



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***



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

NATIONAL CAPITOL SYSTEMS, INC.

[REDACTED]
[REDACTED] 22041
[REDACTED]

LEVEL 1 AIRBAG INVESTIGATION
REMOTE CASE NO. 90-07
[REDACTED], ARKANSAS

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

DISCLAIMERS

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

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

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

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

NCSI LEVEL 1 AIRBAG REPORT

Case No. 90-07

Summary

This report is a vehicle accident study of a 1988 Mercury Topaz equipped with a supplemental airbag system involved in a collision with a 1988 Ford pickup. The accident occurred on [REDACTED] 1990 at approximately [REDACTED] hours. The location of the accident site is at the intersection of [REDACTED] ([REDACTED] Road) and [REDACTED] Street in [REDACTED], Arkansas.

The 1988 Mercury Topaz was traveling north on [REDACTED] Road in the right lane of the five lane roadway. The driver stated she was proceeding at approximately 40 miles per hour as she approached the intersection with [REDACTED] Street. A 1988 Ford pickup was westbound on [REDACTED] and was stopped at the intersection. The pickup attempted a left turn to travel south on [REDACTED] Road. The front of the Topaz struck the left side of the pickup.

Following impact the Topaz rotated slightly counter-clockwise and came to its final rest position in the intersection. The Topaz was still headed north at final rest. The Ford pickup rotated counter-clockwise following impact and came to rest headed south in the intersection. A wrecker was called to the scene to tow away the Topaz due to disabling damage. The pickup was functional and was driven away.

Damage to the Topaz was distributed across the frontal plane with direct or induced damage to the entire frontal cap. The damage was repaired at a cost of \$5800.00. The frontal impact resulted in sufficient velocity change to deploy the airbag module in the Mercury Topaz.

The driver of the Topaz was not wearing her three-point lap and shoulder belt when the accident occurred. She stated that on impact with the pickup her forehead struck the windshield resulting in a minor abrasion. The windshield was not cracked by this occupant contact. She also sustained a contusion to her chest from contact with the steering wheel and a contusion to her neck from the steering wheel. The driver stated that in her opinion the airbag did not operate properly. She said the airbag did not deploy until after she struck the windshield and steering wheel. She also said it did not completely inflate and was only the size of a basketball when it did inflate. She also complained about the smoke and smell from the airbag's delayed deployment. She stated the car filled with smoke and she was afraid it was going to explode.

The driver of the Topaz was transported by ambulance to a local hospital where she was treated for her injuries and released.

NCSI LEVEL 1 AIRBAG REPORT

FLEET - Private Owner
LOCATION - [REDACTED], Arkansas
CASE NO. - 90-07

ACCIDENT DATA

Location/Street: Intersection of [REDACTED] and [REDACTED] Street
City/Township: [REDACTED], Arkansas
County: [REDACTED]
Area/Type: Urban/Residential
Accident Date/Time: [REDACTED] 1990, [REDACTED] hours
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car/Pickup, Angle impact
Airbag Vehicle
Occupant Injury Severity: Minor (AIS-1)

AMBIENCE

Light Conditions: Dark
Weather: No Adverse Conditions
Precipitation: None
Road Surface: Dry

ROADWAY

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Location:	[REDACTED]	[REDACTED]
Number of Lanes:	Five	Two
Surface:	Asphalt	Asphalt
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight
Speed Limit:	40 mph	30 mph
Traffic Controls:	None	Stop Sign

VEHICLES

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Year:	1988	1988
Make:	Mercury	Ford
Model:	Topaz GS	Ranger
Body Style:	Four door	Super cab
V.I.N.:	1MECM36X5JK [REDACTED]	[REDACTED]
Mileage:	Unknown	
Securiflex Windshield:	Unknown	
Windshield Damage/Source:	None	
Fleet:	Private Owner	
Tow Status:	Towed due to damage	Driven
Reported Defects:	None	
Previous Defects:	None	

VEHICLE DAMAGEDeployment Impact

Object Struck:	Vehicle #2
Event Number:	[REDACTED]
Accident Sequence Event Number:	[REDACTED]
Damage Location:	Front Left side
CDC:	01-FDEW-99
Damaged Components:	Front bumper, grille, hood, radiator, left and right front fenders, etc.
Repair Estimate:	\$5800.00
Interior Damage:	Deployed airbag module

COLLISION SEQUENCE

The 1988 Mercury Topaz was traveling north on [REDACTED] Road in the right lane of the five lane roadway. The driver stated she was proceeding at approximately 40 miles per hour as she approached the intersection with [REDACTED] Street. A 1988 Ford pickup was westbound on [REDACTED] and was stopped at the intersection. The pickup attempted a left turn to travel south on [REDACTED] Road. The front of the Topaz struck the left side of the pickup.

Following impact the Topaz rotated slightly counter-clockwise and came to its final rest position in the intersection. The Topaz was still headed north at final rest. The Ford pickup rotated counter-clockwise following impact and came to rest headed south in the intersection. A wrecker was called to the scene to tow away the Topaz due to disabling damage. The pickup was functional and was driven away.

Damage to the Topaz was distributed across the frontal plane with direct or induced damage to the entire frontal cap. The damage was repaired at a cost of \$5800.00. The frontal impact resulted in sufficient velocity change to deploy the airbag module in the Mercury Topaz.

The driver of the Topaz was not wearing her three-point lap and shoulder belt when the accident occurred. She stated that on impact with the pickup her forehead struck the windshield resulting in a minor abrasion. The windshield was not cracked by this occupant contact. She also sustained a contusion to her chest from contact with the steering wheel and a contusion to her neck from the steering wheel. The driver stated that in her opinion the airbag did not operate properly. She said the airbag did not deploy until after she struck the windshield and steering wheel. She also said it did not completely inflate. She also complained about the smoke and smell from the airbag's delayed deployment. The driver of the Topaz was transported by ambulance to a local hospital where she was treated for her injuries and released.

DRIVER DATAAirbag Vehicle

Age:	31
Sex:	Female
Height:	65 inches
Weight:	127 pounds
Posture:	Normal
Ejected:	No
Entrapped:	No
Active Restraint System Usage:	None
Usage Source:	Police Accident Report and interview
Eyeglasses:	None worn
Vehicle Familiarity:	Daily
Route Familiarity:	Daily
Trip Plan:	Going home
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Emergency Room

DRIVER INJURIES

<u>Injury Description</u>	<u>Severity</u>	<u>Source</u>
Abrasion Forehead	Minor (AIS-1)	Windshield
Contusion Chest	Minor (AIS-1)	Steering Wheel
Contusion Neck	Minor (AIS-1)	Steering Wheel

Injury Coding

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source
6	F	S	A	I	1	01
6	C	W	C	I	1	04
6	N	A	C	I	1	04

DRIVER DATA

Vehicle #2

Age: 25
Sex: Male
Ejected: No
Entrapped: No
Active Restraint
System Usage: Lap and Shoulder Belt
Usage Source: Police Accident Report
Type of Medical Treatment: None

OCCUPANT INJURIES

Injury Description

No Injury

Injury Coding

I.S.S. Body Region	O.I.C. Body Region	Aspect	Region	System Organ	A.I.S. Severity	Injury Source
0	0	0	0	0	0	0

ATTACHMENTS

Police Accident Report

ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

L O C A T I O N	Municipal or County Incident #	Unit Assigned	Premises	Geo. Code	District	V E H I C L E	O P E R A T O R & O C C U P A N T	Accident Severity/Injury Code																																																																						
	County _____ City _____							1. <input type="checkbox"/> Fatal Injury 2. <input type="checkbox"/> Incapacitating Injury 3. <input checked="" type="checkbox"/> Nonincapacitating Injury 4. <input type="checkbox"/> Possible Injury 5. <input type="checkbox"/> Property Damage only																																																																						
	Not in City, but _____ from nearest city limit _____							Date _____ 90 Month _____ Day _____ Year _____																																																																						
	Road/Street of Accident Occurrence _____ If on numbered Highway/County Road, give # _____ Section _____ Log Mile _____							Day of Week _____ Time _____ AM _____ PM																																																																						
V E H I C L E	At its intersection with _____ Give # Highway, County Road, Name of City Street as applicable						No. Vehicles Involved <u>2</u>																																																																							
	Special Reference Not at intersection, but _____ Distance _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W _____ Reference Point _____																																																																													
	(Use only the following as Reference Points) Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, Milepost, State Line, County Line, City Limit HIT & RUN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																													
	Vehicle <u>88</u> <u>Ford</u> <u>PK</u> Reg. <u>90</u> <u>AR</u> <u>1F7CR14T2JPB</u> Vin # _____ Year Make Model Body Style Year State Number						Seating Position 00 — Nonoccupant 11 — Front Seat L.S. 12 — Front Seat C. 13 — Front Seat R.S. 19 — Front Seat Not Known 21 — Second Seat L.S. 22 — Second Seat C. 23 — Second Seat R.S. 29 — Second Seat Not Known 31 — Third Seat L.S. 32 — Third Seat C. 33 — Third Seat R.S. 39 — Third Seat Not Known 41 — Fourth Seat L.S. 42 — Fourth Seat C. 43 — Fourth Seat R.S. 49 — Fourth Seat Not Known 50 — Sleeper Section Cab of Truck 51 — Open Bed of Truck 52 — In Trailing Unit 53 — Riding on Veh. Exterior 99 — Not Known																																																																							
Owner _____ Address _____ <input type="checkbox"/> Rented to _____ Address _____ <input type="checkbox"/> Leased to _____ Address _____																																																																														
Trailers <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes # Units _____ Reg. State _____ Plate # _____ Cargo <input type="checkbox"/> Not Known <input type="checkbox"/> Hazardous <input type="checkbox"/> Nonhazardous																																																																														
V E H I C L E	1 Prior Vehicle Damage <u>None Noted</u> Vehicle Defects <u>None Noted</u> Vehicle Damage as result of Accident <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Other Damage <input type="checkbox"/> No Damage Investigator's Estimated Cost to Repair \$ <u>1000.00</u> <input checked="" type="checkbox"/> Driven away <input type="checkbox"/> Towed away By _____ To _____																																																																													
	Operator _____ Address _____ Type License: Chauffeur <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Cyclist <input type="checkbox"/> School Bus <input type="checkbox"/> Learner Permit <input type="checkbox"/> Court Permit <input type="checkbox"/> Restricted <input type="checkbox"/> No License <input type="checkbox"/> BAC Test: Yes <input type="checkbox"/> Results If Known _____ Not Tested <input checked="" type="checkbox"/> Refused Test <input type="checkbox"/> Operator Residence: Local <input checked="" type="checkbox"/> Elsewhere in State <input type="checkbox"/> Nonresident of State <input type="checkbox"/> Residence Not Known <input type="checkbox"/>						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Race</th> <th>Sex</th> <th>Age</th> <th>Inj.</th> <th>Seat Pos.</th> <th>Type Rest.</th> <th>Field</th> </tr> </thead> <tbody> <tr> <td>W</td> <td>M</td> <td>25</td> <td>5</td> <td>11</td> <td>1</td> <td>C</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Race	Sex	Age	Inj.	Seat Pos.	Type Rest.	Field	W	M	25	5	11	1	C																																																								
	Race	Sex	Age	Inj.	Seat Pos.	Type Rest.			Field																																																																					
	W	M	25	5	11	1			C																																																																					
Operator License _____ License # _____ State _____ Operator Data DOB <u>AR</u> <u>1 64 1</u>																																																																														
V E H I C L E	Vehicle <u>88</u> <u>merc</u> <u>Top</u> <u>4Dr</u> Reg. <u>90</u> <u>AR</u> <u>1MECM36XSJK</u> Vin # _____ Year Make Model Body Style Year State Number						Occupant Restraint System 0 — None Used 1 — Shoulder Belt 2 — Lap Belt 3 — Lap & Shoulder Belts 4 — Child Safety Seat 5 — Motorcycle Helmet 6 — Deployed Air Bag 7 — Non-Deployed Air Bag 8 — Restraint Used — Type Unknown 9 — Unknown Ejection 0 — Not Ejected 1 — Totally Ejected 2 — Partially Ejected 9 — Unknown																																																																							
	Owner _____ Address _____ <input type="checkbox"/> Rented to _____ Address _____ <input type="checkbox"/> Leased to _____ Address _____																																																																													
	Trailers <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes # Units _____ Reg. State _____ Plate # _____ Cargo <input type="checkbox"/> Not Known <input type="checkbox"/> Hazardous <input type="checkbox"/> Nonhazardous																																																																													
	2 Prior Vehicle Damage <u>None Noted</u> Vehicle Defects <u>None Noted</u> Vehicle Damage as result of Accident <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Other Damage <input type="checkbox"/> No Damage Investigator's Estimated Cost to Repair \$ <u>2500.00</u> <input checked="" type="checkbox"/> Driven away <input type="checkbox"/> Towed away By _____ <u>Wrecker Service</u> <u>Lot</u>																																																																													
V E H I C L E	Operator _____ Address _____ Type License: Chauffeur <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Cyclist <input type="checkbox"/> School Bus <input type="checkbox"/> Learner Permit <input type="checkbox"/> Court Permit <input type="checkbox"/> Restricted <input type="checkbox"/> No License <input type="checkbox"/> BAC Test: Yes <input type="checkbox"/> Results If Known _____ Not Tested <input checked="" type="checkbox"/> Refused Test <input type="checkbox"/> Operator Residence: Local <input checked="" type="checkbox"/> Elsewhere in State <input type="checkbox"/> Nonresident of State <input type="checkbox"/> Residence Not Known <input type="checkbox"/>						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Race</th> <th>Sex</th> <th>Age</th> <th>Inj.</th> <th>Seat Pos.</th> <th>Type Rest.</th> <th>Field</th> </tr> </thead> <tbody> <tr> <td>W</td> <td>F</td> <td>31</td> <td>3</td> <td>11</td> <td>0</td> <td>C</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Race	Sex	Age	Inj.	Seat Pos.	Type Rest.	Field	W	F	31	3	11	0	C																																																								
	Race	Sex	Age	Inj.	Seat Pos.	Type Rest.			Field																																																																					
	W	F	31	3	11	0			C																																																																					
Operator License _____ License # _____ State _____ Operator Data DOB <u>AR</u> <u>1 58 1</u>																																																																														
Name _____ Address _____ Name _____ Address _____ Name _____ Address _____ Name _____ Address _____																																																																														

Veh 1, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U.Carriage <input type="checkbox"/> Unknown	<input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe <input type="checkbox"/> Sideswipe <input type="checkbox"/> Overturn <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Backing <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Other	Veh 2, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U.Carriage <input type="checkbox"/> Unknown
Color <u>Blue</u> Body Style <u>PK</u> Point of Initial Contact <u>Left Side</u>		Color <u>Blue</u> Body Style <u>4Dr</u> Point of Initial Contact <u>Front</u>

INVESTIGATOR DESCRIPTION: (Refer to vehicle by operator)

operator of vehicle #1 stated that he was stopped at the stop sign at [REDACTED]. He said he looked left, right and then left again and did not see vehicle #2. He stated he then attempted to turn left onto [REDACTED] road and was struck by vehicle #2.

operator of vehicle #2 said she saw vehicle #1 stopped at the stop sign and he then pulled out in front of her and she was unable to stop before colliding with vehicle #1.

DIAGRAM: (If space adequate)

Indicate North, Use Arrow

Arrest: [REDACTED]	Charge: [REDACTED]	Summons #: [REDACTED]
Arrest: [REDACTED]	Charge: <u>NO Proof of Insurance</u>	Summons #: [REDACTED]
Time notified of accident: <u>1918</u>	Time arrived: <u>1920</u>	Date: <u>90</u>
The data in this report reflects my best judgement and knowledge based on information available to me.		
Investigator: [REDACTED]	Name and ID Number: [REDACTED]	Department: [REDACTED]
		Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Date Submitted: <u>90</u>

Investigation and Reporting of Motor Vehicle Traffic Accidents

Within their jurisdiction and cooperatively in overlapping jurisdictional situations, law enforcement officers of [REDACTED] are declared to be responsible for the investigation and reporting of all traffic accidents and the deaths, injuries and property damage resulting therefrom.

The responsible investigating office shall make the investigation with all possible promptness and the investigating officer shall file the report thereon with the [REDACTED] State Police within five (5) days subsequent to the actual investigation. (Acts 1967, No. 246.)

Page four may be used when additional space is required to complete the Accident Report.

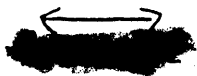
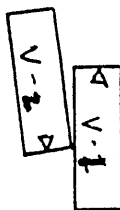
NOTE:

NOT Drawn TO Scale
Final Resting Position

S = stop Sign
N = North



N



Atmospheric Conditions
0 No Adverse Conditions
1 Rain 2 Sleet
3 Snow 4 Fog
5 High Winds
6 Smoke 7 Smog 8 Dust
9 Other
10 Not Known
Temperature
Light Conditions
1 Daylight 2 Dark 3 Dawn 4 Dusk
5 Dark but lighted
6 Dark, light not functioning
7 Not Known
Accident Locale
1 Rural 2 Urban
3 Not Known
Roadway Surface Condition
1 Dry 2 Wet 3 Ice
4 Sand 5 Dirt 6 Oil
7 Other
8 Not Known
Road System
Speed Limit 40 Posted Yes No
1 Interstate 2 U.S. Hwy. 3 State Hwy.
4 County Road 5 City Street 6 Other
7 Not Known
Road Surface Type
1 Concrete 2 Asphalt
3 Gravel 4 Dirt
5 Other
6 Not Known
Roadway Alignment/Profile
1 Straight 2 Level
3 Curve 4 Grade
5 Not Known 6 Hillcrest
7 Sag
8 Not Known
Construction/Maintenance Zone
1 Yes 2 No
3 Highway Const 4 Utility 5 Other
Protected 6 No 7 Yes How
8 Reduced Road Width
9 Road Repair 10 Maintenance
Trafficway Flow
1 Divided 2 Not Divided
3 Divided by Median
4 Divided by Other Barrier
5 Divided by Temporary Barrier
6 One Way Traffic
7 Not Known
Roadway Conditions
0 No Adverse Conditions
1 Obstruction, Warning
2 Obstruction, No Warning
3 Loose Materials on Surface
4 Holes 5 Ruts 6 Bumps
7 Defective Shoulders
8 No Markings
9 Other Defects
10 Defects Not Known
Relation to Junction
0 Non-Junction
1 Intersection 2 Intersection Related
3 Driveway 4 Alley
5 Exit Lane 6 Entrance Lane
7 RR Crossing
8 Crossover Lane
9 Other
10 Not Known

Traffic Controls
0 No Controls Present
1 Flashing Beacon
2 Traffic Signal
3 Stop Sign 4 Yield Sign
5 RR Crossing with Gates & Lights
6 RR Crossing, Flashing Lights Only
7 RR Crossing, Crossbuck Only
8 School Zone, Children Present
9 Pedestrian Signal
10 Lane Markings
11 Other Controls
12 Controls Not Known
13 Device Not Functioning
14 Device Functioning Properly
15 Device Functioning Improperly
Vehicle Travel Direction
V1 N S E W
V2 N S E W
Vehicle Action
V1 V2
1 Going Straight 2 Negotiating Curve
3 Slowing 4 Stopped in Traffic Lane
5 Merging 6 Enter, Parked Position
7 Exit, Parked Position 8 Parked
9 Turning Right 10 Turning Right on Red
11 Turning Left 12 Turning Left on Red
13 Making U Turn 14 Backing
15 Avoiding Vehicle 16 Avoiding Pedestrian
17 Avoiding Animal 18 Avoiding Other Object
19 Passing 20 Changing Lanes
21 Other Action 22 Action Not Known
Vision Obscurement
V1 V2
0 Vision not obscured
1 Rain 2 Snow
3 Sleet 4 Fog
5 Glare 6 Sunlight
7 Headlights 8 Building
9 Billboard 10 Trees
11 Shrubs 12 Other Vegetation
13 Moving Vehicle 14 Parked Vehicle
15 Ice on Windshield 16 Fog on Windshield
17 Broken Windshield 18 Dirty Windshield
19 Other 20 Not Known
Contributing Factors
OPR 1 OPR 2
0 No Contributing Factor
1 Too Fast For Conditions
2 Fail to Yield
3 Alcohol 4 Drugs
5 Disregarded Stop Sign
6 Disregarded Yield Sign
7 Disregarded Traffic Signal
8 Wrong Side Road
9 Wrong Way — 1 Way Traffic
10 Followed Too Close
11 Illegal Right Turn
12 Illegal Left Turn
13 Illegal Lane Change
14 Illegal Passing
15 Prohibited U Turn
16 Operating Defective Lights
17 Operating Defective Brakes
18 Operating Other Defective Equipment
19 Unsafe Backing
20 Other Factor
21 Factor Not Known

Fire Occurrence
0 No Fire Occurrence
V1 1 Fire Occurrence, Result of Impact
V2 2 Fire Occurrence, Result of Impact
First Harmful Event
Non-Collision Collision With
10 Overturn 1 Pedestrian
11 Fire 12 Explosion 2 Pedalcycle
13 Immersion 3 Railway Train
14 Gas Inhalation 4 MV in Transport
15 Fell from Vehicle 5 MV in Other Roadway
16 Injured in Vehicle 6 Parked Motor Vehicle
17 Other Non-Collision 7 Animal
8 Other Object Not Fixed
Collision with Fixed Object
20 Identify Object
First Harmful Event Occurred
1 On Roadway 3 Median
2 Shoulder 5 Outside Trafficway
4 Roadside 6 Location Unknown
Most Harmful Event
V1 Collision w/ mv in Transport
Identify Event
V2 Collision w/ mv in Transport
Identify Event
Pedestrian Location
1 In Crosswalk 6 No Crosswalk
2 Intersection 7 Non-Intersection
3 On Roadway 8 Sidewalk
4 On Road Shoulder 9 Location Not Known
5 Bike Path 10 No Pedestrian
11 Other Location
Pedestrian Action
0 Not Visible
1 Crossing Road, No Intersection
2 Crossing at Intersection
3 Walking with Traffic
4 Walking Against Traffic
5 Playing 6 Lying in Roadway
7 Working 8 Standing in Roadway
9 No Pedestrian
10 Other Ped. Action
11 Action Not Known
EMS Time Notified 1922
EMS Time Arrived 1925
Injured Transported to ER
Transported by Ambulance Transport
Insurance Carrier
V1
V2 Economy

Damage to Property
Other Than Vehicle
Owner of Property
Notified of Damage
Witnesses
Witnesses
Describe Property
Name Address
Name Address
Name Address
Name Address
Estimate of Damage
Time Date
Age Sex
Age Sex