



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

[REDACTED]
In-Depth Accident Investigation

Contract DTNH22-87C-47169
Case DSI-93-AB-011

[REDACTED], 1993

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-87C-47169
CASE NUMBER: Case DSI-93-AB-011

[REDACTED]

This single vehicle accident occurred on [REDACTED] 1993 at [REDACTED] hours on a two-lane interstate highway. The weather was clear, the road surface was dry and free of defects. Traffic was light. The bituminous road was straight. The posted speed limit is 105 KPH (65 MPH).

Vehicle 1, a 1991 Dodge Spirit 4-door, driven by a 64 year old female, was travelling westbound at an estimated speed of 105 KPH (65 MPH). Vehicle 1 was travelling in the left-hand lane. Vehicle 1 drifted off the road to the left--possibly due to high winds. The driver overcorrected and Vehicle 1 veered to the right, crossing both lanes of travel. Vehicle 1 struck the bridge rail with its right side. According to the driver, the airbag deployed at this point. Vehicle 1 remained in contact with the bridge rail for 53 m (175 ft). The driver of Vehicle 1 corrected to the left and Vehicle 1 began a counterclockwise drift, recrossed both lanes of the road, and struck the bridge rail on the opposite side. Vehicle 1 remained in contact with the rail for 14 m (45 ft) before separating and continuing the counterclockwise rotation. Vehicle 1 came to rest in the right hand travel lane facing southeast.

The driver sustained a severed thumb, fractured ribs, and various contusions. The right front passenger sustained a fractured collar bone. Both occupants were transported to a local hospital by air ambulance. The driver's thumb was reattached by a plastic surgeon and she spent six days in the hospital.

Vehicle 1 was towed from the scene due to damage and was subsequently "totalled".

The driver of Vehicle 1 indicated a willingness to provide a videotape of vehicle damage. Despite reminders, the video was not received during the four month period of the investigation. It will be submitted to [REDACTED] when possible.

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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 be 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.

**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-AB-011**

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ACCIDENT DATA:

Location:	Colorado
Area/Type:	Rural
Date:	██████ 1993
Accident Type:	Vehicle v. Bridgerail

Injury Severity:

Vehicle 1:	Driver, AIS-2 RF Occupant, AIS-2
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AMBIENCE:

Viewing Conditions:	Clear, daylight
Cloud Cover:	Unknown
Precipitation:	None
Wind Conditions:	Windy

ROADWAY:

Vehicle 1

Type:	2-lane divided
Width:	3.7 m (12 ft)
Traffic Density:	Light
Median:	Grass
Edge:	Paved shoulder
Surface:	Bituminous
Reported Defects:	None
Co-efficient of Friction:	Est. .60-.90
Vertical Alignment:	Level
Horizontal Alignment:	Straight

TRAFFIC CONTROLS:

Signals:	None
Signs:	Unknown
Speed Limit:	105 KPH (65 MPH)
Markings:	Unknown

VEHICLES:

Vehicle 1

Description: 1991 Dodge Spirit 4-door
Odometer: Unknown
Engine: 2.5L EFI
Active Restraints: Manual lap/torso
Passive Restraints: Driver's side airbag
Reported Defects: None
Cargo: Unknown
Windshield Damage: Unknown
Fleet: NA
Tow Status: Towed due to damage

VIN - 3B3XA46K0MTXXXXX

DIGIT	DESCRIPTION	MEANING
3	Country of Origin	MEXICO
B	Manufacturer	DODG DODGE
3	Vehicle Type	PASSENGER CAR
X	Restraint System	DRIVER AIR BAG, PASS. MAN. BELT
A	Line	SPIRIT
4	Series	HIGH
6	Body Style	4 DR SEDAN
K	Engine	2.5L EFI
0	Check Digit	CHECK DIGIT VALID
M	Year	1991
T	Assembly Plant	XXXXXX MEXICO #1
XXXXXX	Sequence Number	IN RANGE
VIN indicates a 1991 DODGE SPIRIT		
VIN Passed Test		

VEHICLE DAMAGE:

Object Struck: Bridge rail
Event Number: 01
CDC: Unknown
Maximum Crush: Unknown

Object Struck: Bridge rail
Event Number: 02
CDC: Unknown
Maximum Crush: Unknown

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1 was travelling westbound at an estimated speed of 105 KPH (65 MPH) in the left-hand lane of the two-lane road. Vehicle 1 drifted off the road to the left--possibly due to high winds. The driver overcorrected and Vehicle 1 veered to the right, crossing both lanes of travel.

Crash: Vehicle 1 struck the bridge rail with its right side. According to the driver, the airbag deployed at this point. Vehicle 1 remained in contact with the bridge rail for 53 m (175 ft). The driver of Vehicle 1 corrected to the left and Vehicle 1 began a counterclockwise drift, recrossed both lanes of the road, and struck the bridge rail on the opposite side. Vehicle 1 remained in contact with the rail for 45 ft (14 m) before separating and continuing the counterclockwise rotation.

Post Crash: Vehicle 1 came to rest in the right hand travel lane facing southeast.

Occupant

Kinematics:

The restrained driver had both hands on the steering wheel and was attempting to return the vehicle to the proper travel lanes. The driver indicated that the airbag deployed during the initial impact--which caused the injury to her left hand.

Scene Clearance:

The driver is asthmatic. This, combined with the smell of fire, frightened the driver and made her believe she was dying. The driver and right front passenger were transported from the scene to a local hospital. Vehicle 1 was towed from the scene due to damage.

DRIVER AND OTHER OCCUPANTS:

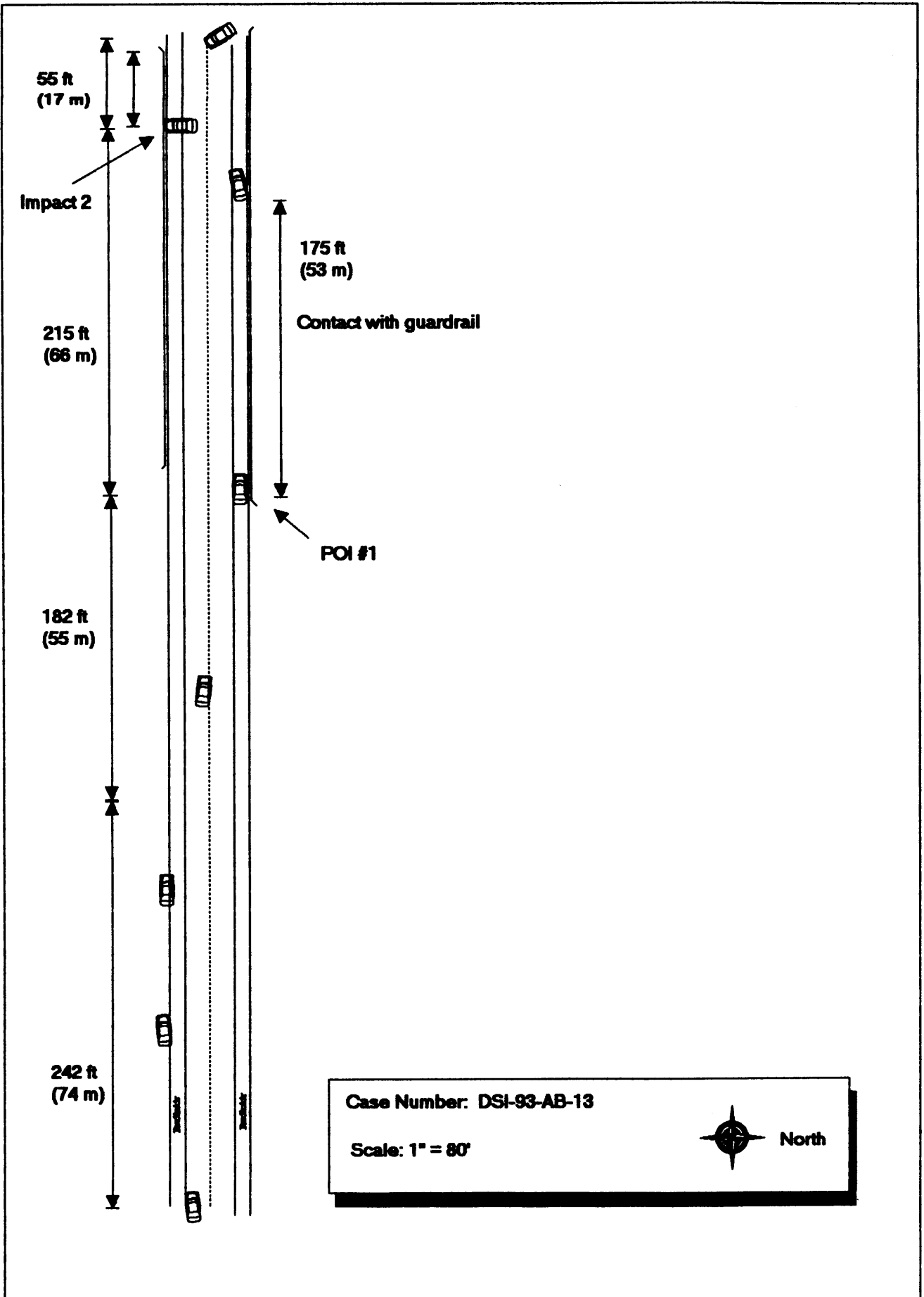
Vehicle 1

	<u>Driver</u>	<u>R/F Occupant</u>
Age/Sex:	69/Female	42/Female
Seated Position:	Left front	Right front
Height:	168 cm (66 in)	150 cm (59 in)
Weight:	109 kg (240 lb)	41 kg (90 lbs)
Occupation:	Retired	Unknown
Physical Limitations:	Unknown	Unknown
Body Posture:	Upright, normal	Upright, normal
Hand Position:	10-2 o'clock on SW	Unknown
Foot Position:	On brake	Unknown
Restraint Usage:	Manual lap/torso	Manual lap/torso
Additional Occupants:	One	None

INJURIES:

Vehicle 1

	<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
Driver	Severed L thumb Fracture, ribs Multiple contusions	752402.2,2 450212.1,1 990400.1,0	Steering wheel rim Torso restraint Unknown
RF Occ.	Fracture, clavicle Multiple contusions	752200.2,1 990400.1,0	Torso restraint Unknown





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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum AB 11

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 01

4. Date of Accident
(Month, Day, Year) 01/09/93

5. Time of Accident 01:00

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

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

6. 0 SS14 Fatal AOPS 0

7. 0 SS15 Administrative Use 0

8. 0 SS16 _____ 0

9. 0 SS17 _____ 0

10. 0 SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>04</u>	17. <u>00</u>	18. <u>0</u>
19. <u>02</u>	20. <u>01</u>	21. <u>02</u>	22. <u>F</u>	23. <u>04</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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



U.S. Department of Transportation
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GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS9. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

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

mph X 1.6093 = kph

11. Police Reported Alcohol Presence

- (0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

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

12. Alcohol Test Result For Driver

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

Source:

ACCIDENT RELATED

13. Speed Limit

- (000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

mph X 1.6093 = kph

14. Attempted Avoidance Maneuver

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

(99) Unknown

15. Accident Type

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

(99) Unknown

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

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 4
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 2,731 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,731 lbs X .4536 = 1,235 kgs
 Source: [REDACTED]
20. Vehicle Cargo Weight 1 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
1 lbs X .4536 = 0.45 kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 1
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 4
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover(0) No rollover (no overturning) 0*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)25. Front Override/Underride (this Vehicle) 426. Rear Override/Underride (this Vehicle) 4

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 99828. Heading Angle For Other Vehicle 998

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 3

29. Basis for Total Delta V (highest) 5*Delta V Calculated*

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

Delta V Not Calculated

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

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

7 9 5 Nearest kph

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

31. Longitudinal Component of
Delta V+ 9 5 7
- Nearest kph

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

Secondary Highest

32. Lateral Component of Delta V Nearest kph

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

33. Energy Absorption 0 0 Nearest 100 joules

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

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

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

35. Type of Vehicle Inspection

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

36. Is this an AOPS Vehicle?

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

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

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

37. Police Reported Other Drug Presence 4

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 4

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 7

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>4</u>	41. <u>2</u>
Depressant Drug	42. <u>2</u>	43. <u>2</u>
Stimulant Drug	44. <u>2</u>	45. <u>2</u>
Hallucinogen Drug	46. <u>2</u>	47. <u>2</u>
Cannabinoid Drug	48. <u>2</u>	49. <u>2</u>
Phencyclidine (PCP)	50. <u>2</u>	51. <u>2</u>
Inhalant Drug	52. <u>2</u>	53. <u>2</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>2</u>	55. <u>2</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

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OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

65. Critical Precrash Event 4 1*This Vehicle Loss of Control Due To:*

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

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

(99) Unknown _____

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

66. Precrash Stability After Avoidance Maneuver 1

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 5

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

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

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



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National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	Interviewee(s) Role or Name(s): _____ _____ _____
2. Case Number - Stratum <u>AB 11</u>	
3. Vehicle Number <u>41</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

"PLAIN WIND. I WAS PUSHED TOWARD A DITCH ON LEFT.
OVER-COMPENSATED TO RIGHT. HIT GUARDRAIL (AB
DEPLOYED @ THIS TIME). SPIN AROUND AND HIT
GUARDRAIL AGAIN. CAR SMELLED LIKE IT WAS
ON FIRE. I'M ASTHMATIC AND I THOUGHT I
WAS DYING.
WEARING GLASSES - NO RELATED INJURIES

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS



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

BEST AVAILABLE COPY

INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum AB 1 /
3. Vehicle Number 41

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

DRIVER

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☐ South ☐ East ☒ West

(Optional - Where were you coming from or going to?)

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☐ [1] ☒ [2] ☐ [3] ☐ [4] ☐ Other (specify):

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☒ 20-30 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+
65

4. Just before the accident, can you tell me what you were intending to do or were doing?

☒ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☐ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): _____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☐ No
☒ Yes (If yes, describe below)

HEAVY WIND

6. Did you have to take any avoidance actions prior to the accident?

☐ No - Go to question 7
☐ Yes - Go to question 6a

- 6a. What actions did you take?

☐ Braking with lock-up
☐ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☒ Steering right
☐ Other (specify):

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☒ Different travel lane
☐ In intersection ☐ Off roadway to right
☐ Off roadway to left
☐ Other (specify): _____

8. Was your travel speed at the time of the collision different from your previous travel speed?

☐ No
☒ Lower
☐ higher
☐ Unknown

- 8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20 *UNK*
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

2

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 2

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum AB114. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS

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

1991 DODGE SPRINT
 Year Make Model

2. Can you describe the damage to your vehicle?

FRONT/TO WHEELS

3. Was there any previous damage to your vehicle that is not related to this accident?

☐ No
☐ Yes (If "Yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No
☐ Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

☐ No
☒ Yes (If "Yes", describe below) YES

6. Does your vehicle have a glove compartment?

☐ No
☒ Yes

6a. Did the glove compartment door come open during the accident?

☐ No
☐ Yes
☒ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)
☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

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

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

☒ No
☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)
☐ Yes (If "Yes", what seat location?)
☐ Left Front
☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)

☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No
☐ Yes
☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☐ No (go to question 10)
☐ Yes

9a. Does this belt come across the _____?

☐ Chest only
☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No
☐ Yes
☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)
☒ Yes (go to question 10a)
☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☒ No (go to questions 10b and 10c)
☐ Yes (go to question 10e)

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 3

1. Primary Sampling Unit Number _____

3. Vehicle Number 412. Case Number - Stratum AB 1 14. Occupant Number 41

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe previous condition)☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

☐ No (go to question 11)☐ Yes (go to question 10d)☐ Unknown

10d. Was the air bag re-installed after the accident?

☐ No (go to question 11)☐ Yes☐ Unknown

10e. Did the air bag inflate as you expected?

☐ No (If "No" describe below)☒ Yes☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

☒ No (If "No", go to question 12)☐ Yes (If "Yes", go to question 11a)☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

☐ No (go to question 11b)☐ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe below)☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

☐ No (go to question 12)☐ Yes (go to question 11d)☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

☐ No (go to question 12)☐ Yes☐ Unknown

11e. Did the passenger air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

☒ No (If "No", go to question 13)☐ Yes☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

☐ Infant☐ Toddler☐ Convertible☐ Booster☐ Other (specify): _____☐ Unknown

12c. Where was the child safety seat(s) located?

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

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing☐ Forward facing,☐ Other (specify): _____☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)☐ Yes (If "Yes", go to question 12f)☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☐ Looped through designated rear framing struts?☐ Looped through arm rest slots?☐ Belt across safety shield?☐ Looped through rear frame outside the designated framing struts?☐ Other (specify): _____☐ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☐ Harness☐ Shield☐ Tether strap

If any box is checked, ask questions 12h - 12i.

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum AB 1 14. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

- ☐ Yes
(specify _____)
☐ No
☐ Unknown

12i. Were any of these items used during the accident?

- ☐ Yes (If "Yes", check all that apply)
 ☐ Harness
 ☐ Shield
 ☐ Tether strap
☐ No
☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

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

- ☐ No
☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

- ☐ No (If "No", go to question 14)
☐ Yes (If "Yes", go to question 13a)
☒ Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

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

_____ miles

DRIVER ONLY

17. What race do you consider yourself?

- ☒ White
☐ Black
☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander
☐ Other (specify: _____)
☐ Unknown.

18. Are you of hispanic origin?

- ☒ No
☐ Yes

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 5

1. Primary Sampling Unit Number _____ 3. Vehicle Number 41
 2. Case Number - Stratum AB 1 1 4. Occupant Number 41

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?
☐ No (If "No", go to question 4)
☒ Yes (If "Yes", specify number in question 2 below and then go to question 3)
☐ Unknown

2. How many?
☒ One other person
☐ Two other persons
☐ Three other persons
☐ Four other persons
☐ Five other persons
☐ Six other persons
☐ Seven or more other persons
 (specify number:) _____

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

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

OCCUPANT CHARACTERISTICS

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

Height 5'6 Weight 240 Age 69
 Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

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

UPRIGHT / NORMAL

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

FEET ON BRAKE

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

BOTH HANDS ON WHEEL
10/2

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

☐ Yes
☒ Unknown

- 5d. Were you (Was he/she)
☒ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?
☒ No (If "No", go to question 7)
☐ Yes (If "Yes", go to question 6a)
☐ Unknown
- 6a. Can you remember what part of the vehicle you were (he/she was) thrown out?
☐ No
☐ Yes (Describe:) _____

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?
☐ No (If "No", go to question 8)
☒ Yes
☐ Unknown
- 7a. Were you (Was he/she) wearing the
☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?
- 7b. Can you describe how you were (he/she was) wearing the lap belt?
☐ Across the stomach
☒ Low on lap
☐ Other (specify:) _____
☐ Unknown
- 7c. Can you describe how you were (he/she was) wearing the shoulder belt?
☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:) _____
- 7d. Did any part of the belt system break or tear?
☒ No
☐ Yes (If "Yes", describe) _____
☐ Unknown

OCCUPANT ENTRAPMENT

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

National Accident Sampling System-Crashworthiness Data System: Interview Form

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PSU Number _____

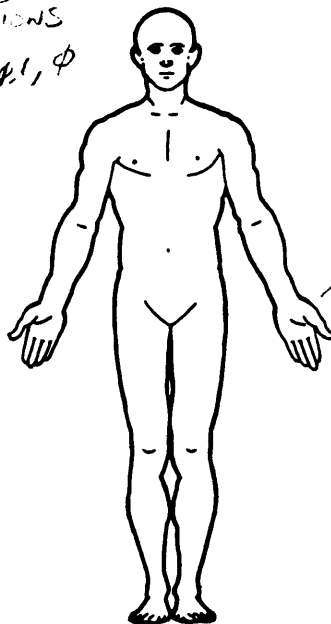
Case Number—Stratum AB 1 1Vehicle Number 41Occupant Number 41

INJURY DATA FROM INTERVIEWEE(S)

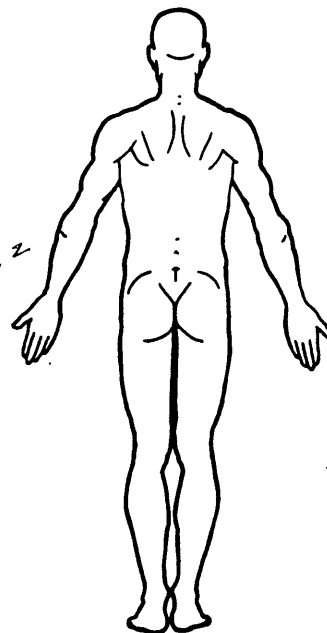
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES

MULTIPLE
CONUSIONS
990400.1, 0

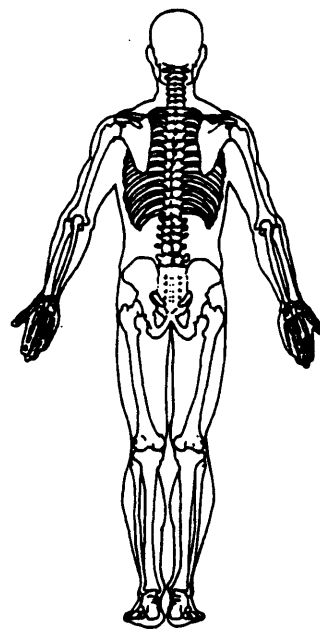
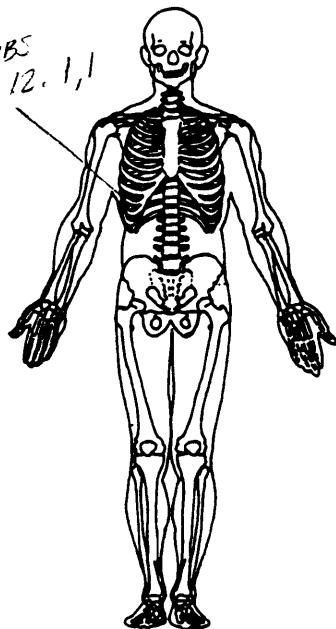


THUMB
SCORPED
752402.2, 2



SKELETAL INJURIES

FX RIBS
450212.1, 1



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

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number _____ 3. Vehicle Number 41
 2. Case Number - Stratum A B 1 1 4. Occupant Number 01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?
☐ No (If "No", go to next occupant. Stop if no other occupant.)
☒ Yes (If "Yes", complete Occupant Injury Questions)
☐ Unknown
2. Did you (he/she) receive any cuts, abrasions, or bruises?
☐ No (go to question 3)
☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
☐ Unknown
- 2a. Do you know what caused your (his/her) injury(s)?
☒ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown
3. Did you (he/she) experience any broken bones?
☐ No (If "No", go to question 4)
☒ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
☐ Unknown
- 3a. Do you know what caused the injury(s)?
☒ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown
4. Did you (he/she) injure your (his/her) head?
☒ No (If "No", go to question 5)
☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
☐ Unknown
- 4a. Do you know what caused the injury(s)?
☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
5. Were any of your (his/her) internal organs injured?
☒ No (If "No", go to question 6)
☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
☐ Unknown
- 5a. Do you know what caused this injury?
☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
6. Did you (he/she) suffer any joint sprains or muscle strains?
☒ No (If "No", go to question 7)
☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
☐ Unknown
- 6a. Do you know what caused the injury(s)?
☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
7. Did you (he/she) receive treatment for your (his/her) injury(s)?
☐ No (If "No", go to question 8)
☒ Yes (If "Yes", go to question 7a)
- 7a. Were you (Was he/she) treated by:
☒ Hospital/trauma center? (specify hospital name): _____
☐ Medical clinic
☐ Out patient surgery? (specify medical facility): _____
☐ Paramedics or first aid at the scene?
☐ A doctor in his/her office?
☐ Treated at home?
☐ None of the above, go to question 8.
- 7b. Were you (Was he/she) treated and released from the emergency room?
☒ No (If "No", go to question 7c.)
☐ Yes (If "Yes", go to question 7e.)
- 7c. Were you (Was he/she) hospitalized?
☐ No (If "No", give an explanation)
☒ Yes (If "Yes", go to question 7d.)

- 7d. How many days were you (was he/she) in the hospital?
0 days

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number _____

3. Vehicle Number 412. Case Number - Stratum AB114. Occupant Number 41

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☐ No☒ Yes (If "Yes", describe:)BACK SURGERY☐ Unknown

8. Have you (he/she) lost any days from work or school (college)?

☐ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☒ Not working prior to the accident☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number 3. Vehicle Number 41
 2. Case Number - Stratum AB11 4. Occupant Number 42

OCCUPANT DATA QUESTIONS SUPPLEMENT

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

RF OCL

2. Occupant Number 2 of 2.

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

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

OCCUPANT CHARACTERISTICS

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

Height 4'11 Weight 90 Age 42

Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

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

NORMAL

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

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

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

☐ Yes
☐ Unknown

5d. Were you (Was he/she)

- ☒ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

- ☒ No (If "No", go to question 7)
☐ Yes (If "Yes", go to question 6a)
☐ Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

- ☐ No
☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

- ☐ No (If "No", go to question 8)
☒ Yes
☐ Unknown

7a. Were you (Was he/she) wearing the

- ☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

- ☐ Across the stomach
☒ Low on lap
☐ Other (specify:)
☐ Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

- ☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:)

7d. Did any part of the belt system break or tear?

- ☒ No
☐ Yes (If "Yes", describe)
☐ Unknown

OCCUPANT ENTRAPMENT

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

- ☒ No
☐ Yes (If "Yes", describe)

☐ Unknown

National Accident Sampling System-Crashworthiness Data System: Interview Form

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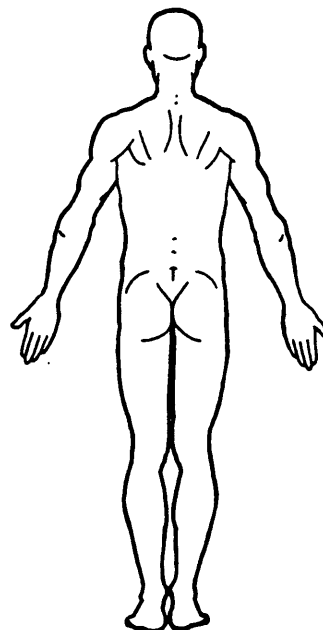
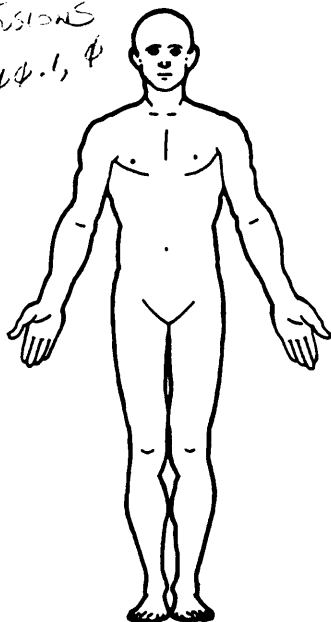
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INJURY DATA FROM INTERVIEWEE(S)

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

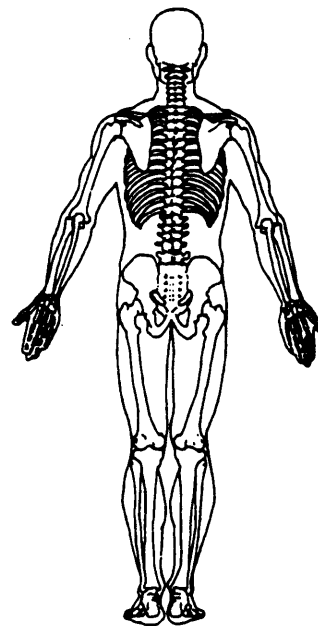
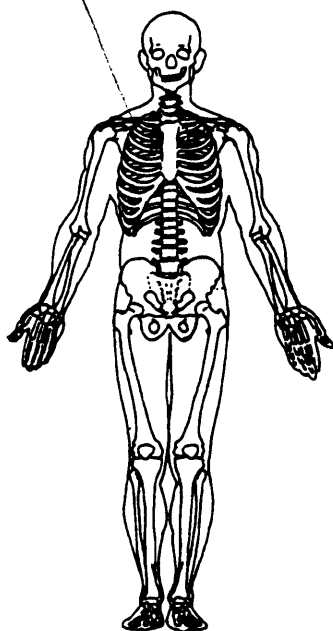
SOFT TISSUE/INTERNAL INJURIES

MULTIPLE
CONCUSSIONS
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FX COLLAR SCAP
752244.2, 1

SKELETAL INJURIES



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

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number _____

2. Case Number - Stratum 1 2 1 1

3. Vehicle Number 2 1

4. Occupant Number 1 2

OCCUPANT INJURY DATA QUESTIONS

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

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 4

1. Primary Sampling Unit Number

3. Vehicle Number

41

2. Case Number - Stratum

1211

4. Occupant Number

42

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☒ No☐ Yes (If "Yes", describe:)☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

☐ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☒ Unknown



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

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 64
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 165
Code actual height to the nearest
centimeter.
(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight 169
Code actual weight to the nearest
kilogram.
(999) Unknown

244 pounds X .4536 = 110.9 kilograms

9. Occupant's Role 1

(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

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

Third Seat

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

Fourth Seat

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

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

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

Abnormal posture

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

EJECTION/ENTRAPMENT

12. Ejection 4

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

13. Ejection Area 5

- (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 4

- (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) 4

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

16. Entrapment 4

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

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 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 1

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

Belt Used Improperly

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

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

(9) Unknown _____

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

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

(6) Broken retractor _____

(7) Combination of above (specify): _____

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

(9) Unknown _____

21. Air Bag System Availability/Function 1

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

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

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

23. Are There Indications of Air Bag System Failure? 1

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

(9) Unknown _____

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

24. Police Reported Restraint Use 2

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

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

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

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

(9) Unknown

26. Seat Type (this Occupant Position) 21

- (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 2 4 4

(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 4

(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 4

(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 4 432. Child Safety Seat Shield Usage 4 433. Child Safety Seat Tether Usage 4 4Note: 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 CONSEQUENCES34. Injury Severity (Police Rating) 3

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

35. Treatment - Mortality 3

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

Nonfatal

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

- (9) Unknown

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

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

- (9) Unknown

37. Hospital Stay 4 6

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

38. Working Days Lost 9 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

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 4 4

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

40. 1st Medically Reported Cause of Death 1 041. 2nd Medically Reported Cause of Death 1 042. 3rd Medically Reported Cause of Death 1 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
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

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

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 1 3

- _____ 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 4

- (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 4

- (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 1

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

47. Proper Use of Automatic (Passive) Belt System 2

- (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 4

- (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) 1

- (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

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score 2 7
(at Medical Facility)

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

51. Was the Occupant Given Blood? 2

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

52. Arterial Blood Gases (ABG) - HCO₃ 2 7

- (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

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

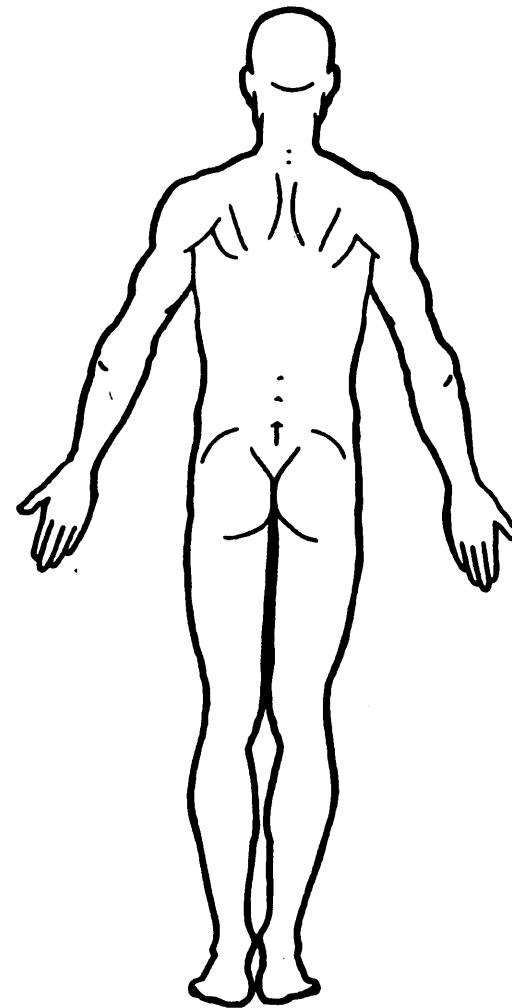
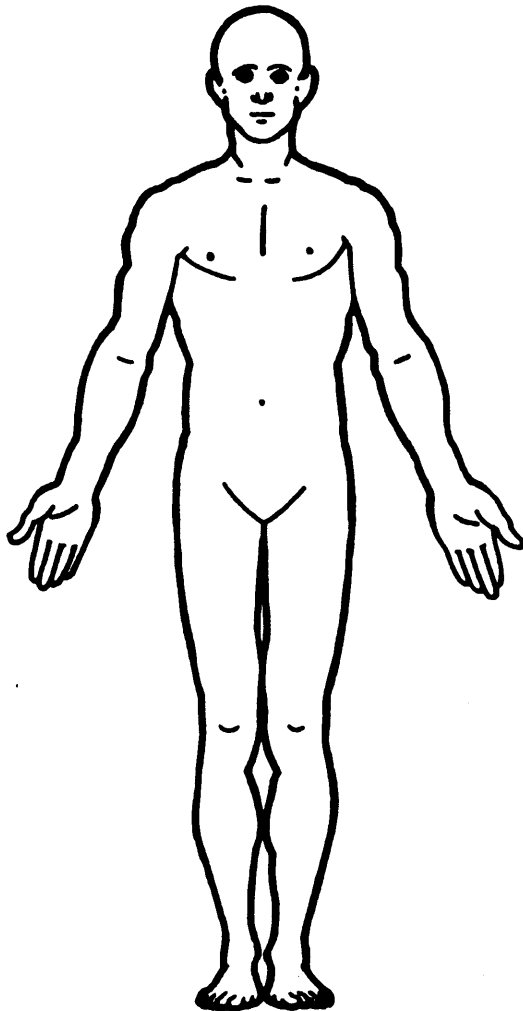
INJURY DATA

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

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



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

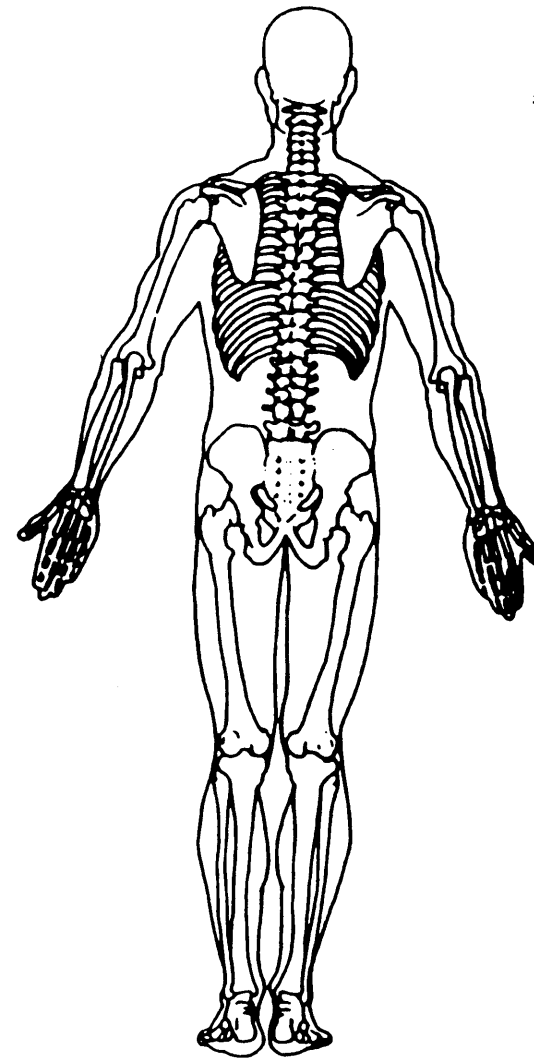
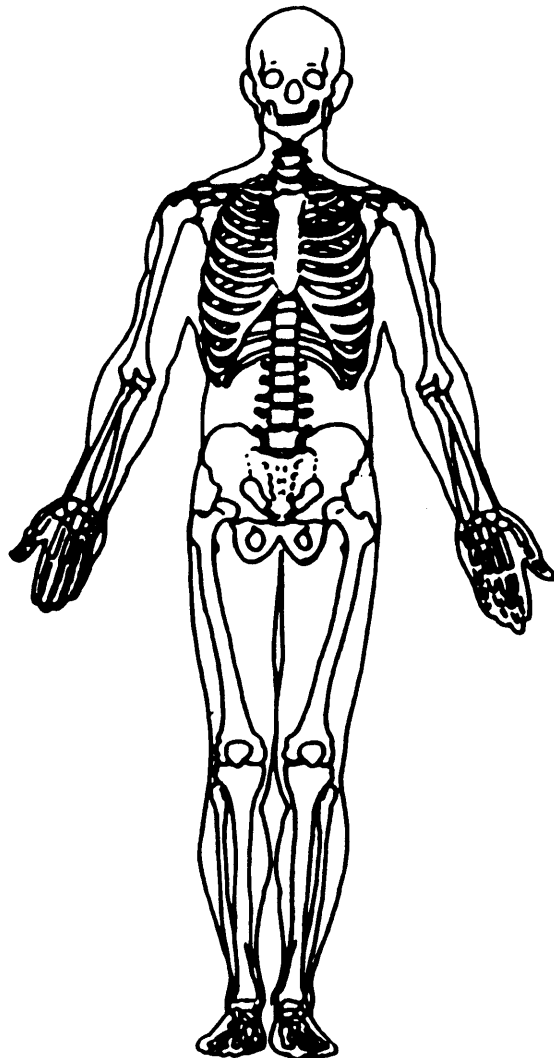
pH = ____

PO₂ = ____

PCO₂ ____

HCO₃ ____

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



[illegible]



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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

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) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

51 inches X 2.54 = 154 centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

192 pounds X .4536 = 841 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 1

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

13. Ejection Area 1

- (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 1

- (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) 2

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

16. Entrapment 1

(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

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 3

RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>21. Air Bag System Availability/Function <u>4</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>18. Manual (Active) Belt System Use <u>4</u> <u>4-</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>22. Air Bag System Deployment <u>4</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag deployed during accident (as a result of impact)</p> <p>(2) Air bag deployed inadvertently just prior to accident</p> <p>(3) Air bag deployed, accident sequence undetermined</p> <p>(4) Nondeployed</p> <p>(5) Unknown if deployed</p> <p>(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(9) Unknown</p> <p>23. Are There Indications of Air Bag System Failure? <u>4</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown</p>
<p>19. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p> <p>24. Police Reported Restraint Use <u>4</u></p> <p>(0) None used</p> <p>(1) Police did not indicate restraint use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Other or automatic restraint (specify): _____</p> <p>(8) Restrained, type unknown</p> <p>(9) Police indicated "unknown"</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 4

HEAD RESTRAINT AND SEAT EVALUATION

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

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

(9) Unknown

26. Seat Type (this Occupant Position)

- (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) 7

- (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 1 2 3
 (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 1
 (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 1 2
 (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 1 2

32. Child Safety Seat Shield Usage 1 2

33. Child Safety Seat Tether Usage 1 2

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 CONSEQUENCES34. Injury Severity (Police Rating) 3

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

35. Treatment - Mortality 4

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

Nonfatal

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

- (9) Unknown

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

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

- (9) Unknown

37. Hospital Stay 4 4

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

38. Working Days Lost 1 9

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

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 4

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

40. 1st Medically Reported Cause of Death 1 241. 2nd Medically Reported Cause of Death 1 242. 3rd Medically Reported Cause of Death 1 4

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

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

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 1 2

- _____ 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** 5

- (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 2

- (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 2

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

47. Proper Use of Automatic (Passive) Belt System 2

- (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 4

- (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) 1

- (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

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score (at Medical Facility)** 9 7

- (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? 7

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

52. Arterial Blood Gases (ABG) - HCO₃ 7 7

- (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

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [☒] YES [☐]

UPDATE CANDIDATE?

NO [☒] YES [☐]



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number _____

3. Vehicle Number 41

2. Case Number - Stratum AB 11

4. Occupant Number 42

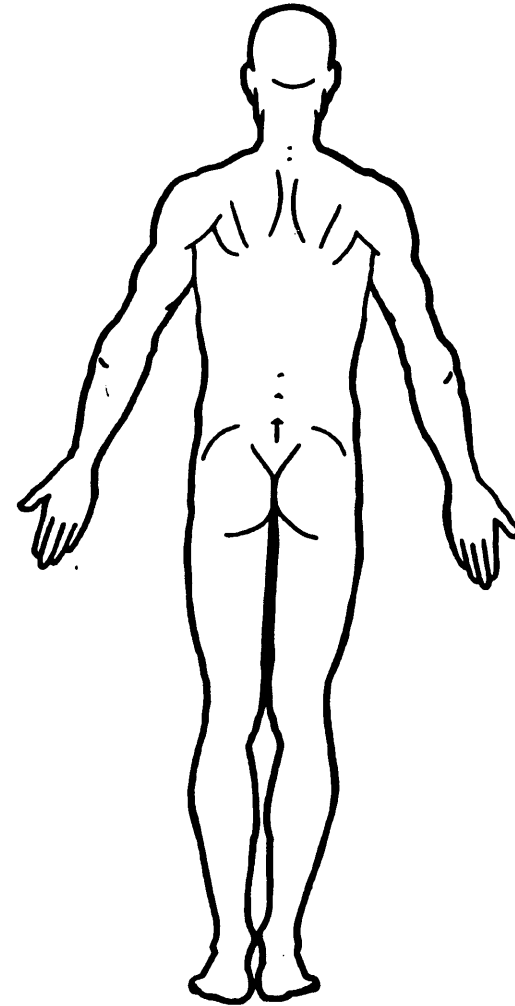
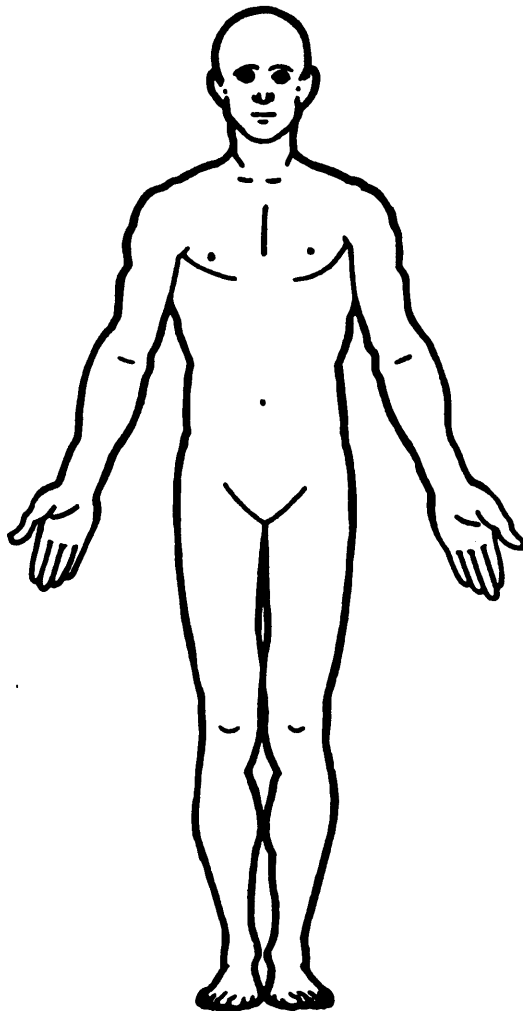
INJURY DATA

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



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

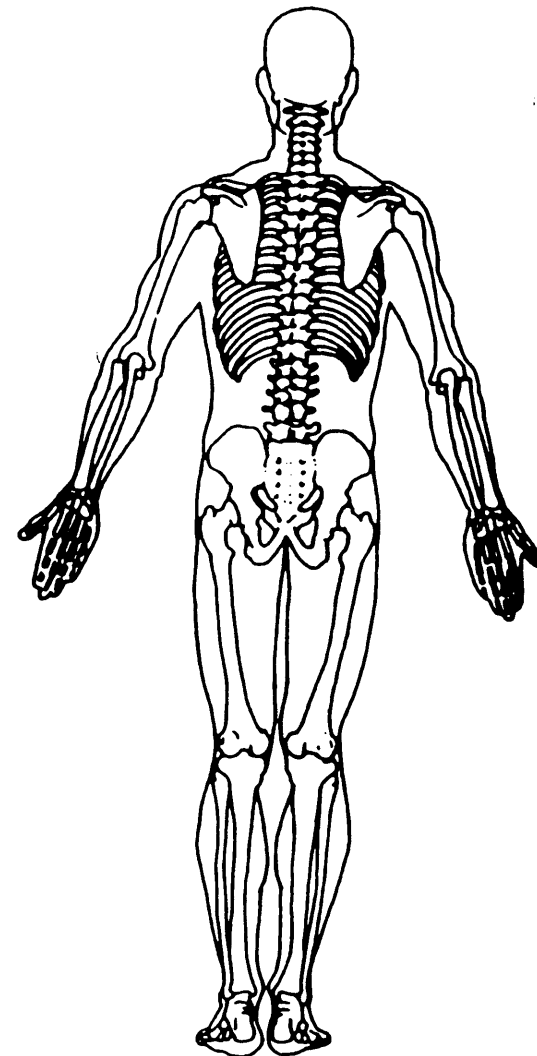
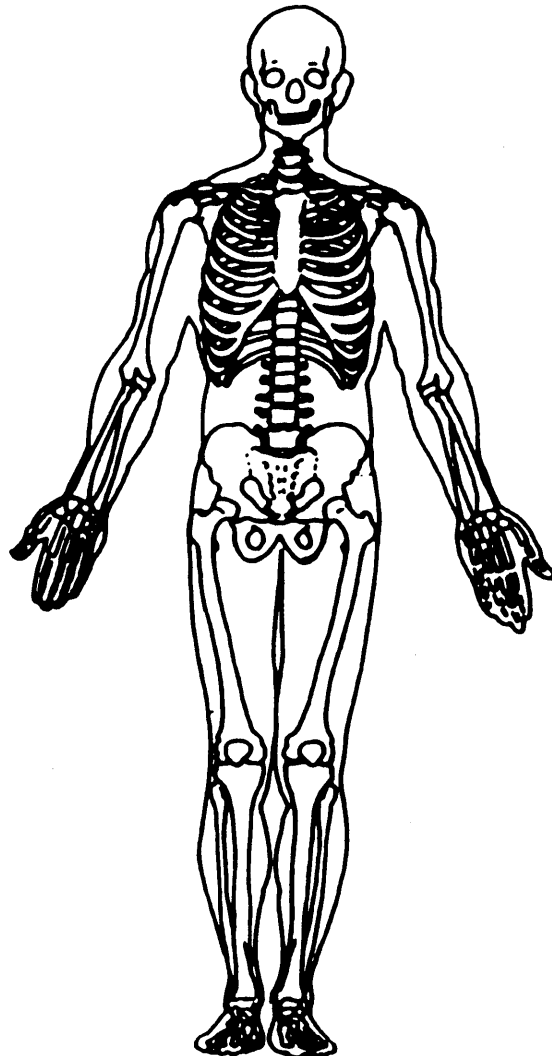
pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

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



[illegible]

STATE OF COLORADO
INVESTIGATOR'S
TRAFFIC ACCIDENT REPORT

TEL NO:

SHEET 1 OF 1 SHEETS

BEST AVAILABLE COPY

DATE OF ACCIDENT 9/3		TIME		DAY OF WEEK		CITY		COUNTY		CO.																																					
DATE REPORTED 9/3		TIME		INVESTIGATED AT SCENE		LAW ENFORCEMENT AGENCY STATE Patrol		REVIEWED		DETAILS																																					
DATE APPROVED AT SCENE 9/3		TIME		OFFICER NUMBER		NAME		SIGNATURE		DETAILS																																					
DATE OF REPORT 9/3		LOCATION: ROUTE, STREET, ROAD 11 miles west of ROUTE ST. RD. MILEPOST																																													
NUMBER KILLED 0		NUMBER INJURED 8		AT THE INTERSECTION WITH																																											
PUBLIC PROPERTY PUBLIC EMPLOYEE		TOTAL VEHICLES 1		DISTRICT NUMBER		PHOTO TAKEN		RAILROAD CROSSING		CONST. ZONE																																					
WILD GAME		PRIVATE PROPERTY		INCOMPLETE REPORT																																											
VEH #1 OR LAST NAME		PARKED		UNATTENDED		PEDESTRIAN		VEH #2 OR LAST NAME		PARKED																																					
STREET ADDRESS		CITY		STATE		ZIP CODE		STREET ADDRESS		CITY																																					
STATE		ZIP CODE		CITY		STATE		ZIP CODE		CITY																																					
DRIVER LIC. NO.		STATE		SEX		DATE OF BIRTH		DRIVER LIC. NO.		STATE																																					
VIOLATION(S)		CITATION NUMBER(S)		COMMON CODE(S)		VIOLATION(S)		CITATION NUMBER(S)		COMMON CODE(S)																																					
YEAR		MAKE		MODEL		YEAR		MAKE		MODEL																																					
LIC. PLATE NO.		STATE		BODY TYPE		COLOR		LIC. PLATE NO.		STATE																																					
VEH. IDENT. NO.		CITY		STATE		ZIP CODE		VEH. IDENT. NO.		CITY																																					
VEH. OWNER LAST NAME		FIRST		MI		VEH. OWNER LAST NAME		FIRST		MI																																					
ADDRESS		CITY		STATE		ZIP CODE		ADDRESS		CITY																																					
DAMAGE SEVERITY: 1-LIGHT 2-MODERATE 3-EXTREME		POLICY #		EXP. DATE		DAMAGE SEVERITY: 1-LIGHT 2-MODERATE 3-EXTREME		POLICY #		EXP. DATE																																					
NO Underscarriage		NO Underscarriage		NO Underscarriage		NO Underscarriage		NO Underscarriage		NO Underscarriage																																					
VEH # TOWED BY/TO		OWNER OF DAMAGED PROP.		LAST NAME		FIRST		MI		ADDRESS																																					
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE																																					
<p>VEH #1 WAS WEST BOUND WHEN SHE RAN OFF OF THE LEFT SIDE OF THE ROAD OVERCORRECTED CAUSING HER VEH TO CROSS THE ROAD AND COLLIDE WITH THE NORTH SIDEWALK OF BRIDGE #1 CONTINUED WEST ALONG THE GARDEN THEN DISORIENTED WENT ACROSS THE ROAD COLLIDING HEAD ON WITH THE SOUTH BRIDGE RAIL ROLLING BACKWARDS TO REST IN THE ROAD</p>																																															
<p>INDICATE NORTH BY ARROW</p>																																															
<p>DIAGRAM ON BACK.</p>																																															
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