



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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

TRANSPORTATION RESEARCH CENTER

Indiana University



REMOTE AIR BAG REPORT

CASE NO. - 92-04  
FLEET - PRIVATE VEHICLE  
LOCATION - [REDACTED] FLORIDA  
ACCIDENT DATE - [REDACTED], 1992

Submitted By:

[REDACTED]  
Research Scientist

[REDACTED] 1992

Revised Submission:

[REDACTED] 1992

Contract Number: DTNH22-87-C-07169

Prepared for:

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

## DISCLAIMERS

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

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

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

Transportation Research Center  
Indiana University

Remote Air Bag Case No. 92-04

Summary

This report concerns a motor vehicle accident involving an air bag equipped 1991 Chevrolet Corsica and a 1987 Geo Spectrum occurring on [REDACTED], 1992 at [REDACTED] p.m. in [REDACTED] Florida at a cross intersection of a State Road and a City Street.

The Corsica was traveling north on a two-lane undivided State trafficway when it impacted the Spectrum which was traveling west on a two-lane undivided City roadway. The Corsica rotated slightly counterclockwise after impact and came to rest, probably facing slightly northwest. The Spectrum rotated slightly clockwise after impact and came to rest, probably facing northwest.

The front right of the Corsica impacted the left front of the Spectrum. The CDC for the Corsica is estimated as: 12-FREW-1. The CDC for the Spectrum cannot be estimated from available information. No reconstruction program was used on this collision.

The 1991 Chevrolet Corsica was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the frontal impact. The driver of the vehicle (69 year-old female) was also restrained by the active three-point lap and shoulder belt. She sustained 1st degree burns to the medial forearms bilaterally, a 1st degree burn to the medial right distal upper arm, abrasions to her arms bilaterally, and an abrasion and contusion to the lower abdomen. The driver of the Corsica was listed on the Police Accident Report as sustaining a "C" (possible) injury as a result of this crash. The driver (21 year-old male) of the Spectrum was listed on the Police Accident Report as not sustaining any injury.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE  
LOCATION - ██████████ FLORIDA  
CASE NO. - 92-04

ACCIDENT DATA

Location/Street: Cross intersection of a State Road and a City Street  
City/Township: ██████████ County, ██████████ Florida  
Area/Type: Urban residential  
Accident Date/Time: ██████████, 1992 @ ██████████ p.m.  
Investigating Police Agency: ██████████ Police Department  
Accident Type: Car / Car - right angle  
Occupant Injury Severity (air bag vehicle): Minor abrasions and 1st degree burns (AIS=1)

AMBIENT CONDITIONS

Light conditions: Daylight  
Weather Condition: Overcast  
Precipitation: Rain  
Road Surface: Wet

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State Road	City Street
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Surface Type:	Asphalt	Asphalt
Vertical alignment:	Level	Unknown
Horizontal alignment:	Straight	Straight
Traffic Density:	Moderate	Unknown

ROADWAY (CONT'D.)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Speed Limit:	25 mph (40 kph)	25 mph (40 kph)
Traffic Controls:	Lane lines	Stop sign

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1991	1987
Make:	Chevrolet	Chevrolet (Geo)
Model:	Corsica	Spectrum
Body Type:	4-door sedan	4-door sedan
V.I.N.:	1G1LT53G5MY----- (Valid VIN)	J81RG5177H8----- (Invalid VIN)
Mileage:	Unknown	Unknown
Securiflex windshield:	Unknown	Unknown
Windshield damage/source:	None/driver	Unknown
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage
Reported Defects:	None	None

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Object Struck:	Vehicle #2	Case vehicle
Event number:	1	1
Damage location:	Front	Left
CDC:	12-FREW-1	Unknown
Estimated Maximum Crush:	4-5 in (10-13 cm)	Unknown
Damage components:	Right front fender, headlamp, and air dam, bumper, and hood	Unknown

**VEHICLE DAMAGE (CONT'D.)**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Repair Estimate:	Unknown	Unknown
Interior damage:	None	Unknown

**COLLISION SEQUENCE**

According to the driver and the police accident report, the case vehicle (Corsica) was traveling north in the northbound lane of a two-lane undivided State Road and was attempting to continue in its direction of travel through a four-leg cross intersection. Vehicle #2 (Spectrum) was traveling west in the westbound lane of a two-lane undivided City Street and was attempting to continue in its direction of travel through the intersection. The crash occurred in the intersection. According to the driver of the case vehicle, she attempted to brake and steer left prior to the impact.

According to the driver and the police report, the front right of the case vehicle impacted the left front of vehicle #2. According to the driver, the case vehicle rotated slightly counterclockwise after impact and came to rest close to the impact point. Also, according to the driver of the case vehicle, vehicle #2 rotated slightly clockwise after impact and it too came to rest close to the point of impact.

The driver of the case vehicle indicated that she was wearing the available 3-point lap and shoulder belt at the time of the crash. The driver sustained 1st degree burns to the medial surfaces of both forearms, a 1st degree burn to the medial surface of the distal right upper arm, abrasions to her arms bilaterally, and an abrasion and contusion to the lower abdomen.

**DRIVER DATA**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	69	21
Sex:	Female	Male
Height:	67 in (170 cm)	Unknown
Weight:	175 lbs (79 kg)	Unknown
Occupation:	Retired nurse	Unknown
Active Restraint System/Usage:	3-point lap and shoulder belt/used	3-point lap and shoulder belt/used
Usage Source:	Driver/police report	Police report

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

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Eye glasses/contacts:	Glasses/worn	Unknown
Vehicle Familiarity:	9 months	Unknown
Route Familiarity:	3rd or 4th time on roadway	Unknown
Trip Plan:	From father's house to in-law's house	Unknown
Manner of Leaving Scene:	Ambulance	Unknown
Type of Medical Treatment:	Treated and released	Unknown

**DRIVER INJURIES**

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Burn, 1st degree, medial right forearm	RRBI-1	Air bag exhaust gases
Burn, 1st degree, medial left forearm	RLBI-1	Air bag exhaust gases
Burn, 1st degree, medial right distal upper arm	ARBI-1	Air bag exhaust gases
Abrasion lower central abdomen	MIAI-1	Air bag
Contusion lower central abdomen	MICI-1	Air bag
Abrasions right arm	XRAI-1	Air bag
Abrasions left arm	XLAI-1	Air bag

**ATTACHMENTS**

Selected Prints  
 Police Accident Report  
 NASS CDS Interview Form--Case Vehicle Driver  
 NASS CDS Occupant Assessment Form--Case Vehicle Driver  
 NASS CDS Occupant Injury Form--Case Vehicle Driver



**SELECTED PRINTS**



# 01 -- 1992  
Florida  
TRC/IU: 92-04, Task: 0079  
Corsica front-right damage



# 02 -- 1992  
Florida  
TRC/IU: 92-04, Task: 0079  
Across the front from right

**“GRAPHIC”  
PHOTOGRAPHS AND IMAGES**

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photo #3

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO  
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER  
55 BROADWAY  
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

**Police Accident Report**

**FLORIDA TRAFFIC CRASH REPORT**  
 MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
 TRAFFIC CRASH RECORDS  
 TALLAHASSEE, FLORIDA

BEST AVAILABLE COPY

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	COUNTY/CITY CODE	CITY OR TOWN (Check if in City or Town)			COUNTY	
	AT NODE NO. 1	2	FROM NODE NO.	NEXT NODE NO. ON ROAD	NO. OF LANES	1 DIVIDED 2 UNDIVIDED
Section 1	VEHICLE TRAVELING		ON	POSTED SPEED	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE
	INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER	VEHICLE REMOVED BY:		1 Tow Operator List 2 Tow Owner's Consent 3 Driver 4 Other
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
Vehicle	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	DATE OF BIRTH
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	BAC TEST	RESULTS	AL/DRUG
Pedestrian	HAZARDOUS MATERIALS BEING TRANSPORTED		1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other	Driving Ability Questionable	1 YES 2 NO 3 NOT APPLICABLE	IF YES, Explain in Narrative
	# PASSENGER'S NAME		CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	SEX
	# PASSENGER'S NAME		CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	SEX
Section 2	VEHICLE TRAVELING		ON	POSTED SPEED	EST. VEHICLE DAMAGE	EST. TRAILER DAMAGE
	INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER	VEHICLE REMOVED BY:		1 Tow Operator List 2 Tow Owner's Consent 3 Driver 4 Other
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
Vehicle	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	
	DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE	DATE OF BIRTH
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	BAC TEST	RESULTS	AL/DRUG
Pedestrian	HAZARDOUS MATERIALS BEING TRANSPORTED		1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other	Driving Ability Questionable	1 YES 2 NO 3 NOT APPLICABLE	IF YES, Explain in Narrative
	# PASSENGER'S NAME		CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	SEX
	# PASSENGER'S NAME		CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	SEX
Code Information	VEHICLE TYPE	RESIDENCE (DRIVER ONLY)	PHYSICAL DEFECTS	ALCOHOL/DRUG USE	LOCATION (IN VEHICLE)	
	INJURY SEVERITY	RACE	SEX	SAFETY EQUIPMENT IN USE	EJECTED	
	INVESTIGATOR - RANK AND SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	1 FHP 2 SO 3 CPD 4 OTHER		

Section 3

<input type="checkbox"/> DRIVER: Phision <input type="checkbox"/> ACTION 2 Hit & Run <input type="checkbox"/> 3 B/A		YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER					2	3	4	5	6	7	POINT OF IMPACT			
TRAILER OR TOWED VEHICLE INFORMATION												15	10	17	14	13	12	11	16	8	CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer
VEHICLE TRAVELING		<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE									
INSURANCE CO. (LIABILITY OR PIP)		POLICY NUMBER					VEHICLE REMOVED BY:					1 Tow 2 Low Owner's Request 3 Driver 4 Other									
OWNER'S FULL NAME (Check if Driver <input type="checkbox"/> )		CURRENT ADDRESS (Number and Street)					CITY AND STATE					ZIP CODE									
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)					CITY AND STATE					ZIP CODE									
DRIVER (Exactly as on Driver's License)/Pedestrian		CURRENT ADDRESS (Number and Street)					CITY AND STATE					ZIP CODE					DATE OF BIRTH				
DRIVER'S LICENSE NUMBER		STATE	LIC. TYPE	BAC TEST	RESULTS	ALCOHOL	PHYS. DEF.	RES.	RACE	SEX	HT.	S. EQUIP.	EJECT								
HAZARDOUS MATERIALS BEING TRANSPORTED		1 None	2 Flammable Liquid	3 Explosives	4 Poisonous Gas	5 Corrosive Materials	6 Radioactive Materials	7 Other	Driving Ability Questionable	1 YES	2 NO	RECOMMEND RE-EXAM		3 NOT APPLICABLE		If YES, Explain in Narrative		Driver's Phone No.			
PASSENGER'S NAME		CURRENT ADDRESS					CITY & STATE/ZIP CODE					AGE	LIC.	HT.	S. EQUIP.	EJECT					
PASSENGER'S NAME		CURRENT ADDRESS					CITY & STATE/ZIP CODE														
PASSENGER'S NAME		CURRENT ADDRESS					CITY & STATE/ZIP CODE														
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME			ADDRESS			CITY	STATE	ZIP										
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME			ADDRESS			CITY	STATE	ZIP										
CONTRIBUTING CAUSES-DRIVER/PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE FUNCTION												
01 No Improper Driving/Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic			01 No Defects 02 Def. Brakes 03 Worn/Smooth Tires 04 Defective/Improper Lights 05 Puncture/Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment/Vehicle Defect 77 All Other (Explain in Narrative)			01 Straight Ahead 02 Slowing/Stopped/Stopped 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn			01 None 02 Pulling Semi-Trailer 03 Pulling Other Veh. 04 Emergency Operation 05 Truck-Tractor Pulling Two Trailers 06 Pulling Tank Trailer 07 Pulling House Trailer 08 Pulling Small Trailer 09 Veh. Being Towed/Pushed 10 Pulling Pole Trailer												
19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side/Way 77 All Other (Explain in Narrative)			01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane/Safety Zone			01 Crossing Not at Intersection 02 Crossing at Intersection 03 Walking Along Road With Traffic 04 Walking Along Road Against Traffic 05 Pushing/Working on Vehicle in Road 06 Other Working in Road 77 All Other (Explain)			01 Standing/Playing in Road 77 All Other (Explain)												
FIRST/SUBSEQUENT HARMFUL EVENT			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION															
01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Angle) 03 Collision With MV in Transport (Left Turn) 04 Collision With Parked Car 05 Collision With MV in Transport (Side-swipe) 06 Collision With MV in Transport (Backed into) 07 Collision With MV in Transport (Right Turn) 08 MV Hit Other Fixed Object 09 MV Hit Utility Pole/Light Pole 10 Collision With MV in Transport (Head-on) 11 Collision With Pedestrian 12 Collision With Moped 13 MV Hit Tree/Shrubbery 14 Collision With Bicycle			15 Collision With Bicycle (Bike Lane) 16 MV Ran into Ditch/Culvert 17 Ran Off Road into Water 18 Overturned 19 MV Hit Fence 20 Collision With MV on Other Roadway 21 MV Hit Sign/Sign Post 22 MV Hit Guardrail 23 Collision With Fixed Object Above Road 24 Fire 25 Collision With Animal 26 Collision With Moveable Object On Road			27 MV Hit Concrete Barrier Wall 28 MV Hit Bridge/Per/Abutment Rail 29 Occupant Fell From Vehicle 30 Tractor/Trailer Jackknifed 31 Collision With Construction Barricade/Sign in Road 32 Collision With Traffic Gate 33 Collision With Crash Attenuators 34 Collision With Train 35 Explosion 77 All Other (Explain)			01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike 07 Other Full Control 08 Other Major Arterial 77 All Other (Explain)			01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown									
01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)			01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)			01 Slag/Gravel/Stone 02 Blacktop 03 Brck/Block 04 Concrete 05 Dirt 77 All Other (Explain)															
CONTRIBUTING CAUSES-ROAD			CONTRIBUTING CAUSES-ENVIRONMENT			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER									
01 No Defects 02 Obstruction With/Without Warning 03 Road Under Repair/Construction 04 Loose Surface Materials 05 Shoulders-Soft/Low/High 06 Holes/Ruts/Unsafe Paved Edge 07 Standing Water 08 Worn/Polished Road Surface 77 All Other (Explain)			01 Vision Not Obscured 02 Inclement Weather 03 Parked/Stopped Vehicle 04 Trees/Crops/Bushes 05 Load on Vehicle 06 Building/Fixed Object 07 Signs/Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)			01 No Control 02 Speed Control Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer/Guard/Flagman 09 Pested No U-Turn 10 School Zone 77 All Other (Explain)			01 Not At Intersection/RR X'ing/Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot-Public 10 Parking Lot-Private 11 Private Property 77 All Other (Explain)			01 Straight-Level 02 Straight-Upgrade/Downgrade 03 Curve-Level 04 Curve-Upgrade/Downgrade TYPE SHOULDER 01 Paved 02 Unpaved									
WITNESS-NAME		ADDRESS					CITY & STATE					ZIP									
VIOLATOR		FL STATUTE NUMBER		NAME		CHARGE		CITATION #													

# FLORIDA TRAFFIC CRASH REPORT

Check Only If Update

## NARRATIVE AND DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES

TALLAHASSEE, FLORIDA

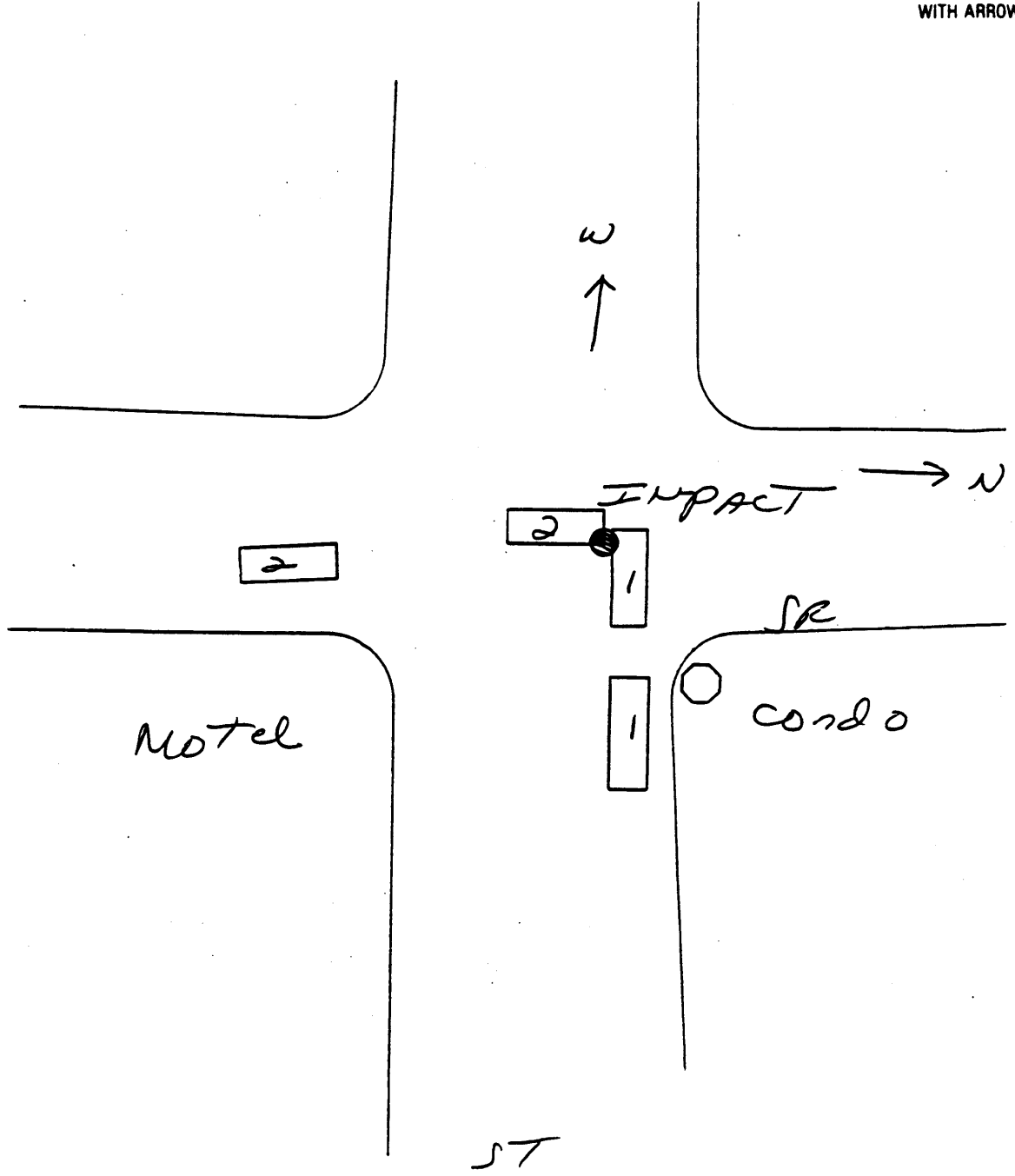
BEST AVAILABLE COPY

TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
AM : PM :	AM : PM :		/92		
<p>Ueh 1 was coming out of [redacted] ST to cross [redacted] (west) Ueh 2 was north on [redacted] Ueh 1 pulled out and Ueh 2 crashed into it. The air bag in Ueh 2 exploded and caused severe burns on driver's arms.</p> <p>Both uehs were rendered inoperable. [redacted]</p> <p>Towed Ueh 2 To Chevy dealer. Ueh 1 was parked to await a friend who would tow it.</p> <p>Driver 1 was cooperative and admitted pulling out in front of Ueh 2. He was cited and charged with accid.</p> <p>Driver 2 was treated by Fire Rescue and taken to [redacted] m.c. for treatment in ER.</p>					
FIRST AID GIVEN BY - NAME: <i>Fire Rescue</i>		<input type="checkbox"/> 1 Physician or Nurse <input type="checkbox"/> 2 Paramedic Or EMT <input type="checkbox"/> 3 Police Officer <input type="checkbox"/> 4 Certified 1st Aider <input type="checkbox"/> 5 Other		INJURED TAKEN TO: [redacted] BY - NAME: [redacted]	
WAS INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Where?		IS INVESTIGATION COMPLETE? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Why?		DATE OF REPORT: [redacted] / 92 PHOTOS TAKEN? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> 3 Investigating Agency <input type="checkbox"/> 4 Other	
INVESTIGATOR - RANK AND SIGNATURE: [redacted]		ID/BADGE NUMBER: [redacted]	DEPARTMENT: [redacted]	<input type="checkbox"/> 1 FHP <input checked="" type="checkbox"/> 3 CPB <input type="checkbox"/> 2 SO <input type="checkbox"/> 4 OTHER	

DIAGRAM



INDICATE NORTH  
WITH ARROW





**NASS CDS Interview Form--Case Vehicle Driver**



# INTERVIEW FORM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9204</u>	
3. Vehicle Number <u>01</u>	

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

## GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

*En route to in-law house. Noticed car stopped on intersection east leg. As approached intersection, car pulled out. Driver tried to brake and steer left but was limited by southbound on-coming traffic. Could not avoid crash. After airbag inflated, eyes watered & she began coughing. Trying to shut off motor and disconnect safety belts when a man opened her door and helped her exit her car. Did not realize she had been burned until police officer noticed her arm.*

## SPECIFIC QUESTIONS

*BOTH VEHICLES STOPPED CLOSE TO IMPACT POINT. GLOVEBOX DID NOT OPEN. NO INTERIOR VEHICLE DAMAGE. RESIDENTIAL AREA. ASPHALT ROAD SURFACE. MODERATE TRAFFIC. NO WINDSHIELD DAMAGE. NO VEHICLE DEFECTS. WEARING GLASSES. ALONE. HAD VEHICLE SINCE ~~ONLY~~ ONLY 3 OR 4 TIMES ON ROADWAY. LEFT SCENE BY AMBULANCE. TREATED & RELEASED. PCF HEADLAMP AND PCF FENDER ONLY DAMAGE. 20-25 mph TRAVEL SPEED, 15-18 mph IMPACT SPEED ESTIMATED.*

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

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

Cargo? No  Yes  Interviewee's Estimated Cargo Weight \_\_\_\_\_

Description of Cargo \_\_\_\_\_

Present Location of Vehicle (if not yet inspected)? N/A

OCCUPANT DATA

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

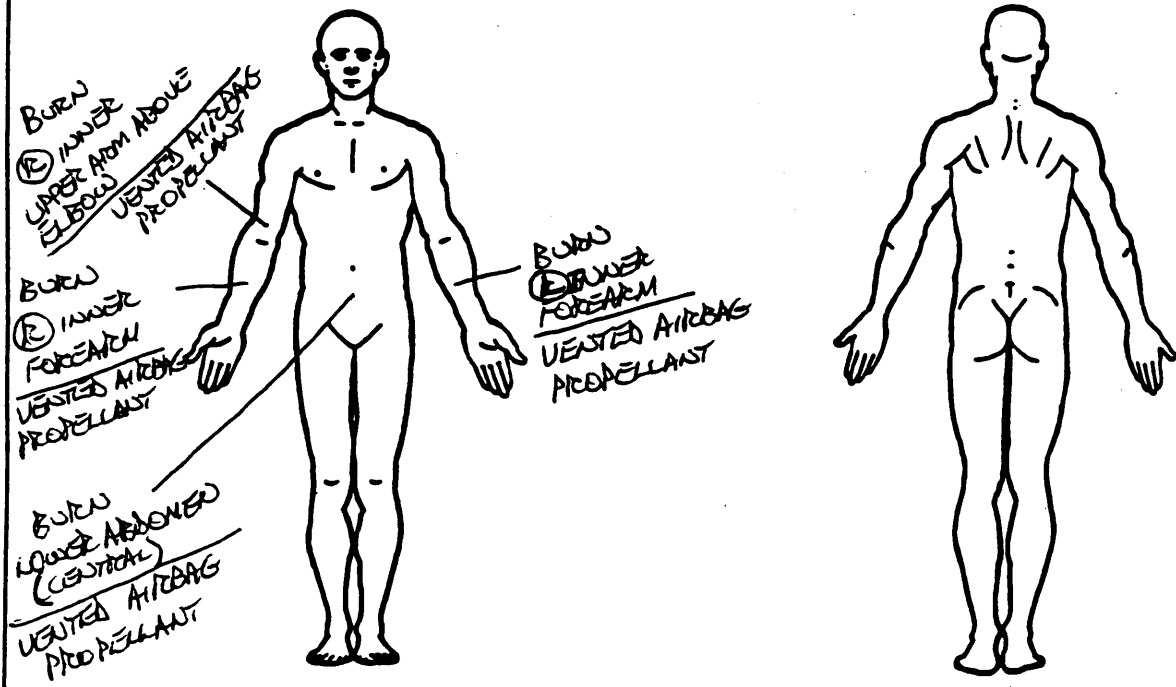
SEAT POSITION	DRIVER			
RACE ? HISPANIC? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHITE	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
AGE/SEX	69/FEMALE			
HEIGHT (IN)	67 INCHES			
WEIGHT (LBS.)	175 LBS.			
POSTURE	NORMAL			
EJECTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	No			
DESCRIBE THE EJECTION PATH	N/A			
ENTRAPPED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	No			
DESCRIBE ENTRAPMENT	N/A			
DESCRIBE TYPE OF RESTRAINT	3-POINT LAP AND SHOULDER BELT			
WERE BELTS WORN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	YES			
HOW WHERE THE BELTS WORN?	NORMAL			
DESCRIBE ANY RESTRAINT FAILURES	NONE			
TYPE OF TREATMENT	TREATED AND RELEASED			
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?	NONE			
NO. OF LOST WORK DAYS?	NONE-RETIRED			
FOLLOW-UP TREATMENT	VISITED FAMILY PHYSICIAN AND SURGEON WHEN RETURNED TO HOME STATE. HAD CERVICAL SPINE BONE REPLACEMENT SURGERY [REDACTED] AND WANTED TO VERIFY CRASH HAD NOT AFFECTED SURGICAL AREA - EXAM SHOWED NO INJURY TO AREA.			
WOULD YOU SIGN A MEDICAL RELEASE?	YES			

PSU Number 10 Case Number-Stratum 9204 Vehicle Number 01 Occupant Number 01

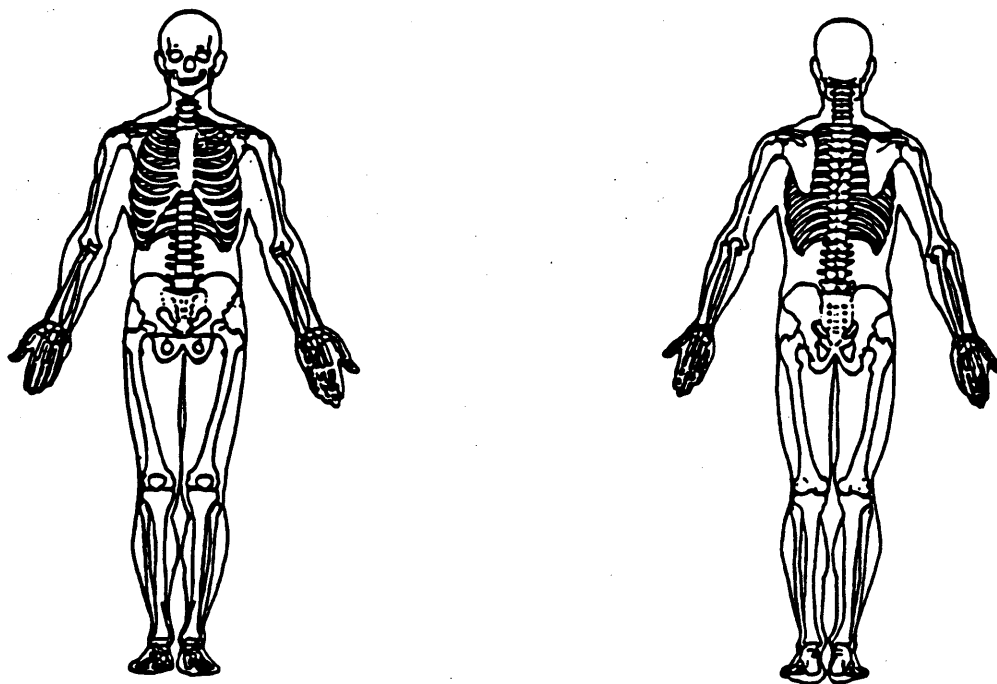
**INJURY DATA FROM INTERVIEWEE(S)**

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

**SOFT TISSUE/INTERNAL INJURIES**



**SKELETAL INJURIES**



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

**NASS CDS Occupant Assessment Form--Case Vehicle Driver**



# OCCUPANT ASSESSMENT FORM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9204</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p>	<p>11. Occupant Posture <u>0</u> (0) Normal posture (1) Abnormal posture (specify):  (9) Unknown</p>
EJECTION/ENTRAPMENT	
OCCUPANT'S CHARACTERISTICS	
<p>5. Occupant's Age <u>69</u> Code actual age at time of accident. (00) Less than one year old (specify by month):  (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>2</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>67</u> Code actual height to the nearest inch. (99) Unknown</p> <p>8. Occupant's Weight <u>175</u> Code actual weight to the nearest pounds. (999) Unknown</p> <p>9. Occupant's Role <u>1</u> (1) Driver (2) Passenger (9) Unknown</p> <p>10. Occupant's Seat Position <u>11</u> <i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant  <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant  <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant  <i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant  (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown</p>	<p>12. Ejection <u>0</u> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <u>0</u> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown</p> <p>14. Ejection Medium <u>0</u> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):  (9) Unknown</p> <p>15. Medium Status (Immediately Prior To Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <u>0</u> (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown</p>

**RESTRAINT SYSTEM AND SEAT EVALUATION**

17. Manual (Active) Belt System Availability 4  
 (0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown  
*Integral Belt Partially Destroyed*  
 (6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)  
 (8) Other belt (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_
18. Manual (Active) Belt System Use 04  
 (00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify): \_\_\_\_\_  
 (02) Shoulder belt \_\_\_\_\_  
 (03) Lap belt \_\_\_\_\_  
 (04) Lap and shoulder belt \_\_\_\_\_  
 (05) Belt used—type unknown \_\_\_\_\_  
 (08) Other belt used (specify): \_\_\_\_\_  
 (12) Shoulder belt used with child safety seat \_\_\_\_\_  
 (13) Lap belt used with child safety seat \_\_\_\_\_  
 (14) Lap and shoulder belt used with child safety seat \_\_\_\_\_  
 (15) Belt used with child safety seat—type unknown \_\_\_\_\_  
 (18) Other belt used with child safety seat (specify): \_\_\_\_\_  
 (99) Unknown if belt used \_\_\_\_\_
19. Proper Use of Manual (Active) Belts 1  
 (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat  
*Belt Used Improperly*  
 (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_  
 (8) Other improper use of manual belt system (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_
20. Manual (Active) Belt Failure Modes During Accident 1  
 (0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify): \_\_\_\_\_  
 (6) Broken retractor \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other manual belt failure (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 1  
 (0) Not equipped/not available  
 (1) Air bag  
*Non-functional*  
 (2) Air bag disconnected (specify): \_\_\_\_\_  
 (3) Air bag not reinstalled \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

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

23. Did Air Bag System Fail? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

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

24. Police Reported Restraint Use 4  
 (0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify): \_\_\_\_\_  
 (8) Restrained, type unknown \_\_\_\_\_  
 (9) Police indicated "unknown" \_\_\_\_\_

25. Head Restraint Type/Damage by Occupant at This Occupant Position 9  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

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

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

**CHILD SAFETY SEAT**

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

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

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

31. Child Safety Seat Harness Usage 0 0

32. Child Safety Seat Shield Usage 0 0

33. Child Safety Seat Tether Usage 0 0  
 Note: Options below applicable to Variables OA31-OA33.  
 (00) No child safety seat  
*Not Designed With Harness/Shield/Tether*  
 (01) After market harness/shield/tether added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market harness/shield/tether added  
 (09) Unknown if harness/shield/tether added or used  
*Designed With Harness/Shield/Tether*  
 (11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used  
*Unknown If Designed With Harness/Shield/Tether*  
 (21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used  
 (99) Unknown if child safety seat used



**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

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

35. Treatment - Mortality 4

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

*Nonfatal*

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

(9) Unknown

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

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

(9) Unknown

37. Hospital Stay 00

(00) Not Hospitalized

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

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

38. Working Days Lost 97

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

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

39. Time to Death 00

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

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

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

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

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

(99) Unknown

43. Number of Recorded Injuries for This Occupant 07

Code the actual number of injuries recorded for this occupant.

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

**AUTOMATIC BELT SYSTEM**

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

45. Automatic (Passive) Belt System Use 0  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 \_\_\_\_\_  
 (3) Automatic belt use unknown  
 (9) Unknown

46. Automatic (Passive) Belt System Type 0  
 (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

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

48. Automatic (Passive) Belt Failure Modes During Accident 0  
 (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 \_\_\_\_\_  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 \_\_\_\_\_  
 (9) Unknown

49. Seat Orientation (this Occupant Position) 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

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 2  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

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

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 0 1  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

UPDATE CANDIDATE? NO [✓] YES [ ]

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [✓]

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

**NASS CDS Occupant Injury Form--Case Vehicle Driver**



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

# OCCUPANT INJURY FORM

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

1. Primary Sampling Unit Number 10

3. Vehicle Number 01

2. Case Number - Stratum 9204

4. Occupant Number 01

## INJURY DATA

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

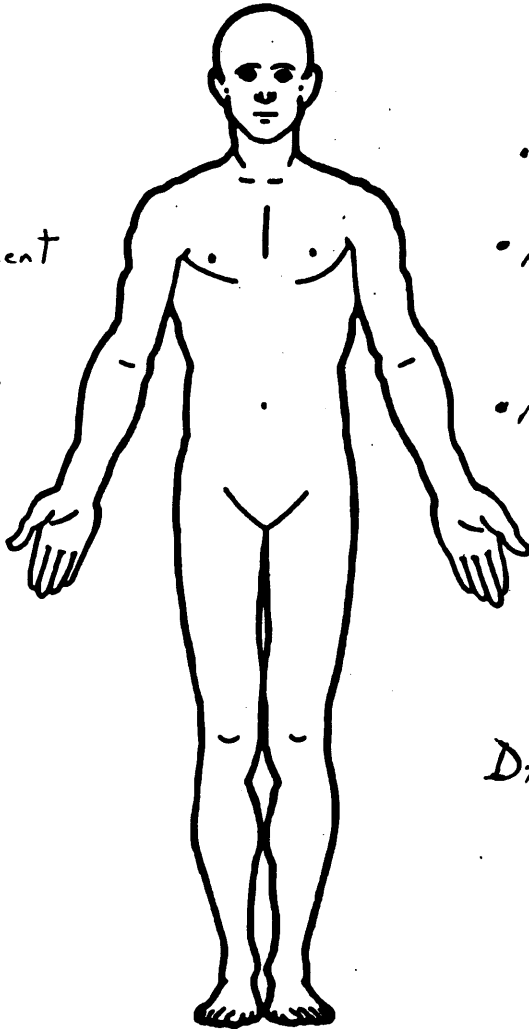
	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>3</u>	6. <u>R</u>	7. <u>R</u>	8. <u>B</u>	9. <u>I</u>	10. <u>1</u>	11. <u>93</u>	12. <u>2</u>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

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

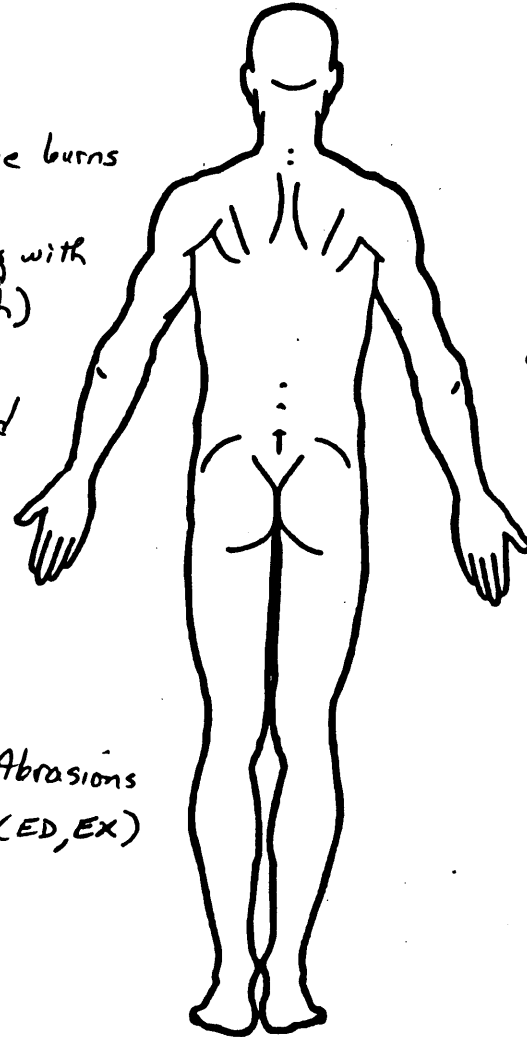
• Air bag exploded causing minor abrasions on arms + minor 1st degree burns (EN)

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

Fire department  
• Flushed pt.  
arms with  
large amount  
of water  
(EN)



- Minor 1st degree burns on arms (EN)
- Abrasions on arms with skin breaks and abdomen (patch) (EN, ED)
- Abdomen with mild ecchymosis (ED)



c/o burning  
Ⓟ arm  
(ED)

Dx: Multiple Abrasions  
2° MVA (ED, EX)

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

*Belts*

No

Yes

} NR

*Air Bag - Yes*

Blood Alcohol Level (mg/dl)

BAL = *NR*

Glasgow Coma Scale Score

GCSS = *NR*

Units of Blood Given

Units = *NR*

Arterial Blood Gases

pH = *NR*

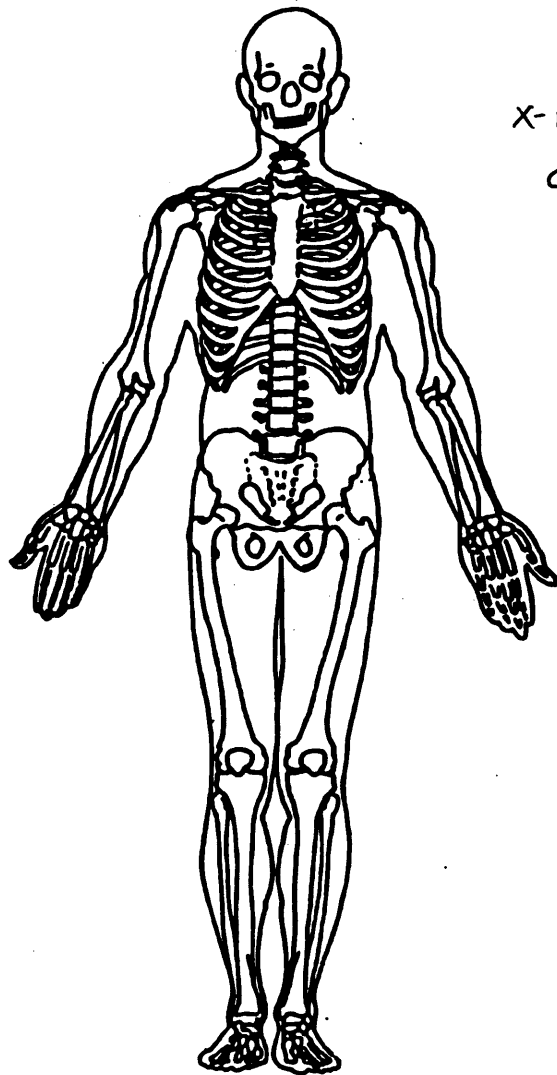
PO<sub>2</sub> = \_\_\_\_\_

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

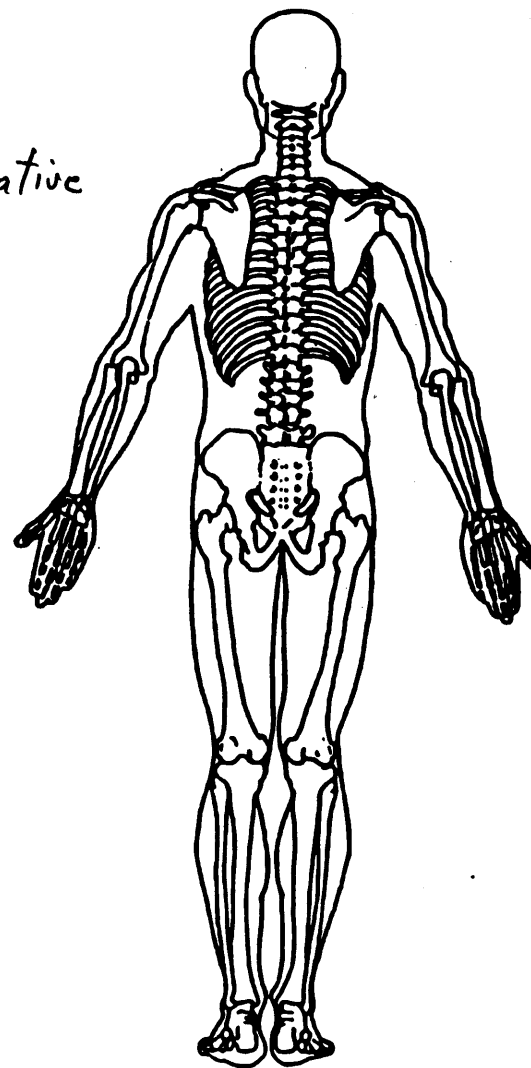
HCO<sub>3</sub> = \_\_\_\_\_

*NR = Not reported*

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



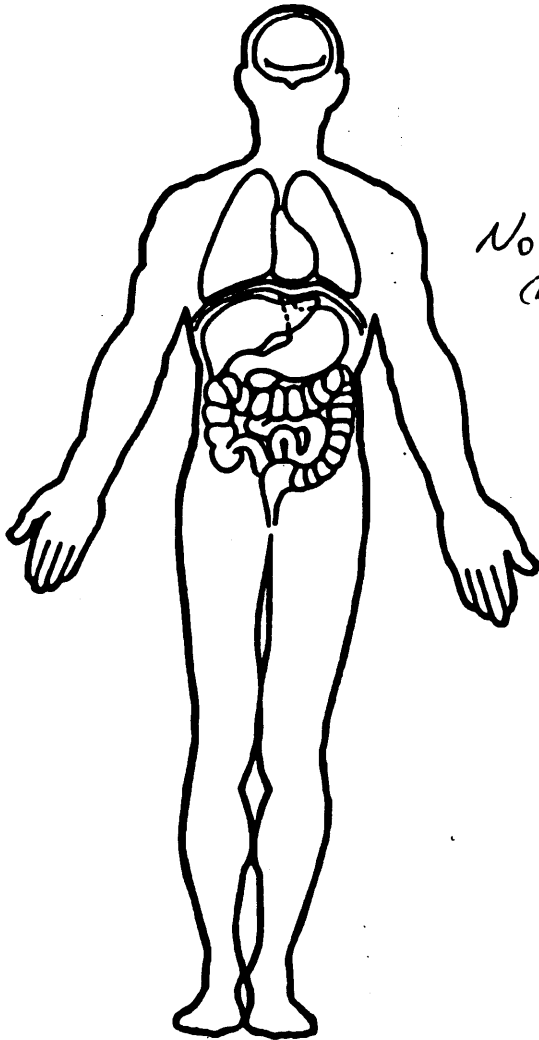
*X-ray:  
Chest - negative  
(EX)*



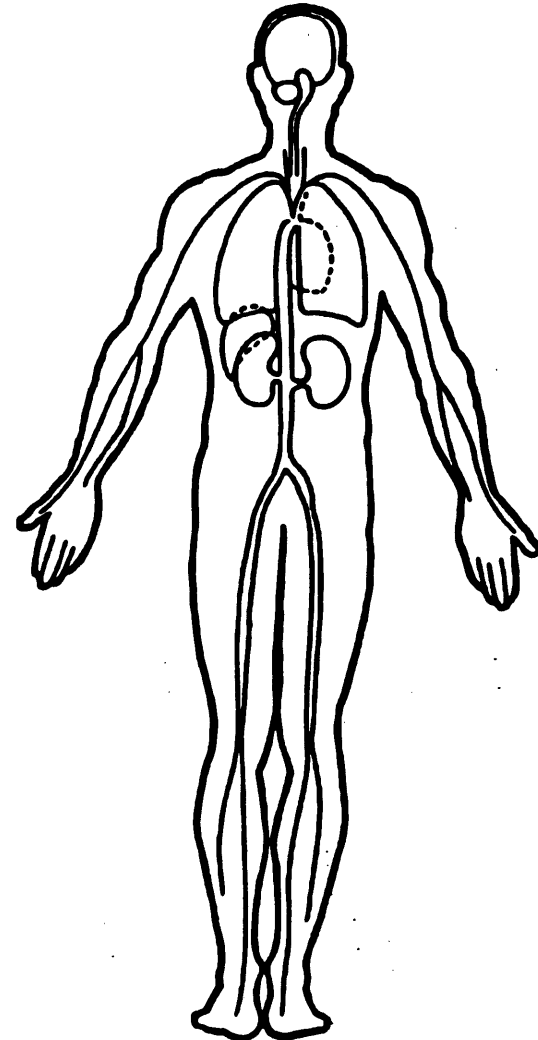
**OFFICIAL INJURY DATA — INTERNAL INJURIES**

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

No LOC (EN)



No SOB  
(EN)



P.A. R.C. M.C.I. DATE TIME CLERK

192 1600

PATIENT NO. PT. HOOP. SERV. E.D. PHYSICIAN NO. E.D. PHYSICIAN NAME

PATIENT'S NAME (LAST) (SUFF) (FIRST) (MID) LOCAL ADDRESS: STREET CITY ST ZIP LOCAL PHONE

DATE OF BIRTH AGE SEX R/R RELIGION PERMANENT ADDRESS STREET CITY ST ZIP PHONE

69 6 2

NEXT OF KIN NAME RELATIONSHIP STREET ADDRESS CITY ST ZIP PHONE

HUSBAND

MEDICALE NO. (H.I.B. NO.) GUARANTOR NO. GUARANTOR PHONE DIST. CODE SOCIAL SECURITY NO.

GUARANTOR NAME (LAST) (SUFF) (FIRST) (MID) STREET ADDRESS CITY ST ZIP PREVIOUS ED VISIT

GUARANTOR EMPLOYER'S NAME EMPLOYER'S STREET ADDRESS CITY ST ZIP PHONE NUMBER EXT.

RETIRED

INSURANCE COMPANY NAME POLICY NUMBER GROUP NUMBER POLICY HOLDER'S NAME RELATIONSHIP

INSURANCE COMPANY NAME POLICY NUMBER GROUP NUMBER POLICY HOLDER'S NAME RELATIONSHIP

SELF

METHOD OF ARRIVAL PRE-HOSPITAL TREATMENT DATE OCCURRED TIME OCC

Flushed Abrasions

ACCIDENT DATE TIME PLACE TYPE AGENCY NOTIFICATION

92 1530 A

CHIEF COMPLAINT

MULTIPLE ABRASIONS

PT involved in MVA. air bag exploded, AT has abrasions on arms & abdomen, NO L.O.B. or

NOTIFICATIONS

5-72 24

ALLERGIES

General, penicillin

PHYSICIAN NOTES

ORDERS

① SOB ② Chest pain

5 - hp elevated pulse 10/91

NO ↑ in pao ③ 90° acc

NO LOC only CO burning on

Ram

0 - Alert with skin Ram arm

skin warm + dry skin w/ edema

skin skin breaks lower ok

neck neck free from wound change

abd is mild ecchymosis contact

lungs clear heartly clear chest w/out

leg leg ok

TETANUS AND DIPHTEHRIA TOXOIDS ADSORBED FOR ADULT USE

ALUMINUM PHOSPHATE (0.5 ML 0.5%) FOR IM USE

LOT

1630

1630

1630

PRIVATE / CONSULT PHYSICIAN REMARKS

DISPOSITION

WORK HOME CLINIC ADMITTED

POLICE PHYSICIAN REFERRAL EXAMINER

DIAGNOSTIC IMPRESSION

Mult abrasion 20MVA

CONDITION AT DISCHARGE

IMPROV CHNGD OTHER

TIME OUT METHOD OF EXIT

AM B

ASSIGNED PHYSICIAN	MEDICAL RECORDS NO	ROOM	DATE ADM	TIME ADM	ADMITTING PHYSICIAN
ED ROOM	EKG	I.V. SOL	ORTHO	ED SUPPLY	TOTAL
X-RAY	PHARM	BLOOD			PAYMENT
LAB	CBR	skin	RESP THER		BAL DUE

DISCHARGE PLAN INSTRUCTIONS

keep skin clean & dry. Clean & medicate.

eat, say wound check 2-3d 2-7 Advil q 6c

Food will help.

PHYSICIAN SIGNATURE

PATIENT SIGNATURE

NURSE'S SIGNATURE

DATE

1/2 9/2



NAME

DATE AND TIME	IVS, VITAL SIGNS TREATMENT, MEDICATION	NURSES NOTES SIGNATURE
[REDACTED]	98.5 72 24 170/96	pt involved in MVA, air bag
[REDACTED]	No cervical surgery	initiated, but exploded causing minor
[REDACTED]	Painkillers, 9 B.p, ANEMIA	Abrasion on Arms & minor 1 <sup>st</sup> degree
[REDACTED]	Rx Diltiazem, Furosemide	burns on arms, poss inhaled
[REDACTED]	sulfate.	chemical fumes from air bag - water
[REDACTED]	allergic Demerol, novocaine	also patch abrasion on stomach -
[REDACTED]		[REDACTED] Transporting after flushed
[REDACTED]		pt arms with large amount of
[REDACTED]		WATER
1/6/45		Pt. discharged, arms dressed in Telfa Dressing + Kling
[REDACTED]		[REDACTED]
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		

RADIOLOGY RESULT

DEPARTMENTAL REPORT

MEDICAL CENTER  
EMERGENCY ROOM RADIOLOGY

PATIENT NAME: [REDACTED] MR: [REDACTED] DOB: [REDACTED] SEX: [REDACTED]  
 TYPE ID: [REDACTED] ROOM-DEB: [REDACTED]  
 STUDY DATE: [REDACTED] 92 FINANCE NO.: [REDACTED] ADMIT DATE: [REDACTED] 92  
 REPORT DATE: [REDACTED] 92 TEL. NO.: [REDACTED] D.C. DATE: [REDACTED] 92  
 ORDER DR: [REDACTED] ADMIT DR: [REDACTED]  
 TRANSCRIPTIONIST: [REDACTED]  
 RADIOLOGIST SIGNATURE: [REDACTED] DR. [REDACTED]  
 DIAGNOSIS: MULTIPLE ABRASIONS  
 REASON FOR STUDY: MVA  
 REQ NOS: [REDACTED]

PORTABLE CHEST, SINGLE VIEW:

HX: MULTIPLE ABRASIONS. AUTO ACCIDENT.

PORTABLE AP VIEW OF THE CHEST SHOWS LUNG FIELDS TO BE CLEAR. THE HEART AND MEDIASTINUM ARE NORMAL IN APPEARANCE.

IMPRESSION:

NEGATIVE CHEST.

D [REDACTED] M.D.  
T: [REDACTED]