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of Transportation

**National Highway
Traffic Safety
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Bloomington, Indiana 47403-1599

REMOTE AIR BAG REPORT

CASE NO. - 96-06
FLEET - PRIVATE VEHICLE
LOCATION - MISSISSIPPI
ACCIDENT DATE - [REDACTED], 1995

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED] 1996

Revised Submission:

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

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

1. Report No. TRC/IU Case No. 96-06		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Investigation Private Vehicle Location - Mississippi				5. Report Date ██████████ 1996; ██████████, 1996	
				6. Performing Organization Code	
				8. Performing Organization Report No. TRC/IU 96-06, Task 0041	
7. Author(s) ██				10. Work Unit No. (TRAIS)	
9. Performing Organization Name and Address Indiana University Transportation Research Center 222 West Second Street Bloomington, Indiana 47403-1599				11. Contract or Grant No. DTNH22-94-D-17058	
				13. Type of Report and Period Covered ██████████, 1995	
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. 20590-0003				14. Sponsoring Agency Code	
15. Supplementary Notes Remote air bag deployment investigation involving a 1995 Pontiac Gram Am GT, 4-door notchback sedan, with 3-point, automatic belts and driver's air bag					
16. Abstract This report covers a remote investigation of an air bag deployment crash that involved a 1995 Pontiac Grand Am GT and an embankment and/or culvert. This crash is of special interest because the Grand Am's driver sustained a critical heart injury as a result of contacting her deploying air bag. The Grand Am was traveling west in the westbound lane of a two-lane, undivided, county roadway when it departed the roadway onto the north roadside. As a result of the driver's steering input, the Grand Am re-entered, crossed, and departed the south side of the roadway. According to the Police Accident Report, the Grand Am was traveling south-southwestward on the south roadside when it impacted an embankment and/or culvert. Based on the Police Accident Report, because no vehicular photographs are available, the front of the Grand Am (case vehicle) impacted the embankment and/or culvert causing the case vehicle's driver side supplemental restraint system (air bag) to deploy. The case vehicle's driver (40 year-old female), who is short in stature [152 centimeters (60 inches)], was normally postured with her seat track located in its forward-most position, and the steering wheel was located between its middle and down-most positions. She was most likely not wearing her available, passive, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, a critical aortic valve laceration (disruption) most likely from her deploying air bag; an injury identified in previous <u>Special Crash Investigation</u> cases. In addition, she sustained moderate injuries which included: a concussion and laceration with contusion to her right head from some unknown interior object, abrasion and contusion (ecchymosis) to the anterior neck, and multiple abrasions to her right ear, chin, and right forearm, primarily from her deploying air bag.					
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 6	22. Price \$5,000

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-06

FLEET - PRIVATE VEHICLE
LOCATION - MISSISSIPPI

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Pontiac Grand AM GT and an embankment and/or culvert occurring in [REDACTED], 1995 at [REDACTED] a.m., on a county road. This crash is of special interest because the case vehicle's driver sustained a critical heart injury as a result of contacting her deploying air bag.

The Grand Am was traveling west in the westbound lane of a two-lane, undivided, county roadway when it departed the roadway onto the north roadside. As a result of the driver's steering input, the Grand Am re-entered, crossed, and departed the south side of the roadway. According to the Police Accident Report, the Grand Am was traveling south-southwestward on the south roadside when it impacted an embankment and/or culvert.

The front of the Grand Am impacted the embankment and/or culvert. With no available vehicle photographs, the CDC is not estimable for the Grand Am. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's estimates that the Delta V was "*moderate*".

The 1995 Pontiac Grand Am GT was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (40 year-old female), who is short in stature [152 centimeters (60 inches)], was normally postured with her seat track located in its forward-most position, and the steering wheel was located between its middle and down-most positions. She was most likely not wearing her available, passive, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, a critical aortic valve laceration (disruption) most likely from her deploying air bag; an injury identified in previous Special Crash Investigation cases. In addition, she sustained moderate injuries which included: a concussion and laceration with contusion to her right head from some unknown interior object, abrasion and contusion (ecchymosis) to the anterior neck, and multiple abrasions to her right ear, chin, and right forearm, primarily from her deploying air bag.

TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-06

FLEET - PRIVATE VEHICLE
LOCATION - MISSISSIPPI

ACCIDENT DATA

Location/Street: [REDACTED] Road
State: Mississippi
Area/Type: Rural, residential per case vehicle's driver
Accident Date: [REDACTED], 1995
Accident Type: Car / ran-off-road {Embankment and/or Culvert}
Occupant Injury Severity (air bag vehicle): Laceration {Disruption} aortic heart valve (AIS-5)

AMBIENT CONDITIONS

Light Conditions: Dawn
Weather Condition: Precipitating
Precipitation: Rain
Road Surface: Wet per Police Accident Report and case vehicle's driver
Temperature: 45 degrees F @ [REDACTED] Tennessee

ROADWAY

Case Vehicle

Location: [REDACTED] road
Number of Travel Lanes: 2-lanes, undivided
Width: Unknown
Surface Type: Bituminous
Vertical alignment: Grade, unknown amount or direction, per Police Accident Report
Horizontal alignment: Straight, per Police Accident Report

ROADWAY (CONTINUED)

Case Vehicle

Traffic Density:	Light per case vehicle's driver
Speed Limit:	72 k.p.h. (45 m.p.h.)
Traffic Controls:	No passing zone per Police Accident Report (i.e., most likely includes a DO NOT PASS regulatory sign and double solid yellow, no passing, centerlines)

VEHICLES

Case Vehicle

Year:	1995
Make:	Pontiac
Model:	Grand Am GT
Body Type:	4-door notchback sedan, 5 passengers
V.I.N.:	1G2NW55M2SC-----
Mileage:	32,665 kilometers (20,297 miles)
Windshield damage/source:	None
Active Restraints:	2-point, manual, lap belt in rear center seating position; 3-point lap and shoulder belts in rear outboard seating positions
Passive Restraints:	3-point, automatic, lap and shoulder belts in front, outboard, seating positions; Factory installed driver supplemental restraint system (air bag)
Fleet:	Private vehicle
Tow status:	Towed due to damage
Reported Defects:	Unknown per Police Accident Report

VEHICLE DAMAGE¹Case VehicleDEPLOYMENT IMPACT

Event number:	First
Object struck:	Embankment and/or Culvert
Damage location:	Front
CDC:	Unknown
Estimated maximum crush:	Unknown
Damaged components:	Front bumper, grille and hood assemblies, radiator, left and right light assemblies (headlights, side marker, and parking) and fenders
Repair estimate:	\$6,500
Interior damage:	Driver air bag module per repair estimate

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Grand AM) was traveling west in the westbound lane of a two-lane, undivided, county roadway and was attempting to continue in its westbound direction of travel. According to the Police Accident Report, the case vehicle, for some unknown reason, departed the roadway onto the north roadside. In addition, the case vehicle's driver recognized her off road travel and then steered back to the left. According to the Police Accident Report, as a result of the driver's steering input the case vehicle re-entered, crossed, and departed the south side of the roadway, traveling south-southwestward on the south roadside. According to the case vehicle's driver, she does not recall any of the accident circumstances. According to the Police Accident Report, the case vehicle continued straight ahead prior to impact. The crash occurred when it impacted an embankment and/or culvert on the south roadside.

CRASH: According to the Police Accident Report, the front end of the case vehicle impacted the embankment and/or culvert causing the driver side supplemental

¹ This contractor does not know for sure what exactly the crash sequence was. Because there was not scene or vehicle inspection and no available photographs, this contractor must rely on the Police Accident Report collision description and points of impact indications, the case vehicle driver's interview, and the repair estimate. The case vehicle's driver has no recollection of the crash. The Police Accident Report description discusses only the driver's combative state and indicates that no driver statement was obtained. The Police Accident Report does indicate that the initial impact was to the right front followed by a full frontal impact. The vehicle repair estimate indicates that the entire front [bumper, grille, hood, radiator, right and left light assemblies (headlight, side marker, etc.) and fenders] required replacement. However, the left quarter panel (rear) was also replaced. This indicates that the case vehicle may have struck some object with its left side either going into or after impacting the embankment and/or culvert. The only impact that is known for sure involves the frontal impact into the embankment and/or culvert. This contractor's attempts to determine the actual sequence of events has been unsuccessful.

COLLISION SEQUENCE (CONTINUED)

CRASH: (Continued)

restraint system (air bag) to deploy. The case vehicle most likely rotated counter-clockwise after impacting² the embankment and/or culvert and remained off the roadway on the south roadside next to or in contact with the embankment and/or culvert after the impact. Based on the known crash dynamics, the case vehicle came to rest heading in southerly direction.

DRIVER DATA

Case Vehicle

Age:	40
Sex:	Female
Height:	152 centimeters (60 inches)
Weight:	44 kilograms (96 pounds)
Occupation:	Waitress
Active Restraint System/Usage:	None, most likely
Usage Source:	Contractor determined, based on medical injury data
Eye glasses/contacts:	None
Vehicle Familiarity:	One year, driven ~32,200 kilometers (~20,000 miles) during this 12 month period
Route Familiarity:	Daily
Trip Plan:	Home to work
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Hospitalized
Blood Alcohol Level:	None Detected

² Without any scene and/or vehicular photographs, this contractor can only speculate concerning what the actual crash dynamics were. Since most embankments/drainage ditches run approximately parallel to the roadway and since the case vehicle approached the embankment/drainage ditch in a south-southwesterly direction--based on the Police Accident Report, crash dynamic principals indicate that the case vehicle most likely would have rotated counterclockwise after striking the embankment/drainage ditch and/or culvert. How much rotation occurred is unknown.

CASE VEHICLE DRIVER INJURIES³

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Rupture {disruption} of aortic valve (i.e., specifically, the Right and Noncoronary cusps had both been completely torn free)	441200.5,4	2	Driver's side air bag	{Probable}
Concussion with amnesia	160410.2,0	2	Unknown injury mechanism ³	{Unknown}
Laceration, 4 centimeter, above right ear and toward posterior head	190602.1,1	2	Unknown injury mechanism ³	{Unknown}
Abrasions to back of right ear	290202.1,1	3	Unknown injury mechanism ³	{Unknown}
Contusion (bruising) behind right ear	190402.1,1	2	Unknown injury mechanism ³	{Unknown}
Abrasion chin	290202.1,8	7	Driver's side air bag	{Probable}
Abrasion neck	390202.1,5	2	Driver's side air bag	{Certain}
Contusion {ecchymosis} large anterior neck	390402.1,5	2	Driver's side air bag	{Certain}
Abrasion right forearm	790202.1,1	7	Driver's side air bag	{Probable}

DISCUSSION

This crash is of special interest because the case vehicle's driver sustained a critical heart injury [i.e., a laceration to her aortic valve (disruption)] as a result of contacting her deploying air bag. According to the case vehicle's driver, her pre-impact posture was: sitting upright with her back against the seatback, both hands on the steering wheel (unknown clock positions), left foot on the floor, and her right foot most likely on the brake. According to the driver who is of short stature [i.e., 152 centimeters (60 inches)], her seat track was located in its forward-most position--with her seatback in the upright position, and the steering wheel's tilt column was located between its middle and down-most positions. According to the Police Accident Report, the interview with the case vehicle's driver, and her medical records, it is unknown whether or not the driver was not using her automatic, three-point, lap and shoulder belt. This contractor believes, based on her medical records⁴, that she most likely was not restrained.

³ There are many possible contact mechanisms for these injuries. Given the vehicle's trajectory into impact, the case vehicle most likely rotated counterclockwise after impact to final rest. Based on the likelihood that the case vehicle's driver was not restrained and occupant kinematic principals, the case vehicle's driver was most likely thrown to the right after impact by the impact forces and the case vehicle's deploying driver side air bag. As a result, the case vehicle's driver could have struck the inside rearview mirror, the right "A"-pillar, the right front roof rail, the right front door sill or door panel, or some other object. Because there is no vehicle inspection or available photographs, this contractor can only speculate as to the exact cause of these injuries.

⁴ This contractor's belief is based on the concussive injury. We do not believe the concussion was caused by the air bag because, based on our limited information, there are no indications of air bag-facial interaction. There were no medically reported facial abrasions and/or eye injuries. There was an interviewee reported facial abrasion, but only

DISCUSSION (CONTINUED)

Due to the case vehicle driver's lack of memory, the driver's exact pre-impact scenario is unknown. Based on the Police Accident Report, the case vehicle's driver steered sharply to the left to re-enter the roadway. The driver may have attempted to steer back to the right prior to departing the roadway onto the south roadside, but the driver most likely did not change the case vehicle's Police-Accident-Reported, south-southwesterly, direction of travel. As the case vehicle traveled on the south roadside downward⁵ into the embankment/drainage ditch, the driver most likely moved forward toward her steering wheel assembly; however, the driver's stature and close (i.e., seating) proximity to the steering wheel most likely kept her from moving too far from her original pre-crash posture.

At the impact with the embankment and/or culvert, the driver would have been thrown further forward striking the deploying air bag. The case vehicle driver's impact with the deploying air bag was, in this contractor's opinion, severe enough to cause her chest injury. Our conclusion is based on the preponderance of the available evidence which includes: her stature and weight [44 kilograms (96 pounds)], location of the driver's seat, tilt position of driver's steering wheel, her known (based on her medical records) contact with the deploying air bag, the fact that no rib fractures were reported, and finally, the fact that heart lacerations have been previously identified in other Special Crash Investigation cases resulting from the "punch" of the deploying driver's side air bag.

Based on the Police Accident Report's collision sketch, the case vehicle, after impacting the embankment and/or culvert, most likely rotated counterclockwise. Because the driver had already impacted (most likely) the case vehicle's steering column/air bag prior to the on-set of the counterclockwise rotation, as the rear of the case vehicle moved toward the right, the driver contacted the interior surface of the driver's door. This contact, her nonuse (most likely) of her available, passive, safety belts, and the continued counterclockwise rotation most likely resulted in the case vehicle's driver subsequently rebounding toward the vehicle's right side. As a result of this movement, the case vehicle's driver most likely sustained the laceration to her right head and the associated concussion injury from some unknown interior right side object.

to the chin. This contractor believes that the combination of driver's seating position (full forward), stature [152 centimeters (60 inches)], and steering wheel tilt position (between its middle and down-most positions) caused the driver side air bag's "punch" to strike the driver near her heart causing the aortic valve disruption and some minor abrading to her anterior neck and/or chin area. If the driver had been restrained, she should have rebounded rearward--toward her seat back, and most likely to her right into areas that are, for the most part, padded. This contractor does not believe that a concussive injury would have resulted from this scenario. On the other hand, if the driver was not restrained, the punch of the air bag in combination with the probable counterclockwise rotation (discussed above) would have propelled the driver toward the right hand side of her vehicle where there is a much greater likelihood that the observed four centimeter laceration to the right side of her head was produced. This contractor believes that the concussive injury was a by-product of the observed right head laceration.

⁵ This contractor has no knowledge regarding the severity of the slope. This contractor's repeated efforts to clarify many of the unanswered questions regarding the crash dynamics by contacting the investigating police officer were unsuccessful.

POLICE ACCIDENT REPORT

PAGE 1 OF 1		MISSISSIPPI UNIFORM ACCIDENT REPORT										58 CASE NUMBER LOCAL AGENCY AND / OR OFFICER'S NAME / BADGE NUMBER							
54 CASE NUMBER (DPS USE ONLY)				55 AGENCY FILING THIS REPORT				56 CODE		57 STATION-PRECINCT-TROOP		58 CASE NUMBER LOCAL AGENCY AND / OR OFFICER'S NAME / BADGE NUMBER							
59 DATE OF COLLISION		60 DAY OF COLLISION				61 TIME (USE 2400 HRS)		62 NO. OF VEHICLES		63 NUMBER KILLED		64 NUMBER INJURED		65 TIME (USE 2400 HRS)		66 COUNTY			
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822				823				824				825				826			
827				828				829				830				831			
832				833				834				835				836			
837				838				839				840				841			
842				843				844				845				846			
847				848				849				850				851			
852				853				854				855				856			
857				858				859				860				861			
862				863				864				865				866			
867				868				869				870				871			
872				873				874				875				876			
877				878				879				880				881			
882				883				884				885				886			
887				888				889				890				891			
892				893				894				895				896			
897				898				899				900				901			
902				903				904				905				906			
907				908				909				910				911			
912				913				914				915				916			
917				918				919				920				921			
922				923				924				925				926			
927				928				929				930				931			
932</																			

MISSISSIPPI UNIFORM ACCIDENT REPORT

ACCIDENT TYPE Run off Road 1 Right 2 Left 3 Straight Non-Call. In Road 4 Overturn 5 Fell from Vehicle 6 Other in Road			Coll. of MV in road with: 7 Pedestrian 8 Parked vehicle 9 Train 10 Bicycle 11 Animal 12 Food object 13 Other object			Coll. with OTRV in Road 14 Rear end slow or stop 15 Rear end turn 16 Left turn same roadway 17 Left turn cross traffic 18 Right turn cross traffic 19 Head-on 20 Side-swipe 21 Angle 22 Other *			VISION OBSCUREMENT 1 Rain, snow, fog on windshield 2 Windshield obscured - other 3 Vision blocked by load on vehicle 4 Vision blocked by trees, bushes 5 Vision blocked by building 6 Vision blocked by embankment 7 Vision blocked by signboards 8 Vision blocked by highway 9 Vision blocked by parked veh 10 Vision blocked by moving veh 11 Driver blinded by headlights 12 Vision not obscured			TRAFFIC CONTROL 1 Stop sign 2 Stop and go signal 3 Yield sign 4 Flashing signal 5 Railroad flasher 6 Railroad gate and flasher 7 No passing zone 8 Channelization - painted 9 Channelization - physical 10 Officer 11 No control present 12 Other *			TRAFFIC CONTROL FUNCTIONING 1 Not Functioning 2 Functioning Properly 3 Functioning Improperly 4 Not Known			LIGHT CONDITION 1 Daylight 2 Dawn or dusk 3 Darkness, no street lights 4 Darkness, street lighted			WEATHER CONDITION 1 Clear 2 Rainy 3 Snowing 4 Fog 5 Dust 6 High wind 7 Cloudy 8 Other *			ROAD CONDITION 1 No defect 2 Defective shoulder 3 Holes, ruts, etc 4 Foreign Material 5 Loose surface material 6 Obstruction not lighted 7 Road under construction 8 Road closed			ROAD CHARACTER (LANE) 1 One-lane road or alley 2 Two-lane road 3 Three-lane road 4 Four-lane road 5 Divided road or one way street 6 Freeway 7 Unimproved road any size 8 Parking Lot			ROAD CHARACTER (DESIGN) 1 Bridge or underpass 2 Straight and level 3 Straight and grade 4 Straight and hill crest 5 Curve and level 6 Curve and grade 7 Curve and intersect 8 Intersection of two roadways 9 Non-intersection median crossover 10 Non-intersection private drive 11 End or beginning of divided highway 12 Other *			ROAD SURFACE CONDITION 1 Dry 2 Wet 3 Slippery, icy 4 Other * 5 Unknown			ROAD SURFACE TYPE 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Other *			ROAD DIVIDED BY 1 Metal barrier 2 Concrete barrier 3 Concrete island 4 Grass median 5 None 6 Wooded barrier 7 Other *			CONTRIBUTING CIRCUMSTANCES 1 No improper driving 2 Exceeded lawful speed 3 Speed too fast for conditions 4 Failed to yield right of way 5 Improper passing overtaking 6 Drove on wrong side of road 7 Passed stop sign 8 Following too closely 9 Made improper turn 10 Faulty equipment 11 Inattention 12 Driving under influence 13 Roadway defects 14 Pedestrian actions 15 Animal on highway 16 Other *			TYPE EMERGENCY MEDICAL SERVICE 1 None 2 Commercial or private unit 3 Municipal or volunteer unit 4 Hospital based unit 5 State or federal unit 6 Type unknown 7 Two or more types 8 Other * 9 Unknown			EXTINCTION 1 Yes 2 No			RE-EXAMINE DRIVER 1 Veh 1 2 Veh 2 3 Both 4 No			POLICE ENFORCEMENT ACTION 1 DUI arrest 2 Cited for accident cause 3 Cited other cause 4 Arrested - other * 5 No enforcement action			INITIAL IMPACT 10 UNDER CAR 11 OVERTURNED 12 TOTALLED 13 NONE OR UNKNOWN 14 OTHER		
OBJECT STRUCK 1 Utility Pole 2 Trees 3 Center barrier median island 4 Curb, catch basin, culvert 5 Guard rail 6 Sign post 7 Signal standard 8 Abutment, embankment wall 9 Building, telephone booth 10 Bicycle 11 Animal 12 Other *			ROAD SYSTEM 1 Interstate 2 State Highway 3 U.S. Highway 4 County Road 5 Municipal City 6 State Park 7 Other 8 Parking Lot 9 Private Property 10 Off Roadway			PHYSICAL CONDITION OF DRIVER OR PEDESTRIAN 1 Obviously intoxicated 2 Had been drinking - ability impaired 3 Same - ability not impaired 4 Sleepy, Fatigued 5 Other bodily defects - inborn 6 Affected by exhaust fumes 7 Using drugs - ability impaired 8 Same - ability not impaired 9 No defects apparent 10 Unknown 11 Hit and Run 12 Pending-Lab results			DRIVERS LICENSE 1 Valid license 2 No license 3 Expired license 4 Suspended license 5 Suspended - DUI 6 Learner Permit 7 Improper DL 8 Other *			DRIVERS LICENSE RESTRICTIONS 1 Corrective lens 2 Full hand equipment 3 Outside rearview mirror 4 Daylight driving 5 Custom equipment 6 Pri-Ts Comm. - Pass 7 Automatic transmission 8 Mechanical signals 9 45 MPH 10 Re-examine before renewal 11 Grip on steering wheel 12 Motor driven cycle 13 Company owned vehicle 14 None 15 Other *			TYPE OF MOTOR VEHICLE 1 Regular passenger car 2 Compact passenger car 3 Pickup 4 Station Wagon Van 5 Passenger Veh. and Trailer 6 Truck or truck tractor 7 Truck tractor and semi trailer 8 Other truck combination 9 Farm tractor or farm equipment 10 Tractor 11 Motorcycle 12 Subcompact / ATV 13 Recreation vehicle 14 School Bus 15 Bus 16 Emer. Veh. 17 Other *			VEHICLE CONDITION 1 Defective brakes 2 No trailer brakes 3 Defective steering 4 Defective headlights 5 Defective taillights 6 Defective turn signal 7 Puncture or blowout 8 Fire and/or explosion 9 Sags or unstable tires 10 Other defects * 11 Defects not known 12 No defects apparent			DIRECTION OF TRAVEL 1 North 2 South 3 East 4 West 5 Northeast 6 Southeast 7 Northwest 8 Southwest			DIRECTION OF TRAVEL TWO OR MORE VEHICLES Both Vehicles Entered Intersection 1 At angle 2 From same direction 3 From opposite direction Non-Intersection, Both Vehicles Going 4 In opposite direction 5 In same direction 6 At angle			VEHICLE ACTION 1 Going straight ahead 2 Making right turn 3 Making left turn 4 Making U turn 5 Stopping stopping in trafficway 6 Entering/parking position 7 Parked 8 Leaving parked position 9 Backing 10 Overtaking, passing 11 Avoiding vehicle, object, pedestrian 12 In tow 13 Stopped in lane for traffic 14 Unknown			PEDESTRIAN ACTION 1 Crossing road at intersection 2 Crossing road - non-intersection 3 Walking on road with traffic 4 Walking on road against traffic 5 Standing in road 6 Getting on or off vehicle 7 Working on or pushing vehicle 8 Working on or in road 9 Playing in road 10 In road - other reason 11 Not in road 12 Hitch-hiking			PEDESTRIAN CLOTHING 1 Light 2 Dark			WHICH VEHICLE OCCURRED 1 Veh 1 2 Veh 2 3 Pedestrian 4 Other *			POSITION BLON VEHICLE 1 Driver 2 1st 7 Passengers 3 Riding Hanging On Outside 4 No restraint used 5 Lap Belt & Harness 6 Child Restraint 7 Air Bag 8 Other *			EJECTION FROM VEHICLE 1 Not Ejected 2 Partial Ejection 3 Ejected 4 AGE 5 SEX 6 RACE 7 INJURY 8 ALIRED TAKEN TO 9 OCCUPANTS			VICTIM'S PHYSICAL CONDITION 1 Killed 2 Moderate injury 3 Compensate of Pain 4 No injury			FRONT 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 REAR											

VEHICLE REPAIR ESTIMATE

Date: 4/11/96 06:27 P.M.

Estimate ID: [REDACTED]
 Supplement: [REDACTED]
 Profile ID: CUSTOMIZED

PROGRESSIVE INS CO

Damage Assessed By: [REDACTED]

Appraised For: [REDACTED]

*****Notice*****

This is not an authorization to repair. All costs of repairs are the
 sole responsibility of the vehicle owner, who ultimately must authorize
 all repairs. No supplements will be honored without the prior
 inspection by Property Damage Appraisers.

Property Damage Appraisers specify that all repairs and/or part
 replacements listed herein be made in strict accordance with
 manufacturer's specifications.

Supplemented By: [REDACTED]

Type of Loss: Collision

Condition Code: Excellent

Date of Loss: [REDACTED]

Policy Number: [REDACTED]

Insured: [REDACTED]

Description: 1995 PONTIAC GR AM GT 4D SEDAN

VIN: [REDACTED]

Mileage: 20,297

DEM/ALT: 0

Color: GREEN

Search Code: PD281

Line	Entry	Labor	Line Item	Part Type/ Part Number	Dollar Amount	Unit
Item	Number	Type	Description			
1	AUTO	BODY	OVERHAUL	BUMPER/GRILLE ASSY		2.5
2	200730	BODY	REMOVE/REPLACE	BUMPER/GRILLE COVER	22588448	GM PART 384.00
3	AUTO	REFIN	REFINISH	BUMPER/GRILLE COVER		2.4
4	200780	BODY	REMOVE/REPLACE	BUMPER/GRILLE RETAINER	5773400	GM PART 2.70 INCL
5	200780	BODY	REMOVE/REPLACE	BUMPER/GRILLE RETAINER	5773400	GM PART 2.70 INCL
6	200780	BODY	REMOVE/REPLACE	BUMPER/GRILLE RETAINER	5773400	GM PART 2.70 INCL
7	200780	BODY	REMOVE/REPLACE	BUMPER/GRILLE RETAINER	5773400	GM PART 2.70 INCL
8	200780	BODY	REMOVE/REPLACE	BUMPER/GRILLE RETAINER	5773400	GM PART 2.70 INCL
9	200790	BODY	REMOVE/REPLACE	BUMPER/GRILLE SHIELD	22591098	GM PART 10.40 INCL
10	200826	BODY	REMOVE/REPLACE	R BUMPER/GRILLE MOUNTING	22577412	GM PART 17.30 INCL
11	200827	BODY	REMOVE/REPLACE	L BUMPER/GRILLE MOUNTING	22577413	GM PART 17.30 INCL
12	200830	BODY	REMOVE/REPLACE	BUMPER/GRILLE LICENSE BRACKET	22591295	GM PART 10.90 INCL
13	200900	BODY	REMOVE/REPLACE	BUMPER/GRILLE IMPACT ABSORBER	16514411	GM PART 62.74 INCL
14	200910	BODY	REMOVE/REPLACE	BUMPER/GRILLE IMPACT BAR	22577658	GM PART 151.00 INCL
15	200920	BODY	REMOVE/REPLACE	BUMPER/GRILLE BRACKET	22588446	GM PART 6.25 INCL
16	200930	BODY	REMOVE/REPLACE	R BUMPER/GRILLE BRACE	22570574	GM PART 2.75 INCL
17	200940	BODY	REMOVE/REPLACE	L BUMPER/GRILLE BRACE	22570575	GM PART 2.75 INCL
18	201110	BODY	REMOVE/REPLACE	R BUMPER/GRILLE GRILLE	22548226	GM PART 24.75 INCL

Date: [REDACTED]
 Estimate ID: [REDACTED]
 Supplement: [REDACTED]
 Profile ID: CUSTOMIZED

19	201120	BODY	REMOVE/REPLACE	L BUMPER/GRILLE GRILLE	22548227	GM PART	24.75	INCL	
20	201346	BODY	REMOVE/REPLACE	R COMBINATION LAMP ASSY	16519789	GM PART	177.00	0.4	
21	AUTO	BODY	CHECK/ADJUST	HEADLAMPS				0.4	
22	201250	BODY	REMOVE/REPLACE	L COMBINATION LAMP ASSY	16519787	GM PART	177.00	0.4	
23	201630	BODY	REMOVE/REPLACE	R PARK/SIGNAL LAMP ASSEMBLY	5976474	GM PART	24.15	INCL	
24	201640	BODY	REMOVE/REPLACE	L PARK/SIGNAL LAMP ASSEMBLY	5976473	GM PART	24.15	INCL	
25	201760	BODY	REMOVE/REPLACE	R MARKER LAMP ASSEMBLY	16518400	GM PART	49.25	INCL	
26	201770	BODY	REMOVE/REPLACE	L MARKER LAMP ASSEMBLY	16518399	GM PART	49.25	INCL	
27	201890	BODY	REMOVE/REPLACE	FOG LAMP ASSEMBLY	5977337	GM PART	66.25	INCL	
28	201890	BODY	REMOVE/REPLACE	L FOG LAMP ASSEMBLY	5977337	GM PART	66.25	INCL	
29	202140	BODY	REMOVE/REPLACE	HOOD PANEL	22599994	GM PART	290.00	1.2	
30	AUTO	REFIN	REFINISH	HOOD OUTSIDE				3.0	
31	AUTO	REFIN	REFINISH	HOOD UNDERSIDE				1.5	
32	200402	BODY	REMOVE/REPLACE	HOOD PRIMARY LATCH	22444429	GM PART	19.05	0.3	
33	202240	BODY	REMOVE/REPLACE	HOOD STRIKER	22347983	GM PART	7.23	INCL	
34	200446	BODY	REPAIR	*COOLING RADIATOR				1.4*	
35	203010	MECH	REMOVE/REPLACE	EVACUATE & RECHARGE AIR CONDITIONING				1.4	
36	203016	MECH	REMOVE/REPLACE	AIR COND REFRIGERANT RECOVERY				0.3	
37	200016	MECH	REMOVE/REPLACE	AIR COND CONDENSER				1.1	
38	203670	BODY	REPAIR	*R FENDER PANEL	52461534	GM PART	264.66	2.5*	
39	AUTO	REFIN	REFINISH	R FENDER OUTSIDE				2.0	
40	203680	BODY	REPAIR	*L FENDER PANEL				3.0*	
41	AUTO	REFIN	REFINISH	L FENDER OUTSIDE				2.0	
42	200027	BODY	REMOVE/REPLACE	R FENDER LINER	22384570	GM PART	27.75	0.3	
43	200028	BODY	REMOVE/REPLACE	L FENDER LINER	22592675	GM PART	27.75	0.3	
44	204040	BODY	REMOVE/REPLACE	R FENDER ADHESIVE NAMEPLATE	ORDER FROM DEALER		5.40	0.2	
45	204050	BODY	REMOVE/REPLACE	L FENDER ADHESIVE NAMEPLATE	ORDER FROM DEALER		5.40	0.2	
46	200023	BODY	REMOVE/REPLACE	UPR FRONT BODY TIE BAR	12360794	GM PART	99.50	1.5	
47	AUTO	REFIN	REFINISH	RADIATOR SUPPORT COMPLETE				1.5	
48	200355	BODY	REMOVE/REPLACE	R FRONT BODY RADIATOR SIDE PANEL	22587466	GM PART	64.50	2.2	
49	200356	BODY	REMOVE/REPLACE	L FRONT BODY RADIATOR SIDE PANEL	22635605	GM PART	64.50	2.2	
50	204740	BODY	REMOVE/REPLACE	FRONT BODY VERTICAL SUPPORT	22592968	GM PART	20.25	0.2	
51	200027	BODY	REPAIR	*R FRONT BODY APRON ASSY				2.5*	
52	AUTO	REFIN	REFINISH	R APRON/LOWER SIDERAIL COMPLETE				2.0	
53	200030	BODY	REPAIR	*L FRONT BODY APRON ASSY				2.0*	
54	AUTO	REFIN	REFINISH	L APRON/LOWER SIDERAIL COMPLETE				2.0	
55	200041	BODY	REMOVE/REPLACE	R FRONT BODY BATTERY TRAY	22636714	GM PART	20.10	0.5	
56	205180	BODY	REPAIR	*R LWR FRONT BODY SIDERAIL				2.5*	
57	205210	BODY	REPAIR	*L LWR FRONT BODY SIDERAIL				2.5*	
58	200046	MECH	REMOVE/REPLACE	FRT AIR BAG SENSOR	16176239	GM PART	195.00	0.4	
59	200715	MECH	REMOVE/REPLACE	AIR BAG MODULE	ORDER FROM DEALER		536.00	INCL	
60	206100	MECH	ALIGN	FRONT SUSPENSION				1.3	
61	200960	MECH	REMOVE/REPLACE	STEERING WHEEL	17998047	GM PART	236.00	0.5	
62	210150	BODY	REMOVE/REPLACE	W/WHIELD WASHER PUMP	22127653	GM PART	29.05	0.5	
63	220840	BODY	REPAIR	*L REAR DOOR SHELL				3.0*	
64	AUTO	REFIN	REFINISH	L REAR DOOR OUTSIDE				1.0	
65	221880	GLASS	REMOVE/REPLACE	L REAR DOOR STATIONARY VENT GLASS	22594457	GM PART	89.50	0.4	
66	900560	REFIN	REMOVE/REPLACE	*BATTERY CABLE	QUAL RECYCLED PART		31.50*		
67	223290	BODY	REPAIR	*L QUARTER OUTER PANEL				3.0*	
68	AUTO	REFIN	REFINISH	L QUARTER PANEL OUTSIDE				2.0	

Estimate # [REDACTED]
 Profile 1B: CUSTOMIZED

# 69	933006	FRAME ADD'L LABOR OPR	FRAME/RACK SET UP	6.5*
70	936000	ADD'L COST	FRESH & OIL	50.00*
71	936001	ADD'L COST	TOWING	205.00*
72	936010	ADD'L COST	DETAIL/CLEANUP	75.00*
73	AUTO	ADD'L COST	PAINT MATERIALS	300.00*

* Judgement Item
 * Labor Note Applies

Remarks

DAMAGE TO THE FRONT. THIS SHOULD BE A COMPLETE ESTIMATE OF DAMAGE. THERE IS SOME DAMAGE TO THE TRANS PAN. THIS IS MINOR. THIS CAR WAS MUDDY ON ORIGINAL INSPECTION. THE SHOP HAS REQUESTED THIS SUPPLEMENT. ALL PARTS WERE INSTALLED.

Prior Damage

NONE. UNKNOWN DAMAGE TO BACK GLASS.

	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
I. Labor Subtotals					
Body	35.7	28.00			999.60
Refinish	20.2	28.00			565.60
Glass	0.4	25.00			10.00
Frame	6.5	35.00			227.50
Mechanical	5.0	35.00			175.00
			Labor Subtotal		1,977.70
			Labor Tax @ 8.25%		163.16
Labor Summary Totals	67.8				2,140.86

III. Additional Costs	Amount
Taxable Costs	630.00
Sales Tax @ 8.25%	51.98
Total Additional Costs:	681.98

II. Part Replacement Summary	Amount
Taxable Parts	3,396.85
Sales Tax @ 8.25%	280.24
Total Replacement Parts Amount:	3,677.09

IV. Adjustments	Amount
Customer Responsibility:	0.00

I. Total Labor:	2,140.86
II. Total Replacement Parts:	3,677.09
III. Total Additional Costs:	681.98

Gross Total:	6,499.93
IV. Total Adjustments:	0.00

Net Total:	6,499.93
Less Previous Net Total:	4,887.44
Net Supplement Amount:	1,602.49

Point of Impact: [REDACTED]
 Body Shop: ABRA AUTO BODY
 Address: [REDACTED]

Inspection Site: SHOP

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9606

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 01

4. Date of Accident
(Month, Day, Year) 5
9 6

5. Time of Accident 5
9

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use 0

7. 0 SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires 0

9. 0 SS18 Unsafe Driver Actions 0

10. 0 SS19 Run Off Road 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 in the right columns.

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>60</u>	17. <u>00</u>	18. <u>0</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

- 103.4 = 263*
- | | |
|--|--|
| <ul style="list-style-type: none"> (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 (14) Compact utility vehicle (15) Large utility vehicle (≤ 4,536 kgs GVWR) (16) Utility station wagon (≤ 4,536 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,536 kgs GVWR) (21) Large van (≤ 4,536 kgs GVWR) (24) Van Based school bus (≤ 4,536 kgs GVWR) (28) Other van type (≤ 4,536 kgs GVWR) (29) Unknown van type (≤ 4,536 kgs GVWR) (30) Compact pickup truck (≤ 4,536 kgs GVWR) | <ul style="list-style-type: none"> (31) Large pickup truck (≤ 4,536 kgs GVWR) (38) Other pickup truck (≤ 4,536 kgs GVWR) (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) (45) Other light truck (≤ 4,536 kgs GVWR) (48) Unknown light truck type (≤ 4,536 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based)(> 4,536 kgs GVWR) (58) Other bus (> 4,536 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,536 kgs GVWR) (67) Tractor without trailer (68) Tractor-trailer(s) (78) Unknown medium/heavy truck type (79) Unknown light/medium/heavy truck type (80) Motored cycle (90) Other vehicle (99) Unknown |
|--|--|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front | <ul style="list-style-type: none"> (R) Right side (L) Left side (B) Back | <ul style="list-style-type: none"> (T) Top (U) Undercarriage (9) Unknown |
|--|--|---|---|
-
- | | | | |
|--|--|---|---|
| TDC
APPLICABLE
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side | <ul style="list-style-type: none"> (L) Left side (B) Back of unit with cargo area
(rear of trailer or straight truck) (D) Back (rear of tractor) | <ul style="list-style-type: none"> (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |
|--|--|---|---|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify): _____ (36) Noncollision injury _____ (38) Other noncollision (specify): _____ (39) Noncollision — details unknown <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> (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) <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (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): _____ | <ul style="list-style-type: none"> (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 _____ <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (70) Passenger car, light truck, van, or other vehicle
not in-transport (71) Medium/heavy truck or bus 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 (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify): _____ (89) Unknown nonfixed object _____ (98) Other event (specify): _____ (99) Unknown event or object _____ |
|---|--|

NASS CDS VEHICLE FORMS: CASE VEHICLE



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):

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

6. Vehicle Model (specify):

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

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

8. Vehicle Identification Number

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. 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

OFFICIAL RECORDS

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

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph
(999) Unknown

45 mph X 1.6093 = 72 kmph

13. Police Reported Alcohol Presence For Driver

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

14. 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: Medical

15. Police Reported Other Drug Presence For Driver

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

16. Other Drug Specimen Test Result For Driver

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

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (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
(7) Other (specify):

(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

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

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 2
- (1) One
 - (2) Two
 - (3) Three
 - (4) Four
 - (5) Five
 - (6) Six
 - (7) Seven or more
 - (9) Unknown

22. Roadway Alignment 1
- (1) Straight
 - (2) Curve right
 - (3) Curve left
 - (9) Unknown

23. Roadway Profile 9
- (1) Level
 - (2) Uphill grade (> 2%)
 - (3) Hill crest
 - (4) Downhill grade (> 2%)
 - (5) Sag
 - (9) Unknown

GRADE
UNK + or -

24. Roadway Surface Type 2
- (1) Concrete
 - (2) Bituminous (asphalt)
 - (3) Brick or block
 - (4) Slag, gravel, or stone
 - (5) Dirt
 - (8) Other (specify): _____
 - (9) Unknown

25. Roadway Surface Condition 2

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 4
- (1) Daylight
 - (2) Dark
 - (3) Dark, but lighted
 - (4) Dawn
 - (5) Dusk
 - (9) Unknown

27. Atmospheric Conditions 1
- (0) No adverse atmospheric-related driving conditions
 - (1) Rain
 - (2) Sleet/hail
 - (3) Snow
 - (4) Fog
 - (5) Rain and fog
 - (6) Sleet and fog
 - (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 - (9) Unknown

28. Traffic Control Device 5
- (0) No traffic control(s)
 - (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): NO PASSING ZONE
- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2
- (0) No traffic control device
 - (1) Traffic control device not functioning (specify): _____
 - (2) Traffic control device functioning properly
 - (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 9 9
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 1 1
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (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
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) 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, 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

33. Attempted Avoidance Maneuver

99

- (00) No driver present
- (01) No avoidance maneuver
- (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
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

9

- (0) No driver present
- (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):

(9) Precrash stability unknown

35. Pre-Impact Location

9

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

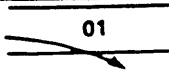
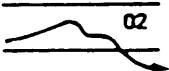
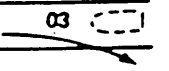
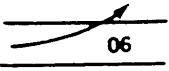
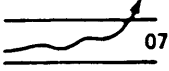
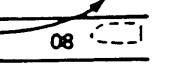
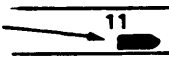
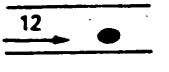
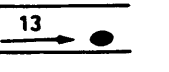
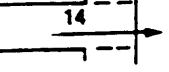
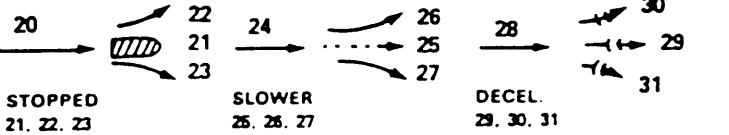

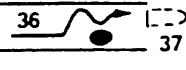
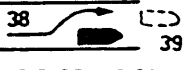

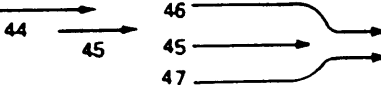


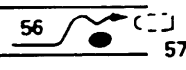



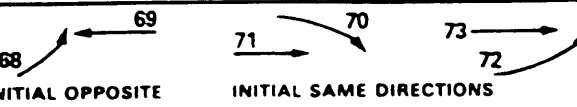
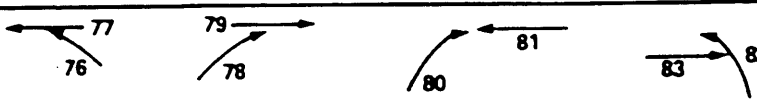

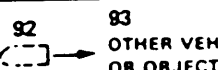
10

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH.. PED.. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH.. PED.. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 21 22 23 24 25 26 27 28 29 30 31 STOPPED SLOWER DECEL.				(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact	 34 35 CONTROL/ TRACTION LOSS	 36 37 CONTROL/ TRACTION LOSS	 38 39 AVOID COLLISION WITH VEH.	 40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47				(EACH • 48) (EACH • 49) SPECIFICS OTHER SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 51 LATERAL MOVE				(EACH • 52) (EACH • 53) SPECIFICS OTHER SPECIFICS UNKNOWN
	H Forward Impact	 54 55 CONTROL/ TRACTION LOSS	 56 57 CONTROL/ TRACTION LOSS	 58 59 AVOID COLLISION WITH VEH.	 60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 65 LATERAL MOVE				(EACH • 66) (EACH • 67) SPECIFICS OTHER SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 69 70 71 72 73 INITIAL OPPOSITE DIRECTIONS INITIAL SAME DIRECTIONS				(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path	 76 77 78 79 80 81 82 TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS				(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 87 88 89				(EACH • 90) (EACH • 91) SPECIFICS OTHER SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 93 BACKING VEH. OTHER VEH. OR OBJECT				98 Other Accident Type 99 Unknown Accident Type 00 No Impact

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

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (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
41. Air Bag(s) Deployment, First Seat Frontal 2
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.330
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2930 lbs X .4536 = 1.329 kgs
 Source: 95

44. Vehicle Cargo Weight 0.000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms *Per Interview*
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

* Auto News

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

53. Heading Angle For This Vehicle 998
54. Heading Angle For Other Vehicle 998

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (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

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 00
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*
- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

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

60. Longitudinal Component of Delta V

Highest

+ 999
- _____

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

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

61. Lateral Component of Delta V

Highest

+ 999
- _____

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

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

62. Energy Absorption

Highest

999.900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

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

63. Impact Speed

Highest

999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. 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

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

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

ESTIMATED DELTA V		INSPECTION TYPE	
66. Estimated Highest Delta V (Researcher Determined) (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	<u>7</u>	67. Type of Vehicle Inspection (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): (3) Complete inspection	<u>0</u>
		DELTA V EVENT NUMBER	
		68. Delta V Event Number Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown	<u>1</u>
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>			

EXTERIOR VEHICLE FORM

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>9606</u>		

VEHICLE IDENTIFICATION

VIN [REDACTED] Model Year 95
Vehicle Make (specify): PONTIAC Vehicle Model (specify): GRAND AM GT

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
	No Inspection		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

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

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

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 103.4 inches x 2.54 = 262.6 cm
 Overall Length 187.3 inches x 2.54 = 475.7 cm
 Maximum Width 68.7 inches x 2.54 = 174.5 cm
 Curb Weight 2930 pounds x 0.4536 = 1,329 kg
 Average Track ^{55.8}_{55.3} 55.5 inches x 2.54 = 141.1 cm
 Front Overhang _____ inches x 2.54 = _____ cm
 Rear Overhang _____ inches x 2.54 = _____ cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/displ. 3137 cc x 0.001 = 3.1 L
 V6 191 CID x 0.0164 = 3.1 L

5 Passenger, Notchback

Shipping Weight
Shipping to Curb

3829
100
2,929 → 1,328.6

Curb Weight

I4, 2.3 L
 4 cylinder to 6 cylinder

2,855
75
2,930 → 1,329.0

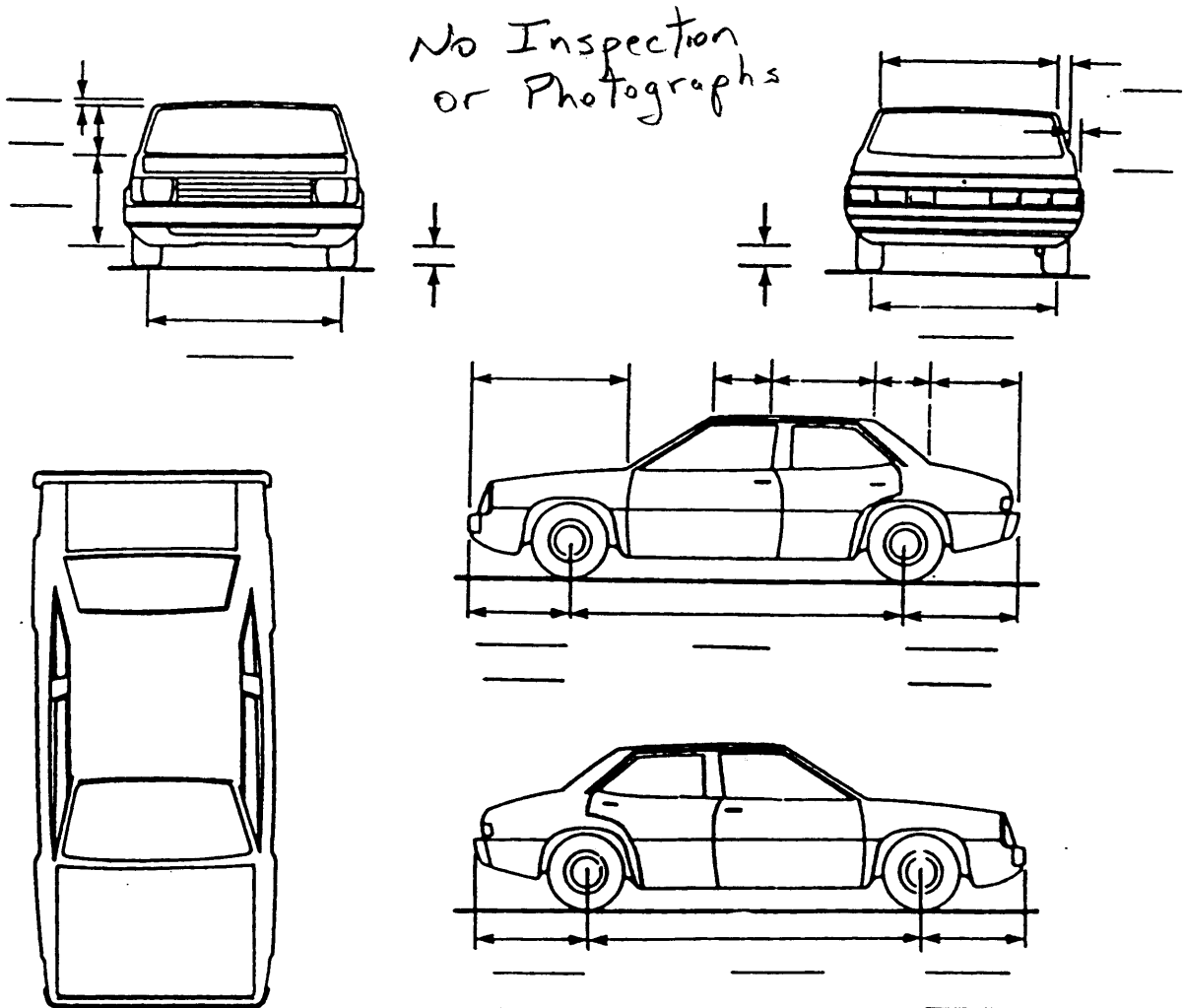
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}		Color: {specify}	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual		Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} Power-assisted Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:			
Brakes: {circle} Power-assisted Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF _____ LF _____ RR _____ LR _____ (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>263</u> cm Overall Length <u>476</u> cm Maximum Width <u>174</u> cm Curb Weight <u>1,329</u> kg Average Track <u>141</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>V6 3.1</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

PONTIAC MOTOR DIV., General Motors Corp. Pontiac, MI 48053

Type of Body		Wheel	Dimensions			Ship.	Tax	Factory	Factory
Pass. Cap.	Model	Base	Lt. x	Wt. x	Ht.	Wt.	H.P.	List	Del'd
								Price	Price
Man. Trans. 6-speed(MV6). EPA Mileage Estimate 17/25									
4-PS 2-dr Coupe Formula	V87S	101.1"	195.6"	x 74.5"	x 52.0"	3293	51.2	19,099	19,599
4-PS 2-dr Convertible Formula	V67S	101.1"	195.6"	x 74.5"	x 52.7"	3409	51.2	25,129	25,629
4-PS 2-dr Coupe Trans AM	V87S/Y82	101.1"	197.0"	x 74.5"	x 51.7"	3293	51.2	21,069	21,569
4-PS 2-dr Convertible Trans AM	V67S/Y84	101.1"	197.0"	x 74.5"	x 52.4"	3409	51.2	27,139	27,639

Auto. Trans. 4-speed(MXQ); EPA Mileage Estimate 17/24 (optional-\$775)

Options Firebird Series: Destination Charges-\$500; Auto. Trans. 4-speed(MXQ)-\$775; Emission (Calif)(YE5)-\$100 (Mass)(NG1)-\$100; Articulating Bucket Seats w/Metric Cloth(D8)-\$330 w/ Prado Leather(28)-\$804/829; Option Groups STD (1SB)-\$1005 (1SC)-\$2614 Formula (1SB)-\$1076 (1SC)-\$1684 Convertible (1SB)-\$508; Air Conditioning(C60)-\$895; Rear Performance Axle(GU5)-\$175; Cruise Control(K34)-\$225; Electric Rear Window Defogger(C49)-\$170; Hatch Roof(DE4)-\$995; Power Door Locks(AU3)-\$220; Power Windows(A31)-\$290; AM/FM Stereo Radio w/CD(U1C)-\$100 w/cassette & Equalizer(UT6)-\$473 Trans Am-\$398 w/CD & Equalizer(UP3)-\$573 Trans Am-\$305; Traction Control(NW9)-\$450; Uplevel Spoiler(T43)-\$350

1995 Grand AM FWD L4 2.3 liter MPFI Gas Engine(LD2)(16 valve)

Bore & Stroke 3.62x3.35; Tax H.P. 20.97; SAE H.P. 150@6000; Torque 145@4800; 138 cu.in., 2260 cc

Man. Trans. 5-speed(MV6); EPA Mileage Estimate 22/33

5-PS 2-dr NB Coupe SE	E37S	103.4"	186.9"	x 68.7" x 53.5"	2727	20.97	12,904	13,399
5-PS 4-dr NB Sedan SE	E69S	103.4"	187.3"	x 68.7" x 53.5"	2780	20.97	13,004	13,499
5-PS 2-dr NB Coupe GT	W37S	103.4"	186.9"	x 68.7" x 53.5"	2804	20.97	14,854	15,349
5-PS 4-dr NB Sedan GT	W69S	103.4"	187.3"	x 68.7" x 53.5"	2850	20.97	14,954	15,449

Auto. Trans. 3-speed(MX1); EPA Mileage Estimate 21/30 (optional-\$555)

Auto. Trans. 4-speed(MXQ); EPA Mileage Estimate 21/31 (optional-\$755)

1995 Grand AM FWD V6 cyl 3.1 liter SFI Gas Engine(L82)(12 valve)

Bore & Stroke 3.5x3.31; Tax H.P. 29.46; SAE H.P. 155@5200; Torque 185@4000; 191 cu.in., 3137 cc

Auto. Trans. 4-speed(MXQ); EPA Mileage Estimate 20/29 w/Air Conditioning(C60)

5-PS 2-dr NB Coupe SE	E37S	103.4"	186.9"	x 68.7" x 53.5"	2706	29.46	14,839	15,334
5-PS 4-dr NB Sedan SE	E69S	103.4"	187.3"	x 68.7" x 53.5"	2759	29.46	14,939	15,434
5-PS 2-dr NB Coupe GT	W37S	103.4"	186.9"	x 68.7" x 53.5"	2783	29.46	16,789	17,284
5-PS 4-dr NB Sedan GT	W69S	103.4"	187.3"	x 68.7" x 53.5"	2829	29.46	16,889	17,384

Options Grand AM: Destination Charges-\$495; 3.1 liter V6 Gas Engine(L82)-\$350; Auto. Trans. 3-speed(MX1)-\$555; Auto. Trans. 4-speed(MXQ)-\$755; Emissions (Calif)(YE5)-\$100 (Mass)(NG1)-\$100; Sport Interior Group Coupe(C9)-\$432 Sedan(E9)-\$432 w/Prado Leather(29)-\$907; Option Groups 1SB(SE)-\$1575 (Gt)-\$597 1SC(SE Coupe)-\$2221 (SE Sedan)-\$2286 (GT Coupe)-\$1243 (GT Sedan)-\$1308; Air Conditioning(C60)-\$830; Cruise control(K34)-\$225; Electric Rear Window Defogger(C49)-\$170; Gages(UB3)-\$111; 6-way Power Driver Seat(AG1)-\$340; Power Windows(A31) (Coupe)-\$275 (Sedan)-\$340; AM/FM Stereo Radio w/cassette(UM6)-\$140 w/cassette & Equalizer(UX1)-\$375 w/CD & Equalizer(UP3)-\$580; Remote Keyless Entry(AX3)-\$135; Split Folding Rear Seat(AM9)-\$150; Tilt Steering Wheel(N33)-\$145; Sunroof Power Glass(CF5)-\$595; Aluminum Wheels (15" Star)(PF7)-\$259 (16" Sport)(PH7)-\$284

1995 Grand Prix FWD V6 cyl 3.1 liter SPFI OHV Gas Engine(L82)(12 valve)

Bore & Stroke 3.504"x3.307"; Tax H.P. 29.47; SAE H.P. 160@5200; Torque 185@4000; 191 cu.in., 3137 cc

Auto. Trans. 4-speed(MXQ); EPA Mileage Estimate 19/28

6-PS 4-dr Sedan SE	2WJ19	107.5"	194.9"	x 71.9" x 54.8"	3234	29.47	16,634	17,169
6-PS 2-dr Coupe SE	2WJ37	107.5"	194.8"	x 71.9" x 52.8"	3159	29.47	17,384	17,919

1995 Grand Prix FWD V6 cyl 3.4 liter SFI DOHC Gas Engine(LQ1)(24 valve)

Bore & Stroke 3.623"x3.307"; Tax H.P. 31.5; SAE H.P. 210@5200; Torque 215@4000; 207 cu.in., 3400 cc

Auto. Trans. 4-speed(MXQ); EPA Mileage Estimate 17/27

6-PS 4-dr Sedan GT	2WJ19/B4Q	107.5"	194.9"	x 71.9" x 54.8"	3361	31.5	18,909	19,444
6-PS 2-dr Coupe GT	2WJ37/B4S	107.5"	194.8"	x 71.9" x 52.8"	3286	31.5	19,640	20,175

Options Grand Prix: Destination Charges-\$535; 3.4 liter V6 Gas engine(LQ1)-\$1125; Emissions (Calif)(YF5)-\$100 (Mass)(NG1)-\$100; Sport Buckets w/Doral Cloth(C3) (Sedan)-\$588 (Coupe)-\$391 w/Leather(23) (Sedan)-\$1063 (Coupe)-\$866; GT Performance Pkg (Sedan)(B4Q)-\$2275 (Coupe)(B4S)-\$2256; Special Edition Pkg (Coupe)-\$621; Cruise Control(K34)-\$225; Electric Rear window Defogger(C49)-\$170; Head-Up Display(UV6)-\$250; Anti-Lock Power Brakes(JL9)-\$450; Spoiler Rear Deck(D81)-\$175; Trip Computer(U4Q)-\$199; 6-way Power Driver Seat(AG1)-\$305; Remote Keyless Entry(AU0)-\$135; Power Glass Sunroof(CF5)-\$646; Trip computer(U4Q)-\$199; Wheels (AL 16" Sport 5-Blade)(NW0)-\$259 (AL 15" Sport)(PH3)-\$259; AM/FM Stereo Radio w/Cassette & Equalizer(UT6) (Coupe)-\$175 (Sedan)-\$325 w/CD & Equalizer(UP3) (Coupe)-\$275 (Sedan)-\$425; Option Groups Sedan only (1SB)-\$742 (1SC)-\$1937

1995 Sunfire FWD L4 cyl 2.2 liter MPFI OHV Gas Engine(LN2)(8 valve)

Bore & Stroke 3.504"x3.46"; Tax H.P. 19.65; SAE H.P. 120@5200; Torque 130@4000; 133 cu.in., 2189 cc

Man. Trans. 5-speed(MV6); EPA Mileage Estimate 24/35

5-PS 2-dr NB Coupe SE	2JB37	104.1"	181.9"	x 67.4" x 53.2"	2679	19.65	11,244	11,729
5-PS 4-dr NB Sedan SE	2JB69	104.1"	181.7"	x 67.3" x 54.8"	2723	19.65	11,394	11,979
5-PS 2-dr Convertible SE	2JB67	104.1"	182.4"	x 68.4" x 51.9"	2835	19.65	16,764	17,349

Auto. Tran. 4-speed(MX1); EPA Mileage Estimate 24/31 (optional-\$495)

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10

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

2. Case Number - Stratum 9606

CASE VEH

3. Vehicle Number 01

Phone number: _____

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?

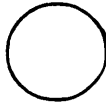
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Don't Remember Anything

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) <i>Don't Remember</i>
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input checked="" type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP TO "FIRE DATA" BELOW
 ☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP THIS SECTION
 ☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>PONTIAC</u> Model: <u>GRAN AM</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center; margin-bottom: 10px;"><i>All closed</i></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between; font-size: small;"> "O" = open "C" = Closed </div> <div style="display: flex; justify-content: space-between; font-size: small;"> "P" = partially open "U" = Unknown </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: 	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential [] Commercial [] Industrial [] Agricultural [] Undeveloped [] School [] Other: <u>Country Road</u>
What were the weather conditions at the time of the crash?	[] Clear (no clouds, no precipitation) [] Cloudy (partially cloudy, no precipitation) [] Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating [] Unknown
What was the type of precipitation?	[] No precipitation [] Unknown <input checked="" type="checkbox"/> Raining [] Freezing rain [] Sleet [] Snowing [] Hailing
What was the condition of the road surface?	[] Dry <input checked="" type="checkbox"/> Wet [] Snowy, slushy [] Icy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown
How would you describe the amount of traffic at the time of the crash?	[] Heavy [] Moderate <input checked="" type="checkbox"/> Light [] No other traffic present
What is your occupation?	[] Professional [] Technical [] Government official [] Management [] Proprietors [] Sales [] Clerical [] Craftsman and foreman [] Service worker [] Student [] Farmers and farm-managers [] Farm labors and foreman [] Private household worker [] Housewife [] Other: <u>waitress</u>
How long have you driven this vehicle?	Years: <u>1</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>20,000</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily [] Twice weekly [] Once weekly [] Twice monthly [] Once monthly [] Very infrequently [] First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home [] Work [] School [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other: _____
Where were you intending to go when the crash occurred?	[] Home <input checked="" type="checkbox"/> Work [] School [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 152.5 Eskimo or Aleut Asian or Pacific Islander 43 Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5 WEIGHT: 96 AGE: 40 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

- ☐ Not adjustable ☐ Full up ☐ Between full up and center
☐ Center ☒ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

- ☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3 - point automatic belt)</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input checked="" type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input checked="" type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)
☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Describe any additional information here:			

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?


☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

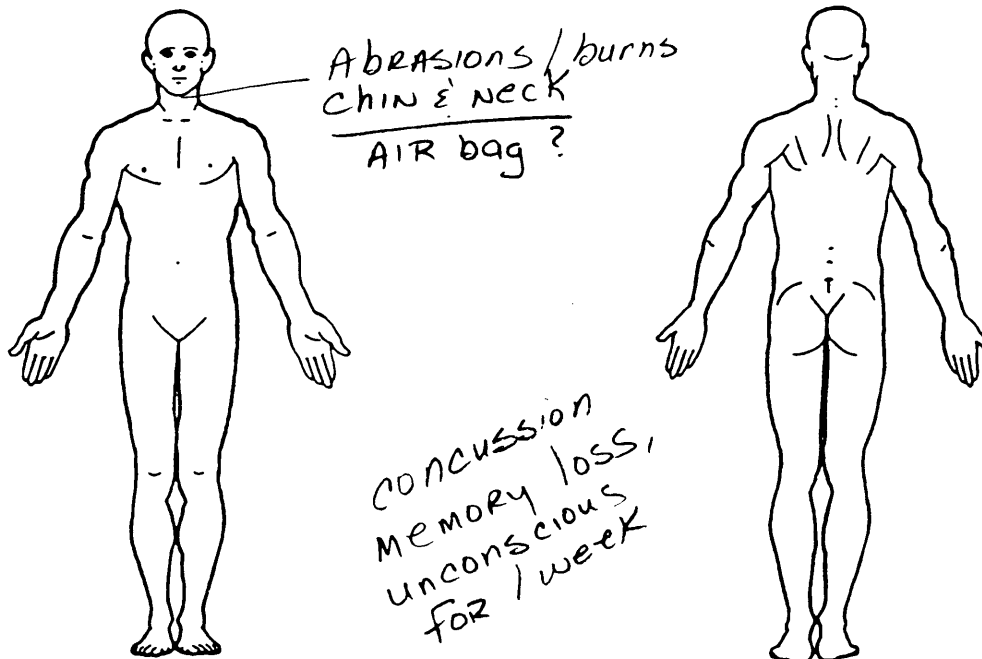
INJURY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days <u>42</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	 Hosp		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>Therapy</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>OVER 30 MOS</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

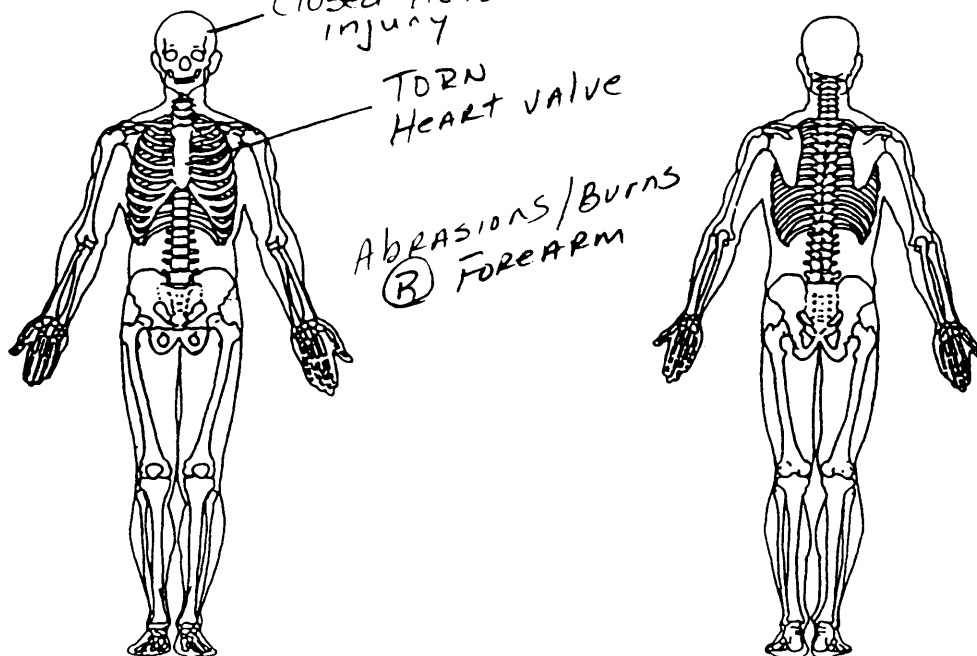
PSU Number 10Case Number-Stratum 9606Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**

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

SOFT TISSUE/INTERNAL INJURIES



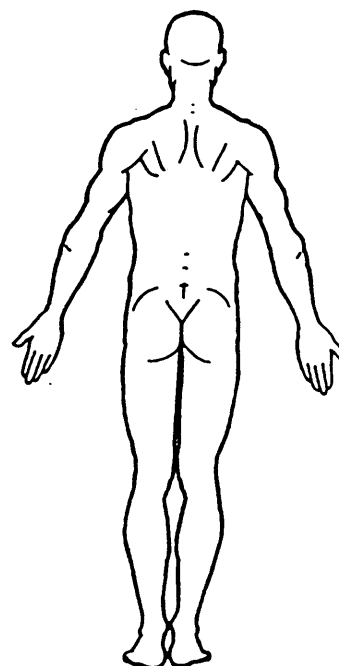
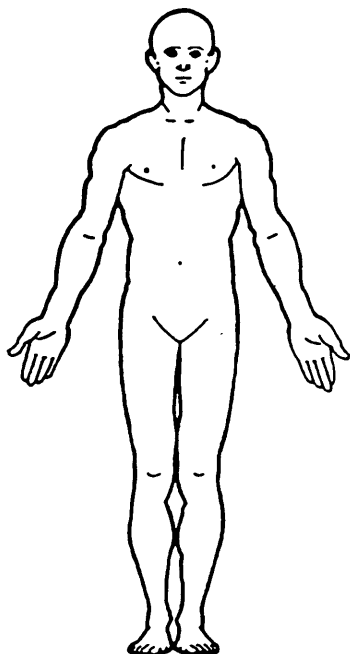
SKELETAL INJURIES



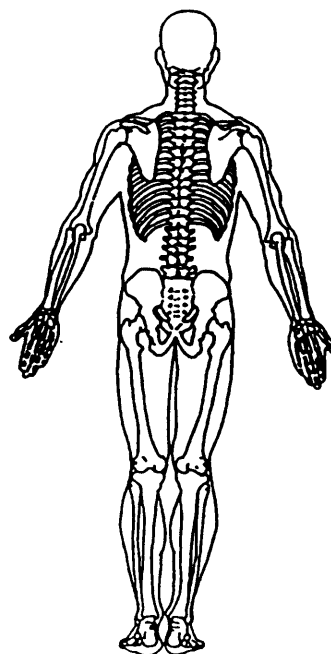
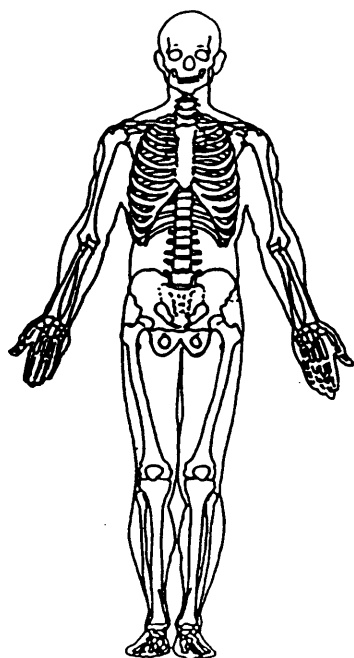
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



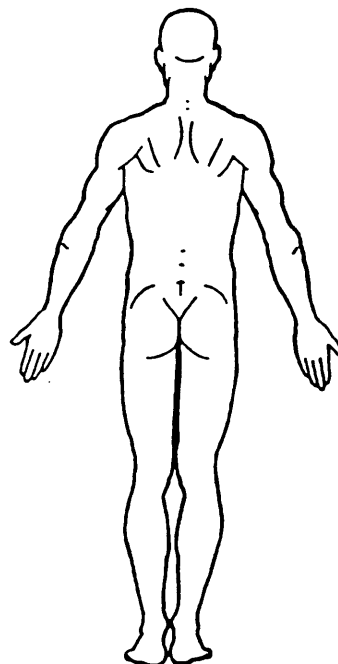
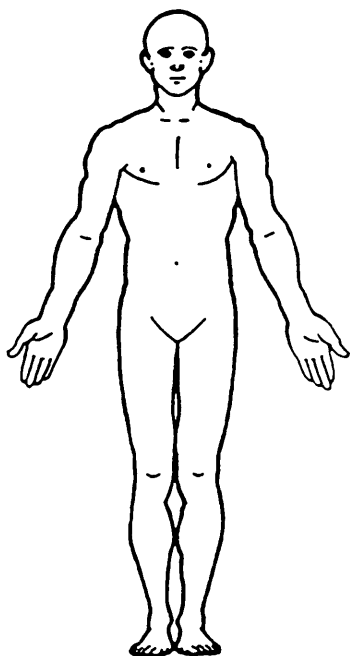
SKELETAL INJURIES



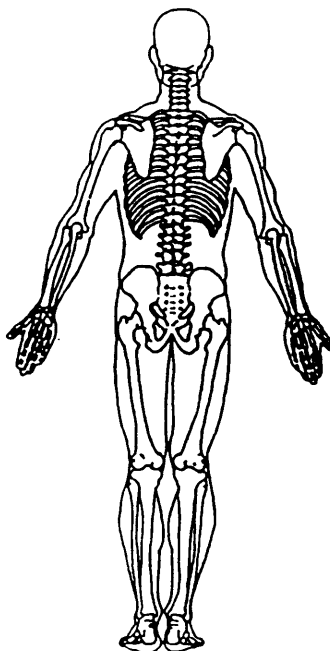
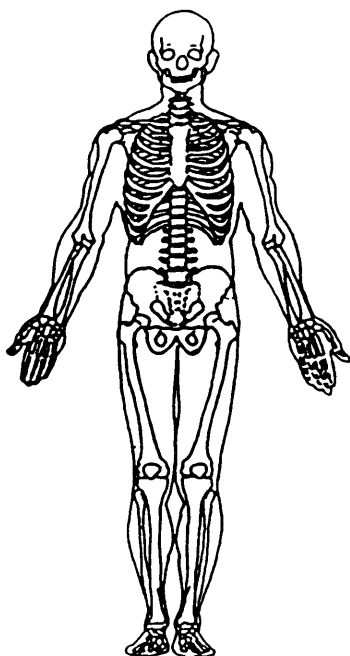
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



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

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9606

3. Vehicle Number 01

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

CASE VEH.

Phone number: _____

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?

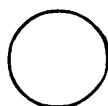
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Don't Remember Anything

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) <i>Don't Remember</i>
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input checked="" type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP TO "FIRE DATA" BELOW
 ☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN

☐ On roadway ☐ On shoulder ☐ On roadside or median
☐ Unknown

ROLLOVER CAUSE?

☐ Other vehicle (specify vehicle number) _____
☐ Contact to object (specify): _____
☐ Other cause (specify): _____
☐ Unknown

DIRECTION OF VEHICLE ROLL?

☐ Toward the right (passenger side)
☐ Toward the left (driver side)
☐ End-over-end
☐ Unknown

NUMBER OF TURNS

_____ Number of QUARTER TURNS ☐ Unknown
 _____ Number of COMPLETE TURNS

PLANE IN CONTACT WITH
GROUND AT FINAL REST?

☐ Left side ☐ Top
☐ Right side ☐ Wheels
☐ Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP THIS SECTION
 ☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE
WAS FIRST SEEN ...

☐ Under the hood ☐ In the trunk/cargo area
☐ Behind the instrument panel ☐ Under the vehicle
☐ In the passenger compartment ☐ From other involved vehicle
☐ Unknown

FIRE START WITH THE
ELECTRICAL SYSTEM?
☐ No ☐ Unknown

☐ Yes (specify):
FIRE START WITH THE FUEL
SYSTEM?
☐ No ☐ Unknown

☐ Yes -- specify Which part of the fuel system may have been involved?
☐ Fuel tank
☐ Fuel lines
☐ Engine compartment (specify component if known)
☐ Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>PONTIAC</u> Model: <u>GRAN AM</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;"><i>All closed</i></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> "O" = open "C" = Closed </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> "P" = partially open "U" = Unknown </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: <u>County Road</u>
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>waitress</u>
How long have you driven this vehicle?	Years: <u>1</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>20,000</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 152.4 Eskimo or Aleut Asian or Pacific Islander 43.5 Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5 WEIGHT: 96 AGE: 40 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> <input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> <input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> <input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> <input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> <input type="checkbox"/> Not adjustable	<input type="checkbox"/> <input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> <input type="checkbox"/> Completely upright	<input type="checkbox"/> <input type="checkbox"/> Completely upright	<input type="checkbox"/> <input type="checkbox"/> Slightly reclined	<input type="checkbox"/> <input type="checkbox"/> Slightly reclined	<input type="checkbox"/> <input type="checkbox"/> Completely reclined	<input type="checkbox"/> <input type="checkbox"/> Completely reclined	<input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright	<input 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<input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input checked="" type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Unknown																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Unknown																																																

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown**(Note to researcher: try to determine any driver distractions without implying fault)****Was the driver doing any of the following? (check all that apply - and specify)**

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input checked="" type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input checked="" type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)
☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

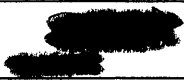
WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

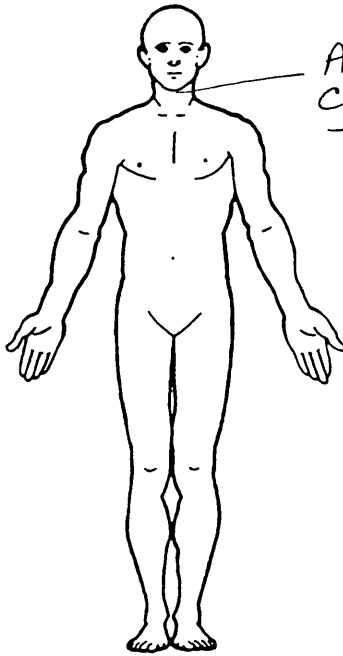
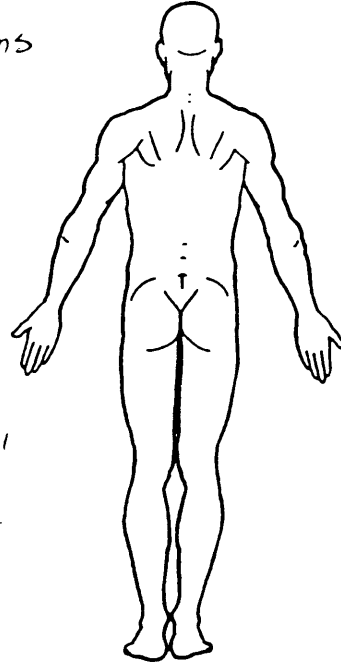
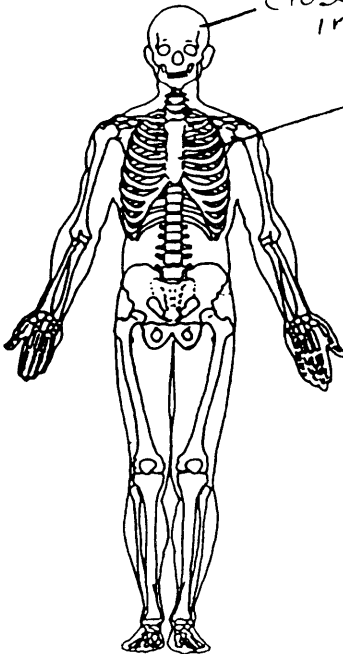
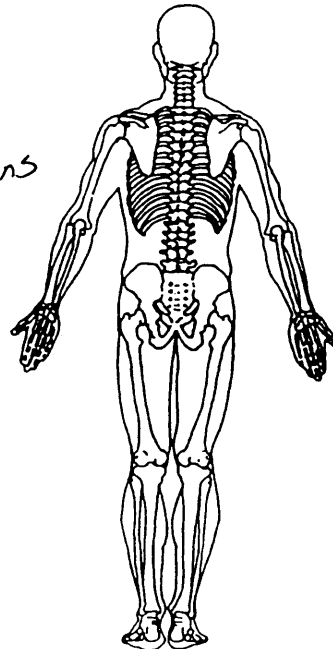
Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days 42 <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	 Hosp		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: Therapy <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days OVER 30 MOS <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

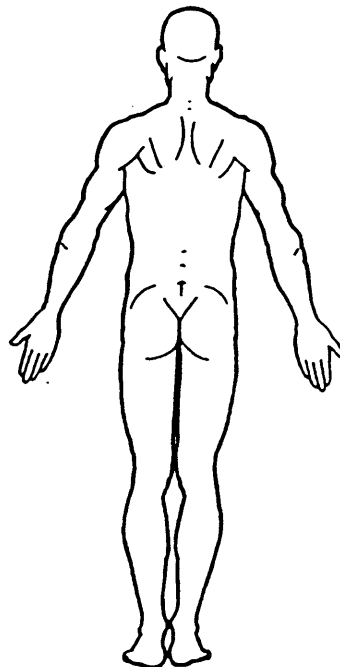
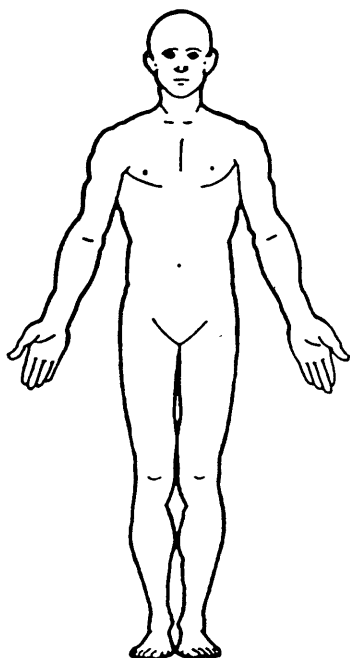
PSU Number 10 Case Number—Stratum 9606 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES

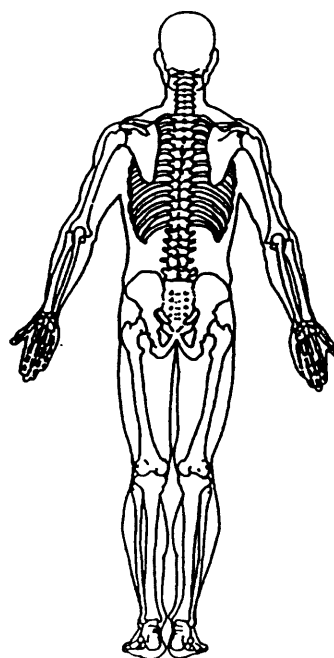
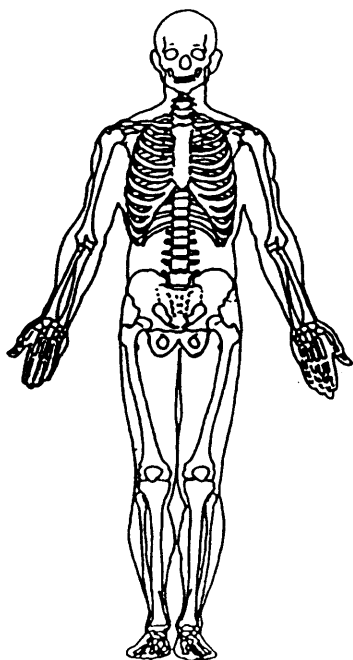
ABRASIONS / burns
chin & neck
AIR bag?CONCUSSION
MEMORY LOSS,
UNCONSCIOUS
FOR 1 weekSEVERE SKELETAL INJURIES
CLOSED HEAD
INJURYTORN
HEART VALVEABRASIONS / BURNS
Ⓡ FOREARM

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



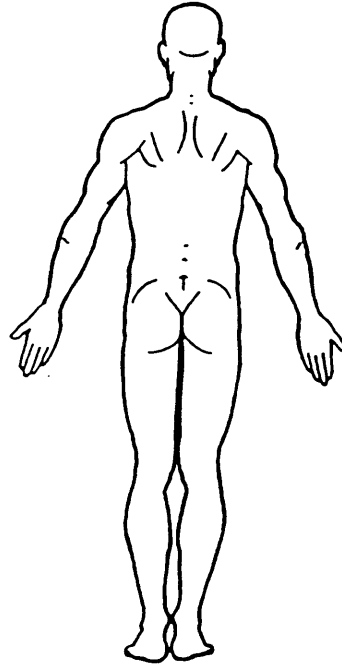
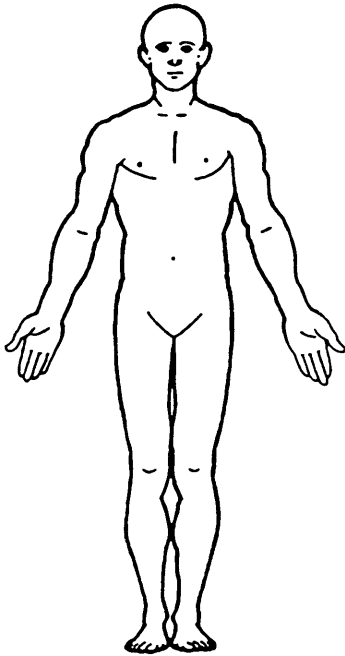
SKELETAL INJURIES



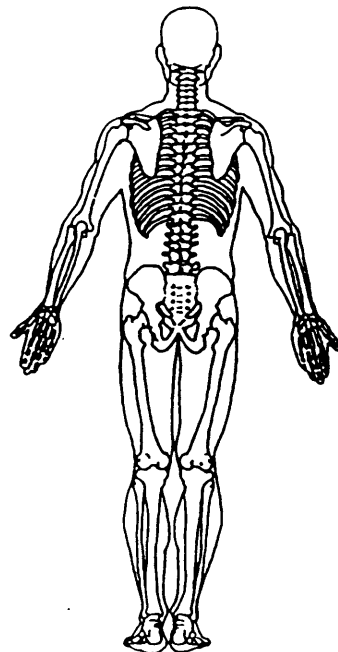
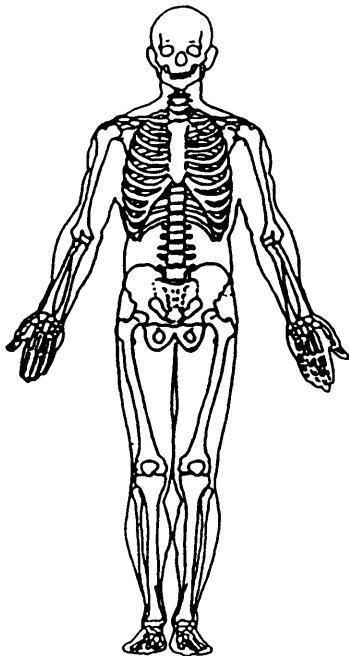
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



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

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9606

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 40

Code actual age at time of accident.

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

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 152

Code actual height to the nearest
centimeter.

(999) Unknown

60 inches X 2.54 = 152 centimeters

8. Occupant's Weight 044

Code actual weight to the nearest
kilogram.

(999) Unknown

96 pounds X .4536 = 43.55 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

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

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

(5) Sitting on a console

(6) Lying back in a reclined seat position

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

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

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

13. Ejection Area0

- (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 Medium0

- (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. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>0</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>9</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>00</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>2</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>9</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>9</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>9</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 9

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

 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 9

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Vehicle inspection
☒ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

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

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

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

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available

(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System 1

Failure?

(This Occupant Position)

- (0) Not equipped/not available

(1) No

- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1
 (0) Not equipped/not available
 (1) No previous accidents
 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown
36. Type of Air Bag 1
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown
38. Air Bag Deployment Accident Event Sequence Number 01
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
39. CDC For Air Bag Deployment Impact 1
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996
 (000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (996) Deployment, unknown longitudinal Delta V
 (997) Not deployed
 (998) Unknown if deployed
 (999) Unknown
41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
42. Were Air Bag Module Cover Flap(s) Damaged? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
43. Was There Damage To The Air Bag? 96
 (00) Not equipped/not available
 (01) Not damaged
 Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 9 6
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify): _____
 (03) Object carried by occupant, (specify): _____
 (04) Adaptive/assistive controls, (specify): _____
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify): _____
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): _____
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): _____
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

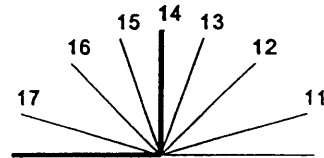
49. Head Restraint Type/Damage by Occupant at This Occupant Position 9
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown
50. Seat Type (this Occupant Position) 9 9
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): _____
 (99) Unknown
51. 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
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 Adjustable Seat Track *Per Interview*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

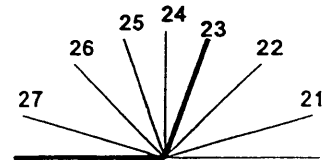
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

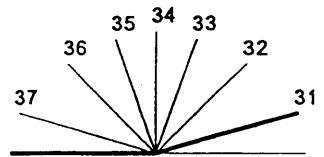
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. 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 (specify): _____
 (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 SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(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 CONSEQUENCES61. 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

62. Treatment - Mortality 3

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

Nonfatal

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

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

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

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

- (9) Unknown

64. Hospital Stay 2 1

- (00) Not Hospitalized

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

- (61) 61 days or more

- (99) Unknown

12/19 - 1/9

65. Working Days Lost 6 1

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 WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. 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

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 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
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

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

(99) Unknown

70. Number of Recorded Injuries for This Occupant 09
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 14
 (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

72. Was the Occupant Given Blood? 2
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): 12 platelets
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 24
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 2
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify):
 (9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER**



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

OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9606

4. Occupant Number

01

INJURY DATA

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

Source of Injury Data	Body Region	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
Ruptured aortic valves	1st	5. <u>2</u>	6. <u>4</u>	7. <u>4</u>	8. <u>12</u>	9. <u>00</u>	10. <u>5</u>	11. <u>4</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Concussion with amnesia	2nd	16. <u>2</u>	17. <u>1</u>	18. <u>6</u>	19. <u>04</u>	20. <u>10</u>	21. <u>2</u>	22. <u>0</u>	23. <u>697</u>	24. <u>9</u>	25. <u>7</u>	26. <u>99</u>
Laceration above ear, 4 cm	3rd	27. <u>2</u>	28. <u>1</u>	29. <u>9</u>	30. <u>06</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>697</u>	35. <u>9</u>	36. <u>7</u>	37. <u>99</u>
Abrasion back of ear	4th	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>697</u>	46. <u>9</u>	47. <u>7</u>	48. <u>99</u>
Contusion behind ear	5th	49. <u>2</u>	50. <u>1</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>697</u>	57. <u>9</u>	58. <u>7</u>	59. <u>99</u>
Abrasion chin	6th	60. <u>7</u>	61. <u>2</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>8</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
Abrasion anterior neck	7th	71. <u>2</u>	72. <u>3</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>1</u>	77. <u>5</u>	78. <u>170</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
Contusion anterior neck	8th	82. <u>2</u>	83. <u>3</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>5</u>	89. <u>170</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
Abrasion forearm	9th	93. <u>7</u>	94. <u>7</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>1</u>	100. <u>170</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</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>

OCCUPANT INJURY DATA

A.I.S. - 90

Source of Injury Data	A.I.S. - 90				Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury			
11th	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		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.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
		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	
	Head - LOC		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	Spine		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (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 RECORDS

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

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

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

— No

✓ Yes

(HP, CN3)

Blood Alcohol Level
(mg/dl)

BAL = 0

(HP)

Glasgow Coma
Scale ScoreGCSS = 14 (4/4/4)
(CN1)Units of Blood
Given

Units =

Arterial Blood Gases

pH = 7.44

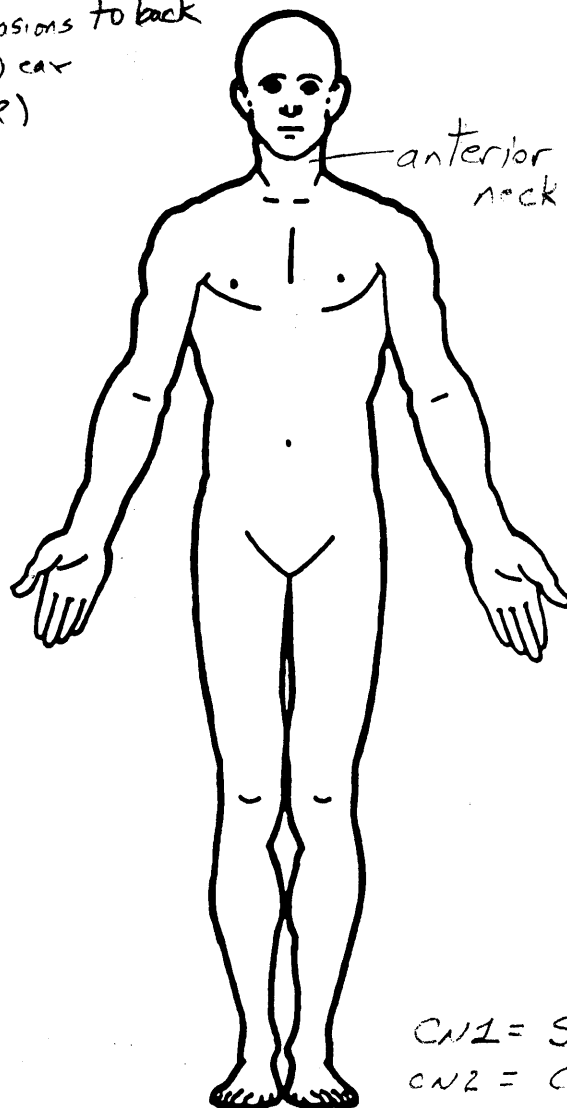
PO₂ =PCO₂ =HCO₃ =

(HP)

• Restrained driver (HP, CN3) • Unrestrained driver (EN) • Pedestrian struck by car (CN1)

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.)

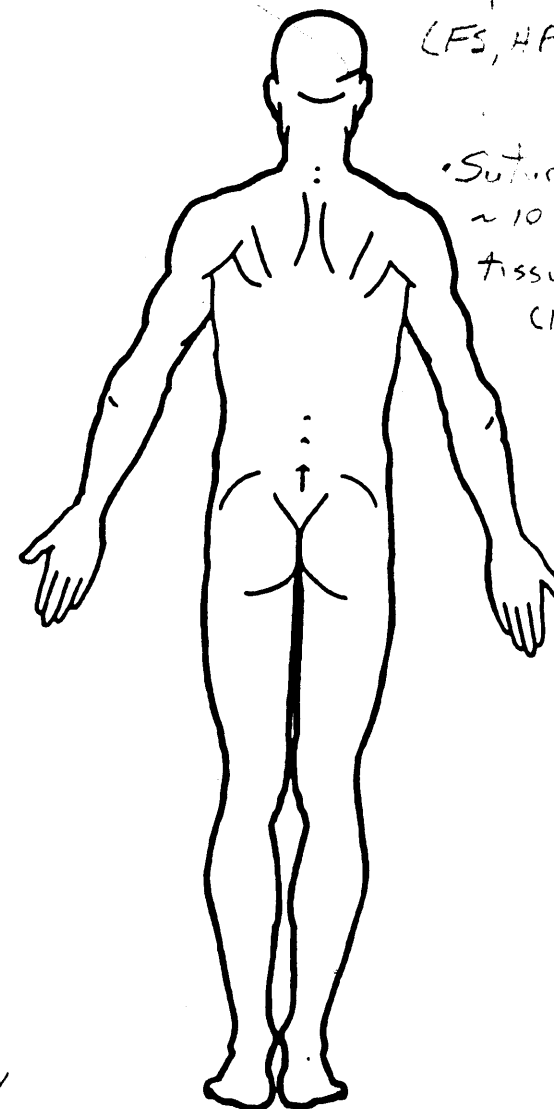
• Abrasions to back
of (R) ear
(IER)



CN1 = Surgery
CN2 = Cardiology
CN3 = Unknown

• Pedestrian struck by car (CN1)

• 4cm Laceration above (R) ear and posterior of head (FS, HP, EN)



• Suture laceration
~ 10 cm, subdermal
tissue depth
(HP, NN)

OFFICIAL INJURY DATA — SKELETAL 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.)

CT Scan Head: Negative
(HP, CN1, EX)

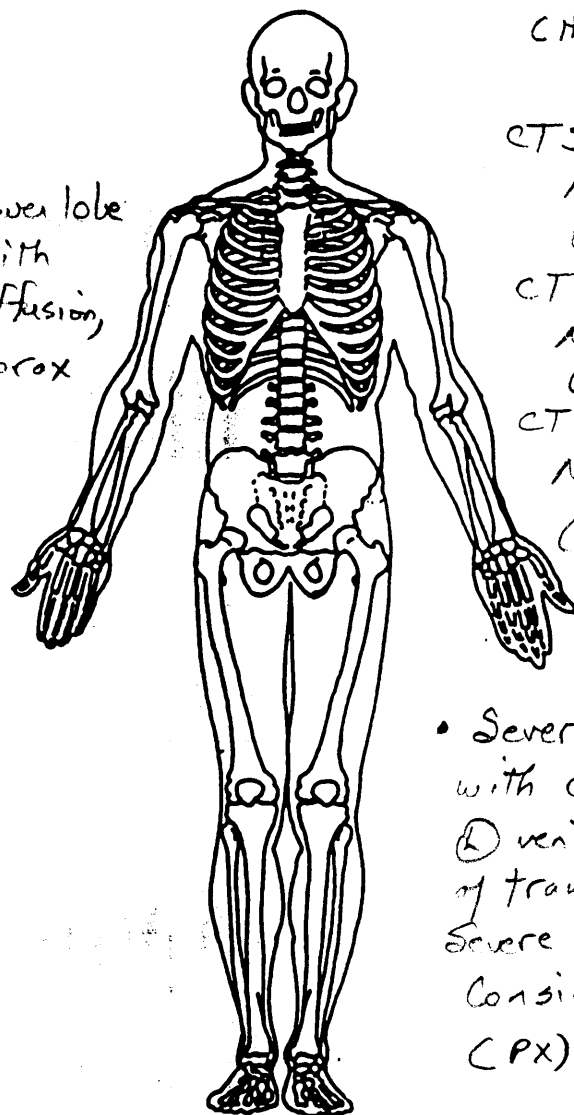
CT Scan Chest:
Negative
(HP, EX)

CT Scan Abdomen:
Negative
(HP, CN3)

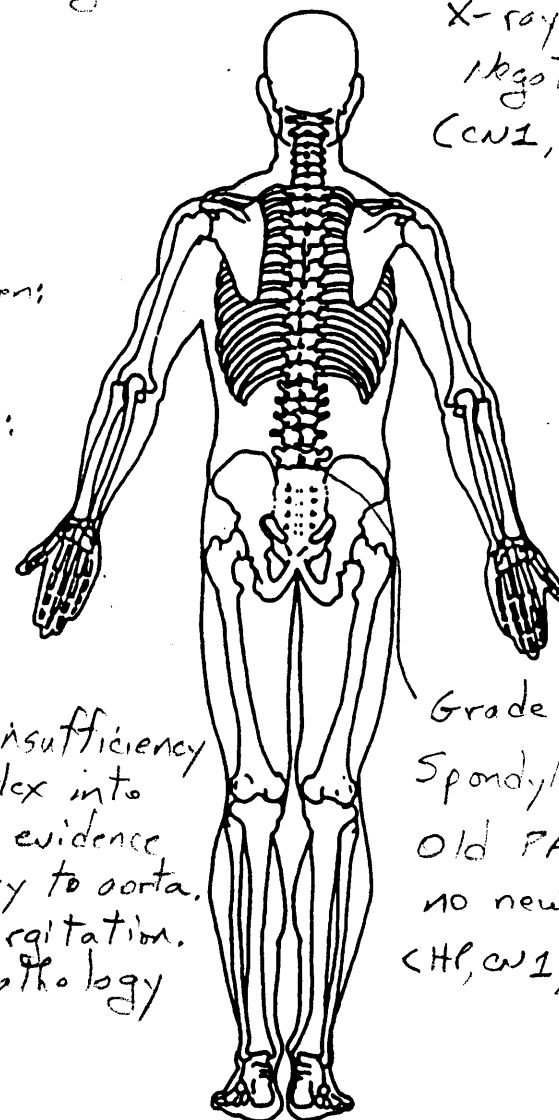
CT Scan Pelvis:
Negative
(HP, EX)

X-ray C-Spine:
Negative
(CN1, CN3, EX)

- Bilateral lower lobe pneumonia with
Ⓡ pleural effusion,
no pneumothorax
(PX)



- Severe aortic insufficiency with contrast reflex into
Ⓡ ventricle. No evidence of traumatic injury to aorta.
Severe aortic regurgitation.
Consider valve pathology
(PX)



Grade II L5-S1
Spondylolisthesis
Old PARS defect,
no new Fx, congenital
(HP, CN1, CN3, EX)

INJURY SOURCES

- FRONT**
- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____
- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- INTERIOR**
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____
- ROOF**
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____
- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

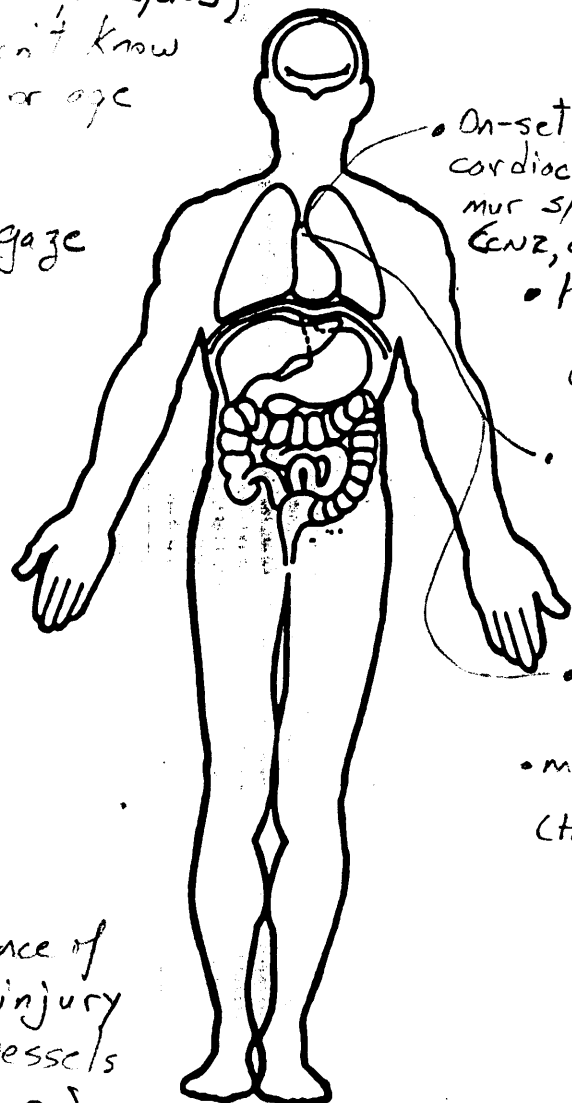
- Pt very combative, uncooperative (HP, EN)

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.)

- (+) LOC (HP, EN, CN1, CN2, CN3) (HP)
- Eyes 5mm + sluggish

• States doesn't know birthdate or age (HP)

• Conjugate gaze (CN1)



• On-set of cardiac murmur S/P MVA (CN2, CN3)

• Pulmonary edema, mild (FS, CN2)

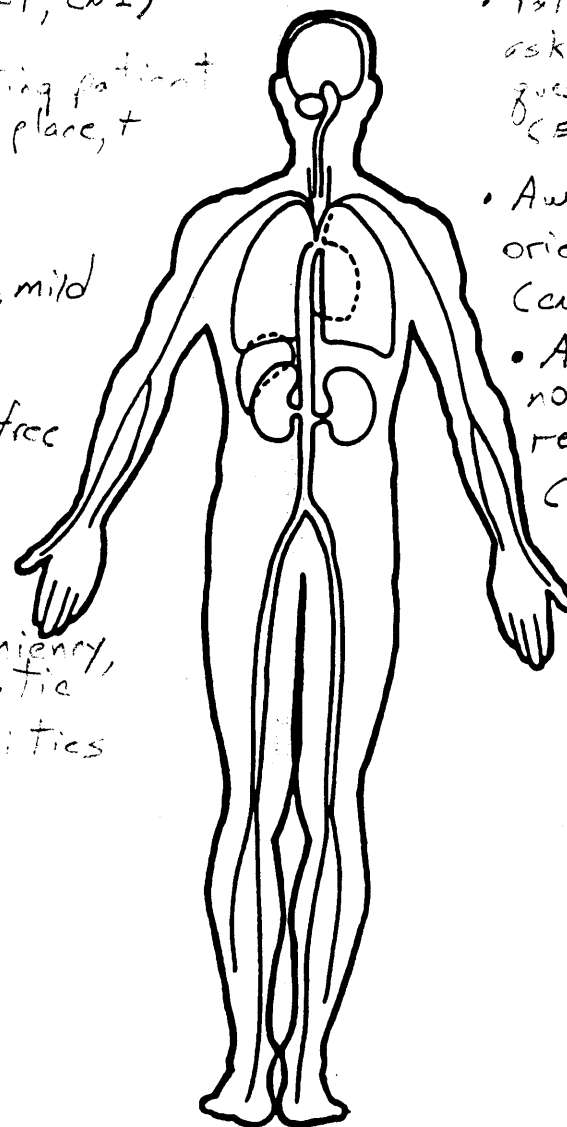
• Aortic reflex, free leaflet, mitral valve (CN2)

• Aortic insufficiency, could be traumatic (CN2)

• moves all extremities (HP, EN, NN)

- Pt alert but confused with responses to questions (EN)
- Concussion with amnesia (FS, HP, CN1)

• Reorienting patient to time, place, + event (NN)



• Patient repeatedly asking same questions (EN, NN)

• Awake, alert, oriented x2 (CN1)

• Awake, but not appropriate responses (CN2)

• No evidence of vascular injury to neck vessels (CN2, CN3, PX)

CAUSE OF DEATH

Not Applicable

ICD-9-CM

854.06 Intracranial injury (not open) with LOC, unspecified duration
 873.0 Open wound of scalp, no complication
 514 Pulmonary Edema

E812.0 MVA

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patient's stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

ST Suture Treatment Record

DISCHARGE SERVICE

INTERNE

NOTE: PLEASE RECORD THE PROVISIONAL DIAGNOSIS ON THE PROVISIONAL DIAGNOSIS SHEET AND THE ADMISSION NOTE ON THE PROGRESS NOTE PAGE.

PROVISIONAL DIAGNOSIS:

CODE

DISCHARGE DIAGNOSIS ACCORDING TO STANDARD NOMENCLATURE

854.06

Intracranial injury

873.0

Wound scalp

514

Pulmonary edema

E812.0

Motor vehicle Accident

OPERATIONS, ACCORDING TO STANDARD NOMENCLATURE

88.41

Arteriogram

86.5A

Suture

8703

A heart

88.01

CT abdomen

87.41

CT Thaxax

93.96

Oxygen

Discharge Summary Dictated: Date:

RESIDENT

STAFF

FACE SHEET

#6154

UNKNOWN, TRA91
N/A

FOI/01/560

39

95

STR BLY E/

TRAUMA CENTER

SHOCK TRAUMA FLOWSHEET

PATIENT INFORMATION:

Age 39 Sex F

Last Tetanus Untkn

Allergies (-)

Medications (-)

Past Medical History (-)

Last Meal [REDACTED]

Wrist Band # [REDACTED]

EVENTS:

Mechanism of Injury MVA

Time of Injury (est) [REDACTED]

Mode of Arrival MED

Time of Arrival 0656

PREHOSPITAL CARE:

VS B/P 100 P [REDACTED] R [REDACTED]

Cervical Collar PTA ☒ Yes ☐ No

Spineboard PTA ☒ Yes ☐ No

Mast Trousers ☐ Yes - Time [REDACTED] ☐ No

Splints ☐ Yes Type [REDACTED]

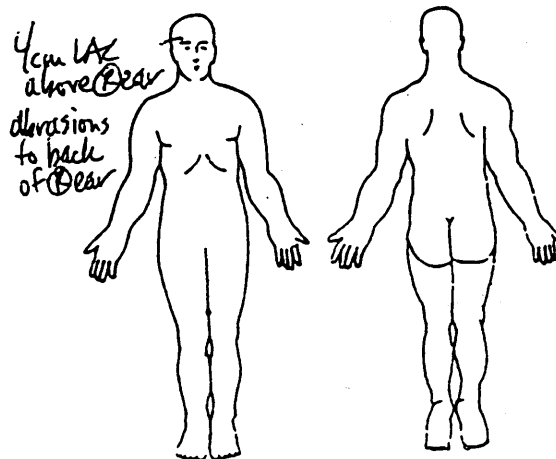
☐ No Location [REDACTED]

IVF's LR

MEDICATIONS PTA:

Chest Tube ☐ PTA

INJURIES:



FAMILY NOTIFICATION:

Here ☐ Time [REDACTED]

Called ☐ Time [REDACTED]

Phone () [REDACTED]
A.C.

Person Contacted [REDACTED]

VALUABLES:

Family ☐ Security ☒ [REDACTED]

Police ☐ Envelope # [REDACTED]

Other ☐ None ☐

CLOTHING:

Family ☐ Storage ☐ None ☐

Police ☐ Other ☐ Disposal ☐

POLICE NOTIFICATION:

☒ Yes ☐ No [REDACTED]
Time PTA Officer [REDACTED]

SHOCK TRAUMA DEATH OR IMPENDING DEATH:

Shock Trauma Death ☐ Yes ☐ No

Impending Death ☐ Yes ☐ No

Notification of Mid-South Transplant Foundation ☐ Yes ☐ No

Nurse Responsible For Contact [REDACTED]

ER

EMERGENCY DEPT./TRAUMA
PHYSICIAN
PROGRESS NOTES

95 40 y/o F 90 mVA rest driver @ACC - states she doesn't know
0650 birthday tag. @Amnesia w/ resusc - repetitive questioning

PMH: Pst: Ø meds: Ø all: NCDT

VS: 96/53 101 24 100/60

HEENT: NC PERL 5mm; sluggish; Rom; TM ⊕; CP @ blood 9w ⊕
@post sleep blood - lesion of fund ~4cm

neck: C-collar; trachea midline, & tenderness.

lungs: CTA / BBS ⊕

car: RRR

abd: soft NTND.

GU: NC ext P genitalia; urine clear.

rectal: NST & gross blood.

back: & CVA/paraspinous tenderness; & stepoff.

neuro: grossly nonfocal. spontaneously

ext: moving all 4 ext spm + purposive; 2+ distal pulses @ utl ext
& stepoff / long bone defects.

labs: 7.44 / 35 / 254 / 23 / 20 / 100 9.9 / 40 / 243 139 / 108 / 13 / 27
72P 3.6 / 25 / 1.8

CXR: ⊕

pelvis: ⊕

CSP: ⊕ Occ - C6

Hp: Hemodynamically stable

Amnesic w/ resusc.

CT scan: HCAP; CTL spine

EMERGENCY DEPT./TRAUMA
PHYSICIAN
PROGRESS NOTES

TIME & DATE NOTES

TIME & DATE NOTES

TIME & DATE NOTES

85

Update: Pt. Very combative, uncooperative, cannot understand that there is a catho Foley in place & has sat up on 2 occasions to "go to the rest room".

Chem 13: ϕ

Osmolality 290

EtOH: ϕ

CT Head ϕ

CT: Chest/Abd/Pelvis: ϕ other than cystic

ϕ A¹⁵ on ovaries & Abnormal

C: ϕ

tissue signal around Uterus

T: ϕ

Recommend PAP smear soon

L: Grade II L5/S1 spondylolisthesis (Anterolisthesis)

CXR: ϕ

- will get CT of L4-S1

D/C NG tube.

- Neuro Consult.

CT L4-S1 shows old Pars Defect, ϕ new Fr.

Spine cleared Radiographically.

will ~~leave~~ leave C-collar on until Better clinical exam can be obtained.

- Sutured head laceration ~ 10cm, subdermal tissue depth. Irrigated \approx 2L NS. Pt was very uncooperative & contaminated the field several times. Will cover \approx Ancef

- New development of erythema in anterior neck. ϕ crepitance, trachea midline. Will review CT again.

REV. 7-18 FORM #117.009

ORIGINAL-WHITE

DEPARTMENTAL-PINK

HP
(Continued)

STR BLY L/

SHOCK TRAUMA/TRAUMA ASSESSMENT
NURSES' NOTES CONTINUATION

VITAL SIGNS						TIME	NURSING OBSERVATIONS
TIME	T	P	H	BP	O ₂ SAT		
0735		98	22	83/47	100		In CT - Pt cont repeatedly asking the same questions after repeated reorientation
0745		99	20	74/46	100		Pt repeatedly raising her head off the board after repeatedly explaining need to keep flat on the board & consequences of not following nurses request.
0755		110	20	94/53	100		
0805		107	22	91/53	100		
0815		107	22	99/56	100		
0825		110	24	73/44	100		
0835		110	24	96/51	100		TO XRAY - C-collar intact - on L&R
0845		112	24	91/50	100		M&E - Jt X2 mmsing while open
0855		115	24	108/51	99		7/11/07 0745 BP - Pulse 90 93SD - PT repeat asking "no need to see" - trying to sit up - this unit responded - asking Pt to lay flat - to be comfortable - not moving Pt to some place event Dr aware of 0745 BP & present VS -
0920		102	24	112/49	99		all also aware of Pt Neuro assessment
0940		104	24	98/57	99		To CCA - NAD - as charted 10800 - Dr aware C7 Xrays completed - 7 CP
1000		91	24	94/49	99		Pt sat up right in bed - this unit present at foot of bed - Pt assisted to laying flat - Pt cont confused as charted - cont to reorient Pt - 21
1025		101	24	73/46	99		11000h presents suctioned nas w/ 16 tube & 02 DCA per Dr orders - 7 CP
1035		93	24	96/50	99		To Xray - no sin Pt status - for repeat Xrays
1100		91	24	80/44	99		Cont monitoring - 7 CP
1107		86	24	75/43	99		To CCA - awaiting CT - NO A in pt cond - 7 CP
MEDICATIONS							
TIME	INT	DRUG/DOSAGE			ROUTE		
082							
1245	7C	770id 0.5cc					
		Lot# 4958179					
		Exg 7/97			L&del		
IV FLUIDS							
LTC	TIME	SITE	SOLUTION	TOTAL			
	0815	NA	LR				
	700	—	RAC	LR	700		
	900	—	RAC	LR	900		
	0815	UAC	LR-1000	1000			
	1145	UAC	LR-1000	1000			
SHOCK TRAUMA TOTAL IN =							
SHOCK TRAUMA TOTAL OUT =							
TRANSPORT TOTAL INTAKE & OUTPUT:							
IN	IV						
	PO						
	OTHER						
OUT	URINE						
	BLOOD						
	EMESIS						
	OTHER						
RN SIGNATURE		INITIALS	RN SIGNATURE		INITIALS	RN SIGNATURE	

In CT - Pt cont repeatedly asking the same questions after repeated reorientation
 Pt repeatedly raising her head off the board after repeatedly explaining need to keep flat on the board & consequences of not following nurses request.
 TO XRAY - C-collar intact - on L&R
 M&E - Jt X2 mmsing while open
 7/11/07 0745 BP - Pulse 90 93SD - PT repeat asking "no need to see" - trying to sit up - this unit responded - asking Pt to lay flat - to be comfortable - not moving Pt to some place event Dr aware of 0745 BP & present VS - all also aware of Pt Neuro assessment
 To CCA - NAD - as charted 10800 - Dr aware C7 Xrays completed - 7 CP
 Pt sat up right in bed - this unit present at foot of bed - Pt assisted to laying flat - Pt cont confused as charted - cont to reorient Pt - 21
 11000h presents suctioned nas w/ 16 tube & 02 DCA per Dr orders - 7 CP
 To Xray - no sin Pt status - for repeat Xrays
 Cont monitoring - 7 CP
 To CCA - awaiting CT - NO A in pt cond - 7 CP
 To CT for CT L&S - S1 - C-collar intact - M&E on L&R Jt X2 mmsing 5 sts align pt - folly Patient dressing clean yellow dunt - 7 CP
 To CCA - NO A in Pt cond - cont monitoring - This unit talked to Pt husband in 1100h advised Pt cond sensors - 7 CP
 Pt employer contacted - contact numbers for emergency obtained - 7 CP
 the ambulance unit - 7 CP
 Pt has settled from L&S - per Dr orders - C-collar intact - cont monitoring - Pt M&E - 7 CP
 Pt less restless - asking eyes closed, answers easily to verbal stimuli - M&E - confused to place - time & event - reoriented - 7 CP
 VS R present - talked to Pt - Examined Pt - cont monitoring - 7 CP
 aware of 15/1 & IV fluid directions - 7 CP
 IV's positional - in Patient AC's - Pt cont holding arms - Pt B/P x 10 55, st when IV rates decreased to position of Pt arms - Dr aware - 7 CP

NN

DATE	TIME	NURSING OBSERVATIONS
[REDACTED]	[REDACTED]	39 yo WF admitted to ST #1 via MFD 5/p MVA unrestrained driver @ Loc. Pt. alert but combative to treatment and confused with responses to questions. 4cm Lac noted on back of head - minimal bleeding - no obvious injuries noted - IV Rt hand Lact AC infusing 5 STS ^{anticoagulant} C-collar intact on long spine board - MAE - Equal strong - 76P Blood sent to Lab ^{Lactate Ringers} 14ga started LAC ^{anticoagulant} - wide open - 76P IV Rt hand pulled out - after rolling pt to Examining her Back C-collar intact - RT fog rolled - IV Rt hand Intact - 76P 14ga started Rt AC ^{anticoagulant} new 2R-1000cc bag - IV Wide open - 76P 14 Fr N G tube placed per MD - Placement confirmed N G tube secured - 76P Port C x R, Lat C = spine - Pelvis Xray Done - 76P Medication given per N G tube - Cleared to go to CT per MD - 76P Pt. Repeatedly asking same questions. N G tube - Clamped - 102 2Lm Bx C - C-collar intact - on LSB - MAE - Responsive & unlabored - Foley to CBD Draining clear yellow urine. IV x 2 infusions 5 Drip - NO STS of inf ^{infiltration} - 76P Cont 2nd 2 Cardiac monitoring - BP per pro - pag - 76P
Patient Disposition	CT	Team Leader Grewal
Time of Discharge	0730	Primary Nurse [REDACTED]
Condition	Serious	Recorder [REDACTED]
Total Time in Shock Trauma	34min	
Nurse Signatures	[REDACTED]	

SHOCK TRAUMA

IN

SIR BLY E/

SHOCK TRAUMA/TRAUMA ASSESSMENT NURSES' NOTES CONTINUATION

[illegible]

NN (Continued)

SHOCK TRAUMA/TRAUMA ASSESSMENT: NURSES NOTES CONTINUATION

Transcription

Time

Nursing Observations

In CT, Pt continues repeatedly asking the same questions after repeated orientation. Pt repeatedly raising her head off the board after repeatedly explaining need to keep flat on the board and consequences of not following nurses request.

To X-ray, C-collar intact, On LSB, MAE, IV x 2 IV infusing wide open after 0745 B/P, Foley to CBSD, Pt repeatedly c/o needing to "pee", trying to sit up, this writer ?requestedly? asking Pt to lay flat, to cooperate, reorienting Pt to time, place, event. Dr. XXXXX aware of 0745 B/P and present VS. Dr. XXXXX also aware of Pt neuro assessment.

To CCA, NAD as charted 0800, Dr. YYYYYY aware. CT and X-rays completed. Pt sat upright in bed, this writer present at foot of bed, Pt assisted to laying flat, Pt continued confused as charted, and continues to reorient Pt.

Stomach contents suctioned per ?NG tube? and NG tube and O₂ decreased per Dr. YYYYYY orders.

To X-ray, no changes in Pt status, for repeat X-rays, continue monitoring.

To CCA, awaiting CT, no changes in Pt condition.

To CT for CT L₅-S₁, C-collar intact, MAE on LSB, IV x 2 infusing without S&S of infiltration, foley patent draining clear yellow urine.

To CCA, no changes in Pt condition, continue monitoring.

This writer talked with Pt's husband in Illinois, advised Pt's condition serious Pt employer contacted and contact numbers for emergency obtained.

The above is late entry.

Pt log rolled from LSB per Dr. YYYYYY orders, C-collar intact, continue monitoring, Pt MAE.

Pt less restless, resting, eyes closed, arouses easily to verbal stimuli, MAE, confused to place, time, & event, reorientated.

NSR present, talked with Pt, examined Pt, continue monitoring.

Dr. YYYYYY aware of B/P and IV fluids received, IV open.

IVs positional, in bilateral ACs, Pt continues bending arms, Pt B/P decreasing to 70s Systolic when IV rates decreased to position of Pt arms, Dr. YYYYYY aware.

Abbreviations

AC = antecubital fossa (anterior side of elbow)
B/P = blood pressure
CBSD = continuous bladder straight drain
CCA = some treatment place
CT = computerized tomography
IV = intravenous
KVO = keep vein open
LSB = long spine board

MAE = moves all extremities
NAD = no apparent distress
NG = nasogastric
NSR = normal sinus rhythm
Pt = Patient
SICU = ?Surgery? Intensive Care Unit
S&S = Signs and Symptoms
VS = vital signs

SHOCK TRAUMA/TRAUMA ASSESSMENT: NURSES NOTES CONTINUATION

Transcription

- 1115 Dr. ZZZZZ aware of Pt VS and repeat Hct, 36, manual B/P correlates with #&%\$ (most likely name of some mechanical B/P monitor) B/P.
- 1140 To X-ray, Pt NAD, repeat lateral ?T?-spine, continue monitoring, C-collar intact, Foley patent, IV x 2 infusing without S&S of infiltration.
- 1145 To CCA, no changes in Pt condition, continue monitoring, Pt continues confused, this writer continues repeatedly reorienting Pt.
- 1200 Dr. YYYYY aware Pt B/P labile with systolic 70s & 80s
- 1205 Pt's two daughters and In-Laws are present, Pt update given and questions answered.
- 1207 Pt family at bed side.
- 1220 Pt continues confused, Dr. YYYYY talked with family in ?ER? room.
- 1235 Awaiting room assignment, Pt resting eyes closed respirations even unlabored, continued #&%\$ #&%\$, C-collar intact, IV x 2 infusing without S&S of infiltration, Foley patent draining clear yellow urine.
- 1250 Dr. YYYYY aware systolic B/P 70s and IV rate open, up and aware of fluid ?intake?
- 1315 Report called to Helen ABCDEF, reported on ?MOI?, Labs, X-ray & CT results, VS and orders and ?Pt? assessment
- 1400 Dr. YYYYY at bedside, sutured Pt laceration, Pt continues confused and uncooperative.
- 1440 To SIUC per stretcher, IV x 2 infusing without difficulty, Foley to CBSD. Draining yellow urine, C-collar intact, Pt remains confused.
- 1450 To X-ray in route to SICU per Dr. ZZZZZ orders.
- 1515 Updated report given to Pt's RN in SICU. MAE, confused, IV x 2 KVO, Foley patent draining clear yellow urine.

TRAUMA ASSESSMENT SUTURE TREATMENT RECORD

F11/21/55W 40
C422/01 TRA HLW

MS

95

MECHANISM OF INJURY (Circle One): GSW SGW KSW MVA MCA Assault Other

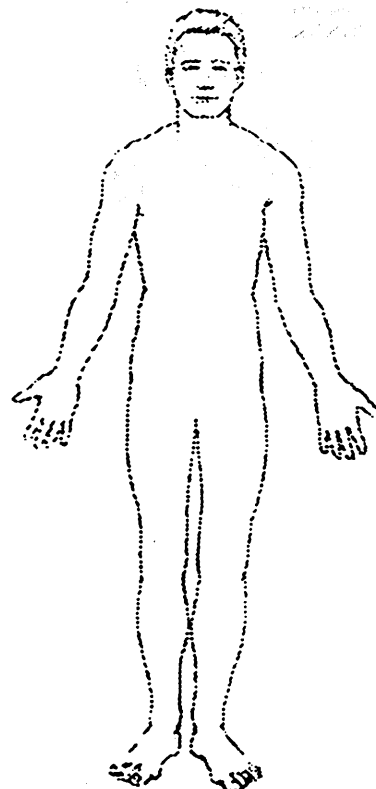
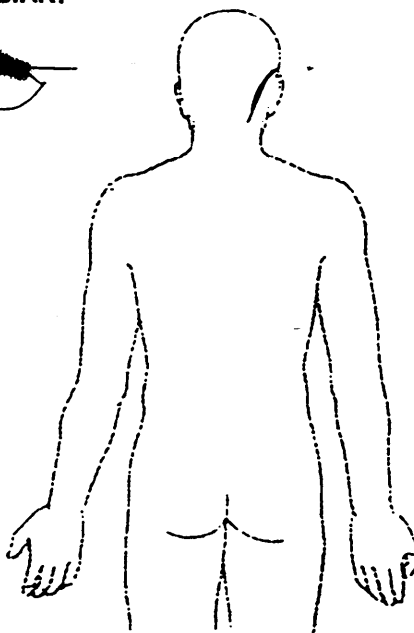
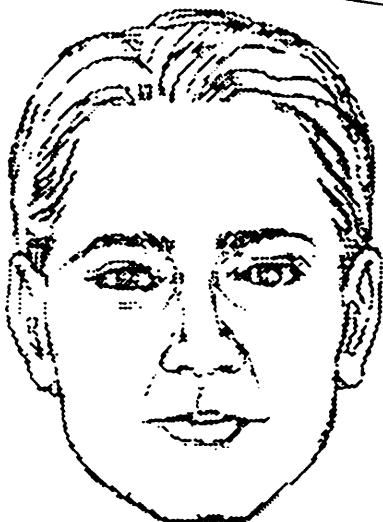
TIME BETWEEN INJURY AND REPAIR

18-1995

LACERATION	1	2	3	4	5
CONTAMINATION	<input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
LIDOCAINE	<input checked="" type="checkbox"/> With Epi <input type="checkbox"/> Without Epi <u>10</u> CC's	<input type="checkbox"/> With Epi <input type="checkbox"/> Without Epi _____ CC's	<input type="checkbox"/> With Epi <input type="checkbox"/> Without Epi _____ CC's	<input type="checkbox"/> With Epi <input type="checkbox"/> Without Epi _____ CC's	<input type="checkbox"/> With Epi <input type="checkbox"/> Without Epi _____ CC's
IRRIGATION	<input type="checkbox"/> Betadine <input checked="" type="checkbox"/> Sterile Water <input type="checkbox"/> Sterile NaCl <u>2000</u> CC's	<input type="checkbox"/> Betadine <input type="checkbox"/> Sterile Water <input type="checkbox"/> Sterile NaCl _____ CC's	<input type="checkbox"/> Betadine <input type="checkbox"/> Sterile Water <input type="checkbox"/> Sterile NaCl _____ CC's	<input type="checkbox"/> Betadine <input type="checkbox"/> Sterile Water <input type="checkbox"/> Sterile NaCl _____ CC's	<input type="checkbox"/> Betadine <input type="checkbox"/> Sterile Water <input type="checkbox"/> Sterile NaCl _____ CC's
SUTURE	<u>3.0 Dexon</u> <u>3.0 Dermalon</u>				
COMMENTS:	<u>Pt. contaminated the field several times.</u> <u>was uncooperative.</u>				

SIGNATURE OF SUTURING PERSONNEL:

SIGNATURE OF RESPONSIBLE PHYSICIAN:



REPORT OF CONSULTATION

UNIT NO. _____

F11/21/55W 40 MS 7/95
D422/01 TRA NLE 1/

Doctor: _____ 1228 Service: _____

- ☐ Consultation Only
- ☐ Consultation & Management with Attending Physician

In Regard To: _____

Attending Physician: _____

Service: Cardiology Request Date: 1/1/95

CONSULTANT'S REPORT

40 yo WF s/p MVA, CHI, @LOC, ~~at~~ Abd w/o CT head nm
 now E new onset cardiac murmur. + mental status.
 cerebral arteriogram 12/19 -> No evidence vasc. injury to neck vessels
 ECHO 12/20 - wide open Aortic ^{Reflex} free leaflet, mitral valve ? vegetative
 anterior leaflet No evidence of dissection
 CT - no evidence of dissection

PMH - tooth abscess 11 wk ago PSH ϕ meds - ϕ on admission All: NKDA Soc @ tob. useTm 100° Tn 100° 94 28 $\frac{88-100}{41-46}$

Gen - awake but not appropriate response somnolent

HEENT - NCAT (neck collar in place) PERRL EOMI neck - ant. abrasion

cv - RR = II/IV diastolic murmur

lung (B) crackles, coarse BS (B) =

Abd - ND, @BS, SNT & mass

ext - MAE nerves grossly intact

CKR - mild pulm. ^{pulmonary} edema

11.5	143	.34	23	6	137
40.5		4.0	111.5	0.7	

Aortic Insufficiency

A: most likely chronic AI however could be traumatic

P: CATH in Am

D/w E Dr. Weiman about surgical tx

Consultation Date _____

Signature of Consultant

White-Chart, Yellow-Chart Resident

CN 2

FORM #6010.001 (Rev. 10/83)

19816-8

UNKNOWN, TRA91

N/A

F01/01/560

39

TN

/95

DATE:

STR

BLT

E/

MULTIDISCIPLINARY REPORT OF CONSULTATION



Consultation Only



Consultation & Management

CONSULT TO:

CONSULT FROM: Surg +

REASON FOR CONSULT AND DIAGNOSIS:

PED STRUCK

PATIENT INFO:

HOME PHONE:

WORK PHONE:

EMERGENCY PHONE:

CONDITION

ALLERGIES:

LAB: GLUCOSE:

T-CHOLESTEROL:

HDL:

OTHER:

DIET:

V/S: HR-

T-

R-

BP-

HT:

WT:

TREATMENTS:

MEDICATIONS:

CONSULTANTS REPORT: (Inpatient, Outpatient, Community Referral)

Approx 39yo WP struck by car this AM.

① C.O.C. Transported to The MED-ST. Arrived & Evaluated
by Surgeon & found to have Anoxia. Admitted NRE to ER.

P: WOWN WP

GCS=14 4/6/4

Awake Alert - Oriented

Follows Complex Requests Speech NC

② V. Mild Refractory Anoxia

C.O.: 2: ③ C.O. → 4-0 Conjugate gaze

Face Symm Throat V.V. Vg ok

M: 575 ③ VE 1 ③ LE 4/6/4 2: CTAP in hand

DTN 2+1= 4+ ③ Clonus ③ Hoffman

Cerebellum: NC Spin: NT

CT Head 5: NRE

C-Spin x-ray ③

T-Spin x-ray: Inadequate

CT L5-S1: Grade II Spontaneous L5-S1 Pars Defects old ③
C.C.S. L5-S1

Imp: ③ Mild Concussion

④ L5-S1, Grade II Spontaneous L5-S1 Pars Defects - Congenital Congenital

NRE: ① Admit for 24h obs or send home to family member who can
evaluate wake up 10 every hour

② Ortho to Clear Spin / Flu C-S. Spontaneous L5-S1

SIGNATURE

DATE

CN1

F11/21/55W 40
D422/01 TRA MLW 1/

MS 7/95

REPORT OF CONSULTATION

UNIT NO. _____

Doctor: _____

Service: _____

☐ Consultation Only

In Regard To: _____

☐ Consultation & Management
with Attending Physician

Attending Physician: _____

Service: _____

Request Date: _____

CONSULTANT'S REPORT

46 YO WF S/P MVA Restrainted (+) LOC. Has
new onset (M) Cardiology asked to see. Hospital
course thus far CT scan on Adm Chest/abd only cystic
D's on ovaries + abnormal tissue signal around uterus
CT 4-5, old ^{PARS} ~~para~~ defect. Neck Xray ⊖ Fr. Cerebral
arteriogram no evidence of vascular injury.
RBS - ~ 3 weeks ago she had tooth extraction
and received Abx. she l/o soo nocp.

pmH ⊖

pt ~~Alert~~ Sleepy ^{4/2 93 95/48}HEENT - good Carotid upstroke ^{carotid} ~~Brut~~CVS - hypotension, precordial TII/VI M
difficult to tell whether systolic or
diastolic

Lungs crackles

O2 Sat

loud Murmur in Pat S/P MVA and recent
hx of tooth extraction will need to R/o Dissection/
Endocarditis Swan,

Consultation Date

su progress Note

Signature of Consultant

White-Chart, Yellow-Chart Resident

FORM #6010.001 (Rev. 10/83)

CN 3

[REDACTED]
[REDACTED]
RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: [REDACTED] 1/95 Req. Loc.: d42
Chest 1 View [REDACTED] 1995 0720 11359255
Pelvis 1 View [REDACTED] 1995 0720 11359256
Portable Diagnostic Procedure [REDACTED] 1995 0720 11359257
Spine 1 View (Specify) [REDACTED] 1995 0720 11359258

LATERAL CERVICAL SPINE

Normal alignment through C-6 with no evidence of fracture.

AP CHEST PORTABLE: 0715 HOURS

Normal heart and lungs. NG tube in the stomach.

AP PELVIS: [REDACTED] 1995

Normal.

[REDACTED] 1995 dictated
[REDACTED] 1995 transcribed bfj

STAFF: [REDACTED]

RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: [REDACTED] / 95 Req. Loc.: [REDACTED]
Chest 1 View [REDACTED] / 1995 0805 11359271
Cervical Spine 2 Views [REDACTED] / 1995 0805 11359272
Spine Entire 2 View [REDACTED] / 1995 0810 11359273

CHEST: Heart is normal in size and shape. The pulmonary interstitial markings are accentuated by under penetrated technique. No active pulmonary process is present. Chronic changes with reticular pattern and small calcifications are present indicating old granulomatous process bilaterally. Nasogastric tube is in good position.

CERVICAL SPINE: Vertebral body heights, disc spaces and alignment are all normal.

THORACIC AND LUMBAR SPINE: The thoracic vertebral body heights, disc spaces and alignment are within normal limits. The lumbar spine reveals normal vertebral body heights and disc spaces. There is second degree anterior spondylolisthesis of L-5 S-1 with an apparent pars break and degenerative spurring.

/1995 dictated
/1995 transcribed bfj

STAFF: [REDACTED]

RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: [REDACTED] Req. Loc.: d42
Head or Brain w/o Contrast [REDACTED] /1995 0929 11359268

CPT 70450

CT HEAD WITHOUT CONTRAST:
REFERRING PHYSICIAN: [REDACTED]

CLINICAL DIAGNOSIS: Status post MVA

TECHNICAL: 10x10 axial images of the brain were obtained without contrast.

FINDINGS: [REDACTED]/1995. Brain parenchyma and intraventricular system normal. No extra axial fluid collections. No mass, mass effect or hemorrhage. No fractures.

IMPRESSION: Negative exam.

DICTATED: [REDACTED]/1995
TRANSCRIBED: [REDACTED]/1996

RES: [REDACTED]

STAFF: [REDACTED]

REGIONAL MEDICAL CENTER
Department of Radiology
RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED]
Ref/Physician: [REDACTED]
Discharge Date: [REDACTED]
Lumbar Spine w/o Contrast
Multiplanar Recon. sag/cor/obl.

Pat. MRN: [REDACTED]
Acct. #: [REDACTED]
Pat. Loc.: [REDACTED]
Req. Loc.: [REDACTED]
1995 1100 [REDACTED]
1995 1100 [REDACTED]

CPT 72131 - 22

REFERRING PHYSICIAN: [REDACTED]

CLINICAL DIAGNOSIS: MVA

TECHNICAL: 3x3mm axial images were obtained from the level of L3 to the level of S2.

FINDINGS: [REDACTED] 1995. Bilateral pars defect at L5. L5 is approximately 50% anteriorly subluxed on S1. There is degenerative disc disease at L5, S1, with narrowing of the L5, S1 disc space and vacuum disc phenomenon. The ligamentum flavum is prominent at L3-4, L4,5, and L5-S1.

IMPRESSION: Bilateral pars defects L5 with grade II spondylolistheses of L5 on S1.

2. No traumatic injury.

Dictated: [REDACTED] 25
Transcribed: [REDACTED] 96ma

RES: [REDACTED]

STAFF: [REDACTED]

[REDACTED]
[REDACTED]
RADIOLOGY CONSULTATION AND REPORT Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: [REDACTED] 9/1995 1505 [REDACTED]
Chest 1 View [REDACTED]

[REDACTED]/1995 PORTABLE CHEST

CLINICAL: MVA

Cardiomediastinal silhouette is normal. Bones and soft tissues
normal. Lungs clear.

IMPRESSION: NORMAL CHEST.

[REDACTED]/1995 DICTATED

[REDACTED]/1995 TRANSCRIBED BFJ

RES: [REDACTED]

STAFF: [REDACTED]

RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: [REDACTED] 1/19/95 Req. Loc.: [REDACTED]
Angio. Carotid, Cerebral, Bilateral /1995 1700 [REDACTED]
Angio. Carotid, Cervical, Bilateral /1995 1700 [REDACTED]
Angio. Vert., Cerv., &/or Intracranial /1995 1700 [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

73671, 75680, 75685, 36215, 36217, 36218

CERVICOCEREBRAL ARTERIOGRAM [REDACTED] /95

CLINICAL HISTORY: MVA. Rule out carotid dissection.

TECHNIQUE: Access via right common femoral artery. Selective catheterization of the right and left common carotid arteries and right vertebral arteries with contrast injection and filming in multiple projections in the neck and the head.

FINDINGS: Carotid and vertebral arteries demonstrate normal shape, caliber, and course. No evidence of intimal irregularity, contrast extravasation, pseudoaneurysm formation, or other traumatic vascular injury. No evidence of dissection. Intracranial vessels intrinsically normal.

OPINION: Normal exam.

DICTATED: [REDACTED] pm [REDACTED] /95
TRANSCRIBED: [REDACTED] /95/pf

STAFF: [REDACTED]

STAFF: [REDACTED]

RADIOLOGY CONSULTATION AND REPORT

Page 1

— Patient Name: [REDACTED] Pat. MRN: [REDACTED]
— Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
— Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: 1/10/95 Req. Loc.: [REDACTED]
Chest 1 View 1995 2147 [REDACTED]
Portable Diagnostic Procedure 1995 2115 [REDACTED]

CLINICAL: POST OP

Heart is normal in size and shape. There is bilateral lower lobe pneumonia with right pleural effusion. The bony thorax and soft tissues are normal.

OPINION: BILATERAL LOWER LOBE PNEUMONIA AND RIGHT PLEURAL FLUID.

1/10/1995 DICTATED
1/10/1995 TRANSCRIBED BFJ

STAFF: [REDACTED]

[REDACTED]
[REDACTED]
RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED] Pat. MRN: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED] Acct. #: [REDACTED]
Ref/Physician: [REDACTED] Pat. Loc.: [REDACTED]
Discharge Date: 11/11/95 Req. Loc.: [REDACTED]
Chest: 1 View [REDACTED] 11/11/1995 0800 [REDACTED]
Portable Diagnostic Procedure [REDACTED] 11/11/1995 0800 [REDACTED]

CLINICAL; RULE OUT PNEUMOTHORAX

There has been slight decrease in the right pleural fluid
bilateral lower lobe pneumonia persists. No pneumothorax is
seen.

[REDACTED] 11/11/1995 dictated
[REDACTED] 11/11/1995 transcribed bfj

STAFF: [REDACTED]

RADIOLOGY CONSULTATION AND REPORT

Page 1

Patient Name: [REDACTED]
Age/Race/Sex: 40y w f DOB: [REDACTED]
Ref/Physician: [REDACTED]
Discharge Date: [REDACTED] 1995
Aortography, Thoracic by Serialography
STAT Special Procedure
Special Procedures Call Back

Pat. MRN: [REDACTED]
Acct. #: [REDACTED]
Pat. Loc.: [REDACTED]
Req. Loc.: [REDACTED]
[REDACTED] 1995 0135
[REDACTED] 1995 0135
[REDACTED] 1995 0135

REFERRING PHYSICIAN: [REDACTED]

36200, 75605

ARCH AORTOGRAM, THORACIC AORTOGRAM [REDACTED] 1995

CLINICAL HISTORY: MVA 36 hours ago.

TECHNIQUE: Access via right common femoral artery. Pigtail catheter placed in the ascending thoracic aorta with contrast injection and filming in multiple projections.

FINDINGS: Severe aortic insufficiency with contrast ^{reflux} extravasation into left ventricle. Consider valve pathology. Thoracic aorta itself is normal in contour and caliber with no evidence of intimal flap, pseudoaneurysm or contrast extravasation.

OPINION: No evidence of traumatic injury to the aorta. Severe aortic regurgitation. Consider valve pathology.

DICTATED: [REDACTED] 1995
TRANSCRIBED: [REDACTED] 1995/pf

STAFF: [REDACTED]

STAFF: [REDACTED]

BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRÉD AND HOSPITALIZED

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with	To the extent possible,	(6) Posterior
(7) Upper Extremity	02.	within the organizational	(7) Superior
(8) Lower Extremity		framework of the AIS, 00	(8) Inferior
(9) Unspecified	The exceptions to this rule	is assigned to an injury	(9) Unknown
	apply to:	NFS as to severity or	(0) Whole region

Type of Anatomic Structure

	<u>Whole Area</u>
(1) Whole Area	(02) Skin - Abrasion
(2) Vessels	(04) Skin - Contusion
(3) Nerves	(06) Skin - Laceration
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion
(5) Skeletal (includes joints)	(10) Amputation
(6) Head - LOC	(20) Burn
(9) Skin	(30) Crush
	(40) Degloving
	(50) Injury - NFS
	(90) Trauma, other than mechanical

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 |

Head - LOC

- | |
|--------------------|
| (02) Length of LOC |
|--------------------|

- | |
|------------|
| (04) Level |
|------------|

- | |
|---------|
| (06) of |
|---------|

- | |
|--------------------|
| (08) Consciousness |
|--------------------|

- | |
|-----------------|
| (10) Concussion |
|-----------------|

Spine

- | |
|---------------|
| (02) Cervical |
|---------------|

- | |
|---------------|
| (04) Thoracic |
|---------------|

- | |
|-------------|
| (06) Lumbar |
|-------------|

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- | | | |
|--|--------------|-----------------------------|
| (1) Autopsy records with or without hospital/medical records | (1) Certain | (1) Direct contact injury |
| (2) Hospital/medical records other than emergency room (e.g., discharge summary) | (2) Probable | (2) Indirect contact injury |
| (3) Emergency room records only (including associated X-rays or other lab reports) | (3) Possible | (3) Noncontact injury |
| (4) Private physician, walk-in or emergency clinic | (9) Unknown | (7) Injured, unknown source |

UNOFFICIAL RECORDS

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air Bag Deployed
(HP, CN3)

Restrained?

___ No

☒ Yes

(CN3)

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
GivenUnits = 12Platelets
(CN3)

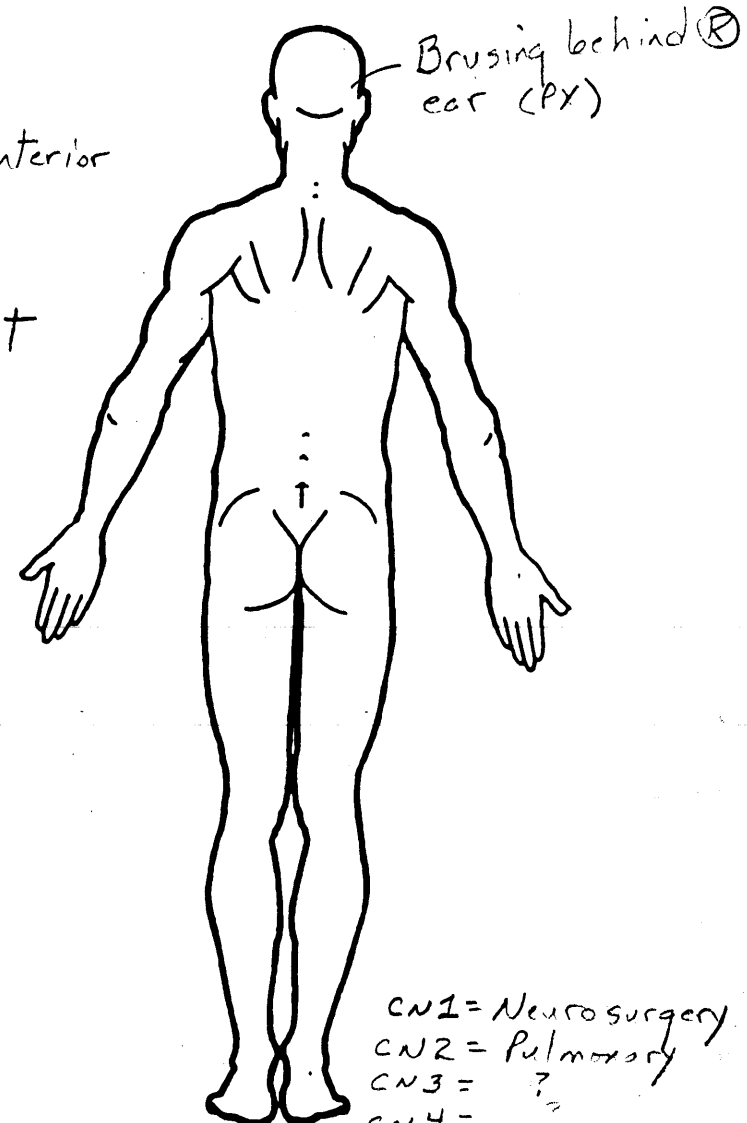
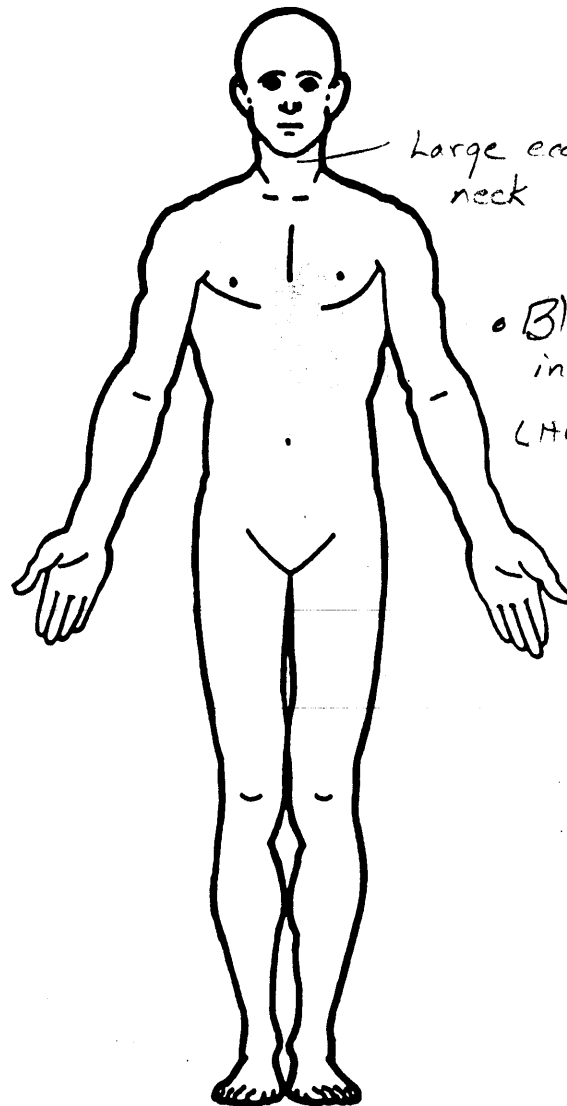
Arterial Blood Gases

pH = 7.44PO₂ = 65PCO₂ = 31.9HCO₃ = 24

(CN2)

Discharged 6/96 (Do)

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.)

Patient's chest hit air bag
(HP)

OFFICIAL INJURY DATA — SKELETAL 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.)

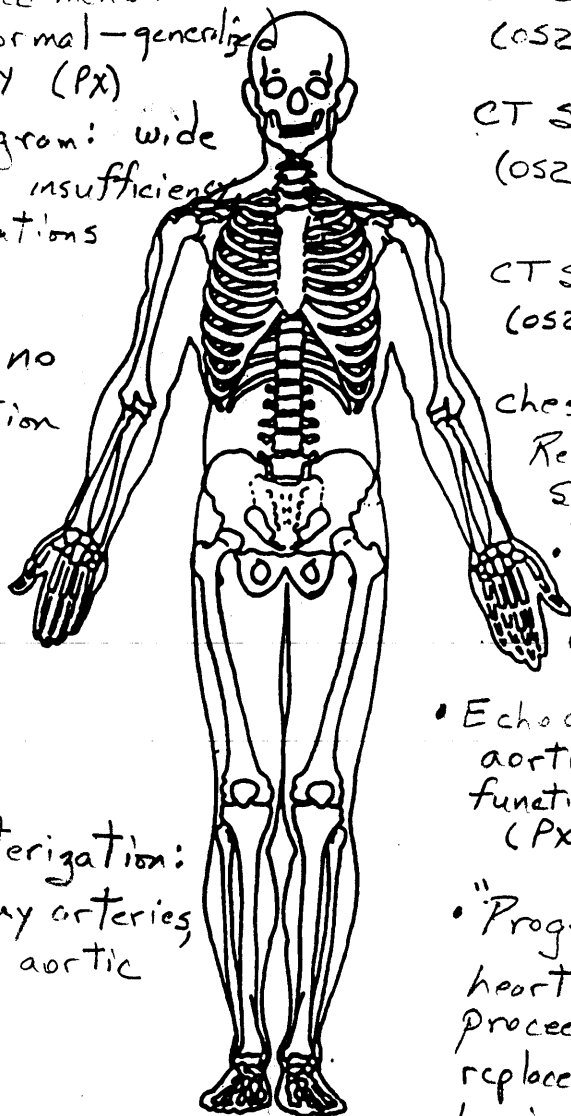
- Electroencephalogram: (Persistent altered mental status) Abnormal—generalized encephalopathy (PX)

- Echocardiogram: wide open aortic insufficiency but no vegetations (OSZ)

- Aortogram: no aortic dissection (OSZ, HP)

- Four vessel arteriograms: Negative (OSZ)

- Cardiac Catheterization: normal coronary arteries but wide open aortic insufficiency (OSZ, HP)



CT Scan Head: Negative (OSZ, CNZ, PX)

CT Scan Chest: Negative (OSZ, HP)

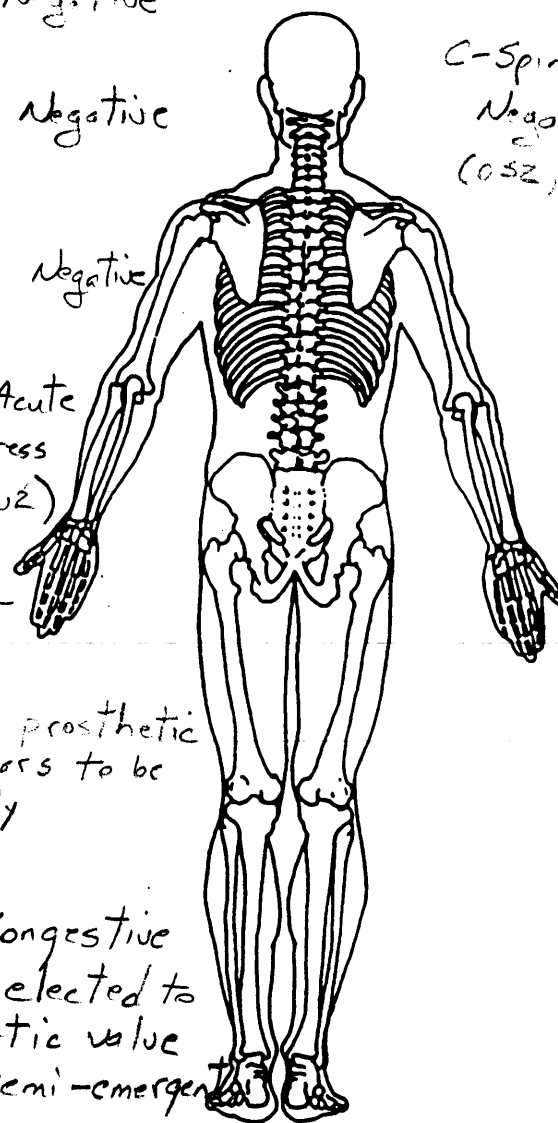
CT Scan Abdomen: Negative (OSZ)

Chest X-Ray: Acute Respiratory Distress Syndrome (CNZ)

• Bilateral pulmonary edema (PX)

- Echocardiogram: prosthetic aortic valve appears to be functioning properly (PX)

• "Progressed to Congestive heart failure... elected to proceed with aortic valve replacement on a semi-emergent basis" (OSZ)



C-Spine Series: Negative (OSZ, HP)

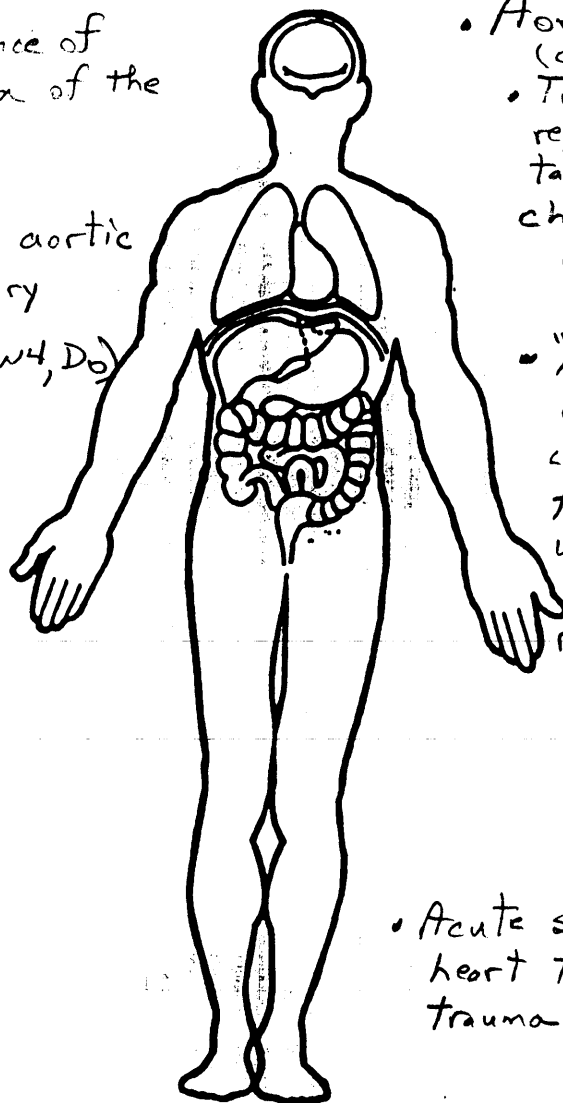
INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	(454) Unknown exterior objects
(010) Left instrument panel and below			
(011) Center instrument panel and below	INTERIOR		EXTERIOR OF OTHER MOTOR VEHICLE
(012) Right instrument panel and below	(151) Seat, back support		(501) Front bumper
(013) Glove compartment door	(152) Belt restraint webbing/buckle		(502) Hood edge
(014) Knee bolster	(153) Belt restraint B-pillar or door frame attachment point		(503) Other front of vehicle (specify): _____
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(154) Other restraint system component (specify): _____	ROOF	(504) Hood
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(155) Head restraint system	(201) Front header	(505) Hood ornament
(017) Windshield reinforced by exterior object (specify) _____	(160) Other occupants (specify): _____	(202) Rear header	(506) Windshield, roof rail, A-pillar
	(161) Interior loose objects	(203) Roof left side rail	(507) Side surface
	(162) Child safety seat (specify): _____	(204) Roof right side rail	(508) Side mirrors
	(163) Other interior object (specify): _____	(205) Roof or convertible top	(509) Other side protrusions (specify): _____
		FLOOR	(510) Rear surface
(019) Other front object (specify): _____		(251) Floor (including toe pan)	(511) Undercarriage
		(252) Floor or console mounted transmission lever, including console	(512) Tires and wheels
	AIR BAG	(253) Parking brake handle	(513) Other exterior of other motor vehicle (specify): _____
	(170) Air bag-driver side	(254) Foot controls including parking brake	(514) Unknown exterior of other motor vehicle
	(171) Air bag-driver side and eyewear		
LEFT SIDE	(172) Air bag-driver side and jewelry	REAR	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(051) Left side interior surface, excluding hardware or armrests	(173) Air bag-driver side and object held	(301) Backlight (rear window)	(551) Ground
(052) Left side hardware or armrest	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	(598) Other vehicle or object (specify): _____
(053) Left A (A1/A2)-pillar	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	
(054) Left B-pillar	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
(055) Other left pillar (specify): _____	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
(056) Left side window glass	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
(057) Left side window frame	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	(602) Flying glass
(058) Left side window sill	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(604) Air bag exhaust gases
(060) Other left side object (specify): _____	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	(697) Injured, unknown source
		(408) Modification to seat belts, (specify): _____	
RIGHT SIDE		(409) Additional or relocated switches, (specify): _____	
(101) Right side interior surface, excluding hardware or armrests		(410) Raised roof	

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 evidence of dissection of the aorta (OSZ)
- Traumatic aortic valve injury (CN2, CN3, CN4, DO)

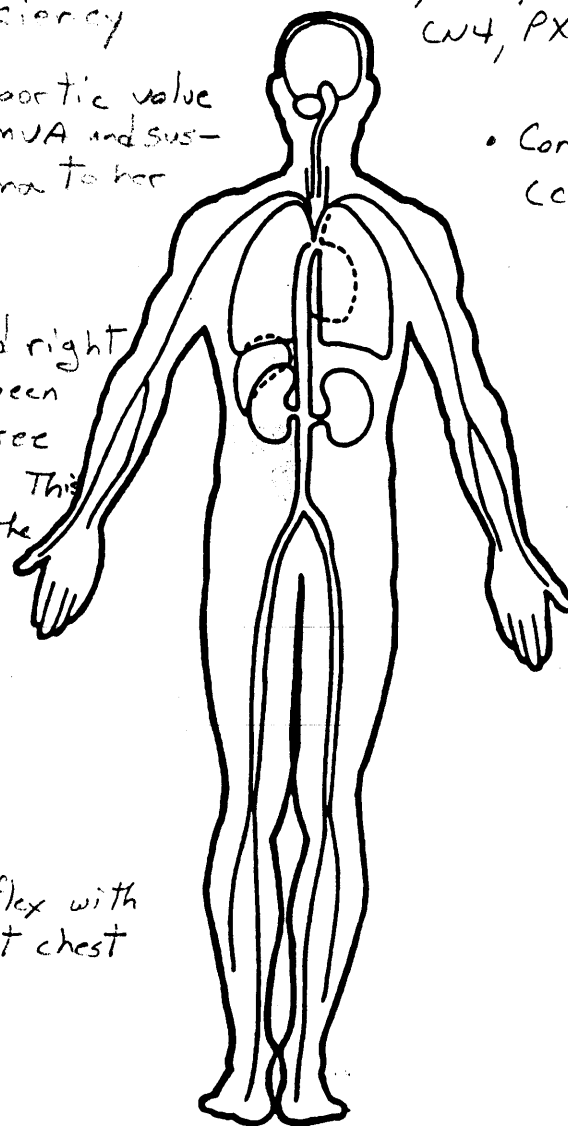


- Aortic Insufficiency (OSZ)
- Two days prior to aortic valve replacement had a MVA and sustained blunt trauma to her chest (OSZ, HP)
- "Noncoronary and right cusp had both been completely torn free from the annulus. This was the cause of the wide open aortic regurgitation." (OSZ)

- Acute severe aortic reflex with heart failure s/p blunt chest trauma (HP)

- Closed head injury (OSZ, CN1, CN2, CN3, CN4, PX, DO)

- Concussion (CN2)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses' notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Do Discharge Orders

[REDACTED]
[REDACTED]
[REDACTED] Tennessee

OPERATIVE REPORT

NAME: [REDACTED] Hospital #: [REDACTED]

DATE OF PROCEDURE: [REDACTED]/95

CARDIAC CATHETERIZATION #: 4859

STAFF SURGEON: [REDACTED]

RESIDENT SURGEON: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

PREOPERATIVE INDICATIONS: Acute aortic insufficiency.

CARDIAC CATHETERIZATION PROCEDURE: The patient signed consent and was then premedicated with 25 mg of Benadryl and 5 mg of Valium and transported to the Cardiac Catheterization Suite where she was prepped and draped in the usual sterile fashion. Local anesthesia was applied using 1 percent lidocaine with approximately 30 cc. Following anesthesia, using the Seldinger technique, the right femoral artery was cannulated and an 8 French arterial sheath was placed in the right femoral artery. Through the arterial sheath, an 8 French pigtail catheter was advanced over the guide wire to the level of the aortic valve. At that time, aortic pressures were recorded. The catheter was then advanced into the left ventricle and left ventricular pressures were recorded and end diastolic pressure recorded. The catheter was then advanced and a left ventriculogram was obtained in the 30 degree right anterior oblique position. Following left ventriculogram, a left end diastolic pressure was again recorded. Following that, the catheter was then pulled retrograde across the aortic valve and an aortic root shot was taken in the right anterior oblique projection.

Following aortic root projection, the pigtail catheter was exchanged over a guide wire for an 8 French JL4 catheter which was advanced over the guide wire to the left coronary ostium. The guide wire was removed. The left coronary ostium was cannulated and angiogram of the left coronary system were obtained in multiple projections.

The JL4 coronary artery catheter was then exchanged for an 8 French JR4 catheter which was advanced to the level of the right coronary

CONTINUED

[REDACTED]
[REDACTED]
[REDACTED] Tennessee

OPERATIVE REPORT

NAME: [REDACTED] Hospital #: [REDACTED]

PAGE 2

ostium and the right coronary ostium was cannulated. Angiograms of the right coronary system were obtained in multiple projections.

Following coronary angiography, a Swan-Ganz catheter was advanced through the right femoral vein under fluoroscopy up to the right pulmonary artery and into the wedge position. Appropriate pressures were measured and recorded as was cardiac output and the catheter was left in place. The patient tolerated the procedure well. There were no complications.

[REDACTED]
[REDACTED]
Dictated by [REDACTED]
BB/RAB/mos222
D: [REDACTED]/96
T: [REDACTED]/96
JOB# [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] Tennessee

OPERATIVE REPORT

[REDACTED] Hospital #: [REDACTED]

DATE OF PROCEDURE:

[REDACTED]/[REDACTED]/95

STAFF SURGEON:

RESIDENT SURGEON:

PREOPERATIVE DIAGNOSIS: 1. Aortic insufficiency.

POSTOPERATIVE DIAGNOSIS: 1. Aortic insufficiency.

OPERATION: 1. Aortic valve replacement with #21 millimeter St. Jude valve, serial # [REDACTED], model [REDACTED]

ANESTHESIA:

INDICATIONS: This patient is a 40 year old female, who, two days prior, had had a motor vehicle accident and sustained a blunt trauma to her chest. She also had a closed head injury. She underwent extensive work up with a computerized tomography scan of her head and chest, which were negative; computerized tomography scan of her abdomen, which was negative; and spine series, which was negative. She became increasingly confused and short of breath, and was noted to have a murmur of aortic insufficiency and underwent echocardiogram, which revealed wide open aortic insufficiency. Because of this, aortogram was done, which revealed no aortic dissection. She also had a four vessel arteriogram, which was negative. She then had a cardiac catheterization, which revealed normal coronaries but wide open aortic insufficiency. The echocardiogram did not reveal any vegetations. She had progressed to congestive heart failure and we elected to proceed with aortic valve replacement on a semi-emergent basis.

DESCRIPTION OF PROCEDURE: The patient was brought to the Operating Room and placed on the operating table in the supine position. After the induction of general endotracheal anesthesia, the chest was prepped and draped for aortic valve replacement.

A median sternotomy was performed. Pericardium was opened, and stay sutures in the pericardium were placed. The patient was

CONTINUED

[REDACTED]
[REDACTED]
[REDACTED] Tennessee

OPERATIVE REPORT

[REDACTED] Hospital #: [REDACTED]

PAGE 2

placed on cardiopulmonary bypass after systemic heparinization with a single aortic cannula to the ascending aorta and a two-stage venous return line to the right atrium and inferior vena cava.

After initiation of cardiopulmonary bypass, the patient was cooled to 25 degrees centigrade systemically and the aorta was crossclamped. Cardioplegic solution was instilled in a retrograde fashion to a myocardial temperature of 13 degrees centigrade and then was instilled intermittently throughout the procedure. The left ventricle was vented through the right superior pulmonary vein. The aorta was opened in a hockey-stick fashion and the aortic valve was inspected. The findings revealed that the noncoronary and right cusp had both been completely torn free from the annulus. This was the cause of the wide open aortic regurgitation. There was no evidence of calcification in the annulus and there was no evidence of vegetations on the valve. The anterior leaflet of the mitral valve seen through the aortic annulus was normal. The aorta was normal in size and there was no evidence of dissection of the aorta. The remainder of the valve was cut out and the non-pledgeted interrupted valve sutures were placed in the annulus. These valve sutures were then placed through the sewing ring of the valve. The valve had been sized to a #21 millimeter and we used a St. Jude bioprosthesis. Once the valve sutures were in place in the valve sewing ring, the valve was seated into the annulus and tied with the interrupted sutures. Sutures were then cut and the valve seated very nicely. Once in place, the aorta was then closed in two layers with running 3-0 Prolene sutures with two pledgets at either end. The aortic crossclamp was released and deairing maneuvers were then performed. Once the heart was deaired, it was cardioverted and was converted into a normal sinus rhythm. Two pacing wires were placed in the ventricle and two in the right atrium, and brought out through separate stab wound incisions. Then the patient was weaned off cardiopulmonary bypass.

Hemodynamics were good. The heart was decannulated. Hemostasis was achieved. Heparin was reversed with Protamine. The wound was thoroughly irrigated and closed in layers after two chest tubes were placed in the mediastinum. The sternum was rewired with interrupted wires and the remainder of the wound in layers with Dexon. Skin was closed with skin clips. The patient tolerated the

CONTINUED

[REDACTED]
[REDACTED]
[REDACTED] Tennessee

OPERATIVE REPORT

[REDACTED] Hospital #: [REDACTED]

PAGE 3

procedure. All needle and sponge counts were correct. Total pump time was 1 hour and 41 minutes. Crossclamp time was 62 minutes. It should be noted that the patient did receive aprotinin during the procedure.

[REDACTED]
[REDACTED]
BW/mos830

D: [REDACTED]/[REDACTED]/95

T: [REDACTED]/[REDACTED]/95

JOB#

Medical Group, Inc.

Department of Pathology
Division of Surgical Pathology

TN

Director

LAST NAME FIRST NAME/MI ROOM NO. HOSPITAL OR CLINIC SURG. PATH. NO. S95-8697
UTMG #

ADDRESS

BIRTHDATE

AGE

SEX

UNIT NO.

40

FW

073472

MS

PHYSICIAN

PREV PATH NO

DATE OBTAINED

DATE REC'D

HOUR

95

95

PM

CLINICAL FINDINGS Aortic Valve Disease, regurg.

OP & DX
FINDINGS

SPECIMEN RT. AORTIC VALVE LEAFLET

REPORT

MACROSCOPIC:

(VS:cd)

Received in fixative with the patient's name and no identification of the specimen on the container is a gray-white, triangular, fragment of soft tissue which measures .9 x .5 x .2 cm. in greatest dimension. The fragment is lined by a smooth, glistening, gray-white surface. Totally submitted to be embed on edge, 1 piece.

DIAGNOSIS:

AORTIC VALVE, RIGHT LEAFLET, AORTIC VALVULOPLASTY:

PORTION OF VALVE LEAFLET SHOWING SURFACE FIBRINOID CHANGE WITH CENTRAL AREAS OF MYXOID DEGENERATION.

ICD 9 CODES

SURGICAL PATHOLOGY REPORT

cd 95

Hospital

Tennessee

Clinical History

HOSPITAL

CHIEF COMPLAINT	Severe A.I. s/p blunt chest trauma hyper husband
PRESENT ILLNESS	40 y.o. WM s/p MVA ~ 30° air, pt's chest hit air bag. Chest CT (3) on adm & new @ c/w A.I. not hemibody trauma. Pt in Med ICU was tachycardic intermittently hypoxemia + hypotensive. Pt was also noted to have soft S, DM not holopneumothorax. Aortic Reflex hyperdynamic apical impulse. TEE → severe A.I. flail aortic + mitral leaflets, Dokes sig. significant lesion LV SFI is severe & LV is not dilated. Pt went to cath lab → normal coronary arteries, Ao 109/40 PA 27/10 RMP 18 PWP 10 CO 6. Aorticogram (3) for dissection, reported tonight to RPO small dissection @ aorta → severe A.I. + dilated root, no intimal flap identified, no clear evidence of intimal tear.

PAST HISTORY	chronic PMH, PSH last child 16 yrs ago child ago	?PCN None
--------------	--	--------------

① to 1 p.m., on EKG, ECG, PDA

Factor ↓ prostate ca prostate cancer
DM, DM

HOUSE
STAFF

DATE

ATTENDING
PHYSICIAN

DATE

CLINICAL HISTORY

Hospital

Tennessee

HOSPITAL

Physical Examination

T.	100 ^s	P.	110	R.	24	B.P.	99/46	HT.	0.84m 94	WT.	
GENERAL APPEARANCE	WOWWF awake & neck collar and face mask pt asking for H ₂ O & pulling face mask off. 100% O ₂ NR										
HEAD AND NECK	neck collar (fix per M. Rulph), neck collar left on for comfort (?), large neck collar 90- day EOMI, PENN, ant neck										
EYES, EARS, NOSE, THROAT & MOUTH	90- day EOMI, PENN, ant neck										
THORAX & LUNGS, INCLUDING BREASTS:	essentially CTAB										
HEART AND BLOOD VESSELS	heart III/VI DM not holosystolic, tachycardia, RR hyperdynamic apical pulse										
ABDOMEN:	min BS, S, NTND, & mass										
SKIN AND LYMPHATICS	① knee ? petechiae										
BACK AND EXTREMITIES	pale										
NERVOUS SYSTEM:	moves all ext										
GENITALIA, ANUS AND RECTUM:	deferred deferred										
PROVISIONAL DIAGNOSIS	severe Aortic Reflex acute, AN & heart failure 90 heart chest trauma										
PLAN OF ACTION	Admit CCH, cardiology follow-up pt, maintain ↓ GIN & SAP 90-110. Limit to control overload. For surgery in a.m. Bx2, start enzyme, gbx										
HOUSE STAFF	DATE 10/15 ATTENDING PHYSICIAN										
10/80 UTMCTWFB.0001	DATE 10/15 PHYSICAL EXAMINATION										

IN
ICU3-1
CO

Hospital

Report of
Consultation

HOSPITAL

Tennessee

Doctor: 1/55 40 W F M 95

Service: 2045

Neurosurg.

Please see above patient in regard to:

40yo s/p MVA closed head
injury.

Requesting Physician:

Service:

Request Date:

Dr. _____:

CONSULTANT'S REPORT

40YOMF MVA on Tuesday @ local CT scan. Now s/p
to Velve replacement. Other history will document in chartexam No sedation since 1200

Conjugate eye movement.

GS = E4 + M5 + VI → intub 19/15
intubated

Open eyes spontaneously s/p voice

Pupils 2mm sluggish.

Briskly with (R) s/l > (L)

Moves all 4 ext. spontaneously

Will not follow commands.

Intubated. Intubated

Seen CD Smith

ASMT Mild to mod CHI.

Encephalopathic exam.

12 95
1640

Re: 1. Hemodynamic support.

2. Will follow.

3. Repeat head in AM

HOUSE STAFF/DATE

ATTENDING PHYSICIAN/DATE

CHART COPY

CN1

ICU3-1

CO

073472

Hospital

Report of
Consultation

Doctor:

MS

Service:

Pul

Please see above patient in regard to:

Pt. S/P AVR manage Ventilator
Aortic Valve Replacement

Requesting Physician:

Service:

Med.

Request Date:

12/1/95

Dr. _____:

CONSULTANT'S REPORT

40 yr old WF E MVA S/P traumatic aortic valve injury - replaced POP #4
w/ St Jude valve.

PMH: Med. P - S. + 1 PP smoker.

IC: becomes agitated off diprivan sedation. now on diprivan Tmap 10/1000

chest: CTA on (RT). left @ crackles. Lab:

Cr: RRB & gallop.

EXT: edema.

148/119/7
4.1/23/0.7
B: 9
Ca: 7.8 Mg: 2.2
13.2/11.6/9.8
33.8

Aortic Valve Replacement 7.44/31.9/65/24/95.1 on

Imp/Rec: 1) S/P MVA S/P AVR

2) Early ARDS

3) Concussion 2nd MVA

4) b/d mental status

Acute Respiratory
Distress Syndrome

SIMV - 12 R/R: 12 TV: 700 PEEP: 7.5
PIS: 5

CO/CI: 5.6/4.0 SVR: 187 PAD: 13

XRay chest: Eon ARDS.

Plan: 1) Adjust. endotracheal as able

2) Continue ventilator, use Diprivan for sedation

HOUSE STAFF/DATE

Pulm / Critical Care Staff

See progress notes

ATTENDING PHYSICIAN/DATE

Hospital
Tennessee

Report of Consultation

Doctor: **MS** Service: **heme/onc.**

Please see above patient in regard to:

5/p AVR - 6 ppts. — (decreased platelets)
Aortic Valve Replacement

Requesting Physician: Service: Request Date: **1/10/95**

Dr. _____

CONSULTANT'S REPORT

40yW 5/p MVA **CT Scan** had closed head injury - skull fracture + blunt chest trauma (seat belt + air bag) had trauma to Aortic valve + required emergent AV replacement on **St Jude** valve. since hospitalization has had control of plt count.

Intubated sedated + depressed
mucous OK
2. purr
Zantac 450 qid - DIC
Vanc T₂ 8/12
Gent 60 qid
Jersal 2-4 qid
MSO₄ 2-4 qid
Tylenol
I heparin 0.625 qid
hepatic dysfunction + DIC
Hct 33 WBC 12.9
Hgb 11.1
Platelets 12.9
PT 13.5
APTT 35.0
Fibrinogen 1.0
D-dimer 1.0
T₁₀ 10¹⁵ Hb 120 g/L
Schistocytes 4 ppts
mild - polycythemia
lungs - CTAD
but regular tachy
Hct 31 WBC 12.9
Hgb 11.1
Platelets 12.9
PT 13.5
APTT 35.0
Fibrinogen 1.0
D-dimer 1.0
T₁₀ 10¹⁵ Hb 120 g/L
Schistocytes 4 ppts
mild - polycythemia
lungs - CTAD
but regular tachy
Hct 31 WBC 12.9
Hgb 11.1
Platelets 12.9
PT 13.5
APTT 35.0
Fibrinogen 1.0
D-dimer 1.0
T₁₀ 10¹⁵ Hb 120 g/L
Schistocytes 4 ppts
mild - polycythemia
lungs - CTAD
but regular tachy

5/p 12 units platelets finished 3pm.
App - ① ↓ plt count - E Tmpv (bone marrow aspirate) Hct stable, WBC stable.
drug (low prob. minimal use of) vs infection vs sepsis - V DIC profile, petechiae, bleeding, low fibrin, prothrombin, vs TTP vs thrombocytopenia

② 5/p AVR - will need anticoagulation
avoid likely need to start low dose heparin - want to follow plt closely - do not feel this due to heparin antibodies
③ cont to follow CBC, plt, 1 v 10 post transfusion plt count (see if Antibody)
Fibrinogen, D-dimer now + Am. will cont. to follow.

Agree with above, which we have discussed.
Pt appears to have thrombocytopenia due to peripheral utilization but has a risk of thrombosis of St Jude valve. We will assess pt survival by plt at 1 hr post 12 plt units given. We recommend heparin 5000 unit bolus and 11-12 units/kg/hr until plt count is beginning to increase. FOLLOW UP 1/10/95 CMC

allergy
PCN
chemo
φ
sore
16yo child
i pps TDS
occ. ETOH
occasional
PMH
none
PSH
none

We realize there is some risk of bleeding but feel risk of AV thrombosis is greater

HOUSE STAFF/DATE **Dubinsky**

ATTENDING PHYSICIAN/DATE **CMC**

Hospital

Report of Consultation

Tennessee

HOSPITAL

Doctor: 155 40 135

Service: _____

Please see above patient in regard to:

Requesting Physician:

Service:

Request Date

Dr. _____

Aortic Valve Replacement

CONSULTANT'S REPORT

Acute Respiratory Distress Syndrome

40% WF 2⁵/p MVA on 1/95 trauma (aortic valve injury & closed head injury 3/4 AVR MVA CMT. ARDS still on antibiotics. She was extubated 3 days ago, gradually improved, but ^{acts} speak inappropriately. Sometimes agitated. no sedation medications. AKA of weakness & numbness. ^{hypoxia} ^{encephalopathy} ^{followed by} was the 2nd neurosurgeon for long time. had agitated yesterday. today his husband + nurse ^{nurse} said she is calm. better than yesterday. transfer to ER pm. Spoke. VSS. Awake, alert. not answer questions correctly. speak + ^{acts} inappropriately, but his husband said she did have some ^{periods} of clear mind.

CV: March 20th. Daylight. Indoor - male i² + unresponsive
 mt: 5/5 all over. re + 7th. Gail ^{unable} to test.

DTR DM: 2-31. tab 14. to ^{commands} command today

labs/dates: no obvious Δ 's. from day to day. WBC 24000

CP-hand: 2 E6: cerebropathy

Made: Comand. M30. pm Magni. Vessed. 1 ylenel album peracet. 10

bp: Encephalopathy. ³/p. closed head injury. ~~_____~~

will repeat EKG to compare. HOUSE STAFF/DATE - Chuck TFI
 - my ^{consider} ^{hard} ^{continue} ^{to} ^{have} ^{symptoms} ^{symptoms}
 - ^{complication} ^{may} ^{relate} ^{to} ^{occult} ^{infection} ^(Tuberc.) ^{or} ^{hypoparathyroidism}
 - ^{get} ^{it} ^{checked} ^{and} ^{related} ^{to} ^{occult} ^{infection} ^(Tuberc.) ^{or} ^{hypoparathyroidism}
 + medical effect (persecution).

- mit $F_n \in \mathcal{F}_n$.

See progress notes.

Case D/W Dr.

ATTENDING PHYSICIAN/DATE

Tennessee

PATIENT LOCATION: ICU

ACCOUNT NUMBER: [REDACTED]

PATIENT: [REDACTED]
ATTENDING PHYSICIAN: [REDACTED] D.
PATIENT DOB: [REDACTED] PATIENT SEX: F
PATIENT ADDRESS 1: [REDACTED]
PATIENT ADDRESS 2: [REDACTED], MS [REDACTED]

MR. NUMBER: [REDACTED]
ADMISSION DATE: [REDACTED] /95
PATIENT AGE: 40

DIAGNOSIS: AORTIC INSUFF.

CHEST, PORTABLE: [REDACTED]-95, 0505 HOURS: There is an endotracheal tube approximately 3 centimeters above the carina. Swan Ganz catheter enters via the right subclavian coiled in the region of the tricuspid valve and in the region of the right ventricle with distal tip pointing toward the left main pulmonary artery. Heart size is within normal limits with bilateral predominately perihilar and upper lobe air space disease, likely representing bilateral pulmonary edema.

[REDACTED]

Run: [REDACTED] /95 by [REDACTED]

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RADIOLOGY CONSULTATION AND REPORT
CHART COPY

Page 1 of 1

IN
ICU3-1
EO

95
ELECTROENCEPHALOGRAM

EEG REPORT

HISTORY: 40 year old female who was admitted after a MVA on 7/7/95. She had a blunt chest injury and a closed head injury. She is s/p aortic valve repair and has persistent altered mental status. At the time of the EEG she is on a Diprivan drip.

DESCRIPTION: This EEG was performed portable. The background activity consists of low voltage activity which is essentially less than 30uV in amplitude. There is a mixture of faster frequencies in the 12-15 hz. range and some irregular theta frequencies in the 5-8 hz. range. There are periods of time when the intermixed faster frequencies are more prominently seen alternating with other periods of time where there is very low voltage and not easily identified activity. There are also generalized delta waves usually in a burst like fashion with one or two waves. There is no asymmetry appreciated and no epileptiform discharges are seen.

A noxious stimulus was not given.

IMPRESSION: This EEG is abnormal due to the presence of very low voltage activity with an abundant amount of intermixed slow activity. This is most consistent with a generalized encephalopathy without focal features or epileptiform activity. It is probably most consistent with a moderate dysfunction. Clinical correlation is recommended.

It is of note that the patient is on a Diprivan drip during the EEG and this probably has some bearing on the activity.

TEST DATE

PHYSICIAN'S SIGNATURE

1st Copy — Chart Copy

2nd Copy — File Copy

3rd Copy — EEG Tracing Copy

Tennessee

PATIENT LOCATION: ICU

ACCOUNT NUMBER: [REDACTED]

PATIENT: [REDACTED]
ATTENDING PHYSICIAN: [REDACTED]
PATIENT DOB: [REDACTED] PATIENT SEX: F
PATIENT ADDRESS [REDACTED]
PATIENT ADDRESS [REDACTED]

MR NUMBER: [REDACTED]
ADMISSION DATE: [REDACTED]/95
PATIENT AGE: 40

DIAGNOSIS: AORTIC INSUFF.

CLINICAL: RULE OUT CVA. MVA. BRUISING BEHIND RIGHT EAR. PATIENT
NONRESPONSIVE.

CRANIAL CT, [REDACTED] 95: Exams performed without contrast material. Brain,
ventricles, subarachnoid spaces and bony calvarium intact.

OPINION: NEGATIVE.

Run: [REDACTED] 95- [REDACTED] by [REDACTED]

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Page 1 of 1

HOSPITAL

PATIENT LOCATION: ICU

ACCOUNT NUMBER: [REDACTED]

PATIENT: [REDACTED]

ATTENDING PHYSICIAN: [REDACTED]

PATIENT DOB: [REDACTED] PATIENT SEX: F

PATIENT ADDRESS: [REDACTED]

PATIENT ADDRESS: [REDACTED]

MR NUMBER: [REDACTED]

ADMISSION DATE: 7/1/95

PATIENT AGE: 40

DIAGNOSIS: AORTIC INSUFF.

CLINICAL: POST AORTIC VALVE REPLACEMENT.

CHEST, PORTABLE, [REDACTED] HOURS, [REDACTED] 95: Compared with yesterdays exam. Bilateral perihilar infiltrates, greater on the left, with slight clearing. ET tube remains in good position. NG tube enters the stomach, but tip is not seen. Central venous catheter tip remains in the right atrium.

IMPRESSION: SLIGHT CLEARING BILATERAL PERIHILAR INFILTRATES FROM YESTERDAYS EXAM.

Run: [REDACTED] /95- [REDACTED] by [REDACTED]

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Page 1 of 1

[REDACTED]
[REDACTED]
[REDACTED] Tennessee [REDACTED]

PATIENT LOCATION: ICU

ACCOUNT NUMBER: [REDACTED]

PATIENT: [REDACTED]

ATTENDING PHYSICIAN: [REDACTED]

PATIENT DOB: [REDACTED]

PATIENT SEX: F

PATIENT ADDRESS [REDACTED]

PATIENT ADDRESS [REDACTED]

MR NUMBER: [REDACTED]

ADMISSION DATE: [REDACTED] / 95

PATIENT AGE: 40

DIAGNOSIS: AORTIC INSUFF.

CLINICAL: AORTIC INSUFFICIENCY. S/P MEDIAN STERNOTOMY, AVR.

CHEST, PORTABLE, [REDACTED] HOURS, [REDACTED] 95: Compared with multiple prior exams. Bilateral basilar and perihilar infiltrates, with slight progression from yesterdays exams. ET tube and NG tube are in good position. Central venous catheter tip in the right atrium without change. Heart normal size.

IMPRESSION: MILD PROGRESSION OF BILATERAL PULMONARY INFILTRATES.

[REDACTED]

Run: [REDACTED] /95- [REDACTED] by [REDACTED]

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Page 1 of 1

PATIENT LOCATION: ICU

ACCOUNT NUMBER: [REDACTED]

PATIENT: [REDACTED]
ATTENDING PHYSICIAN: [REDACTED]
PATIENT DOB: [REDACTED] PATIENT SEX: F
PATIENT ADDRESS [REDACTED]
PATIENT ADDRESS [REDACTED]

MR NUMBER: [REDACTED]
ADMISSION DATE: 7/1/95
PATIENT AGE: 40

DIAGNOSIS: AORTIC INSUFF.

CLINICAL: AORTIC INSUFFICIENCY. S/P MEDIAN STERNOTOMY, AVR.

CT HEAD WITHOUT CONTRAST, 7/1/95: Motion artifact degrades the quality of the exam.

Exam was repeated after patient was sedated. Good quality study. No mass, midline shift, area of edema or hemorrhage. Calvarium intact.

IMPRESSION: NEGATIVE.

Run: 7/1/95- [REDACTED] by [REDACTED]

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Page 1 of 1

ECHOCARDIOGRAPHY LABORATORY

NAME: [REDACTED]

SS# [REDACTED]

MR# [REDACTED]

AREA: [REDACTED]

STUDY DATE: [REDACTED] 96

TAPE: A4-1980;4607

IMAGE QUALITY: LIMITED TO ESTIMATES. POOR PATIENT COOPERATION

REASON FOR STUDY: BASELINE 21 ST. JUDE AVR

MEASUREMENTS:

LVIDd(<56):mm	LADs(<40):mm	AoDd(<35):mm	LVle(50-120):cm/s
LVIDs(<45):mm	RVIDd(<44):mm	AoVex(15-26):mm	LVla(15-100):cm/s
FS(>25):%	RADs(<46):mm	MVex(26-37):mm	LVli(10-20):cm/s
EF(>50):%			LVOp(80-170):cm/s
PWTd(<=11):mm			LVOi(15-25):cm/s
IVSTd(<=11):mm			E:A(age dep):
LV Mass(<203):g			

CHAMBERS:

Grossly normal.

VENTRICULAR WALL THICKNESS:

Normal.

VENTRICULAR SHORTENING:

Mild septal asynchrony, otherwise normal.

VALVE MORPHOLOGY/MOTION:

Tilting disc valve in the aortic position which is incompletely visualized. No obvious abnormalities.

PERICARDIUM/PERICARDIAL:

No effusion.

DOPPLER:

Peak transaortic velocity is 2.8 m/sec with a peak gradient of 32 mmHg and a mean gradient of 16 mmHg. No aortic regurgitation seen.

SUMMARY AND CONCLUSIONS:

Technically limited study. A prosthetic valve is in the aortic position and appears to be functioning normally. If a more accurate assessment of the aortic valve is necessary, consider TEE.

[REDACTED]
M.D.

IN
222-1
-00Discharge
Orders

PRINCIPAL DISCHARGE DIAGNOSES 95

1. 40 424.1

OTHER DISCHARGE DIAGNOSES:

1. MVA Trauma Closed Head Injury E819.0
2. Pneumonia - Multirespiratory Distress Syndrome 518.5
3. Thrombocytopenia 887.5
4. Hypohalemia 276.8

REASON FOR ADMISSION:

MVA Traumatic AI

PROCEDURES AND/OR OPERATIONS:

1. AUR ST Jude #21A-101 #6076118 DATE 1/15/95
2. EEG 35.20, 39.61, 37.23, 88.56, 08.54, 30.22 DATE 1/15/95
3. Biopsy DATE 1/15/95

DISCHARGE MEDICATIONS:

DRUG/DOSAGE/INDICATION:

Coumadin 4mg (4-1mg tabs) AT 5PM daily

PATIENT INSTRUCTIONS

- DIET: Regular & No Added salt AT Table - CAT Frequent small amounts
- PHYSICAL ACTIVITY: As tolerated - "Fall precautions" No Lifting over 10 pounds x 3 months
- SPECIAL INSTRUCTIONS: No driving Auto x 3 mos. Specific written instructions and Booklet Lett & pt & husband. Shower soap & water daily
No drinking - No Smoking! No Aspirin - No Ibuprofen!

FOLLOW-UP CARE

TO REFERRING PHYSICIAN OTHER INSTITUTION HOME

TO EXTENDED CARE FACILITY

OTHER (SPECIFY)

NAME AND ADDRESS OF PHYSICIAN WHO WILL FOLLOW PATIENT:

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

ONLY THE COMPLETION OF THIS FORM CONSTITUTES A DISCHARGE ORDER

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FOLLOW-UP PHYSICIAN VISITS**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		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.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
		(0) Whole region	
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

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

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (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 RECORDS

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

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

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

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Height: 61" Weight: 21 lbs. (FU2)

(FU2)

83 lbs. (FU3)

92 lbs. (FU4)

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.)

Sutures in scalp removed (FU1)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

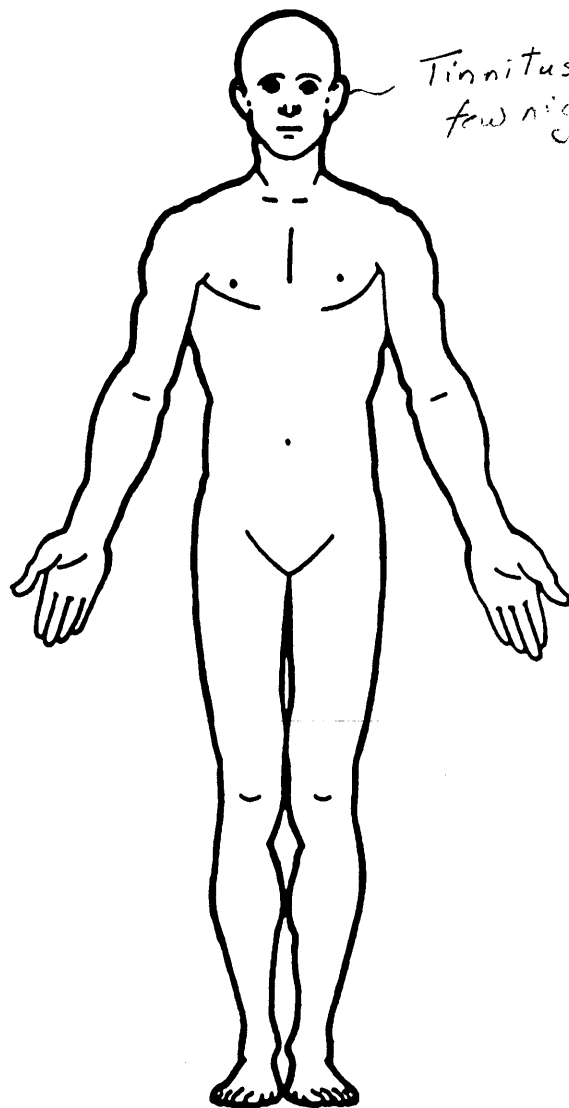
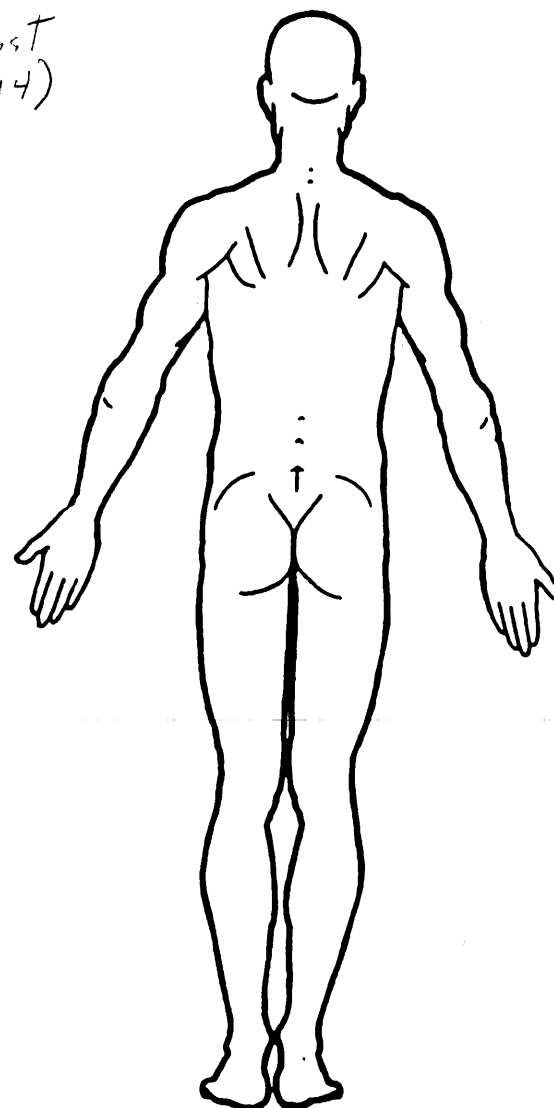
GCSS = ___

Units of Blood
Given

Units = ___

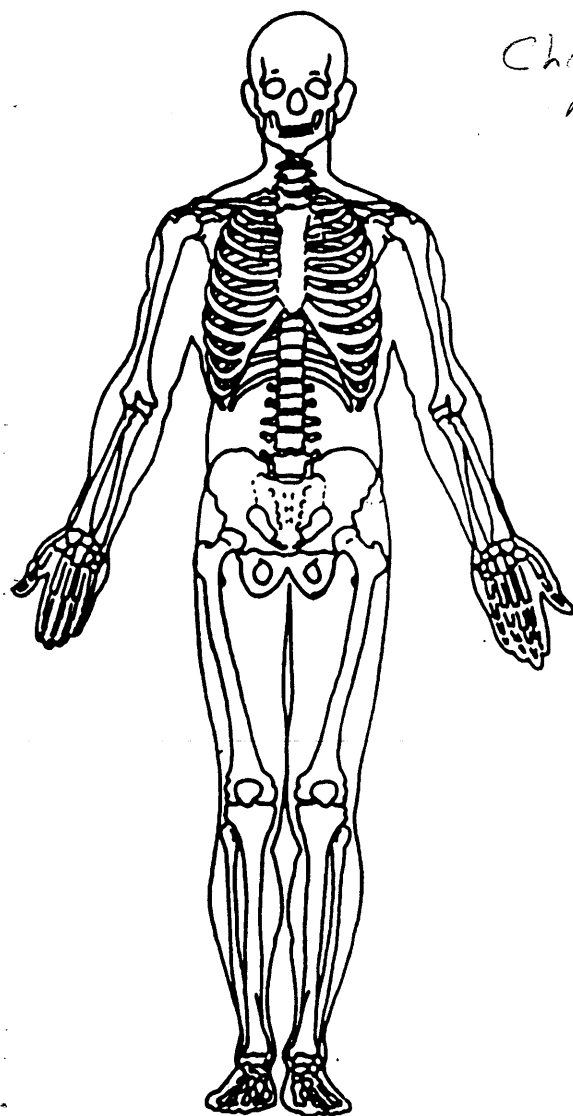
Arterial Blood Gases

pH = ___

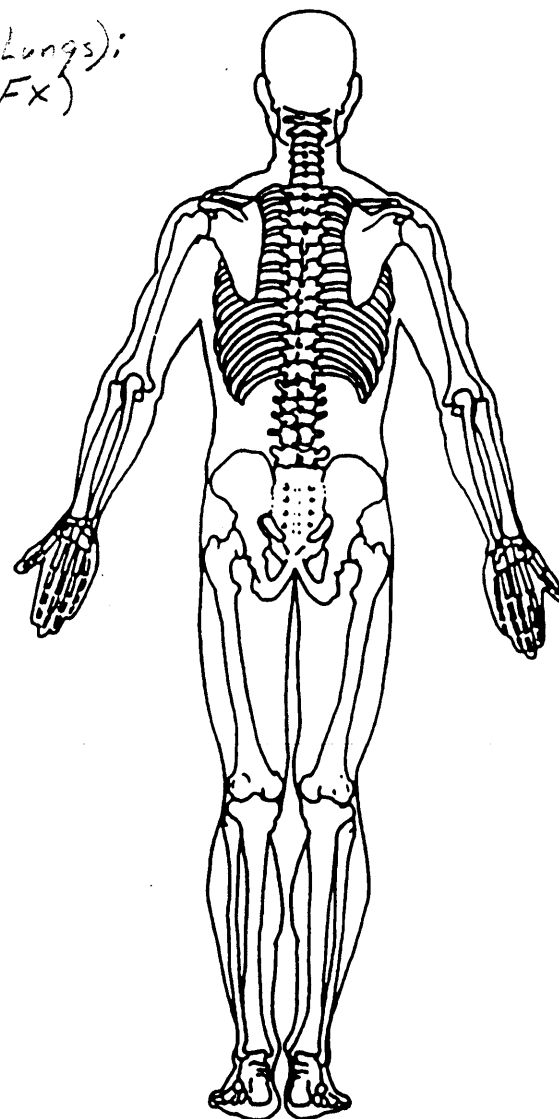
PO₂ = ___PCO₂ = ___HCO₃ = ___Tinnitus (ear) post
few nights (FU4)

OFFICIAL INJURY DATA — SKELETAL 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.)



Chest (Heart + Lungs):
Normal (Fx)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):

(599) Unknown vehicle or object

NONCONTACT INJURY

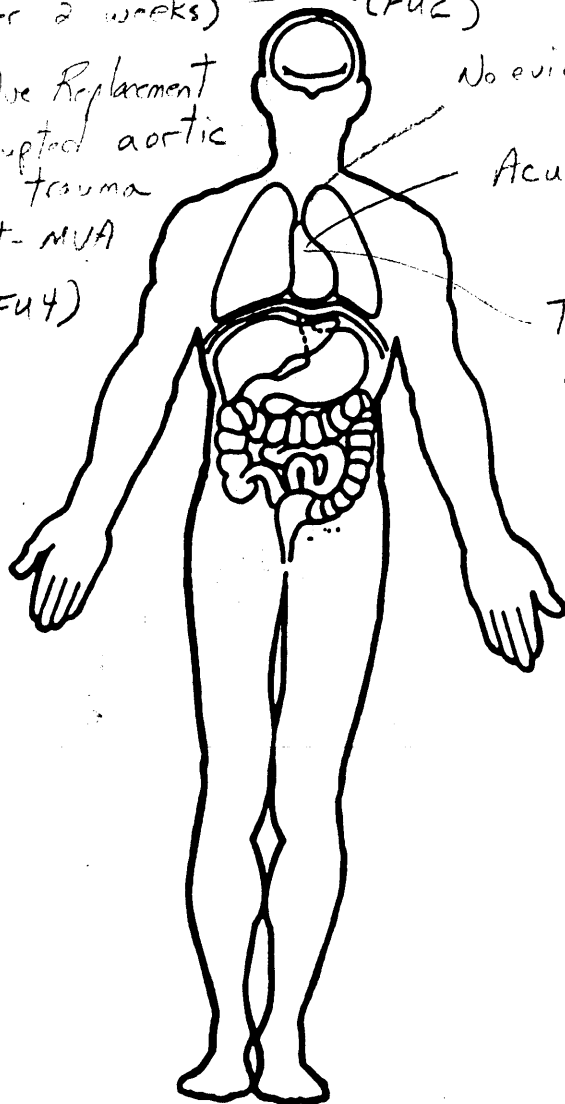
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

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.)

• ARDS (Acute Respiratory Distress Syndrome) with prolonged intubation (just under 2 weeks) (FU2)

Aortic Valve Replacement for a disrupted aortic valve from trauma 12/95 post-MVA (FU1, FU2, FU4)

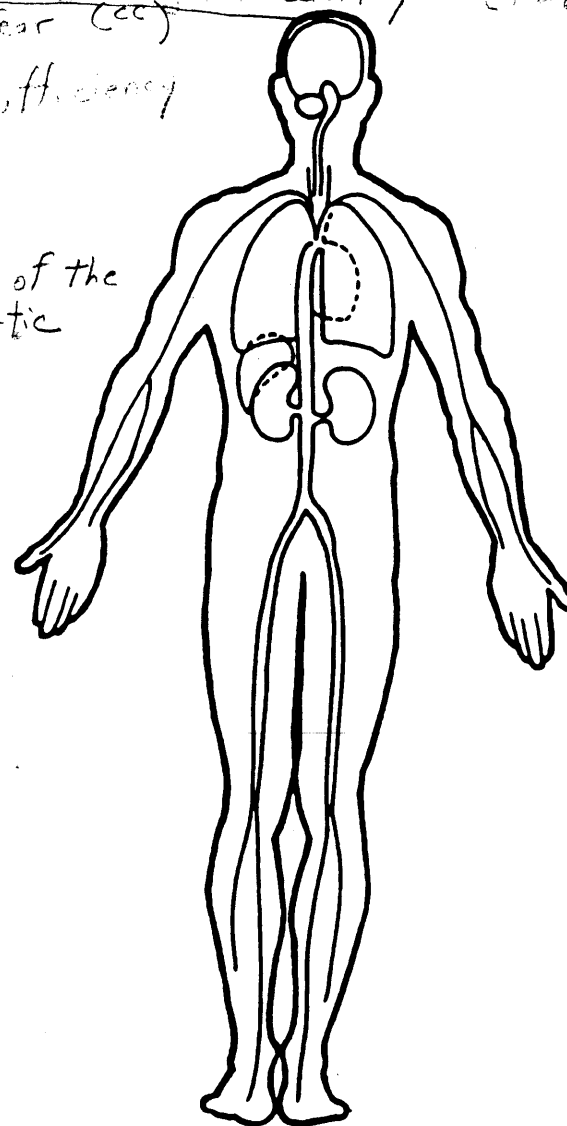


No evidence of aortic tear (CC)

Acute aortic insufficiency (CC)

Traumatic rupture of the R+NC cusps, aortic valve (FU2)

• Closed head injury with significant memory loss from crash. Memory has come back significantly (FU2)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

CC = Cardiac Catheterization FX = Follow-up Radiographic Records
 FU# = Follow-up Physician Visits

CARDIAC CATHETERIZATION LABORATORY
-FINAL REPORT-

Tennessee

Patient Name
 Medical Record Number
 Referring Hospital
 Referring M.D.

Study Number
 Date of Study
 Date of Birth
 Age 40

Patient Data

Brief History

A 40 year old female status post MVA. Now with acute aortic insufficiency by physical exam and by TEE. Patient is being considered for emergent valve replacement.

Physical Exam

Disoriented thin female. Lungs rales throughout. CV, tachycardia S1, S2, loud. III/VI diastolic murmur.

Indication for study
 Valve Disease

Procedures performed
 Right heart Left heart Coronaries Aortogram

Hemodynamic

baseline	HR
115	Aorta
90/40 (59)	LV
90/27	RA
a=6v=2(2)	RV
27/4	PA
24/8 (14)	Wedge
a=17, v=15, (10)	CO
7.12	PVR
44	SVR
640	

Left Ventriculogram:

An LV-anglogram was not performed.

Coronary Angiography:

LEFT MAIN: Normal
 LEFT ANTERIOR DESCENDING: Normal
 LEFT CIRCUMFLEX: Normal
 RIGHT CORONARY: Normal

Comments:

Aortogram no evidence of tear, 4+, AI.

Final Diagnosis:

- 1) Normal coronary arteries
- 2) Aortic Insufficiency

Cardiology Fellow

Director, Cardiodynamics Laboratory

1/96

Π

FINDINGS

CHEST PA AND LATERAL: Median sternotomy is noted with the sternotomy sutures in good position. The heart is normal in size and shape. The lungs are clear. Pulmonary vascular markings are within normal limits.

OPINION: NORMAL STATUS POST-OP CHEST EXAM.

/aɪ/

96

MRN

CHART NO

NAME

DOB

Patient stamp above

Department

Physician

☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee

Date	(NOTES MUST BE SIGNED AND DATED BY PHYSICIAN)
1/10/96	<p>Pt. in for follow up after AVR for a disrupted aortic valve from trauma. ↑ Aortic Valve Replacement</p> <p>S: Feels much better and wants to go back to work.</p> <p>O: Much more alert.</p> <p>Lungs clear.</p> <p>Heart - valve sounds good.</p> <p>Sternum solid. Solid</p> <p>Wounds OK. Sutures in scalp removed, today.</p> <p>A: Good progress.</p> <p>P: Return - one week for routine check up.</p> <p style="text-align: right;">W. J. [Signature]</p> <p style="text-align: right;">FU 1</p>
1/24/96	<p>Cardiac Rehab - Briefly discussed out-Pt. Cardiac Rehab. Hand-out schedule and booklet provided. Will see in visit in two weeks - [Redacted]</p> <p style="text-align: right;">FU 2</p>

MRN

CHART NO

NAME

DOB

Patient stamp above

Department

Physician

- ☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee

Date	(NOTES MUST BE SIGNED AND DATED BY PHYSICIAN)
10/1/96	<p>At 61" wt 81 T 98° P 76 B/P 80/50</p> <p>Here for Cardiac Flu - S/P AVR 12.95</p> <p>V.N. Flk per [redacted] MVA 1/95</p> <p>3 [redacted] on 3mg Coumadin A.4 INR 2.6 4mg qd</p> <p>Ms [redacted] is S/P MVA & Traumatic Rupture of the RANC</p> <p>Urgent AVR #21 St Jude Valve 1/95</p> <p>She had closed head injury & sig memory loss and ARDS somewhat</p> <p>prolonged intubation (just under 2 weeks). Memory has come</p> <p>back significantly and she does not carry the risk of falls</p> <p>that she has in the past. As [redacted], Ms [redacted] & I have</p> <p>counseled Mr & Mrs [redacted] extensively about drug interactions,</p> <p>fertility (should she become pregnant) on coumadin, & the</p> <p>dangers of trauma induced bleeding should she not be careful.</p> <p>We have also counseled w/ ETOH smoking.</p> <p>PE: BP @ arm 100/50 HR 76 R/L Aortic reflex</p> <p>Jugular JVP 5cm Dist - Cusp Valve sounds no HR apical impulse N</p> <p>Venous sternal stable</p> <p>Pulse? Wt 3 Etc Blood Test</p> <p>Assessment / Plans: A/P. doing well P AVR. Will V PT/INR by home health tomorrow</p> <p>+ Monday + gwk x 3. to be called to us. Continue Coumadin</p> <p>4mg qd until then. RTC 2 weeks for initiation Cardiac</p> <p> Rehab.</p>

(Original to Medical Records)

initiation

PROGRESS NOTES

Fu 2 (Continued)

CHART NO

NAME _____

DOB

Patient stamp above

Department

Physician

☐ [REDACTED] Tennessee 38[REDACTED]
☐ [REDACTED] Tennessee [REDACTED]
☐ [REDACTED] Tennessee [REDACTED]
☐ [REDACTED] Tennessee [REDACTED]
☐ [REDACTED] Tennessee [REDACTED]
☐ [REDACTED] Tennessee [REDACTED]

(NOTES MUST BE SIGNED AND DATED BY PHYSICIAN)

Date _____

196	wt 83
-----	-------

Here for FTT prior to starting Rehab — [REDACTED] [REDACTED]

At 10:00 AM 8 min 32 sec on Bruce Protocol METS

Peak Heart Rate no CP dropped 2° to Fatigue -

No diagnostic ^{ischemic} - type ST shifts from baseline

EKG Impression - Clinically + EKG ⊖ for ~~myocardial infarction~~

Refer for Phase II further details

INR⁰ 1.6 - ↑ Coumadin to

5mg/day Richek PT @ INR

INR = Blood Test

Fu3

MRN

CHART NO

NAME

DOB

Patient stamp above

Department

Physician

☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee
☐ Tennessee

Date	(NOTES MUST BE SIGNED AND DATED BY PHYSICIAN) AVR = Aortic Valve Replace-
11/1/96	<p> wt 92 Temp 96.9 B/P 98/60 Pulse 70 2 mon ROV CC pt has tinnitus in right ear from off and on for about a wk. Pt also states when she fatigued her chest feels "heavy." MC M, MC returns for Hx S/P AVR AS p MVA, disruption of aortic leaflets & AR. ^{Aortic Reflex} She is doing well. Has occ chest "heaviness" the end of the day p lifting, diffused in nature. Resolves spontaneously during well waiting as a waitress, lifting has been restricted by her bosses to prevent fatigue. bleeding has tinnitus in @ ear past few nights DURE, HA, P/amp, cough. physical ex, does have some ^{small} nasal ^{drainage} congestion PE. VS At HR 70 R14 BP 98/60 em canals NC to exam TM's NC. D/P clear. JVP 5cm N/A RAR N2S1/2 soft DM LUSB crisp valve sounds. Axial impulse non displaced. Chest clear to A/P Sternum stable. ext @ E/Ck App @ S/P AVR. I hear a soft DM. Will v like to evaluate for any AR & aortic reflex (2) INR 3.0 Keep Warfarin (same dose) 6mg mwt Sa 5mg Tu Th Su (3) Tinnitus - have recommended nasal decongestant. (Original to Medical Records) no relief consider ENT consultation. </p>

MR-003-03

PROGRESS NOTES

FU4