



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

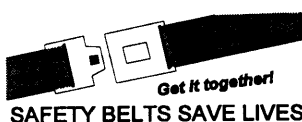
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Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with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

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

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

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

TRANSPORTATION RESEARCH CENTER

[REDACTED]

REMOTE AIR BAG REPORT

CASE NO. - 93-14  
FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED]  
ACCIDENT DATE [REDACTED] 1993

Submitted By:

[REDACTED]  
[REDACTED] 1994

Revised Submission:

[REDACTED]

Contract Number: DTNH22-94-A-07048

Prepared for:

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

## **DISCLAIMERS**

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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 precrash, crash, and post-crash movements of involved vehicles and occupants.

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

1. Report No. TRC/IU Case No. 93-14		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Fleet - Private Vehicle Location - [REDACTED]				5. Report Date [REDACTED]/94	
				6. Performing Organization Code	
				8. Performing Organization Report No. TRC/IU 93-14, Task 0302	
7. Author(s) [REDACTED]				10. Work Unit No. (TRAIS)	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED]-1599				11. Contract or Grant No. DTNH22-94-A-07048	
				13. Type of Report and Period Covered [REDACTED] 1993	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag investigation involving a 1993 Nissan Altima, 4-door sedan					
16. Abstract <p>This report covers a remote investigation of an air bag deployment crash that involved a 1993 Nissan Altima and a 1991 Toyota Celica. The Altima was traveling east in the westbound lane of a two-lane, undivided city street. The Altima had swerved into the westbound lane to avoid a vehicle, headed eastward, which was double parked, partially blocking the eastbound travel lane. The front left of the Altima (case vehicle) impacted the front left of the Celica causing the case vehicle's driver side supplemental restraint system (air bag) to deploy. The case vehicle's driver (27 year-old male) was allegedly restrained by the available, passive, two-point, shoulder belt and the active, lap belt and sustained minor injuries which included: hyphema (contusion) to both eyes, corneal abrasions to both eyes, and periorbital abrasions and contusion to the left eye. According to the Police Accident Report, the passenger in the case vehicle (26 year-old female) was not wearing her available, passive, two-point, shoulder belt or active, lap belt and was not injured.</p>					
17. Key Words Motor Vehicle Traffic Accident Air Bag Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages 54	22. Price		



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# TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 93-14

FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED]

## Summary

This report concerns a motor vehicle crash involving an air bag equipped 1993 Nissan Altima and a 1991 Toyota Celica occurring on [REDACTED] 1993 at [REDACTED] p.m., in [REDACTED] on a city street.

The Altima was traveling east in the westbound lane of a two-lane undivided city street when it impacted the Celica which was slowing down heading west in the westbound lane on the same roadway. The Altima had swerved into the westbound lane to avoid a vehicle, headed eastward, which was double parked, partially blocking the eastbound travel lane. The Altima rotated slightly counterclockwise after impact and came to rest on the centerline facing essentially eastward. The Celica moved backwards and rotated slightly counterclockwise after impact and came to rest in the westbound lane facing essentially westward.

The front left of the Altima impacted the front left of the Celica. The CDC is estimated as: 12-FLEE-3 for the Altima and, with no available vehicle photographs, is not estimable for the Celica. No reconstruction program was used on this crash.

The 1993 Nissan Altima was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the Altima (27 year-old male) was also allegedly restrained by the available, passive, two-point, shoulder belt and active, lap belt. He sustained minor injuries which included: hyphema (contusion) to both eyes, corneal abrasions to both eyes, and periorbital abrasions and contusion to the left eye from contacting the air bag. The driver of the Altima was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this crash. According to the Police Accident Report, the passenger in the Altima (26 year-old female) was not wearing her available, passive, two-point, shoulder belt or active, lap belt and did not sustaining any injury in this crash. The driver (41 year-old male) of the Celica was listed on the Police Accident Report as using his available restraint system and as not sustaining any injury as a result of this crash.

# TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED] ILLINOIS  
CASE NO. - 93-14

## ACCIDENT DATA

Location/Street: City Street  
City/Township: [REDACTED] County, [REDACTED]  
Area/Type: Urban/Residential  
Accident Date/Time: [REDACTED] 1993 @ [REDACTED] p.m.  
Investigating Police Agency: [REDACTED] Police Department  
Accident Type: Car / Car - head-on  
Occupant Injury Severity  
(air bag vehicle): Hyphema eyes (AIS-1)

## AMBIENT CONDITIONS

Light conditions: Dark, road lighted  
Weather Condition: Clear  
Precipitation: None  
Road Surface: Dry

## ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Surface Type:	Unknown	Unknown
Vertical alignment:	Level	Level
Horizontal alignment:	Straight	Straight
Traffic Density:	Light	Light
Speed Limit:	56 k.p.h. (35 m.p.h.)	56 k.p.h. (35 m.p.h.)
Traffic Controls:	None	None

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1993	1991
Make:	Nissan	Toyota
Model:	Altima	Celica
Body Type:	4-door, sedan	3-door, liftback
V.I.N.:	1N4BU31F0PC-----	JT2ST85NXM0-----
Mileage:	Unknown	Unknown
Securiflex windshield:	Unknown	Unknown
Windshield damage/source:	None	Unknown
Fleet:	Private vehicle	Company vehicle
Tow status:	Towed due to damage	Driven away
Reported Defects:	None: {driver complained about low air bag deployment threshold}	Unknown

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Object Struck:	Vehicle #2	Case Vehicle
Event number:	First	First
Damage location:	Front left	Front left
CDC:	12-FLEE-3	Unknown
Estimated Maximum Crush:	Unknown (vehicle repaired and sold)	Unknown
Damage components:	Bumper, splash pan, front left headlight assembly, left fender	Unknown
Repair Estimate:	Unknown	Unknown
Interior damage:	Unknown	Unknown

**COLLISION SEQUENCE**

According to the case vehicle driver, the case vehicle was traveling east in the eastbound lane of a two-lane, undivided, city street at a driver estimated speed of 32-40 k.p.h. (20-25 m.p.h.) when the driver encountered a vehicle, headed eastward, which was double parked, partially blocking the eastbound travel lane. According to the case vehicle driver and the Police Accident Report, the driver of the case vehicle swerved into the westbound lane where an impact occurred between the case vehicle and vehicle #2.

According to the case vehicle driver and the diagram on the Police Accident Report, the front left of the case vehicle collided with the front left of vehicle #2. According to the case vehicle driver, the case vehicle rotated counterclockwise after impact and came to rest on the centerline facing essentially eastward, and vehicle #2 moved backwards and rotated slightly counterclockwise after impact and came to rest in the westbound lane facing essentially westward.

According to the driver of the case vehicle and the driver's medical records, the case vehicle was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact with vehicle #2. The driver of the case vehicle indicates that he was also restrained by the available, passive, two-point, shoulder belt and active, lap belt. The Police Accident Report indicates that the driver was using the available seat belts, without further specificity. The case vehicle driver and the driver's medical records indicate that he sustained hyphema (contusion) to both eyes from contacting the air bag. In addition, the driver's medical records indicate that he (1) sustained corneal abrasions to both eyes, a small laceration to the left cheek, and periorbital abrasions and contusion to the left eye, and (2) had a blood alcohol concentration of 207 mg/dl.

**DRIVER DATA**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	27	41
Sex:	Male	Male
Height:	183 cm (72 in)	Unknown
Weight:	79 kg (175 lbs)	Unknown
Occupation:	Manager	Unknown
Active Restraint System/Usage:	2-point lap belt/used	3-point lap and shoulder/Used
Passive Restraint System/Usage:	2-point shoulder belt/used	
Usage Source:	Driver and Police Accident Report	Police Accident Report

**DRIVER DATA (CONT'D.)**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Eye glasses/contacts:	Contacts	Unknown
Vehicle Familiarity:	Several months	Unknown
Route Familiarity:	Daily	Unknown
Trip Plan:	Unknown	Unknown
Manner of Leaving Scene:	Ambulance	Drove vehicle away
Type of Medical Treatment:	Treated and released	Unknown

**DRIVER INJURIES**

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Hyphema (contusion) right eye	240604.1,1	Air bag
Hyphema (contusion) left eye	240604.1,2	Air bag
Corneal abrasion right eye	240602.1,1	Air bag
Corneal abrasion left eye	240602.1,2	Air bag
Laceration left cheek	290602.1,2	Air bag
Abrasions left eyelid	297202.1,2	Air bag
Contusion left eyelid	297402.1,2	Air bag

**PASSENGER INJURIES**

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Not injured	Not applicable	Not applicable

**DISCUSSION**

This case was initiated for investigation because of an air-bag-related, eye-injury, phone call made by a physician to the National Highway Traffic Safety Administration's Auto Safety Hot Line. The following narrative presents a review of the crash and a brief discussion of the case vehicle driver's injuries.

The case vehicle driver is: male, 27 years-old, 183 cm (72 in), and 79 kg (175 lbs). He was accompanied by a female, 26 years-old, who was uninjured in the crash. The case vehicle was a 1993 Nissan Altima, four-door sedan, equipped with a driver side supplemental restraint system (air bag); a passive, two-point, shoulder belt; and an active, two-point, lap belt. According to the case vehicle driver, the case vehicle was eastbound on a two-lane, undivided, city street when the case vehicle encountered a vehicle, headed eastward, which was double parked, partially blocking the eastbound travel lane. According to the case vehicle driver and the police accident report, the driv-

**DISCUSSION (CONT'D.)**

er of the case vehicle swerved into the westbound lane where the impact with vehicle #2 occurred causing the air bag to deploy. According to the case vehicle driver, after the impact the case vehicle rotated slightly counterclockwise after impact and came to rest on the centerline facing essentially eastward, and vehicle #2, which was slowing down prior to the crash, moved backwards and rotated slightly counterclockwise after impact and came to rest in the westbound lane facing essentially westward. The case vehicle driver estimates his pre-crash travel speed at 32-40 k.p.h. (20-25 m.p.h.). In addition, the driver indicates that he steered to the right but never applied his brakes. The case vehicle driver also indicated that the point of contact on his vehicle and vehicle #2 was primarily at the left headlight housing area and bumper corner.

According to the case vehicle driver, his car was equipped with bucket seats and an adjustable (tilt) steering wheel. He indicates that his seat was adjusted to the fully rearward position and the tilt steering wheel was angled up in the middle position. The case vehicle driver also indicates that he was seated in the normal driving posture with his back against the seat back--which was angled slightly backward, and his head upright and facing forward. The case vehicle driver alleges that he was restrained with the manual, lap belt--low on his lap, and passive, shoulder belt--location unknown. The case vehicle driver further indicates that he was wearing contact lens at the time of the crash.

Based upon the case vehicle driver's opinion, the air bag deployed at a low threshold (i.e., he did not think the air bag should have deployed in this collision.); NOTE: no vehicle inspection was made, and the vehicle was subsequently repaired and sold. The case vehicle driver was not able to recall whether he went full-face into the air bag. Based on his description of the events, the direction of principal force was probably in the eleven to twelve o'clock region. The case vehicle driver indicates that no glazing was broken and no intrusions occurred into the occupant compartment.

The case vehicle driver indicates that after the crash he sat stunned momentarily from the air bag deployment then asked his passenger if she was injured. The case vehicle driver indicates that he was transported to the closest hospital where, according to his medical records, a physician identified a hyphema in his left eye, a left corneal abrasion, and abrasions and contusion to his left eyelid. His medical records also indicate that (1) an eye specialist was contacted, (2) the specialist agreed to see the subject, and (3) the subject was subsequently transferred to the eye specialists hospital to see the eye specialist. According to the medical records from the second hospital, the subject made at least five follow-up visits for eye examinations subsequent to his initial transferred. The subject's eyes were examined by at least two eye specialists.

According to the case vehicle driver's medical records from the hospital of the eye specialist, the eye specialists diagnosed: bilateral hyphemas (contusions) and corneal abrasions and a minor laceration to the left cheek.

**SELECTED PRINTS**

A total of two color copies of photographs are presented and referenced as Photograph #01 and Photograph #02. These photographs were taken and made available by the driver of the case vehicle.





# 01 -- [REDACTED], 1993  
 [REDACTED] Illinois  
 TRC/IU: 93-14, Task: 0302  
 Owner Photo: 1993 Altima  
 front left impact damage



# 02 -- [REDACTED] 1993  
 [REDACTED] Illinois  
 TRC/IU: 93-14, Task: 0302  
 Owner Photo: deployed front  
 left air bag & passive belts

**Appendix A:**

**Police Accident Report**

\*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

47 DIAGRAM																																	
					<b>48 COMMERCIAL VEHICLE</b> UNIT NO. _____ CARRIER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ 52 IS NUMBER _____ US DOT _____ ICCMC _____ or State No. _____ State name _____ 53 HAZARDOUS MATERIALS: RECORDED? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: 4-Digit _____ or Name _____ 1-Digit _____ Hazardous cargo released from truck? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Violation of HAZMAT reg. contribute to crash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Violation of MCS reg. contribute to crash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Inspection form completed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk - HAZMAT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk - MCS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk																												
49 NARRATIVE (Refer to vehicle by Unit No.) UNIT # 2 WAS STOPPED IN TRAFFIC FACING W/B ON [REDACTED] WHEN UNIT # 1, WHICH WAS E/B ON [REDACTED], SWEAVED VEH. AND STRUCK UNIT # 2					54 DOT PERMIT # _____ 55 TRAILER DATA (in) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Over 100'</td> <td>Over 100'</td> <td>Over 100'</td> </tr> <tr> <td>Trailer 1 <input type="checkbox"/></td> <td>Trailer 1 <input type="checkbox"/></td> <td>Trailer 1 <input type="checkbox"/></td> </tr> <tr> <td>Trailer 2 <input type="checkbox"/></td> <td>Trailer 2 <input type="checkbox"/></td> <td>Trailer 2 <input type="checkbox"/></td> </tr> </table> TRAILER LENGTHS - ft TRAILER 1 _____ TRAILER 2 _____ VEHICLE LENGTH (TOTAL) - ft NO. OF AXLES _____ 56 IN CITY OF / (NEAREST CITY): _____ Miles N E S W of (Circle) <b>CHICAGO</b> 56 VEHICLE CONFIGURATION (Circle Applicable Number) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1  Bus</td> <td>4  Truck/trailer</td> <td>7  Tractor/double trailer</td> </tr> <tr> <td>2  Single unit truck, 2 axle, 6 ft</td> <td>5  Tractor/trailer</td> <td></td> </tr> <tr> <td>3  Single unit truck, 3 or more axle</td> <td>6  Tractor/semitrailer</td> <td>9  Unknown Heavy Truck</td> </tr> </table> 57 CARGO BODY TYPE (Circle Applicable Number) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1  Bus</td> <td>4  Flatbed</td> <td>7  Auto transporter</td> </tr> <tr> <td>2  Van/enclosed box</td> <td>5  Dump</td> <td>8  Garbage/refuse</td> </tr> <tr> <td>3  Cargo tank</td> <td>6  Concrete mixer</td> <td>9  Unknown</td> </tr> </table>		Over 100'	Over 100'	Over 100'	Trailer 1 <input type="checkbox"/>	Trailer 1 <input type="checkbox"/>	Trailer 1 <input type="checkbox"/>	Trailer 2 <input type="checkbox"/>	Trailer 2 <input type="checkbox"/>	Trailer 2 <input type="checkbox"/>	1  Bus	4  Truck/trailer	7  Tractor/double trailer	2  Single unit truck, 2 axle, 6 ft	5  Tractor/trailer		3  Single unit truck, 3 or more axle	6  Tractor/semitrailer	9  Unknown Heavy Truck	1  Bus	4  Flatbed	7  Auto transporter	2  Van/enclosed box	5  Dump	8  Garbage/refuse	3  Cargo tank	6  Concrete mixer	9  Unknown
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DATE & TIME WANTED DRIVER	SEX	RACE	AGE	H/A/R/OOL	DISTINGUISHING MARKS / CLOTHING DESCRIPTION	UNIT NO.	VEH. COLOR																										
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COURT RM.	COURT DATE	TIME	AM PM	CHARGES	<input type="checkbox"/> EXC. CLEARED																												

**Appendix B:**

NASS CDS Accident Form



## ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

9314

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted

02

4. Date of Accident  
(Month, Day, Year)

[REDACTED] 9 3

5. Time of Accident

[REDACTED]

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.    SS14 Fatal AOPS

0

7.    SS15 Administrative Use

0

8.    SS16                     

0

9.    SS17                     

0

10.    SS18                     

0

### NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident

01

Code the number of events which occurred  
in this accident.

### ACCIDENT EVENTS

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

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

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

### CODES FOR CLASS OF VEHICLE

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

### CODES FOR GENERAL AREA OF DAMAGE (GAD)

#### CDS APPLICABLE AND OTHER VEHICLES

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

#### TDC APPLICABLE VEHICLES

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

### CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

#### (01-30) — Vehicle Number

##### Noncollision

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

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

##### Collision With Fixed Object

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

(45) Breakaway pole or post (any diameter)

##### Nonbreakaway Pole or Post

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

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)  
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

##### Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

**Appendix C:**

NASS CDS General Vehicle Form:

Case Vehicle





## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9314

3. Vehicle Number

01

### VEHICLE IDENTIFICATION

4. Vehicle Model Year

93

Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify):

NISSAN

35

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

6. Vehicle Model (specify):

ALTIMA

047

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

7. Body Type

04

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

8. Vehicle Identification Number

1N4BU31F0PC [REDACTED]

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

### OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

1

10. Police Reported Travel Speed

999

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

\_\_\_ mph X 1.6093 = \_\_\_ kph

11. Police Reported Alcohol Presence

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

0

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

21

Source: MEDICAL

### ACCIDENT RELATED

13. Speed Limit

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

056

35 mph X 1.6093 = 056 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):

07

(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):

50

(99) Unknown

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

## OCCUPANT RELATED

## 16. Driver Presence in Vehicle

- (0) Driver not present  
 (1) Driver present  
 (9) Unknown

1

## 17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown

02

## 18. Number of Occupant Forms Submitted

02

## VEHICLE WEIGHT ITEMS

## 19. Vehicle Curb Weight

- Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown

1.2802829 lbs X .4536 = 1.283 kgsSource: Auto News

## 20. Vehicle Cargo Weight

- Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown

0.000

\_\_\_\_ lbs X .4536 = \_\_\_\_ kgs

## RECONSTRUCTION DATA

## 21. Towed Trailing Unit

- (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown

0

## 22. Documentation of Trajectory Data for This Vehicle

- (0) No  
 (1) Yes

0

## 23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (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

0

## 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)

9

## 26. Rear Override/Underride (this Vehicle)

0

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

*Override (see specific CDC)*

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

*Underride (see specific CDC)*

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

- (7) Medium/heavy truck or bus override  
 (9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

## 27. Heading Angle For This Vehicle

999

## 28. Heading Angle For Other Vehicle

999

29. Basis for Total Delta V (highest) 6*Delta V-Calculated*

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

*Delta V Not Calculated*

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

**COMPUTER GENERATED DELTA V**

30. Total Delta V

Secondary Highest

999

\_\_\_\_ Nearest kph \_\_\_\_\_

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

31. Longitudinal Component of  
Delta V+ 999

\_\_\_\_ Nearest kph \_\_\_\_\_

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(±160) ±159.5 kph and above  
(\_\_999) Unknown

32. Lateral Component of Delta V

Secondary Highest

+ 999

\_\_\_\_ 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

999900

\_\_\_\_ 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 [X] NO

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

37. Police Reported Other Drug Presence 0

- (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 0

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

39. Other Drug Specimen Test Type For Driver 0

- (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>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</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

## 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 10*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) 1

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

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

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

**Appendix D:**

NASS CDS General Vehicle Form:

Vehicle #2



## GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

### VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify):

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

6. Vehicle Model (specify):

CELICA GTS  
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

JT2ST85NXMO

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

### OFFICIAL RECORDS

9. 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: PAR

### ACCIDENT RELATED

13. Speed Limit

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

35 mph X 1.6093 = 056 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

- (0) Driver not present  
(1) Driver present  
(9) Unknown

1

## 17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown

01

## 18. Number of Occupant Forms Submitted

00

## VEHICLE WEIGHT ITEMS

## 19. Vehicle Curb Weight

- Code weight to nearest 10 kilograms.  
(045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

1,2202,696 lbs X .4536 = 1,223 kgs

Source: \_\_\_\_\_

## 20. Vehicle Cargo Weight

- Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

999

\_\_\_\_\_, \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

## RECONSTRUCTION DATA

## 21. Towed Trailing Unit

- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

0

## 22. Documentation of Trajectory Data for This Vehicle

- (0) No  
(1) Yes

0

## 23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (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): \_\_\_\_\_

0

(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)

9

## 26. Rear Override/Underride (this Vehicle)

0

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

*Override (see specific CDC)*

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

*Underride (see specific CDC)*

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

- (7) Medium/heavy truck or bus override  
(9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

## 27. Heading Angle For This Vehicle

999

## 28. Heading Angle For Other Vehicle

999

29. Basis for Total Delta V (highest) 6*-Delta V-Calculated*

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

*Delta V Not Calculated*

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

**COMPUTER GENERATED DELTA V**

30. Total Delta V

Secondary Highest

999

\_\_\_\_ Nearest kph \_\_\_\_\_

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

31. Longitudinal Component of  
Delta V+  
- 999

\_\_\_\_ Nearest kph \_\_\_\_\_

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(±160) ±159.5 kph and above  
(\_\_999) Unknown

32. Lateral Component of Delta V

Secondary Highest

+  
- 999

\_\_\_\_ 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

9999.900

\_\_\_\_ 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

0

35. Type of Vehicle Inspection

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

0

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

2

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

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

37. Police Reported Other Drug Presence 0

- (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 0

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

39. Other Drug Specimen Test Type For Driver 0

- (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>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</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

**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 62*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 Manuever 1

- (0) No avoidance manuever
- (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 Manuever (Corrective Action) 1

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

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

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

**Appendix E:**

NASS CDS Interview Form:

Case Vehicle Driver and Passenger



## INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>[REDACTED]</u>
2. Case Number - Stratum <u>93</u> <u>14</u>	
3. Vehicle Number <u>01</u>	

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

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

### DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

[REDACTED] 20-25 mph.  
ON [REDACTED] E/B CARS double parked on  
both sides between [REDACTED] + [REDACTED].  
W/B CAR + us both Glancing type Blow  
Both VEH (L) front CORNERS  
Both riding center line going around CARS  
AIRBAG deployed immediately

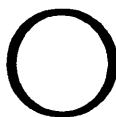
Other CAR Toyota

DAR # [REDACTED]  
will sign release

### OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

CAR has been REPAIRED and sold  
TREATED + Released @ [REDACTED] Hosp. was  
referred to [REDACTED] Eye + EAR INFERM<sup>RY</sup>  
DR [REDACTED]  
[REDACTED] suite [REDACTED]

## ACCIDENT DIAGRAM



NORTH

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





## INTERVIEW FORM (B)

1. Primary Sampling Unit Number 10  
2. Case Number - Stratum 93 14  
3. Vehicle Number 01

Interviewee(s) Role or Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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):  
+ PARKING each SIDE

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

☐ Stopped ☐ 1-10 ☐ 10-20  
☒ 20-30 ☐ 30-40 ☐ 40-50  
☐ 50-60 ☐ 60-70 ☐ 70+  
25-30

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)  
\_\_\_\_\_  
\_\_\_\_\_

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  
SAME

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

☐ Stopped ☐ 1-10 ☐ 10-20  
☒ 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?

pulled to right  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

01

## VEHICLE/DRIVER DATA QUESTIONS

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

1993 NISSAN Altima  
 Year Make Model GXE

2. Can you describe the damage to your vehicle?

\_\_\_\_\_  
 \_\_\_\_\_

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

- ☒ No  
☐ Yes (If "yes", describe below)

\_\_\_\_\_  
 \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_

6. Does your vehicle have a glove compartment?

- ☐ No  
☐ Yes

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

- ☐ No  
☐ Yes  
☐ Unknown

7. Does your vehicle have "seat belts"?

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

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

Driver's seat	<input type="checkbox"/> Lap	<input 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 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)

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

01

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

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

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

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

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

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

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

☒ No (If "No" describe below)☐ Yes☐ UnknownMINOR ACCIDENT - GLANCING  
TYPE IMPACT

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

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

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

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

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

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

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

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

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

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

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

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

## CHILD SAFETY SEAT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Harness☐ Shield☐ Tether strap

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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

01

## VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

☐ Yes

(specify \_\_\_\_\_)

☐ No☐ Unknown

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

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

## OPTIONAL

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

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

\_\_\_\_\_  
\_\_\_\_\_

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?

Unknown miles

## DRIVER ONLY

17. What race do you consider yourself?

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

18. Are you of hispanic origin?

☒ No☐ Yes

1. Primary Sampling Unit Number 10 3. Vehicle Number 01  
 2. Case Number - Stratum 9314 4. Occupant Number 01

## OCCUPANT DATA QUESTIONS

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

2. How many?  
☐ (1) One other person  
☒ (2) Two other persons  
☐ (3) Three other persons  
☐ (4) Four other persons  
☐ (5) Five other persons  
☐ (6) Six other persons  
☐ (7) Seven or more other persons  
 (specify number:)

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

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

## OCCUPANT CHARACTERISTICS

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

Height 6 Weight 175 Age 27

Sex: ☒ Male ☐ Female

## OCCUPANT POSTURE

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

upright

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

on floor

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

10 + 2

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

☐ Yes  
☐ Unknown

seat pushed all the way back  
seat back angled back

- 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)

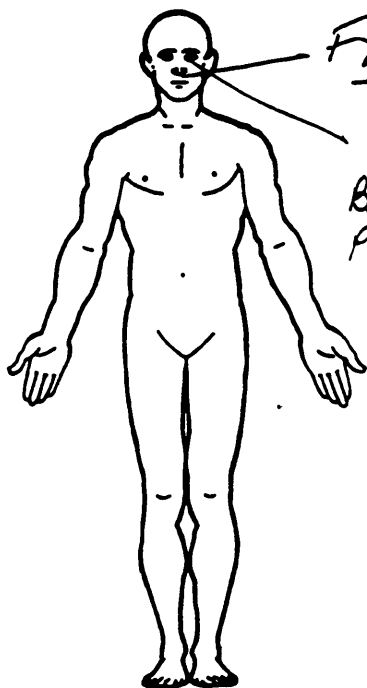
☐ Unknown

PSU Number 10 Case Number—Stratum 9314 Vehicle Number 01 Occupant Number 01

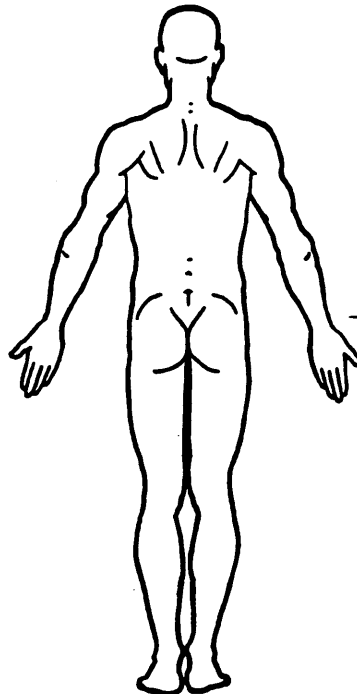
## INJURY DATA FROM INTERVIEWEE(S)

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

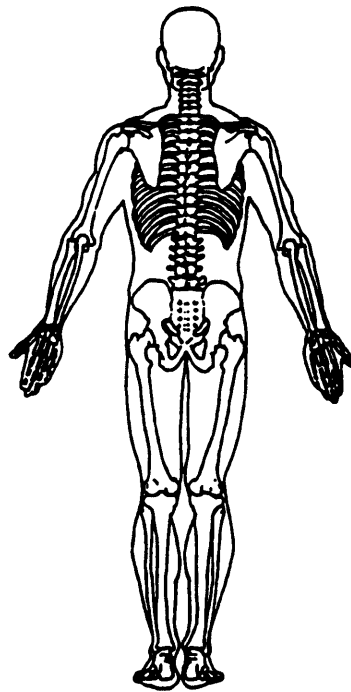
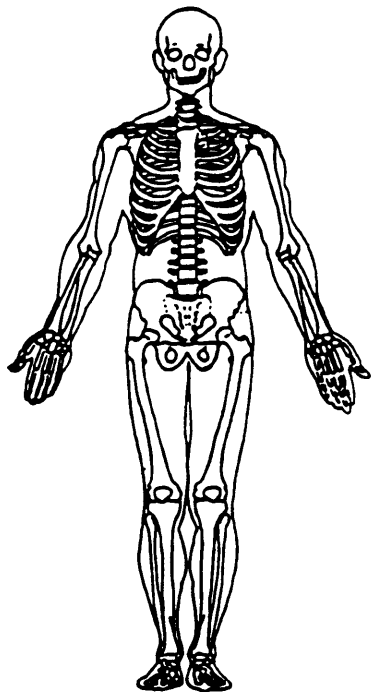
## SOFT TISSUE/INTERNAL INJURIES



Fx NOSE  
AIR bag  
Hyphema  
BOTH EYES  
PRIMARY  
eye  
PARTICLES in eyes  
(TALC)  
AIR bag



## SKELETAL INJURIES



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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

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): HOSP  
☐ 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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

01

## OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☒ No☐ Yes (If "Yes", describe:)

---

☐ 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: 4 days)☐ Not working prior to the accident☐ Unknown



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

1. Primary Sampling Unit Number 10

3. Vehicle Number 01

2. Case Number - Stratum 9314

4. Occupant Number 02

**OCCUPANT DATA QUESTIONS SUPPLEMENT**

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

2. Occupant Number 2 of 2.

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

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

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

**OCCUPANT CHARACTERISTICS**

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

Height 5'4" Weight 110 Age 27

Sex: ☐ Male ☒ Female

**OCCUPANT POSTURE**

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

upright

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

on floor

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

on lap

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

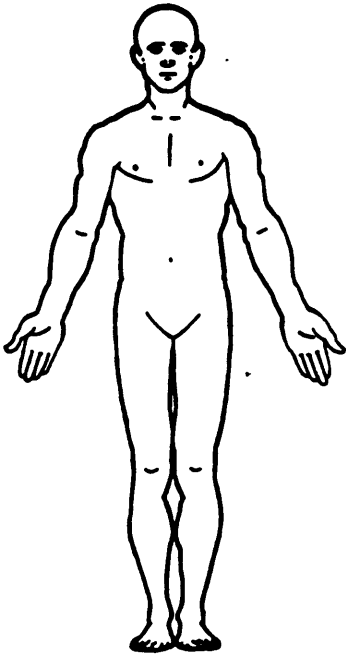
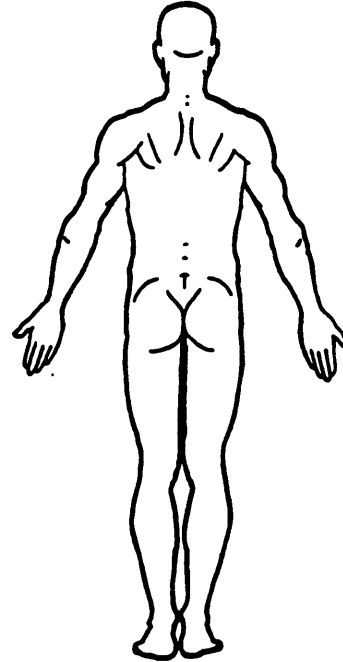
☒ Yes  
☐ Unknown

PSU Number 10 Case Number—Stratum 9314 Vehicle Number 01 Occupant Number 02

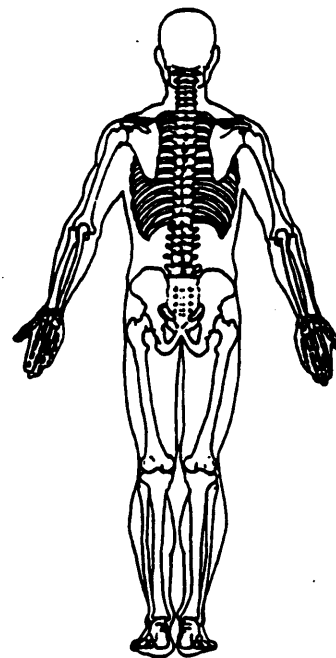
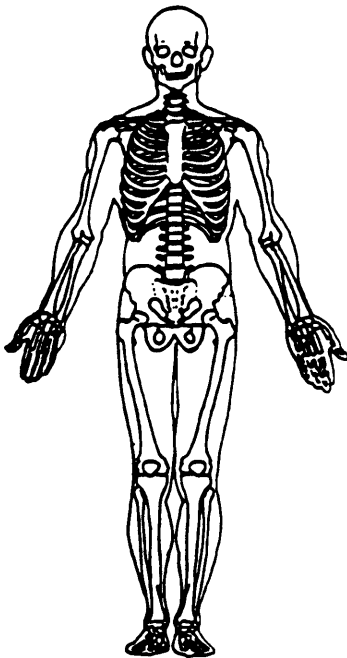
## INJURY DATA FROM INTERVIEWEE(S)

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

## SOFT TISSUE/INTERNAL INJURIES

*nothing*

## SKELETAL INJURIES



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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

02

## 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?  
\_\_\_\_\_ days

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9314

4. Occupant Number

02

## OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☐ No☐ Yes (If "Yes", describe:)

---

☐ 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

**Appendix F:**

NASS CDS Occupant Assessment Form:

Case Vehicle Driver



## OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>11</u>
2. Case Number - Stratum <u>9314</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>01</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(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 <u>①</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(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	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>27</u>	
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 <u>1</u>	
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height <u>183</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>72</u> inches X 2.54 = <u>183</u> centimeters	
8. Occupant's Weight <u>079</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>175</u> pounds X .4536 = <u>79</u> kilograms	
9. Occupant's Role <u>1</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

## EJECTION/ENTRAPMENT

## 12. Ejection

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

0

## 13. Ejection Area

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

6

## 14. Ejection Medium

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

0

## 15. Medium Status (Immediately Prior To Impact)

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

6

## 16. Entrapment

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

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

0

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (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 3

- (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. 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 5

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

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown"



## HEAD RESTRAINT AND SEAT EVALUATION

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

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

## 26. Seat Type (this Occupant Position)

99

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

## 27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (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 000

(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 00

(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 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

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

35. Treatment - Mortality 4

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

Nonfatal

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

36. Type Of Medical Facility (for Initial Treatment) 2

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

37. Hospital Stay 00

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

38. Working Days Lost 04

- 4 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 #41 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

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

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

## (99) Unknown

43. Number of Recorded Injuries for This Occupant 07

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

AUTOMATIC BELT SYSTEM	
<p>44. Automatic (Passive) Belt System Availability/Function <span style="float: right;"><u>1</u></span>            (0) Not equipped/not available            (1) 2 point automatic belts            (2) 3 point automatic belts            (3) Automatic belts - type unknown</p> <p><i>Non-functional</i>            (4) Automatic belts destroyed or rendered inoperative            (9) Unknown</p>	<p>48. Automatic (Passive) Belt Failure Modes During Accident <span style="float: right;"><u>9</u></span>            (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</p>
<p>45. Automatic (Passive) Belt System Use <span style="float: right;"><u>1</u></span>            (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</p>	<p>49. Seat Orientation (this Occupant Position) <span style="float: right;"><u>9</u></span>            (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</p>
STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER	
TRAUMA DATA	
<p>46. Automatic (Passive) Belt System Type <span style="float: right;"><u>2</u></span>            (0) Not equipped/not available            (1) Non-motorized system            (2) Motorized system            (9) Unknown</p>	<p>50. Glasgow Coma Scale (GCS) Score <span style="float: right;"><u>15</u></span>            (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</p>
<p>47. Proper Use of Automatic (Passive) Belt System <span style="float: right;"><u>9</u></span>            (0) Not equipped/not available/not used            (1) Automatic belt used properly            (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i>            (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</p>	<p>51. Was the Occupant Given Blood? <span style="float: right;"><u>1</u></span>            (1) No - blood not given            (2) Yes - blood given (specify units): _____            (9) Unknown if blood given</p>
<p>48. Automatic (Passive) Belt System Availability/Function <span style="float: right;"><u>1</u></span>            (0) Not equipped/not available            (1) 2 point automatic belts            (2) 3 point automatic belts            (3) Automatic belts - type unknown</p> <p><i>Non-functional</i>            (4) Automatic belts destroyed or rendered inoperative            (9) Unknown</p>	<p>52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> <span style="float: right;"><u>01</u></span>            (00) Not injured            (01) Injured, ABGs not measured or reported            (02-50) Code the actual value of the HCO<sub>3</sub>            (96) ABGs reported, HCO<sub>3</sub> unknown            (97) Injured, details unknown            (99) Unknown if injured</p>
<p style="text-align: center;">ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?      NO [ <input checked="" type="checkbox"/> ]      YES [   ]</p> <p style="text-align: center;">UPDATE CANDIDATE?      NO [   ]      YES [ <input checked="" type="checkbox"/> ]</p>	

**Appendix G:**

NASS CDS Occupant Injury Form:

Case Vehicle Driver



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

## OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9314</u>	4. Occupant Number <u>01</u>

### INJURY DATA

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

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>3</u>	6. <u>2</u>	7. <u>4</u>	8. <u>06</u>	9. <u>04</u>	10. <u>1</u>	11. <u>1</u>	12. <u>45</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>3</u>	17. <u>2</u>	18. <u>4</u>	19. <u>06</u>	20. <u>04</u>	21. <u>1</u>	22. <u>2</u>	23. <u>45</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>3</u>	28. <u>2</u>	29. <u>4</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>45</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>3</u>	39. <u>2</u>	40. <u>4</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>45</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u>3</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>45</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u>3</u>	61. <u>2</u>	62. <u>9</u>	63. <u>72</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>45</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u>3</u>	72. <u>2</u>	73. <u>9</u>	74. <u>74</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>45</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</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

• Air bag blew-up hurt on face  
(CER, NN, ED)

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.)

• Discharged to eye clinic ~ 1.5 hrs  
pbst crash (NN)

• Superficial  
• Abrasion upper (supraorbital)  
+ lower eyebrow  
(NN, ED)

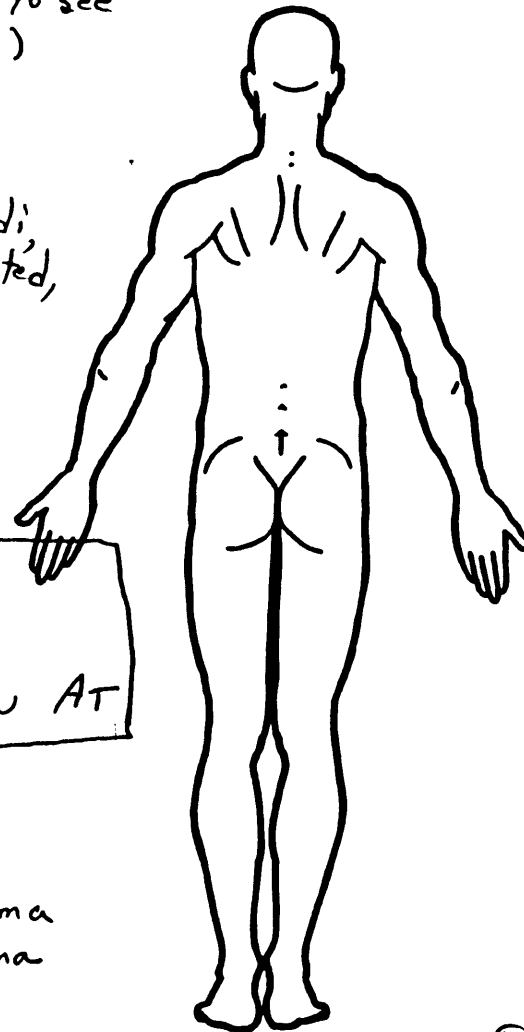
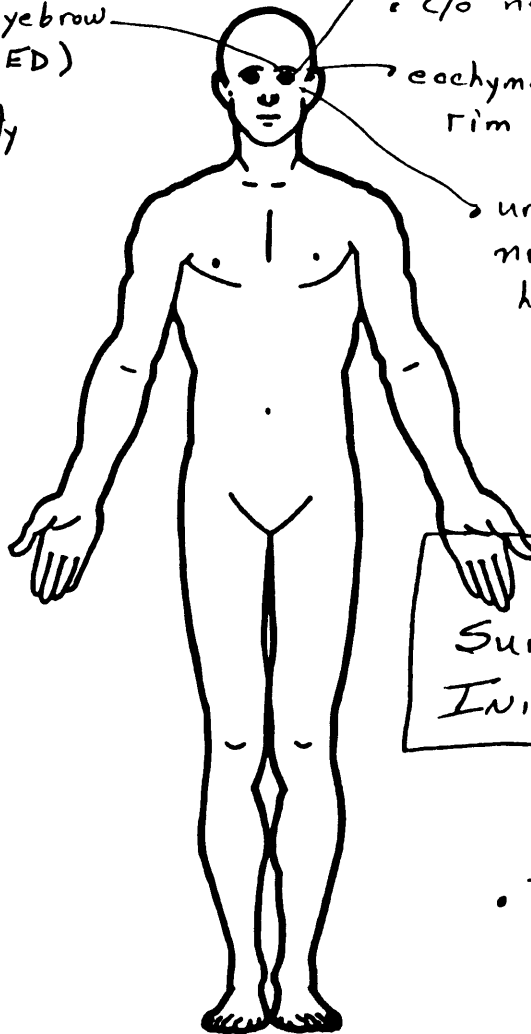
• Small corneal abrasion @ eye

• c/o not being able to see  
(ED)

• ecchymosis @ orbital  
rim (ED)

• unable to see fundi,  
no foreign body noted,  
hyphema  
(ED)

• Visual acuity  
⑧ 20/50  
⑧ blurred  
(NN, ED)



HOSPITAL  
SUBJECT WAS  
INITIALLY SEEN AT

• Dx: blunt trauma  
⑧ eye hyphema  
(CER)

④ ETOH  
(NN)

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol  
Level (mg/dl)

BAL = 207

(ER, Toxicology)

Glasgow Coma  
Scale Score

GCSS = 15

(NN)

Units of Blood  
Given

Units =

Arterial Blood  
Gases

pH =

PO<sub>2</sub> =

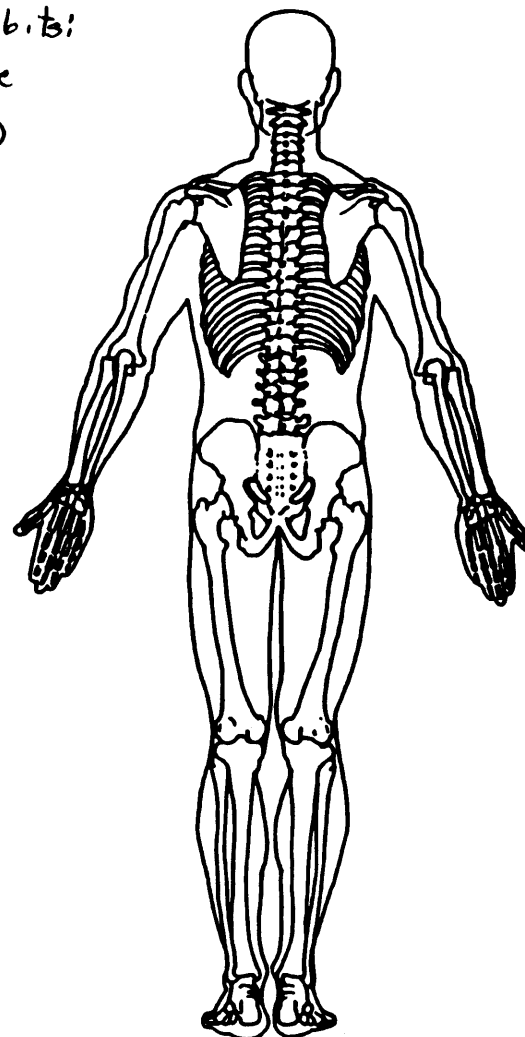
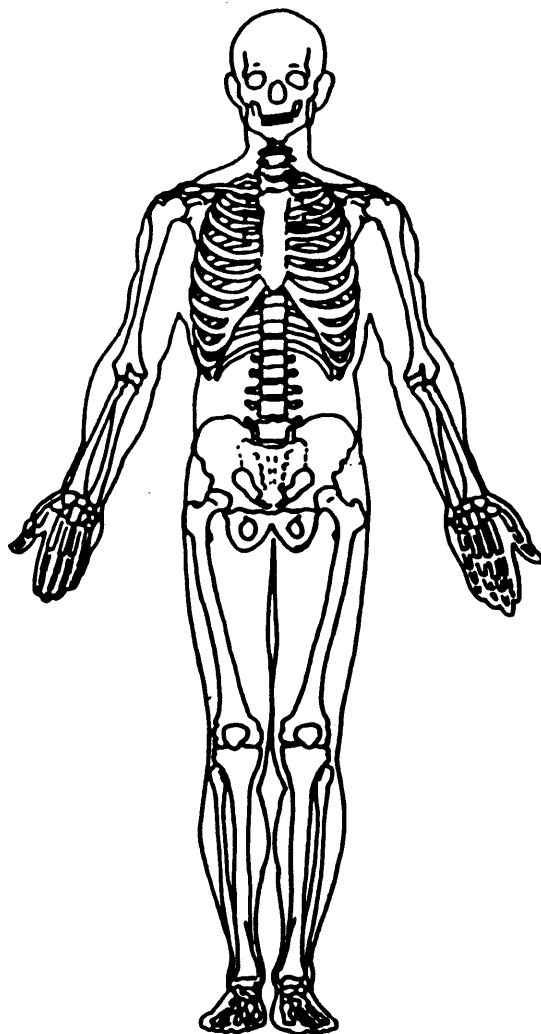
PCO<sub>2</sub> =

HCO<sub>3</sub> =

⊕ seat belt on  
(NN)

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

• X-ray: nasal  
bones, orbits;  
Negative  
(ER, EX)

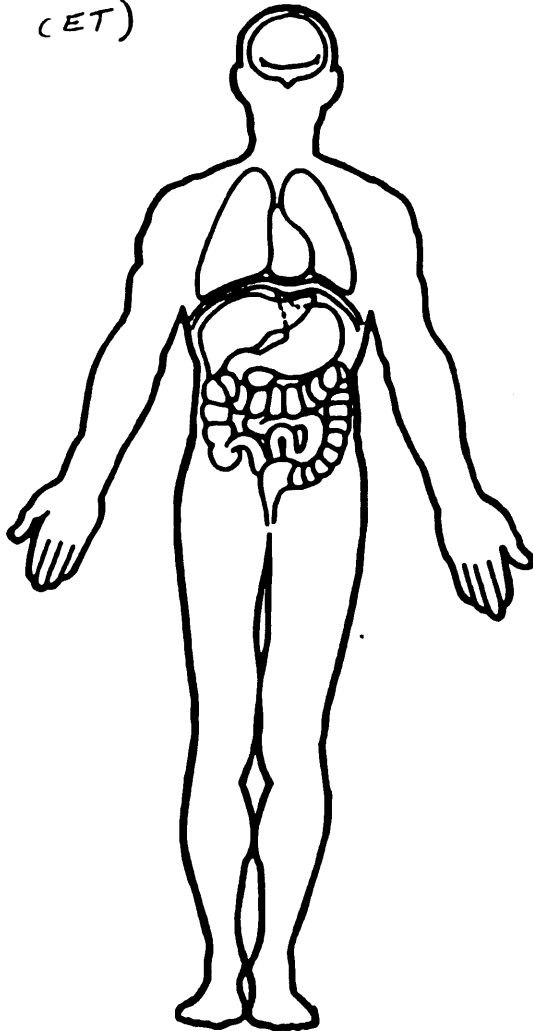




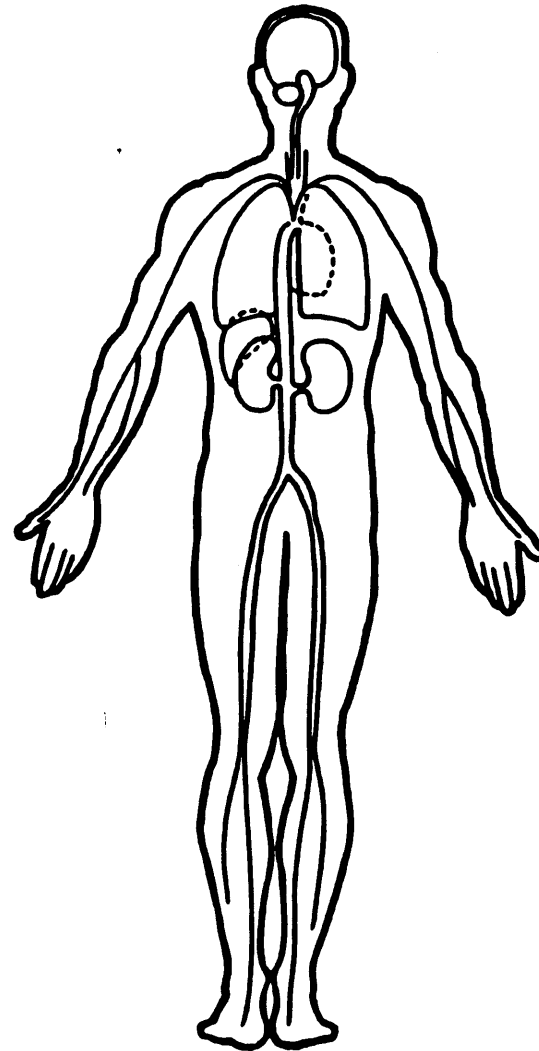
## OFFICIAL INJURY DATA — INTERNAL INJURIES

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

- pt found conscious, alert  
oriented ⊕ LOC  
(ET)



- Ax Dx 3  
(NN)
- ⊖ LOC, dizziness,  
headache  
(NN)



## Emergency Services Record

Name [REDACTED] Date [REDACTED] Time 10:50

Personal Physician NOS OHS Company [REDACTED]

Ambulance Number [REDACTED] CPD District [REDACTED] CPD Badge # [REDACTED] Brought By [REDACTED]

Triage Nurse [REDACTED] Primary Nurse [REDACTED]

Condition on Arrival  
 Good ☐ Fair ☐ Serious ☐ Critical ☐

Time [REDACTED] Temp [REDACTED] Pulse [REDACTED] Resp [REDACTED] Blood Pressure 132/88 Weight [REDACTED] LMP [REDACTED] G [REDACTED] P [REDACTED] A [REDACTED]

Medications - Current pudare Allergies N/A

## CHIEF COMPLAINT

11/11/11 air bag blew-up /  
hurt on face

## PAST MEDICAL HISTORY

diabetes

## Physician Notification

Time Paged

Call Returned

Time of Arrival

1	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>Eye Exam</u>		
2					
3					

## DOCTOR'S ORDERS

☐ CBC WBC Hgb HCT Plat ETOH 201 ☐ Urine Icon Preg ☐ U/A SG

☐ Seg ☐ Lymph ☐ Theophylline ☐ Serum Pregnancy WBC

☐ Lytes Na K CL CO<sub>2</sub> ☐ Dilantin ☐ Dexi RBC

☐ GLU ☐ Cardiac Enzymes ☐ Digoxin ☐ Hemocult ☐ Urine Dipstick

☐ BUN ☐ CPK ☐ Type + Screen ☐ Type + Cross Units ☐ Culture

☐ CR ☐ LDH ☐ ABG #1 at FIO<sub>2</sub> pH pCO<sub>2</sub> pO<sub>2</sub> % Sat.

☐ Amylase ☐ SGOT ☐ ABG #2 at FIO<sub>2</sub> pH pCO<sub>2</sub> pO<sub>2</sub> % Sat.

☐ EKG Interpretation ☒ X-Ray Time Sent: [REDACTED] Time Returned: [REDACTED] Interpreted By: ☐ E.P. ☐ Radiologist

- Nasal bones - Neph  
- Orbita - Neph

TIME	DOCTOR'S ORDERS	TIME	NURSE
	<u>Purserum exam</u>		
	<u>Eye exam</u>		
	<u>Eye patch Hotel.</u>		
	<u>RT 2050</u>		
	<u>LT light green</u>		

INSTRUCTIONS ☐ Head Injury ☐ Headache ☐ Wound Care ☐ Child with Fever ☐ Abdominal Pain ☐ Vomiting and Diarrhea ☐ Backstrain

☐ Respiratory Care ☐ Chest Pain ☐ Sprains and Bruises ☐ Fractures/Splints ☐ Eye Care ☐ Antibiotics/Prescriptions ☐ Special Instructions

## DISPOSITION

Diagnosis - Glue trauma RT eye / hyphema  
blunt trauma hyphema

☐ Return to Grant Emergency on [REDACTED] For [REDACTED]

☐ Referred to [REDACTED] To be seen in [REDACTED] days

Instructions / Medications DR [REDACTED] Eye Rx -  
contacts  
will accept pt. in hospital  
pt agrees to go. reason for leave eye  
to go to [REDACTED] Eye Rx

ICD-9 Codes [REDACTED]

Agency Contacted [REDACTED]

Contact Person [REDACTED] Time [REDACTED]

Admitting: [REDACTED] Bed Received: [REDACTED]

Disposition: 2355 Where [REDACTED]

Time [REDACTED] Accompanied By [REDACTED]

How [REDACTED] By [REDACTED]

Condition on Discharge good ☐ fair ☒ serious ☐ critical ☐ expired ☐

Time of Physical Exam 2355

Treating Physician (Print) [REDACTED]

Physician's Signature [REDACTED]

DISCHARGE NURSE'S SIGNATURE

PATIENT'S SIGNATURE

MEDICAL RECORDS

## Emergency Services Physician Notes

### PAST MEDICAL HISTORY

**SOCIAL HISTORY:**

**FAMILY HISTORY:**

PHYSICIAN ASSESSMENT:	TIME
-----------------------	------

27760 white male comes to KFD's  
that got in minor accident  
his air bag activated and hit him  
in the face

**REVIEW OF SYSTEMS:**

S: C/O not <sup>being</sup> ~~pay~~ <sup>see</sup> able to ~~for~~ <sup>see</sup>  
pay wage. And ~~gladness~~ with ~~to~~ <sup>to</sup> ~~eye~~  
alone or other ~~up~~ <sup>down</sup> ~~down~~  
any other ~~down~~  
States ~~State~~ that has ~~had~~ <sup>had</sup> few ~~down~~ &  
few ~~been~~ with ~~great~~ <sup>friend</sup> ~~earlier~~ <sup>earlier</sup>  
2 ~~substantial~~ <sup>substantial</sup> ~~abrasion~~ <sup>abrasion</sup>

PE: <sup>superficial</sup> vesicles <sup>abrasion</sup> <sup>areol</sup> <sup>eczema</sup> <sup>LT</sup> <sup>cyc</sup>  
<sup>lower</sup> <sup>supraorbital</sup> <sup>orbital</sup>

Vineyard <sup>activity</sup> RT 20/56  
LT able to walk at Shadon

ET high degree hyphema blood level  
down to no bed rest refer  
meds to ecc further

**REPEAT EXAM:**

REPEAT EXAM:

no FB, note / no lens noted / <sup>had eff</sup> / <sup>portant</sup> <sup>lens</sup>

foreign body / <sup>small</sup> <sup>current?</sup> <sup>abrasion</sup> <sup>ellipsoid</sup> <sup>per</sup> <sup>slight</sup> <sup>off</sup>

ellipsoid per

ellipsoid per

PROCEDURES PERFORMED BY PHYSICIAN

See Supplemental  
Record 

*Let this be your  
Non-observance (obeying) Now (the  
go blank defect)  
proach Tolson  
Each apply pen for this*

Physician's Signature \_\_\_\_\_

## MEDICAL RECORDS

## Emergency Services Nurses' Notes

Time	T	BP	Pulse	Resp	EKG Rhythm	Nursing Assessment
2245						<p>27 yr / old male brought to ED by CFD A+O x3 (+) ETOH involved in MVA C/o blurred vision on (L) eye sustained when the airbag on his car bursted + blew-up his face x 1° ago PTA (+) redness on both eyes (+) abrasion upper eyelid + lower eyelid - Pt. states his car was hit on (L) front. (+) LOC (+) dizziness (+) headache dennis neck pain + shoulder pain - (+) seat belt on - visual acuity (R) 20/50 (+) blurred - [REDACTED] Eye examined per Mr [REDACTED] Bilateral eye irrigation + N/S IL + Morgan lens - done - Blood drawn for ETOH - Went to X-ray per cant in stable condition</p>
2355						<p>Back fr. X-ray - [REDACTED] Eye patch applied to (L) eye. Discharged to [REDACTED] primary eye clinic to see Mr [REDACTED] Ambulatory + girlfriend in stable condition + discharge instruction - verbalizes full understanding of instruction</p>

See Supplemental Record



MEDICAL RECORDS

UNIT # [REDACTED] 2A. PT. MILES 01 5. ☒ TRANSPORT **FIRE DEPARTMENT - E.M.S.**

2. RUN # [REDACTED] 3. ☒ A.L.S. 4. ☒ B.L.S. 6. ☐ NON-TRANSPORT

2B. License Plate No. [REDACTED] 2C. Miles 06 2D. 01 2E. Hosp. 01 2F. Street No. [REDACTED] 2G. Street Name [REDACTED]

8. Date of Alarm 4/3 9. Street No. [REDACTED] Dr. [REDACTED] Street Name [REDACTED] 10. Type of Emer. Resp. Per Dispatch 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

11. ☐ 01 Residential ☐ 04 Industrial ☐ 05 Fog ☐ 03 Ice ☐ 05 Rain ☐ 01 M ☐ 02 H ☐ 03 CPD ☐ 04 SEE CODES ☐ 05 YES ☐ 06 NO ☐ 07 01 ☐ 02

12. Road Conditions ☐ 01 Fog ☐ 03 Ice ☐ 05 Rain ☐ 01 M ☐ 02 H ☐ 03 CPD ☐ 04 SEE CODES ☐ 05 YES ☐ 06 NO ☐ 07 01 ☐ 02

13. Treatment Prior To Arrival ☐ 01 M ☐ 02 H ☐ 03 CPD ☐ 04 SEE CODES ☐ 05 YES ☐ 06 NO ☐ 07 01 ☐ 02

14. ☐ 01 M ☐ 02 H ☐ 03 CPD ☐ 04 SEE CODES ☐ 05 YES ☐ 06 NO ☐ 07 01 ☐ 02

15. Seat Belts ☐ 01 YES ☐ 02 NO ☐ 03 01 ☐ 02

16. ☐ 01 YES ☐ 02 NO ☐ 03 01 ☐ 02

17. Patient Last Name [REDACTED] First Name [REDACTED] Mid. Init. [REDACTED] 18. Age 27 19. Race W 20. Sex M 21. Area Code [REDACTED] Phone No. [REDACTED] 22. Date of Birth [REDACTED]

23. Patient Address Street No. [REDACTED] Dr. [REDACTED] Street Name [REDACTED] 24. City/Town [REDACTED] 25. State [REDACTED] 26. Zip Code [REDACTED]

27. Chief Complaint/Duration of Complaint Eye injury 28. Weight 170

27A. Patient History/Comments PT FOUND CONSCIOUS  
ALL 4 ORIENTED LOC  
DRIVER OF WHITE MV1  
Eye injury due to 415 H16  
Chest pain @ NECK SICK  
Pain in arm from 415 H16

29. Glasgow (Responsiveness) Eyes-Opening 4 3 2 1 (Spont) (Verb) (Pain) (None) Motor-Response 5 4 3 2 1 (Obers) (Local) (Widew) (Flex) (Ext) (None) Verbal-Response 5 4 3 2 1 (Orient) (Contu) (Inapp) (Incomp) (None) Capillary Refill 2 1 0 (Normal) (Delayed) (Absent) Respiratory Effort 1 0 (Normal) (Shallow/Restrictive Or Absent) 40. Blood Sugar Level 0.1 41. Oxygen Flow 0.1 42. Respiratory Treatment 0.1

30. Trauma SCORE 30A. Trauma BY-RASS 0.1

31. Medications Patient Taking 0.1

32. Allergies 0.1

33. Pupils ☐ 01 Reactive ☐ 02 Equal ☐ 03 Dilated ☐ 04 Constricted ☐ 05 Other

34. Skin Moisture ☐ 06 Dry ☐ 07 Moist ☐ 08 Diaphoretic

35. Skin Color ☐ 01 Normal ☐ 02 Pale ☐ 03 Flush ☐ 04 Cyanotic

36. Skin Temperature ☐ 05 Normal ☐ 06 Hot ☐ 07 Cool

37. Lung Sounds ☐ 01 Clear ☐ 02 Absent ☐ 03 Wheezes ☐ 04 Rales ☐ 05 Diminished ☐ 06 Stridor ☐ 07 Rhonchi

38. Skin Color ☐ 01 Normal ☐ 02 Pale ☐ 03 Flush ☐ 04 Cyanotic

39. Skin Temperature ☐ 05 Normal ☐ 06 Hot ☐ 07 Cool

27B. SUPPLEMENTAL REPORT

41. Time 2229123/70 42. Blood Pres. 01 43. Pulse 01 44. Resp. 01 45. Time 01 46A. Cardiac Code 01 46B. DEFIB W/S RHYTHM 01 46C. Time 01 46D. Drug Code 01 46E. DRUG/SOLUTIONS 01 46F. Dose 01 46G. Route/Bits 01

47. Body Part Affected ☐ 01 Head ☐ 06 L Arm ☐ 11 R Hand ☐ 12 L Foot ☐ 13 R Foot ☐ 14 Eyes ☐ 15 Multiple ☐ 02 Neck ☐ 07 R Arm ☐ 12 L Foot ☐ 13 R Foot ☐ 14 Eyes ☐ 15 Multiple ☐ 03 Back ☐ 08 L Leg ☐ 09 R Leg ☐ 10 L Hand ☐ 11 R Hand ☐ 12 L Foot ☐ 13 R Foot ☐ 14 Eyes ☐ 15 Multiple ☐ 04 Chest ☐ 09 R Leg ☐ 10 L Hand ☐ 11 R Hand ☐ 12 L Foot ☐ 13 R Foot ☐ 14 Eyes ☐ 15 Multiple ☐ 05 Abdomen ☐ 10 L Hand ☐ 11 R Hand ☐ 12 L Foot ☐ 13 R Foot ☐ 14 Eyes ☐ 15 Multiple

Additional Findings ☐ F Fracture ☐ T Tenderness ☐ P Pain ☐ L Laceration ☐ C Contusion ☐ S Swelling ☐ A Abrasion ☐ D Dislocation ☐ H Hemorrhage

48. Medical Onsite Assessment 0.1 49. Trauma Onsite Assessment 0.1 50. Patient Care Procedures 0.1 51. Hospital Contacted 0.1 52. Receiving Hospital 0.1

53. Tachymetry Record 0.1 54. Outcome of Run 0.1 55. STRETCHER USED ☐ A. From Scene Into Ambulance ☐ Stairchair ☐ Full Stretcher ☐ B. Enroute To Hospital ☐ Full Stretcher ☐ C. From Ambulance Into Hospital ☐ Full Stretcher

56. Additional EMS Units Requested ☐ 01 A.M.B. ☐ 02 F.B.R. ☐ 03 Supervisor Called ☐ 01 Yes ☐ 02 No ☐ 03 Hospital Orders ☐ 01 Yes ☐ 02 No ☐ 03 Given By [REDACTED]

57. S.M.O.s only ☐ 01 Yes ☐ 02 No ☐ 03 M.D. ☐ 04 R.N. ☐ 05 SEE CODES

58. File Number 0.1 59. Patient Care Procedures 0.1 60. MEDICARE (PUB ASSIS.) Receipt No. 0.1 61. DIAGNOSIS CODE 0.1 62. ICD CODE 0.1

63. Paramedic Officer 0.1 64. First Paramedic 0.1 65. 66. 67. 68. 69. 70. 71. 72. MEDICARE NO. 0.1 73. WORK RELATED ☐ 01 YES ☐ 02 NO ☐ 74. INSURANCE CO NAME 0.1 75. INSURANCE POLICY 0.1 76. PATIENT HOSPITAL CHART NO. 0.1 77. GROUP NO. 0.1 78. SOCIAL SECURITY NO. 0.1 79. SUSPECT B/F CONTACT ☐ 80. PARTY RESPONSIBLE FOR PAYMENT (LAST NAME) 0.1 81. FIRST NAME 0.1 82. MI 0.1 83. RELATIONSHIP 0.1



NOTICE: THE CHARGE FOR THIS SERVICE IS \$125 FOR BLS AND \$195 FOR ALS. THERE IS A \$5 CHARGE PER PATIENT MILE OR FRACTION THEREOF. THERE WILL BE AN ADDITIONAL CHARGE OF \$25.00 WHEN OXYGEN IS ADMINISTERED. RESPONSIBILITY IS HEREBY ACCEPTED AND AGREED THAT SAID PRICE BE PAID IN FULL. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS OR TO THE CITY OF CHICAGO AND ITS BILLING CONTRACTORS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT. I FURTHER AGREE TO THE RELEASE OF ANY MEDICAL OR BILLING INFORMATION BY THE TREATING FACILITY TO THE CITY OF CHICAGO OR ITS BILLING CONTRACTORS. I UNDERSTAND AND HAVE READ THE FOREMENTIONED AND ALSO UNDERSTAND THAT THIS IS A FEE FOR SERVICE.

68. SIGNATURE \_\_\_\_\_

RECEIVING HOSPITAL COPY

\*For statistical purposes only.

IF SPACE IS INADEQUATE COMPLETE FIRST SECTION AND THEN CONTINUE IN THE NEXT SECTION

<input checked="" type="checkbox"/> X-RAY ORDERS	<i>Arbit, - L &amp; Neck bones</i>	DATE TO BE EXAMINED	
REASON FOR EXAM			
<i>MVA - (Air bag exploded in face)</i>			
<input type="checkbox"/> C.T. ORDERS			
<input type="checkbox"/> MRI			
REASON FOR EXAM			
<input type="checkbox"/> ULTRASOUND ORDERS		DATE TO BE EXAMINED	
REASON FOR EXAM			
<input type="checkbox"/> NUC. MED. ORDERS			
REASON FOR EXAM			
<input type="checkbox"/> BLOOD FLOW LAB ORDERS			
REASON FOR EXAM			
CLINICAL INFORMATION			
SPECIAL INSTRUCTIONS/DISABILITIES			
KNOWN HISTORY OF SENSITIVITY TO CONTRAST <input type="checkbox"/> YES <input type="checkbox"/> NO		PRE-OP	
NURSING <input type="checkbox"/> ALLERGIES (SPECIFY) _____ <input type="checkbox"/> DIABETIC <input type="checkbox"/> INFECTIOUS <input type="checkbox"/> MATERIAL (SPECIFY) _____		CIRCLE: WHEELCHAIR CART PORTABLE CHART I.V. OXYGEN	
TIME WRITTEN AM PM	DOCTOR'S SIGNATURE: 	DATE	MD CODE
			NURSES SIGNATURE: 
		DATE	TIME NOTED: A.M. P.M.

<input type="checkbox"/> X-RAY ORDERS		DATE TO BE EXAMINED	
REASON FOR EXAM			
<input type="checkbox"/> C.T. ORDERS			
<input type="checkbox"/> MRI			
REASON FOR EXAM			
<input type="checkbox"/> ULTRASOUND ORDERS		DATE TO BE EXAMINED	
REASON FOR EXAM			
<input type="checkbox"/> NUC. MED. ORDERS			
REASON FOR EXAM			
<input type="checkbox"/> BLOOD FLOW LAB ORDERS			
REASON FOR EXAM			
CLINICAL INFORMATION			
SPECIAL INSTRUCTIONS/DISABILITIES			
KNOWN HISTORY OF SENSITIVITY TO CONTRAST <input type="checkbox"/> YES <input type="checkbox"/> NO		PRE-OP	
NURSING <input type="checkbox"/> ALLERGIES (SPECIFY) _____ <input type="checkbox"/> DIABETIC <input type="checkbox"/> INFECTIOUS <input type="checkbox"/> MATERIAL (SPECIFY) _____		CIRCLE: WHEELCHAIR CART PORTABLE CHART I.V. OXYGEN	
TIME WRITTEN AM PM	DOCTOR'S SIGNATURE:	DATE	MD CODE
			NURSES SIGNATURE:
		DATE	TIME NOTED: A.M. P.M.

# OUTPATIENT REQUEST FORM

DATE

ADMISSION ☐ ROUTINE ☐ BASELINE ☐ STAT ☐  
 PRE-ADMISSION TESTING ☐ PRIVATE ☐ CLINIC ☐ EMERGENCY ROOM ☐  
 OTHER ☐

TECH	DATE	TIME	AM	PM
DRAW				
TEST				

AGE \_\_\_\_\_ SEX \_\_\_\_\_ PATIENT PHONE NO. \_\_\_\_\_

CIRCLE TEST CODE	TEST	CIRCLE TEST CODE	TEST	CIRCLE TEST CODE	TEST
<b>PRE ADMISSION TESTING</b>		1056	GLUCOSE _____ PP HRS.	8499	COLLAGEN PROFILE INCLUDES: TOTAL COMPLEMENT, ANA, RF
DATE OF SURGERY _____		1569	GLYCOSYLATED HEMOGLOBIN 5.5-8.5%		
2112	CHEM 26	0868	HEMOGLOBIN ELECTROPHORESIS †	8374	COMPLEMENT, TOTAL (CH50)
5768	PRE-OP COAGULATION PROFILE	8184	HEPATITIS A/B PROFILE †	8564	COMPLEMENT PROFILE INCLUDES: TOTAL COMPLEMENT, C3, C4
5016	CBC WITH DIFFERENTIAL †*	8085	HEPATITIS B PROFILE †		
5354	SICKLING TEST _____	1593	LIPID PROFILE	8382	C1 ESTERASE INHIBITOR (C1 IN H)
8689	RPR _____	4167	PHENOBARBITAL	8390	Cig. COMPLEMENT COMPONENT
9174	URINALYSIS	1833	PHOSPHORUS	8416	C3, COMPLEMENT
9125	UCG QUAL.	1882	PROLACTIN	8432	C4, COMPLEMENT
0405	hCG (SERUM), QUAL.	2153	THYROID PROFILE	8333	C-REACTIVE PROTEIN (CRP)
0397	hCG BETA SUBUNIT †	2146	THYROID STIMULATING HORMONE, TSH	6873	HERPES SIMPLEX ANTIBODIES
GROUP + Rh (USE BLOOD BANK REQ)		2054	THEOPHYLLINE †	1262	IMMUNOGLOBULINS (IGG, IGA, IGM)
<b>CHEMISTRY</b>		1544	TRIGLYCERIDES		
0066	ALCOHOL (ETHYL)	<b>HEMATOLOGY / COAGULATION</b>		1288	IGE
0165	ALPHA-FETO-PROTEIN GESTATIONAL AGE: _____ WEEKS	5032	CBC WITHOUT DIFFERENTIAL †*	8630	MONOTEST
		5073	HEMATOCRIT †	8655	RHEUMATOID FACTOR
0207	AMYLASE	5065	HEMOGLOBIN †	8705	RUBELLA ANTIBODY SCREEN
0249	BILIRUBIN - TOT + DIR	5727	PARTIAL THROMBOPLASTIN TIME (PTT) INCLUDES: PATIENT TIME CONTROL TIME	8366	RUBEOLA ANTIBODY
0363	B.U.N.			6881	TORCH PROFILE INCLUDES: TOXOPLASMA, RUBELLA, CMV, HERPES
0421	CALCIUM	5511	PLATELET COUNT RESULT _____ THOU/CU MM	4860	VARICELLA ZOSTER
0553	CARDIAC ENZYMES				
0520	CHOLESTEROL	5701	PROTHROMBIN TIME (PT) INCLUDES: PATIENT TIME CONTROL TIME	4894	
0710	CREATININE			8992	MISCELLANEOUS
0777	DIGOXIN †	5297	RETICULOCYTE COUNT		ETOH
4266	DILANTIN	5321	SEDIMENTATION RATE (MODIFIED WESTERGREEN)		
0793	ELECTROLYTE PROFILE INCLUDES: NA, K, CL, CO <sub>2</sub>	<b>IMMUNOSEROLOGY</b>			
2732	ESTRADIOL	8002	ANTI-NUCLEAR ANTIBODIES (ANA)		
1163	GESTATIONAL (GDS)	8192	ARTHRITIS PROFILE INCLUDES: ASO, CRP, RF		
0355	GLUCOSE, FASTING	6998	CHLAMYDIA ANTIGEN DETECTION (CHLAMYDIAZYME)		

FLOOR CONTROL COPY

FINAL CONSULTATION REPORT  
[REDACTED] 1993

NAME [REDACTED] DATE OF BIRTH [REDACTED] SEX M IC # [REDACTED]

EXAM DATE [REDACTED] 1993 ROOM ER PATIENT PHONE # [REDACTED]

ORDERING PHYSICIAN: [REDACTED] M.D. (ER)  
REFERRING PHYSICIAN: [REDACTED] M.D.ORDER #: [REDACTED] EXAM: ORBITS  
MR#: [REDACTED]ORDER #: [REDACTED] EXAM: NASAL BONES  
MR#: [REDACTED]

## NASAL BONES:

NASAL BONE EXAMINATION REVEALS NO EVIDENCE OF NASAL BONE FRACTURE.

## CONCLUSION:

1. SAME AS ABOVE.

## ORBITS:

EXAMINATION OF THE ORBITS REVEALS NO EVIDENCE OF ORBITAL FRACTURE.

NO OTHER FINDINGS ARE NOTED.

## CONCLUSION:

1. NORMAL ORBITS.

[REDACTED] [REDACTED] M.D.  
[REDACTED] 1993NOTE: If patients have been transferred or discharged, return report  
IMMEDIATELY to Radiology.



EMERGENCY ROOM ( )  
E.R. WILL PICK UP  
PHYSICIAN COPY TO CLINIC

Age      Sex  
27      M

COMPLETE

Hospital Number

Client's PT. I.D.

Report Type

New	Test Description	Result	Units	Reference Values
-----	------------------	--------	-------	------------------

COLL: 93 PM LOG: 93 PM

ORDERED: ALCOHOL ( )

=> ALCOHOL

207\* MG/DL

LEGAL LEVEL IN ILL.: 0 - 100 MG/DL  
OR : 0 - 0.1 GM/DL

CLINICALLY TOXIC : 400 - 800 MG/DL  
OR : 0.4 - 0.8 GM/DL

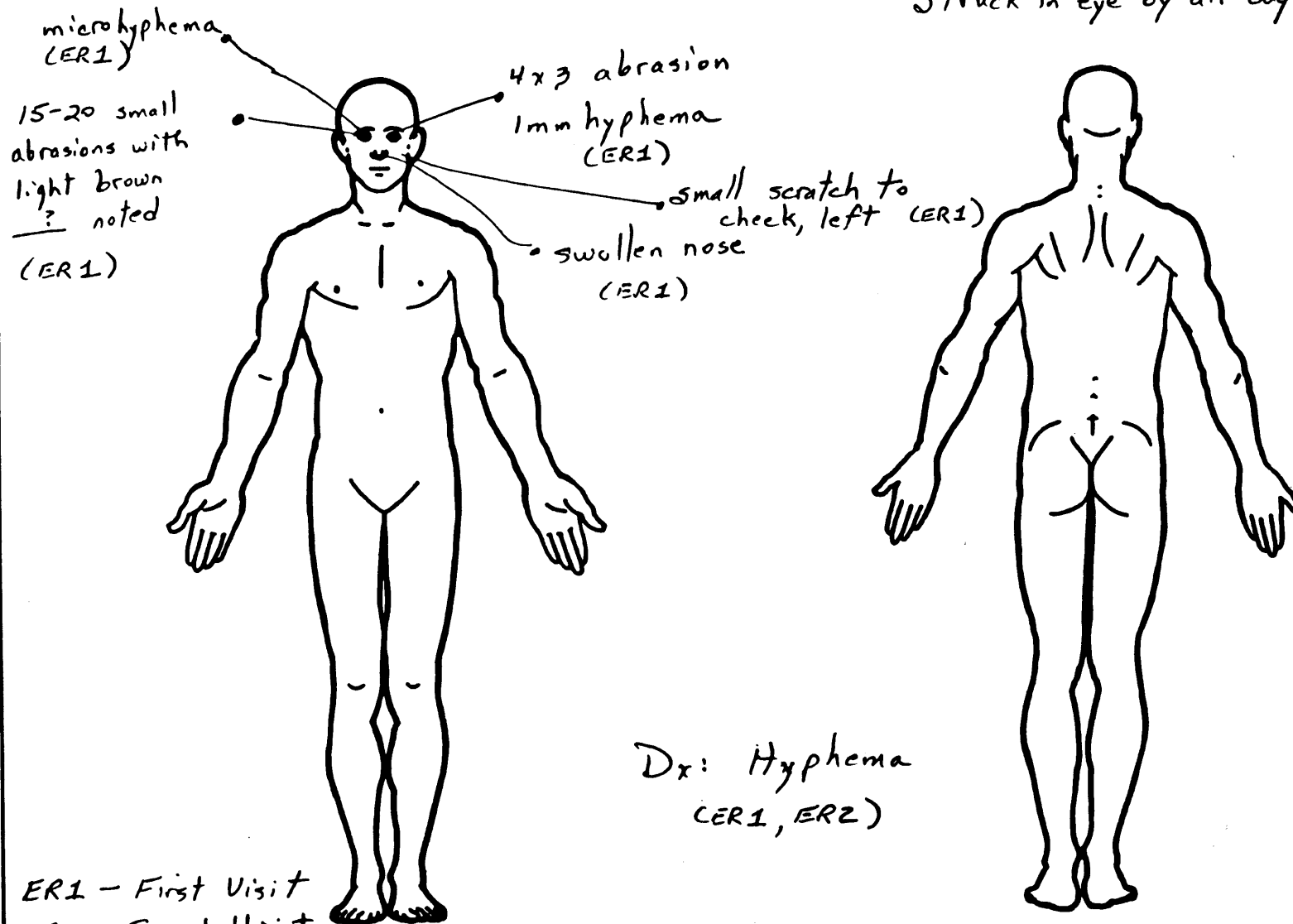
SERUM ALCOHOL LOWER LIMIT OF DETECTION  
IS 10 MG/DL OR 0.01 GM/DL.

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

HOSPITAL SUBJECT WAS TRANSFERRED TO

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.)

Struck in eye by air bag (ER1)



Dx: Hyphema  
(ER1, ER2)

ER1 — First Visit  
ER2 — Second Visit

**SOURCE OF INJURY DATA****OFFICIAL**

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

**UNOFFICIAL**

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

**INJURY SOURCE****FRONT**

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

**LEFT SIDE**

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

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

- (28) Left side window sill

**RIGHT SIDE**

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

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

- (38) Right side window sill

**INTERIOR**

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

**ROOF**

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

**FLOOR**

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

**REAR**

- (60) Backlight (rear window)

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

**EXTERIOR of OCCUPANT'S VEHICLE**

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

**EXTERIOR OF OTHER MOTOR VEHICLE**

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

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

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

- (83) Unknown exterior of other motor vehicle

**OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**

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

**NONCONTACT INJURY**

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

**INJURY SOURCE CONFIDENCE LEVEL**

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

**DIRECT/INDIRECT INJURY**

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

**OCCUPANT INJURY CLASSIFICATION****Body Region**

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

**Type of Anatomic Structure**

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

**Specific Anatomic Structure****Whole Area**

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

**Head - LOC**

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

**Spine**

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

**Vessels, Nerves, Organs, Bones,**

**Joints** are assigned consecutive two digit numbers beginning with 02

**Level of Injury**

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

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

**Abbreviated Injury Scale**

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

**Aspect**

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

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol  
Level (mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS =

Units of Blood  
Given

Units =

Arterial Blood  
Gases

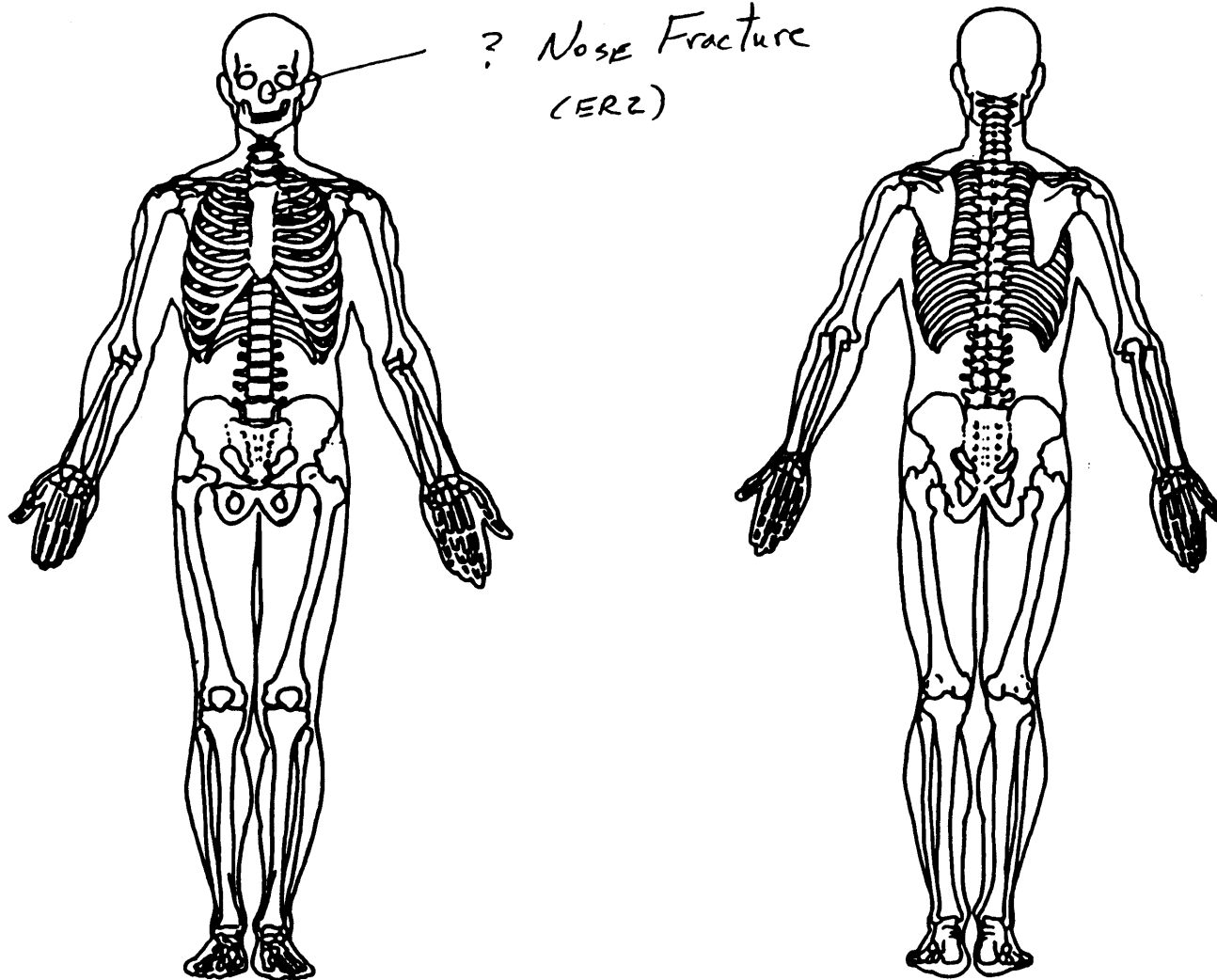
pH =

PO<sub>2</sub> =

PCO<sub>2</sub>

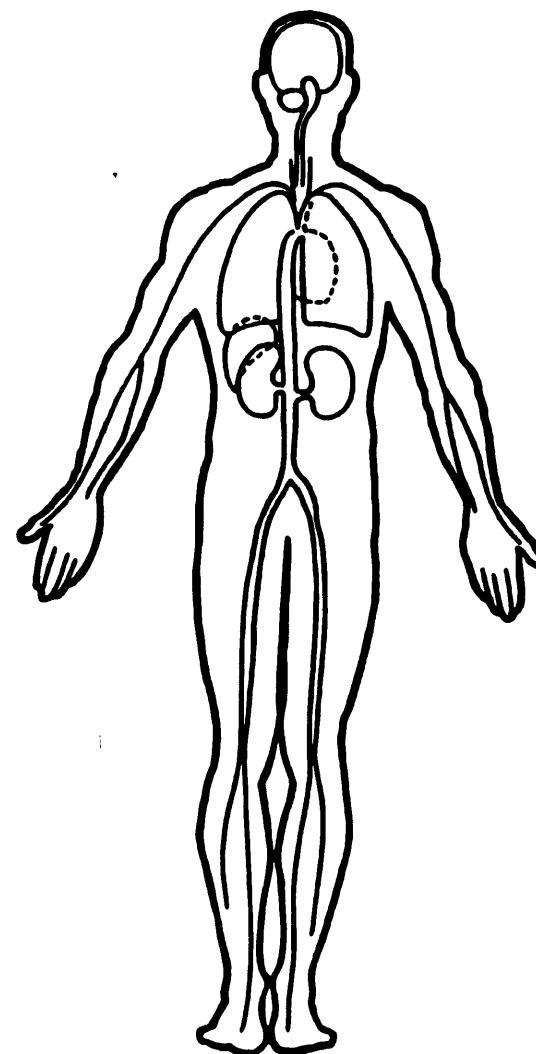
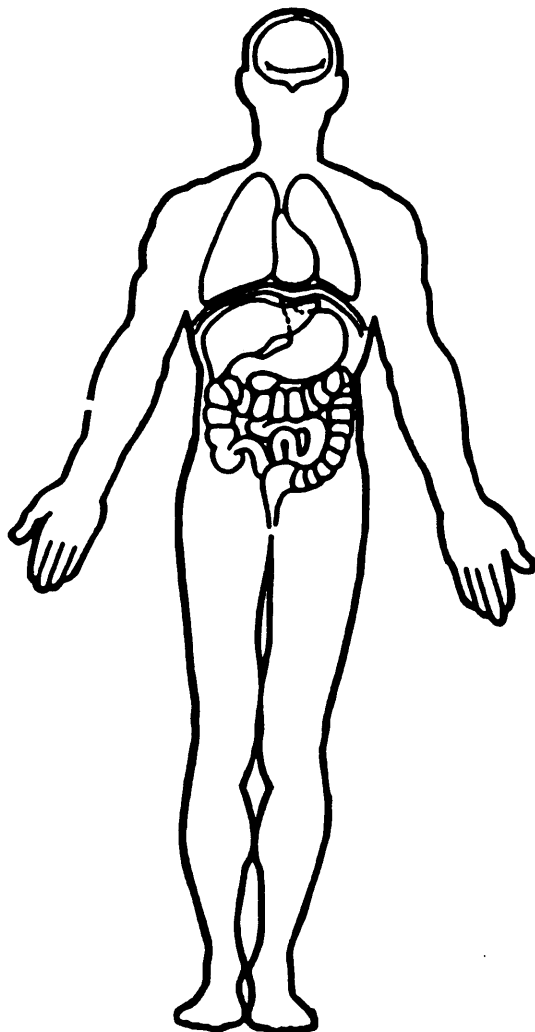
HCO<sub>3</sub>

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 — INTERNAL INJURIES

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



# CLINIC PROGRESS NOTES

## HOSPITAL

### OFFICE VISIT CODES: NEW PATIENT

New Patient "One who has not received any professional services from the physician/clinic within the past three years."

☐ Free above insurance (Physician fee only)

Please circle one descriptor for each component of care.

Key Components You must perform ALL 3 key components to at least the degree specified under the code.

COMPONENTS	DESCRIPTORS				
	99201	99202	99203	99204	99205
HISTORY	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
DECISION MAKING	Straight-forward	Straight-Forward	Low Complexity	Moderate Complexity	High Complexity

Contributory Factors Time is the key factor when counseling or coordination of care or both are more than 50% of the face-to-face time. Please indicate the % of time spent on counseling/coordination of care for the patient when you are in face-to-face contact with patient/family.

PRESENTING PROBLEM	Self-limited or Minor	Low to Moderate Severity	Moderate Severity	Moderate to High Severity	Moderate to High Severity
FACE-TO-FACE WITH PATIENT AND/OR FAMILY	10 minutes	20 minutes	30 minutes	45 minutes	60 minutes
% OF TIME COUNSELING/COORDINATION OF CARE	%	%	%	%	%

List Diagnoses and Procedures Below: PLEASE DO NOT ABBREVIATE OR USE SYMBOLS.

PRINCIPAL DIAGNOSIS: 1. *Hypertension*

SECONDARY DIAGNOSES: 2.

3.

4.

5.

PRINCIPAL PROCEDURE: 1.

SECONDARY PROCEDURES: 2.

3.

4.

**PROGRESS NOTE**

For documentation and reimbursement purposes, please write a complete progress note below.

**MEDICATIONS:**

27y/o W M 3 h 50

CMT 000

to nose

airway clear

hospitalized

to - hypoxia

agreed

Selleme D

Mvil

Dew

Mv

FH: D

Dew: Mv

P 31mg

BOM

Ext swollen nose - small scratch to cheek left

A/C 3+ all 05 2+ all 00 Flare 1 2+ 0

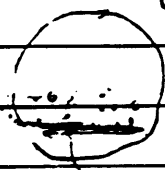
K - multiple small abrasions + 1 large one

microhypoxia OD

1cm ind 0

I = 0 V

DMV al MVD stem

4x3  
abrasion15-20  
small abrasions with bright  
brown ipsilateral notes

A/1 1) hypoxia caplet

Sign other reversing nose

Fred Felt 920 Pchris 30mg B10

Felt 940 Atypic B10

P. Int Physician Name

CFMC Number:

Resident Signature

Beeper Number:

Attending Physician Signature

CFMC Number:

BE SURE TO SIGN ALL YOUR NOTATIONS

This page contains a transcription  
of portions of the preceding page!

27 y/o WM 3 hours S/P  
car accident in which  
he was struck in eye by  
airbag. He was taken to \_\_\_\_\_  
hospital evaluated + transferred here  
for hyphema Rx:

V<sub>A</sub> < 20/100 PH 20/50  
20/200 PHNI

T<sub>14</sub>  
10

P 3+2 ⊖ APD  
3? → 2.5

EOM FrS (Ta +)

Ext swollen nose small scratch to cheek left

A/C 3+ cells OS 2+ cells OD

K - multiple small abrasions + 1 large one  
micro hyphema

PMH: ∅

AH: ragweed

Med: ?

Advil

SH: ⊖ cigs  
occasional etoh

⊖ drugs

FH: ∅

POc Hx: nearsightedness



## PATIENT DISCHARGE INSTRUCTIONS

## RETURN APPOINTMENTS

☒ CallName of Clinic  
Nombre de la clinicaTelephone Number  
Numero de la Clinica

DATE

MONDAY - FRIDAY 8:30 AM - 4:30 PM  
DE LUNES A VIERNES

- ☐ FOR AN APPOINTMENT, TELL THEM YOU WERE SEEN IN THE EMERGENCY SERVICE ON \_\_\_\_\_  
GIVE THEM THE MEDICAL RECORD NUMBER AND V NUMBER AT THE TOP OF THIS SHEET.  
PARA UNA CITA DIGALE QUE HASIDO VISTO EN LA SALA DE EMERGENCIA EN QUE FECHA FUE VISTO. DELE EL NUMERO DE SU REGISTRO Y EL NUMERO QUE ESTA ARRIBA EN EL PAPEL QUE LE DIERON PARA QUE HAGA SU CITA.
- ☐ TELL THEM WHAT TESTS AND X-RAYS YOU ARE TO HAVE DONE BEFORE GOING TO THE CLINIC.  
DIGALE QUE EXAMENES Y RADIOGRAFIAS TIENE QUE TOMARSE ANTES DE IR A LA CLINICA.

☐ WHAT THE DOCTOR SAID WAS WRONG  
QUE LE DIJO EL MEDICO QUE TENIA MAL Hypertension

☐ AND IN HOW MANY DAYS HE SAID YOU SHOULD RETURN TO THE CLINIC  
Y EN CUANTOS DIAS TENIA QUE REGRESAR A LA CLINICA 3

☐ RETURN TO Call Eye Clinic AM AND \_\_\_\_\_ PM  
REGRESE UD A LA \_\_\_\_\_  
CLINIC CLINICA IN ROOM EN CUARTO DAY DIA DATE FECHA TIME HORA Y

☐ COME TO THE PATIENT REGISTRATION DESK ON THE FIRST FLOOR OF THE HOSPITAL  
PRESENTESE EN EL PRIMER PISO EN EL ESCRITORIO DE REGISTRACION DEL HOSPITAL.

☐ RETURN TO EMERGENCY SERVICE IN \_\_\_\_\_ DAYS ON  
REGRESE UD AL SERVICIO DE EMERGENCIA EN \_\_\_\_\_ DIAS  
DAY (DIA) DATE (FECHA) TIME (HORA)

## MEDICATIONS - MEDICAMENTOS

☐ YOU HAVE RECEIVED A PRESCRIPTION FOR THE FOLLOWING MEDICATIONS  
USTED HA RECIBIDO UNA RECETA PARA LOS SIGUIENTES MEDICAMENTOS Aspirin, Tylenol

☐ TAKE ALL MEDICATIONS UNTIL FINISHED UNLESS SIGNS OF ALLERGY APPEAR  
TOME TODOS LOS MEDICAMENTOS HASTA QUE LOS TERMINE A MENOS QUE APAREZCAN SEÑALES DE ALERGIA

☐ NO ALCOHOL WHILE TAKING MEDICINE  
NO BEBIDAS ALCOHOLICAS MIENTRAS TOME LA MEDICINA

☐ DO NOT DRIVE OR OPERATE MACHINERY  
NO MANEJE U OPERE MAQUINARIA, O VEHICULOS

PLEASE READ AND FOLLOW THE INSTRUCTIONS CHECKED BELOW WHICH HAVE BEEN GIVEN TO YOU ON A SEPARATE SHEET.  
POR FAVOR LEA Y SIGA LAS INSTRUCCIONES MARCADA EN LA SIGUIENTE PAGINA.

<input type="checkbox"/> ACE WRAP	<input type="checkbox"/> LACERATION CARE	<input type="checkbox"/> TREATMENT OF VENEREAL DISEASE
<input type="checkbox"/> CAST CARE INSTRUCTIONS	<input type="checkbox"/> LOW BACK PAIN EXERCISES	<input type="checkbox"/> URINARY TRACT INFECTIOUS INSTRUCTIONS
<input type="checkbox"/> CRUTCH WALKING INSTRUCTIONS	<input type="checkbox"/> SPRAINS & MINOR INJURY INSTRUCTIONS	<input type="checkbox"/> USE OF THERMOMETER
<input type="checkbox"/> EAR INFECTION	<input type="checkbox"/> TETANUS IMMUNIZATION INSTRUCTIONS	<input type="checkbox"/> VOMITING AND DIARRHEA INSTRUCTIONS
<input type="checkbox"/> FEVER INSTRUCTIONS	<input type="checkbox"/> THROAT CULTURE INSTRUCTIONS	
<input type="checkbox"/> HEAD INJURY INSTRUCTIONS	<input type="checkbox"/> THREATENED ABORTION INSTRUCTIONS (MISCARRIAGE)	

OTHER \_\_\_\_\_

If you have not previously been registered at the \_\_\_\_\_, please bring proof of income and any information regarding your insurance, Blue Cross, Medicare or public aid coverage.

Si no ha sido registrado en las Clinicas de la \_\_\_\_\_ Hospital, por favor traiga pruebas de su salario y los seguros que tenga.

CALL OR RETURN TO THE EMERGENCY SERVICE IF ANY PROBLEM DEVELOPS  
LLAME O REGRESE AL SALA DE EMERGENCIA SI HAY ALGUN PROBLEMA

I have received emergency care and understand the above instructions and precautions as explained to me.  
Yo he recibido tratamiento de emergencia y entiendo las instrucciones y precauciones mencionadas arriba las cuales me fueron explicadas.

☐ Patient  
☐ Relative Demonstrated verbal understanding of instructions

Nurses Signature \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE OF PATIENT OR RELATIVE \_\_\_\_\_

## TRIAGE NOTE

**EMERGENCY SERVICE**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ A.M. P.M.

NAME \_\_\_\_\_ TRANSPORTED BY \_\_\_\_\_

MED. REC. NO. \_\_\_\_\_ REQ. ☐ TIME \_\_\_\_\_ A.M. P.M.

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ EXACT STREET OR BUILDING LOCATION OF INJURY \_\_\_\_\_

B.P. \_\_\_\_\_  
T. \_\_\_\_\_  
P. \_\_\_\_\_  
R. \_\_\_\_\_  
LMP \_\_\_\_\_  
HCT \_\_\_\_\_  
GRAV \_\_\_\_\_  
PARA \_\_\_\_\_  
EDC \_\_\_\_\_  
WT \_\_\_\_\_

**MEDICAL Hx**

☒ ALCOHOLISM ☐ ASTHMA ☐ DIABETES  
☐ HEART DISEASE ☐ HIGH RISK ☐ HYPERTENSION  
☐ PREGNANCY \_\_\_\_\_ ☐ SEIZURES  
☐ SICKLE CELL ☐ (MOS) DRUG ABUSE ☐ NONE  
☐ OTHER (EXPLAIN) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROOM NO. \_\_\_\_\_  
TIME \_\_\_\_\_  
TO \_\_\_\_\_  
ROOM \_\_\_\_\_ A.M. P.M.

**MEDICATIONS**  
☐ NONE ☒ YES (LIST)  
 (add detail)

**LEVEL OF CONSCIOUSNESS**

☐ ALERT

☐ COMATOSE

☐ DISORIENTED

☐ LETHARGIC

☐ OTHER

**ALLERGIES**

☒ NKA ☐ YES (LIST)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATIONS**

☒ TETANUS *free*

*free*

**RESPIRATIONS**

☒ NORMAL

☐ DEEP

☐ SHALLOW

☐ LABORED

☐ WHEEZES

☐ INTUBATED

☐ OTHER (EXPLAIN)

**SKIN**

☒ WARM

☐ COOL

☒ DRY

☐ HOT

☐ MOIST

☐ DIAPHORETIC

**COLOR**

☒ NORMAL

☐ PINK

☐ FLUSHED

☐ PALE

☐ DUSKY

☐ CYANOTIC

☐ MOTTLED

CHIEF COMPLAINT TIME                      P.M.

car accident  
female - Brent  
[REDACTED] Hospital.

TRIAGE NURSE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## NURSING CARE NOTES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

# CLINIC PROGRESS NOTES

## HOSPITAL

## OFFICE VISIT CODES: ESTABLISHED PATIENT

Established Patient One who has received any professional service from the physician.

☐ Free above insurance coverage.

Please circle one descriptor for each component of care.

Key Components

You must perform 2 OF 3 key components to at least 1 degree.

	11	12	13	14	15
HISTORY	Not Required	Problem focused	Expanded problem focused	Detailed	Comprehensive
EXAM	Not Required	Problem focused	Expanded problem focused	Detailed	Comprehensive
DECISION MAKING	Not Required	Straightforward	Low Complexity	Moderate Complexity	High Complexity

Contributory Factors Time is the key factor when counseling or coordination of care or both are more than 50% of the face-to-face time. Please indicate the % of time spent on counseling/coordination of care for the patient when you are in face-to-face contact with patient/family.

PRESENTING PROBLEM	Minimal	Self-limited or Minor	Low to Moderate Severity	Moderate to High Severity	Moderate to High Severity
FACE-TO-FACE WITH PATIENT AND/OR FAMILY	5 minutes	10 minutes	15 minutes	25 minutes	40 minutes
% OF TIME COUNSELING / COORDINATION OF CARE	%	%	%	%	%

List Diagnoses and Procedures Below: PLEASE DO NOT ABBREVIATE OR USE SYMBOLS.

PRINCIPAL DIAGNOSIS 1. *Dysplasia*

SECONDARY DIAGNOSES: 2.

3.

4.

5.

PRINCIPAL PROCEDURE: 1.

SECONDARY PROCEDURES: 2.

3.

4.

# OPHTHALMOLOGY PROGRESS NOTE

For documentation and record, please write a complete progress note below

MEDICATIONS:

**CLINIC**

W/OO - 5,25 + 2,50 x 87

W/OS - 5,25 + 1,50 x 96.

W/OO 20/25-1 J4+  
W/OS 20/40 @ PH 20/25-1 near J1

pt. had driver's airbag impact L to L 25 mph  
passenger uninjured

AT [REDACTED] HOSPITAL ERZ SUNDAY NIGHT - CAR ACCIDENT

HIT @ AIR BAG

P. 11/11/93 T. 11/11/93 ATOP PROX FONTE OS

3-2-2 [REDACTED] [REDACTED] [REDACTED] [REDACTED]

East: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

C/K [REDACTED] [REDACTED] [REDACTED] [REDACTED]

N/C [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

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[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

BEST AVAILABLE COPY

This page contains a transcription  
of portions of the preceding page!

HIT  $\bar{c}$  AIR BAGT<sub>9</sub>  
16P dilated  
3→2

Eom F+St

Ext: Abrasion ? &lt; 0.5'

C/S: mild ? OD

A/C: trace cell/? OD  
2+ cells 2+? OS

Iris: n/O?

Lens: n/O?

Film ? Nose Fx

A/C i) hyphema pressure good ⊖ evidence  
of ?(return to  
clinic)

RTC 1 day

D/C polytrim

continue prediscare 4 more days

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

- Other driver + patient's passenger not injured at all (ER1)

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.)

periorbital ecchymosis • ? maybe hit drivers window (side) (ER1)  
 (L) eye (ER1)  
 swollen nose (ER1)  
 { air bag injury, mild traumatic iritis (R) eye (ER1)

- Visual Acuity — Good (ER4)
- No more spots (ER4)

1mm clot, intraocular pressure — okay: (L) eye (ER1)

Dx: Hyphema  
 2° to air bag injury  
 ? eye (ER2, ER3)

ER1 — First Visit  
 ER2 — Second Visit  
 ER3 — Third Visit  
 ER4 — Fourth Visit

Follow-up visits at Hospital Subject was transferred to

**SOURCE OF INJURY DATA****OFFICIAL**

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

**UNOFFICIAL**

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

**INJURY SOURCE****FRONT**

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

**LEFT SIDE**

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

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

- (28) Left side window sill

**RIGHT SIDE**

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

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

- (38) Right side window sill

**INTERIOR**

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

**ROOF**

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

**FLOOR**

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

**REAR**

- (60) Backlight (rear window)

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

**EXTERIOR of OCCUPANT'S VEHICLE**

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

**EXTERIOR OF OTHER MOTOR VEHICLE**

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

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

- (83) Unknown exterior of other motor vehicle

**OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**

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

**NONCONTACT INJURY**

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

**INJURY SOURCE CONFIDENCE LEVEL**

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

**DIRECT/INDIRECT INJURY**

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

**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	Whole Area	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(08) Skin - Laceration		(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion		(5) Critical injury
(6) Spine	(17) Amputation		(6) Maximum (untreatable)
(7) Upper Extremity	(2) Burn		(7) Injured, unknown severity
(8) Lower Extremity	(2) Crush		
(9) Unspecified	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
<b>Type of Anatomic Structure</b>	<b>Head - LOC</b>	<b>Level of Injury</b>	<b>Aspect</b>
(1) Whole Area	(02) Length of LOC	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Vessels	(04, 06, 08) Level of Consciousness	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(2) Left
(3) Nerves	(10) Concussion		(3) Bilateral
(4) Organs (includes muscles/ligaments)			(4) Central
(5) Skeletal (includes joints)			(5) Anterior
(6) Head - LOC			(6) Posterior
(9) Skin			(7) Superior
			(8) Inferior
			(9) Unknown
			(0) Whole region

# 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 = \_\_\_\_

PO<sub>2</sub> = \_\_\_\_

PCO<sub>2</sub> = \_\_\_\_

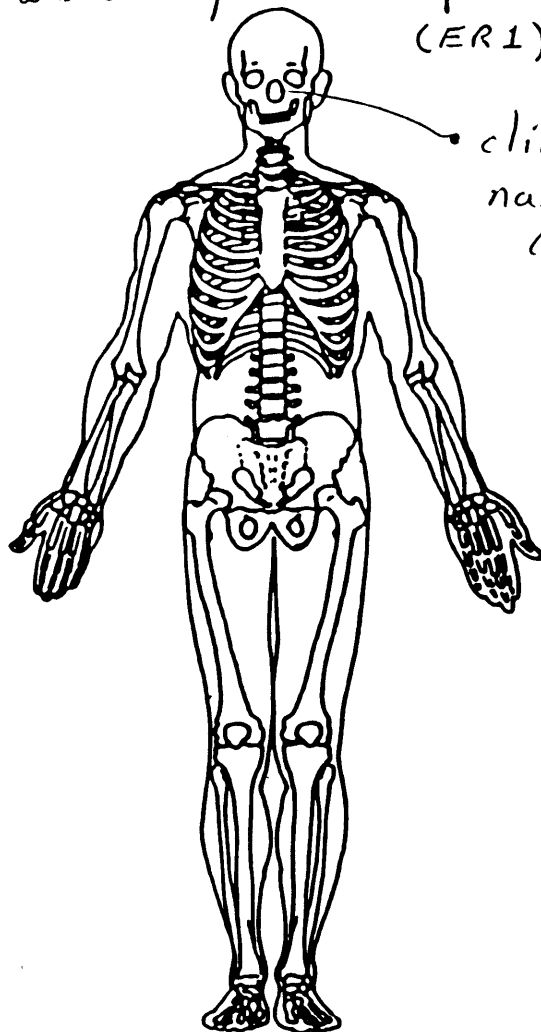
HCO<sub>3</sub> = \_\_\_\_

• ⊕ seatbelts driver + passenger (ER1)

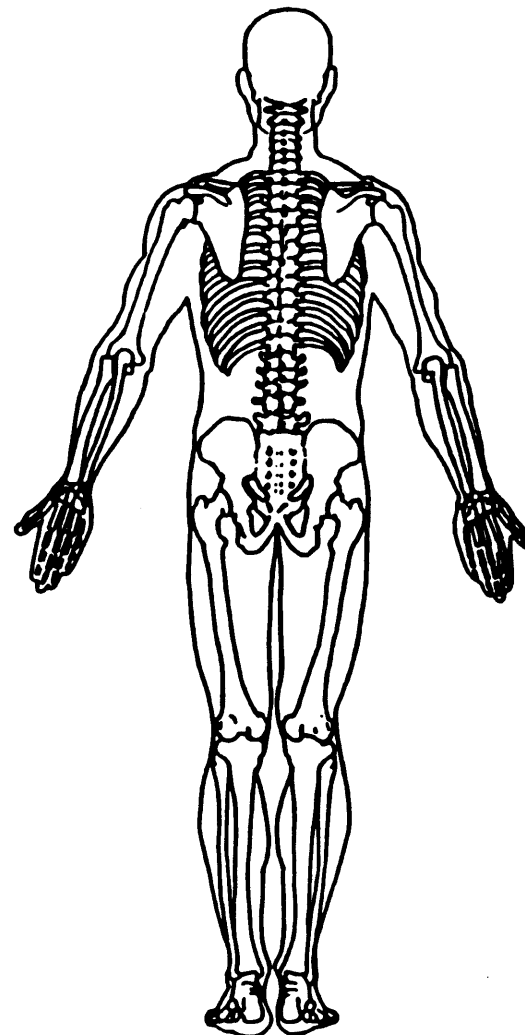
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• air bag instantaneously opened  
pt was wearing chest + lap belts

(ER1)



clinically no  
nasal Fx  
(ER1)

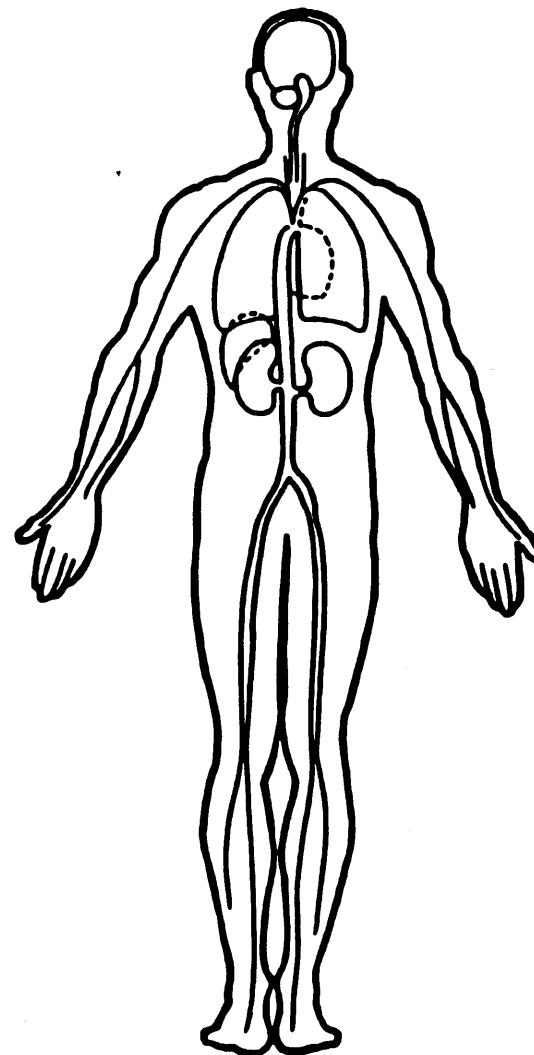
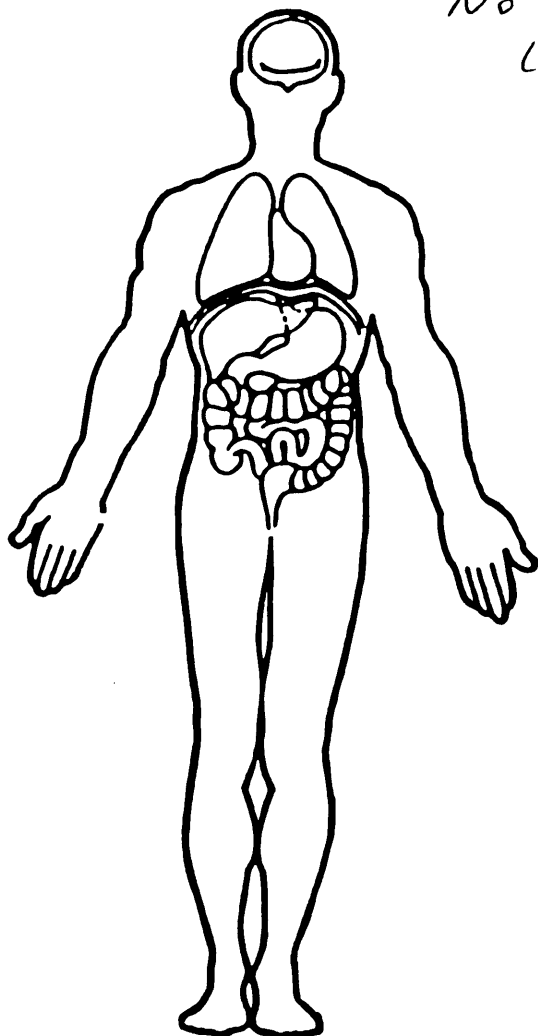




## OFFICIAL INJURY DATA —INTERNAL INJURIES

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

No LOC  
(ER1)



**PROGRESS NOTE**

For documentation and reimbursement purposes, please write a complete progress note below.

**MEDICATIONS:**

Hyphema  
F/U Airbag injury & hyphema  
Nissen Altima

Altima 93 Altima

(L) to (L) ~ 25 mph. (P) seatbelt - driver + passenger

Other driver & pt's <sup>passenger</sup> passenger not injured at all <sup>Soreness</sup> no soreness  
? maybe hit drivers window (side) - Airbag <sup>instantaneously</sup> opened  
"powder flying around"  $\phi$  L O L - pt was wearing C-L. <sup>was wearing</sup> ? chest + lap?  
(L) front zone crumple zone damage

V/L 20/25-3  
20/30

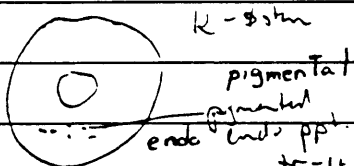
P 4-5  
8mm dilated

Ext. (+) swollen

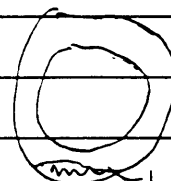
m R/S OK

TX 9  
15  
2.45p

note periorbital  
ecchymosis area? <sup>periorbital</sup> <sup>conjunctival</sup> <sup>and sub</sup>



R - 8mm  
pigmental  
endo endothelial  
AC - to - 11 WCL  
pigment within  
pigment ?



R - 8mm  
pigmental cell centrally  
inferiorly  
pigmental cell inferiorly

clot  
1mm dot  
AC - 3mm  
4mm pigmented cell  
iris - clear  
lens - clear & blood tears  
clear

Traumatic iritis

Airbag injury - OD - mild traumatic iritis & R endo ppt - No Rx  
OS - 1mm clot IOP OK & rebleed Day #3 PO Pres

(2) Seen by ENT - <sup>clinically no nasal fracture</sup> initially no nasal fracture (Frank)

Cont Prescribed P.O. sig PF 6x/day  
RTC 1 week

# PROGRESS NOTE

For documentation and reimbursement purposes, please write a complete progress note below.

## MEDICATIONS:

Day 5 Hyphs 08 10 15  
 overly conjung

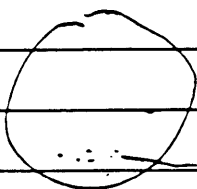
Prochone 3mg PO BID  
 PF 220

20/25-3 PT 3mm  
 20/25-3

M F/S O.V.

312-

conj clear  
 ? clear



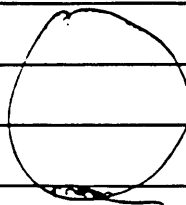
to  
 end pig  
 end pigment

iris clear

lens clear

lens clear O.V.

F = n/d/m/v/p O.V.



AL 3+ P's well  
 3+ wbc  
 drop

clot ~ 1/2 size of yesterday  
 clot 1/2 size of yesterday

A:

P: Final Prod tonight  
 1 PF to BID  
 RTZ 3 days

**PROGRESS NOTE**

For documentation and reimbursement purposes, please write a complete progress note below.

**MEDICATIONS:**

[redacted] 7/93

[redacted] 7/93

mild ? OD

Nobis mild irritation OD

and: flashing light OS c blinking OS.

PF Q4°

V<sub>cc</sub> 50/25 +3  
50/25 -3PC reactive  
non-reactive  
non-reactive

MT/5 V.

lig den V

K to cell ends UV

AC small  
fl.1 cell  
1 fl

iris very clear clear

lens lens - clear clear

F:

at OD/MT/V

pigmented

pigmented

hyphema mostly cleared

hyphema mostly cleared

AS Hyphema mostly cleared

mild residual  
mild residual② Fungal - sun c Resnick  
Fungus Trunk

P: LPP to TID x 1 week, OD x 1 week

RT 2 weeks

43

## PROGRESS NOTE

For documentation and reimbursement purposes, please write a complete progress note below

## MEDICATIONS:

Much better — no more spots  
 1A good

U/C CL 20/25 20/20 O.V.

P 4-52 6-54 QAPD m F/s O.V.

U/C CL 20/25 20/20 O.V.  
 Long CL 20/25 20/20 O.V.  
 12 CL 20/25 20/20 O.V.  
 AL CL 20/25 20/20 O.V.  
 iris 20/25 20/20 O.V. of sclerotic lens  
 lens 20/25 20/20 O.V.

Improved mild residual cells  
 A: Traumatic — mild residual AC cell OS, myelomas OS  
 traumatic vs. intraocular  
 traumatic ?

P: RCL 6 cells  
 CL 20/25 20/20 O.V.

Print Physician Name:

CFMC Number:

Resident Signature:

Beeper Number:

Attending Physician Signature:

CFMC Number:

BE SURE TO SIGN ALL YOUR NOTATIONS

**Appendix H:**

NASS CDS Occupant Assessment Form:

Case Vehicle Passenger



# OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>13</u>
2. Case Number - Stratum <u>9314</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>02</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(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	
5. Occupant's Age <u>2</u> Code actual age at time of accident. (00) Less than one year old (specify by month): _____ (97) 97 years and older (99) Unknown	11. Occupant's Posture <u>9</u> (0) Normal posture
6. Occupant's Sex <u>2</u> (1) Male (2) Female (9) Unknown	<i>Abnormal posture</i>
7. Occupant's Height <u>163</u> Code actual height to the nearest centimeter. (999) Unknown <u>64</u> inches X 2.54 = <u>163</u> centimeters	(1) Kneeling or standing on seat
8. Occupant's Weight <u>050</u> Code actual weight to the nearest kilogram. (999) Unknown <u>110</u> pounds X .4536 = <u>50</u> kilograms	(2) Lying on or across seat
9. Occupant's Role <u>2</u> (1) Driver (2) Passenger (9) Unknown	(3) Kneeling, standing or sitting in front of seat
	(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
	(5) Sitting on a console
	(6) Lying back in a reclined seat position
	(7) Bracing with feet or hands on a surface in front of seat
	(8) Other abnormal posture (specify): _____
	(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (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 EVALUATION

17. Manual (Active) Belt System Availability 3

- (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 99

- (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 0

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

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 0

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

23. Are There Indications of Air Bag System Failure? 0

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

(9) Unknown

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

24. Police Reported Restraint Use 0

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

(8) Restrained, type unknown

(9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

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

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

(9) Unknown

## 26. Seat Type (this Occupant Position)

99

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

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (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

000

(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

50

(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

00

## 32. Child Safety Seat Shield Usage

00

## 33. Child Safety Seat Tether Usage

00Note: 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) 0 - 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 0

- (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) 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 00

(00) Not Hospitalized

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

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

38. Working Days Lost 99

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 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 (includes fatal ruled disease) (specify):  
\_\_\_\_\_
  - (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- 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 1

- (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 9

- (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 9

- (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 9

- (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

**STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER****TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 00

- (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) - HCO<sub>3</sub> 00

- (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES [ ]

UPDATE CANDIDATE?

NO [ ] YES [ ]