signature and Title _____			
Beeper: _____			

79-1005 (12-84) P&P 629

DO NOT WRITE ON REVERSE SIDE
PINK = Medical Records YELLOW = Social Services WHITE = Data Entry



PROGRESS NOTES

JOE LEO
 2.3
 (PATIENT IDENTIFICATION)

Date	Time	
1/19/95		ICU = [redacted] Pod #2 Suddural Hematoma
		moves like spontaneous o/w unresponsive
		= on vent Spiked early yesterday - Pac Co.
		TM394 T372 BP 120/60 ? 75 R15 (IMV15)
		I/Os: 1400/1400 - 80 1040/583 - 80
		ICPS - 30-60 currently 29
		(MAP-KP) = CPP = 46
		Swan: CVP 8 WP 14 CO 6.1 CI 3.1 SVR 878
		Neuro - Unresponsive
		⊕ Gag ⊕ Corneal
		CV: RM
		Ung: CRTB
		abd soft NT
		ext & edema
		LABS: 13.5 9.3 172 Spleen burst: Abund PMN 128 full oral flav
		138/109/13/172 12.2/30.5 87/111 3.8/21.5/1.0
		VENT IMV15 PS10 FiO2 40 TV 800 100% Sat
		ABG: 7.51/25/104/20.4/98%
		A/P: Pod #2 slip Suddural Hematoma
		Neuro: rt remain unresponsive on Vent

demons... some Guy / General Reflex

↑ ICP cont. Diuretic & Mannitol

CV: hemodin stable; will keep WPCs 10-12

fluid: clear, stable ABG (P)

hemocrit: NPO

renal: WBP adequate cont. diuretic

lytes etc

temp: Hot stable 28/31.5 prev.

TD: AF - pan Gx (P) on Rocapin

pt is now DNR as per family request

DO NOT WRITE ON REVERSE SIDE

BEST AVAILABLE COPY

PROGRESS NOTES

H
B

(PATIENT IDENTIFICATION)

Date	Time	
		Neurosin
		Temp 35.4 110-160/50-20 CVP 5-10
		Wp 8-12 Ca/CT 6/3.1 SUR 1852 Wp - 8-15
		Icp 34-65
		13.5 / 28 < 172 258 / 3.6 / --- ASMC 307
		⊕ spinal reflexes
		⊕ corneal ⊕ gag
		Will cont Manual will Cont Manual
		for Osmo Loss thru 315
		[Redacted]
		[Redacted]
		IM Dxy program note
		S-0
		0 - Pt ICP 70 @ present (25 @ present) and pt ↓ extensor and ↑ flex (⊕) +2 VP/PT noted. ... informed and also Dr. Strauss. ... relay quin @ present. Mannitol 25 gm and Vecuronium 10mg 10 quin per for doctor's order. but ICP remain 20-25. It remains in Full code per [Redacted] until [Redacted] write the order for PMK.
		A/P - continue to monitor q/h
		[Redacted]
		[Redacted]
		Neurology Activity
		No improvement clinically
		Temp 20-24.
		Discussed patient's parents - sisters.
		Patient to be DNR - no CPR, no med. if arrest.
		Continue current Rx for 3rd.

MEDICAL CENTER

PROGRESS NOTES

(PATIENT IDENTIFICATION)

Date	Time	
[REDACTED]	9:45	<p><u>Social Work Note:</u></p> <p>Pt's family at hospital today. It appears that [REDACTED] notified police in [REDACTED], who subsequently contacted pt's sister to report that pt. was found by the side of the road non-responsive + c head trauma. Family members present: sister, f and her husband; and pt's other sister. Sisters report that pt. was single, no children; had driven to [REDACTED] for a [REDACTED] reunion ("he never missed a reunion"). Family is understandably upset at not having info re how incident occurred that left pt. (brother) unresponsive. Family's frustration + stress was further ↑ c their efforts to retrieve pt's van from [REDACTED]. Family was assisted in contacting [REDACTED] office re procedures for release of vehicle. Family is staying at [REDACTED] (Rm # [REDACTED]) until Sunday. Will continue to provide support and information to family.</p>

PROGRESS NOTES

J. [REDACTED] (PATIENT IDENTIFICATION)

4-11-82 FEB 02 F/C B

Date	Time	
11/195		ICU - in Surg.
		pt + brain unresponsive ventilated, sedated
		- (B) (C) Corneal, conjunct & Suction, pupils nonreactive
		T ^m 39.2 T ^{39.2} BP 110/60 P 100 R 14
		CVP 6 20 / CI ^{6.7} / 3.5 WPC 6 SUR 95%
		MAP 78-80 In. / 1505 / 1674 / 1470 TOTAL 4649
		ICP 23 19-23 Out / 1655 / 2015 / 2388 6055
		CRR 53-60
		PE: NEURO: unresponsive, (B) Corneal, (C) Conjunct Suction, (P) Pupil Rxn
		CV: DRN
		Lung: CPA
		ABG: Benign
		Ext: warm, & turgor & pulse.
		LABS: 7.44 / 28.5 / 97.5 / 20.3 / 97.4% ↑, MV 14 40% TV 300
		13.3 / ^{10.1} / 19.2 / 186 / 120 / 11 S. Osm 329
		30.2 / 3.8 / 22.5 / 1.2
		PT/PTT 12.1 / 36.2 System: safe 050 flora
		A/P: POD # 3 SP CRANI SPH
		Neuro: Unresponsive; ICP ↓ to upper 20's
		epo held & SD = MAP ≥ 80 - Phenytoin
		D/C'd - Dopamine started to maintain MAP (~80;)
		will hold all Narcotics + Vac. Mannitol held
		2° ↑ S. Osm.
		W - re staple
		Pulm: ↑ PaCO ₂ want to maintain (S) 30
		so MV rate ↑ 14 last pass - will continue
		- follow ABG.
		Renal: Good diuresis, Ulytes H ₂ O
		hold Mannitol D/C'd.
		GI - NPO for now
		Heme Hct OK
		17 - Febate unresponsive to Tylenol - probably Central

Med
Phosph #3
Dilantin

IHS B09

IHS B09

ICU

ICU

PROGRESS NOTES

02 FIC 8
(PATIENT IDENTIFICATION)

Date	Time
[REDACTED]	[REDACTED]

Neurosurgery
 SBP 110-160 ICP 19-28 ePP 45-66
 Temp 39.0
 WBC 13K Hct 30.2% Plt 192K Nat 150
 LT 38
 PE: INCREASED ON MSO. AS 20 mg/L
 Pupils Min-reactive. Bilateral Corneal
 Reflexes. Coughs not responding
 Does not respond to ext. stim
 (A/P) Diagnosis remains focal
 Will ↓ MSO & ICP ↑ at exam
 Changes
 Will clear neck today

[REDACTED]

MEDICAL CENTER

PROGRESS NOTES

Date	Time	<p>Initial Nutrition Assessment <i>Level II; Consult</i></p> <p>S: \emptyset</p> <p>Appetite: \emptyset Constipation/Diarrhea: \ominus NV: \ominus</p> <p>O: DX: ^(1P)(B) <i>Emac: SDH</i></p> <p>PMH: <i>Unknown</i></p> <table border="1"> <tr> <td>Labs: 150</td> <td>120</td> <td>11</td> <td>176</td> <td>Alb: <i>NAV</i></td> <td>H/H: ^{10.1}/_{32.2}</td> <td>T.G.:</td> </tr> <tr> <td>7/24</td> <td>3.8</td> <td>22.5</td> <td>1.2</td> <td colspan="3">Additional Nutr. Labs:</td> </tr> </table> <p>Diet Rx: <i>IF pending</i> Previous Diet Instruction:</p> <p>Current Medications: <i>Rocophen; Dilantin</i></p> <p>Allergies: <i>NYFA</i></p> <p>HT: <i>NAV</i> Weight: ²⁰⁴⁹/₂₁ BW: <i>NAV</i> %IBW: UBW: %UBW: Adjusted Wt</p> <p>Est. Nutrition Needs: ²⁷²⁷/₃₁₈₁ Kcal (BEE_x) or (³⁰/₃₅ cal/kg); ¹²⁶/₁₈₂ gPro (¹⁻⁵/_{2.0} g/kc</p> <p>G.I. Status: ^{7/20}(^{3/10}): <i>4.49/1.055</i> WF: <i>NS @ 125cc/°</i></p> <p>A: <i>Difficult to accurately assess nutritional status. \ominus all lab however pt appears to be UNL of Ht/Wt. Pt to be started on NGT feeds; agree \ominus met. Will rec goal IF rate \ominus use of Ensure Plus - Pt. \ominus told Na⁺; will follow lab \ominus you \ominus? need for \uparrow free H₂O \ominus IF Pt noted to be on Dilantin, please note IF may \rightarrow bioavailability of med. Other labs / med were noted. Floor RD available for DIC Planning when appropriate.</i></p> <p>P: <i>1. Rec: Ensure Plus @ 20cc/° \uparrow mg 20cc g 4° to GOAL: Ensure Plus @ 75cc/° (2700cal; 100g Pro; 1385cc free H₂O)</i> <i>2. Rec ~200 cc H₂O flush g 4°</i> <i>3. V-Chem 12 / weight @ week.</i> <i>4. Available for f/v PRN</i></p>	Labs: 150	120	11	176	Alb: <i>NAV</i>	H/H: ^{10.1} / _{32.2}	T.G.:	7/24	3.8	22.5	1.2	Additional Nutr. Labs:		
Labs: 150	120	11	176	Alb: <i>NAV</i>	H/H: ^{10.1} / _{32.2}	T.G.:										
7/24	3.8	22.5	1.2	Additional Nutr. Labs:												

PROGRESS NOTES

(PATIENT IDENTIFICATION)

Date	Time	
-95 30		<p>Social Work Note:</p>
		<p>Family has been at pt's bedside in ICU whenever possible. Family has spoken to police & U.S. and are comforted that circumstances re incident that brought pt. to hosp. are being investigated.</p>
		<p>Family has met to discuss prognosis. This is a very difficult time for family as they are discussing withdrawal of life-prolonging tx. However they are a close family and are dealing with their grief appropriately.</p>
		<p>Pt's brother-in-law, and I discussed funeral arrangements; pt. had previously made his preferences known. Family knows that there is a week-end on-call soc. worker, shd they make decisions this weekend that require S/W support and info.</p>
		<p>I will continue to provide supportive counseling to family.</p>
		<p>Addendum:</p>
		<p>Fr. [redacted] has been notified & will come to hosp. to provide support to family.</p>

MEDICAL CENTER

PROGRESS NOTES

INS 809
LY

A [REDACTED]

R [REDACTED]

M [REDACTED]

F 4 2 1 2 (PATIENT IDENTIFICATION) E/C

H

B

Date	Time	Notes
		Panama
		PT pronounced Dead @ 21:35
		no signs of brain activity
		- ICU follow-up done
		notified Family your presence
		@ time of death
		ME office notified
		case verbally reviewed

[Handwritten signature/initials]



ACCIDENT FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-95-AB14

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.

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 0 1

4. Date of Accident (Month,Day,Year) Summer/Weekday/ 9 5

5. Time of Accident EVENING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

6. 0 SS15 Administrative Use 0

7. 0 SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)

8. 0 SS17 Impact Fires 0

9. 0 SS18 Unsafe Driver Actions 0

10. 0 SS19 _____

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 0 1

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>0 1</u>	14. <u>2 0</u>	15. <u>U</u>	16. <u>6 8</u>	17. <u>0 0</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
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,500 kgs GVWR)
(16) Utility station wagon (≤ 4,500 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,500 kgs GVWR)
(21) Large van (≤ 4,500 kgs GVWR)
(24) Van Based school bus (≤ 4,500 kgs GVWR)
(28) Other van type (≤ 4,500 kgs GVWR)
(29) Unknown van type (≤ 4,500 kgs GVWR)
(30) Compact pickup truck (≤ 4,500 kgs GVWR) | (31) Large pickup truck (≤ 4,500 kgs GVWR)
(38) Other pickup truck (≤ 4,500 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)
(45) Other light truck (≤ 4,500 kgs GVWR)
(48) Unknown light truck type (≤ 4,500 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(> 4,500 kgs GVWR)
(58) Other bus (> 4,500 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,500 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) Other vehicle
(99) Unknown |
|--|---|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) Noncollision injury
(38) Other noncollision (specify):

(39) Noncollision — details unknown

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

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

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____ | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
<u>Raised Divider median</u>
(69) Unknown fixed object

Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object
(98) Other event (specify):

(99) Unknown event or object |
|---|--|



GENERAL VEHICLE FORM

- 1. Primary Sampling Unit Number _____
- 2. Case Number - Stratum DSI-95-AG14
- 3. Vehicle Number 01

- 12. Speed Limit 040
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

VEHICLE IDENTIFICATION

- 4. Vehicle Model Year 95
Code the last two digits of the model year
(99) Unknown

- 25 mph X 1.6093 = 040 kmph
- 13. Police Reported Alcohol Presence For Driver 7
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

- 5. Vehicle Make (specify): Dodge 07
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
(99) Unknown

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

- 6. Vehicle Model (specify): CARAVAN 442
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
(999) Unknown

Source: Police Report

- 7. Body Type 20
Note: Applicable codes may be found on the back of this page.

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

- 8. Vehicle Identification Number
2B4GH2S34SR xxxxx
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

- 16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

- 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

- 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

OFFICIAL RECORDS

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

- 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

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 ($\leq 4,500$ 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 ($\leq 4,500$ 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 ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ 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 ($\leq 4,500$ 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 $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ 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

19. Relation To Interchange Or Junction 4
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)
TRAFFIC Circle
 (5) Unknown type of junction
 (9) Unknown

20. Trafficway Flow 1/3
 (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

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 3
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (>2%)
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 3
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions ∅
 (0) No adverse atmospheric-related driving conditions
 (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): _____
 (9) Unknown

28. Traffic Control Device 1
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)
Regulatory
 (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify)

 (2) Traffic control device functioning properly
 (9) Unknown

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	22 SLOWER 25, 26, 27	24 DECCEL. 29, 30, 31	26 AVOID COLLISION WITH VEH.	28 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	F. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN	
	F. Sideswipe Angle	44 45	46 45 47	(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	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(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	71 INITIAL SAME DIRECTIONS	73 TURN ACROSS PATH	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	79 TURN INTO SAME DIRECTION	81 TURN INTO OPPOSITE DIRECTIONS	83 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. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type	99 Unknown Accident Type	00 No Impact		

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 9 9
 (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) 9 7
- (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): Negotiating TRAFFIC Circle
 - (99) Unknown

32. Critical Precrash Event 9 8
 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): mounted TRAFFIC MEDIAN IN Circle
 - (99) Unknown

33. Attempted Avoidance Maneuver

04

- (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

2

- (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

1 2

- (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

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 1

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 6
 (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 1
 (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 1370
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3020 lbs X .4536 = 1370 kgs
 Source: _____

44. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: Vehicle Inspection

ROLLOVER DATA

45. Rollover 0
 (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 0
 (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 0
 (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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

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

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

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

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) Ø
52. Rear Override/Underride (this Vehicle) Ø
 (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 9 9 8
54. Heading Angle For Other Vehicle 9 9 8

RECONSTRUCTION DATA

55. Towed Trailing Unit Ø
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle Ø
 (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) Ø
 (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) 9 8
- (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,

(98) Other, (specify):
Undercarriage Damage Only

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V 9 9 9

_____ 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 + - 9 9 9 Highest

_____ 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 + - 9 9 9 Highest

_____ 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 9 9 9 9 0 0

_____ 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 9 9 9 Highest

_____ 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) 4

- (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 9 9 9 Highest

_____ 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 [X] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>2</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>3</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (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.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSI-95-A814</u>	

VEHICLE IDENTIFICATION

VIN 2 B 4 G H 2 5 3 4 S R XXXXXXXXXX x x x x Model Year 9 5

Vehicle Make (specify): Dodge Vehicle Model (specify): CARAVAN

LOCATOR

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

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
<u>01</u>	<u>UNDERCARRIAGE</u>	<u>DAMAGE</u>	<u>DCC ONLY</u>

CRUSH PROFILE IN CENTIMETERS

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

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>		<u>UNDER CARRIAGE</u>									
					<u>C</u>	<u>D</u>	<u>C</u>		<u>ONLY</u>		

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.2</u> inches	x 2.54	=	<u>285</u> cm
Overall Length	<u>178.3</u> inches	x 2.54	=	<u>453</u> cm
Maximum Width	<u>78.1</u> inches	x 2.54	=	<u>178</u> cm
Curb Weight	<u>3020</u> pounds	x .4536	=	<u>1378</u> kg
Average Track	<u>61.8</u> inches	x 2.54	=	<u>155</u> cm
Front Overhang	<u>33.5</u> inches	x 2.54	=	<u>85</u> cm
Rear Overhang	<u>34.2</u> inches	x 2.54	=	<u>82</u> cm
Undeformed End Width	<u>63.8</u> inches	x 2.54	=	<u>168</u> cm
Engine Size: cyl./displ.	<u>3000</u> cc	x .001	=	<u>3.0</u> L
	<u>183</u> CID	x .0164	=	<u>3.0</u> L

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ø 1</u>	5. <u>68</u>	6. <u>12</u>	7. <u>u</u>	8. <u>D</u>	9. <u>L</u>	10. <u>w</u>	11. <u>Ø 2</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
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CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
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CDC only

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
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26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 168
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 285
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
112.2 inches X 2.54 = 285 centimeters

29. Original Average Track Width 155
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
61.8 inches X 2.54 = 155 centimeters

FUEL SYSTEM

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

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

- 32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? ∅
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

- 35. Location of Fuel Tank-1 Filler Cap 4
- 36. Location of Fuel Tank-2 Filler Cap ∅
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown

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

FIRE OCCURRENCE

- 33. Fire Occurrence ∅
 (0) No fire

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

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

 (9) Unknown

- 39. Location of Fuel Tank-1 4
- 40. Location of Fuel Tank-2 ∅
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

- 41. Damage to Fuel Tank-1 1
- 42. Damage to Fuel Tank-2 ∅
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

43. Leakage Location of Fuel System-1 1
44. Leakage Location of Fuel System-2 Ø
- (0) No fuel tank
 (1) No fuel leakage
- Primary Area Of Leakage*
- (2) Tank
 (3) Filler neck
 (4) Cap
 (5) Lines/pump/filter
 (6) Vent/emission recovery
 (8) Other (specify): _____
 (9) Unknown

45. Fuel Type-1 Ø 1

46. Fuel Type-2 Ø Ø

- Single Fuel Type*
- (00) No fuel tank
 (01) Gasoline
 (02) Diesel
 (03) CNG (Compressed Natural Gas)
 (04) LPG (Liquid Petroleum Gas) also known as Propane
 (05) LNG (Liquid Natural Gas)
 (06) Methanol (M100 or M85)
 (07) Ethanol (E100 or E85)
 (08) Other (Hydrogen or others) (specify): _____

- Electric Powered or Electric/Solar Powered Vehicles*
- (10) Lead Acid Battery
 (11) Nickel-Iron Battery
 (12) Nickel-Cadmium Battery
 (13) Sodium Metal Chloride Battery
 (14) Sodium Sulfur Battery
 (18) Other (Specify): _____
- (98) Other Hybrid (specify): _____
- (99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? Ø
- (0) No (one or two tanks only)
- Yes - More Than Two Tanks*
- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
- (2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
- (3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
 Type of tank _____
 Tank location _____
 Filler cap location _____
 Tank damage _____
 Location of leakage _____
 Type of fuel _____
- (9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum DSI-95-AB14
 3. Vehicle Number Ø 1

INTEGRITY

4. Passenger Compartment Integrity Ø 6
 (00) No integrity loss

Yes, Integrity Was Lost Through

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

Door, Tailgate or Hatch Opening

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

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

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

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

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

Door, Tailgate or Hatch Came Open During Collision

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

Type of Window/Windshield Glazing

15. WS 1 16. LF 3 17. RF 3 18. LR 3 19. RR 3
 20. BL 3 21. Roof Ø 22. Other 3

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify): _____
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2
 28. BL 1 29. Roof Ø 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 6 35. RR 1
 36. BL 1 37. Roof Ø 38. Other 1

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

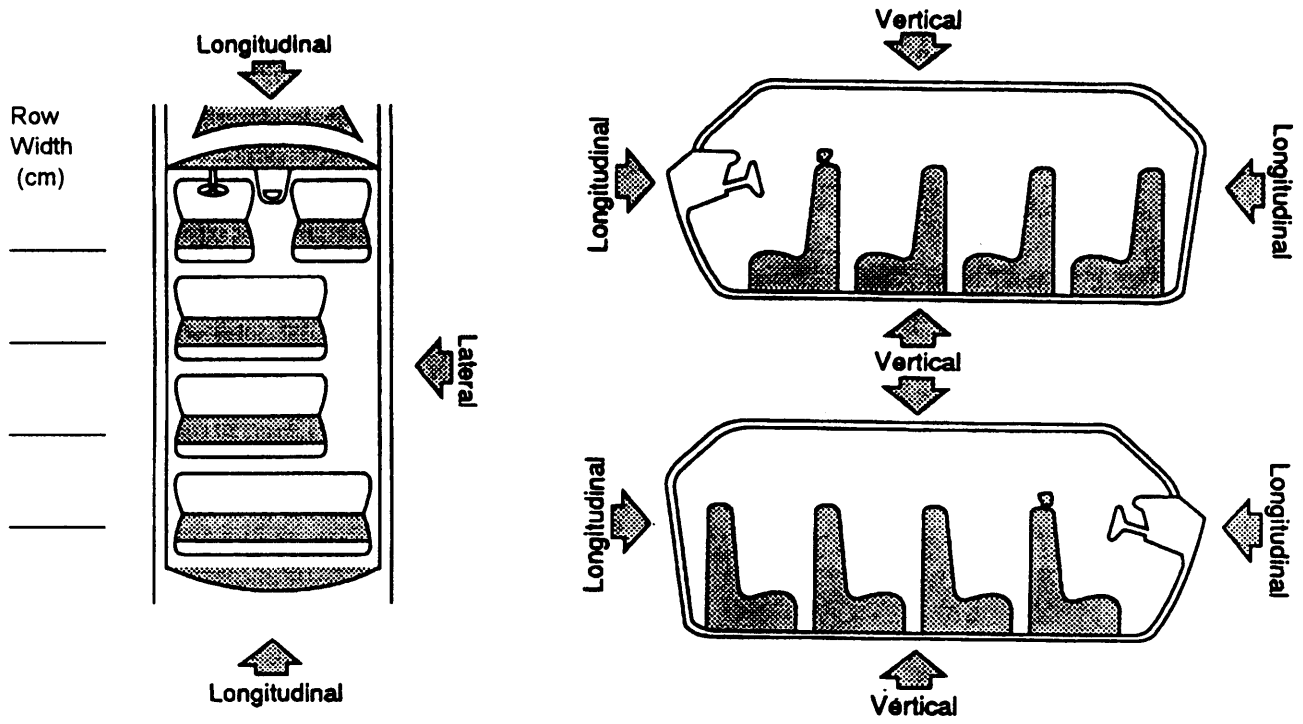
Glazing Damage from Occupant Contact

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

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

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
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		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	

No measurable intrusions

OCCUPANT AREA INTRUSION

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

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

INTRUDING COMPONENT

Interior Components

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

Exterior Components

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

LOCATION OF INTRUSION

Front Seat

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

Fourth Seat

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

Second Seat

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

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

(99) Unknown

Third Seat

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

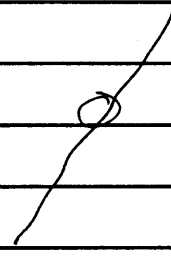
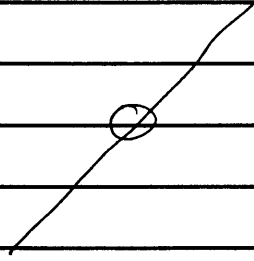
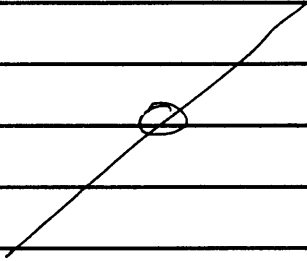
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STEERING COLUMN

INSTRUMENT PANEL

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

88. Tilt Steering Column Adjustment 3
 (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment ∅
 (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

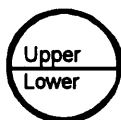
90. Steering Rim/Spoke Deformation ∅ ∅
 _____ Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation ∅ ∅
 Deformation
 (00) No steering rim deformation

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

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

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



92. Odometer Reading ∅ 14,000
 _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
8704 miles X 1.6093 = 14007 kilometers

Source: Inspection

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

94. Type of Knee Bolster Covering 2
 (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1
 (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

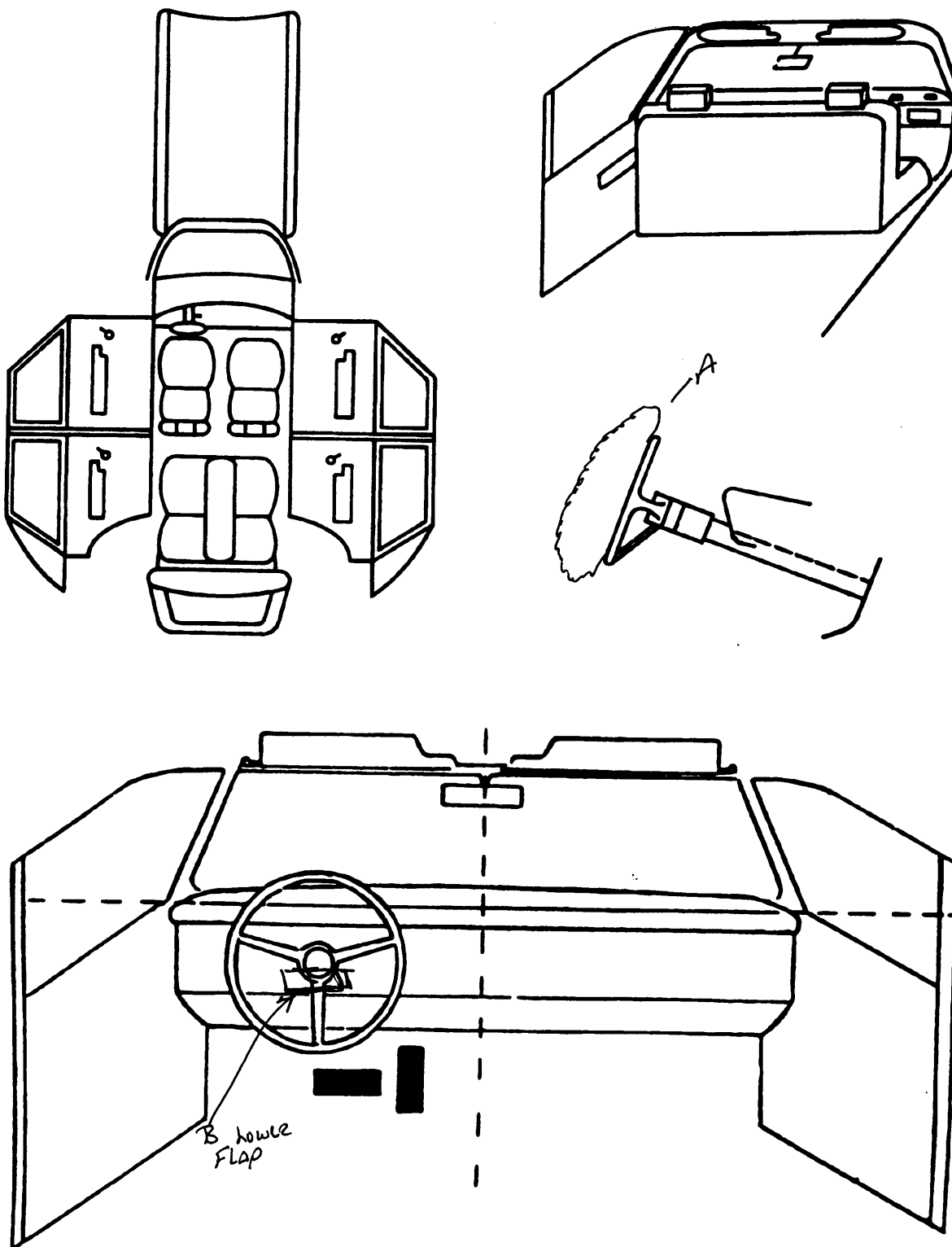
96. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment ∅
 (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 Hand controls for braking/acceleration
 Steering control devices (attached to OEM steering wheel)
 Steering knob attached to steering wheel
 Low effort power steering (unit or device)
 Replacement steering wheel (i.e., reduced diameter)
 Joy-stick steering controls
 Wheelchair tie-downs
 Modification to seat belts (specify): _____
 Additional or relocated switches (specify): _____
 Raised roof
 Wall-mounted head rest (used behind wheelchair)
 Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



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

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	1	Chest/Head	Deployment	1
B	175	1	Chest.	Rub off/cloth Transfer	1
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

- 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
 - (175) Air bag compartment cover-driver side
 - (180) Air bag-passenger side
 - (185) Air bag compartment cover-passenger side
 - (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): _____

CONFIDENCE LEVEL OF CONTACT POINT

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

MANUAL RESTRAINTS

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

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

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

		Left	Center	Right
FIRST	Availability	4	X	4
	Evidence of usage	ØØ	X	ØØ
	Used in this crash?	ØØ	X	ØØ
	Proper Use	0	X	ØØ
	Failure Modes	0	X	ØØ
	Anchorage Adjustment	1	X	1
SECOND	Availability	4	4	
	Evidence of usage	ØØ	ØØ	
	Used in this crash?	ØØ	ØØ	X
	Proper Use	ØØ	ØØ	X
	Failure Modes	ØØ	ØØ	X
	Anchorage Adjustment	1	1	
OTHER	Availability	4	3	4
	Evidence of usage	ØØ	ØØ	ØØ
	Used in this crash?	ØØ	ØØ	ØØ
	Proper Use	Ø	Ø	Ø
	Failure Modes	Ø	Ø	Ø
	Anchorage Adjustment	1	Ø	1

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

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

- (12) Shoulder belt used with child safety seat

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

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

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

- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

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

- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

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

- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

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

AUTOMATIC RESTRAINTS

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

AIR BAGS

		Left Front	Right Front	Other
FIRST	Availability/Function	/	/	∅
	Deployment	/	/	∅
	Failure	/	/	∅

<p>Air Bag System Availability/Function</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled (9) Unknown</p> <p>Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____</p> <p>(9) Unknown</p>	<p>Frontal Air Bag System Deployment (This Occupant Position)</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, accident sequence undetermined (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>Air Bag(s) Deployment, <u>Other</u> Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an <u>other</u> 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>
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AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	∅	∅
	Use	∅	∅
	Type	∅	∅
	Proper Use	∅	∅
	Failure Modes	∅	∅

<p>Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>Automatic (Passive) Belt System Use</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) (3) Automatic belt use unknown (9) Unknown</p> <p>Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>	<p>Proper Use of Automatic (Passive) Belt System</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></p> <p>(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>Automatic (Passive) Belt Failure Modes During Accident</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>
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FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	2	1
Air bag have vent ports?	2	1
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	9	1

Type of Air Bag

- (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

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

- (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

Were Air Bag Module Cover Flap(s) Damaged?

- (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

Was There Damage To The Air Bag?

- (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): _____

Source of Air Bag Damage

- (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

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): TWO / 0
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2 / 0
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

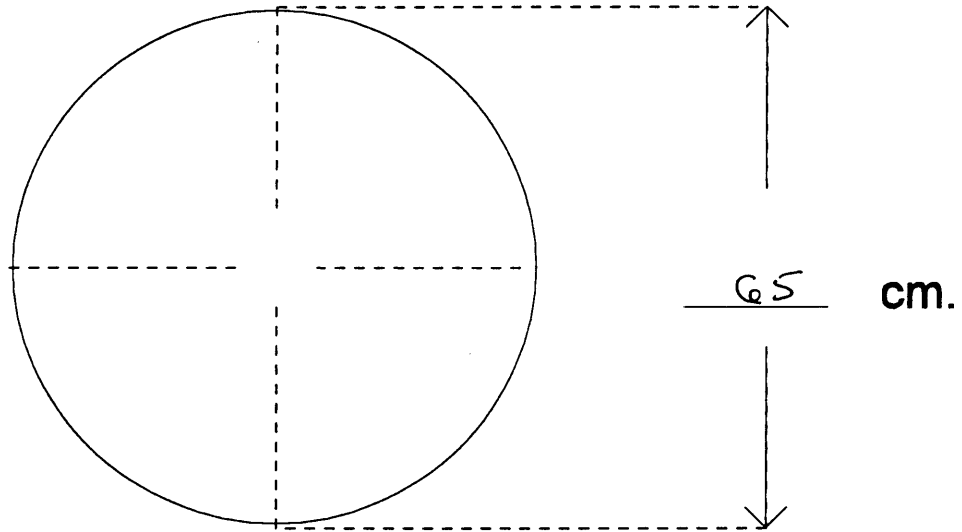
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

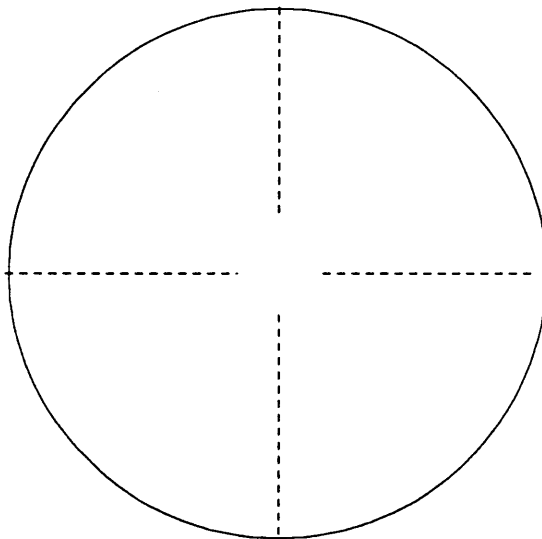
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

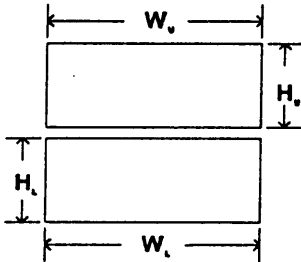
b. Lower Flap

width (W_U) 18

width (W_L) 18

height (H_U) 6

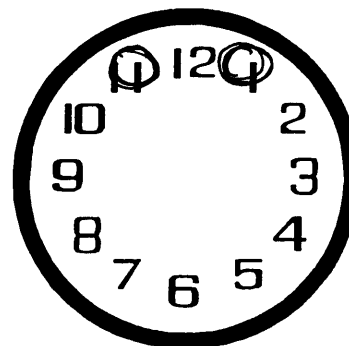
height (H_L) 7



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

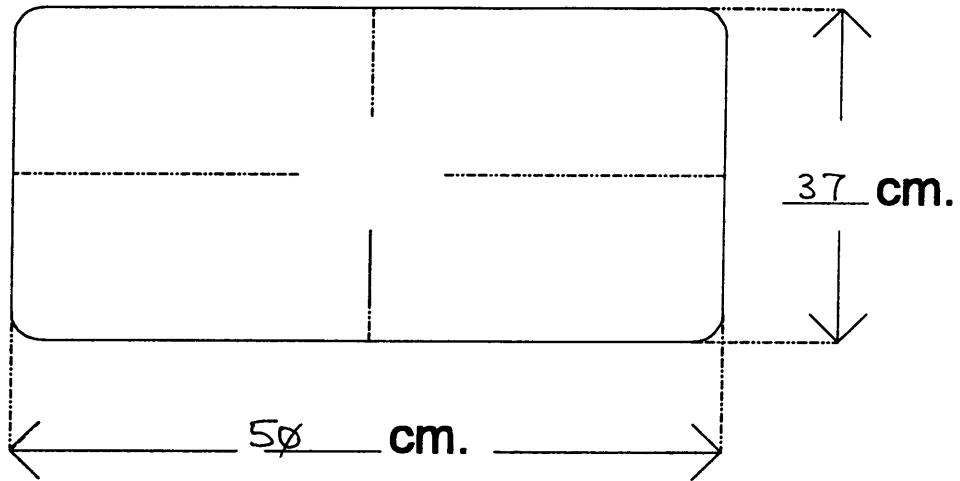
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

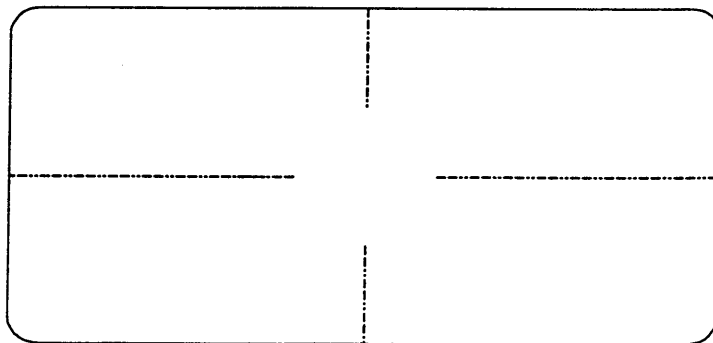


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



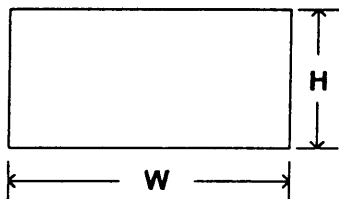
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

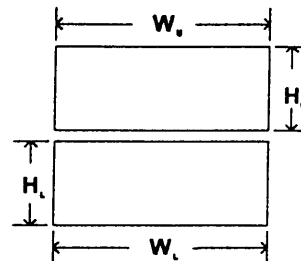
b. Lower Flap

width (W_U) 33

width (W_L) 32

height (H_U) 14

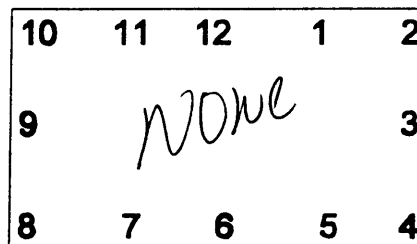
height (H_L) 6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

✓ N/A

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

✓ N/A

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

N/A



4. SKETCH AIR BAG VENT PORTS

N/A



HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1		1
	Seat Type	10	X	10
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	4		4
	Seat Back Incline Pre/Post Impact	23		23
SECOND	Head Restraint Type/Damage	0		0
	Seat Type	05	05	
	Seat Performance	1	1	
	Seat Orientation	1	1	
	Seat Track Position	1	1	
	Seat Back Incline Pre/Post Impact	01	01	
THIRD	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	01	01	01
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

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

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Performance (this Occupant Position)

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

Seat Back Incline Prior and Post Impact

- (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

Seat Type (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

Slightly reclined prior to impact

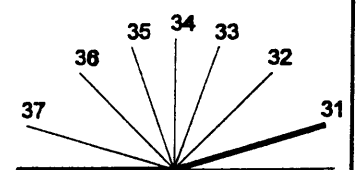
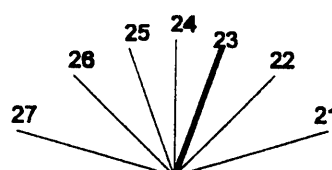
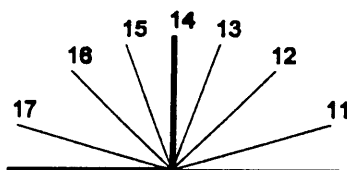
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

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

Seat Track Adjusted Position Prior To Impact

- (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



Coding diagrams for Seat Back Incline Position Prior and Post Impact

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

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat			<i>NO NL</i>			
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage		✓				
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

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

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

-
- (19) Unknown orientation

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

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

-
- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

- 4. Child Safety Seat Shield Usage**
- 5. Child Safety Seat Tether Usage**
 Note: Options Below Are Used for Variables 3-5.
- (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

6. Child Safety Seat Make/Model
 (Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

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

EJECTION No Yes

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

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

Ejection

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

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

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

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

- 1. Primary Sampling Unit Number _____
- 2. Case Number - Stratum DSF-95-A814
- 3. Vehicle Number 01
- 4. Occupant Number 01

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

OCCUPANT'S CHARACTERISTICS

- 5. Occupant's Age 68
 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 = 173 centimeters

- 8. Occupant's Weight 085
 Code actual weight to the nearest kilogram.
 (999) Unknown

188 pounds X .4536 = 085 kilograms

- 9. Occupant's Role 1
 (1) Driver
 (2) Passenger
 (9) 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 8

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

13. Ejection Area 8

- (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 8

- (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) 8

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

16. Entrapment 8

- (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

18. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
19. Manual (Active) Belt System Use 2 2
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 2
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 2
- (0) No manual belt used or not available
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1
- (0) No shoulder belt
 - (1) No upper anchorage adjustment for shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position
 - (3) In mid position
 - (4) In full down position
 - (5) Position unknown
 - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 2
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
 - (9) Unknown
24. Automatic (Passive) Belt System Use 2
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown
25. Automatic (Passive) Belt System Type 2
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 2
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 2
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other automatic belt failure (specify): _____
 - (9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4
- (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 2
- (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) 1
- (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) 1
- (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) 1
- (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)? 1

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

Yes

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

36. Type of Air Bag 1

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

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

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

38. Air Bag Deployment Accident Event Sequence Number 1

- (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? 2

- (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? 1

- (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? 1

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

Yes - Air Bag Damage

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

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

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 1
 (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? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (2)

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (2)

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

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

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (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) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown

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

 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 4
 (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

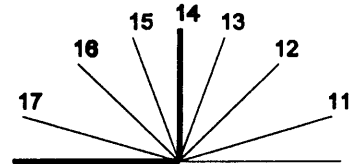
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 2 3

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

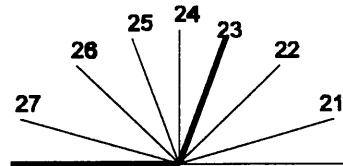
Upright prior to impact

- (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



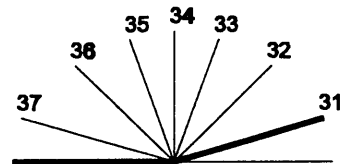
Slightly reclined prior to impact

- (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) 1

- (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) 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) 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) 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

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

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

61. Injury Severity (Police Rating) 4

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

62. Treatment - Mortality 1

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

Nonfatal

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

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

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

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

(9) Unknown

64. Hospital Stay 3

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

65. Working Days Lost 62

- _____ 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

99. Case Occupant 1

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

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 3 3
 _____ 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 ∅ 1

68. 2nd Medically Reported Cause of Death ∅ ∅

69. 3rd Medically Reported Cause of Death ∅ ∅
 _____ 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 ∅ 5
 _____ 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 ∅ 5
 (at Medical Facility) ∅ 5
 (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 ∅ 8
 (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 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSF-95-AB14</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				A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Occupant Direct/Indirect Injury	Area Intrusion Number	ICD-9
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury							
1st	5. <u>1</u>	6. <u>1</u>	7. <u>4</u>	8. <u>04</u>	9. <u>22</u>	10. <u>4</u>	11. <u>6</u>	12. <u>015</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>800.2</u>
2nd	16. <u>1</u>	17. <u>2</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>8</u>	23. <u>004</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>920</u>
3rd	27. <u>1</u>	28. <u>4</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>004</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>922.1</u>
4th	38. <u>1</u>	39. <u>7</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>170</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>	<u>923.10</u>
5th	49. <u>1</u>	50. <u>7</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>170</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>	<u>923.10</u>
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:		
	<u>Whole Area</u>		
	(02) Skin - Abrasion		
	(04) Skin - Contusion		
	(06) Skin - Laceration		
	(08) Skin - Avulsion		
	(10) Amputation		
	(20) Burn		
	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<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		
Type of Anatomic Structure		Abbreviated Injury Scale	
(1) Whole Area		(1) Minor Injury	
(2) Vessels		(2) Moderate Injury	
(3) Nerves		(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)		(4) Severe Injury	
(5) Skeletal (includes joints)		(5) Critical Injury	
(6) Head - LOC		(6) Maximum (untreatable)	
(9) Skin		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (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	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

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

LEFT SIDE

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

RIGHT SIDE

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

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

INTERIOR

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

AIR BAG

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

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

ROOF

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

FLOOR

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

REAR

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

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

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

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

EXTERIOR OF OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

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

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

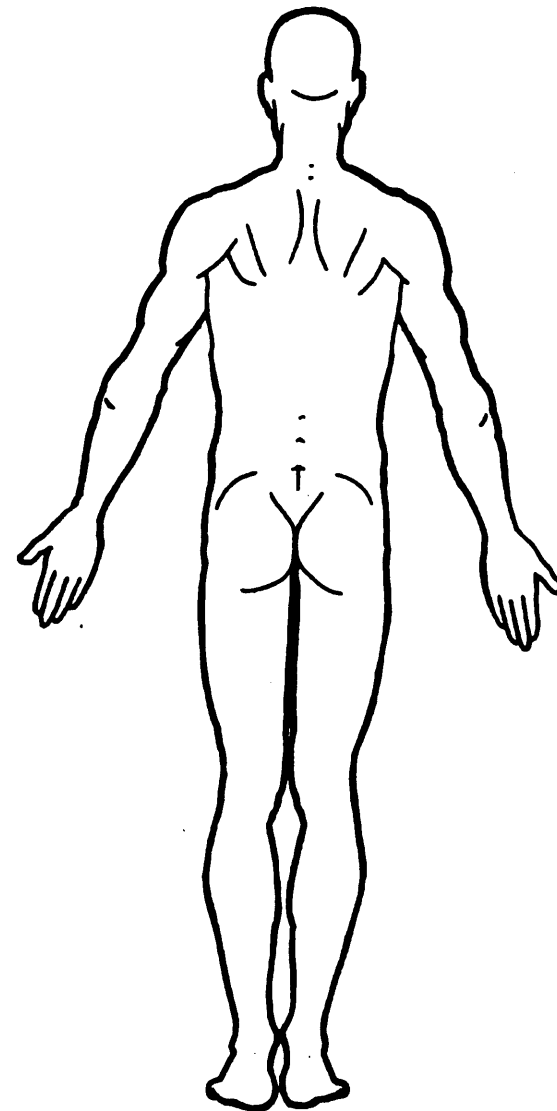
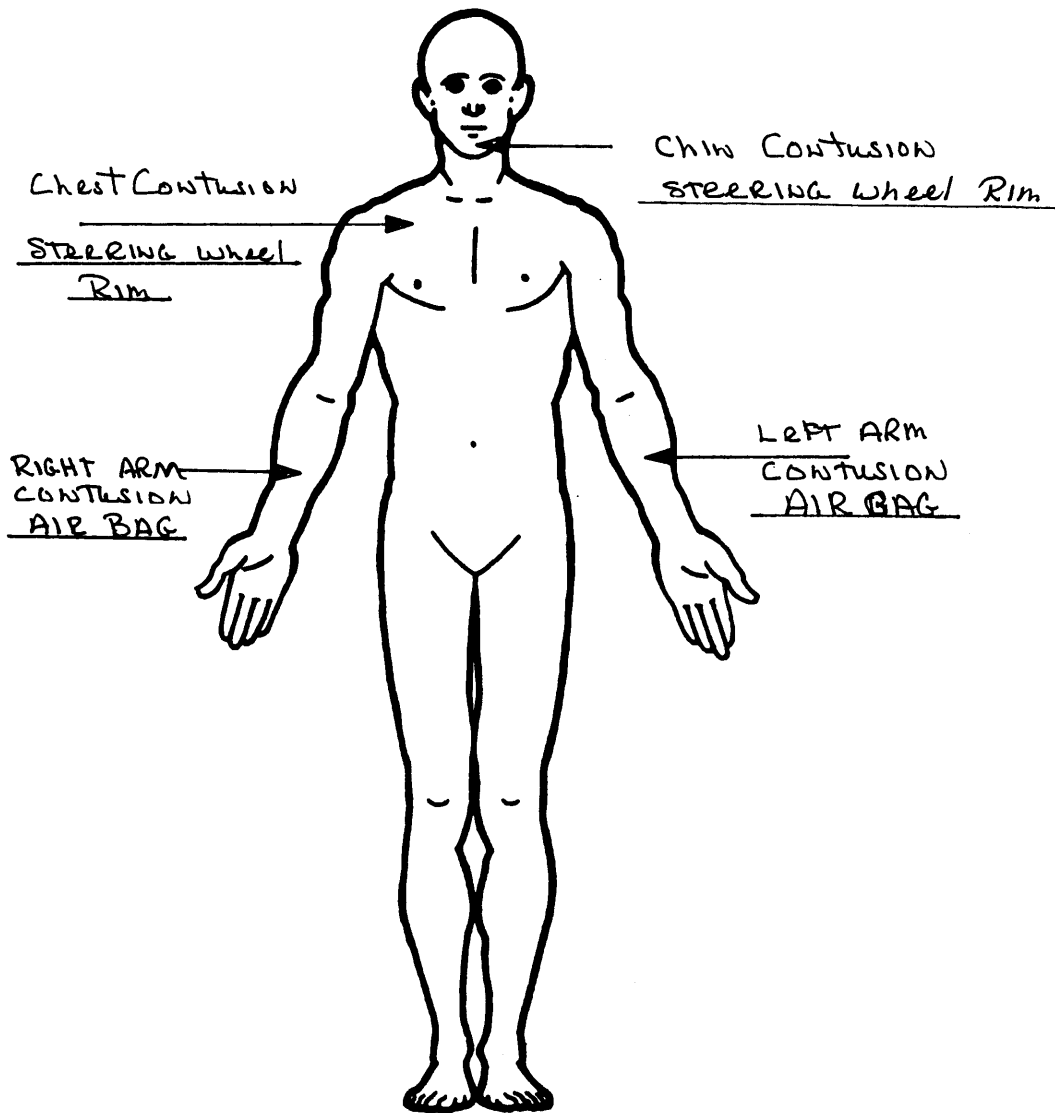
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

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.)

Blood Alcohol Level
(mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = _____

Units of Blood
Given

Units = _____

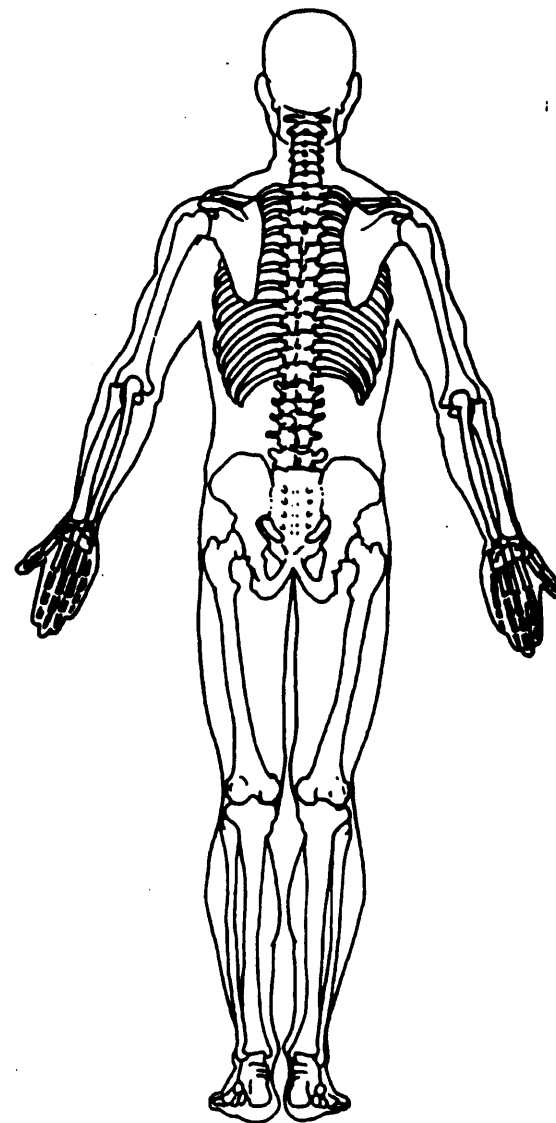
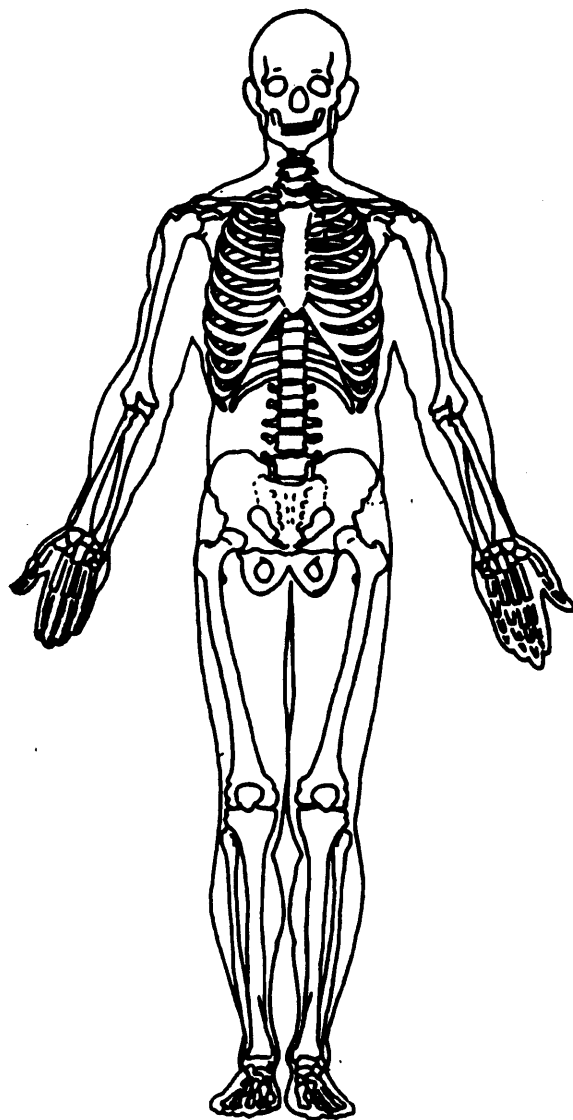
Arterial Blood Gases

pH = _____

PO₂ = _____

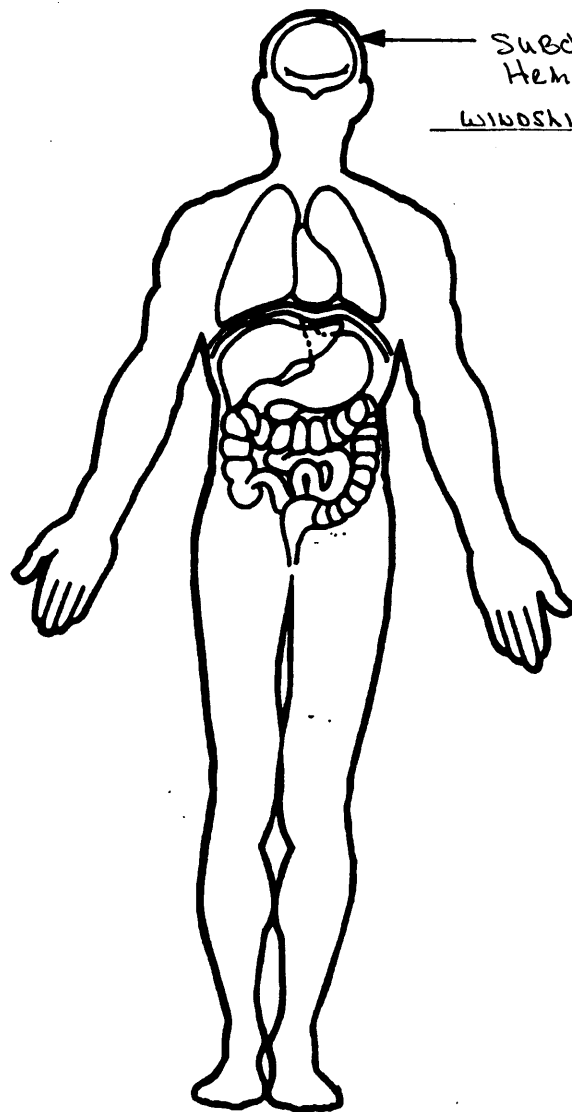
PCO₂ _____

HCO₃ _____



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.)



Subdural
Hematoma
Windshield Header

