

# National Accident Sampling System (NASS) Analytical User's Manual 1984 file

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National Highway Traffic Safety Administration  
National Center for Statistics and Analysis  
Washington, D.C. 20590

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## SECTION 1

### INTRODUCTION

The National Accident Sampling System (NASS) is a continuous nationwide accident data collection program sponsored by the U.S. Department of Transportation. It is operated by the National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA).

NASS was developed to provide an automated, comprehensive national traffic accident data base. Data collection began in 1979 in 10 geographic sites, called Primary Sampling Units (PSU's). The 1984 NASS file contains data for a full year from 50 sites, which are monitored by 4 Zone (Quality Control) Centers. These data are weighted to represent all police reported motor vehicle accidents occurring in the USA during the year.

Some data element definitions have been revised over the years to meet changing analytical requirements. Care should be exercised to assure consistent definitions if this 1984 file is to be used in conjunction with NASS files from prior years.

The 1984 NASS file is available in two automated formats: either as a sequential data set, or as a Statistical Analysis System (SAS) data set. Hardcopy data collection records, sanitized to protect privacy, are available for review. These records contain photographic slides, scene diagrams, and vehicle diagrams.

This Manual and the NASS Data Collection, Coding and Editing Manual - 1984 Continuous Sampling System are the primary documentation supporting the automated file. File adjustments are described in Appendix C. In addition, the user may find the following documents helpful:

Injury Coding Manual 1983 (Revised Edition)

CRASH3 User's Guide and Technical Manual (DOT-HS-805-732)

National Accident Sampling System Sample Design, Phases 2 and 3 (DOT-HS-805-273,274,275)

Collision Deformation Classification (SAE J224 MAR 80)

Truck Deformation Classification (SAE J1301)

The first document is available from the DOT/Transportation Systems Center (DTS-32), Kendall Square, Cambridge, Massachusetts 02142. The next two documents are available through the National Technical Information Service (NTIS), Springfield, Virginia 22161; the last two are available from the Society of Automotive Engineers (SAE), Warrendale, Pennsylvania 15096.

Comments on the content and utility of the files and primary documentation are appreciated. Please address them to the National Center for Statistics and Analysis - NRD-30, National Highway Traffic Safety Administration, U.S. Department of Transportation, 400 Seventh St., S.W., Washington, D.C. 20590.

## SECTION 2

### THE SAMPLING SYSTEM AND SAMPLE DESIGN

The accidents investigated in NASS are a probability sample of all police-reported accidents in the U.S. A NASS accident must fulfill the following requirements: must be police-reported, must involve a harmful event (property damage and/or personal injury) resulting from an accident, and must involve a motor vehicle in transport on a trafficway. Every accident which meets these conditions has a chance of being selected. This type of sample design makes it possible to compute estimates which are representative of the entire country.

The selection of sample accidents in NASS is accomplished in three stages: (1) selection of PSU's, (2) selection of police jurisdictions, and (3) selection of accidents.

#### Stage 1 - Select PSU's

For the first stage of selection, the country is divided into 1279 geographic areas called Primary Sampling Units (PSU's). Each PSU consists either of a large city, a county, a group of contiguous counties, a central city or the balance of a county which is not part of a central city. The PSU's were defined so that their minimum population was approximately 50,000.

The 1,279 PSU's were grouped into 75 strata based on geographic region, percent of urban population, per capita service station sales, and per capita road miles. The strata were formed to be about equal in population; however, five PSU's had total population approaching or exceeding that of some strata. These were identified as self-representing and included in the sample with certainty. From each of the remaining 70 strata, containing at least two PSU's, one PSU was selected randomly with probability proportional to its 1977 population. The 75 selected sample PSU's are the first stage in the selection of NASS sample accidents and the inverse of the probability of selecting the PSU is the first stage expansion factor for all accidents in that PSU.

The NASS PSU sample also was designed to be implemented in stages; that is, not all 75 PSU's became operational at once. Three probability subsamples of the selected PSU's which would provide valid estimates during a period of

staged implementation were defined. The stages provided for growth from an original 10 PSU's, to 30 PSU's, to 50 PSU's, and finally to 75 PSU's.

#### Stage 2 - Select Police Jurisdictions

If every accident in each PSU were investigated, a national estimate could be obtained by weighting each accident by the inverse of the probability of selecting the PSU. Because it is uneconomical and impractical to investigate every accident in each sample PSU, a second and third stage of sampling are performed. Each PSU contains a number of police jurisdictions which process reports of accidents that occur within the PSU's boundaries. These police jurisdictions form the frame of the second stage of sampling. Each jurisdiction is assigned a measure of size based on the number, severity, and type of its accidents. A sample of jurisdictions is selected which oversamples those having a larger measure of size.

#### Stage 3 - Select Accidents

The final stage of sampling is the selection of accidents within the sampled jurisdictions. A simple random sample would produce a large percentage of accidents with minor property damage and little or no injury because these types of accidents constitute the largest fraction of the accident population. A sample with a large percentage of such accidents would not be effective in providing detailed and accurate information to help mitigate serious accident consequences. For this reason, a substantial sample of serious injury accidents is required for NASS.

Unequal probability selection is used to capture the desired sample sizes by accident type and severity. Each listed accident is categorized by: (1) the most severe injury level reported (fatal, incapacitating, nonincapacitating, no injury); (2) disposition of accident victims (i.e., transported to a medical facility or not); (3) vehicle type (motorcycle, light truck or van, medium or heavy truck, etc.), or involvement of a non-motorist, and; (4) towing required or not. A differential probability of selection is assigned to each category so that high severity and less common vehicle type accidents (pedestrian or bicyclist, motorcycle, truck) are oversampled relative to their proportion in the frame. Table 2.1 shows the accident stratification used in NASS. For example an accident involving a light truck or van whose driver was killed and a motorcycle whose driver was uninjured would be classified as ACCIDENT TYPE E. This is because of the hierarchical structure of the accident strata table.

## Accident Strata Classification

Based on Pedestrian/Vehicle Type Involvement and Injury Severity

ACCIDENT TYPE	Most Severe Police Reported Injury			
	K	A	B, C, D or U	
			TRANS- PORTED	NONTRANS- PORTED
Ped or Nonmotorist	A	B	C	D
Motorcycle	E	F	G	H
Medium or Heavy Truck	J	K	L	M
Light Truck	N	P	Q	R
or Van				
Other Motor	S	T	V	W
Vehicle				

TABLE 2.1

Other factors also affect the selection probabilities at this stage. For example, some PSU's may select from only even-numbered cases and some jurisdictions within a PSU are visited on a rotating schedule.

### Selection of Accidents for Investigation

Every few days the selected police jurisdictions are contacted and all accidents reported since the previous contact day are listed. The accidents to be investigated by NASS are selected from these lists. Each accident listed is assigned a weight equal to the product of the differential weight for the stratum in which it has been classified and the inverse of the probability of selecting that police jurisdiction. Then, after arraying all accidents by accident stratum and police jurisdiction, a systematic sample of accidents is selected with probability proportional to the assigned weight.

While the more serious types of accidents are sampled every contact day, a small number of minor injury, non-towaway accidents are selected only on periodic contact days, with the period between these contact fixed for each PSU.

## Sampling Weights

Because the accidents selected in NASS are a probability sample of all accidents occurring in the survey year, the data from these accidents can be "weighted" to produce either PSU or National Estimates. The weights or "Inflation Factors" result from the stages of selection, reflecting that accident's probability of selection. There are three weights on this analysis file.

### PSU Inflation Factor

The PSU Inflation Factor is the within PSU sampling weight for each accident in that PSU's sample and is equal to the inverse of that accident's probability of selection within the PSU. It is equal to the product of the inverse of the probability of selecting that accident from the other accidents in the same accident stratum and police jurisdiction on the day it was selected (Stage 3) and the inverse of the probability of selecting the Police Jurisdiction in which the accident occurred from among all police jurisdictions listed in the PSU (Stage 2).

The sum of the PSU Inflation Factors for all accidents sampled within a PSU is an unbiased estimate of the number of accidents which occurred during the year in that PSU. If restricted to an accident stratum, the sum is an estimate of the number of that type of accident which occurred in that PSU. Unbiased estimates of accident characteristics for a PSU can be obtained by multiplying the value of the characteristic for each accident sampled in the PSU by that accident's PSU Inflation Factor and summing.

### National Inflation Factor

The National Inflation Factor is the overall sampling weight for each accident selected in the NASS Sample and the inverse of the probability of selection of that accident. It is equal to the product of the PSU Inflation Factor; and, the inverse of the probability of selection of the PSU (Stage 1).



The sum of the National Inflation Factors for all sampled NASS accidents in a year is an unbiased estimate of the total number of accidents which occurred during the year in the U.S. If restricted to an accident stratum, the sum is an estimate of the total number of that type of accident which occurred in that year. Unbiased estimates of National totals of accident characteristics can be obtained by multiplying the value of the characteristic for each accident in the NASS sample by the National Inflation Factor for that accident.

#### Ratio Inflation Factor

The Ratio Inflation Factor is the product of the National Inflation Factor and a ratio which adjusts for differences between actual and estimated totals. This ratio is calculated using accident totals for both sampled and nonsampled police jurisdictions. The totals for the sampled jurisdictions come from the Stage 3 frame; the totals for the nonsampled jurisdictions are collected periodically. The PSU's are grouped into predetermined sets. Ratios are formed by dividing the total accidents in each accident strata and in each set of PSU's by the estimated total. These estimated totals are sums of the PSU Inflation Factors for each accident in the accident strata and set of PSU's. In some cases, a small sample in an accident strata may produce an unstable ratio. In these situations accident strata may be combined prior to producing a single ratio.

Estimates of National totals for accident characteristics can be obtained using the Ratio Inflation Factors as they were obtained using the National Inflation Factors. However, because the Ratio Inflation Factors have been adjusted to actual accident counts, some of the sampling variation has been removed. Therefore, they will produce more precise estimates than the National Inflation Factors.

## SECTION 3

### DERIVED VARIABLES

Most of the data presented in the NASS record layout can be identified easily as coming from accident investigation and other activities of NASS field teams. Twenty-five data elements, however, are by-products of sampling procedures used by NASS or are derived from data processing applications, such as totaling the number of injured persons in a given accident. The following list identifies the specific data elements, gives their location in the Sequential File Record Layout, and explains their derivation:

VARIABLE NAME AND LOCATION

DESCRIPTION

PSU INFLATION FACTOR  
(A77-84)

This eight character numeric value has three implied decimal places. Its purpose and derivation are described in Section 2 of this Manual.

NATIONAL INFLATION FACTOR  
(A85-92)

This eight character numeric value has three implied decimal places. Its purpose and derivation are described in Section 2 of this Manual.

RATIO INFLATION FACTOR  
(A93-100)

This eight character numeric value has three implied decimal places. Its purpose and derivation are described in Section 2 of this Manual.

MAXIMUM TREATMENT  
(A101)

This single character numeric value indicates the most intensive treatment given to any occupant, pedestrian or other non-motorist in the accident, using the following order of codes:

- 1 FATAL
- 3 HOSPITALIZATION
- 4 TREATED AND RELEASED
- 5 TREATMENT - OTHER
- 2 FATAL - RULED DISEASE
- 9 UNKNOWN
- 6 NO TREATMENT

This variable is derived by scanning the TREATMENT - MORTALITY variable in each occupant record and each pedestrian/non-motorist record in the accident.

MAXIMUM KNOWN A.I.S.  
(A102)

This single character numeric value indicates the single most severe injury level reported for any occupant, pedestrian or other non-motorist in the accident, using the following order of codes:

- 6 MAXIMUM (UNTREATABLE) INJURY
- 5 CRITICAL INJURY
- 4 SERIOUS INJURY
- 3 SEVERE INJURY
- 2 MODERATE INJURY
- 1 MINOR INJURY
- 7 INJURY, UNKNOWN SEVERITY
- 9 UNKNOWN IF INJURED
- 0 NOT INJURED

VARIABLE NAME AND LOCATION

DESCRIPTION

ALCOHOL INVOLVED  
(A103)

This single character numeric value indicates if any involved driver, pedestrian or other non-motorist were reported to have had some alcohol involvement at the time of the accident, using the following codes:

- 1 YES
- 2 NO
- 9 UNKNOWN

This variable is derived by scanning the POLICE REPORTED ALCOHOL PRESENCE and ALCOHOL TEST RESULTS variables on the driver and pedestrian/non-motorist form and the TRAFFIC VIOLATION CHARGED-DWI on the driver form. The ALCOHOL INVOLVED codes are derived as follows:

- (YES) 1 - If POLICE REPORTED ALCOHOL PRESENCE equals 1 (YES) or ALCOHOL TEST RESULTS equal 01-49 (positive result) or TRAFFIC VIOLATION CHARGED-DWI equals 1.
- (NO) 2 - If POLICE REPORTED ALCOHOL PRESENCE equals 0 (NO) and ALCOHOL TEST RESULT equals 00 (NONE) or 96 (NONE GIVEN) and TRAFFIC VIOLATION CHARGED-DWI equals 0.
- (UNKNOWN) 9 - IF

POLICE REPORTED ALCOHOL PRESENCE EQUALS	AND	ALCOHOL TEST RESULTS EQUALS	AND	TRAFFIC VIOLATION CHARGED - DWI EQUALS
0		95,97,99		0,9
8,9		00,95,96 97,99		0,9
0		00,96		9

VARIABLE NAME AND LOCATION  
=====

DESCRIPTION  
=====

NUMBER OF SERIOUSLY INJURED  
PERSONS  
(A104-105)

This two character numeric value indicates the total number of fatally and other seriously injured individuals involved in the accident. It is derived by totaling the number of pedestrian/non-motorist and occupant records in which either the TREATMENT - MORTALITY value is coded "1" (Fatal) or the A.I.S. SEVERITY value is coded "3-6".

NUMBER OF INJURED PERSONS  
(A106-107)

This two character numeric value indicates the total number of injured individuals in the accident. It is derived by totaling the number of pedestrian/nonmotorist and occupant records in which either the TREATMENT-MORTALITY value is coded "1" (fatal) or the A.I.S. SEVERITY value is coded "1-7".

DAY OF WEEK  
(A108-109)

To protect the confidentiality of records concerning specific accidents used by NASS, the accident date is not provided. Instead, the accident record indicates year, month, and DAY OF WEEK of accident occurrence. DAY OF WEEK values are coded as follows:

01	Sunday	05	Thursday
02	Monday	06	Friday
03	Tuesday	07	Saturday
04	Wednesday		

SOURCE DOCUMENTS ONLY  
(A110)

This one character numeric value indicates whether the case included a full investigation or was restricted to (official) source documents only. SOURCE DOCUMENTS ONLY values are coded as follows:  
0 Full Investigation  
1 Source Documents Only

This variable is derived by scanning a table consisting of PSU and accident case numbers.

VARIABLE NAME AND LOCATION  
=====

DESCRIPTION  
=====

MAXIMUM KNOWN PEDESTRIAN A.I.S.  
(P99)

This single character numeric value indicates the single most severe injury level reported for this pedestrian or other non-motorist in the accident. Order of coding is the same as for the accident variable MAXIMUM KNOWN A.I.S. (A102).

PEDESTRIAN I.S.S.  
(P100-101)

This two character numeric value provides an index score indicating the relative severity of overall injury to the individual pedestrian. It is derived by adding the squares of the highest A.I.S. SEVERITY entries in each of the three most severe injured body regions.  
For example:

A Pedestrian suffered severe injury (A.I.S.=3) to the legs (Body Region 5), moderate injury (A.I.S.=2) to the pelvic area (Body Region 4), and moderate to minor injuries elsewhere (A.I.S.=2). The resulting I.S.S. is the sum of the squares of these three A.I.S. Severity scores:  
 $(3**2)+(2**2)+(2**2)$  or 17.

VIN LENGTH  
(V170-171)

This two character numeric value indicates the number of characters in the Vehicle Identification Number (VIN) as originally recorded. 99 denotes unknown.

VARIABLE NAME AND LOCATION  
=====

DESCRIPTION  
=====

VEHICLE SHORT FORM  
(V172)

When no vehicle in an accident has suffered sufficient damage to require towing from the accident scene and there are no serious injuries e.g., accident types 'Y' or 'Z', investigators use an abbreviated version of the data collection form for the Vehicle level records. This one character numeric value indicates the use or nonuse of this "Vehicle Short Form" as follows:

- 0 NO [full-length form used]
- 1 YES [Vehicle Short Form used]

If the case includes a special study, a full length vehicle form is completed.

NUMBER SERIOUSLY INJURED  
IN THIS VEHICLE  
(V173-174)

This two character numeric value indicates the total number of fatally and other seriously injured occupants of the vehicle. It is derived by totaling the number of occupant records for the vehicle in which either the TREATMENT-MORTALITY value is coded "1" (fatal) or the A.I.S. SEVERITY value is coded "3-6".

NUMBER INJURED  
IN THIS VEHICLE  
(V175-176)

This two character numeric value indicates the total number of injured occupants of the vehicle. It is derived by totaling the number of occupant records for the vehicle in which either the TREATMENT-MORTALITY value is coded "1" (fatal) or the A.I.S SEVERITY value is coded "1-7".

VARIABLE NAME AND LOCATION

DESCRIPTION

=====

WHEELBASE SHORT  
(V177-180)

=====

These four character numeric values with one implied decimal indicate the shortest and longest number of inches between a passenger car's axles for a given make, model and model year. 9999 denotes unknown. These variables are derived from the VIN using the VINA program.

WHEELBASE LONG  
(V181-184)

NOTE: If a model has only one length value, it will be coded in the WHEELBASE SHORT variable and the WHEELBASE LONG variable will be coded 9999 (UNKNOWN).

FRONT/REAR WHEEL DRIVE  
(V185)

This single character numeric value indicates which wheels of a passenger car are powered. Values are coded as follows:

- 1 REAR WHEEL DRIVE
- 2 FRONT WHEEL DRIVE
- 8 NOT APPLICABLE, NOT A PASSENGER CAR
- 9 UNKNOWN

This variable is derived by scanning a coded table consisting of vehicle make, vehicle model and vehicle model year, to which a "drive" code has been appended.

MAXIMUM TREATMENT  
IN THIS VEHICLE  
(V186)

This single character numeric value indicates the most intensive treatment given to an occupant in this vehicle. Order of coding is the same as for the accident variable: MAXIMUM TREATMENT (A101).



VARIABLE NAME AND LOCATION

DESCRIPTION

=====

=====

WEIGHT OF  
THE OTHER VEHICLE  
(V187-189)

This three character numeric value indicates the weight (in pounds) of the other vehicle, if the most severe impact is with another vehicle. Values are coded as follows:

001	LESS THAN 150 POUNDS
002 - 996	150-99,649 POUNDS
997	99,650 OR MORE
998	NOT APPLICABLE (MOST SEVERE IMPACT NOT WITH ANOTHER VEHICLE OR WITH VEHICLE HITTING ITSELF)
999	UNKNOWN

This variable is derived from the VEHICLE CURB WEIGHT as coded for the other vehicle.

BODY TYPE OF  
THE OTHER VEHICLE  
(V190-191)

This two character numeric value indicates the body type of the other vehicle if the most severe impact is value is coded as follows:

98 - NOT APPLICABLE (Most severe impact not with another vehicle or

This variable is derived from the BODY TYPE as coded for the other vehicle.

MAXIMUM KNOWN  
A.I.S. in this  
Vehicle  
(V192)

This single character numeric value indicates the most severe injury level reported for an occupant in this vehicle. Order of codes is the same as for the accident variable MAXIMUM KNOWN AIS (A102).

MAXIMUM KNOWN  
OCCUPANT A.I.S.  
(O98)

This single character numeric value indicates the most severe injury level reported for this occupant. Order of codes is the same as for the accident variable MAXIMUM KNOWN A.I.S. (A102).

VARIABLE NAME AND LOCATION  
=====

DESCRIPTION  
=====

OCCUPANT I.S.S.  
(099-100)

This two character numeric value provides an index score indicating the relative severity of overall injury to the individual vehicle occupant. It is derived identically to PEDESTRIAN I.S.S., using data from the Occupant level record.

SECTION 4

SEQUENTIAL ANALYTICAL FILE RECORD LAYOUTS

1	PSU NUMBER	IDENTIFICATION
2		
3	CASE NUMBER	
4		
5		
6		
7	RECORD NUMBER	
8	////////////////////	
9	VERSION NUMBER	
10	////////////////////	
11	MONTH OF ACCIDENT	
12		
13	////////////////////	
14	////////////////////	
15	YEAR OF ACCIDENT	
16		
17	FINAL STRATIFICATION	
18	////////////////////	
19	////////////////////	
20	////////////////////	
21	////////////////////	
22	////////////////////	
23	FIRST HARMFUL EVENT	
24		
25	MANNER OF COLLISION	
26	RELATION TO ROADWAY	
27	NUMBER OF VEHICLE FORMS SUBMITTED	
28		
29	NO. OF PEDESTRIAN & NON-MOTORIST FORMS SUBMITTED	
30		
31	PAR SEVERITY	
32	HIT AND RUN INVOLVEMENT	
33	TIME OF DAY OF ACCIDENT	AMBIENT CONDITIONS
34		
35		
36		
37	LIGHT CONDITIONS	
38	ATMOSPHERIC CONDITIONS	

39	LAND USE (URBAN/RURAL)	ADMINISTRATIVE ITEMS
40	FEDERAL AID SYSTEM	
41	CLASS TRAFFICWAY	
42	ROADWAY FUNCTION CLASS	
43	RELATION TO JUNCTION	
44		
45	SCHOOL BUS RELATED	
46	RIGHT OR LEFT TURN ON RED	
47	NUMBER OF TRAVEL LANES	
48	MEDIAN TYPE	
49	MEDIAN WIDTH	ENVIRONMENTAL DATA
50		
51	ACCESS CONTROL	
52	TRAFFICWAY FLOW	
53	INTERCHANGE GEOMETRY	
54	SHOULDER PRESENCE	
55	ROADWAY ALIGNMENT	
56	ROADWAY PROFILE	
57	ROADWAY SURFACE TYPE	
58	ROADWAY SURFACE CONDITION	
59	TRAFFIC CONTROL DEVICE	
60		
61	TRAF. CNTRL. FUNCTION	
62	SCHOOL ZONE	
63	SPEED LIMIT	
64		
65	RESTR. TO ROADWAY AT SCENE	
66	ADDITIONAL RESTR. AT SCENE	

67	////////////////////	SPECIAL STUDIES
68	ROLE SPECIAL STUDY	
69	LONGITUDINAL BARRIER	
70	CRASH CUSHION SPEC. STUDY	
71	////////////////////	
72	////////////////////	
73	////////////////////	
74	////////////////////	
75	////////////////////	
76	////////////////////	
77	PSU INFLATION FACTOR	INFLATION FACTORS
78		
79		
80		
81		
82		
83		
84		
85	NATIONAL INFLATION FACTOR	
86		
87		
88		
89		
90		
91	RATIO INFLATION FACTOR	
92		
93		
94		
95		
96		
97		
98		
99		
100		
101	MAXIMUM TREATMENT	DERIVED VARIABLES
102	MAXIMUM KNOWN AIS	
103	ALCOHOL INVOLVEMENT	
104	NUMBER OF SERIOUSLY INJURED PERSONS	
105		
106	NUMBER OF INJURED PERSONS	
107		
108	DAY OF WEEK OF ACCIDENT	
109		
110	SOURCE DOCUMENTS ONLY	

1	PSU NUMBER	IDENTIFICATION	
2			
3	CASE NUMBER-STRATIFICATION		
4			
5			
6			
7	RECORD NUMBER		
8	////////////////////		
9	VERSION NUMBER		
10	////////////////////		
11	PEDESTRIAN OR NONMOTOR- 12 IST'S NUMBER	INTERVIEW	
13	PEDESTRIAN/NONMOTORIST TYPE		
14	PEDESTRIAN/NONMOTORIST AGE		
15			
16	PEDESTRIAN/NONMOTORIST'S SEX		
17	PEDESTRIAN/NONMOTORIST'S 18 HEIGHT		
19	PEDESTRIAN/NONMOTORIST'S 20 WEIGHT		
20			
21			
22	MONTHS CYCLING EXPERIENCE		
23			
24	PEDESTRIAN/NONMOTORIST'S 25 LOCATION		
25			
26	TREATMENT-MORTALITY		
27	HOSPITAL STAY		
28			
29	WORKING DAYS LOST		
30			
31	RELATION OF INTERVIEWEE		
32	BODY REGION	PEDESTRIAN INJURY CLASSIFICATION	1ST INJURY
33	ASPECT		
34	LESION		
35	SYSTEM/ORGAN		
36	AIS SEVERITY		
37	INJURY 38 SOURCE		
38			
39	SOURCE OF 40 DATA		
40			

41	BODY REGION	2ND INJURY	PEDESTRIAN INJURY CLASSIFICATION (CONTINUED)
42	ASPECT		
43	LESION		
44	SYSTEM/ORGAN		
45	AIS SEVERITY		
46	INJURY 47 SOURCE	3RD INJURY	
47			
48	SOURCE OF 49 DATA		
49			
50	BODY REGION		
51	ASPECT	4TH INJURY	
52	LESION		
53	SYSTEM/ORGAN		
54	AIS SEVERITY		
55	INJURY 56 SOURCE		
56		5TH INJURY	
57	SOURCE OF 58 DATA		
58			
59	BODY REGION		
60	ASPECT		
61	LESION		
62	SYSTEM/ORGAN		
63	AIS SEVERITY		
64	INJURY 65 SOURCE		
65			
66	SOURCE OF 67 DATA		
67			
68	BODY REGION		
69	ASPECT		
70	LESION		
71	SYSTEM/ORGAN		
72	AIS SEVERITY		
73	INJURY 74 SOURCE		
74			
75	SOURCE OF 76 DATA		
76			

77	BODY REGION	6TH INJURY	PEDESTRIAN INJURY CLASS (CONTINUED)
78	ASPECT		
79	LESION		
80	SYSTEM/ORGAN		
81	AIS SEVERITY		
82	INJURY 83 SOURCE	PAR	
83			
84	SOURCE OF 85 DATA		
85			
86	INJURY SEVERITY		
87	TRAFFIC VIOLATION	OTHER	
88	ALCOHOL PRESENCE		
89	ALCOHOL TEST RESULT		
90			
91	TIME OF DEATH		
92		DERIVED	
93	FIRST 94 RELATED FACTOR		
94			
95	SECOND 96 RELATED FACTOR		
96			
97	THIRD 98 RELATED FACTOR		
98			
99	MAXIMUM KNOWN AIS		
100	INJURY SEVERITY SCORE		
101			

1	PSU NUMBER	IDENTIFICATION
2		
3	CASE NUMBER-STRATIFICATION	
4		
5		
6		
7	RECORD NUMBER	
8	////////////////////	
9	VERSION NUMBER	
10	////////////////////	
11	VEHICLE NUMBER	
12		
13	NUMBER OF OCCUPANT FORMS	
14	SUBMITTED	
15	VEHICLE ROLE	
16	MANNER OF LEAVING SCENE	
17	VEHICLE MODEL YEAR	
18		
19	VEHICLE MAKE	
20		
21	VEHICLE MODEL	
22		
23	BODY TYPE	
24		
25	TOWED TRAILING UNIT	
26	CAB CONFIGURATION	
27	SEATING CAPACITY/TRUCK VOCATION	
28		
29	TRACTOR WITH DROMEDARY	
30	NUMBER OF AXLES-POWER UNIT	
31	NUMBER OF AXLES-1ST TRAILER	
32	NUMBER OF AXLES-2ND TRAILER	
33	NUMBER OF AXLES-3RD TRAILER	
34	TYPE OF BRAKES	

35	GROSS VEHICLE WEIGHT RATING (GVWR)	CDC/TDC HIGHEST DELTA "V"	EXTERIOR ITEMS (CONTINUED)
36	VEHICLE SEQUENCE NUMBER		
37	OBJECT		
38	CONTACTED		
39	DIRECTION		
40	OF FORCE		
41	DEFORMATION LOCATION		
42	LONG./LATERAL LOCATION		
43	VERT./LATERAL LOCATION		
44	TYPE OF DAMAGE DISTRIBUTION		
45	DEFORMATION	CDC/TDC SECOND HIGHEST DELTA "V"	
46	EXTENT GUIDE		
47	ACCIDENT SEQUENCE NUMBER		
48	VEHICLE SEQUENCE NUMBER		
49	OBJECT		
50	CONTACTED		
51	DIRECTION		
52	OF FORCE		
53	DEFORMATION LOCATION		
54	LONG./LATERAL LOCATION		
55	VERT./LATERAL LOCATION	CDC/TDC THIRD HIGHEST DELTA "V"	
56	TYPE OF DAMAGE DISTRIBUTION		
57	DEFORMATION		
58	EXTENT GUIDE		
59	ACCIDENT SEQUENCE NUMBER		
60	VEHICLE SEQUENCE NUMBER		
61	OBJECT		
62	CONTACTED		
63	DIRECTION		
64	OF FORCE		
65	DEFORMATION LOCATION		
66	LONG./LATERAL LOCATION		
67	VERT./LATERAL LOCATION		

68	TYPE OF DAMAGE DISTRIBUTION	CDC/TDC FOURTH HIGHEST DELTA "V"	EXTERIOR ITEMS CONT.
69	DEFORMATION		
70	EXTENT GUIDE		
71	ACCIDENT SEQUENCE NUMBER		
72	VEHICLE SEQUENCE NUMBER		
73	OBJECT		
74	CONTACTED		
75	DIRECTION		
76	OF FORCE		
77	DEFORMATION LOCATION		
78	LONG. /LATERAL LOCATION	INTERIOR ITEMS	
79	VERT. /LATERAL LOCATION		
80	TYPE OF DAMAGE DISTRIBUTION		
81	DEFORMATION		
82	EXTENT GUIDE		
83	ACCIDENT SEQUENCE NUMBER		
84	VEHICLE IDENTIFICATION NUMBER		
85			
86			
87			
88			
89			
90			
91			
92			
93			
94	////////////////////		
95	////////////////////		
96	////////////////////		
97	////////////////////		
98	////////////////////		
99	////////////////////		
100	////////////////////		
101	REGISTRATION OF VEHICLE		
102	VEHICLE SPECIAL USE		
103			
104	ODOMETER READING		
105			
106	PASSENGER COMPARTMENT INTEGRITY		
107	PASSENGER COMPARTMENT INTRUSION		

108	MAGNITUDE OF INTRUSION	SUPPLEMENTAL ITEMS
109	FIRE OCCURRENCE	
110	MOST SEVERE IMPACT ROLE	
111	ROLE OF OTHER CONTACTED PARTY	
112	ROLLOVER	
113	JACKKNIFE	
114	SAFETY PROB. BULLETIN SUBMITTED	
115	HAZARDOUS CARGO	
116	VEHICLE CURB WEIGHT	
117		
118		
119	VEHICLE CARGO WEIGHT	
120		
121		
122	CARGO WEIGHT INFO SOURCE	
123	BASIS FOR TOTAL DELTA "V"	
124	TOTAL DELTA "V"	
125		
126	LONGITUDINAL COMPONENT OF DELTA "V"	
127		
128		
129	LATERAL COMPONENT OF DELTA "V"	
130		
131		
132	ENERGY ABSORPTION	
133		
134		
135		
136	CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - L	
137		
138		
139	CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - C1	
140		
141		
142	CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - C2	
143		
144		
145	CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - C3	
146		
147		
148		

149	CRASH DAMAGE DATA	CRASH PROGRAM (CONTINUED)
150	FOR HIGHEST DELTA "V" - C4	
151		
152	CRASH DAMAGE DATA	
153	FOR HIGHEST DELTA "V" - C5	
154		
155	CRASH DAMAGE DATA	
156	FOR HIGHEST DELTA "V" - C6	
157		
158	CRASH DAMAGE DATA	
159	FOR HIGHEST DELTA "V" - D	
160		
161		
162	TRAVEL SPEED	P A R
163		
164	FIRST VEHICLE	
165	RELATED FACTOR	
166	SECOND VEHICLE	
167	RELATED FACTOR	
168	THIRD VEHICLE	DERIVED
169	RELATED FACTOR	
170	VIN LENGTH	
171		
172	VEHICLE SHORT FORM	
173	NUMBER OF SERIOUSLY INJURED	
174	IN THIS VEHICLE	
175	NUMBER INJURED IN THIS	
176	VEHICLE	
177		
178	WHEELBASE - SHORT	
179		
180		
181		
182	WHEELBASE - LONG	
183		
184		
185	FRONT/REAR WHEEL DRIVE	
186	MAXIMUM TREATMENT	
187	WEIGHT OF THE	
188	OTHER VEHICLE	
189		
190	BODY TYPE OF	
191	THE OTHER VEHICLE	
192	MAXIMUM KNOWN AIS	

1	PSU NUMBER	IDENTIFICATION	38	SPEEDING	PAR	61	NUMBER OF TRAVEL LANES	ENVIRONMENTAL DATA
2			39	DRIVING WHILE INTOXICATED		62	MEDIAN TYPE	
3			40	RECKLESS DRIVING		63	MEDIAN WIDTH	
4	CASE NUMBER-STRATIFICATION		41	SUSPENDED/REVOKED LICENSE		64		
5			42	FAILURE TO YIELD		65	ACCESS CONTROL	
6			43	FOLLOWING TOO CLOSELY		66	TRAFFICWAY FLOW	
7	RECORD NUMBER		44	BLINDING SIGNAL/STOP SIGN		67	////////////////////////////////////	
8	////////////////////////////////////		45	OTHER VIOLATION CHARGED		68	////////////////////////////////////	
9	VERSION NUMBER		46	UNKNOWN VIOLATION CHARGED		69	////////////////////////////////////	
10	////////////////////////////////////		47	ALCOHOL PRESENCE		70	////////////////////////////////////	
11	VEHICLE NUMBER		48	ALCOHOL TEST RESULTS		71	////////////////////////////////////	
12			49			72	////////////////////////////////////	
13	NUMBER OF OCCUPANTS THIS MOTOR VEHICLE		50	LICENSE SOURCE		73	////////////////////////////////////	
14			51	LIC. COMPLIANCE W/RESTRICT.		74	////////////////////////////////////	
15	DRIVER PRESENCE IN VEHICLE		52	DRIVER LICENSE STATUS		75	////////////////////////////////////	
16	MONTHS DRIVING EXPERIENCE THIS CLASS OF VEHICLE	53	DRIVER LIC. TYPE COMPLIANCE	76	////////////////////////////////////			
17		54	DRIVER LIC. RESTRICTIONS	77	////////////////////////////////////			
18	ESTIMATED MILEAGE THIS VEHICLE	55	ADDITIONAL DIV. LIC. REST.	78	////////////////////////////////////			
19		56	PREVIOUS SPEEDING CONVICTION	79	////////////////////////////////////			
20		57	PREVIOUS OTHER MAJOR MOVING	80	LEFT SHOULDER TYPE			
21	TOTAL MILEAGE ALL VEHICLES	58	PREVIOUS OMI CONVICTIONS	81	RIGHT SHOULDER TYPE			
22		59	PREVIOUS SUSPENSION/REVIC.	82	ROADWAY ALIGNMENT			
23		60	PREVIOUS RECORDED ACCIDENTS	83	ROADWAY PROFILE			
24	TYPE OF OPERATION/CRUISE			84	ROADWAY SURFACE TYPE			
25	FEDERAL SAFETY REGULATED			85	ROADWAY SURFACE CONDITION			
26	DRIVER'S CLASSIFICATION			86	SPEED LIMIT			
27	DRIVER EDUCATION			87				
28	FREQUENCY DRIVING ROAD			88	TRAF. CTRL. FUNC.			
29	LAST ACTION PRIOR TO AVOIDANCE MANEUVER			89	TRAFFIC CONTROL DEVICE			
30				90				
31	SECOND TO LAST ACTION PRIOR TO AVOIDANCE MANEUVER			91	FIRST OTHER DRIVER RELATED FACTORS			
32				92				
33	THIRD TO LAST ACTION PRIOR TO AVOIDANCE MANEUVER			93	SECOND OTHER DRIVER RELATED FACTORS			
34				94				
35	ATTEMPTED AVOIDANCE MANEUVER (PRE-CRASH)			95	THIRD OTHER DRIVER RELATED FACTORS			
36				96				
37	ACCIDENTS IN PAST 12 MTHS.			97	FIRST OTHER ENVIRONMENTAL RELATED FACTORS			
				98				
				99	SECOND OTHER ENVIRONMENTAL RELATED FACTORS			
				100				
				101	THIRD OTHER ENVIRONMENTAL RELATED FACTORS			
				102				



1	PSU NUMBER	IDENTIFICATION	37	MANUAL RESTRAINT SYSTEM USE	OCCUPANT INJURY CLASSIFICATION	68	BODY REGION	4TH INJURY	OCCUPANT INJURY CLASSIFICATION (CONTINUED)
2			38	AUTOMATIC RESTRAINT SYSTEM AVAIL.		69	ASPECT		
3			39	AUTOMATIC RESTRAINT FUNCTION		70	LESION		
4	CASE NUMBER-STRATIFICATION		40	RELATION OF INTERVIEWEE TO OCC.		71	SYSTEM/ORGAN		
5			41	BODY REGION		72	AIS SEVERITY		
6			42	ASPECT		73	INJURY SOURCE		
7	RECORD NUMBER		43	LESION		74	INJURY SOURCE		
8	////////////////////		44	SYSTEM/ORGAN		75	SOURCE OF DATA		
9	VERSION NUMBER		45	AIS SEVERITY		76	SOURCE OF DATA		
10	////////////////////		46	INJURY SOURCE		77	BODY REGION		
11	VEHICLE NUMBER	47	INJURY SOURCE	78	ASPECT				
12		48	SOURCE OF DATA	79	LESION				
13	OCCUPANT NUMBER	49	SOURCE OF DATA	80	SYSTEM/ORGAN				
14		50	BODY REGION	81	AIS SEVERITY				
15	OCCUPANT'S AGE	51	ASPECT	82	INJURY SOURCE				
16		52	LESION	83	INJURY SOURCE				
17	OCCUPANT'S SEX	53	SYSTEM/ORGAN	84	SOURCE OF DATA				
18	OCCUPANT'S HEIGHT	54	AIS SEVERITY	85	SOURCE OF DATA				
19		55	INJURY SOURCE	86	BODY REGION				
20		56	INJURY SOURCE	87	ASPECT				
21	OCCUPANT'S HEIGHT	57	SOURCE OF DATA	88	LESION				
22		58	SOURCE OF DATA	89	SYSTEM/ORGAN				
23	OCCUPANT'S ROLE	59	BODY REGION	90	AIS SEVERITY				
24	OCCUPANT'S SEAT POSITION	60	ASPECT	91	INJURY SOURCE				
25		61	LESION	92	INJURY SOURCE				
26	ENTRAPMENT	62	SYSTEM/ORGAN	93	SOURCE OF DATA				
27	EJECTION	63	AIS SEVERITY	94	SOURCE OF DATA				
28	EJECTION AREA	64	INJURY SOURCE	95	INJURY SEVERITY				
29	EJECTION MEDIUM	65	INJURY SOURCE	96	TIME OF DEATH				
30	MEDIUM STATUS	66	SOURCE OF DATA	97					
31	TREATMENT - MORTALITY	67	SOURCE OF DATA	98	MAXIMUM KNOWN AIS				
32	HOSPITAL STAY			99	INJURY SEVERITY SCORE				
33				100					
34	WORKING DAYS LOST								
35									
36	MANUAL RESTRAINT SYSTEM AVAIL.								

## SECTION 5

### SAS FILE

NASS data are available in the form of a Statistical Analysis System (SAS) file. SAS is a highly flexible statistical package that provides a high level programming language for effective matrix manipulation, and data management facilities.

SAS is a non-hierarchical data base. The SAS data base for NASS consists of five individual data sets, one for each of the five NASS record levels, i.e. Accident, Pedestrian, Vehicle, Driver, and Occupant. Using modified relational database concepts, SAS allows the natural hierarchical structure of NASS data to be fully explored by the analyst. An analyst can create a new SAS data set by merging data from several levels of the NASS hierarchy--e.g., vehicle and driver levels--through use of an appropriate set of SAS commands within the DATA step.

#### SAS Data Base Contents

The variable names in the NASS/SAS data base are from the data collection forms and are limited to eight characters. The SAS data base is generally an exact representation of the data contained on the NASS master file. The only exceptions are the following:

- Numeric variables for which 9, 99, etc. represent "unknown" are recoded to the SAS special missing value .U ("dot-u");
- The value of 95 ("test refused") for Pedestrian/non-motorists and Driver Alcohol Test Results (ALCTEST) has been recoded to .B; the value of 96 ("not given") has been recoded .C; the value of 97 ("performed, results unknown") has been recoded .D; and the value 99 ("unknown") has been recoded .U;
- Missing data for numeric values are recoded as "." in SAS and are not included in percentage tabulations;

- Numeric variables not present on the short vehicle form for nontowaway accidents and numeric variables not coded on the pedestrian, vehicle, driver and occupant forms for source documents only accidents have been recoded to .N (Not Collected);

- Hour of Day (Time) is stored as a SAS time value, and has an output format of HHMM5.

PSU NUMBER (PSU), CASE NUMBER-STRATIFICATION (CASEID) and SEQUENCE NUMBER (CASENO) are identical variables across all NASS records. CASENO is the first three digits of CASEID. Therefore, PSU and either CASENO or CASEID can be used to merge NASS record levels. Similarly, VEHICLE NUMBER (VEHNO) is identical in the Vehicle, Driver, and Occupant record levels and can be used to merge these records in the DATA step.

The remainder of this Section presents the SAS layout for the 1984 NASS. In general, the order of variables in the SAS data sets follows the order of data fields on the master file (and thus the order of items on the data collection forms used by NASS investigation teams). The user can invoke PROC CONTENTS to produce the following list of SAS variables:

ALPHABETIC LIST OF VARIABLES

#	VARIABLE	TYPE	LENGTH	POSITION	FORMAT	INFORMAT	LABEL
52	AAIS	NUM	2	109			MAXIMUM KNOWN AIS IN ACCIDENT
30	ACCESS	NUM	2	65			ACCESS CONTROL
15	ACCSEVP	NUM	2	33			POLICE REPORTED ACCIDENT SEVERITY
50	AINJURER	NUM	2	105			NUMBER OF SERIOUSLY INJURED PERSONS
49	AINJURED	NUM	2	103			TOTAL NUMBER OF INJURED PERSONS
51	ALCINV	NUM	2	107			ALCOHOL INVOLVED ACCIDENT
34	ALIGNMNT	NUM	2	73			ROADWAY ALIGNMENT
53	ATREAT	NUM	2	111			MAXIMUM TREATMENT IN ACCIDENT
2	CASEID	CHAR	4	6			CASE NUMBER - STRATIFICATION
3	CASENO	NUM	3	10			SEQUENCE NUMBER
22	CLTHAY	NUM	2	49			CLASS TRAFFICWAY
47	DAYWEEK	NUM	2	99			DAY OF WEEK
21	FEDAID	NUM	2	47			ROAD TA-1 CLASSIFICATION
9	FINSTRT	CHAR	1	22			FINAL STRATIFICATION
32	GEOMETRY	NUM	2	69			INTERCHANGE GEOMETRY
35	GRADE	NUM	2	75			ROADWAY PROFILE
10	HARMEV1	NUM	2	23			FIRST HARMFUL EVENT
16	HITRUN	NUM	2	35			INVOLVEMENT OF HIT & RUN IN ACCIDENT
20	LANDUSE	NUM	2	45			LAND USE
27	LANES	NUM	2	59			NUMBER OF TRAVEL LANES
18	LOTCOND	NUM	2	41			LIGHT CONDITIONS
11	HANCOLL	NUM	2	25			MANNER OF COLLISION (BASED ON F.H.E.)
28	MEDIANT	NUM	2	61			MEDIAN TYPE
29	MEDIANM	NUM	2	63			MEDIAN WIDTH
7	MONTH	NUM	2	18			MONTH OF ACCIDENT
55	NATHGT	NUM	6	119	9.3		NATIONAL INFLATION FACTOR
14	PEDFORMS	NUM	2	31			NUMBER OF PED/MONMOTOR FORMS SUBMITTED
1	PSU	NUM	2	4			PSU NUMBER
54	PSUMGT	NUM	6	113	9.3		PSU INFLATION FACTOR
56	RATHGT	NUM	6	125	9.3		RATIO INFLATION FACTOR
5	RECD	NUM	2	14			RECORD NUMBER
24	RELJUNC	NUM	2	53			RELATION TO JUNCTION
12	RELROAD	NUM	2	27			RELATION TO ROADWAY (LOCATION OF F.H.E.)
23	ROADFUNC	NUM	2	31			ROADWAY FUNCTION CLASS
43	ROADADD	NUM	2	91			ADDITIONAL ROADWAY RESTRICTIONS AT SCENE
42	ROMPRI	NUM	2	89			RESTRICTION OF ROADWAY AT SCENE
25	SCHBUS	NUM	2	55			SCHOOL BUS-RELATED
40	SCHZONE	NUM	2	85			ACCIDENT OCCURENCE IN SCHOOL ZONE
48	SDO	NUM	2	101			SOURCE DOCUMENT ONLY
33	SHOULDER	NUM	2	71			SHOULDER PRESENCE
41	SPLIMIT	NUM	2	87			SPEED LIMIT
46	SSCG	NUM	2	97			CRASH CUSHION (S.S. INDICATOR)
45	SSLB	NUM	2	95			LONGITUDINAL BARRIER (S.S. INDICATOR)
44	SSPLE	NUM	2	93			POLE (S.S. INDICATOR)
4	STRATIF	CHAR	1	13			INITIAL STRATIFICATION
37	SURCOND	NUM	2	79			ROADWAY SURFACE CONDITION
36	SURTYPE	NUM	2	77			ROADWAY SURFACE TYPE
17	TIME	NUM	4	37			TIME OF ACCIDENT

HHMMSS.

NASS 1984 ANALYSIS FILE CREATION, 06JUN85

16:37 THURSDAY, JUNE 6, 1985

38	TRAFCON	NUM	2	81
31	TRAFFLM	NUM	2	67
39	TRCTILCT	NUM	2	83
26	TURNRED	NUM	2	57
13	VEHFORMS	NUM	2	29
6	VERSION	NUM	2	16
19	WEATHER	NUM	2	43
8	YEAR	NUM	2	20

TRAFFIC CONTROLS  
TRAFFICWAY FLOW  
TRAFFIC CONTROL DEVICE FUNCTIONING  
RIGHT OR LEFT TURN ON RED RELATED  
NUMBER OF VEHICLE FORMS SUBMITTED  
VERSION NUMBER  
ATMOSPHERIC CONDITIONS  
YEAR OF ACCIDENT

ALPHABETIC LIST OF VARIABLES

#	VARIABLE	TYPE	LENGTH	POSITION	FORMAT	INFORMAT	LABEL
9	AGE	NUM	2	22			AGE OF PERSON
43	AIS1	NUM	2	68			AIS SEVERITY (FIRST)
44	AIS2	NUM	2	70			AIS SEVERITY (SECOND)
45	AIS3	NUM	2	72			AIS SEVERITY (THIRD)
46	AIS4	NUM	2	74			AIS SEVERITY (FOURTH)
47	AIS5	NUM	2	76			AIS SEVERITY (FIFTH)
48	AIS6	NUM	2	78			AIS SEVERITY (SIXTH)
64	ALCTEST	NUM	2	110			MEASURED BLOOD ALCOHOL LEVEL
25	ASPECT1	CHAR	1	50			ASPECT (FIRST)
26	ASPECT2	CHAR	1	51			ASPECT (SECOND)
27	ASPECT3	CHAR	1	52			ASPECT (THIRD)
28	ASPECT4	CHAR	1	53			ASPECT (FOURTH)
29	ASPECT5	CHAR	1	54			ASPECT (FIFTH)
30	ASPECT6	CHAR	1	55			ASPECT (SIXTH)
19	BODYREG1	CHAR	1	43			OIC BODY REGION (FIRST)
20	BODYREG2	CHAR	1	44			OIC BODY REGION (SECOND)
21	BODYREG3	CHAR	1	45			OIC BODY REGION (THIRD)
22	BODYREG4	CHAR	1	46			OIC BODY REGION (FOURTH)
23	BODYREG5	CHAR	1	47			OIC BODY REGION (FIFTH)
24	BODYREG6	CHAR	1	48			OIC BODY REGION (SIXTH)
2	CASEID	CHAR	4	49			CASE NUMBER - STRATIFICATION
3	CASENO	NUM	3	10			SEQUENCE NUMBER
13	CYCLEEX	NUM	3	31			MONTHS CYCLING EXPERIENCE
65	DEATHDT	NUM	2	112			TIME OF DEATH
63	DRINKING	NUM	2	108			ALCOHOL PRESENCE
11	HEIGHT	NUM	2	26			HEIGHT OF PERSON
16	HOSPSTAY	NUM	2	37			HOSPITAL STAY
61	INJSEV	NUM	2	104			INJURY SEVERITY (POLICE RATING)
49	INJSOU1	NUM	2	80			INJURY SOURCE (FIRST)
50	INJSOU2	NUM	2	82			INJURY SOURCE (SECOND)
51	INJSOU3	NUM	2	84			INJURY SOURCE (THIRD)
52	INJSOU4	NUM	2	86			INJURY SOURCE (FOURTH)
53	INJSOU5	NUM	2	88			INJURY SOURCE (FIFTH)
54	INJSOU6	NUM	2	90			INJURY SOURCE (SIXTH)
18	INTREL	NUM	2	41			RELATION OF INTERVIEWEE TO OCC/PED/NM
69	ISS	NUM	2	120			ISS
31	LESION1	CHAR	1	56			LESION (FIRST)
32	LESION2	CHAR	1	57			LESION (SECOND)
33	LESION3	CHAR	1	58			LESION (THIRD)
34	LESION4	CHAR	1	59			LESION (FOURTH)
35	LESION5	CHAR	1	60			LESION (FIFTH)
36	LESION6	CHAR	1	61			LESION (SIXTH)
70	MAIS	NUM	2	122			MAXIMUM KNOWN OCC/PED/NM AIS
72	MAIMGT	NUM	6	130			NATIONAL INFLATION FACTOR
14	PEDLDC	NUM	2	33			LOCATION
66	PEDRF1	NUM	2	114			1ST OTHER PED/NM RELATED FACTOR
67	PEDRF2	NUM	2	116			2ND OTHER PED/NM RELATED FACTOR
68	PEDRF3	NUM	2	118			3RD OTHER PED/NM RELATED FACTOR

9.3

PERNO	PERTYPE	NUM	18	PEDESTRIAN/NONMOTORIST'S NUMBER
7	PSU	NUM	20	PEDESTRIAN/NONMOTORIST'S TYPE
8	PSUMGT	NUM	4	PSU INFLATION FACTOR
1	RATNGT	NUM	124	RATIO INFLATION FACTOR
73	RECN0	NUM	136	RECORD NUMBER
5	SEX	NUM	14	SEX OF PERSON
10	S0UDAT1	NUM	24	SOURCE OF DATA (FIRST)
55	S0UDAT2	NUM	92	SOURCE OF DATA (SECOND)
56	S0UDAT3	NUM	94	SOURCE OF DATA (THIRD)
57	S0UDAT4	NUM	96	SOURCE OF DATA (FOURTH)
58	S0UDAT5	NUM	98	SOURCE OF DATA (FIFTH)
59	S0UDAT6	NUM	100	SOURCE OF DATA (SIXTH)
60	STRAT1F	NUM	102	INITIAL STRATIFICATION
4	SYSORG1	CHAR	13	SYSTEM/ORGAN (FIRST)
37	SYSORG2	CHAR	62	SYSTEM/ORGAN (SECOND)
38	SYSORG3	CHAR	63	SYSTEM/ORGAN (THIRD)
39	SYSORG4	CHAR	64	SYSTEM/ORGAN (FOURTH)
40	SYSORG5	CHAR	65	SYSTEM/ORGAN (FIFTH)
41	SYSORG6	CHAR	66	SYSTEM/ORGAN (SIXTH)
42	TREATMNT	NUM	67	TREATMENT - MORALITY
15	VERSION	NUM	35	VERSION NUMBER
6	VIOLCHG	NUM	16	TRAFFIC VIOLATION CHARGED - PED/NONMOTOR
62	WEIGHT	NUM	106	WEIGHT OF PERSON
12	WORKDAYS	NUM	28	WORKING DAYS LOST
17		NUM	39	

ALPHABETIC LIST OF VARIABLES

#	VARIABLE	TYPE	LENGTH	POSITION	FORMAT	INFORMAT	LABEL
57	ACCSEQ1	NUM	2	102			1ST SEQUENCE NUMBER OF EVENT(THIS ACC)
58	ACCSEQ2	NUM	2	104			2ND SEQUENCE NUMBER OF EVENT(THIS ACC)
59	ACCSEQ3	NUM	2	106			3RD SEQUENCE NUMBER OF EVENT(THIS ACC)
60	ACCSEQ4	NUM	2	108			4TH SEQUENCE NUMBER OF EVENT(THIS ACC)
19	AXLESP	NUM	2	42			NUMBER OF AXLES (POWER UNIT)
20	AXLEST1	NUM	2	44			NUMBER OF AXLES (1ST TRAILER)
21	AXLEST2	NUM	2	46			NUMBER OF AXLES(2ND TRAILER)
22	AXLEST3	NUM	2	48			NUMBER OF AXLES(3RD TRAILER)
14	BODYTYPE	NUM	2	32			BODY TYPE
23	BRACKETY	NUM	2	50			TYPE OF BRAKES
16	CARGONF	NUM	2	36			CAB CONFIGURATION
76	CARGOMGT	NUM	3	150			VEHICLE CARGO WEIGHT
2	CASEID	CHAR	4	6			CASE NUMBER - STRATIFICATION
3	CASENO	NUM	3	10			SEQUENCE NUMBER
75	CURBMGT	NUM	3	147			VEHICLE CURB WEIGHT
33	DEF1	NUM	2	70			DIRECTION OF FORCE (HIGHEST)
36	DEF2	NUM	2	72			DIRECTION OF FORCE(2ND HIGHEST)
35	DEF3	NUM	2	74			DIRECTION OF FORCE(3RD HIGHEST)
36	DEF4	NUM	2	76			DIRECTION OF FORCE(4TH HIGHEST)
95	DRIVE	NUM	2	198			FRONT/REAR WHEEL DRIVE
18	DROMEDRY	NUM	2	40			TRACTOR/DROMEDARY
78	DVBASIS	NUM	2	155			BASIS FOR TOTAL DELTA V (HIGHEST)
84	DVC1	NUM	3	169			*CRASH* DAMAGE DATA MAX DELTA V - C1
85	DVC2	NUM	3	172			*CRASH* DAMAGE DATA MAX DELTA V - C2
86	DVC3	NUM	3	175			*CRASH* DAMAGE DATA MAX DELTA V - C3
87	DVC4	NUM	3	178			*CRASH* DAMAGE DATA MAX DELTA V - C4
88	DVC5	NUM	3	181			*CRASH* DAMAGE DATA MAX DELTA V - C5
89	DVC6	NUM	3	184			*CRASH* DAMAGE DATA MAX DELTA V - C6
90	DVD	NUM	3	187			*CRASH* DAMAGE DATA MAX DELTA V - D
83	DVL	NUM	3	166			*CRASH* DAMAGE DATA MAX DELTA V - L
81	DVLAT	NUM	2	161			LATERAL COMPONENT OF DELTA V
80	DVLONG	NUM	2	159			LONGITUDINAL COMPONENT OF DELTA V
79	DVTOTAL	NUM	2	157			TOTAL DELTA V
82	ENERGY	NUM	3	163			ENERGY ABSORPTION
53	EXTENT1	CHAR	2	96			DEFORMATION EXTENT GUIDE (HIGHEST)
54	EXTENT2	CHAR	2	96			DEFORMATION EXTENT GUIDE(2ND HIGHEST)
55	EXTENT3	CHAR	2	98			DEFORMATION EXTENT GUIDE(3RD HIGHEST)
56	EXTENT4	CHAR	2	100			DEFORMATION EXTENT GUIDE(4TH HIGHEST)
68	FIRE	NUM	2	133			FIRE OCCURRENCE
37	GAD1	CHAR	1	78			DEFORMATION LOCATION (HIGHEST)
38	GAD2	CHAR	1	79			DEFORMATION LOCATION(2ND HIGHEST)
39	GAD3	CHAR	1	80			DEFORMATION LOCATION(3RD HIGHEST)
40	GAD4	CHAR	1	81			DEFORMATION LOCATION(4TH HIGHEST)
24	GVNR	NUM	2	52			GROSS VEHICLE HEIGHT RAIJING
74	HAZCARGO	NUM	2	145			HAZARDOUS CARGO
69	IMPTYPE	NUM	2	135			TYPE OF MOST SEVERE IMPACT
72	JACKNIFE	NUM	2	141			JACKKNIFE INVOLVEMENT
67	MAGINTRU	NUM	2	131			MAGNITUDE OF INTRUSION



12	MAKE	NUM	2	28
13	MODEL	NUM	2	30
11	MODEL YR	NUM	2	26
105	NATWOT	NUM	6	223
29	OBJCONT1	NUM	2	62
30	OBJCONT2	NUM	2	64
31	OBJCONT3	NUM	2	66
32	OBJCONT4	NUM	2	68
8	OCCFORMS	NUM	2	20
66	ODMETER	NUM	3	124
98	OTBDITYP	NUM	2	205
70	OTHRROLE	NUM	2	137
97	OTVEHMG	NUM	3	202
65	PCINTEG	NUM	2	127
66	PCINTRU	NUM	2	129
1	PSU	NUM	2	4
104	PSUMGT	NUM	6	217
106	RATWGT	NUM	6	229
5	RECNO	NUM	2	14
62	REGISTRA	NUM	2	120
71	ROLLOVER	NUM	2	139
73	SAFETYB	NUM	2	143
17	SEATCAP	NUM	2	38
41	SHL1	CHAR	1	82
42	SHL2	CHAR	1	83
43	SHL3	CHAR	1	84
44	SHL4	CHAR	1	85
99	SHORT	NUM	2	207
77	SOURCMGT	NUM	2	153
63	SPECUSE	NUM	2	122
4	STRATIF	CHAR	1	13
45	SVL1	CHAR	1	86
46	SVL2	CHAR	1	87
47	SVL3	CHAR	1	88
48	SVL4	CHAR	1	89
49	TDD1	CHAR	1	90
50	TDD2	CHAR	1	91
51	TDD3	CHAR	1	92
52	TDD4	CHAR	1	93
10	TOMAHAY	NUM	2	24
15	TOMHITCH	NUM	2	34
91	TRAVELSP	NUM	2	190
96	VAIS	NUM	2	200
7	VEHND	NUM	2	18
92	VEHRF1	NUM	2	192
93	VEHRF2	NUM	2	194
94	VEHRF3	NUM	2	196
9	VEHROLE	NUM	2	22
25	VEHSEQ1	NUM	2	54
26	VEHSEQ2	NUM	2	56
27	VEHSEQ3	NUM	2	58
28	VEHSEQ4	NUM	2	60
6	VERSION	NUM	2	16
61	VIN	CHAR	10	110
100	VINJSER	NUM	2	209
101	VINJURED	NUM	2	211

28	VEHICLE MAKE
30	VEHICLE MODEL
26	VEHICLE YEAR
223	NATIONAL INFLATION FACTOR
62	OBJECT CONTACTED(HIGHEST)
64	OBJECT CONTACTED(2ND HIGHEST)
66	OBJECT CONTACTED(3RD HIGHEST)
68	OBJECT CONTACTED(4TH HIGHEST)
20	NUMBER OF OCCUPANT FORMS SUBMITTED
124	ODMETER READING
205	BODY TYPE OF THE OTHER VEHICLE
137	ROLE OF OTHER CONTACTED VEH, OBJ, PER
202	HEIGHT OF THE OTHER VEHICLE
127	PASSENGER COMPARTMENT INTEGRITY
129	PASSENGER COMPARTMENT INTRUSION
4	PSU NUMBER
217	PSU INFLATION FACTOR
229	RATIO INFLATION FACTOR
14	RECORD NUMBER
120	REGISTRATION OF VEHICLE
139	ROLLOVER INVOLVEMENT
143	SUBMISSION OF POT. SAFETY PROB. BULLETIN
38	SEATING CAPACITY/TRUCK VOCATION
82	SPECIFIC HORIZONTAL LOCATION (HIGHEST)
83	SPECIFIC HORIZONTAL LOCATION(2ND HIGHEST)
84	SPECIFIC HORIZONTAL LOCATION(3RD HIGHEST)
85	SPECIFIC HORIZONTAL LOCATION(4TH HIGHEST)
207	VEHICLE SHORT FORM
153	REPORTED SOURCE OF CARGO HEIGHT
122	VEHICLE SPECIAL USE (THIS TRIP)
13	INITIAL STRATIFICATION
86	SPECIFIC VERTICAL LOCATION (HIGHEST)
87	SPECIFIC VERTICAL LOCATION(2ND HIGHEST)
88	SPECIFIC VERTICAL LOCATION(3RD HIGHEST)
89	SPECIFIC VERTICAL LOCATION(4TH HIGHEST)
90	TYPE OF DAMAGE DISTRIBUTION (HIGHEST)
91	TYPE OF DAMAGE DISTRIBUTION(2ND HIGHEST)
92	TYPE OF DAMAGE DISTRIBUTION(3RD HIGHEST)
93	TYPE OF DAMAGE DISTRIBUTION(4TH HIGHEST)
24	POLICE INDICATED MANNER OF LEAVING SCENE
34	TOMED TRAILING UNIT
190	TRAVEL SPEED
200	MAXIMUM KNOWN AIS IN THIS VEHICLE
18	VEHICLE NUMBER
192	1ST OTHER VEHICLE RELATED FACTOR
194	2ND OTHER VEHICLE RELATED FACTOR
196	3RD OTHER VEHICLE RELATED FACTOR
22	VEHICLE ROLE
54	1ST SEQUENCE NUMBER OF EVENT(THIS VEH)
56	2ND SEQUENCE NUMBER OF EVENT(THIS VEH)
58	3RD SEQUENCE NUMBER OF EVENT(THIS VEH)
60	4TH SEQUENCE NUMBER OF EVENT(THIS VEH)
16	VERSION NUMBER
110	VEHICLE IDENTIFICATION NUMBER
209	NUMBER OF SERIOUS INJ THIS VEHICLE
211	TOTAL NUMBER INJURIES THIS VEHICLE

MASS 1984 ANALYSIS FILE CREATION, 06JUN85

16:57 THURSDAY, JUNE 6, 1985

	VIN LENGTH	MAXIMUM TREATMENT (THIS VEH)
102 VINLNQTH	NUM	
103 VIREAT	NUM	
108 MHEELNG	NUM	
107 MHEELSHT	NUM	
	2	215
	2	243
	8	5.1
	8	5.1

VIN LENGTH	MAXIMUM TREATMENT (THIS VEH)
MHEELBASE LONG	
MHEELBASE SHORT	

ALPHABETIC LIST OF VARIABLES

#	VARIABLE	TYPE	LENGTH	POSITION	FORMAT	INFORMAT	LABEL
48	ACCESS	NUM	2	102			ACCESS CONTROL
22	ACC12MO	NUM	2	50			HOW MANY ACCIDENTS WITHIN PAST 12 MONTHS
33	ALCTEST	NUM	2	72			MEASURED BLOOD ALCOHOL LEVEL
52	ALIGNMT	NUM	2	110			ROADWAY ALIGNMENT
21	AVOIDMAN	NUM	2	48			ATTEMPTED AVOIDANCE MANEUVER
14	BMCSSREG	NUM	2	34			BUREAU OF MOTOR CARRIER SAFETY REGULATED
2	CASEID	CHAR	4	6			CASE NUMBER - STRATIFICATION
3	CASENO	NUM	3	10			SEQUENCE NUMBER
15	DRCLASS	NUM	2	36			DRIVER'S CLASSIFICATION
32	DRINKING	NUM	2	70			ALCOHOL PRESENCE
59	DRIRF1	NUM	2	124			1ST OTHER DRIVER RELATED FACTOR
60	DRIRF2	NUM	2	126			2ND OTHER DRIVER RELATED FACTOR
61	DRIRF3	NUM	2	128			3RD OTHER DRIVER RELATED FACTOR
9	DRPRES	NUM	2	22			DRIVER PRESENCE IN VEHICLE
16	DRTRAIN	NUM	2	38			DRIVER EDUCATION
62	ENVRF1	NUM	2	130			1ST OTHER ENVIRONMENTAL RELATED FACTOR
63	ENVRF2	NUM	2	132			2ND OTHER ENVIRONMENTAL RELATED FACTOR
64	ENVRF3	NUM	2	134			3RD OTHER ENVIRONMENTAL RELATED FACTOR
17	FREQDRIV	NUM	2	40			FREQUENCY DRIVING ROAD
53	GRADE	NUM	2	112			ROADWAY PROFILE
45	LANES	NUM	2	96			NUMBER OF TRAVEL LANES
35	LCOMPL	NUM	2	76			COMPLIANCE WITH LICENSE RESTRICTIONS
38	LREST	NUM	2	82			LICENSE RESTRICTION
39	LRESTADD	NUM	2	84			ADDITIONAL LICENSE RESTRICTION
34	LSOURCE	NUM	2	74			LICENSE SOURCE
36	LSTATUS	NUM	2	78			LICENSE STATUS THIS CLASS OF VEHICLE
37	LTYCOMP	NUM	2	80			DRIVER LICENSE TYPE COMPLIANCE
46	MEDIANT	NUM	2	98			MEDIAN TYPE
47	MEDIANT	NUM	2	100			MEDIAN WIDTH
12	MILETOT	NUM	3	29			TOTAL MILEAGE ALL VEHICLES
11	MILEVEH	NUM	3	26			ESTIMATED MILEAGE THIS VEHICLE
10	MONDRIVE	NUM	2	24			MONTHS DRIVING EXP. THIS CLASS VEHICLE
66	NATHTGT	NUM	6	142		9.3	NATIONAL INFLATION FACTOR
8	OCUPANTS	NUM	2	20			NUMBER OF OCCUPANTS THIS MOTOR VEHICLE
44	PREVACC	NUM	2	20			PREVIOUS ACCIDENTS
42	PREVDMI	NUM	2	94			PREVIOUS D.M.I. CONVICTIONS
41	PREVOFH	NUM	2	90			PREVIOUS MOVING VIOLATIONS CONVICTIONS
40	PREVSPD	NUM	2	88			PREVIOUS SPEEDING CONVICTIONS
43	PREVSUS	NUM	2	86			PREVIOUS SUSPENSIONS AND REVOCATIONS
20	PRIORFAR	NUM	2	92			3RD TO LAST ACTION PRIOR TO AVOID. MAN.
18	PRIORLAT	NUM	2	46			2ND TO LAST ACTION PRIOR TO AVOIDANCE MANEUVERS
19	PRIORRID	NUM	2	44			1ST TO LAST ACTION PRIOR TO AVOID. MAN.
1	PSU	NUM	2	4			PSU NUMBER
65	PSUMGT	NUM	6	136		9.3	PSU INFLATION FACTOR
67	RATHTGT	NUM	6	148		9.3	RATIO INFLATION FACTOR
5	RECORD	NUM	2	14			RECORD NUMBER
50	SHOULDLT	NUM	2	106			LEFT SHOULDER TYPE
51	SHOULDR1	NUM	2	108			RIGHT SHOULDER TYPE

MASS 1984 ANALYSIS FILE CREATION, 06JUN85

16:37 THURSDAY, JUNE 6, 1985

58	SPLIMIT	NUM	122	SPEED LIMIT
4	STRATIF	CHAR	13	INITIAL STRATIFICATION
55	SURCOND	NUM	116	ROADWAY SURFACE CONDITION
56	SURTYPE	NUM	114	ROADWAY SURFACE TYPE
56	TRAFCONT	NUM	118	TRAFFIC CONTROLS
49	TRAFFLDM	NUM	104	TRAFFICWAY FLOW
57	TRCTLECT	NUM	120	TRAFFIC CONTROL DEVICE FUNCTIONING
13	TYPEOP	NUM	32	TYPE OF OPERATION OR CARRIER
7	VEHNO	NUM	18	VEHICLE NUMBER
6	VERSION	NUM	16	VERSION NUMBER
28	VIOLCLOS	NUM	62	FOLLOWING TOO CLOSELY VIOLATION
24	VIOLDMI	NUM	54	D.M.I. VIOLATION CHARGED
30	VIOLDTH	NUM	66	OTHER VIOLATION CHARGED
25	VIOLRECK	NUM	56	RECKLESS DRIVING VIOLATION CHARGED
27	VIOLROM	NUM	60	FAILURE TO YIELD R-0-M VIOLATION
29	VIOLSIGM	NUM	64	RUNNING TRAFFIC SIG./STOP SIGN VIOLATION
23	VIOLSP	NUM	52	SPEEDING VIOLATION CHARGED
26	VIOLSUSP	NUM	58	DRIVING W/SUSP./REV. LICENSE CHARGED
31	VIOLUNK	NUM	68	UNKNOWN VIOLATION CHARGED

ALPHABETIC LIST OF VARIABLES

#	VARIABLE	TYPE	LENGTH	POSITION	FORMAT	INFORMAT	LABEL
9	AGE	NUM	2	22			AGE OF PERSON
52	AIS1	NUM	2	86			AIS SEVERITY (FIRST)
53	AIS2	NUM	2	88			AIS SEVERITY (SECOND)
54	AIS3	NUM	2	90			AIS SEVERITY (THIRD)
55	AIS4	NUM	2	92			AIS SEVERITY (FOURTH)
56	AIS5	NUM	2	94			AIS SEVERITY (FIFTH)
57	AIS6	NUM	2	96			AIS SEVERITY (SIXTH)
34	ASPECT1	CHAR	1	68			ASPECT (FIRST)
35	ASPECT2	CHAR	1	69			ASPECT (SECOND)
36	ASPECT3	CHAR	1	70			ASPECT (THIRD)
37	ASPECT4	CHAR	1	71			ASPECT (FOURTH)
38	ASPECT5	CHAR	1	72			ASPECT (FIFTH)
39	ASPECT6	CHAR	1	73			ASPECT (SIXTH)
25	AVAIL	NUM	2	55			PASSIVE RESTRAINT SYSTEM - AVAILABILITY
26	AUFNCT	NUM	2	57			PASSIVE RESTRAINT SYSTEM - FUNCTION
28	BODYREG1	CHAR	1	61			OIC BODY REGION (FIRST)
29	BODYREG2	CHAR	1	62			OIC BODY REGION (SECOND)
30	BODYREG3	CHAR	1	63			OIC BODY REGION (THIRD)
31	BODYREG4	CHAR	2	64			OIC BODY REGION (FOURTH)
32	BODYREG5	CHAR	1	66			OIC BODY REGION (FIFTH)
33	BODYREG6	CHAR	1	67			OIC BODY REGION (SIXTH)
2	CASEID	CHAR	4	6			CASE NUMBER - STRATIFICATION
3	CASEND	NUM	3	10			SEQUENCE NUMBER
71	DEATHDT	NUM	2	124			TIME OF DEATH
17	EJCTAREA	NUM	2	39			EJECTION AREA
18	EJCTMED	NUM	2	41			EJECTION MEDIUM
16	EJECTION	NUM	2	37			EJECTION
15	ENTRAP	NUM	2	35			ENTRAPMENT
11	HEIGHT	NUM	2	26			HEIGHT OF PERSON
21	HOSPSTAY	NUM	2	47			HOSPITAL STAY
70	INJSEV	NUM	2	122			INJURY SEVERITY (POLICE RATING)
56	INJSOU1	NUM	2	98			INJURY SOURCE (FIRST)
59	INJSOU2	NUM	2	100			INJURY SOURCE (SECOND)
60	INJSOU3	NUM	2	102			INJURY SOURCE (THIRD)
61	INJSOU4	NUM	2	104			INJURY SOURCE (FOURTH)
62	INJSOU5	NUM	2	106			INJURY SOURCE (FIFTH)
63	INJSOU6	NUM	2	108			INJURY SOURCE (SIXTH)
27	INTREL	NUM	2	59			RELATION OF INTERVIEWEE TO OCC/PED/NM
72	ISS	NUM	2	126			ISS
40	LESION1	CHAR	1	74			LESION (FIRST)
41	LESION2	CHAR	1	75			LESION (SECOND)
42	LESION3	CHAR	1	76			LESION (THIRD)
43	LESION4	CHAR	1	77			LESION (FOURTH)
44	LESION5	CHAR	1	78			LESION (FIFTH)
45	LESION6	CHAR	1	79			LESION (SIXTH)
73	MAIS	NUM	2	128			MAXIMUM KNOWN OCC/PED/NM AIS
23	MANAVAIL	NUM	2	51			ACTIVE RESTRAINT SYSTEM - AVAILABILITY
24	MANUSE	NUM	2	53			ACTIVE RESTRAINT SYSTEM - USE

NUM	MEDIA	NUM	43	MEDIUM STATUS
19	NATMGT	NUM	136	NATIONAL INFLATION FACTOR
75	OCCHN	NUM	20	OCCUPANT NUMBER
8	PSU	NUM	4	PSU NUMBER
1	PSUMGT	NUM	130	PSU INFLATION FACTOR
74	RATMGT	NUM	142	RATIO INFLATION FACTOR
76	RECN0	NUM	14	RECORD NUMBER
5	ROLE	NUM	31	OCCUPANT'S ROLE
13	SEATPOS	NUM	33	OCCUPANT'S SEAT POSITION
14	SEX	NUM	24	SEX OF PERSON
10	SODAT1	NUM	110	SOURCE OF DATA (FIRST)
64	SODAT2	NUM	112	SOURCE OF DATA (SECOND)
65	SODAT3	NUM	114	SOURCE OF DATA (THIRD)
66	SODAT4	NUM	116	SOURCE OF DATA (FOURTH)
67	SODAT5	NUM	118	SOURCE OF DATA (FIFTH)
68	SODAT6	NUM	120	SOURCE OF DATA (SIXTH)
69	STRATIF	CHAR	13	INITIAL STRATIFICATION
4	SYSORG1	CHAR	80	SYSTEM/ORGAN (FIRST)
46	SYSORG2	CHAR	81	SYSTEM/ORGAN (SECOND)
47	SYSORG3	CHAR	82	SYSTEM/ORGAN (THIRD)
48	SYSORG4	CHAR	83	SYSTEM/ORGAN (FOURTH)
49	SYSORG5	CHAR	84	SYSTEM/ORGAN (FIFTH)
50	SYSORG6	CHAR	85	SYSTEM/ORGAN (SIXTH)
51	TREATMNT	CHAR	45	TREATMENT - MORTALITY
20	VEHNO	NUM	18	VEHICLE NUMBER
7	VERSION	NUM	16	VERSION NUMBER
6	WEIGHT	NUM	28	WEIGHT OF PERSON
12	MORKDAYS	NUM	49	MORNING DAYS LOST
22				

APPENDIX A  
DATA COLLECTION FORMS



Accident Data

1. Primary Sampling Unit Number 1 2

2. Case Number - Stratification 3 4 5 6

3. Record Number 7

4. Transaction Code 8

5. Version Number 9

6. Investigator I.D. Number 10

IDENTIFICATION

7. Date (Month, Day, Year) 8 4  
11 12 13 14 15 16

8. Final Stratification  
Mark the box which indicates this accident's final stratum.  
Code the box's letter in the space provided.

ACCIDENT TYPE	Most Severe Police Reported Injury			
	K	A	B, C, O or U	
			TRANS-PORTED	NONTRANS-PORTED
Ped or Nonmotorist	A	B	C	D
Motorcycle	E	F	G	H
Medium or Heavy Truck	J	K	L	M
Light Truck or Van	TOWAWAY	N	P	Q
	NONTOWAWAY	N	P	Y
Other Motor Vehicle	TOWAWAY	S	T	V
	NONTOWAWAY	S	T	Z

9. Blank (This variable is left blank so that numbering consistency can be maintained with the 1983 CSS.) 17

10. First Harmful Event

Non-Collision

(01) Overturn

(02) Fire or explosion

(03) Immersion

(04) Gas inhalation

(05) Fell from vehicle

(06) Injured in vehicle

(07) Other non-collision

Collision With

(08) Pedestrian

(09) Pedalcyclist

(10) Railway train

(11) Animal

(12) Motor vehicle in transport (same roadway)

(13) Motor vehicle in transport (other roadway)

(14) Parked motor vehicle

(15) Other type nonmotorist

(16) Thrown or falling object

(17) Boulder

(18) Other object (not fixed)

Collision with Fixed Object

(19) Building

(20) Impact attenuator/Crash Cushion

(21) Bridge pier or abutment

(22) Bridge parapet end

(23) Bridge rail

(24) Guardrail

(25) Concrete traffic barrier

(26) Other longitudinal barrier

(27) Highway/Traffic sign post

(28) Overhead sign support

(29) Luminaire/Light support

(30) Utility pole

(31) Other post, pole, or support

(32) Culvert

(33) Curb

(34) Ditch

(35) Embankment - earth

(36) Embankment - rock, stone or concrete

(37) Fence (wooden, wire, chain link, etc.)

(38) Wall (stone, rock, metal, etc.)

(39) Fire hydrant

(40) Shrubbery

(41) Tree

(42) Other fixed object

(43) Pavement surface irregularity (pothole, grooved, grates)

(44) Unknown

\*Code 37 is omitted to maintain consistency with the Fatal Accident Reporting System (FARS).



<p>11 Manner of Collision (Based on First Harmful Event)</p> <p><input type="checkbox"/> (0) Not collision with vehicle in transport</p> <p><input type="checkbox"/> (1) Rear-end</p> <p><input type="checkbox"/> (2) Head-on</p> <p><input type="checkbox"/> (3) Rear-to-rear</p> <p><input type="checkbox"/> (4) Angle</p> <p><input type="checkbox"/> (5) Sideswipe, same direction</p> <p><input type="checkbox"/> (6) Sideswipe opposite direction</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">25</p> <p>12. Relation to Roadway (location of first harmful event)</p> <p><input type="checkbox"/> (1) On roadway</p> <p><input type="checkbox"/> (2) On shoulder</p> <p><input type="checkbox"/> (3) In median</p> <p><input type="checkbox"/> (4) On roadside</p> <p><input type="checkbox"/> (5) Outside right-of-way</p> <p><input type="checkbox"/> (6) Off roadway – location unknown</p> <p><input type="checkbox"/> (7) In parking lane</p> <p><input type="checkbox"/> (8) Gore</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">26</p> <p>13 Number of Vehicle Forms Submitted</p> <p>_____ Code only the number of motor vehicles in transport for which a VEHICLE FORM was submitted</p> <p style="text-align: right;">27 28</p> <p>14 Number of Pedestrian &amp; Nonmotorist Forms Submitted</p> <p>_____ Code only the number of pedestrians and/or non-motorists for which a PEDESTRIAN &amp; NONMOTORIST FORM was submitted</p> <p style="text-align: right;">29 30</p> <p>15 Police Reported Accident Severity</p> <p><input type="checkbox"/> (0) No injury (0)</p> <p><input type="checkbox"/> (1) Possible injury (C)</p> <p><input type="checkbox"/> (2) Nonincapacitating injury (B)</p> <p><input type="checkbox"/> (3) Incapacitating injury (A)</p> <p><input type="checkbox"/> (4) Killed (K)</p> <p><input type="checkbox"/> (5) Injury, severity unknown</p> <p><input type="checkbox"/> (6) Died prior to accident</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">31</p> <p>16 Hit and Run</p> <p><input type="checkbox"/> (0) No hit-and-run</p> <p><input type="checkbox"/> (1) Hit motor vehicle (in transport)</p> <p><input type="checkbox"/> (2) Hit pedestrian or nonmotorist</p> <p><input type="checkbox"/> (3) Hit parked vehicle or object</p> <p style="text-align: right;">32</p>	<p style="text-align: center;"><b>AMBIENT CONDITIONS</b></p> <p>17. Time</p> <p>_____ Code reported military time of accident (NOTE: midnight = 2400)</p> <p>_____ (9999) Unknown</p> <p style="text-align: right;">33 34 35 36</p> <p>18 Light conditions</p> <p><input type="checkbox"/> (1) Daylight</p> <p><input type="checkbox"/> (2) Dark</p> <p><input type="checkbox"/> (3) Dark, but lighted</p> <p><input type="checkbox"/> (4) Dawn</p> <p><input type="checkbox"/> (5) Dusk</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">37</p> <p>19 Atmospheric Conditions</p> <p><input type="checkbox"/> (1) No adverse atmospheric related driving conditions</p> <p><input type="checkbox"/> (2) Rain</p> <p><input type="checkbox"/> (3) Sleet</p> <p><input type="checkbox"/> (4) Snow</p> <p><input type="checkbox"/> (5) Fog</p> <p><input type="checkbox"/> (6) Rain and fog</p> <p><input type="checkbox"/> (7) Sleet and fog</p> <p><input type="checkbox"/> (8) Other (e.g., smog, smoke, blowing sand or dust, etc.)</p> <p>_____ (9) Unknown</p> <p style="text-align: right;">38</p> <p style="text-align: center;"><b>ADMINISTRATIVE ITEMS</b></p> <p>20. Land Use (NOTE: Use FHWA required individual state definitions for the roadway segment on which the accident occurred )</p> <p><input type="checkbox"/> (1) Urban</p> <p><input type="checkbox"/> (2) Rural</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">39</p> <p>21 Federal Aid System</p> <p><input type="checkbox"/> (1) Interstate</p> <p><input type="checkbox"/> (2) Other federal aid primary</p> <p><input type="checkbox"/> (3) Federal aid secondary</p> <p><input type="checkbox"/> (4) Federal aid urban arterial</p> <p><input type="checkbox"/> (5) Federal aid urban collector</p> <p><input type="checkbox"/> (6) Nonfederal aid arterial</p> <p><input type="checkbox"/> (7) Nonfederal aid collector</p> <p><input type="checkbox"/> (8) Nonfederal aid local</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">40</p> <p>22. Class Trafficway</p> <p><input type="checkbox"/> (1) Interstate</p> <p><input type="checkbox"/> (2) Other U.S. Route</p> <p><input type="checkbox"/> (3) Other State Route</p> <p><input type="checkbox"/> (4) County Road</p> <p><input type="checkbox"/> (5) Local Street</p> <p><input type="checkbox"/> (8) Other _____</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right;">41</p>
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<p>23. Roadway Function Class</p> <p>___ (1) Principal arterial-interstate</p> <p>___ (2) Principal arterial-other urban freeway or expressway</p> <p>___ (3) Principal arterial-other</p> <p>___ (4) Minor arterial</p> <p>___ (5) Urban Collector</p> <p>___ (6) Major rural collector</p> <p>___ (7) Minor rural collector</p> <p>___ (8) Local road or street</p> <p>___ (9) Unknown</p> <p style="text-align: right;">42</p> <p>24. Relation to Junction</p> <p>___ (01) Non-junction</p> <p>___ (02) Three leg intersection</p> <p>___ (03) Four leg intersection</p> <p>___ (04) More than four leg intersection</p> <p>___ (05) Rotary or traffic circle</p> <p>___ (06) Intersection related</p> <p>___ (07) Channel</p> <p>___ (08) Area of mergence/divergence related</p> <p>___ (09) Entrance or exit ramp</p> <p>___ (10) Interchange area</p> <p>___ (11) Driveway, alley access related</p> <p>___ (12) Railroad grade crossing</p> <p>___ (13) Crossover related</p> <p>___ (99) Unknown</p> <p style="text-align: right;">43 44</p> <p>25. School Bus Related</p> <p>___ (0) No</p> <p>___ (1) Yes</p> <p style="text-align: right;">45</p> <p>26. Right or Left Turn on Red Related</p> <p>___ (0) No</p> <p>Right turn related</p> <p>___ (1) Yes – turn permitted</p> <p>___ (2) Yes – turn prohibited</p> <p>Left turn related</p> <p>___ (3) Yes – turn permitted</p> <p>___ (4) Yes – turn prohibited</p> <p>___ (9) Unknown</p> <p style="text-align: right;">46</p>	<p>29. Median Width</p> <p>___ (00) No median</p> <p>Code actual measured value up to 96 feet.</p> <p>___ (97) 97 feet and above</p> <p>___ (99) Unknown</p> <p style="text-align: right;">49 50</p> <p>30. Access Control</p> <p>___ (1) Full</p> <p>___ (2) Partial</p> <p>___ (3) Uncontrolled</p> <p>___ (9) Unknown</p> <p style="text-align: right;">51</p> <p>31. Trafficway Flow</p> <p>___ (0) Not physically divided (two way traffic)</p> <p>___ (1) Divided trafficway – median strip without traffic barrier</p> <p>___ (2) Divided trafficway – median strip with traffic barrier</p> <p>___ (3) One way trafficway</p> <p>___ (9) Unknown</p> <p style="text-align: right;">52</p> <p>32. Interchange Geometry</p> <p>___ (0) No interchange</p> <p>___ (1) Full diamond</p> <p>___ (2) Partial diamond</p> <p>___ (3) Full cloverleaf</p> <p>___ (4) Partial cloverleaf</p> <p>___ (5) Trumpet</p> <p>___ (6) Directional</p> <p>___ (8) Other _____</p> <p>___ (9) Unknown</p> <p style="text-align: right;">53</p> <p>33. Shoulder Presence</p> <p>___ (0) No shoulder</p> <p>___ (1) One shoulder</p> <p>___ (2) Two shoulders</p> <p>___ (9) Unknown</p> <p style="text-align: right;">54</p> <p>34. Roadway Alignment</p> <p>___ (1) Straight</p> <p>___ (2) Curve</p> <p>___ (9) Unknown</p> <p style="text-align: right;">55</p> <p>35. Roadway Profile</p> <p>___ (1) Level slope</p> <p>___ (2) Grade (<math>\geq 2\%</math>) measurement</p> <p>___ (3) Hillcrest</p> <p>___ (4) Sag (<math>v = \text{_____}</math>); (<math>h = \text{_____}</math>)</p> <p>___ (9) Unknown</p> <p style="text-align: right;">56</p>
<p><b>ENVIRONMENTAL DATA</b></p>	
<p>27. Number of Travel Lanes</p> <p>___ (1) One</p> <p>___ (2) Two</p> <p>___ (3) Three</p> <p>___ (4) Four</p> <p>___ (5) Five</p> <p>___ (6) Six</p> <p>___ (7) Seven or more</p> <p>___ (9) Unknown</p> <p style="text-align: right;">47</p> <p>28. Median Type</p> <p>___ (0) No Median</p> <p>___ (1) Curbed</p> <p>___ (2) Positive Barrier</p> <p>___ (3) Unprotected</p> <p>___ (9) Unknown</p> <p style="text-align: right;">48</p>	

<p>36 Roadway Surface Type</p> <p><input type="checkbox"/> (1) Concrete</p> <p><input type="checkbox"/> (2) Bituminous</p> <p><input type="checkbox"/> (3) Brick or block</p> <p><input type="checkbox"/> (4) Slag, gravel or stone</p> <p><input type="checkbox"/> (5) Dirt</p> <p><input type="checkbox"/> (8) Other _____</p> <p><input type="checkbox"/> (9) Unknown</p>	<p>Passive Devices</p> <p><input type="checkbox"/> (70) Crossbucks</p> <p><input type="checkbox"/> (71) Stop sign</p> <p><input type="checkbox"/> (72) Other railroad crossing sign</p> <p><input type="checkbox"/> (73) Special warning device — watchman, flagged by crew</p> <p><input type="checkbox"/> (78) Other passive device</p> <p><input type="checkbox"/> (79) Passive device, type unknown</p> <p>Miscellaneous Controls</p> <p><input type="checkbox"/> (80) Grade crossing controlled type unknown</p>
57	<p><u>Whether or not at railroad grade crossing</u></p> <p><input type="checkbox"/> (98) Other</p> <p><input type="checkbox"/> (99) Unknown</p>
<p>37 Roadway Surface Condition</p> <p><input type="checkbox"/> (1) Dry</p> <p><input type="checkbox"/> (2) Wet</p> <p><input type="checkbox"/> (3) Snow or slush</p> <p><input type="checkbox"/> (4) Ice</p> <p><input type="checkbox"/> (5) Sand, dirt or oil</p> <p><input type="checkbox"/> (8) Other _____</p> <p><input type="checkbox"/> (9) Unknown</p>	<p>39. Traffic Control Device Functioning</p> <p><input type="checkbox"/> (0) No traffic Control</p> <p><input type="checkbox"/> (1) Traffic control not functioning</p> <p><input type="checkbox"/> (2) Traffic control functioning — functioning improperly</p> <p><input type="checkbox"/> (3) Traffic control functioning properly</p> <p><input type="checkbox"/> (9) Unknown</p>
58	39 60
<p>38 Traffic Control Device</p> <p><input type="checkbox"/> (00) No controls</p> <p><u>Not at railroad grade crossing</u></p> <p>Highway traffic signals</p> <p><input type="checkbox"/> (01) Traffic control signal (on colors) without pedestrian signal</p> <p><input type="checkbox"/> (02) Traffic control signal (on colors) with pedestrian signal</p> <p><input type="checkbox"/> (03) Traffic control signal (on colors) not known whether or not pedestrian signal</p> <p><input type="checkbox"/> (04) Flashing traffic control signal</p> <p><input type="checkbox"/> (05) Flashing beacon</p> <p><input type="checkbox"/> (06) Flashing highway traffic signal, type unknown or other than traffic control or beacon</p> <p><input type="checkbox"/> (07) Lane use control signal</p> <p><input type="checkbox"/> (08) Other highway traffic signal</p> <p><input type="checkbox"/> (09) Unknown highway traffic signal</p> <p>Regulatory signs</p> <p><input type="checkbox"/> (20) Stop sign</p> <p><input type="checkbox"/> (21) Yield sign</p> <p><input type="checkbox"/> (28) Other regulatory sign</p> <p><input type="checkbox"/> (29) Unknown type regulatory sign</p> <p>School Zone Signs</p> <p><input type="checkbox"/> (30) School speed limit sign</p> <p><input type="checkbox"/> (31) School advance or crossing sign</p> <p><input type="checkbox"/> (38) Other school related sign</p> <p><input type="checkbox"/> (39) Unknown type school zone sign</p> <p>Warning Signs</p> <p><input type="checkbox"/> (40) Warning sign</p> <p>Miscellaneous Controls</p> <p><input type="checkbox"/> (50) Officer, crossing guard, flagman, etc.</p>	<p>40. Accident Occurrence in School Zone</p> <p><input type="checkbox"/> (0) No</p> <p><input type="checkbox"/> (1) Yes</p> <p><input type="checkbox"/> (9) Unknown</p>
<p><u>At railroad grade crossing</u></p> <p>Active Devices</p> <p><input type="checkbox"/> (60) Gates</p> <p><input type="checkbox"/> (61) Flashing lights</p> <p><input type="checkbox"/> (62) Traffic control signal</p> <p><input type="checkbox"/> (63) Wigwags</p> <p><input type="checkbox"/> (64) Bells</p> <p><input type="checkbox"/> (68) Other train activated device</p> <p><input type="checkbox"/> (69) Active device, type unknown</p>	<p>41. Speed Limit</p> <p><input type="checkbox"/> (00) No statutory limit</p> <p>_____ m.p.h — Code actual posted or statutory speed limit.</p> <p><input type="checkbox"/> (99) Unknown</p>
<p>Warning Signs</p> <p><input type="checkbox"/> (40) Warning sign</p> <p>Miscellaneous Controls</p> <p><input type="checkbox"/> (50) Officer, crossing guard, flagman, etc.</p>	<p>42. Restriction of Roadway at Scene (NOTE. The Restriction must have existed prior to this accident.)</p> <p><input type="checkbox"/> (0) No restrictions</p> <p><input type="checkbox"/> (1) Narrow bridge (as defined)</p> <p><input type="checkbox"/> (2) Previous accident on roadway</p> <p><input type="checkbox"/> (3) Maintenance, repair or construction activity on roadway.</p> <p><input type="checkbox"/> (4) Roadway immersion (e.g., standing water)</p> <p><input type="checkbox"/> (8) Other roadway obstruction: _____</p> <p><input type="checkbox"/> (9) Unknown</p>
<p><u>At railroad grade crossing</u></p> <p>Active Devices</p> <p><input type="checkbox"/> (60) Gates</p> <p><input type="checkbox"/> (61) Flashing lights</p> <p><input type="checkbox"/> (62) Traffic control signal</p> <p><input type="checkbox"/> (63) Wigwags</p> <p><input type="checkbox"/> (64) Bells</p> <p><input type="checkbox"/> (68) Other train activated device</p> <p><input type="checkbox"/> (69) Active device, type unknown</p>	61
<p>Warning Signs</p> <p><input type="checkbox"/> (40) Warning sign</p> <p>Miscellaneous Controls</p> <p><input type="checkbox"/> (50) Officer, crossing guard, flagman, etc.</p>	62
<p><u>At railroad grade crossing</u></p> <p>Active Devices</p> <p><input type="checkbox"/> (60) Gates</p> <p><input type="checkbox"/> (61) Flashing lights</p> <p><input type="checkbox"/> (62) Traffic control signal</p> <p><input type="checkbox"/> (63) Wigwags</p> <p><input type="checkbox"/> (64) Bells</p> <p><input type="checkbox"/> (68) Other train activated device</p> <p><input type="checkbox"/> (69) Active device, type unknown</p>	63 64
<p>Warning Signs</p> <p><input type="checkbox"/> (40) Warning sign</p> <p>Miscellaneous Controls</p> <p><input type="checkbox"/> (50) Officer, crossing guard, flagman, etc.</p>	65
<p><u>At railroad grade crossing</u></p> <p>Active Devices</p> <p><input type="checkbox"/> (60) Gates</p> <p><input type="checkbox"/> (61) Flashing lights</p> <p><input type="checkbox"/> (62) Traffic control signal</p> <p><input type="checkbox"/> (63) Wigwags</p> <p><input type="checkbox"/> (64) Bells</p> <p><input type="checkbox"/> (68) Other train activated device</p> <p><input type="checkbox"/> (69) Active device, type unknown</p>	<p>(NOTE. If more than one restriction exists they should be coded in the order in which they are numbered.)</p>

## LOG RESPONSES

### KEY TO SLIDE(S) QUALITY CONTROL CHECKS

#### SUBJECT QUALITY – EXTERIOR SLIDES

- (1) Good – Slide coverage is complete in that it includes all areas of all vehicles (whether or not damaged) it is possible to generate an accurate CDC and check damage measurements if applicable
- (2) Fair – Slide coverage is only broad enough (for at least one vehicle) to include the areas which were reportedly damaged (areas which are reportedly undamaged are not shown), it is possible to generate a reasonable CDC and check damage measurements if applicable
- (3) Poor – Slide coverage excludes one or more areas of reported damage (for at least one vehicle), it is difficult to generate an accurate CDC and check damage measurements if applicable.
- (0) No Slides

NOTE The location of the vehicles is considered at the time the slides were taken. If another vehicle or object obscured the damaged area so it could not be photographed, then that vehicle(s) should be categorized (1) or (2) based on the slides taken. If a damaged area could have been photographed but was not, then that vehicle(s) should be categorized (3).

#### SUBJECT QUALITY – INTERIOR SLIDES

- (1) Good – Slides show all areas of contact, probable contact and/or possible occupant contact areas, all intrusion, probable intrusion and/or possible intrusion areas; vehicle interior components (instrument panel, headers, roof areas, seat belts, etc ) and all occupant seated positions.
- (2) Fair – Slides show only contact and intrusion areas or an overall view of the vehicle interior, probable areas of contact and/or intrusion, relevant vehicle interior components and relevant occupant seated positions are omitted for at least one vehicle
- (3) Poor – Obvious and/or probable contact and intrusion areas are not photographed for at least one vehicle
- (0) No Slides

#### SUBJECT QUALITY – SCENE SLIDES

- (1) Good – Slides show all necessary roadways and physical evidence including all objects contacted.
- (2) Fair – Slides show general area of accident site and objects contacted, additional pictures would have been helpful
- (3) Poor – Slides do not adequately show area of impact or path of travel off-road, or at least one object definitely contacted was omitted.
- (0) No Slides

#### SLIDE QUALITY – FOR ALL PICTURES

- (1) Good – All areas in the vast majority of all of the slides are clearly defined, the subject has proper framing and exposure
- (2) Fair – All areas in most of the slides are distinguishable but some camera adjustment could have been made  
For example
  - (a) underexposed (too dark)
  - (b) overexposed (too light)
  - (c) out of focus (usable slide)
- (3) Poor – The area photographed in many of the slides cannot be seen. Examples of some failures are
  - (a) underexposed (too dark)
  - (b) overexposed (too light)
  - (c) out of focus (usable slide)
  - (d) flash not used
  - (e) flash reflection
  - (f) distance
- (0) No Slides

FORMS: For Team Use

Police	Accident	Collision Diagram	Pedestrian & Nonmotorist	Vehicle	Driver	Occupant	Medical	CRASH Summary	Slides (Number)
Required	1								
include									

COMPLETED BY TEAM

1 Primary Sampling Unit Number					1	2			
2 Case Number - Stratification			3	4	5	6			
3 Record Number						7			
4 Transaction Code						8			
5 Version Number						9			
6 Investigator I.D. Number						10			
7 Date of Accident		11	12	13	14	15	16	8	4
8 Date Sampled (listed)		17	18	19	20	21	22	8	
9 Date Scene Field Work Completed		23	24	25	26	27	28	8	
10 Completing Person									29
11 Status of Accident Diagram									
(1) Scene not located Reason. _____									
(2) Scene located and roadway data mapped on sketch but insufficient data even to produce a scaled diagram of the collision events.									
(3) Diagram completed. _____									
12 Date Case Released to Zone Center		31	32	33	34	35	36	8	
13 Case Status									
(1) Case Complete - No Updates Required									
(2) Case to be Updated									
(3) Case Dropped Reason. _____									
14 Are Special Studies Applicable (If No code "0" If Yes code "1")									
SS6	SS7	SS8	SS9	SS10	SS11	SS12	SS13	SS14	SS15
38	39	40	41	42	43	44	45	46	47

COMPLETED BY ZONE CENTER

15 Date Hardcopy Received at Zone Center		48	49	50	51	52	53	8	
16 Type of Review									
(1) Reviewed									
(2) Not reviewed									

17 Date Review Completed	55	56	57	58	59	60	8		
18 Reviewed By								61 62	
19 Case Review Status									
(1) Complete (2) Not complete									
20 Date Case released to Master File	64	65	66	67	68	69	8		
(See back of page 4 for responses to questions 21-26)									
21 Subject Quality - Scene Slides								70	
22 Slide Quality - Scene Slides								71	
23 Subject Quality - Vehicle Interior Slides								72	
24 Slide Quality - Vehicle Interior Slides								73	
25 Subject Quality - Vehicle Exterior Slides								74	
26 Slide Quality - Vehicle Exterior Slides								75	
27 Physical Evidence Documentation									
(0) No physical evidence present at scene									
Yes-physical evidence visible in slides or noted by investigator									
(1) Complete - all physical evidence (skidmarks, gouges, fluid spills, contacted objects, etc.) is documented using standard investigator techniques.									
(2) Partial - Documentation is adequate, however, certain physical evidence is incorrectly noted or overlooked.									
(3) Incomplete - Documentation is poor. Physical evidence is generally missed or incorrectly documented and contacted objects are overlooked.									
(4) None - no documentation of physical evidence									
28 Vehicle Dynamics									76
(1) Complete - Vehicle dynamics represent point of impact, headings and locations and final rest of vehicle(s).									
(2) Partial - Vehicle dynamics only represents an overview of the accident configuration Vehicle input is missing or improbable for at least one vehicle									
(3) Incomplete - Vehicle dynamics are incorrect, improbable or missing									
(4) Vehicle dynamics are approximated (or Y or Z Strata)									
29 Roadway Measurement/Furniture Documentation									77
(1) Complete - All necessary roadway measurements and roadside furniture are documented									
(2) Partial - Only basic measurements and furniture are documented. More information would have been helpful									
(3) Incomplete - Necessary measurements and/or roadside furnitures are not documented									

Accident Data

43 Additional Restriction of Roadway at Scene  
 (NOTE. See question 42 note above.)

(0) No additional Restrictions

(2) Previous accident on roadway

(3) Maintenance, repair, or construction activity on roadway

(4) Roadway immersion (e.g., standing water)

(5) More than two restrictions

(8) Other roadway restriction.

---

(9) Unknown

66

**SPECIAL STUDIES - INDICATORS**

Information Collected From This Accident As A Part of the Special Studies Subsystem

NO - Code 0 for each of questions 44 through 53

If YES - Check (✓) each of the studies from the list to the right that were indicated; code 1 for the checked studies and 0 for the studies not checked.

44. <input type="checkbox"/> SS6-Emergency Medical Service	<u>67</u>
45. <input type="checkbox"/> SS7-Pole	<u>68</u>
46. <input type="checkbox"/> SS8-Longitudinal Barrier	<u>69</u>
47. <input type="checkbox"/> SS9-Crash Cushion	<u>70</u>
48. <input type="checkbox"/> SS10-Pedestrian Typing	<u>71</u>
49. <input type="checkbox"/> SS11-Honda Civic	<u>72</u>
50. <input type="checkbox"/> SS12	<u>73</u>
51. <input type="checkbox"/> SS13	<u>74</u>
52. <input type="checkbox"/> SS14	<u>75</u>
53. <input type="checkbox"/> SS15	<u>76</u>

NOTE Leave blank any special studies which are not in effect for this PSU at the time this case is sampled.



PEDESTRIAN AND NONMOTORIST

NATIONAL ACCIDENT SAMPLING SYSTEM  
CONTINUOUS SAMPLING SUBSYSTEM

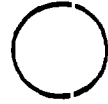
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Primary Sampling Unit Number</td> <td style="width:20%; text-align: center;">1 2</td> </tr> <tr> <td>Case Number Stratification</td> <td style="text-align: center;">3 4 5 6</td> </tr> <tr> <td>Record Number</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Transaction Code</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Version Number</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Investigator I.D. Number</td> <td style="text-align: center;">10</td> </tr> </table>	Primary Sampling Unit Number	1 2	Case Number Stratification	3 4 5 6	Record Number	7	Transaction Code	8	Version Number	9	Investigator I.D. Number	10	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">PEDESTRIAN OR NONMOTORIST INTERVIEW</th> </tr> <tr> <td style="width:80%;">9 Pedestrian or Nonmotorist's Age</td> <td style="width:20%;"></td> </tr> <tr> <td>_____ years) - Code actual age at time of accident</td> <td></td> </tr> <tr> <td>___ (00) Less than one year old</td> <td></td> </tr> <tr> <td>___ (97) 97 years and older</td> <td></td> </tr> <tr> <td>___ (99) Unknown</td> <td style="text-align: center;">14 15</td> </tr> <tr> <td>10 Pedestrian or Nonmotorist's Sex</td> <td></td> </tr> <tr> <td>___ (1) Male</td> <td></td> </tr> <tr> <td>___ (2) Female</td> <td></td> </tr> <tr> <td>___ (9) Unknown</td> <td style="text-align: center;">16</td> </tr> <tr> <td>11 Pedestrian or Nonmotorist's Height</td> <td></td> </tr> <tr> <td>_____ inches - Code actual reported height to the nearest inch</td> <td></td> </tr> <tr> <td>___ (99) Unknown</td> <td style="text-align: center;">17 18</td> </tr> <tr> <td>12 Pedestrian or Nonmotorist's Weight</td> <td></td> </tr> <tr> <td>_____ pounds - Code actual reported weight to the nearest pound</td> <td></td> </tr> <tr> <td>___ (999) Unknown</td> <td style="text-align: center;">19 20 21</td> </tr> <tr> <td>13 Months Cycling Experience</td> <td></td> </tr> <tr> <td>_____ months - Code actual months of previous cycling experience up to 60.</td> <td></td> </tr> <tr> <td colspan="2"><i>(NOTE 44 days or less equals 1 month a month and a half equals 2 months.)</i></td> </tr> <tr> <td>___ (00) Non-cyclist</td> <td></td> </tr> <tr> <td>___ (61) Greater than 60 months (5 years)</td> <td></td> </tr> <tr> <td>___ (99) Unknown</td> <td style="text-align: center;">22 23</td> </tr> </table>	PEDESTRIAN OR NONMOTORIST INTERVIEW		9 Pedestrian or Nonmotorist's Age		_____ years) - Code actual age at time of accident		___ (00) Less than one year old		___ (97) 97 years and older		___ (99) Unknown	14 15	10 Pedestrian or Nonmotorist's Sex		___ (1) Male		___ (2) Female		___ (9) Unknown	16	11 Pedestrian or Nonmotorist's Height		_____ inches - Code actual reported height to the nearest inch		___ (99) Unknown	17 18	12 Pedestrian or Nonmotorist's Weight		_____ pounds - Code actual reported weight to the nearest pound		___ (999) Unknown	19 20 21	13 Months Cycling Experience		_____ months - Code actual months of previous cycling experience up to 60.		<i>(NOTE 44 days or less equals 1 month a month and a half equals 2 months.)</i>		___ (00) Non-cyclist		___ (61) Greater than 60 months (5 years)		___ (99) Unknown	22 23
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<p><b>ACCIDENT DESCRIPTION INSTRUCTIONS</b></p> <p>Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions or the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the page prior to the interview.</p> <p>SPECIFIC QUESTION _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>GENERAL DESCRIPTION OF ACCIDENT SEQUENCE</b></p> <p><i>(This represents a synopsis of an uninterrupted narrative by the pedestrian or nonmotorist.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																								

Delete After Case Review

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the pedestrian or nonmotorist. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



- 14 Pedestrian or Nonmotorist's Location
- \_\_\_ (01) Intersection related - in crosswalk
  - \_\_\_ (02) Intersection related - on roadway, not in crosswalk
  - \_\_\_ (03) Intersection related - on roadway, crosswalk not available
  - \_\_\_ (04) Intersection related - on roadway, crosswalk availability unknown
  - \_\_\_ (05) Intersection related - not on roadway
  - \_\_\_ (09) Intersection related - unknown
  - \_\_\_ (10) Nonintersection - in crosswalk
  - \_\_\_ (11) Nonintersection - on roadway, not in crosswalk
  - \_\_\_ (12) Nonintersection - on roadway, crosswalk not available
  - \_\_\_ (13) Nonintersection - on roadway, crosswalk availability unknown
  - \_\_\_ (14) Nonintersection - in parking lane
  - \_\_\_ (15) Nonintersection - on road shoulder
  - \_\_\_ (16) Nonintersection - bike path
  - \_\_\_ (17) Nonintersection - outside trafficway
  - \_\_\_ (18) Nonintersection - other, not on roadway \_\_\_\_\_
  - \_\_\_ (19) Nonintersection - unknown
  - \_\_\_ (99) Unknown
- 24 25

15 19 Blank (These variables are left blank so that numbering consistency can be maintained with compatible variables on the Occupant Data form.)

- 20 Treatment - Mortality
- | <u>Inter-</u><br><u>newee</u>    | <u>Official</u><br><u>Sources</u> |
|----------------------------------|-----------------------------------|
| ___ (1) Fatal                    | _____                             |
| ___ (2) Fatal - ruled disease    | _____                             |
| Nonfatal                         |                                   |
| ___ (3) Hospitalization          | _____                             |
| ___ (4) Transported and released | _____                             |
| ___ (5) Treatment - other        | _____                             |
| _____                            |                                   |
| ___ (6) No treatment             | _____                             |
| ___ (9) Unknown                  | _____                             |
- 26

- 21 Hospital Stay
- \_\_\_ (00) Not hospitalized
  - \_\_\_ (days) Code the number of days (up through 60) that the pedestrian or nonmotorist stayed in hospital
  - \_\_\_ (61) 61 days or more
  - \_\_\_ (99) Unknown
- 27 28

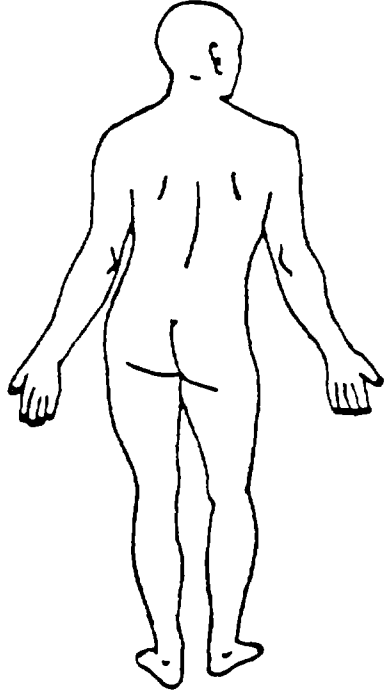
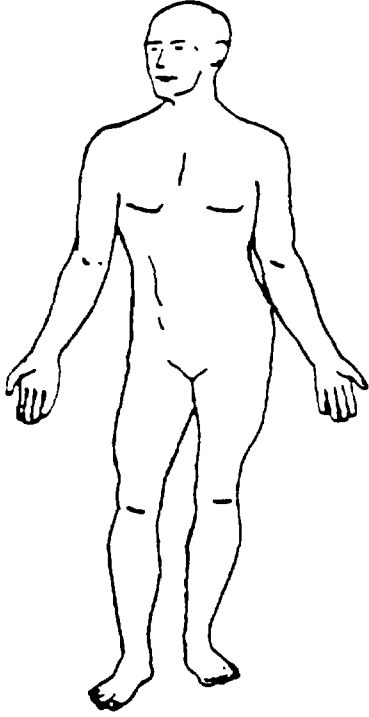
- 22 Working Days Lost
- \_\_\_ (00) No working days lost
  - \_\_\_ (days) Code the number of days (up through 60) that the pedestrian or nonmotorist lost from work due to the accident
  - \_\_\_ (61) 61 days or more
  - \_\_\_ (62) Fatally injured
  - \_\_\_ (99) Unknown



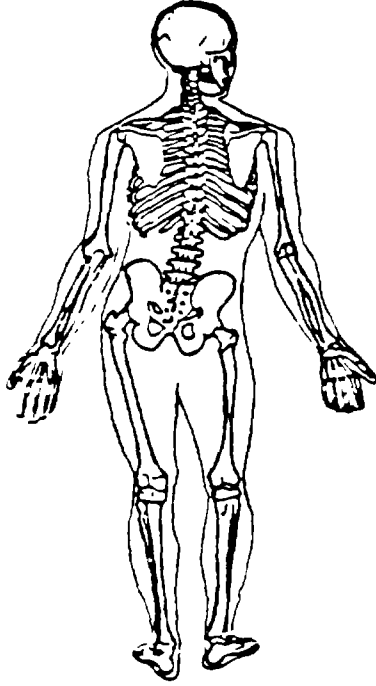
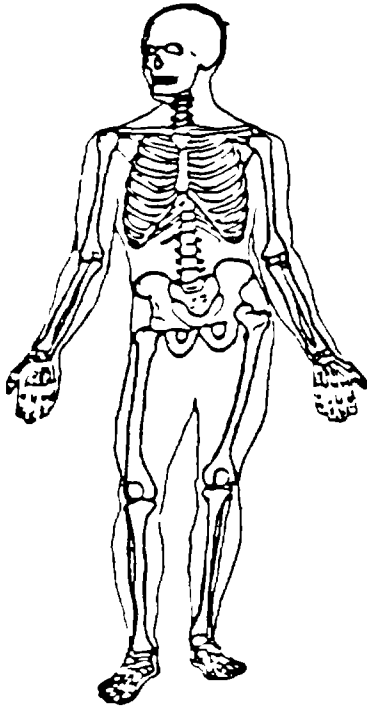
### INJURY DATA FROM INTERVIEWEE

Indicate the *Nature* *Location* and injury *Source* of all injuries

#### Soft Tissue Injuries



#### Skeletal Injuries



Collection Section

23 - 26 Blank (These variables are left blank so that numbering consistency can be maintained with compatible variables on the Occupant Data form.)

27 Relation of Interviewee to Pedestrian or Nonmotorist

- (0) No interview
- (1) Same person
- (2) Other accident involved person

\_\_\_\_\_

(Involved Person)

- (3) Relative or friend
- (4) Other uninvolved person

\_\_\_\_\_

(Combination of Persons)

- (5) One of which was accident involved
- (6) None of which were accident involved
- (9) Unknown

31

THIS COMPLETES THE INTERVIEW

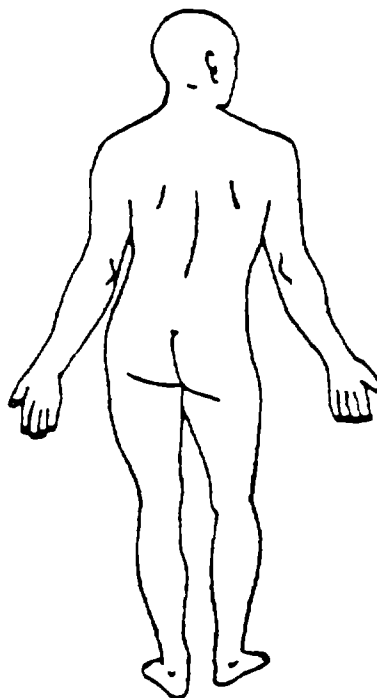
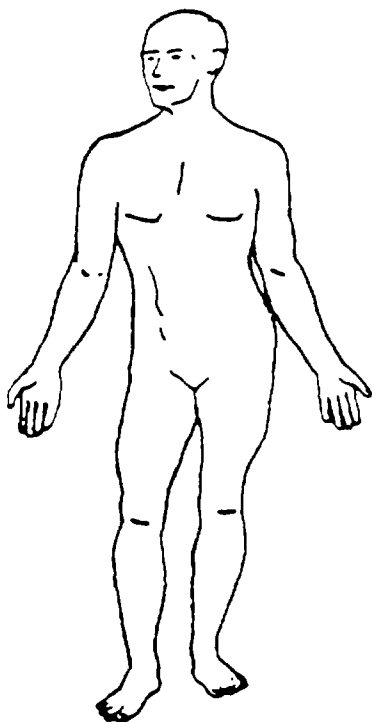
COMMENTS

Delete Comments After Case Review

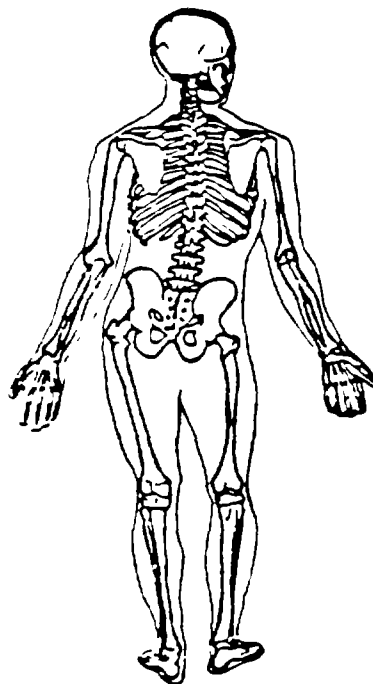
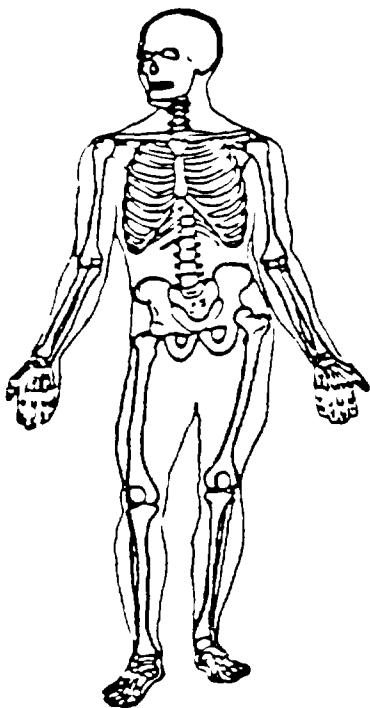
### OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries

#### Soft Tissue Injuries



#### Skeletal Injuries



Write additional medical record injury information on reverse of this page

Collection Section

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

Blank lined area for recording data.

**OCCUPANT INJURY CLASSIFICATION  
(FOR PEDESTRIAN AND NONMOTORIST)**

Consider all injuries which are reported from both *unofficial* and *official* sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? \_\_\_\_ Unknown, \_\_\_\_ No, \_\_\_\_ Yes - If more than ten dissimilar injuries were identified during the interview from collection or official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—

**Source of Data**

*Official*

- (01) Autopsy records with or without hospital/medical records
- (02) Hospital medical records other than emergency room (e.g., discharge summary)
- (03) Emergency room records only (including associated x-rays or other lab reports)
- (04) Private physician, walk-in or emergency clinic

*Unofficial*

- (05) Lay coroner report
- (06) E.M.S. personnel
- (07) Interviewee
- (08) Other source

- (09) Police
- (99) Unknown if injured
- (100) Not injured

Reduction Section

**I.S.S. Body Region**

- (1) Head or neck
- (2) Face
- (3) Chest
- (4) Abdominal or pelvic contents
- (5) Extremities or pelvic girdle
- (6) General (extremal)
- (0) Not injured
- (9) Unknown

**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back - thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head - skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck - cervical spine
- (P) Pelvic - hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist - hand
- (0) Not injured
- (9) Unknown if injured

**Aspect of Injury**

- (A) Anterior - front
- (C) Central
- (I) Inferior - lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior - back
- (R) Right
- (S) Superior - upper
- (W) Whole region
- (0) Not injured
- (9) Unknown if injured

**Lesion**

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (F) Total severance, transection
- (0) Not injured
- (9) Unknown if injured

**System/Organ**

- (W) All systems in region
- (A) Arteries - veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary - lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
- (0) Not injured
- (9) Unknown if injured

**Abbreviated Injury Scale**

- (1) Minor injury
- (2) Moderate injury
- (3) Severe injury
- (4) Serious injury
- (5) Critical injury
- (6) Maximum (unrecoverable)
- (7) Injured, unknown severity
- (0) Not injured
- (9) Unknown if injured

<b>Injury Source</b>	<b>ROOF</b>	<b>EXTERIOR of STRIKING MOTOR VEHICLE:</b>
(00) No injury	(31) Front header	(71) Front bumper
<b>FRONT</b>	(32) Rear header	(72) Hood edge
(01) Windshield	(33) Roof side rails	(73) Other front of vehicle
(02) Mirror	(34) Roof or convertible top	(74) Hood
(03) Steering assembly including transmission selector lever when column mounted	<b>FLOOR</b>	(75) Hood ornament
(04) Add-on equipment (e.g. CB and VHS air conditioners)	(41) Floor	(76) Windshield, roof rail, A-pillar
(05) Instrument panel and below excluding foot controls and parking brake	(42) Floor or console mounted transmission lever including console	(77) Side surface
(06) Sunvisor	(43) Parking brake handle	(78) Side mirrors
(09) Other front object	(44) Foot controls including parking brake	(79) Other side protrusions
<b>SIDE</b>	<b>REAR</b>	(80) Rear surface
(11) Side interior surface including hardware or armrests	(45) Backlight (rear window)	(81) Undercarriage
(12) Side hardware or armrests	(46) Backlight storage rack door, etc.	(82) Tires and wheels
(13) A pillar	(49) Other rear objects	(83) Other exterior of striking motor vehicle
(14) B pillar	<b>EXTERIOR of NONMOTORIST'S VEHICLE</b>	(84) Unknown exterior of striking motor vehicle
(15) Other pillar	(51) Hood	<b>OTHER VEHICLE or OBJECT in the ENVIRONMENT</b>
(16) Window glass or frame	(52) Outside hardware (e.g. outside mirror, antenna)	(86) Ground
(19) Other side object	(53) Other exterior surface or tires	(87) Other vehicle or object
<b>INTERIOR</b>	(59) Unknown exterior objects	(89) Unknown vehicle or object
(21) Seat back support	<b>CYCLE</b>	<b>NONCONTACT INJURY</b>
(22) Belt restraint system	(61) thru (69) Do Not Use	(90) Noncontact injury source (impact force)
(23) Head restraint		(97) Injured, unknown source
(24) Air cushion		(99) Unknown if injured
(25) Other occupants		
(26) Interior loose objects		
(29) Other interior object		

(These code numbers are left blank so that numbering consistency can be maintained with compatible variables on the Occupant Data form.)

**OCCUPANT INJURY CLASSIFICATION (FOR PEDESTRIAN AND NONMOTORIST)**

If there are six or less injuries listed in the O.I.C. reduction section, code all of the injuries ordered by Source of Data (1st-autopsy, 2nd-hospital, medical, 3rd-emergency room, 4th-private physician, or 5th-unofficial sources) and by A.I.S. severity within source.

If there are more than six injuries order the injuries by source and by A.I.S. severity within source. Code this ordering, injury by injury. If a group of ordered injuries has the same source, the same A.I.S., and the group includes at least the sixth and seventh injuries in the ordering, then a choice must be made as to which injury or injuries to code.

Choose the injury or injuries that will enable the maximum number of different I.S.S. body regions to be represented in the coded data. If no new I.S.S. body region can be added, then simply code in accordance with the original ordering.

If the pedestrian or nonmotorist has less than six injuries, then the number of rows required to be completed is equal to the number of injuries plus one (e.g. no injuries requires one row, i.e. columns 32 to 40). In the additional row "no injury" will be coded for all variables including A.I.S. severity.

If you cannot increase the number of different ISS body regions or if you can choose between two or more injuries of the same source and AIS severity any of which would constitute an additional ISS region, then choose the injury that has a known injury source.

Update Candidate  Yes  No

ISS Body Region	O.I.C. Body Region	Aspect	Lesion	System/Organ	A.I.S. Severity	Injury Source		Source of Data	
						37	38		
1ST	28	29	30	31	32	33	34	35	40
2ND	35	36	37	38	39	40	41	48	49
3RD	42	43	44	45	46	47	48	57	58
4TH	49	50	51	52	53	54	55	56	57
5TH	56	57	58	59	60	61	62	71	76
6TH	63	64	65	66	67	68	69	81	85

Coding Section

## COMPLETED BY TEAM

## INTERVIEW CONTACT RECORD

Contact Sequence	Month	Day	Year	Time of Contact	Contacting Investigator	Manner	Result
1st	9	10	8	11	12	13	
2nd	14	15	8	16	17	18	
3rd	19	20	8	21	22	23	
4th	24	25	8	26	26	28	
5th	29	30	8	31	32	33	
6th	34	35	8	36	37	38	
7th	39	40	8	41	42	43	
8th	44	45	8	46	47	48	

## LOG RESPONSES

## Manner

- (1) Telephone
- (2) Personal visit to home, work, etc
- (3) Letter (questionnaire)
- (4) Other (specify)

## Result of Last Contact Attempt

- (01) Unable to contact or locate
- (02) Hit and run
- (03) Fatal—surrogate not available
- (04) In intensive care—surrogate not available
- (05) Out of State resident
- (06) Refused interview for other than on advice of attorney or insurance company (specify)

- (07) Insurance company refusal
- (08) Attorney refusal or litigation
- (09) Other (specify)

- (10) No return of letter questionnaire
- (11) Return of letter questionnaire (completed)
- (12) Partial or complete interview

## Result of Contact Attempt Other than Last Contact Attempt

- (13) No answer (to phone call, no one home, etc.)
- (14) Other person at home, work, etc.—Interviewee to contact investigator
- (15) Other person at home, work, etc.—Investigator to repeat call, visit, leave questionnaire, or try elsewhere
- (16) Must obtain permission of attorney or insurance company
- (17) Attorney or insurance company provided permission
- (18) Other (specify)

If any of the coded injury Sources have "other" codes, i.e., 09, 15, 19, 29, 49, 53, 69, 73, 79, 83 or 87, describe the injury source below in the space provided. Clearly indicate each description by numerical value.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POLICE REPORT**

70 Injury Severity (Police Rating)

\_\_\_ (0) No injury (O)

\_\_\_ (1) Possible injury (C)

\_\_\_ (2) Nonincapacitating injury (B)

\_\_\_ (3) Incapacitating injury (A)

\_\_\_ (4) Killed (K)

\_\_\_ (5) Injury, severity unknown

\_\_\_ (6) Died prior to accident

\_\_\_ (9) Unknown 86

71 Traffic Violation Charged Against This Pedestrian or Nonmotorist

\_\_\_ (0) No

\_\_\_ (1) Yes (specify) \_\_\_\_\_

\_\_\_ (9) Unknown 87

72. Police Reported Alcohol Presence

\_\_\_ (0) No (alcohol not present)

\_\_\_ (1) Yes (alcohol present)

\_\_\_ (8) Not reported

\_\_\_ (9) Unknown 88

**POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL**

73 Alcohol Test Result

\_\_\_\_\_ Actual value (decimal implied before first digit) (0 xx)

\_\_\_ (95) Test refused

\_\_\_ (96) None given

\_\_\_ (97) AC test performed, results unknown

\_\_\_ (99) Unknown 89 90

74 Time of Death

\_\_\_ (00) Not fatal

\_\_\_\_\_ 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)

\_\_\_ (96) Fatal-ruled disease 91 92

\_\_\_ (99) Unknown

75. 76. 77. Other Pedestrian/Nonmotorist Related Factors

\_\_\_ (00) No other pedestrian/nonmotorist related factors

**Physical/Mental Condition**

\_\_\_ (01) Non-physical (i.e., mental or emotional factor)

**Physical Impairments**

\_\_\_ (02) Blind

\_\_\_ (03) Restricted sight

\_\_\_ (04) Walking cane/crutches required

\_\_\_ (05) Deaf

\_\_\_ (06) Restricted to wheelchair

\_\_\_ (07) Paraplegic

\_\_\_ (08) Previous injury

\_\_\_ (09) Other physical impairments \_\_\_\_\_

**Drug Impairments**

\_\_\_ (10) Drugs-medication (prescription, over-the-counter)

\_\_\_ (11) Other drugs (excludes alcohol, includes uncontrolled substances) \_\_\_\_\_

**Operator Related Factors**

**Pedalcyclist Related (Includes Animal Related)**

\_\_\_ (20) Inattention

\_\_\_ (21) Interference with operator by other passenger

\_\_\_ (22) Operator inexperience

\_\_\_ (23) Unfamiliar with roadway

\_\_\_ (24) Overloading or improper loading of vehicles with passengers or cargo

\_\_\_ (25) Operating vehicle in erratic, reckless, careless or negligent manner

\_\_\_ (26) Improper or erratic lane changing

\_\_\_ (27) Failure to keep in proper lane or running off roadway

\_\_\_ (28) Making improper entry to or exit from trafficway

\_\_\_ (29) Failure to yield right-of-way

\_\_\_ (30) Failure to obey traffic signs, traffic control devices or traffic officers, failure to observe Safety Zones

\_\_\_ (31) Failure to signal intentions

\_\_\_ (32) Giving wrong signal

\_\_\_ (33) Making right turn from left lane, making left turn from right lane

\_\_\_ (34) Making other improper turn

\_\_\_ (35) Driving wrong way on one-way roadway

\_\_\_ (36) Driving on wrong side of roadway

\_\_\_ (37) Failure to have lights on when required

**Pedestrian Related (Includes Other Nonmotorist)**

\_\_\_ (38) Not seen by driver

\_\_\_ (39) Darting or running into roadway

\_\_\_ (40) Improper crossing of roadway or intersection

\_\_\_ (41) Walking with or against traffic, playing, working, sitting, lying, standing, etc. in roadway

\_\_\_ (42) Holding onto vehicle

\_\_\_ (98) Other \_\_\_\_\_ (75) 93 94

\_\_\_ (99) Unknown (76) 95 96

(77) 97 98

ATTACH TO THIS FORM ANY SUPPORTING MEDICAL DOCUMENTATION FOR THIS PEDESTRIAN OR NONMOTORIST



COMPLETED BY TEAM					
Primary Sampling Unit Number				<u>1</u>	<u>2</u>
2 Case Number—Stratification		<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
3 Record Number				<u>2</u>	<u>7</u>
4 Transaction Code				<u>8</u>	
5 Version Number				<u>7</u>	<u>9</u>
6 Investigator I D Number				<u>10</u>	

PEDESTRIAN OR NONMOTORIST INTERVIEW					
7 Pedestrian or Nonmotorist's Number				<u>11</u>	<u>12</u>
8 Manner of Last Contact Attempt					
(1) Telephone					
(2) Personal visit to home, work, etc.					
(3) Letter (questionnaire)					
(4) Other (specify) _____					
					<u>13</u>
9 Result of Last Contact Attempt					
(01) Unable to contact or locate					
(02) Hit and run					
(03) Fatal—surrogate not available					
(04) In intensive care—surrogate not available					
(05) Out of State resident					
(06) Refused interview for other than on advice of attorney or insurance company (specify) _____					
(07) Insurance company refusal					
(08) Attorney refusal or litigation					
(09) Other (specify) _____					
(10) No return of letter questionnaire					
(11) Return of letter questionnaire (completed)					
(12) Partial or complete interview					
				<u>14</u>	<u>15</u>
10 Date Interview Completed					
	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>
				<u>8</u>	<u>21</u>
11 Completing Person					<u>22</u>
12 Source of Interview Data					
(1) No data obtained					
(2) Same person					
(3) Other accident involved person					
(4) Relative or friend					
(5) Eyewitness					
(6) Combination of 3, 4 or 5					
(7) Other (specify) _____					
					<u>23</u>

13 Reasons Medical Data Not Obtainable					
(00) Not medically treated					
(01) Record obtained					
(02) No record of treatment at medical facility					
(03) Medical release required—not obtained					
(04) Nonaccident related injury					
(05) Noncooperative hospital					
(06) Hospital out of study area					
(07) Private physician would not release information					
(08) To be updated					
(09) Record not received before file closed					
(10) Unknown if medically treated					
				<u>24</u>	<u>25</u>

COMPLETED BY ZONE CENTER					
14 Date Medical Record Update Received					
	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>8</u>
					<u>30</u>
15 Reviewed By					
					<u>32</u>
					<u>33</u>
16 Interviewee Injury Documentation					
(1) Complete—Injury descriptions are annotated in sufficient detail to enable independent OIC/AIS coding. The protocol for completing the injury diagram has been used and a contact mechanism or "unknown" is indicated.					
(2) Partial—All coded injuries are described in adequate detail, however, additional annotation helpful for independent OIC/AIS coding. Contact mechanism omitted for some injuries.					
(3) Incomplete—Generally inadequate description of injuries or the coded injury does not correspond to the annotated injury					
(4) NA—No interviewee reported injuries.					
					<u>34</u>
17 Official Injury Documentation					
(1) Complete—All injuries reported in the medical data are annotated with sufficient detail to enable an independent OIC/AIS coding. The protocol for completing the injury diagram has been used.					
(2) Partial—All coded injuries are described in adequate detail, however, additional annotation helpful for independent OIC/AIS coding. Some minor injuries described in the medical data may be omitted.					
(3) Incomplete—Generally inadequate or erroneous descriptions of injuries and/or omitted major injuries described in the medical data.					
(4) NA—No official medical data					
					<u>35</u>



1 Primary Sampling Unit Number	1	2
2 Case Number - Stratification	3	4 5 6
3 Record Number	3	7
4 Transaction Code	8	
5 Version Number	7	9
6 Investigator I.D. Number	10	

**IDENTIFICATION**

7 Vehicle Number	11	12
8 Number of Occupant Forms Submitted		
Code only the number of occupants in this vehicle for which an OCCUPANT FORM was submitted.		
(97) 97 or more	13	14
9 Vehicle Role		
(0) Noncollision		
(1) Striking unit		
(2) Struck unit		
(3) Both striking and struck		
(9) Unknown	15	
10 Manner of Leaving Scene (Determined by Investigator)		
(1) Driven		
(2) Towed - due to vehicle damage		
(3) Towed - not due to vehicle damage		
(4) Abandoned		
(9) Unknown	16	

**EXTERIOR ITEMS**

11 Vehicle Model Year		
Code the last two digits of the model year.		
(99) Unknown	17	18
12 Vehicle Make		
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual		
(99) Unknown	19	20
13 Vehicle Model		
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.		
(00) Unknown		
(69) Unknown (motorcycle)	21	22
(79) Unknown (light truck)		
(89) Unknown (truck)		
(99) Unknown (automobile)		

**14. Body Type**

*Automobiles*

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

*Automobile Derivatives and Short Utility Vehicles*

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat)
- (11) Auto based panel (cargo station wagon, includes at to based ambulance/hearse)
- (12) Short utility - not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (13) Large limousine - more than four side doors or stretched chassis

*Motorcycles*

- (20) Motorcycle
- (21) Mopeds (motorized bicycles)
- (28) Other motorcycle (minibikes, motorscooters)
- (29) Unknown motorcycle type

*Bus (excludes van based)*

- (30) School bus (designed to carry students, not cross country or transit)
- (31) Cross country/intercity (designed for long distance)
- (32) Transit bus (includes short ride city bus and medium range suburban bus)
- (38) Other bus (e.g., bus based motorhome)
- (39) Unknown bus type

*Van Based Light Truck (< 10,000 lbs GVWR)*

- (40) Van (includes VW bus, Vanagon, Kombi, Beauville, Chateau, Club Wagon, Sportsman; excludes moving van)
- (41) Van-commercial cutaway (includes box van, multi-stop, parcel, van pickups)
- (42) Van based motorhome
- (48) Other van type
- (49) Unknown van type

*Light Conventional Truck (Pickup style cab, < 10,000 lbs GVWR)*

- (50) Pickup (includes open box and caps)
- (51) Pickup with slide-in camper
- (52) Pickup based motorhome (chassis mounted)
- (53) Cab chassis based (includes rescue vehicles, light stake, dump, and tow trucks)
- (54) Truck based panel
- (55) Truck based station wagon (4-door, includes Suburban, Travelall, Wagoneer)
- (56) Truck based utility (2-door; includes Blazer, Bronco - 78 on, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)
- (58) Other light conventional truck (e.g., stretched Suburban limousine)
- (59) Unknown light conventional truck
- (69) Unknown light truck (van or pickup)

*Medium/Heavy Truck (> 10,000 lbs GVWR)*

- (70) Step vans
- (71) Single unit straight truck (10,000 lbs < GVWR < 26,000 lbs.)
- (72) Single unit straight truck (> 26,000 lbs. GVWR)
- (73) Medium/heavy truck based motorhome

- (74) Truck-tractor with no cargo trailer
- (75) Truck-tractor pulling one or more trailers
- (77) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

*Other Vehicles*

- (80) Snowmobile
- (81) Farm equipment other than trucks
- (82) ATV, all terrain vehicle (e.g., dune/swamp buggy)
- (83) Construction equipment other than trucks (e.g., grader, off road)
- (88) Other (e.g., go cart, fork lift, city street sweeper)
- (89) Unknown other vehicle
- (99) Unknown body type

**National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data**

15. Towed Trailing Unit (V14# 75,77)  
 (0) No towed unit (or V14=75,77)  
 Yes,  
 towed trailing unit hitch type  
 (1) Clamp on (temporary)  
 (2) Bumper hitch (bolted)  
 (3) Frame  
 (4) Fifth wheel  
 (5) Other \_\_\_\_\_  
 (6) Unknown hitch type

25

16. Cab Configuration  
 (0) Not a truck (e.g., automobile, motorcycle)  
 Cab Over Engine (COE)  
 (1) COE, high entry  
 (2) COE, low entry  
 (3) COE, unknown entry  
 Conventional (CBE Cab Behind Engine)  
 (4) 2-door (standard)  
 (5) 2-door extended cab/4-door crew cab  
 (6) Unknown number of doors  
 (7) Cab alongside engine (CAE)  
 (8) Other \_\_\_\_\_  
 (9) Unknown

26

17. Seating Capacity/Truck Vocation  
Passenger Vehicles by Designated Seating Capacity  
 Motorcycle/Automobile/Van/Bus (exclude pickups)  
 (01) One seat position  
 (02) Two seat positions  
 (03) Three seat positions  
 (04) Four seat positions  
 (05) Five seat positions  
 (06) Six seat positions  
 (07) Seven seat positions  
 (08) Eight seat positions  
 (09) Nine seat positions  
 (10) 10 to 19 seat positions  
 (11) 20 to 49 seat positions  
 (12) 50 or more seat positions  
 (13) Motorhome (any light or medium truck based)  
 (14) Ambulance/EMS (any auto or truck based)  
 (19) Unknown passenger vehicle seating capacity

Cargo Vehicle by Vocation (Cargo Configuration)  
Platform  
 (20) Platform, flat bed  
 (21) Platform with device (e.g., self-loader, spreader)  
 (22) Stake  
 (23) Drop frame, low bed, lowboy  
 (24) Livestock Carrier  
 (28) Other platform \_\_\_\_\_

Open  
 (30) Pickup box (non-dump, includes open box and caps)  
 (31) Pickup with slide-in camper  
 (32) Dump (any light, medium, or heavy truck based)  
 (33) Dump with blade (front or undercarriage)  
 (34) Hopper (gran)  
 (35) Auto carrier/transport (includes boat)  
 (36) Van-open top  
 (38) Other open \_\_\_\_\_

Closed  
 (40) Van-closed top (any light, medium or heavy truck based, e.g., multi-stop)  
 (41) Low bed van (e.g., moving van)  
 (42) Refrigerated or insulated  
 (43) Mobile home  
 (44) Beverage, bottler  
 (45) Container (e.g., piggy back)  
 (46) Tank-liquid and gaseous  
 (47) Tank-dry bulk  
 (48) Other closed \_\_\_\_\_

Service/Utility  
 (50) Garbage, refuse (including dumpster)  
 (51) Fire apparatus  
 (52) Concrete mixer  
 (53) Wrecker, tow  
 (54) Crane, aerial basket  
 (55) Service, mobile repair (e.g., phone line truck)  
 (56) Pole (e.g., pipe or log)  
 (57) Armored truck  
 (58) Other service/utility \_\_\_\_\_  
 (71) Truck-tractor – no trailer  
 (72) Chassis, incomplete vehicle  
 (88) Other cargo vehicle: \_\_\_\_\_  
 (97) Other nontruck (e.g., construction paver, farm tractor)  
 (98) Unknown cargo configuration  
 (99) Unknown if passenger or cargo vehicle

27 28

**HEAVY TRUCK DATA ( TRUCKS OVER 10,000 LBS GVWR – V14=70–78)**

18. Tractor with Dromedary  
 (0) Not truck over 10,000 lbs GVWR (V14 ≠ 70–78)  
 (1) No  
 (2) Yes  
 (9) Unknown

29

19. 20. 21. 22. Number of Axles  

Power Unit	Trailer 1st	Trailer 2nd	Trailer 3rd	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0) Not truck over 10,000 lbs. GVWR (V14# 70–78)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) One
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Three
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Four
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Five
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Six
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Seven or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) No trailer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Unknown

P 1 2 3

30 31 32 33

23. Type of Brakes  
 (0) Not truck over 10,000 lbs GVWR (V14# 70–78)  
 (1) Air  
 (2) Hydraulic  
 (3) Electric  
 (4) Other: \_\_\_\_\_  
 (9) Unknown

34

24. Gross Vehicle Weight Rating (GVWR)  
 (0) Not truck over 10,000 lbs. GVWR (V14#70–78)  
 (1) 10,001-14,000 lbs.  
 (2) 14,001-16,000 lbs.  
 (3) 16,001-19,500 lbs.  
 (4) 19,501-26,000 lbs.  
 (5) 26,001-33,000 lbs.  
 (6) 33,001 lbs. and above  
 (9) Unknown

35

National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

Complete When Applicable	
End Damage	Side Damage
Undeformed end width _____  Corner shift: A1 _____  A2 _____  End shift at frame (CDC) (check one) < 4 inches _____ ≥ 4 inches _____	Bowing: B1 _____ X1 _____  B2 _____ X2 _____  Bowing constant  $\frac{X1 + X2}{2} = \underline{\hspace{2cm}}$

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts—  
Rear to Front in Side impacts.

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

\*Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, at beltline, etc.) or label adjustments (e.g., free space).

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

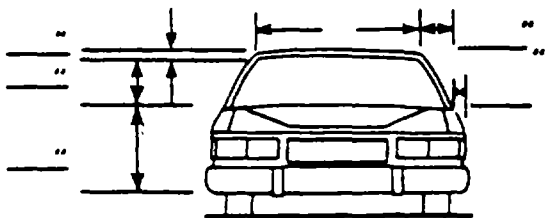
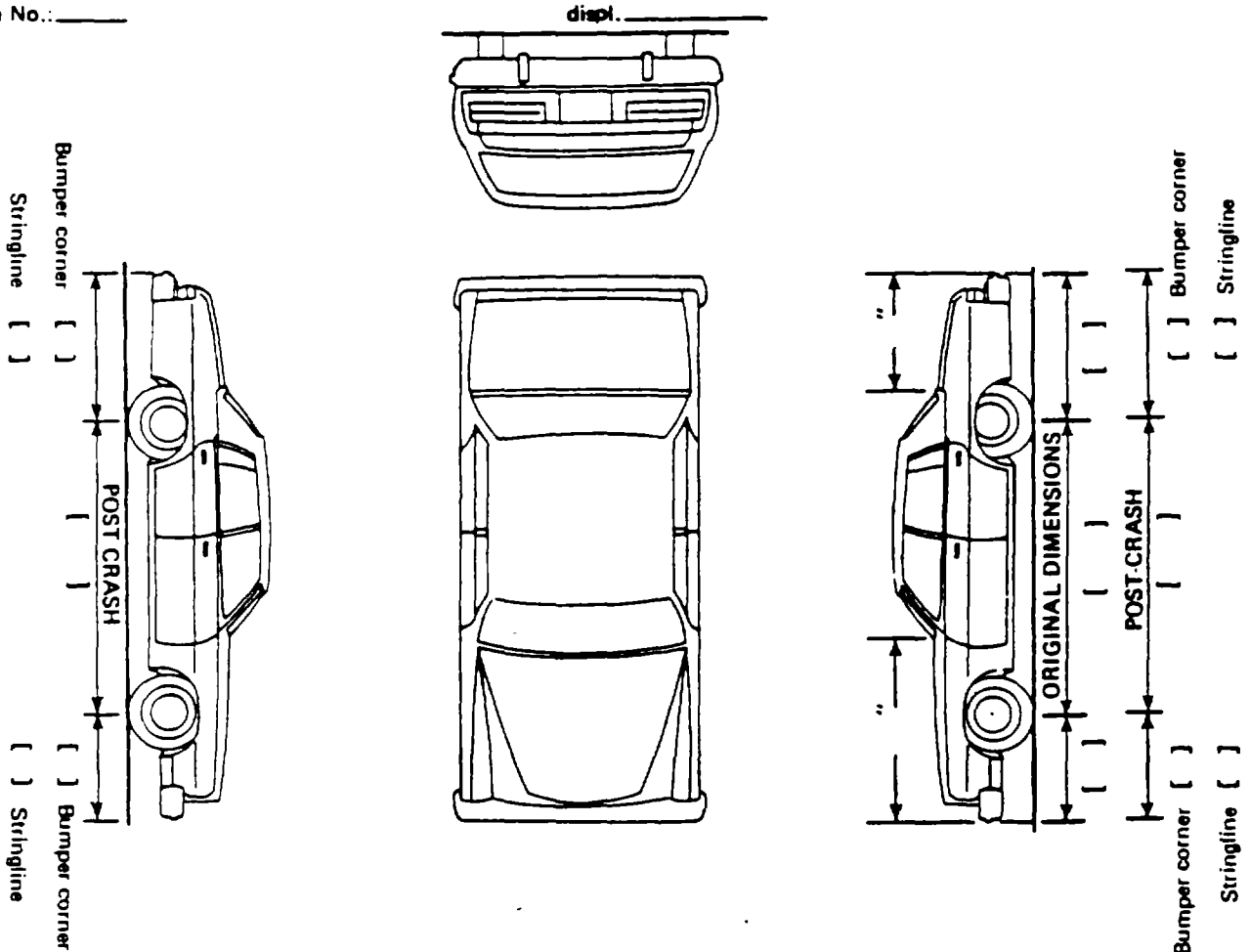
\*\*Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle).

\*\*\*Measure and document on the vehicle diagram the location of the maximum crush.

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

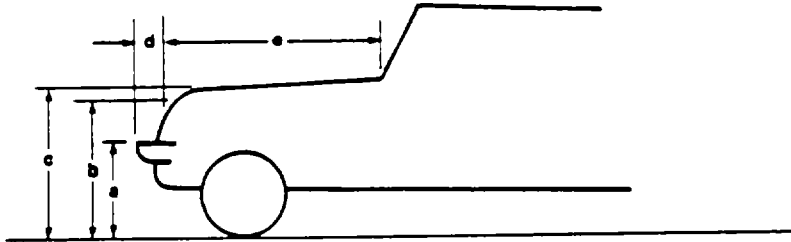


<b>DAMAGE DESCRIPTION</b>  Tire—Wheel Damage a. Rotation physically restricted RF _____ LF _____ RR _____ LR _____ b. Tire deflated RF _____ LF _____ RR _____ LR _____ (1) Yes, (2) No, (8) NA, (9) Unk.	<b>TYPE OF TRANSMISSION</b> ___Manual ___Automatic Average Track: _____ Maximum Width: _____ Curb Weight: _____ Overall Length: _____ Wheel Base: _____ Engine Size: cyl. _____	<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° LR ± _____° Within ± 5 degrees
	Vehicle No.: _____ displ. _____	

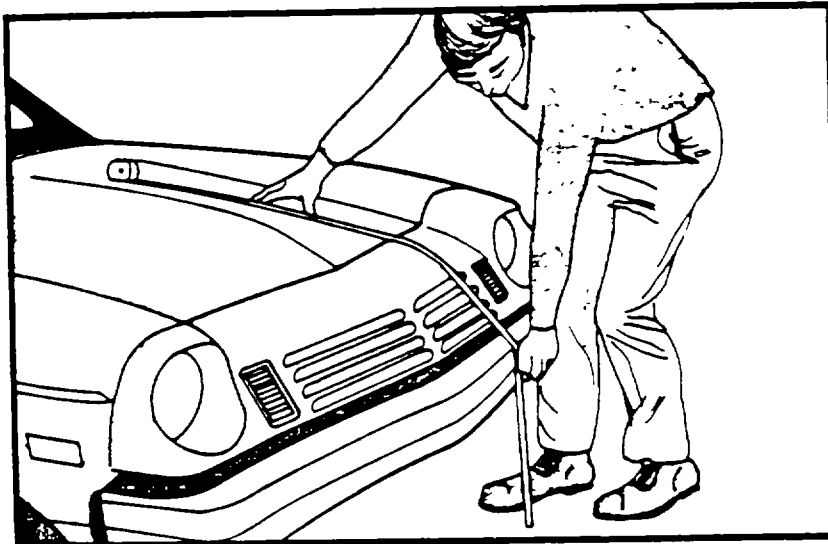


**Note:** Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.)  
 If pulling trailer sketch type of trailer and damage received on the back of page 3.  
 Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.  
 If the vehicle contacted a pedestrian, complete the back of this page.

Pedestrian Impacts Only



- \_\_\_\_\_ a. Bumper Height
- \_\_\_\_\_ b. Contact Height - to end of Vertical
- \_\_\_\_\_ c. Hood Height - to Horizontal
- \_\_\_\_\_ d. Bumper Lead
- \_\_\_\_\_ e. Hood Length
- \_\_\_\_\_ f. Wrap Distance(s)
- \_\_\_\_\_
- \_\_\_\_\_



WRAP DISTANCE MEASUREMENT

DEFORMATION CLASSIFICATION by EVENT NUMBER

Event Number (this vehicle)	Object Contacted	Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
1	---	---	---	---	---	---	---	---	---
2	---	---	---	---	---	---	---	---	---
3	---	---	---	---	---	---	---	---	---
4	---	---	---	---	---	---	---	---	---

- OBJECT CONTACTED**
- (00) Noncollision
  - (01) through (30) \_\_\_\_\_
  - If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle.
  - Collision with *Stationary Object*
    - (31) Motor vehicle not in transport\*
    - (32) Tree (< 6 inches in diameter)
    - (33) Tree (> 6 inches in diameter)
  - Highway/Traffic Supports
    - (34) Luminaire—breakaway
    - (35) Luminaire—nonbreakaway
    - (36) Large sign—breakaway
    - (37) Large sign—nonbreakaway
    - (38) Small sign—breakaway
    - (39) Small sign—nonbreakaway
    - (40) Utility pole
    - (41) Other post, pole, or support
  - (42) Traffic signal pole
  - (43) Fence
  - (44) Mail box
  - (45) Delineator
  - (46) Other movable object: \_\_\_\_\_
  - (47) Culvert
  - (48) Railroad tracks
  - (49) Curb
  - (50) Abutment
  - (51) Wall (stone, rock, metal, etc.)
  - (52) Embankment—earth
  - (53) Embankment—rock, stone or concrete
  - (54) Building, rigid
  - (55) Building, nonrigid
  - (56) Bridge pier or abutment
  - (57) Bridge rail
  - (58) Bridge parapet end
  - (59) Guardrail—bridge rail transition
  - (60) Guardrail end (non-median)
  - (61) Guardrail end (median)
  - (62) Guardrail (non-median)
  - (63) Guardrail (median)
  - (64) Concrete barrier (non-median)
  - (65) Concrete barrier (median)
  - (66) Other median barrier
  - (67) Other longitudinal barrier (non-median)
  - (68) Impact attenuator/Crash cushion
  - (69) Ground
  - (70) Train
  - (71) Ditch
  - (72) Other stationary/fixd object
  - Collision with *Nonstationary Objects*
    - (73) Animal
    - (74) Trailer, disconnected in transport
    - (75) Train
    - (76) Other nonstationary objects
  - (81) through (95) \_\_\_\_\_
  - If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
  - (96) Vehicle occupant
  - (97) Other object
  - (99) Unknown

NOTE For coding of CDC or TDC investigators must refer to appropriate reference documents for accurate coding.  
 \*If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent Guide	Event Number (in accident)
25	26.	27.	28.	29.	30.	31.	32.	33.
36	37 38	39 40	41	42	43	44	45 46	47
Second								
34	35.	36.	37.	38.	39.	40.	41.	42.
48	49 50	51 52	53	54	55	56	57 58	59
Third								
43	44.	45.	46.	47.	48.	49.	50.	51.
60	61 62	63 64	65	66	67	68	69 70	71
Fourth								
52.	53.	54.	55.	56.	57.	58.	59.	60.
72	73 74	75 76	77	78	79	80	81 82	83

Reduction Section

Coding Section

National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

DELETE VIN IDENTIFIER AFTER CASE REVIEW

61. Vehicle Identification Number

- \_\_\_ No VIN-Code all Zeros
- \_\_\_ Unknown-Code all nine's
- Left justify
- Slash zeros 0

84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

62. Registration of Vehicle

- \_\_\_ (0) Not registered
- \_\_\_ (1) In-state (at least)
- \_\_\_ (2) Out-of-state (only)
- \_\_\_ (8) Other registration (e.g., federal, foreign, military)
- \_\_\_ (9) Unknown

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63. 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
- \_\_\_ (9) Unknown

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64. Odometer Reading

- \_\_\_\_\_ miles – Code mileage to the nearest 1,000 miles.
- \_\_\_ (000) No odometer
- \_\_\_ (001) Less than 1,500 miles
- \_\_\_ (997) 996,500 miles or more
- \_\_\_ (999) Unknown

103 104 105

65. Passenger Compartment Integrity

- \_\_\_ (0) No passenger compartment
- \_\_\_ (1) No integrity loss
- Yes, integrity was lost through.
- \_\_\_ (2) Windshield
- \_\_\_ (3) Door (side)
- \_\_\_ (4) Door (rear)
- \_\_\_ (5) Roof
- \_\_\_ (6) Windshield and door (side)
- \_\_\_ (7) Other combination of above
- \_\_\_ (9) Unknown

106

66. Passenger Compartment Intrusion (NOTE Code the area in terms of the most severe intrusion.)

- \_\_\_ (0) No passenger compartment
- \_\_\_ (1) No intrusion
- \_\_\_ (2) Front (i.e., steering column, dash)
- \_\_\_ (3) Right side (i.e., door[s] with or without sill override)
- \_\_\_ (4) Left side (i.e., door[s] with or without sill override)
- \_\_\_ (5) Rear (i.e., trunk, rear seat intruded upon)
- \_\_\_ (6) Bottom (i.e., floor)
- \_\_\_ (7) Top (i.e., windshield, "A", "B", "C", or "D" pillar[s], roof)
- \_\_\_ (8) Two or more areas
- \_\_\_ (9) Unknown

107

67. Magnitude of Intrusion

- \_\_\_ (0) No intrusion
- \_\_\_ (1) Less than five centimeters
- \_\_\_ (2) Between five and fifteen centimeters
- \_\_\_ (3) Greater than fifteen centimeters
- \_\_\_ (9) Unknown

108

68. Fire Occurrence

- \_\_\_ (0) No fire
- Yes, fire occurred
- \_\_\_ (1) Started in vehicle, minor
- \_\_\_ (2) Started in vehicle, major
- \_\_\_ (3) Started external to vehicle, minor
- \_\_\_ (4) Started external to vehicle, major
- \_\_\_ (5) Origin unknown
- \_\_\_ (9) Unknown

109



RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	___	___	___	___	___	___	___	___	___	___
	Indication of Usage	___	___	___	___	___	___	___	___	___	___
AUTO-MATIC	Availability	___	___	___	___	___	___	___	___	___	___
	Function	___	___	___	___	___	___	___	___	___	___

- |   |   |   |   |
|---|---|---|---|
| <p><b>Manual Restraint System - Availability -</b></p> <ul style="list-style-type: none"> <li>___ (0) None available</li> <li>___ (1) Shoulder belt</li> <li>___ (2) Lap belt</li> <li>___ (3) Lap and shoulder belt</li> <li>___ (4) Motorcycle helmet</li> <li>___ (5) Child safety seat (designed without tether or unknown design)</li> <li>___ (6) Child safety seat (designed with tether - properly installed)</li> <li>___ (7) Child safety seat (designed with tether - improperly installed)</li> <li>___ (8) Restraint available type unknown or other</li> <li>___ (9) Unknown</li> </ul> | <p><b>Manual Restraint System - Indication of Usage</b></p> <ul style="list-style-type: none"> <li>___ (0) None used</li> <li>___ (1) Shoulder belt</li> <li>___ (2) Lap belt</li> <li>___ (3) Lap and shoulder belt</li> <li>___ (4) Motorcycle helmet</li> <li>___ (5) Child safety seat - used properly</li> <li>___ (6) Child safety seat - used improperly</li> <li>___ (7) Child safety seat - unknown if used properly</li> <li>___ (8) Restraint used-type unknown or other</li> <li>___ (9) Unknown</li> </ul> | <p><b>Automatic (Passive) Restraint System - Availability -</b></p> <ul style="list-style-type: none"> <li>___ (0) Not equipped</li> <li>___ (1) Airbag</li> <li>___ (2) Airbag disconnected</li> <li>___ (3) Airbag not reinstalled</li> <li>___ (4) Two point automatic belts</li> <li>___ (5) Three point automatic belts</li> <li>___ (6) Automatic belts destroyed</li> <li>___ (9) Unknown</li> </ul> | <p><b>Automatic (Passive) Restraint System - Function -</b></p> <ul style="list-style-type: none"> <li>___ (0) Not equipped</li> <li>___ (1) Automatic belt in use</li> <li>___ (2) Automatic belt not in use</li> <li>___ (3) Deployed airbag</li> <li>___ (4) Non-deployed airbag</li> <li>___ (9) Unknown</li> </ul> |
|---|---|---|---|

\*Specify the Other Position or Unit referenced

- |  |   |  |  |
|--|---|--|--|
| <p><b>INDICATIONS of EJECTION</b></p> <ul style="list-style-type: none"> <li>___ No ejection</li> </ul> <p><b>Ejection Area</b></p> <ul style="list-style-type: none"> <li>___ Windshield</li> <li>___ Left front</li> <li>___ Right front</li> <li>___ Left rear</li> <li>___ Right rear</li> <li>___ Rear</li> </ul> | <p><i>If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.</i></p> <ul style="list-style-type: none"> <li>___ Roof</li> <li>___ Other area (e.g., sidecar, back of pickup, etc.)</li> <li>___ Unknown</li> </ul> | <p><b>Ejection Medium</b></p> <ul style="list-style-type: none"> <li>___ Door (side)</li> <li>___ Door (rear)</li> <li>___ Open roof structure</li> <li>___ Fixed windows</li> <li>___ Other medium type</li> <li>___ Unknown</li> </ul> | <p><b>Medium Status</b></p> <ul style="list-style-type: none"> <li>___ Open</li> <li>___ Separation</li> <li>___ Closed, closed when damaged</li> <li>___ Integral structure ripped opened</li> <li>___ Status unknown</li> </ul> <p><b>Operable windows</b></p> <ul style="list-style-type: none"> <li>___ Roll down type</li> <li>___ Hinged typed</li> <li>___ Sliding type</li> <li>___ Other type window</li> </ul> |
|--|---|--|--|

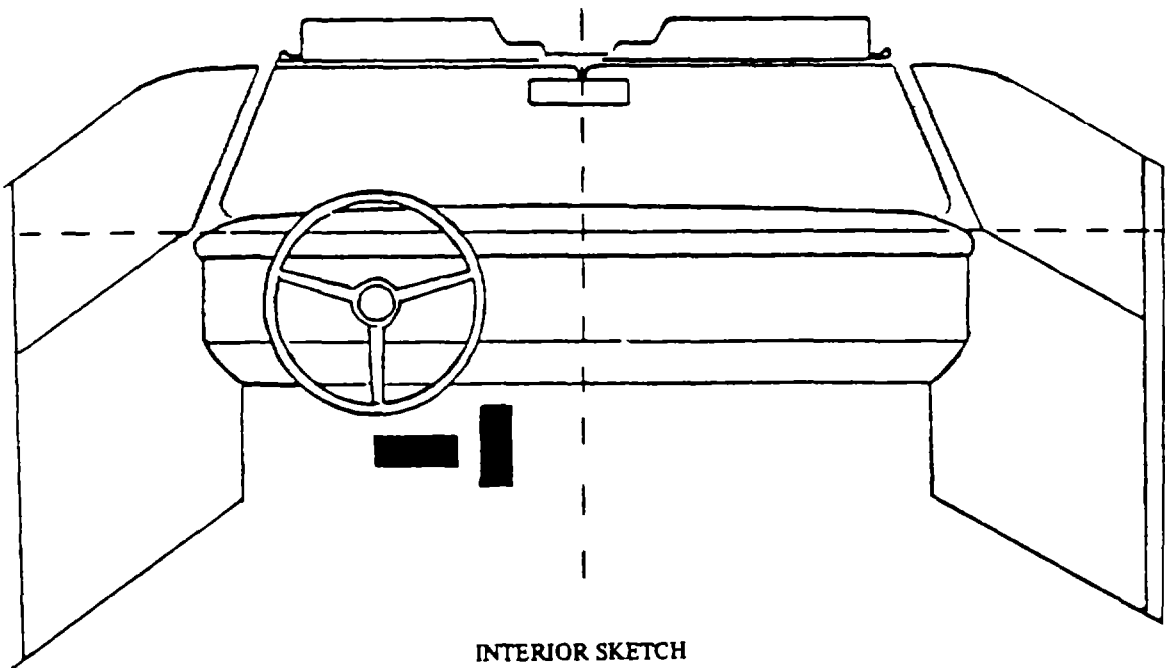
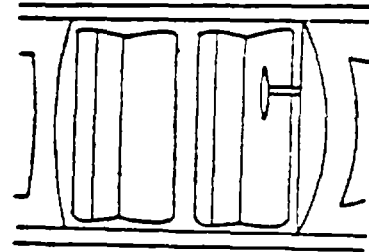
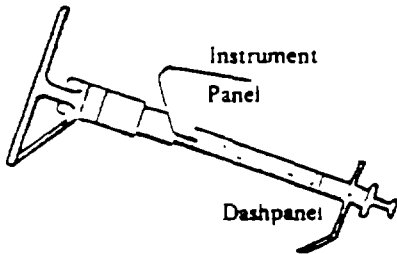
**CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT**

- |  |   |   |
|--|---|---|
| <p><b>FRONT</b></p> <ul style="list-style-type: none"> <li>___ Windshield</li> <li>___ Mirror</li> <li>___ Steering assembly, including transmission selector level when column mounted</li> <li>___ Add-on equipment (e.g., CB, tape deck, air conditioner)</li> <li>___ Instrument panel and below, excluding foot controls and parking brake</li> <li>___ Sunvisor</li> <li>___ Other front object</li> </ul> <p><b>SIDE</b></p> <ul style="list-style-type: none"> <li>___ Side interior surface, excluding hardware or armrests</li> <li>___ Side hardware or armrests</li> <li>___ A pillar</li> <li>___ B pillar</li> <li>___ Other pillar</li> <li>___ Window glass or frame</li> <li>___ Other side object</li> </ul> | <p><b>INTERIOR</b></p> <ul style="list-style-type: none"> <li>___ Seat, back support</li> <li>___ Belt restraint system</li> <li>___ Head restraint</li> <li>___ Air cushion</li> <li>___ Other occupants</li> <li>___ Interior loose objects</li> <li>___ Other interior object</li> </ul> <p><b>ROOF</b></p> <ul style="list-style-type: none"> <li>___ Front header</li> <li>___ Rear header</li> <li>___ Roof side rails</li> <li>___ Roof or convertible top</li> </ul> <p><b>FLOOR</b></p> <ul style="list-style-type: none"> <li>___ Floor</li> <li>___ Floor or console mounted transmission lever, including console</li> <li>___ Parking brake handle</li> <li>___ Foot controls including parking brake</li> </ul> | <p><b>REAR</b></p> <ul style="list-style-type: none"> <li>___ Backlight (rear window)</li> <li>___ Backlight storage rack, door, etc.</li> <li>___ Other rear objects</li> </ul> <p><b>EXTERIOR of OCCUPANT'S VEHICLE</b></p> <ul style="list-style-type: none"> <li>___ Hood</li> <li>___ Outside hardware (e.g., outside mirror, antenna)</li> <li>___ Other exterior surface or tires</li> <li>___ Unknown exterior objects</li> </ul> |
|--|---|---|

**VEHICLE INTERIOR**  
**POINTS OF OCCUPANT CONTACT**

CONTACT	INTERIOR PART CONTACTED	SUPPORTIVE PHYSICAL EVIDENCE	Confidence Level of Contact Point
A			1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side



**INTERIOR SKETCH**

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1, and possible - 2.

National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

SUPPLEMENTAL ITEMS	
<p>Type of Most Severe Impact This Vehicle This Vehicle's role</p> <p><input type="checkbox"/> (0) Nonimpact</p> <p><input type="checkbox"/> (1) Front of this vehicle</p> <p><input type="checkbox"/> (2) Left side of this vehicle</p> <p><input type="checkbox"/> (3) Right side of this vehicle</p> <p><input type="checkbox"/> (4) Rear of this vehicle</p> <p><input type="checkbox"/> (5) Other impact location</p> <p><input type="checkbox"/> (9) Unknown impact type</p> <p style="text-align: right; margin-top: 10px;"><u>110</u></p>	<p>73. Submission of Potential Safety Problem Bulletin</p> <p><input type="checkbox"/> (0) No</p> <p><input type="checkbox"/> (1) Yes</p> <p style="text-align: right; margin-top: 10px;"><u>114</u></p>
<p>70. Role of Other Contacted Vehicle, Object or Person (for same impact as above)</p> <p><input type="checkbox"/> (0) Nonimpact</p> <p><input type="checkbox"/> (1) Front of other vehicle</p> <p><input type="checkbox"/> (2) Side of other vehicle</p> <p><input type="checkbox"/> (3) Rear of other vehicle</p> <p><input type="checkbox"/> (4) Intraunit damage</p> <p><input type="checkbox"/> (5) Other location on other vehicle</p> <p><input type="checkbox"/> (6) Object (stationary and non stationary)</p> <p><input type="checkbox"/> (7) Pedestrian or nonmotorist</p> <p><input type="checkbox"/> (8) Motorcycle or moped</p> <p><input type="checkbox"/> (9) Unknown impact type</p> <p style="text-align: right; margin-top: 10px;"><u>111</u></p>	<p>74. Hazardous Cargo</p> <p><input type="checkbox"/> (0) No hazardous cargo</p> <p><input type="checkbox"/> (1) Load of hazardous materials only</p> <p><input type="checkbox"/> (2) Load of hazardous and nonhazardous materials</p> <p><input type="checkbox"/> (9) Unknown</p> <p style="text-align: right; margin-top: 10px;"><u>115</u></p> <p>NOTE: (See coding manual for definition and examples of hazardous materials)</p>
VEHICLE WEIGHT ITEMS	
<p>1. Rollover</p> <p><input type="checkbox"/> (0) No rollover</p> <p><input type="checkbox"/> (1) Rollover, less than 4 quarter turns</p> <p><input type="checkbox"/> (2) Rollover, 4 or more quarter turns</p> <p><input type="checkbox"/> (3) Rollover, details unknown</p> <p style="text-align: right; margin-top: 10px;"><u>112</u></p>	<p>75. Vehicle Curb Weight</p> <p>_____ pounds – Code weight to nearest 100 pounds.</p> <p><input type="checkbox"/> (001) Less than 150 pounds.</p> <p><input type="checkbox"/> (997) 99,650 lbs or more</p> <p><input type="checkbox"/> (999) Unknown</p> <p style="text-align: right; margin-top: 10px;"><u>116</u> <u>117</u> <u>118</u></p> <p>Source: _____</p>
<p>72. Jackknife</p> <p><input type="checkbox"/> (0) Not an articulated vehicle</p> <p><input type="checkbox"/> (1) No</p> <p><input type="checkbox"/> (2) Yes</p> <p style="text-align: right; margin-top: 10px;"><u>113</u></p>	<p>76. Vehicle Cargo Weight</p> <p>_____ pounds – Code weight to nearest 100 pounds.</p> <p><input type="checkbox"/> (000) Less than 50 pounds</p> <p><input type="checkbox"/> (997) 99,650 lbs or more</p> <p><input type="checkbox"/> (999) Unknown</p> <p style="text-align: right; margin-top: 10px;"><u>119</u> <u>120</u> <u>121</u></p>
<p>COMMENTS</p>	<p>77. Investigator Reported Source of Cargo Weight</p> <p><input type="checkbox"/> (0) No cargo</p> <p><input type="checkbox"/> (1) Measured</p> <p><input type="checkbox"/> (2) Estimated</p> <p><input type="checkbox"/> (3) Rated capacity</p> <p><input type="checkbox"/> (9) Unknown: source or weight</p> <p style="text-align: right; margin-top: 10px;"><u>122</u></p> <p>Source: _____</p>

Delete Comments After Case Review

## National Accident Sampling System – Continuous Sampling Subsystem: Vehicle Data

### LOG RESPONSES

#### Key to Vehicle Documentation

#### 17. Damage Measurements

- (1) Complete – All applicable field measurements (post-crash measurements, direct and induced damage, C-measurements, maximum crush, shifting, bowing, intrusion damage description, wheel steer angles, etc.) are documented using standard investigative techniques.
- (2) Partial – Only relevant field measurements are documented; measurements are incomplete or incorrect.
- (3) Incomplete – Vehicle documentation is poor. Field measurements are obviously incorrect and/or incomplete.
- (4) Vehicle not inspected or catastrophic conditions.
- (5) Not required

#### 18. Original Dimensions

- (1) Complete – All original dimensions (overall length, maximum width, wheelbase measurements, front and rear overhangs, undeformed end width, etc.) are documented.
- (2) Partial – Only relevant dimensions are documented; measurements are incomplete or incorrect.
- (3) Incomplete – The majority of relevant dimensions are excluded.
- (4) Vehicle not inspected
- (5) Not available/unable to obtain.

#### 19. Areas of Contact

- (1) Complete – All damaged areas are documented and annotated (i.e., all impact-related damage, previous damage, damage from towtruck, Jaws of Life, etc)
- (2) Partial – Only relevant impact areas are documented. Previous or unexplained damage not annotated.
- (3) Incomplete – Obvious impact-related damage overlooked or incomplete documentation of damage.
- (4) Vehicle not inspected or catastrophic conditions.

#### 20. Occupant Contacts

- (0) No evidence of occupant contact.
- (1) Complete – All occupant contacts and/or suspected contact points are sketched and described.
- (2) Partial – Only obvious contact points are documented; suspected contact points are not noted.
- (3) Incomplete – Obvious occupant contact points are not documented.
- (4) Vehicle not inspected.
- (5) Vehicle interior not inspected.

NOTE: Access to vehicle interior should be taken into consideration.

**CRASH PROGRAM**

78. Basis for Total Delta V (highest)

Delta V calculated

- \_\_\_\_ (1) CRASH program damage-only routine
- \_\_\_\_ (2) CRASH program damage and trajectory routine
- \_\_\_\_ (3) Missing vehicle algorithm
- \_\_\_\_ (4) Yielding object algorithm
- \_\_\_\_ (5) Other technique used

Delta V not calculated

- \_\_\_\_ (6) At least one vehicle (which may include this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- \_\_\_\_ (7) 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.
- \_\_\_\_ (8) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available

123

HIGHEST

Secondary

HIGHEST

79 Total Delta V

- \_\_\_\_ nearest k.p.h.
- (NOTE 00 means less than 0.5 k.p.h.)
- \_\_\_\_ (97) 97 k.p.h. and above
- \_\_\_\_ (99) Unknown

124 125

80 Longitudinal Component of Delta V

- \_\_\_\_ nearest k.p.h.
- (NOTE 00 means greater than 0.5 and less than 0.5 k.p.h.)
- \_\_\_\_ (97) 97 k.p.h. and above
- \_\_\_\_ (99) Unknown

126 127 128

81 Lateral Component of Delta V

- \_\_\_\_ nearest k.p.h.
- (NOTE 00 means greater than 0.5 and less than 0.5 k.p.h.)
- \_\_\_\_ (97) 97 k.p.h. and above
- \_\_\_\_ (99) Unknown

129 130 131

82 Energy Absorption

- \_\_\_\_ nearest 100 newton-meters (joules)
- (NOTE 0000 means less than 50 newton-meters)
- \_\_\_\_ (9997) 999,650 Newton-meters or more
- \_\_\_\_ (9999) Unknown

132 133 134 135

CRASH Damage Data for Highest Delta V (metric values)

83.

L

136 137 138 139

84. (C-measurements)

C1

C2

C3

140 141 142 143 144 145 146 147 148

C4

C5

C6

149 150 151 152 153 154 155 156 157

85.

+D

158 159 160 161

(metric values – centimeters)

**POLICE REPORT**

86. Travel Speed

- \_\_\_\_ Nearest m.p.h.
- (Note: 00 means less than 0.5 m.p.h.)
- \_\_\_\_ (97) 97 m.p.h. and above
- \_\_\_\_ (99) Unknown

162 163

87 88. 89. Other Vehicle Related Factors

- \_\_\_\_ (00) No other vehicle related factors

Defective:

- \_\_\_\_ (01) Tires
- \_\_\_\_ (02) Wheels
- \_\_\_\_ (03) Brake system
- \_\_\_\_ (04) Steering system
- \_\_\_\_ (05) Suspension
- \_\_\_\_ (06) Power train
- \_\_\_\_ (07) Exhaust system
- \_\_\_\_ (08) Headlights
- \_\_\_\_ (09) Signal lights
- \_\_\_\_ (10) Other lights: \_\_\_\_\_
- \_\_\_\_ (11) Horn
- \_\_\_\_ (12) Mirrors
- \_\_\_\_ (13) Wipers
- \_\_\_\_ (14) Body, doors
- \_\_\_\_ (15) Driver seating and control
- \_\_\_\_ (16) Trailer hitch
- \_\_\_\_ (98) Other: \_\_\_\_\_
- \_\_\_\_ (99) Unknown

(87) 164 165

(88) 166 167

(89) 168 169

**COMPLETED BY TEAM**

1 Primary Sampling Unit Number		1	2	
2 Case Number - Stratification	3	4	5	6
3 Record Number			7	
4 Transaction Code			8	
5 Version Number			9	
6 Investigator I.D. Number			10	

**VEHICLE INSPECTION**

7 Vehicle Number		11	12	
8 Reason Vehicle Registration Records are Not Obtainable				
(0) Not required - vehicle inspected				
(1) Records obtained				
(2) Hit & Run vehicle - no information				
(3) Records not found				
(4) Vehicle not registered				
(5) Registration number incorrect				
(6) No information on vehicle				
(7) Out of state or foreign registration				
(8) To be updated				
(9) Record not received before file closed				13
9 Date vehicle inspected and field data elements obtained	14	15	16	17
		18	19	
10 Completing Person				20
11 Reason Vehicle Inspection Not Completed				
(00) Not required				
(01) Inspection completed				
(02) Vehicle can not be located				
(03) Vehicle repaired or destroyed				
(04) Vehicle outside of study area				
(05) Vehicle impounded				
(06) Vehicle sold				
(07) Hit and run vehicle				
(08) Owner could not be located				
(09) Owner refusal				
(10) Insurance company refusal				
(11) Attorney refusal or litigation				
(12) Repair or tow facility refusal				
(13) Stolen				
(14) Wrong name and address on PAR				
(15) Interstate truck				
(16) Commercial vehicle unavailable				
(17) Other _____				21
				22
12 Reason Highest Total Delta V Unknown				
(01) Highest total delta V known - based on CRASH damage data only				
(02) Highest total delta V known - based on CRASH damage and trajectory data				
(03) Highest total delta V known - based on Poles algorithm				
(04) Highest total delta V known - based on OLDMISS algorithm				
(05) Rollover				
(06) Other nonhorizontal force (e.g., vaulting)				
(07) Sideswipe type damage/severe overide				
(08) Vehicle out of scope, pedestrian				
(09) Yielding object				
(10) Other (e.g., animal) _____				
(11) Insufficient data				23
				24
13 Confidence in Reconstruction Program Results (for Highest Delta V)				
(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				25

14. Reconstruction Program Output on Other than Highest Delta V				
(0) No - reconstruction program output for highest delta V or no reconstruction				
(1) Yes - reconstruction program output on a secondary CDC				26
15. Data Obtained for this Vehicle's Most Severe Impact Regardless of Usage				
(00) No data obtained				
(01) CDC only				
(02) TDC only				
(03) Crush profile* only (outside scope of CDC/TDC)				
(04) Trajectory data only				
(05) CDC and crush profile only				
(06) TDC and crush profile only				
(07) CDC and trajectory				
(08) TDC and trajectory				
(09) Crush profile* (outside scope of CDC/TDC) and trajectory				
(10) CDC, crush profile and trajectory				
(11) TDC, crush profile and trajectory				
(12) Other (specify) _____				27
				28

\*For vehicles outside the scope of CDC/TDC, crush profile means damage sketch and applicable measurements.

**COMPLETED BY ZONE CENTER**

(See back of page 8 for responses to questions 17-20)

16. Were Measuring Stands Used				
(1) No - stands omitted				
(2) Yes - stands incorrectly placed				
(3) Yes - stands correctly used				
(4) Vehicle not inspected or catastrophic conditions				
(5) Stands not required				29
17. Damage Measurements				
(1) Complete				
(2) Partial				
(3) Incomplete				
(4) Vehicle not inspected or catastrophic conditions				
(5) Not required				30
18. Original Dimensions				
(1) Complete				
(2) Partial				
(3) Incomplete				
(4) Vehicle not inspected				
(5) Not available/unable to obtain				31
19. Areas of Contact				
(1) Complete				
(2) Partial				
(3) Incomplete				
(4) Vehicle not inspected or catastrophic conditions				32
20. Occupant Contacts				
(0) No evidence of occupant contact				
(1) Complete				
(2) Partial				
(3) Incomplete				
(4) Vehicle not inspected				
(5) Vehicle interior not inspected				33
21. Date Official Record Update Received	34	35	36	37
		38	39	40
22. Reviewed By				41
				42
23. Reconstruction Documentation				
(0) Reconstruction not applicable				
Reconstruction applicable				
(1) PSU Results accurate				
(2) Minor corrections to PSU results by ZC				
(3) Major corrections to PSU results by ZC				
(4) No PSU results - computer run added by ZC				
(5) PSU reconstruction deleted by ZC				43

**Driver Data**

**NATIONAL ACCIDENT SAMPLING SYSTEM  
 CONTINUOUS SAMPLING SUBSYSTEM**

1 Primary Sampling Unit Number	1	2
2 Case Number — Stratification	3	4 5 6
3 Record Number	7	8
4 Transaction Code	9	10
5 Version Number	11	12
6 Investigator I D Number	13	14

**IDENTIFICATION**

7 Vehicle Number	15	16
8. Number of Occupants This Motor Vehicle	17	18
_____ occupant(s) — Code the actual number of persons (including the driver if present) that were occupants of this vehicle. The number of OCCUPANT FORMS does not have to equal this value. — (97) 97 or more — (99) Unknown		
9 Driver Presence In Vehicle	19	20
— (1) Driver Present — (2) Driver Not Present		
(NOTE: If no driver was present in this vehicle, indicate and subsequently leave blank the remaining non-environmental questions on this form. Do code the environmental elements. No OCCUPANT FORM for the driver is required. Remember, if the person who had been driving this motor vehicle prior to the accident was injured outside of this vehicle, that person is handled on the PEDESTRIAN & NONMOTORIST FORM.)		

**DRIVER INTERVIEW**

10 Months Driving Experience This Class of Vehicle (e.g., passenger car, light truck, motorcycle, etc.)	21	22
_____ months — Code actual months of previous driving experience up to 60 (NOTE: 44 days or less equals 1 month; a month and a half equals 2 months.) — (61) Greater than five years — (99) Unknown		

11. Estimated Mileage This Vehicle  
 (Estimated total mileage that driver has driven in this specific accident involved vehicle.)

- \_\_\_\_\_ miles to the nearest 100
- (001) Less than 150 miles
- (997) 99,650 miles or more
- (999) Unknown

12. Total Mileage All Vehicles  
 (Past Twelve Months)

- \_\_\_\_\_ miles to the nearest 100
- (001) Less than 150 miles
- (997) 99,650 miles or more
- (999) Unknown

13. Type of Operation or Carrier  
 (vehicle over 10,000 lbs GVWR)

- (0) Noncommercial or not vehicle over 10,000 lbs. GVWR
- (1) For hire / common carrier
- (2) For hire / contract carrier
- (3) Private carrier of property or passengers
- (4) Carrier of ICC exempt commodities
- (5) Foreign carrier
- (6) Carrier of migrant workers
- (7) U.S. mail carrier
- (8) Other: \_\_\_\_\_
- (9) Unknown

14. Federal Safety Regulated

- (0) Noncommercial or not vehicle over 10,000 lbs. GVWR
- (1) Motor carrier not subject to U.S. DOT (BMCS) regulations
- Motor carrier subject to U.S. DOT (BMCS) regulations
- (2) Intercity operations
- (3) Local pickup or delivery
- (9) Unknown

15. Driver's Classification

- (0) Noncommercial or not vehicle over 10,000 lbs. GVWR
- (1) Full time employee
- (2) Part Time employee
- (3) Owner operator
- (4) Leased (from labor contractor)
- (8) Other: \_\_\_\_\_
- (9) Unknown

Vehicle No. \_\_\_\_\_

Occupant No. \_\_\_\_\_

**ACCIDENT DESCRIPTION INSTRUCTIONS**

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION. \_\_\_\_\_

**GENERAL DESCRIPTION OF ACCIDENT SEQUENCE**

(This represents a synopsis of an uninterrupted narrative by the driver.)

Delete After Case Review

**Estimated Travel Speed**

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped                       Less than 5 m.p.h.
- Actual speed (in increments)
- Not applicable               Unknown

**Estimated Impact Speed**

(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

- Stopped                       Less than 5 m.p.h.
- Actual speed (in increments)
- Not applicable               Unknown

**INFORMATION SOURCE.**



<p style="text-align: center;"><b>PRE-CRASH</b></p> <p>Direction of Travel</p> <p> <input type="checkbox"/> North                      <input type="checkbox"/> Southeast  <input type="checkbox"/> East                         <input type="checkbox"/> Northwest  <input type="checkbox"/> South                        <input type="checkbox"/> Southwest  <input type="checkbox"/> West                         <input type="checkbox"/> Not applicable  <input type="checkbox"/> Northeast                 <input type="checkbox"/> Unknown                 </p>	<p>Travel Lane</p> <p>(NOTE Lane one is the curb or shoulder lane, lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)</p> <p> <input type="checkbox"/> 1st lane                      <input type="checkbox"/> On shoulder  <input type="checkbox"/> 2nd lane                      <input type="checkbox"/> On trafficway  <input type="checkbox"/> 3rd lane                      <input type="checkbox"/> Off road  <input type="checkbox"/> 4th lane                      <input type="checkbox"/> Outside trafficway  <input type="checkbox"/> 5th or additional lane      <input type="checkbox"/> Not applicable  <input type="checkbox"/>                                      <input type="checkbox"/> Unknown                 </p>
--	--

<p>1 Object Contacted</p> <p> <input checked="" type="checkbox"/> Motor vehicle  <input type="checkbox"/> (0) Guardrail  <input type="checkbox"/> (1) Ditch  <input type="checkbox"/> (2) Ground  <input type="checkbox"/> (3) Tree  <input type="checkbox"/> (4) Pole  <input type="checkbox"/> (5) Sign  <input type="checkbox"/> (6) Pedacyclist  <input type="checkbox"/> (7) Pedestrian  <input type="checkbox"/> (8) Other: _____  <input type="checkbox"/> (9) Unknown                 </p>	<p>2 Vehicle Impact Location</p> <p> <input type="checkbox"/> (1) Front  <input type="checkbox"/> (2) Right side  <input type="checkbox"/> (3) Rear  <input type="checkbox"/> (4) Left side  <input type="checkbox"/> (5) Top  <input type="checkbox"/> (6) Undercarriage  <input type="checkbox"/> (7) Other: _____  <input type="checkbox"/> (8) Not applicable  <input type="checkbox"/> (9) Unknown                 </p>	<p>3 Vehicle Orientation</p> <p> <input type="checkbox"/> (1) Tracking, no skidding (includes controlled turn)  <input type="checkbox"/> (2) Tracking, skidding  <input type="checkbox"/> (3) Rotated clockwise to path of travel  <input type="checkbox"/> (4) Rotated counterclockwise to path of travel  <input type="checkbox"/> (5) Rolling over  <input type="checkbox"/> (6) Jackknifed  <input type="checkbox"/> (7) Other: _____  <input type="checkbox"/> (8) Not applicable  <input type="checkbox"/> (9) Unknown                 </p>
--	--	---

**DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE**

Did More Than Six Impacts Occur?  Unknown,  No,  Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted <sup>1</sup>	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>	Vehicle Number	Event Location <sup>2</sup>	Vehicle Orientation <sup>3</sup>
1	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—

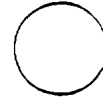
<p style="text-align: center;"><b>POST-CRASH</b></p> <p>Final Rest Position</p> <p> <input type="checkbox"/> On roadway  <input type="checkbox"/> On shoulder  <input type="checkbox"/> In parking lane  <input type="checkbox"/> In median  <input type="checkbox"/> Off road (beyond shoulder area)  <input type="checkbox"/> Other: _____  <hr/> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Unknown                 </p>	<p>Driver Inputs Between Last Point-of-Impact and Final Rest Position</p> <p> <input type="checkbox"/> None                                      <input type="checkbox"/> Braking  <input type="checkbox"/> Steering left                              <input type="checkbox"/> Steering right  <input type="checkbox"/> Braking and steering left  <input type="checkbox"/> Braking and steering right  <input type="checkbox"/> Acceleration followed by braking  <input type="checkbox"/> Acceleration followed by braking and steering  <input type="checkbox"/> Releasing brake  <input type="checkbox"/> Other: _____  <hr/> <input type="checkbox"/> Not applicable                      <input type="checkbox"/> Unknown                 </p>
--	---

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

**ACCIDENT DIAGRAM**

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight: \_\_\_\_\_ lbs.

Describe: \_\_\_\_\_

Hazardous cargo in vehicle?  No  Yes If yes, specify: \_\_\_\_\_

Present location of vehicle (if not yet inspected)? \_\_\_\_\_

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- None
- Narrow bridge (as defined)
- Previous accident
- Maintenance, repair, or construction activity on roadway
- Roadway immersion (standing water)
- Unknown

Road Surface Condition

- Dry
- Snow or slush
- Wet
- Ice
- Sand, dirt or oil
- Unknown

16. Driver Education

Automobile or Light Truck Driver Training

- (0) No formal driver training
- (1) In training at time of accident
- (2) High school driver training
- (3) Commercial driver training
- (8) Other formal driver training (e.g., college, military, etc.)
- (9) Unknown

Motorcycle Driver Training

- (0) No formal driver training
- (1) In training at time of accident
- (6) Motorcycle driver training
- (9) Unknown

Heavy Vehicle Driver Training (>10,000 lbs. GVWR)

- (0) No formal driver training
- (1) In training at time of accident
- (4) Truck driver training school
- (5) Motor carrier program – On-the-Job-Training
- (7) Vocational training (CETA, Job Corp, other government sponsored training, etc.)
- (8) Other formal driver training (e.g., college, military, etc.)
- (9) Unknown

27

17. Frequency Driving Road

- (1) Daily
- (2) Weekly
- (3) Monthly
- (4) Less than once a month
- (5) First time on road
- (9) Unknown

28

8. 19. 20. Actions Prior to Avoidance Maneuvers

(Code what the vehicle was doing prior to accident.)

- \_\_\_ Blank - Driver not present (D09)
- \_\_\_ (00) No actions
- \_\_\_ (01) Moving straight, details unknown or no maneuvers
- \_\_\_ (02) Straight ahead in proper direction, including curves in roadway
- \_\_\_ (03) Overtaking other vehicle on left, left of center line
- \_\_\_ (04) Overtaking other vehicle on left, right of center line (includes one-way roadways without center lines)
- \_\_\_ (05) Overtaking another vehicle on right
- \_\_\_ (06) Straight ahead in left turn lane
- \_\_\_ (07) Straight ahead in right turn lane
- \_\_\_ (08) Changing lanes to left
- \_\_\_ (09) Changing lanes to right
- \_\_\_ (10) Merging from left (roadway narrows on left)
- \_\_\_ (11) Merging from right (roadway narrows on right)
- \_\_\_ (12) On wrong side of roadway
- \_\_\_ (13) In wrong direction on one-way roadway
- \_\_\_ (14) Swerving to left
- \_\_\_ (15) Swerving to right
- \_\_\_ (16) Slowing or stopping
- \_\_\_ (17) Skidding longitudinally
- \_\_\_ (18) Skidding laterally
- \_\_\_ (19) Spinning or yawing
- \_\_\_ (20) Jackknifing
- \_\_\_ (21) Stopped in traffic
- \_\_\_ (22) Starting from stop
- \_\_\_ (23) Increasing speed

Turning Movements

- \_\_\_ (30) Turning, details unknown
- \_\_\_ (31) Left from left turn bay or special lane
- \_\_\_ (32) Left from left (proper) lane
- \_\_\_ (33) Left from other lane, legal
- \_\_\_ (34) Left from other lane, illegal
- \_\_\_ (35) Left from unknown lane
- \_\_\_ (36) U-turn
- \_\_\_ (37) Right from special lane
- \_\_\_ (38) Right from right (proper) lane
- \_\_\_ (39) Right from other lane, legal
- \_\_\_ (40) Right from other lane, illegal
- \_\_\_ (41) Right from unknown lane

Entering Traffic Lane

- \_\_\_ (50) Entering traffic lane, details unknown
- \_\_\_ (51) From entrance ramp on left
- \_\_\_ (52) From entrance ramp on right
- \_\_\_ (53) From shoulder on left
- \_\_\_ (54) From shoulder on right
- \_\_\_ (55) From parking space at left curb
- \_\_\_ (56) From parking space at right curb
- \_\_\_ (57) From driveway on left
- \_\_\_ (58) From driveway on right

Leaving Traffic Lane

- \_\_\_ (60) Leaving traffic lane, details unknown
- \_\_\_ (61) To exit ramp on left
- \_\_\_ (62) To exit ramp on right
- \_\_\_ (63) To shoulder on left
- \_\_\_ (64) To shoulder on right
- \_\_\_ (65) To parking space at left curb
- \_\_\_ (66) To parking space at right curb
- \_\_\_ (67) To driveway on left
- \_\_\_ (68) To driveway on right

Parking On Or Adjacent To Traffic Lane

- \_\_\_ (70) Parking, details unknown
- \_\_\_ (71) On left shoulder
- \_\_\_ (72) On right shoulder
- \_\_\_ (73) At left curb
- \_\_\_ (74) At right curb
- \_\_\_ (75) In traffic lane (on roadway) on left
- \_\_\_ (76) In traffic lane (on roadway) on right
- \_\_\_ (77) Double parking on left
- \_\_\_ (78) Double parking on right

Miscellaneous Movements

- \_\_\_ (81) Backing in roadway
- \_\_\_ (82) Backing from parking on left
- \_\_\_ (83) Backing from parking on right
- \_\_\_ (84) Backing across traffic
- \_\_\_ (85) Backing on shoulder
- \_\_\_ (86) Vehicle pushed by other vehicle
- \_\_\_ (87) Vehicle pushed by pedestrian
- \_\_\_ (88) Not in motion (parked or standing—driver in vehicle)
- \_\_\_ (89) Loss of air pressure in tire (blowout or other)
- \_\_\_ (98) Other \_\_\_\_\_
- \_\_\_ (99) Unknown

	Inter- viewee	Inves- tigator		
(18)	— —	— —	29	30
(19)	— —	— —	31	32
(20)	— —	— —	33	34

Inter-viewee	Investigator
21. Attempted Avoidance Maneuver (Pre-Crash)	
___ (00) No avoidance actions	___
___ (01) Braking (no lockup)	___
___ (02) Braking (lockup)	___
___ (03) Pumping brakes (modulation)	___
___ (04) Releasing brakes	___
___ (05) Steering left	___
___ (06) Steering right	___
___ (07) Braking and steering left	___
___ (08) Braking and steering right	___
___ (09) Accelerating	___
___ (10) Accelerating and steering left	___
___ (11) Accelerating and steering right	___
___ (98) Other action.	___
___ (99) Unknown	___
	35 36
22. How Many Accidents Within Past Twelve Months (as Driver)	
___ Code actual value up through 7	
___ (8) 8 or more	
___ (9) Unknown	
	37

**POLICE REPORT**

Traffic Violation Charged Against This Driver

NO – Code 0 for each of questions 23 through 31.

If YES – Check (✓) each of the violations below that were indicated, code 1 for the checked violations and 0 for the violations not checked.

\_\_\_ Unknown – Code 9 for each of questions 23 through 31

23 ___ Speeding	38
24 ___ Driving While Intoxicated (or DUIL)	39
25 ___ Reckless Driving	40
26 ___ Driving With Suspended or Revoked License	41
27 ___ Failure to Yield Right-of-Way	42
28 ___ Following too Closely	43
29 ___ Running a Traffic Signal or Stop Sign	44
30 ___ Other Violation Charged	45
<hr/>	
31 ___ Unknown Violation Charged	46
32. Police Reported Alcohol Presence	
___ (0) No (alcohol not present)	
___ (1) Yes (alcohol present)	
___ (8) Not reported	
___ (9) Unknown	
	47

POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL	
33. Alcohol Test Result	
___ Actual value (decimal implied before first digit) (0.xx)	
___ (95) Test refused	
___ (96) None given	
___ (97) AC test performed, results unknown	48 49
___ (99) Unknown	
34. License Source	
___ (0) No license	
___ (1) Domestic	
___ (2) Foreign	
___ (9) Unknown	
	50
35. Compliance With License Restrictions	
___ (0) No restrictions	
___ (1) Restrictions complied with	
___ (2) Restrictions not complied with	
___ (3) Restrictions, compliance unknown	
___ (9) Unknown	
	51
36. Driver License Status (For This Vehicle)	
___ (0) No license required	
___ (1) Not licensed	
___ (2) Valid	
___ (3) Suspended	
___ (4) Revoked	
___ (5) Expired	
___ (6) Canceled or denied	
___ (7) Learner's permit	
___ (8) Temporary	
___ (9) Unknown	
	52
37. Driver License Type Compliance	
___ (0) No license required	
___ (1) No license, license required	
___ (2) Valid license (for this class vehicle only)	
___ (3) One (single class) valid license (but not for this class vehicle)	
___ (4) Multiple class license – valid license for this class vehicle	
___ (5) Multiple class license – no valid license for this class vehicle	
___ (9) Unknown	
	53

38. Driver License Restrictions

- \_\_\_ (0) No restrictions
- \_\_\_ (1) Corrective or contact lenses
- \_\_\_ (2) Mechanical aid
- \_\_\_ (3) Limited to daylight only
- \_\_\_ (4) Automatic transmission
- \_\_\_ (5) Outside mirror
- \_\_\_ (6) Prosthetic aid
- \_\_\_ (7) Limited to employment
- \_\_\_ (8) Other restrictions: \_\_\_\_\_
- \_\_\_ (9) Unknown

84

39. Additional Driver License Restrictions

- \_\_\_ (0) No additional restriction
- \_\_\_ (2) Mechanical aid
- \_\_\_ (3) Limited to daylight only
- \_\_\_ (4) Automatic transmission
- \_\_\_ (5) Outside mirror
- \_\_\_ (6) Prosthetic aid
- \_\_\_ (7) Limited to employment
- \_\_\_ (8) Other restrictions: \_\_\_\_\_
- \_\_\_ (9) Unknown

85

Code in the space provided the actual number of recorded convictions/suspensions/accidents that occurred within the last three (3) years (as measured from the date of the accident.) If 8 or more convictions/suspensions or accidents, then code 8. If unknown, code 9.

(NOTE. The coded value: 8, indicates that the actual recorded value was eight or more; be sure that the actual value is recorded in the space provided near the question number.)

\_\_\_ Unknown—Code 9 for each of questions 40 through 44.

40. \_\_\_ Previous Speeding Convictions 86

41. \_\_\_ Previous Other Harmful Moving Violation Convictions 87

42. \_\_\_ Previous Driving While Intoxicated Convictions (or DUIL) 88

43. \_\_\_ Previous Recorded Suspensions and Revocations 89

44. \_\_\_ Previous Recorded Accidents 90

WAS THE DRIVER'S VEHICLE IN A SCHOOL ZONE?  
(FOR USE IN CODING A40)

Yes \_\_\_\_\_  
No \_\_\_\_\_

**ENVIRONMENTAL DATA**

45. Number of Travel Lanes

- \_\_\_ (1) One
- \_\_\_ (2) Two
- \_\_\_ (3) Three
- \_\_\_ (4) Four
- \_\_\_ (5) Five
- \_\_\_ (6) Six
- \_\_\_ (7) Seven or more
- \_\_\_ (9) Unknown

91

46. Median Type

- \_\_\_ (0) No Median
- \_\_\_ (1) Curbed
- \_\_\_ (2) Positive Barrier
- \_\_\_ (3) Unprotected
- \_\_\_ (9) Unknown

92

47. Median Width

- \_\_\_ (00) No median
- Code actual measured value up to 96 feet.
- \_\_\_ (97) 97 feet and above
- \_\_\_ (99) Unknown

93 94

48. Access Control

- \_\_\_ (1) Full
- \_\_\_ (2) Partial
- \_\_\_ (3) Uncontrolled
- \_\_\_ (9) Unknown

95

49. Trafficway Flow

- \_\_\_ (0) Not physically divided (two way traffic)
- \_\_\_ (1) Divided trafficway – median strip without traffic barrier
- \_\_\_ (2) Divided trafficway – median strip with traffic barrier
- \_\_\_ (3) One way trafficway
- \_\_\_ (9) Unknown

96

50. Highway Performance Monitoring System (HPMS) Sample Number

Code actual alphanumeric values. The first column identifies the county within the PSU. See coding manual for designated codes.

---

- \_\_\_ (000000000000) Not in HPMS sample
- \_\_\_ (999999999999) Unknown

97 98 99 70 71 72 73 74 75 76 77 78 79

(If the HPMS data is not available, leave blank)

51. 52. Shoulder Type

Left	Right		
—	—	(0) No shoulder	
—	—	(1) Surfaced 2-6 ft.	
—	—	(2) Surfaced > 6 ft.	
—	—	(3) Gravel or other granular material 2-6 ft.	
—	—	(4) Gravel or other granular material > 6 ft.	
—	—	(5) Natural earth, with or without turf 2-6 ft.	
—	—	(6) Natural earth, with or without turf > 6 ft.	L R
—	—	(9) Unknown	86 87

53 Roadway Alignment

— (1) Straight

— (2) Curve right

— (3) Curve left

— (9) Unknown

Length of Chord = \_\_\_\_\_ ft.

Middle Ordinate = \_\_\_\_\_ in.

82

54. Roadway Profile

— (1) Level (< 2% grade) slope

— (2) Positive grade measurement:

— (3) Negative grade

— (4) Hillcrest (v = \_\_\_\_\_)/(h = \_\_\_\_\_)

— (5) Sag

— (9) Unknown

83

55. Roadway Surface Type

— (1) Concrete

— (2) Bituminous

— (3) Brick or block

— (4) Slag, gravel or stone

— (5) Dirt

— (8) Other \_\_\_\_\_

— (9) Unknown

84

56. Roadway Surface Condition

— (1) Dry

— (2) Wet

— (3) Snow or slush

— (4) Ice

— (5) Sand, dirt or oil

— (8) Other \_\_\_\_\_

— (9) Unknown

85

57 Speed Limit

— (00) No statutory limit

— m.p.h. – Code actual posted or statutory speed limit

— (99) Unknown

86 87

58 Traffic Control Device Functioning

— (0) No traffic control

— (1) Traffic control not functioning

— (2) Traffic control functioning – functioning improperly

— (3) Traffic control functioning properly

— (9) Unknown

88

59. Traffic Control Device

— (00) No controls

Not at railroad grade crossing

Highway traffic signals

— (01) Traffic control signal (on colors) without pedestrian signal

— (02) Traffic control signal (on colors) with pedestrian signal

— (03) Traffic control signal (on colors) not known whether or not pedestrian signal

— (04) Flashing traffic control signal

— (05) Flashing beacon

— (06) Flashing highway traffic signal, type unknown or other than traffic control or beacon

— (07) Lane use control signal

— (08) Other highway traffic signal

— (09) Unknown highway traffic signal

Regulatory signs

— (20) Stop sign

— (21) Yield sign

— (28) Other regulatory sign

— (29) Unknown type regulatory sign

School Zone Signs

— (30) School speed limit sign

— (31) School advance or crossing sign

— (38) Other school related sign

— (39) Unknown type school zone sign

Warning Signs

— (40) Warning sign

Miscellaneous Controls

— (50) Officer, crossing guard, flagman, etc.

At railroad grade crossing

Active Devices

— (60) Gates

— (61) Flashing lights

— (62) Traffic control signal

— (63) Wigwags

— (64) Bells

— (68) Other train activated device

— (69) Active device, type unknown

Passive Devices

— (70) Crossbucks

— (71) Stop sign

— (72) Other railroad crossing sign

— (73) Special warning device – watchman, flagged by crew.

— (78) Other passive device

— (79) Passive device, type unknown

Miscellaneous Controls

— (80) Grade crossing controlled type unknown

Whether or not at railroad grade crossing

— (98) Other

— (99) Unknown

89 90

National Accident Sampling System – Continuous Sampling Subsystem: Driver Data

POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL																			
61 62 Other Driver Related Factors																			
<input type="checkbox"/> (00) No other driver related factors																			
Physical/Mental Conditions																			
<input type="checkbox"/> (01) Nonphysical (i.e., mental or emotional factor)																			
<input type="checkbox"/> (02) Drowsy, sleepy, asleep, fatigued																			
<input type="checkbox"/> (03) Depression																			
<input type="checkbox"/> (04) Illness, disease, blackout																			
Physical Impairments																			
<input type="checkbox"/> (05) Deaf																			
<input type="checkbox"/> (06) Restricted to wheelchair																			
<input type="checkbox"/> (07) Paraplegic																			
<input type="checkbox"/> (08) Previous injury																			
<input type="checkbox"/> (09) Other physical impairments: _____																			
Drug Impairments																			
<input type="checkbox"/> (10) Drugs-medication (prescription, over-the-counter)																			
<input type="checkbox"/> (11) Other drugs (excludes alcohol, includes illegal substances): _____																			
Operator Related Factors																			
<input type="checkbox"/> (20) Inattention																			
<input type="checkbox"/> (21) Interference with driver by other passenger																			
<input type="checkbox"/> (22) Operator inexperience																			
<input type="checkbox"/> (23) Unfamiliar with roadway																			
<input type="checkbox"/> (24) Overloading or improper loading of vehicles with passengers or cargo																			
<input type="checkbox"/> (25) Operating vehicle in erratic, reckless, careless or negligent manner																			
<input type="checkbox"/> (26) Improper or erratic lane changing																			
<input type="checkbox"/> (27) Failure to keep in proper lane or running off roadway																			
<input type="checkbox"/> (28) Making improper entry to or exit from trafficway																			
<input type="checkbox"/> (29) Failure to obey traffic signs, traffic control devices or traffic officers, failure to observe Safety Zones																			
<input type="checkbox"/> (30) Failure to signal intentions																			
<input type="checkbox"/> (31) Giving wrong signal																			
<input type="checkbox"/> (32) Making right turn from left lane, making left turn from right lane																			
<input type="checkbox"/> (33) Making other improper turn																			
<input type="checkbox"/> (34) Driving wrong way on one-way roadway																			
<input type="checkbox"/> (35) Driving on wrong side of roadway																			
<input type="checkbox"/> (36) Failure to dim lights or to have lights on when required																			
<input type="checkbox"/> (37) Operating without required equipment																			
<input type="checkbox"/> (38) Creating unlawful noise or using equipment prohibited by law																			
<input type="checkbox"/> (39) Passing where prohibited by posted signs, pavement markings, hill, curve or school bus displaying warning not to pass																			
<input type="checkbox"/> (40) Passing on wrong side																			
<input type="checkbox"/> (41) Passing with insufficient distance or inadequate visibility or failing to yield to overtaking vehicle																			
<input type="checkbox"/> (42) Passing through or around barrier positioned to prohibit or channel traffic																			
<input type="checkbox"/> (43) Failure to observe warnings or instructions on vehicle displaying them																			
<input type="checkbox"/> (44) Driving less than posted minimum																			
<input type="checkbox"/> (45) Operating at erratic or suddenly changing speeds																			
	<input type="checkbox"/> (46) High speed chase with police in pursuit <input type="checkbox"/> (47) Illegal driving on road shoulder, in ditch, on roadside, or on sidewalk or path <input type="checkbox"/> (48) Starting or backing improperly <input type="checkbox"/> (49) Stopping in roadway (vehicle not abandoned) <input type="checkbox"/> (50) Opening vehicle door into moving traffic or while vehicle is in motion <input type="checkbox"/> (51) Towing or pushing vehicle improperly  <input type="checkbox"/> (98) Other: _____ <input type="checkbox"/> (99) Unknown: _____																		
	<table style="margin-left: auto; margin-right: 0;"> <tr> <td>(60)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">91</td> <td style="border-top: 1px solid black;">92</td> </tr> <tr> <td>(61)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">93</td> <td style="border-top: 1px solid black;">94</td> </tr> <tr> <td>(62)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">95</td> <td style="border-top: 1px solid black;">96</td> </tr> </table>	(60)	_____	_____		91	92	(61)	_____	_____		93	94	(62)	_____	_____		95	96
(60)	_____	_____																	
	91	92																	
(61)	_____	_____																	
	93	94																	
(62)	_____	_____																	
	95	96																	
	63. 64. 65 Other Environmental Related Factors																		
	<input type="checkbox"/> (00) No other environmental related factors																		
	Vision Obscured By:																		
	<input type="checkbox"/> (01) Rain, snow, fog, smoke, sand, dust																		
	<input type="checkbox"/> (02) Reflected glare, bright sunlight, headlights																		
	<input type="checkbox"/> (03) Curve, hill or other design features (including traffic signs, embankment)																		
	<input type="checkbox"/> (04) Building, billboard, etc.																		
	<input type="checkbox"/> (05) Trees, crops, vegetation																		
	<input type="checkbox"/> (06) Moving vehicle (including load)																		
	<input type="checkbox"/> (07) Splash or spray of passing vehicle																		
	<input type="checkbox"/> (08) Parked vehicle																		
	<input type="checkbox"/> (09) Other object not classifiable above: _____																		
	Swerving or Loss of Control Due to:																		
	<input type="checkbox"/> (20) Severe crosswind																		
	<input type="checkbox"/> (21) Wind from passing truck																		
	<input type="checkbox"/> (22) Slippery surface																		
	<input type="checkbox"/> (23) Avoiding debris or objects in roadway																		
	<input type="checkbox"/> (24) Ruts, holes, bumps in roadway																		
	<input type="checkbox"/> (25) Avoiding animals in roadway																		
	<input type="checkbox"/> (26) Avoiding vehicle in roadway																		
	<input type="checkbox"/> (27) Avoiding pedestrian, pedalcyclist, other nonmotorist in roadway																		
	<input type="checkbox"/> (28) Avoiding standing water, snow, oilslick or ice patch on roadway																		
	Roadway Features:																		
	<input type="checkbox"/> (30) Inadequate warning of exits, lanes narrowing, traffic controls, etc.																		
	<input type="checkbox"/> (31) Pavement marking obscured or absent																		
	<input type="checkbox"/> (32) Surface washed out (caved in, road slippage)																		
	<input type="checkbox"/> (33) Shoulder too low or high																		
	<input type="checkbox"/> (34) Inadequate construction or poor design of roadway, bridge, etc.																		
	<input type="checkbox"/> (35) Vehicle unattended in roadway																		
	<input type="checkbox"/> (98) Other: _____																		
	<input type="checkbox"/> (99) Unknown																		
	<table style="margin-left: auto; margin-right: 0;"> <tr> <td>(63)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">97</td> <td style="border-top: 1px solid black;">98</td> </tr> <tr> <td>(64)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">99</td> <td style="border-top: 1px solid black;">100</td> </tr> <tr> <td>(65)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">101</td> <td style="border-top: 1px solid black;">102</td> </tr> </table>	(63)	_____	_____		97	98	(64)	_____	_____		99	100	(65)	_____	_____		101	102
(63)	_____	_____																	
	97	98																	
(64)	_____	_____																	
	99	100																	
(65)	_____	_____																	
	101	102																	

**COMPLETED BY TEAM**

1. Primary Sampling Unit Number	1	2
2. Case Number—Stratification	3	4 5 6
3. Record Number	4	7
4. Transaction Code	8	
5. Version Number	7	9
6. Investigator I.D. Number	10	

**DRIVER INTERVIEW**

7. Vehicle Number	11	12
8. Driver's Occupant Number (NOTE. If no driver was present code "00")	13	14
9. Type of Driver Interview Data Obtained (0) Driver not present (1) No data obtained (2) Driver history only (3) Accident circumstances only (4) Driver history and accident circumstances	15	
10. Source of Driver Data (0) Driver not present (1) No data obtained (2) Driver (3) Other occupant (4) Relative or friend (5) Eyewitness (6) Combination of 3, 4 or 5 (7) Other (specify) _____	16	

11. Result (00) Driver not present (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out of State resident (06) Refused interview for other than on advice of attorney or insurance company (specify) _____  (07) Insurance company refusal (08) Attorney refusal or litigation (09) Other (specify) _____  (10) No return of letter questionnaire (11) Return of letter questionnaire (completed) (12) Partial or complete interview	17	18
12. Date Driver Interview Completed	19	20 21 22 23 24
13. Completing Person	25	
14. Reason Official Driver Records are not Obtainable (0) Driver not present (1) Records obtained (2) Hit and run driver (3) Records not found (4) Driver not licensed (5) License number incorrect (6) No information on driver (7) Out of state and foreign drivers (8) To be updated (9) Record not received before file closed	26	

**COMPLETED BY ZONE CENTER**

15. Date Official Driver Record Update Received	27	28	29	30	31	32
16. Reviewed By	33	34				





Occupant Data

<p>1 Primary Sampling Unit Number <span style="float:right">1 2</span></p> <p>2 Case Number—Stratification <span style="float:right">3 4 5 6</span></p> <p>3 Record Number <span style="float:right">5 7</span></p> <p>4 Transaction Code <span style="float:right">8</span></p> <p>5 Version Number <span style="float:right">7 9</span></p> <p>6 Investigator I.D. Number <span style="float:right">10</span></p>	<p>14. Occupant's Seat Position</p> <p>___ (01) Front seat-left side</p> <p>___ (02) Front seat-middle</p> <p>___ (03) Front seat-right side</p> <p>___ (04) Second seat-left side</p> <p>___ (05) Second seat-middle</p> <p>___ (06) Second seat-right side</p> <p>___ (07) Third seat-left side</p> <p>___ (08) Third seat-middle</p> <p>___ (09) Third seat-right side</p> <p>___ (10) Front seat-additional passenger</p> <p>___ (11) Second seat or beyond-additional passenger</p> <p>___ (12) Truck-tractor sleeping section</p> <p>___ (13) Other enclosed area.</p> <p>___ (14) In or on unenclosed area area _____ type: _____</p> <p>___ (15) In or on trailing unit unit _____ type: _____</p> <p>___ (99) Unknown <span style="float:right">24 25</span></p> <p>(NOTE: INVESTIGATOR as used below refers to the product of individual observation, police reports, and any other sources used that culminated in the assessment which represents the final opinion of the investigator.)</p>										
<b>IDENTIFICATION</b>											
<p>7 Vehicle Number <span style="float:right">11 12</span></p> <p>8 Occupant Number <span style="float:right">13 14</span></p>	<p>15. Entrapment</p> <p>(NOTE: Entrapped means that part of the occupant was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left; border-bottom: 1px solid black;">Inter- viewee</th> <th style="text-align:left; border-bottom: 1px solid black;">Inves- tigator</th> </tr> </thead> <tbody> <tr> <td>___ (0) Not entrapped</td> <td>___</td> </tr> <tr> <td>___ (1) Entrapped</td> <td>___</td> </tr> <tr> <td>___ (9) Unknown</td> <td>___</td> </tr> <tr> <td></td> <td style="text-align:right">26</td> </tr> </tbody> </table>	Inter- viewee	Inves- tigator	___ (0) Not entrapped	___	___ (1) Entrapped	___	___ (9) Unknown	___		26
Inter- viewee	Inves- tigator										
___ (0) Not entrapped	___										
___ (1) Entrapped	___										
___ (9) Unknown	___										
	26										
<b>OCCUPANT INTERVIEW</b>											
<p>9 Occupant's Age</p> <p>_____ year(s) — Code actual age at time of accident.</p> <p>___ (00) Less than one year old</p> <p>___ (97) 97 years and older</p> <p>___ (99) Unknown <span style="float:right">15 16</span></p> <p>10. Occupant's Sex</p> <p>___ (1) Male</p> <p>___ (2) Female</p> <p>___ (9) Unknown <span style="float:right">17</span></p> <p>11 Occupant's Height</p> <p>_____ inches — Code actual height to the nearest inch.</p> <p>___ (99) Unknown <span style="float:right">18 19</span></p> <p>12. Occupant's Weight</p> <p>_____ pounds — Code actual weight to the nearest pound.</p> <p>___ (999) Unknown <span style="float:right">20 21 22</span></p> <p>13 Occupant's Role</p> <p>___ (1) Driver</p> <p>___ (2) Passenger</p> <p>___ (9) Unknown <span style="float:right">23</span></p>	<p>16. Ejection</p> <p>___ (0) None</p> <p>___ (1) Complete ejection</p> <p>___ (2) Partial ejection</p> <p>___ (3) Ejection, unknown degree</p> <p>___ (9) Unknown <span style="float:right">27</span></p>										

V5  
(86  
67

V5  
(85  
V6

<u>Inter-viewee</u>	<u>Investigator</u>
<b>17 Ejection Area</b>	
___ (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., sidecar, back of pick- up, etc.) _____	___
___ (9) Unknown	___
	28
<b>18 Ejection Medium</b>	
___ (0) No ejection	___
___ (1) Door	___
___ (2) Open roof structure	___
___ (3) Fixed windows	___
<b>Operable windows</b>	
___ (4) Roll down type	___
___ (5) Hinged type	___
___ (6) Sliding type	___
___ (7) Other type _____	___
___ (8) Other medium: _____	___
___ (9) Unknown	___
	29

<b>19. Medium Status</b>	
<u>Inter-viewee</u>	<u>Investigator</u>
___ (0) No ejection	___
___ (1) Open	___
___ (2) Separation	___
___ (3) Closed, closed when damaged	___
___ (4) Integral structure ripped open	___
___ (9) Unknown	___
	30
<b>20. Treatment – Mortality</b>	
<u>Inter-viewee</u>	<u>Official Source:</u>
___ (1) Fatal	___
___ (2) Fatal – ruled disease	___
<b>Nonfatal</b>	
___ (3) Hospitalization	___
___ (4) Transported and released	___
___ (5) Treatment-other _____	___
___ (6) No treatment	___
___ (9) Unknown	___
	31

COMMENTS

v6

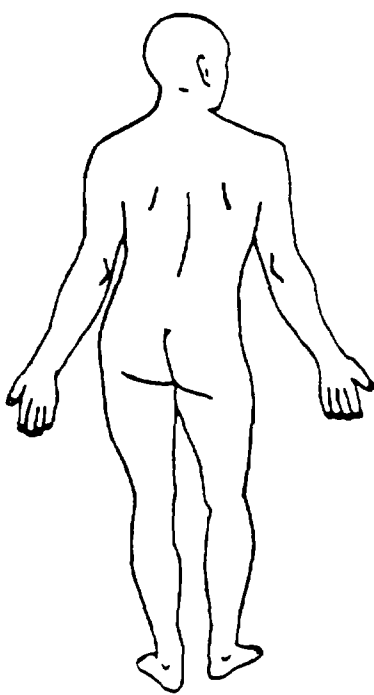
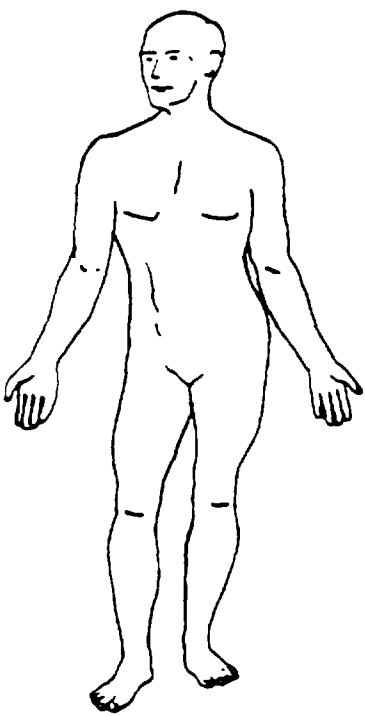
v6

v6

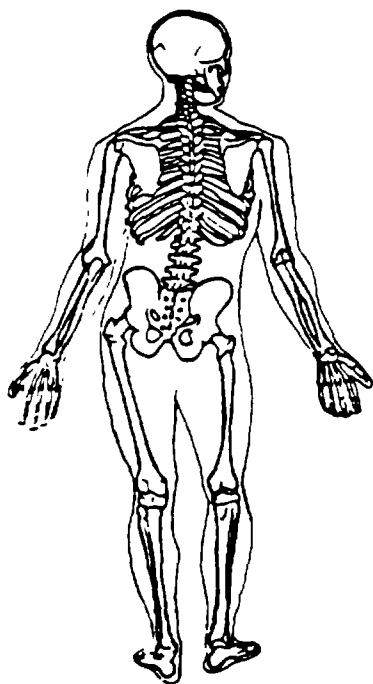
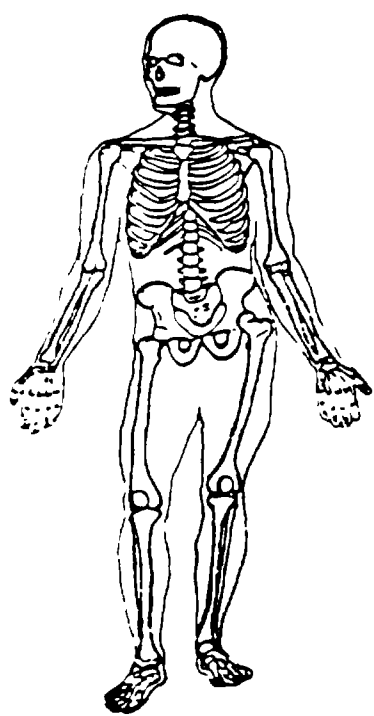
Delete Comments After Case Review

### INJURY DATA FROM INTERVIEWEE

Indicate the *Nature, Location, and injury Source* of all injuries  
Soft Tissue Injuries



Skeletal Injuries



Collection Section

National Accident Sampling System – Continuous Sampling Subsystem: Occupant Data

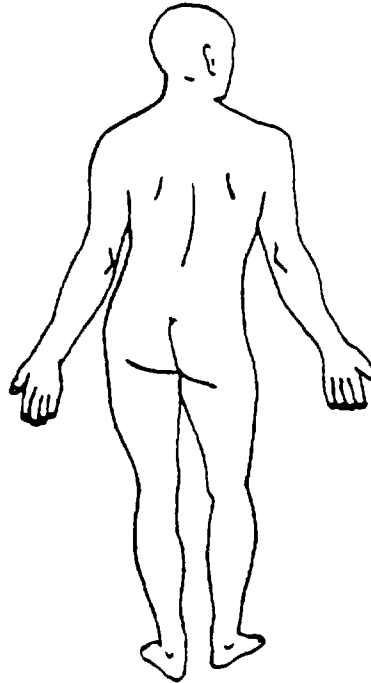
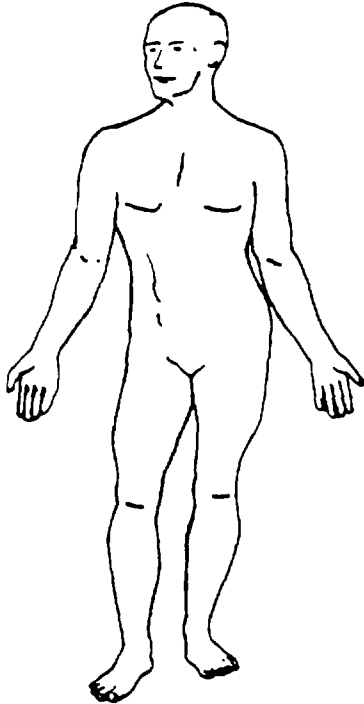
Inter-viewee	Official Sources	Inter-viewee	Police	Investigator
<b>21. Hospital Stay</b> ___ (00) Not Hospitalized _____ day(s) – Code the number of days (up through 60) that the occupant stayed in hospital. ___ (61) 61 days or more ___ (99) Unknown  <b>22. Working Days Lost</b> ___ (00) No working days lost _____ day(s) – Code the number of days (up through 60) that the occupant lost from work due to the accident ___ (61) 61 days or more ___ (62) Fatally Injured ___ (99) Unknown		<b>24. Manual (Active) Restraint System Use</b> ___ (0) None used ___ (1) Shoulder belt ___ (2) Lap belt ___ (3) Lap and shoulder belt ___ (4) Motorcycle helmet ___ (5) Child safety seat – used properly ___ (6) Child safety seat – used improperly ___ (7) Child safety seat – unknown if used properly ___ (8) Restraint used – type unknown or other: _____ ___ (9) Unknown		
	32 33			37
		<b>25. Automatic (Passive) Restraint System Availability</b> ___ (0) Not equipped ___ (1) Airbag ___ (2) Airbag disconnected ___ (3) Airbag not reinstalled ___ (4) 2 point automatic belts ___ (5) 3 point automatic belts ___ (6) Automatic belts destroyed ___ (9) Unknown		
	34 35			38
Inter-viewee	Investigator	<b>26. Automatic (Passive) Restraint Function</b> ___ (0) Not equipped ___ (1) Automatic belt in use ___ (2) Automatic belt not in use ___ (3) Deployed airbag ___ (4) Nondeployed airbag ___ (9) Unknown		
		<b>27. Relation of Interviewee to Occupant</b> ___ (0) No interview ___ (1) Same person ___ (2) Other accident involved person _____ Uninvolved Person ___ (3) Relative or friend ___ (4) Other uninvolved person _____ Combination of Persons: ___ (5) One of which was accident involved ___ (6) None of which were accident involved ___ (9) Unknown		
	36			39
				40

THIS COMPLETES THE INTERVIEW

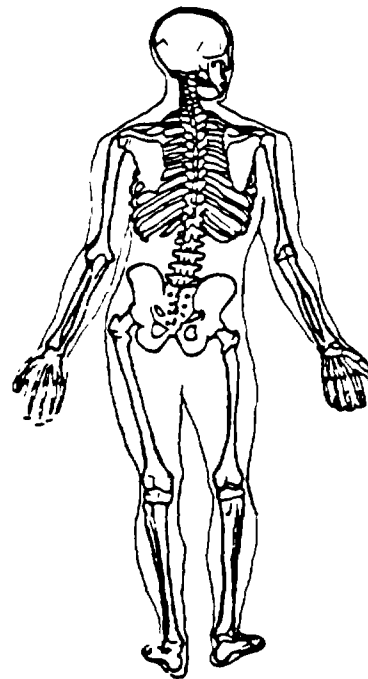
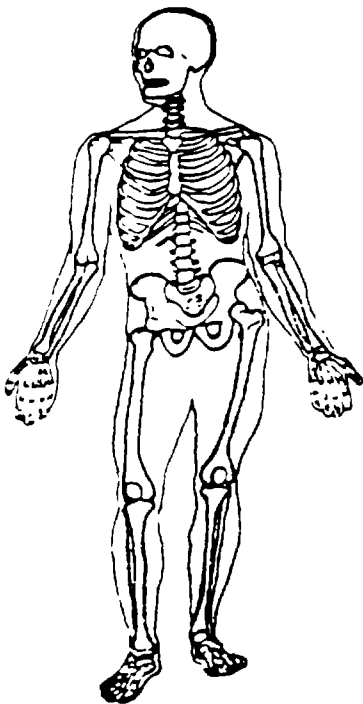
OFFICIAL INJURY DATA

Indicate the *Nature* and *Location* of *All* injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury information on reverse of this page.



**OCCUPANT INJURY CLASSIFICATION**

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supercede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available

Were more than ten (10) injuries sustained? \_\_\_ Unknown, \_\_\_ No, \_\_\_ Yes – If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data	Source of Data
1	—	—	—	—	—	—	—	—	Official
2	—	—	—	—	—	—	—	—	(01) Autopsy records with or without hospital/medical records
3	—	—	—	—	—	—	—	—	(02) Hospital medical records other than emergency room (e.g., discharge summary)
4	—	—	—	—	—	—	—	—	(03) Emergency room records only (including associated x-rays or other lab reports)
5	—	—	—	—	—	—	—	—	(04) Private physician, walk-in or emergency clinic
6	—	—	—	—	—	—	—	—	Unofficial
7	—	—	—	—	—	—	—	—	(05) Lay coroner report
8	—	—	—	—	—	—	—	—	(06) E.M.S. personnel
9	—	—	—	—	—	—	—	—	(07) Interviewee
10	—	—	—	—	—	—	—	—	(08) Other source
									(09) Police
									(99) Unknown if injured
									(00) Not injured

REDUCTION SECTION

I.S.S. Body Region

- (1) Head or neck
- (2) Face
- (3) Chest
- (4) Abdominal or pelvic contents
- (5) Extremities or pelvic girdle
- (6) General (external)
- (0) Not injured
- (9) Unknown

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head - skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck - cervical spine
- (P) Pelvic - hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist - hand
- (0) Not injured
- (9) Unknown if injured

Aspect of Injury

- (A) Anterior - front
- (C) Central
- (I) Inferior - lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior - back
- (R) Right
- (S) Superior - upper
- (W) Whole region
- (0) Not injured
- (9) Unknown if injured

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection
- (0) Not injured
- (9) Unknown if injured

System/Organ

- (W) All systems in region
- (A) Arteries - veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary - lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
- (0) Not injured
- (9) Unknown if injured

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Severe injury
- (4) Serious injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity
- (0) Not injured
- (9) Unknown if injured

National Accident Sampling System - Continuous Sampling Subsystem: Occupant Data

<b>Injury Source</b>	<b>ROOF</b>	<b>EXTERIOR of STRIKING MOTOR VEHICLE</b>
(00) No injury	(31) Front header	(71) Front bumper
<b>FRONT</b>	(32) Rear header	(72) Hood edges
(01) Windshield	(33) Roof side rails	(73) Other front of vehicle
(02) Mirror	(34) Roof or convertible top	(74) Hood
(03) Steering assembly, including transmission selector lever when column mounted	<b>FLOOR</b>	(75) Hood ornament
(04) Add-on equipment (e.g., CB, tape deck, air conditioner)	(41) Floor	(76) Windshield, roof rail, A-pillar
(05) Instrument panel and below excluding foot controls and parking brake	(42) Floor or console mounted transmission lever, including console	(77) Side surface
(06) Sunvisor	(43) Parking brake handle	(78) Side mirrors
(09) Other front object	(44) Foot controls including parking brake	(79) Other side protrusions
<b>SIDE</b>	<b>REAR</b>	(80) Rear surface
(11) Side interior surface, excluding hardware or armrests	(45) Backlight (rear window)	(81) Undercarriage
(12) Side hardware or armrests	(46) Backlight storage rack, door, etc.	(82) Tires and wheels
(13) A pillar	(49) Other rear objects	(83) Other exterior of striking motor vehicle
(14) B pillar	<b>EXTERIOR of OCCUPANT'S VEHICLE</b>	(84) Unknown exterior of striking motor vehicle
(15) Other pillar	(51) Hood	<b>OTHER VEHICLE or OBJECT in the ENVIRONMENT</b>
(16) Window glass or frame	(52) Outside hardware (e.g., outside mirror, antenna)	(86) Ground
(19) Other side object	(53) Other exterior surface or tires	(87) Other vehicle or object
<b>INTERIOR</b>	(59) Unknown exterior objects	(89) Unknown vehicle or object
(21) Seat, back support	<b>CYCLE</b>	<b>NONCONTACT INJURY</b>
(22) Belt restraint system	(61) Handle bars or attachments	(90) Noncontact injury source (impact force)
(23) Head restraint	(62) Frame or suspension component or fender	(97) Injured, unknown source
(24) Air cushion	(63) Seat	(99) Unknown if injured
(25) Other occupants	(64) Foot pedal, foot rest, foot pegs	
(26) Interior loose objects	(65) Wheel or tire	
(29) Other interior object	(66) Engine or transmission	
	(67) Gas tank, gas tank filling cap or neck	
	(69) Other cycle part	

**OCCUPANT INJURY CLASSIFICATION**

If there are six or less injuries listed in the O.I.C. reduction section, code all of the injuries ordered by Source of Data (1st-autopsy, 2nd-hospital/medical, 3rd-emergency room, 4th-private physician, or 5th-unofficial sources) and by A.I.S. severity within source.

If there are more than six injuries order the injuries by source and by A.I.S. severity within source. Code this ordering, injury by injury. If a group of ordered injuries has the same source, the same A.I.S., and the group includes at least the sixth and seventh injuries in the ordering, then a choice must be made as to which injury or injuries to code.

Choose the injury or injuries that will enable the maximum number of different I.S.S. body regions to be represented in the coded data. If no new I.S.S. body region can be added, then simply code in accordance with the original ordering.

If the occupant has less than six injuries, then the number of rows required to be completed is equal to the number of injuries plus one (e.g., no injuries requires one row i.e., columns 41 to 49). In the additional row "No injury" will be coded for all variables including A.I.S. severity.

If you cannot increase the number of different ISS body regions or if you can choose between two or more injuries of the same source and AIS severity any of which would constitute an additional ISS region, then choose the injury that has a known injury source

Update Candidate  Yes  No

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Source of Data
1st	28	29	30	31	32	33	34
	41	42	43	44	45	46 47	48 49
2nd	35	36	37	38	39	40	41
	50	51	52	53	54	55 56	57 58
3rd	42	43	44	45	46	47	48
	59	60	61	62	63	64 65	66 67
4th	49	50	51	52	53	54	55
	68	69	70	71	72	73 74	75 76
5th	56	57	58	59	60	61	62
	77	78	79	80	81	82 83	84 85
6th	63	64	65	66	67	68	69
	86	87	88	89	90	91 92	93 94

CODING SECTION



National Accident Sampling System – Continuous Sampling Subsystem: Occupant Data

COMPLETED BY TEAM

INTERVIEW CONTACT RECORD

Contact Sequence	Month	Day	Year	Time of Contact	Contacting Investigator	Manner	Result
	9		10		11	12.	13.
1st	---	---	8	---	---	---	---
	14		15		16.	17	18
2nd	---	---	8	---	---	---	---
	19		20.		21.	22.	23.
3rd	---	---	8	---	---	---	---
	24		25		26.	26.	28.
4th	---	---	8	---	---	---	---
	29		30.		31.	32.	33.
5th	---	---	8	---	---	---	---
	34		35		36.	37	38.
6th	---	---	8	---	---	---	---
	39		40.		41.	42.	43.
7th	---	---	8	---	---	---	---
	44		45		46.	47.	48.
8th	---	---	8	---	---	---	---

LOG RESPONSES

Manner

- (1) Telephone
- (2) Personal visit to home, work, etc.
- (3) Letter (*questionnaire*)
- (4) Other (*specify*)

Result of Last Contact Attempt

- (01) Unable to contact or locate
- (02) Hit and run
- (03) Fatal—surrogate not available
- (04) In intensive care—surrogate not available
- (05) Out of State resident
- (06) Refused interview for other than on advice of attorney or insurance company (*specify*)

(07) Insurance company refusal

(08) Attorney refusal or litigation

(09) Other (*specify*)

(10) No return of letter questionnaire

(11) Return of letter questionnaire (completed)

(12) Partial or complete interview

Result of Contact Attempt Other than Last Contact Attempt

- (13) No answer (to phone call, no one home, etc.)
- (14) Other person at home, work, etc.—interviewee to contact investigator
- (15) Other person at home, work, etc.—investigator to repeat call, visit, leave questionnaire, or try elsewhere.
- (16) Must obtain permission of attorney or insurance company
- (17) Attorney or insurance company provided permission
- (18) Other (*specify*)

**National Accident Sampling System – Continuous Sampling Subsystem: Occupant Data**

<p>If any of the coded injury Sources have "other" codes, i.e., 09, 15, 19, 29, 49, 53, 69, 73, 79, 83 or 87; describe the injury source below in the space provided. Clearly indicate each description by numerical value.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;"><b>POLICE, HOSPITAL/MEDICAL, OR OTHER OFFICIAL</b></p> <p>71. Time of Death</p> <p>____ (00) Not fatal        _____ 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)</p> <p>____ (96) Fatal—ruled disease        ____ (99) Unknown</p>
<b>POLICE REPORT</b>	
<p>70. Injury Severity (Police Rating)</p> <p>____ (0) No injury (O)        ____ (1) Possible injury (C)        ____ (2) Nonincapitating injury (B)        ____ (3) Incapitating injury (A)        ____ (4) Killed (K)        ____ (5) Injury severity unknown        ____ (6) Died prior to accident        ____ (9) Unknown</p> <p style="text-align: right; margin-right: 20px;"><u>95</u></p>	<p><u>96</u>    <u>97</u></p>

**COMMENTS:**

Delete Comments After Case Review

Attach to This Form ANY Supporting Medical Documentation for This Occupant

COMPLETED BY TEAM	
1. Primary Sampling Unit Number	<u>1</u> <u>2</u>
2. Case Number—Stratification	<u>3</u> <u>4</u> <u>5</u> <u>6</u>
3. Record Number	<u>5</u> <u>7</u>
4. Transaction Code	<u>8</u>
5. Version Number	<u>7</u> <u>9</u>
6. Investigator I.D. Number	<u>10</u>

OCCUPANT INTERVIEW	
7. Vehicle Number	<u>11</u> <u>12</u>
8. Occupant Number	<u>13</u> <u>14</u>
9. Is This Occupant a Driver	
(0) No	
(1) Yes	
(9) Unknown	<u>15</u>
10. Manner of Last Contact Attempt	
(1) Telephone	
(2) Personal visit to home, work, etc.	
(3) Letter ( <i>questionnaire</i> )	
(4) Other ( <i>specify</i> )	<u>16</u>
11. Result of Last Contact Attempt	
(01) Unable to contact or locate	
(02) Hit and run	
(03) Fatal—surrogate not available	
(04) In intensive care—surrogate not available	
(05) Out of State resident	
(06) Refused interview for other than on advice of attorney or insurance company ( <i>specify</i> )	
(07) Insurance company refusal	
(08) Attorney refusal or litigation	
(09) Other ( <i>specify</i> )	
(10) No return of letter questionnaire	
(11) Return of letter questionnaire (completed)	
(12) Partial or complete interview	<u>17</u> <u>18</u>
12. Date Interview Completed	<u>8</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u>
13. Completing Person	<u>25</u>

14. Source of Interview Data	
(1) No data obtained	
(2) Same person	
(3) Other occupant (or driver)	
(4) Relative or friend	
(5) Eyewitness	
(6) Combination of 3, 4 or 5	
(7) Other ( <i>specify</i> )	<u>26</u>
15. Reasons Medical Data Not Obtainable	
(00) Not medically treated	
(01) Record obtained	
(02) No record of treatment at medical facility	
(03) Medical release required—not obtained	
(04) Nonaccident related injury	
(05) Noncooperative hospital	
(06) Hospital out of study area	
(07) Private physician would not release information	
(08) To be updated	
(09) Record not received before file closed	
(10) Unknown if medically treated	<u>27</u> <u>28</u>

COMPLETED BY ZONE CENTER	
16. Date Medical Record Update Received	<u>8</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u>
17. Reviewed By	<u>35</u> <u>36</u>
18. Interviewee Injury Documentation	
(1) Complete—Injury descriptions are annotated in sufficient detail to enable independent OIC/AIS coding. The protocol for completing the injury diagram has been used and a contact mechanism or “unknown” is indicated.	
(2) Partial—All coded injuries are described in adequate detail, however, additional annotation helpful for independent OIC/AIS coding. Contact mechanism omitted for some injuries.	
(3) Incomplete—Generally inadequate description of injuries or the coded injury does not correspond to the annotated injury.	
(4) NA—No interviewee reported injuries.	<u>37</u>
19. Official Injury Documentation	
(1) Complete—All injuries reported in the medical data are annotated with sufficient detail to enable an independent OIC/AIS coding. The protocol for completing the injury diagram has been used.	
(2) Partial—All coded injuries are described in adequate detail, however, additional annotation helpful for independent OIC/AIS coding. Some minor injuries described in the medical data may be omitted.	
(3) Incomplete—Generally inadequate or erroneous descriptions of injuries and/or omitted major injuries described in the medical data.	
(4) NA—No official medical data.	<u>38</u>

## APPENDIX B

### CODING INFORMATION FOR VEHICLE MAKE/MODEL

The primary source of information on vehicle make and model is vehicle inspection; the VIN provides vehicle make data. Secondary sources include the police report, interviewees and vehicle registration.

If the make of the vehicle is known, but if it is not known whether or not the vehicle was a passenger car, a truck, or motorcycle, then Vehicle Model is coded as "00" (Unknown).

If the make of the vehicle is not known (e.g., a hit-and-run vehicle), then Vehicle Make is "99" (Unknown), and Vehicle Model is coded "00" (Unknown). However, if the make of the vehicle is not known but the vehicle is known to be an automobile (e.g., from police report or interviewees), Vehicle Model is coded "99" (Unknown (automobile)).

Vehicle models are organized into general groups. These groups are:

- 01-28, 99 - domestic passenger car (automobile)
- 31-58, 99 - foreign passenger car (automobile)
- 60-69 - motored cycles (including motorcycles, mini-bikes motor scooters, dirt bikes, and mo-peds)
- 70-79 - light trucks (including truck based utility vehicles, light duty pickup trucks, standard pickup trucks, vans, van based station wagons, van based buses, van derivatives, and truck based station wagons)
- 80-90 - trucks and buses [includes all trucks over 10,000 lbs. GVWR except those pickup type trucks mentioned under Body Type (V14) code "50" (Pickup), and all buses except those that are van based]

Within these groups, the model codes for automobiles and light trucks generally are not ordered to give any indication of vehicle size or type. However, the model codes for motored cycles, trucks/buses, other and unknown have specific definition. These definitions are:

Motored Cycle

61	0-50cc
62	.51-124cc
63	125-349cc
64	350-449cc
65	450-749cc
66	750cc or over
69	Unknown cc

## APPENDIX C

### FILE ADJUSTMENTS

#### Source Documents Only (SDO):

Occasionally accident investigation teams at some primary sampling units (PSU'S) had staffing or other operational problems that interrupted normal data collection. Since better national estimates can be obtained from uninterrupted data, a minimum amount of data was collected from official records, also called source documents. Official records were permitted to be the only data source. Thus either Zone Center staff on temporary assignment or less trained personnel could encode these cases. The SDO derived variable designates the 429 SDO cases in the 1984 file.

To prevent potential bias, scene measurements, vehicle inspections and interviews were not performed in SDO cases. The numeric variables that were not coded have been set to .N on the SAS file. The only nonnumeric items were in the CDC. A list of these numeric variables is included on the following page.

For SDO cases, the following have been set to ".N" :

(P22-23).. MONTHS CYCLING EXPERIENCE  
(P29-30).. WORKING DAYS LOST  
(P31)..... RELATION OF INTERVIEWEE

(V39-40,V51-52,V63-64,V75-76).. DIRECTION OF FORCE  
(V106).... PASSENGER COMPARTMENT INTEGRITY  
(V107).... PASSENGER COMPARTMENT INTRUSION  
(V108).... MAGNITUDE OF INTRUSION  
(V119-121) VEHICLE CARGO WEIGHT  
(V122).... SOURCE OF CARGO WEIGHT  
(V123).... BASIS FOR TOTAL DELTA V  
(V124-125) TOTAL DELTA V  
(V126-128) LONGITUDINAL COMPONENT OF DELTA V  
(V129-131) LATERAL COMPONENT OF DELTA V  
(V132-135) ENERGY ABSORTION  
(V136-139) CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - L  
(V140-157) CRASH DAMAGE DATA FRO HIGHEST DELTA "V" - C1, C2, C3, C4, C5, C6  
(V158-161) CRASH DAMAGE DATA FOR HIGHEST DELTA "V" - D

(D16-17).. MONTHS DRIVING EXPERIENCE  
(D18-20).. ESTIMATED MILEAGE THIS VEHICLE  
(D21-23).. TOTAL MILEAGE ALL VEHICLES  
(D27)..... DRIVER EDUCATION  
(D28)..... FREQUENCY DRIVING ROAD  
(D37)..... ACCIDENTS WITHIN THE PAST 12 MONTHS  
(D80)..... LEFT SHOULDER TYPE  
(D81)..... RIGHT SHOULDER TYPE  
(D82)..... ROADWAY ALIGNMENT  
(D83)..... ROADWAY PROFILE  
(D84)..... ROADWAY SURFACE TYPE  
(D85)..... ROADWAY SURFACE CONDITION  
(D88)..... TRAFFIC CONTROL DEVICE FUNCTIONING  
(D89-90).. TRAFFIC CONTROL DEVICE

(O34-35).. WORKING DAYS LOST  
(O40)..... RELATION OF INTERVIEWEE

The non-numeric variables that were not coded are:

(V41,V53,V65,V77)... DEFORMATION LOCATION  
(V42,V54,V66,V78)... LONGITUDINAL/LATERAL LOCATION  
(V43,V55,V67,V79)... VERTICAL/LATERAL LOCATION  
(V44,V56,V68,V80)... TYPE OF DAMAGE DISTRIBUTION  
(V45-46,V57-58,V69-70,V81-82)... DEFORMATION EXTENT GUIDE

The PSU's where SDO cases were coded are tabulated below. Since police reports for some accidents are not filed immediately, sampling dates for 1984 cases continue into 1985. If not explicitly mentioned, dates are in 1984.

PSU	NUMBER OF CASES	SAMPLING DATES	PSU	NUMBER OF CASES	SAMPLING DATES
08	16	9/18-9/28	37	3	1/14/85
09	9	12/31-1/14/85	56	14	1/16-2/2,12/31
10	4	12/31-1/14/85	58	68	3/26-3/29, 11/13-1/14/85
11	57	9/10-10/31, 12/31-1/14/85	61	44	1/9-2/23,12/31
12	31	8/15,9/12,9/24, 9/26,10/3,10/15, 10/22-11/14, 12/17-1/14/85	76	4	12/31-1/14/85
			83	27	2/13-4/17
13	50	11/8-1/14/85	87	96	1/10-4/6, 8/21-11/6
31	6	Various			
			TOTAL:	429	

Fatals for PSU 31:

Accidents involving a fatality were excluded from the sample at PSU 31 because of local restrictions. Since the Fatal Accident Reporting System (FARS) data showed that fatalities had occurred in this geographic area, an adjustment was needed. Six FARS cases from this area were selected by simple random sampling. They were added to the NASS file as SDO cases bringing the total number of SDO cases to 429. Their case numbers are 601-606.



APPENDIX D

CDC/TDC

This section gives an overview of the Collision Deformation Classification (C.D.C.) for cars, vans, and light trucks, and the Truck Deformation Classification (T.D.C.) for heavy trucks, as implemented in the 1984 NASS. The C.D.C. and T.D.C. take the form of an eight character code in the following order (NOTE: If there is no C.D.C./T.D.C., the eight character code is left blank):

Direction of Force (2-character numerical). Sum of Clock Direction and Incremental Value of Shift if both are known. An unknown value for Direction of force is coded "99".

Clock Direction (C.D.C. or T.D.C.) is coded as follows:

00	Non-horizontal force	08	8 o'clock
01	1 o'clock	09	9 o'clock
02	2 o'clock	10	10 o'clock
03	3 o'clock	11	11 o'clock
04	4 o'clock	12	12 o'clock
05	5 o'clock	13	intra-unit
06	6 o'clock		force
07	7 o'clock		(T.D.C. only)
		99	UNKNOWN

Incremental Value of Shift (C.D.C. only) i.e., change in direction of the structure as opposed to crushing of the structure. It is coded as follows:

00	No shift
20	End shift vertical--up; top shift forward
40	End shift vertical--down; top shift rearward
60	End or top shift lateral--right
80	End or top shift lateral--left
99	Unknown

Deformation Location (1 character alphanumeric) is coded as follows:

C.D.C.

=====

F Front  
 R Right side  
 L Left side  
 B Back (rear)  
 T Top  
 U Undercarriage  
 9 Unknown

T.D.C.

=====

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

Specific Longitudinal or Lateral Location (1 character alphanumeric) is coded as follows:

C.D.C.

=====

D Distributed--side or end  
 L Left--front or rear  
 C Center--front or rear  
 R Right--front or rear  
 F Side front--left or right  
  
 P Side center section--L or R  
 B Side rear--left or right  
  
 Y Side (F + P) or end (L + C)  
 Z Side (P + B) or end (C + R)  
 9 Unknown

T.D.C

=====

D Distributed--side or end  
 L Left--front or rear  
 C Center--front or rear  
 R Right--front or rear  
 F Side front (forward of windshield)  
 P Side cab  
 W Side rear of cab to rear of tractor  
 K Side (P + W)  
 S Side (F + P + W)  
 B Side rear of cab to rear of trailer or cargo area  
 T Side trailer (rear of tractor to rear of trailer)  
 Y Side (F + P) or end (L + C)  
 Z Side (B + P) or end (R + C)  
 9 Unknown

Specific Vertical or Lateral Location (1 character alphanumeric) is coded as follows:

C.D.C. (Vertical - Front, Rear, or Side Impacts)  
=====

- A All
- H Top of frame to top
- E Everything below belt line
- G Belt line and above
- M Middle--top of frame to belt line or hood
- L Frame--top of frame, frame, bottom of frame (including undercarriage)
- W Below undercarriage level (wheel and tires only)
- 9 Unknown

T.D.C. (Vertical - Front, Rear, or Side Impacts)  
=====

- A Top of Vehicle to bottom of vehicle exclusive of wheels
- H Top of frame to top of vehicle
- T Everything above cab
- G Belt line and above
- E Belt line and below
- M Middle--top of frame to belt line or hood
- L Low--top of frame, frame, and bottom of frame (including undercarriage)
- W Below undercarriage level (wheel and tires only)
- 9 Unknown

C.D.C. or T.D.C. (Lateral - top and Undercarriage Impacts)  
=====

- D Distributed
- L Left
- C Center
- R Right
- Y Left and Center (L + C)
- Z Right and Center (R + C)
- 9 Unknown

Type of Damage Distribution (1 character alphanumeric) is coded as follows:

- |                             |   |
|-----------------------------|---|
| W Wide impact area          | E Corner                                  |
| N Narrow impact area        | K Conversion in impact type (C.D.C. only) |
| S Sideswipe                 | U No residual deformation                 |
| O Rollover (including side) | R Override (T.D.C. only)                  |
| A Overhanging structure     |   |
| 9 Unknown                   |   |

Deformation Extent Guide (2 character alphanumeric) is coded as follows:

01	One	08	Eight
02	Two	09	Nine
03	Three	0A	(T.D.C. only) - minor
04	Four	0B	(T.D.C. only) - moderate
05	Five	0C	(T.D.C. only) - severe
06	Six	0D	(T.D.C. only) - extremely severe
07	Seven	0X	(T.D.C. only) - cargo/impacts
		99	Unknown

Delta V.

Delta-V is defined as the vector velocity change during the collision phase of an accident, or in a simple accident, as separation velocity minus approach velocity:

$$\text{DELTA-V} = V \text{ separation} - V \text{ approach}$$

The direction of the vector is determined by the investigator as the direction of principal force. For each vehicle, the components of its Delta-V are obtained by projecting on the longitudinal and lateral axis of that vehicle.

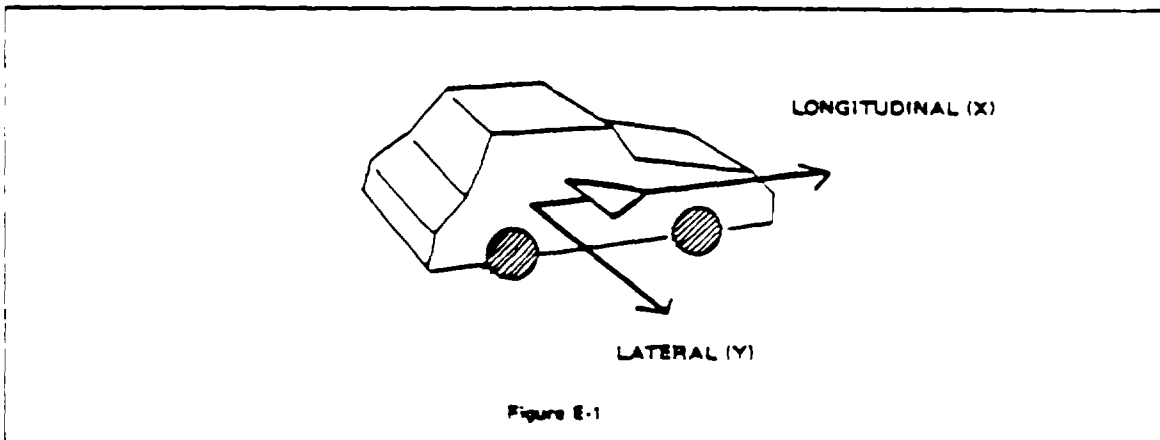


Figure E-1 shows the positive direction of the longitudinal and lateral components of Delta-V. For example, in a head-on collision, a vehicle is decelerated and the initial high positive longitudinal velocity is reduced; thus it will have a negative longitudinal Delta-V.

## APPENDIX E

### SELECTED COUNTS

Users of the NASS Analysis file occasionally have requested that the manual include total counts for certain NASS statistics. These counts may help assure that the users are accessing the desired NASS tape. Further, such counts help to identify the source of apparent anomalies.

For this edition of the User's Manual, the following counts have been identified as potentially the most useful:

- . Total Number of Accident Records - 11,593
- . Total Number of Pedestrian Records - 1,552
- . Total Number of Vehicle Records - 18,486
- . Total Number of Driver Records - 18,486
- . Total Number of Occupant Records - 28,120
- . Total Number of Accident Records with neither Occupants nor Pedestrians - 15
- . Total Number of Accident Records with at least One Pedestrian but no Occupants - 8
- . Total Number of Vehicle Records with at least One Occupant but no Driver (i.e., driver not present in vehicle) - 14
- . Total Number of Vehicle records with no Occupant Record - 139

## APPENDIX F - PSU DEMOGRAPHIC DATA

1. PSU Codes
2. PSU Description
3. Population (1980 & 1970)
4. Land Area
5. Population (by Age Group)
6. Means of Transportation to Work
7. Travel Time to Work

Demographic data on the 50 PSU's are included to give researchers supplementary information on the nature of the PSU's when analyzing NASS data. The 1980 and 1970 population figures are from the decennial censuses. The land area figures are from the County and City Data Book, 1977. The figures on age distribution of the population in 1980 are from Tables 115 and 171, entitled 'General Social and Economic Characteristics'. The figures pertaining to means of transportation and travel time to work are from Tables 118 and 174 of the same report.

Due to rounding the total workers for all means of transportation and all travel times are not always the same .

PRIMARY SAMPLING UNIT (PSU) CODES AND DESCRIPTION

<u>VALUES</u>	<u>STRATA</u>	<u>DESCRIPTION</u>
01, 03, 31, 34, 35	1	Central city, one of the 10 largest 1970 SMSA'S
36, 51, 63, 78, 85	2	Central city, one of the 11th - 60th largest 1970 SMSA'S
08, 09, 28, 32, 79	3	Suburban, one of the 17 largest 1970 SMSA'S; low gas sales
06, 29, 37, 38, 61	4	Suburban, one of the 17 largest 1970 SMSA'S; high gas sales
10, 33, 39, 52, 56, 80	5	Suburban, one of the 18th - 60th largest 1970 SMSA'S, or PSU within 61st - 119th largest SMSA'S not containing a central city
04, 27, 57, 82, 87	6	PSU within 61th - 119th largest SMSA'S containing a central city
02, 30, 55, 58	7	PSU containing towns with 1977 population over 19,718; low gas sales
07, 11, 26, 59, 81	8	PSU containing towns with 1977 population over 19,718; high gas sales
12, 53, 54, 60, 62	9	PSU with no town with 1977 population over 19,718; low gas sales
05, 13, 14, 76, 83	10	PSU with no town with 1977 population over 19,718; high gas sales

Each of the ten strata comprises approximately one tenth of the 1977 U.S. population. They are not exactly the same size. Consequently when the ten strata are subdivided into fifty substrata, greater equality among the fifty is possible without requiring each of the ten strata to be divided into the same number of substrata. In the fifty PSU design one PSU has been selected from each of these approximately equal substrata.

POPULATION

PSU	1980	1970	LAND AREA
P01	3005078	3369357	223
P02	157589	157426	501
P03	453085	622236	61
P04	450449	445589	642
P05	171276	163940	580
P06	522965	546253	513
P07	102926	97250	678
P08	2248577	2124405	731
P09	1134552	1156305	467
P10	280326	231335	554
P11	264748	234103	711
P12	67226	63476	1990
P13	75067	64292	1881
P14	61638	60250	2883
P26	158158	141241	1141
P27	279780	263654	813
P28	555007	603456	184
P29	845385	897148	234
P30	227908	243131	454
P31	1688210	1949996	129
P32	1026147	1085044	673
P33	81974	83120	197
P34	2230936	2602012	70
P35	562994	641071	46
P36	357870	462768	41
P37	643621	624080	496
P38	737822	708760	944
P39	93317	85706	321
P51	274602	246463	56
P52	107503	65993	1438
P53	95370	89971	3702
P54	137222	119893	1031
P55	137541	116029	1333
P56	1278916	932933	2008
P57	319694	276293	508
P58	301327	229006	858
P59	107377	96303	2045
P60	74437	67551	2824
P61	652316	483294	589
P62	65528	50751	6200
P63	904074	844401	270
P76	116024	83248	2126
P78	397038	389455	335
P79	656380	555805	735
P80	374194	236572	931
P81	90554	60827	9983
P82	454499	333266	4883
P83	66698	61307	18859
P85	493846	530831	84
P87	531443	351667	9240



POPULATION BY AGE GROUP (1980)

PSU	UNDER 5	5 TO 9	10 TO 14	15 TO 19	20 TO 24
P01	231181	224889	237173	268201	294060
P02	12460	12664	13504	15949	13839
P03	32252	30235	32667	39773	44586
P04	35990	37931	41977	45907	43818
P05	13055	14102	15207	16474	14107
P06	44372	43382	45081	51082	48654
P07	8342	8145	9138	10131	9289
P08	144239	152381	183059	204372	199470
P09	76380	83347	94403	107570	105764
P10	20048	22879	27981	29561	20640
P11	17143	17053	18338	27587	43336
P12	5402	5211	5867	6545	5369
P13	6308	6171	6533	7183	6219
P14	4360	3975	4751	5434	4716
P26	9584	10276	13384	14979	13805
P27	20596	21428	23355	27411	27254
P28	32902	33554	42946	53879	51317
P29	41972	47920	63313	72612	67470
P30	13169	14188	16910	19730	18592
P31	107673	109479	131006	151503	162120
P32	56862	62913	78991	88524	84170
P33	4550	5638	7153	7232	4974
P34	174080	161804	175955	192855	192876
P35	29982	29133	36363	55677	81189
P36	23395	22620	26449	31345	39199
P37	36137	40527	50219	58755	54051
P38	52204	55492	67716	76732	79478
P39	6204	6366	7710	9983	10366
P51	12615	13539	16056	19154	22455
P52	8981	9298	9332	9976	9298
P53	8240	8245	8543	9661	7675
P54	9484	10719	12117	12653	10672
P55	9729	10599	10137	15116	18277
P56	74216	83200	91897	109826	104576
P57	19651	21140	23551	30217	35757
P58	18599	20931	23829	30119	35003
P59	8624	8654	9110	10364	9436
P60	6238	5971	6407	7593	6803
P61	52279	56302	59510	61574	59057
P62	6554	6683	7338	7255	4972
P63	66645	64556	67227	77012	102616
P76	8804	8502	8504	9616	9936
P78	30863	30088	32184	37568	39195
P79	44078	45079	54279	60086	52500
P80	26465	29978	33718	35310	30815
P81	8158	7779	7980	8235	9023
P82	35332	34190	37466	45052	46632
P83	6430	5442	5573	7018	6438
P85	24139	21106	24208	35215	59233
P87	37779	37586	39853	48720	56920

POPULATION BY AGE GROUP (1980) CONT.

PSU	25 TO 29	30 TO 44	45 TO 64	OVER 65
P01	276035	542471	589789	341279
P02	12982	27824	31523	16844
P03	37872	64179	91594	79927
P04	37978	86480	84554	35814
P05	13602	31526	34306	18897
P06	43884	93060	107884	45566
P07	8271	18858	19640	11112
P08	187767	449567	497899	229823
P09	98794	213262	250933	104099
P10	20151	63151	55008	20907
P11	32757	53693	38149	16692
P12	5254	11424	13013	9141
P13	5783	13534	14280	9056
P14	4122	9681	12965	11634
P26	12569	31325	31739	20497
P27	23123	48695	57389	30529
P28	44024	94170	130934	71281
P29	61808	166438	218986	104866
P30	16138	37177	54780	37224
P31	141378	284943	363157	236951
P32	82228	187039	253672	131748
P33	5372	16325	20461	10269
P34	186722	415705	452338	278601
P35	63325	97346	98914	71065
P36	31527	54631	74977	53727
P37	50129	122915	149962	80926
P38	72495	169743	123628	40334
P39	8521	18132	16445	9590
P51	21679	47637	61779	59688
P52	9210	23139	18801	9468
P53	6834	16201	16906	13065
P54	10305	26654	28330	16288
P55	12174	23615	24540	13354
P56	99885	246046	273887	195383
P57	28818	62342	62441	35777
P58	30744	67390	52626	22086
P59	8423	18126	20284	14356
P60	5744	11506	13747	10428
P61	63128	157083	108001	35382
P62	4370	10071	11288	6997
P63	99279	175177	166351	85211
P76	10362	22325	23028	14947
P78	37978	74655	73099	41408
P79	53984	148568	137244	60562
P80	36126	93142	66394	22246
P81	7332	15451	16772	9824
P82	44802	91971	81880	37174
P83	5778	11125	11628	7266
P85	59383	96696	97826	76040
P87	49894	97917	100880	61894

MEANS OF TRANSPORTATION TO WORK

PSC	PRIVATE CAR	TRUCK OR VAN	MOTOR- CYCLE	PUBLIC TRANSIT	BI- CYCLE	WALKING	OTHER	WORK AT HOME
P01	661571	30691	492	385792	2114	93590	6067	11037
P02	45826	9209	176	542	158	2013	295	908
P03	115855	8597	156	31342	372	9366	892	1619
P04	131665	24404	202	1781	137	4258	610	1502
P05	49968	11308	98	262	358	3437	474	1717
P06	163295	21959	205	6506	261	8499	731	1709
P07	31763	5619	44	215	120	1893	233	1000
P08	841817	58241	603	123817	2944	45846	3866	12868
P09	394306	46325	228	9937	993	11630	1661	3443
P10	110643	12811	330	1246	428	4732	544	2737
P11	89936	11546	195	4848	1127	13732	673	2890
P12	16225	4089	94	39	125	4129	187	4944
P13	18986	6886	66	94	70	2084	181	1956
P14	13140	4836	72	61	100	2486	302	2702
P26	48344	7289	218	1305	236	5090	669	2007
P27	84377	13491	208	4298	323	8663	551	2121
P28	176075	14386	320	31823	662	13537	1153	3358
P29	321314	19144	621	43364	830	19177	1583	5752
P30	69585	6576	46	3375	43	7909	398	1384
P31	327866	19725	698	183432	2531	64005	2840	7294
P32	317743	37189	360	51635	237	21941	1791	4730
P33	29419	3385	103	9188	139	1051	84	499
P34	212075	10761	440	483236	1894	72149	3702	7997
P35	112405	5951	331	84211	1629	41472	1362	2689
P36	84084	5551	119	21534	462	12620	497	1491
P37	240110	20784	545	19097	1080	15560	1191	5959
P38	281626	31894	1263	36697	1035	12007	1726	4286
P39	32132	5246	152	521	283	2118	355	626
P51	93207	12015	920	3782	1420	4853	1184	1950
P52	31266	9469	149	147	21	1129	250	453
P53	17144	10721	102	159	42	1859	420	524
P54	45568	11119	100	278	18	1845	430	820
P55	39462	9820	160	423	183	1892	284	444
P56	463193	47749	3108	27127	4236	17699	3195	6816
P57	107340	18351	405	4742	167	5045	538	1745
P58	122422	15836	587	4044	582	5330	984	2409
P59	29136	8559	137	692	53	2414	293	533
P60	15039	6895	100	282	23	1174	287	344
P61	261114	55952	2304	3870	507	5390	1730	4186
P62	10653	6265	70	212	31	1200	215	422
P63	349802	46521	1468	37771	688	10846	2232	5739
P76	29108	9674	383	246	316	3437	573	1628
P78	141623	19250	520	11255	268	8050	660	3137
P79	217141	35731	2294	25794	1625	6851	3684	5634
P80	141541	27475	723	7909	537	4380	1025	3738
P81	19860	8098	851	583	554	2893	582	547
P82	139134	35880	2113	4934	2103	7848	1567	3556
P83	12776	6154	171	200	149	4323	502	3253
P85	149979	17874	1595	47695	3120	19562	1742	5142
	151229	40899	3107	6691	3928	8733	1773	4549

TRAVEL TIME TO WORK (IN MINUTES)

PSU	LESS THAN 10	10 TO 19	20 TO 29	30 TO 44	OVER 45
P01	82020	227900	215965	329788	323755
P02	10908	26382	12891	5823	2453
P03	16084	54697	42654	36643	17511
P04	22400	62152	46992	25037	6884
P05	16374	26022	13466	6358	3007
P06	27311	62180	48837	41782	21004
P07	8860	17233	6868	4034	3148
P08	140781	298183	192209	224367	221639
P09	62112	145299	114940	103940	38361
P10	24013	41526	32681	24727	9022
P11	23121	49791	25439	15066	9382
P12	10717	7050	2666	2308	2187
P13	9370	7375	3741	3572	4289
P14	9083	6470	2506	1866	1511
P26	13550	21932	12080	9153	6450
P27	22518	47509	23719	13644	4605
P28	29314	66498	47815	53325	42254
P29	60077	127639	75668	66818	76359
P30	17218	38529	17233	9595	5216
P31	48031	129282	116974	159984	145474
P32	54103	126240	92373	96883	60846
P33	5267	13678	7901	6022	2020
P34	40190	101641	78442	180685	384253
P35	27481	67744	51335	60578	40579
P36	15774	47881	33036	20517	7484
P37	51344	102725	58015	50663	36077
P38	31050	76663	76133	98693	85650
P39	8901	13178	7679	6759	4110
P51	18138	43635	24463	21497	9960
P52	6393	9502	6685	10812	9155
P53	10291	11296	3476	3606	1820
P54	11308	24299	12363	7593	4137
P55	8726	23546	9690	6378	4041
P56	60751	166303	135519	140383	64132
P57	15980	48441	33451	28795	10971
P58	21024	56965	39393	24927	7966
P59	7511	17665	7574	5877	2690
P60	6521	8404	3253	2949	3023
P61	43847	100670	78269	76310	32532
P62	5771	6836	1646	2361	2061
P63	42477	132539	116744	111585	47360
P76	12723	17939	5576	3369	4340
P78	30774	74814	47999	21901	6811
P79	36189	83431	53667	57732	62725
P80	20725	49990	46967	45334	20639
P81	10337	13705	3851	3281	1482
P82	29097	77834	49870	26664	9330
P83	11147	7384	2171	2109	1397
P85	29060	82550	61333	46972	21055
P87	31065	75086	52118	40649	17205