



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***



AUTO SAFETY HOTLINE
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TRANSPORTATION RESEARCH CENTER

Indiana University

Indiana

REMOTE AIR BAG REPORT

CASE NO. - 92-05

FLEET - PRIVATE VEHICLE

LOCATION - FLORIDA

ACCIDENT DATE - 1992

Submitted By:

Research Scientist

1992

Contract Number: DTNH22-87-C-07169

Prepared for:

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

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

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

Transportation Research Center
Indiana University

Remote Air Bag Case No. 92-05

Summary

This report concerns a motor vehicle accident involving an air bag equipped 1991 BMW 850i occurring on [REDACTED] 1992 at [REDACTED] p.m., near [REDACTED] Florida on a private property trafficway.

The BMW was traveling south in the left-hand southbound lane of a four-lane divided trafficway when it veered into the median, jumped a raised median curb, and impacted a tree. The police accident report depicts no resultant rotation after the tree impact; the vehicle is depicted as coming to rest facing south against the tree.

The police accident report and the driver indicate that the front center of the 850i impacted the tree. The driver also indicated that both front corners of the vehicle were touching on the far side of the tree. No CDC(s) is/are estimable for this collision. No reconstruction program was used on this collision.

The 1991 BMW 850i was equipped with a driver supplemental restraint system (air bag) which deployed as a result of a frontal impact. The driver of the vehicle (62 year-old male) was also restrained by the available active three-point lap and shoulder belt. He sustained undetermined injuries to both eyes. The police accident report indicated minor cuts to the face; whereas, the driver indicates burns to the eyes from the air bag. The newspaper account, which relied upon the driver's attorney, alleged chemical burns to both eyes. The driver of the 850i was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this crash. The passenger (70 year-old female) in the BMW was restrained by the active three-point lap and shoulder belt and did not sustain any injury, according to both the police accident report and the driver.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED], FLORIDA
CASE NO. - 92-05

ACCIDENT DATA

Location/Street: Private property trafficway
City/Township: [REDACTED] County, near [REDACTED] Florida
Area/Type: Residential
Accident Date/Time: [REDACTED], [REDACTED], 1992 @ [REDACTED] p.m.
Investigating Police Agency: [REDACTED] County Sheriff Department
Accident Type: Car - ran-off-roadway
Occupant Injury Severity
(air bag vehicle): Eye injuries (AIS-1)

AMBIENT CONDITIONS

Light conditions: Daylight
Weather Condition: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Case Vehicle

Location: Private property trafficway
Number of Travel Lanes: 4-lanes, divided
Surface Type: Asphalt
Vertical alignment: Level
Horizontal alignment: Straight
Traffic Density: Light
Speed Limit: Unknown [20-30 mph (32-48 kph)]
Traffic Controls: None

VEHICLES

	<u>Case Vehicle</u>
Year:	1991
Make:	BMW
Model:	850i
Body Type:	Unknown
V.I.N.:	WBAEG2310MC----- (Valid VIN)
Mileage:	Unknown
Securiflex windshield:	Unknown
Windshield damage/source:	Unknown
Fleet:	Private vehicle
Tow status:	Towed due to damage
Reported Defects:	None

VEHICLE DAMAGE

	<u>Case Vehicle</u>
<u>Deployment Impact</u>	
Object Struck:	Unknown
Event number:	Unknown
Damage location:	Front (unknown)
CDC:	Unknown
Estimated Maximum Crush:	Unknown
Damage components:	Unknown
Repair Estimate:	\$5,000 (PAR)
Interior damage:	Unknown

Nondeployment Impact

Event number:	Unknown
Object Struck:	Unknown

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

Damage location:	Front (unknown)
CDC:	Unknown
Estimated Maximum Crush:	Unknown
Damage components:	Unknown
Interior damage:	Unknown

COLLISION SEQUENCE

According to the police accident report, the case vehicle was traveling south in the left-hand southbound lane of a four-lane divided private property trafficway when it veered into the median, jumped a raised median curb, and impacted a tree. The driver was uncertain whether the raised median curb contact or the tree impact deployed the driver-side air bag. The driver was searching for a magnetic card in the left-front door pouch to activate the entry gates to his residence. He did not notice the vehicle veering left. Once the vehicle's tires struck the median curblane, the driver thought he may have stepped on the accelerator pedal instead of the brake pedal.

The police accident report and the driver indicate that the front center of the 850i impacted the tree. The driver also indicated that both front corners of the vehicle were touching on the far side of the tree. The PAR's vehicle damage schematic indicates complete frontal involvement, hood to windshield and both right and left front fenders. The police accident report depicts no resultant rotation after impact; the vehicle is depicted as coming to rest facing south against the tree.

According to the case vehicle's driver, he was wearing the available three-point lap and shoulder belt at the time of the crash. According to the police report, the driver sustained "minor cuts to the face"; however, newspaper accounts, quoting the driver's attorney, allege "chemical burns" to the driver's eyes (reportedly verified by an ophthalmologist) such that "his eyes were so badly burned they were closed shut for two days". The driver could not describe his injuries in anatomical terms. He said his face was "all burned out" from the air bag propellant. Because he was wearing contact lenses, the corneas of the eyes were not injured, but his eyes were "full of debris" (powder) from the air bag. According to the driver, his ophthalmologist bandaged both eyes for two days and kept the driver under treatment for fifteen days.

DRIVER DATA

	<u>Case Vehicle</u>
Age:	62
Sex:	Male
Height:	Unknown
Weight:	Unknown
Occupation:	Business owner
Active Restraint System/Usage:	3-point lap and shoulder belt/used
Usage Source:	Driver
Eye glasses/contacts:	Contacts
Vehicle Familiarity:	Unknown
Route Familiarity:	Probably daily since the address for the driver that was listed on the PAR was very near the crash location
Trip Plan:	Unknown
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Treated and Released

DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Burn right eye	FRUO-1	Air bag exhaust gases
Burn left eye	FLUO-1	Air bag exhaust gases

PASSENGER INJURIES

<u>Injury</u>	<u>Severity</u>	<u>Source</u>
None	Not applicable	Not applicable

ATTACHMENTS

Police Accident Report
 NASS CDS Interview Form--Attorney for Case Vehicle Driver
 NASS CDS Interview Form--Case Vehicle Driver
 NASS CDS Occupant Assessment Form--Case Vehicle Driver
 NASS CDS Occupant Injury Form--Case Vehicle Driver
 NASS CDS Occupant Assessment Form--Case Vehicle Passenger

Police Accident Report

FLORIDA TRAFFIC ACCIDENT REPORT

MAIL TO:

DO NOT WRITE IN THIS SPACE

Section 1	DATE OF ACCIDENT	9/2	TIME OF ACCIDENT	3:15	TIME OFFICER NOTIFIED	3:20	INVEST. AGENCY REPORT NUMBER	MSMV ACCIDENT REPORT NUMBER
	COUNTY/CITY CODE	2		Miles	N S E W	CITY OR TOWN (Check if in City or Town)		
	AT NODE NO.	1	2	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1	2
Section 2	AT INTERSECTION OF	OR	50	FEET/MILES	OR	DRIVE		
	VEHICLE TRAVELING	N	S	E	W	ON	AT	40
	EST. VEHICLE DAMAGE	1	Disabling	2	Functional	3	No Damage	EST. TRAILER DAMAGE
Section 3	DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	91	MAKE	BMW	TYPE	01	VEH. LICENSE NUMBER	FL WBA EG33PMK
	TRAILER OR TOWED VEHICLE INFORMATION							
	HAZARDOUS MATERIALS BEING TRANSPORTED	1	None	2	Flammable Liquid	3	Explosives	4
Section 4	INSURANCE CO. (LIABILITY OR PIP)	CO.		POLICY NUMBER			VEHICLE REMOVED BY:	1
	OWNER'S FULL NAME (Check if Driver)	Same as Driver		CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
	OWNER'S FULL NAME (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
Section 5	DRIVER (Exactly as on Driver's License)/Pedestrian			CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
	DRIVER'S LICENSE NUMBER	FL 1		STATE	LC TYPE	1	BAC TEST	RESULTS
	HAZARDOUS MATERIALS BEING TRANSPORTED	1	None	2	Flammable Liquid	3	Explosives	4
Section 6	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
Section 7	DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	91	MAKE	BMW	TYPE	01	VEH. LICENSE NUMBER	FL WBA EG33PMK
	TRAILER OR TOWED VEHICLE INFORMATION							
	HAZARDOUS MATERIALS BEING TRANSPORTED	1	None	2	Flammable Liquid	3	Explosives	4
Section 8	INSURANCE CO. (LIABILITY OR PIP)	CO.		POLICY NUMBER			VEHICLE REMOVED BY:	1
	OWNER'S FULL NAME (Check if Driver)			CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
	OWNER'S FULL NAME (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
Section 9	DRIVER (Exactly as on Driver's License)/Pedestrian			CURRENT ADDRESS (Number and Street)			CITY AND STATE	ZIP CODE
	DRIVER'S LICENSE NUMBER	FL 1		STATE	LC TYPE	1	BAC TEST	RESULTS
	HAZARDOUS MATERIALS BEING TRANSPORTED	1	None	2	Flammable Liquid	3	Explosives	4
Section 10	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
	PASSENGER'S NAME			CURRENT ADDRESS			CITY & STATE/ZIP CODE	AGE
Section 11	VEHICLE TYPE	15		Taxicab	16		Public School Bus	17
	RESIDENCE (DRIVER ONLY)	1		County of Accident	2		Elsewhere in State	3
	PHYSICAL DEFECTS	1		No Defects Known	2		Eyesight Defect	3
Section 12	ALCOHOL/DRUG USE	1		Not Drinking or Using Drugs	2		Alcohol-Under Influence	3
	SAFETY EQUIPMENT IN USE	1		Not in Use	2		Seat Belt/Shoulder Harness	3
	LOCATION (IN VEHICLE)	1		Front Left	2		Front Center	3
Section 13	INVESTIGATOR - RANK AND SIGNATURE	Off.		ID/BADGE NUMBER	DEPARTMENT		COUNTY	1
	INVESTIGATOR - RANK AND SIGNATURE	Off.		ID/BADGE NUMBER	DEPARTMENT		COUNTY	1
	INVESTIGATOR - RANK AND SIGNATURE	Off.		ID/BADGE NUMBER	DEPARTMENT		COUNTY	1

Section

3

<input type="checkbox"/> OTHER ACTIVITY <input type="checkbox"/> TRAILER <input type="checkbox"/> VEHICLE IN		YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		2 3 4 5 6 7 1 16 10 17 14 13 12 11 10		POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer						
VEHICLE TRAVELING		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> ON		At		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	1 Low Backrest List 2 Low Owner's Request 3 Drive: 4 Other						
INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:													
OWNER'S FULL NAME (Check if Driver <input type="checkbox"/>)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE											
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE											
DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE		DATE OF BIRTH									
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	BAC TEST		RESULTS		AL/DRUG	PHYS. DEF.	RES	RACE	SEX	HL	S. EQUIP	EJECT		
HAZARDOUS MATERIALS BEING TRANSPORTED		1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other		Driving Ability Questionable 1 YES 2 NO RECOMMEND RE-EXAM 3 NOT APPLICABLE		N YES Explain in Narrative		Driver's Phone No									
PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		HL		S. EQUIP		EJECT			
PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		HL		S. EQUIP		EJECT			
PASSENGER'S NAME		CURRENT ADDRESS		CITY & STATE/ZIP CODE		AGE		LOC		HL		S. EQUIP		EJECT			
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP					
CONTRIBUTING CAUSES-DRIVER/PED		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE FUNCTION											
01 No Improper Driving/Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Narrative)		01 Straight Ahead 02 Slowing/Stopped/Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn		01 None 02 Pulling Semi-Trailer 03 Pulling Other Veh. 04 Emergency Operation 05 Pulling Tandem Trailer/Double Bottom 06 Pulling Tank Trailer 07 Pulling House Trailer 08 Pulling Small Trailer 09 Veh. Being Towed/Pushed 10 Pulling Pole Trailer											
VEHICLE MODIFIED		LOCATION ON ROADWAY		PEDESTRIAN ACTION													
01 Yes (If Yes, Explain) 02 No 03 Not Applicable		01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane/Safety Zone		01 Crossing Not at Intersection 02 Crossing at Intersection 03 Walking Along Road With Traffic 04 Walking Along Road Against Traffic 05 Pushing/Working on Vehicle in Road 06 Other Working in Road 77 All Other (Explain) 88 Unknown													
FIRST/SUBSEQUENT HARMFUL EVENT		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION													
01 Collision With MV in Transport (Head-on) 02 Collision With MV in Transport (Angle) 03 Collision With MV in Transport (Left Turn) 04 Collision With Parked Car 05 Collision With MV in Transport (Subsidiary) 06 Collision With MV in Transport (Backed Into) 07 Collision With MV in Transport (Right Turn) 08 MV Hit Other Fixed Object 09 MV Hit Utility Pole/Light Pole 10 Collision With MV in Transport (Head-on) 11 Collision With Pedestrian 12 Collision With Moped 13 MV Hit Tree/Shrubbery 14 Collision With Bicycle		15 Collision With Bicycle (Bike Lane) 16 MV Ran into Ditch/Culvert 17 Ran Off Road Into Water 18 Overturned 19 MV Hit Fence 20 Collision With MV on Other Roadway 21 MV Hit Sign/Sign Post 22 MV Hit Guardrail 23 Collision With Fixed Object Above Road 24 Fire 25 Collision With Animal 26 Collision With Moveable Object On Road		27 MV Hit Concrete Barrier Wall 28 MV Hit Bridge/Pier/Abutment Rail 29 Occupant Fell From Vehicle 30 Tractor/Trailer Jackknifed 31 Collision With Construction Barricade/Sign in Road 32 Collision With Traffic Gate 33 Collision With Crash Attenuators 34 Collision With Train 35 Explosion 77 All Other (Explain)		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike 07 Other Full Control 08 Other Major Arterial 77 All Other (Explain)		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown									
CONTRIBUTING CAUSES-ROAD		CONTRIBUTING CAUSES-ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER									
01 No Defects 02 Obstruction With/Without Warning 03 Road Under Repair/Construction 04 Loose Surface Materials 05 Shoulders-Soft/Low/High 06 Holes/Ruts/Unsafe Paved Edge 07 Standing Water 08 Worn/Polished Road Surface 77 All Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/Crops/Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)		01 No Control 02 Speed Control Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer/Guard/Flagman 09 Posted No U-Turn 77 All Other (Explain)		01 Not At Intersection/RR X'ing/Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot-Public 10 Parking Lot-Private		01 Straight-Level 02 Straight-Upgrade/Downgrade 03 Curve-Level 04 Curve-Upgrade/Downgrade TYPE SHOULDER 01 Paved 02 Unpaved									
WITNESS-NAME		ADDRESS		CITY & STATE		ZIP											
VIOLATOR		FL. STATUTE NUMBER		NAME		CHARGE		CITATION NUMBER									
Veh. #1						Careless Driving											

DO NOT WRITE IN THIS SPACE

NARRATIVE AND DIAGRAM

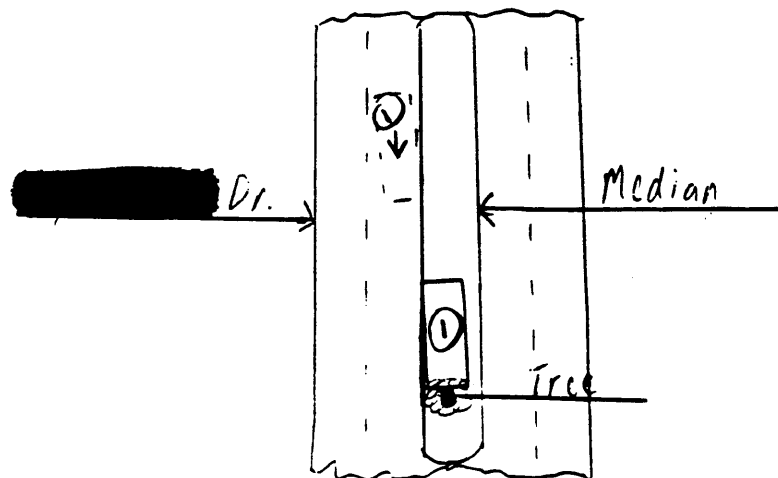
MAIL TO:

HSMV 90005 (REV. 5/88)S

GRAM



INDICATE NORTH
WITH ARROW



Not to Scale

NASS CDS Interview Form--Attorney for Case Vehicle Driver



INTERVIEW FORM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): DRIVER'S ATTORNEY

2. Case Number - Stratum 9205

3. Vehicle Number 01

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

OBTAINED ONLY PARTIAL INTERVIEW. ACCORDING TO DRIVER'S ATTORNEY, THE DRIVER HAS BEEN OUT OF THE COUNTRY SINCE THE CRASH OCCURRED ON [REDACTED] 1992. THE PARTIAL INTERVIEW SUCCEEDED ONLY IN VERIFYING SOME DATA PRESENT ON THE POLICE REPORT. WAS NEVER ABLE TO REESTABLISH CONTACT WITH ATTORNEY TO COMPLETE INTERVIEW. SENT LETTER TO DRIVER ADDRESS ON POLICE REPORT - NO RESPONSE UNTIL [REDACTED]

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|---|--|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention | <input type="checkbox"/> Speed estimate (precrash/at impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel | <input type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input type="checkbox"/> Avoidance maneuvers | <input type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input type="checkbox"/> Impact description/orientation | <input type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No ☐ Yes ☐ Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

Present Location of Vehicle (if not yet inspected)? _____

OCCUPANT DATA

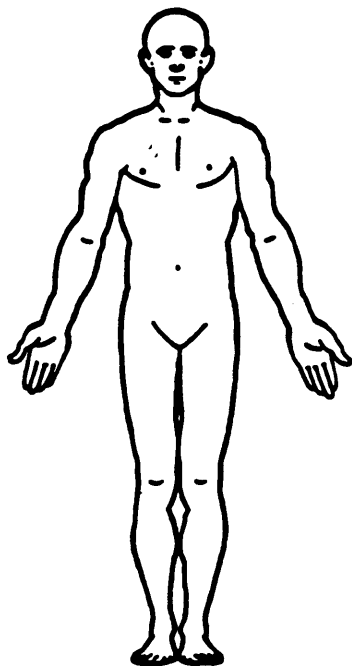
SEAT POSITION	DRIVER	03		
RACE ? HISPANIC? [] No [] Yes	PROBABLY HISPANIC BUT UNKNOWN FOR SURE	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
AGE/SEX	62/MALE (PAR)	70/FEMALE (PAR)		
HEIGHT (IN)	UNKNOWN	UNKNOWN		
WEIGHT (LBS.)	UNKNOWN	UNKNOWN		
POSTURE	UNKNOWN	UNKNOWN		
EJECTED? [] No [] Yes	No (PAR)	No (PAR)		
DESCRIBE THE EJECTION PATH	NA	NA		
ENTRAPPED? [] No [] Yes	PROBABLY NOT BUT UNKNOWN FOR SURE	PROBABLY NOT BUT UNKNOWN FOR SURE		
DESCRIBE ENTRAPMENT	NA	NA		
DESCRIBE TYPE OF RESTRAINT	AIR BAG	SEAT BELT/SHOULDER HARNES (PAR)		
WERE BELTS WORN? [] No [] Yes	UNKNOWN	YES (PAR)		
HOW WHERE THE BELTS WORN?	UNKNOWN	UNKNOWN		
DESCRIBE ANY RESTRAINT FAILURES	AIR BAG DID DEPLOY UNKNOWN BELT PERFORMANCE	UNKNOWN BELT PERFORMANCE		
TYPE OF TREATMENT	UNKNOWN	NONE (PAR)		
NAME OF TREATMENT FACILITY	HOSPITAL	NONE (PAR)		
DAYS IN HOSPITAL?	UNKNOWN IF ADMITTED	NA		
NO. OF LOST WORK DAYS?	UNKNOWN	NA		
FOLLOW-UP TREATMENT	UNKNOWN BUT DIA SEE OPHTHAMOLOGIST	NA		
WOULD YOU SIGN A MEDICAL RELEASE?	UNKNOWN	NOT INJURED (PAR)		

PSU Number 10 Case Number-Stratum 9205 Vehicle Number 01 Occupant Number 01

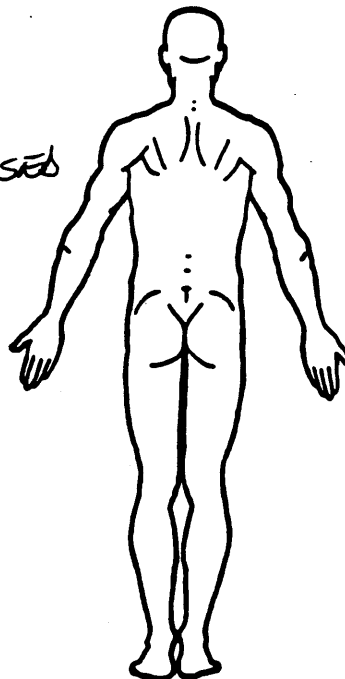
INJURY DATA FROM INTERVIEWEE(S)

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

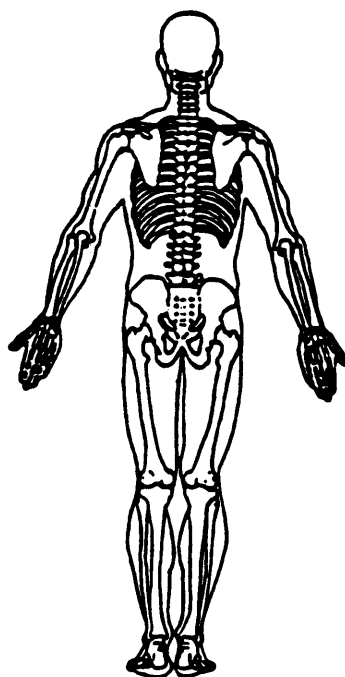
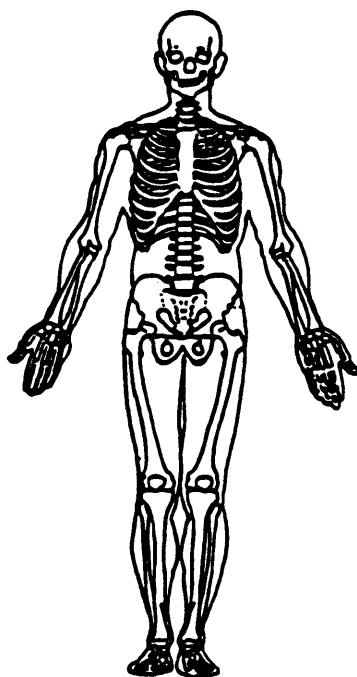
SOFT TISSUE/INTERNAL INJURIES



INTERVIEW CUT
SHORT BEFORE
INJURIES DISCUSSED



SKELETAL INJURIES



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

NASS CDS Interview Form--Case Vehicle Driver



INTERVIEW FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9205
3. Vehicle Number 01

Interviewee(s) Role or Name(s): DRIVER

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

VEHICLE APPROACHING ELECTRONIC GATES AND DRIVER WAS ATTEMPTING TO FIND THE MAGNETIC CARD TO ACTIVATE THE GATES. THE LF HOOK POUCH SEARCH DISTRACTED THE DRIVER SUCH THAT THE VEHICLE CLIMBED A 6"-8" MEDIAN CURB, TRAVELED 25' TO 30', A STRUCK A MATURE PALM TREE. THE DRIVER ESTIMATED HIS PRE-DISTRACTION TRAVEL SPEED AT 10-12 MPH. ALTHOUGH THE DRIVER ALLOWED HE MAY HAVE STEPPED ON THE ACCELERATOR PEDAL RATHER THAN THE BRAKE PEDAL AFTER THE VEHICLE STRUCK THE CURBLINE, HE ESTIMATED THE AT-IMPACT SPEED IN THE 14-15 MPH RANGE. HE CLAIMED A "HEAD-CENTERED" IMPACT, WITH THE OPPOSITE FRONT CORNERS TOUCHING ON THE FAR SIDE OF THE PALM TREE.

SPECIFIC QUESTIONS

THE DRIVER COULD NOT DISCOUNT THE POSSIBILITY OF THE AIRBAG DEPLOYING DURING THE CURBLINE STRIKE. HE DID SAY THAT THE 3-POINT ACTIVE BELT SYSTEM ALLOWED FORWARD MOVEMENT DURING THE TREE IMPACT OF "SOME INCHES."

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|---|--|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention | <input type="checkbox"/> Speed estimate (precrash/at impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel | <input type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input type="checkbox"/> Avoidance maneuvers | <input type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input type="checkbox"/> Impact description/orientation | <input type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No ☐ Yes ☐ Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

Present Location of Vehicle (if not yet inspected)? _____

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	DRIVER	PASSENGER		
RACE ? HISPANIC? [] No [] Yes	(GIVEN SURNAME) PROBABLY			
AGE/SEX	62-MALE	70-FEMALE		
HEIGHT (IN)	UNKNOWN	UNKNOWN		
WEIGHT (LBS.)	UNKNOWN	UNKNOWN		
POSTURE	TURNED TO LEFT SEARCHING LF DOOR POUCH	UNKNOWN		
EJECTED? [✓] No [] Yes	No	No		
DESCRIBE THE EJECTION PATH	N/A	N/A		
ENTRAPPED? [✓] No [] Yes	No	No		
DESCRIBE ENTRAPMENT	N/A	N/A		
DESCRIBE TYPE OF RESTRAINT	ACTIVE LAP AND SHOULDER BELTS	ACTIVE LAP AND SHOULDER BELTS		
WERE BELTS WORN? [] No [✓] Yes	YES	YES		
HOW WHERE THE BELTS WORN?	"NORMAL"	UNKNOWN		
DESCRIBE ANY RESTRAINT FAILURES	DRIVER THOUGHT BELTS ALLOWED TOO MUCH FORWARD BODY MOVEMENT	N/A		
TYPE OF TREATMENT	TREATED & RELEASED	N/A		
NAME OF TREATMENT FACILITY	COULDN'T REMEMBER	N/A		
DAYS IN HOSPITAL?	NONE	N/A		
NO. OF LOST WORK DAYS?	UNKNOWN	N/A		
FOLLOW-UP TREATMENT	YES	N/A		
WOULD YOU SIGN A MEDICAL RELEASE?	MAYBE	N/A		

National Accident Sampling System-Crashworthiness Data System: Interview Form

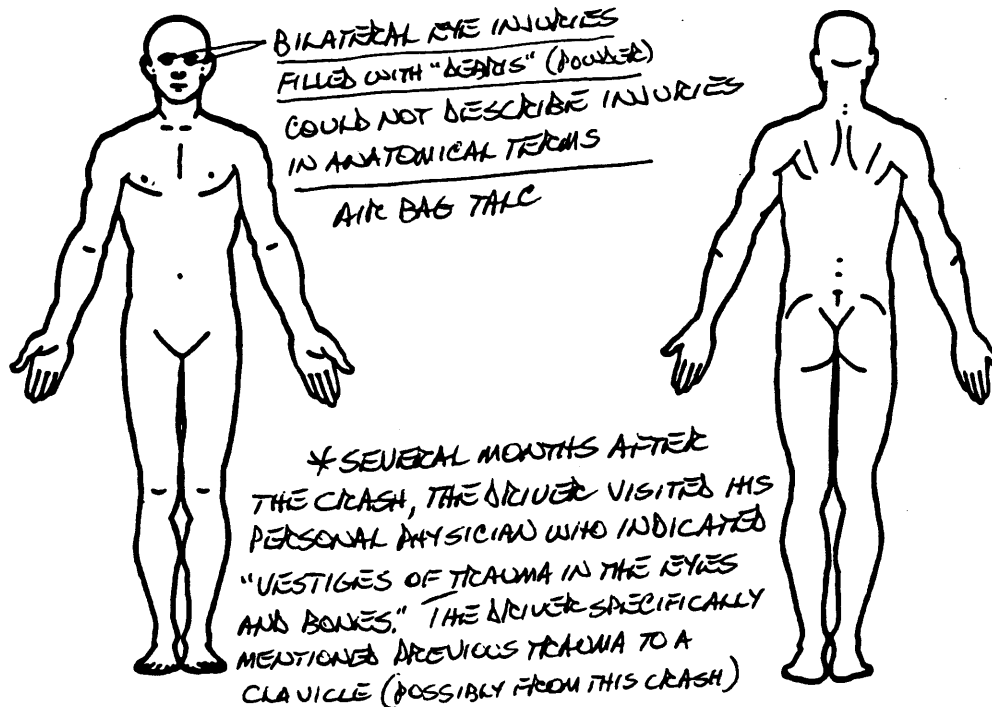
Page 3

PSU Number 10 Case Number-Stratum 9205 Vehicle Number 01 Occupant Number 01

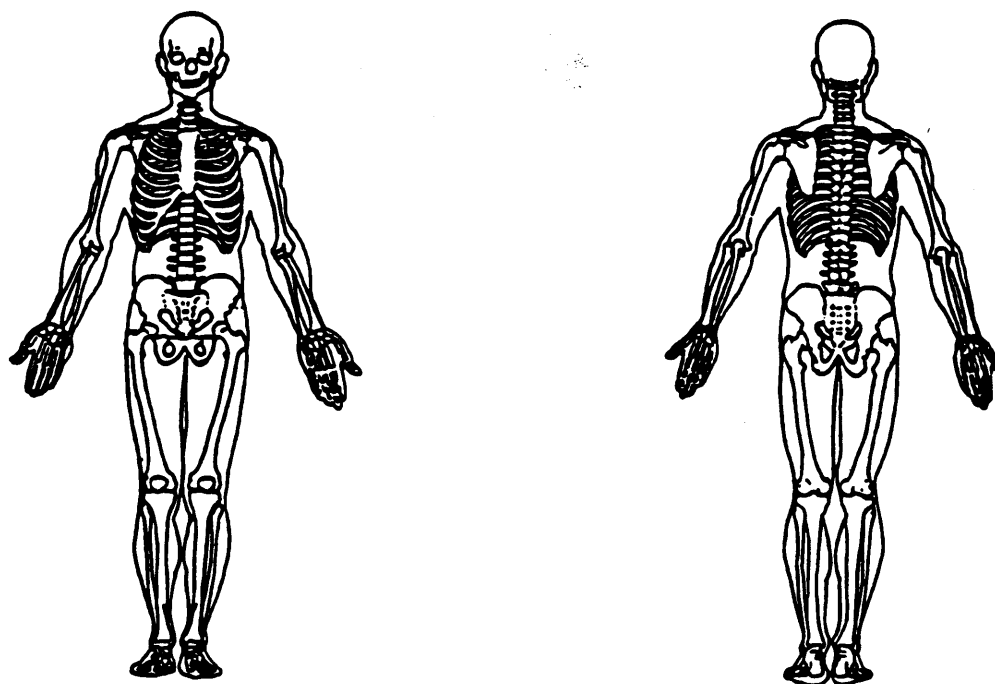
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



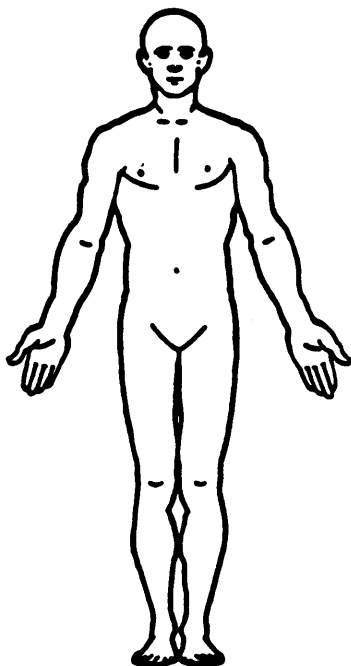
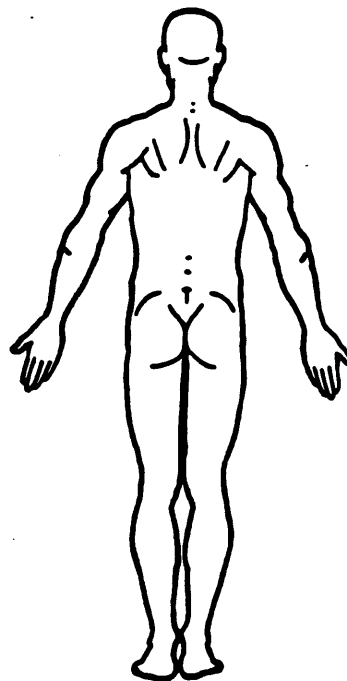
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number 10 Case Number-Stratum 9205 Vehicle Number 01 Occupant Number 02

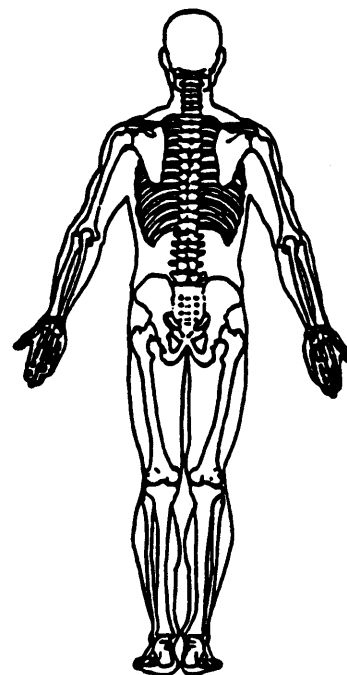
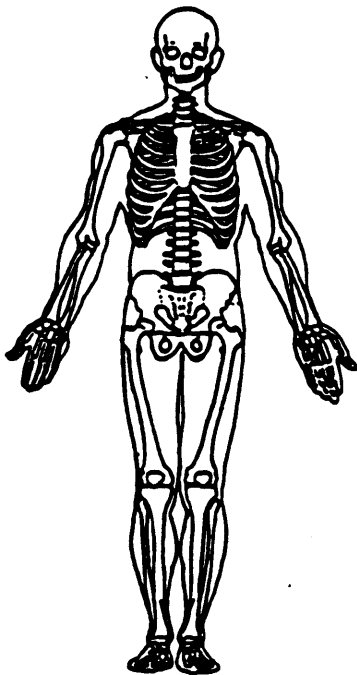
INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES

NO
INJURY

SKELETAL INJURIES



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

NASS CDS Occupant Assessment Form--Case Vehicle Driver



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9205

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

62

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

999

Code actual weight to the nearest pounds.

(999) Unknown

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant Posture

(0) Normal posture

(1) Abnormal posture (specify):

Turned left searching LF door pouch

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

0

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

0

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium

0

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

0

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

0

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

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 0 4

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

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

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

19. Proper Use of Manual (Active) Belts 9

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

Belt Used Improperly

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

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

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 9

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

- (6) Broken retractor
- (7) Combination of above (specify): _____

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

(9) Unknown

21. Air Bag System Availability/Function 1

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

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment 1

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

23. Did Air Bag System Fail? 1

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

(9) Unknown

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

24. Police Reported Restraint Use 1

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

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

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

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

(9) Unknown

26. Seat Type (this Occupant Position) 9 9
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

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

CHILD SAFETY SEAT

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

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight*
- (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation
- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*
- (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0
32. Child Safety Seat Shield Usage 0 0
33. Child Safety Seat Tether Usage 0 0
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

Not Designed With Harness/Shield/Tether

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

Designed With Harness/Shield/Tether

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

Unknown If Designed With Harness/Shield/Tether

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

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**2

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

35. Treatment - Mortality4

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

Nonfatal

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

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)9

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

(9) Unknown

37. Hospital Stay00

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost99

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant02

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 0

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

Non-functional

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

45. Automatic (Passive) Belt System Use 0

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

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

46. Automatic (Passive) Belt System Type 0

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

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

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

Automatic Belt Used Improperly

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

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

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

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

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

- (9) Unknown

49. Seat Orientation (this Occupant Position) 9

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

- (9) Unknown

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

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

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
 (2) Yes - blood given (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [☒] YES []OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES [☒]

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)

NASS CDS Occupant Injury Form--Case Vehicle Driver



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

OCCUPANT INJURY FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9205

4. Occupant Number

01

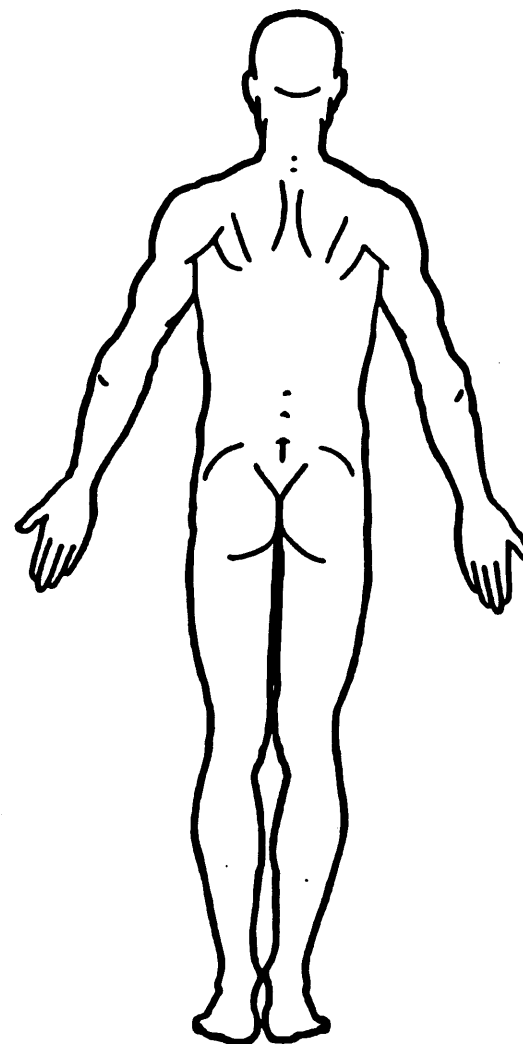
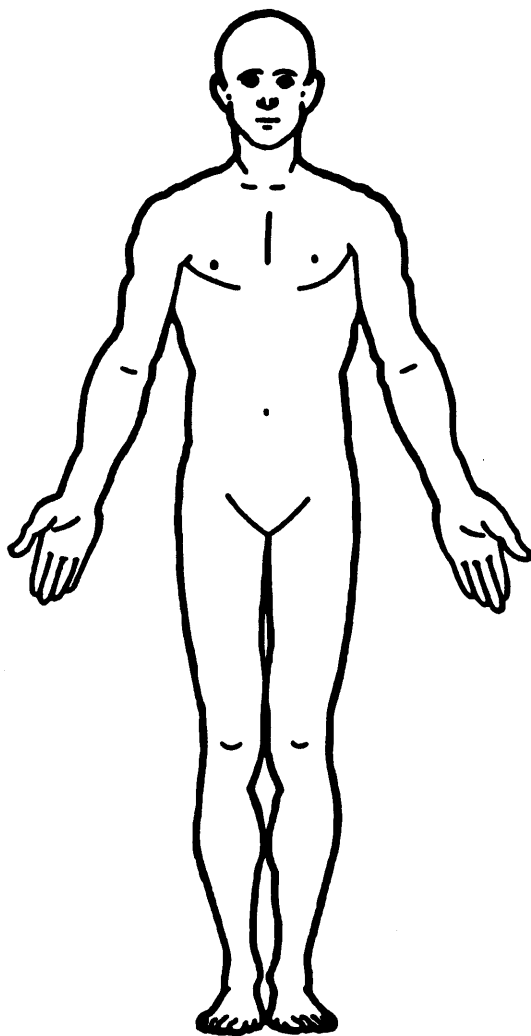
INJURY DATA

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

	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>7</u>	6. <u>F</u>	7. <u>R</u>	8. <u>U</u>	9. <u>0</u>	10. <u>1</u>	11. <u>93</u>	12. <u>3</u>	13. <u>3</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>F</u>	17. <u>L</u>	18. <u>U</u>	19. <u>0</u>	20. <u>1</u>	21. <u>93</u>	22. <u>3</u>	23. <u>3</u>	24. <u>00</u>
3rd	25. <u> </u>	26. <u> </u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>
4th	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

Arterial Blood
Gases

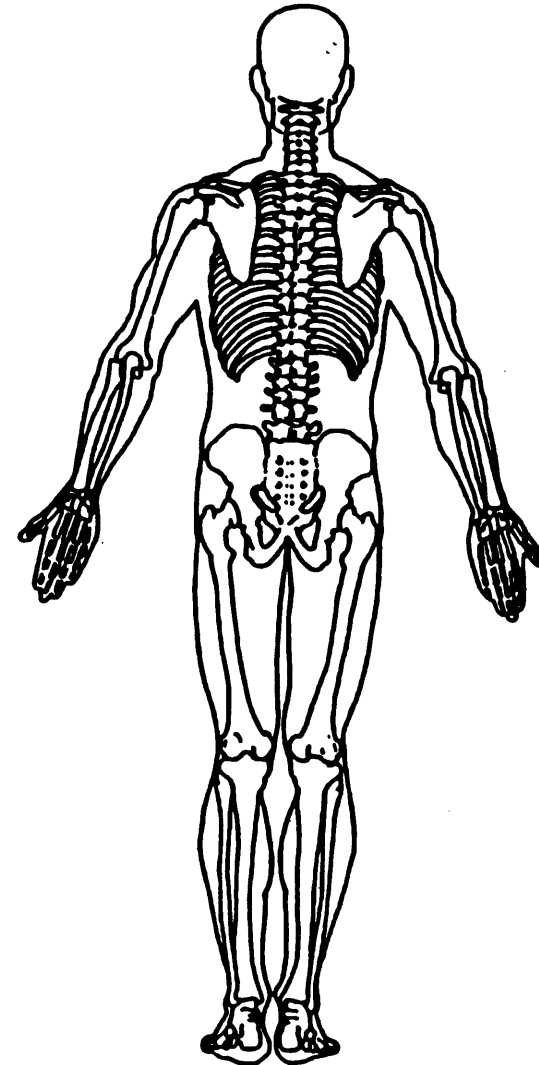
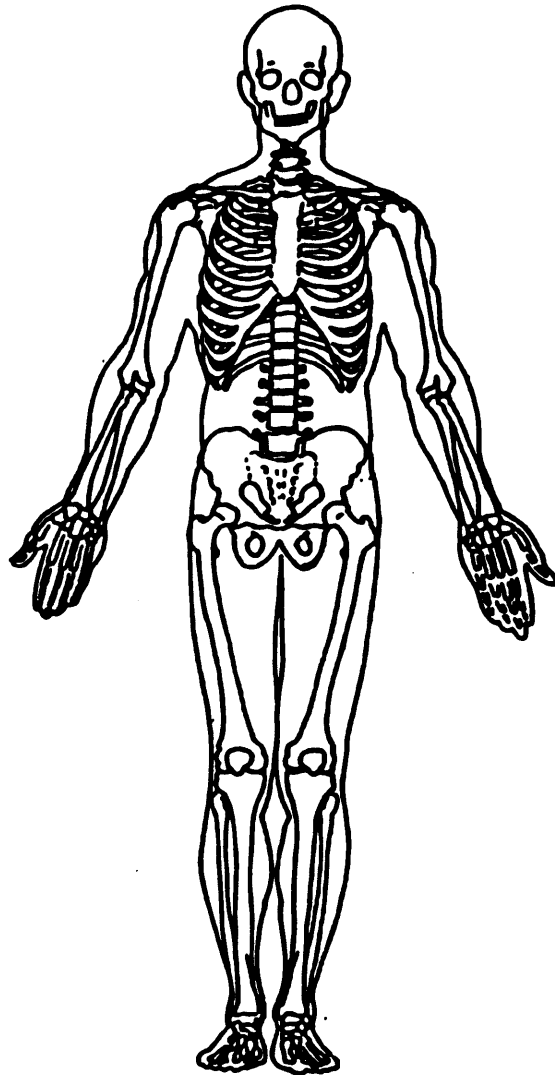
pH =

PO₂ =

PCO₂ =

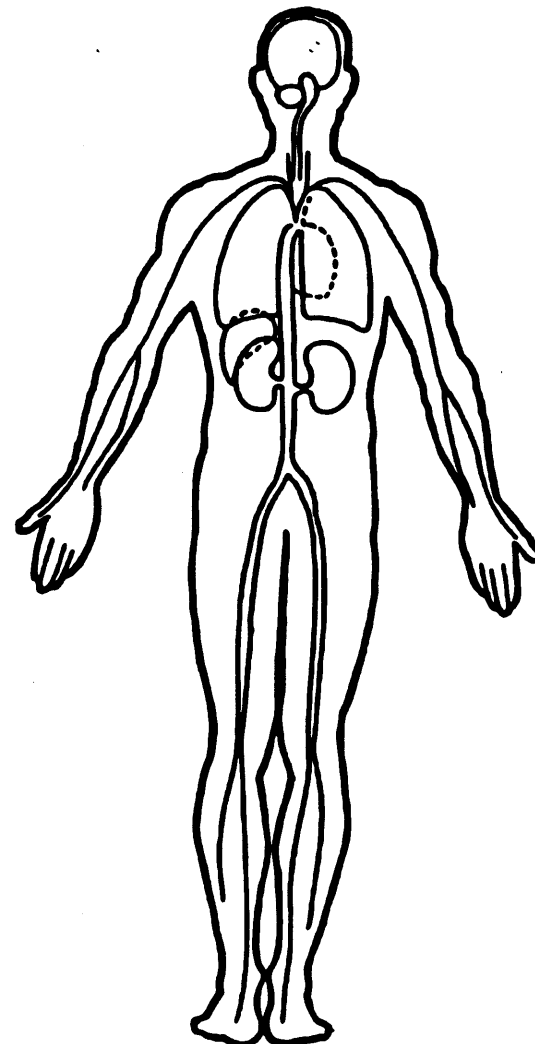
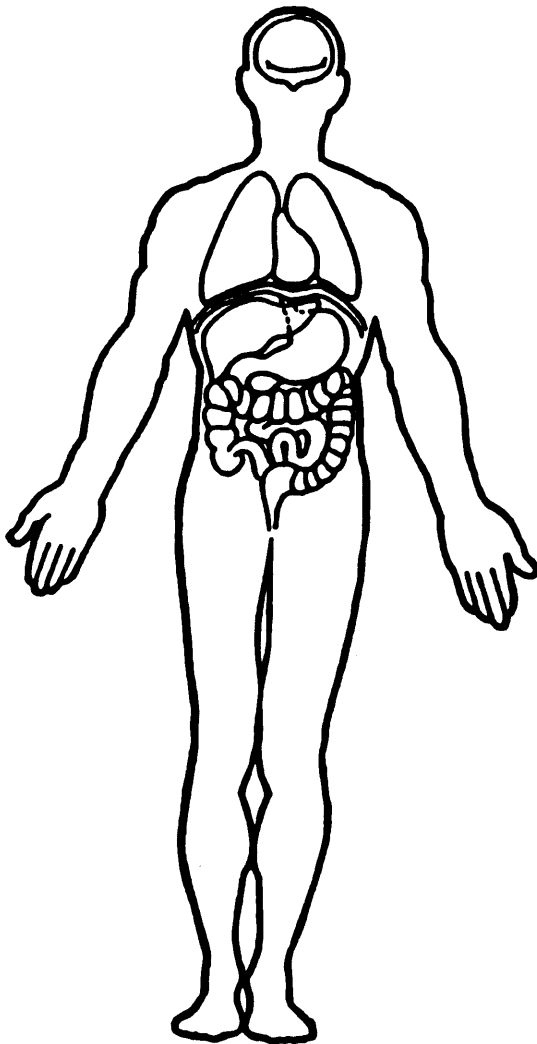
HCO₃ =

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



OFFICIAL INJURY DATA —INTERNAL INJURIES

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



NASS CDS Occupant Assessment Form--Case Vehicle Passenger



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9205

3. Vehicle Number 01

4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 70
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

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

7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(999) Unknown

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

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

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

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

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

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

11. Occupant Posture 9
(0) Normal posture
(1) Abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

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

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

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

15. Medium Status (Immediately Prior To Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

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

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 0 4

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

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

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

19. Proper Use of Manual (Active) Belts 9

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

Belt Used Improperly

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

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

(9) Unknown _____

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

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

(6) Broken retractor _____

(7) Combination of above (specify): _____

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

(9) Unknown _____

21. Air Bag System Availability/Function 0

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

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment 0

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

23. Did Air Bag System Fail? 0

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

(9) Unknown _____

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

24. Police Reported Restraint Use 4

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

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

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

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

(9) Unknown _____

26. Seat Type (this Occupant Position) 9 9
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

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

CHILD SAFETY SEAT

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

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight*
- (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation
- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*
- (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0
32. Child Safety Seat Shield Usage 0 0
33. Child Safety Seat Tether Usage 0 0
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

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

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

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

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**0

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

35. Treatment - Mortality0

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

Nonfatal

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

(9) Unknown**36. Type Of Medical Facility (for Initial Treatment)**0

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

(9) Unknown**37. Hospital Stay**0 0

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

38. Working Days Lost9 7

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

39. Time to Death0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 * n up through 30 days = 720)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death0 0**41. 2nd Medically Reported Cause of Death**0 0**42. 3rd Medically Reported Cause of Death**0 0

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

(99) Unknown**43. Number of Recorded Injuries for This Occupant**0 0

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

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

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

Non-functional

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

45. Automatic (Passive) Belt System Use 0

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

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

46. Automatic (Passive) Belt System Type 0

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

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

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

Automatic Belt Used Improperly

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

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

 (9) Unknown

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

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

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

- (9) Unknown

49. Seat Orientation (this Occupant Position) 9

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

- (9) Unknown

TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score** 0 0
(at Medical Facility)

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

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
 (2) Yes - blood given
 (specify units):

 (9) Unknown if blood given

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

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [☒] YES []OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [☒] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)