



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** **



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

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 93-06
FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]
ACCIDENT DATE - [REDACTED] 1991

Submitted By:

[REDACTED]
[REDACTED]

Revised Submissions:

[REDACTED]

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 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. 93-06		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Report Fleet - Private Vehicle Location - [REDACTED]				5. Report Date [REDACTED]/93; [REDACTED]/93; [REDACTED]/94	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 93-06, Task 0006	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED]				10. Work Unit No. (TRAVIS)	
				11. Contract or Grant No. DTNH22-93-Q-07224	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered [REDACTED] 1991	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag deployment report involving a 1990 Ford Taurus sedan					
16. Abstract This report covers a remote investigation of an air bag deployment crash that involved a 1990 Ford Taurus sedan and a 1987 Honda Accord sedan. The Taurus was traveling north in the left-hand northbound lane on a four-lane, undivided State roadway when it entered a signalized, four-leg intersection, intending to turn left (westbound). The case vehicle impacted the Accord causing the driver side supplemental restraint (air bag) to deploy. The driver of the Taurus was wearing the available, three-point lap and shoulder belt. The driver, who had her right arm diagonally across the steering wheel (i.e., right hand at approximately the 11 o'clock upright position) at the time of deployment, sustained a severe comminuted fracture to the olecranon process of the ulna (AIS-3), comminuted fractures to the midshaft of the ulna (AIS-3) and humerus (AIS-3), dislocation of the radial head at the right elbow (AIS-1), compression injury to the right median nerve (AIS-1), and contusions to her face, chest, and knees (AIS-1) as a result of this crash.					
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 45	22. Price

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 93-06

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]

Summary

This report concerns a motor vehicle accident involving an air bag equipped 1990 Ford Taurus sedan and a 1987 Honda Accord sedan occurring on [REDACTED] 1991 at [REDACTED] a.m., in [REDACTED] on a State road.

The Taurus was traveling north in the left-hand northbound lane on a four-lane, undivided State roadway when it entered a signalized, four-leg intersection intending to turn left (westbound) and impacted the Accord which was traveling south in the right-hand southbound lane on the same roadway. The Ford rotated slightly counterclockwise after impact and probably came to rest in the middle of the intersection in the southbound lanes, facing west. The Honda probably rotated slightly clockwise after impact and came to rest south of the intersection, facing south.

The front center of the Taurus impacted the front left of the Accord. Based upon the newspaper photograph submitted to NHTSA, Office of Research and Development--Appendix A, the CDC is estimated as 01-FDEW-1 for the Ford. The CDC cannot be estimated for the Honda. No reconstruction program was used on this collision.

The 1990 Ford Taurus was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (52 year-old female) was also restrained by the active, three-point lap and shoulder belt. The driver, who had her right arm diagonally across the wheel (i.e., right hand at approximately the 11 o'clock upright position) at the time of deployment, sustained a severe comminuted fracture to the olecranon process of the ulna (AIS-3), comminuted fractures to the mid-shaft of the ulna (AIS-3) and humerus (AIS-3), dislocation of the radial head at the right elbow (AIS-1), compression injury to the right median nerve (AIS-1), and contusions to her face, chest, and knees (AIS-1). The driver of the Taurus was listed on the police accident report as sustaining a "B" (nonincapacitating-evident) injury as a result of this crash. The driver (73 year-old female) of the Honda Accord was listed on the police accident report as wearing a lap and shoulder belt and not sustaining any injury.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]
CASE NO. - 93-06

ACCIDENT DATA

Location/Street: State Road
City/Township: [REDACTED]
Area/Type: Residential/Commercial/Recreational
Accident Date/Time: [REDACTED], [REDACTED] 1991 @ [REDACTED] a.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car / Car - head-on
Occupant Injury Severity (air bag vehicle): Comminuted Fractures Right Arm (AIS-3)

AMBIENT CONDITIONS

Light conditions: Daylight
Weather Condition: Overcast
Precipitation: Rain
Road Surface: Wet

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State road	State road
Number of Travel Lanes:	4 lanes, undivided	4 lanes, undivided
Surface Type:	Asphalt	Asphalt
Vertical alignment:	Grade, positive to north, unknown slope severity	Grade, negative to south, unknown slope severity
Horizontal alignment:	Right-hand curve	Left-hand curve
Traffic Density:	Moderate	Moderate
Speed Limit:	40 k.p.h. (25 m.p.h.)	40 k.p.h. (25 m.p.h.)

ROADWAY (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Traffic Controls:	On-colors traffic signal system	On-colors traffic signal system

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1990	1987
Make:	Ford	Honda
Model:	Taurus	Accord
Body Type:	Sedan, 4-door	Sedan, 4-door
V.I.N.:	1FACP52U6LG-----	Unknown
Mileage:	Approximately 49,900 km (31,000 mi)	Unknown
Securiflex windshield:	Unknown	Unknown
Windshield damage/source:	None/driver	Unknown
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Not towed
Reported Defects:	None	Unknown

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Object Struck:	Vehicle #2	Case vehicle
Event number:	1	1
Damage location:	Front	Front
CDC:	01-FDEW-1	Unknown
Estimated Maximum Crush:	8-10 cm (3-4 in)	Unknown
Damage components:	Front bumper, grille, and right front head-lamp	Unknown

VEHICLE DAMAGE (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Repair Estimate:	\$5,200	Unknown
Interior damage:	None	Unknown

COLLISION SEQUENCE

According to the driver and the police accident report, the case vehicle was traveling north in the left-hand northbound lane on a four-lane, undivided State roadway at a driver estimated speed of 4 k.p.h. (0-5 m.p.h.). The case vehicle entered a signalized, four-leg intersection intending to turn left (westbound). According to the police accident report, vehicle #2 was traveling south in the right-hand southbound lane on the same roadway at a reported speed of 40 k.p.h. (25 m.p.h.) and was attempting to continue in its direction of travel through the intersection. The crash occurred in the intersection. According to the driver of the case vehicle, she attempted to brake prior to the impact. According to the witness listed on the police accident report (a police officer), the driver of vehicle #2 locked her brakes prior to impact.

According to the driver and the police accident report, the front center of the case vehicle collided with the front left of vehicle #2. According to the driver, the case vehicle rotated slightly counterclockwise after impact and probably came to rest in the middle of the intersection in the southbound lanes, facing west. Vehicle #2 probably rotated slightly clockwise after impact and, according to the police accident report, came to rest facing south, south of the intersection.

According to the police accident report and the driver of the case vehicle, the case vehicle was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact with vehicle #2. The police accident report and the case vehicle driver both indicated that the driver was also restrained by the active, three-point lap and shoulder belt. The case vehicle driver indicated that because of her height [155 cm (61 in)], the driver's seat was adjusted nearly, but not quite, full forward. The driver indicated that she had her right arm diagonally across the steering wheel (i.e., right hand at approximately the 11 o'clock upright position) at the time of deployment. When the air bag deployed, the air bag cover flaps probably struck her right arm. The driver reported that her right arm was shattered into 50 pieces. Her medical records indicated that she sustained a severe comminuted fracture to the olecranon process of the ulna, comminuted fractures to the midshaft of the ulna and humerus, dislocation of the radial head at the right elbow, and a compression injury to the right median nerve. The case vehicle driver also reported sustaining contusions to her face, chest, and knees. The driver indicated that she underwent extensive arm surgery, followed by physical therapy for one year; however, the driver indicates that she still cannot fully extend her right arm. According to the police accident report and the driver of the case vehicle, the driver of vehicle #2 was wearing her lap and shoulder belt and was uninjured.

DRIVER DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	52	73
Sex:	Female	Female
Height:	155 cm (61 in)	Unknown
Weight:	59 kg (130 lb)	Unknown
Occupation:	Unemployed	Unknown
Active Restraint System/Usage:	3-point lap and shoulder belt/used	Unknown (according to NATB, the driver probably had a two point lap belt and motorized shoulder belt)/used
Usage Source:	Driver and PAR	PAR
Eye glasses/contacts:	Glasses	Unknown
Vehicle Familiarity:	17 months	Unknown
Route Familiarity:	First time at intersection from south leg	Unknown
Trip Plan:	Job interview to home	Unknown
Manner of Leaving Scene:	Ambulance	Drove home (PAR)
Type of Medical Treatment:	Hospitalized	Unknown

DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Comminuted fracture right ulna--midshaft	753204.3,1	Air bag cover flap, probable
Comminuted fracture right ulna--olecranon process	753204.3,1	Air bag cover flap, probable
Dislocation right radial head at right elbow	750630.1,1	Air bag cover flap, probable
Comminuted fracture right humerus--midshaft	752604.3,1	Intraoccupant contact, probable (i.e., air bag propelled the occupant's right upper arm into the occupant's right jaw and face)

DRIVER INJURIES (CONT'D.)

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Compression injury right median nerve	730499.1,1	Air bag cover flap, probable
Contusion right face	290402.1,1	Intraoccupant contact, probable
Contusion right jaw	290402.1,8	Intraoccupant contact, probable
Contusion top of both breasts	490402.1,0	Air bag, probable
Contusion right knee	890402.1,1	Center instrument panel, probable
Contusion left knee	890402.1,2	Left instrument panel, probable

Appendix A:

Auto Safety Hotline Notification and Letter

██████████ 1993

Mr. ██████████, Research & Development
National Highway Traffic Safety Administration
██████████
Washington, D.C. ██████████

Dear Mr. ██████████:

I am a friend of ██████████, whom you talked to a couple of weeks ago. We have gotten acquainted because of our similar accidents.

She told me that you were quite interested in her accident and subsequent broken arm. My accident was ██████████-91 and I also believe that the cover to the airbag may have been what caused my injury as my accident was a very minor one. My arm was crushed into approximately 50 pieces. It is held together with steel plates, screws, wires and pins. It will never be normal.

██████████ also told me that you seemed genuinely concerned about these injuries and that people should be reporting them. My concern is that I think someone needs to know that the airbags are not trouble-free. I was hit by a car driven by a 75 year old woman who did not have an airbag in her car. She was not injured at all. I am enclosing a picture of my car so you can see the relatively small amount of damage.

I would be happy to talk to you at any time. I am very upset about my injury because I believe it never should have happened and that if I had not had an airbag I would not have been injured.

I do believe people have been saved by airbags when they have been in a high-speed head-on collision. I am just concerned that since the injury rate is comparatively low to the amount of airbags in cars that the injuries are going unnoticed and that no one really cares. Believe me, when you are one of the percentage of injuries, it matters a great deal to you. These are real people, not just numbers. Statistics are easy to cope with when written on a piece of paper or seen on a computer screen but very difficult to live with when you are the one with the pain and discomfort.

Sincerely,

Auto Safety Hotline VEHICLE OWNER'S QUESTIONNAIRE [REDACTED]		FOR AGENCY USE ONLY				
		ID [REDACTED]	REFERENCE NO. [REDACTED]	DATE RECEIVED [REDACTED] 93	od_or rt_dt od_rt up_tr	
OWNER INFORMATION (TYPE OR PRINT)						
NAME and ADDRESS [REDACTED]				TELEPHONE NO. (AREA CODE) [REDACTED]		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.						
SIGNATURE OF OWNER [REDACTED]				DATE [REDACTED] 93		
VEHICLE INFORMATION						
VEHICLE IDENTIFICATION NO.* 1FACP52U6LG [REDACTED]		VEHICLE MAKE FORD	VEHICLE MODEL TAURUS	MODEL YEAR 1990		
<small>* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE</small>						
CURRENT ODOMETER READING 477	DATE PURCHASED [REDACTED]	DEALER'S NAME, CITY, & STATE [REDACTED] <i>Carzone</i>		ENGINE SIZE (CID/CCU) 3.0	TURBO DIESEL GAS FUEL INJECTN	
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED			NO. CYLINDERS 6			
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVER SIDE AIRBAG <input type="checkbox"/> PASSENGER SIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> MOTOR BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVETRAIN <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	BODY STYLE STAWAG 4 DR <input checked="" type="checkbox"/> 2 DR _____ HATCH BK VAN PK UP TRK OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)						
COMPONENT 12111000	PART NAME(S) <i>Airbag</i>	LOCATION <input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		FAILED PART(S) ORIGINAL REPLACEMENT ?		
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) [REDACTED] 91	MILEAGE AT FAILURE(S) 31000	VEHICLE SPEED AT FAILURE(S) 0-5	MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
APPLICABLE ACCIDENT INFORMATION						
ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FPE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER PERSONS INJURED 1	NUMBER OF FATALITIES 0	PROPERTY DAMAGE ESTS \$5,000 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	POLICE REPORT FILED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)						
(0-5) AIRBAG DEPLOYED DURING FRONT END COLLISION; SPEED 5 MPH; DRIVER'S ARM WAS CRUSHED BY COVER OR AIRBAG ITSELF. POLICE REPORT WILL ACCOMPANY QUESTIONNAIRE. [REDACTED]						
					CONTINUE ON BACK IF NEEDED	
The Privacy Act of 1974 Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA			in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			



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

Auto Safety Hotline
VEHICLE OWNER'S QUESTIONNAIRE
SUPPLEMENTAL ACCIDENT FORM

NATIONWIDE 1-800-424-6383
DC METRO AREA 386-0123

FOR AGENCY USE ONLY

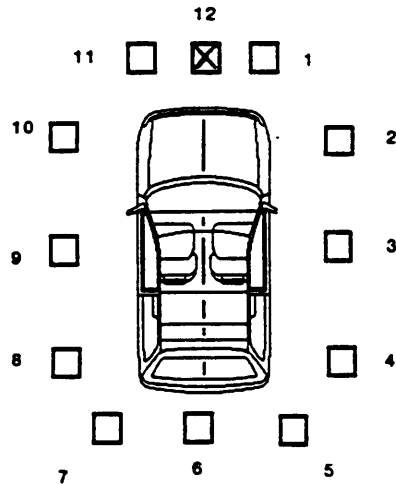
ID	REFERENCE NO.	DATE RECEIVED	od_or rt_dt od_rt up_ltr
		93	

I was turning left 0-5 miles per hour and was hit head-on by a Honda Accord driven by a 75 yr old woman. She was not injured at all, she had an air bag. My air bag deployed and crushed my arm into approx. 45 pieces. I feel if I had not had an air bag I would not have been injured. I think my elbow may have been over the door to the air bag and it may have caught the way I was approx. 45 pieces. My arm is not to be included.

ACCIDENT INFORMATION

Location of initial impact (please mark appropriate box)

12:00



1990

FORD

TAURUS

Vehicle speed: 0-5

Is vehicle equipped with a driver side airbag?

YES
 YES NO UNKNOWN

Did driver side airbag deploy?

YES
 YES NO

Was the driver wearing a seatbelt?

LAP/SHOULDER
 LAP/SHOULDER LAP ONLY
 SHOULDER ONLY NO

Location of the most severe injury sustained by the driver.

ENTIRE ARM ESPECIALLY ELBOW
ARM-UPPER
 NO INJURY SUSTAINED BY DRIVER
 HEAD EYE NECK
 TORSO ARM/UPPER EXTREMITIES
 LEG/LOWER EXTREMITIES

Type of injury to driver.

BREAK
 ABRASION LACERATION BREAK
 BURN TRAUMA

Severity of injury to driver.

EMERGENCY ROOM - HOSPITALIZATION
 NO TREATMENT EMERGENCY ROOM
 HOSPITALIZATION FATAL

Is vehicle equipped with a passenger side airbag?

NO
 YES NO UNKNOWN

Did passenger side airbag deploy?

YES NO

Was the passenger wearing a seatbelt?

NO PASSENGER
 LAP/SHOULDER LAP ONLY
 SHOULDER ONLY NOT WEARING
 NO PASSENGER

Location of the most severe injury sustained by the passenger.

NO INJURY SUSTAINED BY PASSENGER
 HEAD EYE NECK
 TORSO ARM/UPPER EXTREMITIES
 LEG/LOWER EXTREMITIES

Type of injury to passenger.

ABRASION LACERATION BREAK
 BURN TRAUMA

Severity of injury to passenger.

NO TREATMENT EMERGENCY ROOM
 HOSPITALIZATION FATAL

The Privacy Act of 1974
Public Law 93-579

This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA

In determining whether a manufacturer should take appropriate action to correct a safety defect, if the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



POLICE TRAFFIC ACCIDENT REPORT

PAGE 1 OF 1

ACCIDENT DATE 91	ACCIDENT TIME HRS	ROAD ACCIDENT OCCURRED ON ST	MILEPOST	1ST MILE
DAY OF WEEK	INTERSECTING ROAD AVE	<input checked="" type="checkbox"/> WITHIN <input type="checkbox"/> NEAR	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
TIME POLICE NOTIFIED	TIME POLICE ARRIVED	CITY/TOWN	<input checked="" type="checkbox"/> WITHIN <input type="checkbox"/> NEAR	<input type="checkbox"/> FEET <input type="checkbox"/> MILES
TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY	DISTRIBUTION	WEATHER
LOCAL CASE NUMBER	03	03		03
<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> INJURY	<input type="checkbox"/> FATAL (TTY SENT)	<input type="checkbox"/> HAZARDOUS MATERIALS	DMV ID. NO.
<input type="checkbox"/> PUBLIC PROP DAMAGE	<input type="checkbox"/> HIT AND RUN	<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> TRUCK JACKKNIFED	CAM ZONE
				06

UNIT 01	<input checked="" type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN LITED & FAILURE TO OBEY TRAFFIC CONTROL	SRF TYPE 02											
NAME (LAST, FIRST, MIDDLE)	LOCAL ID NO.	SEX F	RACE W	DOB 52											
ADDRESS	ZIP	PHONE	<input type="checkbox"/> MESSAGE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	SRF COND 02											
DRIVER LICENSE NO.	STATE OR	CLASS 04	INSURANCE COMPANY	POLICY NO.											
VEHICLE PLATE NO.	STATE OR	CLASS 04	COLOR GRAY	VEHICLE DAMAGE											
YEAR 90	MAKE FORD	MODEL/MOTORCYCLE CC's TAURUS	STYLE 45	<input type="checkbox"/> 18 OVERTURN <input type="checkbox"/> 19 UNDERCAR <input type="checkbox"/> 99 UNKNOWN											
REGISTERED OWNER NAME AND ADDRESS SIA ABOVE	DRIVER TAKEN TO BY	VEHICLE TAKEN TO BY TOWING-													
PED TYPE	PED ACT	PED VIS	DESG SP	STATD SP	VEH MOV	TR CONFID	TRL TYPE	ALC INVL	BAC TEST	LIC VIOL	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE
12	13	14	25	05	03	15	16	99	90	00	01	31	00	02	04
UNIT 02	<input checked="" type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN NONE	SRF TYPE 02											
NAME (LAST, FIRST, MIDDLE)	LOCAL ID NO.	SEX F	RACE W	DOB 73											
ADDRESS	ZIP	PHONE	<input type="checkbox"/> MESSAGE <input checked="" type="checkbox"/> HOME <input type="checkbox"/> WORK	SRF COND 02											
DRIVER LICENSE NO.	STATE OR	CLASS 04	INSURANCE COMPANY	POLICY NO.											
VEHICLE PLATE NO.	STATE OR	CLASS 04	COLOR TAUPE	VEHICLE DAMAGE											
YEAR 87	MAKE HONDA	MODEL/MOTORCYCLE CC's ACCORD	STYLE 45	<input type="checkbox"/> 18 OVERTURN <input type="checkbox"/> 19 UNDERCAR <input type="checkbox"/> 99 UNKNOWN											
REGISTERED OWNER NAME AND ADDRESS SIA ABOVE	DRIVER TAKEN TO BY N/A	VEHICLE TAKEN TO BY N/A													
PED TYPE	PED ACT	PED VIS	DESG SP	STATD SP	VEH MOV	TR CONFID	TRL TYPE	ALC INVL	BAC TEST	LIC VIOL	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE
12	13	14	25	25	01	15	16	99	90	00	01	04	00	00	04

UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE	DOB	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE
ADDRESS	TAKEN TO	BY	21	22	23	24	25				
UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE	DOB	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE
ADDRESS	TAKEN TO	BY	21	22	23	24	25				
OFFICER NAME	NUMBER	AGENCY	PREC CON	REL/SHIFT	ASSN/DIST	SUPERVISOR					
				LOAD							



Injury accident

A TWO-CAR accident at about [REDACTED] at [REDACTED] Street and [REDACTED] Avenue sent [REDACTED] 52, to [REDACTED] Hospital with injuries. She was in satisfactory condition [REDACTED]. The other driver, [REDACTED] 73, of [REDACTED]

[REDACTED] was not hurt. Police have named the intersection as one of the most dangerous in the city. (Staff photo by [REDACTED])

Appendix B:

Police Accident Report



POLICE TRAFFIC ACCIDENT REPORT

PAGE 1 of 4

ACCIDENT DATE 9/1	ACCIDENT TIME [REDACTED] HRS	ROAD ACCIDENT OCCURRED ON [REDACTED] ST	MILEPOST [REDACTED]	1ST H.E. 23
DAY OF WEEK [REDACTED]	INTERSECTING ROAD [REDACTED] AVE	<input checked="" type="checkbox"/> WITHIN <input type="checkbox"/> NEAR	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
TIME POLICE NOTIFIED [REDACTED] HRS	TIME POLICE ARRIVED [REDACTED] HR	CITY/TOWN [REDACTED]	<input checked="" type="checkbox"/> WITHIN <input type="checkbox"/> FEET	WEATHER [REDACTED] 03
TIME EMS NOTIFIED [REDACTED] HRS	TIME EMS ARRIVED [REDACTED] HRS	COUNTY 03	DISTRIBUTION [REDACTED]	LIGHT 01
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROP DAMAGE	<input checked="" type="checkbox"/> INJURY <input type="checkbox"/> HIT AND RUN	<input type="checkbox"/> FATAL (TTY SENT) <input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> TRUCK JACKKNIFED	DMV ID NO [REDACTED]
				CAM ZONE 06

UNIT 01	<input checked="" type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN CITED & FAILURE TO OBEY TRAFFIC CONTROL DEVICE	SRF TYPE 02
NAME (LAST, FIRST, MIDDLE) [REDACTED]	LOCAL ID NO [REDACTED]	SEX F	RACE W	DOB [REDACTED] 52
ADDRESS [REDACTED]	ZIP [REDACTED]	PHONE [REDACTED]	<input type="checkbox"/> MESSAGE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	TCO TYPE 02
DRIVER LICENSE NO [REDACTED]	STATE OR	CLASS 04	INSURANCE COMPANY [REDACTED]	POLICY NO [REDACTED]
VEHICLE PLATE NO [REDACTED]	STATE OR	CLASS 04	COLOR GRAY	VEHICLE DAMAGE <input type="checkbox"/> 18 OVERTURN <input type="checkbox"/> 19 UNDERCAR <input type="checkbox"/> 99 UNKNOWN
YEAR 90	MAKE FORD	MODEL/MOTORCYCLE CC's TAURUS	STYLE 45	USE ARROW TO SHOW FIRST IMPACT
REGISTERED OWNER NAME AND ADDRESS SIA ABOVE				
DRIVER TAKEN TO [REDACTED]	BY [REDACTED]	VEHICLE TAKEN TO [REDACTED]	BY TOWING - [REDACTED]	FIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PED TYPE 12	PED ACT 13	PED VIS 14	DESIG SP 25	STATD SP 05
VEH MOV 03	TR CONFIG 15	TRL TYPE 16	ALC INVL 99	BAC TEST 90
LIC VIOL 00	LOCATION 01	EQUIPMENT 31	EJECTION 00	INJURY 02
CARE 04				
UNIT 02	<input checked="" type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN NONE	SRF TYPE 02
NAME (LAST, FIRST, MIDDLE) [REDACTED]	LOCAL ID NO [REDACTED]	SEX F	RACE W	DOB [REDACTED] 73
ADDRESS [REDACTED]	ZIP 97034	PHONE [REDACTED]	<input type="checkbox"/> MESSAGE <input checked="" type="checkbox"/> HOME <input type="checkbox"/> WORK	TCO TYPE 02
DRIVER LICENSE NO [REDACTED]	STATE OR	CLASS 04	INSURANCE COMPANY [REDACTED]	POLICY NO [REDACTED]
VEHICLE PLATE NO [REDACTED]	STATE OR	CLASS 04	COLOR TAJPE	VEHICLE DAMAGE <input type="checkbox"/> 18 OVERTURN <input type="checkbox"/> 19 UNDERCAR <input type="checkbox"/> 99 UNKNOWN
YEAR 87	MAKE HONDA	MODEL/MOTORCYCLE CC's ACCORD	STYLE 45	USE ARROW TO SHOW FIRST IMPACT
REGISTERED OWNER NAME AND ADDRESS SIA ABOVE				
DRIVER TAKEN TO N/A	BY N/A	VEHICLE TAKEN TO N/A	BY N/A	FIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PED TYPE 12	PED ACT 13	PED VIS 14	DESIG SP 25	STATD SP 25
VEH MOV 01	TR CONFIG 15	TRL TYPE 16	ALC INVL 99	BAC TEST 90
LIC VIOL 00	LOCATION 01	EQUIPMENT 04	EJECTION 00	INJURY 00
CARE 04				

UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO	SEX	RACE	DOB	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE	
ADDRESS	TAKEN TO BY		21	22	23	24	25					
UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO	SEX	RACE	DOB	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE	
ADDRESS	TAKEN TO BY		21	22	23	24	25					
OFFICER NAME	NUMBER	AGENCY	PRECED	REL/SHIFT	ASSN/DIST	SUPERVISOR						
[REDACTED]	[REDACTED]	LOPD	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						

LOCAL CASE NO		LOCAL CODES										PAGE 2 OF 4	
UNIT	DRIVER	PASSENGER	PEDICYCLE	VEHICLE	ROAD	ENVIRNMNT	UNIT	DRIVER	PASSENGER	PEDICYCLE	VEHICLE	ROAD	ENVIRNMNT
01	04/03						02	00					
UNIT	PASSENGER NAME		TELEPHONE		LOCAL ID NO		SEX	RACE	DOB				
ADDRESS					TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE		
UNIT	PASSENGER NAME		TELEPHONE		LOCAL ID NO		SEX	RACE	DOB				
ADDRESS					TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE		
WITNESS NAME			TELEPHONE		ADDRESS				DOB				
WITNESS NAME			TELEPHONE		ADDRESS				DOB				

DIAGRAM AND/OR NARRATIVE

USE ARROW TO INDICATE NORTH

UNIT 1 2

SKIDMARKS TO IMPACT (FEET) _____

DISTANCE AFTER IMPACT (FEET) _____

SEE PAGE # 4

3/4

C.L.A.S.S.
POLICE DEPARTMENT
CONTINUATION REPORT

SUMMARY: ON [REDACTED] [REDACTED] 1991 AT [REDACTED] HRS
A TWO VEHICLE INJURY ACCIDENT OCCURRED AT THE
INTERSECTION OF [REDACTED] ST AND [REDACTED] AVE. THE
DRIVER OF VEHICLE #1 WAS ISSUED A CITATION FOR
FAILURE TO OBEY A TRAFFIC CONTROL DEVICE.

ACTION TAKEN: ON [REDACTED] AT [REDACTED] HRS I ARRIVED AT THE
ACCIDENT SCENE. I CONTACTED DRIVER #2 AND CPL
[REDACTED] WHO WITNESS THE ACCIDENT. AFTER OBTAINING
THEIR STATEMENTS AND VIEWING THE ACCIDENT SCENE
I WAS ABLE TO DETERMINE THE CAUSE OF ACCIDENT.

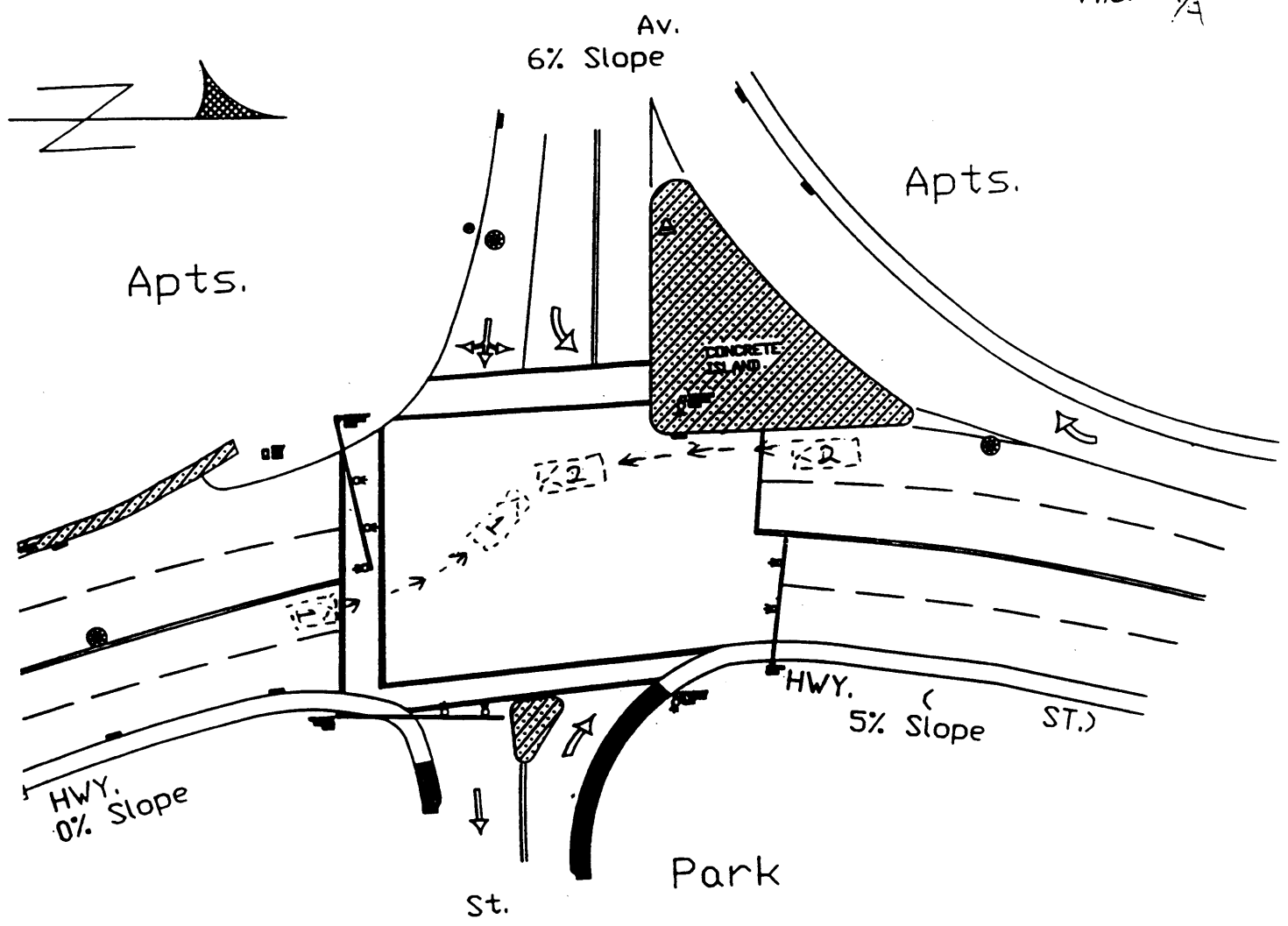
VEHICLE #1 WAS NORTH BOUND ON [REDACTED] ST APPROACHING
THE INTERSECTION OF [REDACTED] AVE WHERE SHE WAS
GOING TO MAKE A LEFT TURN ONTO [REDACTED] AVE. VEHICLE #
2 WAS SOUTH BOUND ON [REDACTED] ST APPROACHING THE
INTERSECTION OF [REDACTED] AVE AT THE SAMETIME VEHICLE
#1 STARTED HER TURN, CAUSING THE TWO VEHICLES TO
COLLIDED, REFER TO DIAGRAM ON PAGE #4. VEHICLE #1'S
LEFT TURN ONTO [REDACTED] IS REGULATED BY A SIGN
STATING THAT YOU MUST YIELD TO ONCOMING TRAFFIC BEFORE
MAKING A LEFT TURN.

STATEMENTS: DRIVER #1 WAS NOT AVAILABLE FOR A STATE-
MENT AT THIS TIME.

REFER TO ATTACHED WRITTEN STATEMENTS OF DRIVER #2
AND CPL [REDACTED]

EVIDENCE: NONE

ACTION RECOMMENDED: CASE CLEARED



POLICE DEPARTMENT
LAW ENFORCEMENT OR
INFORMATION EXCHANGE FORM FOR MOTOR VEHICLE ACCIDENTS

Location Highway near [redacted] date [redacted]-91

DRIVER/WITNESS Name [redacted]

Address [redacted]

Drivers License No: [redacted] State [redacted] Phone [redacted]

Birthdate [redacted] Injury none

Seat belt yes type [redacted]

VEHICLE Year 1987 make Honda model accord style sedan

Color tan license No: [redacted] state Or.

Owners name if not driver [redacted]

Address [redacted] phone [redacted]

Insurance Co: [redacted] policy [redacted]

PASSENGER INFORMATION:

Name none birthdate [redacted]

address [redacted] phone [redacted]

Name [redacted] birthdate [redacted]

address [redacted] phone [redacted]

Name [redacted] birthdate [redacted]

address [redacted] phone [redacted]

Investigating Officer [redacted]

Case # [redacted] STATEMENT ON REVERSE SIDE

STATEMENT:

~~Green~~ ^{Green} light signal had just
changed when I started
crossing @ [redacted] crossing
& then car driver hurried in
front of me.

Signature: _____ Date _____ S

Signature: _____ D

POLICE DEPARTMENT
OR
 Phone: _____ EMERGENCY: 9-1-1

An accident resulting in damage to any one vehicle over \$400, or any injury to any person, requires you to file a state accident report within 72 hours, excluding weekends and holidays.

Accident Location: _____ /Near _____ Date _____ Time _____

Witness

DRIVER INFORMATION: Seat Belt Installed _____ Type _____ In Use _____
 Full Name: _____ Birthdate ____/____/____
 Address: _____ City _____ State _____ Phone _____
 Driver License No: _____ State _____ Class _____
 Describe Injury, if any: _____

VEHICLE: Year _____ Make _____ Model _____ Style _____
 Color _____ License No. _____ State _____ Odometer _____
 Owner's Name (If same as driver, put "Driver"):
 Address _____ City _____ State _____ Phone _____
 Insurance Co: _____ Policy No. _____
 Describe Damage: _____

PASSENGER INFORMATION:

RF Full Name: _____ Birthdate ____/____/____
 Address: _____ City _____ State _____ Phone: _____
 Seat Belt Installed _____ Type _____ In Use _____
 Injury, if any: _____

LR Full Name: _____ Birthdate ____/____/____
 Address: _____ City _____ State _____ Phone: _____
 Seat Belt Installed _____ Type _____ In Use _____
 Injury, if any: _____

CR Full Name: _____ Birthdate ____/____/____
 Address: _____ City _____ State _____ Phone: _____
 Seat Belt Installed _____ Type _____ In Use _____
 Injury, if any: _____

RR Full Name: _____ Birthdate ____/____/____
 Address: _____ City _____ State _____ Phone: _____
 Seat Belt Installed _____ Type _____ In Use _____
 Injury, if any: _____

Investigating Officer _____ B.P.S.T. No. _____ Case No. _____

Write a complete statement about the accident on the reverse side of this form. Include such things as the street you were on, your direction of travel, the lane you were in, your speed, and any observations regarding the other vehicle.

On [REDACTED]-91 at approximately [REDACTED] I was sitting at [REDACTED] Park Facing [REDACTED] St. [REDACTED] Intersection I heard the sound of tires skidding and immediately thereafter the sound of cars colliding. When I looked up I saw the vehicles after impact. The [REDACTED] Ford Taurus was facing N-bound on [REDACTED] and rested facing East on [REDACTED]. The [REDACTED] Honda was facing S-bound and rested just south of the intersection of [REDACTED]. I requested medical to be dispatched. I contacted both drivers the driver of the Honda said she was un-injured. I contacted the driver of the Ford Taurus and it was apparent that she was injured, and complained of severe right arm pain. I requested that the traffic unit respond for the investigation.

[REDACTED]

Signature _____

Date _____

Appendix C:

NASS CDS Accident Form

Appendix D:

NASS CDS General Vehicle Form:

Case Vehicle



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9306
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

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

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

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

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

8. Vehicle Identification Number
1FACPS2U6LG [REDACTED]
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nine's

OFFICIAL RECORDS

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

10. Police Reported Travel Speed 004
 Code to the nearest kph (NOTE: 000 means
 less than 0.5 kph)
 (160) 159.5 kph and above
 (999) Unknown
0-5
 $2.5 \text{ mph} \times 1.6093 = \text{---} 4 \text{ kph Average}$

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

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

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

ACCIDENT RELATED

13. Speed Limit 040
 (000) No statutory limit
 Code posted or statutory speed limit
 in kph
 (999) Unknown
 $25 \text{ mph} \times 1.6093 = \text{---} 40 \text{ kph}$

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

15. Accident Type 68
 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 0 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 1

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 3 4 0
2956 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2956 lbs X .4536 = 1341 kgs
 Source: _____

20. Vehicle Cargo Weight 0 0 0 0
0 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) 9
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 9 9 9
28. Heading Angle For Other Vehicle 9 9 9

<p>29. Basis for Total Delta V (highest) <u>6</u></p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(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.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Secondary</td> <td style="text-align: center; border-bottom: 1px solid black;">Highest</td> </tr> <tr> <td>32. Lateral Component of Delta V</td> <td style="text-align: center;">+</td> <td style="text-align: center;"><u>999</u></td> </tr> <tr> <td>_____ Nearest kph</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> (NOTE: __000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown </td> </tr> <tr> <td>33. Energy Absorption</td> <td style="text-align: center;"><u>999.9</u></td> <td style="text-align: center;"><u>00</u></td> </tr> <tr> <td>_____ Nearest 100 joules</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> (NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown </td> </tr> <tr> <td>34. Confidence In Reconstruction Program Results (For Highest Delta V)</td> <td colspan="2" style="text-align: right;"><u>0</u></td> </tr> <tr> <td colspan="3"> (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 </td> </tr> <tr> <td>35. Type of Vehicle Inspection</td> <td colspan="2" style="text-align: right;"><u>0</u></td> </tr> <tr> <td colspan="3"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____ </td> </tr> <tr> <td>36. Is this an AOPS Vehicle?</td> <td colspan="2" style="text-align: right;"><u>1</u></td> </tr> <tr> <td colspan="3"> (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts </td> </tr> </table>		Secondary	Highest	32. Lateral Component of Delta V	+	<u>999</u>	_____ 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	<u>999.9</u>	<u>00</u>	_____ 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)	<u>0</u>		(0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable			35. Type of Vehicle Inspection	<u>0</u>		(0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____			36. Is this an AOPS Vehicle?	<u>1</u>		(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		
	Secondary	Highest																																						
32. Lateral Component of Delta V	+	<u>999</u>																																						
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COMPUTER GENERATED DELTA V

	Secondary	Highest
30. Total Delta V	<u>999</u>	
_____ Nearest kph		
(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown		
31. Longitudinal Component of Delta V	+	<u>999</u>
_____ Nearest kph		
(NOTE: __000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown		

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

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

37. Police Reported Other Drug Presence 7
 (0) No other 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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

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

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify):

- (99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30
degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of
Avoidance Maneuver (Corrective Action) 1

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

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

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

Appendix E:

NASS CDS General Vehicle Form:

Vehicle #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9306
 3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 87
 Code the last two digits of the model year
 (99) Unknown

5. Vehicle Make (specify): 37
HONDA
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

6. Vehicle Model (specify): 032
ACCORD
 Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (999) Unknown

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

8. Vehicle Identification Number
99999999999999999999
 Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nine's

OFFICIAL RECORDS

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

10. Police Reported Travel Speed 040
 Code to the nearest kph (NOTE: 000 means
 less than 0.5 kph)
 (160) 159.5 kph and above
 (999) Unknown
25 mph X 1.6093 = 40 kph

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

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

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

Source: _____

ACCIDENT RELATED

13. Speed Limit 040
 (000) No statutory limit
 Code posted or statutory speed limit
 in kph
 (999) Unknown
25 mph X 1.6093 = 40 kph

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

15. Accident Type 69
 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 00

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 1,130
 Code weight to nearest 10 kilograms. *First year, go with basic model*
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown 2500, 2668 Lxi
1988 DX LX
2500 lbs X .4536 = 1,134 kgs
 Source: Automotive News
20. Vehicle Cargo Weight 9990
 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) 9
 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 999
 28. Heading Angle For Other Vehicle 999

29. Basis for Total Delta V (highest)

6

Delta V Calculated

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

Delta V Not Calculated

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

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

9 9 9

____ Nearest kph _____

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

31. Longitudinal Component of Delta V

+ 9 9 9
- _____

____ Nearest kph _____

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

32. Lateral Component of Delta V

Secondary Highest

+ 9 9 9

____ 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

9 9 9 . 9 0 0

____ Nearest 100 joules _____

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

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

0

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

35. Type of Vehicle Inspection

0

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

36. Is this an AOPS Vehicle?

0

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

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

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

37. Police Reported Other Drug Presence 7

- (0) No other 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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

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

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

(99) Unknown

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

66. Precrash Stability After Avoidance Maneuver 2

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

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

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

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

Appendix F:

NASS CDS Interview Form:

Case Vehicle Driver



INTERVIEW FORM (A)

1. Primary Sampling Unit Number	<u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum	<u>9306</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

TRAVELING NORTH IN THE LEFT-HAND LANE. FIRST TIME ENTERING INTERSECTION FROM THE SOUTH. RETURNING HOME FROM A JOB INTERVIEW. THOUGHT SHE'D TEST A POSSIBLE COMMUTE ROUTE HOME. JUST IN CASE SHE WAS OFFERED THE JOB. LIGHT WAS GREEN AND SHE STARTED TO MAKE TURN. THOUGHT HAD A "PROTECTED" TURN. HAD COME TO A NEAR STOP. WAS TRAVELING 0-5 MPH. THINKS MAY HAVE HIT BRAKES JUST BEFORE IMPACT.

THE OTHER LADY WAS GOING 25 MPH AS SHE CAME OVER THE HILL. THE POLICE ACCIDENT REPORT DOESN'T SHOW THE COLLISION RIGHT. THE FL OF THE HONDA STRUCK THE FC OF HER CAR. THE OTHER LADY WAS WEARING HER SAFETY BELTS AND WAS NOT INJURED. OTHER THAN BRUISES, I WOULDN'T HAVE BEEN INJURED. THE AIRBAG BROKE MY RIGHT ARM IN 50 PIECES - WILL NEVER STRAIGHTEN FULLY - STILL HAVE PAIN - HELD TOGETHER WITH RODS, WIRE, PINS, SCREWS - RIGHT THUMB AND FINGERS WITH ONLY PARTIAL FEELING

LEFT LANE NOT A MARKED TURN LANE - TRAFFIC SIGNAL DID NOT HAVE TURN ARROW - GOING UP A GENTLE INCLINE - ALONE AS VEHICLE - THINKS ROAD IS A STATE ROUTE - MAIN ROAD THROUGH TOWN - THINKS HERE CAR ROTATED SLIGHTLY TO LEFT - DOESN'T KNOW WHERE OTHER CAR ENDED UP

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

WAS WEARING A PLASTIC RAINCOAT. POST-CRASH, FOUND A HOLE AT RIGHT ELBOW AND THE SLEEVE ENDS WERE BOTH MELTED



INTERVIEW FORM (B)

1. Primary Sampling Unit Number <u> 10 </u> 2. Case Number - Stratum <u> 9306 </u> 3. Vehicle Number <u> 01 </u>	Interviewee(s) Role or Name(s): <u> DRIVER </u> _____ _____
--	---

ACCIDENT DATA QUESTIONS

<p>1. Can you tell me in <u>which direction you were traveling?</u></p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>(Optional - Where were you coming from or going to?) _____</p> <p>2. <u>In which lane were you traveling?</u> (Note: Lane 1 is designated as the right curb lane.)</p> <p><input type="checkbox"/> [1] <input checked="" type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> Other (specify): _____</p> <p>3. Can you remember your <u>estimated travel speed</u> (in miles per hour) before the accident?</p> <p><input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>4. Just before the accident, can you tell me what you were intending to do or were doing?</p> <p><input type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> slowing <input type="checkbox"/> Accelerating <input checked="" type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Changing lanes to left <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Backing <input type="checkbox"/> Other (specify): _____</p> <p>5. Did you experience any <u>loss of control</u> due to weather conditions or mechanical problems?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe below) _____ _____</p> <p>6. Did you have to take any <u>avoidance actions prior to the accident?</u></p> <p><input type="checkbox"/> No - Go to question 7 <input checked="" type="checkbox"/> Yes - Go to question 6a</p>	<p>6a. <u>What actions did you take?</u></p> <p><input type="checkbox"/> Braking with lock-up <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Accelerating <input type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): _____</p> <p>7. <u>Where was your vehicle at the time of the collision?</u></p> <p><input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input checked="" type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____</p> <p>8. Was your <u>travel speed at the time of the collision</u> different from your previous travel speed?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Lower <input type="checkbox"/> higher <input type="checkbox"/> Unknown</p> <p>8a. <u>Can you estimate your speed at the time of the collision?</u></p> <p><input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>9. Immediately following the collision, can you describe <u>how your vehicle moved to its stopped position?</u> <u>SLIGHT COUNTERCLOCKWISE ROTATION,</u> <u>FACING WEST</u> _____ _____</p> <p>10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions? <u>ONE - OTHER VEHICLE</u> _____ _____</p>
--	---

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9306 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

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

1990, FORD, TAURUS
 Year Make Model

2. Can you describe the damage to your vehicle?

FRONT CENTER, FRONT BUMPER, FRONT GRILLE, RF HEADLAMP, RF TURN SIGNAL

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)

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 Lap Lap and shoulder
 Front seat middle Lap Lap and shoulder
 Front seat right Lap Lap and shoulder
 Rear seat left Lap Lap and shoulder
 Rear seat middle Lap Lap and shoulder
 Rear seat right Lap Lap and shoulder

(Identify seat belts for third row and beyond)

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 9306

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 9306 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

OPTIONAL

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?

N/A

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

- 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?

31,000 miles

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

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9306 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 5'1" Weight 130 Age 52
 Sex: Male Female

OCCUPANT POSTURE

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

STRAIGHT POSTURE, SEAT NOT FULL
FORWARDED BUT ALMOST

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

RIGHT FOOT ON ACCELERATOR PEDAL
LEFT FOOT ON FLOOR

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

RIGHT HAND AT ~ 11 O'CLOCK POSITION
ON STEERING WHEEL, LEFT ~ 7 O'CLOCK

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

PROBABLY LEANING SLIGHTLY FORWARD
 Yes
 Unknown

OCCUPANT ENTRAPMENT

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

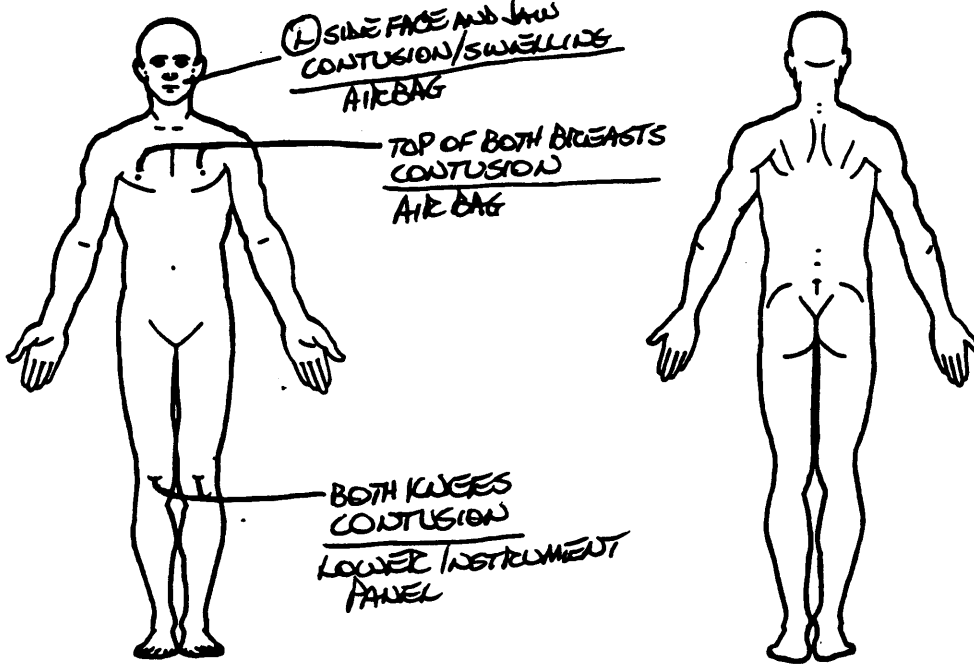
Unknown

PSU Number 10 Case Number-Stratum 9306 Vehicle Number 01 Occupant Number 01

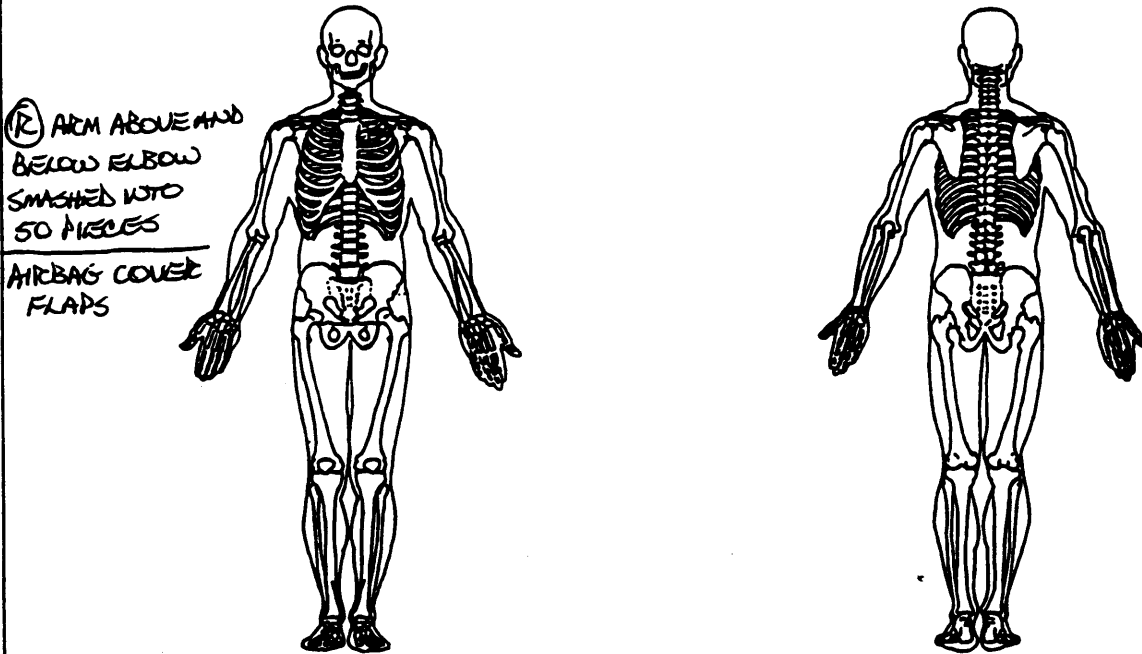
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



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

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9306 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)
 Yes (If "Yes", go to question 7a)
- 7a. Were you (Was he/she) treated by:
 Hospital/trauma center? (specify hospital name): HOSPITAL
 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?
6 days

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9306</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:)

~ 7 WEEKS AFTER HOSPITAL RELEASE
RETURNS FOR PROCEDURE TO DRAW OFF
 Unknown EXCESS FLUID BUILD UP, PLUS
PHYSICAL THERAPY FOR A YEAR - STILL
EXPERIENCES PAIN AND CAN'T STRAIGHTEN ARM FULLY

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

Appendix G:

NASS CDS Occupant Forms:

Case Vehicle Driver



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9306
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 51
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):
 (97) 97 years and older
 (99) Unknown

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

7. Occupant's Height 155
 Code actual height to the nearest centimeter.
 (999) Unknown
61 inches X 2.54 = 155 centimeters

8. Occupant's Weight 059
 Code actual weight to the nearest kilogram.
 (999) Unknown
130 pounds X .4536 = 059 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

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

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

EJECTION/ENTRAPMENT

12. Ejection 0

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

13. Ejection Area 0

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

14. Ejection Medium 0

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

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

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

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

16. Entrapment 0

- (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

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 04
 (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 7
 (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):
AIR BAG INSTALLED-DEPLOYED
 (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
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

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

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

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

30. Child Safety Seat Orientation
 (00) No child safety seat
Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

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

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

 (29) Unknown orientation
 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

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

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

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

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

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (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 3

- (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 03

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

06 Interview
03 Medical

38. Working Days Lost 97

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 10

- 10 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	
<p>44. Automatic (Passive) Belt System Availability/ Function <u>0</u> (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> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	<p>48. Automatic (Passive) Belt Failure Modes During Accident <u>C</u> (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</p>
<p>45. Automatic (Passive) Belt System Use <u>0</u> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____ (3) Automatic belt use unknown (9) Unknown</p>	<p>49. Seat Orientation (this Occupant Position) <u>9</u> (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</p>
<p>STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER</p>	
TRAUMA DATA	
<p>46. Automatic (Passive) Belt System Type <u>0</u> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p>	<p>50. Glasgow Coma Scale (GCS) Score (at Medical Facility) <u>15</u> (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</p>
<p>47. Proper Use of Automatic (Passive) Belt System <u>0</u> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of automatic belt system (specify): _____ (9) Unknown</p>	<p>51. Was the Occupant Given Blood? <u>9</u> (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given</p>
<p>48. Automatic (Passive) Belt System Availability/ Function <u>0</u> (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> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	<p>52. Arterial Blood Gases (ABG) - HCO₃ <u>01</u> (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</p>

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []



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

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE COPY

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

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9306</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	O.I.C.-A.I.S.							Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
1st	5. <u>2</u>	6. <u>7</u>	7. <u>5</u>	8. <u>32</u>	9. <u>04</u>	10. <u>3</u>	11. <u>1</u>	12. <u>16</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>2</u>	17. <u>7</u>	18. <u>5</u>	19. <u>32</u>	20. <u>04</u>	21. <u>3</u>	22. <u>1</u>	23. <u>16</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>2</u>	28. <u>7</u>	29. <u>5</u>	30. <u>06</u>	31. <u>30</u>	32. <u>1</u>	33. <u>1</u>	34. <u>16</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>2</u>	39. <u>7</u>	40. <u>5</u>	41. <u>26</u>	42. <u>04</u>	43. <u>3</u>	44. <u>1</u>	45. <u>49*</u>	46. <u>2</u>	47. <u>1</u>	48. <u>99**</u>
5th	49. <u>3</u>	50. <u>7</u>	51. <u>3</u>	52. <u>04</u>	53. <u>99</u>	54. <u>1</u>	55. <u>1</u>	56. <u>16</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u>7</u>	61. <u>2</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>49*</u>	68. <u>2</u>	69. <u>1</u>	70. <u>99**</u>
7th	71. <u>7</u>	72. <u>2</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>8</u>	78. <u>49*</u>	79. <u>2</u>	80. <u>1</u>	81. <u>99**</u>
8th	82. <u>7</u>	83. <u>4</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>0</u>	89. <u>45</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
9th	93. <u>7</u>	94. <u>8</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>1</u>	100. <u>10</u>	101. <u>2</u>	102. <u>1</u>	103. <u>99</u>
10th	104. <u>7</u>	105. <u>8</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>2</u>	111. <u>09</u>	112. <u>2</u>	113. <u>1</u>	114. <u>99</u>

** Complies with NASS CDS MDE V.6.0 etc protocol!

HS Form 433B (1/93)

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

* 49 = Intra occupant contact. The midshaft area of the upper arm was forced into the drivers face/mandibular area by the deploying air bag

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• No structural intrusion

(ER)
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.)

• Denies acute neck pain, paresis, or paresthesias (ER)

• Pain @ side of her mandible and has difficulty closing her mouth (ER)

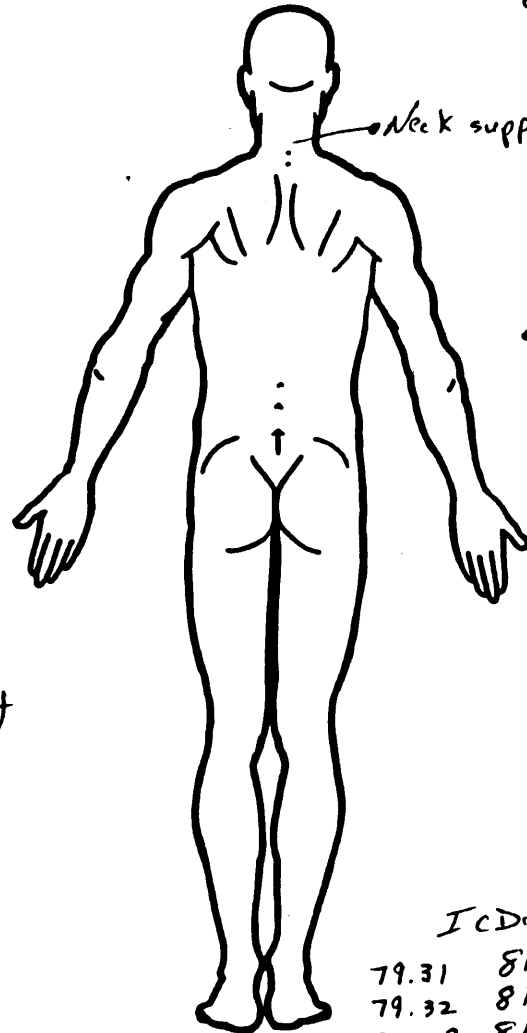
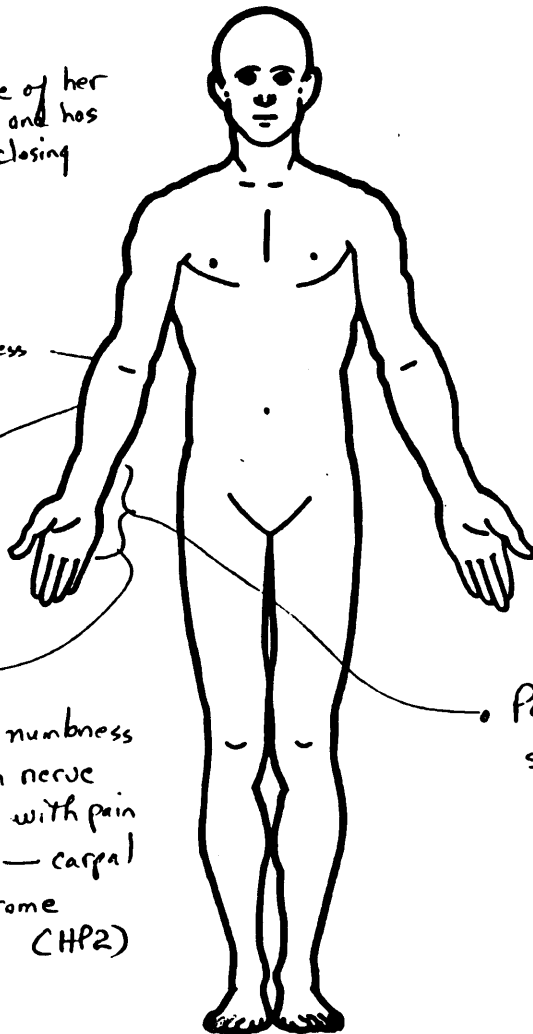
• Neck supple and non-tender (ER, HP)

• Elbow tenderness to flexion (ER)
• Tenderness at proximal @ forearm (ER)

• Obvious mid-arm swelling, tenderness + deformity; no open wounds on @ upper extremity (ER, HP)

• @ hand pain, numbness along median nerve distribution with pain in forearm — carpal tunnel syndrome (HP2)

• Possible compartment syndrome @ arm (HP2)



V54.0

ICD:9:cm
79.31 812.21
79.32 813.22
77.79 813.01
78.69 813.05

354.0

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No
 Yes +
 Air bag

Blood Alcohol Level (mg/dl)

BAL = ___

Glasgow Coma Scale Score

GCSS = 15

Units of Blood Given

Units = ___

Arterial Blood Gases

pH = ___

PO₂ = ___

PCO₂ = ___

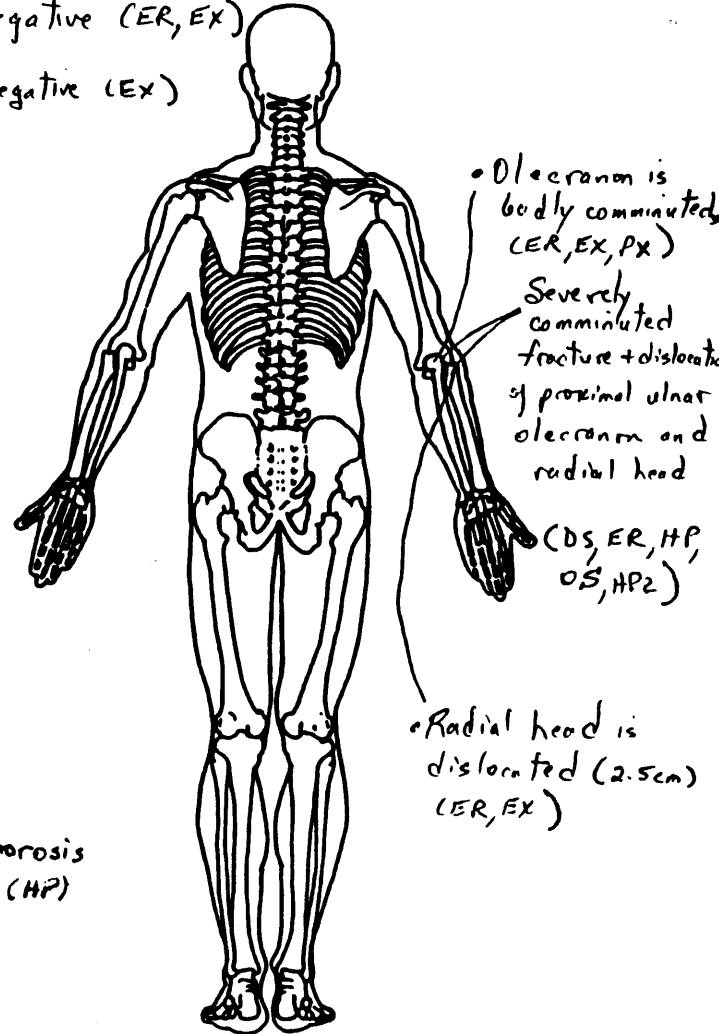
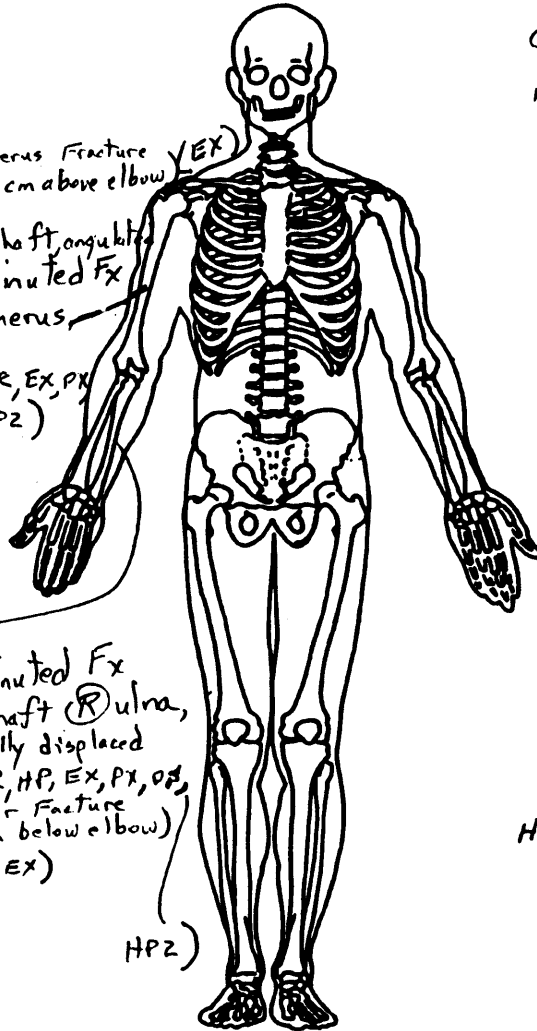
HCO₃ = ___

(OS², HP²) = 2nd ER visit ~ 2 weeks post crush for hand pain

• Wearing a seat belt and shoulder harness and at impact her air bag inflated (ER)
 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.)

X-rays:

C-spine } Negative (ER, EX)
 Chest }
 Mandible - Negative (EX)



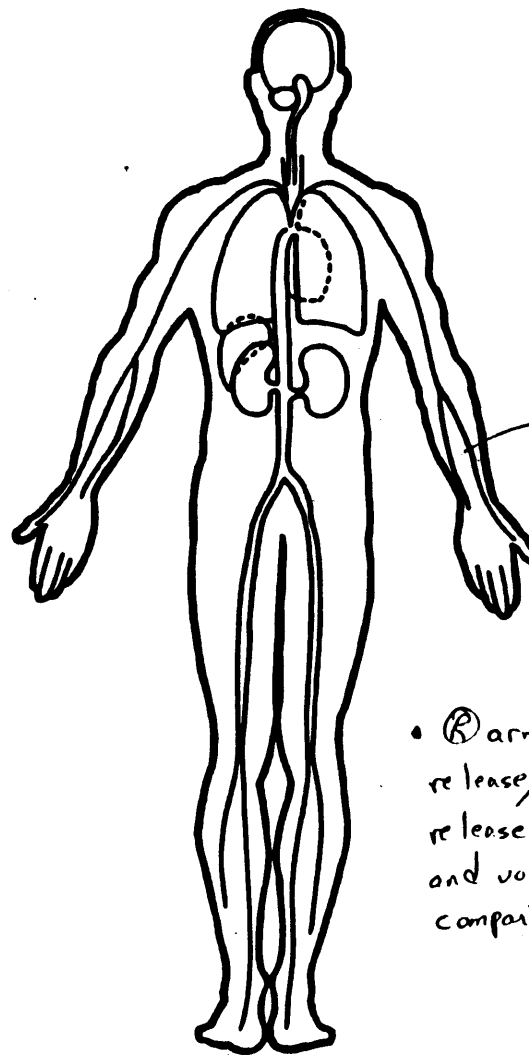
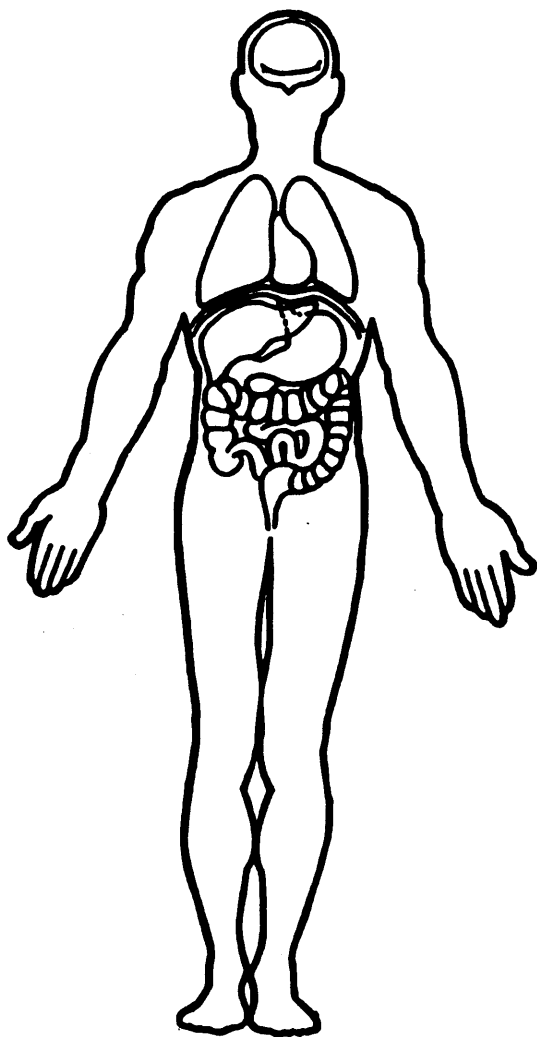
Hx: mild osteoporosis (HP)

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, 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.)

• Alert + oriented x 3
(ER)

• No LOC (ER)
• No Amnesia (ER)



Compression,
Ⓡ median
nerve; status
post severe
trauma, Ⓡ arm
(OS2)

• Ⓡ arm carpal tunnel
release, median nerve
release in the forearm,
and volar fascia
compartment releases
(OS2)

	ACCT. NUMBER	ADM. DATE	TIME	SVC.	ROOM/BED	P.T.	F.C.	DISCH. DATE	TIME	MED. REC. NO.
	[REDACTED]	[REDACTED]/91	[REDACTED]	[REDACTED]	[REDACTED]	I	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PATIENT	PATIENT NAME AND ADDRESS				SSN • PH • DOB • AGE	EMPLOYER	WORK PHONE	OCCUPATI		
	[REDACTED]				[REDACTED] 052Y	HOMEMAKER				
GUARANT.	GUARANTOR NAME AND ADDRESS				SSN • RELATION • PH	EMPLOYER	WORK PHONE	OCCUPATI		
	[REDACTED]				SELF	HOMEMAKER				
EMER.	SPOUSE OR PARENT		RELATIONSHIP		PHONE	WORK PHONE				
	[REDACTED]		HUSBAND		[REDACTED]	[REDACTED]				
EMER.	RELATIVE OR FRIEND		RELATIONSHIP		PHONE	WORK PHONE				
	[REDACTED]									
INSURANCE	INSURANCE CO.		SUBSCRIBER NAME		RELATIONSHIP					
	[REDACTED]		[REDACTED]		[REDACTED]					
	HOMEMAKER		HOMEMAKER		SELF					
INSURANCE	INSURANCE CO.		SUBSCRIBER NAME		RELATIONSHIP					
	[REDACTED]		[REDACTED]		[REDACTED]					
	HOMEMAKER		HOMEMAKER		SELF					
MEDICAL	DIAG: STATUS POST MVA, FRACTURED RIGHT HUMERUS,				PHYSICIAN NAME		NO.			
	DIAG: DISLOCATED RIGHT ELBOW, FRACTURED RIGHT U				[REDACTED]		00000			
	NOTES: ER ([REDACTED]) TO IP						00000			
MEDICAL	INJURY: MVA				FAMILY PHY:					
	DATE: [REDACTED]/91				NON STAFF PHY:					
	BROUGHT BY: AMB				VALUB:		SMK:		RELIG: UNK	
FINAL DIAGNOSIS										
① Humeri fx										
② comminuted @ ulna fx										
③ comminuted @ elbow fx - dislocate										
812.21										
813.22										
813.01										
813.05										
E813.0										
COMPLICATIONS										
OPERATIONS AND/OR SPECIAL PROCEDURES										
① RIF @ elbow										
② RIF @ humeri										
③ RIF @ ulna										
79.31										
79.32										
77.79										
MEDICAL RECORDS										
PHYSICIAN'S SIGNATURE: [REDACTED]										
DATE: [REDACTED] TIME: [REDACTED]										

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

MED. REC. NO.

NAME

AGE/ROOM

ATTENDING PHYSICIAN

[REDACTED] M.D.

Page 1

DISCHARGE SUMMARY

DATE OF ADMISSION: [REDACTED]-91

DATE OF DISCHARGE: [REDACTED]-91

Please see the admission history and physical examination and operative report but essentially Mrs. [REDACTED] is a 52 year old female, who was involved in a motor vehicle accident and had a severely comminuted elbow. On the day of admission she underwent open reduction internal fixation of: a humerus fracture; of a comminuted ulnar fracture; and also a comminuted fracture dislocation of the elbow and olecranon. Postoperatively, she had a significant amount of swelling which has subsided. She is presently neurovascularly intact. She is in a posterior mold. Her dressings have been changed. She is doing well. She will go home with strict instructions about elevation and active finger extension and flexion. She will follow-up in the office in three days. She was given a prescription for pain medication to go home with.

D&T: [REDACTED]-91 [REDACTED]-91

M.D.

MED. REC. NO.

NAME

AGE

52

ATTENDING PHYSICIAN

[REDACTED] M.D.

HISTORY, PHYSICAL EXAM.

OPERATION REPORT

DISCHARGE SUMMARY

CONSULTATION REPORT

OTHER

EMERGENCY REPORT

[REDACTED] / 91

cc: [REDACTED] M.D.

HISTORY OF PRESENT ILLNESS: This 52-year-old lady was in a motor vehicle accident about 45 minutes ago and is transported to the hospital by [REDACTED] Ambulance. The patient was the driver of a Ford Torus making a left-hand turn when she was suddenly and unexpectedly struck head-on by another car that may have gone through a controlled intersection. The patient was wearing a seat belt and shoulder harness and at impact her air bag inflated. She immediately experienced severe pain in her right arm. She also has some pain on the right side of her mandible and has difficulty closing her mouth. There was no loss of consciousness. She denies acute neck pain, pareses, or paresthesias. Her spine was immobilized at the scene and she was transported with full cervical spine immobilization. Her vital signs were stable en route. She has no amnesia. Her car apparently has extensive front-end damage. There was no structural intrusion.

PHYSICAL EXAMINATION: She is alert and oriented times three. She is in acute pain. Vital signs--Blood pressure 104/80, pulse 76, respirations 14, temperature 96.1. Pupils equal and reactive to light, EOM's full. There is no facial bony tenderness or deformity. There is no point tenderness on the mandible. Teeth are intact. There are no intraoral hematomas. TM's are clear. There is no tenderness over the mandibular condyles. After x-ray examination cleared the cervical spine, the neck was supple and nontender. There was no anterior bruising or tenderness. No chest wall, sternal, rib, or thoracic spine tenderness. Lungs are clear to auscultation, equal breath sounds bilaterally. Cardiac--Regular rhythm without murmur or rub. Abdomen soft, no masses, no tenderness. Pelvis is stable and nontender. No lumbosacral spine tenderness. Extremities--The patient's extremity injuries are confined to the right upper extremity. She has obvious mid arm swelling, tenderness, and deformity. There appear to be no open wounds on the right upper extremity. There is elbow tenderness and elbow effusion deformity. There is tenderness at the proximal right forearm. Radial pulses intact. Grip is weak. Full sensation is present on the right upper extremity. There is no clavicular tenderness on the right. Neurologic--Motor, sensory, cranial nerves, deep tendon reflexes, gait and speech all normal.

LABORATORY: X-ray of the cervical spine is negative for fracture. Chest x-ray is negative for acute fracture. Mediastinum appears normal. X-ray of the right upper extremity reveals mid shaft angulated right humerus fracture. Elbow x-ray shows a fracture dislocation of the right elbow. The olecranon is badly comminuted. The medial epicondyle may possibly be fractured. The radial head is dislocated. Forearm x-ray reveals a minimally displaced mid shaft right ulnar fracture.

(CONTINUED)

MED. REC. NO.

NAME

AGE

52

ATTENDING PHYSICIAN

[REDACTED] M.D.

HISTORY, PHYSICAL EXAM.

OPERATION REPORT

DISCHARGE SUMMARY

CONSULTATION REPORT

OTHER

EMERGENCY REPORT (PAGE TWO)

TREATMENT: IV Normosol-R, Inapsine, 0.25cc IV, morphine was titrated IV for pain. Patient was unable to void. She also gives a history of interstitial cystitis and asked to be catheterized. Foley catheter was placed. Dr. [REDACTED] was consulted and he requested that Dr. [REDACTED] be consulted. Doctor [REDACTED] was consulted and arrived in the emergency room to evaluate the patient.

DIAGNOSTIC IMPRESSION: Motor vehicle accident, fractured right humerus, fracture dislocation, right elbow, and fractured right ulna.

DISPOSITION: The patient is kept NPO in anticipation of surgery later this afternoon. She will be admitted to room 304.

M.D.

[REDACTED] 91

[REDACTED] 91

MED. REC. NO.

NAME

AGE/ROOM

F 52 RM

ATTENDING PHYSICIAN

M.D.

Page 1

HISTORY AND PHYSICAL EXAMINATION 91

CHIEF COMPLAINT: Right arm pain.

HISTORY OF PRESENT ILLNESS: Mrs. [REDACTED] is a 52-year-old woman who was involved in a motor vehicle accident when she made a right turn and the car in that lane hit her. Her air bag blew up. She was complaining of mainly right elbow pain.

PAST MEDICAL HISTORY: Is positive for a [REDACTED] in 1987, otherwise her medical problems include hypertension and mild osteoporosis and interstitial cystitis.

MEDICATIONS: The medications she takes include [REDACTED] mg po qd, and an estrogen patch twice weekly.

ALLERGIES: CORTISONE.

PHYSICAL EXAMINATION: Generally well developed, well-nourished, 52-year-old in significant distress.

HEENT: Within normal limits.

NECK: Supple and nontender.

SPINE: Supple and nontender.

CHEST: Clear to auscultation.

HEART: Regular rate and rhythm. No audible murmurs.

ABDOMEN: Soft, nondistended, nontender. Normal bowel sounds heard.

EXTREMITIES: She has a good range of motion of the hips, pelvis and lower extremities as well as the left upper extremity. However, the right upper extremity shows severely shortened and disfigured arm. There are no open wounds. She has good distal pulses at the radius and ulna. She has some slight tingling sensation along the median nerve distribution but otherwise is neurovascularly intact.

X-rays reveal a comminuted fracture of the ulnar shaft, a fracture of the humerus shaft and a severely comminuted fracture/dislocation of her elbow.

PLAN: Take to the OR to do open reduction and internal fixation.

D: [REDACTED]-91/T: [REDACTED]-91

M.D.

RADIOLOGY REPORT

EXAM DATE: [REDACTED] 91

PATIENT:

PHYSICIAN: [REDACTED]

DOB :

PHYSICIAN:

MR NO. :

RM NO. : ORP

RIGHT HUMERUS, TWO VIEWS AND RIGHT FOREARM, TWO VIEWS

There is an unusually severe comminuted fracture involving the ulna at the elbow joint. It is simply shattered in this region with the largest remaining fragment being the tip of the olecranon, and this is a little more than 2 cm in greatest dimension. The principal remaining articular surface is on that fragment and on a 2 cm fragment containing the coronoid process. Most of the fragments override ventrally, and this is associated with dislocation of the radius which also overrides ventrally by 2.5 cm. There is also a fracture of the humeral shaft centered about 12-13 cm above the elbow joint. It has a lateral convex angulation approximately 60 degrees from the normal. There is also a comminuted fracture of the ulnar shaft centered about 11 cm from the usual position of the elbow joint. The distal fragments override about 2 cm on the dorsal aspect of the proximal fragment.

CONCLUSION: 1. Dislocation of the radial head associated with an unusually severe comminuted fracture of the ulna at the elbow joint.
 2. Fractures of the humeral and ulnar shafts, as described.

ELBOW IN SURGERY

The humeral fragments are in anatomic position and fixed there by a plate attached on the lateral side. The same is true of the fracture of the ulnar shaft. In that case, two additional small screws were utilized. Internal fixation of the fracture of the ulna, at the elbow joint, is provided by multiple thin pins and small screws as well as a wire loop. At the joint, one gap of a little more than 3 mm is visualized with a step of about the same dimensions.

CONCLUSION: 1. Internal fixation, as described.

D&T: [REDACTED] 91

 M.D.

MED. REC. NO.

NAME

AGE/ROOM

ATTENDING PHYSICIAN

[REDACTED] M.D.

Page 1

OPERATION REPORT

[REDACTED] 91

PREOPERATIVE DX: Comminuted fracture, right humerus, comminuted fracture, right mid shaft of the ulna, and severely comminuted fracture dislocation of the proximal ulnar olecranon and radial head

POSTOPERATIVE DX: Same

OPERATION: Open reduction internal fixation of right humerus, open reduction internal fixation of right elbow, open reduction internal fixation of right ulna

SURGEON: [REDACTED] M.D.

ASSISTANT: [REDACTED] M.D.

ANESTHESIA: General via endotracheal intubation

PROCEDURE: The patient was brought to the operating room, placed on the table in the supine position. After general anesthesia was achieved via endotracheal intubation the patient's left hip was scrubbed with Betadine solution and patted dry with sterile towels. The area was repainted with sterile Betadine solution and draped off in the usual sterile manner. That was the anterior left iliac crest. We also draped the right arm completely, after scrubbing with Betadine solution and painting it with sterile Betadine solution, in a similar manner. We first turned our attention to the humerus fracture, where we made an incision approximately 8 cm in length over the anterolateral aspect. The incision was carried down through the subcutaneous tissue and the subcutaneous tissue was elevated off of the muscles with scissors, being very careful not to cut but rather just to spread. We then went into the interval between the brachialis and the biceps tendon, exposing the humerus. The location of the radial nerve was seen and it was protected throughout the course of the incision. We then cleaned up the ends of the fracture fragment, reduced the fracture and then held it with bone clamps while we attached an eight hole DCP compression plate from the small fragment set. This was done in the usual AO technique manner. The wound was then very copiously irrigated with normal saline solution and a wet lap sponge was packed in the wound for protection. We then turned our attention to the forearm where we made an incision that was just proximal to the olecranon, extended down along the ulna for at least 15 cm. We cut down sharply on the ulna and used periosteal elevator to elevate the soft tissue attachments off the bone, and proceeded to identify the ulnar fracture. It was rather comminuted and two large

RADIOLOGY REPORT**EXAM DATE:** [REDACTED]/91**PATIENT:****PHYSICIAN:** [REDACTED]**DOB :****PHYSICIAN:****MR NO. :****RM NO. : ED****AP SUPINE CHEST**

There is a mild levoscoliosis of the upper thoracic spine. No fracture is identified. The heart is within normal limits in size for the projection. The lungs are grossly clear but difficult to interpret because of poor inspiration.

CONCLUSION: 1. No evidence of fracture.**CERVICAL SPINE**

There is reversal of the normal lordotic curvature in the lower cervical spine. This is within normal limits for the supine position. There is moderate narrowing of the C5-6 disc space secondary to degenerative disc disease. Osteophytes are small. There is mild relatively narrowing of the C6-7 disc. No fracture is identified. There is a mild dextroscoliosis.

CONCLUSION: 1. Degenerative disc disease.**MANDIBLE**

No abnormality of the mandible is identified.

D&T: [REDACTED]/91

M.D.

MED. REC. NO.

NAME

AGE/ROOM

ATTENDING PHYSICIAN

[REDACTED], M.D.

Page 2

OPERATION REPORT [REDACTED] 91

pieces were put back with interfragmentary screw technique. We then proceeded to put a small fragment eight hole plate on the ulnar fractures after reducing it with all the small fragments in place. The usual AO technique of drilling, measuring with depth gauge, tapping and cortical screws were inserted. We then turned our attention to the elbow which was really quite severe. We made sure the radial head was located and then piece by piece put back all the little fragments and chips using a combination of interfragmentary screws and K wires. We then proceeded to drill a hole through the ulna for a cerclage figure-of-8 wire which we used to come around our various pins to help keep our fractures located. This was done in an appropriate manner, not all the pins were looped around, only those that would help with compression and not distraction. When this was done we turned our attention to the left iliac crest, where a small incision was made through the skin, down through the subcutaneous tissue, closing the iliac crest and we proceeded with an osteotome and curet to obtain a small sample of bone graft, which we used to fill in the defects in our olecranon. When we were finished, the iliac crest wound was copiously irrigated with normal saline solution, the fascia was closed with 0 Vicryl suture, we approximated the subcutaneous tissue with 2-0 Vicryl sutures. The wounds were stapled in the usual manner. I then proceeded to close our other wounds, first I closed the wound over the humerus ^{by} and approximated the subcutaneous tissue with 2-0 Vicryl sutures, and approximated the skin edges with staples. In the forearm and elbow wound I left the fascia open and just closed subcutaneous tissue with 2-0 Vicryl sutures, approximated the skin edges with staples. The wounds were bandaged in the usual sterile manner and the patient had good passive range of motion on the table. We placed her in a very long splint for the entire length of the arm, and wrapped it loosely with an Ace. She was then extubated and taken to the recovery room in stable condition, where xrays were taken.

M.D.[REDACTED]
D&T [REDACTED] /91

NT	ACCT. NUMBER	ADM. DATE	TIME	SVC.	ROOM/BED	P.T.	F.C.	DISCH. DATE	TIME	MED. REC. NO.	
PATIENT NAME AND ADDRESS					SSN • PH • DOB • AGE	EMPLOYER	WORK PHONE	OCCUPATI			
[REDACTED]					[REDACTED] 052Y	HOMEMAKER					
GUARANTOR NAME AND ADDRESS					SSN • RELATION • PH	EMPLOYER	WORK PHONE	OCCUPATI			
[REDACTED]					HUSBAND						
SPOUSE OR PARENT					RELATIONSHIP	PHONE	WORK PHONE				
[REDACTED]					HUSBAND						
RELATIVE OR FRIEND					RELATIONSHIP	PHONE	WORK PHONE				
[REDACTED]											
INSURANCE CO.					SUBSCRIBER NAME	RELATIONSHIP					
[REDACTED]					PRE AUTH#:	PRE AUTH DAYS:					
[REDACTED]					POL.#:	GRP.#					
[REDACTED]					GRP. NAME:	SELF					
HOMEMAKER					[REDACTED]	[REDACTED]					
[REDACTED]					PRE AUTH#:	PRE AUTH DAYS:					
[REDACTED]					POL.#:	GRP.#					
[REDACTED]					GRP. NAME:	[REDACTED]					
[REDACTED]					[REDACTED]	[REDACTED]					
POL.#:					GRP. NAME:	GRP.#					
DIAG RIGHT CARPAL TUNNEL SYNDROME					PHYSICIAN NAME					NO	
DIAG					[REDACTED]					[REDACTED]	
NOTES:										0000	
NOTES:										0000	
INJURY: MVA					FAMILY PHY:					[REDACTED]	
PRV. ADM. [REDACTED]					NON STAFF PHY:					[REDACTED]	
BROUGHT BY:					1.	2.	3.	4.	5.	6.	VALUB: SMK: N PUB: Y VIP: RELIG: PRT
FINAL DIAGNOSIS										CODE NO.	
① Corac - Med N tightness										354.0	
										VS4.0	
COMPLICATIONS											
OPERATIONS AND/OR SPECIAL PROCEDURES											
① Release carpal tunnel, ② Med p										04.43	
of volar corac process + removal										78.69	
of PK wrist											
MEDICAL RECORDS					PHYSICIAN'S SIGNATURE:					DATE: TIME:	
AS: AN: AB: FC:					[REDACTED]					[REDACTED]	

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

MED. REC. NO.

NAME

AGE/ROOM

ATTENDING PHYSICIAN

M.D.

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HISTORY AND PHYSICAL EXAMINATION TBA [REDACTED]/91

CHIEF COMPLAINT: Right hand pain

HISTORY OF PRESENT ILLNESS: The patient is now two weeks status post a motor vehicle accident where she suffered a severely comminuted fracture dislocation of the elbow and olecranon, a comminuted fracture of the mid shaft of the ulna, and a fracture that in reality is comminuted of the mid shaft of the humerus. She underwent open reduction internal fixation on the day of admission and has done well postoperatively except for continued numbness along the median nerve distribution with pain in the forearm.

PAST HISTORY: Significant for total hysterectomy in 1988, operations as above, and occasional bladder distention.

MEDICATIONS: Advil, estrogen, Ecotrin and L-myron which is an experimental drug for her chronic bladder cystitis that she takes for bleeding control.

ALLERGIES: CORTISONE AND DEMEROL.

PHYSICAL EXAMINATION: A well developed, well nourished 52 year old in mild distress.

HEAD AND NECK: HEENT within normal limits, neck supple and nontender.

CHEST: clear to auscultation, regular rate and rhythm.

RIGHT ARM: wound healing up well, diminished sensation to soft touch and pin prick along the medial nerve distribution, today she has no pain with passive flexion and extension of the fingers though I am concerned about possible compartment syndrome.

PLAN: Carpal tunnel release and volar fascial release.

M.D.

D&T [REDACTED]/91

MED. REC. NO.

NAME

AGE/ROOM

ATTENDING PHYSICIAN

[REDACTED], M.D.

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OPERATION REPORT [REDACTED]/91

PREOPERATIVE DX: Compression, right median nerve, status post severe trauma, right arm

POSTOPERATIVE DX: Same

OPERATION: Right arm carpal tunnel release, median nerve release in the forearm and volar fascia compartment releases

SURGEON: [REDACTED] M.D.

PROCEDURE: The patient was brought to the operating room, placed on the table in the supine position. A tourniquet around the proximal arm was inflated to 250 mm Hg and the right arm was scrubbed with Betadine solution for a period of ten minutes and patted dry with sterile towels. The area was repainted with sterile Betadine solution and draped in the usual sterile manner. An incision was made in line with the fourth ray just ulnar to the thenar eminence, zigging only, then back radially to avoid the median cutaneous nerve, and then at the wrist flexor crease the wound was extended, curved sharply toward the ulna, then gently curved back radially and back ulnarly again the length of the forearm. The incision was carried down through the skin only, the subcutaneous tissue was spread very carefully. Any obvious veins were coagulated with the Bovie. I then proceeded to release the carpal tunnel with release of the deep fascia. The median nerve was very tightly compressed and the median nerve was followed up into the forearm and released all the way two-thirds up into the forearm toward the supinator. We then proceeded to release the underlying skin from the muscle and then proceeded to release all the volar fascial compartments. I felt very confident we had done a very adequate and competent release. The muscles themselves did not appear to be necrotic. Based on that, I very copiously irrigated the wound with normal saline solution, and loosely approximated the skin with a combination of 4-0 nylon and skin clips. A splint was placed, tourniquet was let down and the patient was taken to the recovery room in stable condition.

M.D.D [REDACTED]/91
T [REDACTED]/91

PATHOLOGY REPORT

EXAM DATE: [REDACTED] 91
PHYSICIAN: [REDACTED]
PHYSICIAN: [REDACTED]

PATIENT:
DOB :
MR NO. :
TISSUE : Pin from right elbow

PREOPERATIVE DIAGNOSIS

Two weeks post-op right arm multiple fractures and carpal tunnel.

GROSS DESCRIPTION:

Received is a Steinman pin from the right elbow. This measures 8.7 cm in length and 2 mm in diameter. It is not submitted.

DIAGNOSIS: STEINMAN PIN.

M.D.

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