



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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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
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TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 94-05
FLEET - PRIVATE VEHICLE
LOCATION - ██████████, MISSOURI
ACCIDENT DATE - ██████████, 1993

Submitted By:

████████████████████
Senior Staff Associate

██████████, 1994

Contract Number: DTNH22-94-A-07048

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. 94-05		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location ██████████ Missouri				5. Report Date ██████████ 1994	
				6. Performing Organization Code	
7. Author(s) ██████████				8. Performing Organization Report No. TRC/IU 94-05, Task 1202	
9. Performing Organization Name and Address Indiana University Transportation Research Center ██████████ ██████████, Indiana 47403-1599				10. Work Unit No. (TRAIS)	
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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 ██████████ 1993	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag investigation involving a 1986 Mercedes Benz 190E, 4-door sedan					
16. Abstract <p>This report covers an remote investigation of an air bag deployment crash that involved a 1986 Mercedes Benz 190E, 4-door sedan. This crash was selected for investigation because the right front passenger wrote a letter to the local newspaper discussing the injury-reduction performance of her husband's air bag and urging that dual air bags be provided in all cars. The Mercedes Benz was traveling south in the inside, southbound lane of a four-lane, undivided, city roadway when, according to the case vehicle driver, the case vehicle struck a patch of ice, rotated counterclockwise across the two northbound lanes, and off the roadway. The front center of the Mercedes Benz (case vehicle) impacted a tree which was located a few feet east of the curb on the east side of the roadway causing the case vehicle's driver side supplemental restraint system (air bag) to deploy. According to the case vehicle driver, the Mercedes continued to rotate counterclockwise after impact and came to rest heading southeast next to the struck tree with the vehicle's rear end still partially in the roadway. The case vehicle's driver (48 year-old male) was also restrained by the available, active, three-point, lap and shoulder belt and sustained, according to his medical records, minor injuries which included multiple contusions to his nose, center chest, and left hip. The right front passenger in the case vehicle (49 year-old female) was also restrained by the available, active, three-point, lap and shoulder belt and sustained, according to her medical records, severe injuries which included: ruptured spleen; lacerated liver; concussion; fractured and displaced left 7th and 8th ribs with flail chest and left pneumothorax; and contused left abdomen, chest, and knee.</p>					
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 64	22. Price

TABLE OF CONTENTS

	<u>Page No.</u>
Accident Data	1
Ambient Conditions	1
Roadway	1
Vehicles	2
Vehicle Damage	2
Collision Sequence	2
Driver Data	3
Driver Injuries	4
Passenger Injuries	4
Selected Prints	5
Newspaper Article	6
Vehicle Inspection/"Total Loss Settlement" Report	8
Appendix A: Police Accident Report	11
Appendix B: NASS CDS Accident Form	14
Appendix C: NASS CDS General Vehicle Form: Case Vehicle	16
Appendix D: NASS CDS Interview Form: Case Vehicle Driver	20
Appendix E: NASS CDS Occupant Assessment Form: Case Vehicle Driver	29
Appendix F: NASS CDS Occupant Injury Form: Case Vehicle Driver	34
Appendix G: NASS CDS Occupant Assessment Form: Case Vehicle Passenger	41
Appendix H: NASS CDS Occupant Injury Form: Case Vehicle Passenger	46

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 94-05

FLEET - PRIVATE VEHICLE
LOCATION - ██████████ MISSOURI

Summary

This report concerns a motor vehicle crash involving an air bag equipped 1986 Mercedes Benz 190E, 4-door sedan and a tree occurring on ██████████ ██████████ ██████████ 1993 at ██████████ p.m., in ██████████, Missouri on a city street. This crash was selected for investigation because the right front passenger wrote a letter to the local newspaper discussing the injury-reduction performance of her husband's air bag and urging that dual air bags be provided in all cars.

The Mercedes Benz was traveling south in the inside, southbound lane of a four-lane, undivided, city roadway when, according to the case vehicle driver, the case vehicle struck a patch of ice, rotated counterclockwise across the two northbound lanes, and off the roadway striking a tree, which was located a few feet east of the curb on the east side of the roadway. According to the case vehicle driver, the Mercedes continued to rotate counterclockwise after impact and came to rest heading southeast next to the struck tree with the vehicle's rear end still partially in the roadway.

The front center of the Mercedes impacted a tree. The CDC is estimated as: 12-FYEW-2 for the tree impact. No reconstruction program was used on this crash.

The 1986 Mercedes Benz 190E was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the case vehicle (48 year-old male) was also restrained by the available, active, three-point lap and shoulder belt. He sustained, according to his medical records, minor injuries which included multiple contusions to his nose, center chest, and left hip. The driver of the case vehicle was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this crash. The right front passenger in the case vehicle (49 year-old female) was also restrained by the available, active, three-point, lap and shoulder belt and sustained, according to her medical records, severe injuries which included: ruptured spleen; lacerated liver; concussion; fractured and displaced left 7th and 8th ribs with flail chest and left pneumothorax; and contused left chest, abdomen, and left knee. The right front passenger was listed on the Police Accident Report as also sustaining a "B" (nonincapacitating-evident) injury.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED], MISSOURI
ACCIDENT DATE - [REDACTED] 1993

ACCIDENT DATA

Location/Street: City Street
City/Township: [REDACTED] Missouri
Area/Type: Urban residential
Accident Date/Time: [REDACTED], [REDACTED] 1993 @ [REDACTED] p.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car - ran-off-road
Occupant Injury Severity (air bag vehicle): Complex splenic laceration (AIS-5)

AMBIENT CONDITIONS

Light conditions: Dark with street lights on
Weather Condition: Cloudy, cold
Precipitation: None
Road Surface: Icy

ROADWAY

Case Vehicle

Location: City street, inside southbound lane
Number of Travel Lanes: 4-lanes, undivided
Surface Type: Asphalt
Vertical alignment: Grade--unknown if positive or negative
Horizontal alignment: Straight
Traffic Density: Unknown
Speed Limit: 56 k.p.h. (35 m.p.h.)
Traffic Controls: Double solid yellow centerline and white broken lane lines--based on Police Accident Report

VEHICLES

	<u>Case Vehicle</u>
Year:	1986
Make:	Mercedes Benz
Model:	190E
Body Type:	4-door
V.I.N.:	WDBDA24D1GF-----
Mileage:	99,448 Kilometers (61,794 miles)
Securiflex windshield:	Unknown
Windshield damage/source:	Unknown
Fleet:	Private vehicle
Tow status:	Towed due to damage
Reported Defects:	None

VEHICLE DAMAGE

	<u>Case Vehicle</u>
<u>Deployment Impact</u>	
Object Struck:	Tree, unknown size
Event number:	First
Damage location:	Front
CDC:	12-FYEW-2
Estimated Maximum Crush:	46 centimeters (18 inches)
Damage components:	Unknown -- see page 5
Repair Estimate:	Total loss ~ \$12,000 actual cash value
Interior damage:	Unknown -- see page 5

COLLISION SEQUENCE

According to the case vehicle driver, the case vehicle was traveling south in the inside lane of a four-lane--two lanes southbound, two lanes northbound, undivided, city street at a driver estimated speed of 56 k.p.h. (35 m.p.h.) when several vehicles passed him on his right (southbound, outside lane).

COLLISION SEQUENCE (CONT'D.)

According to the case vehicle driver, he decided to accelerate. When he did, he claims his vehicle struck an ice patch in the roadway at which time he lost control of his car. According to the case vehicle driver and the diagram on the Police Accident Report, the case vehicle rotated counterclockwise across the two northbound lanes and off the roadway.

According to the case vehicle driver, the front center of the vehicle impacted a tree, which was located a few feet east of the curb on the east side of the roadway. According to some photocopies of the case vehicle insurer's photographs that this contractor was allowed to see, the case vehicle struck the tree with its front center. According to the case vehicle driver, the vehicle continued to rotate counterclockwise after impact and came to rest heading southeast next to the struck tree with the vehicle's rear end still partially in the roadway.

According to the driver of the case vehicle and the Police Accident Report, the case vehicle was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact with the tree. Both the driver and right front passenger of the case vehicle indicate that they were also restrained by their available, active, three-point lap and shoulder belts. The case vehicle driver indicated that prior to losing control he was sitting straight up with his right arm on the steering wheel and his left arm on the armrest with his feet normally positioned (i.e., left on toepan, right on accelerator). The case vehicle driver was treated and released. The right front passenger indicated that she was hospitalized for eleven days (three and one-half in an intensive care unit). She indicated that she turned her body to the right (to hold onto the door handle) just prior to the tree impact.

DRIVER DATA

	<u>Case Vehicle</u>
Age:	48
Sex:	Male
Height:	178 centimeters (70 inches)
Weight:	70 kilograms (154 pounds)
Occupation:	Salesman
Active Restraint System/Usage:	3-point lap and shoulder belt/used
Usage Source:	Driver and Police Accident Report
Eye glasses/contacts:	Unknown
Vehicle Familiarity:	Many years
Route Familiarity:	Daily

DRIVER DATA (CONT'D.)

	<u>Case Vehicle</u>
Trip Plan:	Unknown
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Treated and released

DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Contusion, nasal area	290402.1,4	Air bag {certain}
Contusion, sternal area	490402.1,4	Torso belt {probable}
Contusion, left hip	890402.1,4	Lap belt {probable}

PASSENGER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Complex laceration {rupture} of spleen	544228.5,2	Torso belt {certain}
Small capsular laceration of liver	541822.2,1	Torso belt {probable}
Concussion with brief loss of consciousness	160202.2,0	Right dash {possible}
Fractured and displaced left 7th and 8th ribs in posterior axillary line with flail chest and left pneumothorax	450262.3,2	Torso belt {certain}
Contused left chest	490402.1,2	Torso belt {probable}
Contused left abdomen	590402.1,2	Lap belt {probable}
Contused left knee	890402.1,2	Right dash {probable}

SELECTED PRINTS**NOT AVAILABLE**

The insurer of the case vehicle sent this contractor some photocopies of the polaroid photographs that they took. These photocopies were not suitable for reproduction. The insurer indicated that they would provide this contractor with duplicates of the actual photographs. The insurer sent their polaroids away for reproduction. The original polaroids have now been lost; therefore, no selected prints are available.

NEWSPAPER ARTICLE

from the

[REDACTED] Star

[REDACTED] 1994

They're no panacea

I was happy to see [redacted] article about air bags. As an automotive instructor, I am concerned that the general public has developed misconceptions about the benefits of these devices. Air bags can mitigate some injuries in certain types of collisions, but they are by no means a panacea for automotive safety.

Only 2 percent to 10 percent of collisions meet the criteria for air bag deployment and, as [redacted] discovered, the air bags themselves can cause minor injuries. People should also know that it is never acceptable to use a rearward-facing child seat in the front seat of any car equipped with a passenger air bag; a forward-facing child seat is typically acceptable, but then only if the front passenger seat is moved fully rearward.

The two most important things a person can do to minimize his or her chances of injury are to buckle up properly and drive sober. So far as vehicle safety features are concerned, anti-lock braking systems will save far more lives than air bags ever will. My advice to friends is not to even consider a car that doesn't have ABS; as for air bags, put them in perspective and move them several notches down your safety shopping list.

Instructor,
[redacted]

Safer with airbags

I am writing regarding the unfavorable article in the [redacted] Style section concerning air bags. This prominent article featured a woman who claims to have been injured by a defective air bag; she states that she will try to never have a car with one again.

First of all, she will have to pay to have it removed at some point, since they will be required in American automobiles by 1995, and dual air bags by 1998. Perhaps she would reconsider in light of my recent experience.

On the night of [redacted] 1993, my husband and I were traveling on [redacted] Road at the posted speed limit, 35 mph, when we suddenly hit an unseen patch of ice and ended up hitting a tree head on.

The impact was incredible; since we were both wearing seat belts, we were prevented from going through the windshield. The seat belts did their job, as did the lone driver's side air bag. My husband was examined at the hospital and released that night — he suffered bruises and discomfort, but was essentially able to walk away.

My side did not have an air bag; I suffered six broken ribs, a collapsed lung and had emergency surgery that night to remove my spleen. I spent 11 days in the hospital, four of those in intensive care, with medical bills totaling around \$45,000. I suffered intense pain beyond description, and will not be fully recovered until March. Do I wish I had had an air bag on my side? What do you think?

I wonder about the wisdom of [redacted] printing such a story since I am sure there are some readers who are not convinced that air bags are unsafe. By the way, we now have a car with dual air bags. I recommend them to anyone who cares to listen.

VEHICLE INSPECTION /
TOTAL LOSS SETTLEMENT
REPORT

VEHICLE INSPECTION REPORT / TOTAL LOSS SETTLEMENT REPORT

Claim Number [REDACTED]		Claim Representative [REDACTED]		Claim Unit [REDACTED]
Owner [REDACTED]		Phone Number () [REDACTED]		FAX Number () [REDACTED]
Insured [REDACTED]		Loss Code	Date of Loss 193	Date Reported / /
Location Address [REDACTED]		Phone Number () [REDACTED]		Towing \$ _____ Storage \$ _____ Per Day
Cause of Loss <input type="checkbox"/> Collision <input type="checkbox"/> Theft <input type="checkbox"/> Flood <input type="checkbox"/> Vandalism <input type="checkbox"/> Hail <input type="checkbox"/> Fire <input type="checkbox"/> Other _____				

VEHICLE DESCRIPTION

Year 86	Make Mercedes	Model 190E	Series	Bodystyle 4dr	License Plate Number 1-BWC	Expiration Date / /	State
VIN WDBDA24D1GF [REDACTED]						Exterior Color Hudson	Interior Tan
Engine Disp. 2.3	No. Cyl. 4	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo	Trans.: <input type="checkbox"/> Auto. (3-4) <input type="checkbox"/> STD. (3-4-5-6) <input type="checkbox"/> 4 WD		% of Wear		
Mileage 51,794	Tires: Mtg. Pirelli	Size 5.0 126	<input checked="" type="checkbox"/> Steel Belted <input checked="" type="checkbox"/> Radial <input type="checkbox"/> W/W	LF 40	LR 40	RF 40	RR 40 SP

EQUIPMENT/ACCESSORIES

SEATS <input type="checkbox"/> Power <input type="checkbox"/> Split <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Leather <input type="checkbox"/> Heated <input type="checkbox"/> Lumbar Adj.	STEERING <input checked="" type="checkbox"/> Power <input type="checkbox"/> Tilt <input type="checkbox"/> 4 Wheel Steering <input type="checkbox"/> Telescoping	BRAKES <input checked="" type="checkbox"/> Power <input type="checkbox"/> 4 Wheel Disc <input type="checkbox"/> ABS	ROOF <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Sun (Power/Manual) <input type="checkbox"/> T-Top <input type="checkbox"/> Convertible (Power/Manual) <input type="checkbox"/> Luggage Rack	GLASS <input checked="" type="checkbox"/> Tinted (OEM/Non-OEM) <input checked="" type="checkbox"/> Shaded <input type="checkbox"/> Heated (Frt./Rear) <input type="checkbox"/> Heads-Up Display <input type="checkbox"/> Power Windows <input type="checkbox"/> Rear Glass Wiper	WHEELS <input type="checkbox"/> Standard <input type="checkbox"/> Alum/Mag Alloy (OEM/Non-OEM) <input type="checkbox"/> Chrome <input type="checkbox"/> Wire <input type="checkbox"/> Full Wheel Cover (Wire) <input type="checkbox"/> Hub Caps
---	--	---	---	---	--

RADIO: OEM Non-OEM Brand _____ Model No. _____
 AM-FM Stereo Tape Deck Amplifier Equalizer CD Player Power Antenna

CB: OEM Non-OEM Brand _____ Model No. _____

CELLULAR PHONE: OEM Non-OEM Brand _____ Model No. _____

OTHER INTERIOR <input checked="" type="checkbox"/> Power Locks <input type="checkbox"/> Trunk Release <input checked="" type="checkbox"/> A/C <input type="checkbox"/> Rear A/C <input type="checkbox"/> Digital Dash	<input type="checkbox"/> Cruise Control (OEM/Non-OEM) <input checked="" type="checkbox"/> Air Bag: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pass. <input type="checkbox"/> 3rd. Seat: Captain Chairs <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6	OTHER EXTERIOR <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Special Mtdgs. <input type="checkbox"/> Ground Effects <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Spoiler <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Theft Alarm	PICKUP/VAN - EQUIPMENT/ACCESSORIES <input type="checkbox"/> Step Bumper <input type="checkbox"/> Sliding Rear Window <input type="checkbox"/> Removeable: <input type="checkbox"/> Soft Top <input type="checkbox"/> Hard Top <input type="checkbox"/> Running Boards <input type="checkbox"/> Winch <input type="checkbox"/> Tool Box <input type="checkbox"/> Bed Liner <input type="checkbox"/> Roll Bar <input type="checkbox"/> Light Bar <input type="checkbox"/> Grille Guards <input type="checkbox"/> Aux. Fuel Tank <input type="checkbox"/> Fog Lights <input type="checkbox"/> Trailer Tow Pkg. <input type="checkbox"/> Camper Shell
---	---	--	---

Paint: Original Repaint (+/-) \$ _____ Pinstripes/Graphics 2-Tone Custom Wood Grain

Motorcycles: Faring (Full) Faring (Handle Bar) Luggage Carrier Saddle Bags Headers Side Car Crash Bars

Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.

Damage Complete Tot Sheet Metal - Unibody
Sub Engine - Transmission
Heavy Damage

PRE-LOSS CONDITION

INTERIOR:	<i>(Explain if other than average condition for year, make and model vehicle)</i>	Above Avg.	Avg.	Below Avg.
Seats:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpets:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dash:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headliner:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR:	<i>(Explain if other than average condition for year, make and model vehicle)</i>			
Sheet Metal:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:	<i>(Explain if other than average condition for year, make and model vehicle)</i>			
Engine:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PRIOR DAMAGE: Yes No **Prior Damage Estimate Written:** Yes No Amount \$ _____ **Damage Location:** F - S - R - A

OVERALL CONDITION: Above Avg. Avg. Below Avg. _____

Salvage will be: Rebuilt Sold for parts Scrapped _____ 12-3-92
DATE

TOTAL LOSS SETTLEMENT

Method used to determine base price. (Check one) Computerized Evaluation Comparable Vehicles Book Value Evaluation

Name of Vendor: _____

Did you pay the computerized evaluation amount? Yes No If No, explain: _____

Adjusted Amount \$ _____

1.	Source & Telephone Number	Quote By	Date	Make & Model	Available		Selling/Sold Price
					YES	NO	
1.							
2.							
3.							

Circle vehicle number(s) used to determine base price: (1. 2. 3.) Explain any adjustments for difference in mileage, equipment, condition, prior damage, etc.: _____

Adjusted Amount \$ _____

Book(s) used: Alameda - Dur. List Basic Book Price \$ 10,700

List additions or deductions for equipment, mileage, etc. and prior damage: + 1350 LOW MILES 12,050

Adjusted Amount \$ _____

Did you pay this amount? Yes No If No, explain: _____

Base Price	\$ 12,050	SALVAGE DISPOSITION	Name of Purchaser
Tax	+		
Fees	+	Date Sold	Remarks:
Actual Cash Value	= 12,050	Date Remittance Received	
Owner Retained Salvage	-	High Salvage Bid \$	
Deductible	-	Towing Expense	
Lienholder Payoff	-	Storage Expense	Disposition of Title:
Amount Paid Owner	\$	Miscellaneous Expense	
Date Settled			

UNI-BODY REPAIR

CHIEF
E-Z-LINER

PHONE: [REDACTED]



DATE: [REDACTED] LABOUR

BILL TO		VEHICLE #	TIME PROMISED	Change Oil	<input type="checkbox"/>
ADDRESS		LEASE #	AM	Lubricate	<input type="checkbox"/>
CUSTOMER'S NAME		CITY	P.M.	Change Oil Filter Cart	<input type="checkbox"/>
ADDRESS		CITY	CUSTOMER ORDER NO.	Service Air Cleaners	<input type="checkbox"/>
YEAR		TYPE OR MODEL	WRITTEN BY	Pack Wheel Brgs.	<input type="checkbox"/>
MAKE		YEAR	DELIVER	Adj. Brakes	<input type="checkbox"/>
LICENSE NO.		TYPE	YES <input type="checkbox"/> NO <input type="checkbox"/>	Change Trans. Oil	<input type="checkbox"/>
VEHICLE IDENTIFICATION NUMBER		PHONE WHEN RDY	YES <input type="checkbox"/> NO <input type="checkbox"/>	Change Diff. Oil	<input type="checkbox"/>
PARKING NUMBER		SERIAL NUMBER	SPEEDOMETER	Pack U-Joints	<input type="checkbox"/>
DELIVERY DATE		TRANS. NO.	PH	Align Wheels	<input type="checkbox"/>
PAINT & TRIM NO.		DIFF. NO.	RES	Paint Bumpers	<input type="checkbox"/>
BODY NO.		STYLE NO.	NE	Wash	<input type="checkbox"/>

OPER. No.	INSTRUCTIONS	LABOR
	TOW PAID OUT 150.00	186 -
	TEAR DOWN FOR INSPECTION	135 -
	STORAGE @ 8.00 PER DAY 9 Days	72.00
TOTAL PARTS		
OUTSIDE REPAIRS		

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL. A STORAGE CHARGE WILL BE MADE 3 DAYS AFTER WORK IS COMPLETED.

CHECK NO. [REDACTED] 93

X [REDACTED] 90 Day Warranty on Parts & Labor on New or Reconditioned Parts

ADDITIONAL WORK AUTHORIZED BY _____

NAME: _____

DATE: _____ TIME: _____ AM/PM _____ NEW ESTIMATE _____

TOTAL LABOR	343.00
TOTAL PARTS	72
OUTSIDE LABOR	321.00
SUBLET	
GAS, OIL TRANS. FLD.	
SHOP CHARGE	
TAX	
TOTAL AMOUNT	393.00

CLAIMS OR ADJUSTMENTS REQUESTED MUST BE ACCOMPANIED BY DEFECTIVE PART & THIS RECEIPT

TOTAL SUBLET

DATE: [REDACTED]		NAME: [REDACTED]		REQUESTED BY:	
NAME [REDACTED]			PHONE [REDACTED]		
ADDRESS [REDACTED]					
YEAR		MAKE/MODEL/COLOR		DRIVER	
		MPC 190			
STATE		LIC. NO.		VEHICLE ID NO.	
				TOW	
				50.00 ✓	
				FULL BACK	
				10.00	
				10 MILES	
				20.00	
				3 TOWERS	
				36.00 ✓	
				TOWOUT	
				40.00	
				SHOCKS	
				10.00	
				0 MILES	
				20.00	
TOTAL CHARGES				186.00 ✓	

OPERATORS SIGNATURE _____

AUTHORIZED SIGNATURE _____

Appendix A:

Police Accident Report

MISSOURI UNIFORM ACCIDENT REPORT

1. AGENCY NAME AND OR		KANSAS CITY, MISSOURI POLICE 1125 LOCUST KANSAS CITY, MISSOURI 64104 OR: MOKP00000			FOR STATE USE ONLY ROUTED	LEFT THE SCENE V1 <input type="checkbox"/> V2 <input type="checkbox"/> CLEARED YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPLAINT / REPORT / CASE NUMBER							
ACCIDENT CLASSIFICATION		PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NUMBER INJURED 0	NUMBER KILLED 0	NUMBER OF VEHICLES INVOLVED 1	ACCIDENT DATE 18 27	TIME NOTIFIED 1829	TIME ARRIVED 1838	REPORT DATE					
2. COUNTY		KANSAS CITY, MISSOURI			BEAT OCC	BEAT REPORT	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
LOCATION		LOG POINT	SPEED LIMIT 35	GEO-CODE	DISTANCE FROM NA FEET NA MILES	DIRECTION NA	INTERSECTING STREET OR ROADWAY NA	SPEED LIMIT NA	GEO-CODE NA					
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER														
3. DAMAGE TO PROPERTY OTHER THAN VEHICLES—GIVE NAME, OWNER(S), NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S). NONE														
4. DRIVER 1 DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS CITY STATE ZIP DRIVER LICENSE NUMBER STATE TYPE OF LICENSE INSURANCE COMPANY PROOF SHOWN YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED M/C QUAL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					5. DRIVER 2 DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS CITY STATE ZIP DRIVER LICENSE NUMBER STATE TYPE OF LICENSE INSURANCE COMPANY PROOF SHOWN YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED M/C QUAL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
6. VEHICLE 1 YEAR MAKE MODEL COLOR 86 Merz 190 Burgundy VIN WDBDA24D1GE L.I.C. PLATE NO. STATE YEAR VEHICLE OWNER NAME (LAST, FIRST, MISCOMMERCIAL CARRIER) Driver #1 ADDRESS CITY STATE ZIP					7. VEHICLE 2 YEAR MAKE MODEL COLOR VIN L.I.C. PLATE NO. STATE YEAR VEHICLE OWNER NAME (LAST, FIRST, MISCOMMERCIAL CARRIER) ADDRESS CITY STATE ZIP									
VEHICLE DAMAGE INITIAL IMPACT # 1+18 CIRCLE ALL DAMAGED AREAS					VEHICLE DAMAGE INITIAL IMPACT # CIRCLE ALL DAMAGED AREAS									
TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TOW CO. Tow					TOWED YES <input type="checkbox"/> NO <input type="checkbox"/> TOW CO.									
6. COORDINATES SEAT LOCATION FR SR TR FC SC TC FL SL TL XX-NOT KNOWN OE-OCCUPANT ENCLOSED LOAD AREA OU-OCCUPANT UNENCLOSED LOAD AREA P-PEDESTRIAN B-BICYCLE O-OTHER (EXPLAIN IN REMARKS)		INJURY 1. FATAL 2. DISABLING 3. EVIDENT-NOT DISABLING 4. PROBABLE-NOT APPARENT 5. NONE APPARENT 6. UNKNOWN		TRANSPORTED 1. NO 2. EMS 3. OTHER 4. UNKNOWN		EJECTION 1. NO 2. PARTIALLY 3. TOTALLY 4. UNKNOWN		AIR BAG 1. NONE/NA 2. DEPLOYED 3. NOT DEPLOYED		SAFETY DEVICES 1. NONE 2. NOT USED 3. SHOULDER BELT ONLY 4. LAP BELT ONLY 5. SHOULDER AND LAP BELT 6. CHILD RESTRAINT 7. HELMET USED 8. HELMET NOT USED 9. USE UNKNOWN				
7. DRIVERS														
NAME		ADDRESS		DATE OF BIRTH	RACE	SEX	VEH. NO.	SEAT LOC.	HA.	TRAN.	EJECT.	AIR BAG	SAF. DEV.	PHONE
DRIVER 1		SAME AS ABOVE		48		W	M	1	FL	3	2	1	2	5
DRIVER 2		SAME AS ABOVE						2						
8. WITNESSES														
NAME OF WITNESS		ADDRESS		CITY		STATE		ZIP		PHONE				

10. VEHICLE BODY TYPES AUTOMOBILES/SPECIAL VEHICLES <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> 1. PASSENGER CAR <input type="checkbox"/> 2. STATION WAGON <input type="checkbox"/> 3. SPORT UTILITY VEHICLE (BRONCO, BLAZER, ETC.) <input type="checkbox"/> 4. VAN/SMALL BUS LESS THAN 15 SEATING CAP. <input type="checkbox"/> 5. BUS - 15 OR MORE SEATING CAP. <input type="checkbox"/> 6. SCHOOL BUS - LESS THAN 15 SEATING CAP. <input type="checkbox"/> 7. SCHOOL BUS - 15 OR MORE SEATING CAP. <input type="checkbox"/> 8. MOTORCYCLE _____ <input type="checkbox"/> 9. ATV _____ <input type="checkbox"/> 10. MOPED <input type="checkbox"/> 11. BICYCLE <input type="checkbox"/> 12. MOTOR HOME/CAMPER <input type="checkbox"/> 13. FARM IMPLEMENTS <input type="checkbox"/> 14. CONSTRUCTION EQUIPMENT <input type="checkbox"/> 15. OTHER TRANSPORT DEVICES <input type="checkbox"/> 16. UNKNOWN <input type="checkbox"/> 17. PICKUP <input type="checkbox"/> 18. SINGLE UNIT TRUCK <input type="checkbox"/> A. VEHICLE PULLING ANOTHER UNIT(S) <input type="checkbox"/> 19. TRUCK TRACTOR WITH SINGLE UNIT <input type="checkbox"/> 20. TRUCK TRACTOR WITH MULTIMOUNT <p style="text-align: center;">IF BOX 17, 18, 19, OR 20 IS CHECKED, COMPLETE THE FOLLOWING:</p> <p>V1 _____ AXLES _____ TIRES</p> <p>V2 _____ AXLES _____ TIRES</p>	11. HAZARDOUS MATERIALS V1 V2 <input type="checkbox"/> A. GASES IN BULK <input checked="" type="checkbox"/> NA <input type="checkbox"/> B. SOLIDS IN BULK <input type="checkbox"/> C. LIQUIDS IN BULK <input type="checkbox"/> D. EXPLOSIVES <input type="checkbox"/> A. HAZARDOUS MATERIALS RELEASED/SPILLED <input type="checkbox"/> PLACARD DISPLAYED 12. EMERGENCY VEHICLE INVOLVEMENT V1 V2 <input type="checkbox"/> 1. POLICE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 2. FIRE <input type="checkbox"/> 3. AMBULANCE <input type="checkbox"/> 4. OTHER (MUST CHECK "A") <input type="checkbox"/> A. EMERGENCY VEHICLE ON EMERGENCY RUN 13. VEHICLE ACTION V1 V2 <input checked="" type="checkbox"/> 1. GOING STRAIGHT <input type="checkbox"/> 2. OVERTAKING <input type="checkbox"/> 3. MAKING RIGHT TURN <input type="checkbox"/> 4. RIGHT TURN ON RED <input type="checkbox"/> 5. MAKING LEFT TURN <input type="checkbox"/> 6. MAKING U TURN <input type="checkbox"/> 7. SLOWING/STOPPING <input type="checkbox"/> 8. SLOWING/STOPPING <input type="checkbox"/> 9. STAY IN TRAFFIC <input type="checkbox"/> 10. START FROM PARKED <input type="checkbox"/> 11. BACKING <input type="checkbox"/> 12. STOPPED IN TRAFFIC <input type="checkbox"/> 13. PARKED <input type="checkbox"/> 14. CHANGING LANES <input type="checkbox"/> 15. AVOIDING <input type="checkbox"/> 16. CROSSOVER MEDIAN <input type="checkbox"/> 17. CROSSOVER CENTERLINE <input type="checkbox"/> 18. CROSSING ROAD	14. PROBABLE CONTRIBUTIVE CIRCUMSTANCES V1 V2 <input checked="" type="checkbox"/> 1. SPEED—EXCEEDED LIMIT <input type="checkbox"/> 2. TOO FAST FOR CONDITIONS <input type="checkbox"/> 3. IMPROPER PASSING <input type="checkbox"/> 4. VIOLATION SIGNALS <input type="checkbox"/> 5. WRONG SIDE (NOT PASSING) <input type="checkbox"/> 6. FOLLOWING TOO CLOSE <input type="checkbox"/> 7. IMPROPER SIGNAL <input type="checkbox"/> 8. IMPROPER BACKING <input type="checkbox"/> 9. IMPROPER TURN <input type="checkbox"/> 10. IMPROPER LANE USAGE/CHANGE <input type="checkbox"/> 11. WRONG WAY (ONE-WAY) <input type="checkbox"/> 12. IMPROPER START FROM PARK <input type="checkbox"/> 13. IMPROPER PARKED <input type="checkbox"/> 14. VEHICLE DEFECTS <input type="checkbox"/> 15. FAILED TO YIELD <input type="checkbox"/> 16. DRIVING <input type="checkbox"/> 17. DRUGS <input type="checkbox"/> 18. PHYSICAL IMPAIRMENT <input type="checkbox"/> 19. DISTRACTION <input type="checkbox"/> 20. NONE 15. VISION OBSCURED V1 V2 <input type="checkbox"/> 1. WINDSHIELD <input type="checkbox"/> 2. LOAD ON VEHICLE <input type="checkbox"/> 3. TREE/BUSH <input type="checkbox"/> 4. BUILDING <input type="checkbox"/> 5. EMBARRASSMENT <input type="checkbox"/> 6. SIGNBOARDS <input type="checkbox"/> 7. HILL/CREST <input type="checkbox"/> 8. PARKED CARS <input type="checkbox"/> 9. MOVING CARS <input type="checkbox"/> 10. OTHER (EXPLAIN IN REMARKS) <input checked="" type="checkbox"/> 11. NOT OBSCURED	16. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> 1. STOP SIGN <input type="checkbox"/> 2. SLMC SIGNAL <input type="checkbox"/> 3. RR SIGNAL/LATE <input type="checkbox"/> 4. YIELD SIGN <input type="checkbox"/> 5. OFFICER/FLAGSMAN <input type="checkbox"/> 6. NO PASSING ZONE <input type="checkbox"/> 7. TURN RESTRICTED <input type="checkbox"/> 8. CONSTRUCTION ZONE <input type="checkbox"/> 9. SCHOOL BUS SIGNAL <input checked="" type="checkbox"/> 10. NONE 17. PEDESTRIAN ACTIONS <input checked="" type="checkbox"/> NA P1 P2 <input type="checkbox"/> 1. WITH SIGNAL <input type="checkbox"/> 2. AGAINST SIGNAL <input type="checkbox"/> 3. NO SIGNAL <input type="checkbox"/> 4. DIAGONALLY <input type="checkbox"/> 5. BEHIND FRONT OF PARKED CAR <input type="checkbox"/> 6. WALKING WITH TRAFFIC <input type="checkbox"/> 7. WALKING AGAINST TRAFFIC <input type="checkbox"/> 8. GETTING ON/OFF VEHICLE <input type="checkbox"/> 9. STANDING/SITTING IN ROAD <input type="checkbox"/> 10. PUSHING/MOVING ON VEHICLE <input type="checkbox"/> 11. OTHER WORKING <input type="checkbox"/> 12. PLAYING IN ROAD <input type="checkbox"/> 13. OTHER THAN CROSSWALK <input type="checkbox"/> 14. OFF ROADWAY <input type="checkbox"/> 15. CROSSWALK MARKED
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18. ACCIDENT TYPE COLLISION INVOLVED <input type="checkbox"/> 1. ANIMAL <input checked="" type="checkbox"/> 2. BICYCLIST OR PEDALCYCLIST <input type="checkbox"/> 3. PEDESTRIAN <input type="checkbox"/> 4. OTHER OBJECT <input type="checkbox"/> 5. PEDESTRIAN <input type="checkbox"/> 6. TRAIN <input type="checkbox"/> 7. MV IN TRANSPORT <input type="checkbox"/> 8. MV ON OTHER ROADWAY <input type="checkbox"/> 9. PARKED MV NON-COLLISION <input type="checkbox"/> 10. OVERTURNING <input type="checkbox"/> 11. OTHER NON-COLLISION <input type="checkbox"/> 1. ON ROADWAY <input checked="" type="checkbox"/> 2. OFF ROADWAY	19. TWO VEHICLE COLLISION (TO BE COMPLETED ONLY IF ACCIDENT TYPE BOX 2, 6, OR 9 IS CHECKED) <input type="checkbox"/> 01. HEAD ON <input type="checkbox"/> 02. REAR END <input type="checkbox"/> 03. SIDESWIPES-MEETING <input type="checkbox"/> 04. ANGLE <input type="checkbox"/> 05. SIDESWIPES-PASSING <input type="checkbox"/> 06. BACKED INTO <input type="checkbox"/> 07. OTHER	20. LIGHT CONDITION <input type="checkbox"/> 1. DAYLIGHT <input checked="" type="checkbox"/> 2. DARK WITH STREET LIGHTS ON <input type="checkbox"/> 3. DARK WITH STREET LIGHTS OFF <input type="checkbox"/> 4. DARK - NO STREET LIGHTS	21. WEATHER <input type="checkbox"/> 1. CLEAR <input checked="" type="checkbox"/> 2. CLOUDY <input type="checkbox"/> 3. RAIN <input type="checkbox"/> 4. SNOW <input type="checkbox"/> 5. SLEET <input type="checkbox"/> 6. FREEZING <input type="checkbox"/> 7. FOG OR MIST	22. ROAD SURFACE <input type="checkbox"/> 1. CONCRETE <input checked="" type="checkbox"/> 2. ASPHALT <input type="checkbox"/> 3. BRICK <input type="checkbox"/> 4. GRAVEL <input type="checkbox"/> 5. DIRT/ROAD SURFACE <input type="checkbox"/> 6. MULTI-SURFACE	23. ROAD CONDITION <input type="checkbox"/> 1. DRY <input type="checkbox"/> 2. WET <input type="checkbox"/> 3. SNOW <input checked="" type="checkbox"/> 4. ICE <input type="checkbox"/> 5. MUD 24. ROAD TYPE 1 <input checked="" type="checkbox"/> 1. STRAIGHT <input type="checkbox"/> 2. CURVE 25. ROAD TYPE 2 <input type="checkbox"/> 1. LEVEL <input type="checkbox"/> 2. HILL <input type="checkbox"/> 3. CREST
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26A. CITY CRITERIA COMPLETE THE FOLLOWING TO DETERMINE IF THIS SECTION SHOULD BE UPDATED)

DOES THIS ACCIDENT INVOLVE ANY OF THE FOLLOWING:

1. A PERSON REALLY INJURED; OR

2. A PERSON TRANSPORTED FOR MEDICAL ATTENTION; OR

3. A VEHICLE TOWED FROM THE SCENE OF THE ACCIDENT

NO YES → EXAMINE EACH VEHICLE TO DETERMINE IF ANY ARE A COMMERCIAL VEHICLE BASED ON THE FOLLOWING:

1. A TRUCK WITH AT LEAST 2 AXLES AND 6 TIRES; OR

2. A BUS OR SCHOOL BUS - 15 OR MORE SEATING CAPACITY; OR

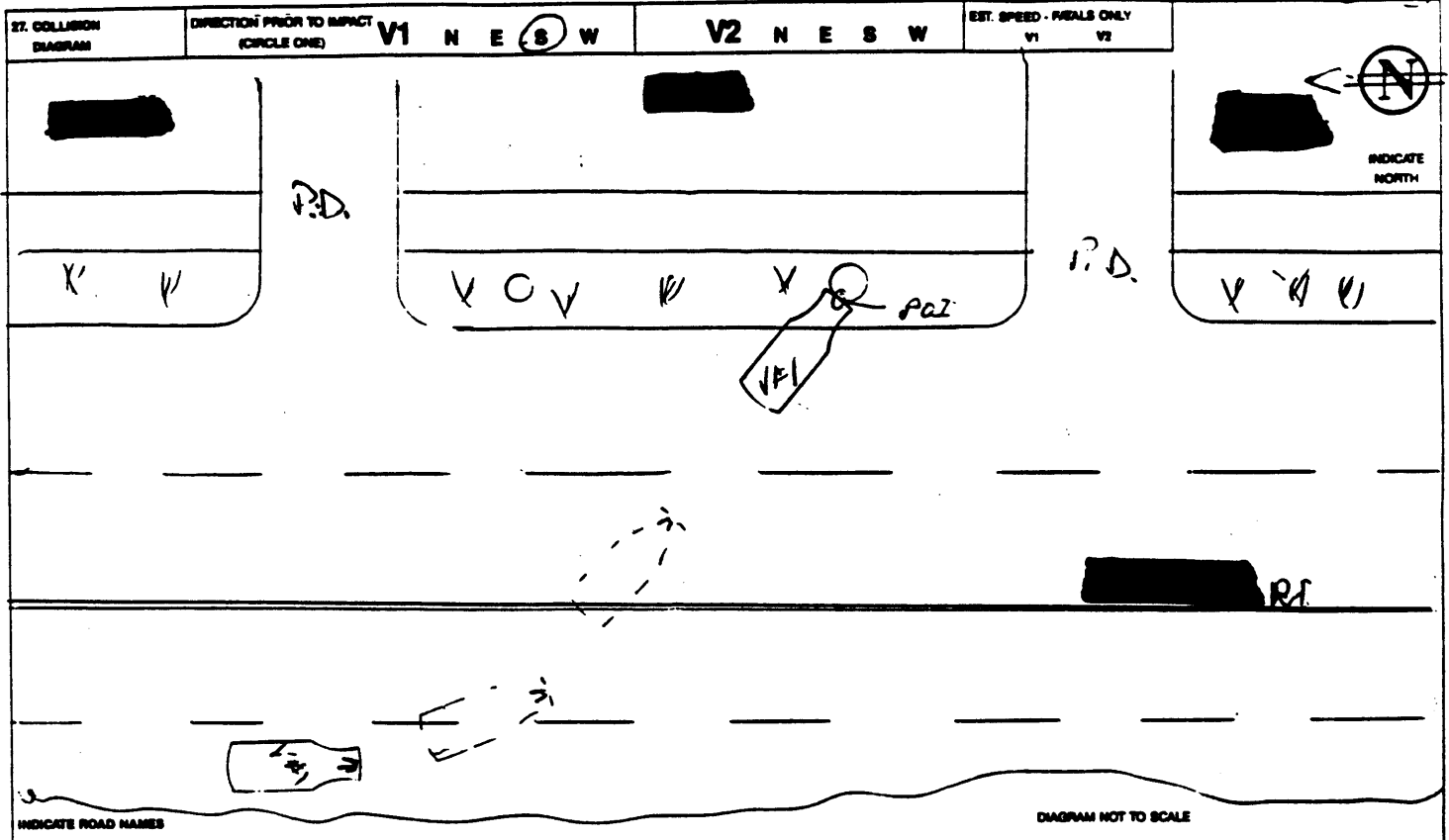
3. A VEHICLE WITH A HAZARDOUS MATERIALS PLACARD

YES NO → DO NOT COMPLETE SECTIONS 26B - G

DO NOT COMPLETE SECTIONS 26B - G

COMPLETE SECTIONS 26B - G FOR EACH COMMERCIAL VEHICLE INVOLVED

26B. (CIRCLE ONE) V1 ICC NO. OR USDOT NO. _____ V2 ICC NO. OR USDOT NO. _____ <input type="checkbox"/> NA ENTER COMMERCIAL CARRIER NAME AND ADDRESS IN SECTION 4 OR 5 <input type="checkbox"/> NA ENTER COMMERCIAL CARRIER NAME AND ADDRESS IN SECTION 4 OR 5	<p style="text-align: right;">FOR STATE USE ONLY</p> FED. REP. # _____ ST. GEN. # _____																																																																																																																																																										
26C. VEHICLE CONFIGURATION V1 V2 <input type="checkbox"/> 1. BUS <input type="checkbox"/> 2. SINGLE-UNIT TRUCK: 2 AXLE, 6 TIRES <input type="checkbox"/> 3. SINGLE-UNIT TRUCK: 3 OR MORE AXLES <input type="checkbox"/> 4. SINGLE-UNIT TRUCK PULLING TRAILER <input type="checkbox"/> 5. TRUCK TRACTOR WITH NO UNITS <input type="checkbox"/> 6. TRUCK TRACTOR WITH ONE UNIT <input type="checkbox"/> 7. TRUCK TRACTOR WITH TWO UNITS <input type="checkbox"/> 8. TRUCK TRACTOR WITH THREE UNITS <input type="checkbox"/> 9. UNKNOWN HEAVY TRUCK <input type="checkbox"/> 10. OTHER	26D. CARBO BODY TYPE V1 V2 <input type="checkbox"/> 1. BUS <input type="checkbox"/> 2. VAN/ENCLOSED BOX <input type="checkbox"/> 3. CARGO TANK <input type="checkbox"/> 4. FLATBED <input type="checkbox"/> 5. DUMP <input type="checkbox"/> 6. CONCRETE MIXER <input type="checkbox"/> 7. AUTO TRANSPORTER <input type="checkbox"/> 8. GARBAGE/REFUSE <input type="checkbox"/> 9. OTHER	26E. SEQUENCE OF EVENTS (CIRCLE 1, 2, 3, 4 IN ORDER OF OCCURRENCE) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">V1</th> <th colspan="4">V2</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>A. RAN OFF ROAD</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>B. JACKKNIFE</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>C. OVERTURN</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>D. DOWNHILL RUMBLE</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>E. CARGO LOSS OR SHFT</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>F. EXPLOSION OR FIRE</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>G. SEPARATION OF UNIT</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>H. COLLISION INVOLVING PEDESTRIAN</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>I. COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>J. COLLISION INVOLVING PARKED MOTOR VEHICLE</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>K. COLLISION INVOLVING TRAIN</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>L. COLLISION INVOLVING PEDALCYCLE</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>M. COLLISION INVOLVING ANIMAL</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>N. COLLISION INVOLVING FIXED OBJECT</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>O. COLLISION INVOLVING OTHER OBJECT</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>P. OTHER</td> </tr> </tbody> </table>	V1				V2					1	2	3	4	1	2	3	4	A. RAN OFF ROAD	1	2	3	4	1	2	3	4	B. JACKKNIFE	1	2	3	4	1	2	3	4	C. OVERTURN	1	2	3	4	1	2	3	4	D. DOWNHILL RUMBLE	1	2	3	4	1	2	3	4	E. CARGO LOSS OR SHFT	1	2	3	4	1	2	3	4	F. EXPLOSION OR FIRE	1	2	3	4	1	2	3	4	G. SEPARATION OF UNIT	1	2	3	4	1	2	3	4	H. COLLISION INVOLVING PEDESTRIAN	1	2	3	4	1	2	3	4	I. COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT	1	2	3	4	1	2	3	4	J. COLLISION INVOLVING PARKED MOTOR VEHICLE	1	2	3	4	1	2	3	4	K. COLLISION INVOLVING TRAIN	1	2	3	4	1	2	3	4	L. COLLISION INVOLVING PEDALCYCLE	1	2	3	4	1	2	3	4	M. COLLISION INVOLVING ANIMAL	1	2	3	4	1	2	3	4	N. COLLISION INVOLVING FIXED OBJECT	1	2	3	4	1	2	3	4	O. COLLISION INVOLVING OTHER OBJECT	1	2	3	4	1	2	3	4	P. OTHER
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1	2	3	4	1	2	3	4	P. OTHER																																																																																																																																																			
26F. HAZARDOUS MATERIAL PLACARD NUMBERNAME INDICATOR <input type="checkbox"/> NA V1 4-DIGIT PLACARD NUMBERNAME FROM DIAMOND BOX _____ V2 4-DIGIT PLACARD NUMBERNAME FROM DIAMOND BOX _____ V1 NUMBER FROM BOTTOM OF DIAMOND _____ V2 NUMBER FROM BOTTOM OF DIAMOND _____	26G. GROSS VEHICLE WEIGHT RATINGS V1 _____ LBS. V2 _____ LBS.																																																																																																																																																										



28. NARRATIVE / STATEMENTS

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

Driver #1 stated he was southbound on [redacted] Rd going approximately 35 mph, at which time he lost control of the vehicle, and the vehicle struck a tree. The driver and passenger were transported to [redacted] Medical Center via [redacted] Ambulance for Chest and neck injuries.

P.O. [redacted]

29. ARREST INFORMATION	NAME	CHARGE	A/R. NO./SUMMONS	COURT	DATE	TIME
FIELD NOT USED <input checked="" type="checkbox"/>	1.					
	2.					

30. CHEM. TEST

YES NO RESULTS _____ PHOTOS YES NO

31. REPORTING OFFICER SIGNATURE

RANK: P.O. [redacted]

SERIAL # [redacted] [redacted] [redacted]

GENERAL GUIDELINES
(Report must be typed or printed)

1. The long form must be used to report accidents involving: 1) A death or personal injury; 2) An emergency vehicle; 3) Hazardous materials; 4) Damage to government property; 5) A public conveyance; 6) A driver leaving the scene; 7) A driver without liability insurance; 8) Completion of the Commercial Motor Vehicle Section (26). The short form (shaded portion) may be used to report all other property damage accidents. **A COLLISION DIAGRAM MUST BE INCLUDED ON EVERY ACCIDENT REPORT EXCEPT WHEN AN INVESTIGATION WAS NOT MADE AT THE SCENE (Delayed report).**
2. Use an "X" where a mark is required (NO CHECKMARKS). If the question on the form does not apply to the accident, mark the "NA" box or enter "NA" or "NONE" within that section. **EVERY BOX MUST HAVE A RESPONSE.** (Short form version only requires a response in the shaded areas.)
3. If more than two vehicles are involved, use another form and number pages accordingly. It is not necessary to repeat information.
4. All dates and times should be recorded as follows: 01-03-93, 1900 hours (military time).
5. Reports will be taken on private property when one or more of the following circumstances exist: 1) A person is injured; 2) An intoxicated driver is involved; 3) A vehicle is not driveable; 4) A hit & run accident has occurred and suspect or suspect vehicle information is known or physical evidence is left at the scene.
6. When investigating a private property accident officers have the authority to make arrests for the following: 1) Operating a motor vehicle while under the influence; 2) Careless driving; 3) Leaving the scene of an accident.
7. When drivers report the same vehicular accident at different times and/or locations (walk-in reports) and it can be determined an accident report has previously been completed, a Form 100 P.D., "Progressive Investigation - Vehicular," will be taken using a supplementary case report number. The narrative will include the date, time, location, and the reporting driver's version of the accident. A report will be completed with an original case report number if it cannot be determined a report has already been taken.
8. Most of the sections on this report are self explanatory, however, the following provides general information on those sections that may require more clarification:

SECTION 2 LOCATION - When a state highway and a city street run over the same road, the state highway identification must be used, but both may also be used, e.g., U.S. 24 - Independence Ave. If not occurring at an intersection the approximate location in the block should be used, e.g. 1509 W. 45th, 4800 E. I-70, etc., and "NA" placed in the "Intersecting Street" box. However, if occurring on a state highway, the distance and direction from the nearest intersecting street is required.

SECTION 4 DRIVER - The "Not Required" box is for out-of-state registered vehicles, government vehicles, and vehicles not required to be insured.

SECTION 13 VEHICLE ACTION - Mark no more than three boxes per vehicle.

SECTION 14 PROBABLE CONTRIBUTING CIRCUMSTANCES - Mark no more than five boxes per vehicle. The criterion is based on the circumstances that existed in the good judgement of the officer, not whether or not an arrest was made.

SECTION 18 ACCIDENT TYPE COLLISION INVOLVING - Classify the accident by type of occurrence associated with the first harmful event.

SECTION 26A CMV CRITERIA - This section must be completed on each accident and the directions followed to determine if sub-sections B thru G are to be completed.

SECTION 27 COLLISION DIAGRAM - The diagram may be drawn with a #2 pencil.

For further information on the completion of this report refer to the [REDACTED] located at each Division station and the Traffic Division.

Appendix B:

NASS CDS Accident Form



ACCIDENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9405

SPECIAL STUDIES - INDICATORS

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

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) 9 4 3
5. Time of Accident [REDACTED]
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

6. 0 SS15 Administrative Use
7. 0 SS16 Pedestrian Crash Data Study
8. 0 SS17 Impact Fires
9. 0 SS18 _____
10. 0 SS19 _____

NUMBER OF EVENTS

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

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>42</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

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

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

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

TDC APPLICABLE VEHICLES

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

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

- (35) Noncollision injury
- (38) Other noncollision (specify):

- (39) Noncollision – details unknown

Collision With Fixed Object

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

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

Nonbreakaway Pole or Post

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

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

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

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

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

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

Appendix C:

NASS CDS General Vehicle Form:

Case Vehicle



GENERAL VEHICLE FORM

- 1. Primary Sampling Unit Number 10
- 2. Case Number - Stratum 9405
- 3. Vehicle Number 01

VEHICLE IDENTIFICATION

- 4. Vehicle Model Year 86
Code the last two digits of the model year
(99) Unknown
- 5. Vehicle Make (specify): 42
MERCEDES BENZ
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

- 6. Vehicle Model (specify): 039
190
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
WDBDA24DIGF
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

- 9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
- 10. Police Reported Travel Speed 999
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

____ mph X 1.6093 = _____ kph

- 11. Police Reported Alcohol Presence 0
(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 056
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

35 mph X 1.6093 = 56 kph

- 14. Attempted Avoidance Maneuver 07
(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 07
Applicable codes may be found on the
back of page two of this field form
(C0) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

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

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,340
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,955 lbs X .4536 = 1,340 kgs
 Source: Auto NEWS 90
20. Vehicle Cargo Weight 0000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

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

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____
 (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 998
28. Heading Angle For Other Vehicle 998

29. Basis for Total Delta V (highest) 6

Delta V Calculated

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

Delta V Not Calculated

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

32. Lateral Component of Delta V ⁺ 999 Highest

_____ Nearest kph (highest)
 _____ Nearest kph (secondary)

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

33. Energy Absorption 999.900

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

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

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest 999

_____ Nearest kph (highest)
 _____ Nearest kph (secondary)

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

31. Longitudinal Component of Delta V

⁺ 999

_____ Nearest kph (highest)
 _____ Nearest kph (secondary)

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

34. Confidence In Reconstruction Program Results (For Highest Delta V) 4

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

35. Type of Vehicle Inspection 1

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

36. Is this an AOPS Vehicle? 1

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

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

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

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

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver
- (0) 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) 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. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

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) ≠ 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

1 1

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

1

- (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

1

- (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)

9 7

- (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): Accelerating
- (98) No driver present
- (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 05*This Vehicle Loss of Control Due To:*

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

66. Precrash Stability After Avoidance Maneuver 7

- (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) 4

- (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 D:

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 and</u> <u>Passenger (wife)</u>
2. Case Number - Stratum <u>9405</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

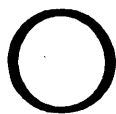
DRIVER We were Southbound lane, outside lane (MED) two cars past me on Right going 35 accelerated slightly REAR END spun out (Didn't hit brakes, I turned into skid.) All the sudden we hit TREE HEAD on 10-11 o'clock. I thought I would be able to steer out of it

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

WIFE

Southbound on RD (4 lane) in curb lane (35 mph) all of the sudden car started skidding crossed Northbound lanes went off ROAD into a tree (TREE Right past curb)

ACCIDENT DIAGRAM



NORTH

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



INTERVIEW FORM (B)

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9405</u> 3. Vehicle Number <u>01</u>	Interviewee(s) Role or Name(s): _____ _____ _____
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ACCIDENT DATA QUESTIONS

<p>1. Can you tell me in <u>which direction</u> you were traveling?</p> <p><input type="checkbox"/> North <input checked="" 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</u> were you traveling? (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 type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input checked="" type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+ <u>35</u></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 checked="" type="checkbox"/> Accelerating <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, describe below) <u>Hit an icy spot</u></p> <p>6. Did you have to take any <u>avoidance actions</u> prior to the accident?</p> <p><input type="checkbox"/> No - Go to question 7 <input type="checkbox"/> Yes - Go to question 6a</p>	<p>6a. <u>What actions</u> did you take?</p> <p><input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Braking without lock-up <input checked="" type="checkbox"/> Releasing brakes <input type="checkbox"/> Accelerating <input checked="" type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): <u>turned into slide</u></p> <p>7. <u>Where was your vehicle</u> at the time of the collision?</p> <p><input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input checked="" type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____</p> <p>8. Was your <u>travel speed</u> at the time of the collision different from your previous travel speed?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Lower <input checked="" type="checkbox"/> Higher <input type="checkbox"/> Unknown</p> <p>8a. <u>Can you estimate your speed</u> at the time of the collision?</p> <p><input type="checkbox"/> Stopped <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input checked="" type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+ <u>40</u></p> <p>9. Immediately following the collision, can you describe <u>how your vehicle moved</u> to its stopped position?</p> <p>_____ _____ _____</p> <p>10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?</p> <p><u>HIT CURB PRIOR</u> <u>to TREE. TREE Directly</u> <u>PAST CURB</u></p>
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1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9405 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

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

1986 MERCEDES 190
Year Make Model

2. Can you describe the damage to your vehicle?

ALL FRONT END

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

(Identify seat belts for third row and beyond)

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

9405

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

9405

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?

SALVAGED / TOTATED

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?

0 lbs.

Cargo description

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

62000 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

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9405 4. Occupant Number 01

VEHICLE ROLLOVER/FIRE QUESTIONS

ROLLOVER QUESTIONS	FIRE QUESTIONS
<p>1. Did the vehicle rollover during the accident? <input checked="" type="checkbox"/> No (If "No", go to question 2.) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown (skip to question 2)</p> <p>1a. Describe where the rollover began. <input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown</p> <p>1b. What caused the vehicle to rollover? <input type="checkbox"/> Other vehicle (specify vehicle number): _____ <input type="checkbox"/> Contacted object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown</p> <p>1c. Describe which direction the vehicle rolled. <input type="checkbox"/> Toward the right <input type="checkbox"/> Toward the left <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown</p> <p>1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover? <input type="checkbox"/> 1 side <input type="checkbox"/> 2 sides <input type="checkbox"/> 3 sides <input type="checkbox"/> 4 sides <input type="checkbox"/> Unknown</p> <p>1e. Did the vehicle roll over more than one complete turn (more than 4 sides)? <input type="checkbox"/> No (If "No", go to question 1g.) <input type="checkbox"/> Yes</p> <p>1f. Estimate the number of complete turns. <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown</p> <p>1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground? <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Top <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown</p>	<p>2. Did the vehicle experience a fire? <input checked="" type="checkbox"/> No (If "No", skip to Occupant Data Questions) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown</p> <p>2a. Describe where the fire started or where smoke was first seen. <input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown</p> <p>2b. Did the fire start with the electrical system? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown</p> <p>2c. Did the fire start with the fuel system? <input type="checkbox"/> No (If "No", skip to Occupant Data Questions) <input type="checkbox"/> Yes (go to question 2d) <input type="checkbox"/> Unknown</p> <p>2d. Describe which part of the fuel system that may have been involved? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ _____ Fuel tank _____ Fuel lines _____ Engine compartment (specify component if known) <input type="checkbox"/> Unknown</p> <p style="text-align: center;">(Go To Occupant Data Questions)</p> <p style="text-align: center;">COMMENTS ON ROLLOVERS AND FIRES</p> <hr/> <hr/> <hr/> <hr/>

National Accident Sampling System-Crashworthiness Data System: Interview Form (B)

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9405 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)

- (11) (12) (13)
 (21) (22) (23)
 (31) (32) (33)
 Other (specify):

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?
 Height 5'10" Weight 154 Age 48
 Sex: Male Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?
straight up
- 5a. Can you describe the location of your (his/her) feet just prior to the collision?
on floor
- 5b. Can you describe the location of your (his/her) arms?
(R) ARM on steering wheel (L) ARM on arm rest
- 5c. Was your (his/her) back resting against the seat back rest?
 Yes
 Unknown

- 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 out of what area of the vehicle you were (he/she was) thrown?
 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 ENTRAPMENT

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

PSU Number 10

Case Number-Stratum 9405

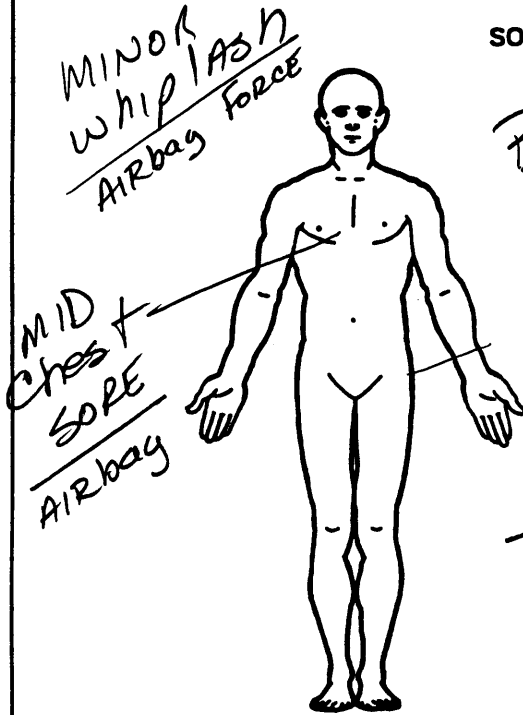
Vehicle Number 01

Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

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

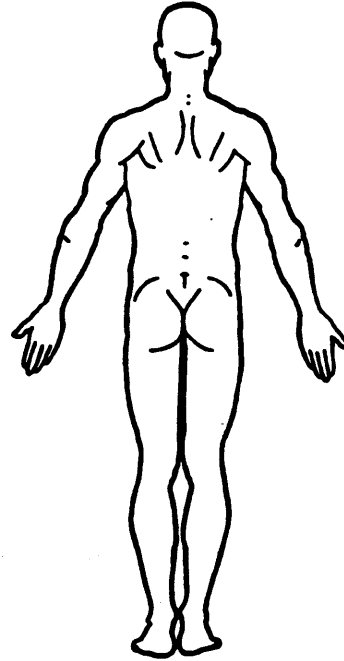
SOFT TISSUE/INTERNAL INJURIES



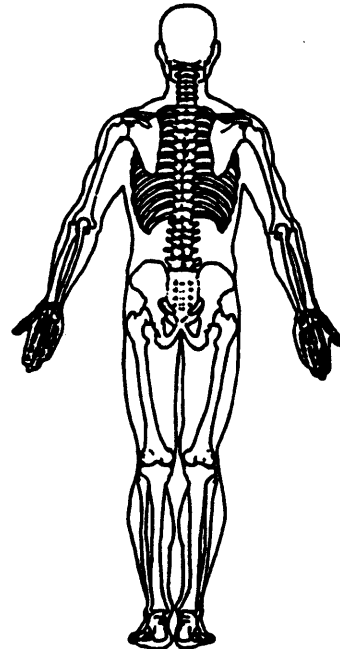
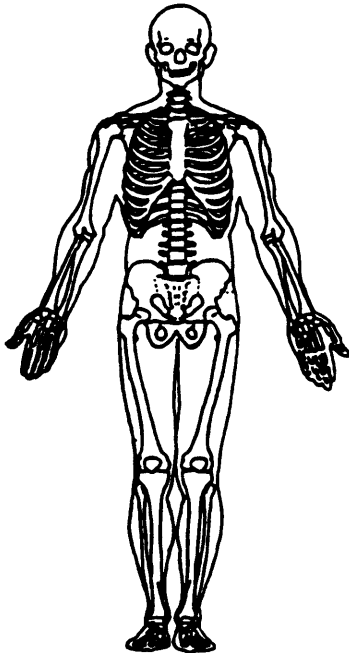
Bloody NOSE
AIRBAG

Ⓛ Hip Bruised
seat Belt

BACK SORE



SKELETAL INJURIES



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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9405

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

- No (If "No", skip to question 7)
 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? (skull/brain?)

- 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 any treatment?

- No (If "No", go to question 8)
 Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):

- Hospital/trauma center? (specify hospital name):
RESEARCH 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?

2 days

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9405

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

 No Yes (If "Yes", describe:)NEED follow up. Unknown2 times

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

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.)

National Accident Sampling System-Crashworthiness Data System: Interview Form - Supplement

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9405 4. Occupant Number 02

OCCUPANT DATA QUESTIONS SUPPLEMENT

1. Who was the next occupant in your vehicle at the time of the accident?

my wife

2. Occupant Number 2 of 2.

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

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

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'4 Weight 140 Age 49
 Sex: Male Female

OCCUPANT POSTURE

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

straight up until prior to impact, turned to (R) holding door

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

feet flat then turned towards door

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

holding onto door handle

5c. Was your (his/her) back resting against the seat back rest?

No (If "No", describe the position)
 Yes (R) side only turned towards door
 Unknown

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 out of what area of the vehicle you were (he/she was) thrown?

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 ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

No
 Yes (If "Yes", describe) _____
 Unknown

PSU Number 10

Case Number-Stratum 9405

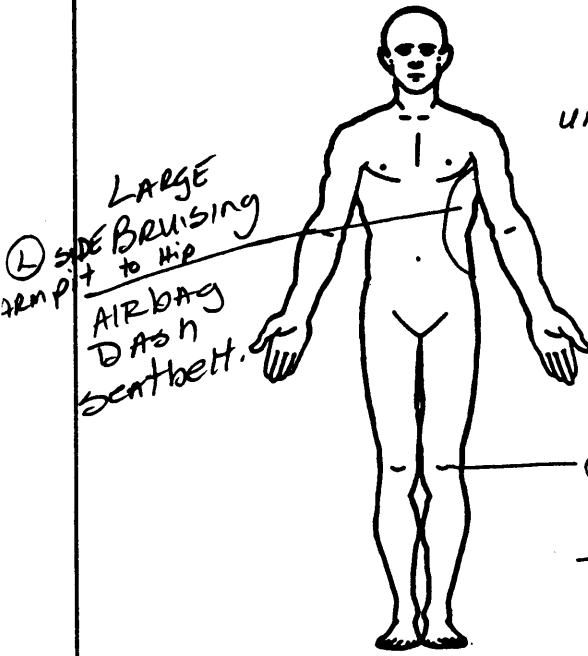
Vehicle Number 01

Occupant Number 02

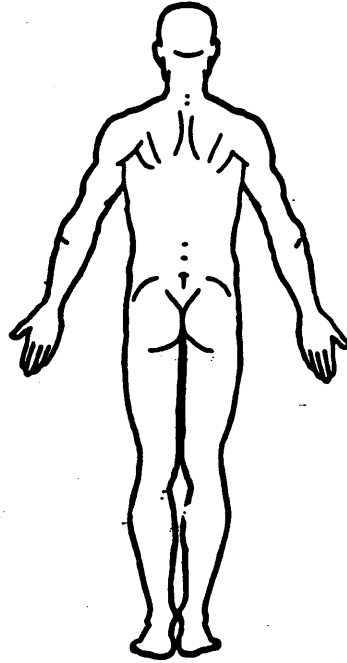
INJURY DATA FROM INTERVIEWEE(S)

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

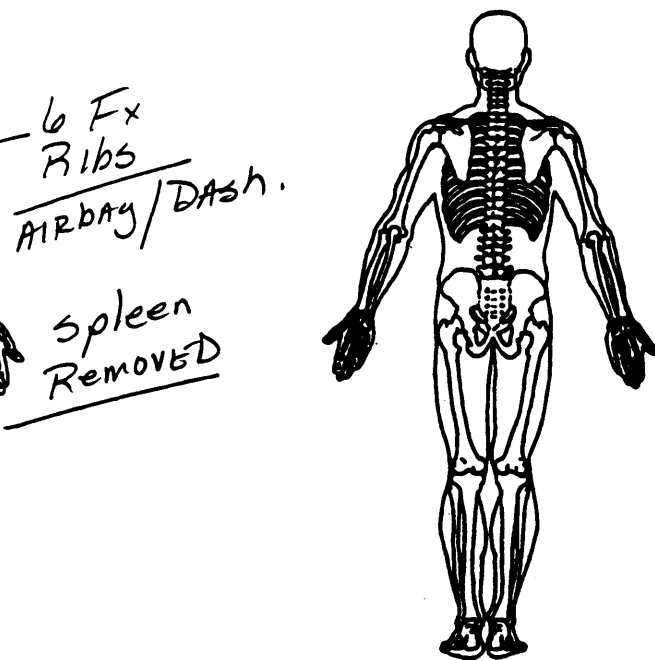
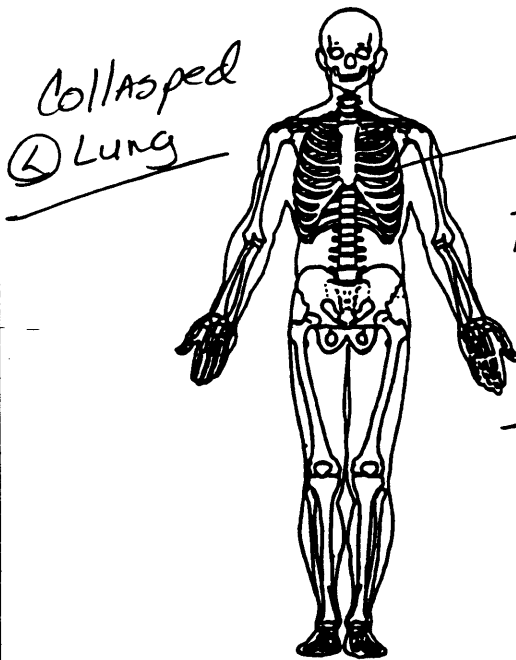
SOFT TISSUE/INTERNAL INJURIES



Blackout
until in
ambulance



SKELETAL INJURIES



1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9405</u>	4. Occupant Number	<u>02</u>

OCCUPANT INJURY DATA QUESTIONS

<p>1. Were you (Was he/she) injured? <input type="checkbox"/> No (If "No", skip to question 7) <input checked="" type="checkbox"/> Yes (If "Yes", complete Occupant Injury Questions) <input type="checkbox"/> Unknown</p> <p>2. Did you (he/she) receive any cuts, abrasions, or bruises? <input type="checkbox"/> No (go to question 3) <input checked="" type="checkbox"/> Yes (If "Yes", record the exact location(s) and size on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>2a. Do you know what caused your (his/her) injury(s)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>3. Did you (he/she) experience any broken bones? <input type="checkbox"/> No (If "No", go to question 4) <input checked="" type="checkbox"/> Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) <input type="checkbox"/> Unknown</p> <p>3a. Do you know what caused the injury(s)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>4. Did you (he/she) injure your (his/her) head? (skull/ brain?) <input checked="" type="checkbox"/> No (If "No", go to question 5) <input type="checkbox"/> Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) <input type="checkbox"/> Unknown</p> <p>4a. Do you know what caused the injury(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>5. Were any of your (his/her) internal organs injured? <input type="checkbox"/> No (If "No", go to question 6) <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Unknown</p>	<p>5a. Do you know what caused this injury? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>6. Did you (he/she) suffer any joint sprains or muscle strains? <input checked="" type="checkbox"/> No (If "No", go to question 7) <input type="checkbox"/> Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) <input type="checkbox"/> Unknown</p> <p>6a. Do you know what caused the injury(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", specify the component(s) on the manikin(s).) <input type="checkbox"/> Unknown</p> <p>7. Did you (he/she) receive any treatment? <input type="checkbox"/> No (If "No", go to question 8) <input checked="" type="checkbox"/> Yes (If "Yes", go to question 7a or return to question 2.)</p> <p>7a. Were you (Was he/she) treated by (check all that apply): <input checked="" type="checkbox"/> Hospital/trauma center? (specify hospital name): <u>Research Hoop</u> <input type="checkbox"/> Medical clinic <u>Blvd</u> <input type="checkbox"/> Out patient surgery? (specify medical facility): <input type="checkbox"/> Paramedics or first aid at the scene? <input type="checkbox"/> A doctor in his/her office? <input type="checkbox"/> Treated at home? <input type="checkbox"/> None of the above, go to question 8.</p> <p>7b. Were you (Was he/she) treated and released from the emergency room? <input checked="" type="checkbox"/> No (If "No", go to question 7c.) <input type="checkbox"/> Yes (If "Yes", go to question 7e.)</p> <p>7c. Were you (Was he/she) hospitalized? <input checked="" type="checkbox"/> No (If "No", give an explanation) <input type="checkbox"/> Yes (If "Yes", go to question 7d.) <hr/> <hr/></p> <p>7d. How many days were you (was he/she) in the hospital? <u>11</u> days <u>ICU 3 1/2 Days</u></p>
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1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9405

4. Occupant Number

02

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

 No Yes (If "Yes" describe:)2 check ups after Unknown

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

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.)

Appendix E:

NASS CDS Occupant Assessment Form:

Case Vehicle Driver



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9405
 3. Vehicle Number DL
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 48
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):
 (97) 97 years and older
 (99) Unknown

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

7. Occupant's Height 178
 Code actual height to the nearest centimeter.
 (999) Unknown
70 inches X 2.54 = 178 centimeters

8. Occupant's Weight 070
 Code actual weight to the nearest kilogram.
 (999) Unknown
154 pounds X .4536 = 70 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 ϕ

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

13. Ejection Area ϕ

- (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 ϕ

- (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) ϕ

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

16. Entrapment ϕ

(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 4

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

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant 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 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Φ Φ Φ
 (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 Φ
 (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 Φ Φ
 (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 Φ Φ

 32. Child Safety Seat Shield Usage Φ Φ

 33. Child Safety Seat Tether Usage Φ Φ

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 4

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

Nonfatal

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

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

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

- (9) Unknown

37. Hospital Stay 00

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

38. Working Days Lost 00

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

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

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

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

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

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

(99) Unknown

43. Number of Recorded Injuries for
This Occupant 03

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

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function ⓪

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

Non-functional

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

45. Automatic (Passive) Belt System Use ⓪

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

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

46. Automatic (Passive) Belt System Type ⓪

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

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

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

Automatic Belt Used Improperly

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

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

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

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

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) 9

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

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

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

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

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

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 15
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
51. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

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

Appendix F:

NASS CDS Occupant Injury Form:

Case Vehicle Driver



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9405</u>	4. Occupant Number <u>01</u>

INJURY DATA

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

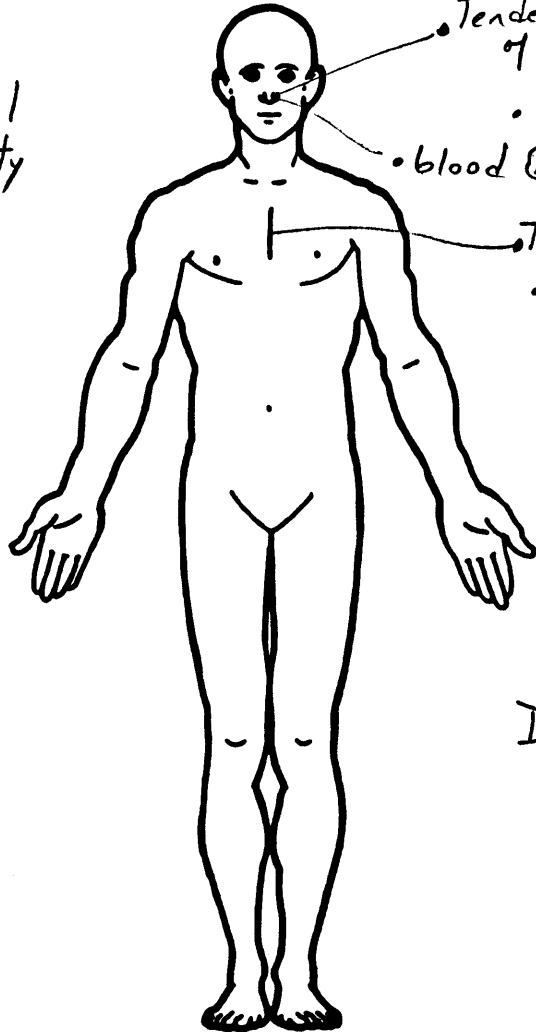
	Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02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

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

• Windshield + steering wheel, were intact + there was minimal internal car damage
 according to paramedics (HP)
 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.)

• HEENT is atraumatic (HP)

• no nasal deformity (HP)



• Tenderness over tip of nose (HP)

• c/o nose discomfort (HP)

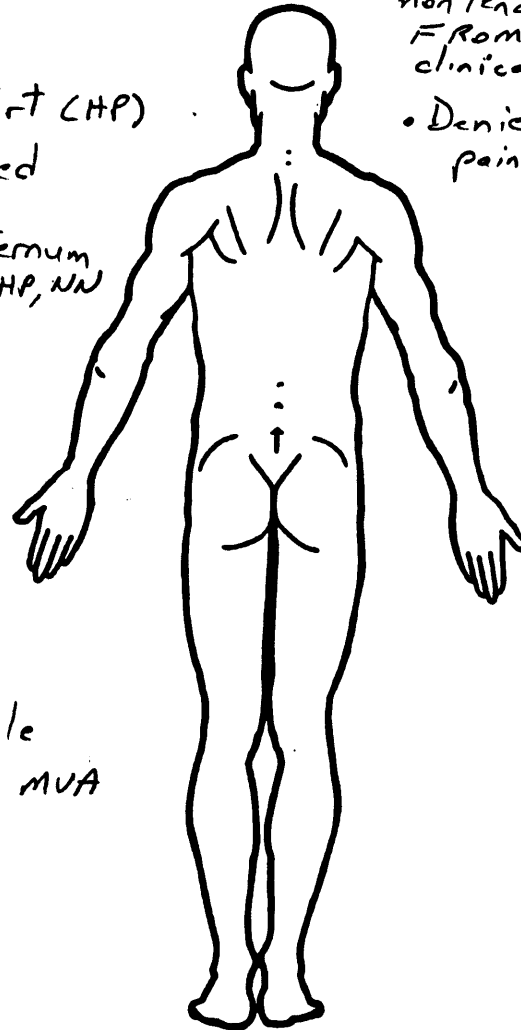
• blood @ nare – controlled (HP, NN)

• Tenderness over sternum (HP, NN)

• c/o anterior chest pain (HP, EN)

• Neck is supple, non tender, with FROM + is cleared clinically (HP)

• Denies neck pain (HP)



Dx: Multiple contusion 2° to MVA (HP, EN)

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

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

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR of OTHER MOTOR VEHICLE

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

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

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

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

Head - LOC

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

Spine

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

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

Level of Injury

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

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

Abbreviated Injury Scale

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

Aspect

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

✓ Yes (HP)

Blood Alcohol Level (mg/dl)

BAL = ___

Glasgow Coma Scale Score

GCSS = 15
(HP)

Units of Blood Given

Units = ___

Arterial Blood Gases

pH = ___

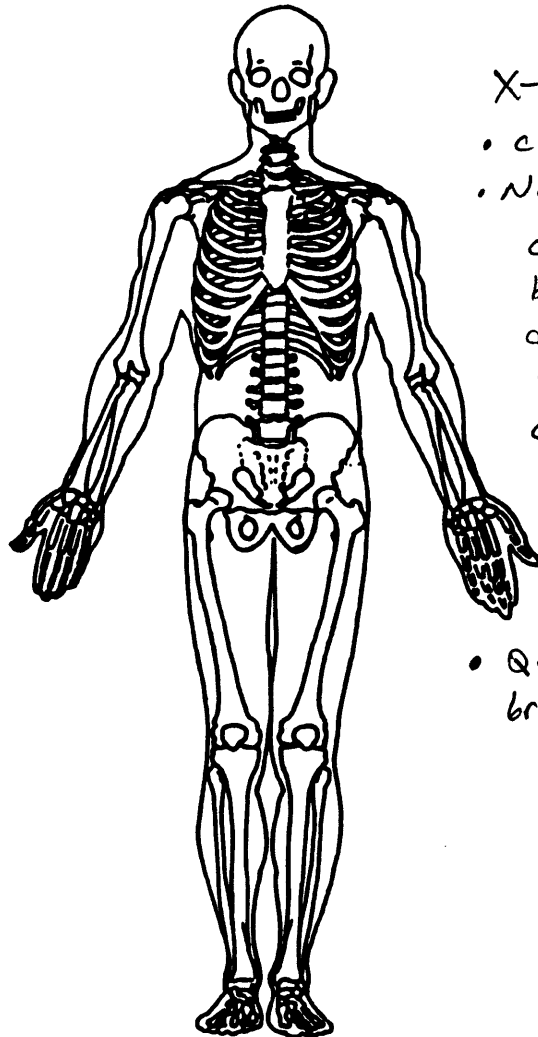
PO₂ = ___

PCO₂ = ___

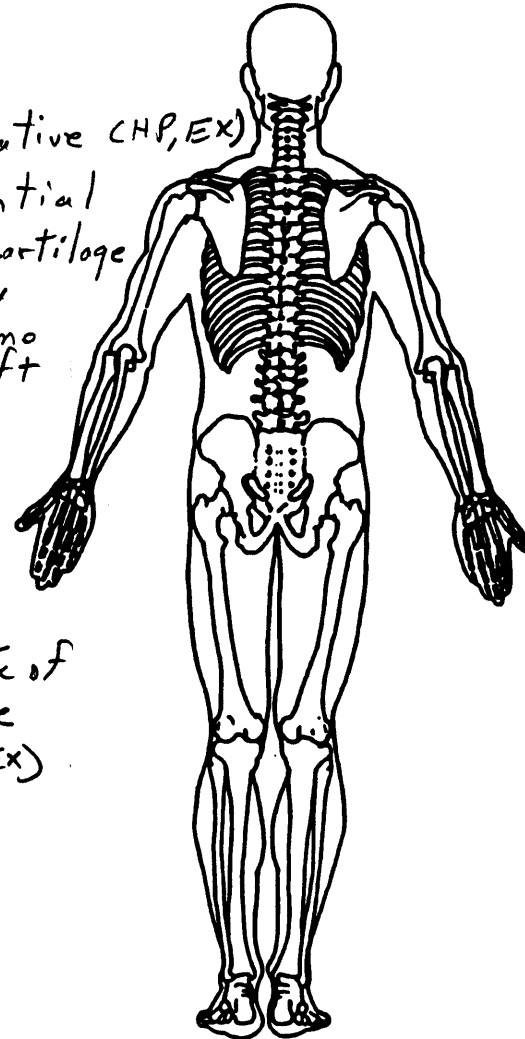
HCO₃ = ___

Air bag deployed according to paramedics (HP, EN)

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-Ray:
 • chest — negative (HP, EX)
 • Nose — potential cracking of cartilage but no bony deformity + no midline shift (HP)



• Questionable Fx of bridge of nose (EX)

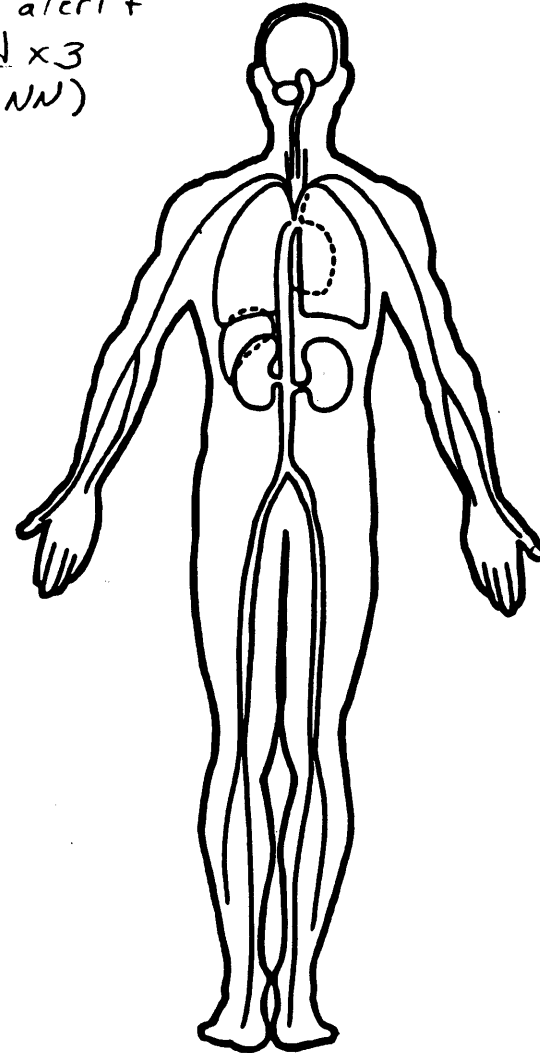
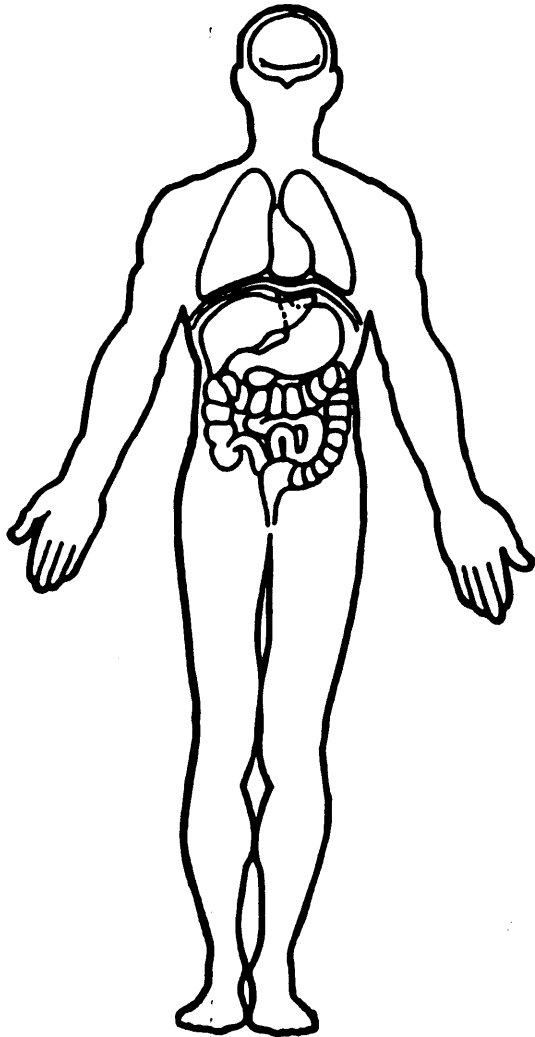
OFFICIAL INJURY DATA – INTERNAL INJURIES

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

• Denies LOC (HP)

Ø LOC (NW)

• Awake, alert + oriented x3 (HP, NW)



TIME 19:07 DATE 10/15

ACCOUNT NUMBER	ADL DATE	ADL TIME	COUNTY	SEX	ED	BST	PT	RT	RUE	ROOM	MED REC NBR
[REDACTED]	[REDACTED]	19:07	[REDACTED]	M	W	M	ER				[REDACTED]
PATIENT NAME	MAIDEN NAME	TIME IN	TIME OUT	ROOM-RATE	BIRTH DATE						
[REDACTED]	[REDACTED]	1910	2015		48						
PATIENT ADDRESS	TELEPHONE	SOCIAL SECURITY	AGE								
[REDACTED]	[REDACTED]	[REDACTED]	48Y								
CHURCH/SYNAGOGUE	ADMITTING PHYSICIAN	DR	REFERRING PHYSICIAN								
NONE/NONE	NONE SPECIFIED	099999	NONE SPECIFIED								
ADMITTING IMPRESSION / CHIEF COMPLAINT / PROCEDURE										SERVICE	
MVA										ER	
PATIENT EMPLOYER	PATIENT OCCUPATION	INS. COMPANY OR CARRIER									
SELF EMPLOYED		PRIVATE PAY									
PATIENT EMPLOYER ADDRESS / TELEPHONE		ADDRESS / CITY & STATE									
[REDACTED]											
GUARANTOR	RELATIONSHIP										
[REDACTED]	UNKNOWN										
GUARANTOR ADDRESS / TELEPHONE	TYPE	GROUP NUMBER	CERTIFICATE NUMBER								
[REDACTED]	PVT										
GUARANTOR EMPLOYER	GUARANTOR OCCUPATION	EFFECT. DATE	POL-HDR								
[REDACTED]											
GUARANTOR EMPLOYER ADDRESS / TELEPHONE		INS. COMPANY OR CARRIER									
[REDACTED]											
NEXT OF KIN	RELATIONSHIP	ADDRESS / CITY & STATE									
[REDACTED]											
NEXT OF KIN ADDRESS / TELEPHONE											
[REDACTED]											
EMERGENCY CONTACT	RELATIONSHIP	TYPE	GROUP NUMBER	CERTIFICATE NUMBER							
[REDACTED]	SPOUSE										
EMERGENCY CONTACT ADDRESS / TELEPHONE		EFFECT. DATE	POL-HDR								
[REDACTED]											
ACCIDENT INFORMATION				MEANS OF ARRIVAL	ADMITTED BY						
				AMBULANCE	[REDACTED]						
NOTES / COMMENTS											
[REDACTED]											
[REDACTED]											
<p>AUTHORIZATION FOR TREATMENT</p> <p>I hereby authorize [REDACTED] the attending physician identified above and those physicians designated by him to prescribe such treatment; to administer such medications and anesthetic; and to perform such medical and surgical procedures and tests as may be deemed advisable or necessary in the diagnosis and treatment of this patient.</p> <p>WITNESS _____ PATIENT OR NEAREST RELATIVE _____</p>					<p>DIAGNOSIS</p>						
<p>PRIVATE ROOM AUTHORIZATION</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM IN [REDACTED] AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM AT [REDACTED] WHEN A ROOM IS AVAILABLE AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>PATIENT SIGNATURE _____ DATE _____</p> <p>ADMITTING REPRESENTATIVE _____</p>					<p>PROCEDURE</p> <p>AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>A. Release all or any portions of my medical record to any medical practitioner or other medical facility that may be designated by my doctor. It is understood that the purpose for release of this medical information is to provide for my continuing and future medical care and treatment.</p> <p>B. [REDACTED] may disclose medical information pertaining to treatment during this hospitalization to my health insurance company and/or review organization, for the purpose of certification and/or possible discharge planning for this hospitalization.</p> <p>DATE _____ SIGNATURE OF PATIENT _____</p> <p>DATE _____ WITNESS _____</p> <p><small>Prohibition on disclosure: This information has been disclosed to you from the records whose confidentiality may be protected by federal law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose.</small></p>						

EMERGENCY SERVICES

Date of Visit: [REDACTED]

Birthdate:

Name: [REDACTED]

Medical Record #: [REDACTED]

CHIEF COMPLAINT: Patient is a 48-year-old male who was involved in a motor vehicle accident. Patient was the restrained driver of a car that struck a side of a tree. Patient felt he was only going about 30 mile per hour at the time but felt that he did not slow down significantly. According to paramedics an air bag employed and the windshield and steering wheel were intact and there was minimal internal damage to the car. The patient presents to the Emergency Room in stable condition complaining primarily of some anterior chest pain and nose discomfort. He denies loss of consciousness, neck or head pain.

PHYSICAL EXAMINATION: Temperature is not available at this time. Pulse is 90, respirations 20. Blood pressure 130/90. HEENT is normocephalic, atraumatic. Pupils are equal and reactive to light. Conjunctiva are clear. His nose has some blood in the left nare although bleeding is controlled. He has some tenderness over the tip of his nose but no obvious deformity. The blood is cleaned out of his nare and there is no sign of nasal septum hematoma. Mouth is clear. Jaw is nontender with normal occlusion. No trismus. Neck is supple nontender with full range-of-motion and is cleared on a clinical basis. Chest is clear to auscultation bilaterally. He has no tenderness over clavicles but does have some tenderness over the sternum. There is no increased tenderness on lateral compression of the ribs. Heart shows a regular rate and rhythm. No murmurs, no rubs. Abdomen is soft, nontender with normal active bowel sounds. No guarding, rebound or palpable masses. Extremities show no clubbing, cyanosis or edema. Neurologically he is awake, alert and oriented times three. There is no gross motor sensory deficit.

EMERGENCY DEPARTMENT COURSE: The patient was sent to x-ray for an x-ray of his chest which was negative and x-ray of his nasal bone which showed some potential cracking of the cartilage but no bony deformity and no midline shift.

ASSESSMENT/DIAGNOSIS: 1. The patient was given a diagnosis of multiple contusion secondary to motor vehicle accident.

PLAN: He is to rest, ice his chest and nose for the next 24 hours and then use heat. He is to take Tylenol #3 1-2 p.o. q 4 hrs as needed for pain and he is to return if any worse pain or shortness of breath over the next 24 hours. He is to follow up with Dr. [REDACTED] Monday for recheck of his injuries to make sure there is no progression or complication resulting from his injuries. The patient understands this, has no further questions and was discharged by the nurse.

[REDACTED]

[REDACTED] D: [REDACTED] T: [REDACTED]

Copy to Dr. [REDACTED]

Distribution: Med Rec; Ref Phys; Ins File; Dept File

EMERGENCY DEPARTMENT TRIAGE

ALLERGIES: NKDA Unknown

CURRENT MEDS: None Unknown Add'l On Back

PMH / PSH: None Contributory Unknown

Tetanus: < 5 yrs > 5 yrs NA See back

Last Time Sought Medical Care: 2 yrs ago

Family Doctor: [Redacted] Call Preference: 2 3 N/A Return < 72 Hrs. Triage Only

Date: [Redacted] Triage: 1910 Age: 48 Sex: M F Arrival Mode: Ambulatory V/C Call EMS (List) P: 90 R: 80

Chief Complaint: MVA (car vs tree air bag deployed).
90 chest pain.

Triage Intervention: Ice Splint Lab _____ (time) Elevate Drug X-ray _____ (time)

Triage Signature: [Redacted] Triage Priority (circle): 1 (2) 3 4

PHYSICIAN ORDERS I

Orthostatics (BP, Pulse) _____

BGM _____

Urine Dipstick _____

Pulse Ox _____

Hemocult _____

Exp. Date _____

Visual Acuity OD _____ OS _____ OU _____

Emerg. Physician / Rx per Dr. _____

Emerg. Physician / Call per Dr. _____

PHYSICIAN ORDERS II

Urinalysis _____

Urine C & S _____

Urine Trauma Panel _____

Urine Drug Screen _____

NG _____

Foley Cath _____

O₂ @ _____ L via _____

IV _____

d.T. 5cc IM 1930

Crutches _____

Air Splint _____

OCL Splint _____

Splint _____

Sling _____

Ace _____

Immobilizer _____

Saline Lock _____

Time: 1910 1

~~A/A Multiple confusions 2° MVA.~~

Res, ICC x 24° then heat.

Tul. #5 T-II p.o.

94° front pain.

Return if any worse pain or S.O.B.

Dx: [Redacted]

Signature: [Redacted]

Time Dictated: [Redacted]

Old Chart _____

Resp. Tx _____

Resp. Tx _____

Resp. Tx _____

ABG's _____

Peak Flow _____

EKG _____

Cardiac Enzymes _____

Isoenzymes _____

PT, PTT _____

CBC _____

Chem _____

Amylase _____

Blood Trauma Panel _____

BHCg (qual) _____

_____ Level _____

GC, hanging drop, chlamydia, gram stain (cross out if N/A) _____

Nasal Film _____

Portable CXR _____

C-Spine _____

Acute Abd _____

CT _____

Emergency Department Nursing Flowsheet

ALL PERSONAL BELONGINGS/VALUABLES KEPT BY PATIENT

PERSONAL BELONGINGS/VALUABLES: (LIST IF REMOVED)

DISPOSITION OF BELONGINGS/VALUABLES:

TIME	Vital Signs				Glasgow Score			MONITOR	Nursing Observation, Assessment and Intervention	INITIALS
	B/P	PULSE	RESP.	SpO2 (%)	EYES	MOTOR	VERBAL			
1905									11m to ED via MAST LSB, c-collar, Kess board. dried blood to @ nose. MVA-I car icy roads - struck a tree. A 40 @ LOC. SL. sternal diaphragm break sounds = a cl bil. Abd-soft, non tender. Exam: pupils present, grips = x strong. Speech approp & clear. Pt. "upset & himself" bec. wife is hurt. Wife in trauma pt here. Monitor shows SpO2 90.	
1910									Exam / Dr. [redacted] c-collar, Kess, LSB removed. Hold ↑. Shaking "cold" warm blankets given.	
1925									Nurse Officer @ bedside.	
1950									d. 5cc in @ d.	
2000									To Xray - Dr. [redacted] & pt explaining about pt's wife.	
2010									Ret from Xray - in wife's room - a captain.	
2015									To phone to call family. Verbal/written instr given to pt. Walked out of ED to friends in waiting room. Escorted to surgery waiting room.	
2045										

INTAKE	IV's	Blood	Other/PO	Total Intake	Nursing Signatures	Initials
	Pre-Hosp					
OUTPUT	Urine	Emesis	Other	Total Output		

Patient Name: [REDACTED]

MR# [REDACTED]
DOB [REDACTED]
RM# ER
RAD# [REDACTED]

Physician Name:

Reason for Exam: MVA

CHEST [REDACTED] 93: Frontal and lateral radiographs of the chest demonstrate no significant abnormalities of the osseous or soft tissue structures. The lungs are well expanded revealing no evidence of pleural or parenchymal disease. The mediastinal contours are appropriate. The transverse cardiac diameter is normal.

IMPRESSION: NEGATIVE CHEST FOR AGE.

NASAL BONES [REDACTED] 93: Supine and left lateral views have been obtained revealing a questionable fracture of the bridge of the nose.

D&T: [REDACTED] 93
ref

[REDACTED] M.D.

Appendix G:

NASS CDS Occupant Assessment Form:

Case Vehicle Passenger



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9405
 3. Vehicle Number 01
 4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 49
 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 163
 Code actual height to the nearest
 centimeter.
 (999) Unknown
64 inches X 2.54 = 163 centimeters

8. Occupant's Weight 064
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
140 pounds X .4536 = 64 kilograms

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

OCCUPANT'S SEATING

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

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

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

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

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

11. Occupant's Posture 4
 (0) Normal posture

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

EJECTION/ENTRAPMENT

12. Ejection ⊕

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

15. Medium Status (Immediately Prior To Impact) ⊕

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

13. Ejection Area ⊕

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

16. Entrapment ⊕

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

14. Ejection Medium ⊕

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

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 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 0

- (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 0

- (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? 0

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

(9) Unknown _____

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

24. Police Reported Restraint Use 4

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

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

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

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

26. Seat Type (this Occupant Position)

99

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

27. Seat Performance (this Occupant Position)

9

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

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Φ Φ Φ

(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 Φ

(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 Φ Φ

(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 Φ Φ 32. Child Safety Seat Shield Usage Φ Φ 33. Child Safety Seat Tether Usage Φ Φ 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) 1

- (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 11

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

38. Working Days Lost 00

- 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
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

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

(99) Unknown

43. Number of Recorded Injuries for This Occupant 07

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

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function ϕ
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown
Non-functional
 (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

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

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

47. Proper Use of Automatic (Passive) Belt System ϕ
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat
Automatic Belt Used Improperly
 (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

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

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

Check the Primary Source Used In Determining Belt Use.

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

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

UPDATE CANDIDATE? NO [✓] YES []

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

BELT USE DETERMINATION

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
51. Was the Occupant Given Blood? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): 2 units
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

53. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

Appendix H:

NASS CDS Occupant Injury Form:

Case Vehicle Passenger



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9405</u>	4. Occupant Number <u>02</u>

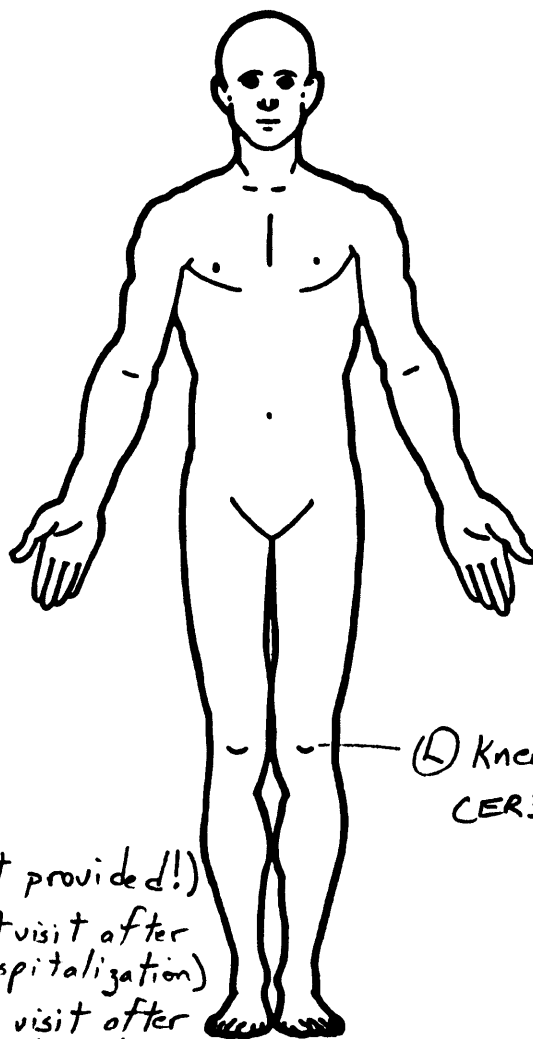
INJURY DATA

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

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

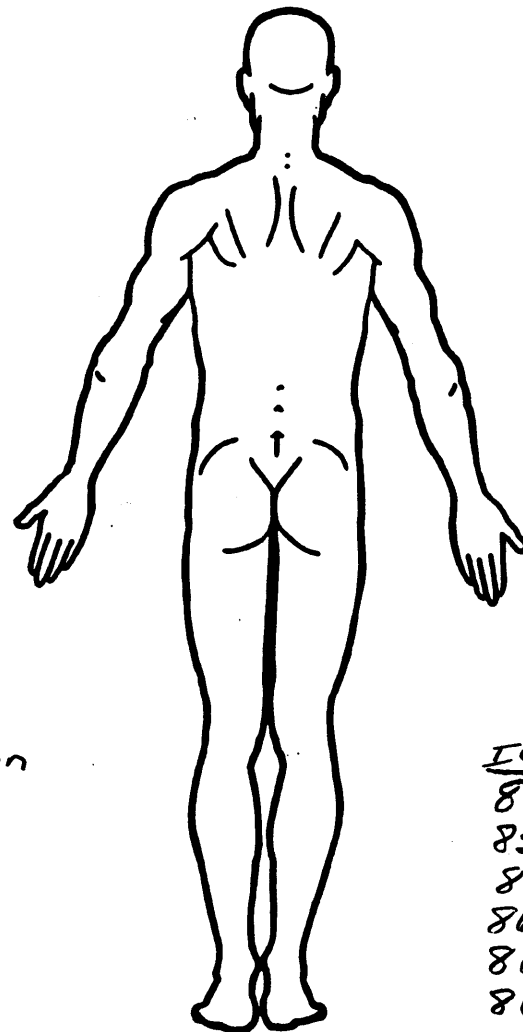
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



(L) Knee pain — no effusion
(ER3)

ER1 (Not provided!)
ER2 (1st visit after hospitalization)
ER3 (2nd visit after hospitalization)



ICD.9.cm
807.02
854.02
860.0
864.02
865.09
868.03
427.31
511.1, 518.0

SOURCE OF INJURY DATA

OFFICIAL

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

UNOFFICIAL

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

INJURY SOURCE

FRONT

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

LEFT SIDE

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

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

- (28) Left side window sill

RIGHT SIDE

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

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

- (38) Right side window sill

INTERIOR

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

ROOF

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

FLOOR

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

REAR

- (60) Backlight (rear window)

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

EXTERIOR of OCCUPANT'S VEHICLE

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

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

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

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

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

NONCONTACT INJURY

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

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

OCCUPANT INJURY CLASSIFICATION

Body Region

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

Type of Anatomic Structure

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

Specific Anatomic Structure

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

Head - LOC

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

Spine

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

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

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

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

Abbreviated Injury Scale

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

Aspect

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

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No
 Yes (DS)

Blood Alcohol Level (mg/dl)

BAL = 0
 (CN)

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units = 2
 (DS)

Arterial Blood Gases

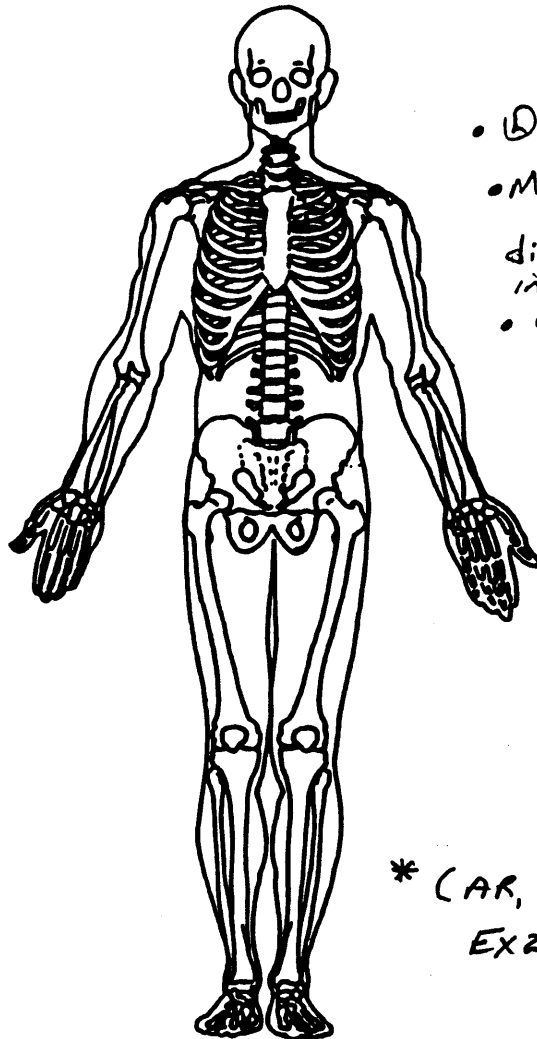
pH =

PO₂ =

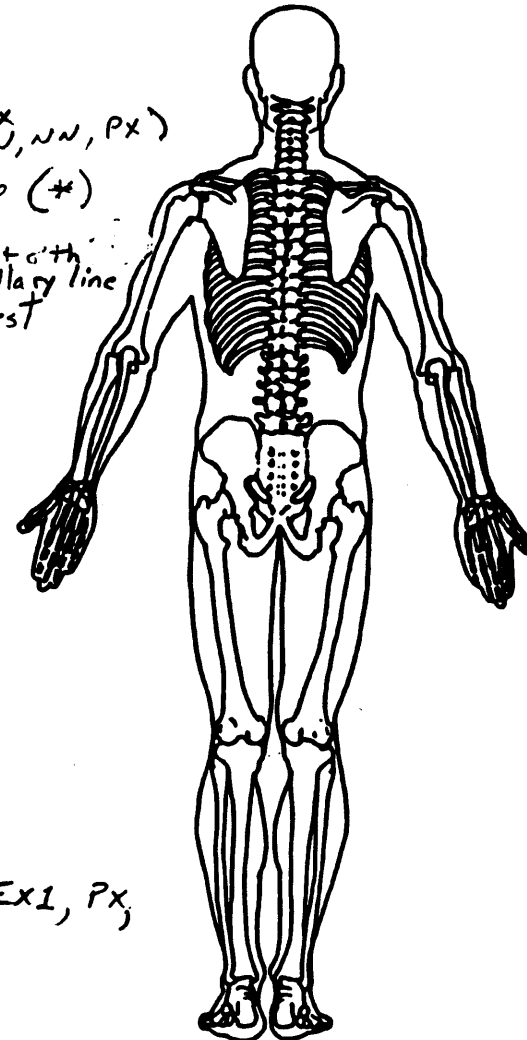
PCO₂ =

HCO₃ =

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



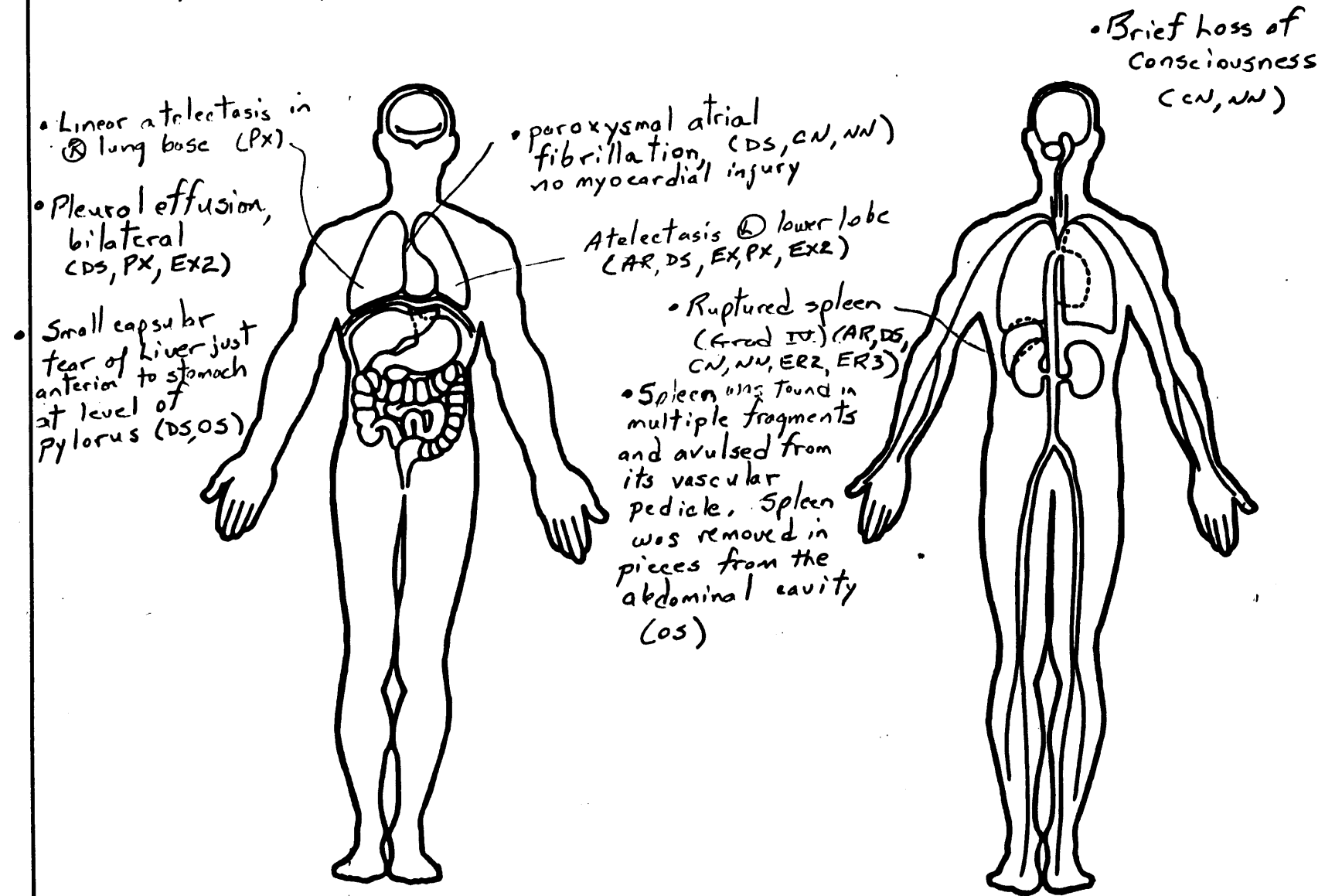
- D pneumothorax (AR, PS, OS, CN, NN, PX)
- Multiple D rib (*) fractures - displaced D 7th + 8th in posterior axillary line with flail chest (DS)



* (AR, DS, CN, NN, EX1, PX, EX2)

OFFICIAL INJURY DATA — INTERNAL INJURIES

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



PATIENT DATA AND CLINICAL INFORMATION SHEET										
ADM. NO.									MED. REC. NO.	
PATIENT NAME	MAIDEN NAME				RUE	ADM DATE	ADM HOUR	DISCHARGED	HOUR	
				E		18:5		10		
PATIENT ADDRESS					COUNTY	TELEPHONE	DISP.	AUT	COR	
							H			
PRV-ADM-RMC	ROOM NBR	AGE	BIRTHDATE	SEX	SS	SOCIAL SECURITY NO.		TOD		
		49Y		F	M					
ADMITTING PHYSICIAN				DR NBR	CHURCH OR SYNAGOGUE ATTENDED		ADMISSION SOURCE			
					NON / NONE		ER/OR			
ADMITTING PHYSICIAN SPECIFIED						ORIGIN		ICD-9-CM CODE		
MVA				MVA		W		868.03		
NEXT OF KIN				RELATIONSHIP		INSURANCE INFORMATION				
NEXT OF KIN ADDRESS/TELEPHONE										
NEXT OF KIN EMPLOYER										
NEXT OF KIN EMPLOYER ADDRESS/TELEPHONE										
RELATIVE OR FRIEND				RELATIONSHIP		MEDICARE NO.				
RELATIVE OR FRIEND ADDRESS/TELEPHONE						MEDICARE NO.				

	ICD-9-CM CODE
Primary	
Splenic Injury Grade IV	
Multiple (C) rib fracture	2) 868.03
Secondary	
Opneumothorax	3) 864.02
Motor Vehicle Crash	1) * 865.09
Pseudomonas pneumonia	4) 860.0
Atelectasis	5) 487.31
Suspected Drug Reaction	807.02
Suspected Drug	854.02
Complications	518.0
	511.1
	041.7
OPERATIONS: (788)	
Exploratory Lap, splenectomy, thoracostomy (code 3)	41.5
p.lop epidural	03.90 ③ 34.09
peritoneal tap (in ER) (788)	⑤ 54.91
Pre-existing or Concurrent Infections	
CONSULTANTS:	

DISCHARGE SUMMARY DICTATED? _____ (physician to indicate date)
 FOR MEDICAL RECORD USE:

MOT - 1 = 9 days

[Redacted Signature]

Attending Physician's Signature

DISCHARGE SUMMARY

DATE OF ADMISSION: [REDACTED]

DATE OF DISCHARGE: [REDACTED]

DISCHARGE DIAGNOSIS:

1. Ruptured spleen, following motor vehicle crash.
2. Multiple left side rib fractures.
3. Flail chest.
4. Paroxysmal atrial fibrillation.
5. Atelectasis.
6. Pleural effusion, bilateral.

OPERATION:

1. Splenectomy, [REDACTED] 1993.
2. Left tube thoracostomy, [REDACTED] 1993.

CONSULTATIONS:

1. Dr. [REDACTED], Cardiology.

COMPLICATIONS: The patient developed left lower lobe atelectasis and purulent sputum with Pseudomonas positive culture. The patient also had bilateral pleural effusions which developed during her hospital course.

DISPOSITION: The patient will be discharged home to the care of her family. She will be given prescriptions for Motrin and Percocet for pain control for her left sided rib fractures. She will be seen as an out-patient in approximately one week post-discharge where a repeat chest x-ray will be done.

HOSPITAL COURSE: This 49 year old female was involved in a single vehicle motor vehicle crash. The vehicle struck a tree. The patient was restrained. Upon hospital admission, in the Emergency Room, she was found to have developed a blood pressure of 80 mm systolic. A diagnostic peritoneal lavage was performed and this revealed gross blood. The patient's chest x-ray revealed multiple left sided rib fractures and in the Operating Room it was obvious that the patient was noted to have a left sided flail chest. The patient underwent splenectomy and there was no other intra-abdominal injuries except for a small capsular tear of the liver. The patient also had a left pneumothorax which was diagnosed clinically during surgery and a chest tube was placed for this. Postoperatively, the patient had problems with atelectasis and developed a productive cough with purulent sputum. This grew Pseudomonas. The patient was started on IV antibiotics to cover this organism. She had some minimal temperature elevation and her white blood cell reached 20,000. The remainder of her hospital course, however, she was afebrile and her white blood cell returned to 13,000. She received two units of blood during her hospitalization. On postoperative day three, the patient developed a sustained episode of atrial fibrillation. She was hemodynamically stable and required no treatment. She was evaluated by Cardiology and an echocardiogram was performed which revealed no evidence of myocardial injury or valvular problem. After

REPORT TITLE	PATIENT'S NAME
DISCHARGE SUMMARY	[REDACTED]

DISCHARGE SUMMARY (Continued Page 2)

the patient's one episode, she had only a few small runs of atrial fibrillation which were inconsequential. After three days of being arrhythmia-free, the patient was taken off the monitor. The cardiologist recommended no further treatment for this episodic atrial fibrillation. The patient was eventually discharged home, tolerating a regular diet and ambulating without assistance. She was moving her bowels and voiding without difficulty. She had residual chest wall pain which was treated with oral medication. She was originally managed in the hospital with an epidural catheter placed by the Anesthesia service. The patient had a chest x-ray two days prior to discharge which revealed some residual bilateral pleural fluid collections with some residual atelectasis of the left lower lobe. This will be followed as an out-patient.

[REDACTED] M.D.

Dr. [REDACTED] 93
T: [REDACTED] 93
[REDACTED]
[REDACTED]

cc: [REDACTED], M.D.
[REDACTED], M.D.

REPORT TITLE	PATIENT'S NAME
DISCHARGE SUMMARY	[REDACTED]

OPERATIVE NOTE

DATE OF BIRTH: [REDACTED]

DATE OF OPERATION: [REDACTED] 93

PREOPERATIVE DIAGNOSIS: 1. Hemoperitoneum status post blunt abdominal trauma from a motor vehicle crash.

POSTOPERATIVE DIAGNOSIS: 1. Hemoperitoneum status post blunt abdominal trauma from a motor vehicle crash.
2. Ruptured spleen, capsular liver injury and left pneumothorax.

PROCEDURES: Exploratory laparotomy; splenectomy; left tube thoracostomy.

SURGEON: [REDACTED] M.D.

ANESTHESIA: General endotracheal.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: 1300 cc both preoperatively and intraoperatively.

INDICATIONS: This 49-year-old female was involved in a frontal impact motor vehicle crash and sustained blunt chest and abdominal trauma. She had a blood pressure of 80 mmHg in the Emergency Department and a diagnostic peritoneal lavage revealed gross blood on aspirate. The patient was brought to the Operating Room.

DESCRIPTION: The patient was placed on the table in the supine position, having been moved on the backboard with a cervical collar in place. General endotracheal anesthesia was induced. The patient was log rolled for removal of the long spine board and her remaining clothing. She was returned to the supine position where her abdomen and lower chest were prepped with Betadine solution and draped in the customary fashion. A midline incision was carried down through the skin and subcutaneous tissue with the knife. The midline fascia was opened sharply. The peritoneum was also opened. Upon entering the peritoneal cavity there was a moderate amount of blood noted. The falciform ligament was divided between clamps and tied with 2-0 silk.

Attention was immediately turned to the left upper quadrant where there was a large amount of blood and clot. The spleen was found to be in multiple fragments and avulsed from its vascular pedicle. The vascular pedicle was identified and clamped with a long Kelly clamp. The spleen was removed in pieces from the abdominal cavity and passed off the table. A few small remaining pieces of the spleen were attached to the retroperitoneum and these

REPORT TITLE OPERATIVE NOTE	PATIENT'S NAME [REDACTED]
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OPERATIVE NOTE (Continuation Page 2)

were divided after their blood supply was clamped. The bleeders that remained at the splenic pedicle and over the tail of the pancreas were clamped with hemostats and tied with 2-0 silk ties. The splenic artery and vein were also tied both individually and as a unit with 2-0 silk ties. A short gastric vessel was taken down between clamps and tied with the 2-0 silk ties as well. The greater curvature of the stomach was found to be intact. The pancreas was also intact out to the tail. The left colon at the splenic flexure was non-injured. A laparotomy sponge was placed in the left upper quadrant and attention was turned to the remainder of the abdomen.

There was noted to be a small capsular liver tear just anterior to the stomach at the level of the pylorus. This was nonbleeding. The remainder of the liver was intact. Both diaphragms were intact. Both kidneys were palpated and were found to have no hematoma around them. The duodenum had no hematoma or bile staining. The entire small bowel and colon were run and were found to be without injury. Blood was suctioned from the pelvis and there was found to be no pelvic injury. The uterus, tubes and ovaries were intact. The bladder was not injured. Attention was again turned to the left upper quadrant where the laparotomy sponge was removed and the area was found to be dry. The diaphragm at this time was noted to be billowing somewhat and it was felt that there was a pneumothorax in the left chest. A left tube thoracostomy was then performed with a 32 French chest tube. This was sutured in place using 0 silk sutures.

The abdomen was then closed using a running #1 Prolene suture to approximate the midline fascia. The skin was approximated with a skin stapling device. The wounds were all dressed with sterile dressings and tape. The patient was then log rolled again onto her right side and an epidural catheter was placed by the Anesthesiologist. The patient remained stable throughout her operation and was taken to the Surgical Intensive Care Unit in satisfactory condition.

[REDACTED] M.D.

D: [REDACTED] 93
T: [REDACTED] 93

REPORT TITLE OPERATIVE NOTE	PATIENT'S NAME [REDACTED]
--------------------------------	------------------------------

PRINTED [REDACTED]
TIME 2000
ENCNTR [REDACTED]
PAGE 1

[REDACTED] FEMALE DOB [REDACTED]
DR [REDACTED]
PULMONARY ICU [REDACTED]
PATHOLOGISTS: [REDACTED] M.D. [REDACTED] M.D. [REDACTED] M.D. [REDACTED] M.D. [REDACTED] M.D. [REDACTED] M.D.

SURGICAL PATHOLOGY

PATHOLOGY#: [REDACTED]

SURGERY DATE: 11/27/93

CLINICAL NOTES:

AGE: 49
SURGEON: [REDACTED]
REFERRING PHYSICIANS:
PREOPERATIVE DIAGNOSIS: Hemoperitoneum
POSTOPERATIVE DIAGNOSIS: Ruptured spleen
HISTORY:
TISSUE: Spleen

GROSS DESCRIPTION:

Specimen consists of a 145 gram spleen received in multiple fragments. It is extensively fragmented. In aggregate it measures 8 x 5 x 3.5 cm. Margins of spleen fragments are hemorrhagic. Serial section shows areas of hemorrhage but otherwise no focal lesions. [REDACTED] D:T [REDACTED]

DIAGNOSIS AFTER MICROSCOPY:

Spleen: Extensive laceration and hemorrhage with areas of hemorrhage.

Code 3
[REDACTED]
D&T [REDACTED]
[REDACTED] MD
(Electronic signature)

PATHOLOGY#:

DOB [REDACTED]

END OF REPORT

CONSULTATION (Continuation Page 2)

Page 1 NOT PROVIDED!

five times a week and golf. She does drink alcohol on weekends but was not drinking the night of the accident.

FAMILY HISTORY: Negative for heart disease.

REVIEW OF SYSTEMS: Otherwise unremarkable.

PHYSICAL EXAMINATION: The patient is a middle-aged female in no acute distress. A chest tube in the left side was noted. The patient's blood pressure is 124/70, pulse 80. Neck has no jugular venous distention. Carotid pulses were full. Chest revealed decreased breath sounds on the left with crackles in the right lung field. Cardiac exam reveals a regular rate and rhythm without rub, murmur or gallop. The abdomen was soft and nontender. Extremities had no edema. Peripheral pulses were full.

LABORATORY DATA: White blood cell count 13,100, hemoglobin on admission 13.4. Sodium 139, potassium 3.6, BUN 11, creatinine 0.9. Cholesterol 146. Alcohol level was 0. The urinalysis was positive for protein.

The electrocardiogram on admission showed normal sinus rhythm with normal intervals and axis, no ST-T wave changes. The electrocardiogram last night showed atrial fibrillation with rapid ventricular response rate but no significant ST-T wave changes.

IMPRESSION AND PLAN:



1. Paroxysmal atrial fibrillation. Suspect secondary to recent chest trauma as there is no evidence of structural heart disease. Will check echocardiogram to rule out myocardial contusion. Will also check thyroid function studies. Doubt pulmonary embolus. Unless the patient has a sustained episode of atrial fibrillation, would not use chronic medications at this time. Will use Verapamil as needed intravenously if the patient goes back into sustained atrial fibrillation.
2. Status post motor vehicle accident with left chest trauma resulting in rib fractures and left pneumothorax.
3. Ruptured spleen, status post splenectomy.
4. Brief loss of consciousness.
5. History of depression.
6. Tobacco abuse.

[REDACTED] M.D.
D: [REDACTED] T: [REDACTED]
cc: [REDACTED] M.D.; [REDACTED] M.D.; Patient Chart

REPORT TITLE CONSULTATION	PATIENT'S NAME [REDACTED]
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Echocardiographic Dimensions (CM)


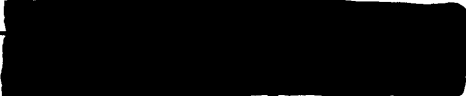




Pericardial Effusion			Left Ventricle	
Yes	No		end-diastolic length	<u>5.4</u> (3.5-5.7)
Mitral Valve			end-systolic length	<u>3.2</u> (0.6-1.0)
Slope		(>35mm/sec)	Septal	
(EPSS)			thickness	<u>1.0</u> (0.6-1.1)
Left Atrial Dimension	<u>3.6</u>	(1.9-4.0)	amplitude	
Aortic Valve Dimension	<u>2.0</u>	(1.5-2.6)	Posterior Wall	
(systole)			thickness	<u>1.0</u> (0.6-1.1)
Aortic Root Diameter	<u>3.0</u>	(2.0-3.7)	amplitude	
(STAT/PORTABLE)			Right Ventricular	
			Dimension	<u> </u> (0.0-2.6)




Reason for Exam: R/O Effusion  

DIAGNOSTIC FINDINGS: This is a somewhat technically difficult study as the patient was supine with chest tubes in the left chest. The analysis for primarily in the parasternal windows. The four cardiac chambers appear of normal caliber and thickness. There is no pericardial effusion. The left ventricular function appears normal. The aortic, mitral and tricuspid valves are structurally normal. The pulmonic valve is not well seen.

IMPRESSION:

- 1) Structurally normal aortic, mitral and tricuspid valves.
- 2) Left ventricular function is normal.
- 3) Somewhat technically limited imaging.


Signature: 
Medical Record #:  M.D.
Room Number: 
Referring Physician: 
Patient: 

Reason: 
Test Date: 
Age: 49 
Page 1 of 1 Page

Echocardiography Report

Begin every note with Problem Number. Use Problem Title if indicated.
 Para-Medical Personnel sign full surname, and Title or Department.

Date	Problem Number	
[REDACTED] 73		<p>Acute Pain Sec.</p> <p>Pain better-controlled.</p> <p>Epidural site is evidence of infection.</p> <p>No changes.</p> <p>[REDACTED] MD</p>
[REDACTED] 93		<p>Acute Pain Sec.</p> <p>Adequate pain control. Epidural site is evidence of infection. No changes.</p> <p>[REDACTED] MD</p>
[REDACTED] 1/93 0900		<p>Trauma.</p> <p>Doing well. Temp + WBC are down in spite of Pseudomonas growth in sputum.</p> <p>abd - soft, non-tender - a few bowel sounds heard.</p> <p>Will transfer from ICU ATB for Pseudomonas</p> <p>[REDACTED] MD</p>

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
93	1010	<p>Arise Pain Senses Pt awake alert, stable on Pentone 5ml/hr</p>
6/1/93 0600	Trauma	<p>Developed acute onset a-fib this AM Apparently had several brief runs during day yesterday. BP stable, no symptoms. Saw 90% on 2L, up to 4 liters out up. PaO₂: 90 on 4L Labs - WBC: 16,600 HCT: 31.3 Alb: 2.0 Ca: 8.0 pH: 7.29 Mg: 2.0 K⁺: 3.8 EKG show Afib = RVR R=156 Plan - Cardiology consult No fix P present - (she converted spont.) (May have been related to ↓ O₂)</p>

PROGRESS NOTES

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
[redacted] / 93 9Am	3	<p>Cardiology - dictated</p> <p>Depression -</p> <p>#1 Peroxyporal atid fibrillation. Suggest 2° to recent chest trauma. Will ✓ echo to R/O myocardial contusion. Also. ✓ T4. Unless pt has sustained a-fib, will simply use pm Verapamil at the present time.</p> <p>#2 S/P MVA = ⊕ chest trauma + rib fractures + ⊕ pneumothorax</p> <p>#3 Ruptured spleen S/P splenectomy</p> <p>#4 Brief L.O.C.</p> <p>#5 History of depression</p> <p>#6 Tobacco abuse</p>
[redacted]		<p>PAm - [redacted]</p> <p>Alert comfortable. size ok -</p> <p>No A's [redacted]</p>

PROGRESS NOTES

Date	Problem Number	<p>Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.</p>
<p>[Redacted]</p>		<p>Pain - Dsg well no is</p> <p>[Redacted]</p>
<p>[Redacted]</p>	<p>AM</p>	<p>Pain - Alert, excellent response - also intermittent HA - neck pain - May have Tylenol - Disposition</p> <p>[Redacted]</p>
<p>[Redacted] / 93 1645 AM</p>		<p>Cardiology Still see. Tolerating po VSS</p> <p>Elev - TDS</p> <p>No effusion Normal LV & valves</p> <p>Monitor - Brief a-fib last night Depression - No evidence of structural heart disease. Await T4. Will follow.</p> <p>[Redacted]</p>

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
[redacted] 73		Pain suc - pt calms to 1/2 well & ep[redacted] c/o HAs. May have T[redacted] per [redacted]
[redacted] 93		Stable. St. if occ. A-fib ⊖ dyspnea Chest pain. ⊕ B.S. ⊕ flatus wound intact C-T drainage in l. Cox pending Plan: Soft diet - [redacted]

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if Indicated. Para-Medical Personnel sign full surname, and Title or Department.
[REDACTED] / 93 Am	93	<p><u>Cardiology</u> Still ore. Minimal cough VSS CR PRK Chest crackles NSR, Brief c. fib last night TSH 2.6 Aggression - Brief c. fib. Continue to monitor.</p> <p>[REDACTED]</p>
0900	93	<p><u>PAIN SERVICE</u> Doing well, Epidural analgesia x 1WK Will d/c epidural today, Blank TP intake VSS</p> <p>[REDACTED]</p>
[REDACTED] / 93		<p><u>Trauma</u> - Doing well. Temp 4. Chest tube pulled. Will d/c IV fluid and Foley catheter ATB to be stopped in one more day.</p> <p>[REDACTED]</p>

PROGRESS NOTES

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
[REDACTED]	0945 <u>CV</u>	No complaints SR 3 A-fib Continue to monitor. [REDACTED]
[REDACTED]	93	Trauma - Stable temp 4. No BM on yet. Jumps rel. clear abd soft, non-tender <u>Pla</u> - Intact Ambulate Try to D/C O ₂ [REDACTED] WAD
[REDACTED]	1100 <u>CV</u>	Feeling OK. Rhythm stable. No AF since CT out. [REDACTED]

PROGRESS NOTES

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
[redacted] / [redacted] / 93 645 [redacted]		<p>Cardiology No CIO VSS Co RR Chest - @ crackle Monitor - rsk Hypoxia - No further a-file. Suspect related to chest trauma. Would not treat unless sustained Will sign off for now.</p>
[redacted] / [redacted] / 93 0900		<p>Trauma Feeling better. Needs to move breath. Abt OK. Core level sounds will PIC monitor.</p>

PROGRESS NOTES

RADIOLOGY DEPARTMENT

Patient Name: [REDACTED]

MR#

Physician Name: [REDACTED]

DOB

RM#

RAD#

Reason for Exam: MVA STATUS HEART AND LUNGS

STAT PORTABLE CERVICAL SPINE [REDACTED] 93: Portable lateral and Swimmer's views have been made on the backboard revealing normal vertebral alignment and normal stature of the vertebral bodies and disc spaces. There appears to be a congenital fusion of the facet joints at C2-3.

STAT PORTABLE CHEST [REDACTED] 93: There are displaced fractures of the left 7th and 8th ribs in the posterior axillary line, but there is no evidence of pneumothorax. The cardiomeastinal silhouette is normal. The right lung is normally aerated.

STAT PORTABLE PELVIS [REDACTED] 93: Radiographic evaluation reveals no osseous, articular or soft tissue abnormality.

IMPRESSION: NORMAL PELVIS.

STAT PORTABLE CHEST [REDACTED] 93: (2100) A chest tube has been introduced on the left side as well as a nasogastric tube. There has been no change in the heart or lungs compared to the earlier film.

, M.D.

D&T: [REDACTED] 93
ref

Date	Problem Number	Begin every note with Problem Number. Use Problem Title if indicated. Para-Medical Personnel sign full surname, and Title or Department.
[REDACTED] / [REDACTED] / 93		Trauma -
		Diaz well VSD after
		Home today on Motrin + Percocet
		Flu [REDACTED]
		[REDACTED] MD

RADIOLOGY DEPARTMENT

Patient Name:

[REDACTED]

MR#

DOB

Physician Name:

[REDACTED]

RM#

RAD#

Reason for Exam: MVA

PORTABLE AP CHEST [REDACTED] 93 (0658): No old films are available for comparison. There are multiple predominately lower left rib fractures. A nasogastric tube seen in the stomach. A left chest tube is present. There is no pneumothorax. The right lung is clear. There is minimal increased density in the left lung base which probably represents atelectasis.

D&T: [REDACTED] 93

, M.D.

Patient Name:

[REDACTED]

MR#

DOB

Physician Name:

[REDACTED]

RM#

RAD#

Reason for Exam: MVA STATUS HEART AND LUNGS

PORTABLE AP CHEST [REDACTED] 93: (0950) Comparison is made with [REDACTED] 93. Again noted is a left chest tube. There is no pneumothorax. There has been interval development of opacification in the lower portion of the left hemithorax in the left lung base. This could represent pleural fluid or left lower lobe atelectasis or an infiltrate. Multiple left-sided rib fractures are still seen. The right lung is clear. A nasogastric tube is present in the stomach.

IMPRESSION: INTERVAL DEVELOPMENT OF OPACITY IN THE LEFT LUNG BASE WHICH MAY REPRESENT A COMBINATION OF FLUID AND ATELECTASIS OR AN INFILTRATE.

D&T: [REDACTED] 93

[REDACTED] 93

, M.D.

Patient Name: [REDACTED]

MR#
DOB
RM#
RAD#

Physician Name: [REDACTED]

, M.D.
M.D.**Reason for Exam: PLACEMENT OF CHEST TUBE****STAT PORTABLE AP CHEST [REDACTED] 93 (0600):**

Comparison is made with [REDACTED] 93. Again noted is a left chest tube. There is no pneumothorax. Left rib fractures are seen. An opacity in the left lung base is still present, unchanged. This may represent a combination of atelectasis and pleural fluid. An infiltrate is not totally excluded. Linear atelectasis which is new is noted in the right lung base. The pulmonary vascularity is normal.

IMPRESSION:

1. PERSISTENT OPACITY IN THE LEFT LUNG BASE.
2. NEW LINEAR ATELECTASIS IN THE RIGHT LUNG BASE.
3. NO PNEUMOTHORAX.

D&T [REDACTED] 93

, M.D.

Patient Name: [REDACTED]

MR#
DOB
RM#
RAD#

Physician Name: [REDACTED]

Reason for Exam: CHEST TRAUMA

CERVICAL SPINE [REDACTED] 93: No fracture or subluxation is present. The prevertebral soft tissues are normal. The disc spaces are intact. The neural foramen are patent.

IMPRESSION: NORMAL CERVICAL SPINE SERIES.

D&T [REDACTED] 93

, M.D.

Patient Name: [REDACTED]

Physician Name: [REDACTED]

Reason for Exam: F/U

CHEST [REDACTED] 93 (0750):

Comparison is made to [REDACTED] 93.

The cardiac silhouette is normal in size. The upper lobe pulmonary vessels are not distended. There is a left lower lobe opacity obscuring the left hemidiaphragm posteriorly on the lateral view. This is felt to represent a combination of pleural fluid and associated atelectasis versus infiltrate. There are several left rib fractures adjacent to this region. There is minimal volume loss in the right base. There is no apparent congestive heart failure. The left chest tube has been removed. There is a tiny left apical pneumothorax.

D&T: [REDACTED] 93

[REDACTED] 93

, M.D.

Patient Name: [REDACTED]

MR#
DOB
RM#
RAD#

Physician Name: [REDACTED]

Reason for Exam: MVA

PA AND LATERAL CHEST [REDACTED] 93 (1105):

Comparison is made with [REDACTED] 93. Again noted is a small left pleural effusion which obscures a portion of the left lung base. There may be atelectasis or an overlying infiltrate present. There are multiple left sided rib fractures present. A small right pleural effusion is also seen. The pulmonary vascularity is normal. No pneumothorax is present.

IMPRESSION: NO SIGNIFICANT INTERVAL CHANGE. BILATERAL PLEURAL EFFUSIONS GREATER ON THE LEFT. POSSIBLE LEFT LOWER LOBE ATELECTASIS OR INFILTRATE. MULTIPLE LEFT SIDED RIB FRACTURES.

D&T: [REDACTED] 93

, M.D.

TIME: 10:07 DATE: 93

ACCOUNT NUMBER	ADM. DATE	ADM. TIME	COUNTY	SEX	EO	SST	RT	RUE	ROOM	MED REC NBR
[REDACTED]	93	10:07	[REDACTED]	F	W	M	OP		-	[REDACTED]
PATIENT NAME	MAIDEN NAME	TIME IN	TIME OUT	ROOM-RATE	BIRTH DATE					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	49					
PATIENT ADDRESS	TELEPHONE	SOCIAL SECURITY	AGE							
[REDACTED]	[REDACTED]	[REDACTED]	49Y							
CHURCH/SYNAGOGUE	ADMITTING PHYSICIAN	DR.	REFERRING PHYSICIAN							
NON/NONE	[REDACTED]	[REDACTED]	NONE SPECIFIED							
ADMITTING IMPRESSION / CHIEF COMPLAINT / PROCEDURE									SERVICE	
EXAM, FU									OP	
PATIENT EMPLOYER	PATIENT OCCUPATION			INS. COMPANY OR CARRIER						
PATIENT EMPLOYER ADDRESS / TELEPHONE			ADDRESS / CITY & STATE							
GUARANTOR			RELATIONSHIP							
[REDACTED]			UNKNOWN			[REDACTED]				
GUARANTOR ADDRESS / TELEPHONE			TYPE		GROUP NUMBER	CERTIFICATE NUMBER				
[REDACTED]			[REDACTED]		[REDACTED]	[REDACTED]				
GUARANTOR EMPLOYER			GUARANTOR OCCUPATION			EFFECT. DATE		POL-HDR		
[REDACTED]			[REDACTED]			[REDACTED]		PATIENT		
GUARANTOR EMPLOYER ADDRESS / TELEPHONE			INS. COMPANY OR CARRIER							
[REDACTED]			[REDACTED]							
NEXT OF KIN			RELATIONSHIP			ADDRESS / CITY & STATE				
[REDACTED]			SPOUSE			[REDACTED]				
NEXT OF KIN ADDRESS / TELEPHONE			[REDACTED]							
EMERGENCY CONTACT			RELATIONSHIP			TYPE		GROUP NUMBER	CERTIFICATE NUMBER	
[REDACTED]			[REDACTED]			[REDACTED]		[REDACTED]	[REDACTED]	
EMERGENCY CONTACT ADDRESS / TELEPHONE			EFFECT. DATE		POL-HDR					
[REDACTED]			[REDACTED]		PATIENT					
ACCIDENT INFORMATION				MEANS OF ARRIVAL			ADMITTED BY			
[REDACTED]				[REDACTED]			[REDACTED]			
NOTES / COMMENTS										
[REDACTED]										
<p>AUTHORIZATION FOR TREATMENT</p> <p>I hereby authorize [REDACTED] the attending physician identified above and those physicians designated by him to prescribe such treatment; to administer such medications and anesthetics; and to perform such medical and surgical procedures and tests as may be deemed advisable or necessary in the diagnosis and treatment of this patient.</p> <p>[REDACTED]</p> <p>WITNESS [REDACTED] PATIENT OR NEAREST RELATIVE</p>						<p>DIAGNOSIS</p> <p>PROCEDURE</p>				
<p>PRIVATE ROOM AUTHORIZATION</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM IN [REDACTED] AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM AT [REDACTED] WHEN A ROOM IS AVAILABLE AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>_____ PATIENT SIGNATURE DATE</p> <p>_____ ADMITTING REPRESENTATIVE</p>						<p>AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>A. Release all or any portions of my medical record to any medical practitioner or other medical facility that may be designated by my doctor. It is understood that the purpose for release of this medical information is to provide for my continuing and future medical care and treatment.</p> <p>B. [REDACTED] may disclose medical information pertaining to treatment during the hospitalization to my health insurance company and/or review organization, for the purpose of certification and/or possible discharge planning for this hospitalization.</p> <p>DATE [REDACTED] SIGNATURE OF PATIENT [REDACTED]</p> <p>DATE [REDACTED] WITNESS [REDACTED]</p> <p><small>Prohibition on redaction: This information has been disclosed to you from the records whose confidentiality may be protected by federal law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose.</small></p>				

Ambulatory Nursing Services Record

Current Medication: <u>Metronidazole TID</u>		Log time:	
<u>Pericort = BID</u>		In Time: <u>1015</u>	
		Out Time: <u>1135</u>	
Wt. if Indicated:			
Vital Signs Time:	T/P	R	B/P
<u>1015</u>	<u>36</u>	<u>20</u>	<u>110/80</u>
Allergies (Red Ink): <u>NKA</u>			

ID Band ; Siderails x 2; Placed on Cart/Locked ; Old Chart Req. ; Rec. ; Permit Signed

Nursing Assessment Time: 1015 R UH 11/27. Fee/pt ✓ Physician Orders:

File [redacted] message left in [redacted]
Office call 1050 exam p- [redacted] - TD
Adm. p-w/c - C.R. [redacted] - 1120 bed
home day. Dis. [redacted] notified - 1135
for [redacted] - dismissed amb. to
trial sheet [redacted]

1/2 CXR PPT + lab.
1/2 RTC 20th

See Attached Flow Sheet

Physician Assessment:

S/P MVA = pt with
and ruptured spleen
Doing well. Eating well.

Old lacer. non-healed, w/ [redacted]
well - healed.
Lungs clear equal BS
C-V RRR

X-ray/To Radiology
 Return
 Via W/C Walk Cart
 Lab/Time Drawn
 EKG/Time
 ICD-9 code

Imp - Doing well CXR w/ [redacted]
Pls - CXR since [redacted]
RTC 20th. OK

Physician Signature: [redacted] Notification Time: Admit Unit
 Condition on Discharge: Good Fair Poor Critical Disposition: Home Hospital Rm#
 Admit Other

Patient Name: [REDACTED]

MR# [REDACTED]

Physician Name: [REDACTED]

DOB [REDACTED]

RM# OPD

RAD# [REDACTED]

Reason for Exam: FRACTURE RIBS

PA AND LATERAL CHEST [REDACTED] 93 1115: Comparison is made with [REDACTED] 93. Again noted are multiple left sided rib fractures. A left pleural effusion is also seen. Pleural effusion is probably decreased slightly from previous study. There are linear areas of atelectasis in the left lower lobe. The remaining lungs are clear. There is no pneumothorax. No right pleural fluid is seen. The heart appears slightly enlarged.

- IMPRESSION:**
1. MULTIPLE LEFT RIB FRACTURES. NO PNEUMOTHORAX.
 2. DECREASING LEFT PLEURAL EFFUSION.
 3. LEFT LOWER LOBE ATELECTASIS.
 4. THE PREVIOUSLY NOTED SMALL RIGHT PLEURAL EFFUSION IS NO LONGER SEEN.

[REDACTED] M.D.

D&T: [REDACTED]/93

[REDACTED]/93

Ambulatory Nursing Services Record

Current Medication:		Log time:			
Buspar 5mg qd.		In Time: 1005			
		Out Time: 1110			
Wt. if Indicated:					
Vital Signs Time:	T	P	R	BP	Allergies (Red Ink)
1005	96.5	84	18	110/100	NKA

ID Band ; Siderails x 2 N/A Placed on Cart/Locked Not; Old Chart Req. ; Rec. ; Permit Signed

Nursing Assessment Time: 1005	Physician Orders
MVA 11/57 collapsed leg, fracture ribs splenic injury, massive left hemiparesis trauma to [redacted] 1040 Dr [redacted] New, examined pt [redacted] 1110 Dr [redacted] Amb. - [redacted] [redacted]	PTC [redacted] ✓ 8 weeks
See Attached Flow Sheet	

Physician Assessment:

S/P MVA. Ex ribs and
splenic injury

Cont. to C/O CW pain

④ knee pain
fracture - clear. good BS Oath
abd soft, non-tender, healing
well.

④ knee exam ⊖ - no effusion

Plan - RTC 2 mo. months

[redacted]

X-ray/To Radiology
Return
Via W/C Walk Cart
Lab/Time Drawn
EKG/Time
ICD-9 code

Physician Signature: [redacted] Notification Time: Admit Unit

Condition on Discharge: Good Fair Poor Critical Disposition: Home Hospital Rm#
Admit Other

TIME 10:00

DATE 1/19/93

ACCOUNT NUMBER	ADM. DATE	ADM. TIME	COUNTY	SEX	ED	SST	PT	RT	RUE	ROOM	MED REC NBR
		09:59		F	W	M	OP				
PATIENT NAME	MAIDEN NAME	TIME IN	TIME OUT	ROOM-RATE	BIRTH DATE						
PATIENT ADDRESS	TELEPHONE	SOCIAL SECURITY	AGE								
			46Y								
CHURCH/SYNAGOGUE	ADMITTING PHYSICIAN	DR.	REFERRING PHYSICIAN								
NON/NONE			SAME								
ADMITTING IMPRESSION / CHIEF COMPLAINT / PROCEDURE										SERVICE	
EXAM IN OPD										OP	
PATIENT EMPLOYER	PATIENT OCCUPATION	INS. COMPANY OR CARRIER									
PATIENT EMPLOYER ADDRESS / TELEPHONE										ADDRESS / CITY & STATE	
GUARANTOR	RELATIONSHIP	INS. COMPANY OR CARRIER									
	UNKNOWN										
GUARANTOR ADDRESS / TELEPHONE	TYPE	GROUP NUMBER	CERTIFICATE NUMBER								
GUARANTOR EMPLOYER	GUARANTOR OCCUPATION	EFFECT. DATE	POL-HDR								
			PATIENT								
GUARANTOR EMPLOYER ADDRESS / TELEPHONE										INS. COMPANY OR CARRIER	
NEXT OF KIN	RELATIONSHIP	ADDRESS / CITY & STATE									
	SPOUSE										
NEXT OF KIN ADDRESS / TELEPHONE	TYPE	GROUP NUMBER	CERTIFICATE NUMBER								
EMERGENCY CONTACT	RELATIONSHIP	EFFECT. DATE	POL-HDR								
			PATIENT								
EMERGENCY CONTACT ADDRESS / TELEPHONE										ADMITTED BY	
ACCIDENT INFORMATION										MEANS OF ARRIVAL	
NOTES / COMMENTS											
<p>AUTHORIZATION FOR TREATMENT</p> <p>I hereby authorize _____, the attending physician identified above and those physicians designated by him to prescribe such treatment; to administer such medications and anesthetics; and to perform such medical and surgical procedures and tests as may be deemed advisable or necessary in the diagnosis and treatment of this patient.</p> <p>WITNESS _____ PATIENT OR NEAREST RELATIVE</p>						<p>DIAGNOSIS</p> <p>PROCEDURE</p>					
<p>PRIVATE ROOM AUTHORIZATION</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM IN _____ AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>I PERSONALLY PREFER AND HEREBY REQUEST A PRIVATE ROOM AT _____ WHEN A ROOM IS AVAILABLE AND DO CERTIFY THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE.</p> <p>_____ PATIENT SIGNATURE</p> <p>_____ DATE</p> <p>_____ ADMITTING REPRESENTATIVE</p>						<p>AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>A. Release all or any portions of my medical record to any medical practitioner or other medical facility that may be designated by my doctor. It is understood that the purpose for release of this medical information is to provide for my continuing and future medical care and treatment.</p> <p>B. _____ hereby disclose medical information pertaining to treatment during this hospitalization to my health insurance company and/or review organization, for the purpose of certification and/or possible discharge planning for this hospitalization.</p> <p>DATE _____ SIGNATURE OF PATIENT _____</p> <p>DATE _____ WITNESS _____</p> <p><small>Prohibition on disclosure: This information has been disclosed to you from the records whose confidentiality may be protected by federal law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose.</small></p>					