



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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

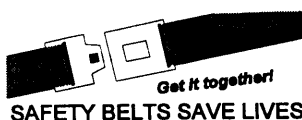
Dear Crash Data Researchers/Users:

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

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

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

*** **



AUTO SAFETY HOTLINE
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Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-96-AB-07

 1996

1. Report No. DSI-96-AB-07	2. Government Accession No.	3. Recipient Catalog No.	
4. Title and Subtitle In-Depth Accident Investigation ██████████, AZ		5. Report Date ██████████ 1996	
7. Author(s) ██████████		6. Performing Organization Report No. 8. Performing Organization Report No. DSI-96-AB-07, Task 049	
9. Performing Organization name and Address Dynamic Science, Inc. 530 College Parkway, Ste. K Annapolis, MD 21401		10. Work Unit No. (TR AIS)	
12. Sponsoring Agency Name and Address U.S. Dept. of Transportation (NRD-32) National Highway Traffic Safety Administration 400 7th Street, SW Washington, DC 20590		11. Contract or Grant no. DTNH22-94-D-27058	
15. Supplemental Notes Air bag investigation involving 1996 Chrysler Town & Country with an airbag deployment.		13. Type of report and period Covered In-Depth, ██████████ 1996	
		14. Sponsoring Agency Code	
16. Abstract This case was initiated in response to an airbag deployment in which the driver was eight months pregnant. The case occurred in ██████████ 1996 at 1514 hours. The weather was clear and the bituminous roadway was dry. Vehicle 1, a 1996 Chrysler Town and Country van driven by a properly restrained 32-year-old female, was traveling northbound on a two-lane undivided residential roadway at a speed estimated to be between 24-32 km/h (15-20 MPH). The driver was eight months pregnant at the time of the collision and had just visited her physician. A 1994 Sylvan Runabout ski and bass boat on a trailer was properly parked on the right side of the roadway. The driver of Vehicle 1 passed out for unknown reasons. Vehicle 1 veered off to the right side of the road and struck the boat trailer. The airbag in Vehicle 1 deployed at this time. The boat and boat trailer were pushed onto the sidewalk adjacent to the roadway. Vehicle 1 continued on for another 12 M (40 ft) and came to rest against the curb. The driver's first memory after the accident was someone opening the door and her opening her eyes and finding that the windshield was broken and the vehicle appeared to be full of smoke. She was able to exit the vehicle on her own. She sustained a sprained right thumb, and contusions to the back of the right arm and to the lower right leg near the ankle. She struck her head on something and complained of a headache. She was also having contractions. She was initially treated at the scene by local fire department rescue personnel. She was transported to a local hospital where she was hospitalized for 48 hours for observation. The pregnancy has continued normally since her release and there have not been detrimental effects. At the time of the initial interview, the driver was 9 months pregnant and very near delivery. A follow-up call in ██████████ 1996 revealed that there were no problems with the delivery and the child is doing fine. Vehicle 1 was towed from the scene due to damage. It was undergoing repairs prior to DSI's inspection.			
17. Key Words Air bag, deployment, injury, accident		18. Distribution Statement	
19. Security Classif. (of this report)	20. Security Classif. (of this page)	21. No of pages	22. Price

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-96-AB-07

[REDACTED]

This case was initiated in response to an airbag deployment in which the driver was eight months pregnant.

The case occurred in [REDACTED] Arizona in [REDACTED] 1996 at 1514 hours. The weather was clear and the asphalt roadway was dry. Vehicle 1, a 1996 Chrysler Town and Country van driven by a properly restrained 32-year-old female, was traveling northbound on a two-lane undivided residential roadway at a speed estimated to have been between 24-32 km/h (15-20 MPH). The driver was eight months pregnant at the time of the collision and had just visited her physician. A 1994 Sylvan Runabout ski and bass boat on a trailer was properly parked on the right side of the roadway.

The driver of Vehicle 1 passed out for unknown reasons. Vehicle 1 veered off to the right side of the road and struck the boat trailer. The driver's side airbag in Vehicle 1 deployed at this time. The boat and boat trailer were pushed onto the sidewalk adjacent to the roadway. Vehicle 1 continued on for another 12 M (40 ft) and came to rest against the curb.

The driver's first memory after the accident was of someone opening the door and her opening her eyes and finding that the windshield was broken and the vehicle appeared to be full of smoke. She was able to exit the vehicle unassisted. She sustained a sprained right thumb, and contusions to the back of the right arm and to the lower right leg near the ankle. She struck her head on something and complained of a headache. She was also having contractions. She was initially treated at the scene by local fire department rescue personnel. She was transported to a local hospital where she was hospitalized for 48 hours for observation. The pregnancy has continued normally since her release and there have not been any apparent detrimental effects. At the time of the interview, the driver was 9 months pregnant and very near delivery. A follow-up call in [REDACTED] 1996 revealed that there were no problems with the delivery and the child is doing fine.

Vehicle 1 was towed from the scene due to damage. It was undergoing repairs prior to DSI's inspection.

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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.

**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-96-AB-07**

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ACCIDENT DATA:

Location: ██████████ Arizona
Area/Type: Residential
Date/Time: ██████████ 1996
Accident Type: Vehicle v. Parked boat trailer

Injury Severity:

Vehicle 1: AIS=1

AMBIENCE:

Viewing Conditions: Good
Cloud Cover: Clear
Precipitation: None
Temperature: 32 to 34 ° C (89 to 93 ° F)
Road Surface: Dry

ROADWAY:

	VEHICLE 1
Type:	Residential
Width:	13 M (43 ft)
Traffic Density:	Light
Median:	None
Edge:	Low curbs
Surface:	Asphalt
Reported Defects:	None
Co-efficient of Friction (est.):	0.70
Vertical Alignment:	Level
Horizontal Alignment:	Straight
Traffic Controls:	None

	VEHICLE 1
Signals:	None applicable
Signs:	None applicable
Speed Limit:	40 km/h (25 MPH)
Markings:	None

VEHICLES:

VEHICLE 1

Description:	1996 Chrysler Town and Country van
Odometer:	2527 km (1507 miles)
Engine:	3.8 L V-6
Vehicle Modifications:	None
Tire Condition:	Excellent
Manual Restraints:	Lap and shoulder
Automatic Restraints:	Supplemental restraint system (driver's and passenger's side airbags)
Reported Defects:	None
Cargo:	Unknown
Windshield Damage:	Cracked due to hood contact
Fleet:	NA
Tow Status:	Towed due to damage

VEHICLE DAMAGE:

VEHICLE 1

Object Struck:	1994 Sylvan Runabout ski and bass boat on a trailer	1994 Sylvan Runabout ski and bass boat on a trailer
Event Number:	01	02
CDC:	12FREE1	02RPMN1
Maximum Crush:	Unknown (Zone 1)	Unknown (Zone 1)

VEHICLE VELOCITY ESTIMATES:

VEHICLE 1

Impact Speed: (estimated)	24-32 km/h (15-20 MPH), per police	
Barrier Equivalent Speed:	17 km/h (10 MPH)	
Total Delta V:	Unknown	Unknown
Longitudinal Delta V:	Unknown	
Lateral Delta V:	Unknown	
Energy Dissipation:	Unknown	



Figure 1. Insurance photo, V1



Figure 2. Insurance photo, V1.

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1, a 1996 Chrysler Town and Country van driven by a properly restrained 32-year-old female, was traveling northbound on a two-lane undivided residential roadway at a speed estimated to have been between 24-32 km/h (15-20 MPH). The driver was eight months pregnant at the time of the collision and had just visited her physician. This was a new vehicle, having been in the driver's possession for only 2-3 weeks. The driver had never owned an airbag-equipped vehicle before. A 1994 Sylvan Runabout ski and bass boat on a trailer was properly parked on the right side of the roadway.

Crash: The driver of Vehicle 1 passed out for unknown reasons. Vehicle 1 veered off to the right side of the road and struck the boat trailer. The airbag in Vehicle 1 deployed at this time. The boat and boat trailer were pushed onto the sidewalk adjacent to the roadway. Vehicle 1 continued on for another 12 M (40 ft) and came to rest against the curb.

Post Crash: The driver's first memory after the accident was of someone opening the door. When she opened her eyes, she found that the windshield was broken and the vehicle appeared to be full of smoke. She was able to exit the vehicle on her own. She sustained a sprained right thumb, and contusions to the back of the right arm and to the lower right leg near the ankle. She struck her head on something and complained of a headache. She was also having contractions. She was initially treated at the scene by local fire department rescue personnel. She was transported to a local hospital where she was hospitalized for 48 hours for observation. The pregnancy has continued normally since her release and there have not been any apparent detrimental effects. At the time of the interview, the driver was 9 months pregnant and very near delivery.

**Occupant
Kinematics:**

The driver of Vehicle 1 was seated in the left front bucket seat. The seat track was in the middle position and the seat back was in the upright, normal position. The driver was wearing her lap and shoulder belt in the proper fashion. The driver was unconscious at the time of the collision so her posture is not known with certainty, however, the evidence of a lip print on the airbag would seem to indicate that the driver was still in an upright position. At impact, the driver went forward and her face came into contact with the airbag. Her right foot was likely on the accelerator and came off at impact, causing a lower leg contusion.

**Supplemental
Restraint System:**

Vehicle 1 was equipped with both a driver's side and a passenger side airbag system (supplemental restraint system).

Scene Clearance: Vehicle 1 was towed from the scene due to damage. It has since been repaired.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER
Age/Sex:	32/Female
Seated Position:	Left front
Seat Type:	Bucket
Height:	Unknown
Weight:	Unknown
Occupation:	Unknown
Pre-existing Medical Condition:	Pregnant
Alcohol/Drug Involvement:	None
Driving Experience:	> 10 years
Body Posture:	Unknown, likely still upright based on lip contact with airbag
Hand Position:	Unknown left, contusion on right possibly could have come from the airbag
Foot Position:	Unknown, presumably on accelerator
Restraint Usage:	Lap and shoulder belt used, per interviewee
Additional Occupants:	None

INJURIES:

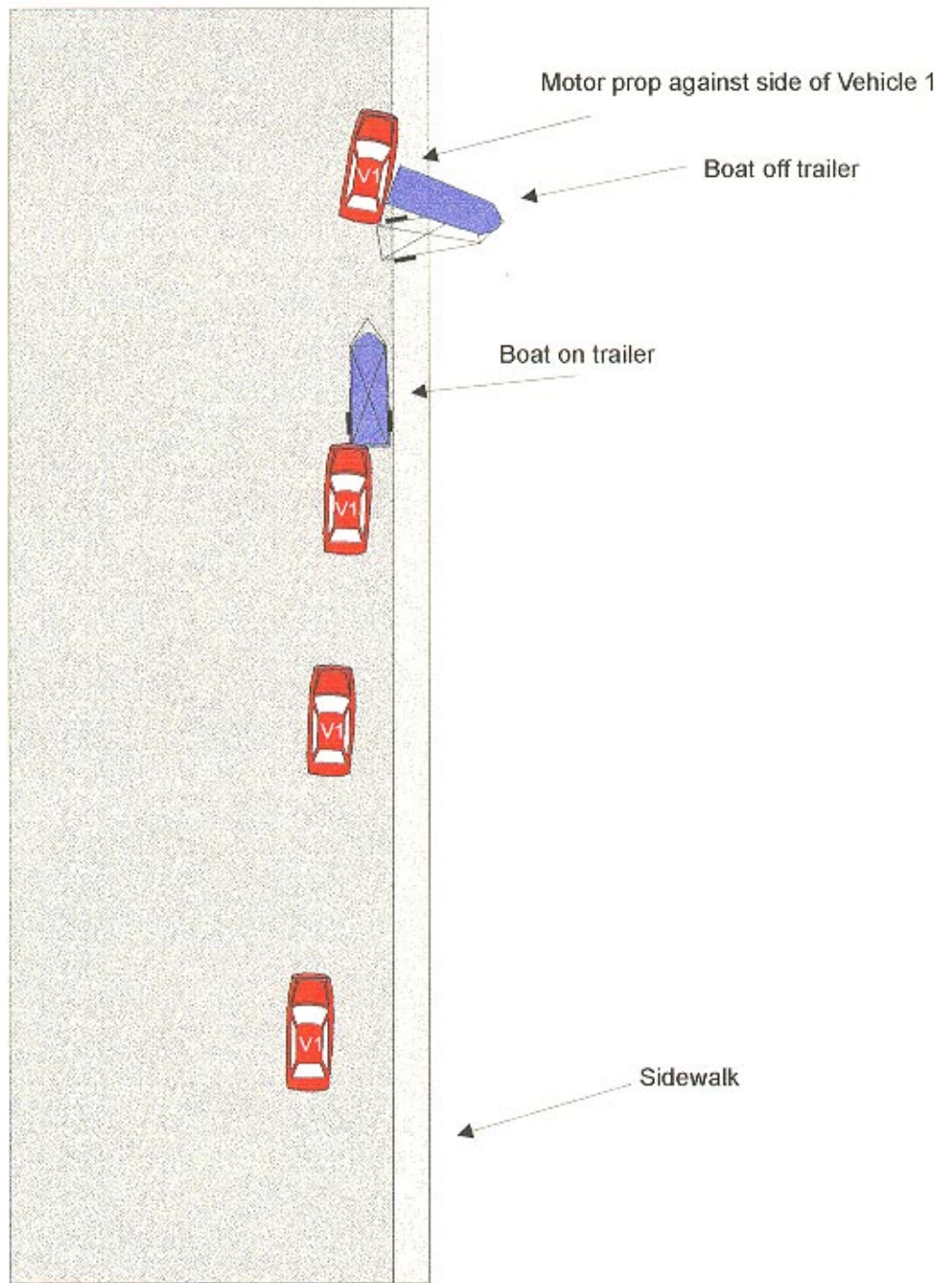
Vehicle 1

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE, confidence level¹</u>
DRIVER:	Sprained right thumb	750402.1,1	842.10	Airbag,2
	Head contact with headache	160402.1,9	850.0	Airbag, 3
	Contusion, back of right arm	710402.1,1	923.03	Unknown
	Contusion, lower right leg near ankle	810402.1,1	924.10	Foot controls,2

¹1=Certain, 2=Probable, 3=Possible, 4=Unknown

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound



Case Number: DSI-96-AB-07

Scale: 1" = 20'



COLLISION MEASUREMENTS

Case Number DSI-96-AB-07

Reference Point: Steel St. light pole [REDACTED]

Reference Line: ECL of [REDACTED]

DATA POINT	LONGITUDINALS	LATERALS
Begin driveway	33 ft 10 in. N	0
End driveway	62 ft 10 in. N	0
Police mark (possible scuff)	83 ft 11 in. N	9 ft 6 in. W
Gouge mark	87 ft 8 in. N	8 ft 9 in.
Scuff mark on curb	102 ft 11 in. N	0
End scuffmark	105 ft 7 in. N	0
Begin scuffmark	105 ft 7 in. N	3 ft 10 in. W
Midpoint scuffmark	113 ft 7 in. N	8 ft 2 in. W
End scuffmark	124 ft 4 in. N	0
Last police mark	124 ft 2 in. N	6 ft 3 in.
Begin driveway		
(At vacant lot)	129 ft 4 in.	0
End driveway	142 ft 8 in.	0

PHOTO INDEX

Case No. DSI-96-AB-07

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
Insurance Claim Photos			
1	1		Right front of Vehicle
2	1		Right front side of Vehicle
3	1		Right rear side of Vehicle
4	1		Front of Vehicle
DSI Photos			
1-2	1	North	Approach to area of impact.
3-4	1	North	Area of impact.
5	1	South	Looking back view along path of travel.
6-18	1	CCW	Exterior of vehicle.
19-20	1	NA	Damaged components (bumper, hood)
21-23	1	NA	Interior of vehicle.
24-27	1	NA	Damaged interior components (Steering wheel, instrument panel).
28-35	1	NA	Interior of vehicle.

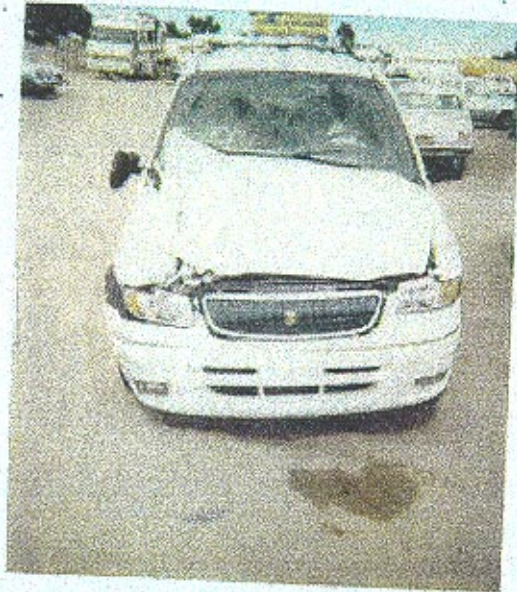
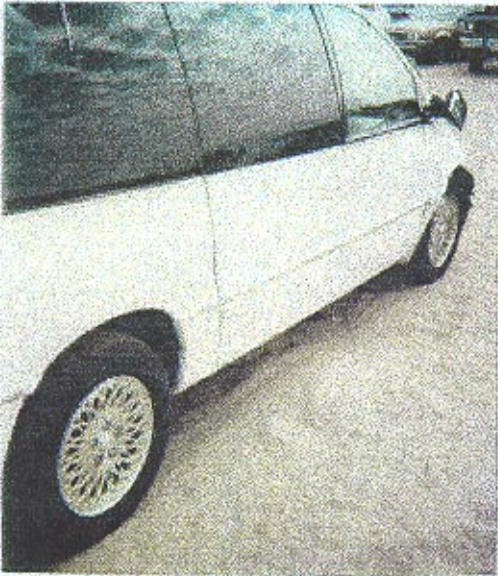
CLAIM PHOTO TRANSMITTAL

BEST AVAILABLE COPY



Scene Location/View

Scene Location/View



Scene Location/View

Scene Location/View

Police Officer By:

Time Taken:

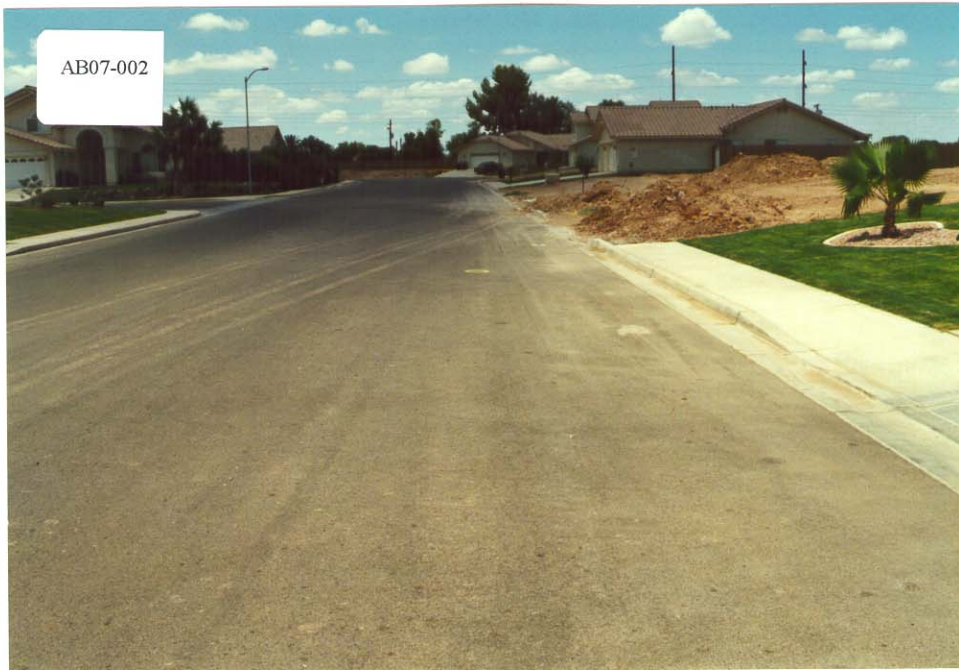
Date:

Vehicle Location:

Vehicle Owner:

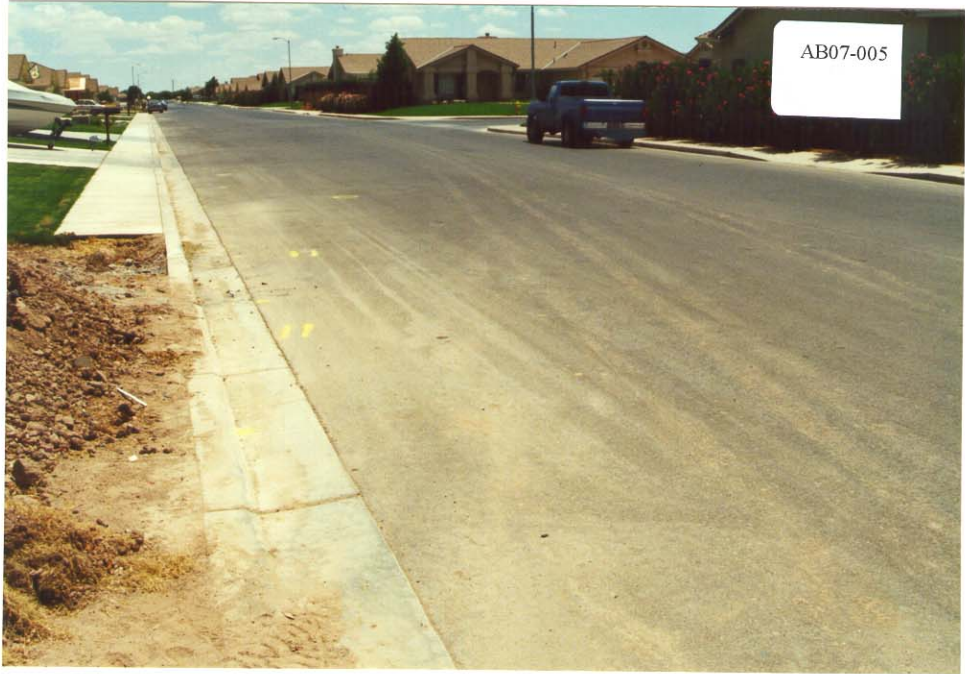
Yr. & Model:

Is the Insured Vehicle or Claimed Vehicle (Place where Vehicle Photos taken)





21

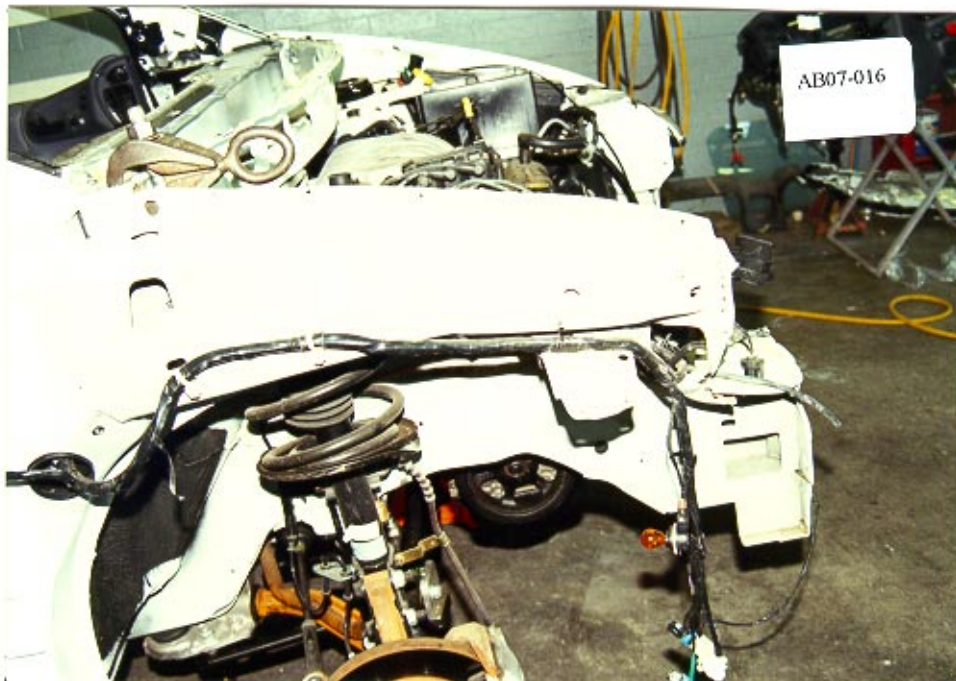
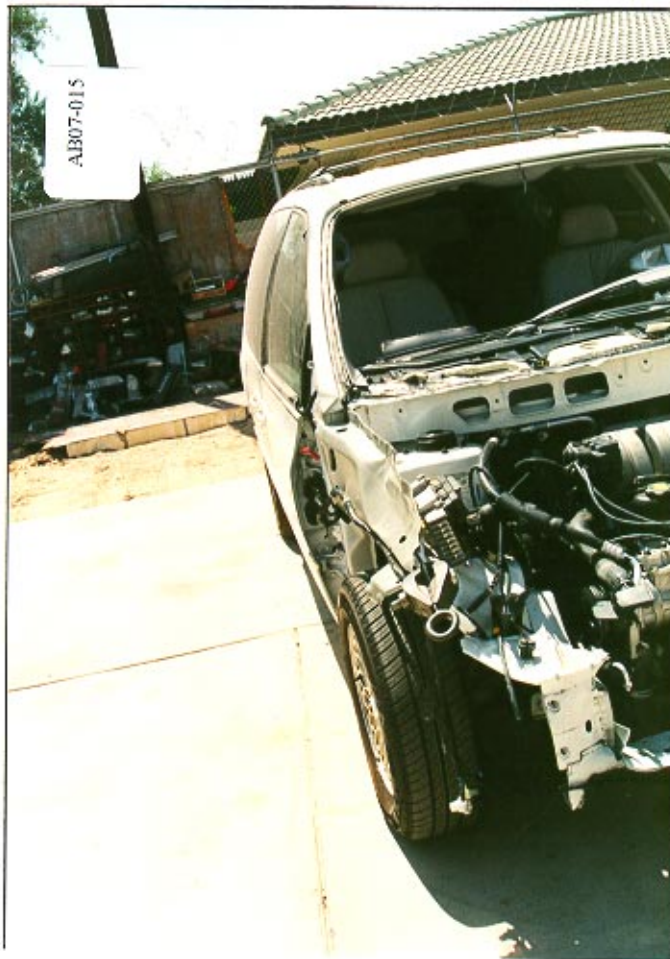






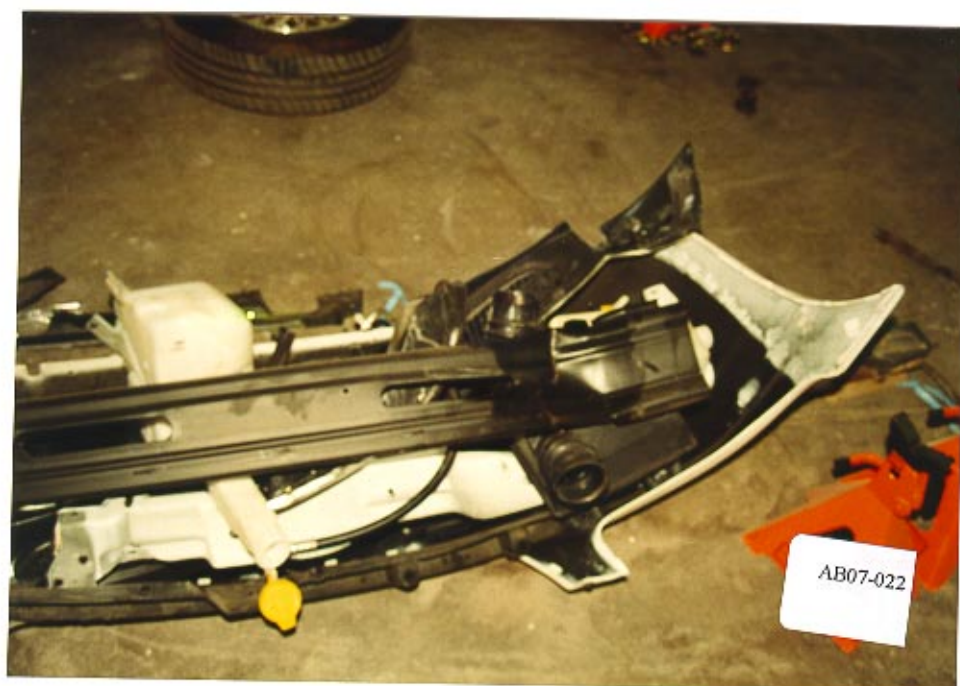






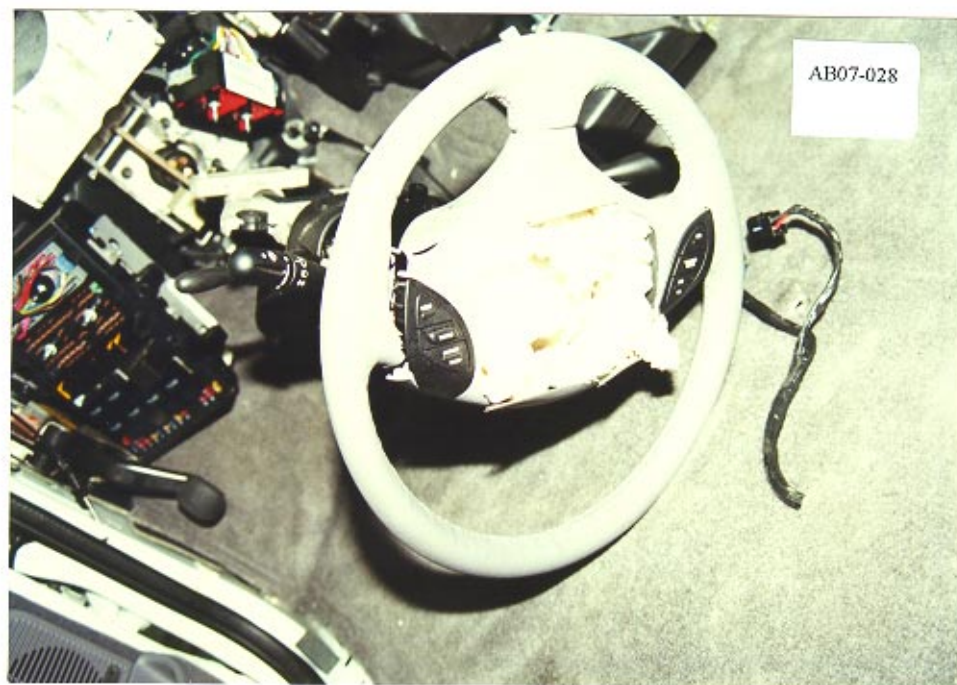


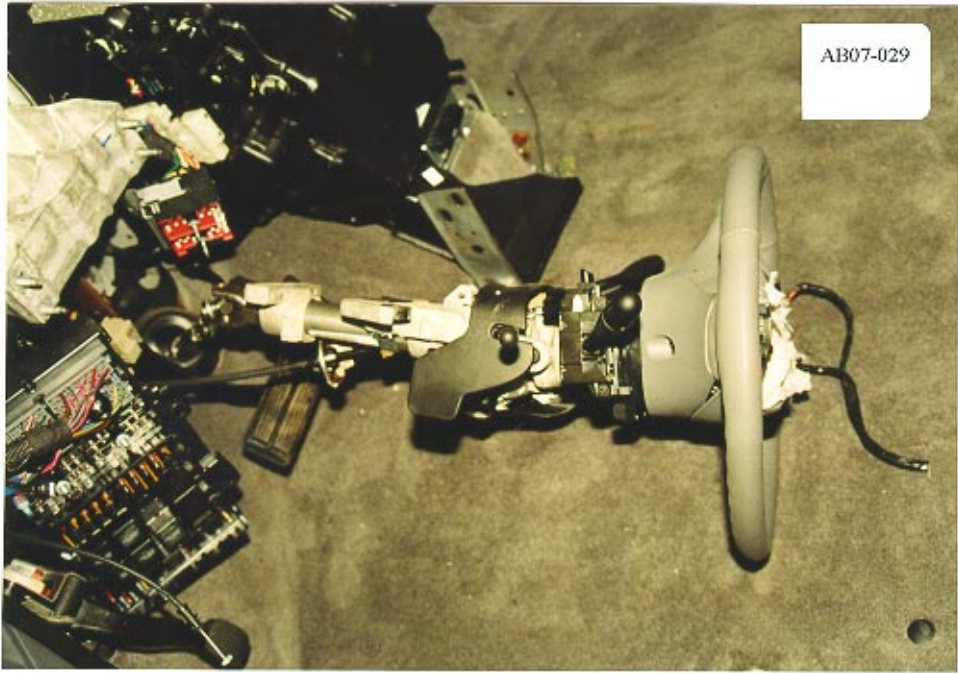


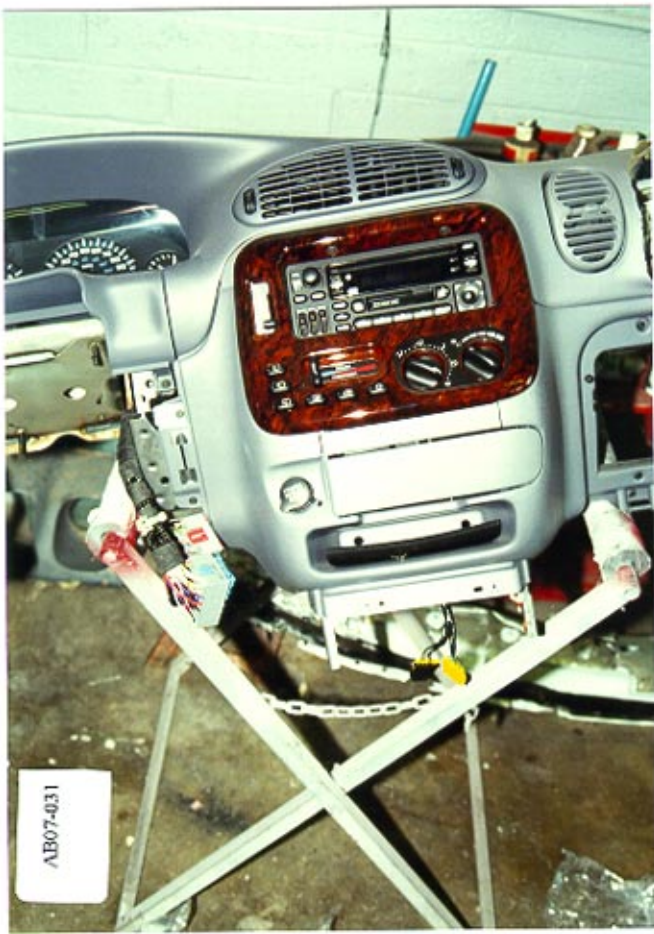




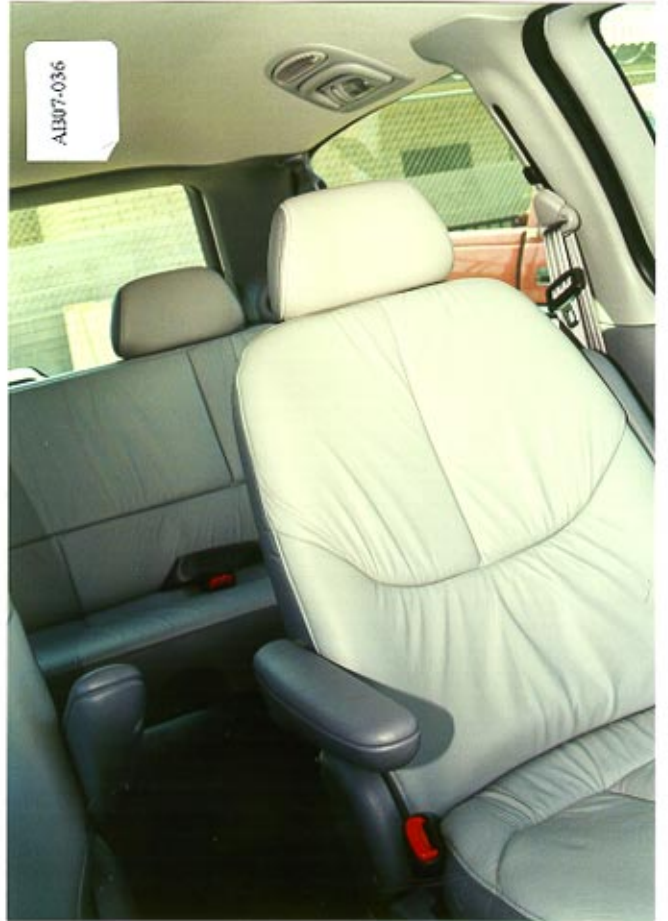


















ACCIDENT FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum A B 0 7

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 0 1

4. Date of Accident (Month,Day,Year) SPRING 3 6

5. Time of Accident 1 5 1 4

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. SS15 Administrative Use 0

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

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 0 2

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> 0 1 </u>	13. <u> 0 1 </u>	14. <u> 2 0 </u>	15. <u> F </u>	16. <u> B B </u>	17. <u> 0 0 </u>	18. <u> 0 </u>
19. <u> 0 2 </u>	20. <u> 0 1 </u>	21. <u> 2 0 </u>	22. <u> R </u>	23. <u> B B </u>	24. <u> 0 0 </u>	25. <u> 0 </u>
26. <u> 0 3 </u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u> 0 4 </u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u> 0 5 </u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

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

CODES FOR CLASS OF VEHICLE

- | | |
|--|--|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,500 kgs GVWR)
(16) Utility station wagon (≤ 4,500 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,500 kgs GVWR)
(21) Large van (≤ 4,500 kgs GVWR)
(24) Van Based school bus (≤ 4,500 kgs GVWR)
(28) Other van type (≤ 4,500 kgs GVWR)
(29) Unknown van type (≤ 4,500 kgs GVWR)
(30) Compact pickup truck (≤ 4,500 kgs GVWR) | (31) Large pickup truck (≤ 4,500 kgs GVWR)
(38) Other pickup truck (≤ 4,500 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)
(45) Other light truck (≤ 4,500 kgs GVWR)
(48) Unknown light truck type (≤ 4,500 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based) (> 4,500 kgs GVWR)
(58) Other bus (> 4,500 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,500 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 | (O) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
|---|--|---|---|

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|--|--|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (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

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

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

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____ | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object
(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):
<u>TRAILER, NOT-IN-TRANSPORT</u>

(89) Unknown nonfixed object
(98) Other event (specify):

(99) Unknown event or object |
|--|--|

GENERAL VEHICLE FORM

- 1. Primary Sampling Unit Number _____
- 2. Case Number - Stratum A B 0 7
- 3. Vehicle Number 0 1

VEHICLE IDENTIFICATION

- 4. Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown
- 5. Vehicle Make (specify): 06
CHRYSLER
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown 5/1

- 6. Vehicle Model (specify): 4 + 1
TOWN & COUNTRY
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

- 7. Body Type 2 0
Note: Applicable codes may be found on
the back of this page.

- 8. Vehicle Identification Number 0
1 C 4 G P 6 4 L 9 T B 4 3
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
(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 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
- 11. Police Reported Travel Speed 0 2 8
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown
17.5 mph X 1.6093 = 0 2 8 kmph

- 12. Speed Limit 0 4 0
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown
25 mph X 1.6093 = 0 4 0 kmph

- 13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

- 14. Alcohol Test Result For Driver 96
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: _____

- 15. Police Reported Other Drug Presence For Driver 0
(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
(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 9
(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 DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 1 1
(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) 4 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 4 8
- 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): ASLEEP
(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

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 VEHICLE	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21,22,23	24 SLOWER 25,26,27	28 DECEL 29,30,31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEHICLE	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/Angle	44, 45	46, 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN		
III Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEHICLE	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	71 INITIAL SAME DIRECTION	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	80 TURN INTO OPPOSITE DIRECTION	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN		
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	86, 87	88, 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEHICLE	93 OTHER VEHICLE OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No impact			

33. Attempted Avoidance Maneuver 41
 (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 1
 (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) Pre-crash stability unknown

35. Pre-Impact Location 2
 (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 12
 (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

OCCUPANT RELATED

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

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 6
 (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 φ
 (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 1,890
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1,885 kgs

Source: _____

- 44. Vehicle Cargo Weight 9990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

- 45. Rollover φ φ
 (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 φ φ
 (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 φ
 (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 φ φ
 (Note: Applicable codes on back of page)
- 49. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ
 (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 φ
 (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

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(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

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) ϕ
52. Rear Override/Underride (this Vehicle) ϕ
- (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 9 9 B
54. Heading Angle For Other Vehicle 9 9 B

RECONSTRUCTION DATA

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

(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
9 9 9

_____ 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
+ 9 9 9
- _____

_____ 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
+ 9 9 9
- _____

_____ 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
9 9 9, 9 0 0

_____ 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
9 9 9

_____ 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) φ
 (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
φ 17

17 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
<p>66. Estimated Highest Delta V (Researcher Determined) <u>2</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(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</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>2</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <u>VEH. TORE DOWN</u> (3) Complete inspection</p> <p style="text-align: center;">DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
 OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>41</u>
2. Case Number - Stratum <u>AB 47</u>	

VEHICLE IDENTIFICATION

VIN 1C4GP64L9TB43 Model Year 96

Vehicle Make (specify): CHRYSLER Vehicle Model (specify): TOWN & COUNTRY

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
1	<u>@ RF CORNER</u>		<u>C6</u>
2	<u>70 CM FORWARD OF REAR AXLE</u>	<u>(R) SIDE</u>	

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.

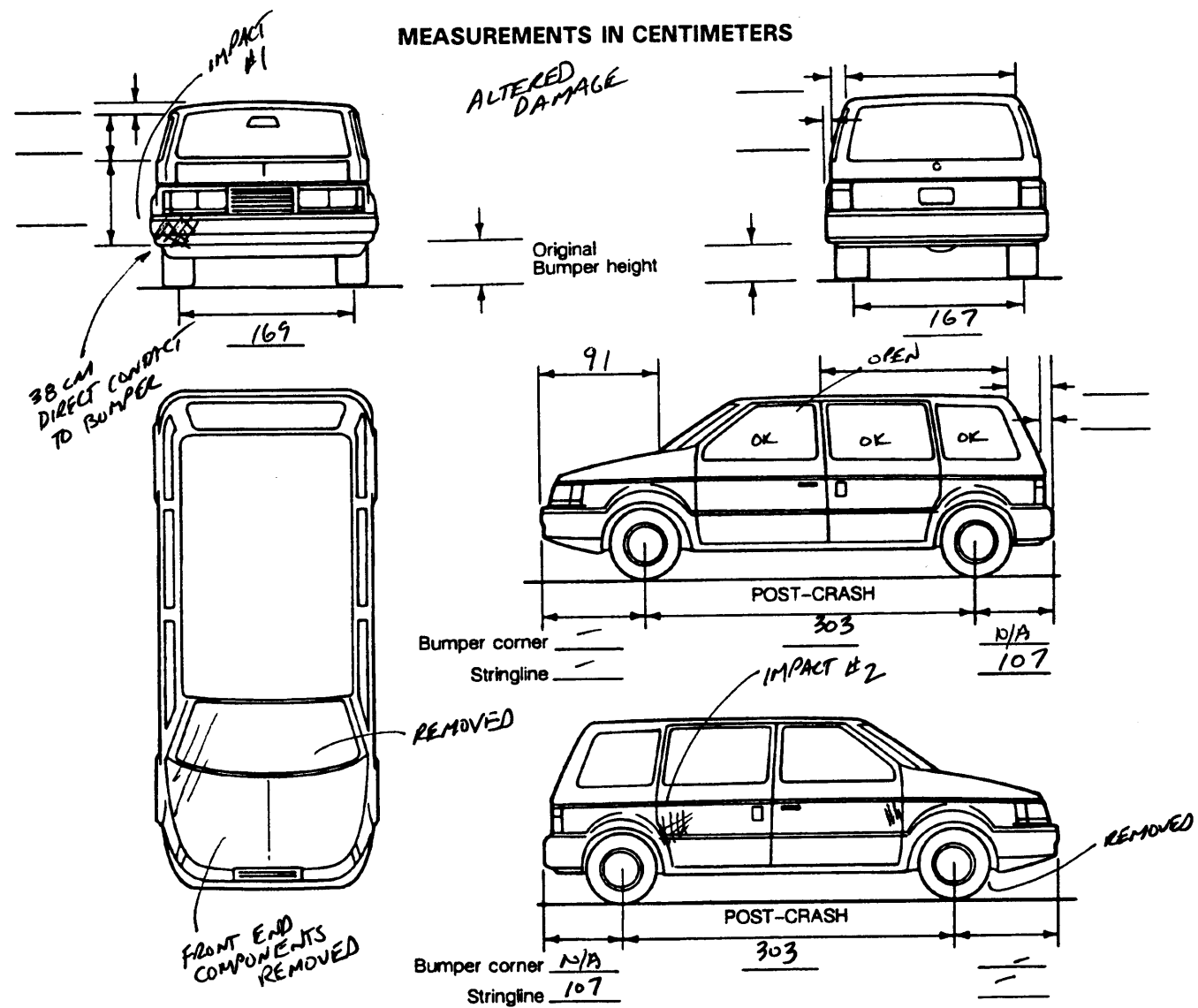
ALTERED DAMAGE,
REPAIRS UNDERWAY

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D
		Width (CDC)	Max Crush								
1	<u>BUMPER</u>	<u>38</u>									

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>303</u> cm</p> <p>Overall Length <u>507</u> cm</p> <p>Maximum Width <u>192</u> cm</p> <p>Curb Weight <u>1885 -</u> kg</p> <p>Average Track <u>162</u> cm</p> <p>Front Overhang <u>(CALC) 97</u> cm</p> <p>Rear Overhang <u>(MFGS) 107</u> cm</p> <p>Undeformed End Width <u>165</u> cm</p> <p>Engine Size: cyl./displ. <u>V-6 3.8</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF ± <u> </u> ° LF ± <u> </u> ° RR ± <u> </u> ° LR ± <u> </u> °</p> <p>Within ± 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u> </u> kg</p>	

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.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u>B B</u>	6. <u>12</u>	7. <u>F</u>	8. <u>R</u>	9. <u>E</u>	10. <u>E</u>	11. <u>φ 1</u>

Second Highest Delta "V"

12. <u>φ 2</u>	13. <u>B B</u>	14. <u>φ 2</u>	15. <u>R</u>	16. <u>P</u>	17. <u>M</u>	18. <u>✓</u>	19. <u>φ 1</u>
----------------	----------------	----------------	--------------	--------------	--------------	--------------	----------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----

26. Undeformed End Width
 (Coded when highest severity impact is an end plane impact.) 165
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
 (For highest severity impact) φ 3 8
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 303
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 168
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? φ
 (0) No
 (1) Yes
31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? φ
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap 4
36. Location of Fuel Tank-2 Filler Cap φ
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown
37. Type of Fuel Tank-1 2
38. Type of Fuel Tank-2 φ
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence φ
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown
34. Origin of Fire φ
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

39. Location of Fuel Tank-1 1
40. Location of Fuel Tank-2 φ
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown
41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 φ
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown



1. Primary Sampling Unit Number _____
 2. Case Number - Stratum A B 0 7
 3. Vehicle Number 0 1

INTEGRITY

4. Passenger Compartment Integrity 0 0
 (00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): _____
- (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): _____
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify): _____
- (9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 9 16. LF 3 17. RF 3 18. LR 3 19. RR 3
 20. BL 3 21. Roof 0 22. Other 9

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify): _____
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2
 28. BL 1 29. Roof 0 30. Other 9

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1
 36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

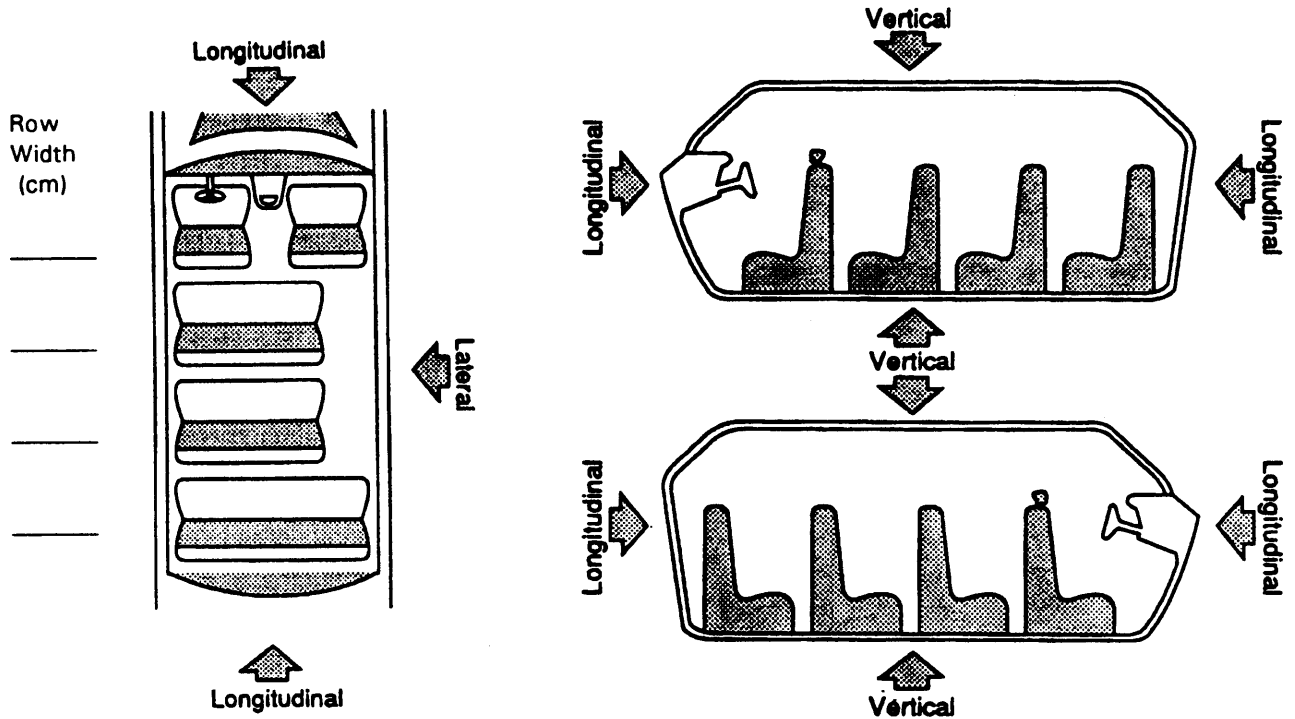
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
 44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
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		-		=	
		-		=	

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

- | | |
|--|---|
| <p>Front Seat</p> <ul style="list-style-type: none"> (11) Left (12) Middle (13) Right | <p>Fourth Seat</p> <ul style="list-style-type: none"> (41) Left (42) Middle (43) Right |
| <p>Second Seat</p> <ul style="list-style-type: none"> (21) Left (22) Middle (23) Right | <ul style="list-style-type: none"> (97) Catastrophic (98) Other enclosed area (specify) _____ (99) Unknown |
| <p>Third Seat</p> <ul style="list-style-type: none"> (31) Left (32) Middle (33) Right | |

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify): _____
- (9) Unknown

88. Tilt Steering Column Adjustment 2

- (0) No tilt steering column
- (1) Full up
- (2) Between full up and center
- (3) Center
- (4) Between center and full down
- (5) Full down
- (9) Unknown

89. Telescoping Steering Column Adjustment 4

- (0) No telescoping steering column
- (1) Full back
- (2) Between full back and midpoint
- (3) Midpoint
- (4) Between midpoint and full forward
- (5) Full forward
- (9) Unknown

90. Steering Rim/Spoke Deformation 4 4
Code actual measured

- deformation to the nearest centimeter
- (00) No steering rim deformation
- (01-14) Actual measured value in centimeters
- (15) 15 centimeters or more
- (98) Observed deformation cannot be measured
- (99) Unknown

91. Location of Steering Rim/Spoke Deformation 4 4

- (00) No steering rim deformation

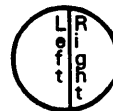
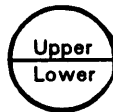
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

- (05) Upper half of rim/spoke
- (06) Lower half of rim/spoke
- (07) Left half of rim/spoke
- (08) Right half of rim/spoke
- (09) Complete steering wheel collapse
- (10) Undetermined location
- (99) Unknown



92. Odometer Reading 0 0 2,000

- _____ kilometers
- Code to the nearest 1,000 kilometers
- (000) No odometer
- (001) Less than 1,500 kilometers
- (500) 499,500 kilometers or more
- (999) Unknown
- 1 5 0 7 miles X 1.6093 = 2 4 2 5 kilometers

Source: VEH. INSPECTION

93. Instrument Panel Damage from Occupant Contact? 4

- (0) No
- (1) Yes
- (9) Unknown

94. Type of Knee Bolster Covering 4

- (0) No knee bolster
- (1) Padded
- (2) Rigid plastic
- (8) Other (specify): _____
- (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 4

- (0) No knee bolster
- (1) No deformation
- (2) Yes - deformation
- (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 4

- (0) No glove compartment door
- (1) No - door did not open
- (2) Yes - door opened
- (9) Unknown

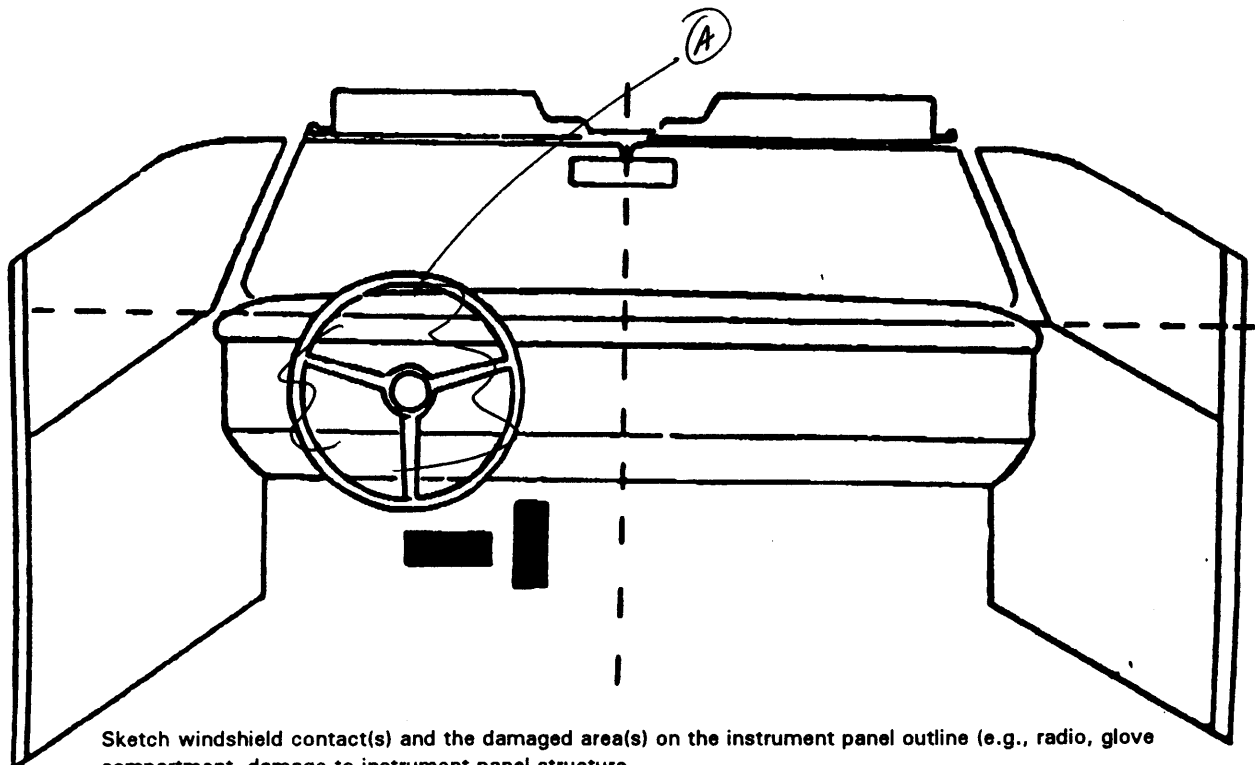
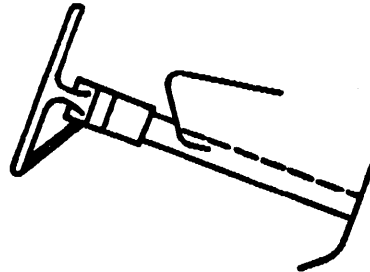
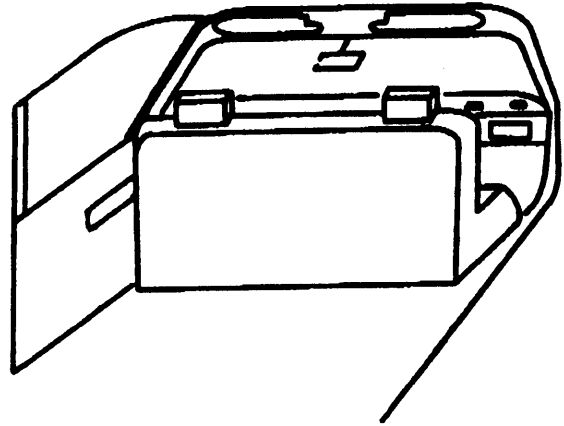
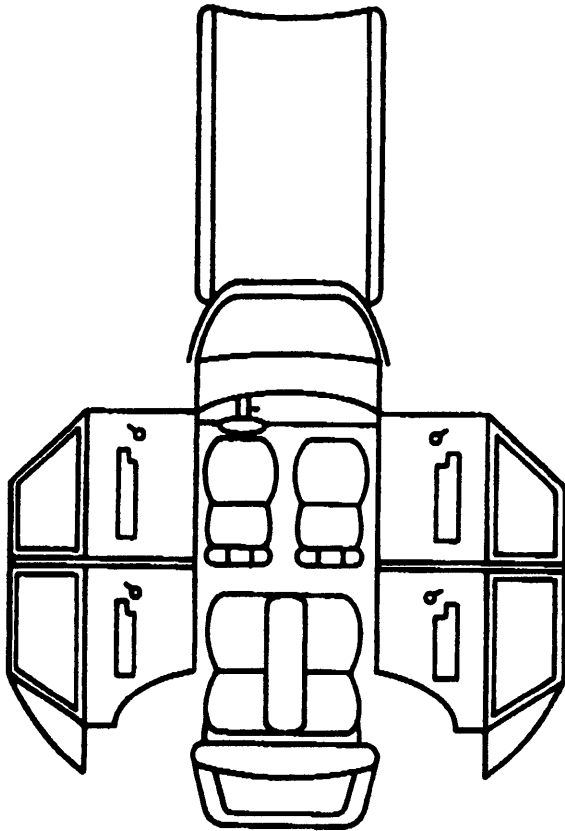
97. Adaptive (Assistive) Driving Equipment 4

- (0) No adaptive driving equipment
- (1) Adaptive driving equipment installed (Check all that apply.)
- Hand controls for braking/acceleration
- Steering control devices (attached to OEM steering wheel)
- Steering knob attached to steering wheel
- Low effort power steering (unit or device)
- Replacement steering wheel (i.e., reduced diameter)
- Joy-stick steering controls
- Wheelchair tie-downs
- Modification to seat belts (specify): _____
- Additional or relocated switches (specify): _____
- Raised roof
- Wall-mounted head rest (used behind wheelchair)
- Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	174	01	FACE	LIP PRINT	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

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., tapedeck, 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): _____

CODES FOR INTERIOR COMPONENTS

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
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (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): _____

CONFIDENCE LEVEL OF CONTACT POINT

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

MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	/	4
	B-Evidence of usage	φ4		φ4
	C-Used in this crash?	99		φφ
	D-Proper Use	99		φφ
	E-Failure Modes	1		φ
	F-Anchorage Adjustment	5		5
SECOND	A-Availability	4	/	4
	B-Evidence of usage	φφ		φφ
	C-Used in this crash?	φφ		φφ
	D-Proper Use	φ		φ
	E-Failure Modes	φ		φ
	F-Anchorage Adjustment	5		5
OTHER	A-Availability	4	3	4
	B-Evidence of usage	φφ	φφ	φφ
	C-Used in this crash?	φφ	φφ	φφ
	D-Proper Use	φ	φ	φ
	E-Failure Modes	φ	φ	φ
	F-Anchorage Adjustment	1	φ	1

A-Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed

- (01) Inoperable (specify): _____

- (02) Shoulder belt

- (03) Lap belt

- (04) Lap and shoulder belt

- (05) Belt used - type unknown

- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat

- (13) Lap belt used with child safety seat

- (14) Lap and shoulder belt used with child safety seat

- (15) Belt used with child safety seat - type unknown

- (18) Other belt used with child safety seat (specify): _____

- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

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

Belt Used Improperly

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

- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	/
	Deployment	/	/	/
	Failure	/	/	/

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment (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, accident sequence undetermined
- (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

Are There Indications of Air Bag System Failure? (This Occupant Position)

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

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	/	/
	B-Use	/	/
	C-Type	/	/
	D-Proper Use	/	/
	E-Failure Modes	/	/

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

B-Automatic (Passive) Belt System Use

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

C-Automatic (Passive) Belt System Type

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

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

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

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	41	41
E-Source of air bag damage	41	41
F-Air bag tethered?	2/2	9
G-Air bag have vent ports?	9	9
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	4	1

A-Type of Air Bag

- (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

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (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

C-Were Air Bag Module Cover Flap(s) Damaged?

- (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

D-Was There Damage To The Air Bag?

- (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): _____

E-Source of Air Bag Damage

- (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
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (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

G-Did The Air Bag Have Vent Ports?

- (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

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

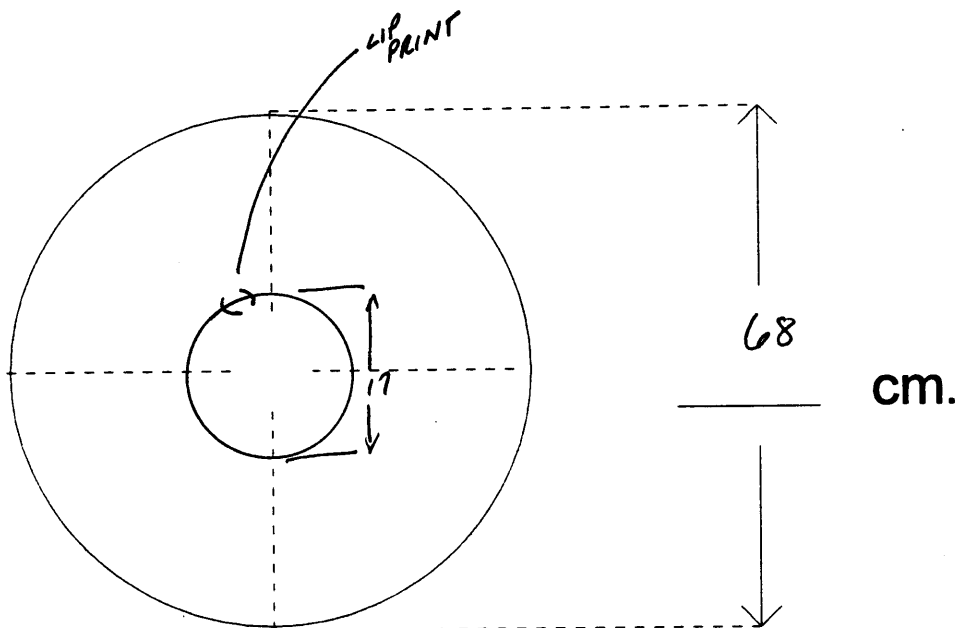
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

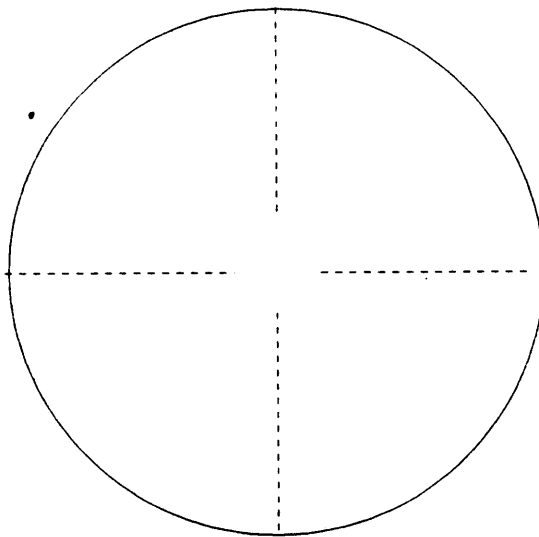
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

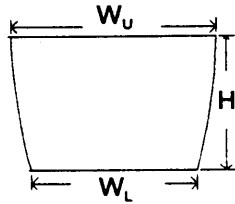


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) 17.78 width (W_L) _____

height (H) 8.89

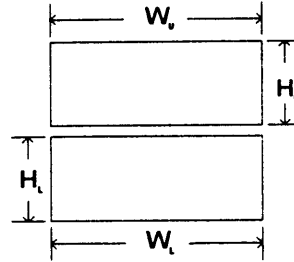


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) _____ width (W_L) _____

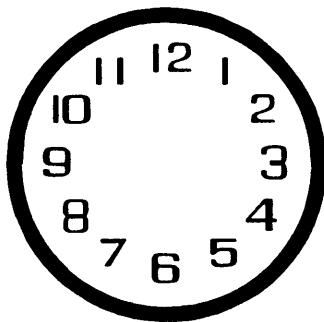
height (H_U) _____ height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

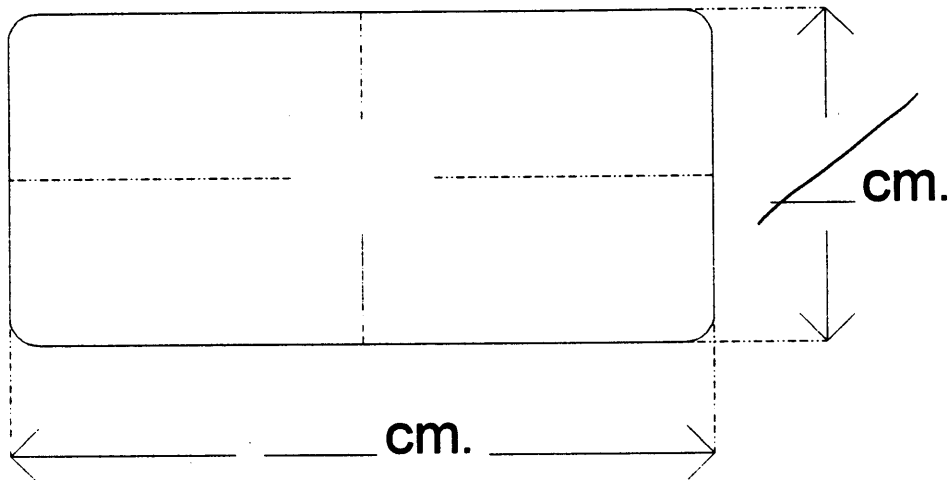
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

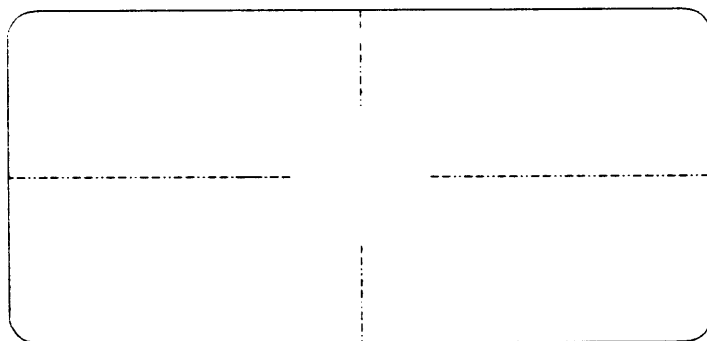


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

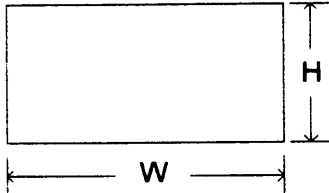


PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

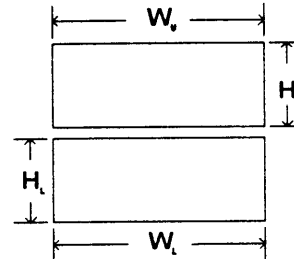
b. Lower Flap

width (W_u) 30.4

width (W_l) 30.4

height (H_u) 1.6

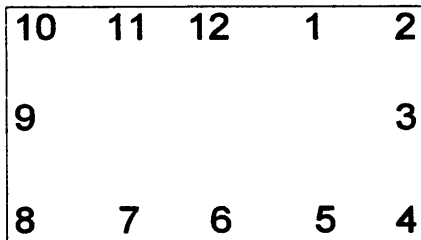
height (H_l) 1.6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3	/	3
	B-Seat Type	01	/	01
	C-Seat Orientation	1	/	1
	D-Seat Track Position	3	/	9
	E-Seat Back Incline Pre/Post Impact	23	/	9
	F-Seat Performance	1	/	1
S E C O N D	A-Head Restraint Type/Damage	3	/	3
	B-Seat Type	02	/	02
	C-Seat Orientation	1	/	1
	D-Seat Track Position	9	/	9
	E-Seat Back Incline Pre/Post Impact	23	/	23
	F-Seat Performance	1	/	1
T H I R D	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	9	0	9
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
O T H E R	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type	/	/	/
	C-Seat Orientation	/	/	/
	D-Seat Track Position	/	/	/
	E-Seat Back Incline Pre/Post Impact	/	/	/
	F-Seat Performance	/	/	/

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (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

B-Seat Type (this Occupant Position)

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

C-Seat Orientation (this Occupant Position)

- (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

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

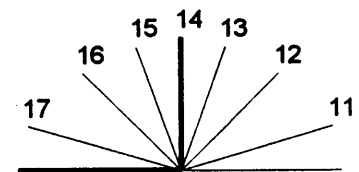
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

E-Seat Back Incline Prior and Post Impact

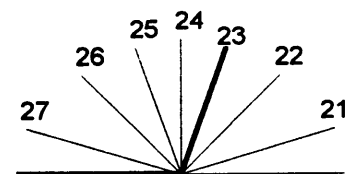
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

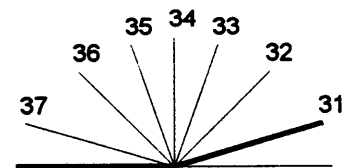
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

**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

**F-Seat Performance (this Occupant Position)**

- (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 tracks/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

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model						

Specify Below for Each Child Safety Seat

- | | |
|--|---|
| <p>1. Type of Child Safety Seat</p> <ul style="list-style-type: none"> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify):
_____ (8) Unknown child safety seat type (9) Unknown if child safety seat used <p>2. Child Safety Seat Orientation</p> <ul style="list-style-type: none"> (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 | <ul style="list-style-type: none"> 3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage <p>Note: Options Below Are Used for Variables 3-5.</p> <ul style="list-style-type: none"> (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 <p>6. Child Safety Seat Make/Model
(Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

- Ejection**
- (1) Complete ejection
 - (2) Partial ejection
 - (3) Ejection, Unknown degree
 - (9) Unknown
- Ejection Area**
- (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
- Ejection Medium**
- (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify): _____

- (5) Integral structure
 - (8) Other medium (specify): _____
 - (9) Unknown
- Medium Status (Immediately Prior to Impact)**
- (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum AB 47
 3. Vehicle Number 01
 4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 32
 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 8 mos. 5
 (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 999
 Code actual height to the nearest
 centimeter.
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
 _____ pounds X .4536 = _____ 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 8
 (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): UNCONSCIOUS
 (9) Unknown

EJECTION/ENTRAPMENT

<p>12. Ejection <u> ϕ </u></p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p>	<p>15. Medium Status (Immediately Prior To Impact) <u> ϕ </u></p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p>
<p>13. Ejection Area <u> ϕ </u></p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p>	<p>16. Entrapment <u> ϕ </u></p> <p>(0) Not entrapped/exit not inhibited</p> <p>(1) Entrapped/pinned - mechanically restrained</p> <p>(2) Could not exit vehicle due to jammed doors, fire, etc. (specify): _____</p> <p>(9) Unknown</p>
<p>14. Ejection Medium <u> ϕ </u></p> <p>(0) No ejection</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p>	<p>17. Occupant Mobility <u> 4 </u></p> <p>(0) Occupant fatal before removed from vehicle</p> <p>(1) Removed from vehicle while unconscious or not oriented to time or place</p> <p>(2) Removed from vehicle due to perceived serious injuries</p> <p>(3) Exited vehicle with some assistance</p> <p>(4) Exited vehicle under own power</p> <p>(5) Occupant fully ejected</p> <p>(8) Removed from vehicle for other reasons (specify): _____</p> <p>(9) Unknown</p>

BELT SYSTEM FUNCTION

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

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>1</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify):</p> <p>_____</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>_____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Vehicle inspection</p> <p>[] Official injury data</p> <p>[<input checked="" type="checkbox"/>] Driver/occupant interview</p> <p>[] Other (specify):</p> <p>_____</p> <p>[] Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function <u>φ</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>_____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p> <p>_____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>φ</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify):</p> <p>_____</p> <p>(9) Unknown</p>

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

NEW VEHICLE

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 φ 1

(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 + 996

Delta V For Air Bag

Deployment Impact

(_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? 2

(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? 1

(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? φ 1

(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*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage Φ 1
 (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
 (88) 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? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (3) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (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

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (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) Φ 1
 (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) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track **AUTO ADJUST.**
 (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

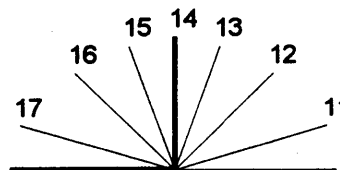
HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact 23

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

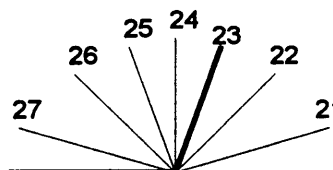
Upright prior to impact

- (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



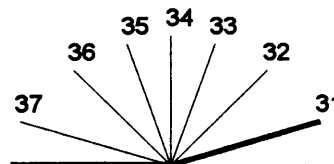
Slightly reclined prior to impact

- (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) L

- (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 SEAT

55. Child Safety Seat Make/Model φ φ φ
 (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 φ
 (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 φ φ
 (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 φ φ

59. Child Safety Seat Shield Usage φ φ

60. Child Safety Seat Tether Usage φ φ

Note: 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 CONSEQUENCES

61. Injury Severity (Police Rating) 3

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

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) 2

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

(9) Unknown

64. Hospital Stay 42

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

65. Working Days Lost 99

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

EMERGENCY RESPONSE INFORMATION

EMS Notification
 (1) Not notified
 (2) Notified
 (9) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Type

- (01) Fire department
- (02) Rescue squad
- (03) Police department
- (04) Trauma unit
- (05) Disaster unit
- (06) Ambulance service unit
- (07) Hospital
- (08) Mortuaries/funeral homes
- (98) Other, specify: _____
- (99) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Notification Time
 (9999) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Arrival Time
 (9998) EMS cancelled or did not arrive
 (9999) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Care (on scene or during transport)

- (01) No care administered
- (02) First aid
- (03) Resuscitation
- (04) CPR
- (05) Emergency cardiac care
- (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
- (07) Emergency burn care
- (08) Combination of above, specify: _____
- (98) Other, specify: _____
- (99) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Departure Time To Treatment Facility
 (9997) EMS arrived, provided treatment, but did not transport
 (9998) EMS arrived, but was not used
 (9999) Unknown

ROAD VEHICLE
 AIR VEHICLE

EMS Arrival Time At Treatment Facility
 (9999) Unknown

ROAD VEHICLE
 AIR VEHICLE

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 4 4
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 4 4

68. 2nd Medically Reported Cause of Death 4 4

69. 3rd Medically Reported Cause of Death 4 4

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

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

(99) _____ Unknown

70. Number of Recorded Injuries for This Occupant 4 4

_____ 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 9 7
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

73. Arterial Blood Gases (ABG) - HCO₃ 9 7
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 3
 (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



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u> 01 </u>
2. Case Number - Stratum <u> AB 07 </u>	4. Occupant Number <u> 01 </u>

INJURY DATA

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

	A.I.S. - 90							Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>1</u>	6. <u>1</u>	7. <u>5</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>1</u>	17. <u>1</u>	18. <u>6</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>9</u>	23. <u>697</u>	24. <u>9</u>	25. <u>7</u>	26. <u>00</u>
3rd	27. <u>1</u>	28. <u>7</u>	29. <u>1</u>	30. <u>04</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>00</u>
4th	38. <u>1</u>	39. <u>8</u>	40. <u>1</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>254</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

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

SOURCE OF INJURY DATA

INJURY SOURCE

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

CONFIDENCE LEVEL

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

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

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 — SOFT TISSUE INJURIES

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

Restrained?

No

Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

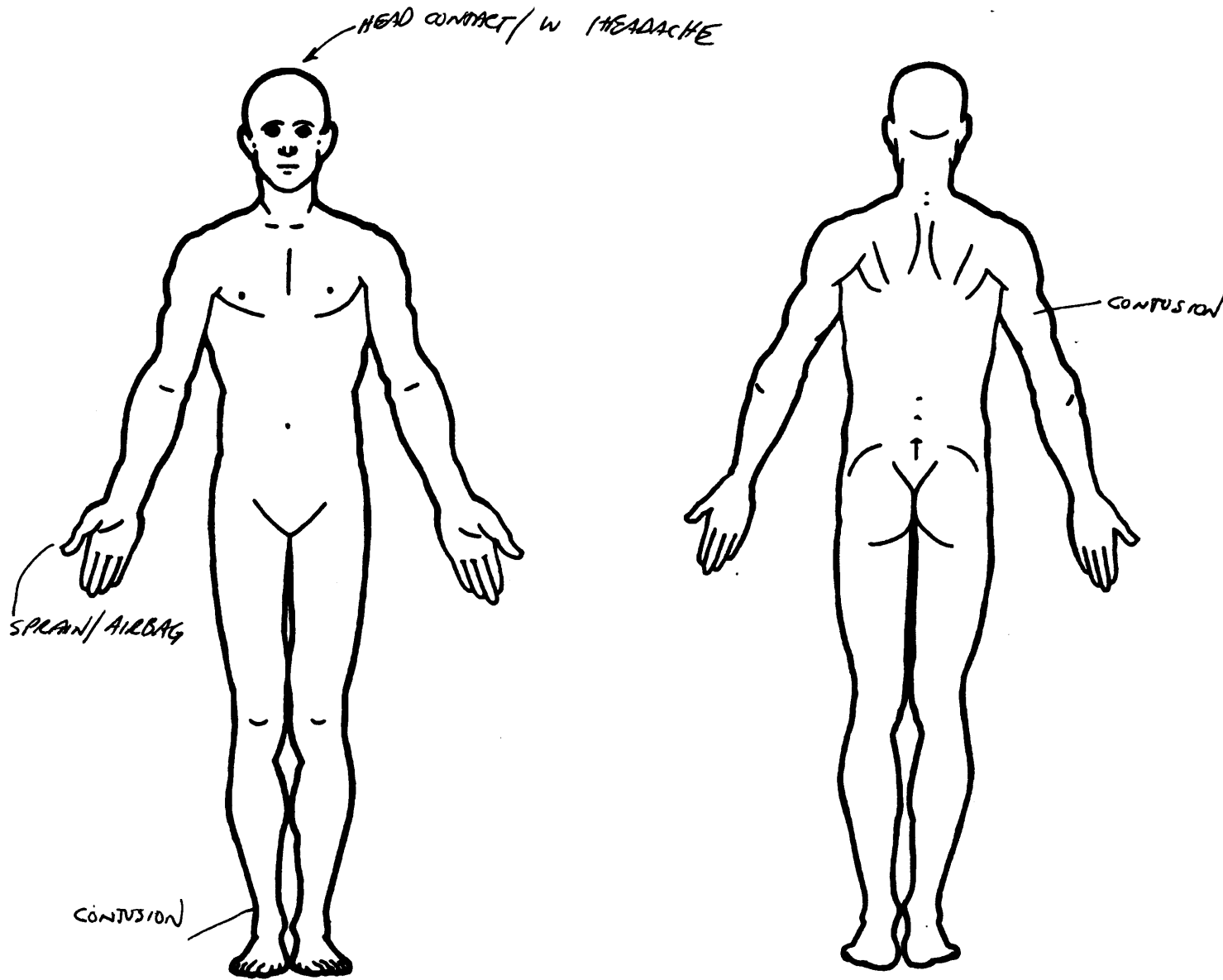
Arterial Blood Gases

pH = ____

PO₂ = ____

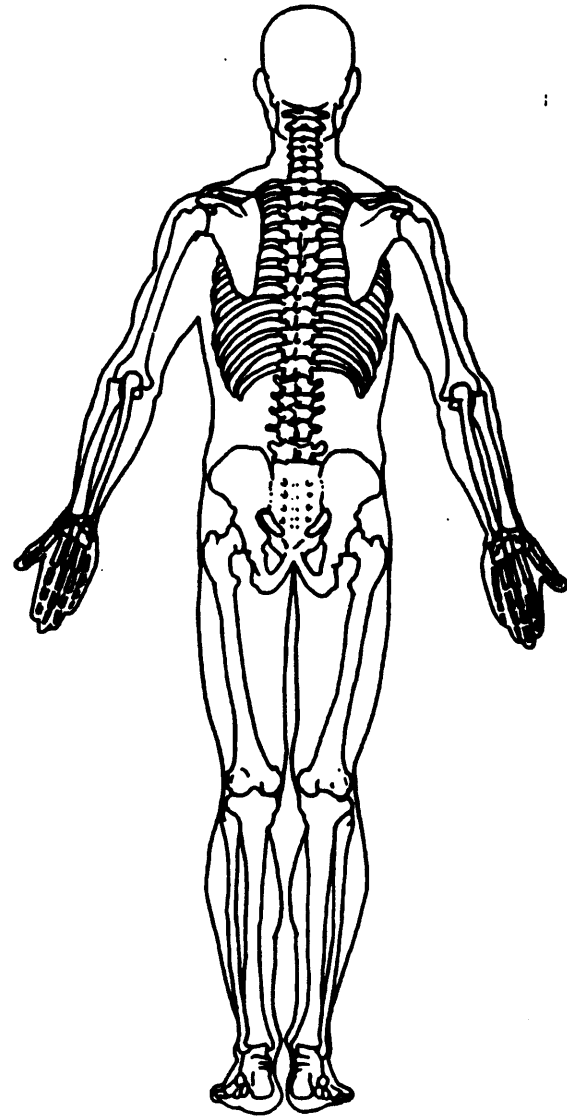
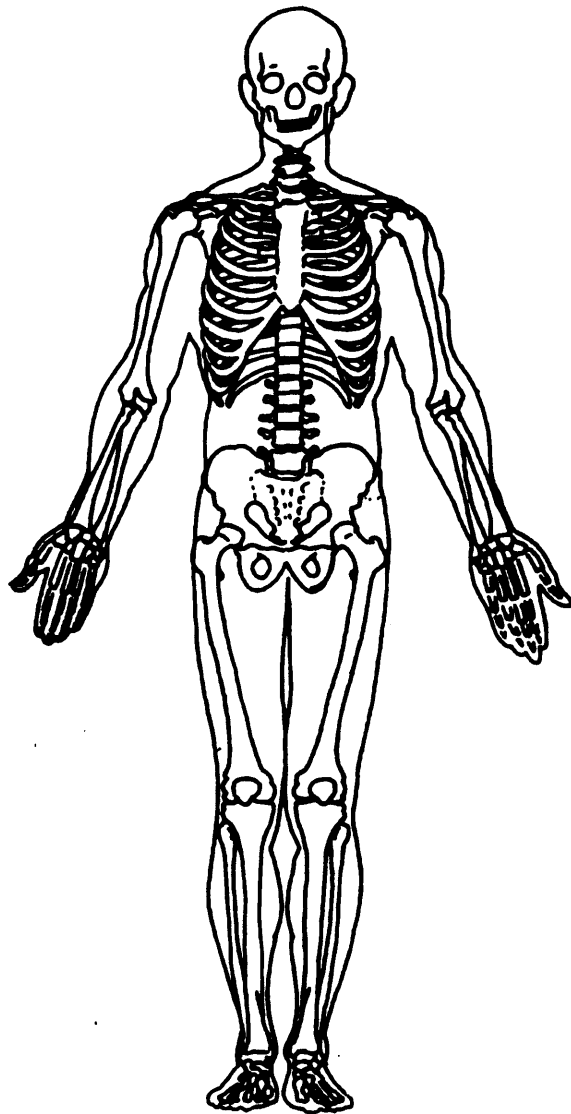
PCO₂ = ____

HCO₃ = ____



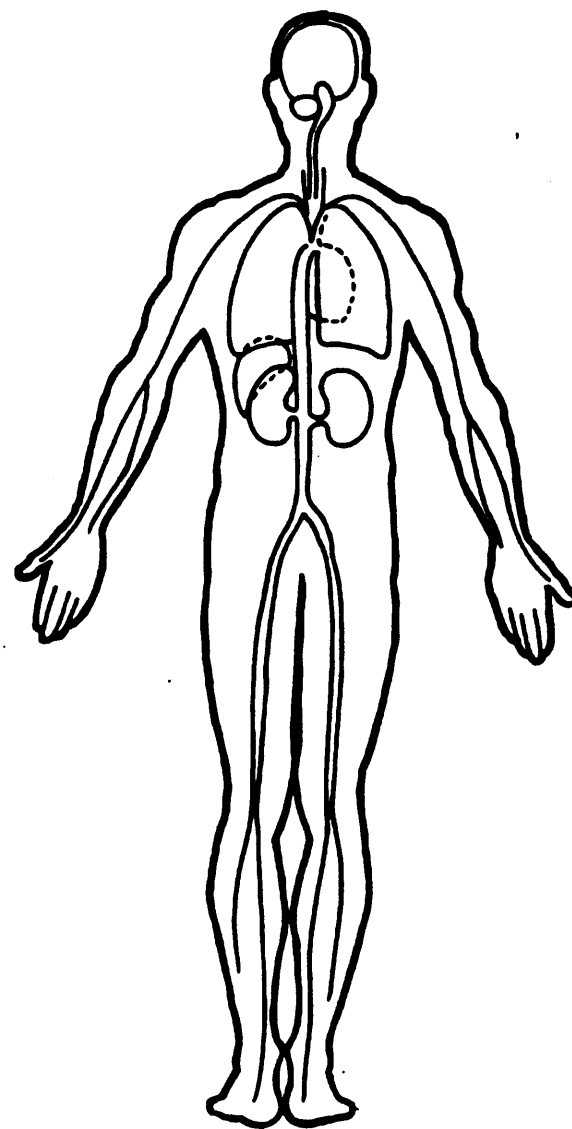
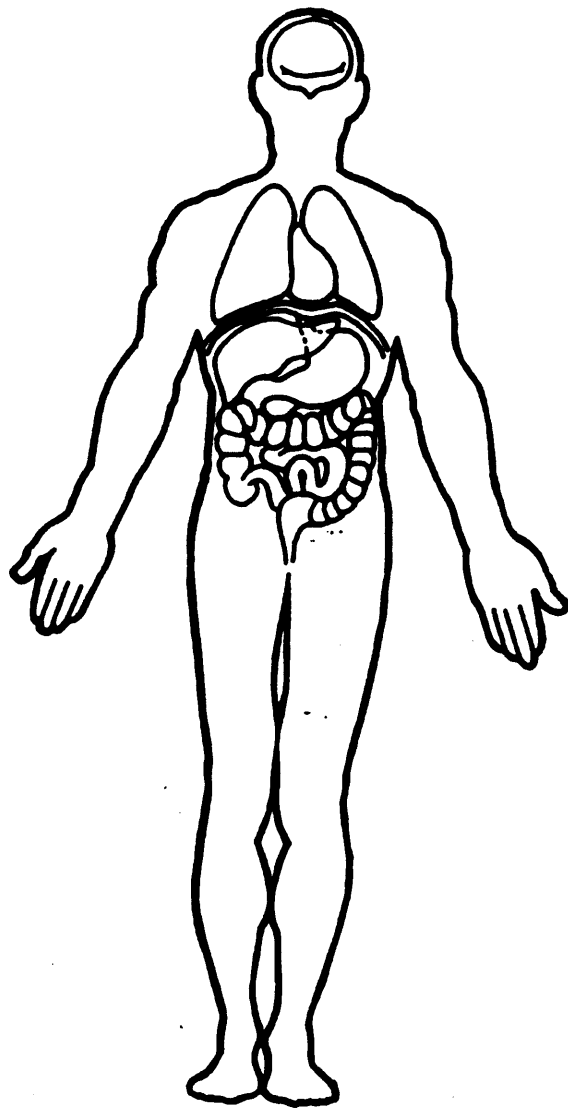
OFFICIAL INJURY DATA — SKELETAL INJURIES

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.)



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.)



Summary of Results Using Damage

DSI-96-AB-07 - BEV - CDC ONLY RUN, USING ACTUAL UEW AND D

Speed Change
(Damage)

Vehicle #1
 Total 17 km/h (10 mph)
 Longitudinal -17 km/h (-10 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 27166 Joules (20034 Ft-Lb)
 Barrier Equivalent Speed = 16.6 km/h (10.3 mph)
 Calculated using crush coefficients entered by the user.

Vehicle #2
 Total 0 km/h (0 mph)
 Longitudinal 0 km/h (0 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 °
 Energy Dissipated = 0 Joules (0 Ft-Lb)
 Barrier Equivalent Speed = 0.0 km/h (0.0 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
	-----	-----
Year	1996	1900
Make	CHRYSLER	
Model	TOWN & COUNTRY	
CDC	12FREE1	BARRIER
Side Damaged	F	
PDOF Angle	0 °	0 °
Heading Angle	0 °	0 °

Calculation method:	Vehicle's Crush Coeff.	Size and Stiffness
Size Category	**	11
Stiffness Category	**	11
Vehicle Weight	**	453592 kgs (999999 lbs)
d0 crush coeff.	109.73 sqrt(N)	***** sqrt(N)
d1 crush coeff.	8.51 sqrt(N)/cm	***** sqrt(N)/cm

Damage Information

	Vehicle #1 -----	Vehicle #2 -----
Vehicle Damage Known	Yes	Yes
Crush Length	165.0 cm (65 in)	0.0 cm (0 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	0.0 cm (0 in)	0.0 cm (0 in)
C3	0.0 cm (0 in)	0.0 cm (0 in)
C4	0.0 cm (0 in)	0.0 cm (0 in)
C5	0.0 cm (0 in)	0.0 cm (0 in)
C6	0.0 cm (0 in)	0.0 cm (0 in)
D	63.5 cm (25 in)	0.0 cm (0 in)
D'	84.9 cm (33 in)	0.0 cm (0 in)

Vehicle Dimensions

	Vehicle #1 -----	Vehicle #2 -----
Length	507.0 cm (200 in)	0.0 cm (0 in)
Width	192.0 cm (76 in)	0.0 cm (0 in)
Wheelbase	303.0 cm (119 in)	254.0 cm (100 in)
Weight	1939 kgs (4275 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	258.6 cm (102 in)	127.0 cm (50 in)
Engine Displacement	0.0 liters	0.0 liters
Moment of Inertia	450290 kgs (39856 lbs)	29375740821 kgs (2600101632 lbs)
Vehicle Mass	1939 kgs (11.1 lb-s ² /in)	453515 kgs (2600.1 lb-s ² /in)

TRAFFIC ACCIDENT REPORT

FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION

REPORT ID: YEAR 96 MONTH DAY HOUR NCIC NO. OFFICERS ID NO. Agency Report Number

Total Units: 2 Total Injuries: 1 Total Fatalities: 0 Estimated Total Damage: Over Minimum Under Minimum

Location: On Highway/Road/Street DR Intersecting Street, Road / M.P. or R.P. At 8 From STREETS

1. Driver: State AZ Class D End. License or Social Security Number [REDACTED] Name [REDACTED] Sex M Inj 4

2. Owner/Carrier: State AZ Year 1996 Same as Driver Owner/Carrier Name [REDACTED] Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]

3. Vehicle: Body Style DOWN & COUNTRY CARBON WHEEL Year 96 VIN [REDACTED] Safety Device Code 4

4. Driver: State AZ Class [REDACTED] End. License or Social Security Number [REDACTED] Name [REDACTED] Sex [REDACTED] Inj [REDACTED]

5. Owner/Carrier: State AZ Year 1997 Same as Driver Owner/Carrier Name [REDACTED] Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]

6. Vehicle: Body Style RUNABOUT (SKL AND PAS) SYLVAN Year 94 VIN [REDACTED] Safety Device Code [REDACTED]

7. Owner/Carrier: State AZ Year 1993 Same as Driver Owner/Carrier Name [REDACTED] Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]

8. Vehicle: Body Style [REDACTED] Year [REDACTED] VIN [REDACTED] Safety Device Code [REDACTED]

9. Seating Position Diagram: 07 04 01 08 05 02 09 06 03

10. Safety Devices: 1 - None used 2 - Lap belt 3 - Lap & shoulder 4 - Airbag deployed 5 - Child restraint 6 - Protective helmet 7 - Passive belt 8 - Passive & lap 9 - Other 0 - Unknown

11. Injured Taken to / by: [REDACTED]

12. Passengers: [REDACTED]

13. Witnesses: [REDACTED]

14. Other Property Damage (Describe): [REDACTED]

15. Officer's Signature and ID: [REDACTED]

9 - DIAGRAM					10 - INDICATE NORTH	11 - SKIDDING OCCURRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INDICATE WHICH VEHICLE'S SKIDC'D BY NUMBER				
						12 - CITATIONS					
						UNIT NO	A.R.S. NO. OR CITY CODE				
						13 - CLASSIFICATION BY TYPE					
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RAN OFF ROADWAY PRIOR TO EVENT				
						COLLISION BETWEEN A MOTOR VEHICLE IN TRANSPORT AND					
						1 <input type="checkbox"/>	PEDESTRIAN				
						2 <input type="checkbox"/>	MOTOR VEHICLE				
						3 <input type="checkbox"/>	RAILWAY TRAIN				
						4 <input type="checkbox"/>	PEDESTAL OBJECT				
						5 <input type="checkbox"/>	ANIMAL				
						6 <input type="checkbox"/>	FIXED OBJECT				
						7 <input checked="" type="checkbox"/>	OTHER OBJECT				
						NONCOLLISION INVOLVING A MOTOR VEHICLE IN TRANSPORT					
						8 <input type="checkbox"/>	OVERTURNING				
						9 <input type="checkbox"/>	OTHER NONCOLLISION				
						29 - TRAFFIC UNIT ACTION					
						CHECK ONE PER UNIT					
						1 <input type="checkbox"/>	GOING STRAIGHT AHEAD				
						2 <input type="checkbox"/>	SLOWING IN TRAFFICWAY				
						3 <input type="checkbox"/>	STOPPING IN TRAFFICWAY				
						4 <input type="checkbox"/>	MAKING LEFT TURN				
						5 <input type="checkbox"/>	MAKING RIGHT TURN				
						6 <input type="checkbox"/>	MAKING U TURN				
						7 <input type="checkbox"/>	ENTERING ALLEY OR DRIVEWAY				
						8 <input type="checkbox"/>	LEAVING TRAFFICWAY				
						9 <input type="checkbox"/>	OVERTAKING/PASSING				
						10 <input type="checkbox"/>	BACKING				
						11 <input type="checkbox"/>	AVOIDING VEHICLE OBJECT, PEDESTRIAN				
						12 <input type="checkbox"/>	ENTERING PARKING POSITION				
						13 <input type="checkbox"/>	LEAVING PARKING POSITION				
						14 <input type="checkbox"/>	PROPERLY PARKED				
						15 <input type="checkbox"/>	IMPROPERLY PARKED				
						16 <input type="checkbox"/>	DRIVERLESS MOVING VEHICLE				
						17 <input type="checkbox"/>	CROSSING ROAD				
						18 <input type="checkbox"/>	WALKING WITH TRAFFIC				
						19 <input type="checkbox"/>	WALKING AGAINST TRAFFIC				
						20 <input type="checkbox"/>	STANDING				
						21 <input type="checkbox"/>	LYING				
						22 <input type="checkbox"/>	GETTING ON OR OFF VEHICLE				
						23 <input type="checkbox"/>	WORKING ON OR PUSHING VEHICLE				
						24 <input type="checkbox"/>	WORKING ON ROAD				
						25 <input type="checkbox"/>	OTHER				
						26 <input type="checkbox"/>	UNKNOWN				
						30 - VISION OBSCUREMENT					
						CHECK ONE PER UNIT					
						1 <input checked="" type="checkbox"/>	NOT OBSCURED				
						2 <input type="checkbox"/>	BY PARKED / STOPPED VEHICLE				
						3 <input type="checkbox"/>	BY MOVING VEHICLE				
						4 <input type="checkbox"/>	BY BUILDING				
						5 <input type="checkbox"/>	BY EMBANKMENT				
						6 <input type="checkbox"/>	BY SIGNBOARD				
						7 <input type="checkbox"/>	BY HILLCREST				
						8 <input type="checkbox"/>	BY LOAD ON VEHICLE				
						9 <input type="checkbox"/>	BY TREES, BUSHES				
						10 <input type="checkbox"/>	BY HEADLIGHT				
						11 <input type="checkbox"/>	BY SUN GLARE				
						12 <input type="checkbox"/>	BECAUSE OF BAD WEATHER				
						13 <input type="checkbox"/>	OTHER				
						14 <input type="checkbox"/>	BY IMPRESSION ON WINDSHIELD				
						15 <input type="checkbox"/>	WINDSHIELD OBSCURED - OTHER				
						16 <input type="checkbox"/>	UNKNOWN				
						FOR ADOT USE					
13 - DESCRIBE WHAT HAPPENED INVESTIGATION REVEALED THAT AT APPROX 1514 HRS TWD 1 WAS NB IN THE ADOT LANE IN THE WHEN IT STRUCK TWD 2 WHICH WAS PARKED FACING NB ON THE EAST SIDE OF THE WAS EITHER ASLEEP OR PASSED OUT A THE CONTROLS OF TWD 1.		15 - LIGHT CONDITION CHECK ONLY ONE 1 <input checked="" type="checkbox"/> DAYLIGHT 2 <input type="checkbox"/> DAWN OR DUSK 3 <input type="checkbox"/> DARKNESS YES NO 1 <input type="checkbox"/> STREET LIGHT 2 <input type="checkbox"/> STREET LIGHT FUNCTIONING		20 - SPECIAL LOCATION CHECK ONLY ONE 1 <input type="checkbox"/> SCHOOL CROSSING 2 <input type="checkbox"/> PEDESTRIAN CROSSWALK (STRIPED) 3 <input type="checkbox"/> PEDESTRIAN CROSSWALK (NO STRIPING) 4 <input type="checkbox"/> TUNNEL 5 <input type="checkbox"/> RR CROSSING 6 <input type="checkbox"/> ALLEY 7 <input type="checkbox"/> BIKE PATH 8 <input type="checkbox"/> 2-WAY LEFT TURN LANE		23 - NON INTERSECTION ROAD CHARACTER CHECK ONLY ONE 1 <input type="checkbox"/> 2-WAY STRIPED CENTERLINE 2 <input checked="" type="checkbox"/> 2-WAY, NO STRIPE 3 <input type="checkbox"/> 2-WAY, PAINTED MEDIAN 4 <input type="checkbox"/> 2-WAY, RAISED MEDIAN 5 <input type="checkbox"/> 2-WAY, BARRIER MEDIAN 6 <input type="checkbox"/> 2-WAY, DEPRESSED MEDIAN 7 <input type="checkbox"/> 2-WAY, EXTENDED MEDIAN 8 <input type="checkbox"/> 1-WAY STREET		27 - VIOLATIONS/BEHAVIOR TWO CHOICES PER PERSON MAY BE SELECTED 1 <input type="checkbox"/> NO IMPROPER DRIVING 2 <input type="checkbox"/> SPEED TOO FAST FOR CONDITIONS 3 <input type="checkbox"/> EXCEEDED LAWFUL SPEED 4 <input type="checkbox"/> FAILED TO YIELD RIGHT-OF-WAY 5 <input type="checkbox"/> FOLLOWED TOO CLOSELY 6 <input type="checkbox"/> RAN STOP SIGN 7 <input type="checkbox"/> DISREGARDED TRAFFIC SIGNAL 8 <input type="checkbox"/> MADE IMPROPER TURN 9 <input type="checkbox"/> DROVE IN OPPOSING TRAFFIC LANE 10 <input type="checkbox"/> KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT 11 <input type="checkbox"/> REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED 12 <input type="checkbox"/> PASSED IN NO PASSING ZONE 13 <input type="checkbox"/> UNSAFE LANE CHANGE 14 <input type="checkbox"/> OTHER UNSAFE PASSING 15 <input type="checkbox"/> INATTENTION 16 <input type="checkbox"/> DID NOT USE CROSSWALK 17 <input type="checkbox"/> WALKED ON WRONG SIDE OF ROAD 18 <input type="checkbox"/> OTHER 19 <input type="checkbox"/> UNKNOWN		29 - TRAFFIC UNIT ACTION CHECK ONE PER UNIT 1 <input type="checkbox"/> GOING STRAIGHT AHEAD 2 <input type="checkbox"/> SLOWING IN TRAFFICWAY 3 <input type="checkbox"/> STOPPING IN TRAFFICWAY 4 <input type="checkbox"/> MAKING LEFT TURN 5 <input type="checkbox"/> MAKING RIGHT TURN 6 <input type="checkbox"/> MAKING U TURN 7 <input type="checkbox"/> ENTERING ALLEY OR DRIVEWAY 8 <input type="checkbox"/> LEAVING TRAFFICWAY 9 <input type="checkbox"/> OVERTAKING/PASSING 10 <input type="checkbox"/> BACKING 11 <input type="checkbox"/> AVOIDING VEHICLE OBJECT, PEDESTRIAN 12 <input type="checkbox"/> ENTERING PARKING POSITION 13 <input type="checkbox"/> LEAVING PARKING POSITION 14 <input type="checkbox"/> PROPERLY PARKED 15 <input type="checkbox"/> IMPROPERLY PARKED 16 <input type="checkbox"/> DRIVERLESS MOVING VEHICLE 17 <input type="checkbox"/> CROSSING ROAD 18 <input type="checkbox"/> WALKING WITH TRAFFIC 19 <input type="checkbox"/> WALKING AGAINST TRAFFIC 20 <input type="checkbox"/> STANDING 21 <input type="checkbox"/> LYING 22 <input type="checkbox"/> GETTING ON OR OFF VEHICLE 23 <input type="checkbox"/> WORKING ON OR PUSHING VEHICLE 24 <input type="checkbox"/> WORKING ON ROAD 25 <input type="checkbox"/> OTHER 26 <input type="checkbox"/> UNKNOWN	
16 - WEATHER CONDITIONS CHECK ONLY ONE 1 <input checked="" type="checkbox"/> CLEAR 2 <input type="checkbox"/> RAINING 3 <input type="checkbox"/> CLOUDY 4 <input type="checkbox"/> SNOWING 5 <input type="checkbox"/> STRONG WIND 6 <input type="checkbox"/> DUST 7 <input type="checkbox"/> FOG		21 - UNUSUAL ROAD CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> UNDER CONSTRUCTION, TRAFFIC ALLOWED 2 <input type="checkbox"/> UNDER CONSTRUCTION, NO TRAFFIC ALLOWED 3 <input type="checkbox"/> UNDER REPAIRS 4 <input type="checkbox"/> HOLES, RUTS, BUMPS 5 <input type="checkbox"/> OBSTRUCTION - PROTECTED 6 <input type="checkbox"/> OBSTRUCTION - UNPROTECTED 7 <input type="checkbox"/> OBSTRUCTION - UNLIGHTED AT NIGHT 8 <input type="checkbox"/> DEFECTIVE SHOULDERS 9 <input type="checkbox"/> CHANGING ROAD WIDTH 10 <input type="checkbox"/> FLOODED 11 <input type="checkbox"/> TEMPORARY LANE CLOSURE		24 - ROAD GRADE CHECK ONLY ONE 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> DOWNGRADE 3 <input type="checkbox"/> UPGRADE 4 <input type="checkbox"/> HILLCREST 5 <input type="checkbox"/> DIP		25 - UNUSUAL ROAD SURFACE CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> WET 2 <input type="checkbox"/> LOOSE SAND, DIRT OR GRAVEL 3 <input type="checkbox"/> SNOWY ICY 4 <input type="checkbox"/> FRESH OIL 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN		28 - VEHICLE CONDITION TWO CHOICES PER VEHICLE MAY BE SELECTED 1 <input type="checkbox"/> NO APPARENT DEFECTS 2 <input type="checkbox"/> DEFECTIVE BRAKES 3 <input type="checkbox"/> DEFECTIVE STEERING 4 <input type="checkbox"/> DEFECTIVE HEADLIGHTS 5 <input type="checkbox"/> DEFECTIVE TAIL LIGHTS 6 <input type="checkbox"/> DEFECTIVE TURN-SIGNAL 7 <input type="checkbox"/> PUNCTURE OR BLOWOUT 8 <input type="checkbox"/> ONE OR MORE SMOOTH TIRES 9 <input type="checkbox"/> FIRE 10 <input type="checkbox"/> DEFECTIVE WINDSHIELD WIPER 11 <input type="checkbox"/> DEFECTIVE EXHAUST SYSTEM 12 <input type="checkbox"/> OTHER DEFECTS 13 <input type="checkbox"/> NO TRAILER BRAKES 14 <input type="checkbox"/> UNKNOWN		30 - VISION OBSCUREMENT CHECK ONE PER UNIT 1 <input checked="" type="checkbox"/> NOT OBSCURED 2 <input type="checkbox"/> BY PARKED / STOPPED VEHICLE 3 <input type="checkbox"/> BY MOVING VEHICLE 4 <input type="checkbox"/> BY BUILDING 5 <input type="checkbox"/> BY EMBANKMENT 6 <input type="checkbox"/> BY SIGNBOARD 7 <input type="checkbox"/> BY HILLCREST 8 <input type="checkbox"/> BY LOAD ON VEHICLE 9 <input type="checkbox"/> BY TREES, BUSHES 10 <input type="checkbox"/> BY HEADLIGHT 11 <input type="checkbox"/> BY SUN GLARE 12 <input type="checkbox"/> BECAUSE OF BAD WEATHER 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> BY IMPRESSION ON WINDSHIELD 15 <input type="checkbox"/> WINDSHIELD OBSCURED - OTHER 16 <input type="checkbox"/> UNKNOWN	
17 - ROAD SURFACE TYPE CHECK ONLY ONE 1 <input checked="" type="checkbox"/> ASPHALT 2 <input type="checkbox"/> CONCRETE 3 <input type="checkbox"/> GRAVEL 4 <input type="checkbox"/> DIRT 5 <input type="checkbox"/> OTHER		22 - TRAFFIC CONTROL DEVICES LEGEND: A-DEVICE PRESENT B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT CHECK ANY THAT APPLY 1 <input type="checkbox"/> STOP AND GO SIGNAL 2 <input type="checkbox"/> YIELD SIGN 3 <input type="checkbox"/> STOP SIGN 4 <input type="checkbox"/> WARNING SIGN 5 <input type="checkbox"/> RAILROAD SIGNAL 6 <input type="checkbox"/> FLASHING SIGNAL 7 <input type="checkbox"/> FLAGMAN OR OFFICER		26 - PHYSICAL CONDITION TWO CHOICES PER PERSON MAY BE SELECTED 1 <input type="checkbox"/> NO APPARENT DEFECTS 2 <input type="checkbox"/> HAD BEEN DRINKING 3 <input type="checkbox"/> APPEARED TO BE UNDER INFLUENCE OF DRUGS 4 <input type="checkbox"/> ILL-ABILITY INFLUENCED 5 <input type="checkbox"/> SLEEPY-FATIGUED 6 <input type="checkbox"/> OTHER BODILY DEFECTS, INFIRMITIES 7 <input type="checkbox"/> UNKNOWN		18 - TYPE OF LOCATION CHECK ONLY ONE 1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> JUNCTION AREA 3 <input checked="" type="checkbox"/> NON-JUNCTION AREA 4 <input type="checkbox"/> DRIVEWAY ACCESS 5 <input type="checkbox"/> ALLEY ACCESS		19 - INFORMATION RELATED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

96

ACCIDENT DIAGRAM

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
 MEASUREMENTS ARE SCALED (SCALE = _____)

INDICATE NORTH



AA to A 142° 33' to A 34° W

B 146° 4' B 34° 10' W

C 158° 4' C 46° 4' E

D 166° 4' D 45° 1' E

E 173° 0' E 34° 9' W

F 182° 0' F 37° 1' W

AA to A 141° 0' AA to A 7° W

SCUFF MARK
MADE BY BRICK
TIRE MARK

START
FLUID SPILL

MOTOR'S PROpped AGAINST SIDE OF VAN

BOAT OFF
TRAILER

TIRE MARK

BOAT ON
TRAILER

RAVIA BU
[REDACTED]

60 FT. BREAK

AA

[REDACTED]
(22 FT. WIDE)

BB

TRAFFIC ACCIDENT REPORT SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION			REPORT ID YEAR MONTH DAY 9 6 [REDACTED]			NCIC NO.			OFFICER'S ID NO.			Agency Report Number		
---	--	--	---	--	--	----------	--	--	------------------	--	--	----------------------	--	--

ACCIDENT DESCRIPTION
(Narrative)

VEHICLE DAMAGE:

[REDACTED] Damage to [REDACTED] is to the front of the vehicle, primarily. The damage begins at approximately the center of the hood and extends towards the right side of the vehicle. The grille, front bumper, and hood areas are all bent and pushed backwards extensively. The windshield has been broken and it appears that the hood has been pushed back through the windshield. The right front fender and quarter panel is bent and pushed backwards and in. There is also damage to the right side doors and also the right rear fender. There is also induced damage to the left front fender area of the vehicle.

[REDACTED] is a combination of a boat and a boat trailer. The boat and trailer both had been pushed up in the air and rotated approximately 90 degrees and pushed off the road. The trailer frame has been bent and twisted extensively. It's unknown on the full extent of the damages to the boat. The motor has been damaged, the prop has been bent, the whale fins on the motor have been broken off. It appears that there may also be some cracking of the hull of the boat which is made out of fiberglass.

ROADWAY CHARACTER: This accident occurred in the [REDACTED] block of [REDACTED], which is an east-west street with one eastbound and one westbound lane. There are no pavement markings on the road. There is parallel parking permitted on both sides.

ROADWAY EVIDENCE: Roadway evidence at the accident consisted of the spill of radiator and transmission cooler fluids. Also, there is scuffing and scraping from both vehicles as they are engaged and pushed down the roadway.

INJURIES: [REDACTED] was taken to [REDACTED] by [REDACTED] Ambulance with unknown injuries. It was noted that she is pregnant and apparently was in labor at the time.

[REDACTED]

TRAFFIC ACCIDENT REPORT			REPORT ID		Agency Report Number	
SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 0618			YEAR	MONTH	DAY	HOUR
			9	6		
			NCIC NO.		OFFICERS ID NO.	

ACCIDENT DESCRIPTION
(Narrative)

PERSONS CONTACTED: S [REDACTED]

NARRATIVE: At [REDACTED] hours, [REDACTED] 96, I was sent to the area of the [REDACTED] for a traffic accident with injuries.

When I arrived at the scene, I observed a white 1996 Chrysler Town and Country Van, [REDACTED] stopped facing northbound on the east side of the [REDACTED] block of [REDACTED] on the right side of [REDACTED] still in contact with the vehicle, I observed a white 1994 Sylvan Runabout ski and bass boat and a boat trailer with Arizona license [REDACTED], which is registered to a [REDACTED]

[REDACTED] Fire Department personnel were on the scene of the accident and were examining [REDACTED]

I spoke with S [REDACTED], who said that the boat and trailer belonged to her husband, [REDACTED], and that he is currently out of town. She said that [REDACTED] had been parked facing northbound on the east side of the street in front of their residence [REDACTED] and that she had heard what sounded like an explosion, almost, and that she had come out and found that the boat and trailer had been struck by [REDACTED]

I also spoke with a witness, a [REDACTED] who said that she had been going northbound in the [REDACTED] Drive and that she had just gone past [REDACTED] which was going northbound in the northbound lane of [REDACTED]. She said that [REDACTED] was very close to the curb and she made a comment to herself that it looked like it was going to run into the back end of a boat and trailer which was parked next to the side of the road. She said that she then looked in her rear view mirror and saw that [REDACTED] did strike the boat and trailer. She said she then turned around and went back and helped get the driver out of [REDACTED]

After completing the on-scene investigation, I went to [REDACTED] Center where I made contact with [REDACTED] 0, the operator of [REDACTED]. I asked [REDACTED]

[REDACTED]

YEAR			MONTH			DAY			REPORT ID			HOUR			NCIC NO.			OFFICERS ID NO.					

ACCIDENT DESCRIPTION
(Narrative)

if she could remember and she said the last thing she remembers was that she had turned onto [redacted] Drive from [redacted] Street and that was the last thing she remembers until she woke up after the accident with somebody opening her car door and her opening her [redacted] finding that the windshield was broken and the vehicle appeared to be full of smoke. I asked her if she remembered anything else and she said no.

Circumstances that may be a factor in this accident are that [redacted] pregnant; that she was coming from her doctor's office where she had just been for a stress test and the [redacted] having contractions. She said that she was tired and she does not know whether she went to sleep or if she had passed out as a result of possibly the baby that she is carrying somehow laying on a nerve or a blood vessel of some sort.

Investigation revealed that at about [redacted] hours, [redacted] 96, [redacted] northbound in the northbound lane in the [redacted] of S 77th [redacted] when it struck [redacted] #2, which was parked facing northbound on the east side of the 1500 [redacted] Drive. [redacted] was either asleep or passed out at the controls of TU [redacted] the accident.

This case is being sent to the [redacted] for review in case there are mitigating circumstances.

Officer [redacted] Page 6 of TEXT

COMPLAINT REQUEST AND AUTHORIZATION/DECLINATION

County Atty Turndown Yes No

DATE: [Redacted]

Crim/Crim Traffic Only
 Civil Traffic Only
 Combined Crim/Civil

Reason: _____

Requested by: [Redacted]

Will Wait For
 Send To
 Call To Pick Up

To Be Signed By: Victim(s)/Complainant(s)
 Requesting Officer
 Other _____

Victim(s)/Complainant(s) _____

Property Description Including Value _____

<u>Defendant(s) Full Name(s)</u>	<u>Violation/Code/Count(s)</u>	<u>Date of Offense</u>
[Redacted]	1 Failure to Control	[Redacted]
[Redacted]	2	
[Redacted]	3 Trailer parked on	
	4 city street	
	5 (City Code)	
	6	

Defendant(s) In Custody: Yes No Unknown

Requested: Warrant Yes No Summons Yes No

Service Address: _____

Driving Record Attached: Yes No

Charges: Authorized Declined

Reason for declination and Victim notification by Prosecutor if applicable (ARS 13-4408.B): _____

YPD Case # [Redacted]

96

ACCIDENT DESCRIPTION
(Narrative)

ATTACHMENTS:

On [REDACTED], I ~~proceeded~~ ^{SENT} case to:

- () Deputy County Attorney or
- (X) City Prosecutor

for consideration of the issuance of a criminal complaint. After reviewing the case, a complaint charging [REDACTED] with

ILLEGALLY PARKING A COMMERCIAL VEHICLE was (X) authorized () declined.

Prosecutor's comments or instructions:

On [REDACTED] 96, ~~Criminal~~ Complaint No. [REDACTED] was sworn to and signed by [REDACTED] before Judge [REDACTED] of CITY MUNICIPAL Court.

- () Warrant issued
- (X) Summons issued
- () In custody

Investigator's Comments:

TRAFFIC ACCIDENT REPORT SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION	REPORT ID			NCIC NO.	OFFICERS ID NO.	Agency Report Number
	YEAR	MONTH	DAY			
	9	6				

ACCIDENT DESCRIPTION
(Narrative)

ATTACHMENTS:

On [redacted] 96, I ~~presented~~^{SENT} case to:

- () Deputy County Attorney or
- (X) City Prosecutor

for consideration of the issuance of a criminal complaint. After reviewing the case, a complaint charging [redacted] with FAILURE TO CONTROL was (X) authorized () declined.

Prosecutor's comments or instructions:

On [redacted] 96, ~~criminal~~ Complaint No. [redacted] was sworn to and signed by [redacted] before Judge [redacted] of CITY MUNICIPAL Court.

- () Warrant issued
- (X) Summons issued
- () In custody

Investigator's Comments: