



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** **



AUTO SAFETY HOTLINE
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TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 93-05
FLEET - PRIVATE VEHICLE
LOCATION - ██████████, ILLINOIS
ACCIDENT DATE - ██████████, 1992

Submitted By:

████████████████████
Research Scientist

Revised Submission:

████████████████████
Contract Number: DTNH22-93-Q-07224

Prepared for:

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

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

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

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

1. Report No. TRC/IU Case No. 93-05		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Report Fleet - Private Vehicle Location - ██████████, Illinois				5. Report Date ██████████	
				6. Performing Organization Code ██████████	
				8. Performing Organization Report No. TRC/IU 93-05, Task 0005	
7. Author(s) ██████████				10. Work Unit No. (TRAIS)	
9. Performing Organization Name and Address Indiana University Transportation Research Center ██████████				11. Contract or Grant No. DTNH22-93-Q-07224	
				13. Type of Report and Period Covered ██████████ 1992	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				14. Sponsoring Agency Code	
				15. Supplementary Notes Remote air bag deployment report involving a 1990 Ford Taurus GL station wagon	
16. Abstract <p>This report covers a remote investigation of an air bag deployment crash that involved a 1990 Ford Taurus GL station wagon. This crash was selected for investigation because the attending cardiologist indicated that the deploying air bag may have defibrillated the driver who was undergoing a cardiac ventricular fibrillation at the time of the crash. The Taurus was traveling east in the eastbound lane of a two-lane, undivided city street when the driver lost consciousness and departed the south road edge at a shallow angle. The Taurus eventually impacted and sheared off a fire hydrant. The Taurus rotated counterclockwise after impact, traveled between a utility pole and a large tree, crossed both original travel lanes, struck the north curb, and came to rest facing north, with approximately half the vehicle over the curb and half in the westbound travel lane. The front of the case vehicle impacted the fire hydrant at the front left bumper causing the driver side supplemental restraint system (air bag) to deploy. Subsequently, the Taurus impacted the north curb. The driver of the Taurus was wearing the available three-point lap and shoulder belt. He sustained a slight abrasion to his upper lip.</p>					
17. Key Words Air Bag Motor Vehicle Traffic Accident Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 27	22. Price

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 93-05

FLEET - PRIVATE VEHICLE
LOCATION - ██████████, ILLINOIS

Summary

This report concerns a motor vehicle accident involving an air bag equipped 1990 Ford Taurus GL occurring on ██████████, 1992 at ██████████ p.m., in ██████████, Illinois on a city street. This crash was selected for investigation because the attending cardiologist indicated that the deploying air bag may have defibrillated the driver who was undergoing a cardiac ventricular fibrillation at the time of the crash.

The Taurus was traveling east in the eastbound lane of a two-lane, undivided city street when the driver lost consciousness and departed the south road edge at a shallow angle. The Taurus eventually impacted and sheared off a fire hydrant. The Taurus rotated counterclockwise after impact, traveled between a utility pole and a large tree, crossed both original travel lanes, struck the north curb, and came to rest facing north, with approximately half the vehicle over the curb and half in the westbound travel lane.

The front left bumper of the Taurus impacted the fire hydrant. Subsequently, the Taurus impacted the north curb. With no available vehicle photographs, the CDCs cannot be estimated. No reconstruction program was used on this collision.

The 1990 Ford Taurus GL was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (69 year-old male) was also restrained by the active, three-point lap and shoulder belt. He sustained a slight abrasion to the upper lip (AIS-1). The driver of the Taurus was listed on the Police Accident Report as sustaining a "C" (possible) injury as a result of this crash.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - ██████████, ILLINOIS
CASE NO. - 93-05

ACCIDENT DATA

Location/Street: City Street
City/Township: ██████████, ██████████ County, Illinois
Area/Type: Residential
Accident Date/Time: ██████████ 1992 ██████████ p.m.
Investigating Police Agency: ██████████ Police Department
Accident Type: Car - ran-off-road
Occupant Injury Severity (air bag vehicle): Abrasion upper lip (AIS-1)

AMBIENT CONDITIONS

Light conditions: Daylight (dusk conditions due to weather)
Weather Condition: Overcast
Precipitation: Rain
Road Surface: Wet

ROADWAY

Case Vehicle

Location: City street
Number of Travel Lanes: 2 lanes, undivided
Surface Type: Asphalt
Vertical alignment: Level
Horizontal alignment: Straight
Traffic Density: Moderate
Speed Limit: 48 k.p.h. (30 m.p.h.)
Traffic Controls: None

VEHICLES

	<u>Case Vehicle</u>
Year:	1990
Make:	Ford
Model:	Taurus GL
Body Type:	Station wagon, 4-door
V.I.N.:	1FACP57U2LG-----
Mileage:	Approximately 72,420 km (45,000 mi)
Securiflex windshield:	Unknown
Windshield damage/source:	None/driver
Fleet:	Private vehicle
Tow status:	Towed due to damage
Reported Defects:	None

VEHICLE DAMAGE

	<u>Case Vehicle</u>
<u>Deployment Impact</u>	
Object Struck:	Fire hydrant
Event number:	1
Damage location:	Front left bumper
CDC:	Unknown
Estimated Maximum Crush:	Unknown
Damage components:	Front bumper, engine cradle and mounts, left front tire and wheel assembly
Repair Estimate:	\$4,670.00
Interior damage:	None

Nondeployment Impact

Event number:	2
Object Struck:	Curb

VEHICLE DAMAGE (CONT'D.)**Case Vehicle****Nondeployment Impact**

Damage location:	Front
CDC:	Unknown
Estimated Maximum Crush:	Unknown
Damage components:	Unknown
Interior damage:	None

COLLISION SEQUENCE

According to the driver and the police accident report, the case vehicle was traveling east in the eastbound lane of a two-lane, undivided city street at a driver estimated speed of 40-48 k.p.h. (25-30 m.p.h.). The case vehicle was attempting to continue in its direction of travel when the driver lost consciousness and departed the south road edge (no curb) at a shallow angle. The police accident report indicated that the driver had experienced loss of consciousness prior to the date of this crash, but not while driving.

According to the driver and the police accident report, the front left of the case vehicle impacted and sheared off a fire hydrant. Subsequently, the case vehicle rotated counterclockwise, traveled between a utility pole and a large tree, crossed both original travel lanes, struck the north curb, and came to rest facing north, with approximately half the vehicle over the curb and half in the westbound travel lane.

According to the police accident report and the driver of the vehicle, the case vehicle was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact with the fire hydrant. The driver indicated that when he regained consciousness, his face was in the air bag. The police accident report and the driver both indicated that the driver was also restrained by the active, three-point lap and shoulder belt. The driver indicated that he sustained a slight abrasion to the upper lip.

SUPPLEMENTAL INFORMATION

The U.S. Department of Transportation, National Highway Traffic Safety Administration, supplied this contractor with the following supplemental information.

The case vehicle driver had suffered a heart attack in 1977. Since that time, the driver has been taking heart medication.

Although virtually uninjured from the vehicular crash, paramedics on-scene transported the driver to a hospital "just in case". Hospital personnel offered the driver an option of remaining at the hospital overnight or going home. The driver decided to remain at the hospital. That night the driver's

SUPPLEMENTAL INFORMATION (CONT'D.)

heart had a ventricular fibrillation, and he was resuscitated through electric shock. Within the next two days his heart again sustained ventricular fibrillation and required another electric shock. The driver eventually underwent quintuple bypass surgery and had a defibrillator (AICV) implanted.

The driver's cardiologist indicated that the driver was not ill at the time of the crash, and the doctor's only explanation for the driver's loss of consciousness was cardiac ventricular fibrillation (or arrhythmia). The doctor also indicated that ventricular fibrillation, once begun, will continue to death, unless stopped by, for example, a precordial impact (e.g., CPR). The cardiologist believes that the deploying air bag defibrillated the driver's heart.

DRIVER DATA

	<u>Case Vehicle</u>
Age:	69
Sex:	Male
Height:	180 centimeters (71 inches)
Weight:	92 kilograms (202 pounds)
Occupation:	Retired electrician (still does odd jobs)
Active Restraint System/Usage:	3-point lap and shoulder belt/used
Usage Source:	Driver and PAR
Eye glasses/contacts:	Glasses
Vehicle Familiarity:	24 months
Route Familiarity:	Daily (4-5 times/week)
Trip Plan:	Home to store (7-8 block trip)
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Treated and Released (for crash purposes); Hospitalized (precautionary) for heart condition

DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Abrasion upper lip	290202.1,8	Air bag

Appendix A:

Police Accident Report

TRAFFIC ACCIDENT REPORT

POLICE ACCIDENT NO. INCIDENT NUMBER

POLICE

ON Number or Name of Highway or Street

ROAD

COUNTY

TOWNSHIP OR CITY

IDOT USE ONLY

1 At Intersection With (Number or Name of Intersecting Highway or Street)

2 If Not At Intersection (Circle One) 200 or 300 Foot or Miles N E S W of (Nearest Highway, Street, Bridge, Milepost, or Other Landmark) DROVE

DATE OF ACCIDENT MO. DAY, YR

TIME OF ACCIDENT

DAY OF THE WEEK M T W T F S S

MOTOR VEHICLES INVOLVED

CIRCLE ONE OR MORE

TYPE OF REPORT

CIRCLE ONE OR MORE

- 1 Conventional
2 Deek
3 Animal
4 Private Property
5 Hit and Run
6 Supplementary
7 Fatal Injury
8 Property Damage
9 Arrest
5 Interstate/Expressway

PASSENGERS AND/OR WITNESSES

NAME Last First MI

ADDRESS

CITY STATE

1 M AGE TAKEN TO

UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE

NAME Last First MI

ADDRESS

CITY STATE

1 M AGE TAKEN TO

UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE

NAME Last First MI

ADDRESS

CITY STATE

1 M AGE TAKEN TO

UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE

NAME Last First MI

ADDRESS

CITY STATE

1 M AGE TAKEN TO

UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE

SAFETY EQUIPMENT USE

- 0 UNKNOWN NOT STATED
1 SAFETY BELTS USED
2 SAFETY BELTS NOT USED
3 HELMET USED
4 HELMET PRESENT NOT USED
5 CHILD RESTRAINT USED
6 CHILD RESTRAINT USED NOT BELTED
7 CHILD RESTRAINT PRESENT NOT USED
8 AIR BAG ACTIVATED

CIRCLE POINT OF CONTACT

APPROX COST TO REPAIR OR REPLACE

UNDER \$500

OVER \$500

COMM VEHICLE

1 Yes 2 No

SEATING IN VEHICLE

ENCLOSED PASSENGERS

EXPOSED PASSENGERS

CIRCLE POINT OF CONTACT

APPROX COST TO REPAIR OR REPLACE

UNDER \$500

OVER \$500

COMM VEHICLE

1 Yes 2 No

CODE FOR INJURY

Use only most serious one in each space for injury

K Dead before report made

O No indication of injury

A Severely bleeding wounds distorted member or had to be carried from scene

B Other visible injury as bruises abrasions minor cuts swelling etc

C No visible injury limping momentary unconsciousness or complaint of pain

IF WITNESS PLACE IN UNIT NO BOX

List additional passenger or witness information on a separate attached sheet

DRIVER'S NAME Last First MI DATE OF BIRTH MO. DAY, YR

1 MALE 69 TAKEN TO HOSPITAL

2 FEMALE SAF EOPT TAKEN BY INJ CODE

CITY/STATE/ZIP/PHONE

STATE CLASSIFICATION RESTRICTIONS Total Occ Unit 1 Including Driver

VEHICLE MAKE MODEL VEHICLE TYPE YEAR COLOR VEH REGIST

FORD TAURUS STW. WAGON 90 TAN

VEHICLE OWNER VEHICLE IDENTIFICATION NO

IFACP57U2LG

CITY/STATE/ZIP/PHONE TAG MO YEAR

VEHICLE REMOVED BY VEHICLE REMOVED TO

1 DRIVEN AWAY 2 TOWED AWAY

INSURANCE DATA POLICY HOLDER INSURANCE COMPANY POLICY NUMBER

DRIVER'S NAME PEDESTRIAN PEDALCYCLIST

DATE OF BIRTH MO. DAY, YR

1 MALE TAKEN TO

2 FEMALE SAF EOPT TAKEN BY INJ CODE

CITY/STATE/ZIP/PHONE

DRIVER'S ADDRESS

DRIVER'S LICENSE NUMBER STATE CLASSIFICATION RESTRICTIONS Total Occ Unit 2 Including Driver

VEHICLE MAKE MODEL VEHICLE TYPE YEAR COLOR VEH REGIST

VEHICLE OWNER VEHICLE IDENTIFICATION NO

CITY/STATE/ZIP/PHONE TAG MO YEAR

VEHICLE REMOVED BY VEHICLE REMOVED TO

1 DRIVEN AWAY 2 TOWED AWAY

INSURANCE DATA POLICY HOLDER INSURANCE COMPANY POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NAME OF OWNER OF PROPERTY ADDRESS OF OWNER

CITY OF MAPOLEVILLE

NATURE OF DAMAGE FIRE HYDRANT APPROX COST TO REPAIR OR REPLACE \$500.00 +

TIME NOTIFIED OF ACCIDENT TIME ARRIVED AT SCENE DATE NOTIFIED OF ACCIDENT DATE REPORT COMPLETED

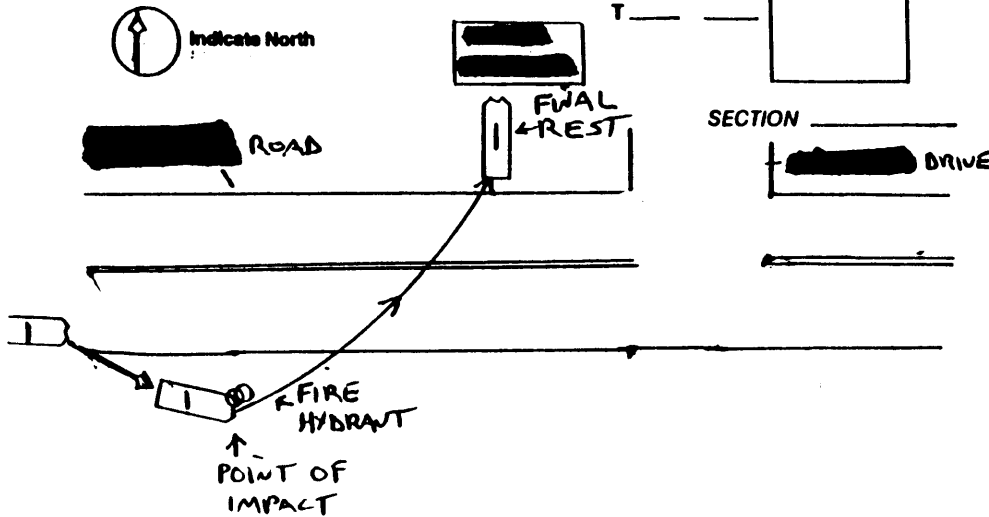
ARREST (NAME) Last First MI SECTION NUMBER TICKET NUMBER

ARREST (NAME) Last First MI SECTION NUMBER TICKET NUMBER

SIGNATURE OF INVESTIGATING OFFICER ID NUMBER BEA/ZONE COURT DATE

INDICATE BY DIAGRAM WHAT HAPPENED

Show Milepost, Identifier, and Distance and Direction, where applicable.



IDENTIFY STREETS AND HIGHWAYS BY NAME AND NUMBER

DRIVER OF UNIT 1 RELATED HE WAS TRAVELING EAST ON [REDACTED] APPROACHING [REDACTED] THE NEXT THING HE KNEW, HE WAS NOW OFF THE SIDE OF THE ROAD AND THE AIR BAG OF HIS VEHICLE HAD BEEN ACTIVATED. HE BELIEVES HE LOST CONSCIOUSNESS WHILE DRIVING WHICH CAUSED HIM TO STRIKE A FIRE HYDRANT. DRIVER 1 RELATED THAT HE IS CURRENTLY ON HEART MEDICATION. AND FURTHER, THAT HE HAS PASSED OUT BEFORE BUT NET WHILE HE WAS DRIVING.

Describe what happened - REFER TO UNITS BY NUMBERS

8 TYPE OF ACCIDENT 1 Pedestrian 2 Motor Vehicle in Traffic 3 Parked Motor Vehicle 4 Railroad Train 5 Pedalcyclist 6 Animal 7 Fixed Object 8 Other Object 9 Motorcycle 10 Moped 11 Other		9 TRAFFIC CONTROL 1 Stop Sign or Red Flasher 2 Stop and Go Light 3 Police Officer or Flagman 4 Railroad Crossing Gates 5 R R Flasher or Watchman 6 Warning Sign or Yellow Flasher 7 School Speed Zone 8 No Passing Zone 9 Other 10 No Control		10 ROADWAY DEFECTS 1 Construction Work Zone 2 Maintenance Work Zone 3 Utility Work Zone 4 Work Zone - Type Unknown 5 Shoulders (High Low Soft) 6 Ruts Holes Bumps 7 Loose Materials 8 Worn Polished Travel Surface 9 No Defects				
11 ROAD CHARACTER 1 Straight Level 2 Straight on-Grade 3 Straight Hillcrest 4 Curve Level 5 Curve on-Grade 6 Curve Hillcrest 11 Other		12 LIGHT 1 Daylight 2 Dawn 3 Dusk 4 Darkness 5 Darkness - Road Lighted		13 WEATHER 1 Clear 2 Raining 3 Snowing 4 Fog/Smog 5 Stealing 6 Blowing Dust		14 ROAD SURFACE COND 1 Dry 2 Wet 3 Snow/Ice 4 Muddy 5 Oily 6 Other		
15 VEHICLE MANEUVER 1 22 Going Straight Ahead 2 23 Passing 3 24 Making Right Turn 4 25 Making Left Turn 5 26 Making U Turn 6 27 Slowing or Stopping 7 28 Starting in Traffic Lane 8 29 Starting from Parked Position 9 30 Stopped in Traffic 10 31 Parked 11 32 Backing 12 33 Changing Lanes 13 34 Avoiding Pedestrian 14 35 Avoiding Other Vehicles 15 36 Avoiding Animals 16 37 Avoiding Previous Accident 17 38 Sludding Before Braking 18 39 Sludding After Braking 19 40 Crowded off Roadway 20 41 Driverless Moving Vehicle 21 42 Other LEAVING ROAD			16 VEHICLE CONDITION 1 9 No Apparent Defects 2 10 Lights Defective 3 11 Brakes Defective 4 12 Steering Defective 5 13 Puncture - Blowout 6 14 Worn or Sick Tree 7 15 Motor Trouble 8 16 Other Defects		17 ROADWAY LANES 1 8 One Lane 2 9 Two Lanes 3 10 Three Lanes 4 11 Four Lanes 5 12 Five Lanes or more 6 13 Unpaved any width 7 14 One Way			
20 APP. PHY. CONDITION 1 13 Previous Injury/Disability 2 14 Illness - Temporary 3 15 Fatigued - Asleep 4 16 Medicated 5 17 Normal 6 18 Emotionally Upset 7 19 Distraction - In or Outside 8 20 Preoccupied 9 21 Age 10 22 Condition Unknown 11 23 Other UNCONSCIOUS 12 24 Had Been Drinking			21 CHEMICAL TEST 1 4 Test Offered Taken 2 5 Test Offered Refused 3 6 Test Not Offered		13 VISION OBSCURED 1 13 Not Obscured 2 14 Hail, Snow, Ice on Windshield 3 15 Trees, Crops, Bushes 4 16 Buildings 5 17 Embankment 6 18 Sign Board 7 19 Hillcrest 8 20 Parked Vehicle(s) 9 21 Moving Vehicle(s) 10 22 Blinded by Headlights 11 23 Blinded by Sunlight 12 24 Other		19 PED /PEDALCYCLIST ACTION 1 Crossing at Intersection with Signal 2 Crossing at Intersection Against Signal 3 Crossing at Intersection No Signal 4 Crossing Not at Intersection 5 Coming From Behind Parked Vehicle 6 Walking/Hiding in Roadway With Traffic 7 Walking/Hiding in Roadway Against Traffic 8 Playing in Roadway 9 Working in Roadway 10 Not in Roadway 11 Other 12 Getting on or off School Bus	
23 ALCOHOL TEST RESULTS 1 Driver No 2 0 0			22 ALCOHOL TEST 1 6 Blood 2 7 Breath 3 8 Urine 4 9 Saliva 5 10 Tissue		24 MISC INFORMATION Traffic Control/Sign Visible? Yes/No Controls Functioning? Yes/No Did Fire Occur? 1 Yes (No) 2 Yes/No Tested for Drugs? 1 Yes (No) 2 Yes/No			
25 POLICE AGENCY USE ONLY APPARENT VIOLATIONS UNIT: IMPROPER LANE USAGE (DUE TO MEDICAL REASON)								

TRAFFIC ACCIDENT REPORT

POLICE ACCIDENT NO _____ INCIDENT NUMBER _____

DO NOT USE ONLY

ON Number or Name of Highway or Street: **ROAD**
COUNTY: **DWAGE**

1 At Intersection With _____ (Number or Name of Intersecting Highway or Street)

2 If Not At Intersection: (Circle One) **W** of _____ **DRIVE**
(Nearest Highway, Street, Bridge, Milepost, or Other Landmark)

DRIVER'S NAME: Last _____ First _____ MI _____ DATE OF BIRTH: MO _____ DAY _____ YR _____
 1 MALE TAKEN TO _____
 2 FEMALE TAKEN BY _____ INJ CODE _____
 SAF EOPT _____
 DRIVER'S ADDRESS: CITY/STATE/ZIP/PHONE _____
 DRIVER'S LICENSE NUMBER: STATE _____ CLASSIFICATION _____ RESTRICTIONS _____ Total Occ Unit 1 Including Driver _____
 VEHICLE MAKE _____ MODEL _____ VEHICLE TYPE _____ YEAR _____ COLOR _____ VEH REGIST _____
 VEHICLE OWNER: VEHICLE IDENTIFICATION NO _____ STATE _____
 OWNER'S ADDRESS: CITY/STATE/ZIP/PHONE _____ TAG MO _____ YEAR _____
 VEHICLE REMOVED BY: VEHICLE REMOVED TO _____ 1. DRIVEN AWAY _____ 2. TOWED AWAY _____
 INSURANCE DATA: POLICY HOLDER _____ INSURANCE COMPANY _____ POLICY NUMBER _____

DRIVER'S NAME PEDESTRIAN PEDALCYCLIST
 Last _____ First _____ MI _____ DATE OF BIRTH: MO _____ DAY _____ YR _____
 1 MALE TAKEN TO _____
 2 FEMALE TAKEN BY _____ INJ CODE _____
 SAF EOPT _____
 DRIVER'S ADDRESS: CITY/STATE/ZIP/PHONE _____
 DRIVER'S LICENSE NUMBER: STATE _____ CLASSIFICATION _____ RESTRICTIONS _____ Total Occ Unit 2 Including Driver _____
 VEHICLE MAKE _____ MODEL _____ VEHICLE TYPE _____ YEAR _____ COLOR _____ VEH REGIST _____
 VEHICLE OWNER: VEHICLE IDENTIFICATION NO _____ STATE _____
 OWNER'S ADDRESS: CITY/STATE/ZIP/PHONE _____ TAG MO _____ YEAR _____
 VEHICLE REMOVED BY: VEHICLE REMOVED TO _____ 1. DRIVEN AWAY _____ 2. TOWED AWAY _____
 INSURANCE DATA: POLICY HOLDER _____ INSURANCE COMPANY _____ POLICY NUMBER _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE

NATURE OF DAMAGE: **TORN UP GRASS AND TIRE TRACKS**
 APPROX COST TO REPAIR OR REPLACE: **50.00**

TIME NOTIFIED OF ACCIDENT: _____ TIME ARRIVED AT SCENE: _____ DATE NOTIFIED OF ACCIDENT: MONTH _____ DAY _____ YEAR _____ DATE REPORT COMPLETED: MONTH _____ DAY _____ YEAR _____
 ARREST (NAME): Last _____ First _____ MI _____ SECTION NUMBER _____ TICKET NUMBER _____
 ARREST (NAME): Last _____ First _____ MI _____ SECTION NUMBER _____ TICKET NUMBER _____
 SIGNATURE: _____ ID NUMBER _____ BEAD/ON _____ COURT DATE _____

DATE OF ACCIDENT: MO _____ DAY _____ YR _____
 TIME OF ACCIDENT: _____ AM _____ PM _____
 DAY OF THE WEEK: M T W T F S S _____
 MOTOR VEHICLES INVOLVED: **1**

CIRCLE ONE OR MORE TYPE OF REPORT CIRCLE ONE OR MORE
 1 Conventional
 2 Death
 3 Animal
 4 Private Property
 5 Hit and Run
 6 Supplementary
 1 Fatal Injury
 2 Property Damage
 3 Arrest
 4 Interstate/Expressway

CIRCLE POINT OF CONTACT: **(1)**
 APPROX COST TO REPAIR OR REPLACE:
 UNDER \$500
 OVER \$500
 COMM VEHICLE: 1. Yes 2. No

SEATING IN VEHICLE:

1	2	3
4	5	6
7 ENCLOSED PASSENGERS		

 EXPOSED PASSENGERS: **(1)**

CIRCLE POINT OF CONTACT: **(1)**
 APPROX COST TO REPAIR OR REPLACE:
 UNDER \$500
 OVER \$500
 COMM VEHICLE: 1. Yes 2. No

CODE FOR INJURY: Use only most serious one in each space for injury
 K Dead before report made
 D No indication of injury
 A Severely bleeding wounds described member or part to be carried from scene
 B Other visible injury as bruises abrasions minor cuts swelling etc
 C No visible injury implying momentary unconsciousness or complaint of pain

IF WITNESS PLACE W IN UNIT NO BOX
 List additional passenger or witness information on a separate attached sheet

PASSENGERS AND/OR WITNESSES
 NAME: Last _____ First _____ MI _____
 ADDRESS: _____
 CITY: _____ STATE _____
 1 M AGE _____ TAKEN TO _____
 2 F _____
 UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE
 NAME: Last _____ First _____ MI _____
 ADDRESS: _____
 CITY: _____ STATE _____
 1 M AGE _____ TAKEN TO _____
 2 F _____
 UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE
 NAME: Last _____ First _____ MI _____
 ADDRESS: _____
 CITY: _____ STATE _____
 1 M AGE _____ TAKEN TO _____
 2 F _____
 UNIT NO SEAT POS SAF EOPT TAKEN BY INJ CODE

SAFETY EQUIPMENT USE
 0 UNKNOWN NOT STATED
 1 SAFETY BELTS USED
 2 SAFETY BELTS NOT USED
 3 HELMET USED
 4 HELMET PRESENT NOT USED
 5 CHILD RESTRAINT USED
 6 CHILD RESTRAINT USED-NOT BELTED
 7 CHILD RESTRAINT PRESENT NOT USED
 8 AIR BAG ACTIVATED

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Appendix B:

NASS CDS Accident Form



ACCIDENT FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9305</u></p>	<p>SPECIAL STUDIES - INDICATORS</p> <p>Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.</p> <p>6. ___ SS14 Fatal AOPS <u>0</u></p> <p>7. ___ SS15 Administrative Use <u>0</u></p> <p>8. ___ SS16 _____ <u>0</u></p> <p>9. ___ SS17 _____ <u>0</u></p> <p>10. ___ SS18 _____ <u>0</u></p>
IDENTIFICATION	
<p>3. Number of General Vehicle Forms Submitted <u>01</u></p> <p>4. Date of Accident (Month, Day, Year) <u>[redacted] 19 [redacted] 2</u></p> <p>5. Time of Accident <u>[redacted]</u></p> <p>Code reported military time of accident.</p> <p>NOTE: Midnight = 2400 Unknown = 9999</p>	<p style="text-align: center;">NUMBER OF EVENTS</p> <p>11. Number of Recorded Events in This Accident <u>02</u></p> <p>Code the number of events which occurred in this accident.</p>

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>62</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. <u>01</u>	21. <u>03</u>	22. <u>F</u>	23. <u>63</u>	24. <u>00</u>	25. <u>0</u>
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

Appendix C:

NASS CDS General Vehicle Form



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9305
 3. Vehicle Number 01

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

VEHICLE IDENTIFICATION

4. Vehicle Model Year 90
 Code the last two digits of the model year
 (99) Unknown

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

5. Vehicle Make (specify): 12
FORD
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

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

Source: _____

6. Vehicle Model (specify): 017
TAURUS GL
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (999) Unknown

ACCIDENT RELATED

7. Body Type 06
 Note: Applicable codes may be found on
 the back of this page.

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

8. Vehicle Identification Number
1FACP57U2LG
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nine's

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

OFFICIAL RECORDS

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

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

15. Accident Type 01
 Applicable codes may be found on the
 back of page two of this field form
 (00) No impact
 Code the number of the diagram that
 best describes the accident circumstance
 (98) Other accident type (specify):
 (99) Unknown

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

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 01

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

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

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

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,470
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3,244 lbs X .4536 = 1,471 kgs

 Source: _____
- 20. Vehicle Cargo Weight 0000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

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

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

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

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

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

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
- 22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
- 23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
- 27. Heading Angle For This Vehicle 998
 - 28. Heading Angle For Other Vehicle 998

29. Basis for Total Delta V (highest) 5

Delta V Calculated

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

Delta V Not Calculated

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

32. Lateral Component of Delta V Secondary Highest
 $\begin{matrix} + \\ - \end{matrix} \underline{999}$

_____ Nearest kph _____

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

33. Energy Absorption 999.9 00

_____ Nearest 100 joules _____

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

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

- (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

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

999

_____ Nearest kph _____

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

31. Longitudinal Component of Delta V

$\begin{matrix} + \\ - \end{matrix} \underline{999}$

_____ Nearest kph _____

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

35. Type of Vehicle Inspection C

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

36. Is this an AOPS Vehicle? 1

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

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

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

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

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

39. Other Drug Specimen Test Type For Driver 0
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

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

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

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

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

PRECRASH DATA (Continued)

65. Critical Precrash Event 98

This Vehicle Loss of Control Due To:

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

(98) Other critical precrash event (specify):

Unconsciousness, heart problem

(99) Unknown

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

66. Precrash Stability After Avoidance Manuever 0

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

67. Precrash Directional Consequences of Avoidance Manuever (Corrective Action) 0

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

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

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

Appendix D:

NASS CDS Interview Form



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9305</u>	
3. Vehicle Number <u>01</u>	

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

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

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

IT WAS NOT AN ABNORMAL DAY, A [REDACTED] HE WAS TIRED FROM WORKING THE PREVIOUS THREE OR FOUR DAYS - ALTHOUGH RETIRED, HE DID OLD JOBS AS AN ELECTRICIAN. HE WAS ENROUTE TO A STORE FROM HOME, A TRIP OF 7 OR 8 BLOCKS. HE WAS WITHIN TWO OR THREE BLOCKS OF THE STORE, AND THE NEXT THING HE KNEW WAS THAT THE CAR WAS NOT MOVING AND HIS FACE WAS AGAINST THE AIRBAG. HIS FIRST THOUGHT WAS "WHAT HAPPENED?" AFTER BEING RELEASED FROM THE HOSPITAL SOME 11 DAYS LATER, HE RETURNED TO THE CRASH SCENE TO SEE WHAT HAPPENED. HIS VEHICLE'S OFF-ROAD TRAVEL PATH WAS STILL VISIBLE. HIS VEHICLE EXITED THE SOUTH ROAD EDGE AT A SHALLOW ANGLE, EVENTUALLY STRIKING AND SHEARING OFF A FIRE HYDRANT. THAT IMPACT CAUSED THE VEHICLE TO ROTATE COUNTERCLOCKWISE. THE VEHICLE THEN TRAVELLED BETWEEN A UTILITY POLE AND A LARGE TREE, CROSSED BOTH TRAVEL LANES, STUCK THE NORTH CURB AND CAME TO REST - FACING NORTH, WITH HALF THE VEHICLE OVER THE CURB AND HALF IN THE WESTBOUND LANE. THE DRIVER'S GLASSES HAD FALLEN OFF SOMETIME DURING THE CRASH SEQUENCE AND FELL TO THE GROUND AS HE EXITED THE VEHICLE. A WITNESS CAME UP AND ASKED THE DRIVER IF HE WAS O.K. THE DRIVER SAID YES AND THE WITNESS LEFT TO TELEPHONE EMERGENCY RESPONSE AGENCIES.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

VEHICLE TRAVELING 25-30 MPH PRIOR TO BLACKOUT. NO CURB ON SOUTH SIDE, CURB ON NORTH SIDE. LF BUMPER DAMAGED, LF TIRE FLAT, LF TIRE & WHEEL ASSEMBLY DAMAGED, ENGINE CRANKLE AND MOUNTS DAMAGED. BLACKOUT CAUSED CRASH. POSTURE NORMAL, SEAT TOWARD REAR OF RAILS - SPLIT BENCH - LF DOOR SPRUNG OPEN - HEAD RESTRAINT ADJUSTED 1/2-WAY UP - ALONE IN VEHICLE - GOT \$4600 CHECK FROM INS CO - VEHICLE REPAIRED - NO PHOTOS OF VEHICLE - HAD TWO MORE FIBRILLATIONS IN HOSP - HIT WITH ELECTRIC SHOCK TWICE - S BYPASS SURGERY, PLUS IMPLANT DEFIBRILLATOR - NO RECOGNITION OF BLACKOUTS - BELIEVES AIRBAG STARTED HEART AGAIN AND SAVED HIS LIFE.



INTERVIEW FORM (B)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9305</u>	
3. Vehicle Number <u>01</u>	

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

- North South East West

(Optional - Where were you coming from or going to?)
FROM HOME TO A STORE

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

- (1) (2) (3) (4) Other (specify):

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

- Stopped 1-10 10-20
 20-30 30-40 40-50
 50-60 60-70 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

- Going straight Stopped
 slowing Accelerating
 Turning left Turning right
 Changing lanes to left Changing lanes to right
 Backing
 Other (specify):

5. Did you experience any loss of control due to weather conditions or mechanical problems?

- No
 Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

- No - Go to question 7
 Yes - Go to question 6a

6a. What actions did you take?

- Braking with lock-up
 Braking without lock-up
 Releasing brakes
 Accelerating
 Steering left
 Steering right
 Other (specify):

7. Where was your vehicle at the time of the collision?

- Original travel lane Different travel lane
 In intersection Off roadway to right
 Off roadway to left
 Other (specify):

* WAS UNCONSCIOUS AT TIME OF IMPACTS
8. Was your travel speed at the time of the collision different from your previous travel speed?

- No
 Lower
 higher
 Unknown

8a. Can you estimate your speed at the time of the collision? No

- Stopped 1-10 10-20
 20-30 30-40 40-50
 50-60 60-70 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

NO

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

1ST = FIRE HYDRANT, 2ND = NORTH CURB

* WAS UNCONSCIOUS AT TIME OF IMPACTS - LEARNED THIS INFO LATER

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9305 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1990 FORD TAURUS STATION WAGON
 Year Make Model

2. Can you describe the damage to your vehicle?

FRONT LEFT BUMPER, FLOORING CRANK, FLOORING ADJUSTS, LF TIRE AND WHEEL ASSEMBLY

3. Was there any previous damage to your vehicle that is not related to this accident?

No
 Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

No
 Yes (If "Yes", describe below)
LF DOOR

5. Did any of the windows break during the accident?

No
 Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

No
 Yes

6a. Did the glove compartment door come open during the accident?

No
 Yes
 Unknown

7. Does your vehicle have "seat belts"?

No (If "No", go to question 7b)
 Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Front seat middle	<input checked="" type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Front seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat left	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat middle	<input checked="" type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder

(Identify seat belts for third row and beyond)

N/A

7b. Were any of the belts removed or not functional prior to the accident?

No
 Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

No (If "No", go to question 9)
 Yes (If "Yes", what seat location?)
 Left Front
 Right Front

8a. Were the motorized belts working properly before the accident?

No (If "No", describe condition below)
 Yes

8b. Were the belts connected to the track prior to the accident?

No
 Yes
 Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

No (go to question 10)
 Yes

9a. Does this belt come across the _____?

Chest only
 Lap and chest

9b. Was this belt connected prior to the accident?

No
 Yes
 Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

No (go to question 11)
 Yes (go to question 10a)
 Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

No (go to questions 10b and 10c)
 Yes (go to question 10e)

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9305

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe previous condition)

 Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

 No (go to question 11) Yes (go to question 10d) Unknown

10d. Was the air bag re-installed after the accident?

 No (go to question 11) Yes Unknown

10e. Did the air bag inflate as you expected?

 No (If "No" describe below) Yes Unknown

11. Is your vehicle equipped with a passenger side air bag?

 No (If "No", go to question 12) Yes (If "Yes", go to question 11a) Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

 No (go to question 11b) Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

 No Yes (If "Yes", describe below)

 Unknown

11c. Was the passenger air bag inflated in a previous accident?

 No (go to question 12) Yes (go to question 11d) Unknown

11d. Was the passenger air bag re-installed after the accident?

 No (go to question 12) Yes Unknown

11e. Did the passenger air bag inflate as you expected?

 No (If "No" describe below) Yes Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

 No (If "No", go to question 13) Yes Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

 Infant Toddler Convertible Booster Other (specify): _____ Unknown

12c. Where was the child safety seat(s) located?

 [12] [13] [21] [22] [23] [31] [32] [33] [Other] (specify): _____

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

 Rear facing Forward facing Other (specify): _____ Unknown

12e. Was a seat belt used to hold the child seat in place?

 No (If "No", go to question 12g) Yes (If "Yes", go to question 12f) Unknown

12f. Can you describe how the seat belt was secured to the child seat?

 Looped through designated rear framing struts? Looped through arm rest slots? Belt across safety shield? Looped through rear frame outside the designated framing struts? Other (specify): _____ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

 Harness Shield Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9305 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

OPTIONAL

12h. Were any of these items added after you owned the child safety seat?

- Yes (specify _____)
- No
- Unknown

12i. Were any of these items used during the accident?

- Yes (If "Yes", check all that apply)
 - Harness
 - Shield
 - Tether strap
- No
- Unknown

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

ALREADY REPAIRED

16. May I take a look at your vehicle to assess the damage?

- No
- Yes

DRIVER ONLY

17. What race do you consider yourself?

- White
- Black
- American Indian, Eskimo or Aleut, Asian or Pacific Islander
- Other (specify: _____)
- Unknown.

18. Are you of hispanic origin?

- No
- Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

- No (If "No", go to question 14)
- Yes (If "Yes", go to question 13a)
- Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

≈ 45,000 miles

* AT TIME OF CRASH

1. Primary Sampling Unit Number LC

3. Vehicle Number 01

2. Case Number - Stratum 9305

4. Occupant Number 01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?
 No (If "No", go to question 4)
 Yes (If "Yes", specify number in question 2 below and then go to question 3)
 Unknown

2. How many?
 [1] One other person
 [2] Two other persons
 [3] Three other persons
 [4] Four other persons
 [5] Five other persons
 [6] Six other persons
 [7] Seven or more other persons (specify number:)

3. Where was this person sitting? (Circle seating positions)

- | | | |
|----------------------------|------|------|
| | [12] | [13] |
| [21] | [22] | [23] |
| [31] | [32] | [33] |
| [] Other (specify): _____ | | |

5d. Were you (Was he/she)
 Sitting upright or
 Leaning to left side, or
 Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?
 No (If "No", go to question 7)
 Yes (If "Yes", go to question 6a)
 Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?
 No
 Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?
 No (If "No", go to question 8)
 Yes
 Unknown

7a. Were you (Was he/she) wearing the
 Lap belt?
 Lap and Shoulder belt?
 Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?
 Across the stomach
 Low on lap
 Other (specify:)
 Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?
 Over the shoulder
 Under the arm
 Behind the back
 Behind the seat
 Other (specify:)

7d. Did any part of the belt system break or tear?
 No
 Yes (If "Yes", describe)
 Unknown

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?
 Height 5'11" Weight 202 Age 69
 Sex: Male [] Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

NORMAL POSTURE

5a. Can you describe the location of your (his/her) feet just prior to the collision?

ON FLOOR AND ACCELERATOR PEDAL

5b. Can you describe the location of your (his/her) arms?

DID NOT ASK

5c. Was your (his/her) back resting against the seat back rest?
 No (If "No", describe the position)

Yes
 Unknown

OCCUPANT ENTRAPMENT

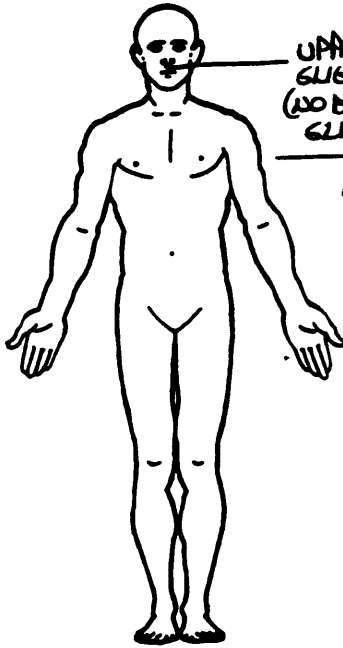
8. Were you (Was he/she) trapped in the vehicle?
 No
 Yes (If "Yes", describe)
 Unknown

PSU Number 10 Case Number-Stratum 9305 Vehicle Number 01 Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

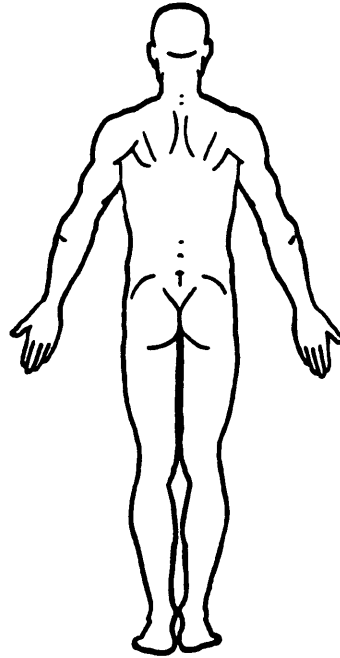
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES

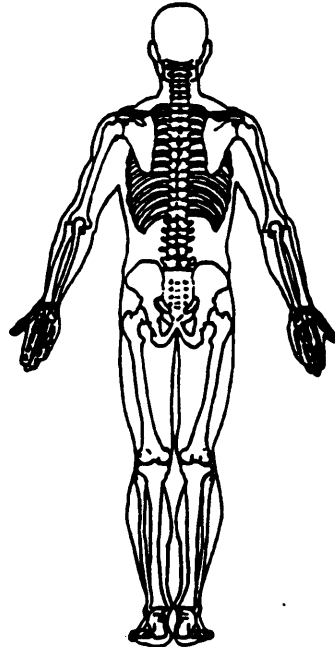
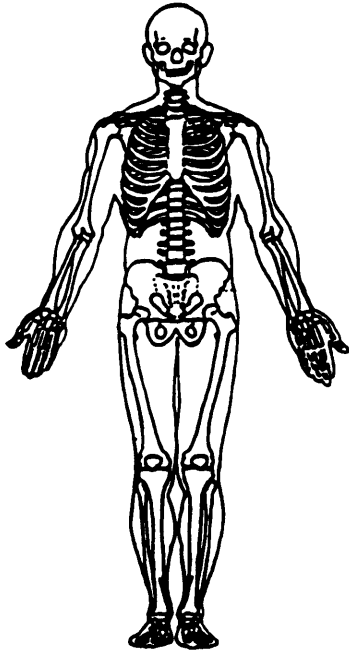


UPPER LIP
SLIGHT ABRASION
(NO BLEED, NO SCABBING)
SLIGHT REDNESS

AIRBAG



SKELETAL INJURIES



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

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9305

3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT INJURY DATA QUESTIONS

- 1. Were you (Was he/she) injured?
 No (If "No", go to next occupant. Stop if no other occupant.)
 Yes (If "Yes", complete Occupant Injury Questions)
 Unknown
- 2. Did you (he/she) receive any cuts, abrasions, or bruises?
 No (go to question 3)
 Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
 Unknown
- 2a. Do you know what caused your (his/her) injury(s)?
 No
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
 Unknown
- 3. Did you (he/she) experience any broken bones?
 No (If "No", go to question 4)
 Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
 Unknown
- 3a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
 Unknown
- 4. Did you (he/she) injure your (his/her) head?
 No (If "No", go to question 5)
 Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
 Unknown
- 4a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 5. Were any of your (his/her) internal organs injured?
 No (If "No", go to question 6)
 Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
 Unknown

- 5a. Do you know what caused this injury?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 6. Did you (he/she) suffer any joint sprains or muscle strains?
 No (If "No", go to question 7)
 Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
 Unknown
- 6a. Do you know what caused the injury(s)?
 No
 Yes (If "Yes", specify the component(s) on the manikin(s).)
 Unknown
- 7. Did you (he/she) receive treatment for your (his/her) injury(s)?
 No (If "No", go to question 8) *NOT FOR CRASH INJURIES BUT FOR HEAVY PROBLEMS*
 Yes (If "Yes", go to question 7a)
- 7a. Were you (Was he/she) treated by:
 Hospital/trauma center? (specify hospital name):
* NOT FOR CRASH INJURIES
 Medical clinic
 Out patient surgery? (specify medical facility:)
 Paramedics or first aid at the scene?
 A doctor in his/her office?
 Treated at home?
 None of the above, go to question 8.
- 7b. Were you (Was he/she) treated and released from the emergency room?
 No (If "No", go to question 7c.)
 Yes (If "Yes", go to question 7e.)
- 7c. Were you (Was he/she) hospitalized?
 No (If "No", give an explanation)
 Yes (If "Yes", go to question 7d.)

- 7d. How many days were you (was he/she) in the hospital?
11 days

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9305</u>	4. Occupant Number	<u>01</u>

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

No

Yes (If "Yes", describe:)

FOR HEART PROBLEMS

Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

No

Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

No

Yes (If "Yes", determine the number of days lost)

(Specify: *

Not working prior to the accident

Unknown

* RETIRED BUT DOES OCCASIONAL
ODD JOBS

Appendix E:

NASS CDS Occupant Assessment Form



OCCUPANT ASSESSMENT FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9305</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p>	<h3 style="text-align: center; background-color: black; color: white; margin: 0;">OCCUPANT'S SEATING</h3> <p>10. Occupant's Seat Position <u>11</u></p> <p><i>Front Seat</i></p> <p>(11) Left side (12) Middle (13) Right side (14) Other (specify): _____ (15) On or in the lap of another occupant</p> <p><i>Second Seat</i></p> <p>(21) Left side (22) Middle (23) Right side (24) Other (specify): _____ (25) On or in the lap of another occupant</p> <p><i>Third Seat</i></p> <p>(31) Left side (32) Middle (33) Right side (34) Other (specify): _____ (35) On or in the lap of another occupant</p> <p><i>Fourth Seat</i></p> <p>(41) Left side (42) Middle (43) Right side (44) Other (specify): _____ (45) On or in the lap of another occupant</p> <p>(97) In or on unenclosed area (98) Other seat (specify): _____ (99) Unknown</p>
OCCUPANT'S CHARACTERISTICS	
<p>5. Occupant's Age <u>69</u> Code actual age at time of accident. (00) Less than one year old (specify by month): _____ (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>180</u> Code actual height to the nearest centimeter. (999) Unknown <u>71</u> inches X 2.54 = <u>180</u> centimeters</p> <p>8. Occupant's Weight <u>092</u> Code actual weight to the nearest kilogram. (999) Unknown <u>202</u> pounds X .4536 = <u>092</u> kilograms</p> <p>9. Occupant's Role <u>1</u> (1) Driver (2) Passenger (9) Unknown</p>	<p>11. Occupant's Posture <u>9</u></p> <p>(0) Normal posture</p> <p><i>Abnormal posture</i></p> <p>(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</p>

EJECTION/ENTRAPMENT

12. Ejection

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

15. Medium Status (Immediately Prior To Impact)

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

13. Ejection Area

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

16. Entrapment

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

14. Ejection Medium

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

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

- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 0 4

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

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

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

19. Proper Use of Manual (Active) Belts 1

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

Belt Used Improperly

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

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

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

(6) Broken retractor

(7) Combination of above (specify): _____

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

(9) Unknown

21. Air Bag System Availability/Function 1

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

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

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

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

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

(9) Unknown

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

24. Police Reported Restraint Use 5

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

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 9

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

26. Seat Type (this Occupant Position) 99

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

27. Seat Performance (this Occupant Position) 9

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

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

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

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

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

30. Child Safety Seat Orientation 0 0
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

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

 (19) Unknown orientation

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

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

 (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

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

35. Treatment - Mortality 4

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 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

37. Hospital Stay 0 0

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

* for heart surgery

38. Working Days Lost 9 7

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 60 THROUGH 65 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 0 0

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

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

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

(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 1

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

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function 0
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

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

45. Automatic (Passive) Belt System Use 0
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 (3) Automatic belt use unknown
 (9) Unknown

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

47. Proper Use of Automatic (Passive) Belt System 0
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

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

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

49. Seat Orientation (this Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 0 2
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) - HCO₃ 0 1
 (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

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

UPDATE CANDIDATE? NO YES

Appendix F:

NASS CDS Occupant Injury Form



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9305</u>	4. Occupant Number <u>01</u>

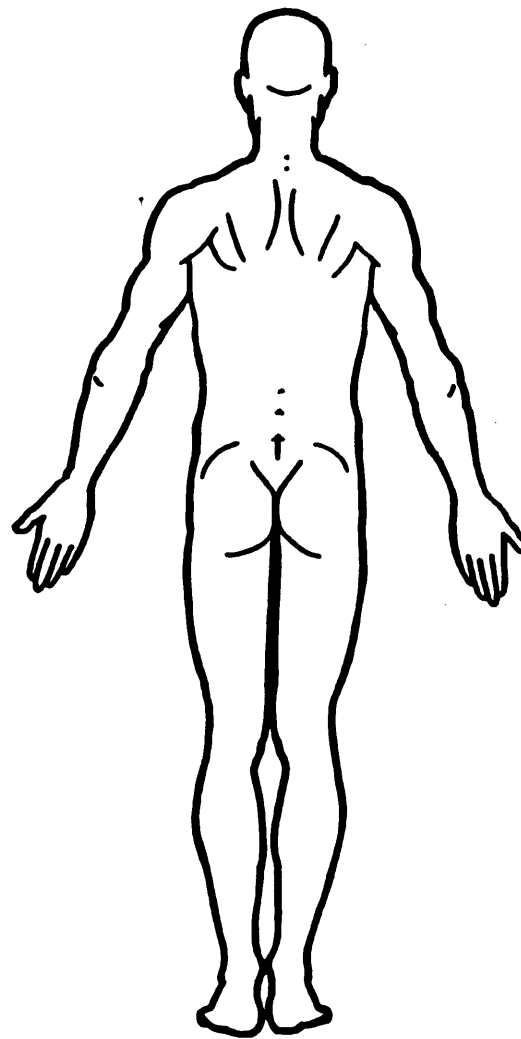
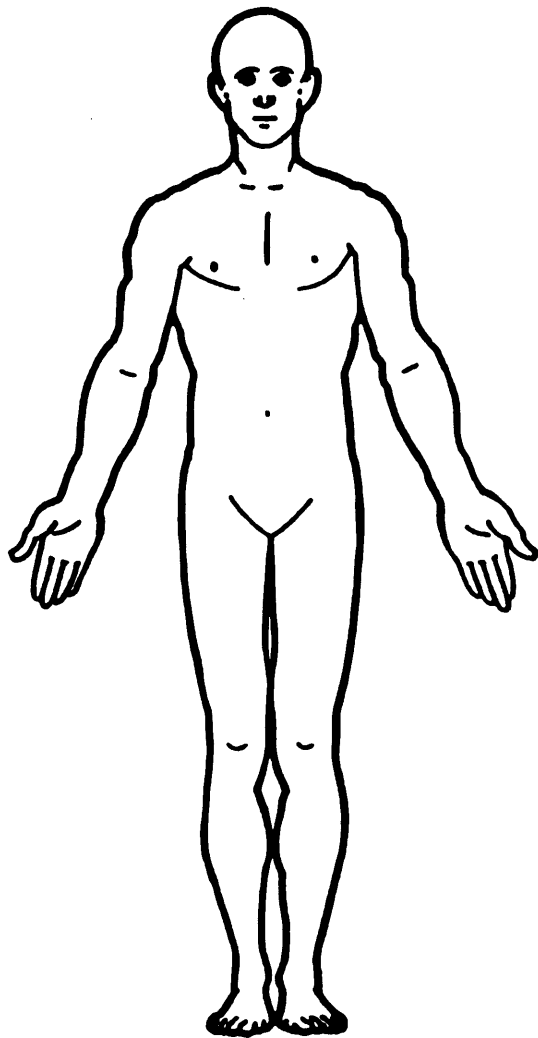
INJURY DATA

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

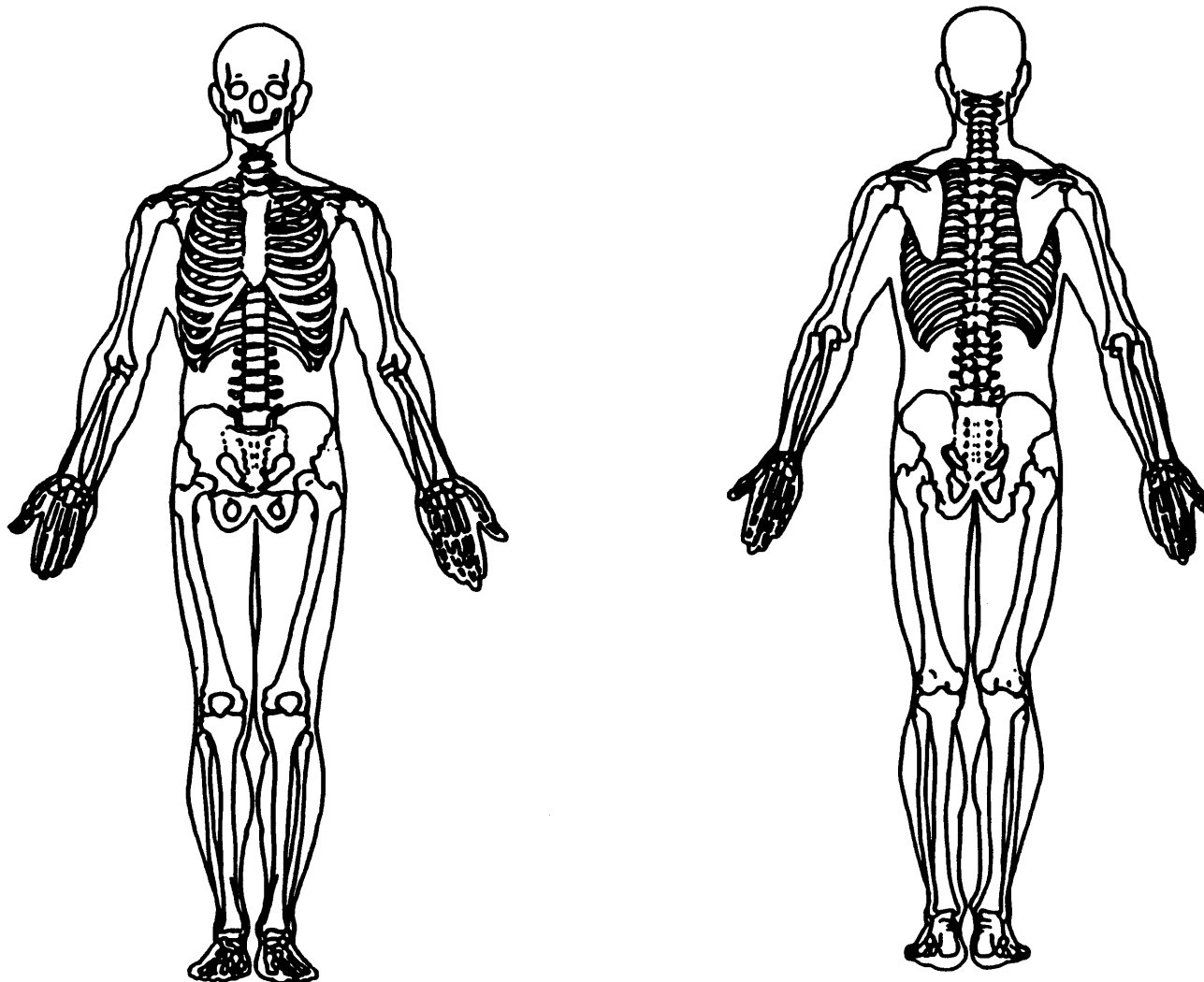
pH = _____

PO₂ = _____

PCO₂ = _____

HCO₃ = _____

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



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.)

